

▶ 2013 Annual Report of the Nebraska Health Care Funding Act (LB 692)

Health Department: ▶ Southeast District Health Department

All local public health departments receiving funds under the Act are required to report on the activities carried out during the fiscal year July 1, 2012 – June 30, 2013.

Please respond to the questions and provide specific examples and outcomes wherever possible. You may not be able to respond to every question but be complete as possible.

This report is due to the Office of Community and Rural Health by **October 1, 2013**. Please e-mail to Pat DeLancey (patti.delancey@nebraska.gov).

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1. Monitor health status and understand health issues facing the community.

- a. How do you make data available to your partners and your community?

The Southeast District Health Department provides recent data on its website. The state supported data committee works with several partners and with Pat Lopez as the coordinator to provide data that is useful to each department. We provide data through the dash board on our website and links to the BRFSS and other data on our website.

During the MAPP process, all attendees were given hard copies of this data. When we have requests for data, we refer the callers to our website, or assist them with the data for which they are asking.

- b. What major problems or trends have you identified in the past year?

Significant numbers of young unemployed persons, aging population without access to care because of the rural nature of our District. As the persons age, they should not drive, there is limited access to services through local agencies, but out of town trips are limited and there is a definite time limitation on the trips.

- c. If you updated your community health assessment during the past year, describe the process and the major outcomes.

The MAPP process was completed in our District this year. We partnered with three non-profit hospitals to complete requirements for the IRS/ACA. The other three hospitals also cooperated in the same manner. The process involved the hospitals hosting the focus groups and sending out the invitations. The hospitals and health department developed the invitees and merged the lists. The Department provided facilitation, record keeping and final reports. This was done on a county by county basis. In Otoe county who has two hospitals, initially this worked, but as the process progressed (or not), it became evident we would need to develop a plan for eastern and western Otoe counties. This was done and we were able to develop a much better relationship with the Syracuse community by doing so. Interestingly

enough, most of the communities came up with the same needs. Community wellness, resource identification, access to behavioral health, access to care in the rural areas.

Funding Source: Both LB 692 & LB 1060

2. Protect people from health problems and health hazards.

- a. What key activities did you complete in the past year to prevent, minimize, and contain adverse health events and conditions resulting from communicable diseases; food-, water-, and vector-borne outbreaks; chronic diseases; environmental hazards; injuries; and health disparities?

Our department does follow up on reportable disease in the time allotted by DHHS. We have been active in doing case histories and giving information to the family involved. When food borne illnesses become news in the state or bordering states, we serve as a resource by providing information to local media as to symptoms and prevention.

Our prevention initiatives include assistance for towns with water that is under standard by following up on all notifications to these towns.

We have an active West Nile program and in addition to education, we trap mosquitoes along the river and collect dead birds. During fall sporting events we supply the schools with insect repellent wipes to hand out to the observers as well as the athletes.

Our immunization clinics are traveling and include all counties. Last year we gave 1370 vaccinations to 582 children. We also assist several volunteer agencies in vaccinating personnel. We gave 85 vaccinations to adults.

We provide physical for day care and head start workers including tb testing. As needed, we develop in house brochures for communicable diseases.

We have consistently carried out a sun safety program which educates farmers and teens as to the danger of tanning. We continue to support Pool Cool past the grant funding we once received because melanoma is one of the leading causes of cancer death in our district.

Over the past year we have responded to two clandestine meth labs and posted the houses. We have worked with law enforcement as well as the owners of the properties for the best outcomes. This is difficult because of the cost of testing and mitigation. We continue to research better ways of providing this service/mandate.

The department works with vulnerable populations and works to identify those groups/persons. Our most vulnerable are the elderly who still live in their country homes.

We provide in-service to community partners (LTC, hospitals, head start, EMS, as well as ESU4's health academy) on subjects specific to their needs. We work with Tribal Health to assist with health education particularly our Growing Great Kids program and assistance with Diabetes curriculum.

- b. What activities did you complete for emergency preparedness (e.g., planning, exercises, response activities) in the past year?

We completed an all hazards assessment of the District and developed plans to mitigate the hazards.

We exercise with Cooper Nuclear Station and are at the table in the EOC as Public Health.

We assisted all hospitals, long term care facilities and group homes/sheltered workshops to develop closed point of dispensing plans, trained them on the process, and completed both a functional and full scale exercise with these partners.

Provided an emergency plan template and training to all licensed day cares. We continue to educate these facilities by providing quarterly news letters that discuss pertinent subjects, such as immunization schedules, disease of the month, prevention practices, safety practices, and upcoming events that may assist them in getting needed education. This is made available to all daycares, Head Start, and schools. Copies are also available on our website and at immunization clinics.

Annually we visit all hospitals, LTC and Assisted livings to discuss preparedness planning and disease prevention.

Work with hospitals, EMS, and school nurses in obtaining training for CEUs Support and maintain/develop a volunteer data base that currently contains 650 volunteers

House and support a regional FIT testing machine which annually tests 750 hospital employees and volunteers. The device was purchased through the local MRS, and was purchased for the district.

We have developed a dialog and MOUs with our outstate partners. With the exception of Iowa who is unable to commit. Quarterly calls are made and public health topics in general are discussed. These calls include bordering Health Departments from KS and MO.

Funding Source: Both LB 692 & LB 1060

3. Give people information they need to make healthy choices.

- a. Provide two to three examples of key information related to physical, behavioral, environmental, social, economic, and other issues affecting health that was provided to the public.

Over the past year we have completed the MAPP process. During the community focus groups we had the opportunity to assist the groups in identification of existing resources. We provided facilitation and compiled reports for each community. In our district we worked with the hospitals three of which were required by the ACA to provide a community needs assessment for the IRS to show non-profit eligibility. We offered the process to all the hospitals in the community. The partnerships developed through this was beneficial to not only the Department and the hospital, but to the community as a whole. The Hospitals acted as hosts providing the venue and snacks if desired. The Health Department did the facilitation and recorded the results. Guest lists were developed in partnership.

The process followed the protocols for MAPP. Strengths and weaknesses in the community provided several productive conversations with some evolving into debates. Achieving consensus was for the most part not difficult after groups were allowed the latitude of discussion.

Most groups quickly realized that while the assessment was required for the Hospitals and a necessary tool for Public Health, they were going to benefit from the results. All communities have developed Community Health Improvement Plans and are working toward their goals. All chose a long-term and short term goal. Committees have been formed with the community taking the leadership and the Health Department being a member of the committee.

This has been a huge step in overall partnership and recognition of the Health Department as a community resource and partner.

The Department doesn't employ an environmental health professional. We either provide resources or referral. We do follow up on complaints /inspections before we refer. Complaints about restaurants are usually given direct observation and reported to the manager before they are referred to the area inspectors. We have a very good relationship with both inspectors, and they serve us well.

Over the past year we have responded to two Meth property referrals. Usually we are involved for 6 months before we get the notification from the state patrol. Local law enforcement or Southeast Drug Enforcement usually report the incidents of clandestine labs. If they don't, we usually see the report in the local papers. This past year we were involved in an incident with a low income housing where they

wanted testing after an eviction. We assisted them with referral and the board chose to do testing and mitigation.

As a result of the MAPP process several communities have chosen to address mental health and access to care in our area. We have worked with the communities and behavioral health on both the regional and state level to provide some relief. One of the tools we have been able to suggest and acquire is Skype and video conferencing. This has been developed in several communities already. We continue to pursue access to emergency placement.

- b. Provide two to three examples of health promotion programs that were implemented to address identified health problems.

This year, we have lost two very important outreach programs in PHONE and Every Woman Matters. We continue to do information and referral for these two very important needs. Funding from both sources supplants these activities.

We have had a very successful prevention program which involves melanoma prevention. Our target audience has been those involved in agriculture. We have developed a relationship with UNL Extension and are able to give presentations at their herbicide/pesticide certification clinics. They have allowed us to speak briefly (10-15 minutes) and set up an information booth where packets are handed out to go home to family. We have as a result of this campaign also developed a Prom Campaign where coeds are encouraged to skip tanning booths. We continue to work with the area swimming pools to announce time to put on sunscreen during breaks. This is important to our district because Melanoma is a leading cause of death.

- c. Provide two or three examples of activities you completed to provide targeted, culturally appropriate information to help individuals understand what decisions they can make to be healthy.

In our district we are working through health literacy to ensure all information provided is culturally and linguistically appropriate. We are fortunate to have a relationship with a local radio station that is Spanish speaking. We are able to send all announcements to them and they translate and put on the station.

We contract with interpreters to provide our brochures in appropriate language.

Our relationship with the Iowa Tribe is beneficial in that they are referred to us for health information or requests are made directly for their health station. The nurse manager has been introduced to NIMS so she could access children who are members of the Tribe who had received immunizations in NE clinics. Over this year we have cooperated with the Nurse-manager of their health clinic in diabetes education. We have provided curriculum which she had not accessed, and provided cook books and other educational enhancements. We have been present at two of their health fairs and done community outreach to their members.

Funding Source: Both LB 692 & LB 1060

4. Engage the community to identify and solve health problems.

- a. Describe the process for developing your community health improvement plan (CHIP) and/or implementing your work plan.

After providing the process for completion of MAPP, we gathered the persons who were involved and facilitated Community Health Improvement Plans in each county. The groups reviewed the final MAPP meeting and information. Data was given to them and they, as a group chose priorities. We directed them to decide on one short term (12-18 months) and one long term.

- b. During implementation of your work plan or other community-driven plans:
- What were the evidence-based strategies that were implemented?
 - What were the key communication activities that were implemented?
 - Who were some of the key partners that were involved in the implementation of the work plan? What were some of their key contributions?
 - What is the impact on the health of community members?

We are currently developing a District-wide home visitation/parenting program. It was implemented in Otoe County 5 years ago as a pilot. We have been using a nationally recognized curriculum. This year we were able to obtain MCH funding to include Richardson and Nemaha Counties. We are using funding provided for prevention to include Johnson and Pawnee Counties. From this expansion, we have incorporated Healthy Families

America and will be using the Growing Great Kids curriculum. This is an evidence based program.

As a whole, only two communities are working on wellness initiatives. Otoe county is making wellness activities more available in the community, while Nemaha County is working on an educational format using the CDC curriculum Eat Healthy Be Active Community Workshops. They plan to extend this to worksite wellness activities in the long term. They involved elected officials, health care, the schools (including Peru State) and Cooper Nuclear. Peru State exercise science students have begun a program that meets after school to promote exercise and healthy eating education.

Funding Source: Both LB 692 & LB 1060

5. Develop public health policies and plans.

- a. What policies have you proposed and implemented that improve population health and/or reduce disparities?

We have been actively affiliated with the community planning while making the plans their own. They have identified community leaders to expand the programs they have chosen, and we offer resources and support.

- b. Describe how your department has engaged in agency-specific strategic planning to develop a vision, mission, and guiding principles that reflect the community's public health needs, and to prioritize services and programs.

We are working toward completion of the Agency's strategic planning. We have worked as a staff to develop long range plans while addressing immediate concerns that were identified by the MAPP process. The board will be finalizing the process in November.

- c. Describe your efforts to develop and implement a quality improvement plan for your department.

We have developed and implemented a QI project and completed that. It addressed communication and accuracy of information released by the Department.

The long term QI plan will be completed with the strategic plan.

Funding Source: LB 692

6. Enforce public health laws and regulations.

- a. Describe your efforts to educate members of your community on public health laws, policies, regulations, and ordinances and how to comply with them.

We have been invited to several small towns who have concerns about nuisances. We have assisted them with developing ordinances to cover their concerns. Recently we have been able to use those to gain community clean-up of abandoned houses and a house that was occupied by a hoarder.

- b. What laws and regulations have you helped enforce to protect the public's health?

See above.

We have also worked with the Department of Ag to assure our food handlers are working under the laws of the state. We refer new establishments to our area inspector. If we get a complaint, we usually check the complaint out before we refer. Many times complaints come from disgruntled former employees. In this way, we save the inspector time. After we have been to the facility we call and report the complaint.

We actively work with law enforcement to post and follow-up on Meth labs. Educating them as to the need to notify us has been on-going.

Funding Source: Both LB 692 & LB 1060

7. Help people receive health services.

- a. Describe the gaps that your department has identified in personal health services.

All counties identified mental health resources and access as needs. There is no acute inpatient service in the five county area, and outpatient care is limited.

Access to care for rural elderly is a concern due mostly to transportation. Several counties are working on a plan to develop assistance in this area.

- b. Describe the strategies and services that you have supported and implemented to increase access to health care and establish systems of
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personal health services, including preventive and health promotion services, in partnership with the community.

We are working with two communities to further out-patient mental health services. Several of the ideas include Skype and video conferencing available in the hospitals. We have worked with law enforcement to use Health Department video conferencing to enhance emergency custody.

Funding Source: LB 692

8. Maintain a competent public health workforce.

- a. Describe your efforts to evaluate LHD staff members' public health competencies. How have you addressed these deficiencies?

Education in the area the staff function is part of the program development. Staff are allowed to attend appropriate opportunities. We are currently not traveling out of state, so we look to video conferences, webinars, and self-study.

- b. Describe the strategies you have used to develop, train, and retain a diverse staff.

Our staff has been employed to best serve our purposes. Five of ten staff are RNs this allows supervision of the other staff and their programs. These ladies have the basic knowledge of health, statistics, education, public health and professional management. They mentor and direct the other staff. Other staff qualifications include history with elder care, accounting, marketing and journalism, animal science, and pre-public health. Everyone is cross trained to not only enhance their knowledge of our department and how it works, but also to cover all programs in the absence of an employee.

- c. Provide at least two examples of training experiences that were provided for staff.

Our staff has been trained in CLAS standards this year. Key positions that develop information attended training on health literacy. Health literacy training was also held at our facility for all staff.

Current as well as new staff to our home visitation program were instructed in the curriculum for Growing Great Kids. This was an onsite training with the trainer traveling to NE.

- d. Describe the activities that you have completed to establish a workforce development plan.

Our plan is associated with the strategic plan. It includes identification of and recruitment of qualified persons to the area. Of concern is the age of staff. We have worked with Peru State and UNMC to develop the PHEAST program which is the equivalent of RHOP for public health. We have also provided a resource for internships for this program. We have had an intern from the UNMC College of Nursing work with our office. Students from Bryan Health also rotate through our department.

Funding Source: LB 692

9. Evaluate and improve programs and interventions.

- a. Provide at least two examples of your evaluation activities related to evidence-based public health programs.

Evaluation is a component of our grant funding for both MCH and Minority Health. Both require outside evaluators who are responsible for assessment of grant goals and the meeting of such.

- b. Provide two examples of QI projects that have been completed or are in process.

We have assessed our incoming calls and addressed lack of a way to communicate to others in the office what has been done/said. An access program has been developed and each call is logged. Persons in the office are able to search the data base by name. This has made for more continuity and reliability.

Our home visitation program has built in evaluation. The record keeping software we are purchasing will allow call up of identified evaluation components.

Funding Source: LB 692

10. Contribute to and apply the evidence base of public health.

- a. Provide at least two examples of evidence-based programs your department is implementing.

Healthy Families America
Eat Healthy Be Active

- b. Describe how you have collaborated with researchers to conduct any research studies (e.g., completed surveys, interviews, or focus groups).

We have been cooperating with UNMC College of nursing to provide a research study of rural women who have lost 10% of their body weight. It provides a blind study with computer support of two varying levels.

We have also completed surveys, and done interviews

Funding Source: Choose an item.

STORYTELLING

Highlight at least one significant accomplishment or success story for your department during July 1, 2012 – June 30, 2013. What was the impact of public health on individuals and families in your community? What did you accomplish? (What outcomes or impact did you achieve? Did the success promote efficiency or effectiveness? Does the success link to or support a broader strategic plan, health improvement plan, or specific essential service?)

Probably the biggest accomplishment of the past year was the undertaking of the MAPP process. Due to the requirements of the ACA, we partnered with three non-profit hospitals to provide the community needs assessment required by the IRS. Since we were doing this in three counties, we did the other two individually also. It was a huge process. We contracted with a facilitator, employed a Peru State intern to scribe and proceeded to conduct the process in all five counties. When the two hospitals in Otoe County were unable to develop plans together we divided the county in half and conducted the sixth group.

While this is not the suggested way to do the MAPP process, it worked extremely well for us. We developed relationships that were present before, but became much stronger as we were able to meet the needs for their required reporting.

Our department developed the final reports after the CHIP meetings. We continue to follow up on the CHIP implementation. Short term goals are underway and we will continue to be a presence in the planning.
