

2012 Nebraska Health Care Funding Act Report

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

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

and

2) OUTCOMES ACHIEVED

December 13, 2012

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

December 13, 2012

Dave Heineman, Governor
State Capitol
Lincoln, NE 68509

Dear Governor Heineman:

In the 2001 Legislative Session, LB 692 was passed into law. An annual \$50 million endowment for health care programs was created from the principal and investment income of the tobacco settlement fund and the Medicaid intergovernmental transfer (IGT) fund. Currently this endowment has increased to \$56.4 million annually. The purpose of this endowment was to create an ongoing funding mechanism for health care in Nebraska.

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

The following report fulfills that statutory mandate. We appreciate the opportunity to share with the Governor and the Legislature the important work done as a result of LB 692. Please do not hesitate to contact me at 471-9433 if I can be of further help. Thank you.

Sincerely,



Kerry T. Winterer
Chief Executive Officer
Department of Health and Human Services

December 13, 2012

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

Dear Mr. O'Donnell:

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Kerry T. Winterer
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Department of Health and Human Services

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EXECUTIVE SUMMARY

LEGISLATIVE BACKGROUND:

LB 692 (2001)

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

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

LB 692 became effective May 17, 2001.

LB 412 (2003)

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

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

LB 407 (2003)

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

LB 321 (2007):

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

LB 482A (2007):

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

2012 Funding

As amended by LB 412 (2003), LB 407 (2003), LB 321 (2007), LB 482A (2007), and LB 315 (2009), the 2012 funding for “LB 692 purposes” was appropriated as follows:

Administration (Public Health, Respite, Compulsive Gambling)	\$475,331
Public Health (Administration)	\$320,000
Juvenile Services Operation	\$1,000,000
Behavioral Health Mental Health and Substance Abuse	\$10,824,660
Public Assistance	\$3,544,444
Medicaid	\$5,215,896
Children’s Health Insurance	\$8,300,000
Developmental Disabilities	\$5,000,000
Local Public Health	\$8,280,000
Biomedical Research	\$14,000,000
Other Agencies	\$1,931,208
Transfer to Tobacco	\$3,000,000
Transfer to Stem Cell	\$500,000
Undistributed Adjusted	(\$3,291,539)
 Grand Total	 \$59,100,000

Additional Information

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

2012 LB 692 Report:
Table on Appropriations, Uses and Outcomes

**2012 LB 692 Report:
Table on Appropriations, Uses and Outcomes**

DHHS Divisions	Program	FY 12 Appropriations	Use Sections are from LB 315 (09) LB 374 (11)	Outcomes	Provider Rates
Division of Public Health	033 Administration Public Health	\$13,688	Sec 93 \$13,688 regulatory support for emergency medical technicians-intermediate and emergency medical technicians-paramedic licensing.	Used for paramedic and intermediate training reimbursement. A paramedic or intermediate would have to hold a Nebraska license and work with a Nebraska Licensed Service in order to be eligible for reimbursement.	
	Smoking Cessation	\$6,000	Sec 93 - \$6,000 cost related to implementation of smoking cessation.	Continued enhancements to Tobacco Free Nebraska toll free quitline.	
	Parkinson's Disease Registry	\$26,000	LB 93 (Parkinson's Disease Registry)	DHHS Office of Health Statistics uses these funds to collect, validate, and update the Parkinson's Disease Registry to monitor the incidence and mortality of Parkinson's Disease in Nebraska, a total of approximately 12,500 cases have been documented since the inception of the Registry.	
Division of Medicaid and Long-Term Care	Medicaid and Long-Term Care (respite)	\$404,643	Sec 93 Respite Care Program in service areas.	Information and referral support for caregivers with 6,100 calls to the Lifespan Respite Network. The Lifespan Respite Network currently has 782 agencies and individual providers recruited to provide respite service statewide. Education and training reached 2,553 caregivers, providers, and professionals. Refer to Report, Attachment A.	
Division of Behavioral Health	Behavioral Health-Compulsive Gambling	\$25,000	Sec 93 Compulsive Gambler's Assistance.	Providing support for the gambler's assistance program with program development, administration and evaluation of direct tax and educational services	
	Total Program 033	\$475,331			
Division of Public Health	179 Administration	\$100,000	Sec 98 \$100,000 each year for staffing and operating expenses.	Provide technical assistance to 18 local health departments to provide the 10 essential services.	
	Office of Health Disparities and Health Equity	\$220,000 (*\$110,000 for each office)	Sec 98 for operation a satellite office of minority health in the 2 nd and 3 rd congressional districts.	Congressional District 2 Satellite Office Health Program Manager and Community Health Educator (Omaha). Congressional District 3 Satellite Office Health Program Manager and Community Health Educator (Gering, Grand Island)	
	Total Program 179	\$320,000			
Division of Children & Family Services	250 Juvenile Service Operations	\$1,000,000 total YRTC-Kearney \$911,553	Sec 99 Mental Health services to juvenile offenders.	<u>YRTC-Kearney</u> <ul style="list-style-type: none"> Salaries/benefits for 4 Licensed Mental Health Practitioners, 1 Psychologist and 15 Youth Counselor I's 	

DHHS Divisions	Program	FY 12 Appropriations	Use Sections are from LB 315 (09) LB 374 (11)	Outcomes	Provider Rates
		YRTC-Geneva \$89,147		<ul style="list-style-type: none"> • <u>Sexual Trauma Program</u> 85 youth participated in individual therapy 750 hours were completed for individual youth therapy 854 consultations with youth by a psychiatrist, Dr. Susan Howard, who visits the facility 5 times per month; no sexual offender recidivism • <u>Mental Health Department</u> 427 Drug/Alcohol Classes 329 Chemical Dependency Groups 238 Chemical Dependency Assessments 157 Crisis/Intervention Referrals • <u>Youth Counselor I's and II's</u> 4,238 contacts with parents 5,949 contacts with Juvenile Service Officers/Family Permanency Specialists 13,964 individual counseling hours with youth 24 contacts with Guardians Ad Litem 19 contacts with Foster Care Review Board Staff 305 Family Team Meetings 2,314 Supervised Recreation Activities 120 Work Projects <p><u>YRTC-Geneva</u></p> <ul style="list-style-type: none"> • <u>Positions Paid-PSL/Benefits</u> 2 Licensed Mental Health Practitioners 2 Group Leaders – 1 at LaFlesche Cottage and 1 at Sacajawea Cottage • <u>Programs/Education</u> 1. LaFlesche high-risk mental health/behavior youth, special needs, trauma, green line review – average monthly count 15 – youth served 40 from (7/1/11 to 6/30/12); 2. Girls Circle/gender specific program – Special needs outcomes working toward release. Highlight – more individual specific programming, core group meetings, more individual/family counseling, more mental health focus/cognitive behavioral therapy in outcome strategies that include learning. Sharing with a goal of promoting change. 3. Sacajawea – Individual, group, family counseling – average youth monthly count of 18 – youth contacts 58 in individual counseling (7/1/11 to 6/30/12). 100+ with 	

DHHS Divisions	Program	FY 12 Appropriations	Use Sections are from LB 315 (09) LB 374 (11)	Outcomes	Provider Rates
				campus-wide contact, green line reviews, MHA, DBT and classification reports. Highlight – more individual specific programming, more group meetings, more individual/family counseling, more mental health focus/cognitive behavioral therapy in outcome strategies that include learning, sharing with a goal of promoting change.	
	Total Program 250	\$1,000,000			
Division of Behavioral Health	038 Mental Health and Substance Abuse	\$2,599,660	Sec 94 Behavioral Health providers.	Continued payment of rates to BH providers for treatment services	
	Total Program 038	\$6,500,000	Sec 94 to be distributed to SIT Regions based on a formula.	Continued services to consumers in communities (non-state hospital based)	
		\$1,500,000	Sec 94 to be distributed to SIT Regions based on a formula.	Crisis Center/hospitals reimbursed for days of service related to Emergency Protective Custody	
		\$225,000	Sec. 94 for compulsive gambling services.	Continued provision of problem gambling treatment services	
	Total Program 038	\$10,824,660			
Division of Children & Family Services	347 Public Assistance	\$2,734,444	Sec 101 Behavioral Health rate increase.	This is for rate increases that occurred when LB 692 was passed in 2001. This is just the continuation of funds.	
Division of Medicaid and Long-Term Care		\$810,000	Sec. 101 Aid in carrying out the NE Lifespan Respite Service payments to caregivers to purchase services.	Assistance for 744 individuals across the lifespan through the Respite Subsidy Program in SFY 11. The Respite Subsidy program received 360 new referrals in SFY 11. Refer to Report, Attachment A.	
	Total Program 347	\$3,544,444			
Division of Medicaid and Long-Term Care	348 Medical Assistance	\$4,765,896	Sec 102 Continuation of the behavioral health provider rate increase and behavior health provider rate increase for managed care, inpatient and residential treatment.	Continued provision of behavioral health for clients and participation of providers in the program	Maintain rate increase provided in original LB 692 funding.
	Smoking Cessation	\$450,000	Sec 102 - State Plan Amendment covering tobacco use cessation in compliance to Title XIX of federal Social Security Act smoking cessation.	Clients receive medication and up to four counseling sessions to support up to 2 quit attempts per year. The requirements under the Affordable Care Act for pregnant women are consistent with our current coverage and therefore would not be any increase in future spending. For FY 12, an average of 60 clients utilized 156 counseling sessions per month. An average of 198 prescriptions were filled monthly.	Code 99406-\$12.98~smoking & tobacco use cessation counseling visit; intermediate greater than 3 min, up to 10 min Code 99407-\$22.26~smoking

DHHS Divisions	Program	FY 12 Appropriations	Use Sections are from LB 315 (09) LB 374 (11)	Outcomes	Provider Rates
					and tobacco use cessation counseling visit; intensive, greater than 10 minutes
	Total Program 348	\$5,215,896			
Division of Medicaid and Long-Term Care	344 Child Health Insurance	\$8,300,000	Sec 100 State Aid.	The appropriation for the CHIP program is for state aid, i.e. for the provision of services in the CHIP program, and is used as the state match to earn Federal funds. It is not earmarked for any particular service in the CHIP program; however, the funds cannot be spent for administration costs, only for the provision of services.	
Division of Developmental Disabilities	424 Developmental Disability Act	\$5,000,000	Sec 106 State Aid/Services to Developmentally Disabled on waiting list.	Continued provision of developmental disability services to participants	
Division of Public Health	502 Local Public Health	\$5,405,000	Sec 107 Aid to local public health departments.	Provide the 3 core functions of public health, which include assessment, policy development, and assurance, and 10 essential services.	
		\$1,377,101 (\$28,101 GF + \$1,349,000 Cash)	Sec 107 to be equally distributed among federally qualified health centers serving a minority population greater than 75,000 inhabitants.	Charles Drew Health Center and One World Community Health Center provide primary health care to persons with limited resources.	
		\$ 1,557,713 (\$31,713 GF + \$1,526,000 Cash)	Sec 107 for minority health services to be distributed to counties having a minority population equal to or exceeding 5% of the total population in the 1 st and 3 rd congressional districts.	The Minority Health Initiative Grant Program encourages the development/enhancement of innovative health services for racial-ethnic minority populations in communities that lack or have barriers to essential health services. 17 projects were awarded funding for the 2011-2013 project period, covering 45 counties.	
	Total Program 502	\$8,580,000			
	623 Biomedical Research	\$14,000,000	Sec 105 Biomedical Research.		
Other Funds Not Appropriated		(\$112,824) (\$3,291,539) Undistributed Adjusted			
Total DHHS		\$53,668,792			
Other Agencies	Legislative Council	\$75,000	Sec 11 Legislative Council.		
	Attorney General	\$395,807	Sec. 38 Attorney General.		
	Department of Revenue	\$58,845 \$201,556	Sec 65 Department of Revenue. LB 590A (2011)		

DHHS Divisions	Program	FY 12 Appropriations	Use Sections are from LB 315 (09) LB 374 (11)	Outcomes	Provider Rates
	UNMC	\$200,000 \$1,000,000	UNMC-Poison Control LB 27. UNMC-Autism.		
Total Other Agencies		\$1,931,208			
Transfer to Stem Cell	Stem Cell Research Cash Fund	\$500,000	Stem Cell-LB 316 (2009)		
Transfer to Tobacco Prevention & Control Fund	DHHS/Public Health Division	\$3,000,000	Transfer to Tobacco Prevention & Control Fund.		
Total of Transfers		\$3,500,000			
Grand Total		\$59,100,000			

APPENDIX

ATTACHMENT A

RESPIRE PROGRAM ACROSS THE LIFESPAN OUTCOMES

December 2012

INTRODUCTION:

The Nebraska Department of Health and Human Services (DHHS) is responsible for administering the Nebraska Lifespan Respite Services Program in accordance with Neb.Rev.Stat. §§68-1520 through §§68-1528.

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

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

The Lifespan Respite Subsidy Program supports Respite Services, which provide short-term relief for primary caregivers from the demands of ongoing care for an individual with special needs. The Lifespan Respite Subsidy Program offers qualified families a maximum of \$125.00 per month to obtain respite services. The program is family focused and encourages each family to choose their own providers, decide how much to pay the providers per hour or per day, and set their own schedule based on the family's needs. This program is limited to those families who do not receive respite services from other governmental program.

The Lifespan Respite Network is a statewide system divided into six service areas. The Lifespan Respite Network provides outreach, marketing, recruitment of respite providers, information and referral services and training opportunities for caregivers and providers. DHHS provides a Lifespan Respite Network grant to one agency in each of the areas, which is responsible for providing the required network activities. The following agencies currently hold Lifespan

Respite Network grants:

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

The Lifespan Respite Network in each area is responsible for providing the following activities:

1. Recruiting respite providers
2. Offering training for providers, caregivers, and consumers
3. Providing information and referrals regarding respite resources and services
4. Marketing availability and need for respite
5. Matching families with appropriate respite providers and payment resources

LIFESPAN RESPITE SUBSIDY:

The Lifespan Respite Subsidy program is currently serving 541 individuals with special needs. Between July 1, 2011 and June 30, 2012, the Lifespan Respite Subsidy Program served 744 individuals and received 360 new referrals. Clients eligible for other programs providing respite services are referred to those appropriate programs.

The 744 individuals had one or more of the following special needs:

Special Need	Number Served
Developmental Disabilities	169
Alzheimer/Dementia	145
Behavior Disorders	127
Autism	90
Brain Injury	82
Heart Condition	39
Speech-Language Impairments	36
Orthopedic Impairments	33
Visual Impairments	29
Cerebral Palsy	29
Diabetes	25
Neurological Disabilities	24
Respiratory System Disorder	22
Cancer	21
Parkinson	18
Seizure Disorder	18
Arthritis	17
Kidney/Renal Failure	13
Hearing Impairments	12
Spinal Disorder/Injury	12
Other	41

NEBRASKA LIFESPAN RESPITE NETWORK

The Lifespan Respite Network currently has 782 individual and agency providers recruited to provide respite services for caregivers statewide. The Respite Network Coordinators regularly meet with Medicaid Service Coordinators from the Department of Health and Human Service, Developmental Disabilities, Area Agencies on Aging, Independent Living Centers, the Early Development Network and Medically Handicapped Children's Program to identify gaps and barriers and to recruit providers as needed.

Activities Supported

1) Training and Tools:

- a) The Lifespan Respite Network partners with local agencies in their communities to promote and provide training opportunities for caregivers and providers. Information is sent to providers and caregivers about training opportunities in their area. From July 1, 2011 through June 30, 2012, trainings and conferences promoted by the Lifespan Respite Network were attended by 2,553 providers and caregivers.
- b) Educational handbooks, in both English and Spanish, were provided to families/caregivers and providers after initial contact was made with the Respite Network Coordinators. The educational handbooks provided information on the following topics:
 - Philosophy of client choice, client direction and family centered services.
 - How to hire, train and provide ongoing supervision of care providers.
 - How to identify and report abuse and/or neglect.
 - The Nebraska Nurse Practice Act, particularly an understanding of the health maintenance activities a provider is allowed to conduct.
 - Administrative issues surrounding respite care (e.g., billing, available financial assistance, reporting changes of condition or need, fraud etc...).

2) Marketing:

Through marketing efforts, the Respite Network Coordinators have reached an estimated 225,000 individuals this past year. This was accomplished by:

- a) Public Service announcements on radio, television and newspaper
- b) Visits to community facilities such as child care, adult day care and assisted living facilities to continually recruit providers to ensure availability of respite for temporary or emergency respite situations.
- c) Social Networking sites, such as Facebook and Twitter, were developed and utilized to support additional outreach efforts.
- d) Presentations and informational booths were provided statewide to promote respite needs, recruit providers and educate families about respite services. The Lifespan Respite Network Coordinators have participated in Husker Harvest Days, County Fairs, Health Fairs, Community Events, and Conferences such as:
 - University of Nebraska Kearney, Social Work Aging Conference
 - Nebraska Youth First Conference
 - Annual Early Development Network Conference
 - Autism Syndrome Disorder Conference
 - Farm and Ranch Expo
 - Western NE Early Childhood Trainings
 - Traumatic Brain Injury Conference
 - Caregiver Retreat at Mahoney State Park
 - Planning Region Local Team Meetings and the Summer Retreat in Kearney
 - Families Care Retreat
 - Hastings Day of Caring
 - State Lifespan Health Conference

3) Communication/Outreach:

- a) In state fiscal year 2012, the Respite Network received 6,100 calls from caregivers, individuals and agencies requesting assistance with finding providers and securing funding or expressing an interest in becoming a respite provider.
- b) The local Respite Network newsletters and other respite information were sent to over 6,400 caregivers, providers and interested programs. This information is provided on a continual basis.

Special Projects: The Nebraska Lifespan Respite Network Coordinators in partnership with each of their Advisory Committees have granted \$150,000 (\$25,000 goes to each of the six respite areas) to provide funding to expand or develop programs dedicated to the provision of respite services in each of their areas. These projects continue to enhance respite delivery services in each coverage area.

CENTRAL SERVICE AREA

The Central Service Area granted 8 organizations funds to expand or develop programs dedicated to the provision of respite services in their area. The following agencies were awarded the funds:

1. ARC of Buffalo County- Kearney, received \$7,000 provided respite to families through the Teens & Youth in Action programs, Kearney Inclusive Recreation Project, Adult Educational/ Instructional Programs, Sibshops, monthly KidZone, Family Fun Nights at YMCA, and summer picnic celebrations.
2. Custer Care Center-Broken Bow received \$1,170 to hold three respite events during the year and offered support groups to families in Grand Island and Kearney.
3. Families CARE-Kearney received \$3,000. Families CARE held four respite events during the year. The Respite events included a Parent's Day Out, a picnic, a pumpkin patch outing, and a movie night.
4. Hastings Respite Care-Hastings received \$3,100. Hastings Respite Care was funded to support the "Let's Take a Break Caregiver Night Out" Support Group five times during the year, the caregiver newsletter, and implementing an exchange of e-mail addresses among caregivers.
5. Webster Co. Senior Citizens Committee, Inc. received \$2,500. Webster County Senior Citizens Committee, Inc. transports people with special needs to the Senior Center for respite which included activities, lunch, sharing current events and family events to allow their caregivers a break.
6. The Autism Society of Nebraska-Grand Island Support Group received \$3,100. Respite care is offered to families of children with disabilities one Saturday morning per month at the Third City Christian Church in Grand Island. They expanded the program to include more families and communities outside of Grand Island and offer a family fun night. They continued to offer in home respite care for families.
7. ALS in the Heartland, Inc., Omaha received \$3,000 to sustain the respite voucher program with licensed home-health providers, offering emotional and physical relief to family caregivers.
8. YWCA of Adams County received \$1,330 to provide respite to special needs children enrolled in their after school program.
9. The remaining \$800 was used for Emergency Respite Services. These funds are utilized when other sources of funding cannot be secured.

EASTERN SERVICE AREA

The Eastern Service Area granted 8 organizations funds to expand or develop programs dedicated to the provision of respite services in their area. The following programs received funding:

1. Respite Grants to Community Partners: \$12,900:
 - Take Flight Farms to provide respite activities for youth with special needs and their siblings through their equine therapy program.
 - Clarkson College for Student Volunteers to provide respite days for parents.
 - ALS in the Heartland for Respite Days to provide respite to families caring for loved ones diagnosed with ALS.

- Yachad for creation of respite program for adults with DD that provides individual and group respite.
 - Pilgrim Baptist Church for a volunteer respite program pilot to provide respite to families that have a difficulty leaving their homes due to the care needs of their loved one.
 - Autism Camp at Children's Respite Care Center to provide respite to children with Autism.
 - Creation of Respite Days at an assisted living facility.
2. Scholarships for Family Caregivers to become providers, \$6,000. These funds supported recruitment and training of addition caregivers.
 3. Support for the caregiver retreat at Mahoney State Park in April 2012 in the amount of , \$6,100.

NORTHERN SERVICE AREA

The Northern Service Area granted the following 5 organizations funds to expand or develop programs dedicated to the provision of respite services in their area. The following programs received funding:

1. S.M.I.L.E. Inc., Madison received \$10,000. The funds allowed the organization to expand the equine and canine therapy for people of all ages with special needs or disabilities to new populations through scholarships and more qualified respite instructors.
2. Planning Region Team #29/Early Childhood, Norfolk received \$1,000 to connect family caregivers to respite providers at a family fun day. They created a Respite Provider directory for families with children who have special needs.
3. ALS in the Heartland, Inc. received \$7,940 to sustain the respite voucher program employing licensed home-health providers, offering emotional and physical relief to family caregivers.
4. Building Blocks For Community Enrichment received \$5,780.00. Building Blocks for Community Enrichment provides foster care services and respite services to families, used the funding to recruit respite care providers, offer respite days to families involved with DD services array. They offered two respite activities inviting respite providers and hosted two summer foster care/respite provider picnics in Norfolk and O'Neill.
5. Emergency Respite/Scholarship Funds in the amount of \$280 were used for emergency respite support.

SOUTHEAST SERVICE AREA

The Southeast Service Area granted 4 organizations funds to expand or develop programs dedicated to the provision of respite services in their area. The following programs received funding:

1. Otoe County received \$2,000 to expand their base by recruiting new volunteers, providing awareness of their organization through publicity. They serve adults in Otoe County 50 years of age or more and adult handicapped.
2. YWCA of Lincoln, Take a Break Program received \$7,000. Take a Break is a respite program that meets 2 times a month and serves at-risk families and families who have children with behavior or medical challenges. Payment is based on a sliding fee scale according to the family's income.
3. Aging Partners received \$1,000 to support the caregiver retreat at Mahoney State Park in April 2012.
4. The Nebraska State Stroke Association received \$3,000 used funds to provide the 2nd annual retreat and refresh Stroke Camp in Nebraska. This is a camping experience for stroke survivors and their caregivers.

5. Lincoln Parks and Recreation received \$9,000 to assist families of youth and adults who utilize adaptive recreation programs as a respite source but are unable to pay the program fees. The Developmental Play Group used funds to introduce a variety of additional community resources that would increase the participant's social and play development.
6. Alzheimer's Association received \$3,000 to support respite services to this population.

SOUTHWEST SERVICE AREA

The Southwest Service Area utilizes the special funds to increase the availability of respite services and caregiver support programs. The area goal is to provide opportunities throughout the Southwest Service Area for community members and organizations to develop and implement or expand current programs that provide respite services and caregiver support in the 18 county areas.

1. Kingdom Kids Christian Daycare in McCook received \$1,273 to purchase learning equipment to provide a stimulating individualized music center to better serve the children at her daycare.
2. Alzheimer's Night Out in McCook, received \$2,355 towards the Alzheimer's Support group to evenings of relaxation and meal to caregivers of family members with Alzheimer's.
3. Royal Kids Camp in Ogallala, received \$7,081 to support the respite program thru a camp for teaching children with a disability about camping.
4. Additional funds of \$14,291 provided 52 days of respite days, emergency funding for six families and scholarships for 58 families.

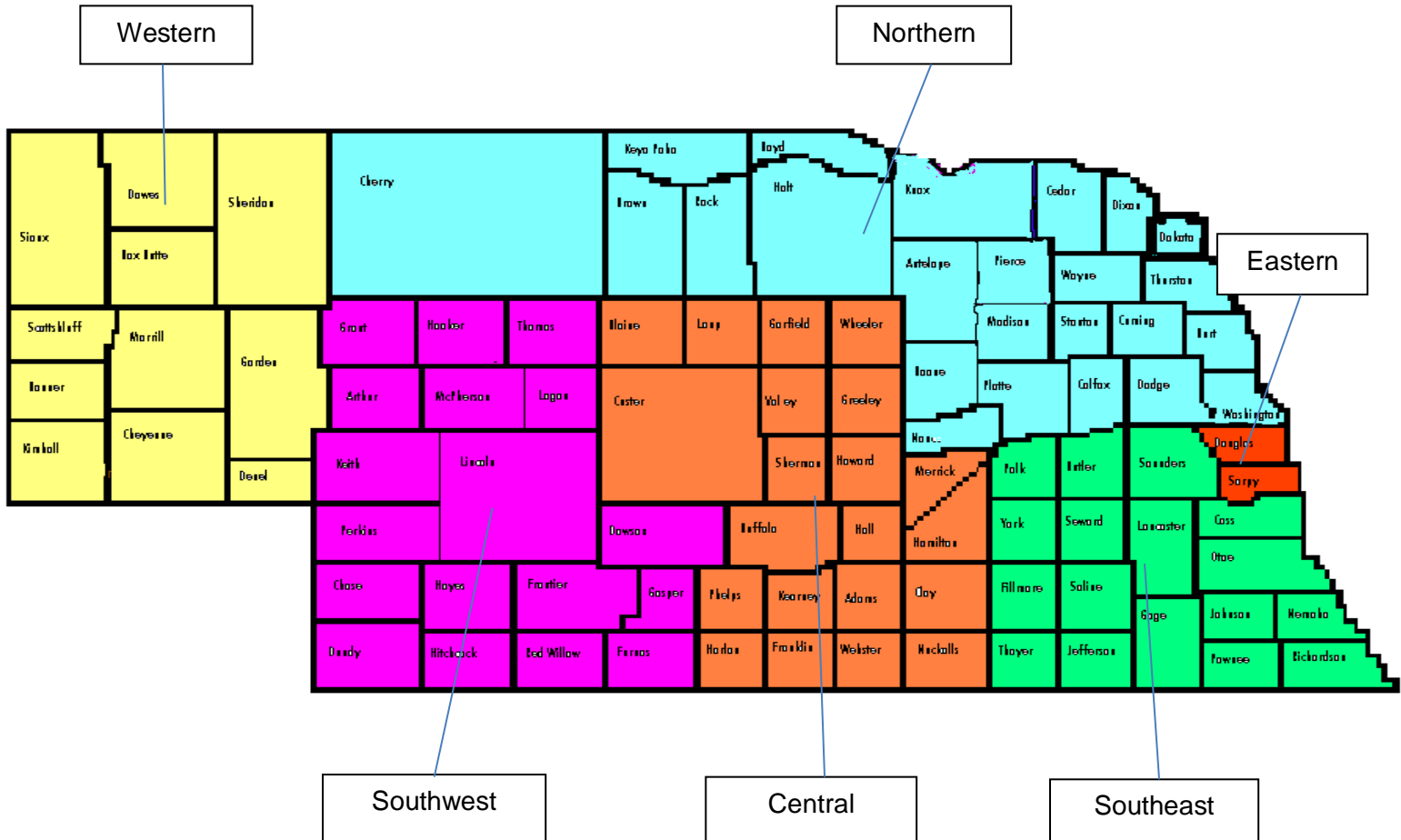
WESTERN SERVICE AREA

The Western Respite Service Area utilized the special funds to increase the availability of respite services and caregiver support programs.

1. Respite Days Program received \$20,230 which is offers respite support the 2nd weekend of each month. The theme is "Take a Second for Yourself the Second Weekend of the Month."
2. FUN Days Program received \$4,770 to bring children with disabilities and their siblings together for a day of fun. FUN Days were offered in Chadron, Sidney and Scottsbluff. One respite day this past year was funded by the United Way.

For more information please contact the coordinator
in your area at:

1-866-RESPITE



ATTACHMENT B

Department of Health & Human Services

DHHS

N E B R A S K A

**Annual Report on the Public Health Portion
of the Nebraska Health Care Funding Act (LB 692)**

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

**Office of Community and Rural Health
Division of Public Health
Nebraska Department of Health and Human Services**

December 1, 2012

The Nebraska Health Care Funding Act (LB 692) was passed in 2001. This Act provides funds to local public health departments to implement the ten essential services and the three core functions of public health. The Act also requires all of the eligible local public health departments to prepare an annual report each fiscal year. The reports identify how the funds were spent to meet the ten essential public health services, including specific programs and activities.

This report provides a summary of the key findings from each of the 18 local public health departments that have received funding and covers the period July 1, 2011 to June 30, 2012. The report is divided into three sections. The first section reviews the organizational coverage as well as the funding and spending levels for each department. The second section describes the current activities, services, and programs provided by the departments under each of the ten essential public health services. The final section contains some short stories that describe how the departments are improving the lives of people in their communities.

Organizational Coverage

As of June 30, 2011, a total of 18 local public health departments covering 86 counties were eligible to receive funds under the Health Care Funding Act. The list of eligible public health departments and their affiliated counties is shown in Table 1 and Figure 1. Although Dakota and Scotts Bluff Counties have single county health departments, these departments do not meet the eligibility requirements of the Health Care Funding Act. The five counties that comprise the Sandhills District Health Department do not meet the population requirements. Staff from the Office of Community and Rural Health continues to work toward the goal of having all counties covered by a local public health department under the LB 692 umbrella.

Funding and Expenditure Levels

Table 2 depicts the amount of infrastructure and per capita funds distributed to each of the eligible departments. The total amount of funds ranged from \$1,213,156 for the Douglas County Health Department to \$263,130 for the Loup Basin Public Health Department. The table also includes the amount of LB 1060^a funding distributed to each department, which totaled \$105,458 per department. The amount of infrastructure funding was based on the 2000 Census because these population estimates were used when the departments were originally established. The departments that had 100,000 people or more received \$150,000. If the population was between 50,000 and 99,999, the amount of funding was \$125,000, and departments that had 30,000 people but fewer than 50,000 received \$100,000. The amount of per capita funds, which were based on the 2010 Census, was approximately \$1.85 per person.

Table 3 summarizes the expenditures by category for the 18 local public health departments that were eligible for funding. As expected, expenses for personnel and benefits accounted for approximately 61 percent of the total expenses. The next largest spending category was public health programs which represented about nine percent of the total expenses. The line item other includes expenses for insurance and mini-grants. The total LB 692 and the LB 1060 funds spent during this fiscal year were slightly less than the total funds received.

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

Leveraging Other Funds

Although funds from the Nebraska Health Care Funding Act serve as the financial foundation for the local public health departments, all of the departments have been very successful in leveraging other funds. For example, federal grant funds have been passed through the state health department to local public health departments for emergency preparedness planning, public education efforts related to West Nile Virus and the Clean Indoor Air Act, Preventive and Maternal and Child Health block grants, and radon testing. Some departments have also received grant funds from private foundations and directly from the federal government. It is estimated that the total amount of additional funds that have been leveraged since July 2002 is well over \$30 million.

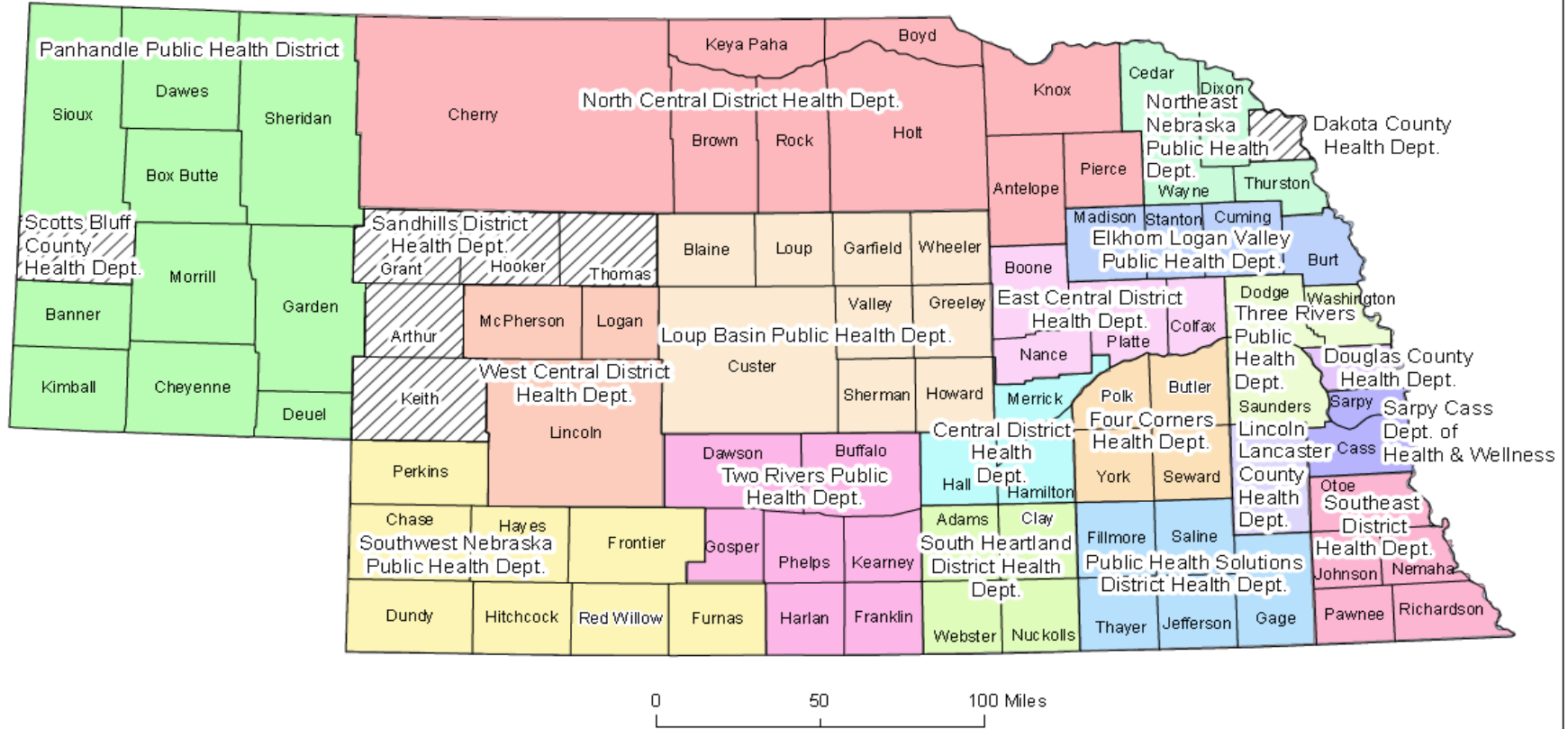
Table 1

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


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

Figure 1. Map of Nebraska's Local Health Departments

Nebraska Local Health Departments



0 50 100 Miles

Legend
 Local Health Departments that do not Qualify for LB 692* Funding

*LB 692 passed during the 2001 Legislative Session and provides funds to qualifying local public health departments.

Source: Nebraska Department of Health and Human Services

Map Created by:
 Public Health GIS Analyst
 DHHS GIS 6/10



Department of Health & Human Services
DHHS
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Table 2
LB 692 and LB 1060 Health Department Payments
July 1, 2011 – June 30, 2012

District Name	LB 692 Infrastructure	LB 692 Per Capita	LB 1060	Total	2000 Population used for Infrastructure	2010 Population used for Per Capita
Central District	\$125,000	\$139,968	\$105,458	\$370,426	71,141	75,576
Douglas County	\$150,000	\$957,698	\$105,458	\$1,213,156	463,585	517,110
East Central	\$125,000	\$96,290	\$105,458	\$326,748	52,400	51,992
Elkhorn Logan Valley	\$125,000	\$105,569	\$105,458	\$336,027	59,675	57,002
Four Corners	\$100,000	\$81,889	\$105,458	\$287,347	45,500	44,216
Lincoln-Lancaster	\$150,000	\$528,580	\$105,458	\$784,038	250,291	285,407
Loup Basin	\$100,000	\$57,672	\$105,458	\$263,130	33,122	31,140
North Central	\$125,000	\$85,923	\$105,458	\$316,381	51,084	46,394
Northeast Nebraska	\$100,000	\$58,129	\$105,458	\$263,587	32,976	31,387
Panhandle	\$125,000	\$94,118	\$105,458	\$324,576	53,459	50,819
Public Health Solutions	\$125,000	\$102,187	\$105,458	\$332,645	57,858	55,176
Sarpy/Cass	\$150,000	\$340,922	\$105,458	\$596,380	146,929	184,081
South Heartland	\$100,000	\$85,597	\$105,458	\$291,055	47,308	46,218
Southeast District	\$100,000	\$72,860	\$105,458	\$278,318	40,078	39,341
Southwest District	\$100,000	\$58,503	\$105,458	\$263,962	33,610	31,589
Three Rivers	\$125,000	\$143,911	\$105,458	\$374,369	74,770	77,705
Two Rivers	\$125,000	\$175,566	\$105,458	\$406,024	92,756	94,797
West Central	\$100,000	\$69,617	\$105,458	\$275,076	35,939	37,590
Total	\$2,150,000	\$3,255,000	\$1,898,246	\$7,303,246	1,642,481	1,757,540

Table 3

**LB 692 Local Public Health Departments
July 1, 2011—June 30, 2012 Expenses**

Departments:	LB 692 Local Public Health Departments	
Total Funds Received (LB 692):	\$5,405,000	}
Total Funds Received (LB 1060):	\$1,898,246	
		\$7,303,246
Total Funds Spent (LB 692):	\$5,359,930	}
Total Funds Spent (LB 1060):	\$1,803,899	
		\$7,163,829
Budget Period:	July 1, 2011 – June 30, 2012	

Line Items	Expenses	
	LB 692	LB 1060
Personnel	\$2,545,571	\$841,091
Benefits	\$762,504	\$185,121
Travel	\$144,291	\$32,934
Office Expense/Printing	\$423,430	\$152,016
Communications/Marketing	\$159,444	\$34,508
Equipment/Construction	\$161,325	\$10,428
Contractual	\$297,382	\$171,457
Public Health Programs	\$388,999	\$280,640
Other	\$476,983	\$95,704
Total	\$5,359,930	\$1,803,899
	<div style="border-top: 1px solid black; width: 100%; margin-top: 5px;"></div> \$7,163,829	

Current Activities

The activities and programs of the local public health departments are summarized under the three core functions of assessment, policy development, and assurance as well as the associated ten essential services. The ten essential services of public health provide a working definition of public health and a guiding framework for the responsibilities of local public health systems. These functions and services are specifically referenced in the 2001 Health Care Funding Act.

During the fiscal year July 1, 2011, to June 30, 2012, considerable progress was made in the provision of the core functions and ten essential services. During this year, every health department demonstrated significant improvement in both number and complexity of activities and programs. At this point, all health departments are providing the core functions and all of the ten essential services. Because of the large number of activities, only a few examples are provided under each of the ten essential services so that the report does not become too lengthy. However, the individual reports are available upon request.

Core Function—Assessment

Essential Service 1: Monitor Health Status to Identify and Solve Community Health Problems

This service includes correct identification of the community's health problems and emergencies; review of health service needs; attention to health problems of specific groups that are at higher risk than the total population; and collaboration to manage shared information systems with other health care providers.

- Over the past twelve years, all 18 local public health departments have conducted a comprehensive community health assessment process. Currently, many of the local public health departments are in the process of their third update of this local assessment. Departments are using the Mobilizing for Action through Planning and Partnerships (MAPP) approach to update their local public health improvement plans. This process involves a thorough review of health needs, community health risks (e.g., tobacco use, obesity levels, and environmental quality), and the ease of access to health services (e.g., insurance coverage status). This process also involves full input from a diverse group of community members and the development of local health priorities.
 - The following health departments began working on their MAPP updates and will complete the process involved with the assessment: Northeast Nebraska Public Health Department, Public Health Solutions District Health Department, South Heartland District Health Department, Southeast District Health Department, Three Rivers Public Health Department, and Two Rivers Public Health Department.
 - The West Central District Health Department (WCDHD) brought its (MAPP) partners together to transition into the Community Health Improvement Plan process to begin discussing how the community will meet the needs identified through the assessment process. This improvement planning process allowed WCDHD to identify the champions within the community to continue these collaborative efforts. The development of high priority

implementation was initiated with input from the local public health system which consists of a diverse group of stakeholders.

- All local public health departments have contracted with the Department of Health and Human Services (DHHS), Division of Public Health to complete an oversample of the Behavioral Risk Factor Surveillance System (BRFSS) Survey for their districts. These data will allow them to continue to monitor health risk factors such as tobacco and alcohol use, levels of physical activity, and seat belt use in their local areas. BRFSS data are essential in determining priorities and measuring success that will lead to a healthier community.
- All departments worked with staff from the Division of Public Health to track and monitor various diseases such as tuberculosis, West Nile Virus, foodborne illnesses, influenza-like illness (ILI), and pertussis (whooping cough).
 - The Public Health Solutions District Health Department has progressively increased its range of surveillance activities. Surveillance activities include *passive surveillance* where reports come to the department, primarily from the state. These include births, deaths, disease reports, citizen reports, emergency reports, environmental monitoring, and referrals. The department also conducts *active surveillance* when disease outbreaks and public health threats are suspected or anticipated. Examples of such activities include ILI surveillance, phone surveys, and epidemiologic investigations.
- All departments participate in a statewide school surveillance program to monitor and report absences due to illness (e.g., flu and asthma). This system allows state and local health officials to respond more promptly to disease outbreaks. The departments are also working with the infection control nurses in hospitals to identify patients with influenza-like illnesses. This activity allows them to work with local businesses and the community at large to make appropriate disease prevention recommendations.
 - The Sarpy/Cass Department of Health and Wellness currently conducts absentee surveillance on a weekly basis in 68 schools within Sarpy and Cass Counties. During the school year, absentee rates generally range from 1 to 5 percent, with higher percentages reported during the flu season. If a school reports a 10 percent or higher absentee rate, the school health coordinator contacts the school nurse for further details. Last school year, the absentee rates remained very low throughout the entire year, even during the flu season. In addition to actual numbers recorded, the department's school health coordinator receives information on types of illnesses seen in the various schools.
 - The Three Rivers Public Health Department worked with a sentinel physician to collect ILI data during the influenza season on a weekly basis. The physician sent his information to the Three Rivers Public Health Department where it was submitted to the Centers for Disease Control and Prevention to become part of the national ILI surveillance. ILI data were also collected from each hospital, nursing home, and assisted living center in Dodge, Saunders, and Washington Counties, on a weekly basis during the influenza season.
- Many of the departments are also utilizing a health risk assessment tool to collect district-specific health data. The departments make the tool available free of charge to English and Spanish-speaking community members who want to know about their health risks. People

who complete the tool receive a personalized, detailed report of their health according to their responses.

- Most of the local public health departments make local data available to the public on their websites, giving their community partners access to the information (See Appendix A for a list of health departments and their websites).
 - Funding from LB 692 also has aided the implementation of a local Geographic Information System (GIS). As a valuable tool for public health, GIS has been used extensively to map lead surveillance, Women, Infant, and Children (WIC) data, Sexually Transmitted Infection case distribution, emergency response planning and analysis, vulnerable population identification and location, and identification of health disparities. The Douglas County Health Department also uses GIS to display vital statistic data and other population characteristics on the department website and in printed reports.
 - The Lincoln-Lancaster County Health Department (LLCHD) staff worked with staff from the Public Health Association of Nebraska (PHAN), local health directors, and state public health data staff to improve access to and use of community assessment data. A major success was establishment of a PHAN Data Portal for Nebraska's local health departments at <http://data.publichealthne.org/rdPage.aspx>. LLCHD staff also worked with the staff of the Nebraska Department of Health and Human Services to gather the data for all health departments for inclusion on the PHAN dashboard. At the present time, the data include information on vital statistics (birth and death data), data from the Behavioral Risk Factor Surveillance System Survey, census data, and cancer registry data for each of the 21 local health departments. The portal allows efficient and timely sharing of health and demographic data for decision makers that would not have been possible before. In addition, many of the local health departments have either incorporated the dashboard on the home page of their website or provided a link to the PHAN site, thus giving the general public access to the data.
- In the past year, fourteen of the local public health departments have monitored radon levels in their districts by having citizens test their homes utilizing short term radon test kits.
 - The Panhandle Public Health District (PPHD) distributed 374 short term test kits through a variety of channels: articles and coupons in mass media, promotions with worksites, schools and special events such as health fairs and radon education programs. The efficiency of using existing outreach efforts to promote radon testing proved very successful in the Panhandle. Reports show 175 homes were tested with nearly half of those homes tested showing a higher level of radon than is safe. The PPHD environmental coordinator follows up on any positive results, offering a second short term test and contact information for licensed mitigation providers. Thousands of residents are now more aware of the dangers of radon and availability of free radon test kits. In addition, education efforts to raise awareness regarding radon-resistant new construction have been included in health fairs, home shows, news releases, and packets to city boards and realtors.
- Several local public health departments have formed Colon Cancer Coalitions over the past few years. The coalition members analyzed data obtained from the Division of Public Health on colon cancer occurrence, death, and screening rates. The coalitions then decided on

strategies to improve screening rates in their regions. One strategy involved the implementation of Fecal Occult Blood Test (FOBT) kit distribution to pharmacies and other locations across the districts. Another strategy used media campaigns to promote the importance of being screened for colon cancer.

- The South Heartland District Health Department's distribution of FOBT kits ran from the beginning of March through the end of May, with 86 clients enrolling in the registry. Of those 86 clients enrolled in the registry, 53 (62%) submitted their kits for testing. Two clients had positive results (4%), one female and one male. Both clients were contacted regarding appropriate follow up with their provider and to offer assistance with obtaining the necessary follow up.
- The Elkhorn Logan Valley Colon Cancer Prevention Coalition disseminated 358 FOBT test kits throughout the Elkhorn Logan Valley Public Health Department (ELVPHD) service area. The ELVPHD was recognized by the Nebraska DHHS for having one of the highest return rates (44%). Of those, two were found to be positive and were referred for further evaluation and diagnostic testing.

Essential Service 2: Diagnose and Investigate Health Problems and Health Hazards in the Community

This essential service includes the identification of emerging health threats; the ability of public health laboratories to conduct rapid screening and high volume testing; and ability to investigate disease outbreaks and identify patterns of chronic disease and injury.

- All local public health departments continue to participate in the National Electronic Disease Surveillance System (NEDSS). The system is designed so that state and local public health departments as well as the Centers for Disease Control and Prevention can monitor and assess disease trends and guide prevention and intervention programs. Local health department employees are the foundation of the system and can intervene more quickly when there is a communicable disease or foodborne illness outbreak.
 - The South Heartland District Health Department (SHDHD) monitors notifiable conditions using the NEDSS system and direct reports from health care providers. This year SHDHD processed 200 disease reports, including reports of Hepatitis C, Aseptic Meningitis, Pertussis, Mumps, Influenza, and various food and waterborne illnesses such as Campylobacter, Cryptosporidiosis, and Salmonella. In addition, SHDHD implemented a 24/7 surveillance phone for physicians to report notifiable conditions and began providing educational presentations to physicians on how and what to report.
 - The Northeast Nebraska Public Health Department had 152 infectious disease reports requiring some level of follow up, including the following diseases: Aseptic Meningitis, Campylobacter, Cryptosporidiosis, E Coli, Giardia, Hepatitis A, Hepatitis B, Hepatitis C, Influenza A, Mumps, Pertussis, Rabies, Salmonella, Shigella, Strep Pneumoniae, Varicella, and West Nile Virus.
- Many departments investigated a variety of nuisance problems, including mold, property concerns, animals, and garbage.

- The Southwest Nebraska Public Health Department conducted investigations of nuisance complaints, follow ups, and made recommendations for corrective action. Investigations included bed bugs, farm animal waste, and mold.
- Most departments conducted numerous disease investigations for a variety of health concerns, including rabies, tuberculosis, sexually transmitted infections, West Nile Virus, and E. coli. Often the health department nurse provided follow up with case management or appropriate educational information.
 - With direction from Nebraska DHHS, Elkhorn Logan Valley Public Health Department (ELVPHD) is partnering with Norfolk Community Healthcare Clinic (NCHCC) to conduct communicable disease investigations for NCHCC patients. Increasing efficiency and economies of scale, and building capacity are of key interest to both ELVPHD and NCHCC. Further, collaboration on communicable disease surveillance and investigation and containment efforts is of mutual benefit to both agencies, and supports the philosophy of comprehensive, patient-centered medical care. ELVPHD and NCHCC are currently drafting and approving policies and procedures to support this activity.
 - The Southeast District Health Department (SEDHD) was involved in an investigation of a hog farm that contained abandoned animal carcasses and a large number of neglected animals. The department worked closely with emergency management, the Otoe County Sheriff's Department and county attorney, the Humane Society, the Nebraska State Patrol, the Nebraska Department of Environmental Quality, and the Nebraska Department of Agriculture. SEDHD was able to utilize their board member who is a veterinarian to contact the appropriate persons to assist in the process. The county attorney relied on SEDHD consultation in reaching an appropriate intervention.
 - This year Four Corners Health District experienced four Norovirus outbreaks, three in long-term care facilities and one in a school, resulting in 93 individual illnesses. Due to the diligence of the facilities' employees in implementing infection control policies and following the recommendations of Four Corners staff, these outbreaks were kept to a minimum.
 - The Public Health Solutions District Health Department provided rabies post-exposure prophylaxis (treatment to prevent rabies) to four people during 2011. As the rabies prevention authority for the five-county area, the department routinely worked with emergency rooms, bite victims, law enforcement, vet clinics, and pet owners on all reported animal bites, regardless of whether or not rabies shots were needed. The department provided information, education and peace of mind to the injured person, family members, and often, to the animal owner. In one case, information provided to a pet owner prevented the family dog from being destroyed unnecessarily. In addition, rabies pre-exposure prophylaxis was provided to one animal shelter worker during 2011. In this case, the vaccine is given prior to any exposure to rabies. It protects people at increased risk of exposure to rabies, such as veterinarians, veterinarian students, animal control workers, and animal shelter workers.
- Local public health departments are a key element of local emergency response in disaster situations. The departments bring together key stakeholders to hold periodic emergency response exercises to test preparedness plans.

- The North Central District Health Department (NCDHD) planned an exercise to test preparedness plans. The exercise included the transportation of pharmaceutical and medical supplies (CDC Strategic National Stockpile) to the health department's sub-hub site in O'Neill. NCDHD also participated in emergency preparedness exercises in conjunction with the Rural Region One Medical Response System.
- In its third year in Grand Island, the Nebraska State Fair grew even larger. Over 85 food vendors were inspected and permitted prior to opening day, with follow-up inspections throughout the 10-day event by the Central District Health Department (CDHD). Additionally, CDHD held a food safety class which was required for State Fair food vendors. In this way, CDHD assured that State Fair purchased foods and beverages were safe for consumption.

Response to High Rates of Sexually Transmitted Infections (STIs)

Thanks to LB 692 funding, the Douglas County Health Department (DCHD) approach to addressing the declared Sexually Transmitted Infection epidemic in Douglas County can be described as: "Anyone, anytime, anywhere." The health department has taken an innovative approach to serving the at-risk populations who need testing and remains flexible to pursue new opportunities as they are presented. Using this approach, DCHD outreach staff has offered testing for chlamydia and gonorrhea in creative and unexpected locations all around the community. The Omaha Public Libraries have come on board, first with testing available a few hours weekly at the Washington Branch Library. When testing reached into the hundreds and positivity rates were in the teens, librarians met to discuss this. One by one other branch libraries opened their doors to this testing, until all the locations became weekly, bi-monthly, or monthly testing sites. A total of 2,225 tests were done during the 2011-2012 funding cycle with 193 of these tests being positive.

Essential Service 3: Inform, Educate, and Empower People about Health Issues

This essential service involves social marketing and targeted media communication; providing health information resources to communities; active cooperation with personal health care providers to reinforce health promotion messages and programs; and joint health education programs with schools, churches, and worksites.

Nebraska's local public health departments are constantly providing information to the public on ways to become and stay healthy. It is the job of the local health department to help both health professionals and the general public stay informed on how to make healthy choices.

- All departments provided educational information about public health issues ranging from radon and hand washing to dental care and the benefits of physical activity to community members and organizations, including local board of health members and county boards.
- This past year, as a result of identification of vulnerable populations through emergency response, the Southeast District Health Department (SEDHD) developed a manual for day cares that establishes safety guidelines for their centers. SEDHD worked with emergency management to gain approval of the document district-wide. SEDHD staff gave local presentations of the content of the manual to day care operators. Each facility was given a copy for their use. The manual provides reproducible information for each child who is

present in their facility, with ideas for making the document unique for their use. It was noted after the development that this manual, with only a few adaptations, can be used for long-term care and group homes.

- The Northeast Nebraska Public Health Department (NNPHD) has had an active health literacy program since 2008. The health director is a charter member of the Health Literacy Nebraska (HLN) Initiative which was organized in May 2011. The NNPHD Health Director, Nebraska Association of Local Health Directors (NALHD) Executive Director, and three members of HLN wrote a grant proposal on behalf of NALHD which was funded by the U.S. Health Resources and Services Administration's Rural Health Outreach Grant Program for three years beginning May 1, 2012. NALHD members, four tribal health departments, and one Native American Resource Center will receive health literacy software and training to help them develop written materials for their clients using a simpler and more understandable vocabulary. Health literacy also includes ways to use signage, websites, brochure layouts, and symbols so that the consumer can navigate the physical and cognitive health system in a less confusing manner. This program also addresses language barriers.
- The Loup Basin Public Health Department has a public health nurse/case manager to provide health information, various referrals, and education to Kids Connection/Medicaid clients. The program connects clients to a medical, dental, and eye provider home. The goals of the program are to decrease the misuse of emergency room visits, decrease problem appointments for providers, and connect clients with needed resources and referrals in the district.
- The Southwest Nebraska Public Health Department has expanded and implemented its "Fitness Reaching Older Gen's" fitness program for senior citizens. This program is operating in ten communities within the health district and assists in building endurance, strength, and flexibility. This program has captured national attention. In addition, a training manual has been developed and is available on their website.
- For the past eight years, the Douglas County Health Department has responded to culturally diverse health needs through the Community Health Worker (CHW) Program. CHWs are trusted community members who connect with peers and establish vital links to health professionals, services, and resources. One CHW at the Douglas County Health Department is partially funded through LB 692 funds. Specifically, the Hispanic Community Health Worker is primarily charged with providing her respective populations with information on nutrition, maternal and child health, hygiene, healthy lifestyles, and diabetes. As the need arises, additional education is provided including safe food storage and handling, domestic violence, smoking, safe housing, pest control, disaster preparation, flu shots/information, depression, STDs, HIV/AIDS, preconception health, infant safe sleep practices, and asthma. A total of 14,536 people were reached through the CHW program.
- Several departments (Central District Health Department, Panhandle Public Health District, Two Rivers Public Health Department, Four Corners Health Department, South Heartland District Health Department, North Central District Health Department, Elkhorn Logan Valley Public Health Department, and Lincoln-Lancaster County Health Department) are working to help local businesses create wellness programs. These departments use a process that includes a review of the health status of their workers, a review of business priorities, a written wellness plan, and implementation of the plan. They provide technical and evaluation assistance to the businesses.

- The Central District Health Department (CDHD) implements “The Healthy Works Program” which focuses on adapting the work setting and implementing policies that promote healthy behaviors during the work day. Community advisory groups in each county continue to meet to provide input on worksite wellness activities and plans. Based on the local community business assessment results, the CDHD Health Educator developed resource materials to assist wellness committees in designing and implementing wellness policies and programs within their individual work settings. She continues to meet with interested worksite committees and to recruit new members.
 - Throughout the past year, Lincoln-Lancaster County Health Department (LLCHD) has continued to provide leadership in the area of worksite health promotion in Lincoln as well as throughout the state. LLCHD works with its local worksite wellness council, WorkWell, to support programming efforts that lead to healthier employees. WorkWell’s membership of 110 businesses employs more than 65,000 people. The partnership of employers, employees, and health promotion programs is making a positive difference in health indicators. An evaluation of data from 2007 to 2011 suggests that the programs and interventions in place at WorkWell member organizations have continued to positively impact the health of their employees. Positive results have been found in the form of reduced absenteeism, reduced risk for diabetes, reduced stress at work, and a reduction in heavy drinking, as well as increased fruit consumption, more well-rested employees, increased cholesterol screenings, and an increased likelihood to continue breastfeeding after going back to work. Other positive outcomes include increases in vegetable consumption and physical activity, more employees reporting normal cholesterol, and fewer employees reporting high blood pressure. Areas for improvement continue to include increasing access to care, reducing binge drinking, and decreasing tobacco use.
 - The Panhandle Public Health District coordinates the Panhandle Worksite Wellness Council. This council was formed in 2011 in partnership with Scotts Bluff County Health Department to serve 37 worksites throughout the 11-county region. Coordination is provided by the two partnering health departments and guidance by an advisory committee comprised of worksite representatives from around the area. The wellness council provides tools and consultation for members, quarterly training and networking opportunities, and ready-to-use services such as employee newsletters, podcasts, and customizable policies and behavioral change programs. In 2012, four Panhandle organizations were honored at the Panhandle Safety and Wellness Conference in Gering.
- Thirteen departments are working to make their regions healthier through a Healthy Communities program. The departments use a health improvement program to address a local health priority. The programs focus on making improvements to health with policy and environmental changes. They address heart disease, stroke, diabetes, injury, cancer, and the risk factors for these health problems (i.e., poor nutrition, physical inactivity, and tobacco use).
 - The NAP SACC (Nutrition and Physical Activity Self-Assessment for Child Care) program offered at the East Central District Health Department (ECDHD) improves nutritional and physical activity policies and practices in child care settings. Seventy five percent of women with children under the age of six work outside of the home in Nebraska. This means

children are eating 50 percent to 75 percent of their meals in a day care setting. Child care providers can play a large role in helping to reduce childhood obesity. ECDHD staff provides a three hour training to day care providers in in-home settings or in facilities. At the conclusion of the training, day care providers complete a self-assessment of their facility/home and determine what policies should be implemented. Examples of policies include increasing physical activity of youth, decreasing the amount of fat or sugar in foods provided, and increasing water consumption by making water available throughout the day. Staff offers technical assistance and support for policy changes to the providers for 45 days following the training.

The Healthy Communities Project: The Markets are Open!

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

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



Core Function—Policy Development

Essential Service 4: Mobilize Community Partnerships to Identify and Solve Health Problems

This essential service involves bringing community groups and associations together, including those not typically considered to be health-related, to help solve health problems; and building coalitions to draw upon the full range of potential human and material resources.

- All of Nebraska’s local public health departments have organized stakeholders to address local health problems. The departments convene or participate in coalitions addressing topics such as tobacco, colon cancer, suicide, oral health, physical activity, and behavioral health.
 - The Two Rivers Public Health Department served as the fiscal agent for the Central Nebraska Coalition Against Substance Abuse (CNCASA) and housed the coordinator and resources. Substance abuse is one of the priorities identified in the Department’s 2007 MAPP assessment. The coalition is utilizing the best practice program “Communities Mobilizing for Change on Alcohol” and is targeting the prevention of underage drinking in Dawson, Franklin, Gosper, Harlan, Kearney, and Phelps Counties. CNCASA partners with Positive Pressure in Buffalo County to provide alcohol prevention programming to their constituents.
 - An important community collaborative effort is occurring at the Southeast District Health Department with the six district hospitals to complete the MAPP assessment. Focus groups have been held in four of the five counties and the fifth has been scheduled. The next step will be to create Community Health Improvement Plans. The groups have been dedicated and while they have worked on an individual county basis, they will develop a single district plan that will include the outcomes of the partnerships. Most of the results are consistent even though they met separately.
 - The Four Corners Health Department (FCHD) participates in and assists local coalitions with their drug and alcohol abuse prevention programs. FCHD staff worked with community leaders, law enforcement, and youth volunteers to reinstate a coalition in Butler County - Butler Believes in Youth and Community. They initiated a “Take A Stand” campaign, and had a presence at their county fair to promote name recognition, offered Responsible Beverage Server Training, and are planning other programs.
 - The East Central District Health Department WIC program helped organized a local breastfeeding coalition which meets on a monthly basis to coordinate and strengthen efforts to make breastfeeding the norm in the community.
- The health departments continue to maintain their preparedness for public health emergencies. Emergency response planning efforts have required the establishment of partnerships between various organizations and agencies. Emergency response planning is inclusive of all foreseeable emergencies, including Pandemic Influenza planning. Partnerships with hospitals and health care providers are being established with continued collaboration as a priority. The partnerships participate in or lead emergency planning and training meetings every month. A number of tabletop exercises have been completed that

involve the health department, schools, hospitals, emergency medical services, law enforcement, and local businesses.

- All local public health departments are involved in their regional medical response systems. The purpose of the medical response systems is to bring together representatives from hospitals, public health, fire, law enforcement, emergency management, behavioral health, EMS, government entities, and community organizations for an integrated medical response to any disaster that threatens the health and well-being of the public. The systems facilitate communication and cooperation among members to enhance planning, prevention, response, and recovery efforts, whether the disaster is natural, manmade, biological, or terrorist in nature.
 - The Southwest Nebraska Public Health Department enhanced surge capacity with the West Central Medical Response System and local hospitals to include transfer of patients and stockpile agreements.

Partnerships to Promote Healthy Lifestyles

Healthy Hastings is a collaboration of agencies whose purpose is to improve the health of the community through effective policy change, program enhancement, and advocacy for healthy lifestyles. The members include: City of Hastings Parks and Recreation Department, Mary Lanning HealthCare, South Heartland District Health Department, YMCA, YWCA and Energy Pioneer Solutions. The goal is to increase opportunities for physical activity in the City of Hastings by adopting the [Complete Streets](#) Concept.

According to the National Complete Streets Coalition, “The streets of our cities and towns are an important part of the livability of our communities. They ought to be for everyone, whether young or old, motorist or bicyclist, walker or wheelchair user, bus rider, or shopkeeper. States, cities, and towns are asking their planners and engineers to build road networks that are safer, more livable, and welcoming to everyone. Instituting a Complete Streets policy ensures that transportation planners and engineers consistently design and operate the entire roadway with all users in mind – including bicyclists, public transportation vehicles and riders, and pedestrians of all ages and abilities.”

Source: <http://www.smartgrowthamerica.org/complete-streets>

Essential Service 5: Develop Policies and Plans that Support Individual and Statewide Health Efforts

This essential service requires leadership development at all levels of public health; regular community-level and state-level planning for health improvement; tracking of measurable health objectives as part of continuous quality improvement strategies; and development of codes, regulations, and legislation to guide the practice of public health.

- All departments are continuously updating their emergency preparedness and pandemic influenza plans. The response plans include guidelines for early detection, response and notification, risk communication, environmental safety, quarantine and isolation, and mass vaccination/dispensing clinics. They conduct exercises to test various components of the plans.

- Most local health directors advocate for needed health policy changes at the local level by helping to draft ordinances and meeting with the appropriate officials. For example, the Four Corners Health Department is working to ensure that more smoke-free multi-unit dwellings will be available in the district. DHHS Division of Public Health has gathered and created resources to help property owners and landlords of multi-unit dwellings move toward smoke-free policies when they are ready.
- While a comprehensive approach to the obesity issue is being developed, work has begun on reducing access to sugar sweetened beverages (SSBs). A cross-departmental group of Central District Health Department (CDHD) staff are focusing on areas of government, schools, child care providers, and worksites with the goal of eliminating access to SSB's on site. This will take an exceptional amount of work, but CDHD is committed to changing policy that will lead to reduced rates of overweight and obesity in central Nebraska.
- The Panhandle Public Health District developed a new community health improvement plan. They used a comprehensive assessment and planning program that provides the basis for strategic planning across the public health system in the Panhandle and possible accreditation for the local health department. By incorporating planning components of various agencies across the system, the effort dovetails other planning efforts and streamlines implementation of programs across systems, resulting in a less cumbersome and duplicative system for Nebraska's citizens.
- Most of the departments have completed a review of the Nebraska Standards and Measures Assessment which is based on the ten essential services of public health. The departments compare the work that they are doing to national standards about how health departments should operate and what they should do. The departments use the results in their strategic planning efforts. They will continue to work to improve their accountability by measuring their performance and outcomes and making necessary changes to improve the quality of work that they do.
- The Loup Basin Public Health Department continues to support statewide health efforts with the Nebraska Clean Indoor Act. The health department provides technical support for creating policies at workplaces and has been active in working with business owners, law enforcement, Tobacco Free Nebraska, and county officials.

Core Function—Assurance

Essential Service 6: Enforce Laws and Regulations that Protect Health and Ensure Safety

This essential service involves enforcement of clean air standards and sanitary codes; and timely follow up of hazards, preventable injuries, and medical services.

- Local public health departments continue to conduct inspections for compliance with Nebraska's Clean Indoor Air law. Along with inspections, the departments help raise awareness of the requirements by providing educational materials to businesses.
- The East Central District Health Department (ECDHD) has been an active partner with law enforcement in the district in addressing the availability of alcohol to minors. Two counties in the district elected to collaborate with ECDHD on compliance checks. A total of 44 businesses had alcohol compliance checks conducted in their facilities from July 2011 through June 2012. These checks resulted in a compliance rate of 89 percent which is up from the previous year.
- Local public health departments respond to nuisance complaints about mold and other problems. The departments work with local law enforcement to ensure that the problems are addressed. For example, the Loup Basin Public Health Department works to resolve public health nuisance complaints through local ordinances. Thirty-nine nuisance calls were received during the year. Nuisance calls are then referred to the appropriate agency and a follow up is completed as needed.
- Sarpy/Cass Department of Health and Wellness conducted inspections of public swimming pools in Sarpy County. Under the guidance of the DHHS Swimming Pool Program, staff inspected 28 swimming pools for compliance with Nebraska regulations.

Methamphetamine Clean Up

The Public Health Solutions District Health Department (PHS) responded to three separate methamphetamine lab clean ups in collaboration with the Jefferson County Sheriff's Office, Jefferson County Emergency Management, Plymouth Fire and Rescue, and Fairbury Fire Department. PHS worked with local partners to secure three residences and two travel trailers. Information regarding the regulations, sampling, and decontamination procedures was sent to the property owners. In addition, an officer was bitten by a dog during the response. Additional problems followed when the occupant took the dog and would not surrender it for quarantine. Eventually PHS, law enforcement and a local veterinarian were able to convince the owner to surrender the animal for 10 days to the local veterinarian. A highlight for PHS was being able to close the file on a methamphetamine lab from 2010 in Gage County this year, with the demolition of the residence and garage. PHS worked closely with the property owner to navigate the necessary demolition.

- The Elkhorn Logan Valley Public Health Department (ELVPHD) has agreements with a few area schools to provide school nursing services through contractual relationships. One of the many duties that ELVPHD performs as a part of these contracts is to review the health and immunization records for all students. If students are found to be out of compliance

according to state laws, nursing staff work closely with school administration to get students in compliance.

- The Three Rivers Public Health Department's certified child passenger seat technicians conduct car seat installation checks as requested. The health department's Fremont and Wahoo sites have certified technicians. Through a grant from the Nebraska Office of Highway Safety, car seats are available for free for residents of low incomes. Parents participate in an educational session where they learn to install and adjust the child seat.

Hazardous Materials Response

The Lincoln-Lancaster County Health Department (LLCHD) was called to assist Lincoln Fire and Rescue Department with a hazardous materials spill involving over 40,000 pounds of agricultural chemicals, pesticides, and diesel fuel. This call went directly to the LLCHD Emergency Response Program Coordinator cell phone when the department's paging system failed. This backup plan was developed with support of LB 692 funding.

LLCHD initiated removal actions because the responsible party could not be located. The driver of the truck carrying the chemicals was injured during the collision and was unable to provide any assistance to local responders. The trucking and chemical companies did not answer the telephones at their offices and no other emergency contact number had been provided. With the assistance of city contractor-supplied equipment, LLCHD staff removed over twenty 55 gallon drums and twenty-one 20 cubic yard roll-offs full of contaminated soil and water from the site in the first three days of operation.

A total of 32 roll-off boxes were shipped from the site by the end of the project with a gross weight of almost 1 million pounds. Coordination between out-of-state trucking companies, agricultural chemical suppliers, contractors, and the Nebraska Department of Environmental Quality made this project more complex than most.

LB 692 funding allowed for a much quicker and more coordinated response to this hazardous materials release. LLCHD's Hazardous Materials Coordinator has spent many years working with and building relationships with other City/County Agencies. The initial response to this event may have been delayed and the overall cleanup may have been much more complicated without the support of LB 692 funding.

Essential Service 7: Link People to Needed Medical and Mental Health Services and Assure the Provision of Health Care when Otherwise not Available

This essential service includes assuring that socially disadvantaged people have a coordinated system of clinical care; culturally and linguistically appropriate materials and staff are available to link to services for special population groups; and targeted health information is available for high risk population groups.

- Several departments either directly provided or contracted with other agencies to expand funding for public immunization programs. They also provided cholesterol and blood pressure screenings.
- Several departments continue to expand and maintain dental services for residents with lower incomes. For example, South Heartland provides dental services in WIC clinics in Superior, Red Cloud, Clay Center, and Hastings. This year, 1,135 WIC children and 384 of their caregivers took advantage of the services offered, which included iodine treatment, 1,502 fluoride varnish treatments, education on oral health care, and a take home bag consisting of preventive dental care information, toothbrushes, toothpaste, and Xylitol gum to reduce bacteria in the mouth.
 - Linking children to essential dental services is a primary goal for the Loup Basin Public Health Department (LBPHD). LBPHD partnered with the Office of Oral Health and Dentistry to expand services in the Early Head Start, Head Start, and preschool programs. This year, 2,088 students were screened, with 1,912 receiving fluoride treatments (up 433 from 2010-2011), and 220 being referred to a dentist (up 22 from 2010-2011). Overall, the oral health program is seeing a decrease in children being referred to a dentist. However, this year, Head Start students were seen four times during the year. If children were not taken to the dentist, the child was referred multiple times to a dentist, which was reflected in the overall increase in number of referrals.
- All departments are improving access to care for Medicaid and Kids Connection clients through the Public Health Nurse program (PHN), which is operated through a contract with the state Medicaid office. The program is designed to increase access to health care services for individuals eligible or potentially eligible for Medicaid or Kids Connection by helping them to find a medical, dental, or vision home. The PHN nurse assists individuals with the application process, provides education on accessing medical care, and identifies barriers to receiving care and overcoming those barriers.
 - The North Central District Health Department's (NCDHD) PHN program provides daily assistance to clients within the district by linking them to needed and appropriate health care providers and appropriate services and education. This service has been able to make a substantial impact regarding intervention of emergency room visits and health care provider follow ups and failed appointments. In cooperation with Central Nebraska Community Services, NCDHD also provides Hepatitis B vaccinations to those who may be considered high-risk populations, e.g., Emergency Medical Technicians. PHN Program also provides education, e.g., tobacco cessation, to clients via client contact.

Public Health Nurses: Linking People to Needed Health Services

The Elkhorn Logan Valley Public Health Department's PHN served as a liaison between healthcare providers and Medicaid/uninsured families in the service area. A major component of the program was to encourage proper utilization of health care services by following up on emergency room reports, missed appointments, and those that are abusing or inappropriately using Medicaid.

Throughout the year, over 1,000 clients were followed to help decrease inappropriate Medicaid usage and to defray inappropriate Medicaid costs due to improper utilization of their Medicaid benefits. By educating consumers about proper Medicaid usage, healthcare providers are more apt to continue accepting Medicaid. By doing so, people can continue to receive personal health services.

Statistics for July 2011-June 2012 include:

- 303 follow ups on inappropriate emergency room usage
- 1,183 mailings sent to newly eligible Medicaid families to communicate the importance of appropriate Medicaid usage
- 786 follow ups with Medicaid recipients that inappropriately used Medicaid by not showing up for a medical, dental, or vision appointment

- The Public Health Solutions District Health Department has been collaborating with the Crete Area Medical Center to provide a low-cost prenatal clinic for women who have no health insurance. Women participating in the clinic are followed by physicians and nurses throughout their pregnancy, delivery, and post-partum period. Health and parenting education is provided prior to each clinic session by a nurse. Promotoras are available at all times for interpretation, and also assist with transportation and other logistics. To date, 39 women have received access to prenatal care through this program.
- The Southeast District Health Department provided 2,687 immunizations to 829 children in seven communities. No child is turned away from the clinics. Data concerning each child's records are included in a statewide electronic database that is supported by DHHS. A significant number of the physicians' offices in the region no longer offer immunizations, so the clinics become even more vital to maintain access.
- The West Central District Health Department's (WCDHD) immunization clinic in North Platte has provided immunizations to 10,060 children throughout the health district during the past year. In order to provide needed services for individuals in rural remote areas, WCDHD provides off-site clinics in four different towns throughout the region.
- The Three Rivers Public Health Department created a referral program for people without a medical home. Several community agencies partner with the department to pre-screen individuals and then notify their CallCare nurse about a person with an acute medical need. The department's nurse makes an appointment for the patient.

Home Visitation Program Makes a Difference

The Sarpy/Cass Department of Health and Wellness Maternal Child Health (MCH) Coordinator made over 350 home visits this year. The coordinator admitted five new pregnant women and 14 newborns under the Department's Sharing and Caring Program, a maternal and child home visitation program.

The program helped clients receive free parenting support, newborn care support, and breastfeeding support from a public health nurse, who is also a Certified Breastfeeding Educator, National Certified Lactation Counselor, National Certified Car Seat Technician, and a Certified Child Nurse Consultant. The clients also received information about connections to various community resources.

Successful outcomes achieved from the home visitation program have been rewarding to both the department's MCH Coordinator and to the families who were helped. Successes of the home visitation program this year include:

- Two babies were referred to their doctor for a tongue clipping (frenulotomy) which helped these infants breastfeed more easily, and will help their speech in years to come.
- Two mothers graduated from high school and two are now working on their GED.
- The MCH Coordinator has supported a breastfeeding mother in modifying her diet to meet the infant's many allergies. The infant is developmentally on task and is finally starting to gain weight appropriately.
- About 50-60 percent of the mothers in the program start breastfeeding even if it is for a relatively short time. It is so rewarding even if they can only breastfeed for two months. One teen breastfed her infant for over a year.
- Several mothers started sharing couponing tips to stretch their grocery dollars, and other mothers helped each other learn to sew and create a "mommy good ideas" exchange program.

Essential Service 8: Assure a Competent Public Health and Personal Health Care Workforce

This essential service includes assessment of workforce to meet community needs for public and personal health services; maintaining public health workforce standards; and adoption of continuous quality improvement and life-long learning programs for all members of the public health workforce, including opportunities for formal and informal public health leadership development.

- Most of the local health departments are preparing for Public Health Accreditation through the Public Health Accreditation Board. Public Health Accreditation provides valuable, measurable feedback to health departments on their strengths and weaknesses. In addition, accreditation provides an opportunity to improve the quality and performance of various programs within the local health departments and requires a workforce development plan.
- Staff members from local public health departments attended a variety of training sessions and conferences to increase their knowledge of public health in the past year. These included emergency preparedness, chronic disease prevention, and health surveillance.

When possible, the Telehealth videoconferencing system or webinar is used for trainings to save on travel costs.

- New staff members at the Northeast Nebraska Public Health Department complete an orientation which includes online Public Health 101 and National Incident Management System courses.
- Health department staff provided many educational materials, information, and training to other members of the public health workforce.
 - The Two Rivers Public Health Department and several other departments have participated in the Management Academy for Public Health. This is a four month workshop that teaches staff how to create a sustainable business plan for a specific public health program; how to build a strong team; and how to build analytical and business skills for future plans.
 - The South Heartland District Health Department (SHDHD) partners with Hastings College to provide internship opportunities for Hastings College students. SHDHD gains additional assistance for projects and is able to provide public health experiences for students who may be interested in pursuing a career in the field of public health.
 - The Four Corners Health Department hosted a Technology of Participation (ToP) training in York on July 13 and 14, 2011. This event provided practical tools for fostering energized, productive, inclusive, and meaningful group participation. ToP is a collection of group facilitation methods created and refined by people using the methods around the world. Methods include: Focused Conversation, Consensus Workshop, and Action Planning Process. Twenty-two people participated, including community partners, National Association of County and City Health Officials representatives, other local health departments, and a state health department employee. Those who attended from Four Corners Health Department included two staff members, the Board of Health President, the Dietician Consultant, and two MAPP Planning Team members. Staff already has implemented the methods learned at this workshop and has received positive results. This is an example of using a best practice program and expanding the capabilities of both Four Corners staff and other community partners.
 - By teaching CPR classes and increasing the number of citizens that are certified in CPR, the Elkhorn Logan Valley Public Health Department (ELVPHD) hopes to increase the chances of survival of community members that become victims of sudden cardiac arrest or choking. Several hundred community members are certified in CPR each year by ELVPHD staff. During the reporting period, CPR instructors certified 67 persons.
 - The Panhandle Public Health District is the fiscal agent and maintains the contract for the Panhandle Partnership for Health and Human Services' Training Academy. The training academy's mission is to build an upwardly mobile workforce with local talent by providing credible, meaningful, consistent, and affordable education that results in an extraordinary service system. The academy braids funding from a variety of sources to stretch the state's educational dollar further and provides trainings for public health system workers in topics such as suicide prevention,

- disaster readiness, conflict resolution, 40 Developmental Assets, ethics, sustainability, prevention, and web graphics.
- The Southwest Nebraska Public Health Department obtained radon measurement and radon mitigation licenses for staff members. Continuing education has been completed in this fiscal year.
 - Many local public health departments are also working with the School Health Telehealth system which provides continuing education and information to school nurses and public health nurses.
 - Many of the local health departments have participated in the Great Plains Public Health Leadership Institute. The institute is a one-year program conducted by faculty from the University of Nebraska Medical Center and the public health practice community. The program is designed to strengthen leadership knowledge, skills, and competencies in the public health workforce.
 - Health department staff members continue to keep their licenses and certifications updated. They are also pursuing educational opportunities.

Informatics Development

Over the past nine years, the Lincoln-Lancaster County Health Department (LLCHD) has developed and implemented informatics resources that support and enhance the department's ability to accomplish its mission. LLCHD's objectives include improving quality, cost effectiveness, efficiency, reporting, and evaluation capacity. Through ongoing analysis of need, evaluation of available resources (staff, funding, and technology) as well as past successes and failures, LLCHD evolved a workable strategy. The strategy includes overarching principles, basic design elements, and a conceptual framework. These provide guidance for informatics staff and department decision-makers for all levels of resource investment and implementation. What may be most unique and innovative about the approach is the consistent, practical application of these basic principles and design elements over the past fifteen years. No one decision or application is entirely unique or even groundbreaking. However, the accumulated impact of a strategic approach to informatics resources has positioned LLCHD well for the 21st century. In 2011, the health department was awarded NACCHO's Model Practice Designation for its sustainable and strategic public health informatics program.

Essential Service 9: Evaluate Effectiveness, Accessibility, and Quality of Services within the Health Care Industry and Public Health Departments

This service calls for ongoing evaluation of health programs, based on analysis of health status and service utilization data, to assess program effectiveness and to provide information necessary for allocating resources and shaping programs.

- Almost all of Nebraska's local public health departments have measured their work against national standards based on the ten essential services of public health. This is an evaluation of the effectiveness and quality of services provided by local public health departments. The departments incorporate the results into their strategic planning efforts in order to improve their performance. This is part of a statewide effort that is a partnership between the local public health departments and the Division of Public Health.
- Through the Nebraska Local Public Health Agency Self-Assessment, Four Corners Health Department (FCHD) identified areas of strength and areas for improvement. A quality improvement plan was written with priorities identified to further strengthen the department's services and collaborations within the district, while also focusing in on those areas where more work is needed. For example, FCHD has enhanced or created policies and procedures. Another benefit of the self-assessment is the collaboration with other local public health departments that have performed the same assessment. FCHD participates in monthly conference calls where information and resources are shared. Additional trainings and tools have been provided to the department through the Office of Community and Rural Health within the Nebraska Department of Health and Human Services. Overall, the self-assessment and quality improvement projects spur innovation to meet the needs of the Four Corners District, while also preparing the department for possible accreditation requirements in the future.
- The West Central District Health Department (WCDHD) continues the Nebraska Standards and Measures, now referenced as the Accreditation Preparation/Quality Improvement meetings with DHHS and other local health departments to evaluate each department based on the three core functions and ten essentials services of public health. The WCDHD continues to work to improve its accountability by measuring performance and outcomes in

all levels and programs and making the necessary changes to improve the quality and outcomes of the department.

- In 2011-2012 the East Central District Health Department has had a total agency push for the collection of performance measures in every department to gain a snapshot of quality. Performance measures are often dictated by Health Resources and Service Administration, the Joint Commission, and best practice standards. Performance measures are reviewed at staff meetings, with goals being clearly stated. This review provides a picture of the quality of care and areas for improvement. The implementation of an electronic record has enhanced the scope of data and the quality of the data the agency can use.
- Central District Health Department staff are engaged in ongoing program evaluation and quality measures of program effectiveness and client satisfaction. Within each program, quality measures are being gathered and evaluated as a way to assure quality services. If a program does not meet its intended objectives, program staff, along with the Community Health Analyst, works to determine how the program can reach its objectives. Monitoring program measures assures that decisions on program changes are based on relevant data.
- The South Heartland District Health Department (SHDHD) led an evaluation of the Local Public Health System based on model standards for the ten essential public health services as part of the MAPP community needs assessment process. The SHDHD board and staff, along with nearly 70 public health system partners, identified “Access to Care” as a top priority for inclusion in the next Community Health Improvement Plan.
- The local health departments consistently evaluate programs, presentations, and services that they provide to their communities. Additionally, the preparedness exercises conducted by the departments require an after action report and follow up.
- The Lincoln-Lancaster County Health Department (LLCHD) believes quality improvement, evaluation, efficiency, and cost effectiveness are enhanced when you have tools that provide flexibility, consistency, and continuity. During the past year, LLCHD’s Community Health Services Division continues to work with reporting tools and IT staff to evaluate use of the electronic medical record, and develop reports related to billing, revenue recovery, as well as, patient and population outcomes. The LLCHD is beginning to work with the electronic medical record vendor on Clinical Quality Measures appropriate to the department’s service population.

Essential Service 10: Research and Gain New Insights and Innovative Solutions to Health Problems

This essential service includes linking with appropriate institutions of higher learning and research; engaging in economic and epidemiologic analyses to conduct needed health services outreach; and using evidence-based programs and best practices where possible.

- Thirteen local public health departments received grants from the Division of Public Health to implement comprehensive evidence-based interventions that address one of their local priorities. These departments are using innovative evidence-based approaches to address health problems.
- The Nebraska DHHS Division of Public Health created a Public Health Practice-Based Research Network (PBRN) in partnership with the University of Nebraska Medical Center, College of Public Health. Several local health directors serve on the advisory committee of the PBRN. Additionally, the local public health departments are working with the PBRN to conduct research studies on the public health workforce, quality improvement, and accreditation in Nebraska. They have completed surveys that contribute to the study.
- The East Central District Health Department (ECDHD) continues to provide technical assistance to other district health departments in Nebraska. This past year the department has worked with other departments on the completion of the Community Health Needs Assessment and Community Health Improvement Plan. The ECDHD has been recognized or cited by the National Association of City and County Health Officials (NACCHO) for its MAPP work several times during the past ten years. Several articles have been written on the MAPP work by the district including "*New Health Department MAPPs its way to a Successful Start: The East-Central Nebraska Story*" which is a story from the field written in 2007 and it is available on the NACCHO website. In addition, the ECDHD's initial MAPP evaluation is part of the MAPP toolkit where ECDHD is cited multiple times.
- The South Heartland District Health Department (SHDHD) was offered the opportunity to field test a new Local Public Health System Performance Standards Program tool for the Centers for Disease Control and Prevention. This is one of the components of the MAPP (Mobilizing for Action through Planning and Partnerships) Community Needs Assessment process. The SHDHD implemented this assessment in November 2011 and provided feedback to the CDC on what worked well and what needed improvement.
- Over the past several years the Lincoln-Lancaster County Health Department has piloted the use of an evidence-based maternal child case management program. The Healthy Families America (HFA) model has been used to enhance parenting outcomes, health outcomes, and reduce child maltreatment. The Healthy Families America model was implemented for the entire maternal child program this year.

Conclusion

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

Public Health Stories

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

Preventing H3N2v Influenza

As the time drew near for the Nebraska State Fair in Grand Island, the Centers for Disease Control and Prevention (CDC) issued a warning about a new influenza virus named H3N2v. This new influenza is carried and spread by swine. It was associated with contact between pigs and humans. While there are other viruses that spread from swine to human, a new influenza virus is always a concern. Viruses are known to change quickly and then can spread more quickly and perhaps cause more severe symptoms. The CDC monitors these new strains very closely. While other states continued to report new cases, not one case has been documented in Nebraska at the time of this writing a month after the state fair ended. We cannot say that this is because of our efforts to keep people informed and healthy, but we believe that our efforts were successful in producing a zero percent infection rate of H3N2v at the Nebraska State Fair.

The Central District Health Department (CDHD) core staff met two weeks before the start date of the fair to determine action steps. Our Environmental Supervisor then met with state fair livestock officials to determine steps to be taken to reduce the risk of exposure. It was determined at that meeting between state fair officials and the health department that signage regarding precautions should be placed in areas of the state fair where pigs were housed or shown. Additionally, the agreement was to place additional hand sanitizer stations throughout the fairgrounds, and to encourage frequent hand washing with soap and water as well.

The Community Health Supervisor prepared a press release to inform the public of the situation. A Health Alert Network message regarding H3N2v influenza and the state fair was sent out to area health providers. Local health directors across the state were sent information, so they too could join in the disease prevention activities and protect their community residents who were attending the state fair. The Community Health Nurse monitored disease progress across the country where state fairs were being held. Television and radio appearances by CDHD staff followed the press release. These appearances made it clear that attending the fair could be safe and fun if the appropriate precautions were carried out during the visit. Small children, pregnant women, and individuals with chronic disease were cautioned to avoid visiting the swine area. All state fair visitors were encouraged to wash hands often with soap and warm water, and to frequently use the hand sanitizer that was distributed throughout the fair grounds. Additionally, fair goers were discouraged from eating or drinking in the swine barn. The message was basically to have fun and not worry, but to take proactive measures to stay healthy.

By the time the Nebraska State Fair opened, the virus had reportedly infected over 180 people in other agricultural states with a strong association with visits to swine barns at state fairs. In Nebraska, the distribution of information on H3N2v helped people to stay well.

Panhandle Businesses Recognized for Excellence in Wellness

Four Panhandle businesses were honored by Governor Dave Heineman and Nebraska's Chief Medical Officer and Director of Public Health Dr. Joann Schaefer at the Panhandle Safety and Wellness Conference and Awards Luncheon in Gering in September for planting the seeds for wellness in their businesses. Educational Service Unit #13, Gordon Memorial Hospital, Kimball Health Services, and Western Nebraska Community College all received the Governor's Wellness Award at the Sower Level.

Educational Service Unit #13 has promoted wellness to employees through a variety of ways including creating short videos on numerous wellness topics that are available at any time to employees, regular lunch and learns, and a lending library. Over 50% of employees are participating in their regular wellness programs and challenges.

A fresh produce program at Gordon Memorial Hospital was just one of the ways they are working to increase employee fruit and veggie consumption. Additionally, employees have been offered opportunities to participate in stress management and physical activity programs.

Shelley Beguin, Human Resources Director noted, "Our annual health risk assessment has helped us in planning wellness initiatives for the upcoming year." She added, "We are certainly in our infancy with our program; however, we are beginning to see small percentages of positive trends in employee health behaviors."

Kimball Health Services has implemented team-oriented activities and nutrition campaigns. They offer healthy snack and light lunch options in addition to encouraging employees use break time to take a walk. Employees have the opportunity to participate in health screenings offered by KHS at their annual employee health fair.

Western Nebraska Community College (WNCC) touted much of their initial wellness program success to strong leadership support and a diverse wellness committee appropriately named "Cougar Strides."

Carolyn Nading, AOS Recruiting/Marketing Director said, "Because WNCC has three locations, we are certain to include committee members from the satellite locations so we can assure to encompass all employees." They offer an all-staff in-service annually each fall that is dedicated to wellness where employees receive health screenings and flu shots in addition to a variety of wellness breakout sessions, booths, and prizes.

Worksite Wellness Coordinator, Jessica Davies noted, "We are so proud of each of these organizations for their commitment to employee health. They are certainly leaders in the region and we commend them for all of their work."

The Panhandle Worksite Wellness Council is a division of Panhandle Public Health District in partnership with Scotts Bluff County Health Department. The council offers extensive membership benefits to help build evidence-based worksite wellness initiatives for local organizations.

TB Case Management: Protecting the Community

In June of 2012, the Douglas County Health Department received a report that a Vietnamese male in his 60s with severe back pain had been diagnosed with TB of the spine, also known as Pott's Disease. Additional tests indicated that he did not have TB in his lungs.

The man had arrived in the United States with his wife in May 2009, and has traveled back and forth several times to see his children who still live in Vietnam. He lives with two daughters, sons-in-law and six grandsons, and speaks only Vietnamese. His son-in-law serves as the interpreter for the man and his wife.

Two years ago the man had a stroke and still suffers from some weakness in his lower extremities due to the stroke. It was during May 2012 that he began to experience significant back pain. Since he had no insurance, the man visited a "free clinic" on three occasions, but had no relief of his symptoms. His family then took him to the emergency room and he was admitted to the hospital.

Following his diagnosis, the man was dismissed from the hospital and placed on TB treatment. Douglas County Health Department TB nurses began daily Direct Observational Therapy (DOT) at his home. Daily observation for non-pulmonary TB cases is mainly limited to the first month. During that time the nurses set up the ongoing orders at the pharmacy, made sure the drugs were picked up, taught the patient how to take the medicines and how to look for side effects, and what to do if any side effects developed.

This brief period of observation also allows for frequent nursing assessments at the start of the medication regime when side effects are most likely to occur. The patient continued having significant back, left hip, and leg pain with minimal relief from pain medications. He routinely slept on the floor and due to the pain, required assistance to sit up in order to take his medicine. The man had difficulty swallowing the ten pills, so his wife was given instruction on how to crush them and mix the pills with water.

The nurse epidemiologist accompanied him to two infectious disease medical appointments and one with a new primary doctor. That was done to assure that his medical team understood the status of his health concerns, to explain the severity of his ongoing pain, and to communicate the results of the nursing assessments to the physicians.

Because the diagnosis in this case was non-pulmonary TB and the patient was not considered to be infectious to others, his visits were reduced to once a month to assess his status. However, within a short time, the lab reported that the sputum specimens, previously collected in the hospital, now were testing positive for M.TB organisms. Therefore daily DOT was resumed. This turned out to be a very fortunate move.

At the end of August, while the expert TB nurse was in the home, the family reported that the patient's back pain had moved from the left hip to right. He also had begun to experience trouble walking.

The nurse assessed his gait and observed that he had difficulty with flexion (bending upward) of his right foot, a condition called 'foot drop'. This is a sign of pressure on a nerve in his spine. In this case that condition was due to the TB of the spine, an urgent situation that requires immediate medical intervention to prevent permanent disability.

The nurse made an emergency referral for the patient to be examined by an appropriate specialist, and within hours he had surgery to treat the immediate problem. Six days later he had extensive surgery to provide support to the spine with lumbar fusions.

The patient will remain on TB treatment for several more months, but due to the nurse's rapid identification and response to a quickly developing condition, he is now recovering from two surgeries that likely saved his ability to walk. The treatment program also protected the community after it was determined the man's condition was revised to consider him contagious.

South Heartland's *Wellness for Women at Work*:
"UP and at 'em!" Adams County Wellness Program Improves Employee Health

In October of 2009, Adams County, including 147 employees and 7 County Board members, joined the South Heartland Wellness for Women at Work project. Worksite wellness programs are an effective way for people to improve their nutrition, increase their physical activity and increase general wellness. Since most of the population work, the workplace is an excellent place to receive information, provide support and conduct activities to improve employee health. The purpose of the Women at Work project was to increase the number of workplaces and schools with effective wellness policies that address nutrition and physical activity; breastfeeding support; and environmental supports for wellness.

Calling their worksite wellness program "Up and at 'em!", Adams County committed to provide health risk assessments, biometric screening, a health fair, wellness coaching, nutrition and physical activity challenges, education, as well as flu shots and other adult immunizations.

Over the next three years, "UP and at 'em!" brought a number of positive changes to the Adams County employees and their work environment:

- Encouraged use of stairs instead of elevators
- Adopted a resolution for a tobacco-free campus
- Provided healthy snacks in break areas
- Installed healthy vending machines
- Mapped out walking routes so staff could walk during their breaks
- Developed a breast feeding policy and provided appropriate space for nursing moms in every building



Together, the education, activity programs and policy and environment changes provided opportunities for Adams County employees to make positive changes in their lifestyles. Notable individual successes include:

- A roads department employee lost over 30 pounds
- Due to participating in the employee health fair lab work, an employee discovered that she had significant liver disease and was able to seek treatment
- A county supervisor now enjoys a healthy bowl of oatmeal every morning

- A secretary who has a history of blood clots in her legs has a program on her computer that reminds her to get up and move every hour

South Heartland is proud to recognize these overall successes in Adams County's employee health:

- Number of employees who exercised 5 times or more a week increased from 9% to 20%
- Number of employees with elevated cholesterol decreased from 13.7% to 9.1%
- 23% of employees decreased their blood pressure
- Percent of employees who practiced 4 or more good health habits increased by 10%

In 2012, the Adams County "UP and at 'em" wellness program was recognized with the Governor's Excellence in Wellness Sowers Award. This award acknowledges employers who have made a commitment to improve employee well-being. South Heartland District Health Department congratulates Adams County on their wellness successes!

Appendix A. Contact Information for Nebraska's Local Health Departments funded under the Nebraska Health Care Funding Act (LB 692)

Central District Health Department

Teresa Anderson, Director
1137 South Locust Street
Grand Island, NE 68801
Phone: (308) 385-5175
Website: www.cdhd.ne.gov

Douglas County Health Department

Adi Pour, Director
1111 South 41st Street
Omaha, NE 68183
Phone: (402) 444-7471
Website: www.douglascountyhealth.com

East Central District Health Department

Rebecca Rayman, Executive Director
2282 East 32nd Avenue
Columbus, NE 68601
Phone: (402) 563-9224
Website: www.eastcentraldistricthealth.com

Elkhorn Logan Valley Public Health Department

Gina Uhing, Director
Box 779
Wisner, NE 68791
Phone: (402) 529-2233
Website: www.elvphd.org

Four Corners Health Department

Vicki Duey, Executive Director
2101 North Lincoln Avenue
York, NE 68467
Phone: (402) 362-2621
Website: www.fourcorners.ne.gov

Lincoln-Lancaster County Health Department

Judy Halstead, Director
3140 "N" Street
Lincoln, NE 68510
Phone: (402) 441-8000
Website: www.lincoln.ne.gov/city/health

Loup Basin Public Health Department

Chuck Cone, Director
934 I Street/Box 995
Burwell, NE 68823
Phone: (308) 346-5795
Website: www.loupbasinhealth.com

North Central District Health Department

Roger Wiese, Director
422 East Douglas Street
O'Neill, NE 68763
Phone: (402) 336-2406
Website: www.ncdhd.ne.gov

Northeast Nebraska Public Health Department

Deb Scholten, Director
117 West 3rd Street
Wayne, NE 68787
Phone: (402) 375-2200
Website: www.nnphd.org

Panhandle Public Health District

Kim Engel, Director
808 Box Butte Avenue/Box 337
Hemingford, NE 69348
Phone: (308) 487-3600
Website: www.pphd.org

Public Health Solutions District Health Department

M Jane Ford Witthoff, Health Director
995 East Highway 33, Suite 1
Crete, NE 68333
Phone: (402) 826-3880
Website: www.phsneb.org

Sarpy/Cass Department of Health and Wellness

Dianne Kelly, Director
701 Olson Drive/Suite 101
Papillion, NE 68046
Phone: (402) 339-4334
Website: www.sarpy.com/health

South Heartland District Health Department

Michele Bever, Executive Director
606 North Minnesota/Suite 2
Hastings, NE 68901
Phone: (402) 462-6211
Website: www.southheartlandhealth.org

Southeast District Health Department

Kay Oestmann, Director
2511 Schneider Avenue
Auburn, NE 68305
Phone: (402) 274-3993
Website: www.sedhd.org

Southwest Nebraska Public Health Department

Myra Stoney, Director
Box 1235
McCook, NE 69001
Phone: (308) 345-4289
Website: www.swhealthdept.com

Three Rivers Public Health Department

(vacant) Director
2400 North Lincoln Street
Fremont, NE 68025
Phone: (402) 727-5396
Website: www.threeriverspublichealth.org

Two Rivers Public Health Department

Terry Krohn, Director
701 4th Avenue/Suite 1
Holdrege, NE 68949
Phone: (308) 995-4778
Website: www.tworiverspublichealth.com

West Central District Health Department

Shannon Vanderheiden, Director
Box 648
North Platte, NE 69103
Phone: (308) 696-1201
Website: www.wcdhd.org