

Annual Report on Local Public Health in Nebraska

Nebraska Health Care Funding Act (LB692)



Public Health
Prevent. Promote. Protect.

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

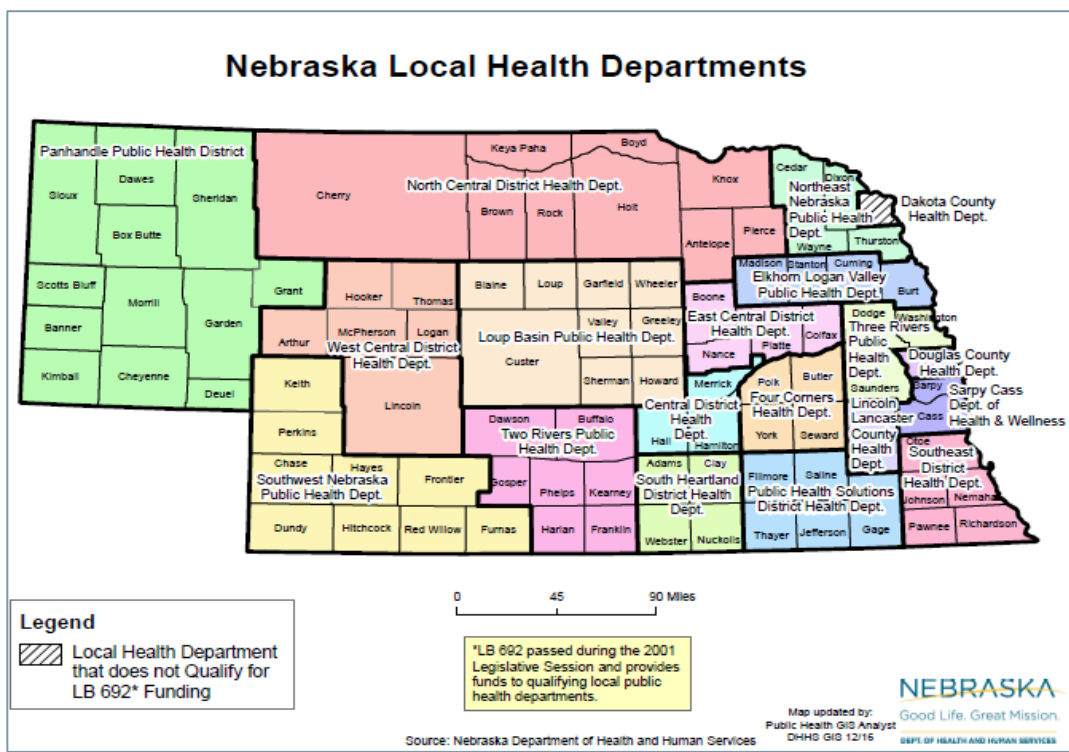
December 1, 2019

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

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

The Nebraska Health Care Funding Act (LB 692) provides funding to local public health departments through the County Public Health Aid Program (Neb.Rev.Stat. §71-1628.08) through the Department of Health and Human Services Division of Public Health (DHHS-DPH). The Act also requires eligible local health departments (LHDs), currently all but one, to prepare an annual report each fiscal year. These reports provide LHDs the opportunity to share a brief summary about what they do while providing the ten essential public health services to their communities. This report covers the period of July 1, 2018 to June 30, 2019.

Figure 1. Map of Nebraska Local Health Departments



Sustaining Public Health for Nebraska

During the eighteenth year of funding, progress continues to be made to strengthen local public health departments throughout the state. All departments funded under the Act provide the three core functions of public health: assessment, policy development, and assurance. In addition, these health departments deliver the ten essential public health services to best serve the communities.

LHDs allocate funds based on health needs and priorities as determined through regular comprehensive community health planning processes. Funding from the Nebraska Health Care Funding Act contributes to the stability of many of the local health departments but is not sufficient to ensure the availability of comprehensive local public health services for all communities. As such, all LHDs seek additional funding through other local, state or federal resources including private foundations. Several LHDs receive federally funded subawards from DHHS-DPH to address specific public health issues such as emergency preparedness, lead and radon testing, or child health programs.

The LHDs have assumed a key leadership role in the coordination and planning of public health services, and have been successful in bringing together local organizations to plan for public health emergencies such as Influenza outbreaks and natural disasters. They also continue to fill in health service gaps with key services such as immunization programs, dental services, and home visiting programs. Additionally, the LHDs track and monitor infectious disease outbreaks, identify and follow up with individuals who have communicable diseases, and offer a wide variety of health promotion and disease prevention programs. Finally, continued efforts are made in the areas of evaluation and research as health departments evaluate programs and activities and collaborate with research centers to participate in various public health studies.

As a decentralized state, the collaboration and coordination of the state and local public health department network is vital to the infrastructure of public health. Nebraska is often commended for its collaborative nature and the strength of relationship the public health departments have collectively, which is supported by public health partners such as the Nebraska Association of Local Health Directors (NALHD) and the University of Nebraska Medical Center-College of Public Health.

Report Structure

As required by statute, LHDs funded under the Act submit a report to DHHS by October 1 for inclusion in the full report submitted by DHHS on December 1. Each local health department authors their own content, which is included within, highlighting a few examples of their public health activities.

This year, the local health departments partnered with NALHD to utilize a standardized format for providing a glimpse of their work. It is important to note that these short reports reflect only some of their efforts and should not be considered a comprehensive review of each local health department or the public health network. We encourage readers to explore more information via the website links provided for each health department, as many also produce supplementary reports or a more complete annual report. The local health departments of Nebraska, in partnership with NALHD, have authored the remaining portion of this report.

For more information about local health departments, please contact them directly at their contact information provided in each respective report within. The Nebraska Association of Local Health Directors also serves as a valuable resource about local health departments, and may be contacted at: www.nalhd.org, or 402-904-7946.

For more information about this report or about public health in Nebraska, please contact the Nebraska Department of Health and Human Services Division of Public Health - Office of Community Health and Performance Management at 402-471-2353, or www.dhhs.ne.gov.

2018-2019 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 an annual 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**—as referenced in the Health Care Funding Act—are...



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.

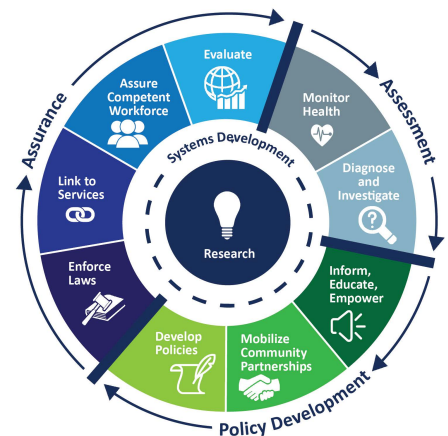


Assurance: Promote effective coordination and use of community resources to protect the health and wellbeing of Nebraskans.

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

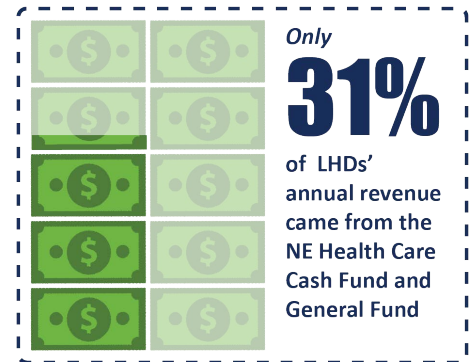
The 10 Essential Services include:

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



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, 2019, 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, therefore Dakota County's work is included in this report.

Nebraska Local Public Health Departments (LHDs)

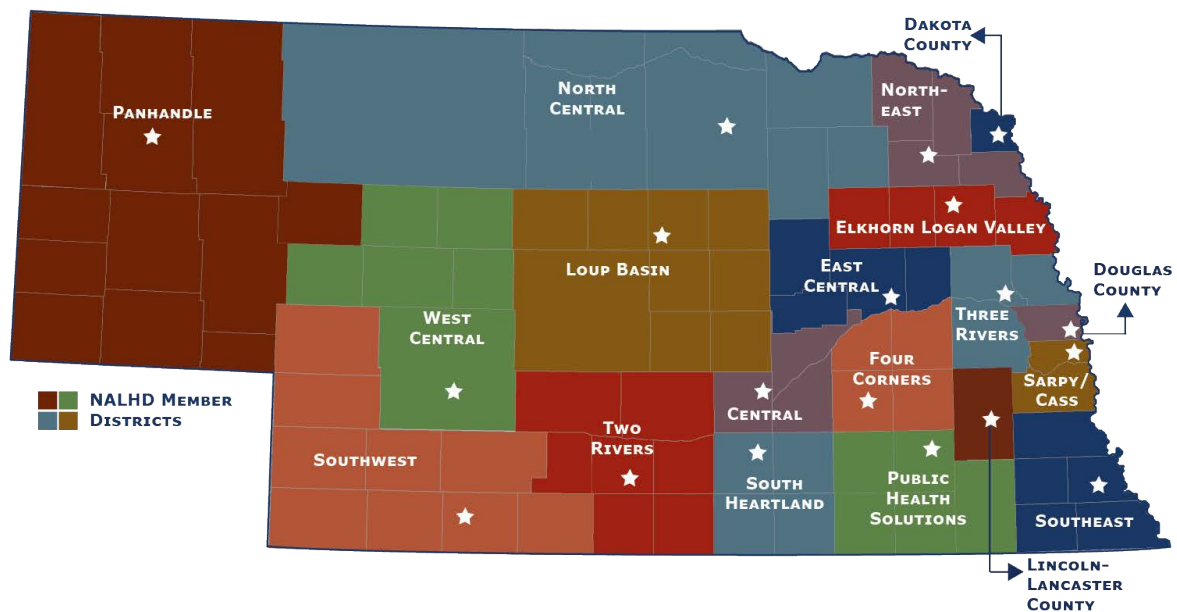


Table 1: Health Care Funding Act – Eligible Local Public Health Departments (LHDs)

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

Report Time Frame and Scope

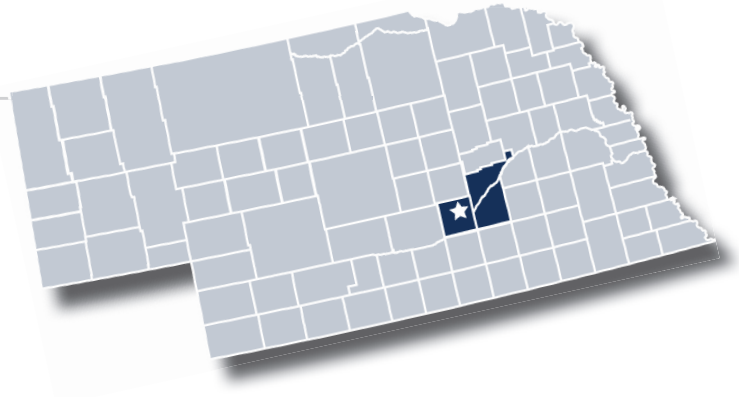
As required by statute, LHDs funded under the Health Care Funding Act submit a report to DHHS by October 1, for inclusion in the full Annual Report submitted by DHHS on December 1. This Annual Report covers July 1, 2018 to June 30, 2019 and includes brief descriptions of *selected* activities, services, 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 share more detailed examples of the type of work happening across the local public health system.** Visit LHDs' individual websites (included in each report) to learn more about the full scope of their work.

2019 Local Health Department Reports

Central District Health Department

Serving Hamilton, Hall, and Merrick Counties



Spotlight: Improving Child Health



Central District Health Department

July 25 · 🌐

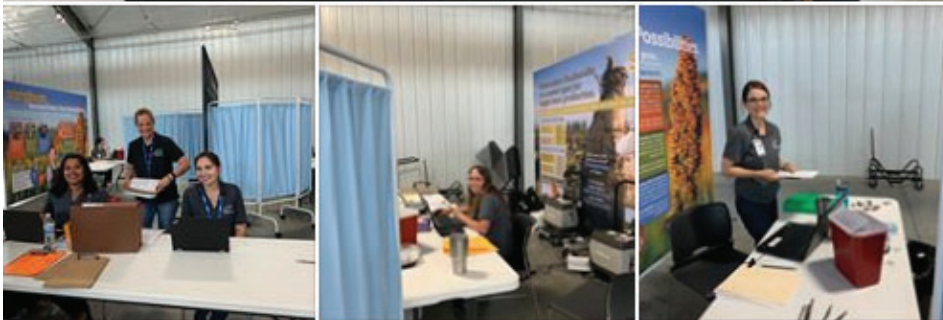
This afternoon we have several staff members out at the Back 2 School Bash providing vaccinations and some great health information.

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are available to consult with parents who question whether their children should be vaccinated. Nurses enter into these discussions with the awareness that parents truly want what is best for their children and provide evidence-based information in a way that parents can understand. In several instances in the past year, children in need of vaccinations led their parents to appointments so that the parent would sign for recommended vaccinations.

CDHD uses social media to provide science-based evidence on the safety and effectiveness of vaccinations.



Social media today provides a wide variety of, often conflicting, information to consumers. A prime example of opposing viewpoints lies in the conflicting opinions on the value of vaccinations. CDHD uses social media to provide science-based evidence on the safety and

effectiveness of vaccinations. On CDHD's Facebook page, readers who post responses that are in conflict with the facts are engaged in two-way messaging that allows for free discussion, where CDHD stands firmly rooted in the science of vaccinations. In addition, community health nurses

Community health nurses communicate empathetically with families to help them feel comfortable with vaccination decisions and provide positive feedback for healthy decisions that protect children from disease. Because of these and other efforts to inform, educate and provide access to childhood vaccinations, rates in the Central District, as well as across Nebraska, remain significantly higher than the national average.

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**:



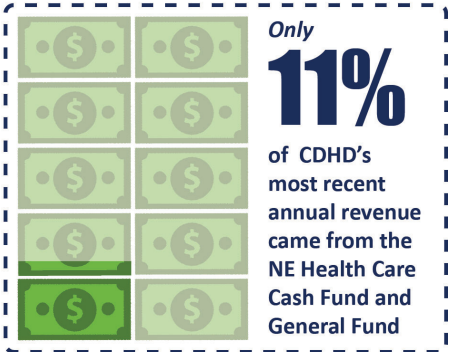
Assessment: Collect and analyze information about health problems in Nebraska communities.



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)

Every 3-6 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 complicated 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 monitor 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.

CURRENT CHIP PRIORITIES:



Childhood Obesity



Access to Care



Behavioral Health

ACCESS TO AND LINKAGE TO CLINICAL CARE

Access to and Linkage to Clinical Care includes (but is not limited to) coordination of services between medical providers and providers of health-related social needs, oral health/dental services, and behavioral/mental health.



With the exception of 2016, every year of the Behavioral Risk Factor Surveillance System (BRFSS) survey from 2014 to 2017 shows an increasing rate of Central District Health Department (CDHD) respondents reporting that they were unable to see a doctor due to cost, as compared to the state. CDHD Community Health Workers (CHW's) meet with residents who are in need of a medical home to connect them to needed services. One CHW spends time in a private physician clinic setting, working specifically with adults who have been diagnosed with Type 2 diabetes and for whom English is the second language. CDHD staff frequently refer clients to the Heartland Health Center (the local Federally Qualified Health Center [FQHC]).

CHRONIC DISEASE CONTROL AND PREVENTION

Chronic Disease Control and Prevention includes (but is not limited to) asthma, cancer, cardiovascular disease, diabetes, obesity, tobacco control, and worksite wellness.



Diabetes is on the increase in the CDHD district. In 2014, 8.1% of adults in CDHD district had diabetes compared to 11% in 2017. The CDHD 2017 rate is also higher than the state rate (10%). In response to these diabetes rates, CDHD implemented the CDC's Prevent T2 Program, an evidence-based diabetes prevention program. CDHD provided classes in both English and Spanish to people at risk for developing diabetes. This year, people completing the year-long program averaged between 5-9% weight loss, effectively cutting their risk of developing diabetes in half.

COMMUNICABLE DISEASE CONTROL AND PREVENTION

Communicable Disease Control and Prevention includes (but is not limited to) 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).



CDHD collaborates with Nebraska Department of Health and Human Services (DHHS) and local providers to ensure lead testing is done. A two year-old child was found to have a highly elevated blood lead level of 21.3. CDHD contacted the provider and the parent to provide education about lead prevention and proper dietary measures to reduce the effects of the lead exposure. A home inspection coordinated with DHHS revealed multiple sources of lead-based paint. Education was reinforced during the home inspection. The most recent lead level for this child was 9.6. CDHD continues to work with this family on measures to reduce the child's blood lead level.

ENVIRONMENTAL HEALTH

Environmental Health includes (but is not limited to) radon, lead, emergency response, hazardous substances and sites, and Complete Streets initiatives.



In 2018, 242 clinical positive cases of West Nile Virus (WNV) were reported. CDHD accepts dead corvids (birds from the crow family) to monitor WNV by testing these dead birds. CDHD also assists with mosquito monitoring by trapping adult mosquitoes for examination. To reduce the presence of WNV, CDHD activates a thorough and effective larvicide program to reduce the number of mosquitoes hatched. CDHD is responsible for fogging of mosquitoes as conditions and mosquito numbers warrant.



INJURY PREVENTION

Injury Prevention includes (but is not limited to) motor vehicle injuries, occupational injuries, senior fall prevention, substance abuse, car seat safety, binge drinking, and distracted driving.



In 2014, motor vehicle fatality rate in CDHD district was double that of the state (25.1 compared to 12.9). CDHD employs social media to inform and educate on safe practices, whether for driving, riding bikes, or shooting off fireworks. CDHD staff encourage and educate on infant car seat installation and use. Most educational materials are available in English and Spanish, and CDHD maximizes messaging on its marquee which is situated in a high traffic area in Grand Island.

MATERNAL AND CHILD HEALTH

Maternal and Child Health includes (but is not limited to) Women, Infant, and Children (WIC), family planning, newborn screening, evidence-based home visitation, Early Preventative Screening, Diagnosis, and Treatment (EPSDT).



The United States has the highest maternal mortality rate of any industrialized country. WIC helps to address maternal mortality through its suite of services including health assessments, breastfeeding support, nutrition education, and referrals to health care and social services. CDHD reached nearly 2,000 pregnant and post-partum women, infants and children in 2018. On-time childhood and pregnancy vaccinations are essential to protecting infants and children before exposure to potentially life-threatening diseases. In 2018, CDHD provided a targeted and comprehensive vaccination education campaign in our service area and provided 2,893 childhood vaccinations to 973 clients.

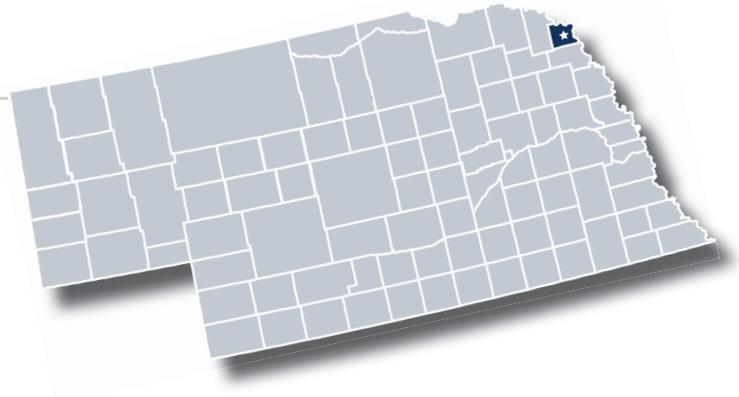
Additional public health activities that Central District Health Department performs to assure that the health and wellbeing of Nebraskans are protected and improved.

It was Helen Keller who noted, “Alone we can do so little; together we can do so much.” This success story highlights CDHD’s partnership with the Hall County Community Collaborative (H3C). H3C includes approximately 20 organizations and agencies working closely together with the vision of “improving the quality of life and health status of families in Hall County.” When H3C members first came together to form the collaborative, it was organized around this vision. This was a critical step in establishing a shared understanding of what the collaborative intended to accomplish together.

In the collaborative, decisions are made by consensus and all voices are heard equally. Programs and services focus on creating the community conditions whereby families are most likely to be healthy and successful. Interventions occur at all age levels with measures of success occurring along the way. Over the years, H3C has built a solid and growing level of public will and community support. H3C is fortunate to have sustained funding from Nebraska Children and Family Foundation, which recognized both the need for, and the value of, the collaborative in Hall County. Committing CDHD resources to H3C is a smart public health strategy. Building community trust and a shared approach to resolving issues on a systems level is good business sense, avoids duplication and gaps, and contributes to greater efficiency and effectiveness. Collaborative work sometimes seems cumbersome—with the time it takes to meet, discuss, disagree and then agree on next steps. Then there is the process of determining who is doing what, when and where, and how to measure success. In spite of this, there is no better or more effective way to build a healthy community for all. “Together we can so do much!”

Dakota County Health Department

Serving Dakota County



Spotlight: Increasing Child Immunizations



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last year, DakCHD provided 585 children with 2,130 immunizations (a 2% increase in rates from the previous) by working collaboratively with schools, local hospitals and clinics, law enforcement, and other community agencies.

Our nursing staff provide technical assistance to school nurses and medical clinics on best practices for communicable disease prevention, disease investigation methods, and educational materials for parents of children in need of immunizations—all to decrease the risk of communicable disease outbreaks and transmission.

Improving immunization rates is a top priority for Dakota County Health Department (DakCHD). DakCHD, in collaboration with the Board of Health, developed a strategic plan that focuses on disease prevention, including immunization programs. Immunization programs are effective at reducing the number and severity of communicable disease outbreaks in a community. Despite this, many vaccine-preventable diseases persist and, in some cases, have increased in prevalence due to the lowered immunity in the general population.

There is a direct correlation between rates of infant immunization and the rates of vaccine-preventable diseases

within a community. While childhood vaccinations prevent a large number

There is a direct correlation between rates of infant immunization and the rates of vaccine-preventable diseases within a community.

of diseases, some diseases require boosters throughout adulthood.

In Dakota County, the immunization rates among school-aged children are 72%. Healthy People 2020 provides a target of 80%. In the

This report includes examples of efforts of Dakota 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).

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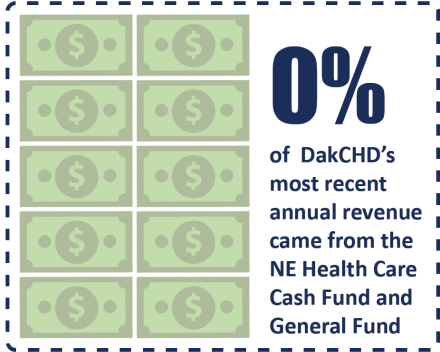
Assessment: Collect and analyze information about health problems in Nebraska communities.



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)

Every 3-6 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 complicated 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.

CURRENT CHIP PRIORITIES:



Weight Management



Emergency Planning and Preparedness



Disease Prevention and Education

ACCESS TO AND LINKAGE TO CLINICAL CARE

Access to and Linkage to Clinical Care includes (but is not limited to) coordination of services between medical providers and providers of health-related social needs, oral health/dental services, and behavioral/mental health.



In collaboration with community leaders and agencies, Dakota County Health Department (DakCHD) assesses the gaps to access care and educates the community about prevention services and practices. Staff navigate clients to agencies and services throughout the county. DakCHD staff link clients to primary care providers and follow up with providers to ensure continuity of care and community health and wellbeing.

CHRONIC DISEASE CONTROL AND PREVENTION

Chronic Disease Control and Prevention includes (but is not limited to) asthma, cancer, cardiovascular disease, diabetes, obesity, tobacco control, and worksite wellness.



Based on the information from our Community Health Assessment (CHA), the community and DakCHD identified diabetes and obesity as health-related priorities for the county. DakCHD works within each of our programs to promote education through our Living Well with Chronic Condition self-management and diabetes prevention workshops. Staff educate the community on lifestyle changes such as diet, easy exercises and being active.



COMMUNICABLE DISEASE CONTROL AND PREVENTION

Communicable Disease Control and Prevention includes (but is not limited to) 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).



Utilizing our Electronic Reporting System, training, and community resources, DakCHD Disease Surveillance Team works daily to ensure that each lab report received is reviewed and placed in a category designated by Centers for Disease Control and Prevention (CDC). If a report is elevated to an investigation, DakCHD nursing staff conducts all interviews and informs patients and the public on all communicable diseases and prevention measures.



ENVIRONMENTAL HEALTH

Environmental Health includes (but is not limited to) radon, lead, emergency response, hazardous substances and sites, and Complete Streets initiatives.



DakCHD works with community partners to gather input related to preparedness capabilities and conduct trainings throughout the community. Staff assist agencies in planning for emergencies and conduct trainings for community members who serve as volunteers during emergencies. Staff work at many community events to provide education and to increase awareness about the risks of radon and lead exposures.

INJURY PREVENTION

Injury Prevention includes (but is not limited to) motor vehicle injuries, occupational injuries, senior fall prevention, substance abuse, car seat safety, binge drinking, and distracted driving.

DakCHD does not currently focus on Injury Prevention, but we are eager to expand our services in the future.

MATERNAL AND CHILD HEALTH

Maternal and Child Health includes (but is not limited to) Women, Infant, and Children (WIC), family planning, newborn screening, evidence-based home visitation, Early Preventative Screening, Diagnosis, and Treatment (EPSDT).



Working in collaboration with local school districts, clinics and other agencies that serve the families of Dakota County, DakCHD staff assess the immunization needs of children in the county. DakCHD receives referrals from all agencies within the county and served 585 clients by giving 2130 vaccinations. DakCHD collaborates with each of those agencies to educate parents on the importance of all vaccinations.

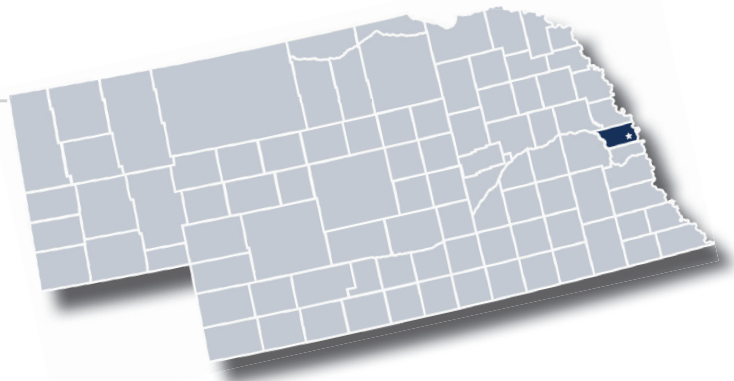
Additional public health activities that Dakota County Health Department performs to assure that the health and wellbeing of Nebraskans are protected and improved.

For more information about *Dakota County Health Department* please visit:
www.dakotacountyne.org



Douglas County Health Department

Serving Douglas County



Spotlight: Strategic Leadership & Policy



Through support from Kresge Foundation, DCHD received funding for its “Emerging Leaders in Public Health” Initiative. Major activities during the course of the 18-month timeframe focused on DCHD’s efforts to serve as a Chief Health Strategist —“the Chamber of Health”—and were broken into key objectives: 1) Build a Coordinated Strategy for Framing Social Determinants of Health (SDoH) and Health Equity Advocacy; 2) Complete an Upstream-Downstream Policy Analysis for Housing Affordability Using a Systems Approach.

Through support from the Kresge Foundation, DCHD received funding for its “Emerging Leaders in Public Health” initiative.

DCHD held a two-day workshop with public health thought leaders from within DCHD plus external partners on the “framing” of public health messages. These workshops focused on translating SDoH and health equity into values and metaphors

that are more easily understood by the public and decision-makers. A branding strategy and messaging guide, based on these workshops, was developed. The Systems Approach work involved a year-long effort focused on protecting housing affordability and improving equity. The initial day-long workshop, with 30 housing stakeholders, was completed in September 2017 for mapping the dynamics specific to housing affordability. A second day-long workshop (February 2018), with 40 cross-sector stakeholders focused on creating a theory of change by identifying leverage opportunities to protect housing affordability. The final workshop, which utilized a Design Lab approach to prototype solutions and involved 60 stakeholders, occurred in September 2018.

Those experiences helped launch a number of continued efforts intended to impact the health of Douglas County residents. Over the last ten years of data, life expectancy has continued to increase in most Douglas County ZIP codes—leading to the overall trend—but has stayed

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stagnant in the ZIP codes facing the greatest burdens from poverty and poor health outcomes. As DCHD continues to build on its capacity to grow into a “Chamber of Health,” DCHD and its partners will have the influence and ability to create improvements in life expectancy for all parts of Douglas County.

At the final Systems Approach workshop, it was very clear to participants how housing and health are connected, due to a local situation that became known and was heavily publicized in the media. The workshop provided participants a concrete opportunity to work together on possible solutions and the idea of a Housing Ombudsman was conceived. Since that time, the DCHD Board of Health has adopted a Resolution (June 2019) to develop and host a Housing Ombudsman program.

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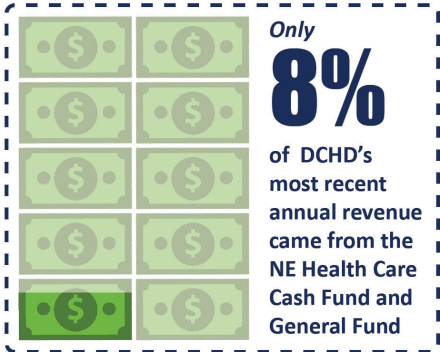
Assessment: Collect and analyze information about health problems in Nebraska communities.



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)

Every 3-6 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 complicated 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.

CURRENT CHIP PRIORITIES:



Access to Health Services
Across the Lifespan



Behavioral Health
Across the Lifespan



Obesity and Nutrition
Across the Lifespan



Violence Safety and Injury
in Adolescents and Children

ACCESS TO AND LINKAGE TO CLINICAL CARE

Access to and Linkage to Clinical Care includes (but is not limited to) coordination of services between medical providers and providers of health-related social needs, oral health/dental services, and behavioral/mental health.



Douglas County Health Department (DCHD) continues to build capacity as an integrated care model in our STD Clinic. The Behavioral Health Consultant (BHC) has been in place for a year. With extensive training, ongoing for both the BHC and clinic staff, the clinic has adopted a screening tool and is screening all clients (aged 19 and older) for depression, substance use (drugs/alcohol) and intimate partner violence. Provider staff have been trained in Screening, Brief Intervention and Referral to Treatment (SBIRT) processes and follow adopted policies and procedures to ensure service coordination and follow up to care have been established.

CHRONIC DISEASE CONTROL AND PREVENTION

Chronic Disease Control and Prevention includes (but is not limited to) asthma, cancer, cardiovascular disease, diabetes, obesity, tobacco control, and worksite wellness.



DCHD, with community partners, continues to lead efforts to build the capacity for a community health worker (CHW) model to address the impact of chronic disease across the community. Expanding on last year's work, the Douglas County CHW Coalition provided *CHW 101* training to 25 participants and is translating the curriculum into Spanish. The coalition provided *CHW Supervisor 101* training to 14 participants and is building capacity for networking and support for the current CHW workforce. Ongoing work is focused on developing additional CHW trainings, adopting an evaluation infrastructure, and building a foundation for finance and sustainability.

COMMUNICABLE DISEASE CONTROL AND PREVENTION

Communicable Disease Control and Prevention includes (but is not limited to) 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).



To protect residents from serious illnesses, DCHD monitors and investigates communicable diseases. DCHD was called after a rabid bat was found on a middle school campus. Staff discovered that several students may have been exposed. Within seven (7) hours, DCHD notified the school, consulted with the state veterinarian and the Nebraska Humane Society, determined local availability of rabies vaccine, provided a notification/recommendation letter for parents, sent a Health Alert Network (HAN) advisory to providers, educated school staff, and coordinated a media event to discuss the exposure and recommended guidance. Six (6) individuals who were identified as at-risk received post-exposure rabies vaccine.

ENVIRONMENTAL HEALTH

Environmental Health includes (but is not limited to) radon, lead, emergency response, hazardous substances and sites, and Complete Streets initiatives.



During the 2019 spring floods, DCHD acted as the Public Health Coordinator in the local Emergency Operations Center. Staff coordinated requests among public health, health care, and behavioral health partners. DCHD later participated in the Multi-Agency Resource Center (MARC) providing clean up guidance, well/septic information, water testing kits, and WIC assistance to flood victims. DCHD's Air Quality section provides daily Air Quality Index (AQI) forecasts and disseminates that information via social media. When the AQI is a concern, a news release is issued. The section works on the Little Steps/Big Impact project to reduce ozone levels.

INJURY PREVENTION

Injury Prevention includes (but is not limited to) motor vehicle injuries, occupational injuries, senior fall prevention, substance abuse, car seat safety, binge drinking, and distracted driving.



Congruent with the Community Health Improvement Plan (CHIP), DCHD continues its collaboration with Project Extra Mile to address binge drinking. Two of the three health systems in the community now use Screening, Brief Intervention and Referral to Treatment (SBIRT) processes, an evidence-based practice, to assess for and address binge drinking concerns within the clinic setting.

In alignment with the CHIP, Project Harmony, in collaboration with DCHD, trained 12,882 people over the past two years on Trauma-Informed Care practices which is an organizational structure and treatment framework that involves understanding, recognizing and responding to the effects of all types of trauma.

DCHD participates on the Vision Zero Omaha Task Force to identify safety priorities and evidence-based strategies and action items to address those priorities.

MATERNAL AND CHILD HEALTH

Maternal and Child Health includes (but is not limited to) Women, Infant, and Children (WIC), family planning, newborn screening, evidence-based home visitation, Early Preventative Screening, Diagnosis, and Treatment (EPSDT).



DCHD partners with the Sarpy/Cass Health Department to increase capacity for breastfeeding supports in Sarpy and Cass counties with the integration of Peer Counselors in WIC clinics. Three Peer Counselors have been hired and trained with three more slated for hire and training this year. Peer Counselors are imbedded in the WIC clinics and connect with WIC moms and families in the hospitals following delivery. Peers can provide breastfeeding support to WIC moms and their families 24/7. DCHD also continues to lead efforts to decrease infant mortality rates through the Fetal-Infant Mortality Review (FIMR) process and implementing the Baby Blossoms Collaborative Strategic Plan.

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

The Childhood Lead Poisoning Prevention Program performed 20,340 screenings on children for elevated blood lead levels (EBL) and completed 169 home visits.

DCHD reached more than 22,000 individuals with education about sexually transmitted diseases. STD outreach testing was provided to 710 individuals at 882 events in non-traditional locations including libraries, special events, and colleges/universities. STD Control Supervisor, Leah Casanave, was recognized by the de Beaumont Foundation as one of its inaugural “40 Under 40 in Public Health.”

In collaboration with Nebraska Medicine, the DCHD Senior Epidemiologist published a manuscript, “REDCap for Biocontainment Worker Symptom Monitoring,” in the peer-reviewed journal, Health Security. DCHD developed the system in coordination with the state and the University of Nebraska Medical Center (UNMC) to increase the efficiency and reduce the administrative burden of health care worker symptom monitoring in a biocontainment unit setting. The system was used for monitoring a quarantined individual during the first activation of the National Quarantine Unit (NQU) in December.

A total of 24,949 birth and 28,560 death records were obtained from DCHD Vital Statistics.

There are now 14 Healthy Neighborhood Stores.

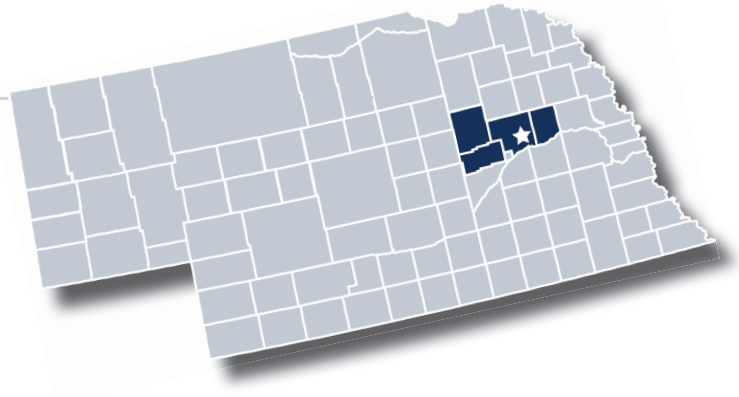
The Emergency Preparedness staff participated in four (4) full-scale exercises.

DCHD served as a co-lead and collaborated in the development of the “Share Our Table” Food Security Plan for Douglas, Sarpy and Pottawattamie (Iowa) counties. This plan provides a common agenda and mutually reinforcing activities to address food insecurity. Broad stakeholder and community input throughout the process in the form of multiple workgroups, summits, and community input meetings ensured the plan aligned with community needs and incorporated the activities already being implemented by partners. The Douglas County 2018 Nutrition Environment Measures Survey, conducted by DCHD, was a component of this plan.



East Central District Health Department

Serving Boone, Colfax, Nance and Platte Counties



Spotlight: Advancing Tobacco-Free Policies



The smoking prevalence in Colfax County (14.4%) is below the Nebraska average (17%). Despite this, more can be done to reduce the exposure of second-hand smoke to local employees and residents. East Central District Health Department (ECDHD) received three complaints from Schuyler City Street Department (Colfax County) employees about second-hand smoke exposure while at work. After receiving the first two complaints, ECDHD staff visited the worksite and facilitated education and dialogue about the dangers of second-hand smoking. The Schuyler City Street Department had preventative measures in place to decrease smoking and exposure to second-hand smoke, but these were not effective.

After receiving the third complaint, ECDHD staff coordinated a meeting between the police chief and the mayor of Schuyler to discuss the

dangers of second-hand smoke and to propose a new tobacco-free worksite policy. After facilitating the education session with city officials, another meeting was held that included the Streets Department director and the city clerk resulting in the adoption of

a tobacco-free policy for the City of Schuyler. The adopted policy included all city departments, vehicles, and equipment. The tobacco-free policy was inclusive of banning the use of e-cigarettes.

ECDHD staff coordinated a meeting between the police chief and the mayor of Schuyler to discuss the dangers of second-hand smoke and to propose a new tobacco-free worksite policy.

After the worksite tobacco-free policy adoption, all second-hand smoke complaints from City of Schuyler employees ceased. Universal worksite policies like this one make

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it easier for cities and municipalities to enforce, ensuring the protection of employees from the dangers of second-hand smoke. Tobacco use was identified as a priority area within the comprehensive East Central District Community Health Improvement Plan (CHIP).



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**:



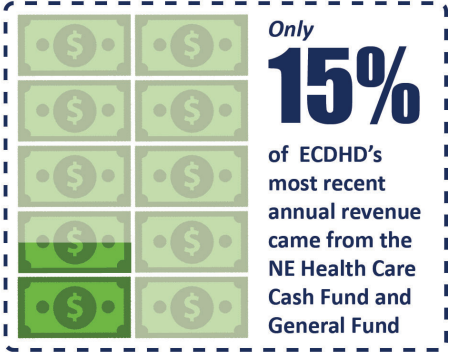
Assessment: Collect and analyze information about health problems in Nebraska communities.



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.



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CURRENT CHIP PRIORITIES:



Substance Abuse



Unintentional Death



Diabetes



Obesity



Mental Health

ACCESS TO AND LINKAGE TO CLINICAL CARE

Access to and Linkage to Clinical Care includes (but is not limited to) coordination of services between medical providers and providers of health-related social needs, oral health/dental services, and behavioral/mental health.



East Central District Health Department (ECDHD) is co-located and jointly accredited by the Joint Commission with Good Neighbor Community Health Center, a Federally Qualified Health Center (FQHC). ECDHD makes referrals to Good Neighbor Community Health Center for dental, medical, and behavioral health services. ECDHD also refers to other area clinics and hospitals, as appropriate.

CHRONIC DISEASE CONTROL AND PREVENTION

Chronic Disease Control and Prevention includes (but is not limited to) asthma, cancer, cardiovascular disease, diabetes, obesity, tobacco control, and worksite wellness.



ECDHD worked closely with Good Neighbor Community Health Center and area hospitals within Colfax and Platte counties to refer patients to ECDHD's community-based diabetes self-management education program, funded by the Nebraska Department of Health and Human Services' (DHHS) Minority Health Initiative. This effort targeted minorities and refugees to deliver community-based support and case management for those with diabetes. During the reporting period, 31 minority patients received enhanced diabetes supports.

COMMUNICABLE DISEASE CONTROL AND PREVENTION

Communicable Disease Control and Prevention includes (but is not limited to) 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).



ECDHD monitors and investigates communicable diseases, such as E. coli, Bordetella pertussis, Chickenpox, Rabies and others, within the district's four counties. ECDHD monitors cases reported by schools, local hospitals and clinics. Communicable disease surveillance is important for preventing outbreaks by limiting source exposure. During the reporting period, the ECDHD investigated 217 cases identified from more than 1,200 laboratory observations related to communicable diseases reported within the district.

ENVIRONMENTAL HEALTH

Environmental Health includes (but is not limited to) radon, lead, emergency response, hazardous substances and sites, and Complete Streets initiatives.



ECDHD monitors lead levels and investigates lead exposures within the district. Lead cases are followed up with collaboration with the Nebraska DHHS and other stakeholders, including Medicaid case managers. From July 2018 to June 2019, ECDHD investigated 28 lead exposure cases within the district.

INJURY PREVENTION

Injury Prevention includes (but is not limited to) motor vehicle injuries, occupational injuries, senior fall prevention, substance abuse, car seat safety, binge drinking, and distracted driving.



ECDHD leads a substance abuse coalition, Back to BASICs, that leverages resources to prevent and reduce youth substance abuse in our communities in Boone, Colfax, Nance and Platte Counties. The goal of Back to BASICs is to provide a drug and alcohol-free community where youth feel safe and happy. Through the coalition, ECDHD provided community education at community events, in classrooms, and in workplaces. ECDHD implemented an alcohol literacy curriculum that reached more than 1,500 students across 36 schools.

MATERNAL AND CHILD HEALTH

Maternal and Child Health includes (but is not limited to) Women, Infant, and Children (WIC), family planning, newborn screening, evidence-based home visitation, Early Preventative Screening, Diagnosis, and Treatment (EPSDT).



ECDHD provided Women, Infant, and Children (WIC) services to nearly 1,000 participants each month (ranging from 932 to 1,020) during this reporting period. Additionally, the Early Development Network family services reached an average of 101 participants per month.

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

ECDHD's work in public health preparedness has been integral in coordinating the local emergency response for natural disasters and other emergencies in the district. During the reporting period, our Emergency Response Coordinator ensured participation in the State Public Health Risk Assessment, led the Annual Capabilities Planning Guide survey, and conducted preparedness drills in coordination with Nebraska DHHS and local stakeholders. Before and during the 2019 flooding, the Emergency Response Coordinator led the local Community Organizations Active in Disasters (COAD) coalition—a group of community organizations, businesses, nonprofits, and individuals—to plan the community response to local disasters. During the flooding, ECDHD established an on-site shelter and provided transportation to and from the established landing zone for residents rescued from floodwaters. Additional emergency preparedness activities after the flood include responding to reports of reoccupation in condemned homes in coordination with state and county stakeholders, helping local organizations with the transition of the community response to community recovery, and supervising University of Nebraska-Lincoln students assisting with recovery efforts.

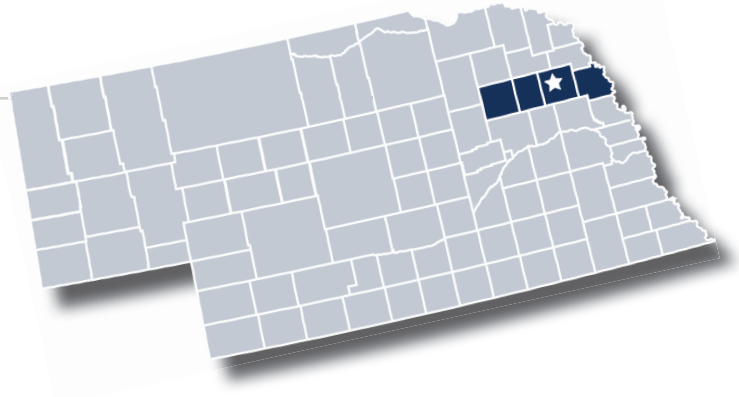
For more information about *East Central District Health Department* please visit: www.ecdhd.ne.gov

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



Elkhorn Logan Valley Public Health Department

Serving Burt, Cuming, Madison, and Stanton Counties



Spotlight: Preventing Substance Use



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ELVPHD implements several curriculums within the school systems. With one of these curriculums, the “Alcohol Literacy Challenge (ALC)”, ELVPHD sought to reach at least 500 youth. In just under six months, this goal was vastly exceeded—727 youth, ranging in ages from 11 to 18, participated in ALC. Among the outcomes of this work, 17% of the participants showed an increase in correctly answered questions about the dangers of alcohol from pre- to post-test.

Elkhorn Logan Valley Public Health Department (ELVPHD) has implemented a robust youth substance abuse prevention program for over 10 years through their Healthy Communities Initiative (HCI) coalition. The coalition includes an executive board, as well as county-level coalition members who work to prevent substance use and abuse throughout ELVPHD’s four-county service area.

programs which are evaluated by external evaluators to determine their effectiveness. Following are some of the outcomes of these programs.

To help lower youth substance abuse rates, the coalition and ELVPHD implement many evidence-based programs

Responsible Beverage Server Training (RBST) is a course that is offered to alcohol retailers (on- and off-premises). The course teaches alcohol retailers how to handle intoxicated patrons, techniques for proper identification and age-verification of patrons, as well as tips to recognize underage drinkers. Evidence shows that RBST reduces alcohol sales to youth. The ELVPHD team trained 90 retailers in RBST in 2018-2019, more than doubling their goal for the year. Of the 90 people trained, 100% passed the certification exam given at the end of the course.

To help lower youth substance abuse rates, the coalition and ELVPHD implement many evidence-based

In an effort to reach as many youth within the service area as possible,

ELVPHD contracts with the Nebraska State Patrol to conduct alcohol sales compliance checks in the district. During the last complete round of checks, ELVPHD found 89% of retailers were in compliance. ELVPHD provided information about RBST classes to all retailers who did not pass their check.



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).

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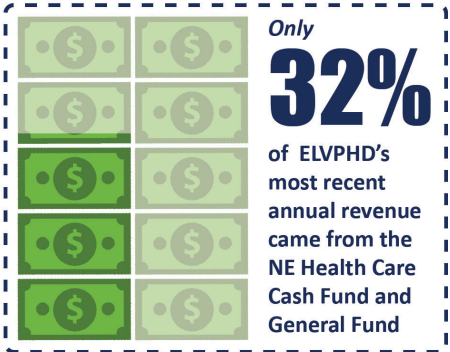
Assessment: Collect and analyze information about health problems in Nebraska communities.



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.



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

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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.

CURRENT CHIP PRIORITIES:



Access to Care



Cancer Prevention and Screening



Obesity



Standard Motor Vehicle Safety

ACCESS TO AND LINKAGE TO CLINICAL CARE

Access to and Linkage to Clinical Care includes (but is not limited to) coordination of services between medical providers and providers of health-related social needs, oral health/dental services, and behavioral/mental health.



Elkhorn Logan Valley Public Health Department (ELVPHD) convened partners to explore how chronic care management can be enhanced in the district. ELVPHD coordinated key informant interviews with clinic and hospital partners, as well as an overall environmental scan of current resources and gaps. ELVPHD presented at the Nebraska Public Health Conference in April 2019 to share experience with building care coordination linkages between local health departments and primary care clinics. ELVPHD is currently working to develop a Chronic Disease Management program in the district. This priority was identified during recent community health improvement planning focus groups with key stakeholders—including clinics and hospital partners.



CHRONIC DISEASE CONTROL AND PREVENTION

Chronic Disease Control and Prevention includes (but is not limited to) asthma, cancer, cardiovascular disease, diabetes, obesity, tobacco control, and worksite wellness.



According to BRFSS trends (2011-2017), the smoking rate among adults in the ELVPHD district is 18%, equal to the state rate (18%). The smoking rate among male adults in the district was higher than female adults (20% and 16%, respectively). The rate was higher among White, non-Hispanic adults than Hispanic adults (19% and 9%, respectively). ELVPHD provided evidence to Nebraska senators about the effectiveness of pricing strategies (including increased tobacco taxes) to decrease teen initiation of smoking and to encourage current smokers to quit. ELVPHD initiated an agreement with the Nebraska State Patrol to conduct future tobacco retail compliance checks in the district.



COMMUNICABLE DISEASE CONTROL AND PREVENTION

Communicable Disease Control and Prevention includes (but is not limited to) 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 Behavioral Risk Factor Surveillance System (BRFSS) data in 2017, less than half (43.5%) of all adults in the district and (only 66% of adults over 65) had a flu vaccine in the past year. ELVPHD recognized a need for expanded vaccine opportunities for adults. ELVPHD prioritized worksites and senior citizen centers to increase flu vaccination rates. This offered convenient and accessible options for the targeted populations. ELVPHD noted a 23% increase over the previous year in the number of flu vaccinations given at the department. ELVPHD currently offers state-funded vaccines for uninsured children and adults, as well as privately purchased vaccines.



ENVIRONMENTAL HEALTH

Environmental Health includes (but is not limited to) radon, lead, emergency response, hazardous substances and sites, and Complete Streets initiatives.



Breathing radon gas is the second-leading cause of lung cancer behind smoking. Levels of this naturally-occurring gas are high (greater than 4.0pCi/L) throughout Nebraska and in the ELVPHD district. ELVPHD provided information to senators regarding average radon rates in the district and effective mitigation strategies in response to the proposed bill, LB130—Radon Resistant New Construction Act. ELVPHD distributed radon test kits and tracked results. On average, the return rate for radon kits is 71%. Of the kits returned, 59% showed radon concentration greater than 4.0 pCi/L. All households with high radon results received radon mitigation information.



INJURY PREVENTION

Injury Prevention includes (but is not limited to) motor vehicle injuries, occupational injuries, senior fall prevention, substance abuse, car seat safety, binge drinking, and distracted driving.



According to BRFSS trends (2011-2017), nearly 1 in 3 adults over age 45 reported a fall within the past year. Fall rates were slightly higher among women (30%) than men (28%). ELVPHD partnered with the Area Agency on Aging to offer evidence-based, fall-prevention education in the senior centers throughout the district. ELVPHD implements the fall-prevention curriculum, Stepping On! Results show that 52% of participants reported increased confidence in preventing falls, and 88% made at least one fall-prevention change within their home. In addition, 90% of participants improved their fall-risk measure, which gauges the ability to balance, safely stand from a sitting position, and walk.



MATERNAL AND CHILD HEALTH

Maternal and Child Health includes (but is not limited to) Women, Infant, and Children (WIC), family planning, newborn screening, evidence-based home visitation, Early Preventative Screening, Diagnosis, and Treatment (EPSDT).



ELVPHD monitors blood lead levels among children in the district and investigates cases of elevated blood lead levels. ELVPHD promoted education to prevent lead poisoning through social media. Social media efforts reached at least 7800 people throughout the district this year. ELVPHD assists Nebraska DHHS in coordinating inspections, referrals, and linkages to services for children with elevated blood lead levels. During the reporting period, 26 of the children tested had elevated lead levels (greater than 5 ug/dL).



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.

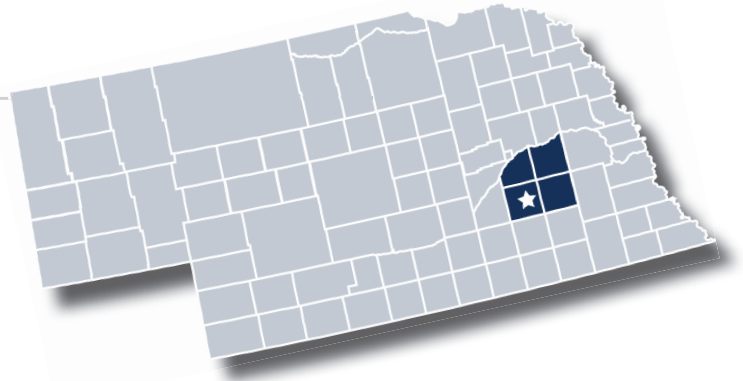
According to the 2018 County Health Rankings, one in three (32%) adults in the ELVPHD district were obese (Body Mass Index [BMI] over 30). ELVPHD's obesity rate is slightly higher than the state's (31%). Nebraska BRFSS (2011-2017) found that 68% of adults in the ELVPHD district reported being overweight or obese (BMI over 25). This rate was also slightly higher than the state's (66%). Based on this information, obesity prevention was identified as a health priority in the district. ELVPHD implements several evidence-based, obesity-prevention initiatives including: National Diabetes Prevention Program (NDDP) for which ELVPHD achieved national recognition, Living Well, and Eating Smart & Being Active. In addition, plans are in place to expand to include obesity prevention initiatives for children. Results from initiatives currently in place include:

- 30% of participants reduced their body weight by 7% in a year.
- 83% of participants reduced their weight at some level.
- Of those participants who lost weight during the class, 72% maintained (or lost more) weight loss at 6- and 12-month follow-ups.

Access to oral health care is a concern in the district. This is largely due to 1.) a high number of children enrolled in Medicaid with a disproportionate number of dentists that do not accept Medicaid patients or do not accept any new (unestablished) Medicaid patients and 2.) an overall shortage of providers because a significant portion of the district is a state-designated shortage area for general dentistry. To increase access to oral health services for children (0-17 years of age) and for older adults living in long-term care facilities within the district, ELVPHD uses Registered Dental Hygienists with Public Health Authorization to provide age-appropriate oral health screenings, standard dental cleanings, fluoride-varnish applications and placement of sealants. During the reporting period, ELVPHD screened 536 children (0-17 years of age) and 38 older adults, provided fluoride varnish to 493 children and 11 older adults, placed 124 sealants on children's teeth, and provided 31 dental cleanings for older adults. Through these and other activities, general oral health education was provided to approximately 1,200 people.

Four Corners Health Department

Serving Butler, Polk, Seward, and York Counties



Spotlight: Improving Access to Care



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The Four Corners Health Department (FCHD) has an evolving care coordination pilot project with the York Medical Clinic and the York General Hospital. This project is still “under-construction”. Groundwork has now been laid, and we expect to see outcomes within the next three years.

As our rural health care systems are facing new payment structures and finding new ways to affect population health. Systems partners are all reaching out beyond our walls to find others who can help us help people live healthier lives. This is how FCHD’s collaboration began. Around three years ago, FCHD began

working closely with the York General Hospital and the York Medical Clinic to measure outcomes from National Diabetes Prevention Program (NDPP) classes and to form local Diabetes Referral Networks. We soon decided to form a partnership to offer worksite wellness programming to local businesses, each entity contributing unique services to the program.

In working together, partners began to see a path forward, coordinating care for patients as they move among various settings: their homes, the community, the clinic, and the hospital. It has historically been difficult to share health information

between these different settings. We also want to make sure that services available both in the community and at medical facilities are being used effectively and efficiently. FCHD plans to integrate a public health nurse into the care coordination committee at the clinic. As the clinic identifies patients at higher risk of poor outcomes, and who could benefit from care coordination, the FCHD public health nurse will be part of the team to link those patients to services in the community. The hospital will also align their efforts with the care coordination committee and find new ways to communicate with the team.

FCHD has an evolving care coordination pilot project with the York Medical Clinic and the York General Hospital.

A workplan has been developed for this pilot project, and federal funding has been secured through a Health Resources and Services Administration 3-year grant. FCHD is excited to develop new partnerships and strengthen existing partnerships through this project.

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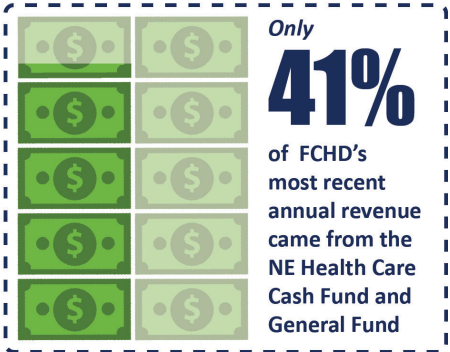
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CURRENT CHIP PRIORITIES:



Local Public Health System Collaboration



Behavioral and Mental Health/ Substance Abuse



Healthy Lifestyles (Diabetes, Cancer, Heart Disease, Physical Activity/ Nutrition)



Motor Vehicle Crashes and Deaths

ACCESS TO AND LINKAGE TO CLINICAL CARE

Access to and Linkage to Clinical Care includes (but is not limited to) coordination of services between medical providers and providers of health-related social needs, oral health/dental services, and behavioral/mental health.



Four Corners Health Department (FCHD) monitors suicide and mental health trends and works with partners to increase community awareness and build capacity to prevent and respond to mental health issues. FCHD offers evidence-based trainings, such as Question, Persuade, Refer (QPR), and support for families of suicide through the LOSS (Local Outreach to Suicide Survivors) Team. FCHD spearheaded efforts in the district for integrated primary care and public health by developing new policies and protocols with local clinics/hospitals to improve population health outcomes and wellbeing. This includes identifying those at risk for poorer health outcomes and connecting them to community resources that will help lower that risk.



CHRONIC DISEASE CONTROL AND PREVENTION

Chronic Disease Control and Prevention includes (but is not limited to) asthma, cancer, cardiovascular disease, diabetes, obesity, tobacco control, and worksite wellness.



In Milford, as part of FCHD's Wellscapes project, children's physical activity levels were measured with accelerometers and data entered in an online survey. The aggregated data were shared with the community to develop strategies to increase kids' activity levels and educate coaches, teachers, and others working with children. FCHD provides technical assistance to worksites and other community partners, helping implement policies that support health initiatives such as designated breastfeeding and tobacco-free areas. As a part of the worksite wellness program, FCHD disseminates educational resources to prevent and/or self-manage diabetes, heart disease, mental health issues, and other chronic conditions.



COMMUNICABLE DISEASE CONTROL AND PREVENTION

Communicable Disease Control and Prevention includes (but is not limited to) 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 over 180 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 control measures such as: educating patients to stay home to limit exposing others, and/or providing patients with medication to treat exposures. FCHD engages medical providers, workplaces, and other community partners.



ENVIRONMENTAL HEALTH

Environmental Health includes (but is not limited to) radon, lead, emergency response, hazardous substances and sites, and Complete Streets initiatives.



Radon gas is the second leading cause of lung cancer and is a problem for homeowners in the FCHD district. Last year, FCHD distributed 283 radon test kits, of which 67% tested at higher than acceptable levels. FCHD provides education and options for remediation to families with high radon levels. To increase walking and biking opportunities in the city of Henderson, FCHD and the Nebraska Division of Public Health (DPH) convened partners and residents in action planning. The resulting action plan includes building a community center, enhancing the local trail system, and providing community education. FCHD responded to the Spring 2019 flooding by assuring the availability of water testing for private wells. FCHD also provided safety and health information and cleanup supplies to residents.



INJURY PREVENTION

Injury Prevention includes (but is not limited to) motor vehicle injuries, occupational injuries, senior fall prevention, substance abuse, car seat safety, binge drinking, and distracted driving.



Based on the local injury data FCHD monitors, the department focuses on reducing overall motor vehicle injuries and deaths, reducing fall injuries for older adults, and improving car seat safety. FCHD employs a trained child passenger safety technician and partners with the Nebraska Department of Transportation (NDoT), local Headstarts, and hospitals to provide children's car seats to families and 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

Maternal and Child Health includes (but is not limited to) Women, Infant, and Children (WIC), family planning, newborn screening, evidence-based home visitation, Early Preventative Screening, Diagnosis, and Treatment (EPSDT).



Local health care providers refer new moms in need of additional parenting support to FCHD's Healthy Babies Program. The FCHD public health nurse visits homes to assess, educate, and link the referred family to resources. 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. FCHD guided the formation of the Four Corners District Breastfeeding Coalition. The Coalition promotes education, resources, and support for new moms.

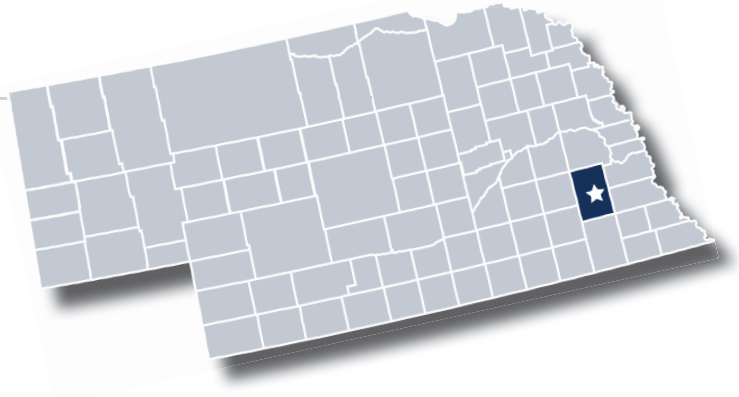


Additional public health activities that Four Corners Health Department performs to assure that the health and wellbeing of Nebraskans are protected and improved.

A mouth provides a window through which an individual's overall health can be assessed. Poor oral health can increase risk for a number of other serious health problems. The FCHD oral health program targeted very young and very old residents (0-9 years old, and over 65 years old). Education, screenings, cleanings and age-appropriate services were provided. Overall, FCHD served 413 individuals in this program. Services included 130 fluoride treatments, sealants for 217 children, and 66 cleanings for older adults. FCHD provided oral health education to an additional 776 people. This program enhanced FCHD's partnerships with schools, daycares, and long-term care facilities.

Lincoln-Lancaster County Health Department

Serving Lancaster County



Spotlight: Environmental Safety



On May 31, 2018 at 8:43 PM, Lincoln-Lancaster County Health Department’s (LLCHD) Hazardous Materials Emergency Response Team (HazMat ER Team) was contacted by Lincoln Fire and Rescue (LFR). A 14-year-old male, from Cass County was transferred in severe respiratory distress to St. Elizabeth’s Emergency Department. LLCHD was informed that the patient had been working on a large compressed gas cylinder at a family salvage business and had been exposed to “some kind of poison gas.” Markings on the tank were worn and unreadable.

Due to the health risks, the father’s offer to provide a sample or transport the tank to Lincoln was declined. LFR requested LLCHD’s HazMat ER Team assistance in identifying the gas in the tank. After obtaining approval for responding out of county, the LLCHD team prepared for their response. They assembled Self-Contained Breathing Apparatuses (SCBAs), a HazMat Response Vehicle, multiple air monitors, and one radiation monitor, and two responders headed to the

location of the incident in Cass County. LLCHD contacted Lancaster County Emergency Management, who notified Cass County Emergency Management (CCEM) that LLCHD HazMat was en route to Cass County. Once in route, LLCHD contacted CCEM and explained the situation and asked for Fire and EMS support on site. In route, word came that the situation was urgent because the patient was “life critical”, had severe pulmonary edema and was being transferred to Omaha.

LLCHD arrived on site, followed shortly by CCEM, Eagle Fire and Rescue, and the Cass County Sheriff. An Action Plan and Safety Plan was completed with hot, warm, and cold zones established. LLCHD’s HazMat ER Team geared up, did safety checks, equipment checks and entered the hot zone. The Team examined the tank, sampled the contents and, using air quality monitors, made a positive identification for Chlorine gas. This information was relayed immediately to CCEM and medical response personnel.

This is an example of the public safety role that a local health department provides for citizens

The tank was old with very corroded valves, parts missing, and visible from the road. LLCHD recommended calling out the Chlorine industry’s on-

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call response team, CHLOREP. The CHLOREP team from DPC Industries, Omaha, arrived on location. LLCHD HazMat and CHLOREP responders secured the valve, brought the cylinder down to the access lane and over-packed the cylinder for transport. A contractor transported the cylinder safely to the DPC Industries facility. This is an example of the public safety role that a local health department provides for citizens--identifying hazardous materials and safely dealing with them. It is also an example, of the way in which communities in Nebraska help each other, by sharing expertise and resources across local health department jurisdictions.

Note: Staff funded by the Health Care Cash Fund Act (HCFA) funds coordinates the HazMat ER Team and provides technical assistance to the Special Waste program for businesses and the Household Hazardous Waste program.



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**:



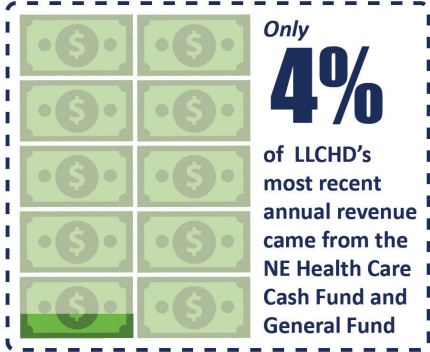
Assessment: Collect and analyze information about health problems in Nebraska communities.



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 3-6 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 complicated 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.

CURRENT CHIP PRIORITIES:



Chronic Disease Prevention



Injury Prevention



Behavioral Health



Access to Care

ACCESS TO AND LINKAGE TO CLINICAL CARE

Access to and Linkage to Clinical Care includes (but is not limited to) coordination of services between medical providers and providers of health-related social needs, oral health/dental services, and behavioral/mental health.



Lincoln-Lancaster County Health Department (LLCHD) staff work with schools and parents to assure that children with priority needs get an appointment with a dentist. This initiative identifies and addresses serious oral health problems in children. The goals are to assure that children receive care at least annually and reduce the percent of children who have not seen a dentist in the past year to 25% or less. For the past two years, 27% of children screened had not seen a dentist.

CHRONIC DISEASE CONTROL AND PREVENTION

Chronic Disease Control and Prevention includes (but is not limited to) asthma, cancer, cardiovascular disease, diabetes, obesity, tobacco control, and worksite wellness.



LLCHD encourages and promotes safe bicycling and walking through education and infrastructure improvements. From participating on the Mayor's Pedestrian and Bicycle Advisory Committee, coordinating Bike/Walk to School Days, and representing LLCHD on the City's Complete Streets team, staff seek to enable safe use of various modes of transportation and support mobility for active transportation users of all ages and abilities. This includes drivers, pedestrians, bicyclists, and public transportation riders and encompasses many approaches to planning, designing, and operating roadways and rights of way to make the transportation network safer and more efficient.

COMMUNICABLE DISEASE CONTROL AND PREVENTION

Communicable Disease Control and Prevention includes (but is not limited to) 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 the presence of communicable diseases in the community by collaborating with medical offices and schools that submit reportable diseases and absentee information. The LLCHD epidemiologist participates in the Epi Team which is initiated within 24 hours of a disease outbreak report. The team investigates the outbreak using questionnaires and interviews with affected individuals. They analyze responses to determine the cause and pattern of spread of the disease and to identify steps to stop the outbreak. The epidemiologist monitors trends in communicable diseases over time and provides these data during the Community Health Assessment (CHA) and improvement planning process so that partners can make informed decisions.

ENVIRONMENTAL HEALTH

Environmental Health includes (but is not limited to) radon, lead, emergency response, hazardous substances and sites, and Complete Streets initiatives.



Local ordinance requires childcare centers to report specific illnesses within 24 hours. To learn how best to improve this reporting, LLCHD interviewed 22 centers. Based on the feedback, LLCHD developed an online illness reporting system. This approach was pilot tested and refined based on feedback. To report, a childcare center can now either use a link to a simple online survey or scan a QR Code. LLCHD staff review the reports daily and contact center directors to provide guidance and recommendations.

INJURY PREVENTION

Injury Prevention includes (but is not limited to) motor vehicle injuries, occupational injuries, senior fall prevention, substance abuse, car seat safety, binge drinking, and distracted driving.



To assess the leading causes of unintentional injury to children and adults, LLCHD staff review medical record data, YRBS/BRFSS injury data, and monitor Lincoln Police Department (LPD) accident report data and Lincoln Fire and Rescue (LFR) residential fire call data. Staff use that information, with Safe Kids Coalition partners, to create data-driven strategies using CDC/Safe Kids Worldwide recommended policies, (Fire Safe Landlord Training; car seat inspections; drowning prevention public awareness and pool retailer education efforts). Staff coordinate community resources for effective delivery of injury prevention strategies, including 20 plus car seat inspection events in 2018 resulting in over 500 restraints checked and over 300 restraints provided to low-income families.



MATERNAL AND CHILD HEALTH

Maternal and Child Health includes (but is not limited to) Women, Infant, and Children (WIC), family planning, newborn screening, evidence-based home visitation, Early Preventative Screening, Diagnosis, and Treatment (EPSDT).



With the implementation of LLCHD's evidence-based home visitation program, an epidemiologist and a programmer maintain and upgrade the automated reporting and dashboards to provide quality data. The dashboards provide home visitors daily updates on caseloads and status of clients, tracks assessments and interventions by required time frames, and monitor timeliness required to meet benchmarks. The dashboards track the benchmarks and outcomes in near-real time to help supervisors and home visitors reach their goals. This reporting function creates the monthly report to the state.

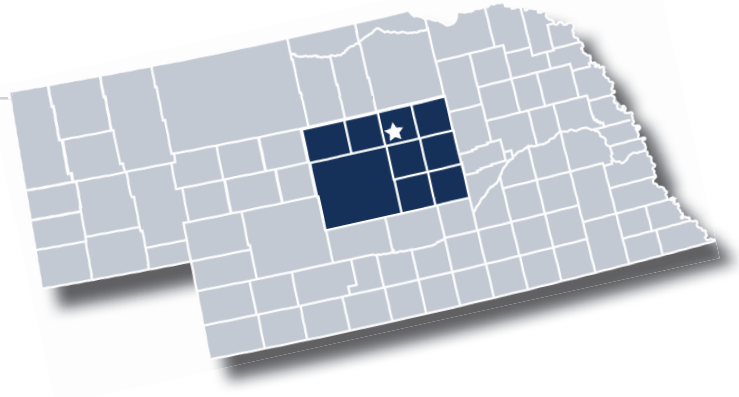
Additional public health activities that Lincoln Lancaster County Health Department performs to assure that the health and wellbeing of Nebraskans are protected and improved.

The Health Care Cash Fund Act (HCFA) funds help to support LLCHD’s information infrastructure, planning, and data analysis. One goal area in the department’s strategic plan is to “Leverage Data and Technology to Improve the Public Health”. The department has built an infrastructure to support daily work of staff which automates processes and reduces the time it takes to process applications and permits, complete scheduling, and communicate with clients and the public. The department continues to build an infrastructure for handling data for assessment, analysis and evaluation. The epidemiologists are automating many of the steps needed for preparing information for analysis and reporting. This has significantly reduced the amount of time it takes them to make information available to staff, our partners and the public. Our current standard is two weeks from the time we receive data to posting it on our website. Some successes from this past year include:

- Reducing the time needed for processing payments for animal licenses from 2-3 minutes to 10-20 seconds—with 63,000 licenses each year, this adds up to significant savings.
- Automating the citation process for failure to renew a license. This has reduced staff time by hours not minutes and resulted in higher compliance rate.
- Maintaining and upgrading an internal website giving staff access to a multitude of resources and tools such as access to plans and to reports, submit a problem to the help desk and find interpretation services.
- Creating dashboards that help LLCHD staff monitor and track work processes and reduce errors (such as time reporting for payroll), track quality improvement indicators, and link to policies and procedures and the city website and directories.
- Completing a mid-cycle review and update of the Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP). This included meetings with community partners to realize opportunities and to identify strategies for the remaining two years of the current CHIP.

Loup Basin Public Health Department

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



Spotlight: Responding to the 2019 Floods



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On the evening of Tuesday, March 12, 2019 a storm system started approaching the Loup Basin Public Health Department (LBPHD) jurisdiction that lasted for 24 to 48 hours. The storm caused infrastructure systems to fail due to the snow, rain, and high winds causing ice jams in our rivers, resulting in significant flooding throughout the entire jurisdiction. This was a real-world natural disaster caused by a bomb-cyclone.

All nine counties of the LBPHD district had emergency declarations. LBPHD activated the Emergency Operation Center to respond to the event. Catie Larsen, Emergency Response Coordinator (ERC), stayed in contact

with all Emergency Managers in our district. LBPHD had MOU's set with partners they needed to contact during the flood including: Emergency Managers, hospitals, Region 26 Emergency Management, radio stations, newspapers, Region 3 Behavioral Health, Tri-Cities Medical Response System (TRIMRS), and other local health departments.

**All nine counties of
the LBPHD district had
emergency declarations.
LBPHD activated the
Emergency Operation Center
to respond to the event.**

Throughout the week of the flood, LBPHD sent out several press releases, via radio and social media, regarding water, food, safety, and disease prevention. The LBPHD ERC contacted Region 3 Behavioral Health when mental health needs arose. Through a partnership with Americares, LBPHD provided various supplies to help with the disaster relief efforts in Dannebrog, Lake of the Woods (St. Paul), North Loup, and Ord. These donated supplies included hygiene kits, first aid kits, lotion, body wash, leather gloves, baby wipes, masks, hand sanitizer, germicidal wipes, trash can liners, and band aids. LBPHD successfully supplied, administered, and distributed tetanus vaccine to those communities that requested the vaccine for first responders and individuals impacted by the flood.

Knowledge was gained during the flood regarding what worked and what LBPHD can do to improve our response plans.

This report includes examples of efforts of Loup Basin 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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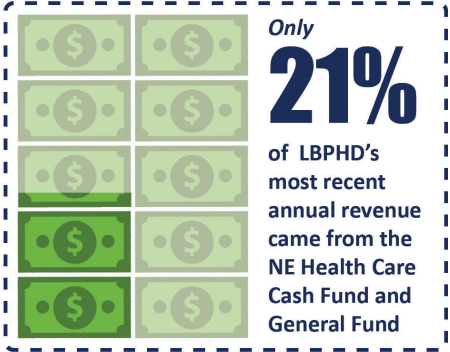
Assessment: Collect and analyze information about health problems in Nebraska communities.



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 3-6 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 complicated 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.

CURRENT CHIP PRIORITIES:



Mental Health



Diabetes

ACCESS TO AND LINKAGE TO CLINICAL CARE

Access to and Linkage to Clinical Care includes (but is not limited to) 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 Loup Basin Public Health Department's (LBPHD) district. Fluoride varnish can be applied 4 to 6 times per year, and can decrease further cavity development by about 38%. 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

Chronic Disease Control and Prevention includes (but is not limited to) asthma, cancer, cardiovascular disease, diabetes, obesity, tobacco control, and worksite wellness.



As a component of the Community Health Assessment (CHA), conducted by LBPHD and area hospitals in the district, a community survey was launched to understand more about the health-related perceptions and health status of residents within the LBPHD district. Just under half (45.2%) of survey respondents indicated that heart disease and stroke was a health concern. In response to this, LBPHD's Well at Work program offers onsite health screenings to employees of local businesses and schools. Important health screening data, such as cholesterol, blood pressure, and thyroid levels, are obtained and personalized education is shared with participants.



COMMUNICABLE DISEASE CONTROL AND PREVENTION

Communicable Disease Control and Prevention includes (but is not limited to) 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 its core responsibilities. LBPHD utilizes an electronic reporting system called the National Electronic Disease Surveillance System (NEDSS), allowing LBPHD to receive communicable disease reports from a variety of health care entities within the district. LBPHD strives to reduce or eliminate cases of vaccine-preventable diseases through our immunization program. This program promotes and provides immunizations to adults and children. LBPHD staff members also work with school nurses across our district to assure compliance with the Nebraska Student Immunization Law.

ENVIRONMENTAL HEALTH

Environmental Health includes (but is not limited to) radon, lead, emergency response, hazardous substances and sites, and Complete Streets initiatives.



Radon is the second leading cause of lung cancer, nationally, and is responsible for over 20,000 lung cancer deaths each year. LBPHD received the Radon Awareness and Risk Reduction Award, which enables LPBHD to educate the public about radon and its risks and distribute radon test kits to residents in all nine counties within the district. LBPHD also promotes effective coordination and use of community resources to protect the health and wellbeing of Nebraskans regarding radon exposure.



INJURY PREVENTION

Injury Prevention includes (but is not limited to) motor vehicle injuries, occupational injuries, senior fall prevention, substance abuse, car seat safety, binge drinking, and distracted driving.



LBPHD also promotes effective coordination and use of community resources to protect the health and wellbeing of Nebraskans regarding radon exposure. LBPHD has a public health nurse who is certified as a car seat technician and is available by appointment to assist caregivers and parents with installation, provide education, and inspect car seats. LBPHD coordinates car seat events 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. These events include car seat inspections and opportunities to purchase car seats at low cost, courtesy of a grant.



MATERNAL AND CHILD HEALTH

Maternal and Child Health includes (but is not limited to) 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 education and checks. Currently, LBPHD does not provide any specific maternal or child and family health programs. These needs are met by NE-DHHS or other resources in our area. LBPHD refers all candidates.

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

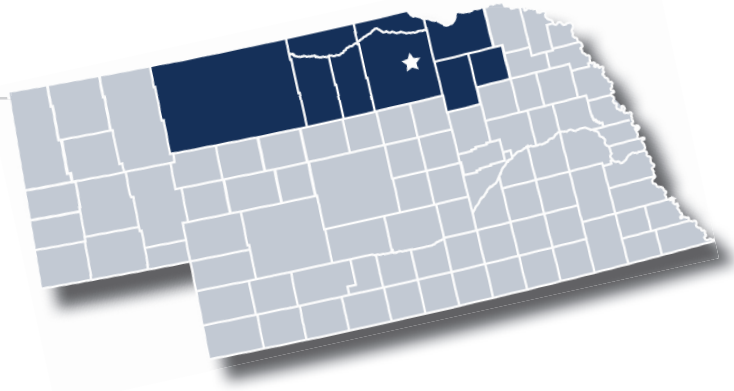
Research shows that people at risk for diabetes, including prediabetics, could significantly reduce their risk of diabetes by making modest lifestyle changes. Since 2018, Loup Basin Public Health Department (LBPHD) has been implementing the National Diabetes Prevention Program (NDPP), an evidence-based lifestyle change program. This Centers for Disease Control (CDC)-recognized program can reduce a prediabetic person's risk of developing Type 2 diabetes by 58% by way of making modest, but lasting, lifestyle changes. NDPP participation can also lower the risk of a heart attack or stroke, improve overall health, and help people feel more energetic. This program meets for a full year to help participants stick to new habits and avoid slipping back into old habits, because making lifestyle changes is an ongoing process.

For more information about *Loup Basin Public Health Department*
please visit: www.loupbasinhealth.com



North Central District Health Department

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



Spotlight: Responding to the 2019 Floods & Improving Oral Health



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Miles of Smiles, continue to grow and receive national recognition. Every school (39 total) in the NCDHD Health District now participates. NCDHD’s Miles of Smiles partnered with the Nebraska Community Foundation to build the program and serve more clients in the schools. Miles of Smiles was recognized as a 2019 Promising Practice by the National Association of County and City Health Officials (NACCHO).

During the 2019 flood disaster, NCDHD led several activities including tetanus vaccine clinics, private well water testing, public health education, sheltering in Lynch, medical surge assistance with bed availability and distribution of cots/bedding for shelters.

Lynch, medical surge assistance with bed availability and distribution of cots/bedding for shelters. Many volunteers assisted NCDHD in their efforts. Flood response has continued well into the summer months. Additionally, NCDHD found working with FEMA on reimbursement to be very cumbersome. NCDHD was the first Nebraska organization to submit projects into FEMA for reimbursement. The FEMA reimbursement process is anticipated to still take some time (as is per typical FEMA process). We thank the many volunteers that assisted us!

During the 2019 flood disaster, NCDHD led several activities including tetanus vaccine clinics, private well water testing, public health education, sheltering in

This past year NCDHD watched our school-based oral health program,



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).

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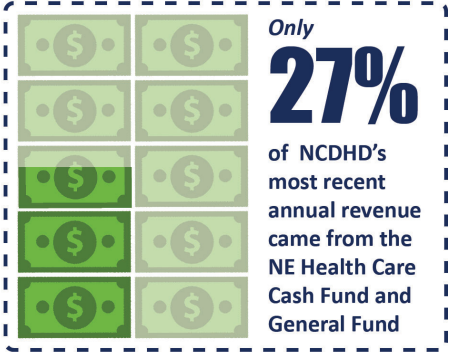
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Community Health Assessment (CHA) Community Health Improvement Plan (CHIP)

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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.

CURRENT CHIP PRIORITIES:



Chronic Care Management



Mental Health

ACCESS TO AND LINKAGE TO CLINICAL CARE

Access to and Linkage to Clinical Care includes (but is not limited to) coordination of services between medical providers and providers of health-related social needs, oral health/dental services, and behavioral/mental health.



North Central District Health Department (NCDHD) works to gather data for mental health, oral health and chronic disease conditions. NCDHD educates and develops programs based on data-indicated needs around oral health. NCDHD is working on a partnership with the local Federally Qualified Health Center (FQHC) to provide mental health services through telehealth technology. NCDHD is working to coordinate chronic care management with our providers throughout our district. NCDHD utilizes our schools and clinics for education and program purposes.



CHRONIC DISEASE CONTROL AND PREVENTION

Chronic Disease Control and Prevention includes (but is not limited to) asthma, cancer, cardiovascular disease, diabetes, obesity, tobacco control, and worksite wellness.



NCDHD collects data and analyzes information on diabetes and cardiovascular disease. NCDHD worked with our community partners, including local hospitals, through our community health improvement planning efforts. Efforts identified through the Community Health Improvement Plan (CHIP) process will focus on establishing partnerships for chronic care management in our district. NCDHD will be working with our health care providers to establish a system to fill gaps and barriers in the education and care management cycle.



COMMUNICABLE DISEASE CONTROL AND PREVENTION

Communicable Disease Control and Prevention includes (but is not limited to) 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 collects and analyzes data from hospitals, clinics, schools and DHHS. NCDHD works with schools to advance policies and procedures for infection management. NCDHD continues to work with community partners, e.g., schools, hospitals and all partners to promote coordination efforts.



ENVIRONMENTAL HEALTH

Environmental Health includes (but is not limited to) radon, lead, emergency response, hazardous substances and sites, and Complete Streets initiatives.



NCDHD continues to work with all community partners to analyze data on radon, lead, and hazardous substances. NCDHD works with homeowners to mitigate potential hazardous radon levels in dwellings. NCDHD has supported legislation that protects the health and wellness of its citizens. This includes the 2019 radon bill.



INJURY PREVENTION

Injury Prevention includes (but is not limited to) motor vehicle injuries, occupational injuries, senior fall prevention, substance abuse, car seat safety, binge drinking, and distracted driving.



NCDHD continues to gather data to monitor injuries. NCDHD works with community partners to educate and establish policies to reduce preventable injuries. Through the CHIP process, NCDHD continues to work with partners to assure coordination efforts.



MATERNAL AND CHILD HEALTH

Maternal and Child Health includes (but is not limited to) Women, Infant, and Children (WIC), family planning, newborn screening, evidence-based home visitation, Early Preventative Screening, Diagnosis, and Treatment (EPSDT).



NCDHD continues to collect data through the Health Hub program, a cancer prevention program administered by the Nebraska Department of Health and Human Services (DHHS). NCDHD continues to work with our providers and clients through the Health Hub program. NCDHD continues to work with partners regarding referrals directed through Health Hub.



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

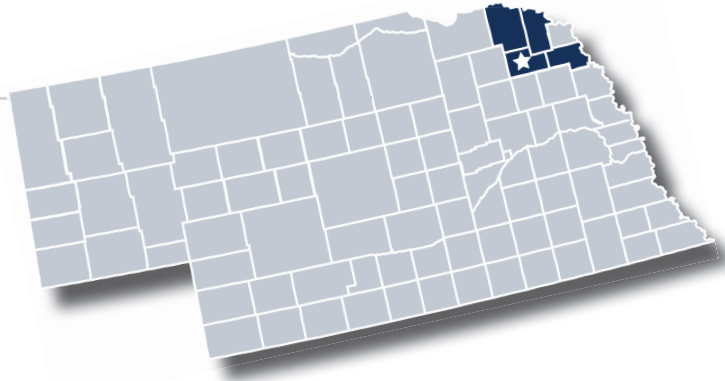
NCDHD does much work in the area of substance abuse and distracted driving. NCDHD collaborates on numerous programs with our schools, e.g., distracted driving and substance abuse education. NCDHD also works with local businesses providing Responsible Beverage Server Training (RBST) classes throughout our district in efforts to decrease underage alcohol use. NCDHD has also worked with elected officials in our local township governments and county governments to establish policies regarding RBST for bars, restaurants, and county fairs.

For more information about *North Central District Health Department* please visit: www.ncdhd.ne.gov



Northeast Nebraska Public Health Department

Serving Cedar, Dixon, Thurston, and Wayne Counties



Spotlight: Collaborating to Improve Health for All

Overweight and obesity is a growing problem in the United States and is of epidemic proportion in Northeast Nebraska (71.7%) as evidenced by data from the most recent Community Health Assessment (CHA). In January 2018, Northeast Nebraska Public Health Department (NNPHD) met with the two critical access hospitals in the health district to discuss the obesity issue and together embarked on a Network Development Project to address the issue. A grant was secured from HRSA (Health Resources & Services Administration) and additional partners including the Winnebago Tribal Health Department, two medical clinics, the area's community action agency and six public schools signed onto the project. Over the next several months, the team completed several assessments which provided a better understanding of the communities' health issues, gaps and resources through community input and data. This information was used to develop the Community Health Improvement

Plan (CHIP). A total of seven community meetings were conducted, each with 15 to 45 participants. A community survey to assess community perceptions and behaviors around health was developed and distributed to community residents. A total of 554 surveys were completed. Five focus groups were held with a total of 74 participants. From this data collection, the community (including residents and partners) identified obesity and behavioral health as the two top priorities to work on collectively over the next three years. Partnerships are crucial to addressing obesity; NNPHD emphasizes partnership building and realizes that without partner involvement, there can be no public health.

Obesity is a factor in the development of several chronic conditions including cardiovascular diseases, diabetes and some cancers. NNPHD has been working on the issue but efforts have increased over the past year. Early in 2018, NNPHD entered into a partnership with the University of Nebraska College of Nursing, Norfolk Campus to assist with their National Institute of Health research project targeting rural men. NNPHD assisted the project by helping

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with technology and taking biometrics of the 80 participants. The research concludes in 2020.

NNPHD emphasizes partnership building and realizes that without partner involvement, there can be no public health.

To increase self-management of chronic diseases, NNPHD has two trained Living Well instructors who offer a six-week group workshop for individuals living with chronic diseases. NNPHD offers other class options (weight management, heart health and diabetes education) through the Minority Health Initiative project and Health Hub. Of those who participated in these classes, 43% have experienced reduction in their weight. NNPHD is collaborating with the Area Agency on Aging to offer more classes in the health district over the next year.

To address healthy weights for youth, NNPHD entered into a partnership this year with four schools in the health district to enhance and implement their wellness policies.



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**:



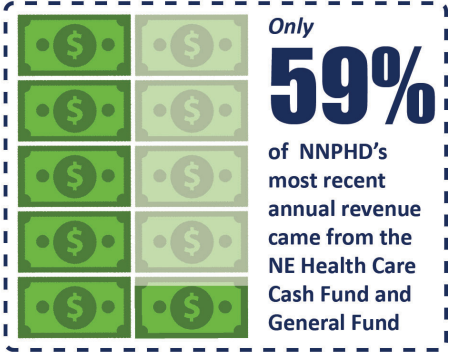
Assessment: Collect and analyze information about health problems in Nebraska communities.



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)

Every 3-6 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 complicated 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.

CURRENT CHIP PRIORITIES:



Obesity



Behavioral Health

ACCESS TO AND LINKAGE TO CLINICAL CARE

Access to and Linkage to Clinical Care includes (but is not limited to) coordination of services between medical providers and providers of health-related social needs, oral health/dental services, and behavioral/mental health.



Linking people to services is an important public health role. Northeast Nebraska Public Health Department (NNPHD) maintains a Resource Directory at www.nnphd.org/resources/NNPHD. Staff also help with finding needed services. NNPHD received 105 requests for information and resources. Of those, 84% were addressed. NNPHD partnered with schools, daycares and dental hygienists to provide oral screenings and fluoride to 785 people; 59 were referred to a dentist. Two communities were identified as having high unmet dental needs. NNPHD has begun conversation with the Federally Qualified Health Center to bring a mobile dental unit to those communities.

CHRONIC DISEASE CONTROL AND PREVENTION

Chronic Disease Control and Prevention includes (but is not limited to) asthma, cancer, cardiovascular disease, diabetes, obesity, tobacco control, and worksite wellness.



NNPHD was present at several community events to provide information about chronic disease prevention, offer programs such as free colon cancer screening kits to people aged 50 to 74 who are uninsured, and screen for high blood pressure and risks for Type 2 diabetes. Information on these topics was also distributed through area food pantries, pharmacies and churches to help people receive health care services. This year's Community Health Survey showed 56% of respondents aged 50 to 84 reported having received colon cancer screening. Nebraska Tobacco Quitline information was also distributed. Additionally, the 38 people who attended NNPHD health classes offered to businesses and community groups learned new ways to improve health.

COMMUNICABLE DISEASE CONTROL AND PREVENTION

Communicable Disease Control and Prevention includes (but is not limited to) 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).



NNPHD works closely with schools, clinics, long-term care centers, critical access hospitals, and Tribal Health Systems in the district for surveillance of reportable diseases. Last year, 723 surveillance reports were received with 136 requiring NNPHD follow-up. Report follow-ups involved diseases such as E. coli, Giardia, cryptosporidiosis, campylobacter, histoplasmosis, salmonella, West Nile Virus, hepatitis A, B and C, and animal testing for possible rabies due to exposure to people. Two schools contacted NNPHD this past flu season to better understand benefits of school closure due to illness rates, one chose to close, and one did not.

ENVIRONMENTAL HEALTH

Environmental Health includes (but is not limited to) radon, lead, emergency response, hazardous substances and sites, and Complete Streets initiatives.



Radon is the second leading cause of lung cancer. Of the 194 homes that the NNPHD Radon program helped with testing last year, 72% (139) tested high! NNPHD works with UNL Extension Offices to distribute test kits. NNPHD assists Nebraska DHHS to monitor for West Nile Virus (WNV) by trapping mosquitos. NNPHD notifies local authorities when WNV is identified so public prevention efforts can be implemented. NNPHD responded to the flood in Spring 2019 by distributing recovery information, water test kits and clean-up kits provided by the Central States Center for Agricultural Safety and Health. NNPHD also assisted people displaced by flood waters to find needed alternative housing.



INJURY PREVENTION

Injury Prevention includes (but is not limited to) motor vehicle injuries, occupational injuries, senior fall prevention, substance abuse, car seat safety, binge drinking, and distracted driving.



NNPHD worked with the Wayne State College (WSC) Public Relations class to develop substance abuse prevention campaign ideas to be implemented in the district. NNPHD employs a WSC intern who developed outreach materials for the district based on the SHARP Student Survey, a state-administered survey to assess youth health behaviors. NNPHD is a member of the Region 4 Thurston County Collaborative, which focuses on substance abuse prevention. The health department received funding to organize coalition development in that county next year. The Thurston County Collaborative supported 10 youth and sponsors to attend the Human Performance Project (HPP) training, a promising practice that helps youth develop healthy living habits—in Lincoln in May 2019.

MATERNAL AND CHILD HEALTH

Maternal and Child Health includes (but is not limited to) Women, Infant, and Children (WIC), family planning, newborn screening, evidence-based home visitation, Early Preventative Screening, Diagnosis, and Treatment (EPSDT).



Through Community Response (CR)—a community system of services to assist families/individuals when in crisis—99 households (327 people) were connected to 167 services and programs, provided \$9,232.96 in crisis support services and received another 150 supportive services. CR clients enter into a client-centered contract that strengthens their skills to meet their future needs. NNPHD implemented CR in Wayne County on behalf of the Wayne County Family Coalition and in partnership with the Norfolk Family Coalition, the area Ministerial Association and Wayne United Way. NNPHD staff also serve on area advisory committees including Healthy Families America home visitation, Head Start Health Advisory and the Wayne Salvation Army.

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

This past year has been a building year for NNPHD. A plan has been developed to initiate immunization services beginning with flu shots and then expanding as need is identified. This expansion of services is needed to build internal capacity for emergency response and mass dispensing activities for future infectious disease outbreaks. This expansion is also needed to address the issue of less than favorable flu vaccination rates (46%) for the district.

Care Coordination is another priority project for NNPHD. This past year efforts have begun to plan and prepare for expansion of services to include collaboration with one of the clinics in the health district for care coordination services. A full-time nurse was hired to work on the business plan and assist the health director with implementation of both projects.

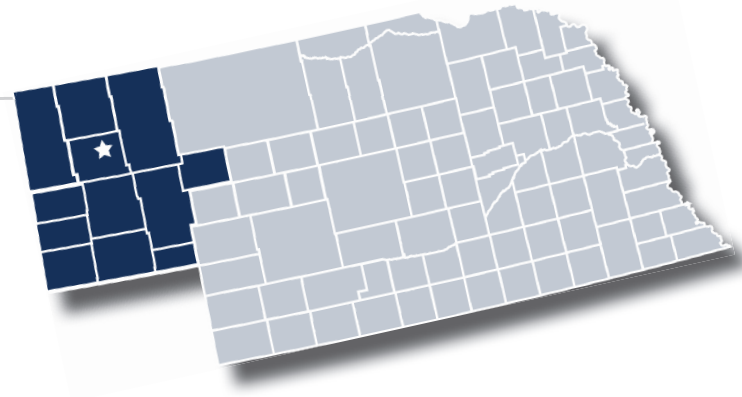
NNPHD was present in all counties across the district last year by attending all four county fairs, the Wayne Chicken Show and Haskell UNL Lab Ag Day among others. To help prevent skin cancer—the most common form of cancer, NNPHD provided a free-of-charge sunscreen dispenser at numerous community events to protect participants from sun exposure. Another success for NNPHD in Fiscal Year 2018-19 was the completion of an onsite tornado shelter, which was funded through a grant from FEMA and NEMA.

Collaboration with educational institutions was an important focus of work for NNPHD last year. NNPHD began a five-year project with four (4) K-12 school districts in the health district focusing on improvements to and implementation of their school wellness policies. The health department also collaborated with Wayne State College by providing three class presentations, presenting on a two-person panel at the WSC Behavioral Health Mini-Conference, and assisting with the coordination of a World Heart Day event for the Wayne community.



Panhandle Public Health District

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



Spotlight: Building Healthy Worksite & Communities



Panhandle Public Health District (PPHD) has worked with Box Butte General Hospital (BBGH) to provide technical assistance for worksite wellness for more than a decade. The hospital has been a champion for employee and community health through worksite wellness initiatives and is based in Alliance, NE, employing roughly 280 people. BBGH maintains a well-established, multi-faceted, employee wellness program. It is hard to turn any corner at the hospital without seeing some type of wellness messaging or support. Their wellness program offerings have grown to include:

- an onsite fitness center with state-of-the-art equipment and class offerings,
- evidence-based, chronic disease prevention programming, including National Diabetes Prevention Program (NDPP) and Living Well,
- nutritious snack offerings in their vending machines,
- onsite blood pressure cuff with screenings, education, and follow-up, and
- a tobacco-free campus.

Last summer the hospital boosted their smoke-free policy to include

tobacco-free campus on all facilities and grounds. More recently they have stepped forward as a lead partner for the Activate Alliance initiative towards community walkability and bikeability enhancements. BBGH Wellness Coordinator Dan Newhoff has been an integral member of PPHD’s Panhandle Worksite Wellness Council Advisory Committee and has been committee chair since 2015. They have received the Governor’s Wellness Award at the Grower Level twice for continually producing outcomes through their wellness program.

But what makes BBGH unique is not just their commitment to the health and well-being of their employees and modeling for the community, it’s the commitment to community health through their Community Health Improvement Plan (CHIP).

“Box Butte General Hospital is committed to serving the community and enhancing the quality of life for individuals, families, and communities we serve. Our goal, through the Community Health Needs Assessment (CHNA), is to better understand the range of issues affecting our health. We look forward to working with our community partners to optimize health and continue to meet our mission, which is “To Lead and Innovate in Healthcare Delivery and Community Wellness,” said Lori Mazanec, CEO.

The hospital’s mission statement is more than a tagline. They have worked diligently to put wheels under it

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especially in the realm of community wellness.

What makes BBGH unique is not just their commitment to the health and well-being of their employees and modeling for the community, it’s the commitment to community health through their Community Health Improvement Plan (CHIP).

The last two cycles of their CHIP were conducted in partnership with PPHD, and produced strategies designed to impact not only their own employees, but population-based health on a broader scale. PPHD embraces their role as Chief Health Strategist, helping to incorporate innovative worksite and community wellness strategies into the hospital’s CHIP.



This report includes examples of efforts of Panhandle Public Health District 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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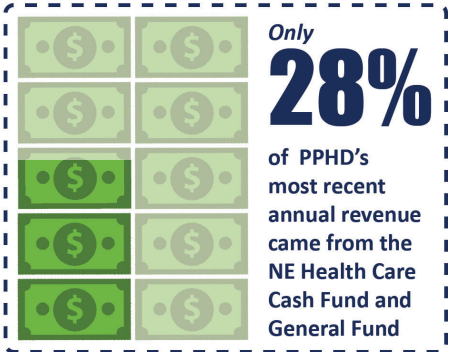
Assessment: Collect and analyze information about health problems in Nebraska communities.



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.



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

Every 3-6 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 complicated 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).

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The CHA/CHIP process ensures that local communities are able to work together toward a Good, Healthy Life for all Nebraskans.

CURRENT CHIP PRIORITIES:



Access to Care



Aging Population



Behavioral Health



Chronic Disease Prevention



Early Childhood Care & Education



Social Determinants of Health

ACCESS TO AND LINKAGE TO CLINICAL CARE

Access to and Linkage to Clinical Care includes (but is not limited to) coordination of services between medical providers and providers of health-related social needs, oral health/dental services, and behavioral/mental health.



One in two deaths in the Panhandle is caused by chronic disease, and one in three adults have at least one chronic disease. Panhandle Public Health District (PPHD) offers Living Well, an evidence-based program to empower people to take control of their health, as part of the robust referral system established across the Panhandle to increase healthy lifestyle supports. To assure fidelity across the Panhandle, PPHD has two Chronic Disease Self-Management Program (CDSMP) Master trainers on staff to enable scaling and sustaining the Living Well CDSMP Programs. These master trainers offer regular training at the local level to support the regional system of leaders.



CHRONIC DISEASE CONTROL AND PREVENTION

Chronic Disease Control and Prevention includes (but is not limited to) asthma, cancer, cardiovascular disease, diabetes, obesity, tobacco control, and worksite wellness.



PPHD has targeted efforts to improve breast cancer screening rates. According to BRFSS data, the proportion of adult females who are up-to-date on breast cancer screenings has decreased significantly in the Panhandle over the past four to six years. PPHD began work with health systems to assess current workflows and reminder processes for breast cancer screening. Policies were developed through this collaboration in accordance with the accreditation guidelines of each institution for implementation. PPHD is using quality improvement processes to develop a regional system for breast cancer screening, inclusive of consistent policies for reminder, screening, and follow-up.



COMMUNICABLE DISEASE CONTROL AND PREVENTION

Communicable Disease Control and Prevention includes (but is not limited to) 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).



PPHD monitors and investigates diseases. Schools and hospitals send data to PPHD on a weekly basis regarding influenza-like illness. There were 318 cases of reportable illness in the Panhandle in the 2018 calendar year. PPHD investigates all reportable diseases in the Panhandle. These investigations are driven by data from hospital laboratories, and individuals involved are educated on symptoms, treatment, and transmission of disease by PPHD's Disease Surveillance Coordinator. PPHD follows the state-wide operating procedures that include automatic reporting of laboratory tests into the National Electronic Disease Surveillance System and has policies in place to assure prompt follow-up.



ENVIRONMENTAL HEALTH

Environmental Health includes (but is not limited to) radon, lead, emergency response, hazardous substances and sites, and Complete Streets initiatives.



Not all health systems in the Panhandle follow the current guidelines for blood lead level testing. A large portion of people in the Panhandle live in older homes where exposure to lead-based paint poses a health risk. PPHD piloted the “Place Matters Toolkit” for Nebraska DHHS with a focus on lead poisoning prevention. An action plan was developed that includes: develop a regional lead plan, implement policies based on current guidelines with health systems, and implement home lead testing. PPHD has received additional funds to continue the work on lead poisoning prevention. Local health systems are engaged to implement updated policies.



INJURY PREVENTION

Injury Prevention includes (but is not limited to) motor vehicle injuries, occupational injuries, senior fall prevention, substance abuse, car seat safety, binge drinking, and distracted driving.



The Panhandle Prevention Coalition uses data from the Nebraska SHARP surveys—three surveys administered to youth through schools to assess health behaviors—to prioritize initiatives around youth substance use and risky behaviors. After years of reducing tobacco use by youth, there has been an uptick since the introduction of e-cigarettes. PPHD educates partners on the importance of supporting initiatives to increase prevention efforts. Tobacco Tax Increase to Include E-cigarettes is a Benefit for Public Health is one policy brief that was developed for this purpose. Tobacco and alcohol compliance checks are completed in coordination with the Nebraska State Patrol, assuring high retail compliance reduces youth access and use.



MATERNAL AND CHILD HEALTH

Maternal and Child Health includes (but is not limited to) Women, Infant, and Children (WIC), family planning, newborn screening, evidence-based home visitation, Early Preventative Screening, Diagnosis, and Treatment (EPSDT).



PPHD’s Healthy Families program assesses families for program eligibility, safe sleep, hazards in the home, depression, intimate partner violence, and substance abuse. This program also completes regular developmental assessments with children. Healthy Families enrolls families prenatally or with children up to three-months of age. Enrolled families receive prenatal and early childhood education through the home visitation curriculum Growing Great Kids and Circle of Security. PPHD’s policies mirror the 12 Best Practice standards of the Healthy Families model. The program collaborates with the Panhandle Partnership and is an evidence-based program proven to increase parent-child attachment and reduce child abuse and other forms of adverse childhood experiences.



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

PPHD is leading the Panhandle response to the opioid epidemic. This includes work with partners and residents to understand the opioid epidemic and addiction. To reduce use and abuse, strategies are implemented under three objectives: 1) Stigma Reduction, 2) Expanded Access to Addiction Treatment, and 3) Reduce Access, Overdose, and Misuse, following the prevention model of Assessment, Capacity, Planning, Implementation, Evaluation, while always integrating sustainability and cultural competency.

Work started in 2018 to raise awareness, reduce access, and increase safe disposal; however, there was a need for broader assessment. PPHD received additional funding from three different sources and began to assess the regional status and the capacity to make change.

In the initial assessment, minimal supports for the epidemic response were found. A missing piece in the Panhandle was Medication Assisted Treatment (MAT). To guide the work within health systems and to identify regional strengths and weaknesses, PPHD contracted with the Hazelden Betty Ford Foundation. They completed a regional Behavioral Health Integration in Medical Care Assessment and assessments at eight Panhandle locations.

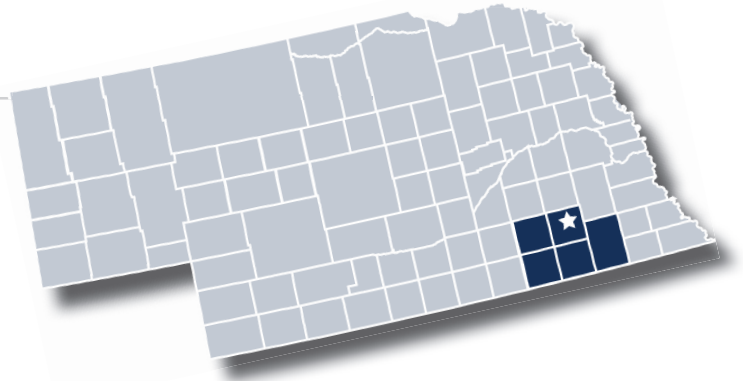
Reducing stigma and increasing understanding of addiction is key to planning and implementing initiatives, so stigma reduction is built into each training and initiative implemented. PPHD is working to expand access to addiction treatment and reduce access, overdose, and misuse.

PPHD is excited to see the impact of this work as it continues. The health district is working diligently to assure funds are spent to maximize the impact in Panhandle communities looking at behavioral health integration, with a focus on stigma reduction, to build a recovery-oriented system of care and supports across the Panhandle. PPHD is proud to be looked at as the Chief Health Strategist in response to the opioid epidemic.

Public Health Solutions

District Health Department

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



Spotlight: Preventing Suicide



Suicide is a leading cause of death for individuals aged 15-34. The suicide rate among our veterans is higher than their non-veteran counterparts. Suicide rates are also higher in rural areas. Overall, the rate of suicide deaths in Nebraska is higher than the national average. PHS is involved in several projects to address suicide risk across the district.

PHS and partner organizations are working to increase awareness of suicide and assist communities in developing needed resources. QPR (Question, Persuade, Refer) is an evidence-based training that teaches people to recognize suicide warning signs and to persuade an individual in crisis to accept professional help. PHS held trainings throughout the district this year, resulting in 502 QPR 'Gatekeepers' trained to intervene when needed.

PHS is part of a unique collaboration to address the disparity in veteran suicide rates. Four local health

departments, in collaboration with the Nebraska Association of Local Health Directors (NALHD) and the Behavioral Health Education Center of Nebraska (BHECN), are implementing the Mental Health Awareness and Training program. This program provides QPR with specific emphasis on the unique challenges veterans face.

PHS also supports local Hope Squads, a school-based peer program. Hope Squad members are trustworthy peers that are trained to watch for at-risk students. Through evidence-based training modules, Hope Squad members are empowered to seek help and save a life. Hope Squad members are not taught to act as counselors. They are educated on how to recognize signs of suicide contemplation and on how to properly report this to an adult. To date, Hope Squads have been implemented in three (3) school districts within the PHS district.

PHS is involved in several projects to address suicide risk across the district.

In response higher-than-average suicide rates in Gage County and spurred by tragic events in 2017 and 2018, PHS, Region V, and Blue Valley Behavioral Health partnered to organize and activate the Blue River LOSS Team. The LOSS (Local Outreach

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to Suicide Survivors) Team works closely with law enforcement, clergy members, funeral home personnel, and other community service providers to identify individuals who have experienced the loss of a friend or family member due to suicide. A peer counselor with experience in this type of loss and a mental health professional visit the home of the survivor to offer support, resources, and referrals as needed. Since activation, the Blue River LOSS Team has visited three suicide loss survivor families. The group provides community presentations to build awareness about the devastating effects that suicide can have on survivors and the entire community along with the resources available.

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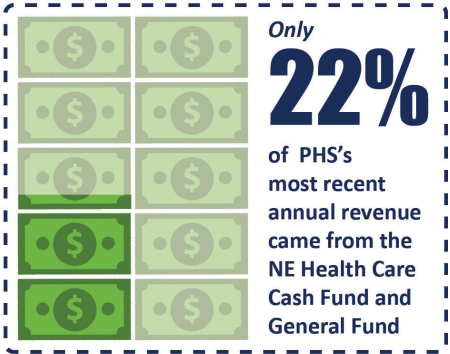
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The CHA/CHIP process ensures that local communities are able to work together toward a Good, Healthy Life for all Nebraskans.

CURRENT CHIP PRIORITIES:



Access to Mental Health Services (including mental and emotional wellbeing and substance abuse)



Chronic Disease (specifically obesity, hypertension, high cholesterol, and high blood pressure)



Access to Resources and Opportunities for Everyone (health equity)



Environmental Health (focused on safe and thriving community environments)

ACCESS TO AND LINKAGE TO CLINICAL CARE

Access to and Linkage to Clinical Care includes (but is not limited to) coordination of services between medical providers and providers of health-related social needs, oral health/dental services, and behavioral/mental health.



Access to health care resources and opportunities for everyone was identified as a priority in Public Health Solutions' (PHS) 2018 Community Health Improvement Plan (CHIP) and continues to be a focus for PHS and district-wide community partners. PHS convened pharmacists and health care providers in Gage County to formalize referral procedures between providers and pharmacies, streamlining education and support for patients who are self-monitoring blood pressure. PHS assisted over 300 individuals with resources for services such as Medicaid, economic assistance, and medication assistance programs. Our monthly, on-site Healthy Community Alliance Clinic provides chronic care management to patients with limited access to a primary care physician, serving over 30 patients last year.



CHRONIC DISEASE CONTROL AND PREVENTION

Chronic Disease Control and Prevention includes (but is not limited to) asthma, cancer, cardiovascular disease, diabetes, obesity, tobacco control, and worksite wellness.



PHS convened health care providers and community leaders to identify gaps in resources available to district residents and to leverage existing resources. PHS worked with a local clinic to develop and implement a screening process to identify patients with prediabetes and refer to the National Diabetes Prevention Program (NDPP). PHS partners with a physician to provide the Healthy Community Alliance Clinic—a monthly, on-site chronic care management clinic. This year, of those who participated in this clinic: 80% of patients showed improvement in their blood pressure, 50% of diabetic patients reduced their A1c levels.



COMMUNICABLE DISEASE CONTROL AND PREVENTION

Communicable Disease Control and Prevention includes (but is not limited to) 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).



During the nation's 2018-2019 flu season, Nebraska had the highest number of confirmed influenza cases. In the PHS district, there were seven influenza outbreaks in long-term care facilities and a pediatric death attributed to influenza. Working with local hospitals and long-term care providers, PHS provided technical assistance and resources on best practices, including policy and procedure changes, to prevent disease outbreaks. District-wide, PHS provided nearly 2,800 immunizations to children and adults in 119 immunization clinics. PHS collaborated with schools to provide flu shots to over 3,000 school-aged children and with worksites to offer 27 flu clinics.



ENVIRONMENTAL HEALTH

Environmental Health includes (but is not limited to) radon, lead, emergency response, hazardous substances and sites, and Complete Streets initiatives.



This year, the PHS Radon Program targeted education and resources to childcare providers to increase the health and safety of child environments. PHS collaborated with the city of Crete and Nebraska DHHS to offer financial resources to three childcare providers who tested their home/center and found they had higher than the minimum safe threshold for radon. Funds were used to offset the cost of radon mitigation, providing a safer environment for nearly 100 children in their care. PHS offers radon test kits and education to all district residents, distributing more than 200 at-home kits over the past year.



INJURY PREVENTION

Injury Prevention includes (but is not limited to) motor vehicle injuries, occupational injuries, senior fall prevention, substance abuse, car seat safety, binge drinking, and distracted driving.



Tai Chi: Moving for Better Balance is an evidence-based program to improve strength and balance, especially in older adults. PHS has formed partnerships with groups throughout the district to offer this program. PHS coordinates Tai Chi: Moving for Better Balance classes in every county within the district. As a result, 99 individuals have benefited from the program.



MATERNAL AND CHILD HEALTH

Maternal and Child Health includes (but is not limited to) Women, Infant, and Children (WIC), family planning, newborn screening, evidence-based home visitation, Early Preventative Screening, Diagnosis, and Treatment (EPSDT).



PHS identified access to early childhood interventions as a critical need in the district. PHS's Healthy Families Gage & Jefferson program screens all participating children for developmental delays and parents for depression and related issues. PHS conducted over 900 home visits in which families received support, education and referrals to services. Through Rooted in Relationships, PHS implemented the Pyramid Model, an evidence-based framework and systems change to increase healthy social and emotional development in children, in over 35 childcare centers. PHS collaborated with the Nebraska Mental Health Centers to increase access to Parent-Child Interaction Therapy in Gage County, an evidence-based model for children ages 2-7 with challenging behaviors.

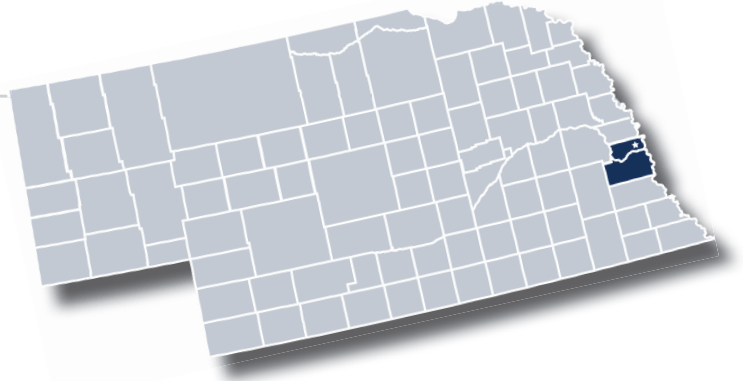


Additional public health activities that Public Health Solutions District Health Department performs to assure that the health and wellbeing of Nebraskans are protected and improved.

In the fall of 2018, over 30 community leaders and partners came together to conduct a Community Health Assessment (CHA) and develop the district-wide Community Health Improvement Plan (CHIP). This plan serves as a guide to forming new and innovative partnerships resulting in the most effective use of time and resources. As a result of this plan, PHS staff and Board of Health members have fine-tuned the focus and vision of the department. Public health touches every aspect of a community and the varied and far-reaching programs offered by PHS are a great example of this. PHS hosts the Southeast Area Healthcare Education Center (AHEC) and provides programs and services to new and future health care professionals across a 17-county region with the goal of increasing the number of health care professionals that choose to work in rural areas of the state. Americorps Members serve the PHS district with educational programs focused on eliminating food insecurity and encouraging good nutrition. Population protection services at PHS include immunization, CPR training, environmental health programs, and disease surveillance. The Safe & Thriving Communities division of PHS provides expertise and resources to communities to increase healthy opportunities for all residents. Examples of this work can be seen in the Walkable Communities projects, accident and fall prevention programs such as Tai Chi and the Safe Kids Coalition, as well as health promotion activities. Focusing on family and individual health services, PHS provides an evidence-based home visitation program for new parents, early childhood social-emotional development programs, education programs for parents and childcare providers, and clinical services in the areas of dental health, immunizations, and chronic disease management. PHS staff members are invested in their communities and are committed to achieving the department's mission of, "Healthy opportunities for everyone where we live, learn, work, and play".

Sarpy/Cass Health Department

Serving Sarpy and Cass Counties



Spotlight: Advancing Healthy Eating Opportunities



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The Sarpy/Cass Health Department (SCHD) recognizes and understands the relationship between access to healthy foods and residents' health. According to the 2018 Community Health Assessment (CHA) data, only 1 in 4 of Sarpy (26%) and Cass (27.6%) county residents consume five or more servings of fruits/vegetables per day. National public health research demonstrates that residents with limited access to healthy foods often have less healthy diets and an increase in diet-related, chronic diseases, specifically obesity and diabetes. In an effort to better understand the retail food environment of the cities and communities in Sarpy and Cass counties, the SCHD completed the Nutrition Environment Measures Survey (NEMS) assessment.

NEMS, an evidence-based system used to assess food availability,

was designed to quantify what a consumer encounters in their retail food environment. The assessment tool looks at the quantity, quality and price of fruits, vegetables, lean meats, low-fat dairy and whole grains available to consumers.

In an effort to better understand the retail food environment of the cities and communities in Sarpy and Cass counties, the SCHD completed the Nutrition Environment Measures Survey (NEMS) assessment.

A total of 103 retail food outlets (grocery and convenience stores) across Sarpy and Cass counties were assessed by SCHD staff using NEMS

in the fall of 2018. Data from the assessment indicated that slightly more than a quarter (27%) of all retail food outlets assessed in Sarpy and Cass counties had adequate access to foods from three or more of the five food groups. Additional information, such as acceptance of Federal Nutrition Assistance Program funds (i.e. WIC and SNAP), was also collected.

The information garnered from the assessment will help the SCHD make informed decisions as it moves forward in integrating strategies to increase access to healthy foods across the jurisdiction.

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**:



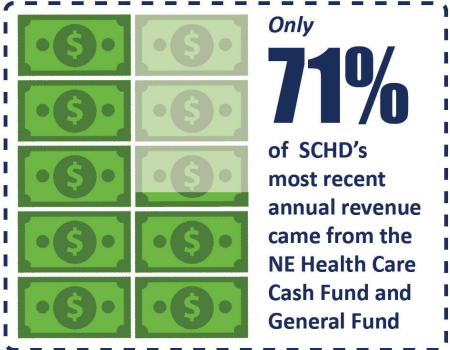
Assessment: Collect and analyze information about health problems in Nebraska communities.



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)

Every 3-6 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 complicated 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.

CURRENT CHIP PRIORITIES:



Mental Health

ACCESS TO AND LINKAGE TO CLINICAL CARE

Access to and Linkage to Clinical Care includes (but is not limited to) coordination of services between medical providers and providers of health-related social needs, oral health/dental services, and behavioral/mental health.



The 2018 Community Health Assessment (CHA) indicated that cardiovascular disease (heart disease and stroke) and cancers accounted for more than four in ten deaths in the metro area that include Sarpy/Cass Health Department (SCHD). The SCHD 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 SCHD staff. This year, 69 health coaching calls were made to women in the program.



CHRONIC DISEASE CONTROL AND PREVENTION

Chronic Disease Control and Prevention includes (but is not limited to) asthma, cancer, cardiovascular disease, diabetes, obesity, tobacco control, and worksite wellness.



SCHD assessed the availability of healthy foods within the district by conducting a Nutrition Environment Measures Survey assessment at 103 retail food outlets (grocery and convenience stores). Survey results will be used to identify areas of opportunity and strategies to increase access to healthy foods. The Active Aging program at SCHD provides one-on-one support and education to seniors in both Sarpy and Cass counties with a goal of keeping aging residents in their homes for as long as possible. SCHD held 150 wellness clinics reaching over 1,000 clients and an additional 200 seniors through home visits.



COMMUNICABLE DISEASE CONTROL AND PREVENTION

Communicable Disease Control and Prevention includes (but is not limited to) 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).



SCHD investigated over 475 cases of reportable, communicable diseases this year. Weekly school surveillance, which is monitoring the rate of illness to identify possible disease outbreaks, was completed for 33,543 students. During an outbreak of pertussis (whooping cough) at a local school, SCHD staff provided education for parents and school staff to decrease transmission of the disease. The SCHD staff supported the school nurse by offering technical assistance and educational materials during the month-long outbreak. For seven (7) residents with Tuberculosis, SCHD nurses oversaw 100 Directly Observed Therapy (DOT) appointments, coordinated care with infectious disease specialists, and conducted contact investigations.



ENVIRONMENTAL HEALTH

Environmental Health includes (but is not limited to) radon, lead, emergency response, hazardous substances and sites, and Complete Streets initiatives.



SCHD's Emergency Preparedness Coordinator partnered with the Cass County Emergency Management Agency (EMA) to assess the needs of vulnerable populations during a disaster. This information will enhance emergency response and educational messages to residents. The SCHD's environmental health staff provided in-person testimony to the Urban Affairs Committee in support of legislation requiring the State building code adopt standards for radon-resistant construction for new houses. SCHD staff provided childhood lead poisoning prevention education and necessary follow-up to 40 families with child(ren) with elevated blood lead levels. In collaboration with the NE DHHS, SCHD staff inspected 39 swimming pools for compliance with Nebraska Regulation Title 178 Chapter 2.



INJURY PREVENTION

Injury Prevention includes (but is not limited to) motor vehicle injuries, occupational injuries, senior fall prevention, substance abuse, car seat safety, binge drinking, and distracted driving.



SCHD staff Safe Kids Sarpy/Cass, a childhood injury prevention program at SCHD, monitors information collected at child passenger seat installations through the Safe Kids Sarpy/Cass, a childhood injury prevention program. This information, such as restraint type and if the car seat is expired or has been involved in an accident, is reported into the Safe Kids Worldwide database and used to tailor community educations and messages to increase child passenger safety. The Safe Kids Sarpy/Cass program provided safety presentations to over 750 adults and children, with topics including child passenger safety, handwashing, fire prevention and planning, home safety, distracted driving, and bike safety. SCHD's certified child passenger safety technicians installed over 50 child passenger safety seats. Eighteen (18) seats were provided for no cost to families in need.



MATERNAL AND CHILD HEALTH

Maternal and Child Health includes (but is not limited to) Women, Infant, and Children (WIC), family planning, newborn screening, evidence-based home visitation, Early Preventative Screening, Diagnosis, and Treatment (EPSDT).



Through the SCHD Maternal and Child Health (MCH) home visitation program, nurses assess the physical health (i.e. weight status) of clients to guide education and referrals to facilitate optimal health. SCHD staff collaborated with community partners to assess the participation rates of Sarpy County Early Head Start/Head Start (EHS/HS) clients in the WIC program. It was identified that a large portion of clients encountered barriers, including clinic times and transportation issues. In response, SCHD offered WIC appointments during screening events at the health department. SCHD nurses coordinated with HS to provide over 70 home visits for children to assess child development and to provide education on parenting skills and family support.



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

As a method for increasing infant breastfeeding rates, SCHD partnered with the Douglas/Sarpy County WIC program to implement the WIC Breastfeeding Peer Counselor program. Mothers with personal breastfeeding experience were trained to provide support and education to pregnant women and new mothers recruited through WIC clinics.

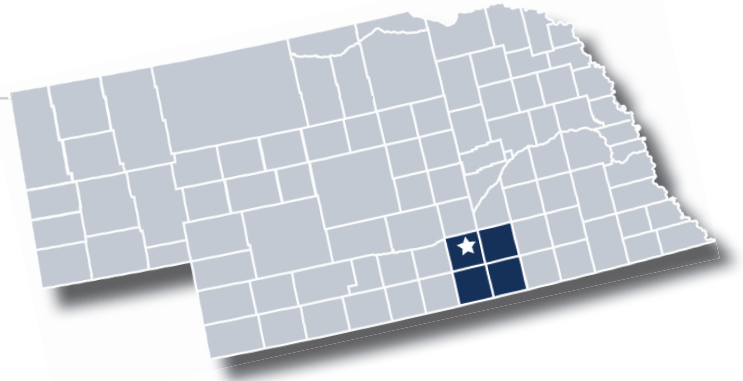
To increase health outcomes of newborns and mothers, Maternal Child Health (MCH) nurses offered a variety of educational opportunities throughout the year. The “Becoming A Mom” six-week prenatal education program taught healthy pregnancy and newborn care to expectant parents. A bi-monthly breastfeeding basics class was offered to expectant parents.

In an effort to address mental health and more specifically suicide prevention, the SCHD has two staff members who provide QPR (Question, Persuade and Refer) training to community members and leaders. QPR is an evidence-based training where participants learn how to identify the signs of suicide and to assist someone in crisis.

SCHD staff addressed the Flooding Emergency that affected parts of Sarpy and Cass counties. Through a partnership with the Papio-Missouri River Natural Resources Department (NRD), Lower Platte South NRD, Midwest Laboratories, and the Douglas County Health Department, free well water testing kits were distributed from our office and in Louisville on March 27, 2019. SCHD staff also provided information on well water testing and distributed home clean-up kits at a two-day community resource event in Bellevue. SCHD maintained communication with the Emergency Management Agency in Sarpy and Cass counties to assist with response and recovery.

South Heartland District Health Department

Serving Adams, Clay, Nuckolls, and Webster Counties



Spotlight: Building Healthy Environments



Two communities within the South Heartland District Health Department (SHDHD) area improved walkability by working with SHDHD on a five-year project aimed at addressing chronic diseases. SHDHD selected Hastings and Superior based on obesity data, a readiness scan, current infrastructure, and policy/stakeholder engagement.

Community-wide summits, co-facilitated by SHDHD, brought residents together to discuss how they could improve their built environment, making it more conducive for walking and other physical activity. The communities created action plans for implementing policy change, environmental improvements and evidence-based programs.

SHDHD facilitated a three-step process in each community by: 1) identifying one key organization in

each community to provide local leadership; 2) creating a “design team” of key local leaders to plan the summit and invite community members and stakeholders; and 3) convening a one-day summit to gather participants’ perspectives and create a community action plan.

The health care systems in both communities provided leadership as key stakeholders, providing their summit participants with the data needed to create meaningful dialogue and achievable action plans. SHDHD provided support to the communities by facilitating meetings, helping identify stakeholders and providing technical assistance for developing and implementing the community action plans.

Walkability Summit Action Plan results:

- Hastings implemented a downtown farmers market, making fresh foods more accessible for low income individuals; revitalized the Complete Streets Advisory committee; passed a half-cent sales tax for trail expansion; completed a trail expansion plan; engaged elementary school students in completing “walking audits” to assess the safety and walkability around their schools; initiated a mobility study; and completed several signage/way-finding projects to promote physical activity opportunities in the community.

- Superior initiated a successful Walking School Bus program which is promoted during Fall and Spring; incorporated walkability goals into

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a drainage project grant proposal; completed a downtown revitalization project; painted a five-block-long bike lane connecting the two public parks; and completed several signage/way-finding projects, including a walking route that ties to the community’s annual Vestey Days Victorian homes tour.

The communities created action plans for implementing policy change, environmental improvements and evidence-based programs.

As each community saw positive outcomes, their action plans expanded and the design teams leading the walkability efforts sought additional funding. SHDHD collected and analyzed data from the design teams, summit participants, and implementation teams to evaluate the community walkability initiatives. Using lessons learned, SHDHD is launching the process in the community of Sutton, in Clay County. The Sutton Chamber of Commerce is providing local leadership in this initiative to improve walkability and promote physical activity in their rural community.

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**:



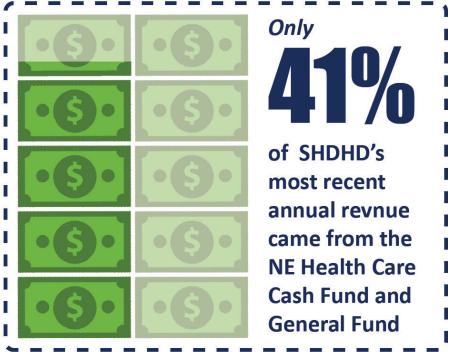
Assessment: Collect and analyze information about health problems in Nebraska communities.



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

Every 3-6 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 complicated 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).

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The CHA/CHIP process ensures that local communities are able to work together toward a Good, Healthy Life for all Nebraskans.

CURRENT CHIP PRIORITIES:



Access to Health Care



Mental Health



Substance Misuse



Obesity & Related Health Conditions



Cancer

ACCESS TO AND LINKAGE TO CLINICAL CARE

Access to and Linkage to Clinical Care includes (but is not limited to) coordination of services between medical providers and providers of health-related social needs, oral health/dental services, and behavioral/mental health.



South Heartland District Health Department's (SHDHD) annual women's health event identified that the cost of having a mammography read was a barrier to accessing breast cancer screening for 53% of the Hispanic women surveyed. SHDHD, the local imaging center, and radiologists are collaborating to address this breast cancer screening barrier by waiving the radiology fees for this group of women. SHDHD's 2018 CHA included district-wide stakeholders who contributed to analyses of "access to care" gaps (root causes, gaps in services, and barriers in our local health care system) and of how access to care impacts various health issues. The resulting Community Health Improvement Plan (CHIP) priorities include Access to Care, which also threads through the other four SHDHD priorities.

CHRONIC DISEASE CONTROL AND PREVENTION

Chronic Disease Control and Prevention includes (but is not limited to) asthma, cancer, cardiovascular disease, diabetes, obesity, tobacco control, and worksite wellness.



In SHDHD's 2018 Community Health Assessment (CHA), community members were concerned about obesity-associated chronic diseases such as diabetes and heart disease, which is the leading cause of death among adults in South Heartland's district. SHDHD, along with a local cancer center partner, is promoting skin cancer prevention through education to youth in middle schools and adults at health fairs. Area providers are contributing free skin cancer screenings. SHDHD works with partner organizations to improve vending machine options. Two of seven organizations improved vending options and reached the "award-level" (i.e., the proportion of healthy options for food is at least 30% and beverages at least 55%).



COMMUNICABLE DISEASE CONTROL AND PREVENTION

Communicable Disease Control and Prevention includes (but is not limited to) 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).



SHDHD staff investigated a report of a potential foodborne illness outbreak and confirmed a norovirus outbreak associated with a restaurant/caterer affecting at least 26 individuals who reported illness. The SHDHD Board of Health approved a policy for evaluating illness clusters, providing surveillance staff with a protocol for cluster evaluation and incorporating a recent change to lab technology for Whole Genome Sequencing (WGS). This new technology provides additional insight into cluster relationships. SHDHD conducted a successful Strategic National Stockpile Full Scale Exercise to assure, in the event of a pandemic flu outbreak, the ability to order, receive, and distribute vaccines, while maintaining the recommended temperature (Cold Chain Management).



ENVIRONMENTAL HEALTH

Environmental Health includes (but is not limited to) radon, lead, emergency response, hazardous substances and sites, and Complete Streets initiatives.



Sixty-five percent (65%) of homes tested for radon in the SHDHD district test above the recommended level (> 4pCi/L). SHDHD promotes using radon tests to determine radon levels in residents' homes and encourages mitigation. SHDHD partnered with a radon mitigation business and the Hastings building inspector to educate realtors on Nebraska state statute and requirements for testing/mitigation in real estate transactions. SHDHD shared resources to assure buyers and sellers receive accurate information. To protect 21 children with elevated blood lead levels, staff worked with families to identify/reduce exposure sources, collaborated with Nebraska Department of Health and Human Services (DHHS) to conduct home lead assessments, and promoted follow-up testing to monitor progress.



INJURY PREVENTION

Injury Prevention includes (but is not limited to) motor vehicle injuries, occupational injuries, senior fall prevention, substance abuse, car seat safety, binge drinking, and distracted driving.



Thirty-five percent (35%) of South Heartland residents age 65+ had a fall in the last year, of which 11.7% resulted in injury. Because unintentional injury is the leading cause of death in older adults, SHDHD is implementing CDC's Stopping Elderly Accidents, Death & Injuries (STEADI) initiative, collaborating with two local family practice clinics to reduce falls risk. At provider offices, patients over age 60 complete a "Check Your Risk for Falling" assessment with pre-exam paperwork. Depending on risk level, providers discuss results and refer patients to community falls prevention resources. SHDHD follows up with provider-referred clients, connecting them to free local falls prevention classes and assessing for reduced fall risk.



MATERNAL AND CHILD HEALTH

Maternal and Child Health includes (but is not limited to) Women, Infant, and Children (WIC), family planning, newborn screening, evidence-based home visitation, Early Preventative Screening, Diagnosis, and Treatment (EPSDT).



SHDHD assessed childcare providers to determine whether their policies included staff immunization requirements. SHDHD embarked on an effort to promote adoption of such policies to protect young children from vaccine preventable illnesses, including influenza.



SHDHD advocated for increasing the Nebraska tobacco tax as a proven approach to reducing tobacco use initiation in youth. SHDHD continues to have strong partners in our communities who are leaders in the areas of maternal and child health. We provide referrals and promote partner services through our community resource guide. Our Scrubby Bear taught more than 234 pre-school/elementary children how to wash hands.



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

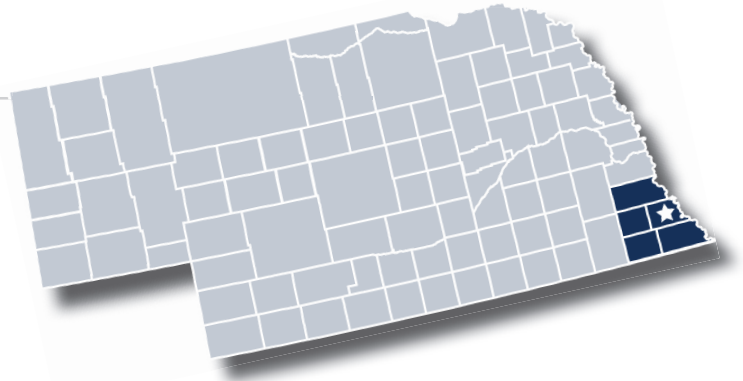
Through the Whole School, Whole Community, Whole Child project (WSCC), SHDHD assisted two area school districts (Harvard and Hastings Public Schools) to completing the CDC Healthy Schools-School Health Index, using the results to plan for nutrition and physical activity improvements in the schools, and to helping instill healthy habits at early ages. Based on the results, Harvard Public Schools is developing a new policy for physical education curriculum standards.

Nearly 50 South Heartland district residents took advantage of South Heartland's Smart Moves diabetes prevention classes, with 40% reaching target weight loss and 82% completing the year-long class.

SHDHD piloted a new technology-based approach for engaging residents and stakeholders in coordinated community health planning across the four-county district. During 2018, the department completed a comprehensive Community Health Assessment (CHA) and community health improvement planning process for, and with, residents of Adams, Clay, Nuckolls and Webster counties. SHDHD convened community discussions to share and review the data with stakeholders and to determine district-wide priority health issues. These discussions were coordinated across all four counties simultaneously using Go-To-Meeting technology and led by a local facilitator and the SHDHD executive director, with SHDHD staff facilitating in each county. In this way, SHDHD convened two separate priority-setting meetings, one focused on health system issues and the other on health issues. The result was that communities identified the top five priority health issues to address over the next six years. SHDHD used the technology-based approach again for a series of strategy-setting meetings to identify key approaches for addressing each health priority. This first-time use of technology to connect stakeholders was a success, with 17 to 60 participants contributing in each meeting. Successful stakeholder engagement was demonstrated by the high level of interest for serving on Implementation Steering Committees for each health priority.

Southeast District Health Department

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

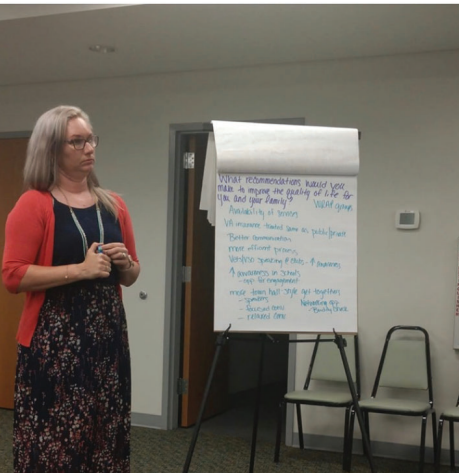


Spotlight: Addressing Veteran Needs

Senator Julie Slama
Yesterday at 8:23 PM · 🌐

Honored to join Amanda Drier and the Southeast District Health Department for Veteran's Town Halls across District 1. Tonight's stop was a very productive discussion in Nebraska City. Thank you to all veterans for your service!

As of August 2019, four out of five county town hall meetings have been completed, with 31 veterans participating. Participants have shared their stories and provided input on what is working (or not working), who or where they go to for help, and how connected they feel to their community. Overall, the response has been consistent in all counties: health care access is a major issue and veterans have a strong desire to feel connected to other veterans and to the community.



Identifying and addressing the unmet needs of one priority population, the Southeast District Health Department's (SEDHD) VetSET program is collaborating with all five County Veteran Service Officers (VSO) to host veteran town hall meetings in each county.

The SEDHD jurisdiction has an estimated population of 38,000 people. Of that population, approximately 10% are veterans. The purpose of the veteran town halls has been to collect first-hand information from veterans living within the area about the quality of life, needs, and recommendations for related action planning in their communities.

Identifying and addressing the unmet needs of one priority population, SEDHD's VetSET program is collaborating with all five County Veteran Service Officers to host veteran town hall meetings to each county.

Once all town hall meetings have been completed, SEDHD will create a summary report that will be used to inform a workgroup comprised of veterans, VSOs, and key community stakeholders. The workgroup will be tasked with creating an action plan that will direct veteran-supportive activities, programming, and networking opportunities to improve the quality of life for veterans and

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their families in the district. SEDHD will take the lead in developing the action plan and collaborating with local organizations to implement strategies across the district to support the health and wellbeing of veterans and their families.

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).

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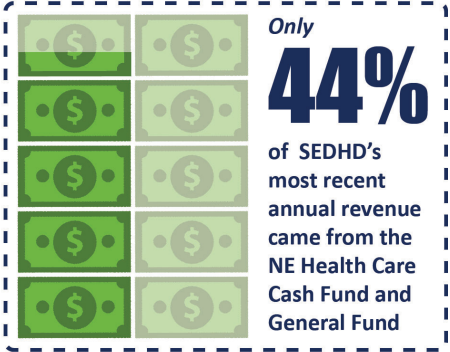
Assessment: Collect and analyze information about health problems in Nebraska communities.



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

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The CHA/CHIP process ensures that local communities are able to work together toward a Good, Healthy Life for all Nebraskans.

CURRENT CHIP PRIORITIES:



Behavioral and Mental Health



Preventative Care and Screenings



Social Determinants of Health

ACCESS TO AND LINKAGE TO CLINICAL CARE

Access to and Linkage to Clinical Care includes (but is not limited to) coordination of services between medical providers and providers of health-related social needs, oral health/dental services, and behavioral/mental health.



The Southeast District Health Department (SEDHD) participates in several access-to-care activities within the district. The department's Health Hub program screens for breast, cervical, and other cancers and navigates higher-risk clients to the appropriate health care provider. The Brighter Smiles program provides dental care for adolescents who might otherwise lack preventative care and face barriers in accessing oral health care. Additionally, SEDHD community health workers (CHWs) navigate and link community members to health care—scheduling routine preventative screenings with their primary care physician.

CHRONIC DISEASE CONTROL AND PREVENTION

Chronic Disease Control and Prevention includes (but is not limited to) asthma, cancer, cardiovascular disease, diabetes, obesity, tobacco control, and worksite wellness.



SEDHD collects and monitors chronic disease-related data from primary and secondary sources. These data are included in the department's Community Health Assessment (CHA), which provides a deeper understanding of the community's health and informs the Community Health Improvement Plan (CHIP). SEDHD conducts health screenings for community members at health fairs and engages businesses and worksites in sustainable wellness activities (including: health screenings, evidence-based wellness programs, and policy changes). SEDHD staff provides education related to diabetes and blood pressure monitoring, and healthy eating and weight status. SEDHD also assists with breast, cervical, and colon cancer screenings. SEDHD is currently working with local health care partners to refer community members to primary care providers to prevent and improve management of chronic diseases.

COMMUNICABLE DISEASE CONTROL AND PREVENTION

Communicable Disease Control and Prevention includes (but is not limited to) 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's disease surveillance and public health emergency preparedness programs collect and analyze data to monitor disease incidence across the district's five-county region. Data are shared with various community partners (schools, health care, etc.) to inform on disease incidence trends and to educate on best practices related to infectious disease prevention. SEDHD provides immunizations for children and adults to prevent vaccine-preventable diseases and links community members to other health care services when applicable.

ENVIRONMENTAL HEALTH

Environmental Health includes (but is not limited to) radon, lead, emergency response, hazardous substances and sites, and Complete Streets initiatives.



SEDHD's radon program provides families with kits to test their homes, provides public education, and assists families in identifying risks and mitigation strategies. Like the radon program, the department's lead program also provides education and assists families in reducing childhood lead exposure. SEDHD's emergency preparedness programs assess to identify gaps in planning for emergencies; plan and implement exercises to coordinate and practice emergency efforts; align policies and procedures to promote cooperative response across the region; and provide a platform for collaboration between response agencies, emergency management, public health, and health care organizations to advance emergency preparedness across the district.

INJURY PREVENTION

Injury Prevention includes (but is not limited to) motor vehicle injuries, occupational injuries, senior fall prevention, substance abuse, car seat safety, binge drinking, and distracted driving.



SEDHD conducts car seat checks and installations as a part of the department's Safe Kids Coalition. SEDHD's Growing Great Kids program performs home safety visits and provides childproofing supplies to families. The Southeast District Prevention Partnership, spearheaded by SEDHD, provides evidence-based substance use prevention and intervention curriculum to schools within the district.



MATERNAL AND CHILD HEALTH

Maternal and Child Health includes (but is not limited to) Women, Infant, and Children (WIC), family planning, newborn screening, evidence-based home visitation, Early Preventative Screening, Diagnosis, and Treatment (EPSDT).



SEDHD's Growing Great Kids program collects developmental screenings data by way of the Behavioral Risk Factor Surveillance System (BRFSS) and other sources and disseminates this information to inform the community on maternal, child, and family health-related issues across the district. For children and families who present with a developmental delay, SEDHD refers to the Early Development Network. SEDHD supports family planning efforts through implementation of curriculum for family planning in schools and provides referrals to primary care.



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

The Southeast District Prevention Partnerships, a prevention coalition led by SEDHD, spent the last fiscal year building the infrastructure for a five-county, multi-sector prevention coalition focusing on reducing youth substance use and risky behavior, suicide prevention, and the promotion of mental health awareness. The primary goal of this past year has been to develop a strategic plan and build coalition capacity within the district.

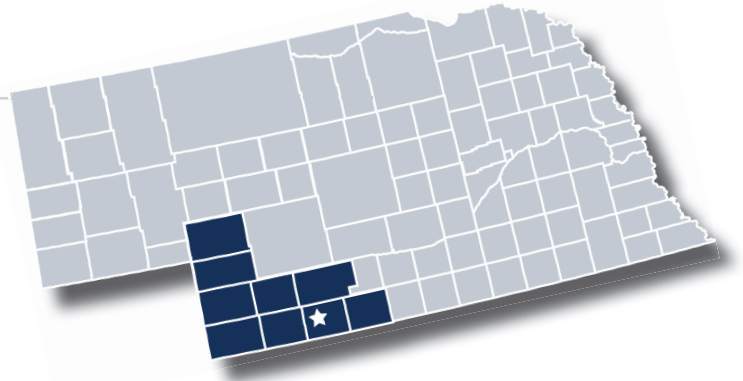
The coalition has successfully engaged multiple sectors of the community in regular coalition meetings. Sectors that are actively engaged include: schools, hospitals, community-based organizations, local businesses, behavioral health, and (most recently) youth. There are approximately 90 members of the coalition, of which more than 25% are consistently present and active within the coalition work.

Activities of the coalition have been well-received and have grown over the past year. Examples include: providing Wellness Recovery Action Plan (WRAP) groups for a youth group, enrolling four middle/high schools and one state college in the 3rd Millennium Classrooms curriculum, providing Second Step (a social-emotional learning program) materials to seven school districts (pre-K to grade 8), engaging six middle/high schools in implementing Hope Squads (a peer-to-peer suicide prevention program), and creating a monthly, themed, community-wide prevention campaign toolkit to disseminate through the schools and within the community. The prevention campaign toolkit is set up to be used by schools and anyone in the community. The toolkit contains posters, flyers, social media/website graphics, and newsletter/text content. It is categorized by month and audience; each month is reflective of national health observances (i.e. May is Mental Health Awareness Month) with the content for schools targeting youth/students, whereas the content for the community targets parents/adults. Schools and community partners will receive print copies of posters and flyers, along with electronic copies so that posters/flyers can be reprinted if needed.



Southwest Nebraska Public Health Department

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



Spotlight: Preventing Tobacco Use



Some examples are:

- Coalition members shared a template that was used to create baby bibs with the message “Tender Lungs at Work. Thank you for not smoking.” SWNPHD shared these bibs with six hospitals to include in gift packages for parents of newborns.
- SWNPHD completed a Tobacco Advertising Audit at selected tobacco outlets within the nine-county health district. Stores were surveyed for location of tobacco advertising, types of products sold, warning signs displayed, prices and promotions, etc. Several stores were found to be out of compliance with advertising regulations, with tobacco products near candy or youth items and advertising displays at child level. These regulations are meant to protect youth and prevent tobacco outlets from recruiting youth as new tobacco users.

Southwest Nebraska Public Health Department’s (SWNPHD) Community Health Improvement Plan (CHIP) identified cancer as a priority concern. Many cancers are related to tobacco use, such as lung, mouth, and pancreatic cancers. SWNPHD has higher rates of tobacco use than the state average: 17.6% of adults smoke and 11.1% use smokeless tobacco. As part of efforts to reduce cancers linked to tobacco use, in 2018 SWNPHD joined the Tobacco Free Lincoln County Coalition sponsored by Community Connections of North Platte. Participation in the coalition provides support for SWNPHD tobacco programs and ideas for outreach and program implementation.

The rates of youth who use e-cigarettes has increased at an alarming rate in the last five years. The developing brains of children and teens are seriously affected by the nicotine in tobacco products, including e-cigarettes and vaping products. SWNPHD sent information about e-cigarettes to all schools in

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the health district to make teachers and administrators aware of what to look for and how these products affect their students, allowing them to create well-informed policies to protect their students.

SWNPHD’s CHIP identified cancer as a priority concern. Many cancers are related to tobacco use.

As another means of protecting youth from tobacco, SWNPHD has supported legislation to increase the tobacco tax in Nebraska. SWNPHD participates in the review of legislative bills, educates members of the legislature on the dangers of youth tobacco use, and shares the strong evidence that tobacco price increases (of at least \$1.50 per pack) decrease the number of new, youth tobacco users and encourage current smokers to quit.

Looking forward, SWNPHD’s work with the Tobacco Free Coalition will continue to grow and benefit southwest Nebraska.

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).

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**:



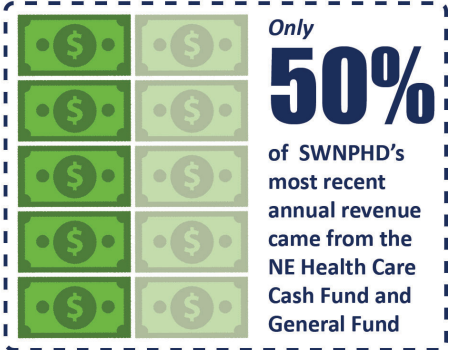
Assessment: Collect and analyze information about health problems in Nebraska communities.



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 3-6 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 complicated 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.

CURRENT CHIP PRIORITIES:



Cancer



Heart Disease

ACCESS TO AND LINKAGE TO CLINICAL CARE

Access to and Linkage to Clinical Care includes (but is not limited to) coordination of services between medical providers and providers of health-related social needs, oral health/dental services, and behavioral/mental health.



Three Southwest Nebraska Public Health Department (SWNPHD) counties are categorized as frontier counties with no primary care available and the remaining six 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

Chronic Disease Control and Prevention includes (but is not limited to) 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. This year staff were trained to teach “Living Well with Chronic Diseases.” Health fair lab draw prices 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

Communicable Disease Control and Prevention includes (but is not limited to) 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 worked 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. SWNPHD provided 56 flu clinics. Of these, 35 were planned outreach clinics in communities with limited medical services. Twenty-one (21) clinics were added in response to flu season, to increase the percentage of residents getting an annual flu shot.

ENVIRONMENTAL HEALTH

Environmental Health includes (but is not limited to) 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

Injury Prevention includes (but is not limited to) 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 five Question, Persuade, and Refer (QPR) trainings in the communities of Ogallala, Trenton and Cambridge, Nebraska. QPR teaches community members how to recognize and intervene to keep a suicidal person safe and how to question, persuade, and refer someone to help before they injure themselves.

MATERNAL AND CHILD HEALTH

Maternal and Child Health includes (but is not limited to) 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 and makes and receives referrals from these partners. SWNPHD regularly makes referrals to local WIC and family planning clinics.

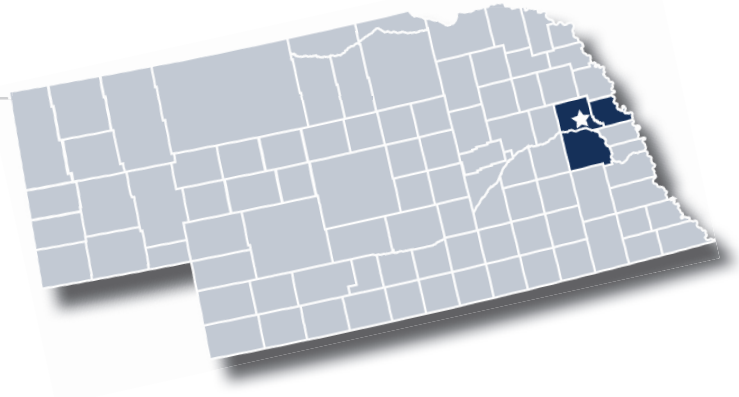
Additional public health activities that Southwest Nebraska Public Health Department performs to assure that the health and wellbeing of Nebraskans are protected and improved.

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 (NKFND) 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. Over 600 students, teachers, and volunteers participated in the most recent event.

Three Rivers Public Health Department

Serving Dodge, Washington, and Saunders Counties



Spotlight: Activating Youth as Health Leaders



In spring of 2018, Three Rivers Public Health Department (3RPHD) created its first Youth Action Committee (YAC) comprised of seven youth from Fremont High School. After extensive conversations with YAC, it was clear there were numerous barriers to access services at the 3RPHD clinic for these youth and their peers. One barrier was adolescents' lack of knowledge about sexual health and family planning services offered by 3RPHD (including the free and confidential sexually transmitted infection [STI] testing).

In effort to improve the knowledge and utilization of sexual health and family planning services, the Youth Action Committee (YAC) planned and hosted events and classes in the community.

Another barrier for youth accessing sexual health and family planning services was lack of trust in the confidentiality and anonymity of testing and services. Youth were afraid that parents would find out

if and when they accessed services despite the required confidentiality practices 3RPHD employs. 3RPHD efforts showed that youth did not know where to go to receive sexual health information. The YAC provided the insight that their peers seemed to lack knowledge of where to find accurate information about sexual health topics.

In an effort to improve the knowledge and utilization of sexual health and family planning services, the YAC planned and hosted events and classes in the community. They assisted 3RPHD's sexual health educator with writing grant proposals and securing funding to achieve goals such as creating a youth-only waiting room, hosting Parking Lot Parties to promote STI testing and facilitating classes to provide basic sexual health education. They held two Parking Lot Parties which were attended by nearly 80 youth and have plans to host more events in the future. They assisted with planning and co-facilitating sexual health education classes that cover topics relevant to youth such as STI, pregnancy prevention and family planning services. These

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classes were attended by 40 youth over two months, and the YAC plans to facilitate more classes throughout the upcoming school year. The YAC recruited five new youth for a total of 12 members. The newly recruited youth will go through training so they can promote clinic services and comprehensive, medically accurate sexual health education.

Since YAC's creation, the 3RPHD clinic has seen an increase of nearly 100 youth, aged 24 and under, seeking services. With the tools and education provided at the clinic and in the community, the YAC members met youth where they were. The YAC successfully equipped youth with the education needed to reduce high numbers of youth who have STIs and unplanned pregnancies within our health jurisdiction.

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**:



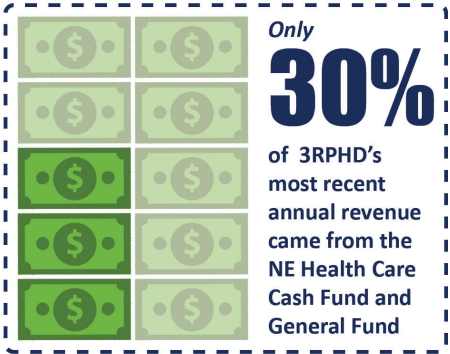
Assessment: Collect and analyze information about health problems in Nebraska communities.



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)

Every 3-6 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 complicated 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.

CURRENT CHIP PRIORITIES:



Mental Health



Reduce teen pregnancy.
(Specific to Dodge County)



Access to Health/Well-being
(Knowledge, Awareness, etc.)

ACCESS TO AND LINKAGE TO CLINICAL CARE

Access to and Linkage to Clinical Care includes (but is not limited to) coordination of services between medical providers and providers of health-related social needs, oral health/dental services, and behavioral/mental health.



Three Rivers Public Health Department (3RPHD) gathers and analyzes data during the CHA process to determine gaps in our area. One gap identified is mammography services, especially for women who are uninsured and do not qualify for the state's Every Woman Matters program. Due to the need for mammography services, we collaborate with local hospitals, Good Neighbor Clinic, and other agencies to provide screening services. We provide follow-ups to women who needed diagnostic mammograms and ultrasound to link them to services.



CHRONIC DISEASE CONTROL AND PREVENTION

Chronic Disease Control and Prevention includes (but is not limited to) asthma, cancer, cardiovascular disease, diabetes, obesity, tobacco control, and worksite wellness.



In the 3RPHD district, there is a higher-than-average percentage of diagnosed diabetes among minorities. 3RPHD applied for and received funding to develop a diabetes prevention program for minority individuals in Dodge County. Three Rivers partnered with Methodist Fremont Health, Good Neighbor Clinic, and UNL Extension in Dodge County to refer individuals to the program and to provide education about pre-diabetes. Seven out of 15 individuals have successfully completed the program as of June 2019.

COMMUNICABLE DISEASE CONTROL AND PREVENTION

Communicable Disease Control and Prevention includes (but is not limited to) 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 May of 2019, 3RPHD identified two cases of pertussis (whooping cough) at a middle school through monitoring and analysis of lab reports through the National Electronic Disease Surveillance System (NEDSS). 3RPHD worked with the school to recommend strategies for mitigation, including to provide information and education to all parents at the school. Through partnership with the school, 3RPHD was able to reach all members of the school population and reduce further spread of the illness.

ENVIRONMENTAL HEALTH

Environmental Health includes (but is not limited to) radon, lead, emergency response, hazardous substances and sites, and Complete Streets initiatives.



3RPHD provided private well testing kits to residents of Dodge, Saunders, and Washington counties following the 2019 flooding in these counties. Of all wells tested, 30% to 50% received positive results for contamination of bacteria. The 3RPHD website provided access to information on environmental health issues, including Nebraska regulations, answers to frequently asked questions (FAQs), and a reporting form. 3RPHD collaborated with the Dodge County Emergency Manager and with Nebraska and federal emergency management agencies to facilitate a Multi-Agency Resource Center (MARC) to provide education on a number of flood safety issues and mold cleanup. 3RPHD provided cleanup kits to flood victims through the MARC and Nebraska Strong. 3RPHD also takes an active role in the Greater Dodge County Long Term Recovery Group (GDC LTRG) where 3RPHD's Emergency Response Coordinator (ERC) serves as Secretary and Leader.



INJURY PREVENTION

Injury Prevention includes (but is not limited to) motor vehicle injuries, occupational injuries, senior fall prevention, substance abuse, car seat safety, binge drinking, and distracted driving.



3RPHD leads a Safe Kids Coalition in which child passenger safety is the main area of focus. In July of 2018, 3RPHD was fortunate to be awarded a grant through Buckle Up for Life (BUFL) which allowed for the purchase of car seats, educational outreach materials, and a curriculum to educate parents, teens, and children about safe driving. 3RPHD collaborated with local organizations to provide needed car seat education to parents and families as well as car seats to those in need, free of charge.

MATERNAL AND CHILD HEALTH

Maternal and Child Health includes (but is not limited to) Women, Infant, and Children (WIC), family planning, newborn screening, evidence-based home visitation, Early Preventative Screening, Diagnosis, and Treatment (EPSDT).



3RPHD continues to operate a Title X clinic offering family planning services in our three-county service area. Services include contraceptive options, sexually transmitted infection (STI) and pregnancy testing, annual exams, and clinical breast exams. In addition, 3RPHD has used data from the last Community Health Assessment (CHA), to drive educational classes in the community. Due to the area's high rates of teen pregnancy and of STIs among youth, 3RPHD's Youth Action Committee (YAC) has been offering events and educational classes in the community to engage other youth. Our YAC offers peer-to-peer education to address the deficits of youth on sexual health topics.

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

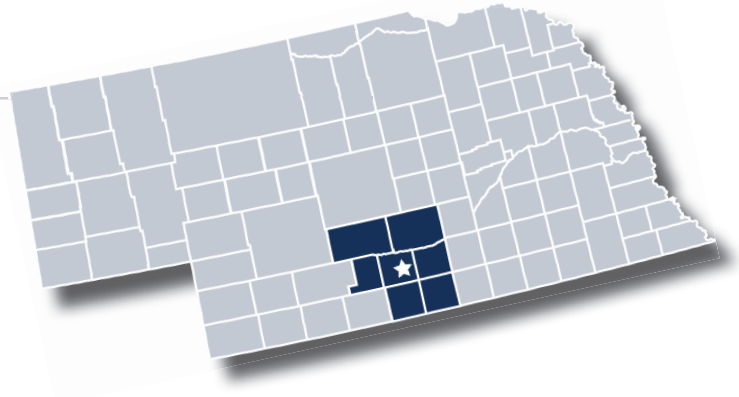
On March 14, 2019, the Emergency Response Coordinator (ERC) at 3RPHD was activated by the Dodge County Emergency Manager (EM), to assist with the flood response. The ERC assisted with shelter establishment and volunteer and donation organization, along with United Way and Salvation Army. 3RPHD's Epi Surveillance officer arrived at the Emergency Operations Center (EOC) on March 15, 2019 and began contacting long-term care facilities to assess needs and/or available space for evacuees. The ERC received a request for a bariatric chair at the community shelter. This item was procured and delivered to the shelter. Mobilization of clinic staff for tetanus clinics in 3RPHD's jurisdiction began on March 19, 2019 and continued until March 25, 2019. During clinic response, 486 Tdap shots were dispensed. Between March 18, 2019 and April 5, 2019, 370 Tdap and 45 tetanus vaccines were given to walk-ins at 3RPHD.

3RPHD staff manned a table at the Multi-Agency Resource Center (MARC). Resources were handed out to consumers addressing mold, water testing, food and water safety, etc. Information and questions were answered regarding clean-up, tetanus shot availability, and water testing opportunities. The Environmental Protection Agency (EPA) water testing trucks made three visits, two located at 3RPHD and one in Ashland, NE. A total of 100 water testing kits were handed out to consumers through 3RPHD and more than 120 private wells were tested through DHHS/EPA. More than 250 medical kits were provided to residents.

There is a need for public health to engage community members in Community Health Needs Assessments (CHIPs), incident command training, public information, and injury prevention efforts increase collaboration across community partners. This will make for a robust emergency response plan and will benefit day-to-day public health and productivity.

Two Rivers Public Health Department

*Serving Buffalo, Dawson, Franklin, Gosper,
Harlan, Kearney, and Phelps Counties*



Spotlight: Responding to the 2019 Floods



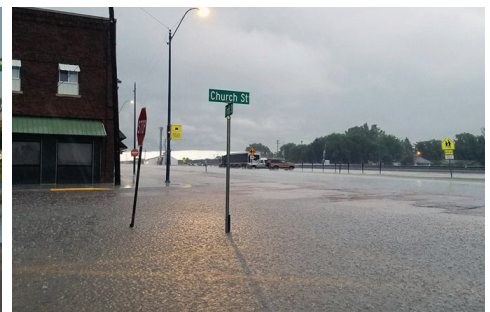
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Two Rivers was able to coordinate the delivery of aid and assistance to impacted sites.

The Two Rivers Public Health Department (Two Rivers) jurisdiction was impacted during the state-wide flooding event in March. Two Rivers was quick to communicate with Emergency Managers across our jurisdiction, which helped to provide timely alerts and advice to individuals in the jurisdiction. Two Rivers was also instrumental in activating local Community Organizations Active

in Disasters (COAD), which is a collaboration of organizations that provides disaster-related resources.

Two Rivers was able to coordinate the delivery of aid and assistance to impacted sites. This leadership helped to increase communication across all agencies involved in the response, and ensure efforts were not duplicated.



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).

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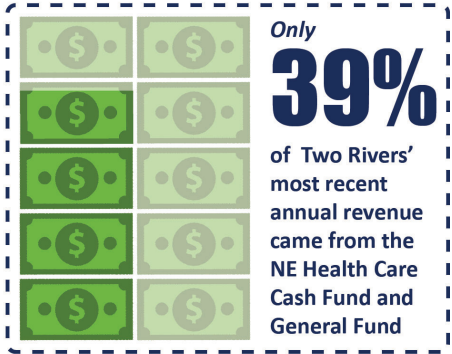
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Policy Development: Work with partners to apply data, educate the public, and develop programs and policies—all to address and prevent illness, disease and disability.



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

Every 3-6 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 complicated 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.

CURRENT CHIP PRIORITIES:



Access to Care



Lifestyle Choices and Personal Accountability



Environmental Issues



Sustainability



Mental/Behavioral Health



Socio-Economic Issues



Effective Education/
Public Relations

ACCESS TO AND LINKAGE TO CLINICAL CARE

Access to and Linkage to Clinical Care includes (but is not limited to) coordination of services between medical providers and providers of health-related social needs, oral health/dental services, and behavioral/mental health.



Two Rivers Public Health Department (Two Rivers) offers preventative dental services through the Lifesmiles Dental Program. A key component of the dental program is connecting participants to a dental home. This helps to reduce barriers to care associated with dental needs. The program also increases access to preventative services such as routine fluoride treatments and oral health education. Two Rivers is fortunate to partner with many great dentists and clinicians in the district, however the current fee structure in Nebraska is not conducive for many dentists to accept new Medicaid patients in their clinics.

CHRONIC DISEASE CONTROL AND PREVENTION

Chronic Disease Control and Prevention includes (but is not limited to) asthma, cancer, cardiovascular disease, diabetes, obesity, tobacco control, and worksite wellness.



Two Rivers worked with Move Kearney, a local transportation advocacy network, to promote the adoption of a Complete Streets Policy. This effort aims to increase walking and biking in Kearney by promoting safe and accessible transportation infrastructure. With the support of Two Rivers, Move Kearney has made connections in the city of Kearney to help drive the work forward.

COMMUNICABLE DISEASE CONTROL AND PREVENTION

Communicable Disease Control and Prevention includes (but is not limited to) 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).



A core function of Two Rivers is to continuously monitor the population for potential disease outbreaks. Two Rivers has a Community Health Nurse who serves in this role. Every day, Two Rivers monitors for potential disease clusters and outbreaks, and works to prevent outbreaks by offering health education. Two Rivers presented at the Nebraska School Health Conference and educated school nurses on the importance of the influenza vaccine. School nurses report influenza and other outbreaks to the disease investigator, allowing Two Rivers to monitor trends and support schools during an outbreak. Two Rivers responded to a vibrio cholera cluster in the summer of 2018. By coordinating with state and local entities, Two Rivers was able to provide timely resources for the impacted site and avoid the spread of this disease.

ENVIRONMENTAL HEALTH

Environmental Health includes (but is not limited to) radon, lead, emergency response, hazardous substances and sites, and Complete Streets initiatives.



During a flooding event which impacted the health jurisdiction in March, Two Rivers worked to provide impacted community members with education on safe water and on well and septic contamination. Two Rivers responded to two flooding events in March and July that continue to impact the jurisdiction. During the floods and in the immediate aftermath, Two Rivers communicated with Emergency Managers to help create press releases and convened local the Community Organizations Actionable in Disasters (COAD) to help coordinate resources to individuals in need.



INJURY PREVENTION

Injury Prevention includes (but is not limited to) motor vehicle injuries, occupational injuries, senior fall prevention, substance abuse, car seat safety, binge drinking, and distracted driving.



Two Rivers monitors cases of carbon monoxide poisoning, which stem from accidental and intentional injuries. This enables Two Rivers to identify any potential trends in our jurisdiction, and create effective campaigns aimed at injury prevention. Two Rivers' community health worker (CHW) provided education on car seat safety to participants of the Lifesmiles Dental Program. As a trained car seat technician, the CHW is able to assist and provide education to safeguard the safety of children traveling in motor vehicles.



MATERNAL AND CHILD HEALTH

Maternal and Child Health includes (but is not limited to) Women, Infant, and Children (WIC), family planning, newborn screening, evidence-based home visitation, Early Preventative Screening, Diagnosis, and Treatment (EPSDT).



The Two Rivers Community Health Nurse monitors cases of lead poisoning among children. Once a child is identified as having elevated blood lead levels, the nurse ensures that education is provided to the parents and encourages continued monitoring of the blood lead level.

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

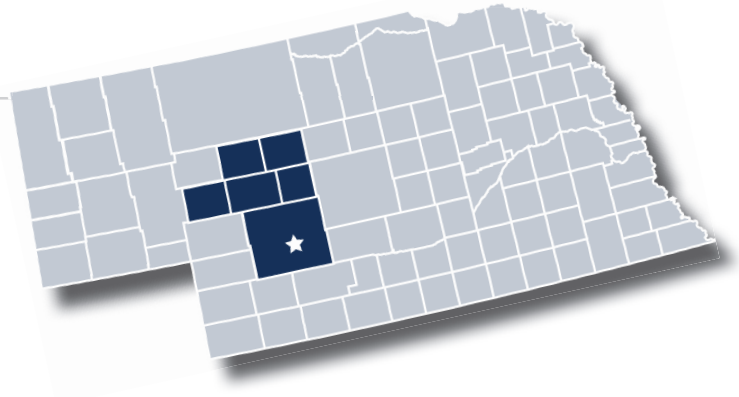
Two Rivers is part of a pilot project called Countering Violent Extremism in partnership with UNL Public Policy Center and Nebraska Emergency Management Agency. This pilot project aims to reduce barriers in reporting potential violence, and ensures community members feel comfortable in relaying signs of violence to authorities. The program was implemented in Lexington and Kearney, where two threat intervention teams formed to provide preventative resources to individuals considering violence as an option. This nationally innovative model of violence prevention using the public health framework has quickly proven effective in addressing several cases brought before the community threat assessment teams. These included instances of domestic assault and road rage.

For more information about *Two Rivers Public Health Department*
please visit: www.trphd.org



West Central District Health Department

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



Spotlight: Improving Oral Health



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School District included dental access in their strategic plan by partnering with WCDHD to offer services at all schools in the North Platte School District.

Many schools within the WCDHD jurisdiction participated in the 2018-2019 Tooth Tour. The Tooth Tour mobile unit provides outreach dental services in schools. The services are offered during school hours to limit time out of class for kids and time off from work for parents. Approximately 90 students received cleaning, fluoride treatments, sealants and/or other treatments depending on the student's needs. Outcomes included 50% (43/86) students were identified as needing follow-up dental care, 100% of participating students received fluoride treatments, and 88 sealants were given to 28 students. Five students were referred to a dental specialist

According to the Rural Health Advisory Commission and the Nebraska DHHS Office of Rural Health State, five out of six counties in the West Central District Health Department (WCDHD) jurisdiction are dental shortage areas. Lincoln County was not designated; however, most dentists in this county do not accept Medicaid, leaving many residents without dental care.

38,000, across seven counties, WCDHD is one of the only Medicaid dental health providers in our area.

WCDHD provided Public Health Dental Hygiene services, including cleanings, fluoride varnish, sealants, and silver diamine fluoride placement, for 2,681 patients.

In 2016, 60% of adults in the WCDHD district reported having had their teeth cleaned by a dentist or dental hygienist in the past year, which is lower than the state rate of 67.4%. In 2018, WCDHD provided Public Health Dental Hygiene services, including cleanings, fluoride varnish, sealants, and silver diamine fluoride placement, for 2,681 patients. Serving a population of greater than

WCDHD strives to bridge the gap between oral health care and those who need vital services. Sharing concern about the critical dental issues within our district, the North Platte



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**:



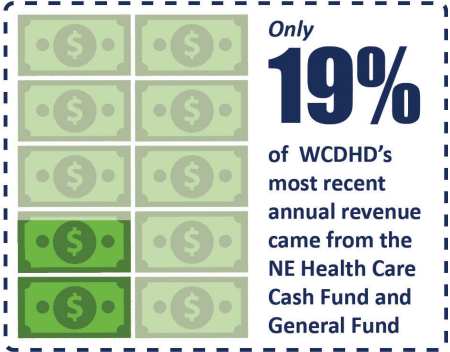
Assessment: Collect and analyze information about health problems in Nebraska communities.



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)

Every 3-6 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 complicated 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.

CURRENT CHIP PRIORITIES:



Community Ownership
Leads to collaboration and engagement to protect and promote health and well-being.



Affordable/Equitable Access to Care/Services
Quality healthcare and equitable opportunities are accessible, affordable and provided for all to develop and live life to the fullest potential.



Healthy Lifestyles and Well-being
Utilizing partnerships and education in an approach to seek health solutions for all ages and make available recreational and education resources to promote a healthy lifestyle.

ACCESS TO AND LINKAGE TO CLINICAL CARE

Access to and Linkage to Clinical Care includes (but is not limited to) coordination of services between medical providers and providers of health-related social needs, oral health/dental services, and behavioral/mental health.



Lincoln County was identified as high-risk due to the rates of late-stage breast cancer (60.1 per 100,000) and death due to breast cancer (28.2 per 100,000). Only 38% in the district of women aged 65-74 get mammography screenings. To address these breast cancer rates and improve access to preventative screenings, West Central District Health Department (WCDHD) educated 147 women on breast health and (with Komen funding) held two clinical breast exam clinics, screening 62 women. All participants 40 and older were referred to the imaging center for mammography. The imaging center provided 48 mammograms and nine ultrasounds. Funding was applied toward six biopsies.



CHRONIC DISEASE CONTROL AND PREVENTION

Chronic Disease Control and Prevention includes (but is not limited to) asthma, cancer, cardiovascular disease, diabetes, obesity, tobacco control, and worksite wellness.



Chronic disease-related concerns in WCDHD include a 6.7% diabetes rate (two times higher in the Hispanic population) and 64% overweight/obese rate (72.2% in the Hispanic population). In the district, 3,973 people are without health insurance, 10.6% of adults have no medical home and 11.4% of adults delayed or avoided health care due to cost. To address these health care needs, WCDHD applied for funding to establish a Federally Qualified Health Center (FQHC) in the district. As of August 2019, the application is still pending. Through Nebraska DHHS Minority Health funding, WCDHD implements the “Road to Health” workshops. This is an evidence-based program offering group education and resources around nutrition and physical activity. Results included: 34% of participants reduced their Body Mass Index (BMI), 29% lowered blood pressure, and 100% increased knowledge.



COMMUNICABLE DISEASE CONTROL AND PREVENTION

Communicable Disease Control and Prevention includes (but is not limited to) 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 monitors and investigates all communicable diseases within the district. There were 109 cases of reportable diseases last year, of which 11 were confirmed Influenza A cases at six long-term care facilities (LTCF). Of these cases, two resulted in confirmed Influenza A deaths. WCDHD revised policies and protocols for disease investigations and immunizations to ensure the safety of both the patient and the providers. WCDHD served approximately 2000 clients and provided over 4000 vaccines. Seventy percent of the primary care and adolescent offices within the district refer their clients to West Central District Health Department for vaccinations. WCDHD assisted 27 schools by monitoring reported illnesses and providing resources to prevent disease spread.



ENVIRONMENTAL HEALTH

Environmental Health includes (but is not limited to) radon, lead, emergency response, hazardous substances and sites, and Complete Streets initiatives.



WCDHD works to increase awareness about risks and mitigation of radon by distributing radon test kits. WCDHD monitors radon test kit results and provides over 3,000 educational pamphlets to homes in the six-county jurisdiction with the aid of the local light and water company. In collaboration with partners, WCDHD educates the community about environmental health issues. WCDHD provides education on sun safety and West Nile Virus and distributes mosquito wipes at various events.



INJURY PREVENTION

Injury Prevention includes (but is not limited to) motor vehicle injuries, occupational injuries, senior fall prevention, substance abuse, car seat safety, binge drinking, and distracted driving.



WCDHD staff are active members in the local youth substance abuse prevention coalition. Community perceptions around youth, alcohol, and drugs are collected and used to determine environmental strategies that will reduce unhealthy behavior. WCDHD staff work with partners to identify the areas of highest opioid incidence in our jurisdiction. WCDHD and partners work to identify strategies to decrease the “unspecified” drug overdose rates within the jurisdiction to better understand the scope of local issues with opioids and other drugs. WCDHD works with key stakeholders to apply data, educate the public, and develop programs and policies addressing and preventing illness, disease and disability.



MATERNAL AND CHILD HEALTH

Maternal and Child Health includes (but is not limited to) Women, Infant, and Children (WIC), family planning, newborn screening, evidence-based home visitation, Early Preventative Screening, Diagnosis, and Treatment (EPSDT).



The WCDHD district has a higher rate of low birth weight babies compared to the state rate of 7.1, with Hooker County at 10.0 and Lincoln County at 7.6. Nebraska has a childhood (children aged 10-17) obesity rate of 15.5% for children aged 10-17 and 16.9% for children aged 2-4. As Chief Health Strategist, WCDHD convenes partners and uses data to determine evidence-based strategies to reduce childhood obesity and low weight babies. WCDHD linked over 40 eligible clients to People’s Family Health Services in North Platte, for services such as nutritional assistance and breastfeeding support.



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

WCDHD partners with the Nebraska Department of Health and Human Services' (DHHS) Medically Handicapped Children's Program to sponsor four craniofacial clinics per year. On average, the clinic serves from 40 to 50 children from central and western Nebraska per year. The multi-disciplinary team includes a registered nurse, a plastic surgeon, a pediatric geneticist, an orthodontist, a pedodontist, an otolaryngologist, a speech pathologist, a psychologist and a nutritionist.

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