

DEPARTMENT REPORT

JUNE, 2016

DIRECTOR'S OFFICE

The Health Director provided orientation and Department tour to Katie Garcia, DDS. Dr. Garcia is a new member of the Board of Health, representing the Lincoln District Dental Association.

The Health Director attended the University of Nebraska Medical Center College of Public Health Partners Meeting.

The Health Director and key staff attended the Community Health Endowment's Annual Meeting. The Health Director also attended Community Health Endowment Funding Committee meeting and site visits to Fresh Start and Community Action Partners.

The Department will participate in the Annual City/County Food Drive for the Food Bank of Lincoln. This year's theme is: The Administrative Aide will serve as the City Coordinator for the Food Drive.

ANIMAL CONTROL

Animal Control Stats

	Sep 13- May 14	Sep 14- May 15	Sep 15- May 16
Pet Licenses Sold	47261	47789	48957
Cases Dispatched	16991	17527	17852
Investigation	18336	18953	19933
Animals Impounded			
Dogs	1097	960	1060
Cats	875	892	1060
Court Citations Issued	297	274	340
Warnings/Defects Issued	10666	12351	12518
Bite Cases Reported	322	355	390
Attack Cases Reported	40	39	34
Dogs Declared Pot. Dangerous	55	51	67
Dangerous Dogs	9	16	20

Animal Neglect Investigations	497	396	425
Injured Animal Rescue	497	621	611
Wildlife Removal	283	347	387
Dead Animal Pickup	1309	1447	1501
Lost and Found Reports	1574	1657	1681
Phone Calls	32646	33218	37675
Average Response Time (in mins)	22	22	20

COMMUNITY HEALTH SERVICES

Healthy Families Home Visiting Program

CONGRATULATIONS to our Healthy Families Home Visiting staff on organizing two summer trips to the Lincoln Children’s Zoo! (See the staff picture below.) On June 29th, staff invited the families they serve to a *free* day at the Children’s Zoo to promote learning and bonding through a fun and educational experience. Fifty seven people attended. Each participant received a “goodie bag” of donated water bottles, stickers, etc. and a light snack was provided. The family’s trust in their home visitor is the basis that supports their effort to be the best parent they can be – not a perfect parent – but someone who is resilient and who builds confidence as they learn new skills. To that end, it is helpful to watch their home visitor model positive interaction with their child *outside the home*. This is especially true among the majority of families we visit who experience social isolation – who do not have supportive friends or family members, and who are without transportation and the means to buy a zoo pass. A huge THANK YOU to the Lincoln Children’s Zoo for the donated passes. The next summer trip to the zoo will be July 27th.



SUMMER VACCINE CLINICS

Every fall, the Department's Vaccine Clinic becomes very busy just before and after October 19th. This is because Nebraska law requires private and public school students, from kindergarten through grade 12, to submit written verification of their vaccine status or risk exclusion from school by this date. We have accommodated these urgent requests in the past by expanding hours in the fall.

In order to discourage families from waiting and risk exclusion of their child, our Vaccine Clinic is offering extended hours in the months of June, July and August. In addition to our regular hours (Monday through Friday 8 a.m. to 4:30 p.m.), we are offering four Saturday clinics (1 in June, 1 in July and 2 in August) and extended hours on Tuesdays and Thursdays (until 6 p.m.). Usually it's only a 1 to 2 day wait for service. Our message is: *Don't wait! Vaccinate!* We have promoted our new Summer Vaccine Clinics with Lincoln Public Schools, all private schools in Lancaster County (before school was over for the 2015-2016 school year), through the Summer Food Program and the Children's Environmental Health Program (with Child Care Center Directors), and via Twitter. We were interviewed on KLIN's morning show and Channel 8 aired a story about the program. A big THANK YOU to staff who have adjusted their schedules to accommodate this effort!

DENTAL HEALTH & NUTRITION

WIC

WIC Program Monthly Report for May

Caseload (Participation)

Total	3846
Main	2924
Cornhusker Clinic	922
%Enrolled with Benefits	85.87%

	LLCHD	State of Nebraska
Total Women	934 (24.2%)	8472 (22.8%)
Total Children	2018 (52.4%)	19814 (53.3%)
Total Infants	894 (23.2%)	8862 (23.8%)
Infants Receiving Breastmilk	307 (34.3%)	2660 (30%)
Infants Exclusive Breastmilk	111 (12.4%)	1043 (11.7%)

Mentoring:

(Number and school)

Students	Doane Undergraduate-1 SECC Nursing-3
Interns	
Volunteers	
LMEP Residents	2

Our May caseload was 3846 participants. Our current fiscal year average is 3791 participants per month, which is a 7.4% increase in participation from one year ago. Our Cornhusker Clinic location continues steady growth. We are seeing 922 participants at this location monthly and 86.74% of the participants enrolled at this location are participating in the program.

Dental Health

Dental Clinical Services

- Total number of clients served (unduplicated count): 493
- Total number of patient encounters (duplicated client count): 686
- Total number of patient visits (duplicated provider appointments/visits): 961
- Total number of Racial/Ethnic and White Non-English speaking patients: 388 (79%)
- Total number of children served: 294 (60%)
- Total number of clients enrolled in Medicaid: 344 (70%)

- Number of clients served during Thursday evening hours (unduplicated count): 53
- Number of patient encounters during Thursday evening hours (duplicated client count): 54
- Number of patient visits during Thursday evening hours (duplicated provider appointments/visits): 89
- Total number of Racial/Ethnic and White Non-English speaking patients: 41 (77%)
- Number of children served during Thursday evening hours: 53 (100%)
- Number of patients enrolled in Medicaid during Thursday evening hours: 45 (85%)

Community Based Dental Outreach Activities

WIC Fluoride Varnish and Screening Program: 40

- North WIC Office (27th & Cornhusker Highway): 6 children and parents
- LLCHD WIC Office: children and parent: 34 children and parents

School Based Program:

4 children identified with urgent care needs were provided free transportation and treatment services: 2 children enrolled in Medicaid (50%); 2 children uninsured (50%); 3 children of racial and ethnic minorities (75%); 1 child with language barrier (25%).

- 2 children from Elliott Elementary School with 2 patient encounters for a total of 2 provider visits.
- 2 children from Everett Elementary School with 3 patient encounters for a total of 4 provider visits.

Student Rotation Program:

- UNMC Dental Hygiene Student rotations: 3
- Southeast Community College Dental Assisting Student: 1

ENVIRONMENTAL PUBLIC HEALTH

Food Safety Program – FY15 Program Overview

Food Safety Goals

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

Indicators

Maintain number of food safety complaints at less than 325 per year and food-borne illness reports at less than 50 per year. (**Note: staff have recommended that the foodborne illness indicator be changed to 75 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%.

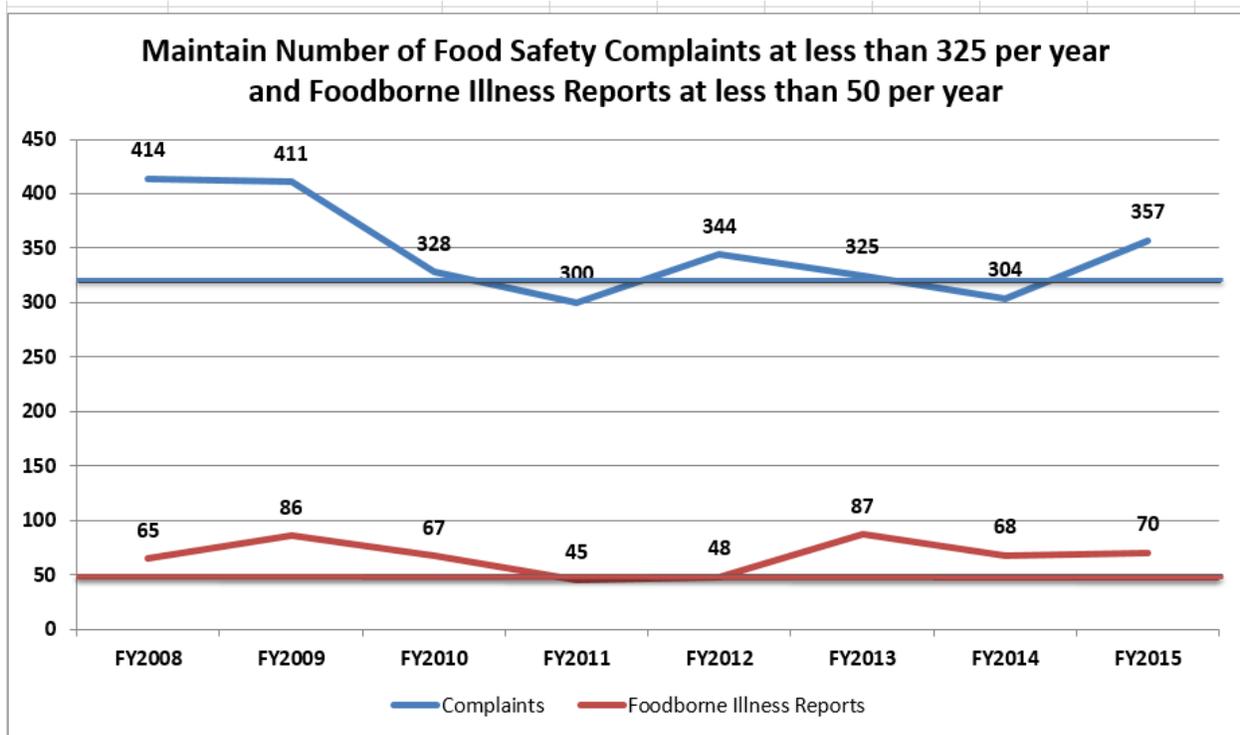
Obtain compliance with all nine FDA Retail Food Regulatory Program Standards.

Funding/Source

In FY15, the direct costs of the Food Safety Program, including program supervision, was 85.4% fee and grant funded.

Comparison and Status on Indicators

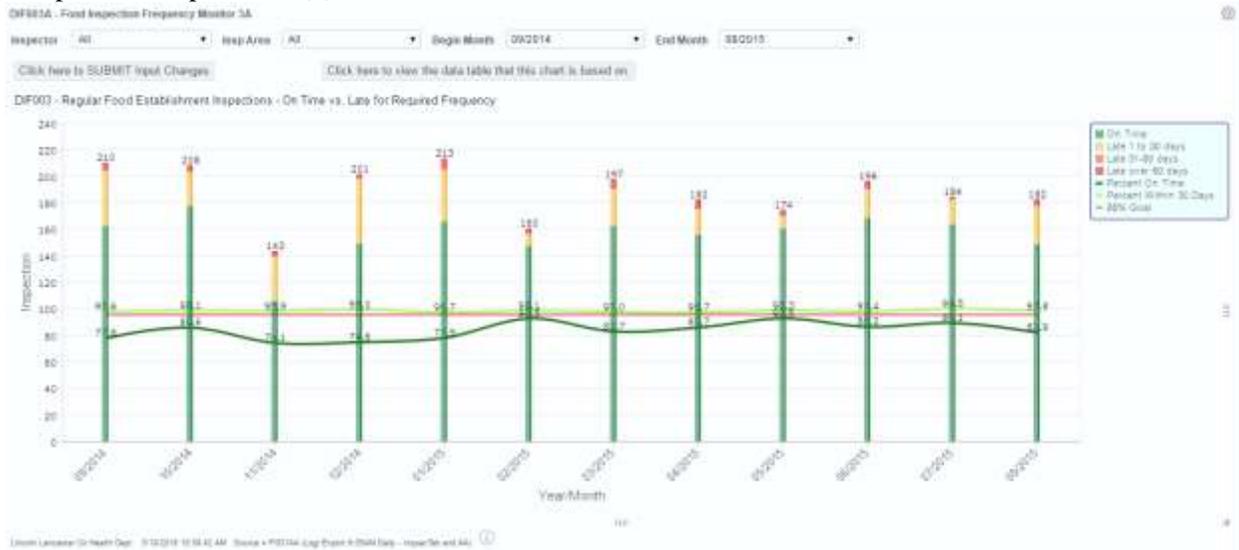
Complaints: See Mayor’s Indicator chart below on complaints. In FY15, 357 complaints on food establishments were received, including 70 potential foodborne illness complaints. (2)



The numbers of complaints received on food establishments had been trending down the previous three years, but increased in FY15. The number of foodborne complaints has fluctuated more, but is within a normal range. The number of complaints, especially on foodborne illness, is driven not only by local issues, such as a Norovirus outbreaks, but by highly publicized national foodborne outbreaks of Listeria, E. coli, Salmonella and Cyclospora.

Percent of Inspections Completed Within Risk Based Intervals: Staff completed 83% of food inspections within risk-based intervals. While we did not meet our “stretch” goal of 95% within risk based intervals, this is the highest percent completion rate we have had for many years. And, it is important to note that 98% of food inspections were completed before or within 30 days of their risk based interval. In FY14, 80% of inspections were completed within the risk based interval. In FY13, 59% of inspections were

completed within the risk based intervals. In FY13, the Food Safety Program was short one staff person for several months, greatly impacting our ability to keep up with inspections. Once hired, the new person had to be trained per FDA Standards. It takes considerable time before a newly hired person can conduct independent inspections. (3)



Violations Found During Inspections: The average number of critical item violations in food establishments (restaurants) has remained stable, with a slight decrease in non-critical item violations over the last five years. (4)

FDA Program Standards: LLCHD continues to implement FDA’s Voluntary National Retail Food Regulatory Program Standards and meets seven of nine standards. This quality assurance program ensures overall program excellence in inspections, foodborne illness response, training, and community interactions. A separate report is typically presented annually to the Board of Health on the FDA Standards.

Description

The LLCHD Food Safety Program was recognized as the winner of the 2015 Samuel J. Crumline Consumer Protection Award. The award was presented to LLCHD by the National Environmental Health Association’s, the National Association of County and City Health Officials, and the U.S. Conference for Food Protection.



The Samuel J. Crumline Consumer Protection Award is a prestigious award given annually by the Conference for Food Protection to a local health department that demonstrates unsurpassed achievement in providing outstanding food protection services to their community. The purpose of the award is to encourage innovative programs and methods that reduce or eliminate the occurrence of foodborne illnesses, recognize the importance of food protection at the local level and stimulate public interest in foodservice sanitation. As a Crumline Award winner, LLCHD joins an elite group of local public health agencies that have demonstrated excellence in food protection through innovative, effective strategies and

approaches to protecting communities from foodborne illness.

To meet the goal of protecting human health by reducing the risk of foodborne illness, the Food Safety Program issues permits, conducts inspections, educates food handlers works with the Food Advisory Committee, and takes enforcement actions when necessary. In FY15, the Food Safety Program permitted 1,276 food establishments in Lancaster County, including restaurants, grocery stores, temporary booths, events and farmers' markets and as of October 30, 2015 there were 1,384 food establishments in "active" status.(5) In April, 1,114 annual permit renewals were sent out, 49 more (about 5% more) than the previous year.(6)

Inspection intervals are risk based and range from one to three times per year. Staff performed 2,899 inspections. (7) About 14% of inspections (410) resulted in Notices of Violation being issued, with the majority for lack of compliance with Food Handler Permits. (8) Stronger enforcement action, the Food Enforcement Notice (FEN) is taken when violations pose an imminent risk to the public's health. About 3% of inspections (105) resulted in a FEN, which were issued for serious or repeat higher risk food code violations. (8) This is about average for any given year. Each food establishment that receives and FEN is required to complete a plan of action on how to prevent such violations in the future. In addition, more frequent inspections are conducted at these facilities to ensure safe food preparation. Administrative meetings are also held in situations where repeat enforcement actions have not resulted in improved sanitation and food safety. In these cases, consultative assistance is offered or required to address the highest risk violations. Two food establishment permits were suspended based on significant risk to public health.

The inspection findings for all food establishments are available to the public on the Internet. The easiest way to find the website is to search "Lincoln food inspections" with your favorite browser.

<http://lincoln.ne.gov/city/health/enviro/food-inspections/>
LLCHD's unique Inspection Rating dial quickly shows how a food establishment compares to similar facilities in Lincoln.



Food Handler and Food Manager Permits

All food establishment employees must have food handler permits and each establishment must have a Food Manager in charge of the operation. Training food managers and food handlers in safe food handling practices, hygiene, and sanitization is critical to preventing foodborne illnesses in our community. 14,010 Food Handler and Food Manager Permits were issued. (9)



Food Managers received continuing education through our Food Manager classes taught by LLCHD staff. Food handler training and permits are available both on-line through an interactive training program developed with UNL and via in-person classes. The vast majority 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.

FDA Grants – INFUSE - Food Safety Consultation

Funded by FDA grants, LLCHD provides food safety

consultation to poorer performing food establishments to help them adopt active managerial controls to address the highest risk food code violations. Retail Food Safety Consultant Intensive On-site Intervention involved:

- 140 technical assistance and consultation visits.
- 14 food establishments went through the Active Managerial Control based intervention and implemented 30 AMC tools in their regular establishment policy and practice.
- Contact was initiated with an additional 16 establishments (10)



The Food Safety Consultant worked with the Food Managers for Excellence Taskforce to identify one of the “5 Key Food Safety Risk Factors” they believed most needed to change in order to improve food safety in Lincoln. They selected improving hand washing in food establishments to reduce risk factor violations for poor personal hygiene. The “**TAKE 20! WASH YOUR HANDS**” pilot project, a community behavior change effort, will be launched in several restaurants in 2016.

The Food Safety Program also received three separate smaller grants from the Association of Food and Drug Officials/FDA specifically to: update our InspecTab software for conducting electronic food inspections, staff training, and completing a self-assessment of FDA Retail Program Standard #6 Compliance and Enforcement. InspecTab was updated and staff have been using the new program for several months. In addition to many upgrades, LLCHD adopted FDA’s updated terminology for violations: Priority, Priority Foundation, and Core replacing the historic Critical and Non-Critical. While we are still warming up to naming scheme, we strongly supported the need for more than two categories of violations. Staff attended FDA training on risk based inspections. We completed the self-assessment for Standard #6 and determined that we did not meet this standard at this time. Specific changes in monitoring enforcement actions have been made and we are now in substantial compliance with Standard #6.

FY15 was a stellar year for the LLCHD Food Safety Program!

HEALTH PROMOTION & OUTREACH

Summer Food Service Program

The 2016 Summer Food Program feeding season began on May 23. It will be the longest summer season ever with 12 weeks of operation. As of June 30th, 40 sites had been in operation. In June there were 19,957 breakfasts and 32,345 lunches served, an average of 1,027 breakfasts and 1,591 lunches for each of the 22 days of operation. Sometime the morning of July 1st, there had been over 60,000 meals served for the summer, the earliest we have ever reached that plateau and on pace for a record summer.

Injury Prevention

Safe Kids Lincoln-Lancaster County was selected as one of thirty local coalitions to participate in a research project entitled “Evaluating the Impact of Car Seat Check-up Inspections on Caregiver Knowledge, Skills and Confidence Related to Child Passenger Restrain Use” that Safe Kids World Wide has been contracted to conduct by the National Safety Council. This is a follow up to a study conducted in 2005 (which Safe Kid Lincoln-Lancaster County also participated in) that collected data to determine what parents and caregivers learn and remember following a car seat check-up. In light of the changes in technology, updated guidelines from the American Academy of Pediatrics, the National Highway Traffic Safety Administration and increased efforts to raise awareness and educate families, there is a need to re-assess the impact of the current car seat checkups on knowledge, skill and confidence of caregivers who are participating today. We will be replicating the original study, with the aims of:

- Assessing improvements and retention of child restraint system knowledge, skill and confidence among caregivers who participate in a Safe Kids child passenger safety seat inspection and
- Comparing the results from 2016 with results from the 2007 report to assess whether recent changes to best practice have resulted in changes in caregiver behavior.

Each of the 30 coalitions will recruit 10 caregivers to participate in the study. Caregiver participation will involve two steps. The first involves completing the standard car seat inspection that they came to voluntarily, and completing a short survey. Then six weeks later, the same family member will return with same car, same car seat and same child at which time the car seat will be removed and they will be asked to reinstall it. A second inspection will occur to check the car seat installation and they will complete another brief survey.

We successfully completed the study in June and July with six participants. Four additional caregivers will be recruited from the August 9th Healthy Families America car seat inspection at the Lincoln-Lancaster County Health Department, with a follow-up inspection scheduled for September 27th. Study documentation on all 10 participants must be submitted to Safe Kids World Wide by September 30th.

INFORMATION & FISCAL MANAGEMENT

Staff are working with City IS, Building & Safety, Planning and Public Works to manage the upgrade of Accela scripting tool this summer. Staff have tested the impact of the upgrade on all existing applications to verify that they work. The upgrade will be done in July. Staff will begin the process of converting all existing application scripts to the new version. That effort is anticipated to be completed by September.

File servers are being upgraded in order to address security issues related to Microsoft no longer supporting the older versions of server operating systems. In addition, the Department will add a server for dental software to better assure continuity of operations, recovery of data and ability to respond if one server crashes or is unable to be used.