

**Board of Health**

**Adams County:** Hastings Public Library, Meeting Room B, 314 N Denver Ave, Hastings, NE

September 1, 2020 8:30 a.m.

**AGENDA (current as of 08.24.21)**

Apprx. Time	Topic, Lead Person	Expected Outcomes
8:30 (14')	Welcome & Opportunity for Public Comment – President Nanette Shackelford, Chair	<ol style="list-style-type: none"> <li>1. Meeting Call to Order, Open Meeting Statement</li> <li>2. Introductions / Roll Call</li> <li>3. Approve Agenda – <b>Board Action</b></li> <li>4. Board Conflict of Interest Declarations</li> <li>5. Public Comments</li> </ol>
8:44 (1')	July 7, 2021 Board Meeting Minutes – Chair	Approve Minutes of July Meeting – <b>Board Action</b>
8:45 (20')	Introduction of Local Community Leader Guest: Susan Lindblad, Ph.D., HPS School Psychologist, HPS Aware Project Director Governance Function: <i>Partner Engagement</i>	<ol style="list-style-type: none"> <li>1. Board learns about a local initiative to improve children's mental health</li> </ol>
9:05 (15')	Coronavirus COVID-19 Situation Update – M. Bever Governance Functions: <i>Policy Development; Legal Authority, Oversight</i>	<ol style="list-style-type: none"> <li>1. Board is aware emergency response actions, policy, and situational needs</li> </ol>
9:20 (5')	Bi Monthly Report on 10 Essential Services from Staff Governance Functions: <i>Partner Engagement, Oversight</i>	<ol style="list-style-type: none"> <li>2. Board is able to describe activities of the Department</li> <li>3. Accept Bi-Monthly Report – <b>Board Action</b></li> </ol>
9:25 (10')	Board Education: Health Equity vs. Equality Governance Functions: <i>Resource Stewardship</i>	<ol style="list-style-type: none"> <li>1. Board is able to explain the difference between equity and equality and how these are related to resource allocation.</li> </ol>
9:35 (15')	Finances – K. Derby / M. Bever Administration/Management - <i>PHAB Domain 11, SP Goal 4</i> <ul style="list-style-type: none"> <li>• Financial Report (Current Funding Sources, Outstanding Invoices, Balance Sheets, Profit &amp; Loss, Disbursements, Line of Credit)</li> <li>• Grants/Funding/ Contracts/Subawards Status</li> <li>• Update on Audit</li> </ul> Governance Function: <i>Resource Stewardship</i>	<ol style="list-style-type: none"> <li>1. Awareness of financial health/funding sources/ budgetary needs</li> <li>2. Accept Financial Report – <b>Board Action</b></li> </ol>
9:50 (5')	Finance Committee – C. Neumann <ul style="list-style-type: none"> <li>• Finance Committee Minutes – August</li> <li>• SHDHD Salary Schedule Revision (June minutes)</li> </ul> Governance Functions: <i>Policy Development; Legal Authority</i>	<ol style="list-style-type: none"> <li>1. Board approves revised SHDHD Salary Schedule - <b>Board Action</b></li> </ol>
9:55 (5')	Performance Management & Quality Improvement Updates – M. Bever / J. Johnson <ul style="list-style-type: none"> <li>• Accreditation Update</li> <li>• Strategic Plan Performance Dashboard</li> <li>• Pandemic After Action Review Update</li> </ul> Governance Functions: <i>Continuous Improvement</i>	<ol style="list-style-type: none"> <li>1. Board aware of QI/PM Activities, Accreditation Status, and CHIP and Strategic Plan progress, AAR</li> </ol>
10:00 (5')	Communications from Exec. Director – M. Bever <ul style="list-style-type: none"> <li>• Executive Director's Report Q and A</li> </ul> Governance Functions: <i>Oversight, Legal Authority</i>	<ol style="list-style-type: none"> <li>1. Board learns latest updates on other key issues, personnel/staffing, funding opportunities, legislative advocacy, training and conferences opportunities, ethics committee reports, etc.</li> </ol>
10:05 (5')	Communications from Board Members - Chair <ul style="list-style-type: none"> <li>• Community/County Updates - Board Members</li> </ul> Announcements/Upcoming Events – All (see next page) Governance Function: <i>Partner Engagement</i>	<ol style="list-style-type: none"> <li>1. Board members share their community/county public health activities/issues and community or professional meeting briefs and legislative updates</li> <li>2. Report on NALBOH Annual Conference – N. Shackelford</li> <li>3. Board members have information to promote or participate in upcoming events</li> </ol>
10:10	Set Meeting for Budget Approval – Chair	<ol style="list-style-type: none"> <li>1. Set Date for virtual Board meeting to approve annual Budget</li> </ol>
10:15	<b>Adjourn</b>	<b>Board Action</b>
	<b>Break (15 min)</b>	Stretch & Move!
10:30	<b>Budget Hearing Meeting will begin at 10:30 am</b>	

## SHDHD Calendar

**Board Members - Please consider attending and/or helping us promote these upcoming events and observances:**

1. Coronavirus Updates: Check out the daily updates to SHDHD's website: [www.southheartlandhealth.org](http://www.southheartlandhealth.org), for our COVID-19 data dashboard, flyers and brochures, resources, links, tools and tips.
2. Where to get COVID-19 Vaccine: Check for the most current info on the SHDHD website: [www.southheartlandhealth.org](http://www.southheartlandhealth.org) to find how to access vaccine near you.
3. Where to get tested for COVID-19: Coming soon – under construction on SHDHD website: [www.southheartlandhealth.org](http://www.southheartlandhealth.org).
4. "Like" South Heartland's Facebook Page
5. "Fight the Bite!" Prevent West Nile Virus by promoting the 4 "D"s: **Drain** standing water where mosquitoes can breed, **Dress** in long sleeves/pants, use insect repellent containing **DEET**, avoid being outside from **Dusk** to Dawn when mosquitoes are most active.
6. Skin Cancer Prevention – Emphasize Sun Safety! South Heartland has higher skin cancer rates than Nebraska overall. Some people are more at risk for skin cancer – but skin damage from the sun's ultraviolet (UV) rays, in the form of sunburn, increases everyone's risk. Tanning is also a type of skin damage – no tan is a safe tan. Promote sun safety all year round – especially in children, adolescents and young adults. SHDHD partners with Morrison Cancer Center and local health care providers to educate our communities about preventing skin cancer. Contact Dorrann Hultman to schedule a presentation for youth or adults in your community - 402-462-6211.
7. Ongoing – all year 'round:
  - Diabetes Prevention: Ongoing: 'Smart Moves' Classes (Evidence-based Diabetes Prevention Program) – Share the brochure and refer people who might be eligible. SHDHD's program has maintained Recognition status from the CDC! New classes are beginning in January and February – Contact Liz Chamberlain to find out more - 402-462-6211.
  - Falls Prevention: *Tai Chi* and *Stepping On* classes – find out when the next classes will begin in your county! Contact Liz Chamberlain to find out more - 402-462-6211.



**Open Meeting Compliance:**

- Prior to this meeting a notice was posted in the newspapers in Adams, Clay, Nuckolls, and Webster Counties and that each member of the Board received a copy of the proposed agenda. The agenda for this meeting was kept continuously current and was available for public inspection at the South Heartland District Health Department, 606 N. Minnesota Ave, Suite 2, Hastings, Nebraska and on the website. This meeting is being held in open session.
- A copy of the Nebraska Open Meeting Law has been posted in this meeting room and is available for the public's review.

**South Heartland's Guiding Principles:**

- We are committed to the principles of public health and strive to be a credible, collaborative and stable resource in our communities.
- We seek to perform our duties in a courteous, efficient and effective manner within the limits of sound fiscal responsibility.
- We work together to create a positive environment, listening carefully and treating everyone with honesty, sensitivity, and respect.

**Board of Health Principles of Good Faith\*:**

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li>➤ Regularly attend and actively participate in board of health and committee meetings. If unable to attend, be able to provide a valid excuse for absence.</li> <li>➤ Ensure that time at board of health meetings is set aside for updates on public health problems and what the health department is doing, or needs to do, in regard to such challenges.</li> <li>➤ Have a thorough knowledge of the duties and provisions found in the bylaws and charter of the organization.</li> <li>➤ Involve others in health department functions and funding efforts, special events, and activities to promote and support programs and services.</li> <li>➤ Heed corporate affairs and keep informed of the central activities and operations of programs.</li> </ul> | <ul style="list-style-type: none"> <li>➤ Support majority opinions of the board.</li> <li>➤ Advocate for public health by communicating regularly with community leaders and elected officials about perceived needs and possible resources.</li> <li>➤ Ensure minimum statutory or technical requirements are met regarding filing annual report, withholding employee taxes, etc.</li> <li>➤ Record personal conduct and register dissents in the minutes, or by letter.</li> <li>➤ Avoid any semblance of self-dealing or enrichment; discourage any business transactions between directors and the organization.</li> <li>➤ Accept no pecuniary profits except that which is expressly provided in compensation or reimbursement within the bylaws or laws of the city, county, and state.</li> </ul> |
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\*Board of Health Handbook, page 32

## South Heartland District Health Department Strategic Plan 2020 - 2025

The South Heartland Strategic Plan (SP) is created by the Board and staff following completion of a Community Health Assessment and a Community Health Improvement Plan (CHA/CHIP/SP cycle). The 2019 strategic planning process included a review of the department's vision, mission and guiding principles, a visioning process, a SWOT analysis (**S**trengths, **W**eaknesses, **O**pportunities, and **T**hreats) and a discussion of three alternative future scenarios, followed by brainstorming to identify potential strategic actions. The SP is developed to support implementation of the CHIP and is linked to the Quality Improvement-Performance Management Plan and the Workforce Development Plan.

**Vision:** Healthy people in healthy communities

**Mission:** The South Heartland District Health Department is dedicated to preserving and improving the health of residents of Adams, Clay, Nuckolls and Webster counties. We work with local partners to develop and implement a *Community Health Improvement Plan* and to provide other public health services mandated by Nebraska state statutes.

### Guiding Principles:

- ❖ We are committed to the principles of public health and strive to be a credible, collaborative and stable resource in our communities.
- ❖ We seek to perform our duties in a courteous, efficient and effective manner within the limits of sound fiscal responsibility.
- ❖ We work together to create a positive environment, listening carefully and treating everyone with honesty, sensitivity, and respect.

### Goal 1: Obtain and Maintain PHAB Accreditation

#### Goal 2: Secure Financial Stability

#### Goal 3: Prioritize Services and Programs

#### Goal 4: Optimize Human Resources

#### Goal 5: Advocate the "Why" of Public Health

### Goal 1: Obtain and Maintain PHAB Accreditation

- A. Allocate staff and resources to support accreditation activities
- B. Communicate to board and staff the value of accreditation status for supporting strategic plan goals
- C. Communicate to partners, stakeholders and our communities SHDHD's accreditation status and the value of accreditation

### Goal 2: Secure Financial Stability

- A. Explore alternative funding avenues
  - Expand partner and stakeholder involvement
  - Implement fee for services
  - Develop integrated primary care/public health relationships supported with healthcare reimbursement
  - Request city/county support
  - Explore foundation and benefactor opportunities
  - Create a fundraising arm (501c3)
- B. Practice enhanced financial stewardship
  - Develop proactive approaches and policies
  - Conduct regular risk assessment and risk mitigation activities
  - Work with Nebraska DHHS on quality improvement of funding processes for local public health (timeliness/efficiency/appropriateness of solicitation types, reporting and documentation, payment processing, etc.)
  - Adjust internal processes and priorities to accommodate funding fluctuations (QI-PM)

- C. Advocate for state and federal policy change
  - Advocate for foundational public health services funding
  - Support Health Care Cash Fund sustainability initiatives
  - Partner with professional membership organizations on funding advocacy initiatives (Nebraska Association of Local Health Directors, NALHD; Friends of Public Health, and National Association of County and City Health Officials, NACCHO; and others)

### **Goal 3: Prioritize Services & Programs**

- A. Provide leadership and serve as backbone organization for implementing the Community Health Improvement Plan (CHIP)
  - Recruit community partners to implement CHIP strategies, provide oversight to CHIP implementation and raise the visibility of the plan in our communities
  - Monitor implementation of the plan and success achieving targeted outcomes, encouraging the use of evidence-based practices and reliable, accurate and timely measures and data (Performance Management System)
- B. Narrow the scope of the department's services and programs
  - Maintain focus on prevention
  - Address health equity and disparities
  - Assure quality and effectiveness of programs (versus quantity of programs) (QI-PM)
- C. Use data effectively
  - Measure progress, prioritize and communicate success and value of programs and services (Performance Management System)
  - Analyze program financial feasibility and sustainability to support decisions to continue current or take on new programs

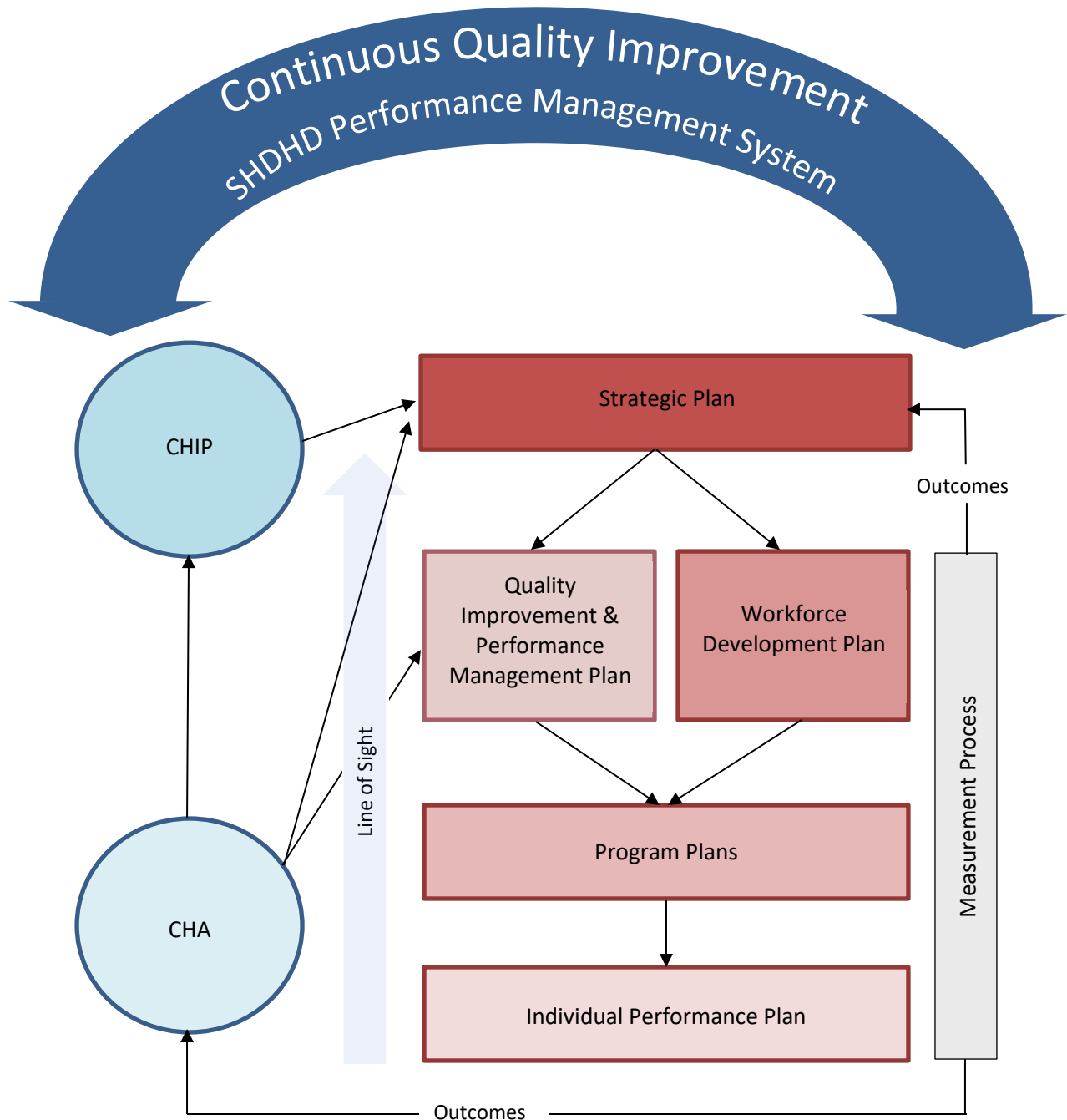
### **Goal 4: Optimize Human Resources**

- A. Recruit community partners to implement CHIP strategies, provide oversight to CHIP implementation, and participate in CHIP performance management
- B. Support transitional strategies to move SHDHD toward level 5 of an organization wide culture of QI-PM
- C. Review and revise workforce development plan
  - Identify strategies to enhance Board and staff engagement
  - Identify strategies for recruiting and retaining a competent and diverse staff
  - Evaluate current state of organizational culture and set objectives to move toward desired state of organizational workforce culture
- D. Improve Board and staff knowledge and skills for quality improvement and performance management (QI-PM Goals)

### **Goal 5: Advocate the "Why" of Public Health**

- A. Build capacity for advocacy
  - Develop relationships with local, state and federal policymakers
  - Strengthen relationships with and engage partners to advocate on behalf of local public health
  - Provide training in stakeholder analysis and persuasive communication for Board and staff to expand capabilities in effective communication (Workforce Dev Plan)
- B. Communicate the value of public health
  - Share advocacy messages and talking points with Board members to facilitate communication with their constituents and community members
  - Use health literate methods to share data and stories that communicate why we do what we do, our programs and services, our outcomes and successes, and our needs
  - Enhance public relations and visibility, expanding use of social media and other directed communications
  - Assure frequent, regular communication with city/county/state government and other key stakeholders

## SHDHD Performance Management System



October 2019

S:\Resources - Polices- Plans\Plans - SHDHD\Performance Management

Approved by BOH 11.06.19

## The Governance Functions

NALBOH is the national voice for the boards that govern health departments and shape public health policy. Since its inception, NALBOH has connected with board of health members and elected officials from across the country to inform, guide, and help them fulfill their public health responsibilities in their states and communities. Driven by a mission to strengthen and improve public health governance, NALBOH worked with CDC and other national partners to identify, review, and develop the following model of six functions of public health governance.

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**Policy development:** Lead and contribute to the development of policies that protect, promote, and improve public health while ensuring that the agency and its components remain consistent with the laws and rules (local, state, and federal) to which it is subject. These may include, but are not limited to:

- Developing internal and external policies that support public health agency goals and utilize the best available evidence;
- Adopting and ensuring enforcement of regulations that protect the health of the community;
- Developing and regularly updating vision, mission, goals, measurable outcomes, and values statements;
- Setting short- and long-term priorities and strategic plans;
- Ensuring that necessary policies exist, new policies are proposed/implemented where needed, and existing policies reflect evidence-based public health practices; and
- Evaluating existing policies on a regular basis to ensure that they are based on the best available evidence for public health practice.

**Resource stewardship:** Assure the availability of adequate resources (legal, financial, human, technological, and material) to perform essential public health services. These may include, but are not limited to:

- Ensuring adequate facilities and legal resources;
- Developing agreements to streamline cross-jurisdictional sharing of resources with neighboring governing entities;
- Developing or approving a budget that is aligned with identified agency needs;
- Engaging in sound long-range fiscal planning as part of strategic planning efforts;
- Exercising fiduciary care of the funds entrusted to the agency for its use; and
- Advocating for necessary funding to sustain public health agency activities, when appropriate, from approving/appropriating authorities.

**Legal authority:** Exercise legal authority as applicable by law and understand the roles, responsibilities, obligations, and functions of the governing body, health officer, and agency staff. These may include, but are not limited to:

- Ensuring that the governing body and its agency act ethically within the laws and rules (local, state, and federal) to which it is subject;
- Providing or arranging for the provision of quality core services to the population as mandated by law, through the public health agency or other implementing body; and
- Engaging legal counsel when appropriate.



**Partner engagement:** Build and strengthen community partnerships through education and engagement to ensure the collaboration of all relevant stakeholders in promoting and protecting the community's health. These may include, but are not limited to:

- Representing a broad cross-section of the community;
- Leading and fully participating in open, constructive dialogue with a broad cross-section of members of the community regarding public health issues;
- Serving as a strong link between the public health agency, the community, and other stakeholder organizations; and
- Building linkages between the public and partners that can mitigate negative impacts and emphasize positive impacts of current health trends.

**Continuous improvement:** Routinely evaluate, monitor, and set measurable outcomes for improving community health status and the public health agency's/governing body's own ability to meet its responsibilities. These may include, but are not limited to:

- Assessing the health status of the community and achievement of the public health agency's mission, including setting targets for quality and performance improvement;
- Supporting a culture of quality improvement within the governing body and at the public health agency;
- Holding governing body members and the health director/health officer to high performance standards and evaluating their effectiveness;
- Examining structure, compensation, and core functions and roles of the governing body and the public health agency on a regular basis; and
- Providing orientation and ongoing professional development for governing body members.

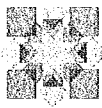
**Oversight:** Assume ultimate responsibility for public health performance in the community by providing necessary leadership and guidance in order to support the public health agency in achieving measurable outcomes. These may include, but are not limited to:

- Assuming individual responsibility, as members of the governing body, for actively participating in governing entity activities to fulfill the core functions;
- Evaluating professional competencies and job descriptions of the health director/health officer to ensure that mandates are being met and quality services are being provided for fair compensation;
- Maintaining a good relationship with health director/health officer in a culture of mutual trust to ensure that public health rules are administered/enforced appropriately;
- Hiring and regularly evaluating the performance of the health director; and
- Acting as a go-between for the public health agency and elected officials when appropriate.

All public health governing entities are responsible for some aspects of each function. No one function is more important than another. For more information about the six governance functions, please visit [www.nalboh.org](http://www.nalboh.org).

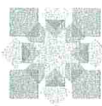
*Approved by the NALBOH Board of Directors – November 2012*





**Board of Health Minutes**  
**South Heartland District Health Department**  
**Meeting Location: United Church of Christ, Clay Center, NE**  
**July 7, 2021**

Topic, Lead Person	Comments/Actions	Roll Call / Vote
	Staff Present: Michele Bever, Kelly Derby, Janis Johnson	
	Guest: Pastor Ethan Feistner, Edgar/Clay Center/Superior churches	
	COVID-19 modifications: none (all present fully vaccinated)	
<b>Welcome &amp; Public Comment - Chair</b>	The May 2021 Board of Health meeting was called to order by Board President Nanette Shackelford at 8:31 am	
	Open Meeting Statement read aloud by Board President Nanette Shackelford: Prior to this meeting a notice was posted in the newspapers in Adams, Clay, Nuckolls, and Webster counties. Each member of the Board received a copy of the proposed agenda. The agenda for this meeting was kept continuously current and was available for public inspection at South Heartland District Health Department, 606 N Minnesota Suite 2, Hastings NE. This meeting is being held in open session. A link to the Nebraska Open Meeting Law was posted with Board Agenda on the SHDHD website.	
<b>Determine Quorum</b>	Introductions / Roll Call – Nanette Shackelford asked Dr. Timothy Blecha, new physician representative on the Board, to tell the Board about himself and his background.  <i>Quorum met</i>	<b>Present:</b> Blecha, Hallock, Harrington, Keifer, Kleppinger, Nejezchleb, Neumann, Shackelford, Shaw Vance <b>Absent:</b> Fegler-Daiss, Kohmetscher, Meyer, Stichka, Wachter-Mead
<b>Approve or Amend Agenda</b>	Board approval of July 7, 2021 Agenda: Motion made by Kleppinger, Seconded by Nejezchleb. Voice vote. <i>Motion Passed</i>	Ayes: All Nays: None
<b>Declare Conflicts of Interest</b>	Board President, Nanette Shackelford's daughter, Lauren Shackelford, now works at the Health Department.	
<b>Public Comments</b>	None declared.	
<b>Approve Minutes</b>	Corrections to May 5, 2021 Board Meeting Minutes: 1) notice of the meeting was not posted in the district newspapers, and 2) Resolution #2021-3 was misnumbered as #2021-2.  Board approval of May 5, 2021 Board Meeting Minutes as corrected: Motion made by Neumann, Seconded by Harrington. Voice vote. <i>Motion Passed</i>	Ayes: All Nays: None
<b>Local Community Leaders – Pastor Ethan Feistner, Edgar/Clay Center/Superior</b>	Pastor Ethan Feistner related his experiences as a pastor in the pandemic. There were a lot of changes made in order to make worship available electronically: installation of video in sanctuaries, getting up to speed on YouTube. Adjusting to the lack of gathering as a social mechanism were required: limiting of numbers, distancing, masking, no food. The politicizing of the pandemic response made his job constantly about threading a needle so as not to upset certain constituencies. His fear now is that folks won't come back.	
<b>Bi-Monthly Report on 10 Essential Services from Staff – M. Bever</b>	Bi-monthly report from staff was included in the Board packet. Michele Bever emphasized PPE distribution totals, radio ads using community voices, working again on community health initiatives, and the Making a Difference topic this period (obesity prevention in daycares).  Board acceptance of Bi-Monthly Report: Motion made by Hallock, Seconded by Neumann. Voice vote. <i>Motion Passed</i>	Ayes: All Nays: None
<b>COVID-19 Update – M. Bever</b>	Michele Bever highlighted several stats from the department's COVID dashboard. She reported that the DHMs ended in May, the Nebraska state of emergency was declared over as of June-end, and Test Nebraska program will be ending in July. Vaccinations are progressing slowly, less than 100/week. Vaccinations of home-bound individuals has picked up (Janis explained process for identifying and scheduling vaccination for individuals who are homebound). The Delta variant is on the rise in Nebraska and surrounding states. The Delta variant has higher transmission and is causing more severe illness in younger (under 50), unvaccinated individuals.	



<b>Ten-Minute Break</b>		
<b>Finances – K. Derby/ M. Bever</b>	<p>Kelly Derby reported a cash position of \$73K, and a net loss of \$8K, the latter due to timing and the winding down of COVID-19 funding. She commented that managing all of that funding has been a big job. Finally, she pointed out the inclusion of Indirect Costs (IDC) on the Income Statement this period, giving visibility to that important piece of tracking the receipt of Federal funds. She highlighted that we are currently only covering our indirect costs (16% when we only receive 10% de minimis) because we have allotted a portion of our state funding to IDC.</p> <p>Board acceptance of the Financial Report: Motion made by Nejezchleb, Seconded by Hallock. Voice vote. <i>Motion Passed</i></p>	Ayes: All Nays: None
<b>Committee Reports Finance Committee – C. Neumann</b>	<p>Charles Neumann reported that the County Commissioners have been meeting with Michele Bever to discuss allotting a portion of the American Rescue Plan Act (ARPA) funds to the health department. Adams County is favorable to the idea. Other counties are hesitant to spend money on activities that might not be allowed (and therefore would need to be refunded). Also felt is the difficulty of having to manage these funds. Dr Neumann presented Resolution #2021-4, which recommends that the health department request that 9% of the county and municipality ARPA funds go to the health department for specific public health actions to address pandemic impacts, such as the development of mobile clinics for access to care throughout the district.</p> <p>Board approval of Resolution #2021-4, <i>ARPA Fund Request</i>: Motion made by Finance Committee, Seconded by Nejezchleb. Voice vote. <i>Motion Passed</i></p> <p>Dr Neumann also reported that the Finance Committee approved the \$1,300 purchase of a cyber insurance policy that covers damages up to \$2M.</p>	Ayes: All Nays: None
<b>Performance Management &amp; Quality Improvement Update – M. Bever</b>	Michele Bever provided an overview of the Governance Functions and highlighted how the Board is using these during the pandemic. Janis Johnson gave a update on maintaining accreditation status, noting that the first annual report as an Accredited health department, the format for which was modified due to COVID, is due July 21 and is on track. Michele reported that the department is reviewing its organizational chart and functions, getting back to funding activities that align with CHIP, reviewed Strategic Plan goal progress, and that the department's Pandemic After Action Review includes collecting data from the community (media, emergency managers, long term care facilities, etc.) on how we performed during the pandemic so that improvements can be made going forward, and for next time.	
<b>Communication from Executive Director – M. Bever</b>	Michele Bever provided an overview of the Principles of the Ethical Practice of Public Health and how they relate to pandemic response. She also highlighted the 10 Essential Services and how they have been applied throughout the pandemic. She is working with other health departments to determine the best approach to COVID cases and mitigation actions going forward without a DHM. State COVID dashboard came down. They're having to make some tough decisions, especially in regard to schools.	
<b>Communication from Board Members</b>	<p>Chuck Neumann reported that Hastings city meetings are taking place in person at the Hastings Public Library rather than Council Chambers due to renovations.</p> <p>Nanette Shackelford noted the virtual NALBOH meeting opportunity and encouraged Board members to participate.</p>	
<b>Adjournment</b>	<p>Motion to adjourn by Neumann, Seconded by Blecha. Voice Vote. <i>Motion passed.</i></p> <p>Adjourned at 10:37 am.</p> <p>Next meeting and budget hearing: September 1, 2021 in Adams County</p>	Ayes: All Nays: None

Respectfully Submitted,

 Signature: Charles F. Neumann Date: Aug. 9, 2021

 Charles Neumann, Secretary/Treasurer  
 Board of Health  
 South Heartland District Health Department

## NEBRASKA'S CONTACT TRACING RESOURCES FOR THE PUBLIC



INFORMATION YOU CAN USE  
TO HELP STOP THE SPREAD

Tools to help you do your part to find and inform people you came in close contact with while you were contagious with the virus that causes COVID-19. Thank you for doing your part to stop the spread of COVID-19!



COVID  
Positive?  
How To  
Isolate



How To  
Notify Your  
Close  
Contacts



Exposed?  
How To  
Quarantine



How To Wear  
a Mask

The Quarantine Calculator is meant for individuals that are NOT fully vaccinated. If you have been fully vaccinated, but exposed to someone who has tested positive for COVID-19, you can continue with your normal activities but should watch yourself and monitor for COVID-19 symptoms for the next 14 days.

### COVID-19 Quarantine and Isolation Calculator

Please select the conditions that best describes your situation.

I have tested positive OR have  
symptoms.

I have tested positive but have no  
symptoms.

I have been identified as a close  
contact.



Find more information about COVID-19 at these websites:

### COVID-19

#### Contact Tracing Resources

How are LHDs Responding to  
COVID-19 and Coronavirus

Working with Schools

COVID-19 Communication  
Resources

Other COVID Assets

Recursos en Español

# COVID POSITIVE HOW TO ISOLATE

## NO VISITORS

## STAY HOME

**Until** at least 10 days after your symptoms first appeared...

**AND** you have been fever-free for 1 full day (without fever-reducing medicine)...

**AND** all your other symptoms are better.

## NO SHARING

Do *not* share towels, silverware, cups, bowls, or plates with anyone else in your home.

## WASH YOUR HANDS OFTEN

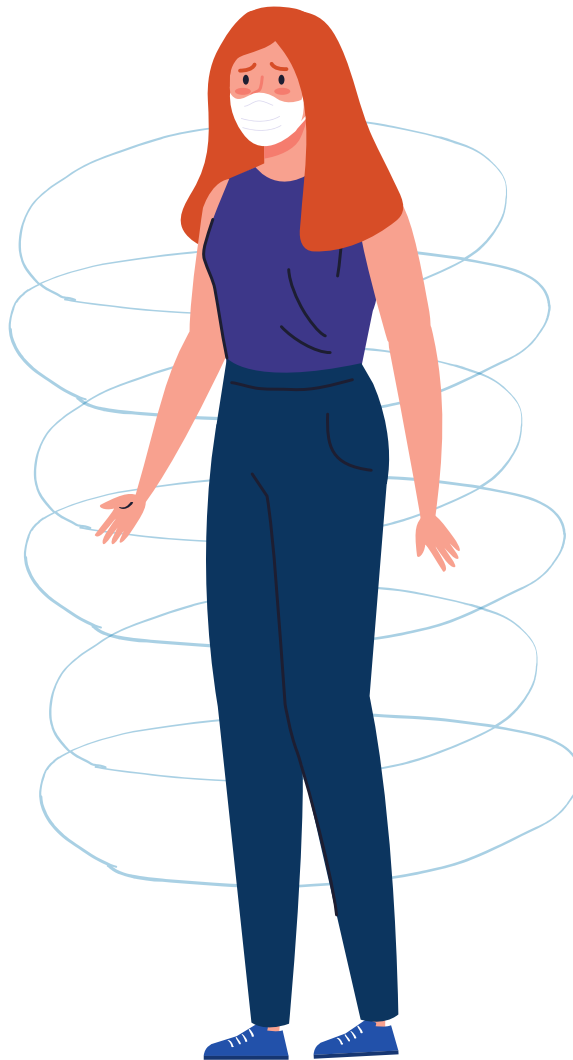
With soap and water, for 20 seconds each time you wash them.

## WEAR A MASK

Over your mouth and nose.

Even at home if you live with other people.

If you tested positive or have symptoms of COVID-19, you must isolate.



## CLEAN ALL "HIGH TOUCH" SURFACES EVERYDAY

Clean things you and your family touch a lot: like counters, tabletops, doorknobs, sink faucet handles, toilets handles, phones, keyboards, tablets, and bedside tables.

## COVER YOUR COUGHS & SNEEZES.

Cover your mouth and nose with a tissue when you cough or sneeze.

Throw used tissues in a lined trash can; immediately wash your hands.

## GIVE SPACE TO PEOPLE YOU LIVE WITH

Stay in a separate part of your home as much as possible.

Use a different bathroom if you can.

[www.nalhd.org](http://www.nalhd.org)

**NALHD**  
Nebraska Association of  
Local Health Directors



# COVID POSITIVE. NOW WHAT?

You have COVID-19 symptoms or tested positive for COVID-19.  
You can protect your friends and loved ones from getting sick too.

## 1. **Isolate from everyone.**

## 2. **Tell your close contacts to quarantine.**

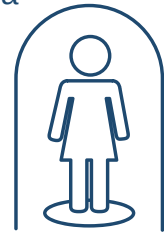
Reach out to your close contacts. Tell them to self-quarantine to protect others and limit the spread of illness.

### You have COVID-19 and need to **self-isolate**. What does this mean?

Avoid contact with other people in your home. When possible, staying in a separate room greatly reduces spread of COVID-19.

You can end isolation when:

- It has been at least 10 days since your symptoms first appeared
- **AND** you have had no fever for at least 24 hours without fever-reducing medicine
- **AND** all other symptoms have improved.



### Who are your close contacts?

Your close contacts are people who came within 6 feet of you for a total of 15 minutes or more within a 24 hour period while you were infectious. This may include household members, close friends, coworkers, and others who you have been close to while infected.

This does not include people who you had passing contact with (such as in a store, at a drive thru window, or while jogging).

### Close contacts who are **NOT** fully vaccinated should **self-quarantine**. What does this mean?

They should stay home for 14 days from the date of their last contact with a person who has symptoms or tested positive for COVID-19. While self-quarantined, they should monitor for symptoms, wear a mask and give space to other people in their household to prevent exposing them.

Not everyone who has been close to someone with COVID-19 will be infected. When people self-quarantine they limit the chance they will spread the disease if they are infected but are not sick or symptomatic.



**It is very important that you self-isolate and tell your close contacts who are not fully vaccinated to self-quarantine.** Your health and the health of others depends on it. Thank you for your cooperation and help during the COVID-19 pandemic! Read on for more information.

# COVID POSITIVE. STOP THE SPREAD.

## Who are my close contacts?

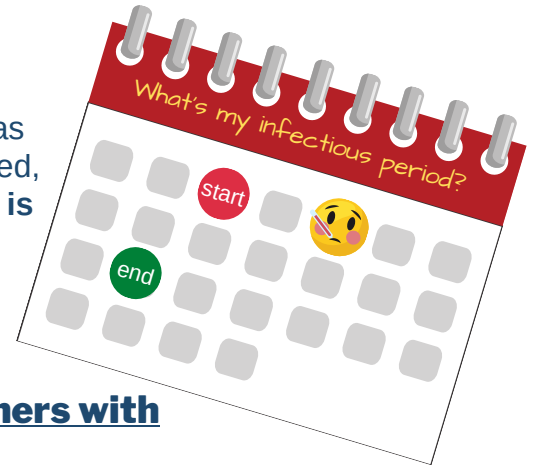
If you are diagnosed with COVID-19, talk to each person you have potentially exposed to the virus. **Tell anyone who is NOT fully vaccinated to self-quarantine.**

**Tell fully vaccinated people to watch for COVID-19 symptoms and wear a mask for 14 days from their last exposure.** They should stay home and seek testing right away, if they develop any symptoms.

### How to figure out who your close contacts are.

#### **Step 1 Find the first day you felt sick on your calendar.**

Find the day you first felt sick or noticed something was off, even if it was very mild (such as: you felt overly tired, had a scratchy throat, etc.). **Then mark the date that is 48 hours (2 days) before that day.** This virus can spread for several days **BEFORE** illness.



#### **Step 2 Find the dates you could infect others with COVID-19.**

It is possible to spread the virus to others starting 48 hours (2 days) before the day you first felt sick through the 10th day after your symptoms began.

**Questions to help you remember your close contacts.**



#### **On the dates you were infectious, did you...**

- Go to work or school?
- Get together with others? (ate out at a restaurant, went to a sporting event, went out for drinks, exercised with others or went to a gym, had friends or family over to your house, volunteered, went to a party, or a park, attended a special event)
- Spend time inside a church, synagogue, mosque or other places of worship?
- Go to in-person appointments? (salon, barber, doctor's or dentist's office)
- Ride in a car with others or used public transportation?



# COVID POSITIVE. **STOP THE SPREAD.**

## Who are my close contacts?



### **Step 3** Make your close contacts list.

Write down every person you were...

- within 6 feet of
- for a total of 15 minutes

on any of the days you were infectious (could have been spreading COVID-19). These are your close contacts. Note the date you saw them and where.

### My Close Contact List

Name	Phone Number	Date last saw them	Place last saw them
<hr/>			



### **Step 4** Call each person on your list NOW!

Share the information in this packet to help your close contacts understand quarantine. **Tell all of your close contacts that they have been exposed to COVID-19 and should self-quarantine if they are not fully vaccinated.**



If one of your close contacts is a healthcare worker, or if one of your close contacts is ill, tell them to reach out to their doctor or their local health department.

### **We need your help!**

Many times, local health departments are not able reach close contacts. By contacting the people you may have exposed, you are protecting the people you have been in contact with and helping to control the spread of COVID-19.

# COVID POSITIVE? **STOP THE SPREAD.**

## What do I tell my close contacts?

**What to tell your close contacts who are not fully vaccinated...**

### How to **self-quarantine**:

- ➔ **Stay home and follow the [How To Quarantine](#) guidance.**  
Note: It can take up-to 14 days for an infected person to test positive after they are exposed.
- ➔ **Watch for the symptoms of COVID-19.**  
Remember, symptoms may appear 2-14 days after exposure to COVID-19 and can include:
  - Fever or chills
  - Cough
  - Shortness of breath or difficulty breathing
  - Tiredness
  - Muscle or body aches
  - Headache
  - New loss of taste or smell
  - Sore throat
  - Congestion or runny nose
  - Nausea or vomiting
  - Diarrhea
- ➔ **Wear a mask and give space to the people you live with, to prevent exposing them to COVID-19.**

NOT everyone who has been close to someone with COVID-19 will develop COVID-19. When unvaccinated people self-quarantine, they limit the chance they will spread the disease if they are infected but do not feel sick or are not symptomatic.

**Find more information on quarantine AND isolation at these websites:**

[www.cdc.gov](http://www.cdc.gov)

[www.dhhs.ne.gov/coronavirus](http://www.dhhs.ne.gov/coronavirus)

[www.nalhd.org/about-us/nebraska-local-health-departments](http://www.nalhd.org/about-us/nebraska-local-health-departments)

### **I feel sick and need help. What should I do if I am self-isolating or self-quarantining?**



Call your doctor, tell them about your symptoms and ask them what to do. **DO NOT** show up at their clinic before calling them.

If you have a medical emergency and need to call 911, tell them that you have COVID-19 symptoms. If possible, put on a facemask that covers your nose and mouth before emergency medical services arrive.

# COVID EXPOSED & NOT VACCINATED

## HOW TO QUARANTINE

If you have been within **6 feet** of someone with COVID-19 for a total of **15 minutes** or more on any day that they may have been infectious, you should quarantine.

### PROTECT OTHERS

Especially if you live with someone who is not vaccinated OR is at high risk of severe disease...

### WEAR A MASK

### WATCH YOUR DISTANCE

← (6 Feet) →

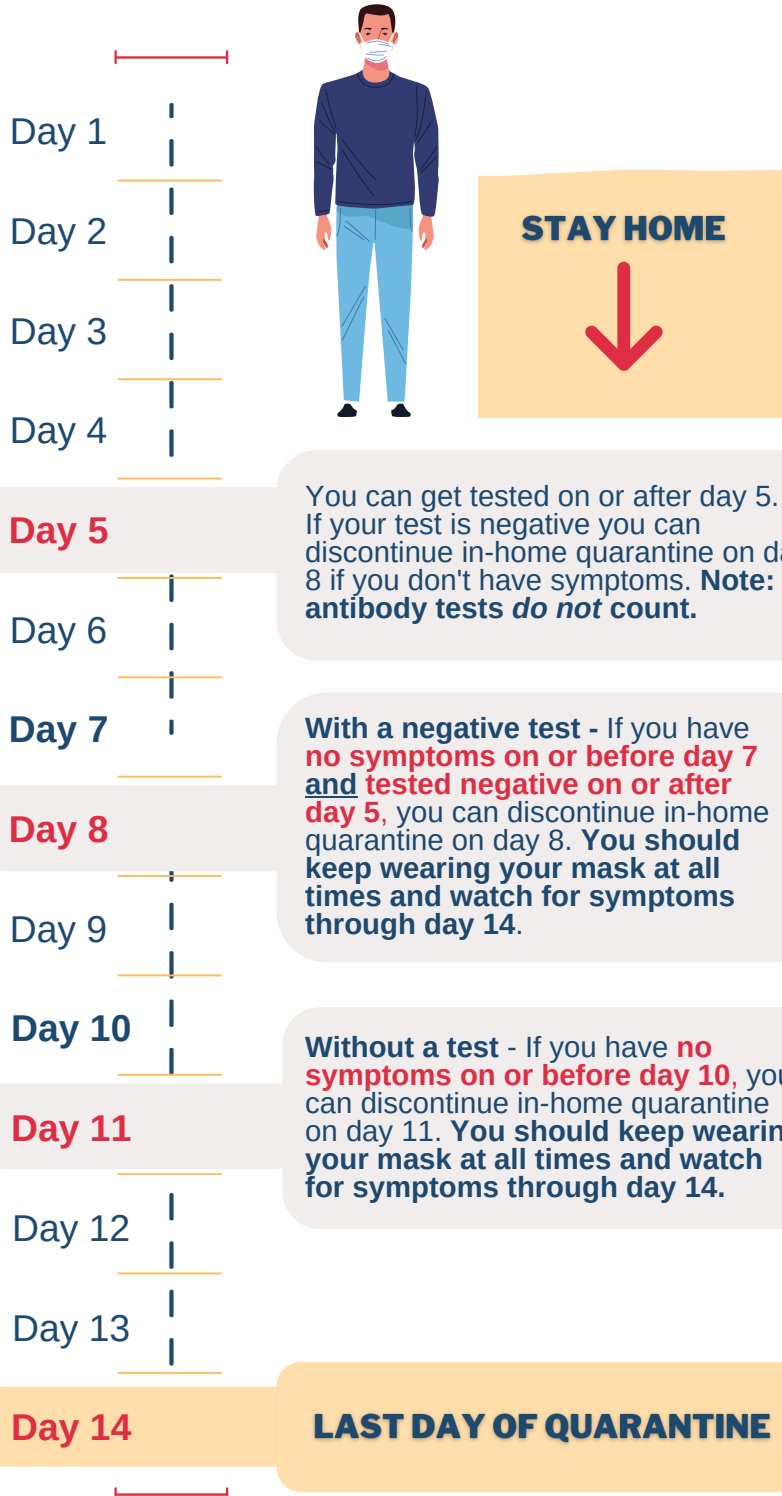
### WASH YOUR HANDS OFTEN

### WATCH YOURSELF FOR SYMPTOMS OF COVID-19

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- Tiredness
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

### If you have COVID-19 symptoms

Isolate and call your doctor or local health department.



**IF YOU ARE COVID EXPOSED AND FULLY VACCINATED, WATCH FOR SYMPTOMS AND WEAR A MASK FOR 14 DAYS.**

You are fully vaccinated 14 days after your final vaccine dose.

# COVID EXPOSED & NOT VACCINATED

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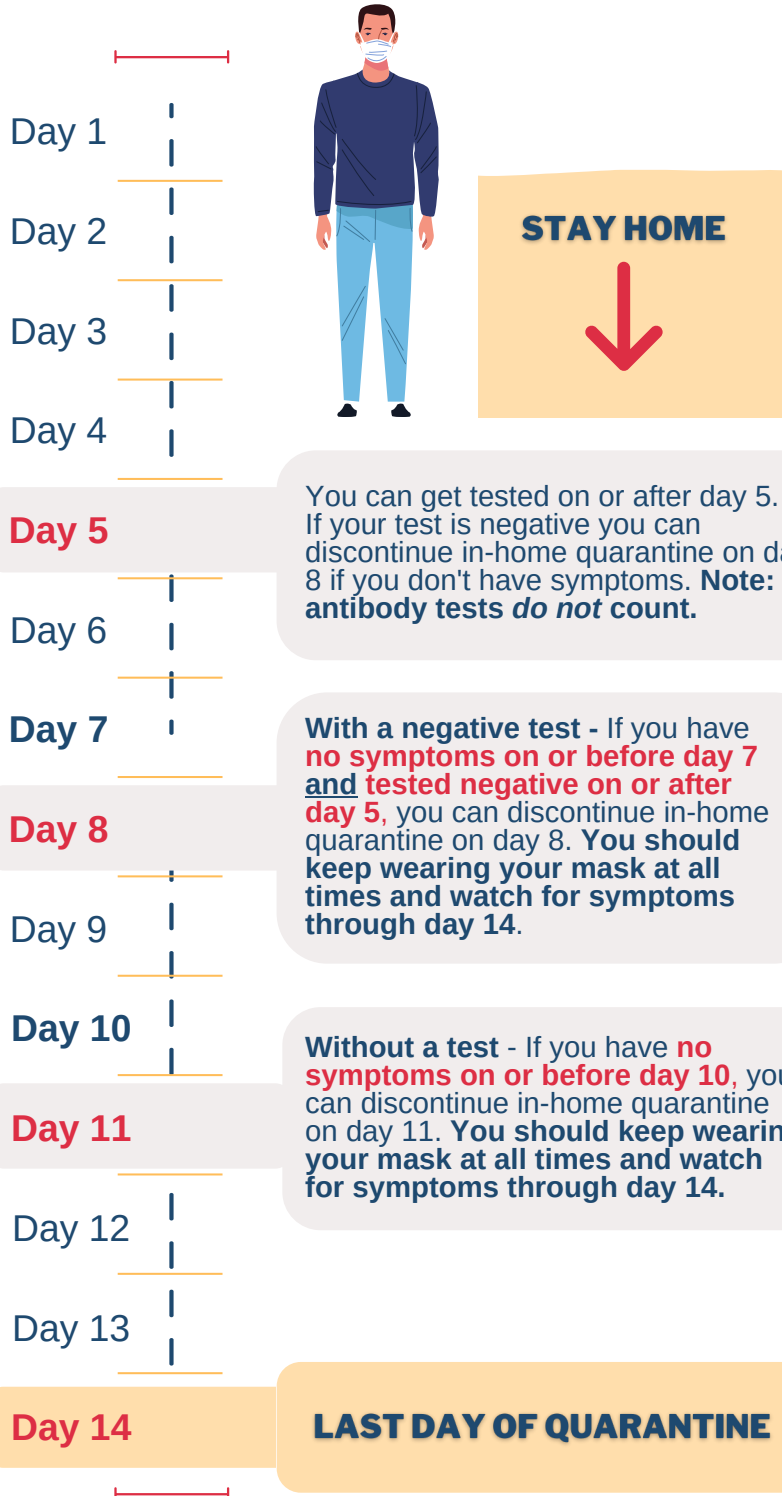
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# COVID-19

## HOW TO WEAR A MASK

While you are in quarantine or in isolation, wearing a cloth face mask at home could stop coronavirus from spreading to the people you live with. Not everyone who has been close to someone with COVID-19 will catch it.

### WEAR IT AT HOME

If you live with other people.

### DURING ISOLATION OR QUARANTINE



### WEAR IT ALL THE TIME

Wear your mask at all times when you are in isolation or quarantine.

Tell the people who live with you that they should wear a mask at all times too.

### YOUR MASK SHOULD

- Fit snugly but comfortably.
- Stay in place over your nose and mouth with ties or loops.
- Have at least 2 layers of cloth.
- Allow you to breathe.
- Be able to be washed and machine dried without damage or change to shape.

### FACE MASKS SHOULD NOT BE WORN BY CHILDREN UNDER TWO YEARS OLD

### COVER YOUR MOUTH & NOSE

Make sure your mask fits right and covers both your mouth and nose.

### WASH YOUR MASK DAILY

Put the mask in the dirty laundry as soon as you take it off.

Use hot water between each daily use. You can use your washing machine.

### WASH YOUR HANDS

Before you put the mask on and right after you take your mask off.

### DON'T TOUCH YOUR FACE

Avoid touching the mask and your face while you are wearing a mask.

[www.nalhd.org](http://www.nalhd.org)



## Military Family Fun Day @ Timberlake Ranch Camp on August 21, 2021





Promoting HPV, Flu and COVID vaccination at CCC New Student Day



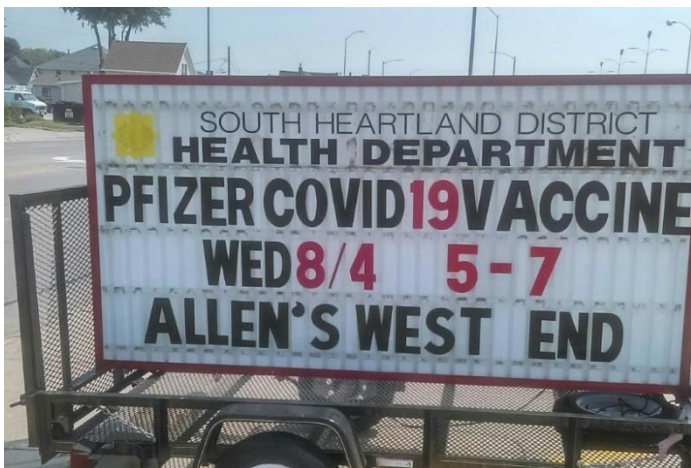
*Farmers Under Stress* presentation in Blue Hill in partnership with UNL Extension and Blue Hill Clinic as part of a South Heartland projected supported by Central States Center for Agricultural Safety and Health (CS-CASH)



Booth at Kool Aid Days with Mary Lanning's Morrison Cancer Center promoting HPV vaccination as cancer prevention.



July-Aug Pfizer COVID-19 Vaccine Clinics at Allen's in Hastings



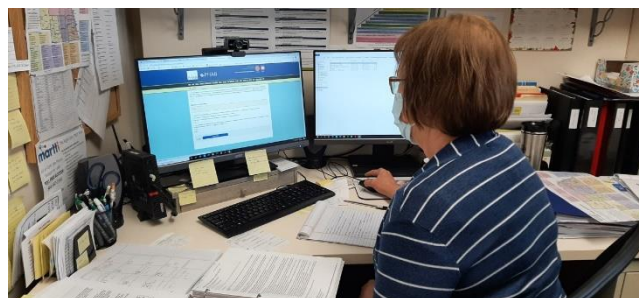
SHDHD's Booth at Hasting's National Night Out promoting Fall Prevention, Military Family Fun Day, Building Healthy Families and West Nile prevention







Tai Chi Class held in Sutton



Accreditation Coordinator Janis Johnson submits SHDHD's first annual report to the Public Health Accreditation Board (PHAB), a step in the process of maintaining Accreditation.



SHDHD receives our final large shipment of PPE to support area COVID-19 response needs for the next several months.



#### The COVID Chronicles

Go behind the scenes with public health professionals in two districts, bringing you into the room as they investigate hotspots for the virus, provide testing and coordinate with first responders and overcrowded hospitals.



Guests enter on the "red carpet" for a private screening of The COVID Chronicles, an event for SHDHD and Mary Lanning with introduction by Nebraska Public Media's investigative reporter and documentary producer, Bill Kelly.

# Bi-monthly Report on the Ten Essential Services of Public Health

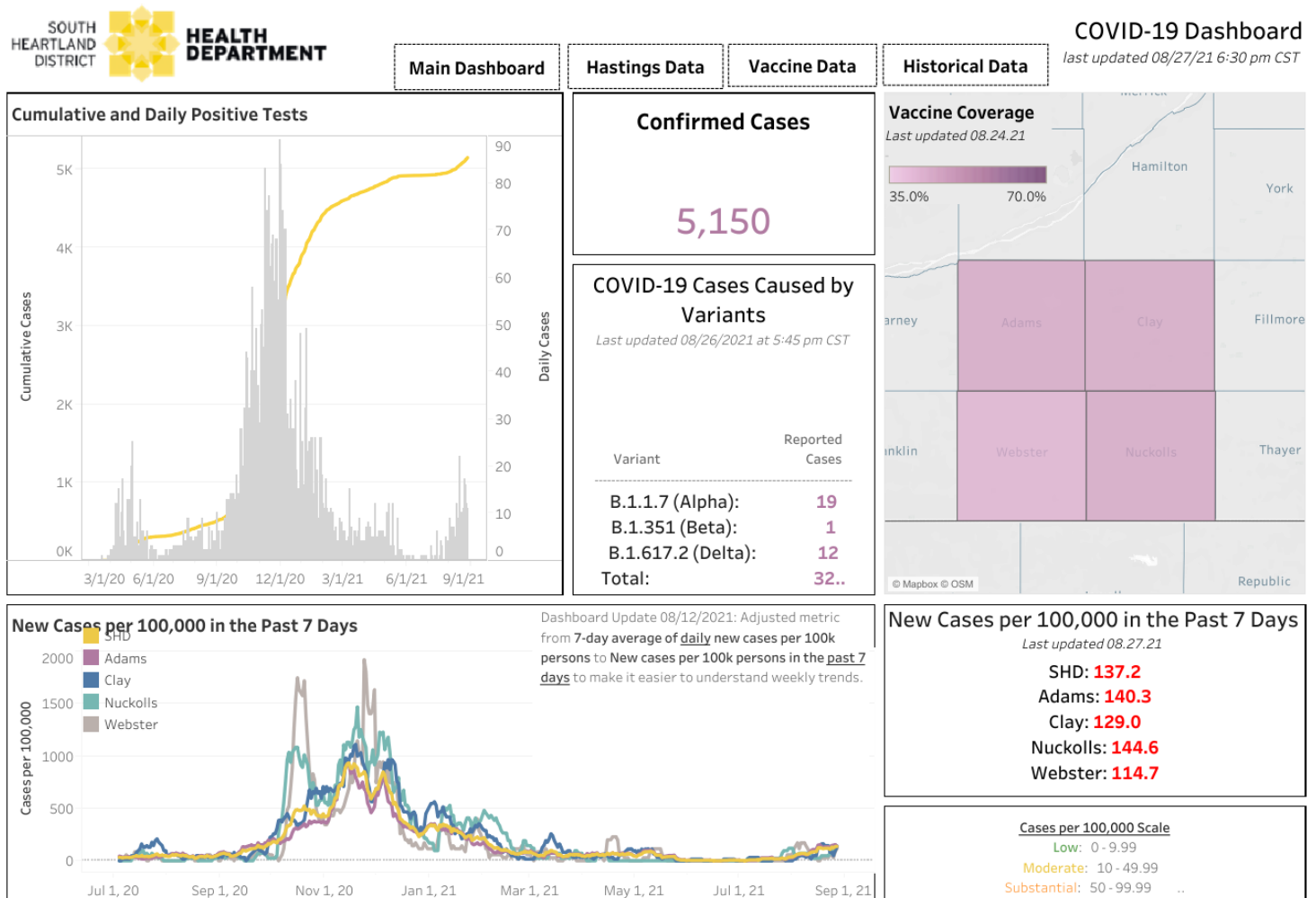
## 1. Assess and monitor population health status, factors that influence health, and community needs and assets *(What's going on in our district? Do we know how healthy we are?)*

- How do we collect and maintain data about conditions of public health importance and about the health status of the population, and how do we make it available to our partners and our community?
- What major problems or trends have we identified in the past 2 months?

### Local

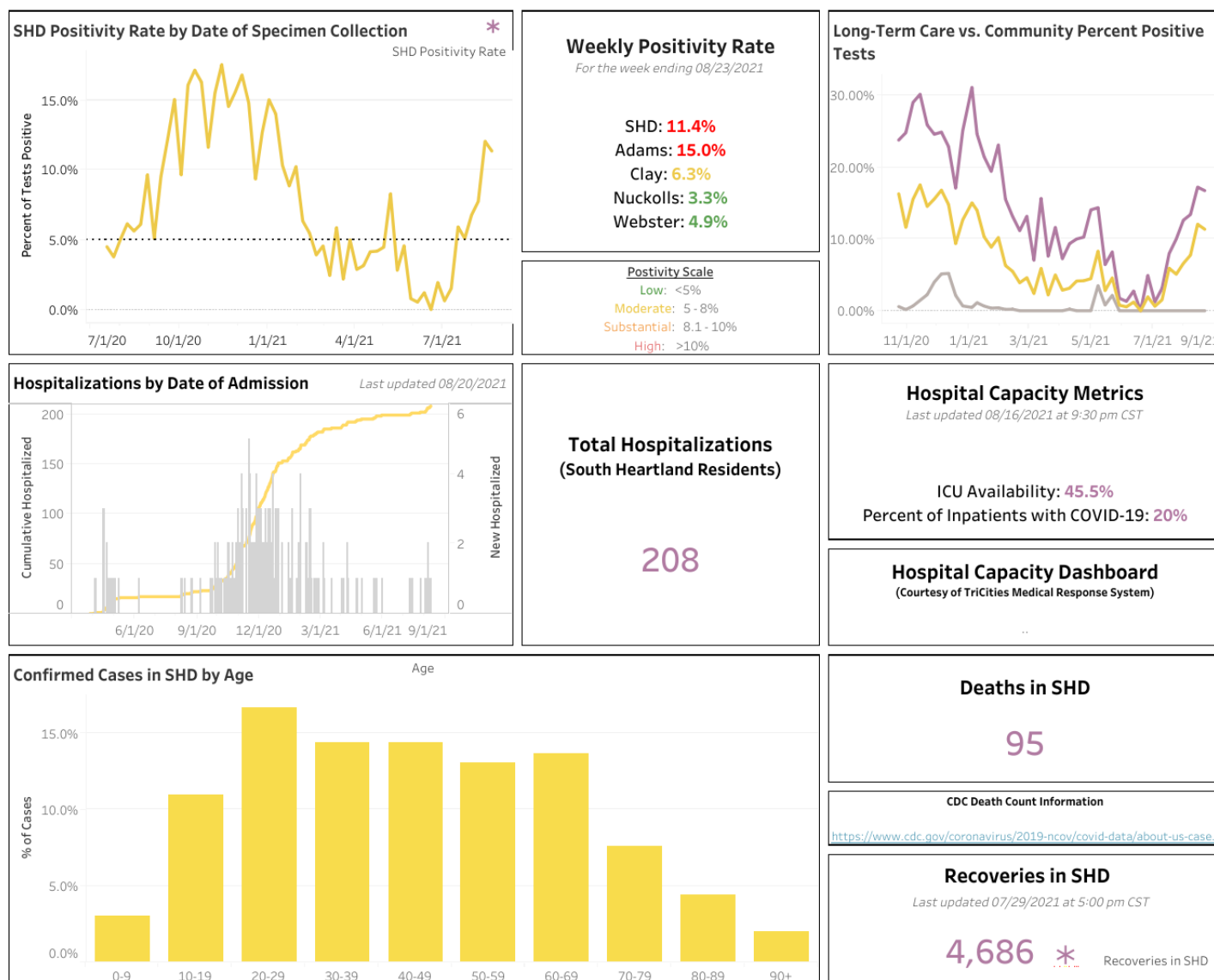
- Surveillance data, water violations, and other health information is made available on our website, through links on our website, on SHDHD's Network of Care website, through news releases and interviews to various forms of media, and upon request from partners or others. A key role of the health department is to monitor what is going on in our communities and share data back to the community so residents can be aware and make their own informed decisions (Essential Public Health Services 1 and 3). Using Tableau as our data platform, SHDHD continues to share an immense amount of data. SHDHD shares color-coded metrics on new cases and positivity to help the public understand the level of community transmission. The vaccine dashboard page shares progress on COVID-19 vaccine administration, percent of population partially/fully vaccinated and the demographic breakdown. While the Governor has lifted the State of Emergency and DHHS has taken down the State's COVID dashboard, SHDHD will continue to maintain our COVID and Vaccine dashboard pages for the foreseeable future so that South Heartland residents, local organizations and others have a source for information about pandemic status while our staff continue to investigate cases, monitor for variant, administer vaccine and implement other mitigation strategies.

- Coronavirus (COVID-19) Dashboard: [www.southheartlandhealth.org](http://www.southheartlandhealth.org)





➤ **Coronavirus (COVID-19) Dashboard:** [www.southheartlandhealth.org](http://www.southheartlandhealth.org)



**Coronavirus (COVID-19) Pandemic Situation Update:**

- As of August 27, 2021, a cumulative 5,150 South Heartland residents have tested positive for COVID. Hospitalizations and cases are increasing and have been above the widespread community transmission of >8 per 100,000 per day since 8/7/2021. 224 Investigations have been initiated/completed by South Heartland staff during this reporting period with the high number of weekly cases being 62 for the week ending 8/28/2021.
- Thirty-two individuals in our jurisdiction have tested positive for a variant of concern (VOC). Four variants have been identified: 19 individuals have tested positive for the B.1.1.7 (UK) variant, 12 have been infected with the B.1.617.2 (Delta) variant, 1 individual (and presumably a vaccinated household member) has tested positive for the B.1.351 (South Africa) variant, and 1 resident is presumed to have been infected with the B.1.429 variant (California) variant. SHDHD continues to submit specimens for sequencing on individuals who meet criteria. All specimens sequenced during this reporting period have resulted as the Delta variant.
- SHDHD COVID weekly positivity (percent positive tests) has been above 5% since 7/24/2021.
- SHDHD Surveillance staff have been working on investigations of several cluster and outbreaks including a wedding with over 400 attendees, four daycare facilities, a religious camp, three cases returning from Sturgis, a large funeral, a healthcare facility, family clusters and cases related to domestic travel.

- COVID testing is currently available through local provider's offices, urgent care centers, some hospitals, some pharmacies and the federally qualified health center (Heartland Health Center) in Grand Island. We are looking to expand testing to make it more accessible to individuals who may not have a provider or insurance.
- Monitoring and Tracking updates: Continuing to use dashboard created by TRIMRS for South Heartland district's hospital capacity data (linked to it from SHDHD COVID-19 dashboard). Continuing to track Hastings-specific data on daily new cases, 7 day rolling average of new cases, and weekly positivity, and providing weekly updates to the COVID-19 Vaccine Dashboard to track residents vaccinated (partially/fully) and their demographics.
- SHDHD's dashboard tracks deaths related to COVID. This process requires death certificates to be reviewed by DHHS and sent to each jurisdiction. Following the CDC practice, SHDHD includes confirmed (PCR positive) and probable (Antigen positive) COVID-related deaths in our counts. This information is important in understanding fatality rates related to illness. **Current Case Fatality Rate: 1.8%**

#### Community Health Assessment.

- Hospital and United Way continue partnering with SH to complete the Community Health Needs Assessment (CHNA) requirement for non-profit hospital IRS reporting every 3 years. SHDHD has received a preliminary data analysis of assessments that include locally collected data from United Way and health data from state and local sources. The team is modifying the community themes and strengths survey for residents and is planning focus group discussions about access to care, impact of pandemic, and health disparities. This year the data collection and analysis will have a stronger minority and special population focus (Hispanic, rural ag and veteran populations) in addition to overall population.

## **2. Investigate, diagnose, and address health problems and hazards affecting the population**

*(Are we ready to respond to health problems or threats? How quickly do we find out about problems? How effective is our response?)*

- *Key activities in the past 2 months to prevent, minimize, and contain adverse health events and conditions resulting from communicable diseases; food-, water-, and vector-borne outbreaks; chronic diseases; environmental hazards; injuries; and health disparities*
- *Emergency preparedness (e.g., planning, exercises, and response activities)*
- **COVID-19 Preparedness and Response:** See COVID Outbreak Situation Update, above. In addition, SHDHD continues to be responsible for receipt, inventory, repackaging and dissemination of PPE for our jurisdiction. To help keep key partners informed, SHDHD sent 12 Alert Sense notifications (July/August) to over 140 individuals each time and issued 14 news releases to media and partners. Staff check the Nebraska Electronic Disease Surveillance System, DOMO (Test Nebraska reporting system, ended in July), and fax machine output multiple times each day and begin follow up on positive cases immediately by issuing isolation instructions and conducting contact investigations. In late July and August, vaccine demand has gradually increased and we continue messaging on the safety and importance of vaccination. SHDHD is promoting layered prevention, including mask-wearing, social distancing, hygiene and other prevention. We have been coordinating with Two Rivers and Central District health departments for consistent principles for working with schools.
- **Tuberculosis Investigation:** SHDHD is in the process of working with DHHS to investigate a report of an active case of Tuberculosis. DHHS has been notified and additional information including information about close contacts is pending.
- **Plan Reviews:** event plans are no longer required (since May, 2021), but calls requesting guidance continue.
- **PPE distribution totals:** From the beginning of March 2020 through the August 2021 SH has distributed out: Masks – 212,915, Surgical Masks – 293,750, Cloth Masks – 50,500, Face Shields – 34,759, Goggles – 3,005, Hand Sanitizer – 1,345 containers, Wipes – 10,061 containers, Gloves – 825,800, Gowns – 191,251, Thermometers – 748, Bleach – 12 gal., Eco Lab Disinfectant – 3 containers.
- **Lead Testing in Drinking Water:** SHDHD is continuing to recruit participants in the lead testing program offered by the State to test for lead in drinking water. Those eligible to take part in this program are elementary, preschools, day care centers and in home daycares. Invitations to participate were sent to all public schools and Head Start in our district and we are working on expanding to daycares, childcare centers, preschools and parochial schools.

### 3. Communicate effectively to inform and educate people about health, factors that influence it, and how to improve it (*How well do we keep all people in our district informed about health issues?*)

- *Examples of key information related to physical, behavioral, environmental, social, economic, and other issues affecting health that we provided to the public.*
- *Examples of health promotion programs that we implemented to address identified health problems.*
- **Community sign boards:** Education to encourage COVID vaccination and promote childhood immunizations (Immunization Month).
- **News releases, public health columns, ads and interviews:** COVID activities have increased in these last two months and continues to be the dominate topic of news releases and communications. In July/August, SHDHD put out 11 press releases and granted phone interviews for TV and radio media requests, focusing primarily on COVID-19-related issues and a safe return to school. SHDHD coordinated at Zoom-based press briefing with 7 local experts (health care and behavioral health providers) to provide current information about COVID-19 and to address vaccine concerns. The press briefing was attended by 8 members of the press (radio, TV and print media). It was also recorded and posted on our website and shared on Facebook.
- **County Fairs:** Staff provided educational information at county fairs at Clay, Nuckolls and Adams County on West Nile, VET SET and COVID vaccinations.
- **Kool Aid Days:** Promoted HPV vaccination to prevent cancers associated with the human papilloma virus and provided information on COVID-19 vaccination.
- **Central Community College New Student Event:** Education on HPV, Influenza and COVID-19 vaccinations promoted to college students.
- **Radio Advertising:** SHDHD continues running PSAs on KHAS Platte River radio network and KRFS in Superior to promote getting the COVID vaccine and practicing prevention. On May 20, 2021 first two community members recorded a PSA thanking those that have received their COVID-19 vaccine and challenging those that have not to get vaccinated. In total there will be at least nine different recordings of the message playing on the Platte River radio network. In July a new script was added using the voices of six providers from the South Heartland District. The message focused on the delta variant and the importance of vaccination. We also continued using four of our original recordings. Two scrips are in development focusing on layers of prevention and personal responsibility.
- **SHDHD Facebook:** These past two months SHDHD's Facebook/Twitter posts have been primarily focused around COVID-19 information and vaccination with promotion of cancer prevention (Sun safety), back to school vaccinations and Building Healthy Families. SHDHD also increased the FB and Twitter posts, on both English and Spanish pages. FB views for May/June were 1,478 and for July/August were 15,602.
- **Website:** Our website "views" increased for July (3,753 views) and August (4,941), compared to May and June, but is still lower than our max views during January (19,204 views). Website views continue to be higher than our pre-COVID-19 (~450 views/mo). Staff have worked to update and improve our website pages.
- **COVID-19 Information for Public:** Call volume from the public and providers is increasing and remains a priority for SHDHD staff to answer all calls/triage messages accurately, timely, professionally and transparently. Also providing information on layered prevention and promoting DIY contact tracing tool.
- **COVID-19 Information for Schools:** SHDHD coordinated with Two Rivers and Central District health departments to bring together local and state experts to share information with school administrators from ESUs 7, 9, 10, and 11 about COVID-19 and children. Guests were: Dr. Daniel Leonard, pediatrician; Dr. Gary Anthone, Chief Medical Officer for the Nebraska DHHS, Div of Public Health; Dr. Susan Lindblad, child psychologist with Hastings Public Schools; and Dr. James Lawler, Director of the Global Center for Health Security at UNMC.

### 4. Strengthen, support, and mobilize communities and partnerships to improve health (*How well do we really get people and organizations engaged in health issues?*)

- *Process for developing SHDHDs community health improvement plan (CHIP) and/or implementing our work plan.*
- *Examples where we engaged the public health system and community to address health problems collaboratively.*



- Community Health Improvement Plan (CHIP) implementation: The Obesity Steering Committee met July 27<sup>th</sup> with nine members attending, Cancer met July 26<sup>th</sup> with eight members attending, and Access to care met July 22<sup>nd</sup> with six members attending. All three committees have a meeting date set in in October. SHDHD is also currently working on a dashboard that will display the progress for each priority area. Mental Health Steering Committee is the only committee that has not met yet.
- Substance Misuse CHIP Priority: SHDHD continues to carry out our drug overdose prevention workplan with the substance misuse steering committee. SHDHD has discussed with area CASA on how to expand/bring back teen drug court, how to promote substance misuse resources found in 211 and how the drug takeback program and be expanded/improved. All worked is completed with community partners.
- Mental Health CHIP Priority:
  - Rural Behavior Health (BH) Network: The Rural BH Network continues to meet on schedule, but virtually. The network continues to implement their strategic plan evaluating how the group can promote screeners among the area clinics to increase referrals and early detection. The network is continuing to utilize a no-cost extension from the original planning grant (funds unable to be used due to COVID responsibilities January-June 2021) and now, has received a 2<sup>nd</sup> extension for the funds to continue planning with the network. With the extension of funds approved, we will be able to implement a pilot project using the evidence-based behavioral health screening tools the network has prioritized (e.g., screening tools for depression, substance use, suicide, etc.), so that more residents can be appropriately referred to treatment and resources.
  - MHAT/QPR Suicide Prevention Training: Provided QPR training for two different organizations (Horizon Recovery & Edgewood Vista) 17 participants completed the training and pre/post assessments.
  - VetSET/Making Connections: Military Family Fun Day was August 21, 2021 from 9:00 am – 4:00 pm at Timberlake Ranch Camp, with 64 participants (18 Families) for the event. Activities included: High Rope Course, Blob (water activity), Trail Rides, Hiking Trails, Obstacle Course, Disc Golf, Swimming, Canoes/Paddle Boats, Fishing and Sand Volleyball. Meal was included: Hamburger/Hotdog, Chips, Salad, Cookie, and Drink. Veteran Service Organizations included: Mobile Vet Center, VA Nebraska/Western Iowa Veteran Outreach Specialist, GI VA Suicide Prevention Outreach, GI VA Whole Health, Military One Source, NE Veteran Affairs, MNCA Dental and Cease-Fire Ministries.
- Obesity & Related Health Conditions CHIP Priority:
  - CS-CASH: Two SHDHD staff assisted with the Blue Hill clinic's health fair. They provided educational materials and administered the Ag health and safety screening/risk assessment, completing 17 assessments. UNL Extension provided training during the Communicating with Farmers Under Stress at the Blue Hill Community Center on August 18 with 44 participants attending the free training/meal.
  - SHDHD Healthy Kids Workgroup, HKW: The nine grant participants have made over \$19,000 in purchases toward their goals to reduce childhood obesity through physical activity and nutrition. The nine grant participants submitted success stories and six of the nine completed the final evaluations, with 100% feeling participation in the grant helped them achieve the federal physical guidelines for aerobic physical activity and muscle strengthening physical activity.
  - Building Healthy Families: SHDHD has led the implementation team through several meetings and planning for a second cohort of families to start the program in September. The first cohort has completed 15 of the 18 sessions. The core team (SHDHD, Mary Lanning, UNL Extension and Hastings YMCA) has received additional funds to support staff time and increase sustainability!
  - Prevention Connection: Smart Moves, Diabetes Prevention Class (DPP): Superior started a new Smart Moves class in January 2021 with 13 participants that have lost 134 lbs. or 4.61% weight loss since the start of the program. 8 participants have lost more than the 5% weight lost target. Brodstone Hospital received CDC Full Recognition for their diabetes prevention program (Smart Moves) through August 2026.
  - Whole School, Whole Community, Whole Child (WSCC): SHDHD has started a new year of working with Harvard (meeting monthly with their wellness team) and HPS (meeting quarterly with their team) to implement wellness activities throughout their buildings.
- Cancer Priority:
  - Mary Lanning Healthcare Cancer Committee: Next sched. quarterly meeting is Thursday, Sept. 9, 2021.
  - Colon Cancer: FOBT Colon Cancer Screening kits continue to be distributed by mail, through our front office and by ML's Community Health Center. SHDHD distributed 5 kits during July/Aug.

- **Cancer Grant:** Provider MOU to support cancer risk factor assessment policy development as well as a provider toolkit has been completed with 2 clinics (Adams and Webster). Each clinic implemented process changes to improve their clinic screening rates.
- **Schools Collaboration:** Area schools have started their school year. SHDHD is collaborating with schools, ESU-9, NE local health directors and the Nebraska Department of Education on guidance for Safe Return to Learn during 2021-22 school year.
- **Injury Prevention: Tai Chi Moving for Better Balance & Stepping On Classes:** Stepping On class (July 20-August 31, 9:30-11:00 am) continues at the Golden Friendship Center in Hastings with 7 participants. Beginning Time and Go (TUG) was an average of 12.1 seconds and at the end of the 7 weeks. Stepping On meets once a week for seven weeks for 1 ½ hours with guest experts talking about fall related topics. Sutton started a Tai Chi class with 2 participants and the YMCA-Hastings started the Tai Chi class in August. Tai Chi classes are starting in Superior, Nelson and Blue Hill in September.
- **Surveillance staff have been coordinating with daycares/preschools, K-12 schools and colleges (Hastings College and CCC)** in order to have plans in place for individuals testing positive for COVID, as well as those exposed. We are using Sharefile to provide information to schools on a daily basis.

## 5. Create, champion, and implement policies, plans, and laws that impact health

*(What policies promote health in our district? How effective are we in planning and in setting health policies?)*

- *What policies have we proposed and implemented that improve population health and/or reduce disparities?*
- *Describe how our department engaged in agency-specific strategic planning to develop a vision, mission, and guiding principles that reflect the community's public health needs, and to prioritize services and programs.*
- *What plans are we developing and implementing to improve our department's quality and effectiveness (plans for quality improvement, workforce development, branding, communication, and performance management)?*
- **New Plans (Grant Proposals, Subawards and Contract Projects):**
  - **Work plans for other grants and subawards:**
    - **Drug Overdose Prevention** (through August 31, 2022; \$24,849) – implement strategic plan for substance misuse
    - **CDC COVID Equity** (through June 2023; \$155,200) - used to assess, strengthen, educate and enhance access to COVID needs (testing, contact tracing and vaccination).
    - **Minority Health Initiative (MHI) Funds** (through June 2022; \$83,913.82) - used to assess minority health needs and create an action plan to improve them.
    - **Immunization** (through June 2022; \$39,519) – Vaccine for Children Program, Adult Immunization Program
    - **COVID Immunization** (through June 2022; \$248,500) - Increase COVID-19 vaccination capacity, including among high-risk and underserved populations, ensure high-quality and safe administration of COVID-19 vaccines, Increase vaccine confidence through education, outreach, and partnerships, Ensure equitable distribution and administration of COVID-19 vaccines, Develop and implement community engagement strategies to promote COVID-19 vaccination efforts, Use immunization information systems to support efficient COVID-19 vaccination.
- **SHDHD COVID-19 AAR:** nearing completion of the review and after-action report for August 2020 - May 2021.
- **COVID-19 Response Plans:** SHDHD continues to follow and promote evidence-based guidance from the CDC, NE DHHS, Professional Associations, UNMC Specialty Teams and other sources for all of the COVID-19 response activities. New data and evidence-based practices are shared by UNMC Global Center for Health Security and other partners at weekly briefings. Policies and recommendations are data-driven, based on current evidence. Currently implementing response plans with safe return to school for K-12 and colleges.
- **COVID-19 Vaccine Distribution Plan:** During July/August SHDHD has managed 3144 doses of COVID-19 vaccine. SHDHD administered 228 doses at clinics and made 65 transfers during weekly distributions delivering 2702 doses of vaccine to providers in all four counties for administration in local areas. 31 transfers were made in Adams Co., 18 in Clay Co., 8 in Nuckolls Co. and 8 in Webster Co. SHDHD traveled to receive 9 transfers of incoming vaccine from CDHD in GI to utilize available vaccine in the state prior to expiration date.
- **Vaccine FDA Approval/EUA (Emergency Use Authorization):** SHDHD continues to follow and promote to district COVID-19 vaccine providers, all CDC, FDA, and ACIP recommendations for vaccine approval and Emergency Use Authorization guidance for COVID-19 vaccination procedures, VAERS reporting (vaccine adverse event reporting system), and stringent adherence to vaccine management and handling procedures.

## 6. Utilize legal and regulatory actions designed to improve and protect the public's health (When we enforce health regulations are we up-to-date, technically competent, fair and effective?)

- *Describe efforts to educate members of our community on public health laws, policies, regulations, and ordinances and how to comply with them.*
- *What laws and regulations have we helped enforce to protect the public's health?*
- Nebraska Clean Indoor Air Act: None this period.
- NE Directed Health Measures: The DHM ended on May 6 and the Governor ended the emergency declaration on June 30 at 11:59 PM. Three executive orders, 1 for telehealth and 2 for the labor department remain. TestNE ended on 7/31 with the last tests on 7/18. The State took down their public-facing COVID and Vaccine data dashboards, but continue to provide weekly updates. On August 26, Governor Ricketts announced that due to a hospital staffing crisis, a new DHM would be in effect to limit elective surgeries through September. He also made an Executive Order to waive licensing requirements for hospitals in order to streamline authorization of credentials for retired or inactive healthcare professionals, deferring continuing education requirements, and suspending statutes around new healthcare providers who are seeking a license.
- Limitations on Gatherings: The DHM effective May 6<sup>th</sup> removed all restrictions limiting gathering sizes.
- SHDHD's Quarantine and Isolation Authorities: SHDHD continues to provide education and instruction on isolation or quarantine for individuals who test positive for COVID-19 or who may have been exposed to individuals who tested positive. Staff provide education over the phone, and provide letters for entities to contact groups who may have been exposed, e.g., parents in a daycare. When the State Directed Health Measures ended in May, the authority for these actions remains in the statutory authorities outlined in TITLE 173 COMMUNICABLE DISEASES CHAPTER 1 REPORTING AND CONTROL OF COMMUNICABLE DISEASES.

## 7. Assure an effective system that enables equitable access to the individual services and care needed to be healthy (Are people receiving the medical care they need?)

- *Describe the gaps that our department has identified in personal health services.*
- *Describe the strategies and services that we have supported and implemented to increase access to health care and establish systems of personal health services, including preventive and health promotion services, in partnership with the community.*
- Immunization: Vaccine for Children Program: SH's immunization team made small adjustments in the safeguards utilized during delivery of the August clinic but due to increasing cases will re-implement all previously used safeguards to ensure that all staff and patients are protected to the best of our ability. Immunization clinics were held in July and August with COVID-19 vaccination offered to all VFC/AIP patients. Staff delivered 60 vaccinations to 29 VFC patients at the combined clinics. Of the 29 patients, 17 (59%) were uninsured and 12 (41%) had Medicaid. Six (21%) were new patients to the clinic with referrals coming from local providers, Head Start family support workers and family/friend referrals. Twelve (35%) patients were provided Spanish interpretation throughout their visit. Donations totaling \$32.24 were collected during the July and August clinics.
- Immunization: Adult Immunization Program: 5 adults were vaccinated for Tdap and COVID-19 during the July and August clinics.
- Reminder/Recall to improve vaccination rates: 39 reminder/recall contacts were made in July and August. Eight (21%) scheduled appointments and 3 were not interested in scheduling at this time. Several have moved, were getting shots through a health care provider, phones were disconnected or we were not able to reach them.
- Community Health Worker (Bilingual): VFC Clinics for July and August 2021:
  - Enrolled 8 new patients—6 VFC, 2 AIP
  - Provided interpretation to 12 patients-10 VFC and 2 AIP
- Community Health Worker (English Only) / Every Woman Matters (EWM) and Health Coaching: Health Coaching EWM clients for July 2021: Completed 1st Health Coaching call with 2 participants, 2nd Health Coaching call with 0 participants, 3rd Health Coaching call and Every Woman Matters assessment with 3 participants. Withdrew 1 participant because unable to make a connection in last 3 months. August 2021: Completed 1st Health Coaching call with 0 participants, 2nd Health Coaching call with 2 participants, 3rd Health Coaching call and Every Woman Matters assessment with 0 participants.

- **COVID-19 Testing:** COVID testing is less accessible with the loss of TestNebraska, but is still available through private clinics, some pharmacies and the federally qualified health center (Heartland Health Center) in Grand Island. Testing is also available through NPHL for individuals who qualify.
- **COVID-19 Vaccinations:** Weekly public clinics held in the space at the west end of Allen's were restarted July 28<sup>th</sup> with the intent to hold 6 clinics to increase access for school age vaccination prior to school starting. Clinic demographics revealed that more than half of clients were adults who have now decided to get vaccinated. We plan to continue weekly clinics through September. We are starting to see a slight increase in residents fully vaccinated each week. Vaccination rates: 53% of eligible (12+) SH Residents with at least 1 dose, 48.7% of eligible SH Residents completed 2 doses. Of the total population: 44.7% with at least one shot, 40.2% fully vaccinated.

## 8. Build and support a diverse and skilled public health workforce

- *Efforts to evaluate LHD staff members' public health competencies. How have we addressed these deficiencies?*
- *Describe the strategies we have used to develop, train, and retain a diverse staff.*
- *Provide examples of training experiences that were provided for staff.*
- *Describe the activities that we have completed to establish a workforce development plan.*
- **The Workforce Development Plan:** We continue to work on processes for professional development (evaluation) for all staff including revised job descriptions with core competencies. We are providing standardized orientation for all new staff and implementing required "all-staff" training, which included CLAS Standards training in August.
- **Technology Utilization:** SHDHD staff are trained in variety of different software/technologies to improve work outputs, such as Qualtrics survey software used for surveys, collecting/analyzing data and translating the press releases into three different languages; Salesforce used for COVID- 19 case investigation and reports; and VRAS which is used for COVID-19 vaccine data entry and scheduling appointments. All three software are used by LHD across the state of Nebraska.
- **Statewide COVID Updates:** The ED, at least, continues to participate on weekly statewide COVID briefings and shares with staff and other stakeholders current status updates or other relevant information along with links to the recorded COVID updates from Dr. James Lawler, Global Center for Health Security.
- **SMBP / EWM Health Coaching:** Community Health Worker completed yearly HIPAA training thru the YMCA Self Monitor Blood Pressure program.
- **Staff COVID Briefings:** Conducted 1X weekly to facilitate the sharing of current situational status, evidence-based practices, updates and needs, etc. Specific briefings/meetings include surveillance-epi team, vaccination team and vaccine promotion/COVID messaging.
- **Staff Roles for COVID Response Activities:** We continue to analyze our staffing needs and cross-train staff specifically to support the COVID workload and meet the changing needs. Support staff is also assisting with completing non-COVID work to ramp up plans & processes that had been overshadowed with COVID responsibilities.
- **NALBOH Annual Meeting (virtual):** Board president, Exec. Director, and Interim Asst Director attended. Interesting sessions on a variety of topics, including workforce development (Improving the Core Competencies for Public Health Professionals to Support a High-Performing Workforce), Accreditation (Accreditation and Performance Improvement: Important for Board of Health Growth and Development), and public health law (The COVID-19 Pandemic - Legal Stories from the Field and Lessons to be Learned).
- **Culturally and Linguistically Appropriate Services, CLAS:** Twelve staff participated in online training, August 20. This training improves the quality of our services to all individuals to reduce health disparities and achieve health equity by respecting the whole individual and responding to the individual's health needs and preferences.

## 9. Improve and innovate public health functions through ongoing evaluation, research, and continuous quality improvement (*Are we doing any good? Are we doing things right?*).

- *Examples of our evaluation activities related to evidence-based public health programs.*
- *Examples of QI projects that we have completed or are in process.*
- **Accreditation Annual Report:** PHAB Year 1 Annual Report was submitted on July 21, 2021. On August 5<sup>th</sup> we received the following: "Congratulations! You have completed the Annual Report process for this year. Section 2 of your Annual Report was reviewed. You can view the comments about Section 2 by logging on to e-PHAB, <https://www.e-phab.org>, and going to the Annual Report tab. Your next Annual Report is due on: 03-31-2022".
- **QI-PM Plan: Goal 2:** Support implementation of the QI/PM training outlined in the Workforce Development Plan



and explore other training for QI and PM. (Crosswalk: SP Goal 4) –CLAS training for all staff in August.

Scheduling Strengths Coaching and a workshop, followed by some Team-Building training this fall (MTBI: Psychological preferences in how people perceive the world and make decisions and how this plays into team function; FIRO-B: The Fundamental Interpersonal Relations Orientation™ (FIRO®) assessments help people understand their interpersonal needs and how those needs influence their communication style and behavior.)

- **Quality Improvement Projects:** Single Audit with Auditor of Public Accounts is uncovering some opportunities for future QI projects.
- **Strategic Plan action plan and dashboard:** **Goal 1: Maintain PHAB Accreditation:** Completed 1<sup>st</sup> accreditation annual report and working on Year 2 due 03.31.22. **Goal 3: Prioritize Services and Programs:** Providing leadership and serving as backbone organization for implementing the Community Health Improvement Plan (CHIP) with 4 of 5 Steering Committees meeting virtually in June/July to assess strategies, successes, goals & revisions. October meetings are scheduled.
- **Community Health Improvement (CHIP) Implementation:** Four of five steering committees have met to address progress and needs for the CHIP priority goals. We are also working on mini-community health assessment during 2021 which will be used for mid-point corrections and adjustments to the Community Health Improvement Plan – edits to the community survey are nearing completion for the Core Team to review.
- **COVID19 Response QI/PM:** Continuing process improvement (policies and procedures) and assessing how we can improve as we progress through the pandemic. The focus is on data analysis and process documentation to identify opportunities and successes for quality improvement.
- **Performance Management (PM):** Maintaining current processes for COVID-19 mitigation and have implemented strong contact tracing processes with epi team. Four new staff trained in QI-PM.
- **Data Sharing:** We continue to use Tableau as our data platform, sharing COVID-related data, updating some daily and some weekly, and striving to improve every day. SHDHD reviews data for accuracy and makes corrections as needed. We conduct continuous review of the dashboard metrics and data presentation updating the chart format and explanations as needed, and adding new pages of data as new analysis is completed and making adjustments as case definitions or best practices change.

## 10. Build and maintain a strong organizational infrastructure for public health

- **Reminder: This is a new essential service,** launched with the revised 10 Essential Public Health Services in September 2020. It replaces the “contribute to the evidence-base,” which was incorporated elsewhere, and provides focus on a domain that is important to accreditation. This service includes seven components, but only two highlighted for this reporting period:
  - **Employing communications and strategic planning capacities and skills**
    - Ramped up focus on communications capabilities, utilizing a new staff member’s talent to enhance our Facebook presence and planning to utilize boost opportunities. Planned a Zoom-based press briefing, working with NALHD to support, record, edit and post to utube, promoting link on our website and facebook and cross-training staff so we can do this (press briefing) and other short educational videos or interviews in-house in the future.
  - **Managing financial and human resources effectively**
    - Annual budget proposal takes into account needed increases in personnel costs and uncertainty of funding for COVID response.

## Success stories: How we made a difference....

SHDHD held their 4th annual Military Family Fun Day on August 21, 2021 at Timberlake Ranch Camp with 64 participants (18 Families). What a wonderful cool day (76 degrees) to be out in nature and enjoying fun with family and friends. The following are participant's comments:

### ***What did you like about the Military Family Fun Day Event?***

The camaraderie with fellow Vets and the people who are actively and aggressively seeking to help Vets. I really had a wonderful time talking with ones like Liz, Ken Colson and others who are eager to help Vets Get what they need.

### ***Tell of a memorable moment during the Military Family Fun Day or why this day was important to you/or your family?***

I am a Cancer Survivor and I got a change to talk with a lady that lost her husband to cancer. It was a stirring conversation with someone who shared a similar experience. Watching my Grandson try to work up the courage to ride a horse, both of these events were at the same time.

### ***What changes would you like to see if we were able to do the Military Family Fun Day again next year?***

This event was one of the highlights of my year and the worst change would be not to have it!!! I am trying to rebuild my life Post-Cancer and this Event does me a lot of good! It affirms that I am still alive and have a reason to be alive.

### ***Any other comments or suggestion about the Military Family Fun Day?***

Thank You so much for these Retreats. I have made two of these events (2019 & 2021) and the first one got me in touch with the right people to help me with my cancer treatment. So, you can see why this event is important to me. *Alfred H. King – Army Active Duty – Vietnam Era (August 1964 – April 1975)*

### **Other comments:**

“My kids look forward to it every year. First year their dad was able to attend.” Kellie Ommert (wife)

“We helped a veteran obtain VA Benefits!” David Conrad NE/Iowa Veteran Administration

“I loved everything from start to finish. My family had a blast and was super excited to bring additional family members from out of town. The entire event in my opinion was memorable from the warm welcome, veteran friendly resources/info booths to just sitting out on the lake taking in the precious moments being provided. It was an amazing, blessed experience. My sister had her first ride on a horse and I was absolutely thrilled to see the look on her face. My daughter has autism and she absolutely loved the water activities. This day was important to me to spend quality time doing awesome activities with not only my blood family but with my brothers and sisters in arms military family. I felt the environment was very friendly to everyone regardless of sex or nationality. Black, white, yellow, green I felt everyone was treated well and made welcome.”

Octavia Savage – Army Active Duty – Era September 2001 and later






“When talking with the service providers in between the activities, I felt I was able to connect and they were able to relate.” Jake King – Army Active Duty – Era August 1990 – August 2001

“Great event for the grandkids, horseback riding for the kids was very memorable, they need to relax and have fun doing outside activities as their father is disabled and not able to do a lot outside with them.”







Peg Johnson (mother)



## South Heartland Bi-Monthly Board Report: Staff-Specific Program Updates, July-August 2021

 <p><b>Dorrann Hultman</b> Community Health Services Coordinator</p>	<p><u>Every Woman Matters Health Hub (EWM) Cancer Prevention /Immunization Program / Cancer Grant /CS-CASH:</u>  <u>COVID-19 response:</u> My ongoing focus is SHDHD's COVID-19 and VFC/AIP vaccination efforts. Activities include managing orders, assuring proper vaccine storage, managing vaccine and ancillary supply transfers to providers across the district, training and working with support staff, coordinating and staffing COVID-19 and VFC/AIP clinics, assuring appropriate documentation in VRAS and/or NESIIS, communicating with NDHHS Immunization program and COVID-19 vaccine providers and required reporting.</p>
 <p><b>Liz Chamberlain</b> Community Health Worker</p>	<p><u>COVID-19 Response:</u> Continue to distribute PPE to agencies as orders come in through SHDHD Jot Form (which works out better than doing them once a week), complete PPE inventory and update PPE spreadsheets. Continue to help with weekly Vaccine clinics at Allen's.  <u>MHAT/QPR (Suicide Prevention):</u> Provided 2 virtual QPR Training during the month of July 2021 with 17 participants attending the training.  <u>VetSET/Making Connections:</u> Military Family Fun Day was held August 21, 2021 from 9:00 am – 4:00 pm at Timberlake Ranch Camp, with 64 participants.</p>
 <p><b>Brooke Wolfe</b> Public Health Promotions and Prevention Coordinator</p>	<p><u>COVID-19 Response:</u> I continue to assist as the point person for the transition to using Nebraska's vaccine registration system and working with the disease investigation team to assist where needed with school COVID-19 activities.  <u>Grant Management:</u> Currently I am working with 8 staff members on 3 different large grant funding opportunities to ensure workplan implementation. These 3 projects are COVID and minority population focused.</p>
 <p><b>Jessica Warner</b> Health Surveillance Coordinator</p>	<p><u>Disease Surveillance:</u> Daily COVID cases have increased with recent high of 22 on 8/16. Community spread is increasing with all cases sequenced since the 3<sup>rd</sup> of July being detected as the Delta variant. SHDHD continues to test and sequence for variants when cases meet criteria. Surveillance team members have worked with schools in order to plan response to cases in schools. We have had approximately 30 students/staff either test positive or have a COVID exposure already this school year. We are working with Hastings College and CCC for testing recommendations and planning for sports and other extracurricular events. We will continue to recommend CDC best practices to keep daycares, schools and colleges open and safe.</p>
 <p><b>Janis Johnson</b> Standards and Performance Manager / Public Health Nurse/ Interim Assistant Director</p>	<p><u>Immunizations:</u> Back up coordinator supporting Dorrann H., C-19 vaccination-August clinics at Allen's and administration and coordinating w/ partners for homebound individuals.  <u>COVID-19 Response:</u> Training &amp; supervision of new staff &amp; logistics for staff assignments. Keeping documents, guidance and messaging current.  <u>Standards and Performance Management/Accreditation:</u> Accreditation (PHAB) Annual Report, Year 1 submitted &amp; accepted by PHAB on 8/5/21!! Year 2 report due 03.31.2022.  <u>Interim Assistant Director:</u> timesheets, orientation, staffing, staff training and performance management, assist Michele as needed.</p>

## South Heartland Bi-Monthly Board Report: Staff-Specific Program Updates, July-August 2021

<p><b>Jean Korth</b></p>  <p>Chronic Disease Prevention Program Assistant</p>	<p><u>COVID 19 response:</u> Our vaccination promotion campaign continues with six area providers voicing the PSA with information on the delta variant and the protection provided by being fully vaccinated, along with four of our older announcements. Ads are playing on all the Platte River Media stations.</p> <p><u>MCH:</u> Final evaluations for the MCH grant indicated its success.</p> <p><u>Epi Support:</u> working to support staff doing contact tracing, answering calls to the department regarding COVID19, working with daycares, childcare and preschools with COVID activity, monitoring cases migrating into Salesforce (disease investigation tracking software) for addition to the line list and assignment to case investigators, conducting case investigations, adding individuals that complete the automated disease investigation / contact tracing survey to the line list and adding resources to the schools' ShareFile folders.</p>
<p><b>Samantha Martell</b></p>  <p>Bi-Lingual Community Health Worker</p>	<p><u>Bilingual Community Health Worker (CHW):</u> I continue to work on contact tracing and investigations to assist with interpretation. Monthly Vaccine for Children (VFC) clinic: I promote and schedule all of our clients, as well as interpret and translate for both VFC and COVID-19 clinics as needed.</p>
<p><b>Heidi Davis</b></p>  <p>Disease Investigator</p>	<p><u>COVID-19 Response:</u> I continue to work on case investigations and contact tracing for COVID-19 cases and have been working on general EPI cases for reportable diseases. I am the direct contact of 8 schools in our health district, for questions related to COVID-19 activity at the schools. I have attended and participated in ESU9 meetings with school officials. In addition I have been trained to provide support on data analysis reports of COVID-19 for weekly reporting.</p>
<p><b>Lauren Shackelford</b></p>  <p>Disease Investigator</p>	<p><u>COVID-19 Response:</u> I continue to work on case investigations and contact tracing. I have taken over COVID-19 oversight and response for long-term care facilities.</p> <p><u>MHI:</u> I have used census data and social vulnerability index to identify social determinants of health for SHDHD's community health assessment.</p>
<p><b>Sam Coutts</b></p>  <p>Clerical Assistant for Finance and Operations &amp; Vaccine Clinic Support</p>	<p><u>Clerical Assistant for Finance and Operations:</u> I continue to assist the Finance and Operations Manager by providing clerical support and expertise in areas such as grants and contracts, scanning, organizing, filing, and reviewing documentation, human resources regulation, and assisting with projects related to organizational policies, performance management/quality improvement, and budgeting, as requested. I also provide general administrative and clerical support and assist with data entry as needed for COVID-19 clinics.</p>
<p><b>Pam Stromer</b></p>  <p>Administrative &amp; Technology Assistant</p>	<p><u>Administrative Assistant:</u> I continue to provide office support by answering the phone, mail service, receiving guests and providing various office duties. During the month of July, I helped manage the booths at the Clay County &amp; Adams County Fairs &amp; also managed the booth at the Recovery In The Park in Hastings.</p> <p><u>Technology Assistant:</u> I continue to work helping to maintain and update the South Heartland District web pages, develop on-line surveys as requested, work on getting familiar with the many software programs SHDHD uses, provide support with the Microsoft Office programs, as needed, and now help with compiling data for the SHDHD COVID-19 Dashboard.</p>

## South Heartland Bi-Monthly Board Report: Staff-Specific Program Updates, July-August 2021

### Support Staff for COVID-19 response and other projects:

#### Part-time Hire:

Lucy Nielsen	Data Analysis, Dashboard (last day, 08.27.21)
Aida Evans	Interpretation, Minority Outreach
Saylor Pershing	Data, Epi Team support (now working remotely from George Washington University)
Emma Severson	Project Support Intern (Hastings College)
Lindsay Pritchard	Nurse Vaccinator – COVID Clinics
Colleen Dygert	Nurse Vaccinator - COVID Clinics
Beatriz Marino Jachim	Nurse Vaccinator - COVID Clinics
Kathryn Kamarad	Clinic Admin Support - COVID Clinics

#### Contract (Mary Lanning):

Leslie Anderson, RN	VFC & COVID Clinic Support
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#### Volunteer:

Sue Rutt	Phones, Information
John Bohmfalk	Disease Investigation follow up

#### Vaccine Clinic Staffing Support:

Mary Lanning is providing pharmacy staff to draw up vaccine for August and September COVID Pfizer vaccination clinics at the Allen's building.

#### Student Practicums (Fall 2021)

Alianna Higgins	Credit-based Internship, Hastings College
Nancy Tahmo	MPH Applied Practice Experience, UNMC College of Public Health (Ms. Tahmo is from Cameroon, on a Fulbright Foreign Student Scholarship through the U.S. Dept of State)

**Moving on...** Alex Stogdill is in medical school at UNMC and intern Hannah Langer started nursing school. Both are planning to include a public health focus in their health care training.



Alex, after the UNMC white coat ceremony for incoming 1<sup>st</sup> year medical students



Staff and Volunteers with Alex on his last day with SHDHD

# National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care

*The National CLAS Standards are intended to advance health equity, improve quality, and help eliminate health care disparities by establishing a blueprint for health and health care organizations to:*

## Principal Standard:

1. Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.

## Governance, Leadership, and Workforce:

2. Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.
3. Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.
4. Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.

## Communication and Language Assistance:

5. Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.
6. Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.
7. Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.
8. Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.

## Engagement, Continuous Improvement, and Accountability:

9. Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations.
10. Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.
11. Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery.
12. Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.
13. Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.
14. Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.
15. Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.



# The Case for the Enhanced National CLAS Standards

*Of all the forms of inequality, injustice in health care is the most shocking and inhumane.*  
— Dr. Martin Luther King, Jr.

Health equity is the attainment of the highest level of health for all people (U.S. Department of Health and Human Services [HHS] Office of Minority Health, 2011). Currently, individuals across the United States from various cultural backgrounds are unable to attain their highest level of health for several reasons, including the social determinants of health, or those conditions in which individuals are born, grow, live, work, and age (World Health Organization, 2012), such as socioeconomic status, education level, and the availability of health services (HHS Office of Disease Prevention and Health Promotion, 2010). Though health inequities are directly related to the existence of historical and current discrimination and social injustice, one of the most modifiable factors is the lack of culturally and linguistically appropriate services, broadly defined as care and services that are respectful of and responsive to the cultural and linguistic needs of all individuals.

Health inequities result in disparities that directly affect the quality of life for all individuals. Health disparities adversely affect neighborhoods, communities, and the broader society, thus making the issue not only an individual concern but also a public health concern. In the United States, it has been estimated that the combined cost of health disparities and subsequent deaths due to inadequate and/or inequitable care is \$1.24 trillion (LaVeist, Gaskin, & Richard, 2009). Culturally and linguistically appropriate services are increasingly recognized as effective in improving the quality of care and services (Beach et al., 2004; Goode, Dunne, & Bronheim, 2006). By providing a structure to implement culturally and linguistically appropriate services, the enhanced National CLAS Standards will improve an organization's ability to address health care disparities.

The enhanced National CLAS Standards align with the HHS Action Plan to Reduce Racial and Ethnic Health Disparities (HHS, 2011) and the National Stakeholder Strategy for Achieving Health Equity (HHS National Partnership for Action to End Health Disparities, 2011), which aim to promote health equity through providing clear plans and strategies to guide collaborative efforts that address racial and ethnic health disparities across the country. Similar to these initiatives, the enhanced National CLAS Standards are intended to advance health equity, improve quality, and help eliminate health care disparities by providing a blueprint for individuals and health and health care organizations to implement culturally and linguistically appropriate services. Adoption of these Standards will help advance better health and health care in the United States.

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## Equality



The assumption is that **everyone benefits from the same supports**. This is equal treatment.

## Equity



**Everyone gets the supports they need** (this is the concept of "affirmative action"), thus producing equity.

## Justice



All 3 can see the game without supports or accommodations because **the cause(s) of the inequity was addressed**. The systemic barrier has been removed.

11:00 AM

08/26/21

Cash Basis

**South Heartland District Health Dept**  
**Balance Sheet Prev Year Comparison**  
As of August 26, 2021

	Aug 26, 21	Aug 26, 20	% Change
<b>ASSETS</b>			
Current Assets			
Checking/Savings			
1020 · Checking- Heritage xx7102	254,625.56	134,603.40	89.2%
1040 · Money Market - Heritage xx9347	4,872.26	4,867.44	0.1%
Total Checking/Savings	259,497.82	139,470.84	86.1%
Other Current Assets			
1220 · Cash in Drawer	46.00	64.00	-28.1%
Total Other Current Assets	46.00	64.00	-28.1%
Total Current Assets	259,543.82	139,534.84	86.0%
Fixed Assets	0.00	0.00	0.0%
<b>TOTAL ASSETS</b>	<b>259,543.82</b>	<b>139,534.84</b>	<b>86.0%</b>
<b>LIABILITIES &amp; EQUITY</b>			
Liabilities			
Current Liabilities			
Credit Cards			
2005 · First Bank Card	1,154.27	-2,322.85	149.7%
Total Credit Cards	1,154.27	-2,322.85	149.7%
Other Current Liabilities			
2040 · Line of Credit - Heritage	8,000.00	0.00	100.0%
2200 · Payroll Liabilities	-1,867.66	651.68	-386.6%
Total Other Current Liabilities	6,132.34	651.68	841.0%
Total Current Liabilities	7,286.61	-1,671.17	536.0%
Total Liabilities	7,286.61	-1,671.17	536.0%
Equity			
Fund Balance	30,218.22	30,218.22	0.0%
3050 · Restricted Net Assets	3,167.73	3,167.73	0.0%
3900 · Retained Earnings	41,074.41	48,378.74	-15.1%
Net Income	177,796.85	59,441.32	199.1%
Total Equity	252,257.21	141,206.01	78.6%
<b>TOTAL LIABILITIES &amp; EQUITY</b>	<b>259,543.82</b>	<b>139,534.84</b>	<b>86.0%</b>

# South Heartland District Health Dept

## Profit & Loss Prev Year Comparison

July 1 through August 26, 2021

				Indirect Costs	
	Jul 1 - Aug 26, 21	Jul 1 - Aug 26, 20	% Change	Jul 1 - Aug 26, 21	%
<b>Ordinary Income/Expense</b>					
<b>Income</b>					
<b>4100 - Federal Funding</b>					
4110 - Grants - Federal	51,271.58	166,156.04	-69.14%	3,337.13	6.51%
4130 - FEMA	270,944.00	0.00	100.0%		
<b>Total 4100 - Federal Funding</b>	<b>322,215.58</b>	<b>166,156.04</b>	<b>93.92%</b>	<b>3,337.13</b>	
<b>4200 - State &amp; Local Funds</b>	<b>171.73</b>	<b>2,044.00</b>	<b>-91.6%</b>	<b>31.73</b>	
<b>4250 - State Revenue</b>					
4251 - Infrastructure	18,518.52	1,851.92	899.96%	0.00	
4252 - Per Capita	13,781.74	30,289.84	-54.5%	0.00	
4253 - COVID Indirect	0.00	9,553.16	-100.0%	0.00	
4254 - General Funds	45,354.12	31,550.22	43.75%	0.00	
<b>Total 4250 - State Revenue</b>	<b>77,654.38</b>	<b>73,245.14</b>	<b>6.02%</b>	<b>0.00</b>	
<b>4300 - Services</b>	<b>42.00</b>	<b>84.00</b>	<b>-50.0%</b>		
<b>4400 - Miscellaneous</b>	<b>0.00</b>	<b>78.00</b>	<b>-100.0%</b>	<b>0.00</b>	
<b>4450 - Donations</b>	<b>32.24</b>	<b>297.00</b>	<b>-89.15%</b>		
<b>4550 - Bank Interest Income</b>	<b>2.50</b>	<b>5.86</b>	<b>-57.34%</b>	<b>2.50</b>	
<b>Total Income</b>	<b>400,118.43</b>	<b>241,910.04</b>	<b>65.4%</b>	<b>3,371.36</b>	
<b>Gross Profit</b>	<b>400,118.43</b>	<b>241,910.04</b>	<b>65.4%</b>	<b>3,371.36</b>	
<b>Expense</b>					
4000 - Reconciliation Discrep	0.00	0.03	-100.0%	0.00	
6000 - Personnel	122,282.88	150,055.61	-18.51%	39,998.48	32.71%
6101 - Postage & Shipping	146.81	89.45	64.13%	91.24	62.15%
6102 - Printing and Copying	3,463.47	0.00	100.0%	133.04	3.84%
6103 - Staff Development	469.04	-1,309.42	135.82%	204.04	43.50%
6110 - Insurance Expense	4,587.00	0.00	100.0%	4,587.00	100.00%
6120 - Professional Services	41,013.43	10,850.95	277.97%	1,009.68	2.46%
6130 - Contracted Services	343.75	796.00	-56.82%	0.00	0.00%
6140 - Office Supplies & Equip	7,603.48	7,833.18	-2.93%	6,662.55	87.63%
6150 - Communications	2,896.33	3,963.11	-26.92%	1,989.59	68.69%
6160 - Facilities	4,028.72	2,870.74	40.34%	3,605.47	89.49%
6170 - Marketing	6,953.50	5,833.09	19.21%		0.00%
6180 - Board Expenses	204.77	350.94	-41.65%	189.40	92.49%
6192 - Memberships	315.00	1,327.50	-76.27%	315.00	100.00%
6199 - Administrative Fees	82.25	25.00	229.0%	82.25	100.00%
6200 - Program Expenses	0.00	-20.97	100.0%	0.00	0.00%
6201 - Event Expenses	150.00	150.00	0.0%		0.00%
6202 - Event Facility Rental	10,100.00	0.00	100.0%		0.00%
6204 - Promotion & Outreach	968.91	0.00	100.0%		0.00%
6206 - Conference Fees	300.00	-855.00	135.09%	300.00	100.00%
6209 - Program Supplies	14,736.19	21.76	67,621.46%		0.00%
6300 - Travel	1,667.16	486.75	242.51%	72.80	4.37%
9000 - Interest Expense	8.89	0.00	100.0%		0.00%
<b>Total Expense</b>	<b>222,321.58</b>	<b>182,468.72</b>	<b>21.84%</b>	<b>59,240.54</b>	<b>26.65%</b>



# South Heartland District Health Dept

## Profit & Loss Prev Year Comparison

July 1 through August 26, 2021

				Indirect Costs	
	Jul 1 - Aug 26, 21	Jul 1 - Aug 26, 20	% Change	Jul 1 - Aug 26, 21	%
Net Ordinary Income	177,796.85	59,441.32	199.11%	-55,869.18	
	<b>177,796.85</b>	<b>59,441.32</b>	<b>199.11%</b>	<b>-55,869.18</b>	

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**South Heartland District Health Dept**  
**Outstanding Invoices**  
**As of August 26, 2021**

<u>Date</u>	<u>Num</u>	<u>Name</u>	<u>Due Date</u>	<u>Open Balance</u>
<b>Current</b>				
07/30/2021	64	DHHS:EP 57142 4Q 4/1/21 - 6/30/21	08/30/2021	23,110.64
08/02/2021	70	DHHS:Immunization 4Q 4/1/21 - 6/30/21	09/02/2021	5,570.62
08/02/2021	71	DHHS:Imm Covid Vaccines	09/02/2021	24,051.36
Total Current				52,732.62
<b>1 - 30</b>				
07/01/2021	60	MLH - Mary Lanning Healthcare:CHC's Half of ...	08/01/2021	388.50
07/12/2021	62	DHHS:Accreditation 57313 3Q 4/1/21 to 6/30/21	08/12/2021	1,927.28
07/19/2021	68	DHHS:Drug OD Prev 52971 3Q 4/1/21 - 6/30/21	08/19/2021	4,717.54
Total 1 - 30				7,033.32
<b>31 - 60</b>				
Total 31 - 60				
<b>61 - 90</b>				
Total 61 - 90				
<b>&gt; 90</b>				
04/08/2021	41	DoE:WSCC 01/01/21 - 03/31/21	05/08/2021	17,885.12
Total > 90				17,885.12
<b>TOTAL</b>				<b>77,651.06</b>

**South Heartland District Health Dept**  
**Payroll Summary**  
 July 1 through August 26, 2021

	Jul 1 - Aug 26, 21
<b>Employee Wages, Taxes and Adjustments</b>	
Gross Pay	
Hourly Funeral	112.00
Hourly Holiday	1,995.62
Hourly Sick	1,008.86
Hourly Vacation	11,775.27
Hourly Wage	78,204.35
Hourly Wage - Admin	5,169.74
Overtime (x1.5)	3,945.63
Cash Out Option	4,014.70
<b>Total Gross Pay</b>	<b>106,226.17</b>
Deductions from Gross Pay	
AFLAC (pre-tax)	-116.96
Dental Insurance (pre-tax)	-247.50
Health Insurance (pre-tax)	-3,035.64
HSA (Pre-Tax) - Bever	-1,107.68
HSA (Pre-Tax) - Chamberlain	-127.05
HSA (Pre-Tax) - Hultman	-700.00
HSA (Pre-Tax) - Wolfe	0.00
NPERS Retirement Employee	-4,108.66
Vision Insurance (pre-tax)	-137.78
<b>Total Deductions from Gross Pay</b>	<b>-9,581.27</b>
<b>Adjusted Gross Pay</b>	<b>96,644.90</b>
Taxes Withheld	
Federal Withholding	-8,270.00
Medicare Employee	-1,460.96
Social Security Employee	-6,246.71
NE State Withholding	-4,143.74
Medicare Employee Addl Tax	0.00
<b>Total Taxes Withheld</b>	<b>-20,121.41</b>
<b>Net Pay</b>	<b>76,523.49</b>
<b>Employer Taxes and Contributions</b>	
Medicare Company	1,460.96
Social Security Company	6,246.71
NE State Unemployment	41.01
Dental Insurance Company	213.43
Health Insurance Company	4,623.40
HSA (Pre-Tax)-MB-Company Share	0.00
NPERS Retirement Company	6,162.99
Vision Insurance Company	22.99

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South Heartland District Health Dept  
**Payroll Summary**  
July 1 through August 26, 2021

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	Jul 1 - Aug 26, 21
NE - UI Wage Base Increase	0.00
Total Employer Taxes and Contributions	18,771.49



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Accrual Basis

# South Heartland District Health Dept

## Accounts Payable Report

### July 1 through August 26, 2021

Date	Num	Name	Memo	Amount
<b>Jul 1 - Aug 26, 21</b>				
07/07/2021	13569	AlertSense	2021-2022 annual svc	-1,300.00
07/07/2021	13570	Allo Communications	929329 phone - June	-639.04
07/07/2021	13571	B&R Stores	Allen's lease - July	-5,000.00
07/07/2021	13572	Chamberlain, Liz	June mileage	-99.90
07/07/2021	13573	Cornhusker Press	printing of vaccination packets ...	-220.62
07/07/2021	13574	Culligan of Hastings	bottled water - June #1000552	-48.45
07/07/2021	13575	Eakes Office Solutio...		-479.68
07/07/2021	13576	Edumarking	11 playground markings	-9,418.86
07/07/2021	13577	Essential Screens	3 background checks	-287.00
07/07/2021	13578	Hometown Leasing	#22794817 - June	-185.00
07/07/2021	13579	Interactive Health Te...	28 wrist heart rate monitors	-4,572.39
07/07/2021	13580	Johnson, Janis	June 2021 - mileage	-50.40
07/07/2021	13581	Kershner's Auto Kor...	car rental May/Jun 2021	-282.75
07/07/2021	13582	Langer, Hannah (v)	sun safety mileage	-34.16
07/07/2021	13583	Language Access N...	OPI minutes	-58.80
07/07/2021	13584	Markel	Workers Comp Ins - #MWC014...	-1,787.00
07/07/2021	13585	Mary Lanning Health...		-402.50
07/07/2021	13586	Morgan, Jim	June mileage	-228.48
07/07/2021	13587	R & K Mowing	June mowing	-240.00
07/07/2021	13588	United States Treas...	Form 720 for quarter ending 6/3...	-13.59
07/07/2021	13589	Woodwards Disposal	June trash	-354.50
07/07/2021	online	Firespring	June web hosting	-165.00
07/07/2021	online	Flatwater Technolog...	monthly services - July	-558.99
07/21/2021	13591	Brodstone Memorial ...	reimbursement at \$23/vaccine ...	-1,518.00
07/21/2021	13592	Clay County Health ...	reimbursement at \$23/vaccine ...	-4,830.00
07/21/2021	13593	Community Health ...	reimbursement at \$23/vaccine ...	-8,694.00
07/21/2021	13594	Cornhusker Press		-846.50
07/21/2021	13595	Eakes Office Solutio...		-478.98
07/21/2021	13596	Ellerbrock-Norris Ins...	Cyber Liability Policy - Beazley	-1,300.00
07/21/2021	13597	Family Medical Cent...	reimbursement at \$23/vaccine ...	-11,661.00
07/21/2021	13598	First National Bank ...	June balance ending 7/15/21	-1,582.52
07/21/2021	13599	Hastings Area Cha...	annual membership 2021	-315.00
07/21/2021	13600	Hastings Tribune	public notice of July BOH Mtg	-6.54
07/21/2021	13601	Hastings Utilities	June utilities #01010200-01	-561.93
07/21/2021	13602	Hultman, Dorrann	June 2021 - mileage	-47.94
07/21/2021	13603	Keifer, James W	mileage board mtg - Jul	-50.40
07/21/2021	13604	Kleppinger, Mike	mileage board mtg - July	-28.00
07/21/2021	13605	Korth, Jean		-240.81
07/21/2021	13606	Langer, Hannah (v)	July 2021 - mileage	-24.81
07/21/2021	13607	Language Access N...	OPI minutes - June	-7.20
07/21/2021	13608	Mary Lanning Health...	Building Healthy Famlies meal	-35.00
07/21/2021	13609	Hallock, Mirya	mileage board mtg - Jul	-60.48
07/21/2021	13610	Neumann, Charles	mileage board mtg - July	-25.76
07/21/2021	13611	Platte River Radio	Covid vaccine ads - July/August	-5,000.00
07/21/2021	13612	Red Cloud Chief		-53.50
07/21/2021	13613	Schmeeckle Resear...	FY2021 Healthy Kids Survey	-450.00
07/21/2021	13614	Severson, Emma	Jul mileage	-64.40
07/21/2021	13615	Stromer, Pamela	Jul mileage	-14.28

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Accrual Basis

# South Heartland District Health Dept

## Accounts Payable Report

### July 1 through August 26, 2021

Date	Num	Name	Memo	Amount
07/21/2021	13616	Verizon	June cell service	-376.60
07/21/2021	online	Flatwater Technolog...	managed services - various small	-42.50
08/05/2021	13617	Air Check	75 test kits, #33423	-506.25
08/05/2021	13618	Allo Communications	929329 phone - July	-639.42
08/05/2021	13619	Bamboo Mind & Bod...	QPR class - Edgewood Vista	-150.00
08/05/2021	13620	Chamberlain, Liz	July mileage	-183.57
08/05/2021	13621	Cornhusker Press		-1,037.90
08/05/2021	13622	Culligan of Hastings	bottled water - July #1000552	-32.30
08/05/2021	13623	Ellerbrock-Norris Ins...	Directors & Officers Ins 2021	-1,500.00
08/05/2021	13624	GASSW Continuing ...	CLAS Standards webinar x12	-180.00
08/05/2021	13625	Hastings Tribune	Account # 0020289 - annual su...	-168.00
08/05/2021	13626	Hometown Leasing	#22794817 - July	-185.00
08/05/2021	13627	Hultman, Dorrann	July 2021 - mileage	-71.23
08/05/2021	13628	Ideal Electric	bulb replacement in light fixture	-49.00
08/05/2021	13629	KRFS Radio	200 Covid spots (100 comp)	-500.00
08/05/2021	13630	Locomotive Gazette		-37.92
08/05/2021	13631	Martell, Samantha	mileage - July 2021	-25.09
08/05/2021	13632	Mary Lanning Health...	cleaning - July, LAnderson cont...	-365.00
08/05/2021	13633	R & K Mowing	July mowing	-300.00
08/05/2021	13634	Severson, Emma	Jul 19-22 mileage	-170.07
08/05/2021	13635	Superior Publishing ...	Jul Board mtg notice	-7.45
08/05/2021	13636	Woodwards Disposal	July trash	-154.50
08/05/2021	online	Firespring	July web hosting	-165.00
08/05/2021	online	Flatwater Technolog...		-555.94
08/20/2021	13637	Hastings Utilities	July utilities #01010200-01	-620.96
08/23/2021	13638	B&R Stores	Allen's lease - August	-5,000.00
08/23/2021	13639	Blue Hill Leader	Board meeting notice (July)	-6.22
08/23/2021	13640	Cornhusker Press		-556.07
08/23/2021	13641	Don Rutt Plumbing ...	leaky toilet & ceiling pipes	-89.00
08/23/2021	13642	Eakes Office Solutio...		-379.42
08/23/2021	13643	First National Bank ...	July balance ending 8/15/21	-936.79
08/23/2021	13644	Grace's Locksmith	Repair lock on office door	-88.00
08/23/2021	13645	Hastings Tribune	various ads	-973.50
08/23/2021	13646	Hultman, Dorrann	august 2021 - mileage	-40.99
08/23/2021	13647	Ideal Electric	replace ceiling tiles & light covers	-401.76
08/23/2021	13648	Johnson, Janis	July 2021 - mileage	-25.76
08/23/2021	13649	Language Access N...	OPI minutes - July	-12.00
08/23/2021	13650	Mary Lanning Health...		-81.25
08/23/2021	13651	NACO	Annual Conference 2021	-150.00
08/23/2021	13652	NALHD		-13,496.88
08/23/2021	13653	Platte River Radio		-480.00
08/23/2021	13654	Randy's Sprinkler S...	annual sprinkler start-up w/com...	-777.07
08/23/2021	13655	Schmeeckle Resear...	Community Health Assessment	-4,750.00
08/23/2021	13656	Verizon	June cell service	-201.31
Jul 1 - Aug 26, 21				<b>-100,793.88</b>



## Finance Committee Minutes

**Date:** 06/30/21 10:00 AM

**Finance Members present:** Chuck Neumann, Dick Shaw, Nanette Shackelford (Zoom)

**Additional County Board Members Present for ARPA discussion:** James Keifer, TJ Vance (Zoom)

**Staff present:** Michele Bever (E.D.), Kelly Derby (Finance & Ops Mgr)

Topic/Lead Person	Comments/Action
ARPA funds discussion – M. Bever	Discussed new information on the ARPA process and status of decision-making with each entity. Suggestions to make requests of 9%; identify and have general costs for no more than 6 “projects”; visit each community in teams of 2-3 (E.D., County Board member and public-spirited Board member) to request ARPA fund support of SHDHD. Recommended to provide information at the July Board of Health meeting.
Transition to Finance Committee business	Vance and Keifer were welcome to leave the meeting. Mr. Vance left. Mr. Keifer remained. K. Derby joined the meeting.
Cyber Policy - M. Bever, K. Derby	M. Bever and K. Derby provided an overview of steps taken since the May Board of Health Meeting: (1) reviewed the security recommendations checklist suggested by the insurance company, (2) worked with Flatwater to determine additional actions for risk mitigation, (3) requested an updated quote from Ellerbrock-Norris because the previous one had expired. Ellerbrock provided a quote from Beazley, with two options: \$1,000,000 Limit \$1,000 Deductible/Retention - \$1,080 annual premium \$2,000,000 Limit \$1,000 Deductible/Retention - \$1,300 annual premium  Discussion: Committee agreed SHDHD should apply for the higher Limit for \$1,300 annual premium.
Cost of Living Adjustment – M. Bever	M. Bever provided this year’s COLA rates and Consumer Price Index. All Board members present said their counties/city generally used a 3% annual wage increase and supported SHDHD doing the same.
Salary Schedule Revision – M. Bever	M. Bever shared a draft salary schedule (in progress – comparing wages against other local health departments and the Non-Profit Association of the Midlands. There are several positions which may need wage adjustments. The revisions will be brought to the next finance committee meeting in July/August
Next Meeting	July/August - TBD
	Adjourned at 5:15 PM

Submitted by Michele Bever  
July 4, 2021