LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
BOARD OF HEALTH MEETING
CURRENT AGENDA

4:00 PM, Tuesday, August 11, 2026
Lincoln-Lancaster County Health Department
3131 'O' Street, Lincoln, Lower-Level Conference Center
Lincoln, NE 68510

AGENDA ITEM	DESCRIPTION	SUPPORTING DOCUMENTS
CALL TO ORDER	Roll Call	
APPROVAL OF AGENDA	A. Regular Meeting – August 11, 2026	**Agenda**
APPROVAL OF MINUTES	A. Regular Meeting – June 9, 2026	**Minutes**
PUBLIC SESSION	Any person wishing to address the Board of Health on a matter not on this agenda may do so at this time.	
DEPARTMENT REPORTS	A. Health Director Update – Director Kernen General Department Update - Budget Update - Legislative Update - Other	
CURRENT BUSINESS Action Items	A. Review and Action on Proposed Reappointments to the Air Pollution Control Advisory Board, Clear, Francis, and VanWormer – Bergstrom	
CURRENT BUSINESS Information Items	A. PHAB Reaccreditation Update – Davy	
FUTURE BUSINESS	A. Request Additional Information/Topics for Future Agenda	
ANNOUNCEMENTS	A. Next Regular Meeting – September 8, 2026, 4:00 pm, at LLCHD, Conference Center Room #0213	
ADJOURNMENT		

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
June 9, 2026

I. ROLL CALL

The meeting of the Board of Health was called to order at 4:09 p.m. by Board Vice-President Dr. Katie Garcia at the Lincoln-Lancaster County Health Department.

Members present: Stacie Bleicher, Katie Garcia, Jasmine Kingsley, Tom Randa, Tamara Sloan, Amanda Callaway (ex-officio), Morgan Sanchez (ex-officio), and Rick Tast (ex-officio).

Members absent: James Michael Bowers, Sean Flowerday, Dustin Loy, and Jackie Miller.

Staff present: Denise Bollwitt, Leah Bucco-White, Charlotte Burke, Maria Canto Hines, Jesse Davy, Brock Hanisch, David Humm, Raju Kakarlapudi, Kerry Kernen, Echo Koehler, Gwendy Meginnis, Joe Stelmach, and Janette Johnson.

Others present: Tracy Aksamit.

II. APPROVAL OF AGENDA

Vice-President Garcia asked if there were any corrections to the agenda. No corrections or additions to the agenda were brought forth.

Motion: Moved by Ms. Sloan to accept the agenda as printed; seconded by Mr. Randa. No discussion. Motion carried by a 5-0 roll call vote; Bowers, Flowerday, Loy, Miller absent.

III. APPROVAL OF MINUTES

Vice-President Garcia asked if there were any corrections to the minutes. Dr. Bleicher requested a correction under VI. Current Business, Item B to reflect Amy Gerdes, not Linda Dennis, in the motion for appointment to the Food Advisory Committee.

Motion: Moved by Ms. Kingsley to approve the minutes from April 14, 2026, as amended; seconded by Ms. Sloan. No discussion. Motion carried by a 5-0 roll call vote; Bowers, Flowerday, Loy, Miller absent.

IV. PUBLIC SESSION

No one came forward.

V. DEPARTMENT REPORTS

A. Health Director's Update

Division Reports

Director Kernen asked if there were any questions on the Division reports that were included in the Board packet. No questions were brought forth.

Heat/Cooling Plans

There is a heat advisory that came out from the City Communications and Environmental Public Health (EPH). EPH staff has been working hard and we now have a heat plan and a cold plan. Work continues on the plans and revisions will be made as needed. We have expanded our cooling/warming center outreach and they now include all City departments, City library locations, Victory Park for the senior population, and six non-profits. This work benefits our community by providing a safe place for people to go during extreme weather events. Look for heat advisories to continue to come out through the Health Department based on information from the National Weather Service, a heat brief to partners, and communication that is released to the general public.

Progress is being made with the Rural Health Transformation grant in relation to Community Health Workers (CHW). Maria Cantu Hines was introduced as the newly hired program manager who will supervise and oversee the CHW workforce. Interviews and the vetting process are being conducted and the hiring process should be completed within the next few weeks. Contracts are currently under review with legal for the health system partners where CHWs will be embedded in their clinics. The contracts spell out what we and the health systems are committing to. Once the CHWs are hired, Division Managers have developed a comprehensive training program planned to be completed in 4-6 weeks prior to those staff being placed in the clinics. Maria will be going out to the clinics to assess workflow, documentation practices, determine a point of contact, putting the foundational pieces in place for the CHWs. We are making good progress and meeting the NE DHHS benchmarks for this project thus far.

The Community Health Assessment process has launched through EPI staff and partners, CHI Health St. Elizabeth and Bryan Health. During this summer, fall, and next year the five question survey will go out to every seventh household accessible in either a hard copy or with a QR code. Staff will also be holding focus groups and new groups will be identified, coordinated, and assigned. Throughout this process, the analytics of data will be compiled in preparation for the summit next September or October where the community will be voting on the next CHIP priority areas.

We are in the process of establishing a Fetal Infant Mortality Review (FIMR) team. Douglas County is the only other county in Nebraska who has a team, and they have been doing this for 20 years. We are seeing a need due to the number of fetal and infant deaths and with a spike in numbers in 2025. The purpose goes beyond the cause of death listed on the death certificate. We will work with community

partners to determine what may have contributed to the death of the fetus/infant based on data. Once we get at least six months of data from the FIMR team meetings we will build a strategic plan to determine how to respond. For example, if we see we have a infants dying before age one due to unsafe sleep conditions we assess current efforts and identify gaps to address the concern. We are preparing to do a beta test with internal staff to practice the process on June 30 and then have our first FIMR team meeting sometime this fall. We are still identifying partners which will be heavy on the medical side including neonatologists, family practice, general practice, pediatricians, forensic pathologists, in addition to partners from legal, law, social workers, and non-profits each bringing their own level of expertise looking to the contributing factors in the infant death. The goal is to have this in place by the end of the year.

VI. CURRENT BUSINESS (ACTION ITEMS)

A. Review and Action on Proposed Interlocal Agreement Between the City of Lincoln, on behalf of the Lincoln-Lancaster County Health Department, and the City of Crete, Nebraska – Brock Hanisch

This interlocal agreement provides coordination and administration of environmental public health related inspection, investigation, permitting, and compliance activities within the portion of Crete's extra-territorial jurisdiction (ETJ) located within Lancaster County, in essence a coordination of how we would work together should situations arise within the ETJ overlap. Activities under the agreement include investigation of public health nuisance conditions and other environmental health and safety complaints, review and permitting of on-site wastewater treatment systems, review of property transfers involving private water wells and on-site wastewater systems, review of subdivisions not served by public water or public wastewater infrastructure, and review and permitting of open burning requests as authorized by ordinance. The agreement will remain in effect for up to ten years unless terminated earlier by either party.

Motion: Moved by Dr. Bleicher to approve the interlocal agreement between the City of Lincoln, on behalf of the Lincoln-Lancaster County Health Department, and the City of Crete, Nebraska; seconded by Mr. Randa. No discussion. Motion carried by a 5-0 roll call vote; Bowers, Flowerday, Loy, Miller absent.

B. EPH Permit Fee Policy – Brock Hanisch

The EPH Permit Fee policy is brought forth to establish a clear framework for the assessment, adjustment, and administration of permit fees within the Environmental Public Health Division. Permit fees help support the mandated services provided by the Lincoln-Lancaster County Health Department to protect and promote the health of the community in the Air Quality, Disease Prevention, Wast Management/Hazardous Materials, and Water Quality sections. A table was provided listing the types of fees, when they were last updated, the fiscal year 2026 rates, and the proposed fiscal year 2027 and 2028 fees.

Motion: Moved by Ms. Sloan to approve the EPH Permit Fee policy as presented for the fiscal year 2027 and 2028; seconded by Dr. Bleicher. No discussion. Motion carried by a 5-0 roll call vote; Bowers, Flowerday, Loy, Miller absent.

C. Cancellation of July Board of Health Meeting – Director Kernen
We are required by State statute to meet quarterly but have historically established a bye month of July that needs to be done by a vote from the Board of Health.

Motion: Moved by Ms. Kingsley to approve the cancellation of the July Board of Health meeting; seconded by Mr. Randa. No discussion. Motion carried by a 5-0 roll call vote; Bowers, Flowerday, Loy, Miller absent.

VII. CURRENT BUSINESS (INFORMATION ITEMS)

A. Strategic Plan Update – Jesse Davy
Four teams meet monthly to set and accomplish action items and the leadership team meets monthly to review the actions that have taken place and set the course for the future.

The first group is 'Expanding the Scope and Quality of Our Work' focused on intentional coordination and expansion of our reach of needed services to improve client experiences through strengthened partnerships, reducing gaps and equitable service delivery. Public health work is best accomplished through collaboration with partners. A second focus is to ensure inclusiveness and cultural responsiveness for all clients and communities. Staff is currently updating and assessing a list of existing partnerships on how effectively we are engaging them, how important the partnership is to the work being done, what is needed to grow the partnership, and growing awareness throughout the Department of the number of programs that may be partnering with the same agency.

The second team is 'Leveraging Data & Technology' focused on growing workforce competence in technology and data infrastructure, assessing the systems we have, what gaps may exist, and current utilization. A second focus is developing a community of practice process that allows for exploratory testing and implementation of technology across the Department. Thirdly, establish a policy and training for using artificial intelligence, creating an initial guidance document for staff while working with City personnel on a City policy.

The third team is 'Visibility & Engagement' focused on supporting every staff member to communicate their expertise and Department role by creating a professional profile package utilizing the Line-of-Sight performance management approach. The Line-of-Sight exercise was presented at an All Staff meeting and staff were encouraged to complete their Line-of-Sight story to help them connect how their job contributes to public health. Another component of the story is why staff do what they do. Andy Wessel from Douglas County was

brought in to deliver a presentation to help staff find their 'why'. The team is working on the development of a professional profile package for staff; a one page synopsis of who they are, what the organization does, why their work matters, and a professional photo. A future focus is to enhance our public health content and other communications and distribute it effectively.

The fourth group is 'Workforce Culture & Shared Competency' focusing on developing and piloting a Department-wide mentoring program. Staff were surveyed to see if they wanted to be mentored; more than half of our staff wanted to be a part of the program. Focus groups were held and asked what made a good mentoring experience for them in the past. The team met with UNMC College of Public Health who will help train our mentoring team and mentees. By the end of this year, we will pilot the 3-6 month process. A second focus is to provide staff development and team building opportunities at least twice yearly, building both competency and culture. Another focus is to increase transparent communication around sensitive information to build trust, stability, knowledge, and connection. To address this, Director Kernen instituted a bi-monthly Director's update that is emailed to staff, a monthly 'coffee with the Director' offering a casual time to ask questions and dialogue, and surveyed staff on the effectiveness of these activities. The survey indicated that staff liked the efforts to increase communication and transparency. The final focus is to enhance and apply workforce policies consistently by identifying a policy or workforce process to be discussed each month at Management Team meetings.

VIII. FUTURE BUSINESS

The floor was open for requests of additional information or topics for a future agenda. None was brought forward.

IX. ANNOUNCEMENTS

Next meeting is August 11, 2026, 4:00 p.m. in the Woods Park Place Conference Center, Room #0213.

X. ADJOURNMENT

Motion: Moved by Ms. Sloan that the meeting adjourn at 4:43 p.m.; seconded by Dr. Bleicher. No discussion. Motion carried by a 5-0 roll call vote; Bowers, Flowerday, Loy, Miller absent. The meeting was adjourned.

Janette Johnson
Recording Secretary

Dr. Katie Garcia
Board of Health Vice-President

Board of Health Monthly Division Reports

Animal Control

July BOH 2026

Animal Control hired a new Animal Control Officer (ACO) 1, Jordan Groves. ACO Groves comes to us with a bachelor's degree in animal sciences with a minor in Companion Animals. He is enthusiastic about the position as he comes from a law enforcement family and wants to assist people and help animals. He was employed with Hy-Vee for 6 years and volunteered at the Capital Humane Society. Welcome ACO Groves!

Animal Control is committed to education and participates in multiple community outreach opportunities. Children are excited to see the officers and learn about responsible pet ownership. The vehicle and our tools are always great additions to our presentations.

August BOH 2026

July is always a busy month for Animal Control and stray animals. The team works to educate the public on taking steps to keep pets home and safe during the Fourth of July by putting them in a room as far as possible from the noise, turning on the tv or a radio, talking to their veterinarian about medicine that may help, and checking gates for holes or broken panels in the fence should they feel the need to venture away from home.

The end of June brought some excitement for two of our Animal Control Officers (ACO). The Field Supervisor and the 2nd shift ACO II aided in a major vehicle accident outside our office building. The training that the officers receive doesn't just help animals, they assist people too. Thank you to both officers!

A bat was removed from a residence. The owner has 5 cats. The bat was sent to Nebraska Vet Diagnostic Lab for testing and was found to be positive for rabies. All 5 cats received a rabies booster shot.

Animal Control started a new process of sending renewals electronically with the link to take pet owners directly to their account. This seems to be great option as this will help reduce phone calls, postage, and printing costs. Feedback from residents has been positive.

43 cats were removed from a residence in October 2025. All the cats were surrendered by the owners. Both parties were eventually found guilty and fined over $1,500 each. Both parties have been declared Irresponsible Owners and are not allowed to have any animals for three years. This was a positive outcome for the officers who had been working on this case.

Community Health Services

July and August BOH 2026

Lancaster County Corrections Medicaid Outreach Update

The last update on the Lancaster County Corrections (LCC) Medicaid Outreach Program was provided in the April 2026 Board of Health report. This update highlights the work of our Community Resource Specialist (CRS) during the first half of 2026.

Since joining the Health Department in January 2026, our CRS has prioritized Medicaid outreach at Lancaster County Corrections, building a strong collaborative relationship with the LCC re-entry specialist. This partnership has enhanced coordination of services, with the re-entry specialist frequently identifying and referring additional individuals in need of assistance, helping ensure that high-need individuals receive timely support. We believe the decline in the percentage of uninsured individuals served over the past several months may be attributed, in part, to the CRS's consistent outreach and follow-up efforts with this population, many of whom experience repeated periods of incarceration and re-entry into the community. By assisting eligible individuals with Medicaid enrollment or reactivation prior to release, the program is helping improve continuity of healthcare coverage during a critical transition period.

From February through June 2026, the CRS served **327 individuals** at Lancaster County Corrections. Of those served, **159 (49%)** were uninsured at the time of engagement. Since February, the percentage of individuals who were uninsured has steadily declined from **57% to 34%**, suggesting that eligible individuals are increasingly being connected to health coverage before returning to the community.

Month	Individuals Served	Uninsured	% Uninsured
February	88	50	57%
March	46	24	52%
April	57	32	56%
May	72	31	43%
June	64	22	34%
Total	327	159	49%

For context, the most recent data indicate that 8.4% of Lancaster County adults (ages 18–64) are uninsured, compared with 49% of individuals engaged through this program. This highlights the substantial healthcare coverage gap experienced by justice-involved individuals and underscores the importance of targeted Medicaid outreach prior to release. Source: Lancaster County Behavioral Risk Factor Surveillance System (BRFSS), 2024, Adult Health Dashboard (Adults ages 18–64 uninsured rate: 8.4%).

Rural Health Transformation Program Grant – Community Health Worker Updates

Implementation of the Rural Health Transformation Program grant Community Health Worker (CHW) program continues to progress on schedule. We are pleased to welcome Maria Cantu-Hines as the Community Health Worker Program Manager. Maria joined the Lincoln-Lancaster County

Health Department on June 8th from Four Corners Health Department, where she served as Division Manager of Health Promotion and was responsible for launching the department's Community Health Worker Program through its Rural Health Transformation Program grant funding.

Originally trained and educated as a physician in her native country of Mexico, Maria also brings valuable experience working with promotores de salud (community health workers), the established equivalent of CHWs within Mexico's social-medical model. She has more than 25 years of public health experience in the United States, bringing extensive expertise in community engagement, program implementation, and health promotion to this new role.

Recruitment for the initial cohort of Community Health Workers has been highly successful. Following an overwhelming response to our first recruitment effort, we have hired eight Community Health Workers for the initial 10 positions, with staff beginning employment between July and mid-August. We anticipate filling the remaining two positions in the coming weeks.

Current efforts are focused on comprehensive onboarding and training while finalizing partnerships with our identified community clinical sites where CHWs will be embedded. These partnerships will allow Community Health Workers to work directly within healthcare settings to address social determinants of health, improve care coordination, and connect individuals with community resources. We look forward to fully launching this innovative program and sharing outcomes with the Board of Health as implementation continues.

Lincoln-Lancaster County Health Department

Dental Health & Nutrition Services

July BOH 2026

WIC Program

Caseload (Participation)

Total	3,773 (-61 April & -168 May 2025)	State: 35,012 (-589 April 2026 & -1,648 May 2025)
Main	2,724 (-34 April 2026)	
Cornhusker Clinic	1,049 (-27 April 2026)	
%Enrolled with Benefits	87.66% (+0.42% April 2026)	

Participants by Category/Breastfeeding Information

	LLCHD	State of Nebraska
Total Women	716 (18.0%)	6,532 (18.7%)
Total Children	2,282 (60.5%)	20,948 (59.8%)
Total Infants	775 (20.5%)	7,5327 (21.5%)
Infants Receiving Breastmilk	350 (45.2%)	3,056 (40.6%)
Infants Exclusive Breastmilk	150 (19.4%)	1,124 (14.9%)

Mentoring

Students	
Interns	
Volunteers	
LMEP Residents	1

No Show Rates

	FFY 26 Main Office	FFY 26 North Office	FFY 26 LLCHD Overall
October	14.5%	12.8%	13.9%
November	13.2%	14.5%	13.7%
December	11.9%	11.9%	11.9%
January	11.7%	13.8%	12.4%
February	12.4%	10.4%	11.7%
March	11.8%	11.5%	11.7%
April	12.3%	11.6%	12.1%
May	12.7%	12.1%	12.5%

Events Attended

Outreach Events & Meetings	Bethany in Bloom, Hartley Playground Party
Breastfeeding Events & Meetings	WIC BFPC mtg, WIC Breastfeeding Committee mtg

Screenings & Referrals

Mental Health Screening (PHQ-4):	24	**Lead Referrals:**	52	**Immunization Referrals:**	7	**MilkWorks Pumps Issued:**	5
Lead Screening through LLCHD:	47	**Dental Referrals:**	109	**Breastfeeding Support:**	39	**Parent Resource Coordinator Referrals:**	11

Dental Clinic Patient Demographics

- Total number of clients served (unduplicated count): 635
- Total number of patient encounters (duplicated client count): 729
- Total number of patient visits (duplicated provider appointments/visits): 1103
- Total number of Racial/Ethnic Minorities and White non-English speaking patients: 569 (90%)
- Total number of children served: 424 (67%)
- Total number of clients enrolled in Medicaid: 569 (90%)
- Total number of all clients with language barriers: 442 (70%)

Language Interpretation provided for clients during March: Arabic, Burmese, Chinese, Dari, Farsi, French, Karen, Kurdish, Nuer, Pashto, Russian, Spanish, Swahili, Ukrainian, Vietnamese, Zaghawa, Other

Implemented New 'No-Show Appointments' Tracking Process
The Dental Clinic implemented a new process for tracking no-show/failed appointments. Appointments are now tracked by new codes for **No-Show Filled** and **No-Show Unfilled**. After the minimum of 3 failed attempts to confirm a patient's appointment (based on patient contact preference) staff will fill the appointments with another client. If a patient shows up for an appointment that was unconfirmed and filled with another client, the clinic staff will educate the patient on the importance of confirming their appointment and work toward still seeing the patient. The process was implemented to maximize use of clinical resources to meet service demands and reduce appointment wait times.

Total for No-Show Filled and No-Show Unfilled appointments (unconfirmed after 3 attempts) – 120 appointments (14.1%). Staff were able to fill 50 (42%) of the appointments with other clients.

Total No-Show Unfilled appointments – 70 appointments (8.8%) compared to April's failed appointment rate of 14.2%

Additionally , the clinic is tracking **Canceled (less than 24 hours) Filled** and **Canceled (less than 24 hours) Unfilled.** A total of 21 appointments were canceled with less than 24 hours' notice, most often due to patient illness or transportation issues. Staff were able to fill 12 of the 21 appointments (57.1%) with short notice.

Total for No-Show Unfilled and Canceled Unfilled appointments (less than 24 hours) – 9.8%
Dental Performance Improvement Measure: Reduce to 15% or less the number of failed dental clinic appointments.

Student Rotation Program: 2

- UNMC College of Dentistry Dental Hygiene Students: 2

August BOH 2026

WIC Program

Caseload (Participation)

Total	3,772 (-1 May & -91 June 2025)	State: 34,850 (-162 May 2026 & -1,862 June 2025)
Main	2,742 (+18 May 2026)	
Cornhusker Clinic	1,030 (-19 May 2026)	
%Enrolled with Benefits	88.01% (+0.35% May 2026)	

Participants by Category/Breastfeeding Information

	LLCHD	State of Nebraska
Total Women	701(18.6%)	6,466 (18.6%)
Total Children	2,284 (60.6%)	20,882 (59.9%)
Total Infants	787 (20.8%)	7,502 (21.5%)
Infants Receiving Breastmilk	351 (44.6%)	3,054 (40.7%)
Infants Exclusive Breastmilk	143 (18.2%)	1,100 (14.7%)

Mentoring

Students	
Interns	
Volunteers	
LMEP Residents	1

No Show Rates

	FFY 26 Main Office	FFY 26 North Office	FFY 26 LLCHD Overall
October	14.5%	12.8%	13.9%
November	13.2%	14.5%	13.7%
December	11.9%	11.9%	11.9%
January	11.7%	13.8%	12.4%
February	12.4%	10.4%	11.7%
March	11.8%	11.5%	11.7%
April	12.3%	11.6%	12.1%
May	12.7%	12.1%	12.5%
June	9.8%	14.7%	11.4%

Events Attended

Outreach Events & Meetings	Hop, SCIP, Jump, and Run, State WIC outreach mtg, Toddlers Trot
Breastfeeding Events & Meetings	Lincoln Community Breastfeeding Initiative

Screenings & Referrals

Mental Health Screening (PHQ-4):	34	**Lead Referrals:**	45	**Immunization Referrals:**	4	**MilkWorks Pumps Issued:**	11
Lead Screening through LLCHD:	49	**Dental Referrals:**	114	**Breastfeeding Support:**	34	**Parent Resource Coordinator Referrals:**	18

Dental Program

Clinic Patient Demographics

- Total number of clients served (unduplicated count): 623
- Total number of patient encounters (duplicated client count): 695
- Total number of patient visits (duplicated provider appointments/visits): 1004
- Total number of Racial/Ethnic Minorities and White non-English speaking patients: 591 (95%)
- Total number of children served: 456 (73%)
- Total number of clients enrolled in Medicaid: 554 (89%)
- Total number of all clients with language barriers: 429 (69%)

Language Interpretation provided for clients during March: Arabic, Burmese, Chinese, Dari, Dinka, Farsi, French, Karen, Kurdish, Pashto, Russian, Spanish, Swahili, Ukrainian, Zaghawa

Failed Appointment Rate with New Tracking Codes
Total for No-Show Filled and No-Show Unfilled appointments (no show appointments and unconfirmed appointments after 3 attempts): 132 appointments (15.9%). Staff were able to fill 63 of the no show appointments or unconfirmed appointments (48% fill rate)
Total No-Show Unfilled appointments: 69 appointments-9% compared to 14.2% in May
Total for No-Show Unfilled and Canceled Unfilled appointments (less than 24 hours): 79 (10%)

Community Based Services: 552 children

- **Fluoride Varnish Applications/Dental Screening Program: 370 dental screenings and fluoride applications provided, 580 toothbrushing kits distributed**
    - Educare (2 site visits): 124 screenings and fluoride applications
    - Community Action Partnership (CAP) Early Head Start/Head Start Bonsal facility (2 site visits): 163 screenings and fluoride applications, 210 toothbrushing kids distributed
    - CAP Early Head Start/Head Start 26th Street facility: 64 screenings and fluoride varnish applications
    - Northeast Family Center: 19 screenings and fluoride varnish applications
- **Community Outreach Events: 135**
    - Hop and SCIP, Jump, and Run Event in Antelope Park hosted by School Community Intervention and Prevention (SCIP): 125
    - LLCHD WIC Toddlers Trot: 10 children and their families

Student Rotation Program: 10

- UNMC College of Dentistry Dental Hygiene Students: 8
- Southeast Community College Dental Assisting Students: 2

Environmental Public Health

July BOH 2026

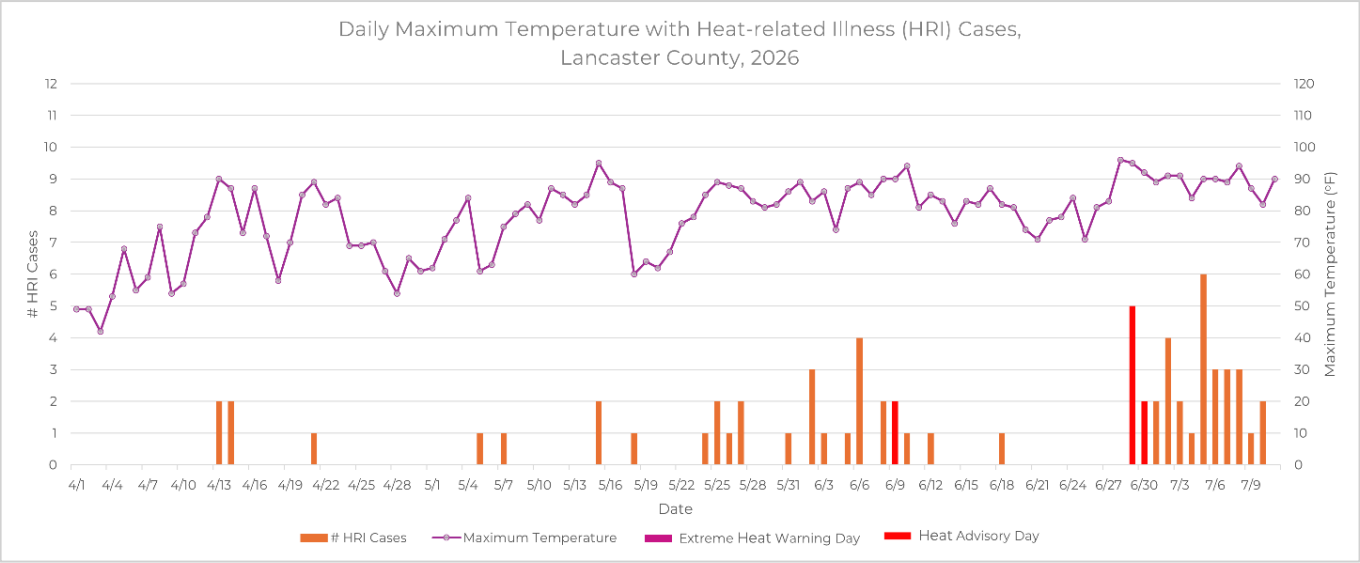
Climate and Health Resilience

Purpose: To coordinate public health planning and partnerships that strengthen community resilience to climate-related hazards and complement existing local emergency preparedness and response plans.

The Lincoln-Lancaster County Health Department's Climate and Health Resilience Program works collaboratively with local governments, emergency management, healthcare organizations, utilities, and community partners to reduce the public health impacts of climate-related hazards. Rather than serving as a standalone emergency response program, the initiative integrates public health planning with existing local emergency preparedness and response efforts, including the Lancaster County Emergency Operations Plan and partner agency response plans. During the past year, the department updated and implemented the Lincoln-Lancaster County Heat Response Plan, completed development of the Cold Weather Response Plan, expanded community partnerships, and continued strengthening community preparedness for extreme temperature events.

Lincoln-Lancaster County Heat Response Plan

The 2026 Lincoln-Lancaster County Heat Response Plan and supporting public education materials were updated and implemented prior to the summer heat season. As of July 15, Lancaster County has experienced four Heat Advisory days and no Extreme Heat Warning days. Staff continue to monitor syndromic surveillance data for heat-related illness to better understand the relationship between extreme temperatures and community health impacts.



Community Preparedness and Response

The Heat Response Plan relies on a coordinated network of community partners to ensure residents have access to cooling resources during extreme heat events. More than 20 official cooling centers are available throughout Lincoln, including 15 city-operated locations consisting of public libraries, recreation centers, and the Victory Park Senior Center, along with seven community partner-operated facilities. During Extreme Heat Warnings, four designated city cooling centers extend operating hours to increase public access, while community organizations expand services based on community needs.

Heat relief kits continue to be distributed through participating cooling centers and HealthToGo vending machines located throughout the community. Each kit includes a reusable water bottle, cooling towel, electrolyte packets, lip balm, aloe vera, and the "Stay Safe in Extreme Heat" educational handout.

LLCHD also maintains the "Stay Safe in Extreme Heat" webpage, which includes an interactive cooling center map, heat safety guidance, and links to community resources. Public information is available in multiple languages to improve accessibility for Lancaster County residents.

National Collaboration

In May 2026, LLCHD Climate and Health Resilience staff participated in *Letters to a New Heat Officer: Accelerating Useful Learning for Urban Heat Action*, a national convening hosted by Harvard University and partner organizations. The meeting brought together public officials from across the country to exchange practical strategies for reducing the health impacts of extreme heat, strengthening local response efforts, and sharing emerging research and best practices. Knowledge gained through this collaboration will continue to inform implementation and future enhancements to Lincoln-Lancaster County's Climate and Health Resilience Program

Lincoln-Lancaster County Cold Weather Response Plan

Building upon the Heat Response Plan, LLCHD has completed development of the Lincoln-Lancaster County Cold Weather Response Plan in collaboration with community partners. The plan aligns with existing emergency preparedness and response frameworks and includes warming center coordination, partner communication procedures, and multilingual public education materials.

The plan will be implemented prior to the upcoming winter season as LLCHD continues working with local agencies and community partners to evaluate response efforts, improve preparedness, and strengthen community resilience to extreme weather.

August BOH 2026

Food Safety Program

Purpose: Protect human health by reducing the risk of foodborne illness.

Strategies

- Provide food handler training in safe food preparation, hygiene, and sanitization.
- Conduct uniform inspections of food establishments.
- Provide consultative assistance to poorly performing food establishments.
- Investigate complaints and foodborne illness outbreaks.
- Engage the food service industry, academia, schools, and residents in improving food safety through the work of the Food Advisory Committee and Food Managers for Excellence.
- Conduct plan reviews for new and remodeled facilities.
- Issue permits, collect fees.

- Take enforcement actions (issue Notice of Violations (NOVs), Food Enforcement Notices (FENs), and suspend or revoke permits as needed).
- Provide needed behavior change materials to reduce the potential spread of illness and implement food safety practices.

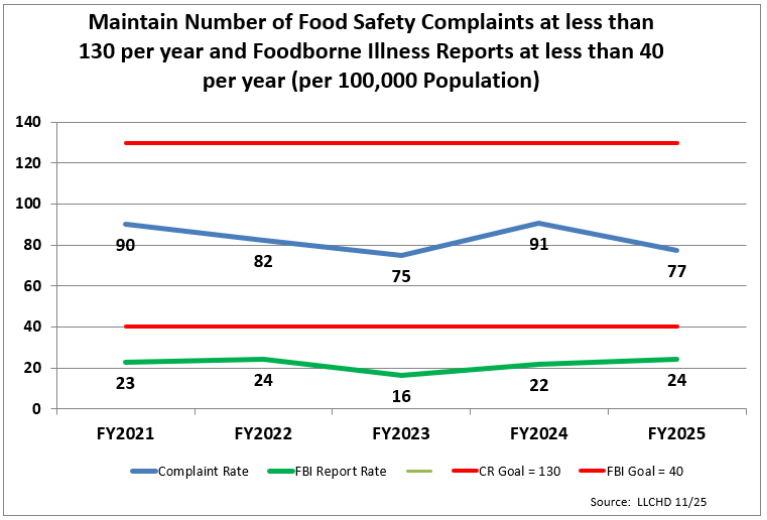
Indicators

- Maintain number of food safety complaints at less than 130 per year per 100,000 population and food-borne illness reports at less than 40 per year per 100,000 population.
- 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.

Fiscal Year 2025 Indicator Performance

Permits: In FY25, LLCHD issued 1,313 food establishment permits in Lancaster County, including restaurants, grocery stores, temporary booths, events, and farmers' markets.

Complaints: In FY25, 257 complaints on food establishments were received, including 81 potential foodborne illness complaints, which translates to 77/100,000 and 24/100,000 respectively.



Percent of Inspections Completed Within Risk Based Intervals: In FY25, of the 2017 routine inspections conducted, approximately 31% of food inspections were completed within risk-based intervals. This is significantly less than our goal of 95%. Learning a new inspection program and staff reallocation contributed to this percentage. Staff have become more comfortable with the new inspection software.

Violations Found During Inspections: The average number of Priority and Priority Foundation violations found per regular, unannounced inspections of food establishments in FY25 is 1.85 per inspection and the average number of core violations is 2.17.

Routine Inspections: In FY25, staff completed 2354 inspections compared to 2805 inspections in FY24. This decrease can be attributed to the learning of a new inspection program.

Active Managerial Control (AMC) Inspections: AMC inspections focus on the 5 key risk factors that are associated with foodborne illness; improper cooking, holding, cross contamination, approved food source and employee health/hygiene. Encouraging AMCs to be adopted can reduce the priority item violations, reaching indicator goals. Through discussion, managers and inspectors can develop collaborative relationships. Employee illness is one of the greatest risks to food establishments and food safety. In FY 25, the AMC inspection program shifted to focus on employee illness over the next 3-year period. Environmental Health Specialists ask focused questions about policy, monitoring and training regarding employee illness. LLCHD will assess answers to these questions and measure changes over this period. The goal is to encourage awareness, knowledge, and action regarding employee illness. LLCHD will be conducting these types of AMC inspections with all City of Lincoln food establishments.

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. In FY25, 15,451 Food Handler and Food Manager Permits were issued. Due to changes in the Nebraska Food Code, Food Managers are required to hold a nationally accredited Food Protection Manager Certification that must be renewed every 5 years. Food handler training and permits are available by attending in-person LLCHD class or an on-line interactive UNL training.

Food Safety Consultations: The INFUSE consultation program works closely with retail food establishment managers to implement safe practices regarding the 5 Key Risk factors: improper cooking, holding, cross contamination, approved food source and employee health/hygiene. After enforcement action, the INFUSE Consultant works with the manager to implement active managerial controls such as policies, training, and monitoring. Consultation assists in finding the root cause of why the violation occurred. Barriers are revealed such as lack of storage space, staffing, or equipment issues. The Consultant and manager work to develop long term solutions. FY25, 30 facilities and over 90 on-site visits were completed in the INFUSE Hybrid Consultation program. General resources such as posters, logs and thermometers are provided to participants.

FDA Program Standards: LLCHD continues to implement FDA's Voluntary National Retail Food Regulatory Program Standards and meets six of nine standards. This quality assurance program ensures overall excellence in inspections, foodborne illness response, training, consultation and community interactions. FDA Standards #4 and #8 were audited in FY24. The program remained in compliance with Standard #4 but remained out of compliance with Standard #8. Voluntary National Retail Food Regulatory Program Standards - November 2024 | FDA

Health Promotion and Outreach

July BOH 2026

Chronic Disease Prevention

Nutrition and Food Access - Partnered with local food pantries, ConnectioN Point and Sue's Net, Good Neighbor Community Center, FoodNet (First Mennonite Church location assessed), and Indian Center in partnership with Food Bank of Lincoln, LLCHD Food Safety Team, UNL Extension, and Community Crops. Staff were able to assist each food pantry with identifying equipment and supplies specific to their unique location and needs. In partnership with Nebraska Extension in Lancaster County, staff were able to utilize grant funding to get nutrition-promoting signage and educational materials translated into 3 additional languages.

Tobacco, Overdose Prevention and Wellbeing - May 2026 Green Light project distributed over 365 yard signs and 220 green light bulbs across agencies, churches, schools, and individual community members. Partnered with Army and Air National Guard and LPS as new partners for this year. Traditional and social media campaigns ensured more awareness of the campaign. The goal of the initiative is to increase awareness of mental health, reduce stigma, and encourage conversations by lighting homes and businesses in Lincoln and Lancaster County in green, display yard signs, and sharing resources on social media.

Mental health is critical to overall well-being and a shared experience that affects everyone, yet it is often overlooked or stigmatized. Experts say open conversations about mental health are crucial to creating a more supportive community. Resources like MyHealthyMind.com can be a helpful starting point.

August BOH 2026

Chronic Disease Prevention

Active Living – Staff worked with a UNMC student to help assess youth sports accessibility. To date, 111 sports access surveys from parents have been collected and analyzed. In addition, 6 interviews have been conducted with 6 sports program administrators (Lincoln Parks and Recreation Team Sports, Lincoln YMCA, Salvation Army Small Fry Basketball, Woods Tennis Center, Hawks F.C. (soccer), Lincoln International F.C.) to learn about strategies for reducing barriers.

- According to the (n=111) surveys collected from parents, the most common barriers to youth sports access were program cost (82), knowledge of registration deadlines (50), knowledge of sports season dates (45), equipment cost (44), knowledge of financial aid (40), and difficulty finding nearby programs (39).

Injury Prevention

Child Passenger Safety – Recent car seat check events included one at Lincoln Fire & Rescue Station #15 and Station #16. A total of 28 families participated in the events resulted in 40 seats being checked and 23 seats being provided for families needing an appropriate seat.

Staff also helped provide technician training with 8 participants that included representation from Lincoln Police Department, Lancaster County Sheriff's Office and Lincoln Fire & Rescue. These first responders are able to educate parents and caregivers on how to properly install and use child safety seats.

Lincoln-Lancaster County
HEALTH
DEPARTMENT

MEMO

Date:	July 24, 2026
To:	Lincoln-Lancaster County Board of Health
From:	Gary Bergstrom, Air Quality Section Supervisor, Lincoln-Lancaster County Health Dept.
Subject:	Proposed Reappointments to the Air Pollution Control Advisory Board

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Lincoln Municipal Code (LMC) Chapter 8.06 section 040 states that the Mayor of Lincoln shall appoint an Air Pollution Control Advisory Board (APCAB). Members must be approved by the Lincoln City Council and the Lancaster County Board of Commissioners. The board is composed of 9 members, 4 of which represent regulated businesses and industries, with the remaining 5 representing the public. The Health Director and a member of the County Board of Commissioners are *ex officio* members of APCAB. Representatives from the Lincoln City Attorney's office and the Lancaster County Attorney's office advise the board on legal matters.

APCAB is scheduled to meet quarterly, and serves to advise the Board of Health, the Mayor, City Council, and County Board on matters concerning the Lincoln-Lancaster County Health Department (LLCHD) Air Quality Section, such as air pollution control strategies, program funding strategies, and regulatory changes. APCAB member terms are 3 years in length, and three of the nine member terms expire every year on September 1st.

Mayor Leirion Gaylor Baird has nominated the following three individuals for reappointment to APCAB. These members have demonstrated dedication to the board and have provided valuable insight into matters brought before the board. Their knowledge and experience will continue to be valuable assets to APCAB.

- Katie Clear (industry representative): Ms. Clear is a Senior Environmental Specialist with Lincoln Electric System (LES). In her role, she is responsible for managing compliance with waste regulations, asbestos regulations, including removal and disposal projects, and working as part of a team charged with managing compliance with a variety of environmental regulations relating to waste, water, wildlife, and air quality. Prior to her tenure at LES, Ms. Clear served at the Nebraska Department of Water, Energy, and Environment as the coordinator for compliance with National Ambient Air Quality Standards and the State Implementation Plan, which involved coordinating activities to maintain the NDWEE's air quality regulations, and coordinate adoption of those regulations into the State of Nebraska's delegation program with the U.S. EPA. Ms. Clear was first appointed to APCAB in September 2023.
- Joe Francis (public representative): Mr. Francis is a retired environmental professional who began working for the Nebraska Department of Water, Energy, and Environment as an air quality compliance specialist in 1975. During his time there, he held a variety of positions, retiring as the Associate Director of the Field Services and Assistance Division, a position which he began serving in 1998. Prior to that, Mr. Francis was the Assistant Director of the Air and Waste Management Division for 6 years. He has a deep breadth of knowledge of air quality regulations, air pollution monitoring, public-health based air quality standards, review and analysis of proposed regulations and legislation, and strategic planning. Mr. Francis was first appointed to APCAB in September 2023.

- Elizabeth VanWormer, PhD, DVM (public representative): Dr. VanWormer holds a Bachelor of Science in Zoology, a Doctorate of Philosophy majoring in Epidemiology, and is a Doctor of Veterinary Medicine. She is currently an Associate Professor and the Nebraska One Health Coordinator within UNL's School of Veterinary Medicine and Biomedical Sciences. As the One Health coordinator, she works with students, multi-disciplinary researchers, and non-academic stakeholders, linking diverse tools and perspectives to address complex health challenges. Dr. VanWormer's research into the relationships between humans, animals, and the environment brings a unique perspective to APCAB. Dr. VanWormer was first appointed to APCAB in September 2020.

The LLCHD Air Quality Section requests that the Board of Health take the following action:

Recommend that the Lincoln City Council and the Lancaster County Board of Commissioners approve these reappointments to the Air Pollution Control Advisory Board.