

# Southwest Nebraska Public Health Department



## The Mission

Southwest Nebraska Public Health Department, in partnership with other entities, is to promote a healthy and secure quality of life for our communities.

## Public Health Services

- ◆ Monitor health status to identify community health problems
- ◆ Diagnose and investigate health problems and health hazards in the community
- ◆ Inform, educate, and empower people about health issues
- ◆ Mobilize community partnerships to identify and solve health problems
- ◆ Develop policies and plans and manage programs that support individual and community health efforts
- ◆ Enforce laws and regulations that protect health and ensure safety
- ◆ Link people to needed personal health services and assure the provision of healthcare when otherwise unavailable
- ◆ Assure a competent public health and personal health care force
- ◆ Evaluate effectiveness, accessibility, and quality of personal and population-based health services
- ◆ Research for new insights and innovative solutions to health problems



**Southwest Nebraska Public Health Department Staff:** (back row left to right) Beverly Powers, RN, Public Health Nurse; Helena T. Janousek, Volunteer Coordinator; Janet Brenning, Bookkeeper; (front row) Mark R. Graf, Emergency Response Coordinator; & Myra Stoney, Director

Southwest Nebraska Public Health Department (SWNPHD) was established by the State of Nebraska on May 14, 2002. It is one of eighteen health districts formed as a result of LB692. The funding for the newly formed health districts came from the tobacco settlement funds. The new health districts, as well as the previously existing county health departments, provide all ninety three counties with public health services for the first time in Nebraska history.

SWNPHD serves as a prevention, education, and referral service for individuals and organizations in Chase, Dundy, Frontier, Furnas, Hayes, Hitchcock, Red Willow and Perkins counties.

SWNPHD opened its office at the Hitchcock County Courthouse in Trenton, Nebraska. It began services with a Director and an Office Assistant. The need for an Emergency Response Coordinator was filled in February 2005. The office was relocated to McCook in Red Willow County in April 2005. A fulltime Public Health Nurse and Volunteer Coordinator joined the staff in May 2005.

## Providing for Southwest Nebraska's Public Health Needs

## Why do we do it?

- ◆ We have compassion for people
- ◆ To improve the quality of life
- ◆ That's what we were organized to do
- ◆ To fill a void
- ◆ Reputation for getting answers and results
- ◆ Security of people in our communities
- ◆ High standard of ethics and morals
- ◆ To realize a positive benefit of the tobacco settlement

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## Board of Trustees

The governing board for the Southwest Nebraska Public Health Department is composed of one county commissioner and one public-spirited person for each of the eight counties, plus one physician and one dentist.

### Currently serving:

#### Chase County:

Joe Johnston – Commissioner  
Lola Jones – Board Vice President,  
Hospital Administrator

#### Dundy County:

Scott Olson – Commissioner  
Rita Jones – Hospital Administrator

#### Frontier County:

Kevin Owens – Commissioner  
Pat Dizmang – LPN

#### Furnas County:

Clinton Olmsted – Commissioner  
Roland Morgan – MD, Retired

#### Hayes County:

George Miller – Commissioner  
Marilyn Anderjaska – Board Secretary/  
Treasurer

#### Hitchcock County:

Dale Keeney – Commissioner

#### Perkins County:

Mary Buss – Commissioner  
Ann Regier – RN, Retired

#### Red Willow County:

Earl McNutt – Board President,  
Commissioner  
Toby Free – MD  
Chris Nix – DDS  
Karen Ackermann – RN

#### Past Members:

##### Chase:

Richard Hamilton,  
Jodi Thompson

##### Dundy:

Gary Stamm – deceased  
Marcia Ernest

##### Hitchcock County:

Leila "T" Herzog – deceased

##### Perkins:

Carol Kraus  
Marvin Swan – DDS



**Earl McNutt**  
Board President  
& Commissioner

## Message From The President

As President of the Board of the Southwest Nebraska Department of Health, it is my privilege to provide some background information regarding the formation of the Board.

In 2001, the Nebraska Legislature passed LB 692, the Nebraska Health Care Funding Act, which created 18 local health departments across the state, to be funded by money from the settlement of the tobacco lawsuits. Nebraska receives \$47.5 million per year from the Tobacco Settlement Trust Fund, and out of this, about \$5.7 million per year is allocated for funding these local health departments.

The state was first divided into health districts, requiring a minimum population of 30,000 per district. In southwest Nebraska, this requirement meant that at least seven counties had to band together to form one district. The commissioners from Chase, Dundy, Hayes, Hitchcock, Frontier, Furnas, and Red Willow began meeting to exchange ideas in an attempt to form a viable entity.

Early in 2002, each commissioner invited one other person to join us, and a board was formed. About this time, Perkins county asked to become part of this district. With help from the state level, we began addressing the legalities of creating a health department, and started to build the infrastructure.

Feeling a bit over-whelmed, the newly formed Southwest Nebraska Public Health Department began the task of opening an office. Hitchcock County offered free space in their courthouse, and in the fall of 2002, a director was hired and we were officially in business. Under the direction of our present Director, the health department has expanded staffing and moved into a suite of offices in downtown McCook. Our services to the entire area have increased, with even more vigorous programs planned for the future.

In the beginning, our goal was to promote and improve the public health of the citizens served in our health district. We continue to strive to build on these ideals so we can become a stronger, more viable tool in our communities. We want to become a key part of all our local health issues. However, we are a work in progress, and we welcome your input.

Thank you,

Earl McNutt

## Southwest Nebraska Public Health Department

Serving the counties of Chase, Dundy, Frontier, Furnas, Hayes, Hitchcock, Red Willow and Perkins



Myra Stoney - Director  
Mark R. Graf - Emergency Response Coordinator  
Beverly Powers, RN - Public Health Nurse  
Helena T. Janousek - Volunteer Coordinator  
Janet Brenning - Bookkeeper

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2002

**April** – Chase, Dundy, Frontier, Furnas, Hayes, Hitchcock and Red Willow Counties form Southwest NE Public Health Department health district

**May** – Perkins County joins Health District, Board of Officers Elected

**October** – First director, Shannon Pollman hired, office established in Trenton

**December** – Bioterrorism preparedness begins, health district assists counties in smallpox response plan

# West Nile Prevention

As of November 2, 2005, the number of human clinical positives in the eight county area is three; clinical blood donors is four; number of deaths is zero (with two deaths reported in the entire state).

The West Nile virus infects certain wild birds. The infected birds, especially crows, are known to get sick and die from the infection. Mosquitoes acquire the virus from infected birds and pass it on to other birds, animals and people.

Symptoms of a mild case include a slight fever and/or headache. Severe infections are marked by a sudden onset of high fever, with head and body aches usually occurring five to fifteen days after exposure. Since the cause is a virus, there is

no specific treatment other than to treat the symptoms and provide supportive care. The highest risk population is over 50 years of age. Healthy people of all ages are at very low risk for infection.

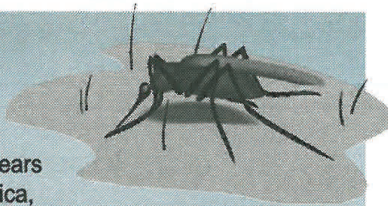
- ◆ Drain water from pool covers.
- ◆ Use landscaping to eliminate stagnant water that collects on your property.

Southwest Nebraska Public Health Department participates in the West Nile program by collecting specific types of birds and trapping mosquitoes to submit for laboratory testing for the virus. SWNPHD collects birds and traps mosquitoes for Perkins, Chase, Dundy, Hayes, Hitchcock, Frontier and Furnas counties. Red Willow County Health Department collects birds and traps mosquitoes for Red Willow county only.

The Nebraska West Nile Virus Surveillance program relies on Nebraska citizens to report and submit dead birds seen around their property or elsewhere. There is no evidence that handling dead birds can transmit West Nile virus. Nebraska residents are strongly encouraged to report and submit dead birds.

For instructions on how to REPORT OR DROP OFF A DEAD BIRD call toll free 888-345-4223 or locally (308) 345-4223. Red Willow county residents call 345-1790.

## Fight the bite!



West Nile virus (WNV) has emerged in recent years in temperate regions of Europe and North America, presenting a threat to public and animal health. The most serious manifestation of WNV infection is fatal encephalitis (inflammation of the brain) in humans and horses, as well as mortality in certain domestic and wild birds. WNV has also been a significant cause of human illness in the United States in 2002 and 2003.

West Nile virus was first isolated from a febrile adult woman in the West Nile District of Uganda in 1937. The ecology was characterized in Egypt in the 1950s. The virus became recognized as a cause of severe human meningitis or encephalitis (inflammation of the spinal cord and brain) in elderly patients during an outbreak in Israel in 1957. Equine disease was first noted in Egypt and France in the early 1960s. WNV first appeared in North America in 1999, with encephalitis reported in humans and horses. The subsequent spread in the United States is an important milestone in the evolving history of this virus.

According to Nebraska's 2005 final report, 188 clinical cases of West Nile virus were found and 53 blood donor positives were found in the state during the 2005 season. There have been five human deaths.

The West Nile Virus Surveillance Program provides information to track and combat the spread of West Nile virus. This includes trapping mosquitoes and collecting dead birds. Mosquitoes are trapped at different sites according to a set schedule then sent to the state for testing.

The program relies on Nebraska citizens to report and submit dead birds seen around their property or elsewhere. Reporting of dead birds is a good way to check for West Nile virus activity in the environment to allow implementation of prevention and control measures to minimize the spread of the virus.

When dealing with West Nile virus, **prevention** is the best bet. Fighting mosquito bites reduces the risk of getting this disease, along with other diseases that mosquitoes can carry.

To discourage mosquitoes from breeding, eliminate standing water that lasts more than four days by disposing of debris that can collect water.

- ◆ This includes tin cans, plastic containers, ceramic pots or similar containers.
- ◆ Clear brush from around your home.
- ◆ Remove discarded tires.
- ◆ Drill holes in the bottoms of recycling containers that are kept outdoors.
- ◆ Clean clogged roof gutters (spring and fall), especially if leaves have a tendency to plug the drains.
- ◆ Turn over plastic wading pools and wheelbarrows when not in use.
- ◆ Change water in bird baths.
- ◆ Clean vegetation and debris from edges of ponds.
- ◆ Clean and chlorinate swimming pools, outdoor saunas, and hot tubs.

## 2003

**February** – Smallpox immunization clinic in McCook for first responders

**May** – West Nile dead bird surveillance begins for 2003

**June** – Radio Communication grant coordinated with eight counties in health district

**August** – Weekly school absenteeism surveillance begins

**September** – Preventive Health and Human Services Block Grant awarded for walking programs in Wauneta and McCook

## From the Director . . .

I began my employment with the health department in December 2004. My knowledge about public health prior to my employment was very little. I learned the communities served by the health department also knew very little about public health. It is my desire with this first annual report to educate the communities as to the role of public health.



**Myra Stoney**  
Director

Public health is not a function of one or two agencies. This role is performed by many public health partners within our communities. These partners may include county commissioners, city/village government, law enforcement, hospitals, medical clinics, physicians, veterinarians, dentists, optometrists, mental health professionals, social workers, ministers or pastors, emergency managers, fire/EMS, and many, many others. All of these partners are performing public health functions on a daily basis.

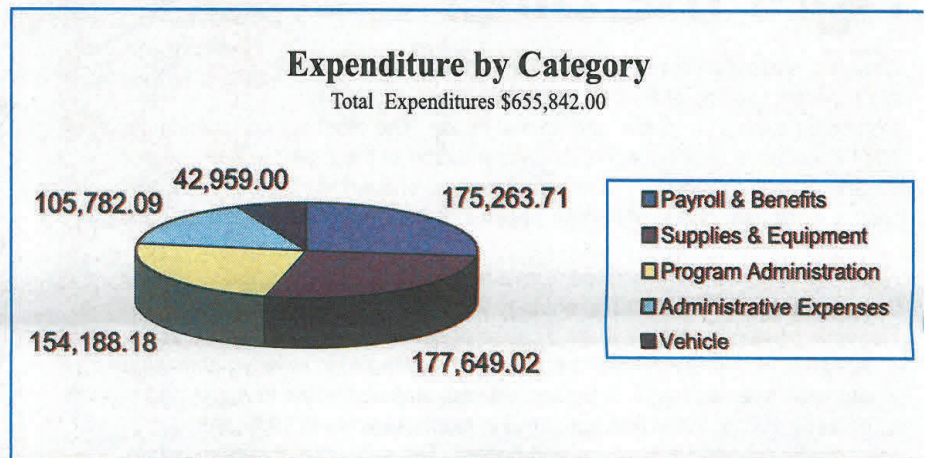
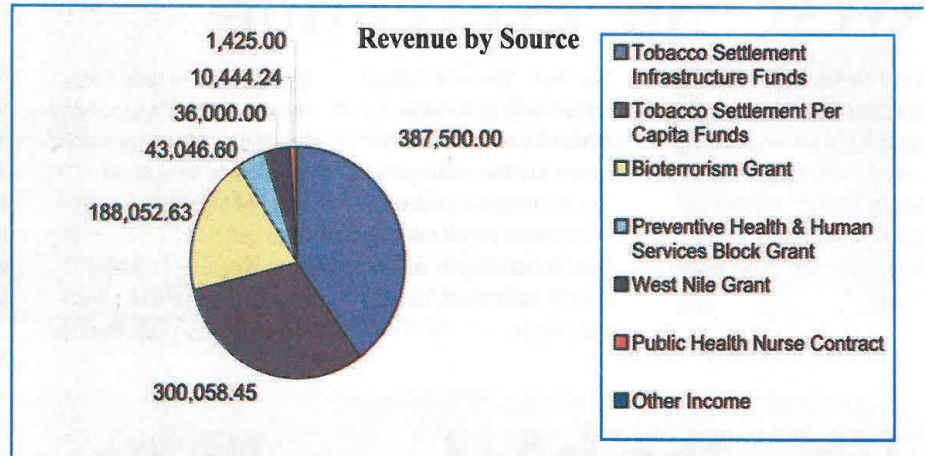
Some examples of public health are:

- Working with a community to declare a health alert when an infectious illness is wide-spread in the community.
- Follow-up with persons who have a reportable illness, such as, West Nile
- Working with fire/EMS to obtain NIMS training
- Encouraging communities to begin walking programs and assist them in developing a program
- Assist people in finding medical providers or prescription assistance
- Monitor school absenteeism on a weekly basis to identify outbreaks
- Respond to public health related complaints in community

The health department has participated in each of these activities over the past year. The addition of three staff members, the move to McCook and building of relationships with our public health partners has assisted in visibility of the health department. The department will continue to develop new programs especially in smoking awareness, prevention and proper choices over the course of the next year.

The communities' overall health is our number one priority.

Myra Stoney



## Tidbits

- Our service area is 120 miles East to West and 72 miles North to South at its widest points.
- We contain 1,026 square miles of land.
- Our service area has 33 towns with a total population of 33,610.
- Our population is mostly white with racial and ethnic minority residents making up 3.4% of the population.
- Residents aged 65 and over account for 20.4% of our population and residents under the age of 18 make up 24.9% of the population.
- Single parents account for 8.5% of the area households. These figures are all based on the 2000 U.S. Census.
- Our area is vulnerable to several weather related events including floods, tornadoes, extreme temperatures, and blizzards. We have several major highways and one mainline track for BNSF that run through our area. These routes all transport hazardous and radiological materials. We have several industries in our area that handle hazardous materials including, but not limited to, a blood drying plant, agricultural chemical manufacturing, ethanol manufacturing, modular house manufacturing and irrigation equipment manufacturing.
- We have five hospitals in our area; these are located in Cambridge, McCook, Benkelman, Imperial and Grant.

2004

**April** – Needs assessment performed in health district; Wauneta walking trail development and walking program begins with PHHS Block Grant

**April** – Body Walk Health Fair for third graders – collaboration with Red Willow County Health Department

**May** – Mini-grants of \$5,000 for each county created; West Nile mosquito surveillance begins

**June** – Public Health Outreach and Nursing Education (PHONE) nurse, Genie Bishop hired with office established in Grant

# Mobilizing for Action through Planning and Partnership

Mobilizing for Action through Planning and Partnership (MAPP) is a community-wide strategic planning tool for improving community health. Facilitated by public health leadership, this tool helps communities prioritize public health issues and identify resources for addressing them. Community ownership is the fundamental component of MAPP. Because the community's strengths, needs, and desires drive the process, MAPP provides the framework for creating a truly community-driven initiative. Community participation leads to collective thinking, and ultimately results in effective, sustainable solutions to complex problems.

Broad community participation is essential to the public's health by implementing a wide range of contributions from individuals and organizations. Public, private, and voluntary organizations join community members and informal associations in the provision of local public health services. The MAPP process brings these diverse interests together to collaboratively determine the most effective way to conduct public health activities.

MAPP is a new way of doing business. To support this change in how the

Local Public Health Agency (LPHA), or the public health community operates, LPHA staff needs to understand both the importance of strategic planning and how the MAPP process centers on community-based strategic planning. Some key messages that might help build interest in Mobilizing for Action through Planning and Partnership include:

- MAPP helps create better community-oriented programs.
- MAPP assessments can provide useful qualitative and quantitative data for LPHA programs.
- MAPP is a flexible tool that can incorporate the planning and assessment needs in a variety of program areas.
- MAPP provides strategic direction to the public health community to ensure that all LPHA programs and program partners are aiming for shared goals.
- MAPP enables programs to develop stronger, community supported project proposals.

The four MAPP assessments conducted to provide critical insights into challenges and opportunities throughout the community are:

**The Community Themes and Strengths Assessment** provides a deep understanding of the issues residents feel are important by answering the questions, "What is important to our community?", "How is

quality of life perceived in our community?", and "What assets do we have that can be used to improve community health?"

**The Local Public Health System Assessment** is a comprehensive assessment of all of the organizations and entities that contribute to public health. The LPHA answers the questions, "What are the activities, competencies, and capacities of the local public health system?", and "How are the Essential Services being provided to the community?"

**The Community Health Status Assessment** identifies priority issues related to community health and quality of life. Questions answered during the phase include, "How healthy are residents?", and "What does the health status of the community look like?"

**The Forces of Change Assessment** focuses on the identification of forces such as

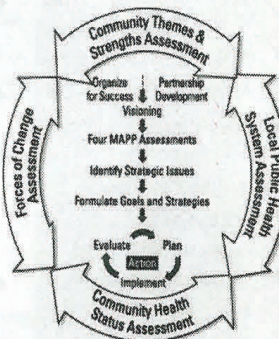
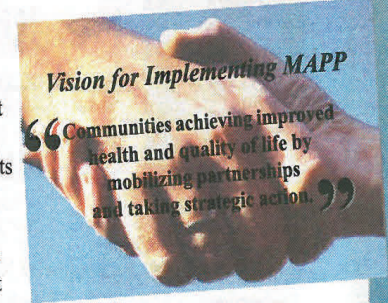
legislation, technology, and other issues that affect the context in which the community and its public health system operates. This answers the questions, "What is occurring or might occur that affects the health of our community, or the local public health system?", and "What specific threats or opportunities are generated by these occurrences?"

In January 2006, Southwest Nebraska Public Health Department conducted its *Community Health Status Assessment* to identify and prioritize community health and quality life issues. This process brought together 35 stakeholders from all eight counties in the health district. The stakeholders included law enforcement, emergency managers, physicians, clergy, county commissioners, representatives from hospitals, and other community leaders. These stakeholders shared their knowledge and experience to identify the strengths and weaknesses of the ten essential services for the health district. As a result of this collaboration, it was possible to compare and evaluate each position in the community. All stakeholders involved agreed it was a very rewarding experience.

Energy is now being focused on *Community Themes and Strengths Assessment* and *Local Public Health System Assessment*. Myra Stoney, Director, is sharing county profile statistics with county commissioners within the health district. These profiles reflect:

- Demographic data
- Social Indicators
- Health Status
- Maternal and Child Health and Well-Being
- Risk Factor Prevalence
- Environmental Data
- Availability of Services
- Service Utilization Data

This information is a valuable tool to help identify public health issues prevalent in each county. Commissioners have been asked to complete a survey reflecting public health issues; other individuals and groups have been randomly chosen to complete the survey. The results of this survey will reveal where priorities should be.



<p><b>October</b> – Began weekly hospital surveillance for Influenza Like Illnesses</p>	<p><b>November</b> – Logo developed through school contest with fifth and sixth grades in health district</p>	<p><b>December</b> – Director Myra Stoney hired</p>	<p>2005</p>	<p><b>February</b> – Emergency Response Coordinator, Mark R Graf hired</p>
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## Public Health Volunteer Coordinator

**Helena T. Janousek**  
Volunteer Coordinator

I began employment with the Southwest Nebraska Public Health Department in May 2005. My job duties as volunteer coordinator include:

- ◆ Recruiting volunteers for disaster preparedness
- ◆ Setting up volunteer training schedules
- ◆ Collaborating with other agencies on the needs for volunteer services in case of a public health or natural emergency.

It is my responsibility to maintain a database of emergency workers and volunteers who are available to respond in a disaster situation. By using the Identification Badge System, I can track each volunteer on the emergency site. The system records the volunteer's time of arrival and departure. To better manage the emergency situation, the database also includes the individuals' acquired skill levels. Emergency Managers, Emergency Medical Technicians, Fire and Police Departments throughout the district have been issued volunteer ID badges. This is an on-going process, since there is always a need for volunteers.

When local training and educational classes are offered by any EMS or Fire Departments, I notify all agencies to let them know of the training in their area.

As Volunteer Coordinator, I have completed instruction from area hospitals to become more knowledgeable about decontamination and hazmat events. I have completed the National Incident Management System courses 100 and 700 trainings and help other agencies to complete their NIMS training.

I enjoy meeting people who care about other people's well-being. This position gives me the opportunity to know many people and gain insight on their knowledge of public health issues.



## School Surveillance

During the school year, 39 out of 41 schools in the eight county health district participate in school surveillance. This involves approximately 5700 students. On each Wednesday, the schools report the following information:

- ✓ number of students enrolled
- ✓ number of students absent
- ✓ number of illnesses

The illnesses are categorized into one of these classifications:

- ✓ FLI (flu-like illness)
- ✓ Rash/Fever
- ✓ GI (stomach)
- ✓ Strep
- ✓ Asthma
- ✓ Other Illnesses.

The Health Department reports this to the state through a secure website. Reports are monitored by the health department and the state to track spikes in absences, which could indicate a disease outbreak.

## What does a Public Health Nurse Do?

Working through a contract with the Nebraska Department of Health and Human Services System (HHSS), the health department provides community outreach and education to Kids Connection and Medicaid eligible families through the Public Health Nursing Program.



**Beverly Powers, RN**  
Public Health Nurse

The registered nurse coordinates the public health activities of the health department by promoting physical and mental health with outreach activities to prevent disease, by linking people to needed personal health services, and by assuring the provision of healthcare when otherwise unavailable.

The nurse works with 16 participating clinics, offices, and hospitals in the eight county area of the health district, assisting with problem appointments and emergency room needs. During the past fiscal year, over 1000 contacts were made by the nurse in this program.

Other job duties include the following:

- ◆ Trained as Child Care Health Consultant to be a resource for Child Care centers for health-related issues; currently in the process of conducting a survey of 77 licensed providers to determine needs
- ◆ Provide information packets to new clients; attempt to meet all of clients needs, from basic information on transportation to food
- ◆ Promote preventative services (EPSDT—Early Periodic Screening, Diagnosis & Treatment), including administration and follow up
- ◆ Follow up on all emergency room visits within 24 to 48 hours; when necessary, provide client education on proper utilization of the ER
- ◆ Meet with local HHSS offices to promote cooperation and to confirm insurance coverage
- ◆ Present outreach programs in community through schools (school nurses, principals, etc.), churches, community organizations, health fairs, county fairs, immunization clinics, and child care centers
- ◆ Refer clients to other resources in and out of the community, as the client's needs indicate
- ◆ Complete data base information on clients as referrals are received, and again when completed.

## 2005

**March** – Mini grants awarded for 2004 to four applicants - \$10,000 total awarded; First Emergency Response Plan completed

**April** – Mission statement, vision statement, strategic plan developed

**May** – Office moved to McCook; Volunteer Coordinator, Helena T Janousek hired; New Public Health Nurse, Beverly Powers, hired

**May** –First Water Operators Emergency Response meetings conducted

**June** – Moved Grant office to McCook.

**July** – Launched walking program in McCook.

# Pandemic Flu

What is Pandemic Flu? Should I be concerned about it? What is the health department doing about it? These questions are frequently asked of the health department.

*Pandemic flu* is a strain of influenza virus to which humans have no resistance. The newest influenza is the Avian flu or H5N1 strain. It has not previously been introduced to humans so the human immune system has no resistance to this strain. The Avian flu is passed from birds to humans by handling infected birds. As of March 2006, no birds in the United States have been found to carry this strain. All flu virus mutate, or change, all the time. This is the reason it is necessary

to get a new flu shot every year. At some point in time, the Avian flu may change enough to enable it to pass from human to human. Currently half of the people infected with the Avian flu die. Until humans build up a resistance to this new strain, either through vaccination or by contracting this flu strain, the death toll will remain high.

The Southwest Nebraska Public Health Department is working with all communities in the health district to assist in planning for a pandemic event. A pandemic flu will affect everyone regardless of age, occupation, health, or

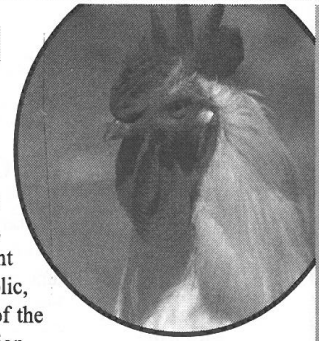
gender. The health department will identify essential services in the communities and help keep them running should a pandemic occur.

Who should get vaccinations first? How are we going to treat the sick? How are we going to isolate the sick from the rest of the population? How are we going to maintain services? These decisions will be made by each community. Each community will need to rely on themselves as this pandemic will encompass all of the United States.

The State and Federal government are working on new vaccines and stockpiling the vaccines for distributions across the nation. A new vaccine requires months or years to develop, then it takes

six months to produce a new vaccine and, if the virus changes, yet another new vaccine needs to be developed. The Federal government wants to protect the public, no matter which strain of the virus is affecting the nation.

The Southwest Nebraska Public Health Department is constantly in touch with the state for any new developments concerning the Avian flu. Meetings with other health departments and the state enable everyone to provide the most current information to residents. The health department monitors flu outbreaks across the district for any new strains and this information is reported to the state. The state tracks the different strains and strengths



of flu as they occur across the state. This helps keep the outbreaks to a minimum in any given area.

To protect yourself and others from any kind of flu:

- ◆ cover your mouth and nose when you cough and sneeze
- ◆ wash your hands often
- ◆ avoid touching your eyes, nose and mouth
- ◆ avoid close contact with infected people, and stay home when you are sick.



**Janet Brenning**  
Bookkeeper

## Public Health Department Bookkeeper

I began my employment with Southwest Nebraska Public Health Department in September 2005. My responsibilities include

personnel, payroll, accounts payable, accounts receivable, reception and general office management. Of course working in a small office, you have hands-on training with everything going on in the office.

Coming into this new job with a financial background and a few years of clinic billing, I was not sure what public health was all about. WOW! I am amazed. There is so much, it is difficult to summarize it in a brief statement. There are so many great programs that help and assist with personal needs, community needs, and national needs. As you read the Annual Report, you will discover for yourself, just what public health is about.

My transition into public health has been enjoyable. This was made possible by everyone's willingness to share their knowledge and experiences with me.

## Wide Open Spaces

*"We are a coalition of all-hazards prevention, protection, response, and recovery partners. We provide a local voice in the planning and sharing of resources across state borders in public health emergencies."*

Wide Opens Spaces (WOS) was organized in 2003 to address public health needs when an incident occurs crossing state borders. WOS consists of representatives from Nebraska, Kansas, and Colorado. Mark R Graf, from Southwest Nebraska Public Health Department leads this organization.

WOS meets every other month through conference calls and in person annually. This fall McCook hosted a retreat, bringing approximately twenty representatives to the table. Discussions included focusing on where the group was heading, meeting other public health peers from the neighboring states, learning more about Mid-America Alliance, developing memorandums of understanding, and to review scheduled activities being held in each health district.

One need identified by the group was to be able to quickly access needed resources that are available across state borders. Some of these resources are equipment, supplies and personnel. Continuing activities include group exercises with all three states.

**August** – Mini grants awarded for 2005 to 11 applicants - \$30,000 total awarded; Began volunteer recruitment for public health emergencies

**September** – Hired bookkeeper, Janet Brenning; All Recreate on Fridays (ARF) program implemented; Handicap ramp at McCook walking trail completed.

**October** – Mobilizing for Action Through Planning and Partnerships program started; Respite program launched with West Central District Health Department

**November** – National Incident Management System (NIMS) adopted; Video conferencing equipment operational

**November** – Wide Open Spaces conference in McCook; Participated in statewide emergency preparedness exercise TERROX 05



**Mark R. Graf,**  
Emergency Response  
Coordinator

## Emergency Response Coordinator

The Emergency Response Coordinator (ERC) is a full time position. There are 20 Emergency Response Coordinators in the public health system across

Nebraska. Their responsibilities include planning for health emergencies and preparing the health department to respond to other non-health emergencies and disasters.

The ERC prepares the emergency response plan for the health district. The plan outlines the method in which the health department will set up and operate a mass vaccination clinic should a biological outbreak occur. The plan includes the State of Nebraska to bring in and distribute the vaccination to the residents of the health district. The ERC works with Emergency Managers in each county, the hospitals, fire departments, emergency medical services, law enforcement, and volunteer agencies. A large number of volunteer workers are required to staff mass clinics. The health department relies on volunteers and hospital personnel to operate the clinics. The ERC works with the volunteers to train and practice response in the event of a disaster. The health department's emergency response plan was state approved in 2005. It is continuously updated.

The ERC, with other agencies, develops plans for all hazards and disasters. These hazards include tornadoes, floods, train derailments, hazardous material spills, and farm accidents involving chemicals. All disasters relate to public health since the need to protect the water and food supply is essential. One of the tasks of public health is to monitor the safety of the food and water supplies.

Another responsibility of the ERC is to recruit volunteers. Their help is needed in a disaster situation. The health department works with and trains local volunteer first responders. They are issued identification badges for security purposes, which allow them to respond quickly to a disaster.

The ERC, along with other staff members, is currently developing a plan for a pandemic flu outbreak. This plan will be prepared reflecting the needs of the communities across the health district. Read more about pandemic flu in the related article.



## What is a Tac-Pak used for?

In 2005, the State of Nebraska furnished all twenty public health departments with a Tac-Pak. A Tac-Pak provides emergency responders with a way to communicate with each other in the case of a disaster situation. The unit contains a lap-top computer with a printer/scanner/ fax, a cell phone, satellite phone, digital

camera, a hand held Global Positioning System (GPS), and a rechargeable battery.

The computer can be connected to the internet via the cell or satellite phone, which allows the user to send and receive e-mails almost anywhere. During a disaster, it is imperative to keep in communication with the state and other counties, this office and other health departments, local city offices,

*We invite you  
to stop in and  
check out the  
Tac-Pak.  
Mark will be  
happy to show  
you how it  
functions.*

and the media. It is possible to create maps showing safe and unsafe areas by using the mapping program installed in the computer and the hand held GPS. It also allows the user to take pictures, scan documents, and send and receive faxes of valuable information needed to handle the crisis at hand.

All of the electronic equipment is powered from the internal battery, 110 volt or 12 volt systems. This allows the use of any vehicles to recharge the batteries if other power supplies are not available.

The ability to communicate when all normal communications are disrupted is a valuable asset. On-going training and field exercises are scheduled monthly to keep everyone proficient in the use of the Tac-Pak.