Public Health Solutions District Health Department
Annual Report
July 1, 2010 – June 30, 2011

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 balance of Department funding comes from the leveraging of these funds to qualify for and receive other grants and contracts.

The following report describes the advancement of public health within the Public health Solutions District during the period of July 1, 2010 to June 30, 2011. 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 Nebraska.

Major Health Problems Identified by the PHS Board of Health
Childhood lead poisoning
High rates of injuries (elder falls and auto)
Low levels of cancer screening
Lack of dental services for elders and kids
Increasing rates of diabetes and obesity
Weakening of the rural health care system

Weakening families
Decreasing access to health services
Teen pregnancy
Decreasing health manpower
Lack of transportation
Loss of population and revenue

Introduction
The activities of the Department this past year are organized to reflect the three core functions (Assessment, Policy Development and Assurance) and organized in accord with the 10 essential services as listed below.

CORE FUNCTION: ASSESSMENT
Essential Service 1.
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. Surveillance activities include \textit{passive surveillance} where reports come
to the Department, primarily from the State. 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 suspected or anticipated. Examples of such activities include Influenza like illness surveillance, phone surveys and epidemiologic investigations.

**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
- Immunization data

The department also receives data through the State Health Department. This includes PRAMS data, vital statistic, mortality and morbidity data, environmental data, water quality, hospital discharge data, Emergency room data, and accident data.

**Data Collected by the State**

Much of the data available to the Department comes through legislatively authorized collection systems managed by several State agencies. This data is often assembled for special studies of District priorities or areas of interest. An example would be the issuance of the Environmental Report Regarding Water Quality which was issued in July 2010.

**Excerpt of the Report on Water Quality**

There are over 10,000 registered wells in the PHS district, with Fillmore County home to the largest percentage of these wells.

<table>
<thead>
<tr>
<th>County</th>
<th>Number of (Registered) Wells</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Commercial</td>
</tr>
<tr>
<td>Fillmore</td>
<td>8</td>
</tr>
<tr>
<td>Gage</td>
<td>14</td>
</tr>
<tr>
<td>Jefferson</td>
<td>5</td>
</tr>
<tr>
<td>Saline</td>
<td>11</td>
</tr>
<tr>
<td>Thayer</td>
<td>8</td>
</tr>
<tr>
<td>Total</td>
<td>46</td>
</tr>
</tbody>
</table>

Table 1. “Other Wells” includes the following types: aqua-culture (1), ground heat exchanger (30), heat pump (5), injection (2), observation (45), other (147), public water supply (220), recovery (69), live-stock (275), geothermal (0), and dewatering (0). [July 2010, http://dnrdata.dnr.ne.gov/wellssql/Summary.asp?type=county]

Below are graphics depicting public water system violations for select breaches in the PHS district from 2002-2010 (by county and violation type). *The 2010 data was incomplete (as of
July 2010) at the time of this report’s completion. As the figures indicate, ‘coliform bacteria’ has consistently been the most common issue plaguing public water systems with few exceptions.

Behavioral Risk Factor Survey (BRFSS).
The PHSDHD issued special reports of the BRFSS survey data for both Jefferson and Gage Counties. This data was collected through a contract with the State. 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. The following are priorities identified in these counties.

**BRFSS Major Areas of Concern Identified Gage County**
Results within each BRFSS survey ‘category’ were mixed overall, but when comparing county response rates against the PHS district and state as well as state and national health goals, the following 3 priority areas stood out:
- Access to Health Care
- Healthy Choices/Behaviors (e.g. physical activity, smoking)
- Health Status (e.g. chronic disease)

Examples of the data which illustrate these areas appear below.

**BRFSS Major Areas of Concern In Jefferson County**
Results within each survey ‘category’ were overall mixed, but when comparing county response rates against the PHS district and state as well as state and national health goals, the following 3 priority areas stood out:
- Health Status (e.g. chronic disease, disability)
- Preventive Care (e.g. cancer screening)
- Healthy Choices/Behaviors (e.g. physical activity, nutrition, weight control)

Examples of the data which illustrate these areas of concern in Jefferson County appear below.
Epidemiology
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 PHS's population and serve as a basis for intervention planning and outcome measurement. Again the department works with and through the Community.

Use of Technology in Public Health Surveillance
Geographic Information System (GIS) is used to track disease and environmental data on a geographic basis.

<table>
<thead>
<tr>
<th>County</th>
<th>pre-1979 occupied housing units, Owner-occupied</th>
<th>pre-1979 occupied housing units, Renter-occupied</th>
<th>Total pre-1979 units</th>
<th>Median age of occupied unit</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td># %</td>
<td># %</td>
<td># %</td>
<td>Owner-occupied</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Renter-occupied</td>
</tr>
<tr>
<td>Fillmore</td>
<td>1,740 86.7%</td>
<td>591 86.8%</td>
<td>2,331 86.7%</td>
<td>1950 1946</td>
</tr>
<tr>
<td>Gage</td>
<td>5,557 83.6%</td>
<td>2,179 81.7%</td>
<td>7,736 83.0%</td>
<td>1956 1953</td>
</tr>
<tr>
<td>Jefferson</td>
<td>2,339 87.6%</td>
<td>773 90.3%</td>
<td>3,112 88.2%</td>
<td>1940 1951</td>
</tr>
<tr>
<td>Saline</td>
<td>3,173 86.4%</td>
<td>1,189 78.5%</td>
<td>4,362 84.1%</td>
<td>1951 1956</td>
</tr>
<tr>
<td>Thayer</td>
<td>1,790 88.1%</td>
<td>449 88.2%</td>
<td>2,239 88.1%</td>
<td>1944 1948</td>
</tr>
<tr>
<td>PHS Total</td>
<td>14,599 85.7%</td>
<td>5,181 83.2%</td>
<td>19,780 89.0%</td>
<td>Na</td>
</tr>
</tbody>
</table>

Table 2. Housing age and tenure for PHS health district, from 2000 Census (the most recent data available at www.census.gov for this area).

Public Health Nursing Assessments
Public Health Nurses assess and monitor health status and health system problems through different facets of case management. Through a contract with Medicaid, nurses at Public Health Solutions conduct health assessments on every client within the District newly enrolled in Medicaid. During this past year, 197 health assessments were completed. Health assessments
focus on access to care issues as well as overall health and wellness. Aggregate review of health assessment information leads to the identification of trends that in turn inform health care planning. An example of that in the PHS District is an awareness of the need for diabetic education, particularly education presented in Spanish. Planning for this is underway, and presents an exciting challenge for the near future.

Another means of gathering useful information about health issues in the communities is through the tracking and follow-up of those using health care resources inappropriately. Hospital emergency department partners throughout the District refer persons who visit the emergency rooms for non-emergent reasons. Public Health Nurses, through a contract with Medicaid, then contact these individuals to determine the root cause of the visit. During the past year, 631 individuals or families were followed. Data tracked through this process has revealed a number of systems issues such as few alternatives for the uninsured, a lack of service options outside of business hours, little to no transportation available in rural areas, and the need for increased new parent education.

Systems and health status information is also be gleaned from the tracking of missed appointments. When Medicaid recipients miss scheduled appointments at medical, dental or vision clinics without calling or rescheduling, those individuals are referred to Public Health Solutions for follow-up. Public Health Nurses contact the individuals, parents or guardians to learn why the appointment was missed. Valuable information about obstacles to care is gleaned in this manner, such as the incompatibility of many work schedules with the hours clinics are open. Health status information is also gathered, and families are opened to case management if complex problems or needs are identified.

Information about health status is also gathered through Health Care Connections. Health Care Connections is a program through which medically indigent individuals of any age may be seen by a physician at no cost. Each individual is thoroughly screened and assessed prior to their appointment with the physician. A medical history is obtained. Case management needs are identified. The physician then examines the individual and evaluates their medical needs. All of this information is then integrated into a treatment plan. Specific diagnosis-oriented goals are identified, but each client also has the goal of finding a permanent medical home for ongoing follow-up. Much information about local health care systems is obtained through this process, and also the process of finding low-cost medications, lab tests and other diagnostic procedures. This program began in July, 2011 and to date 9 clients have been seen.

PHSDHD closely reviewed newly released census data to determine demographic changes, population shifts and trends within the district.

**Essential Service 2.**

**PROTECT PEOPLE FROM HEALTH PROBLEMS AND HEALTH HAZARDS.**
The Department has organized and conducted a variety of programs to protect the public. These are often enabled through small grants from the State. Those done this past year follow.
**Protecting babies: Southeast Nebraska Baby and Me Tobacco Free**

The Southeast Nebraska Baby and Me Tobacco Free Program is a grant-funded smoking cessation program for pregnant women. This initiative is active 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 were recruited for the program in Gage County. The success of this program lies with the commitment of the providers. Without additional resources to educate and support providers this program will not continue.

**West Nile Virus Prevention**

The **FIGHT THE BITE!** Campaign provided educational and prevention materials to every town & village in the district as well as county offices.

* With 63 distribution sites, PHSDHD provided:
  * Over 2,500 individual Deet mosquito repellent wipes,
  * 300 larvicide mosquito dunks
  * More than 100 Deet-free Bug Bands for children

Press releases and radio interviews kept district citizens informed of WNV surveillance results as well as provided education on how to avoid mosquito bites.

Surveillance activities included contracting with a provider in Jefferson County to trap and submit mosquitoes for testing by the state lab and collecting and submitting dead birds for testing.

**Rabies Control and Prevention**

PHS staff worked a number of potential rabies exposures over the course of the year. One of the responses included the positive rabies of a domesticated family pet. PHS was contacted by DHHS about the positive rabies and upon further investigation identified the potential exposure of the treating veterinarian, veterinarian tech, two family members and a child that interacted with the animal during a vet visit when the animal was potentially communicable. Response included the securing and coordination of rabies prophylaxis vaccination for all 5 individuals, but most challenging was the identification of the child who interacted with the animal at the vet clinic. In order to identify the child PHS staff worked with the vet clinic staff using the appointment book and sale receipts to trace back office visits on the specific day. In short time PHS was able to identify, educate and treat the child. In addition to this rabies investigation, PHS also coordinated rabies response with Crete Police Department involving a stray domesticated dog who had bitten a child and ownership & vaccination records were unknown.
PHS was able to work with Crete Police Department to targeted neighborhood communication and live trapping in hopes of capturing the animal.

Yet another potential rabies exposure for a family involved a bat flying through the home that included young children, one child who is also developmentally delayed. The bat was believed to be alive but stuck behind a kitchen cabinet. PHS coordinate the collaboration of a nearby animal control program and local vet to submit the bat for testing. Because the bat was able to be secured alive and in good condition the animal was sampled and found to be free of rabies saving the family from rabies vaccination treatment.

The Department had additional rabies responses throughout the year that included our collaboration with local law enforcement, veterinarians, and the public; this type of response is a good example of public health core functions and the ability of local public health to respond to the needs of the community.

**Reports of Food borne Illness and Response**

PHS received a complaint call the week following the Thanksgiving Holiday, a party of 6 individuals had attended a Thanksgiving dinner gathering at a restaurant in Beatrice – approximately 24 hours later 4 of the 6 individuals had symptoms of nausea, vomiting and diarrhea. Information was gathered and assistance was requested for follow-up of DHHS and the Dept. of Agriculture. Later in the month an additional complaint was received by a second party that also ate on Thanksgiving Day at the same restaurant. With 5 members of the 6 member party becoming ill with nausea, vomiting and diarrhea the next day; one individual was taken to the ER and admitted. Follow-up contact was done with DHHS and staff contacted the Hospital to secure any lab results that would provide confirmation of illness. PHS worked with DHHS and Department of Agriculture in response to the complaint; follow-up with restaurant owners/managers regarding HACCP and safe food handling practices.

**Illegal Burns**

PHS collaborated with Jefferson County Emergency Management, DHHS, and NDEQ on a potential illegal burn and illegal waste disposal response. A Jefferson county contractor secured a brush burn permit and then was believed to have burned outbuildings and a doublewide trailer that sat on the property identified in the brush burn permit. PHS worked with Emergency Management and sought regulatory authority via DHHS asbestos program, NDEQ, and sought the consultation of the State Fire Marshall’s office.

**Exercise of Emergency Response Plans**

PHS staff attended the State DHHS water operator’s table top exercise. This was a unique opportunity to interact with community water operators. This event provided an opportunity for water operators and public health staff to identify and work through a bacterial contamination of a water supply discovered through human illness and lab confirmations. For some it was the first look at public health and the connection between surveillance, disease investigation and environmental quality.
PHS staff worked on the Strategic National Stockpile/Points of Dispensing – Emergency Response Plan chapter rewrite. This chapter rewrite included ‘letters of concurrence’ with planning partners (emergency management, law enforcement, hospitals, transportation, printers, etc...), directed measures updates, organizational/staffing assignments, contact information for distribution sites, dispensing sites planning partners, SNS positions, POD call down rosters, media, interpreters, agencies serving at-risk populations, etc...risk communication, security, distribution & dispensing, and training, exercise an evaluation. In tandem with the plan rewrite PHS developed an additional sub-hub site in Crete to provide greater flexibility in the response phase; in addition planning was initiated for the development of the Thayer County POD. Thayer County was part of a two county POD plan with Fillmore County.

**Mass Disposal of Animals**

PHS assisted Fillmore County Emergency Management with a mass animal disposal incident. A barn burned consuming the entire swine heard, animal carcass disposal requires specific considerations of environmental and health & safety factors. PHS was able to provide appropriate disposal guidance to Fillmore County Emergency Management to share with the owners.

**Bed Bugs: those Pests**

PHS provided consultation, assessment and coordination of services in response to a bed bug complaint in a low-income, elderly, multi-unit (24 units) housing complex. The referral was made to PHS through our home health partner serving a client living in the complex. The client had a reoccurring skin rash that home health was helping to treat; the skin rash was in fact misdiagnosed and was the result of ongoing bed bug bites. Once PHS received the referral a Public Health Nurse and the Environmental Health Program manager developed a plan and reached out to the property owner to initiate a response. In conjunction with the property owner an assessment was done on 17 units of the 17 units, 6 apartments were identified as infested, 4 severe and of the 4 severe 3 were identified as having hoarding issues. Extenuating circumstances identified included the limited mobility of some tenants to accomplish necessary housekeeping and laundering, and some hoarding behavior. PHS coordinated with Blue Valley Behavioral Health, Blue River Area Agency on Aging, Thayer County Hospital-Home Health, and DHHS. In addition to the initial assessment PHS provided a question/answer session for the tenants, worked with the property owner to develop an integrated pest management plan, coordinated the purchase of mattress encasement systems for the 6 infested apartments, and prepared and circulated across the District educational materials on bed bug identification and integrated pest management planning. As a result the Department has been contacted by partners for consultation regarding public venues, libraries, EMS response vehicles, hospitals, hotels, etc....

**Disease Surveillance and Control 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 71 cases this past year.

Aseptic Meningitis: 2
Campylobacterosis: 14
Cryptosporidiosis: 1
Giardiasis: 3
Invasive Group B Strep: 3
Hepatitis C: 9
Seasonal Influenza: 7
Non-TB Mycobacterium: 1
Pertussis: 7
Rabies/Animal: 1
**Invasive Neisseria meningitidis:** 2
Salmonellosis: 10
Shiga toxin-producing E. coli: 1
Shigellosis: 1
Invasive Pneumococcal Disease: 1
West Nile Fever: includes probable and confirmed: 1

**Bacterial Meningitis Outbreak**
The Emergency Program supported the Departments meningitis prophylaxis of prioritized Tri-County students. An incident action plan was developed to provide the service at the school; PHS worked with School Administration, community EMS volunteers, and school staff. The planning phase included elements to deal with a surge of ‘worried-well’ through use of space, scheduled appointments and staffing. The event did not have a surge and was conducted without major incident.

**Tuberculosis (TB) Program**
Two active TB cases were reported this year, both requiring extensive follow-up. Verification testing was required to confirm diagnosis as well as to monitor their progress in therapy. Once diagnosis was confirmed potential contacts were identified and tested. Those diagnosed received Directly Observed Therapy (DOT) for at least 6 months or more depending on interim testing. Public Health Nurses were required to give the individuals their daily dose of antibiotics to assure the medications were taken.

**Lead Screening**
Public Health Nurses work with the Environmental Health Coordinator to screen for elevated lead levels and to verify reports of elevated levels reported through the NEDDS system of reporting laboratory results.
- 105 test results reported from Physicians lab
- 6 EBL case management
- 166 blood lead filter paper tests (Med-tox) to be used
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.

**Vaccines for Children (VFC) Immunization Program**

A VCF Clinic is held every Monday afternoon at PHSDHD. This is a supplement to the VFC clinics provided by the BVCA. 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 to those who have no insurance or insurance limitations. Vaccinations are given by appointment and to those who walk in during clinic hours. There were 494 visits for routine immunizations during FY 2009-2010 and 3573 immunizations given.

**SKIP Flu Program**

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 control nurses across the five counties continually updated. The SKIP Flu program was extremely busy this past year. Over 2,032 students were immunized, representing a 10% increase in student participation over the prior year.

A total of 21% of eligible students opted for the in school immunizations. The rate of “uptake” of immunizations among students varied by school and by the age of students. Generally the older the student group, the lower the proportion which presented for immunizations.

While the primary objective of the program was to immunize children, faculty immunizations were offered when they were not provided through the hospital or other local health care providers. A total of 325 staff and faculty were immunized. This is a 27% increase over the prior year.

The donations from parents dropped from the previous year. Whereas parents contributed $28,397.25 or 15.04/person last year; this year they contributed $20,527.00 or 8.70/person. That is a 38% and 73% reduction respectively. It is speculated that this may be associated with the depressed economy and the more recent plant closures.

The contributions of two counties (Saline and Jefferson) added $3,500.

While the overall program costs were $55,557.19, the cost to the health fund was $31,750.19. Of the total program expenditure, 57% came from health fund dollars, 37% parent contributions and 6% from two counties.

<table>
<thead>
<tr>
<th>SCHOOL</th>
<th>ENROLLMENT</th>
<th>% STUDENTS IMMUNIZED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exeter-Milligan</td>
<td>211</td>
<td>22.7%</td>
</tr>
<tr>
<td>Fillmore - Elementary</td>
<td>205</td>
<td>34.6%</td>
</tr>
<tr>
<td>School/Location</td>
<td>Students</td>
<td>Percentage</td>
</tr>
<tr>
<td>----------------------------------</td>
<td>----------</td>
<td>------------</td>
</tr>
<tr>
<td>Fillmore - Middle School</td>
<td>147</td>
<td>25.2%</td>
</tr>
<tr>
<td>Fillmore - High School</td>
<td>182</td>
<td>3.3%</td>
</tr>
<tr>
<td>Shickley</td>
<td>114</td>
<td>37.7%</td>
</tr>
<tr>
<td><strong>TOTAL FOR FILLMORE COUNTY</strong></td>
<td>859</td>
<td>23.9%</td>
</tr>
<tr>
<td>Wymore Southern</td>
<td>408</td>
<td>12.3%</td>
</tr>
<tr>
<td>Beatrice - High School</td>
<td>682</td>
<td>3.2%</td>
</tr>
<tr>
<td>Beatrice - Middle School</td>
<td>526</td>
<td>11.4%</td>
</tr>
<tr>
<td>Beatrice - Stoddard Elem</td>
<td>260</td>
<td>14.2%</td>
</tr>
<tr>
<td>Beatrice - Cedar Elem</td>
<td>175</td>
<td>18.9%</td>
</tr>
<tr>
<td>Beatrice - Lincoln Elem</td>
<td>250</td>
<td>17.2%</td>
</tr>
<tr>
<td>Beatrice - Paddock Lane</td>
<td>240</td>
<td>22.9%</td>
</tr>
<tr>
<td>Freeman</td>
<td>360</td>
<td>14.2%</td>
</tr>
<tr>
<td>Diller-Odell</td>
<td>234</td>
<td>23.1%</td>
</tr>
<tr>
<td>St. Paul - Beatrice</td>
<td>150</td>
<td>14.7%</td>
</tr>
<tr>
<td>St. Joseph - Beatrice</td>
<td>80</td>
<td>28.8%</td>
</tr>
<tr>
<td><strong>TOTAL FOR GAGE COUNTY</strong></td>
<td>3365</td>
<td>13.4%</td>
</tr>
<tr>
<td>Fairbury - Central Elem</td>
<td>297</td>
<td>36.0%</td>
</tr>
<tr>
<td>Fairbury - Intermediate</td>
<td>265</td>
<td>22.6%</td>
</tr>
<tr>
<td>Fairbury - High School</td>
<td>376</td>
<td>9.3%</td>
</tr>
<tr>
<td>Tri County</td>
<td>399</td>
<td>16.0%</td>
</tr>
<tr>
<td>Meridian</td>
<td>184</td>
<td>26.6%</td>
</tr>
<tr>
<td><strong>TOTAL FOR JEFFERSON COUNTY</strong></td>
<td>1521</td>
<td>20.7%</td>
</tr>
<tr>
<td>Crete - Middle School</td>
<td>465</td>
<td>18.1%</td>
</tr>
<tr>
<td>Crete - High School</td>
<td>530</td>
<td>14.2%</td>
</tr>
<tr>
<td>Crete - Elementary</td>
<td>609</td>
<td>33.2%</td>
</tr>
<tr>
<td>Dorchester</td>
<td>198</td>
<td>13.1%</td>
</tr>
<tr>
<td>Friend</td>
<td>301</td>
<td>21.9%</td>
</tr>
<tr>
<td>Wilber Clatonia</td>
<td>535</td>
<td>20.2%</td>
</tr>
<tr>
<td><strong>TOTAL FOR SALINE COUNTY</strong></td>
<td>2638</td>
<td>21.3%</td>
</tr>
<tr>
<td>Bruning Davenport</td>
<td>160</td>
<td>37.5%</td>
</tr>
<tr>
<td>Deshler Lutheran</td>
<td>71</td>
<td>43.7%</td>
</tr>
<tr>
<td>Deshler</td>
<td>311</td>
<td>17.4%</td>
</tr>
<tr>
<td>Thayer Central</td>
<td>397</td>
<td>23.9%</td>
</tr>
<tr>
<td><strong>TOTAL FOR THAYER COUNTY</strong></td>
<td>939</td>
<td>25.6%</td>
</tr>
<tr>
<td><strong>ALL BOOSTERS</strong></td>
<td>348</td>
<td>75.0%</td>
</tr>
<tr>
<td><strong>TOTAL STUDENTS</strong></td>
<td><strong>9670</strong></td>
<td><strong>21.0%</strong></td>
</tr>
</tbody>
</table>

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.

Public Health Nurses Preventing Problems and Health Hazards
Public Health Nurses use a variety of methods to protect people from health problems and health hazards. By meeting people out in the community and in their homes, nurses are able to detect potential health problems and hazards and assist with prevention efforts to avoid illness and injury. Nurses may detect environmental hazards such as black mold or lead-based paint chips and report these to the appropriate environmental resources. Nurses may also detect bio-psychosocial threats such as neglect or abuse and report these to the appropriate authorities. Public Health Nurses then work with the gathered team of resources to assist the family in following through on all recommendations made.

Environmental Health Monitoring, Investigation, and Education/Outreach
In the past fiscal year Public Health Solutions District Health Department has responded to 64 environmental health-related inquiries, reports, requests and incidents. As part of assuring public protection and awareness of environmental health issues and topics, PHS provided news releases and presentations producing numerous radio and newspaper pieces.

Inquiries, Request for Information, Complaint Calls and Responses
- 7 Mold
- 5 Indoor Air Quality – Regulatory Enforcement
- 12 Healthy Homes/Lead
- 5 Rabies investigations
- 8 Dilapidated properties
- 5 Water system violations
- 3 Waste Disposal
- 2 Meth responses
- 4 Bed bug
- 2 Phase I requests
- 1 Environmental Emergency response
- 2 Air quality, field fires
- 2 Food Borne
Education Outreach opportunities

1 Licensing/Certification inquiry
2 household hazardous waste collection
3 drug take back collection
4 animal control

Rural Assisted Electronic Defibrillator Program
The RAED project was a grant-funded effort to distribute automatic external defibrillators (AED) to rural areas and to encourage bystanders to intervene in cardiac events to reduce deaths. The focus was on the strategic placement of 21 AEDS in schools, first responder units, community centers, libraries, senior citizen facilities and other sites where groups gather. Along with placement of the device, a responsible entity was enlisted to commit to the maintenance of the unit. The Public Health Nurse coordinating this project did extensive networking with first responders, city officials, business leaders and health care providers. She 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.

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.
Radon
32 test kits distributed
1 KUTT radio interview

CORE FUNCTION #2: POLICY DEVELOPMENT
Essential Service 3.
GIVE PEOPLE INFORMATION THEY NEED TO MAKE HEALTHY CHOICES.

Safe Routes to Schools: Increasing Safe Walking and Biking

PHS focused on key partnerships to accomplish Goals and Objectives

Beatrice Elementary School Principals & Secretarial Staff – Principals and Secretarial staff at Cedar, Lincoln, Paddock Lane and Stoddard were key partners in the initiation of the No Child Left On Their Behind in Beatrice Program. Backpack mail challenges, 28 Day Walking Challenges, Fall and Spring Walk to School Days and Walk Wednesday events were key activities initiated throughout the 2010-11 school year.
In addition, the Beatrice PATCH Coalition (8-10 active members) was a collaborative partner throughout the 2010-11 school year; PATCH members were from Beatrice Community Hospital & Health Center, Beatrice Police Department, Beatrice Fire Department, Mosaic, Gage County MAPPS, Beatrice Public Library, Deines Pharmacy, community stakeholders, etc. PATCH helped initiate the fall International Walk to School Day.

**Beatrice Teammates (4 volunteers), Beatrice PATCH (1 volunteer), School PTO’s (14 volunteers) and ECC (8 student volunteers)** - Teammates, PATCH, parents and students helped with the fall and spring walk to school days. **International Walk to School Day** in the fall was piloted at Lincoln Elementary. Over 200 students received an encouragement incentive. Students were seen walking/biking to school or participated by walking a designated route after stepping off the bus that morning. Utilized 2 community volunteers, 3 teaching staff & Principal to facilitate; 21 students biked to school, however, only 2 were wearing a helmet; Fit/distributed helmets to 10 kids that morning at Lincoln.

**Nebraska Spring Walk to School Day** was promoted at all 4 Beatrice elementary schools & Middle School with amazing results in the spring. A total of 155 participants at Cedar; 202 participants at Lincoln; 145 participants at Paddock Lane; 206 participants at Stoddard & 98 participants at Beatrice Middle School; The total number of spring participants was 806 students with an additional 915 students participating at other schools throughout the District totaling 1,721 students!

**28 Day fall and spring walking challenges** were implemented at each elementary school. Over 1,000 pedometers and walking logs were distributed to students and staff in the fall of 2010. The overall winner of the fall challenge was Mrs. Meints 5th grade classroom at Stoddard logging 4,459,932 (1,784 miles!) total steps. A close runner up was Mrs. Breeden’s 5th grade classroom at Paddock Lane logging 4,437,371 steps (1,775 miles).

**Award ceremonies** recognized winning classrooms in each building who logged the most steps in October 2010 and again in the April 2011. Mrs. Breeden, 5th grade classroom at Paddock Lane
logged the most steps during the spring challenge. Breeden said, “This is a really great program. Thank you for everything you are doing for our school.”

Similar comments from Theresa Smith, Principal at both Cedar and Lincoln Elementary schools came through an email about Walk Wednesday events, “Natalie, the kids had fun this morning walking the halls for WALK WEDNESDAY and are already asking when we can do it again. Thank you for all you are doing for our schools.”

Walk Wednesday participation at Cedar totaled 103 students/staff and 186 students/staff at Lincoln Elementary! SECC student volunteers comments included, “This is so FUN and it is so nice to get out of the classroom and be around kids! I wish they had events like this when I was in school!”

**BOLTAGE Program** – Coordination with BMS Asst. Principal, David Kraus, in facilitating the 6th grade open house events, 1st period 101 sessions for 7th and 8th graders and student sign up opportunities after school and during lunch were important promotional events for the program. Over 200 students initially signed up for the BOLTAGE Program. Program participants
received either a pedometer or a bike helmet. All 7th and 8th grade students were part of the promotional sessions for BOLTAGE.

Two bikes per grade were awarded to students from a random drawing of participant registrations.
Beatrice HOOPS Organization – provided weekly staffing of the BOLTAGE unit at Beatrice Middle School to promote and encouraged students walking/biking to school and helmet use, handled onsite issues/logistics and distributed a weekly encouragement incentive.

Walkin’ & Wheelin’ Wednesdays
A small encouragement incentive in the form of a “healthy breakfast snack” was distributed every Wednesday throughout the school year on average to 25-30 students by the HOOPS organization, courtesy of the Safe Routes BOLTAGE Program.

The Beatrice BOLTAGE unit is the first to be installed in a rural community in Nebraska.

BOLTAGE Incentives were distributed to participants every 15 trips to encourage continued participation and healthy behaviors.

Beatrice Middle School Wellness Team & Student Representatives (4 staff, 2 students) - PHSDHD met with the Wellness Team throughout the school year to obtain feedback and input on the BOLTAGE program and cultivate program ownership. A school display was recommended by the team and set up by PHSDHD to promote the program on an ongoing basis in a high traffic area of the school.
City of Beatrice & Beatrice Police Department (3 community partners) – PHSDHD met with the Beatrice City Administrator and Police Chief on barriers to walking/biking to school and developed a collaborative plan to begin addressing major safety issues at Lincoln Elementary.

Beatrice Police Officer, Wes Henning, was also an intricate part of map development at all 5 schools highlighting suggested routes to walk/bike to school. Involvement of local government and law enforcement in the projects was key in enhancing relationships and program buy in. A total of 25 bike racks were refurbished in the spring of 2011 and placed at key points in the school and community to encourage more biking. PATCH, Downtown Beatrice and the City were helpful partners in identifying ideal locations.

District Events – key activities implemented with community partners to accomplish Department mission

Spring Nebraska Walk to School in April 2011

Attracted 419 kids for Nebraska Spring Walk to School Day at Crete Elementary with 14 volunteers from Crete Teammates & Crete Elementary PE Teacher, Terry Van Horn.
Bruning-Davenport
PHSDHD provided 95 encouragement incentives and backpack mail to Bruning and Davenport schools for Nebraska Spring Walk to School Day!

Fairbury
Provided 300 wristbands to Central Elementary in Fairbury for Nebraska Spring Walk to School Day.

Wilber Elementary
Provided 100 wristbands to Myretta Whittington, School Nurse, to promote Walk to School Day at Wilber Elementary.

Bike rodeo at Wilber Elementary in May 2011
Collaborated with Wilber PTO and local law enforcement regarding a May bike rodeo; PHSDHD provided 100 sport bags & materials for rodeo distribution; PTO purchased 15 helmets for prizes; Approximately 25 kids participated in the Sunday afternoon rodeo.

Bike rodeo at Crete Elementary in April 2011
Collaborative event with CCLC Coordinator, Ellen Miller and Crete Police Department; Staffed rodeo with community volunteers from Rotary(6), CAMC(1) and Team Mates volunteers (12+ high school students); Over 165 kids in attendance!
Thumb Band Project –
collaborative project with Adams Fire and Rescue; PHSDHD initiated
distribution of TXTNG KILLS thumb bands in school systems throughout our
District; High Extremely popular with teen target audience; 2,500 were
initially distributed and we are ¾ of the through our 2nd order of 5,000
bands! demand for these bands;

Saline County Farm Safety Day
Facilitated a melon mash demonstration and bike safety educational
session at Farm Safety Day to over 200 K-6th grade students
from the surrounding area.
Beth Horak, event organizer wrote, “Natalie – Thank you so much for speaking at our
Safety Day for kids. I truly appreciate you helping us out
on such short notice! You did a
great job with the kids and I
hope that you’ll help again next year.”
**Sun Safety: KOOL POOL**
The Pool Cool project provided a permanent shade structure to this year’s partner pool-Crete Wildwood Pool. PHSDHD staff provided an educational presentation on sun safety and sunburn prevention to aquatic staff at our partner pool as well as sun-block lotion.

UV detecting wristbands were distributed throughout the district in an effort to educate citizens on the danger of repeated UV exposure. PHSDHD purchased a handheld UV detector and used this educational tool to demonstrate how much UV exposure individuals can have without even realizing it.

“This is such a great way to teach my kids about sunburns and using sun-block. They actually want to use the sun-block to see the color change. Thanks so much!” –Shannon

**Healthy Communities/Healthy Choices**

PHSDHD provided fresh produce as a healthy, delicious alternative to standard concession stand junk food at a local basketball game. Over 200 sports fans purchased and enjoyed a healthy snack.

Over 200 pedometers and ‘community fitness maps’ were distributed in the community of Crete (both English & Spanish).

“I never even thought of using a pedometer. I’m going to start tracking my steps TODAY”
-Sandra, retiree, after receiving a free pedometer & fitness map

“Just wanted to call and thank you for the pedometers. My kids refuse to take them off! Every day it’s a race to see who can get the most steps in before dinner. My kids are so much more active now...thanks again”
-Melanie, mother of two children who received free pedometers & fitness maps
Nutritional Environment Measures Surveys (NEMS) were conducted on food outlets in the community of Crete to determine availability of healthy food choices.

**Educating Hard to Reach Populations about Emergency Preparedness.**

PHS partnered with the DHHS-Office of Health Disparity and Health Equity to continue targeted education outreach efforts for influenza and pandemic information. PHS had identified the previous year the Hispanic immigrant population in Crete has a significant percent of Guatemalan immigrants. Guatemalan immigrants can be unique because of language barriers. Within Guatemala you have approximately 24 native Indian languages that are not similar to Spanish in any way. Guatemalan immigrants are often rural, native language speaking, with maybe one family member who also speaks Spanish. Our goal was to provide the educational sessions targeted towards the Guatemalan community and in their native Indian language needs. Two planning meetings were hosted by PHS; participants included Latino community members, native Guatemalan community members, DHHS-Office of Health Disparities & Health Equity, and local emergency management/law enforcement. In addition to the planning meetings the Department initiated some assessment to identify the most common native Indian languages within the immigrant population and individuals that were bilingual (Spanish and native Indian). The most common languages identified were: Q’anjob’al, K’iche’, Q’eqchi’, and Mam. The evening event started with a Guatemalan dinner provided by members of the Hispanic community, following dinner children were able to play under supervision while parents/guardians participated in the education session, and starter emergency kits from DHHS were distributed. 65 individuals were in attendance; and there was overwhelming approval and positive comments from the attendees. PHS has continued to develop a network of Hispanic Advocates to meet the unique challenges of our immigrant population, and we continue to stress programs that provide emergency preparedness education for the immigrant population.

**Use Of Media To Raise Awareness Of Lead Poisoning**

PHS also worked with Channel 10/11 news out of Lincoln on a leading news story regarding childhood lead exposure & residential LBP in relation to State Legislative Bill 204. PHS secured an age appropriate child and residential structure with examples of deteriorating Lead Based Paint to create a more engaging story. The story ran on April 20th @ 10:00 and the following morning. The Department received positive feedback from peers in PH.

**Recycling Dangerous Materials in Partnership with Extension**

- Battery boxes
- 50 recyclable battery boxes purchased
- 20 distributed
- 11 certificates of completion received

**Birth to Three Program: Helping Families Be Healthy**
The Crete Even Start and Birth to 3 programs are managed through grants by the Crete Public Schools. 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, and made 255 home visits during FY 2009-2010.

**Public Health Nursing; Health Teaching**

Public Health Nurses provide health teaching in nearly every situation encountered. Case management involves extensive health teaching as a core component of intervention. All individuals are given health information about disease and injury prevention and management, overall wellness and access to care. In the prenatal and Birth-To-Three programs, clients receive teaching on a variety of topics related to pregnancy, labor and delivery, parenting and early childhood development. Those receiving follow-up for inappropriate use of the emergency room may receive teaching on specific disease entities, management of common childhood illnesses and available health care resources. In general case management, education regarding chronic disease management and medications may be primary. Health education may be provided formally or informally to individuals or groups. Nurses have also addressed groups in schools, senior centers, clinics, nursing homes, ESL classes and churches. Large amounts of health education literature have been distributed at health fairs and other community events, and through the mail to new Medicaid beneficiaries.

**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.

**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 health care providers and others about emerging concerns.

**Essential Service 4**

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.

**Cancer Coalition**

PHSDHD currently spearheads a District wide cancer coalition to cultivate community partners and advocates to increase cancer awareness and education. Highlights for the 2010-11 funding period are as follows:

- The Coalition initiated a **media campaign** focusing on education, awareness and local FOBT kit availability and distribution during the month of March; CDC PSA’s ran for free on 10/11 (KOLN/KGIN) – ran once daily for two consecutive weeks; Radio Lobo PSA’s ran in Spanish ran once time daily for 4 weeks; Newspaper ads ran for 6 weeks & alternated between Screen for Life PSA’s & FOBT coupons in 32 local papers with circulation of 74,622!
- **Quarterly meetings** initiated by the Department throughout the grant period focus on cultivating district partners and continue to spread awareness efforts. During the month of March, the Coalition distributed just over **300 FOBT kits at 9 distribution sites in the District**
- **Coffee Campaign** awareness materials were distributed at 21 sites throughout the District totaling 2,100 coffee cups/sleeves; 317 table tents and 97 posters
Safe Kids Chapter of Fillmore, Jefferson and Saline counties – PHSDHD is a collaborative partner in this newly formed chapter focusing on infant/child car seat safety, helmet use and bike safety and smoke detector education/installation. Approximately two car seat checks have been hosted in Fairbury to date.

Identifying Issues relative to maternal and Child Health
PHSDHD used the National Issues Forum technique to engage community leaders in a discussion on healthy families and ways in which their community to improve health for children & families. 25 community members participated in the inaugural workshop event.

Brownfield Assessments and Potential Redevelopment Funds for Adams
PHS worked with the Village of Adams on redevelopment of properties via Brownfield funding; meetings with community representatives, Village legal representation, EPA, and NDEQ were held to discuss potential EPA and Brownfield funding options. The Village is looking to redevelop properties owned and acquired by the Village. Dilapidated properties, both commercial and residential are significant issues for all 5 of our rural counties. PHS has worked to prioritize efforts dealing with the health impacts of dilapidated properties by facilitating potential funding options for community redevelopment, securing federal funds, and highlighting the need for policy development in relation to the multifaceted problem rural communities face with dilapidated properties. A highlight to this work is that this summer the Village of Adams was able to initiate the redevelopment with the demolition of the dilapidated structures, and utilized State of Nebraska Brownfields funding in support of the effort.

Cancer Coalition-Breast Cancer
The Cancer Coalition is a grant-funded project to raise awareness of cancer prevention and screening. 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.

Essential Service 5
DEVELOP PUBLIC HEALTH POLICIES AND PLANS.

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

<table>
<thead>
<tr>
<th><strong>Issue</strong></th>
<th><strong>Additional Description</strong></th>
<th><strong>Counties</strong></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.

**Lead Hazard Control Capacity Building**
The Public Health Solutions District Health Department was awarded $94,577 in Lead Hazard Control Capacity Building Grant (LHCCBG) Program funds to better protect children in a 5-county region from residential lead exposure.

PHSDHD has extension experience in collaborative program development and management, as it is central to our role as the area’s local health department. PHSDHD has demonstrated success doing progressive lead poisoning prevention work, and is already poised to provide the leadership necessary to complete the Lead Hazard Control (LHC) work plan. PHSDHD is unique among LB692 health departments in that we have taken responsibility for lead case management and general environmental health consultation which encompasses most health homes topics (radon, mold, lead, pests, etc.)
Today, childhood lead poisoning is considered the most preventable environmental disease among young children, yet an estimated 250,000 U.S. children have elevated blood-lead levels (EBLL). The problem of children and lead exposure is often thought of as an urban problem, leaving rural areas without the attention and resources needed to conduct primary prevention activities like lead hazard control. Case management under PHSDHD’s “Help Me Be Lead Free” program begins at 5 ug/dL. Levels between 5 and 10 ug/dL are referenced as Borderline Blood Lead Levels (BBLL).

<table>
<thead>
<tr>
<th>County</th>
<th># tested</th>
<th># 5-9 ug/dL</th>
<th>BBLL rate</th>
<th># tested</th>
<th># 5-9 ug/dL</th>
<th>BBLL rate</th>
<th># tested</th>
<th># 5-9 ug/dL</th>
<th>BBLL rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fillmore</td>
<td>29</td>
<td>1</td>
<td>3.4%</td>
<td>32</td>
<td>0</td>
<td>0.1%</td>
<td>32</td>
<td>3</td>
<td>9.4%</td>
</tr>
<tr>
<td>Gage</td>
<td>83</td>
<td>11</td>
<td>13.3%</td>
<td>237</td>
<td>19</td>
<td>8.0%</td>
<td>197</td>
<td>16</td>
<td>8.1%</td>
</tr>
<tr>
<td>Jefferson</td>
<td>44</td>
<td>11</td>
<td>25.0%</td>
<td>55</td>
<td>11</td>
<td>20.0%</td>
<td>46</td>
<td>11</td>
<td>23.9%</td>
</tr>
<tr>
<td>Saline</td>
<td>60</td>
<td>6</td>
<td>10.0%</td>
<td>97</td>
<td>3</td>
<td>3.1%</td>
<td>92</td>
<td>6</td>
<td>6.5%</td>
</tr>
<tr>
<td>Thayer</td>
<td>17</td>
<td>1</td>
<td>5.9%</td>
<td>20</td>
<td>3</td>
<td>15.0%</td>
<td>19</td>
<td>1</td>
<td>5.3%</td>
</tr>
</tbody>
</table>

PHSDHD, through the LHC grant, worked with the community to improve the health and well-being of vulnerable children from low-income families by increasing the capacity within the District to reduce lead hazards. This goal was accomplished through community developed objectives and benchmarks.

PHSDHD provided contractors with the information they needed to protect children during renovation, repair and painting activities that disturb lead-based paint by hosting an eight-hour Certified Lead Renovator Training. Topics included lead paint hazards, regulations, tools, personal protective equipment, work-area set up, safe work practices, job completion procedures, and recordkeeping.

PHSDHD provided Community Health Workers (CHW) with a “Healthy Homes for Community Health Workers”. This course provided CHW’s education on healthy homes, general advice about specific health homes problems, and approaches to be taken by families, landlords and community members in regards to healthy home problems. A second course, “Essentials for Healthy Home Practitioners” was targeted at those individuals who provide patient care or visit homes to provide health, education or assessment service. Participants gained an understanding of how to collaborate and to make healthy homes a reality in their community.

A Lead Hazard Control Stakeholder group was formed from local community leaders and businesses to address the necessity of lead hazard control. Local organizations, contractors,
businesses, continuing education, hospitals, code enforcers, public and private health and housing agencies joined together to develop community-specific lead reduction strategies. Memorandums of Understanding were originated for further collaboration and future enforcement. Letters of Support were received for PHSDHD’s effort and service to lead prevention and control.

Making homes lead free is important not only to protect the health and safety of our children, but to establish a foundational pathway to better neighborhoods, stronger communities, and economic growth.

CORE FUNCTION #3: ASSURANCE

Essential Service 6
ENFORCE PUBLIC HEALTH LAWS AND REGULATIONS.

Methamphetamine Clean Up
During this past year PHS worked closely with local law enforcement, county emergency management and DHHS Risk Assessment program on two Clandestine Methamphetamine Labs, totaling 3 residences, and 3 garages. Local public health plays a significant role in the response to identified meth labs. PHS is responsible for enforcing Nebraska’s Title 178 Chapter 24 which includes securing structures, posting appropriate warning signage and enforcing appropriate decontamination and clearance sampling for structures identified as clandestine methamphetamine labs before items can be removed from the structure or people can reoccupy. Each lab bust is unique in the response required of public health, the time of day, or ability to track down the property owner can place the burden of securing the property on public health. Law enforcement activity often leaves doors damaged and without a means of locking, or doors simply have no locks. PHS has utilized particle board screwed/nailed over the door opening, padlock/hasps, and door knob lockouts to secure structures and protect the public. Of this year’s labs both are rental units, which increases the number of individuals public health must work with for enforcement and protection of the public.

Clean Indoor Air Act (NCIAA).
PHS completed/initiated Indoor Air Quality compliance for DHHS on:
  Blue Springs Fire Hall – completed
Animal Hoarding
November 2\textsuperscript{nd}, PHS was contacted by the Gage County Sheriff regarding his Departments response to a complaint regarding a residential animal rescue/shelter operation in rural Gage County. The Sheriff requested that PHS provide consultation. He indicated that approximately 99 dogs were on-site; the owner could or would not provide a total number, sanitation was extremely lacking, ammonia readings were elevated, the Department of Agriculture was on-site and he would like our consultation. The Department Director and staff coordinated the Departments participation. Upon arriving on location PHS coordinated with the Gage County Sheriff’s office, Nebraska Department of Agriculture, Beatrice Animal Control and a private practice vet. PHS interviewed the owner/operator and attempted to secure a list of the dogs in her care, vaccination records, health records and any policies & procedures she maintained for the licensed rescue/shelter operation. PHS also conducted a walk through assessment of the residence in coordination with law enforcement; documenting the interior and exterior conditions. Based on the poor conditions (feces & urine contaminated bedding & flooring, no quarantine/isolation of sick, injured or aggressive animals, poor feeding and water practices) the animals were forced to live in Nebraska Dept. of Agriculture, Gage County Sheriff, and PHS agreed that for the welfare of the animals they should be removed from the care of the individual. PHS continued to provide response support and documentation of the shelter operation practices and procedures. At the end of the 8 hour response 104 dogs were removed and taken into care by 3 different Humane Societies – Beatrice, Lincoln, and Omaha. Following news reports of the animal removal - experiences of similar concerns came into PHS from individuals who had conducted business with the shelter. A report was prepared by PHS and submitted to Gage County Sheriff’s office.

Nuisances
Milligan Village Board requested the service of PHS to assist with municipal nuisance code enforcement on a residential property. A site visit was made, and a walk around assessment was completed by PHS staff with the property owner and a member of the village board. Areas of needed correction were identified with the property owner, a timeframe to complete the corrections was agreed upon and a re-inspection visit was scheduled. PHS reinspected the property 4 weeks later to find improvement and most of the tasks completed. Areas of improvement still existed upon re-inspection, but significant improvements had been made. PHS will continue to monitor the property and provide consultation to city/village boards struggling with nuisance code enforcement. 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.

Essential Service 7
HELP PEOPLE RECEIVE HEALTH SERVICES.

Children’s Dental Day
PHSDHD coordinated free dental care through the UNL College of Dentistry for 13 district children. These children received a total of 128 dental procedures and many were provided with free follow-up care from the Dental College. A local dentist provided free initial exams for the children. We received information from the College about the services that were provided free of charge to children in our District. These included:

- 22 bitewing x-rays
- 3 root canals
- 16 full dental exams
- 30 fillings
- 13 dental cleanings
- 31 sealants
- 13 fluoride treatments
- 5 crowns
- 1 pulpotomy (similar to a root canal)
- 5 extractions
- 9 kids were scheduled to return for further dental work from the college.

**Arranging Access to Prenatal Services**

Starting in March, 2010, PHSDHD has been collaborating with the Crete Area Medical Center to provide a low-cost prenatal clinic for women who have no health insurance and are no longer eligible for Medicaid due to their immigration status. Women participating in the clinic are followed by 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, 28 women have been followed and afforded access to prenatal care through this program.

**Access to Care: Case Management**

Case management in all its forms generally revolves around helping people to receive services. The majority of clients served by the PHS Public Health Nursing staff are either Medicaid recipients or medically indigent. Medicaid recipients may have very few resources available to them in rural areas, particularly in the arena of dental care. If providers can be found, they are usually at some distance and transportation becomes an issue. Many other factors weigh in as well to create obstacles that prevent access to care. Those without Medicaid or any health care funding have even fewer options. If a provider will see them at all, they must generally navigate a complex system of charity care applications first. This can be overwhelming, especially if the person is struggling with an illness or cannot speak English. Public Health Nurses function as strong advocates, acquainting people with resources actually available to them, supporting them as they travel through the system, and helping to solve the problems that prevent access.

The prenatal case management program assists pregnant women who have no private insurance, Medicaid or other means of paying for prenatal care. Public Health Solutions takes the time to learn about their situation and needs, and then makes referrals to low-cost resources most likely to be beneficial. PHS assists them with their applications to Medicaid, and
for charity care. PHS staff advocates on their behalf and works to negotiate fees and develop payment plans. PHS staff identifies and helps to remove barriers that would interfere with prenatal visits, diagnostic testing and educational sessions, and then monitors clients closely to make sure they are able to keep appointments. PHS staff also works to decrease health care disparity by providing medical interpretation and social/cultural support.

Providing Access to Care: Health Care Connections
Health Care Connections offers the opportunity for individuals without health care funding to receive high-quality medical care. Persons of any age lacking insurance or the means to pay for health care may present at Public Health Solutions for screening. After determining financial eligibility, a thorough medical history and case management assessment is completed to identify the person’s problems and needs. An appointment is then made for the individual to see a local physician at no cost. The physician completes an examination and a treatment plan is established. The Public Health Nurse then works in partnership with the individual to accomplish the goals of the treatment plan. Nurses also assist the client in finding a permanent medical home for ongoing care, and provide the teaching and referrals needed to achieve overall optimal wellness. One of the challenges is to assist the person with obtaining needed medications. Public Health Nurses frequently research various medication assistance programs to find the least-cost option. Nurses assist the client through the application process and make arrangements to receive the medication through a pharmacy or physician’s office.

An example of this would be the client who self-referred for problems related to her children. During the case management intake assessment, it was discovered that the individual was a Type 1 diabetic dependent on insulin. She revealed that she was prescribed insulin she could not afford, and therefore had taken no insulin for over a week. Her blood sugar was highly elevated, and she was experiencing symptoms of hyperglycemia. She stated that she felt helpless, and was expecting to go into a coma. She only hoped family members would be around when this occurred so that they could take her to the emergency room in time. Public Health Solutions immediately found a way for her to purchase the insulin prescribed, preventing an almost certain episode of catastrophic illness. She then was referred to a physician through Health Care Connections and now is prescribed insulin she can afford. Through the assistance of a Public Health Solutions Promotora, her children are now Medicaid beneficiaries and are also receiving the services they need.

Medicaid Public Health Outreach Nurse Education (PHONE) Program
The Public Health Outreach Nurse Education (PHONE) provides additional opportunities for nurses to assist people with achieving access to care:

- Hospitals throughout the district refer persons who have used emergency room facilities inappropriately. Often, people go to emergency rooms because they have no primary care physician. Public Health Nurses contact these individuals, determine the reason for the ER visit, and attempt to help them solve the problems behind it. Often, assisting them with finding their own medical home is enough to prevent future ER visits. Lack of access to specialty services may also hamper the efforts of some to manage chronic physical or
behavioral health conditions, resulting in acute episodes needing emergency care. Through case management, Public Health Nurses connect these individuals to the resources they need.

- Outpatient clinics refer Medicaid recipients who have missed appointments without calling to reschedule. These are individuals and families who have medical homes, but for various reasons are unable to utilize them. Public Health Nurses contact each of these families and attempt to learn the reason behind the missed appointment. Frequently it is due to lack of access to care for situational or logistical reasons such as not having transportation, child care, or someone to function as an interpreter. Nurses engage in problem-solving with families and help find resources to solve these issues.

Public Health Nurses contact every new Medicaid recipient in the District to perform a health assessment and offer their services. Health education regarding available health resources is offered to everyone. Medicaid recipients without a medical, dental or vision home are referred to one, and assistance is offered to those lacking access to care.

Tracking compliance with EPSDT protocols is a critically important aspect of interaction with Medicaid beneficiaries. Nurses follow the EPSDT milestones and inform parents of the need to make and keep appointments. Nurses often arrange for dental, hearing or vision screening services if parents need assistance. Nurses also provide a great deal of health education regarding childhood developmental markers, giving parents the knowledge base to detect problems early. Wellness is promoted in a variety of ways, empowering families to engage in safe and healthy parenting.

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<td>Newly Eligible Served</td>
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<tr>
<td>Home Visits</td>
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<tr>
<td>Standard Health Assessments</td>
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<tr>
<td>Pregnancy Assessments</td>
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<tr>
<td>Asthma Assessments</td>
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<td>Problem Appt. Follow-Up – Dental</td>
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<tr>
<td>Problem Appt. Follow-Up – Vision</td>
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<tr>
<td>Emergency Room Follow-Up – Level 4</td>
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<td>Medical Home Establishment</td>
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<tr>
<td>Dental Home Establishment</td>
<td>63</td>
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<tr>
<td>Vision Home Establishment</td>
<td>32</td>
</tr>
<tr>
<td>Community Presentations</td>
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</tr>
</tbody>
</table>
Birth to Three Program

The Birth-To-Three program is managed through grants by the Crete Public Schools and provides comprehensive wrap-around services to adolescent parents. Services begin in pregnancy and continue until the child turns three years old. Public Health Nurses participate by providing case management, health education, health monitoring and assistance with access to prenatal, pediatric and any other needed medical care. Nursing care is offered during home visits, visits in community settings and joint visits to physicians’ offices. This past year the Birth-To-Three program has maintained an average caseload of 16 families.

Essential Service 8

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.

PHS welcomed the addition of 3 interns over the year, two worked in Emergency Programs and the third intern, collaboration with the University of Nebraska Partners in Pollution Prevention. The intern worked pollution prevention efforts with schools on conducting pollution prevention assessments. These assessments can often find cost saving solutions for the schools and reduce the waste and pollution stream. With limited education funding PHS is very excited to be able to offer this service to the Schools within the District and have a positive impact on the environmental health of our communities.

PHS was able to initiate the ‘Vulnerable Populations All-Hazard Education and Outreach’ program which targets education of immigrant Hispanic populations in Crete about all-hazard emergency preparedness. A PHS intern developed an education program that included Spanish education materials, checklist, family preparedness template, and a power point presentation, coordinated and conducted multiple group presentations, and one on one education sessions through ESL classes, church groups and Blue River Special Programs. PHS was also able to secure funding ($7,000) through Citizen Corp, Nebraska Emergency Management Association with the collaboration of Mark Meints, Gage County Citizen Corp Council to purchase preparedness kits. These kits will be given to participants that produce a completed family emergency preparedness plan; a preparedness plan includes contact information for communication when family is separated, medical information including vaccination records, allergies, medical conditions, medications, fire and safety information, tornado plan, pets, preparedness supplies, etc. One of the primary goals of the outreach program was to initiate family dialogue about emergencies and what the family plan was. We
felt the outreach effort was successful and improved our presence within the immigrant community as a leader and resource.

**Student Nurses**
This past year Public Health Solutions provided 20 nursing students from the BryanLGH College of Health Sciences with observational experiences in public health. The students learned about services provided by Public Health Solutions, as well as public health nursing philosophy and functions. Students had the opportunity to observe nurses providing services to individuals in the community, and engage in discussions about the role of the professional registered nurse in the public health arena. One student group completed a project that involved detailed assessment of the health education needs of prenatal clients and the presentation of a health education program to that group based on the assessment. Student’s feedback on their Public Health Solutions experience was entirely positive.

PHS staff took advantage of learning opportunities to increase their knowledge and public health capacity attending the UNL Pest Management Conference, the Center for Domestic Preparedness – Healthcare Leadership, presenting at the EPA Environmental Justice workshop, and attending the Center for Bio-preparedness Symposium.

PHS’s ERC sits on the Governor appointed SERC (State Emergency Response Commission) representing Environment. SERC provides oversight and governance of Statewide LEPC’s (Local Emergency Planning Committees) pertaining to implementation of EPCRA (Emergency Planning Community Rights to Know Act) and NEPCRA (Nebraska Emergency Planning and Community Right to Know Act). SERC members include representatives from NEMA, DHHS, NDEQ, State Fire Marshall, Haz-mat MOU city, State Patrol, State Roads, Emergency Management, and business leaders across the State. It is an opportunity for PHS to be a part of a statewide collaboration and provide a public health resource to partners across the state.

**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

**District Public Health Infrastructure**
**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.

**Essential Service 9**
**EVALUATE AND IMPROVE PROGRAMS AND INTERVENTIONS.**

**PHAB Accreditation Report**
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 Health Board, the National Association of County and City Health Officials and the American Public Health Association. This process requires a self assessment as well as an outside assessment and site visit. Results of the accreditation process will be forthcoming next year along with our plan for performance improvement.

**Summary of Findings**
PHSDHD demonstrated significant organizational and functional capacity to provide high quality public health services in a multi jurisdictional, low volume, rural setting. The site visit team encountered a local public health department with capable and motivated staff and sound leadership, working in a challenging rural environment. Their collective motivation and effort to improve the quality of their organization and services are evidenced by their participation in the Beta Test process. The site visit findings showed real strength in five Domains: Domain 1 – Assessment of Population Health and Public Health Issues; Domain 2 – Investigation of Public Health Problems and Hazards; Domain 3 – Education of the Public; Domain 4 – Engagement with the Community; and Domain 7 – Access to Healthcare. Part A and Domains 5, 6, 8, 9 and 10 provide opportunities to further develop the organization and services of their growing local public health department. Accreditation Beta Test Site

Quality Improvement Project
Utilizing national recognized quality improvement techniques, PHSDHD overhauled and improved the process for new employee orientation.

PHSDHD staff members attended the following trainings/conferences throughout the country:
- NACCHO national conference on quality improvement in Washington D.C.
- National Cancer Summit in Baltimore, MD
- Semi-annual meetings at the Kettering Foundation in Dayton, Ohio
- Women's Health Symposia
- Nebraska cancer coalition conferences
- PHAN statewide conference
- NALBOH national conference in Omaha

Department staff was trained in National Issues Forums and Community Deliberation techniques by an expert from the Chiesman Center in South Dakota.

Essential Service 10
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.

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.

**Funds:**
**LB 1060 FY 2010 to 2011**
**Health Department:** Public Health Solutions

**Total Funds Received:** $108,235.88

**Total Funds Expended:** $87,454.87

**Budget Period:** July 1, 2010 - June 30, 2011

**Expenditures for General Funds:**

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*Please explain the major items included and their dollar amount.

**LB 692 FY 2010 to 2011**
Health Department: Public Health Solutions

Total Funds Received: $246,529.63
Total Funds Expended: $251,020.91
Budget Period: July 1, 2010 - June 30, 2011

Expenditures for Per Capita and Infrastructure:

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*Please explain the major items included and their dollar