

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
Community and Rural Health Planning Unit
Division of Public Health
Nebraska Department of Health and Human Services**

December 1, 2014

The Nebraska Health Care Funding Act (LB 692) was passed in 2001 by the Nebraska Legislature. This Act provides funding to local public health departments through the County Public Health Aid Program (Neb.Rev.Stat. §§71-1628.08) and assigns the Department of Health and Human Services to assist them in implementing the three core functions of public health and the ten essential public health services. The Act also requires all of the eligible local public health departments to prepare an annual report each fiscal year. These reports identify how the funds were spent to meet the ten essential public health services, including a description of their specific programs and activities.

The Nebraska Department of Health and Human Services (DHHS), Division of Public Health, is responsible for ensuring that eligible local public health departments receive the funding. The Division is also responsible for providing technical assistance and training to the departments in implementing the ten essential services. The annual reports are submitted to the Office in October of each year and staff compile a summary report.

This report provides a summary of the key findings from each of the eighteen local public health departments that have received funding, and covers the period July 1, 2013 to June 30, 2014. The report is divided into three sections. The first section reviews the organizational coverage as well as the funding and spending levels for each local health department. The second section describes the current activities, services, and programs provided by the health departments under each of the ten essential public health services. The final section contains some short stories that describe how the local health departments are improving the lives of Nebraska citizens in their communities.

Organizational Coverage

As of June 30, 2014, a total of eighteen local public health departments covering eighty-six counties were eligible to receive funds under a portion of the Health Care Funding Act, Neb.Rev.Stat. §§71-1626 through 71-1636. The list of eligible public health departments and their affiliated counties is shown in Table 1 and Figure 1. Dakota and Scotts Bluff Counties have single county health departments that do not meet the population requirements of the Health Care Funding Act. In addition, the five counties that comprise the Sandhills District Health Department do not meet the population requirements. Staff from DHHS, Division of Public Health, continue to work toward the goal of having all Nebraska 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 under LB 692 as codified in Neb.Rev.Stat. §§71-1628.08. The total amount of funds ranged from \$1,107,698 for the Douglas County Health Department to \$157,672 for the Loup Basin Public Health Department. The table also includes the amount of LB 1060^a funding distributed to each eligible health department, which was \$105,458 per department. The amount of infrastructure funding under Neb.Rev.Stat. §§71-1628.08 was based on the 2000 Census

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

because these population estimates were used when the departments were originally established. The health departments with service areas that included a population of 100,000 or more people received \$150,000. If the population was between 50,000 and 99,999, the amount of funding was \$125,000, and departments that had at least 30,000 people but fewer than 50,000 received \$100,000. The amount of per capita funds, which were based on the 2010 Census, was approximately \$1.85 per person.

Table 3 summarizes the expenditures by category for the eighteen local public health departments that were eligible for funding. As expected, expenses for personnel and benefits accounted for approximately 53.8 percent of the total expenses. The next largest spending category was public health programs which represented about 17.2 percent of the total expenses. The line item labeled “Other” includes expenses for mini-grants. The total LB 692 and LB 1060 funds expended during this fiscal year (\$7,941,424) was more than the total funds received (\$7,303,244) because some of the health departments spent carry-over funding from the previous state fiscal year (2012-2013).

Leveraging Other Funds

Although funds from the Nebraska Health Care Funding Act serve as the financial foundation for most the local public health departments, all of the departments have been very successful in leveraging other funding sources. For example, federal grant funds have been passed through the DHHS Division of Public Health to local public health departments for emergency preparedness planning, public education efforts related to West Nile Virus, the Clean Indoor Air Act, Preventive Health block grants, 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.

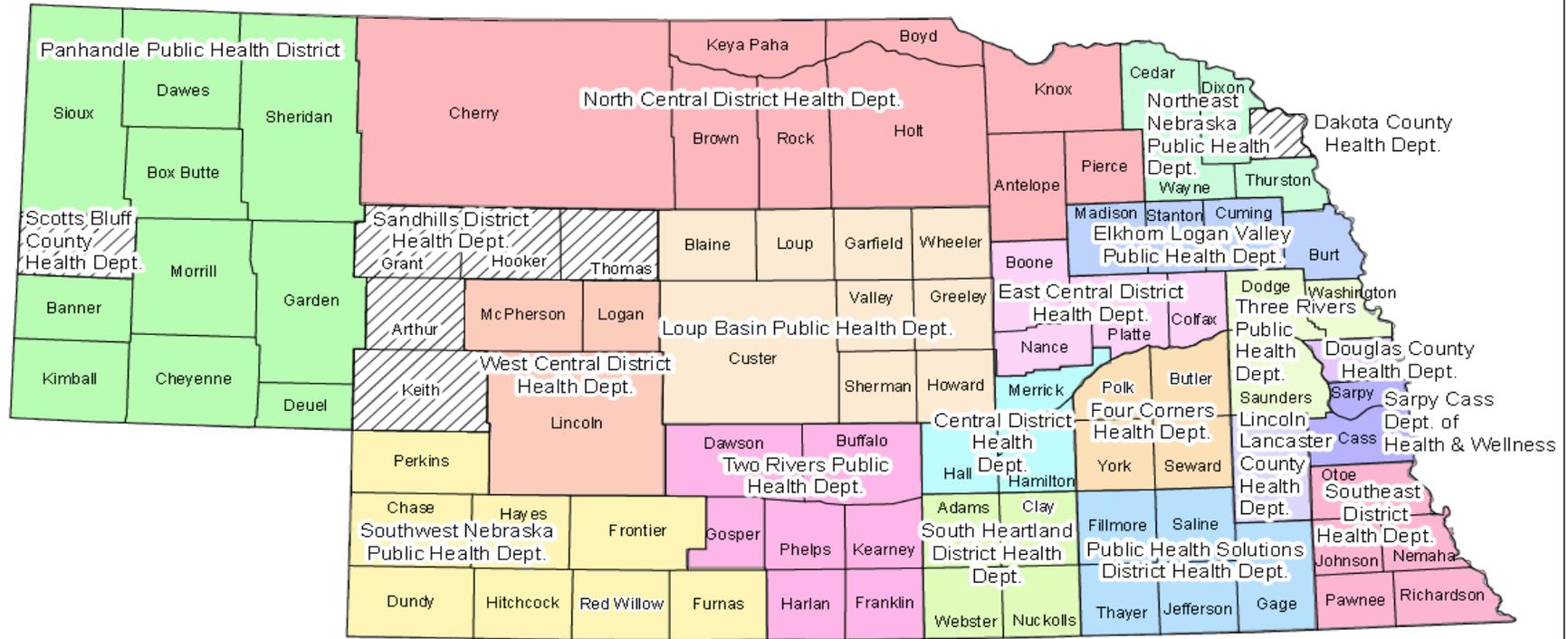
Table 1

**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

Nebraska Local Health Departments



0 50 100 Miles

Legend

 Local Health Departments that do not Qualify for LB 692* Funding

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

Source: Nebraska Department of Health and Human Services

Map Created by:
Public Health GIS Analyst
DHHS GIS 6/10

Department of Health & Human Services
DHHS
NEBRASKA

Table 2
LB 692 and LB 1060 Health Department Payments
July 1, 2013 – June 30, 2014

District Name	LB 692 Infrastructure	LB 692 Per Capita	LB 1060	Total	2000 Population used for Infrastructure	2010 Population used for Per Capita
Central District	\$125,000	\$139,968	\$105,458	\$370,426	71,141	75,576
Douglas County	\$150,000	\$957,698	\$105,458	\$1,213,156	463,585	517,110
East Central	\$125,000	\$96,290	\$105,458	\$326,748	52,400	51,992
Elkhorn Logan Valley	\$125,000	\$105,569	\$105,458	\$336,027	59,675	57,002
Four Corners	\$100,000	\$81,889	\$105,458	\$287,347	45,500	44,216
Lincoln-Lancaster	\$150,000	\$528,580	\$105,458	\$784,038	250,291	285,407
Loup Basin	\$100,000	\$57,672	\$105,458	\$263,130	33,122	31,140
North Central	\$125,000	\$85,923	\$105,458	\$316,381	51,084	46,394
Northeast Nebraska	\$100,000	\$58,129	\$105,458	\$263,587	32,976	31,387
Panhandle	\$125,000	\$94,118	\$105,458	\$324,576	53,459	50,819
Public Health Solutions	\$125,000	\$102,187	\$105,458	\$332,645	57,858	55,176
Sarpy/Cass	\$150,000	\$340,922	\$105,458	\$596,380	146,929	184,081
South Heartland	\$100,000	\$85,597	\$105,458	\$291,055	47,308	46,218
Southeast District	\$100,000	\$72,860	\$105,458	\$278,318	40,078	39,341
Southwest District	\$100,000	\$58,503	\$105,458	\$263,962	33,610	31,589
Three Rivers	\$125,000	\$143,911	\$105,458	\$374,369	74,770	77,705
Two Rivers	\$125,000	\$175,566	\$105,458	\$406,024	92,756	94,797
West Central	\$100,000	\$69,617	\$105,458	\$275,076	35,939	37,590
Total	\$2,150,000	\$3,255,000	\$1,898,244	\$7,303,244	1,642,481	1,757,540

Table 3

**LB 692 Local Public Health Departments
July 1, 2013—June 30, 2014 Expenses**

Departments:	LB 692 Local Public Health Departments	
Total Funds Received (LB 692):	\$5,405,000	}
Total Funds Received (LB 1060):	\$1,898,244	
		\$7,303,244
Total Funds Expended (LB 692):	\$6,220,790 ^b	}
Total Funds Expended (LB 1060):	\$1,720,634	
		\$7,941,424
Budget Period:	July 1, 2013 – June 30, 2014	

Line Items	Expenditures	
	LB 692	LB 1060
Personnel/Benefits	\$3,242,962	\$1,035,682
Insurance	\$219,628	
Travel	\$124,984	\$24,446
Office Expense/Printing	\$539,135	\$107,982
Communications/Marketing	\$169,413	\$33,480
Equipment/Construction	\$181,483	
Contractual	\$331,575	\$213,389
Public Health Programs	\$1,218,487	\$150,352
Other	\$193,123	\$155,303
Total	\$6,220,790	\$1,720,634
	<div style="border-top: 1px solid black; width: 100%; margin-top: 5px;"></div> \$7,941,424	

^b The total LB 692 funds spent during this fiscal year were slightly greater than the total funds received because departments reported 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 organized under the three core functions of public health: assessment, policy development, and assurance. The assessment function involves the collection and analysis of information to identify important health problems. Policy development focuses on building coalitions that can develop and advocate for local and state health policies to address the high priority health issues. The assurance function makes state and local health agencies as well as health professionals responsible for ensuring that programs and services are available to meet the identified priority needs of the population.

Additionally, the activities and programs of the local public health departments are summarized under the associated ten essential services of public health. The ten essential services of public health provide a working definition of the public health system and a guiding framework for the responsibilities of local public health partners. These functions and services are specifically referenced in the Neb.Rev.Stat. §§71-1628.04. The ten essential services include:

1. Monitor health status to identify and solve community health problems.
2. Diagnose and investigate health problems and health hazards in the community.
3. Inform, educate, and empower people about health issues.
4. Mobilize community partnerships and action to identify and solve health problems.
5. Develop policies and plans that support individual and community health efforts.
6. Enforce laws and regulations that protect health and ensure safety.
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
8. Assure competent public and personal health care workforce.
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
10. Research for new insights and innovative solutions to health problems.

During the fiscal year July 1, 2013 to June 30, 2014, considerable progress was made in the provision of the three core functions and ten essential services of public health. Every health department receiving funding under LB 692 and LB 1060 demonstrated significant improvement in both number and complexity of activities and programs during this time period. At this juncture, all of these health departments are providing the core functions and all of the ten essential services. Because of the large number of activities and programs, only a few examples from specific health departments are provided within this report. However, the individual reports of the health departments are available upon request.

Core Function—Assessment

Essential Service 1: Monitor Health Status to Identify and Solve Community Health Problems

This service includes 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 thirteen years, all eighteen local public health departments have conducted a comprehensive community health assessment and have repeated the process at least once every five years. A majority of the departments use the Mobilizing for Action through Planning and Partnerships (MAPP) approach to update their local public health improvement plans approximately every five years. 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, transportation). This process also involves input from a diverse group of community members and the development of local health priorities.
 - The last update to the East Central District Health Department's (ECDHD) Community Health Assessment was in January of 2012. The department's MAPP core work group meets every three months and oversees the process of the assessment. The core group is made up of the ECDHD Executive and Deputy Director, the four local hospital CEOs and United Way representatives. This team is well into the process of not only gathering data for their next assessment but providing that data to the research firm assisting the assessment. Over 500 written community surveys have been completed. The ECDHD has held seven focus groups in the district (English and Spanish, adult and youth) and currently has the research firm reviewing this data. The ECDHD will be reviewing the draft 2015 Community Health Assessment by the end of the calendar year with the release of the 2015 Community Health Assessment occurring in January of 2015.
 - The North Central District Health Department (NCDHD) partnered with all eleven hospitals throughout their district to complete a community health assessment. The four major focus areas identified for the district are: access to care/cancer prevention and education; behavioral health (mental health and substance abuse); chronic disease, obesity, and related health concerns; and environment/safety. The NCDHD has been working toward strategically developing and processing sustainable programs, services and education that align with their assessment plans.
 - The Northeast Nebraska Public Health Department (NNPHD) built community partnerships through the MAPP process in 2007 and again in 2011-2013. This process includes data collection from every known data set for public health, for hospitals, for community action agencies, for educational institutions, for local and regional governmental entities and other non-governmental organizations. The data are analyzed by an external evaluator and presented to all partners in large group and

small group partner meetings as a component of the MAPP process. The NNPHD and the two Critical Access Hospitals located within the health district, Pender Community Health Center and Providence Medical Center, combined resources, time and efforts to coordinate these work products for the betterment of the community. The progress is posted on the respective websites, shared at Board of Health meetings, and the respective hospital board of directors' meetings. Organizational newsletters and newspaper articles contain the updates on the status of the Community Health Improvement Plan (CHIP) and how it addresses the health priorities identified and featured in the CHIP.

- 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).
 - The Loup Basin Public Health Department's (LBPHD) partners and communities are able to access the following from its website: "Network of Care" website, Well@Work presentations and company profiles, the LBPHD's Facebook page and Twitter account, media/press releases, brochures, health fairs, and grant reports.
 - The Lincoln Lancaster County Health Department (LLCHD) supplies data from the Behavioral Risk Factor Surveillance System (BRFSS) and Youth Risk Behavior Surveillance (YRBS) surveys, Vital Statistics, Hospital Discharge Data (HDD), Cancer Registry and the Census to their partners either upon request or as part of their joint planning efforts where the LLCHD programs share the information. Health data are incorporated into the Mayor's Taking Charge objectives and are updated annually as data become available. In addition, the LLCHD has created data dashboards for the BRFSS data and, most recently, birth and death (Vital Statistics) data that are available to the public from their website. They are also working with the Public Health Association of Nebraska (PHAN) to make vital health statistics available in a dashboard for all local health departments.
- Most of the public health departments use data collected from a variety of sources to help identify significant problems, trends, or gaps in services within their districts.
 - All eighteen 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 (BRFSS) Survey for their districts. These data allow them to continue to monitor health risk factors such as tobacco and alcohol use, levels of physical activity, and seat belt use in their local areas. BRFSS data are essential in determining priorities and measuring success that will lead to a healthier community.
 - The West Central District Health Department (WCDHD) has used data collected from a variety of sources to help identify access to dental care for the underserved as a significant issue within its service area. The WCDHD hired a full time dentist on July 8, 2013. The WCDHD's full-time dentist and 1.5 full-time equivalent

public health hygienists service the vast majority of Medicaid clients in the area. Most local dentists do not accept Medicaid, and for those who do, it is on a limited basis. Having public health hygienists and a full-time dentist has improved access to dental services. However, many continue without access due to a large number of dentists who do not accept Medicaid.

- All of the local health departments worked with staff from the Division of Public Health to track and monitor various diseases such as tuberculosis, West Nile Virus, foodborne illnesses, influenza-like illness (ILI), and pertussis (whooping cough).
 - 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.
- 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 implementation of Fecal Occult Blood Test (FOBT) kit distribution to pharmacies and other locations across the districts.

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 the ability to investigate disease outbreaks and identify patterns of chronic disease and injury.

- All eighteen local health 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. In addition, the 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. Local health department employees are the foundation of the system and can intervene more quickly when there is a communicable disease or foodborne illness outbreak.
 - The Three Rivers Public Health Department's Surveillance Coordinator worked with 43 schools, 17 long term care facilities, and three hospitals to complete weekly reporting during the influenza season to track flu activity levels in their area. These organizations helped to identify when the flu hit the area, which type of virus was

circulating, and how the flu was influencing absenteeism and hospitalization rates. In addition to influenza surveillance, their Disease Surveillance Coordinator investigated five meningitis cases, 11 norovirus cases, 12 pertussis cases, 31 food-borne illnesses, and many other communicable diseases.

- The Panhandle Public Health Department's (PPHD) nurses monitor NEDSS for communicable diseases in the Panhandle. Over the past year there were 120 confirmed, probable, or suspect communicable diseases in the Panhandle from July 1, 2013 through June 30, 2014. 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, the PPHD is able to recommend measures to prevent unnecessary illnesses.
 - The Southeast District Health Department's (SEDHD) immunization clinics include all counties in the region. Last year they gave 1,526 vaccinations to 453 children. This year, they recently have been able to add the state/federal supported vaccination program for uninsured adults. The SEDHD also assists several volunteer agencies in vaccinating personnel. Vaccinations were given to 29 adults.
 - The Public Health Solutions District Health Department (PHSDHD) was able to immunize a total of 2,759 people. This included 2,333 students and 426 staff who took advantage of their on-site school clinic. The PHSDHD worked hard on a new media campaign that helped increase the overall rate of participation. The PHSDHD's highest county had a 43 percent participation rate and the lowest county had an 18 percent participation rate, which is still higher than the national average.
- Many departments investigated a variety of nuisance problems, including mold, property concerns, animals, and garbage.

Spotlight On: The Elkhorn Logan Valley Public Health Department

Responding to the Pilger Tornadoes

On June 16, 2014, several tornadoes went through Stanton and Cuming counties, with two EF-4 tornadoes destroying 80 percent of the village of Pilger. The Elkhorn Logan Valley Public Health Department's (ELVPHD) Emergency Response Coordinator (ERC), Health Director, and Assistant Health Director responded to Pilger approximately one hour after the tornadoes swept through Pilger to receive direction from the Emergency Operations Center (EOC) and begin planning their response efforts. Over the course of approximately two weeks, over 1,300 tetanus shots were given both in Pilger and via mobile units that responded to individual farms that were affected. While the process of coordinating staff, volunteers, and the mobile units had its challenges, the ELVPHD responded effectively and timely.

- 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.
 - The Northeast Nebraska Public Health Department (NNPHD) experienced a year of historically unrivaled disasters as tornadoes hit its district in October 2013 and again in June 2014. The NNPHD was able to respond to these disasters by immunizing tornado victims and volunteers with tetanus booster shots, distributing informational flyers, providing sanitary hand wipes and mosquito wipes with DEET to volunteers, translating important public health messages to Spanish, activating the Behavioral Health Disaster Plan through Region IV Behavioral Health System, and working with City, County, and State Emergency Management Systems to address important public health safety issues. In addition, the NNPHD located seven vulnerable families whose homes were destroyed by the tornado in June 2014 and provided support with interpretation, lodging (both temporary shelter and permanent housing), replacing prescriptions, finding resources for tornado victims, getting volunteers to help sift through and salvage the remains of their belongings, obtain food, replace clothing, transportation, and more.
 - The Two Rivers Public Health Department (TRPHD) staff serves on the TRIMRS (Tri-Cities Medical Response System) Exercise Design Committee. As part of this group, the TRPHD has helped to facilitate five Active Shooter exercises and one tornado/power outage exercise with district hospitals and local law enforcement. The TRPHD participated in a behavioral health table top, a Pan Flu Scramble with the CDC and local partners, and a statewide tornado drill. They also conducted three seminars for staff on emergency response, strategic national stockpile, and incident command.
 - Many of the local health departments contributed to the Pilger tornado response by transferring their stock of adult Tdap vaccine to the Elkhorn Logan Valley Public Health Department which was coordinating tetanus vaccination for responders and residents involved in the cleanup.

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. The departments also help both health professionals and the general public stay informed on how to make healthy choices. In addition, all health departments provide educational information about larger public health issues ranging from radon and hand washing to dental care and the benefits of physical activity to community members and organizations.

- The Panhandle Public Health District is continuing to implement the National Diabetes Prevention Program (NDPP). The NDPP program aims to prevent obesity and type II diabetes. During the program, participants meet weekly for approximately 16 weeks, then monthly for the remainder of the year. Participants keep track of their food intake and physical activity and work with a Lifestyle Coach and the participant group to overcome barriers to a healthy lifestyle. The program is open to anyone with pre-diabetes. Through 24 community partners, the NDPP has served participants from all 11 counties within the panhandle, with 31 Diabetes Prevention classes launched. Almost 7,000 total classroom hours have been taught to the 475 participants from the beginning of the September 2013 to this point. The NDPP is seeing success in partnering with the Panhandle Worksite Wellness Council businesses to offer the classes to their employees through their worksite wellness programs. There have been 18 contracts with local businesses to offer the classes to their employees.
- The Southwest Nebraska Public Health Department (SWNPHD) kicked off their 11th annual Walk to Health program in April 2014 and was completed at the end of June. This program lasts for 12 weeks and is open to residents of all ages in the health district. The 350 participants lost a total of 198.5 pounds, lost 145.3 inches, and walked 450,050 minutes. Overall, participants became more active, sustained a higher level of activity, as well as weight and inches lost for those that had that particular goal.
- The Douglas County community counts on the Douglas County Health Department (DCHD) to provide Sexually Transmitted Disease (STD) prevention and education. The DCHD's STD Program provides STD screenings and compiles data on the diseases that are currently afflicting the most people. Over the past year, 13,188 community members received STD prevention education.
- The Lincoln Lancaster County Health Department has coordinated the Summer Food Service Program (SFSP) in Lincoln for 34 years to provide nutritious meals to children living in the highest poverty areas of Lincoln. This program helps address the health issues of poor nutrition as well as the issue of childhood obesity, especially by the provision of nutritious, low-fat, properly portioned meals and through nutrition education. In 2014, approximately 3,000 children at 37 sites received 88,736 meals over a 10 week period. In addition to the meals, the children receive education on eating healthy and being physically active.
- The Central District Health Department continued to implement their sugar-sweetened beverage campaign designed to increase awareness of the health concerns related to consumption of "empty-calorie" beverages such as soda. The campaign is entitled, "Rethink Your Drink." Accurate information is distributed to the general public through various media outlets in an effort to increase the thought given to beverage choices, thereby reducing empty calories that lead to excess body fat.

- Several local health departments utilize Community Health Workers in an effort to conduct health promotion and outreach activities, and to increase the health knowledge of communities.
- Several departments are working to help local businesses create wellness programs. These departments use a process that includes a review of the health status of their workers, a review of business priorities, a written wellness plan, and implementation of the plan. They provide technical and evaluation assistance to the businesses.

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 Douglas County Health Department (DCHD) successfully worked in close partnership with the Healthy Communities Institute to develop the Health Matters in Douglas County Nebraska website which hosts the Community Health Improvement Plan (CHIP) and quarterly progress reports. The DCHD will continue to administer and update the Healthy Communities Institute platform to enhance capabilities and to effectively tell the story of this initiative. The Health Matters in Douglas County Nebraska website was described as one of the many innovative sites often showcased by the Healthy Communities Institute for how the Douglas County community is making the Community Health Improvement Plan process transparent and easily accessible.
 - The Southwest Nebraska Public Health Department’s (SWNPHD) public health nurse has made an impact with the Department’s Vaccines for Children (VFC) program. VFC clinics are now held on a monthly basis in the following communities: Cambridge, Curtis, Hayes Center, Trenton and McCook. The SWNPHD’s partner is the Community Hospital of McCook with its two clinics in Trenton and Curtis. All of these sites provide vaccines free of charge. These had previously been bimonthly clinics.
 - The Elkhorn Logan Valley Public Health Department’s (ELVPHD) Behavioral/Mental Health initiative is focusing on increasing the access to behavioral/mental health services in the ELVPHD health district. The ELVPHD’s Director is the key organizer of the Northeast Nebraska Mental Health Coalition. This

Coalition has roughly 35 members that represent nearly 20 agencies. As the project grew, the ELVPHD's Director invited three other professionals to join the effort and to become a part of the steering committee. As such, the other agencies involved in the leadership of this project include: Midtown Health Center (FQHC), University of Nebraska Medical Center College of Nursing—Northern Division, and Region IV Behavioral Health System. The three main foci of this coalition have been to 1) Integrate behavioral/mental health services into primary practice clinics and to better coordinate case management duties with other agencies providing similar services, 2) Education—providing continuing education units and continuing education for existing health care providers as well as expansion of the curriculum to allow for advanced practice registered nurses to receive their psych endorsements locally in Norfolk, and 3) General awareness of mental health issues—working on community acceptance of behavioral health needs, standing up to the stigma, and bringing awareness regarding the commonness of mental and behavioral health issues, as well as the risks associated with “ignoring” the problem and encouraging early detection and referral.

- The health departments continue to maintain their preparedness for public health emergencies. Emergency response planning efforts have required the establishment of partnerships between various organizations and agencies. Emergency response planning is inclusive of all foreseeable emergencies, including pandemic influenza. New partnerships with hospitals and health care providers are continually being established.

Spotlight On: The West Central District Health Department

Access to Healthcare (Dental, Mental, and Primary Care)

As identified in the Community Health Improvement process, very few dentists in the West Central District Health Department (WCDHD) district accept Medicaid and those that do only serve on a limited basis. In 2012, data from Great Plains Regional Medical Center confirmed that over 200 patients sought care at the Emergency Room for dental pain that year. Although the WCDHD's Dental Clinic has been in operation since the fall of 2006, there was a period from 2010-2012 when a gap in dental coverage existed. Beginning July 1, 2013, the WCDHD was able to employ a full time dentist to address this access to care issue. The full-time dental staff at the WCDHD has implemented an emergency walk-in hour every day Monday through Friday to provide equal opportunity access to emergency care. Referrals to the WCDHD dental emergency walk-in clinic are received daily from the local hospital and dentist offices from surrounding communities whose dentists do not accept Medicaid insurance. The WCDHD was able to treat approximately 500 walk-in emergency dental patients from July 2013 to June 2014 with an estimated 5,000 total dental visits during the year.

- All local public health departments are involved in their regional medical response systems. The purpose of the medical response systems is to bring together representatives from 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.

- All local health departments continue to implement evidence-based strategies as part of their work with community-based partners across their districts.

Essential Service 5: Develop Policies and Plans 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.
- All departments work with their communities to propose and implement public health policies that improve population health and reduce disparities.
 - The Two Rivers Public Health Department partnered with the Nebraska Department of Education and hosted a school wellness and policy workshop. The workshop educated 26 school employees from eight local schools about the importance of designing specific wellness policies, creation of a policy, and implementation of the new Department of Education wellness policy guidelines. Upon conclusion of the workshop, participants were given ideas for new policies and are given a stipend if they complete a work plan and a policy change narrative. All of these schools provided documentation of specific wellness policies and plans that were adopted by their schools after participation in the workshop.
 - The Panhandle Public Health District (PPHD) continues to work with upwards of 40 businesses reaching one in five employed people in the Panhandle region through the Panhandle Worksite Wellness Council. The department continued to create and enhance council offerings ultimately impacting population-based health through organizational policies, systems, and environments by providing ongoing training and educational opportunities, resources, and technical assistance. The PPHD has provided direct technical assistance in the past year to ten council worksites to build policies and/or environmental supports in the areas of tobacco-free, nutrition, physical activity, or breastfeeding.

- Most local health directors help develop needed health policy changes at the local level by helping to draft ordinances and meeting with the appropriate local government officials.

Spotlight On: The South Heartland District Health Department

The South Heartland Area Drug and Alcohol Policy Team

The South Heartland Area Drug and Alcohol Policy Team completed a policy proposal for the final Health Policy Academy Symposium at UNMC College of Public Health. The team will be recommending that Area Substance and Alcohol Abuse Prevention and the local Community and College Task Force bring a model code of conduct policy to area schools for adoption and implementation using the Life of an Athlete/Pure Performance approach to alcohol and substance abuse prevention.

- Local health departments continue to work to improve outcomes for their public health programs by implementing quality improvement initiatives within their departments. Quality improvement (QI) is an ongoing and continuous effort to achieve measureable improvements in the efficiency, effectiveness, performance, accountability, and outcomes of public health programs to improve the overall health of the community.
 - The Four Corners Health Department’s Quality Improvement Team has implemented a QI Plan created in the previous year. The team meets regularly. The first project was to evaluate each program/contract/grant being implemented. The programs were evaluated on their community impact, how they fit within the Community Health Improvement Plan priorities, and sustainability. This gave insight into the need for continuation and the resources required. These assessments will be used for future programmatic planning. The QI Team has worked on policies through the self-assessment process and has begun to put a performance management plan into place.
 - The East Central District Health Department has had a QI plan and process in place for the past 11 years. The plan is updated at a minimum every three years although most recently it has been updated nearly twice every year during the Quality Council meetings which are held monthly. The department’s QI efforts are quite robust including over 100 performance measures among the many departments in the agency which requires every department to conduct a QI project at least once a year along with regular metric tracking. The QI process is one of the items that the department is often cited on favorably when undergoing site visits. During the past year select staff have attended QI training and the department continues to drive quality forward in every department.

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 educate members of their communities on public health laws, policies, regulations, and ordinances, and how to comply with them. For example, many local public health departments conduct review visits for compliance with Nebraska’s Clean Indoor Air law. Along with inspections and review visits, the departments help raise awareness of the requirements by providing educational materials to businesses.
 - The Sarpy Cass Department of Health and Wellness conducted inspections of public swimming pools in Sarpy County. Under the guidance of the DHHS Swimming Pool Program, department staff inspected 48 swimming pools for compliance with Nebraska Regulation Title 178 Chapter 2: Operation and Management of Public Swimming Pools.
 - The Central District Health Department (CDHD) provides food vendor inspections and permits for the Nebraska State Fair, as well as for all food vendors in Hall County. They also provide well and septic inspections for real estate sales. The CDHD inspects and permits garbage trucks, small animal vendors, and swimming pools to assure compliance with state and local laws and regulations.
 - The North Central District Health Department conducts investigation and follow-up on nuisance complaints, provides resources and direction regarding ordinances, and provides information and guidance on issues relating to the Landlord/Tenant Act.
 - The Loup Basin Public Health Department is working with Tobacco Free Nebraska, county officials, law enforcement, and business owners to educate and inform them on how to comply with the Clean Indoor Air Act. Forty-four calls on the topic of tobacco were taken with education and cessation support materials mailed out.
- Local public health departments continue to educate medical providers on adherence to Nebraska’s reportable disease requirements. Reporting aggregate disease information back to the local communities is essential for public awareness and safety.
- Many of the eighteen local health departments partner with local law enforcement agencies to address the availability of alcohol and tobacco to minors.
 - The East Central District Health Department (ECDHD) has two programs, the Tobacco Prevention Program and the Youth Substance Abuse Prevention

Program, that work to address this problem. Tobacco compliance checks were conducted in two counties in the ECDHD service area. A total of six businesses had tobacco compliance checks conducted in their facilities from July 2013 through June 2014. These checks resulted in a compliance rate of 86 percent. Five alcohol compliance checks occurred during the year with a 91 percent compliance rate.

- The Panhandle Public Health District contracts with the Nebraska State Patrol and the Scottsbluff Police Department to complete two rounds of tobacco compliance checks throughout their service area. During the twelve months of this report, 192 checks were completed, with a 92 percent compliance rate.
- Many local health departments work with local child care agencies, school systems, and the general public to help ensure adherence to applicable laws and regulations focused on the health and safety of children.
 - The Three Rivers Public Health Department is the lead agency for “Safe Kids Three Rivers” and focused on the issues of preventing distracted driving, bike helmet use, and car seat safety during the past fiscal year. Through operating car seat inspection sites at both of their clinic locations and by hosting car seat safety events in the community, the department inspected 174 car seats for proper installation. Of these 174 seats, 138 of these seats were provided to low-income families. Parents are also taught that children up to the age of six years old must be in approved child safety seats and that anyone in violation of this law can be cited, even if they get cited for nothing else.

Spotlight On: The Lincoln-Lancaster County Health Department

Health and Safety Training for Child Care Staff

The Lincoln-Lancaster County Health Department and its Child Care Health Consultation Services division is tasked with educating child care centers in the community about the Lincoln Municipal Code 8.14, which requires health and safety training for child care staff every two years. Six hundred eighty-three child care staff attended the Health and Safety Training this year, which included information such as illness prevention and exclusion, diapering, hand washing, food safety, health laws, policies and regulations. The training was redesigned in 2013 to be more of an interactive experience for those attending. The training emulates an actual child care health and safety inspection, which is used to regulate child care facilities.

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.

- Local health departments are continually working to improve access to medical, dental, and behavioral health care for disadvantaged individuals in their districts.
 - Many local health departments continue to identify the lack of access to dental services in their service areas as a significant issue for the people in their districts. Several departments continue to expand and maintain dental services for residents with lower incomes. The Two Rivers Public Health Department's (TRPHD) Young Children Priority One Dental Program has provided 3,164 fluoride treatments and 1,675 sealants to high risk children and adults. The TRPHD was able to provide services to 2,877 children and 505 adults. The majority of those served are from minority populations, have no insurance or utilize Medicaid. Many of the children are under the age of three and would not be seen in a dental office. The program has maintained a 98 percent approval rating with the clients that it serves.
 - The Public Health Solutions District Health Department's Healthy Pathways consortium is intended to improve patient health outcomes, increase access to quality health care in the most appropriate setting, and reduce inappropriate use of hospital and health resources through working partnerships among health care providers and patients. Healthy Pathways is conducted through a collaborative, enhanced case management program. This case management for clients with complex medical issues is conducted by public health nurses in collaboration with health care providers, social workers, medical clinic staff, nurses, and other community agencies. The goal of case management includes: a) Increasing client self-care; b) Increased use of preventative services; and c) Increased use of a medical home for primary care.
 - The Elkhorn Logan Valley Public Health Department's (ELVPHD) established Colon Cancer Prevention Coalition distributed 321 Fecal Occult Blood Test (FOBT) kits at pharmacies, senior centers, health care clinics, and libraries. The ELVPHD was also recognized by Nebraska DHHS for having the highest FOBT return rate in the state among colon cancer coalitions the previous year at 58 percent.
 - The Sarpy Cass Department of Health and Wellness Senior CARE program offered reduced cost foot care clinics at senior centers throughout Sarpy and Cass counties. A total of 263 clients attended these clinics. An estimated \$11,870 was saved by these clients (based on average co-pay amount at a physician's office).

- The Three Rivers Public Health Department experienced significant growth in the number of patients seen in their Title X reproductive health clinic. The department increased the number of patients by almost 30 percent. Along with providing annual exams, and contraceptive and fertility counseling, the clinic provided 388 Sexually Transmitted Infections (STI) tests and 100 HIV tests. Approximately 74 percent of those served in the clinic do not have health insurance.
- All of the local health departments partner with DHHS on enrolling qualifying women in the “Every Woman Matters Program.” This program assists uninsured or underinsured women in accessing their annual health check-ups if they meet income eligibility guidelines.
- The Central District Health Department (CDHD) was integral in making the Heartland Health Center (federally qualified health center) a reality in February 2014. The CDHD continues to partner with Heartland Health Center and Third City Community Clinic (a free clinic staffed largely by volunteers) to assure gaps are being addressed without duplication of services. The CDHD partners with Third City Community Clinic in providing the public health dental hygiene program that takes place in the department’s Woman, Infants, and Children (WIC) area. The Public Health Dental Hygienist spends time weekly in the CDHD’s WIC clinic, seeing young children and their parents and providing teaching and dental hygiene services.

Spotlight On: The Douglas County Health Department

Direct Observed Therapy for Tuberculosis (TB) Patients

The Douglas County Health Department (DCHD) closely follows, investigates, and provides directly observed therapy (DOT) for active pulmonary and non-pulmonary TB infections. Directly observed therapy is the standard of care and policy of the Nebraska Tuberculosis Control Program. It assures that all TB medications are taken as prescribed. The benefits to DOT visits are: curing disease, preventing transmission, preventing drug resistance, and continued health assessments. Even with those benefits there are challenges and barriers, including intolerance to medication, side effects of medication, patient non-compliance, and the time required to provide quality patient care.

For fiscal year 2013, the DCHD identified 11 foreign-born TB cases of active pulmonary disease and non-pulmonary disease. A total of 833 DOT visits were completed, for the 11 cases, with a quarterly average of 208 DOT visits. Each case was visited daily during the course of his or her treatment to make certain compliance was maintained with treatment requirements. That allowed the DCHD to assist in rendering a patient as non-infectious.

- Several departments either directly provided or contracted with other agencies to expand funding for public immunization programs. They also provided cholesterol and blood pressure screenings. For example, in the West Central District Health Department's (WCDHD) jurisdiction, there are over 20 medical clinics and only four of those medical clinics provide immunizations. Although these medical clinics provide some immunizations, they do not necessarily provide all of the Advisory Committee on Immunization Practices (ACIP) recommended immunizations. The WCDHD is consistently the only clinic in their jurisdiction to offer all of the ACIP recommended immunizations.

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.

- Nearly all of the local health departments are preparing for Public Health Accreditation through the Public Health Accreditation Board. Public Health Accreditation provides valuable, measurable feedback to health departments on their strengths and weaknesses. In addition, accreditation provides an opportunity to improve the quality and performance of various programs within the local health departments and requires a workforce development plan.
- Many local health departments are using a variety of techniques to evaluate staff members' public health competencies and to address any deficiencies present.
 - The Two Rivers Public Health Department received their Public Health Core Competency report from the UNMC Office of Public Health Practice training and education survey and will be utilizing these results and the 2014 revised Core Competencies to develop a Workforce Development Plan. This Plan will identify mandatory trainings that all staff must complete such as Incident Command trainings and Health Insurance Portability and Accountability Act (HIPAA); as well as position-specific trainings.
 - The Southeast District Health Department (SEDHD) staff have been trained in Culturally Linguistically Appropriate Services (CLAS) standards this year. Key positions that develop information attended training on health literacy. Health literacy training was also held at the SEDHD facility for staff.
 - In January 2014, staff of the Sarpy Cass Department of Health and Wellness completed the Public Health Foundation's Competency Assessment for Public Health Professionals. The department used these data as a starting point in identifying the professional development needs of the staff. A draft Continuous Quality

Improvement Plan and a Workforce Development Plan were developed in the spring of 2014. Implementation of the plans will begin in the fall of 2014.

- 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 online webinars are used for trainings to save on travel costs.
 - The South Heartland District Health Department's public health risk coordinator attended a Mass Fatality Management Training presented by Nebraska DHHS. It outlined the roles and responsibilities of all governmental agencies and some private companies during a Mass Fatality Event. The public health risk coordinator also attended a course on Mass Antibiotic Dispensing hosted by Nebraska DHHS. The course included coordination of points of dispensing, transport of antibiotics, and calculations needed to insure all people in the district receive medical countermeasures within 48 hours.
 - The East Central District Health Department's (ECDHD) staff take part in an annual training in June. The main focus of the all staff training in June 2014 was customer service. Training also included the topics of: Adult/Child Abuse provided by Health and Human Services, Cultural Competency provided by the Latino American Commission of Nebraska, HIPAA and Ergonomics provided by the local hospital, Drug/Alcohol Abuse provided by law enforcement, Bloodborne Pathogens provided by Good Neighbor Community Health Center staff, Handwashing provided by the ECDHD staff, and Fire Safety, Material Safety Data Sheet, Tornado, and Emergencies provided by the facility manager of the ECDHD.
- Health department staff provided many educational materials, information, and training to other members of the public health workforce.
- Many of the local health departments have participated in the Great Plains Public Health Leadership Institute. The Institute is a one-year program conducted by faculty from the University of Nebraska Medical Center 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 additional educational opportunities for professional development.

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 statewide effort involves a partnership between the local public health departments and the Division of Public Health.
- As mentioned previously, many of the local health departments continue to prepare for national accreditation through the Public Health Accreditation Board (PHAB). The purpose of national accreditation is to advance the quality and performance of health departments in order to improve service, value, and accountability to stakeholders. Additionally, the local health departments continue to implement quality improvement initiatives in an effort to improve program efficiency.
 - In July of 2013, the Elkhorn Logan Valley Public Health Department conducted a quality improvement project aimed to increase Fecal Occult Blood Tests (FOBT) kit return rates from the 40 percent baseline to 50 percent. FOBT kits were monitored to determine if kits that had been picked up had been returned. Calls were made to participants who had picked up kits but had not returned them after three weeks. Up to three calling attempts were made and logged. This process continued through September 2013. At the end of the project, the return rate was calculated to be 55 percent, which exceeded the goal.
 - The Two Rivers Public Health Department’s (TRPHD) staff identified school participation in the DHHS School Illness Surveillance program as needing improvement. In 2012-2013, 20 schools participated in the TRPHD school illness surveillance program and none of them reported every week. Before the beginning of the 2013-2014 school year, the TRPHD staff personally visited all of the schools to discuss the program along with providing multiple resources and information that would be helpful to them during the upcoming school year. Each week, during the months of School Surveillance, the TRPHD provided timely and relevant information along with a reporting sheet to each school. DHHS School Illness Surveillance ended the last week of April 2014. Most of the 53 schools that participated in school surveillance did a good job of reporting almost every week. Eight schools sent their school illness reports every week and were awarded certificates of appreciation. This was an improvement of 265 percent on the number of schools participating and a 14 percent improvement on the number of schools that reported every week.
 - The Panhandle Public Health District’s Panhandle Worksite Wellness Council conducts annual evaluations to assess the workplace policies that have been implemented by businesses in the Panhandle and how those policies have impacted the health of employees. To identify workplace policies, they asked individuals responsible for wellness implementation at their respective worksites to complete a wellness survey.

- The South Heartland District Health Department's Quality Improvement team has been leading a project to improve departmental and staff efficiency, with a goal of cost savings and ultimately improving the department's ability to assist partners and the public. Staff have begun naming documents based on new naming conventions proposed by the QI team and have begun reorganizing files on the shared computer drive following a new organizational structure which will make it easier to find documents.
- The local health departments consistently evaluate the evidence-based programs, presentations, and services that they provide to their communities.
 - The Community Health Worker model is strongly supported as an evidence-based practice and many studies have supported its effectiveness in facilitating improvements in health status and quality of life in rural communities. The goals of this program are accomplished by utilizing Community Health Workers (CHW) who are bilingual and will act as a link between health care services and the target minority populations to educate, translate, interpret, and assist families in finding and accessing services available. Currently, the West Central District Health Department (WCDHD) has one CHW dedicated to this initiative. The CHW educates and assists individuals and groups in gaining control over their health and their lives, promotes healthy living by providing education about preventing disease and injury, and helps community residents understand and access formal health and human service systems. The CHW serves as an outreach worker, advocate, translator, educator, mentor, role model, counselor, and community organizer.
 - The Central District Health Department's (CDHD) CHAMP (Choosing Health and Maximizing Prevention) Program, working with an outside evaluator has clearly established measures of outcomes and processes. The CATCH and Discovery Kids Programs are evidence based and evaluation is included in the curricula. The CDHD worked with its evaluator to develop tools to measure effectiveness of the adult portion of the CHAMP Program.
 - The Lincoln Lancaster County Health Department's Information Management and Health Data staff developed reports and tools for supervisory and front-line staff using the evidence-based program – Healthy Families America. The dashboard and data feed from the department's electronic medical records allow supervisors to monitor how their staff are meeting regular benchmarks. It also provides staff with planning tools to improve their ability to schedule activities to meet the benchmarks.

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.

- Many of the local public health departments received grants from the Division of Public Health to implement comprehensive evidence-based interventions that address one of their local health priorities. These departments are using innovative evidence-based approaches to address health problems such as poor nutrition practices and low levels of physical activity.
- 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 of the PBRN. Additionally, the local public health departments are working with the PBRN to conduct research studies on the public health workforce, quality improvement, and accreditation in Nebraska. They have completed surveys that contribute to the study.
- The Institute of Medicine (IOM) contracted with researchers to do case studies of health literacy in three states: Louisiana, Arkansas, and Nebraska. The Northeast Nebraska Public Health Department's Health Director and the Nebraska Association of Local Health Directors' (NALHD) Executive Director attended a workshop where the case studies were presented to the IOM.
- The Lincoln-Lancaster County Health Department is part of a multi-City Department team that was instrumental in establishing a Complete Streets policy for the City and is now implementing that policy on Lincoln street projects. The Complete Streets strategy is an evidence-based strategy supported by the physical activity section of The Community Guide. The Complete Streets policy was established to direct planners and engineers to design transportation projects that begin with the goal that the street network will be used by drivers, transit users, pedestrians, and bicyclists. Complete Streets policies are intended to incorporate all forms of traffic and to move that traffic safely.
- The South Heartland District Health Department (SHDHD) agreed to provide SHDHD financial and employment data to UNMC College of Public Health researchers so that they may pilot a study on the economic impact of public health. This research is at the request of the Nebraska Practice-Based Research Network steering committee and, once the methods are worked out, would use data from all of the LB 692 health departments to conduct the full study.
- The Four Corners Health Department's (FCHD) Executive Director, Assistant Director, and Public Health Nurses have all participated in interviews for Public Health Students, Community Health Nursing Students, and other scholars to share information about Rural Public Health. The goal is to improve the crossover knowledge of academia and those working in public health.

Conclusion

During the thirteenth year of funding and twelfth full year of operation, continuing progress has been made to strengthen local public health departments throughout the state. All departments (receiving LB 692 and LB 1060 funding) 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 public 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 promotion and disease prevention programs. Finally, considerable progress has been made in the areas of evaluation and research as health departments evaluate their own 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 make changes that improve the quality of their work and eventually meet the standards of the Public Health Accreditation Board.

Public Health Stories

The following short stories are 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.

Public Health Accreditation – The East Central District Health Department

The East Central District Health Department's (ECDHD) most substantial accomplishment this year was the submission of their documentation to the Public Health Accreditation Board (PHAB). The ECDHD is the first local health department (LHD) in the state that has submitted all of its documentation to the accreditation board, submitting in May 2014 after 12 months of preparation. They are proud of this and all of the work and time it took for this to occur. At this time, PHAB site reviewers have been assigned to the agency and they are reviewing the documentation that the ECDHD uploaded. The department anticipates a site visit early in the first quarter of 2015.

The impact of preparing for PHAB accreditation on the ECDHD staff and ultimately on the work their staff conduct is significant. The process of selecting and preparing documents that best represent what PHAB requests is one that spurs the LHD to assess where they are at and where they want to be with each measure. For example, ECDHD staff have been conducting alcohol and tobacco compliance checks for a number of years and have the data from these checks. They've shared the results of the compliance checks internally with their program managers, quality assurance team, senior leadership and their board of health. After compliance checks they create and publish an article for the largest local newspaper that indicates what the results of the checks were. The ECDHD also tracks the compliance check rates on their quarterly performance measures. These are all fine tasks to do. What the department realized in preparing for PHAB, is that though they do all of the things listed above, what they haven't done is to prepare an Annual Tobacco or Alcohol Compliance Report and provide it to the public, their partners, or their funders. This is an example of only one 'aha' moment that the department experienced through the PHAB readiness process. Though they do many, many things well, there is always room for improvement and PHAB helps LHD's to see this. Preparing for PHAB has helped the ECDHD to see where they can improve, where they have gaps or where they need to set a protocol in place. Ensuring that they take that additional step to provide the best service, the best outcome for their public and those they serve is what PHAB has helped them to visualize. The PHAB process has been well worth the time and effort involved.

The Panhandle Worksite Wellness Council – The Panhandle Public Health District

The Panhandle Public Health District (PPHD), which serves more than 50,000 residents in 10 counties of the rural Nebraska panhandle, collaborated with the Scotts Bluff County Health Department in 2011–2012 to engage more than 760 people in an assessment and community health improvement planning process guided by recommendations from CDC, the National Prevention Strategy, and *Healthy People 2020*. The Community Health Improvement Plan that resulted is aimed at strengthening the regional infrastructure for cross-sector action to increase

the number of Panhandle residents who are healthy at every stage of life. The majority of strategies in the plan focus on creating supportive environments in worksites, schools, and child care centers. Recognizing that workplace conditions have a major impact on physical and mental health, the PPHD has developed extensive programming in collaboration with employers. The Panhandle Worksite Wellness Council, a collaboration of the PPHD and over three dozen employers whose reach ranges from local to National, serves as a conduit to enhance policies, systems, and environmental supports in the workplace so that the healthy choice becomes the easy choice. Members of the Worksite Wellness Council are advancing NPS recommendations in the following areas:

Healthy Eating:

- Offering water and diet drinks in company refrigerators
- Adopting healthy meeting guidelines to increase fruit and veggie offerings
- Providing a room, refrigeration, and time for breastfeeding mothers to express their milk

Physical Activity:

- Using break time for physical activity
- Providing walking workstations

Injury and Violence Free Living:

- Implementing distracted driving policies

Mental and Emotional Well-Being:

- Creating flextime policies to better balance personal and work obligations

Clinical and Community Preventive Services:

- Hosting evidence-based programs like the National Diabetes Prevention Program directly on site

Tobacco Free Living:

- Establishing tobacco-free campuses

One in five employed persons in the Panhandle benefits from the implementation of these worksite wellness initiatives. The PPHD also supports people's ability to take an active role in improving their health. The National Prevention Strategy's (NPS) health literacy recommendations prompted the PPHD to participate in the Nebraska Association of Local Health Directors Rural Opportunities Project. This project provides training and technical assistance for area health care and social service providers to implement components of the National Action Plan to Improve Health Literacy.

The PPHD Director, connects the importance of NPS recommendations for Empowered People with the worksite wellness and health literacy initiatives, stating: "PPHD is working to empower Panhandle residents to have the knowledge, ability, resources, and motivation to make healthy choices."

National Prevention Council, *Annual Status Report*, Washington, DC: U.S. Department of Health and Human Services, Office of the Surgeon General, 2014. Available at http://www.surgeongeneral.gov/initiatives/prevention/about/annual_status_reports.html

Responding to a Disaster – The Northeast Nebraska Public Health Department

On the afternoon of June 16, 2014, the second tornado within a year hit the Northeast Nebraska Public Health District (NNPHD). The funnel traveled north on the Thurston-Wayne County line after decimating the town of Pilger in Stanton County, leaving two dead. This tornado traveled north into the southern part of Dixon County and wiped out several farms before leveling a small trailer park east of Wakefield, NE and some businesses. One of the businesses lost 140,000 chickens. At the meeting on Tuesday a.m. the NNPHD asked one of the Emergency Managers and one of the County Commissioners who is also on the NNPHD Board of Health what the status of the residents at the trailer park was. They said that the families were all fine and staying with friends and family members. Later that day, the two NNPHD Community Health Workers came to Wakefield and were able to locate those families who lost their homes in the trailer park. They were not “fine.” Those newly homeless families sought shelter in basements, in the back of a store, and in a garage because in spite of losing most of the few possessions that they had before the tornado hit, they went to work the morning after the storm. The NNPHD requested that a shelter be set up on Tuesday night, Wednesday night, and Thursday night. On Friday, the NNPHD demanded that a shelter be set up and finally the Red Cross was contacted to establish a shelter in the Wakefield school. Twenty-seven people stayed there on Friday night, twenty-seven people stayed there on Saturday night, and thirty people stayed there on Sunday night. The shelter remained open for about a week. There were many more people with needs that were overlooked. The NNPHD made sure that those needs were addressed.

Miles of Smiles – The North Central District Health Department

In 2011, the North Central District Health Department (NCDHD) started laying out a business plan for an oral health program in their district, as a large need was evident based on our prior two community health needs assessments. The NCDHD proceeded, with the assistance of the University of North Carolina College of Public Health, to establish a sustainable business plan. In 2012 an oral health screening and fluoride varnish program for preschool and elementary students living in the health department district was started.

The NCDHD started with very little funding or equity for this program. The department solicited the support of district dental offices and worked towards contracting with dental hygienists, many of whom volunteer some of their time and/or commute time and expenses. In the fall of 2012, the NCDHD was in nine schools and increased to 17 in the spring of 2013. With the assistance of the department’s Legislative funds they have increased to having all but one school participate in their program; jumping up to 37 schools participating in the Fall of 2013 and maintaining all 37 schools during the Spring of 2014. Because of their success with this program, this also lead them to a working relationship with the Nebraska College of Dentistry, providing a Sealant program in Boyd County where they provided 564 sealants to 137 youth, over 200% more than what the College of Dentistry was anticipating or has done before in a school. This program was so successful that the College of Dentistry is working with the NCDHD to provide

another sealant program, in Bassett, this fall, 2014. From there the department's strategic plan will be to accomplish this on their own in one community once per year, which is something the NCDHD never dreamed of two years ago. Some of the highlights from the program are below.

- Consistent averages of 90 percent of those students who receive an oral health screening are also receiving a fluoride varnish application.
- An average of 39 percent of those students receiving a fluoride varnish application are Medicaid Clients. The vast majority of the remaining students is under-dental-insured or have no dental coverage.
- The NDCHD have recorded a dramatic decrease in needed referrals for some type of necessary or urgent dental care, decreasing from 30 percent in fall of 2012 to 19 percent after the completion of spring 2014. This trend data indicates the program is working as youth are referred to dental providers and are receiving more timely intervention.

The NCDHD is currently well ahead of schedule in their business plan of this program, much due to the assistance of Nebraska Legislative funds.

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 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

Gina Uhing, 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
934 I Street/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/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

Jenny Steventon, Interim 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

Box 1235

McCook, NE 69001

Phone: (308) 345-4289

Website: www.swhealthdept.com

Three Rivers Public Health Department

Terra Uhing, Director

2400 North Lincoln 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