

## Annual Report 2007-2008



*“The Leader in Assuring a Healthy Community.”*

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**Central District Health Department is pleased to present its 2007-2008 Annual Report. At Central District Health Department (CDHD), we strive to be the leader in assuring a healthy community. We embrace the philosophy of integrity, commitment and continuous quality improvement while providing progressive, economically sound programs that target our community's needs. Our mission is to educate, protect, assist and collaborate through comprehensive public health programs based on best practices. This is achieved by qualified staff empowered by personal and professional growth opportunities. The following narrative contains limited examples of health department activities organized by the NACCHO functional essential services.**

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

CDHD maintains and regularly updates a synthesized database of available data related to the health of the citizens in Hall, Hamilton, and Merrick Counties. Demographics include race, age, income, disabilities, educational attainment, and employment status. Mortality and morbidity data reflect overall health status as do hospitalization rates and number of live births which include low birth weight, infant mortality and births to teenage mothers. The Adult Risk Behavior Survey and the Youth Risk Behavior Survey provide regional data on lifestyle and risk for disease and injury. This year, CDHD contributed funds toward an oversampling of the Adult Risk Behavior Survey as a means of obtaining a clearer picture of the health behaviors of its residents. Results are not yet available.

Access to services is reflected in the status of federal shortage area designations as Health Professional Shortage Area and Medically Underserved, as well as ambulance services and occupancy rates of nursing homes and hospital long-term care facilities in CDHD. Disease occurrences and potential outbreaks are closely monitored by the Epidemiologic Team at CDHD. Weekly school absence reports and seasonal Influenza-like illness hospitalization information are obtained and forwarded to HHS for compilation. Environmental health status is monitored in part through data on toxic chemical releases, water contamination.

In addition to these data, CDHD generates and collects local data through service and program provision. PHONE Program data track the number of failed dental, medical and vision appointments of eligible participants, while interventions aim to improve compliance to early and regular health screenings for eligible children. Through its Environmental Food Program, CDHD tracks the number of critical violations among food vendors. These data are analyzed to determine, implement, and evaluate program interventions designed to improve the safety of the public's food. CDHD Environmental Health Specialists monitor mosquito populations and, after mapping areas of actual/potential high mosquito density, regularly spray insecticide to reduce the incidence of West Nile Virus. CDHD lab scientists test private and public water samples from across the state for coliform, nitrate, fluoride, hardness and pH content. Reinforcement education on ground water protection is provided to well owners, both public and private. Additionally, Registered Environmental Health Specialists monitor safety of public swimming pools and recreational facilities through regular assessment, and provide ongoing training and education to pool operators.

## **2. Protect people from health problems and health hazards**

Water issues have provided ample opportunities for CDHD staff to protect people from health problems and hazards. Floods in the spring created the potential for a variety of health problems. Excess rains flooded private septic systems and seeped into private wells. Excess water overloaded the city's sewer system, with sewer water backups into homes in several communities. At one point, untreated sewage was released from the Grand Island Water Treatment Plant downstream to prevent additional flooding. Environmental Health Staff worked closely and regularly with the city's utilities to advise and address issues related to the water problems mentioned above. Additionally, CDHD staff provided media updates and educational materials to assist residents coping with flood waters. CDHD staff even arranged for Port-A-Pots to be delivered to areas where flooding prevented use by residents of their own bathroom facilities. CDHD provided on-site tetanus booster shots to city and county emergency workers. Private well water sampling for coliform was offered at reduced prices to residents affected by floods. When mosquito trapping revealed an exponential growth in the number of mosquitoes, CDHD increased mosquito fogging efforts to control both nuisance and exposure to West Nile Virus. CDHD also increased education efforts geared toward personal responsibility and actions to eliminate unnecessary exposure to West Nile Virus.

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

Providing people with information needed to make healthy choices is a regular function of CDHD. Professional staff provide educational classes on prioritized issues. On a daily basis, CDHD WIC Clinic staff give parents useful information specific to the nutritional needs of their children. A special focus of WIC is the Breast Feeding Peer Counselor Program where counselors who are or have been WIC participants provide support and lay education to current WIC participants. As a result, the CDHD WIC program has one of the highest breast feeding initiation and duration rates in the state. Bilingual, bicultural staff at CDHD tailors written and verbal health education to be language and culturally appropriate, reaching minority segments of the district's populations.

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

CDHD conducted a series of focus groups among fast growing minority populations. Four Hispanic focus groups were held to determine if the issues identified through the comprehensive community assessment coincided with what they as small groups saw as chief health issues. These groups included: 1. health care providers; 2. Hispanic leaders; 3. social workers at public schools; and 4. general Hispanic community. Additionally, a focus group of Nuba tribe members of the Sudanese residents in Grand Island was held, again seeking to determine if issues identified through the comprehensive assessment were important issues to them. The data garnered from these sessions is being used to tailor outreach programming. One process being utilized is the training of peer educators to reach their own populations with information designed to improve health as well as access to care.

Another focus group of health care providers was convened to determine needs related to providing culturally and language appropriate services to the growing minority populations in our community. Data from this focus group was forwarded to the state Office of Minority Health.

#### **5. Develop public health policies and plans.**

This spring, the Grand Island City Council passed a smoke-free workplace ordinance, effective June 1, 2008. CDHD staff worked closely with city council members and the city attorney to design the language of this measure as it was introduced and debated. Once the ordinance was passed, CDHD staff coordinated local and state efforts to assure interpretation of the local ordinance mirrored to the largest degree possible the state's LB 395 passed shortly after the local ordinance was passed.

This summer, CDHD is committing resources to public education regarding fluoridation of municipal water systems. This oral health campaign was spurred on by legislative action related to municipal water fluoridation, which affects four of the communities served. It presents an ideal opportunity to educate the public and local policy makers on the science-based value of municipal water fluoridation, as well as the lack of access to dental services. It also provides an arena for increasing knowledge and influencing health behaviors related to regular oral care.

#### **6. Enforce public health policies and plans.**

CDHD worked with local law enforcement on enforcement to interpret and enforce the local smoke-free ordinance which became effective June 1, 2008. Both local law enforcement and CDHD Registered Environmental Health Specialists are responsible for enforcing the local ordinance making cooperation essential.

CDHD partners with Safe Kids to help parents, grandparents and childcare providers to install child passenger restraints correctly. When over 334 car seats were checked at CDHD this year, a full 97% were found to be installed incorrectly. Safe Kids technicians reinstalled these seats and provided education on how to travel safely with children.

CDHD partners with area businesses to provide worksite wellness programs designed to improve the health of employees in Central Nebraska.

#### **7. Help people receive health services**

CDHD provides regular Vaccine for Children Immunization clinics in Grand Island and in Central City, with a total of five clinics each month. CDHD also provides weekly adult immunization clinics. This past year, CDHD gave over 7,336 shots to adults and children through these clinics. CDHD also provides daily WIC clinics with an average monthly enrollment of 2,546 families. These families receive vouchers for healthy foods, as well as useful education on childhood nutrition for proper growth and development.

#### **8. Maintain a competent workforce.**

Based on an internal assessment, CDHD administration modified the organizational structure of the organization to better utilize staff and resources. This has resulted in improved efficiencies and increased supervisor/staff interactions. CDHD encourages staff to attend appropriate continuing education workshops. Additionally, CDHD staff are encouraged to be members of and serve on committees and work groups of state and national public health related organizations. These activities provide opportunities for staff to network with peers and to become familiar with new evidenced-based practices, as well as current and future trends in public health. CDHD offers tuition reimbursement to staff who meet criteria.

### **9. Evaluate and improve programs and interventions**

CDHD staff are engaged in ongoing program evaluation. Each existing program is evaluated for the following: ascertain that program outcomes are aligned with the organizational mission; to determine whether the program meets an identified community need; to support organizational change and improvement; and, to teach evaluation skills and methods to staff. Program outcomes are assessed to determine program effectiveness and determine whether the program is meeting its goals and objectives. Program processes are evaluated to establish cause/effect relationships with the program outcomes. Resource assessment determines associated program costs and compares costs to benefits. Proposed and new programs are carefully examined to determine whether they fit within the department's mission as well as the fit with the core functions of public health. Prioritization is given to the development of programs aimed at addressing key issues identified through the comprehensive community assessment. These issues include substance abuse, physical inactivity, cancer, mental health, diabetes and access to care.

### **10. Contribute to and apply evidenced based practice of public health**

New programs are grounded in public health theory and designed by CDHD staff using current and promising best practices appropriate to rural settings. Components related to program evaluation including measures of structure, process, and outcomes are shared at staff meetings and at statewide meetings such as PHAN, NEHA, and SACCHO. CDHD shares program materials and lessons learned with other public health organizations throughout the state and across state lines.

## **STORY TELLING**

### **GOING SMOKE FREE IN CENTRAL NEBRASKA**

When the Nebraska Unicameral passed LB 395 this spring, it effectively created a smokefree state, with a year to prepare for the implementation date of June 1, 2009. Coincidentally and just prior to the passage of LB 395, the city of Grand Island chose a similar path and passed a smokefree ordinance. The main difference was that Grand Island chose to implement smokefree status in all workplaces and places of employment a full year earlier than the state's implementation date. While CDHD viewed the smokefree ordinance as a true public health victory, we realized there was much work to be done in a

very short time. From passage to implementation, we had three months to prepare ourselves and the community for smokefree status. We created a grid to outline the work that needed to be done. Basically, we divided the process into three overlapping areas: education, compliance and sustainability.

Education was broken into educating employers/businesses; general public; and the CDHD staff. We met with city officials to clarify interpretation of the ordinance language. During discussions with city officials which included representatives from the legal, law enforcement and building codes departments, we included state clean indoor air officials and HHS Tobacco Free Nebraska staff in hopes that the local ordinance interpretation would closely mirror the state's rules and regulations, in spite of the fact that those regulations had not yet been finalized.

Once we were clear and had achieved consensus on language definitions, we educated our staff. It was important for us to educate our staff early on and to keep them apprised of any changes as they served as spokespersons for the ordinance. We saw public and business education as an opportunity to build relationships between the community and our staff. During the intensive education portion of the project, we walked the streets of Grand Island to reach over 800 businesses with packets of information, including a copy of the ordinance and tips on how to go smoke free. We provided smokefree stickers for business doors and windows. We reached our Hispanic business owners through our bilingual staff and through materials printed in Spanish as well as English. We taped segments on going smokefree for GITV. We provided educational programs to groups ranging from service clubs to child care providers. We utilized marquee signs across the city during a smokefree countdown, and advertised on area billboards. We used television and radio interview opportunities to promote the positive benefits of smokefree status.

Our inspectors met with bar and restaurant owners who desired to create beer gardens, working closely with them to meet the requirements of the local and state policies. Our inspectors provided smokefree information to businesses during food inspections as a means of reducing post-implementation compliance issues. During the transition to smokefree status, we maintained a cooperative relationship with business owners which enhanced communication and eased tensions.

We provided information on our website and through written distributed materials sharing the availability of smoking cessation programs.

On June 1, 2008, we went smokefree without incident. To date, we have received very few complaints and the city has issued no citations. We believe this is due in no small part to the comprehensive education process we implemented over the two months prior to that June 1<sup>st</sup> deadline.

What were the benefits? Besides the obvious health benefits of breathing clean air, there were additional positive outcomes. We as a health department became stronger internally through sharing the workload of the process. We also increased our recognition within the community in a very positive way. We strengthened working relationships with city government and state officials that will allow us to better address additional public health issues in the future. We developed a framework for implementation that can be easily and successfully adapted to other public health issues in our area and across the state. We have shared this experience at the PHAN conference and stand ready to serve as a

resource for other health departments as they prepare their communities to go smokefree next summer. All things considered, going smokefree one year earlier than the entire state has allowed us to become stronger and more involved in our community, which is exactly where we want to be!

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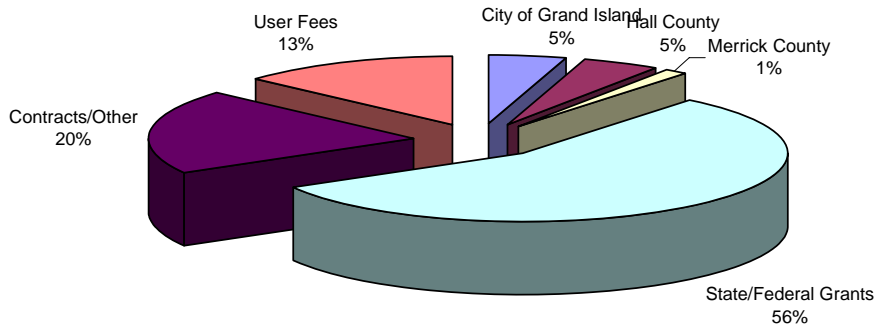
## **Board of Health Members**

Ann Marsh, President	Mitch Nickerson
Laurie Andrews, Vice-President	Jim Eriksen
Jim Reed, Secretary	Roxanne Mostek
Dr. Richard Fruehling	Anne Buettner
Dr. Timothy Jones	Larry Fox
Dr. Gary Settje, Medical Consultant	Bob Husmann

## **Administration and Supervisors**

Teresa Anderson -----	Executive Director
Ryan King -----	Assistant Executive Director
Jeremy Collinson -----	Environmental Health Supervisor
Elnida Chandler -----	Community Health Supervisor

### Revenue By Source



### Expenditure By Category

