

**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, 2009

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, 2008 to June 30, 2009. 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 \$1,216,935 for the Douglas County Health Department to \$268,781 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 66 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 and the jail nurse program. 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

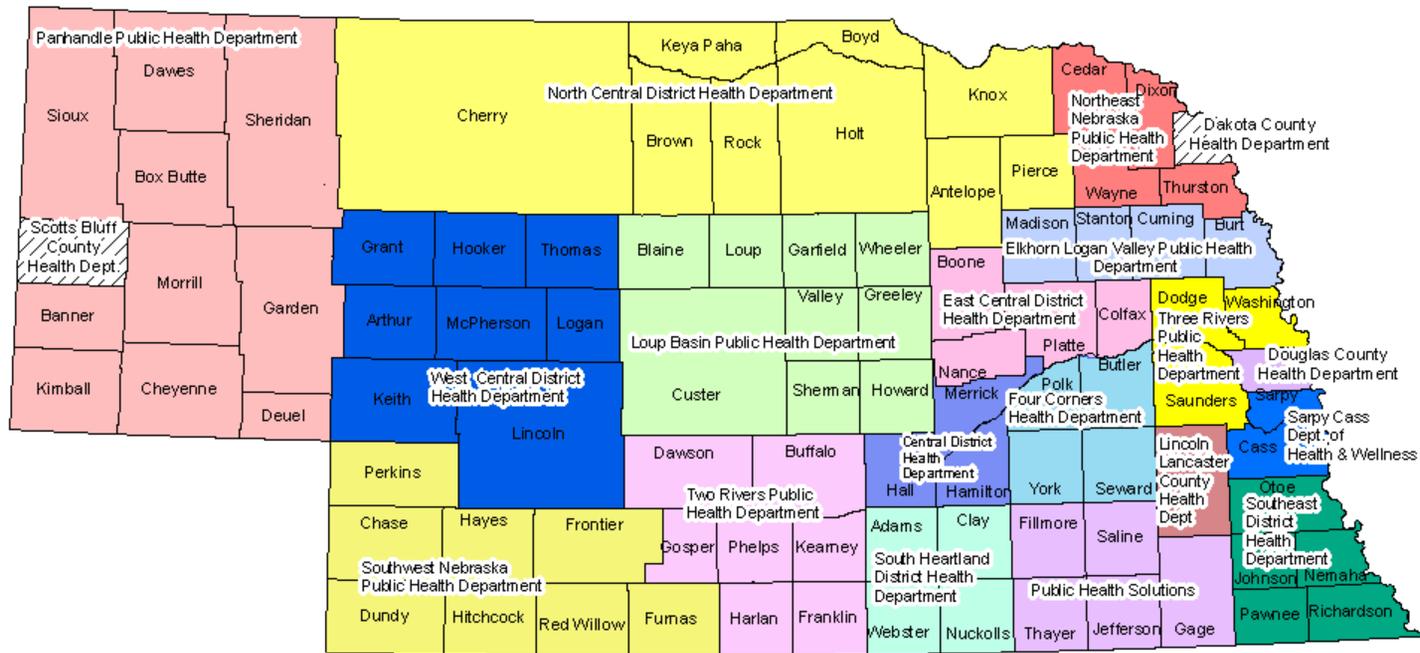
Although funds from the Nebraska Health Care Funding Act serve as the financial foundation for the local health departments, all of the departments have been very successful in leveraging other funds. For example, federal grant funds have been passed through the state health department to local health 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 \$21 million.

Table 1

**Local Public Health Departments funded under the
Nebraska Health Care Funding Act (LB 692)**

Name	Counties
Central District Health Department	Hall, Hamilton, Merrick
Douglas County Health Department	Douglas
East Central District Health Department	Boone, Colfax, Nance, Platte
Elkhorn Logan Valley Public Health Department	Burt, Cuming, Madison, Stanton
Four Corners Health Department	Butler, Polk, Seward, York
Lincoln-Lancaster County Health Department	Lancaster
Loup Basin Public Health Department	Blaine, Custer, Garfield, Greeley, Howard, Loup, Sherman, Valley, Wheeler
North Central District Health Department	Antelope, Boyd, Brown, Cherry, Holt, Keya Paha, Knox, Pierce, Rock
Northeast Nebraska Public Health Department	Cedar, Dixon, Thurston, Wayne
Panhandle Public Health District	Banner, Box Butte, Cheyenne, Dawes, Deuel, Garden, Kimball, Morrill, Sheridan, Sioux
Public Health Solutions District Health Department	Fillmore, Gage, Jefferson, Saline, Thayer
Sarpy/Cass Department of Health and Wellness	Cass, Sarpy
South Heartland District Health Department	Adams, Clay, Nuckolls, Webster
Southeast District Health Department	Johnson, Nemaha, Otoe, Pawnee, Richardson
Southwest Nebraska Public Health Department	Chase, Dundy, Frontier, Furnas, Hayes, Hitchcock, Perkins, Red Willow
Three Rivers Public Health Department	Dodge, Saunders, Washington
Two Rivers Public Health Department	Buffalo, Dawson, Franklin, Gosper, Harlan, Kearney, Phelps
West Central District Health Department	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, 2008 – June 30, 2009**

District Name	Infrastructure	Per Capita	LB 1060	Total	Population
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
Total	\$2,150,000	\$3,450,000	\$1,800,000	\$7,400,000	1,747,214

Table 3

**LB 692 Local Public Health Departments
July 1, 2008—June 30, 2009 Expenditures**

Departments:	LB 692 Local Public Health Departments	
Total Funds Received (LB 692):	\$5,600,000.00	} \$7,400,000
Total Funds Received (LB 1060):	\$1,800,000.00	
Total Funds Expended (LB 692):	\$6,345,449*	} \$7,972,248
Total Funds Expended (LB 1060):	\$1,626,799**	
Budget Period:	July 1, 2008 – June 30, 2009	

Line Items	Expenditures	
	LB 692	LB 1060
Personnel	\$3,345,992	\$930,820
Benefits	\$825,806	\$176,917
Travel	\$147,926	\$35,547
Office Expense/Printing	\$417,740	\$131,717
Communications/Advertising	\$167,526	\$19,382
Equipment/Construction	\$271,053	\$23,845
Contractual	\$533,743	\$61,931
Public Health Programs	\$288,169	\$83,203
Other	\$347,494	\$163,437
Total	\$6,345,449	\$1,626,799
	} \$7,972,248	

*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 2001 Health Care Funding Act.

During the fiscal year July 1, 2008 to June 30, 2009, 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

This service includes accurate diagnosis of the community's health status; identification of threats to health and assessment of health service needs; attention to vital statistics and health status of specific groups that are at higher risk than the total population; and collaboration to manage integrated information systems with private providers and health benefit plans.

- All 18 local health departments have conducted a comprehensive community health assessment process. Most of the departments 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. In the coming year, many of the local health departments will begin another cycle of the community assessment process.
- 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 are also using the TRALE health risk assessment tool which analyzes health risk factors on an

individual level. In the past fiscal year, over 1,100 health risk assessments were completed by residents throughout the Three Rivers Public Health Department coverage area. Data from each of the assessments was compiled into an aggregate report, which allows Three Rivers to identify area-wide and county specific community health problems.

- 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 make local data available to the public on their websites, giving their community partners access to the information.
- A few of the local health departments are part of or worked in conjunction with their local Strategic Prevention Framework State Incentive Grant (SPF SIG) coalitions to complete an extensive assessment process regarding substance abuse behaviors. Panhandle Public Health District convened over 40 stakeholders to form the Panhandle Regional Prevention Coalition. The assessment process consisted of key informant interviews, focus groups, and community meetings. The priorities chosen are prevention of underage drinking, binge drinking and impaired driving. This has resulted in a regional prevention strategic plan for use by all of the partners involved.
- At Elkhorn Logan Valley Public Health Department, the Health Educator works with the local schools to complete the School Health Index tool developed by the Centers for Disease Control and Prevention, to analyze the strengths and weaknesses within the school environments of the selected schools. Upon completion, the Health Educator assists the schools in developing an action plan based on their needs and priority areas.
- During 2008 and 2009, the Northeast Nebraska Public Health Department was successful in designing a Child-Fetal Infant Mortality (C-FIMR) program that was funded through a Title V Maternal Child block grant from the State of Nebraska. Two staff members who were part of the Northeast Nebraska Public Health Department management team funded by LB 692 and LB 1060 engaged the partners and wrote the grant proposal. C-FIMR includes two "teams" of partners: a Community Death

Review Team (CDRT) with a selective group of healthcare, law enforcement, social services, and public health professionals in a highly confidential setting who review the extracted medical and vital records. The second group is the Community Action Team which is made up of the members of the Children and Families First Task Force, now named *Caring Connections*, that supports programs to find and connect resources for family support services. One of the steps necessary to complete this program design was to build a cooperative working relationship with the LB 1184 teams in the four counties. (LB 1184 teams work with early interventions for “at-risk” families.)

- Public Health Solutions District Health Department has one of the more active environmental programs in rural Nebraska. Through their environmental health program and the Mobilizing for Action through Planning and Partnerships planning process, several housing-related environmental problems were identified. These include problems with lead poisoning, radon and deteriorating housing.

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

This essential service includes the identification of emerging health threats; public health laboratory capability using modern technology to conduct rapid screening and high volume testing; and technical capacity for epidemiologic investigation of disease outbreaks and patterns of chronic disease and injury.

- The 2009 H1N1 Influenza Outbreak has provided the opportunity to evaluate all of the local health departments’ ability to run expanded surveillance activities for an extended period of time. These surveillance activities include school absences due to illness, hospital influenza-illness (ILI) inpatient, outpatient ILI, laboratory testing, plus periodic surveillance for other data collection, such as the local retail and hospital pharmacy inventory of antiviral medications and the typical number of seasonal influenza vaccinations administered by various providers in the district. Many of the smaller departments learned that with small staffs, they have difficulty sustaining the level of activity required to monitor and respond to the outbreak without eliminating or delaying response to other, lower priority surveillance activities.
- 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 nurse provided follow-up with case management or appropriate 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.
- In the Northeast Nebraska Public Health Department (NNPHD) coverage area, the Omaha Tribal Water System collapsed in Macy. NNPHD communicated with the Omaha Tribal Health Department and water quality staff, but also with Indian Health Service, State of Nebraska, and the Environmental Protection Agency (EPA) to make certain everyone distributed consistent messages and that the community had access to safe water sources.

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

This essential service involves social marketing and targeted media public communication; providing accessible health information resources at community levels; active collaboration with personal health care providers to reinforce health promotion messages and programs; and join health education programs with schools, churches, and worksites.

- 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 has responded to the community's culturally diverse health needs through the Community Health Worker (CHW) Program for the past seven years. CHWs are trusted community members who connect with peers and establish vital links to health professionals, services and resources. Three CHWs are partially funded through LB 692 funds. These Sudanese and Hispanic Community Health Workers are primarily charged with providing their respective populations with information on nutrition, lead poisoning prevention, maternal and child health, and hygiene. As the need arises, additional education including safe food storage and handling, domestic violence, smoking, safe housing, disaster preparation, flu shots/information, depression, STDs, HIV/AIDS, preconception health, infant safe sleep practices, asthma, and dental health is provided.

- Many local health departments provide health information to community members through a weekly radio spot or newspaper article.
- The Elkhorn Logan Valley Public Health Department hosted several Hispanic women's health symposiums across their service area. Attendees had the opportunity to hear presentations on important topics that pertained to women of childbearing age—topics such as social isolation, perinatal depression, support networks and emotional needs of women. Elkhorn Logan Valley contracted with a bilingual licensed mental health practitioner—a native of Columbia, to deliver this information to the audience.
- The Three Rivers Public Health Department staff supervised a community medication drop off at a Community Household Waste Event in May for Dodge County through Keep Fremont Beautiful. They collected over 100 pounds of over-the-counter and prescription drugs that would have otherwise been thrown in the trash or not disposed of properly.
- The East Central District Health Department has completed the second year of their PACE (Physical Activity Comes Easy) campaign. Many citizens have heard about the benefits of physical activity and that they should be walking, or engaging in another activity of their choice, for a minimum of 30 minutes a day, five days a week.

Kathi's Story

PACE promotes the Surgeon General's recommendation of 30 minutes or more of moderate intensity walking, five days a week. In November, Kathi volunteered to have her picture taken while she was walking on the treadmill. This picture can still be seen at www.ecdhd.com/pace . Kathi took the PACE message seriously. She committed herself to walking 15 minutes a day, six days a week. Using the hallway in her apartment and occasionally a treadmill, she faithfully walked because she knew it was good for her health. In January 2008, she began logging in the number of minutes she achieved on a daily basis. Kathi had to request a new log book, her original one, representing 294 days of walking, was full! She was faithful to her commitment and she is still walking. What an example Kathi is to all of us!

Kathi has lost almost 30 pounds in one year. She says she feels better and sleeps better. Just like the rest of us, Kathi doesn't always feel like walking, but she has a partner, her sister, who encourages her to continue on. When asked what advice she might have for others, Kathi says, "Do 15 minutes." It really is as simple as that.

The message from PACE is, "Do something for yourself today. Take a walk."

Core Function—Policy Development

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

This essential service involves convening and facilitating community groups and associations, including those not typically considered to be health-related, in undertaking defined preventive, screening, rehabilitation, and support programs; and the ability to build coalitions to draw upon the full range of potential human and material resources.

- A number of health departments focused on tobacco initiatives. In the North Central District Health Department, Youth Tobacco Coalitions have grown. The youth coalitions have increased to include six schools. Five of the coalitions participated in the Nebraska “No-Limits” Conference and have been involved in education within their schools and community. The tobacco youth groups provided “Operation Storefront” inspections in some of the communities to assess tobacco product placement.
- South Heartland District Health Department helped bring together “Healthy Hastings,” a collaboration involving Hastings YMCA, City of Hastings Parks and Recreation, Prairie Loft Outdoor Education Center, South Heartland, and Mary Lanning Memorial Hospital. Healthy Hastings came together with the purpose of developing and submitting a short proposal to the Robert Wood Johnson Foundation to combat obesity in children and adults in Hastings. The goal was to move beyond program activities to target policies, practices and infrastructure in the community. The group has continued to build momentum by developing a mission and vision and is continuing to collaborate on projects to improve the health of the community.
- East Central District Health Department has built multiple community partnerships and as a result has established trusting and lasting relationships with their communities to help reduce preventable health problems and to provide services for vulnerable populations. Their coalitions provide a team approach to major public health issues such as obesity, cardiovascular disease, smoking, and youth substance abuse.

Safe Kids Coalition

In July, a couple planning to move to Columbus dropped their six year old son and ten year old daughter off at grandpa's house to be cared for while they traveled to Omaha to purchase new appliances. The father and grandfather went outside to fit the six year olds car seat in grandpa's car as the grandfather was planning to take the children to a softball tournament the next morning in a nearby town.

The next day grandpa loaded up the children and drove to the game. He was very careful to put the little boy in his seat just right and strap the little girl in with the car's lap and shoulder belt. Upon returning home the grandfather and two children were involved in a head on collision. They were taken to a nearby hospital.

The boy suffered minor chest bruising and some leg bruises. The little girl was not so lucky. Since she was small the belts did not fit properly across her chest and lap and she sustained serious internal injuries throughout her abdominal area from the seat belt. She was in the hospital recovering for a week. The grandfather was shook up but sustained minimal injury.

In the hospital, waiting for their daughter to recover, the family had a visit from a Nebraska Safe Kids Coordinator. She brought the family brand new car seats for both children. She explained how to properly use and fit the seats so their children could be as safe as possible. The father states that both he and his wife were reduced to tears by the kindness of the Safe Kids representative and the generosity of the Safe Kid's organization to provide the new seats for his children. Because of the kindness of that Safe Kids' member of the family became wonderful advocates for Safe Kids' and members of the Prairie Valley Chapter. This grateful father states that of all the organizations he has been asked to be involved in, Safe Kids is the most important.

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

This essential service requires leadership development at all levels of public health; systematic community-level and state-level planning for health improvement; development of tracking of measurable health objectives as part of continuous quality improvement strategies; and development of codes, regulations and legislation to guide the practice of public health.

- 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 help pass a smoke free workplace ordinance that went into effect on June 1, 2008. Central District took the lead in sharing lessons learned with other local health departments as statewide smoke free legislation went into effect in June 2009. Central District partnered with DHHS in presenting a videoconference on public health activities promoting a smooth transition to smoke-free Nebraska.
- 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. They continue to work to implement district-wide quarantine and isolation ordinances.
- North Central District Health Department has completed a review and distributed a report of the school tobacco policies in their district. They will follow up with another review of school policies in the coming year. North Central will investigate whether schools have changed their policies to be more consistent with the model school tobacco policy.
- The West Central District Health department collaborated with the city attorney, county attorney, and law enforcement to determine best practice to ensure compliance of property owners in regard to clandestine laboratory seized homes. From these meetings, the health department created a policy and procedure that addressed seized clandestine laboratory homes. The policy was approved by the West Central District Health Department Board of Health.

Core Function—Assurance

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

This essential service involves enforcement of clean air standards and sanitary codes; and timely follow-up of hazards, preventable injuries, and medical services.

- 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 Four Corners Health Department mounted a campaign to inform the public and assist businesses in making the change to a smoke free workplace environment. All businesses with over 25 employees were contacted with resources to develop smoke free policies as well as posters, decals, table tents, and other materials to help them get information to their employees. The staff of Four Corners visited 42 restaurants and bars in the area to give them the facts of the Revised Indoor Air Act and a toolkit to help them deal with customers that were unwilling to comply with the no smoking policies. Since the law went into effect, they have received only one complaint of noncompliance which was directly addressed with the owner. They have had no repeat complaints at this time.

- The Lincoln-Lancaster County Health Department Division of Environmental Public Health enforces laws and functions as a regulatory entity on issues concerning food safety, solid waste, water, and air quality. Last year, there were 132 incidents involving hazardous materials. Lincoln-Lancaster prepares, responds, and serves as the regulatory entity any time there is an illicit discharge of a hazardous material. HazMat emergency responses rose 34% in the 2009 fiscal year due to increased illegal disposal, accidental releases and meth labs.
- The Panhandle Public Health District facilitated a region-wide alcohol server training with over 46 attendees. The instructor was a Nebraska State Patrol trooper. They also worked with Panhandle Prevention Coalition for enhanced compliance checks, sobriety checks, and enforcement of existing policies.

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

This essential service includes assuring effective entry for socially disadvantaged people into a coordinated system of clinical care; culturally and linguistically appropriate materials and staff to assure linkage to services for special population groups; and targeted health information for high risk population groups.

- 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.
- 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. In

December 2008, Douglas County Health Department implemented a new testing program to complement traditional client visits at the STD clinic and increase the number of clients tested for STDs. The program is known as Express Testing. The purpose of the program is to allow persons who do not have symptoms, but who have potentially been exposed to an STD, the option of having a urine test for Chlamydia and gonorrhea without a full exam. This option is being provided not only in the clinic itself, but also in the DCHD STD Control office. The addition of this testing option will allow DCHD to reach more clients than would be possible with only traditional service provision at the STD Clinic. The ultimate goal of the program is to increase the number of clients seen while also meeting the needs of the community and the clients.

- Several local health departments continue to expand and maintain dental services for residents with lower incomes. For example, the East Central District Health Department Dental Clinic had 3,112 contacts in 2008 and another 1,530 contacts in the first half of 2009. They performed 1,341 exams, made 59 dentures and partials, placed 1,522 restorations, sealed 325 molars, extracted 720 teeth, and performed 759 cleanings in 2008. Many other departments continue to participate in Dental Day with the UNMC College of Dentistry by providing care to unserved and underserved children.
- Two Rivers Public Health Department received a contract from the Department of Health and Human Services to provide funding for a dental program for high risk, underserved young children and pregnant mothers in their District. As a result, several pilot projects were funded in their area that target high risk Moms and young children through dental health education, preventive dental supplies, fluoride varnish and povidone iodine treatments, use of xylitol chewing gum, development of a surveillance and tracking assessment instrument and other similar projects. This contract is being completed with Dr. Sorenson, who serves as their dentist representative on the Board of Health, the Kearney Area Kiwanas Club members and contracted program staff. Over 500 children and mothers have been served by this program. WIC and Head Start in Kearney and Lexington are active partners in this programming.
- 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 2009 fiscal year, over 208 residents were connected with medical, dental, and vision care in the South Heartland District Health Department coverage area through their PHN program.

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.
- Five local health department employees and one board of health member 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; a few staff members are pursuing their Master of Public Health degrees.
- Local health departments are working to staff their departments comprehensively. For example, East Central District Health Department has a number of employees who are bilingual to serve the needs of their clients.
- The South Heartland District Health Department coordinates quarterly meetings of the South Heartland Infection Control Group. RNs, LPNs, APRNs, CMAs, and other health care providers working in school, clinic, long term care, hospital, and public health settings are invited to attend their educational programs on a variety of public health topics. They have figured out how to offer continuing education credits for their meetings.

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

This service calls for ongoing evaluation of health programs, based on analysis of health status and service utilization data, to assess program effectiveness and to provide information necessary for allocating resources and shaping programs.

- 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 conducted by the departments require an after action report and follow-up.
- 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 uses the Balanced Scorecard as a tool for performance measurement and prioritization.
- The East Central District Health Department evaluates the services provided to their service area in a variety of ways, including: 1) Customer satisfaction surveys which are completed quarterly by some clinics and annually by others; 2) Staff satisfaction evaluations are completed yearly and compared to previous years for trends; and 3) The Department has a balanced scorecard measurement for both strategic goals and quality performance.

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

This essential service includes continuous linkage with appropriate institutions of higher learning and research; and an internal capacity to engage in economic and epidemiologic analyses to conduct needed health services outreach.

- Sixteen 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 evidence-based 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 Loup Basin Public Health Department and the North Central District Health Department collaborated with the University of Nebraska Medical Center on a research project to compare how partnerships were formed through each health department. Surveys were completed by community members and interviews were conducted by University staff members.
- At Four Corners Health Department, an employee who was finishing her Masters of Public Health conducted a survey for the final project in her degree program. The goal was to identify barriers to health access and the level of preparedness for a pandemic or disaster for seniors who attend the senior center activities in their area. Although the participation was fairly low, the findings suggested that transportation for rural seniors is still an issue. Many currently have family or neighbors that help to resolve the problems as they arise, but they worry about a time when these options are not available. As far as preparedness, it appeared that most rural seniors who participated would have food to last them through a difficult time, but access to medications continues to be a major issue that needs to be addressed.

Conclusion

During the eighth year of funding and seventh 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 are allocating their funds based on health needs and priorities, as determined through regular comprehensive community health 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.

Four Corners Health Department **Identifying and dealing with a Pandemic Flu**

Novel H1N1 was identified in Mexico and cases were beginning to be discovered across the United States. Although the severity was generally mild to moderate, hospitalizations and deaths began to occur as the epidemic spread. The Four Corners staff went on alert as the Centers for Disease Control and Prevention announced that a Public Health Emergency was being declared to assure that medication, supplies and funds would be available as needed to fight the spread of this emerging disease. Locally the Public Health Local Emergency Coordination Team members were notified, and have been kept informed as the situation continued to unfold.

Surveillance in schools was enhanced such that by the end of the school year daily attendance was being monitored. Our district was fortunate enough not to have any identified cases in the school before the end of the 2008-2009 school year.

As CDC continually updated the guidance's for schools, businesses, churches, other business and the general community, Four Corners kept all key partners as well as the general public informed using many different methods. The radio, local newspapers and presentations were the main venues used to inform the general public. Direct mail, e-mail, fax and telephone communication was used to keep contact with medical providers, schools and other community partners. Telephone conference calls, webcasts and monitoring the internet sites were the keys to obtain the most accurate information from state and federal public health partners.

The first case of the novel H1N1 influenza virus was confirmed in the Four Corners District via laboratory results on June 2, 2009. A white male in his 70's was diagnosed with H1N1 influenza while hospitalized. A health advisory was sent out to physicians, clinics, infection staff at the hospitals, long term care facilities and assisted living facilities. A press release was also sent to the area newspapers.

During the novel H1N1 outbreak, anti-viral medications and personal protective equipment were released to the State of Nebraska from the Strategic National Stockpile. Four Corners worked with the partners pre-designated in the Four Corners Emergency Response Plan to devise a local strategy for transport, receipt, storage and

distribution of the medications and supplies. Meetings were arranged with local hospital and clinic administrators to discuss strategies and explore capabilities. Further group and individual county planning sessions have been held to develop an approach for vaccinating targeted groups of people when the H1N1 influenza vaccine is delivered to our district.

Hospitals, medical clinics, high schools, colleges and other sites have been identified and have agreed to participate in assisting with the distribution of the H1N1 vaccine. Proper refrigeration equipment including temperature monitoring has been purchased to hold vaccine as needed until it can be distributed to local sites. Partners are being secured to provide contracted or volunteer staffing with the appropriate qualifications to administer the vaccine.



Panhandle Public Health District
**Worksite wellness program addresses wide range of business,
agencies in western Nebraska**

A new wellness program in western Nebraska is touching the lives of individuals, organizations and the community through activities increasing physical activity, improving nutrition and controlling environmental tobacco issues.

“Our staff is out in the public,” Cheyenne County Treasurer Diane Scott said. “We believe actions speak louder than words – when people see we’re out walking on our breaks, losing weight and having a better attitude because we eat right and exercise, it’ll be contagious. We’re excited about sharing wellness programs with our staff and our community.”

The worksite wellness program in the Panhandle is just finishing the first year of implementation in a three-year plan. Modeled after an evidence-based program from the Wellness Council of America and modified to fit local needs, the process includes assessment, review of priorities, writing a wellness plan, implementing the plan, ongoing technical assistance and evaluation. The program serves 28 workplaces in all 11 Panhandle communities.

Jessica Davies is the wellness and volunteer coordinator with Panhandle Public Health District (PPHD). She manages the program in the Panhandle, working in collaboration with agencies and local governments in 11 counties, including the Scotts Bluff Health Department, Western Community Health Resources (WCHR), Community Action Partnership of Western Nebraska and 10 of the 11 county governments. Davies is a certified worksite wellness program coordinator and manager. Her certification training was paid through LB1060 funds, and the worksite wellness program has leveraged state funds from Nebraska Department of Health and Human Services’ maternal child health and the public health initiatives to implement this exciting program.

WCHR Director Sandy Roes said a worksite wellness program in their agency has already made a difference in the lives of many staff members. “We have implemented healthy event guidelines, adapted from PPHD, state and national programs, brought information and programs to our staff meetings, including Tai Chi breaks and stretch bands for easy exercise in the workplace.”

One local hospital, Box Butte General Hospital in Alliance, has created a special place for working mothers, as well. BBGH instituted a breastfeeding mother’s room where new moms can go to nurse their infants or express breast milk during breaks from work, lowering healthcare costs for employee’s families and absenteeism among breastfeeding mothers, reducing turnover and saving on re-training costs and improving their employee morale and productivity.

“A worksite breastfeeding program enhances the corporate image, too,” Davies said. “Women employees will view breastfeeding support services as a unique and additional benefit – creating an additional recruitment incentive for businesses seeking new skilled workers and working to retain existing well-trained staff members.

Davies uses a variety of strategies to address nutrition and physical activity in worksite and communities across the Panhandle. Through media sources, the program promotes healthy choices in food, drink and physical activity like walking, biking and taking the stairs. The *Just Move It!* community campaign component provides point-of-decision prompts in the workplace and public venues, inviting individuals to take the stairs instead of the elevator at work or pick up some fruits and vegetables at their local grocer.

Other worksite wellness programs offer easier access to healthy food and drink at work. Diane Scott, the treasurer in Cheyenne County, said the courthouse vending machines already include healthy snacks like V8 juice, instead of soda. The county may also increase employees’ access to the local community center with incentives related to participation levels.

The event guidelines developed by PPHD and implemented among various agencies in the regional coalition, Panhandle Partnership for Health & Human Services, also encourage local caterers to use healthier food products in serving meals and snacks at many events in the Panhandle. This practice, a policy adopted by various agencies in the Partnership, improves access for many individuals in communities across the region to healthier food and drink choices at work.

By addressing all levels of the socio-ecologic model – individuals like Scott, social networks like office teams, organizations in county government and private business, the community at large and public policy at local and state (Clean Indoor Air act) – the worksite wellness program takes a population-based approach addressing system and environmental changes across the region.

As the local public health program builds the capacity of worksites and the region at large, Davies hopes to introduce new strategies into the community through their place of employment. Additional offerings might include small business wellness webinars, certified wellness coordinators in every county and national-level consultants and speakers in the Panhandle, but available to a statewide network.

Davies recently worked with the local training academy to offer Worksite Wellness 101 trainings in two Panhandle communities and plans three additional events in the coming year. In addition, she is working with some worksite wellness teams to apply for the Governor’s Excellence awards to celebrate the successes already achieved.

Central District Health Department **A Federally Qualified Community Health Center: Building Community Support**

Access to care is an ongoing issue in Central Nebraska. When the opportunity came to explore the issue further with a chance of providing an intervention, we jumped at it. We found ourselves headed down the path of determining the need for a Federally Qualified Community Health Center (FQCHC) in Central Nebraska. However, we first needed to verify that access to care was the problem. And what exactly did we mean by the term “access to care”? After some discussion, we defined access to care as, “the ability to seek and receive appropriate health care services from a qualified provider.” So, now we knew that we needed to find out if folks really did have issues with health care and if so, why?

Who were the players in this process? The planning grant for the FQCHC was a collaborative effort of the Iowa Nebraska Primary Care Association (INPCA), the South Heartland District Health Department (SHDHD) and the Central District Health Department (CDHD). The geographic region covered by the grant includes the seven counties of Hall, Hamilton, and Merrick (CDHD district), and Adams, Clay, Nuckolls and Webster (SHDHD). The INPCA served as the grant coordinator. A Steering Committee of approximately forty community representatives provided guidance for the project’s progress. Hospital administrators, public and private health clinic providers, behavioral health administrators, community leaders, minority representatives, and local health department board members all served on the steering committee.

The first step in the process was to complete an assessment of the geographic area. Existing data related to health indicators and health care coverage was gathered. Focus groups of health care providers and community leaders were held in each county to garner information related to community perception of access to care. Additional information was gathered from focus groups of minority residents. Then surveys were conducted in parking lots at area Wal-Mart stores with bilingual surveyors collecting information from English and Spanish speaking residents. Additional surveys were collected at area immunization clinics, WIC site and Senior Centers. All of this information was compiled into a useable document that was shared with the Steering Committee. Basically, we learned that there were folks who had no medical home, who were uninsured, and who were not getting preventive care and routine screenings, let alone medical attention for minor to moderate health issues. Indeed, these folks often ended up at the local hospital emergency room because they either had no other place to go for treatment, or because they had waited to so long to seek care that their health issues had become medical emergencies. So there was a need.

In the CDHD district, health department officials met with healthcare providers to discuss their thoughts on the need for a FQCHC, and to answer questions regarding the process. These discussions resolved some lingering concerns related to the target

populations for a FQCHC and the general role played by a FQCHC in the community. Information related to these discussions was relayed to the Steering Committee. Now, we knew area providers were on board with the concept of a Central Nebraska FQCHC.

The Steering Committee considered all of the information gathered thus far in the process and determined there was indeed a need for a FQCHC in Central Nebraska. The next step was to complete a series of site visits by a Steering Committee subgroup to existing FQCHC's. This subgroup toured three facilities and observed similarities and differences in operations, services and clientele, and again reported findings to the Steering Committee.

The next question was where would the health center be located? At this point, the Steering Committee engaged in a healthy dialogue. Both Grand Island and Hastings committee members believed that the city they represented could or should be the logical first site for a FQCHC with the notion that the other community would later serve as a second FQCHC site. After due consideration, the Steering Committee agreed that Grand Island was the logical first site, with a long range plan to place a second site in Hastings in two years after the first site was up and running. With the assistance of the NE DHHS Office of Rural Health, a grant writer was hired. At this writing, the process continues to move forward. It is the goal of the Steering Committee to submit a grant at the next opportunity and to receive funding and move forward with the FQCHC by June 2010. The process has been rewarding, if not somewhat groundbreaking in its initial impact. Members of communities who don't normally work shoulder to shoulder on collaborative health-related projects put aside differences and personal agendas for the good of the entire 7-county area. New working relationships that will benefit the entire region have been formed. In the near future as progress continues, all residents of Central Nebraska will have the ability to seek and receive appropriate health care services from qualified providers.

South Heartland District Health Department **Management of a Community-wide Pertussis Outbreak**

In July 2008, health surveillance systems in the South Heartland District of Adams, Clay, Nuckolls and Webster Counties indicated the presence of several cases of pertussis in the district. These cases were identified through use of the National Electronic Disease Surveillance System (NEDSS) and through contact with local health care providers who called to report patients who had symptoms consistent with pertussis infection. Surveillance staff initiated disease investigations with patients and/or family members and their contacts. So began the outbreak that would engage staff in countless hours of disease investigation and surveillance, as well as numerous interactions with media, medical providers, school staff, church pastors and staff, hospitals, and state epidemiology staff.

As the summer progressed into fall and case counts increased, we utilized media outlets to inform the public of the presence of pertussis in the community. These releases summarized the numbers of cases, offered a description of symptoms and treatment and discussed recommendations for vaccination against pertussis. When we identified cases in schools, our surveillance staff worked with school nurses and administrators to craft information to send out to families, discussed exclusion policies for ill or exposed students, spelled out the vaccination recommendations for students and staff, and defined those illusive terms “exposed”, “symptomatic”, and “contagious”.

Disease investigations involved contacting health care providers, the patient, and close contacts of patients. Information obtained through these discussions was entered into NEDSS allowing a constant flow of information between local and state public health officials. SHDHD sent health alerts and advisories to local health care providers and schools through South Heartland’s Local Health Alert Network to keep these critical community partners aware of the evolving situation. In October, health care workers received a situation update and current recommendations through a team presentation by SHDHD surveillance staff, a local pediatrician and the State Epidemiologist at South Heartland’s Quarterly Infection Control Group meeting. This meeting reached a record 53 partners through the live presentation and Tele-health connections (including members from surrounding health districts) indicating the high level of interest and concern about the outbreak. SHDHD surveillance staff developed summary charts describing the outbreak and the charts as well as informational links about pertussis were posted to the South Heartland website and updated regularly.

When a case of pertussis was confirmed in a resident of a local nursing home, SHDHD staff made a call to Dr. Tom Safranek using the DHHS 24/7 Public Health Emergency Response phone number; this communication method and the resulting conversation to plot the course for active surveillance among residents and staff was used as a *Real Time* Emergency Planning exercise – a deliverable for the Department’s Biopreparedness Contract with DHHS.

SHDHD initiated a special data project to review lab testing results for pertussis testing in the District. Laboratory data on pertussis testing was requested from Mary Lanning Memorial Hospital, reviewed, and presented to the State Epidemiology Department with discussion about reasons for low positive results from PCR testing and potential action steps. As a result of this discussion, health care providers were notified about the value of clinical judgment for diagnosis, the importance of good specimen collection for testing, and provided with a training link for nasopharyngeal specimen collection technique.

By the end of December 2008, more than 5 months after the initial cases were identified, South Heartland had investigated 84 probable and confirmed cases in the four counties as well as numerous "suspects" that did not meet the case definition. Along the way, relationships and partnerships were strengthened between the Department and its many partners in the medical community and schools. South Heartland staff gained valuable experience in public interaction through the use of risk communications, practice with the local HAN system, and data presentation to the public. The Department's role as a reliable and important source of knowledge and guidance was strengthened during the 2008 Pertussis Outbreak – a perception that has proven valuable in light of recent H1N1 public health events.