2006-2007 Annual Report

Promoting and Protecting the Health of Fillmore, Gage, Jefferson, Saline and Thayer Counties
Letter from the Board President
July 1, 2006 to June 30, 2007

I am pleased to issue the 2006-2007 Annual Report of the Public Health Solutions District Board of Health. This is report of what the Department has done to promote and protect the health of the people it serves.

While change is a given for us all, this has been a year of significant change for the Public Health Solutions District Health Department. It has been marked by the hiring of a new Health Director, M. Jane Ford Witthoff and the continued development of the programs and services so important to the 58,000 people we serve. This report gives you highlights of the services we provided and what they mean for the lives of the people we serve.

The Counties we serve; Fillmore, Gage, Jefferson, Saline and Thayer and the area as a whole have experienced many changes as well. These include the aging of our population, the arrival of immigrants, the growth of the ethanol industry and continuing changes in the economy fueled by foreign trade and water issues. All of these have implications for the health of the public.

The Department is responsible for promoting and protecting the health of the public. In fulfilling this responsibility, it helps us, the residents of our area, face the challenges and take advantage of opportunities we have to improve our health and wellbeing. This year the department established a public health nursing program and initiated its MAPPS for the Future Project and CARE for the Environment Project. With these we look forward to being able to serve the public even better.

As the Board President, I am proud of what we have accomplished and look forward to another year of service to you, the public.

In Good Health,

Eric Williams

Eric Williams, President
Public Health Solutions District Board of Health
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FINANCIAL STATEMENTS
GENERAL DESCRIPTION OF THE LOCAL HEALTH DEPARTMENT AND AREA
Public Health Solutions District Health Department was established in 2002 through an interlocal agreement to serve a rural five county district of 58,000 people. The area includes small communities serving an economic base of farming, ethanol production and food processing facilities. A large number of Hispanic immigrants are attracted to the area by the job opportunities. The area has significant problems with access to health care caused by health manpower shortages, limited transportation, cultural barriers and financial hardships. Planning and assessments are done yearly. The Department initiated the MAPP (Mobilizing for Action thru Planning and Partnerships) process this year. It contracts for annual BRFSS (Behavioral Risk Factor Survey Series) surveys and is doing a special Minority BRFSS this year. The Department provides public health nursing, case management, disease surveillance and control, some environmental education and testing programs and health education. The Board of Health is active and committed.

GOVERNANCE AND ADMINISTRATION
Board of Health
The Board meets at least monthly. This year the Board had to make changes in management. The Board President provided the sole day to day direction to agency staff for an extended period of time. This was difficult because she was fully employed at her own job. The Board received assistance from the SACCHO and the State in managing the change, assuring that policy changes were correct and in selecting a new director. The director was selected from among three candidates interviewed. During the year the Board Vice President moved from the area and was replaced by the Secretary Treasurer. A new Secretary Treasurer was elected and a new Board member appointed by Saline County. The Board is responsible for providing administrative oversight and for the establishment of policy.

Management
M. Jane Ford Witthoff was selected as the new Health Director. She began employment on January 15, 2007. The Health Director's duties lie in three main areas under Board guidance. These are setting the direction of the agency, managing staff and agency affairs and establishing and maintaining relationships and constituent support. She is responsible to the Board of Health for the administration of the department and the implementation of policies. A number of changes occurred this year that warrant listing. These are described in detail within the document. However they include among others:
- Establishment of public health nursing services
- The initiation of the MAPPS for a Healthy Future Project
- Application for the CARE for the Environment Project
- The establishment of the Medicaid Access Program
- Initiating plans for a Beatrice Office
- Becoming a Vaccines for Children Provider
- Beginning a minority behavioral risk factor survey, BRFSS
- Beginning a relationship development plan

DEPARTMENT FUNCTIONS
Board Defined Mission
To prevent disease and injury, promote wellness, and protect the personal, community, and environmental health of all people in Fillmore, Gage, Jefferson, Saline, and Thayer counties in southeast Nebraska.

Core Functions
- Assessment
- Policy development
- Assurance
Essential Services
Monitor health status and understand the issues facing the community.
Protect people from health problems and health hazards.
Give people information they need to make healthy choices.
Engage the community to identify and solve health problems.
Develop public health policies and plans.
Enforce public health laws and regulations.
Help people receive health services.
Maintain a competent public health workforce.
Evaluate and improve programs and interventions.
Contribute to and apply the evidence-base of public health.

PUBLIC HEALTH SYSTEM
World Health Organization

Centers for Disease Control

State Health Department

Public Health Solutions District Health Department

BOARD OF HEALTH 2006-7
President Eric Williams (Fillmore)
Vice President Linda Ament (Gage)
Secretary Treasurer Allyson Edgecombe (Thayer)
Past President Deb Hellbusch (Jefferson)
Judy Henning (Saline)
Larry Cerny, Fillmore County Board
Shirley Gronewold, Gage County Board
Tony Likens, Jefferson County Board
Janet Henning; Saline County Board
Robert Werner, Thayer County Board
Robert Quick, MD
L.W. Kennel, DDS
Resigned: Vice President Amy Fish (Saline)

STAFF 2006-7

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<td>Epidemiologist</td>
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<td>BUSBOOM</td>
<td>Pam</td>
<td>FT</td>
<td>Administrative Aide</td>
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<tr>
<td>EPP</td>
<td>Diane</td>
<td>PT</td>
<td>Health Education Coordinator</td>
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<td>KINGSTON</td>
<td>Natalie</td>
<td>PT</td>
<td>Community Development Specialist</td>
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<td>LANGE</td>
<td>Kate</td>
<td>FT</td>
<td>Disease Control Specialist</td>
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<td>OTTO</td>
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<td>Tammy</td>
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<td>Fiscal Aide</td>
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<td>VOGLER</td>
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<td>FT</td>
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<td>WHITLEY</td>
<td>Kim</td>
<td>PT</td>
<td>Data/Special Projects Coordinator</td>
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<tr>
<td>WITTHOFF</td>
<td>Jane</td>
<td>FT</td>
<td>Health Director</td>
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SURVEILLANCE-EPIDEMIOLOGY

An important step in public protection is surveillance which involves the collection and review of data. The Department does this on a continuing basis. It does both active and passive surveillance. Active surveillance occurs when data is actively sought so that changes and trends can be observed. Passive surveillance involves the routine collection and review of information and data to observe trends or changes. During the school and flu seasons The Department as part of the public health system does active surveillance of absentee rates in the schools, head start programs and admissions to health care facilities. The collection and review of mortality data, death data, are examples of passive surveillance.

School Surveillance
The Department requests weekly reports of absences from schools by nature of illness. The information is organized into a report format, examined for changes and distributed back to the schools, infection control nurses at each of the hospitals and interested medical clinics in the district. Data is submitted to the state health department every Thursday as part of the ongoing public health influenza surveillance program.

Participation by the schools is voluntary. In early August a letter went out to all principals verifying participation in the school surveillance project during the 2006-2007 school year. A follow-up letter approximately one week later was sent to all contacts at each of the participating schools which typically are school nurses or secretaries. As of August 31st all schools that participated last year were participating again this year. Western Public school merged with Meridian Public schools so 52 of 55 schools (95%) participated. 100% of schools are participated in Gage, Jefferson and Saline counties.

As a result of the surveillance program, staff relayed numerous resources to school contacts during the school year to help them categorize student illness accurately when reporting illness as part of the schools surveillance project. Resources included the following fact sheets: Allergy vs. Cold and Flu vs. Cold; Myth of the Stomach Flu; and Things for schools to keep in mind (during the flu season). All schools and head start contacts received a personal visit annually to maintain relationships and stress the importance of the surveillance project including timeliness of response and proper diagnosis and categorization of the illnesses.

The Department also served as a resource to schools regarding health issues and concerns. Materials were developed for use by schools or to communicate information to school personnel. The "Why Don't We Do It In Our Sleeves" video and prepared information was distributed during the flu season to each of the schools and clinics in the district. The video was endorsed by Dr. Tom Safranek, State Epidemiologist. Staff sent information on controlling ILI (influenza like illness) to school nurses and school contacts in all 5 counties. This included Influenza fact sheets with recommendations to keep kids healthy during the flu season. Staff also provided a Head Lice Fact Sheet and information to several schools experiencing increased Head Lice activity.

Head Start Surveillance Program
This new program of surveillance was developed as an extension of the school surveillance program. Staff collaborated with Blue Valley Community Action Agency to develop a surveillance system in all 6
Head Start locations in the five county area. Contact was made with each of the Head Start Directors at each of the facilities. A snapshot of illnesses was assembled from the data collected weekly from each of the head start locations. Staff reviewed the weekly Head Start surveillance data, generated reports and distributed them to the Head Start programs and infection control nurses at each of the hospitals in the district. Six Head Start locations participated district wide including Fillmore County Head Start, Gage County Head Start in Beatrice and Wymore, Jefferson County Head Start, Saline County Head Start and Thayer County Head Start. Staff sent Public Health Communicable Disease Fact Sheets to each Head Start Director for distribution to each of the Head Start locations. These were regularly reviewed and updated so they were most useful to the centers.

![Graph](image)

**Influenza like Illness Surveillance (ILI) of Health care Facilities Admissions**

While staff work with the hospitals and other health care facilities all thought-out the year, a special active surveillance program is conducted during the flu season/program for Influenza like illness. In preparation for this, staff contacted Infection Control staff at each of the 6 hospitals in our district to begin Influenza like Illness (ILI) surveillance in our district. The number of Influenza like illness (ILI) admissions were tracked by age, % bed occupancy, number of ILI patients on a ventilator and staff shortages due to ILI based hospital admissions. Data was submitted to the state every Tuesday as part of the ongoing Public Health System surveillance effort. Aggregate data was shared back with infection control staff at the six hospitals on a weekly basis. Weekly collection began October 29th 2006 thru March 31, 2007 and tracked ILI hospital admissions. When needed the Hospital Infection Control Personnel at each hospital participate in increased influenza surveillance activities including requests to provide specific information to aid in control measures. This year the hospitals were asked to use the Pediatric Influenza Hospitalization Report Form. As a follow-up to a HAN (Health Alert Network) about increased pediatric influenza reporting sent by Dr. Safranek, staff asked physicians to call or fax the form if their offices were seeing any pediatric patients with severe or unusual health problems as a result of influenza infection. In response to increased concerns, staff developed and faxed a memo to area physicians to alert them to the increase of atypical influenza symptoms in the pediatric population and encourage reporting to the department. Staff provided additional information and personal visits when necessary to assure a smooth collection of data and to clarify any reporting requirements.

Staff provided information and complied with requests of facilities in the area. These included requests to receive the weekly school surveillance data. A lot of information and clarification was requested regarding the extra Pediatric Influenza surveillance in the hospitals and clinics during the influenza season and the atypical presentation of influenza patients.

Dr. Ashby with Fillmore County Medical Center, PC of Geneva, was again enlisted to participate in the CDC sentinel provider surveillance program for our district. The program involves the physician sending ILI data directly to the CDC by phone or fax. Cumulative nationwide data is available for viewing on the NHHSS website in the form of a weekly map.
Reportable Illnesses

By law healthcare facilities must report the occurrence of selected diseases to the local health department. This is done to enable the department to investigate the case to determine who might be at risk of catching the illness and to determine if other people have been infected or exposed. The department then works to prevent and/or control the spread of the illness. The disease report for the year follows.

Public Health Solutions
2006-2007
Infectious Disease Reports

<table>
<thead>
<tr>
<th>Disease</th>
<th>Count</th>
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<tbody>
<tr>
<td>Campylobacteriosis</td>
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<tr>
<td>Enterohemorrhagic</td>
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<tr>
<td>Giardiasis</td>
<td>6</td>
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<tr>
<td>Group B Streptococcus, invasive</td>
<td>3</td>
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<tr>
<td>Hepatitis C virus infection</td>
<td>12</td>
</tr>
<tr>
<td>Influenza, human isolates</td>
<td>2</td>
</tr>
<tr>
<td>Kawasaki Disease</td>
<td>1</td>
</tr>
<tr>
<td>Legionellosis</td>
<td>1</td>
</tr>
<tr>
<td>MRSA</td>
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</tr>
<tr>
<td>Rocky Mountain Spotted Fever</td>
<td>3</td>
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<tr>
<td>Salmonellosis</td>
<td>9</td>
</tr>
<tr>
<td>Shiga toxin-producing E. Coli</td>
<td>2</td>
</tr>
<tr>
<td>Shigellosis</td>
<td>1</td>
</tr>
<tr>
<td>Strep pneumonia, drug resistant, invasive</td>
<td>1</td>
</tr>
<tr>
<td>Strep pneumonia, invasive</td>
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<tr>
<td>Streptococcal toxic-shock syndrome</td>
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<tr>
<td>Tularemia</td>
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<tr>
<td>West Nile Fever</td>
<td>14</td>
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<tr>
<td>Total</td>
<td>82</td>
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Environmental Monitoring and Surveillance

West Nile Virus

Again, this year the department collected selected species of dead birds to monitor for infection by West Nile Virus. In addition, the department was involved in the sampling of mosquito pools in the district to detect the presence of mosquitoes associated with the virus. This initiative was completed through external funding. It is expected that this will not be ongoing in the long run. This is again done in conjunction with the State and results are routinely reported to them.
WEST NILE VIRUS LOG FOR 2006 SEASON

<table>
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<tr>
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<tr>
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<tr>
<td>Gage</td>
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<tr>
<td>Jefferson</td>
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<td>0</td>
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<tr>
<td>Saline</td>
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<tr>
<td>Thayer</td>
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<tr>
<td>TOTAL</td>
<td>14</td>
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2004-7 PUBLIC WATER VIOLATIONS LOG

**Current department Data Collection Efforts**

The Department collects some data as well. This is done either directly, by reports or through contracting for the collection of data. Some has already been described in the previous descriptions of surveillance programs. A summary listing of other Department collected data follows:

- Behavioral Risk Factor Survey Series (District wide)
- Lead level testing and results
- Nuisance complaints and inquiries
- Animal bites
- Other health complaints
- Location of potential hazards

**Behavioral Risk Factor Survey Series**

The department contracts with the University through the state to conduct a survey of a representative sample of people from the district to determine the rates of self reported health related behaviors and experiences. This was done as a baseline two years ago and was initiated again this year. The collection period extends for 12 months so the data is not unduly influenced by season related factors. The problem with the data is the 500 completed phone interviews enables the return of statistically valid information for the District but it does not provide good information about each county. The kind of data retrieved helps describe behaviors and health related status such as drinking, eating and exercising habits, breathing problems, insurance status, experience with violence, etc.

**Minority Behavioral Risk Factor Survey Series**

Because of the movement of a large number of immigrants into the area since the last census, accurate information is not available on the diversity of the population, its makeup and its health practices. In previous census years it was determined that the responses from people of color were considerably lower than those of white people. This under reporting as it is called makes it more difficult to plan adequate
programs and qualify for funds available for areas with a large minority population. This under reporting problem is exacerbated when there is substantial amount of illegal immigration. This appears to be the case in the District. In response the Department contracted to conduct a Minority Behavioral Risk Factor Survey Series. These results should be available in the coming year and will be valuable for assessing the health of the population and what problems may exist. The survey will include 1000 completed phone surveys.

**Development of the Geographic Information System (GIS)**

An important tool in examining health information to determine the extent of problems or potential problems and to respond to emergencies involves the collection and maintenance of data related to the geography of the area. Staff produced a large scale map of our district using GIS outlining county boundaries, hospitals, major highways, and bordering health departments. This map was designed to be used in the event of emergencies.

**Developing Other Data Bases**

A major effort was initiated this year to identify and establish ongoing data bases for use in the Department's assessment and monitoring functions and to provide a planning resource for area health care facilities. Most of the data available to the department comes from the State. We have had to rely on them for analysis because of our limited resources. These data include that on the following:

- Chronic illness rates
- Death rates
- Cancer registry
- Census
- Birth
- Marriage and divorce
- Child abuse reports
- Drinking water quality testing
- Education
- Air quality
- Quality of recreational waters
- Superfund sites
- State identified sites of contamination
- Water wells
- School
- Hospital discharge
- Licensed health care facilities
- Health manpower
- Health manpower shortage designations
- Public expenditures for health care
- Immunizations
- Women Infant and Children (WIC) program
- School lunch
- Income and poverty
- Medicaid enrollments
- Medicare numbers
- Restaurant inspections
- Emission sources
- Illness reports
- Injury rates
- Motor vehicle injuries and deaths
- Teen pregnancy
- Unemployment rates
- Crime data
Assessment

Mapps for the Future for Improved Health
This process will help the Department work with people in each county to identify priority public health issues by county and by the District as a whole. This will enable more efficient and effective programming. A grant of $11,000 in funds was received to conduct this process. The one year project will extend to April 2008. The following are key performance requirements for this project:
1. Organize stakeholders
2. Visioning
3. Conduct Themes and Strengths Assessment
4. Conduct Local Public Health System assessment
5. Conduct Community Health Status Assessment
6. Conduct Forces of Change Assessment
7. Identify goals and strategies
8. Prepare action strategies

BASIS (Baseline Assessment System to Improve the Status) of Community Environmental Health
Assessing environmental health status is difficult because of the number of agencies involved and the gaps in data. The Department requested $86,000 from the EPA to do a 2-year community environmental health assessment project that would assemble a diverse team of residents that will identify and prioritize environmental health problems facing the five-county area, and construct a plan to address them. Notification expected in October, 2007.

Health Resource and Services Administration Access to Health Care Project
This was a one year program to develop a network of agencies to address priority health problems in Saline County. This program encountered some problems because of a turnover in staff at the department. An extension was requested so the project could be finished. The previous effort involved the employment of a contractor who did not live in the area. For a number of reasons the project could not be sustained and the contractor was terminated and a resident of Saline County was employed to finish the project with the Health Director. Hard health data was assembled for the County. Three community meetings were conducted in each of three communities; these were Friend, Crete and Wilber. Key people were identified and invited to the meetings. In addition, participation was solicited through articles in the newspaper. The Physician representative on the Board of health was the host for the meetings. An examination of meeting attendees showed that not all segments of the Saline County population were represented. Consequently staff identified groups and individuals from whom more information should be sought. Staff met with these select groups and individuals to get more input. The results of these meetings and interviews were integrated with the previous meeting results. These were reviewed by a steering group that will serve as the network for the continuation of the project. This group will identify strategies for addressing the top two priorities identified. These are access to care and the need for health information and education.
COMMUNITY HEALTH SERVICES

Public Health Nursing Services
Another landmark this year was the establishment of public health nursing services. Initially two part time public health nurses were hired. As the need and opportunities arose the nurse compliment was increased to three full time nurses. Public health nurses are key employees for a local health department and are specified in the State authorizing legislation as core staff. They serve many functions. They started service with an emphasis on health information, education and screening. Later, an influenza immunization program demonstrating the value of late season immunizations was conducted. Teen pregnancy was addressed in a variety of ways. The last two programs established were the Vaccines for Children Program and the Medicaid Public health Nurse Program.

Teen Pregnancy
Assessment
Teen pregnancy is a problem in all five counties of the District. There are no publicly supported preconception care services, sexually transmitted disease clinics or HIV counseling and testing services other than those that are offered in Beatrice. Consequently those teens without financial means, without transportation and/or limited family involvement are not able to access these services. In addition, there is a dearth of teen pregnancy prevention services being provided. This has an impact on all preteens and teens. Of the five counties in this health district, the 11,000 residents of Saline County are a priority for attention in regard to preconception care. The adolescent pregnancy rate has skyrocketed since 2004. The teen pregnancy rate of 10.2% of all births in 2004 has increased by over 50% in most recent data collected from the Crete Public School system. This escalation has been exacerbated by the rapid influx of Hispanic immigrants and the resultant shift in cultural norms. In the bulk of these teen pregnancies at least one parent is of Hispanic descent. A majority of the teen mothers are from families in which there has never been a strong paternal presence and often their male sexual partners are significantly older. Finally, teen pregnancy seems to be almost contagious in this subpopulation. The hardships associated with being a teen parent are romanticized or ignored. Consequently, many end up parenting for the second and third times before they are 20 years old. These trends are alarming and pose a significant dilemma when addressing the adolescent pregnancy issue in a manner that is both effective and culturally competent.

Preconception Services
Efforts to reduce teen pregnancy have not been a high priority in this state because it relies on Federal Title 10 funding for these services. There are limited abstinence program funds available. Nebraska’s ranks 50th among states in the percentage of teen pregnancy decline. The Department has already used its limited resources to attract attention to the problems in the area. The State has been responsive by encouraging the development of services through Family Health Services, a title 10 funded program. The Department has been working with Saline Medical Specialties, a member of the Catholic Health Initiatives to establish these needed services. The state has allocated limited funds for one start up clinic in Crete.

Teen Pregnancy Intervention Community Coalition (TPICC)
The Department also works as part of the Teen Pregnancy Intervention Community Coalition (TPICC) to try to establish preventive services. So far its only successful focus has been on programs for pregnant and parenting teens. The keystone of these efforts has been Crete Public Schools Even Start Teen Parenting Program which provides a support program for teens that are either pregnant or parenting. The Department works in active partnership with this program by providing referrals for care, home visits, classes on pregnancy and parenting, etc. The Department supported the submission of requests for additional money for their program because of its importance. The Department also works with the BVCAA programs that include the vitally important WIC Program. The Department submitted requests for assistance with further assessment and work with the communities to address this growing problem. The Project name is Project BUILD designed to cultivate involvement from school leadership and representatives of at-risk teens and their families to establish an effective prevention and education program.
Immunization Programs
The Department’s role in this area is to assure maximum immunization levels of children. Information was prepared to assess the available services in the five county area. The Board of Health believes the coordination of these services is a high priority. BVCAA and Beatrice Community Hospital are the only recipients of money from the state for this service. BVCAA uses the funds to pay for a coordinator and those in Beatrice are used for services. Four area hospitals contribute resources to sponsor public clinics. Volunteers provide staff to some clinics and the City of Crete makes monetary donations. The Department offered assistance when the Crete Clinic was low on volunteers and the site was not secure.

Vaccines for Children Designation
The Department sought and received this designation so that it would qualify for no and/or low cost vaccine. The Department will provide services to increase access to immunizations as needed and will serve as gap filler.

Influenza Immunizations
Influenza immunizations were given to hard to reach adult populations late in the season. A Grant entitled Beef Up Immunity Mini-Grant of $5,800 was received from NACCHO. The funding was received to demonstrate innovative ways to reach hard to reach groups and to demonstrate it is never too late to get immunized if the flu season is still ongoing. The Department focused on Auction Barns and Day Care providers. Flu shots were offered in Sale Barns in all Counties. The response was not as great as hoped. Day Care Providers were immunized as follows in all counties and immunizations were provided to high risk individuals who were unable to pay.

School Age Immunization Program Planned
Because of the death of a young person from complications and the rising concern about this nationally, plans were initiated for a school age immunization program next year. Plans were started with an invitation to hospitals to host a planning meeting in each county. Ten schools, hospitals and other interested persons have been invited.

Minority Health Initiative
With the availability of Office of Minority Health money for Saline County, staff asked BVCAA to work in partnership with us on this grant. Because we were unable to get a response we compiled research, reviewed local data and developed a childhood obesity prevention program. The City of Crete has the fastest-growing Hispanic population in Nebraska. Persons of Hispanic origin made-up 15.3% of the population in Saline County, versus 7.1% for Nebraska. The number is now much greater than that. Hispanics immigrate to Crete to find work at the food processing industry and often change employers every couple of years. Saline County has seen an unparalleled increase in this population over the last ten years.

PHS began efforts targeting the Hispanic community with the introduction of the Minority Health Initiative within the faith-based community. The focus of the application was an integrated obesity prevention approach specific to primary age minority students and their families in Saline County. Research was compiled and local data was reviewed in the development of the childhood obesity prevention program. The 20 page proposal was entitled, “No-besity” A Faith-Based Family Focused Project for Children 6 to 12. It is reasonable to expect that consistent healthy lifestyle messages within the church, school and community will have a positive effect on the families participating in these faith-based organizations. Approximately five partnership meetings were held with potential Childhood Obesity Prevention Partners. Eight letters of support from the community accompanied the proposal. We did not get funding. PHS hosted an initial Childhood Obesity Prevention Partnership meeting in June to enhance further partnerships for future funding opportunities. Over the past 30 years the rate of childhood obesity has tripled in children ages 6 – 11. Nine million children over the age of six are considered obese. As a result, an increasing number of children are developing Type 2 Diabetes, Cardiovascular Disease, and Asthma. It is clear that pediatric obesity is an epidemic in need of preventive measures. PHS will continue pursuing avenues of funding for this growing health concern within our district.

Healthy Weights Program- This was funded several years after it was submitted. It was a partnership between BVCAA and the Department. BVCAA will implement the program itself.
Healthy Babies Program - Sub grant to BVCAA - The health and well being on children born to teen parents or parents with limited resources is a continuing concern. That is why the Department has subcontracted available Federal Preventive Block Grant funds to BVCAA to do case management for pregnant Hispanic women. This is the last year of a $20,000/year grant. This program is to increase access to health care services through outreach coordination and is the only program that serves this population. This program has also been funded with Office of Minority Health money.

Medicaid Access Program
During the past fiscal year Public Health Solutions has initiated the Medicaid Public Health Nurse Program. The Medicaid Nurse Outreach Program started in May 2007. Public Health Solutions is the District Public Health Department that serves the counties of Gage, Saline, Jefferson, Thayer, and Fillmore. The Medicaid Nurse Outreach Program works with healthcare providers to help monitor the health status of and inform Nebraska Medicaid eligible individuals and their families about the availability of healthcare benefits.

Assessment
The Public Health Nurse (PHN) in collaboration with various healthcare providers in the five county district have analyzed information that would help identify health risks and emerging healthcare issues. Major problems that many offices identified included Medicaid eligible patients failing to make it to medical, dental, and vision appointments and failing to bring proof of insurability to medical appointments. While educating these clients about the importance of changing these problem behaviors, the PHN also evaluates the adequacy of healthcare resources available to each patient. In doing this, individuals are informed about Medicaid enrolled physicians, dentists, and other practitioners.

Referrals are made to these clients as see fit. Many Medicaid eligible clients in our area have difficulty finding a dental home, or a dentist that will accept new Medicaid clients. As the PHN, we have assisted these clients in finding dental homes or a dentist that will take a new Medicaid Client. The PHN also has helped patients that have lost privileges at a medical or dental office find a new medical or dental home. The PHN is also responsible for referring people in need to other services such as prescription assistance, food assistance, and other community resources that may aid them.

Along with collaborating with healthcare provider offices, the PHN also facilitates appropriate access to primary care services in place of hospital emergency department care for non-urgent care. To do this, each hospital that participates sends data on non-urgent visits to the PHN. The nurse then contacts these clients and educates them on appropriate use of the Emergency Department and the benefits of having a primary care provider.

Another service that the Medicaid Nurse Outreach Program provides includes informing the Medicaid eligible people about Early Periodic Screening, Diagnosis, and Treatment Services (EPSDT). This is done by sending out this information to all new eligible Medicaid clients. In talking with these families, emphasis was placed on the importance of early prevention through EPSDT screening. The PHN also looks at each newly Eligible Medicaid client as an individual, and sends out information that may be more specific to the client such as lead screening, immunization, pregnancy, poison control, and other age appropriate information.

Policy Development
There are several areas that the Medicaid Outreach Public Nurse has found in the community that could be improved and strengthened. One area that seems to be problematic in our district is the rate of teen pregnancy. There are very few resources available for these young women. A class was designed geared toward teen mothers called Healthy Steps for Teens. These classes are in collaboration with Crete Public Schools Even Start Teen Parent Program, which provides support for teens that are pregnant and parenting. This class is tailored to the unique needs and priorities of teenagers to give them tools for a healthy pregnancy and newborn experience. This class consists of three separate classes: Prenatal, Childbirth, and Parenting. The class consisted of 12 parenting or pregnant teens in our district.

Assurance
Since its inception the Public Health Nurses contacted 452 clients about failed appointments and referrals were made as needed. 191 Newly Eligible packets were sent out with education material. There were 9 families assisted with case management. Many were patients unable to afford food, or transportation to an appointment. Others were parents who don’t qualify for Medicaid although their children do. These were referred to places such as the People’s Health Clinic in Lincoln.
In working with the Medicaid clientele, staff has monitored the progress of programs and services that have been provided. The Medicaid Phone Nurse Program started in May and began by contacting healthcare providers in the five county districts. Between May and June the PHN made marketing visits to 9 physician offices, 8 dental offices, 3 vision clinics, and 3 hospitals. As of the end of June, in Gage County there were 16 participating providers, Saline 3 participating providers, Thayer 3 participating providers, and Jefferson 3 participating providers. As of the end of the fiscal year 4 hospitals joined.

While contacting these clients about failed appointments or new eligibility, the PHN also performed a standardized health assessment when possible. While doing these surveys problem areas were identified for follow up with in 90 days to ensure that the problem was resolved.

The Medicaid Nurse Program experienced great success at the start but has more to accomplish. Other providers will be sought for participation and more education offered to clients.

A listing of **one month of activities** appears below. A full year was not provided because the program has not been in existence that long.

- **Saline County**- 3 participating providers
  - 26 new enrollees
  - 7 Medicaid clients contacted and various referrals made
  - 1 Home Visit made to postpartum mother for infant safety check
  - 1 marketing visit to hospital
- **Fillmore County**- 1 hospital participating
  - 3 new enrollees
  - 2 ER follow-ups made for Medicaid clients contacts and various referrals and information given.
- **Thayer County**- 3 participating providers
  - 3 new enrollees
  - Case management provided for low income woman who does not qualify for Medicaid
- **Jefferson County**- 3 participating providers including 1 hospital
  - 16 new enrollees
  - 3 ER follow-ups with referrals and information/teaching done.
  - 4 Medicaid clients contacted and various referrals made
- **Gage County**- 16 participating providers including 1 hospital
  - 63 new enrollees
  - 19 follow ups on new enrollees
  - 3 marketing visits: 1 Dr. office, 1 school, 1 hospital
  - 11 health surveys completed
  - 4 case management cases completed
  - 66 Medicaid clients contacted and various referrals made
  - 5 Every Woman Matters completed

**Health Information, Education and Screening**

The information and education services were directed primarily through work with schools, community based organization, health care facilities and through the media. These were provided in response to requests and assessed needs. A description of the kinds of services provided by county follow:

**Fillmore County**

ILL associated consultation was provided to reporting school nurses and secretaries in schools including Exeter-Milligan Schools and schools in Fairbury.

Pan Flu programs were provided to a number of groups including those at the Senior Centers in Geneva and Fairmont.

In response to the concern about the children ingesting some recalled peanut butter information regarding salmonellosis was provided to Fillmore Central Elementary school.

Provided presentations on what public health is to the Fairbury Kiwanis Club and at Rotary

Presented program on Pandemic Influenza at Geneva Sr. Center

Presented program on Skin Cancer Prevention at Milligan Location

Attended Fillmore County Hospital Medical Staff meeting about public health nursing
Gage County
Assisted Gage county resident that PHS investigated last August for WNV with acute meningitis/encephalitis gaining access to his out of state hospital records.
Met Gage County Commissioners Flu Shot Grant Letters of Support and Communicated with sale barn managers
Conducted Wymore Foot Care Clinic. 8 people served

Jefferson County
Emailed a Jefferson county school our PHS fact sheet on Fifth's disease.
Conducted extra daily surveillance in a Fairbury school during the time period of Jan 3rd-Jan12th, tracking those students with upper respiratory symptoms
Sent ILI Fact sheet to a Jefferson county school with a high number of ILI cases
Informed Jefferson County Infection Control nurse of the High absentee rate
Sent 225 Pandemic Flu brochures to Jefferson Community Hospital per their request.
Continued follow-up and closed fatal MRSA case from Jefferson County.
Worked closely with Dr. Safranek and NPH lab to ensure isolates of the MRSA strain were obtained.
Referred 4 people for treatment/culture follow-up in connection with case.
Followed up on 5 students with like symptoms from Fairbury school system in days following index case death.
Made several contacts regarding improving the communication system when deaths occur that are public health concerns.
Met with physicians at the Fairbury Medical Clinic and Jefferson Community Health Center
Infection Control and Lab Director.
Developed and presented 5 breakout sessions at the Parent Involvement Seminar at Fairbury High School.
Participated Jefferson County Home and Garden Show
Toured Burkley Wellness Center Staff Jefferson County Sr. Center and Assisted Living
B/P Screening at the Jefferson Co. Sr. Center and Jefferson County Commissioners Toured Flu
BP Screenings at Rock Creek Inn and Fairbury Senior Center
Prepared and delivered flyers on 2-1-1 system in Jefferson
Blood pressure screenings in Daykin, Plymouth, Harbine, Jansen.

Saline County
Researched oak mite bites for a Saline County school.
Created Spanish Influenza Fact Sheet based on data from CDC website on PHS letterhead and distributed to Crete Area schools.
Responded to a Saline County schools request for Scabies information. Developed a scabies fact sheet on PHS letterhead and emailed to school.
Created Spanish Influenza Fact Sheet based on data from CDC website on PHS letterhead and distributed to Crete Area schools.
Presentation on Flu in Swanton
Attended Dewitt Senior Center Board Meeting scheduled a presentation in March on patient safety while hospitalized.
Provided an Infant Safety class for teen parents at the YRTC in Geneva.

Thayer County
Met Thayer County Commissioners
Blood Pressure Screenings in Alexandria, Byron, Chester, Davenport, Daykin, Hebron, Hubbell, and Plymouth Total Screened: 99
Counties211 fliers
Alternatives to address the Critical Dental Shortage Areas were researched
A tour was taken of the schools and Thayer county Health Services
Attended Thayer County Coalition Meeting in Hebron.
Public Information and Education

Much information is distributed to the general public through press releases and public events. The following topics were among those covered:

- “Mark your calendars. FREE day care provider workshops, FREE health service for kids in day care”. Newspaper article resulted.
- October is Breast Cancer Awareness Month.
- News release regarding rabies incident; 1 news article resulted.
- Public Health Thank-You Day.
- Battery recycling; 1 radio interview and 2 news articles resulted.
- Flu shots at Saline Barn
- Battle the Bug flu release
- Warren Memorial Health Fair in Friend
- Geneva Home and Garden Show and Kids Health Fair. Focused on Helmet safety for kids and had a drawing for a new bicycle helmet.
- Booth at a Hispanic Family Fair focusing on hand washing.

Educating the Public with "Why Don't We Do it in Our Sleeves"

Creating behavior change takes time, but starts with a motivation for something better. No one enjoys cold and flu season. So learning that there are ways to curtail the spread of those pesky cold and flu viruses was a welcome addition to area schools. This humor based campaign has been effective in engaging youth attention and initiating behavior change. Fifty six schools and two area colleges were distributed "Why Don't We Do It In Our Sleeves" DVDS to share with their students. In addition, DVD's were distributed to district Medical Clinics to show patients in their waiting rooms. Cover your Cough Posters were also distributed to County Courthouses, Libraries and other public places within the district.

Training and Maintaining a Competent Workforce.

The competence of staff was enhanced and maintained through a variety of educational offerings. These included:

- Forensic Science Conference in Omaha
- Attended Hispanic Culture workshop to gain insight in serving the Hispanic Community in our district
- Attended training for VFC regarding immunization administration.
- Attended state wide PHN meeting regarding Medicaid outreach program in Hastings.
- Attended CATCH teleconference.
- Completed Epi-X (Epidemic Information Exchange) Security Training on April 12, 2007. Epi-X is CDC’s internet-based system for the secure exchange of information amount public health officials about emerging and ongoing public health threats. Daily access of the system is made with important or developing information shared with staff and health community partners.
- Attended HAN (Health Alert Network) informational meeting and pre-training on April 9, 2007 in Lincoln. This project is being developed by the state but is not yet fully operational. When complete our health department will be able to send our own health alerts.
- Completed immunization computer training.
- Completed computer training on CATCH software to streamline the Medicaid Program Attended Public Health Partnership Conference in Kearney.
- Visited Lincoln/Lancaster County Health Department. Reviewed disease surveillance policy and procedures utilized by their department Attended Nebraska Immunization Conference and state-wide immunization registry meeting in Omaha, School Nurse Conference in Grand Island, Southeast Early Childhood Professional Development Partnership planning retreat in Lincoln and home visitation training in Crete.
- Attending a 2 day training for Positive Behavioral Support related to nurse home visitation involved with Even Start’s Foundations for Learning Grant.
- Received further training on triage software related to information and referral calls
- Received training from Lincoln Lancaster Assistant Nursing Supervisor Patty Baker RN to better understand and improve our home visitation efforts.
ENVIRONMENTAL HEALTH

MONITOR AND ASSESS AND RESPOND
In the past fiscal year Public Health Solutions District Health Department has responded to more than 140 environmental health-related inquiries, reports, and incidents. As part of the response, PHS efforts produced more than 20 newspaper, radio and TV news pieces to inform and educate the residents we serve about air and water quality protection, pollution and waste prevention, and avoiding exposure to environmental hazards.

**Fillmore County**
- Information about water testing for nitrates
- Nuisance complaint against relative unlawfully occupying farm house and creating health hazards; advised of options for resolution.
- Responding to suspicious substance found in roll of coins
- Responded to inquiry about food service licensing
- Responded to two dog bite incidents
- Provided information on lead testing

**Gage County**
- Responded to several radon inquires
- Elevated Blood Lead Level investigation
- Responded to WNV questions
- Provided information on lead testing
- Responded to two nuisance complaints
- Investigated a food-borne illness case
- Public nuisance complaint regarding abandoned property; conducted site visit and recommended to city attorney that property be treated as WNV threat due to tire piles and tall weeds/grasses. Notice requiring clean-up was posted; city will conduct clean-up if owner does not comply within 5 days. Property is currently in foreclosure process.
- Surveillance staff investigated one human case of Tularemia (rabbit fever)
- Health/nuisance complaint against lodging facility in Beatrice; submitted letter to manager.
- Elevated Blood Lead Level investigation currently underway at the request of the child’s parent. Sampling at the child’s apartment and grandfather’s home is complete; awaiting lab results for further action.
- Answered inquiry about lagoon and well inspection regulations
- Responded to concern about hotel pool safety
- Responded to questions about food vending regulations
- Several restaurant complaints were forwarded to the restaurant inspector
- Answered a pest control inquiry

**Jefferson County**
- Responded to inquiries about mold
- Provided information and explained lead testing
- Responded to a water quality complaint
- Power outage caused water supply shortage in Harbine on July 4th. Boil water order was issued by the water operator, emergency management was contacted, and bottled water provided to residents in need. PHS was notified after the fact via Emergency Management channels. No illnesses reported, and no unusual test results from the water supply.
- Several positive tests for West Nile virus in the mosquito pools, responded to questions
- Investigated complaint of standing water and mosquito problem at state park; provided information and followed-up with park officials.
- Responded to radon inquiry
- Responded to two nuisance complaints
- Provided information relative to indoor air quality
- Responded to request for materials assistance by UNL Extension office in Jefferson
- County in promoting radon testing and mitigation; assembled and provided information packets
- Responded to a possible rabies exposure
- Responded to a general nuisance complaint

Saline County
- Assessed a potential rabies exposure (animal test came back negative)
- Provided information about mold
- Responded to concern about pest control relative/child welfare
- Restaurant complaint forwarded to restaurant inspector
- Responded to a general inquiry about environmental company doing work in area
- Continued work relative to tenant nuisance and mold complaints to landlord
- Responded to nuisance complaint against same landlord from different tenant.
- Responded to a methamphetamine lab bust notification
- Responded regarding a complaint about indoor air quality
- Assistance with a public health threat and enforcement of landlord-tenant rights codes
- Responded to complaint on indoor air safety in long-term care facility (referred to NHHSS patient advocate rep to formally document complaint),
- Responded to food service permitting inquiry (forwarded to Dept. of Agriculture);
- Responded to inquiry regarding testing for nitrates; provided contact info for NRD4 from Saline

Thayer County:
- Investigated complaint against lead abatement company
- Responded to a report of minor diesel spill
- Responded to a request for property information for environmental assessment
- Responded to several mold inquiries
- Investigated an animal which tested positive for rabies and possible farm animal and pet exposure.

INFORM, EDUCATE, EMPOWER:
In addition to responding to incoming calls, the PHS environmental health division is proactive about promoting and protecting public health. In 2006-07, PHS delivered 25 presentations to nearly 1000 residents, covering diverse topics such as West Nile virus, storm water pollution prevention, lead poisoning, and more.

Presented at the bi-annual Earth Jamboree (Shop or Drop – Household Hazardous Waste). Reached approximately 350 kids and approximately 18 teachers from 16 schools in and around the PHS district.

Attended 2 home and garden shows and health fairs, reaching approximately 500 residents with information on water quality protection, radon, rabies, West Nile virus, lead poisoning prevention, waste reduction, etc.

In cooperation with other staff members, attended 5 county fairs to present PHS programs and provide educational materials; reached approximately 2,500 residents.

Coordinated with the Crete Youth in Governance group to include public health messages in their Crete Welcome packets (created by local students under the guidance of the Saline County Cooperative Extension, aimed at informing new residents of important programs, services, and information to ease their transition and improve their experience).

Assisted Gage County Red Cross in providing materials for a first aid booth at a bicycle race; 300 people reached with promotional items labeled with PHS logo (sunscreen and insect repellent packets).

Total numbers for hand washing demonstrations for the flu season are: 230 children, 27 providers and 16 centers.
Designed and presented household hazardous waste workshop, reaching approximately 120 residents.

LEVERAGING RESOURCES FOR ASSURANCE
PHS developed and implemented 4 grant-funded programs aimed at:
  - Reducing childhood lead exposure: $85,735
  - Increasing recycling rates of batteries: $16,473.00
  - Preventing storm water pollution: $13,213 year 1, $10,825 year 2.
  - Protecting residents from West Nile Virus: $7,000

Children in the PHS district are at increased risk of exposure to lead due to the prevalence of old homes and low blood testing rates. In 2005 PHS designed and received funding for a 2-year lead poisoning prevention program to raise awareness and reduce risk. In the 2006-7 fiscal year this program enabled PHS to conduct lead hazard screens on 11 child care facilities, resulting in 8 hazard control plans and the protection of approximately 80 children from risk of lead exposure. Three additional lead hazard screens were conducted outside the scope of the grant in response to individual requests, one being a rental facility used primarily for community youth meetings and activities. Through the lead grant, PHS has raised the profile of rural lead exposure, and strengthened collaborative relationships with area day cares, schools, clinics, and other public health system entities.

Being predominantly rural, residents of the PHS district have few battery recycling opportunities. The DEQ-funded Recharge Recycling project enables the PHS residents to recycle 4,000 pounds of batteries that would otherwise clutter the landfills, and has also noticeably increased their use of existing battery recycling sites.

PHS was able to leverage funds from the Nebraska Environmental Trust to bring together 116 volunteers from 5 communities to reduce storm water pollution in their neighborhoods. This project not only increased community involvement and local water quality, it also spared each participating community from having to spend money down the road to as they work to comply with expanding storm water quality regulations.

As part of the state-wide effort, PHS adapted the West Nile virus surveillance and prevention program to the 5-county district, working to track WNV incidence in the bird and mosquito populations, and carrying out prevention and outreach activities to suit our rural communities.

MOBILIZE PARTNERSHIPS:
PHS has worked diligently to foster collaborative projects with local groups to promote and protect environmental health.

PHS facilitated a partnership with an area high school, Doane College, the Lincoln-Lancaster County Health Department, and the Groundwater Foundation that combined resources to increase well water testing for nitrates.

PHS also brought together and provided technical assistance to our five County Extension offices to apply for and receive approximately $12,000 for a unified radon program. Had PHS applied on our own, we would only have been eligible to request $3,000 for a district-wide program.

Instigated collaboration with and among representatives from UNMC, UN-O and PHAN regarding the identification of environmental health indicators research project

Staff forwarded a request for proposals to promote local farmers' markets to key people within the District and offered proposal preparation assistance.
Notified 38 water system operators of a mini-grant opportunity; reviewed and forwarded 7 letters of intent (Bruning, Byron, Chester, Diller, Reynolds, Shickley, Steele City) that, if funded, will bring in more than $8,700 for local water system security improvements.

PUBLIC INFORMATION
The public was informed of current issues and concerns. In addition, recommendations were made regarding pertinent issues.

INTERVIEWS AND TIMELY PRESS RELEASES WERE ISSUED

*Press Releases*
- Rabies incident
- Lead product recall and free blood testing program.
- West Nile Virus
- Battery Recycling
- Storm drain marking
- Lead product recall
- Ticks and mosquitoes
- Mold
- Childhood lead exposure

*Extensive interviews and column coverage*
- West Nile Virus update radio interview.
- Feature newspaper column on battery recycling and storm drain marking.
- An in-depth radio interview discussing lead poisoning prevention and battery recycling.
- Provided in-depth radio interview covering flooding, WNV, ticks, and mold.
- In-depth radio interview highlighting local storm drain marking event in Plymouth.
- Newspaper and radio coverage in at least two counties regarding West Nile virus updates to Local Emergency Planning Committees.
- Extensive West Nile Virus radio interview.
- Newspaper and radio coverage in at least two counties on childhood lead exposure.
- Sent out a news release on a lead product recall and free blood testing program.
- 1 radio interview and 2 news articles on battery recycling.
- Provided radio interview on preparing for and dealing with excessive heat.
- Distributed monthly news letters to libraries featuring water conservation, and head lice and flu prevention.
- Provided four interviews regarding the news release on Tularemia (1 newspaper, two radio station, and one TV).

**STAFF TRAINING AND EDUCATION:**
- Collaborated in the planning and execution of a five-county emergency exercise featuring a series of school bombings.
- Attended webinar on the EPA Community Action for a Renewed Environment grant.
- Attended Water Emergency Response Planning workshop hosted by NHHSS and the Midwest Assistance Program.
- Attended web cast on rural application of MAPP (Mobilizing for Action through Planning and Partnerships, a community health assessment tool).
- Staff took and passed an on-line course "Environmental Health Issues in Disasters", provided by Tulane University.
BIO-TERRORISM/PUBLIC HEALTH EMERGENCY RESPONSE

ASSISTANCE AND INVOLVEMENT IN COUNTY EMERGENCY RESPONSE PLANNING
Public Health Emergency Response Team (PHERT) Workgroups in each of the five counties met on a quarterly basis with the assistance of PHS to prepare plans, conduct training and exercises to address issues such as transportation, mass dispensing of pharmaceuticals, handling mass fatalities, providing triage centers and clinics, accommodating surges of populations and patients and implementing disease control measures. To address the duplication of effort the PHERT groups are being merged into the Local Emergency Planning Committee (LEPC) in each county.

STRENGTHENING EMERGENCY RESPONSE COMMUNICATION
PHS participated in area wide Communication Planning Meetings. PHS purchased a base station and two additional handheld UHF radio’s to enhance its ability to communicate in emergency situations. With programming by Jefferson County Emergency Management, PHS will have the ability to talk to all of our counties through this communication method. In addition an Emergency Notification System (ENS) was purchased to enable automated calling of volunteers and other groups in an emergency without draining personnel time. The PHS Communications Plan will be one of the components of a Standard Operating Procedures Manual. PHS Staff participated in a state-wide functional exercise on February 1, 2007 testing scanning and emailing capabilities of the TAC-PAK Communications System.

PHS SECURED TRAINING TO ASSURE STAFF COMPETENCE IN EMERGENCIES
Assure PHS has attended various training events to increase its technical capabilities and capacity to respond in emergencies. PHS staff participated in the Homeland Security required Incident Command and NIMS 100, 200, and 700 training.

PHS REVISED THE EMERGENCY RESPONSE PLAN
A Standard Operating Procedures (SOP) Guide was planned. This will include more detailed “action steps” of response for the department. In addition it will better address the needs of the vulnerable and special populations in the area. This also involves the Behavioral Health Disaster Planning efforts facilitated by Region V Systems. Initial contact was made with the Ministerial Associations for their ultimate inclusion in planning.

ASSESSMENT OF RISK WITHIN THE AREA
This was identified as an area to be strengthened in the coming year.

COMMUNITY PREPAREDNESS BANDWAGON PROMOTED
PHS jumped on board the community preparedness wagon by conducting radio interviews and providing print ads on pandemic flu preparedness. “BE AWARE, BE PREPARED” news releases were run in all district newspapers encouraging communities to think about personal preparedness and the steps they can take to prevent the spread of disease by using good hygiene practices. Continuity of operations, the ability to accommodate surges of people needing shelter or care and community strategies to isolate and stop the spread of a virulent virus were just a few of the topics addressed by local stakeholders within the PHS district. Businesses, local government, healthcare, schools, and faith communities all took part in local planning.

ESTABLISHING A VOLUNTEER NETWORK
PHS partnered with Region V Systems in 2004 to establish a VOLUNTEER NETWORK. This network already includes over 1,000 volunteers who are registered to serve in our five counties. Additional training and certification, such as Psychological First Aid, National Incident Management Systems (NIMS) and Community Emergency Response Team (CERT), are available to volunteers throughout the year to better prepare them to respond in an emergency. Region V will maintain a public health database. The Volunteer Partners of Lancaster County and the Region V Systems are merging to create a Medical Response Corp (MRC) for Southeast Nebraska. This will ensure that volunteer recruitment, development, training and maintaining will continue across our district.
A "MASS DISPENSING GUIDE FOR RURAL AREAS" WAS DEVELOPED.
Planning, guidance and resources need to fit the rural communities they serve. Where in a metropolitan area many responders or clinic workers would be paid staff, in rural areas local response is made by volunteers. Seeing the need to provide rural communities with a road map to making a large mass dispensing clinic work in their area, PHS partnered with two other health districts to create the Guide.

SOUTHEAST MEDICAL RESPONSE SYSTEM (SEMRS)
PHS Staff are a part of the Southeast Medical Response Systems (SEMRS) planning group. This group was developed to assist 16 counties in southeast Nebraska in achieving a better capacity to respond to a surge in medical events or outbreaks. This was their initial planning year with recommendations dictating how funds will be spent to support hospitals, EMS, and public health needs.
HEALTH AND WELLNESS

BREAST CANCER PREVENTION

High Incidence of Breast Cancer Identified in the 5 County District

Due to the high incidence of breast cancer in this area, priority was given to breast cancer risk factor awareness and early detection.

Innovative Program Developed for Prevention and Early Intervention

The Health Education Coordinator developed an innovative breast health awareness program, Teens Think Pink (TTP) for female high school teens age 17 and 18. This program promotes early development of life-long healthy lifestyle behaviors, and empowers teens to initiate discussions with female family members about breast cancer and prevention. These discussions provide support for practicing healthy lifestyle behaviors as well as accountability for regular screening for mothers, grandmothers, and other female family members. Fifty percent of the high schools in the Five County District chose to participate in this pilot project and 121 high school senior teens attended the sessions.

Teens Educated and Participate in the Program Across the District

Fifty percent of the high schools in the Five County District chose to participate in this pilot project and 121 high school senior teens attended the sessions. These included Meridian High School, Deshler High School, Adams High School, Tri-County High School, Thayer High School, Shickley High School and Friend High School. Three other schools have since indicated an interest. Both Doane and Southeast Community College students have supported the implementation of the program.

Program Evaluated and Determined Successful

The project was very successful. Teens in this age group are very interested in breast cancer prevention as average attendance at TTP programs was 90%. Evaluation results were as follows: 30% of the teens returned the evaluation documenting breast cancer and prevention discussions with female family members, 74% of these teens reported motivation to begin performing regular breast self-exams, 81% to eat more fruits and vegetables, and 74% to begin regular physical activity. Results of the teen initiated breast cancer prevention discussions within families: 71% of the adult female family members reported motivation to get regular physical activity and 68% to consume more fruits and vegetables.

A Teen Tells Her Story

- At the Nebraska Race for the Cure, a college student came to the Teens Think Pink Booth and volunteered to help promote intergenerational discussions regarding breast cancer and prevention. Here is her story. She was 14 when she found a lump. As frightening as it was to her, she did not feel comfortable telling anyone for 3 years. She lived with this fear that something terrible was wrong with her. Finally as a senior in high school she gathered the courage to tell her mother. She has since had 2 surgeries and regrets living with the fear for all those years. Her goal is to ensure that teens are comfortable discussing breast cancer and prevention within families. Her story will be featured in upcoming Teens Think Pink Breast Health Awareness activities

Securing Resources to Sustain Breast Cancer Prevention and Early Detection

The initial project proposal was funded by the Susan G. Komen Foundation. The funds were used for the development, implementation and evaluation of a program to educate and empower teen girls (ages 17-20) to develop positive breast health behaviors that facilitate prevention, early detection, and treatment. Funds are being sought to develop a DVD and materials that can be marketed to achieve sustainability of the program. Several entities have been approached with no success. However, Wal-Mart awarded the Teens Think Pink Breast Cancer Awareness program $500 to help with the efforts to market the program for funding. Ruth Wells, Regional Mary Kay Coordinator submitted a copy of the grant proposal to the Mary Kay Ash Foundation to assist in obtaining Think Pink Kit supplies. Other businesses across the area have made contributions to provide incentives for program participants. The recognition of the program at the Race For the Cure and the National Komen Foundation Conference are encouraging signs of the programs ongoing viability.
ASSISTANCE WITH SCHOOL WELLNESS POLICY IMPLEMENTATION

Federal School Wellness Policy legislation required each school to develop a wellness policy. The 55 schools in this 5-county region had the opportunity to receive assistance from the health educator in all stages of policy development and implementation. These opportunities included workshops at both ESU 5 and 6, mailings, and individual assistance in developing local programming that addressed physical activity and dietary choices for students and staff.

Workshops and Sessions for Staff
A staff/student wellness program was developed for the school food service employees in these 55 schools. This program was presented at the Nebraska Food Service Conference. The Health and Wellness Program Coordinator developed workshop for food service workers in the 55 schools in this 5-county region. The workshop addressed challenges and solutions related to providing healthy lunches to students and was hosted by Beatrice Public Schools. Each participant received 2 CEU credits.

Also provided were educational sessions at ESU 5 and ESU 6 on School Wellness Policy Implementation Workshops. Staff developed a PowerPoint presentation as well as informational packets. School Wellness Policy Committee members from schools in Saline, Thayer, Gage, Jefferson and Fillmore Counties attended this workshop. Workshop Coordinator, Beverly Benes, PhD, Assistant Administrator of Nutrition Services for the Department of Education requested the assistance.

Distribution of Health Education Material and Classes for Students
Over 200 health education material and items were distributed at the Back to School Family Event in Geneva. In addition, 50 pedometers were provided for a walking program at Thayer County Elementary School along with other customized educational materials. In response to a request from Terri Geman, Extension Agent in Fillmore County, staff did a presentation to her ABC's group. Assistance was also given with planning and implementation of an event for 3-6th grade students. This focused on the input/output of calories, the fast food, sugar content of foods and eating versus physical activity. Staff did 5 health education breakout sessions at the Parent Involvement Seminar at Fairbury High School. Provided information on school lunch program healthy menus for concerned parents. Provided 100 participants Health and Safety Bags to the coordinator of the Safety Day at Shickley Public Schools. The Health Educator assisted with the Back to School Health Event in Fillmore County.

Childhood Obesity Prevention Program for Hispanic Children and their Families
Staff compiled research, reviewed local data and developed a childhood obesity prevention program. In communication with community partners, it was determined that a faith-based, family focused program would be the most effective method of addressing the childhood obesity epidemic in the Hispanic population. The Project Proposal was called "No-besity". It was a Faith-Based Family Focused Project for Children 6 to 12. Five partnership meetings were held with potential Childhood Obesity Prevention Community Coalition members. Partners included representatives from the faith based community, parochial school, grocery, and other community organizations that serve this population. The program was developed on the belief that consistent healthy lifestyle messages within the church, school and community will have a positive effect on the participating families. This childhood obesity prevention education approach was intended to serve as the pilot for a program that could be adapted to other communities in the 5-county area. Eight letters of support were submitted from the community for this grant proposal. Unfortunately it is still waiting to be funded.

COMBATTING OBESITY AND PROMOTING FITNESS
Other chronic disease prevention and health promotion activities included media campaigns, providing customized programming for specific populations and organizations as well as health fairs, county fairs and community events. Staff helped with the Thayer County Men's Night Out, and 28 Day Walking Challenges for various organizations. Staff developed a Sedentary Death Syndrome Presentation. This became the most requested program by organizations within the 5 counties. These included the Crete Office of Health and Human Services, Thayer County Health services and several other organizations in Beatrice and Crete, etc. Staff assisted the Fillmore County Hospital Wellness Center in developing a fall walking program for women and provided 36 pedometers for the program. Staff supplied more than 50 pedometers to the Fillmore County Women to Women walking event. Assembled information packets and
gave out 55 pedometers to the Wilbur Senior Group. Staff sent 10 pedometers to Teri Gemar with the Fillmore County Extension for a physical activity program. In response to a request, staff provided 75 pedometers for a walking program at Thayer County Health Services. Staff also presented a program to kick-off the project. About 20 employees attended. Staff presented the award to the 28 Day Walking Challenge winner to the Crete Office of Health and Human Services walking program. The winner walked 120 miles in 28 days. Staff provided assistance to Doane College for the development of a staff/student walking program. Staff conducted blood pressure screenings at 2 locations in Fillmore County and 2 locations in Thayer County. Staff collaborated with the Crete Area Medical Center to develop and provide a Diabetes Presentation for a group of Hispanic families at the Blue River Center.

Working with Partners for Obesity Reduction
A program the Department developed in cooperation with the Blue Valley Community Action Agency (BVCAA) was just funded. The department was unsuccessful in establishing a partnership for the implementation of the program entitled Healthy Weights. After participating in the Healthy Weights Project Revision Meeting in Lincoln, the staff developed a new proposal for a collaborative program with Blue Valley. This proposal included an additional 50 participants from the PHS faith-based project in addition to 50 participants from the BVCAA WIC Program. BVCAA decided to do the project as a single entity.

DEVELOPING THE CAPACITY OF STAFF
Staff attended educational sessions at the annual Public Health Association of Nebraska (PHAN) Conference. Other sessions attended included a workshop entitled Building Strategic Partnerships for Prevention with Carolyn J. Fowler, PhD, MPH with John Hopkins University School of Public Health.

BUILDING THE CAPACITY FOR HEALTH IMPROVEMENT IN THE COMMUNITY
Increasing the capacity of communities and agencies to identify and respond to problems is a key public health role. This has been done in a number of ways including the provision of staff assistance and counsel to community coalitions, encouraging and or coaching agencies and helping agencies and communities identify and apply for funds to address needs. In this regard the department has assisted a number of organizations get funds to conduct services, some in partnership with the Department and others not. For example the staff provided information and application materials for a $10,000 General Mills Grant opportunity to a number of organizations including the Gage County P.A.T.C.H. Coalition and the Fillmore County Coalition. The department also applied for funds to sub grant to the BVCAA for the Healthy Babies Program. This is the last of four years of funding for this project. Staff also provided assistance to a number of community groups. This included creating a list of obesity and nutrition information resource websites for the Gage County PATCH Coalition website. Staff assisted the Evening in Pink Breast Cancer Awareness Event Planning Committee in organizing the annual breast cancer awareness event in Beatrice. Proceeds from the silent auction will go to the Teens Think Pink Project. Staff also collaborated with a group of Doane College students in creating a breast cancer awareness event and helped a Doane College professor and student initiate a multi-year research project on local breast cancer prevalence. Lastly, staff provided general assistance to a number of groups in the District including the Saline County Eldercare Board, the Gage County PATCH Coalition Strategic Planning Committee and the Fillmore County Coalition Meeting.
Public Health Solutions

STATEMENT OF GOVERNMENTAL FUND REVENUES, EXPENDITURES, and CHANGES IN FUND BALANCES/STATEMENT OF ACTIVITIES

For the year ended June 30, 2007

<table>
<thead>
<tr>
<th></th>
<th>General Fund</th>
<th>Emergency Preparedness</th>
<th>Other Funds</th>
<th>Total</th>
<th>Adjustments (Note 1)</th>
<th>Statement of Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Revenues:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grants</td>
<td>$ 345,679</td>
<td>$ 141,722</td>
<td>$ 182,577</td>
<td>$ 669,978</td>
<td>$ -</td>
<td>$ 669,978</td>
</tr>
<tr>
<td>Interest income</td>
<td>$ 13,417</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>$ 13,417</td>
<td>$ 13,417</td>
</tr>
<tr>
<td><strong>Total revenues</strong></td>
<td>359,096</td>
<td>141,722</td>
<td>182,577</td>
<td>683,395</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| **Expenditures/expenses:** | | | | | | |
| **Current:**               | | | | | | |
| Personnel                 | 158,609      | 62,068                 | 92,832      | 313,509 |                      | 313,509               |
| Benefits                  | 32,252       | 11,143                 | 14,519      | 57,914  |                      | 57,914                |
| Contract                  | 21,665       | 27,758                 | 65,068      | 114,491 |                      | 114,491               |
| Occupancy                 | 42,078       | 7,039                  | 6,975       | 56,092  |                      | 56,092                |
| Travel                    | 15,899       | 8,982                  | 4,467       | 29,348  |                      | 29,348                |
| Supplies                  | 29,693       | 8,367                  | 21,703      | 59,763  |                      | 59,763                |
| Public Health Education   | 3,393        | -                      | 217         | 3,610   |                      | 3,610                 |
| Depreciation              | -            | -                      | -           | -       | 20,676               | 20,676                |
| Loss on sale of fixed assets | -        | -                      | -           | -       | 229                  | 229                   |
| Utilities                 | 243          | -                      | 77          | 320     |                      | 320                   |
| Capital Outlay            | 7,670        | 5,015                  | -           | 12,685  |                      | 12,685                |
| **Total expenditures/expenses** | 311,502    | 130,372                | 205,858     | 647,732 | 8,220                | 655,952               |

| **Excess (deficiency) of revenues over expenditures** | | | | | | |
| 47,594 | 11,350 | (23,281) | 35,663 | (8,220) | 27,443 | |

| **Other financing sources/(uses):** | | | | | | |
| Transfers--internal activities | (11,373) | (18,284) | 29,657 | - | - | - |

| **Excess (deficiency) of revenues and transfers in over expenditures and transfers out** | | | | | | |
| 36,221 | (6,934) | 6,376 | 35,663 | (8,220) | 27,443 | |

| **Change in net assets** | | | | | | |
| Beginning of the year   | 200,037 | 32,054 | 25,373 | 257,464 | - | 317,350 |

| End of the year | $ 236,258 | $ 25,120 | $ 31,749 | $ 293,127 | - | $ 344,793 |
Public Health Solutions
GOVERNMENTAL FUNDS BALANCE SHEET/
STATEMENT OF NET ASSETS
June 30, 2007

<table>
<thead>
<tr>
<th>Assets</th>
<th>General Fund</th>
<th>Emergency Preparedness</th>
<th>Other Funds</th>
<th>Total</th>
<th>Adjustments (Note H)</th>
<th>Statement of Net Assets</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash</td>
<td>$255,094</td>
<td>$</td>
<td>-</td>
<td>$255,094</td>
<td>-</td>
<td>$255,094</td>
</tr>
<tr>
<td>Grant receivables</td>
<td>-</td>
<td>30,338</td>
<td>38,509</td>
<td>68,847</td>
<td>-</td>
<td>68,847</td>
</tr>
<tr>
<td>Prepaid Insurance</td>
<td>5,389</td>
<td>-</td>
<td>-</td>
<td>5,389</td>
<td>-</td>
<td>5,389</td>
</tr>
<tr>
<td>Capital assets net of accumulated depreciation</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>51,666</td>
<td>51,666</td>
</tr>
<tr>
<td>Total Assets</td>
<td>$260,483</td>
<td>$30,338</td>
<td>$38,509</td>
<td>$329,330</td>
<td>51,666</td>
<td>$380,996</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Liabilities</th>
<th>Amount</th>
<th>Amount</th>
<th>Amount</th>
<th>Amount</th>
<th>Amount</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accounts payable</td>
<td>$5,415</td>
<td>$</td>
<td>$</td>
<td>$5,415</td>
<td>-</td>
<td>5,415</td>
</tr>
<tr>
<td>Accrued compensated absences</td>
<td>13,653</td>
<td>5,218</td>
<td>760</td>
<td>19,631</td>
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<td>19,631</td>
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<tr>
<td>Payroll liabilities</td>
<td>5,157</td>
<td>-</td>
<td>-</td>
<td>5,157</td>
<td>-</td>
<td>5,157</td>
</tr>
<tr>
<td>Deferred income</td>
<td>-</td>
<td>6,000</td>
<td>-</td>
<td>6,000</td>
<td>-</td>
<td>6,000</td>
</tr>
<tr>
<td>Total Liabilities</td>
<td>24,225</td>
<td>5,218</td>
<td>6,760</td>
<td>36,203</td>
<td>-</td>
<td>36,203</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Fund Balances/Net Assets</th>
<th>Amount</th>
<th>Amount</th>
<th>Amount</th>
<th>Amount</th>
<th>Amount</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Fund</td>
<td>236,258</td>
<td>-</td>
<td>-</td>
<td>236,258</td>
<td>(236,258)</td>
<td>-</td>
</tr>
<tr>
<td>Emergency preparedness</td>
<td>-</td>
<td>25,120</td>
<td>-</td>
<td>25,120</td>
<td>(25,120)</td>
<td>-</td>
</tr>
<tr>
<td>Other Fund</td>
<td>-</td>
<td>-</td>
<td>31,749</td>
<td>31,749</td>
<td>(31,749)</td>
<td>-</td>
</tr>
<tr>
<td>Total fund balances</td>
<td>236,258</td>
<td>25,120</td>
<td>31,749</td>
<td>293,127</td>
<td>(293,127)</td>
<td>-</td>
</tr>
<tr>
<td>Total Liabilities and Fund Balances</td>
<td>$260,483</td>
<td>$30,338</td>
<td>$38,509</td>
<td>$329,330</td>
<td>51,666</td>
<td>$380,996</td>
</tr>
<tr>
<td>Invested in capital assets, net of related debt</td>
<td>51,666</td>
<td>51,666</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Unrestricted</td>
<td>293,127</td>
<td>293,127</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Net Assets</td>
<td>$344,793</td>
<td>$344,793</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

See accompanying notes to the financial statements.