

Department of Health & Human Services

DHHS

N E B R A S K A

**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 and Performance Management
Division of Public Health
Nebraska Department of Health and Human Services**

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The Nebraska Health Care Funding Act (LB 692) was passed in 2001. This Act provides funds to local public health departments to implement the ten essential services and the three core functions of public health. The Act also requires all of the eligible local public health departments to prepare an annual report each fiscal year. 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 and covers the period July 1, 2009 to June 30, 2010. The report is divided into three sections. The first section reviews the organizational coverage as well as the funding and spending levels for each department. The second section describes the current activities, services, and programs provided by the departments under each of the ten essential public health services. The final section contains some short stories that describe how the departments are improving the lives of people in their communities.

Organizational Coverage

As of June 30, 2009, a total of 18 local public health departments covering 86 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, these departments do not meet the eligibility requirements of the Health Care Funding Act. Staff from the Office of Community Health and Performance Management continues to work toward the goal of having all counties covered by a local public health department under the LB 692 umbrella. During the period that the report covers, West Central District Health Department covered 8 counties. Beginning July 1, 2010, Sandhills District Health Department separated from West Central District Health Department.

Funding and Expenditure Levels

Table 2 depicts the amount of infrastructure and per capita funds distributed to each of the eligible departments. The total amount of funds ranged from \$1,223,102 for the Douglas County Health Department to \$274,948 for the Northeast Nebraska Public Health Department. The table also includes the amount of LB 1060^a funding distributed to each department, which totaled \$100,000 per department. The amount of infrastructure funding was based on the 2000 Census population of the area. The departments that had 100,000 people or more received \$150,000. If the population was between 50,000 and 99,999, the amount of funding was \$125,000, and departments that had 30,000 people but fewer than 50,000 received \$100,000. Per capita funds were distributed at approximately \$2.00 per person.

Table 3 summarizes the expenditures by category for the 18 local public health departments that were eligible for funding. As expected, expenses for personnel and benefits accounted for approximately 57 percent of the total expenses. The next largest spending category was equipment and construction expenses which represented about 8 percent of the total expenses. Many of the departments purchased more permanent office space this past year, which accounts

^a LB 1060 was passed in 2006 with the intent to develop epidemiology and data capacity in local health departments.

for the equipment and construction expenses. The total LB 692 funds spent during this fiscal year was greater than the total funds received because local public health departments reported their funds that were carried over from the previous fiscal year in their reports. Additionally, the total LB 1060 funds spent during this fiscal year was less than the total funds received because 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 public 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 public 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 \$24 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^b	Arthur, Grant, Hooker, Keith, Lincoln, Logan, McPherson, Thomas

^b In July 2010, the West Central District Health Department reorganized and now covers Lincoln, Logan, and McPherson counties. Arthur, Grant, Hooker, Keith, and Thomas are covered by Sandhills District Health Department, which is not eligible for funding through LB 692.

Figure 1. Map of Nebraska's Local Health Departments

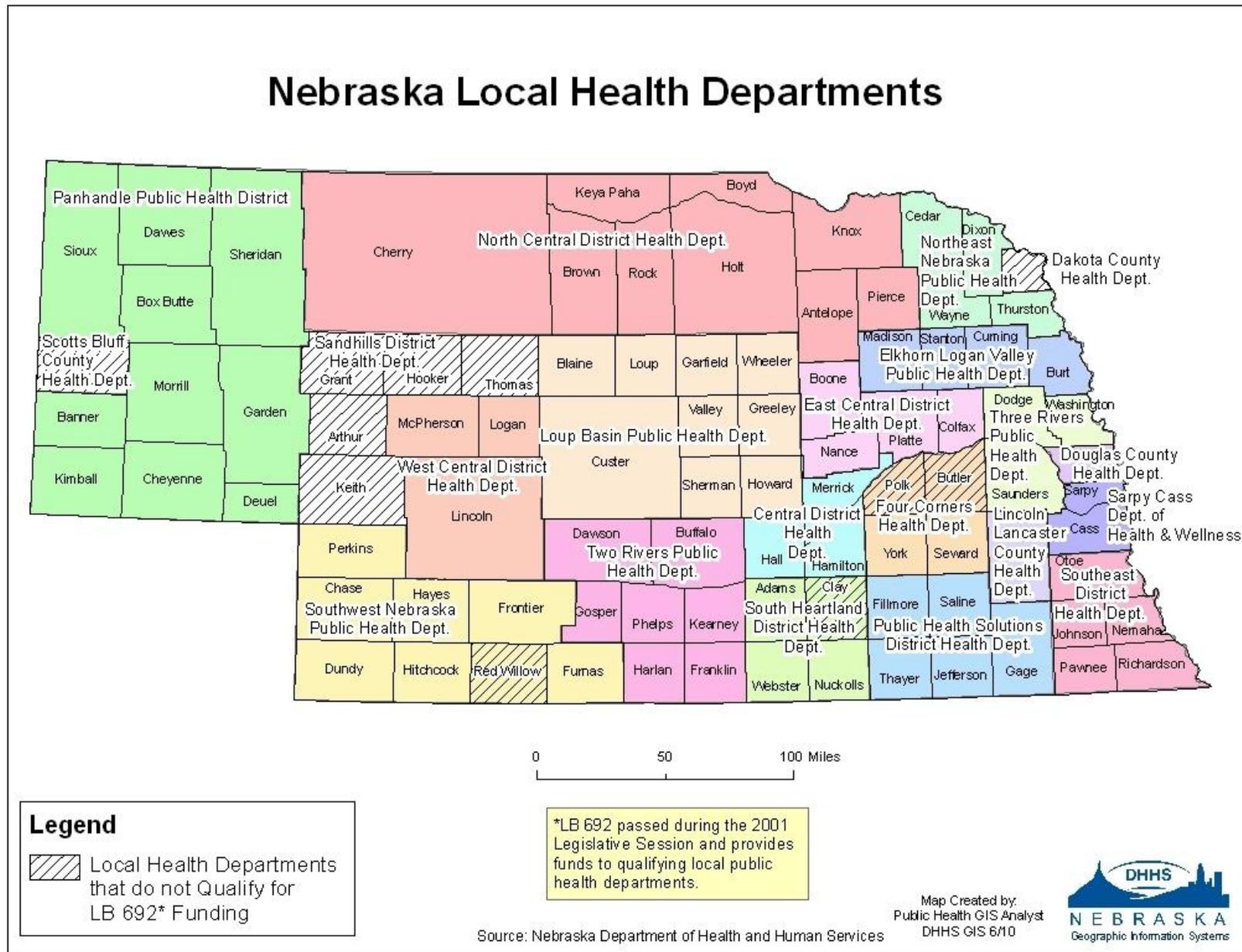


Table 2
LB 692 and LB 1060 Health Department Payments
July 1, 2009 – June 30, 2010

District Name	Infrastructure	Per Capita	LB 1060	Total	Population
Central District	\$125,000	\$148,384	\$106,167	\$379,551	72,447
Douglas County	\$150,000	\$966,935	\$106,167	\$1,223,102	482,112
East Central	\$125,000	\$109,295	\$106,167	\$340,462	51,325
Elkhorn Logan Valley	\$125,000	\$124,469	\$106,167	\$355,636	59,548
Four Corners	\$100,000	\$94,903	\$106,167	\$301,070	45,105
Lincoln-Lancaster	\$150,000	\$522,051	\$106,167	\$778,218	261,545
Loup Basin	\$100,000	\$69,085	\$106,167	\$275,252	32,340
North Central	\$125,000	\$106,550	\$106,167	\$337,717	48,941
Northeast Nebraska	\$100,000	\$68,781	\$106,167	\$274,948	52,129
Panhandle	\$125,000	\$111,504	\$106,167	\$342,671	87,917
Public Health Solutions	\$125,000	\$120,679	\$106,167	\$351,846	57,761
Sarpy/Cass	\$150,000	\$306,461	\$106,167	\$562,628	161,644
South Heartland	\$100,000	\$98,674	\$106,167	\$304,841	46,400
Southeast District	\$100,000	\$83,594	\$106,167	\$289,761	38,844
Southwest District	\$100,000	\$70,103	\$106,167	\$276,270	32,514
Three Rivers	\$125,000	\$155,954	\$106,167	\$387,121	76,015
Two Rivers	\$125,000	\$193,468	\$106,167	\$424,635	93,550
West Central	\$100,000	\$99,110	\$106,167	\$305,277	47,077
Total	\$2,150,000	\$3,450,000	\$1,911,000	\$7,511,000	1,747,214

Table 3

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

Departments:	LB 692 Local Public Health Departments	
Total Funds Received (LB 692):	\$5,600,000	}
Total Funds Received (LB 1060):	\$1,911,000	
		\$7,511,000
Total Funds Spent (LB 692):	\$6,159,042 ^c	}
Total Funds Spent (LB 1060):	\$1,519,772 ^d	
		\$7,678,814
Budget Period:	July 1, 2009 – June 30, 2010	

Line Items	Expenses	
	LB 692	LB 1060
Personnel	\$2,712,503	\$801,357
Benefits	\$792,115	\$150,419
Travel	\$135,539	\$25,957
Office Expense/Printing	\$480,986	\$162,363
Communications/Marketing	\$151,242	\$27,234
Equipment/Construction	\$495,320	\$83,087
Contractual	\$366,898	\$119,745
Public Health Programs	\$406,280	\$53,264
Other	\$618,159	\$96,346
Total	\$6,159,042	\$1,519,772
	} \$7,678,814	

^c The total LB 692 funds spent during this fiscal year was greater than the total funds received because departments reported their funds that were carried over from the previous fiscal year in their reports.

^d The total LB 1060 funds spent during this fiscal year was less than the total funds received because departments carried over funds into the current fiscal year.

Current Activities

The activities and programs of the local public health departments are summarized under the three core functions of assessment, policy development, and assurance as well as the associated ten essential services. The ten essential services of public health provide a working definition of public health and a guiding framework for the responsibilities of local public health systems. These functions and services are specifically referenced in the 2001 Health Care Funding Act.

During the fiscal year July 1, 2009 to June 30, 2010, 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 number and complexity of activities and programs. At this point, all health departments are providing the core functions and 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 and Solve Community Health Problems

This service includes correct identification of the community's health problems and emergencies; review of health service needs; attention to health problems of specific groups that are at higher risk than the total population; and collaboration to manage shared information systems with other health care providers.

- Over the past ten years, all 18 local public health departments have conducted a comprehensive community health assessment process. Beginning in 2009, some of the local public health departments are beginning the third update of this local assessment. Departments are using the Mobilizing for Action through Planning and Partnerships (MAPP) approach to update their local public health improvement plans. This process involves a thorough review of health needs, community health risks (e.g., tobacco use, obesity levels, and environmental quality), and the ease of access of health services (e.g., insurance coverage status). This process also involves full input from a diverse group of community members and the development of local health priorities.
 - Central District Health Department completed its MAPP update from 2009 to 2010. The department brought together over 45 local agencies to help set local health priorities.
 - The following health departments began working on their MAPP updates and will complete their local health plans by December 2011: Loup Basin Public Health Department, North Central District Health Department, Elkhorn Logan Valley Public Health Department, Panhandle Public Health District with Scotts Bluff County Health Department, West Central District Health Department, Southwest Nebraska Public Health Department, Four Corners Health Department, and Lincoln-Lancaster County Health Department.

- The remaining departments will work on their community assessment updates over the next two to three years.
- All local public health departments have contracted with the Department of Health and Human Services (DHHS), Division of Public Health to complete an oversample of the Behavioral Risk Factor Surveillance System survey for their districts. This will allow them to continue to monitor health data in their local areas.
 - Douglas County and Lincoln-Lancaster County Health Departments analyze their Behavioral Risk Factor Surveillance System data and provide results to their community partners. They complete special requests for data from their partners.
- Most departments are also using the TRALE health risk assessment tool. The departments make the tool available free of charge to English and Spanish-speaking community members who want to know how good or bad their health is. People who complete the tool receive a personalized, detailed report of their health, according to their responses.
 - In the past fiscal year, around 1,826 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 both area-wide and county specific community health problems.
 - Elkhorn Logan Valley Public Health Department completed 774 health risk assessments.
- All departments worked with staff from the Division of Public Health to track and monitor various diseases such as tuberculosis (TB), West Nile Virus (WNV), foodborne illnesses, and pertussis (whooping cough).

H1N1 Influenza

All local public health departments came together with the DHHS Division of Public Health to track and respond to H1N1 influenza activity. The local public health departments have been working over the past 10 years to develop emergency response networks around Nebraska in order to respond to emergencies such as the influenza outbreak. While H1N1 influenza did not turn out to be as lethal as initially feared, the systems were in place to track the development of the outbreak and provide vaccine to Nebraskans.

Local public health departments worked tirelessly throughout the development of the H1N1 pandemic to make sure that schools, businesses, medical providers, and communities had the latest and most accurate information that was available as the understanding of the disease progressed. Countless hours were devoted to monitoring the disease, informing health care and community partners, and distributing vaccine to the Nebraskans who were most at risk.

- All 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.
 - For example, East Central District Health Department contacts 51 schools weekly during the school year to determine the number and percentage of students who are out ill in any given week. The Sarpy/Cass Department of Health and Wellness contacts 68 schools within its two counties. During peak H1N1 influenza periods in the fall of 2009, the surveillance was done daily.
- Most of the local public health departments make local data available to the public on their websites, giving their community partners access to the information (See Appendix A for a list of health departments and their websites).
 - In an effort to improve the health information available to community partners, the departments are working with the Division of Public Health to create a new web system for displaying health data. Lincoln-Lancaster County Health Department is taking the lead by creating the system and the Division of Public Health provides the data.
- Staff at the Two Rivers Public Health Department conducted face-to-face surveys in seven of their counties. Besides informing the residents of programs and services that the department offers, the staff was able to discuss health-related concerns and record comments. The comments were used to make sure the work that the department is doing matches residents' expectations.
- Staff from the Loup Basin Public Health Department participated in the Division of Public Health Maternal and Child Health statewide needs assessment and the Children with Special Health Care Needs state assessment. Their input helped shape statewide priorities in these health areas.
- The local public health departments are working with the Division of Public Health to promote school-based surveys that collect data about the health of young Nebraskans. The departments work with their schools to explain the needs and benefits of collecting data in the Youth Risk Behavior Survey, the Risk and Protective Factor Student Survey, and the Youth Tobacco Survey.
 - North Central District Health Department and Elkhorn Logan Valley Public Health Department are paying for an oversample of the Youth Risk Behavior Survey in their districts to collect data that represent all of the youth in their district.

- South Heartland District Health Department has completed a number of assessments over the past year including a survey of pharmacies to determine whether there were shortages of antiviral medication in the district during the H1N1 pandemic and a survey of all primary care facilities, pharmacies, and hospitals to determine the typical number of seasonal influenza shots given. This helped the department coordinate vaccine distribution efforts in their region.
- Several local public health departments formed Colon Cancer Coalitions over the past year. The coalition members analyzed data obtained from the Division of Public Health on colon cancer occurrence, death, and screening rates. The coalitions then decided on strategies to improve screening rates in their regions.
- 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 related to health of the selected schools. Upon completion, the Health Educator assists the schools in developing an action plan based on their needs and priority areas. West Central District Health Department and the Sarpy/Cass Department of Health and Wellness are also working with some schools to complete the School Health Index.
 - The West Central District Health Department completed the School Health Index process at Madison Middle School in North Platte. One of its successful health improvement programs is the Backpack Program. The program provides over 200 students in need with nutritious food to take home for the weekend, including fresh fruits and vegetables. In fall of 2010, Madison will adopt a school policy prohibiting food and drinks from being used as a punishment or reward in school. This is a public health best practice.
- Southeast District Health Department partners with other local agencies to provide Growing Great Kids in Otoe County, a program that provides prenatal parenting education and provides support for home visits up to age three. A screening process is completed to make referrals to the program. Southeast District Health Department also started a skin cancer screening program focused on farmers and their families.
- Northeast Nebraska Public Health Department monitors the child, fetal, and infant death rate in its region through the Child-Fetal Infant Mortality Review process (C-FIMR). Northeast Nebraska has a child, fetal, and infant death rate that is higher than the state rate. A team reviews the data to determine how deaths can be prevented in the future. Another team works with service agencies to determine how to work with families at risk for child deaths.
- The Panhandle Public Health District completed a number of assessments over the past year, including suicide prevention, child well-being, colon cancer coalition, and injury prevention assessments.

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

This essential service includes the identification of emerging health threats; the ability of public health laboratories to conduct rapid screening and high volume testing; and ability to investigate disease outbreaks and identify patterns of chronic disease and injury.

- The 2009 H1N1 Influenza Outbreak provided the opportunity to evaluate all of the local public health departments' ability to run expanded surveillance activities for an extended period of time. They monitored school absences due to illness, hospital inpatient and outpatient influenza-like illnesses (ILI), and laboratory testing. They also examined 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 a small staff, they have difficulty sustaining the level of activity required to monitor and respond to the outbreak without eliminating or delaying their response to other, lower priority surveillance activities.
- All local public health departments continue to participate in the National Electronic Disease Surveillance System (NEDSS). The system is designed so that state and local public health departments as well as the Centers for Disease Control and Prevention 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 foodborne illness outbreak.
 - Over the past 10 years, Lincoln-Lancaster County Health Department investigated and contained nine major outbreaks of gastrointestinal illness that originated in child care settings. These outbreaks negatively impact the community, including many days of missed work and missed school, and medical costs in the range of \$500,000 to \$1,000,000. Nebraska Health Care Funding Act dollars have made it possible to reduce the frequency of outbreaks and number of children and families negatively impacted.

Investigation of tuberculosis

One of the more serious health issues that Elkhorn Logan Valley Public Health Department responded to was a case of active tuberculosis. This case was unique because there was potential for wide-range exposure to the public since the index case was symptomatic for several weeks prior to seeking medical care. After the case was confirmed, the department worked with the Division of Public Health on the process of tracing contact with others. Over 30 potentially exposed people were followed and tested after their contact with the index case. The individual was hospitalized until he could safely be out in public without posing a health threat. The patient was discharged after an 11-week hospitalization. The health department worked with the patient on discharge instructions and to arrange Direct Observation Therapy, where the health department staff observes the patient taking his medication. Representatives from the Centers for Disease Control and Prevention made a site visit to Elkhorn Logan Valley Public Health Department in May 2010 in recognition of the staff's good work.

- Many departments investigated a variety of nuisance problems, including mold, property concerns, animals, and garbage.
 - During the floods in spring 2010 around the state, the departments responded by providing water test kits and tetanus vaccinations, and investigating reports of mold.
- Most departments conducted numerous disease investigations for a variety of health concerns, including rabies, tuberculosis, sexually transmitted infections, West Nile Virus, and E. coli. Often the health department nurse provided follow up with case management or appropriate educational information.

Investigation of botulism

Elkhorn Logan Valley Public Health Department staff investigated a case of botulism in Madison County, which left the patient temporarily paralyzed. Botulism occurs when toxins produced by bacteria poison the body. Toxins can be found in contaminated food or they can enter the body through an open wound. The patient did not respond to the normal treatment for botulism, so the doctors sent a sample of her spinal fluid to the Centers for Disease Control and Prevention (CDC). Researchers determined that the client had a rare form of botulism. The CDC flew the antitoxin to Omaha, and it was delivered to the hospital by the Nebraska State Patrol through collaboration with Elkhorn Logan Valley Public Health Department. The patient slowly recovered after being given the antitoxin. The health department staff followed and investigated the case until the patient recovered.

- Local public health departments are a key element of local emergency response in disaster situations. The departments bring together key stakeholders to hold periodic emergency response exercises to test preparedness plans.
- Many departments provided follow up education and inspection of non-compliance complaints regarding the Clean Indoor Air Act that went into effect in 2009. Few complaints were logged statewide, but those that were required follow up.
- This year the Nebraska State Fair moved to Grand Island. The Central District Health Department worked to assure that food and beverages at the fair were safe for consumption, visitors were not exposed to West Nile Virus, and visitors protected themselves from exposure to too much sun. Environmental health staff from the department met early and often with state fair planners to ensure that vendors had the appropriate permits and training. They inspected each vendor booth to determine that all food safety requirements were met.

Response to high rates of sexually transmitted infections (STIs)

The rates of chlamydia and gonorrhea in Douglas County are higher than state and national averages. Funding from LB 692 to the Douglas County Health Department has made it possible to raise community awareness of STIs and to support collaborative activities to address the problem. The health department provides STI testing to the community with trained staff funded through LB 692. Staff also notifies community members who have been tested if they have been diagnosed with an STI. They notify them of the infection and facilitate appropriate treatment. The staff notifies sexual partners of their potential exposure to an STI.

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

This essential service involves social marketing and targeted media communication; providing health information resources to communities; active cooperation with personal health care providers to reinforce health promotion messages and programs; and joint health education programs with schools, churches, and worksites.

Nebraska's local public health departments are constantly providing information to the public on ways to become and stay healthy. It is the job of the local health department to help both health professionals and the general public stay informed on how to make healthy choices.

- All departments provided educational information about public health issues—ranging from radon and hand washing to dental care and the benefits of physical activity—to community members and organizations, including local board of health members and county boards.
- Many local public health departments provide health information to community members through a weekly radio spot or newspaper article.
 - Communication with the public was especially important this past year with the H1N1 pandemic in the fall of 2009 and the flooding that occurred in the spring of 2010. Local public health departments coordinated local education efforts and provided up-to-date information during these emergencies.
- 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 eight years. CHWs are trusted community members who connect with peers and establish vital links to health professionals, services, and resources. Two 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, infant safe sleep practices, asthma, and dental health is provided.
- Panhandle Public Health District, Loup Basin Public Health Department, and Lincoln-Lancaster County Health Department are working to help local businesses create wellness programs. These departments use a process that includes a review of health, a review of business priorities, a written wellness plan, and implementation of the plan. They provide technical assistance and evaluation help to the businesses. Panhandle is working with 28 worksites, including county governments, to create a culture of health. Panhandle is a recipient of the Governor's Excellence in Work Site Wellness Award. Lincoln-Lancaster works with its local worksite wellness council, WorkWell, to provide education and assistance to over 122 local businesses.

- All departments provided educational information to local businesses about the Nebraska Clean Indoor Air Act of 2008 which required indoor workplaces in Nebraska to be smoke-free as of June 1, 2009. This Act protects public health and welfare by prohibiting smoking in public places and places of employment.
 - The Southwest Nebraska Public Health Department sponsored events at seven amateur rodeos during county fairs promoting tobacco free messages.
- Seventeen departments are working to make their regions healthier through a Healthy Communities program. The departments use a health improvement program to address one of their local health priorities. The programs focus on making improvements to health with policy and environmental changes. They address heart disease, stroke, diabetes, injury, cancer, and the risk factors for these health problems (i.e., poor nutrition, physical inactivity, and tobacco use).
 - The East Central District Health Department has completed the third year of its 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.
 - The Northeast Nebraska Public Health Department has completed the second year of its Health Literacy Project. The project helps medical providers and other organizations help their patients understand complex medical conditions and treatment in the simplest possible way. The *Ask Me Three* campaign is part of the project and it is designed to help improve communication between patients and their medical providers. Patients are encouraged to ask these three questions at an appointment or when picking up a prescription: 1) What is my main health problem; 2) What do I need to do about it; and 3) What happens if I do not take care of the problem?
 - Two Rivers Public Health Department has been working with the Holdrege, Lexington, Alma, and Southern Valley Public School Systems to adopt a school employee wellness program: *Winners of Wellness*. The department works with staff members to complete a health assessment, and with the school to implement health improvement programs.

Core Function—Policy Development

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

This essential service involves bringing community groups and associations together, including those not typically considered to be health-related, to help solve health problems; and building coalitions to draw upon the full range of potential human and material resources.

- Nebraska’s local public health departments are very good at bringing key people together to address local health problems. The departments convene or participate in coalitions addressing topics such as tobacco, colon cancer, suicide, oral health, physical activity, and behavioral health.
- The departments continue to maintain their preparedness for public health emergencies. They participate or lead emergency planning and training meetings every month. A number of table top exercises have been completed that involve the health department, schools, hospitals, emergency medical services, law enforcement, and local businesses.
- All local public health departments are involved in their regional medical response systems. The purpose of the medical response systems is to bring together hospitals, public health, fire, law enforcement, emergency management, behavioral health, EMS, government entities, and community organizations for an integrated medical response to any disaster that threatens the health and well-being of the public. The systems facilitate communication and cooperation among members to enhance planning, prevention, response, and recovery efforts, whether the disaster is natural, manmade, biological, or terrorist in nature.
- The Lincoln-Lancaster County Health Department started a project to determine how walkable Lincoln’s neighborhoods are. The department is working with the City Planning Department, Public Works, the Mayor’s Office, and Lincoln Parks and Recreation. The department will develop improved pedestrian and bike routes to school for the Safe Routes to School Program and identify needed improvements around the city such as missing sidewalks and needed crosswalks.

Tobacco Free Coalition Efforts

The East Central District Health Department coordinates the efforts of the Tobacco Free Platte and Colfax Counties coalitions. These community-based coalitions work to prevent young people from starting tobacco use and to promote smoke-free environments. The Colfax County Coalition worked with Cargill Meat Solutions in Schuyler to help the company become smoke-free.

On July 20, 2010, Cargill Meat Solutions in Schuyler was presented with an award by Tobacco Free Nebraska and recognized by a representative from the Centers for Disease Control and Prevention for its outstanding efforts in tobacco prevention which will impact other Cargill plants worldwide. Cargill is one of the largest privately-held companies in the US with over 160,000 employees in 76 countries. The Schuyler plant has approximately 2,100 employees.

The tobacco prevention efforts in the Schuyler plant include a Quit Tobacco Program, health fair booths, smoke-free vehicle events, Great American Smoke Out, preparation for the state smoke-free air law, and a celebration to commemorate the first year anniversary of Smoke Free Cargill. 75 employees have enrolled in the Quit Tobacco Program to date. One employee commented, "...my grandkids like to give me a kiss now as I do not stink of tobacco like I used to. So, thank you to Cargill for helping me get it done!"

As a result of the careful planning and successful transition to a smoke-free facility, the Schuyler plant has been recommended by Cargill as a model blueprint for other Cargill facilities to become smoke-free. The work in Schuyler will impact other Cargill plants worldwide. The work done by Cargill and the Tobacco Free Colfax County Coalition is a great example of thinking globally and acting locally in tobacco control.

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; regular community-level and state-level planning for health improvement; 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.
 - Loup Basin Public Health Department developed a new tetanus vaccination policy in order to address future flooding experiences.
- Most local health directors advocate for needed health policy changes at the local level by helping to draft ordinances and meeting with the appropriate officials.
 - The Four Corners Health Department and Board of Health distributed information about the benefits of fluoridating public water systems. The Board of Health made a resolution backing the public health benefits of fluoride, and the Board dentist wrote and published an editorial to assure that the public had the facts on the benefits of fluoridation.
 - The Southeast District Health Department has worked with the Southeast Drug Taskforce to pass regulations associated with methamphetamine labs. The department is working in two communities to develop ordinances to appropriately clean up methamphetamine labs.
- Most of the departments have completed a review of the Nebraska Standards and Measures Assessment which is based on the ten essential services of public health. The departments compare the work that they are doing to national standards about how health departments should operate and what they should do. The departments use the results in their strategic planning efforts. They will continue to work to improve their accountability by measuring their performance and outcomes and making necessary changes to improve the quality of work that they do.
- South Heartland District Health Department researched regulations, building codes, and model policies regarding radon and developed an action plan to work toward radon resistant new construction practices.
- North Central District Health Department participates in meetings coordinated by the local educational service unit regarding the development of school wellness policies.

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 public health departments continue to conduct inspections for compliance with Nebraska’s Clean Indoor Air law. Along with inspections, the departments help raise awareness of the requirements by providing educational materials to businesses.
 - South Heartland District Health Department and Two Rivers Public Health Department each investigated 11 reports of smoking violations. In the first visit, the departments used an educational approach and provided information about the requirements of the Clean Indoor Air law. They worked with law enforcement if necessary to enforce compliance.
- Local public health departments respond to nuisance complaints about mold and other problems. The departments work with local law enforcement to ensure that the problems are addressed.
- The Sarpy/Cass Department of Health and Wellness conducted inspections of public swimming pools in its counties. Under the guidance of the DHHS Swimming Pool Program, Sarpy/Cass staff inspected 24 swimming pools for compliance with Nebraska Regulation Title 178, Chapter 2 (Operation and Management of Public Swimming Pools).
- The Three Rivers Public Health Department and other departments provide child car seat installation checks by a certified car seat inspector.
- The Lincoln-Lancaster County Health Department’s Division of Environmental Public Health enforces laws and functions as a regulatory entity on issues concerning food safety, solid waste, water, and air quality. Over the past year, there were 128 incidents involving hazardous materials.

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 that socially disadvantaged people have a coordinated system of clinical care; culturally and linguistically appropriate materials and staff are available to link to services for special population groups; and targeted health information is available for high risk population groups.

- All local public 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. They also provided other health screenings including cholesterol and blood pressure screenings.
- Several departments continue to expand and maintain dental services for residents with lower incomes. For example, the West Central District Health Department established a mobile dental clinic that travels to schools within the region twice per year, providing education and preventive dental services to children in need. A dentist, dental hygienist, and dental assistant travel with the unit. Through the mobile dental unit, 3,419 visits were made. Many other departments continue to participate in Dental Day with the UNMC College of Dentistry by providing care to unserved and underserved children.
 - The Douglas County Health Department Dental Clinic provided dental care to 1,071 patients.
- Douglas County Health Department continues to battle against chlamydia and gonorrhea rates that are significantly higher than state and national rates. The Douglas County Health Department's sexually transmitted disease (STD) clinic provides both testing and treatment for STDs and works to serve the population most affected by them.
- Two Rivers Public Health Department continues to provide a dental program for high risk, underserved young children and pregnant mothers in its District. Several pilot projects were funded in the department's area that target high-risk Moms and young children through dental health education, preventive dental supplies, fluoride varnish, use of xylitol chewing gum, development of a surveillance and a tracking assessment instrument and other similar projects. Dental Hygienists with certification in public health are contracted to provide preventive services and education. Over 1,500 children and 450 adults have been served by this program.

- 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.

Public Health Nurse Success Stories

Due to a problem appointment follow up, the Northeast Nebraska Public Health Department Public Health Nurse had contact with a young woman with multiple mental health diagnoses. She was having challenges in taking her medications and was searching for resources. The nurse, through case management activities, connected her with Magellan and ultimately counseling and a community support worker. This woman has now found services through an adult mental health day program and also has found new living arrangements where someone will help her with her medications and her life skills.

- Central District Health Department provides daily WIC clinics with an average monthly enrollment of approximately 2,700 families. These families receive vouchers for healthy foods, as well as useful education on childhood nutrition for proper growth and development. As appropriate, WIC staff members educate clients regarding the benefits of breastfeeding babies. Additionally, breastfeeding peer counselors provide support and assistance to mothers who choose to breastfeed.

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

This essential service includes assessment of workforce to meet community needs for public and personal health services; maintaining public health workforce standards; and adoption of continuous quality improvement and life-long learning programs for all members of the public health workforce, including opportunities for formal and informal public health leadership development.

- Staff members from local public 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, chronic disease prevention, and health surveillance. 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.
 - Panhandle Public Health District coordinates the Training Academy for several organizations in western Nebraska. The department provides marketing, registration processing, contracting with instructors, contact hours, college credit and other arrangements necessary to make trainings available. Ninety-two trainings were held in the past year, with 2,525 students completing a total of 16,537 contact hours.
 - Several departments are participating in a statewide effort to bring a coordinated Medical Reserve Corps to all of Nebraska's counties. The Corps is made up of volunteers who assist in public health emergencies. The departments help recruit and train volunteers.
 - Many local public health departments are also working with the School Health Telehealth system which provides continuing education and information to school nurses and public health nurses.
 - In addition, local public health departments provide internship or practicum opportunities to local students. For example, South Heartland District Health Department provides internships for Hastings College students; Northeast Nebraska Public Health Department provides internships for Wayne State College students; and Two Rivers Public Health Department serves as a public health rotation for nursing and pharmacy students during their education. These educational opportunities help get students interested in public health and help prepare them for a future career in public health.
 - Four Corners Health Department has worked over the past year to grow the capacity of its Board of Health. The President of the Board provided leadership and education to the Board members. She received the Board of Health Member of the Year award for the Midwest region of the National Association of Local Boards of Health.

- Six 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.
 - At East Central District Health Department, one staff member obtained a Registered Environmental Health Specialist Certification, and three staff members graduated with their Bachelor's degrees in Nursing.
 - At Southwest Nebraska Public Health Department, staff members received their radon measurement and radon mitigation licenses.

Management Academy for Public Health

Two local public health departments participated in the Management Academy for Public Health at the University of North Carolina at Chapel Hill. The Management Academy prepares teams of health professionals for new management challenges in community health. It builds skills in managing money, people, data, and partnerships. Each team writes and presents a public health business plan designed to address a key public health problem in their community. A team from South Heartland District Health Department was accepted in 2009 – 2010 and a team from Lincoln-Lancaster County Health Department is participating in 2010 – 2011.

A team of six representing South Heartland District Health Department attended the Management Academy for Public Health. The team developed a plan to address mental health and substance abuse services in their rural region. Their plan proposed to integrate mental and behavioral healthcare into existing rural primary care clinics, mobilize care providers in order to serve multiple communities, and offer mental and behavioral healthcare as well as healthy living coaching in the service model.

A team of five Lincoln-Lancaster County Health Department staff and one Nebraska DHHS staff was accepted to the Management Academy for Public Health. The Academy will contribute to increased capacity and a more competent public health workforce. The health department in partnership with the local worksite wellness program, WorkWell, will develop a new program to meet the unique health needs of small businesses. The new program will provide a premium option—WorkWell Small Business—for a small annual fee. In addition to the existing WorkWell benefits, each business will receive: 1) free consultation to implement industry-focused worksite wellness plans; 2) industry-focused wellness toolkits; 3) wellness services that fit business needs; and 4) purchase agreements for health and wellness services. The team is working together to create this plan and will travel to North Carolina in April of 2011 to present the final business plan.

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.

- Almost all of Nebraska’s local public health departments have measured their work against national standards based on the ten essential services of public health. This is an evaluation of the effectiveness and quality of services provided by local public health departments. The departments incorporate the results into their strategic planning efforts in order to improve their performance. This is part of a statewide effort that is a partnership between the local public health departments and the Division of Public Health.
- The 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 Sarpy/Cass Department of Health and Wellness completed a survey of patients who received immunizations at their H1N1 clinic. The survey measured their satisfaction with the clinic and volunteers. They used the survey results to plan for other immunization clinics and to make improvements.
- 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 and Lincoln-Lancaster County Health Department implemented an Electronic Medical Record (EMR) system that has enabled staff to integrate the provision of care which improves the quality and safety of patient management. The EMR lets the departments collect data on workflow and efficiency, and helps them determine if they are meeting performance standards and improving quality.
- Several departments participated in a statewide project with the Office of Health Disparities and Health Equity that was funded through a grant with the Centers for Disease Control and Prevention for pandemic influenza preparedness. The project involved identifying and recruiting interpreters and translators to help provide information and education in a pandemic or other emergency situation. H1N1 education, tabletop exercises, and community forums were held in specific communities around Nebraska.

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

This essential service includes linking with appropriate institutions of higher learning and research; engaging in economic and epidemiologic analyses to conduct needed health services outreach; and using evidence-based programs and best practices where possible.

- Seventeen local public health departments have received grants from the Division of Public Health 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.
- The Nebraska DHHS Division of Public Health created a Public Health Practice-Based Research Network (PBRN) in partnership with the University of Nebraska Medical Center, College of Public Health. Several local health directors serve on the advisory committee to the PBRN. Additionally, the local public health departments are working with the PBRN to research the public health workforce in Nebraska. They have completed surveys that contribute to the study.
- The director of the Three Rivers Public Health Department helped conduct a study to determine how local public health departments are able to meet public health performance standards. He worked with professors at the University of Nebraska Medical Center, College of Public Health to complete the research.

Conclusion

During the ninth year of funding and eighth full year of operation, continuing progress has been made in the development of local public health departments throughout the state. All departments provide all of the three core functions of public health: assessment, policy development, and assurance. In addition, all departments provide 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 in 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 improvement 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. Nebraska's local public health departments are improving their accountability by completing a comparison of their work to national performance standards. The departments identify areas for improvement, and develop activities to make changes to improve the quality of their work.

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.

Three Rivers Public Health Department Environmental Health Impact

In June 2009, Three Rivers Public Health Department received a call from a local pediatrician. The pediatrician had found very high levels of lead in a 1 year-old child's blood system. The levels were high enough that they could cause permanent damage to the child's nervous system and overall development if the levels were to remain the same or increase. The pediatrician had asked our environmental coordinator if she would investigate the source of the lead pollution. Three Rivers Public Health Department gladly accepted the task to find the source of the lead pollution.

We arranged for a home visit with the help of an interpreter. While at the home we utilized a home lead investigation questionnaire from the Nebraska Department of Health and Human Services to thoroughly assess the probable source of lead, so that we may proceed with the clean up process. We collected samples of the tap water and soil from outside the home to be tested. Nearing the end of the questionnaire we asked about the utensils, pots, and plates that the mother used to cook and feed her child. Everything that she had shown us did not seem out of the ordinary or a potential for lead contamination. We finished the survey and talked in the kitchen for a few minutes about how we would test the samples that we had collected.

We asked one more time if there was anything ceramic that she cooked with or used to serve food. "Oh! I almost forgot!" she replied in Spanish. She pulled out a glazed ceramic pot. She said that she often used it to cook the family's beans in. We looked at the burnt and faded text on the bottom. It read, DO NOT USE FOR FOOD. We immediately asked if we could take the pot and have it analyzed. She said yes and we were on our way after we gave her information on how to reduce the lead levels.

The soil and water results came back and they were both negative for lead. We had the pot tested with an X-ray Fluorescence (XRF) machine, and when the results came back to us we were all shocked. The glaze inside the pot had such a high concentration of lead that it was out of the range of the XRF machine. We immediately called the pediatrician and explained our findings and then made a special visit back to the family's home. We explained the results and she was shocked as well. It was at that time that we presented her with a new Crock Pot that she could use to safely cook her family's food. We saved a child's life with our quick and effective actions.

South Heartland District Health Department **School Wellness Efforts**

South Heartland District Health Department (SHDHD) is pleased to announce that Sutton Elementary School received an award from Nebraska Action for Healthy Kids at the Action for Healthy Kids summit on April 13, 2010. The award acknowledges the creative work that Sutton Elementary School is doing to promote health in students and staff. Sutton Elementary School established a School Wellness Council whose goal is to provide a healthy environment and to instill lifelong health habits in students. The Sutton school wellness program is one of seven in the South Heartland Health District receiving guidance through a project initiated by SHDHD and funded by a grant awarded to SHDHD by the Nebraska Department of Health and Human Services.

The Sutton Elementary School Wellness Program's Vision is "Healthy Kids in a Healthy School." Its stated mission is "To promote the health of our students by providing a healthy environment and to instill lifelong health habits". The School Wellness Program uses Alliance for a Healthier Generation's Healthy School Program as a framework for developing a healthier school environment.

The Wellness Council, composed of teachers, dietary staff, a coach, a representative from the health department, and led by school nurse Tonya Perrien, was recognized for striving to improve student eating habits by providing a healthy breakfast at school. The breakfast program demonstrates healthy breakfast food choices and promotes the importance of eating breakfast. All of the elementary school students were able to try the breakfast items at no cost during Breakfast Week in January.

According to a 2009 Robert Wood Johnson Foundation report "F as in Fat," nearly 1/3 of American children are overweight or obese. Nebraska is slightly higher than that number, with 34.2% of our children ages 10-17 being overweight and obese according to the 2007 National Survey of Children's Health. Locally, data gathered by the Sutton School Wellness Council showed that in the 2009-2010 school year, 30% of Sutton elementary students were overweight or obese, with 14% being considered obese. Childhood weight problems can lead to high blood pressure, high cholesterol, diabetes, asthma, joint problems, depression, and anxiety. Sutton Elementary students are fortunate to attend a school that is working to improve their opportunities to be healthy!

Central District Health Department

A Grand Affair (and a Great Opportunity): The Nebraska State Fair!

One might not think public health has much to do with a fair, but that is not the case. Central District Health Department (CDHD) started planning for the Nebraska State Fair as soon as its new home in Grand Island was announced. As with many of our public health functions, much of what we do at the state fair is not highly visible but it is highly valuable.

Our Environmental Health Supervisor met early and regularly with State Fair organizers with a focus on food vendors. Applications for food vendor permits were made available and easily accessible on our CDHD website and at our office. CDHD Environmental Staff visited the fairgrounds during construction to review the food vendor layout and meet with fair organizers. As phone calls increased closer to fair time, Registered Environmental Health Specialists provided important information regarding the processes vendors needed to follow.

On the day before the State Fair began, Environmental Staff began the process of inspections. With a total of 67 vendors, it took several days to complete inspections of each vendor's facility. Inspectors revisited locations where they believed a second inspection was necessary to assure food was properly prepared and served. A total of 97 inspections were completed over the eleven day event. A mandatory food handler safety class was provided prior to the opening ceremony. During this class, vendors reviewed safety precautions such as assuring food temperatures were maintained, that running hot water was working properly, and that all workers observed proper hand washing technique.

Inspectors made themselves highly visible and readily available for questions and consultation throughout the fair's duration. During the process, staff maintained a focus on assuring public safety. Preventing a foodborne illness outbreak does not get much media attention, but it is highly preferable to dealing with the problems that occur when contaminated food products cause an outbreak.

CDHD also took advantage of several other opportunities to address potential health issues at the fair. In partnership with the Division of Public Health and four other district health departments, we hosted a West Nile Virus educational exhibit. Educational materials were made available to the public with the idea of better preparing those attending the State Fair to "Fite the Bite!" Coincidentally, a press release related to the first human case of West Nile Virus in Hall County was released, making the "Fite the Bite!" message both timely and important.

The CDHD WIC office took the lead in developing and staffing a breastfeeding center at the state fair. New mothers welcomed a break from the hustle and bustle of the fair in this conveniently located room complete with rocking recliners and bottled water. Here in these quiet surroundings they could breastfeed and tend to their infants' needs in privacy. Amazingly, nearly 1,200 mothers and their family members visited the breastfeeding center.

CDHD also partnered in a nutritional activity for the children's area. Healthy trail mix was offered as a treat for children participating in a learning activity related to nutrition. With a total of 309,000 visitors to the State Fair, it is clear to see that there were ample opportunities for CDHD to promote and protect the health of the public. We have already begun to review our processes and outcomes so that we can be even more effective for next year's Nebraska State Fair.

Two Rivers Public Health Department
“From the Ground Down” Water Protection Project

In 2007, Two Rivers Public Health Department received a grant from the Nebraska Department of Environmental Quality (NDEQ) to implement a ground water protection project. The two main components of the grant were public education and Medication Take Back Events.

For the public education piece, we purchased two working water models. These models illustrate how groundwater can become contaminated. With these models, we have given demonstrations at schools and have had them on display at several career fairs. We also created a public service announcement with Senator Ed Schrock who emphasized the importance of preserving our groundwater. A billboard was also created to show how flushing medications may affect our drinking water.

The purpose of the Medication Take Back Events is to collect and properly dispose of outdated and unused prescription and non-prescription medications. According to the Drug Enforcement Administration (DEA), only law enforcement can handle medications at the Take Back Events. Because some of our local law enforcement agencies do not have a large force with officers to spare, two members of the Two Rivers staff have become conditionally deputized in each of our counties specifically to handle the medications for the events. In addition to our staff, we have a pharmacist from a local hospital or pharmacy, and local law enforcement on sight for security purposes during the events. Collected medications go into sealed containers and are stored with a law enforcement agency until they are transported to an incinerator for destruction. The plastic pill bottles are recycled.

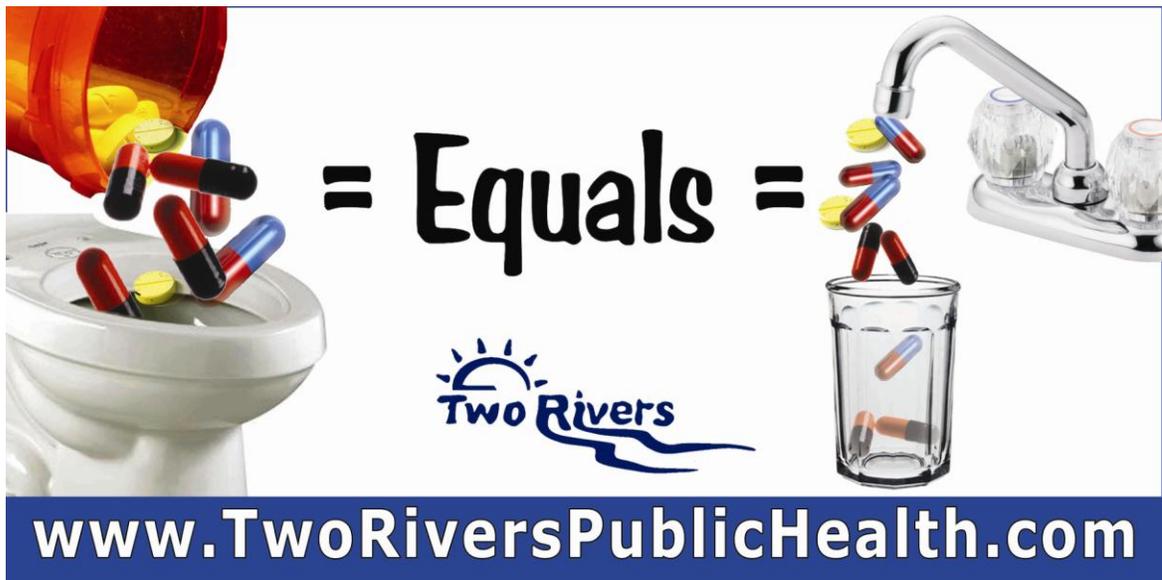
At the beginning of the development of the take back process, we were very fortunate to have a hospital with a medical grade incinerator which was willing to incinerate our materials. We also had an agreement with a local law enforcement agency that was willing to transport the materials. Since then, the incinerator has been taken out of service.

In researching alternatives for disposal, a few issues have arisen. The NDEQ has recently created a draft version of new regulations regarding the collection and proper disposal of medications. These new regulations further categorize medications into two categories: 1) medications that are from individuals' homes and 2) medications that come from businesses such as hospitals or clinics. These regulations clearly define which organizations are allowed to collect what types of medications and how they can be disposed.

The new regulations will make it extremely difficult for Two Rivers Public Health Department to continue hosting Medication Take Back Events. Because of this, Two Rivers has been attending Advisory meetings in Lincoln with representatives from law enforcement, waste management specialists, NDEQ, and the Nebraska Pharmacy Association. At these meetings, options are being investigated that would create a more permanent solution for the proper disposal of unused and outdated medications.

In the past two years, Two Rivers and our local partners have conducted 22 Medication Take Back Events and have collected and disposed of over 400 pounds of medications. This amount does NOT include packaging materials. We have held multiple events in all seven of our counties with each event bringing in more medications than the last. People are beginning to become more aware of the issue, and we continue to receive numerous calls inquiring about

future events. With the increased interest and heightened awareness of groundwater protection, we will continue to be involved in investigating acceptable methods to dispose of medications.



This is the Billboard we designed



Panhandle Public Health District
Out of the Darkness: Suicide Prevention

They walked arm-in-arm for more than a mile. They laughed, they cried, they prayed, they cursed.

Nearly 150 people came together to remember those who have been victims of suicide – both those who have died and those left behind – at the Out of the Darkness community walk in Alliance. This was the first of what organizers hope will become an annual event for the Panhandle, one of nearly 200 walks nationwide to help promote awareness of suicide prevention.



Those walking included families honoring their loved ones with T-shirts emblazoned with the victim’s names and the date they died. Others wore bracelets, with the name of a young man who took his life this spring. All were there to remember.

Despite chilling rain the crowd started to swell by 9 a.m. Just before the walk commenced, emcee Tony Amill led the group in a prayer written by local minister William Graham. The launch of nearly 150 blue balloons gave the dreary gray sky its only touch of blue throughout the day as mist continued to dog the walkers throughout the morning.

The community awareness walk was initiated by Donna Jones, who lost her son Logan Anderson to suicide in March 2009. Many members of Jones’ family joined in the walk, including members of her church. Jones thanked the walk’s supporters from the event’s Facebook site. She called the event “a big step to bring suicide ‘out of the darkness.’ ”

With more than \$8,500 raised locally for the American Foundation for Suicide Prevention, Kim Engel of Panhandle Public Health District said she was very pleased by the turnout. “We thought the weather might slow people down,” she said. “But the turnout was amazing and exceeded our expectations.” Sponsors for the event were the Panhandle Suicide Prevention Coalition, Western Heritage Credit Union, Bank of the West, Box Butte General Hospital, Panhandle Public Health District, and the City of Alliance.

Region I Prevention Coordinator Faith Mills said there can be verbal clues when someone is considering suicide, either direct or indirect, ranging from statements such as, “I wish I were dead,” to “I just want out.” There may also be behavioral clues: when someone stockpiles pills, buys a weapon, starts putting their personal affairs in order or giving away prized possessions.

Depression, manifesting itself in withdrawal, sleeping a lot and eating poorly, is another major risk factor for suicide, Mills said. Region I, in cooperation with Panhandle Public Health District, offers a free training called *QPR* for *Question, Persuade and Refer* to any group that may be interested. *QPR*, like CPR, gives the common person a way to step in when he/she confronts someone who may be considering suicide. Risk factors for suicide also include a family history of suicide or child maltreatment, previous suicide attempts, a history of mental disorders (particularly depression) or substance abuse, feelings of hopelessness, impulsive or aggressive tendencies, cultural and religious beliefs (that suicide is a noble resolution of a personal dilemma), local epidemics of suicide, isolation, barriers to accessing mental health, loss (relationships, social, work or financial), physical illness, easy access to lethal methods such as firearms or prescription drugs and the unwillingness to seek help because of the stigma attached to mental health, substance abuse disorders or suicidal thoughts.

Earlier in the week, KCOW radio aired a two-hour special, “*Out of the Darkness – Creating Suicide Prevention Awareness.*” Copies of the interviews for the special are available for download on the radio station’s website at www.kcowradio.com.

Appendix A. Contact Information for Nebraska’s Local Health Departments funded under the Nebraska Health Care Funding Act (LB 692)

Central District Health Department

Teresa Anderson, Director
1137 South Locust Street
Grand Island, NE 68801
Phone: (308) 385-5175
Website: www.cdhd.ne.gov

Douglas County Health Department

Adi Pour, Director
1819 Farnam Street, Room 401
Omaha, NE 68183
Phone: (402) 444-7471
Website: www.douglascountyhealth.com

East Central District Health Department

Rebecca Rayman, Executive Director
2282 East 32nd Avenue
Columbus, NE 68601
Phone: (402) 563-9224
Website: www.eastcentraldistricthealth.com

Elkhorn Logan Valley Public Health Department

Kathy Nordby, Director
P.O. Box 779
Wisner, NE 68791
Phone: (402) 529-2233
Website: www.elvphd.org

Four Corners Health Department

Vicki Duey, Executive Director
2101 North Lincoln Avenue
York, NE 68467
Phone: (402) 362-2621
Website: www.fourcorners.ne.gov

Lincoln-Lancaster County Health Department

Judy Halstead, Director
3140 “N” Street
Lincoln, NE 68510
Phone: (402) 441-8000
Website: www.lincoln.ne.gov/city/health

Loup Basin Public Health Department

Chuck Cone, Director
295 North 8th Avenue, P.O. Box 995
Burwell, NE 68823
Phone: (308) 346-5795
Website: www.loupbasinhealth.com

North Central District Health Department

Roger Wiese, Director
422 East Douglas Street
O’Neill, NE 68763
Phone: (402) 336-2406
Website: www.ncdhd.ne.gov

Northeast Nebraska Public Health Department

Deb Scholten, Director
117 West 3rd Street
Wayne, NE 68787
Phone: (402) 375-2200
Website: www.nnphd.org

Panhandle Public Health District

Kim Engel, Director
808 Box Butte Avenue, P.O. Box 337
Hemingford, NE 69348
Phone: (308) 487-3600
Website: www.pphd.org

Public Health Solutions District Health Department

M Jane Ford Witthoff, Health Director
995 East Highway 33, Suite 1
Crete, NE 68333
Phone: (402) 826-3880
Website: www.phsneb.org

Sarpy/Cass Department of Health and Wellness

Dianne Kelly, Director
701 Olson Drive, Suite 101
Papillion, NE 68046
Phone: (402) 339-4334
Website: www.sarpy.com/health

South Heartland District Health Department

Michele Bever, Executive Director
606 North Minnesota, Suite 2
Hastings, NE 68901
Phone: (402) 462-6211
Website: www.southheartlandhealth.org

Southeast District Health Department

Kay Oestmann, Director
2511 Schneider Avenue
Auburn, NE 68305
Phone: (402) 274-3993
Website: www.sedhd.org

Southwest Nebraska Public Health Department

Myra Stoney, Director
P.O. Box 1235
McCook, NE 69001
Phone: (308) 345-4289
Website: www.swhealthdept.com

Three Rivers Public Health Department

Jeff Kuhr, Director
33 West 4th Street
Fremont, NE 68025
Phone: (402) 727-5396
Website: www.threeriverspublichealth.org

Two Rivers Public Health Department

Terry Krohn, Director
701 4th Avenue, Suite 1
Holdrege, NE 68949
Phone: (308) 995-4778
Website: www.tworiverspublichealth.com

West Central District Health Department

Shannon Vanderheiden, Director
P.O. Box 648
North Platte, NE 69103
Phone: (308) 696-1201
Website: www.wcdhd.org