

DEPARTMENT REPORT

JULY, 2014

DIRECTOR'S OFFICE

- Mayor Beutler released his proposed budget on July 14th. The Health Director and Information & Fiscal Manager attended the City Council meeting on July 16th to discuss the Department's budget request. The Council will take formal action on the budget on August 25, 2014.
- The Health Director continues to serve on the Selection Committee to hire an Executive Director for the People's Health Center. In person interviews are scheduled for July.
- The Health Director serves on the Community Health Endowment Board of Trustees and Funding Committee. The Committee is reviewing grant applications for the coming year.
- The Health Director met with the new Emergency Manager, Jim Davidsaver, regarding the Health Department's role in Emergency Management.
- The Department participated in the annual City/County Food Drive for the Food Bank of Lincoln July 7-25, 2014. Department employees donated over \$ 2,000.00 in cash and food items. The Drive was coordinated by Elaine Severe from the Health Department and Minette Genuchi from the Lancaster County Commissioners Office.
- Employee of the Month – Nancy Clark – Environmental Public Health

ANIMAL CONTROL

Animal Control Stats

	Sep 11- Jun 12	Sep 12- Jun 13	Sep 13- Jun 14
Pet Licenses Sold	51412	52014	52179
Cases Dispatched	19224	19480	20112
Investigation	20820	20977	21670
Animals Impounded			
Dogs	1376	1292	1334
Cats	1124	890	1035
Court Citations Issued	197	284	327
Warnings/Defects Issued	11151	12782	14168
Bite Cases Reported	407	419	373

Department Report – July, 2014

Attack Cases Reported	52	44	46
Dogs Declared (PPD, DD,V)	75	78	75
Animal Neglect Investigations	511	582	597
Injured Animal Rescue	682	545	607
Wildlife Removal	385	318	347
Dead Animal Pickup	1850	1622	1541
Lost and Found Reports	1539	2007	1619
Phone Calls	39446	42429	37366
Average Response Time (in mins)	20	25	17

- Animal Control staff is updating the Division’s website so pet owners can license newly acquired pets. Currently, they are only able to complete online license renewals for pets previously licensed. Because of the higher volume of traffic on the Animal Control website, it is anticipated that pet license sales will increase with more customer friendly online licensing services. There were 35,552 Animal Control licensing “page views” on the website from April 13, 2013-May 13, 2014.
- One Animal Control Officer has been assigned to pet license sales in parts of Lincoln that have been recently annexed. The goal is to let residents know that Animal Control services are available in the Lincoln City limits and that companion pets must be current on license and rabies vaccinations.
- Calls to remove bats from people’s homes, businesses, and structures continue to come in. Animal Control is most concerned about those bat calls where there may have been contact with a human or in some cases, a pet.
- The Manager met with the Manager of the Nebraska Humane Society Animal Control operations last month to discuss their local Animal Emergency Management Plan. They have many of the same procedures in place that we have for Lincoln. They are working to integrate more of the Animal Emergency Plan and procedures into the broader Omaha Emergency Operations Plan.
- The Animal Emergency Management Plan is under review by the City and County Attorney’s Office.
- Animal neglect investigations have risen slightly at 597 for 9/2013-6/2014 compared to 582 for the same period 9/2012-6/2013. Animal Control has released Public Service Announcements about the importance of making sure your pets have adequate food, water and shelter during the hot and humid days. Officers responded to 146 calls from the Public on animals in vehicles from May 1, 2014 through July 18, 2014 (not all of these were calls due to heat).

- The number of dispatched calls for the officers has increased slightly which is an indication of the seasonal nature of the work. Animal Control cases also involving other Problem Resolution Team cases remain steady at about 2-3 per month.

COMMUNITY HEALTH SERVICES

Site Visit – Healthy Families America

- Maternal-Child Health Services completed step two of the Healthy Families America (HFA) accreditation process this month. Two reviewers from Kansas and Iowa reviewed our policies, procedures and service documentation and interviewed families we serve, staff and HFA Advisory Committee members. Twenty nine people were interviewed in total.

Site visit comments from reviewers included:

- Staff's experience and knowledge of community resources was "outstanding". Low turnover of staff is a strength of the program.
 - Families interviewed said that staff are "outstanding", "trustworthy", "go out of their way to help", "are very knowledgeable", and "make sure I understand confusing processes and documents".
 - Cultural competency is addressed in the makeup of our staff, our teaching materials, and addressed in our training. We are asking how we can meet the needs of all families through our cultural competency survey and we are responsive to their suggestions.
 - Our system of screening, referrals and enrolling families was "well organized".
 - Great monitoring of each step in enrolling families. Plans are in place for any part of the process that needs improvement.
 - Retention of our families is very good - we consistently offer services through the child's 3rd birthday and families stay engaged.
 - Family identified goals are included in our plans of care.
 - Staff training is great!
 - Transition planning for families graduating the program is a new HFA standard (as of July 1, 2014) and we are already doing a good job of documenting this.
 - The reviewers liked our documentation of parent-child interaction through specific tools - said we did this in "thoughtful" ways.
 - Great health & safety teaching.
 - High percentage of families with medical homes.
 - Good tracking of all the referrals made.
 - We are limiting the number of families assigned to each home visitor in compliance with Healthy Families America standards.
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- Step three of the accreditation process is the response period. The reviewers will submit their report to the HFA national office. The national office reviews and approves or disapproves accreditation and notifies us of their decision in two to four weeks. We have

three to six months to respond/make corrections after receiving the decision.

DENTAL HEALTH & NUTRITION

WIC

Caseload (Participation)

Total	3621
Main	2712
LMEP	182
Cornhusker Clinic	727

Food: For February 2014

Food Monthly Obligations	\$ 209,071.95
Food Pkg Avg.	\$ 68.57
Women	\$ 42.68
Infants	\$ 144.39
Children	\$ 45.89

Mentoring:

(Number and school)

Students	
Interns	2 RD interns
Volunteers	
LMEP Residents	2

Note: This is the fourth month in a row where our clinic caseload has seen an increase in participation.

Dental Health

- Total number of patients (unduplicated): 588
- Total number of patient encounters (duplicated): 678
- Total number of patient visits (provider appointments): 965
- Total number of Children served: 332 children (56.4%)
- Total Racial and Ethnic Minorities served: 416 (71%)
- Non-English speaking clients: 42%
- Clients enrolled in Medicaid: 56%

- Clients enrolled in General Assistance: 2%
- Clients at or below 100% of poverty, receiving services at minimum fee for service: 32%
- Clients in the range of 101% - 200% of poverty, receiving services on sliding fees: 10.4%
- Total clients served during evening hours: 55 clients for 93 patient visits (95% children, 75% racial and ethnic minorities, 44 Non-English, 69% Medicaid enrolled)
- Outreach activities: Presentations to KinderCare and Center Point for total audience of 38
- One dental assisting student from Southeast Community College rotated through the clinic
- Four dental hygiene students from UNMC College of Dentistry rotated through the clinic.

ENVIRONMENTAL PUBLIC HEALTH

Food Safety: Food Establishments and Food Handler Training

Goals/Purpose

Protect human health by reducing the risk of foodborne illness.

Methods/Strategies (What we do)

- conduct uniform inspections of food establishments
- conduct new and remodeled facility plan review
- issue permits, collect fees
- provide compliance and foodborne illness prevention assistance
- investigate complaints and foodborne illness outbreaks
- take enforcement actions (NOVs, FENs, Court cases)
- provide food handler training in safe food preparation, hygiene, and sanitization

Indicator (How we measure success)

Maintain number of food safety complaints at less than 325 per year and food-borne illness reports at less than 50 per year.

Inspect 95% of food establishments within established risk based intervals.

Decrease the average number of critical item violations by 5%.

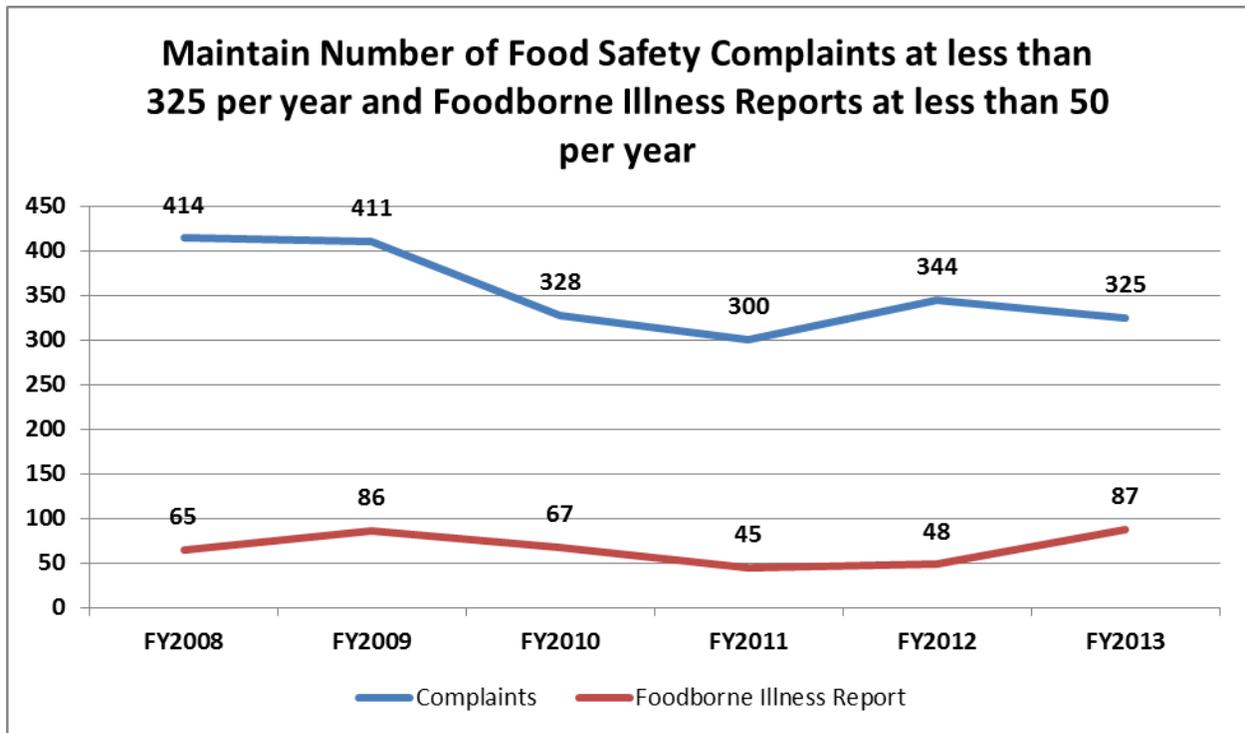
Decrease the average number of regular violations by 5%.

Funding/Source

Fees, State Contract, City/County General Fund. Direct costs for the Food Safety and Food Handler program is about 85% fee funded.

Comparison

See chart below on complaints. In FY13, 354 complaints on food establishments were received, including 82 potential foodborne illness complaints. So far in FY14, 268 complaints have been received.



Levels of complaints on food establishments and complaints on possible foodborne illness had been trending down in the last three years. The number of complaints is driven not only by local issues, but by highly publicized national outbreaks. For example, national outbreaks included: outbreaks of E. coli in spinach, Salmonella in peppers, and Salmonella in alfalfa sprouts originating in Nebraska in FY08; Salmonella in peanut butter in FY09; Salmonella in eggs in FY10; and Cyclospora in salad greens in 2013. Fewer large outbreaks may have once again resulted in fewer complaints on establishments and fewer reports of foodborne illness in FY11.

Staff completed most inspections within risk-based interval.

The average number of critical item violations in food establishments (restaurants) has remained stable at around 2.3 per regular inspection. The average number of non-critical item violations has decreased from 7.75 to 5.91 per regular inspection over the last five years.

Average Number of Violations per Year for Food Establishments (Type 01A)

	FY10	FY11	FY12	FY13	FY14 to 7/21
Critical Item Violation	2.28	2.20	2.29	2.24	2.29
Non-Critical Item Violation	7.75	6.83	6.57	6.21	5.91

Description

In FY13, the Food Safety Program permitted and inspected 1,237 food establishments in Lancaster County, including restaurants, grocery stores, temporary booths, events and farmers’ markets. 1065 annual permit renewals were sent out in April of 2013, about a 5% increase over the previous year. Many new establishments were permitted in the West Haymarket area, requiring significant work on plan review, consultation, opening inspections, etc. Lincoln has implemented FDA’s Voluntary National Retail Food Regulatory Program Standards and meets 7 of 9 standards. The standardized approach’s goal is to improve food safety in Lancaster County and to reduce food-borne illness. Inspection intervals are risk based and range from 1 to 3 times per year. In FY13, 2360 inspections were performed. Enforcement actions are taken when violations pose a risk to the public’s health. In FY13, 75 Food Enforcement Notices (FENs) were issued, with two food establishment permits being suspended. So far in FY14, 84 FENs have been issued, with two being immediate permit suspensions. The inspection findings for all food establishments that have received FENs are now available to the public on the Internet. All food establishment employees must have food handler permits and each establishment must have a Food Manager in charge of the operation.

Food Handler and Food Manager Permits Issued

Training food managers and food handlers in safe food handling practices, hygiene, and sanitization is critical to preventing foodborne illnesses in our community. In FY13, 12,795 Food Handler permits and 857 Food Managers permits were issued. In FY13, 355 Food Managers received continuing education through our Food Manager CEU classes. Food handler training and permits are available both on-line through an interactive training program developed with UNL and via in-person classes. About two thirds of the food handler permits were obtained on-line. Food Handler classes are offered at least once per week and Spanish classes are offered at least once per month.

The Food Advisory Committee advises the Health Department on all food safety matters. Regulated sources must hold permits to sell food to the public. A large amount of technical assistance is provided to regulated sources.

FDA Grant Update

In 2012, LLCHD received a five year FDA grant, to implement an innovative community behavior change model to achieve successful implementation of Active Managerial Controls (AMC) in the retail food industry resulting in broader reaching and more sustainable outcomes. The AMCs are focused on five main risk factors identified by CDC that are associated with the majority of foodborne illness outbreaks from retail food establishments:

5 Key Food Safety Risk Factors

- ★ Inadequate Cooking
- ★ Improper Holding
- ★ Contaminated Equipment
- ★ **Poor Personal Hygiene**
- ★ Improper Food

Source



The overarching goal of LLCHD's grant project is to reduce foodborne illness originating from regulated retail food establishments. The expected outcome of this work will be fewer illnesses, hospitalizations and deaths due to foodborne illness. LLCHD's main grant project objective is to strengthen Active Managerial Controls of food safety at the retail level through a Retail Food Safety Consultation Service utilizing a two-part behavioral change intervention strategy: 1) Engage Food Protection Managers in a Community-based Social Marketing

Initiative; and 2) Develop a Retail Food Safety Consultant Intensive On-site Intervention.

Retail Food Safety Consultant Intensive On-site Intervention

The Retail Food Safety Consultation Program has initiated work with 16 food establishments. The number of consultation visits typically ranges from 5-10, depending on the establishment's need, level of interest and willingness to implement recommended strategies. The consultation process begins with a two-fold assessment visit. The first component is an evaluation of the establishment's inspection history to identify the repetitive issues. The second aspect is the AMC Assessment Survey that is administered to one or more staff to assess their perceived level of

What are we learning?

- Start up took longer than hoped
- Designing effective strategies takes time
- Not everybody wants our help
- It takes a lot of time and many consultations
- Participating food establishments have made major changes resulting in behavior changes
- A new tool when we are in enforcement mode

utilization with AMC practices. The following two to five visits focus on the individual components of AMC, with each consultation session working through an individual AMC Risk Factor each week. The main objective is to build, reinforce, or deepen specific knowledge of the Key Risk Factors and arrive at strategies that could improve their food safety behavior for each RF. Upon completing the consultation work, a mock inspection is conducted; focusing on the AMC components. The establishment is provided with an in-depth report of the mock inspection that highlights

the food code violations observed, and how these violations are related to the AMC Risk Factors. The report includes recommended strategies to prevent observed violations.

There are a number of resources that LLCHD provides during consultation to support an AMC approach, including logs, development of SOPs, illness exclusion forms. “No Bare Hand Contact” policies are assessed at the establishment.

Following completion of the “Intervention Phase”, the establishment moves into the “Maintenance Phase” where intermittent contact is used to monitor the implementation of the AMC practices implemented. Those facilities that have worked through the entire process have implemented, on average, more than 2 AMC practices addressing at least two major risk factors, such as food temperatures.

Food Managers for Excellence Taskforce



The Food Managers for Excellence Taskforce was assembled and launched this spring. Food managers from a variety of restaurant and institutional settings across the city were nominated by the Food Safety staff and the LLCHD’s Food Advisory Committee comprised of industry representatives. The 13 member Taskforce has met monthly since that time. The two year goal for the Taskforce is to work through a Community Based Social Marketing (CBSM) approach to

behavior change on a single major risk factor for foodborne illness. The steps are to select a specific food safety behavior to address, conduct barrier and benefit research, develop a strategy for behavioral change, pilot the strategy, and roll the strategy out to the community.

Following a rigorous process, the Taskforce chose hygiene/hand washing as it targeted behavior. The Food Managers for Excellence Taskforce is comprised of food managers from: The Blue Orchid Thai Restaurant, Lazlo’s/Fireworks/Empyrean Ales, Runza, Leon’s Grocery/Ideal Grocery, Lincoln Public Schools, Lincoln Pius X High School, Butterfly Bakery, C Berry’s, University of Nebraska-Lincoln Child Care Center, The Parthenon Greek Grill, Beacon Hills Restaurant and Catering, Verizon Café, and Engine House Café.

HEALTH DATA & EVALUATION

- The Department has received the local 2013 BRFSS data and those data will be posted soon even though we will not have Nebraska and national 2013 results for comparison. As the state and national 2013 BRFSS data become available they will be added to the dashboard. With the 2013 BRFSS being the third year for the new weighting scheme adopted by the CDC in 2011, which also included a broader sample that included cell phone users, we can now talk about trends. (Three years is the minimum number of points for us to look at trends.) In the near term we will analyze any apparent trends and the charts on the second page of the BRFSS dashboard (after you click on the indicator) will show whether there are any apparent three-year trends in BRFSS results.
- We hoped to have updated the Vital Statistics Portal for 2013 mortality (death) data, but the NDHHS informed us that the initial files we received were not correct. Therefore, we are waiting for the corrected information, which we hope will be received soon. (The Vital Statistics Portal is available on our webpage <http://lincoln.ne.gov/city/health/data/vitalstats/index.htm>). We will also be deploying changes in the “look and feel” of the data dashboards now that we have more staff trained in the LogiXML software that we use to create dashboards. In June there was a four-day long on-site training for staff on the LogiXML business intelligence software. Those trained included our Assistant Public Health Epidemiologist, Tommy George, and our intern, Sireesha Kakumanu, as well as staff from EPH and IFM. Some of the improvements in look and feel reflect new features in the Logi software.
- So far our summer communicable disease investigations are fairly typical, but there was a small local outbreak of Shigella that is under control, and some regional outbreaks in other states (especially a measles outbreak in the Kansas City area) that could spread to Lincoln. (The cases are recorded in the monthly Communicable Disease Report the Board of Health receives each month.) This summer we are on the lookout for diseases spread by mosquitoes (especially West Nile virus) and ticks, and bat cases also rise. Those cases typically increase with increases in the temperature and people being more engaged in outdoor activities. Also, with the need for international travelers to be aware of diseases they may be exposed to in their overseas trips, some information and links <http://lincoln.ne.gov/city/health/data/epi/trvlinfo.htm> were added to the HDE webpage, which will soon be upgraded to the City-wide webpage format.

HEALTH PROMOTION & OUTREACH

Chronic Disease Prevention and Minority Health

- The 2014 report for the Lancaster County Crusade Against Cancer colorectal cancer awareness project revealed the highest return rate of 57% was achieved during this year’s campaign. FOBT (fecal occult blood test) kits were provided to 1,414 individuals

through 36 participating pharmacies. 810 of the kits were returned for testing. Each individual received a letter indicating results. Those that had a positive result were contacted by a staff registered nurse and recommendations were discussed, and with approval from the individual, the results were provided to physicians.

- Staff coordinated activities with the City Libraries Summer Reading Program to present the 54321 GO message to 529 children at all 7 library branches. An overview of the entire message was presented, but the focus was on screen time (2 hours or less each day). The children were read a book related to screen time, acted out the book, and then ended with the children drawing their favorite non-screen activity. The overall message to the children is the importance to health of being active.

Injury Prevention

- Safe Kids held a Fire Safe Landlord Training on July 23rd at Paul Davis Restoration. 16 landlords participated in the 4 hour training. The Fremont Fire Chief and the Sarpy County Safe Kids Coordinator observed the training and will take the concept back to their communities. The training evaluations were very positive and 14 landlords signed up for free installation of smoke alarms through the SCC Fire Prevention Program. Several landlords spoke to staff and requested additional information on smoke free housing policies. Training presenters include: LFR; Building & Safety Housing Preservation and Fire Prevention Bureau; Stronger Safer Neighborhoods; SCC Fire Protection Program; LLCHD Tobacco Prevention Program; Great Place Properties, Inc; Farm Bureau Financial Services; General Fire and Safety Equipment Company; and Paul Davis Restoration.
- Staff were guests on the KLKN Channel 8 Midday Forum to discuss the danger of leaving children and/or pets unattended in vehicles and particularly emphasized the danger on hot days. At 80 degrees outside temperature, the temperature inside a closed car will rise 20 degrees in 10 minutes. According to Safe Kids Worldwide, heatstroke deaths have happened even when vehicles were parked in shade and the temperatures were 80 degrees or less.

Tobacco Prevention

- Staff coordinated, with Channel 10 Health, the production of the video, “Tobacco Free Campuses in Behavioral Health Settings.” The video features leaders of St. Monica’s Substance Abuse Treatment for Women, The Bridge Behavioral Health, and Centerpointe discussing their agencies’ experiences in implementing tobacco free campuses. The link to the video is as follows: <http://youtu.be/E9TCLBjiTVg>

INFORMATION & FISCAL MANAGEMENT

- The Mayor released his Recommended Budget on July 14th. The Health Director and IFM Manager attended the Council Budget Hearings to present the Health Department Budget and answer questions on July 16th. The Council's Public Hearing on the City Budget is scheduled for Monday, August 11th; they will vote on final changes on August 13th. The final vote to adopt the budget will be Monday, August 25th.
- The upgrade for Accela (enterprise software used by Environmental Health and three other City departments) has been postponed until mid-August.
- The Fiscal Office is focused on quarterly and final grant reports as well as beginning all the year-end activities for the City Fiscal Year.