

▶ 2014 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 related to the core public health functions carried out during the fiscal year July 1, 2013 – June 30, 2014.

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 Health & Performance Management by **October 1, 2014**. 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.

In addition to the above the Director has been an active member of the state-wide data committee chaired by Pat Lopez. The main goal of this committee has been to develop consistent, valuable data that is valuable to all persons in the state.

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

District wide the aging population without access to care is a problem 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. Also we continue to have difficulty with access to mental health care for all ages. We have seen increased use of video conferencing for those who can benefit from it. We have also noted an uptick in the number of reportable diseases in our district.

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

We completed our community health assessment last year. We have added updated BRFSS data as it is made available. We continue to assess our district by over sampling for more accurate data.

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. We also are able to refer persons to our website for current information.

Our prevention initiatives include assistance for towns with water that is under standard by following up on all notifications to 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 1526 vaccinations to 453 children. We have, this year, recently been able to add the state/federal supported vaccination program for uninsured adults. We also assist several volunteer agencies in vaccinating personnel. We gave 29 vaccinations to adults.

During our immunization clinics, we screen preschool parents for risk of lead in their homes. If the child is vulnerable we suggest they ask their physician to test them at their next visit. We also educate the parents and send home brochures about lead poisoning.

We provide physicals 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 once received, because melanoma is one of the

leading causes of cancer death in our district. During prom/graduation season, we provide posters in the schools that depict the dangers of tanning. 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/unfunded mandate. We cooperated with the state agency in testing one home for meth residue.

The department works with vulnerable populations through home health agencies and self-reporting and work to identify those groups/persons. Our most vulnerable are the elderly who still live in their country homes.

Last year we developed an emergency response manual for day cares which can be downloaded completed by the agency.

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?

Our department is part of the planning and exercising with Cooper Nuclear Station and emergency management in the 5 county district. This year we prepared for a Hostile Action Based (HAB) exercise. This was one of only two held in the US. We have also been a part of two other exercises instituted by Cooper. The director serves as ESF 8 with support of the staff of SEDHD with the Emergency Response Coordinator taking part from the office. This year we also exercised with SEMRS in an exercise involving all six hospitals. The ERC has met with all hospitals and long term care facilities to assist with closed POD reviews.

Planning for long term cares has involved assistance with plans required by CMS next year for complete plans within the facilities.

We have also exercised with our bordering states in communication exercises and were a part of MO statewide exercise.

We hold quarterly calls with KS, IA, MO, and the IA tribe that all boarder our District.

Quarterly call downs are done with partners, board members, DHHS, and volunteers.

We have cooperation from all hospitals, schools, daycares over 12 children, and long term cares in reporting influenza-like illnesses. We also have a sentinel physician in our District.

While most of these activities are supported by Federal Emergency Response funding, 1060 funds support much of the disease follow up and response

Funding Source: 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.

As a result of the MAPP process we have begun work on community health improvement plan. Prior to our board of health setting priorities, the staff set some goals. One of those was to increase exercise in school aged children. In visits to schools it was noted that before school students congregated waiting for the bell. In one school we approached administration to encourage exercise during this time. It was suggested that no funding would be necessary, paras were already manning the area. Exercise could be jumping jacks, wall sits, etc. This fall this school district has developed a walking club. Students meet in the cafeteria and eat breakfast if they choose after which they walk the perimeter of the cafeteria which is actually the secondary gym. At last observation all k-8 students were participating. They keep track of laps and there will be an incentive provided by the school each quarter.

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.

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. We have also reached out to provide Growing Great Kids home. visitation to the tribal members who live in Richardson County.

Outreach to the Hispanic Community in Otoe County provides them to access to care and refers them to appropriate services

- 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.

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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 developed 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. Two years ago 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. Peru State has provided an after school program for the two school districts in Nemaha County.

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?
- 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 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.

As an agency the staff met and developed goals for our upcoming year. They were challenged to develop ways to promote healthy living while keeping costs at a minimum. Ideas included exercises such as walking promotion, taking the news of healthy living to persons through public service announcements, in person radio spots, posters, libraries, and vacant store windows.

The health board met and decided on a strategic plan that includes methods of accessing care for all citizens of the district, Access to improved mental health services, and resource development.

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

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 has completed the process this year. (see above)

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.

As a result of Board planning, the long term plan is to complete and apply for Accreditation by the end of 2015.

Funding partially obtained through DHHS Accreditation grants.

Funding Source: LB 1060

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.

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.

- b. Describe the strategies and services that you have supported and implemented to increase access to health care and establish systems of 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 1060

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. We have all staff attend required CLAS standards training yearly.

- 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.

One of our RN home visitors was certified as a child safety seat installer. In this way all new parents are instructed in proper installation of the car seats. All staff are required to test for proper level of NIMS training.

- 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 cooperated with UNMC with a research project involved with keeping weight off.

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.

MCH and Minority Health require outside evaluators who are responsible for assessment of grant goals Evaluation is a component of our grant funding for both MCH and Minority 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: Both LB 692 & LB 1060

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

UNMC

Funding Source: Both LB 692 & LB 1060

- 11.** Please describe the activities that your department completed with the \$50,000 appropriation from LB 195. Be specific and describe any key outcomes, achievements, or evaluation findings. Indicate which of the 10 Essential Services these relate to.

The money provided by LB 195 has assisted us in being able to carry out our Growing Great Kids Program in all counties. MCH funding requires a match and by using this funding, we were able to expand our visitation program to Johnson and Pawnee counties while providing match for the federal grant.

We also used the money to supplement the Immunization program in our District.

STORYTELLING

Highlight at least one significant accomplishment or success story for your department during July 1, 2013 – June 30, 2014. 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?)

Monitor health status.....

Over the past two years we have noted through our surveillance and follow up of reportable disease program, we have noted an extremely high rate of Hepatitis C in one of our counties. Last year at PHAN a presentation was given on the ECHO project which provides access to a team of health professionals that assist remotely with case management. Records are sent prior to a scheduled video/audio conference and a care plan is established.

Our Surveillance coordinator has worked with DHHS to establish this program in our district. The physicians in both practices have committed to enrollment and we have facilitated early observations of the program.

It is our hope that we will be better able to serve the persons involved while then decreasing the rate of infection in the county.