

Managing and administering COVID-19 Vaccine

SHDHD's first Pfizer pediatric (for 5-11 y.o.) vaccine transfer to Children and Adolescent Clinic, Nov. 5, 2021

MLH Pharmacists, support community COVID-19 vaccination drawing up doses at clinics

SHDHD data shows that we are closing the gap in ethnic disparities between those who identify as Hispanic/Latino and those who do not, with respect to being fully vaccinated in the district!

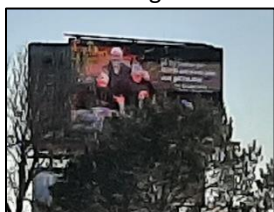


SHDHD's public COVID-19 vaccination clinics saw an increase in number of people coming for vaccination following ACIP's recommendation for Moderna and J&J boosters. (clinic at Allen's 11.3.21)



Take the Shot Campaign

SHDHD is promoting vaccination with the *Take the Shot* campaign developed by UNMC and United Health Care. Radio PSA messages from the Schulte Family and Susan Littlefield are airing on Superior's KRVN and all of the Platte Valley Radio stations. Partner Mary Lanning Healthcare is sharing their digital billboard on North Burlington in Hastings.





“ I’d roll up my sleeve anytime to protect those around me. ”

–Susan Littlefield
Nebraskan Firefighter, EMT, Farmer,
Mother, Wife, Broadcaster

VAXNE.org

Take the Shot



Falls Prevention Classes across the South Heartland District



Tai Chi Class @ YMCA – Hastings Advanced class Tue & Thu instructor Katie



Tai Chi class @ YMCA – Hastings Beginning class Tue & Thu @ 11:30 am instructor Cindy.



Tai Chi Class @ Superior – Tue & Thu @ 9:30 am, instructors Karen & Avis



Tai Chi Class @ Nelson Tue & Thu @ 10:30 am, instructor Dennis.



Minority Health Listening Session held at the PEACE Center in Hastings, NE





Minority Health Listening Session held at the Community Center in Harvard, NE



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?*
- **Surveillance:** 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). Surveillance data, water violations, and other [health information is made available](#) on our website, through links on our website, through news releases and interviews to various forms of media, and upon request from partners or others. 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 vaccination rates and the demographic breakdown. The hospital dashboard page shows trends in the aggregate available capacity of the three hospitals in the district. 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 variants, administer vaccine and implement other mitigation strategies.
- **Monitoring and Tracking updates:** Continuing to complete trend analysis on local COVID-19 data; Continuing to track Hastings-specific data on daily new cases; 7 day rolling average of new cases per 100,000 people and weekly positivity for all 4 counties; and providing weekly updates to the COVID-19 Vaccine Dashboard to track residents vaccinated (partially/fully) and their demographics.
- **Coronavirus (COVID-19) Pandemic Situation Update / Dashboard Highlights:**
 - As of December 30, 2021, a cumulative 7,854 South Heartland residents have tested positive for COVID. Case rate and positivity (percent positive tests) indicate high community transmission (red level) since mid-August. The current wave of COVID+ hospitalizations hit a peak December 7. The epi team continues to investigate outbreaks and clusters as well as working with schools and long-term care centers. Cases in schools have remained stable with increasing cases in long-term care facilities.
 - All specimens sequenced this reporting period have resulted in the "Delta" variant; overall, 157 of the 178 sequenced results are Delta. No omicron variant cases have been identified yet in our counties, although two neighboring health departments have reported omicron variant identified in their districts.
 - SHDHD surveillance staff have been working on investigations of several cluster and outbreaks during this reporting period, including a large wedding.
 - Vaccination Coverage: 47% of SH residents are fully vaccinated; 50% of residents 5+ (i.e., eligible for vaccine) are fully vaccinated. 88.1% of residents age 65+ are fully vaccinated, 2.2% of residents age 5-11 are fully vaccinated. Approximately 25% of residents have received boosters.
- **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. Cumulative 118 deaths attributed to COVID-19 since the beginning of the pandemic. **Current Case Fatality Rate: 1.5%**
- **Community Health Assessment:** Hospital and United Way (UW) continue partnering with SH to complete the Community Health Needs Assessment (CHNA) requirement for non-profit hospital IRS reporting every 3 years. In addition to the data review, the CHA team completing the data analysis of assessments that include locally collected data from United Way and health data from state and local sources. The CHA team collected 1500+ surveys through face-to-face communications, attending community events, promotion on social media and through general marketing. In addition, SH has hosted 2 minority focus group meetings and has partnered with UW to complete 4 more general population focus groups come January. This year the data collection and analysis will have a stronger minority and special population focus (Hispanic, rural ag, disabled and veteran populations) in addition to overall population.
 - Through Minority Health Initiative funding, SHDHD held 2 minority focus group meetings and has collected over 300 health surveys from minority residents in all four counties. Focus Group meetings engaged over 30 Hispanic individuals. The data report summarizing the information collected will be

completed in January. Participants in the minority focus groups have committed to assisting with next steps of reviewing the data and choosing health priorities.

- **Cancer Trends:** UNMC MPH student Nancy Tahmo, who is doing her Applied Practice Experience with SHDHD, presented a draft review of South Heartland cancer trends to our CHIP Cancer Steering Committee in October. She has since then provided an updated version, with the committee's suggested changes. She is currently working on a one-page data brief, which SH will review. The final report and data brief will be shared with the Cancer Steering Committee to determine next steps.

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 9 Alert Sense notifications (November / December) to over 140 individuals each time and issued 10 news releases to media and partners. Staff check the Nebraska Electronic Disease Surveillance System (NEDSS), SalesForce, and fax machine for COVID test results from providers, to follow up on positive cases immediately by providing isolation instructions and conducting contact investigations. SHDHD is shifting processes to rely more on automatic electronic survey-based investigation and use of DHHS contact tracers, and promoting DIY Contact Notification, while our staff focus on priority cases with school-age children, long term care facilities, day care, and outbreak/cluster situations. We continue messaging on the safety and importance of vaccination/boosters and promotion of layered prevention (mask-wearing, social distancing, hand washing and cleaning of surfaces). We are also working on expanding COVID testing options in our counties and developing processes for antiviral medication prescriptions.
- **PPE distribution totals:** From the beginning of March 2020 through the December 17, 2021 SH has distributed out: Masks – 220,495, Surgical Masks – 310,950, Cloth Masks – 50,530, Face Shields – 34,951, Goggles – 3,040, Hand Sanitizer – 1,347 containers, Wipes – 10,649 containers, Gloves – 899,000, Gowns – 193,968, Thermometers – 788, Bleach – 12 gal., Eco Lab Disinfectant – 3 containers.
- **Lead Testing in Drinking Water:** SHDHD is continuing to promote 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.

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:** November and December: "I Get it to Protect My Community from Flu", Take the Shot, We Need Your Input (CHA survey), Yes, You Can Get a Flu Vaccine and a Covid-19 Vaccine at the Same Time, Winter Fall Prevention Fall Safety Tips for Winter - The 12 Days of Safety.
- **News releases, public health columns, ads and interviews:** COVID activities have not decreased in these last two months and continue to be the dominate topic of news releases and communications. In November/December, SHDHD put out 8 press releases and granted phone interviews for TV and radio media requests, focusing primarily on COVID-19-related issues and vaccinations. The advisory is still in effect as of December 31.
- **Health Information for Meetings:** Falls prevention, vaccine information and disease comparison chart (cold, flu, asthma, seasonal allergies and COVID-19 symptoms) were provided for the retired teacher's meeting.
- **Radio Advertising:** SHDHD continues running PSAs on *Flood Communications*, formally KHAS Platte River radio network and KRFS in Superior to promote getting the COVID vaccine and practicing prevention. The current

script focuses on the South Heartland website and the information available, such as what to do if you've been exposed, where to go for testing or where to get a vaccine, as well as COVID-19 data.

- **SHDHD Facebook:** These past two months SHDHD's Facebook/Twitter posts have been primarily focused around COVID-19 information and vaccination with promotion of diabetes prevention (Smart Moves), Building Healthy Families, CHA survey and Safety During the Holidays. SHDHD also increased the FB and Twitter posts, on both English and Spanish pages. FB views for Sep/Oct were 33,473 and for November/December they were 29,833. SH has also started an Instagram page and during the months of Nov/Dec there were 513 people reached. SH is working hard to get the Spanish FB up and going again with the assistance of our new bilingual community health worker. During the month of December there were 28 posts just on the Spanish FB page.
- **Website:** Our website "views" increased for November (6,120 views) and December (3,000), 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 continue 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. Increased call volume with COVID cases, testing, vaccine (adding approval of 18+ boosters & 5-11 vaccination), and flu vaccination. Testing and vaccine charts are available on the website and updated weekly.
- **COVID-19 Information for Schools and Colleges:** SHDHD communicated every other week through scheduled zoom meetings to keep schools (ESU-9 public schools, parochial schools, Head Start, and day cares) abreast of the most current COVID information and provides additional updates as needed, when COVID-related concerns change or arise. SHDHD has weekly virtual meetings with Hastings College to provide COVID status briefings and assist with health and safety planning for the campus community.
- **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 staff or student isolation dates.

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 Substance Misuse Steering Committee met on 12/21 (the last of 5 Steering Committee meetings for 2021). A data report for the 3-year CHA (Community Health Assessment) is in progress to be completed early January 2022, which also meets needed requirements for local hospitals. The SHDHD Annual CHIP Report, required for accreditation, will incorporate this data report.
- **Access to Care CHIP Priority:**
 - **Health Equity (HE):** Medicaid Expansion and ensuring individuals are navigated to services is a priority for both the Access to Care Steering Committee and the Health Equity grant. During the months of Nov/Dec, United Way and SHDHD evaluated the need to communicate to the public about Medicaid expansion. No outreach plan was developed at this time, but communication conversations were facilitated.
- **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 behavioral health screening tools among the area clinics to increase referrals and early detection. The network members met in December with our local senators to share information about the BH needs of our counties. SH continue to develop an MOU for pilot site implementation.
 - **Maternal Child Health:** SH received a MCH grant to develop relations with a local pediatric provider and ESU-9 to impact youth and prevent suicide. Work will include suicide and mental health screening in provider offices and working with ESU-9 to develop training plans with each of the schools with the objective of developing a youth screening process within each of the schools.
- **Substance Misuse CHIP Priority:** SHDHD continues to carry out our drug overdose prevention workplan with oversight by the Substance Misuse Steering Committee. All work plan action items are being completed with the assistance of community partners.
- **Obesity & Related Health Conditions CHIP Priority:**

- **Building Healthy Families:** SHDHD has led the implementation team through several meetings and has begun a second cohort of 1 family. The first cohort has completed 17 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 138 lbs. (4.8% weight loss) since the start of the program. 8 participants have lost more than the 5% weight lost target. Information on the Smart Moves Program was sent to area provider offices to promote the upcoming program. SHDHD and Superior will be starting new Smart Moves classes after the first of the year, SHDHD will be completing their class virtually in 2022.
- **Whole School, Whole Community, Whole Child (WSCC):** SHDHD met with both HPS and Harvard to begin implementing their action plans for the 4th year of the grant. Each team has different goals, but both of them are addressing mental health issues related to COVID.
- **Cancer Priority:**
 - **Mary Lanning Healthcare Cancer Committee:** SHDHD staff attended the quarterly meeting held Dec. 2, 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 6 kits during November/December with 4 kits completed.
- **Schools Collaboration:** SHDHD continues to collaborate 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 (October 12-November 23, 3:30-5:00 pm) at the Grace United Methodist Church in Hastings with 13/14 participants completing the class. Beginning Time Up and Go (TUG) was an average of 10.3 seconds (an older adult who takes more than 14 seconds has a higher risk for falling), TUG at the end of the 7 weeks was 9.3 seconds. Stepping On meets once a week for seven weeks for 1 ½ hours with guest experts talking about fall related topics. The next class will be on January 12 – February 23, 2022 from 2:30 – 4:00 pm at Good Sam-Hastings Community Center, call 402-519-8938 for more information or to sign up for class. Tai Chi beginning classes and advanced classes in Red Cloud and in Hastings at the Hastings YMCA and Golden Friendship Center will start back up after the first of the year.

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:**
 - **United Health Care project (up to \$29,000)** - 2021 COVID Vaccination Capacity Program to provide COVID vaccination coordination with local providers for Nebraska Medicaid Long-Term Care (MLTC) members and underserved populations, including homeless, homebound and minority. SHDHD also participated in some optional activities with UHC to improve hypertension management and increase colorectal cancer screening in members. Final report is due to UHC in January, but SH feels goals and activities were met to the best of their ability.
 - **COVID Immunization** (\$315,683 - NE DHHS pass-through). These additional funds are to be in support implementing COVID-19 Immunization, including the following actions: 1) Increase COVID-19 vaccination capacity: across the jurisdiction, different levels of health literacy, digital literacy, and science literacy. 2) Develop and implement community-based and culturally and linguistically appropriate messages that focus on Covid-19 spread, symptoms, prevention and treatment and benefits of vaccination. 3) Develop and distribute regular vaccine insight reports based on social listening and media monitoring. 4) Utilize community engagement forums, advisory groups, etc. to

ensure the messages appropriate and suitable for the audience. 5) Collaborate with trusted messengers to develop testimonial campaign. 6) Proactively address and mitigate the spread and harm of misinformation.

- **SHDHD COVID-19 AAR:** nearing completion of the after-action report for August 2020 - May 2021. All staff were part of action planning discussions to assist with the AAR action planning process. Determination of person(s) responsible and timeline for implementation are in progress.
- **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 working on expanding testing, antiviral medication distribution/prescriptions, and revising plans and processes to match the CDC's updated guidance on isolation and quarantine.
- **COVID-19 Vaccine Distribution Plan:** SHDHD started November with 808 total doses of vaccine (including COVID-19 vaccine) in inventory. During Nov./Dec., shipments of 8860 doses were received and 6577 COVID-19 doses were transferred to providers across the district. SHDHD administered 768.5 doses of vaccine at VFC/AIP and COVID-19 vaccination clinics during this period.
- **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. During Nov/Dec Pediatric Pfizer for 5 to 11-years was given EUA and ACIP made their recommendation. SHDHD received and made the first pediatric vaccine transfer to Children and Adolescent Clinic on Nov. 5th. During the Nov/Dec period, ACIP made recommendations for Pfizer booster doses for certain populations, followed by Moderna and J&J booster recommendations, then booster recommendations for all population 18+ and most recently recommendations for Pfizer boosters for 16 to 17-years. SHDHD informs and educates area COVID-19 vaccine providers and serves as a continual resource for managing all of the complexities associated with multiple vaccines and the frequent changes. SHDHD utilizes our website for providing provider resources as well.

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:** No complaints registered this period.
- **NE Directed Health Measures:** The Governor's Executive Order 21-15 was extended 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 (October 13 – December 31).
- **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 continues to utilize COVID-19 safeguards during clinics to ensure that all staff and patients are protected to the best of our ability. Regular monthly immunization clinics were held in Nov. and Dec. with one additional VFC flu shot/covid shot clinic and 2 additional AIP (adult) flu shot/covid shot clinics. Staff delivered 106 total vaccinations to 46 VFC patients at the

combined clinics. Of the 46 patients, 41 were uninsured and 5 had Medicaid. 9 were new patients to the clinic with referrals coming from local providers, Migrant outreach worker and family/friend referrals. 23 (50%) VFC patients were provided Spanish print materials and interpretation during their visits and during the reminder calls prior to each clinic. Donations totaling \$31.00 were collected during the combined Nov. and Dec. clinics.

- **Immunization: Adult Immunization Program:** 33 vaccinations (Influenza and COVID-19) were administered to 25 adults during the Nov. and Dec. clinics. All 25 were uninsured. 21 (84%) AIP patients were provided Spanish print materials and interpretation during their visits.
- **Reminder/Recall to improve vaccination rates:** With our new community health worker (CHW) on board we are restarting reminder/recall activities the end of December and working to connect with and schedule children under age 3 who are behind on shots.
- **COVID-19 Vaccinations:** Weekly public COVID-19 vaccine clinics held in the space at the west end of Allen's have continued through Nov. and Dec. COVID-19 vaccines have also been administered to the uninsured populations attending VFC/AIP clinics at the department. Vaccination rates: 59% of eligible (12+) SH Residents with at least 1 dose, 55.2% of eligible SH residents completed 2 doses. Of the total population: 47.8% with at least one shot, 50% fully vaccinated.
- **Community Health Worker (Bilingual):** My name is Julia Sarmiento and I started working on 11/29/2021. I am doing orientation and training to acquire the skills and knowledge to best serve our community. I have helped with the VFC clinic in reaching out to our Hispanic community and scheduling the appointments as well as provide support and translation as needed in 2 VFC clinics and 3 Covid-19 Wednesday clinic at Allen's. I am currently working on familiarizing myself in content and promotion for our Spanish Facebook page.
- **Community Health Worker (English Only) / Every Woman Matters (EWM) and Health Coaching:** Health Coaching EWM clients for November 2021: Completed 1st Health Coaching call with 1 participant, 2nd Health Coaching call with 0 participants, 3rd Health Coaching call and Every Woman Matters assessment with 0 participants. December 2021: Completed 1st Health Coaching call with 0 participants, 2nd Health Coaching call with 0 participants, 3rd Health Coaching call and Every Woman Matters assessment with 0 participants.
- **COVID-19 Testing:** COVID testing is still 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. NOMI Health now provides testing free of charge to SHDHD residents that are able to travel to Grand Island. This is a service very similar to Test Nebraska. We worked to connect Total Wellness with Hastings College so they can do their own testing of students, as needed. SHDHD has been working on options for expanding testing for the general public and signed an agreement with NE DHHS to offer a testing process coordinated with the Nebraska Public Health lab and Regional Pathology Services. We are in the process of recruiting partners to provide the free PCR testing in each county and, so far, have succeeded in identifying a partner in Nuckolls County – the site should be operational within the first couple of weeks in January.

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:** The leadership team reviewed/revised the organizational chart based on data from all staff (self-evaluation and professional development workforce evaluation). All staff completed an individual strengths training session with a strengths coach from Mary Lanning. An all-staff strengths workshop was completed and staff have submitted their Individual Career Development plans (goals and training) to their assigned supervisors. A 3-month pilot for this quality improvement process will be evaluated in February.
- **COVID Updates and Briefings:** The ED and several other staff continue to participate on bi-weekly statewide COVID briefings and pass along relevant information to other staff and stakeholders. Staff stay current on best practices through weekly Surveillance Staff calls and Public Health Emergency Preparedness staff calls with DHHS. The ED participates in weekly directors' calls w/ DHHS, a weekly director's call with the State Epidemiologist, and biweekly calls with the local health directors. Staff also receive situational training through calls with the CDC.
- **Staff COVID Briefings and Surveillance Staff Briefings:** Continue to conduct weekly to facilitate the sharing of current situational status, evidence-based practices, updates, policies/plans, messaging, and needs, etc.
- **Staff Training:** All staff completed a Motivational Interviewing online course and those needing CPR & First Aid updated their training.

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:** Year 2 Annual Report information has been received from PHAB (Public Health Accreditation Board). Due to the COVID-19 pandemic, the modified (shortened) template will be used again. Section 1 must be completed by 3/31/2022. Section 2 is due 30 days after PHAB approves Section 1.
- **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) –Strengths Coaching and a workshop, followed by some Team-Building training this fall and winter.
- **Quality Improvement Projects:** Workforce Development - implementation of the Career Development processes. Revision of the Organizational Chart/Supervisory structure pilot project. This will be measured through pre- and post-staff self-evaluations. Policy QI continues. Plan for QI of orientation processes.
- **Strategic Plan action plan and dashboard:** This will be shared with the BOH at the January meeting.
- **Community Health Improvement (CHIP) Implementation:** All five steering committees have met again in June through December to address progress and needs for the CHIP priority goals. The survey for the mini-community health assessment (English, Spanish, Vietnamese) ended Nov. 30. This and other data have been analyzed and will be used for mid-point corrections and adjustments to the Community Health Improvement Plan.
- **COVID19 Response QI/PM:** Continuing process improvement (policies and procedures) and assessing how we can improve as we progress through the pandemic. All staff participated in the Action Report focus on data analysis and process documentation to identify opportunities and successes for quality improvement.
- **Performance Management (PM):** The revised Organizational Chart and assigning of supervisors for all staff will streamline the PM processes to prioritize and gather data to use for improvement, reports and decision-making for the health department. All new staff have completed QI-PM training.
- **PHAB Accreditation Standards and Measures:** Version 2022 has 10 Domains, instead of 12, to align with the Essential Public Health Services. It designates which measures align with the Foundational Capabilities*. Health equity is emphasized and considerations are included in every domain. Preparedness requirements have evolved based on lessons learned during COVID-19. <https://phaboard.org/version-2022/> SHDHD participated in the vetting process for this new version.

*Foundational capabilities: 1) Assessment/Surveillance, 2) Emergency Preparedness and Response, 3) Policy Development and Support, 4) Communications, 5) Community Partnership Development, 6) Organizational Administrative Competencies and 7) Accountability/Performance Management.

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

- This essential service includes seven components and we are highlighting two of them for this reporting period:
 - Ensuring that appropriate, needed resources are allocated equitably for the public's health.
 - Expanding COVID-19 testing availability, assuring access to vaccine, and developing processes for distributing initial allocations of antiviral medications (a scarce resource at this time) have been health equity focus areas for SHDHD over the past 3 months.
 - Being accountable, transparent, and inclusive with all partners and the community in all aspects of practice
 - We are engaging the minority community in describing the health needs in our district and the barriers to care (physical health, behavioral health) they are experiencing. We held a meeting with minority community representatives to plan how to engage the community in the community health assessment surveys and listening sessions; held 2 listening sessions, in Adams and Clay counties; received overwhelming interest from listening session participants to be part of an advisory group that will review assessment data, help choose priorities, and provide oversight to implementation of an action plan.






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

SHDHD's Disease Investigators also provide coaching for vaccination

Beyond getting information about COVID symptoms and exposure we, as case investigators, have the opportunity through personal conversations to inform, educate, and empower individuals towards vaccination. Through our individual interviewing techniques, we have even been able to be a part of influencing resident's willingness for COVID-19 vaccination. Some people we contacted had not received the vaccine and were not planning to get it. However, after our coaching and encouragement, they changed their opinion and were ready to make an appointment to get their COVID-19 vaccine. Nothing is more rewarding than a thank you at the end of an interview and knowing that we are making a difference, one person at a time.




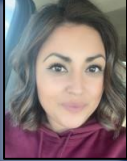


-Heidi Davis and Lauren Shackelford, SHDHD Disease Investigators

South Heartland Bi-Monthly Board Report: Staff-Specific Program Updates, November-December 2021

 <p>Dorrann Hultman 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 vaccination response:</u> New FDA authorizations and ACIP recommendations for pediatric COVID-19 vaccination for the 5–11-year age group and the COVID-19 booster shot rollout for all products has kept me busy keeping up with updated standing orders from our immunization program medical director, communication and resources for our district providers and for the vaccinators at our public clinics. We’re managing vaccine orders for the district and at any given time have between 1000-2000 doses of COVID-19 vaccine stored in our ultra-cold freezer, regular freezer or refrigerator storage unit. Weekly vaccine deliveries continue to district COVID-19 providers as we all continue to actively promote and administer vaccine to the public.</p>
 <p>Liz Chamberlain 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 Covid Vaccine clinics at Allen’s, also help with monthly VFC clinics. <u>Falls Prevention:</u> Completed Stepping On class @ Grace United in November. Also, completed Tai Chi Assessments in Superior, Nelson and YMCA.</p>
 <p>Brooke Wolfe Public Health Promotions and Prevention Coordinator</p>	<p><u>COVID-19 Response:</u> Assist as needed, primary person working on staff cross coordination to ensure the right staff are at the table discussing different topics, breaking down department siloes. <u>Grant Management:</u> Continue to work on coordinating 14 of the 20 SHDHD grants SHDHD has been awarded. My involvement includes communicating with fund managers about progress/barrier/changes and working with staff and partners to complete the workplan activities.</p>
 <p>Jessica Warner Health Surveillance Coordinator</p>	<p><u>Disease Surveillance:</u> During the reporting period, the Epi team has completed 1,175 COVID investigations. Some assistance has been provided by DHHS investigators and a DHHS survey that reaches the cell phone of positive cases. We have investigated a number of clusters including a class reunion, daycare clusters and several worksites. Two mass communication updates or Health Alerts (sent out through the Health Alert Network) were sent during this reporting period. The first to providers and healthcare, and the second to daycare facilities. I continue to track and monitor variant activity with 43 sequence results (all Delta) received during this reporting period. The Epi team continues to work with schools and has notified our schools of 529 Isolation or Quarantine events during this school year. At this point in the pandemic, we are now communicating isolations, but no longer quarantines to our schools.</p>
 <p>Janis Johnson Interim Assistant Director Standards and Performance Manager / Public Health Nurse/</p>	<p><u>Vaccinations:</u> Back up coordinator. COVID vaccination clinics at Allen’s and administration and coordinating w/ partners for homebound & incarcerated individuals. Keeping vaccine documents, guidance and messaging current. <u>COVID-19 Response:</u> Staff onboarding/training/supervision/logistics. Epi support. Assist with phone triage messaging kept current. <u>Standards and Performance Management/Accreditation:</u> Accreditation (PHAB) Annual Report, Year 2-2022: implementation of processes/plans. <u>Interim Assistant Director:</u> timesheets, orientation, staffing, staff training and performance management, assist Michele as needed.</p>



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<p align="center">Jean Korth</p>  <p align="center">Chronic Disease Prevention Program Assistant</p>	<p><u>Epi Support:</u> I continue working to support staff, answering calls to the department regarding COVID19, working with daycares, childcare centers and preschools with COVID activity, and monitoring cases migrating into SalesForce (disease investigation tracking software) for addition to the department's line list.</p> <p><u>MCH Grant:</u> I am working to find a provider that will pilot at least one Mental Health Screening assessment in an effort to decrease suicide rates among youth.</p>
<p align="center">Heidi Davis</p>  <p align="center">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 continue to support 8 schools in our health district, for questions related to COVID-19 activity at the schools. I attend Community Call Meetings weekly, presented by UNMC, which addresses the pandemic in our state. In addition I continue to provide support on data analysis reports of COVID-19 for weekly reporting. Recently I completed a course in Motivational Interviewing and also became recertified in CPR and First Aid.</p>
<p align="center">Lauren Shackelford</p>  <p align="center">Disease Investigator</p>	<p><u>COVID-19 Response:</u> I continue to work on case investigations and contact tracing for COVID-19 cases. I have also continued to work with long-term care facilities in COVID-19 outbreak. I have connected with all facilities to ensure residents and staff have access to COVID-19 vaccine booster doses.</p> <p><u>Communications:</u> I have developed and shared resources to promote COVID-19 and flu vaccination on social media.</p> <p><u>Building Healthy Families:</u> Cohort 2 has completed the first 11 sessions. As the program coordinator I make sure all supplies are ready for sessions and communicate with enrolled families and other facilitators. I have also started recruitment efforts for Cohort 3 that will begin in January.</p>
<p align="center">Julia Sarmiento</p>  <p align="center">Bi-Lingual Community Health Worker / Interpreter</p>	<p><u>Bilingual Community Health Worker (CHW):</u> I am learning about our Monthly Vaccine for Children (VFC) clinic on how to promote and schedule all of our clients, as well as interpret and translate and provide support for both VFC and COVID-19 clinics as needed.</p> <p><u>Communications:</u> I am learning how to develop and share resources to promote Covid-19/Flu/Immunizations and wellbeing on social media.</p>
<p align="center">Sam Coutts</p>  <p align="center">Clerical Assistant for Finance and Operations & 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, filing, and reviewing documentation, human resources regulation, and assisting with projects related to organizational policies, performance management/quality improvement, and budgeting, as requested. I assist other staff as needed with these areas as well.</p> <p><u>COVID-19 Clinic Support:</u> I also provide general administrative and clerical support and assist with data entry as needed.</p>
<p align="center">Pam Stromer</p>  <p align="center">Administrative & 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.</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, continued work on getting familiar with the software programs SHDHD uses, provide support with the Microsoft Office programs, as needed, and help with compiling data for the SHDHD COVID-19 and hospital dashboards.</p>

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Support Staff for COVID-19 response and other projects:

Part-time Hire:

Aida Evans Interpretation, Minority Outreach
Saylor Pershing Data, CHA/CHIP Support (now working remotely from George Washington University)
Emma Severson Project Support Intern (Hastings College)
Lindsay Pritchard Nurse Vaccinator – COVID Clinics
Beatriz Marino Jachim Nurse Vaccinator - COVID Clinics
Shelly Fletcher Nurse Vaccinator – COVID Clinics
Kathryn Kamarad Clinic Admin Support - COVID Clinics

Contract (Mary Lanning):

Leslie Anderson, RN VFC & COVID Clinic Support

Volunteer:

Sue Rutt Phones, Maintains/assists with HD Highlights, COVID history, Accreditation history notebooks
John Bohmfalk Disease Investigation

Vaccine Clinic Staffing Support:

Mary Lanning is continuing to provide pharmacy staff to draw up vaccine for 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). Assisting with CHIP data.