

**LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT  
CURRENT AGENDA**

**4:00 PM, Tuesday, June 10, 2025  
Health Director's Conference Room – Lincoln Room 2222  
3131 O Street  
Lincoln, NE 68510**

<b>AGENDA ITEM</b>	<b>DESCRIPTION</b>	<b>SUPPORTING DOCUMENTS</b>
<b><u>CALL TO ORDER</u></b>	Roll Call	
<b><u>APPROVAL OF AGENDA</u></b>		<b>Agenda</b>
<b><u>APPROVAL OF MINUTES</u></b>	Regular Meetings – May 13, 2025	<b>Minutes</b>
<b><u>PUBLIC SESSION</u></b>	Any person wishing to address the Board of Health on a matter not on this Agenda may do so at this time.	
<b><u>DEPARTMENT REPORTS</u></b>	A. Health Director Update – Director Kernen General Department Update <ul style="list-style-type: none"><li>- Funding Update</li><li>- Legislative Update</li><li>- Measles Update</li><li>- Building Update</li><li>- Other</li></ul>	
<b><u>CURRENT BUSINESS</u></b> Information Items	A. Discussion on the Board of Health Resolution – Racism as a Public Health Crisis – Kernen B. Animal Control Year in Review – Bollwitt	
<b><u>FUTURE BUSINESS</u></b>	A. Other Topics for Future Agendas	
<b><u>ANNOUNCEMENTS</u></b>	Next Regular Meeting – August 12, 2025 - 5:00 PM, Health Director's Conference Room – Lincoln Room 2222	
<b><u>ADJOURNMENT</u></b>		

Additional Information: [Glossary of Abbreviations](#)

This agenda will be kept continually current and will be available for public inspection within the Lincoln-Lancaster County Health Department during normal working hours. A copy of the Open Meetings Law is posted at the meeting site.

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**LINCOLN-LANCASTER COUNTY HEALTH  
DEPARTMENT**

**Board of Health Minutes  
May 13, 2025**

**I. ROLL CALL**

The meeting of the Board of Health was called to order at 4:15 pm by James Michael Bowers, President of the Board. Participating members: Dr. Stacie Bleicher, James Michael Bowers, Dr. Jackie Miller, and Tom Randa. Also present: Andrew Barness (ex-officio), Amanda Callaway (ex-officio), and Rick Tast (ex-officio).

Members absent: Sean Flowerday, Dr. Katie Garcia, Jasmine Kingsley, and Dr. Dustin Loy.

Staff Present: Denise Bollwitt, Leah Bucco-White, Charlotte Burke, Brock Hanisch, David Humm, Maize Humm, Raju Kakarlapudi, Kerry Kernen, Echo Koehler, Renae Rief, Joe Stelmach, Maria Elena Villasante, and Janette Johnson.

**II. APPROVAL OF AGENDA**

Mr. Bowers asked if there were any corrections to the agenda. No corrections were requested.

Motion: Moved by Dr. Miller to approve the agenda as printed; seconded by Dr. Bleicher. No discussion. Motion carried by a 4–0 roll call vote: Bleicher, Bowers, Miller, and Randa; Flowerday, Garcia, Kingsley, and Loy absent.

**III. APPROVAL OF MINUTES**

Mr. Bowers asked if there were any corrections to the April 8, 2025, minutes. No corrections were requested.

Motion: Moved by Dr. Miller to approve the April 8, 2025, minutes; seconded by Mr. Randa. No discussion. Motion carried by a 4–0 roll call vote: Bleicher, Bowers, Miller, and Randa; Flowerday, Garcia, Kingsley, and Loy absent.

**IV. PUBLIC SESSION**

No one came forward.

## **V. DEPARTMENT REPORTS**

### **A. Health Director's Update:**

Health Director Kernen asked if there were any questions on the Department report of activities included in the Board of Health packet. Division staff are available to answer questions. No questions were brought forward.

The Department had its first suicide prevention summit on May 1, with 100 participants. Bryan Health hosted the summit. It was a very impressive summit with a lot of health care providers there who are wanting to focus on how we are screening youth for suicidal ideation, and then how to connect those youth to resources in the community such as CenterPointe, LFS, and Square One. There will be more to come as this is one of our priority areas in the Community Health Improvement Plan.

The next summit coming up is the Maternal & Infant Care Summit on May 15 if anyone is interested. It isn't too late to sign up. It will be held at CHI. We have 75 signed up to attend. It will focus on access to care and we will have several staff presenting as well as Dr. Rauner from Partnership for a Healthy Lincoln, and a community health worker panel, again very health care provider driven. It starts at 7:00 am and we are hoping to get the provider network there discussing presumptive eligibility, early access, adequate prenatal care, how we are working to decrease infant mortality rates in the community and taking a look at our home visitation program and how it is working to support a lot of these efforts.

We are at the tail end of internal strategic planning. This three-year plan should be wrapped up by the end of June. This will not be the traditional 82-page document that sits on a shelf. We will continue to review it over the next three years. It will probably be about 10-12 pages and reflect the four priority areas that got brought forth by staff. This strategic planning session supported participation of staff at all levels. We heard from staff with their boots on the ground as well as upper management, so it will be a very comprehensive plan. We will be reporting on that when it gets finalized.

Director Kernen gave an update on measles. There are no cases in Nebraska or Lincoln and Lancaster County. We are watching closely what happens in the contiguous states. As of last Friday, when the CDC updates their website, there were 1,001 cases in 31 jurisdictions. Kansas has 48 (increasing by 13 within the last week), Missouri has 3, Colorado has 5, and North Dakota was added this last week and has 11 cases. Not sure how South Dakota was skipped. Numbers have been slowing down, but that doesn't mean we don't have a significant concern. We have been meeting internally as a team for the last two months. We are in conversations with health care providers, school system superintendents and directors to let them know how we are planning internally, asking what resources they need to support their planning efforts, and how we can identify those children that may not be in compliance with the recommended vaccines and how we can get those families in conversation to understand why they aren't vaccinating. We will

meet on Thursday with childcare providers. Sitting at a very good protective rate in our community and at herd level, but we still have pockets and individuals in smaller schools, private and parochial, where immunization rates aren't where they should be. School districts are looking at how they can replicate the effectiveness of LPS communication that if a child is exposed, they are out for 21 days. That is a long time for working parents. This may have provided some impetus for some children getting vaccinations. School immunization data is a point in time. All school districts are required to send vaccination records to the state in September. LPS does work throughout the school year to get the children in compliance. We are working with the two health systems to see what it would look like if we had to ramp up testing. If this continues across the US, there is concern that we will lose that status of being measles-free. Some of the states have linked their cases with Texas while more states link their cases to travel.

### **Budget Update:**

Watching LB 261 closely at the 4.5 million potential loss to public health funding. Appropriations amended the bill to keep 1 million for public health. If this is approved, it will be split evenly between all 18 health districts. With that reduction, we would be looking at some cuts to programs, but until budgets are finalized, we won't know what that looks like.

The COVID funds were mostly spent before being pulled back at the federal level. The ARPA funds that are being used for remodeling are not impacted.

### **Legislative Update:**

Director Kernen provided highlights on bills signed by Governor Pillemer relating to public health.

LB 9 amends definition of alternative nicotine products to include chemical analogs and nicotine updated provision procedures related to enforcement of the tobacco products tax act including seizure related to the product.

LB 10 has to do with the Prescription Drug Donation Act providing for a technical correction. This does not have a negative or positive impact on public health.

LB 22 has a state plan amendment on the reimbursement rate for the Family Connects home visitation program. We are anxious to see what the state will submit, especially with the challenges around Medicaid funding.

LB 41 provides for the expansion of blood testing for syphilis in the first trimester, 3<sup>rd</sup> trimester, and at birth. This allows for consistency across the state and is a huge win for public health.

LB 141 amends the Dentistry Practice Act updating the dental license reciprocity which allows dentists to come in and out of the state with reciprocity of their licenses.

LB 168 prohibits 340B drug manufacturers from interfering with pharmaceutical benefit management companies. We do use 340B drugs in our clinic and this program gives us a cost savings. We also need to recertify annually to participate in this program. This is also important to hospitals and FQHCs.

LB 245 incorporates changes in the food code since last updated in 2017. We will be making changes to our local food codes to align with these changes.

LB 414 will establish a Suicide Mortality Review Team. As we work in this area on the local level, this data will be a critical piece.

LB 133 amends the definition of law enforcement to clarify the inclusion of Animal Control officers to enforce local animal control laws.

### **Building Update:**

Phase II has closed. All staff are now back in their permanent work locations. Acclimating to smaller workspaces, but it is nice to have everyone back together. Phase III work has begun on the lower level. Anticipated completion is by the end of the year.

## **VI. CURRENT BUSINESS (Action Items)**

### **A. Request for motion to amend February 2025 Meeting Minutes to reflect Discussion on Fluoride Resolution.**

Director Kernen was made aware of a concern from a constituent regarding the February Board of Health resolution on fluoride, there was discussion specific to adding a sentence to the LTU Water Report to reflect fluoride in the water concerns for infants less than 6 months of age. Gwendy Meginnis confirms a discussion with Dr. Bleicher, Dr. Miller, and Dr. Garcia that didn't get captured in the minutes.

Motion: A motion was made by Dr. Miller and seconded by Mr. Randa to amend the February 11, 2025, minutes to add the following text:

Request from a member of the public to add a cautionary notice to the annual water report put out by Lincoln Transportation and Utilities based on a January 2011 ADA Evidence-Based Clinical Recommendations Regarding Fluoride Intake from Reconstituted Infant Formula and Enamel Fluorosis: a report of the American Dental Association Council on Scientific Affairs publication.

Upon reviewing more current information with the American Academy of Pediatric Dentistry and American Academy of Pediatricians, the discussion among Dr. Bleicher, Dr. Garcia, and Dr. Miller was that the 2011 publication is outdated, and they did not want to make any kind of cautionary note based on outdated information.

It was noted in the American Academy of Pediatrics' Policy on Use of Fluoride revised in 2023, that the range of fluoride for reconstituted powdered or liquid concentrate when reconstituted with water containing 1 ppm is .64 to 1.07. But as communities align with the 2015 recommendation of .7 ppm fluoride, the risk of dental fluorosis due to reconstituting infant formula with fluoridated water is decreased. Therefore, the recommendation by Dr. Bleicher, Dr. Garcia, and Dr. Miller was not to recommend a cautionary notice on the annual water report based on an outdated 2011 publication/recommendation that pertained to higher levels of fluoride.

There was no discussion. The motion carried by a 4–0 roll call vote: Bleicher, Bowers, Miller, and Randa; Flowerday, Garcia, Kingsley, and Loy absent.

## **V. CURRENT BUSINESS (Information Items)**

### **A. Update Report on the Board of Health Resolution – Racism as a Public Health Crisis.**

Back in 2020, the Board of Health adopted a Resolution of Racism as a Public Health Crisis. A report on the work that was being done on the resolution was presented to the Board in 2023. We need to have another update but also want to ask the Board to review the resolution that was sent out in the Board packet to see what needs to be removed or added based on what is happening both nationally and locally. Send recommendations to Director Kernan directly for discussion at next month's Board meeting. A PowerPoint presentation was provided by Director Kernan and Maria Elena Villasante, Health Equity Initiatives Coordinator.

On the national stage, in April 2021, there was a resolution by Rep. Jahana Hayes declaring racism as a public health crisis. Seven senators signed onto her bill, but then it stopped. She reintroduced it in February this year. She is a member of the Congressional Black Caucus and has a powerful voice to bring this back to the forefront. Senator Cory Booker and others are leading the introduction of the Senate version.

NACCHO has recognized racism as a public health crisis in 2020, declaring racism as a serious public health threat and called for action to address its impact on health and well-being.

NALBOH is a key player in the public health landscape, but as an association of local boards of health, it does not have the authority to make a declaration at the federal level.

The American Public Health Association put forth a declaration of racism as a public health crisis, highlighting its detrimental impact on health outcomes and advocating for systemic changes to address it.

We are seeing a growing movement nationally of states creating declarations. Director Kernen implemented the declaration in Douglas County and helped Lincoln when this began in 2020. Director Kernen isn't aware of other health departments or entities in Nebraska who have done something similar. A lot of this happened in 2020 after the George Floyd murder.

Systemic change requires policy review, workforce training, and community engagement. Some LLCHD programs that address knowledge and social connections include:

- A Child Care Transportation Training for cultural center staff to become trained as Child Passenger Safety Technicians who can then help the community they serve, in their language, learn to properly install and use car seats, giving an immediate impact on child safety.
- Dental health outreach seeing 4,285 unduplicated clients and providing 3,023 clients with language assistance.
- Community conversations provide open dialogue from a broad range of community groups. Key statistics include 39 conversations, 408 participants, 23 groups, and conducted in 11 languages.
- Through our Minority Health Initiatives grant, health education and support to navigate and access healthcare services were provided to 11 minority populations, 17 languages with 5,320 clients served.
- The Family Connects home visitation program visited conducted over 1,150 since its start in 2023.
- STI services were expanded clinic hours and provides access to PrEP.
- 139 individuals being released from the Lancaster County Department of Corrections were assisted with Medicaid enrollment and primary care provider resources.

Internally, LLCHD includes achieving health equity as an overarching goal in strategic planning. An Equity Committee for Health Outcomes (ECHO) team promotes health equity and reduction in health disparities to staff through their newsletter and providing cultural learning opportunities. Grant funding allowed the purchase of handheld translation devices for use in an individual setting and group translation equipment. Staff participates in the Mayor's One Lincoln group that advances equity, diversity, and inclusion in the City of Lincoln. LLCHD recently launched a Community Health Workers training to improve health outcomes and reduce health disparities by training and deploying trusted community members. Lastly, LLCHD has had representation on the New Americans Task Force, a network of public and private organizations, community members, and local institutions supporting immigrants and refugees for many years.

## **B. The Lincoln-Lancaster County Heat Response Plan**

Maize Humm, Climate and Health Resilience Coordinator, presented a PowerPoint on the Heat Response Plan for Lincoln and Lancaster County. 44 partners were involved in the development of the plan. Heat is a silent killer and amplifies the risk for



children, pregnant people, older adults, outdoor workers, people with chronic medical conditions, people without air conditioning (homeless or those with broken air conditioners), those who exercise outdoors, and pets and livestock. Hospital discharge data shows an increase in emergency room visits due to heat from 2014-2023. This data reflects the more extreme cases; however, and we believe heat-related illness is under reported. A map created by UNMC researchers shows heat vulnerability by census tracts which helped prioritize cooling centers and education efforts for this project. During times of extreme heat, cooling centers will have extended hours, education materials in multiple languages have been developed, heat briefs will be issued, and heat relief kits will be dispersed in the community. This and more resources can be found at [lincoln.ne.gov](http://lincoln.ne.gov), keyword - heat plan.

## **VII. FUTURE BUSINESS**

A. Mr. Bowers asked the Board for information/topics for future agendas.

## **VIII. ANNOUNCEMENTS**

A. Next meeting – June 10, 2025, at 4:00 pm, to be held in the Lincoln Room in the Director's Office, Lincoln-Lancaster County Health Department.

## **IX. ADJOURNMENT**

Motion: Moved by Dr. Miller to adjourn the meeting at 5:08 pm; seconded by Dr. Bleicher. No discussion. Motion carried by a 4–0 roll call vote: Bleicher, Bowers, Miller, and Randa; Flowerday, Garcia, Kingsley, and Loy absent.

Janette Johnson  
Recording Secretary

James Michael Bowers

**LINCOLN-LANCASTER COUNTY HEALTH  
DEPARTMENT REPORT  
TO THE LINCOLN-LANCASTER COUNTY  
BOARD OF HEALTH**

**JUNE 2025**

**ANIMAL CONTROL DIVISION**

Officers are seeing an increase in dispatched calls due to warmer temperatures. There are more people and animals out which may have more potential for bites, dogs at large and concerns that people don't normally see during the cooler temperatures.

Dogs-in-vehicle calls start to ramp up when the weather is nicer. Community members will call our office and request an officer to investigate the situation. ACOs attempt to contact the owner before removing the animal. If that animal is removed, it will be transported to a veterinarian to be examined. The owner will be cited as it is a violation of the law and an unsafe position for the pet.

Animal Control sent out a reminder on social media encouraging everyone to check their pets for ticks and fleas, as this is the season for them.

Wildlife calls are increasing since this is baby season. We have seen an influx of baby raccoons in the last month. Animal Control Officers are delivering the young and orphaned to Wildlife Rescue volunteer members in Lincoln, who will assess them and provide care until they are able to be released.

Dispatchers assisted with over 3,500 phone calls for service in May.

ACO Middleton presented to 90 Second graders at Robinson Elementary School about animal safety, which consisted of how to be safe around dogs and what to do if you are approached. The presentation provided slides illustrating how to safely interact with animals and how to care for them. The children had excellent questions. They were very appreciative of the officer's presentation.

**COMMUNITY HEALTH SERVICES DIVISION**

**Family Connects Update:**

Recent data from Family Connects International (FCI) shows promising progress for the Lincoln-Lancaster County Family Connects Program, with 30% of the eligible birth population completing a visit in March, our highest monthly rate in the past six months. This marks a strong recovery from a

low of 17% in November and December, a period affected by nurse staffing losses due to hospital recruitment pressures and wage competition. We are encouraged by the recent hiring of two additional nurses, bringing us to just two remaining vacancies. As a reminder, achieving certification requires meeting three Key Performance Indicators (KPIs). We are currently meeting two: timely visits (98% vs. 70% target) and referral completion (68% vs. 50% target). With our recent momentum and staffing improvements, we are on a positive trajectory toward reaching the final KPI, 60% population visit completion.

Month	Completed Visits	Completion Rate of Scheduled Visits	Population Reach	Referral Connection Rate
Oct	67	64%	20%	67%
Nov	45	57%	17%	100%
Dec	49	54%	17%	33%
Jan 2025	60	59%	22%	89%
Feb	61	60%	26%	100%
Mar	80	67%	30%	100%

#### **Lancaster County Corrections Activities:**

Building on our Medicaid outreach efforts at Lancaster County Department of Corrections (LCC), we have expanded services to address a newly identified gap affecting incarcerated women. LCC recently notified us that due to overcrowding, women are being temporarily housed in Washington County Corrections (WCC) and are often returned to LCC just prior to their release, sometimes on the day of release, resulting in missed opportunities for Medicaid enrollment and related services. In response, we have coordinated with both LCC and WCC to extend our outreach as these women are Lancaster County individuals. Our Certified Application Counselor is now scheduled to travel monthly to Washington County, where staff have approved credentialing based on our existing access at LCC. Washington County staff have arranged a centralized location within the facility to support this effort and will escort individuals to meet with our staff. An estimated 15–25 women monthly are expected to benefit from this expanded outreach, ensuring continuity of care and reducing barriers to health coverage upon release. This enhancement reflects our ongoing commitment to health equity and access for all justice-involved individuals.

## Lancaster County Corrections (2024-2025)

Month	Inmates Served	Registered for Medicaid	Approved for Medicaid
December 2024	71	33	New program
January 2025	20	15	New- awaiting data
February	41	16	Medicaid 50 to date up to Feb.;
March	96	72	
April	55	26	

## DENTAL HEALTH AND NUTRITIONAL SERVICES DIVISION



### WIC Program

#### Caseload (Participation)

<b>Total</b>	3,975 (+0 March 2025 & -27 April 2024)	State: 36,697 (+147 March 2025 & +497 April 2024)
<b>Main</b>	2,733 (-16 March 2025)	
<b>Cornhusker Clinic</b>	1,242 (+16 March 2025)	
<b>%Enrolled with Benefits</b>	88.81% (+0.06% March 2025)	

#### Participants by Category/Breastfeeding Information

	LLCHD	State of Nebraska
<b>Total Women</b>	801 (20.2%)	7,355 (20.0%)
<b>Total Children</b>	2,379 (59.8%)	21,042 (57.3%)
<b>Total Infants</b>	795 (20.0%)	8,300 (22.6%)
<b>Infants Receiving Breastmilk</b>	371 (46.7%)	3,356 (40.4%)
<b>Infants Exclusive Breastmilk</b>	156 (19.6%)	1,202 (14.5%)

## **Mentoring**

### **Students**

<b>Interns</b>	4 UNL Dietetic Interns
<b>Volunteers</b>	
<b>LMEP Residents</b>	3

## **WIC QI—No Show Rates**

	<b>FFY 25 Main Office</b>	<b>FFY 25 North Office</b>	<b>FFY 25 LLCHD Overall</b>
<b><i>October</i></b>	14.0%	13.7%	13.9%
<b><i>November</i></b>	13.8%	14.7%	14.1%
<b><i>December</i></b>	14.4%	11.4%	13.3%
<b><i>January</i></b>	14.8%	11.1%	13.5%
<b><i>February</i></b>	13.8%	13.1%	13.5%
<b><i>March</i></b>	11.9%	13.2%	12.4%
<b><i>April</i></b>	11.2%	12.6%	11.7%

## **Events Attended**

<b>Outreach Events/Meetings</b>	Randolph Elementary Carnival night, YMCA Healthy Kids Day, Family Literacy Festival
<b>Breastfeeding Events/Meetings</b>	Air National Guard baby shower, Bluestem baby shower, Spanish mom's BF support group

## **Screenings & Referrals**

<b>Mental Health Screening (PHQ-4):</b>	35	<b>Lead Referrals:</b>	102	<b>Immunization Referrals:</b>	7	<b>MilkWorks Pumps Issued:</b>	5
<b>Lead Screening through LLCHD:</b>	49	<b>Dental Referrals:</b>	127	<b>Breastfeeding Support:</b>	59	<b>Parent Resource Coordinator Referrals:</b>	9

## **Dental Clinic Services**

- Total number of clients served (unduplicated count): 729
- Total number of patient encounters (duplicated client count): 771
- Total number of patient visits (duplicated provider appointments/visits): 1164
- Total number of Racial/Ethnic Minorities and White non-English speaking patients: 674 (93%)
- Total number of children served: 504 (69%)
- Total number of clients enrolled in Medicaid: 654 (90%)
- Total number of all clients with language barriers: 526 (72%)

Language Services provided: Arabic, Burmese, Chinese, Dari, Dinka, French, Karen, Kurdish, Nuer, Russian, Spanish, Ukrainian, Vietnamese, Pashto, Zaghawa, Other, Swahili

Failed Appointment Rate: April 15.6% compared to March 14.4% (Utilizing automated 3 appointment reminder system, 7-3-1-day reminders) in patient's preference of phone, text, or email reminders).

## **Student Rotations: 10**

UNMC College of Dentistry dental students-0

UNMC College of Dentistry dental hygienist students-10

## **Dental Screening and Fluoride Varnish Program: 0**

## **Community Outreach Events: 218**

- Randolph School Health Fair – 69 toothbrush kits and educational materials provided
- YMCA Fallbrook Health Event – 79 toothbrush kits and educational materials provided

## ENVIRONMENTAL PUBLIC HEALTH DIVISION

### Water Quality: Public Swimming Pools & Certified Pool Operator Training

**Purpose:** Protect human health by preventing waterborne illness.

**Water Quality Indicator:** 80% of swimming pools and spas meet health and safety regulations at the time of inspection (do not have significant health and safety violations).

**Indicator Description:** LLCHD staff conduct regular inspections and test pool water for disinfectant, combined chlorine, pH, and Cyanuric acid.

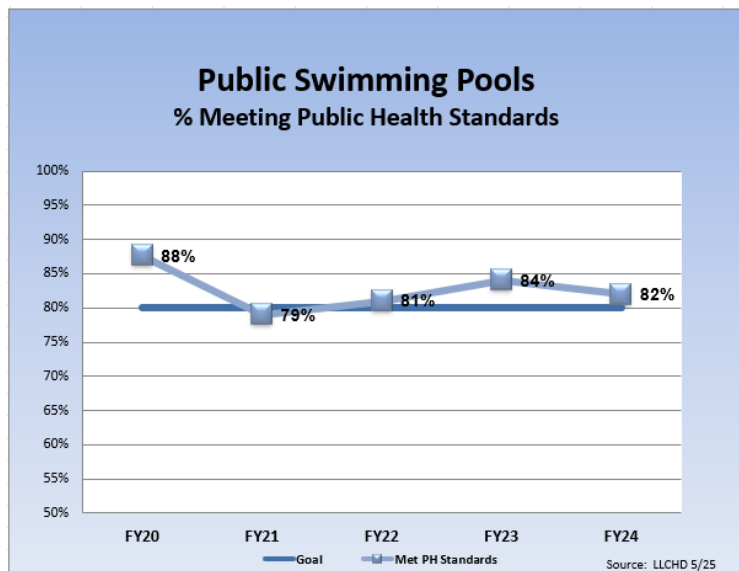
**Indicator Rationale:** Inspecting public swimming pools and testing pool water to determine compliance with health-based standards reducing the risk of recreational waterborne illness. The higher the percent of pools that are in compliance with standards, the less risk of illness.

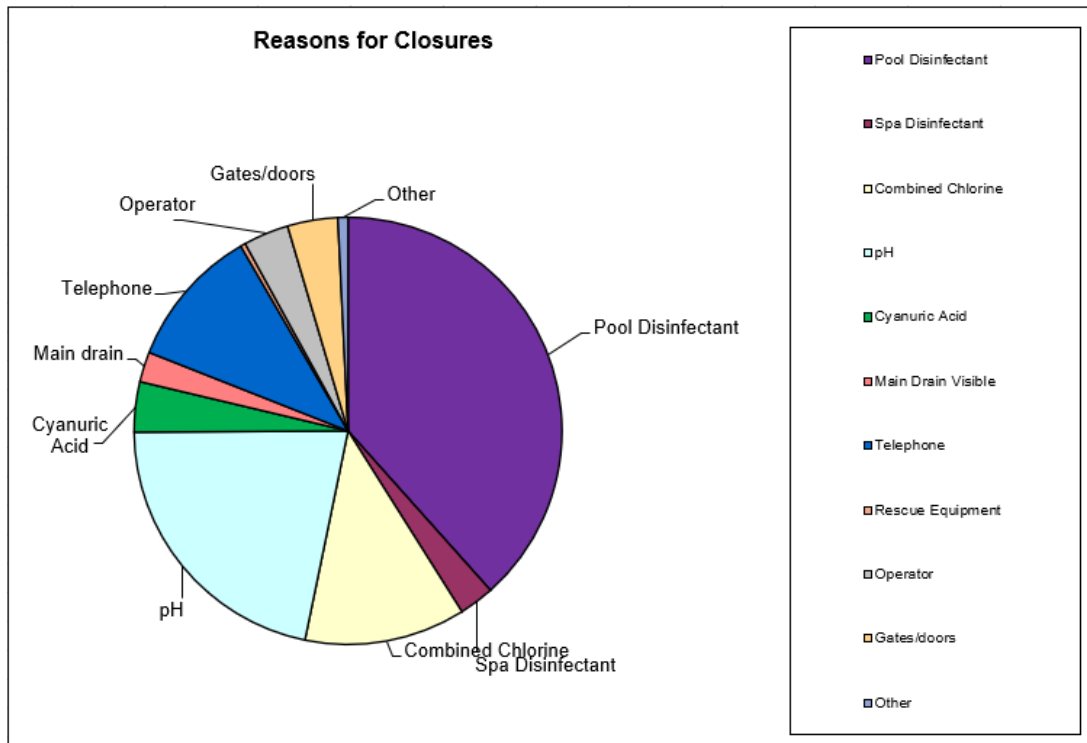


**Strategies/Methods (What we do):** Train pool operators and water quality testers; issue permits; review newly proposed or modified pools/spas; conduct pre-opening inspections for all seasonal pools; conduct inspections; test pool water for compliance with health-based regulations; and take enforcement actions.

**Funding/Source:** 100% of direct field costs were user fee funded

**Comparison: Percent of Pools Meeting Health and Safety Standards at time of inspection:** In FY24, 82% of pools met public health standards, the third lowest compliance rate in the last five years. The closure of spas was the largest contributing factor affecting this compliance rate. In general, spas can be more difficult to maintain the correct water chemistry due to the smaller volume of water.





LLCHD staff conduct regular inspections and test pool water for disinfectant, combined chlorine, pH, and Cyanuric acid. In FY24, as in the past, the main reasons for closure were violation of health-risk-based water quality standards, including inadequate disinfectant levels, pH problems and high cyanuric acid levels. Pool operators and pool testers are required to test the pool regularly to assure compliance with these health-risk-based water quality standards.

**Description:** The Lincoln ordinance requires all public swimming pools to be: built to regulations; permitted; inspected; operated by a trained Lincoln Pool Operator; and tested regularly for water



quality by a Lincoln Pool Operator or a certified Lincoln Pool Water Quality Tester. In FY24, 256 pools/spas were permitted, 624 inspections were performed, 378 people were trained to be Lincoln Pool Operators and 97 people were trained and received a 2-year permit (\$20) as a Lincoln Pool Water Quality Tester. LLCHD offers pool operator training via online zoom meetings to provide instruction and an online testing platform to administer the Lincoln Pool Operator exam. In addition, a traditional in-person class was offered.



The permit fee for a pool was \$465 in FY24. Pool operators were charged \$60 for training, which includes their 2-year permit fee. All program costs for conducting inspections, investigating complaints and training were 100% user-fee funded. Seasonal public swimming pools and spas are inspected prior to opening and at least twice each year. Year-round pools are inspected at least three times per year.

In FY 24, 82% of pools met health and safety regulations at the time of inspection, thus 18% of regular inspections found violations resulting in the pool being temporarily closed due to significant health and safety violations. This is the third lowest compliance rate in the last five years. To reduce these health risks, the pool ordinance requires that any person that tests public swimming pool water must have LLCHD training, pass a test, and hold a permit as a Lincoln Water Quality Tester or Pool Operator. Pool water must be tested before opening and at a minimum every four hours to assure compliance with these health-risk-based water quality standards. Pools that may present a higher risk of recreational waterborne outbreaks of disease are inspected more frequently. All public swimming pools must have a Lincoln Swimming Pool Operator and the Health Department provides this training. Regular inspections serve as an opportunity to interact with the pool operator and help assure that chemical levels are at optimal levels to reduce the threat of recreational water illnesses (RWIs). Based on CDC data, as the swimming season progresses, the risk of RWIs, such as *Cryptosporidium* and *Giardia*, increases. Large outbreaks of swimming pool related *Cryptosporidiosis* occurred across the U.S. the last several years. Fortunately, Lincoln did not have any outbreaks of pool-related diseases in 2024.

## **HEALTH PROMOTION AND OUTREACH DIVISION**

### **Injury Prevention**

#### **Safe Kids Lincoln Lancaster County (SKLLC)**



Safety and sustainability were highlighted at Elliott Elementary Bike to School Day in May with nearly 300 students. The event, coordinated by SKLLC, focused on encouraging students in Grades K-5 to practice safer, healthier, and more environmentally friendly transportation on their paths to and from school.

Supported by Lincoln Transportation and Utilities (LTU) and Black Hills Energy, Elliott Elementary staff and volunteers set up activity stations around the school by encouraging students to practice safety in four key areas while walking and biking:

### **Crosswalk Safety**

Outside of Elliott, students were given safety tips on how to properly and safely navigate a crosswalk, including supervision, waiting for signs, and watching for cars. The students practiced these tips guided by volunteers from Lincoln Transportation and Utilities.



### **Trail Etiquette & Physical Activity**



Billy Wolff Trail crosses right by Elliott Elementary, meaning many of the students use and cross the trail. This station encouraged students to be physically active and use the trail, but to do so safely. Students learned the importance of staying on the right side of the trail, communicating, and watching for passing cyclists. Bike traffic on the trail during the activity provided real-world experience with proper trail crossing, helping the students and even some of the teachers!

### **Large Profile Vehicle Safety**

Black Hills Energy brought a large truck to demonstrate the importance of safe behavior around large vehicles with limited visibility. Each student sat inside the truck to experience how difficult it can be to see around the outside of the vehicle. Putting students in the driver's seat, even for a moment, helped them understand the need for caution around vehicles of this size.



## **Brain Injury Prevention**



This station focused on bike safety and the importance of wearing a helmet. Volunteer and Public Health Educator Brian Baker demonstrated each step to make sure a helmet is fitted and placed properly for protection. Baker also showed the students a brain model to demonstrate the need for protective headwear.