

### Minority Health Assessment Outreach Planning Meeting, October 19, 2021

PEACE Center, First Presbyterian Church, Hastings



## Flu and COVID Vaccine Clinic for Hastings College Students and Staff October 28, 2021



### SHDHD Staff take a "Halloween" Wellness Break



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

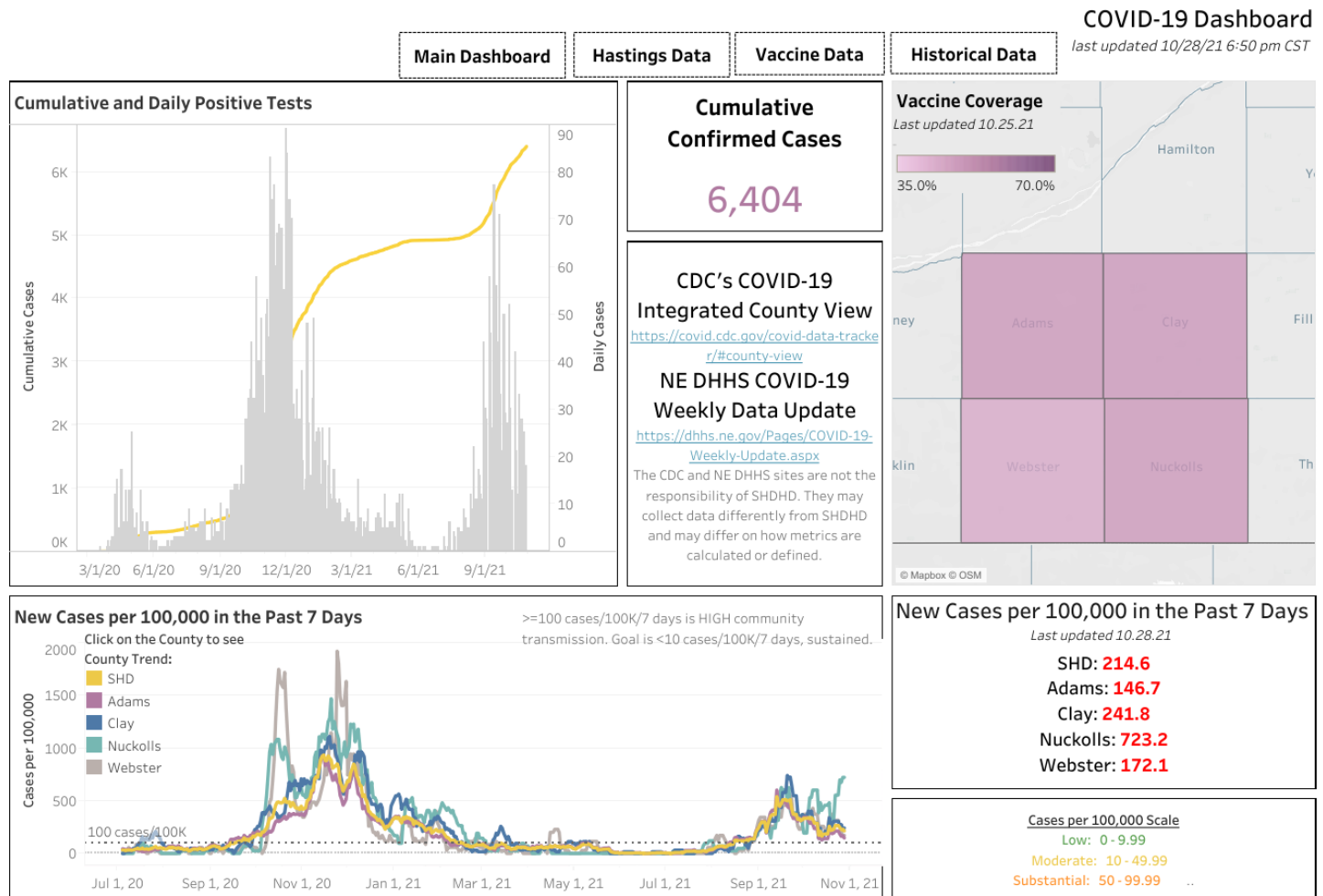
## 1. Assess and monitor population health status, factors that influence health, and community needs and assets *(What's going on in our district? Do we know how healthy we are?)*

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

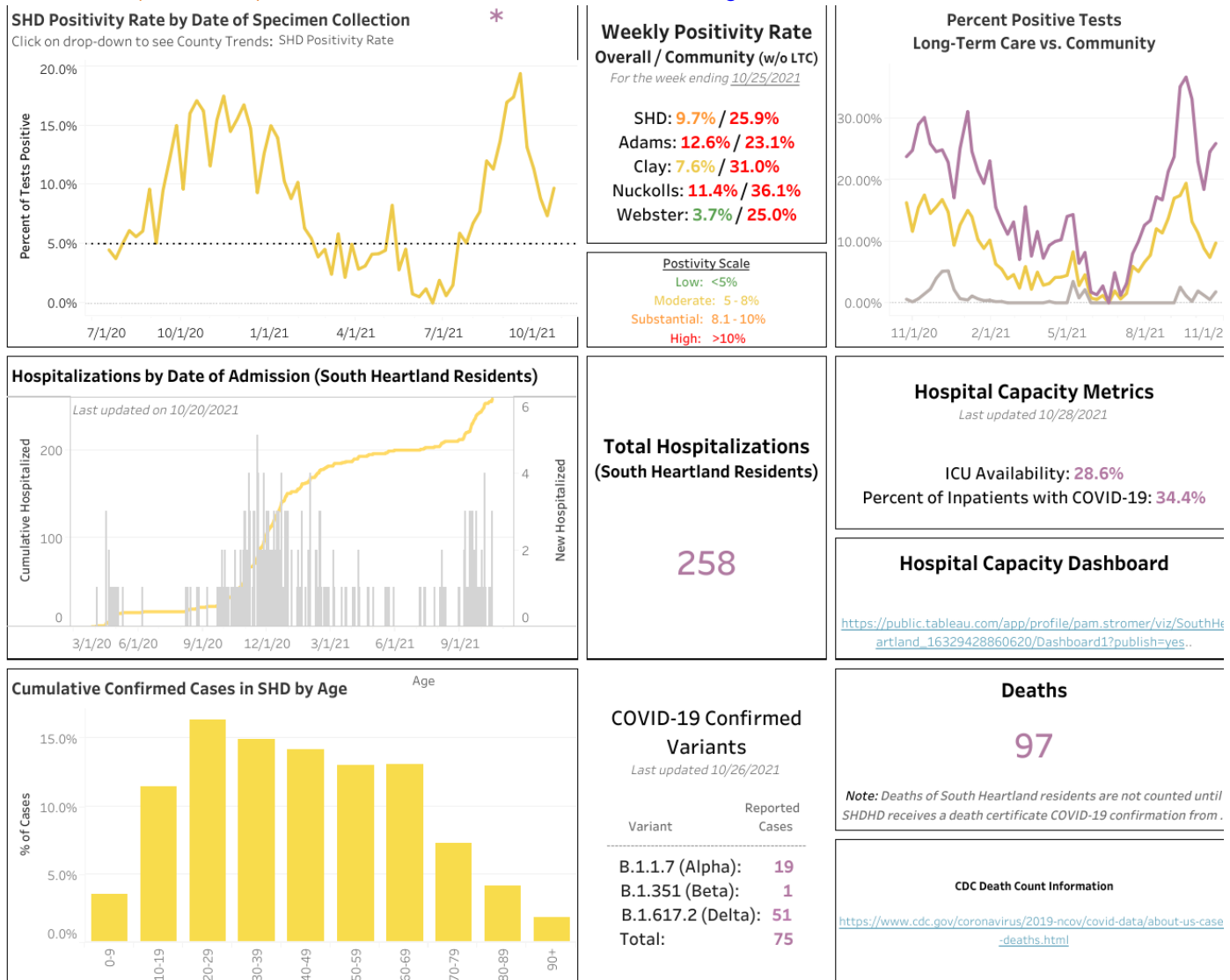
### Local

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

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



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South Heartland COVID-19 Dashboard, as of October 28, 2021

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

- As of October 27, 2021, a cumulative 6,375 South Heartland residents have tested positive for COVID. Epi Response has continued for 95 weeks during the COVID pandemic with 616 days since our first positive case. We have contacted nearly all of the 6,375 cases with some assistance from DHHS. Hospitalizations have remained stable since the beginning of August. 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. Widespread community transmission of >8 per 100,000 has remained at the “high” level this reporting period for all counties when excluding screening testing at long-term care facilities.
- All specimens sequenced this reported period have resulted in the “Delta” variant with over 50 specimens now complete. South Heartland staff have ordered less tests than in previous months, but sequencing results are monitored and reported out on a weekly basis.
- SHDHD COVID weekly positivity (percent positive tests) has been above 8% or widespread since 8/27/2021.
- SHDHD Surveillance staff have been working on investigations of several cluster and outbreaks including a class reunion, school clusters in Nuckolls and Adams Counties, inmates and law enforcement, daycares, in home care providers, large businesses, healthcare and families traveling out of state.

- **Monitoring and Tracking updates:** Continuing to complete trend analysis on local COVID-19 data; transitioned from TRIMRS-supported hospital capacity dashboard to SHDHD-supported dashboard of South Heartland district's hospital capacity data (linked to it from SHDHD COVID-19 dashboard). Continuing to track Hastings-specific data on daily new cases, 7 day rolling average of new cases per 100,000 people for all 4 counties and weekly positivity, and providing weekly updates to the COVID-19 Vaccine Dashboard to track residents vaccinated (partially/fully) and their demographics.
- **SHDHD's dashboard tracks deaths related to COVID:** This process requires death certificates to be reviewed by DHHS and sent to each jurisdiction. Following the CDC practice, SHDHD includes confirmed (PCR positive) and probable (Antigen positive) COVID-related deaths in our counts. This information is important in understanding fatality rates related to illness. **Current Case Fatality Rate: 1.5%**
- **Community Health Assessment:** Hospital and United Way continue partnering with SH to complete the Community Health Needs Assessment (CHNA) requirement for non-profit hospital IRS reporting every 3 years. In addition to the data review, the CHA team is currently completing the preliminary data analysis of assessments that include locally collected data from United Way and health data from state and local sources and the CHA team has rolled out the community survey. To date, there are 825 surveys completed. We are asking all CHIP steering committee and Board members to take and promote the survey. Through SHDHD community health workers, we have also promoted the survey at local events and community connections. We are continuing to plan focus group discussions about access to care, impact of pandemic, and health disparities. This year the data collection and analysis will have a stronger minority and special population focus (Hispanic, rural ag, disabled and veteran populations) in addition to overall population.
  - Through Minority Health Initiative funding, SHDHD held an outreach planning meeting to assure minority voices are included in the community health assessment. There were 17 people at this evening meeting with representation from Webster and Adams County (others were sick). Outcomes: the group identified how minority individuals would be reached to complete the CHA survey and how they would be invited to the focus group listening sessions planned for November.
- **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 for input and guidance. Committee members offered suggestions and assistance in providing additional data to be included in the final summary. This project is completing an action step in SHDHD's Community Health Improvement Plan Cancer Priority – to research cancer trends and risks in our district, looking beyond the cancers we have been addressing (breast, lung, prostate, colorectal, cervical, skin) – to determine if others, such as lymphomas, should be on our radar.

## 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 10 Alert Sense notifications (September/October) 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 provider labs to follow up on positive cases immediately by issuing isolation instructions and conducting contact investigations. Vaccine demand has gradually decreased and we continue messaging on the safety and importance of vaccination. SHDHD continues promoting layered prevention, including mask-wearing, social distancing, hygiene and other prevention.
- **Enteric and Vector borne Illness:** Investigations for reportable diseases must be completed and continue to be followed up by Epi Staff. Cases of enteric illness as well as West Nile investigations were completed during this reporting period.

- **PPE distribution totals:** From the beginning of March 2020 through the October 27, 2021 SH has distributed out: Masks – 217,575, Surgical Masks – 306,900, Cloth Masks – 50,530, Face Shields – 34,811, Goggles – 3,018, Hand Sanitizer – 1,347 containers, Wipes – 10,389 containers, Gloves – 858,500, Gowns – 192,248, Thermometers – 777, 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:** September-October: Falls Prevention, Layers of Prevention for COVID (masks, distancing, avoiding crowds, vaccination).
- **News releases, public health columns, ads and interviews:** COVID activities have increased in these last two months and continues to be the dominate topic of news releases and communications. In September/October, SHDHD put out 13 press releases and granted phone interviews for TV and radio media requests, focusing primarily on COVID-19-related issues and vaccinations. Additionally, there was some West Nile Virus communication. SHDHD facilitated a zoom call composed of area providers to share COVID related information in September. SHDHD issued a COVID-19 Advisory on September 15 due to sustained high levels of community transmission. The advisory is still in effect as of October 28.
- **Health Fairs:** Staff provided educational information at Hastings Public Schools Health fair in October: Cancer, Falls Prevention, Building Healthy Families, Diabetes Prevention, Flu and COVID vaccination info.
- **Radio Advertising:** SHDHD continues running PSAs on KHAS Platte River radio network and KRFS in Superior to promote getting the COVID vaccine and practicing prevention. Using the voices of six providers from the South Heartland district, the message focuses on the delta variant and the importance of vaccination. When the script was developed our number of new cases were decreasing and that was mentioned, however, that was edited out of the ad when the number of new cases increased. In October, a new script was added to the rotation highlighting the South Heartland website as a resource for those looking for facts, 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), West Nile, CHA survey and Building Healthy Families. SHDHD also increased the FB and Twitter posts, on both English and Spanish pages. FB views for July/August were 15,602 and for Sep/Oct were 33,473.
- **Website:** Our website "views" increased for Sept (6,120 views) and August (2,967), compared to May and June, but is still lower than our max views during January (19,204 views). Website views continue to be higher than our pre-COVID-19 (~450 views/mo). Staff have worked to update and improve our website pages.
- **COVID-19 Information for Public:** Call volume from the public and providers is increasing and remains a priority for SHDHD staff to answer all calls/triage messages accurately, timely, professionally and transparently. Increased calls with COVID vaccine and changes for boosters, and flu vaccination.
- **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.

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

- *Process for developing SHDHDs community health improvement plan (CHIP) and/or implementing our work plan.*

- *Examples where we engaged the public health system and community to address health problems collaboratively.*

- **Community Health Improvement Plan (CHIP) implementation:** The Obesity Steering Committee met October 13<sup>th</sup> with eight members attending, Cancer met October 13<sup>th</sup> with nine members attending, and Access to care met October 13<sup>th</sup> with seven members attending and Substance Misuse met on October 8<sup>th</sup> with seven members in attendance. SHDHD has developed dashboards to help track progress and each of the committees have reviewed them with suggestions. All four committees will meet again in April 2022. Mental Health Steering Committee is the only committee that has not met yet.
- **Substance Misuse CHIP Priority:** SHDHD continues to carry out our drug overdose prevention workplan with oversight by the Substance Misuse Steering Committee. SHDHD established an MOU with CASA to work toward bringing back teen drug court and expand/improve drug takeback programs. United Way has also been working with SHDHD and promoting substance misuse resources found in 211. All work plan action items are being completed with the assistance of community partners.
- **Mental Health CHIP Priority:**
  - **Rural Behavior Health (BH) Network:** The Rural BH Network continues to meet on schedule, but virtually. The network continues to implement their strategic plan evaluating how the group can promote behavioral health screening tools among the area clinics to increase referrals and early detection. The network is continuing to utilize a 2nd no-cost extension from the original planning grant. With the extension of funds approved, we will be able to implement a pilot project using the evidence-based behavioral health screening tools the network has prioritized (e.g., screening tools for depression, substance use, suicide, etc.), so that more residents can be appropriately referred to treatment and resources.
- **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 3 families. The first cohort has completed 16 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 136 lbs. or 4.7% weight loss since the start of the program. 7 participants have lost more than the 5% weight lost target. Information on the Smart Moves Program was sent to the public libraries in our district to share with their staff and patrons through our library group email.
  - **Whole School, Whole Community, Whole Child (WSCC):** SHDHD met with both HPS and Harvard to develop action plans for this 4<sup>th</sup> 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 was unable to attend the quarterly meeting held Sept. 9, 2021.
  - **Colon Cancer:** FOBT Colon Cancer Screening kits continue to be distributed by mail, through our front office and by ML's Community Health Center. SHDHD distributed 6 kits during September/October.
  - **Cancer Grant:** To conclude this grant project, a second round of ACS cancer education/screening materials are currently being delivered to each primary care provider across the district.
- **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) continues at the Grace United Methodist Church in Hastings with 14 participants. Beginning Time 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), will complete TUG at the end of the 7 weeks. Stepping On meets once a week for seven weeks for 1 ½ hours with guest experts talking about fall related topics. Tai Chi Beginning classes currently going on in Hastings YMCA, Superior, Nelson, and Sutton. Advanced classes in Red Cloud and in Hastings at the Hastings YMCA and Golden Friendship Center.
- **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.

## 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 is participating in some optional activities with UHC to improve hypertension management and increase colorectal cancer screening in members.
    - Maternal Child Health (through April 2022; \$15,423) - Decrease suicide among youth.
  - SHDHD COVID-19 AAR: nearing completion of the after-action report for August 2020 - May 2021.
  - COVID-19 Response Plans: SHDHD continues to follow and promote evidence-based guidance from the CDC, NE DHHS, Professional Associations, UNMC Specialty Teams and other sources for all of the COVID-19 response activities. New data and evidence-based practices are shared by UNMC Global Center for Health Security and other partners at weekly briefings. Policies and recommendations are data-driven, based on current evidence. Currently implementing response plans with safe return to school for K-12 and colleges.
  - COVID-19 Vaccine Distribution Plan: SHDHD started September with 870 COVID-19 vaccine doses in inventory and through Sept./Oct. managed 3900 new incoming doses of COVID-19 vaccine, transferred 3714 doses to district providers along with ancillary supplies for administration and administered 331 doses at weekly Allen's clinics and VFC/AIP clinics.
  - Vaccine FDA Approval/EUA (Emergency Use Authorization): SHDHD continues to follow and promote to district COVID-19 vaccine providers, all CDC, FDA, and ACIP recommendations for vaccine approval and Emergency Use Authorization guidance for COVID-19 vaccination procedures, VAERS reporting (vaccine adverse event reporting system), and stringent adherence to vaccine management and handling procedures.

## 6. Utilize legal and regulatory actions designed to improve and protect the public's health

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

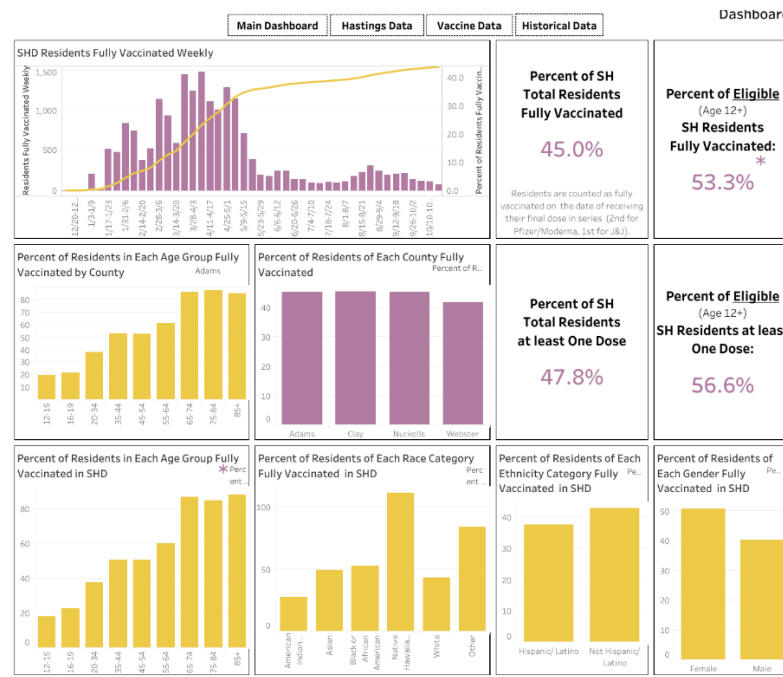
- *Describe efforts to educate members of our community on public health laws, policies, regulations, and ordinances and how to comply with them.*
  - *What laws and regulations have we helped enforce to protect the public's health?*
  - Nebraska Clean Indoor Air Act: None this period.
- NE Directed Health Measures: All State Directed Health Measures expired on May 24, 2021 and the Governor ended the emergency declaration on June 30 at 11:59 PM. Due to a hospital staffing crisis, a new DHM (DHM 2021-003) was in effect to limit elective surgeries effective September 30 – October 21, 2021 and applied to every health department jurisdiction in the state. The Governor also made an Executive Order to waive licensing requirements for hospitals in order to streamline authorization of credentials for retired or inactive healthcare professionals, deferring continuing education requirements, and suspending statutes around new healthcare providers who are seeking a license. This was extended in Executive Order 21-15 for further health care workforce capacity, 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.
- Nuisance Property complaints: Received complaints about nuisance properties with animal and/or insect infestations from residents of two different communities in Clay County. SHDHD is working with local officials and other organizations to determine authorities and enforcement options.



- **Requests for Environmental reports:** Received a request from a company conducting an Environmental Phase I Assessment for a site in Nuckolls County. One requirement for a Phase I Assessment is to contact the local health department and inquire about possible documentation on the historical use of the project site. We get these types of requests about 1-2 times each year. For these types of requests, SHDHD refers to the Local Emergency Planning Committee (LEPC), if there is one, or to the county emergency manager, as we don't provide the services or maintain any documentation related to the types of information requested for Phase 1 Assessments.

**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 Sept. and Oct. with one additional VFC flu shot/covid shot clinic and 2 additional AIP (adult) flu shot/covid shot clinics. Staff delivered 101 total vaccinations to 57 VFC patients at the combined clinics. Of the 57 patients, 42 were uninsured, 12 had Medicaid and 3 were underinsured. 17 were new patients to the clinic with referrals coming from local providers, Head Start family support workers, family/friend referrals and HC flu shot promotion. 27 (49%) VFC patients were provided Spanish print materials and interpretation during their visits and during the reminder calls prior to each clinic. Donations totaling \$15.00 were collected during the combined Sept. and Oct. VFC/AIP clinics.
- **Immunization: Adult Immunization Program:** 49 adults were vaccinated for Influenza and COVID-19 during the Sept. and Oct. clinics. 43 uninsured, 6 underinsured. 38 (78%) AIP patients were provided Spanish print materials and interpretation during their visits.
- **Reminder/Recall to improve vaccination rates:** With the resignation of our bilingual CHW, reminder/recall efforts have been put on hold.
- **COVID-19 Vaccinations:** Weekly public clinics held in the space at the west end of Allen's were restarted July 28<sup>th</sup> with the intent to hold 6 clinics to increase access for school age vaccination prior to school starting. Clinics were extended through September and now extended to December 15 (with the addition of Booster doses for Moderna and J&J, and FDA/ACIP meetings to determine vaccination for 5–11-year-old children). Vaccination rates: 56.6% of eligible (12+) SH Residents with at least 1 dose, 53.3% of eligible SH residents completed 2 doses. Of the total population: 47.8% with at least one shot, 45% fully vaccinated:



- **Community Health Worker (Bilingual):** This is an open position we are working to fill. In the interim, prn bilingual employees are helping support clinics and clinic activities when available. The Martti interpretation services phone line is utilized to communicate with Spanish-speaking clients when needed.
- **Community Health Worker (Bilingual Only) / Every Woman Matters (EWM) and Health Coaching:** Health Coaching EWM clients for September 2021: Completed 1st Health Coaching call with 5 participants, 2nd Health Coaching call with 0 participants, 3rd Health Coaching call and Every Woman Matters assessment with 2 participants. October 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.
- **Community Health Worker (English Only) / Every Woman Matters (EWM) and Health Coaching:** Health Coaching EWM clients for September 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 2 participants. October 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 less accessible with the loss of TestNebraska, but is still available through private clinics, some pharmacies and the federally qualified health center (Heartland Health Center) in Grand Island. Testing is also available through NPHL for individuals who qualify. 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. SHDHD has been exploring testing options with several companies (NOMI, Total Wellness) and with NE DHHS, to make testing more available in our district.

## 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 met to review/revise 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 is planned and staff will also submit their Career Development plans (goals and training) in November.
- **Technology Utilization:** SHDHD staff are trained in variety of different software/technologies to improve work outputs, such as 1) Qualtrics survey software used for surveys and collecting/analyzing data and translating the press releases into three different languages, and 2) Salesforce used for COVID-19 case investigation. 3) Knowledge Center for hospital capacity reporting, 4) Tableau for data dashboards.
- **Statewide COVID Updates:** The ED, at least, continues to participate on bi-weekly statewide COVID briefings and shares with staff and other stakeholders' current status updates or other relevant information along with links to the recorded COVID updates from Dr. James Lawler, Global Center for Health Security.
- **Staff COVID Briefings:** Conducted weekly to facilitate the sharing of current situational status, evidence-based practices, updates and needs, etc. Re-organized briefings to focus on overall COVID updates from E.D., Epi updates from Surveillance Coordinator, Vaccine updates from Community Health Services Coordinator, and other announcements and updates from staff and administration. The surveillance-epi team, vaccination team and vaccine promotion/COVID messaging hold separate weekly briefings/planning meetings
- **Staff Roles for COVID Response Activities:** We continue to analyze our staffing needs and cross-train staff specifically to support the COVID workload and meet the changing needs. Support staff is also assisting with completing non-COVID work to ramp up plans & processes that had been overshadowed with COVID responsibilities.
- **Health Literacy:** October is Health Literacy Month. All staff will complete a review of Health Literacy changes and two videos by mid-November. This training improves the quality of our services to all individuals by emphasizing people's ability to use health information rather than just understand it, focusing on the ability to make "well-informed" decisions rather than appropriate ones, and acknowledging that organizations have a responsibility to address health literacy.

## 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:**
- **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) – Health Literacy training for all staff in October. Strengths Coaching and a workshop, followed by some Team-Building training this fall and winter.
- **Quality Improvement Projects:** Workforce Development, revision of the Organizational Chart, implementation of the Career Development. This will be measured through pre- and post-staff self-evaluations and a pilot project to test the supervisory/reporting process.
- **Strategic Plan action plan and dashboard:** This will be shared with the BOH at the January meeting.
- **Community Health Improvement (CHIP) Implementation:** Four of five steering committees have met again in October to address progress and needs for the CHIP priority goals. The survey for the mini-community health assessment is in progress (English, Spanish, Vietnamese) with end date Nov. 30. This data will be analyzed and 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. The Action Report focus is 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.
- **Data Sharing:** We continue to use Tableau as our data platform, sharing COVID-related data, updating some daily and some weekly, and striving to improve every day. SHDHD reviews data for accuracy and makes corrections as needed. We conduct continuous review of the dashboard metrics and data presentation updating the chart format and explanations as needed, and adding new pages of data as new analysis is completed and making adjustments as case definitions or best practices change.

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

- **This new essential service** was launched with the revised 10 Essential Public Health Services in September 2020. It replaces the “contribute to the evidence-base,” which was incorporated elsewhere, and provides focus on a domain that is important to accreditation. This service includes seven components, but only one is highlighted for this reporting period:
  - **Developing an understanding of the broader organizational infrastructures and roles that support the entire public health system in a jurisdiction (e.g., government agencies, elected officials, and non-governmental organizations)**
    - Discussions about ARPA (American Rescue Plan Act) funding to counties and municipalities and how the funding is intended to support public health. Discussions about State funding and federal pass-through funding for building LHD infrastructure, including state-received ARPA funding.
    - Participation in meetings, such as Combined Services (Adams County/City of Hastings), to share public health information with elected officials and city/county governmental departments and assure public health perspectives are included in decision-making that impacts community health and safety.
    - Maintaining existing and building new partnerships with non-governmental organizations (non-profits, civic organizations, health care institutions, educational institutions, etc.) to implement the Community Health Improvement Plan as a community effort to improve the community’s health (examples – CHIP steering committees, Rural Behavioral Health Network, working together to reduce transportation barriers to accessing health care or to provide access to education on health insurance options or to assure use of model policies and practices to screen for depression and refer patients to appropriate services to meet their mental health needs).

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

### Engaging Our Minority Community Members in Community Health Improvement

South Heartland is very fortunate to have Aida Evans helping our team to connect with minority community members. Aida has a full-time position with the Migrant Education Program, but she has found time to help out South Heartland as a part-time temporary employee. Aida has been indispensable throughout the pandemic – monitoring Spanish-speaking individuals in quarantine and isolation, helping us share information about COVID, quarantine/isolation, testing, vaccine and other updates with Spanish-speaking employees at area businesses, processing plants, and in other settings across our communities. In addition to translating materials and flyers, Aida was – and still is - instrumental in registering and scheduling people for COVID-19 vaccine, interpreting for people who need it at our vaccine clinics, and connecting people to information and resources, however, and wherever, she can. She is a true, trusted leader for our Hispanic community!






This year we are conducting another community needs assessment so that we can update our community health improvement plan. We want to help our community do a better job serving ALL of our residents! To do this, we first need to hear from a good cross section of our population: we need to plan how to give as many people as possible the opportunity to tell us what they think about the health issues that matter most to them and what keeps them from getting the care they need.

Aida was the key to helping us gather together minority residents for a minority outreach planning session on October 21. With Aida’s help, we asked participants how best to reach minority Spanish-speaking residents with the community assessment surveys, as well as where, when and how to recruit participants for Listening Sessions. The 17 attendees provided lots of great ideas and were excited about having an opportunity to share what they think is missing from the community and what gets in the way of their ability to access health care and being heal. They committed to a goal of recruiting at least 5%, and hopefully 10%, of the Hispanic community members across the four counties to complete the community assessment survey. A 10% goal would mean 366 surveys!






**Success!** Each participant in the outreach planning session accepted the challenge to promote the survey to 10-25 others during November. One listening session is scheduled for November 19 in Hastings and others are in the works. Participants are excited to provide input by reviewing the assessment data, once it is collected, helping to choose what to focus on for improvement, overseeing the improvement initiatives and offering ongoing input to South Heartland and the Board of Health.



**South Heartland Bi-Monthly Board Report: Staff-Specific Program Updates, September-October 2021**

 <p><b>Dorrann Hultman</b> Community Health Services Coordinator</p>	<p><u>Every Woman Matters Health Hub (EWM) Cancer Prevention /Immunization Program / Cancer Grant /CS-CASH:</u>  <u>COVID-19 response:</u> In coordinating SHDHD’s immunization program I’m managing vaccine inventory, storage and transfers, coordinating, staffing and promoting COVID-19 clinics at Allen’s, CCC, HC and VFC/AIP monthly clinics and flu clinics at the dept., managing standing orders from our medical director, staying up to date with NDHHS Immunization program communications and reporting requirements, supporting district COVID-19 vaccine providers, training and working with support staff, reporting doses administered at each clinic and managing patient/clinic records.</p>
 <p><b>Liz Chamberlain</b> Community Health Worker</p>	<p><u>COVID-19 Response:</u> Continue to distribute PPE to agencies as orders come in through SHDHD Jot Form (which works out better than doing them once a week), complete PPE inventory and update PPE spreadsheets. Continue to help with weekly Covid Vaccine clinics at Allen’s and Hastings College, also help with monthly VFC clinics.  <u>Falls Prevention:</u> Started Stepping On class @ Grace United Methodist Church – Hastings October 12<sup>th</sup> w/14 participants. Beginning Tai Chi Moving for Better Balance classes started in Hastings YMCA, Superior, Nelson and Sutton. Advanced Tai Chi classes in Hastings YMCA &amp; Golden Friendship Center, Red Cloud.</p>
 <p><b>Brooke Wolfe</b> Public Health Promotions and Prevention Coordinator</p>	<p><u>COVID-19 Response:</u> Assist as needed  <u>Grant Management:</u> Currently I am working with 8 staff members on 3 different large grant funding opportunities to ensure workplan implementation. These 3 projects are COVID and minority population focused.</p>
 <p><b>Jessica Warner</b> Health Surveillance Coordinator</p>	<p><u>Disease Surveillance:</u> 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><b>Janis Johnson</b> Standards and Performance Manager / Public Health Nurse/ Interim Assistant Director</p>	<p><u>Immunizations:</u> Back up coordinator. COVID vaccination clinics at Allen’s and administration and coordinating w/ partners for homebound individuals. Keeping vaccine documents, guidance and messaging current.  <u>COVID-19 Response:</u> Staff training/supervision/logistics current. Epi support. Phone triage messaging 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"><b>Jean Korth</b></p>  <p align="center">Chronic Disease Prevention Program Assistant</p>	<p><u>COVID 19 response:</u> Our vaccination promotion campaign continues with the message emphasizing the South Heartland Website as a complete resource for COVID19 information, including where to get tested locally and where to get a vaccine. Six area providers voicing the PSA with information on the delta variant and the protection provided by being fully vaccinated, along with four of our older announcements continue to run. Ads are playing on all the Platte River Media stations.</p> <p><u>Epi Support:</u> working to support staff, answering calls to the department regarding COVID19, working with daycares, childcare and preschools with COVID activity, monitoring cases migrating into Salesforce (disease investigation tracking software) for addition to the line list and assignment to case investigators, conducting case investigations, adding individuals that complete the automated disease investigation / contact tracing survey to the line list.</p> <p><u>CHIP Steering Committee:</u> Obesity Steering committee member Position open.</p>
<p align="center">Bi-Lingual Community Health Worker</p>	
<p align="center"><b>Heidi Davis</b></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 am the direct contact of 8 schools in our health district, for questions related to COVID-19 activity at the schools. I have attended and participated in ESU9 meetings with school officials. In addition I continue to provide support on data analysis reports of COVID-19 for weekly reporting. Recently I went through a Strength Coaching training and have recognized my strengths and have started applying them.</p>
<p align="center"><b>Lauren Shackelford</b></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> We started Cohort 2 of Building Healthy Families in September and have completed the first 5 sessions. As the program coordinator I make sure all supplies are ready for sessions and communicate with enrolled families and other facilitators.</p>
<p align="center"><b>Sam Coutts</b></p>  <p align="center">Clerical Assistant for Finance and Operations &amp; Vaccine Clinic Support</p>	<p><u>Clerical Assistant for Finance and Operations:</u> I continue to assist the Finance and Operations Manager by providing clerical support and expertise in areas such as grants and contracts, scanning, 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"><b>Pam Stromer</b></p>  <p align="center">Administrative &amp; Technology Assistant</p>	<p><u>Administrative Assistant:</u> I continue to provide office support by answering the phone, mail service, receiving guests and providing various office duties.</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 Dashboard.</p>

South Heartland Bi-Monthly Board Report: Staff-Specific Program Updates, September-October 2021

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
Colleen Dygert 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.