

# 2018-2019 Annual Reports

## Local Public Health in Nebraska

### Nebraska Health Care Funding Act

Nebraska's local public health departments (LHDs) act as communities' Chief Health Strategists by assuring that local partners are working together to improve and protect the health and wellbeing of all Nebraskans. The Nebraska Health Care Funding Act (LB 692) was passed in 2001 by the Nebraska Legislature. This Act provides funding to LHDs through the County Public Health Aid Program (Neb.Rev.Stat. §71-1628.08). The Act also requires all eligible LHDs to prepare an annual report each fiscal year. These reports highlight examples of specific programs and activities toward meeting LHDs' statutory obligations.

The **Three Core Functions of Public Health**—as referenced in the Health Care Funding Act—are...



**Assessment:** Collect and analyze information about health problems in Nebraska communities.



**Policy Development:** Work with partners to apply data, educate the public, and develop programs and policies—all to address and prevent illness, disease and disability.

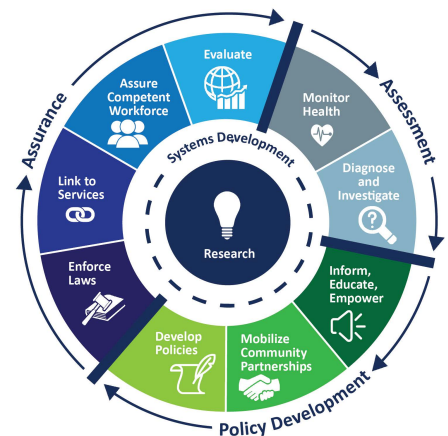


**Assurance:** Promote effective coordination and use of community resources to protect the health and wellbeing of Nebraskans.

The activities and programs of LHDs are summarized under the associated **10 Essential Services of Public Health**. The 10 Essential Services provide a working definition of the public health system and a guiding framework for the responsibilities of local public health partners.

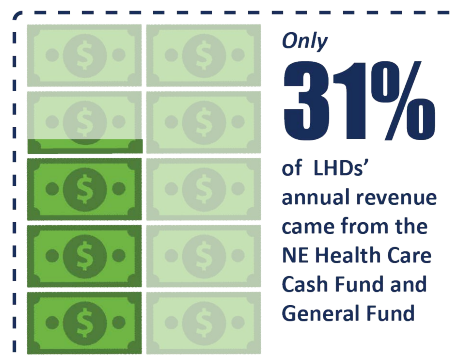
The 10 Essential Services include:

1. Monitor health status to identify and solve community health problems.
2. Diagnose and investigate health problems and health hazards in the community.
3. Inform, educate, and empower people about health issues.
4. Mobilize community partnerships and action to identify and solve health problems.
5. Develop policies and plans that support individual and community health efforts.
6. Enforce laws and regulations that protect health and ensure safety.
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
8. Assure competent public and personal health care workforce.
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
10. Research for new insights and innovative solutions to health problems.



## Leveraging Other Funds

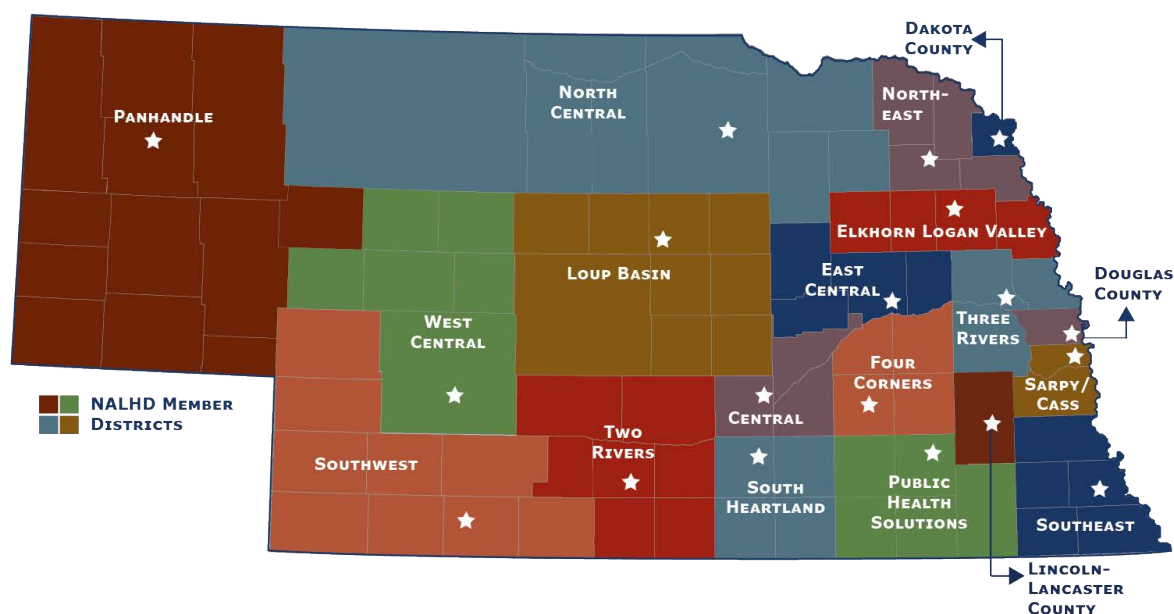
The funds from the Nebraska Health Care Funding Act serve as the financial foundation for all LHDs. In FY 2018-2019, the proportions of individual LHDs' revenue derived from the Nebraska Health Care Cash Fund and the Nebraska General Fund ranged from 4% to 71%. Statewide, only one-third (31%) of LHDs' revenues came from these State sources. Therefore, LHDs' sustainability and ability to meet their statutory obligations and perform the Three Core Functions and 10 Essential Services of Public Health require ongoing success in securing additional funds. LHDs rely on federal pass-through awards through DHHS, and other State agencies, for a range of work including: emergency preparedness planning, oral health outreach, chronic disease prevention, West Nile Virus prevention and education, the Clean Indoor Air Act education, Preventive Health block grants, Maternal and Child Health block grants, and radon education and testing. Some LHDs also receive grants from private foundations, and/or by way of pass-through grants and contracts from professional associations such as the Nebraska Association of Local Health Directors (NALHD). In a few cases, LHDs have direct grants from the federal government. Some LHDs also collect fees for limited services. The following reports reflect work supported through these multiple funding sources.



## Organizational Coverage

As of June 30, 2019, a total of 18 LHDs covering 92 counties were eligible to receive funds under a portion of the Health Care Funding Act, Neb.Rev.Stat. §71-1626 through 71-1636. The list of eligible public health departments and their affiliated counties is shown in Table 1. Dakota County has a single county health department that does not meet the population requirements of the Health Care Funding Act. DHHS-DPH and other local public health partners continue to support the work of all LHDs, therefore Dakota County's work is included in this report.

### Nebraska Local Public Health Departments (LHDs)



**Table 1: Health Care Funding Act – Eligible Local Public Health Departments (LHDs)**

HEALTH DISTRICT	COUNTIES
Central District Health Department	Merrick, Hall, and Hamilton counties
Douglas County Health Department	Douglas County
East Central District Health Department	Boone, Nance, Platte, and Colfax counties
Elkhorn Logan Valley Public Health Department	Madison, Stanton, Cuming, and Burt counties
Four Corners Health Department	Polk, Butler, York, and Seward counties
Lincoln-Lancaster County Health Department	Lancaster County
Loup Basin Public Health Department	Blaine, Custer, Garfield, Greeley, Howard, Loup, Sherman, Valley, and Wheeler counties
North Central District Health Department	Cherry, Keya Paha, Boyd, Brown, Rock, Holt, Knox, Antelope, and Pierce counties
Northeast Nebraska Public Health Department	Cedar, Dixon, Wayne, and Thurston counties
Panhandle Public Health District	Deuel, Dawes, Box Butte, Sheridan, Banner, Morrill, Garden, Kimball, Cheyenne, Grant, Sioux, and Scotts Bluff counties
Public Health Solutions	Fillmore, Saline, Thayer, Jefferson, and Gage counties
Sarpy/Cass Health Department	Sarpy and Cass counties
South Heartland District Health Department	Adams, Clay, Nuckolls, and Webster counties
Southeast District Health Department	Otoe, Johnson, Nemaha, Pawnee, and Richardson counties
Southwest NE Public Health Department	Chase, Dundy, Frontier, Furnas, Hayes, Hitchcock, Perkins, Red Willow, and Keith counties
Three Rivers Public Health Department	Dodge, Washington, and Saunders counties
Two Rivers Public Health Department	Dawson, Buffalo, Gosper, Phelps, Kearney, Harlan, and Franklin counties
West Central District Health Department	McPherson, Logan, Lincoln, Hooker, Arthur, and Thomas counties

### Report Time Frame and Scope

As required by statute, LHDs funded under the Health Care Funding Act submit a report to DHHS by October 1, for inclusion in the full Annual Report submitted by DHHS on December 1. This Annual Report covers July 1, 2018 to June 30, 2019 and includes brief descriptions of *selected* activities, services, and programs provided by the LHDs related to the Three Core Functions and 10 Essential Service of Public Health.

LHDs supported through the public health portion of the Nebraska Health Care Funding Act, are working across their service areas to improve and protect the health and wellbeing of local communities. Only a few examples of the extensive range and number of activities and programs provided by each LHD can be covered within this report. **In their Spotlight Stories, LHDs share more detailed examples of the type of work happening across the local public health system.** Visit LHDs' individual websites (included in each report) to learn more about the full scope of their work.

## **2019 Local Health Department Reports**