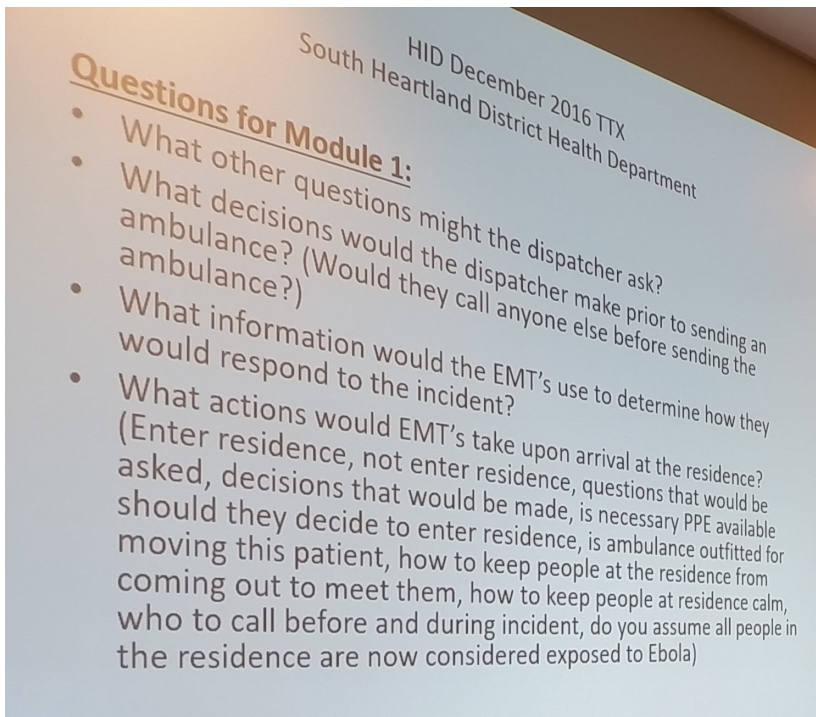
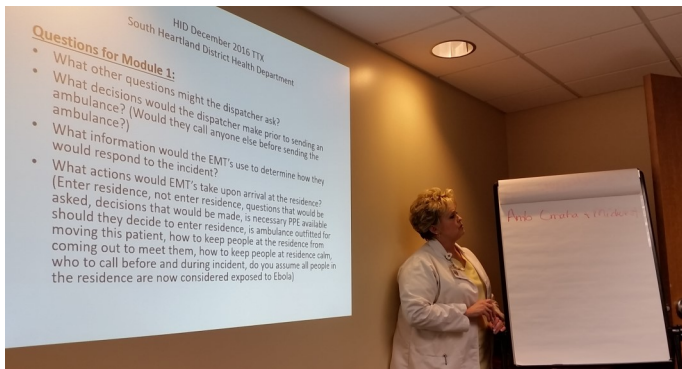
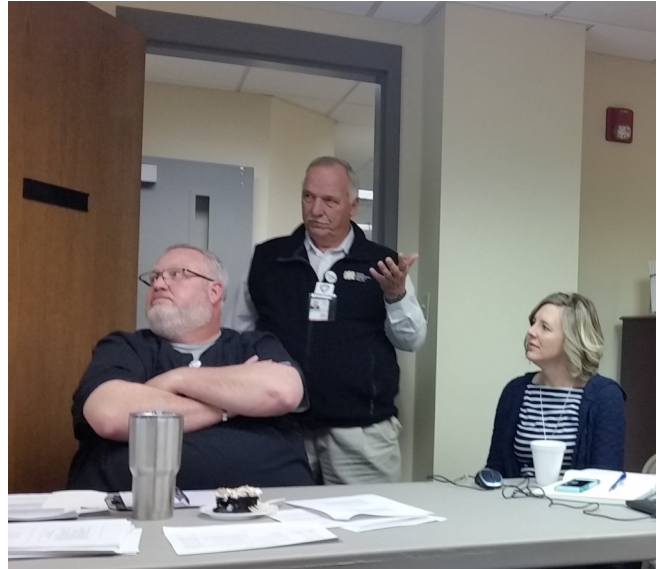
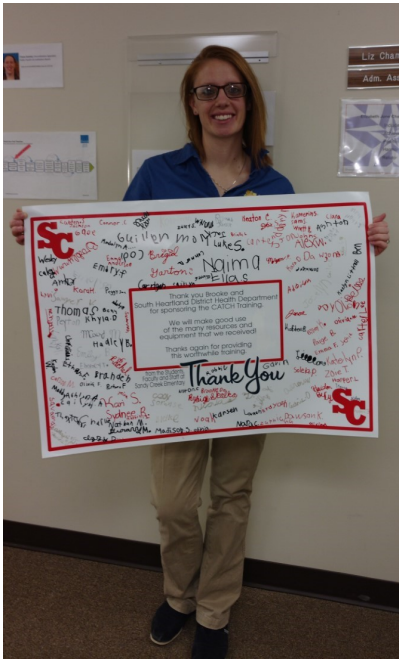


## Tabletop Exercises for Highly Infectious Disease Response Planning

Jim Morgan, SHDHD's Public Health Risk Coordinator, designed and led three table top exercises on response planning for highly infectious disease (e.g., Ebola Virus Disease) with area stakeholders, who discussed existing plans and roles for hospital staff, EMS, law enforcement, mortuary services, dispatch, emergency management., public health, Tri-Cities Medical Response System (TRIMRS) and other partners. The exercises were held during December, 2016, in Edgar (including stakeholders from Nuckolls and Clay Counties), at Webster County Community Hospital, and at Mary Lanning Healthcare. These exercises helped to define partner roles, identified gaps in planning, and contributed to overall development of SHDHD's *Highly Infectious Disease Concept of Operations Plan*. Right and middle: WCCH; Lower Middle and Lower Right: Edgar.





**CATCH Kids Club—Evidence-Based Wellness program:** Brooke Wolfe, holding a thank you from Sandy Creek Public School for SHDHD’s support in helping them establish a CATCH Kids After School Program at their school. Brooke provided technical assistance to school wellness teams implementing Coordinated School Health programs. (Funded by 2016 MCH grant)

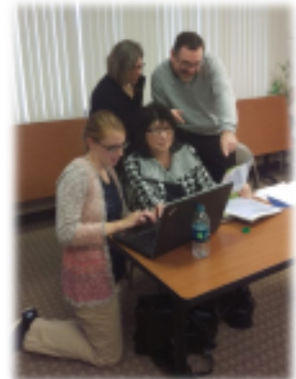
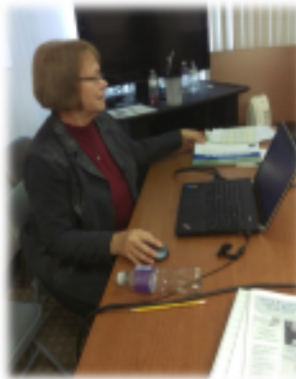


**Healthy Options in Grocery and Vending.** Supported by *Prevention Connection* chronic disease prevention funding to SHDHD. Participating grocery stores promote healthy foods with signage on entrances and throughout the store to identify healthy options. Left: *Choose Healthy Here* signage at Allen’s Supermarket in Hastings.



Right: Hastings YMCA is promoting healthy vending choices: green markers mean “go”, indicating healthy choices, and yellow markers mean “go slow”, indicating items should be chosen less frequently.

**Accreditation 101** Training for all staff; special emphasis on preparing documentation to demonstrate the standards.



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

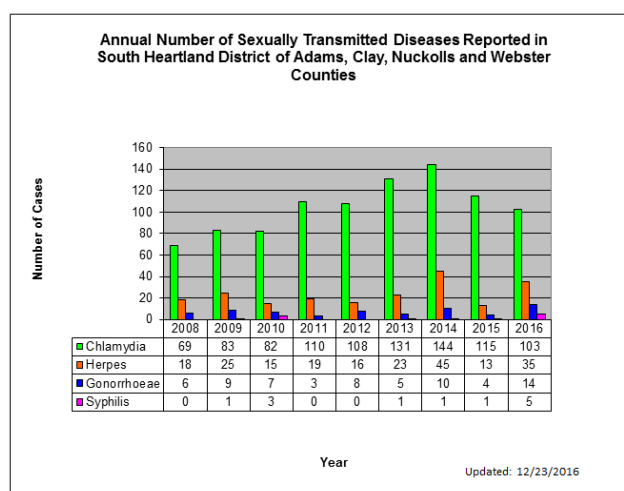
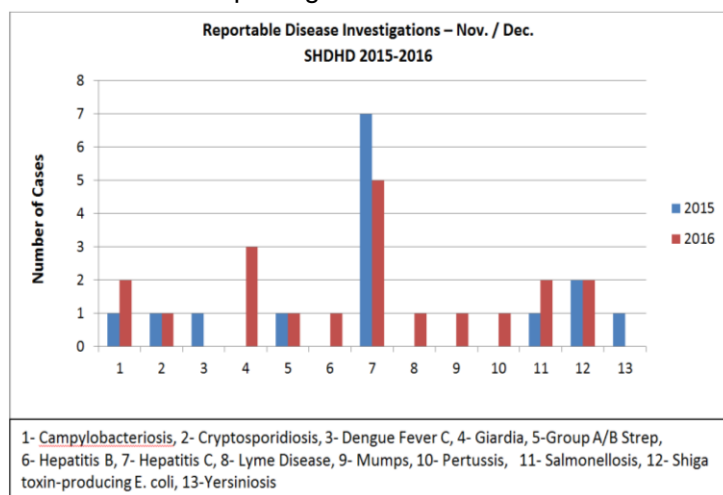
### 1. Monitor health status and understand health issues facing the community.

(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.
- **Influenza A** has been reported with the first positive lab coming in at the end of November. Since the beginning of November, there have been 53 individuals hospitalized here with influenza-like illness (ILI) as of 12.23.16. RSV is also circulating with more positive labs for this time period when compared to the past two years. Important to note, the nasal mist flu vaccine was not available this season. This may have been a deterrent to vaccination among individuals who are afraid of needles.
- **School surveillance** - During the week of December 19<sup>th</sup>-23<sup>rd</sup>, 71% of illness due to gastrointestinal illness (GI) with one school reporting 15.1% of students ill due to GI.



- On December 14<sup>th</sup>, the CDC sent a health advisory regarding travel and testing of pregnant women that have traveled to Brownsville, Cameron County, Texas. Five cases of Zika virus have been identified as being transmitted locally in Brownsville, TX. As Brownsville is near the border of Mexico, women are advised to avoid travel to this area and pregnant women in this area should be tested.
- As of December 21, 2016, there have been 4,756 [Zika Virus Disease Cases](#) Reported to ArboNET for US States and DC. US Territories including Puerto Rico have reported at a total of 34,594 cases of Zika virus. Pregnancy Registries reports 1,246 Pregnant Women with "Any Lab Evidence" of Zika Virus Infection for US States and DC and 2,701 pregnant women for US Territories as of December 13<sup>th</sup>, 2016.

### 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)?
- DHHS started entering [elevated lead labs](#) into NEDSS in October. During Nov/Dec, 116 labs were reviewed and letters sent to parents of children with elevated levels. Three individuals were found to have levels over 10 and two may be interested in home lead testing by DHHS.
- The [Hazardous Mitigation Plan](#) Adoption Resolution is being presented to the board during the January 2017 meeting by Chip Volcek, Adams County Emergency Manager and a staff member of South Heartland District Health Department. Once approved and signed by the director/chairperson, it will be returned to JEO, the

company responsible for coordinating the plans statewide, and SHDHD will be eligible for submitting grants after the next declared state emergency.

- SHDHD staff developed and coordinated a [Table Top Exercise for a Highly Infectious Disease](#) event that was presented to three places in the SHDHD District. The exercise was adjusted to better coincide with the type of participants dependent on whether there were more attendees from hospitals or EMS. There were approximately 25 in attendance in Edgar, 16 at Webster County Hospital, and approximately 30 at Mary Lanning. From comments made by attendees, it was considered a success. There were participants from hospitals, physicians, EMS, Emergency Managers, Law Enforcement, dispatchers, and funeral homes. Problems were discussed regarding dispatchers not getting enough information for the EMT's, but EMT's admitted they could ask the dispatcher to call the place where they were going and get more information for them. Discussion on how to use PPE (Personal Protective Equipment) and if they had it was discussed and there was a need to have training in donning and doffing PPE by all segments to include EMS and hospital staff. The role of law enforcement was not always as extensive as expected and it was found that law enforcement should not be expected to go in where EMS or hospitals would not, as they weren't trained and were constrained by the law as to what they could and couldn't do. SHDHD hopes to coordinate training in PPE by staff from the Biocontainment Unit in Omaha and those who would wear it in the SHDHD district. Attendees learned things they did not know from each other and, because of this exercise, the TRIMRS hospitals decided to initiate cross-training among themselves in case there was a shortage of staff that required assistance from other hospitals. All entities were made aware of SHDHD's responsibilities and what we had to offer in PPE, surveillance, and specimen transport to the Nebraska State Laboratory.

### **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.*
- Staff covered monthly [satellite office hours](#) in Superior, Clay Center, and Red Cloud. Information presented to Senior Congregate meals. Gave presentations to Noon Rotary Club, Noon Lion's Club, Noon Kiwanis Club, Congregate meals in Clay Center and Sutton. Topics discussed were Zika, Flu, and hygiene.
- Utilized [community sign boards](#) (located in Edgar, Lawrence, Red Cloud, Bladen, Roseland, and Kenesaw) to get information out. Topics covered in November-December were Flu Shots, Diabetes, Cancer, and Holiday Stress.
- [News releases, public health columns, ads and interviews](#): Articles that were published in the area newspapers were Session Zero is a 'Smart Move' to diabetes prevention, Holiday tips for keeping friends, family safe on the road. Ads that were published: VetSET Ad, #GivingTuesday. Press Releases/Columns: Sun Rise 60 Podcast discussing impaired driving prevention.
- [SHDHD Facebook](#) viewership for November was 2,028 people and for December was 1,938. The topics for facebook and twitter were Obesity, substance abuse, reducing holiday stress.
- [Worksite Wellness](#): Worksite Wellness Network of Adams County participated in Holiday Stress with 12 attendees and Mental Health Awareness with 11 attendees. 6 businesses in the Hastings area have social support to educate their employees on reducing holiday stress and identifying signs of depression.
- [Senior Center Presentations](#): Presentation at Golden Friendship Center on the importance of Self-monitoring blood pressure to prevent heart attack and stroke, approx. 25 in attendance. Adams County Senior Services received a presentation on Radon with approx. 24 attending. Fall Prevention presentation at Webster County Senior Services in Red Cloud (approx. 12)
- [Fall Prevention](#): Classes finished up in Hastings, Superior, Nelson, and Red Cloud during November and December. Beginner Tai Chi Classes are being scheduled for the 2017 year in Hastings, Superior, Nelson, Red Cloud, Fairfield, and Blue Hill, with 4 new instructors, helping with classes across the district. Will be offering a new fall prevention program in 2017, "Stepping On". Stepping On is a program that has been researched and proven to reduce falls in older people. It consists of a workshop that meets for two hours a week for seven weeks. Workshops are led by a health professional and a peer leader – someone who, just like you, is concerned about falls. In addition, local guest experts provide information on exercise, vision, safety, and medications. Watch for Stepping On to start in Hastings during March 2017. Looking for instructors to take the training in the other 3 counties.
- [Smart Moves \(Diabetes Prevention Program \(DPP\)\)](#) –SHDHD continues to be involved in State DPP Action Planning.
  - SHDHD met 3 times as an Advisory board. A final fee process, marketing, beginning a new class and intake forms were all finalized.

- “Session Zero intro to Smart Moves” was taught by SHDHD staff twice in Hastings (4 attended) and once in Superior (32 attended)
  - Life Style Coaches convened to sign MOA to ensure facilitation of class for two years; 7 coaches signed.
  - Bilingual class began in November with 8 participants- all have completed the first 8 weeks of the class.
- **Health Coaching:** 3 trained staff have provided health coaching support to 29 women, across the district, who are enrolled in the Every Woman Matters program.
- **Vital Signs Health Fair Board:** 2 staff are active members and meet monthly October through April to plan educational opportunities for VSHF participants.

➤ **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 – Staff continue to implement the CHIP strategies with our partners:

➤ **Access to Health Care:**

- **Community Health Worker (CHW) initiatives** – to date, convened 2 meetings of area CHWs to offer opportunities for training, resources and best practices to expand CHW roles and increase bi-directional referral between health system and community-based prevention resources.

➤ **Obesity:**

- Prevention Connection – – **Nutrition Advisory Board (NAB)** - In November the advisory board had 4 members in attendance with one new community member. From the meeting two partners agreed to help Shannon at Ideal Market with his healthy deli option and training his staff. Staff was also able to connect with Superior Food Pantry to become a ‘Choice Pantry’.
- Prevention Connection – **Healthy food options in convenience and grocery stores. Allen’s (Hastings) Cooking Demos:** 12/7 had 45 interactions demonstrating Peanut butter Oatmeal Energy Bites. **Ideal Market-Superior:** 12/15 had 41 interactions demonstrating Peanut butter Oatmeal Energy Bites with 4 customers asking questions to buy materials to make the food at home. Healthy Food client surveys-4 were collected at the partner **food pantry at Salvation Army of Hastings.**
- Prevention Connection: **Superior’s follow up to their Walking Summit.** Superior wrapped up their Walking School Bus for the fall. Will continue in spring and also start a walking challenge for kids in grades K-5.
- Prevention Connection: **Healthy Vending initiative** SHDHD staff continues to work with vending machine vender to work on project implementation at Nebraska Cold Storage, YMCA, Mary Lanning and Brodstone. YMCA’s vending machine has yellow and green “pushers” incorporated to help customers determine what is the healthiest (green pusher) option (i.e., “go foods”) and the next most healthy (yellow pusher) option (i.e., “go slow foods”). YMCA and SHDHD will be hosting a kickoff event in January.
- Prevention Connection: **Healthy Hastings follow up on action summit.** Healthy Hastings met in November and December with 8 in attendance both months. The sub committees are working to carry out the action plan. 4 of the total 20 action items have been completed.
- Prevention Connection: **Pharmacy partnerships.** – Superior pharmacy is gearing up to help a pilot group of at-risk patients taking anti-hypertensives start putting their blood pressure readings in their clinic patient portals to see if this impacts their compliance with daily medication dosing.
- Prevention connection: **Clinic partnerships** – Mary Lanning clinics plan to improve diabetes care by using the Electronic Health Record to ID patients with A1c greater than 9 to look for inconsistencies in care.
- SHDHD WoW (**Worksite Wellness**) All SHDHD staff are participating in an accountability challenge: staff choose a health behavior goal and report to another staff to ensure they are working on their goal. WOW team also provided staff with food safety education and a networking day for staff and SHDHD board members; 8 staff attended.
- Prevention Connection: **Physical Activity.** SHDHD met with the Harvard Multicultural Parent Association which is taking the lead on fulfilling the Shared Use Action Plan that was designed by school administration during July’s facilitated conversation/JUA training. Action plan includes: engage partners to plan community use of school facilities, community kickoff event, and implement signage around town and in and around the school track.

➤ Cancer:

- SH Cancer Coalition: South Heartland Cancer Coalition met in November. Collaboration occurs as we share time and resources while working toward the common goal of raising awareness of the need for cancer screenings, education to inform of symptoms and advantages of early detection and promoting evidence based screenings. Recent areas of focus: HPV vaccination, breast and cervical cancer screening/education.
- Mary Lanning Healthcare Cancer Committee: SHDHD participated in the quarterly meeting. Sally Molnar, Director of the Morrison Cancer Center (MCC), shared data collected from the Minority Women's Health Event and highlighted collaborative efforts between SHDHD and MCC.
- Lung Cancer: 'Smoking and Cancer' educational flyer and Nebraska Quit Line cards continue to be included in all FOBT colon cancer kits. Began radon awareness campaign with holiday ad for radon testing in a December issue of Hastings Tribune. SHDHD is reviewing an opportunity to conduct audits of tobacco retail sites in Adams County in partnership with Tobacco Free Nebraska.
- Colon Cancer: Although we focus our campaign in March and April, FOBT kits for colorectal cancer screening are available to South Heartland residents 50-74 at no charge throughout the year. SHDHD began planning for the 2017 colorectal cancer campaign by setting distribution and return rate goals and brainstorming strategies to meet them.
- Cervical Cancer: Human Papillomavirus (HPV) vaccine educational materials are shared at monthly VFC clinics. Cervical Cancer and HPV presentation was given at the Minority Women's Health Event in October. SH Cancer Coalition is working to coordinate an HPV educational event in Nuckolls County in January.
- Breast Cancer: Using the Encounter Registry we continue to identify women in need of breast, cervical and colorectal cancer screening. Needs are assessed including health coverage and other barriers that might stand in the way of a woman completing cancer and cardiovascular screenings. Those without insurance who meet the Every Woman Matters program requirements are assisted with completing the Healthy Lifestyle Questionnaire to enroll in the program. Those not meeting requirements are connected with the clinics offering assistance or Komen funds. CHWs help navigate these women to screenings and to diagnostic services.
- Prostate Cancer: "Should I be tested" booklets from the ACS continue to be promoted at all health fairs. In recognition of Prostate Cancer Awareness Month in September, the "Should I Be Tested" booklets were distributed to provider offices. Additional information was attached to the booklet directing men to the Network of Care decision making tool found on our website.
- Skin Cancer: Discussions with Morrison Cancer Center/Mary Lanning about potentially focusing on skin cancer for their community outreach/prevention activities.

➤ Substance Abuse:

- Hastings College, continued administering part 2 of an electronic screening and brief intervention (eSBI) alcohol risk assessment tool with incoming freshmen and returning sophomores. SHDHD worked with an evaluator to prepare a follow up satisfaction survey, and provided this to HC staff partners.
- SHDHD partners with Area Substance and Alcohol Abuse Prevention (ASAAP) and provides support to their prevention initiatives.

➤ Mental Health:

- Integrated Care –Mary Lanning is moving forward on implementing integrated care into ML clinics using the Primary Care Behavioral Health Consultation (PCBH) model.
- VetSET - VetSET coordinator is currently handing out a survey to family member of military veterans in our district, so that there is an understanding how Nebraska's communities can better support those family members. [www.surveymonkey.com/r/VeteranFamily](http://www.surveymonkey.com/r/VeteranFamily)
  - No Wrong Door Training and Networking was held in Kearney on November 15<sup>th</sup> 8:00 am – 5:00 pm @ the Great Platte River Road Archway Monument. Three SHDHD staff attended and one community partner.

➤ Other Collaborations:

- Discussions with Hastings YMCA on ways to partner for a healthier community – specifically looking at ways that the Y could contribute to diabetes prevention and/or high blood pressure management to reduce cardiovascular disease.
- Collaborated with Healthy Hastings members on a proposal to Robert Woods Johnson Foundation (RWJF) submitting Hastings as an applicant for the 2017 RWJF Culture of Health Prize, in which we highlighted Healthy Hastings and the community's accomplishments toward health.

## 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 (Plans)/Awards/New Funding:
- On Dec 13, 2016, SHDHD received and signed the 2016-2017 subward for Emergency Preparedness, which had a project start date of July 1, 2016.
- SHDHD's Performance Management System framework is continuing to be implemented through performance measurement evaluation and quality improvement activities.
- SHDHD's draft SHDHD HIPAA Plan, Quality Improvement Plan, and Branding Strategy have been reviewed with staff members and the BOH Policy Committee. The Plans will be reviewed by the Board in January 2017.
- Prevention Connection: We received initial data from Superior Pharmacy to begin a blood pressure (BP) initiative for team-based care policy with the pharmacy offering BP screening, self-management education and follow-up with patients and reporting to physicians regarding hypertension management.

## 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: No smoking violations reported this period.
- SHDHD continues to monitor public water system violations and post these results on our website. No water violations for this period.
- Shared the Nebraska Landlord Tenant Act with residents with complaints about mold or bedbugs.
- Received a notification from Nebraska Attorney General to follow up on a complaint about a nail salon in our District. Upon discussion with Nebraska Division of Public Health staff, learned that this type of complaint is the responsibility of the DHHS Licensure Cosmetology Program and the Investigations Unit and that it should be referred back to them.

## 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.*
- In November/December the Vaccine for Children clinic staff delivered 81 vaccines to 37 patients at two monthly clinics. Of those 37 patients, 25 had no insurance, 9 had Medicaid and 3 were underinsured. Total donation collected from clients for November/December = \$247 (avg. \$2.99 per immunization or \$7.02 per patient).
- In November/December the Adult Immunization Program delivering Tdap to uninsured or underinsured adults 19 and over, administered 2 Tdap to 2 patients who were uninsured.
- Prevention Connection – Community Health Workers Identified in the health district were invited to attend regular networking and education meetings led by SHDHD staff. Outcome: the group would like monthly meetings to network, learn about resources in district, and access to training/education. Our goal is to have them play a role in bidirectional referral including healthy food access, Smart Moves DPP class, and more.

## 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.*
- All staff attended Results Based Accountability (RBA) training December 7<sup>th</sup> hosted by DHHS at SHDHD
  - Accreditation Coordinator J Johnson is leading ongoing SHDHD staff training for performance management. RBA training was completed with the DHHS training (see above) and continues to be implemented in performance measures of programs and services (quantitative, qualitative and outcomes). Jim Morgan and Michele Bever also provided Message Mapping training for message consistency. Health Equity and preparing Story Boards will be our next areas of focus.
  - All Staff participated in a Documentation Workshop provided by Pat Lopez, PHAN and Jeff Soukup, DHHS, Division of Public Health. Both are also site visitors for PHAB (Public Health Accreditation Board), which is very helpful for our accreditation preparation. They will not be our site visitors, but will assist staff, board and partners with a mock site visit in the future. This workshop was very useful, as it included/trained staff that are not as involved in the process and gave their fresh perspective to documents the team had already gathered.
  - Hastings College Interns and other students – SHDHD will be serving as capstone project preceptor for Katherine Kotas, an MPH student at UNMC. As an undergrad at Wayne State, Katherine completed a summer internship with SHDHD. For her MPH Capstone, Katherine will be analyzing fall injury data in our health district.
  - Prevention Connection: 3 clinics and 1 SHDHD staff person attended a Primary Care Collaborative addressing Chronic Care Management and Transition Care Management offered by Remedy HealthCare Consulting, sponsored by NeDHHS chronic Disease Prevention and Control.
  - SHDHD staff member Liz Chamberlain completed the DHHS Community Health Worker Course. She submitted a capstone project proposal to develop a bidirectional referral process for the diabetes prevention program with partner clinics. The project was approved by the CHW course instructors and she will implement the project in December and January.

## ➤ **9. Evaluate and improve programs 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.*
- Staff continues weekly implementation of performance measures (quantity, quality, and outcome measures) for their programs and services. We are completing an Excel spreadsheet before the staff meeting, which has decreased the discussion time and improved understanding of the P.M. process. This is also applied to the dashboard for CHIP Performance Management.
  - Food Pantry initiative evaluation: Continue with Gretchen Swanson Center for Nutrition (GSCN) and NeDHHS on evaluation of *Choose Healthy Here* materials in partnered Grocery Stores. Also working with Food Bank of the Heartland on implementing surveys for customers and employees to determine how to improve their Choice Pantry model (Salvation Army)
  - Accreditation is a Marathon, not a Sprint! SHDHD is continuing work toward Public Health Accreditation by including accreditation training in all weekly (8) staff meetings, leadership team meetings, & and bi-monthly meetings for the Board of Health. The leadership team is focusing on each Domain's documentation and a timeline was developed for documentation selection and upload. A Documentation Selection Workshop was held on December 5, 2016 at SHDHD and facilitated by DHHS personnel (both of which are also a PHAB site visitors). This was a check on current documentation work to assist in developing the next timeline(s) for 2017.
  - The Quality Improvement Team and the Accreditation Leadership Team (ALT): QI meets the first week of the month and ALT meets the other weeks of the month. The QI procurement project is an ongoing evaluation using the QI tool, Plan-Do-Check-Act. Final determination of the percentage correct will be mid-January to decide if further action is required. Following the procurement exercise, the mail handling policy, the need for a Biohazard and Anthrax Kit, and the emergency response to suspicious mail were identified, trained and completed. The Accreditation Leadership Team continues to work on alignment of documents to PHAB (Public Health Accreditation Board) standards and measures.
  - SHDHD staff participated in DHHS's evaluation activities for 1422 grant Year 3- 1st step was completed which is the work plan and timeline. Staff worked with DHHS and Social & Behavioral Sciences Research Consortium.
  - SHDHD Audit completed by McDermott & Miller - resulting in a letter to SHDHD management with a recommendation for vacation accrual. In response, Denise is reviewing vacation accrual procedure and establishing a process for internal control to ensure accuracy.



- In order to improve staff communication, increase work plan progress, and improve budget monitoring, SHDHD staff established [bi-weekly huddles](#) for two major programs that each have multiple strategies and multiple staff contributing to the project.

## 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 beginning to implement the year 3 work plan consisting of [evidence-based strategies for prevention of cardiovascular disease and diabetes](#) as part of the 4-year Chronic Disease Prevention project (Prevention Connection).
  - SHDHD is partnering with [worksite wellness committees](#) and using evidence-based practices for improving physical activity and cancer screening in worksites.
  - [Tai Chi – Moving for Better Balance and Stepping On](#) are evidence-based programs for fall prevention in older adults. In South Heartland, beginning and/or advanced classes Tai Chi classes are being offered in all 4 counties and Stepping On will be offered in Adams County to start until we find more instructors to train in other counties.
  - We are continuing to use a [Reminder Recall](#) process for immunization clinic clients to improve immunization rates.
  - Accreditation standards are evidence based: Taken from the Standards and Measures Introduction: “This [Public Health Accreditation Board \(PHAB\) Standards and Measures](#) document serves as the official standards, measures, required documentation, and guidance blueprint for PHAB national public health department accreditation. These written guidelines are considered authoritative and are in effect for the application period beginning on July 1, 2014 and until a new version is released.” The Standards and Measures fall under 12 Domains, defined as “groups of standards that pertain to a broad group of public health services. There are 12 domains; the first ten domains address the ten Essential Public Health Services. Domain 11 addresses management and administration and Domain 12 addresses governance.” SHDHD continues to become more aligned with these evidence based standards and measures as we progress through the accreditation process and apply them to our plans, policies and programs. This includes the review of current plans, and the development of other required plans, to align them with the PHAB standards and measures.
- Research:
  - None to report this period.

### Stories: How we made a difference....

- *Watching the engagement, teamwork, collaboration and the ‘aha’ moments of our staff during the Document Workshop was an amazing, inspiring time for me as Accreditation Coordinator. Kudos to our great staff and all their hard work for health in our District – both in their work every day and in improving ourselves/our HD through accreditation!! - - Janis Johnson, SHDHD Accreditation Coordinator*

Instructions: Wrap text as needed and add rows for each program if needed. Please give a brief description in each column.

	Programs	Quantitative How Much/Many?	Qualitative How Well Did We Do?	Outcome What Difference Did We make?	Comments Essential Service Number(s) where applicable
Example	VFC				
Dorrann	EWM - SH Cancer Coalition	1 member from Brodstone attended	7 strategies addressed for Nuckolls County for CHIP Dashboard - Cancer goals		ES 4
	EWM - Minority Women's Health Event follow-up meeting	3 individuals representing 3 partner agencies attended	All were actively involved in reviewing survey data from participants as well as partners/volunteers to begin thinking about what changes we will make or not as we think about planning event for next year	30 minority women who attended the event benefited with education, biometric screening, health navigation and increased awareness of local resources for healthcare, community lifestyle programs and support from local agencies	ES 3, 4, 7
Brooke	1422 budget	submitted quarter 4 budget report to DHHS and one revised year 3 budget	100% of them were accepted by DHHS	SHDHD will receive reimbursement from quarter 4 and be able to fund activities for year 3	phab 11
Brooke	Social Media post	5 Facebook (FB) post about pre-diabetes			ES3
Michele					
Denise					
Elizabeth	1422 DPP partners	1 partner interest in stepping up leadership to lead community DPP classes	Internal advisory group will discuss at meeting on 11/30		ES 4, 9
Janis	QI Plan (w/ MB)	Plan, Calendar	Aligned w/ PHAB requirements-guidelines	Moving closer to accreditation!	PHAB/ES 9 Need to finish log & glossary; review w/ QI Team & BOH Policy Committee
	HIPAA Plan (w/ DH)	Plan & attachments	Aligned w/ HIPAA & PHAB requirements	Moving closer to accreditation!	Review w/ DF & BOH Committee
Liz					
Amy	Phone Tally	8 incoming phone calls	5 incoming calls pertained to Health Promotion & Prevention; 2 incoming calls pertained to communicable disease investigation; 1 incoming call pertained to environmental health.	8 phone calls addressed by staff. Health Promotion calls: DH, BW, LN. Communicable disease calls: JW. Environmental call: JM	ES: 1, 2, 3, 7, 9
Lorena		Assisted 4 clients at SHDHD /4 encounters. 1 HV 1 encounter			
Jim	EP	All SHDHD staff & response	Completed All Hazards Mitigation Plan and had it accepted.	Need to have Adoption Resolution presented to Board & signed by Director	After Resolution signed, it will be sent to Brooke Welsh ES 4,5, 9
Jim	EP (message mapping)	10 staff members	All staff participated in drill	Staff learned more about creating messages for written and audio presentations	ES 3, 8

Jessica	Surveillance	~ 28 labs reviewed, no school surv. Required this week. 3 hospitals reporting.	Investigations completed for Group B strep and campylobacteriosis. Two opened for Lyme disease and Hep C.	Assisted spouse of individual with Hep C to get resources for testing and treatment of Hep C. for both of them.	ES 1,2
	Accreditation	Uploaded ~10 documents	Guidelines followed but need Adobe Pro to finish a few pieces.	Moving closer to accreditation	ES9
<p><b>Program/Project Updates</b> - Presenting in Performance Measure Format: <b>Quantitative</b> – How much/many? (# people attending/trained, # surveys, # investigations, # brochures, # DEET wipes) <b>Qualitative</b> – How well did we do it? (not necessarily a number, but can be % satisfied, % of target who participated, responded or completed the activity) <b>Outcome</b> – What difference did we make? (#/% who changed behavior, #/% meeting target outcome (#/% protected from disease, #/% meeting daily physical activity recommendations, #/% reduced risk of diabetes, #/% prepared for emergency, #/% )</p>					

Instructions: Wrap text as needed and add rows for each program if needed. Please give a brief description in each column.

	Programs	Quantitative How Much/Many?	Qualitative How Well Did We Do?	Outcome What Difference Did We make?	Comments Essential Service Number(s) where applicable
Example	VFC				
Dorran	VFC clinic	17 VFC patients were given 42 vaccines. 1 Adult patient was given 1 vaccine.	17/17 (100%) of children were immunized with recommended ACIP vaccinations. Contact made with 5/5 (100%) no show clients. 4/5 (80%) rescheduled appointment.	17 children and 1 adult are protected from vaccine preventable diseases.	In and out times for clinic were inconsistent so we were unable to track average wait times in waiting room, clinic and total time
	Cancer Prevention	Attended as a community partner at the ML Cancer Committee meeting			
	Immunization	Contingency written for Immunization grant	Written and submitted by deadline.	Contingency accepted by State staff.	
Brooke	1422- worksites	Visited 4 Superior Businesses invited to join Worksite Wellness initiative			ES3
Brooke	1422- Food pantry	1 food pantry manager interview	100% of the interviewees were interested in offering more choice-educating clients of healthy choices	if participate/partner-Superior's low income population will understand health options	ES3
Michele					
Michele					
Denise					
Elizabeth	1422 clinics	1 health system-ML clinics-11 attended meeting for focused conversation to determine direction for partners	Each partner (ML and SHDHD) walked away with specific work to do and vision for future	We helped ML determine a quality measure for all clinics to start with (they already have a baseline and desire improvement)	ES 1, 2, 4, 5
Janis					
Liz					
Amy	Phone Tally	23 incoming phone calls	3 incoming calls pertained to Operations; 1 incoming calls pertained to communicable disease investigation; 1 incoming call pertained to environmental health; 4 incoming calls pertained to Community Health Services; 1 incoming call pertained to Standards & Measures; 13 pertained to "Other"	23 phone calls addressed by staff. Operations: MB. Communicable disease calls: JW. Environmental call: JM. Community Health Services: AM, DH, LN. 13 "Other:" AM. Standards & Measures: JJ.	ES: 1, 2, 3, 7, 9
Lorena					
Jim					
Jessica		13 investigations opened- 3 closed and 7 still open	All critical investigations were closed in a timely manner this week (pertussis, Cryptosporidiosis) one giardia also closed	Made contact calls to schools, DHHS and lab in order to find out if an outbreak is occurring.	ES 1,2

**Program/Project Updates** - Presenting in Performance Measure Format: **Quantitative** – How much/many? (# people attending/trained, # surveys, # investigations, #

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Instructions: Wrap text as needed and add rows for each program if needed. Please give a brief description in each column.

	Programs	Quantitative How Much/Many?	Qualitative How Well Did We Do?	Outcome What Difference Did We make?	Comments Essential Service Number(s) where applicable
Example	VFC				
Dorran	Immunization	worked with 1 Hastings College student to survey students/staff	163 responded to survey	53% respondents got a flu shot last year, 69% respondents indicate that they plan to get a flu shot this year	ES 3, 4, 7 It was a good survey to gauge attitudes, motivation, preferences, awareness of availability on campus, understand where they are accessing flu shots,
	VFC	2 staff engaged in GSK vaccine promotion presentation	2 staff report knowledge gained about importance of antigen consistency	Decision made by VFC RN team to be consistent with GSK vaccines when possible	ES 8
	EWM-Health Coaching	68 health coaching calls were made by 3 EWM team members.	29/68 clients received health coaching, 28/68 were not available and messages were left, 11/68 chose to be withdrawn from health coaching	Our team is supporting lifestyle change of 29 women through health coaching sessions	ES 3
Brooke	1422- Cooking Demonstrations	interacted with 45 shoppers, 30 recipes handed out	45/75 Allen Shoppers stopped by to taste test the food	45 Allen shoppers are educated on a healthier option cookie	ES 3
Brooke	1422- DPP advisory board meeting	Finalized three forms and scheduled one new Smart Moves class			
Michele					
Denise					
Elizabeth					
Janis	Update plans for PHAB/QI	4 Plans	3/4 drafts ready to review w/ Board Policy Committee		ES/PHAB 3, 8, 9
	Document Workshop	11 Staff	11/11 improved understanding of PHAB process for choosing/preparing documents	Staff is better equipped to complete PHAB processes	
Liz					
Amy	Phone Tally	40 incoming phone calls	3 incoming calls were transferred to Operations; 11 incoming calls were transferred to Health Promotion & Prevention; 3 incoming call were transferred to environmental health; 6 incoming calls were transferred to Community Health Services; 1 incoming call were transferred to Standards & Measures; 16 were transferred to "Other"	24/40 phone calls needing addressed were transferred to the appropriate staff members. 16/40 phone calls were handled by the Receptionist/Clerk.	ES: 1, 2, 3, 7, 9
Lorena					
Jim					
Jessica					

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