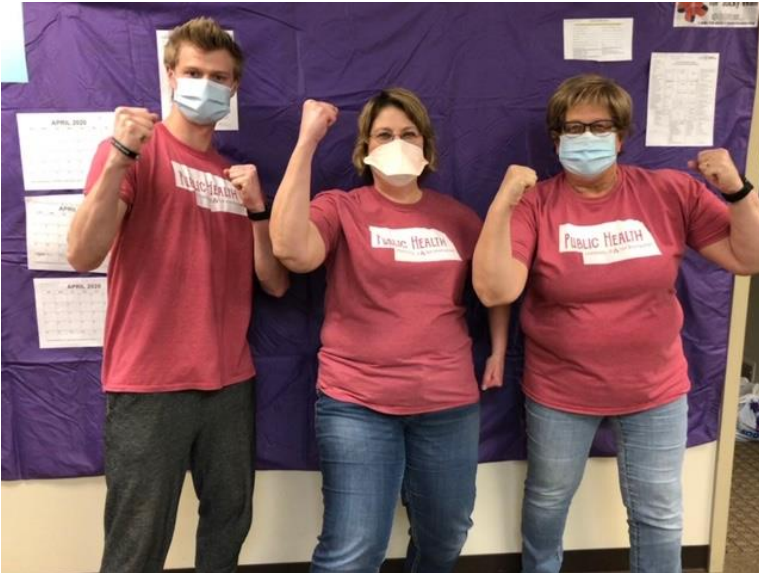


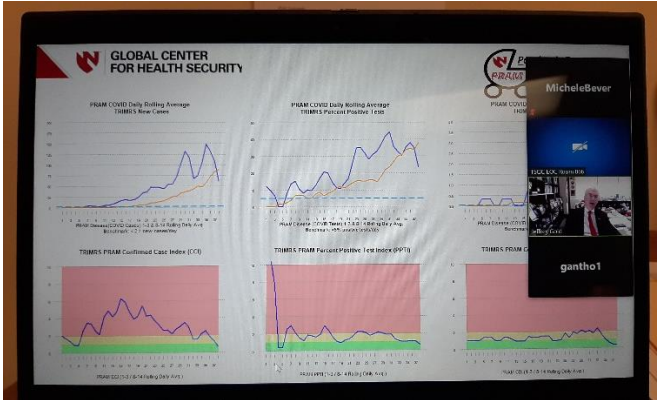
South Heartland's COVID Response!



Pictured (Above, Clockwise) Janis Johnson, Jessica Warner, Michele Bever in action with Phone Calls, Case and Contact Investigations, and Zoom Meetings with State Partners (below – Zoom meeting briefing with State Partners: UNMC's Dr. Gold, gives state data update.



SHDHD's Staff Fight Against COVID-19
Pictured (left to right) Alex Stodgill, Dorrann Hultman, Jean Korth



Weekly, Jim and Liz set up shop at the Adams County Fairgrounds to divide up the shipment of Personal Protective Equipment (PPE) to agencies across the district. The PPE protects health care workers, first responders, long term care workers and frontline workers.

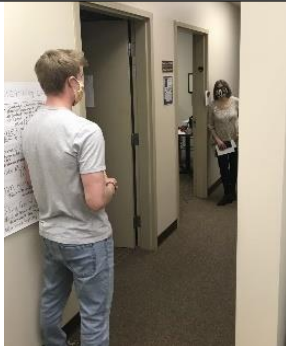
Drive Through COVID-19 Testing Events at Adams



Thank you to the National Guard, Adams County Emergency Management and the Volunteer Interpreters that made it all possible!



SHDHD's Social Distancing



Minority Outreach Work Group



Daily Staff Huddles

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

1. Monitor health status and understand health issues facing the community.

(What's going on in our district? Do we know how healthy we are?)

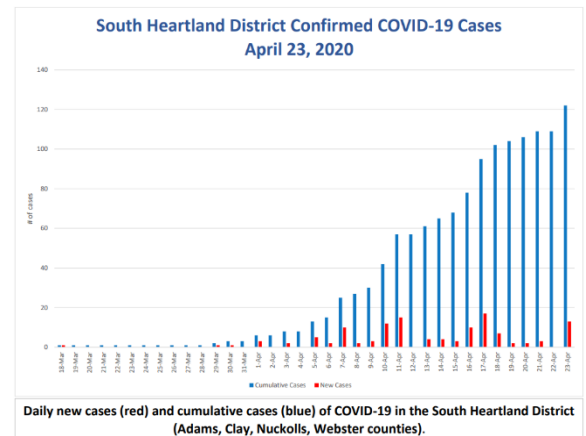
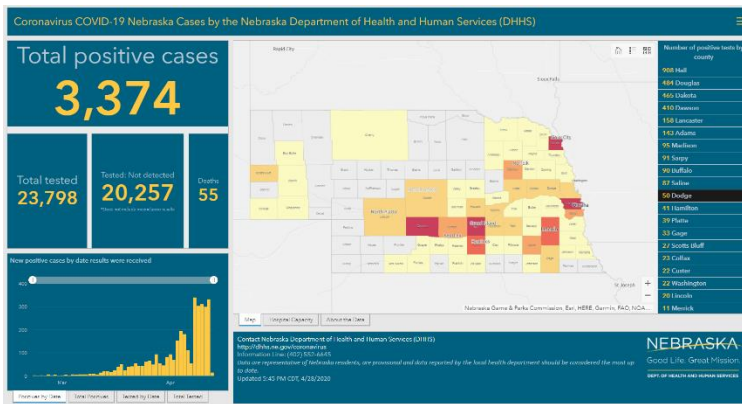
- *How do we collect and maintain data about conditions of public health importance and about the health status of the population, and how do we make it available to our partners and our community?*
- *What major problems or trends have we identified in the past 2 months?*

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.

➤ [Coronavirus \(COVID-19\) Outbreak:](#)

Nebraska distribution of COVID-19 cases statewide, as of 29 April 2020



Coronavirus (COVID-19) Outbreak Situation Update:

On March 18th SHDHD saw it's first COVID-19 case in the district. As of April 29 SHDHD has:

- Total Lab-Confirmed COVID-19 Cases – 156
- Adams County – 144
- Clay County – 9
- Nuckolls County – 0
- Webster County – 3
- Tested- 815
- SHDHD Recovered Cases: 75
- Deaths: 2

SHDHD's response to COVID-19 has been a team effort with 3 staff leading the EPI efforts though contact investigating (156 investigations), contact tracking (200+ contacts) and test ordering (500+). Two testing events were held in Hastings, testing 450 district community members.

2. Protect people from health problems and health hazards.

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

- *What key activities did we complete 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*
- *What activities did we complete for emergency preparedness (e.g., planning, exercises, and response activities)?*

➤ [COVID-19 Preparedness and Response:](#) SHDHD's preparedness and response efforts have focused around COVID-19. SHDHD is following the ICS command structure and engaging all sectors of the community. To keep communication channels open, SHDHD meets with City Officials, EMS, Emergency Managers, Police, Hospital and other partners weekly or more frequently. SHDHD has actively worked with area worksites (meat packing

plants, grocery stores and long-term care) to help manage COVID-19 outbreaks and reduce the spread. To help keep key partners informed, SHDHD has sent out 30 AlertSense notifications.

3. Give people information they need to make healthy choices.

(How well do we keep all people and segments of our district informed about health issues?)

- *Provide examples of key information related to physical, behavioral, environmental, social, economic, and other issues affecting health that we provided to the public.*
- *Provide examples of health promotion programs that we implemented to address identified health problems.*
- **Community sign boards:** Signboards have messages related to Covid-19, symptoms, and what to do to prevent.
- **News releases, public health columns, ads and interviews:** All news and media communications have been COVID-19 related. During these two months SHDHD has released 34 press releases and 8 press conferences, and appearances on numerous news interviews
- **SHDHD Facebook:** These past two months SHDHD's Facebook/Twitter post have been primarily focused around COVID-19 information with additional Colon Cancer, veteran facts/videos and immunization information sprinkled in. During the month of March, the total number of people reached through FB posts was 116,844 and for April 45,048! This is a huge increase from past months due to COVID-19 information sharing and education.
- **Website:** SHDHD staff worked to create a COVID-19 information page that was user friendly, easy to navigate and informative. Our website "views" went from 476 in February to 26,191 in April.
- **COVID-19 Information:** Answering calls from the public and providers was a priority for several staff (7). With the constant changing of guidance, information had to be updated to assure a correct and consistent message. The focus of questions also changed over time – COVID-19 facts, testing, Directed Health Measures, info for isolation, quarantine & back to work releases. The attempt to do performance management will be completed when provider and specific calls to staff are counted. Currently triage calls average 25/day with the highest at 41. We began collecting the amount of daily calls 4/20 – average was 88/day with highest at 109 & lowest at 66.

4. Engage the community to identify and solve health problems.

(How well do we really get people and organizations engaged in health issues?)

- *Describe the process for developing SHDHDs community health improvement plan (CHIP) and/or implementing your work plan.*
- *Provide examples where we engaged the public health system and community to address health problems collaboratively. What were the evidence-based strategies that were implemented?*
- **Community Health Improvement Plan (CHIP) implementation:** Planning for the 5 priority steering committee meetings scheduled in April moved from in-person to virtual, then were cancelled due to staff COVID-19 responsibilities. A data tracker and Qualtrics survey was developed to report data to each steering committee. The survey was emailed to committee members and other stakeholders and partners to gather progress on priority strategies. SHDHD will analyze the data for presentation to the steering committees.
- **Access to Health Care CHIP Priority:** Strategies addressed are transportation and resource guide development using the 211 system (United Way). The Federally Qualified Health Center application announcement is pending.
- **Mental Health CHIP Priority:**
 - **Rural Behavior Health Network:** The Rural Health Network continues to meet as planned but virtually. The network has established a network statement, completed two HRSA requirements (the external environmental scan and organizational assessment) and has begun gathering information needed for the strategic plan. The network is planning to virtually complete the strategic planning process at the end of May. The network is also working with UNMC on a grant proposal that will help the network sustain their current work.
- **Obesity & Related Health Conditions CHIP Priority:**
 - **SHDHD Healthy Kids Workgroup, HKW:** SHDHD met with the HKW during the month of March to develop a "starter toolkit" for daycares, afterschool programs and school implementation sites. The HKW identified resources and best practices they felt to be helpful for agencies who are just starting to look at how they can improve physical activity and nutrition for their kids. Current pilot implementation sites will be receiving these "starter toolkit," valued at \$150, to test and provide feedback. The second round of implementation sites will start their work with these "starter toolkits" next fall. The materials for these starter toolkits have been purchased with project funds. The HKW also approved of the pilot implementation site evaluation

plan. The 13 pilot implementation sites received all their materials to implement their goals they identified in December. Sites spent a total of \$15,719.02 of the Maternal Child Health funds SHDHD received. Partners (HKW members and implementation sites) also contributed \$8,484.16 in-kind time to the project.

- **Improving Health through changes in Built Environment and Social Supports:** SHDHD continues to work with Sutton and Hastings to improve the built environment and social supports to increase health. Due to COVID-19, the work was delayed, but SHDHD did work with the Healthy Hastings Coalition to host Active Hastings week the last week of April.
- **Prevention Connection: Smart Moves, Diabetes Prevention Class (DPP):** Currently SHDHD has two Smart Moves classes that started in January in Superior and Hastings. The Hastings class has 6 participants that have lost 45 lbs with 3.4% weight loss. Superior class had 11 participants with 3 people dropping out. They have lost 120 lbs with 4.9% weight loss. Due to Covid-19 both classes have moved to doing classes with Zoom because of social distancing. It's a challenge getting their weight and physical activities reported, but it is improving. Some are struggling with getting in their physical activity minutes.
- **Whole School, Whole Community, Whole Child (WSCC):** Due to COVID-19 and the schools going to virtual learning, the WSCC project is on hold. SHDHD continues to communicate with Harvard and Hastings but the implementation of the project is on hold. SHDHD worked with each school to begin to identify 2019-2020 school year successes. Each school will complete a success story for NDE in May.
- **Cancer Priority:**
 - **Mary Lanning Healthcare Cancer Committee:** They didn't meet these two months due to COVID-19, however the committee did send a packet out of each of the committee members to review and sign off on.
 - **Colon Cancer:** During the month of March, SHDHD posted FB materials and had some media promotion as it was Colon Cancer Awareness Month. March 6th was Wear Blue Day and three staff members wore their colon cancer prevention t-shirts.
- **Vital Signs Health Fair Board:** Due to COVID-19 the Vital Signs Health Fair (VSHF) was postponed. As VSHF board members, SHDHD organized a provider survey and community survey to help the board understand the value/need for the event to continue in the future. The board is exploring alternative health fair options.
- **Other Collaborations:** SHDHD's community partners, city chambers, city offices and local worksites have responded well to SHDHD's need to get messages out to the community and workplaces - we couldn't have made the impact we have these last two months without them.

5. Develop public health policies and plans.

(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)?*
- **Grant Proposals and Contracts (New Plans):**
 - SHDHD is working with UNMC on a new HRSA Substance Misuse grant proposal.
 - SHDHD submitted 2 applications to the Hastings Sunnyside Foundation to support our Building Healthy Families project and the Healthy Kids Workgroup activities.
- **Addressing Disparities:** The needs for reaching minority populations in our district are evidenced in determining best methods to inform and educate different cultures during the current pandemic and beyond. Building relationships of trust by utilizing people and organizations that represent these cultures and working with them are crucial to informing and protecting public health. A SH staff workgroup is involved in exploring best practices. They met virtually with state and local partners following a state review of a local meat packing plant. This review team requested assistance from the community 'boots on the ground' for best ways to mitigate reaching these populations with the challenges of language, cultural differences, and hi-density housing with large families living together.

6. Enforce public health laws and regulations.

(When we enforce health regulations are we up-to-date, technically competent, fair and effective?)

- Describe our 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:** One complaint – resolved when person quit smoking.
- **NE Direct Health Measures:** SHDHD has worked closely with the Governor's office, local law enforcement and city officials to educate, promote and enforce the local and state direct health measures that were issued on April 9th.
- **MOUs with Municipalities:** SHDHD already had authority for issuing directed health measures at the county/district level, but not at the municipality level. We worked with officials in Sutton, Superior, Hastings, Clay Center and Harvard to sign MOUs giving SHDHD authority for disease containment activities in these municipalities that have their own law enforcement. For other communities, the County Sheriff is the enforcement authority. Signed MOUs are now in place for Sutton, Superior, Hastings and Harvard.
- **SHDHD's Quarantine and Isolation Authorities:** Shared Memo on SHDHD authorities with County Officials (Boards, Sheriffs, Attorneys, Clerks; all 4 counties), City of Hastings officials, and Board of Health regarding gradation of public health actions up to and including Quarantine and Isolation and emphasizing the principles of taking the least restrictive actions to accomplish public health goals to reduce spread and protect residents.

7. Help people receive health services.

(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:** In March, clinic staff delivered 55 vaccines to 24 patients at the monthly clinic. Of those 24 patients seen, 15 (63%) had no insurance, 7 (29%) had Medicaid, and 2 (8%) were underinsured. One of the 24 VFC patients (4%) were new to the clinic. Total donation collected from clients for March = \$35.00 (avg. \$.64 per immunization or \$1.46 per patient). Following the recommendation of Dr. Catlett, Medical Director for the immunization program, the April clinic was not held due to community spread of COVID 19 in Hastings and the potential risk to our small staff.
- **Immunization: Adult Immunization Program:** In March, the clinic staff delivered Tdap to 1 adult (age 19 and over). This was a new uninsured patient.
- **Reminder/Recall to improve vaccination rates:** Not completed due to COVID-19 work.
- **Community Health Worker (English Only) / Every Woman Matters (EWM) and Health Coaching:** Not completed due to COVID-19 work.
- **Personal Protective Equipment:** SHDHD has worked with 62 agencies to supply PPE (31-Adams, 12-Clay, 9-Nuckolls, 10-Webster). We have distributed all of the PPE in our SHDHD cache. In addition, we distributed part of the PPE from the TRIMRS cache. We continue to get PPE based upon the requests that are filled in on-line to the state. We then get the PPE and break it down depending upon what the entities ordered, how much of what they ordered was received, and if something happened that would require shifting it to another entity that is having an inventory problem. SHDHD staff have made numerous phone calls and have sent 132 emails to local agencies to get their PPE orders and inform them of the online link.

8. Maintain a competent public health and personal health care workforce.

(Do we have a competent public health staff? How can we be sure that our staff stays current?)

- Describe our 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.
- **Performance Management (PM):** Cross walk of HD plans is behind schedule due to COVID-19 responsibilities; moving forward slowly.
- **The Workforce Development Plan:** Two additional staff development assessments were initiated. Training: all staff, up front, boots on the ground emergency and disease surveillance pandemic response.

- **Qualtrics:** Qualtrics survey was completed to gather data from CHIP steering committees & other partners.
- **LanguageLine Interpreter Training Course, Advanced Medical Training:** 2 staff members have completed the course.
- **Staff Roles Changes, New Hires and Volunteers for COVID Response Activities:** Most staff have been cross-trained in active monitoring and contact investigation and most have been shifted almost exclusively to COVID-19 response activities. In addition to increasing hours for the previously part-time staff, we have contracted for additional staff, added volunteers, accepted Medical Reserve Corps staffing assistance, and hired some additional part-time staff. New people are trained in active monitoring and/or contact investigation and other COVID-19 information or data skills. Staff are briefed daily on current status and processes have been implemented to help those answering phones have consistent information to share with callers.

9. Evaluate and improve and interventions. *(Are we doing any good? Are we doing things right? Are we doing the right things?)*

- *Provide examples of our evaluation activities related to evidence-based public health programs.*
- *Provide examples of QI projects that we have completed or are in process.*
- **QI-PM Plan:** Goal 1: Action plans and performance dashboards are developed for each priority steering committee. Data gathering process is through the Qualtrics survey emailed to steering committee members. Progress report to the Board will be delayed pending the analysis of the Qualtrics survey data.
- **Quality Improvement Project for Policy Housekeeping:** on hold for COVID-19 responsibilities
- **Quality Improvement Project for Staff Meeting Efficiency:** on hold for COVID-19 responsibilities
- **Quality Improvement Project for Document Retention:** all staff have submitted retention information.
- **Strategic Plan action plan and dashboard:** Goal 1: **Accreditation obtained** and “maintaining” is in progress through a Gantt chart to track dates and completion. Goal 2: Financial Stability: SHDHD is included in the Fund Hastings Day. Goal 3: Leadership/backbone for CHIP implementation – Qualtrics survey emailed to assess 5 steering committee/partner progress on CHIP strategies. Goal 4: Optimize human resources – CHIP partners recruited for 5 priority steering committees. Culture of quality transitional strategies were focusing on customer satisfaction prior to COVID responsibilities.
- **Community Health Improvement (CHIP) Implementation:** Due to COVID, steering committee meetings were cancelled, but the Qualtrics data collection survey was emailed to all members of the 5 priority steering committees. SH will analyze the return data and email along with a data tracker developed for BRFS (Behavioral Risk Factor Surveillance System) data.
- **COVID19 Response QI/PM:** By necessity, staff are incorporating informal process improvement every day. Board members and ethics committee members have provided support for some of these improvements.

10. Contribute to and apply the evidence base of public health. *(Are we discovering and using new ways to get the job done?)*

- *Provide examples of evidence-based programs our department is implementing.*
- *Describe how we have collaborated with researchers to conduct any research studies (e.g., completed surveys, interviews, or focus groups).*
- **Evidence Based:**
 - SHDHD is working with 3 long term care agencies and one meat packing plant to implement best practices to help reduce the spread of COVID-19 among their employees.
 - We are following evidence-based guidance from the CDC, NDHHS, Professional Associations, and other sources for all of the COVID-19 response activities.

Stories: How we made a difference....

SHDHD staff is working around the clock to help contain the spread of COVID-19 through partner communication, disease investigating, contact tracking and many other tasks that are new for most of them. We have seen many good things come out of this unprecedented time, but one in particular shows just how great our partners are in the community.

In conducting the contact investigation for a recent COVID 19 positive client, we discovered that this 35-year-old mother had been evicted from her home and moved with her 12-year-old daughter to her mother's residence at Good Samaritan Village.

This created an issue both with the Village and with our need to isolate the COVID-19 positive client, quarantine her daughter and separate them from her mother. Having no family in the area to help them, we reached out to our community partners (on a Friday evening). Calls were made to Jodi Graves, Director of United Way of South Central Nebraska and Ron Pughes, Director for Adams County Emergency Management, followed by numerous text messages. Other partners that were called into the situation during the evening included Mikki Schaffer, President of the Hastings Chamber of Commerce and more, including Mayor Corey Stutte.

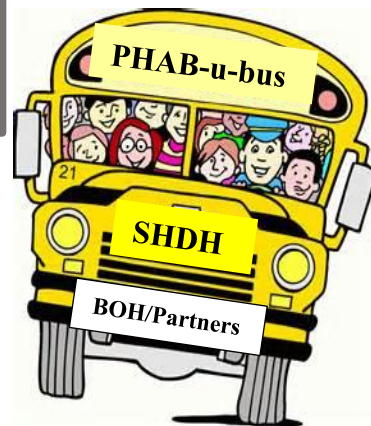
By Saturday morning there was a plan in place for our young lady and her daughter to move into one of the Honors houses at Hastings College. A thanks goes to Hastings College Administration and especially Matt Fong, Associate Vice President for External Relations, for his work in getting this family settled

This truly was an amazing example of community partners pulling together and showing we are Hastings Strong!

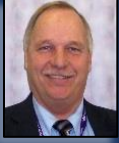

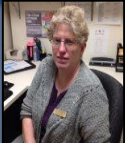


Stories: How we made a difference....



PHAB-u-bus Updates



South Heartland Bi-Monthly Board Report: Staff-Specific Program Updates, March-April 2020

<p align="center">Jim Morgan</p>  <p align="center">Public Health Risk Coordinator</p>	<p><u>Emergency Preparedness and Environmental Health:</u> The Covid Virus has taken up most of my time. As Operations Chief, my responsibilities include PPE ordering and management of distribution. I have completed the Multi-Year Training and Exercise Program (MYTEP) document. It includes all of the Covid-19 activities as well as what we did previously for training and exercising and what is expected for next year.</p>
<p align="center">Dorrann Hultman</p>  <p align="center">Community Health Services Coordinator</p>	<p><u>Every Woman Matters Health Hub (EWM) Cancer Prevention /Immunization Program / Cancer Grant /CS-CASH:</u> As part of SHDHD’s epi team for the COVID 19 response, we are reviewing and reporting lab results, ordering tests, tracking data specific to cases, making daily staff assignments, training and serving as resources to the extra staff and volunteers assisting the team and conducting contact investigations which involve individuals, families, worksites and healthcare/long term care entities who are dealing with COVID 19 positive employees and residents.</p>
<p align="center">Liz Chamberlain</p>  <p align="center">Community Health Worker</p>	<p><u>Fall Prevention:</u> Currently working with Jim doing PPE distribution in the district. Help the EPI team with contact investigations, active monitoring and monitoring calls and answering phone calls.</p>
<p align="center">Brooke Wolfe</p>  <p align="center">Public Health Promotions and Prevention Coordinator</p>	<p><u>Walkability/Rural Behavioral Health Network/ School Wellness:</u> Continue to work with Rural Behavioral Health Network. Three grant deliverables submitted to HRSA and the network is now ready to develop strategies for their strategic plan. Managing Facebook, Twitter, SHDHD’s Website and ensuring all staff had properly working technology has been my role in COVID-19 response as logistics chief.</p>
<p align="center">Jessica Warner</p>  <p align="center">Health Surveillance Coordinator</p>	<p><u>Disease Surveillance:</u> I am the planning chief for the COVID-19 Epidemic and have led the EPI team through the disease investigation process, conducting contact investigations, provide worksites with best practice information and work directly with DHHS to stay informed. I have also led the just-in time training for support staff.</p> <p><u>Title V Cross Cutting/Systems Building Committee:</u> I am the chair of the committee and continue to work with DHHS to create issue briefs on Maternal & Child Health that will be presented to legislators.</p>
<p align="center">Alex Stogdill</p>  <p align="center">Program Assistant</p>	<p><u>Administrative:</u> <u>Immunization:</u> <u>Other:</u> I AM LIVING THE DREAM 😊 Since the onset of the COVID-19 pandemic, I have been working on several tasks for the department. My primary roles have included answering phone calls from the public and providing support in data entry for the cases in our district. Over the last few weeks, I was put in charge of organizing schedules/rosters for the two National Guard testing events that we have hosted. I have also been working to document the media pertaining to the Department’s efforts during the pandemic</p>

**South Heartland Bi-Monthly Board Report: Staff-Specific Program Updates,
March-April 2020**

<p align="center">Janis Johnson</p>  <p align="center">Standards and Performance Manager / Public Health Nurse</p>	<p><u>Immunizations (VFC, Vaccines For Children):</u> <u>Accreditation Coordinator/CHA/CHIP:</u> <u>Performance Management:</u> WE ARE accredited! I have also been working as part of the EPI team, conducting contact investigations, active monitoring, tracking data specific to cases and providing worksites and their employers with the information they need to best serve their employees and contain the spread of COVID-19. Also working with managing phone calls, consistent messaging and tying up loose ends.</p>
<p align="center">Jean Korth</p>  <p align="center">Chronic Disease Prevention Program Assistant</p>	<p><u>Maternal Child Health:</u> We are currently monitoring the progress of our 4 in-home daycares, 2 child care centers, 3 public schools and 2 after school programs on increasing physical activity and improving nutrition. With the public schools offering on-line learning, the after school program ending, and daycares changing capacity or closing, we are working to wrap up the grant activities. COVID-19 – I am working on contact investigations, active monitoring and providing staff support.</p>
<p align="center">Odeth Méndez-Peraza</p>  <p align="center">Bi-Lingual Community Health Worker</p>	<p><u>Community Health Worker (CHW):</u> I have translated COVID-19 related materials into Spanish and interpreted. I am the link right now between the Hispanics being impacted by COVID-19 and the public health department. Everyday, I work on doing contact investigations to make sure those who were exposed to a positive case stay under quarantine. I've also helped the Hispanic community access resources when they needed to pay their rent, receive food, send notes to their worksites so they can return to work, or apply for unemployment due to the COVID-19 crisis.</p>
<p align="center">Albert Pedroza</p>  <p align="center">Lifestyle Coach for Diabetes Prevention, Mosquito Trapper, and Interpreter for Immunization Clinic</p>	<p><u>Smart Moves Diabetes Prevention Class</u> <u>LanguageLine Interpreter Training Course, Advanced Medical Training:</u> I completed this training in March. During the COVID-19 pandemic, I have been helping the Health Department with contact investigations, active monitoring, and any interpreting needs.</p>