

## **DEPARTMENT REPORT SEPTEMBER, 2013**

### **DIRECTOR'S OFFICE**

- The Health Director attended the Health Insurance Enrollment Forums and News Conference sponsored by the Community Action Partnership of Lincoln and Lancaster County and the Lancaster County Medical Society. Information was provided on the upcoming enrollment for the Affordable Care Act.
- Dr. Michelle Petersen has been appointed to serve on the Board of Health. Her appointment was approved by the Lincoln City Council and Lancaster County Board of Commissioners. Dr. Peterson represents the Lancaster County Medical Society. The Health Director provided Dr. Petersen a brief orientation and tour of the Health Department. Welcome Dr. Petersen!
- The Health Director is serving on the Capital Humane Society Fundraising Committee for their Annual Tails and Trails Dinner on October 18, 2013.
- The Health Director was invited to attend the State Board of Health quarterly meeting. She provided a presentation on the Health Department highlighting activities, services and new initiatives the Department is involved in.
- The Health Director, Division Managers and Board of Health members Stark, Emery, and Lester attended the Site Visit and Tour of the UNL Veterinary Diagnostic Center on September 17<sup>th</sup>. Drs. Doster and Brodersen provided a very informative tour and overview of the Laboratory and the services they provide.
- The Health Director attended the Friends of Public Health Legislative Retreat on September 26<sup>th</sup>. The group will be previewing legislation for the upcoming Legislative session.
- LB 692 and LB 1060 Annual Reports were submitted to the Nebraska Department of Health and Human Services. The Department received \$784,038.00 for these programs in 2012.
- The Department will participate in the Combined Campaign for United Way and Community Health Charities. The Campaign runs from October 1 - November 1, 2013. The Administrative Aide serves as the City-Wide Coordinator and Department Coordinator for the Campaign.
- Employee of the Month - Raju Kakarlapudi - Health Data & Evaluation Division

**ANIMAL CONTROL**

	<b>Sep 10 -Aug 11</b>	<b>Sep 11- Aug 12</b>	<b>Sep 12- Aug 13</b>
<b>Pet Licenses Sold</b>	60996	61396	61707
<b>Cases Dispatched</b>	<b>22534</b>	<b>24241</b>	<b>23704</b>
<b>Investigation</b>	24666	26247	25536
<b>Animals Impounded</b>			
<b>Dogs</b>	1915	1657	1496
<b>Cats</b>	1629	1370	1133
<b>Court Citations Issued</b>	450	246	351
<b>Warnings/Defects Issued</b>	12615	14384	15056
<b>Bite Cases Reported</b>	500	485	469
<b>Attack Cases Reported</b>	81	63	47
<b>Dogs Declared (PPD, DD,V)</b>	153	85	90
<b>Animal Neglect Investigations</b>	822	724	788
<b>Injured Animal Rescue</b>	760	863	725
<b>Wildlife Removal</b>	564	550	470
<b>Dead Animal Pickup</b>	1964	2239	1994
<b>Lost and Found Reports</b>	2335	2425	2443
<b>Phone Calls</b>	48990	49461	50491
<b>Average Response Time (in mins)</b>	30	21	22

- Animal Control staff will be updating our local emergency preparedness plan for animals. Three staff will attend a training session on October 2, 2013. The training should provide valuable information and will include a table top exercise. We know from previous disasters in other locations, that sheltering pets and keeping people and their pets together or close by is important. Many of our response efforts would follow the Lancaster County Emergency Response Plan and we would work out of a Unified Command structure.
- Animal Control officers responded to 267 calls to remove or pick up Bats in August 2013. That compares to 286 bat calls in 2012 and 256 bat calls in August 2011. August is a very busy month and we have seen more bat calls in the past two years overall.
- Bite and attack cases have been decreasing slightly over the past three years. Animal Control staff were out in the community more and attended staff meetings at area

businesses (Black Hills Energy and LES) to talk about bite prevention techniques. Fewer dogs and cats are being impounded at the shelter, which, in part is attributed to fewer dogs and cats running at large and hopefully increased pet owner responsibility.

- The pet licensing campaign continues and the feedback on the PSAs has been positive. We ended the fiscal year at 61,707 licenses sold. This is up from the previous two years but still below our goal of a 3% increase from the previous year.
- Plans continue for the educational event on October 26<sup>th</sup> at UN-L East Campus. Animal Control was invited to staff two booths, one on animal safety and bite prevention and one on general pet ownership and what we do in the community. We will partner with Capital Humane Society to assist with a micro chip clinic that will be managed by local veterinarians and UN-L veterinary students. The community is invited and there will be many activities for children including a pet/person costume contests. All pictures will be posted on the UN-L site.
- IN FY 2012-2013, Animal Control had 50,491 calls into the office. This is up about 1,000 calls from last year and 3,500 calls from the FY 2010-2011. 23,704 of the total calls for FY 2012-2013 involved dispatching an officer. The call volume is high and because of all the contact we have with the public it is important to periodically assess customer service. We are in the process of trying to engage a few techniques that will give use some valid customer feedback. We currently have a short online survey that takes about 2 minutes to complete on our website. More will be done in the next few months.

## **COMMUNITY HEALTH SERVICES**

### **Baby Behavior**

- On September 12<sup>th</sup>, Maternal-Child Health Services staff attended a training provided the Nebraska WIC Association (NEWA) entitled “Baby Behavior”. Baby behavior messages have been successful in improving infant feeding practices by addressing common “trigger” behaviors for overfeeding such as infant crying and waking. Participant objectives included; 1) describe the relationship between infant behavior and inappropriate infant feeding practices, 2) demonstrate practical knowledge of normal infant behavior, including infant states, sleep patterns, and crying, and 3) deliver behavior messages/training to parents we serve in our Healthy Families America program.

### **Supports For Poor & Uninsured Adults With Diabetes**

- Over the past 3 years, safety-net providers in Lincoln have been working together to fill a significant gap in primary care and needed supplies for poor & uninsured adults with diabetes. Partners include; Bryan Health, Community Health Endowment of Lincoln,

Creighton University, Clinic with a Heart, Health Promotion & Outreach/Living Well, Lancaster County General Assistance, Lancaster County Medical Society, Lincoln ED Connections, Lincoln Fire & Rescue, People's Health Center, Saint Elizabeth's Regional Medical Center, & Wagey Drug.

- In our previous funding from the Community Health Endowment, our goal was to connect patients in the target population to a regular source of care with a diabetes professional and provide them with free or low cost diabetic supplies. Approximately 70% of our patients were connected to a medical home. We were not as successful linking 3 specific populations to care; 1) uninsured admissions to hospitals who are newly diagnosed, 2) people who access care at Clinic with a Heart who have a new or existing diagnoses, and 3) people who use the emergency room or 911 inappropriately.
- Kelly Schmeits, BSW, was hired this month with public health prevention dollars to address chronic disease appropriated by the NE Legislature. Working with the safety-net providers, anticipated outcomes for this project include:
  - 1) Medical Home: 85% of patients will be connected to a regular source of care by a diabetes professional (e.g. physician, mid-level practitioner, certified diabetes educator, community outreach worker). The current percentage is 70%.
  - 2) Glucose Testing: 75% of patients will adhere to the blood glucose testing recommendation of the diabetes professional.
  - 3) Medication Knowledge: 75% of patients, who receive medication reconciliation services from Creighton University/College of Pharmacy students, will report an improvement in their ability to identify their medications, store them properly, and understand the effects and side effects of their medication. All prescriptions and over-the-counter medications are reviewed by the students/faculty and any opportunity for error or duplication of efforts are identified and reconciled by contacting all prescribers involved and adjusting prescriptions. The majority of our patients have at least one additional chronic disease other than diabetes.
  - 4) Self-Management: 50% of patients, who participate in Living Well groups, will report an increase in their confidence to perform self-management behaviors (e.g. healthier diet, exercise, stress management/relaxation, use of community resources, and improved communication with a diabetes professional).

### **Early Childhood Literacy Training**

- Vicki Wood/Youth Services Supervisor of Lincoln City Libraries, presented information to CHS staff on how to promote readiness to read among high-risk families we serve in our Immunization Clinic and Maternal-Child Health Services. The Libraries and LLCHD have similar goals to promote lifelong well-being and success by intervening at the earliest age.

- Six-skills were introduced to staff; print awareness, letter knowledge, phonological awareness, vocabulary, narrative skills, and print motivation can be promoted to caregivers of young children in non-jargon language; **Talking, Singing, Reading Together, Writing and Playing**. **Talking** with children helps them learn oral language, one of the most critical early literacy skills. The experience of self-expression also stimulates brain development, which underlies all learning. **Singing**, which includes rhyming, increases children's awareness of and sensitivity to the sounds in words. This helps prepare children to decode written language. **Reading Together** remains the single most effective way to help children become proficient readers and helps caregivers and children bond emotionally. **Writing** helps children learn that letters and words stand for sounds and that print has meaning. **Play** is one of the primary ways young children learn about the world. General knowledge is an important literacy skill that helps children understand books and stories once they begin to read.
- Lincoln City Libraries provides donated children's books in LLCHD's patient waiting room. Our partnership with the Libraries is also working toward; securing volunteers who will read to children in our waiting room, seeking funds for age-appropriate books to give to children receiving vaccines and home visiting services, and helping caregivers apply for library cards for their children. Services provided to individuals and families of low economic means and services/reading material available in diverse languages was also discussed.

### **Flu Vaccine**

- CHS will offer flu vaccine through our Immunization Clinic to the general public starting Monday, September 30, 2013. As in the past, flu vaccine at LLCHD is available for two populations: 1) children ages 6 months through 18 years of age who are on Medicaid, uninsured or underinsured, and 2) poor & uninsured adults ages 19 and over ( $\leq$ 185% Federal Poverty Level and no private insurance, Medicaid, Medicare, military, government nor any other type of health insurance). Flu vaccine for children is provided by the Vaccine for Children federal program. Adult vaccines are provided in the clinic and through specialized outreach to homeless and near homeless populations.

## **DENTAL HEALTH & NUTRITION SERVICES**

### WIC

- The National WIC Association is forming a [task force](#) to explore and develop a plan for extending WIC nutrition and breastfeeding education and support services to non-WIC clients and promoting WIC sites as the "go-to" nutrition and breastfeeding centers for all US pregnant and post-partum mothers and young children. This plan will provide a framework for how WIC agencies could administer critical nutrition and breastfeeding services through WIC, Medicaid, private insurance, and out-of-pocket payments. The

Task Force is charged with:

Developing service delivery models

Developing payment models

Developing outreach and communications strategies

Describing the service delivery models, payment models, and communications strategies in a written Implementation Plan

Identifying potential pilot sites

Identifying next steps before piloting

### **Background**

- WIC currently does not serve all eligible low-income mothers and young children. In calendar year 2010, WIC served, overall, only an estimated 62.2% of eligible mothers and young children; 84.8% infants; 52.4% children. 70.8% pregnant women women and 80.6% breastfeeding and non-breastfeeding postpartum women. This rate has remained relatively static over time. Eligible families do not participate for various reasons. But, what if WIC was known as “the place” for all women to go to for critical breastfeeding and nutrition services when they get pregnant, just like the doctor is the place one goes to when sick and the gym is here one goes to exercise? No confusion about eligibility and enrollment? No stigma?
  
- Additionally, while the challenges of eating healthy and breastfeeding babies until at least 6 months are significant for low-income mothers, many middle and upper income mothers also face these same hurdles. There is generally no “go-to” place for comprehensive nutrition and breastfeeding services by credentialed professionals for non-WIC moms. What if they could go to WIC sites? To successfully promote WIC sites as the “go-to” places for nutrition and breastfeeding services for clients at all income levels, NWA has identified a need to create a new brand identity, service design strategy, and implementation plan before testing the expansion of these services. With the re-branding, we hope to promote WIC’s nutrition and breastfeeding services, remove any stigma associated with WIC, and attract all those who are currently unwilling or unable to participate in the WIC Program.
  
- With the Affordable Care Act requiring insurers to pay for breastfeeding and other preventive services, we feel this project is feasible.

.

### **Dental Health Services**

- The month of August brought to close a very busy month and year-end with staff providing over 900 patient visits for 574 clients during August with an overall total of 3,509 clients for 10,587 patient visits during FY 2012-2013. Fifty-six percent (56%) of the clients served during the month of August were children, as many were presenting for back to school dental check-ups. For the fiscal year end, 53% of the clients served were children (1858 children) resulting in a 3% increase of children served compared to FY 2011-2012 (1727 children).
- For the month of August, 57% of the clients served were Medicaid enrolled compared to 52% for the fiscal year end of 2012-2013.
- Dental community partners (College of Dentistry, People's Health Center, Clinic with a Heart, City Mission, LLCHD, and volunteer dentists) received a Community Health Endowment grant to build capacity for dental homes among local providers to serve the uninsured. The grant began July 1, with a 3 month planning process, with implementation of the grant to begin October 1. Recently, a Community Dental Coordinator, Melissa Karel, was hired through the grant to work cooperatively among community partners to assist in the recruitment of local providers and assist clients in the referral and navigation for accessing dental homes. The local providers will be reimbursed using the Medicaid fee structure with clients paying approximately 25% of the Medicaid fees for service. The Lancaster County Medical Society will serve as the fiscal agency with LLCHD providing the supervision for the Dental Coordinator and the facilitation and coordination of the grant roles and responsibilities of the community partners. The grant funded program, Smile from the Heart, will be modeled after the Lancaster County Medical Society Health 360 program.

## **ENVIRONMENTAL PUBLIC HEALTH**

### **Indoor Air Quality**

**Goals (Purpose):** Protect human health by responding to complaints on indoor air quality and making recommendations or taking actions to prevent illness and disease.

### **Methods/Strategies (What we do):**

- receive complaints and requests for service from the public
- provide phone consultation if no immediate health risk
- conduct investigations when necessary to protect health
- provide guidance on remediation of mold and other IAQ problems
- collaborate with B&S on enforcement

**Indicator**

Maintain capacity to respond to the public’s request for indoor air investigations and complaints that could result in a negative impact on human health.

**Funding/Source**

City General Fund (63%); County General Fund (37%)

**Indoor Air Complaints:**

FY 09	FY 10	FY11	FY12	FY13
114	228	186	185	119

Of the 119 complaints, 117 (98%) were from people living in residential properties. Of the 117 residential complaints, 82 (70%) were from people living in rental properties.

**Comparison**

- The percent of complaints from various types of residential setting remains similar to past years. The number of complaints was significantly lower in FY13.

**Description**

- If immediate health risks are not reported, complaints from people living in rental properties are responded to by sending an Official Notice letter to the landlord informing them of the complaint and asking them to action to address the problem. Such letters resulted in acceptable action the majority of the time; however, on-site investigations had to be performed in 41 cases. Hundreds of complaints and requests for assistance on poor indoor air quality are received each year, the majority of which are handled via phone. The Health Department is mandated to assess conditions that may pose health risks in apartments and hotels regulated under LMC 5.38, but none of the revenue generated by LMC 5.38 comes to the Health Department. Staff responds to complaints of poor IAQ; provide phone consultation on IAQ; conduct onsite inspections; provide consultation on HVAC issues to improve IAQ; coordinate with B&S on health aspects of housing code compliance, especially in apartments; coordinate enforcement actions; monitor IAQ with specialized equipment; and receive referrals from physicians.

**Partnerships & Efficiencies**

- All complaints and requests for service are screened and prioritized by professional staff. Only the most serious situations result in immediate onsite investigations. Health works closely with B&S to resolve issues and assure enforcement actions are taken when necessary to protect human health. Health encourages private parties to use licensed contractors trained in IAQ for remediation or HVAC modifications.

**HEALTH DATA & EVALUATION**

- There have now been four confirmed cases of West Nile virus (WNV) reported in Lancaster County this year. These individuals had symptoms (fever, fatigue, neurological conditions) that caused them to seek medical attention.
- WNV is generally transmitted by mosquitoes. Most people (perhaps 70 to 80 percent) who are bitten by a mosquito don't develop a fever or major symptoms, so they may not even know they have been infected. As evidence, in addition to the four cases with fevers or more severe symptoms, we also have reports of two blood donors who were asymptomatic, but who were found to have been infected with the virus. In recent years there have been only a few cases of WNV, as opposed to 2003 when we had 129 cases. In recent years other Nebraska counties and states have had higher numbers of cases; especially Texas, which last year had thousands of cases and hundreds of deaths from WNV.
- Since there is no vaccine against WNV, the best prevention is to avoid being bitten by mosquitoes. Suggested ways to reduce the chances of being bitten include:
  - a. wearing long sleeves and using a repellent containing DEET, Picaridin or oil of lemon eucalyptus;
  - b. avoiding being out at dawn and dusk when mosquitoes are most active; and
  - c. draining any standing water such as dumping bird baths and pet dishes to reduce the potential breeding grounds for mosquitoes.
- Hopefully, with the end of hot weather, the number of cases of WNV and exposures to bats (potentially rabid) will end. However, with the start of fall comes an increase in flu activity. This is a reminder that the best prevention against the flu is to get vaccinated. Seasonal flu immunizations in various formulations (shots or nasal sprays as well as number of flu strains in the vaccine) are available in the community now and it is the right time to get immunized. Once again this year, it's a recommendation from the CDC that everyone six months of age or older get immunized against the flu. The Department begins giving flu immunization to eligible clients and staff on September 30<sup>th</sup>.
- HDE has recently received the 2012 death data, so a Vital Records (birth and death data) dashboard is being developed and it will soon be available on our website. As reported last month, the Behavioral Risk Factor Surveillance System (BRFSS) dashboard on the HDE webpage now includes data from the 2012 BRFSS survey. To navigate there, in the Search box on InterLinc ([www.lincoln.ne.gov](http://www.lincoln.ne.gov)) type "data" and then click on the Behavioral Risk Surveillance Portal to find the survey data results about adult behaviors and other conditions affecting health in the county. The direct link is <http://lincoln.ne.gov/city/health/data/brfss/index.htm>. The Vital Statistics portal will have its own link when the dashboard is posted.

## HEALTH PROMOTION & OUTREACH

**Injury Prevention**

- Staff conducted two child passenger safety check-up events in September. Thirty seats were checked at an event at Saint Elizabeth Regional Medical Center where nine seats were provided to families in need, purchased from funds donated by Aidan's Animals. Ten seats were checked at the Ponca Tribe of Nebraska event with four seats provided to families through the Nebraska Office of Highway Safety mini-grant. Essential to these events are the volunteer certified child safety technicians that spend up to 45 minutes with each car seat and vehicle, and, of course, with the parents/guardians of the infants and children that will ride in those seats. Each technician has received certification by completing a three day hands-on course on proper installation of child passenger seats and maintaining this certification. The certification comes from the National Highway Traffic Safety Administration and the Safe Kids Worldwide Buckle Up program. The typical check-up event utilizes 6 to 8 of these volunteer technicians who spend 3 to 4 hours at an event. Technicians usually volunteer for four to six child passenger safety events each year. Currently, there are approximately 50 certified technicians in Lincoln and Lancaster County. Staff coordinates on average eighteen events each year in Lincoln and Lancaster County to ensure the proper installation of more than 400 child safety seats.

**Tobacco Prevention**

- Staff coordinated a tobacco retail compliance check with the Lincoln Police Department and 4 youth volunteers. Four sales out of 44 attempts to purchase were made for a 91% compliance rate (9% non-compliance). Year to date compliance rate is 88%. The goal continues to be a compliance rate of greater than 90% to be an effective deterrent to youth tobacco use.
- The Tobacco Free Lancaster County coalition is utilizing task forces for efficiency and to expand its reach throughout Lincoln and Lancaster County. These task forces include staff, partners, and individuals and have four topic areas: Smoke-free Housing, Youth, Tobacco Free Parks, and Business/School Tobacco Free Campus. On September 19, the Smoke-free Housing Task Force recognized 65 local landlords for establishing a smoke-free policy for their residential rental properties. The recognition event was held at LLCHD and included brief remarks from Judy Halstead, Health Director; Rick Campos, Fire Inspector; Lynn Fisher, Great Place Properties, Doug Marthaler, Lincoln Housing Authority; and Dick Patterson, Chair Tobacco Free Lancaster County. Smoke-free policies eliminate exposure to secondhand smoke and are proven to help motivate people to quit smoking. By implementing smoke-free policies, these landlords are contributing significantly to the public's health. Currently, 2,832 units are listed on the Lancaster County Smoke Free Housing Registry. The Smoke-free Housing recognition was recorded and is being aired on Channel 5 and on Channel 10 Health.

## **INFORMATION & FISCAL MANAGEMENT**

- HIPAA policy and the Department Notice of Privacy are currently being updated.
- Information Management staff continue to work with Community Health Services and Health Data staff to refine the reporting for the Home Visitation grant and program.
- Information Management and Fiscal Operations are working with the electronic health record vendor to set up electronic billing for Medicaid reimbursable services. This should reduce errors and improve timeliness of reimbursement.
- Division Manager has analyzed updated salary projections for FY 2014 to assure that as we enter the second year of the two year budget cycle, there are no unanticipated shortages or issues due to changes that may have occurred since the budget was adopted in August 2012.