

2015 Nebraska Health Care Funding Act Report

**Prepared for the Governor and the
Nebraska Legislature**

**1) USE OF FUNDS APPROPRIATED
UNDER HEALTH CARE FUNDING ACT**

and

2) OUTCOMES ACHIEVED

December 14, 2015

**Submitted by:
Nebraska Department of Health and Human Services**

December 14, 2015

Pete Ricketts, Governor
State Capitol
Lincoln, NE 68509

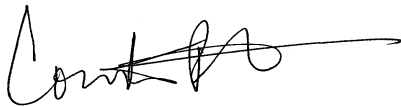
Dear Governor Ricketts:

In the 2001 Legislative Session, LB 692 was passed into law. An annual \$50 million endowment for health care programs was created from the principal and investment income of the tobacco settlement fund and the Medicaid intergovernmental transfer (IGT) fund. Currently this endowment has increased to \$59.1 million annually. The purpose of this endowment was to create an ongoing funding mechanism for health care in Nebraska.

In addition, LB 692 requires the Department of Health and Human Services to provide an annual report to the Legislature and the Governor detailing the use of funds appropriated under this act and the outcomes achieved from such use.

The following report fulfills that statutory mandate. We appreciate the opportunity to share with the Governor and the Legislature the important work done as a result of LB 692. Thank you.

Sincerely,



Courtney N. Phillips, MPA
Chief Executive Officer
Department of Health and Human Services

December 14, 2015

Patrick O'Donnell
Clerk of the Legislature
State Capitol
Lincoln, NE 68509

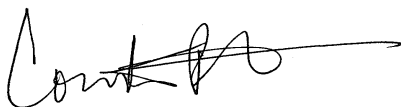
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EXECUTIVE SUMMARY

LEGISLATIVE BACKGROUND:

LB 692 (2001)

LB 692 was enacted in the 2001 Legislative session. It created an annual \$50 million endowment for health care programs from the principal and investment income from the tobacco settlement fund and the Medicaid intergovernmental transfer (IGT) fund. This \$50 million endowment was transferred to the Nebraska Health Care Cash Fund and initially distributed as follows:

- \$5 million, annually, for grants awarded by the Nebraska Health Care Council; including \$700,000 for grants to improve racial and minority health,
- \$5.6 million in FY (Fiscal Year) 01/02 and FY02/03 to county health departments for local public health services, planning and infrastructure development
- \$100,000 in FY01/02 and FY02/03 for the Office of Public Health Employees
- \$2.8 million in FY01/02 and FY02/03 for minority public health; including \$1.58 million for minority public health services in counties having a minority population equal to or exceeding 5% of the total population of the county in the first and third congressional districts, \$220,000 for satellite minority health offices in the second and third congressional districts and \$1 million to federally qualified health centers that serve primarily African-Americans, Native Americans and Spanish-speaking minorities
- \$3 million in FY01/02 and \$5 million in FY02/03 for services to individuals with developmental disabilities who are on the waiting list for services
- \$1 million in FY01/02 and FY02/03 to Office of Juvenile Services for mental health services to juvenile offenders
- \$1.06 million in FY01/02 and FY02/03 for statewide respite care services
- \$2.4 million in FY01/02 and \$2.6 million in FY02/03 to increase rates paid to providers of inpatient, hospital, or hospital-sponsored residential care services
- \$7.5 million in FY01/02 and FY02/03 to increase rates paid to providers of mental health and substance abuse services
- \$6.5 million in FY01/02 and FY02/03 for community-based mental health and substance abuse services; including intermediate-level residential care
- \$1.5 million in FY01/02 and FY02/03 for the cost of maintenance and treatment of mental health patients under emergency protective custody
- \$10 million in FY01/02 and FY02/03, \$12 million in FY03/04 and FY04/05, \$14 million each FY thereafter, for biomedical research
- \$500,000 in FY01/02 for the study on the Health and Human Services System

LB 692 became effective May 17, 2001.

LB 412 (2003)

LB 412 was enacted in the 2003 Legislative session. This bill changed the funding of public health grants awarded by the Nebraska Health Care Council. Under LB 692, \$5 million of the Nebraska Health Care Cash Fund was to be used for public health grants. At least \$700,000 of the \$5 million was to improve racial and ethnic minority health. LB 412 deleted the specific amounts and inserted the language with "Funds as appropriated by the Legislature" and "fifteen percent of the funds appropriated" respectively. No new funds were appropriated for public health grants. This \$5 million was used to fund the children's health insurance program (See LB 407).

LB 412 also made changes and eliminated provisions relating to minority health offices, the funding of local public health departments, the tobacco prevention and control, the Nebraska Medicaid Intergovernmental Trust Fund and the Nursing Facility Conversion Cash Fund. This bill became operative July 1, 2003.

LB 407 (2003)

LB 407, the 2003 budget bill, appropriated Cash Funds from the Nebraska Health Care Cash Fund to the Department of Health and Human Services and the Department of Health and Humans Services Finance and Support. In addition, LB 407 capped biomedical research funding from the Nebraska Health Care Cash Fund at \$10 million annually. This bill became operative July 1, 2003.

LB 321 (2007):

LB 321, the 2007 budget bill, appropriated Cash Funds from the Nebraska Health Care Cash Fund to the Department of Health and Human Services for compulsive gamblers assistance programs. Also, this bill increased appropriation for biomedical research to \$14 million annually. This bill became operative July 1, 2007.

LB 482A (2007):

LB 482A appropriated Cash Funds from the Nebraska Health Care Cash Fund to the Department of Health and Human Services to carry out the provisions of LB 482, Autism Treatment Program Act. This bill became effective May 25, 2007.

2015 Funding

As amended by LB 195 (2013), as well as past budget bills since 2007, the 2015 funding was appropriated as follows:

Administration (Public Health, Respite,	\$450,331
Public Health (Administration)	\$320,000
Juvenile Services Operation	\$1,000,000
Behavioral Health Mental Health and Substance Abuse	\$10,599,660
Public Assistance	\$810,000
Medicaid	\$5,215,896
Public Health Aid	\$200,000
Children's Health Insurance	\$6,835,700
Developmental Disabilities	\$5,000,000
Local Public Health	\$9,030,000
Biomedical Research	\$14,000,000
Other Agencies	\$1,029,569
Transfer to Tobacco	\$2,370,000
Transfer to Stem Cell	\$437,000
Undistributed Adjusted	\$67,400
Child Welfare Aid	\$2,734,444
 Grand Total	 \$60,100,000

Additional Information

DHHS has provided a table which details the amended LB 692 funding accomplishments and outcomes. Additional information is also contained in the Appendix.

2015 LB 692 Report:
Table on Appropriations, Uses and Outcomes

**2015 LB 692 Report:
Table on Appropriations, Uses and Outcomes**

DHHS Divisions	Program	FY15 Appropriations	Use Sections are from LB 195 (2013)	Outcomes	Provider Rates
	Program 033				
Division of Public Health	Administration	\$13,688	Sec 93 \$13,688 regulatory support for emergency medical technicians-intermediate and emergency medical technicians-paramedic licensing.	Used for base costs for licensing individual providers of emergency medical services. Base costs include expenses such as salaries, postage, e-commerce, equipment, and communications.	
	Smoking Cessation	\$6,000	Sec 93 - \$6,000 cost related to implementation of smoking cessation.	Continued enhancements to Tobacco Free Nebraska toll free Tobacco Quit line	
	Parkinson's Disease Registry	\$26,000	Sec. 93 (Parkinson's Disease Registry)	DHHS Office of Health Statistics uses these funds to collect, validate, and update the Parkinson's Disease Registry to monitor the incidence and mortality of Parkinson's Disease in Nebraska. Approximately 14,000 cases have been documented since the inception of the Registry. These funds are also used to process and complete data requests as well as promote the use of the registry data and enforce compliance with reporting to the Registry.	
Division of Children & Family Services	Nebraska Lifespan Respite Services Program	\$404,643	Sec 93 Respite Care Program in service areas.	See Attachment A	
	Total Program 033	\$450,331			
	Program 179				
Division of Public Health	Administration	\$100,000	Sec 99 \$100,000 each year for staffing and operating expenses.	Provide technical assistance to 18 local public health departments to provide the 10 essential services	

DHHS Divisions	Program	FY15 Appropriations	Use Sections are from LB 195 (2013)	Outcomes	Provider Rates
	Office of Health Disparities and Health Equity	\$220,000 (*\$110,000 for each office)	Sec 99 for operation a satellite office of minority health in the 2 nd and 3 rd congressional districts.	Two staff in each of the Congressional Districts 2 and 3 satellite offices are supported with these funds. These positions direct the activities necessary to support programs; coordinate services and activities with other community, state, local and federal agencies, health professionals, and service agencies in efforts to reduce health disparities and promote improved health among diverse populations within Congressional District 2 and 3.	
	Total Program 179	\$320,000			
	Program 250				
Division of Children & Family Services	Juvenile Service Operations	YRTC-Kearney \$910,853	Sec 100 Mental Health services to juvenile offenders.	<u>YRTC - Kearney</u> <ul style="list-style-type: none"> ❖ \$905,627 used for salaries/benefits for Clinical Psychologist, 9 Licensed and Provisional Mental Health Practitioners, 6 Youth Counselor Supervisors, and 2 Youth Counselor I's. ❖ Mental Health/Sexual Trauma Program: <ul style="list-style-type: none"> • Averaged 162 individual therapy sessions per month • Mental health practitioners responded to an average of 43 crisis situations per month • Mental health practitioners responded to an average of 26 mental health referrals per month • 27 youth from were admitted to Hastings Juvenile Chemical Dependency Program for long term chemical dependency treatment upon recommendation from YRTC-K • Completed an average of 12 chemical dependency evaluations and facilitated 19 chemical dependency groups per month • 363 psychiatric consults completed by the contracted medical doctor with 53 referrals to Richard Young Hospital ❖ Youth Counselor I's made 3,924 contacts with parents and 4,549 contacts with Juvenile Service Officers, Family Permanency Specialists, and Probation Officers ❖ Youth Counselor I's provided 9,594 individual counseling sessions with youth <ul style="list-style-type: none"> • 12 contacts with Guardians Ad Litem • 723 Family Team Meetings 	

DHHS Divisions	Program	FY15 Appropriations	Use Sections are from LB 195 (2013)	Outcomes	Provider Rates
		YRTC-Geneva \$89,147		<ul style="list-style-type: none"> • 3,559 supervised recreation activities • 39 work projects <p><u>YRTC-Geneva: 7/1/14-6/30/15</u> <i>Positions Paid -PSL/Benefits:</i></p> <ul style="list-style-type: none"> • 2 Licensed Mental Health Practitioner (LMHP)- <i>Programs/Education:</i> • High risk mental health/behavior youth, special needs, trauma, greenline review, - average monthly count 10 - youth served 29 (7/1/14 to 6/30/15). • Special needs outcomes working towards release. Highlight - more Individual specific programming, group, individual/family counseling, mental health focus/cognitive behavioral therapy in outcome strategies that includes learning, sharing with a goal of promoting change. 114 contact, greenline reviews, MHA, and classification reports. • Individual, group, family counseling, average youth monthly count of 10, youth served 28 (7/1/14-6/30/15). Highlight – more individual specific programming, individual/family counseling, mental health focus/cognitive behavioral therapy in outcome strategies that includes learning, sharing with a goal of promoting change. 	
	Total Program 250	\$1,000,000			
	Program 038				
Division of Behavioral Health	Mental Health and Substance Abuse	\$2,599,660	Sec 94 Behavioral Health providers.	Continued payment of rates to BH providers for treatment and recovery services.	
		\$6,500,000	Sec 94 to be distributed to SIT Regions based on a formula.	Continued services to consumers in communities (non-state hospital based).	
		\$1,500,000	Emergency protective custody. Sec. 94	Crisis Center/hospitals reimbursed for days of service related to Emergency Protected Custody.	
	Total Program 038	\$10,599,660			

DHHS Divisions	Program	FY15 Appropriations	Use Sections are from LB 195 (2013)	Outcomes	Provider Rates
	Program 347				
Division of Children & Family Services	Nebraska Lifespan Respite Services Program – Respite Subsidy	\$810,000	Sec. 102 Aid in carrying out the NE Lifespan Respite Service payments to caregivers to purchase services.	See Attachment A	
	Total Program 347	\$810,000			
Division of Medicaid and Long-Term Care	Medical Assistance	\$4,765,896	Sec 103 Continuation of the behavioral health provider rate increase and behavior health provider rate increase for managed care, inpatient and residential treatment.	Continued provision of behavioral health for clients and participation of providers in the program.	Maintain rate increase provided in original LB 692 funding. Code 99406-\$14.07- smoking and tobacco use cessation visit; intermediate greater than 3 min. Code 99407-\$24.12 Greater than 10m minutes
	Smoking Cessation	\$450,000	Sec 103 - State Plan Amendment covering tobacco use cessation in compliance to Title XIX of federal Social Security Act smoking cessation.	Clients receive medication and up to four counseling sessions to support up to 2 quit attempts per year. For FY 15, an average of 148 clients utilized 129 counseling sessions per month. An average of 158 prescriptions were filled monthly.	
	Total Program 348	\$5,215,896			
	Program 344				
Division of Medicaid and Long-Term Care	Child Health Insurance	\$6,835,700	LB 968, Section 100 State Aid	Code 99406- \$14.07- smoking and tobacco use cessation visit; intermediate greater than 3 min. Code 99407-\$24.12 Greater than 10m minutes.	
	Total Program 344	\$6,835,700			
	Program 514				
	Health Aid	\$200,000	LB 198, Sec 111, Poison Control - UNMC		
	Total Program 514	\$200,000			
	Program 424				
Division of Developmental Disabilities	Developmental Disability Act	\$5,000,000	Sec 109 State Aid/Services to Developmentally Disabled on waiting list.	Continued provision of developmental disability services to participants	
	Total Program 424	\$5,000,000			

DHHS Divisions	Program	FY15 Appropriations	Use Sections are from LB 195 (2013)	Outcomes	Provider Rates
	Program 502				
Division of Public Health	Local Public Health	\$5,405,000	Sec 110 Aid to local public health departments.	Local public health provide the three core functions of public health which include assessment, policy development, and assurance and the 10 essential services (see the attached report).	
		\$1,349,000 Cash	Sec 110 to be equally distributed among federally qualified health centers serving a minority population greater than 75,000 inhabitants.	Funding is equally distributed to One World Community Health Center and Charles Drew Health Center in Omaha, Nebraska.	
		\$1,526,000 Cash	Sec 110 for minority health services to be distributed to counties having a minority population equal to or exceeding 5% of the total population in the 1 st and 3 rd congressional districts.	15 Minority Health Initiative (MHI) grants and one contract were awarded in FY 2013 for two years focusing on the priority areas of obesity, cardiovascular, infant mortality, diabetes, cancer, asthma, chronic lung disease and unintentional injury. The 2015 MHI Annual Report has been submitted to the Legislature.	
		\$750,000	Sec 29 LB 905 4/2014 to be distributed proportionally to federally qualified health centers based on the previous fiscal year's number of uninsured clients as reported on the Uniform Data System Report.	Funds distributed to community health centers.	
	Total Program 502	\$9,030,000			
	Program 623				
	623 Biomedical Research	\$14,000,000	Sec 117 Biomedical Research.	Contracts for biomedical research were awarded to the Board of Regents on behalf of the University of Nebraska Medical Center and the University of Nebraska Lincoln in the amount of \$10,434,648, and to the Creighton University, Father Flanagan's Boys Home dba Boys Town National research Hospital, and the Creighton University – Boys Town Healthcare Foundation in the amount of \$3,565,352	
	Total Program 623	\$14,000,000			
	Program 030				
Division of Public Health	Tobacco Prevention	\$2,370,000	LB 968 Section 91 Tobacco Prevention and Control	Funding is used for tobacco prevention, reducing exposure to secondhand smoke, addressing tobacco-related health disparities, and helping people quit tobacco. Program areas include the Nebraska Tobacco Quitline, an educational media component, program surveillance and evaluation,	

DHHS Divisions	Program	FY15 Appropriations	Use Sections are from LB 195 (2013)	Outcomes	Provider Rates
				youth prevention efforts, and subgrants to nine counties for tobacco prevention work.	
	Total Program 030	\$2,370,000			
	Program 354				
Division of Children & Family	Child Welfare Aid	\$2,734,444	LB 949 Sec 106	This is for rate increases that occurred when LB 692 was passed in 2001. This is just the continuation of funds. In 2012, LB949 moved the funds from program 347 to Program 354.	
	Total Program 354	\$2,734,444			
	Program 621				
Division of Public Health	Stem Cell Research	\$437,000	LB 968 Sec 115 Biomedical Research	Five research grants were awarded, three to the University of Nebraska at Lincoln, and 2 to the University of Nebraska Medical Center. Each grant was \$87,400.	
	Total Program 621	\$437,000			
	Total DHHS	\$59,003,031			
Undistributed		\$67,400			
Other Agencies	Legislative Council	\$75,000	Sec 10 Legislative Council.		
	Attorney General	\$395,807	Sec. 38 Attorney General.		
	Department of Revenue	\$308,762	Sec 66 Department of Revenue.		
		\$250,000	Sec 66 Department of Revenue LB 465A 2014 Operations Gambler Assistance		
Total Other Agencies		\$1,029,569	Sec 66 Department of Revenue LB 464A 2014 Aid Gamblers Assistance		
Grand Total		\$60,100,000			

ATTACHMENT A

FY 2015 RESPITE PROGRAM ACROSS THE LIFESPAN OUTCOMES

November 2015

INTRODUCTION:

The Nebraska Department of Health and Human Services (DHHS) further implemented the requirements of Neb. Rev. Stat. §68-1520 through §1528 to ensure the long-term sustainability of the requirements of the Lifespan Respite Care Act of 2006 (P.L. 109-442). The primary focus of this project was to further develop the existing respite infrastructure and utilization of respite services to eligible populations regardless of the family members' disability and/or chronic illness diagnosis, special needs or family circumstances.

The Lifespan Respite Care Act established the Nebraska Lifespan Respite Services Program, consists of the following:

1. The Lifespan Respite Network designated to coordinate community respite services; and
2. The Lifespan Respite Subsidy Program designated to provide funding for caregivers to purchase respite services. The program is centralized and administered through the Department of Health and Human Service.

The Lifespan Respite Subsidy Program supports Respite Services, which provide short-term relief for primary family caregivers from the demands of ongoing care for an individual with special needs. The Program is family/self-directed and encourages each family to choose their own provider(s), decide how much to pay the provider(s) per hour or per day, the location for respite service delivery (in home or community setting), and determine their own schedule based on the family's needs. This program is limited to those families who do not receive respite services from other governmental programs.

The Program offers qualified families up to \$125.00 per month to obtain planned respite services. Families may also apply for crisis respite for up to \$1,000 per eligibility year, if one or more of the following criteria are met:

1. Unplanned event that jeopardizes the health and safety of the care recipient;
2. Unplanned event that jeopardizes the health and safety of the caregiver;
3. Immediate and unavoidable absence of the caregiver in excess of 4 hours when a qualified caregiver is not available; and/or
4. Circumstances of crisis need results in the immediate and unavoidable absence of the caregiver from the home in an excess of 4 hours at a time when a qualified caregivers is not available.

The Lifespan Respite Network is a statewide system divided into six service areas, referred to as local networks. DHHS provides a Lifespan Respite Network contract to one agency in each of the areas. Each contracted agency, pursuant to statute, is responsible for providing the required network activities and supporting the mission of respite.

Mission: Respite is a service that is designed to give caregivers a break from the demands of providing ongoing care for an individual with special needs. The Network provides information and referral, provider and caregiver training, and resource development for respite services.

The following agencies currently hold a contract in their respective service areas:

1. Central Area - Central Nebraska Community Services, Inc.
2. Eastern Area – Partnerships in Caregiving
3. Northern Area - Central Nebraska Community Services, Inc.
4. Southeast Area - YWCA - Lincoln
5. Southwest Area – Southwest Nebraska Public Health Department
6. Western Area – Panhandle Partnership for Health and Human Services

NEBRASKA LIFESPAN RESPITE NETWORK


The Network's goal is to ensure families have increased knowledge and access to quality and inclusive lifespan respite resources to meet their specific respite needs. DHHS contractors were provided technical assistance to not only sustain, but further develop, the Lifespan Respite infrastructure and resources developed in recent years. Leveraging federal respite grant funds awarded to NDHHS from the United States Department of Health and Human Services, Administration for Community Living/Administration on Aging (ACL/AoA) – Lifespan Respite Integration Program and a Part C, IDEA Funding grant awarded to NDHHS from the Nebraska Department of Education – Lifespan Respite Network, allowed Network partners to provide innovative outreach activities to additional populations.

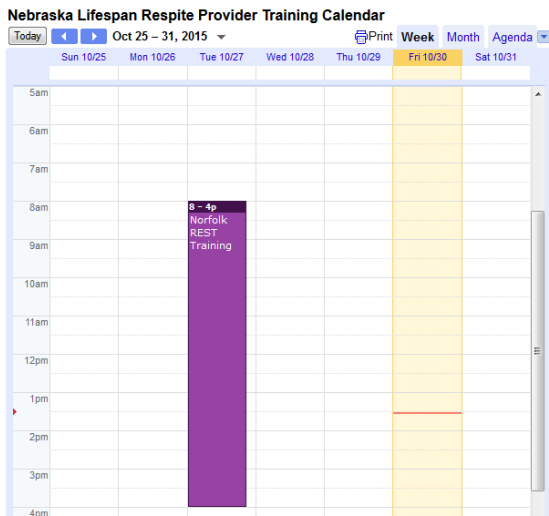
The Network continues to expand and enhance access to respite resources through online opportunities. Family caregivers, advocates, respite providers and agency partners are able to independently review the variety of information available at <https://nrrs.ne.gov/respitesearch/>. Offering the capacity to match Network providers with care recipient needs is a primary function of the respite search pages of this website. Provider details are downloaded nightly from the secure data collection and worksite referred to as “eLifespan Respite” based upon information collected by Respite Coordinators. The eLifespan Respite System and the Nebraska Resource and Referral System is a collaboration between DHHS and the University of NE- Lincoln, Center on Children, Families and the Law to collect data of caregiver and provider contacts. This system is an evolving secure, online reporting and communication system created with a federal ACL-AoA grant. In addition, data from the Lifespan Respite Subsidy Program is obtained from the DHHS CONNECT client eligibility system. Together, these systems are integral to the data collection needs of the Nebraska Lifespan Respite Network.

Nebraska Respite
 Respite care, planned or emergency, is the provision of short-term, temporary relief to those who are caring for family members with special needs.

Respite Directory and Resources

- + Respite Contacts and Map
- + Online Assessment Tools
- + Webinars
- + Respite Subsidy
- + Email Discussion Groups
- + How to Become a Respite Provider



 Please answer a few questions to help us improve access to Lifespan respite services statewide. Each time someone provides feedback it allows us to improve services. This self-assessment will help you evaluate your emotional and physical stress as a caregiver.




 Share on Facebook

NOVEMBER is National Respite Awareness Month
 Monday, November 9, 2015
Proclamation Signings at the Capitol Building in Lincoln, NE
 "Celebrating Families and Professionals Providing Care" - Come and show your support for families that care for loved ones of all ages with chronic conditions in Nebraska. There will be a luncheon. The cost of the luncheon is \$30/person, please register by Oct 16.

Find Help


Respite Provider Match
 Search for eLifespan Respite Network-approved providers in your area who match you and your loved one's needs.



Important Respite Resources

- Nebraska Lifespan Respite Network Flyer
- Nebraska Caregiver Coalition Brochure
- Disabled Persons and Family Support Brochure
- REST Respite Education and Support Tools
- ARCH National Respite Network

Quick Search

Search for Respite Services

Search among thousands of community agencies and organizations for the Respite care services and resources you need.

 Indicates Respite Network Approved Providers
 Indicates REST Certified Providers

Crisis Respite
 Financial Aid For Respite Care
 In Home Provider
 Out Of Home Provider
 Provider Locators
 Respite Care Services

City:

NE County: All Counties

ZIP:

Preliminary development of a Respite Data Dashboard (see above image) in collaboration with DHHS and UNL/CCFL provides a means to view current respite data in chart form. The technological capacity to concurrently collect data of cross-agency, program-specific care, recipient need, service utilization, numbers and qualifications of respite providers used by families, provider training and records of quality assurance activities were enhanced. The Data Dashboard provides access to current and historical lifespan respite data for the designated six regions of the Nebraska Lifespan Respite Network; Western, Southwest, Central, Southeast, Eastern, and Northern. The underlying data used to generate the dashboard graphs are based on datasets from the Nebraska Lifespan Network activities, respite data received from the State Unit on Aging and local Area Agencies on Aging Older Americans Act Respite Funds, Lifespan Respite Subsidy Program and the 2010 Census. Some data is presented in real time while other data shown is cumulative month-end data. Continued outreach and education of state agency program policy makers is required to secure fully representative cross-agency respite data.

Employees as caregivers is a recent population target for respite outreach. Employer engagement activities have introduced new resources and communication requirements that differ from traditional respite outreach methods. The Program Coordinator regularly seeks

opportunities to identify resources to guide Lifespan Respite Network partners and contractors to be responsive to the challenges faced by employee caregivers and reduce the impact on the companies that employ them. Effectively reaching employers to bring awareness of employee caregiving needs and the impact to local businesses requires alternative approaches to respite outreach. Learning how to frame meaningful communication messages for targeted businesses, understanding wellness program options, affiliating with local human resource organizations and forging business partnerships to become positively engaged and provide supportive peer mentoring on materials developed, sharing relevant experiences with business contacts, and emerging promising practices has been critical. One local network accessed a Board member's expertise as a professional writer to provide assistance in writing an article for business magazines. The eastern Nebraska network is forming a Business Advisory Committee to guide employer outreach strategies and review materials for appropriateness to meet target audience objectives. Letters have been sent by all networks to all Chambers of Commerce, Pump and Pantries, Wal-Marts, and McDonalds' Managers describing the NE Lifespan Respite Network resources, caregiver issues, and offer to conduct presentations. The University of Nebraska Medical Center, Munroe Meyer Institute and Nebraska Medicine are a new group of DHHS partners engaged in multiple respite initiatives, including an employer engagement pilot. Combining the expertise of practicing medical professionals, academic experts from multiple colleges within the University of Nebraska system, and administrators with Human Resource and Wellness responsibilities within both a university setting and physician/hospital corporate infrastructure has tremendous promise.

Statewide sustainability training in the form of a workshop and sustainability planning webinars for respite coordinators, advisory committee members and additional contractors aided in gaining skills to create local sustainability plans. The comprehensive exercise of developing local logic models, completing financial worksheets and sustainability plans assisted network partners to identify areas of need previously unidentified or not addressed. One network discovered financial insecurity to a more severe extent than the local network advisory board or staff understood. A series of joint planning meetings were held with agency and board leadership to address the shortcomings. Commitments to the respite mission were reinforced and a fundraising professional is being secured to support the small staff to allow them to continue focusing on families and Work Plan efforts. Through the further development of e-Lifespan Respite, capturing in-kind funding information was added to the monthly budget reporting. Emphasis on exploring additional funding sources to sustain local respite activities resulted in capturing in-kind contributions totaling \$99,405 in FY 2015. Reported contributions included registrations, rent, advisory committee expenses, personnel, business advisory committee costs, caregiver input, regional coordinator contributions, payroll, fringe, operations costs, personnel, travel, and programming. With additional training and emphasis on identifying in-kind contributions this figure is expected to increase. Local networks are required to apply for grants and funding to decrease dependence upon state and federal dollars for sustainability.

Currently the Lifespan Respite Network has 348 approved agency and individual providers statewide accessible to caregivers through a 1-866-RESPITE phone line that enables access to local Respite Network representatives. When caregivers called 1-866-RESPITE to seek assistance, Respite Coordinators empowered and helped with the following:

- Informed decision-making about respite need;
- Assisted with general resource questions, including questions about available funding, caregiver support groups, access to Medicaid programs, information about special trainings/events;
- Program eligibility and referral, if appropriate;
- Guidance on selecting competent providers to meet their individual needs; and
- When needed, identifying translators and interpreters to help non-English speaking families.

Respite providers offer family caregivers a temporary break from the ongoing demands of caring for their loved one with a disability of any age or medical condition, including a trend of rapidly growing behavioral health needs of young children. Family caregivers include grandparents of any age who are primary caregivers of children or adults with special needs. Respite care is provided in the home or while participating in community activities agreed upon with the family caregivers. Funding is used for partnership development and coordination efforts with educational, medical and community entities to inform family caregivers, childcare providers, and mental health providers of available respite resources. In response to this respite need, a major focus of Network activity is to increase the number of trained respite providers. Lifespan Respite Network providers are required annually to pass criminal background checks, APS/CPS checks, sex offender registry checks, and initially provide personal reference checks. Providers represent both agencies and individuals. Efforts are made to recruit providers, through strategic outreach and collaboration with community organizations and individuals willing to work with targeted needs such as children with difficult behaviors. Outreach to recruit bilingual providers was done by contacting the Nebraska Association for Translators and Interpreters (NATI). Respite Coordinators continue to be challenged in rural areas with a shortage of respite providers dissatisfied due to the lack of work and distance. Health disparity issues are targeted for under-represented immigrant populations of young children with special needs as multicultural population changes are evident in several counties. Communicating with the migrant workforce and refugees representing many diverse nationalities and languages to ensure all populations of care recipient needs are met and simultaneously recruiting, training and retaining providers from representative cultural communities is difficult. The undocumented Hispanic, Sudanese, and Somalian populations are a concern. Respite Coordinators actively collaborate with DHHS Resource Developers for provider recruitment to identify individuals and agencies interested in serving multiple populations and minimizing duplication in provider approval requirements.

Service Area (Local Respite Network)	Current Network Providers
Southwest (Southwest NE Public Health Department, McCook)	29
Western (Panhandle Partnership for Health & Human Services, Chadron)	49
Northern (Central NE Community Services, Loup City)	56
Central (Central NE Community Services, Loup City)	63

Southeast (YWCA – Lincoln)	42
Eastern (Partnerships in Caregiving, Omaha)	109
Statewide Total	348

The need for respite provider training is profound. Respite Education and Support Tools (REST) is a professionally-designed training curriculum designed to help build a pipeline of trained Respite Providers. The training curriculum prepares Respite providers to increase their comfort level and knowledge base about the needs of individuals with disabilities or special needs across the lifespan in order to provide Respite for caregivers. Federal grant funds allowed UNMC/ Munroe-Meyer Institute (MMI), DHHS and REST to host a Train-the-Trainer event. Participants included a wide array of individuals representing aging, disability and other service organizations. Our goal for using the REST provider training model is to support family caregivers in the community with a coordinated network of REST trained paid and unpaid respite providers. Nebraska currently has twenty-four REST trainers statewide. One REST trainer is bilingual in Spanish and has offered the training in Spanish in central and northern Nebraska.

At every outreach opportunity family caregivers are reminded of the importance of recognizing themselves as caregivers, taking respite and how to access Nebraska Respite Network representatives. Families and employers are provided information and assistance on respite programs and eligibility criteria, depending upon personal need and circumstance. Caregivers routinely receive a caregiver packet, in addition to an offer of free REST training (discussed in previous paragraph), with educational information on priority topics that included, but not limited to:

- How to hire, train and provide ongoing supervision of care providers;
- Lifespan Respite Subsidy billing instructions, available financial assistance, reporting changes of condition or need, and fraud;
- Philosophy of client choice, client direction and family centered services;
- How to identify and report abuse and/or neglect;
- The Nebraska Nurse Practice Act, particularly for providing an understanding of the health maintenance activities a provider is allowed to conduct;
- Handling emergencies, stress relief, positioning and transferring, behavior management, speech pathology, respite goals, limits, confidentiality, and more.

Monthly Respite Network Coordinator conference calls are held to provide technical assistance and training opportunities to support successful work plan implementation. Meetings, including formal and informal presentations, are routinely attended/provided in all 93 counties to offer external partners opportunities to improve awareness of respite resources and available information for families. Quarterly reporting on progress of implementing strategies, evaluating whether or not strategies are paying off and effectiveness of specific activities of local network activities is required by agency contract Scope of Service and approved Work Plans. This quality assurance reporting system supplemented with Program Coordinator facilitated agency technical assistance/quality assurance quarterly calls supports successful outcomes through feedback between Program Coordinator and DHHS contractors.

With cooperation of human resource personnel, partnerships have developed with businesses, school systems, non-profit organizations, city employees, insurance companies, public health

department human resource professionals, and wellness initiative representatives to share information on respite and help employees identify as caregivers. Examples of information sharing has been through 1:1 contact, lunch and learn events, newsletters, respite material added to new employee materials, and material left for bulletin boards or employee information racks. The types of businesses receiving presentations and follow-up information vary significantly in number of employees and type. Many times the initial outreach resulted in one or more opportunities for follow-up. All visits are tracked for outcome and program-specific referrals. Additionally, these employer engagement partnerships have served as entry points for additional relationship building, provider recruitment or potential funding for training events. For example, a business employee is also an active leader in SHRM (Society of Human Resource Managers) which then allowed introduction for respite into that organization. This has happened numerous times across the state. Several Respite Coordinators have joined local SHRM chapters or other business and nonprofit networking associations to establish connections with area businesses and key human resource personnel. These memberships serve dual purposes; employer outreach and opportunities for sustainability through workshop attendance to learn new skills for effective fund-raising or effective use of social media. Maximizing outreach included using the expertise of advisory board members in the design of marketing materials. Two examples. First, a board member who is an HR (human resource) professional guided the development of appropriate materials and verbiage to use for business-focused outreach materials explaining respite and caregiving materials. Second, a professional writer/journalist assisted in writing an article to be used in business journals, magazines and trade industry newsletters. A local network's agency board of director's recognized the importance of skilled public speaking and engaged a professional trainer to work with the Respite Coordinator for several weeks to develop her speaking and presentation abilities. The trainer is a professional speaker, author and coach.

Additional Network accomplishments, partnerships and collaboration:

- Outreach efforts targeting children who have experienced trauma and mental health workers and therapists to increase awareness of respite resources to help with referrals;
 - UNMC/MMI/NE Medicine cross-systems lifespan respite multi-year respite evaluation and employer engagement pilot.
 - Statewide coverage with six local respite networks partnering with organizations targeting all populations of need across the lifespan both public and private; education, government, business, behavioral health, juvenile justice, developmental disabilities, physical disabilities, elderly, public health, medical providers, community action agencies, those with access to families across income levels, agencies serving young children and adolescents, etc.
 - Partnering with UNMC/MMI/College of Public Health/College of Social Work to train students who help fulfill current provider need & become informed as healthcare professionals for return to community. Leadership team is pursuing academic credit for student internship for respite training and provider experience.
 - State and local level 3-year sustainability plans providing in-depth strategic planning of financial goals and activities to accomplish mission;
-

- Broadened stakeholder collaborations to ensure representation of all age, disability groups as well as the broadest possible cross section of the provider network;
- Communicated with community partners and family caregivers to share information on project activities;
- Strengthened collaborations between local respite programs and the Department to increase access to respite resources
- Designed and implemented awareness campaigns to promote knowledge and understanding of caregiver needs, respite services, and the importance of utilizing respite;
- Expanded state and local respite websites and Network-approved provider databases to centralize respite services for caregivers and providers to improve capacity for agencies to make referrals to appropriate respite resources. Nebraska Resource and Referral System (NRRS) provides 24/7 access to respite resources at www.nrrs.gov/respitesearch; and
- Meaningful involvement of family members, family caregivers, and care recipients to match identified care recipient needs and analyze outcomes;

Outreach and Marketing Activities (Respite Coordinators, CCFL and MMI)	Number
Contacts by telephone, personal contacts, USPS mailings, social and print media, presentations, email communications with providers and caregivers or NRRS/Respite Search requests for information or assistance	741,969
Contact With (Respite Coordinators)	Number
A&D Waiver	26
Advisory Committee Member	11
Area Agency on Aging	54
Assisted Living	2
Behavioral Health Region Agency/Mental Health Provider	89
Caregiver	1389
Care Recipient	1
Child Care	8
Caregiver	755
Child Advocacy Organization	56
Community Action Agency	19
Consumer Family Specialist	3
Developmental Disabilities	21
Department of Education-Early Childhood	4
Disability-Specific Advocacy Org.	72
Early Development Network	81
Employer/Chamber of Commerce/Workforce Agency	14
Emergency Management Agency	1
ESL Coordinators	5
ESU	10
Faith Based Group	15

Foster Care Agency	16
Friend or Neighbor	14
Goodwill Industries	3
Health Department	14
Hospice Agency	7
Hospital	32
Home Health Agency	15
Housing Agency	7
Independent Living Center	24
Individual	1194
Law Enforcement	1
Legal Guardian	7
Local Office	22
Long term Care Facility	16
Medical Clinic	3
MHCP/SSI-DCP	17
Military	3
News Media	13
Provider	1358
Relative	41
Resource Developer	62
Respite Subsidy	13
School	29
Senior Center	6
State Ombudsman's Office	1
United Way	1
USPS	1
Veterans Organization	2

DHHS identified a need to analyze existing statewide respite data to focus on need and satisfaction with services, including statistical differences between regions, disabilities or other categories deemed important. The University of Nebraska Medical Center Munroe-Meyer Institute (UNMC/MMI) was engaged to help build long-term sustainability in Nebraska's lifespan respite program. Academic faculty and specialized family advocacy staff brought a unique focus to help develop a replicable model of incorporating information about respite resources into workplace wellness and human resource supports. The overall respite utilization evaluation plan can be broken down into five big areas: Need, Access, Caregiver Outcomes, System Outcomes and Cost-Benefit of the system. While the components overlap, each has data that contribute to the overall picture. Two main questions drives the 3-year evaluation (2015-2017): (1) What is the current state of the respite care system? And, (2) What are the outcomes of the services provided within the system? By answering these questions, the goal will be to provide results on cross-agency collaboration and outcomes for caregivers. The evaluation for year one focused mainly on analyzing data that was already collected as part of the process. The data analyzed involves need and access to respite care services as well as satisfaction with those services.

Information on caregiver outcomes and new programs, such as REST, are also collected. For measures that are collected pre and post, statistics will be run to examine the change over time in the multiple outcome categories. This plan was reviewed and amended as appropriate to align with the “Expert Panel on Respite Research” agenda purpose and goals (Note: Expert Panel final report due by July 31, 2015).

The evaluation for year one focused mainly on analyzing data that was already collected through the eLifespan Respite online system and the DHHS CONNECT client eligibility system. It focused primarily on need and access to respite care services as well as satisfaction with those services. Information on caregiver outcomes and the REST (Respite Education and Support Tools) Train-the-Trainer training data was also collected and included in the annual report for 2015. For measures collected pre and post, statistics were run to examine the change over time in the multiple outcome categories.

Key Findings of Year One respite evaluation (representing a small sampling of Lifespan Respite Subsidy Program participants and family caregivers):

- 1. Satisfaction with overall level of respite services and the care provided to the care recipient is high.*
- 2. Family caregiver health symptoms decreased dramatically when family caregivers received respite services.*
- 3. Family caregiver stress levels decreased from extremely stressed to moderately stressed when receiving respite.*
- 4. Relationship strain with both the care recipient and spouse decreased.*
- 5. Finding a respite caregiver has proven to be a challenge for some families, particularly for children with significant behavior issues.*
- 6. More information on how to use and bank respite hours may need to be communicated.*

A secondary emphasis of this respite evaluation project is to pilot, analyze and evaluate employer engagement activities to increase awareness of respite resources for employees as caregivers. UNMC/MMI and Nebraska Medicine are leading the way with the Respite Employer Engagement Pilot Program with DHHS. Respite partners are providing resources for all of UNMC/MMI and Nebraska Medicine employees who need respite services for their families. Statewide, local Respite Coordinators provide respite education materials to diverse industries from banking, education, healthcare, production manufacturing, retail and human services. Outreach opportunities were also pursued to include the following professionals and activities:

- Human Resource staff;
 - Wellness professionals;
 - Attended trade association meetings such as the Society for Human Resource Managers (SHRM);
 - Provided lunch and learn opportunities;
 - Participated in wellness vendor fairs;
 - Internal newsletters/communication systems;
 - Routinely attending new hire orientations; and
 - Spoke with a number of area Chambers of Commerce and business-oriented service organizations such as Rotary International and Kiwanis International.
-

Both employees and workplace managers receive information on respite resources. On-site information sharing was in the form of materials posted on break room bulletin boards, payroll envelope stuffers, information racks, new hire notebooks, and table flyers. Based upon feedback from follow-up conversations with recipients to mailed letters, it was clear that generic letters to businesses introducing respite resources or offering to provide presentations were not an effective means of outreach. This practice is now discouraged in outreach with the business community. Instead, local networks found relationship building methods, similar to what is used with human services organization representatives, to be a more effective strategy in obtaining “audiences” with busy business corporate professionals.

Some local networks developed pre and post-presentation surveys that offer insight both for respite awareness and the quality of the material and presentation. One network created a business advisory council to provide professional guidance in developing a packet of materials that would appeal to the corporate human resource professional, including the appropriate paper style/font/and print format for business-specific communications. Within the business community there remains a general lack of knowledge and/or awareness about what respite is, the benefits, how to obtain services, who to contact for respite services or how to access if needed. Local efforts to evaluate awareness of respite pre and post-employer presentations were conducted. To address this, the employer engagement pilot program at UNMC & NE Medicine successfully integrated respite resources into the routine employee new hire orientation process. Having access to a range of online and paper resources across disability populations and funding sources is helpful when presenting to groups. The www.nrrs.ne.gov/respitesearch site provided 24/7 access to family caregivers and advocates information regarding Lifespan Respite Network providers, including recognition of those completing REST (Respite Education Support Tools) training, and a range of additional caregiving resources supported by AoA grant funding.

Employer engagement activities resulted in improving the recognition at all levels of employees in caregiving roles. There is also an occasional successfully recruited respite provider or frequent sharing of personal family experiences as caregivers by presentation participants. More than one network was able to secure funding for a local respite initiative, such as food for a REST training or costs for a specific family respite need. Following the initial contact, Human Resource and Wellness professionals repeatedly reach out to Respite Coordinators with employee referral needs as they began to recognize caregiver roles among employees.

Year two plans to be a more rigorous period of activity incorporating evaluation of the local tools developed in the previous two years of initial employer outreach. A means to improve statewide tracking of employers incorporating respite into their benefits or training programs, including wellness offerings, is in development with the eLifespan Respite System.

LIFESPAN RESPITE SUBSIDY:

The Lifespan Respite Subsidy program is currently serving 385 individuals with special needs. Between July 1, 2014 and June 30, 2015, the Lifespan Respite Subsidy Program served 750 total individuals. Clients eligible for other programs providing respite services are referred to those appropriate programs. Total expenditures for FY 2014 was \$423,211.12. \$379,392.12 (direct services) + \$43,819.00 (UNL Board of Regents/CCFL)

The 750 individuals opened, closed or denied for services had one or more of the following special needs:

By age group

Ages 0-18	413
Ages 19-59	110
Ages 60+	227
Total	750

Reported Need (not unduplicated)	
Aggressive or Disruptive Behavior (ages 7-18)	7
Alzheimer's Disease	37
Anxiety Disorders	67
Arthritis Or Other Joint Problems	43
Asthma	
Autism/Autism Spectrum Disorder	108
Behavior Disorder-Early Development Network/Respite	29
Behavior Disorder (3-18)	112
Blood problems, such as Anemia or Sickle Cell Disease	4
Brain Injury-Other	8
Brain Injury-Stroke/CVA	22
Brain injury-TBI	2
Cancer	21
Cerebral Palsy	15
Chromosomal Abnormality	8
Chronic Obstructive Pulmonary Disease (COPD)	26
Congestive Heart Failure	9
Coronary Heart Disease	24
Deaf- Blindness	1
Cerebral Palsy	15
Chromosomal Abnormality	8
Chronic Obstructive Pulmonary Disease (COPD)	26
Congestive Heart Failure	9
Dementia other than Alzheimer's Disease	29
Depression	70
Diabetes	8
Digestive System Disorder	10

Down Syndrome	18
Endocrine	2
Enuresis	1
Failure to Thrive	5
Fetal Alcohol Syndrome	8
Growth Hormone Deficiency	1
Hearing Impairments/Hearing Aids	20
Heart Condition	28
Intellectual Disability or Developmental Delay	18
Kidney	7
Mental Handicap-Mild	5
Hearing Impairments/Hearing Aids	20
Mental Handicap-Moderate	16
Mental Handicap- Severe & Persistent	2
Mental Illness	49
Multiple Impairments	46
Multiple Sclerosis	9
Muscular Dystrophy	2
Neurodegenerative Disease - Other	4
Neurology	4
Orthopedic Impairments	18
Other Health Impairments	9
Prematurity	8
Quadriplegia	1
Reactive Attachment Disorder	5
Renal Failure	1
Respiratory System Disorder	3
Scoliosis	3
Seizure Disorder	31
Self-Harm Behaviors	2
Serious Emotional Disturbance (age 6 through 17)	7
Speech-Language Impairments	98
Spinal Cord Injury	4
Spinal Disorder	5
Urology	6
Visual Impairments	27

Change in number of cases

	Closed	Deny	Open
Ages 0-18	178	25	210
Ages 19-59	54	12	44
Ages 60+	138	31	58
Total	265	44	137

Referral Source	Total
Transfer case from another DHHS agency	1
Support Group	1
Self	24
School	4
Respite Network Coordinator	32
Relative	47
Parent	113
Other Services Coordinator	6
Other	5
Nursing Facility	1
Mental Health Provider	13
Legal Guardian	10
Health & Human Services	7
Health Care Provider	12
Early Development Network	39
Community Agency	13
Child Care Provider	3
Area Agency on Aging	29

Respite Detail Age Group	# Client
0 - 2	21
3 - 5	46
6 - 18	185
19 - 35	33
36 - 50	12
51 - 64	12
65 - 74	19
75 - 84	31
85 and older	26
Grand Total	385

November 24, 2015 Open Cases

Respectfully Submitted by:

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Department of Health & Human Services
Division of Children & Family Services
Economic Assistance
P.O. Box 95026
Lincoln, NE 68509-5026



Nebraska Lifespan Respite Network



Nebraska Department of
Health and Human Services

Division of Children and Family Services
Economic Assistance



Respite care - planned or emergency - is the provision of short-term, temporary relief to those who are caring for family members with special needs. Respite also provides a positive experience for the person receiving care. Even though many families take great joy in providing care to their loved ones so that they can remain at home, the physical, emotional and financial consequences for the family caregiver can be overwhelming. Sometimes caregivers are so busy caring for others that they ignore their own needs. It's okay to take an occasional break from caregiving!

Call a Respite Network Coordinator in your area at 1-866-RESPITE (1-866-737-7483) for help with respite resources.

You may also visit the DHHS supported website "Nebraska Resource and Referral System" at <https://nrns.ne.gov/respitesearch/>.



This free service will assist you 24/7 in finding Network-approved respite providers that best fit your needs and location. You can easily search for respite resources and supportive services throughout Nebraska on this site, as well as find answers to your questions, such as:

- What if I (the caregiver) need help finding a Network-approved respite provider so I can have a break?
- How do I get a care recipient qualified for the Lifespan Respite Subsidy Program?
- How do I become a Respite provider?
- When/where is caregiver and/or provider training offered?

Central Service Area

Serving Adams, Blaine, Buffalo, Clay, Custer, Hall, Hamilton, Franklin, Garfield, Greeley, Harlan, Howard, Kearney, Loup, Merrick, Nuckolls, Phelps, Sherman, Valley, Webster, and Wheeler counties.

Lydia Hovie, Coordinator
Central NE Community Services
PO Box 509
626 N Street
Loup City, NE 68853
308-745-0780, ext. 145
sbochart@cenecs.org

Eastern Service Area

Serving Douglas and Sarpy counties.

Ellen Bennett, Coordinator
Partnerships in Aging
4223 Center Street
Omaha, NE 68105
402-996-8444
edbenne@gmail.com

Western Service Area

Serving Banner, Box Butte, Cheyenne, Dawes, Deuel, Garden, Kimball, Morrill, Scottsbluff, Sheridan, and Sioux counties.

Sherri Blome, Coordinator
Panhandle Partnership for Health and Human Services
300 Shelton St.
Chadron, NE 69337
308-432-8190
specialprojects@wchr.net

Northern Service Area

Serving Antelope, Boone, Boyd, Brown, Burt, Cedar, Cherry, Colfax, Cuming, Dakota, Dixon, Dodge, Holt, Keya Paha, Knox, Nance, Madison Pierce, Platte, Rock, Thurston, Stanton, Washington and Wayne counties.

Lydia Hovie, Coordinator
Central NE Community Services
P.O. Box 509
626 N Street
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Southeast Service Area

Serving Butler, Cass, Fillmore, Gage, Jefferson, Johnson, Lancaster, Nemaha, Otoe, Pawnee, Polk, Richardson, Seward, Saunders, Saline, Thayer, and York counties.

Mary Shada, Coordinator
YWCA - Lincoln
2620 O Street
Lincoln, NE 68510
402-434-3494 ext. 103
mary@ywcalincoln.org

Southwest Service Area

Serving Arthur, Chase, Dawson, Dundy, Frontier, Furnas, Gosper, Grant, Hayes, Hitchcock, Hooker, Keith, Lincoln, Logan, McPherson, Perkins, Red Willow and Thomas counties.

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ATTACHMENT B

Annual Report on Local Public Health in Nebraska



Public Health Prevent. Promote. Protect.

[Type the document subtitle]

This report highlights the accomplishments of local health departments over the past year to meet the three core functions of public health and the ten essential public health services.

December 1, 2015

**Presented to the Governor of the State of Nebraska
and the Health and Human Services Committee of the Legislature**

**Office of Community Health and Performance Management
Community and Rural Health Planning Unit
Nebraska Department of Health and Human Services, Division of Public Health**

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

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

This report provides a summary of the key findings from each of the eighteen local public health departments that have received funding, and covers the period July 1, 2014 to June 30, 2015. The report is divided into three sections. The first section reviews the organizational coverage as well as the funding and spending levels for each local health department. The second section describes the current activities, services, and programs provided by the health departments under each of the ten essential public health services. The final section contains some short stories that describe how the local health departments are improving the lives of Nebraskans in their communities.

Organizational Coverage

As of June 30, 2015, a total of eighteen local public health departments covering ninety-one counties were eligible to receive funds under a portion of the Health Care Funding Act, Neb.Rev.Stat. §§71-1626 through 71-1636. The list of eligible public health departments and their affiliated counties is shown in Table 1 and Figure 1. Dakota and Scotts Bluff Counties have single county health departments that do not meet the population requirements of the Health Care Funding Act. Staff from DHHS, Division of Public Health, continue to work toward the goal of having all Nebraska counties covered by a local public health department under the LB 692 umbrella.

Funding and Expenditure Levels

Table 2 depicts the amount of infrastructure and per capita funds distributed to each of the eligible departments under LB 692 as codified in Neb.Rev.Stat. §§71-1628.08. The total amount of funds ranged from \$1,207,484 for the Douglas County Health Department to \$262,788 for the Loup Basin Public Health Department. The table also includes the amount of LB 1060¹ funding distributed to each eligible health department, which was \$105,458 per department. The amount of infrastructure funding under Neb.Rev.Stat. §§71-1628.08 was based on the 2000 Census because these population estimates were used when the departments were originally established. The health departments with service areas that included a population of 100,000 or more people received \$150,000. If the population was between 50,000 and 99,999, the amount of funding was \$125,000, and departments that had at least 30,000 people but fewer than 50,000 received \$100,000. The amount of per capita funds, which were based on the 2010 Census, was approximately \$1.85 per person.

Table 3 summarizes the expenditures by category for the eighteen local public health departments that were eligible for funding. As expected, expenses for personnel and benefits accounted for approximately 50 percent of the total expenses. The next largest spending category was public health programs which represented about 8 percent of the total expenses. The line item labeled "Other" includes expenses for mini-grants. The total LB 692 and LB 1060 funds expended during this fiscal year (\$7,707,721) was more than the total funds received (\$7,303,244) because some of the health departments spent unexpended funds from the previous state fiscal year (2013-2014).

Leveraging Other Funds

Although funds from the Nebraska Health Care Funding Act serve as the financial foundation for many of the local public health departments, all of the departments have been very successful in leveraging other funding sources. For example, federal grant funds have been awarded through the DHHS Division of Public Health to local public

¹ LB 1060 was passed in 2006 with the intent to develop epidemiology and data capacity in local health departments.

health departments for emergency preparedness planning, public education efforts related to West Nile Virus, the Clean Indoor Air Act, Preventive Health block grants, Maternal and Child Health block grants, and radon testing. Some departments have also received grant funds from private foundations and directly from the federal government.

Table 1
Local Public Health Departments funded under the
Nebraska Health Care Funding Act (LB 692)

Name	Counties
Central District Health Department	Hall, Hamilton, Merrick
Douglas County Health Department	Douglas
East Central District Health Department	Boone, Colfax, Nance, Platte
Elkhorn Logan Valley Public Health Department	Burt, Cuming, Madison, Stanton
Four Corners Health Department	Butler, Polk, Seward, York
Lincoln-Lancaster County Health Department	Lancaster
Loup Basin Public Health Department	Blaine, Custer, Garfield, Greeley, Howard, Loup, Sherman, Valley, Wheeler
North Central District Health Department	Antelope, Boyd, Brown, Cherry, Holt, Keya Paha, Knox, Pierce, Rock
Northeast Nebraska Public Health Department	Cedar, Dixon, Thurston, Wayne
Panhandle Public Health District	Banner, Box Butte, Cheyenne, Dawes, Deuel, Garden, Grant, Kimball, Morrill, Sheridan, Sioux
Public Health Solutions District Health Department	Fillmore, Gage, Jefferson, Saline, Thayer
Sarpy/Cass Department of Health and Wellness	Cass, Sarpy
South Heartland District Health Department	Adams, Clay, Nuckolls, Webster
Southeast District Health Department	Johnson, Nemaha, Otoe, Pawnee, Richardson
Southwest Nebraska Public Health Department	Chase, Dundy, Frontier, Furnas, Hayes, Hitchcock, Keith, Perkins, Red Willow
Three Rivers Public Health Department	Dodge, Saunders, Washington
Two Rivers Public Health Department	Buffalo, Dawson, Franklin, Gosper, Harlan, Kearney, Phelps
West Central District Health Department	Arthur, Hooker, Lincoln, Logan, McPherson, Thomas

Figure 1. Map of Nebraska's Local Health Departments

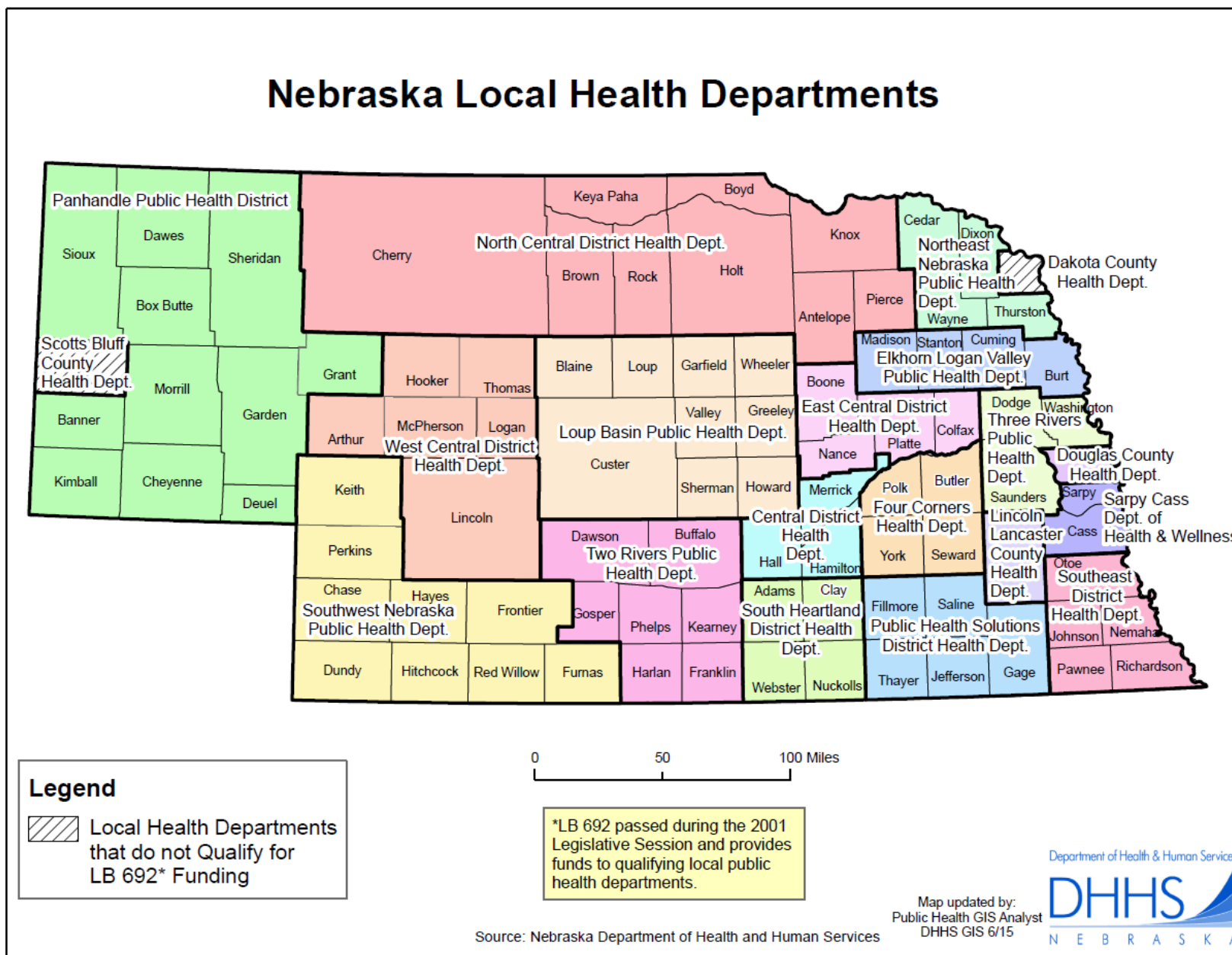


Table 2
LB 692 and LB 1060 Health Department Payments
July 1, 2014 – June 30, 2015

District Name	LB 692 Infrastructure	LB 692 Per Capita	LB 1060	Total	2000 Population used for Infrastructure	2010 Population used for Per Capita
Central District	\$125,000	\$139,139	\$105,458	\$369,597	71,141	75,576
Douglas County	\$150,000	\$952,026	\$105,458	\$1,207,484	463,585	517,110
East Central	\$125,000	\$95,720	\$105,458	\$326,178	52,400	51,992
Elkhorn Logan Valley	\$125,000	\$104,944	\$105,458	\$335,402	59,675	57,002
Four Corners	\$100,000	\$81,404	\$105,458	\$286,862	45,500	44,216
Lincoln-Lancaster	\$150,000	\$525,449	\$105,458	\$780,907	250,291	285,407
Loup Basin	\$100,000	\$57,330	\$105,458	\$262,788	33,122	31,140
North Central	\$125,000	\$85,414	\$105,458	\$315,872	51,084	46,394
Northeast Nebraska	\$100,000	\$57,785	\$105,458	\$263,243	32,976	31,387
Panhandle ²	\$125,000	\$94,646	\$105,458	\$325,104	53,459	51,433
Public Health Solutions	\$125,000	\$101,582	\$105,458	\$332,040	57,858	55,176
Sarpy/Cass	\$150,000	\$338,903	\$105,458	\$594,361	146,929	184,081
South Heartland	\$100,000	\$85,090	\$105,458	\$290,548	47,308	46,218
Southeast District	\$100,000	\$72,429	\$105,458	\$277,887	40,078	39,341
Southwest District ³	\$100,000	\$72,956	\$105,458	\$278,414	33,610	39,957
Three Rivers	\$125,000	\$143,059	\$105,458	\$373,517	74,770	77,705
Two Rivers	\$125,000	\$174,526	\$105,458	\$404,984	92,756	94,797
West Central ⁴	\$100,000	\$72,598	\$105,458	\$278,056	35,939	39,433
Total	\$2,150,000	\$3,255,000	\$1,898,244	\$7,303,244	1,642,481	1,757,540

² Panhandle Public Health District added Grant County to its district during 2014 – 2015.

³ Southwest Nebraska Public Health Department added Keith County to its district during 2014 – 2015.

⁴ West Central District Health Department added Arthur, Hooker, and Thomas counties to its district during 2014 – 2015.

Table 3

**LB 692 Local Public Health Departments
July 1, 2014—June 30, 2015 Expenses**

Departments:	LB 692 Local Public Health Departments	
Total Funds Received (LB 692):	\$5,405,000	} \$7,303,246
Total Funds Received (LB 1060):	\$1,898,246	
Total Funds Spent (LB 692):	\$6,024,586 ⁵	} \$7,707,721
Total Funds Spent (LB 1060):	\$1,683,135	
Budget Period:	July 1, 2014 – June 30, 2015	

Line Items	Expenses	
	LB 692	LB 1060
Personnel/Benefits	\$3,880,273	\$1,037,105
Insurance	\$190,685	\$0
Travel	\$118,423	\$31,533
Office Expense/Printing	\$485,734	\$107,041
Communications/Marketing	\$128,880	\$45,815
Equipment/Construction	\$139,183	\$0
Contractual	\$379,154	\$138,311
Public Health Programs	\$599,768	\$244,966
Other	\$102,486	\$78,364
Total	\$6,024,586	\$1,683,135
	} \$7,707,721	

⁵ The total LB 692 funds spent during this fiscal year was greater than the total funds received because departments reported funds that were carried over from the previous fiscal year in their reports.

Current Activities

The activities and programs of the local public health departments are organized under the three core functions of public health: assessment, policy development, and assurance. The assessment function involves the collection and analysis of information to identify important health problems. Policy development focuses on building coalitions that can develop and assist implementation of local and state health policies to address the high priority health issues. The assurance function makes state and local health agencies as well as health professionals responsible for ensuring that programs and services are available to meet the identified priority needs of the population.

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

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

During the fiscal year July 1, 2014 to June 30, 2015, considerable progress was made in the provision of the three core functions and ten essential services of public health. Every health department receiving funding under LB 692 and LB 1060 demonstrated significant improvement in both number and complexity of activities and programs during this time period. At this juncture, all of these health departments are providing the core functions and all of the ten essential services. Because of the large number of activities and programs, only a few examples from each health department are provided within this report. However, the individual reports of the health departments are available upon request.

Note: The activities outlined in the following section represent a portion of the programs and services implemented by local health departments in Nebraska, those activities supported through the public health portion of the Nebraska Health Care Funding Act.

CENTRAL DISTRICT HEALTH DEPARTMENT

Serving Hall, Hamilton, and Merrick counties



<http://www.cdhd.ne.gov>

Community health priorities

- Hamilton County - cancer, diabetes and obesity
- Merrick County - access to health, behavior health, obesity and substance abuse
- Hall County - education attainment, obesity and poverty.

Assessment (monitor health, diagnose and investigate)

Central District Health Department (CDHD) maintains specific data related to public health programs. The department also uses public health data collected by outside agency partners such as the Department of Health and Human Services (DHHS) and the Centers for Disease Control and Prevention (CDC) to monitor health status and understand health issues facing the community.

In the latest community health assessment, CDHD identified issues by county. Hamilton County identified cancer, diabetes and obesity as priorities. Merrick County prioritized access to health, behavior health, obesity and substance abuse. Hall County prioritized education attainment, obesity and poverty. The commonality across the central district was obesity.

CDHD provides disease surveillance and follow up on certain diseases in order to prevent the spread. This includes reports from local clinics and hospitals. The department also monitors flu-like illness reports from the school systems and oversees a Tuberculosis (TB) control program with a Community Health Nurse in order to prevent its spread.

CDHD has an Environmental Health Division. This division conducts food and drink inspections to ensure the safety of the food we consume. The department's water testing laboratory tests drinking water samples for individuals and municipalities for coliform bacteria, nitrates, pH and hardness. These tests help ensure safe drinking water for communities throughout the state of Nebraska. CDHD provides mosquito surveillance and control in and around the Grand Island area and control for both the adult and larval stages of mosquitoes. Adult mosquitoes are periodically tested for the presence of West Nile Virus. Test results give the department the ability to educate the public in a timely fashion regarding risks.

CDHD has an Emergency Response Coordinator on staff to prepare the community for public health emergencies. Over the year, this position worked closely with preparedness professionals in the area such as police, fire, first responders and city officials. Several exercises/drills were conducted over this period of time including call down drills, Ebola response exercise and an Strategic National Stockpile (SNS) exercise.

Policy Development (mobilize community partnerships, develop policies, inform, educate, and empower)

CDHD is in the process of developing a department strategic plan and a community health improvement plan based on the results of the community health assessment. The department has a strong working relationship with the local United Way. Through this work, the United Way has prioritized obesity as an area needing addressed. CDHD works with this subgroup (Health Committee) to bring interested community members together to plan for and work to address this community

concern. Another example is CDHD's involvement in a group called "Heroes for a Healthy Hall County." The group, started by CDHD, is made of local representatives from the schools, business, government and others to address the lifestyle issue within Hall County. They have been working on promoting the use of trails and walking within Grand Island. This is part of a CDC recommended strategy for a community to combat obesity.

CDHD has identified healthy lifestyles, related to obesity, as a priority and has been working with worksites to create an environment to support healthy behaviors of employees. This may involve the creation of wellness committees to implement policy within each setting. CDHD also has a program for the community that works to reduce the amount of sugar-sweetened beverage consumption. This program contains elements of promotion to service groups, employers and the general public.

Assurance (assure competent workforce, link to services, enforce laws, evaluate, and research)

To help assure a competent public health workforce, CDHD provides internship opportunities to students. Over the past year, CDHD hosted one intern who was eventually hired as a staff person.

In terms of linking people to needed services, CDHD has identified access to care for residents as an issue in the district. The department recently implemented the use of two Community Health Workers to provide services to individuals by helping them connect to resources and services.

CDHD's Environmental Health Division takes the lead to educate the community regarding laws and regulation. They provide guidance to regulated facilities, such as restaurants, when opening and throughout the lifecycle of the business. CDHD also provides district residents education on local regulations such as public health nuisances. CDHD enforces a wide range of laws and regulations to protect the public's health. These are related to food safety, commercial animal establishments, well and septic systems, body art, nuisances, child care facilities, clean indoor air and more.

CDHD was awarded the 1422 grant (CDC-funded through Nebraska DHHS). It places a focus on hypertension, diabetes, blood pressure and healthy living. The impact on the community will be observed down the road but the foundation has been set. CDHD has been in an assessment phase for the grant and will soon begin hands on work toward outcomes. The aim of the work is in line with a priority from the strategic plan. Several new partnerships have been formed throughout the year that will prove to be beneficial down the road. This work takes time but the foundation has been built throughout the year to pave the way for successful outcomes.



Douglas County Health Department Priorities

- Health disparities
- Public health emergency preparedness
- Sexually transmitted diseases (STDs)
- Infant health
- Childhood lead poisoning
- Obesity (including diabetes)
- Violence prevention

Community Health Improvement Plan Priorities

- Access to healthcare
- Obesity, including nutrition and physical activity
- Mental health
- Violence

Assessment (monitor health, diagnose and investigate)

A community needs assessment was conducted by Professional Research Consultants, Inc. The Douglas County Health Department (DCHD) is working with hospitals to analyze the results of this work and plan future actions to improve community health. DCHD staff also analyzes Vital Statistics, Behavioral Risk Factor Surveillance System, Youth Risk Behavior Survey, and STD data in accordance with published methods. This allows for data comparisons from year to year, between sub-regions within the county, and among other groups of interest to public health, such as genders, age groups, and racial/ethnic groups. DCHD makes these data available via the department website.

The Communicable Disease Epidemiology section investigates reports of diseases (other than STDs and HIV) received from laboratories and health care providers. Depending on the condition, the investigations generally involve confirming the disease with the patient's health care provider and obtaining more information from the patient about symptoms and severity as well as identifying exposures and risk factors. The STD Surveillance and Control section monitors STDs and HIV in the community. Disease investigators notify and interview infected clients and their contacts, and ensure that infected individuals are treated with appropriate antibiotics to control continued spread of disease. They also obtain clinical information from health care providers. DCHD Sexually Transmitted Disease Control Program is responsible for reportable STD surveillance which includes data entry of STD lab data, collection of demographic and treatment information of infected clients, and follow-up of these clients with treatment assurance and contact elicitation/partner notification interviewing. Over the past year, DCHD STD clerical staff received and entered more than 22,000 lab reports.

The Tuberculosis (TB) Program at DCHD is effective and successful at assuring treatment, identifying infected contacts, and preventing the ongoing transmission of TB in Douglas County. DCHD public health nurses ensure treatment compliancy using a method known as Directly Observed Therapy (DOT) which includes daily monitoring of the patient taking medication. Staff provided treatment in 18 TB cases, including 1,195 DOTs, 285 outreach visits, and investigated 122 reports that proved to be something other than TB.

DCHD responds to indoor air quality issues. The laboratory received 526 phone calls and performed 59 inspections regarding indoor air quality during the past year. One inspection was from a tenant who has a son with asthma. There was a leak in the bathroom which had started developing mold on the ceiling. The landlord wasn't responding to her concerns. DCHD staff did a visual inspection and notified the landlord of the findings and recommendations for clean-up. They were able to solve the issue together.

Policy Development (mobilize community partnerships, develop policies, inform, educate, and empower)

DCHD led the community health improvement plan (CHIP) process by engaging a cross sector of community partners and stakeholders. The 164 community stakeholders completed a six-month long comprehensive planning process. DCHD and community partners developed a measurable work plan with three key objectives: 1) to establish a governance structure, 2) to assure measurement of CHIP objectives, and 3) to establish a communication plan. A website was developed to report progress of CHIP activities: <http://www.douglascohealth.org/>.

The DCHD-directed Baby Blossoms Collaborative uses the work of 35 agencies to reduce infant mortality. They promote proven safe-sleep initiatives to reduce infant deaths. In addition, Fetal Infant Mortality Review is a best practice model used by DCHD since 2006, with a goal of improving service systems and community resources for women, infants, and families. The Baby Blossoms Collaborative reviewed recommendations based on the Fetal Infant Mortality Review for community change. DCHD staff also work on smoking cessation and smoke-free living initiatives. There is ample evidence that reducing exposure to tobacco smoke improves health outcomes. This effort has brought about a major increase in the number of smoke-free apartments in Douglas County.

In August, the Omaha City Council approved a Complete Streets policy that developed out of the earlier work on the CHIP. The policy becomes part of the city's Master Plan and formalizes Omaha's intent to plan, design, and maintain streets that are safe for a complete range of uses. Those include pedestrians, bicyclists, and public transportation, as well as cars and freight vehicles.

The STD Control and Clinic supervisors met with the senior epidemiologist to review the processes involved in providing STD clinical services to clients, performing STD surveillance, and implementing STD control measures. The clinic and surveillance/disease control processes were mapped with input from staff and supervisors. Several opportunities for improvement were identified and implemented.

Assurance (assure competent workforce, link to services, enforce laws, evaluate, and research)

Development of a public health workforce is part of the DCHD's strategic planning efforts. This work is in its early stages. Staff are encouraged to attend educational opportunities and training related to their work.

DCHD implements a number of strategies to link people to needed services. The DCHD STD Clinic continued to provide the screening, counseling, treatment, and referral services for all community members who accessed the clinic through FY 2015. For the majority of these patients, the clinic served as their "safety net" for STD care. Most patients were without health insurance and, in many cases, unable to pay for any services. Consequently, for those without affordable healthcare resources, the clinic filled the gap for those in need of that immediate acute care as well as ongoing treatment. The clinic continued to provide a "patient-centered" clinic process by providing same day appointment and walk-in service options. Many referrals were made to lower cost/free community partners who provided services which fell outside of the clinic's capacity to provide (e.g., physical exams and cancer screening).

The Retail Foods Section of DCHD conducts inspections on a regular basis. Information regarding new rules and regulations is shared with the public and stakeholders. It is also circulated through the department's social media outlets, website, and news media communications. DCHD also helps enforce the Clean Indoor Air Act by investigating reports of smoking violations at public buildings.

EAST CENTRAL DISTRICT HEALTH DEPARTMENT

Serving Platte, Colfax, Boone, and Nance counties



EAST-CENTRAL DISTRICT
Health Department
PLATTE, COLFAX, BOONE & NANCE
Better Health Through Partnerships



<http://ecdhd.ne.gov/>

Community health priorities

- Access to Health Care
- Youth Substance Abuse Prevention
- Lifestyle Change
- Connecting Families in Poverty to Services to Improve Protective Risk Factors of Children
- Mental Health Access

Community health challenges

- Increasing number of single parent families combined with a growing number of children living in poverty
- Growing diversity of the population throughout the health district brings unique challenges with language access
- Community attitudes toward substance abuse use

Assessment (monitor health, diagnose and investigate)

East Central District Health Department (ECDHD) has a strong history of leading a regular community health assessment process. The department updated the assessment during the past year. In late 2014, the fifth iteration of the community health assessment was shared with the four hospitals in the health district. ECDHD collects data in several other ways including oversampling the collection of Behavioral Risk Factor Surveillance System data and collecting body mass index data on students in K – 12 grades throughout the four county area. Nearly all data collected has been presented to county officials and is shared on the department website.

ECDHD protects people from health problems and hazards through the provision of immunizations, education, and training to the community. Public immunizations are offered in Platte and Colfax counties. During the past year, ECDHD's Infectious Disease program staff also tracked 157 reportable cases including a variety of diseases such as Salmonella and E. coli. Staff tracked 41 cases of animal exposure with a risk of rabies.

ECDHD updated nearly all of its emergency preparedness documents using input from community stakeholders. The department held regular quarterly call down drills for all staff and for Incident Command Structure using an electronic system. Many other planning activities and training exercises were completed to help the district be prepared for emergencies.

Policy Development (mobilize community partnerships, develop policies, inform, educate, and empower)

ECDHD continues to mobilize community partnerships through its Community Health Improvement Plan (CHIP) process. Several of the CHIP groups have implemented evidence-based strategies. For example, the Youth Substance Abuse Prevention Program implemented the TIPs (Training for Interventions Procedures) program which is designed to prevent serving to minors, over serving of adults and to prevent intoxication. Tobacco and alcohol retailer compliance checks are conducted on a quarterly basis. Additionally, ECDHD uses community health workers to serve as “bridges” between health care providers and the minority population. Two community health workers at ECDHD see all minority patients who are either diabetic and or hypertensive. They help patients set goals for improving their health and provide education.

ECDHD provided multiple health promotion programs throughout the past year. ECDHD strives to provide education through a variety of avenues. Many newspaper articles were shared including one related to the need for mass care volunteers and one on the need for childhood vaccinations. ECDHD held a meeting with the community in October 2014 to share information on Ebola. The presentation was geared toward healthcare professionals in the health district and included information on transmission routes, symptoms, and likelihood of a potential outbreak in the United States.

The Community Health Hub/Cancer Prevention Program was implemented during the past year. ECDHD provided 92 Fecal Occult Blood Test (FOBT) kits to those 50 years and older through the health department. Individuals also received information for reduced cost mammograms with 28 women receiving mammograms.

ECDHD has been working on improving obesity rates. The department has been using a multi-pronged approach that includes working with childcare facilities and licensed in-home child care providers that have made policy revisions to comply with one or more nutrition/physical activity standards for pre-school children. An example of a policy change is improving the nutritional quality of food served (i.e., changing from whole milk to 2% or skim). ECDHD partnered with three schools to bring the Coordinated School Health Planning Institute. The training will enable schools to build their capacity to increase rates of physical activity and healthy eating.

Assurance (assure competent workforce, link to services, enforce laws, evaluate, and research)

ECDHD established a workforce development plan in 2013 after the completion of an assessment of workforce needs. Staff members are following the plan and have been trained in cultural competency, health literacy, and customer service. ECDHD also serves as a preceptor site for training health professions students in community health. The department works with dental students and in the future will work with students from the University of Nebraska Medical Center Colleges of Medicine, Pharmacy, Allied Health, Nursing, and Public Health.

ECDHD has operated a federally qualified health center since 2003. This provides direct medical, dental, and behavioral health services for 6,200 individuals. Access to care is built into at least two of the counties' CHIPs. ECDHD works with the local coalitions to improve access to care.

The Tobacco Prevention Program and the Youth Substance Abuse Prevention Program have both worked with local law enforcement with compliance issues. Checks were conducted in Platte and Colfax counties with help from local law enforcement. During these checks, underage minors went into local area business unannounced to attempt to purchase cigarettes and/or alcohol. No attempt was made to deceive the clerk into believing that the minor is of age to purchase. ECDHD also collaborates with local law enforcement to provide education and support for compliance checks.

ECDHD incorporates evaluation into many of its program. The Youth Substance Abuse Prevention Program is evaluating the impact that the TIPs program is having on the community. This is being done through pre- and post-tests of class attendees. The Minority Health program is evaluating the extent to which diabetic patients improve with the community health worker intervention. The department also engages in continuous quality improvement activities. One example of this is an effort to improve performance measure tracking at the department.

ECDHD regularly works with researchers and is currently involved in several research applications including a multi-state study about which method adults who are obese respond to best when it comes to weight loss. Another study is related to using technology to reduce the percent of patients who have uncontrolled diabetes and hypertension.

ELKHORN LOGAN VALLEY PUBLIC HEALTH DEPARTMENT

Serving Burt, Cuming, Madison, and Stanton counties



<http://www.elvphd.org/>

Community health priorities

- Obesity
- Behavioral/Mental Health
- Prevention
- Risky Behaviors

Community health challenges

- Obesity
- Lack of access to behavioral/mental health care
- Poor participation in disease and injury prevention
- Participation in risky behaviors
- Poor access to primary care and dentistry

Assessment (monitor health, diagnose and investigate)

Elkhorn Logan Valley Public Health Department (ELVPHD) convenes stakeholders periodically to complete a community health assessment. The assessment results provide the foundation for community health improvement planning. ELVPHD has considered expanding its surveillance activities into sexually transmitted disease (STD) investigations after recognizing an increase in cases reported through the Nebraska Electronic Disease Surveillance System. Department staff created investigation protocols for all STDs.

ELVPHD developed a “Protocols for Investigation Process” manual to communicate the steps of the investigation process for all enteric organisms, communicable diseases, and environmental hazards. For each condition, the steps of the investigation process are defined. During the past year, ELVPHD investigated a number of illnesses and environmental health hazards including Salmonella, Tuberculosis, and bed bugs.

ELVPHD participated in six tabletop exercises and two full-scale exercises. The Emergency Response Coordinator planned and co-hosted a disaster preparedness workshop for the nursing homes in the region. ELVPHD worked with partner agencies such as hospitals, clinics, EMS, and the Medical Response System to ensure that all entities would be able to handle the situation if an Ebola patient arrived in the region.

Policy Development (mobilize community partnerships, develop policies, inform, educate, and empower)

ELVPHD is currently in the process of implementing the Community Health Improvement Plan (CHIP) that was adopted in 2013. Related to the obesity priority, activities center on worksite wellness and policy development for childcare centers in regard to nutrition, physical activity, and breastfeeding policies. One area of progress related to the behavioral/mental health priority was continued coordination of the Northeast Nebraska Behavioral Health Coalition.

ELVPHD implements a number of evidence-based strategies to improve the health of the population. The department’s Clinic Liaison Program focused on creating a referral network with local clinics, hospitals, and community partners to increase the number of pre-diabetic clients being referred to and attending area Diabetes Prevention Program classes. ELVPHD, along with Four Corners Health Department, hosted a training to train new instructors on using the CDC’s Diabetes Prevention curriculum. The curriculum is taught consecutively over the course of sixteen weeks, with an additional six post-core sessions. ELVPHD hosted one class during the 2014-2015 fiscal year. Two partnering agencies, the YMCA and Midtown Health Center also conducted several classes. As part of ELVPHD’s CHIP to address obesity, these classes are taught to fidelity and participants weights and A1C (a measure of average blood sugar over 2-3 months) levels are tracked. A participant in ELVPHD’s class lost a total of 25.4 pounds and lowered his A1C score from 6.5 to 5.2. Although

the Diabetes Prevention Program funding has ended, classes will be continued with ELVPHD's Patient Navigator program that began in 2015.

Tai Chi is a fall prevention program based off the model Moving for Better Balance. The program incorporates certified volunteer Tai Chi instructors who then host classes in their home communities throughout the service area. Fifty-two people participating in Tai Chi classes during the period had pre- and post-test measurements; and 73 percent of those improved their Timed Up and Go Test.

NAP SACC, a Nutrition and Physical Activity Self-Assessment for childcare providers, examines a childcare provider's current policies and practices and teaches the best-practice model for physical activity and nutrition and makes recommendations for policy implementation. This training was chosen as an evidenced-based training program to educate childcare providers and assist them with the implementation and development of nutrition/physical activity/breastfeeding policies at their childcare facilities. Four NAP SACC Trainings were held in ELVPHD's service area with 46 childcare providers in attendance. Follow-up and technical assistance was provided to the childcare providers. During that time, 22 policies were created and implemented as a result of the NAP SACC training.

ELVPHD provided a variety of information on public health topics to the community to help people make healthy choices. The department provided an educational series of stories regarding the efforts in northeast Nebraska to address mental and behavioral health issues with the *Norfolk Daily News*. The department distributed a press release encouraging healthier babies through breastfeeding.

ELVPHD partnered with Midtown Health Center to provide fluoridation treatments to children in daycare settings in West Point and Norfolk. Treatments were provided to over 200 unduplicated children. In addition to the treatment, children received education regarding proper tooth brushing and healthy eating to avoid cavities.

Assurance (assure competent workforce, link to services, enforce laws, evaluate, and research)

ELVPHD implemented its workforce development plan in May 2014. Based on the results of a Public Health Competency and Training Needs Assessment completed by the Great Plains Public Health Training Center, training goals and objectives were established and a curricula and training schedule developed. ELVPHD also works with students to promote public health as a career and offer internship opportunities.

ELVPHD was able to link people to needed services by participating in the 2014 Children's Dental Day, which included 45 children from three school districts including Madison, Norfolk, and Stanton Public Schools. Children in need of dental services were pre-screened by the school nursing staff and referred to the program. In addition, the Smile in Style project allowed the department to provide dental education to children in a daycare setting.

Through the Missing Link – Komen breast health program, ELVPHD was able to assist 24 women in need with preventive exams and mammograms. The women assisted by the program were underinsured and/or not eligible for other assistance programs. ELVPHD is also working to expand access to immunizations. The department has completed the steps of insurance credentialing with six insurance companies. ELVPHD has started billing insurance companies for various services, including health screenings, immunizations, and client counseling.

ELVPHD evaluates most of its programs in an effort to improve performance. The department also established a Quality Improvement (QI) Committee to enhance performance and achieve desired results. ELVPHD staff completed a QI project focused on the reorganization of the Network Share drive where all documents are saved. The committee implemented changes over time and asked staff for feedback to determine if the changes were improvements.

FOUR CORNERS HEALTH DEPARTMENT

Serving Butler, Polk, Seward, and York counties



<http://www.fourcorners.ne.gov/>

Community health priorities

- Healthy Lifestyles
- Motor Vehicle Crashes and Deaths
- Cancer

Community health challenges

- Diabetes, Lack of Active Lifestyle and Physical Activity
- Texting/Calling While Driving, Distracted Driving
- Low Cancer Screening Rates

Assessment (monitor health, diagnose and investigate)

Four Corners Health Department (FCHD) is working with each of the five hospitals in the district to complete a comprehensive Community Health Assessment. This assessment will look at the health status of the population and identify ways that the department and partners can work together to make the district healthier. Results will be used to identify and address health concerns in the community.

FCHD contributes to several electronic surveillance systems to collect and maintain disease-related data. Included are the state's immunization database and reportable disease system. As part of local programming, FCHD conducts surveys of seat belt usage, colorectal cancer screenings, and assessments of chronic disease resources and barriers to treatment. Data are used to contribute to health planning efforts. FCHD also collects Behavioral Risk Factor Surveillance System data through a contract with the state. When preparing presentations and news releases, these data are often used.

In the past year, FCHD has conducted disease surveillance activities and investigated environmental concerns. These are ongoing programs at the department, but each season brings unique issues and challenges. For example, this past influenza season saw 5 influenza outbreaks in long term care facilities. During these outbreaks, FCHD made daily contact with the facilities to minimize and contain the spread of illness. A total of 173 disease reports were submitted to DHHS and CDC through the National Electronic Disease Surveillance System (NEDSS). Each report reflects work done to follow up on a case of communicable or infectious disease to prevent or contain further spread. Of the 173 reports, 69 were cases where animals potentially exposed humans to rabies. An elevated number of pertussis cases (37) were investigated this year in the district, with most occurring in one county. This highly infectious disease has the potential to spread rapidly. Staff worked diligently with local healthcare providers, schools, preschools, and childcare providers to identify and treat at risk contacts.

In February, FCHD was notified that a resident traveled to a country in West Africa which was affected by the Ebola Virus Disease. The department was given the responsibility of monitoring this individual for any symptoms that might develop in the 21 days following the travel. The department was also responsible for having plans in place to refer the person to appropriate transportation, testing and medical care if symptoms consistent with Ebola were to develop. Thankfully, the individual remained healthy and was released from the monitoring period without incident.

Policy Development (mobilize community partnerships, develop policies, inform, educate, and empower)

FCHD is working with community partners to implement its Community Health Improvement Plan. Each priority has key strategies and measureable goals that are being implemented by community partners.

FCHD partnered with all district hospitals and/or clinics to bring the Diabetes Prevention Program to local communities. In coordination with Elkhorn Logan Valley Public Health Department, a national trainer was brought in three different times to train individuals to be Lifestyle Coaches. To support the sites in becoming recognized providers of the program, FCHD offers monthly calls for all sites, focused on learning the standards, marketing the program, and facilitating the year-long class.

FCHD worked with key individuals in both Seward and York to address the issues surrounding attempted and completed suicides. Out of concern by both communities, education and training has been offered. Additional training and systems are being reviewed to assist those who are dealing with overwhelming issues to find resources and options to hurting themselves.

FCHD coordinates a number of efforts to mobilize community partnerships and give people the information necessary to live healthier lives. The department maintains patient navigators who work with partners in the community to obtain the best outcomes for each individual client, bridging gaps in services, identifying and reducing barriers to receiving needed health care, and helping clients establish a medical home if they do not have one. FCHD has partnered with the Butler County Chamber of Commerce to reach local businesses in Butler County with the 'Take Heart, Live Smart' worksite wellness program. The vision for this program was to reach as many small businesses as possible in order to achieve a greater impact overall in the health of the community. Having the businesses work together as a group (similar to what is achieved when joining small businesses together to get a reduced cost or better insurance group plan) reduces the cost to employers and allows the benefits of networking for all. Engaging veterans and their families is a focus of the FCHD veterans' program, called Vet Set. In this effort, the department learns about the concerns and unmet needs of local veterans and their families through surveys and face-to-face contact and connects them to needed services. Four Corners staff is also currently working with 3 villages on sanitation and safety issues in rental homes which are not being maintained by the landlord.

Assurance (assure competent workforce, link to services, enforce laws, evaluate, and research)

FCHD developed a Workforce Training Plan which is designed to assure both personal and professional growth. Health department leadership works with each staff member to prioritize training and education needs and develop personal development plans for each year. The department has worked with the University of Nebraska Medical Center, College of Public Health, Concordia University of Nebraska, York College, Bryan College of Nursing, UNO College of Nursing, and the University of Nebraska Medical Center to support learning and capstone opportunities for students. In addition, the department has participated in local career fairs to support the public health workforce.

To help people received needed services, FCHD staff continues to address families in crisis, either through linking to area resources, giving assistance with locating resources for lower cost medications, and personal health coaching. The department has re-established oral health clinics to offer preventive oral health services to young children, with a specific emphasis on birth to five years of age. Blue Valley Community Action administering the Women, Infant, and Children (WIC) program has partnered with FCHD in order to implement these services to this target audience.

FCHD is often in the support role of enforcement of public health laws, but in issues related to animal bites and the exposure to rabies, staff work directly with law enforcement and the medical community. The department is responsible for assuring that animals are tested when appropriate and that those who have been exposed to this deadly disease have access to treatment.

FCHD evaluates its programs and engages in quality improvement in an effort to improve performance and increase impact.

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

Serving Lancaster County

<http://www.lincoln.ne.gov/city/health/index.htm>



Community health priorities

- Access to care
- Chronic disease prevention
- Injury prevention
- Behavioral health access and reform

Community health challenges

- Community preparedness (businesses and individuals)
- Poor outcomes for minority populations for maternal and child health
- Chronic disease
- Access to care

Assessment (monitor health, diagnose and investigate)

Lincoln-Lancaster County Health Department (LLCHD) is in the process of updating its community needs assessment. The department used the Mobilizing for Action through Planning and Partnerships process and has had over 70 community partners participate.

LLCHD makes data available on its website. The department has produced a number of GIS maps that show the rates of poverty, life expectancy, low birth weight births, and many other health issues. The department continues to improve its use of software tools that allow analysis and display of data in the form of performance indicators.

LLCHD investigated several outbreaks of food borne illnesses over the past year. In addition to these outbreaks, the department experienced the largest outbreak of pertussis (whooping cough) that it has seen since before vaccine was used. There were a number of poor air quality days related to controlled burns in Kansas and fireworks at the Fourth of July.

LLCHD staff inspected environmental health hazards as well over the past year. During heavy spring rains, LLCHD was notified of a petroleum release from a local rail yard fueling area caused by the high water. Department staff performed multiple visual inspections of the area in the following days and discovered areas of concern due to petroleum bypassing containment areas. The railroad and contractors improved and replaced containment devices. Staff also supported the Lincoln Police Department concerning the proper management and disposal of a propane tank that had been placed in a "cylinder exchange" cage at a local hardware store that contained anhydrous ammonia. LLCHD managed the transportation and disposal of the tank with the corroded valves.

LLCHD Emergency Response Team participated in over 30 half day trainings with Lincoln Fire and Rescue, as well as 15 internal trainings. These included tabletop exercises involving floods, tornados, derailments and truck accidents.

Policy Development (mobilize community partnerships, develop policies, inform, educate, and empower)

LLCHD is in the process of updating the Community Health Improvement Plan (CHIP) based on the community health assessment results. With the results of the ranking for health issues, the CHIP updates will include progress toward the goals and objectives, discussion of barriers and additional concerns that need to be included in the work plan. The department is also heavily involved with the Community Health Endowment in a

project called “Place Matters” to display the health, income, poverty, and demographic differences across the city. Maps were created by department staff for this effort.

LLCHD staff continue to take an active role in the area of land use planning/build environment and policy change to support physical activity in Lincoln and Lancaster County, including walking, biking and public transportation. The department has had input into the City’s Complete Streets policy, feasibility and plan development for a Lincoln Bike Share system, and planning and development of the “N” Street Protected Bikeway. Staff also coordinated the development and implementation of a new Share the Road education and awareness campaign. Multiple partners came together to create a logo with video public service announcements.

LLCHD provided information to victims of flooding during the heavy rains in May 2015 when salt creek impacted the North and South Bottoms Neighborhoods, and overloaded sanitary sewers backed up into people’s residences in multiple areas of Lincoln. Information consisted of clean-up and decontamination of personal property impacted by water and wastewater and proper disposal of impacted materials.

The department coordinated with other City and County agencies and health providers to notify the public regarding the dangers of K2 with joint news conferences, a Public Service Awareness campaign and legal action against the suppliers. This was in response to the sudden upsurge in K2 overdoses in the middle of April. In one week, over 100 individuals were handled by emergency responders.

Assurance (assure competent workforce, link to services, enforce laws, evaluate, and research)

LLCHD is working to develop a Department Workforce Development Plan. The results of an employee survey will provide the foundation for the plan. LLCHD also provides opportunities for students to learn about public health. In April, the department hosted 21 UNMC College of Public Health graduate students. The students spent the day at LLCHD, received an overview of the department, a tour, and then paired with staff on ride-alongs for inspections, home visits, and demonstrations.

LLCHD implements several strategies to link people to needed services. Each year, the Division of Dental Health and Nutrition Services in collaboration with Lincoln Public Schools, targets approximately 5 – 6,000 children with school-based dental screenings for those children that have not reported seeing a dentist in the past 12 months, approximately 30 percent of total enrollment. The department completed many other activities related to access to dental health care. During the past year, the Health Director collaborated with community partners to create a new behavioral health/primary care integrated clinic called Health 360.

To help enforce public health laws, LLCHD responded to over 100 hazardous materials emergency calls during the past year. Staff provides technical assistance and guidance on how to properly and legally manage clean-up and remediation of hazardous materials releases. LLCHD’s Child Care Health Consultation Services educates the child care center community about local code which requires health and safety training for child care center staff every two years. 541 child care staff attended the Health and Safety Training this year which includes health information such as illness prevention and exclusion, diapering, hand washing, food safety, health laws, policies, and regulations.

LLCHD uses the software for its dashboard program to develop tools and measures for evaluation. One application was developed for the home visitation program to evaluate some of the standards the program set. The department also initiated a quality improvement process to improve data quality related to immunizations given by staff and to assure that the data transfer to the Nebraska State Immunization Information System is accurate and complete.

LOUP BASIN PUBLIC HEALTH DEPARTMENT

Serving Blaine, Custer, Garfield, Greeley, Howard, Loup, Sherman, Valley, and Wheeler counties



Community health priorities

- Oral Health
- Childhood Immunizations
- Disease Surveillance

Community health challenges

- Access to healthcare services
- Lack of adherence to school immunization requirements
- Lack of select communities participation in fluoride treatment program

Assessment (monitor health, diagnose and investigate)

Loup Basin Public Health Department (LBPHD) is currently in the process of collaborating with four hospitals in the district and other organizations to update the community health assessment. LBPHD's partners and community members are able to access data from the website, Network of Care website, Well@Work presentations and company profiles, Facebook page and Twitter account, media releases, brochures, and coalitions.

LBPHD completes disease surveillance using the Nebraska Electronic Disease Surveillance System. Creating an investigation from the queue and making contact with the patient and the patient's physician, then investigating how and where they acquired their disease. LBPHD provides education to the patient and their family on methods to avoid future or repeat illness.

LBPHD maintains an active emergency preparedness program. The department completed six exercises during the past year including a behavioral health drill and a pandemic influenza scramble. The department also completed a number of trainings to ensure that staff have the information and skills necessary.

Policy Development (mobilize community partnerships, develop policies, inform, educate, and empower)

LBPHD completed its Community Health Improvement Plan (CHIP) in collaboration with community stakeholders in 2012. Since then, LBPHD has implemented the plan across all counties and sectors. When the community health assessment is updated, it will serve as the foundation to update the CHIP.

LBPHD provides information to the public to help them make healthy choices. The department has four public health nurses to provide health information and various referrals. Staff provide media releases with important public health updates such as when mosquitoes tested positive for West Nile Virus in Garfield County or when the first positive human case was confirmed.

LBPHD's Well@Work program offers free onsite wellness screenings. The screening consists of a health risk assessment, biometrics, and blood work. With instant results, the participant then receives one-on-one health counseling guided by protocols approved by the Board physician. The department also provides immunizations to the public.

Assurance (assure competent workforce, link to services, enforce laws, evaluate, and research)

LBPHD created a workforce development plan to enhance two key directions of its strategic plan: Learning and Growth and Accountability and Improvement. The plan was based on the results of a core competency assessment of all staff.

To help link people to needed services, LBPHD provides immunizations and Well@Work clinics to communities, schools, and businesses. Access to immunizations was identified as a need in the region and LBPHD is taking the necessary steps to be able to provide and fill that gap for Loup Basin area residents.

LBPHD works to resolve public health nuisance complaints through local ordinances. Sixty-five nuisance calls were received. Calls are then referred to the appropriate agency and a follow up is completed as needed.

One significant accomplishment for LBPHD comes from the Well@Work program. As stated earlier, Well@Work is a program that offers free on-site wellness screenings. The purpose of this is to screen people who do not normally go in for a yearly checkup and inform them of their current health status. The screening consists of a health risk assessment, biometrics (height, weight, blood pressure, heart rate) and blood work (cholesterol panel, fasting blood sugar and thyroid level). When these screenings are completed for companies, they also have the option to receive a company profile, which does not include any personal information from the participants, but instead sets them up with their overall company health. From here, company wellness teams can be created within the company and health improvements become goals to be reached for the years ahead.

LBPHD had structured and improved its Well@Work program so much that it is self-sustaining and no grant is being used to fund this program. This program is free of cost to participants with proof of insurance. Most private insurance companies cover the screening cost with no co-pay. LBPHD bills the insurance and if something is not covered by insurance LBPHD waives the fee.

NORTHEAST NEBRASKA PUBLIC HEALTH DEPARTMENT

Serving Cedar, Dixon, Thurston, and Wayne counties

<http://www.nnpd.org/>



Community health priorities

- Children and Families
- Aging
- Access to Care
- Prevention (Infectious and Chronic Diseases, Emergency Response, Injury Prevention)
- Integrating Health Literacy into all programs and priority areas

Community health challenges

- Five significant emergencies in less than two years
- Limited capacity and resources for Emergency Response
- Access to Care for vulnerable populations
- Staffing for health education and quality improvement projects
- Limited Public Health Nursing capacity for sexually transmitted disease investigations

Assessment (monitor health, diagnose and investigate)

Northeast Nebraska Public Health Department (NNPHD) collects data from community partners, including the two critical access hospitals in the health district, and for programs to track and monitor the goals and objectives in their Community Health Improvement Plans (CHIP). The department monitors the health status of its population by reviewing communicable disease, vital statistics, health risk survey, and other data sources.

NNPHD has responded to five significant emergency responses in less than two years, three tornadoes in the previous fiscal year and two between July 2014 and June 2015 (an outbreak of a rare strain of Tuberculosis (TB) and Nebraska's only avian influenza outbreak that hit Dixon County). The small, committed NNPHD staff responded above and beyond its staffing and financial capacity in each event. To recognize NNPHD's commitment to public health emergency response, the National Association of County and City Health Officials awarded NNPHD a grant to help support the health district's infection control work. The department hired a second public health nurse in October 2014 due to the heavy workload requiring trained Registered Nurses with the emergency responses.

The epidemiology-trained NNPHD staff members share the caseload because all staff wear many different public health "hats." Staff investigated 113 cases of TB, 68 cases of Hepatitis C, and many others. The TB cases began with an index case (patient) requiring daily monitoring, weekly 60 mile round trip transportation to a lab for tests, and notifying and testing 12 other contacts, five of whom tested positive for TB and began treatments. Three months later another active TB case was identified spurring the need for a screening clinic where 101 individuals were tested with 28 positive results. Prior to the first TB clinic, the Public Health Nurse from NNPHD and the Nebraska TB Coordinator met with those to be screened to explain the need for a screening clinic, why they should participate, and what to expect. In October 2014, a second TB screening clinic showed four more positive TB cases.

The NNPHD Community Health Workers were vital throughout the TB outbreak, during the Wakefield tornado response and recovery (previous reporting period), and again during the avian influenza event. They provided interpretation and translation for many victims who lost everything in the tornado, those who were exposed to TB and those who were part of the workforce exposed to sick and dying chickens during the avian flu outbreak where workers were monitored by NNPHD seven days a week for seven weeks. Their skills and dedication to helping vulnerable populations resulted in successful emergency responses in every one of the events.

NNPHD personnel, clinics and hospitals developed Ebola Virus response plans due to the spread of the virus in western Africa. NNPHD personnel worked with the Nebraska Department of Health and Human Services to send out Centers for Disease Control and Prevention (CDC) messages to NNPHD medical response partners that included the Winnebago Tribe and the Omaha Nation on evolving practices for Personal Protective Equipment (PPE) and other Ebola response practices. NNPHD personnel met on-site with all NNPHD clinics and hospitals, including tribal health services, and developed a spreadsheet with requested tasks to further address Ebola planning questions and needs. The department also completed a number of emergency preparedness exercises and trainings.

Policy Development (mobilize community partnerships, develop policies, inform, educate, and empower)

NNPHD is working with community partners to track progress on the implementation of the Community Health Improvement Plan goals and objectives. NNPHD gives people the information they need to be healthy through radio interviews, news releases, and its website.

The Emergency Response Coordinator (ERC) is the Vice-Chair of the Northeast Nebraska Long Term Recovery Committee (LTRC) that organized following the June 2014 tornadoes that hit Pilger and travelled north into southern Dixon County. LTRC raised enough money to build eight homes for families who lost theirs in the tornadoes. The ERC ensured that the new homes had radon mitigation systems installed during construction.

Assurance (assure competent workforce, link to services, enforce laws, evaluate, and research)

All new NNPHD employees must successfully complete these courses during their orientation period at NNPHD: Public Health 101 online, Health Literacy course, Nebraska Emergency Management Agency courses, and any other courses that are relevant to their new positions at NNPHD. Each employee also has an Individual Staff Development Plan that is written and mutually agreed upon by the employee and his/her supervisor. NNPHD provides information to students about public health career options as requested and hosts student interns who are interested in public health as a career.

NNPHD coordinates the VetSET program for veterans to receive healthcare services and address their other unique needs. The department's Health Literacy Program and Community Health Worker (CHW) Program have been a vital asset for the health district's success to address the emergency responses and access to care issues. The CHWs all completed the formal CHW training, provided diabetes and cardiovascular screening, interpreted between patients and their medical providers, helped patients follow through with prescribed medicines and treatments, etc. NNPHD efforts to build the CHW program have also been an impetus for partners in the area to address Culturally and Linguistically Appropriate Services (CLAS) standards.

NNPHD had to send a formal written "warning" to the Tuberculosis (TB) index case to address the isolation requirements so that the public was protected during the TB outbreak. The department also met with the target population prior to the first TB clinic to explain why we needed a clinic, why they should participate, and what to expect.

During the Avian Influenza event, NNPHD staff worked with the CDC Field Officer and the DHHS Epidemiology Team to develop a response model that included "just-in-time" training modules, materials available in Spanish, an online reporting tool, and many other components. In addition, the CDC Field Officer at the Department of Health and Human Services has written a research article describing the unusual TB outbreak situation and results. The article will appear in a future MMWR (the CDC's Mortality Morbidity Weekly Review). A poster session was presented at the National TB Conference in June 2015 in Atlanta where the Nebraska TB Control Nurse was named National Co-TB Controller of the Year.

NORTH CENTRAL DISTRICT HEALTH DEPARTMENT

Serving Antelope, Boyd, Brown, Cherry, Holt, Keya Paha, Knox, Pierce, and Rock counties



<http://www.ncdhd.ne.gov>

Community health priorities

- Access to care/cancer prevention and education
- Behavioral health (mental health and substance abuse)
- Chronic disease, obesity, and related health concerns
- Environment and safety

Community health challenges

- Access to care, especially oral and mental health
- Chronic disease
- Overweight and obesity
- Substance abuse

Assessment (monitor health, diagnose and investigate)

North Central District Health Department (NCDHD) uses the following avenues and methods to collect and maintain data:

- Community health assessment process, completed every three years
- Partnerships with state organizations to obtain data from surveys
- Spreadsheet tracking of quantitative data from department programs
- Qualitative input from community members, especially those participating in committees or activities related to department programs

NCDHD conducted investigation and follow-up on all reportable communicable diseases and disease outbreaks, animal and rabies exposures in the region. Department staff complete school surveillance activity by maintaining weekly contact with district schools to gather illness information regarding influenza-like illness. Staff also provided radon test kits and educational material to the public at no charge and make follow-up contact with individuals whose radon test results fall above recommended limits. NCDHD conducts mosquito trapping and collection of dead birds to test for West Nile Virus. NCDHD conducts environmental site visits to assess nuisance complaints and follows up on complaints to ensure compliance with the Clean Indoor Air Act.

NCDHD maintains an emergency preparedness program to plan for potential emergencies in the region. Over the past year, the department conducted a number of exercises and trainings.

Policy Development (mobilize community partnerships, develop policies, inform, educate, and empower)

NCDHD is working with community partners to implement its Community Health Improvement Plan. Work group meetings are held each quarter to carry forward efforts aimed at impacting priority focus areas (outlined above).

NCDHD staff maintains regular and ongoing efforts in identifying and addressing health problems through their programs that bring them into contact with various community members and partners. Some examples include partnerships with schools for an oral health program, with businesses for wellness screenings, with law enforcement for substance abuse prevention, and with hospitals for both emergency preparedness and disease surveillance/investigation.

The department is also very engaged through its work with North Central Community Care Partnership (NCCCCP) and the Area Substance Abuse Prevention (ASAP) coalition. A staff member serves as coordinator of NCCCCP, while other staff members have participation and involvement in various NCCCCP/ASAP projects.

Consistent with previous years, NCDHD provided educational information to the public through a variety of communication methods, such as newspaper releases, public service announcements, and health fairs. Topics included West Nile Virus, colon cancer, radon, emergency preparedness, substance abuse prevention, Affordable Care Act, and veterans' services information.

The Miles of Smiles oral health care program was implemented in 2013 and is now taking place in 38 of the 39 district elementary and middle schools. In 2015, NCDHD was able to increase Miles of Smiles hours at the O'Neill Women, Infants and Children (WIC) location from four hours a month to 12 hours a month, and added the Spencer and Atkinson WIC locations as entirely new sites. Worksite wellness was initially implemented in 2013; however, 2015 saw a significant increase in resources and efforts devoted to growing the program. Through the Working on Wellness (WOW) program, NCDHD completed our first ever on-site employee health screening at a district business this year, followed by an additional 10 screenings over the course of the last six months, with follow-up to provide technical assistance for developing worksite wellness programs.

Assurance (assure competent workforce, link to services, enforce laws, evaluate, and research)

NCDHD developed a workforce development plan in 2013. As a result of establishing this plan, NCDHD implements training identified as required for employees and documents completed employee training. The department is also currently working with a public health student through a federal work study program for an internship that will run from 4th quarter 2015 through 2nd quarter 2016. In past years, NCDHD has provided a number of internship opportunities for public health students and continues to do so, when possible.

The department continues to partner with hospitals and community organizations to participate in health fairs throughout the district, promoting health services to attendees. NCDHD also continues to maintain partnerships with district schools, businesses, senior centers, and first responders through its Miles of Smiles oral health program, Working on Wellness program, and Immunizations program.

Staff members conduct investigation and follow-up on reports of Clean Indoor Air Act violations. If necessary, local law enforcement is contacted and the department partners with them for additional action regarding these reports. NCDHD conducts investigation and follow-up on nuisance complaints, provides resources and direction regarding ordinances, and provides information and guidance on issues relating to the Landlord/Tenant Act. The department also coordinates and provides Responsible Beverage Serve Training for establishments that serve alcohol.

NCDHD continues to conduct evaluation activities for both the Miles of Smiles oral health program and the immunizations program, including an extensive review and analysis of quantitative program data (response rates, participation rates, etc.), as well as qualitative feedback in the form of participant feedback and program manager best practice experience. The department also implemented a number of quality improvement efforts to improve practices.

PANHANDLE PUBLIC HEALTH DISTRICT

Serving Banner, Box Butte, Cheyenne, Dawes, Deuel, Garden, Grant, Kimball, Morrill, Sheridan and Sioux counties

Panhandle

Public Health District

<http://www.pphd.org>

Community health priorities

- Healthy Living: Healthy Eating, Active Living, Breastfeeding to prevent obesity, Type 2 diabetes, cardiovascular disease, and cancer
- Mental and Emotional Well Being to decrease adverse childhood experiences and prevent child maltreatment and prevent mental illness
- Injury and Violence Prevention to reduce falls, automobile crash rates, decrease underage drinking, binge drinking, driving while under the influence
- Cancer Prevention: Primary Prevention, Early Detection and Appropriate Screenings to decrease the rate of cancer

Community health challenges

- Obesity, Type 2 diabetes, cardiovascular disease and other chronic illness
- Child Maltreatment and access to mental health services
- Falls, motor vehicle crashes, underage drinking, binge drinking and drinking under the influence
- Low cancer screening rates

Assessment (monitor health, diagnose and investigate)

The Panhandle Public Health District (PPHD) has a strong history of convening regional stakeholders and community members to complete a community health assessment at least every five years. In 2014, PPHD coordinated the Mobilizing for Action through Planning and Partnerships (MAPP) process for the 11 counties of the Panhandle including all eight hospitals, the Scotts Bluff County Health Department, and the entire local public health system. Four health assessments were completed and data were used to select regional priorities. PPHD also worked with the DHHS, Division of Public Health during the past year to analyze data by race/ethnicity, income, and gender to further examine health disparities in the Panhandle. Data are made available to partners and the community via websites, community meetings, and the annual report.

PPHD nurses monitor the National Electronic Disease Surveillance System (NEDSS) for communicable diseases in the Panhandle to promote early detection and help prevent the spread of disease. Over the past year, there were 87 confirmed, probable, or suspected communicable diseases in the Panhandle. PPHD nurses also survey 47 schools and 7 hospitals weekly to determine prevalence, trends and impacts of diseases. Based on surveillance activities, they review and follow up on cases and investigate disease outbreaks.

In terms of other health hazards, PPHD distributed free radon test kits to Panhandle residents to continue the push for radon awareness and mitigation. Thirty-seven percent of the 301 short term kits received required mitigation. West Nile Virus surveillance was promoted heavily during the summer due to the increase in rainfall and breeding mosquitos.

PPHD continues to coordinate regional planning for emergency preparedness. Educational and planning sessions were held in several counties for Ebola awareness and preparedness planning. Recommendations were released to the healthcare facilities for planning and updating of infectious disease procedures.

Policy Development (mobilize community partnerships, develop policies, inform, educate, and empower)

PPHD continues to work with community partners through the Panhandle Partnership for Health and Human Services and with the hospitals through the MAPP Steering Committee to implement Community Health Improvement Plan (CHIP) activities. The PPHD-led initiatives include the Panhandle Worksite Wellness Council and the Panhandle National Diabetes Prevention Program. Other evidence-based strategies PPHD implements to address Community Health Improvement Plan goals are: Healthy Families America home visitation program for Mental and Emotional Well Being, Radon testing, tobacco control, and Pool Cool for cancer prevention.

Tobacco Free in the Panhandle continues to work with multi-unit housing management to implement smoke free policies throughout all of the counties; 50% of the known multi-unit housing facilities are smoke-free. They also work with schools on strengthening their tobacco free policies and fair boards and city councils to adopt smoke/tobacco-free outdoor policies.

Panhandle Worksite Wellness Council (PWWC) has worked with a number of businesses annually to assist in the adoption/promotion of policies, systems, and environmental supports in the areas of nutrition, physical activity, breastfeeding and tobacco. A few specific examples of this include Box Butte General Hospital conducting a facility assessment through the technical assistance provided as a PWWC member company, working with their vending distributor, and now providing only healthy items in their vending machines. Gordon Memorial Hospital and Health Services also did an excellent job implementing a tobacco-free campus policy and communication plan through council assistance..

Assurance (assure competent workforce, link to services, enforce laws, evaluate, and research)

Most local health departments in Nebraska do not have enforcement authority for public health laws. PPHD contracts with the Nebraska State Patrol, Scottsbluff Police Department, and the Scottsbluff Sheriff's Office to complete two rounds of tobacco compliance checks throughout the Panhandle. Ninety-three compliance checks were completed throughout Box Butte, Cheyenne, Sheridan, Scottsbluff, and Kimball Counties with 93 percent in compliance. PPHD also responds to all Clean Indoor Air violations and complaints according to the policies and procedures in place. These complaints continue to be very few since the passage of the law.

During the 2014 MAPP process, three of the eight hospitals identified access to health care as a priority health area. PPHD has been working closely with Box Butte General Hospital to address this issue by supporting local transportation, identifying barriers to accessing health care and identifying populations that experience barriers to accessing health care services. PPHD is also implementing the VetSET program, working with individual veterans to help guide them to available services and benefits, and with service providers and employers to better serve Veterans in the Panhandle. PPHD is involved in other initiatives to help people receive health services including dental care, prescription drug assistance, and mental health services.

To support the public health workforce, PPHD developed a workforce development plan that includes core competencies, performance goals, and training opportunities. In 2014, PPHD hosted an intern from Chadron State College and a Master Level Nurse working on her administration degree.

In terms of research, PPHD contracted with Gretchen Swanson Center for Nutrition to conduct surveys, focus groups, and key informant interviews in three hospitals and two public institutions to identify opportunities to enhance nutrition supports for employees, visitors, and the general public entering those facilities. PPHD also worked with Wide River to complete an assessment of all of the Panhandle area clinics to determine their adoption of electronic health records, progress towards meaningful use and quality measure reporting.

PUBLIC HEALTH SOLUTIONS DISTRICT HEALTH DEPARTMENT

Serving Fillmore, Gage, Jefferson, Saline, and Thayer counties

<http://www.phsneb.org>



Community health priorities

- Strengthen families/support systems
- Increase access to care (particularly behavioral health and dental)
- Improve the behavioral health of the public
- Increase the availability and use of prevention services

Community health challenges

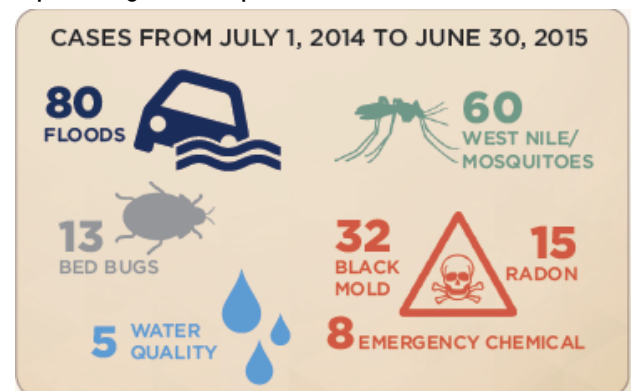
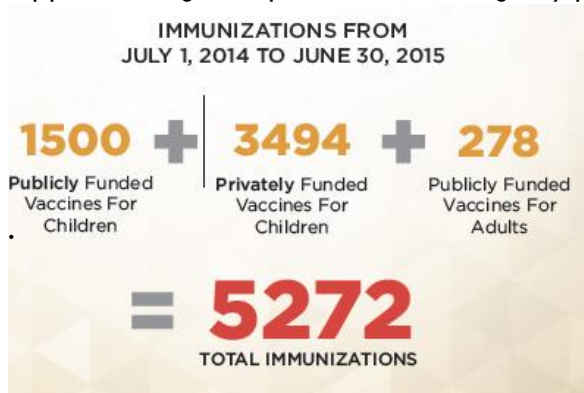
- Problems with behavioral health are an increasing challenge
- Access to dental and behavioral health services; lack of dental policy support
- Prevention of chronic disease
- Suicide rates have climbed
- Lack of infrastructure funds have made it difficult to support new programs and administrative positions within our department

Assessment (monitor health, diagnose and investigate)

Public Health Solutions District Health Department (PHSDHD) assembles data from federal, state, and local sources as a base to monitor the health status of its five county jurisdiction. Data are collected by the department through surveys, focus groups and other local sources. In addition, department service statistics, complaints, and surveillance data are monitored. During the past year, PHSDHD contracted for data collection about community resources and about attitudes and opinions through special surveys and focus groups. The department continues to observe growing problems for which data are not readily available. These include the perceived declining strength of families, lack of effective parenting, lack of access to behavioral health and dental services and increasing suicide and problems related to alcohol.

The PHSDHD surveillance team works with hospitals, clinics, nursing homes, health care providers, schools and the public to identify and contain communicable disease outbreaks. The disease surveillance program serves to improve the health of district patrons by monitoring, responding to, and providing education on communicable disease. The department also works closely with the Nebraska DHHS as a partner in the state surveillance program. In that regard, PHSDHD completed investigations and reports regarding 121 cases of communicable diseases such as pertussis (i.e., whooping cough) and tuberculosis.

PHSDHD promotes health and wellbeing by offering immunizations to residents through directed efforts to reduce outbreaks and to reduce immunization gaps in the population. The department also provides support and consultation for a variety of environmental health related topics (see infographics below) and continues to support the region in public health emergency preparedness planning and response.



Policy Development (mobilize community partnerships, develop policies, inform, educate, and empower)

PHSDHD works with community partners to address and monitor progress toward community projects and goals which support the four community priorities. Projects include increasing children's access to dental services, screening and referral of patients through the health hub, developing community trainers for the Diabetes Prevention Program, sponsorship of the Circle of Security Parenting classes, increasing use of Farmers Markets, promoting walking and biking, and demonstrating the value of community health workers in improving outcomes through the Healthy Pathways Program. The Healthy Pathways Program educates patients about the best use of healthcare services, provides lower cost alternatives to care, and helps patients engage in self-care to reduce costly emergency room visits. The department, in close partnership with community service agencies, increased the number of Tai Chi instructors to 14 and established the fall prevention initiative in Fillmore County.

PHSDHD coordinates a number of prevention and health education programs for the community. "Mi Vida Mi Salud" is an effort to increase the understanding, prevention, and management of diabetes among racial/ethnic minorities, refugees, and immigrants in Saline County. Healthy Families America promoted parent-child interactions with 45 families. The Safe Kids Coalition for all five counties dramatically increased car seat checks and distribution as well as addressed fire safety for children through the distribution of smoke detectors and education through existing home visitation programs.

In May 2015, four of the five counties in the district were involved in the flood disaster. The department responded in concert with the County Emergency Managers by providing immunizations, education and assistance to residents regarding cleanup, distributing material to reduce mosquito proliferation and the risk of West Nile Virus. In total, the department spent \$33,000 for the response which extended over one month.

Assurance (assure competent workforce, link to services, enforce laws, evaluate, and research)

PHSDHD also responds broadly to complaints such as clean indoor air and mold. PHSDHD works to address the unique needs of the community and provide health navigation through its Community Health Hub program. The health hub model uses evidence-based strategies to promote clinical preventive services and make appropriate linkages to medical homes for provision of high quality screening, follow up, and treatment services. During the past year, the department engaged in several quality improvement initiatives. One was improving the proportion of children immunized through the SKIP Flu program. As a result there was a 10% increase in the number of children immunized. Another initiative was improving the data collection system for the Minority Health Program to more accurately report progress. A third initiative is in process: to increase the proportion of men screened for Diabetes.

PHSDHD implements a number of evidence-based programs including Life of Smiles (dental), VetSET, and Saving Rural Hearts. Through the dental program, there has been a 42% reduction in dental caries among children within the Head Start/Early Head Start. The VetSET program assists Veterans and their families with accessing needed services and support as they work to reintegrate into their communities. The Saving Rural Hearts program will reduce the death rate from cardiac events by increasing bystander-provided CPR and AED assistance.



SARPY/CASS DEPARTMENT OF HEALTH AND WELLNESS

Serving Sarpy and Cass counties

<http://www.sarpycasshealthdepartment.org/>

<https://www.facebook.com/SCDHW>

<https://twitter.com/SarpyCassHealth> or @SarpyCassHealth



Community health priorities

- Develop a plan for improved senior care in Sarpy and Cass Counties
- Attain national public health accreditation by 2017
- Expand public health emergency preparedness
- Explore community partnerships to focus on risky behaviors

Assessment (monitor health, diagnose and investigate)

The Sarpy/Cass Department of Health and Wellness (SCDHW) completes a Community Health Needs Assessment (CHNA) approximately every three years. In the spring of 2015, the Department began planning for the new CHNA, partnering with other metropolitan local health departments and hospital systems. Results of the CHNA are expected in October 2015.

The SCDHW maintains a Network of Care website featuring health information for residents. Network of Care provides information on chronic disease, health risk factors, injury and violence, maternal and child health issues, and the environment. The Network of Care website averages over 250 visitors per month.

In addition to collecting and providing information to the general public, Department staff also collect health data from schools and individuals. This information is kept private and is reported to the Nebraska Department of Health and Human Services (DHHS). Personal health data is collected for the purpose of disease investigations and Tuberculosis case management. School absentee data are collected by Department staff each Wednesday during the school year from 68 local school buildings.

West Nile Virus (WNV) surveillance began in early June. Over 2,500 packages of mosquito repellent, 50 activity books, and 80 infant mosquito nets were distributed throughout the community. Thirteen mini-grants were awarded to cities within our service area to provide WNV-related prevention activities, including mosquito prevention, city-wide junk clean-up days, and public education.

The Department's Senior CARE (Community, Advocacy, Resources and Education) program coordinator served a total of 947 seniors, including 263 participants in the wellness clinics, 638 attendees at community discussions, and provided 26 in-home visits. Seniors received information focused on chronic diseases, improving health, preventing injuries, and identifying and connecting with necessary community services.

Department disease investigators conducted several outbreak investigations this past year including pertussis, norovirus, and influenza. In each event, guidance was given on a daily basis as needed, and observation letters, prophylactic letters and fact sheets were issued as needed.

Policy Development (mobilize community partnerships, develop policies, inform, educate, and empower)

SCDHW continues to work with community partners to address health problems. In 2014, SCDHW partnered with Midlands Hospital (a partner on the CHNA) to develop a Community Health Improvement Plan (CHIP) to address childhood obesity. The department dietitian partnered with the Sarpy YMCA, CHI Health, Midlands

Hospital and the Douglas/Sarpy County Extension to implement the Healthy Families program in Sarpy County. Healthy Families is a free family-based community intervention that is focused on improving the health behaviors of overweight and obese youth and their families.

SCDHW staff provides public health information to the public using a variety of methods. They provided health and safety information to the public through their website and Facebook page. The Department's website provides extensive information on current news releases, rules and regulations, disease fact sheets, and emergency planning. The Department's Environmental Health Coordinator participated in the Nebraska Educational Telecommunications (NET) panel discussion titled "Radon Awareness." The half-hour discussion brought awareness to radon, the dangers of exposure to elevated levels, and the testing and mitigation process. Department public health nurses provide education to patients, families, physicians and schools during disease investigations. In addition, the Senior CARE Program Coordinator arranged a series of three presentations concerning diabetes care and prevention at area senior centers and community centers.

The National Certified Child Passenger Technicians at SCDHW performed 62 Child Passenger Safety Seat inspections this year, and gave away 42 seats to families who could not otherwise afford seats. These seats were purchased by the Department with grant funds.

This past fiscal year, the Department's Sharing and Caring program implemented the following programs aimed at pregnant women and new parents:

- Weekly community parenting and breastfeeding support group
- Lactation support in-office at the Department free of charge
- Tobacco-free pregnancy education

Assurance (assure competent workforce, link to services, enforce laws, evaluate, and research)

In 2014, Department staff completed the "Council on Linkages Core Competencies for Public Health Professionals" to assess staff competency in public health and to guide professional development. Based on the results, agency-specific training was identified and assigned to staff monthly for the first year. In addition, the Department has welcomed Nursing students from several local colleges who have been assigned a project with a local health department.

The Department's Environmental Health Coordinator handled the intake of most inquiries concerning public health laws and regulations. Information regarding the law, as well as resources, were provided to the public. The SCDHW also conducted inspections of public swimming pools in Sarpy County. Under the guidance of the DHHS Swimming Pool Program, Department staff inspected 48 swimming pools for compliance with Nebraska law. The Department responded to complaints of violations of the Nebraska Clean Indoor Air Act. Staff visited three businesses to discuss the complaint and provide the owner with information regarding the act. The public health nurses helped to complete communicable disease investigations, Tuberculosis case management, school health, and immunizations related to the communicable disease law. The Department utilized its Quarantine and Isolation regulations this year to ensure the public was protected from Ebola Virus Disease. As residents returned from Ebola-affected countries, staff monitored client travel and medical conditions per the regulations and Department protocol.

SCDHW works with many partners to ensure that people are receiving necessary health services. Maternal Child Health nurses have established partnerships with Early Head Start programs in Sarpy and Cass counties to provide services to their enrollees. Safe Kids Sarpy/Cass uses different Child Passenger Car Seat grant opportunities to ensure seats are available to those families who could not otherwise afford a safe seat. The Department's Senior CARE basic foot care and blood pressure clinics provide low or no cost services to seniors in the community. The Department also partners with the American Cancer Society to intake no-cost colorectal cancer screening kits throughout the year.

SOUTH HEARTLAND DISTRICT HEALTH DEPARTMENT

Serving Adams, Clay, Nuckolls, and Webster counties



<http://southheartlandhealth.org/>

Community health priorities

- Obesity
- Cancer
- Mental Health
- Substance Abuse
- Access to Health Care

Community health challenges

- Access to affordable physical health care, behavioral health care, and dental health care for all South Heartland residents
- Prevalence of overweight and obese children and adults
- Prevalence of chronic disease (cancer, cardiovascular disease, diabetes, asthma, etc.) across all age groups.
- Mental illness/mental health and substance abuse
- Environmental threats (e.g., nitrates and radon)

Assessment (monitor health, diagnose and investigate)

The South Heartland District Health Department (SHDHD) convenes regional stakeholders and community members to complete a community health assessment at least every five years. SHDHD has a Health Surveillance Coordinator who collects, collates, tracks and shares data on local health status and environmental risks. The department actively monitors local communities using many surveillance tools. Staff are also doing environmental assessments, such as the Nutrition Environment Measures Study (NEMS) to assess the consumer nutrition environment in food outlets, such as grocery and convenience stores. Data are shared with the community through the department website and media.

SHDHD completed a variety of activities in the past year to prevent, minimize, and contain adverse health events. In addition to testing mosquitoes for West Nile virus, SHDHD investigated vector-borne illnesses (e.g., Lyme Disease) as well as 17 exposures to potentially rabid animals (primarily bats). SHDHD investigated 50 food-/water-borne illness reports, including nine cases of salmonella. SHDHD staff recognized and managed outbreaks of pertussis, shigella, and norovirus and monitored and managed influenza outbreaks in five long-term care facilities. Elevated nitrate levels continue to plague some of the local public water systems. This year, SHDHD followed up on 36 children with elevated blood lead levels.

SHDHD has been actively planning for potential emergencies through the emergency preparedness program. SHDHD and Mary Lanning Healthcare hosted a preparedness exercise called PanFlu Scramble. The goal of this tabletop exercise was to test patient surge and transport during an influenza pandemic. More than 60 attendees, including long term care and assisted living, mortuary services, primary care clinics, EMS and emergency management participated. SHDHD staff led Ebola planning and preparedness efforts, meeting with planning teams at the three area hospitals and with EMS and fire/rescue squads at mutual aid meetings. SHDHD also responded to two storm events in May: a tornado in Roseland and a storm and flooding in the Hardy/Superior area.

Policy Development (mobilize community partnerships, develop policies, inform, educate, and empower)

SHDHD convenes monthly meetings with hospital partners to continue implementation and performance measurement processes for the Community Health Improvement Plan (CHIP) and for the hospitals' community

needs assessment action plans. Brodstone Hospital completed their year 1 report to meet the IRS requirement and Mary Lanning is in the process of collecting progress report updates on their goals/objectives. Coalitions, such as the South Heartland Cancer Coalition, the College and Community Alcohol Task Force's Pure Performance Work Group, Coordinated School Health teams, Worksite Wellness teams, and others, are leading implementation of some of the CHIP strategies.

In terms of providing education and information to the community, SHDHD implemented the evidence-based Pool Cool program at seven pools in the South Heartland area, to include pool staff training on sun safety guidelines and kick-off events for patrons to encourage sun safe behaviors. Staff promoted awareness about the health risks of radon exposure through their annual awareness campaign during Radon Action Month in January. Of 144 kits sold this year, 70% of the completed tests had radon levels over 4 picocuries per liter (the radon action level), with the highest result at 17 pCi/L in Clay County.

SHDHD shared its e-Cigarette Policy Toolkit with Hastings Area Chamber of Commerce Governmental Affairs, Adams County Board of Supervisors, ASAAP Board, District 33 Senator Les Seiler, District 38 Candidate John Kuehn, The Bridge, and Hastings/Adams County Combined Services, area school systems and others, and presented on the Toolkit to a Hastings City Council work session. SHDHD also partnered with five businesses in the district to implement at least one wellness policy change. For example, the City of Hasting adopted a healthy vending machine policy and is in the process of increasing healthy options in the vending machine and improving nearby signage.

SHDHD is working with community partners, including schools and colleges, to implement the Student Wellness Works! Project which builds upon a current community initiative to reduce alcohol use and binge drinking among adolescents and young adults.

Assurance (assure competent workforce, link to services, enforce laws, evaluate, and research)

To continue to grow the public health workforce, SHDHD provided presentations/training to Creighton Accelerated Nursing Program students on Nebraska local public health department system, role of public health in disease surveillance and investigation, public health emergency preparedness, community health promotion, and role of public health nurses. The department also provided opportunities for nursing students to shadow, interview, or work on a project with SHDHD to complete their Community Health course requirements. SHDHD also has an ongoing relationship with Hastings College for placing students in a variety of majors into public health internship experiences.

SHDHD completed many efforts to link people to needed services. The department provided health literacy technical assistance and training to four Mary Lanning clinics and the Morrison Cancer Center. The goal was to expand understanding of and address health literacy needs for providers, patients and the health system. SHDHD's bilingual Community Health Worker entered local resources and services into a web-based application that she uses to help her assess client's needs and refer them to appropriate resources. SHDHD's Vaccine for Children program serves children up to 18 years of age; the clinic had 215 client visits and administered 534 vaccinations, up slightly from last year.

With the growing nitrate levels in public water systems, SHDHD has been involved with the Hastings area wellhead protection initiative and has been collaborating with the Natural Resource Districts, Hastings Utilities, UNL Extension and others. SHDHD helped coordinate a student research project to review trends in nitrate levels in public water systems. Once the data are compiled and analysis is complete, the goal is to present the trend data to local officials and the public in order to promote a better understanding of the water quality baselines and status of each public water system.

SOUTHEAST DISTRICT HEALTH DEPARTMENT

Serving Johnson, Nemaha, Otoe, Pawnee, and Richardson counties

<http://www.sedhd.org/>



Assessment (monitor health, diagnose and investigate)

Over the past fiscal year, Southeast District Health Department (SEDHD) has started the process to update the community health assessment. A survey was distributed to the community to explore the perception of health issues in southeast Nebraska. The top five results are listed below for each category.

Top Qualities that Contribute to a High Quality of Life

1. Good Schools
2. Jobs with Adequate Wages
3. Availability of Healthcare
4. Affordable Housing
5. Low Crime/Safe Neighborhoods

Most Risky Behaviors in Our Community

1. Drug Use
2. Alcohol Dependency
3. Being Overweight
4. Lack of Exercise
5. Poor Eating Habits

Most Important Issue Facing Our Community

1. Cancer
2. Aging Problems
3. Substance Abuse
4. Joblessness
5. Mental Health Issues

SEDHD responded to an outbreak of pertussis from December 2014 to March 2015. Over this period SEDHD encountered 185 confirmed cases of pertussis. Each of the cases was contacted and investigated by SEDHD staff. During this outbreak, SEDHD strengthened relationships with area school districts, health clinics, hospitals, and media outlets. Working with these groups, SEDHD was able to standardize a consistent message throughout the community; case testing was also standardized throughout the various practices in Southeast Nebraska.

SEDHD participated in a series of federally evaluated nuclear regulatory exercises at Cooper Nuclear Station south of Brownville, NE. The role of SEDHD was to assist with the identification of vulnerable populations and addressing their needs. These events were coordinated through the local emergency managers.

Policy Development (mobilize community partnerships, develop policies, inform, educate, and empower)

SEDHD uses many methods to communicate with community members concerning health issues. One of the more important messages that SEDHD released last year was the importance of being up to date on immunizations. In the midst of our largest pertussis outbreak, it was important to continue stressing the importance of immunization because flu season was also just beginning.

SEDHD has identified a deficiency within the community in the area of breastfeeding. The department received a grant to increase the number of mothers who receive breastfeeding education and increase the duration of breastfeeding in Southeast Nebraska. One important outcome from this project was the establishment of the Community Breastfeeding Coalition which has met regularly every other month since its inception in February 2015.

The immunization program at SEDHD has exceeded the expectations of its original intent. The immunization program travels throughout the community offering nine clinics a month. This gives eligible community members an opportunity to receive immunizations without requiring a lot of travel. During the pertussis outbreak the immunization program conducted extra clinics in areas requested by the community. Along with the service of providing immunization, education is a large component to the program. SEDHD tries to assure that people come away from the clinics not only better protected, but also better informed.

Assurance (assure competent workforce, link to services, enforce laws, evaluate, and research)

To maintain workforce competencies, SEDHD encourages its staff to take advantage of all opportunities to further their knowledge in the realm of public health. Professional staff are encouraged to obtain continuing education credits needed to maintain their respective licenses. These opportunities come through webinars, conference calls, meetings, and conferences. Employees are required to report on the trainings and meetings they attend in an effort to inform the entire SEDHD staff. This year, one employee has decided to continue her education by pursuing a Master of Public Health. SEDHD has also partnered with Peru State College to provide internship opportunities. Currently, the department has an intern who is assisting with data collection for the community health assessment.

Education is an important part of services provided by SEDHD. The major public health laws and regulations that the department provides education on are school immunizations, tuberculosis, individual rights and responsibilities regarding their environment, and reportable disease. It is important that SEDHD not only work with community members, but also partnership organizations such as hospitals, clinics, law enforcement, city and county officials, and school districts in order to assure that a consistent and accurate message be distributed to the public.

During the pertussis outbreak from December 2014 to March 2015, SEDHD worked with the school districts to get a message to the parents about making sure immunizations were up-to-date, and that a symptomatic child or staff member be removed from school activities. It was also important that HIPAA was followed and that no identifiable information was released to the public or media outlets when addressing this outbreak.

SOUTHWEST NEBRASKA PUBLIC HEALTH DEPARTMENT

Serving Chase, Dundy, Frontier, Furnas, Hayes, Hitchcock, Keith, Perkins, and Red Willow counties



<http://www.swhealth.ne.gov/>

Community health priorities

- Obesity
- Access to Health Care
- Linking Persons to Health Services

Community health challenges

- Obesity
- Heart Disease
- Cancer
- Lack of Affordable Insurance

Assessment (monitor health, diagnose and investigate)

Southwest Nebraska Public Health Department (SWNPHD) has completed the Mobilizing for Action through Planning and Partnerships process in the past to assess community health needs. Over the past year, the department collected community health needs assessment results from local hospitals and will work with them to update a community health improvement plan. SWNPHD continues to work with three hospitals to collect data and complete a community health survey to help them meet assessment requirements. The department provides data to stakeholders and the community on its website.

SWNPHD completed several key activities over the past year to protect people from health problems and hazards. The department dealt with a high number of rabies cases providing education to area veterinarians. For the public, awareness was created with media releases, radio interviews and information being provided through its website and social media. SWNPHD staff investigated several environmental complaints including: standing water for mosquitoes, fleas/feral cats, rodent infestation, bats, mold in rental homes, and cesspool dumping. Two staff members are licensed radon measurement specialists and provided radon testing materials to community members. In addition, the Vaccines for Children program was offered monthly at four sites in the health district.

Emergency preparedness was a vital part of SWNPHD activities over the past year. Through a dedicated effort by the Emergency Response Coordinator with an immense amount of support from the state, an Emergency HIPAA notebook was created for all hospitals and clinics in the health district. Numerous presentations were conducted to share this information. Risk Management and Business Continuity meetings were held in two counties. Additionally, the department conducted numerous Ebola focused trainings and joint news releases in the region.

Policy Development (mobilize community partnerships, develop policies, inform, educate, and empower)

SWNPHD updated the Community Health Improvement Plan during the past year. The department worked closely with community organizations during development and will continue these partnerships during implementation. SWNPHD also partnered with the Nebraska Department of Health and Human Services, Division of Public Health as staff followed up on the numerous rabies cases that they investigated. Pets and livestock had to be quarantined which involved collaborations with local veterinarians. The department had to maintain close communication with area hospitals and pharmacies to ensure that enough Human Rabies Immune Globulin and doses of rabies vaccine were available. The department also issued a number of media releases to keep the public informed. SWNPHD works to give people information they need to make healthy choices. Obesity has been identified in every age group as a major health problem for southwest Nebraska. The department

held its ninth annual Nebraska Kids Fitness & Nutrition Day for all 4th grade students in the health district with the following partners: University of Nebraska-Kearney, Nebraska Beef Council, McCook Schools, McCook Ed Thomas YMCA, local dietician Susan Hardin, McCook Lettering and McCook Optimist Club. These fourth grade students participate in 16 physical activity and six nutrition stations. Over 400 students participated in October 2014 and this event continues to receive outstanding evaluations from teachers. SWNPHD also kicked off its 11th annual Walk to Health program in April 2015. This program lasts for 12 weeks and is open to residents of all ages in the health district. The 300 participants lost a total of 193.6 pounds, lost 153.25 inches, walked 49,196,384 steps and walked 224,889 minutes. Overall, participants became more active, sustained a higher level of activity, as well as weight and inches lost for those that had that particular goal.

Assurance (assure competent workforce, link to services, enforce laws, evaluate, and research)

Over the past year, staff job descriptions were reviewed and updated for each position. After the review, department staff decided that they needed to add a staff member that could speak, interpret, and translate Spanish and were able to do so. Employees are encouraged to complete training and educational opportunities and one employee is in the process of completing the Great Plains Public Health Leadership Institute.

In the SWNPHD region, environmental complaints have been very challenging and the department was a catalyst to bring together resources with the communities of Holbrook, Maywood and Imperial. Staff has assisted with investigations, provided information to the Department of Environmental Quality and encouraged communities to use the West Central Economic Development District nuisance abatement program. SWNPHD supports radon resistant new construction in the city of McCook by providing adhesive labels that contractors can use to identify the radon pipe.

SWNPHD investigates Clean Indoor Air Act violations and provides follow-up with businesses that are out of compliance.

SWNPHD initiated a quality improvement project to address confidentiality and HIPAA compliance procedures. This project is still in process.

THREE RIVERS DISTRICT HEALTH DEPARTMENT

Serving Dodge, Saunders, and Washington counties



Community health priorities

- Access to health care
- Affordable health care
- Obesity
- Health insurance
- Drugs and alcohol abuse

Community health challenges

- Geographical
- Financial
- Uninsured
- Cultural/language barriers

Assessment (monitor health, diagnose and investigate)

In April 2015, Three Rivers District Health Department (TRDHD) conducted a needs assessment to determine the need for Title X services among the five county service area. This area includes Dodge, Saunders, and Washington Counties, which are in the TRDHD, plus neighboring Butler and Polk Counties. The data reviewed included demographics, health care, and birth-related statistics. Dodge County, the largest county in the service area, has several indicators that clearly point to a need for family planning services. From 2009 to 2013, there were 207 birth to teen mothers (aged 19 and under) in the county, accounting for 8.6% of all births, which is higher than the teen birth rate of 7.1% for the state. During this same five-year time period in Dodge County, there were 976 births to unmarried mothers, accounting for 40.8% of all births, again higher than unmarried birth rate of 33.6% for the state. TRDHD also collected West Nile Virus data by participating in biweekly trapping of mosquitoes and assessment of dead birds. The department collects data for several public health areas including immunizations and car seat usage.

TRDHD worked to prevent, minimize, and contain adverse health events through disease surveillance activities, flu clinics, the Title X clinic, sexual education presentations, Healthy Kids Healthy Bodies program, and childhood injury prevention activities. The Disease Surveillance Coordinator collaborated with 50 schools, 23 long term care facilities, and three hospitals to complete weekly reporting during the influenza season in order to track influenza activity in the jurisdiction. Additionally, the Disease Surveillance Coordinator investigated 76 food borne illness cases, 32 Hepatitis C cases, 20 pertussis cases, 10 childhood Lead poisoning cases, 6 Hepatitis B cases, 3 Meningitis cases, 2 acute Hepatitis A cases, 2 Tuberculosis cases, 2 Measles cases, and numerous other communicable diseases. TRDHD also provided 119 flu clinics that resulted in 3,386 influenza immunizations and an additional 3,685 during influenza season.

TRDHD was involved in numerous emergency preparedness exercises, activities, and plans this past year. Staff conducted a point of dispensing drill at Blair High School in January. Staff also conducted multiple table top exercises with DHHS and Region 5/6 Emergency Management.

Policy Development (mobilize community partnerships, develop policies, inform, educate, and empower)

TRDHD worked with community partners to establish a Community Health Improvement Plan (CHIP) by convening prioritization meetings in Dodge, Saunders, and Washington Counties. Meetings were held in each individual county to encourage local ownership for priority areas, eliminate barriers for the public to attend meetings, and allow for county individualization. The CHIP identified health care and

access to care as the number one public health issue amongst the three counties. In the past year, TRDHD has been working to address access to care. Several steps were taken during the past year. Good Neighbor Community Health Center (Columbus) and TRDHD were awarded a Federally Qualified Health Center (FQHC) access point grant to help fill a large gap in care in the TRDHD district. The second and third most important public health issues were obesity and healthy lifestyle behaviors. Several initiatives were implemented to address the two problems such as the Healthy Kids Healthy Bodies program and the Healthy Families program.

TRDHD staff use a variety of outlets to provide the public with information. For immediate concerns, like measles or influenza outbreaks, press releases are sent to local media, schools, and medical providers containing the information. Local television stations were also used to reach a larger public audience. Examples of press releases completed within the past year include: West Nile Virus season information, Measles outbreak information, and flu season updates. Every other week, one staff member goes to the local radio station to give an update on health trends or upcoming events. This year the department participated in 67 outreach events.

TRDHD implemented two health promotion programs to address health problems this year: distribution of radon testing kits and Healthy Kids Healthy Bodies. To address the high level of radon in homes in the district, staff gave out 477 free radon testing kits. Along with the kits, individuals received information about the district's high radon level, the health hazards of radon, such as lung cancer, and guidance on what to do if your home had a high radon reading. The Healthy Kids Healthy Bodies program was implemented to address high obesity rates in children. Two health educators from the health department taught nutrition and physical activity lessons to kindergarten and pre-kindergarten classrooms for 12 weeks.

Assurance (assure competent workforce, link to services, enforce laws, evaluate, and research)

Employees at TRDHD are encouraged to develop their public health competencies through training and conferences. To help further enhance the skills of the public health workforce, TRDHD hosted a Master of Public Health student. The student graduated from the University of Nebraska Medical Center in December and was hired as a health educator for Three Rivers in November. The department also hired another Master of Public Health student in August who is currently the Disease Surveillance Coordinator.

Annually, the department gives a presentation to the Midland University nursing students about epidemiology and the process of disease surveillance. Additionally, staff spoke about the collaboration and planning involved for emergency preparedness. During the 2014-2015 school year, two health department employees spoke to a Spanish class at Fremont Public High about public health careers. One spoke on their role as a health educator, and the other spoke of the importance of Spanish translators in the public health field.

TRDHD identified a gap for primary care services for uninsured individuals. The opening of the Good Neighbor Community Health Center satellite location will help fill this gap. In addition, the department offers a variety of services to increase access to care. These services include: Vaccines for Children program, adult immunization program, Title X reproductive health clinic, Safe Kids program, colon cancer program, and expansion of immunization services to the Blair and Ashland libraries.

TRDHD implements evidence-based programs and participates in research activities such as a study about accreditation and quality improvement readiness. The department also evaluates its programs in an effort to identify and make quality improvements.

TWO RIVERS PUBLIC HEALTH DEPARTMENT

Serving Buffalo, Dawson, Franklin, Gosper, Harlan, Kearney, and Phelps counties



Community health priorities

- Access to Healthcare (including behavioral health)
- Healthy Living (including overweight, obesity and personal responsibility)
- District Interagency Collaboration

Community health challenges

- Obesity (physical activity and nutrition)
- Communicable disease and control with large rural district
- Chronic disease management

Assessment (monitor health, diagnose and investigate)

TRPHD actively collects, analyzes and synthesizes health data. The department continues to work toward making health data readily available to health partners and the public. Key surveillance data (School illness, ILI, WNV, etc.), BRFSS and national health rankings are distributed across media including website, TV, radio, social media and print.

TRPHD has completed nutritional assessments of key retail food establishments as part of a chronic disease program. Initial assessment of local communities' resources and built environment are major components in accessing nutritious foods and physical activity needed for healthy lifestyles.

TRPHD continues to maintain an active communicable disease and surveillance program with a goal to begin investigation on all reportable diseases within 2 business days. The department monitors and provides education on communicable diseases in a proactive manner. School and hospital illness surveillance is conducted on a weekly basis to monitor communicable disease such as influenza. In addition, during the mosquito season, TRPHD monitors for West Nile Virus through mosquito trapping and bird testing. TRPHD provides education and mosquito control (larvacide dunks and wipes) to the public to reduce mosquito acquired diseases. The TRPHD Staff had a busy time in October, November and December with Ebola. Meetings were conducted with each TRPHD hospital, TRIMRS and other community partners to plan for a potential Ebola case within the district. The department monitored an increase in animal exposures and positive rabies cases in our district this year and provided education to our health partners including physicians, hospitals and veterinarians.

TRPHD continues to maintain a robust emergency response program with staff serving on TRIMRS (Tri City Medical Response System) advisory and exercise development committee. The department also partnered with Buffalo County Emergency Management, UNK and UNL Cooperative Extension to participate in a Zoological Event at a County Fair Exercise. Staff monitored and provided education to residents about flooding on the Platte River in the spring of 2015. Staff continues to be trained on incident command, strategic national stockpile and practical emergency response topics.

Policy Development (mobilize community partnerships, develop policies, inform, educate, and empower)

Coordinated and collaborative efforts and resources of many organizations and individuals have been utilized in the development of the TRPHD Community Health Improvement Plan (CHIP). To successfully implement the CHIP, community input and participation are needed to significantly impact the complex health issues being addressed (Access, Healthy Living, and District Collaboration). In other collaborative work, TRPHD participated in a pilot program with Family Practice Associates in Kearney to improve access to care and address diabetes in their patient population through utilization of care

coordination and the integration of a Community Health Worker into their patient centered medical home team. The program is utilizing their electronic medical record to track improvement in blood sugar readings (A1c) after interacting with the diabetic educator, and also the community health worker if additional help and resources are needed to improve health outcomes.

TRPHD has been chosen to participate in 1422 funding “State and Local Public Health Actions to Prevent Obesity, Diabetes, and Heart Disease and Stroke” through DHHS and the Centers for Disease Control and Prevention (CDC). Component 1 supports environmental and system approaches and Component 2 supports health system interventions and community-clinical linkages. Key outcomes of this grant are expansion of reduction of diabetes and high blood pressure through health system and environmental policy change affection disease management, nutrition and physical activity. TRPHD continues to offer CATCH Kids afterschool classes in elementary schools across the district to combat obesity. This last year classes were offered in Ravenna, Cozad and Wilcox-Hildreth.

TRPHD collaborated with CDHD, SHDHD and Nebraska Comprehensive Cancer Coalition, to host the Central Nebraska Cancer Coalition Summit on September 25, 2014. This provided an opportunity for local cancer coalitions and partners to work together to learn and plan for the upcoming year and determine how to best work together to maximize resources and effectiveness in addressing cancer.

TRPHD received grant funding through the Veteran’s Administration for the Nebraska Association of Local Health Directors (NALHD) to develop a rural education, referral and evaluation system for returning Veterans to enable them to better access health, behavioral health and other services in the first 5 years after their return. TRPHD is also currently supporting mandatory NESIIS (Nebraska Immunization system) reporting by health providers. In addition, several internal policies have been approved supporting physical activity and nutrition to lead district workplaces.

Assurance (assure competent workforce, link to services, enforce laws, evaluate, and research)

TRPHD is working on a Workforce Development plan. All staff have completed a Competency Assessment for Public Health Professionals which will be analyzed and the results will help to create the workforce plan. Staff are encouraged to attend educational opportunities throughout the year.

TRPHD worked with the Buffalo County Attorney, law enforcement, CHI-Good Samaritan, DHHS and other partners to meet the requirements for Nebraska State Statute 71-3601 The Tuberculosis Detection and Prevention Act. A hearing was scheduled and held to commit a person with active Tuberculosis (TB) for treatment until no longer infectious and a risk to the public’s health.

Access to healthcare including behavioral health continues to be a community health priority in TRPHD and rural Nebraska. TRPHD partnered to plan and begin the Buffalo County Help Care Clinic to serve people from Buffalo and Kearney counties that do not have access to health care services. Access to oral healthcare, especially for Medicaid providers is lacking in TRPHD. To provide limited stop gap service, the Young Children Priority One Dental program provided fluoride treatments and sealants at eight sites for high risk children and adults with funding from a Maternal and Child Health grant.

TRPHD has completed quality improvement projects including an effort to reduce fees associated with credit card transactions. Several hundred dollars were saved due to system changes. TRPHD also participates in research activities. The department has been invited to participate on the Central Nebraska Prenatal Advisory Coalition, which is an academic/community partnership between UNMC, Arbor Health, UniNet-Kearney Chapter and local health providers and stakeholders in Kearney and Lexington. The goal is to submit a grant to BCBS to test the effects of Community Health Workers and mobile technology on maternal and birth outcomes for rural women.

WEST CENTRAL DISTRICT HEALTH DEPARTMENT

Serving Arthur, Hooker, Lincoln, Logan, McPherson, and Thomas counties



<http://www.wcdhd.org/>

Community health priorities

- Healthy Lifestyles and Well-Being
- Affordable and Equitable Access to Care and Services
- Community Ownership: Communication, Collaboration, and Education

Community health challenges

- Mobilizing community partners to educate people on the top community issues: quality of life, low birth weight babies, obesity and physical inactivity, dental care (especially for Medicaid patients), and preventable hospital stays

Assessment (monitor health, diagnose and investigate)

In 2015, West Central District Health Department (WCDHD) began an update of its community health assessment process using the Mobilizing for Action through Planning and Partnerships process. Data from the assessment will be used as the foundation for the community health improvement plan.

WCDHD monitors health status in a variety of public health areas. The department worked with state partners on gathering West Nile Virus data during the 2014 season. WCDHD also conducts weekly school surveillance with schools within the jurisdiction. These data are analyzed by the disease surveillance staff to observe for any potential communicable disease outbreaks in the schools within the jurisdiction. WCDHD's Disease Surveillance staff monitors communicable disease data that are reported electronically on a daily basis. During 2014, WCDHD investigated over 140 confirmed, probable, and suspect communicable disease cases to address any possible outbreak situations.

The immunization program through the state has provided WCDHD the opportunity to take part in their Adult Immunization Program. WCDHD saw over 2,800 clients and administered over 7,100 immunizations during the past year, which significantly impacted the potential effects of vaccine preventable diseases within the community.

WCDHD had a food-borne illness outbreak in May 2015 that impacted a key stakeholder gathering at a local hotel. WCDHD collaborated closely with those impacted and worked with the state Office of Epidemiology to identify the causative agent; however through surveys and investigation the causative agent was unable to be identified.

WCDHD was the lead agency for preparing the community to handle potential patients with Ebola. WCDHD worked with local first responders, emergency management, hospital, and clinics to ensure they had knowledge and tools needed to prepare for a potential Ebola patient. WCDHD also partnered with Great Plains Health to provide training to area Emergency Medical Service (EMS) crews to educate participants about the Ebola disease.

Policy Development (mobilize community partnerships, develop policies, inform, educate, and empower)

During the past year, WCDHD updated its community health assessment and selected new priorities for the community health improvement plan. Subcommittees were formed for each priority and meetings have been scheduled to begin the process of developing the plan.

WCDHD provides a wide variety of information to the public to help them make healthy choices. The

dental department distributed information to the public on dental hygiene awareness month and the fixed clinic hours of operation. They also implemented the “Rock Your Smile: Tooth Tour Tots” fluoride program. Oral health education and home care aids were directly supplied to 361 participants. 321 fluoride varnish treatments were applied to participants. Of the total participants, 208 pediatric patients were seen, and 153 patients were adults.

WCDHD is working toward a worksite wellness model program for the local community. The goals of a worksite wellness program are to decrease absenteeism, decrease worksite injury, improve overall health, and lower levels of stress. Policy changes such as smoke free environment, insurance rate deduction, and encouraging the tracking of healthy activities for submission to the Wellness coordinator are benefits of the worksite wellness program.

The Minority Health Initiative (MHI) program utilizes the evidence-based Community Health Worker model to address health problems with Spanish-speaking individuals in the local area. MHI partners with WCDHD dental and health services to provide interpretation services for clients and also partners with over 30 medical providers and agencies in the area.

WCDHD received a grant through the Nebraska Association of Local Health Directors (NALHD) to implement a veterans’ assistance program called VetSET—Veterans: Serve, Educate, Transition. During the past year, WCDHD brought together representatives from local agencies service veterans to form an advisory council call Putting Veterans First.

Assurance (assure competent workforce, link to services, enforce laws, evaluate, and research)

WCDHD Dental Clinic established an affiliation with the University of Nebraska (UNMC)-College of Dentistry, and the North Platte Community College-Dental Assisting program. The two affiliations allowed students to participate in professional internships and clinical rotations at WCDHD. A total of five students completed rotations at WCDHD over the past year.

WCDHD identified a gap in personal health services in the area of oral health needs. More specifically, WCDHD identified that there were 18 general practicing dentists in North Platte. The pediatric dentist was accepting new Medicaid patients, and one general dentist was accepting limited numbers of Medicaid patients up to age 14. It was identified that no providers were accepting new Medicaid patients unrestricted. The WCDHD public health hygiene team began making a list and tracking the numbers of patients searching for a dentist that were unable to access care. The list grew to over 400 patients and WCDHD initiated a community call to action to immediately begin addressing this urgent oral health care need. A full time dentist was successfully recruited to begin practicing preventive, restorative, and emergent care at the fixed dental clinic at WCDHD.

In terms of enforcing public health laws, WCDHD provides education to those who are required to submit surveillance data related to communicable diseases to ensure they are following reporting requirements. WCDHD also works with the City of North Platte building inspector to evaluate any homes that have been reported to WCDHD for mold concerns and unsafe living conditions.

WCDHD has developed an organization Policy and Procedure manual to include all current and new policies. WCDHD constantly assesses its activities, responsibilities, and the external environment in order to identify the need for policies and procedures. The department also completes quality improvement processes and is building a performance management system to continuously monitor and improve performance.

Conclusion

During the fourteenth year of funding and thirteenth full year of operation, continuing progress has been made to strengthen local public health departments throughout the state. All departments (receiving LB 692 and LB 1060 funding) provide all of the three core functions of public health: assessment, policy development, and assurance. In addition, all departments provide all of the ten essential services. They are allocating their funds based on health needs and priorities, as determined through regular comprehensive community health planning processes. The departments have assumed a key leadership role in the coordination and planning of public health services, and have been successful in bringing together local organizations to plan for emergencies such as Ebola Virus Disease. They continue to fill in the gaps with key services. For example, the departments track and monitor infectious disease outbreaks, identify and follow up with individuals who have communicable diseases, and offer a wide variety of health promotion and disease prevention programs. Finally, considerable progress has been made in the areas of evaluation and research as health departments evaluate their own programs and activities and collaborate with research centers to participate in various public health studies. Nebraska's local public health departments are improving their accountability by completing a comparison of their work to national performance standards. The departments identify areas for improvement and make changes that improve the quality of their work and eventually meet the standards of the Public Health Accreditation Board.

Public Health Stories

The following short stories are included in this report to put more of a human face on public health. These stories cover a variety of issues and problems, but the common thread is that they demonstrate how public health agencies have contributed to and improved the quality of life for people in their communities.

Ebola Response – Douglas County Health Department

The plan's assembly began in August 2014 when word came of the first American Ebola patient to be brought to the United States. That patient went to Atlanta, but with the University of Nebraska Medical Center's (UNMC) biocontainment unit only blocks away, and the hospital and school frequent partners, the Douglas County Health Department knew its number could be next.

Sure enough, by early September the staff, many supported or leveraged by LB 692 funding, were planning to be a part of the year's biggest medical story. In the beginning, it was communications support as an American doctor was brought to Omaha. Then an information line was added. News stories were consistently generated and the staff worked seamlessly with the staff of UNMC and Nebraska Medicine.

Later it was monitoring of potentially exposed individuals, then tracking travelers from West Africa who came to Douglas County. Throughout the extended period, DCHD provided comfort to the community through communications and essential services through partnerships. Education of the public and the media were priorities. No question was left unanswered.

Staff from multiple divisions and sections teamed as one, and joined with other public and private partners.

It was time consuming, emotionally draining and physically demanding. It was a time of high stress and high performance.

It was a year to be remembered.

Lifestyle Change – Elkhorn Logan Valley Public Health Department

Between February and April 2015, an Operation Heart to Heart project client lost weight and improved his blood pressure reading by 26 points systolic and 12 points diastolic. He has improved his knowledge by reflecting an increase in pre- to post-test scores on the first modules of the program. He and his wife live an active lifestyle with their professions, but have made an effort to increase physical activity each week by walking together in the mornings before they begin their workday. As a result of Operation Heart to Heart and having a screening performed, he had become aware of elevated blood pressure and blood sugar levels. He was encouraged to schedule a visit with his primary care provider and have an exam done. As a result of following through and making an appointment, he found out that he was diabetic and also had high blood pressure and cholesterol. He has now been taking medications to improve his numbers and has also made several lifestyle changes including new dietary habits and increased physical activity. In addition, he is regularly seeing his primary care provider to manage his newly-diagnosed conditions.

According to the client, "The program has made a huge difference in my life by not only extending my life, but by improving its quality. I met (my ELVPHD nurse case manager) at several farm functions where she had a booth set up and offered blood pressure testing. After finding out my blood pressure was high, she offered a program to come out to our house at no cost to us and show us what to eat and how to live healthier. Little did I know that with screening and her encouragement to see a doctor that I found out I was diabetic. Since then, I have attended diabetic classes with my wife and we have changed our diet. The result is that with medication and diet, I have lost almost 20 lbs. and now have lower blood pressure and cholesterol. I am on my way to a longer and healthier life thanks to (ELVPHD) and the Operation Heart to Heart program. I would encourage everyone to sign up for this program because their knowledge and information can be life-changing."

Worksite Wellness – Four Corners Health Department

Take Heart Live Smart (THLS), the Four Corners worksite wellness program for area businesses, creatively supports worksites of all sizes. This program aligns well with our strategic objective to promote healthy lifestyles in the community.

Four Corners is committed to delivering affordable, easy-to-implement worksite wellness programs. The goal is to reach as many worksites as possible and, therefore, have a greater impact not only on the health of the employees and their families, but also on that business and the general community. Through screenings and health education at the worksites, employees have easier access to learning their risks and how to make small positive changes in their health habits.

Two different models are offered to businesses in order to deliver an evidence-based comprehensive worksite wellness program. In one model, representatives from businesses join together to form one wellness committee and to facilitate the program back at their worksite. The other model is that Four Corners works one-on-one with an organization's wellness team to deliver the program.

A primary focus of the program is to improve the health culture of the worksite. Through carrying out the wellness plan, partnering businesses have seen exciting success in their culture. One business completed the culture assessment for the second time this summer and had improvements in virtually all areas. This business, along with another original partner in our program, has received the Governor's Excellence in Wellness Award. Businesses have expressed appreciation in working locally and being more strongly connected to their local health department.

Lincoln-Lancaster County Health Department Impact of Surveillance and Community-wide Collaboration to K2 Reduce Overdoses

On April 20th, a local emergency room (ER) physician reported to the Health Department Disease Control staff, a disturbing "cluster" of Emergency Medical Services (EMS) and ER cases related to use of K2. The Department contacted other ER providers, emergency detox providers, Sheriff's Office, Police Department, and Fire Department-EMS responders. A disturbing picture quickly emerged. In a 6-day period, the number of K2 cases requiring treatment jumped from almost none to between 7-22 cases per day. The Health Director facilitated a community agency meeting at a local hospital on 4/23/2015. The plan to address the outbreak included:

- 4/23/2015: Police seized 1200 packets of K2 from local shops.
- 4/24/2015: Press conference with all agencies.
- 4/24/2015: Health Department began data monitoring. Emergency Rooms and local Detox began submitting all new cases (this continues today).
- 4/27/2015: Lincoln Public Schools sent a letter to all parents.
- 5/1/2015: Media campaign with PSA started and ran for ten weeks.
- Samples of seized K2 were analyzed for chemical makeup.
- Fact sheet posted on the City of Lincoln's website.
- City Attorney sent letters to the five Lincoln retailers known to have sold K2 that legal action would be taken unless they sign a community protection agreement with the City. By signing the agreement, the retailer made a commitment to cease and desist from selling or distributing K2 products between April 17th and 24th. More than 100 individuals were treated in local ERs. After the initial response the incidence of cases dropped dramatically as only 23 cases were reported between April 25th and April 30th. The Health Department and partners have continued to monitor incidences of K2 poisoning: May-5 cases, June-4 cases, July-0 cases and August-1 case.

Oral Health – North Central District Health Department

Our Miles of Smiles oral health program continues to be our strongest program tied to the essential service of linking people to needed personal health services and assuring the provision of health care when otherwise unavailable. At the close of our third year in May of 2015, we have established very strong relationships with district schools and public health registered dental hygienists that contribute to the success of the program. With all nine counties in our district being designated as state shortage areas for pediatric dentistry, these partnerships have helped us develop the infrastructure that allows us to provide oral health screenings, fluoride, and sealants for underserved youth in our communities.

We were especially excited this year to see implementation of our Working on Wellness program, which has been in the development and planning stages for several years. This program correlates with the essential service of informing, educating, and empowering people about health issues. Upon completion of a health risk assessment and biometric screening, education and awareness information is tailored to individual participants to highlight potential risk factors for chronic disease and identify opportunities for prevention. Furthermore, new partnerships have been established with district businesses for the purpose of providing technical assistance to develop worksite wellness programs. The end goal of this endeavor is to create healthier environments both on and off the job that will lead to a culture of wellness.

Tuberculosis Outbreak – Northeast Nebraska Public Health Department

From April – October 2014, Northeast Nebraska Public Health Department (NNPHD) handled a tuberculosis (TB) outbreak that required patient isolation and transportation, contact identification and notification, coordinating with labs and medical providers, and various types of testing. The strain of TB, normally found in some species of animals, was very rare and occurs in less than 2% of human TB cases in the U.S.

The situation was serious enough where NNPHD and the Nebraska TB Control Program conducted the screening clinics in collaboration with the Nebraska Public Health Laboratory to test 100 members of an organization common to the Index Case plus another active TB case in a neighboring health district. The results of the first clinic showed that 28 patients were positive for latent TB. The second clinic was conducted 90 days later for those who tested negative at the first clinic and two more patients tested positive for latent TB. The follow-up on this outbreak has continued for the past year. Thanks to the diligence and persistence of the nurse and the vital assistance of the community health workers, this outbreak was contained before it spread more widely.

The Centers for Disease Control and Prevention Field Officer at DHHS has written a research article describing the unusual situation and results. The article will appear in a future MMWR (the CDC's Mortality Morbidity Weekly Review). A poster session was presented at the National TB Conference in June 2015 in Atlanta where the Nebraska TB Control Nurse was named National Co-TB Controller of the Year.

Connecting to Services – Public Health Solutions District Health Department

JUAN'S STORY

Juan had experienced multiple strokes and was struggling with poor health and sickness. Another client recommended Juan to come to PHS and meet with a Community Health Worker. When Juan came to the health department for first time, he wasn't looking very good. Part of his body was affected from the stroke, he was struggling with memory issues and he had difficulty walking. Right away he was screened for diabetes, cholesterol and blood pressure. His blood pressure, blood glucose level and Hemoglobin A1c were all extremely high and put him at risk for further strokes and severe medical complications. After reviewing his results, a PHS public health nurse contacted his clinic to schedule an appointment to see be seen by his doctor. A few months later, Juan was diagnosed with type 2 diabetes. The Community Health Worker immediately began working with Juan on the following:



1 DAILY PHYSICAL
ACTIVITY



4 EATING THE RIGHT
FOODS, ON SCHEDULE



2 LEARNING TO
LOVE AND TAKE
CARE OF HIMSELF



5 THE IMPORTANCE OF
SEEING THE DOCTOR
EVERY THREE MONTHS



3 THE IMPORTANCE
OF TAKING HIS
MEDICATION



6 CHECKING HIS BLOOD
SUGAR LEVEL

The PHS Community Health Worker has now worked with Juan for over a year and a half. It's been rewarding to watch his progress and see the wonderful partnership that has grown between this client and the Community Health Worker. Juan is able to drive now and he is very happy and much more independent. He is working on his exercise techniques and has joined the PHS walking group. Juan and his Community Health Worker continue to work together to help him take back control of his health and improve his chances of living a long, happy life.



Diabetes Prevention – Panhandle Public Health District

Panhandle Public Health District's National Diabetic Prevention Program
Receives National Recognition from NACCHO as Model Practice

The National Diabetes Prevention Program (NDPP) is a year-long evidence-based lifestyle change program that helps participants eat healthier and include physical activity into their daily lives. A person that loses 7% of their body weight is 58% less likely to develop Type 2 diabetes. Participants meet weekly for 16 weeks, then monthly for the remainder of the year.

PPHD, serving 11 rural and frontier counties of 51,433 people, set up training for the lifestyle coaches. Organizations were chosen for partnership based on a shared interest in and commitment to reducing the burden of type 2 diabetes. At the first training, seventeen people from eight organizations were trained to be lifestyle coaches. Since then, PPHD has trained twenty more lifestyle coaches, three of whom are bilingual.

The role of PPHD is to coordinate all the activities related to NDPP in the Panhandle and to serve as the hub for all data. Internally, PPHD staff track contracts, screen participants, connect with businesses, provide technical assistance, request supplies, send out news releases, and submit data for CDC recognition. Monthly conference calls allow lifestyle coaches to collaborate to improve the process. They can discuss successes, challenges, new ideas for recruitment and opportunities that are available.

To facilitate communication with partner organizations delivering NDPP and referring clinical partners and to increase physician referrals, a PPHD staff member and local lifestyle coaches met with the physicians at each of the hospitals and clinics in the Panhandle. We also partner with Panhandle Worksite Wellness Council to provide onsite NDPP classes for member companies.

NDPP in the Panhandle has shown progress in the three years of operation. Participants are reducing their risk for diabetes and other chronic illnesses. Several communities have established waiting lists to keep up with demand. As of December 2014 NDPP in the Panhandle has completed 36 community classes and 13 business classes, with 457 participants losing over 2,700 pounds. An additional 13 classes have been started since then.

PPHD and community partners are committed to the sustainability of the National Diabetes Prevention Program as just one way to make the Panhandle a healthier place to live, learn, work and play. It is included in the regional Community Health Improvement Plan as well as 88% of the hospitals' plans. PPHD's coordinator builds relationships, support for the program and lifestyle coaches, and provides evaluation of the ongoing classes to hold the program to the CDC's Standards for Recognition.

Breastfeeding Support – Sarpy/Cass Department of Health and Wellness

The Department is proud to staff two Certified Lactation Counselors in our maternal and child health (MCH) nursing program. The MCH nurses strive to improve breastfeeding success in our community by offering lactation support during home visits, in-office lactation counseling, and a weekly support group. Eighty-three percent of the children currently enrolled in our MCH home visiting program are either currently breastfeeding, or were breastfed for at least a year.

Our MCH nurses have assisted several mothers in being successful with breastfeeding after previous unsuccessful experiences. One mom has two older children who were formula-fed, but her now four-month-old is exclusively breastfed, and she attributes it to the support provided by her home visiting nurse. Another mom has a history of post-partum depression, and a baby with many food allergies/intolerances. She comes to our support group weekly, and at this point has a nine-month-old she has continued to breastfeed despite many challenges. She states that she feels empowered by the success she has had, and

the support she receives. These women have also met via our support group, and have become excellent resources for each other in breastfeeding and parenting. Not only do these women have improved confidence from successful breastfeeding efforts, they also have knowledge of available support for breastfeeding women, and they are wonderful breastfeeding advocates in the community.

Expanding Partnerships – Southeast District Health Department

The new director of Southeast District Health Department started December 1, 2014. One of the major focus during this year was reestablishing relationships within the community and from those relationship, solidifying partnerships. It has been with those partnerships that Southeast District has been able to find success with the endeavors it has taken on. Nothing that SEDHD does can it do successfully on its own. The main goal of the director of SEDHD was to make the transition between directors seamless, and make improvements where opportunities presented. One of the best opportunities to learn more about an environment was to conduct a community health assessment. This process has allowed SEDHD to better understand health issues occurring in the communities, along with strategizing with partners on how to address these disparities, while working to continually grow on our successes.

One of the projects started during the 2014-2015 year was our breastfeeding project. The goal of the breastfeeding project was to develop a breastfeeding coalition in Southeast Nebraska who would devise strategies on how to promote breastfeeding within the community. SEDHD was the coordinating agency of the grant. Various organization came together to join the coalition. The grant ended in August of 2015 and the coalition has seen no decline in participation since the end of the grant.

Roseland Tornado Response – South Heartland District Health Department

On May 6, 2015 storms and a tornado directly hit Roseland. South Heartland District Health Department's (SHDHD) public health risk coordinator Jim Morgan responded within 1 hour, communicating with the county emergency manager and making plans. On site the next day, Jim reviewed the damage – which included three houses totaled and others with extensive damage. Jim met with the fire chief at the Emergency Operations Center and offered Critical Incident Stress Management for responders and behavioral health for residents, if needed. He also suggested a “town hall” meeting, which the fire chief thought was a good idea. With support from Roseland town board members, the emergency manager and Region 3 Behavioral Health Services, the meeting was set for 2 weeks. SHDHD prepared flyers for distribution in town, an e-mail notice was sent to school patrons and teachers, and a message was placed on the town's big sign and their website.

On May 19, Region 3, SHDHD staff - including Denise Ferguson and her therapy dog “Pepper” - and other volunteers, all of whom had completed the Psychological First Aid Course, met with approximately 20 Roseland community members. A family that lost their house came, as well as the neighbors whose home was also extensively damaged. Information was available on mold, food safety, generator safety, emergency preparedness and behavioral health. Residents shared their stories of damage and loss, and brought up some odd and humorous things that happened as a result of the storm. Each resident was asked to take one or two packets of information about stress and behavioral health and give one to someone who did not attend the meeting who they thought could use it. The information included a 24/7 hotline phone number.

The meeting was a success: residents opened up about what happened, they were willing to take materials for themselves and others, and they showed concern for one another. Adults and children alike enjoyed Pepper the therapy dog. One little girl in particular with a disability seemed to show some stress from the event but lightened up when Pepper nudged her and whispered in her ear.

Rabies Outbreak – Southwest Nebraska Public Health Department

Southwest Nebraska Public Health Department (SWNPHD) faced an enormous challenge with the numerous rabies cases investigated and those confirmed positive. We worked closely with state staff on each case to ensure safety for citizens and those directly involved with each situation. Following the Nebraska Rabies Investigation Guidelines led to many questions and changing implications as veterinarians became involved. For many vets this was the first time dealing with quarantines of pets and livestock. Close communication with area hospitals and their pharmacists was a weekly directive to ensure that we had enough Human Rabies Immune Globulin and four doses of rabies vaccine in our health district.

The Kansas State Rabies Laboratory confirmed rabies cases, with results going to the acting State Public Health Veterinarian in Lincoln and then reaches SWNPHD. Incredible communication skills were required from our Disease Surveillance Coordinator to interact with upset owners, patients, emergency room staff and State of Nebraska Veterinary Services. It was not uncommon to being giving step by step directions to emergency room staff on how to give the shots correctly. News releases were carefully issued to protect those involved with rabies cases. Radio interviews were very effective in answering questions of the public.

Other health departments would contact our Coordinator to help in their rabies cases. We definitely formed new partnerships and truly hope that we do not have to face rabies of this magnitude for some time.

Access to Oral Health Care – West Central District Health Department

West Central District Health Department (WCDHD) is located in the center of Lincoln County and serves a six county district. The facility qualifies as a dental professional shortage area and through the Community Health Improvement Plan (CHIP), it was determined a dentist was desperately needed to serve the Medicaid and underserved population of the district who were not receiving care. The dental clinic had not employed a full time dentist since 2010, and had a current list of over 400 patients with urgent dental needs. Community planning and partnerships led to one of the greatest success stories in WCDHD's history. In 2013 a full time dentist was successfully recruited and employed. Last year the clinic was able to provide care to nearly 4,000 patients. The top 5 communities served were North Platte, Ogallala, Gothenburg, McCook, and Cozad. The WCDHD dental clinic offered an emergency walk-in time slot that averaged between 5 and 8 patients presenting with urgent dental needs each day. The WCDHD dental team provided 55 sets of dentures, performed 821 extractions, 1,123 fluoride varnish treatments, 682 adult cleanings, and 425 child cleanings. WCDHD also maintains an affiliation with the University of Nebraska-College of Dentistry that allowed three future dentists to practice at WCDHD and earn college credit while providing valuable care to the residents of the district.

WCDHD's ability to provide oral health care to nearly 4,000 patients is a testament to the dedication of the community and WCDHD staff.

ATTACHMENT C

