

Department of Health & Human Services



**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 how the funds were spent to meet the ten essential public health services, including specific programs and activities.

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, 2010 to June 30, 2011. 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, 2010, 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.

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 \$1,231,987 for the Douglas County Health Department to \$277,501 for the Northeast Nebraska Public Health Department. The table also includes the amount of LB 1060^a funding distributed to each department, which totaled \$108,236 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 58 percent of the total expenses. The next largest spending category was other which represented about 13 percent of the total expenses. The line item other includes expenses for insurance coverage and mini-grants to communities. The total amount of the 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.

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

Additionally, the total amount of LB 1060 funds spent during this fiscal year was somewhat less than the total funds received. These additional funds can be carried over and spent during 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 \$30 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	Lincoln, Logan, McPherson

Figure 1. Map of Nebraska's Local Health Departments

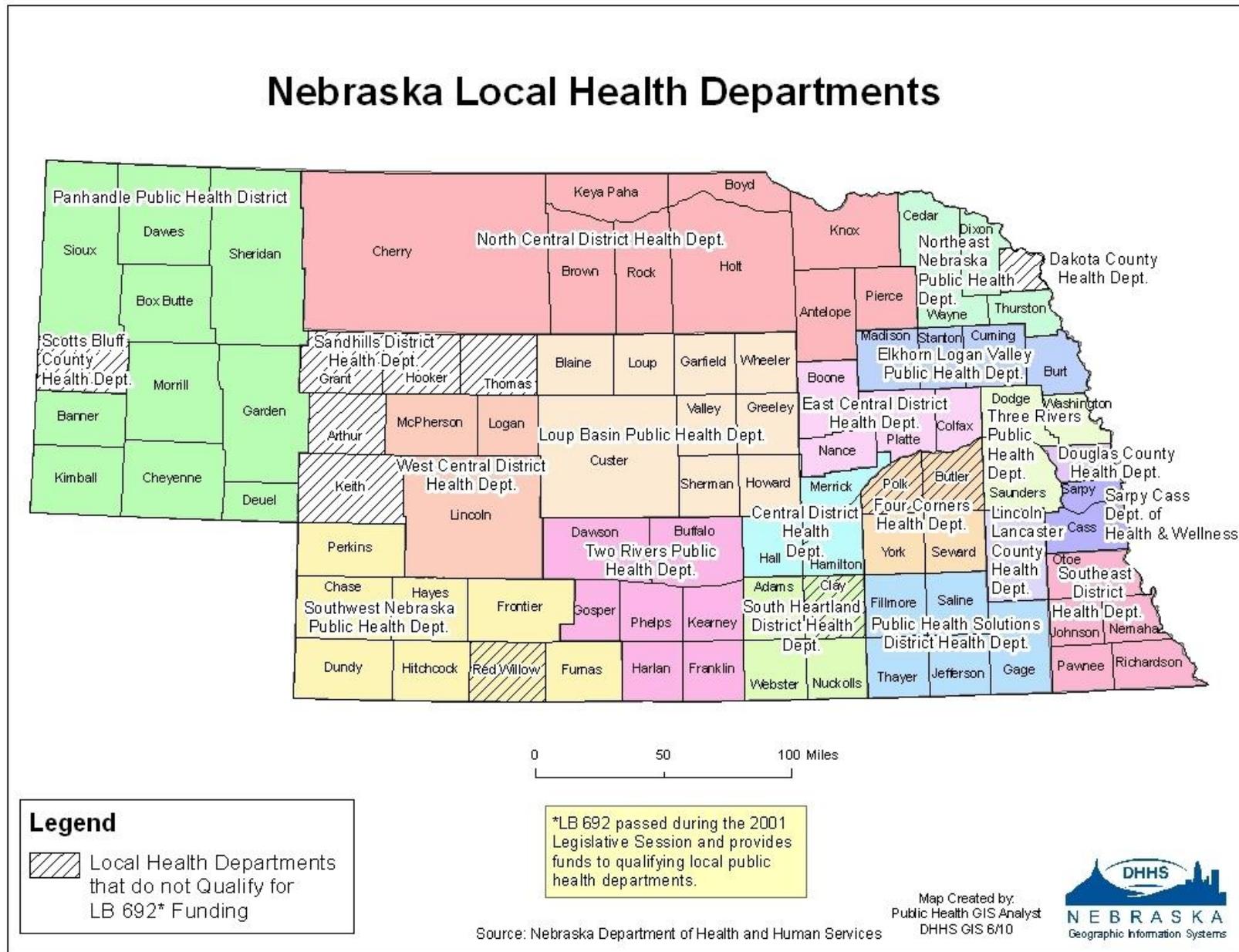


Table 2
LB 692 and LB 1060 Health Department Payments
July 1, 2010 – June 30, 2011

District Name	Infrastructure	Per Capita	LB 1060	Total	Population
Central District	\$125,000	\$149,430	\$108,236	\$382,666	72,447
Douglas County	\$150,000	\$973,751	\$108,236	\$1,231,987	482,112
East Central	\$125,000	\$110,065	\$108,236	\$343,301	51,325
Elkhorn Logan Valley	\$125,000	\$125,346	\$108,236	\$358,582	59,548
Four Corners	\$100,000	\$95,572	\$108,236	\$303,808	45,105
Lincoln-Lancaster	\$150,000	\$525,732	\$108,236	\$783,968	261,545
Loup Basin	\$100,000	\$69,572	\$108,236	\$277,808	32,340
North Central	\$125,000	\$107,301	\$108,236	\$340,537	48,941
Northeast Nebraska	\$100,000	\$69,265	\$108,236	\$277,501	52,129
Panhandle	\$125,000	\$112,290	\$108,236	\$345,526	87,917
Public Health Solutions	\$125,000	\$121,530	\$108,236	\$354,766	57,761
Sarpy/Cass	\$150,000	\$308,622	\$108,236	\$566,858	161,644
South Heartland	\$100,000	\$99,370	\$108,236	\$307,606	46,400
Southeast District	\$100,000	\$84,183	\$108,236	\$292,419	38,844
Southwest District	\$100,000	\$70,597	\$108,236	\$278,833	32,514
Three Rivers	\$125,000	\$157,053	\$108,236	\$390,289	76,015
Two Rivers	\$125,000	\$194,832	\$108,236	\$428,068	93,550
West Central	\$100,000	\$75,489	\$108,236	\$283,725	47,077
Total	\$2,150,000	\$3,450,000	\$1,948,248	\$7,548,248	1,747,214

Table 3

**LB 692 Local Public Health Departments
July 1, 2010—June 30, 2011 Expenses**

Departments:	LB 692 Local Public Health Departments	
Total Funds Received (LB 692):	\$5,600,000	}
Total Funds Received (LB 1060):	\$1,948,248	
		\$7,548,248
Total Funds Spent (LB 692):	\$5,605,064 ^b	}
Total Funds Spent (LB 1060):	\$1,733,987	
		\$7,339,051
Budget Period:	July 1, 2010 – June 30, 2011	

Line Items	Expenses	
	LB 692	LB 1060
Personnel	\$2,544,076	\$776,832
Benefits	\$789,425	\$144,879
Travel	\$136,833	\$39,204
Office Expense/Printing	\$475,046	\$162,226
Communications/Marketing	\$154,848	\$28,765
Equipment/Construction	\$187,274	\$25,351
Contractual	\$318,062	\$75,350
Public Health Programs	\$255,304	\$238,866
Other	\$744,196	\$242,514
Total	\$5,605,064	\$1,733,987
	<div style="border-top: 1px solid black; width: 100%; margin-top: 5px;"></div> \$7,339,051	

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

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, 2010 to June 30, 2011, 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 eleven years, all 18 local public health departments have conducted a comprehensive community health assessment process. Beginning in 2010, some of the local public health departments began their 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 to 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.
 - The following health departments began working on their MAPP updates and will complete the assessment 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, Central District Health Department, East Central District Health Department, and Lincoln-Lancaster County Health Department.
 - At Central District Health Department (CDHD), diverse community focus groups were convened to evaluate the current status and to envision the future of public

- health within Hall, Hamilton, and Merrick Counties. Consensus building meetings were held in each county following the MAPP model. Lifestyle issues were frequently discussed in all three counties with obesity emerging as a common thread. Analyses narrowed obesity- related problems down to top issues in each county: poor nutrition and lack of physical activity. Current local, state, and national data confirm that obesity is indeed a major problem creating poor health outcomes. CDHD is in the process of program planning to address issues identified by the assessment to better serve the local community.
- The remaining departments will work on their community assessment updates over the next few 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. These data will allow them to continue to monitor health risk factors in their local areas.
 - Two Rivers Public Health Department (TRPHD) invested LB 1060 funds to complete an additional 500 interviews for the Behavioral Risk Factor Surveillance Survey (BRFSS) in their District. TRPHD is coordinating with DHHS and University of Nebraska Medical Center (UNMC) in this assessment which will provide more local information as well as comparisons to state and national statistics to help TRPHD better direct their local planning and resource allocation. Two Rivers BRFSS data was significantly worse for five indicators for the adult population compared to the state:
 - 1) Fewer adults visited a doctor for a routine checkup in the past year
 - 2) Fewer adults had their cholesterol level checked in the last 5 years or
 - 3) Ever had their cholesterol checked
 - 4) Fewer adults ate the recommended 5 or more fruits and vegetables each day
 - 5) Fewer adults aged 50 or older ever had a colonoscopy or sigmoidoscopy, and only one-fourth have had a blood stool test for colorectal cancer
 - 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).
 - Nurses at Panhandle Public Health District (PPHD) monitor the National Electronic Disease Surveillance System (NEDSS) for communicable diseases in the Panhandle. The health district reported 70 communicable diseases during the reporting period, plus 94 sexually-transmitted diseases in the same time frame. By using NEDSS, the health district is able to gain the efficiencies of a statewide reporting system to promote early detection and help prevent the spread of disease. By carefully tracking incidents of communicable disease, PPHD is able to recommend measures to prevent unnecessary illnesses.
 - 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.

- Sarpy/Cass Department of Health and Wellness currently conducts absentee surveillance on a weekly basis in 68 schools within Sarpy and Cass counties. During the school year, absentee rates generally range from 1-5 percent, with higher percentages reported during the flu season. Any absence rate over 10 percent is investigated and reported to the Nebraska Department of Health and Human Services (DHHS). In addition to actual numbers recorded, the Department's School Health Coordinator also receives information on types of illnesses seen in the various schools.
- Most departments are also using the TRALE health risk assessment (HRA) 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.
 - Three Rivers District Health Department made HRAs available for anyone who wished to know their health status. Spanish forms were also developed for utilization by the district's Hispanic population.
 - South Heartland District Health Department had a total of 1,269 employees from nine businesses, city and county governments, hospitals, and schools who participated in year three of South Heartland's Wellness for Women at Work project. Sixty-three percent of those employees were aware of their health risks because they completed the health risk assessment provided by the Mary Lanning Memorial Hospital. Each of those HRA participants also received a personal health coaching call to discuss the results of their HRA. Sixty-seven percent (67%) of the businesses have completed a second round of HRAs and have been able to measure some successes. Employees improved nutrition status by an average of 5.3 percent. The percentage of employees who reported that they exercise regularly increased by 13.6 percent. In addition, five percent more employees are eating five or more servings of fruits and vegetables a day, and five percent fewer employees reported missing work for five or more days last year.
- 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.)
 - Funding from LB 692 also has aided the implementation of a local Geographic Information System (GIS). A valuable new tool for Public Health, GIS has been used extensively to map lead surveillance, WIC data, STI case distribution, emergency response planning and analysis, vulnerable population identification and location, and identification of health disparities. Douglas County Health Department (DCHD) also

uses GIS to display vital statistics and other population characteristics on the department website and in printed reports.

- The Lincoln-Lancaster County Health Department (LLCHD) is implementing business intelligence tools including dashboard software that allows them to manage data from multiple information systems. The dashboard software allows decision makers to access information in a more efficient and timely fashion. Last year's report indicated the successful deployment of dashboard technology to display data from the Behavioral Risk Factor Surveillance (BRFSS) surveys, vital statistics (birth and death data), demographic data, and administrative data sets. During this reporting period, LLCHD has increased its capacity and ability to use the software to help monitor how well they are achieving their Department's population-based health outcomes. This year resources have supported the further development of dashboard applications by LLCHD staff and the ongoing work with the Public Health Association of Nebraska (PHAN), local health directors, and state public health data staff to improve the department's access to and use of community assessment data.
- The local public health departments are working with the Division of Public Health to collect data from school-based surveys about the health of young Nebraskans. The departments work with 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.
 - The North Central District Health Department and Elkhorn Logan Valley Public Health Department paid for an oversample of the Youth Risk Behavior Survey so that they could get a more accurate picture of the public health issues in their areas.
- Several local public health departments have formed Colon Cancer Coalitions over the past few years. 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. One strategy involved the distribution of Fecal Occult Blood Test (FOBT) kits to pharmacies and other locations across the districts. Another strategy used media campaigns to promote the importance of being screened for colon cancer.
- The Health Educator of the Elkhorn Logan Valley Public Health Department works with the local schools to complete the School Health Index (SHI) 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 Loup Basin Public Health Department are also working with some schools to complete the School Health Index.
 - As a result of utilizing the SHI tool in the West Central District Health Department, a Backpack Program was successfully implemented. The program enabled all six Title I schools within the district to provide students in need with nutritious food (including

fresh fruits and vegetables) to take home for the weekend. The program served approximately 4,229 students over the summer months.

- The 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.
- Loup Basin Public Health Department (LBPHD) conducts Hospital Influenza-like illness (ILI) Surveillance. ILI surveillance is reported through a contact with the four hospitals in the LBPHD district. These weekly surveys provide a glimpse of the illness prevalence in the LBPHD area at a particular point in time.

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.

- 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.
 - The Northeast Nebraska Public Health Department (NNPHD) uses NEDSS as the primary notification of reportable infectious diseases and investigates them as directed by the Office of the Epidemiologist. A total of 82 infectious diseases were investigated this fiscal year. In addition, an outbreak of eight cases of chicken pox (varicella) occurred in one school district in April 2011, so NNPHD organized a varicella immunization clinic where 37 children who had only one dose or no doses of the varicella vaccine, were immunized. Only one case of chicken pox occurred after the clinic.
 - The East Central District Health Department was notified via the NEDSS system of two cases of E. coli. These two cases were associated with a privately run daycare in the area. The daycare provider was notified and the appropriate education and follow up were completed. There were a total of eight children in the daycare center. Testing was attempted/completed on the other six children. The total number of cases was contained to the initial two cases that were reported.
 - 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 made it possible to reduce the frequency of outbreaks and number of children and families negatively impacted.
- The Southwest Nebraska Public Health Department has re-organized Community Preparedness Coordinating Committees (CPCC) to prepare local areas in planning, development and implementation of pandemic preparedness. These committees also plan for other disasters locally such as tornados and floods.
- Many departments investigated a variety of nuisance problems, including mold, property concerns, animals, and garbage.

- The Southeast District Health Department (SEDHD) responded to 25 nuisance complaints and worked to resolve the issues. Due to the heavy snow and rains this year, there were several calls about mold. SEDHD worked with property owners to mitigate and advised how to remove mold. In places where landlords refused to make changes, city inspectors were contacted. SEDHD informed the owners and educated them on meth regulations in the case of two properties which were seized. Neither has shown proof of mitigation, so the residences remain unoccupied.
- The North Central District Health Department (NCDHD) worked intimately with local emergency management during the Missouri River flooding (e.g., press releases on clean up and mold mitigation). They also provided communities with water mitigation efforts to prevent the spread and growth of the mosquito population in an attempt to prevent West Nile Virus. They also worked closely with neighboring health departments to coordinate their education and intervention efforts.
- 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.

Norovirus Outbreak

A Norovirus outbreak was uncovered after complaints of nausea, vomiting, and diarrheal illness following eating at a local restaurant were referred to the Four Corners Health Department by Dr. Safranek, State Epidemiologist. An investigation resulted in three confirmed cases of Norovirus. When the complaints were investigated, it was discovered that a group of 65-70 people, who had a meeting at the same restaurant the previous evening, may also have been affected. Several from this group reported becoming ill. Four Corners interviewed 13 people with and without symptoms and collected stool specimens from three with symptoms to pinpoint the cause of the illness. The manager of the eatery was very cooperative. Four Corners worked with the manager and supplied strategies to break the chain of transmission. Information on proper cleaning to include a 1:50 dilution of bleach (stronger than usual cleaning solution) was given to the manager and cleaning of the establishment was completed. Reminders about the exemption of ill food handlers from working were given. Four Corners worked with the Department of Agriculture and the Department of Health and Human Services in this outbreak.

- Public Health Solutions District Health Department (PHS) staff worked a number of potential rabies exposures over the course of the year. One of the responses included the positive rabies test of a domesticated family pet. PHS was contacted by DHHS about the positive rabies test and identified the potential exposure to the treating veterinarian, the veterinarian tech, two family members, and a child that interacted with the animal during a vet visit when the animal was potentially communicable. The response included the securing and coordinating the rabies prophylaxis vaccination for all five individuals, but most challenging was the identification of the child who interacted with the animal at the vet clinic. In order to

identify the child PHS staff worked with the vet clinic staff using the appointment book and sale receipts to trace back office visits on the specific day. In short time, PHS was able to identify, educate, and treat the child.

- The South Heartland District Health Department investigated or monitored 210 reports of illnesses, including: 30 reports of food- or water-borne illness, 25 reports of hepatitis, 7 confirmed influenza cases, 22 confirmed pertussis cases, and 120 reports of STDs. For all communicable diseases except STDs, SHDHD staff follow up to ensure that exposed contacts are educated on symptoms and the available prophylaxis to reduce the chances of developing illness, and are provided recommendations for reducing spread of the illness.
- 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.
- In its second year in Grand Island, the Nebraska State Fair grew even larger. Nearly eighty food vendors were inspected and permitted prior to opening day, with follow-up inspections throughout the 10-day event. Additionally, CDHD held a food safety class which was required attendance for State Fair food vendors. In this way, CDHD assured that State Fair purchased foods and beverages were safe for consumption.

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 (DCHD) made it possible to raise community awareness of STIs and to support collaborative activities to address the problem. DCHD's approach to addressing the declared STI epidemic in Douglas County can be described as: "Anyone, anytime, anywhere." The Health Department has taken nontraditional testing to the people, with special efforts to reach individuals where they live and go for entertainment. That means DCHD outreach staff may show up almost anywhere. They have been to bars and libraries, concerts and skating parties, the county jail and churches. Even skating parties and Halloween haunted houses are no haven from this relentless outreach program that delivered STI testing to 1,385 individuals during the 2010-2011 year.

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 that include radon and hand washing, proper dental care, and the benefits of physical activity to community members and organizations.
- The Southeast District Health Department (SEDHD) is implementing a program called Growing Great Kids in Otoe County. This scientific-based program provides prenatal parenting education and provides support, education, and home visits up to the age of three. Referrals are made through a screening tool and only those who qualify are admitted. SEDHD partners with St Mary's Hospital and Catholic Health Initiatives to provide this program.
- 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. During the past year, a total of 5,080 individuals were reached through the department's CHWs.
- Several departments, including Central District Health Department, Panhandle Public Health District, Two Rivers Public Health Department, Four Corners Health Department, South Heartland District Health Department, North Central District Health Department, Elkhorn Logan Valley Public Health Department, and Lincoln-Lancaster County Health Department, are working to help local businesses create wellness programs. These departments use a four-step process that includes identifying the health status of their workers, reviewing business priorities, preparing a written wellness plan, and implementing the plan. They provide technical and evaluation assistance to the businesses.
 - Lincoln-Lancaster works with its local worksite wellness council, WorkWell, to provide education and assistance to 125 local businesses employing more than 65,000 people. The partnership of employers, employees, and health promotion programs is making a positive difference in health indicators. Health risk appraisal trend data

among WorkWell member employees is showing a reduction in overweight/obesity, an increase in physical activity, a decrease in blood pressure and cholesterol, and other positive trends.

- In 2011, the Panhandle Worksite Wellness Council (PWWC) was formed as part of Panhandle Public Health District to share information among a larger number of workplaces in a quicker and more efficient manner. PWWC disseminated information through electronic newsletters and meetings across the region and provided facts and programming in places where most adults spend their days. Taking the information to improve Nebraska Panhandle citizen's health to the places where they already gather is a cost-effective and timely way to improve the health and well-being of community members. Several businesses have received the Governor's Excellence in Wellness Award for making their worksites healthier for Nebraska's citizens. Evidence-based programs that were implemented in the worksite provided cost savings to businesses and improved health and morale of workers.
- Thirteen departments are working to make their regions healthier through a Healthy Communities program. The departments use a health improvement program to address a local health priority. The programs focus on making improvements to health through 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 implemented the Physical Activity Comes Easy (PACE) program throughout the district. PACE promotes physical activity to adults in the community. Specifically, it promotes the Surgeon General's recommended goal of walking, at a moderate intensity, a minimum of 30 minutes a day, five days a week. The media campaign for PACE included TV commercials (720), newspaper ads/articles (27,636 people reached), billboards, banners (four locations), posters (16 locations), and speaking engagements (215 people reached) to promote physical activity. Walking logs and information sheets were distributed after the speaking engagements.
 - The Two Rivers Public Health Department have implemented the Winners of Wellness (WOW) School Employee Wellness Programs for another year in the Lexington, Alma, and Holdrege school systems and are expanding it to the Franklin Public School system. Activities held during the school year included physical activity and nutrition challenges, and contracting with Dr. Walt Larimore who spoke on topics from his book, "Eat This, Not That" in Lexington and Holdrege. Evaluations showed that participants of the WOW program lost weight and ate more fruits and vegetables. One of the participants of the WOW program shared, ***"If it would not have been for this program and the health screenings and education that it included, I would not have learned about my diabetes. I am now on medication and making changes in my diet and exercise."***

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.

- All of Nebraska’s local public health departments have organized stakeholders 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.

Collaborative Effort to Address Tuberculosis

An active case of Tuberculosis (TB), provided Two Rivers Public Health Department (TRPHD) with a great learning experience and an opportunity to work with many area partners in order to ensure proper compliance with TB regulations. A comprehensive guideline for the management of TB patients in hospital and clinic settings developed by University of California at San Francisco was delivered in June 2011 to four clinics and hospitals within the district deemed to be at increased risk for encountering TB positive patients. TRPHD staff members participated in specific TB training in nurse case management provided by CDC and Heartland National TB Center to broaden the knowledge base and improve outcomes for district residents. In addition TRPHD participates in quarterly “TB Cohort Review” calls with health departments in Nebraska and Kansas, Infectious Disease Physicians, and State TB Coordinators to review, critique, and plan further treatment options for each TB case diagnosed in either state. The purpose of the review is to improve outcomes through a collaborative approach.

- 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 Southwest Nebraska Public Health Department planned and developed surge capacity with West Central Medical Response System and hospitals to include transfer of patients and stockpile agreements.
- The West Central District Health Department participates in planning, exercising, and training Local Emergency Planning Committee (LEPC) meetings led by the Lincoln County Emergency Manager and North Central Region Planning Committee for Logan and McPherson Counties and their Emergency Managers. Through this partnership, a number of table exercises, drills, and functional exercises were completed that involved the health department, schools, the hospital, ambulance services, law enforcement officials, and local businesses.

Partnerships to Promote Physical Activity

Lincoln Lancaster County Health Department's (LLCHD) Walkability pilot project to assess the walkable environment of Lincoln's neighborhoods has evolved into a project that may be one-of-a-kind in the country. The original intent of this project was to encourage more walking and bike riding in neighborhoods as a way to help people become more physically active, decrease obesity, and therefore reduce the impact of chronic diseases. A walkability audit tool was developed and tested repeatedly for reliability, and it was used by dozens of volunteers to audit the walkable environment of more than 8,000 block faces. Partners in the pilot project included LLCHD and the City Departments of Planning, Public Works, Parks and Recreation, and the UNL Department of Community and Regional Planning. The results of the audits came to be recognized as useful not only as a way to increase walking and biking but also to improve the safety of pedestrians and bikers, to reduce vehicle traffic and improve air quality, and to identify health and safety issues on our City sidewalks. With this realization came other partners including the Mayor's Office and neighborhood associations. A concept to expand this project to include GIS mapping of all City sidewalks (more than 83,000 block faces), the development of a web-based interface where audits could be completed by volunteers and entered into a City database, and the enlistment of the public to do the sidewalk audits was presented to DHHS and was funded. This project is now in its final test phase before it is made public. What makes this project especially unique is its anticipated involvement of hundreds and, hopefully, thousands of Lincoln residents. This project was highlighted to representatives of the CDC in a site visit of DHHS.

- Elkhorn Logan Valley Public Health Department (ELVPHD) created a coalition comprised of area hospitals, clinics, and the Area Agency on Aging in addressing colon cancer in the district. The Elkhorn Logan Valley Colon Cancer Prevention Coalition disseminated 300 FOBT test kits throughout the ELVPHD service area. The department was recognized by DHHS for having one of the highest return rates (46 percent). Of those completing the test, eight were found to be positive for the fecal occult blood test and were referred for further evaluation and diagnostic testing.

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.
- 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 is working with schools in the district to help them strengthen their tobacco policies and support them in their efforts to create tobacco-free campuses.
- As an environmental strategy through “Tobacco Free in the Panhandle”, Panhandle Public Health District (PPHD) advocated for and created smoke-free policies in worksites, multi-family housing units, and on county fairgrounds. Two counties adopted policies for smoke-free grandstands and one county (Morrill) adopted a policy for the entire fairgrounds to become smoke-free. PPHD compiled a list for Panhandle citizen’s review of smoke-free multi-family housing complexes available in the region. PPHD worked with five of those landlords to make their investments smoke-free, improving not just the health of those living in the units, but also the value of the rental properties for their owners. The owners benefit by less property damage caused by fires and more attractive properties to rent to their tenants. The tenants who do not smoke also benefit from a smoke-free building because commercial air filtering systems generally remove odors but not the cancer-causing substances.
- 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.
- Elkhorn Logan Valley Public Health Department (ELVPHD) held several staff meetings to discuss action steps needed during the identified Stages of a Pandemic. As a result of the meetings, ELVPHD developed a Pandemic Influenza Response Plan. During the 2009 H1N1 Influenza event, ELVPHD heard from other Health Departments that their plans did not greatly assist them during the event. As a result, the ELVPHD Pandemic Influenza Response

Plan was added as an appendix to the new State Emergency Response Plan so the Plan could be used as a template by other local health departments across the state.

- Loup Basin Public Health Department continues to support statewide health efforts with the Smoke Free Nebraska Law. The health department provides technical support for creating policies at work places and has been active in working with business owners, law enforcement, Tobacco Free Nebraska (TFN), and county officials.

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.
- East Central District Health Department has been an active partner with the Columbus Police Department in addressing the availability of alcohol to minors. A total of 46 alcohol compliance checks were made from July of 2010 through June of 2011. During these 46 compliance checks, alcohol was sold to a minor 10 times. These checks resulted in a compliance rate of 78.3 percent overall for the two counties. Once an alcohol sale was made to a minor, the police gathered details from the cooperating individual who purchased the alcohol and later returned to the business to issue the appropriate citation. Following the compliance checks in Platte County, the businesses that successfully passed the compliance check were notified that a check was performed on their location recently and they were thanked for their compliance to the law.
- 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 28 swimming pools for compliance.

Methamphetamine Clean Up

During this past year Public Health Solutions District Health Department (PHS), worked closely with local law enforcement, county emergency management, and the DHHS Risk Assessment program on two clandestine Methamphetamine Labs, involving three residences and three garages. Local public health agencies are responsible for enforcing Nebraska’s Title 178 Chapter 24 which includes securing structures, posting appropriate warning signage and enforcing appropriate decontamination before items can be removed from the structure or people can reoccupy. Each lab bust is unique in the response required of public health. Law enforcement activity often leaves doors damaged and without a means of locking, or doors simply have no locks. PHS has utilized particle board screwed over the door opening, padlocks and door knob lockouts to secure structures and protect the public. Both labs were rental units this year, which increased the number of individuals public health worked with for enforcement and protection of the public.

- 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 129 incidents involving hazardous materials.
- When disease outbreaks occur within a school, the best line of defense and protection for other students is immunization against the illness. For the welfare of students, staff and the general public, immunization laws are extremely important, and thus abided by. Leading up to the beginning of the 2010-2011 school year, Elkhorn Logan Valley Public Health Department (ELVPHD) administration began planning for and initiating response plans in regard to the newly passed varicella legislation that required all students to show documentation of having two varicella vaccines prior to beginning school. This was initiated because ELVPHD had been receiving calls of concern regarding the new varicella legislation. Concerns from school nurses and school officials and calls from private physician clinics prompted ELVPHD to design a new model of delivery in response to this unique issue.

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.

- 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 provide 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, 500 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.
 - Linking children to essential dental services is a primary goal for Loup Basin Public Health Department (LBPHD). This year LBPHD partnered with the Office of Oral Health and Dentistry to expand services in the Early Head Start, Head Start, and preschool programs. This year, 1,665 students were screened, with 1,479 receiving fluoride treatments (up 245 from 2009-2010), and 198 being referred to a dentist.
 - Two Rivers Public Health Department continues to provide a dental program for high risk, underserved young children and pregnant mothers. Several pilot projects were funded that target high-risk mothers and young children through dental health education, preventive dental supplies, fluoride varnish, use of xylitol chewing gum, development of a surveillance and 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.
- 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 infection (STI) clinic provides both testing and treatment for STIs and works to serve the population most affected by them.
- 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 Nurses Making a Difference

Due to a problem with appointment follow up, the Northeast Nebraska Public Health Department's 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.

- The 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 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.
- The Southeast District Health Department (SEDHD) provides childhood immunizations in seven communities. Last year, SEDHD provided 2,111 immunizations to 724 children. The department also immunized staff of several schools and reached 519 adults. No child is turned away from the clinics ever if they were unable to pay for the services. Data concerning each child's records is included in a statewide electronic database that is supported by DHHS. The new web-based program is working extremely well. During the H1N1 outbreak, the SEDHD immunization clerk taught appropriate staff in these medical clinics how use the NESIIS system. As a result, when children were due for their second shots, the department had access to the records in this state database. SEDHD had a 99 percent return rate. The department has continued to access the database for all of the clinics and the clinics have found that this tool saves time. A significant number of the physicians' offices in the district no longer offer immunizations, so the SEDHD clinics become even more vital from the assurance aspect.
- The Three Rivers Public Health Department created a referral program for people without a medical home. Several community agencies partner with the department to pre-screen individuals and then notify their CallCare nurse about a person with an acute medical need. The department's nurse makes an appointment for the patient.

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.
 - The West Central District Health Department and several other departments are involved in a statewide effort to bring a coordinated Medical Reserve Corps to all of the counties in the state. The West Central Nebraska Medical Reserve Corp (WCNEMRC) was created by the West Central Medical Response System (WCMRS) organization and serves all of the counties in the WCMRS region. WCNEMRC has recruited 20 volunteers and taken on the Region II Behavioral Health volunteer roster of 150 volunteers. WCNEMRC continues to recruit, train, and organize volunteers to assist in public health emergencies and non-emergency situations.
 - This past year Public Health Solutions District Health Department provided 20 nursing students from the BryanLGH College of Health Sciences with observational experiences in public health. The students learned about services provided by Public Health Solutions, as well as public health nursing philosophy and functions. Students had the opportunity to observe nurses providing services to individuals in the community, and engage in discussions about the role of the professional registered nurse in the public health arena. One student group completed a project that involved detailed assessment of the health education needs of prenatal clients and the presentation of a health education program to that group based on the assessment. The feedback from students on their Public Health Solutions experience was entirely positive.
 - The Four Corners Health Department hosted a Technology of Participation (ToP) training in York on July 13-14, 2011. This event provided practical tools for fostering energized, productive, inclusive, and meaningful group participation. ToP is a collection of group facilitation methods created and refined by people using the methods around the world. Methods include: Focused Conversation, Consensus Workshop, and Action Planning Process. Twenty-two people participated, including community partners, National Association of County and City Health Officials

- (NACCHO) representatives, other local health departments, and a state health department employee. Those who attended from Four Corners Health Department included two staff members, the Board of Health President, the Dietician Consultant, and two MAPP Planning Team members. Staff already has implemented the methods learned at this workshop and has received positive results. This is an example of using a best practice program and expanding the capabilities of both Four Corners staff and other community partners.
- The East Central District Health Department (ECDHD) remains one out of three health departments accredited in the United States from The Joint Commission. ECDHD is currently on working on accreditation by completing the Public Health Accreditation Board (PHAB) self assessment. The Department is also working on Patient Centered Medical Home Accreditation and has completed the self assessment.
 - The Panhandle Public Health District is the fiscal agent and maintains the contract for the Panhandle Partnership for Health and Human Services' Training Academy. The training academy's mission is to build an upwardly mobile workforce with local talent by providing credible, meaningful, consistent and affordable education that results in an extraordinary service system. The academy braids funding from a variety of sources to stretch the state's educational dollar further and provides trainings for public health system workers in topics such as suicide prevention, Tai Chi, disaster readiness, conflict resolution, 40 Developmental Assets, ethics, sustainability, prevention and web graphics. Last year, the training academy multiplied the number of fulltime equivalencies attending trainings by four.
 - The Southwest Nebraska Public Health Department obtained radon measurement and radon mitigation licenses for staff members. Continuing education has been done in this fiscal year.
 - 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.
- Four local health department employees participated in the Great Plains Public Health Leadership Institute. The Institute is a one-year program developed by faculty from the University of Nebraska Medical Center, the University of Nebraska-Omaha, and the public health practice community. The program is designed to strengthen leadership knowledge, skills, and competencies in the public health workforce.
 - Health Department staff members continue to keep their licenses and certifications updated. They are also pursuing educational opportunities.

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 Public Health Accreditation Board (PHAB) Standards and Measures Program is the most comprehensive assessment and initiative for performance improvement that exists for public health departments. The Public Health Solutions District Health Department is just one of 30 departments in the country selected to field test the PHAB Accreditation tool. This accreditation project is nationally supported by the Centers for Disease Control, The Robert Wood Johnson Foundation (RWJF), the Association of State and Territorial Health Officials, the National Association of Local Boards of Health, the National Indian Health Board, the National Association of County and City Health Officials, and the American Public Health Association. This process requires a self assessment as well as an outside assessment and site visit. Results of the accreditation process will be forthcoming next year along with the department's plan for performance improvement.
- 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 staff analyzed the incidence of infectious diseases in Sarpy and Cass Counties by utilizing the data analysis software. Pertussis rates were monitored and the analysis software helped to determine which parts of cities and school districts were most often affected. Parents in those areas were then educated about infection control. The data analysis software was also used to analyze the Department's Sharing and Caring home visitation program. The data were used to determine the topics most often covered during the home visits and the demographics of the people who were visited. The Department will rely on these data to better serve the communities and provide the maternal child health services that are most needed.

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.

- Thirteen local public health departments 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 (UNMC), 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 Health Directors are continuing to work with DHHS and UNMC to develop a web-based Community Health Assessment and dashboard with County and District level data along with state and national statistics for department use as well as use by our partners and the public.

Conclusion

During the tenth year of funding and ninth 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.

Sarpy/Cass Department of Health and Wellness Helping People Receive Health Services through Home Visitations

The Sarpy/Cass Department of Health and Wellness Community Outreach Coordinator has made over 500 home visits under the Department's Sharing and Caring Program, a maternal and child home visitation program. This year, the home visitation program served 35 families. The program helped clients receive free parenting support, newborn care support, and breastfeeding support from a public health nurse, who is also a certified breastfeeding educator. The clients also received information about connections to various community resources. Successful outcomes achieved from the home visitation program have been rewarding to both the Department's Community Outreach Coordinator and to the families she has helped. Successes of the home visitation program this year include:

- The Community Outreach Coordinator and the parents of a hearing impaired child began learning basic sign language.
- Two breastfeeding mothers formed their own breastfeeding support group after discovering they didn't qualify for the WIC peer breastfeeding groups. Their group has since grown to include four mothers.
- Three breastfeeding mothers continued to breastfeed for one year.
- Parents continued to share outgrown clothing and toys with other parents.
- The Community Outreach Coordinator assisted with getting a child with a cleft lip and cleft palate into a Head Start program.



“I was \$75 away from aborting this baby or giving it up for adoption. You have helped me be successful with breastfeeding and knowing that each child I have is special.” - mother enrolled in the Sharing and Caring Program regarding the support she's received from the Community Outreach Coordinator.

South Heartland District Health Department Older Adults are Moving for Better Balance!

Older adults in the South Heartland area are clamoring to take Tai Chi classes, a proven method of improving strength, coordination, balance, mobility – ultimately protecting them from falls and helping them to remain independent longer. Injury prevention, with an emphasis on prevention of falls among elderly, was one of the emerging health priority areas identified during a community needs assessment conducted by South Heartland District Health Department in

2007. In fact, area residents identified health problems related with aging as the second most important health issue in the community, second only to cancer.

In fact, injuries are the second most common cause of hospitalization in the South Heartland area. From 2003-2004, injuries of all causes were associated with almost 2,000 hospitalizations, and falls accounted for 65 percent of all injury-related hospitalizations. Age-adjusted rate of hospitalizations due to falls in Adams, Nuckolls and Webster Counties was 27 percent, 33 percent and 22 percent higher than that in Nebraska as whole, respectively.



Tai Chi Class for Active Older Adults at Golden Friendship Center in Hastings, Nebraska

According to the Centers for Disease Control and Prevention, regular exercise is one way that older adults can reduce their chances of falling and remain independent. Exercises like Tai Chi that focus on increasing leg strength and improving balance are especially effective. So, in 2009, South Heartland District Health Department began implementing a Tai Chi program as one strategy to reduce the frequency and severity of falls among South Heartland area residents age 65 years and older.

South Heartland applied for and received funding through the Nebraska Department of Health and Human Services Injury Prevention Program to expand Tai Chi classes in the 4-county area during 2010-2011 as well as train new instructors and update training for existing instructors. Key partner *Midlands Area Agency on Aging* managed the instructors and promoted the program, which consisted of a 12-week series of classes offered once in each South Heartland county (Adams, Clay, Nuckolls and Webster). Classes were held for one hour, twice per week, and were attended by a total of 51 older adults of average age 74 years.

Loup Basin Public Health Department School Wellness Policies and Effective Wellness Programs

The Loup Basin Public Health Department (LBPHD) has been excited to assist local school districts in developing effective wellness programs and policies. The department has provided technical assistance to schools by participating on school wellness councils and by providing resources, materials, ideas, presentations, and resources to enhance school health efforts.

Ansley Public School and Centura Public Schools specifically have been very proactive in the pursuit of wellness for both students and staff members. They have addressed wellness in a variety of ways and have been recognized at the state level for their efforts.

Ansley was recognized for its wellness efforts by receiving an Action for Healthy Kids bronze award for their school-wide wellness efforts during the 2010-11 school year. This was the third year in a row that the school received an award through Action for Healthy Kids, thus proving their dedication to health and wellness. They are also one of five pilot schools in Nebraska to be participating in the Coordinated School Health Institute, which has provided one-on-one assistance and guidance in developing effective wellness programs and policies in the Ansley school district.

The Ansley School wellness advisory committee is composed of teachers, students, school board members, health department staff, UNL Extension Educators, and parents, ensuring diverse representation. The committee completed CDC's School Health Index assessment, which assessed the school's health and wellness programs and policies. The committee used the results to plan and shape their wellness program and activities for the 2010-2011 school year.

In order to ensure that their school wellness program was moving in a direction that was pleasing to staff and to parents, the Ansley School wellness advisory committee developed and distributed a "School Wellness Survey" to families. This covered the following topics: community use of school facilities for physical activity outside of school hours, interest in having a "school wellness family night," sending a piece of fruit for students to have a mid-morning snack, ideas for changes in the school lunch program, and whether or not the school provides adequate resources related to drug, alcohol and mental health programs and services. As a result of the survey, the school made a number of changes to policies and the school meal program, and also gained two new members for their wellness committee.

The school wellness team organized a Family Wellness Night in March 2011, and had over 130 people attend. The event offered a free healthy meal and over 20 different booths with wellness themes, including hand washing, physical activity (obstacle course and other various games), oral health, nutrition (milk moustache pictures, energy drink information), drug/alcohol/tobacco prevention, and more.

"Fruit Fridays" are a popular occurrence at the school. Students are given a fruit to try, along with a written fact sheet with information about that particular fruit. The goal of this activity is to introduce students to fruits that they may not access or try regularly. Staff members strive to provide students with information to make healthy choices for their meals and snacks.

The wellness team also organized a school-wide community walk in April, and planned an outdoors activity day for the elementary students in May. Additional activities during the school year included staff health screenings, presentations for staff during in-service days on topics ranging from stress management to nutrition and physical activity, and a number of staff wellness competitions and campaigns.

Central District Health Department **Dengue Fever comes to Central Nebraska**

Dengue fever is an acute febrile illness caused by a particular type of mosquito typically found in the tropics. These particular mosquitoes do not live in Nebraska. So how did it happen that five Central Nebraska residents landed in the hospital with the diagnosis of Dengue? And why would this be so important, that the CDC, DHHS, and Central District Health Department held weekly conferences for six weeks to unravel the mystery? The story unfolds...

On a mild October afternoon, the health department received a call from a local physician, asking for assistance. Over the course of the weekend, he had seen five patients in the emergency room with similar symptoms. All had high fevers, severe headaches, and general achiness with joint and muscle pain. The physician stated that all five had something else in common beside severe symptoms: They, along with 18 others had recently returned from a mission trip to Haiti. After a quick phone consultation with DHHS, health department staff proceeded to the physician's office with the objective of drawing blood samples and obtaining histories from each of the travelers in order to determine or at least narrow down the cause of the illness. Through an amazing level of cooperation on the part of the physician, his office staff, and the travelers themselves, a blood sample and a brief history was obtained from 19 of the travelers, with the rest providing blood and history within the next few days.

In the next 48 hours, five of the travelers were admitted to hospitals with severe symptoms. A conference call with Dr. Arguello, Chief of the CDC's Dengue Branch in Puerto Rico, provided valuable information related to Dengue. According to Dr. Arguello, the chief concern for those affected by Dengue is that the second Dengue infection can result in hemorrhage and shock. At the time, this presented a great concern as several of the travelers had previously been to areas where Dengue is endemic. This called for close monitoring of each of the hospitalized travelers, and Dr. Arguello made personal phone calls to physicians caring for these folks. Fortunately, all of the travelers recovered completely over time. Does the story end here? No, there is more!

As weekly calls continued, it became clear that there was much to learn and to be shared from this cluster of Dengue in Nebraska. Information gathered in months to come could and would actually reduce the risk to future travelers. Questions abounded! Why did five of the 23 travelers get so very sick, while the others whose blood tests showed that they had been exposed to Dengue have mild or no symptoms? Since Dengue and West Nile Virus (WNV) are both carried by mosquitoes and are close in their viral composition, does previous exposure to WNV influence the severity of symptoms when infected with Dengue and vice versa? Are the travelers who were exposed to Dengue at increased risk if they choose to return to the tropics and are they increased risk if they contract WNV?

Again, with an amazing level of cooperation from our mission travelers, health department staff was able to obtain additional blood specimens and additional information. While not all questions were answered, several truths emerged. There is a risk of Dengue among travelers to Haiti and effective pre-travel education is essential. Education should include risks for travel destinations, effective mosquito-avoidance practices, and steps to take if a traveler becomes ill during or soon after return.

Articles related to this disease investigation were published in *Morbidity Mortality Weekly Report*, *The Journal of Tropical Medicine and Hygiene*, and *Journal of the American Medical Association*. Local, state, and federal cooperative efforts resulted in a disease investigation that will assist in educating travelers to the tropics. The findings of this disease investigation also set the stage for future research into mosquito borne viruses that infect humans.

Douglas County Health Department **Response to Tuberculosis**

Early in May, two American born active pulmonary tuberculosis (TB) cases were reported to the Douglas County Health Department. Both involved large-scale contact investigations. One patient was a homeless man in his 50s who was hospitalized for serious heart symptoms. During the hospitalization, it was discovered that he had active pulmonary TB. The man was isolated and treatment began immediately. He remained hospitalized for many weeks before he could be declared noninfectious and allowed to return to the community.

In the meantime, the health department Nurse Epidemiologists initiated a broad-based and complex investigation to identify and test all of the contacts that were made during the time he was communicable. This investigation determined that while he was contagious, he had stayed more than two months at one local homeless shelter and occasionally at a second location. The man also had been staying at a private home during the most recent two weeks.

In general, contact investigations involve a two step process of TB skin testing for all contacts who meet the criteria for having been exposed. Those criteria include sleeping within close proximity to a contagious person. When a homeless shelter is involved, it can be very difficult to identify those who had close contact, so in the interest of protecting the public, a large group may need to be identified and tested.

At the main shelter, 83 male guests were identified as possibly having been exposed to TB. Under normal circumstances, once the skin test is placed, it also is difficult to assure homeless persons will return two days later to have the results of the test read.

Historically, this situation has required a large amount of staff time with a fairly low ability to capture accurate results. Due to these factors, the nurse epidemiologist negotiated with the state's TB coordinator and the state public health laboratory to utilize the Quantiferon TB blood test.

For this test to be used, a guest is only required to show up at the testing site once to have their blood drawn. If the results of the blood test were negative, it was not necessary to locate them again. While the Quantiferon tests can be costly, the opportunity to have many blood tests run by the laboratory at the same time made for a more cost-effective situation. The result was that many more contacts were successfully tested than usually is expected in such an investigation.

While it remained necessary to invest significant staff hours, many fewer hours were required for the successful completion of the investigation. The health department determined this type of investigation was a highly effective and cost efficient way of determining which individuals from a homeless shelter should be treated to prevent further spread into the community.

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
1111 South 41st Street
Omaha, NE 68105
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

Sally Pieper, Director
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/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
215 Pearl Street
Wayne, NE 68787
Phone: (402) 375-2200
Website: www.nnphd.org

Panhandle Public Health District

Kim Engel, Director
808 Box Butte Avenue/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
404 West 10th Street/Box 1235
McCook, NE 69001
Phone: (308) 345-4289
Website: www.swhealth.ne.gov

Three Rivers Public Health Department

Brandi Tumbleson, 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
Box 648
North Platte, NE 69103
Phone: (308) 696-1201
Website: www.wcdhd.org