NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

Jim Pillen, Governor

December 1, 2023

The Honorable Ben Hansen
Members of the Health and Human Services Committee
State Capitol Room 1117
Lincoln, NE 68509

Subject: Local Public Health Department Annual Reports

Dear Chairman Hansen:

Pursuant to Neb. Rev. Stat. § 71.1628.05, DHHS has compiled the annual reports of each of Nebraska's 18 local health departments that are eligible to receive funding under a portion of the Nebraska Health Care Funding Act,outlined in Neb. Rev. Stat. §§ 71-1626 through 71-1636. These reports detail the core public health functions carried out by each health department in fiscal year 2023.

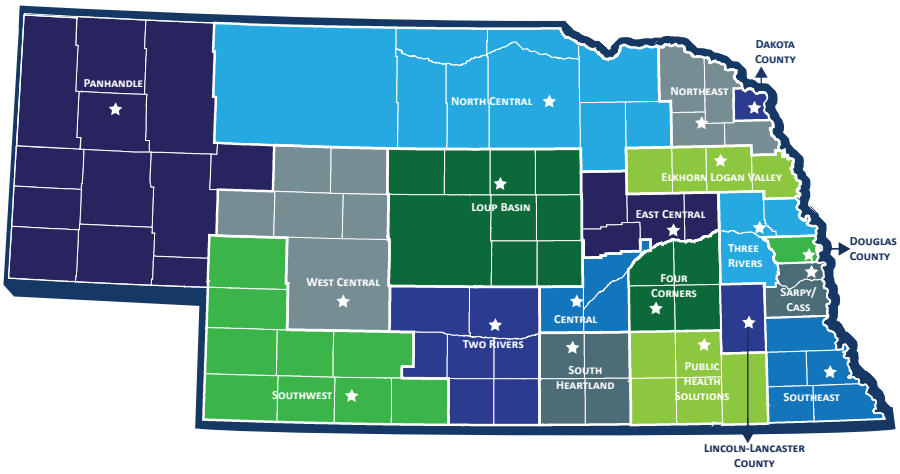
Sincerely,

Charity Menefee
Director, Division of Public Health

Attachment

2023 ANNUAL REPORT

NEBRASKA LOCAL HEALTH DEPARTMENTS



Local Public Health in Nebraska

Nebraska Health Care Funding Act

Nebraska's local health departments (LHDs) act as communities' Chief Health Strategists by assuring that community partners are working together to improve and protect the health and well-being 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) and requires all eligible LHDs to prepare an annual report that provides highlights from selected activities and programs that were achieved throughout the fiscal year to fulfill statutory obligations. These reports do not reflect the totality of the work performed by LHDs. To learn more about the work of any individual LHD, visit their website or reach out to their director. Contact information can be found on the website of the Nebraska Association of Local Health Directors (NALHD) here.

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

1. ***Assessment:*** Collect and analyze information to better understand health issues facing Nebraska communities.
2. ***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.
3. ***Assurance:*** Promote effective coordination and use of community resources to protect the health and well-being of Nebraskans.

NALHD Nebraska Association of Local Health Directors
compiled with support from
Nebraska Association of Local Health Directors

LHDs in Nebraska address the Three Core Functions of Public Health through their work providing Foundational Public Health Services (FPHS) in the areas of maternal, child, & family health, communicable disease control, access to & linkage with clinical care, chronic disease and injury prevention, and environmental public health.

Examples of work in each of the FPHS areas are featured in the individual health department reports and include:

- All LHDs continue their work monitoring and following up on thousands of cases of reportable diseases including tuberculosis, rabies, hepatitis C, campylobacter, norovirus, salmonella, and others.
- All LHDs lead regional community health assessment and planning efforts — many of these resulting in regional work to improve access to healthcare and behavioral health services.
- Rural LHDs are collaborating with partners to provide preventive oral health services to children in schools and other community settings. In Lincoln-Lancaster County, the health department is a major provider of dental services to Medicaid members.
- LHDs deliver and/or support local programs to help Nebraskans control diabetes and high blood pressure, prevent falls, and address substance use disorders.
- LHDs' work in environmental health includes helping families take steps to eliminate ongoing exposures in cases of elevated blood lead levels in children; ensuring safe drinking water in homes and schools; providing information and tools to help Nebraskans address high levels of radon in their homes; inspecting food establishments; monitoring air quality; and collecting and disposing of household hazardous waste.
- Many LHDs are expanding the reach of the highly effective Healthy Families America home visitation programs, to foster lifelong health by supporting infants, children, and families and preventing adverse childhood experiences (ACEs).
- Several LHDs support food security for children and families through WIC programs.

Leveraging Other Funds

For over 22 years, funds from the Nebraska Health Care Funding Act have served as the financial foundation for LHDs. The proportion of individual LHDs' revenue derived from the Nebraska Health Care Cash Fund and the Nebraska General Fund averaged 13% across all LHDs (range from 3% to 40%) according to data collected by the NALHD in FY 2021-22.

In order to maintain operations, to meet their statutory obligations, and to meet the needs of their communities, LHDs must regularly pursue funding from many sources. LHDs rely on federal pass-through awards through Nebraska DHHS, and other State agencies to support much of their work. A few LHDs also receive private or direct federal grants and collect fees and reimbursements for limited services. Very few receive significant local funding.

None of the work of local public health departments would be possible without the foundational resources provided by the Legislature via the Nebraska Health Care Funding Act. These and other funds continue to be necessary to ensure Nebraska's readiness for future small and large-scale public health threats.

Organizational Coverage

As of June 30, 2023, a total of 18 LHDs covering 92 counties were eligible to receive funds under a portion of the Nebraska Health Care Funding Act, Neb. Rev. Stat. § 71-1626 through 71-1636. The list of eligible local 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. Nebraska DHHS's Division of Public Health and other local public health partners continue to support the work of all LHDs.

Table 1. Eligible Nebraska local health departments and affiliated counties.

Nebraska Health Departments	Nebraska Counties Included	Number of Counties
Central District Health Dept.	Hall, Hamilton, Merrick	3
Douglas County Health Dept.	Douglas	1
East Central District Health Dept.	Boone, Colfax, Nance, Platte	4
Elkhorn Logan Valley Public Health Dept.	Burt, Cuming, Madison, Stanton	4
Four Corners Health Dept.	Butler, Polk, Seward, York	4
Lincoln-Lancaster County Health Dept.	Lancaster	1
Loup Basin Public Health Dept.	Blaine, Custer, Garfield, Greeley, Howard, Loup, Sherman, Valley, Wheeler	9
North Central District Health Dept.	Antelope, Boyd, Brown, Cherry, Holt, Keya Paha, Knox, Pierce, Rock	9
Northeast Nebraska Public Health Dept.	Cedar, Dixon, Thurston, Wayne	4
Panhandle Public Health District	Banner, Box Butte, Cheyenne, Dawes, Deuel, Garden, Grant, Kimball, Morrill, Scotts Bluff, Sheridan, Sioux	12
Public Health Solutions	Fillmore, Gage, Jefferson, Saline, Thayer	5
Sarpy/Cass Health Dept.	Sarpy, Cass	2
South Heartland District Health Dept.	Adams, Clay, Nuckolls, Webster	4
Southeast District Health Dept.	Johnson, Nemaha, Otoe, Pawnee, Richardson	5
Southwest Nebraska Public Health Dept.	Chase, Dundy, Frontier, Furnas, Hayes, Hitchcock, Keith, Perkins, Red Willow	9
Three Rivers Public Health Dept.	Dodge, Washington, Saunders	3
Two Rivers Public Health Dept.	Buffalo, Dawson, Franklin, Gosper, Harlan, Kearney, Phelps	7
West Central District Health Dept.	Arthur, Hooker, Lincoln, Logan, McPherson, Thomas	6

Annual Report Time Frame

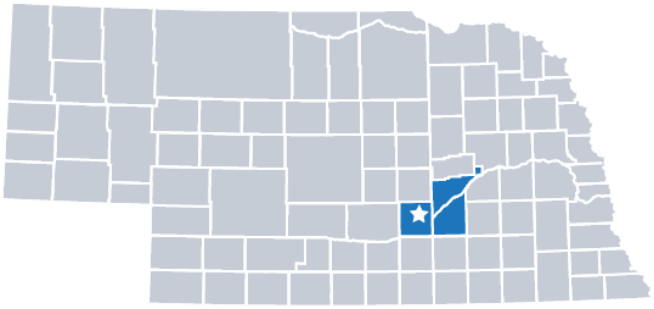
As required by statute, LHDs funded under the Health Care Funding Act submit a report to Nebraska DHHS in October, for inclusion in the full Annual Report submitted by Nebraska DHHS on December 1, 2023. This Annual Report covers July 1, 2022, to June 30, 2023.

Central District Health Department
HALL • HAMILTON • MERRICK

2023 ANNUAL REPORT

CENTRAL DISTRICT HEALTH DEPARTMENT

"Healthy People, Healthy Community."



HALL, HAMILTON, MERRICK

Our Priorities

The top three health priorities identified by community partners through Cental District Health Department's (CDHD) Community Health Assessment are access to: healthcare; behavioral healthcare; and quality childcare. Our Community Health Improvement Plan (CHIP) addresses these priorities. A highlight of this work is the expansion of the Community Health Worker (CHW) Program within CDHD. CHWs identify health-related social needs and help residents find solutions. CHWs also navigate clients to healthcare and behavioral health services. This work helps families with Medicaid redetermination and Healthcare Marketplace eligibility. Related to our other CHIP priorities, CDHD recently worked with community partners and local government to change zoning laws that will lead to an increased number of childcare slots. We are also preparing to hold listening sessions to help identify culturally appropriate behavioral healthcare strategies for our communities.

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51 employees | population 79,676

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MATERNAL, CHILD, & FAMILY HEALTH

2,700 women and children served in WIC each month

What we do: All babies need nutrition as part of a healthy start. CDHD's WIC program provides healthy food, breastfeeding support, education, and referrals for eligible women and children up to age 5. 2,700 women and children receive WIC services monthly. 300+ women are enrolled in breastfeeding peer counseling. 88% of the 1,993 babies in CDHD's WIC program were "ever breastfed". (The state average is 81%.)

COMMUNICABLE DISEASE CONTROL

385 investigations associated with STI cases

What we do: CDHD reduces the impact of STIs and other infectious diseases. We monitor cases, help with treatment, and notify close contacts. We also educate to prevent infections from ever occuring. CDHD provided STI-related education and contact tracing to 385 residents related to infections and exposures to HIV (7), chlamydia (315), gonorrhea (38), syphilis (23), and congenital syphilis (1).

ACCESS TO & LINKAGE WITH CLINICAL CARE

Healthcare for 951 refugees and CHPs

What we do: CDHD's 8 Community Health Workers (CHWs) enable our team's work supporting the health and integration of newcomers to our district. From May through August, 951 refugees and parolees new to our district received required vaccinations, blood draws, physicals, and assistance applying for services such as Medicaid, food assistance, and other supports.

CHRONIC DISEASE & INJURY PREVENTION

11% of CDHD **residents have diabetes**

What we do: CDHD combats the growing rate of diabetes with our Diabetes Prevention and Living Well with Diabetes programs. 49 people are enrolled in these programs, with 12 attending the versions offered in Spanish. 11% of CDHD residents have diabetes Forty-nine persons are enrolled in either the Diabetes Prevention or Living Well with Diabetes education classes, with twelve attending the Spanish class.

ENVIRONMENTAL PUBLIC HEALTH

1,230 food inspections & 6,230 water tests

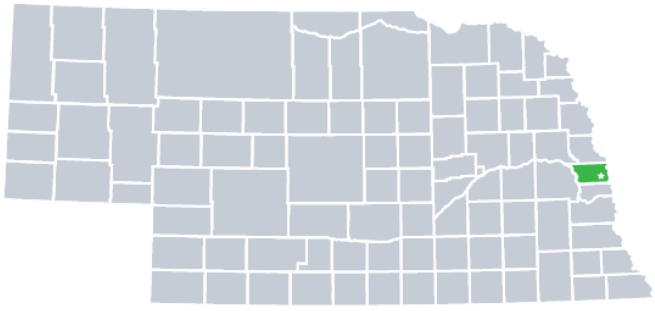
What we do: CDHD's Registered Environmental Health Specialists protect health by monitoring and addressing issues associated with food products, drinking water, sanitation procedures, disease-carrying mosquitos and ticks, etc. CDHD conducted 1,230 food vendor inspections and 6,230 public and private water tests. We have one of only six certified labs in the state where we can perform coliform testing for compliance samples.

DOUGLAS COUNTY Health Department

2023 ANNUAL REPORT

DOUGLAS COUNTY HEALTH DEPARTMENT

"Healthy. Vibrant. Everyone. Everywhere."



DOUGLAS

Our Priorities

Douglas County Health Department (DCHD) partners with Sarpy/Cass Health Department in Nebraska, Pottawattamie Health Department in Iowa, and other organizations and medical systems in the Omaha Metro area to complete regular Community Health Assessments (CHA) and Community Health Improvement Plans (CHIP). In July, we published the 2023 Metro Community Health Improvement Plan. After listening to many community voices, we identified Mental Health as the top priority area. The CHIP details the ongoing and future work of several organizations including DCHD and calls for collaboration to address the mental well-being of people living in the Omaha area. Of note, DCHD piloted the New Lens Project, which exposed area at-risk youth to a variety of nontraditional therapies such as equine and eco therapies. The outcomes of the pilot project indicated that the youth involved discovered new ways to improve their mental health and helped destigmatize participation in these types of therapies.

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130 employees | population 578,771

www.douglascountyhealth.com

(402) 444 - 7471

Over 25 community partners convened

MATERNAL, CHILD, & FAMILY HEALTH

What we do: DCHD is the primary convener of a variety of community partners through the Baby Blossoms Collaborative and Fetal Infant Mortality Review team. Together, we strategize on community approaches to improving birth outcomes.

Why we do it: We know that improving maternal and child health takes a community leveraging ideas and resources to solve tough problems.

2200+ investigations of potentially contagious diseases in 2022

COMMUNICABLE DISEASE CONTROL

What we do: DCHD conducts surveillance for communicable diseases, provides investigation and response for diseases of concern, educates the community on risks and prevention, and plans for public health emergencies.

Why we do it: Communicable disease control is a foundational public health function. Healthy communities depend on public health to minimize the conditions in which infectious diseases can spread.

2,957 STI clinic visits were completed in 2022

ACCESS TO & LINKAGE WITH CLINICAL CARE

What we do: DCHD's Sexually Transmitted Infection (STI) clinic and control program provides free testing, treatment, and partner identification/treatment services. We also provide at-home testing and outreach specialist support.

Why we do it: Ensuring all people at risk have access to testing and treatment services regardless of ability to pay is an important step in stopping the transmission and harm caused by STIs.

890,000 CDC dollars awarded to DCHD

CHRONIC DISEASE & INJURY PREVENTION

What we do: DCHD convenes a community Overdose Fatality Review team to identify common variables and patterns that can be collectively addressed to decrease unintentional death and injury caused by substances.

Why we do it: Decreasing deaths and injuries from substance misuse means those impacted have a greater chance of surviving to enter treatment and recovery.

Over **5,300 food safety inspections** conducted annually

ENVIRONMENTAL PUBLIC HEALTH

What we do: DCHD inspects and educate food establishments, food trucks, special events, and pools. We respond to sanitation complaints, as well as monitor air quality via 7 air quality monitors around the Metro.

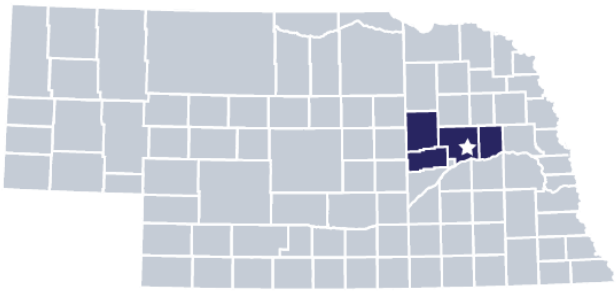
Why we do it: Ensuring safe food, drink, living conditions, and air minimizes the health risks that residents may encounter, allowing them to live healthier lives.

East Central
District Health Department
Public Health...It's for everyone.

2023 ANNUAL REPORT

EAST CENTRAL DISTRICT HEALTH DEPARTMENT

"Public health, it's for everyone."



BOONE, COLFAX, NANCE, PLATTE

Our Priorities

East Central District Health Department's (ECDHD) Early Development Network (EDN) provides early intervention services for families with children (birth to age 3) with developmental delays and/or healthcare needs. This program also connects families to needed services. Providing developmental support and services early on improves a child's ability to develop and learn. Early intervention may also prevent or decrease the need for special help later. Families of children with disabilities often need many different services, including speech, physical, or occupational therapy. These services help infants and toddlers grow and develop and provide support to their families.

ECDHD's Early Develop Network had more referrals in 2022-23 than any other year, at 148.

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21 employees | population 53,533

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Nationally Accredited

MATERNAL, CHILD, & FAMILY HEALTH

ECDHD **served 2,010 clients** in 2022

What we do: ECDHD provides nutrition and breastfeeding services to residents in our four counties through our WIC program.

Why we do it: The WIC program aims to improve the health and nutrition of low-income women, infants, and children who are at nutritional risk. We do this through education and support.

COMMUNICABLE DISEASE CONTROL

242 general investigations of infectious diseases

What we do: ECDHD investigates, diagnoses, addresses, and communicates health problems and hazards affecting the population.

Why we do it: Early detection and timely intervention of infectious diseases helps reduce transmission and has a direct impact on the health of our communities. Preventing disease spread helps increase safety.

ACCESS TO & LINKAGE WITH CLINICAL CARE

18% of adult residents **do not have healthcare coverage**

What we do: ECDHD works closely with our Federally Qualified Health Center (FQHC), hospitals, and healthcare clinics to promote services and make referrals.

Why we do it: Increased access to services and healthcare improves the health of our community.

CHRONIC DISEASE & INJURY PREVENTION

1 in 3 adults in the district **are obese**

What we do: ECDHD offered two family-based programs targeting childhood obesity: Building Healthy Families; and Hispanic Family Connections.

Why we do it: These programs improve healthy habits and create lasting lifestyle changes that control and/or decrease the impacts of chronic diseases.

ENVIRONMENTAL PUBLIC HEALTH

51 lead poisoning investigations conducted

What we do: ECDHD investigates high childhood lead levels within our district.

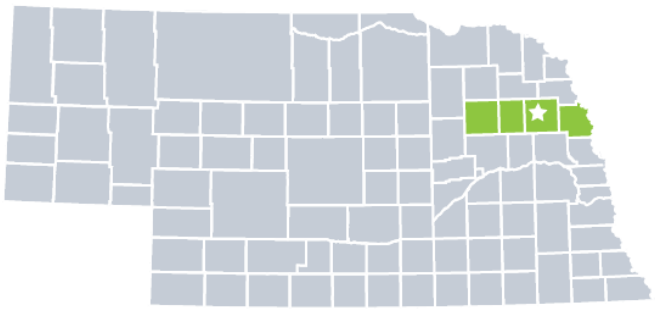
Why we do it: Early detection of lead in the blood and environmental evaluations help contain the reduce the long-term effects of lead exposure.

ELKHORN PUBLIC HEALTH LOGAN VALLEY DEPARTMENT

2023 ANNUAL REPORT

ELKHORN LOGAN VALLEY PUBLIC HEALTH DEPARTMENT

"Healthy People Living in Healthy Communities."



BURT, CUMING, MADISON, STANTON

Our Priorities

Elkhorn Logan Valley Public Health Department (ELVPHD) conducted a Community Health Needs Assessment in 2022 with 1,657 unduplicated participants. The top five health concerns identified by survey respondents included: 1) mental health; 2) cancer; 3) challenges getting healthy and affordable food; 4) heart disease; and 5) getting enough exercise. Affordable care, cancer, and heart disease were the top responses to the question, "What worries you most about your health or the health of your family?" The ELVPHD Community Health Improvement Plan was revised, updated, and adopted by the Board of Health in December 2022. Two main priority areas identified are:

1. Behavioral/mental health (carried over from 2013, 2016, and 2019); and
2. Cancer prevention and screening (identified in 2013 and 2016).

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17 employees | population 57,170

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Nationally Accredited

MATERNAL, CHILD, & FAMILY HEALTH

53 lead water tests completed in area schools

What we do: ELVPHD, in partnership with the State Drinking Water Division at the Nebraska Department of Environment and Energy, is testing for lead in drinking water at schools and licensed childcare facilities.

Why we do it: Children under age 6 are most susceptible to the harmful effects of lead. Children often spend most of their day at school or daycare. Many schools and childcare facilities may have plumbing that contains lead.

COMMUNICABLE DISEASE CONTROL

160 investigations of reportable diseases (other than COVID-19)

What we do: ELVPHD performs public health surveillance and prevents and controls the spread of illness and disease. This is done through monitoring reportable illnesses reported by area labs, clinics, and hospitals.

Why we do it: ELVPHD strives to keep the communities and people safe from illnesses related to food, water, insects and animals, and viral and bacterial infections.

ACCESS TO & LINKAGE WITH CLINICAL CARE

39% of children have tooth decay

What we do: A Public Health Dental Hygienist provides preventive dental services in local schools and childcare centers. This includes oral health screenings, fluoride varnish and dental sealant application, and education.

Why we do it: 47% of children participating in Smile in Style services do not receive regular dental care. At the same time, the ELVPHD area has decreasing options for dental providers who accept Medicaid.

CHRONIC DISEASE & INJURY PREVENTION

36 class **participants lost a total of 359 pounds**

What we do: ELVPHD holds CDC recognition for teaching the evidence-based National Diabetes Prevention Program. Scale Down weight-loss classes are available to participants with an option of in-person or virtual classes.

Why we do it: 71.8% of adults in the ELVPHD district reported being overweight or obese, thus being at a high risk for diabetes. Surveys show that weight loss, physical activity, and nutrition are areas of desired learning.

ENVIRONMENTAL PUBLIC HEALTH

163 radon test kits distributed

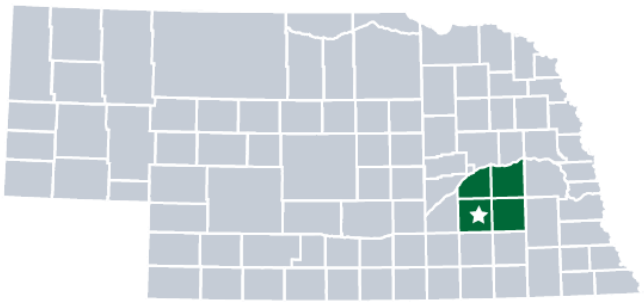
What we do: ELVPHD provided 163 short-term radon test kits in the district, educated through traditional and social media, and provided information about radon mitigation in homes with test results higher than 4 pCi/l.

Why we do it: Radon is the second leading cause of lung cancer overall, and the leading cause of lung cancer in nonsmokers. All counties in ELVPHD have high radon levels (>4.0 pCi/l).

Four Corners Health Department

2023 ANNUAL REPORT

FOUR CORNERS HEALTH DEPARTMENT



POLK, BUTLER, YORK, SEWARD

Our Priorities

Four Corners Health Department (FCHD) collaborates with the community and partners to determine priorities. We monitor data to see our local areas and opportunities for improvement. In past years, mental health, chronic disease, alcohol abuse, healthy aging, and healthy living have been focus areas. We offer programming and education in each of these areas, reaching young and old. We continue to build a strong mental health program by offering educational opportunities, resources, and have a Licensed Independent Mental Health Practitioner onsite. We completed a Youth Mental Health Assessment in our district and developed a Steering Committee to address the needs of the community. Through many partnerships, we have offered classes in chronic disease management, healthy living and aging. Campaigns for anti-alcohol and anti-drug use have been shared via social media and billboards. We strive to make a positive impact in our four-county district.

Laura McDougall, MS
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12 employees | population 45,348

www.fourcorners.ne.gov

(402) 362 - 2621

Suicide is the 2nd leading cause of death for 10 - 24 year-olds

MATERNAL, CHILD, & FAMILY HEALTH

What we do: FCHD is starting a home visiting program to support pregnant women and infants. Butler and Polk counties currently do not have access to home visiting services. We are also engaging district communities in programs to reduce suicide among 10 to 19 year olds. In Nebraska, suicide is the second leading cause of death for ages 10 to 24 years (CDC 2020).

180 investigations of reportable diseases

COMMUNICABLE DISEASE CONTROL

What we do: FCHD nurses educate, conduct disease surveillance, monitor cases of communicable disease, and respond to disease outbreaks. The team also provides immunizations to prevent certain diseases. FCHD followed up on 180 cases of reportable, communicable diseases last year (not including COVID) to prevent further spread within local communities.

1,700 "feel depressed" and/or have social needs

ACCESS TO & LINKAGE WITH CLINICAL CARE

What we do: FCHD's Community Health Workers (CHWs) link rural residents to dental and medical homes, and to behavioral healthcare. Our Care Coordination Nurse links patients with social needs to local and state supports. Over 1,700 local people screened at their medical provider indicated they have depression and/or social needs that could impact their health. FCHD is actively addressing this.

10.3% of FCHD residents have diabetes

CHRONIC DISEASE & INJURY PREVENTION

What we do: FCHD offers local classes such as Stepping On and Tai Chi for Arthritis (falls prevention classes), Diabetes Prevention Program (DPP), Quitting Tobacco Education, Living Well with Chronic Disease, and Drive Smart programs. In 2020, 10.3% of people over 18 years old in our district reported they were told they have diabetes. Education and support can help FCHD residents prevent and/or manage chronic diseases and prevent injuries.

5,925 lbs. & 265 gallons of household hazardous waste

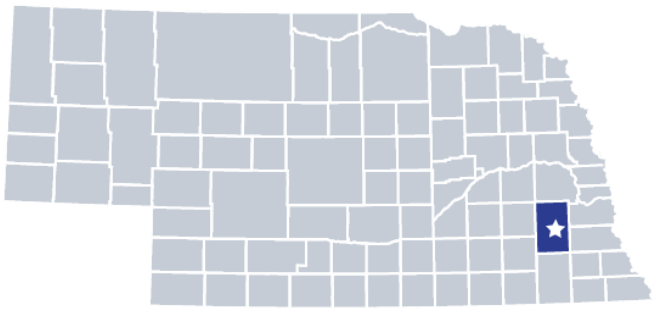
ENVIRONMENTAL PUBLIC HEALTH

What we do: Residents desire a healthy environment in which to live. Nurses follow up on children with high blood lead levels. Staff trap mosquitoes and ticks. FCHD holds Household Hazardous Waste (HHW) Collection events in each county on a rotating basis. Hundreds of households safely disposed of 5,925 pounds of chemicals and paint, and another 265 gallons of chemicals at Four Corners HHW events.

2023 ANNUAL REPORT

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

"To Protect and Promote the Public's Health."



LANCASTER

Our Priorities

Engaging the community and working collaboratively to help improve the health and safety of residents is one of the important roles of public health. Lincoln-Lancaster County Health Department (LLCHD) conducted a Community Health Assessment (CHA) and published a Community Health Improvement Plan (CHIP) in July 2022. The plan outlines priority areas identified through a comprehensive assessment including 40 hours of community conversations in six languages, a Minority Health Summit and Community Health Summit. The priority areas are access to care, chronic disease, behavioral health and injury prevention. Each priority area has a workgroup of partners developing and implementing action strategies to address the top health concerns and make the greatest impact on the public's health. In all, 3,000 community members took part in the process, with 125 community members from 70 organizations joining workgroups.

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168 employees | population 324,756

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Nationally Accredited

Healthy Families staff provided an average of **4,400 visits**

MATERNAL, CHILD, & FAMILY HEALTH

What we do: LLCHD provides home visitation services through the Healthy Families America and Family Connects (Universal Home Visitation) models to families in Lincoln-Lancaster County.

Why we do it: Home visitation services provide a strong foundation for a healthy start for infants and children, support family well-being, and build capacity for a bright future.

Investigated 3,147+ reported disease cases

COMMUNICABLE DISEASE CONTROL

What we do: In Fiscal Year 2022-23, the Communicable Disease Program responded to 3,147 reported disease cases other than COVID-19.

Why we do it: The Communicable Disease Program works to protect the public's health through disease surveillance, outbreak investigations, and preventing the spread of diseases.

1,100+ linked to primary care medical home

ACCESS TO & LINKAGE WITH CLINICAL CARE

What we do: LLCHD links people to resources such as insurance options (Medicaid/Marketplace) and ensures a connection to a primary care provider medical home.

Why we do it: Ensuring access to both health insurance and a healthcare provider supports people for not only preventive care, but also supports those with ongoing health concerns, both physical and mental.

Nearly **30 car seat check events** and close to **350 car seats checked**

CHRONIC DISEASE & INJURY PREVENTION

What we do: The Health Promotion team works to strengthen the public's health and safety to improve quality of life through education, mobilizing community action, and public health policy development.

Why we do it: Motor vehicle crashes remain a leading cause of death and severe injury to young children in Lancaster County.

1,469 childhood professionals trained in health &safety

ENVIRONMENTAL PUBLIC HEALTH

What we do: LLCHD provides timely education and guidance to help control the spread of illness in childcare centers; identifies illness trends in the community; and develops communications, future educational resources, and action steps for prevention.

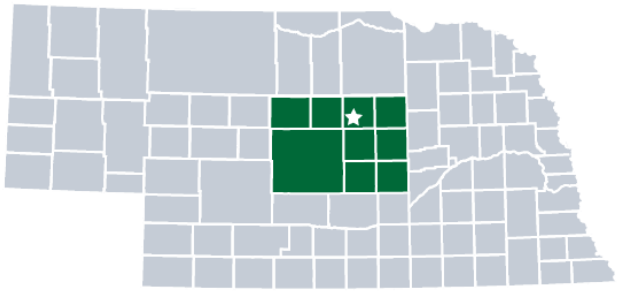
Why we do it: Childcare centers submitted 80 illness reports based on communicable diseases, diarrhea, or vomiting.

LoupBasin
PUBLIC HEALTH DEPARTMENT

2023
ANNUAL REPORT

LOUP BASIN PUBLIC HEALTH DEPARTMENT

"Healthier People, Healthier Communities, Healthier Tomorrows."



BLAINE, CUSTER, GARFIELD, GREELY, HOWARD, LOUP, SHERMAN, VALLEY, WHEELER

Our Priorities

Loup Basin Public Health Department (LBPHD) strives to improve the overall health and well-being of the community and accomplishes this by collecting population health data to help better understand the range of factors that can impact individuals' health. The health department collaborates with multiple partners including our hospitals, clinics, schools, coalitions, pharmacies, and others to help make this single data report, also called our Community Health Assessment (CHA). This assessment is generated every three years to help align with our area hospitals. When looking through the data, the two biggest health concerns were mental and behavioral health, with a 4.5% increase in mental health issues in LBPHD's district since 2020. LBPHD takes the data from our CHA and creates the Community Health Improvement Plan (CHIP) which was rolled out in March 2023 and is being implemented over the next three years. The CHIP focuses on mental and behavioral health.

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15 employees | population 29,957

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HFA moms are 5X more likely to enroll in school and training

MATERNAL, CHILD, & FAMILY HEALTH

What we do: LBPHD provides home visiting services to families in the district utilizing the Healthy Families America (HFA) model. HFA strengthens relationships between parents and children.

Why we do it: By preventing adverse childhood experiences (ACEs), LBPHD helps set children on a healthy path. HFA helps parents succeed. HFA moms are 5 times more likely to enroll in school/training programs.

Health departments monitor for **140 reportable diseases**

COMMUNICABLE DISEASE CONTROL

What we do: Monitor reportable illnesses reported by area labs, clinics, and hospitals. We provide timely and appropriate responses to limit further spread and help those who are infected navigate their illness.

Why we do it: Timely prevention and control activities can stop outbreaks that can lead to widespread illness, missed work, school absences, and other hardships. Many reportable diseases can lead to serious illness or death.

1,926 children received **oral health screenings**

ACCESS TO & LINKAGE WITH CLINICAL CARE

What we do: Our public health certified dental hygienist leads Loup Basin Smiles. We provide oral screenings and apply fluoride varnish in Head Start programs, preschools, and elementary schools district-wide.

Why we do it: Compared to urban children, rural children receive fewer dental sealants and have higher rates of tooth decay. LBPHD counties are all rural and 3 are Dental Health Shortage Areas.

4100+ adults in LBPHD are **affected by diabetes**

CHRONIC DISEASE & INJURY PREVENTION

What we do: Through the Live + Well program, LBPHD offers health screenings to the public and uses an individual's result to develop personalized education.

Why we do it: The diabetes rate for Loup Basin is 11.3% and pre-diabetes is 4.6%. Area residents can improve their health-related to this chronic disease through modifications in nutrition and physical activity.

61.6% of residential homes in LBPHD were **built before 1979**

ENVIRONMENTAL PUBLIC HEALTH

What we do: LBPHD participates in the Childhood Lead Poisoning Prevention Program. We monitor for high blood lead levels and link exposed children and their families to recommended services and interventions.

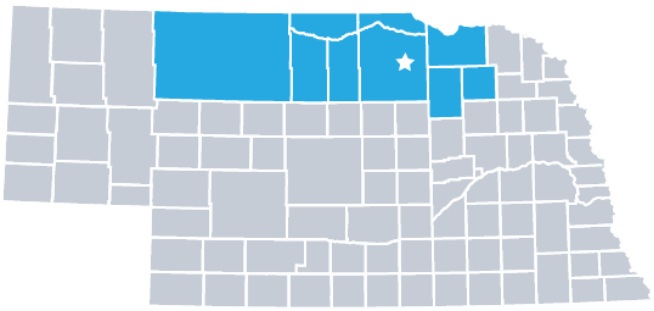
Why we do it: Lead is especially toxic to children under age 6 and is often present in structures built before 1979. Exposure to lead can harm a child's developing brain.

NCDHD
North Central District
Health Department

2023
ANNUAL REPORT

NORTH CENTRAL DISTRICT HEALTH DEPARTMENT

"To promote and protect the health and wellness of our communities."



ANTELOPE, BOYD, BROWN, CHERRY, HOLT, KEYA PAHA, KNOX, PIERCE, ROCK

Our Priorities

North Central District Health Department (NCDHD), in close collaboration with its partners, conducted a meticulous examination of the community's health status, needs, and challenges. This assessment served as the foundation for the Community Health Improvement Plan, enabling the identification of strengths and the allocation of resources to address community priorities. The prioritization of cardiovascular and mental health was determined through a thorough analysis of local input and district-wide data. Over the past year, NCDHD held quarterly workgroup meetings to analyze data and evaluate progress. As a result, we were able to increase the amount of CPR/AED/Mental Health first aid instructors and trainees throughout the district, promote proper blood pressure screenings with referrals, and utilize media outlets to increase mental health awareness, while also exploring avenues to reach Native American, Hispanic, elderly, and low-income residents. Additional information can be found on our website.

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12 employees | population 44,521

www.ncdhd.ne.gov

(402) 336 - 2406

Nationally Accredited

Housing, utilities, and food **aid to 48 families**

MATERNAL, CHILD, & FAMILY HEALTH

What we do: NCDHD partners with the local Holt and Boyd Coalition, emphasizing navigation and coordination of services for families in need. NCDHD staff actively participate in monthly meetings.

Why we do it: A priority matrix focuses on basic needs, health promotion, and child and family safety for early interventions. NCDHD fosters connections in these areas, promoting holistic community health.

261 investigations of reportable diseases

COMMUNICABLE DISEASE CONTROL

What we do: Staff conduct surveillance which includes outbreak management and response to reportable communicable and other diseases.

Why we do it: In 2022, NCDHD completed 261 investigations of reportable diseases. Of these, the most common were salmonellosis, campylobacteriosis, and animal exposures. There were also 3,920 cases of COVID-19.

6 of 9 counties lack family medicine access.

ACCESS TO & LINKAGE WITH CLINICAL CARE

What we do: NCDHD receives referrals of chronic disease/high-risk patients from 2 area clinics and assists those patients with health-related social needs. Patients are screened during their routine appointments.

Why we do it: Health-related social needs (access to food, housing, transportation, education, etc.) significantly impact individuals' health. Failure to address these issues can limit the effectiveness of clinical care.

3,875 students screened for oral health issues

CHRONIC DISEASE & INJURY PREVENTION

What we do: NCDHD's Miles of Smiles program (MOS) provides preventive oral health screenings and fluoride varnish at all district elementary schools. MOS staff screened 3,875 kids and referred 79 for urgent dental care. Compared to urban children, rural children receive fewer dental sealants and have higher rates of tooth decay. NCDHD counties are all rural. MOS increases access to preventive oral healthcare that can prevent cavities for years to come.

4 of 9 counties have harmful radon levels

ENVIRONMENTAL PUBLIC HEALTH

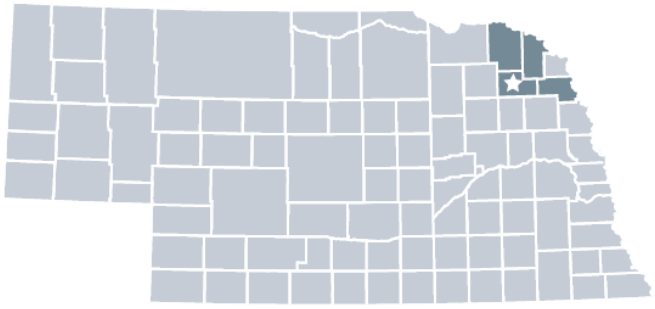
What we do: NCDHD, in partnership with Avera St. Anthony's and Avera Creighton Hospital, aims to create a network to boost lung cancer screenings in radon-prone areas throughout the district.

Why we do it: Radon is the #2 cause of lung cancer. NCDHD's eastern counties have high radon levels. Increasing local access to lung cancer screenings can aid in awareness, early detection, and intervention.

2023 ANNUAL REPORT

NORTHEAST NEBRASKA PUBLIC HEALTH DEPARTMENT

"We work to prevent disease and injury, promote optimal health, and protect the health of the public."



CEDAR, DIXON, THURSTON, WAYNE

Our Priorities

The Community Health Improvement Planning (CHIP) process launched during this year based upon the assessment work conducted in the previous year. The work was directed by the board of the Northeast Nebraska Rural Health Network (NNRHN) which is led by Northeast Nebraska Public Health Department (NNPHD) and includes representatives from Pender Community Hospital, Providence Medical Center, University of Nebraska Medical Center, and Winnebago Public Health Department. New NNRHN Board Members were added in 2022 including Wayne Family Medicine and Midtown Health Center. More than 40 participants were involved in development of the CHIP. Priority areas decided upon by the group include Behavioral Health and Health Promotion. Coalitions were formed for these priority areas with goals and action steps being developed for each. These coalitions continue to meet to collaboratively address the goals with the intent to decrease stigma and improve access to healthcare for all populations.

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21 employees | population 30,429

www.nnphd.ne.gov

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Only **2 out of 12 local dental clinics** take new Medicaid patients

MATERNAL, CHILD, & FAMILY HEALTH

What we do: NNPHD provides oral health education, cleaning, fluoride, and sealants to people of all ages. We connect those with immediate needs to dentists for further care.

Why we do it: At one school screening, NNPHD's oral health team found a child with severe dental needs, in discomfort, and doing poorly in school. Staff secured free services from partners and the child is now doing well.

Syphilis cases increased locally by **133%** (18 to 42) in one year

COMMUNICABLE DISEASE CONTROL

What we do: NNPHD monitors and investigates infectious diseases to identify and respond to outbreaks. Last year, NNPHD responded to outbreaks of avian flu, chickenpox, RSV in a daycare, and COVID-19.

Why we do it: NNPHD followed up on 386 cases of infectious disease other than COVID-19; 58.8% were sexually transmitted infections.

80% of what makes us healthy lies **outside** the healthcare system

ACCESS TO & LINKAGE WITH CLINICAL CARE

What we do: Community Health Workers (CHWs) link people to services that address needs that impact their health such as housing, food, transportation, and health care services.

Why we do it: "Nationally, over 34 million school hours and more than $45 billion in productivity are lost each year as a result of dental emergencies." ~CDC. People are missing school and work due to pain.

72.5% of adults in the health district are **overweight or obese**

CHRONIC DISEASE & INJURY PREVENTION

What we do: NNPHD and partners are working to help people who have prediabetes and diabetes get healthcare and other services. We are also offering a weight management program for adults.

Why we do it: Public health works through partnerships. NNPHD's partnerships are tackling major health problems like diabetes and obesity through education, encouragement, and support to individuals.

237 red-meat-allergy-causing **Lonestar ticks were found in NNPHD in 2023**

ENVIRONMENTAL PUBLIC HEALTH

What we do: NNPHD provides: free radon and drinking water test kits; surveillance and education for lead poisoning in children; trapping and testing ticks and mosquitoes to identify the presence of vector-borne disease.

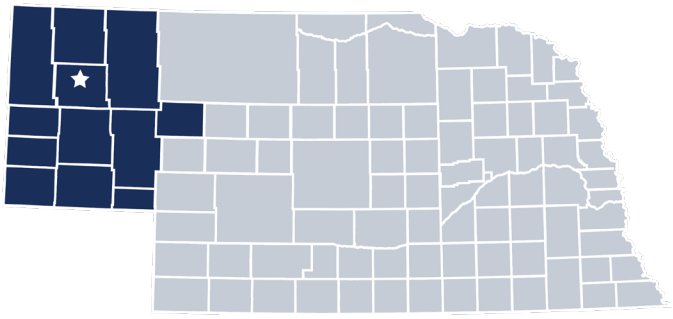
Why we do it: NNPHD counties have some of the highest levels of radon in Nebraska. Over 50% of ticks trapped in the health district in 2023 were positive for B. burgdoferi (Lyme Disease).

Panhandle Public Health District

2023 ANNUAL REPORT

PANDHANDLE PUBLIC HEALTH DISTRICT

"Working together to improve the health, safety, and quality of life for all who live, learn, work, and play in the Panhandle."



BANNER, BOX BUTTE, CHEYENNE, DAWES, DEUEL, GARDEN, GRANT, KIMBALL, MORRILL, SCOTTS BLUFF, SHERIDAN, SIOUX

Collaborating for Change

In the Panhandle, cross-sector collaboration is a cornerstone for addressing overdose and substance misuse challenges. The Panhandle Situation Table is an evidence-based, intensely collaborative, action-oriented initiative that allows agencies to work together and mobilize to rapidly triage situations of Acutely Elevated Risk to connect individuals/families to the support they need. Since its launch in August 2022, PPHD has coordinated virtual 'tables' every Tuesday and has a success rate of 71% with 48 closed situations connected to services. Partners at the table include public health, law enforcement, first responders, behavioral health providers, social service organizations, schools, community support services, hospitals, and clinics. The Panhandle Situation Table received the NACCHO Promising Practice Award in July 2023, showcasing its innovative approach in our rural community, strengthening partnerships to achieve collective impact.

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26 employees | population 84,344

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(308) 633 - 2866

Nationally Accredited

Healthy Families Nebraska Panhandle is serving **80 families**

MATERNAL, CHILD, & FAMILY HEALTH

What we do: PPHD's home visiting program enrolls families prenatally up to child age two and offers services for three years. Healthy Families strengthens parent-child relationships, promotes child development, and enhances family well-being. PPHD is helping to set children up for lifelong health by providing tailored support to local children and families that can prevent or reduce adverse childhood experiences. The ROI for highest risk families in HFA is $3.16.

250 investigations of reportable diseases

COMMUNICABLE DISEASE CONTROL

What we do: PPHD monitors for cases of reportable diseases and shares current, scientific information related to prevention and treatment. PPHD investigated cases of salmonella, hepatitis C, rabies, campylobacteriosis, and others diseases. Timely prevention and control activities can stop the outbreaks that can lead to widespread illness, missed work, school absences, and other hardships. Many reportable diseases can lead to serious illness or death.

Oral health screenings in 94% of area schools

ACCESS TO & LINKAGE WITH CLINICAL CARE

What we do: PPHD's Dental Hygienist provides preventive services including screenings, fluoride treatments, and sealants in 94% of our schools and in early childhood settings. We provided 4,502 fluoride treatments and 1,700 sealants this fiscal year. 8 of PPHD's 12 counties are Dental Health Shortage Areas. Rural children receive fewer dental sealants and have higher rates of tooth decay than urban children. Dental disease is highly preventable.

2 counties in NE's **top 10 for teen driver & passenger-involved crashes**

CHRONIC DISEASE & INJURY PREVENTION

What we do: PPHD uses media campaigns, educational programs, and worksite policy efforts to promote safe driving habits and increase seatbelt use.

Why we do it: Panhandle seatbelt use is lower than the state (64% vs 77%). Rural county roads, long distances between communities, and high volume of agricultural equipment and trucks increase risk of vehicle crashes.

69.1% of Panhandle homes were built before 1979.

ENVIRONMENTAL PUBLIC HEALTH

What we do: PPHD's certified Lead Risk Assessors work with families of children with high lead levels and offer specialized testing to find the source. They help families reduce or eliminate the risk of ongoing exposure.

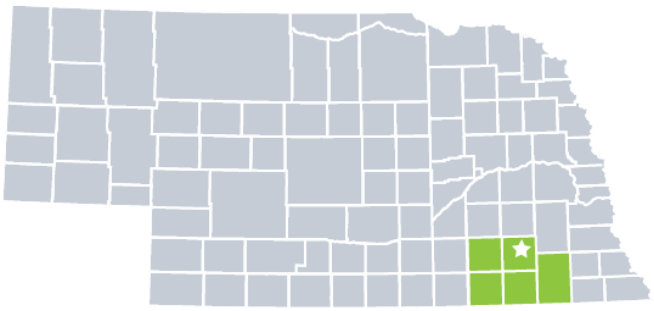
Why we do it: Lead is especially toxic to children under age 6 and its negative impacts on the brain and other organs can be irreversible. Lead is often present in structures built before 1979.

Public Health Solutions

2023 ANNUAL REPORT

PUBLIC HEALTH SOLUTIONS

"Healthy opportunities for everyone where we live, learn, work, and play."



FILLMORE, GAGE, JEFFERSON, SALINE, THAYER

Our Priorities

Public Health Solutions (PHS) has prioritized building and sustaining partnerships to provide a comprehensive, working steering group across the five-county district. Over the past year, the Partners for a Healthy Community group has met to begin the work of community needs assessment and health improvement planning. The group came together to develop action steps to provide sustainability for the coalition and created a new vision statement. PHS partnered with Blue Valley Community Action to create the first joint Community Health & Needs Assessment for the district. This information will be used by the Partners for a Healthy Community group to determine priority areas for the next 3-5 years. Working subcommittees of the group have formed to address specific areas such as health equity, early childhood services, and environmental health. The group will represent demographics of the PHS district and is facilitated by a PHS staff position, dedicated to the project.

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20 employees | population 53,928

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(402) 826 - 3880

Home visiting serves 80 families

MATERNAL, CHILD, & FAMILY HEALTH

What we do: Highly-trained PHS staff provide in-home visitation and early childhood services to help parents in 80 families become confident parents, able to meet the physical, mental, and emotional needs of their children.

Why we do it: Children who have a responsible, caring adult in their lives are better prepared for healthy growth and development.

82% of our residents age **65+** were **immunized for COVID-19**

COMMUNICABLE DISEASE CONTROL

What we do: PHS monitors communicable diseases year-round and provides evidence-based guidance, surveillance, and immunization practices for schools, businesses, families and individuals, and community partners.

Why we do it: PHS communities rely on us for timely and accurate information and immunizations to prevent widespread illness, missed work, school absences, and other hardships (including death).

Nurse case management helps 49 people

ACCESS TO & LINKAGE WITH CLINICAL CARE

What we do: PHS helps individuals access the resources needed to be healthy. PHS provides application assistance, nurse case management and wellness programs to district residents.

Why we do it: Everyone wants to be as healthy as possible. By ensuring access to critical health and wellness service, district residents can take charge of their health and their health needs.

Wellness opportunities for 234 residents

CHRONIC DISEASE & INJURY PREVENTION

What we do: Provide programs including tai chi, nurse health coaching, and small group fitness and wellness classes. Last fiscal year, 234 individuals participated in one of more of these opportunities.

Why we do it: Caring for individual health needs is easier with a strong support system. To prevent disease and manage chronic disease, PHS helps district residents achieve their health goals.

400+ free radon test kits distributed

ENVIRONMENTAL PUBLIC HEALTH

What we do: PHS provides over 400 radon home test kits at no cost to district residents, with follow-up education and advocacy when test results are received.

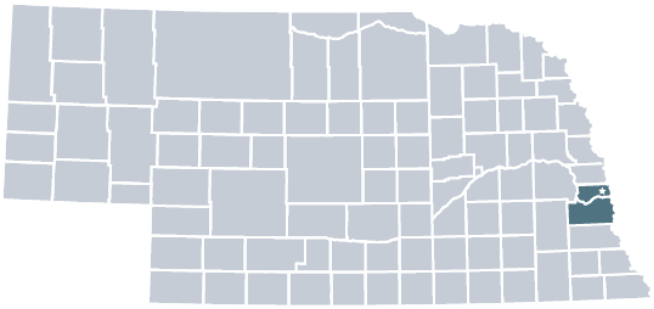
Why we do it: There is no safe level of radon exposure. Left undetected, radon can cause permanent damage to lungs and is the second leading cause of lung cancer.

SARPY/CASS
Health Department

2023
ANNUAL REPORT

SARPY / CASS HEALTH DEPARTMENT

"Promoting and protecting the public's health."



SARPY, CASS

Our Priorities

The Sarpy/Cass Health Department (SCHD), in conjunction with health systems and community partners across the Metro Area Region (Cass, Douglas, Pottawattamie, and Sarpy counties), conducts a regional Community Health Assessment (CHA) every three years. The upcoming iteration will launch in the Fall of 2023. During this year, SCHD has been collaborating with our regional partners to engage community members and organizations to co-create the 2023-2025 Metro Region Community Health Improvement Plan (CHIP). Over 3,500 residents and organizations across the region contributed to the plan that identifies one area of focus, mental health. Input was gathered via surveys, focus groups, and listening sessions. The 2023–2025 CHIP is the result of what was learned and outlines the region's commitment to mental health. Four strategic priorities were recognized and ranked in the process. These priorities include connecting residents to social supports, reducing stigma, increasing connection to resources, and understanding trauma.

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11 employees | population 215,010

www.sarpycasshealthdepartment.org

(402) 339 - 4334

57% report perceived **lack of milk for stopping breastfeeding**

MATERNAL, CHILD, & FAMILY HEALTH

What we do: Support mothers and families enrolled in the Nebraska WIC program through peer-to-peer breastfeeding education and referrals to breastfeeding resources.

Why we do it: 57% of Nebraska moms who stopped breastfeeding did so because of a perceived lack of milk. Breastfeeding has health benefits for infants and their mothers. Supportive relationships and one-on-one peer support increases breastfeeding success.

1,514 investigations of reportable diseases

COMMUNICABLE DISEASE CONTROL

What we do: Our Disease Surveillance Specialists work to protect residents' health by investigating reportable diseases, conducting disease surveillance, and responding to outbreaks in our community.

Why we do it: This year, 1,514 investigations of confirmed or probable cases of illness other than COVID-19 were reported to SCHD. Timely and thorough investigation and follow-up limited the spread of illness.

165 Direct Observation Therapy **(DOT) visits to contain TB**

ACCESS TO & LINKAGE WITH CLINICAL CARE

What we do: SCHD provided tuberculosis (TB) case management for 2 residents: collecting sputum samples, doing direct observation therapy (DOT) visits, facilitating contact investigations, and coordinating healthcare.

Why we do it: TB is a highly contagious infection that can be fatal if not treated properly. Case management and DOT are critical to the success of treatment and reducing further exposure to the greater community.

1,451 injury prevention resources provided

CHRONIC DISEASE & INJURY PREVENTION

What we do: This year, in addition to the 1,451 home, child passenger, and sport safety resources that were provided to families, 79 youth car seats were installed by a trained technician for free.

Why we do it: Our Safe Kids Sarpy/Cass program provides awareness, education, and resources to help parents and caregivers keep the children in our community safe.

Supported 47 children with elevated blood lead levels

ENVIRONMENTAL PUBLIC HEALTH

What we do: SCHD disease investigators conduct blood lead level surveillance to identify children with lead exposure so they can be connected to medical treatment and an environmental exposure investigation.

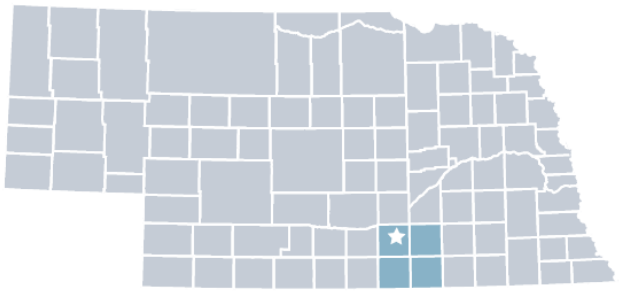
Why we do it: Exposure to lead can negatively affect a child's developing brain. While the effect of lead poisoning may be permanent, if caught early, damage to a child's health can be reduced.

SOUTH HEARTLAND DISTRICT HEALTH DEPARTMENT

2023 ANNUAL REPORT

SOUTH HEARTLAND DISTRICT HEALTH DEPARTMENT

"Healthy People in Healthy Communities."



ADAMS, CLAY, NUCKOLLS, WEBSTER

Our Priorities

South Heartland District Health Department (SHDHD) created an internal team to coordinate communications: risk information (disease outbreaks, environmental concerns); activities advancing CHIP priorities (e.g., mental wellness initiatives); and monthly health observances (e.g., Radon Action Month). The team includes a front line to the director and various program areas: health literacy specialists; bilingual community health workers; and specialists in various methods of communication. **Line-of-sight:** Strategic plan goal to Advocate the "Why" of Public Health. **Outputs:** Bi-monthly audience-specific newsletters (e.g., older adults); residents' stories; and 8 closed-circuit TVs in public venues pushing out public health messages/events. **Outcomes:** Action & Behavior Change. National Diabetes Awareness Month told the story of a local man whose risk for diabetes fell when he took SHDHD's diabetes prevention program (DPP). **Results:** Registrations for the next class and the rural hospital wanted to offer online DPP classes.

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22 employees | population 44,955

www.southheartlandhealth.ne.gov

(402) 462 - 6211

Nationally Accredited

2 area clinics **increased depression screenings for youth 12–18**

MATERNAL, CHILD, & FAMILY HEALTH

What we do: SHDHD encouraged clinics to use the PHQ 4 Youth depression screening during school/sports physicals; supported provider awareness of teen suicide ideation; and promoted the 988 crisis line resource.

Why we do it: In a 2021 survey of SHDHD 12th graders, 45.7% reported being depressed during the past year. Early identification and treatment interventions for depression lead to better outcomes.

1,095 investigations of reportable diseases (other than COVID-19)

COMMUNICABLE DISEASE CONTROL

What we do: In FY2023, the 4-county district had 1,095 confirmed, probable, or suspected cases of reportable diseases other than COVID-19. We responded to 39 facility outbreaks of COVID-19 and 6 facility outbreaks of non-COVID-19 illnesses. Early detection and timely intervention of infectious diseases helps reduce transmission and has a direct impact on the health of our communities. Preventing disease spread helps increase safety.

Breast cancer screening of 18 uninsured/ underinsured women

ACCESS TO & LINKAGE WITH CLINICAL CARE

What we do: SHDHD increased the percent of women 50-74 reporting "up-to-date" on breast cancer screenings. Collaborating with local health providers, we help uninsured/ underinsured women access this service.

Why we do it: Out-of-pocket costs for mammogram readings are impeding access to breast cancer screening for low-income minority women in the district.

75% of SHDHD adults are **at risk for diabetes or prediabetes**

CHRONIC DISEASE & INJURY PREVENTION

What we do: Hastings was selected as one of two sites in Nebraska to work with UNMC/Nebraska Medicine on improving diabetes care, education, and prevention. A local coalition is leading community efforts.

Why we do it: Diabetes is a silent killer. Our goal is to increase the number of residents who know their risk score and get screened for diabetes. The Smart Hub website promotes diabetes screenings, eating healthy, and being active.

240% increase in radon kit sales from last year

ENVIRONMENTAL PUBLIC HEALTH

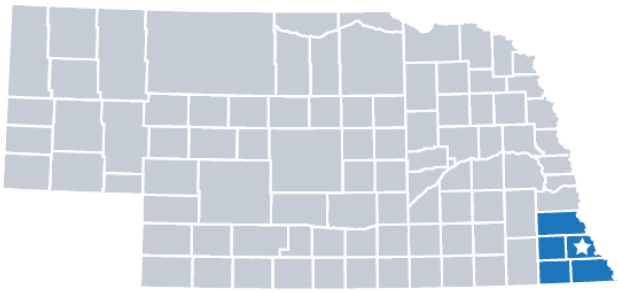
What we do: SHDHD's radon communications plan, featuring a local resident's story and targeted messages, increased awareness about radon exposure in homes and the importance of testing for radon. 46 radon kits were sold, a 240% increase from last year.

Why we do it: Radon is a cancer-causing gas that can't be seen, smelled, or tasted and it is common in our health district.

2023
ANNUAL REPORT

SOUTHEAST DISTRICT HEALTH DEPARTMENT

"Cooperating for your good health."



JOHNSON, NEMAHA, OTOE, PAWNEE, RICHARDSON

Our Priorities

The Southeast Health District (SEDHD) 2022 Community Health Improvement Plan (CHIP) was developed in partnership with the Southeast District Health Department (SEDHD) and the district's six hospitals – Johnson County Hospital, Nemaha County Hospital, CHI St. Mary's, Syracuse Area Health, Pawnee County Memorial Hospital, and Community Medical Center – plus various other community partners and agencies. The CHIP addresses the health concerns of five counties - Johnson, Nemaha, Otoe, Pawnee, and Richardson. Rather than selecting definite priorities, SEDHD and its partners elected to prioritize broad, overarching themes within the district. Priority areas selected were: Behavioral/Mental Health, Preventative Care and Screening, and Social Determinants of Health.

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11 employees | population 38,696

www.sedhd.org

(402) 274 - 3993

MATERNAL, CHILD, & FAMILY HEALTH

51% more families are being **served in HFA**

What we do: SEDHD provides home visitation services to families in the district, utilizing the Healthy Families America (HFA) approved curriculum. Over the last 4 years, enrollment has increased by 51%.

Why we do it: Home visitation strengthens parent-child relationships, promotes healthy child development, and enhances family wellbeing.

COMMUNICABLE DISEASE CONTROL

122 investigations of reportable diseases 2022

What we do: SEDHD conducts disease surveillance, responds to outbreaks, and prevents and mitigates the spread of infectious and communicable diseases.

Why we do it: Disease surveillance is an important epidemiological tool to monitor the health of the community. Pathogens could spread rapidly throughout a community without disease surveillance.

ACCESS TO & LINKAGE WITH CLINICAL CARE

64% of Nebraska's **3rd graders experience dental caries**

What we do: SEDHD provides dental services to adolescents who might otherwise lack preventative care and face barriers in accessing oral healthcare.

Why we do it: Oral health is linked to whole-body health across the lifespan. Oral disease can lead to pain, heart disease, stroke, and other issues. Public health services can reduce the risk of oral health disease and other chronic diseases.

CHRONIC DISEASE & INJURY PREVENTION

1 in 3 adults has a **chronic health condition**

What we do: SEDHD conducts health screenings at community events and worksite wellness events for local businesses. We provide education related to diabetes, cardiovascular disease, cancer, and other chronic diseases.

Why we do it: Chronic disease and injury prevention and control programs save lives, support the economy through a healthy workforce, improve quality of life, and reduce healthcare expenditures.

ENVIRONMENTAL PUBLIC HEALTH

SEDHD's **lung cancer rates are 18% higher** than the state's

What we do: SEDHD disseminates free radon test kits throughout the district to assist community members in determining radon levels in their homes, and provides education regarding the risks associated with radon exposure.

Why we do it: Radon is the number one cause of lung cancer among non-smokers. Although lung cancer can be treated, the survival rate is one of the lowest for those with cancer.

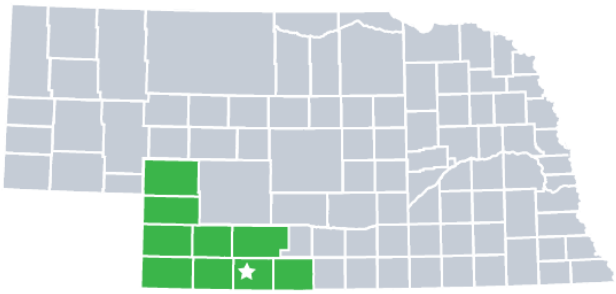
Southwest Nebraska Public Health Department

PREVENT • PROMOTE • PROTECT

2023 ANNUAL REPORT

SOUTHWEST NEBRASKA PUBLIC HEALTH DEPARTMENT

"Prevent, Promote, Protect."



CHASE, DUNDY, FRONTIER, FURNAS, HAYES, HITCHCOCK, KEITH, PERKINS, RED WILLOW

Our Priorities

Southwest Nebraska Public Health Department (SWNPHD) started the process of developing a Community Health Assessment (CHA) in 2022-2023. This assessment gathers data from numerous sources, including state and national databases as well as surveys sent to individual residents. Compiled, it gives us a snapshot of the health and well-being of our district and the health issues that trouble and concern us as a whole population. After the completion of the CHA, SWNPHD will engage all staff in strategic planning to determine the next steps in addressing the health issues identified in the CHA.

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13 employees | population 38,183

www.swhealth.ne.gov

(308) 345 - 4223

MATERNAL, CHILD, & FAMILY HEALTH

437 shots to 241 children across 9 counties.

What we do: Vaccines for Children (VFC) gives no-cost vaccinations to uninsured children. To reduce travel, time, and costs for families, SWNPHD holds clinics at 5 regular locations, including schools. We also add sites for flu shots. This program keeps herd immunity strong so that preventable diseases do not cause unnecessary childhood illness to children. Our vaccine clinics provide easy and affordable access to one of the most effective tools of public health.

COMMUNICABLE DISEASE CONTROL

934 investigations of reportable diseases

What we do: We monitor and investigate communicable diseases and work with local clinics and school nurses to make sure everyone knows which diseases must be reported to public health and how quickly. When reports of communicable diseases are received quickly, we can collect all the clues about the person who was infected and who else may be at risk. We then work with them to take the necessary steps to stop the spread.

ACCESS TO & LINKAGE WITH CLINICAL CARE

400+ oral health screenings & 300 fluoride treatments

What we do: SWNPHD's Polish Your Pearls staff connects children who need advanced care to pediatric specialists. They build relationships, with a local dentist who agrees to treat a child with multiple cavities.

Why we do it: With no Medicaid dental providers in our district, it is challenging for many children to be seen or treated by a dentist. SWNPHD works with parents to overcome barriers and get children the care they need.

CHRONIC DISEASE & INJURY PREVENTION

Heart disease is the **#1 cause of death** in SWNPHD

What we do: SWNPHD's Health Hub program offers health screenings and education on chronic disease prevention. Women who qualify receive free health coaching to reach their weight, fitness, and nutrition goals.

Why we do it: Lifestyle changes lower the risks of heart disease, our #1 killer. In addition to improving access to high-quality preventive screening services, SWNPHD enhances community linkages and improves data collection.

ENVIRONMENTAL PUBLIC HEALTH

Assisted 165 families with potential lead poisoning in children

What we do: We work with providers and families to lower the risk of lead exposure to children. We provided 165 families with education, retesting information, and as-needed home lead inspection with the assistance of Nebraska DHHS.

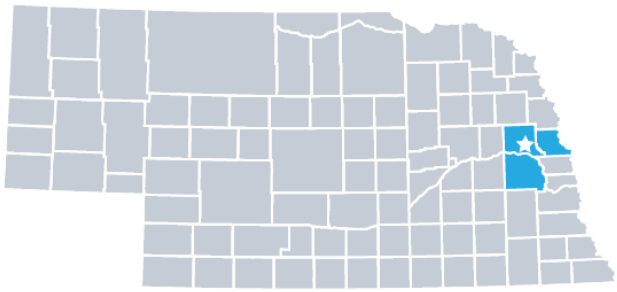
Why we do it: The guidelines for a positive case of lead poisoning were changed, meaning more children are diagnosed with lead poisoning. Educating our providers on the new lead level criteria has helped children have safer and healthier homes.

THREE RIVERS
PUBLIC HEALTH DEPARTMENT
Dodge, Saunders & Washington Counties

2023 ANNUAL REPORT

THREE RIVERS PUBLIC HEALTH DEPARTMENT

"Empower and educate families while promoting healthy living for the improvement of our communities."



DODGE, SAUNDERS, WASHINGTON

Our Priorities

Three Rivers Public Health Department (3RPHD) collects and monitors population health data to identify gaps and barriers and assure improvement in health outcomes for the health district. The most recent Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP) were completed in 2022. Priority health issues identified by the CHA were Behavioral Health and Unhealthy Lifestyles. Access to Care has been another issue that has been identified through the CHA/CHIP process. Health equity is a focal point of all health improvement efforts and reducing health disparities continues to be another priority initiative where 3RPHD strives to improve. During the past year, TRPHD has hosted quarterly CHA/CHIP steering committee meetings. These meetings enable local stakeholders to review relevant health data, monitor progress, and share CHIP successes. Progress performance metrics are tracked through the 3RPHD's dashboard and an annual report is shared with the community.

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9 student assemblies reached over 3,300 students

MATERNAL, CHILD, & FAMILY HEALTH

What we do: 3RPHD worked with schools to reduce motor vehicle injuries and deaths among teens. We also hosted assemblies featuring a national speaker, Teens in the Driver's Seat program, and Teens in the Driver's Seat conference.

Why we do it: Motor vehicle crashes are a leading cause of injury and death among teens. Teens in the Driver's Seat addresses the risks for this age group and strives to save lives and reduce injuries.

140 investigations of reportable diseases

COMMUNICABLE DISEASE CONTROL

What we do: 3RPHD monitored for cases of 140 different reportable diseases. Case investigations determined the cause and links cases together. Case investigators shared information on treatment and preventing further infections.

Why we do it: Timely prevention and control activities can stop outbreaks that can lead to widespread illness, missed work, school absences, and other hardships. Many reportable diseases can lead to serious illness or death.

73% of patients were uninsured

ACCESS TO & LINKAGE WITH CLINICAL CARE

What we do: 3RPHD provided access to reproductive healthcare and family planning services for low-income patients through the Title X program. The addition of telehealth further reduced barrers to accessing healthcare.

Why we do it: Family planning and preventive care are essential services. Factors like an inability to pay or lack of transportation should not be barriers. In fiscal year 2022, 73% of our patients were uninsured.

164 bike helmets distributed & **90 car seats** checked

CHRONIC DISEASE & INJURY PREVENTION

What we do: 3RPHD provided Living Well workshops to teach community members how to take control of their health. We educated families on the proper selection and installation of car seats and the importance of bike safety.

Why we do it: We want to empower individuals and families to take charge of their safety and provide them the tools needed to do so.

4 West Nile Virus positive pools

ENVIRONMENTAL PUBLIC HEALTH

What we do: 3RPHD provided vector surveillance, case management for child lead poisoning, interpretation of radon test results, education of private well owners about water quality, and education about animal bites/exposures.

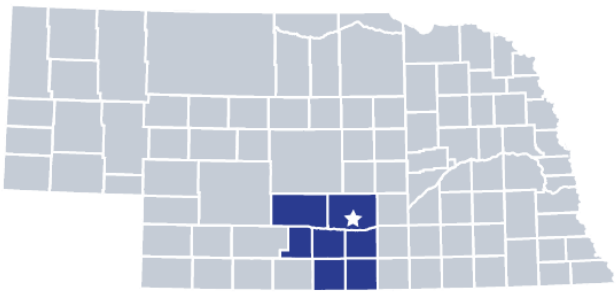
Why we do it: Tick and mosquito surveillance provide real-time tracking of viruses in our area. Over the past year, 64 cases of West Nile Virus and 4 West Nile Mosquito pools were reported in our district.

Two Rivers
PUBLIC HEALTH DEPARTMENT

2023
ANNUAL REPORT

TWO RIVERS PUBLIC HEALTH DEPARTMENT

"A healthy community for all!"



BUFFALO, DAWSON, FRANKLIN, GOSPER, HARLAN, KEARNEY, PHELPS

Our Priorities

Two Rivers Public Health Department (TRPHD) is working with partners to align the timing of our community health assessment work and community health improvement plan (CHIP) implementation. Typically, these processes occur on a 3-to-5-year cycle. TRPHD is in year 3 of the current CHIP cycle. The priorities of the current cycle are improving access to care, creating a safe environment, addressing mental health, and preventing suicide. The primary objectives for improving access to care include increasing vaccination rates in the district and creating health education materials in various languages. TRPHD has taken steps to assess the environmental needs in the district, sought staff training, and investigated nuisances to ensure a safe environment. TRPHD has focused on addressing mental health and suicide prevention through the OD2A (Overdose Data to Action) program. TRPHD's OD2A work was recently recognized by the National Association of City and County Health Officials (NACCHO).

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Nationally Accredited

2 of 7 TRPHD counties are **"high need" for family supports**

MATERNAL, CHILD, & FAMILY HEALTH

What we do: TRPHD identified high needs for family supports in our area and is preparing to implement the Healthy Families America (HFA) home visitation model with children up to age 5 and their families.

Why we do it: TRPHD seeks to foster lifelong health by supporting children and families and preventing adverse childhood experiences (ACEs).

658 investigations of reportable diseases (other than COVID-19)

COMMUNICABLE DISEASE CONTROL

What we do: TRPHD investigates reportable diseases, to detect disease clusters and outbreaks. TRPHD's nursing team assists individuals in need of community support as they navigate their illnesses.

Why we do it: Timely prevention and control activities can stop outbreaks that can result in widespread illness, missed work, school absences, and other hardships. Many reportable diseases can lead to serious illness or death.

Sealants applied on 3,293 teeth

ACCESS TO & LINKAGE WITH CLINICAL CARE

What we do: TRPHD's LifeSmiles provided 2,612 dental screenings—narrowing the gap in equitable access to dental care in rural areas. We help with preventive services, education, and connections with local dentists.

Why we do it: Rurality and poverty impact access to dental care. Most of TRPHD is rural. Many children are low income and/or experience homelessness. Limited English complicates oral health access for immigrant residents.

Franklin County reported **11.5 overdose deaths per 100,000** in 2021

CHRONIC DISEASE & INJURY PREVENTION

What we do: TRPHD'S opioid awareness and overdose prevention program provides information, education, referrals on substance use disorder, and distribution of Narcan for harm reduction and safety.

Why we do it: We combat the stigma of substance use disorder through public education such as social media and presentations. In addition, TRPHD promotes tools to address both mental health issues and substance misuse.

60.2% of homes in the district were **built before 1979**

ENVIRONMENTAL PUBLIC HEALTH

What we do: TRPHD monitors/tracks environmental health issues and diseases that impact our communities such as West Nile Virus, lake algae, public health water violations, radon, lead poisoning, and air quality.

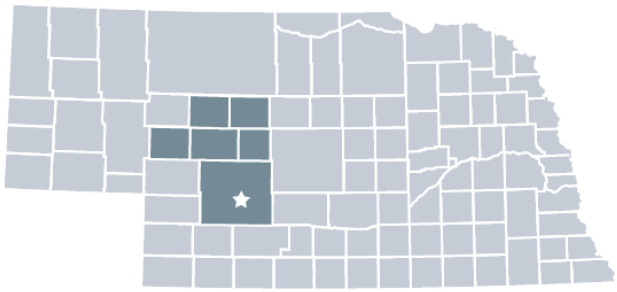
Why we do it: Lead is especially toxic to children under age 6, impacting the brain and other organs. Lead is often present in structures built before 1979.

WEST CENTRAL DISTRICT HEALTH DEPARTMENT

2023 ANNUAL REPORT

WEST CENTRAL DISTRICT HEALTH DEPARTMENT

"Healthy People, Healthy Communities."



LINCOLN, LOGAN, MCPHERSON, THOMAS, HOOKER, ARTHUR

Our Priorities

Like many public health departments, West Central District Health Department (WCDHD) has shifted focus from the COVID-19 pandemic's risk management back to empowering community well-being. This year, we completed strategic planning to reorient our focus and stabilize our infrastructure. Our 2022-2025 Strategic Plan priorities are: Develop Connections; Empowered Workforce; Board Engagement; Public Health Strategy; Maintain Standards; and Maximize Resources. This work has reenergized our mission and illuminated updates to our performance management practices as we prepared for reaccreditation. We have also reinstated and/or expanded several core public health programs that promote healthy outcomes and are updating our Community Health Assessment to inform future efforts. We are committed to reshaping the public health story and will be releasing a new Community Health Improvement Plan (CHIP) by the end of 2023. WCDHD is prioritizing our collaborative partnerships to support a strong system of care that empowers us all to do better, together.

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Nationally Accredited

MATERNAL, CHILD, & FAMILY HEALTH

1647 vaccinations given to kids

What we do: WCDHD's Vaccines for Children (VFC) program provides no-cost vaccines to underinsured and uninsured children. In FY 22-23, we provided 1647 vaccines (1490 childhood vaccines and 157 COVID vaccines). Our VFC program protects children from illness by providing affordable access to one of the most effective tools of public health.

COMMUNICABLE DISEASE CONTROL

251 investigations of reportable diseases

What we do: WCDHD investigated 251 probable and confirmed disease cases. The top 3 diseases accounted for over 42% of those cases. They were hepatitis C, campylobacter, and norovirus. Timely prevention and control can stop disease outbreaks. In addition to hardships such as illness and absences from work or school, reportable diseases (including hepatitis C) can lead to serious illness or death.

ACCESS TO & LINKAGE WITH CLINICAL CARE

100+ community **vaccine events**

What we do: WCDHD provides vaccines in all 6 counties, meeting residents where they are. 738 encounters were in long-term care facilities, and 453 were in businesses, homes, schools, and other community sites. Total encounters: 1191. By offering vaccination services across our rural area, we enable access and support the health of all community members.

CHRONIC DISEASE & INJURY PREVENTION

1 in 10 adults in WCDHD are **affected by diabetes**

What we do: WCHD works with families and young children in multiple programs. Building Healthy Families is a targeted program to address obesity. Marathon Kids is a fitness program that served 385 elementary-age children. Programs and events that support physical activity can help to prevent chronic diseases, like diabetes, that affect many WCDHD residents.

ENVIRONMENTAL PUBLIC HEALTH

64% of residential **homes** in WCDHD were **built before 1979**

What we do: WCDHD worked with 11 probable and 6 confirmed cases of children with elevated blood lead levels. We educate families to avoid exposures and connect cases to medical treatment. Lead is especially toxic to children under age 6 and is often present in structures built before 1979. While the effect of lead poisoning may be permanent, if caught early, damage to a child's health can be reduced.