

DEPARTMENT REPORT

AUGUST, 2014

DIRECTOR'S OFFICE

- The Health Director attended the Lancaster County Management Team's Legislative Retreat on August 14th. The Team previewed legislation for the 2015 legislative session.
- The Health Director met with the Mayor's Office Legislative Team including the new City Lobbyist, Eric Gerrard, to discuss upcoming legislation.
- The City Council held a public hearing on August 11, 2012 on the proposed budget for FY 2015 and FY 2016 and approved the budget on August 25, 2014. The proposed Environmental Public Health fee increases were approved by the County Commissioners on August 26th and will be reviewed by the City Council on September 8, 2014.
- Brad Meyer has been selected as the new Executive Director of the Peoples' Health Center and will begin employment in September. The Health Director served on the Selection Committee.
- Employee of the Month – Doug Tangeman – Environmental Public Health

ANIMAL CONTROL

Animal Control Stats

	Sep 11- Jul 12	Sep 12- Jul 13	Sep 13- Jul 14
Pet Licenses Sold	56319	57136	57861
Cases Dispatched	21513	21493	22314
Investigation	23281	23140	24053
Animals Impounded			
Dogs	1508	1431	1445
Cats	1170	924	1119
Court Citations Issued	228	307	366
Warnings/Defects Issued	12759	13886	15545
Bite Cases Reported	443	428	415
Attack Cases Reported	57	46	52
Dogs Declared (PPD, DD,V)	80	88	84
Animal Neglect Investigations	652	682	713

Department Report – August, 2014

Injured Animal Rescue	771	650	724
Wildlife Removal	458	376	433
Dead Animal Pickup	2031	1821	1755
Lost and Found Reports	2184	2277	2108
Phone Calls	43747	46502	41541
Average Response Time (in mins)	16	21	27

- Animal Control officers and dispatchers have been busy with the call volume and the after hour bat calls. July and August have been busy months with an average of 4-5 bat calls per night. To date, approximately 400 bats have been tested and 2 have tested positive for the rabies virus.
- Pet license sales have increased slightly. We have done some education and outreach in the more newly annexed properties and are informing residents that Animal Control does provide services in the City limits and if they own a dog or cat, they must license them after they've vaccinated for rabies.
- Officers have increased follow-up enforcement with owners that are behind in licensing their pets. Increased defects and warnings have resulted in more citations for lack of compliance. Animal Control does not collect any revenue from fines imposed on convicted owners.
- Customer service remains a priority for the Division. The Manager has talked about the importance of good customer service with the Dispatchers and Officers. We have a short questionnaire on our website and we promote the questionnaire as a way for the public to tell us about the service they received from Animal Control.
- The Division Manager and Field Supervisor are in the process of looking at our fleet vehicles along with the Police Garage Manager. We have been putting more economical vehicles into service and have put 3 Ford Transit Connects in service over the past 2 years. These vehicles cost less but do not have the same capacity and options for winter and snow travel. Having a combination of the smaller vehicles along with the more full size vehicles has worked well.
- The Animal Control Office Manager and the Division Manager continue twice monthly meetings with the Capital Humane Society management staff. Discussions are underway for another low cost microchip clinic and the need to recruit volunteer veterinarians and technicians to help with that effort.

COMMUNITY HEALTH SERVICES

Access to Care

A Quality Improvement project was completed in 2013 to “count” services in which CHS staff members connect patients to a needed source of health care. In FY 2013-2014, CHS staff made 4,361 contacts with individuals related to health care connection needs. This number is slightly less than 4,697 contacts made in FY 2012-2013.

A contact is “counted” in our electronic health record if it meets the following criteria:

1. Teaching is completed on access to care: *Staff will cover at least three (3) topics below in order to “bill” for services.*
 - a. Promote the consistent use of medical, dental and mental health providers for continuity of care;
 - b. Promote the use of preventive health care such as,
 - i. Cancer and cardiovascular screenings appropriate for age,
 - ii. Immunizations,
 - iii. Dental exams and cleanings;
 - c. Promote the responsible utilization of urgent and emergency care;
 - d. Prompt communication with providers; e.g. 24 hour notification of inability to keep appointments;
 - e. Promote the responsible utilization of specialty care;
 - f. Promote patient knowledge of covered services on their particular health insurance plan such as,
 - i. Vision care,
 - ii. Durable medical equipment,
 - iii. Inpatient and outpatient benefits, or
 - iv. Medications.
2. Provide significant assistance to the patient in applying for or maintaining his/her health insurance (e.g. Medicaid application, General Assistance application, calling a DHHS caseworker, etc.).
3. Provide significant assistance to the patient with a medical home appointment (e.g. coordinating transportation, interpretation, etc.).

Patient Satisfaction Survey

Eighty (80) patients participated in a satisfaction survey the week of June 9-13, 2014. During this week, staff from clinic services (CHS, Dental and WIC), customer services/registration desk, and home visitation services made a concerted effort to obtain feedback from our patients about “how we are doing”. Overall, our services were rated 4.70 out of 5.0 by our patients for this time period. This average rating was slightly decreased from our last patient satisfaction survey in which our overall rating was 4.73 out of 5.0.

Language

Surveys are available in Arabic, English, Spanish, and Vietnamese. We do not ask a question on the survey about the patient's primary language spoken, thus a survey could be completed in English with the help of an interpreter.

- English Language Surveys = 63
- Spanish Language Surveys = 12
- Arabic Language Surveys = 3
- Vietnamese Language Surveys = 2

Services

“Service you are here for today”. Some patients indicated more than one service per survey. 6 blank answers.

- Medical/Nurse = 30
- Home Visit = 25
- WIC = 12
- Blank = 9
- Dental = 4

Did you have any problems scheduling your appointment for today? No blank answers.

- No = 99%
- Yes = 1%

Was the staff polite and friendly? No blank answers.

- Clinic Staff – Yes = 100%
- Reception Staff – Yes = 98%
- Interpreter – Yes = 97%
- Other – Yes = 96%

Were your questions answered? No blank answers.

- Yes=100%

Were you given the information you needed? 1 blank answer.

- Yes=100%

Please rate your overall experience today on a scale of 1 to 5. 1 blank answer.

5=the highest score or excellent. 1=the lowest score or poor.

- 1=0%
- 2=3%
- 3=4%
- 4=11%
- 5=82%

DENTAL HEALTH & NUTRITION

WIC Program

Caseload (Participation)

Total	3819
Main	2866
LMEP	182
Cornhusker Clinic	771

Food: For March 2014

Food Monthly Obligations	\$ 209,249.46
Food Pkg Avg.	\$ 67.59
Women	\$ 43.21
Infants	\$ 140.49
Children	\$ 46.03

Mentoring:

(Number and school)

Students	
Interns	2 RD interns
Volunteers	2
LMEP Residents	1

Fifth straight month of caseload growth, highest monthly caseload for the fiscal year.

Dental Health

Number of patients served (unduplicated count): 602

Number of patient encounters (duplicated count): 702

Number of client visits (duplicated provider appointments): 1018

Clients served during Thursday Evenings: 81 with 124 provider appointments

Children served: 348 (58%)

Medicaid clients served: 347 (58%)

General Assistance clients served (unduplicated): 12 (2%)

Uninsured, at or below 100% of poverty (unduplicated): 183 (30%)

Uninsured between 101%-200% of poverty: 58 (10%)

Reporting another language other than English as primary language: 42%

Racial and Ethnic Minorities: 63%

1 dental Student and 2 dental hygiene students from the College of Dentistry rotated through the clinic.

1 dental assisting student from Southeast Community College rotated through the clinic.

ENVIRONMENTAL PUBLIC HEALTH

Air Quality Update - Asbestos

- The LLCHD Air Quality Section is responsible for administration of the federal National Emissions Standard for Hazardous Air Pollutants (NESHAP) for asbestos activities in Lincoln and Lancaster County. Asbestos is a known carcinogen, so anytime a structure that contains asbestos is remodeled or demolished, it must be thoroughly inspected and any asbestos material must be removed. Trained and licensed contractors must use rigorous control methods to properly contain the asbestos and prevent the release of material during removal, transport, and deposition in the landfill ensure that it does not become a public health threat.

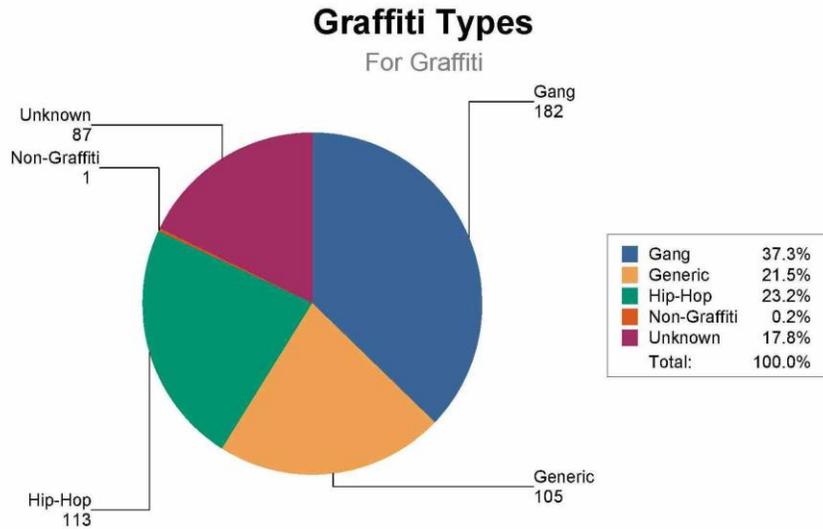


- Since September 1, 2013, staff have reviewed and inspected 73 asbestos demolition and 30 asbestos removal projects at various locations in Lincoln and Lancaster County. Examples of some of these projects include buildings at Lincoln Public Schools property throughout the city, buildings on UNL campuses, and the renovation of the former Farmers Mutual Insurance Building, Unitarian Church, St. Patrick's Church, Redeemer Lutheran Church, Second Baptist Church, First Plymouth Church, NPPD Sheldon Station, State of Nebraska Regional Center, ADM, and Veyance. Three enforcement actions have been completed relative to violations of the NESHAP for asbestos which included failure to inspect or survey prior to the commencement of demolition or renovation and provide proper notification for such activities. The civil penalties ranged from \$1,545.00 to \$17,460.50.

Graffiti Prevention Program

- The KLLCB Graffiti Prevention Program was established in June 2009 with funding from the Mayor's Office. The Graffiti Prevention Program's primary focus is to use educational approaches to minimize graffiti in Lincoln by: utilizing a graffiti complaint process; coordinating the delivery of anti-graffiti messages to the community; and initiating community and business owner collaborations and programs that empower Lincoln to address and prevent graffiti.
- The cornerstone of the program is the complaint process: the part-time Graffiti Prevention Coordinator documents the graffiti with a photo and enters the complaint into the Accela Automation software. A letter, along with the initial inspection photo, is sent to the property owner advising them of the complaint and of their responsibility to remove the graffiti within 15 days from notification per City Ordinance. The letter explains the negative impact of graffiti, acknowledges that they are a victim of graffiti vandalism and encourages removal of the graffiti within 24 to 48 hours (often the Graffiti Coordinator has personal contact with the victims explaining the process resulting in improved cooperation and quicker removal now and in the future). If the graffiti has not been removed after seven days, the property owner is contacted. If upon inspection, the graffiti remains after 15 days special intervention options are considered.
- 17.83% of reported graffiti was removed before the initial inspection was made. On average, 89.55% of graffiti was removed within 15 days and the average number of days to close all cases was 7.33 days. Only one property has been abated in the program's history.

- There were 488 graffiti complaints received from July 1, 2013 to June 30, 2014; a 31% decrease from the previous 12 months. With collaboration between the Graffiti Prevention Program and the Lincoln Police Department, arrests continue to be made sending a strong anti-graffiti message to the graffiti community.



- The continued success in reporting and removing graffiti, and the apprehension and subsequent prosecution of graffiti vandals, are attributed to public awareness, police efforts, and sharing of information between LPD and the Graffiti Prevention Program. We firmly believe that by educating the property owners about the importance of quick graffiti removal, we will continue to see a drop in repeat graffiti. KLLCB program's cornerstone is that community improvement occurs through individual engagement.

HEALTH DATA & EVALUATION

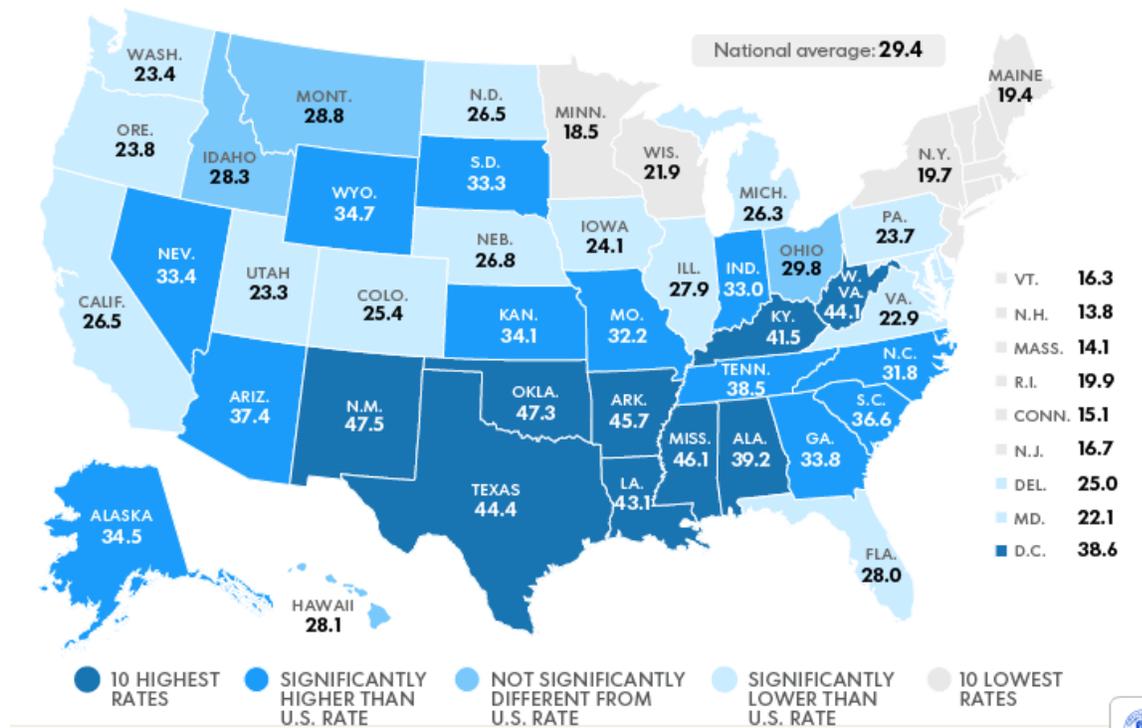
- Fortunately, there is little news to report about communicable diseases this month despite the typical increase in gastrointestinal diseases and bat activity we see most summers. There was a small outbreak of shigellosis in a childcare setting that we were able to get under control. It's too early to say we have avoided cases of WNV (West Nile virus) as the mosquitoes that spread the disease are present in the community. We are also not totally confident that students and visitors won't bring a disease back to the community from their travels, so we are on the watch for measles (Kansas City and Wichita have had outbreaks), Chikungunya and the remote possibility of Ebola being detected from missionaries, students and others who have been in West Africa. It is time to start thinking about getting immunized against the flu and pharmacies and physicians' offices should have the vaccine on hand. Remember, it is recommended that everyone six months or older get immunized against the flu.
- Our Public Health Emergency Response Coordinator, Randy Fischer, has been meeting with administrators and staff from the community's long-term care and assisted living facilities to get them better prepared for potential emergencies. He is assisting them in getting their

emergency operations plans enhanced to meet the new requirements from the Centers for Medicare & Medicaid Services (CMS) that go into effect in 2015.

- The Vital Statics dashboard has been updated for 2013 mortality (death) data. In summary:
 - There were 1,995 deaths of Lancaster County residents in 2013, up from 1,927 in 2012.
 - The average age of death was 71.9 for men and 78.5 for women in 2013, which reflects a slight lowering of the gap between the average age at which men and women die.
 - The infant mortality rate (the number of infant deaths per 1,000 live births) was 4.2 in 2013. The infant mortality rate of 4.2 is the lowest rate we have experienced and is well below the *Health People 2020* goal of 6.0. It is a reduction from the 2012 rate of 6.1 infant deaths per 1,000 live births. However, as the chart on the dashboard shows, the infant mortality rate is somewhat volatile as a small change in the number of infant deaths can result in the rate rising or falling by tenths of a point or more since the total number of births has been right at 4,000 a year for the past several years (there were 4,030 births in 2013).
 - Cancer remains as the leading cause of death for both males and females (oddly 210 men and 210 women died of cancer in 2013). This is a trend that continues as cancer first became the leading cause of death in in Lancaster County in 1999. (Among cancers, lung cancer is the leading cancer death.) Heart disease is the second leading cause of death for both genders, followed by chronic lung disease, which is a distant third.
- While the 2013 birth data has been available on the Vital Statistics dashboard for several months, the *USA Today* recently printed a map of 2012 teen birth rates by state that they produced from data released by the Center for Health Statistics (CDC). As a state, Nebraska's rate of teen births (26.8 births per 1,000 females ages 15-19) in 2012 was significantly below the national average of 29.4.

TEEN BIRTHRATES BY STATE

Births per 1,000 females ages 15-19:



Locally, the Lancaster County teen birth rate for 2012 was 22.0 and the 2013 rate dropped to 16.8 so we are considerably below the state rate in 2012 and our 2013 rate will likely be well below the 2013 state rate once those data are released.

HEALTH PROMOTION & OUTREACH

Chronic Disease Prevention and Minority Health

- LLCHD received notification that it was awarded a two-year Maternal Child Health grant from the Nebraska Department of Health and Human Services to continue our efforts to impact childhood obesity. This funding will allow us to expand the work of the “GO Team” that has been established to promote and evaluate the effectiveness of the 54321GO message in improving health behaviors. The current 54321GO efforts also include connection to the Playful City, USA and the Let’s Move! initiatives. This grant supports a LLCHD staff member and has, as funded partners, the Clyde Malone Community Center, Teach a Kid to Fish, and the Carol Yoakum Family Resource Center.
- Lincoln continues to be in second place in the third annual “National Bike Challenge” behind Madison, Wisconsin. Lincoln boasts over 1,100 riders that have accumulated

almost 500,000 miles bicycling the past three months. Nebraska is in 3rd place in the state race behind Wisconsin and Vermont, respectively first and second. Several Lincoln schools are placing well in the national competition between educational institutions with Union College in 2nd, UNMC-College of Dentistry in 3rd, and UNL in the top 15.

- Lincoln currently is recognized as a bronze level Bike Friendly City by the League of American Bicyclists (LAB). On August 15, Steve Clark from LAB came to Lincoln to meet with people leading the charge to encourage bicycling in the city. Represented at the meeting were UNL, multiple City Departments, Great Plains Trails Network, Mayor's Pedestrian Bike Advisory Committee, local businesses, and other organizations dedicated to increasing biking in Lincoln. LAB has identified Lincoln as a "priority community" to work toward a gold level Bike Friendly City. Among the reasons for this prioritization are: the ranking in the National Bike Challenge for the past three years by the City, UNL and others; the commuter trail system; the number of League Certified Instructors (23 LCIs); the proposed protected bike lane; the emphasis on multi-modal transportation in the City's Comprehensive Plan; and other activities with an emphasis on increasing the amount and safety of bicycling in Lincoln. The technical assistance provided by Mr. Clark will be helpful in the next application to LAB for greater Bike Friendly City status.

Injury Prevention

- Staff conducted child passenger safety events at Honda of Lincoln, Madonna Proactive, and the Center for People in Need. Ninety-four seats were checked at the three events and, at the Center for People in Need, 32 seats were provided to families. Nebraska Office of Highway Safety provided funds for these child passenger safety seats for families who otherwise could not afford to purchase them.
- Staff conducted a home safety training for 25 Community Action Partnership of Lancaster and Saunders County Early Head Start outreach workers. The training was on the prevention of scalds and burns and was presented by Crystal Berner, member of the Safe Kids Home Safety Task Force, and employed by the Saint Elizabeth Regional Medical Center's Burn Unit.

INFORMATION & FISCAL MANAGEMENT

- The upgrade for Accela (enterprise software used by Environmental Health and three other City Departments) was installed on August 15th and implemented on August 18th. Thanks to the efforts of Mark Kenne and Brent Pavel, the implementation was very smooth for the Health Department
- The Health Department will complete their migration from a Novell file server to Windows server on August 27th.