

**Annual Report on the  
Public Health Portion of the  
Nebraska Health Care Funding Act (LB 692)**

**Presented to the  
Governor and the  
Health and Human Services Committee  
of the Legislature**

**Office of Public Health  
Health Services  
Department of Regulation and Licensure**

**December 1, 2006**

The Nebraska Health Care Funding Act (LB 692) was passed in 2001. This Act provided funds to local public health departments to implement the ten essential services and the three core public health functions. The Act also required all of the eligible local public health departments to prepare an annual report each fiscal year. This report covers the period July 1, 2005 to June 30, 2006. The reports identify which programs and activities were funded under each of the ten essential public health services.

This report provides a summary of the key findings from each of the 18 local public health departments that have received funding. The report is divided into three sections. The first section reviews the changes in the organizational coverage as well as the funding and expenditure levels for each eligible department. The second section describes the activities and programs provided by local health departments under each of the ten essential public health services. The final section contains some short stories that describe how local public health departments are improving the lives of people in their communities.

### **Organizational Coverage**

As of June 30, 2006, a total of 18 local public health departments covering 91 counties were eligible to receive funds under the Health Care Funding Act. The list of eligible public health departments and their affiliated counties is shown in Table 1 and Figure 1. Although Dakota and Scotts Bluff Counties have single county health departments, they do not meet the eligibility requirements of the Health Care Funding Act and staff from the Office of Public Health continue to work toward the goal of having all counties covered by a local public health department under the LB 692 umbrella.

### **Funding and Expenditure Levels**

Table 2 depicts the amount of infrastructure and per capita funds distributed to each of the eligible local public health departments. The total amount of funds ranged from \$1,116,935 for the Douglas County Health Department to \$168,780 for the Northeast Nebraska Public Health Department. The amount of infrastructure funding was based on the 2000 Census population of the area. The departments that had 100,000 people or more received \$150,000. If the population was between 50,000 and 99,999, the amount of funding was \$125,000 and departments that had 30,000 people but fewer than 50,000 received \$100,000. Per capita funds were distributed at \$2.00 per person.

Table 3 summarizes the expenditures by category for the 18 local public health departments that were eligible for funding. As expected, expenses for personnel and benefits accounted for over 43 percent of the total expenses. The next largest expenditure category was other expenses which represented about 15 percent of the total expenditures. A large portion of the other expenses were used to support some of the high priority programs. Some examples include a children's outreach program, the

Public Health Outreach and Nursing Education Program (PHONE), community education programs, the jail nurse program, and mini-grant programs to local communities.

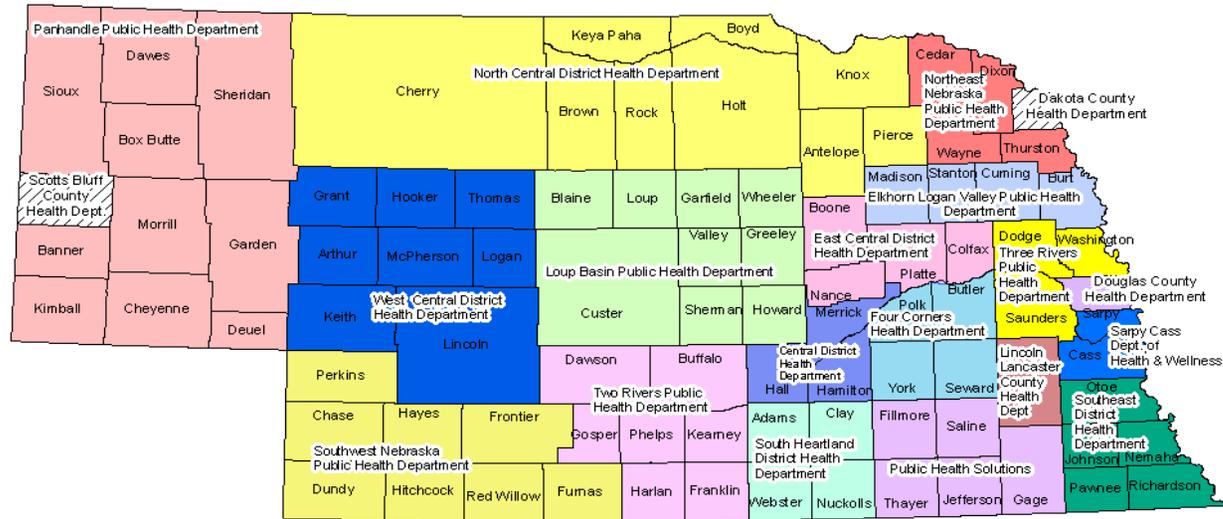
### **Leveraging Other Funds**

Although funds from the Nebraska Health Care Funding Act serve as the financial foundation for the local health departments, all of the departments have been very successful in leveraging other funds. For example, federal grant funds have been passed through the state health department to local health departments for bioterrorism planning, public education efforts related to West Nile Virus and the Clean Indoor Air Act, Preventive and Maternal and Child Health block grants, and radon testing. Some departments have also received grant funds from private foundations and directly from the federal government. It is estimated that the total amount of additional funds that have been leveraged since July, 2002 is over \$9 million.

**TABLE 1**  
**Local Public Health Departments Funded Under the**  
**Nebraska Health Care Funding Act (LB 692)**

<b>Name</b>	<b>Counties</b>
<b>Central District Health Department</b>	Hall, Hamilton, Merrick
<b>Douglas County Health Department</b>	Douglas
<b>East Central District Health Department</b>	Boone, Colfax, Nance, Platte
<b>Elkhorn Logan Valley Public Health Department</b>	Burt, Cuming, Madison, Stanton
<b>Four Corners Health Department</b>	Butler, Polk, Seward, York
<b>Lincoln-Lancaster County Health Department</b>	Lancaster
<b>Loup Basin Public Health Department</b>	Blaine, Custer, Garfield, Greeley, Howard, Loup, Sherman, Valley, Wheeler
<b>North Central District Health Department</b>	Antelope, Boyd, Brown, Cherry, Holt, Keya Paha, Knox, Pierce, Rock
<b>Northeast Nebraska Public Health Department</b>	Cedar, Dixon, Thurston, Wayne
<b>Panhandle Public Health District</b>	Banner, Box Butte, Cheyenne, Dawes, Deuel, Garden, Kimball, Morrill, Sheridan, Sioux
<b>Public Health Solutions</b>	Fillmore, Gage, Jefferson, Saline, Thayer
<b>Sarpy/Cass Department of Health &amp; Wellness</b>	Cass, Sarpy
<b>South Heartland District Health Department</b>	Adams, Clay, Nuckolls, Webster
<b>Southeast District Health Department</b>	Johnson, Nemaha, Otoe, Pawnee, Richardson
<b>Southwest Nebraska Public Health Department</b>	Chase, Dundy, Frontier, Furnas, Hayes, Hitchcock, Perkins, Red Willow
<b>Three Rivers Public Health Department</b>	Dodge, Saunders, Washington
<b>Two Rivers Public Health Department</b>	Buffalo, Dawson, Franklin, Gosper, Harlan, Kearney, Phelps
<b>West Central District Health Department</b>	Arthur, Grant, Hooker, Keith, Lincoln, Logan, McPherson, Thomas

**Figure 1  
Nebraska Local Health Departments  
under the  
Health Care Funding Act (\*LB 692)**



**Legend**

- Solid Colored Areas Represent Local Health Departments Eligible Under the Nebraska Health Care Funding Act (LB 692)
- Counties Covered by Local Health Departments but not Eligible for LB 692 Funding

\*LB 692 passed during the 2001 Legislative Session and provides funds to qualifying local health departments.

Office of Public Health  
Nebraska Department  
of Health & Human Services System  
402-471-0191  
1/2005

**TABLE 2**

**LB 692 Health Department Payments  
July 1, 2005 - June 30, 2006**

<b>District Name</b>	<b>Infrastructure</b>	<b>Per Capita</b>	<b>Total</b>	<b>Population</b>
Central District	\$125,000.00	\$148,384.33	\$273,384.33	71,141
Douglas County	\$150,000.00	\$966,935.42	\$1,116,935.42	463,585
East Central	\$125,000.00	\$109,294.78	\$234,294.78	52,400
Elkhorn Logan Valley	\$125,000.00	\$124,468.81	\$249,468.81	59,675
Four Corners	\$100,000.00	\$94,902.92	\$194,902.92	45,500
Lincoln-Lancaster Co	\$150,000.00	\$522,051.47	\$672,051.47	250,291
Loup Basin	\$100,000.00	\$69,085.14	\$169,085.14	33,122
North Central	\$125,000.00	\$106,549.87	\$231,549.87	51,084
Northeast Nebraska	\$100,000.00	\$68,780.62	\$168,780.62	32,976
Panhandle	\$125,000.00	\$111,503.60	\$236,503.60	53,459
Public Health Solutions	\$125,000.00	\$120,678.94	\$245,678.94	57,858
Sarpy/Cass	\$150,000.00	\$306,461.27	\$456,461.27	146,929
South Heartland	\$100,000.00	\$98,674.00	\$198,674.00	47,308
Southeast District	\$100,000.00	\$83,593.83	\$183,593.83	40,078
Southwest District	\$100,000.00	\$70,103.01	\$170,103.01	33,610
Three Rivers	\$125,000.00	\$155,953.61	\$280,953.61	74,770
Two Rivers	\$125,000.00	\$193,468.41	\$318,468.41	92,756
West Central	\$100,000.00	\$99,109.94	\$199,109.94	47,517
<b>TOTAL</b>	<b>\$2,150,000.00</b>	<b>\$3,449,999.97</b>	<b>\$5,599,999.97</b>	<b>1,654,059</b>

**TABLE 3**

**LB 692 Local Public Health Departments  
July 1, 2005 - June 30, 2006 Expenditures**

Departments:	LB 692 Local Public Health Departments
Total Funds Received:	\$5,599,999.97
Total Funds Expended:	\$5,891,350.01*
Budget Period:	July 1, 2005 - June 30, 2006

<b>Line Items</b>	<b>Expenditures</b>
Personnel	\$2,547,321.00
Benefits	\$ 592,688.43
Travel	\$ 164,217.56
Office Expense/Printing	\$ 585,507.34
Communications/Advertising	\$ 225,923.15
Equipment/Construction	\$ 365,603.96
Contractual	\$ 501,161.34
Other	\$ 908,927.23
<b>TOTAL</b>	<b>\$5,891,350.01</b>

\*Includes carryover funds from FY 05 spent in FY 06.

## **Current Initiatives**

The activities and programs of the local public health departments are summarized under the three core functions of assessment, policy development, and assurance and the associated ten essential services. These functions and services are specifically referenced in the Health Care Funding Act.

During the fiscal year July 1, 2005, to June 30, 2006, considerable progress was made in the provision of the core functions and ten essential services. During this year, every new health department demonstrated significant improvement in both the number and complexity of activities and programs. At this point all health departments are providing the core functions and nearly all of the ten essential services. Because of the large number of activities, only a few examples are provided under each of the ten essential services so that the report does not become too lengthy. However, the individual reports are available upon request.

### **Core Function - Assessment**

#### **Essential Service 1: Monitor Health Status to Identify Community Health Problems**

- A total of 11 health departments have used a more comprehensive planning approach called Mobilizing for Action through Planning and Partnerships (MAPP). This process involves a rigorous assessment of health needs, community health risks (e.g., tobacco use, substance abuse, obesity levels, and environmental quality), and the accessibility of health services (e.g., insurance coverage status). This process also involves extensive input from a diverse group of stakeholders and the development of a strategic plan that identifies high priority implementation initiatives. Five other health departments have recently begun the MAPP process.
- In order to develop more targeted programs, several health departments have analyzed survey data for racial/ethnic minority populations. For example, the Douglas County Health Department has worked with the Charles Drew Health Center, the OneWorld Community Health Center, and the State Office of Minority Health to facilitate collaboration among agencies focusing on minority health. In response to community needs, the Department is expanding its capacity to provide and disseminate county health data and county level race/ethnicity data to the two centers and the community at large.
- All departments worked with staff from HHSS to track and monitor various diseases such as tuberculosis, West Nile Virus, and pertussis.

- All local health departments participate in a statewide school surveillance program to monitor and report absences due to illness (e.g., flu, asthma, and rashes). This system allows state and local health officials to respond more promptly to disease outbreaks.
- All departments also work with the infection control nurses in local hospitals to identify patients with flu-like illnesses. This activity allows the department to work with local businesses and the community at large to make appropriate disease prevention recommendations.
- Several departments are assessing the underage substance abuse problems of students in the 6<sup>th</sup>, 8<sup>th</sup>, 10<sup>th</sup>, and 12<sup>th</sup> grades to determine the magnitude of the problem and develop programs to address the problem.
- The Lincoln-Lancaster County Health Department is working closely with child health professionals to report communicable diseases. These professionals can alert the department about specific disease outbreaks well before health care providers file their reports.
- Some departments have conducted surveys to evaluate access to dental services for low-income populations. The West Central District Health Department has used the results of the survey to work with area dentists to help find solutions to the problem.
- A few departments have used Geographic Information Systems (GIS) to track the locations of West Nile Virus, childhood lead poisoning, and other diseases.
- The Panhandle Public Health District is part of a coalition that is developing a Panhandle-wide web-based information system called Service Point. Data from multiple providers are currently being entered into the system that will enable the Department to evaluate health status and outcomes.

## **Essential Service 2: Diagnose and Investigate Health Problems and Health Hazards in the Community**

- Disease investigation and follow-up have been substantially improved because all health departments are participating in the National Electronic Disease Surveillance System (NEDSS). This system is designed so that state and local health departments as well as the Centers for Disease Control and Prevention (CDC) can monitor and assess disease trends and guide prevention and intervention programs. With this system local health department staff are now the “eyes and ears” of the system and can intervene more quickly when there is a communicable disease or food borne illness outbreak (e.g., mumps, hepatitis, or E-coli).

In the Four Corners Health Department, a case of meningococcal meningitis was reported by an infection control nurse and confirmed through NEDSS. This was a serious case where a woman had died the previous week. Once it was confirmed, 15 people (health care workers, mortuary staff, and the family of the deceased woman) were identified as having potential exposure and needing preventative antibiotic treatment. The Four Corners Health Department investigated the contacts and reported the case to the communicable disease branch of the Nebraska Health and Human Services System, and when a health care worker was suspected of contracting the disease from the initial case, Four Corners worked as a liaison with all parties involved to assure appropriate reporting and treatment. Department staff also contacted the employer of the deceased woman to provide information about the disease and literature that encouraged healthy behaviors and habits. The management of the business was cooperative and appreciative of the assistance. Management met with employees to disseminate information, dispel rumors, and identified Four Corners as a resource for those who would like more information.

- Many departments investigated a variety of nuisance problems, including odors, litter, garbage, mold, and unsafe living conditions (e.g., decomposition of abandoned buildings and scrap tires).
- Most departments have conducted numerous disease investigations for rabies and bat exposures.

In one instance a pregnant woman with a small child leased a bat infested home. Although the owner acknowledged the problem, he was unsure what to do. Four Corners worked with local law enforcement agencies to monitor the situation and gave the landlord a referral to a local vendor that specializes in bat removal. The family was forced to move out as the bat infestation was large and many baby bats were present. The vendor indicated that the removal would not be a short-term process. The landlord and the tenant were able to agree on rental terms. Law enforcement and Four Corners have coordinated in their efforts to assure that the house is bat free before it is rented again. The family was safely relocated.

- Most departments provided identification and surveillance of public health threats and emergencies such as the number of dead birds testing positive for West Nile Virus, possible exposure to lead poisoning, testing for high radon levels, and E-coli outbreaks.
- Several departments now monitor and investigate sexually transmitted infections and sexually transmitted diseases. Staff conduct interviews of both the individual and the sexual partners and provide or refer follow up treatment.

- Some departments were involved in the investigation of toxin producing algae. These investigations were instrumental in closing the affected lakes for recreational use and in decisions concerning drinking water safety.
- Nearly all departments were involved in the enforcement of the Nebraska Clean Indoor Air Act. Businesses were given copies of the law as well as information about how to comply with the law.
- All departments followed up on various health problems. For example, a warning flag went up in the Oakland community after a half dozen people in Burt County were diagnosed with a particular type of cancer. Staff at Elkhorn Logan Valley Public Health Department were approached to see if there could be a definitive environmental basis for the rise in cancer cases. The state's epidemiology department was contacted and went to work, comparing the statistics for Burt County with those from across the state, and determined that the number of cases were within a standard range, alleviating the fears of those who posed the original question.
- Douglas County has contracted with a refugee resettlement agency to hire an outreach worker to assist in the control of tuberculosis and other infectious diseases in the Sudanese community. This individual assists the department in providing culturally appropriate disease information (in both written and oral formats), provides transportation of patients to physicians' offices for diagnosis and testing, and provides therapy for tuberculosis. The outreach worker is available to assist in any infectious disease situation occurring in the community.
- The Lincoln-Lancaster County Health Department has expanded their disease investigations to include child care settings. These settings are often linked to communicable disease outbreaks such as shigella, pertussis, giardia, and E-coli. Public health staff conduct post outbreak incidents to develop policies and procedures that will prevent future occurrences of these outbreaks. There are approximately 150 child care centers in Lincoln, 500 state licensed child care homes, and 125 small family child care centers serving 11,000 children. A part-time staff person provides technical assistance and follow-up visits to assure child care employees adhere to the policies once they are established.
- The East Central District Health Department (ECDHD) provides education, recovery, and disposal of mercury containing items. In an effort to reduce the environmental and health-related exposures, ECDHD teamed up with the Nebraska Department of Health and Human Services to promote the statewide "Bucket Project". From July 1, 2005, through June 30, 2006, 391 mercury containing items were brought in to ECDHD from the citizens of their

service area. During the year, a local heating and air conditioning company in the area had two 50 gallon garbage cans of used thermostats sitting in their basement because they did not know where to properly dispose of them. Once the company became aware of the "Bucket Project", they brought them in to be disposed of properly.

- A few of the departments investigated the outbreak of mumps. This unexpected outbreak provided valuable experience as to what could be expected to happen during a more serious threat, such as the Avian Flu. After the first reports were received, staff educated health professionals about the screening process and the community about mumps symptoms and treatment. Material was given to schools and clinics, presentations were made at local colleges at which numerous students contracted the disease, and releases were made via local media sources.

Because numerous cases originated from the local colleges, the outbreak allowed the department the opportunity to perfect their response to disease outbreaks and to receive and initiate calls to students and others within the community to halt the spread of mumps. In addition, this type of small, local disease outbreak prepared staff and others within the medical response community for improved reaction during a future epidemic event.

- Douglas County has expanded their capacity to conduct indoor air quality investigations for the presence of mold, dust, and chemicals. Also, an average of 40-45 calls per week were answered regarding mold/asthma, and indoor air quality, and 70 tools-for-schools walk-throughs were conducted.

The air quality personnel of the Douglas County Health Department spent time in 2005 and 2006 participating in Bus Emission Testing. The Douglas County Health Department, in conjunction with the Lincoln-Lancaster County Health Department, performed aethelometer testing on the City of Omaha special need school buses. The aethelometer readings determined the amount of Carbon Black being emitted from the Omaha school buses. These data were sent to the EPA for a grant request needed to retrofit the buses with new emission-controlled exhaust. The grant was awarded to the Omaha School District and the entire fleet of special need school buses was retrofitted.

### **Essential Service 3: Inform, Educate, and Empower People About Health Issues**

- All health departments provided information about the public health functions and activities at county commissioner/supervisor meetings, community forums, and other meetings.

- All departments have informed and educated the public about West Nile Virus, radon, child care safety seats, dental health/fluoride, seat belt/helmet restraint usage, childhood lead poisoning, nutrition/obesity, tobacco use, immunizations, HIV, prenatal care, and well-child checks.

The Four Corners Health Department had a very effective billboard message to “fight the bite” of mosquitoes to avoid West Nile Virus. The billboards were very dramatic and were combined with newspaper ads, news releases, bird collection, public presentations, participation in local events and reports from state and national media to drive the point home. The effectiveness of the campaign was evidenced by participation of the public in reporting dead birds, requesting fact sheets and presentations, and sharing stories of family members or others they know that have suffered the effects.



- Douglas County has implemented an outreach program to minority populations utilizing community health workers to provide health education to hard-to-reach members of four minority communities. The four target groups are African American, Sudanese, Hispanic, and Native American. The Department has contracted with the Chicano Awareness Center, the Nebraska Urban Indian Health Coalition, the Southern Sudanese Community Association, and the Women's Health Center, in collaboration with New Creations, to provide outreach services and education. The agencies participate as members of a community outreach committee, which has the responsibility to collectively monitor, guide, and assess the progress of the program. The outreach projects are addressing diabetes, nutrition, exercise, substance abuse (including tobacco), teen pregnancy (which includes risk factors for infant mortality), obesity, cardiovascular disease, infectious disease, and hypertension. Over 22,000 people have been reached through this project.
- Several health departments have provided information and education about the prevention and management of various chronic diseases. For example, both East Central and Lincoln-Lancaster have programs related to diabetes. Other departments have developed awareness and outreach efforts directed at reducing breast and cervical cancer, colon cancer, and heart disease. Many of these educational messages have been translated into Spanish.

- Local health departments have worked with schools to inform the public, through the media, about children's back to school vaccinations and why immunizations are needed.
- Some health departments have worked with local businesses to help design and deliver worksite wellness programs.
- Considerable education has been provided to expectant mothers and those who have delivered their babies by the East Central District Health Department. This education may include what to expect during pregnancy, how moms' and babies' bodies change month-to-month, how to care for the baby once it is born, and the benefits of breastfeeding.
- A few health departments are working with local ambulance service units to assess current problems and to develop strategies to improve the overall functioning of the system. The South Heartland District Health Department is continuing to educate people on the use of defibrillators.
- All of the health departments have been involved in educating the public, the media, employers, and others about the threat of pandemic flu and what can be done to prepare for a serious epidemic.

## Core Function - Policy Development

### Essential Service 4: Mobilize Community Partnerships to Identify and Solve Health Problems

- Several departments have assumed a leadership role in building coalitions that develop substance abuse education programs. For example, in the North Central District Health Department area, coalitions are working on developing programs that change the community norm that underage drinking is acceptable as long as it is monitored.
- Many health departments are collaborating with a variety of local agencies and organizations including hospitals, extension offices, head start programs, YMCAs, public school systems, health care providers, religious organizations, and emergency management organizations. They are also actively involved in local community coalitions ranging from a focus on drug and alcohol prevention to infant mortality.
- Some health departments are reaching out to develop relationships with community partners. In the Loup Basin Public Health Department, the Public Health Nurse and Emergency Response Coordinator visited each medical and dental clinic in the district to develop strong partnerships that will encourage collaboration with medical professionals in the future. At Public Health Solutions, the Surveillance Epidemiology Coordinator visited most schools participating in the school surveillance project to thank them and to emphasize the importance of the project.

The East Central District Health Department shared this account of how multiple agencies worked together to solve a health problem:

“Denise” arrived at the homeless shelter in Columbus after fleeing from an abusive relationship in a southern state. She had a six-month old baby, a meth addiction, and was 8 weeks pregnant. Her baby was malnourished, weighing below the 5 percent for her age. She came to the clinic seeking help. Through contacts, she began receiving services from a number of partners within the group. Her baby has been followed closely by the Good Neighbor medical provider with improved weight gain. She was able to receive WIC services and placement in Center for Survivors shelter. Child Protective Services follows her progress with parenting and her addictions. She is receiving counseling and mental health services and comes for regular OB care with the help of van services through Good Neighbor Community Health Center. A child, who may have gone unnoticed until a serious or fatal incident occurred, now has contact and follow-up with a number of agencies. States Denise, “I know I’ve probably been reported by people but I don’t care, because that means many people care about my baby. I just want what is best for her.”

- Many health departments provided mini-grants or other funding to local community groups, thereby sharing resources and supporting partner growth. The South Heartland District Health Department awarded eleven mini-grants to community groups including funding for a Hispanic Diabetes Support Group and for Adams County School Enrichment. The North Central District Health Department awarded scholarships for community partners to attend Public Health Education events such as a Tobacco Cessation Specialist Certification class.
- Some health departments are reaching beyond their district boundaries to engage in dialogue with regional organizations. For example, the Southwest Nebraska Public Health Department helped to strengthen the four-state public health emergency preparedness group, Wide Open Spaces, by hosting a working retreat. They developed a mission statement and organized future tabletop exercises.

The West Central District Health Department (WCDHD) is working with local service providers to address the problem of access to basic medical care for the uninsured and underinsured. On July 1, 2005, the WCDHD began to house the Health Connection Clinic.

WCDHD works closely with the Health Connection Clinic to provide basic medical services to the uninsured and underinsured in the community. Collaboration with the medical community in North Platte has enabled Health Connection to have a volunteer medical doctor, nurse practitioner, or physician assistant provide services two hours each week. Many medical providers in the community have generously donated medication samples to the clinic.

A WCDHD staff public health nurse coordinates the clinic, assists the medical provider and secures volunteers to assist at the clinic. Volunteer clerical staff is available to meet clients and answer questions. They are then screened by a nurse for high blood pressure, respiratory problems, diabetes and other health-related problems. Advice and information are given regarding healthier lifestyle choices and preventative measures to stay healthy. Referrals for further care are made to other agencies as needed, including the local Prescription Assistance Program, medical, mental health, and dental providers.

Lab work and medications are provided to clients thanks to monetary donations received from the community.

- Public Health Solutions received a Rural Health Network planning grant from the federal government. The purpose of the grant is to bring a diverse group of stakeholders together to develop strategies to address the health needs of the expanding uninsured population.

The Central District Health Department, in cooperation with the Nebraska Dental Association, coordinated and hosted the second annual Nebraska Mission of Mercy Dental Clinic. This clinic provides free dental care to anyone in need of service. The focus is to alleviate pain associated with poor oral health for individuals who do not regularly receive dental care. The two-day clinic brought in over 100 dentists, 300 dental professionals, and 1,500 community volunteers. Held in Grand Island's new Event Center, the clinic logistics were amazing. CDHD's experience exercising mass gathering situations allowed the department to implement the National Incident Management System (NIMS) to coordinate the volunteers. Patients started lining up for the clinic at 10:15 pm the night before. By 3:00 am, the line grew to over 300 people seeking dental care. The Grand Island Mission of Mercy was able to provide free dental care to over 1,700 people. This event brought the community together and illustrated the need to further address the problem of access to dental care.

### **Essential Service 5: Develop Policies and Rules that Support Individual and Statewide Health Efforts**

- All departments continue to work on developing their emergency preparedness plans. The response plans include aspects to handle early detection, response and notification, risk communication, environmental safety, quarantine and isolation procedures, and protocols for mass vaccination/dispensing clinics. They are also creating pandemic influenza plans and conducting exercises to test various components of the plans.
- Most health departments are working to develop local quarantine and isolation ordinances. The process involves presenting proposed ordinances to all of the county boards, and gaining adoption by the Board of Health and the counties in the district.
- Many local health directors advocate for needed health policy changes at the local level by helping to draft ordinances and meeting with county officials.
- The Central District Health Department staff played an important role in the passage of LB 915 brought forth by Senator Ray Aguilar of Grand Island. The law seeks to reduce the exposure of innocent people to the harmful residual chemicals produced by methamphetamine labs in the home setting. Homes that were once used in the production of methamphetamine are now required to go through a cleaning process prior to use by a family. All of the health departments will play a role in the rehabilitation process by ensuring adequate measures have been taken to remove the contamination.
- The Lincoln-Lancaster County Health Department (LLCHD) assisted staff from the Lincoln Public Schools District Office, principals, teachers, parents, and

other health professionals from the community to develop the District's Wellness Policy. This policy is required by the USDA to maintain funding for the school lunch program. This policy now serves as the minimum standard that Lincoln Public Schools must implement and regularly update.

- In the Panhandle Public Health Department, staff were involved in facilitating community discussions about establishing codes of conduct regarding underage drinking. "Getting Moving in the Panhandle" prevention teams are working at environmental and policy changes regarding increased activity and healthy nutrition in their communities. For example, they are promoting placing healthy food choices in vending machines at schools and work places and using pedometers as an individual indicator and motivator.

## Core Function - Assurance

### Essential Service 6: Enforce Laws and Regulations that Protect Health and Ensure Safety

- Local health departments continue to conduct inspections for compliance with Nebraska's Clean Indoor Air Quality laws. Along with inspections, the departments help raise awareness of the requirements by providing educational materials.
- Lincoln-Lancaster County Health Department staff provided assistance on 49 different emergency and hazardous materials calls this year. Calls included a large fish kill caused by problems at a waste water treatment plant, a reactive metals fire, methamphetamine labs, a building flood, abandoned chemical drums, acids reacting in the back of a refuse truck, paint contamination in a local creek, and a large propane cylinder leaking in a residential neighborhood.
- In the Four Corners area, air and water quality problems associated with large livestock containment areas are an issue of concern. Four Corners works with the Department of Environmental Quality (DEQ) to report issues, monitor follow up, and act as a liaison with local constituents. NHHS was called into the district by Four Corners staff when they heard complaints of unsafe conditions resulting from faulty septic tanks or direct dumping of sewage onto the ground in small communities. Four Corners staff were informed of resolutions as they occurred.
- In the Central District Health Department, Environmental Health Specialists provide education and regulation for local environmental health concerns across the entire district. Examples of activities include inspecting food and drink establishments, swimming pools and spas, body art facilities, wells, septic systems, child care facilities, mobile home parks and camps. Educational components are tied to each program.
- Several departments referred to local ordinances to resolve numerous public health nuisance complaints. The Loup Basin Public Health Department resolved mold concerns in residential dwellings and air quality concerns. The Public Health Solutions Environmental Health Division worked with local officials to ensure that nuisance codes were being enforced and that local rabies vaccination codes were in line with state legislation.
- The Southeast District Health Department worked with schools to meet the regulations mandated for immunizations, and helped them develop plans and policies for infectious disease.

- The Southwest Nebraska Public Health Department worked with local first responders to develop a volunteer base for public health emergencies.
- At least three health departments have approved quarantine and isolation regulations. These regulations may have to be enforced during a outbreak in order to prevent the spread of a communicable disease.
- The East Central District Health Department visited nearly all of the restaurants in Platte and Colfax counties to encourage them to go smoke-free. In addition, compliance checks were made to determine if retailers were selling tobacco products to minors. Compliance checks were made at 28 businesses and 27 were found to be in compliance, which was a significant improvement over past years.

**Essential Service 7: Link People to Needed Medical and Mental Health Services and Assure the Provisions of Health Care When Otherwise Not Available**

- All departments receive calls from people requesting assistance for medical, dental, and mental health services. Referrals are then made to the appropriate clinic or agency.
- Many departments have contracted with the United Way to provide a 211 Information and Referral Hotline. The hotline provides 24 hour, bilingual information to individuals who seek referrals for health and human services. The Northeast Nebraska Public Health Department and the North Central District Health Department have prepared a directory of health and human services providers that includes descriptions and contact information.
- Several departments either directly provide or have contracted with other agencies to expand funding for public immunization programs.
- The Three Rivers Public Health Department is working with the Eastern Nebraska Office on Aging to provide services such as blood pressure readings, blood sugar readings, and health education to older adults in Dodge and Washington Counties.
- The Four Corners Health Department and the Panhandle Public Health District have helped develop medication assistance programs. The public health nurse with Four Corners provides the client with information about the medication assistance programs offered by various pharmaceutical companies. These programs offer free or low cost medications for people with lower incomes.

- Several departments have helped expand dental services for residents with lower incomes. For example, both the Douglas County and Lincoln-Lancaster County Health Departments have expanded dental services in their dental clinics. Other departments such as Two Rivers and Central District continue to participate in a Dental Day with the UNMC College of Dentistry by providing care to unserved and underserved children.
- All departments are improving access to care for Medicaid and Kids Connection clients through the Public Health Outreach and Nursing Education Program (PHONE). This program is operated through a contract with the state Medicaid office. It is designed to increase access to health care services for individuals eligible or potentially eligible for Medicaid or Kids Connection by helping them to find a medical, dental, or vision home. The PHONE nurse can assist with the application process and provide education on accessing appropriate levels of medical care. The nurse is also responsible for identifying barriers to receiving care and providing assistance in overcoming these barriers. The goal is to decrease the use of the emergency room as the primary source of care.
- Several departments provide nursing services for the inmates in jails and detention facilities. Public health nurses consult with correctional officers regarding the medical needs of inmates and dispense medications.
- The East Central District Health Department (ECDHD) has the Good Neighborhood Community Health Center (CHC), which provides general medical care to individuals of all ages on a sliding fee schedule. In the calendar year 2005, the CHC increased the number of patients served to over 3,000. Out of the total number of medical users, 95 percent were under 200 percent of the federal poverty level, and over 60 percent were uninsured. All types of primary medical care and mental health care were offered.

“Eileen” knew something was wrong when she sought services at the Good Neighbor Clinic. She hadn’t been to see a doctor in quite a while even though she had a breast lump, and after seeing the providers at the clinic for an unrelated medical issue, she scheduled an appointment for a pap smear and breast exam at their recommendation. A few weeks later Eileen received two sets of abnormal results, a pap smear which required colposcopy and an abnormal mammogram which required surgical follow up. She was enrolled in the Every Woman Matters Program and completed diagnosis and treatment for the pap smear, but was hesitant to continue follow up for the breast mass. Working together, nurses and providers from the Center for Family Health, Good Neighbor, and area surgeon’s office provided Eileen with the information and education she needed to make an informed decision about her health. With that information she chose to continue her care, enroll in the Medicaid Supplement for Breast and Cervical Cancer and is currently seeing an oncologist and completing treatment for these cancers.

## **Essential Service 8: Assure a Competent Public Health Workforce within the Health Care Industry and Public Health Departments**

- Staff from health departments have attended a variety of training sessions in this past year. These include bioterrorism and emergency preparedness planning, table-top exercises, West Nile Virus surveillance, new infectious diseases, STD and communicable diseases, and media risk communication. Whenever possible, the Telehealth video conferencing system is used to save on travel costs.
- Several staff from local health departments completed an eight-day epidemiology course. Participants learned how to investigate and recognize health hazards in the community and how diseases are formed and spread.
- Health department staff have provided many educational materials, information, and training to other members of the public health workforce. For example, they have provided information to physician clinics about prenatal tobacco cessation programs and best practices in asthma treatment and management. Workshops for other health care providers have been held on a variety of topics.
- Four health directors participated in the Great Plains Public Health Leadership Institute. The Institute is a one-year program developed by faculty from the University of Nebraska Medical Center, the University of Nebraska-Omaha, and the practice community. The program is designed to strengthen leadership knowledge, skills, and competencies in the public health workforce.
- Staff from all of the local health departments and HHSS staff are meeting on a regular basis to determine the functions, activities, and programs that can be delegated from the state agency to local health departments. During this process, both staffs are learning about the expertise and capacity that should exist before the health departments can assume various responsibilities.
- In order to prepare for accreditation as a public health agency, the Central District Health Department is developing job descriptions that are based on national competency standards. These competencies were developed by experts in the field and were adapted to each position in the department. Staff evaluations are now based on the competencies identified in the position description. Training and education can then be developed to alleviate any deficiencies.

## **Essential Service 9: Evaluate Effectiveness, Accessibility, and Quality of Services within the Health Care Industry and Public Health Departments**

- The East Central District Health Department monitors the direct medical services provided on a daily basis to identify trends in local pathologies, evaluate the performance of providers, and identify areas of improvement. The Department also uses client satisfaction surveys to evaluate services in several clinics.
- Nine departments have applied the National Public Health Performance Standards that were developed by CDC and other national organizations. These performance standards allow them to evaluate the effectiveness of the local public health system. Nine other departments have begun this process.
- All health departments regularly review the goals, objectives, and outcomes for all of their grant programs. The major findings are shared with the Boards of Health.

A good example of a program evaluation was undertaken by the Lincoln-Lancaster County Health Department (LLCHD) with the cooperation of the Safe Kids Coalition. In this evaluation, crash outcome data were analyzed to identify intersections in Lincoln that had the greatest number of pedestrian, bicycle, and motor vehicle crashes. Because of the number of pedestrian, bicycle, and motor vehicle crashes, the intersection of North 27<sup>th</sup> Street and Holdrege was identified as a "hot spot" for crashes and was targeted for placement of pedestrian countdown signal lights. Crash data from 2000 to 2005 showed 218 crashes at that intersection, 37 involving children 0-14 years. Since placement of the countdown signals in October, 2005, there have been no reported pedestrian, bicycle, or motor vehicle crashes.

It is believed that the countdown signals have been a contributing factor in this reduction of crashes. In addition, LLCHD with the Lincoln Public Works Department placed countdown signals at Huntington, Morley, and Blessed Sacrament Schools. The Public Works Department has also installed an additional 36 countdown signals at intersections in the past year. LLCHD continues to work with Public Works, Lincoln Police Department, Planning Department, and the Safe Kids Coalition to identify further sites and seek funding for countdown signals at street crossings near schools and on commuter trails that cross major arterials.

To publicly promote the importance of the pedestrian countdown signals at 27<sup>th</sup> and Holdrege, staff initiated a Mayor's Press Conference at the site. Extensive media coverage was provided as Mark Fenton, nationally recognized walking and bicycling advocate, joined the Mayor at the press conference. Mr. Fenton participated in radio interviews that were replayed on that day and have been replayed a number of times over the past 12 months.

## **Essential Service 10: Research and Gain New Insights and Innovative Solutions to Health Problems**

- Public Health Solutions has been working with faculty from Doane College, UNMC, and UNO to develop future research projects.
- The Two Rivers Public Health Department was chosen as a site for Centers for Disease Control and Prevention (CDC) study on the efficacy of the MMR vaccine in preventing mumps. Staff worked with the CDC, HHSS, University of Nebraska-Kearney, and the UNMC College of Nursing to set up a clinic and draw blood for analysis on 450 UNK students to check the status of their mumps titers according to the length of time since they were immunized. The study is still ongoing and will provide relevant data for mumps vaccine recommendations in the future. (For more information about this project, see the success story.)
- Although few major research projects have been undertaken with institutions of higher education, the health departments continue to collect and analyze new data that eventually can be used by the research community. One of these innovative approaches is the use of GIS. Departments such as the Southeast District Health Department have used GIS to map post offices, schools, fire stations, local police, nursing homes, hospitals, EMS units, and day care centers. GIS allows the departments and others to pinpoint disease and food-borne illness outbreaks and generate more rapid response patterns.

### **Conclusion**

During the fifth year of funding and the fourth full year of operation, considerable progress has been made in the development of local public health departments throughout the state. As required under the Nebraska Health Care Funding Act, every department now provides all of the three core functions of assessment, policy development, and assurance. In addition, most departments provide nearly all of the ten essential services. They appear to be allocating their funds based on health needs and priorities, and are collaborating with many organizations and coalitions in their areas. They have assumed a key leadership role in the coordination and planning of health services and have collaborated with emergency management organizations to plan for emergencies such as pandemic flu. Finally, the departments are beginning to provide new services where there are major gaps. Some of these gaps include the tracking and monitoring of infectious disease outbreaks, identifying and following up with individuals who have communicable diseases, and offering a wide variety of health promotion and disease prevention programs.

## **Public Health Stories**

In order to put more of a human face on public health, the following short stories have been included in the report. These stories cover a variety of issues and problems, but the common thread is that they demonstrate how public health agencies have contributed to and improved the quality of life for people in their communities.

## **Health Care Coordination for Indigent Residents of Dodge County**

One of the ten essential public health functions is coordination of the linkage of people to needed personal health services and assurance of the provision of health care when otherwise unavailable. Since our inception in 2003, Three Rivers has received calls of need from people in our community for healthcare services for the under- or uninsured. This need was repeated by Fremont Area Medical Center regarding the uncollectible debt from inappropriate emergency room visits, as well as from citizens who felt there was no where (other than the hospital emergency room) for them to locally receive medical care regardless of their ability to pay.

We initially researched the possibility of creating a low-cost or free medical clinic for the people in our jurisdiction in 2004. We researched other similar clinics around the country, as well as those nearby in Omaha and Lincoln. Several meetings were held on this initiative with community hospital representatives and other stakeholders to discuss the feasibility and the actual need. In the year that followed, Three Rivers and interested community health agencies kept the idea alive. In April of 2005, the Fremont Area Medical Center CEO suggested that before a low-cost clinic was erected, data be collected to show actual need, instead of just relying on anecdotal evidence.

As a way to collect data on actual need for a clinic, the idea was proposed to all of the family practice physicians in Dodge County that each be placed on a rotating list where they would accept pre-screened non-paying patients. The means of coordinating all the patients and physicians would be the task of our already-existing CATCH Call Care line. The system was put in place so that a patient must be referred to the "indigent care program" from a local agency such as Salvation Army or Care Corps Homeless Shelter. This would ensure that the patients meet income guidelines and are unable to pay, thereby decreasing the possibility of system-abuse.

The physicians were all very receptive to this idea and all but two Dodge county providers signed up to participate in the program. The number of referrals to each physician became data for our question of community need. Since the indigent care program began in August 2005, we receive 1 to 2 patient referrals from community partners per week. Because the need hasn't been overwhelming for the participating physicians, the plan is to continue with the indigent care program for the time-being.

This program was a great opportunity for community health care providers, referral agencies, and public health to come together to meet the need of the underserved. We are proud of our concept to address the gap in health services by combining data collection and actual service provision at the same time. Our community partnerships are stronger than ever, and more people are receiving local, quality health care. This is a sign of a healthy public health infrastructure.

## **Elkhorn Logan Valley Public Health Department**

### **Story I**

It was a Northeast Community College student who sent up the first alarm about a possible mumps outbreak in the Norfolk area. Public health response was swift and thorough, getting the word out, not only at the college but throughout the community at large, about the possibility of contagion.

Elkhorn Logan Valley staff were alerted by the state, and quickly went to work. With 240 known cases of the mumps virus already identified throughout the state at the time of the May outbreak, cases began to be diagnosed in Madison and Cuming counties, eventually totaling 13 cases.

ELVPHD nursing staff met with college personnel, recommending that any college students with symptoms be evaluated at the local health care clinic. Those who were tested for the virus were required to remain in their dorm rooms or at their off-campus apartments until test results were back or the time of quarantine had run its course.

Two educational sessions were held at the College. In addition, these sessions were video-taped and broadcast on the local access television channel a dozen times. Simultaneously, radio and television interviews were given and press releases were sent to local newspapers. Educational material also went out to businesses where people who were diagnosed with mumps were employed.

Schools within the ELVPHD coverage area were provided with information about the mumps virus for parents and staff, and schools were advised to check if students had up-to-date vaccinations.

ELVPHD staff also worked with Nebraska Health and Human Services and physicians clinics regarding patients who were tested for mumps. Information obtained was submitted via a web-based program directly to both NHHSS and the Centers for Disease Control.

Finally, Elkhorn Logan Valley collaborated with surrounding health departments for a coordinated effort to contain the virus, utilizing both surveillance and public education.

### **Story II**

It was a NACCHO meeting in March of this year at which the Elkhorn Logan Valley Health Director spoke that alerted a county supervisor to the importance of cancer screening. After hearing Kathy Nordby speak about the high incidence of colon cancer in Northeast Nebraska, the supervisor quieted the nagging about symptoms he'd been experiencing by going to his doctor for a colonoscopy within the week.

The diagnosis was indeed colon cancer. Six weeks of both radiation and chemotherapy followed. After surgery to remove the cancerous tumor in July, he is undergoing six months of additional chemotherapy, meeting the 9-10 months of treatment he was told would be the expectations after the diagnosis.

"They caught it early so that it hadn't spread to other vital organs," the county supervisor said. He met Kathy at a recent meeting of county supervisors. "I told her when I heard her speak, she made me aware. I'd had been experiencing some symptoms, passing blood once in a while. What struck me was when she said that Northeast Nebraska had a high rate of colon cancer, and I knew I'd better be getting up there for a colonoscopy."

As public health messages meet the public, they impact the community, but the messages hit home as they save lives, one by one.

## **Panhandle Public Health District**

Larry and Audrey Sloan of Chadron picked up a radon test kit at a PPHD booth in a home show nearly three years ago. They too shrugged off the importance of testing their home for radon, but because three of their four children sleep and play daily in the basement of their 80-year-old ranch style home and uranium mines are present in the vicinity, they set the kit up in their home in September 2004.

The results were more than twice the acceptable level, 8.5 picoCuries per liter. PicoCuries are scientific measures of radioactivity equal to one-trillionth of a curie. If a test result is between two and four pCi/L, the EPA recommends the homeowner consider taking action.

The Sloans didn't have to consider it for long. After a quick, but exhaustive search of the Internet, they raced to their friends, neighbors and client base looking for professional radon detection services. The nearest service that was both licensed with the State of Nebraska and certified by the EPA is located in Bertrand, Nebraska, but does a large amount of work in the Panhandle.

Audrey Sloan said Gary Wolfe with Capital Inspection Services worked with her husband, a practiced handyman who quickly admitted the task was over his head, to take more accurate measures of the radon in the home's basement and begin to mitigate the problem. Mitigation, the proper trade name for the process of alleviating the presence of radon in their home, began with the placement of a vent in an inconspicuous area and a fan to take gasses out of the soil and vent them into the atmosphere.

Audrey said post-mitigation results were 1.7 pCi/L, an acceptable level, Wolf has returned to check on the home when he is in the area. Mrs. Sloan said the family has lived in their home since 1993 but no one in the family experienced any symptoms of distress from the radon. Radon does not begin to effect the body for anywhere from five to 25 years, but is the second leading cause of lung cancer in the U.S.

Wolf said the harmful minerals are easily discovered and removed from the home at less cost than allowing warm air to go up the chimney. The average cost of abatement ranges from \$1,200 to \$1,600.

He urges everyone to check their home, new or old and no matter the style of home, with the short-term test kits available free or for a very low price in many locations. Free kits are available from the PPHD at (866) 701-7073.

## Lincoln-Lancaster County Health Department

### **ActionNow! Community Diabetes Prevention & Control Coalition**

Addressing the dramatically rising incidence of diabetes in Lancaster County is the purpose of the ActionNow! Community Diabetes Prevention & Control Coalition. One out of every three people living in Lancaster County are at risk for developing Type-2 diabetes in their lifetime given current rates of advancing age, obesity and inactivity. The Coalition, now in its third year, continues to work through a population-based paradigm to address diabetes prevention, screening, early diagnosis, and optimal treatment.

In 2006, five priority goals were achieved. First and foremost, community awareness and knowledge of key diabetes prevention messages was assured through a social marketing campaign of three prevention messages; eat healthier, move more and know your numbers. Assisting primary care providers in the prevention and early detection of diabetes was another goal accomplished by making clinical management resources accessible on the website ([www.123actionnow.org](http://www.123actionnow.org)) and through the development and dissemination of a prescription pad highlighting the Coalition's key prevention measures.

The coalition established benchmarks and baseline measures of community and partner progress toward diabetes prevention. Two reports were developed; the "Lancaster County Diabetes Report" highlighted disease prevalence trends, risk factor prevalence trends and the estimated impact upon the community in terms of longer and more expensive hospitalizations. The second report focused on what the Coalition achieved as possible beginning solutions to this long-term multi-faceted disease.

Finally the Coalition implemented a twelve-month pilot study on the effectiveness of diabetes education among community members with significant barriers to service. At the end of the study three major outcomes were observed: 1) every participant had significantly improved lab values (as determined by Hgb A1C values); 2) all participants were connected to ongoing assistance with their medications and medical care; and 3) all participants reported a positive change in their perception of their quality of life.

**ActionNow: Community Diabetes Prevention & Control  
Patient Success Stories**

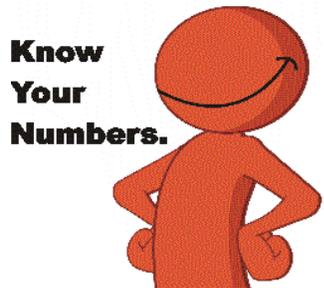
Male - Many emotional issues and depression problems. He had not been checking Blood Glucose or taking meds due to cost. At completion he was taking meds and checking Blood Glucose twice a day. Successes - lowered his A1c from 13.6 to 6.9 and lost 13 lbs.



Female - At start of program she had no money for insulin and supplies and was worried about losing her apartment since she lost her job. At completion of program - still many financial issues but coping better. Has financial assistance to attend SCC for change in career. Successes - Lowered A1c from 8.0 to 6.6, lost 14lbs. And quit smoking.



19 year old Russian male immigrant newly diagnosed Type 1 with no knowledge of how to find a doctor or how to obtain insulin and supplies. He was only taking insulin once a day to make his insulin last longer. Was using the same syringe for 1 month to save money. He now has a physician at People's Health Center and is able to obtain supplies and meds. Attends college and plans to work in the health care field. Taking his insulin regularly and checking his Blood Glucose regularly.



**1 in 3 of us is at risk for Diabetes.**

A graphic on a black background. On the left, a red stick figure is shown in profile, pointing towards two white stick figures standing side-by-side. The text "1 in 3 of us is at risk for Diabetes." is written in white and red at the top. In the bottom right corner, there is a logo for "ACTION NOW!" with the tagline "Community Diabetes Prevention & Control" and the website "www.123ActionNow.org".

**ACTION NOW!**  
Community Diabetes Prevention & Control  
[www.123ActionNow.org](http://www.123ActionNow.org)

**University of Nebraska-Kearney Mumps Vaccine Study with the Centers for Disease Control and Prevention and Two Rivers Public Health Department  
April 2006**

Spring of 2006 - Iowa was experiencing a mumps outbreak and it was beginning to spread to Nebraska.

**Thursday 4-13-06 – The Call**

11:00 am: Initial phone call from Dr. Ann O'Keefe, Nebraska Health and Human Services System, to Terry Krohn, Two Rivers, to determine our interest in the Centers for Disease Control and Prevention (CDC) study on mumps vaccine at the University of Nebraska – Kearney (UNK). Terry contacted Peg Nyffeler, RN and Julie Klahn, RN at the UNK Student Health Center by phone to determine their interest. They were very excited about the project and the opportunity to work with the CDC and Two Rivers. This information was relayed back to Dr. O'Keefe.

**Friday 4-14-06 – It's a Go**

5:00 pm: Confirmation call from Dr. O'Keefe that the CDC would be arriving on Monday the 17<sup>th</sup> or Tuesday the 18<sup>th</sup> to begin the mumps vaccine titer project.

**Tuesday, 4-18-06 – THIS IS NOT AN EXERCISE!**

3:00 pm – 6:00 pm: Alison Rue from Atlanta and Anand Date from Lincoln, both Epidemiologic Investigation Specialists (EIS) with the CDC, arrive. They met with Dr. Lois Flagstad, Dr. Lee Ann Obrecht, Peg Nyffeler, Julie Klahn, all from UNK; Kate Nickel, UNMC College of Nursing; and Terry Krohn and Amy Elwood from Two Rivers Public Health Department to work out the details and logistics of the proposed study. The purpose of the study was "to provide data on the mumps seroprevalence profile of college students who have received mumps vaccine" – does vaccine immunity wane over time?

**Wednesday 4-19-06 – Clinic Preparation**

8 am – 2 pm: The group met at the office of LeAnn Obrecht to work on forms, press releases, logistics, facilities, supplies, request volunteer staff, etc. Tony Sambol and Josh Rowland from Nebraska Public Health Lab called to offer their help. Josh Rowland would arrive on Thursday morning to help with the specimen samples. Traci Camilli of the Mid America Alliance called to volunteer. Memorandums of Understanding (MOUs) were developed between the CDC, UNK, the University of Nebraska Medical Center, Nebraska Health and Human Services Systems and Two Rivers Public Health Department to facilitate the conduction of the study. The Two Rivers Public Health Department assisted in all facets of the investigation including procuring supplies and professionals to perform the blood draws. Twenty-six volunteers were enlisted from the medical community to help with the blood draw clinic which would be held 4/20 & 4/21. Dave Glover of the Tri City Medical Response System (TRIMRS), Sentinel Health Care, and Sue Hunter, RN, Two Rivers Board of Health member, helped with recruitment. We

also contacted other health departments, where Kay Oestmann from Southeast and Teresa Anderson from Central responded. We were able to activate the Two River's point of dispensing site plans that had been previously designed with UNK as part of our emergency response planning.

2 pm – 6 pm: Trial run of clinic at UNK Sports and Health Center with the UNMC College of Nursing students and instructor Kate Nickel, RN. The second year students practiced their first blood draws on each other and their recruited friends as part of this study to allow implementation of the clinic plans. 200-300 blood draws was the desired sample size from CDC.

Emails from the UNK Administration went to all UNK/UNMC students who met the sample criteria. Flyers and signs were also posted around campus.

#### **Thursday 4-20-06 - Clinic Begins**

8 am – 6 pm: Initial registration of qualified students was facilitated by receiving access to the student vaccination records screen of the UNK student records website. On this first day of the mumps titer study at UNK Sports and Health Center and UNK Student Health Center, over 200 blood draws were done. Because we had an additional day for the clinic, Alison contacted her supervisors at CDC and they increased our sample size to 400-500. Collected and centrifuged samples were sent overnight by Fed EX to the CDC.

#### **Friday, 4-21-06 - Final Day**

8am – 6 pm: On the second day of the mumps study, additional blood draws were done at the UNK Sports and Health Center and Student Health Center. A total of 456 blood draws were done during the entire clinic and sent to the CDC lab in Atlanta, GA for analysis. The clinic was closed, equipment was returned to Good Samaritan Health Center and volunteers headed home. Final information was exchanged at the Student Health Center. CDC representatives went back to Lincoln, where Alison caught her flight back to Atlanta, GA.

The study is still on going and will be discussed in a Morbidity and Mortality Weekly Report (MMWR) when the results are complete.

The Two Rivers Public Health Department would not have been able to participate in this process without the relationships and plans that had been established with the funding provided by LB 692 to the local health departments. All of the entities involved were very pleased to be able to utilize our planning in a situation that was not life threatening, but very time and procedure sensitive. Alison Rue (CDC) contacted us and shared that her co-workers in Atlanta were amazed that this study could be coordinated in this short time frame. We know this is a great tribute to Nebraskans and our spirit to work together to accomplish a goal. We definitely learned that **"all responses are local"**!