

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

4:00 PM, Tuesday, August 12, 2025

**In-Person participation – Lincoln-Lancaster County Health Department,
3131 ‘O’ Street, Lincoln, Room #2222
Lincoln, NE 68510**

AGENDA ITEM	DESCRIPTION	SUPPORTING DOCUMENTS
<u>CALL TO ORDER</u>	Roll Call	
<u>APPROVAL OF AGENDA</u>		Agenda
<u>APPROVAL OF MINUTES</u>	A. Regular Meeting – June 10, 2025	Minutes
<u>PUBLIC SESSION</u>	Any person wishing to address the Board of Health on a matter not on this Agenda may do so at this time.	
<u>DEPARTMENT REPORTS</u>	<p>A. Health Director Update – Director Kern</p> <p>Introduction of New Board Member, Tamara Sloan</p> <p>General Department Update</p> <ul style="list-style-type: none"> - Budget Update - Legislative Update - Building Redesign Update - Other 	
<u>CURRENT BUSINESS</u> Action Items	<p>A. Review and Action on Proposed Appointment to the Lincoln-Lancaster County Air Pollution Control Advisory Board (APCAB)</p> <p>B. Discussion and action on the Board of Health Meeting scheduled for November 11, 2025, Veterans’ Day, a city-observed holiday.</p>	Memorandum
<u>CURRENT BUSINESS</u> Information Items	<p>A. Behavioral Health Presentation – Jesse Davy</p> <p>i) Review and Discussion of the Proposed Behavioral Health Resolution – Director Kern</p> <p>B. Review/Discuss proposed revisions to the Lincoln-Lancaster County Board of Health Bylaws – (Final review and action of the revised</p>	<p>Proposed Resolution</p> <p>Draft Bylaw Revisions</p>

AGENDA ITEM	DESCRIPTION	SUPPORTING DOCUMENTS
	Bylaws is scheduled for the September 9, 2025, Board Meeting.)	
<u>FUTURE BUSINESS</u>	A. Request Additional Information/Topics for Future Agenda	
<u>ANNOUNCEMENTS</u>	A. Next Regular Meeting – September 9, 2025, 4:00 pm, at LLCHD, Lincoln Room #2222	
<u>ADJOURNMENT</u>		

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 10, 2025

I. ROLL CALL

The meeting of the Board of Health was called to order at 5:06 PM by James Michael Bowers at the Lincoln-Lancaster County Health Department. Members present: James Michael Bowers, Sean Flowerday, Katie Garcia, Dustin Loy, Staci Bleicher, Rick Tast (ex-officio), Andrew Barness (ex-officio), and Amanda Callaway (ex-officio).

Members absent: Jasmine Kingsley, Jackie Miller, Tom Randa, and Tamara Sloan.

Staff present: Kerry Kernen, Leah Bucco-White, Gwendy Meginnis, Raju Kakarlapudi, David Humm, Brock Hanisch, Denise Bollwitt, Joe Stelmach, Charlotte Burke, and Geri Rorabaugh.

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 Mr. Flowerday to accept the agenda as printed; seconded by Dr. Garcia. No discussion. Motion carried by a 5-0 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. Bleicher to approve the May 13, 2025, minutes as printed; seconded by Mr. Flowerday. No discussion. Motion carried by a 5-0 roll call vote.

IV. PUBLIC SESSION

No one came forward.

V. DEPARTMENT REPORTS

A. Health Director's Update

Director Kernén provided a department update:

Measles Update:

Kernén reported that on Fridays, the CDC updates the Measles-related data. As of last Friday, there were 1,168 cases in the United States, with 29 percent being under the age of 5, and 38 percent in the 5-to-19-year-old age group; and, surprisingly, there are 33 percent in the 20+ age group, likely related to international travel or exposure to an active case. Kernén explained that they could be under-vaccinated or immune-compromised; 95 percent of current cases are vaccinated or of unknown status, and 12 percent of the cases are hospitalized. The total number of deaths remain at three—2 in Texas and 1 adult in New Mexico.

In terms of the contiguous states, Kansas has 71 cases in 11 counties; Colorado has 12 cases in 8 counties; South Dakota has 2 cases in 1 county; North Dakota has 34 cases in 4 counties; Missouri has 1 case in 1 county; and Iowa had their first case just shortly after Nebraska's – having 1 case in 1 county. Kernén noted that an airplane that arrived in Colorado from Turkey had an active case, resulting in some exposure on the plane as well as in the airport; therefore, it won't be a surprise to see Colorado's cases increase. The single case in Nebraska is located in Sheridan County; the individual has a very mild case and is recovering at home.

Kernén explained that there are numerous planning meetings occurring with local healthcare providers, childcare providers, and school districts. The school districts have done a great job with the point-in-time data that the department receives in September from the school district report to the Nebraska DHHS. She reported that LPS continues to work throughout the school year to get many of the children caught up; based on this data, efforts are being made to increase the MMR vaccination rates throughout the year. There are some pockets of schools that have lower MMR rates, and there seems to be lower MMR rates within the refugee population. Kernén continues to work with the healthcare providers. There is a lot

of concern around testing, access to testing, and the criteria that the state has set relative to testing criteria that has to be met for NPHL to be approved as the testing facility for the nasopharyngeal swab, urine, or blood sample. If they don't meet the criteria, and the provider still wants to test the individual, they are required to go to a commercial lab, and the individual's insurance has to cover it. LLCHD sent out another HAN last Friday in addition to an algorithm that providers find more helpful. There is a follow-up meeting scheduled with the providers in a couple of weeks.

In response to a question of Mr. Flowerday, Kerry reported that state partners have been extremely helpful. Drs. Tesmer and Stine have both been available and have offered up resources as needed.

Funding Update:

Kernen explained the impacts to the department from LB261. The governor put forward a \$4.5 million reduction to public health but with the assistance of the local health departments through NALHD and conversations with senators on the Appropriations Committee, an amendment was added to reinstate \$1 million of these funds. The governor vetoed this amendment, but due to a timing and delivery detail, the veto was not submitted correctly and did not stand. The \$1 million will be allocated to all 18 health departments equally--\$55,000 each. These funds will help LLCHD retain a .5 FTE epidemiologist. However, the department did have a cut of \$369,663.94. A portion of this amount is allocated to fund 1.0 FTE Healthy Equity Coordinator, noting that there are passthrough funds for the chronic disease program grant in the amount of \$245,455. With these cost savings, we will be able to retain the health equity coordinator position for at least the next 15 months; this will enable the department to consider a longer-term solution. These cuts will also impact the Family Connects Home Visitation Program, which is \$249,000. A big portion of this covers the contract we have with Family Connects International, and the remainder is staff support. Kernen is in the process of renegotiating this contract, which is up for renewal in January 2026. Since the initiation of the program in September 2023, it has not been fully staffed—there are currently two open positions.

Kernen further reported that she is hopeful that with the passage of LB22, once the state submits the plan amendment for the reimbursement for home visitations associated with the Family Connects Program, we will be able to bill clients who are on Medicaid for the home visits. It is unclear what the reimbursement rate will be. Approximately 40 to 50 percent of the clients that are seen for Family Connects are on Medicaid; hopefully, this will make up the difference over time. In the meantime, we have some vacancy savings that can be used to support these seven positions.

The staff is working with the health systems to continue to recruit moms for these home visits.

Next, Kernan stated that LLCHD received notice that the HIV funding from CDC as passthrough dollars will not be renewed—this is approximately \$30,000, which funds a portion of a disease intervention specialist who provides case management support to individuals who are HIV positive. This loss in funding will now be covered by the Early Intervention Services Ryan White Grant, which is not being proposed for cuts at the federal level. Kernan reported that as a result of the new Skinny Bill, a new budget was released that outlines a lot of funding cuts that would impact us. She explained that congress is responsible for setting the budgets so there is still the potential for some changes before the final budget is approved.

The passage of LB261 cuts the Tobacco-free Nebraska budget from \$3.6 million to \$2.5 million across the state. The CDC Office on Smoking and Health which administers the state tobacco control grants, including Nebraska, was eliminated in April 2025. While the department has a funding reduction, we have a 2-year grant requesting \$323,000 the first year and \$356,000 the second year, the actual award was \$303,000 for year 1, and \$285,000 for year 2. These funds do not support any staff time but do support most of the work the coalition does within Lancaster County.

Director Kernan reported that she has heard from other local health department who have had to eliminate positions. Fortunately, LLCHD is not in this position yet and she is hopeful that this does not have to happen. We will have to see what federal cuts are made to the budget in October.

In response to a question Mr. Flowerday regarding the home visitation program and potential shortfall, Kernan explained they won't know the extent until contract negotiations are completed and have guidance on the reimbursement rate; the department is prepared to start billing for this. In terms of timing, Kernan reported that the state plan amendment for interpretation services took a full year from the time of submitting the application and to the point of billing for services.

Building Update:

Geri Rorabaugh, Administrative Officer, reported that the renovation project is progressing. The first two phases are completed and work is underway for the final phase of the project, which primarily focuses on the lower level, which will consist of meeting space, a training center, catering kitchen, and breakroom/courtyard. The final phase is anticipated for completion by the end of October. Some activity

remains on the first floor in the dental/clinic area with floor installation, HVAC upgrades, lighting, etc., which is anticipated to be completed by the end of June.

Other Update:

Director Kernen stated that she and Charlotte Burke are working on some significant updates to the BOH bylaws, which were last updated in the fall of 2022. The proposed changes are currently being reviewed by Assistant City Attorney Rick Tast and Assistant County Attorney Andrew Barness. Once the legal review is complete, Kernen asked if any of the board members would be interested in reviewing the document before presenting a draft to the full board in August for review and discussion with action anticipated for September. President James Michael Bowers requested that a copy of the draft be provided to him for review, as well as City Council Aide, Tammy Ward.

VI. CURRENT BUSINESS (Information Items)

A. Discussion on the Board of Health Resolution – Racism as a Public Health Crisis
– Health Director Kernen

Director Kernen reminded board members that the board of health adopted the initial resolution in September 2020. Now that the department has a health equity coordinator, she thought it would be good to review and discuss potential updates to the resolution. An internal review was conducted, and what is before the board today are the proposed changes. There are minimal deletions in the text, but they are proposing several additions to the resolution. It was determined to table discussions on this matter to a future date.

B. Animal Control Year in Review – Denise Bollwitt, Animal Control Manager

Denise Bollwitt, Animal Control Manager, provided a 2024 overview of the division's work using a PowerPoint presentation. The division currently consists of 18 FTEs including the administrative team, dispatchers and officers. There is currently an open Animal Control Officer I position. The 5 dispatchers answered over 47,000 calls in 2024. Their hours of operation are 7:00 a.m. to 11:30 p.m. Monday thru Friday, and Saturdays and Sunday from 8:30 a.m. to 5:00 p.m. After hours, calls are transferred to 911 Communications Center who direct them to the on-call officer. The officers are also responsible for assisting LPD and LFR and assist with bats and injured dogs and cats. They responded to over 14,000 calls last year including follow-up calls, education calls, and license follow-ups for non-

compliant owners. All the officers enforce Title 6 of the Lincoln Municipal Code. The number of bite cases is slowly decreasing primarily as a result of officers patrolling more and providing more education to citizens. In 2022-23, they had 361 bites; this reduced to 348 in 2024.

Bollwitt reported that they received 714 bat calls with the majority of the bat involving brown bats and hoary bats. Of the 714, they tested 268 and 6 of these came back positive for rabies. They also tested a fox that was involved in a fight with a dog and was found to be positive for rabies.

Wildlife calls contribute to about 9 percent of A/C calls and they handle a lot of cruelty and neglect calls, which take a considerable amount of time and occasionally require that a warrant be obtained. They had 15 emaciated dogs in 2024. The officers are distributing flyers that contain information and locations about pet food pantries, especially for those who may not be able to afford it.

They assist with going into homes to remove excessive numbers of pets. Generally, these individuals live in unfit living conditions which can result in condemnation of the property.

This year, A/C employees started providing presentations to schools to discuss pet ownership and also participated in the annual dog expo event.

A/C contracts with the Humane Society for boarding services and with UNL for diagnostic testing. They also work closely with CenterPointe and the Homeless Coalition to assist their clientele.

VII. FUTURE BUSINESS

A. Other Topics for Future Agendas –

- 1) Mr. Bowers asked to include discussions on the Humane Society at a future meeting. Director Kern reported that she will let him know when it is a good time.
- 2) Dr. Bleicher asked to be kept informed of the impacts RFK will have on the immunization programs at the ground level. For members who may not be aware, Director Kern reported that RFK dismantled the entire advisory council on immunization practices. LLCHD has followed every guidance

and direction that they provided—they look at every vaccine, review the scientific data, and make recommendations to the CDC for the immunization schedule; thus, this is a significant concern.

President Bowers asked if LLCHD provides vaccine PSAs. Kernan stated that the latest PSA related to Measles. We received some funding from the state, which has allowed us to do some radio ads, etc.

VIII. ANNOUNCEMENTS

Next Meeting – August 12, 2025, at 4:00 PM.

IX. ADJOURNMENT

Motion: Moved by Dr. Loy that the meeting adjourn at 5:03 p.m.; seconded by Dr. Bleicher. No discussion. Motion carried by a 5-0 roll call vote. 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

AUGUST 2025

ANIMAL CONTROL DIVISION

The animal control manager and field supervisor met with UNL veterinarian, Dr. Heath, regarding updated euthanasia techniques for bat and rabies testing.

With the warmer weather, Animal Control has shared communications focused on pet heat safety, including advising people not to leave their pets in vehicles, ensuring they have plenty of water and shade, keeping paws away from hot pavement, and checking on pets frequently or bringing them indoors.

During extreme heat, numerous calls were made to Animal Control regarding dogs in cars. Some of the calls were in violation, and citations were issued, including one with four dogs in a truck at Gateway Mall; that individual was cited for four counts of animal neglect.

Animal Control Officer (ACO) Jesse Dunn retired after 21 years at Animal Control. This ACO II position was filled by ACO 1 Gruhn, which resulted in an open ACO I position; we are currently holding interviews.

ACO Gruhn rescued three different types of birds in a week. A Blue Heron, Robin, and a smaller Sparrow-type bird—all had become entangled with miscellaneous materials that hindered the birds from flying. We remind residents to pick up all fishing line, trash, and plastic rings from beverages. Cutting the plastic rings will help other animals not get caught and possibly injure themselves.

COMMUNITY HEALTH SERVICES DIVISION

Staffing Update:

After an impressive 40-year career as a Public Health Nurse at Lincoln-Lancaster County Health Department, Public Health Clinic Supervisor Barb Martinez retired July 16. Interviews are underway for her replacement.

PrEP Update:

As an update to our May report, we are pleased to share continued progress on the PrEP (pre-exposure prophylaxis) services launched on April 9, 2025, as part of the NE DHHS pilot project. As

the first of four local health departments in Nebraska to offer PrEP services free of charge, the LLCHD STI Clinic has now initiated **27 clients** on PrEP, a threefold increase since our last report.

The biggest challenge faced by patients continues to be navigating insurance requirements, which vary significantly across carriers. Issues like mail-order-only stipulations and delays in prior authorization have created confusion and disruptions in access. To address emerging needs and streamline client support, we have added a PrEP Navigator role to our team by integrating these responsibilities into an existing position. A PrEP Navigator provides individualized support to help patient's access and stay on PrEP by assisting with insurance coordination, prescription access, appointment scheduling, and overcoming logistical or financial barriers to care. We believe this added support will improve continuity of care and make it easier for clients to start and stay on PrEP.

PrEP by Month

Month	Number of Started on PrEP
April 2024	9
May	8
June	7
July (as of 7/29)	3

Sexually Transmitted Infections (STIs) Clinic Visits (2024-2025)

Month	Number of Express Test Visits	Number of Full Exams Visits
January 2024	4	88
February	10	92
March	12	62
April	4	108
May	2	86
June	2	73
July	1	78
August	7	77
September	3	78
October	5	84
November	4	72
December	12	95
January 2025	2	103
February	3	90
March	3	93
April	3	93
May	2	101
June	0	82

Patagonia EHR Go-Live Update:

We're excited to announce that our new Electronic Health Record (EHR) system, Patagonia, will officially go live on August 5 and 6. Over the past several weeks, staff have been in full preparation mode, culminating in five days of intensive training led by on-site Patagonia trainers.

To support this critical transition, clinics were limited or closed during the training period, which has resulted in increased appointment volume on days open, particularly in STI services. We appreciate everyone's patience and flexibility as we prepare to launch this improved system to better support our patients and staff.

Community Outreach:

Back-to-School Immunization Clinics Update

Back-to-school season is always a busy time for our community immunization outreach efforts. This year, we kicked off early, partnering with Clinic with a Heart since June. As of August 2, we've successfully completed **five clinics** with them, helping ensure children are up to date on required immunizations.

Looking ahead, we will again collaborate with Lincoln Public Schools to provide school-based immunization clinics starting in September. These clinics play a vital role in helping students meet immunization requirements, protecting student health and ensuring uninterrupted learning.

DENTAL HEALTH AND NUTRITIONAL SERVICES DIVISION

June 2025 Report

WIC Program



Caseload (Participation):

Total	3,863 (-78 May 2025 & -140 June 2024)	State: 36,712 (+112 May 2025 & +430 June 2024)
Main	2,649 (-63 May 2025)	
Cornhusker Clinic	1,214 (-15 May 2025)	
%Enrolled with Benefits	87.52% (-0.67% May 2025)	

Participants by Category/Breastfeeding Information:

	LLCHD	State of Nebraska
Total Women	766 (19.8%)	7,330 (19.9%)

Total Children	2,342 (60.6%)	21,225 (57.8%)
Total Infants	755 (19.5%)	8,157 (22.2%)
Infants Receiving Breastmilk	348 (46.0%)	3,301 (40.5%)
Infants Exclusive Breastmilk	144 (19.0%)	1,192 (14.6%)

Mentoring:

Students

Interns	
Volunteers	
LMEP Residents	

WIC QI—No Show Rates

	FFY 25 Main Office	FFY 25 North Office	FFY 25 LLCHD Overall
<i>October</i>	14.0%	13.7%	13.9%
<i>November</i>	13.8%	14.7%	14.1%
<i>December</i>	14.4%	11.4%	13.3%
<i>January</i>	14.8%	11.1%	13.5%
<i>February</i>	13.8%	13.1%	13.5%
<i>March</i>	11.9%	13.2%	12.4%
<i>April</i>	11.2%	12.6%	11.7%
<i>May</i>	11.3%	14.3%	12.4%
<i>June</i>	11.3%	9.9%	10.8%

Events Attended

Outreach Events/Meetings	Hop, SCIP, Jump, and Run, State WIC Outreach Mtg
Breastfeeding Events/Meetings	Lincoln Community BF Initiative, Spanish Speaking Moms' group

Screenings & Referrals:

Mental Health Screening (PHQ-4):	22	Lead Referrals:	73	Immunization Referrals:	12	MilkWorks Pumps Issued:	9
Lead Screening through LLCHD:	39	Dental Referrals:	128	Breastfeeding Support:	32	Parent Resource Coordinator Referrals:	9

Dental Clinic Services

- Total number of clients served (unduplicated count): 565
- Total number of patient encounters (duplicated client count): 590
- Total number of patient visits (duplicated provider appointments/visits): 913
- Total number of Racial/Ethnic Minorities and White non-English speaking patients: 508 (91%)
- Total number of children served: 453 (80%)
- Total number of clients enrolled in Medicaid: 508 (90%)
- Total number of all clients with language barriers: 397 (70%)

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

Failed Appointment Rate: June 16.5% compared to May 20.9% (Utilizing automated 3 appointment reminder system, 7/ 3/1-day reminders) in the patient's preference of phone or text. (Email reminders referred to Televox support to address issues/further development with languages).

Student Rotations: 9

UNMC College of Dentistry dental students-0

UNMC College of Dentistry dental hygienist students-8

Southeast Community College Dental Assisting students - 1

Dental Screening and Fluoride Varnish Program:

174 screenings/fluoride applications, 428 toothbrushing kits distributed (toothbrush, floss, toothpaste)

- Educare – 104 screenings/fluoride varnish applications, 129 toothbrushing kits distributed (2 site visits)
- Malone – 7 screenings/fluoride varnish applications, 13 toothbrushing kits distributed
- Bansal K Street Head Start Center – 119 screenings/fluoride applications, 164 toothbrushing kits distributed (2 site visits)
- NE Family Center – 17 screenings/fluoride applications, 17 toothbrushing kits
- Health 360 and 26th Street Head Start Centers – 46 screenings/fluoride applications, 105 tooth brushing kits distributed (2 site visits at each center)

Community Outreach Events: 220

- Family Health and Wellness Center Family Event at Antelope Park – 200 toothbrushes and 20 infant kits distributed.

ENVIRONMENTAL PUBLIC HEALTH DIVISION

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 NOVs (notice of violations), FENs (food establishment notices), and suspend or revoke permits)
- 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 2024 Indicator Performance:

Permits: In FY24, LLCHD issued 1,361 food establishments in Lancaster County, including restaurants, grocery stores, temporary booths, events, and farmers' markets.

Complaints: In FY24, 297 complaints on food establishments were received, including 71 potential foodborne illness complaints, translating to 91/100,000 population and 22/100,000 population, respectively.

Percent of Inspections Completed Within Risk-Based Intervals: In FY24, of the 2017 routine inspections conducted, approximately 45% of food inspections were completed within risk-based intervals. This is significantly less than our goal of 95%. The loss of one full-time employee and the

preparation for a new inspection program contributed to this percentage. Workloads are being reallocated, and staff are becoming more comfortable with the new inspection software.

Violations Found During Inspections: The average number of Critical Item Violations found per regular, unannounced inspections of food establishments in FY24 is 1.26 per inspection and the average number of non-critical item violations is 2.50.

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 program excellence in inspections, foodborne illness response, training, 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.

Completed Routine Inspections: In FY24, staff completed 2805 inspections compared to 3061 inspections in FY23. This decrease can be attributed to losing a full-time employee and the preparation for a new inspection program.

Active Managerial Control (AMC) Inspections: AMC Inspections combine the INFUSE Food Safety Consultation approach with the Routine Inspection. AMC Inspections provide time for managers and inspectors to sit down and discuss relevant food safety issues and challenges, while promoting practices that encourage the manager to be proactive about policies, training and monitoring. AMC inspections focus on the 5 key risk factors 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. Staff conducted 137 AMC inspections in FY 24.

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 FY24, 15,017 Food Handler and Food Manager Permits were issued. Food Managers received continuing education through our Virtual Food Manager classes taught by LLCHD staff. Food handler training and permits are available by attending an in-person LLCHD class or an online 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 managers to implement active managerial controls such as policies, training, and monitoring. Consultation assists in finding the root cause of why the violation occurred. Through discussion, barriers can be revealed such as lack of storage space, staffing, or equipment issues. The consultant and manager then work to develop long term solution. FY24, 25 facilities enrolled in the INFUSE Hybrid Consultation program. Over 100 onsite visits. General resources such as posters, logs and thermometers are provided to participants. Cooling Kits were developed to improve adoption of cooling practices with grant funding. Kits included resources like pans, ice wands, logs and posters. Over 120 kits were distributed.



HEALTH PROMOTION AND OUTREACH DIVISION

Active Living

Staff coordinated the third Youth Sports Sign-Up Event in partnership with Everybody Gets a Chance's Annual Community Event. The event was promoted with flyers, social media posts, and interviews with KLIN radio and Lincoln Journal Star. Sixteen local sports programs had booths at the event, as well as seven additional vendors representing community resources and local businesses. Approximately 171 people attended the Youth Sports Sign-Up portion of the event, and an estimated 69 children registered for sports due to the event, based on survey feedback from 8 of the 16 participating programs.

Injury Prevention

Thirty-eight car seats were checked for proper installation, and 25 seats were provided to families at recent events held at LFR Station 15 and Schworer Car Dealership.

YOUTH SPORTS SIGN-UP

Lincoln-Lancaster County Health Department | LINCOLN COMMUNITY LEARNING CENTERS

SAT. JUNE 28
12 - 4 P.M.
PETER PAN PARK

EGC & ANNUAL COMMUNITY EVENT

Sign up for sports programs all in one place!
+ live music, free food, games, raffles, and more



Lincoln-Lancaster County
Health Department

MEMO

Date: August 1, 2025
To: Board of Health
From: Gary Bergstrom – Air Quality Section Supervisor
Subject: Review and Action on Proposed Appointments to the Lincoln-Lancaster County Air Pollution Control Advisory Board (APCAB)

The Lincoln-Lancaster County Health Department's (LLCHD) mission is to protect and to promote the public's health. One way the LLCHD's Air Quality Section works to achieve this mission is by ensuring appointees to the Lincoln-Lancaster County Air Pollution Control Advisory Board (APCAB) represent the public and industry in accordance with Lincoln Municipal Code Chapter 8.06, and that recommended appointees to APCAB have an interest in safeguarding the natural environment upon which all life depends.

Review and Action on proposed Air Pollution Control Advisory Board (APCAB) Appointments

APCAB is composed of 9 representatives consisting of 5 public representatives and 4 industry representatives. The Health Director and a representative of the Lancaster County Board of Commissioners also serve as 'ex officio' members of APCAB. Terms are 3 years in length, and terms are staggered such that 3 terms expire every year.

Terms are typically scheduled to begin on September 1st. There are 3 members with terms expiring in 2025, which include the following:

- Brian Wertz (Industry – Kawasaki Motors Manufacturing Corp.)
- Torrey Wilson (Industry – Duncan Aviation)
- Ed Hubbs (Public)

Mr. Wertz has retired from his position with Kawasaki, and Ms. Wilson indicated that she did not wish to seek reappointment due to changing duties associated with her position within Duncan Aviation. As such, those two members will not be reappointed.

Mayor Leirion Gaylor Baird has nominated Zuleika Doremus (University of Nebraska-Lincoln Environmental Specialist) and Scott Hajek (Molex LLC – EHS Manager) for appointment to APCAB. The Mayor has also nominated Ed Hubbs for reappointment to APCAB.

- Zuleika Doremus – Industry: Ms. Doremus will bring a valuable perspective to APCAB, having worked in the UNL Environmental Health & Safety Department for over 25 years. Her early career at UNL involved working in radiation and hazardous materials, safety. She is very knowledgeable on matters of air quality permitting and regulation, and is responsible for ensuring air regulation compliance for over 100 pieces of steam heat and electric power generation equipment spread across 2 campuses.



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- Scott Hajek – Industry: Mr. Hajek is highly knowledgeable on environmental issues, having previously worked for NE DWEE writing air construction permits, observing stack tests, and performing compliance inspections. From July of 2013 through June 2018, he worked as the Environmental Manager for Flint Hills Resources, managing environmental compliance for a renewable biodiesel plant near Beatrice. Since July of 2019, he has worked as an EHS Manager for Molex, LLC, a manufacturing plant in Lincoln that produces electrical connectors and switchgear. Through those experiences, as well as prior stints with environmental consulting companies, Mr. Hajek has developed a thorough understanding of air quality and other environmental regulations.
- Ed Hubbs – Public: Mr. Hubbs is currently the Habitat and Private Lands Manager for Spring Creek Prairie Audubon Center, and is also actively involved in the Tri-County Prescribed Burn Association. Mr. Hubbs has also been very involved in the ongoing cooperative efforts between the LLCHD, the Nebraska Dept. of Environment and Energy, the Kansas Dept. of Health and Environment, the U.S. EPA, and other organizations to address smoke impacts from prescribed burning. Mr. Hubbs brings a unique perspective to APCAB that has helped inform the board on the use of fire as a tool for land management, as well as air quality impacts resulting from wildfires in areas that are transitioning to cedar woodlands.

Staff recommend that the Board of Health takes action to recommend approval of the nominated appointments to the Lincoln City Council and the Lancaster County Board of Commissioners.

DRAFT

RESOLUTION NO. BOH – ____

LINCOLN-LANCASTER COUNTY BOARD OF HEALTH

Declaration of Behavioral Health as a Critical Public Health Issue

August 2025

WHEREAS, the American Public Health Association (APHA), National Association of County City Health Officials (NACCHO), Centers for Disease Control and Prevention (CDC), National Alliance on Mental Illness (NAMI), American Academy of Pediatrics (AAP), American Academy of Child and Adolescent Psychiatry (AACAP), Substance Abuse and Mental Health Services Administration (SAMHSA), and many other health organizations recognize behavioral health (mental health and substance abuse) as a critical health issue; and,

WHEREAS, public health focuses on the health of populations, and behavioral health and emotional wellbeing play a crucial role in the overall health of the community; and,

WHEREAS, local health departments play an increasingly critical role in measuring and addressing behavioral health challenges within their communities, providing resources and support to strengthen community capacity; and,

WHEREAS, a public health approach to behavioral health emphasizing early intervention, prevention, and community-based solutions is recommended; and,

WHEREAS, the Lincoln-Lancaster County Health Department acknowledges the health impact of behavioral health issues in Lincoln and Lancaster County as a significant personal and community challenge; and,

WHEREAS, the community has prioritized the issues of depression, suicide prevention, and access to care in the 2025-2027 Community Health Improvement Plan (CHIP); and,

WHEREAS, results of the 2023 Lancaster County Behavioral Risk Factor Surveillance System (BRFSS) indicate one in ten adults report poor mental health such as stress, depression, or emotional difficulties on at least 14 of the past 30 days; one in five adults state having been diagnosed with depression by a healthcare professional at some point in their lives; and one quarter of adult women, one quarter of young adults aged 18-24, and half of adults with annual household incomes below \$50,000 report having ever had depression; and,

WHEREAS, Bryan Health Emergency Department reports that one third of patients evaluated for behavioral health crisis are between the ages of 5 and 18 years; and,

WHEREAS, from 2015 through 2024, Lancaster County residents experienced a total of 431 deaths by suicide averaging more than 43 per year with the highest burden among adult men (Vital Statistics Death Data); and,

WHEREAS, the Lincoln Police Department's data for suicide attempts among youth 19 years of age and under from 2021 - 2024 show 423 attempts; and,

WHEREAS, the Lincoln Police Department reports responding to over 3,000 mental health related cases among youth 19 years and under from 2021- 2024; and,

WHEREAS, Lincoln Public Schools reports more than 1,500 students, kindergarten through 12th grade, were referred for assessment due to emotional distress in school-year 2024-25. Referrals came from staff, self, other students, parents/guardians, and other sources. Students completed the suicide behavior questionnaire (SBQ-R) with the greatest number of surveys from 5th, 6th and 9th graders; and,

WHEREAS, data from the Youth Risk Behavior Survey (YRBS) show a concerning rise in suicidal ideation and planning among high school students in Lancaster County. The percentage of students reporting suicidal thoughts increased from 12% in 2011 to nearly 20% in 2023. Likewise, the proportion of students who reported making a suicide plan rose from 10% to 15% over the same period. In both areas, rates were consistently higher among female students than their male peers; and,

WHEREAS, over the last eight years Lancaster County has experienced a wave of deaths related to overdose more than doubling from 2017 numbers (20), peaking in 2020-2021 (47 and 46 respectively), and returning to pre-pandemic levels in 2024 (20). While the numbers are small compared to the national trend, they represent a definitive loss of life to our community. (Vital Statistics Death Data); and,

WHEREAS, addressing behavioral health issues requires the collaboration of public health, health care, behavioral health providers, education, community organizations, social service agencies, and others to improve behavioral health outcomes; and,

WHEREAS, a multifaceted approach that includes screening, assessment, intervention, treatment, increased access to care, reducing stigma, and promoting behavioral health awareness and education; and,

WHEREAS, every person has emotional health needs, and building a healthy community requires that people tend to their mental and emotional well-being through intentional attention and action; and,

WHEREAS, the Lincoln-Lancaster County Health Department, in partnership with Bryan Health and CHI St. Elizabeth, launched the 6 Pillars for Emotional Wellbeing community-wide educational framework to support the emotional health journey of children, youth, and families; and the CredibleMind community resource platform for self-assessment and skill building; and,

WHEREAS, Lancaster County residents consistently identify mental health as a top health issue, however, core quantitative and qualitative behavioral health data remain limited.

NOW THEREFORE BE IT RESOLVED by this Board of Health that the Lincoln-Lancaster County Health Department declares that behavioral health is a critical public health issue affecting our entire community.

BE IT ALSO RESOLVED that the Lincoln-Lancaster County Health Department will:

- Continue to partner with the community to co-create solutions.
- Strengthen and expand partnerships with local organizations providing mental health and substance abuse services.
- Engage and include people with lived experience of mental health and substance use issues in the department's work related to behavioral health.
- Ensure the consistent collection, analysis and reporting of available disaggregated data regarding mental health and substance abuse in Lancaster County.
- Identify and develop reliable data sources and measures related to community-level behavioral health.
- Advocate for policies and resources to support mental health care, prevent suicide, and address substance abuse disorders.
- Promote policy and system level changes within Lincoln and Lancaster County to address mental health and substance abuse issues.
- As part of Community Health Improvement Planning (CHIP), continue to grow community frameworks and capacity for population level behavioral health and emotional wellbeing including promotion and support of the 6 Pillars of Emotional Health and of CredibleMind.
- Promote the availability and integration of peer support specialists and community health workers across diverse communities to address behavioral health workforce shortages and to provide culturally responsive, person-centered care and support.
- Continue to connect all efforts back to public health.
- Support efforts among pediatric and family medicine practices to screen all youth ages 11 through 19 years at each visit; continue to train in the interviewing strategy to uncover suicidal ideation, planning, and intent (CASE approach); and strengthen

relationships between health practices and crisis response resources in the community.

- Continue, along with partners, to equip the community with the resources and support needed to help prevent substance misuse and provide access to prevention, intervention, treatment, and recovery services.

Lincoln-Lancaster County Board of Health Preamble and Bylaws

Month~~October~~ Day~~11~~, 202~~55~~

Previous Revision October 11, 2022

PREAMBLE

___The goal and duty of the Lincoln-Lancaster County Board of Health (Board of Health) and its charge to the Lincoln-Lancaster County Health Department (Department) is to protect the health of the people of Lincoln and Lancaster County, Nebraska by the most efficient and effective methods of providing ~~these~~ public health services which are undertaken by or charged to the Board of Health and the Department pursuant to law.

___The Department provides leadership in promoting environmental and personal health through health promotion, disease detection, disease prevention, education, and regulation. In cooperation with community resources, the Department, as the official agency, is responsible for assisting the community and its community members ~~citizens~~ to assume their responsibility for their individual health and the health of the community.

___**The Board of Health's Role.** The Board of Health is clearly defined in Neb. Rev. Stat. § 71-1630(4)(c), and includes~~as~~ having responsibility for advising the Department in the areas of assessment, policy development, assurance, and ensuring equitable enforcement for the Department.

**BYLAWS
OF
LINCOLN-LANCASTER COUNTY NEBRASKA BOARD OF HEALTH**

ARTICLE I

MEETINGS

1. Monthly Meeting

___ Monthly meetings of the Board of Health shall be held the second Tuesday of each month at a time agreed upon by the Board of Health. This meeting date and/or time may be changed by a vote of five (5) Board Members of the Board of Health. Pursuant to NEB. REV. STAT. § 84-1411 et seq. monthly meetings may be conducted in-person, by means of virtual conferencing via teleconference, or a combination thereof.

2. Special Meetings

___-Special meetings may be called upon by written request signed by two (2) Board Members and filed with the Secretary. All Board Members shall be given forty-eight (48) hours written notice of time and place of such special meetings, except that only four (4) hours notice shall be required when any five (5) Board Members sign the request for a meeting due to an emergency affecting the health and safety of the public. Any Board Member in attendance shall be deemed

to have waived all objections as to notice. Any objection to an action taken by the Board of Health by any absent Board Member, based on lack of timely notice, shall be deemed to have been waived if the absent Board Member fails to move for reconsideration of the act taken before the end of the next regular meeting.

3. Election of President and Vice President

___ Every other year ([odd years](#)), at the January meeting, the Board of Health shall elect a President and Vice President from its own Board Members for the ensuing biennial. In the event of any vacancies of such officers, the Board of Health shall elect a new officer at the next meeting of the Board of Health to fill the vacancy for the remainder of the term. In the event an election of the President and/or Vice President does not occur as prescribed, the current President and/or Vice President shall serve in their respective role until an election occurs.

4. Meeting Notices

___-The Health Director, on behalf of the Board of Health, shall give notice of meetings by disseminating copies of the agenda in accordance with applicable Neb. Rev. Stat. to each Board Member for the meeting at least ten (10) days in advance of each meeting, or as soon as possible for a special meeting. The Health Director shall give reasonable advanced publicized notice of the meetings in accordance with the Nebraska Open Meetings law and the Lincoln City Charter.

5. Quorum

[The Board of Health shall consist of nine \(9\) members.](#) Five (5) Board Members shall constitute a quorum for the transaction of business, but a smaller number may recess from time to time and the Secretary shall inform all absent Board Members of the time the meeting shall be reconvened. In the event the Board of Health does not have the full complement of Board Members due to the recusal of, death of, resignation of, or other event incapacitating or disqualifying a Board Member(s), a quorum shall consist of the majority of remaining eligible Board Members. In no event shall a quorum exist if less than one-half of currently eligible Board Members is present.

___The concurrence of a majority of the currently eligible Board Members shall be necessary for

final action on any motion or issue, unless otherwise provided herein or required by law. In the event of a tie vote on any motion or issue, the item being voted upon shall be tabled until such time an adequate number of eligible Board Members are present to break the tie.

6. Rules of Procedure

Except as otherwise provided in these bylaws, and subject to applicable state and local law, all meetings shall be conducted in accordance with the most current edition of Robert's Rules of Order Newly Revised, provided, however, that failure to strictly adhere to such rules shall not invalidate actions taken, and the Board may suspend or deviate from such rules by consensus or majority vote to allow for less formal proceedings when appropriate.~~Except as otherwise provided herein, all meetings shall be conducted in conformance with Robert's Rules of Order, Revised.~~

7. Voting and Motions

___ Votes shall be taken by roll call on a rotating basis. The roll call shall not be interrupted for any reason except to repeat the proposition to be voted on at the request of a Board Member about to vote. A Board Member shall vote “yes” ~~“(aye)”~~, “no” ~~“(nay)”~~, or abstain.

ARTICLE II

OFFICERS AND AGENT’S DUTIES

1. President

___ The President shall preside at all regular and special meetings of the Board of Health. The President may appoint special or standing sub-committees to aid the Board of Health in carrying out its duties, subject to the approval of the Board of Health at its next regularly scheduled meeting. Sub-committees may be authorized to conduct meetings, receive presentations, do other inquiries as may be provided by the Board of Health. All special sub-committees shall be established with a specific purpose, and shall expire within one (1) year, or upon completion of the assignment, whichever is sooner.

___ Standing committees shall meet regularly and report to the Board of Health at least annually. Advisory committees for policy development shall be appointed as provided in Article III, Section

~~2. The President shall be responsible for preparing, maintaining, and distributing the Board Manual. The Board Manual shall include a current copy of: the Board Bylaws, the Agreement between the City of Lincoln, Nebraska and Lancaster County, Nebraska establishing the Board of Health (pursuant to NEB. REV. STAT. § 71-1631(4), the Open Meetings Law, Chapter 2.54 of the Lincoln Municipal Code, and the Political Accountability and Disclosure Act, Neb. Rev. Stat. § 49-1401et seq. relating to Conflict of Interest as amended, the budget summary (including modifications both approved and denied), an outline including time deadlines for review of the Department budget, and an outline of the historical development of the Board of Health and the Department. The Board Manual shall be provided to all Board of Health Board Members as soon as practicable after appointment to the Board of Health. The President may include or remove other materials in the manual as the President deems appropriate from time to time. The President~~

~~shall update or provide changes to the manual for all Board Members as is necessary.~~

2. Vice President

___The Vice President, in the absence of the President, shall preside at all meetings of the Board of Health, and shall, in the absence of the President, perform all other lawful duties of the President.

2.1.1. Succession Planning

___In the absence of both the President and Vice President, the Board Member with the greatest amount of seniority, as measured by date and time of final confirmation by both the City Council and County Board, shall preside at all meetings of the Board of Health, and shall, in the absence of the President and Vice President, perform all other lawful duties of the President.

3. Secretary

___The Health Director's Administrative Officer (or in absence the Health Director's designee) will serve as the secretary to the Board of Health. The Administrative Aide Officer or another representative selected by the Director and under the supervision of the Director shall keep the official record of all minutes of all meetings. A copy of the minutes of each meeting shall be available to the public, once approved by the Board and posted to the LLCHD Board of Health webpage for the previous month's Board meeting and shall be posted within 10 days after the Board of Health meeting. ~~not later than ten (10) days after each meeting.~~ Minutes shall be sent to all Board of Health Board Members with the agenda for regular meetings. The Secretary shall deliver a copy of the minutes to the Health Director and the City Clerk and shall make permanent record of them on file at the Health Director's office. ~~The Secretary shall be custodian of the official seal of the Board of Health.~~

4. Treasurer

___The Treasurer of the City of Lincoln shall be custodian of all monies appropriated by the City and County to the Board of Health, and of any other monies which may accrue to the Board of Health.

5. Health Director

___The Health Director shall be the executive officer to the Board of ~~Health, and~~ Health and shall

provide staff assistance as the Board of Health may require. The Health Director shall be the official custodian of all records and documents of the Board of Health, and shall retain the records of everything pertaining to expenses, income, complaints, work done, meetings held, pamphlets printed and distributed, cases handled, and any other matters pertaining to the Board of Health.

The Health Director shall be responsible for preparing, maintaining, and distributing the Board Manual. The Board Manual shall include a current copy of: the Board of Health Bylaws, the Interlocal Agreement between the City of Lincoln, Nebraska and Lancaster County, Nebraska establishing the Board of Health (pursuant to NEB. REV. STAT. § 71-1631(4), the Open Meetings Law Neb. Rev. Stat. §§ 84-1407 to 84-1414, Chapter 2.54 of the Lincoln Municipal Code, and the Political Accountability and Disclosure Act, Neb. Rev. Stat. § 49-1401 et seq. relating to Conflict of Interest as amended, and an outline of the historical development of the Board of Health and the Department. The Board Manual shall be provided to all Board of Health Board Members as soon as practicable after appointment to the Board of Health. The Health Director may include or remove other materials in the manual as the Health Director deems appropriate from time to time. The Health Director shall update or provide changes to the manual for all Board Members as is necessary.

6. Legal Representation

 The City Attorney and the County Attorney (or their designee(s)) shall provide legal advice and representation to the Board of Health. Designated attorneys shall be ex-officio Board of Health Board Members while present at meetings.

7. Content and Order of the Agenda

 The Health Director shall prepare the draft agenda for review by the President. This agenda shall include any timely or appropriate item as determined by the Health Director, along with those items requested by a Board Member or the public. Items to be considered and the order in which they will be considered shall be approved by the President. The agenda shall be kept current and available for public inspection and maintained within the Director's Office. Items which are not placed on the agenda may be presented to the Board of Health for discussion but acted on only in accordance with applicable law. The Health Director shall be responsible for distributing the

meeting notice, agenda, meeting materials, and all required public notice of any Board of Health meeting.

Content and Order of the Agenda

The agenda shall include the following items, in the order shown:

1. Roll Call.

2. Approval of the Agenda.

3. Approval of Minutes of the previous meeting.

3.4. Public Comment (if the board of Health will be taking formal action on any agenda item).

4.5. Reports as follows:

a. Health Director's report ~~to include morbidity/mortality in the community and personnel changes in the Department.~~

b. Staff program reports.

c. Special and standing committees (oral reports are acceptable, but final reports and recommendations must be printed and sent with the agenda).

d. Advisory committees (reports shall be printed and sent with the agenda). All advisory committee reports will be considered as a group, but recommendations may be considered before the vote is taken to approve the reports).

e. Officer's Reports.

5.6. Old Business. Items which have been tabled, left unfinished, or which must be brought because of new information/circumstances.

6.7. New Business. Items not previously before the Board of Health including those which require action or approval. All items of new business will be supported by appropriate information at the time of mailing the agenda. Time will be allocated so as to permit sufficient discussion of each item in accordance with its importance, and where applicable allow public comment pursuant to the Nebraska Open Meetings Act.

7.8. Adjournment.

___The agenda will be the order of the day and may be amended at the time of its approval by a vote of five (5) Board Members of the Board of Health, provided that no addition to an agenda

may be made unless in conformance with applicable law.

8.9. Conflict of Interest

Members of the Board of Health ~~Board Members~~ are subject to Chapter 2.54 of the Lincoln Municipal Code and the Political Accountability and Disclosure Act, NEB. REV. STAT. § 49-1401 et. seq. related to financial and other conflicts of interest as the same may be amended from time to time. A completed conflict of interest form from each Board of Health member shall well be maintained by the secretary.

ARTICLE III

BOARD DUTIES

The Board shall have the following duties in the City of Lincoln and Lancaster County:

1. Assessment

Assessment of community health status and available resources for health matters, including collecting and analyzing relevant data and annually reporting and making recommendations on improving public health matters to the Mayor, City Council, and the County Board. The Community Health Assessment shall also include routine progress reports ~~and evaluations of the Department and the policy development and assurance of the Board of Health and approved by the affirmative vote of not less than five (5) Board Members.~~ The Board of Health may opt to approve (by affirmative vote of not less than five (5) Board members. ~~Said reports and evaluations shall be presented to the Mayor, the City Council, and the County Board in writing and shall be considered the official position of the Board of Health on these subjects.~~

2. Policy Development

Policy Development and/or Resolutions for proposals before the Board of Health, the City Council, and or the County Board to support and improve public health, including appointing, with approval of the Mayor, City Council and or County Board, advisory committees to the Board of Health to facilitate community development functions and coalition building related to public health.,

The Board of Health may also ~~and~~ adopting and approving ~~ing official~~ Health Department policies

consistent with applicable law and approved by the affirmative vote of not less than five (5) Board Members at a regular meeting of the Board of Health in the following areas:

1. Community Health Services, Women, Infant Children (WIC), Dental and Health Promotion and Outreach specifically _____ including policies related to the following:

- a. Fees (public health clinic and dental) ~~Client services and fees;~~
- b. Standing orders, supervision, screening, emergency, and referral protocols and procedures;
- c. Monitoring and reporting; and
- d. Communicable disease investigation, immunization, vaccination, testing, and prevention measures, including measures to arrest the progress of communicable diseases.

2. Environmental Public Health, specifically including policies related to the following:

- a. Fees (retail food, air quality, water wells, pool inspections,) ~~p~~Permitting, inspection, and enforcement;
- b. Monitoring, sampling, and reporting;
- c. Technical assistance and plan review; and
- d. Prevention measures.

3. Investigating and controlling diseases and injury (Animal Control, Sexually Transmitted Infections ~~Diseases~~, Immunizations, Foodborne and Other Disease Outbreaks) specifically including policies related to the following:

- a. Fees (Animal Control)
- ~~a~~b. Permitting, inspection, and enforcement;
- ~~b~~c. Monitoring, sampling, and reporting;
- ~~c~~d. Technical assistance and plan review; and
- ~~d~~e. Prevention measures.

3. Assurance

That needed services are available through public or private sources in the community, including:

1. Acting in an advisory capacity to review and recommend changes to ordinances, resolutions, and resource allocations before the City Council and/or County Board related to health matters.

~~—Annually reviewing and recommending changes in the proposed Health Department budget as follows:~~

~~—The Board of Health may review and recommend changes to the proposed Health Department budget to the Mayor of the City prior to submittal to the City Council and County Board.~~

~~—In the event the Board of Health by the affirmative vote of not less than five (5) Board Members objects to the proposed Department budget as submitted by the Mayor to the City Council and the County Board for the Health Department, the Board of Health may submit a list of objections. The list must be approved by not less than five (5) Board of Health Board Members. The City Council and County Board shall consider the approved list as the official recommendation of the Board of Health on the subject.~~

1. ~~—Recommending revisions within the approved Health Department budget subject to the approval of the Mayor for the following:~~

a. ~~—Transfers of unencumbered appropriation balances or portions thereof between major expense categories; and~~

b. ~~—Transfers of unencumbered appropriation balances or portions thereof between sections or divisions of the Health Department.~~

2. Monitoring and reviewing the enforcement of laws and regulations of the Board of Health, the City Council, and the County Board related to public health in the community; and when necessary, provide recommendations to the Health Department, the City Council, and or the County Board.

4. Enforcement Advisory of Ordinances and Resolutions.

___The Board of Health shall endeavor to provide guidelines, policies, and recommendations on proposed and existing local ordinances and/or resolutions which emphasize prevention, education, and cooperative efforts over punitive approaches.

___In the event not less than five (5) Board Members of the Board of Health determines an enforcement matter affecting the health of the residents of the City of Lincoln and/or Lancaster County requires action by an applicable City Department or County Office with enforcement powers, the Board of Health shall submit a written summary or report of its concerns and justification of its position to the Mayor, the City Council, and the County Board, which shall be considered the official recommendation of the Board of Health on that subject.

5. All Duties Allowed by Law

Notwithstanding the foregoing, the Board of Health shall have such additional powers and duties as may be prescribed by the Nebraska Revised Statutes, the Lincoln Municipal Code, or resolutions of the Lancaster County Board.

ARTICLE IV

SUSPENSION OF RULES

___Section 1. These rules may be suspended by a vote of five (5) Board Members of the Board of Health.

___Section 2. A motion to suspend the rules is not debatable, nor is it amendable.

ARTICLE V

AMENDMENT OF RULES

___Section 1. These rules may be amended at any meeting of the Board by unanimous vote of not less than five (5) Board Members present at such meeting.

___Section 2. These rules may be amended by a vote of five (5) Board Members of the Board of Health at any regular or special meeting after at least thirty (30) days written notice to all Board Members stating the proposed amendment, its purpose and effect, and the meeting at which the

vote thereon will be taken.

Introduced by:

Adopted by the Lincoln-Lancaster Board of Health
on the ____ day of October, 2022

Attest:

Lincoln-Lancaster County Board of Health

President

Vice President