Public Health Solutions District Health Department
Annual Report
July 1, 2011 – June 30, 2012

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 2004 under State legislation that enabled the creation of local health department statewide. The Department received $227,187 in infrastructure funds pursuant to LB 692 and $105,645 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, 2011 to June 30, 2012. 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 health 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 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 passively, by reports, or through contracting for the collection of data. A summary listing of collected data follows:
- 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 study of emergency room use by District residence which was completed in June 2011 for the previous year.

**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]

**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 PHSDHD 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 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</td>
<td>14,599 85.7%</td>
<td>5,181 83.2%</td>
<td>19,780 89.0%</td>
<td>Na</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td></td>
<td></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](http://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, over 200 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, over 1000 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. To date 26 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.

**Children’s Dental Health: Protecting Those Smiles**

Helping every child access the dental care they need remains a priority at PHSDHD. The unfortunate truth, however, is that there are still millions of Americans living without access to even the most basic healthcare needs, including oral health. Each year, PHSDHD participates in the UNMC College of Dentistry’s Children’s Dental Day. This event is held annually to provide free dental care to children who are uninsured or underinsured. Each year, the number of kids identified as having no dental home and in need of care grows larger. Many of the kids referred to the UNMC free dental clinic have never seen a dentist prior to the pre-screening offered as part of the event. With the generous support of Dr. Bruce O. Kennedy, children receive a basic pre-screening exam and are then referred to the
Did you Know?

Nebraska DHHS reports that in Gage, Fillmore, Saline and Thayer counties, as many as 75% of the residents do not have the recommended fluoride levels in their municipal water systems that have been shown to help prevent tooth decay? Annual dental checkups, including the application of fluoride treatments and dental sealants have been shown to help prevent tooth decay in children. Your dental provider is a great source of information on ways to keep those smiles healthy.

West Nile Virus Prevention: Fight the Bite!

Each year, in partnership with Nebraska DHHS, Public Health Solutions provides education on preventing mosquito bites and decreasing your risk of contracting West Nile virus. Statewide surveillance efforts are supported by trapping and testing mosquito pools in Jefferson County as well as collection and submission of dead birds for testing. This year, packages containing prevention materials were sent to each town/village clerk for distribution throughout the area. PHS encourages residents to drain standing water and use mosquito larvicide dunks to prevent the growth of mosquitoes in areas that cannot be drained. Personal protection includes wearing long sleeves and pants when going outdoors during peak mosquito activity hours (dusk) and using insecticide containing at least 25% Deet on exposed skin. To prevent bites on small children, the use of a non-toxic, natural formula such as those containing lemon eucalyptus oil or geraniol is recommended. PHS closely monitors the incidence of West Nile virus within the district and issues press releases throughout the summer months to keep district residents informed.

Did you Know?

Mosquitoes are small flying insects that feed on human and animal blood or plant juices. Only female mosquitoes bite to get a blood meal to develop eggs. Mosquitoes are generally considered a nuisance pest, and occasionally can transmit disease. While there are approximately 50 different species of mosquitoes in Nebraska, most mosquitoes do not transmit West Nile virus.
**Rabies Control and Prevention**

Rabies post-exposure prophylaxis (treatment to prevent rabies) was provided to 4 people during 2011. As the rabies prevention authority for the five-county area, the department routinely worked with emergency rooms, bite victims, law enforcement, vet clinics, and pet owners on all reported animal bites, regardless of whether or not rabies shots were needed. It provided information, education and peace of mind to the injured person, family members, and often, to the animal owner. In one case, information provided to a pet owner prevented the family dog from being destroyed unnecessarily.

Rabies pre-exposure prophylaxis was provided to one animal shelter worker during 2011. In this case the vaccine is given prior to any exposure to rabies. It protects people at increased risk of exposure to rabies, such as veterinarians, veterinarian science students, and animal control workers, and animal shelter workers.

**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.

**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.

**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 69 cases this past year.

Animal Exposure: 6
Aseptic Meningitis: 9
Campylobacteriosis: 15
Giardiasis: 2
Group A Strep (invasive): 1
Group B Strep (invasive): 1
Hepatitis A: 1
Hepatitis C (chronic or resolved): 12
Histoplasmosis: 2
Legionellosis: 1
Salmonellosis: 13
Shiga toxin-producing E. coli: 3
Streptococcus pneumoniae (invasive disease): 2
TB (non-pulmonary): 1
WNV Fever: 1

**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. 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. Each year more physician referrals are received asking that we follow up on elevated lead levels.

**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 elsewhere within the District. 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 over 500 visits for routine immunizations during the year with over 4000 immunizations given.
**SKIP Flu Program**
The School Kids Immunization Program – Flu (SKIP Flu) began in 2007. The primary value of the program is that increasing the immunization level of school children helps decrease the level of flu in a community. Nationally, within the State and locally school age children tend not be immunized in community clinic or in physician offices as we would prefer. Consequently we go the extra mile to increase their immunization levels by conducting the program in the schools. This way we have been able to more than double the immunization rates of school children within our District. While it is not yet where we want it to be, we are gaining ground.

The Department’s program objective is to promote community wellness and minimize the cases of flu by increasing the number of immunized students. It is also the goal to increase acceptance of annual influenza immunizations. Over 2000 school children were immunized resulting in an immunization rate in excess of 22%.

**School Illness Surveillance.** The PHSDHD conducts weekly surveillance for all schools within the 5 county district. This data is collected on Wednesday, assembled and submitted to the state every Thursday. Reports are sent back out to the schools with graphs showing overall number of absenteeism, those absent due to ILI, and percentage of students absent. 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.

<table>
<thead>
<tr>
<th>2011-12 Total School Illness Reported by Category</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asthma</td>
<td>20</td>
<td>0.3%</td>
</tr>
<tr>
<td>ILI</td>
<td>1700</td>
<td>29.5%</td>
</tr>
<tr>
<td>Strep</td>
<td>113</td>
<td>2.0%</td>
</tr>
<tr>
<td>Rash w// Fever</td>
<td>42</td>
<td>0.7%</td>
</tr>
<tr>
<td>Gastro</td>
<td>1461</td>
<td>25.4%</td>
</tr>
<tr>
<td>Other</td>
<td>1399</td>
<td>24.3%</td>
</tr>
<tr>
<td>Unknown</td>
<td>1018</td>
<td>17.7%</td>
</tr>
<tr>
<td>Total Illnesses</td>
<td>5753</td>
<td>100.0%</td>
</tr>
</tbody>
</table>
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. The PHSDHD provided support and worked with each facility to help assure that necessary measures were taken to contain any illness and offered assistance and/or implemented measures to control illness as needed.

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
PHS understands the direct relationship between housing and health and works to educate individuals on housing related health issues. PHS also works through enforcement avenues to guarantee housing issues in rental units are resolved to the best of the enforcement capability, but there remains need for improvement. PHS responded to a complaint concerning ongoing mold issues in a 64 unit apartment complex. The complainant stated that efforts had been made by multiple tenants to get the property owner to address issues with mold growing on the walls, carpets, and window areas with no response on part of the property owner. The complainants also expressed concern over coming forward about the health issues over fear of repercussions from the property owner. Staff visited with the complainants in an effort to evaluate the extent of the mold problem and previous attempts to resolve. The complainants also provided pictures of mold growth in different units, appearing on the walls and baseboard areas. Staff reviewed past complaints and found 3 other occasions, 2007, 2009, and 2010 the department received mold complaints on these apartment units. PHS reached out to the City of Crete Housing Inspector to discuss appropriate approaches and potential enforcement powers. The City of Crete, PHS and the property owner met to discuss the complaint, potential impacts
occupant behavior, structural deficiencies, and a plan. It was agreed that an assessment was necessary to help in identifying moisture causes, behaviors, structural deficiencies or a mixture of both, and that the City Inspector would take the lead. However the City of Crete does not have the necessary equipment, PHS agreed to facilitate locating this equipment. PHS staff had no success in securing the necessary equipment form public health partners and it was determined that this would be a beneficial piece of equipment for the department to have. Staff researched online and consulted peers in the private industry on the best product for multiple indoor air quality assessments and decided on the Extech moisture meter (pin and pin less) with infrared thermometer. The assessment was halted in the early stage when the property when the property owner choose to no longer work with us on the assessment plan.

Requests for environmental consultations and/or complaints

Smoking 2
Mold 13
Meth 3
Radon 4
Food Complaint 1
Food licensure 1
Dilapidated property 9
Bed bugs 5
Rabies 1
Vectors 2
Head lice 1
DHHS case management referrals 3
IAQ 2
Waste disposal 1

Rural Assisted Electronic Defibrillator Program

Radon Testing, Education and Remediation

CORE FUNCTION #2: POLICY DEVELOPMENT

Essential Service 3.

GIVE PEOPLE INFORMATION THEY NEED TO MAKE HEALTHY CHOICES.

“No Child Left On Their Behind is a great partnership opportunity for Thayer Central Schools. I have ideas for promoting wellness for students and staff, but the Health Department helps me move them into action.”

Kurk Wiedel, Thayer Central Elementary Principal.

Public Health Solutions District Health Department (PHS) was awarded its fourth consecutive year of Safe Routes to School federal funding through the Nebraska Department of Roads. As a result of this funding, PHS has successfully launched two programs, No Child Left On Their behind (NCLOB) and BOLTAGE in over 12 communities and schools within the PHS District. The goal of these programs is to encourage more walking
and/or biking to school, during school and after school. During the 2011-2012 school year, the NCLOB program specifically targeted K – 8th grade Thayer Central students and their families. Backpack mail challenges, Walk Wednesdays, classroom competitions, fall and spring Walk to School Days, a spring kick-off event promoting physical activity and a bike rodeo were program events initiated by the Department to build on and increase the overall amount of walking/biking per student.
Community involvement is a key component of the NCLOB program and creates local ownership of the program. The local PIG (Parent Involvement Group) at Thayer Central met periodically throughout the 2012 school year to assist PHS with program development. Parents provided input into the pre-planning stages of the program, volunteered at various activities, conducted walk-ability assessments around the primary, intermediate and high school buildings, identified suggested routes for a local walking map created by PHS, and selected new bike racks for the intermediate building purchased with Safe Routes funds. At the conclusion of the program, the overarching goal is to alleviate safety issues and create a more conducive environment for kids to walk/bike to school at Thayer Central.

Words like “cool”, “fun” and “awesome” were echoed among Crete Elementary (CE) students signing up for BOLTAGE this past spring. What is BOLTAGE? The BOLTAGE Program involves the installation of a Zap unit. Crete Elementary is the first rural elementary school within PHS District to install a Zap unit. CE was selected by PHS as the pilot site for the BOLTAGE Program. The Zap, is a solar powered RFID (radio frequency identification) reader – it reads the number on an assigned Zap ID tag (think luggage tag). The tag is ideally attached to the student’s backpack. BOLTAGE participants simply pass under the unit each day they walk or bike to school. The Zap records and tracks each trip. Each participant can go online and view their trip information via a password protected website at www.boltage.org. Students earn prizes as they record more trips.

PHS initiated all of the logistics and ground work for installation of the unit, refurbished existing bike racks, assessed safety barriers in/around CE and the school agreed to pour a new concrete slab for the new racks. Bike helmets and pedometers are provided through the program to
Crete Elementary is implementing a voluntary program that promotes health and sustainability by encouraging kids to walk and bike to school. Every day your child walks or bikes to school starting in April, they will be able to pass under our ZAP unit located at the back of school near the bike racks and earn credit toward fun prizes. The ZAP is a solar powered RFID reader—it reads the number on your assigned Zap Tag (a luggage tag that attaches to your helmet or backpack) and records your daily trips on the internet. No personal information is recorded on the Zap Tag—so privacy is protected. Students can register for the program by filling out the information below and returning this form to the school office for a Zap Tag or on Tuesdays and Thursdays before/after school in the gym. Bused students can participate during recess and walk 4 laps around the green space to scan their tag each day.

STUDENT NAME __________________________ GRADE ______________
TEACHER ________________________________

Partnerships developed within the school help create buy-in and ownership of the BOLTAGE program. PHS partnered with CE enrichment students and their teacher, Karen Drevo, in the development and set up of a BOLTAGE store at school. Participants can visit the store weekly to “cash in” their trips for prizes.

PHS continues efforts to educate parents and encourage students to walk/bike through the promotion of walk to school days. Over 500 students at CE participated in the Nebraska Walk to School Day in April. PHS partnered with the Crete High School Teammates organization and CE physical education teacher, Terry Van Horn. These established partnerships have been invaluable to the long term sustainability of these events. Fall and spring walk to school days have been ongoing at CE since 2008.

Due to current rates of obesity among adults and escalating rates among children, incorporating even small increments of physical activity within your day, is an inexpensive and logical prescription to thwart the obesity epidemic. PHS continues its focus and lead role in promoting and encouraging physical activity within the District. The end goal is to help children and adults establish healthy lifestyle behaviors to live longer, healthier lives. (Ale can perhaps pull the picture of the unit from the document that follows).
No Child Left On Their Behind

Beatrice Summer Events

PHS finished out the 2011-12 school year of the No Child Left On Their Behind in Beatrice. Education and encouragement surrounding safe biking continued through July and August at collaborative events with community partners. Beatrice YMCA, Kiwanis and Beatrice Police Department were key partners in sponsoring a bike rodeo safety event in July of 2011. Over 10 volunteer partners were onsite for the event and 58 kids participated. PHS conducted helmet fittings, an educational session and melon mash demonstration for participants. Participants, who did not own a bike helmet, received a cool helmet courtesy of Safe Routes. A total of 55 helmets were distributed to Beatrice youth to increase usage and reduce head injuries in the event of an accident.

Beatrice Public Library Summer Program

PHS presented information on helmet and bike safety to 28 kids attending the summer reading program in July 2011. BPL serves as a PHS depot for helmet distribution over the summer months. In addition, 75 bags were distributed to summer program participants to continue encouragement of walking and biking.
Beatrice National Night Out
PHS partnered with Gage County MAPPS to promote helmet awareness and safety at the annual National Night Out in Beatrice. Educating kids on the importance of wearing a helmet and insuring a proper fit was the focus of the evening event. A total of 55 helmets were distributed in August of 2011.

Beatrice Family Fun Night – PHS continued education and encouragement efforts into the fall in Beatrice. In September, PHS fit and distributed 147 helmets to students in attendance at Family Fun Nights at Stoddard Elementary and Paddock Lane.

Safe Kids Chapter
Safe Kids Nebraska, coordinated through the Nebraska Department of Health and Human Services, was created in 1993 to address accidental injuries to children 14 and under. The goals of Safe Kids are to address major areas of accidental injuries to children 14 and under by raising awareness among adults and children, by building long-term grass roots coalitions, and by making childhood injury a public priority.

PHS is an active partner of the Safe Kids Chapter serving, Fillmore, Jefferson and Saline counties. Community partnerships continue to be the backbone in expanding Chapter and Department education and prevention efforts in the areas of bike and helmet safety. PHS led partnership events for 2011-12 were:

Bike rodeo in Geneva
Fillmore County Hospital Health Fair – Kids Zone
Bike & Helmet Safety Educational Sessions & Melon Mash at Jefferson Intermediate
Bike & Helmet Safety Educational Sessions & Melon Mash at Fillmore Central
Fillmore County Farm Safety Day
Saline County Farm Safety Day
So you might be asking by now, what is a bike rodeo? A bike rodeo is a series of activity stations that a child rides through to enhance maneuvering skills and safety in/around biking.

Is your curiosity peaked about a melon mash? A melon mash is a fun, visual experiment for kids. A melon (honey dew, cantaloupe) is dropped from a 6 to 8 ft. ladder onto the ground without a helmet (ended up totally SMASHED), then the experiment is repeated a second time dropping a melon in a helmet and guess what . . . melon stays intact! Super fun for kids and a good visual reminder that a helmet protects your head and brain from injury but . . . you have to wear one!

**Sun Safety: Kool Pool**
The Pool Cool Project: Playing it Safe in the Sun

The Pool Cool project provides permanent shade structures, education and sunburn prevention incentives to community swimming pools throughout the district. This year, PHS partnered to purchase shade structures, lifeguard staff on preventing sunburned skin and provide sunscreen and educate the population. FairmontCommunity Pool, population 560 Fillmore County. This small but dynamic community swimming pool throughout the summer. UV detection color-changing wristbands were also distributed to pool patrons with education on how and when to apply sunscreen properly. Kudos to Fairmont pool manager Wanda Moses for creating a pool environment that promotes sunburn prevention and allows kids and adults to enjoy their summer while playing it safe in the sun!

Skin cancer is the most common form of cancer in the U.S. It takes only one blistering sunburn to double your risk of developing melanoma, the deadliest form of skin cancer. This disease is preventable. Always wear sunscreen with an SPF of 30+ when going outdoors. Avoid prolonged sun exposure during the hours of 10 am -4 pm and if you have to be outside, protect your skin additionally with clothing, wide brimmed hats & sunglasses. Examine your skin often for the development of or changes in moles and skip the tanning bed!

**Skin Cancer Prevention Grant: Protect the Skin you’re In**

PHS received a $6588 grant from the Nebraska Cancer Coalition to provide education on skin cancer prevention and permanent shade structures to local swimming pools in the district. PHS
purchased a SKIN SCOPE to provide education on the harmful effects of continued sun/UV exposure and promote better prevention among high school and college age students. When looking into the scope, a fluorescent light illuminates the skin, showing areas of possible damage not visible to the naked eye. The goal of the project is to show young adults the skin damage that occurs with tanning and continued sun exposure.

The Healthy Communities Project: The Markets are Open!

Is your plate half full with nutritious, delicious fruits & vegetables at every meal? Unfortunately, Nebraska ranks 37th out of the 50 states in the amount of adults who report eating at least five serving of fruits and vegetables daily. With this in mind, PHS set out to change the food environment in our district by supporting and helping to develop thriving farmers’ markets. With a grant funded by the Nebraska Department of Health & Human Services and the Every Woman Matters/Wise Woman program, a coalition of market managers, producers and interested community leaders has been formed to provide support and resources to our local farmers’ markets. Highlights from year one of the project include:

- Coalition membership from Farmers’ Markets in Beatrice, Crete, Fairbury, Wilber and Wymore.
- Application for and approval to become the first local Nebraska Buy Fresh Buy Chapter. This national network will support markets, growers and consumers in Gage, Fillmore, Jefferson, Saline and Thayer counties.
- Partnership with the Every Woman Matters/Wise Woman program to promote the benefits of locally grown produce to women in the PHS district.
- Marketing resources provided to local Farmers’ Markets to help attract new vendors and shoppers.

Educating about Emergency Preparedness.

September was National Preparedness month, PHS worked with local radio station KUTT 99.5 FM on weekly segments focused on community preparedness education. Included in the weekly segments was information for family emergency plans and how to build an emergency kit, the SNAP (specific needs awareness planning) registry for the advanced registration of individuals who’s health needs would be dramatically impacted during an emergency, volunteerism - how pre affiliation with a volunteer organization would be the best use of your volunteer effort following emergencies, and how and why planning for pets and livestock is important.

PHS provided education on zoonotic disease and mitigation steps to an audience of 250 animal Ag producers. PHS received a request from the Little Blue NRD to have an informational booth
and blood pressure checks at a workshop they were hosting for agriculture producers. After talking with the NRD organizer about health and safety risks for our ag producer population it was determined that PHS would have a booth, provide blood pressure checks, but also present on the issue of zoonotic disease. Zoonotic disease are diseases that can spread from animals to humans via multiple transmission routes and can have significant impact on the health of that producer resulting in loss of productivity, increased healthcare costs, and transmission of the disease to other persons (communicable). The workshop included approximately 250 producers from Little Blue NRD region, and when asked of the entire group how many had heard of zoonotic disease only 1 producer raised their hand. The presentation educated attendees on the routes of disease transmission and steps to reduce disease transmission in their animal production operation that ranged from very easy to more advanced. The group was very welcoming of the information, and PHS believes the collaboration with the NRD will continue.

**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 2011-2012.

**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 Face book 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 current events were posted as they became available to provide the most current locally relevant information available to the media and the general public. Likewise, Face book and Twitter were used as adjuncts to provide information to different segments of the population.

**Information Exchange.**

**Essential Service 4**

**ENGAGE THE COMMUNITY TO IDENTIFY AND SOLVE HEALTH PROBLEMS.**
PHSDHD currently spearheads a District wide cancer coalition to cultivate community partners and advocates enhancing cancer awareness and education. Highlights for the 2011-12 funding period are as follows:

The Coalition initiated a **media campaign** for the third year in a row, focusing on education, awareness and FOBT kit distribution during the month of March. KUTT provided in-kind media support and featured a weekly interview highlighting education and awareness

- PHS provided additional incentives to community partners in the form of t-shirts and aromatherapy stress balls to use as promotional items at health fairs
- During the month of March, the Coalition distributed just over **160 FOBT kits at 10 distribution sites in the PHS District**
- **Quarterly meetings** initiated by the Department throughout the funding period focus on cultivating district partners and awareness initiatives.
- In conjunction with the Nebraska Department of Health’s statewide media campaign, **coffee campaign** awareness materials were distributed at 28 sites throughout the District
- Presentations were provided at target sites - Crete Senior Center, Fairbury Senior Center and the Beatrice Senior Center reaching over 75 seniors age 50+

**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.

"It's just amazing to see so many people in this community come together because they truly care about families….they care about my family.”
- Jorge, young father participating in the MCH community deliberation forum
Emergency Response

PHS participated in the State Emergency Response Commission annual strategic planning and work plan development meeting. This year the meeting was held in Scottsbluff in conjunction with the SERC’s quarterly meeting. During the two day effort members were able to participate in group discussion that evaluated the previous year’s work plan, review the LEPC 101 guide, and engage in strategic planning for the coming year. The group made up of representatives from NEMA, NDEQ, DHHS, local elected officials, industry, State Patrol, Dept. of Roads, railroad, Industry, Trucking, and EPA had very good dialogue and identified areas for SERC improvement in assisting LEPC’s statewide in their work, growth & development. In addition to the 2 day session, staff participated in a conference webinar with NEMA and Center for Bio preparedness staff on toolkit development. As a result of the webinar, the SERC will look to produce short educational/training webinars to building a library of resources available to LEPC members. In addition discussions regarding LEPC assessment were had – how would the SERC be able to measure the health/strength of LEPC’s, how does this relate to the previous LEPC survey, and the need to reevaluate the survey from 2010. PHS participation in the SERC is a unique opportunity to network with preparedness partners from across state and agency boundaries, providing in addition education and the leveraging of preparedness activities for the District. PHS was part of the Homestead National Monument 150 year Homestead Act Celebration planning. With special mass gatherings, planning, including emergency contingency planning is essential. PHS was able to bring to the group specific public health planning considerations. Public health considerations include a complete hazard analysis, food vendors, adequate drinking water, adequate toilets & hand-washing stations, proper waste receptacles and maintenance, entrance and exit, temporary structures, and first aid, EMS transport collaboration. The group will continue with planning meetings leading up to the May 20th celebration. This has been a wonderful opportunity for PHS to work with emergency partners and community partners and will strengthen the overall collaboration across agencies. PHS Staff was invited by NEMA to attend the SARA Title III Association Annual conference. This opportunity provided networking and the opportunity to learn from state programs from across the nation regarding hazardous materials planning, tier II programs, SERC, LEPC, etc. Some of the greatest take away’s pertained to fees associated with filing Tier II’s, that fee’s support the enforcement program. In addition the consideration that LEPC’s should be engaged in “all-hazards” planning not exclusively hazardous materials. Both considerations have pro’s and con’s and would be a potential policy development for the State of Nebraska as currently no fee’s are assessed and it is focused specifically on haz-mat.

PHS Staff participated in the Nebraska Emergency Management Association conference, including Table Top Exercise on volunteer management following a disaster. This was a first for the State of Nebraska, joining emergency managers and public health emergency planners from across the state. The exercise proved to be a valuable use of time for those involved. Staff learned of a number of available volunteer resources unknown previously. The one day event was initiated with a meeting of state public health emergency planners. Presentations were given on the proposed State credentialing policies and procedures, in addition to a presentation
from Russ Wren, DHHS SNS Coordinator. We also had an opportunity to discuss as a group the use of mind manager and how to utilize this tool for the CDC targeted capabilities, and ERP.

**Essential Service 5**

**DEVELOP PUBLIC HEALTH POLICIES AND PLANS.**

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.

**CORE FUNCTION #3: ASSURANCE**

**Essential Service 6**

**ENFORCE PUBLIC HEALTH LAWS AND REGULATIONS.**

PHS responded to three separate Meth labs in collaboration with Jefferson County Sheriff’s office, Jefferson County Emergency Management, Plymouth Fire and Rescue, and Fairbury Fire. Public Health worked with local partners to secure and post 3 residences, and 2 travel trailers. Information regarding the regulations, sampling, decontaminating, etc was sent to the property owners. In addition, an officer was bitten by a dog during the response. Effort followed when the occupant took the dog and would not surrender the dog for quarantine. Eventually PHS, Law Enforcement and a local Veterinarian were able to convince the owner to surrender the animal for 10 days to the local veterinarian. A highlight for PHS was able to close the file on a meth lab from 2010 in Gage County this year, with the demolition of the residence and garage. PHS worked closely with the property owner to navigate the necessary demolition steps from worker safely
Essential Service 7
HELP PEOPLE RECEIVE HEALTH SERVICES.

Dental Sealants for 65 Third Grade Children
In April, fifteen talented dental students and their supervising instructor provided a children’s dental sealant event at Central Elementary in Fairbury. PHS partnered with the dental students, their instructor and the school administration to provide free dental sealants to 65 children. The Fairbury PTA provided parent volunteers for the event and, with the help of the wonderful staff at Central Elementary, the event was a success. A total of 185 dental sealants were provided to children with an estimated savings to Medicaid of approximately $4,000.

Oral Health Access for Young Children
Fluoride varnish applied to the teeth of children Enrolled in Head Start and Early Head Start is an effective preventive strategy to help prevent dental disease. This past year was the first year the PHS was able to apply for funds to conduct this program in the Head starts and Early Head Starts within the District. A total of 826 children were served in the program and 115 were ultimately referred to dentists because they needed dental treatment. This program along with other dental prevention and treatment programs are needed to improve and maintain the health and wellbeing of children and the population of the District as a whole.

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, 39 women have been followed and afforded access to prenatal care through this program.

Partnering to Manage Diabetes
During the past year, six type II diabetics and 3 gestational diabetics participated in a free program that provided basic information related to the management of type II and gestational
diabetes. It was provided at no cost to uninsured/low income people living within the PHS district. Participants in the program were referred by health care providers both within and outside of the five county area. They received information from reliable sources in both written and verbal formats. Spanish translation and interpretation services were provided as well. Information provided included:

- Definition of diabetes
- Long-term consequences of poorly controlled diabetes (type II)
- Glucose testing
- Signs and symptoms of high and low blood sugar
- Actions to take when blood sugars are outside of desired range
- The roles of diet and exercise in diabetes management
- The role of medication in diabetes management
- Medication administration and side effects
- The importance of routine foot care
- Health care related to diabetes management (HgbA1C testing, dilated eye exams, foot exams, kidney function testing, cholesterol testing and B/P monitoring)

All participants were able to decrease their average blood sugar test results to the desired range, and reported feeling better. One participant lowered her HgA1C from 13.9 to 7.2 over a seven month period. Another was able to stop taking insulin and control the diabetes with diet, exercise and an oral medication. Babies born to the women with gestational diabetes all weigh

**Supplying Free Glucometers and Low-Cost Testing Supplies, and Syringes to Area Diabetics**

In 2011, PHS provided free glucometers and free or low-cost testing supplies and syringes to 10 diabetics who would otherwise have been unable to afford the tools necessary to manage their diabetes. Case managers worked with physicians to make sure clients were prescribed the most affordable medications available to treat their disease and health navigators assisted clients to complete prescription medication assistance applications.

**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.

Health Care Connections (HCC) is a partnership between PHS and Saline Medical Specialties (SMS) in Crete. It links low income uninsured residents of Saline County with a medical care provider. Clients may be either self-referred or referred by outside agencies. Each client is seen by a doctor one time at the HCC clinic located in the PHS office. After that, case management and health navigation services are provided by a public health nurse and specially trained PHS staff with guidance from SMS doctors. The clinic opened in May of 2011, and twenty seven people received health care there before the end of the year.

**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.
**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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## 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 19 families.

## Essential Service 8

**MAINTAIN A COMPETENT PUBLIC HEALTH WORKFORCE.**

During the year staff worked with partners across the State and from within the District to prepare for the State Regional Strategic National Stockpile (SNS) Full-Scale Exercise. Work included the actual creation of goals and objectives, the exercise scenario in collaboration with DHHS and other local public health partners. In preparation for the Full-Scale, PHS developed Table Top exercises for use with Sub-hub command and general staff with the City of Beatrice and Crete and Gage and Saline County. The Full-scale exercise scenario was an intentional anthrax release at a mass public gathering with attendees from throughout the southeast Nebraska region. Exercise objectives included requesting the national asset with neighboring public health departments, activation of sub-hub locations, personnel and plans (Beatrice and Crete sub-hubs), communication with health care partners & resource request process, allocation of resources, and demobilizing personnel and equipment. The exercise was initiated on Monday, September 12th with the reading of the scenario, requesting the federal asset, planning and activation of sub-hub sites and staff. The following day the sub-hubs exercised the transportation of the federal asset, security of the sub-hub, tracking of operational expense & administrative needs, communication, incident command, and inventory management. The exercise was a success with real world applications utilized. PHS communicated on day one with
county emergency management, hospitals, and schools signs and symptoms, resource request process, and additional essential information. Sub-hub staff activated and demobilized operations, including inventory (approximately 150 boxes) breakdown. The exercise was capped off that Friday with Jefferson Community Health Center exercising plans to distribute medication to staff. Planning for and exercising with our healthcare partners prioritizes critical infrastructure and reduces the force on public health mass dispensing operations.

The Lt. Governor and State Citizen Corp honored Fabiola Dimas at the State Capitol. Fabiola was a PHS Intern within the Emergency Preparedness program. Fabiola was honored for her work on the Hispanic Preparedness Outreach/Education Program. Fabiola interned with the Department in spring of 2011 and focused her efforts on developing a program that would educate Hispanic immigrants in the Crete area on all-hazard emergency preparedness; particular effort was focused on initiating family conversations, assisting those heads of households to develop and dialogue family emergency plans and emergency kits. In support of this targeted program education, PHS was able to secure additional funds through NEMA for the purchase and distribution of emergency kits to program participants.

PHS Staff participated and certified in National Incident Management Systems (NIMS) 300 and 400 levels training during March. NIMS is utilized in emergency preparedness and response communities, it is a comprehensive, national approach to incident management. NIMS provide the template for incident management, regardless of cause, size, location, or complexity, and NIMS is applicable at all jurisdictional levels and across functional disciplines. NIMS 300 Intermediate ICS (Incident Command System) for Expanding Incidents and 400 Advanced ICS for
Command and General Staff coursework totals 36 classroom hours. Staff completing NIMS 300 and 400 will have a improved capacity for the organization of emergency response as it relates to incident management teams, emergency operation centers, dispatch, support functions (like public health/medical emergency support function 8) and expanding incidents involving state, federal and private partners.

**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.

**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

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

The Department continued work as part of the statewide initiative to improve its capacity to become accredited.
The Department continues its efforts to incorporate quality improvement principles into the management of the department.

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 2011 to 2012

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<td>Total Funds Expended:</td>
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Budget Period: July 1, 2011 - June 30, 2012

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

**LB 692 FY 2011 to 2012**

Health Department: Public Health Solutions

Total Funds Received: $227,187.05

Total Funds Expended: $265,497.64

Budget Period: July 1, 2011 - June 30, 2012

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<td>Public Health Programs</td>
<td>$ -</td>
</tr>
<tr>
<td>Equipment/Construction</td>
<td>$1,419.02</td>
</tr>
<tr>
<td>Contractual</td>
<td>$27,851.78</td>
</tr>
<tr>
<td>Other*</td>
<td>$16,305.43</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td>$265,497.64</td>
</tr>
</tbody>
</table>

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