

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

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

**Office of Community Health Development  
Division of Public Health**

**December 1, 2007**

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 functions of public health. The Act also required all of the eligible local public health departments to prepare an annual report each fiscal year covering the period July 1, 2006 to June 30, 2007. 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 current initiatives, 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, 2007, 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 Community Health Development 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 table also includes the amount of LB 1060 funding distributed to each local public health department, which totaled \$100,000 per 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 approximately \$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 approximately 57 percent of the total expenses. The next largest expenditure category was other expenses which represented about 14 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 Nurse program (PHN), community education programs, the jail nurse program, and mini-grant programs to local communities.

## **Leveraging Other Funds**

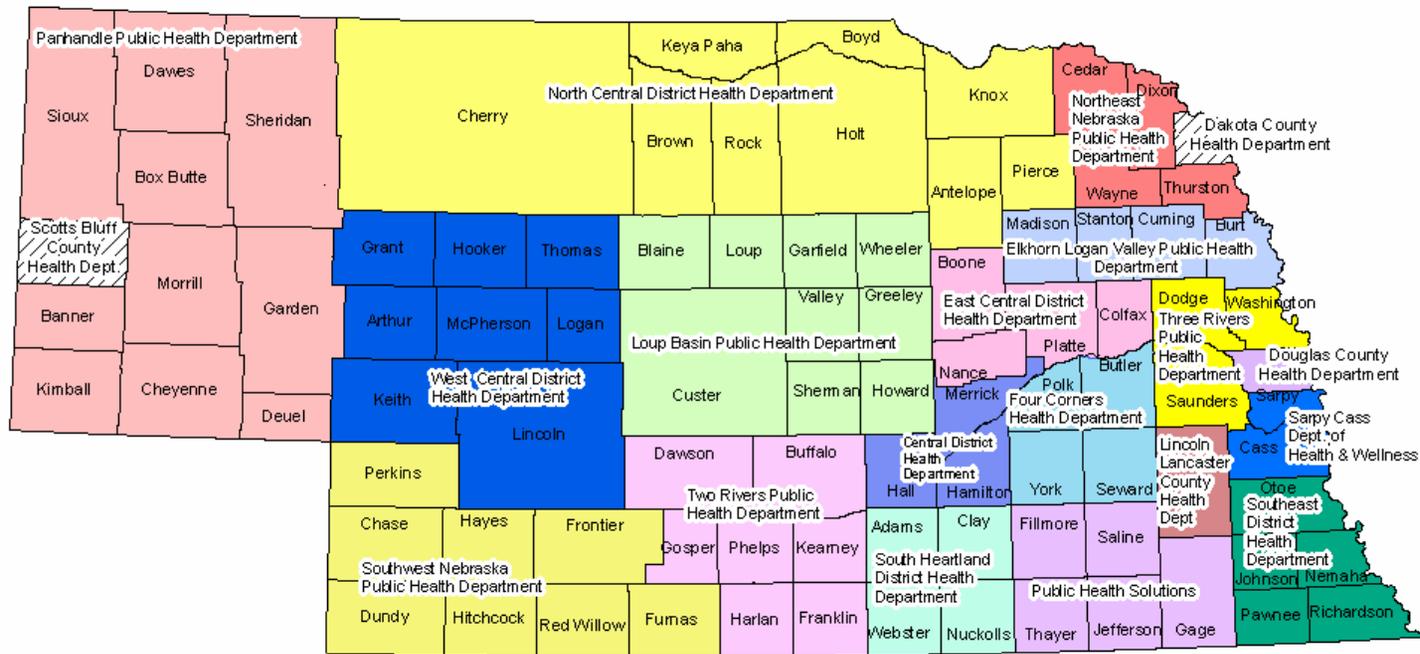
Although funds from the Nebraska Health Care Funding Act serve as the financial foundation for the local health departments, all of the departments have been very successful in leveraging other funds. For example, federal grant funds have been passed through the state health department to local health 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 well over \$10 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 District Health Department</b>	Fillmore, Gage, Jefferson, Saline, Thayer
<b>Sarpy/Cass Department of Health and 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 do not qualify for LB 692 Funding

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

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

**Table 2****LB 692 and LB 1060 Health Department Payments  
July 1, 2006 – June 30, 2007**

<b>District Name</b>	<b>Infrastructure</b>	<b>Per Capita</b>	<b>LB 1060</b>	<b>Total</b>	<b>Population</b>
Central District	\$125,000	\$148,384	\$100,000	\$373,384	72,447
Douglas County	\$150,000	\$966,935	\$100,000	\$1,216,935	482,112
East Central	\$125,000	\$109,295	\$100,000	\$334,295	51,325
Elkhorn Logan Valley	\$125,000	\$124,469	\$100,000	\$349,469	59,548
Four Corners	\$100,000	\$94,903	\$100,000	\$294,903	45,105
Lincoln-Lancaster	\$150,000	\$522,051	\$100,000	\$772,051	261,545
Loup Basin	\$100,000	\$69,085	\$100,000	\$269,085	32,340
North Central	\$125,000	\$106,550	\$100,000	\$331,550	48,941
Northeast Nebraska	\$100,000	\$68,781	\$100,000	\$268,781	52,129
Panhandle	\$125,000	\$111,504	\$100,000	\$336,504	87,917
Public Health Solutions	\$125,000	\$120,679	\$100,000	\$345,679	57,761
Sarpy/Cass	\$150,000	\$306,461	\$100,000	\$556,461	161,644
South Heartland	\$100,000	\$98,674	\$100,000	\$298,674	46,400
Southeast District	\$100,000	\$83,594	\$100,000	\$283,594	38,844
Southwest District	\$100,000	\$70,103	\$100,000	\$270,103	32,514
Three Rivers	\$125,000	\$155,954	\$100,000	\$380,954	76,015
Two Rivers	\$125,000	\$193,468	\$100,000	\$418,468	93,550
West Central	\$100,000	\$99,110	\$100,000	\$299,110	47,077
<b>Total</b>	<b>\$2,150,000</b>	<b>\$3,450,000</b>	<b>\$1,800,000</b>	<b>\$7,400,000</b>	<b>1,747,214</b>

**Table 3**

**LB 692 Local Public Health Departments  
July 1, 2006—June 30, 2007 Expenditures**

Departments:	LB 692 Local Public Health Departments	
Total Funds Received (LB 692):	\$5,600,000.00	} <b>\$7,400,000</b>
Total Funds Received (LB 1060):	\$1,800,000.00	
Total Funds Expended (LB 692):	\$5,470,343	} <b>\$6,819,044</b>
Total Funds Expended (LB 1060):	\$1,348,701	
Budget Period:	July 1, 2006 – June 30, 2007	

Line Items	Expenditures	
	LB 692	LB 1060
Personnel	\$2,458,942	\$645,609
Benefits	\$638,442	\$131,532
Travel	\$146,406	\$48,232
Office Expense/Printing	\$489,799	\$97,843
Communications/Advertising	\$162,602	\$14,279
Equipment/Construction	\$174,844	\$83,556
Contractual	\$483,695	\$127,826
Public Health Programs	\$153,206	\$11,216
Other	\$762,407	\$188,608
<b>Total</b>	<b>\$5,470,343</b>	<b>\$1,348,701</b>
	} <b>\$6,819,044</b>	

# 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, 2006 to June 30, 2007, considerable progress was made in the provision of the core functions and ten essential services. During this year, every 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 local health departments have used the Mobilizing for Action through Planning and Partnerships (MAPP) approach to update their local public health improvement plans. This process involves a rigorous assessment of health needs, community health risks (e.g., tobacco use, 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 high priority implementation initiatives. Six other health departments will complete their MAPP processes by spring 2008. The remaining health department began a new community assessment in fall 2007.
- All local health departments have contracted with the Department of Health and Human Services (DHHS) to complete an oversample of the Behavioral Risk Factor Surveillance System survey for their districts. This will allow them to continue to monitor behavioral risk factors in their local areas. Most departments also invested in the TRALE health risk assessment tool which analyzes health risk factors on an individual level.
- All departments worked with staff from the DHHS to track and monitor various diseases such as tuberculosis (TB), West Nile Virus (WNV), food borne illnesses, and pertussis.

- All local health departments participate in a statewide school surveillance program to monitor and report absences due to illness (e.g., flu and asthma). This system allows state and local health officials to respond more promptly to disease outbreaks. The departments are also working with the infection control nurses in hospitals to identify patients with flu-like illnesses. This activity allows them to work with local businesses and the community at large to make appropriate disease prevention recommendations.
- Several departments provide local data to the public on their websites, giving their community partners access to the information.
- The Lincoln-Lancaster County Health Department utilized data collected from the “Child Care Centers Health and Safety Assessment” to monitor policies and resulting behaviors that decrease illness and injury. Additionally, 75 percent of facilities participating in their “Navigate your Way to Safe and Healthy Child Care” implemented a daily health check policy and/or an illness exclusion policy to monitor the health status of children and staff.
- The Sarpy/Cass Department of Health and Wellness school health coordinator completed over 200 health assessments at Sarpy County Head Start monitoring BMI, hematocrit, and other health indicators.

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

- All local health departments continue to participate in the National Electronic Disease Surveillance System (NEDSS). The 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. The local health department staffs are the foundation of the system and can intervene more quickly when there is a communicable disease or food borne illness outbreak.
- Many departments investigated a variety of nuisance problems, including mold, property concerns, animals, and garbage.
- Most local health departments conducted numerous disease investigations for a variety of health concerns, including rabies, TB, sexually transmitted infections, WNV, and *E. coli*. Often the health department provided follow-up with nurse case management or appropriate educational information.
- The Southwest Nebraska Public Health Department tested 498 private wells for the presence of contaminants such as nitrates. They presented the results of these tests

to their district keeping them informed about local water issues. Some other departments also provide access to water testing for their community members.

- Nearly all departments were involved in the enforcement of the Nebraska Clean Indoor Air Act. The local health departments provided businesses with copies of the law, information about how to comply with the law, and other educational information.

In their third year of completing Clean Indoor Air Inspections, the North Central District Health Department achieved a significant success. During the first year of inspections, there was a restaurant that was not receptive to the idea of changing to a completely smoke-free environment. Many of the patrons of the restaurant are families, and it is one of the few food establishments in a 20-mile radius. It is a common place for families to dine after the school football games and other activities. The owners thought that the patrons were split fifty-fifty between being for going smoke-free or not. After the North Central District Health Department provided multiple inspections and a great deal of information on the ill effects of secondhand smoke, the owner changed the entire establishment to a smoke-free environment. The restaurant contacted the Health Department to inform them of the transition. Since going smoke-free, the owners have found that almost all patrons were in support of the transition, and business has never been better.

- Local health departments are a key element of local emergency response in disaster situations. The Two Rivers Public Health Department used their emergency planning experience during the ice storms in January 2007.

The Two Rivers Public Health Department was an active public health partner to the first responders, local governments, and other agencies during the January 2007 ice storm. The Department participated in the Emergency Operations Center in Holdrege, Nebraska and worked with emergency management, law enforcement, city and county government, water operators, schools, hospitals, volunteer organizations and other entities to provide information, funding, connection with the DHHS and local entities, staff for the shelter, and supplies during the weeks of power outages in the area. Many of the Department's relationships, plans, tabletops, and exercises proved invaluable in their response. The Department has continued to modify their plans and resources through the experiences they had in implementing them during the ice storms. Providing easy access to resources such as food and funds for electricity and heat for individuals and families was one need that was identified, and the response was to provide a single location where they could come to find most available resources. This has developed into a formal Community Organizations Active in Disasters (COAD) group that meets and plans on a regular basis.

- A number of health departments followed up on cases of Methicillin-Resistant *Staphylococcus aureus* (MRSA) that were acquired in the community.

The Four Corners Health Department realized the importance of working and communicating with medical providers and other community partners in January 2007. The Department received a report from a local hospital surveillance contact that there appeared to be a few cases of community-acquired methicillin resistant *Staphylococcus aureus* (CA-MRSA) at the local high school. After making a few phone calls to community partners and receiving calls from concerned parents of athletes, Four Corners staff realized that limited information was being shared among medical providers, the school system, and parents. Four Corners contacted the State Epidemiologist's Office for recommendations about the situation, and they were able to share the timely information with local health care providers, schools, and athletic groups. The Department took additional action by providing recommendations and educational materials to other school systems across the district. This action led to the discovery that other schools in the Four Corners coverage area and across Nebraska were finding cases of CA-MRSA. Four Corners was invited to educate other schools and coaches across the state about sports and skin infections. The Department coordinated a presentation by Dr. B.J. Anderson about skin infections in athletes in person and via the Nebraska Telehealth Network to health, public health officials, and coaches across Nebraska. One coach commented, "This should be mandatory for coaches. This is more valuable than any rulebook."

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

- All local health departments provided educational information about public health issues ranging from sports safety and hand washing to pandemic influenza and physical activity to community members and organizations, including local board of health members and county boards.
- The Douglas County Health Department designed and implemented a Community Health Worker Skill Based Training Program to build greater community capacity among vulnerable, high-risk communities. They are moving toward a certification program to build capacity in minority communities and assure quality health education provided by members of local neighborhoods.
- Many of the local health departments provided hand sanitizer to all their county fairs for use at food vendor stations and outside animal barns. They also provided information and brochures at health fairs throughout their districts.
- The East Central District Health Department PHN nurse made 2,328 contacts to remind individuals of the importance of medical and vision care, and to encourage them to make appointments for check-ups.

The East Central District Health Department stresses the importance of regular medical care delivered in a culturally competent manner. A Spanish speaking family in the area was parenting a child with many developmental delays and uncontrolled seizures. When the Services Coordinator started working with the family, they had just returned from a visit at Children's Hospital. The family stated that they had several seizure medications to give their child and the directions were complicated to understand due to having to slowly increase the dosage and amount given. The family reported that they did not feel the medication was helpful thus far. When the family showed the Services Coordinator what they had received for written directions, all documents were in English which the family was unable to read. Upon further exploration the family was inadvertently giving the child a lower dose than the doctor prescribed. The Services Coordinator was able to contact the physician on behalf of the family and open up the communication between the family and the physician, to get written information in arranging home health visits so a nurse was able to educate and assist the family in understanding the frequent dosage changes.

- The Lincoln-Lancaster County Health Department worked with twenty-one child care center directors to develop mutual goals and priorities. They provided eight health and safety trainings to 147 child care professionals on childhood obesity and physical activity. They also provided sixteen health and safety trainings to 461 child care staff.
- Many local health departments provide health information to community members through a weekly radio spot or newspaper article. The Southwest Nebraska Public Health Department publishes monthly health news in thirteen local newspapers.

## **Core Function—Policy Development**

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

- The departments that are completing their Mobilizing for Action through Planning and Partnerships process have brought together community partners for planning and prioritizing local health issues. The departments that recently completed the process continue to work with their stakeholders to address their priorities.
- Many health departments provided mini-grant or other funding to local community groups, thereby sharing resources and supporting partner growth. The Northeast Nebraska Public Health Department coordinated mini-grants for community youth groups. The youth groups started a recycling program, provided anti-bullying and anti-violence programming, and leadership training and mentoring.

- Many departments are reaching beyond their district boundaries to engage in dialogue and planning with regional organizations. Several are key partners in organizing regional Medical Response Systems, which are being developed to coordinate the emergency response systems. The Southwest Nebraska Public Health Department continued to help strengthen the four-state public health emergency preparedness group, Wide Open Spaces, by hosting a tabletop exercise that connected 21 sites via video conferencing equipment.
- Most 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 organization, and emergency management organizations. They are also addressing a variety of topics including family health issues, diabetes, cardiovascular disease, unintentional injuries, public health law, substance use, cancer, car seat safety, and infant mortality.
- The Two Rivers Public Health Department is working with Keep Nebraska Beautiful to provide household hazardous waste collection programs in their district.
- The East Central District Health Department continues to work with their local partners on tobacco issues. There are two tobacco prevention coalitions in the district that have worked to make some key buildings smoke-free.
- The Lincoln-Lancaster County Health Department coordinates and evaluates the Summer Food Service Program in cooperation with Lincoln Public Schools and many other partners. The program provided over 37,000 meals to 26 sites over 44 days during the summer of 2007. The focus of the program is to provide free nutritious meals to children living with low-income families who would have participated in the free/reduced-meal program during the school year and otherwise may not have access to nutritious meals when school is not in session.
- The Loup Basin Public Health Department teamed with a local therapist and counselor to promote and sponsor an educational and informational Lunch and Learn for Mental Illness Awareness Week.
- The North Central District Health Department initiated a cancer control and education network made up of community partners. The group is in the process of becoming a coalition. The network worked with the health department to initiate cancer education, preventive plans, and screenings.

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

- All departments are continuously updating their emergency preparedness and pandemic influenza plans. The response plans include guidelines for early detection,

response and notification, risk communication, environmental safety, quarantine and isolation, and mass vaccination/dispensing clinics. They conduct exercises to test various components of the plans.

- Many health departments have passed or are working on developing 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.
- Most local health directors advocate for needed health policy changes at the local level by helping to draft ordinances and meeting with the appropriate officials.
- The Lincoln-Lancaster County Health Department has implemented a number of policies to reduce illness and injury in children in childcare facilities. The most common recommendations and actions involved: daily health check procedures; illness exclusion; medicine administration; proper diapering; emergency planning; hand washing and food safety; child abuse awareness/documentation; and sanitizing and disinfecting procedures. Over 260 recommendations were made and 58 lasting action steps were taken.
- The Panhandle Public Health District staff members are working with local partners to develop a Regional Juvenile Justice Service Plan. This planning brought in resources to strengthen collaborative efforts to reduce risky behaviors among youth.

## **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 to businesses.
- Two health departments coordinated tobacco and alcohol compliance checks within their districts. The compliance checks are carried out to determine if retail clerks sell tobacco or alcohol products to minors. The departments work with youth volunteers and with state law enforcement officials to complete the checks.
- Several departments are working with local schools to ensure compliance with nationally mandated school wellness policies. All schools participating in the national school lunch/breakfast program have been mandated to adopt a local school wellness policy.

- The Lincoln-Lancaster County Health Department worked with their SAFE KIDS Coalition to inform, educate, and empower people about the risk related to small child drowning in unfenced swimming areas. Through this effort, the health department informed residents about the Lincoln ordinance that required family swimming or wading pools with a depth of 18 inches to be protected by a fence.
- Many local health departments referred to local ordinances to resolve public health nuisance complaints. For example, the Loup Basin Public Health Department responded to a number of mold concerns in residential dwellings and air quality concerns.
- The Four Corners Health Department was called by a local village manager to follow up on an agricultural chemical spill. Department staff notified appropriate local and state officials, met with the business people responsible for the spill, and was given a plan for correcting the problem from the business. They monitored the clean-up process to assure that the plan was followed and state officials were kept informed.

### **Essential Service 7: Link People to Needed Medical and Mental Health Services and Assure the Provision of Health Care when Otherwise not Available**

- All local health departments receive calls from community members requesting assistance for medical, dental, and mental health services. The departments refer the individuals to the appropriate clinic or agency.

For two and a half years, Northeast Nebraska Public Health Department (NNPHD) has been monitoring and case managing a patient in their health district who has a severe case of Hansen's disease. For the first 18 months, NNPHD did not have a full-time public health nurse (PHN). NNPHD employed two part-time nurses for the PHN program. The nurses and NNPHD staff helped the patient as much as possible. Assistance from the Health Promotora at Elkhorn Logan Valley Public Health Department was also critical for this patient's slow recovery.

In August 2006, thanks to the LB 1060 funds, a full time PHN was hired at NNPHD. This PHN has case managed the patient, whose disease process was so severe, it was in his bones. The patient was in constant pain, had no health insurance, and accumulated a mountain of medical bills. The patient does not speak English and does not read or write in his native language. The PHN took on a dual role of social worker/nurse by contacting the healthcare facilities and medical providers who generously adjusted many of the bills or wrote them off as charity. The PHN also worked with the patient's employer to help them understand the seriousness of the disease process. Through extraordinary efforts, the nurse gained the patient's trust and convinced the patient to go to the National Hansen's Disease Center near Baton Rouge, LA. There, he received the expertise and medical care that he desperately needed. The PHN accompanied him for the patient's reassurance and to learn more about Hansen's disease and patient care.

- Several departments either directly provided or contracted with other agencies to expand funding for public immunization programs.
- The Four Corners Health Department developed a health services directory with assistance of partners in all four counties fulfilling a priority of their local public health improvement plan. They will put the directory on their website and update it regularly. They will also distribute paper copies. A few other departments also maintain a directory of providers and services.
- The Douglas County Health Department STD clinic has worked to serve the population most affected by epidemic rates of chlamydia and gonorrhea. As awareness of the STD epidemic continues to grow, the number of client visits to the clinics continues to increase. The health department works with other community agencies to raise awareness of the epidemic and where community members can receive testing and treatment.
- The Panhandle Public Health District contracted with health care providers serving individual counties to address the needs specific to their communities. The services provided include prescription drug assistance programs, health screenings, school nursing, educational meetings, and immunizations. Over \$287,855 of free prescription drugs have been received by community members throughout the district.
- Several local health departments continue to expand and maintain dental services for residents with lower incomes. For example, the Douglas County Health Department provided dental care to 2,466 children with approximately 20 new clients per month, and the Lincoln-Lancaster County Health Department screened 4,109 young people. The West Central District Health Department placed 69 dental sealants for children whose families had lower incomes. Other departments 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 Nurse program (PHN), which is operated through a contract with the state Medicaid office. The program 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 PHN nurse assists individuals with the application process, provides education on accessing medical care, and identifies barriers to receiving care and overcoming those barriers.

The East Central District Health Department provides dental care through their Good Neighbor Community Health Center (GNCHC). Last year, a patient was referred to the GNCHC from a local medical office for an abscessed tooth. This 79 year old gentleman, named Claude, had very few teeth remaining and those that were present, were in poor shape. The tooth in question was clearly decayed and broken, but the lesion present and the symptoms were inconsistent with an abscessed tooth. The provider's first impression was that the man had oral cancer. Claude needed a lower denture and requested that they extract the tooth just in case. The tooth was removed and he was immediately referred to an oral surgeon for a biopsy.

The oral surgeon agreed with the provider's diagnosis and took a biopsy. The results came back positive for squamous cell carcinoma of the floor of the mouth and mandibular ridge. Claude opted to have surgery to remove as much cancerous tissue as possible, but had declined jaw resection, chemotherapy, and/or radiation treatment if it became necessary. He continued to hold follow-up appointments and is confident that the cancer is gone.

Claude is grateful that the providers were able to catch the cancer before it had spread to the jaw bone or neck. He was never a smoker or drinker and was not in a high risk group for oral cancer. This supports the idea that every dentist should perform routine oral cancer screenings on all of their patients.

## **Essential Service 8: Assure a Competent Public Health and Personal Health Care Workforce**

- Staff members from local health departments attended a variety of training sessions and conferences to increase their knowledge of public health in the past year. These included emergency preparedness and pandemic influenza planning, grant writing, intervention planning, and chronic disease prevention. When possible, the Telehealth videoconferencing system or webinar is used for trainings to save on travel costs.
- Health department staff provided many educational materials, information, and training to other members of the public health workforce. For example, the South Heartland District Health Department provided educational information to area veterinarian personnel on West Nile Virus and rabies.
- One health director and three local health department employees 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 public health practice community. The program is designed to strengthen leadership knowledge, skills, and competencies in the public health workforce.

- The Panhandle Public Health District coordinated a Technology of Participation group facilitation methods training for public health professionals and partners in the Panhandle. Approximately forty-two people attended the training and increased their skills in working with and facilitating group interaction.
- Local health departments are working to staff their departments comprehensively. The East Central District Health Department hired a psychiatric nurse practitioner and is actively recruiting a pediatrician for their community health center. Many of their employees are bilingual, allowing them to better serve their patients. The Southwest Nebraska Public Health Department hired two new health educators to continue existing programs and to create new public health programming.
- The Lincoln-Lancaster County Health Department is working to make data and information more accessible by providing staff members with tools to better analyze information and improve their decision-making. They also created an integrated department that is not siloed, which will help them approach public health issues in a more comprehensive manner.
- The Two Rivers Public Health Department is working with the South Heartland District Health Department to develop and maintain a volunteer management plan, which will help them handle volunteers in the event of an emergency situation.

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

- Fifteen health departments have applied the National Public Health Performance Standards that were developed by the CDC and other national organizations. These performance standards allow them to evaluate the effectiveness of the local public health system. Two other departments will complete the assessment in the next year. Approximately seven health departments have also conducted the Local Public Health Governance Assessment, which assists board of health members in understanding their roles and determines how they can strengthen their ability to oversee public health within the community. The process serves as an educational, orientation, and improvement tool for boards of health.
- Most health departments consistently evaluate programs, presentations, and services that they provide to their communities. Additionally, the preparedness exercises that the departments conduct require an after action report and follow-up.
- The Panhandle Public Health District worked with the Chadron Native American Center to complete an evaluation of case management services at the Center.

- The East Central District Health Department monitors the direct medical services provided on a daily basis to evaluate the performance of providers and to identify areas for improvement. The Department uses client satisfaction surveys to evaluate services in clinics across their district, and also completes staff satisfaction surveys to track organizational trends.

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

- All local health departments are working with the University of Nebraska Medical Center's College of Public Health to support a grant application to examine local health department performance improvement efforts across the state. If awarded the grant, the local health departments will participate in surveys and interviews to contribute to this research study.
- The Panhandle Public Health District contracted with the UNL Policy Center to examine the effectiveness of the Panhandle Partnership for Health and Human Services as an innovative solution to health problem solving. They also participated in research for Electronic Health Records that examined how and where data are collected from the local and state levels.

## **Conclusion**

During the sixth year of funding and fifth full year of operation, continuing progress has been made in the development of local public health departments throughout the state. All local health departments provide all of the three core functions of public health: 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, as determined through regular collaborative health prioritization planning processes. The departments have assumed a key leadership role in the coordination and planning of health services, and have been successful at bringing together local organizations to plan for emergencies such as pandemic influenza. They continue to fill in the gaps with key services. For example, the departments track and monitor infectious disease outbreaks, identify and follow up with individuals who have communicable diseases, and offer a wide variety of health promotion and disease prevention programs. Finally, there are a few areas where minimal activity is occurring, such as evaluation and research. Progress is being made in these areas as health departments evaluate their programs and activities, and collaborate with research centers to participate in various public health studies.

# Public Health Stories

The following short stories are being included in this report to put more of a human face on public health. 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.

## **Panhandle Public Health District**

Little Grant is a blue-eyed blonde with a mischievous smile and a sense of adventure, but a tired spirit that doesn't match. At 18 months, Grant is one of the Panhandle's latest victims of the *E. coli* infection, but he didn't get it from eating raw spinach. Grant is one of four children from the same child care center in Sidney who developed *E. coli* infection the summer of 2006. He is slowly recovering from nine days in the hospital, eight days in isolation, and a blood transfusion.

Marci and Bryan are the young parents of two small, active boys. They took Grant to their local doctor for diarrhea in late June 2006, but he was mistakenly diagnosed as suffering from a "stomach bug." "Such misdiagnoses can occur when standard lab tests fail to detect *E. coli*," Betsy Bauman, PPHD Outreach nurse, said.

Dr. Tom Safranek, state epidemiologist who investigated the Sidney *E. coli* cases, said it can be hard to detect *E. coli* in routine testing. In the case of the *E. coli* infection in Sidney, the situation was made difficult because it was an unusual strain of the bacteria. Until the blood or kidney infection shows up and the child becomes very sick, Dr. Safranek said, the less usual strains of infectious diarrhea may not be suspected.

By the month's end, Marci and Bryan learned three other children at the daycare had developed a similar illness. Daycare personnel, meanwhile, were following proper procedures to disinfect the room, educate the parents and develop policy surrounding sick children attending daycare. Betsy Bauman told parents to keep their children at home if the child has a fever that is accompanied by behavior change or other signs and symptoms of illness, vomiting that has occurred two or more times in the past 24 hours, and uncontrolled diarrhea. Other symptoms, unrelated to *E. coli*, could also be a cause for concern. If in doubt, always contact your health care provider.

During the 4<sup>th</sup> of July weekend, Grant was running across the lawn of his home in Sidney, when he collapsed in a seizure. His family rushed him to the emergency room and two hours later, they were in an ambulance on their way to Children's Hospital in Denver. Grant was suffering from an infection of the blood known as HUS. Grant was in the hospital for nine days and received care from a variety of specialists. He was fortunate that the bacteria did not attack his kidneys.

Marci and Bryan continue to see healthcare professionals at their local clinic. Grant was taking two adult medications to build his red blood cell count. "Mostly, he's back to his old self," Marci said, "but he gets lethargic; he plays for awhile, then he just stops and lays down, all out of breath." Marci said the medical community has been fantastic in both Denver and Sidney. "Our local doctor continues to call Children's Hospital with updates," she said.

*Panhandle Public Health District played an active role in helping to establish policies at the Child Care Center regarding sick children, following up on disease investigation, and providing parent and staff education following the incident. Parents were cautioned to follow the appropriate protocols of thoroughly cooking ground beef, washing countertops and cooking utensils in hot, soapy water, and to practice proper hand washing after using the bathroom or changing a diaper. Containing an outbreak like the one in Sidney was especially challenging because of young children's hygiene habits.*

## **Three Rivers Public Health Department**

Three Rivers District Health Department had the chance to see the school surveillance program work in its intended capacity during the influenza season of 2007. In January, one of our local school districts experienced an outbreak of influenza in 10 of their schools across the city. This type of seasonal influenza outbreak is not all that unusual, but became a unique opportunity for the local health department and school officials to work together to make decisions that affected the health of the community's children.

This outbreak was first identified using our school surveillance system, as we were tipped off to the widespread illness when an average of 12 percent of students were absent at the district schools. Some schools experienced illnesses as high as 25 percent. At this time, Three Rivers worked very closely with the superintendent of the school district to begin absence reporting on a daily and hourly basis, rather than just reporting on Wednesdays.

Two interesting findings arose from this experience. One was the occurrence of the "Tylenol-kids." This is what we loosely termed those children who were apparently ill with influenza, but medicated themselves with fever-reducer in the morning before school. By noon, when the medication wore off, an increase in absences was seen in many of the schools, and many children went home sick at this time during the outbreak. This led to letters being sent home with students, advising parents to be aware of all the signs and symptoms of influenza, as well as the suggestion to not send their children to schools with any of these.

The second thing that became apparent during this time of illness was that there was one school in the district that was not seeing the high numbers of absence or illness. Upon further inquiry into why this school was not like the others, it was noted that there were some activities being conducted at this school, more often than the other schools. These activities were headed by a physical education instructor and the school principal. These two made alcohol-based hand sanitizers available in all classrooms, and other common areas in the school. Not only were they available, but all students were strongly encouraged to use the hand sanitizers on a regular basis. They were also led in groups to wash their hands before and after eating, going to physical education class, and frequently throughout the day. Desks and common surfaces were rigorously sanitized nightly. These activities were the only things that made this school different from the others in the district. Because the students and faculty at this school did not see the extremely high numbers of illness, it can be speculated that these hygienic behaviors made a big difference in the health of the school.

Three Rivers was able to use this district-wide influenza outbreak as an example for all other schools who participate in school surveillance, as a reason why the program exists. It was a real example of surveillance in action, and it was a wake-up call for people wondering if their reports are meaningful. We partnered again with the

superintendent of the district on several occasions during the year to speak to school nurses and administrators on the importance of hand washing and parent education on illness symptoms. During future seasonal influenza seasons, we can be sure to be prepared for events such as this.

## **Douglas County Health Department**

A short story on the indoor air quality program by Christine Stewart, lab scientist:

On the average day, we receive ten calls regarding Indoor Air Quality (IAQ). Most of the calls we receive are handled via telephone, but certain cases require an inspection. Since the beginning of the year, we have visited 45 different locations in regards to IAQ issues. One of these inspections was in regard to paint fumes coming into an office from construction in the offices above them. These fumes were very strong, causing the employees to become physically sick.

Initially, they complained to their landlord and in response to this, the office in which the construction was being done began utilizing a negative air system in the space and some fans were placed in the office of complaint. However, this solution was still not working to alleviate the fumes in the office below. The landlord, thinking the negative air system was the answer to the problem, didn't take the complaints seriously and wouldn't look into the matter further. No other offices in the three-story building were having the same problem, so the landlord thought this office was being "difficult."

The staff at the office of the complaint was allowed to go home if too ill, and the ones who stayed were allowed to take any necessary breaks as often as needed, but due to the nature of the business they could not close down.

Our department was contacted five days after the onset of the paint fumes and an inspector was sent out to the site to perform some basic air tests. The painting part of the construction had been completed the day of our inspection. At the time of the inspection, a paint odor was noticeable in the building. In order to get a "snapshot" of the air quality in the building, we used our IAQ-CALC and the MiniRAE2000 VOC meter. Carbon dioxide levels in the office of the complaint were at 1481 ppm. The VOC levels in the office of the complaint were at 2.9 ppm, which was found to be well over twice as high as the rest of the building.

Our inspector sat down with the landlord (whose office was across the hallway from the complaint) to talk about the findings of our tests. Due to the high CO<sub>2</sub> levels and the big difference in VOC levels from the rest of the building, our recommendation was to check the HVAC unit supplying the office of the complaint, as it is on its own separate system. We were notified a few days later that the landlord sent in an outside repair person to check out the HVAC handler and found the system was not working correctly. The office of the complaint informed us that the change in the air quality was immediately noticed once the HVAC had been fixed and they once again had fresh air.