Public Health Solutions District Health Department
Annual Report
July 1, 2009 – June 30, 2010

Public Health Solutions District Health Department serves roughly 58,000 people in the 5 county district composed of Saline, Thayer, Fillmore, Jefferson and Gage Counties. The Department was formed in 2002 under State legislation that enabled the creation of local health department statewide. The Department received $245,678 in infrastructure funds pursuant to LB 692 and $106,166.68 for assessment and surveillance through LB 1060.

The following report describes the advancement of public health within the Public Health Solutions District during the period of July 1, 2009 to June 30, 2010. Activities and outcomes are presented within the framework of the three core functions and ten essential services of public health.

Mission Statement
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.

Vision
We are a proactive, cohesive team that is priority driven, anticipates and is responsive to the needs of the community and is guided by a strong Board of Health. We are trusted and respected by the communities that we serve as the local Public Health authority, to address the Public Health needs of the constituency. We are recognized within the district as a source of knowledge and expertise, as a partner, collaborator and change agent that stays involved to assure problems are resolved. We foster a positive, healthy and supportive work environment which builds on strengths, is innovative and mentors staff toward professional development, thereby attracting and retaining high quality, knowledgeable and passionate staff. We are an organization where individual roles, contributions and diversity are understood and valued. We are sustained by a reliable, diverse and growing funding source.

Major Health Problems Identified by the PHS Board of Health

| Childhood lead poisoning                  | Weakening families                      |
| High rates of injuries (elder falls and auto) | Decreasing access to health services   |
| Low levels of cancer screening            | Teen pregnancy                          |
| Lack of Dental services for elders and kids | Declining health manpower              |
| Increasing rates of diabetes and obesity  | Lack of Transportation                  |
| Weakening of the rural health care system | Loss of population and revenue          |
CORE FUNCTION: ASSESSMENT

- **MONITOR HEALTH STATUS AND UNDERSTAND HEALTH ISSUES FACING THE COMMUNITY.**

The Public Health Solutions District Health Department has progressively increased its range of surveillance activities and its effectiveness. These improvements have been in large part a result of the deepening of relationships with health care providers and other key entities in the District. Surveillance activities include passive surveillance where reports come to the Department. These include births, deaths, disease reports, citizen reports, emergency reports, environmental monitoring, referrals, etc. The Department also conducts active surveillance when disease outbreaks and public health threats are anticipated. Examples of such activities include school absence surveillance, hospital admissions surveillance, questionnaires to population groups, and phone surveys.

The work of the Department does not end with the collection of information. The information is analyzed to determine the existence of outbreaks, trends in illness, the transmission pattern of illness and the severity of the threat to the public. Following this, the department uses the data as well as science-based information to determine the best measures to control threats and protect the public. This is done with and through the health care system as they are our public health partners. Since many threats to public health are a result of the behavior of people, their lack of access to screening, lack of awareness or their lack of access to services; the department also uses a science-based approach in working with the community to determine priorities to address and the best ways to do so. Data help define the risks for injury and disease for the PHSDHD population and serve as a basis for intervention planning and outcome measurement. Again the department works with and through the Community.

**Current Department Data Collection Efforts**
The Department collects data directly, by reports, or through contracting for the collection of data. A summary listing of collected data follows:

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

**Influenza Surveillance:** The 2009-2010 H1N1 Influenza Outbreak allows us to illustrate the Department’s role in active and passive surveillance of an outbreak over an extended period of time. The Department’s surveillance activities included monitoring school absences due to illness, hospital influenza-illness (ILI) inpatients, outpatient ILI reports, laboratory testing, and citizen calls and other reports.
- **School Illness Surveillance.** The PHSDHD not only monitored the absences from illness in all the schools within the District, it investigated any elevations in illness and provided consultation and assistance to the schools to minimize the spread of illness. Examples of problems included MRSA, scabies, influenza, gastrointestinal illnesses and whooping cough.

- **Hospital and Outpatient Influenza Like Illness (ILI) Surveillance.** All six hospitals within the health district worked with the department to track the number and severity of influenza-like illness (ILI) admissions, staff illness and shortages due to ILI. In addition to this, the Department worked with each facility to assure that all measures were taken to contain the illness and to assure that the facility maintained adequate supplies.

- **Long Term Care Facility Surveillance.** The long term care facilities cooperated in the surveillance program, providing information on residents and/or staff that might be ill. Surveys to Monitor Mitigation efforts Related to H1N1 response. The PHSDHD provided support and worked with each facility to help assure that necessary measures were taken to contain any illness, the illness and to assure that the facility maintained adequate supplies monitored reports in a variety of facilities and from the general public and offered assistance and/or implemented measures to control illness as needed. The Department also kept an eye on the availability of needed supplies, medication and information.

- **Head Start/Early Head Start** The PHSDHD not only monitored the absences from illness, it investigated any elevations in illness and provided consultation and assistance to minimize the spread of illness.

**West Nile Virus and Vector Surveillance:**
The Department coordinated disease surveillance and prevention for West Nile virus again this year. In addition to collecting dead birds and sampling mosquito pools in the district to gauge prevalence of the disease, staff also used external funding to distribute educational and prevention materials to the community to reduce the risk of contracting the disease. This initiative was again completed in conjunction with the State. (no cases in June-July 2010).
Public Water System Violations Tracking and Response
The Department tracks public water system violations by community/system and violation type, to be able to identify trends in risks and hazards that can threaten the provision of clean, safe drinking water. By doing this, PHS can help bring attention to systemic problems with their water sources and monitoring and notification programs and help communities address them. (2010 data incomplete)

The Department continues to expand efforts to identify and maintain databases for use in assessment and monitoring functions, and to provide a planning resource for area health care facilities. Special emphasis has been placed on doing data collection and analysis locally, and using the results to drive program development and provision of services.

Use of Technology in Public Health Surveillance
Geographic Information System (GIS) was used to track H1N1 cases in the district and across the state, potential for lead exposure, and vulnerable populations.

Required and Communicable Disease Surveillance.
The department monitored and investigated disease reports using the NEDSS system (National Electronic Disease Surveillance System) and direct reports from providers. Not only were investigations conducted but each report was reviewed to assure that all measures to prevent the spread of the reported illness were implemented. This year the PHSDHD received well over 100 reports of illness requiring investigation and response. 95 of these were NEDDS system reports. These included diarrheal illnesses such as salmonellae and E Coli, vector borne illnesses from mosquitoes and ticks, hepatitis, TB, MRSA, respiratory illnesses and invasive bacterial disease. The reports of H1N1 influenza A and other local reports were uncountable.

The NEDDS reports received and investigated are as follows:
- Campylobacteriosis: 17 Cases
- Human Monocytic Ehrlichiosis: 1 Case
- Cryptosporidiosis: 1 Case
- Giardiasis: 2 Cases
- Group A Strep, invasive: 2 Cases
- Group B Strep, invasive: 3 Cases
Invasive Haemophilus influenzae: 1 Case
Hepatitis A, Acute: 1 Case
Hepatitis B, Chronic: (includes probable and confirmed) 3 Cases
Hepatitis C, Chronic or Resolved: 3 Cases
Novel Influenza A Infections: 28 Cases
Pertussis: (includes confirmed, probable, and suspect) 3 Cases
Staph aureus, invasive (MRSA): 2 Cases
Salmonellosis: 12 Cases
Shiga-toxin-producing E. coli (STEC): 5 Cases
Shigellosis: 7 Cases
Strep. pneumonia, invasive disease (IPD): 3 Cases
West Nile Fever (includes probable and confirmed): 1 Case, probable

Behavioral Risk Factor Survey (BRFSS).
The PHSDDHD completed the data collection for the BRFSS survey for Jefferson County this year and initiated the data collection for Fillmore County. The data for the reports for Gage and Jefferson Counties are being analyzed so the reports can be released next year. The survey of the fifth county, Thayer will be initiated next year as well. Each year one county is surveyed to assist with the identification of problems and priorities at the local level and also to enable each community to monitor their progress in improving health status.

- **PROTECT PEOPLE FROM HEALTH PROBLEMS AND HEALTH HAZARDS.**

PHS staff investigated over 400 disease reports and environmental concerns within the District. In addition, staff answer queries from public and health care providers on topics ranging from radon to potable water, proper disposal of medical waste, food spoilage, rabies titers in veterinarians, MRSA exposures and vaccine adverse events, to name a few. The Public health Solutions District Health Department investigated disease and syndromic reports, assessed the threat and provided guidance and direction on how to avoid or minimize the chance of illness or injury. Reports of rabies were particularly problematic because of the recent flooding and the resultant displacement of the wildlife. Scabies also became a problem. While scabies are not a significant public health threat, people find infestations and exposures to be frightening. We worked extensively with the schools and parents to remedy the problem. MRSA is now an expected problem each year, particularly in schools. Consequently the department sends material and guidance out to schools and their coaches at the beginning of the school year. Then as reports come in we give each case the personal attention needed. Complaints about unhealthy housing conditions continued through the year as in years past. The mold was more of a problem this year because of flooding. Other problems involved unsafe conditions, nuisances, elder abuse and hoarding.

**Environmental Health Monitoring, Investigation, and Education/Outreach**
In the past fiscal year Public Health Solutions District Health Department has responded to 103 environmental health-related inquiries, reports, requests and incidents. As part of assuring public awareness of environmental health issues and topics, PHS provided 19 news releases and presentations producing numerous radio and newspaper pieces.
- 17 complaints (10 nuisance/general, 2 mold, 2 food safety, 1 air, 1 water, 1 lead based paint hazard)
- 60 inquiries and requests for information (12 radon, 9 lead-based paint, 7 mold, 6 waste, 6 general, 3 toxics, 3 food safety, 3 rabies, 3 recycling, 2 water, 2 nuisance, 1 waste, 1 pests, 1 lice, 1 West Nile virus)
- 19 news releases and presentations (healthy housing, flooding, water quality), prompting at least 6 radio interviews and numerous newspaper articles
- 10 reports (2 food, 2 general, 2 water, 2 rabies, 1 mold, 1 nuisance)
- 11 reports of violations (6 smoking ban, 5 water system)
- 5 spills/releases (ammonia, gas pipeline, coal/steel)

**Brownfield Identification and Action Assessment**
As an outgrowth of the Basis Project of environmental assessment and planning, the Department collaborated with other agencies including the EPA in the identification of Brownfield sites across the District. These sites were inventoried and assessed for potential funding for Brownfield site redevelopment.

**Rural Assisted Electronic Defibrillator Program**
The RAED project is a grant-funded effort to distribute automatic external defibrillators (AED) to rural areas. The focus has been on strategic placement of AEDS in schools, community centers, libraries, senior citizen facilities and other sites where groups gather. Along with placement of the device, training must be provided on safe usage and maintenance. The Public Health Nurse coordinating this project has done extensive networking with first responders, city officials, business leaders and health care providers. She has developed site agreements, maintenance schedules and a marketing campaign to make the public aware of this project and the importance of CPR training and bystander intervention.

Response to cardiac incidents in rural areas is slowed by sparse populations and large distances. The Department received an RAED grant in partnership with the County Emergency Managers and emergency response system. The purpose of these funds is to decrease the interval between cardiac events and medical intervention, thus improving outcomes and survival. The grant provides for the placement of AED devices and the training of the public in CPR and AED usage. The PHS was able to apply for these funds and demonstrate need through the use of infrastructure funds. The first step in the project is an inventory of existing units followed by an analysis of potential sites for AED placement. This involved work with the Red Cross, County Emergency Managers, Village/City Clerks, EMTs, Fire Departments, Police Departments and schools. Assuring that each device is properly maintained and tested was important. Older or inoperable devices were replaced and 21 new devices were purchased for placement in mobile and stationary sites.

**H1N1 Outbreak Surveillance and Control.**
This was a tremendous initiative to protect the health of residents in the District. Based upon surveillance and science based information the department worked with the state health department and CDC to take the best measures to protect the health of the public. A community mitigation plan was developed in cooperation with key people within the District and state. This plan included ongoing surveillance, the establishment of control measures for certain settings and the distribution of material and information to assist in the control efforts in those setting. Vaccine was developed later in the outbreak. When this was done, a distribution mechanism was put in place to conduct the immunization program as part of the overall community Mitigation plan. In all 13,685 H1N1 immunizations were given within the District through health care provides. In addition, the Department gave 4,547 in schools and special clinics. To aid in community control measures, 20,000 children’s masks, 10,000 adult masks, 2,000 N 95 masks, 2,500 forehead thermometers and 200 bottles of sanitizer were distributed. In addition, cots and blankets were made available. The Department maintained weekly and sometimes daily contact with the NDHHS and CDC to assure timely information and response. H1N1 mobile clinic operations in Beatrice – including marketing via, print, e-mail, radio (KUTT/KWBE & Froggy 98), signage, and additional operational needs.

**Childhood Lead Poisoning Prevention and Case Management**
Lead poisoning is a significant problem in the District because of the older housing stock and the lack of economic growth in the District. Such growth often enables the renovation and replacement of older homes. Added to the problem of older housing stock is the declining
maintenance of properties because of the economic decline in the District. Staff regularly follows up and works to reduce lead exposure in children with elevated or increasing levels of lead. In all staff worked to reduce lead levels in 121 children and worked with area health care providers to increase lead testing of children at risk. Three homes were comprehensively assessed for the presence of lead. Staff conducted extended case management for 11 lead-exposed children and their families, some of which were extremely overdue for follow-up testing and some whose latest test results show an increase in lead exposure since their previous health care screen. Staff also coordinated with city building inspectors on case management for lead poisoning case in a rental property.

**Smoke Detectors to Reduce Childhood Death and Injury from Fires**
PHS Staff provided education and tools to Latino population in Saline County to properly install and maintain smoke detectors to reduce the likelihood of childhood injury and death through fire. Children and families were educated about the importance of detectors and what to do when one alarms. Materials were distributed to over 1,400 individuals through Latino businesses and churches, and through a variety of events including: Optimist Safety Day, Kick-off Summer Reading program, Saline County Fair, Office of Minority Health Pandemic Exercise and immunization clinics. Smokey the Fire Dog was present to meet and greet the families that attended events, reaching approximately 550 people. The Lincoln Fire Department provided smoke detector installation training for PHS employees, outreach worker and community partners. The Outreach Worker and PHS home visiting nurses inspected homes for working smoke detectors. The Outreach Worker went door to door in areas with high risk homes to offer smoke detector inspection and/or installation and to educate the occupants. In all PHS staff installed batteries for 72 existing smoke alarms and installed 137 new smoke alarms. Of the homes visited, 42% live in a home that has a smoke alarm but did not know whether it worked or how to maintain it.

**Radon Testing, Education and Remediation**
Radon is the second leading cause of lung cancer in the United States. Results of Rapid Radon Tests obtained from PHS District confirm that radon is a common problem. Activity to begin remediating this problem is pending the identification of resources. More than 80% of the tests results so far indicate that the home contains unhealthy levels of radon.

**Tuberculosis (TB) Control Program**
Two active TB cases were reported this year, both requiring extensive follow-up. After testing the individuals involved, it was determined that they required Directly Observed Therapy (DOT). For several months, Public Health Nurses were required to give the individuals their daily dose of antibiotics. The nurses also conducted an extensive investigation of contacts, leading to additional testing and the discovery of additional individuals requiring treatment.

**Directed Measures and Nuisance Control Regulations**
These regulations enable the Department to exercise its quarantine and isolation authority. These regulations were approved by each of the 5 counties and then subsequently adopted by the PHS Board of Health. These had been drafted and revised at the direction of the NDHHS.
These will enable the Department to exercise its control authority within the Jurisdiction of the Counties.

**Emergency Preparedness Activities**

- **Response to Flooding**
  In response to an advisory concerning potential flooding on the West Fork of the Big Blue, Big Blue, and Turkey Creek – PHS staff meet to identify an ‘action plan’. Action plan categories included potable water, wastewater management, vector control, vaccination of emergency responders, communication, public education/outreach, vulnerable populations. Department staff communicated with emergency management, BOH, hospitals, 1st responders and elected officials.

- **Collaboration and Support to District Responders**
  PHS sent a mass mailing to volunteer fire/EMS units in the District. The mailing requested an update of contact information from the squads, and provided them two (2) cd’s; the *Emergency Response Guidebook 2008* and the Department of Transportation – Pipeline and Hazardous Materials Safety Administration’s *General Awareness/Familiarization Transportation of Hazardous Materials*. Additional communications shared with our response partners included information about responding to electric automobile accidents & new NIOSH guidelines for protecting paramedics from blood borne pathogens. The ERC worked with the Jefferson County Emergency Manager to provide support and technical assistance to Jefferson Community Health Center for emergency planning pertaining to water resources. Collaborative meetings were held with the with Red Cross chapters serving the District, the County Emergency Managers, and the Nebraska Emergency Management Agency (NEMA) and the PHS staff. The ERC is worked with staff from Fillmore County Hospital & Warren Memorial Hospital to identify planning and training needs & coordinate trainings. This included Hazard Vulnerability Assessments for hospital facilities. PHS is supplied Jefferson County 150 pamphlets and readiness pill boxes for the Counties Safety Day event held in July. The Director serves as Secretary of the Tri County LEPC. An application was submitted to establish a Medical reserve Corps (MRC) for the District.

- **Volunteers**
  The Department regularly participated in the Southeast Medical Response System (SEMRS), collaborates as part of the Region V sponsored Southeast Nebraska Volunteer Registry. We worked with our public health neighbors and partners in volunteer management on the Southeast Disaster Volunteer database. A meeting was hosted and facilitated by Region V regarding previous collaboration between public health and SEMRS regarding volunteer recruitment and database management. Effort focused on preparing a strategy for presentation to DHHS to secure further funding of a Southeast Nebraska volunteer database with approximately 1300 individuals. Held an initial meeting of ‘Hispanic Emergency Preparedness Advocates’. Attended by 5 members of the Crete Hispanic community. The goal of the initial meeting was to inform the advocates of the department’s goals in developing the group, have the advocates identify ‘next steps forward’. We also took the opportunity to visit
with the representatives about the Hispanic communities understanding of the Department, services, and H1N1. The group decided to meet again in December, and recruit additional Hispanic advocates to participate.

- **Back up for Gage County Sub Hub**
  The Department continued efforts to develop a Crete/Saline County SNS sub-hub site, meetings with Chief Hensel, Crete Police Department, Tom Ourada, PW Director and Crete Mayor-Tom Crisman were held to identify potential command staff and assigned follow-up tasks.

- **Hispanic emergency preparedness outreach & education**

  PHS coordinated and facilitated the last meeting (community forum) in a series of three; targeted in the Crete Hispanic community on Pandemic/Influenza awareness. As a result of this effort the Department held an initial meeting of ‘Hispanic Emergency Preparedness Advocates’. Attended by 5 members of the Crete Hispanic community. The goal of the initial meeting was to inform the advocates of the department’s goals in developing the group, have the advocates identify ‘next steps forward’. We also took the opportunity to visit with the representatives about the Hispanic communities understanding of the Department, services, and H1N1. The group decided to meet again in December, and recruit additional Hispanic advocates to participate. Due to the difficult winter weather observed in Nebraska this past winter meetings had to be postponed. Activities were refreshed when DHHS Office of Minority Health approached the Department about continuing pandemic outreach/education efforts in minority populations. The Department discovered during the 2009 meetings that within the Hispanic population in Crete, a significant proportion originate from Guatemala. This is sizeable because individuals from Guatemala can have very unique communication needs. Guatemala has approximately 23 Native Indian languages that are not common to Spanish. Individuals from Guatemala may have limited Spanish skills thereby limiting the family’s ability to navigate the community and respond during times of crisis. PHS proposed to DHHS-OMH that we focus on education and outreach efforts within the Guatemalan population; identifying native language needs and recruitment of local advocates. Partners that have been approached include Farmland, Crete Public Schools, Blue Rive Special Programs, and Hispanic Churches. The one night evening event will be held in August, but community planning with Hispanic partners continued up to the day of the event. Of the Hispanic immigrant population in Crete, it is estimated that approximately 30% are Guatemalan with unique native Indian language needs. PHS is to host and facilitate a planning meeting July 12th, with community advocates, and the
evening event will be August 4th. Dinner and day-care will be provided and cost associated are part of the expense covered by DHHS-Office of Minority Health.

- PHERT’s (Public Health Emergency Response Teams)
The ERC worked with the Director on the Department’s Public Health Emergency Response Team’s, and initiated an effort to revitalize the teams. Initial activities included identifying who from each of the 5 counties had been involved, and what the PHERT’s had worked on in the past.

The following meetings were conducted:
- Thayer County – Courthouse Club Room May 25th
- Fillmore County – VFW May 26th
- Jefferson County – Jefferson Community Health Center May 27th
- Saline County- Ben’s Iron Grill May 27th
- Gage County- Valentino’s June 1st

The Jefferson County PHERT (Public Health Emergency Response Team) met a second time on June 24th; participants included emergency management, hospital, law enforcement, EMS, fire, county commissioner, schools, Region V, Red Cross, CERT, and SERC. A presentation was given by Teresa Gomez, Region V on the Southeast Nebraska Volunteer Registry - discussion continued on the application of the Registry for Jefferson County, the group also discussed past assessments completed for Jefferson County relating to risk/threat. We reviewed the NRD’s risk assessment and Sharon Vandegrift-JCHC shared her experience with the Federal Department of Homeland Security assessment. Next meeting will be August 26th.

**CORE FUNCTION #2: POLICY DEVELOPMENT**

- **GIVE PEOPLE INFORMATION THEY NEED TO MAKE HEALTHY CHOICES.**
  Health education is a core component of much of what we do, so all of the PHS staff members engage in public health education activities on a host of topics to a multitude of audiences throughout the Health District, including community and professional organizations, local government officials, schools, faith-based organizations, and others. In addition, PHS conducts programs to provide information to the public to encourage specific health choices.

**Use of Social Media**
PHS utilizes its Website, Twitter and Facebook to provide information to the public as well as routine updates on what the department is planning and accomplishing. PHS maintains its website in-house, updating it with information at least weekly, and as needed for more pressing issues. Updates on H1N1, flooding, heat advisories, etc. were posted as they became available to provide the most current locally relevant information available to the media and the general public. Likewise, Facebook and Twitter were used as adjuncts to provide information to different segments of the population.
Intervention Program to Reduce Obesity Among Hispanic Females

The Intervention Program focuses on community health education. Public Health Solutions has established partnerships with local churches to provide Salud Para Su Corazon (Your Heart, Your Life) classes and the Living Well program. This past year these six-week series have been presented at the Ministerios yo soy de la Puerta Jehovah’s Witness, Dios es Amor and Sacred Heart Catholic churches. Juva de Gracias, a church with a primarily Guatemalan congregation has recently joined the program. A class was also offered at the Public Health Solutions office. Specially trained bilingual Promotora staff lead the class and provide the instruction. Public Health Nurses provide pre and post health screenings, including measurement of blood pressure, blood glucose, total cholesterol, abdominal girth and weight. The grant funding has been renewed for the next fiscal year, and another class is scheduled to begin in September, 2010. As promotion of health literacy is an ongoing goal of all programs, 21 Health Literacy Kits were distributed at the Ministerios yo soy de la Puerta.

This program was funded by the State as well as with infrastructure funds. From its inception it has focused on reduction of obesity and health lifestyles. However, over the years the programs used have changed in response to changing program emphasis at the state level. In all cases the programs have been conducted with and through the Hispanic churches, focusing on Hispanic females. The Your Heart, Your Life program was offered in three Latino churches in Crete: Dios es Amor, St. James Catholic Church and Jehovah’s Witness Church. As part of the program a PHSDHD nurse provided health screenings, including blood glucose, total cholesterol, weight, blood pressure, and abdominal circumference at the first session. Staff also worked with the churches to assist and encourage them in implementing a church-wide wellness policy with establishment of a wellness council within the church. Planning and preparation for the Living Well classes to instruct those with chronic health conditions how to better manage their disease. As part of a new initiative, the Hispanic health educator/promotora was trained in the Hispanic version of Living Well at Stanford University. Both Hispanic and English speaker trainers will be developed in the District and the State.

Radon Education and Distribution of Testing kits

Staff conducted education in radon through in person contacts and through electronic and social media. Free radon kits were made available at the department and through Cooperative extension Offices in each County. Others were made available at health fairs. News releases, radio interview, Twitter and Facebook notifications were issued about radon and the availability of test kits. 38 kits distributed directly. More than 80% of the tests results so far indicate that the home contains unhealthy levels of radon.

Other topics Addressed through Fairs and Other Venues.

Topics addressed included: Healthy Weights, Your Heart Your Life, fluoridation, personal preparedness for emergencies and actions in severe weather. Staff coordinated participation in the CAMC Health Fair and Saline County Severe Weather Seminar. In addition staff coordinated the use and display of the Custer County Emergency Management’s ‘Shelter in Place’ display for the Jefferson County Home and Garden Show. During the show we visited with 73 individuals about emergency preparedness, kits, and sheltering. Staff provided a presentation to
environmental science high school classes on water pollution prevention, volunteer water quality monitoring

**Southeast Nebraska Baby and Me – Tobacco Free**
This program focused on reducing smoking among pregnant women. The need for this emerged from the District Maternal and Child Health Coalition. Staff worked with CAMC clinic operations manager to identify six clients in Saline Co. who qualify for enrollment. Family Health Services reported that they had no success enrolling women in the Jefferson and Thayer Co. WIC clinics. FHS facilitator reports one woman had registered for the program but failed to show for her first class. The Women’s Health Clinic in Gage County enrolled 9 clients who have attended two to three classes and remain tobacco free. BVCA was not able to motivate smoking pregnant women to enroll in the program in their WIC sites. Site visits are planned to assess problems with the program as well as what might be done to improve participation. The Southeast Nebraska Baby and Me Tobacco Free Program is partially grant-funded smoking cessation program for pregnant women. This initiative is active in all five counties, where designated providers identify pregnant women using tobacco and offer assistance. Women successfully participating in the program receive monthly vouchers for free diapers. To date, 12 women have been recruited for the program in Gage County. The Public Health Nurse who recently assumed responsibility for this effort has been very active in contacting the providers, assessing progress and providing technical assistance. The goal is to recruit 40 participants by the end of 2010.

**West Nile Virus Education and Prevention.**
Staff conducted media interviews and releases to encourage the public to take precautions to reduce their contact with mosquitoes and to reduce mosquito breeding grounds. Discs were made available to kill larva, and bug bands were made available for personal protection in conjunction with the media campaign and social media effort.

**Protecting Yourself Against H1N1.**
Using risk communication and educational messaging, including brochures, radio PSAs, print media (newspapers, newsletters, flyers), press releases, health alert notifications, and website posts, PHS staff kept up-to-date flu prevention information in front of the public. A special focus was directed to schools through the faculty and school nurses.

**Cool Pool Sun Safety Program.**
This program to educate the public about sun exposure and to provide a shade structure was implemented in the Hebron pool. Because only a $1000 is made available for this program, health funds covered a portion of the cost of the program. PHS established a partnership with Hebron Pool to coordinate sunburn prevention activities during the swimming season of 2009. PHS met with the pool manager on-site before the start of the season to plan for display and distribution of supplies (educational materials and sunscreen). A skin cancer prevention presentation was conducted with Hebron pool staff, including manager, lifeguards, and swim class instructors. With input from the pool manager, PHS distributed education materials sunscreen supplies were selected in lieu of shade structures because of cost and effect - the layout and needs of the facility suggested that more expensive structures would be needed in
order to be effective. Patrons of the Hebron Pool were provided with the encouragement and
information they need to avoid sunburn, and given a permanent shade option through the new
shade structure.

**General Community Health and Safety**

Presentations on health and safety were conducted on timely topic identified as priorities
within the district. Staff provided radio interviews on food safety and food borne illness
prevention. Using an intern the department conducted a bike safety event at the Thayer County
Fair. 39 community residents stopped by booth; 8 kids received helmet and bike safety
presentation & melon mash. Staff coordinated with Keep Beatrice Beautiful and the
Groundwater Foundation to provide well water testing for nitrates at the health fair. Press
releases drafted and sent out for all five communities regarding the 28 Day Walking Challenge
winners & program information; communication with principals/administrators regarding prize
awards & potential awards ceremony; personal notes of congratulations written to winning and
most improved classroom teachers.

**Information Exchange.**

Staff members participate in many committees, boards, and organizations that allow for the
exchange of information and data about issues that affect the public’s health. In addition the
PHS’s local health alert network ( a complimentary effort to the state HAN) is used to provide
important public health information to physicians, hospitals, laboratory staff, school personnel,
pharmacies, emergency managers, long-term care facility staff, and many others. Through blast
fax, e-mail distribution, and our web-based notification system, we sent health updates,
advisories, or alerts to notify, for example, health care providers about H1N1 vaccine status,
vaccination guidelines or reporting

- **ENGAGE THE COMMUNITY TO IDENTIFY AND SOLVE HEALTH PROBLEMS.**

A priority for PHS is to provide facilitation for -- and collaborate in --community partnerships
that address public health issues. These efforts involve other organizations and the community
at large.

**Improve Health Through Worksite Wellness Initiatives**

Data was compiled and an application written and submitted to the Peter Kiewit foundation.
This was not funded. Staff followed up with the Freeman School Nurse regarding Wellness
Program. Staff also assisted Doane College in developing and testing an online teaching system,
recruited 20 volunteers, scheduled to present to high school class on the project. Remaining
activities: provide consultation as volunteers complete the training, testing and evaluation.
Attended the Gage County BRFSS presentation @ UNO.

**Teen Pregnancy Intervention Committee of Crete TPICC**

An in depth report was developed on teen pregnancy as a Capstone Project by a UNMC
student. A marketing presentation to inform the public about the problem of teen pregnancy
was prepared by members of TPICC. Work was done to engage larger organizations to partner
with us to apply for Federal funds. Unfortunately were could not engage another organization.
Both the state and BVCA went ahead and submitted applications without our involvement. Neither was funded.

**Cancer Coalition of Fillmore, Saline, Thayer, Jefferson and Gage Counties**

A District Cancer Coalition was developed with a combination of State funds and infrastructure funds to raise awareness of the importance of cancer prevention and screening. Staff recruited interested people from throughout the 5 county District. These were drawn from department contacts and from suggestions from the cancer Society. The coalition developed a strategic plan for raising awareness and promoting prevention through screening. Media spots were selected and aired to coincide with other Coalition events. Bulletin inserts were placed with Hispanic churches, a Colon Cancer Power Point was prepared for training and two promotoras in attended a training session. This year has seen a major marketing campaign with the involvement of print, radio and television media. Letters were sent to business leaders and posters distributed throughout the district. Public Health Nurses have given presentations to a number of community organizations including senior centers, schools, workplaces and health fairs. The bilingual Promotoras on staff at Public Health Solutions have received health education related to cancer prevention and screening, and have provided this information in Spanish to various venues. Public Health Nurses have continued to network with community stakeholders to develop new methods of sharing this valuable information.

**Maternal and child Health Planning and Collaboration**

Among the tribes of Africa, few have warriors traditionally more fearsome than the Masai of Kenya. It is perhaps surprising, then, to learn the traditional greeting among Masai warriors. One warrior would greet another with, “Kasserian Ingera,” which, in Swahili, means, “How are the children?” It is still the traditional greeting among the Masai, acknowledging the high value of the Masai for the well-being of their children. Even today, the Masai always give the traditional answer, “All the children are well,” meaning, of course, that peace and safety prevail – that the priorities of protecting the young and powerless are in place, that Masai society has not forgotten its reason for being and its responsibilities. “All the children are well” means that life is good. It means that the daily struggles of existence do not preclude proper care for the young.

With this philosophy in mind, we are embarking on an exciting new project in cooperation with the NDHHS that will bring to light the issues facing pregnant women and children in our towns and villages. **What must we do, as a community, to provide the best possible environment for our youngest and most vulnerable?** What has to happen in order to create an environment that is healthy, safe, and provides all our children with every opportunity to grow and develop as they should? These are complex questions with no easy answers.

Utilizing research tested models in community engagement and deliberation, Public Health Solutions will convene a group of community members to tackle this tough question. By using the National Issues Forum practice of ‘naming and framing’ an issue, the group will find shared ground on possible solutions that might be introduced to their community. At the completion of the ‘naming and framing’ work, Public Health Solutions and community leaders will hold
citizen forums in individual communities to get reactions from a wide variety of citizens. **The information and suggestions produced in this group process should serve as a roadmap for local citizens, in partnership with local leaders and policymakers to take definitive steps toward lasting change for pregnant women and children in their community.**

With a new MCH Project Coordinator hired in June, this important work is beginning to take shape as program volunteers from each county participate in training and plan for community input. Individual community forums are scheduled to begin in spring 2011.

**Removing Local Barriers to Safe Routes to Schools.**
As part of the community education and change role, of the No Child Left on Their Behind projects; communities are asked to identify barriers to achieving the goal of increasing safe walking and biking to school. They then develop a proposal for the expenditure of funds to address these barriers. Each community proposes a unique project to best address the problems they identified. Those addressed this year include:

- Diller - signage
- Deshler - signage
- Exeter – helmets, incentives to encourage biking to school
- Wilber – no action on the part of the City to date
- Wymore - signage
- Bruning – flashing light to alert traffic of pedestrian/school crossing
- Davenport - flashing light to alert traffic of pedestrian/school crossing
- Dorchester – two new bike racks, helmets and bike locks
- Fairbury – one new bike rack, helmets and bike locks
- Crete – promotion of the All Recreate Fridays program during year 2 to continue encouraging physical activity; health focus at annual elementary carnival

**Jefferson County Initiative to Improve Child Health-Application for Achieve Funding**
The purpose of developing and submitting a short proposal to the Robert Wood Johnson Foundation to combat obesity in children and adults in Fairbury was to take steps toward the implementation of projects identified through the MAPP process. The goal was to move beyond program activities to target policies, practices and infrastructure in the community. Infrastructure funds were used to develop the proposal but the grant was not funded.

**Assuring and Improving Access to Care: Clinic with a Heart Task Group**
There is continuing concern about the question of access to care. We were approached by the Clinic with a Heart in Lincoln to establish a similar clinic here. A groups was formed to
determine the best course of action. Because of the limitation of resources and the H1N1 outbreak the Task Force Report was not completed. It is anticipated this will occur in the subsequent year.

**Suicide Prevention Summit**
The Department served as a host site for the Suicide Prevention Summit. There was a Site facilitator with 4 community members in attendance. Staff compiled notes from the Summit and the evaluation packet. Consideration is on hold for the development of a local Suicide Prevention Coalition to work with the State Coalition. Because of conflicting priorities, no action can be taken at this time.

**Public Health Forum**
The Department hosted an evening event on Public Health – Health Care Reform Forum. The Public Health Forum was held February 25th at Classics, Beatrice, NE in collaboration with the Nebraska Medical Association, PHS staff & Board Members, and Dr. Richard Raymond. The forum included a presentation from Dr. Raymond regarding the “History of Public Health in Nebraska” and then a panel presentation/question & answer segment. The panel was made up of Jane Ford Witthoff, Dennis Byars, Dr. Les Spry – NMA and Dave Palm, DHHS. The evening event was well attended with representatives from healthcare, AHEC, Insurance, schools, Community Action Agencies, elected officials, EPA, and Board of Health Members. As part of the evening event staff developed program story boards and recruited delegates involved in program collaboration; staff and delegates were available for participants to interact with during the social hour of the evening.

During the evening event a ‘plaque of appreciation’ was presented to past Board of Health President Eric Williams.
DEVELOP PUBLIC HEALTH POLICIES AND PLANS.

Leveraging Funds
Infrastructure Funds are leveraged to get adequate resources to address District priorities. In this regard, PHS developed and implemented 5 grant-funded programs aimed at:
- Increasing capacity for lead hazard control: $96,544
- Protecting residents from West Nile virus: $8,500
- Expanding lead poisoning prevention: $20,000
- Raising awareness and capacity for sun safety: $1,200
- Raising awareness and capacity for radon exposure prevention: $2,196

PHS also contributed to a grant application from Doane College to develop a pilot program that increases capacity and involvement of rural residents in volunteer water quality monitoring activities ($27,000 total, $3,187 for PHS).

Planning for BASIS of Community Environmental Health
Nearly 50 partners helped develop locally relevant environmental health priorities and strategies to address them. Staff identified and developed data and answers to County BASIS group questions regarding:
- Comparative health analysis regarding mosquito control programs - Pesticide exposure vs. mosquito bite.
- Municipal water testing/schedule
- Wastewater testing/discharge
- Softened waters effect on the environment.
- County assets and vulnerabilities

Partners reviewed available data, weighed and ranked issues, and came to consensus around the following priority environmental health issues:

<table>
<thead>
<tr>
<th>Issue</th>
<th>Additional Description</th>
<th>Counties</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children’s Health</td>
<td>Healthy Housing</td>
<td>Fillmore, Gage, Jefferson, Thayer</td>
</tr>
<tr>
<td>Dilapidated Properties</td>
<td>Buildings that have been abandoned, are un- or underutilized, falling into disrepair</td>
<td>All 5</td>
</tr>
<tr>
<td>Exposure to toxics</td>
<td>Air Quality</td>
<td>Saline</td>
</tr>
<tr>
<td></td>
<td>Pesticides</td>
<td>Saline</td>
</tr>
<tr>
<td>Outdoor Recreation</td>
<td>Loss of Greenspace, Habitat</td>
<td>Fillmore</td>
</tr>
<tr>
<td></td>
<td>Infrastructure and support for walking/biking</td>
<td>Saline</td>
</tr>
<tr>
<td>Public Awareness and Investment in Environmental Health</td>
<td>Lack of prioritization of EH in planning, programs, spending</td>
<td>Fillmore, Gage, Jefferson, Thayer</td>
</tr>
<tr>
<td>Waste Management</td>
<td>Trash/Waste</td>
<td>All 5</td>
</tr>
<tr>
<td></td>
<td>Recycling</td>
<td>All 5</td>
</tr>
<tr>
<td></td>
<td>Hazardous Waste Storage</td>
<td>Fillmore</td>
</tr>
<tr>
<td>Water Quality/Quantity</td>
<td>[includes pharmawaste contamination]</td>
<td>Fillmore, Gage, Jefferson, Saline</td>
</tr>
</tbody>
</table>

A complete Environmental Health Action Plan has been published to the PHS website for public viewing. In conjunction with this project, PHS also published the Healthy Housing installment of the Environmental Health Report series. Staff facilitated mini-grant projects for all the CARE/BASIS county workgroups:
Fillmore County – The Fillmore County workgroup decided to host an ‘Environmental Volksmarch’ on September 26th. From 10:00 to 2:00. The event was marketed through all of the schools in the county; color ‘take-home’ flyers were provided to the schools and sent home with all of the students. A course (approximately 2 miles) was identified in Geneva (Fillmore County seat); along the course were stops that highlighted the group’s priority concerns. The stops included, water quality, habitat loss, dilapidated properties, recycling, and hazardous material storage. Each stop included an interactive education session regarding that specific topic. Individuals registered at the courthouse and received a punch card. As individuals proceeded through the course they would stop at each point, participate in the education session and receive a punch on their card. The course ended back at registration and once individuals finished the course and presented the punched card they were given a reusable bag they could decorate. Also available was face painting, inflatable bounce house, obstacle course, t-ball, hot dogs, cotton candy, and lemonade. In order to participate in any of the ‘fun’ activities you had to present a completely punched card and then all of the activities were free. We had 43 individuals participate in the day event.

Jefferson County workgroup prioritized the lack of community awareness connecting environmental health with personal and community health and choose to conduct a marketing campaign with their mini-grant dollars. The marketing campaign included newspaper ad’s, radio spots, websites and billboards highlighting the connection.

Gage County workgroup chose to highlight the counties trouble & frustration with dilapidated properties in the county. PHS staff with the support of community members, elected officials, and workgroup members facilitated & hosted a morning ‘dilapidated properties tour’ for our State Senators, Senator Karpisek & Senator Wallman. The tour highlighted commercial and residential properties in Adams, Beatrice, Blue Springs and Wymore. A tour booklet was also
developed and provided to participants that illustrated the impact dilapidated properties pose on environmental & community health; whether it is breeding ground for disease vectors aging infrastructure, or poor housing stock dilapidated properties impact public health. The tour ended with a lunch and interviews with local media.

**Saline County** workgroup decided on a large appliance collection. The collection would emphasis the reclamation of Freon and other coolants, and the salvage of metal. Each of the 8 communities in Saline County including rural areas was served by this program. Coordination included marketing, logistics of pickup, recovery of coolants, and a great deal of labor. The DeWitt Volunteer Fire and Rescue played a significant role in the success of the event.

**Thayer County** workgroup decided to leverage the funds with the Trailblazers RC&D to host an electronic waste collection that would be free to Thayer County residents. Generally an electronic waste collection will cost the citizen a per pound fee and deter participation. Citizens will opt to place the electronics in regular trash (no state regulation against the practice) taking up valuable landfill space. The collection gathered approximately 12,000 lbs and served approximately 100 Thayer County residents.
CORE FUNCTION #3: ASSURANCE

- **ENFORCE PUBLIC HEALTH LAWS AND REGULATIONS.**
  While the PHS has limited direct authority for enforcements, it is able to encourage compliance with the laws through education and moral suasion. Rarely does an effective local health department have to engage in protected legal efforts to achieve compliance.

**Lead Testing and Surveillance**
Staff conducted an in-depth radio interview on legislation under discussion that would require lead testing for school entry, the EPA rule requiring lead training for contractors, and PHS’ lead exposure prevention program. Lead testing is required for children on Medicaid identified as at risk for lead poisoning. In addition, an elevated lead level is required to be reported to the state and local health departments. Achieving testing compliance is difficult when few physicians will see Medicaid clients and when access to care is limited. This is a case where education and incentives have a greater chance of increasing required testing than would law enforcement. In this regard, staff developed a program to train and encourage primary and home health care providers in our district to integrate lead screening into their procedures. Presentations were made to 50 providers in 11 clinics, and to one home health visitor. Blood lead level testing kits were distributed to clinics and testing was offered at county health fairs. 8 residents were selected to receive $400 lead-safe renovation vouchers to help with remediation. (2 remaining)

**Dog Bite Follow-up**
There are specific requirements under the law for the reporting of animal bites and rabies prevention and control. With the increase in potential rabies exposure, we became aware that education regarding the law is necessary to protect the public. Again education is far more effective than law enforcement.
Hospitals, veterinarians and law enforcement were contacted to assure an understanding of the requirements for public protection. Because of non compliance with the requirements, more people were put at risk of rabies exposure necessitating the expenditures of department funds for rabies prophylaxis in cases of people who did not have sufficient funds to pay for rabies vaccine.

**Septic System Regulations and Public Protection**
Sent information on clean up procedures for human waste after septic system backups and regulations regarding septic system maintenance.

**Healthy Housing and Landlord Tenant Disputes**
Conducted site inspection relating to mold and landlord/tenant dispute. Conducted site assessment for vacant property relating to ordinance violations. Conducted site visit related to complaint about possible lead contamination of property adjacent to a day care.

**Disposal Of Household Infectious Waste**
Provided guidance on laws and safe handling of medical waste in the home.

**Blue Green Algae Advisories**
Helped assure that advisories were distributed and understood.

**Clean Indoor Air Act (NCIAA).**
During 2009-2010, The PHSDHD conducted 11 inspections associated with enforcement of NCIAA non-compliance. The low number of complaints is attributed to the work of staff in informing the establishments, public and law enforcement about the requirements and advantages of the law. Investigations focused primarily on bars and taverns. One involved the development of an outside smoking area and the use of a bus to provide shelter for smokers. Overall the approach was educational and did not require any strict enforcement activity. The cooperation and good relations with law enforcement was also attributed to the PHS staff collaborative and educational approach.

**Methamphetamine Rules and Regulations.**
Regulations for methamphetamine cleanup were signed by the governor on August 25 and were finalized on August 30, 2009. In anticipation of this, the staff was in contact with all law enforcement regarding the process to be used in assuring compliance. As it happened, the PHS got notices of two meth lab busts on the first day that the regulations went into effect. We were pleased that we received prompt notice as per the law and that we were able to respond promptly and thoroughly. Both properties were posted and the cleanup was monitored and approved by us. The Law enforcement officials were cooperative and no problems were reported. The regulations are designed to assist law enforcement and the property owner by ensuring that the cleanup will be protective of public health through the local health department oversight of the cleanup.
**Required Disease Reporting Program**

State law requires that certain infectious diseases be reported. These are diseases that are highly contagious and/or cause severe illness, such as salmonella, invasive strep pneumoniae, shigella, hepatitis and certain influenzas. The State of Nebraska maintains a database (NEDSS) of all reportable illnesses, and notifies PHSDHD when a case occurs in this district. The Public Health Nurses Disease Surveillance Nurse then investigates and provides follow-up. She monitors the course of symptoms, tracks contacts and provides assistance as needed, making certain that appropriate treatment has been completed without further spread of the disease. Surveillance activities were conducted on over 70 cases this past year. Aside from the normal infectious disease surveillance program, this past year saw a massive effort to manage the H1N1 pandemic. Public Health Nurses obtained, managed and distributed the supply of H1N1 vaccine. Numerous clinics across all five counties were conducted to administer the vaccine, with over 850 individuals immunized. Hundreds more children were immunized in elementary, middle and high schools. The H1N1 vaccine was also offered to all clients participating in the VFC clinics. PHSDHD participated in national and state-wide surveillance data collection systems as well as adding each immunization to the NESIIS system. Nurses also provided extensive health education to the community and kept infection preventionists across the five counties continually updated.

**HELP PEOPLE RECEIVE HEALTH SERVICES.**

**Access to Care: Medicaid Public Health Outreach Nurse Education (PHONE) Program**

PHSDHD provides case management services to individuals and families enrolled in Medicaid, or who are eligible for Medicaid services. Referrals may come from any source, but tend to be focused on those with the most complex needs who have little connection to appropriate resources. Nurses perform a comprehensive assessment that includes physical, behavioral, social, cultural and environmental spheres. Nurses then plan and implement interventions that involve extensive collaboration with community partners and referral to a medical, dental and/or vision care home.

Through the PHS Public Health Outreach Nursing Education (P.H.O.N.E.) program the staff works with health care providers and those who are on – or potentially eligible for – Medicaid and Kid’s Connection. The main goals of the program are to assure each has an ongoing source of care, learns how to optimize their health, engage in self care and appropriately use health care resources. A key activity that is also challenging is to connect people with medical, dental and vision homes. The PHONE nurses also follow up on missed healthcare appointments by working with the family to overcome barriers to keeping appointments. Special attention is also given to working with families to avoid inappropriate use of Emergency Rooms as this is very costly to the state and to health care providers.

Whether it’s a missed appointment, follow up for Emergency Room visits, notification from DHHS of newly eligible persons on Medicaid and Kids Connection, reminder of EPSDT or just a phone call of inquiry, the people contacted by PHS’s P.H.O.N.E. program benefit from a
modified age appropriate health assessment which helps PHS identify health care barriers/needs and to connect people with resources to improve their health.

Funded in large part by Medicaid, PHS uses LB692 funds to provide the required match for the program costs. In the past year, as a direct result of this program. Many new to the area are pleased that someone called to help them connect with health care providers or to let them know they are now eligible with Medicaid and Kids Connection benefits. Newly eligible residents were provided information about resources to help their families. Verbal and printed education provided by the P.H.O.N.E. nurses includes a wide range of topics, such as immunization schedules, well child checkups, importance of lead screening and other diagnostic screening tests, oral health practices, & healthy homes.

As part of this program, the Public Health Nurses also participate in the CATCH network of 5 health departments, which maintains a telephone help line from 7:00AM to 7:00PM Monday through Friday. Through CATCH, the nurses also contribute to an aggregate data base that allows for tracking and trending of resource utilization.

**Medicaid PHONE and MCH Programs**

*July 1, 2009 – June 30, 2010*

<table>
<thead>
<tr>
<th>Nursing Activities</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transactions</td>
<td>6194</td>
</tr>
<tr>
<td>Medicaid Clients Served</td>
<td>3000</td>
</tr>
<tr>
<td>Case Management Activities</td>
<td>959</td>
</tr>
<tr>
<td>Newly Eligible Served</td>
<td>865</td>
</tr>
<tr>
<td>Kids Connection Applications</td>
<td>22</td>
</tr>
<tr>
<td>Home Visits</td>
<td>53</td>
</tr>
<tr>
<td>Provider Visits</td>
<td>104</td>
</tr>
<tr>
<td>Standard Health Assessments</td>
<td>89</td>
</tr>
<tr>
<td>Pregnancy Assessments</td>
<td>5</td>
</tr>
<tr>
<td>Asthma Assessments</td>
<td>4</td>
</tr>
<tr>
<td>Diabetes Assessments</td>
<td>2</td>
</tr>
<tr>
<td>Problem Appt. Follow-Up – Medical</td>
<td>556</td>
</tr>
<tr>
<td>Problem Appt. Follow-Up – Dental</td>
<td>43</td>
</tr>
<tr>
<td>Problem Appt. Follow-Up – Vision</td>
<td>68</td>
</tr>
<tr>
<td>Emergency Room Follow-Up – Level 4</td>
<td>163</td>
</tr>
<tr>
<td>Emergency Room Follow-Up – Misc.</td>
<td>51</td>
</tr>
<tr>
<td>Medical Home Establishment</td>
<td>42</td>
</tr>
<tr>
<td>Dental Home Establishment</td>
<td>74</td>
</tr>
<tr>
<td>Vision Home Establishment</td>
<td>86</td>
</tr>
<tr>
<td>Community Presentations</td>
<td>16</td>
</tr>
<tr>
<td>Maternal-Child Health Birth to 3 Home Visits</td>
<td>255</td>
</tr>
</tbody>
</table>
Vaccines for Children (VFC) and Low Income Immunization Program
A total of 1,901 VFC immunizations were given through the PHS VFC Clinic held every Monday afternoon at PHSDHD. These were provided with infrastructure funds with vaccine provided by the VFC program. These VFC clinics are conducted because of inadequate access to immunizations within the County. Hours of the clinic are expanded during times of peak need, such as prior to the start of the school year. Vaccinations are offered at no charge with donations requested; to those on Medicaid, who have no insurance or insurance limitations. Vaccinations are given by appointment and to those who walk in during clinic hours.

In addition, 1,672 immunizations were provided to low income families not qualifying for VFC. Both the vaccine and administration costs were covered through infrastructure funds. In all 3,537 immunizations were provided by the PHS, not counting those given through the SKIP Flu program.

H1N1 and Seasonal Influenza
The SKIP Flu program was extremely busy this past year. Over 1200 influenza vaccines were given in schools throughout the five counties. The SKIP Flu program including vaccine expenses and administration expenses was entirely financed through infrastructure dollars and donations. No State support is provided. On the other hand, the entire H1N1 immunization program was financed through a special federal program. Through this, the Public Health Nurses obtained, managed and distributed 13,685 H1N1 vaccine doses to medical providers. 4547 H1N1 flu immunizations were given directly by PHSDHD nurses. These vaccinations were given in a variety of venues including clinics at malls, schools, workplaces, senior centers, preschools, Head Start programs and athletic events.

Birth to Three Program
The Crete Even Start and Birth to 3 program called Sixpence is a collaborative program funded through Crete Public School grants. Pregnant and parenting students are eligible, as well as teens who are enrolled in ESL classes. PHSDHD partners with the Crete Public Schools to provide the services of a maternal-child health registered nurse. This nurse utilizes home visitation to provide case management, health and child development education, and health supervision to ensure an optimal level of wellness. The nurse also collaborates extensively with a wide variety of community providers and support systems. The Birth to 3 nurse maintains an average caseload of 25 families at any one time. The Nurse made 271 home visits during FY 2009-2010 and maintained phone and in person access 24/7 with teen moms.

Lead Screening
Public Health Nurses work with the Environmental Health Coordinator to follow up on reported high lead levels and to screen for elevated lead in children. Nurses obtain blood specimens and send these to a lab for testing. Sometimes this is offered as a public service at community health fairs, or individuals may be referred. Once an elevated level has been identified, health teaching and follow-up is required to remove the source of lead and monitor blood levels. Public Health Nurses collaborate throughout the process with other involved caregivers and social service agencies.
**Prenatal Clinic**
Starting in March, 2010, PHSDHD has been collaborating with local health care providers to assure that pregnant women who have no health insurance and are no longer eligible for Medicaid have prenatal care. The PHS serves as the entry point for all such women in need of care. The Department determines eligibility, and options for care and makes the appointments with the participating health care providers. Because many are non English speakers, the Department translators and promotoras are involved in arranging care, helping patients overcome barriers, providing education, helping clients enroll in Medicaid and assuring their compliance. Women participating in the clinic are followed by provider physicians and nurses throughout their pregnancy, delivery and post-partum period. Health and parenting education is provided prior to each clinic session by the PHSDHD Maternal Child Health Nurse. Promotoras are available at all times for interpretation, and also assist with transportation and other logistics. To date, the PHS has helped prevent low birth weight and early delivery for 16 babies through prenatal care and case management.

**Dental Day at the UNMC College of Dentistry**
This was the first year we were invited to participate in Dental Day at UNMC. We endeavored to get 13 children screened and transported to the College for care/ While we fell a little short on total numbers, we were pleased that the 9 children served were able to get needed services.

- **MAINTAIN A COMPETENT PUBLIC HEALTH WORKFORCE.**
With guidance from Board of Health strategic planning activities, the Board continues to ensure that staffing and space needs are met. The selection of staff development activities closely mirror the *Core Functions and Essential Services* priorities to be addressed within the District.
Internal Infrastructure
Conferences, Webinars and Meetings
1. National Citizen Preparedness Conference in Arlington, VA as a representative of the NE. Southeast Citizen Corp Region.
2. Preparedness and Response to Agricultural Terrorism Training. Louisiana State University and APHIS.
3. State GIS Network
4. Safety(OSHA) Connections Meeting
7. State Telehealth Seminar Data 101
8. Lead Poisoning Prevention and Healthy Homes Conference, Omaha’s Lead-Safe Kids Organizations
9. Online Documentation and Support System Training for NEDHHS
10. Webinar: Live Healthy Nebraska
11. Webinars: Practical Application for Use of Health Indicators (National Institute of Health), and Highlighting Effective Uses of Environmental Public Health Tracking (NACCHO)
12. Rural Advantage/Healthy Farms Conference
13. Region 7 Regional Response Team (RRT)/Chemical Release Information Branch Meeting
14. Great Plains Public Health Leadership Institute Fellowship
15. Local Conference on Building Better Maps
16. Federal 2010 Program Manager School in Memphis, Tennessee
Memberships in State and National organizations
These are maintained for journals, literature, research, technical assistance and resources.
Public Health Association of Nebraska (PHAN)
American Public Health Association (APHA)
National Association of County and City Health Officials (NACCHO)
State Association of County and City Public health Officials (SACCHO)
National Association of Local Boards of Health (NALBOH)
State Association of Local Boards of Health (SALBOH)
Friends of Public Health
National Environmental Health Association.
State Environmental Health Association
Nebraska Minority Public Health Association
Weekly Staff Meetings
These provide opportunity for all staff to learn about or review public health frameworks, such as the Operational Definition of Public Health, or new tools, such as the new electronic interactive board or Audience Response System.
Internships and Capstone Projects
Student Internships
Doane College, internships
UNMC College of Public Health, Capstone Project
Research and Data Analysis Classes
UNMC Graduate Research Methods Class
District Public Health Infrastructure

Bridge to Better Breastfeeding
The need to increase breastfeeding was identified as a need through the Maternal and Child Health Coalition within the District. In response, the Department invested in the development of at least one certified lactation consultant at each of 5 hospitals. This was supplemented with a less formal training session for 65 hospital staff people. In this regard a PHSDHD Certified Lactation Counselor taught a breastfeeding in-service for hospital nursing staff in Fillmore County and another in Thayer County. Staff conducted a prenatal breastfeeding support group meeting for prenatal teens in the program. This was supplemented by individual instruction and support.

Tai Chi-Better Balance and Fall Prevention for Elders
PHSDHD worked with the State Health Department in train Tai Chi Leaders throughout the District so that the benefits of these classes could be made available to as many seniors as possible. Because unintentional injuries and falls in particular are a significant problem in the 5 counties considerable staff time was spent trying to maximize the number of participants in the program. Because the PHS has limited resources, we felt that training others within the community was a better use of resources. The Department focused its recruitment efforts on Aging Agencies, hospitals and wellness organizations including the YM and YWCAs and Parks and Recreation departments within the 5 counties. 12 individuals attended the first training session. The Department also provided space for a Telehealth refresher and training session so even more could brush up and also develop skills. Another 12 individuals attended the Telehealth session. Those providing the classes will assess participants at baseline and completion of the classes to note track changes in strength, balance and agility. Because of the small numbers trained, it is not anticipated that there will be a noticeable impact on the fall rate among elders. However, the NDHHS conducted a follow up evaluation to determine how many of those trained offered classes. In our District 60% of those trained reported being involved in conducting Tai Chi Classes.

- EVALUATE AND IMPROVE PROGRAMS AND INTERVENTIONS.

PHSDHD evaluates programs and interventions in a variety of ways. These include, program reports highlighting activity and impact, monthly reports to the Board of Health and external evaluations involving surveys and the solicitation of comments. The PHS worked to improve these activities in the past year by:
  ✓ Increasing the proportion of programs for which annual or end of project reports are issued.
✓ Investing in continuing District wide and County level Behavioral Risk Factor Surveys (BRFSS)
✓ Contracting for external analysis of data
✓ Increasing the use of evidence based initiatives for the work of the Department.
✓ Engage in the developing national accreditation process through participation as a Public Health Accreditation Board Beta Test Site.
✓ The identification of areas for performance improvement and engaging in a team approach to address them.
✓ More carefully identifying measurable program goals and objectives.
✓ Implementation of the Online Documentation and Support System (ODSS)
✓ Internal assessments

Annual and post program reports were conducted as follows:
- AAR (‘after action review’) of the Department’s H1N1 Response. This involved the conduct of a District wide survey using Zoomerang and community meetings.
- Annual SKIP FLU Report
- Safe Routes Evaluations (External Analysis)
- Healthy Homes
- VFC Immunization Program
- Medicaid PHONE Program
- County Board Meetings
- Program to Reduce Fire Injury and Death
- Sixpence Program

Internal Assessments
Assessment and Recommendations to Improve Cultural Competence
Assessment and Changes to Financial Management System

Accreditation Beta Test Site
This is the most comprehensive assessment and initiative for performance improvement that exists for local health departments. The PHSDHD is just one of 30 departments in the country selected to field test the PHAB Accreditation tool. This accreditation project is nationally supported by the Centers for Disease Control, The Robert Wood Johnson Foundation (RWJF), the Association of State and Territorial Health Officials, the National Association of Local Boards of Health, the National Indian Heath Board, the National Association of County and City Health Officials and the American Public Health Association. This process requires a self assessment as well as an outside assessment and site visit. Results of the accreditation process will be forthcoming next year along with our plan for performance improvement.

• **CONTRIBUTE TO AND APPLY THE EVIDENCE BASE OF PUBLIC HEALTH.**

This is one of the more challenging responsibilities for a small rural health department. Given our limited population size, funding and technical resources, efforts to contribute to the base of research require partnership with larger entities and ideally with a University. Developing
relationships that would enable us to become partners in such endeavors, take time. Consequently, we take every opportunity to make these connections and carefully follow the research and interests of others.

**Actions to develop relationships and potential opportunities to participate in research.**
- Sponsored several interns from Doane College.
- Hosted an MPH student completing a Capstone Project.
- Staff member enrolled as a Great Plains Public Health Leadership Fellow.
- Provision of BRFSS data to both UNMC and Nebraska Wesleyan University Research Methods.

**Other important ways in which we contributed to and apply the public health evidence base:**
- Collecting data and analyzing it to contribute to the knowledge of our area. The repetition of this provides a base for program evaluation in the future.
- Researching and using evidence based strategies to address problems, and documenting and communicating the results.
- Developing staff skill in the development of logic models, and measurable goals and objectives.
- Selecting and developing skilled staff.

**Venues through which the staff have shared their work with others include:**
- Indoor Environmental Health & Technologies Conference, PHS Health Homes PHAN Conference, PHS Safe Routes Program
- Bio submitted for upcoming speaking engagement at the NAFHK Summit
- National Workshop on Federal Community-Based Programs, PHS CARE Program

**Funds**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
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<tbody>
<tr>
<td>Total Funds expended for FY 2010.</td>
<td>$1,012,580</td>
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<tr>
<td>State (tobacco settlement fund)</td>
<td>351,844</td>
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<tr>
<td>Contracts</td>
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<td>Grants</td>
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