

### Board of Health

**Clay County: United Church of Christ, 220 S. Alexander, Clay Center, NE 68933**

May 4, 2022 8:30 a.m.

AGENDA		
Apprx. Time	Topic, Lead Person	Expected Outcomes
8:30 (14')	Welcome & Opportunity for Public Comment – President Nanette Shackelford, Chair	<ol style="list-style-type: none"> <li>1. Meeting Call to Order, Open Meeting Statement</li> <li>2. Introductions / Roll Call</li> <li>3. Approve Agenda – <b>Board Action</b></li> <li>4. Board Conflict of Interest Declarations</li> <li>5. Public Comments</li> </ol>
8:44 (1')	March 2, 2022 Meeting Minutes – Chair	Approve Minutes of March Meeting – <b>Board Action</b>
8:45 (5')	Old Business – Chair <ul style="list-style-type: none"> <li>• Board member appointment updates (Nuckolls, Webster)</li> <li>• Complete Committee Appointments</li> <li>• Complete Board annual paperwork: Conflict of Interest, Confidentiality, Statement of Commitment, Board meeting performance mgmt. survey.</li> </ul> Governance Function: <i>Continuous Improvement, Legal Authority, Oversight</i>	<ol style="list-style-type: none"> <li>1. Appointments to BOH – Informational</li> <li>2. Approve Remaining Board Committee Assignments for March 2022- March 2023 – <b>Board Action</b></li> <li>3. Annual paperwork and evaluations completed. Summary will be provided at July meeting</li> </ol>
8:50 (20')	Introduction of Local Community Leader Guest: Tory Duncan, Managing Editor, Clay County News Governance Function: <i>Partner Engagement</i>	<ol style="list-style-type: none"> <li>1. Board learns about the experiences of a local newspaper covering the pandemic and suggestions for how the Board and Department could improve our work with the media for disasters and emergencies.</li> </ol>
9:10 (15')	Coronavirus COVID-19 Situation Update – M. Bever Reviewing the facts: What we know about COVID-19 – Recorded Update by Dr. James Lawler, MD, MPH Governance Functions: <i>Policy Development; Legal Authority, Oversight</i>	<ol style="list-style-type: none"> <li>1. Board is aware of what is known about COVID-19 and SHDHD's COVID-19 response and messaging plans.</li> </ol>
9:25 (5')	Bi Monthly Report on 10 Essential Services from Staff And SHDHD 2022 Public Health Awards Summary Governance Functions: <i>Partner Engagement, Oversight</i>	<ol style="list-style-type: none"> <li>1. Board is able to describe activities of the Department</li> <li>2. Accept Bi-Monthly Report – <b>Board Action</b></li> </ol>
9:30 (10')	Finances – K. Derby / M. Bever Administration/Management - PHAB Domain 11, SP Goal 4 <ul style="list-style-type: none"> <li>• Financial Report (Current Funding Sources, Outstanding Invoices, Balance Sheets, Profit &amp; Loss, Disbursements, Line of Credit)</li> <li>• Grants/Funding/ Contracts/Subawards Status</li> </ul> Governance Function: <i>Resource Stewardship</i>	<ol style="list-style-type: none"> <li>1. Awareness of financial health/funding sources/ budgetary needs</li> <li>2. Accept Financial Report – <b>Board Action</b></li> </ol>
9:40 (5')	Finance Committee: C. Neumann <ul style="list-style-type: none"> <li>• Update on ARPA Funds Requests</li> <li>• Budget Considerations for FY 2023</li> </ul> Governance Functions: <i>Policy Development; Legal Authority</i>	<ol style="list-style-type: none"> <li>1. Board aware of status of ARPA fund requests</li> <li>2. Board aware of budget considerations for FY 2023</li> </ol>
9:45 (5')	Policy Committee: S. Nejezchleb <ul style="list-style-type: none"> <li>• Board Policy Review: Bylaws</li> </ul> Governance Functions: <i>Policy Development; Legal Authority</i>	<ol style="list-style-type: none"> <li>1. Informational on policy review process and upcoming policy revisions.</li> </ol>
9:55 (5')	Accreditation Update – J. Johnson Governance Function: <i>Continuous Improvement</i>	<ol style="list-style-type: none"> <li>1. Board aware of QI/PM Activities, Accreditation Status, and CHIP and Strategic Plan progress, AAR progress</li> </ol>
10:00 (10')	Communications from Exec. Director <ul style="list-style-type: none"> <li>• Executive Director's Report Q and A</li> </ul> Governance Functions: <i>Oversight, Legal Authority</i>	<ol style="list-style-type: none"> <li>1. Latest updates on key issues, personnel, funding opportunities, legislative advocacy, accreditation status, CHIP Implementation, Training and conferences opportunities, etc.</li> </ol>
10:10 (5')	Communications from Board Members - Chair <ul style="list-style-type: none"> <li>• Community/County Updates - Board Members</li> </ul> Announcements/Upcoming Events – All (see next page) Governance Function: <i>Partner Engagement</i>	<ol style="list-style-type: none"> <li>1. Board members share their community/county public health activities/issues and community or professional meeting briefs and legislative days</li> <li>2. Board members have information to promote or participate in upcoming events</li> </ol>
10:15	<b>Adjourn</b>	<b>Board Action (Next Meeting – July 6, 2022, Nuckolls County)</b>

## SHDHD Calendar

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

1. **Coronavirus Updates from the Global Center for Health Security:** May be viewed here: <https://www.unmc.edu/healthsecurity/covid-19/biweekly-updates.html>. UNMC's Global Center for Health Security Leadership team currently meets weekly with local and state public health representatives to review and discuss new COVID-19 developments and challenges. Dr. James Lawler provides a general overview of new data, developments, and updates on a local, state, national, and international level. These updates have been recorded and made available below for informational purposes.
2. **May is Mental Health Awareness Month!** for more information visit Mental Health America at <https://mhanational.org/>.
3. **Ongoing – all year 'round:**
  - **Skin Cancer Prevention** – All year 'round! South Heartland has higher skin cancer rates than Nebraska overall. Some people are more at risk for skin cancer – but skin damage from the sun's ultraviolet (UV) rays, in the form of sunburn, increases everyone's risk. Tanning is also a type of skin damage – no tan is a safe tan. Promote sun safety all year round – especially in children, adolescents and young adults. SHDHD partners with Morrison Cancer Center to educate our communities about preventing skin cancer. Contact SHDHD to schedule a presentation for youth or adults in your community - 402-462-6211.
  - **Diabetes Prevention:** Ongoing: 'Smart Moves' Classes (Evidence-based [Diabetes Prevention Program](#)) – Share the brochure and refer people who might be eligible. SHDHD's program has maintained Recognition Status from the CDC! New on-line class option called HALT. – Contact Liz Chamberlain to find out more - 402-462-6211.
  - **Falls Prevention:** Tai Chi and Stepping On classes – find out when the next classes will begin in your county! Contact Liz Chamberlain to find out more - 402-462-6211.
  - **Blood Pressure Self-Management:** Do you or someone you know have high blood pressure? Contact Liz Chamberlain to find out more about free local programs to help you manage your blood pressure and improve your health - Contact Liz Chamberlain to find out more - 402-462-6211.
4. **NALBOH Annual Conference**, Grand Rapids, MI – Save the Date! August 1-3, 2022 Navigating the Rapids: Moving Your Board of Health into the Future

### Open Meeting Compliance:

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

### South Heartland's Guiding Principles:

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

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

- |  |  |
|--|--|
| ➤ Regularly attend and actively participate in board of health and committee meetings. If unable to attend, be able to provide a valid excuse for absence.                               | ➤ Support majority opinions of the board.  |
| ➤ Ensure that time at board of health meetings is set aside for updates on public health problems and what the health department is doing, or needs to do, in regard to such challenges. | ➤ Advocate for public health by communicating regularly with community leaders and elected officials about perceived needs and possible resources.               |
| ➤ Have a thorough knowledge of the duties and provisions found in the bylaws and charter of the organization.  | ➤ Ensure minimum statutory or technical requirements are met regarding filing annual report, withholding employee taxes, etc.                                    |
| ➤ Involve others in health department functions and funding efforts, special events, and activities to promote and support programs and services.  | ➤ Record personal conduct and register dissents in the minutes, or by letter.  |
| ➤ Heed corporate affairs and keep informed of the central activities and operations of programs.   | ➤ Avoid any semblance of self-dealing or enrichment; discourage any business transactions between directors and the organization.                                |
|  | ➤ Accept no pecuniary profits except that which is expressly provided in compensation or reimbursement within the bylaws or laws of the city, county, and state. |

\*Board of Health Handbook, page 32



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

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

**Vision:** Healthy people in healthy communities

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

### Guiding Principles:

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

### Goal 1: Obtain and Maintain PHAB Accreditation

#### Goal 2: Secure Financial Stability

#### Goal 3: Prioritize Services and Programs

#### Goal 4: Optimize Human Resources

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

### Goal 1: Obtain and Maintain PHAB Accreditation

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

### Goal 2: Secure Financial Stability

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



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

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

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

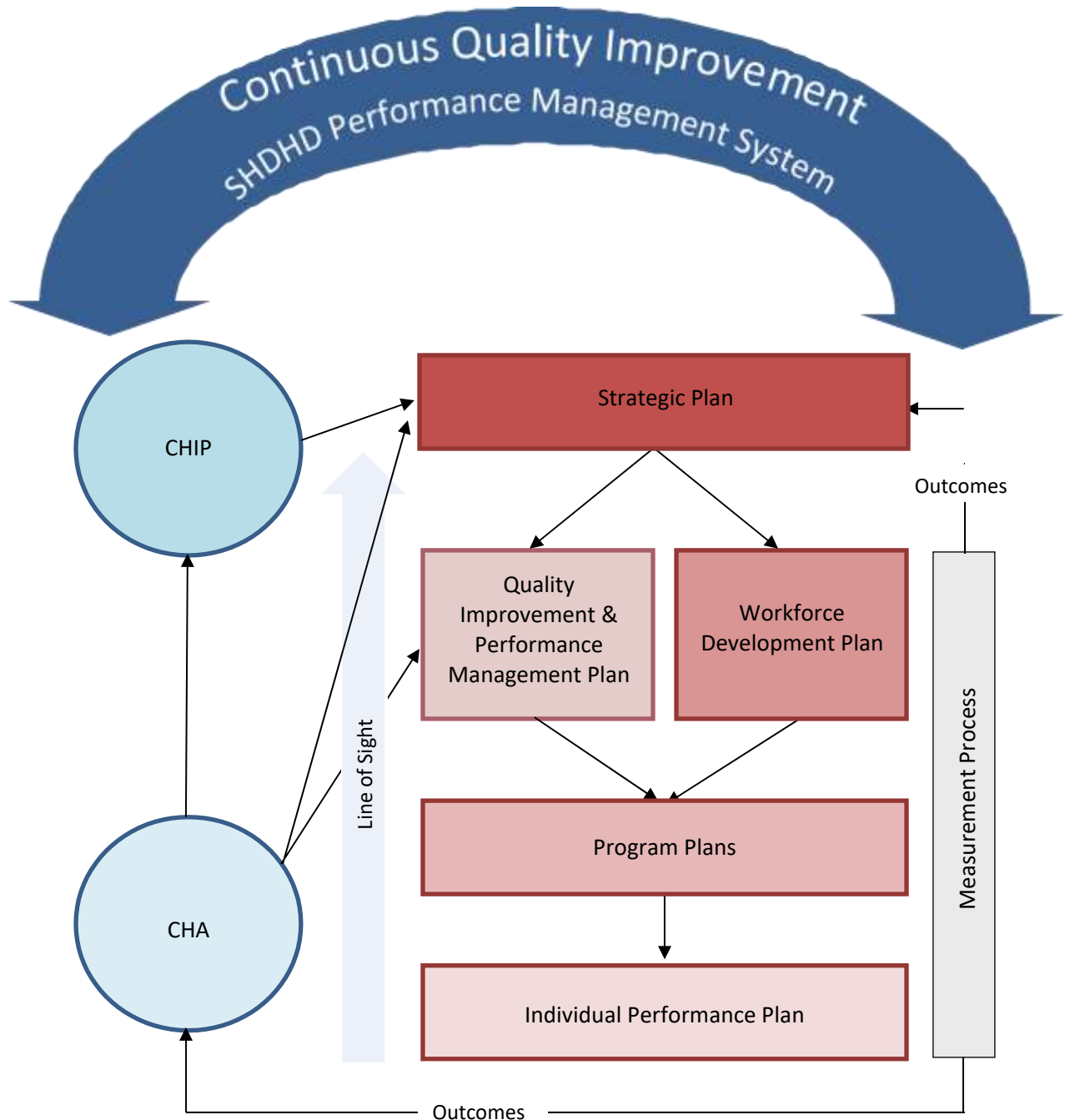
### **Goal 4: Optimize Human Resources**

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

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

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

## SHDHD Performance Management System



October 2019

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

Approved by BOH 11.06.19

## The Governance Functions

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



North American Local Board of Health Officers

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

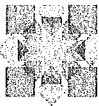
**Board of Health Minutes****South Heartland District Health Department**

**Meeting Location: Adams County - Hastings Public Library, 314 N Denver Ave, Hastings, NE 68901**  
**March 2, 2022**

Topic, Lead Person	Comments/Actions	Roll Call / Vote
	Staff Present: Michele Bever, Kelly Derby, Janis Johnson, Dorrann Hultman (through Dr Horn's presentation)	
	Guest: Dr Adam Horn, CMO, Mary Lanning Healthcare	
	COVID-19 modifications: optional masking and distancing	
<b>Welcome &amp; Public Comment - Chair</b>	The March 2022 Board of Health meeting was called to order by Board President Nanette Shackelford at 8:30am.	
	Open Meeting Statement read aloud by Board President Shackelford: Prior to this meeting a notice was posted in the newspapers in Adams, Clay, Nuckolls, and Webster counties. Each member of the Board received a copy of the proposed agenda. The agenda for this meeting was kept continuously current and was available for public inspection at South Heartland District Health Department, 606 N Minnesota Suite 2, Hastings NE. This meeting is being held in open session. A link to the Nebraska Open Meeting Law was posted with Board Agenda on the SHDHD website. There were no public comments or conflicts declared.	
<b>Determine Quorum</b>	Introductions / Roll Call  <i>Quorum met</i>	<b>Present:</b> Blecha, Fegler-Daiss, Hallock, Kleppinger, Kohmetscher, Meyer, Nejezchleb, Neumann, Shackelford, Waechter-Mead <b>Absent:</b> Harrington, Rempe, Shaw, Stichka, Vance
<b>Approve or Amend Agenda</b>	Board approval of March 2, 2022 Agenda: Motion made by Neumann, Seconded by Meyer. Voice vote. <i>Motion Passed</i>	Ayes: All Nays: None
<b>Approve Minutes</b>	Board approval of November 3, 2021 Board Meeting Minutes: Motion made by Kleppinger, Seconded by Hallock. Voice vote. <i>Motion Passed</i>	Ayes: All Nays: None
<b>COVID-19 Update – M. Bever</b>	Bever summarized the current state of the COVID-19 pandemic in our department: Cases have dropped "precipitously" and, as of the latest report, there are no hospitalizations in our district due to COVID! The Omicron variant, which is the one present in our district, shows a very steep curve compared to the other outbreaks. Interest in vaccines continues to wane, though 48% of the district is vaccinated. Masking guidance has changed per the CDC, depending on three metrics. The South Heartland district is considered to be "medium" level per the metrics.	
<b>Bi-Monthly Report on 10 Essential Services from Staff – M. Bever</b>	Board is encouraged to read the bi-monthly report from staff included in the Board packet. Bever highlighted vaccine and antiviral distribution, the receipt of test kits and another large shipment of PPE, and a very positive response from the minority listening sessions that have been occurring in response as part of our community health assessment. Bever also pointed out this report's Success Story highlighting SHDHD's quality improvement project on the organizational chart and supervisory structure.  Board acceptance of Bi-Monthly Report: Motion made by Meyer, Seconded by Nejezchleb. Voice vote. <i>Motion Passed</i>	Ayes: All Nays: None
<b>Local Community Leader – Dr Adam Horn, CMO, Mary Lanning Healthcare</b>	Dr Horn reported that staffing at all levels of the organization continues to be a key concern. Staff seek better offers and hours elsewhere due to burnout and compassion fatigue. For nursing staff, hospitals have resorted to traveling nurses out of necessity, which is expensive, and not sustainable. He also mentioned the difficulty in setting policy that balances the safety and workload of the hospital staff with the needs and desires of patients and visitors.	
<b>Finances – K. Derby/ M. Bever</b>	Derby reported that the department's cash position and net position are very similar to that of prior period. Both continue to be positive as a result of the FEMA funding that is not being spent down at the rate anticipated. This is due to the ability of many grants to accommodate COVID related activities in their reimbursements. No line of credit has been needed and an amount of \$75K was transferred to the savings account, which could be used as a cheaper	



	<p>"loan" should we need to access it. Derby also highlighted that Indirect Costs (IDC) are 28% of total costs, the highest they've been this fiscal year. She will be watching to see whether it levels back out at the average of 26%. And finally, the department is staying under budget, and outstanding invoices, amounting to \$105K, are mostly recent.</p> <p>Board acceptance of the Financial Report: Motion made by Nejezchleb, Seconded by Hallock. Voice vote. <i>Motion Passed</i></p>	<p>Ayes: All Nays: None</p>
<b>Annual Meeting Business – Chair</b>	<p>Meyer and Hallock are retiring from the Board after 19 and six years, respectively. Nejezchleb has agreed to be considered in Hallock's place as Vice President. Shackelford and Neumann have agreed to be included on the slate of officers as President and Secretary/Treasurer, respectively.</p> <p>Board approval of the slate of officers: Motion made by Waechter-Mead, Seconded by Fegler-Daiss. Roll call vote. <i>Motion Passed</i></p> <p>Board Committees appointments. Shackelford has agreed to serve as the representative to SALBOH and Kohmetscher will join the Public Health Awards and Nominating Committees. Harrington has agreed in absentia to join a committee. Both the Ethics and Policy Committees are possibilities for her as both still need members. Nejezchleb agreed to be the Board representative on the health department's Wellness Committee.</p> <p>Board approval of committee assignments: Motion made by Kleppinger, Seconded by Blecha. Voice Vote. <i>Motion Passed</i></p> <p>Meyer and Hallock were recognized for their service. The Board was requested to complete the annual paperwork included in their packets (Commitment to the Board, Conflict of Interest, Confidentiality, plus the annual Board performance management/evaluation survey).</p>	<p>Ayes: 8 Nays: None Abstentions: 1 (Neumann)</p> <p>Ayes: All Nays: None</p>
<p><b>Committee Reports Policy Committee – P. Meyer</b></p> <p><b>Public Health Awards Committee – P. Meyer</b></p> <p><b>Finance Committee – C. Neumann</b></p>	<p>Meyer presented Policies HR101 (Civil Leave), HR203 (Travel Expense Reimbursement), and HR309 (Employee Termination), for approval following Policy Committee review on February 22, 2022. All three policies contained only minor changes.</p> <p>Board acceptance of revisions for Policies HR101, HR203, and HR309: Motion made by Waechter-Mead, Seconded by Meyer. Roll call vote. <i>Motion Passed</i></p> <p>Meyer also presented, from the Policy Committee to the Board, the new Organizational Chart resulting from the department's QI project to improve supervisory processes.</p> <p>Board acceptance of SHDHD's revised Organizational Chart: Motion made by Fegler-Daiss, Seconded by Waechter-Mead. Roll call vote. <i>Motion Passed</i></p> <p>Meyer also presented, from the Policy Committee to the Board, Resolution #2022-2 (Hazard Mitigation Plan)</p> <p>Board acceptance of Resolution #2022-2: Motion made by Neumann, Seconded by Kohmetscher. Roll call vote. <i>Motion Passed</i></p> <p>From the Public Health Awards Committee to the Board Resolution #2022-3 (2022 Public Health Awards) for approval. Board acceptance of Resolution #2022-3: Motion made by Kohmetscher, Seconded by Fegler-Daiss. Roll call vote. <i>Motion Passed</i></p> <p>Bever described the ARPA proposals the Board sent to our counties and municipalities and the ARPA bill (LB 1138) requesting state ARPA funds for local public health departments. Neumann, as Finance Committee chair, commented on Adams County's discussion of the department's request for ARPA funding. The county is most interested in supporting mental health initiatives and will likely contribute an amount. Neumann asked Fegler-Daiss to share</p>	<p>Ayes: All Nays: None</p> <p>Ayes: All Nays: None</p> <p>Ayes: All Nays: None</p> <p>Ayes: All Nays: None</p>



	about a pilot project at Adams County: the Adams County Court House has been moving incarcerated individuals to Bristol Station when mental health is their main issue. Here, they are assigned a case manager to help them navigate various concerns. Jails have largely become mental health institutions, which is proving to be unsustainable.	
<b>Accreditation – J. Johnson</b>	Johnson highlighted the department's work on maintaining accreditation through informal quality improvement (QI) that is being captured via a survey, the formal QI project resulting in a new Organizational Chart, and the completion of phase 2 of the COVID After Action Review (AAR) report. An AAR report for Phase 3 has been started. The PHAB Accreditation Report for Year 2 is in progress.	
<b>Communication from Executive Director – M. Bever</b>	Bever referred the Board to the Executive Director report included in the Board packet. There were no questions.	
<b>Communications from the Board</b>	Kleppinger highlighted a national television report on Meet the Press which mentioned Clay County, NE as one of the nation's counties where with no available ICU beds (when in reality Clay County has no hospital!). Neumann encouraged all Board members to subscribe to their local newspaper as data shows that local newspapers are being swallowed up by corporate entities and they are important venues for communication of local news.	
<b>Adjournment</b>	Motion to adjourn by Neumann, Seconded by Blecha. Voice Vote. <i>Motion passed.</i> Adjourned at 10:38am. Next meeting May 4, 2022 in Clay County.	Ayes: All Nays: None

Respectfully Submitted,

Signature:

Date:

MAR. 8, 2022

Charles Neumann, Secretary/Treasurer

Board of Health

South Heartland District Health Department

**SHDHD COVID-19 Situational Update from the Executive Director**

1. Reviewing the facts: What we know about COVID-19 – an Update by Dr. James Lawler, MD, MPH, on April 26, 2022.
  - a. COVID is highly transmissible, especially variants
  - b. “Herd Immunity” is NOT Static
  - c. Antibody levels from infection (and vaccination) decline over time
  - d. The virus that causes COVID is primarily transmitted by air
  - e. The COVID virus moves by superspreaders
  - f. The Impact of COVID:
    - 1 in every 468 Nebraskans has died of COVID-19 since the start of the pandemic
    - For age < 45, the risk of dying from COVID-19 DOUBLED from 2020 to 2021
    - For age > 74, the risk of dying from COVID-19 went down 26%
  - g. Long-term consequences of COVID-19
    - 10-30% of adults and 5-15% of children have symptoms of long COVID after infection
    - Increased incidence of: diabetes, heart/vascular disease, kidney disease, neurological/cognitive deficits, mental health disorders
  - h. COVID-19 Vaccines are safe
  - i. Vaccines are effective against variants and boosters provide additional protection
  - j. Non-pharmaceutical interventions are effective:
    - avoiding closed spaces, crowds and close contact
    - facemasks reduce transmission of COVID-19
2. Trends / Dashboard:
  - a. Cases
  - b. Community Transmission
  - c. Hospitalizations/Hospital Capacity
  - d. Variants
  - e. Fatality Rate
3. Wastewater Surveillance Update
4. COVID Testing
5. COVID Vaccine
6. Messages/Communications
  1. News Releases in March/April (and News Release Preview texts to Board members and other stakeholders):
    - April 26, 2022 **SHDHD COVID update: case rates remain low to moderate**
    - April 19, 2022 **Confirmed COVID cases increase; BA.2 identified in the health district**
    - April 12, 2022 **COVID update: South Heartland is "in the green"**
    - March 29, 2022 **5 more deaths reported; case rates remain low to moderate**
    - March 22, 2022 **Health director pleased with improving COVID trends; SHDHD continues close monitoring**
    - March 15, 2022 **COVID-19 health advisory discontinued; keep at-home test kits on hand**
    - March 8, 2022 **Case rate and community positivity put South Heartland district in "moderate"**
    - March 1, 2022 **Health district marks 12 days in a row below "high" level case rate**





2. Overarching Messages to continue in May:

- Although our local cases are fairly low and restrictions have relaxed in most places here and across the country, it remains important for each person to evaluate their individual risk of being exposed to this ever-changing respiratory virus and to take steps to protect themselves and others, accordingly.
- Evaluating individual risk is especially important for people who live with, work with, or care for others who are more likely to have severe illness, and for people who are more likely to get very sick with COVID-19 themselves.
- Encourage everyone to be supportive of those who want to or need to take precautions around others.
- Get/stay up to date on vaccination. Studies show that protection from severe illness is higher in individuals who are fully vaccinated and boosted. SHDHD will continue to offer vaccine and to recommend for residents to be up-to-date on their COVID vaccinations. This means getting the initial series, followed by a booster after the recommended length of time, and then a second booster for those who are eligible. Vaccine sites are listed on the SHDHD website.
- Test if you have symptoms. Keep at-home test kits on hand. Locations for testing or for picking up at home test kits are listed on SHDHD website.
- There are treatments available (antiviral medicine, monoclonal antibodies) to help reduce progression to severe illness, but early testing/diagnosis is necessary for treatments to be effective.

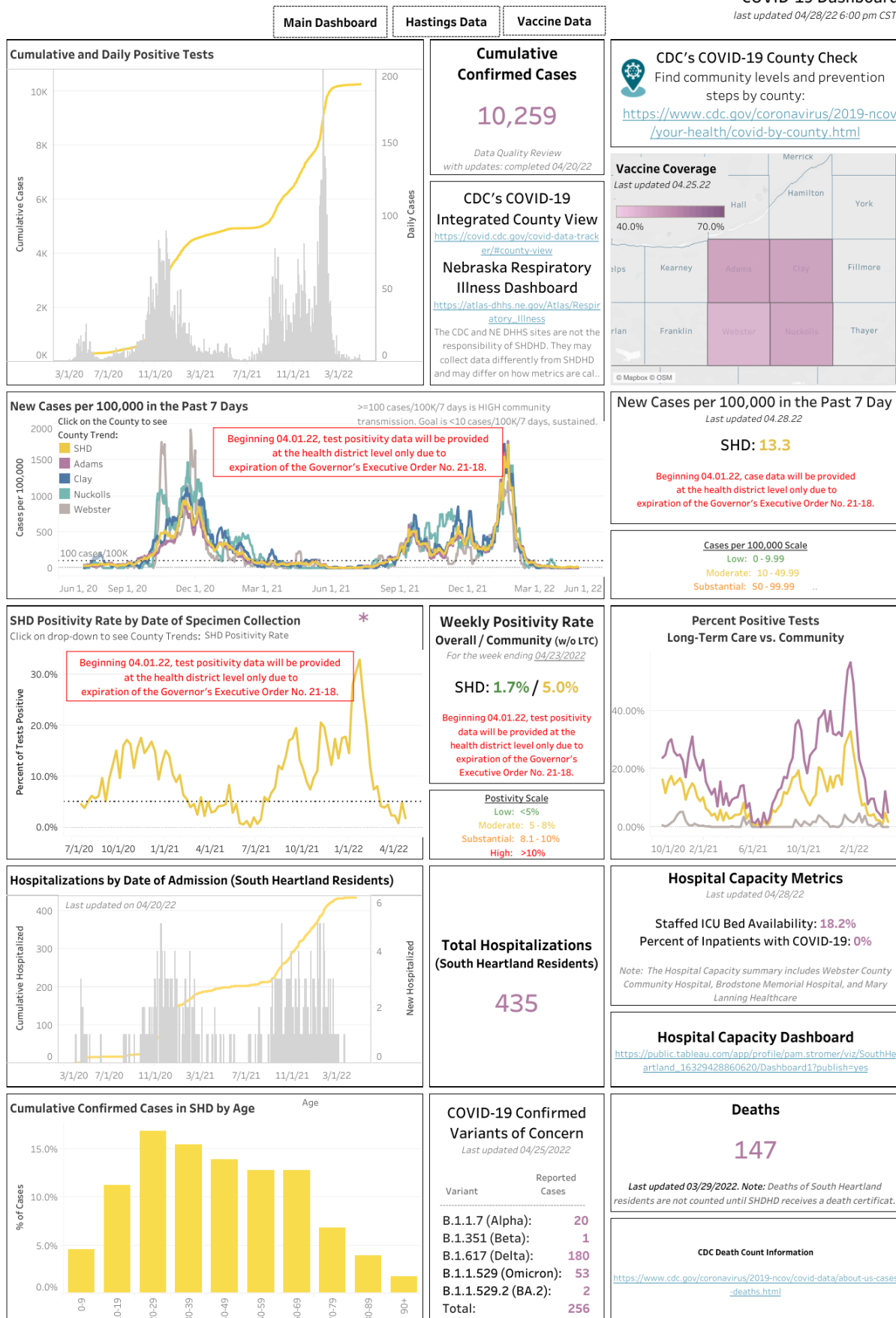
3. SHDHD COVID-19 Response focus areas for May/June:

- COVID-19 Vaccination
- COVID-19 Testing
- Surveillance: Monitoring case level and presence of variants
- Data Analysis/Transparency: Maintain data tracking / dashboard
- Staying up to date on global, national and state trends, emerging issues and best practices.
- Communications: with health care providers/pharmacies (re: community levels, accessing treatments, emerging issues), with public (regular updates on status, access to COVID resources and care) and with schools/daycares/other congregate settings (prevention in settings most at risk for spread)
- Assuring PPE and other materiel/supplies are available
- Addressing action items identified in previous after action reviews (AARs - phase 1 and phase 2) of our response.



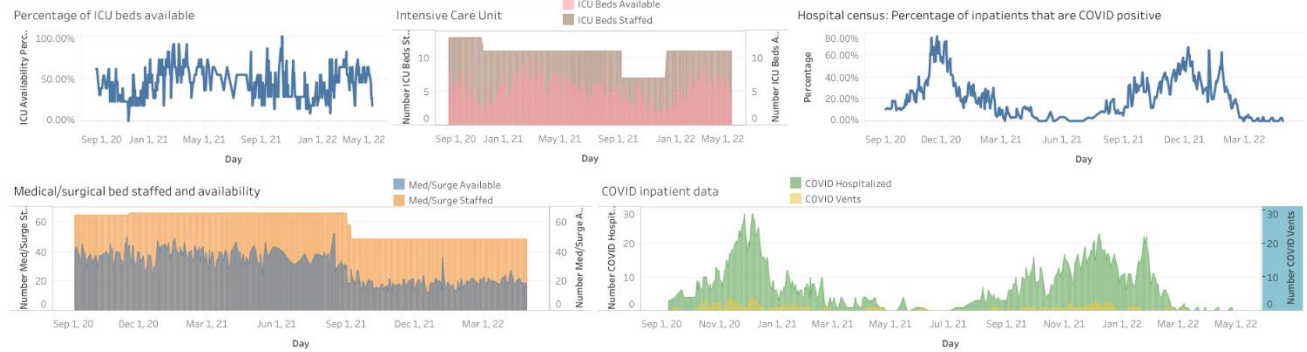
## COVID-19 Dashboard

last updated 04/28/22 6:00 pm CST





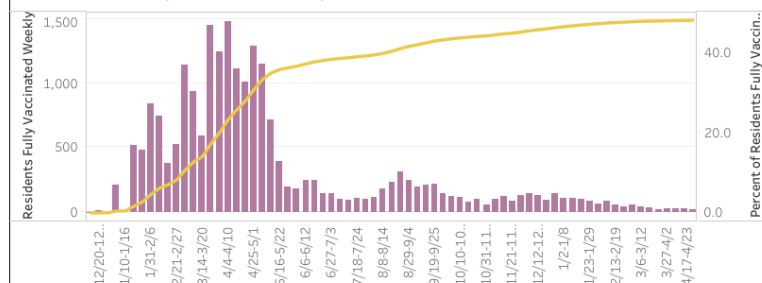
**South Heartland Hospital Data** updated as of April 28, 2022  
Hospital Data will be updated every weekday morning.



**COVID-19  
Dashboard**

Main Dashboard Hastings Data Vaccine Data

**SHD Residents Fully Vaccinated Weekly**



**Percent of SH  
Total Residents  
Fully Vaccinated**

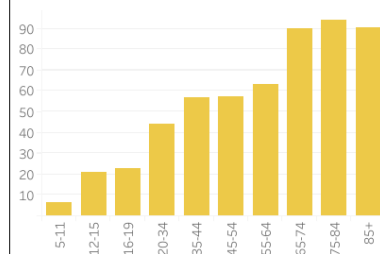
**48.8%**

Residents are counted as fully vaccinated on the date of receiving their final dose in series (2nd for Pfizer/Moderna, 1st for J&J).

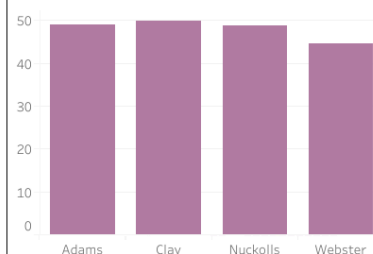
**Percent of Age 5+  
SH Residents  
Fully Vaccinated:**

**52.1%**

**Percent of Residents in Each Age Group Fully Vaccinated by County**



**Percent of Residents of Each County Fully Vaccinated**



**Percent of SH  
Total Residents  
at least One Dose**

**52.1%**

**Percent of Age 12+  
SH Residents  
Fully Vaccinated:**

**57.1%**

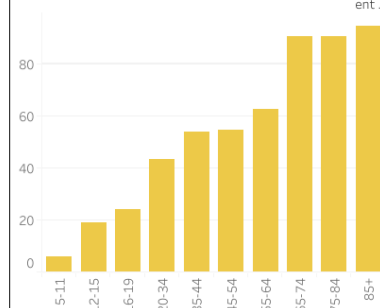
**Percent of SH  
Total Residents  
Boosted**

**29%**

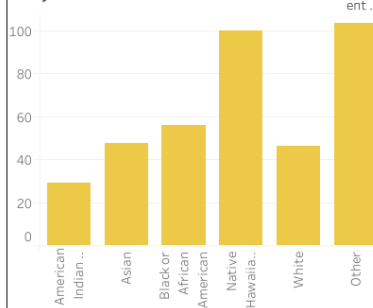
**Percent of Age 12+  
SH Residents at least  
One Dose:**

**60.8%**

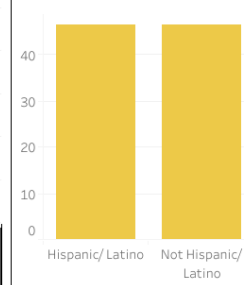
**Percent of Residents in Each Age Group Fully Vaccinated in SHD**



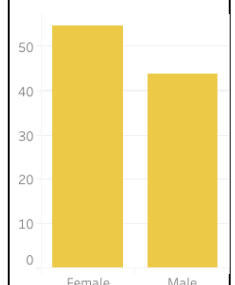
**Percent of Residents of Each Race Category Fully Vaccinated in SHD**



**Percent of Residents of Each  
Ethnicity Category Fully  
Vaccinated in SHD**



**Percent of Residents of  
Each Gender Fully  
Vaccinated in SHD**



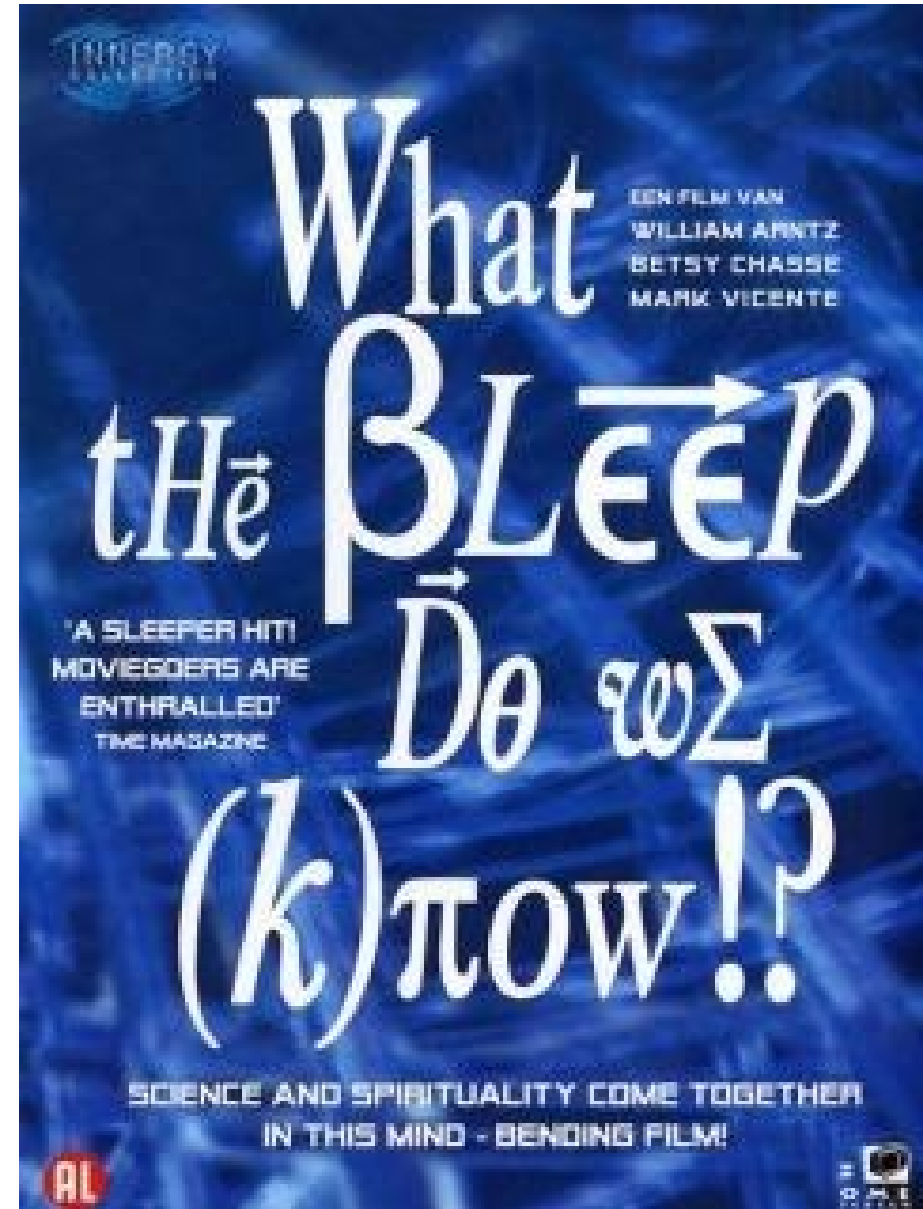
**South Heartland District Health Department  
Where to Get Your Vaccine:**

<https://southheartlandhealth.org/public-health-data/covid-19-vaccine-information.html>

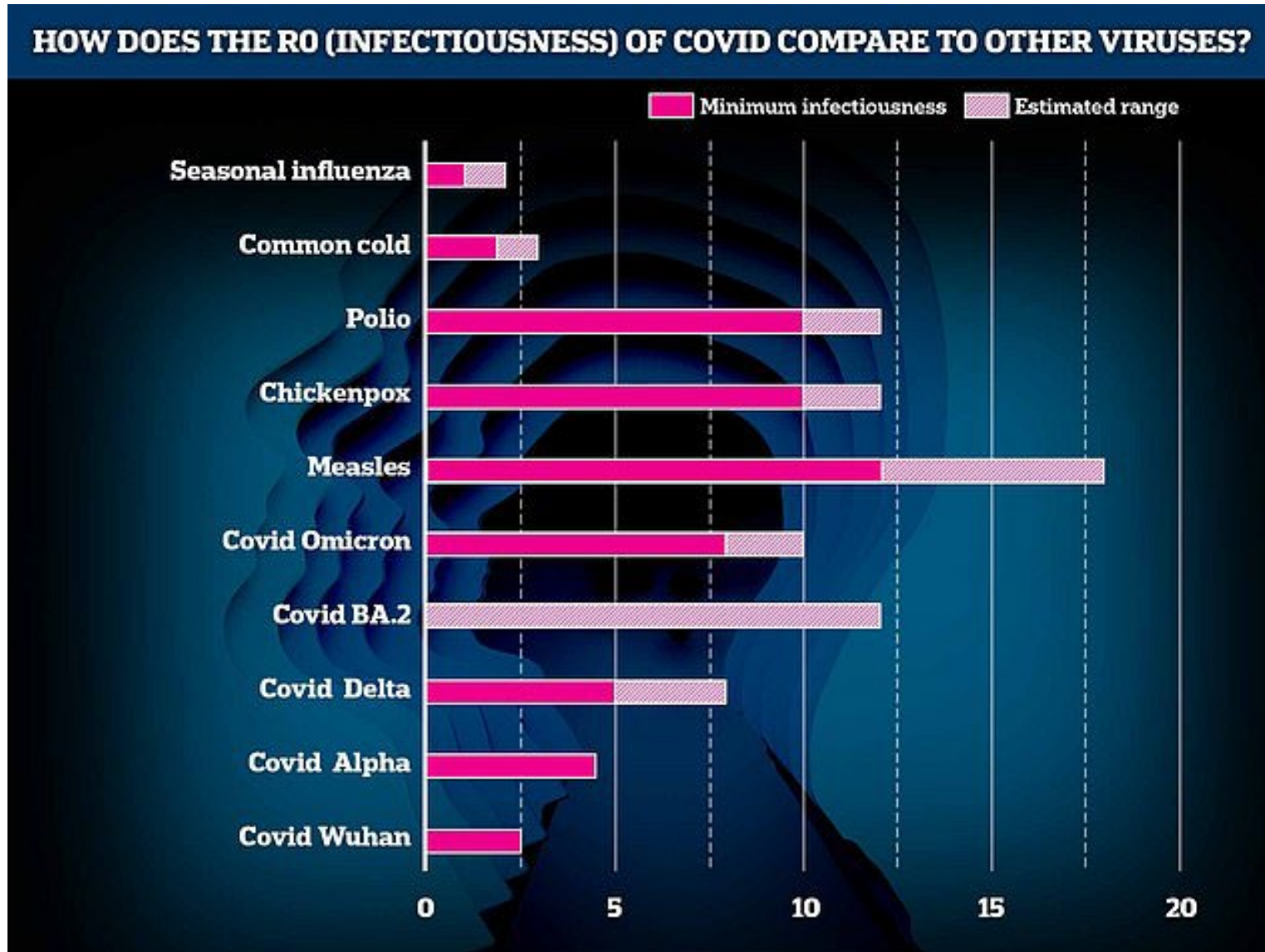
# **INTERNATIONAL & NATIONAL UPDATES. DR. JAMES LAWLER**

# COVID-19 UPDATE

April 26, 2022



# COVID IS HIGHLY TRANSMISSIBLE – ESP. VARIANTS



<https://www.dailymail.co.uk/news/article-10614413/Omicron-sub-variant-BA-2-just-contagious-MEASLES.html>

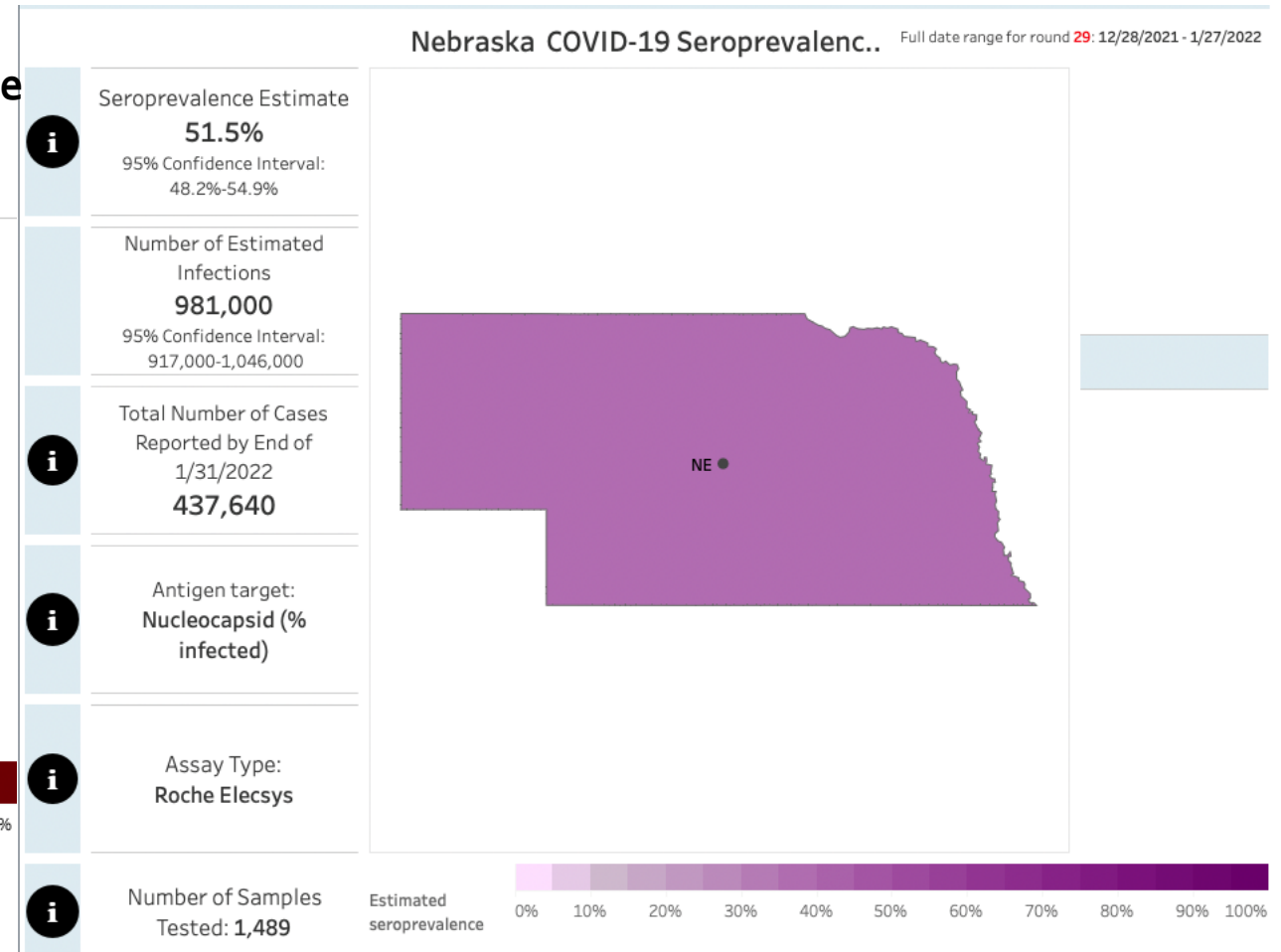
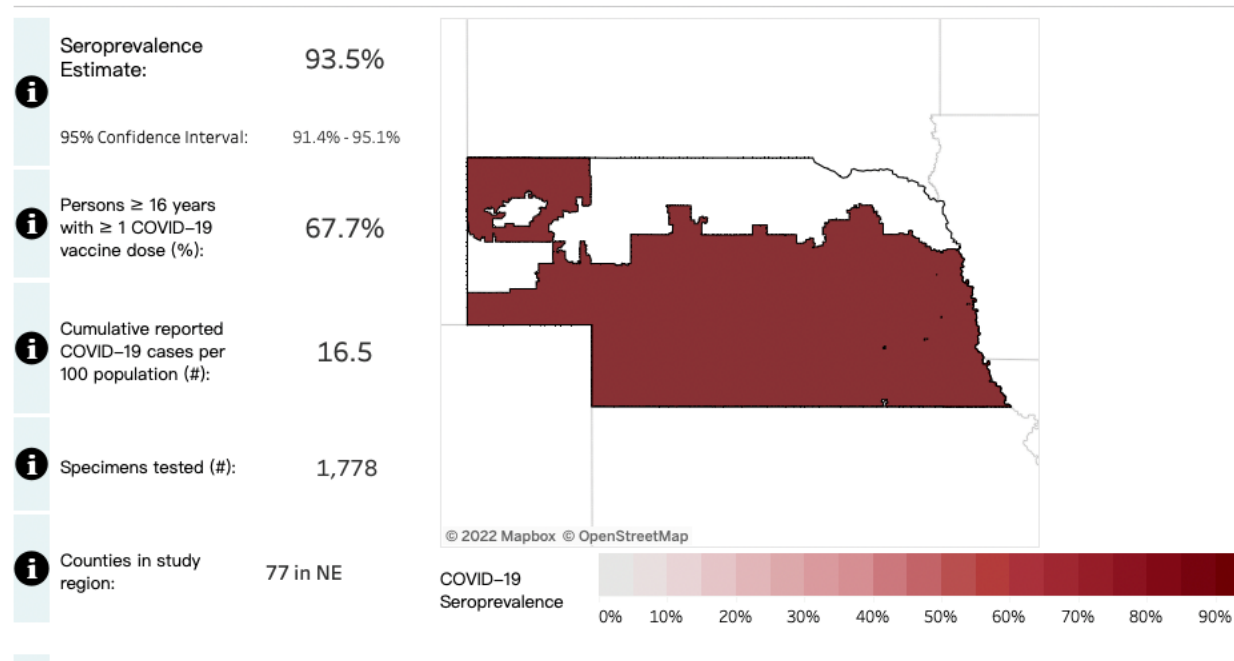


# "HERD IMMUNITY" IS NOT STATIC

EOH019

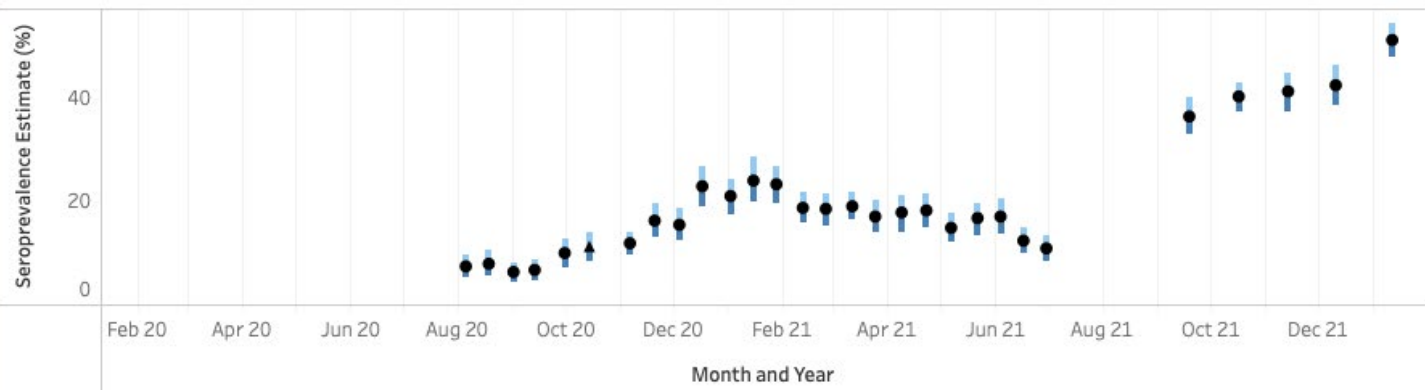
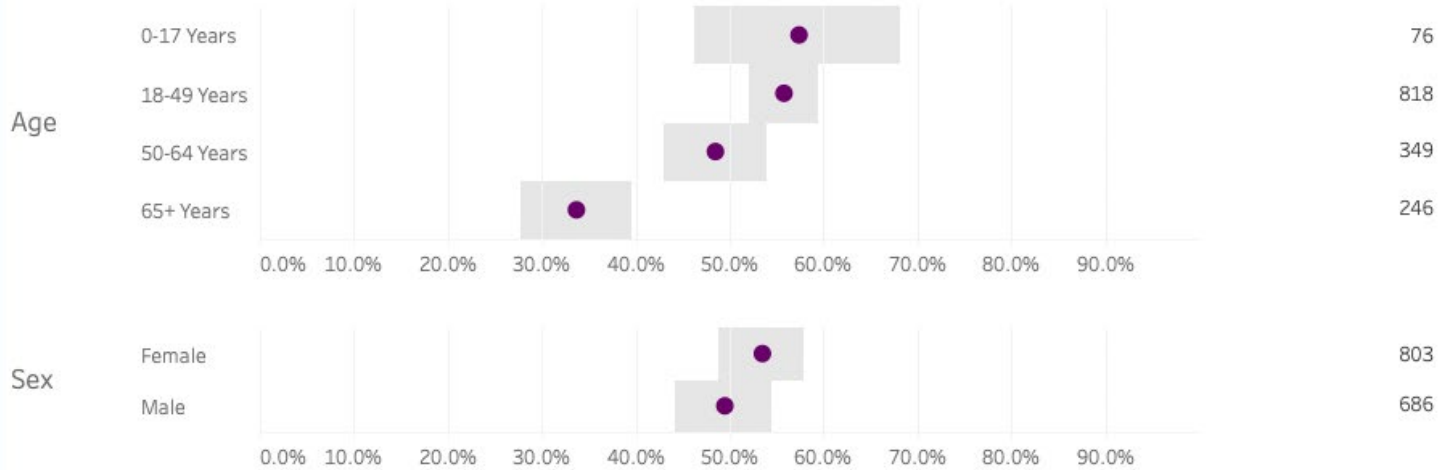
## Blood Donor Survey: Antibodies From Infection and Vaccine

December 2021 Nebraska Region (NE) combined infection-induced seroprevalence estimates



# ANTIBODY LEVELS FROM INFECTION (AND VACCINATION) DECLINE OVER TIME

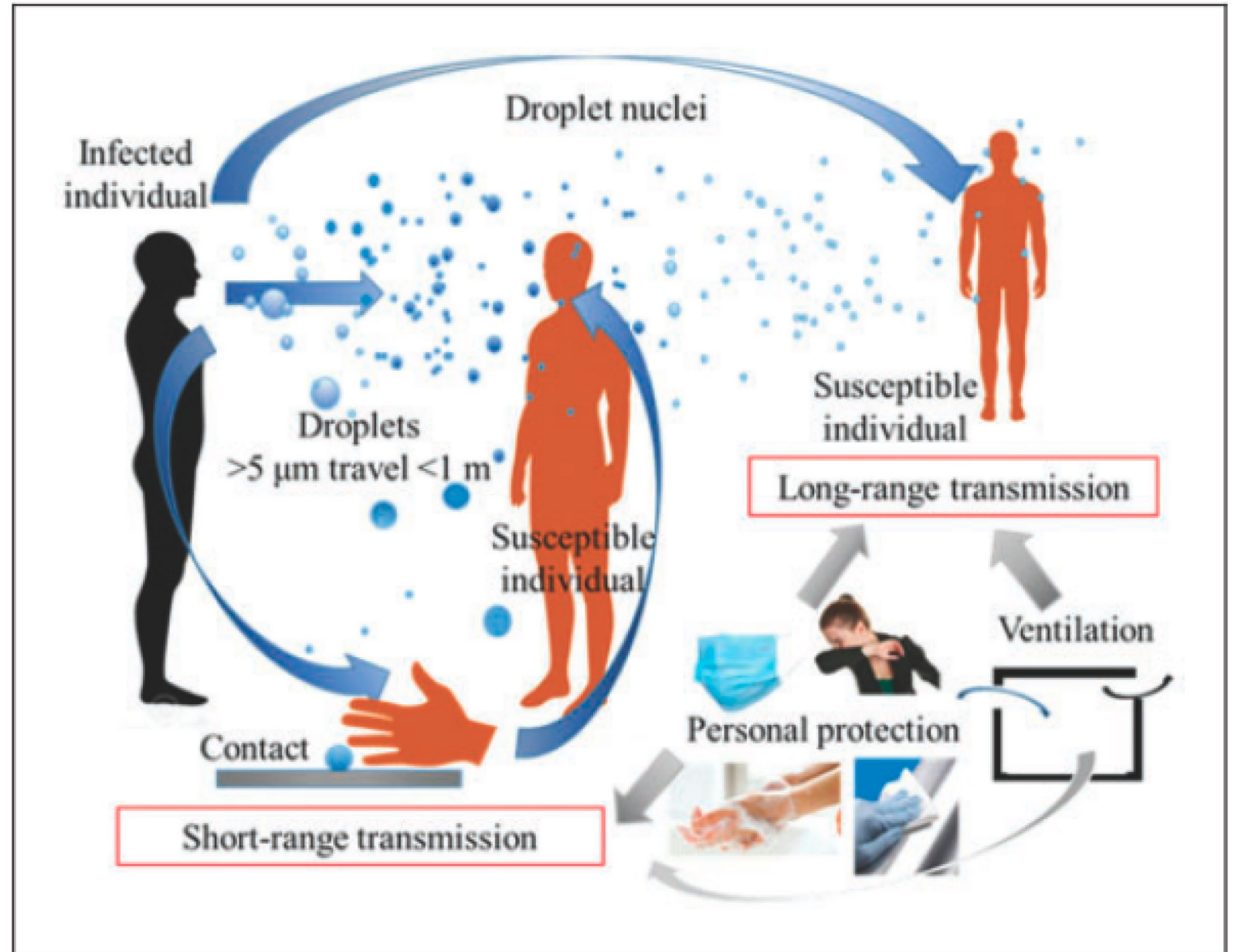
Seroprevalence by Demographics



Essentially  
**EVERYONE** in  
Nebraska has been  
infected with  
**COVID-19**,  
vaccinated against  
**COVID-19**, or both.

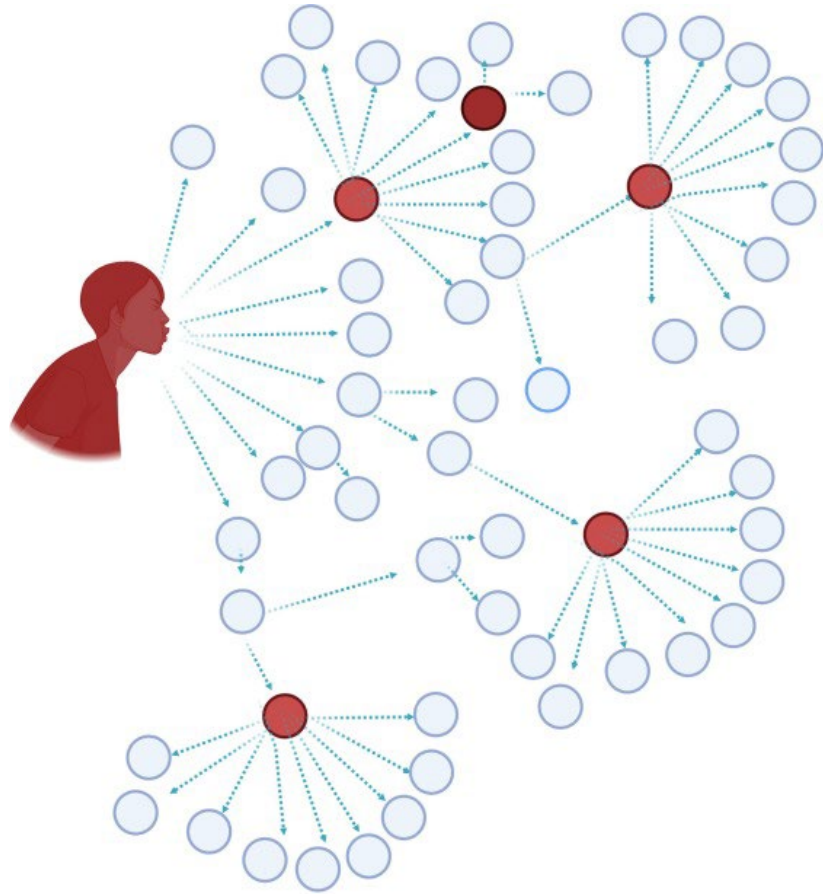


# COVID PRIMARILY TRANSMITTED BY AIR



# COVID MOVES BY SUPERSPREADERS

BOH022



Trends in Microbiology

[https://www.cell.com/trends/microbiology/fulltext/S0966-842X\(21\)00124-4](https://www.cell.com/trends/microbiology/fulltext/S0966-842X(21)00124-4)

10%



80%



<https://vis.sciencemag.org/covid-clusters/>

# IMPACT OF COVID

COVID-19 Toll In US

	DAILY AVG. ON APR. 25	14-DAY CHANGE	TOTAL REPORTED
Cases	49,423	+53%	80,943,644
Tests	730,038	+8%	—
Hospitalized	15,639	+4%	—
In I.C.U.s	1,905	-10%	—
Deaths	363	-32%	990,062

COVID-19 Toll In NE

	DAILY AVG. ON APR. 25	14-DAY CHANGE	TOTAL REPORTED
Cases	112	+117%	479,393
Tests	527	-26%	—
Hospitalized	71	-2%	—
In I.C.U.s	6	-2%	—
Deaths	<1	-60%	4,197

One in every 468 Nebraskans has died of COVID-19 since the start of the pandemic.



Provisional COVID-19 Age-Adjusted Death Rates, by Race and Ethnicity —  
 United States, 2020–2021

Benedict I. Truman, MD<sup>1,2</sup>; Man-Huei Chang, MPH<sup>1</sup>; Ramal Moonesinghe, PhD<sup>3</sup>

**TABLE 1. U.S. resident population and proportional distribution of COVID-19 decedents by sex, age-group, and race/ethnicity, and COVID-19–associated death rates\* — United States, 2020–2021**

Characteristic	2020 Population No.	2020 (final) <sup>†</sup>			2021 (provisional) <sup>†</sup>		
		Deaths			Deaths		
		No.	Column % or rate <sup>§</sup>	P-value	No.	Column % or rate	P-value
<b>Sex</b>							
Female	167,227,921	158,319	45.1	<0.001 <sup>¶</sup>	178,028	43.3	<0.001 <sup>¶</sup>
Male	162,256,202	192,512	54.9		233,437	56.7	
<b>Age group, yrs</b>							
≤24	102,849,110	604	0.2	<0.001 <sup>¶</sup>	1,595	0.4	<0.001 <sup>¶</sup>
25–44	88,205,838	8,333	2.4		21,550	5.2	
45–64	82,769,810	59,054	16.8		108,838	26.5	
65–74	32,549,398	76,277	21.7		101,408	24.7	
≥75	23,109,967	206,559	58.9		178,072	43.3	
Not stated	NA	4	0.0		2	0.0	
<b>Race/Ethnicity**</b>							
White	196,773,390	209,138	59.6	<0.001 <sup>¶</sup>	268,121	65.2	<0.001 <sup>¶</sup>
Hispanic	61,312,879	65,237	18.6		67,922	16.5	
Black	41,427,341	56,383	16.1		54,790	13.3	
Asian	19,367,197	12,693	3.6		12,576	3.1	
AI/AN	2,432,338	4,265	1.2		4,518	1.1	
Multiracial <sup>††</sup>	7,557,471	1,055	0.3		1,793	0.4	
NH/OPI	613,507	633	0.2		1,069	0.3	
Not stated	NA	1,427	0.4		676	0.2	
<b>Total</b>	<b>329,484,123</b>	<b>350,831</b>	<b>106.5*</b>	<b>NA</b>	<b>411,465</b>	<b>124.9*</b>	<b>NA</b>

**Abbreviations:** AI/AN = American Indian or Alaska Native; NA = not applicable; NH/OPI = Native Hawaiian or other Pacific Islander.

\* Deaths per 100,000 population.

<sup>†</sup> Proportional distribution and rate for 2020 are final and for 2021 are provisional. At the time of this analysis, 2021 U.S. population estimates were unavailable; therefore, midyear U.S. Census Bureau population estimates as of July 1, 2020 were used to calculate estimated COVID-19–associated death rates for 2020 and 2021.

<sup>§</sup> This column contains column percent plus the overall total rate in the last row.

<sup>¶</sup> P-values <0.05 were considered statistically significant (Pearson's chi-square).

\*\* Hispanic persons could be of any race; AI/AN, Asian, Black, NH/OPI, White, and multiracial persons were non-Hispanic.

<sup>††</sup> More than one race reported.

For age under  
45, risk of dying  
from COVID-19  
DOUBLED from  
2020 to 2021.

For age over 74,  
risk went down  
26%.

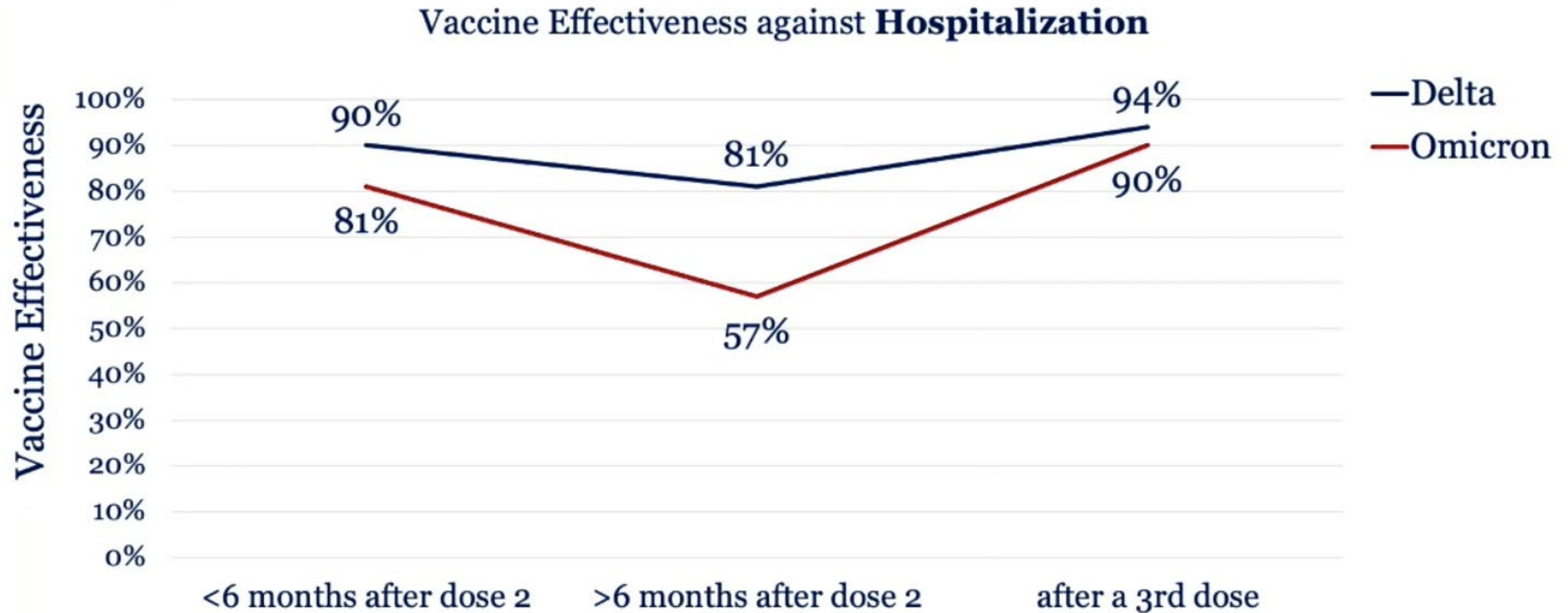
# LONG-TERM CONSEQUENCES OF COVID-19

- Studies detect as many as 50% of adults have symptoms of long COVID after infection
  - Most studies indicate 10-30% have significant symptoms at 3 months or greater
  - Rate in children is 5-15%
- Studies indicate increased incidence of
  - Diabetes
  - Heart and vascular disease
  - Kidney disease
  - Neurological and cognitive deficits
  - Mental health disorders

# COVID-19 VACCINES ARE SAFE

- Over 11.5 billion doses of COVID-19 vaccine have been given worldwide
- 980 million doses in N. America – almost all mRNA vaccines
- Low rate of side effects – comparable to other vaccines
- Known elevated risk
  - Myocarditis
  - Guillane-barre
  - Blood clots
- BUT – still much lower risk than risk with actual COVID-19

# Vaccine effectiveness of 2 vs 3 doses of mRNA vaccines for Delta and Omicron



# OTHER NON-PHARMACEUTICAL INTERVENTIONS: JAPAN'S THREE C'S

BOH028

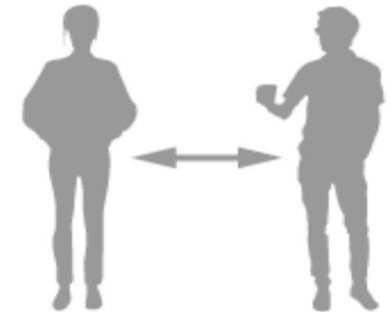
## Closed spaces



## Crowds



## Close contact



One key strategy is to eliminate the conditions that favor superspreading. Researchers have identified several factors that make superspreading events more likely, known in Japan as the three Cs: **closed spaces** with poor ventilation, **crowds**, and **close contact** settings. Shouting, singing, and heavy breathing also seem to increase the risk of superspreading.

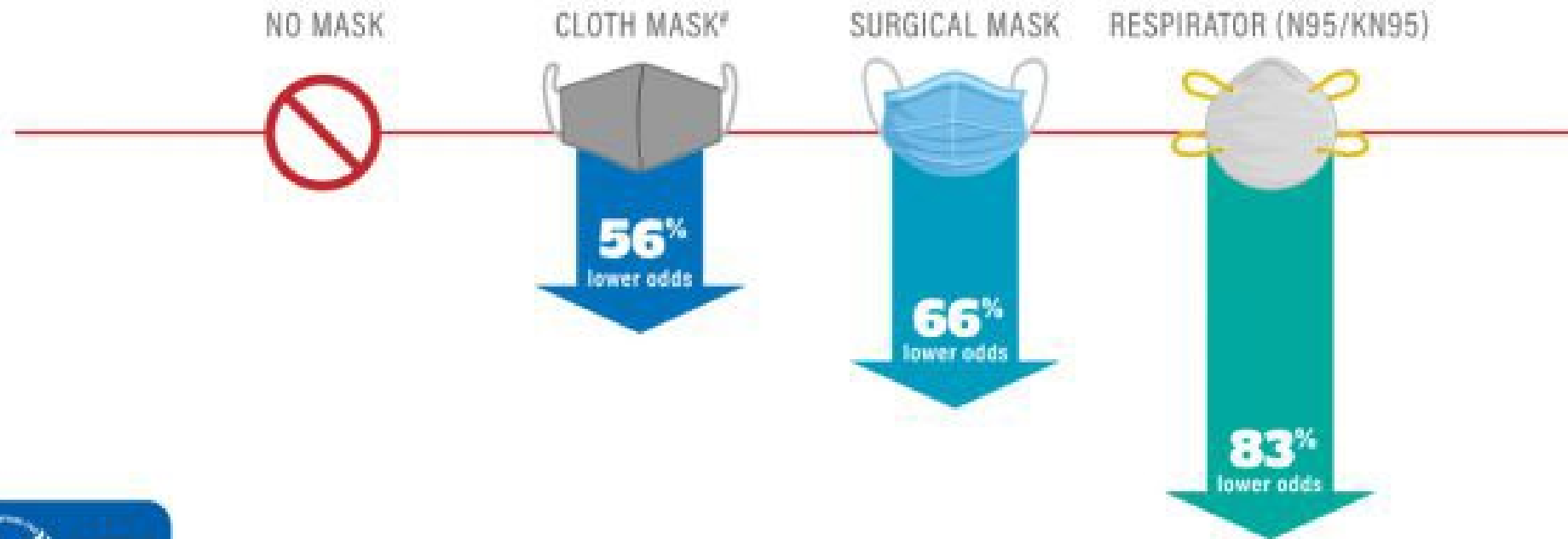


# FACEMASKS REDUCE TRANSMISSION OF COVID-19

People who reported always wearing a mask in indoor public settings were less likely to test positive for COVID-19 than people who didn't\*

## WEARING A MASK LOWERED THE ODDS OF TESTING POSITIVE

Among 534 participants reporting mask type<sup>†</sup>



[bit.ly/MMWR7106](https://bit.ly/MMWR7106)

\* Matched case-control study, 1,828 people, Feb 10–Dec 1, 2021

<sup>†</sup> Compared people with similar characteristics (e.g., vaccination)

<sup>‡</sup> Not statistically significant

**MMWR**

## Nebraska Public Health Conference, April 5-6, 2022

SHDHD staff joined public health colleagues from across the state to “Reset. Restore. Renew. Public Health”. We learned about emerging issues, best practices, and worked on statewide communications. We also met up with some of Nebraska’s public health leaders. We appreciated meeting them in person after 2+ years of working with them by email, phone and Zoom!

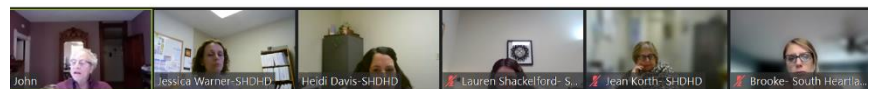
*Photo below left: SHDHD staff with Dr. Salman Ashraf (Associate Professor, Division of Infectious Diseases, Department of Internal Medicine, Medical Director, Nebraska Infection Control Assessment and Promotion Program) leads Nebraska’s COVID efforts for long term care facilities.*

*Photo below right: SHDHD staff with Dr. Matthew Donahue, Nebraska State Epidemiologist, Division of Public Health, Nebraska*



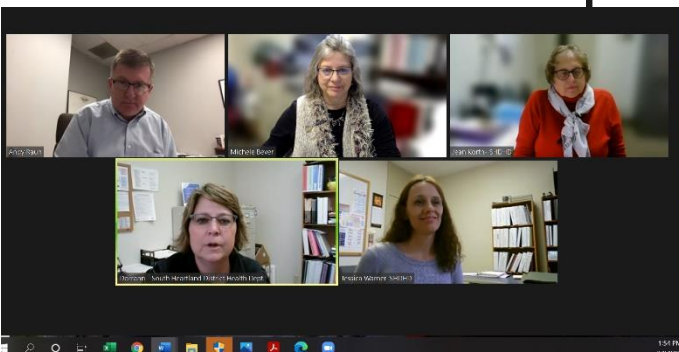
Left: SHDHD Staff promoting public health and COVID vaccination at the Nebraska Public Health Conference, April 5-6, 2022.

Below: John Bohmfalk (left), Hastings College professor emeritus, gives a presentation on malaria at the March 31 SHDHD Surveillance Team meeting



## General Information

- 5 species of parasite in genus *Plasmodium*
- *Plasmodium falciparum* most common in Africa and causes most severe disease
  - *Plasmodium vivax* most common outside Africa
  - *P. vivax* is older species, and *P. falciparum* is newer
- Transmitted by *Anopheles* mosquitos
  - Many species with world-wide distribution
  - Many species capable of transmitting malaria
- Brought to New World by earliest explorers
- Endemic in US until mid 1900s



Left: March 9, 2022. Several SHDHD Staff talk with Hastings Tribune editor and news director, Andy Raun, for a story he was writing about South Heartland and our reflections on the past couple of years responding to the COVID pandemic. The story was published on March 18, the 2-year anniversary of South Heartland’s first confirmed COVID case.

## 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). Tableau is our data platform for dashboards.
- Surveillance data, water violations, and other health information is made available on our website, links on our website, news releases & interviews to various forms of media, and upon request from partners or others.
  - SHDHD continues to share an immense amount of COVID 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.
  - Two public water system violations (both nitrate violations) this reporting period in Edgar and Prosser.
  - SHDHD surveillance staff have investigated norovirus, influenza and metapneumovirus outbreaks during this reporting period. There have been four outbreaks aside from COVID outbreaks since the beginning of the year.

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 provide trends for local COVID-19 data. As of April 1, 2022, we shifted to provide COVID case data to the public at the health district level only (no longer providing county-level data) due to expiration of the Governor's Executive Order No. 21-18 on March 31. Among the metrics posted on the dashboard are: 7-day rolling average of new cases per 100,000 people, weekly community positivity, long-term care positivity, hospital capacity metrics, variants of concern, residents vaccinated (partially/fully/boosted). We added a link to the CDC's Community Levels tool which provides low/med/high levels by county along with level-specific recommendations for action/prevention.

➤ **Coronavirus (COVID-19) Pandemic Situation Update / Dashboard Highlights:**

- As of April 28, 2022, a cumulative 10,259 South Heartland residents have tested positive for COVID. During this reporting period, 70 Covid cases were reported. Case rate and positivity (percent positive tests) (excluding the nursing home data) is in the low to moderate range. Hospitalizations have been sporadic during this reporting period. There are currently no COVID patients hospitalized in our jurisdiction.
- A total of 255 specimens have been sequenced through 4/22/2022. Thirty-Three specimens have been sequenced during this reporting period, resulting in "Delta" variant as well as "Omicron" and Omicron BA2 variant. The omicron variant has dominated cases this year.
- Vaccination Coverage: 48.8 % of SH residents are fully vaccinated; 29% 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 147 deaths attributed to COVID-19 since the beginning of the pandemic. **Current Case Fatality Rate: 1.4%**

- **Community Health Assessment:** SHDHD's Community Health Assessment (CHA) process wrapped up during this quarter. The final report was shared with the core planning team, which consisted Brodstone, Mary Lanning, South Heartland and United Way. The needs assessment was also shared with SHDHD's Community Health Improvement Planning (CHIP) steering committees and posted on SH's website. In addition, SHDHD completed a minority-focused community health assessment (using health data, surveys and listening sessions), which was used to develop a minority health action plan and was posted on SH's website.



## 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 8 Alert Sense notifications (March - April) 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.
- **PPE distribution totals:** From the beginning of March 2020 through the April 26, 2022 SH has distributed out: Masks – 235,037, Surgical Masks – 320,600, Cloth Masks – 50,630, Face Shields – 36,838, Goggles – 3,275, Hand Sanitizer – 1,379 containers, Wipes – 11,381 containers, Gloves – 970,700, Gowns – 196,834, Thermometers – 801, Bleach – 12 gal., Eco Lab Disinfectant – 3 containers.
- **E-MED Test Kits:** 4,866 E-MED at-home COVID test kits were received during Feb – April 2022. These kits were inventoried and allocated to schools and child care facilities for their use and to public sites in each county. So far 4,152 kits have been distributed to 69 organizations/individuals across the district. SHDHD office serves as the public site for kit pick up in Adams County.
- **Lead Testing in Drinking Water:** SHDHD, with a student intern's assistance, is phoning all eligible agencies to promote the lead testing program offered by the State to test for lead in drinking water (elementary, preschools, day care centers and in-home daycares). This reporting period: 151 test kits distributed, 68 of those have test results returned (10 Webster, 16 Nuckolls, 17 Clay, 25 Adams), and 1 faucet was identified with high lead levels.

## 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:** March: "Time to Fight Back Against Colon Cancer" and "Regardless of your Covid-19 Community Level you Should Mask Up". April: "The Distraction is Coming from Inside the Car" and "Vaccination week in the Americas. Get All Your Shots".
- **News releases, public health columns, ads and interviews:** COVID activities have decreased in these last two months, but continue to be the primary topic of news releases and communications. In Mar/April, SHDHD put out 11 press releases and granted phone interviews for TV and radio media requests, focusing primarily on COVID-19-related issues and vaccinations, Kids Fitness and Drug Take Back (prescription drug disposal). Colon Cancer Screening and Safe Driving were the focus of the PH columns.
- **Radio Advertising:** SHDHD continues running PSAs on Flood Communications' stations and KRFS in Superior to promote getting the COVID vaccine and practicing prevention. March PSAs included promotion for vaccination by farm broadcaster Susan Littlefield (produced by United Health Care and UNMC). 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 Social Media:** During March and April, the English FaceBook page reached 4,523 people, the Instagram page reached 70 people, and the Spanish FB page has reached 1,510. Topics included colon cancer screenings action month, Safe Driving, COVID vaccine and testing, and Building Healthy Families program.
- **Website:** Our website "views" continue to decrease for March (2,304 views) and April (1,374), and continue to be 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; a full website review was initiated by staff during this quarter.

- **COVID-19 Information for Public:** SHDHD staff continues to focus on answering calls accurately, timely, professionally and transparently. Website charts for testing and vaccine information are updated weekly.

#### **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:** Reports completed: Community Health Assessment (CHA) and Minority Health CHA, Annual CHIP Report with strategy progress dashboard. Reports posted on SH website, shared with partners and with the 5 CHIP Priority steering committees at April meetings.
- **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 (HE) grant. SHDHD's 2 Community Health Workers (CHWs) attended an informational meeting about the Medicaid enrollment platforms during the month of April. The HE team also worked on district-wide marketing strategies to reach all populations with health information. Additionally, the Access to Care Steering Committee incorporated the MHI action plan into the their workplan to ensure HE is considered in the objectives.
- **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 March and April to discuss pilot site progress and BH provider survey collection for a referral guide.
  - **Maternal Child Health:** SH continues using MCH funding to develop relations with a local pediatric provider and ESU-9 to impact youth and prevent suicide. SH/ESU completed assessment of schools; their efforts/policies that help prevent suicide were shared with the CHIP steering committees. Training will be the emphasis this coming year, so SH continues to work with ESU-9 to develop training plans. SH wrapped up the work with Children Adolescent Clinic of Hastings to improve the work flow/process of suicide and mental health screenings in their offices and is now looking at two new provider partners for next steps.
- **Substance Misuse CHIP Priority:** SHDHD continues to carry out our drug overdose prevention workplan with oversight by the CHIP Substance Misuse Steering Committee. All work plan action items are being completed with the assistance of community partners. This includes reviewing pain management policies, promoting medication takeback events, and developing opioid stewardship programs.
- **Obesity & Related Health Conditions CHIP Priority:**
  - **Building Healthy Families:** SHDHD continues to implement the second cohort for 1 family. The first cohort has completed all 18 of the 18 sessions. The core team (SHDHD, Mary Lanning, UNL Extension and Hastings YMCA) received additional funds to support staff time and increase sustainability! Cohort 3 was set to begin in January, but due to COVID activity and low participant enrollment, cohort 3 will start later in the year with the date to be determined.
  - **Prevention Connection: HALT - Diabetes Prevention Class (DPP):** Hastings & Superior started a combined HALT class (online National Diabetes Prevention Program by Nebraska Department of Health) March 1, 2022 with 11 Participants starting the yearlong classes. Participants receive a weekly video session, track meals, weight, physical activity, receive daily messages from their coach, community messaging. With 8-weeks into the year-long class, so far, the 11 participants have lost 69 lbs. or 3% weight loss. The year goal is to have 5-7% weight loss (1 participant +1%, 1 participant +2%, 2 participants +3%, 3 participants +4% and 1 participant +8%).
  - **Whole School, Whole Community, Whole Child (WSCC):** SHDHD met with both HPS and Harvard to continue implementing their action plans for the 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. SH, HPS and Harvard all attended the WSCC Learning Institutes that were hosted by Nebraska Department of Education in March.
- **Cancer Priority:**
  - **Mary Lanning Healthcare Cancer Committee:** Next meeting is May 12<sup>th</sup>.

- **Colon Cancer:** No cost FOBT Colon Cancer Screening kits are available at the department and at one site in every county. ML Community Health Center, Sutton Pharmacy, Main St. Clinic and Superior Family Medical Clinic were provided kits along with promotional flyers to post in their locations and around the community. CDC screening messages were posted on signboards, Facebook, in a press release and as Michele invited the media along to her pre-colonoscopy consult with Dr. Farris. Kits can also be accessed through our website and mailed out to clients. 10 kits were distributed in Mar/April.
- **Injury Prevention: Tai Chi Moving for Better Balance & Stepping On Classes:** Stepping On class (January 12 – March 17, 2022) at the Good Sam - Hastings with 20 participants. Beginning Time and Go (TUG) was an average of 11.4 seconds. Ending TUG was an average of 10.6 seconds. (An older adult who takes more than 14 seconds has a higher risk for falling). 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 finished in Superior and Nelson. Tai Chi Advanced classes in Red Cloud continue year around. Starting class in Hastings @ YMCA in March 2022 and will end May 2022. Tried to have a Stepping On class in Sutton for April – May 2022 but no one showed up for class. We are exploring a new partnership with Midland AAA to support/expand fall prevention activities.

## 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:**
    - **Minority Health Initiative (MHI) (\$41,369.79):** SHDHD submitted a workplan to continue working with the MHI program at DHHS. Workplan activities include: 1) education/outreach center for minority, 2) Increasing the cultural competences in health care and increasing the number of bilingual staff 3) Reduce barriers to care for minority.
    - **Maternal Child Health Cont. (MCH) (\$32,134):** This grant continues the work that we had started in December, working with primary care, ESU9 and schools to reduce youth Suicide.
    - **Submitted proposal for QPR/MHFA** (through December 2022: \$3,000) – Decrease suicide in SHDHD rural communities (rural population, First Responder and Middle-age males).
    - **Submitted proposals to Sunnyside Foundation** (up to 12,900) - local funding SH applied for to support 3 initiatives: cancer screenings in low-income women (\$5,200), high lead level mitigation (\$2,000), and daycare physical activity and nutrition (\$5,700).
    - **Plans for ARPA Fund:** Continuing to work with counties and municipalities on potential funding of SHDHD proposals for ARPA funds (mobile public health services project, behavioral health project). Legislature approved State ARPA funds to local public health departments for infrastructure purposes; awaiting additional information on timing for receipt and allowable use of funds.
- **SHDHD COVID-19 AAR:** Phase 3, June 1, 2021 – December 31, 2021, 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 implementing plans for distributing at home test kits, antiviral medication distribution/prescriptions, as well as revising plans and processes to match the CDC's and vaccine manufacturer's updated guidance.
- **COVID-19 Vaccine Distribution Plan:** Continuing vaccine distribution via COVID-19 vaccine providers across the district, at our own weekly clinics in Adams County and with partners to reach special populations. SHDHD began March with 1,409 total doses of COVID-19 vaccine in inventory. During March/April, shipments of 2,730 doses were received and 1,616 COVID-19 doses were transferred to providers across the district. SHDHD administered 200 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. 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.
- Water Violations: Received reports of 2 nitrate violations in public water systems.
- NE Executive Orders: The final Governor's Executive Order 21-18 expired March 31, 2022.
- 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 DIY instructions are on the website. Statutory authorities are outlined in TITLE 173 COMMUNICABLE DISEASES CHAPTER 1 REPORTING AND CONTROL OF COMMUNICABLE DISEASES.
- Food Safety Inspection Reports: SHDHD requested quarterly food safety inspection reports from the Nebraska Department of Agriculture – no reports received since 8/12/2020.

## 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 March/April. Staff delivered 83 total vaccinations to 34 VFC patients at the combined clinics. Of the 34 patients, 23 (68%) were uninsured and 11 (32%) had Medicaid coverage. 12 new patients (kid/adults) were seen with referrals coming from local providers, Migrant outreach worker and family/friend referrals. 21 (54%) patients (kids/adults) were provided Spanish print materials and interpretation during their visits and during the appt. reminder calls. Donations totaling \$56.00 were collected during the combined March/April clinics.
- Immunization: Adult Immunization Program: 5 vaccinations (Influenza and COVID-19) were administered to 5 adults during the March/April clinics. All 5 were uninsured. All were provided Spanish print materials and interpretation during their visits.
- Reminder/Recall to improve vaccination rates: Bi-lingual CHW is working to complete reminder/recall activities each week with continued focus on 11-18 year old clients needing to complete their HPV vaccination series. In March/April, 35 client records were reviewed. 34 calls/voicemails/texts were completed attempted with 10 connections made. 1 client was scheduled to complete their HPV vaccination. Many voiced intent to complete but unwilling to schedule at this time.
- COVID-19 Vaccinations: Weekly public COVID-19 vaccine clinics held in the space at the west end of Allen's have continued through March/April. COVID-19 vaccines have also been administered to the uninsured populations attending VFC/AIP clinics at the department and to homebound or incarcerated individuals. Vaccination rates: 52% of total SH Residents have received at least 1 dose, 48.8% of total SH residents are fully vaccinated. 29% of total SH Residents are boosted.
- Community Health Worker (Bilingual): Continue with monthly VFC clinics to schedule appointments, assist with interpretation, and reach out to our Hispanic community, as well as for weekly COVID vaccination clinics at Allen's. Translation for many staff projects and posts for Spanish Facebook. Assist and participate in Minority Health grant focus groups and assist with the planning of 2 informative Covid-19 videos in Spanish directed toward the Hispanic population.
- Community Health Worker (English Only) / Every Woman Matters (EWM) and Health Coaching: Community Health Worker (Bilingual Only) / Every Woman Matters (EWM) and Health Coaching:



Health Coaching EWM clients for March 2022: 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. April 2022: 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 1 participant.

- COVID-19 Testing: Signed an amendment to extend agreement with NE DHHS to offer free testing coordinated with the Nebraska Public Health lab and Regional Pathology Services. Brodstone Hospital is providing these services through a sub-agreement with SHDHD. They stood down their testing during this reporting period due to low volume, but remain ready to reinstate their drive through testing, as needed.

## 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 organizational chart and supervisory structure QI project is completed. Supervisors continue meeting and providing guidance for supervisees, including workforce professional development goals.
- FIRO-B Training: All staff participated in this team building assessment and training to increase awareness of individual preferences for inclusion, control and affection. This improves our awareness/ability for effective interaction.
- COVID Updates and Briefings: The ED and several other staff continue to participate on 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 continues to participate 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: Five SH staff attended the Nebraska Public Health Conference which had a focus on communication (importance, effectiveness, etc). One SH staff attended the National Behavioral Health/Mental Health Conference, learning about different policies and practices for supporting youth mental health. Three staff participated in a Functional Needs Tabletop Exercise hosted by Central District, Two Rivers, and Loup Basin Health Departments in April. This exercise provided planning for an evacuation of nursing homes (skilled and assisted living) using a scenario of potential chemical exposure from the crash of a crop duster.
- Surveillance Staff Training: Dr. John Bohmfalk, HC professor emeritus and SHDHD volunteer COVID-19 disease investigator, continues to provide short weekly refresher presentations on the etiology, incidence, and treatment of diseases that require rapid public health response. In this reporting period: giardia, anthrax, malaria, toxoplasmosis.
- Health Literacy Training: Two staff members are currently enrolled in the Institute for Healthcare Advancement's (IHA) Health Literacy Specialist Certificate Program. The seven-month program, funded by NALHD, covers micro-credential units in Education; Public Health; Community Engagement; Language, Culture and Diversity; Communication, Ethics; and Organizational Systems and Policies.
- UNMC ECHO Training, Health Equity/Quality Improvement: One staff member has completed 12/38 sessions.
- IServe Nebraska Training: 2 staff members completed the iServe training for community partners, to be able to assist clients with enrolling in Medicaid and other state assistance programs.

## 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 is nearing completion. Due date is May 4, 2022.
- Quality Improvement Projects: Policy review and revisions; Leave process; Travel Reimbursement process.
- Community Health Improvement (CHIP) Implementation: All five priority steering committees met in April to review data and make mid-point corrections and adjustments to the Community Health Improvement Plan (3<sup>rd</sup> year of 6-year CHIP). Committee action plans and dashboards were updated.



- **COVID19 Response QI/PM:** We began incorporating action steps from the After Action Report-phase 2, into the Public Health Emergency Preparedness workplan activities, including identifying exercises, drills and trainings to include in the Multi-Year Exercise and Training Plan.
- **Performance Management (PM):** We are again (delayed through the pandemic) identifying department-wide performance measures to include in a dashboard for Board of Health and the public. Goal is to help demonstrate the value and effectiveness of the our health department by reporting regularly on key performance measures.
- **PHAB Accreditation Standards and Measures:** New Version 2022 has been launched (10 Domains, instead of 12, to align with the Essential Public Health Services and designates which measures align with the Foundational Capabilities) <https://phaboard.org/version-2022/>. SH Year 2 Report used the previous 1.5 version, but moving forward we will use the new version.

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

- This essential service includes seven components and we are highlighting one of them for this reporting period: **Employing communications and strategic planning capacities and skills.** In this reporting period, SHDHD acquired a part-time communications specialist to help coordinate our public health messages. Ashley Swanson will be monitoring and linking the communications needs for SHDHD's many programs and assisting with implementation of the marketing/education/promotion activities in the work plans. To begin with, she is designing social media posts, newsletters, flyers and public service announcements. In the longer term, she will have responsibilities with Strategic Plan Goal 5b: "Communicate the value of public health" by helping us to
  - Share advocacy messages and talking points with Board members to facilitate communication with their constituents and community members
  - Use health literate methods to share data and stories that communicate why we do what we do, our programs and services, our outcomes and successes, and our needs
  - Enhance public relations and visibility, expanding use of social media and other, directed communications
  - Assure frequent, regular communication with city/county/state government and other key stakeholders

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### Success stories: 2022 Kid's Fitness and Nutrition Day

The 2022 Nebraska Kids Fitness & Nutrition Day was held on Tuesday, April 19<sup>th</sup> at the Hastings YMCA in Hastings. A total of 318 4<sup>th</sup> grade students attended the event from 10 schools in the South Heartland District of Adams, Clay, Nuckolls, and Webster Counties. Approximately 40 volunteers assisted with the event. Volunteers included Sandy Creek and St. Cecilia seniors, Hastings YMCA staff, South Heartland District Health Department (SHDHD) staff, and UNL/Adams County Extension staff.

The 4th graders participated in 14 physical activity stations and 7 nutrition stations throughout the day. The students were engaged the entire day. Students and teachers both expressed having fun and learning a lot throughout the day. Kid's Fitness and Nutrition Day was a huge success that helped students to understand the importance of taking an active role in their own individual health.




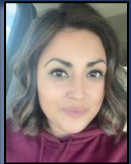
- *Lauren Shackelford, 2022 Kid's Fitness and Nutrition Day Coordinator*





## South Heartland Bi-Monthly Board Report: Staff-Specific Program Updates, March-April 2022

 <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 vaccination response:</u> During March and April, we provided COVID-19 vaccinations and boosters at 9 public walk-in clinics at Allen's and 2 VFC clinics. 73 shots were given in March and 127 in April (as of 4.25.22). 34 vaccine transfers were made to district COVID-19 vaccine providers. Our vaccine storage fluctuates between 1000-2000 doses (~180 VFC) vaccines which we store in an ultra-cold freezer, regular freezer and refrigerator storage units. We experienced an unexpected power outage shortly after arriving to work one morning that thankfully was short in duration and didn't require vaccine to be relocated to ML pharmacy. With recent high winds and spring/summer storms we are anxious to be getting our new generator soon!</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, delivering Covid Vaccines, also help with monthly VFC clinics.  <u>Falls Prevention Classes:</u> Stepping On and Tai Chi Moving for Better Balance (beginning and advanced classes).  <u>HALT (Diabetes Prevention):</u> 11 participants started class March 1, 2022.</p>
 <p><b>Brooke Wolfe</b> 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, facilitating marketing/messaging conversations, breaking down department silos.  <u>Grant Management:</u> During this reporting period, we submitted 18 quarter reports on or before the deadline; facilitated 9 internal grant-focused team meetings to better meet grant deliverables and submitted 2 new/renewal grant application requests.</p>
 <p><b>Jessica Warner</b> Health Surveillance Coordinator</p>	<p><u>Disease Surveillance:</u> COVID cases dropped significantly from 2,307 to 70 (so far this month). The epi team worked on a data audit project, sending specimens in for sequencing and distribution of ~4,270 rapid eMED COVID test kits to over 50 service organizations in the four-county area. The BA2 variant of Omicron was detected in our jurisdiction in April. We are monitoring cases in our jurisdiction in order to send specimens for sequencing and inform the public of the increase of this variant and promote measures to stop the spread. I am also collaborating with a team that is helping a family to get treatment for congenital syphilis.</p>
 <p><b>Janis Johnson</b> Interim Assistant Director Standards and Performance Manager / Public Health Nurse/</p>	<p><u>Vaccinations:</u> Back up coordinator. COVID vaccination clinic support  Maintain current vaccine documents, guidance and messaging.  <u>COVID-19 Response:</u> Staff onboarding/training/supervision/logistics. Epi team support. Assist with phone triage/messaging kept current.  <u>Standards and Performance Management/Accreditation:</u> Accreditation Annual Report, Year 2-2022; AAR Phase 3 Report.  <u>Assistant Director:</u> timesheets, orientation, staffing, staff training, quality improvement &amp; performance management, logistics, assist ED.</p>

## South Heartland Bi-Monthly Board Report: Staff-Specific Program Updates, March-April 2022

<p><b>Jean Korth</b></p>  <p>Chronic Disease Prevention Program Assistant</p>	<p><u>COVID 19:</u> I continue to support the Epidemiology Team by adding new cases to the master line list and providing phone support for those having questions. I have worked with the team to continue providing eMed Covid Home testing kits to members of the community.</p> <p><u>Health Literacy:</u> I am currently enrolled in a Health Literacy Specialist Certificate Program through the Institute for Healthcare Advancement (IHA), and have successfully completed two of the seven units.</p> <p><u>Grants:</u> I am working with three clinics on grants for either cancer screening or mental health /substance abuse screening.</p>
<p><b>Heidi Davis</b></p>  <p>Disease Investigator</p>	<p><u>COVID-19 Response:</u> I continue to work on case investigations for COVID-19 cases. I also have assisted on Lab Requisitions related to sequencing positive COVID-19 cases. I attend Community Call Meetings weekly, presented by UNMC, which addresses the pandemic in our state. I have worked with the team to distribute EMed Covid Home test kits to community members and organizations. In addition I continue to provide support on data analysis reports of COVID-19 for weekly reporting.</p> <p><u>Health Literacy:</u> I am currently enrolled in a Health Literacy Specialist Certificate Program through the Institute for Healthcare Advancement. I have successfully completed two of the seven units for the course. In addition I attend monthly meetings organized by NALHD for the course participants.</p> <p><u>Disease Surveillance:</u> I am currently working on learning about and investigating all reportable diseases. I am working through a training checklist, and reviewing all labs that we receive in NEDSS.</p> <p><u>Public Health Training:</u> I recently attended the Nebraska Public Health Conference in Lincoln. Some of the topics included Wastewater Surveillance, Legal Epidemiology, Nebraska's Pandemic Response and the Way Forward, and Reframing Public Health. I had many takeaways and collaborating with others in Public Health was great. All was a good learning experience with professional development.</p>
<p><b>Lauren Shackelford</b></p>  <p>Disease Investigator</p>	<p><u>COVID-19 Response:</u> I continue to work on case investigations for COVID-19 cases. I have also continued to work with long-term care facilities in COVID-19 outbreak. I have also helped with eMed At-Home test kit distribution.</p> <p><u>Communications:</u> I have developed and shared resources to promote COVID-19, colon cancer prevention, STD awareness, and oral cancer awareness on social media.</p> <p><u>Building Healthy Families:</u> Continue to work with cohorts 1 and 2 on their refresher sessions and recruiting efforts for cohort 3.</p> <p><u>Kids Fitness and Nutrition Day (KFND):</u> I coordinated KFND including volunteers to lead physical activity stations. We had approximately 320 4<sup>th</sup> graders from 10 schools in the South Heartland District. Students participated in 14 physical activity stations and 6 nutrition stations.</p>
<p><b>Julia Sarmiento</b></p>  <p>Bi-Lingual Community Health Worker / Interpreter</p>	<p><u>Bilingual Community Health Worker (CHW):</u> I interpret and translate and provide support for both VFC and COVID-19 clinics as needed.</p> <p><u>Communications:</u> I develop and share resources to promote Covid-19/Flu/Immunizations and wellbeing on social media, translating to Spanish for the Spanish Facebook. I am also supporting a community partner we've contracted with to create videos in Spanish to provide COVID information and promote COVID vaccination to the Hispanic/Latino community. These videos are being posted on SHDHD's new YouTube channel.</p>

## South Heartland Bi-Monthly Board Report: Staff-Specific Program Updates, March-April 2022

<p><b>Sam Coutts</b></p>  <p><b>Clerical Assistant for Finance and Operations &amp; Vaccine Clinic Support</b></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><b>Pam Stromer</b></p>  <p><b>Administrative &amp; Technology Assistant</b></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 help to maintain and update the South Heartland District web pages, develop on-line surveys as requested, providing support to the various software programs SHDHD uses, provide support with the Microsoft Office programs, as needed, overhauling the Master Database so resources are accurate and up-to-date and continue to compile data for both the SHDHD COVID-19 and hospital dashboards. This last month I also completed the Med-IT Training to help input Colon Cancer Screening Kits.</p>

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

#### Part-time Hire:

Aida Evans	Interpretation, Minority Outreach
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
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#### NE DHHS Part-time Position (placement at SHDHD):

Ashley Swanson	Communications Specialist
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#### 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 and Volunteer Experience (Spring 2022)

Alianna Higgins	Volunteer, assisting with Opioid Prevention project, Hastings College
Katie Heller	Hastings College, assisting with WIIN Grant (drinking water testing for lead contamination)
Courtney Manahan	Volunteer, assisting with a Behavioral Health Provider survey
Luisa Najera	Volunteer, assisting with webpage translations to Spanish





Covid-19

# 'Like drinking from a fire hose'

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Mar 17, 2022



Ibeahm / Laura Beahm/Tribune

In this file photo, Michele Bever, executive director of the South Heartland District Health Department, answers questions March 19, 2020, at the Hastings City Building during a news conference regarding the first case of COVID-19 in Adams County. At left is Susan Meeske, then executive vice president of enrollment and student engagement of Hastings College.

Year after year in south central Nebraska, late winter's slide into early spring brings thoughts of severe weather.

And, sure enough, in February 2020, employees of the South Heartland District Health Department could see storm clouds gathering on the horizon. They wondered what kind of trouble would find its way into the communities they serve in Adams, Webster, Clay and Nuckolls counties.

But the storm they saw brewing wouldn't bring hail, strong winds, torrential rainfall or tornadoes. Instead, it would afflict local residents with symptoms including headaches, fever, fatigue and breathing problems that could turn serious quickly. With no vaccine or proven treatment available, outcomes especially for the elderly and other vulnerable populations could be deadly.

The storm was being whipped up by the novel coronavirus, first identified in China in late 2019. The World Health Organization would declare the novel coronavirus disease, COVID-19, to be a global pandemic on March 11, 2020.

The storm officially touched down in the South Heartland Health District on March 18 — two years ago today — when the health department announced the first known case of the viral infection in a resident had been confirmed through laboratory testing.

Since then, a cumulative 10,223 positive cases of the viral infection have been confirmed among residents of the four-county area. (Cases identified through at-home testing aren't included in that count.) Nebraska death certificates have linked the demise of 142 district residents to the disease.

Business and social disruptions; lost school time for children and young people; feelings of loneliness and isolation, especially for senior citizens and those who live alone; and worsening mental health and substance abuse problems for the public at large have been among the related costs of the pandemic — to say nothing of ongoing health problems for individuals who survived the disease but now suffer from “long COVID.”

Through all the trouble, anxiety and uncertainty, the South Heartland department staff has soldiered on in collaboration with partnering agencies and organizations, helping constituents navigate a public health and safety challenge often called “unprecedented.”

Although COVID-19 remains a threat, health department employees hope the worst of the pandemic pain lies behind us. And, reflecting on all that has happened up to now, they are grateful to be working together and maintaining the community connections that have been key to the success of their work.

“I think our area has such a strong sense of community,” said Jessica Warner, South Heartland health surveillance coordinator and lead disease investigator. “That was amazing to me.”

### History of planning

The South Heartland Health District was one of 16 multicounty health districts established following passage of the Nebraska Health Care Funding Act by the state Legislature in May 2001.

Within a few short months, public health threats including bioterrorism were in the public mind in a whole new way following the Sept. 11 attacks on the U.S. homeland.

Michele Bever, South Heartland's executive director since 2007, served four years prior to that as the department's public health risk coordinator, emergency response coordinator and disease investigator. She said federal funding that flowed to the department in the wake of the 2001 terror attacks helped South Heartland develop emergency response infrastructure for the region, forging partnerships with other agencies and stakeholders.

"In some ways we were ready (for COVID-19) because we had been doing emergency preparedness and planning since 9/11, really," said Bever, who holds a doctorate in anatomy and neurosciences and also possesses an adjunct faculty appointment in the University of Nebraska Medical Center's College of Public Health.

But whereas this area largely has been spared from the effects of other world health threats over the past two decades, involving such diseases as Ebola virus disease, avian influenza and H1N1 influenza (swine flu), the novel coronavirus — technically, the severe acute respiratory syndrome coronavirus 2, or SARS-CoV-2 — made itself right at home in southern Nebraska.

In a recent interview, several South Heartland employees recalled the regular staff briefings they had in the days and weeks leading up to COVID-19's arrival in the district — briefings that occurred daily long into the pandemic and now occur weekly.

Case numbers would be written up on a board, and Bever would share information she was constantly gleaned from a variety of sources. The staff then would push out preparedness guidance to stakeholders including chambers of commerce, even as information from federal, state and local sources continued to flow in and be updated.

Soon, most of South Heartland's other work was put on hold so all effort could be given to COVID-19, with service urgently needed by health care providers, hospitals and nursing homes; public and private schools and colleges; faith-based organizations; businesses ranging from meatpacking plants to in-home day care providers; and the public at large.

"It very quickly became something that was bigger than many of us ever expected and involved a lot of transition in the fact that we all needed to know what to do," Bever said. "We all needed to put in our all to manage it to the ability that we could and to make people as safe as we could and provide information as best as we could."

She compared the challenge to "drinking from a fire hose."

Staff members stepped away from ongoing projects and their usual areas of responsibility, including immunization and cancer screening efforts, to become part of the COVID-19 response.

"Everything (else) came to a screeching halt," said Dorrann Hultman, a registered nurse and seven-year health department employee whose usual duties include overseeing the immunization and Every Woman Matters programs — noting that restrictions on gathering meant constituents couldn't come to the office for such purposes, anyway. "It was a really big shift for me in that sense."

Jean Korth, who joined the agency four years ago after working many years in the radiologic technology field, had been working as a part-time program assistant for chronic disease prevention.

With the arrival of COVID-19, she suddenly found herself working the phones constantly, answering questions, helping with monitoring and case investigations, and later in the pandemic working with constituents on reopening and event plans that required agency approval.

She credits Bever for her vigilance in monitoring events worldwide and bringing so much information to the staff early on, which helped employees jump into the COVID-19 response with both feet.

"I felt confident we knew what we were doing from the very beginning," she said.



Hastings restaurateur Jamey Hamburger, owner of Odyssey downtown and the recently opened Blue Fork Kitchen in Cimarron Plaza, remembers vividly his first call to the health department regarding COVID-19.

It was March 15, 2020, and he had met with some other downtown restaurant owners at the Back Alley Bakery to compare notes, share information and discuss how they could move forward safely.

"It was a Sunday," he said with a chuckle. "We sat at a very large table."

With safety for staff and patrons foremost on their minds, Hamburger said, the business owners determined it was time to begin communicating directly with South Heartland.

"On the 15th we decided somebody needed to call the health department and get the rest of the information," he said.

Over time, Hamburger said, the questions and calls were numerous — sometimes more than one per day.

Discussion points ranged from quarantine and isolation requirements for sick or exposed staff members, to how to schedule staff for safety, to how to spread out diners to comply with state-directed health measures when they were in place.

"We wanted to err on the side of caution," he said. "We were on the phone quite a bit."

As the pandemic continued, changing guidelines and state-directed health measures brought more questions and more answers.

"I never left a voice message and didn't have it returned within an hour," Hamburger said.

Bever said the culture at the health department under ordinary circumstances is to have a staff member answer every incoming call and never have calls go to voicemail.

The department augmented its pre-COVID-19 staff of about 12 employees with part-time and volunteer workers to help manage the call volume, answer basic questions and route inquiries to the most appropriate person.

At the peak, the agency staff and volunteer roster numbered in the high 20s, Bever said. Paper message forms were used for referrals within the office.

Warner said at one point the department was fielding more than inbound 200 telephone calls per day while also pursuing dozens of case investigations with contact tracing.

(Earlier on, the outright scarcity of test kits had been the challenge, with doctors, hospitals and health department staff conferring case by case on which patients met the criteria even to be tested.)

Bever said another challenge was making sure staff members could sit in on all the relevant briefing calls that occurred each day to convey the latest information from regional, state and federal sources.

Rapidly changing information was a key concern for everyone, she said.

"We have a little mantra to 'be first, be right, be credible,' " she said. "You didn't want to be wrong, but you couldn't wait till you had all the information to make decisions. You had to share what you know right now and be ready to shift gears when the information changed."

Working out logistics for local drive-through testing events run by Nebraska Army National Guard personnel soon became part of the agency staff's workload. By late spring, so did approving event plans for ballgames, weddings, modified county fairs and other in-person gatherings including the 2020 Nebraska state softball championships in Hastings.

Late-night media dispatches were issued by the health department on a daily or near-daily basis, providing the latest COVID-19 statistics and messages for the public explaining recommendations for masking, social distancing and other prevention steps.

Long-anticipated vaccines arrived at the health department in mid-December 2020 for distribution to vaccinators throughout the district. Since then, dozens of additional South Heartland news releases have explained vaccination priority phases, announced free vaccine clinics and exhorted everyone eligible to get their shots protecting against the virus and its variants.

While certain subjects around COVID-19 have become politically charged or otherwise divisive in society, Hultman said she believes most South Heartland constituents had confidence in information they were receiving from the health department from the earliest days of the pandemic.

"We really were a trusted source of information," she said. "While the phone calls were at times overwhelming, it really felt like we were doing a great thing for our public to keep them informed."

Bever credits staff members for their diplomatic way of engaging the public and discussing COVID-19 in a way that is factual but not confrontational or off-putting.

"I just like we have staff that are good at that, and that's a skill you can't really learn," she said.

#### Collaborative approach

Adams County Emergency Management has been among the agencies and organizations coordinating closely with South Heartland throughout the pandemic. Director Ron Pughes credits Bever and her staff for freely sharing information with partners and working to keep their messaging to the public current and clear amid constantly changing circumstances.

Pughes said South Heartland communicated constantly with other agencies to find solutions to problems, even if a discussion needed to take place at 11 p.m., and took his and other agencies' input into account when decisions were being made.

Because of that, he said, local leaders and public agencies could be unified, not divided, in their response to the pandemic — something that wasn't the case in all jurisdictions.

"From an Adams County standpoint, it was a collaborative effort," Pughes said. "I think it would have failed if it wasn't."

He calls South Heartland "a class act."

#### Managing risk

Warner said that while area residents have had a range of personal opinions about masking, vaccines and other topics related to COVID-19, she has tried to emphasize risk mitigation — for example, helping employers think through the potential harm to their businesses, employees and families that could come from not taking adequate precautions against the spread of the virus.

“All those guidelines were created to protect the most people and potentially benefit the business in the long run,” she said.

With at-home rapid testing now widely available, Warner said, she hopes in the future COVID-19 will require less aggressive involvement from the health department, allowing more time for the agency to return to its other initiatives.

“It will be a matter of sequencing, just monitoring and sequencing and keeping a pulse on what is happening around the world, around the country, around the state, and handling it from there if we have a cluster of cases,” she said.

She and her colleagues agreed that what has been learned through the COVID-19 pandemic should make society better prepared for the next time a new or mutated pathogen threatens public health.

Bever said she's been edified to see the innovation and creativity of South Heartland residents in solving pandemic-related problems, and that the health department's connections to partners within and beyond the district have grown stronger over the past two years.

“There are lots of good people, and we'll continue to work together to be healthy and to protect each other,” she said.



# **2022 Public Health Leadership Awards**

***Our Vision: Healthy People in Healthy Communities***  
**Adams, Clay, Nuckolls and Webster Counties**

For Immediate Release: Thursday, March 24, 2022  
For more information contact: Michele Bever, PhD, MPH, Executive Director  
402-462-6211 / 1-877-238-7595

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South Heartland recognizes pandemic efforts of long-term care facilities

**Hastings, Neb** – Nineteen long-term care facilities located in Adams, Clay, Nuckolls and Webster Counties were chosen to receive a Public Health Leadership Award from the South Heartland District Health Department (SHDHD). Each March, South Heartland’s Board of Health recognizes and celebrates individuals and organizations who have contributed significantly to the public’s health.

This year the Board of Health is recognizing long-term care facilities with the Public Health Leadership Award for their extraordinary dedication to the community’s health throughout the prolonged and on-going pandemic response, and for their leadership and commitment to protecting and caring for their residents, their staff and their communities.

In a letter to each facility informing them of the recognition, Shackelford and SHDHD executive director Michele Bever, stated to the awardees: “The impact of this pandemic on the daily workload of facility administrators and staff is hard for the rest of us to imagine. We do know that your facilities have had to take on many additional responsibilities – developing plans, providing reams of required reports and documentation to CMS and other agencies, following testing protocols, reporting test results, ordering/assuring PPE, navigating supply shortages, implementing response plans when staff/residents test positive, adjusting and enforcing visitor policies, working with residents’ families, addressing critical and ongoing staff shortages, and dealing with uncertainty and compassion fatigue.”

South Heartland’s public health awards and recognition usually coincide with an Annual Luncheon event. However, due to the pandemic, the awards are being presented to the facilities in person by South Heartland staff, who will come to each facility.

The following nursing home and assisted living facilities are the recipients of South Heartland’s 2022 Public Health Leadership Awards:

In Adams County: Edgewood Vista, Good Samaritan Village-Perkins Pavilion, Good Samaritan Society-The Villa, Premier Estates of Kenesaw, Providence Place of Hastings, The Heritage at College View, The Homestead, and The Kensington.

In Clay County: Harvard Rest Haven, Hillcrest View Assisted Living, Sutton Community Home, and The Harvard House.

In Nuckolls County: Good Samaritan Society-Victorian Legacy, Kingswood Court, and Superior Good Samaritan

In Webster County: Azria Health Blue Hill, Cherry Corner Estates, Heritage of Red Cloud, and Spring Creek Home, LLC.

About the decision to recognize long-term care facilities this year, SHDHD board president Nanette Shackelford said the choice was a difficult one as there are so many partners in the four South Heartland counties who have played critical roles throughout the pandemic. “We extend our heartfelt ‘thank you!’ to all the collaborating and coordinating agencies and organizations that partnered with the health department throughout (and on-going) in this pandemic. This collaborative effort has helped to protect the health and safety of the residents in Adams, Clay, Nuckolls and Webster counties,” she said.

##

South Heartland District Health Department is a regional health department dedicated to preserving and improving the health of residents of Adams, Clay, Nuckolls and Webster counties. In addition to providing the essential public health services mandated by Nebraska statutes, the department leads area efforts with community partners to address locally-identified priorities of Access to Health Care, Mental Health, Substance Misuse, Obesity & related health conditions, and Cancer.





Harvard Rest Haven



Good Samaritan - Perkins



Good Samaritan - Superior



Cherry Corner Estates



The Kensington



GSS - Victorian Legacy





The Heritage at College View



The Homestead













Example of the award  
notification letter sent to  
each facility.

*Healthy People in Healthy Communities*

**BOARD OF DIRECTORS****PRESIDENT**

Nanette Shackelford

**VICE-PRESIDENT**

Mirya Hallock

**TREASURER**

Charles Neumann, DVM

**Board of Health  
Appointments:**Timothy Blecha, MD  
Board PhysicianMichael Kleppinger, DDS  
Board DentistLindsay Mead, DVM  
Board Veterinarian**County Appointments:****Adams County**Charles Neumann, DVM,  
(Adams County Board)  
Donna Faigler-Daiss  
Barbara Harrington, LPN**Clay County**Richard Shaw,  
(Clay County Board)  
Nanette Shackelford  
Sandra Nejezchleb**Nuckolls County**Kenneth Rempe,  
(Nuckolls County Board)  
Peggy Meyer, LIMHP  
Jean Sticha**Webster County**T.J. Vance,  
(Webster County Board)  
Mirya Hallock  
Torey Kohmetscher, PharmD

March 22, 2022

Sarah Watson

The Heritage at College View

1100 North 6th Avenue

Hastings, NE 68901

Dear Sarah Watson

**Public Health Leadership Award Recipient**

Congratulations! It is our pleasure to inform you that your facility, along with fellow long-term care facilities in Adams, Clay, Nuckolls and Webster Counties, has been chosen to receive the Public Health Leadership Award from the South Heartland District Health Department. Each March, South Heartland's Board of Health recognizes and celebrates individuals and organizations who have contributed significantly to the public's health.

This year the Board of Health is recognizing your facility with the Public Health Leadership Award for your extraordinary dedication to the community's health throughout the prolonged and on-going pandemic response, and for your leadership and commitment to protecting and caring for your residents, your staff and your community.

We want you to know that our staff has appreciated working closely with you and your team throughout the pandemic. Still, the impact of this pandemic on the daily workload of facility administrators and staff is hard for the rest of us to imagine. We do know that your facilities have had to take on many additional responsibilities – developing plans, providing reams of required reports and documentation to CMS and other agencies, following testing protocols, reporting test results, ordering/assuring PPE, navigating supply shortages, implementing response plans when staff/residents test positive, adjusting and enforcing visitor policies, working with residents' families, addressing critical and ongoing staff shortages, and dealing with uncertainty and compassion fatigue.

The public health awards and recognition usually coincide with an Annual Luncheon event. However, due to the pandemic, these awards will be presented to your facilities in person by South Heartland staff, who will arrange to come to your facility this month.

We continue to be in this together and we appreciate all that you do!

With warmest personal regards,

Michele Bever, PhD. MPH  
Executive Director

Nanette Shackelford, President  
South Heartland Board of Health



**Public Health**  
Prevent. Promote. Protect.



11:42 AM

04/28/22

Cash Basis

**South Heartland District Health Dept**  
**Balance Sheet Prev Year Comparison**  
**As of April 28, 2022**

	Apr 28, 22	Apr 28, 21	% Change
<b>ASSETS</b>			
Current Assets			
Checking/Savings			
1020 · Checking- Heritage xx7102	215,134.23	146,145.94	47.2%
1040 · Money Market - Heritage xx9347	79,890.36	4,870.65	1,540.2%
Total Checking/Savings	295,024.59	151,016.59	95.4%
Other Current Assets	44.00	64.00	-31.3%
Total Current Assets	295,068.59	151,080.59	95.3%
Fixed Assets	0.00	0.00	0.0%
<b>TOTAL ASSETS</b>	<b>295,068.59</b>	<b>151,080.59</b>	<b>95.3%</b>
<b>LIABILITIES &amp; EQUITY</b>			
Liabilities			
Current Liabilities			
Credit Cards	6,151.34	6,412.62	-4.1%
Other Current Liabilities	2,130.32	1,864.45	14.3%
Total Current Liabilities	8,281.66	8,277.07	0.1%
Total Liabilities	8,281.66	8,277.07	0.1%
Equity			
Fund Balance	28,957.22	30,218.22	-4.2%
3050 · Restricted Net Assets	0.00	3,167.73	-100.0%
3900 · Retained Earnings	42,335.02	48,359.24	-12.5%
Net Income	215,494.69	61,058.33	252.9%
Total Equity	286,786.93	142,803.52	100.8%
<b>TOTAL LIABILITIES &amp; EQUITY</b>	<b>295,068.59</b>	<b>151,080.59</b>	<b>95.3%</b>

**South Heartland District Health Dept**  
**Profit & Loss Prev Year Comparison**  
July 1, 2021 through April 28, 2022

	Budget	Actual	Prior Year	% Change	Indirect Costs	%
<b>Ordinary Income/Expense</b>						
<b>Income</b>						
<b>4100 - Federal Funding</b>						
4110 - Grants - Federal	1,213,106.14	527,259.92	654,051.12	-19.39%	31,501.89	
4120 - Federal IDC	44,212.24	31,501.89	3,767.87	736.07%		
4130 - FEMA	311,562.43	363,224.00	0.00	100.0%		
4100 - Federal Funding	0.00	1,659.00	0.00	100.0%	0.00	
Total 4100 - Federal Funding	1,568,880.81	923,644.81	657,818.99	40.41%	31,501.89	3.41%
4200 - State & Local Funds	37,807.33	26,312.75	40,311.06	-34.73%	494.77	1.88%
<b>4250 - State Revenue</b>						
LB 1008 - COVID		0.00	105,263.16	-100.0%		
4251 - Infrastructure	91,982.67	92,592.60	9,259.60	899.96%	92,592.60	
4252 - Per Capita	68,881.20	69,122.08	151,979.60	-54.52%	69,122.08	
4253 - COVID Indirect	2,032.00	20,828.79	49,584.15	-57.99%	20,828.79	
4254 - General Funds	225,182.55	226,770.62	157,411.19	44.06%	226,770.62	
Total 4250 - State Revenue	388,078.42	409,314.09	473,497.70	-13.56%	409,314.09	100.00%
4300 - Services	455.24	476.00	392.00	21.43%		
4400 - Miscellaneous	1,241.67	0.00	545.00	-100.0%		
4450 - Donations		4,613.03	7,167.00	-35.64%	0.06	0.00%
4550 - Bank Interest Income	49.67	101.29	44.75	126.35%	101.29	100.00%
Total Income	1,996,513.14	1,364,461.97	1,179,776.50	15.65%	441,412.10	
Gross Profit	1,996,513.14	1,364,461.97	1,179,776.50	15.65%	441,412.10	
<b>Expense</b>						
4000 - Reconciliation Discrep		0.00	0.03	-100.0%		
<b>6000 - Personnel</b>						
6011 - Administrative	229,151.17	0.00	203,045.09	-100.0%		
6013 - Payroll	677,441.79	535,139.02	385,575.83	38.79%	164,492.23	30.74%
6014 - Cash-Out	0.00	30,760.36	27,359.54	12.43%	4,978.87	16.19%
6016 - FICA	959.54	40,768.69	50,904.27	-19.91%	12,327.29	30.24%
6017 - Overtime	0.00	16,329.74	77,449.66	-78.92%	3,322.67	20.35%
6018 - State Unemployment	0.00	512.89	741.97	-30.88%	160.20	31.23%
6020 - Benefits Expense	72,873.44	70,846.44	53,471.86	32.49%	29,710.84	41.94%
6000 - Personnel - Other	72,670.82	-28,705.97	0.00	-100.0%	1,989.28	-6.93%
Total 6000 - Personnel	1,053,096.76	665,651.17	798,548.22	-16.64%	216,981.38	32.60%
6101 - Postage & Shipping	949.30	2,950.82	1,164.80	153.33%	534.19	18.10%
6102 - Printing and Copying	10,870.91	12,981.60	7,966.47	62.95%	892.63	6.88%
6103 - Staff Development	6,087.52	8,913.54	1,711.04	420.94%	5,133.98	57.60%
6110 - Insurance Expense	14,350.28	19,548.00	15,475.00	26.32%	19,548.00	100.00%
<b>6120 - Professional Services</b>						
6121 - Data Analysis/Surveys	24,890.09	17,908.83	9,600.00	86.55%		
6122 - Accounting	16,229.68	19,662.25	15,138.00	29.89%	19,662.25	100.00%
6123 - Public Health	171,587.00	171,755.00	5,000.00	3,335.1%		
6124 - Legal	2,069.41	3,440.00	3,520.00	-2.27%	3,440.00	100.00%
6125 - IT	6,208.33	6,459.06	8,513.16	-24.13%	6,283.06	97.28%

**South Heartland District Health Dept**  
**Profit & Loss Prev Year Comparison**  
July 1, 2021 through April 28, 2022

	<b>Budget</b>	<b>Actual</b>	<b>Prior Year</b>	<b>% Change</b>	<b>Indirect Costs</b>	<b>%</b>
6126 • Background Checks	413.92	518.25	876.40	-40.87%		
6129 • Translation	248.33	172.80	554.40	-68.83%	114.00	65.97%
6120 • Professional Svcs - Other	10,761.18	435.00	8,645.00	-94.97%	345.00	79.31%
<b>Total 6120 • Professional Svcs</b>	<b>232,407.94</b>	<b>220,351.19</b>	<b>51,846.96</b>	<b>325.0%</b>	<b>29,844.31</b>	<b>13.54%</b>
6130 • Contracted Services	35,207.71	6,470.00	18,024.03	-64.1%		
6140 • Office Supplies & Equip	42,015.28	30,113.16	41,855.98	-28.06%	15,687.02	52.09%
6150 • Communications	12,108.19	11,204.72	16,403.68	-31.69%	8,710.00	77.74%
6160 • Facilities	78,919.53	23,706.70	14,689.97	61.38%	11,807.36	49.81%
6170 • Marketing	23,534.00	57,339.93	35,475.37	61.63%	2,326.43	4.06%
6180 • Board Expenses	2,263.57	2,297.14	1,266.49	81.38%	2,297.14	100.00%
6192 • Memberships	6,833.52	5,685.50	7,999.00	-28.92%	5,685.50	100.00%
6199 • Administrative Fees	982.32	1,718.14	934.74	83.81%	1,019.78	59.35%
6200 • Program Expenses			-20.97	100.0%		
6201 • Event Expenses	6,855.59	1,786.00	4,697.71	-61.98%		
6202 • Event Facility Rental	10,000.00	35,250.00	49,626.50	-28.97%	200.00	0.57%
6204 • Promotion & Outreach	2,990.59	8,663.63	3,640.78	137.96%		
6206 • Conference Fees	1,652.75	2,768.00	40.00	6,820.0%	1,240.00	44.80%
6209 • Program Supplies	448,619.48	24,141.84	43,524.49	-44.53%		
6300 • Travel	15,788.47	7,354.35	3,771.16	95.02%	1,175.30	15.98%
9000 • Interest Expense	102.44	45.56	14.13	222.44%	45.56	100.00%
9100 • Sales Tax Expense	55.62	26.29	62.59	-58.0%	26.29	100.00%
<b>Total Expense</b>	<b>2,005,691.77</b>	<b>1,148,967.28</b>	<b>1,118,718.17</b>	<b>2.7%</b>	<b>323,154.87</b>	<b>28.13%</b>
<b>Net Ordinary Income</b>	<b>-9,178.63</b>	<b>215,494.69</b>	<b>61,058.33</b>	<b>252.93%</b>	<b>118,257.23</b>	
<b>Net Income</b>	<b>-9,178.63</b>	<b>215,494.69</b>	<b>61,058.33</b>	<b>252.93%</b>	<b>118,257.23</b>	

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04/28/22

BOH057

**South Heartland District Health Dept**  
**Outstanding Invoices**  
**As of April 28, 2022**

Date	Num	Name	Due Date	Open Balance
<b>Current</b>				
12/31/2021	125	DHHS:Accred 64486 1Q 10/1/21 to 12/31/21	05/05/2022	1,583.42
03/31/2022	126	DHHS:Accred 64486 2Q 1/1/22 to 3/31/22	05/05/2022	3,911.48
03/31/2022	127	DHHS:Fall Prev 64498 2Q 1/1/22 - 3/31/22	05/05/2022	3,668.80
03/31/2022	130	DHHS:EP 57142-Y3 3Q 1/1/22 - 3/31/22	05/11/2022	31,887.24
03/31/2022	131	DHHS:MCH 64210 - 2Q 12/15/21 to 3/31/22	05/12/2022	14,090.97
03/31/2022	132	DHHS:Imm 62775 VFC 3Q 1/1/22 to 3/31/22	05/15/2022	9,603.73
03/31/2022	134	DHHS:EWM 46497 Gen'l 2021	05/18/2022	275.00
03/31/2022	135	DHHS:HRSA Y3 7/1/21 to 6/30/22	05/19/2022	1,981.47
03/31/2022	136	DHHS:Cancer 65244 #1 12/15/21 to 3/31/22	05/19/2022	302.16
12/31/2021	138	DHHS:Lead xxxxx 1Q 10/1/21 to 12/31/21	05/21/2022	525.04
03/31/2022	137	NE DHHS:MHI 61300 3Q 1/1/22 to 3/31/22	05/21/2022	13,738.07
03/31/2022	139	DHHS:Lead xxxxx 2Q 1/1/22 to 3/31/22	05/21/2022	1,309.69
03/31/2022	140	DHHS:Imm 62455 Covid 3Q 1/1/22 to 3/31/22	05/25/2022	86,177.51
04/14/2022	142	DHHS:Covid Capcty 56771 Apr 3/15/22 to 4/14/22	05/26/2022	13,251.86
Total Current				182,306.44
<b>1 - 30</b>				
02/28/2022	120	DHHS:Health Equity 62276 #3 12/1/21 to 2/28/22	04/09/2022	6,828.35
Total 1 - 30				6,828.35
<b>31 - 60</b>				
Total 31 - 60				
<b>61 - 90</b>				
12/31/2021	110	NE DHHS:MHI 61300 2Q 10/1/21 to 12/31/21	02/14/2022	9,571.74
Total 61 - 90				9,571.74
<b>&gt; 90</b>				
Total > 90				
<b>TOTAL</b>				<b>198,706.53</b>

11:57 AM

04/28/22

BOH058

## South Heartland District Health Dept

## Payroll Summary

March 1 through April 28, 2022

	Mar 1 - Apr 28, 22
<b>Employee Wages, Taxes and Adjustments</b>	
<b>Gross Pay</b>	
Hourly Holiday	1,775.54
Hourly Sick	2,053.79
Hourly Vacation	5,454.71
Hourly Wage	83,873.09
Overtime (x1.5)	1,131.25
Cash Out Option	7,559.36
Wellness Benefit	3,250.00
<b>Total Gross Pay</b>	<b>105,097.74</b>
<b>Deductions from Gross Pay</b>	
Aflac (pre-tax)	-126.72
Health Insurance (pre-tax)	-1,074.32
HSA (pre-tax)	-3,524.14
NPERS Retirement Employee	-4,055.59
Vision Insurance (pre-tax)	-33.88
<b>Total Deductions from Gross Pay</b>	<b>-8,814.65</b>
<b>Adjusted Gross Pay</b>	<b>96,283.09</b>
<b>Taxes Withheld</b>	
Federal Withholding	-7,554.00
Medicare Employee	-1,454.90
Social Security Employee	-6,220.97
NE State Withholding	-3,926.07
Medicare Employee Addl Tax	0.00
<b>Total Taxes Withheld</b>	<b>-19,155.94</b>
<b>Net Pay</b>	<b>77,127.15</b>
<b>Employer Taxes and Contributions</b>	
Medicare Company	1,454.90
Social Security Company	6,220.97
NE State Unemployment	104.49
Dental Insurance Company	400.04
Health Insurance Company	3,165.92
NPERS Retirement Company	6,083.39
Vision Insurance Company	84.60
<b>Total Employer Taxes and Contributions</b>	<b>17,514.31</b>

11:55 AM

04/28/22

Accrual Basis

BOH059  
**South Heartland District Health Dept**  
**Accounts Payable Report**  
**March 1 through April 28, 2022**

Date	Name	Memo	Account	Amount
<b>Mar 1 - Apr 28, 22</b>				
03/07/2022	Allo Communications	929329 phone - Feb	2000 · Accounts Payable	-644.39
03/07/2022	B&R Stores	Allen's lease - Mar	2000 · Accounts Payable	-2,500.00
03/07/2022	Bever, Michele	reimbursement - food for listening session	2000 · Accounts Payable	-27.99
03/07/2022	Blue Hill Leader	VOID: Mar Board meeting notice	2000 · Accounts Payable	0.00
03/07/2022	Business World Products	10 cases copy paper	2000 · Accounts Payable	-67.53
03/07/2022	Chamberlain, Liz	February mileage	2000 · Accounts Payable	-152.74
03/07/2022	Cornhusker Press	printing	2000 · Accounts Payable	-625.63
03/07/2022	Culligan of Hastings	bottled water - Feb #1000552	2000 · Accounts Payable	-32.30
03/07/2022	Evans, Aida	dinner supplies for group listening session	2000 · Accounts Payable	-105.96
03/07/2022	First National Bank of Omaha	Jan balance ending 2/14/22	2000 · Accounts Payable	-1,303.66
03/07/2022	Fye Law Office	presentation re Public Meetings	2000 · Accounts Payable	-500.00
03/07/2022	Hallock, Mirya	mileage board mtg - Mar	2000 · Accounts Payable	-19.42
03/07/2022	Helmer Scientific	refrigerator and delivery	2000 · Accounts Payable	-7,009.04
03/07/2022	Hometown Leasing	#22794817 - Feb	2000 · Accounts Payable	-185.00
03/07/2022	Johnson, Janis	Dec 2021 - mileage	2000 · Accounts Payable	-34.98
03/07/2022	Kohmetscher, Torey	mileage board mtg - Mar 2022	2000 · Accounts Payable	-31.82
03/07/2022	Korth, Jean	mileage - test kit delivery	2000 · Accounts Payable	-39.72
03/07/2022	Lovekin, Terry	Feb 22, 2022 mileage	2000 · Accounts Payable	-36.68
03/07/2022	Meyer, Peggy	mileage board mtg - Mar	2000 · Accounts Payable	-70.20
03/07/2022	Nejezchleb, Sandra	mileage board mtg - Mar 2022	2000 · Accounts Payable	-15.80
03/07/2022	Shackelford, Nanette	mileage board mtg - Mar 2022	2000 · Accounts Payable	-25.74
03/07/2022	Superior Publishing Company	BOH notice & annual report	2000 · Accounts Payable	-123.39
03/07/2022	Waechter-Mead, Lindsay	mileage board mtg - Mar	2000 · Accounts Payable	-31.59
03/07/2022	Woodwards Disposal	Feb trash	2000 · Accounts Payable	-167.00
03/07/2022	Eakes Office Solutions	copies and supplies	2000 · Accounts Payable	-350.48
03/07/2022	Firespring	Mar web hosting	2000 · Accounts Payable	-165.00
03/07/2022	Flatwater Technologies	monthly services - Mar	2000 · Accounts Payable	-496.99
03/07/2022	Mary Lanning Healthcare	subletting of digital billboard space - Mar	2000 · Accounts Payable	-200.00
03/07/2022	Mary Lanning Healthcare	cleaning - Feb	2000 · Accounts Payable	-240.00
03/07/2022	Mary Lanning Healthcare	LAnderson Feb 2022	2000 · Accounts Payable	-306.25
03/07/2022	Clay County News	annual rpt posting & Board Meeting notice - Mar	2000 · Accounts Payable	-184.20
03/18/2022	B&R Stores	Allen's lease - Apr	2000 · Accounts Payable	-2,500.00
03/18/2022	Blue Hill Leader	Mar Board meeting notice	2000 · Accounts Payable	-7.25
03/18/2022	Eakes Office Solutions	supplies	2000 · Accounts Payable	-55.75
03/18/2022	Flood Communications Tri-Cities	radio ads	2000 · Accounts Payable	-7,895.00
03/18/2022	Hastings Tribune	promotions	2000 · Accounts Payable	-236.90
03/18/2022	Hastings Utilities	Feb utilities #01010200-01	2000 · Accounts Payable	-645.14
03/18/2022	Hultman, Dorrann	Jan/Feb/Mar 2022 - mileage	2000 · Accounts Payable	-14.16
03/18/2022	Proforma	thank you cards	2000 · Accounts Payable	-301.40
03/18/2022	Randy's Sprinkler Systems	Bronze svc agreement	2000 · Accounts Payable	-160.00
03/18/2022	Red Cloud Chief	Mar Board mtg notice & ads	2000 · Accounts Payable	-9.80
03/18/2022	Verizon	Feb cell service	2000 · Accounts Payable	-344.30
03/18/2022	Warner, Jessica	mileage - ToPs training	2000 · Accounts Payable	-243.36
03/29/2022	Flatwater Technologies	managed svcs - various small	2000 · Accounts Payable	-21.25
04/04/2022	Allo Communications	929329 phone - Mar	2000 · Accounts Payable	-632.50
04/04/2022	Brodstone Memorial Hospital	Fedl reimbursement for Brodstone's PCR testing	2000 · Accounts Payable	-3,143.64
04/04/2022	Chamberlain, Liz	March mileage	2000 · Accounts Payable	-301.86
04/04/2022	Children & Adolescent Clinic	youth suicide activities	2000 · Accounts Payable	-3,000.00
04/04/2022	Clay County News	annual rpt posting & Board Meeting notice - Mar	2000 · Accounts Payable	-139.00
04/04/2022	Culligan of Hastings	bottled water - Mar #1000552	2000 · Accounts Payable	-38.55
04/04/2022	E-Z Kitchens Hastings	half down on Koch cabinets	2000 · Accounts Payable	-1,530.00
04/04/2022	Eakes Office Solutions	copies and supplies	2000 · Accounts Payable	-299.79
04/04/2022	ESU9	youth suicide activities	2000 · Accounts Payable	-3,000.00
04/04/2022	Evans, Aida	dinner supplies for group listening session	2000 · Accounts Payable	-94.53
04/04/2022	First National Bank of Omaha	Feb balance ending 3/16/22	2000 · Accounts Payable	-2,755.07
04/04/2022	Hometown Leasing	#22794817 - Mar	2000 · Accounts Payable	-185.00
04/04/2022	Kershner's Auto Korner	car rental Feb 2022	2000 · Accounts Payable	-67.50
04/04/2022	Language Access Network	OPI minutes - Feb	2000 · Accounts Payable	-39.60
04/04/2022	Lanning Center	SHDHD 2 individual EAP sessions	2000 · Accounts Payable	-140.00
04/04/2022	Lieske, Lieske & Ensz	contract review & VSHF board agency - #20200...	2000 · Accounts Payable	-1,100.00
04/04/2022	Mary Lanning Healthcare	LAnderson Mar 2022	2000 · Accounts Payable	-225.00
04/04/2022	Nebraska Secretary of State	notary application	2000 · Accounts Payable	-30.00
04/04/2022	Partners for Insightful Evaluation	MCH school survey report	2000 · Accounts Payable	-1,950.00
04/04/2022	Positive Promotions	stress mgt basket	2000 · Accounts Payable	-1,006.73
04/04/2022	Sensaphone	temp sensor	2000 · Accounts Payable	-162.11
04/04/2022	Stromer, Pamela	mileage - Mar 2022	2000 · Accounts Payable	-34.11
04/04/2022	Superior Publishing Company	annual subscription 2022	2000 · Accounts Payable	-30.00
04/04/2022	University of Nebraska Medical Center	FIRO-B facilitation	2000 · Accounts Payable	-1,865.10
04/04/2022	Woodwards Disposal	Mar trash	2000 · Accounts Payable	-167.00
04/04/2022	YP Diversity GPS	rpt on needs of diverse population in Hastings	2000 · Accounts Payable	-4,000.00
04/05/2022	Markel	Workers Comp Ins - #MWC0141018-03	2000 · Accounts Payable	-38.00
04/20/2022	B&R Stores	Allen's lease - May	2000 · Accounts Payable	-2,500.00
04/20/2022	Blue Hill Leader	annual report 2022 posting	2000 · Accounts Payable	-135.38
04/20/2022	Cincinnati Insurance Company	acct 1000175996 addl umbrella	2000 · Accounts Payable	-304.00
04/20/2022	Cornhusker Press	printing	2000 · Accounts Payable	-349.90
04/20/2022	Davis, Heidi	travel exp for NE PH Conf	2000 · Accounts Payable	-180.24
04/20/2022	Eakes Office Solutions	office supplies - various	2000 · Accounts Payable	-32.43



11:55 AM

04/28/22

Accrual Basis

BOH060

## South Heartland District Health Dept

## Accounts Payable Report

March 1 through April 28, 2022

Date	Name	Memo	Account	Amount
04/20/2022	First National Bank of Omaha	Mar balance ending 4/14/22	2000 · Accounts Payable	-1,809.70
04/20/2022	Flood Communications Tri-Cities	Suicide Prevention PSA	2000 · Accounts Payable	-2,601.00
04/20/2022	Hastings Utilities	Mar utilities #01010200-01	2000 · Accounts Payable	-568.01
04/20/2022	Korth, Jean	mileage - PH awards & Quality Healthcare Clinic	2000 · Accounts Payable	-270.68
04/20/2022	KRFS Radio	200 Covid spots (100 comp)	2000 · Accounts Payable	-500.00
04/20/2022	Locomotive Gazette	Annual Rpt posting	2000 · Accounts Payable	-115.00
04/20/2022	Mary Lanning Healthcare	cleaning & billboard	2000 · Accounts Payable	-440.00
04/20/2022	Precision Heating & Air	heat & air system for new Clinic space	2000 · Accounts Payable	-6,620.00
04/20/2022	Red Cloud Chief	Annual Rpt posting	2000 · Accounts Payable	-207.00
04/20/2022	Shackelford, Lauren	mileage	2000 · Accounts Payable	-238.21
04/20/2022	Verizon	Mar cell service	2000 · Accounts Payable	-393.35
04/20/2022	Firespring	Apr web hosting	2000 · Accounts Payable	-165.00
04/20/2022	Flatwater Technologies	managed svcs - various small	2000 · Accounts Payable	-127.50
04/20/2022	Flatwater Technologies	monthly services - Apr	2000 · Accounts Payable	-509.25
04/20/2022	Wolfe, Brooke	mileage -	2000 · Accounts Payable	-403.07
Mar 1 - Apr 28, 22				<u><u>-72,572.62</u></u>

3:28 PM

## South Heartland District Health Dept

04/28/22

## Funding Sources

Cash Basis

July 1, 2021 through April 28, 2022

	TOTAL
ARPA	1,659.00
Indirect Costs	441,412.10
Programs	
Accreditation	5,127.11
Building Healthy Families (BHF)	1,000.00
Cancer	13,423.32
Childrens Hospital	1,581.53
Covid Capacity	73,373.83
Covid Capacity NO	30,653.02
COVID19	61,568.37
CS-CASH	3,916.20
Diabetes Prevention (DPP)	400.00
Drug (Opioid) OD Prevention	13,523.12
Emergency Preparedness (EP)	78,818.88
EWM	2,304.54
Fall Prevention	10,144.36
Fall Prevention - Deliverable	1,513.95
Fall Prevention - Sustainable	1,542.52
Health Equity	14,838.17
HRSA	2,944.96
Immunization	20,046.95
Immunization-Covid	495,854.34
KFND	1,500.00
Lead Surveillance	1,101.31
Maternal Child Health (MCH)	11,391.90
MHI	2,191.80
QPR	3,511.86
Radon	1,117.76
United Healthcare	14,000.00
West Nile Virus	1,972.84
WSCC	48,881.50
Total Programs	918,244.14
Unclassified	3,167.73
<b>TOTAL</b>	<b>1,364,482.97</b>

**Finance Committee Minutes SHDHD Board of Health****Date:** 04/26/22 4:30pm**Members present by Zoom:** Nanette Shackelford**Members present at SHDHD:** Chuck Neumann, Dick Shaw**Staff present at SHDHD:** Michele Bever, Kelly Derby, Janis Johnson

Topic/Lead Person	Comments/Action
Budget Planning	<p>Bever reviewed several considerations for the FY 2023 Budget:</p> <ol style="list-style-type: none"><li>1. ARPA funding: the State will be allocating \$555,555 per health department. Regarding County/Municipal ARPA funds: one small check so far from Roseland (committee suggested thank you note from BOH).</li><li>2. Indirect Costs: Derby reported that Indirect Cost presently amounts to 28% of total costs, while the de minimis is 10%. Using a Negotiated Rate is a good idea, but may not apply it to the full percentage as it limits the amount received for program implementation.</li><li>3. Wage increases and Cost of Living Adjustments: Bever reported 2022 COLA is 5.9%. She solicited examples from the Counties represented for COLA increases. At Clay County, a percent wage adjust is determined by the Board and the final decision for the individual rests with each department head. Adams County has a step plan for wage increases that considers length of service and also title when determining an increase. Wage adjustments for cost of living are approved for elected officials. Next Step: Bever will review most recent LHD Salary Survey and make recommendations to the finance committee.</li><li>4. Reaccreditation costs – We are completing accreditation year 2. Will need to consider allocating reaccreditation costs – begin setting aside funds in annual budget. J Johnson is looking into whether we can do annual payment plan or lump sum in year 5.</li></ol>
Annual Audit	A single audit will be necessary again. Federal receipts are currently around \$900K. We have a contract with NE Auditors of Public Accounts.
Give Hastings Day	Give Hastings Day is May 5. This year, the Department is encouraging giving to SHDHD to support mental health activities aimed at youth.
Next Meeting	June - TBD
	Adjourned at 5:20pm

Submitted by Michele Bever  
April 26, 2022



SHDHD Board of Health Policy Committee Minutes	
<b>Date:</b> 2/22/22 3:30pm	
<b>Policy Committee Members present by Zoom:</b> Nanette Shackelford, Peggy Meyer (3:55pm) <b>present in Person:</b> Sam Nejezchleb, Chuck Neumann	
Staff: Kelly Derby (Finance & Ops Mgr), Michele Bever (E.D.)	
Topic/Lead Person	Comments/Action
Review Minutes of Previous Meeting – M. Bever	Approved (Motion Nejezchleb, 2 <sup>nd</sup> Neumann). No additional follow-up needed.
Policy Reviews/Revisions/Proposals - K. Derby	<p>K Derby presented for committee review three revised policies with track changes: HR 101 (Civil Leave), HR 203 (Travel Expense Reimbursement), and HR 309 (Employee Termination). The first was not in line with Nebraska statute. The latter two contained minor changes per committee discussion at the October 2021 meeting.</p> <p><u>Policy Implications:</u></p> <ol style="list-style-type: none"><li>1. HR 101 (Civil Leave) struck the use of vacation to cover civil leave.</li><li>2. HR 203 (Travel Expense Reimbursement) added language that clarifies the handling of mileage reimbursement when a trip home is more expedient than going back to work.</li><li>3. HR309 (Employee Termination) added language regarding the check-out and return of department property for employee use.</li></ol> <p><b>Action for full Board in March:</b> Recommendation to take HR 101, HR 203, and HR 309 to the full board for approval.</p> <p><u>Next steps:</u> Derby has one last policy to research and possibly create (Cyber Security) as discussed at the October 2021 meeting.</p>
SHDHD Organizational Chart – M. Bever	<p>Bever presented the results of a three-month pilot in which the department operated successfully under a new organizational chart.</p> <p><b>Action for full Board in March:</b> Recommendation to take the organizational chart to the full board for approval.</p> <p><u>Next steps:</u> N/A</p>



Other Policy Considerations – K. Derby	<p>Derby reported a decision not to adopt Juneteenth this year, but to follow the Adams County calendar, which is not adopting the holiday at this time.</p> <p>In keeping with the number of holidays available to part-time regular employees (half as many as for full-time employees), Derby presented for discussion the inclusion in the Paid Time Off policy of one floating holiday for part-time regular employees as well. Committee members agreed this was reasonable.</p> <p>Derby presented for discussion the expiration of accrued vacation so as to limit the department's liability. The committee opted for continued encouragement of employees to take vacation time instead of altering the Paid Time Off policy.</p> <p><u>Next steps:</u> Derby will revise HR 103 (Paid Time Off) to include a floating holiday for part-time regular employees.</p>
Multi-Jurisdictional Hazard Mitigation Plan – M. Bever	<p>Bever presented the Multi-Jurisdictional Hazard Mitigation Plan as developed in 2021 with the input of department employee Jim Morgan in his capacity as Emergency Response Coordinator.</p> <p><b>Action for full Board in March:</b> Recommendation to take Resolution #2022-2 to the full board for approval.</p>
Plans and Personnel – M. Bever	<p>Bever briefly mentioned the completion of the second COVID-19 AAR, and the 2021 Community Health Assessment.</p> <p>Bever noted that we still have not succeeded in hiring a new Emergency Response Coordinator, though we went through two rounds of interviews with a potential candidate recently. We also are still looking for a Communications Specialist and a Program Nurse, which the state is offering to facilitate. We are also in discussion with other departments to share an Environmental Specialist.</p>
Next Meeting	April - TBD
	Adjourned at 4:40pm

Submitted by Kelly Derby  
February 23, 2022

# Community Health Improvement Plan Annual Report 2021

South Heartland District Health Department





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2019-2021 PRIORITY HEALTH AREAS OF HOSPITALS IN THE SOUTH HEARTLAND DISTRICT.

Mary Lanning Healthcare, Hastings

<https://www.marylanning.org/>

Brodstone Memorial Hospital, Superior

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

March, 2022

## Purpose

This is the 2021 annual report for the 2019-2024 South Heartland District Health Community Health Improvement Plan (CHIP). The Public Health Accreditation Board (PHAB) defines a CHIP as a “long-term, systematic effort to address public health problems on the basis of the results of community health assessment activities and the community health improvement process.”

A CHIP is designed to:

- Set community health priorities
- Coordinate and target resources needed to impact community health priorities
- Develop policies
- Define actions to target efforts that promote health
- Define the vision for the health of the community
- Address the strengths, weaknesses, challenges, and opportunities that exist in the community related to improving the health status of the community

This document serves as a progress review on the strategies that were developed in the 2019-2024 CHIP and activities that have been implemented. This document also refers to the Community Health Needs Assessment, CHA, 2018 and interim CHA, 2021. Both documents can be found on the SHDHD website:

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

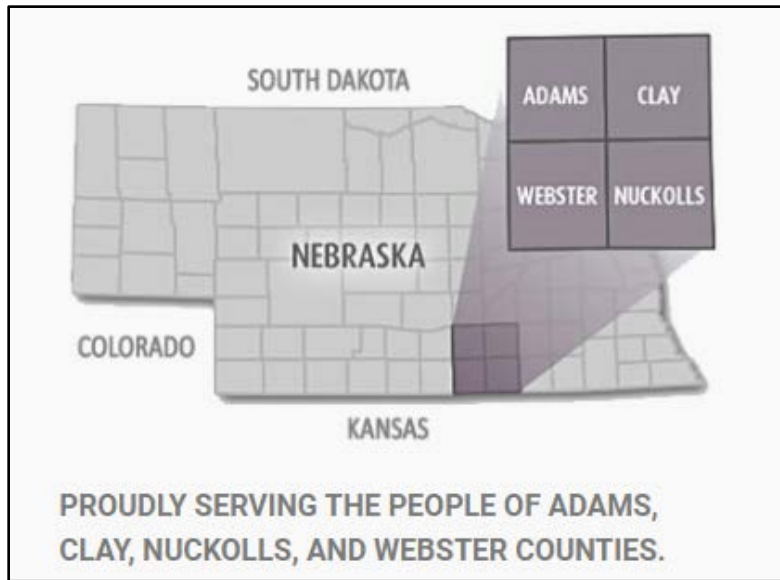
The CHIP is a community driven and collectively owned health improvement plan. South Heartland District Health Department provides administrative support, data tracking and collecting, and preparation of the annual report.

Five priority steering committees meet twice a year to review data, progress and needs for strategy revisions, removal or additions. These committees’ leaders and members are from the district’s communities, with one or two SHDHD staff assigned for support.

For more information on the CHIP or the annual CHIP report, please contact:

Michele Bever, Executive Director  
 South Heartland District Health Department  
 606 N. Minnesota, Suite 2; Hastings, NE 68901  
 402.462.6211 [michele.bever@shdhd.org](mailto:michele.bever@shdhd.org)

## South Heartland District Health Department Overview



**Population:** 44,799

**Area:** 2,286 square miles

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

**Vision:** Healthy people in healthy communities

### Guiding Principles:

We are committed to the principles of public health and strive to be a credible, collaborative and stable resource in our communities.

We seek to perform our duties in a courteous, efficient and effective manner within the limits of sound fiscal responsibility.

We work together to create a positive environment, listening carefully and treating everyone with honesty, sensitivity, and respect.



## Community Health Priorities 2019-2024

# Access to Health Care

### Goal 1: Access to Health Care

Improve access to comprehensive, quality health care services by addressing identified gaps in services and barriers to accessing care.

### Goal 2: Mental Health

Improve mental health through prevention and by ensuring access to appropriate, quality mental health services

### Goal 3: Substance Misuse

Reduce substance misuse/risky use to protect the health, safety and quality of life for all.

### Goal 4: Obesity & Related Health Conditions

Reduce obesity and related health conditions through prevention and chronic disease management

### Goal 5: Cancer

Reduce the number of new cancer cases as well as illness, disability and death caused by cancer



## ***South Heartland Community Health Improvement Plan Priority Goals, Strategies and Objectives 2019-2024***

In the following pages, we present the five priority goals with results of the community strategy-planning process for each, including a process snapshot, line-of-sight performance measures and targets, the strategies and the six-year objectives. Key performance measures, data sources, evidence base, strategy implementation “settings” and lead organizations are included for each objective, along with considerations, examples, potential partners and other guidance for implementation.

Summary of all objectives by priority:

- **Priority Goal 1. Access to Care, 6-Year Objectives:**

- **1a:** Expand access to primary care, oral health and behavioral health services by securing a satellite Federally Qualified Health Center (FQHC) in Hastings
- **1b:** Improve access to substance misuse/behavioral health acute care services by assessing medically-assisted detox and related services
- **1c:** Improve access to care by expanding transportation options
- **1d:** Improve access through empowering people with knowledge to obtain and utilize insurance options
- **1e:** Improve access through professional or lay workers trained in patient navigation, coaching and advocacy
- **1f:** Improve access to care through adoption of evidence-based practices that strengthen communication and understanding of health information
- **1g:** Improve access by increasing awareness and understanding of factors that contribute to disparities
- **1h:** Expand and improve the Resource Guide to integrate and promote local resources for accessing health care/services

- **Priority Goal 2. Mental Health, 6-Year Objectives:**

- **2a:** Increase client connections to MH/SM Services through EB screening/assessment across the lifespan to facilitate referral
- **2b:** Increase professional workforce and lay/community skills in MH/SM interventions through evidence-based training and general awareness education
- **2c:** Improve MH/SM services through advocacy initiatives and policy change
- **2d:** Expand mental health services through adoption of evidence-based technology
- **2e:** Expand and improve the Resource Guide to integrate and promote local resources for accessing health care/services

- **Priority Goal 3. Substance Misuse, 6-Year Objectives:**

- **3a:** Increase client connections to MH/SM Services through EB screening/assessment across the lifespan to facilitate referral
- **3b:** Increase professional workforce and lay/community skills in MH/SM interventions through evidence-based training and general awareness education
- **3c:** Improve MH/SM services through advocacy initiatives and policy change
- **3d:** Explore expansion of teen drug court program into Clay, Nuckolls and Webster Counties
- **3e:** Reduce inappropriate access to prescription drugs through proper disposal of unused, expired medications and best practice prescribing protocols
- **3f:** Expand and improve the Resource Guide to integrate and promote local substance misuse resources

- **Priority Goal 4. Obesity and Related Health Conditions, 6-Year Objectives:**

- **4a:** Increase the number of providers who include at least one assessment, education, and/or counseling related to nutrition, physical activity or weight at their child or adolescent patient visits
- **4b:** Increase the number of providers who include at least one assessment, education, and/or counseling related to nutrition, physical activity, weight or chronic disease management at their adult patient visits
- **4c:** Increase the number of provider offices who utilize/promote electronic methods for patient-provider bidirectional communication about chronic disease prevention and management
- **4d:** Increase the number of provider offices who utilize/promote electronic health records (EHR) for improving patient outcomes around chronic disease prevention and management
- **4e:** Increase the proportion of children/adolescents and adults who meet current federal physical activity guidelines for aerobic physical activity and muscle strengthening physical activity
- **4f:** Increase the proportion of children/adolescents and adults who meet current CDC nutrition recommendations for food and beverage consumption
- **4g:** Increase the number of physical/environmental changes throughout the communities to make it easy to be physically active
- **4h:** Improve the environment and culture that promote/support healthy food and beverage choices
- **4i:** Expand and improve the Resource Guide to integrate and promote local resources for accessing health care/services

- **Priority Goal 5. Cancer, 6-Year Objectives:**

- **5a:** Increase the proportion of patients assessed by providers and who are aware and counseled on their cancer risk factors
- **5b:** Implement consistent messaging on cancer risk factors and empower individuals to make healthy choices
- **5c:** Increase the number of individuals up to date on recommended cancer screenings
- **5d:** Increase the access to cancer screening, diagnosis and treatment
- **5e:** Conduct an investigation on types and prevalence of other cancers and associated risk factors in our communities
- **5f:** Expand and improve the Resource Guide to integrate and promote local resources for accessing health care/services





## Priority Goal: Access to Health Care

**Goal 1:** Improve access to comprehensive, quality health care services by addressing identified gaps in services and barriers to accessing care.

### Process Snapshot:

Assuring access to quality health care is an essential public health service. Through the 2018 community health assessment, South Heartland made a deliberate effort to evaluate gaps in services and barriers to accessing care. To address access to care concerns, the CHIP strategies, objectives and key performance indicators will address the barriers and gaps identified by health system users, community leaders and providers. Top identified barriers included cost, affordability, insurance/reimbursement, transportation and education/awareness. Top identified gaps included mental health practitioners, substance abuse prevention and treatment services, school-based health services, specialty services, emergency services and chronic disease management. These barriers and gaps are addressed through strategies that expand services, address transportation needs and insurance coverage, provide system navigation and support, promote evidence-based practices, address disparities, and connect people and organizations to resources and information.

### Line of Sight Performance Measures and Targets

Local targets were set to achieve a 6% improvement over the next 6 years, consistent with the target of 10% change over 10 years set by Healthy People 2020.

Source- *BRFSS, 2016* (adults, >18 years)

- Increase the proportion of persons with a personal doctor or health care provider.  
**Baseline:** 83.5% (State 80.9%)  
**Target:** 84.0%
- Increase the proportion of persons who report visiting the doctor for a routine exam in the past year.  
**Baseline:** 67.0% (State 64.1%)  
**Target:** 71.0%
- Decrease the proportion of persons aged 18 – 64 years without healthcare coverage.  
**Baseline:** 13.9% (State 14.7%)  
**Target:** 13.0%
- Decrease the proportion of persons reporting cost as a barrier to visiting a doctor in the past year.  
**Baseline:** 11.4% (State 12.1%)  
**Target:** 10.7%
- Increase the proportion of persons who report visiting a dentist for any reason in the past year.  
**Baseline:** 64.7% (State 68.7%)  
**Target:** 68.5%

Update as of 10/31/2021

**Color Code:** Complete- Green

In progress- Yellow

Not started- Red

**CHIP Implementation Progress: Access to Care (ATC)**

Status	Strategy	6 Year objective	Update
	Increase ATC through Expanded Services	<b>1A:</b> Expand access to primary care, oral health and behavioral health services by securing a satellite Federally Qualified Health Center (FQHC) in Hastings.	This is complete, the Heartland Health Center FQHC in Grand Island has approved Hastings's satellite office at ML Community Health Clinic. Funding is secured to complete the set up of the satellite office.
		<b>1B:</b> Improve access to substance misuse/behavioral health acute care services by assessing medically-assisted detox and related services.	No action. The SH Rural BH Network assessed current SM/BH resources and gaps. No action has been taken on those gaps.
	ATC through Transportation	<b>1C:</b> Improve access to care by expanding transportation options.	City of Hastings completed an intercity feasibility study in conjunction with Grand Island and Kearney. Looking to implement and expand into other SH counties (3).
	ATC through Insurance Coverage	<b>1D:</b> Improve access through empowering people with knowledge to obtain and utilize insurance options.	Neb. passed the Medicaid expansion rule and the committee is in the process of assessing current needs for enrollment assistance. No formal plan for promotion has been developed.
	ATC through system of navigation and support	<b>1E:</b> Improve access through professional or lay workers trained in patient navigation, coaching and advocacy.	COVID-19 has ignited this activity, skipping all data collection pieces of this objective. Navigators, Community Health Workers and Community Impact Network (CIN) are in place. SHDHD and United Way are taking the lead.
	Connecting people/organizations through access to resources.	<b>1F:</b> Improve access to care through adoption of evidence-based practices that strengthen communication and understanding of health information.	United Way has taken the lead on this objective expanding/utilizing the 211 platform, updating the resources within the platform and doing all the promotion for Adams, Clay, Nuckolls and Webster. All five CHIP priorities will be included; obesity and cancer to be expanded.



## Priority Goal: Mental Health

**Goal 2:** Improve mental health through prevention and by ensuring access to appropriate, quality mental health services

### Process Snapshot:

In the Community Themes and Strengths survey, residents identified mental health as the second most troubling health issue in South Heartland communities. The health status assessment data supported this concern. For example, 28% of 9th-12th grade students in South Heartland indicated they were depressed in the past 12 months, 18.7% considered suicide and 13.2% attempted suicide. The Nebraska suicide rate for 10-24 year olds exceeds the national rates. Among South Heartland adults with mental illness, only 47% report receiving treatment and only 43% of adolescents reporting depression received treatment. Strategies, objectives and key performance indicators were developed to address this priority, utilizing broad strategic approaches that focus efforts on the health system, community-based prevention, resources, and policy/environmental changes. The specific strategies are applying evidence-based primary and secondary prevention in the provider and community settings, addressing mental health services through advocacy and policy efforts, expanding and promoting evidenced-based technology that supports access to quality mental health services, and by connecting people and organizations to resources and information.

### Line of Sight Performance Measures and Targets

Local targets were set to achieve a 6% improvement over the next 6 years, consistent with the target of 10% change over 10 years set by Healthy People 2020.

Source- *BRFSS, 2016* (adults, >18 years) / *YRBSS (Grades 9-12) SHDHD-2016, State-2017*

#### Youth

- Reduce the proportion of youth reporting feeling sad or hopeless almost every day for two weeks or more in a row causing abandonment of usual activities.

**Baseline:** 27.9% (State 27.0%)

**Target:** 26.2%

- Reduce reported suicide attempts by high school students during the past year.

**Baseline:** 13.2% (State 8.0%)

**Target:** 12.4%

#### Adults

- Reduce the proportion of adults who reported ever being diagnosed with depression

**Baseline:** 20.5% (State 17.8%)

**Target:** 19.3%

- Reduce the proportion of adults reporting frequent mental distress in the last 30 days

**Baseline:** 9.2% (State 9.5%)

**Target:** 8.7%

**CHIP Implementation Progress: Mental Health Strategies**

Status	Strategy	6 Year objective	Update
	Primary and secondary prevention in the provider and community settings	<b>2A:</b> Increase client connections to MH/SM Services through EB screening/assessment across the lifespan to facilitate referral.	A survey of current provider evidence-based screening and assessment practices has been complete. Plan formulation and implementation is in progress.
		<b>2B:</b> Increase professional workforce and lay/community skills in MH/SM interventions through evidence-based training and general awareness education.	Local taskforce has been determined and initiated to identify training and education needs.
	Mental health and substance use services through advocacy and policy	<b>2C:</b> Improve MH/SM services through advocacy initiatives and policy change.	Coordinator has been identified to lead the advocacy group.
	Mental Health services through evidenced based technology	<b>2D:</b> Expand mental health services through adoption of evidence-based technology.	Provider assessment has been completed to identify current practices and barriers for technology expansion, data report is in progress.
	Connecting people/organizations through access to resources.	<b>2E:</b> Expand and improve the Resource Guide to integrate and promote local resources for accessing health care/services.	United Way has taken the lead on this objective expanding/utilizing the 211 platform, updating the resources within the platform and doing all the promotion for Adams, Clay, Nuckolls and Webster. All five CHIP priorities will be included; obesity and cancer to be expanded.



## Priority Goal: Substance Misuse

**Goal 3:** Reduce substance misuse / risky use to protect the health, safety and quality of life for all.

### Process Snapshot:

In the Community Themes and Strengths survey, residents identified substance misuse as the third most troubling health issue in South Heartland communities. The South Heartland health status assessment showed that in the past 30 days 18% of adults used cigarettes and 15% reported binge drinking. For high school students, 11% reported using cigarettes, 15% used electronic vapor devices, 24% used alcohol, 11% used marijuana and 11% had misused or abused prescription drugs in the past 30 days. The societal costs of substance abuse in disease, premature death, lost productivity, theft and violence, including unwanted and unplanned sex, as well as the cost of interdiction, law enforcement, prosecution, incarceration, and probation are greater than the value of the sales of these addictive substances, costing over \$135 billion (Substance Abuse: facing the Costs; Issue Brief Number 1 August 2001). Strategies, objectives and key performance indicators were developed to address this priority, utilizing strategies focused on the health system, community-based prevention initiatives, resources, and policy/environmental changes. Strategies will address substance misuse through primary and secondary prevention in the provider and community settings, advocating for substance use prevention and treatment services through policy and system changes, expanding diversion services, reducing inappropriate access to prescription drugs in community and provider settings, and by connecting people and organizations to resources and information.

### Line of Sight Performance Measures and Targets

Based on standards set by Healthy People 2020, targets were set to achieve a 6% improvement over the next 6 years.

Source- YRBSS (Grades 9-12) SHDHD-2016, State-2017, BRFSS, 2016 (adults, >18 years)

#### **Youth:**

- Decrease alcohol use, past 30 days among high school students.  
**Baseline:** 23.9% (24.4% State)  
**Target:** 22.5%
- Reduce marijuana use, past 30 days among high school students.  
**Baseline:** 11.3% (13.4% State)  
**Target:** 10.6%
- Decrease misuse or abuse, (lifetime) of prescription drugs among high school students.  
**Baseline:** 11.1% (14.3% State)  
**Target:** 10.4%
- Reduce cigarettes use, past 30 days among high school students.  
**Baseline:** 11.3% (10.7% State)  
**Target:** 10.6%
- Reduce electronic vapor product (e-cigarettes) use, past 30 days among high school students.  
**Baseline:** 15.4% (9.4% State)

**Target:** 14.5%

**Adult:**

- Reduce binge drinking among adults (18+), past 30 days.  
**Baseline:** 14.8% (20.0% State)  
**Target:** 13.9%
- Increase the percentage of current smokers who reportedly attempted to quit smoking in the past year.  
**Baseline:** 59.8% (54.6% State)  
**Target:** 56.3%
- Reduce current cigarette smoking among adults.  
**Baseline:** 18.0% (17.0% State)  
**Target:** 16.9%
- Reduce opioid prescription medication abuse, (adults reporting ever used outside of prescription guidelines).  
**Baseline:** TBD – new question BRFSS 2018  
**Target:** TBD



Update as of 10/31/2021

**Color Code:** Complete- Green

In progress- Yellow

Not started- Red

**CHIP Implementation Progress: Substance Misuse Prevention Strategies**

Status	Strategy	6 Year objective	Update
	Primary and secondary prevention in the provider and community settings	<b>3A:</b> Increase client connections to MH/SM Services through EB screening/assessment across the lifespan to facilitate referral.	A survey of current provider evidence-based screening and assessment practices has been complete. Plan formulation and implementation is in progress.
		<b>3B:</b> Increase professional workforce and lay/community skills in MH/SM interventions through evidence-based training and general awareness education.	Local taskforce has been determined and initiated to identify training and education needs.
	Mental health and substance use services through advocacy and policy	<b>3C:</b> Improve MH/SM services through advocacy initiatives and policy change.	Coordinator has been identified to lead the advocacy group.
	Tertiary prevention through diversion services	<b>3D:</b> Explore expansion of teen drug court program into Clay, Nuckolls and Webster Counties.	CASA is facilitating a comprehensive Teen Diversion program (all 4 counties), with all components of Teen Court, except the peer-to-peer piece. Continuing to have local conversations to incorporate peer to peer learning.
	Primary prevention through reduction of inappropriate access to prescription drugs in community and provider settings	<b>3E:</b> Reduce inappropriate access to prescription drugs through proper disposal of unused, expired medications and best practice prescribing protocols.	Gap Analysis: Completed survey of law enforcement and pharmacies regarding disposal and gaps. Completed survey of clinic/hospitals regarding pain management policies and use of PDMP. Plan formulation and implementation is in progress.
	Connecting people/organizations through access to resources.	<b>3F:</b> Expand and improve the Resource Guide to integrate and promote local resources for accessing health care/services.	United Way has taken the lead on this objective expanding/utilizing the 211 platform, updating the resources within the platform and doing all the promotion for Adams, Clay, Nuckolls and Webster. All five CHIP priorities will be included; obesity and cancer to be expanded.



## Priority Goal: Obesity

**Goal 4:** Reduce obesity and related health conditions through prevention and chronic disease management.

### Process Snapshot:

In the Community Themes and Strengths survey, residents identified obesity as the top most troubling health issue in South Heartland communities. Nationally, \$1.42 trillion can be attributed to the total costs associated with obesity (Milken Institutes, Weighing America Down, The Health and Economic Impact of Obesity, November 2016). SHDHD's health status assessment demonstrated that 32.5% of youth grades 9-12 are overweight or obese (BMI  $\geq 21$ , YRBS, 2016), while 70% of adults 18 years+ are overweight or obese (BMI  $\geq 25$ , BRFSS, 2016). In addition, community members are concerned about obesity-associated chronic diseases such as heart disease, which is the leading cause of death in South Heartland adults, and diabetes. Stakeholder discussion during strategy meetings highlighted a shared desire to intervene using primary prevention, especially focused on young children. Strategies, objectives and key performance indicators were developed to address this priority by focusing on the health system, community-based prevention, access to resources and information, and policy and environmental changes. Identified strategies include primary and secondary prevention in clinic settings, evidence-based health/wellness programs to increase physical activity and healthy food and beverage consumption in schools and communities, primary prevention (environmental changes) in community settings to support active living and healthy food and beverage consumption, and connecting people and organizations to resources and information.

### Line of Sight Performance Measures and Targets

Local targets were set to achieve a 6% improvement over the next 6 years, consistent with the target of 10% change over 10 years set by Healthy People 2020.

Source- BRFSS, 2016 (adults, >18 years) / YRBSS (Grades 9-12) SHDHD-2016, State-2017

- Reduce overweight / obesity among high school students  
**Baseline:** Overweight / Obese youth: 32.5% (State, 31.2%)  
**Targets:** Overweight or Obese 30.55%
- Decrease overweight or obesity among adults, 18 years+ (BMI > 25.0)  
**Baseline:** 70.0% (State, 68.5%)  
**Target:** 65.8%
- Decrease diabetes in adults  
**Baseline:** 10.6% (State, 8.8%)  
**Target:** 9.0%
- Decrease high blood pressure (hypertension) in adults  
**Baseline:** 34.6% (State, 29.9%)  
**Target:** 32.5%
- Decrease heart disease in adults  
**Baseline:** 5.8% (State, 3.8%)  
**Target:** 5.4%

**CHIP Implementation Progress: Obesity and Related Health Conditions Strategies**

Status	Strategy	6 Year objective	Update
	Primary prevention in the clinic setting	<b>4A:</b> Increase the number of providers who include at least one assessment, education, and/or counseling related to nutrition, physical activity or weight at their child or adolescent patient visits.	Obesity Steering Committee, no specific task force established, is currently developing a survey tool to assess current status of providers who include at least one assessment for youth and adults, bidirectional communications and EHR utilization. Identified one provider willing to review and send survey out to all area providers, including multidisciplinary providers. Plan to review, analyze data and develop a plan at April 2022 meeting
		<b>4B:</b> Increase the number of providers who include at least one assessment, education, and/or counseling related to nutrition, physical activity, weight or chronic disease management at their adult patient visits.	
		<b>4C:</b> Increase the number of provider offices who utilize/promote electronic methods for patient-provider bidirectional communication about chronic disease prevention and management.	
		<b>4D:</b> Increase the number of provider offices who utilize/promote electronic health records (EHR) for improving patient outcomes around chronic disease prevention and management.	
	Evidence based health/wellness programs to increase physical activity in schools & communities	<b>4E:</b> Increase the proportion of children/adolescents and adults who meet current federal physical activity guidelines for aerobic physical activity and muscle strengthening physical activity.	Schools with wellness policy that includes PA and nutrition guidelines, is 100%. Daycares and afterschool programs continue to improve their implementation of PA/nutrition guidelines. SHDHD collaborated with 8 daycares to improve their PA and nutrition policies. Plan to assess worksite policies for adult health/wellness programs in 2022.
		<b>4F:</b> Increase the proportion of children/adolescents and adults who meet current CDC nutrition recommendations for food and beverage consumption.	

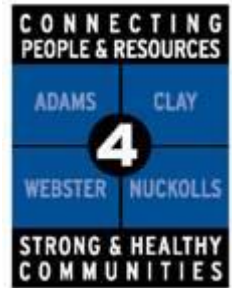
Update as of 10/31/2021

**Color Code:** Complete- Green

In progress- Yellow

Not started- Red

	Primary Prevention in the Community Setting	<b>4G:</b> Increase the number of physical/environmental changes throughout the communities to make it easy to be physically active.	Steering committee members are reporting on initiatives/actions to improve PA opportunities in communities across the district. Plan to assess, through direct calls or emails, for current efforts to improve physical and environmental changes that promote physical activity and healthy food and beverages (i.e., what communities are planning and implementing).
		<b>4H:</b> Improve the environment and culture that promote/support healthy food and beverage choices.	
	Connecting people/organizations through access to resources	<b>4I:</b> Expand and improve the Resource Guide to integrate and promote local resources for accessing health care/services.	United Way has taken the lead on this objective expanding/utilizing the 211 platform, updating the resources within the platform and doing all the promotion for Adams, Clay, Nuckolls and Webster. All five CHIP priorities will be included; obesity and cancer to be expanded.



## Priority Goal: Cancer

**Goal 5:** Reduce the number of new cancer cases as well as illness, disability, and death caused by cancer.

### Process Snapshot:

In the Community Themes and Strengths survey, residents identified cancer as the fourth most troubling health issue in South Heartland communities. Cancers are the second leading cause of death in the health district (five-year period, 2012-2016). Estimates suggest that less than 30% of a person's lifetime risk of getting cancer results from uncontrollable factors (e.g., family history, gender). The remaining 70% risk can be modified by lifestyle change, including diet (Harvard Medical School, Sept, 2016). Strategies, objectives and key performance indicators were developed to address this priority, utilizing strategies focused on health system and community-based settings, access to resources and information, and policy and environmental changes. Cancer prevention strategies include primary and secondary prevention in provider settings, secondary prevention in the community setting, prevention through referral and barrier reduction, research on local cancer risks, and connecting people and organizations to resources and information.

### Line of Sight Performance Measures and Targets

Local targets were set to achieve a 6% improvement over the next 6 years, consistent with the target of 10% change over 10 years set by Healthy People 2020. Incidence/Mortality: Rates based on 100,000 population. Source - *Nebraska Cancer Registry, 2011-2015*

- Reduce incidence / mortality rates due to Female Breast Cancer  
**Baseline:** 131.6 (State 124.1) / 22.8 (State 19.9)  
**Target:** 123.7 / 21.4
- Reduce the incidence / mortality rates due to Colorectal Cancer  
**Baseline:** 42.6 (State 43.0) / 16.3 (State 15.7)  
**Target:** 40.0 / 15.33
- Reduce incidence / mortality rates due to Prostate Cancer  
**Baseline:** 117.1 (State 114.4) / 18.8 (State 20.2)  
**Target:** 110.1 / 16.9
- Reduce incidence / mortality rates due to Skin Cancer  
**Baseline:** 29.0 (State 22.1) / 5.6 (State 3.0)  
**Targets:** 27.3 / 5.3
- Reduce incidence / mortality rates due to Lung Cancer  
**Baseline:** 63.3 (State 58.7) / 43.9 (State 41.8)  
**Target:** 59.5 / 41.3

**CHIP Implementation Progress: Cancer Strategies**

Status	Strategy	6 Year objective	Update
	Primary prevention in the clinic setting	<b>5A:</b> Increase the proportion of patients assessed by providers and who are aware and counseled on their cancer risk factors.	Current cancer screening practices have been assessed in all area clinics, with improvements seen in 2 clinics. Continue to work with clinics on assessment processes.
		<b>5B:</b> Implement consistent messaging on cancer risk factors and empower individuals to make healthy choices.	Taskforce has been identified; comprehensive plan to be developed April 2022. Education materials on cancer are provided to clinics on a bi-annual basis (2 times per year).
	Secondary prevention in the community and clinical setting	<b>5C:</b> Increase the number of individuals up to date on recommended cancer screenings.	In progress, 4 cancer screening practices promoted to improve screening rates. Improvements seen in 2 clinics using reminder recall practices. Comprehensive screening assessment tool piloted.
	Prevention through referral and barrier reduction	<b>5D:</b> Increase the access to cancer screening, diagnosis and treatment.	Assessment of providers implementing barrier reduction to cancer screening and utilizing health literate/CLAS interventions is being completed.
	Research on Cancer Risks	<b>5E:</b> Conduct an investigation on types and prevalence of other cancers and associated risk factors in our communities.	SHDHD is working with Masters Student from UNMC to complete a report utilizing local (hospital/cancer center) and state data.
	Connecting people/organizations through access to resources.	<b>5F:</b> Expand and improve the Resource Guide to integrate and promote local resources for accessing health care/services.	United Way has taken the lead on this objective expanding/utilizing the 211 platform, updating the resources within the platform and doing all the promotion for Adams, Clay, Nuckolls and Webster. All five CHIP priorities will be included; obesity and cancer to be expanded.



## Reminders about Reaccreditation Preparation

Year 1: As you prepare for reaccreditation, here are some items you may want to focus on this year:

- Read reaccreditation guide (<http://www.phaboard.org/wp-content/uploads/PHABGuideReacc.pdf>)
- Watch training modules on Bridge, PHAB's online learning center
- Begin building support for reaccreditation among the health department director and staff
- Continue to review the comments in the Site Visit Report from Initial Accreditation
- Review requirements that are new to Version 1.5 (<http://www.phaboard.org/wp-content/uploads/Version-1.5-changes-and-clarifications-FINAL1.pdf>)
- Prepare reaccreditation documents that need to be dated within 5 years (see reference document on Bridge)

Read the template for the Annual Report for 2<sup>nd</sup> year after initial accreditation

Year 2: As you prepare for reaccreditation, here are some items you may want to focus on this year:

- Consider what population health outcomes you will report on and reference the population health outcomes tip sheet and other resources on Bridge, PHAB's online learning center
- Prepare reaccreditation documents that need to be dated within 5 years (see reference document on Bridge)
- Review comments from last year's Annual Report
- Continue building support for reaccreditation among the health department director and staff
- **Begin discussing reaccreditation with the appointing authority and the governing entity**
- Assemble your reaccreditation team and develop a work plan to prepare for reaccreditation
- Start practicing writing narratives
- Read the template for the Annual Report for 3<sup>rd</sup> year after initial accreditation

## Executive Director Report to the Board of Health

May 4, 2022

### **1. Leadership/Professional** (Governance Functions: Legal Authority, Oversight)

- Attended Nebraska Public Health Conference, April 5-6, which included a workshop on public health communications.
- Participated with 4 other Nebraska health directors in a video promoting Public Health Week (April 4-8), which was released to the media and posted on local health department websites.
- Gave invited presentation on Pandemic Update for the League of Women Voters Hastings annual meeting, March 25.
- Expanding Existing Partnerships – Midland Area Agency on Aging (discussing collaborations on Falls Prevention, COVID response, and other shared goals), United Way (planning collaborations on Access to Care with a shared VISTA position, mental health initiatives and outreach to rural communities).
- Attended Nebraska Association of County Officials (NACO) – Central District Spring Meeting on March 17
- Will attend a retreat/workshop on Health Equity with NE DHHS and Nebraska local health departments on May 17.

### **2. Operational/Personnel** (SP 2, SP 4, PHAB #11, PHAB #12)

- Facility
  - a. Renovations in progress:
    - Clinic - Splitting the former clinic room into two rooms – one for patient/vaccinations, one for vaccine preparation and storage, room HVAC units added to each room, replaced lighting with LED. First half of work done, waiting for cabinets to arrive, then installation and finishing work will be completed. Services: Trent Meyer Construction, Krieger Electric, Precision Heating and Cooling. Supported by COVID Vaccination Subaward.
    - Automatic Backup Generator – On order, expecting arrival in July. Prep work completed, which included consolidating 2 electric service lines to one service line. Krieger Electric and Hastings Utilities involved. Needed to shut off power to the building for a few hours for HU work on Saturday March 26. Krieger brought back up generators so that the three vaccine storage units (refrigerator, freezer, ultracold freezer) could maintain at appropriate temperatures. We had no temperature excursions or other issues during the work – so all vaccine remained viable. Supported by COVID Vaccination Subaward.
  - Staffing – Current census=27: includes 10 full-time and 3 part-time regular staff, 6 part-time temporary, 1 part-time contractor (plus several more - we contract with Mary Lanning to help with vaccine clinics, when needed), 1 PT temp DHHS employee placed with SHDHD, and 6 volunteers (4 are students). Some of the PT temp positions are PRN, so several of them are only working when we need them. Need is lower now, but we can quickly expand when necessary.
    - We have 2 open positions posted: Public Health Risk Coordinator position (still vacant, since June 2021); Program Nurse – reviewing applicants.

### **3. Legislative Updates** (SP 5, PHAB 12, ES: Governance Function: Oversight) – Nebraska Legislative session ended. Friends of Public Health (FPH) successes:

- a. LB 1138 – State ARPA funds for Nebraska Local Health Departments (LHDs), original bill was for \$16M. Was incorporated into LB 1014 (ARPA Bill). Result: \$10M to be distributed equally among 18 LHDS, with 4 years to expend. Supported by FPH, local public health testimony.
- b. LB 739 – Reduces the age from 50 to 45 for required insurance coverage for screening coverage for a colorectal cancer exam and lab tests for any nonsymptomatic person. LB739 amended into LB863 with AM1913, passed. Supported by FPH.

- c. LB 859 – Challenge to public health authority of LLCHD. Opposed by FPH. No action taken – indefinitely postponed.
- d. LB 756 – Meth Cleanup Bill to change powers and duties relating to reporting and rehabilitation of properties contaminated by methamphetamine. FPH concerned about unfunded mandate for LHDs activities. Remained in committee. There will be an interim study – want to assure there is a funding *mandate* if the bill includes requirements for LPH responsibilities.
- e. LB 956 – Change provisions relating to protected health information (introduced by Murman for DHHS). FPH testified neutral. LHDs were working with DHHS to reach compromise, which was too late for the bill to advance (died in Committee).
- f. LB 906 – Require employers to provide for vaccine exemptions and provide duties for the Department of Health and Human Services (Hansen). Opposed by FPH. Final version requires DHHS to develop a vaccine exemption form, for an employer to provide the exemption form to employees, for employees to request exemption for medical or religious reasons; it allows employer to require exempted employee to be tested, use PPE, or other actions/accommodations to meet federal law and/or CMS requirements.

#### **4. Financial** (SP 2, PHAB 12, Governance Function: Financial Stewardship):

- a. Give Hastings Day, May 5. Third year that SHDHD has participated. Encouraging giving by focusing on mental health initiatives for youth.
- b. ARPA funding from Counties and Municipalities
  - Requested by Juniata Village Board to attend their April 14 Board meeting to answer questions about the APRA fund proposal from SHDHD. Dr. Neumann attended with me.
  - Village of Roseland sent a check to SHDHD for an amount 3.7% of their allocated ARPA funds (the amount requested by SHDHD).

#### **5. E.D.'s Individual Development Plan Goals:**

- a. Goal #1: Create a Succession Plan for the Department by October 15, 2022 (Progress: Reviewing best practices and began drafting a plan, which I determined should include:
  - Planning Steps: Strategic Planning, Workforce Analysis, Selection and Identification, Preparation for Promotion
  - Inputs Needed: Leadership Buy-In, Stakeholder Engagement, Transparency, Fairness and Equity, and Systematic Approach to Knowledge Transfer
- b. Goal #2: Performance Management System with functional supervisory structure in place by July 1, 2022. On Track, working on implementing standing meetings for supervisor training and sharing concerns/lessons learned, as well as regular meetings with my direct supervisees
- c. Goal #3: Personal Wellness - Improve core strength and cardio fitness by implementing a wellness training plan by December 1, 2021. On Track with Core Strength, progressing on adding cardio – but no regular schedule yet
- d. Goal #4: By December 31, discuss with Board Chair the 2021 ED evaluation and determine one priority to strengthen working with the BOH. On track. Focusing on two suggestions from my annual evaluation: 1) Shortening Board meetings (trying to reduce to under 2 hours); 2) Letting Board members know what they can do to help in their own communities (e.g., highlights during board meeting, reference the Expected Outcomes of board agenda, encourage Board to review calendar of events, action items provided in emails).