

**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, 2008**

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, 2007 to June 30, 2008. 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, 2008, 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 continues 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 68 percent of the total expenses. The next largest expenditure category was contractual expenses which represented about 8 percent of the total expenditures. A large portion of the contractual expenses were used to support some of the high priority programs. Some examples include community education programs, the jail nurse program, and mini-grant programs to local communities. The total LB 692 funds expended during this fiscal year was greater than the total funds received because local health departments reported their funds that were carried over from the previous fiscal year in their reports. Additionally, the total LB 1060 funds expended during this fiscal year was less than the total funds received because local health departments carried over funds into the current fiscal year.

## **Leveraging Other Funds**

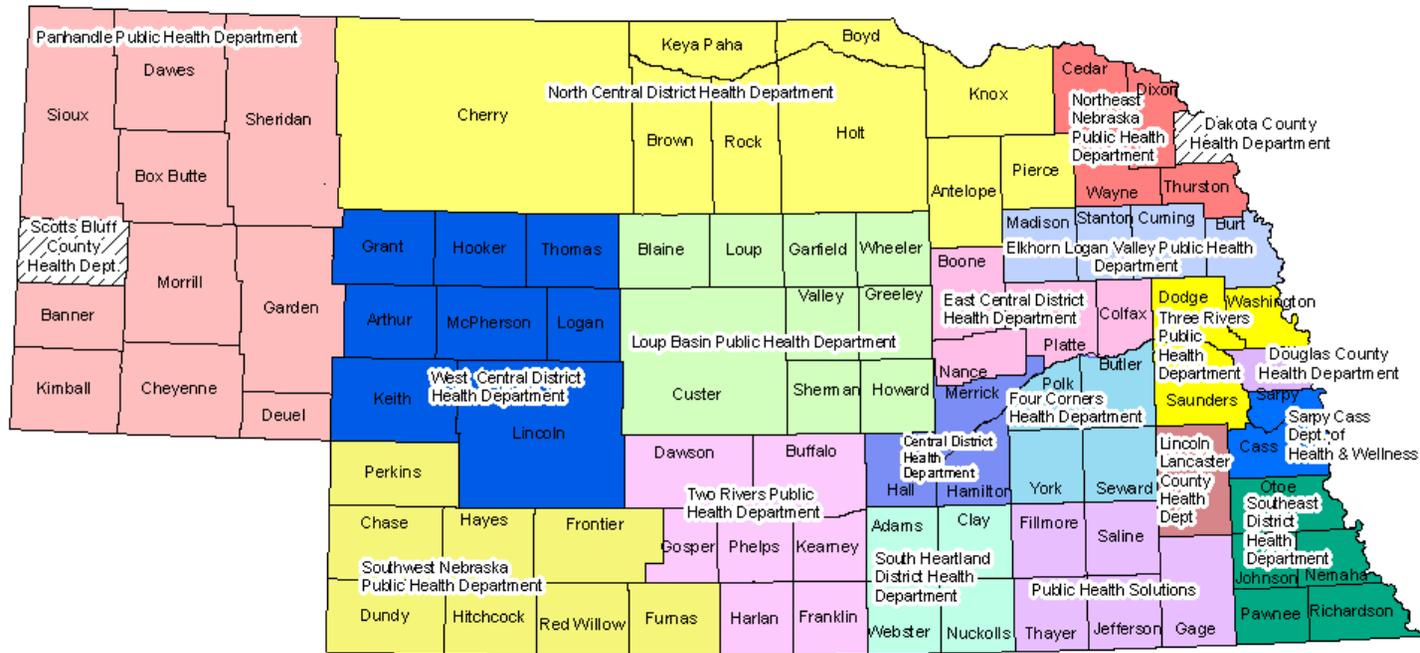
Although funds from the Nebraska Health Care Funding Act serve as the financial foundation for the local health departments, all of the departments have been very successful in leveraging other funds. For example, federal grant funds have been passed through the state health department to local health departments for emergency preparedness 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 \$20 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  
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**Table 2**

**LB 692 and LB 1060 Health Department Payments  
July 1, 2007 – June 30, 2008**

<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, 2007—June 30, 2008 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):	\$5,742,785*	} <b>\$7,194,976</b>
Total Funds Expended (LB 1060):	\$1,452,191**	
Budget Period:	July 1, 2007 – June 30, 2008	

Line Items	Expenditures	
	LB 692	LB 1060
Personnel	\$2,950,307	\$896,529
Benefits	\$837,052	\$173,600
Travel	\$180,766	\$35,785
Office Expense/Printing	\$374,223	\$102,525
Communications/Advertising	\$165,674	\$22,613
Equipment/Construction	\$215,608	\$4,016
Contractual	\$461,729	\$101,979
Public Health Programs	\$183,341	\$47,724
Other	\$374,085	\$67,420
<b>Total</b>	<b>\$5,742,785</b>	<b>\$1,452,191</b>
	} <b>\$7,194,976</b>	

\*The total LB 692 funds expended during this fiscal year was greater than the total funds received because local health departments reported their funds that were carried over from the previous fiscal year in their reports.

\*\* The total LB 1060 funds expended during this fiscal year was less than the total funds received because local health departments carried over funds into the current fiscal year.

# 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, 2007 to June 30, 2008, 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 17 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. The remaining health department uses a different process to conduct a comprehensive health assessment.
- 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 influenza-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.
- The East Central District Health Department conducted approximately eight focus groups with individuals who live in the district to determine the public’s perception of a variety of issues including cultural competence, barriers to behavior modification, possible enhancements needed to interventions, prenatal care, and labor and delivery services. Focus groups allowed the health department to obtain detailed information on issues that are important to their community members.
- The Lincoln-Lancaster County Health Department coordinated efforts with the local high schools to increase awareness of dangers associated with driving on gravel roads based on a review of crash data for Lancaster County. Lancaster County has a proportionally high number of crashes on gravel roads by youth ages fourteen to nineteen.

### **15-year old Lancaster County teen tells a story of driving on gravel roads**

Brittini Shaw, a 15-year old who survived a gravel road crash in November of 2007, offered her personal testimony in a presentation to students on how gravel roads can be very dangerous and that seat belts should always be used. Brittini survived the crash with multiple serious injuries including a brain injury that nearly killed her. Her 17-year old friend behind the wheel was killed in the crash. Neither was wearing seat belts. According to Lancaster County, Nebraska CODES (Crash Outcome Data Evaluation System) data, 896 teens (15 – 19 years of age) were involved in gravel road crashes from 1996 to 2005. These same data reveal that one-third of Lancaster County gravel road crashes involve teenage drivers. These data, combined with the tragic Lancaster County gravel road accident of these two teenagers, was the impetus behind the “Change Your View of Gravel Roads” high school-based traffic safety campaign.

## 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.

### Food Borne Illness Outbreak

At the Four Corners Health Department, after notification through the state electronic surveillance system that 2 local residents were hospitalized with *E. coli*, an investigation of potential linkages took place. A local event that included attendees from at least seven counties held in York became the identified commonality of the first three patients interviewed. The Four Corners staff began to work with a local business that had hosted the event to acquire a list of attendees. They were very active for several days interviewing individuals who were thought to have attended the event. An interview was conducted to determine if they had attended and if they had developed diarrheal illness. They were asked what they ate and how long they were ill.

Within the next 3-4 days, over 70 people that attended the event were interviewed by Four Corners Health Department and three other health departments. A total of 6 people were laboratory confirmed to have Shiga toxin-producing *E. coli* and 22 had symptoms of diarrheal illness 1 to 8 days after the event. Leftover barbeque pork was cultured to find the same bacterium that was isolated from at least 3 of the sick individuals, clearly linking the event to the illnesses. There were significant concerns about the cooking, handling, and reheating process of the meat.

The media was kept informed as appropriate throughout the investigation. It was important to report that neither a licensed restaurant nor catering service was involved in food preparation for the event.

- 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.
- Local health departments are a key element of local emergency response in disaster situations. The health departments bring together key stakeholders to hold periodic emergency response exercises to test preparedness plans.
- The spring of 2008 brought rain and flooding to Nebraska. Water issues provided ample opportunities for local health departments to protect people from health problems and hazards. In Grand Island, excess water overloaded the city's sewer system, with sewer water backups into homes in several communities. Central District Health Department's Environmental Health Staff worked closely and regularly with the city's utilities to advise and address issues related to these water problems.

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

- All local health departments provided educational information about public health issues ranging from radon and hand washing to dental care and physical activity to community members and organizations, including local board of health members and county boards.
- The Douglas County Health Department continues to offer 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, brochures, and health screenings at health fairs throughout their districts.
- The Central District Health Department WIC Clinic staff members give parents useful information specific to the nutritional needs of their children. A special focus of WIC is the Breastfeeding Peer Counselor Program where counselors who are or have been WIC participants provide support and lay education to current WIC participants. As a result, their WIC program has one of the highest breastfeeding initiation and duration rates in the state.
- Many local health departments provide health information to community members through a weekly radio spot or newspaper article. The East Central District Health

Department annual plan is distributed to every household in their four county area using local print and distribution contacts.

## **Core Function—Policy Development**

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

- A number of health departments focused on tobacco initiatives. East Central District Health Department partnered with Tobacco Free Platte and Colfax Counties to provide information about the dangers of smoking to community members. Four Corners Health Department collaborated with Tobacco Free Nebraska and local stakeholders to implement a public awareness campaign on the dangers of smoking, while North Central District Health Department developed two youth tobacco coalitions.
- Several departments had initiatives to increase physical activity. The Lincoln-Lancaster County Health Department chaired a coalition called “Lincoln in Motion” to help develop an environment which encourages physical activity. They also worked with the University of Nebraska at Lincoln Community and Regional Planning classes to develop and implement a walkability audit tool. The East Central District Health Department developed and maintains a consortium to implement a social marketing campaign called Physical Activity Comes Easy to prevent cardiovascular disease by increasing physical activity.
- One health department, Elkhorn Logan Valley Public Health Department, received an award from the local public power district to buy and distribute smoke detectors.
- The Baby Blossoms Collaborative of the Douglas County Health Department had several programs which were all accomplished with various community partners. Some examples are:
  - “Nothin’ But Baby”—a safe sleep initiative to address sudden infant death syndrome.
  - Now and Beyond—a preconception health program.
  - The Fetal Infant Mortality Review—identifies and attempts to resolve community issues that contribute to poor reproductive outcomes and infant mortality.
  - HUGGS—a community-based support group for those who have experienced the loss of a baby during or after pregnancy.
- Substance abuse was addressed by several health departments. Four Corners Health Department was an active partner in the Community Health & Prevention Coalition

that obtained a grant to prevent abuse of alcohol and illicit drugs. North Central District Health Department developed three coalitions to address substance abuse education. Two Rivers Public Health Department developed a substance abuse workgroup that has formalized into the Central Nebraska Coalition Against Substance Abuse. They recently received funding through the Nebraska Strategic Prevention Framework State Incentive Grant (SPF SIG).

- As a result of completing the Mobilizing for Action through Planning and Partnerships (MAPP) process, several departments established a partnership group of local stakeholders to address their local health priorities. The Northeast Nebraska Public Health Department formed a group called the Northeast Nebraska Partnership for Healthy Communities. They created six task forces to work on public health issues. The Children and Families task force applied for behavioral health grants and purchased the Parenting Wisely curriculum in the spring of 2008. The Sarpy/Cass Department of Health and Wellness formed five task forces to address the following issues: 1) building a database of local services, 2) providing access to and increasing transportation opportunities in the two counties, 3) promoting internet safety, 4) minimizing youth risky behavior, and 5) defining and promoting strong families.

## **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.
- 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. For example, Central District Health Department staff worked closely with city council members and the city attorney to design the language of a smoke free workplace ordinance as it was introduced and debated. In the spring of 2008, the Grand Island City Council passed a smoke free workplace ordinance that went into effect on June 1, 2008 (see short story in the final section of the report).
- 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. Elkhorn Logan Valley Public Health Department and Four Corners Health Department passed their ordinances during this fiscal year.
- The Panhandle Public Health District worked with area health providers and labs to clarify roles in mandatory disease reporting.

- The Southeast District Health Department worked with schools in developing policy for health-related mandates including health policies and immunization requirements.

## **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. The Loup Basin Public Health Department conducted 243 Clean Indoor Air Act inspections.
- The Sarpy/Cass Department of Health and Wellness began conducting swimming pool inspections in Cass County in 2008. Under the guidance of the DHHS Swimming Pool Program, department staff inspected ten swimming pools for compliance with Nebraska regulations.
- Many local health departments referred to local ordinances to resolve public health nuisance complaints. For example, the Four Corners Health Department responded to a number of rabies exposure concerns. They assisted in the determination of the need for people to receive rabies vaccinations as well as helped to determine the appropriate disposition of the animals involved.
- The Three Rivers Public Health Department works with Project Extra Mile to coordinate alcohol compliance checks and special enforcements/party patrols regularly throughout the year.

### **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.
- Several departments either directly provided or contracted with other agencies to expand funding for public immunization programs. The Central District Health Department gave over 7,336 shots to adults and children at their Vaccine for Children and adult vaccination clinics.

- The Southwest Nebraska Public Health Department developed a resource list to help community members identify pharmaceutical services at discounted rates. Other departments also maintain a directory of providers and services.
- Douglas County continues to have epidemic Chlamydia and gonorrhea rates. The Douglas County Health Department provides testing and treatment services. They also collaborate with other community agencies to raise awareness of the epidemic and identify 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, immunizations, parish nursing development, and continued involvement and support for their county prevention teams. This year, over quarter of a million dollars of free prescription drugs have been received by community members throughout the district. The Panhandle Public Health District also invests up to \$22,000 annually for the Children's Outreach Program. The program provides 80 percent of all newborns and their families with a home visit by a nurse within the first few days of a hospital dismissal.
- 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 2,504 children with approximately 33 new clients per month, and the Lincoln-Lancaster County Health Department screened 4,300 young people. The West Central District Health Department dental clinic continues to serve clients who are not able to access dental care. This year, 1,144 unduplicated individuals were seen at the clinic. Many other departments continue to participate in 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. For example, during the 2008 fiscal year, over 250 residents were connected with medical, dental, and vision care in the South Heartland District Health Department coverage area through their PHN program.

### **Increased Access to Health Care**

In June 2007, the Norfolk community Health Care Clinic was closed because of a loss of funding. Beginning in the fall of 2007, Kathy Nordby, the Health Director of the Elkhorn Logan Valley Public Health Department (ELVPHD), spent an incredible amount of time building relationships in the area to secure funding for the clinic to reopen. Additionally, grant writers were identified to help apply for Federal Qualified Health Center funding. ELVPHD applied for this grant three times previously without success. In 2008, ELVPHD was notified that the Community Health Care Clinic was approved and will receive \$650,000 per year to continue to grow and serve residents.

This has been a long journey for the clinic and for the ELVPHD as a key component to assuring access to care. Instead of focusing on local fundraising and struggling to keep the doors open, the clinic now will be able to focus on a broader scope of service including full-time primary care services in the communities of Norfolk and Madison. They will also be able to focus on incorporating services including oral health, behavioral health, and increased assistive or supportive services.

### **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.
- One health director and four 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.
- Health Department staff members continue to keep their licenses and certifications updated. They are also pursuing educational opportunities. For example, the Health Director of the South Heartland District Health Department has almost completed

her Master of Public Health degree through Emory University's Rollins School of Public Health. Additionally, one of the Southwest Nebraska Public Health Department staff members obtained a sanitarian certification.

- Local health departments are working to staff their departments comprehensively. One-third of the staff at the East Central District Health Department speaks a foreign language. The department has linguistic competency in English, Spanish, Italian, German, and Hindu.
- Over the past year, the Central District Health Department modified their organizational structure to better utilize staff and resources. This resulted in improved efficiencies and increased supervisor/staff interactions.
- All employees must maintain their own health to be effective. The Four Corners Health Department encouraged participation in the statewide activity and nutrition program, N-Lighten Nebraska. Staff education was provided regarding proper nutrition including healthy snacks. Physical activity by staff was encouraged by setting up an indoor walking area with steps marked off and an incentive program for employees to use the walking area.

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

- Nebraska local 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.
- 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 Central District Health Department evaluates ongoing programs according to the following criteria: 1) Are the program outcomes aligned with the organizational mission; 2) Does the program meet an identified community need; 3) Does the program support organizational change and improvement; and 4) Does it teach evaluation skills and methods to the staff?
- The East Central District Health Department continues to monitor 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.

- The Balanced Scorecard is a tool that allows organizations to implement their strategic plan, prioritize the most important strategies, develop action plans, measure results, and communicate to their employees and the Board of Directors both what is important and how their roles fit into making it happen. The Panhandle Public Health District began to use the Balanced Scorecard for performance measurement and prioritization. Previously in Nebraska, this process has only been used in hospital systems.

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

- Thirteen local health departments have received grants from DHHS to implement comprehensive evidence-based interventions that address one of their local priorities. These departments are using innovative approaches to address health problems.
- Nebraska local health departments work with the University of Nebraska Medical Center and other colleges on various research projects. For example, the Four Corners Health Department worked with the Munroe-Meyer Institute by conducting a focus group with parents of children who do not participate in the early childhood developmental disabilities programs offered through the public schools. This information contributed to a statewide survey of needs and gaps in programs offered within the school system.
- The Two Rivers Public Health Department is working with Dr. Deb Mowry, the director of the University of Nebraska at Kearney Public Health Minor Program, to conduct a health literacy research project. The Two Rivers Public Health Department is implementing a school employee wellness program and the research is being conducted with the program.

## **Conclusion**

During the seventh year of funding and sixth 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.

## **Central District Health Department Going Smoke Free in Central Nebraska**

When the Nebraska Unicameral passed LB 395 this spring, it effectively created a smoke free state, with a year to prepare for the implementation date of June 1, 2009. Coincidentally and just prior to the passage of LB 395, the city of Grand Island chose a similar path and passed a smoke free ordinance. The main difference was that Grand Island chose to implement smoke free status in all workplaces a full year earlier than the state's implementation date. While Central District Health Department (CDHD) viewed the smoke free ordinance as a true public health victory, we realized there was much work to be done in a very short time. From passage to implementation, we had three months to prepare ourselves and the community for smoke free status. We divided the process in to three overlapping areas: education, compliance, and sustainability.

Education was broken into educating employers/businesses, general public, and the CDHD staff. We met with city officials to clarify interpretation of the ordinance language. During discussions with city officials which included representatives from the legal, law enforcement, and building codes departments, we included state clean indoor air officials and DHHS Tobacco Free Nebraska staff in hopes that the local ordinance interpretation would closely mirror the state's rules and regulations, in spite of the fact that those regulations had not yet been finalized.

Once we were clear and had achieved consensus on language definitions, we educated our staff. It was important for us to educate our staff early and to keep them apprised of any changes as they served as spokespersons for the ordinance. We saw public and business education as an opportunity to build relationships between the community and our staff. During the intensive education portion of the project, we walked the streets of Grand Island to reach over 800 businesses with packets of information, including a copy of the ordinance and tips on how to go smoke free. We provided smoke free stickers for business doors and windows. We reached our Hispanic business owners through our bilingual staff and through materials printed in Spanish as well as English. We taped segments on going smoke free for Grand Island TV (GITV), and provided educational programs to groups ranging from service clubs to child care providers. We utilized marquee signs across the city during a smoke free countdown, and advertised on area billboards. We used television and radio interview opportunities to promote the positive

benefits of smoke free status. Information and materials on tobacco cessation programs were provided on the CDHD website.

Our inspectors met with bar and restaurant owners who desired to create beer gardens, working closely with them to meet the requirements of the local and state policies. Our inspectors provided smoke free information to businesses during food inspections as a means of reducing post-implementation compliance issues. During the transition to smoke free status, we maintained a cooperative relationship with business owners which enhanced communication and eased tensions.

On June 1, 2008, we went smoke free without incident. To date, we have received no complaints and the city has issued no citations. We believe this is due in no small part to the comprehensive education process we implemented over the two months prior to that June 1<sup>st</sup> deadline.

What were the benefits? Besides the obvious health benefits of breathing clean air, there were additional positive outcomes. We, as a health department, became stronger internally through sharing the workload of the process. We also increased our recognition within the community in a very positive way. We strengthened working relationships with city government and state officials that will allow us to better address additional public health issues in the future. We developed a framework for implementation that can be easily and successfully adapted to other public health issues in our area and across the state. We have shared this experience at the Public Health Association of Nebraska conference and stand ready to serve as a resource for other health departments as they prepare their communities to go smoke free next summer. All things considered, going smoke free one year earlier than the entire state has allowed us to become stronger and more involved in our community, which is exactly where we want to be.

## **Panhandle Public Health District** **Chadron Native American Center Receives CERT Training**

Following a disaster, the survivors may go through a wide range of emotions—from auto-pilot or purely functional to relief or warfare, and then perhaps anger or other severe mood swings. Possible rescuers learned that the same variety of emotions may affect their responses as well.

Bob Hessler of Scottsbluff is a veteran of disaster training, working with the Federal Emergency Management Agency and more than a dozen groups of trainees in the Panhandle during the last three years. His most recent group of rescuers is community members from Dawes County, affiliated with the Chadron Native American Center.

Nearly twenty people participated in the Community Emergency Response Training (CERT) in Chadron on September 12-13, 2008. A mock disaster simulating a tornado with victims portrayed by Chadron youth, gave the trainees hands-on experience in dealing with injuries, emotions, preparedness and prevention.

Hessler said the training begins with disaster psychology because the rescuers need to know what to expect from those they are helping and not to be surprised if the same emotions overcome them as assistants in an emergency situation. Additional training included basic first aid, triage, light search, and rescue and cribbing. Cribbing is the skill of removing a heavy fallen object, like a car, from atop a victim, then bracing it so that it doesn't fall again on the victim or the rescuer.

Sherry Bear Robe is a correctional officer in Dawes and Scotts Bluff County. With some past experience as an emergency medical technician on the Pine Ridge Reservation, Bear Robe was a natural choice for incident commander, chosen by her peers. "I think we did well for our first time out," Bear Robe said. "It was hard (to step back) and tell others what to do. I wanted to jump in there and work with the victims."

Bear Robe said she took the CERT training because she has a service-oriented attitude. Brian Swallow, a 34-year-old Wal-Mart employee in Chadron, agreed. "Someone needs to be there, to know what to do in an emergency," he said. "We're not immune to disaster, although it's difficult to think about."

Swallow said he hopes the group can organize a local CERT team as part of a larger countywide Citizen Corps Council, a volunteer service group. Efforts are underway to develop Citizen Corps Councils in each of the 11 Panhandle counties, with regional coordination provided by the Panhandle Citizen Corps Council (PCCN). Jessica Davies of the Panhandle Public Health District is the regional coordinator for PCCN.

Other CERT trainings have been held in Hemingford and Scottsbluff. Additional trainings are planned this year for Gordon, Alliance, and a second training in Scottsbluff.

## **Two Rivers Public Health Department** **Building Blocks**

The call came to the Two Rivers Public Health Department Building Blocks Program in late November from a clinic in Kearney. A new patient presented, recently released from jail and six months pregnant. A nurse spoke to her and set up our first home visit.

Unsure of what to expect, the nurses arrive at a fairly new apartment complex in Kearney. The client invites us in and motions for us to sit down. We visit with the client about her goals and assess her knowledge base, especially as it relates to prenatal care. She expresses nervousness about the impending birth process.

It is early January before our next home visit. The client tells us the approximate due date of the baby, March 20, and that she is registered for a birthing class in February. We give her newborn information to explain early care and the benefits of breastfeeding. Later in January, with the client's permission, a female student visits the client with one of the nurses. Being close to the same age as the student, the client relaxes a little more. She asks detailed questions about the labor process. We shared a handout that explains signs and symptoms of true versus false labor and another with signs of premature labor. We discussed the benefits of breastfeeding again. The client then speaks about her dreams for the future. She wants to go back to school, and work part time to contribute to the family expenses.

We continue our biweekly visits. We call on March 26 to check on the client and she explains that induction is scheduled for the next day.

We arrive at the client's home on April 5 for a scheduled visit and our first glimpse of her baby daughter. A small baby with dark hair is snuggled contentedly in her mother's arms. The baby girl was born March 28 and weighed 5 pounds 11 ounces at birth. The client's mother thanks us for our visits to her daughter, and asks if this has to be the last one. We explain that as long as the client benefits from our visits, we can continue them over the next several months.

Realistically, the client has only begun to undertake the many complex behaviors that signify characteristics of a successful parent, but these beginning steps may not have been realized without the support of the Building Blocks Program. Building trust and building skills of confidence can never be achieved in brief visits to a doctor's office. Parenting skills should be allowed to grow in the warmth of support and encouragement, where others provide guidance that allows the parent to be more than she thought she might become, and where personal visits support those steps begun by health care providers.

## **Three Rivers Public Health Department** **Local Collaborations Provide Strength to Local Worksite Wellness Initiatives**

In 2008, Three Rivers Public Health Department had the opportunity to expand our partnership with a local wellness committee. Our health risk assessment tool was to be utilized not only at local events such as health fairs, but also offered to local businesses that were interested in building a wellness program. There was an immediate response and several requests were made from both large and small businesses to schedule onsite health screenings.

The high demand for the screenings led to another opportunity for building on an existing partnership and two hospitals within our health district offered to provide professional medical staff to assist with the screenings. Some of their staff provided assistance with the cholestech screening process, blood pressure screenings, body fat testing, as well as other necessary biometric testing.

One of the first health screenings that utilized this team approach was with a large automobile dealership that has locations in Fremont, Blair, and Wahoo, which covers each of our three counties. Our health educator in partnership with the community health educator of Fremont Area Medical Center scheduled onsite health screenings at each location that included access to the health risk assessment tool. In working with the executive staff of the dealership, they agreed to make the health risk assessment required of all their employees as part of a wellness program that they will be implementing.

Our experience with this dealership resulted in the completion of over 200 health risk assessments, an initiation of a local worksite wellness program, and a partnership with our local medical community, based on health outcomes rather than profits.