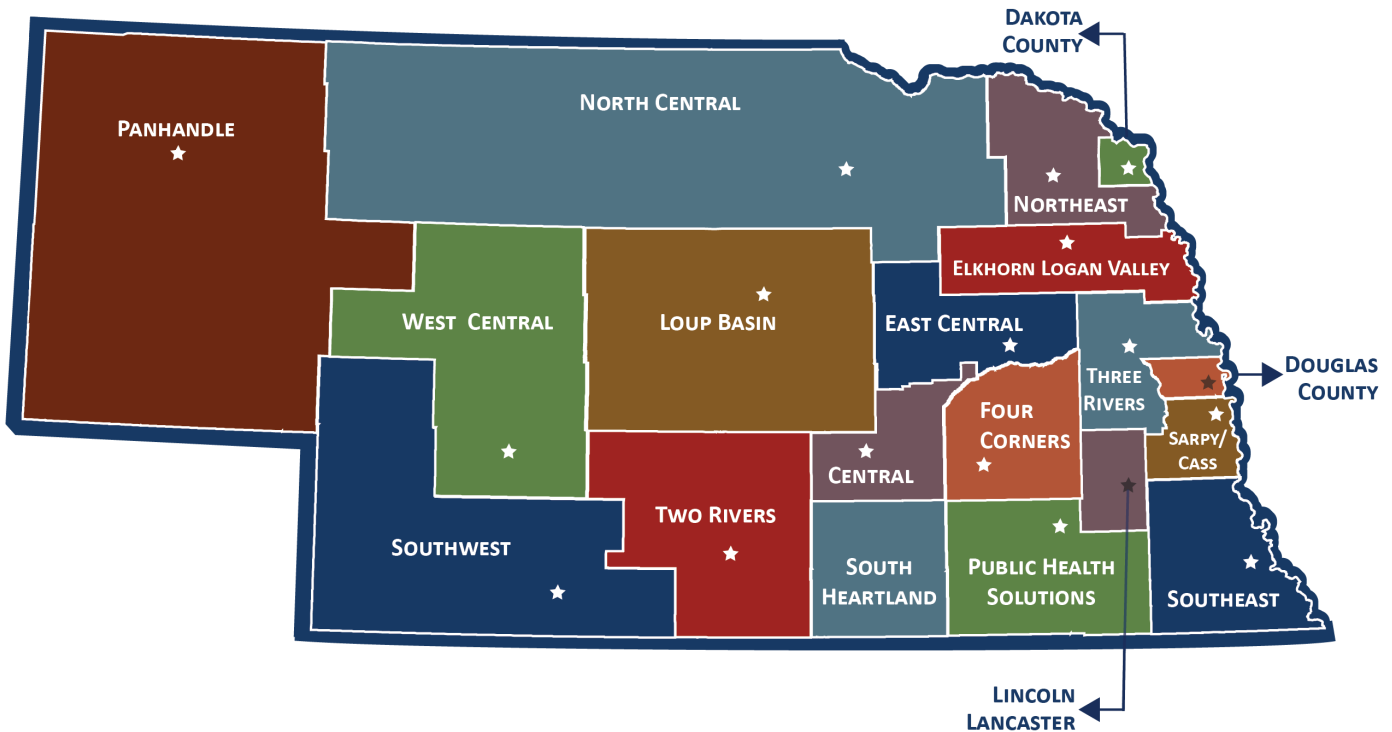


NEBRASKA ASSOCIATION OF
LOCAL HEALTH DIRECTORS

Serving All 93 Counties Across Nebraska

ANNUAL REPORT 2020



2019-2020 ANNUAL REPORTS

Local Public Health in Nebraska

Nebraska Health Care Funding Act

Nebraska's local public health departments (LHDs) act as communities' Chief Health Strategists by assuring that local partners are working together to improve and protect the health and wellbeing of all Nebraskans. The Nebraska Health Care Funding Act (LB 692) was passed in 2001 by the Nebraska Legislature. This Act provides funding to LHDs through the County Public Health Aid Program (Neb.Rev.Stat. §71-1628.08). The Act also requires all eligible LHDs to prepare a report each fiscal year. These reports highlight examples of specific programs and activities toward meeting LHDs' statutory obligations.

The Three Core Functions of Public Health—cited in the Health Care Funding Act



Assessment: Collect and analyze information about health problems in Nebraska communities.



Policy Development: Work with partners to apply data, educate the public, and develop programs and policies—all to address and prevent illness, disease and disability.

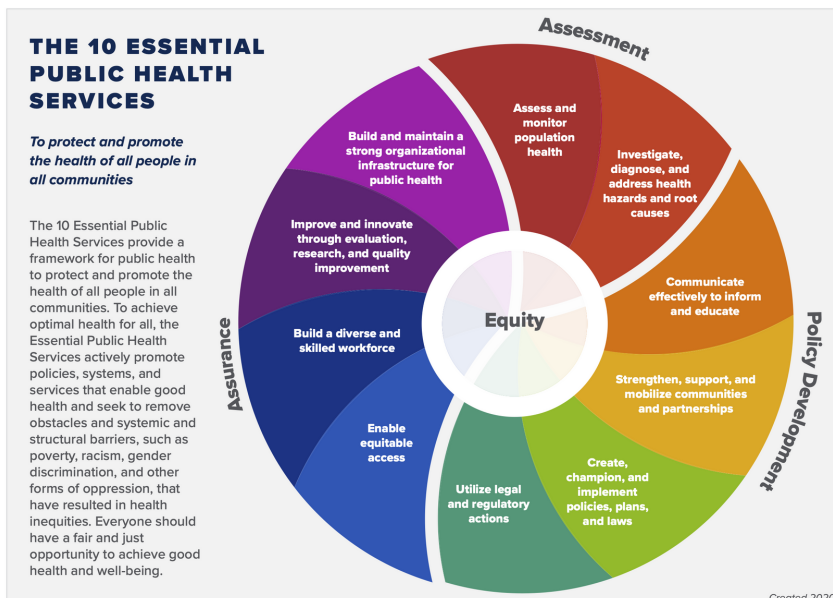


Assurance: Promote effective coordination and use of community resources to protect the health and wellbeing of Nebraskans.

10 Essential Services of Public Health

The activities and programs of LHDs are summarized under the associated 10 Essential Services of Public Health. They provide a working definition of the public health system and a guiding framework for the responsibilities of local public health partners.

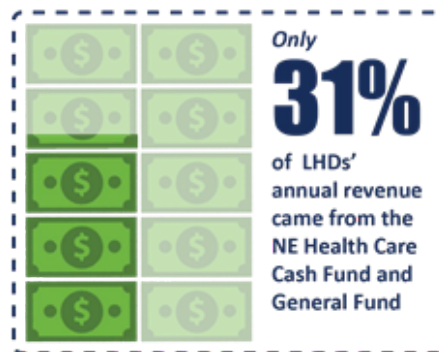
See: <https://phnci.org/national-frameworks/10-ephs>.



Leveraging Other Funds

The funds from the Nebraska Health Care Funding Act serve as the financial foundation for all LHDs.

In FY 2018-2019, the proportions of individual LHDs' revenue derived from the Nebraska Health Care Cash Fund and the Nebraska General Fund ranged from 4% to 71%. Statewide, only one-third (31%) of LHDs' revenues came from these State sources. Therefore,



LHDs' sustainability and ability to meet their statutory obligations and perform the Three Core Functions and 10 Essential Services of Public Health require ongoing success in securing additional funds. LHDs rely on federal pass-through awards through DHHS, and other State agencies, for a range of work including: emergency preparedness planning, oral health outreach, chronic disease prevention, West Nile Virus prevention and education, the Clean Indoor Air Act education, Preventive Health block grants, Maternal and Child Health block grants, and radon education and testing. Some LHDs also receive grants from private foundations, and/or by way of pass-through grants and contracts from professional associations such as the Nebraska Association of Local Health Directors (NALHD). In a few cases, LHDs have direct grants from the federal government. Some LHDs also collect fees for limited services. The following reports reflect work supported through these multiple funding sources.

Organizational Coverage

As of June 30, 2020, a total of 18 LHDs covering 92 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. Dakota County has a single county health department that does not meet the population requirements of the Health Care Funding Act. DHHS-DPH and other local public health partners continue to support the work of all LHDs.

Report Time Frame and Scope

As required by statute, LHDs funded under the Health Care Funding Act submit a report to DHHS by October 1, for inclusion in the full Annual Report submitted by DHHS on December 1. This Annual Report covers July 1, 2019 to June 30, 2020 and includes brief descriptions of selected activities, services, and programs provided by the LHDs related to the Three Core Functions and 10 Essential Service of Public Health.

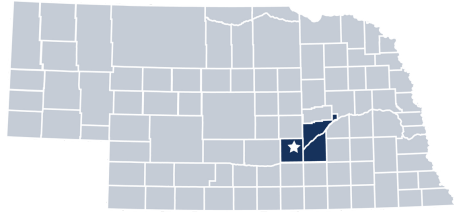
LHDs supported through the public health portion of the Nebraska Health Care Funding Act, are working across their service areas to improve and protect the health and wellbeing of local communities. Only a few examples of the extensive range and number of activities and programs provided by each LHD can be covered within this report. In their Spotlight stories, LHDs have highlighted their early efforts in the ongoing COVID-19 response. Visit LHDs' individual websites (included in each report) to learn more about the full scope of their work.

Table 1: Health Care Funding Act – Eligible Local Public Health Departments (LHDs)

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

CENTRAL DISTRICT HEALTH DEPARTMENT

Serving Hall, Hamilton, and Merrick Counties



ANNUAL REPORT 2020





SPOTLIGHT: COVID-19

Central District Health Department (CDHD) faced COVID-19 at its most extreme in April and May. The virus was first detected in late March when it began spreading throughout the community at a rapid rate. By the week ending April 25th, there were 447 positive cases and 19 deaths. Areas of greatest concern were the meat packing industry and long-term care facilities. CDHD staff worked tirelessly to isolate and quarantine as well as to provide case management. Staff worked weekends, answering phones and performing close contact investigations. By the end of May, cases were averaging 45 per week, but the work remained constant. CDHD credits its community for rapidly reducing the spread by taking appropriate steps. In preparation for school re-openings, CDHD designated a nurse practitioner to work exclusively with schools on their individual plans. Staff worked with earned media to educate the public on steps to take to prevent additional spread. An asset during this time was the trusted relationships that had been nurtured in the district. The community was organized, and roles and responsibilities quickly defined. As we move forward, we continue to plan for the presence of the virus. We also are working on the mass immunization plan so that we are ready to act when COVID-19 vaccine becomes available.



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*Healthy People, Healthy Community!
¡Personas Sanas, Comunidad Saludable!*



CENTRAL DISTRICT HEALTH DEPARTMENT

ABOUT THIS REPORT

This report includes examples of efforts of **Central District Health Department** to make the “Good Life” a healthy one in their jurisdiction. The following examples reflect work supported through multiple sources of funding, including monies from the Nebraska Health Care Funding Act (HCFA).

Local health departments act as communities’ Chief Health Strategists by assuring that the health and wellbeing of Nebraskans are protected and improved. Local health departments do this by working in each of the Three Core Function Areas of Public Health:



Assessment: Collect and analyze information about health problems in Nebraska communities.



Policy Development: Work with partners to apply data, educate the public, and develop programs and policies—all to address and prevent illness, disease and disability.



Assurance: Promote effective coordination and use of community resources to protect the health and wellbeing of Nebraskans.

Community Health Assessment (CHA) / Community Health Improvement Plan (CHIP)

CDHD updated the CHA this year. We enlisted the help of Nebraska Association of Local Health Directors (NALHD) to conduct focus groups and data collection. Staff reviewed and updated data in the 2017 CHA. Based on the data, CDHD elected to address childhood obesity as the key issue. Key resources identified were Blue Cross/Blue Shield of Nebraska and University of Nebraska Kearney. CHIP Partners in the planning process included Grand Island Public Schools, Heartland Health Center, and Nebraska Extension Services. State partners included Blue Cross/Blue Shield of Nebraska and University of Nebraska Kearney (UNK). Blue Cross/Blue Shield provided resources for planning and funded the purchase of scales to provide accurate and consistent weights on students. UNK offered training on an evidence-based program aimed at preventing and reducing the incidence of childhood obesity. Community partners determined that one priority would focus efforts and increase success. That one issue is childhood obesity. CDHD has a higher incidence of childhood obesity than the state as a whole.

AREAS OF WORK

ACCESS TO AND LINKAGE TO CLINICAL CARE

Includes coordination of services between medical providers and providers of health-related social needs, oral health/dental services, and behavioral/mental health.



CDHD community health workers (CHWs) work closely with Heartland Health Center (federally qualified health center) to link individuals to medical homes. CDHD has continued its oral health program and employs a part-time Public Health Registered Dental Hygienist.



CHRONIC DISEASE CONTROL AND PREVENTION

Includes asthma, cancer, cardiovascular disease, diabetes, obesity, tobacco control, and worksite wellness.



CDHD offers the Diabetes Prevention Program as well as the Living Well with Diabetes Program. Both are evidence-based programs. CDHD is recognized by the CDC for its work in the Diabetes Prevention Program which has been implemented to fidelity.



COMMUNICABLE DISEASE CONTROL AND PREVENTION

Includes communicable disease epidemiology (disease outbreak management/response), tuberculosis (TB), immunizations, sexually transmitted infections, and surveillance (tracking and following up on reports and provider/school reports).



Even though COVID-19 has required a phenomenal amount of time and attention, CDHD continues to monitor other disease trends in the district. Staff work with hospitals, physician offices, schools and community members to identify illness sources and take measures to reduce spread and additional illnesses.



CDHD provides adult and child vaccinations. CDHD continues to provide a robust vaccination clinic despite COVID challenges. Between July 2019 and June 2020, CDHD provided a total of 3,226 Vaccine for Children (VFC)/ Adult Immunization Program (AIP) vaccinations. Over half (68.0%) were influenza vaccines.

AREAS OF WORK

ENVIRONMENTAL HEALTH

Includes radon, lead, emergency response, hazardous substances and sites, and Complete Streets initiatives.



Environmental Health Specialists provide regular food service inspections of restaurants, schools, grocery stores, and mobile food units. In January, one of the two food inspectors left their position. Interviews to fill the position began as COVID numbers in the community increased, and hiring was paused. In March, all food inspections ceased due to COVID outbreaks. This continued until the end of June. Since that time, CDHD hired another food inspector and began conducting regular food inspections.



CDHD also tests community and private water samples for nitrates, coliform, hardness, fluoride, and pH levels. Between October 2019 and July 2020, CDHD completed a total of 7,013 water tests. The majority of testing was to detect coliform. A total of 1.05% of community water samples and 19.8% of private water samples tested positive for coliform. For the same time frame, 20.9% of private samples had unsafe nitrate levels (over 10 mg/L). COVID also impacted the number of water tests typically conducted in a year, however, to a lesser degree when compared to food inspections because while the number of private water tests decreased, the number of community water tests remained unchanged during peak COVID months.

INJURY PREVENTION

Includes motor vehicle injuries, occupational injuries, senior fall prevention, substance abuse, car seat safety, binge drinking, and distracted driving.



No activities to report.



MATERNAL AND CHILD HEALTH

Includes Women, Infant, and Children (WIC), family planning, newborn screening, evidence-based home visitation, Early Preventative Screening, Diagnosis, and Treatment (EPSDT).

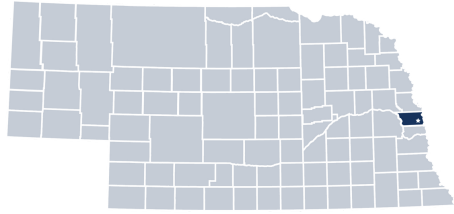


CDHD continues to offer the WIC program, as well as provide childhood immunizations through the Vaccine for Children (VFC) program. CDHD's WIC enrollment for the past year ranged from 2,300-2,500 participants.



DOUGLAS COUNTY HEALTH DEPARTMENT

Serving Douglas County



ANNUAL REPORT 2020





SPOTLIGHT: COVID-19

The Douglas County Health Department (DCHD) began educational outreach to the public in the middle of January, providing local television news with stories on the potential risks from an outbreak that was, at that time, limited to Asia. As events moved forward the Public Information Officer (PIO) worked with the Director and the Epidemiology Section to prepare them for media work and to provide reports to the public. The DCHD's graphic artist created visuals for use on social media. Within days the Epidemiology Section was working on contact tracing in an early attempt to contain the spread of the disease. As events unfolded, the Epi Section expanded with additional staff, something that continues to this day.

A seven-day COVID-19 Call Center was established shortly after the first confirmed local cases. It proved to be hugely successful and offered information in multiple languages. In a never-ending effort to be transparent, DCHD worked with the county's GIS Division to create a data dashboard. The visual presentation compliments and simplifies the data as it is received, with new ideas frequently added to create an even clearer picture.

(Continued)

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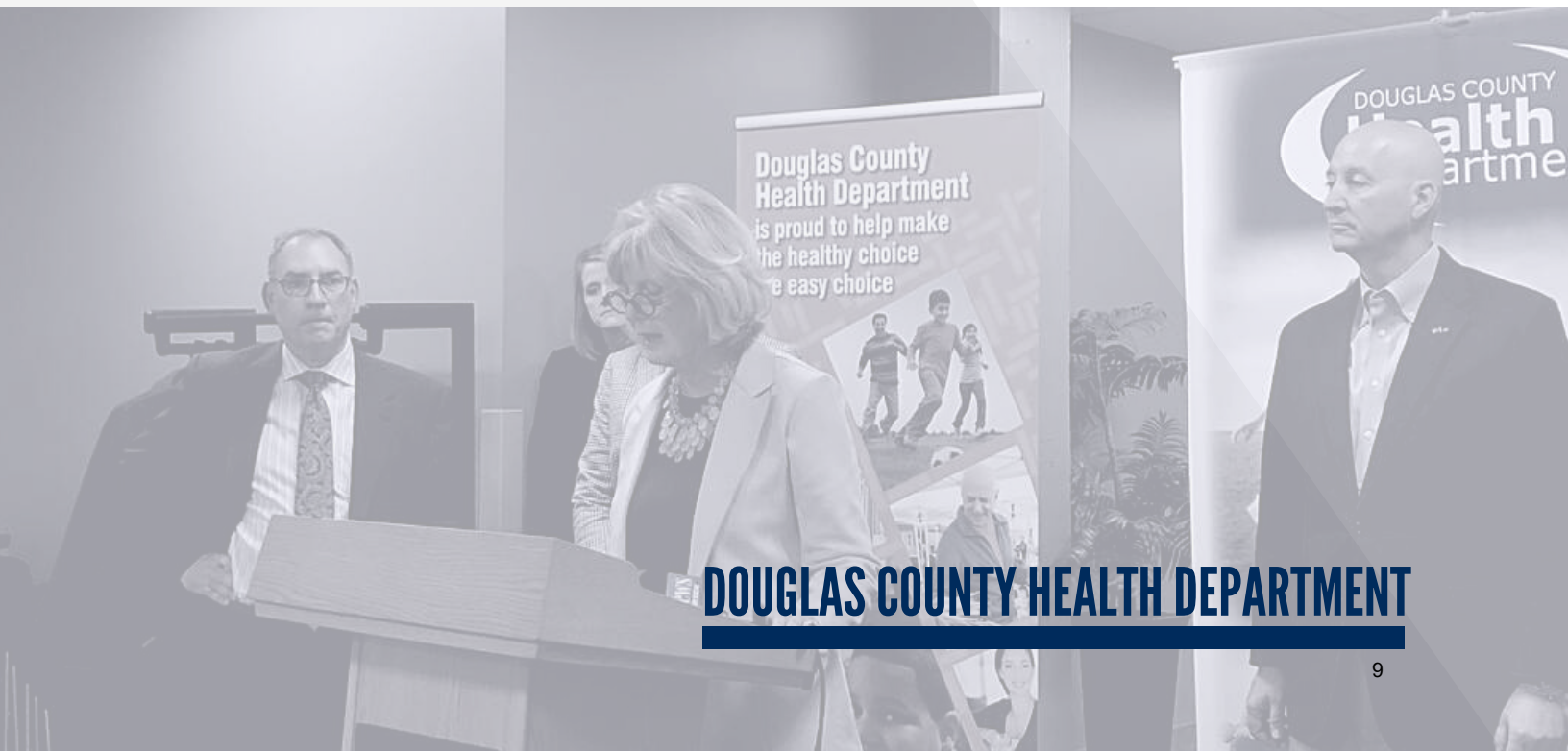
www.douglascountyhealth.com

CONTINUED SPOTLIGHT: COVID-19

Staff with the appropriate background were repurposed to help with contact tracing and the call center while others moved to warehouse duty as DCHD became a distribution hub for personal protective equipment (PPE), distributing more than three million items. Other staff were assigned to communications efforts where they kept material on DCHD's website current and relevant with information that was constantly emerging.

The Health Department Navigator Team was formed to assist COVID positive individuals with any resource needs while isolating or quarantining at home.

Constant innovation has been and continues to be a feature of DCHD as the fight against COVID-19 continues.



DOUGLAS COUNTY HEALTH DEPARTMENT

ABOUT THIS REPORT

This report includes examples of efforts of **Douglas County Health Department** to make the “Good Life” a healthy one in their jurisdiction. The following examples reflect work supported through multiple sources of funding, including monies from the Nebraska Health Care Funding Act (HCFA).

Local health departments act as communities’ Chief Health Strategists by assuring that the health and wellbeing of Nebraskans are protected and improved. Local health departments do this by working in each of the Three Core Function Areas of Public Health:



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Policy Development: Work with partners to apply data, educate the public, and develop programs and policies—all to address and prevent illness, disease and disability.



Assurance: Promote effective coordination and use of community resources to protect the health and wellbeing of Nebraskans.

Community Health Assessment (CHA) / Community Health Improvement Plan (CHIP)

The Douglas County Health Department completed its most recent CHA in the fall of 2018. Over the past 18 months DCHD, in partnership with Sarpy/Cass Health Department, Pottawattamie County Health Department and The Wellbeing Partners have formed a Metro Region Health Council. Through this process, it was determined to have one CHIP for the Metro Region with one priority area for the 2020-2022 CHIP: Mental Health. All the associated Boards of Health adopted respective Resolutions to work as a region and to focus on mental health. As part of the CHA, the Metro Regional Council has developed a “Mental Health/ACEs Call to Action Report”. The final CHA and 2020-2022 CHIP will be released by September 2020.

2020-2022 CHIP PRIORITY: Mental Health

AREAS OF WORK

ACCESS TO AND LINKAGE TO CLINICAL CARE

Includes coordination of services between medical providers and providers of health-related social needs, oral health/dental services, and behavioral/mental health.



DCHD has been working with Nebraska DHHS to create a data-to-care program for HIV positive individuals. This program will connect HIV positive individuals that have fallen out of care and support efforts to get them back into routine HIV care.



During COVID-19 response, DCHD staff created a Health Department Navigation Team where staff provided case management support to COVID-19 positive individuals needing social support (food, housing, utility assistance, mental health, etc.) while isolating or quarantining at home.



CHRONIC DISEASE CONTROL AND PREVENTION

Includes asthma, cancer, cardiovascular disease, diabetes, obesity, tobacco control, and worksite wellness.



Continuing to expand on Community Health Worker (CHW) workforce development, DCHD led efforts to facilitate a statewide short-term workgroup to develop and draft a final report to Nebraska DHHS identifying next steps for adopting a Finance/Reimbursement and Sustainability model for CHWs in Nebraska. DCHD staff also worked to translate the CHW 101 training curriculum into Spanish and will be ready to conduct a Spanish language CHW-101 training in the future.



COMMUNICABLE DISEASE CONTROL AND PREVENTION

Includes communicable disease epidemiology (disease outbreak management/response), tuberculosis (TB), immunizations, sexually transmitted infections, and surveillance (tracking and following up on reports and provider/school reports).



DCHD monitors and investigates communicable diseases to protect the health of residents in the community. DCHD responded to outbreaks of legionellosis, tuberculosis, influenza, foodborne illnesses, enteric diseases, sexually transmitted infections, acute flaccid myelitis (AFM), mumps, severe pulmonary disease associated with E-cigarette products, chickenpox, norovirus, and the current COVID-19 pandemic. DCHD disease investigation, in collaboration with Nebraska DHHS, resulted in the identification of a multi-state outbreak of Hepatitis A associated with fresh blackberries affecting individuals in six states.



AREAS OF WORK

ENVIRONMENTAL HEALTH

Includes radon, lead, emergency response, hazardous substances and sites, and Complete Streets initiatives.



Environmental Health Inspectors (EHIs) conducted approximately 3,600-food safety, 250 swimming pool safety, and 50 on-site wastewater septic systems inspections. EHIs also monitored EPA priority air pollutants and monitored county mosquito populations from May through October. Staff also investigated animal infestations, solid waste dumping, chemical spills/dumping, land fill violations, and domestic animal and noise complaints. Staff also conducted research, published the findings, and received \$62,365 in research funding.



INJURY PREVENTION

Includes motor vehicle injuries, occupational injuries, senior fall prevention, substance abuse, car seat safety, binge drinking, and distracted driving.



DCHD has begun to develop opioid prevention efforts, which include education to community members through fact sheets, power point presentations, social media messaging and developing an Opioid Prevention webpage on the DCHD website. Staff are also working with community partners on the development of an Opioid Prevention Strategic Plan.



DCHD continues to participate in the Vision Zero Omaha Task Force to identify safety priorities and evidenced-based strategies and action items to address those priorities.

MATERNAL AND CHILD HEALTH

Includes Women, Infant, and Children (WIC), family planning, newborn screening, evidence-based home visitation, Early Preventative Screening, Diagnosis, and Treatment (EPSDT).



The FIMR Program participated in a two-year research study exploring infant safe sleep practices in Douglas County and helped develop the manuscript, "A Qualitative Exploration of Infant Safe Sleep Practices to Prevent Sudden Infant Deaths." which has been submitted to Maternal Child Health Journal.



DCHD is working with Nebraska DHHS WIC to develop a mental health screening pilot for pregnant and post-partum mothers with the WIC program. Planning efforts include the development of a Mental Health Screening Policy and Procedure and training for all WIC staff.

ADDITIONAL ACTIVITIES

Additional public health activities that Douglas County Health Department performs to assure that the health and wellbeing of Nebraskans are protected and improved.

DCHD, in partnership with Creighton University Negotiation and Conflict Resolution, conducted a Health and Housing Assessment to consider the establishment of a Housing Ombudsman for Douglas County. Based on the two-phase assessment, respondents were receptive to establishing a Housing Ombudsman Office within DCHD. Efforts are now underway to develop a job description for this position and secure funding.

DCHD has been working with CityMatCH to implement a Racial Healing Revival Project with North Omaha community members and partners to better understand the rich history of North Omaha. This community has been impacted by systemic and structural racism that has, in turn, impacted health outcomes. Racial Healing Revival Project efforts have also included a focus on building a stronger understanding of health equity internally. Staff conducted a Culturally and Linguistically Appropriate Services (CLAS) survey which led to additional equity training, adopting a Health Equity Policy and developing a more welcoming and culturally sensitive environment for clients as they enter the STD clinic. In June of 2020, the Douglas County Board of Health approved a Resolution whereby "Racism is a Public Health Crisis" with 22 action steps to address this crisis.

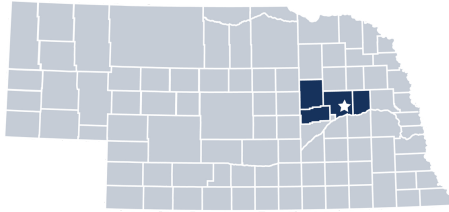
The DCHD Lead Poisoning Prevention Program conducted 108 Lead inspections, 56 Home Visits (where vacuums and dust samples were collected), and provided lead education to 17,763 residents in Douglas County. DCHD monitored the blood lead levels of 19,225 children (84 months and younger), of which 159 had blood lead levels of 5 ug/dL and above, and 46 had blood lead levels of 9.5 ug/dL and above.

The DCHD STD clinic provided services to 5,023 clients over this past year with 1,662 tested in our outreach clinics.



EAST CENTRAL DISTRICT HEALTH DEPARTMENT

Serving Boone, Colfax, Nance, and Platte Counties



ANNUAL REPORT 2020





SPOTLIGHT: COVID-19

The COVID-19 response required the rapid development, training, and mobilization of a diverse team of topic experts, community partners, and other resources. Unique to our COVID response, the East Central District Health Department (ECDHD) worked very closely with the health district's medical community, including Good Neighbor Community Health Center (GNCHC) and the four local hospitals. Early in the response, through this public health/medical community partnership, COVID-positive patients were referred directly to their own primary care provider or were established at a medical home of their choosing. The purpose of this was to 1) establish medical homes for every COVID patient, 2) decrease patient risk for ceasing isolation, 3) maximize the public health workforce to address active monitoring on quarantined persons.

Another unique feature of the ECDHD response was to begin recommending self-quarantine upon return from domestic hotspots (i.e., the states of Washington, New York, California, Florida, Colorado). Both Florida and Colorado were identified as primary sources of travel-related infections.
(Continued)

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CONTINUED SPOTLIGHT: COVID-19

The overall pattern of cases in the ECDHD district was one that peaked in late April/early May. This allowed the department about seven weeks of preparation time to build community relationships for training contact tracers and case investigators, creating sector-specific technical assistance, and bolstering community support for public health recommendations. Through all of this, ECDHD worked closely and enhanced relationships with city and county government entities, first responders, education systems, NGOs, community organizations, among others.

EAST CENTRAL
DISTRICT HEALTH DEPARTMENT



**EAST CENTRAL DISTRICT
HEALTH DEPARTMENT**

ABOUT THIS REPORT

This report includes examples of efforts of **East Central District Health Department** to make the “Good Life” a healthy one in their jurisdiction. The following examples reflect work supported through multiple sources of funding, including monies from the Nebraska Health Care Funding Act (HCFA).

Local health departments act as communities’ Chief Health Strategists by assuring that the health and wellbeing of Nebraskans are protected and improved. Local health departments do this by working in each of the Three Core Function Areas of Public Health:



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Policy Development: Work with partners to apply data, educate the public, and develop programs and policies—all to address and prevent illness, disease and disability.



Assurance: Promote effective coordination and use of community resources to protect the health and wellbeing of Nebraskans.

Community Health Assessment (CHA) / Community Health Improvement Plan (CHIP)

ECDHD remains deeply involved with the various stakeholders, coalitions, and working-groups that are implementing interventions targeting the priority areas identified in Boone, Colfax, Nance, and Platte Counties. This work includes the Colfax Behavioral Health Coalition, the Platte County Lifestyle Coalition, and the Community and Family Partnership, to name a few. Together, these groups are working to improve the access to behavioral health services, reduce diabetes, lower the prevalence of substance abuse, and increase supports to underserved families.

In the fourth quarter of 2019, ECDHD received Nebraska DHHS funding to conduct strategic planning with key health district stakeholders. Collaboratively, these efforts helped to identify those strategies, resources, and efforts already in place to reduce opioid use disorder, as well as create action plans to address the issue. ECDHD will lead community stakeholders through the 2020/2021 CHA and CHIP processes.

CHIP PRIORITIES: Behavioral Health, Substance Abuse, Family Support

AREAS OF WORK

ACCESS TO AND LINKAGE TO CLINICAL CARE

Includes coordination of services between medical providers and providers of health-related social needs, oral health/dental services, and behavioral/mental health.



Resulting from work originating from the 2014 Community Health Improvement Plan (CHIP), the Access to Care Committee in Platte County (which is comprised of stakeholders from ECDHD, Good Neighbor Community Health Center, and Columbus Community Hospital) meets monthly to discuss gaps and barriers to care. This working group examines the impact of systemic factors including payer mix for specific healthcare services, barriers to transportation, weather and seasonal conditions, provider-related barriers, and language and culture.

CHRONIC DISEASE CONTROL AND PREVENTION

Includes asthma, cancer, cardiovascular disease, diabetes, obesity, tobacco control, and worksite wellness.



On December 20, 2019, the President signed legislation amending the Federal Food, Drug, and Cosmetic Act, and raising the federal minimum age of sale of tobacco products from 18 to 21 years. It is now illegal for a retailer to sell any tobacco product—including cigarettes, cigars and e-cigarettes—to anyone under 21.

To educate about the new law, ECDHD published an op-ed in the Columbus Telegram after receiving numerous calls from local residents and businesses asking for guidance.

COMMUNICABLE DISEASE CONTROL AND PREVENTION

Includes communicable disease epidemiology (disease outbreak management/response), tuberculosis (TB), immunizations, sexually transmitted infections, and surveillance (tracking and following up on reports and provider/school reports).



The ECDHD immunizations program, which includes its Vaccines for Children (VFC) and Adult Immunization Program, operates from both the Columbus and Schuyler locations. One important change to this program is that Ricardo Sanabria stepped into the immunization provider role. As a bilingual, Spanish speaker, Ricardo will be able to better assure health literacy, an important factor in health disparities affecting minority communities.

AREAS OF WORK

ENVIRONMENTAL HEALTH

Includes radon, lead, emergency response, hazardous substances and sites, and Complete Streets initiatives.



ECDHD has worked closely with its community partners after the 2019 floods to assist with organizing long-term recovery working groups. Some of this work involved taking steps to rehome low-income residents remaining in damaged homes that posed considerable environmental health hazards related to black mold and other environmental toxins.



Additionally, ECDHD provides well water and radon test kits at no charge to health district residents.



INJURY PREVENTION

Includes motor vehicle injuries, occupational injuries, senior fall prevention, substance abuse, car seat safety, binge drinking, and distracted driving.



One of the major focuses of the Juvenile Service Committee, a CHIP working group in Platte County and close partner with ECDHD, is to implement services to promote behavioral health services among youth in Platte County.



Self-injury and suicide prevention work among youth has included sponsoring mental health first-aid training, screening documentaries to raise awareness of suicide among community members and parents, and seeking grant funding for youth services.



MATERNAL AND CHILD HEALTH

Includes Women, Infant, and Children (WIC), family planning, newborn screening, evidence-based home visitation, Early Preventative Screening, Diagnosis, and Treatment (EPSDT).



ECDHD offers both the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) and the Early Development Network (EDN) for children ages 0-3 years with developmental disabilities. Beginning in late March, WIC provided remote services for all participants in the four-county health district. While staff continued to come into the office, participants were able to be served from the safety of their home, thereby reducing their potential exposure to COVID-19. In 2019, 1121 families received WIC services and the EDN office had 135 new referrals.



ADDITIONAL ACTIVITIES

Additional public health activities that East Central District Health Department performs to assure that the health and wellbeing of Nebraskans are protected and improved.

As part of its annual Public Health Accreditation Board (PHAB) accreditation preparedness project in 2019, ECDHD chose two projects to help enhance quality of its evaluation efforts and to enhance its focus on health equity. Specifically, ECDHD began working toward developing a monitoring and evaluation (M&E) platform and procedure to document both the qualitative and quantitative activities of the local health department and its partners. By documenting the occurrence of new and modified programs, policies, and practices, the local public health system will be able to track with great detail not only the occurrence of those events as a living record, but will be able to assess the dose of community change efforts relative to changes to community health indicators for all counties in the health district.

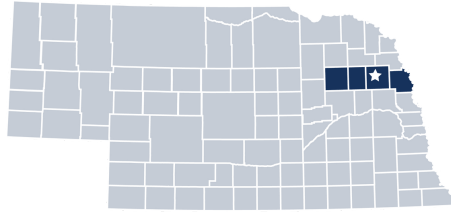
M&E is used to assess the performance of projects, institutions and programs set up by governments, international organizations and NGOs. Its goal is to improve current and future management of outputs, outcomes and impact. In this context: monitoring is a continuous assessment of programs based on early detailed information on the progress or delay of the ongoing assessed activities. An evaluation is an examination concerning the relevance, effectiveness, efficiency and impact of activities in the light of specified objectives.

ECDHD also began working on the district's first Health Equity Report. The Health Equity Report will reexamine important community health indicators through the lens of race, ethnicity, and income to help stakeholders better understand how health inequality presents itself within our communities. These data will be used to help set funding priorities for ECDHD and its partners as it seeks to address disparities, help align future public health efforts along an axis of health equity, and give voice to traditionally underserved populations (including minorities and low-income families).



ELKHORN LOGAN VALLEY PUBLIC
HEALTH DEPARTMENT

Serving Burt, Cuming, Madison, and Stanton Counties



ANNUAL REPORT 2020





SPOTLIGHT: COVID-19

Elkhorn Logan Valley Public Health Department (ELVPHD) had their first confirmed positive case of COVID-19 in the district on March 20, 2020. Since that time our health department has added eight additional incoming phone lines to address the thousands of phone calls a month we have received about COVID-19. Our health department has delivered over 375,000 pieces of personal protective equipment (PPE) to 180 different facilities in the district. After utilizing eight additional seasonal employees through the summer to assist in various capacities, we hired two full-time, one part-time and two seasonal workers when the summer workers returned to school. We have days where there are over 25 cases of COVID-19 per day. We experienced our highest case count to date on September 9 (75.72 cases per 100,000 population). Our largest source of a cluster of COVID-19 cases has been at the Tyson meat packing plant in Madison with 232 cases, making up 23.6% of the total of number of cases through June of 2020. Tyson employees encompass 3% of the total population of our health district, so this cluster was disproportionate to the population. As schools reopened this fall, our staff maximized their availability to help plan for potential cases in the in-person educational system. By June of 2020, 464 students or staff in area schools had been placed in quarantine or isolation due to contracting the virus or being identified as a close contact of a person who tested positive for the disease.

(Continued)



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CONTINUED SPOTLIGHT: COVID-19

ELVPHD's response to the COVID-19 pandemic will help ensure that in the future, public health is viewed as one of the driving successes in dealing with the situations that occurred in 2020.



**ELKHORN LOGAN VALLEY PUBLIC
HEALTH DEPARTMENT**

ABOUT THIS REPORT

This report includes examples of efforts of **Elkhorn Logan Valley Public Health Department** to make the “Good Life” a healthy one in their jurisdiction. The following examples reflect work supported through multiple sources of funding, including monies from the Nebraska Health Care Funding Act (HCFA).

Local health departments act as communities’ Chief Health Strategists by assuring that the health and wellbeing of Nebraskans are protected and improved. Local health departments do this by working in each of the Three Core Function Areas of Public Health:



Assessment: Collect and analyze information about health problems in Nebraska communities.



Policy Development: Work with partners to apply data, educate the public, and develop programs and policies—all to address and prevent illness, disease and disability.



Assurance: Promote effective coordination and use of community resources to protect the health and wellbeing of Nebraskans.

Community Health Assessment (CHA) / Community Health Improvement Plan (CHIP)

Every three years Elkhorn Logan Valley Public Health Department (ELVPHD), along with the hospital partners in the District—MercyOne Oakland Medical Center, St. Francis Memorial Hospital, and Faith Regional Health Services, conducts a community health needs assessment. The Nebraska Association of Local Health Directors (NALHD) compiled the results of the assessment and combined them with pieces of data specific to the service area. With this, a group of public health stakeholders were invited to participate in a discussion about the strengths, trends, events, and factors that help or prevent us from achieving optimal health. From there, priorities were identified that the players in the health district can work on together to improve the health status of all people living in Burt, Cuming, Stanton and Madison counties.

CURRENT CHIP PRIORITIES:

- Priority 1: Chronic Disease Control and Sepsis
- Priority 2: Behavioral/Mental Health

AREAS OF WORK

ACCESS TO AND LINKAGE TO CLINICAL CARE

Includes coordination of services between medical providers and providers of health-related social needs, oral health/dental services, and behavioral/mental health.



The Smile in Style Program provides preventative dental services in local schools and child care centers. Services include oral health screenings, fluoride varnish, dental sealants and oral health education by a Public Health Registered Dental Hygienist. The Smile In Style program screened 306 children in the local schools, 289 in childcare facilities and 5 in the office. Education was provided to 1,268 children, 723 dental services were provided in the school setting, 556 in the childcare setting and five in the office.



CHRONIC DISEASE CONTROL AND PREVENTION

Includes asthma, cancer, cardiovascular disease, diabetes, obesity, tobacco control, and worksite wellness.



According to the 2018 BRFSS data, 80.7% of adults in the ELVPHD service area reported they are up-to-date on cervical cancer screening and 69.8% reported they are up-to-date on breast cancer screening. In a Collaborative Impact Project with Midtown Health Center, 81 women were identified for breast screening navigation. Of the 81 women, 39 women were navigated to screening mammography with 35 completing. Of the 39 women, seven were provided direct assistance with completing an Every Woman Matters application and were approved.



COMMUNICABLE DISEASE CONTROL AND PREVENTION

Includes communicable disease epidemiology (disease outbreak management/response), tuberculosis (TB), immunizations, sexually transmitted infections, and surveillance (tracking and following up on reports and provider/school reports).



According to ELVPHD's BRFSS data in 2018, only 41% of all adults in the district and 59.3% of adults over age 65 had a flu shot. ELVPHD administered 1808 vaccines (including both flu and other vaccines) at flu shot clinics. This was an increase of 246 vaccines administered over the previous year. This past year, ELVPHD experienced an increase of 21% in VFC (vaccines for children) program. ELVPHD had 120 AIP (adult immunization program) clients in the first year of offering AIP vaccines, as well as a 16% increase in private vaccine clients.



AREAS OF WORK

ENVIRONMENTAL HEALTH

Includes radon, lead, emergency response, hazardous substances and sites, and Complete Streets initiatives.



During a major flooding event, ELVPHD assisted with the distribution of well water testing kits. Residents picked up a test kit and returned them to a mobile well water testing lab that was held in the ELVPHD service area. ELVPHD staff then assisted with calling individuals whose well water tested positive for contaminants. Information about the well water testing was posted on social media. The 12 posts had an average reach of 1,345 per post.



INJURY PREVENTION

Includes motor vehicle injuries, occupational injuries, senior fall prevention, substance abuse, car seat safety, binge drinking, and distracted driving.



During the 2019-2020 school year, ELVPHD conducted presentations at three schools for grades 9-12 and one presentation at a teacher's workshop on the dangers of vaping and e-cigarettes. Pre and post surveys were completed by 245 youth. Youth were asked "how much did you think people risk harming themselves (physically or in other ways) if they use an electronic vapor product?" 35.4% responded "great risk" before the presentation compared to 64.4% after the presentation.



MATERNAL AND CHILD HEALTH

Includes Women, Infant, and Children (WIC), family planning, newborn screening, evidence-based home visitation, Early Preventative Screening, Diagnosis, and Treatment (EPSDT).



ELVPHD continues to monitor blood lead levels among children in the service area and investigates cases of elevated blood lead levels. ELVPHD has promoted education to prevent lead poisoning through social media and community outreach events. Community events reached about 1380 individuals while social media reached about 6,620 people. During this period 16 children tested with elevated lead levels (greater than 5 ug/dL). ELVPHD assists Nebraska DHHS in coordinating inspections, referrals, and linkages to services for children.



ADDITIONAL ACTIVITIES

Additional public health activities that Elkhorn Logan Valley Public Health Department performs to assure that the health and wellbeing of Nebraskans are protected and improved.

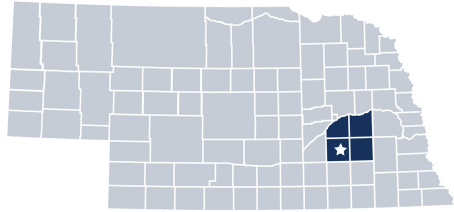
Each year, ELVPHD monitors the physical activity rates in the service area by way of BRFSS results. Indicators in physical activity have worsened in the district over the past seven years, and also fall below the state average in each of the seven years. In 2011, 28.9% of people reported no leisure-time physical activity in the past 30 days. This percentage progressively increased to 31.6% in 2017. According to the 2018 County Health Rankings, about 1 in 3 (32%) adults in the ELVPHD district were considered obese (Body Mass Index [BMI] = 30+), slightly higher than the state (31%). According to the Nebraska BRFSS (2011-2017), 68% of adults in the ELVPHD district reported being overweight or obese (BMI = 25+), slightly higher than the state (66%). One question that was included in the ELVPHD 2019 Community Health Assessment was: If you have children in the home, how satisfied are you with the amount of physical activity that your child(ren) get at school. There were 603 responses to that question and the results were as follows:

- 47.26% (285 respondents) were very satisfied
- 52.74% (318 respondents) were somewhat satisfied, or not satisfied at all

ELVPHD applied for and was award funding for Kids on the Move. ELVPHD has begun working with a Obesity Advisory Workgroup consisting of community-based sectors, to research evidence-based strategy options for children's obesity prevention. Once the strategy is selected by the workgroup, planning for implementation will begin. The development phase is slightly behind schedule due to COVID-19 restrictions.

FOUR CORNERS HEALTH DEPARTMENT

Serving Butler, Polk, Seward, and York Counties



ANNUAL REPORT 2020





SPOTLIGHT: COVID-19

The Four Corners Health Department (FCHD) team has been focused on COVID-19 community response. One of our goals is to keep our district informed through bi-weekly community briefings for each county, weekly school briefings, and weekly Unified Command briefings. We also have updated guidance documents, Directed Health Measures, and COVID-19 information available on our website. Our COVID-19 Data Dashboard is updated daily and our Risk Dial is updated weekly.

Our team is devoted to assisting those who test positive for COVID-19 and their contacts through contact tracing. We provide quarantine and isolation information and connect individuals to resources and services in their community. To ensure a timely contact tracing process, we have contracted with and trained additional nurses to assist us. We have also contracted with interpreters to assist us with this service.

Our team helps to keep our communities safe by distributing PPE (Personal Protective Equipment) to organizations across the district. The FCHD team also does event guiding, activity planning, and informs businesses/worksites/schools about best practices.

Our team works tirelessly to ensure that the Four Corners Health Department District remains safe and healthy.

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FOUR CORNERS HEALTH DEPARTMENT

ABOUT THIS REPORT

This report includes examples of efforts of **Four Corners Health Department** to make the “Good Life” a healthy one in their jurisdiction. The following examples reflect work supported through multiple sources of funding, including monies from the Nebraska Health Care Funding Act (HCFA).

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Assessment: Collect and analyze information about health problems in Nebraska communities.



Policy Development: Work with partners to apply data, educate the public, and develop programs and policies—all to address and prevent illness, disease and disability.



Assurance: Promote effective coordination and use of community resources to protect the health and wellbeing of Nebraskans.

Community Health Assessment (CHA) / Community Health Improvement Plan (CHIP)

FCHD continues to monitor community health data and implement community health improvement goals. Local partners (including hospitals, clinics, schools, law enforcement, economic development agencies, businesses, and other community organizations) are engaged to identify and work on health needs, issues, and goals throughout the District. A new assessment process will begin in 2021.

CHIP PRIORITIES:

- Local Public Health System Collaboration
- Healthy Lifestyles (Diabetes, Cancer, Heart Disease, Physical Activity, and Nutrition)
- Behavioral and Mental Health/Substance Abuse
- Motor Vehicle Crashes and Deaths

AREAS OF WORK

ACCESS TO AND LINKAGE TO CLINICAL CARE

Includes coordination of services between medical providers and providers of health-related social needs, oral health/dental services, and behavioral/mental health.



FCHD connects with the York Medical Clinic and York General Hospital to coordinate care for patients as they move between their homes, community, clinic, and hospital. A public health nurse is integrated into the care coordination team at the clinic. The coordination includes identifying those at risk for poorer health outcomes and connecting them to medical and community resources that will help lower that risk. This collaboration is continually improving and has become a model for other health departments across the state.



CHRONIC DISEASE CONTROL AND PREVENTION

Includes asthma, cancer, cardiovascular disease, diabetes, obesity, tobacco control, and worksite wellness.



FCHD offers worksite wellness programs to assist in improving the health habits of employees and the worksite culture. The program includes a focus on implementing healthy policies and disseminating educational resources to prevent and/or self-manage diabetes, heart disease, mental health issues, or other chronic conditions.



The FCHD Oral Health Program targets very young and older residents (up to nine years old, and over 65). Education, screenings, cleanings, and age-appropriate services are provided.

COMMUNICABLE DISEASE CONTROL AND PREVENTION

Includes communicable disease epidemiology (disease outbreak management/response), tuberculosis (TB), immunizations, sexually transmitted infections, and surveillance (tracking and following up on reports and provider/school reports).



FCHD investigated 269 reportable diseases and conditions last year. FCHD assisted schools and facilities by providing education and recommendations to limit the spread of disease when influenza or norovirus was causing illness in staff and students. FCHD investigates rabies exposures and partners with law enforcement, veterinarians, and medical providers to assure that responses to animal exposures align with Nebraska's rabies regulations. FCHD prevents the spread of diseases by coordinating education messages in the community and in tandem with medical providers, workplaces, and other community partners.



AREAS OF WORK

ENVIRONMENTAL HEALTH

Includes radon, lead, emergency response, hazardous substances and sites, and Complete Streets initiatives.



At times, FCHD receives complaints about local businesses that are not in compliance with the Clean Indoor Air Act. We work to provide the business with education and information about Quitting Tobacco classes in hopes of resolving the situation.



Radon gas is the second leading cause of lung cancer and is a problem for homeowners in the FCHD District. This year, FCHD distributed 263 radon test kits, of which 63% tested at higher than acceptable levels. FCHD provides education and options for remediation to families with high radon levels.



INJURY PREVENTION

Includes motor vehicle injuries, occupational injuries, senior fall prevention, substance abuse, car seat safety, binge drinking, and distracted driving.



FCHD focuses on reducing overall motor vehicle injuries and deaths, reducing fall injuries for older adults, and improving car seat safety. We partner with the Nebraska Department of Transportation/Highway Safety Department to provide children's car seats to families. We also offer car seat checks in the community.



In collaboration with partners, FCHD implements two evidence-based programs (Tai Chi and Stepping On) to increase personal safety by improving people's balance and reducing falls.



MATERNAL AND CHILD HEALTH

Includes Women, Infant, and Children (WIC), family planning, newborn screening, evidence-based home visitation, Early Preventative Screening, Diagnosis, and Treatment (EPSDT).



FCHD is facilitating a community engagement process with four cities to make it easier for residents to be active, especially for those ages six to 17 years old. All community sectors are actively engaged in this planning and implementation.



The high number of older homes in the area increases the risk of elevated blood lead levels. FCHD staff educate at-risk families about the negative health effects experienced by children with elevated lead levels. Staff also share lead testing information and regulations with medical providers.



ADDITIONAL ACTIVITIES

Additional public health activities that Four Corners Health Department performs to assure that the health and wellbeing of Nebraskans are protected and improved.

Every summer and fall, FCHD traps, collects, and tests mosquitos. An unexpected discovery was made during our latest season of trapping, the presence of *Aedes aegypti* tropical mosquitoes. This is the the type of mosquito known to carry the Zika virus. The mosquito was confirmed through the Centers for Disease Control and Prevention (CDC) and was the first time it was ever found in Nebraska. A team from the Nebraska DHHS accompanied FCHD in extensive trapping efforts and door-to-door educational campaigns to 200 residences. Residents were asked to help in a community response effort by dumping any containers of standing water in their yards. A scientific publication was written on the discovery, surveillance, eradication, and community response efforts of this project.

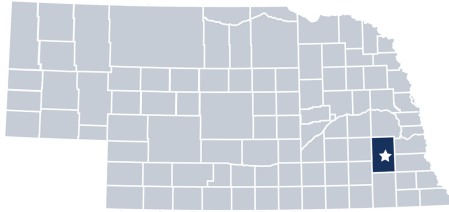
FCHD is an active member of many different coalitions found across the District. These coalitions focus on issues such as drug/alcohol abuse, suicide, housing, end-of-life, human trafficking, behavioral health, bullying, Veterans' needs, diabetes, and social determinants of health.

FCHD offers QPR (Question. Persuade. Refer.) classes to equip participants to assist someone that may be in a suicide crisis. Anyone can take this training and FCHD offers various trainings for different age groups. QPR will train people to recognize a suicide crisis and how to question, persuade, and refer someone to help. It is our hope to have just as many people trained in QPR as there are in CPR.



LINCOLN-LANCASTER COUNTY
HEALTH DEPARTMENT

Serving Lancaster County



ANNUAL REPORT 2020





SPOTLIGHT: COVID-19

COVID Risk Dial: The COVID-19 Risk Dial was developed by the Lincoln-Lancaster County Health Department (LLCHD) to help communicate to the public the risk of the spread of COVID-19 in the community. Since its inception in May 2020, LLCHD has used five primary measures, that can be described using current data, to communicate the risk to the public: Positivity Rate, Cases, Testing, Contact Tracing, and Health Care System Capacity. These measures are commonly cited by numerous reputable public health agencies and research organizations as important public health indicators for COVID-19. Throughout the pandemic, public health agencies such as the World Health Organization, the U.S. Centers for Disease Control and Prevention, state health departments, national public health associations, schools of public health, research foundations, and many other organizations have proposed specific metrics to measure the progress of, or set goals for, controlling the COVID-19 pandemic.

LLCHD developed a Risk Analysis Matrix tool and incorporated the Metrics used for the risk assessment. This was shared with all the local health departments (LHDs) across the state. LLCHD also developed specific guidance for each risk level for individuals at home and outside, businesses, and at-risk and vulnerable individuals.

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CONTINUED SPOTLIGHT: COVID-19

This guidance was shared with all the LHDs in a customizable format and LHDs were advised to customize it to fit local needs.

<https://lincoln.ne.gov/city/covid19/>

Metrics:

<https://lincoln.ne.gov/city/covid19/pdf/COVID19RiskDialMetricsDescription.pdf>



LINCOLN-LANCASTER COUNTY
HEALTH DEPARTMENT

ABOUT THIS REPORT

This report includes examples of efforts of **Lincoln-Lancaster County Health Department** to make the “Good Life” a healthy one in their jurisdiction. The following examples reflect work supported through multiple sources of funding, including monies from the Nebraska Health Care Funding Act (HCFA).

Local health departments act as communities’ Chief Health Strategists by assuring that the health and wellbeing of Nebraskans are protected and improved. Local health departments do this by working in each of the Three Core Function Areas of Public Health:



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Community Health Assessment (CHA) / Community Health Improvement Plan (CHIP)

This year a new CHA cycle in Lincoln/Lancaster County is starting in collaboration with Bryan Health and CHI St. Elizabeth’s, among other community partners. New this year, the Community Health Assessment Tool (CHAT) provides a single location for reviewing the most up-to-date and historical data available. All partners can use CHAT for reporting on measures. Another component will be the Community Health Survey of 15,000 residents using a geospatial sampling approach to drive location-based interventions by LLCHD. This community input process forms the other half of the Community Health Status Assessment. The CHIP will be developed in collaboration with partners using the Community Health Survey and the Community Health Status Assessment. Over-sampling of higher risk populations will provide equity-based focus on community health improvements.

CHIP PRIORITIES: The CHIP will be initiated in 2021 following the completion of the assessment activities described above.

AREAS OF WORK

ACCESS TO AND LINKAGE TO CLINICAL CARE

Includes coordination of services between medical providers and providers of health-related social needs, oral health/dental services, and behavioral/mental health.



LLCHD staff work with the schools and parents to assure that children with priority needs get an appointment with a dentist. The goals are that children receive care at least annually and to reduce the percent of children who have not seen a dentist in the past year to 25% or less. Last year 21% of children screened had not seen a dentist, meeting the goal. This initiative assures that serious oral health problems in children are identified and addressed.



CHRONIC DISEASE CONTROL AND PREVENTION

Includes asthma, cancer, cardiovascular disease, diabetes, obesity, tobacco control, and worksite wellness.



LLCHD promotes safe bicycling and walking through education and infrastructure improvements. Staff has provided coordination for developing the safety and education component of the 2020 Lincoln Transportation and Utilities and Lincoln Public Schools Lincoln School Zone Guidelines. LLCHD supports safe use of transportation and mobility for all active users. Recent efforts have been focused on assisting with the development and implementation of E-Scooter policy guidelines, and promotion of the existing BikeLNK bike share program which introduced E-Bikes earlier this year.



COMMUNICABLE DISEASE CONTROL AND PREVENTION

Includes communicable disease epidemiology (disease outbreak management/response), tuberculosis (TB), immunizations, sexually transmitted infections, and surveillance (tracking and following up on reports and provider/school reports).



LLCHD routinely assesses communicable diseases in the community. The epidemiologist is part of the Epi Team initiated within 24 hours of a disease outbreak report. The epidemiologist performs a number of functions related to assessment, follow-up, analysis and reporting. During the pandemic this year, epidemiologists have developed survey questions for following individuals in isolation or quarantine, built the COVID dashboard and the Risk Dial, analyzed data and created daily reports to support decision-making by the Health Director, the Mayor and Unified Command.



AREAS OF WORK

ENVIRONMENTAL HEALTH

Includes radon, lead, emergency response, hazardous substances and sites, and Complete Streets initiatives.



Environmental Public Health continued to provide services throughout the COVID-19 pandemic. In addition, Directed Health Measures (DHMs) required a lot of staff time for technical assistance to regulated businesses, such as restaurants and bars, body art establishments, barbers, cosmetologists and massage therapists. Staff also responded to hundreds of complaints about businesses or individuals not complying with the measures. Also, local ordinance requires childcare centers to report specific illnesses within 24 hours through the online illness reporting system, which is reviewed daily by LLCHD and followed up with consultation.



INJURY PREVENTION

Includes motor vehicle injuries, occupational injuries, senior fall prevention, substance abuse, car seat safety, binge drinking, and distracted driving.



LLCHD assesses the leading causes of unintentional injury to children and adults through review of hospital record data, YRBS/BRFSS injury data, and local police and fire accident and fire data. Staff, along with Safe Kids coalition partners, utilize this information to create data-driven strategies using CDC/Safe Kids Worldwide recommended policies and public awareness efforts (i.e. car seat inspections, drowning prevention and pool retailer education, youth sports injury prevention videos for volunteer coaches and families, smoke alarm and safe disposal videos, child care training certification).



MATERNAL AND CHILD HEALTH

Includes Women, Infant, and Children (WIC), family planning, newborn screening, evidence-based home visitation, Early Preventative Screening, Diagnosis, and Treatment (EPSDT).



Our epidemiology team and information management team continue to support our evidence-based home visitation program. They maintain the automated reporting and dashboards to provide quality data. The dashboards provide home visitors daily updates on caseloads and clients, tracks assessments and interventions by required time frames, and monitors timelines required to meet benchmarks. Tracking the benchmarks and outcomes in near real time helps supervisors/home visitors reach their goals. This reporting function creates a monthly report to the state.



ADDITIONAL ACTIVITIES

Additional public health activities that Lincoln-Lancaster County Health Department performs to assure that the health and wellbeing of Nebraskans are protected and improved.

With the pandemic, LLCHD identified the need to track personal protective equipment (PPE) information including needs, requests, and usage from local health care facilities and community. Shortages of PPE affected many parts of the country. We needed a system so people outside our organization could make requests, we could review and approve, track inventory, and fulfill requests as well as update the inventory and track where PPE went. Our Information Management team quickly built a system. This system has been implemented in three phases beginning in early April.

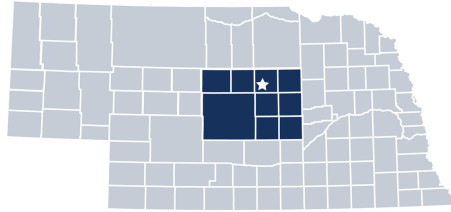
The pandemic took priority this year, but other accomplishments include:

1. Updated department equipment and servers to comply with current cybersecurity requirements,
2. Upgraded to a new clinical EHR (Electronic Health Records) system,
3. Setup secure e-mail,
4. Updated meeting rooms for remote meetings, and
5. Assured staff were adequately equipped for telework.

LLCHD continues to provide Hazardous Materials Response and work with other agencies in planning for emergency situations. Much effort was put into planning for the Vigilant Guard exercise planned for May 2020. This was going to be a major exercise intended to stress multiple aspects of the emergency response system, including fire, hazmat, EMS, medical, infrastructure, and mass casualty. A significant focus was going to be how to set up the most effective Unified Command structure and response teams. COVID-19 responses by various agencies required this exercise to be placed on hold. The exercise will likely be completed in the future.

LOUP BASIN PUBLIC HEALTH DEPARTMENT

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



ANNUAL REPORT 2020





SPOTLIGHT: COVID-19

COVID-19 is the illness caused by a novel coronavirus first identified in Wuhan, China, in late 2019. Loup Basin Public Health Department (LBPHD) staff have been monitoring the COVID-19 outbreak, which is a public health emergency that on March 11 was declared a pandemic by the World Health Organization. The first case of COVID-19 in the United States was on January 20, 2020. On March 6 officials confirmed the first case of COVID-19 in Nebraska. A short month afterward, LBPHD confirmed their first positive case on April 4. LBPHD has had an active role in the response to the progression of COVID-19 in our district. The Emergency Response Coordinator (ERC) and other LBPHD staff actively monitored the spread of the virus globally and participated in many planning and informational meetings with partners and the Nebraska Department of Health and Human Services (DHHS). Early on in the response, Zoom calls were established with partners, such as hospitals, long-term care facilities, emergency medical services, and schools. LBPHD has worked to make recommendations that balance rapidly changing science and wide-ranging health and economic impacts.

LBPHD staff do contact tracing on all positive cases in our district. This is done to interrupt ongoing transmission and reduce the spread of infection in our district.

(Continued)

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CONTINUED SPOTLIGHT: COVID-19

LBPHD has also worked closely with Nebraska DHHS in distribution of critically needed personal protective equipment (PPE), such as face masks, face shields, gloves, and gowns. PPE has been distributed to hospitals, long-term care facilities, and emergency medical services in the district.

Critically needed testing sites have also been established in the district in coordination with LBPHD. Test Nebraska, the Army National Guard, and local hospitals have all made testing available in our district.



**LOUP BASIN PUBLIC
HEALTH DEPARTMENT**

ABOUT THIS REPORT

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Community Health Assessment (CHA) / Community Health Improvement Plan (CHIP)

The Loup Basin Community Health Assessment (CHA) is completed every three years as a group effort among public health, health care, educational facilities, established coalitions, and other key leaders in the community. This process demonstrates a commitment to assessing the health needs of Blaine, Custer, Garfield, Greeley, Howard, Loup, Sherman, Valley, and Wheeler counties. The results of the CHA are used to develop the Community Health Improvement Plan (CHIP). The CHIP contains priorities, goals, and strategies to impact the health of our community.

CHIP GOAL 1: Reduce the incidence and progression of heart disease.

CHIP GOAL 2: Prevent oral diseases and conditions and improve access to preventative services and dental care for children.

AREAS OF WORK

ACCESS TO AND LINKAGE TO CLINICAL CARE

Includes coordination of services between medical providers and providers of health-related social needs, oral health/dental services, and behavioral/mental health.



Loup Basin Smiles is an oral health prevention program that provides fluoride varnish at Head Start programs, preschools, and elementary schools in LBPHD's district. LBPHD uses public health certified dental hygienists to perform oral screenings and apply fluoride varnish treatments to children's teeth. Loup Basin Smiles reaches over 2,000 students during the school year.



CHRONIC DISEASE CONTROL AND PREVENTION

Includes asthma, cancer, cardiovascular disease, diabetes, obesity, tobacco control, and worksite wellness.



The Well @ Work program offers onsite health screenings to businesses and schools in the LBPHD service area. Important health screening data is obtained and personalized education is shared with participants to improve health outcomes through modifications in nutrition and physical activity.



When appropriate, referrals are made to the participant's primary medical provider for further evaluation of health screening findings.



COMMUNICABLE DISEASE CONTROL AND PREVENTION

Includes communicable disease epidemiology (disease outbreak management/response), tuberculosis (TB), immunizations, sexually transmitted infections, and surveillance (tracking and following up on reports and provider/school reports).



LBPHD conducts surveillance, investigation, and follow-up of reportable communicable diseases as part of responsibilities of local health departments. Nebraska utilizes an electronic reporting system called the National Electronic Disease Surveillance System (NEDSS) allowing health departments to receive communicable disease reports from a variety of healthcare entities.



AREAS OF WORK

ENVIRONMENTAL HEALTH

Includes radon, lead, emergency response, hazardous substances and sites, and Complete Streets initiatives.



Whether caused by natural, accidental, or intentional means, public health threats are always present and can lead to public health incidents. Since 2001, LBPHD has been collaborating with local, state, and national partners to prevent, respond to, and rapidly recover from ever-changing public health threats, protecting the community's health. Program requirements include annually updating, training, and developing relationships and procedures while adhering to national standards.



INJURY PREVENTION

Includes motor vehicle injuries, occupational injuries, senior fall prevention, substance abuse, car seat safety, binge drinking, and distracted driving.



LBPHD has a public health nurse that is certified as a car seat technician and is available by appointment to instruct caregivers on installation, provide education, and inspect car seats. LBPHD holds car seat events in coordination with Team Physical Therapy, Safe Kids North Central/Avera St. Anthony's Hospital, Boone County Health Center, Nebraska State Patrol, and the Burwell Volunteer Fire Department to allow parents and caregivers the opportunity to have their child passenger safety seats inspected and have a chance to purchase, with financial aid from a grant, proper car seats.



MATERNAL AND CHILD HEALTH

Includes Women, Infant, and Children (WIC), family planning, newborn screening, evidence-based home visitation, Early Preventative Screening, Diagnosis, and Treatment (EPSDT).



LBPHD protects the families in our health district by providing a wide array of services such as immunizations, health screenings, communicable disease investigations, and car seat safety checks and education. Currently, LBPHD does not provide any specific maternal or child and family health programs. These needs are met by Nebraska DHHS or other resources in our area. LBPHD refers all candidates for these programs to these resources.



ADDITIONAL ACTIVITIES

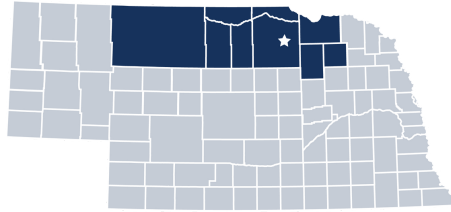
Additional public health activities that Loup Basin Public Health Department performs to assure that the health and wellbeing of Nebraskans are protected and improved.

Loup Basin Public Health Department (LBPHD) strives to reduce or eliminate cases of vaccine preventable diseases through vaccine administration. The immunization program promotes and provides adult and childhood immunizations. In addition to administering vaccines in the office, immunization services are offered every other month in Broken Bow, Custer County. Health department staff works with local school nurses to assure compliance with Nebraska Student Immunization Law. LBPHD is committed to assuring accurate data entry into the Nebraska State Immunization Information System (NESIIS).

LBPHD participates in the Vaccines for Children (VFC) and Adult Immunization Program (AIP). These programs are federally-funded and state-operated vaccine supply programs. Through the programs, ACIP (Advisory Committee on Immunization Practices) recommended vaccine can be given to eligible persons for a requested donation.

NORTH CENTRAL DISTRICT HEALTH DEPARTMENT

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



ANNUAL REPORT 2020





SPOTLIGHT: COVID-19

When COVID response hit, it hit hard and fast. North Central District Health Department (NCDHD) worked with community partners to reduce the fast spread of this virus, reduce morbidity and mortality, and to keep the health care system ready for response. Educating the public through many venues has proven crucial in mitigating the spread of COVID-19. NCDHD is working diligently with schools to develop back to school and continuity of operation plans to ensure a safe and successful year. NCDHD prioritizes area long-term care facilities to mitigate risk and develop action plans for this high-risk population. Continued response to COVID-19 will inevitably be needed. However, NCDHD created a firm foundation for the district by providing testing sites, supplies, personal protective equipment (PPE) for providers, school guidance, long-term care facility support, education to the public, disease surveillance, and contact tracing.



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NORTH CENTRAL DISTRICT
HEALTH DEPARTMENT

ABOUT THIS REPORT

This report includes examples of efforts of **North Central District Health Department** to make the “Good Life” a healthy one in their jurisdiction. The following examples reflect work supported through multiple sources of funding, including monies from the Nebraska Health Care Funding Act (HCFA).

Local health departments act as communities’ Chief Health Strategists by assuring that the health and wellbeing of Nebraskans are protected and improved. Local health departments do this by working in each of the Three Core Function Areas of Public Health:



Assessment: Collect and analyze information about health problems in Nebraska communities.



Policy Development: Work with partners to apply data, educate the public, and develop programs and policies—all to address and prevent illness, disease and disability.



Assurance: Promote effective coordination and use of community resources to protect the health and wellbeing of Nebraskans.

Community Health Assessment (CHA) / Community Health Improvement Plan (CHIP)

The CHA was completed in 2018-2019 with community partners, who then developed a comprehensive CHIP to address the main health concerns in the district. NCDHD continues to actively assess the needs of the district to effectively improve the health and wellness in the area. The CHIP workgroup continued to meet through the COVID-19 pandemic virtually to create a mental health campaign and educational materials specific to the district. NCDHD has identified four groups with disproportionate health needs and works to focus the CHIP efforts on those groups: Native Americans, Hispanics, those living in poverty, and the elderly.

CHIP PRIORITIES:

Priority 1: Chronic Disease Detection and Management

Priority 2: Mental Wellness

AREAS OF WORK

ACCESS TO AND LINKAGE TO CLINICAL CARE

Includes coordination of services between medical providers and providers of health-related social needs, oral health/dental services, and behavioral/mental health.



NCDHD continues to work with providers in the health district to improve access to care. NCDHD has initiated a chronic disease management course of action and is working with health care providers prioritizing diabetes, cardiovascular disease, and obesity. NCDHD is part of a Health Resources Services Administration (HRSA) grant where, with six additional Nebraska local health departments, NCDHD will partner with providers to develop a system of care coordination beyond the medical home.

CHRONIC DISEASE CONTROL AND PREVENTION

Includes asthma, cancer, cardiovascular disease, diabetes, obesity, tobacco control, and worksite wellness.



NCDHD coordinates a Working on Wellness program which provides health screenings to residents in their place of employment. The wellness screening includes total cholesterol, HDL cholesterol, LDL cholesterol, triglycerides, glucose, blood pressure, pulse, height, weight, body mass index (BMI), body fat percentage, and a comprehensive health risk assessment. Chronic disease prevention is also a large part of the substance abuse prevention programs aimed at tobacco and nicotine prevention.

COMMUNICABLE DISEASE CONTROL AND PREVENTION

Includes communicable disease epidemiology (disease outbreak management/response), tuberculosis (TB), immunizations, sexually transmitted infections, and surveillance (tracking and following up on reports and provider/school reports).



NCDHD addresses communicable disease in the district by providing vaccines and disease surveillance. NCDHD makes vaccine accessible to uninsured and underinsured residents at reduced or no cost and in their own community by scheduling vaccine clinics around the district. The disease surveillance program monitors and investigates diseases to help prevent and control outbreaks. In coordination with the Nebraska Department of Health and Human Services (DHHS), NCDHD conducts epidemiological investigations and follow-up. Investigations involve vector-borne disease (diseases spread by mosquitos and ticks), food and water-borne illnesses, hepatitis and other infectious diseases and health concerns.

AREAS OF WORK

ENVIRONMENTAL HEALTH

Includes radon, lead, emergency response, hazardous substances and sites, and Complete Streets initiatives.



NCDHD raises awareness of environmental health factors which could compromise the community's health. These threats include radon, mold, mosquito born illness, rabies, and occupational airborne toxins. NCDHD:



- provides education and mitigation information for radon and mold, in addition to providing radon kits.
- collects mosquito samples to test for arboviruses, such as West Nile Virus.
- provides consultation to healthcare providers, veterinarians, and the public to determine if a potential rabies exposure occurred.
- provides fit testing of PPE to protect community members from hazardous gases, fumes, mists, aerosols, vapors, and smoke they may encounter across occupational scenarios.



INJURY PREVENTION

Includes motor vehicle injuries, occupational injuries, senior fall prevention, substance abuse, car seat safety, binge drinking, and distracted driving.



NCDHD partnered with North Central Community Care Partnership, a local non-profit organization, to provide reflective gear to the community in effort to reduce bicycle and pedestrian injuries.



MATERNAL AND CHILD HEALTH

Includes Women, Infant, and Children (WIC), family planning, newborn screening, evidence-based home visitation, Early Preventative Screening, Diagnosis, and Treatment (EPSDT).



NCDHD provides local hospitals with dental health take-home kits for every newborn and mother in area hospitals. The kit includes education for the parents about oral hygiene along with newborn finger swabs, infant finger toothbrush and a toothbrush for each stage up to a child-size toothbrush.



ADDITIONAL ACTIVITIES

Additional public health activities that North Central District Health Department performs to assure that the health and wellbeing of Nebraskans are protected and improved.

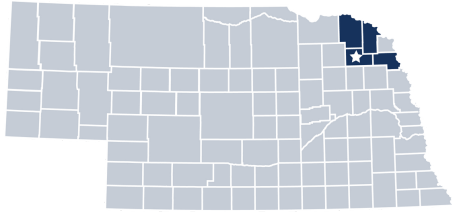
North Central District Health Department (NCDHD) provides many other services to address the district's dental health and prevent substance abuse.

Miles of Smiles (MOS) is a school-based oral screening and fluoride varnish program available to preschool, elementary, and middle school-age students within the nine-county health district. The MOS program uses Public Health Authorized Registered Dental Hygienists to conduct the oral screening examinations and apply fluoride varnish.

The NCDHD substance abuse prevention program extends across the district, with the assistance of six, county-level coalitions. Substance abuse prevention initiatives include hosting Responsible Beverage Server Trainings (RBST) for alcohol retailers, educating on local policy effects, supporting alcohol and tobacco compliance checks, funding saturation patrols, funding prevention education in schools, and implementing extensive media campaigns. NCDHD and the Area Substance Abuse Prevention Coalition work to reduce youth substance abuse in north-central Nebraska by working with the community to create population-level changes.

NORTHEAST NEBRASKA PUBLIC
HEALTH DEPARTMENT

Serving Cedar, Dixon, Thurston, and Wayne Counties



ANNUAL REPORT 2020





SPOTLIGHT: COVID-19

COVID-19 first made its presence known in the Northeast Nebraska Public Health Department (NNPHD) district on March 9, 2020. NNPHD had been preparing for a pandemic response with partners for years and had already begun attending Nebraska DHHS training sessions to stay abreast of this emerging situation. The Emergency Operations Center was opened on March 2 as it became evident that the virus would arrive locally. The Joint Operations Center was opened March 19, and the sub hub for personal protective equipment (PPE) distribution opened March 16. NNPHD began offering regular telephone calls to update local medical partners of the evolving situation on March 3. The response required an enormous amount of attention (and overtime) by all NNPHD staff as operations quickly shifted from five to seven days per week. NNPHD began offering update calls to schools on March 11. Weekly community leadership and business updates began on April 1. As of the end of June, 2020 there were 1307 tests reported and 259 positive cases of COVID-19 in the Health District with many more people quarantined due to the virus.

(Continued)



CONTINUED SPOTLIGHT: COVID-19

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NNPHD has worked closely with Nebraska DHHS, other health departments (including both Tribal Health Departments in the health district), and numerous other partners to ensure coordinated response efforts. Test Nebraska sites were set up with partners beginning in April. The Northeast Nebraska Public Power District provides warehouse space and their forklift to assist with PPE delivery.

School partners and other volunteers provided their assistance with distribution of PPE as part of the sub hub distribution process before the county Emergency Managers assumed the ongoing responsibility of PPE distribution to partners in each county. The number of partners in this process has been countless, necessary, and inspiring.

Northeast Nebraska

Public



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Department

NORTHEAST NEBRASKA PUBLIC

HEALTH DEPARTMENT

ABOUT THIS REPORT

This report includes examples of efforts of **Northeast Nebraska Public Health Department** to make the “Good Life” a healthy one in their jurisdiction. The following examples reflect work supported through multiple sources of funding, including monies from the Nebraska Health Care Funding Act (HCFA).

Local health departments act as communities’ Chief Health Strategists by assuring that the health and wellbeing of Nebraskans are protected and improved. Local health departments do this by working in each of the Three Core Function Areas of Public Health:



Assessment: Collect and analyze information about health problems in Nebraska communities.



Policy Development: Work with partners to apply data, educate the public, and develop programs and policies—all to address and prevent illness, disease and disability.



Assurance: Promote effective coordination and use of community resources to protect the health and wellbeing of Nebraskans.

Community Health Assessment (CHA) / Community Health Improvement Plan (CHIP)

The 2019 Community Health Assessment (CHA) work strengthened new partnerships. The CHA process began with two critical access hospitals, one Tribal Health Department and NNPHD. Momentum continued as community coalitions developed to address the Community Health Improvement Plan (CHIP) priorities of obesity and behavioral health. The vision of the Network was formulated: “Working Together We Create a Healthier Community.” The Network Mission is: “In rural Nebraska, it’s important that we maximize our resources. That’s why we are working together as partners to measure the health of the area and make a plan that will create a healthier community for all people.” Objectives were developed and work plans were drafted. The Network and the coalitions continued to grow until the pandemic put a pause on the work.

CHIP PRIORITIES:

- Improve behavioral health through prevention and by ensuring access to appropriate, quality mental health services.
- Promote health and reduce chronic disease risk through the consumption of healthful diets and achievement and maintenance of healthy body weights.

AREAS OF WORK

ACCESS TO AND LINKAGE TO CLINICAL CARE

Includes coordination of services between medical providers and providers of health-related social needs, oral health/dental services, and behavioral/mental health.



NNPHD employs a bilingual (Spanish and English speaking) Community Health Worker (CHW) and is a primary connection to services for the area's Spanish-speaking population. NNPHD is a member of the Wayne Area Family Coalition which guides this work. Funding comes from Nebraska Children and Families Foundation, Wayne United Way and the Wayne Ministerial Association. In 2019, NNPHD provided a constant access point and case management services to 116 individuals in need, connecting them to services and assisting with personal goal development.



CHRONIC DISEASE CONTROL AND PREVENTION

Includes asthma, cancer, cardiovascular disease, diabetes, obesity, tobacco control, and worksite wellness.



NNPHD obtained three grants on behalf of the Network coalitions:

- "Building Healthy Families" (BHF) pilot project grant from University of Nebraska at Kearney is an evidence-based program that includes physical activity, nutrition and behavior change to help families learn to make healthier choices.
- A Maternal Child Health (MCH) grant to support the work of the coalitions.
- A Health Resources Services Administration (HRSA) Rural Health Network Development grant to address obesity and build the growing Network at the same time.



COMMUNICABLE DISEASE CONTROL AND PREVENTION

Includes communicable disease epidemiology (disease outbreak management/response), tuberculosis (TB), immunizations, sexually transmitted infections, and surveillance (tracking and following up on reports and provider/school reports).



In the Fall of 2019, a mumps outbreak originated in the health district. NNPHD worked with numerous partners to investigate and contain the virus. Schools were involved to identify, quarantine and isolate cases. The Community Action Agency, local medical clinic, and local Fire Department collaborated to provide MMR vaccinations to 327 people. This response was featured in the CDC's Morbidity and Mortality Weekly Report in June 2020 (see: <https://www.cdc.gov/mmwr/volumes/69/wr/mm6922a2.htm>)



An additional 792 reportable disease cases were investigated this year.

AREAS OF WORK

ENVIRONMENTAL HEALTH

Includes radon, lead, emergency response, hazardous substances and sites, and Complete Streets initiatives.



Environmental focus areas for NNPHD include lead, West Nile Virus and radon. Public education was conducted through newspaper and radio ads and Facebook posts. NNPHD worked with area medical providers to increase lead testing for children. In all, 121 radon test kits and mitigation information were provided to residents. NNPHD trapped mosquitos to monitor for West Nile Virus (WNV). If a positive WNV mosquito pool is identified, NNPHD works with partners to ensure preventive measures are taken.



INJURY PREVENTION

Includes motor vehicle injuries, occupational injuries, senior fall prevention, substance abuse, car seat safety, binge drinking, and distracted driving.



NNPHD received a grant from the Northeast Nebraska Area Agency on Aging to provide a Tai Chi workshop for senior citizens in the area. Following the initial class, NNPHD worked with Providence Medical Center (PMC) to plan for future classes. Unfortunately, shortly before the next class was to begin, the COVID-19 pandemic hit the area and classes were put on hold.



MATERNAL AND CHILD HEALTH

Includes Women, Infant, and Children (WIC), family planning, newborn screening, evidence-based home visitation, Early Preventative Screening, Diagnosis, and Treatment (EPSDT).



NNPHD provided oral health exams and fluoride varnish to 582 children, 73 (12.5%) of these children were referred to a dentist for urgent care needs. The program was expanding to include sealants and Senior Citizen oral cleanings, but plans were put on hold due to COVID-19.



NNPHD worked with four school partners to provide technical assistance for their Local School Wellness Policy development and implementation.



ADDITIONAL ACTIVITIES

Additional public health activities that Northeast Nebraska Public Health Department performs to assure that the health and wellbeing of Nebraskans are protected and improved.

Other projects not mentioned earlier in this report include:

NNPHD's VetSET program completed a Thank You campaign this year distributing 100 "Thank You for our Freedom" yard signs and 100 window clings to military Veterans in the health district.

Additional grants to address substance use prevention were secured including a Region 4 Behavioral Health System grant and a Nebraska DHHS overdose prevention grant. All grant activities were brought to a standstill due to the pandemic beginning in March and continuing beyond the report year.

NNPHD's Emergency Preparedness planning activities ensure response capabilities. This year, exercises with partners included 12 drills, three tabletop, three functional and one full-scale. In addition, NNPHD staff responded to assist Omaha Nation Tribal partners in a behavioral health response on February 23, 2020.

The NNPHD Health Director, Julie Rother, met with the Board of Health (BOH) and county boards to present on and adopt the regulations for communicable disease, illness and poisoning. The BOH and three of the four counties adopted the regulation as well as did the largest city in the district.

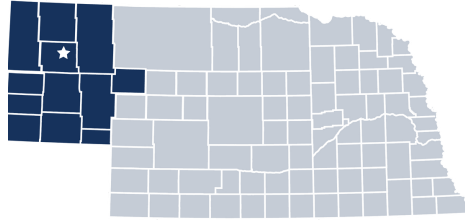
NNPHD worked with the county Emergency Managers, the regional healthcare coalition and other local health departments to complete the regional hazard vulnerability assessment.

The highlight of the 2019-2020 fiscal year was the partnerships and collaboration that grew from the Community Health Assessment and Community Health Improvement Planning activities. The community coalitions continued to grow until the pandemic struck. However, the pandemic response only served to strengthen the partnerships and collaborative efforts that were beginning to grow between local public health, the local healthcare systems and the communities served.



PANHANDLE PUBLIC HEALTH DISTRICT

Serving Banner, Box Butte, Cheyenne, Dawes, Deuel, Garden, Grant, Kimball, Morrill, Scotts Bluff, Sheridan, and Sioux Counties



ANNUAL REPORT 2020





SPOTLIGHT: COVID-19

Panhandle Public Health District (PPHD) has been actively responding to the COVID-19 pandemic since Unified Command (local public health, Region 21, 22, and 23 Emergency Managers) was established on February 28th. We have been able to expand capacity: pulling all staff into the COVID-19 response, contracting, and hiring additional staff. We implemented several strategies to provide accurate, clear education and communication.

- The Daily Briefing has been an effective way to communicate with over 500 unique listeners and manage the media. Our 24/7 line has offered support to over 3,445 callers.
- Partner updates and Health Care Coalition Taskforce meetings provide guidance. Hospital capacity reports are shared with state and local partners daily Monday-Friday. The PPHD Dashboard and Risk Dial keep the public informed.
- PPHD coordinates personal protective equipment (PPE). Staff have driven over 21,883 miles delivering PPE.
- We have worked with over 200 event planners to develop safety plans to assure safe gatherings per the State's Directed Health Measure (DHM).

(Continued)

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CONTINUED SPOTLIGHT: COVID-19

PPHD covers 23 school districts and two college systems. They have been leaders in their community in the COVID-19 response. Our guidance for mitigation in the schools is based on the PPHD risk dial. Weekly meetings have occurred since March. We are in daily communication through case investigations.

Early on, PPHD coordinated testing with the National Guard; this transitioned to Test Nebraska, in Chadron, Gordon, Alliance, Sidney, and Scottsbluff. We also coordinate testing with Community Action Health Center. Several hospitals, including Morrill County Community Hospital, also do onsite testing.

Disease Investigation is a priority as we know quarantining close contacts is key to reducing exposure. Investigators work seven days a week to complete each investigation within 24 hours. We have investigated over 700 positive cases.



ABOUT THIS REPORT

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Assurance: Promote effective coordination and use of community resources to protect the health and wellbeing of Nebraskans.

Community Health Assessment (CHA) / Community Health Improvement Plan (CHIP)

The last Panhandle Community Health Assessment was completed in 2017, and we are currently in a new assessment cycle. PPHD uses the Mobilizing for Action through Planning and Partnerships (MAPP) process to complete the CHA. The Community Health Survey was completed in Fall 2019, and focus groups were completed in Spring 2020. The Forces of Change Assessment and Visioning process were completed virtually in July 2020. The Local Public Health Assessment was completed in Spring/Summer of 2020. All findings will be presented for the prioritization process in August 2020, where priorities for the next CHIP cycle will be affirmed.

2018-2020 CHIP PRIORITY AREAS: Access to Care, Aging Population, Behavioral Health (Mental Well-Being & Substance Abuse), Chronic Disease (Cancer, Cardiovascular Disease, Diabetes, Chronic Disease Risk Factors), Early Childhood Care & Education, and Social Determinants of Health.

AREAS OF WORK

ACCESS TO AND LINKAGE TO CLINICAL CARE

Includes coordination of services between medical providers and providers of health-related social needs, oral health/dental services, and behavioral/mental health.



The Panhandle was identified as one of five areas of high burden for opioid overdose in Nebraska. This information led to a focus on expanding access to addiction treatment. The Opioid Collaboration Team was developed. The collaboration (PPHD, Region 1 Behavioral Health Authority, CAPWN) has provided regular communication for coordination and opportunities, community supports engaged in training opportunities for recovery, expanded access to medication assisted treatment for Opioid Use Disorder (OUD), and a coordinated referral system to OUD services.



CHRONIC DISEASE CONTROL AND PREVENTION

Includes asthma, cancer, cardiovascular disease, diabetes, obesity, tobacco control, and worksite wellness.



Chronic diseases affect one-in-three Panhandle Adults. Most chronic conditions have similar risk factors: tobacco use, excessive alcohol use, physical inactivity, and poor nutrition. The good news is that we can control most of these factors. Modest lifestyle modifications can prevent or manage most chronic conditions. PPHD provides health and wellness coaching, community programs – such as Living Well and National Diabetes Prevention Program – and worksite supports to strengthen residents' efforts to get or stay healthy.



COMMUNICABLE DISEASE CONTROL AND PREVENTION

Includes communicable disease epidemiology (disease outbreak management/response), tuberculosis (TB), immunizations, sexually transmitted infections, and surveillance (tracking and following up on reports and provider/school reports).



Communicable disease surveillance involves early detection, prompt investigation, and monitoring the occurrence and distribution of disease. Timely recognition of a disease within a community coupled with rapid investigation enables the proper implementation of prevention and control activities. These activities can contain the spread of disease within the population before an illness becomes a major public health crisis, reducing the risk of disease transmission. Disease surveillance protects individuals and families from disease and controls spread throughout communities.



AREAS OF WORK

ENVIRONMENTAL HEALTH

Includes radon, lead, emergency response, hazardous substances and sites, and Complete Streets initiatives.



In addition to preventing West Nile Virus and exposure to radon, PPHD also protects Panhandle children from lead. PPHD staff is now certified as a Lead Abatement Risk Assessor. We have the knowledge and equipment to test homes for possible lead exposure. Our disease investigators follow up on all high blood lead levels and guide families in reducing the exposure and mitigating the risk. Lead is a toxic metal that can impact a child's growth and development.



INJURY PREVENTION

Includes motor vehicle injuries, occupational injuries, senior fall prevention, substance abuse, car seat safety, binge drinking, and distracted driving.



PPHD works on a number of prevention initiatives, including opioid misuse and abuse, suicide prevention, underage tobacco and e-cigarette use, underage alcohol and binge drinking, and substance abuse and tobacco prevention in general. Believe it or not, teens still listen to their parents. In fact, kids usually listen to their parents more than anybody else, including their friends. The three steps to keep your child substance free are bonding, boundaries, and monitoring. We facilitate the work of four community-level active living advisory committees for safe walking, biking, and rolling.



MATERNAL AND CHILD HEALTH

Includes Women, Infant, and Children (WIC), family planning, newborn screening, evidence-based home visitation, Early Preventative Screening, Diagnosis, and Treatment (EPSDT).



Healthy Families Nebraska Panhandle continues its services of home visitation for families who are pregnant and/or parenting newborns and young children. We adapted our services through the pandemic. Our program also adapted a new protocol to begin accepting referrals for families involved in the child welfare system. We have almost one year's worth of data on this adaptation to show our preventative services help some families steer out of child welfare involvement.



ADDITIONAL ACTIVITIES

Additional public health activities that Panhandle Public Health District performs to assure that the health and wellbeing of Nebraskans are protected and improved.

PPHD, with the Panhandle Worksite Wellness Council, has continued our partnership with area businesses and employers to support their wellness initiatives through a membership-based council structure. Integration of evidence-based programming like National Diabetes Prevention Program and Living Well, and efforts that support health and wellness policies at organizations continue to proliferate. This year was the first year our council oversaw the Governor's Wellness Award.



WPCI employees, based in Scottsbluff, participated in Go Red February 2020 to raise employee awareness and provide resources on heart disease & stroke.

We have updated our annual worksite scorecard process to include important questions on mental health and substance misuse support for employees in distress and recovery. A scorecard is provided to each business to benchmark against other area businesses and show important strengths and areas-of-opportunity. This annual process also reveals the most critical strategic directions and considerations for leveraging opportunities accordingly. An example of this was braiding in the opioid prevention work and offering a recovery-friendly worksite series in partnership with Hazelden Betty Ford Foundation.

Partnerships with worksites continue to be an effective conduit during the COVID response, with a weekly update beginning in early March through June and transitioning to monthly thereafter. The regular updates with businesses and employers provided continuous communication, support, and outreach to 808 unique area contacts. We worked with several businesses to support their internal and external risk communication strategies to remain factual and transparent during these critical times.

PPHD embraces its role as Chief Health Strategists to leverage innovative, worksite health strategies.

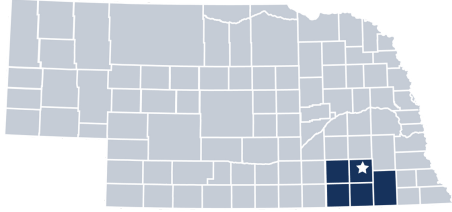


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ANNUAL REPORT 2020





SPOTLIGHT: COVID-19

Responding to and providing leadership during the COVID-19 pandemic has become the main focus of Public Health Solutions (PHS) staff members this year. Early during the pandemic, PHS staff were focused on providing guidance and recommendations to healthcare providers and patients diagnosed with COVID-19. As the pandemic grew, the focus of PHS changed to meet the needs of the district. When the availability of personal protective equipment (PPE) was in severe shortage, PHS staff were assigned to organize and distribute PPE to healthcare providers, first responders, and other critical service personnel. PHS epidemiology staff continues to provide contact investigation and tracing for all positive cases reported within the five-county district. Serving as a resource for current guidelines and recommendations for safety and disease prevention, the PHS team works with schools, businesses, organizations, and local leaders to provide the safest environments possible for area residents.



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PUBLIC HEALTH SOLUTIONS

ABOUT THIS REPORT

This report includes examples of efforts of **Public Health Solutions** to make the “Good Life” a healthy one in their jurisdiction. The following examples reflect work supported through multiple sources of funding, including monies from the Nebraska Health Care Funding Act (HCFA).

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Assurance: Promote effective coordination and use of community resources to protect the health and wellbeing of Nebraskans.

Community Health Assessment (CHA) / Community Health Improvement Plan (CHIP)

Partners for a Health Community (a regional coalition) completed a comprehensive Community Health Improvement Plan fall 2019. As a result of this planning and the partnerships formed during the process, PHS has sought additional resources and funding to address CHIP priorities in the communities served. Joint grant proposals have been submitted and planning has begun on conducting an environmental scan to determine current mental health service resources and gaps within our district.

CHIP PRIORITIES: Priorities identified in this plan include...

- mental health - including mental and emotional well-being and substance use
- chronic disease - specifically metabolic disorders,
- access to resources and opportunities (health equity), and
- environmental health - focused on safe and healthy community environments.

AREAS OF WORK

ACCESS TO AND LINKAGE TO CLINICAL CARE

Includes coordination of services between medical providers and providers of health-related social needs, oral health/dental services, and behavioral/mental health.



PHS, in partnership with a local physician, provides chronic care management services, including a monthly clinic for district residents. Services include physician appointments, education, and referral to appropriate additional services.



CHRONIC DISEASE CONTROL AND PREVENTION

Includes asthma, cancer, cardiovascular disease, diabetes, obesity, tobacco control, and worksite wellness.



In addition to the chronic care management clinic, PHS provides referral services for educational programs, wellness programs, and cancer prevention. Examples of this include Living Well with Chronic Disease and patient navigation programs.



COMMUNICABLE DISEASE CONTROL AND PREVENTION

Includes communicable disease epidemiology (disease outbreak management/response), tuberculosis (TB), immunizations, sexually transmitted infections, and surveillance (tracking and following up on reports and provider/school reports).



PHS provides comprehensive disease surveillance and communicable disease control through partnerships with local healthcare providers and Nebraska DHHS. An epidemiology nurse provides case investigation and case management to patients experiencing an infectious or communicable disease.



AREAS OF WORK

ENVIRONMENTAL HEALTH

Includes radon, lead, emergency response, hazardous substances and sites, and Complete Streets initiatives.



Programs to increase the environmental health of district residents include radon awareness and risk reduction, lead poisoning education/case management, and services to provide resource and referral for sub-standard housing issues.



INJURY PREVENTION

Includes motor vehicle injuries, occupational injuries, senior fall prevention, substance abuse, car seat safety, binge drinking, and distracted driving.



PHS hosts the Southeast Nebraska Safe Kids Coalition. The coalition provides child passenger safety seat education and special projects for children such as medication safety. Pedestrian safety is the focus of safe and thriving community projects throughout the district.



Tai Chi: Moving for Better Balance is an evidenced based program to improve strength and balance, especially in older adults. PHS has formed partnerships with groups throughout the district to offer this program.



MATERNAL AND CHILD HEALTH

Includes Women, Infant, and Children (WIC), family planning, newborn screening, evidence-based home visitation, Early Preventative Screening, Diagnosis, and Treatment (EPSDT).

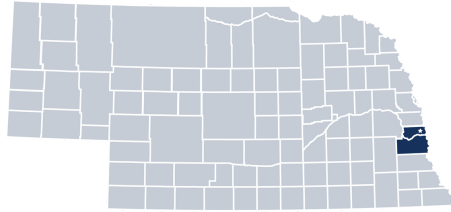


A robust home visitation program provides education and guidance to new parents in the district. Parents are provided with education on healthy childhood development. They work with their family support specialist to increase parenting skills and confidence. Through the Rooted in Relationships program, childcare centers have learned to implement the Pyramid Model, an evidence-based framework for promoting young children's healthy social and emotional development.



SARPY/CASS HEALTH DEPARTMENT

Serving Sarpy and Cass Counties



ANNUAL REPORT 2020





SPOTLIGHT: COVID-19

January 27, 2020 marked the official start of the Sarpy Cass Health Department's (SCHD) journey through the global pandemic, COVID-19. On this day the Department's Public Health Coordination Center (PHCC) was activated and set in motion several activities. The Department's core PHCC team consisted of the Health Director, Assistant Health Director, Emergency Preparedness Coordinator and Public Health Nurse - Disease Surveillance. This core team utilized the Department's continuity of operations plan, and set primary objectives that included communication, quarantine and isolation, epidemiology, and administrative functions. The Department has responded to the needs of the communities in the jurisdiction in a variety of ways since that last Monday in January. From coordinating drive-thru testing sites to providing public health recommendations to thousands of COVID-19 positive residents and many more activities in between.

While the Department's mission is to promote and protect the public's health, one specific population that has garnered special support from the onset of this journey has been the staff and residents of long-term care facilities (LTCF) and skilled nursing facilities (SNF) in our jurisdiction. A positive COVID-19 individual within this higher-risk population requires quick and immediate action to slow down or stop future spread of illness.
(Continued)

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CONTINUED SPOTLIGHT: COVID-19

In March 2020, an individual with multiple chronic medical conditions was admitted to a local SNF and soon after arrival began exhibiting signs of COVID-19. Testing for COVID-19 was ordered and the individual did, in fact, test positive. As our Department, with assistance from the Nebraska Department of Health and Human Services (DHHS) and the facility, began to identify exposures and stratify risk, it was important to develop a plan to ensure the health and wellbeing of the other facility residents as well as staff. Over 40 staff members were identified as having close contact with the positive individual and 10 were at the highest risk because of the care provided. Due to the large-scale exposures that had occurred, the Department staff quickly allocated the resources needed to facilitate a drive-up testing site in the Department's parking lot within less than 48 hours. Of the exposed staff that were tested no positives were identified. The Department continues to support our community partners that protect our aging population in LTCFs and SNFs by providing personal protective equipment (PPE) and testing supplies.



SARPY/CASS HEALTH DEPARTMENT

ABOUT THIS REPORT

This report includes examples of efforts of **Sarpy/Cass Health Department** to make the “Good Life” a healthy one in their jurisdiction. The following examples reflect work supported through multiple sources of funding, including monies from the Nebraska Health Care Funding Act (HCFA).

Local health departments act as communities’ Chief Health Strategists by assuring that the health and wellbeing of Nebraskans are protected and improved. Local health departments do this by working in each of the Three Core Function Areas of Public Health:



Assessment: Collect and analyze information about health problems in Nebraska communities.



Policy Development: Work with partners to apply data, educate the public, and develop programs and policies—all to address and prevent illness, disease and disability.



Assurance: Promote effective coordination and use of community resources to protect the health and wellbeing of Nebraskans.

Community Health Assessment (CHA) / Community Health Improvement Plan (CHIP)

The Sarpy Cass Health Department (SCHD), in conjunction with health systems and community partners across the Metro Area Region (Douglas, Cass, Pottawattamie and Sarpy counties), implements a regional Community Health Assessment every three years with the most recent assessment occurring in the Fall of 2018. Through a number of prioritization activities that engaged nearly 3,500 community members, mental health issues emerged as the number one health concern. In July 2019, the Department adopted a resolution to adopt mental health as the sole priority area for the 2019-2022 Community Health Improvement Plan (CHIP). Due to the transient nature of residents in the Metro Area Region it was decided by all of the local health departments in the Metro Area that we would collectively address this main priority in an effort to maximize impact on the health and well-being of residents.

CHIP PRIORITY: Mental Health

AREAS OF WORK

ACCESS TO AND LINKAGE TO CLINICAL CARE

Includes coordination of services between medical providers and providers of health-related social needs, oral health/dental services, and behavioral/mental health.



The Department's Health Hub program provides evidence based strategies (i.e. health coaching), behavioral/education supports (i.e. blood pressure cuff) and referrals to primary care providers for cancer screenings. Residents who enroll in the Every Woman Matters program at their primary care provider's office are linked to the Health Hub program and navigated to appropriate services by Department staff. This year, a dozen health coaching calls were made to women in the program.

CHRONIC DISEASE CONTROL AND PREVENTION

Includes asthma, cancer, cardiovascular disease, diabetes, obesity, tobacco control, and worksite wellness.



The Department has engaged in several chronic disease control and prevention strategies and activities this year. As a founding partner of Share Our Table, a coalition focused on food security, the Department continues to explore opportunities to increase residents' access to healthy foods. The Department's Active Aging program provides one-on-one support and education to seniors with a goal of keeping aging residents in their homes. This year nurses conducted 100 wellness clinics, which provided foot care, blood pressure screening, individualized health information and referrals to over 600 individuals. These same services were also provided to 130 seniors as part of the home visitation program.

COMMUNICABLE DISEASE CONTROL AND PREVENTION

Includes communicable disease epidemiology (disease outbreak management/response), tuberculosis (TB), immunizations, sexually transmitted infections, and surveillance (tracking and following up on reports and provider/school reports).



Department staff conducted 1,719 communicable disease investigations this year, including 1,234 COVID-19 investigations. These investigations also required extensive contact tracing for each positive case to help slow the spread of illness within our community. Additionally, weekly school surveillance, which is monitoring the rate of illness to identify possible disease outbreaks, was completed for all area schools. Department nurses provided case management and education for two residents with Tuberculosis, which included collection of sputum samples, Direct Observation Therapy (DOT) appointments, coordination of care with infectious disease specialists, and contact investigations.

AREAS OF WORK

ENVIRONMENTAL HEALTH

Includes radon, lead, emergency response, hazardous substances and sites, and Complete Streets initiatives.



This year staff provided childhood lead poisoning prevention education and necessary follow-up to 30 families with a child whose blood lead level was greater than five micrograms/deciliter. Under the guidance of the Nebraska



DHHS Swimming Pool Program, staff inspected 75 swimming pools for compliance with Nebraska Regulation Title 178 Chapter 2. As part of the Department's arbovirus surveillance program, staff collected 47 mosquito traps throughout Sarpy and Cass counties and submitted those to DHHS for



identification and West Nile Virus testing.

INJURY PREVENTION

Includes motor vehicle injuries, occupational injuries, senior fall prevention, substance abuse, car seat safety, binge drinking, and distracted driving.



Safe Kids Sarpy/Cass is a childhood injury prevention program within the Department. The Department's certified child passenger safety technicians installed over 80 child passenger safety seats this year and provided 26 seats for no cost to families in need. The Safe Kids program provided safety presentations to over 500 adults and children, with topics including child passenger safety, handwashing, fire prevention and planning, home safety, poison prevention, and bike safety.



MATERNAL AND CHILD HEALTH

Includes Women, Infant, and Children (WIC), family planning, newborn screening, evidence-based home visitation, Early Preventative Screening, Diagnosis, and Treatment (EPSDT).



In the Fall of 2019, the Department partnered with the Douglas/Sarpy County WIC Program to begin holding monthly clinics for women and children enrolled in the Special Supplemental Nutrition Program for Women, Infants and Children (WIC). The Department continues to support breastfeeding mothers through numerous activities including; WIC Breastfeeding Peer Counselor Program, Baby Café, home visitation, and one-on-one lactation support. Additionally, the creation of the Douglas/Sarpy County Breastfeeding Coalition helps to ensure consistent messages and resource availability to breastfeeding mothers in the metro area.



ADDITIONAL ACTIVITIES

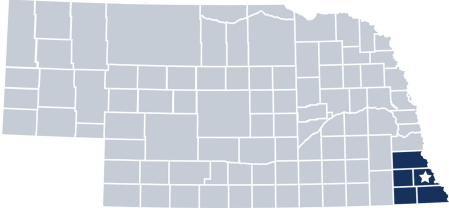
Additional public health activities that Sarpy/Cass Health Department performs to assure that the health and wellbeing of Nebraskans are protected and improved.

Mental health was identified as the number one health concern of the Metro Area Region in the 2019-2022 Community Health Improvement Plan. With one in five Nebraskans reporting experiencing mental illness within the past year, the Department invests in programs aimed at educating about mental health and suicide prevention. Through a partnership with the Nebraska Association of Local Health Directors (NALHD), the Department provided QPR (Question, Persuade, Refer) training to community partners representing public health, family service, faith-based, military, first responders, and medical professionals.

In an effort to address substance abuse in our communities, the Department began implementation of the five-year Communities that Care process. This year the Department leveraged the existing partnerships established by the Safe Kids Sarpy/Cass Coalition to facilitate expansion of an auxiliary Coalition with strengthened capacity and infrastructure to include prevention support, along with education and awareness of substance abuse (i.e. alcohol and/or marijuana) prevention efforts in Sarpy and Cass County youth. Communities that Care uses a five-phase process that would facilitate this new coalition through a strategic prevention planning process. This community action model utilizes a systematic, public health approach to community building which ultimately leads to positive health outcomes.

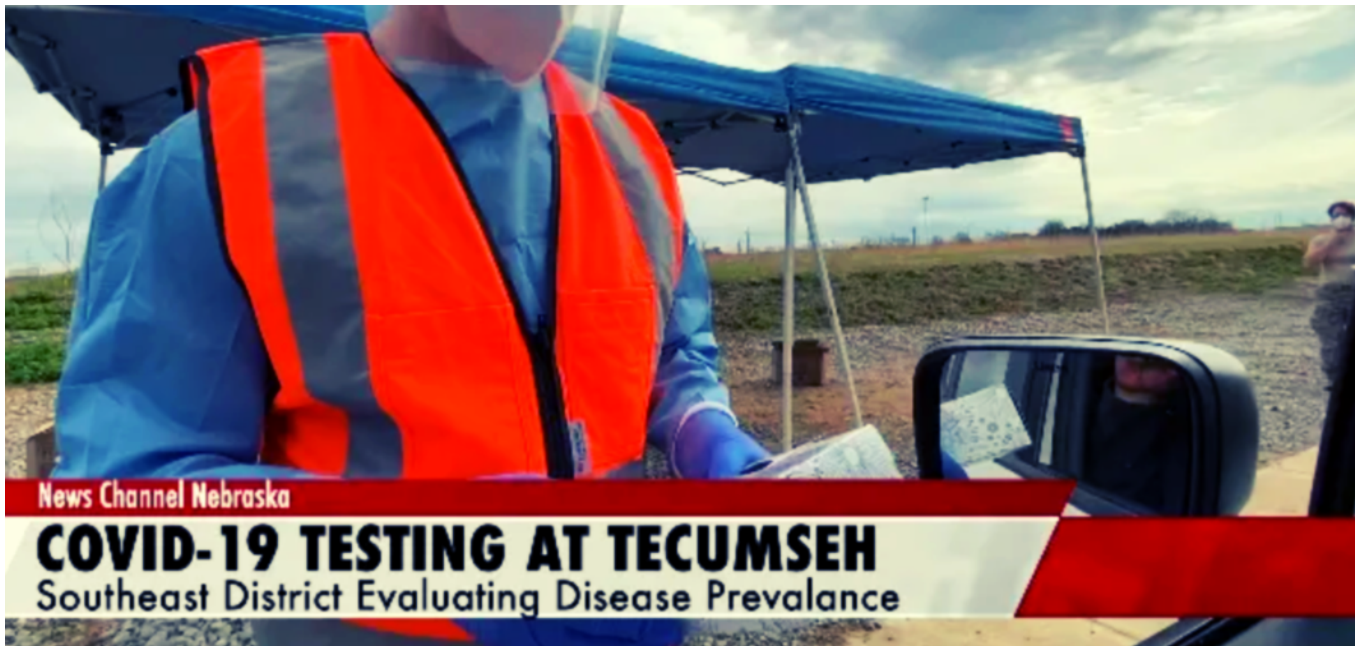
SOUTHEAST DISTRICT HEALTH DEPARTMENT

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



ANNUAL REPORT 2020





SPOTLIGHT: COVID-19

Southeast District Health Department (SEDHD) has served as a distribution point for needed personal protective equipment (PPE), providing PPE to long-term care facilities, hospitals, emergency services and other organizations throughout the district. Guidance for policy development and compliance with directed health measures (DHMs) has also been a primary focus of staff during the pandemic. SEDHD's epidemiology and surveillance staff has conducted contact tracing of positive cases and contacts since March. They aggregate data regarding transmission, case counts, demographics, and trends of cases and deaths related to COVID-19. These data have served as a tool for planning and decision-making by many facilities and has informed the public of the current risks within the district.

SEDHD was able to facilitate a tabletop exercise for organizations and emergency services personnel just prior to the first positive case within the district. This allowed for those in attendance to review their policies and procedures within the context of the pandemic, as it was happening globally, and be effectively prepared to implement any needed changes.



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ABOUT THIS REPORT

This report includes examples of efforts of **Southeast District Health Department** to make the “Good Life” a healthy one in their jurisdiction. The following examples reflect work supported through multiple sources of funding, including monies from the Nebraska Health Care Funding Act (HCFA).

Local health departments act as communities’ Chief Health Strategists by assuring that the health and wellbeing of Nebraskans are protected and improved. Local health departments do this by working in each of the Three Core Function Areas of Public Health:



Assessment: Collect and analyze information about health problems in Nebraska communities.



Policy Development: Work with partners to apply data, educate the public, and develop programs and policies—all to address and prevent illness, disease and disability.



Assurance: Promote effective coordination and use of community resources to protect the health and wellbeing of Nebraskans.

Community Health Assessment (CHA) / Community Health Improvement Plan (CHIP)

The most recent CHA/CHIP was completed in 2018-2019. It was a collaborative effort with community stakeholders from each of the five counties. The purpose of the Community Health Assessment was to identify priority health issues within the district and develop a plan to address those priorities through activities and programming across multiple sectors. Objectives were set that would be effective in multiple environments (individual, community, and societal) and could serve as a foundation for strategic planning efforts for all six critical access hospitals in the district.

SEDHD utilized primary and secondary data to inform the priority areas. These data were provided to all stakeholders participating in the health assessment process. Using those data, stakeholders discussed root causes, potential solutions, and set specific and measurable objectives. Primary data were collected using a community-wide survey to gather the perception and awareness of district residents regarding various health issues. Secondary data were collected from multiple, reputable sources to compare to the primary data and serve as a reference when correlating qualitative and quantitative data.

Community Health Assessment (CHA) / Community Health Improvement Plan (CHIP)

CHIP Priorities:

Behavioral and Mental Health

Increase the capacity of the community in mental health awareness and behavioral/mental health services and supports (i.e., telehealth/medicine, peer support and behavioral/mental health programming).

Preventative Care and Screening

Increase the number of individuals who receive preventative care and screenings as a means of early detection and preventative care for chronic diseases, cancer, and other health-related illnesses.

Social Determinants of Health

Develop a sustainable regional infrastructure for collective impact to increase the number of SEDHD residents who are healthy at every stage of life.

AREAS OF WORK

ACCESS TO AND LINKAGE TO CLINICAL CARE

Includes coordination of services between medical providers and providers of health-related social needs, oral health/dental services, and behavioral/mental health.



SEDHD participates in several access-to-care activities within the district. The department's Health Hub program collects data and navigates clients who have an increased risk for breast, cervical, and other cancers to the appropriate healthcare provider. The Brighter Smiles program provides dental care for adolescents who might otherwise lack preventative care and face barriers in accessing oral healthcare. Additionally, SEDHD community health workers (CHWs) conduct outreach phone calls and assist community members in scheduling routine preventative screenings with their primary care physician.



CHRONIC DISEASE CONTROL AND PREVENTION

Includes asthma, cancer, cardiovascular disease, diabetes, obesity, tobacco control, and worksite wellness.



SEDHD works in conjunction with multiple community stakeholders to address health issues such as heart disease, diabetes, substance dependence and misuse, medical/dental homes, preventive care, etc.



SEDHD provides health screenings, case management, on-site clinics, and referrals to resources throughout the five-county area to make these opportunities accessible to all residents.



COMMUNICABLE DISEASE CONTROL AND PREVENTION

Includes communicable disease epidemiology (disease outbreak management/response), tuberculosis (TB), immunizations, sexually transmitted infections, and surveillance (tracking and following up on reports and provider/school reports).



SEDHD is a provider for Vaccines for Children and provides immunizations for adults that are under- or uninsured. These immunizations are available by appointment and help to protect the population from preventable diseases.



Our staff actively monitor communicable disease through the disease surveillance and school surveillance programs. The programs assist in tracking reportable diseases to provide situational awareness of potential epidemics throughout the district. SEDHD partners with area hospitals, long-term care facilities, and schools to collect and aggregate the data regarding communicable disease.



AREAS OF WORK

ENVIRONMENTAL HEALTH

Includes radon, lead, emergency response, hazardous substances and sites, and Complete Streets initiatives.



SEDHD protects the health and safety of the district by providing education and data tracking of environmental health concerns like radon and vector-borne illnesses. Radon kits are distributed throughout the district each winter for homeowners to have a free opportunity to test their homes for the presence of radon. For homes that have a high radon presence, education and referrals are provided to encourage mitigation systems.



SEDHD annually sets mosquito traps in areas that would serve as breeding grounds to determine if mosquitoes carrying West Nile Virus and/or Zika are found. Our department also provides education and Deet-treated wipes throughout the district to help prevent vector-borne illnesses associated with mosquito and tick bites.

INJURY PREVENTION

Includes motor vehicle injuries, occupational injuries, senior fall prevention, substance abuse, car seat safety, binge drinking, and distracted driving.



SEDHD leads an injury prevention coalition through an agreement with Safe Kids Worldwide. We work with community organizations and stakeholders to prevent unintentional childhood injuries. Areas prioritized by the local Safe Kids Southeast coalition are road safety (child passenger safety seat use and pedestrian safety), home safety (falls, burns, medication, etc.), and school and play (heatstroke, concussions, drownings, etc.).



MATERNAL AND CHILD HEALTH

Includes Women, Infant, and Children (WIC), family planning, newborn screening, evidence-based home visitation, Early Preventative Screening, Diagnosis, and Treatment (EPSDT).



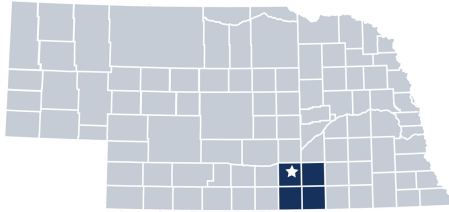
SEDHD has two primary programs that focus on the health of mothers and their children: Growing Great Kids in Southeast Nebraska (GGK) and Brighter Smiles. GGK provides in-home visits to expecting and new parents to address pregnancy and parenting topics and assess for depression, substance use, developmental delays, and family function. Brighter Smiles is an oral health program for children birth to age 18 and provides dental screenings throughout the district.





SOUTH HEARTLAND DISTRICT
HEALTH DEPARTMENT

Serving Adams, Clay, Nuckolls, and Webster Counties



ANNUAL REPORT 2020





SPOTLIGHT: COVID-19

South Heartland District Health Department (SHDHD) began preparing for COVID-19 in mid-January and activated the Public Health Coordination Center on January 29. Staff monitored the activity in China, watching the number of cases double each week, aware and preparing as cases spread to the U.S. The health department worked closely with a college as they prepared for students to travel abroad and developed plans for immediate quarantine upon arrival home. On March 18, the first local case of COVID-19 was a member of a travel group; there was no spread due to thorough planning and detailed implementation. **Communications:** Incident command structure with daily staff briefings, regular communications with community leaders and state/local partners, including hospital emergency departments and health care providers to answer questions and facilitate testing, and regular news releases and press conferences for public updates. **Public Health Response:** Staff redirected from their usual duties for active monitoring, case and contact investigations, quarantine/isolation instructions, personal protective equipment (PPE) distribution, event safety plan review, mass testing, and responding to the huge call volume. We expanded staff hours and added capacity by recruiting volunteers and hiring/contracting. We implemented worksite prevention practices at the office and expanded technological capabilities/policies for working remotely. We set performance standards for our response, such as timely identification of close contacts, and provided sector-specific, language-appropriate, and health literate guidance on preparing for and responding to COVID-19.

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MICHELE BEVER

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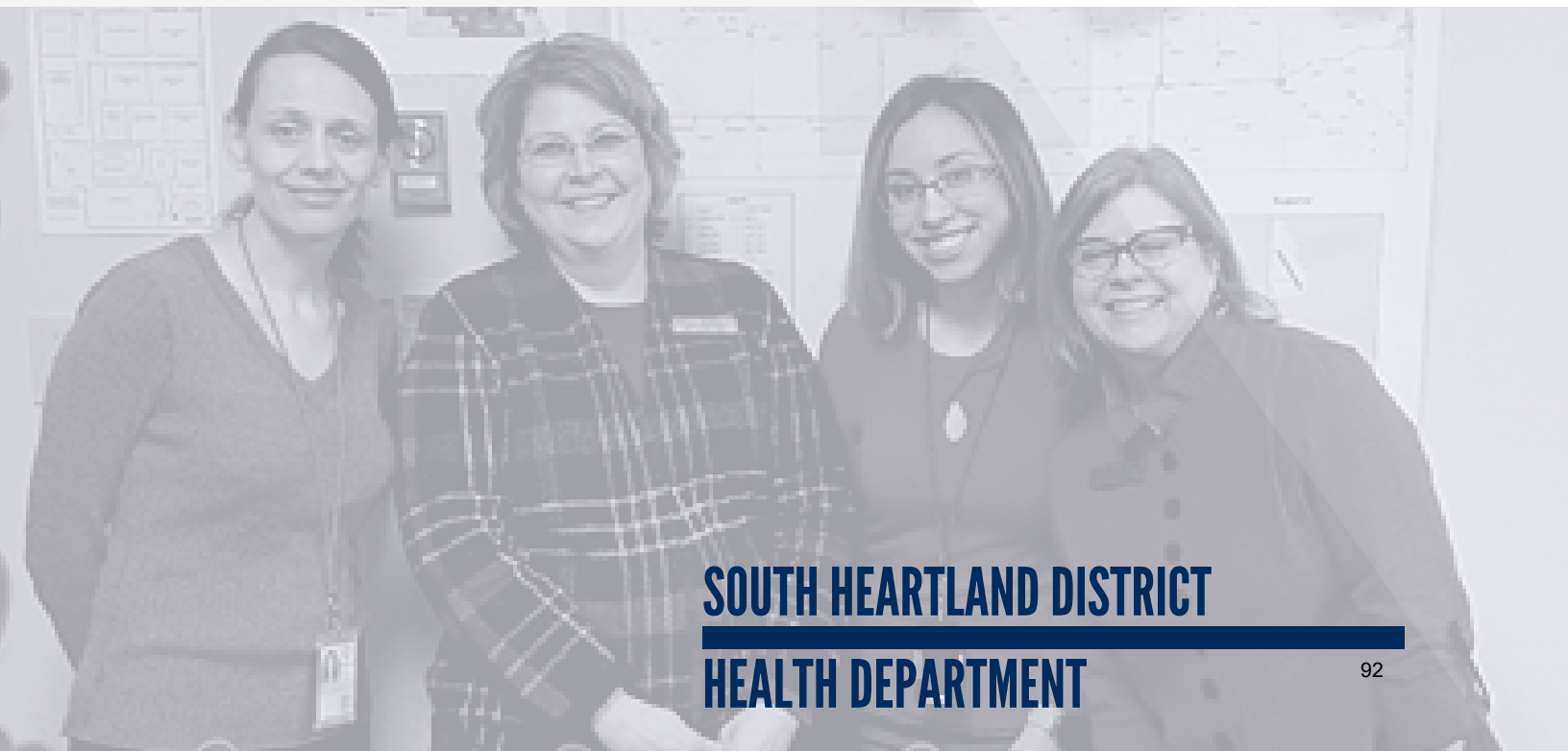
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CONTINUED SPOTLIGHT: COVID-19

We worked with community leaders and governmental officials to coordinate the response, identify needs, and provide joint messages. SHDHD began tracking COVID-19 indicators (new daily/cumulative cases, symptoms, hospitalizations, deaths) sharing summaries on SHDHD's COVID-19 Dashboard. By June 30, the COVID-19 case count was 330 and our staff had connected with 1,617 individuals for investigation and isolation or quarantine placement to help prevent the spread of COVID-19. A stressful first five months, but staff commitment to serving the public and protecting the health of our communities is unwavering!



SOUTH HEARTLAND DISTRICT
HEALTH DEPARTMENT

ABOUT THIS REPORT

This report includes examples of efforts of **South Heartland District Health Department** to make the “Good Life” a healthy one in their jurisdiction. The following examples reflect work supported through multiple sources of funding, including monies from the Nebraska Health Care Funding Act (HCFA).

Local health departments act as communities’ Chief Health Strategists by assuring that the health and wellbeing of Nebraskans are protected and improved. Local health departments do this by working in each of the Three Core Function Areas of Public Health:



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Community Health Assessment (CHA) / Community Health Improvement Plan (CHIP)

SHDHD activated five steering committees - one for each priority - made up of community partners who are leading implementation of SHDHD’s CHIP. These committees are evaluating progress on the goals and objectives and adjusting the plan as needed.

With input from key partners, we developed infographics in Spanish and English for each priority to engage our community in the action phase. The infographics explain in plain language and graphics the “why”, the “how”, and the “expected outcomes” of the CHIP. The “why” provides data that led our community to choose each priority, the “how” explains what actions we are taking to address each priority, and the “expected outcomes” explains what difference we expect to make by the actions outlined in the plan.

CHIP PRIORITIES: Access to Health Care, Mental Health, Substance Misuse, Obesity & Related Health Conditions, and Cancer

AREAS OF WORK

ACCESS TO AND LINKAGE TO CLINICAL CARE

Includes coordination of services between medical providers and providers of health-related social needs, oral health/dental services, and behavioral/mental health.



SHDHD surveyed primary care and behavioral health providers and users of behavioral health services to determine gaps in services and provider training needs. Formally developed, through MOU agreements, a Rural Behavioral Health Network (RBHN) consisting of two hospitals, regional behavioral health outpatient agency, private health clinic, and SHDHD, to address district-wide behavior health needs. The South Heartland RBHN strategic plan features coordinated and collaborative approaches.

CHRONIC DISEASE CONTROL AND PREVENTION

Includes asthma, cancer, cardiovascular disease, diabetes, obesity, tobacco control, and worksite wellness.



Established a health assessment tool for community health workers and clinic staff to use with individuals in farming or agriculture-related occupations. Two schools participating in SHDHD's Whole School, Whole Child, Whole Community project completed a school wellness policy review with suggestions for improvement submitted to their respective school boards. Navigated 33 women to breast and cervical cancer screening, with 94% receiving health coaching. Partnered with local imaging center and radiology practice to assure navigation of 12 uninsured who were ineligible for Every Woman Matters.

COMMUNICABLE DISEASE CONTROL AND PREVENTION

Includes communicable disease epidemiology (disease outbreak management/response), tuberculosis (TB), immunizations, sexually transmitted infections, and surveillance (tracking and following up on reports and provider/school reports).



Assessed immunization needs for underserved populations and provided 661 vaccines to 276 children: 76% had no insurance, 19% on Medicaid, 4% underinsured, 18% were new clients. Partnered across sectors to "flatten" the COVID-19 pandemic curve, educating about State's directed health measures (DHM) with messages of "Stay Home, Stay Healthy, Stay Connected". Coordinated with UNMC to work with long-term care and food processing facilities on implementing best practices to reduce the spread of COVID-19 among their employees and/or residents.

AREAS OF WORK

ENVIRONMENTAL HEALTH

Includes radon, lead, emergency response, hazardous substances and sites, and Complete Streets initiatives.



In collaboration with Hastings Head Start, SHDHD reconciled lead testing for fall enrollment screening. Staff also conducted eight elevated blood lead investigations and three lead risk site assessments.



SHDHD Board of Health reviewed and approved the new Emergency Response Plan that was developed collaboratively across our region.



During a tragic double drowning event, SHDHD collaborated with two area agencies to assist family, friends, and responders with trauma-related needs.

INJURY PREVENTION

Includes motor vehicle injuries, occupational injuries, senior fall prevention, substance abuse, car seat safety, binge drinking, and distracted driving.



SHDHD completed falls risk assessments during six Tai Chi classes and three Stepping On classes for 53 participants who completed the classes.



To implement the seven-week Stepping On program, SHDHD utilized a formal MOU with seven area partners including local physical therapy, ophthalmology, pharmacy and retail footwear.



SHDHD coordinated with two clinics along with area EMS to educate and collaborate on referrals to community falls prevention resources .

MATERNAL AND CHILD HEALTH

Includes Women, Infant, and Children (WIC), family planning, newborn screening, evidence-based home visitation, Early Preventative Screening, Diagnosis, and Treatment (EPSDT).



Our MCH-funded Healthy Kids Workgroup assisted organizations serving infants and young children to assess their environment and policies. Two SHDHD staff participated in the Nebraska DHHS strategic planning workgroups to develop state-wide priorities for MCH.



The Healthy Kids Workgroup addresses childhood obesity by promoting physical activity and nutrition policy/environmental changes. Ten schools, child care centers, after school programs, and in-home daycares implemented changes impacting over 725 kids.



ADDITIONAL ACTIVITIES

Additional public health activities that South Heartland District Health Department performs to assure that the health and wellbeing of Nebraskans are protected and improved.

VetSET. Through the VetSET Making Connections project, SHDHD is engaging community partners and addressing the needs of our 3,523 local veterans and their families. Through assessments, we better understand Veteran's barriers to services and other needs. SHDHD coordinates Military 101/Military Cultural Competency training to engage community partners, including those specifically serving Veterans and their families. Participant discussions following these trainings are identifying issues/concerns/barriers and generating ideas and strategies to address these concerns in our communities. Some of these same partners are working with us to facilitate and implement the strategies in our three primary focus areas to improve Veteran's health:

- Connecting veterans and their families to resources.
- Building awareness about the needs of Veterans and their families.
- Equipping the community with tools to address these concerns.

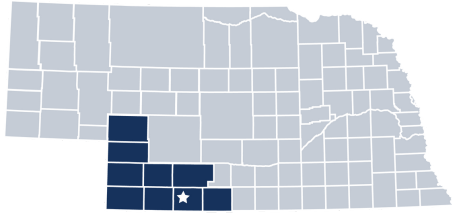
SHDHD is committed to working with partners to implement system changes, such as adopting and implementing Veteran-friendly protocols, and continuing to train more individuals and organizations to support our military men and women and their families.

SHDHD Accredited! In March, South Heartland District Health Department was awarded national accreditation through the Public Health Accreditation Board. Accreditation through PHAB demonstrates SHDHD's commitment to excellence in serving the 4-county health district. Board President Nanette Shackelford remarked that accreditation, "coming as it does in the midst of the department's rapidly unfolding public health response to the COVID-19 pandemic, will reassure our community, our partner organizations, our funders and our elected officials that the services we provide are as responsive as possible to the needs of our community. By continuing to improve our services and performance, we can be sure we are meeting the public health needs of those we serve."



SOUTHWEST NEBRASKA PUBLIC
HEALTH DEPARTMENT

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



ANNUAL REPORT 2020





SPOTLIGHT: COVID-19

Southwest Nebraska Public Health Department (SWNPHD) launched its COVID-19 Community Risk Dial on July 17th. The color-coded dial depicts the phase of the pandemic in the nine-county health district of southwest Nebraska and provides specific guidance for residents to protect themselves and others and prevent the spread of the virus. The dial is located on the health department website at www.swhealth.ne.gov under the COVID-19 information.

We provided regular updates on each State Directed Health Measure to City/Village Clerks and Attorneys, County Clerks and Attorneys, Emergency Managers and the Board of Health. In addition, guidance documents were sent to churches, restaurants, beauty salons and barbers, livestock barns, dentists and medical providers.

Our staff worked tirelessly with all our schools to assist them with developing a plan for reopening and continued education. Communication and reporting between the two agencies were important hurdles to work through once school began.

We were heavily involved on the committee to develop guidance for Games and Parks, Sports, Arts, Music and Theater, and the DHMs.

(Continued)

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CONTINUED SPOTLIGHT: COVID-19

Communication to the public was vital as we progressed through the pandemic. This was accomplished through weekly updates via web-conferencing, news releases, and radio public service announcements. From March to August we answered over 1500 COVID19 calls from people requesting guidance or expressing concerns.

Investigations and contact tracing of positive cases took a significant amount of time and resources, as did the isolation and quarantining of individuals and the subsequent follow-up required.

We coordinated Test Nebraska in three different communities across our large geographical area, and eventually worked with two hospitals and a pharmacy to continue the testing for the state.

We continue to work with long-term care facilities on testing, cases, education, personal protective equipment (PPE), and other ongoing issues. PPE is coordinated weekly for different partners—organizing orders, deliveries and storing of these needed resources.

Event plans continue to come in from the public, which we review and approve after providing feedback to planners on how to have a safe occasion.



**SOUTHWEST NEBRASKA PUBLIC
HEALTH DEPARTMENT**

ABOUT THIS REPORT

This report includes examples of efforts of **Southwest Nebraska Public Health Department** to make the “Good Life” a healthy one in their jurisdiction. The following examples reflect work supported through multiple sources of funding, including monies from the Nebraska Health Care Funding Act (HCFA).

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Assurance: Promote effective coordination and use of community resources to protect the health and wellbeing of Nebraskans.

Community Health Assessment (CHA) / Community Health Improvement Plan (CHIP)

Every three to six years, Nebraska’s local health departments (LHDs) engage local partners (including hospitals, clinics, schools, law enforcement, military and veteran organizations, economic development agencies, businesses, foundations, other community organizations, and individual community members) to identify key, local health needs and issues through systematic, comprehensive data collection and analysis. This process is known as the Community Health Assessment (CHA). LHDs take the lead in coordinating this process, synthesizing the outcome data, and prioritizing identified issues. The resulting formal assessment is used to create a community-wide plan aimed at strategically improving health – the Community Health Improvement Plan (CHIP). With CHIPs in place, LHDs take a lead driving the work toward meeting CHIP goals and monitoring progress. Much of this work is done collaboratively through partnerships and workgroups that include the diverse sectors mentioned above. The CHA/CHIP process ensures that local communities are able to work together toward a Good, Healthy Life for all Nebraskans.

CHIP PRIORITIES: Cancer, Heart Disease

AREAS OF WORK

ACCESS TO AND LINKAGE TO CLINICAL CARE

Includes coordination of services between medical providers and providers of health-related social needs, oral health/dental services, and behavioral/mental health.



Three SWNPHD counties are categorized as frontier, with no primary care available. The remaining six counties are designated as rural. One county has zero health care services available, requiring residents to travel outside the county for all health care. All nine counties have shortages of one or more types of medical provider. There is no dental provider that will accept Medicaid in the health district. There is also an increasing population of foreign-born and minority residents. SWNPHD contracts a community health worker (CHW) who works with clients with limited English proficiency to make appointments and schedule screenings at clinics and hospitals.



CHRONIC DISEASE CONTROL AND PREVENTION

Includes asthma, cancer, cardiovascular disease, diabetes, obesity, tobacco control, and worksite wellness.



The highest rates of death from chronic disease in southwest Nebraska are from cancer and heart disease, similar to the state. SWNPHD consistently sends out education regarding the prevention of chronic disease through regular health screenings and healthy lifestyle choices. Health fair lab draw and free blood pressure screenings are available daily at SWNPHD. Health coaching staff assist clients to make goals and lifestyle changes around nutrition, physical activity and monitoring blood pressure. SWNPHD conducts screening events in rural communities and workplaces to identify individuals at risk for heart disease.



COMMUNICABLE DISEASE CONTROL AND PREVENTION

Includes communicable disease epidemiology (disease outbreak management/response), tuberculosis (TB), immunizations, sexually transmitted infections, and surveillance (tracking and following up on reports and provider/school reports).



The SWNPHD Public Health Nurse monitors child and adult vaccination rates. Based on the low flu vaccination rates in the district, SWNPHD works to educate the public with news releases, radio interviews and letters to churches and schools about getting a yearly flu shot to prevent the spread of flu and protect vulnerable community members. SWNPHD provides immunizations throughout the health district with free and discounted services.



AREAS OF WORK

ENVIRONMENTAL HEALTH

Includes radon, lead, emergency response, hazardous substances and sites, and Complete Streets initiatives.



SWNPHD supports healthy home environments by educating about and checking for lead and radon. Health educators provide materials and home testing kits at health fairs and sponsor a class through the local college where realtors can earn CEUs by learning about radon.



One out of two homes test high for radon in Nebraska. SWNPHD provides low-cost test kits to the public and conducts a campaign every January for Radon Action Month to encourage testing. Last year



SWNPHD distributed free radon test kits in Keith, Perkins, Chase and Dundy counties. All of these counties were targeted because of previous, low testing rates.

INJURY PREVENTION

Includes motor vehicle injuries, occupational injuries, senior fall prevention, substance abuse, car seat safety, binge drinking, and distracted driving.



SWNPHD previously developed and shared an injury prevention program for seniors called FROG: Fitness Reaching Older Generations. Now FROG classes are held in several area senior centers and churches where participants build strength, improve coordination and learn skills to prevent falls. To increase mental health capacity at the local level, SWNPHD offered Question. Persuade. and Refer. (QPR)



trainings. QPR teaches community members how to recognize and intervene to question, persuade, and refer a suicidal person to help before they injure themselves.



MATERNAL AND CHILD HEALTH

Includes Women, Infant, and Children (WIC), family planning, newborn screening, evidence-based home visitation, Early Preventative Screening, Diagnosis, and Treatment (EPSDT).



SWNPHD houses the southwest service area of the Nebraska Lifespan Respite Network, which assists families caring for a loved one with an illness or disability. The Respite Coordinator participates in Planning Region Team meetings with early childhood educators and the Early Development Network. She also and makes and receives referrals from these partners. SWNPHD regularly makes referrals to local WIC and family planning clinics.



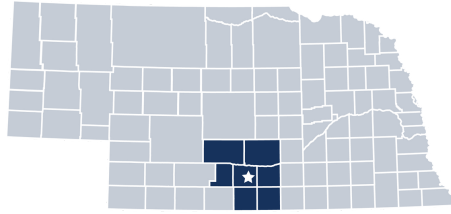
ADDITIONAL ACTIVITIES

Additional public health activities that Southwest Nebraska Public Health Department performs to assure that the health and wellbeing of Nebraskans are protected and improved.

Lack of physical activity is a major contributor to many physical and mental health problems. SWNPHD administers two programs to encourage community members to increase their level of physical activity— Walk to Health and Nebraska Kids Fitness & Nutrition Day. Walk to Health is a free walking program in which residents track their daily steps during walking challenges to receive a prize such as a free t-shirt. Challenges last from four to 12 weeks and can be done individually or as teams. SWNPHD partners with McCook Community Hospital’s Wellness for Life Program to provide a mobile app for tracking steps and sharing healthy living tips and motivation. Several area businesses participate with competitions within their own teams.

Nebraska Kids Fitness & Nutrition Day was created by University of Nebraska Kearney and the Nebraska Beef Council to address obesity in children. The curriculum involves targeted concepts using My Plate guidelines and creative fitness activities that reinforce new knowledge. SWNPHD co-chairs this event with McCook Public Schools, Perkins County Schools and several local business partners.

TWO RIVERS PUBLIC HEALTH DEPARTMENT
Serving Buffalo, Dawson, Franklin, Gosper, Harlan, Kearney, and Phelps Counties



ANNUAL REPORT 2020





SPOTLIGHT: COVID-19

During the COVID-19 pandemic, Two Rivers Public Health Department (Two Rivers) discovered an additional need for resources and education in the district. Additional staff were hired in all departments and more duties were added to the daily routine of the team, all the while continuing with the normal activities within the office. The team and leaders conducted the following activities as a response to the increased need:

- Conducted disease investigation and contact tracing. Most contact tracing has been done in-house. During a brief period, after a sudden influx of cases in April, Two Rivers was assisted by Nebraska DHHS contact tracers.
- Briefed the media regularly.
- Held question and answer sessions with local businesses on Facebook Live.
- Held and attended meetings with local school districts and ESU.
- Reviewed and advised on school reopening plans for schools in the district.
- Reviewed and advised on event plans within the district.
- Sent out daily press releases regarding current COVID-19 numbers, including on weekends and holidays.
- Updated the COVID-19 dashboard on the Two Rivers website daily.
- Participated in regularly-scheduled calls with state/county/local entities.
- Established cooperative education and testing with Test Nebraska.
- Participated in and facilitated weekly meetings with the Buffalo County Joint Information Center.

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CONTINUED SPOTLIGHT: COVID-19

The team continues this work on a daily basis, with most team members putting in more than 40 hours per week to ensure these tasks are accomplished in a timely manner and with accuracy.

With the addition of more team members, it also became necessary to look for a space to accommodate everyone. The office in Holdrege was merged with the office in Kearney to allow for a more cohesive work environment, and the entire team took residence in a new office space in Kearney. This was all done seamlessly and all work continued with very little interruption to the daily routine.



ABOUT THIS REPORT

This report includes examples of efforts of **Two Rivers Public Health Department** to make the “Good Life” a healthy one in their jurisdiction. The following examples reflect work supported through multiple sources of funding, including monies from the Nebraska Health Care Funding Act (HCFA).

Local health departments act as communities’ Chief Health Strategists by assuring that the health and wellbeing of Nebraskans are protected and improved. Local health departments do this by working in each of the Three Core Function Areas of Public Health:



Assessment: Collect and analyze information about health problems in Nebraska communities.



Policy Development: Work with partners to apply data, educate the public, and develop programs and policies—all to address and prevent illness, disease and disability.



Assurance: Promote effective coordination and use of community resources to protect the health and wellbeing of Nebraskans.

Community Health Assessment (CHA) / Community Health Improvement Plan (CHIP)

Starting in January 2020, Two Rivers began gathering data, meeting with key collaborative partners, and reaching out to focus groups. Due to the pandemic, the process was briefly interrupted but was completed in August 2020. Findings were reported by Dr. Juan Paulo Ramirez through a comprehensive report and presentation. Two Rivers walked through the MAPP process concurrently with information gathering for the community health assessment. We would like to express many thanks to the key community leaders, and strong collaborators who were involved in this process as we navigated the new normal of meeting virtually and identified specific items to work toward in this new social climate.

CHIP PRIORITIES:

- Appropriately addressing the needs of minority populations
- Mental health access and suicide prevention (appropriately identifying/triaging) (culturally appropriate strategies)
- Vaccine preventable diseases (Increase vaccination rates)
- Ensure quality housing
- Education- CLAS, literacy, healthy lifestyles, attainment

AREAS OF WORK

ACCESS TO AND LINKAGE TO CLINICAL CARE

Includes coordination of services between medical providers and providers of health-related social needs, oral health/dental services, and behavioral/mental health.



Two Rivers provides cost-effective, gap-filling services such as immunizations for vaccine preventable diseases in addition to dental preventative services such as fluoride varnish and temporary fillings in community based settings (schools, churches, etc.) to address critical access to care within the district health system. The utilization of the community health worker (CHW) model is critical to reduce barriers to care and connect individuals with medical homes.



Two Rivers partnered with the Nebraska National Guard, and Nebraska DHHS to provide enhanced disease surveillance screenings, starting in early April, to ensure adequate COVID-19 testing. In an effort to reduce barriers to testing, TPRHD was able to maintain and grow the number of test sites locally in partnership with local healthcare systems in all seven counties within the district .

CHRONIC DISEASE CONTROL AND PREVENTION

Includes asthma, cancer, cardiovascular disease, diabetes, obesity, tobacco control, and worksite wellness.



Two Rivers is fortunate to have very strong partnerships with local broadcast and print media. While a large portion of time has been dedicated to the COVID-19 efforts, there have still been many opportunities to present information, through our media partners, on diabetes and heart disease. These messages illustrated the social determinants of health and health choices. Posts on Facebook, Twitter, and Instagram have also focused on disease prevention and control.



COMMUNICABLE DISEASE CONTROL AND PREVENTION

Includes communicable disease epidemiology (disease outbreak management/response), tuberculosis (TB), immunizations, sexually transmitted infections, and surveillance (tracking and following up on reports and provider/school reports).



Disease surveillance has charged to the forefront of the public's consciousness through this pandemic. Prior to COVID-19, disease surveillance completed by the Community Health Nurse typically included enteric disease, influenza-like illness, and rabies. With the COVID-19 response, our disease surveillance staff has grown. They have increased competencies in communication with healthcare partners, developed timely disease information, and completed numerous individual investigations for all communicable diseases. Two Rivers has made several appearances on NTV with news briefs on West Nile, Legionnaires, Lyme disease and salmonella. Social media has also been used to provide education to residents in the Two Rivers district. Communication has continued with local partners on current statistics in our district, including sharing state data on mosquito pools, prevalence of various diseases across the state, and how to prevent or treat the disease.



AREAS OF WORK

ENVIRONMENTAL HEALTH

Includes radon, lead, emergency response, hazardous substances and sites, and Complete Streets initiatives.



Two Rivers trained several key team members on lead paint abatement and lead assessment to combat blood lead poisoning that often is a result of aging housing and other environmental sources containing lead paint.



Radon tests and education continue to be provided as a service to district residents to prevent exposure to the second leading cause of lung cancer.



While the Two Rivers district has been very fortunate to not be a victim of wildfires this season, there have been many fires in the Western United States that have impacted the area. Two Rivers shared smoke advisories from the State of Nebraska. We shared fire weather advisories to prevent fires in our area. Information has also been distributed regarding flooding recovery after the floods of 2019 devastated many of the communities within the district.

INJURY PREVENTION

Includes motor vehicle injuries, occupational injuries, senior fall prevention, substance abuse, car seat safety, binge drinking, and distracted driving.



Injuries can result from a multitude of activities including sports or even recreation. Two Rivers has utilized the relationship with local media outlets, including NTV, to air briefs on boating safety, fireworks safety, and weather safety. Social media posts have also been used to distribute information, which includes the National Weather Service in Hastings' posts on weather events, both predicted and occurring.



MATERNAL AND CHILD HEALTH

Includes Women, Infant, and Children (WIC), family planning, newborn screening, evidence-based home visitation, Early Preventative Screening, Diagnosis, and Treatment (EPSDT).



Two Rivers focuses on maternal and child health through clinical services provided such as immunizations and preventative dental services in Women, Infant, and Children (WIC) clinics and school-based clinics. CHWs additionally work to connect individuals with community resources for basic needs.

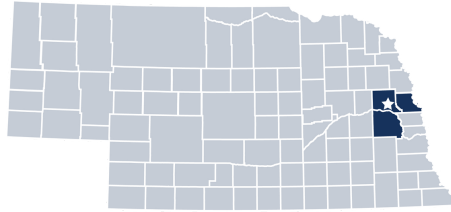


ADDITIONAL ACTIVITIES

Additional public health activities that Two Rivers Public Health Department performs to assure that the health and wellbeing of Nebraskans are protected and improved.

Two Rivers values and appreciates strong collaboration with our public health emergency response partners. Two Rivers actively participates in the Tri-Cities Medical Response System throughout yearly exercises. In late 2019, Two Rivers was able to partner with both the South Central Regional Local Emergency Planning Committee (SCRLEPC) and Phelps County Area Community Organizations Active in Disaster (Phelps COAD) to organize and participate in community exercises. The SCRLEPC completed a tabletop and full-scale exercise, practicing response to a tornado hitting a campground near Harlan Reservoir. Phelps COAD completed a tabletop exercise in December, practicing local response to a pandemic in December 2019.

THREE RIVERS PUBLIC HEALTH DEPARTMENT
Serving Dodge, Washington, and Saunders Counties



ANNUAL REPORT 2020





SPOTLIGHT: COVID-19

As Three Rivers Public Health Department (3RPHD) watched an outbreak of novel coronavirus spread rapidly across multiple countries on the Asian continent in January 2020, the department immediately began preparing to address a potential global pandemic. On January 28 the 3RPHD Executive Director activated the Public Health Coordination Center (PHCC) and staff began providing daily situational reports to various partners. As events progressed, our Emergency Response Coordinator organized workshops for local first responders, healthcare and long-term care/assisted living/home health partners. These workshops reviewed the latest information, protocols for each entity regarding personal protective equipment (PPE) and precautions to take to protect workers, patients and residents.

All staff members immediately took on Incident Command roles in order to work together to develop accessible and relatable informational content for social media, visiting local radio stations with updates and providing press releases to media outlets.

Bilingual staff, especially our Community Liaisons and contact tracing team, were critical for 3RPHD's response. Bilingual Community Liaisons answered and logged calls daily. From March to June of 2020, our liaisons answered and logged over 1000 calls in relation to COVID-19.

(Continued)

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CONTINUED SPOTLIGHT: COVID-19

Throughout that time, staff used the most frequently asked questions from these calls to develop communications to our community. Our contact tracing response evolved rapidly and the 3RPHD PHCC Rapid Response Epi Team adapted quickly. Bilingual staff were also invaluable to our Epi Team.

While 3RPHD is grateful to have experienced a manageable amount of COVID-19 spread, we have dedicated many hours to working with critical partners, community organizations and stakeholders to maintain awareness of evolving COVID-19-related information and guidance. Without everyone in our health jurisdiction, 3RPHD would not have the capacity to respond to this crisis as effectively as possible.



**THREE RIVERS PUBLIC
HEALTH DEPARTMENT**

ABOUT THIS REPORT

This report includes examples of efforts of **Three Rivers Public Health Department** to make the “Good Life” a healthy one in their jurisdiction. The following examples reflect work supported through multiple sources of funding, including monies from the Nebraska Health Care Funding Act (HCFA).

Local health departments act as communities’ Chief Health Strategists by assuring that the health and wellbeing of Nebraskans are protected and improved. Local health departments do this by working in each of the Three Core Function Areas of Public Health:



Assessment: Collect and analyze information about health problems in Nebraska communities.













Policy Development: Work with partners to apply data, educate the public, and develop programs and policies—all to address and prevent illness, disease and disability.



Assurance: Promote effective coordination and use of community resources to protect the health and wellbeing of Nebraskans.

Community Health Assessment (CHA) / Community Health Improvement Plan (CHIP)

The CHA and CHIP process began for 3RPHD in May of 2019 when our MAPP steering committee was formed. The CHA was developed between May and August and included data gathered by Schmeeckle Research. A community survey was also completed by 565 individuals within 3RPHD jurisdiction. In August, meetings were held with key stakeholders from each of 3RPHD’s counties (Dodge, Washington, and Saunders). During these meetings, stakeholders identified the key priority areas to work towards improving over the next three to five years. The CHIP and CHA were both finalized and approved by the 3RPHD board in September of 2019. Following the completion of the plan, the steering committee began meeting quarterly to review the progress on each of the priority areas.

Dodge County		Washington County		Saunders County	
Issue 1  Mental and Behavioral Health		Issue 1  Access to affordable, accessible, quality health care (inclusive of mental health services)		Issue 1  Mental Health	
Issue 2  Risky Behaviors		Issue 2  Risky Behaviors (including causes of obesity)		Issue 2  Access to Services	
Issue 3  Prevention and Screening		Issue 3  Prevention and Screening		Issue 3  Healthy Lifestyles	
				Issue 4  Prevention and Screening	

AREAS OF WORK

ACCESS TO AND LINKAGE TO CLINICAL CARE

Includes coordination of services between medical providers and providers of health-related social needs, oral health/dental services, and behavioral/mental health.



3RPHD continues to offer low/no-cost reproductive health services to the community. In the past year, we had 2095 total visits, serving 1047 individuals. A primary focus is on youth in order to prevent the spread of sexually transmitted infections and unintended pregnancies. Out of the 1047 individuals, 560 were to youth under 24 years of age. Almost half of our patients (47.4%) were a minority race and 78% of our patients were at or below 150% of the poverty line. While reproductive health is a focus, we also offer a full range of vaccines and partner with schools and other local entities to ensure vaccine coverage for all school-aged children.



CHRONIC DISEASE CONTROL AND PREVENTION

Includes asthma, cancer, cardiovascular disease, diabetes, obesity, tobacco control, and worksite wellness.



Since September 2019, 3RPHD has successfully implemented two Living Well chronic disease self-management workshops. Participants must attend at least four of the six sessions of the workshop. Participants provided positive feedback about both workshops.



COMMUNICABLE DISEASE CONTROL AND PREVENTION

Includes communicable disease epidemiology (disease outbreak management/response), tuberculosis (TB), immunizations, sexually transmitted infections, and surveillance (tracking and following up on reports and provider/school reports).



3RPHD continued work in the area of communicable disease control and prevention. This included daily observed therapy (DOT) with a case of non-pulmonary tuberculosis during summer and fall of 2019, investigation of a probable norovirus outbreak at a local elementary school, and surveillance and response to influenza outbreaks at schools and long-term care facilities. Since the winter and spring of 2020, 3RPHD has been actively investigating and tracing cases of COVID-19, with hundreds of investigations completed by the summer of 2020.



AREAS OF WORK

ENVIRONMENTAL HEALTH

Includes radon, lead, emergency response, hazardous substances and sites, and Complete Streets initiatives.



3RPHD continues to answer phone calls and provide resources regarding various environmental health questions from the community on topics such as mold remediation, water testing, air quality, animal nuisances, and food/restaurant complaints. Our Disease Surveillance Coordinator conducts our annual West Nile Virus trapping of mosquitoes. 3RPHD also continues to provide radon kits to the community. Seventy-four (74) radon kits were given out during the last year.



INJURY PREVENTION

Includes motor vehicle injuries, occupational injuries, senior fall prevention, substance abuse, car seat safety, binge drinking, and distracted driving.



Safe Kids 3 Rivers (SK3R) has three certified child passenger safety technicians who are available to inspect and install car seats. Due to COVID-19, inspections have not been done since March. 3RPHD partnered with Children's Hospital in Omaha to help conduct inspections for our jurisdiction as Children's has the capacity to do virtual inspections. 3RPHD's annual summer car seat events and bike rodeos were also cancelled due to COVID-19.



MATERNAL AND CHILD HEALTH

Includes Women, Infant, and Children (WIC), family planning, newborn screening, evidence-based home visitation, Early Preventative Screening, Diagnosis, and Treatment (EPSDT).



In 2019, 3RPHD began work on numerous Maternal and Child Health (MCH) grants. One focus for 3RPHD was on Adolescent Reproductive Health. Staff attended numerous outreach events to promote 3RPHD services as well as facilitated classes on various sexual health topics. These classes were open to community youth. Another focus area was convening community stakeholders to address the rising rates of sexually transmitted disease among youth. Lastly, 3RPHD is also convening stakeholders to discuss plans for the prevention of unintentional injuries among local youth.



ADDITIONAL ACTIVITIES

Additional public health activities that Three Rivers Public Health Department performs to assure that the health and wellbeing of Nebraskans are protected and improved.

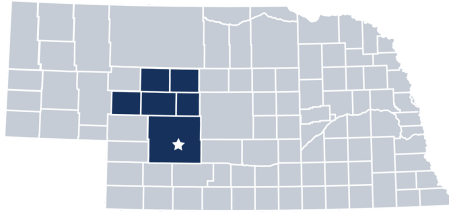
3RPHD received a "Strategic Prevention Framework - Partnerships for Success" grant from Region 6 Behavioral Health to address youth underage drinking and substance abuse in Dodge and Washington counties. This grant work is following the Communities that Care framework for building a community coalition and selecting evidence-based programming. 3RPHD began this work by assembling a core work team of leaders in Washington County to guide the process and recruit other important leaders to participate in this work.

3RPHD continues to offer sexual health education classes in the community, free of charge. Through these efforts, a relationship was developed with the Dodge County Drug Court to offer classes to their participants. In September of 2019, our Health Educator began visiting the group twice each month to offer classes on various topics from healthy relationships and communication, to sexually transmitted diseases and the reproductive system.



WEST CENTRAL DISTRICT HEALTH DEPARTMENT

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



ANNUAL REPORT 2020





SPOTLIGHT: COVID-19

TEST NEBRASKA is a new initiative designed to identify COVID-19 cases. The goal of Test Nebraska is to dramatically increase the rate of COVID-19 testing so Nebraskans can have better access to testing and help stem the spread of COVID-19. In addition to social distancing, widespread testing is a proven, effective way to combat the spread of COVID-19. Test Nebraska is free to all Nebraska residents. Since the start of our partnership with Test Nebraska in July 2020, WCDHD has collected 1,176 tests. We are offering drive through testing from 8:30-9:30AM, three days per week, behind WCDHD's building. Once per month, WCDHD hosts a large four-hour-long community testing event. With our Test Nebraska contract, we have had the opportunity to send strike teams to long term care (LTC) facilities in our jurisdiction to safely perform testing on residents and staff.

RISK DIAL The COVID-19 Risk Dial was implemented by WCDHD and adapted from a tool developed by the Lincoln-Lancaster County Health Department (LLCHD) to help communicate the risk of spread of COVID-19 in the community. The Risk Dial is based on the following measures that can be evaluated using current data: Overall Positivity Rate, Weekly Positivity Rate, Trajectory of Cases in the last 14 days, Cases per Million per Day, Average Daily Hospitalization, ICU Availability, Ventilator Availability, Community, Clusters/Spread, Testing Availability, Average Testing Turnaround Time, Contact Tracing, Individuals Affected, Medical and Surgical Bed Availability. These measures are commonly cited as important public health indicators for COVID-19 and are relevant for our community.
(Continued)



SPOTLIGHT: COVID-19

RISK DIAL CONT. WCDHD has monitored this evolution of measures and metrics and selected measures and metrics for which data is available locally and which can be practically applied to our local jurisdiction. WCDHD may make changes to the local measures to better reflect community risk as the pandemic situation evolves and changes. Each of the measures are scored on a scale of 0–4 based on current data. The final score is calculated by averaging the scores of the 13 measures. The composite measure is updated each Thursday to generate the current week’s severity. Due to the nature of live data available to us at the time of Risk Dial placement, we use a three-week average for each data point to determine placement for that week. WCDHD has assembled a committee of public health workers who have a vast knowledge of present situations surrounding the current impact of COVID-19.

Each week the committee members are provided the objective data as reference. They compare these data with their knowledge of current situations to determine subjective scores. The average of the subjective scores is then averaged with the objective data to provide the overall score. Every Thursday, during the Public Health Command Center (PHCC) meeting, the data, as well as the dial placement is presented to the PHCC members. The risk dial supports a key activity of promoting population health by providing public health information that encourages the adoption of healthy behaviors and activities and meets the PHAB standard of 3.1 (Provide health education and health promotion policies, programs, processes and interventions to support prevention and wellness).

SHANNON VANDERHEIDEN

Health Director

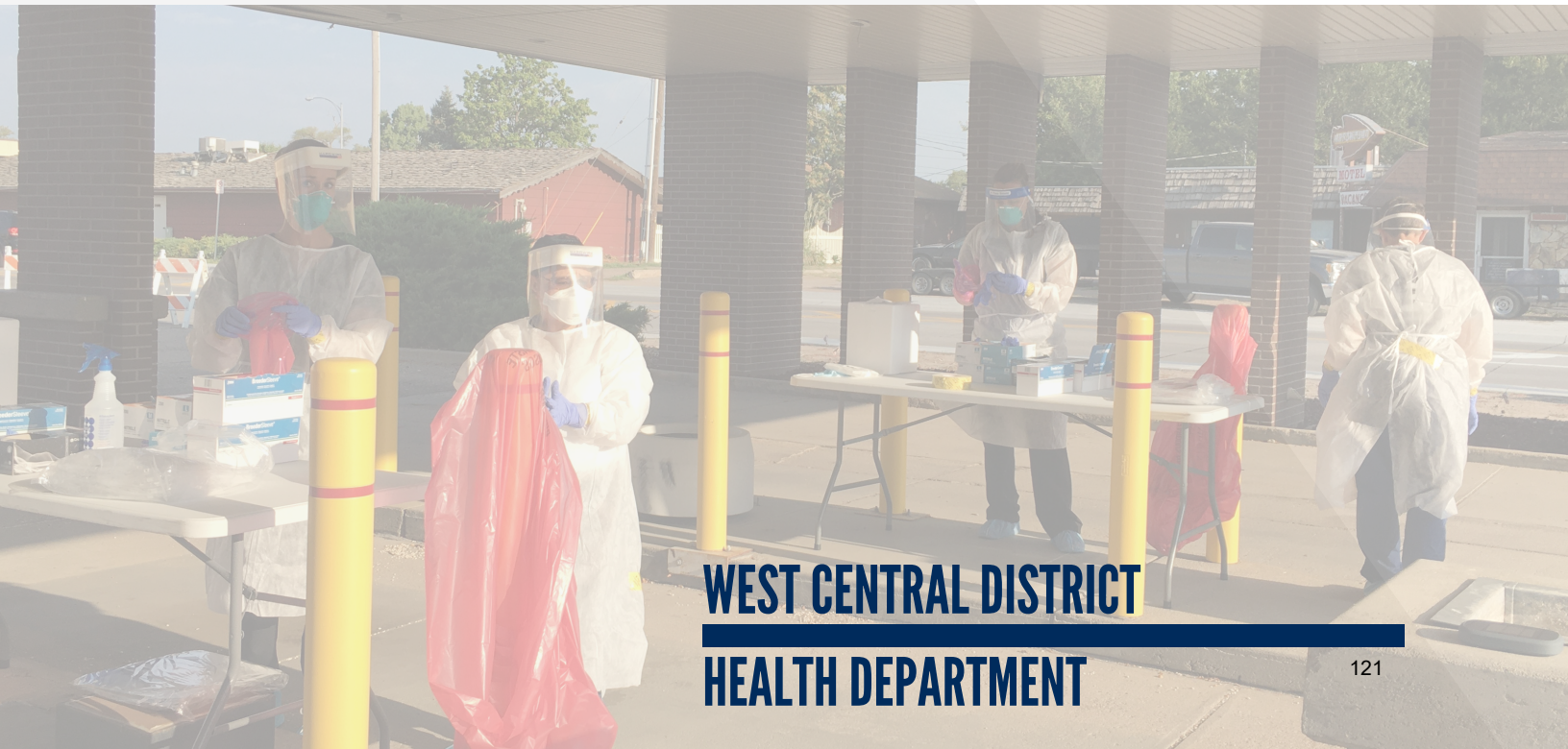
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CONTINUED SPOTLIGHT: COVID-19

In the midst of a pandemic, WCDHD took the opportunity to improve a number of processes within our organization. In March 2020, WCDHD began using the online survey software, **Qualtrics** for data collection. Qualtrics is a simple-to-use, web-based survey tool for research, evaluation and other data collection activities. In order to help mitigate the spread of COVID-19. All check-in forms for coordinated services were built in Qualtrics to lessen the amount of paper handling between patients and staff. WCDHD also worked to streamline the Test Nebraska drive through process. The 2020/2021 flu drive-thru will also follow the Test Nebraska process. WCDHD also utilized Qualtrics to gather data related to COVID-19 contact tracing efforts. WCDHD utilizes Tableau, a visual analytics platform to display to the community, the most current COVID-19 related data within our jurisdiction.



**WEST CENTRAL DISTRICT
HEALTH DEPARTMENT**

ABOUT THIS REPORT

This report includes examples of efforts of **West Central District Health Department** to make the “Good Life” a healthy one in their jurisdiction. The following examples reflect work supported through multiple sources of funding, including monies from the Nebraska Health Care Funding Act (HCFA).

Local health departments act as communities’ Chief Health Strategists by assuring that the health and wellbeing of Nebraskans are protected and improved. Local health departments do this by working in each of the Three Core Function Areas of Public Health:



Assessment: Collect and analyze information about health problems in Nebraska communities.



Policy Development: Work with partners to apply data, educate the public, and develop programs and policies—all to address and prevent illness, disease and disability.



Assurance: Promote effective coordination and use of community resources to protect the health and wellbeing of Nebraskans.

Community Health Assessment (CHA) / Community Health Improvement Plan (CHIP)

WCDHD has collaborated with Great Plains Health (GPH) on the 2019 Community Health Assessment (CHA) and identified five priorities: (1) increase access to mental and behavioral health care, (2) increase prevention education to reduce the prevalence of chronic diseases, preventable conditions, re-admissions, and high mortality rates, (3) increase access to safe and affordable housing, (4) improve access to medical and dental care, and (5) recruit and retain quality healthcare professionals. WCDHD's BOH reviewed and voted to adopt these priorities in November of 2019. WCDHD's CHA will now transition to every three years, so both organizations CHA's align. The current CHA will reflect 2019, and a 2020-2022 CHIP.

CHIP PRIORITIES: Affordable and Equitable Access to Care and Services, Healthy Lifestyles and Well-being, Community Collaboration

AREAS OF WORK

ACCESS TO AND LINKAGE TO CLINICAL CARE

Includes coordination of services between medical providers and providers of health-related social needs, oral health/dental services, and behavioral/mental health.



COVID-19 testing capabilities and strategies have evolved with this novel virus. When COVID-19 testing first began in Nebraska, these tests were prioritized for symptomatic individuals and streamlined through the local health departments. To ensure safe and efficient testing specimen collection, minimize exposure to the community and avoid the waste of personal protective equipment (PPE), WCDHD



collaborated with GPH and the North Platte Fire Department (NPF) in late March 2020. The NPF provided resources and equipment and GPH provided the staff for testing. WCDHD's partnership with Test Nebraska began in June 2020.



WCDHD continues to partner with the NPF to provide drive-thru testing three days a week for an hour, and a monthly four hour event.

CHRONIC DISEASE CONTROL AND PREVENTION

Includes asthma, cancer, cardiovascular disease, diabetes, obesity, tobacco control, and worksite wellness.



WCDHD used Quarter 4 as an opportunity to build our workforce and partnerships within the Diabetic Care Management for Minority Program. We expanded our electronic health records (EHR) system to better collect data on patient progress. The EHR, is also used to schedule clients, order diabetic testing, and make referrals. During the expansion of our workforce, WCDHD has built many partnerships with various providers within our communities.



COMMUNICABLE DISEASE CONTROL AND PREVENTION

Includes communicable disease epidemiology (disease outbreak management/response), tuberculosis (TB), immunizations, sexually transmitted infections, and surveillance (tracking and following up on reports and provider/school reports).



WCDHD provided technical assistance and status updates to 26 schools to assure surveillance of communicable diseases within our six-county jurisdiction. WCDHD provided a drive-through flu clinic for the elderly and those with limited mobility to increase flu vaccinations. In addition, WCDHD provided education and repellent wipes to community members during the West Nile virus and flu seasons. WCDHD reported a death related to Rocky Mountain Spotted Fever, a disease carried by ticks. The man was in his 60s and lived in the the district.



AREAS OF WORK

ENVIRONMENTAL HEALTH

Includes radon, lead, emergency response, hazardous substances and sites, and Complete Streets initiatives.



Through the WIIN grant, WCDHD will be training local health department, pre-school and elementary school, and childcare staff on proper water sample collection using USEPA protocols, following a quality assurance plan. Samples will be analyzed by the Nebraska DHHS Environmental Health Laboratory. WCDHD



will work with partnering schools to test drinking water faucets at qualifying elementary and pre-schools and childcare facilities in low-income areas. WCDHD will provide public education about the health effects of lead exposure, the



importance of testing for lead in drinking water, and methods to reduce potential exposure.

INJURY PREVENTION

Includes motor vehicle injuries, occupational injuries, senior fall prevention, substance abuse, car seat safety, binge drinking, and distracted driving.



WCDHD created and implemented a "Drug and Overdose Prevention" main page located in their Community Education & Resources section on their website.



Information in this section includes: (1) pain management, (2) drug overdose prevention data, (3) education and media, (4) Naloxene, (5) PDMP access, (6) PDMP reporting, (7) drug overdose prevention resources, and (8) medication disposal location search. WCDHD actively disseminated PDMP educational information during numerous meetings and community events including:



attending the six county commissioners/attorneys meetings, attending monthly behavioral health Drug and Alcohol forums facilitated by Region II.

MATERNAL AND CHILD HEALTH

Includes Women, Infant, and Children (WIC), family planning, newborn screening, evidence-based home visitation, Early Preventative Screening, Diagnosis, and Treatment (EPSDT).



No activities to report.



ADDITIONAL ACTIVITIES

Additional public health activities that West Central District Health Department performs to assure that the health and wellbeing of Nebraskans are protected and improved.

The goals for the 2019-2020 school year was to increase Tooth Tour student numbers by 3% from last year, and to hold two Tooth Tour events in every North Platte public school and in each WCDHD county. WCDHD encouraged all schools within the district to offer dental services to all students. Although encouraged, a uniform approach is still being established with the schools. The Tooth Tour mobile unit began visiting schools in Quarter 2 for the 2019-2020 school year. Dental examinations, screenings, cleanings, fluoride, and silver diamine fluoride applications, were provided to six schools in Lincoln County. Over 54 students were connected to these services, down approximately 36 percent (36%) from last year. Two schools canceled due to the lack of submitted consent forms, while other schools were successful through promoting games and prizes for those who submitted these forms. Three students were referred to the Tooth Fairy in Kearney, NE, for extensive dental follow-up.

WCDHD will return to North Platte High School in Quarter 3, due to increased numbers of students in need of dental services there. WCDHD will also be traveling to Arthur Public Schools in Quarter 3 and is in the planning stages of confirming a Tooth Tour date at Mullen Public Schools.