



President's Message

Greetings, NEHA membership, from your current president:

I am honored for the trust you have placed in me to lead our organization in the coming year; and am writing this message in the spirit of "moving forward" as was so eloquently defined by National President, Welford Roberts at our annual conference last fall.

NEHA has traditionally served as a network for Nebraska Environmental Health Specialists with the primary goal of providing continuing education through our annual conference.

Environmental health is a very fluid field of practice, and in order for our organization to impact the future in a tangible way, we must become more open and dynamic as well.

Our board is representative of its membership, but we do not exist in a vacuum. My goal for the coming year is to encourage more active involvement of ALL membership in decisions that affect not only ourselves, but the communities we serve in our day to day work. Open and honest communication is vital to the success of this endeavor.

That being said, you can expect the following things to happen in the coming year:

1. NEHA will be taking a far more active role in the Legislative review process. Membership is encouraged to stay aware of pending and proposed legislation that may impact environmental health. The board will be doing so, and if warranted, we will actively support legislation which advances the field of public health and /or protects the natural environment. Conversely, we will be speaking out in opposition of any legislation that we feel would adversely affect public health and/or the environment
2. An effort will be made to increase continuing education opportunities for membership. Please contact any board member if you have suggestions for tours, or "mini-meetings" that we could sponsor.
3. Nebraska NEHA will increase education and outreach efforts. The field of Environmental Public Health has lost its "public" somewhere along the way. We will be actively recruiting public health workers, students, and industry workers to join our organization and support our efforts. Efforts will be made to increase our organization's visibility and credibility.

The above goals are long-term, and there is much work to do in order to bring them to fruition. I promise to make every personal effort to keep NEHA moving forward. Let your voices be heard. Please call or email any board member if you have an issue to address. Contact information for all board members is available on our website <http://www.nebraskaneha.com/>. I wish you all well in the coming year, and look forward to hearing from you, remember- "it takes more than one drop of water to make a wave."

Kathy King REHS, CP-FS
Lincoln-Lancaster County Health Department
Lincoln, NE

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DO-IT-YOURSELF BED BUG MONITORING TRAP

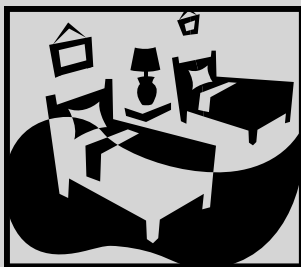
Harry Heafer, REHS, Lincoln-Lancaster Co. Health Department
Barb Ogg, Ph.D., Lancaster County Extension Educator

We are all aware of the increasing numbers of bedbug infestations in homes, apartments and motels over the last decade. Here is a relatively new, do-it-yourself bed bug monitoring trap that can help a homeowner, landlord, tenant or pest control company see if there might be bed bugs present.

The trap costs less than \$20 and consists of a ½ gallon plastic thermos, a plastic dog food dish, some talcum powder and dry ice. Barb Ogg, Lancaster County Extension Educator, who spoke about bed bugs at NEHA's fall meeting, recently shared this with me. Dr. Changlu Wang, a research entomologist from Rutgers University, developed this trap.

Barb has created a flyer describing how to make one. You can link to the flyer at: www.lancaster.unl.edu/pest/bugs.shtml

Barb and I tried out the design at three residences where tenants had complained of being bitten. The trap caught bed bugs at two of them. At one of the locations I had not observed any bed bugs on two different visits two to three weeks apart but this trap successfully trapped six to eight bed bugs in various instar stages after just one night's use. At the second apartment they had gotten rid of a couch where I had found bed bugs but they were still getting bitten. Several bed bugs were caught in the trap here too. At the third apartment no bed bugs were caught but I wasn't too surprised as the resident's "bite" marks had subsided even though no other treatment had been done.



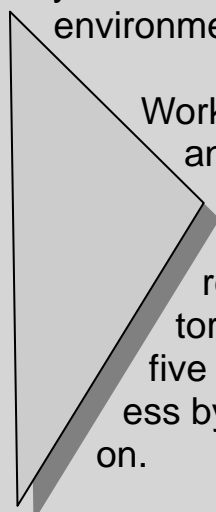
There are also some relatively new, commercially made monitoring traps on the market that use CO₂, heat and a chemical lure. These are rather pricey, however, making them out of reach for an individual who wants to see if the bites they are getting might be from bed bugs. There are also the plastic, double well bowls that can be placed under the bed's legs to trap bedbugs when they climb up or down the legs. These are much cheaper and, according to Wang's research, are as effective, if not more so, than the more expensive commercially made ones.



Environmental Health Assessment

Public Health Solutions District Health Department

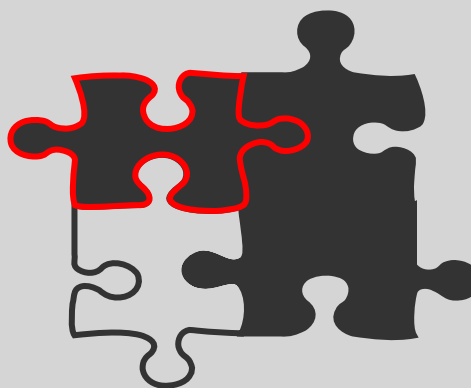
Public Health Solutions District Health Department recently wrapped up our two-year EPA-funded environmental health assessment project. More than 40 individuals participated, representing local governments, emergency response, community organizations, schools, hospitals, businesses/industries, etc. Together, they reviewed available information and created an action plan to address priority environmental health problems in our service area.



Workgroup participants visited sites of interest, such as an ethanol plant and an animal feeding operation, to get a better feel for how they interact with the local environment. They mulled over Environmental Health Profiles prepared by PHS for each county, reviewing locally relevant information about more than 30 environmental health indicators. They then tailored that list down to priority issues for each of the five counties in PHS' service area. And finally, they completed the process by developing strategies to address the priority issues they focused on.

The plan they created, in addition to sparking more collaborative action for environmental health improvement, has also provided the foundation for PHS' environmental health program. The next step, strategy implementation, is an on-going process that has already begun in earnest. PHS looks forward to working with partners new and old to more effectively address priority environmental health concerns in our service area.

Submitted by:
 Marcy Bauer
 Environmental Health and Epidemiology
 Public Health Solutions District Health Department
 PHSDHD



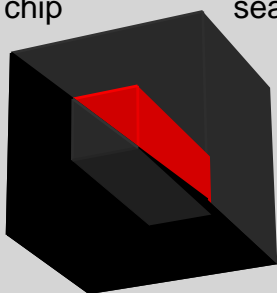


Nebraska Grout Study

Since October of 1999 the State of Nebraska, has been studying various recipes of cement and bentonite grouts. It began with a water well constructed on University of Nebraska-Lincolns' Conservation and Survey Division East Campus site with the idea of documenting the construction of the well from the bottom up. The goal of the project was to provide state and local entities with working knowledge of well design, construction, and well development. This demonstration utilized transparent plastic casing allowing observers for the first time to actually see and film the construction using a down-hole video camera. The video tapes recorded during the two-day course indicated that the products were placed properly and re-acted as predicted providing a protective seal for the ground water.

14 months after the installation a follow up video survey revealed that the grout slurry above the saturated zone of the bore hole had deteriorated to a point that further study of this grout performance was needed. Thus, the Nebraska Grout Task Force was formed to consider administrative, fiscal, and technical issues related to investigating these anomalies further. The task force members include Nebraska Departments of Health and Human Services, Environmental Quality, University of Nebraska CSD, Nebraska Well Drillers Association, Baroid IDP, Wyo-ben, and Cetco drilling products.

This research is a real world study of cementitious and bentonite grouts featuring the transparent casing, over a seven-year period to assess state regulations and evaluate minimum percent solids requirements of grouting material under varying geologic and hydrologic conditions. To accomplish these goals, three sites with different geologic areas of the State were chosen. This allowed the Task Force to look at the performance of grouts under actual conditions that the ground water industry faces every day. The first project wells were constructed in 2002 with bentonite slurry grouts containing less than 20, equal to 20, and greater than 20 percent active solids at sites near Trenton, Grand Island and Pilger Nebraska, followed by closed loop installations at Lake McConaughy and Lake Maskenthine recreation areas and chip seals in 2003, and cementitious grouts at the original sites in 2004.



By 2003, it became apparent after video inspections of the original bentonite slurry grout columns installed in 2002 that the grouts deteriorated in the unsaturated zone much like the well in Lincoln in 1999.

This lead the Nebraska Grout Task Force to further study of the physical and chemical nature of the unsaturated zone and how it effected all grouts approved by the State of Nebraska for ground water protection.

The Task Force technical team developed a project that tested 18 different materials placed in the unsaturated zone for their ability to resist cracking, is easily placed, widely accessible, and was economic to use. This phase of the project was completed in 2008 and documented in early 2009. The information from obtained from over 160 wells constructed for these research projects has provided the Task Force with a unique picture of how materials perform in the unsaturated zone as compared to materials placed below static water level in order to provide better protection of the ground water of the State and to promote public health of the citizenry.



Nebraska Grout Study (cont)

The findings of the original grout study were presented to the public on October 27-28, 2009 in Lincoln, NE at a seminar co-hosted by The Nebraska Well Drillers Association and the University of Nebraska. Speakers for the seminar included personnel from the United States Geological Survey presenting studies of contaminants found in thee in the unsaturated zone along with members of the Nebraska Grout Task Force presenting results of the grout study and preliminary observations of the Vadose Zone Study. Over 100 attendees were shown the effectiveness of grouts and areas of the subsurface where grouts were in effective. Results of the Grout study can be obtained from the University of Nebraska CSD-Maps and Charts store by ordering Educational Circular EC-20 for \$30.00.

Submitted by:
Tom Christopherson, Program Manager
DHHS - Public Health



DID YOU KNOW...

...you can submit an environmental health article for the fall edition of this newsletter? Tell everyone what is going on in your organization, department or program. Share a success story or let everyone know of your research findings.

HOW?

Just submit your article to a NEHA Board member. Visit the NEHA website listed on the front of this newsletter for contact information.



Addiction Is Addiction

“The natural history of substance dependence characteristically follows the course of a chronic relapsing disorder.” This quote comes from page 363 of the *Diagnostic and Statistical Manual of Mental Disorders*, Fourth Edition Text Revision (DSM-IV-TR) (American Psychiatric Association 2000). The NE LAP uses the DSM-IV-TR diagnostic criteria for alcohol and drug dependence in its assessment of a health care professional’s use of alcohol or drugs.

The above quote is extremely important to an accurate NE LAP alcohol/drug assessment. Almost every professional will deny a problem with alcohol and drugs. In support of this denial, the professional will emphasize an absence of alcohol/drug-related problems since the last problem occurred (“no more diversion since I got caught.”) They will cite the length of time between problems (“five year periods between each of my DUIs”) The NE LAP obtains extensive information on the health care professional’s use of alcohol or drugs from a personal interview, testing instruments, treatment records, employment history, legal history, involved family, friends or co-workers (collateral contacts) and the State if applicable. This information is accumulated and results in the diagnostic conclusions of the NE LAP alcohol/drug assessment. Necessary treatment recommendations are made for the health care professional to give them the direction they need to resolve any alcohol or drug problems they may have.

The professional’s denial of a problem with alcohol or drugs may surface again after either a period of abstinence or a period where there have been no serious consequences from the use of alcohol or drugs. In these situations, it is important to take a long-term view of the health care professional’s alcohol/drug history. The abuse of substances generally does ebb and flow and there will be periods when no serious consequences are evident. In some cases, this indicates abuse and not dependence. In other cases, there is still ongoing compulsive use but it has not been discovered by an employer, law enforcement or even family members.

The experienced evaluator, such as the NE LAP Coordinator, knows to not be misled by the abusing or dependent health care professional’s story just because there are no periods with identifiable consequences on the assessment radar. Assessment experience plays an even more important role when a professional who has had a prior diagnosis of dependence resumes a denial of a problem with alcohol or drugs. Usually these individuals have relapsed and cite an absence of alcohol or drug-related problems since they began using as justification for the resumption of their use. It is very important that the evaluator, and others involved with the dependent health care professional, not be drawn into their denial.



Addiction is Addiction (cont)

Addiction is addiction. It is not a temporary illness characterized by periods of illness and wellness. It is an ongoing disorder and “the most important goal of any treatment is abstinence from the abused drug” (DSM-IV-TR p. 368). It is a chronic relapsing disorder and periods of drug use, with or without discoverable consequences, by a dependent health care professional, indicate relapse and appropriate treatment recommendations need to be completed by the professional to break back through the denial and return them to a program of sobriety and recovery.

If you have further questions about the Nebraska Licensee Assistance Program, or feel that you may benefit from assistance from the NE LAP, please contact the NE LAP Coordinator, Judi Leibrock or NE LAP Counselor Tricia Veech, at (800) 851-2336 or (402) 354-8055.

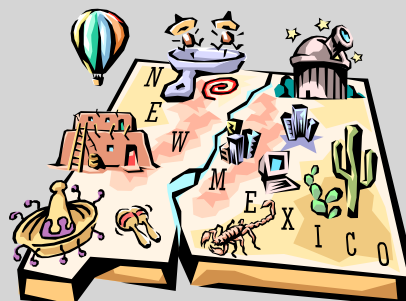
Submitted by:
George Hanssen, NDA
Lincoln, NE



Save the Date!

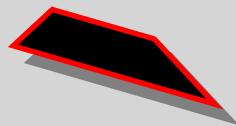
National Environmental Health Association’s 74th AEC & Exhibition
Sunday, June 6 - Wednesday June 9, 2010

MOVING FORWARD: Advancing Environmental Health into the Future
Albuquerque, NM



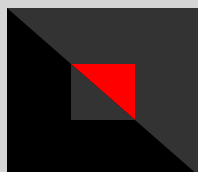


“Help Me Be Lead Free”



Public Health Solutions District Health Department’s “Help Me Be Lead Free” is a proactive childhood lead poisoning prevention program with two main components: case management starting at 5 ug/dL, and education and feedback for health care providers to encourage appropriate screening and testing.

PHS’ Environmental Health Manager routinely monitors lab results of lead tests performed on local children. For children whose level is between 5 and 9 ug/dL, the EHM provides the parents with printed notification of test results and information on identifying and controlling lead hazards, and follows up with annual reminders to retest. For those with a level of 10 ug/dL or higher, the EHM sends a more in-depth packet of information, follows up via phone, and performs a site assessment (including environmental sampling) to identify lead hazards and provide feedback on controlling them. If the child is also a Medicaid client, the EHM coordinates with PHS’ public health nurses to ensure that case management is thorough and efficient. Many parents have expressed their deep gratitude for our assistance in keeping their children healthy and safe, and vigorous support for our program’s focus on the prevention of childhood lead poisoning.



In 2009, using EPA funding, PHS was able to reach nearly 50 health care providers from 12 clinics with a brief technical presentation that included the most up-to-date information on childhood lead exposure, synopses of recent research papers on the effects of low-level lead exposure, and an overview of PHS’ childhood lead case management program. We were also able to provide them with almost 300 pre-paid blood lead level test kits for use on children whose parents were reluctant to test due to the financial burden. As a result of our interaction with the providers, several adjusted their screening and testing protocols to be more in line with the latest research. They also agreed to a more useful and cohesive lexicon for lead test results, for example ending the use of the word “normal” to describe levels below 10 ug/dL. PHS has also provided clinics with guidance documents (e.g. culturally appropriate screening forms for parents to complete in the waiting room), and prepared feedback materials on their testing rates over the past 3 years to close the data loop and illustrate the impact of their screening/testing protocols. Most health care providers were very surprised by the material presented to them, previously under the common but mistaken impression that most lead exposure these days comes from pica behavior, eating paint chips and exterior dirt.

While the PHS service area is not necessarily the kind of hotbed for childhood lead exposure that you would see directly adjacent to a lead smelter, the percentage of pre-1978 housing stock age in this area is older than both the state and national percentages. The risk for unhealthy childhood lead exposure is very real in our rural area, and Help Me Be Lead Free is PHS’ response.

Submitted by:
 Marcy Bauer
 Environmental Health and Epidemiology
 Public Health Solutions District Health Department



Environmental Health Experience is Valued

Submitted by:
 Ryan King REHS/RS, MA
 Assistant Health Director
 Central District Health Department



Jeremy Eschliman, REHS/RS was an Environmental Health Specialist with the Central District Health Department in Grand Island. He began his environmental health career in July of 2000. As anyone who has worked in the field can tell you, many experiences and stories go along with the work. That experience includes working with people from all walks of life, educating, regulating and finding solutions to difficult problems.

Jeremy's experience positioned him well for job opened at the department. Realizing a need to take a strong look at public health data and emphasizing program outcomes, CDHD opened the position of Community Health Analyst. Jeremy was offered and accepted the position in January of 2010.

We were looking for an individual that could look at an issue, analyze the data and be able to translate it back to any audience. Experience that environmental health professionals obtain through their work prepares them for many other public health positions.

Besides looking at data, Jeremy will be in charge of conducting the District's community health assessment. This is a process of bringing together community stakeholders and identifying important public health issues to be addressed. The department now has an individual with an environmental health background and perspective when looking at the overall picture of the health of a community.

I spent some time talking with Jeremy about his new role. Jeremy said "My transition into my current position as Community Health Analyst underscores my belief that environmental health and public health are NOT two separate fields that can easily be extracted from one another. GOOD environmental health practice translates into GOOD public health practice and vice versa. Sometimes we get so involved in our programs in environmental health whether food inspections, IAQ or well inspections that we fail to stop and reflect where we have been and where we are going.

My background in environmental health provides me with a solid understanding of how important this field is in the public health realm. The very basis of public health goes back to a core environmental health concept...clean water." (referring to the famous London well in 1854)



Congratulations on the new position, Jeremy. This is a good step for public health.



NEHA NEWS

Paul Drotzmann, Senior Environmental Health Specialist with the Lincoln-Lancaster County Health Department attended a disaster prep training sponsored by the Center for Domestic Preparedness (CDP) in Anniston, Alabama from August 31- September 4th 2009.

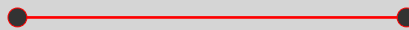
The CDP is operated by the US Department of Homeland Security's Federal Emergency Management Agency.

Paul completed the introductory level course- Environmental Health Training in Emergency Response.

The primary focus of the course was food safety, water quality, wastewater management and disposal, shelter sanitation (including pets), vector control and pest management, responder safety and hazardous materials.

The roles and responsibilities of other local, state and federal agencies, as well as organizations such as the American Red Cross, were also discussed.

The purpose of the training is to increase the level of disaster preparedness of environmental health professionals when responding to a crisis. Paul's class centered upon lessons learned from hurricane Katrina and her aftermath.



Leslie Theisen of the Douglas County Health Department was awarded a Certificate of Merit by the National Environmental Health Association. The certificate is presented to an individual for meritorious contributions on behalf of environmental health in the past year. The Nebraska Environmental Health Association Board submits a nomination each year which has historically been the Past-President.

Congratulations Les!



The **Mid-Continental Association of Food and Drug Officials Conference** was held in Nebraska City March 2-4 of this year. It was hosted in conjunction with the NE Food Safety Task Force Conference at the beautiful Lied Center.

Attendees came from several Midwestern states to learn about and discuss food safety. The association has a focus on food regulations and has historically impacted both national and local regulations.

You can find more information on the association at www.mcafdo.org

