

How do you advance health when your public health system lacks basic local services? Back in 1988, the Institute of Medicine proclaimed that public health was in disarray. They could have pointed to Nebraska as a prime example. In 2000 only 22 of the state's 93 counties were served by local public health departments. Perhaps worse, fewer than one-quarter of these departments assessed citizen's health status, developed policy around health issues, or ensured care of the citizenry.

Nebraska Turning Point Now and Then

David Palm and Mary Munter of the State Department of Health decided to be proactive in creating change. Beginning with a broad-based partnership, including the Nebraska Public Health Association and all its key partners, they developed a comprehensive, written public health improvement plan. As anyone who has been in Nebraska during a football game knows, when Nebraskans want something, the entire state gets behind the effort. This time the goal was to gain lasting support for public health. A new era was about to begin.

The written plan and broad support gave the State Department of Health credibility with policy makers. When the legislature passed the Nebraska Health Care Funding Act in May 2001, it provided an annual appropriation of \$5.7 million from the Tobacco Settlement Fund to build public health infrastructure across the state. Here was their golden opportunity, and they were ready for it. In the words of Dave Palm, "You have to be prepared to take advantage of opportunities when they arise. We were



lucky to have the tobacco settlement money, but we only gained access to it because of a terrific coalition and a solid plan.

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The legislation promoted formation of multi-county health departments and required each to provide the Ten Essential Services. Turning Point

worked with communities and partnerships to translate the law into bricks and mortar, health directors, and skilled staff. Dave and Mary supported the effort, driving in the heat of summer and bitter cold of winter to each county to help build bridges. By June 2002, local health departments provided public health coverage for all but one of the 93 counties in the state; by 2004 all were included.

In 2004, Nebraska public health looks much different than in 2001. All communities are actively engaged in improving the health of their citizens. Local health departments have identified and tracked disease outbreaks, such as West Nile virus. They have partnered with local emergency management coalitions to develop plans for

a bioterrorism event or a natural disaster. Health departments are battling obesity and chronic disease with a variety of health promotion and disease prevention programs to change health behaviors.

In 2003, staff from the health departments called upon their recently developed smallpox vaccination plans and implemented the pre-event smallpox vaccination initiative. Public health workers surprised even themselves when they discovered that they had mobilized to vaccinate more people for smallpox than any other state during the initial stages of the campaign.

Nebraska now has a public health system that is on its way to being among the most responsive public health systems in the country. As the changed system proves itself, public health grows in importance to Nebraskans. Nebraska's success shows us that it is never too late to start mobilizing for change.

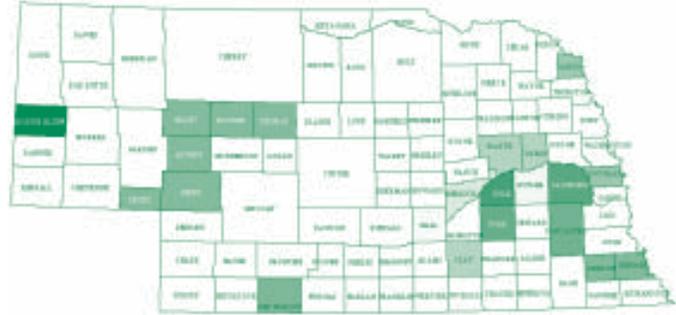
At a Glance: Nebraska

Aim of Nebraska Turning Point

Nebraska Turning Point's goal is to build the local public health infrastructure so that all people in Nebraska are covered by a local health department.

Nebraska's Public Health Challenges

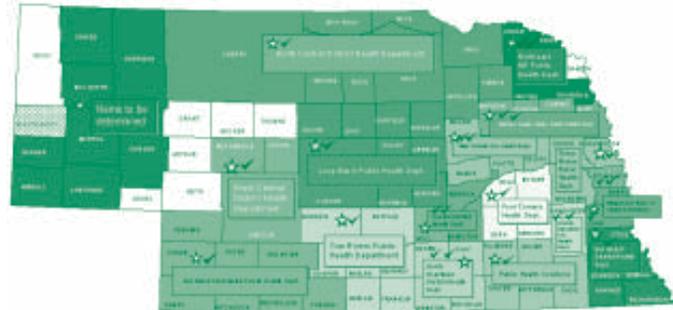
Obesity is on the rise in Nebraska. Nebraska high school students are twice as likely to drink and drive as their counterparts nationwide. Many Nebraskans are uninsured or under-insured, limiting their access to timely preventive and medical services. Major differences exist between the health of Nebraska's general population and its racial/ethnic minority populations. In 2000, Nebraska had limited organizational capacity, limited staff, and no dedicated state funds for local public health. Only 16 local health departments covered 22 of the state's 93 counties.



Nebraska Local Health Districts prior to 2000

Nebraska Turning Point's Contribution to Improving Public Health

- The Turning Point Project allowed a broad and diverse coalition to set the future direction for public health in the state.
- New legislation was passed in 2001 that used Tobacco Settlement Funds to fund 16 new multi-county local public health departments.
- The local public health departments must consist of at least three contiguous counties and have 30,000 people.
- Annual funding levels range from \$160,000 to more than \$800,000.
- Key accomplishments include: comprehensive needs assessments, implementation of many health promotion programs, organized surveillance programs, and local bioterrorism and emergency preparedness plans.



Nebraska Local Health Districts 2002

For More Information

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