

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

**4:00 PM, Tuesday, January 13, 2026  
In-Person participation – Lincoln-Lancaster County Health Department,  
3131 ‘O’ Street, Lincoln, Room #2222  
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>	A. Regular Meeting – October 14, 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 - Budget Update - Legislative Update - Building Redesign Update - Other	
<b><u>CURRENT BUSINESS</u></b> Action Items	A. Review and Action on Proposed Board of Health Conflict of Interest Form and related Process as referenced in the recently updated board bylaws – Rick Tast/John Ward	<b>Proposed Board of Health Conflict of Interest Policy and related Acknowledgement and Disclosure Form</b>
<b><u>CURRENT BUSINESS</u></b> Information Items	A. Lead Program Update – Eliza Newkirk, Environmental Health Specialist, and Kaycee Jensen, Public Health Nurse	
<b><u>FUTURE BUSINESS</u></b>	A. Request Additional Information/Topics for Future Agenda i. Review and Action on the Proposed Board of Health Vaccine Resolution – Director Kernen	

AGENDA ITEM	DESCRIPTION	SUPPORTING DOCUMENTS
<b><u>ANNOUNCEMENTS</u></b>	A. Next Regular Meeting – February 10, 2026, 4:00 pm, at LLCHD, Conference Room TBD	
<b><u>ADJOURNMENT</u></b>		

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## **LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT**

### **Board of Health**

**October 14, 2025**

#### **I. ROLL CALL**

The meeting of the Board of Health was called to order at 4:00 PM by James Michael Bowers at the Lincoln-Lancaster County Health Department. Members present: James Michael Bowers, Katie Garcia, Stacie Bleicher, Jackie Miller, Tom Randa, Dustin Loy, Sean Flowerday, Jasmine Kingsley, Tamara Sloan, Rick Tast (ex-officio), John Ward (ex-officio), and Amanda Callaway (ex-officio).

Members absent: None.

Staff present: Kerry Kernen, Leah Bucco-White, Raju Kakarlapudi, Joe Stelmach, Justin Daniel, Tommy George, Charlotte Burke, David Humm, Echo Koehler, and Janette Johnson.

Others present: None.

#### **II. APPROVAL OF AGENDA**

Mr. Bowers asked if there were any corrections to the agenda.

There were no additions or changes to the agenda.

Motion: Moved by Dr. Loy to accept the agenda as printed; seconded by Dr. Garcia. No discussion. Motion carried by a 9-0 roll call vote.

#### **III. APPROVAL OF MINUTES**

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

Motion: Moved by Dr. Miller to approve the September 9, 2025, minutes as printed; seconded by Mr. Flowerday. No discussion. Motion carried by a 9-0 roll call vote.

#### **IV. PUBLIC SESSION**

No one came forward.

V. **DEPARTMENT REPORTS**

A. Health Director's Update

Director Kernen asked if there were any questions on the materials included in the board packet; there were none.

Next, Kernen provided the following department update:

**Legislative Update:**

Kernen reminded the board that she has been working with the Nebraska Association of Local Health Directors (NALHD) on some proposed community health worker-related legislation. The original intent focused on a state plan amendment; however, it was decided to separate the state plan amendment from the certification component to make it more palpable to the senators this year. A draft resolution has been prepared and they hope to have several senators interested in sponsoring the bill. The first step will involve the certification component and then next year they will focus on the state plan amendment. Kernen visited with the Nebraska Nurses Association and reported that there are some nurses that have the perception that community health workers (CHWs) are taking over a part of their job. Kernen explained that the CHW are intended to support the nurses and the healthcare team which would better allow the nurses to practice at the highest level of their licensure. Discussions are also occurring with the Nebraska Hospital Association and Health Care Centers of Nebraska to educate them on the bill. In response to a question of Mr. Flowerday regarding sponsorship, Kernen reported that they would like Senator Hardin to sponsor the bill. Kernen will share more information as it becomes available.

**Six Pillars for Emotional Wellbeing:**

The department released the fourth video of the Six Pillars two weeks ago. The latest video is titled *Relational Connectedness*, which is a 20-minute video focusing on the importance of children having positive relations in their life to promote emotional stability. The fifth video will be released the end of October and the last video in December. Kernen stated that several community partners are using these videos for internal discussions and hosting community events that support this initiative. The department is discussing how to expand upon this effort.

**Government Shutdown:**

Today is the 13<sup>th</sup> day of the shutdown. Locally, the department is watching the WIC and the Healthy Families America (HFA) Programs very closely. Currently, department operations are business as usual and will be until the end of the October. The WIC team meets weekly with State WIC to ensure that they are staying abreast of information

discussed from federal partners. Kernen reported that she has been involved in public health for 25 years and, during this time, WIC services have never been shut down, as there has always been surplus and/or carryover funds available. More information will be provided as it becomes available.

Dr. Loy questioned the potential impacts to the infectious disease program due to the significant CDC cuts. Kernen reported that any information provided to the department comes from the State. They rely on the CDC data relative to what is happening across the United States as well as outside the country that could have potential impacts. Kernen noted that the routine infectious disease calls with CDC have been cancelled the past couple of weeks.

### **Vaccinations:**

Kernen reported that the interim CDC Director signed the latest recommendations from the Advisory Council on immunization practices; this caused Kernen great concern, especially as it relates to the COVID vaccine for the pediatric population and the Vaccine for Children (VFC) doses, which could not be provided to the department until these recommendations were approved. Today, the department received vaccine and are developing standing orders to provide the vaccine to whoever is eligible for VFC. The COVID vaccine is readily available throughout the community.

Kernen stated that she is concerned about the Advisory Committee on Immunization Practices (ACIP) recommendation on the MMR vaccine to separate it into three separate vaccines; the MMR vaccine has been in existence since the late 1930s. She is not sure what this would look like for the state of Nebraska and the VFC Program, as they are required to follow the ACIP guidelines.

### **Expansion of STI Outreach Testing:**

Director Kernen stated that until recently the department did not conduct STI outreach testing in the community, noting that this has been done by Douglas County for about eight years. The department has received some additional funding from the Ryan White Grant and so the department will pilot this concept and build their capacity for outreach testing via urine testing for Gonorrhea and Chlamydia. They are considering point-of-care testing for HIV and Syphilis which would involve a finger prick and run these through the lab. One of the disease intervention specialists did this at a local tavern and there were two individuals who wanted to be tested. They are hoping to expand this testing to other public facilities--working discreetly with individuals who are interested to obtain urine samples to bring back to the department lab. The department will continue to allow individuals to come through the STI Clinic for expanded testing.

### **Reaccreditation Update:**

The department received notification of its 5-year reaccreditation approval through the Public Health Accreditation Board. The department submits an annual plan that identifies how we are addressing standards and measures, and it was reported that we are doing a very good job. Kernen indicated that our reaccreditation is up in 2028.

### **Equity Committee on Health Outcomes (ECHO):**

The ECHO Committee just celebrated its second year. The group has done an amazing job providing educational opportunities to staff. There have been multiple cultural panels who presented at department all-staff meetings and provided specific perceptions of the challenges that encounter when seeking services, etc. The committee members have done a very good job over the past two years.

### **Fetal Infant Mortality Review Team Update:**

Kernen provided an update on her interest in establishing a fetal infant mortality review (FIMR) team in Lincoln/Lancaster County similar to what is done in Douglas County, which she oversaw. The first step was to get a contract with the state that mirrors the Douglas County contract. She noted the contract has been signed. A part-time public health nurse will be hired and will be responsible for extracting medical records from the mother's prenatal labor and delivery, postpartum, and pediatric visit data as appropriate. Once the data is extracted, the data is presented in aggregate form (with any identifying information removed) to a FIMR team consisting of physicians, social workers, WIC, etc. to look at contributing factors to the infants' death. After a year, they will build a community action plan to address what is happening in infant mortality. The current death rate averages between 30 to 35 infants per year (from their first breath up to 1 year old). The majority of infants die from congenital anomaly. This nurse will report to Kerry until she gets established.

### **Cold Weather Plan:**

Maize Humm and the climate plan team are working on a cold weather plan and will be presenting a draft to the mayor by the end of the year. The team put together a comprehensive heat plan, which included setting up cooling centers. The cold weather plan presents as more complicated and could include anything from snow, ice, wind chills, and other factors, and there may be nine levels relative to notifications. Because the extreme temperatures occur during the night, the warming center would have to be open in the middle of the night so that presents a unique challenge with staffing support. They will also need to determine how long to keep it open based on the forecast. This involves many factors including the unhoused and senior populations. They plan to develop a 1-page document similar to what was done for the heat plan. It is likely that

they will continue to focus on using Matt Talbot and the City Mission as well as Sara Hoyle to coordinate these efforts.

Kernen indicated that there were five cooling stations this past summer. As more people became aware of the stations, the number of individuals utilizing the stations increased. Mr. Flowerday indicated that there has been discussion about piggybacking with the county contracts for churches and schools that are utilized for polling and elections, as these facilities have available resources such as tables and chairs. Kernen noted that the Mayor highlighted the team's work on the heat plan and mentioned the upcoming cooling weather plan at last week's State of the City address.

#### **State Contract for County Corrections Medicaid Services:**

Under LB921, the department has a contract with the State to allow a certified application counselor (CAC) to be onsite at the Lancaster County Corrections three (30 half days a week. The CAC is responsible for assisting inmates who are scheduled for release to complete and submit their Medicaid applications, which are expedited with the State. The goal is to get their Medicaid Card before they are released; however, this is not always occurring. This staff person is responsible for following up to ensure the individual receives their Medicaid card and know how to use it, as well as helping them get linked to a primary care provider (PCP) and other resources that may be needed. From December 4, 2024, to October 12, 2025, 909 individuals have had contact with the LLCHD CAC. This is a 5-year contract; the department is working with the State to get obtain quarterly data.

#### **Building Redesign Update:**

Sampson Construction hopes to complete their work by the end of October. If so, the lower level will be accessible in December once the furnishings and audiovisual equipment are installed. A public open house will be hosted by the department at some point.

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

##### **A. Review and Action on Proposed Revisions to LMC 8.20, Lincoln Municipal Code Sections 8.20.030, 8.20.070, 8.20.080, 8.20.130, and 8.20.220 – Justin Daniel**

Justin Daniel, Food Safety Program Supervisor, reviewed the proposed food changes to the Lincoln Food Code. This past legislation session the legislature passed LB245, which adopted the 2022 FDA Food Code into law. The department is working to modify the local food code to be in tandem with the recent passage of this bill, which now requires a food protection manager certification and “no bare hand contact” with ready-to-eat foods.

Other significant changes include cold holdings at 41 degrees Fahrenheit across the state and the handwashing minimum temperature at a hand sink is now 85 degrees Fahrenheit, which was reduced from 100 degrees.

Justin provided an overview of the redlined version of the code changes per LB245. Relative to the statewide certified food protection managers, each establishment must have a person in charge that has shown proficiency of required information by passing a test as an accredited program. There are some exemptions for establishments that are considered low risk such as ice cream retailers, bars, coffee houses, etc. Justin explained that there are 12 accredited food programs that are accepted. Individuals completing the food protection manager certification receive a 5-year certificate. Justin noted that in the Lincoln and Lancaster County 3-mile jurisdiction this requirement already exists for food protection managers but the certificate is currently only valid for three years. They are proposing to modify the local code so the food protection manager permit would expire on the same date as the submitted food protection manager certification accredited by the Conference for Food Protection--this will align the expiration dates of the local and national credentials. Currently, the cost of the 3-year certification is \$30; they are proposing that the 5-year certification remain at \$30.00. Justin explained that the Lincoln Municipal Code gives the authority to the Health Director to suspend or revoke food protection manager permits as necessary for continual noncompliance.

The other modification that is being proposed to the code relates to the prevention of contamination from hands. Prior to LB245, the state did not adopt any no bare hand contact. However, Justin noted that in 2016, the City of Lincoln did adopt this into the local code to reduce food borne illnesses such as norovirus outbreaks. Justin indicated that the intent is to minimize bare hand and arm contact with exposed food. The 2022 food code states that food employees may not contact exposed ready-to-eat food with their bare hands with a few exceptions including foods that have a cooking process; there are exceptions if approval is granted from the regulatory authority with the appropriate documentation. Now that the state has adopted the no bare hands regulations, Justin suggests that it be removed from the local code.

Justin stated that cold holding temperatures are very important when the staff conduct inspections. The 2017 code amendment provided for allowances between 41- and 45-degrees Fahrenheit if the equipment being used was installed before March 8, 2012, and explained that the state provided a grace period for the older equipment but now is requiring all equipment to cold hold at 41 degrees or less. The 2017 food code also required 100 degrees Fahrenheit as a minimum temperature for handwash sinks but the 2022 code was revised to allow for 85 degrees Fahrenheit. Justin noted that the Conference for Food Protection makes

recommendations to the FDA to revise their code, which are all science-based. Justin reported that there was a study conducted that showed that hands can be effectively washed at 85 degrees. Some additional clean-up language related to LB262 relative to cottage food and farmer market operations referencing the state statute is also being proposed.

In response to an inquiry of Dr. Miller relative to how long the national regulation for manager certifications has been for five years, Justin indicated that the national certification has been five years for quite some time and was not a recent revision. Tamara Sloan indicated that she received her national certification in 2016 and it was a 5-year certification then.

In regard to the proposed language, Justin explained that establishments can use their 5-year permit issued by the state and will need to take the national exam every five years. Tamara reported that she found the local engagement helpful and staff's willingness to share information and address issues and questions of local retailers. Justin reported that if they were to continue to conduct these sessions, it would be for information sharing purposes and would not involve a renewal process. In terms of the local permits, the serve-safe certificates are brought into the office and are tracked in a database.

In response to a suggestion of Dr. Loy, Justin reported that he would revise the proposed text to read "from an accredited program". Sloan requested that a list of all 12 accredited programs be made available on their website.

Justin explained that the Food Advisory Committee met on October 1, 2025, and held two public meetings the first week of October. The next step is to take these proposed changes to the City Council for their review and action. Once it is approved, the department will send this information to the industry and the food managers identified in their database to inform them of these changes.

Following some discussion regarding the 5-year certification process, Justin explained that the proposed changes are intended to harmonize with the state law. Therefore, once a local permit expires, the state requires that managers will have to take the full test to receive their certification.

Justin is requesting that the board adopt the proposed language to the local food code with the noted amendment clarifying the accredited program.

Motion: Moved by Ms. Sloan and seconded by Dr. Miller. No discussion. Motion carried by a 7-0 roll call vote.

Due to the brief absence of President Bowers, Vice President Garcia requested a motion to approve the proposed language as amended.

Motion: Moved by Dr. Miller and seconded by Dr. Loy. No discussion. Motion carried by a 7-0 roll call vote; Bowers and Randa absent.  
Mr. Randa exited the meeting at 4:40 p.m.

VI. CURRENT BUSINESS (Information Items)

A. Vaccine Updates and Review of the Proposed Resolution for the Board's Action at the December 9, 2025, Board Meeting – Director Kernen

Director Kernen referenced a proposed resolution that will be scheduled for consideration at the December Board Meeting. She has asked Tommy George and the epi team to share information on vaccination data for Lancaster County. The resolution was written with the intent of what is occurring at the federal level with ACIP, CDC and the current HHS Secretary to provide an opportunity for this board to take a local stance.

Tommy George, Epidemiologist, reported that every year DHHS conducts a fall survey of all schools in the state relative to school vaccinations for kindergarteners and seventh graders--this data is shared in April/May of the subsequent year, thus, the most recent available is from 2024/25.

Tommy reported on the annual percentages for both age groups from 2018/19 to current, noting a reduction of approximately 94 to 90 percent for kindergartners with some variances based on the vaccine. The MMR vaccine dropped below 90 percent with the latest survey. Tommy explained that they conduct a point-in-time survey consistently on an annual basis noting that the rates generally increase because of the schools' conducting outreach.

For the seventh graders, there is less of a decline in vaccination rates. Next, Tommy reviewed the exemption rates (medical, religious and military) for both age groups, all of which are self-reported. Another data source includes the Behavioral Risk Factor Surveillance System Vaccination System which is an annual ongoing telephone survey using a random digit dialing approach of individuals 18+ years of age. The rate for influenza vaccine has increased since 2011 and the Pneumococcal vaccinations for 65+ age group has increased as well since 2011. The COVID-19 vaccinations show a drop in the third year, but it is still above 80 percent.

Next, Tommy briefly reviewed the demographic breakdown reporting that for Pneumonia vaccine, males and females have fairly similar rates. In terms of race/ethnicity rates, there is limited data available due to small sampling sizes.

In terms of income groups, there tends to be a greater percent for individuals in the higher income group receiving the flu and Pneumonia vaccines.

The department also looks at Human Papilloma Virus (HPV) rates among 11-to 15-year-olds as part of the Vaccine For Children (VFC) Work Plan on an annual basis. Tommy noted that there was a change from 3 doses to 2 doses in 2021, noting that the rates are trending upward.

They also look at data for children 0 to 2 years (10x2) who are current in receiving the 10 recommended vaccinations--this shows a dip during the COVID-19 years to 20 percent but, since then, the rates have increased to as high as 51 percent.

Kernen stated that the 10x2 data includes COVID and influenza vaccines. When you consider this data compared to the HDEIS measure, they only include children who have had all 10 vaccines by the day they turn 24 months. If the child is a day over 24 months, they are not included. She asked the state if it would be possible to provide data using a 2-month grace period to capture more children. They are working to see what the data would look like for comparison purposes. Once she gets this data from DHHS, she will share it to the board.

In response to a question of Mr. Flowerday, Kernen stated the information that Tommy provided is background information, as she is concerned about the exemption data going even lower over the next four years. She believes that this resolution connects to some of the challenges with the vaccine data and what we are doing as a health department. She is meeting with all the school superintendents outside LPS and outside of the city limits to ask how we can support them in these efforts. She believes this is important and wants to ensure we have ongoing open communication; that we are providing vaccines throughout the community versus everyone having to come to the department; and ensure that the board is constantly updated on this data. In response to a request of Mr. Flowerday, Kernen stated that we could delay the vote on this resolution to the January board meeting without interrupting any work of the department.

Kernen encouraged the board members to reach out to Tommy George if they have any questions regarding this data.

- B. Review Board of Health Conflict of Interest Form and related process as referenced in the recently updated bylaws. – Director Kernen

John Ward, Assistant County Attorney, indicated that the recent update to the board's bylaws includes a disclosure form for conflicts of interest when appropriate, geared towards board members who may be involved in entities for food service, dental work, veterinary services, etc.

Rick Tast, Assistant City Attorney, stated that the City Law Department is reviewing the conflict of interest policies for all city boards, so there could be some future revisions as a result of this process.

Director Kernen indicated that the board will vote on this policy in December and encouraged members to review the draft policy. The policy addresses the proposed form, how often it is reviewed, and includes samples of what may be a potential conflict.

C. Overview of the NALBOH Annual Conference in Savannah, GA – Tamara Sloan

Tamara Sloan reported that she attended the NALBOH Conference in Savannah and found it to be an educational experience, noting that the keynote speakers were very good. There was an attorney on the board from Hastings and three individuals from Omaha.

A couple of key focus areas involved “Know your altitude—don’t just rubber stamp it” and also participation. One of the suggestions that might be helpful as part of the onboarding process for new members is assigning a mentor for new board members. She enjoyed the meet-and-greet sessions with the key leaders as well. Some of the discussion focused on funding issues. She feels that we are very fortunate to have the support that we do in our community compared to other areas of the country. They emphasized the importance of engaging the community partners and sponsors. One of the biggest topics involved the importance of trust and the importance of communication for both funding and community participation. She found the following quote inspirational: *If you want to fast, go alone; if you want to far, go together.*

A speaker from Trust for America’s Health talked about the lack of information sharing from local health boards and stressed that they need more stories from the local level to take to D.C.

VII. FUTURE BUSINESS

A. Other Topics for Future Agendas –

There were no suggested topics offered.

## VIII. ANNOUNCEMENTS

Next Meeting – December 9, 2025, at 4:00 PM.

The November 11, 2025, meeting was cancelled in observance of Veterans' Day.

## IX. ADJOURNMENT

Motion: Moved by Dr. Loy that the meeting adjourn at 5:18 p.m.; seconded by Dr. Garcia. No discussion. Motion carried by a 6-0 roll call vote; Randa, Flowerday, and Kingsley absent. The meeting was adjourned.

Geri Rorabaugh  
Recording Secretary

Mr. James Michael Bowers  
Board of Health President

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

**JANUARY 2026**

**ANIMAL CONTROL DIVISION**

Good work by Animal Control Officers (ACOs) on an animal neglect case involving a deceased dog at a residence. ACOs arrived at the location and observed an emaciated German Shepherd type dog lying deceased in its kennel. The owner was interrogated and stated that he thought he had taken the dog to the shelter or at least he “dreamt” that he had taken the dog there. The dog was removed and sent for necropsy, with results coming back as Gross Negligence. The owner was cited and found guilty of neglect. The court fined him \$250 and he received two years of probation.

ACOs received new Body Worn Cameras and Tasers. The cameras are a must for the officers for safety, reporting and training in the field. The tasers are one type of safety tool for the officers for any type of issues involving animals that need to be stopped quickly. A perfect example of our one-time use was when Lincoln Fire and Rescue (LFR) called Animal Control to assist in removing 2 dogs from a residence. The victim had been bitten by one of the dogs and LFR could not reach the resident to assist since the dogs were being aggressive. The ACO arrived at the location and was briefed by LFR. The dogs approached in a menacing fashion attempting to bite LFR, then the Animal Control Officer. The officer attempted to catch the dogs without being bit but had to rely on a different method. One dog was tased and it retreated to the front porch where the officer safely apprehended the dog and removed it from the area. The other dog then became calmer and was able to be removed without any further issues. This deployment of the taser was used in perfect response due to the training that the Animal Control officers receive from the Lincoln Police Department.

Animal Control Officers worked together to assist a citizen who had 12 Yorkshire Terrier dogs. The dogs were severely matted and needed grooming. The owner relinquished 7 dogs. The owner worked with the officers to get the 3 adult dogs and 2 puppies to the groomers, and to a location for spay/neuter services and vaccinations. Capital Humane Society (CHS) assisted with vouchers for the owner to meet compliance with the City of Lincoln Municipal Code ordinances. The owner was cited for the neglect and sanitation concerns inside the home from the initial contact. The dogs were groomed, altered and vaccinated by the CHS. The owner was then able to reclaim the dogs and take them home, meeting ordinance requirements. Fantastic work on such a difficult matter!

Two of the Animal Control II officers attended official ACO II training in Kansas City, MO. This training involved Animal First Aid, Animal Hoarding, Making Ordinances, Search Warrants, Ethics in Animal Control and other classes in this weeklong training. Congratulations to Officers Gruhn and Middleton.

The weather is getting colder, officers are receiving neglect type calls for no water and/or shelter. Animal Control wants to remind the public that shelter for animals is required 24/7 and water must always be accessible. We suggest a heated water bowl to keep it from freezing and icing over. The outside shelter for the animal must be large enough for it to sit, stand and turn around without injuring itself. Food should be given more than once every 24 hours since their bodies burn more calories in the winter.

## **COMMUNITY HEALTH SERVICES DIVISION**

### **Public Health Clinic**

#### **Marketplace Open Enrollment:**

Marketplace open enrollment ran from November 1 through December 15, 2025, and our team assisted individuals in completing 29 applications during that period. The Health Insurance Marketplace is the federal and state-based platform created under the Affordable Care Act where individuals and families can shop for and enroll in qualified health plans and, depending on their income, receive premium tax credits and other financial assistance to help make coverage more affordable. This year was notable because enhanced subsidies that have helped millions of people afford coverage since 2021, are set to expire at the end of 2025, and Congress had not passed a deal to extend them as of the holiday recess, creating significant uncertainty about coverage and affordability in 2026. Without renewal, average Marketplace premiums are expected to rise sharply, and many enrollees may face much higher out-of-pocket costs next year, which could impact enrollment trends. We will be watching developments on federal subsidies closely in 2026, including any legislative action to extend or modify financial assistance, as changes could significantly affect access to affordable health coverage in our community.

#### **Presumptive Eligibility:**

Presumptive eligibility allows individuals who are likely eligible for Medicaid, particularly pregnant individuals, to receive immediate, temporary health coverage for prenatal care while a full Medicaid application is pending, reducing delays in access to care. In 2025, presumptive eligibility enrollments at LLCHD increased slightly compared to 2024, indicating minimal progress; however, expanding presumptive eligibility will be a key focus area in 2026. This work directly aligns with the Community Health Improvement Plan priority of Access to Care, with a specific maternal and child health focus. Strategies to increase enrollment include providing presumptive eligibility information via a QR code link on free home pregnancy tests purchased with a Community Health Endowment grant, and placing those tests in public health vending machines scheduled to be active in January 2026. Additionally, in December 2025, 120 free pregnancy tests were distributed to the Asian Community Center for their Community Health Workers to share with the populations they serve.

#### **Maternal/Child Home Visitation Program**

#### **Healthy Families Update:**

Healthy Families America (HFA) once again partnered with KFOR radio's Operation Santa Claus this holiday season to support families enrolled in the home visiting program. Operation Santa Claus, sponsored by KFOR, has been serving the Lincoln community since 1948 with the purpose of providing individual, parent-selected

Christmas gifts for children from families facing financial hardship. Our HFA program has participated in this community tradition for more than 15 years, helping ensure families we serve can provide a meaningful holiday experience for their children. This year, over 200 HFA families participated reflecting strong engagement and the continued value of this long-standing partnership in supporting family well-being during the holiday season.

Presumptive Eligibility (2024 and 2025)

Month	# of Visits
January	2
February	1
March	1
April	6
May	3
June	0
July	2
August	2
September	1
October	4
November	1
December	5
January 2025	4
February	2
March	1
April	2
May	1
June	1
July	2
August	3
September	4
October	5
November	3
December *as of 12/23	3

#### Healthy Families Home Visitation (2024-2025)

Month	Families (including pregnant women)	Target Children Served	New Enrollments	Completed Visits
Oct	203	206	9	284
Nov	202	205	9	266
Dec	204	204	11	299
Jan	213	208	23	343
Feb	208	201	10	326
Mar	207	209	6	352
Apr	213	212	16	329
May	217	214	12	347
June	214	208	7	343
July	224	217	19	351
Aug	229	219	13	329
Sept	226	217	8	389

#### Healthy Families Home Visitation (2025-2026)

Month	Families (including pregnant women)	Target Children Served	New Enrollments	Completed Visits
Oct	220	209	9	378
Nov	218	205	8	340
Dec				

#### Family Connects Home Visitation (2024-2025)

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	60	59%	22%	89%

Feb	61	60%	26%	100%
Mar	80	67%	30%	100%
Apr	86	69%	29%	29%
May	76	68%	25%	58%
June	84	63%	27%	75%
July	86	66%	31%	46%
Aug	75	60%	26%	50%
Sept	93	60%	32%	100%
Oct	106	65%	33%	75%

## **DENTAL HEALTH AND NUTRITIONAL SERVICES DIVISION**

**(November data)**

### **WIC Program**

#### **Caseload (Participation):**

<b>Total</b>	3,904 (-22 October 2025 & -110 November 2024)	State: 36,504 (-406 October 2025 & -1,026 November 2024)
<b>Main</b>	2,684 (-8 October 2025)	
<b>Cornhusker Clinic</b>	1,220 (-14 October 2025)	
<b>%Enrolled with Benefits</b>	88.35% (+0.13% October 2025)	

#### **Participants by Category/Breastfeeding Information:**

	<b>LLCHD</b>	<b>State of Nebraska</b>
<b>Total Women</b>	788 (20.2%)	7,086 (19.4%)
<b>Total Children</b>	2,309 (59.1%)	21,543 (59.0%)
<b>Total Infants</b>	807 (20.7%)	7,875 (21.6%)
<b>Infants Receiving Breastmilk</b>	350 (43.3%)	3,233 (41.1%)
<b>Infants Exclusive Breastmilk</b>	159 (19.7%)	1,132 (14.4%)

**Mentoring:****Students**

<b>Interns</b>	
<b>Volunteers</b>	
<b>LMEP Residents</b>	

**WIC QI—No Show Rates:**

	<b>FFY 26 Main Office</b>	<b>FFY 26 North Office</b>	<b>FFY 26 LLCHD Overall</b>
<b>October</b>	14.5%	12.8%	13.9%
<b>November</b>	13.2%	14.5%	13.7%
<b>December</b>			
<b>January</b>			
<b>February</b>			
<b>March</b>			
<b>April</b>			
<b>May</b>			
<b>June</b>			
<b>July</b>			
<b>August</b>			
<b>September</b>			
<b>Average</b>			

**Events Attended:**

<b>Outreach Events/Meetings</b>	Tree of Lights, Presentation at First Plymouth Church
<b>Breastfeeding Events/Meetings</b>	WIC BF Committee Mtg

**Screenings & Referrals:**

<b>Mental Health Screening (PHQ-4):</b>	50	<b>Lead Referrals:</b>	78	<b>Immunization Referrals:</b>	9	<b>MilkWorks Pumps Issued:</b>	9
<b>Lead Screening through LLCHD:</b>	50	<b>Dental Referrals:</b>	127	<b>Breastfeeding Support:</b>	43	<b>Parent Resource Coordinator Referrals:</b>	11

**Dental Program Services**

- Total number of clients served (unduplicated count): 584
- Total number of patient encounters (duplicated client count): 605
- Total number of patient visits (duplicated provider appointments/visits): 954
- Total number of Racial/Ethnic Minorities and White non-English **speaking patients: 521 (89%)**
- Total number of children served: 422 (72%)
- Total number of clients enrolled in Medicaid: 529 (91%)
- Total number of all clients with language barriers: 418 (72%)

Language Interpretation provided: Arabic, Burmese, Chinese, Dari, Dinka, Farsi, French, Karen, Kurdish, Spanish, Ukrainian, Vietnamese, Pashto, Urdu, Other

Failed Appointment Rate: November 13.6% compared to October 13.8%.

**Student Rotations: 4**

UNMC College of Dentistry dental students- 2

UNMC College of Dentistry dental hygienist students- 0

Southeast Community College Dental Assisting students -0

Student Pre-Dentistry Shadowing - 2

**Dental Screening and Fluoride Varnish Program: 0****Community Outreach Events: 0****School Screenings by LLCHD staff: 2**

Maxey Elementary

Don Sherrill

**Presentations: 1**

UNMC College of Dental Hygiene students – 28 students

## **ENVIRONMENTAL PUBLIC HEALTH DIVISION**

### **Lead Safe Lincoln Program**

#### **Strategies:**

- Conducts **environmental risk assessments** to identify risk and health hazard for childhood lead poisoning
- Conduct **environmental sampling** including water, dust, soil, spice, and paint samples to compressively understand lead poisoning risk in Lancaster County.
- Uses **community behavior change programs** including cleaning kits and in-home consultations to educate the public on reducing lead exposure in the home
- Participates in **informal education** through home inspections and community events to raise awareness about the risk of childhood lead poisoning.

#### **Indicators:**

EPH- 24LD2—Response time for EBLL in-home investigations within 7 business days post referral by CHS.

CHS- 24PHC03—90% of blood lead screening (capillary) over 3.5 are connected to a venous confirmatory

CHS- 24PHC04—90% of blood lead venous confirmatory over 10.0 receives case management services.

### **Unique New Tests During September 1, 2024- August 31, 2025**

Number of children testing in Lancaster County	3779
Number of children testing in City of Lincoln limits	3558
Number of children with a lead level above 3.5 ug/dL in Lancaster County	119
Number of children with a lead level above 3.5 ug/dL in City of Lincoln Limits	116

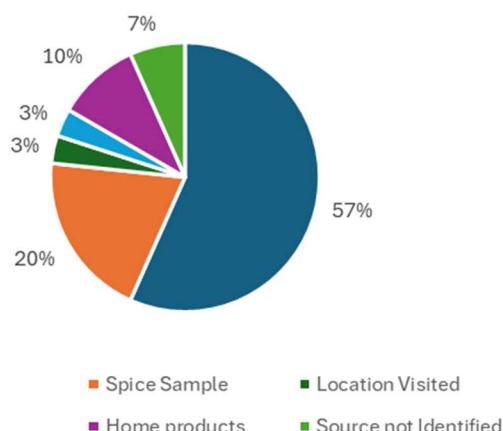
*These include both capillary and venous tests above 3.5 ug/dL*

**FY25 Home inspections for confirmed cases above 3.5 ug/dL (in City of Lincoln Limits)—30 inspections**

**FY25 EBLL cases with homes designated as source of exposure enrolled in HUD—41.2% of cases**

**FY25 Homes remediated through HUD Lead Hazard Control Grant—24 homes**

Likely Source of Lead Exposure for Child FY 25



## **Program Updates:**

- **EBLL Environmental Health Investigations and Case Management:** Environmental Public Health and Community Health Services continue to collaborate to provide rapid responses to lead poisoning cases in Lancaster County. The Public Health Nurse continues to manage all the lead poisoning cases in Lancaster County and the Environmental Health Specialist for Lead continues to conduct in-home environmental risk assessments for children with a venous test above 3.5 ug/dL.
- **HUD Lead Hazard Control Grant:** This year, staff from LLCHD and Urban Development completed the City of Lincoln's first HUD Lead Hazard Control grant (2020-2024). A total of 113 homes were remediated during this grant and 97 children under 6 years old were assisted. Urban Development applied for a second HUD grant and received \$4.4M to continue assisting Lincoln residents address lead paint in their homes. So far, 39 homes have been inspected for lead hazards and 9 homes had completed construction by the end of FY25.
- **Partnerships and Efficiencies:** The Lead Safe Lincoln program continues to rely on strong community and state-wide partnerships. Staff have continued to mentor new HUD lead paint grantees through the Environmental Health Capacity grant this year. Activities include hosting local health departments at LLCHD to build their knowledge of the HUD program requirements and providing technical assistance to programs across Nebraska. Staff continue to partner with Nebraska DHHS to conduct laboratory analysis for potentially contaminated spices found during EBLL investigations. Additionally, staff have expanded partnerships to collaborate with early childhood professionals through Lincoln Littles.
- **Lead Awareness Week 2024:** To align with national and state organizations, LLCHD launched its first Lead Awareness Week activities in October 2024. LLCHD collaborated with the US Environmental Protection Agency to provide a series of "Lead Awareness" and "Train-the-Trainer" education sessions in Lancaster County. Sessions were tailored to the public, healthcare professionals, and housing professionals.
- **Community Based Lead Screenings:** This year, Community Health Services and Environmental Public health have started to provide community-based lead testing to reach families that may not receive lead testing. This program was started during Lead Awareness Week 2024, where staff provided education on lead poisoning and free capillary screening tests at Lincoln Libraries. It was expanded in Spring 2025 to include community events like Lincoln Earth Day. A total of 12 people received lead screenings between these events. In FY26, LLCHD will collaborate with Nebraska Methodist College to conduct community-based lead screenings at Educare and Community Action Head Start.
- **Funding:** Funding for the Lead Safe Lincoln program is braided from several sources including \$25,000 from a CDC passthrough grant and \$160,000 for water testing and remediation in childcares and schools from the State of Nebraska, funding from the Disease Prevention program, and \$4.4M from HUD for the Lead Paint Demonstration grant.

## Board of Health Monthly Division Report

Division: Environmental Public Health

Program: Lead Safe Lincoln

Purpose: Reduce childhood lead exposure through blood lead testing, risk assessments, and lead hazard remediation.



### Strategies:

- Conducts **environmental risk assessments** to identify risk and health hazard for childhood lead poisoning
- Conduct **environmental sampling** including water, dust, soil, spice, and paint samples to comprehensively understand lead poisoning risk in Lancaster County.
- Uses **community behavior change programs** including cleaning kits and in-home consultations to educate the public on reducing lead exposure in the home
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## DATA SECTION

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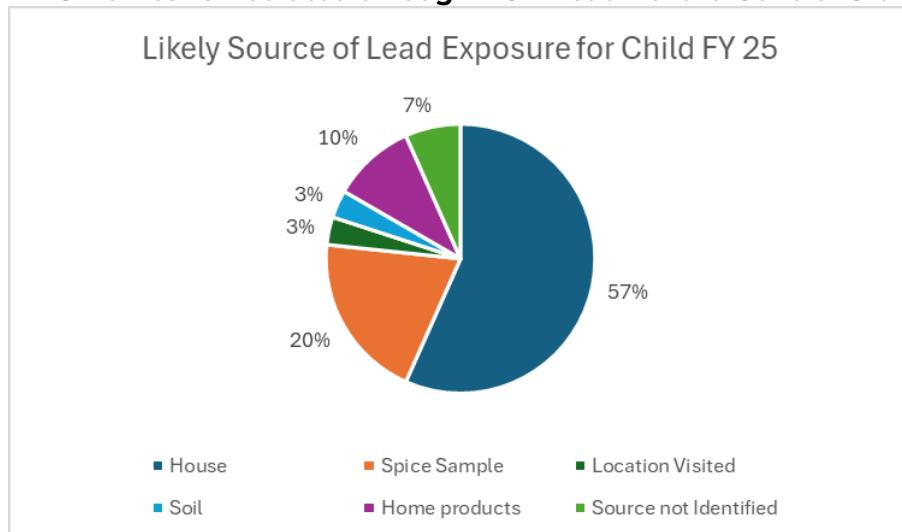
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	Lincoln-Lancaster Health Department		
Policy #: 001	Policy Title: LLCHD Board of Health Conflict of Interest		Division: Director's Office/Administration
Effective Date: 12-09-2025	Authority: Health Director		
Council Resolution/Ordinance: #	County Resolution #:	E.O. #	D.O. #
Supersedes:	Date: N/A		Action
Next Review Date:			Original Approval Revised and Approved

**Purpose:**

To inform the Board of Health and establish guidelines of what constitutes a conflict of interest, assist the Board in identifying and disclosing actual and potential conflicts, help ensure the avoidance of conflicts of interest, and promote transparency and accountability.

**Definition:**

A conflict of interest is a transaction or relationship which presents or may present a conflict between a Board member's obligation to the organization and the Board member's personal business or other interests. An actual or potential conflict of interest occurs when a Board member can influence a decision that may result in a personal gain for that individual or for a relative because of the business of the LLCHD.

**POLICY STATEMENT**

Lincoln-Lancaster County Health Department Board members are obligated to use the Conflict-of-Interest Disclosure Form (see Attachment A) to promptly and fully disclose any relationship, financial interests, transactions, positions (volunteer or otherwise), or circumstances that they believe could contribute to a potential conflict of interest.

All conflicts of interest are not necessarily prohibited or harmful to the organization. However, full disclosure of all actual and potential conflicts, and a determination by the Executive Committee (Board President, Vice President, Health Director) to inform the Board member is required. The interested Board member is recused from participating in debates and voting on the matter. All disclosures and the outcomes of the review process shall be documented and retained in accordance with applicable record retention policies.

On an annual basis, all Board members shall be provided with a copy of this policy and are required to complete and sign the acknowledgment and disclosure form. All completed forms shall be provided to and reviewed by the Executive Committee, as well as all other conflict information provided by Board members. Completed forms for each Board Member will be kept by the Administrative Aide for five years after the expiration of their term.

Approved:

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James Michael Bowers  
Board of Health President

Date



Lincoln-Lancaster County  
Health Department

### **Acknowledgement and Disclosure Form**

I have read the Lincoln-Lancaster County Health Department Board of Health Conflict of Interest Policy and agree to always comply fully with its terms and conditions during my service as a Board member. If at any time following the submission of this form, I become aware of any actual or potential conflicts of interest, or if the information provided below becomes inaccurate or incomplete, I will promptly notify the Board president or health director, as representatives of the Executive Committee, in writing.

#### **Disclosure of Actual or Potential Conflicts of Interest:**

Please describe below any relationships, transactions, positions you or a relative hold (volunteer or otherwise), or circumstances that you believe could contribute to a conflict of interest.

Ownership or interest in:

Food Establishment or Drinking Place  Veterinary Practice  Establishment related to the care of animals  Medical Practice  Dental Practice  Any other potential conflict: \_\_\_\_\_

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I hereby certify that the information set forth above is true and complete to the best of my knowledge.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_