

**Board of Health**

**Adams County:** Hastings Public Library, Meeting Room AB, 314 N Denver Ave, Hastings, NE

September 7, 2022 9:00 a.m. following the Adjournment of the Budget Hearing

**AGENDA (current as of 09.01.22)**

Apprx. Time	Topic, Lead Person	Expected Outcomes
9:00 (4')	Welcome & Call Meeting to Order – 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 (Voice Vote)</b></li> <li>4. Board Conflict of Interest Declarations</li> </ol>
9:04 (1')	July 6, 2022 Board Meeting Minutes – Chair	Approve Minutes of July Meeting – <b>Board Action (Voice Vote)</b>
9:05 (15')	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> <li>• Update on Audit</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 (Voice Vote)</b></li> </ol>
9:20 (5')	Finance Committee – C. Neumann <ul style="list-style-type: none"> <li>• Finance Committee Minutes – August</li> <li>• Budget Approval</li> <li>• Appoint Facilities Task Group</li> </ul> Governance Functions: <i>Policy Development; Legal Authority</i>	<ol style="list-style-type: none"> <li>1. Board approves FY2023 Annual Budget - <b>Board Action (Roll Call Vote)</b></li> <li>2. Facilities Task Group appointed</li> </ol>
9:25 (10')	Board Training: Quality Improvement and Performance Management using Line of Sight Governance Functions: <i>Resource Stewardship</i>	Board learns about departmental Lines of Sight, Performance Measures, and Quality Improvement
9:35 (10')	Staff, Part 1– Bi Monthly Report on 10 Essential Services Governance Functions: <i>Partner Engagement, Oversight</i>	<ol style="list-style-type: none"> <li>1. Board hears from staff about their projects and responsibilities</li> </ol>
9:45 (10')	Stretch & Move, follow up with staff	<ol style="list-style-type: none"> <li>1. Board/Staff Networking</li> </ol>
9:55 (15')	COVID and Monkeypox Situational Updates – M. Bever Governance Functions: <i>Policy Development; Legal Authority, Oversight</i>	<ol style="list-style-type: none"> <li>1. Board is aware emergency response actions, policy, and situational needs</li> </ol>
10:10 (10')	Staff, Part 2– Bi Monthly Report-10 Essential Services Governance Functions: <i>Partner Engagement, Oversight</i>	<ol style="list-style-type: none"> <li>1. Board hears from staff about their projects and responsibilities</li> <li>2. Accept Bi-Monthly Report – <b>Board Action (Voice Vote)</b></li> </ol>
10:20 (10')	Stretch & Move, follow up with staff	<ol style="list-style-type: none"> <li>1. Board/Staff Networking</li> </ol>
10:30 (15')	Policy Committee – S. Nejezchleb <ul style="list-style-type: none"> <li>• HR 103 Paid Time Off – Number of Holidays</li> <li>• HR 304 Computer Use Policy - Cyber revision</li> <li>• New Policy: Tuition Reimbursement HR110</li> <li>• Resolutions #2022-5, #2022-6: Check Signing/Business Affairs</li> </ul> Governance Functions: <i>Policy Development; Legal Authority</i>	<ol style="list-style-type: none"> <li>1. Board approves new/revised policies - <b>Board Action (Roll Call Vote on each)</b>                HR 103 Paid Time Off - Revision                HR 304 Computer Use Policy – Revision                HR 110 Tuition Reimbursement – New                Resolution #2022-5, #2022-6: Check Signing Authority / Business Affairs</li> </ol>
10:45 (5')	Communications from Exec. Director – M. Bever <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. Board learns latest updates on other key issues, staffing, funding opportunities, legislative advocacy, training and conferences, Ethics Committee Summary; 2<sup>nd</sup> annual report to PHAB; Give Hastings project; annual report to legislature</li> </ol>
10:50 (5')	Communications from Board Members - Chair <ul style="list-style-type: none"> <li>• Community/County Updates - Board Members (All)</li> </ul> Announcements/Upcoming Events – All (see next page) Governance Function: <i>Partner Engagement, Oversight</i>	<ol style="list-style-type: none"> <li>1. Report on NALBOH Annual Conference – S. Nejezchleb</li> <li>2. All Board members share their community/county public health activities/issues and community or professional meeting updates</li> <li>3. Board members have information to promote or participate in upcoming events and share at their upcoming meetings.</li> </ol>
10:55 (5')	Public Comment	<ol style="list-style-type: none"> <li>1. Opportunity for public comment</li> </ol>
11:00	<b>Adjourn</b>	<b>Board Action (Voice Vote)</b> (Next Meeting – November 2, 2022, Webster County)

## SHDHD Calendar

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

1. **Suicide Prevention Week (September 4-10):** support suicide prevention, including education programs in local schools and workplaces; support for those who've lost loved ones; advocacy for critical mental health and suicide prevention legislation; and scientific research that helps us learn more how we can save more lives. <https://nspw.afsp.org/>
2. **Monkeypox Updates** For current information visit SHDHD's website: [www.southheartlandhealth.org](http://www.southheartlandhealth.org).
3. **Coronavirus Updates:** Check out the daily updates to SHDHD's website: [www.southheartlandhealth.org](http://www.southheartlandhealth.org), for our COVID-19 data dashboard, flyers and brochures, resources, links, tools and tips.
4. **Where to get COVID-19 Vaccine:** Check for the most current info on the SHDHD website: [www.southheartlandhealth.org](http://www.southheartlandhealth.org) to find how to access vaccine near you.
5. **Where to get tested for COVID-19:** Coming soon – under construction on SHDHD website: [www.southheartlandhealth.org](http://www.southheartlandhealth.org).
6. "Like" **South Heartland's Facebook Page**
7. **"Fight the Bite!"** Prevent West Nile Virus by promoting the 4 "D"s: **Drain** standing water where mosquitoes can breed, **Dress** in long sleeves/pants, use insect repellent containing **DEET**, avoid being outside from **Dusk** to Dawn when mosquitoes are most active.
8. **Skin Cancer Prevention** – Emphasize Sun Safety! 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 and local health care providers to educate our communities about preventing skin cancer. Contact SHDHD to schedule a presentation for youth or adults in your community - 402-462-6211.
9. **Ongoing – all year 'round:**
  - **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! A new online class is beginning in September – 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. Falls Prevention Week is September 18-24. Raise awareness that falls are preventable. Encourage older adults to be falls free and independent!
10. **September is National Preparedness Month!** Go to Ready.gov to learn how you can prepare yourself and your family for emergencies.
11. **Influenza Prevention:** People 65 and older and those with chronic medical conditions, like asthma, cardiovascular disease, diabetes and chronic kidney disease, are more at risk for serious complications from influenza. To prevent the flu: take the time to get a flu vaccine, take everyday preventive actions to stop the spread of germs, and take flu antiviral drugs if your doctor prescribes them.
12. **October is Breast Cancer Awareness Month:** Other than skin cancer, breast cancer is the most common cancer among American women. Mammograms are the best way to find breast cancer early, when it is easier to treat and before it is big enough to feel or cause symptoms. Promote breast cancer screening!



### **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 website. This meeting is being held in open session.
- A copy of the Nebraska Open Meeting Law has been posted in this meeting room 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\*:**

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| <ul style="list-style-type: none"> <li>➤ 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.</li> <li>➤ 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.</li> <li>➤ Have a thorough knowledge of the duties and provisions found in the bylaws and charter of the organization.</li> <li>➤ Involve others in health department functions and funding efforts, special events, and activities to promote and support programs and services.</li> <li>➤ Heed corporate affairs and keep informed of the central activities and operations of programs.</li> </ul> | <ul style="list-style-type: none"> <li>➤ Support majority opinions of the board.</li> <li>➤ Advocate for public health by communicating regularly with community leaders and elected officials about perceived needs and possible resources.</li> <li>➤ Ensure minimum statutory or technical requirements are met regarding filing annual report, withholding employee taxes, etc.</li> <li>➤ Record personal conduct and register dissents in the minutes, or by letter.</li> <li>➤ Avoid any semblance of self-dealing or enrichment; discourage any business transactions between directors and the organization.</li> <li>➤ 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.</li> </ul> |
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\*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

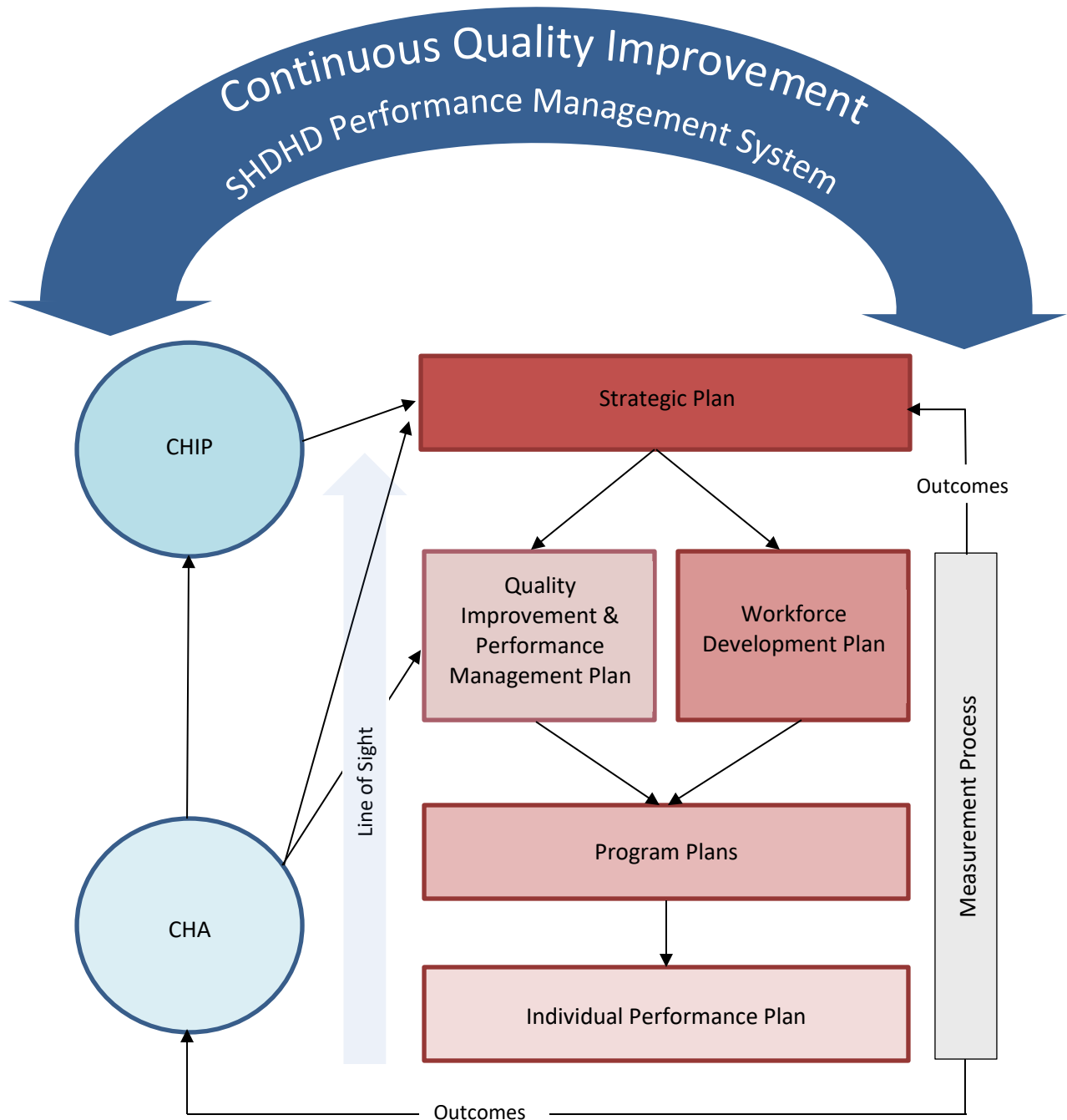
**Goal 4: Optimize Human Resources**

- 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

NALBOH 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*





**Board of Health Minutes**

**South Heartland District Health Department  
Brodstone Healthcare, 520 E 10th St, Superior, NE 68978  
July 6, 2022, 8:30am**

Topic, Lead Person	Comments/Actions		Roll Call/Vote	
	Staff	Michele Bever, Kelly Derby		
	Guest	Treg Vyzourek, CEO, Brodstone Healthcare		
	COVID-19 modifications: Masks required to enter the hospital, optional in the conference room			
Welcome & Public Comment Board Chair	The July 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, Nanette 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 (SHDHD), 606 N Minnesota, Ste 2, Hastings, NE and on the SHDHD website. 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.			
Determine Quorum	Introductions/Roll Call  <i>Quorum met</i>		Present	Blecha, Kleppinger, Kohmetscher, Nejezchleb, Rempe, Shackelford, Shaw, Vance, Waechter-Mead, Harrington at 8:36, Neumann at 8:36
			Absent	Fegler-Daiss, Stichka
Approve or Amend Agenda	Board approval of July 6, 2022 Agenda		Ayes: All Nays: None	
	Motion			
	Second			
	<i>Motion Passed (voice vote)</i>			
Approve Minutes	Board approval of May 4, 2022 Board Meeting Minutes		Ayes: All Nays: None	
	Motion	Shaw		
	Second	Blecha		

	<i>Motion Passed</i>		
<b>Board Business</b> Board Chair	Megan McMeen has accepted appointment to the Board as the community-spirited representative of Nuckolls County. Webster County Board of Commissioners has not yet appointed a public-spirited representative to fill their vacancy.  A summary of year-end Board survey data was presented and opened for discussion. Of the 14 areas queried, 6 showed a need for improvement, particularly that regarding meetings ending on time. No discussion followed.		
<b>Local Community Leader</b> Treg Vyzourek, CEO, Brodstone Healthcare	Vyzourek updated the Board on Brodstone's status as a critical access hospital that has recently rebranded as a "healthcare" facility (i.e, more than a hospital). The facility's focus on care is borne out in the high marks they receive across the nation, particularly as a patient-recommended facility. As a rural facility, they are seeing their service area's medical issues increasing, while care is increasingly being delayed. The COVID-19 pandemic was cited as a reason for delayed care that has become a habit. The facility is also increasingly seeing mental health as an issue that the area is ill-equipped to deal with.		
<b>COVID-19/Monkey Pox Update</b> Bever	Highlights presented by Bever regarding COVID-19 in the District: transmission remains high, confirmed testing low, and hospitalizations largely limited to the unvaccinated. The district now has vaccine available for ages six months and older.  Monkey Pox is in NE (two cases) and is spreading more quickly than was originally expected. Bever shared examples of SHDHD communications on Monkeypox for health care providers, EMS and general public.		
<b>Bi-Monthly Report on 10 Essential Services from Staff</b> Bever	Bever-presented highlights. The Department is increasing its social media and broadcasting presence in an effort to encourage vaccination. The Department is participating in a new Diabetes prevention initiative as one of 2 pilot communities in Nebraska.		Ayes: All Nays: None
	<b>Motion</b>	Harrington	
	<b>Second</b>	Nejezchleb	
	<i>Motion Passed (voice vote)</i>		

<b>Financial Report</b> Derby	Derby reported that the three indicators she watches each period -- cash, net income, and IDC rate -- have remained consistent for the last three periods. Cash remains at approximately \$300K, which roughly mirrors the amount of net income. The IDC rate finished the year at 27%, which was the amount successfully negotiated for the Department's use in grant proposals for the next two years. She also commented that she is in progress figuring the next budget, which will be based on prior year actuals as opposed to estimates as it was last year.  Board acceptance of Financial Report <b>Motion</b>   Kohmetscher <b>Second</b>   Kleppinger <i>Motion Passed (voice vote)</i>	Ayes: All Nays: None
<b>Finance Committee Update</b> Neumann	Neumann presented resolution #2022-4, which stipulates setting aside \$5,600/year for five years in order to meet the required fee of reaccreditation in 2025. (Approximately one-third of the \$28,000 total would be set aside in each of the next 3 years).  Board passage of Resolution #2022-4 <b>Motion</b>   Neumann <b>Second</b>   Waechter-Mead <i>Motion Passed (voice vote)</i>	Ayes: All Nays: None
	Neumann summarized the Committee's recommendation of a 6% increase for all staff as well as additional adjustments for various staff based on comparison studies.  Board approval of salary adjustments <b>Motion</b>   Neumann <b>Second</b>   Harrington <i>Motion Passed (voice vote)</i>	Ayes: All Nays: None
<b>Policy Committee Update</b> Nejezchleb	Nejezchleb reported that one new policy and four minimally-revised policies were recommended by the Committee for approval.  Board approval of new and revised policies <b>Motion</b>   Nejezchleb <b>Second</b>   Neumann <i>Motion Passed (voice vote)</i>	Ayes: All Nays: None

	<p>Shackelford added that a discussion regarding the addition of Juneteenth as a holiday centered around whether to increase the number of holidays to 13 or to leave the number at 12. She entertained a motion to go with 13. [Note: this would be effective for calendar year 2023]</p> <p>Board approval of an additional holiday for staff</p>	Ayes: All Nays: None Abstentions: 3						
	<table><tr><td>Motion</td><td>Blecha</td></tr><tr><td>Second</td><td>Nejezchleb</td></tr><tr><td colspan="2">Motion Passed (voice vote)</td></tr></table>	Motion	Blecha	Second	Nejezchleb	Motion Passed (voice vote)		
Motion	Blecha							
Second	Nejezchleb							
Motion Passed (voice vote)								
<p>Ethics Committee Update</p> <p>Bever</p>	<p>Bever reported that the Ethics Committee has been reactivated. The Committee met June 27 to discuss the Department's legal authorities and deliberate the Department's ethical responsibilities regarding treatment for infectious disease in the circumstances when non compliance may adversely affect an unborn child. Deliberations will be summarized on the Department website.</p>							
<p>Communications from Executive Director</p> <p>Bever</p>	<p>Bever highlighted that the Department has some new partnerships with United Way, and UNMC regarding diabetes prevention. The remodel of the vaccination clinic is expected to be completed in July/August. Additional renovation ideas are being considered with COVID vaccination funds: to create a drive-through vaccine/testing capability and to add additional office space to accommodate staffing.</p>							
<p>Accreditation Update</p> <p>Bever</p>	<p>Bever reported that the Department is awaiting comment on submission of its second annual PHAB report. Additionally, the Department is prototyping some dashboards of performance measures intended to keep staff on track and provide a summary for the Board. She also explained how the Department's approved org chart will accommodate the departure of the Clinic Coordinator (i.e., temporary adjustments in the supervisory assignments)</p>							
<p>Communications from Board</p> <p>Board Chair</p>	<p>Nejezchleb reminded the Board of the annual breast cancer fundraiser at the Crooked Creek Golf Course. Bever noted that the National Association of Boards of Health will have their annual meeting in Grand Rapids and encouraged board members to consider attending. (SHDHD budget will support board member attendance)</p>							
<p>Adjourn</p>	<table><tr><td colspan="2">Motion to adjourn</td></tr><tr><td>Motion</td><td>Neumann</td></tr></table>	Motion to adjourn		Motion	Neumann	Ayes: All Nays: None		
Motion to adjourn								
Motion	Neumann							

<b>Second</b>	Harrington
<i>Motion Passed (voice vote)</i>	
Adjourned at 10:46	
Next Meeting: September 7, 2022, Adams County	

Respectfully submitted,

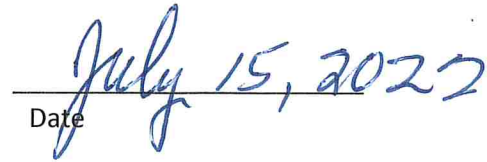


Charles Neumann, Secretary/Treasurer

Board of Health

South Heartland District Health Department

Date





9:33 AM

08/31/22

Cash Basis

**South Heartland District Health Dept**  
**Balance Sheet Prev Year Comparison**  
**As of August 31, 2022**

	<u>Aug 31, 22</u>	<u>Aug 31, 21</u>	<u>% Change</u>
<b>ASSETS</b>			
Current Assets			
Checking/Savings			
Checking- Heritage xx7102	76,945.23	252,109.81	-69.5%
Money Market - Heritage xx9347	229,929.42	4,872.66	4,618.8%
Total Checking/Savings	306,874.65	256,982.47	19.4%
Other Current Assets			
Cash in Drawer	61.00	53.00	15.1%
Total Other Current Assets	61.00	53.00	15.1%
Total Current Assets	306,935.65	257,035.47	19.4%
Fixed Assets	0.00	0.00	0.0%
<b>TOTAL ASSETS</b>	<b>306,935.65</b>	<b>257,035.47</b>	<b>19.4%</b>
<b>LIABILITIES &amp; EQUITY</b>			
Liabilities			
Current Liabilities			
Accounts Payable			
2000 - Accounts Payable	3,488.91	0.00	100.0%
Total Accounts Payable	3,488.91	0.00	100.0%
Credit Cards			
First Bank Card	4,596.12	4,852.71	-5.3%
Total Credit Cards	4,596.12	4,852.71	-5.3%
Other Current Liabilities			
Payroll Liabilities	2,136.27	-4,313.28	149.5%
2040 - Line of Credit - Heritage	0.00	8,000.00	-100.0%
Total Other Current Liabilities	2,136.27	3,686.72	-42.1%
Total Current Liabilities	10,221.30	8,539.43	19.7%
Total Liabilities	10,221.30	8,539.43	19.7%
Equity			
Fund Balance	375,096.45	42,335.02	786.0%
Fund Balance old	0.00	28,957.22	-100.0%
Restricted Net Assets	0.00	3,167.73	-100.0%
Net Income	-78,382.10	174,036.07	-145.0%
Total Equity	296,714.35	248,496.04	19.4%
<b>TOTAL LIABILITIES &amp; EQUITY</b>	<b>306,935.65</b>	<b>257,035.47</b>	<b>19.4%</b>

South Heartland District Health Dept  
BOH015  
**Profit & Loss Prev Year Comparison**  
July through August 2022

	Budget	Actual	Prior Year	% Change	IDC	% IDC
<b>Ordinary Income/Expense</b>						
<b>Income</b>						
<b>4100 - Federal Funding</b>						
Federal IDC	0.00	4,525.34	6,004.40	-24.63%	4,525.34	
FEMA	0.00	0.00	270,944.00	-100.0%		
Grants - Federal	0.00	45,583.36	75,256.89	-39.43%		
<b>Total 4100 - Federal Funding</b>	<b>0.00</b>	<b>50,108.70</b>	<b>352,205.29</b>	<b>-85.77%</b>	<b>4,525.34</b>	<b>9.03%</b>
<b>4200 - State &amp; Local Funds</b>	<b>0.00</b>	<b>14,978.60</b>	<b>154.00</b>	<b>9,626.36%</b>	<b>667.54</b>	
<b>4250 - State Revenue</b>						
General Funds	0.00	51,063.90	45,354.12	12.59%	51,063.90	
Infrastructure	0.00	18,518.52	18,518.52	0.0%		
Per Capita	0.00	12,295.04	13,781.74	-10.79%		
<b>Total 4250 - State Revenue</b>	<b>0.00</b>	<b>81,877.46</b>	<b>77,654.38</b>	<b>5.44%</b>	<b>51,063.90</b>	<b>62.37%</b>
<b>4300 - Services</b>	<b>0.00</b>	<b>159.00</b>	<b>49.00</b>	<b>224.49%</b>		
<b>4450 - Donations</b>	<b>0.00</b>	<b>89.00</b>	<b>32.24</b>	<b>176.06%</b>		
<b>4550 - Bank Interest Income</b>	<b>0.00</b>	<b>26.94</b>	<b>7.07</b>	<b>281.05%</b>		
<b>Total Income</b>	<b>0.00</b>	<b>147,239.70</b>	<b>430,101.98</b>	<b>-65.77%</b>	<b>56,256.78</b>	
<b>Gross Profit</b>	<b>0.00</b>	<b>147,239.70</b>	<b>430,101.98</b>	<b>-65.77%</b>	<b>56,256.78</b>	
<b>Expense</b>						
<b>6000 - Personnel</b>	<b>0.00</b>	<b>160,827.13</b>	<b>152,243.21</b>	<b>5.64%</b>	<b>55,135.84</b>	<b>34.28%</b>
<b>6101 - Postage &amp; Shipping</b>	<b>0.00</b>	<b>378.10</b>	<b>146.81</b>	<b>157.54%</b>	<b>157.91</b>	<b>41.76%</b>
<b>6102 - Printing and Copying</b>	<b>0.00</b>	<b>1,596.40</b>	<b>3,463.47</b>	<b>-53.91%</b>	<b>144.42</b>	<b>9.05%</b>
<b>6103 - Staff Development</b>	<b>0.00</b>	<b>1,234.00</b>	<b>469.04</b>	<b>163.09%</b>	<b>1,234.00</b>	<b>100.00%</b>
<b>6110 - Insurance Expense</b>	<b>0.00</b>	<b>2,575.00</b>	<b>4,587.00</b>	<b>-43.86%</b>	<b>2,575.00</b>	<b>100.00%</b>
<b>6120 - Professional Services</b>	<b>0.00</b>	<b>9,232.73</b>	<b>41,013.43</b>	<b>-77.49%</b>	<b>1,398.91</b>	<b>15.15%</b>
<b>6130 - Contracted Services</b>	<b>0.00</b>	<b>1,420.25</b>	<b>343.75</b>	<b>313.16%</b>		
<b>6140 - Office Supplies &amp; Equip</b>	<b>0.00</b>	<b>4,628.72</b>	<b>7,783.47</b>	<b>-40.53%</b>	<b>1,723.15</b>	<b>37.23%</b>
<b>6150 - Communications</b>	<b>0.00</b>	<b>3,200.26</b>	<b>2,956.29</b>	<b>8.25%</b>	<b>1,946.96</b>	<b>60.84%</b>
<b>6160 - Facilities</b>	<b>0.00</b>	<b>3,934.69</b>	<b>4,028.72</b>	<b>-2.33%</b>	<b>3,924.69</b>	<b>99.75%</b>
<b>6170 - Marketing</b>	<b>0.00</b>	<b>319.99</b>	<b>0.00</b>	<b>100.0%</b>		
<b>6180 - Board Expenses</b>	<b>0.00</b>	<b>2,898.37</b>	<b>204.77</b>	<b>1,315.43%</b>	<b>2,898.37</b>	<b>100.00%</b>
<b>6192 - Memberships</b>	<b>0.00</b>	<b>207.49</b>	<b>315.00</b>	<b>-34.13%</b>	<b>207.49</b>	<b>100.00%</b>
<b>6201 - Event Expenses</b>	<b>0.00</b>	<b>21.82</b>	<b>150.00</b>	<b>-85.45%</b>		
<b>6202 - Event Facility Rental</b>	<b>0.00</b>	<b>7,500.00</b>	<b>10,100.00</b>	<b>-25.74%</b>		
<b>6206 - Conference Fees</b>	<b>0.00</b>	<b>40.00</b>	<b>300.00</b>	<b>-86.67%</b>	<b>40.00</b>	<b>100.00%</b>
<b>6209 - Program Supplies</b>	<b>0.00</b>	<b>2,936.73</b>	<b>14,736.19</b>	<b>-80.07%</b>		
<b>6223 - Promotion &amp; Outreach</b>	<b>0.00</b>	<b>21,306.00</b>	<b>11,380.90</b>	<b>87.21%</b>		
<b>6240 - Travel</b>	<b>0.00</b>	<b>1,287.18</b>	<b>1,667.16</b>	<b>-22.79%</b>		
<b>9000 - Interest Expense</b>	<b>0.00</b>	<b>0.00</b>	<b>44.45</b>	<b>-100.0%</b>		
<b>9200 - Administrative Fees</b>	<b>0.00</b>	<b>76.94</b>	<b>132.25</b>	<b>-41.82%</b>	<b>76.94</b>	<b>100.00%</b>
<b>Total Expense</b>	<b>0.00</b>	<b>225,621.80</b>	<b>256,065.91</b>	<b>-11.89%</b>	<b>71,463.68</b>	<b>31.67%</b>
<b>Net Ordinary Income</b>	<b>0.00</b>	<b>-78,382.10</b>	<b>174,036.07</b>	<b>-145.04%</b>	<b>-15,206.90</b>	
<b>Net Income</b>	<b>0.00</b>	<b>-78,382.10</b>	<b>174,036.07</b>	<b>-145.04%</b>	<b>-15,206.90</b>	

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08/31/22

BOH016

**South Heartland District Health Dept**  
**Outstanding Invoices**  
**As of August 31, 2022**

Date	Num	Name	Due Date	Open Balance
<b>Current</b>				
12/31/2021	138	DHHS:Lead 67999 1Q 10/1/21 to 12/31/21	09/04/2022	523.99
03/31/2022	139	DHHS:Lead 67999 2Q 1/1/22 to 3/31/22	09/04/2022	1,310.75
08/11/2022	176	University of NE at Kearney (UNK):KFND 22-075-01 070122 to 1101...	09/11/2022	1,500.00
08/14/2022	177	DHHS:Covid Capcty 56771 Aug 7/15/22 to 8/14/22	09/23/2022	11,758.91
07/31/2022	178	DHHS:WNV 67992 - 1/1/22 - 7/31/22 \$1399	09/26/2022	1,399.00
07/31/2022	179	DHHS:WNV 67992 - 1/1/22 - 12/31/22 \$1648	09/26/2022	1,648.00
Total Current				18,140.65
<b>1 - 30</b>				
05/31/2022	150	DHHS:Health Equity 62276 #4 3/1/22 to 5/31/22	08/05/2022	29,900.06
06/29/2022	129	DoE:WSCC 42116 3Q 2/1/22 - 4/30/22	08/05/2022	6,500.00
07/31/2022	154	DoE:WSCC 42116 4Q 5/1/22 - 7/31/22	08/05/2022	6,500.00
06/29/2022	158	DHHS:EWM 46497 Gen'l 2021	08/11/2022	853.75
06/30/2022	162	DHHS:Fall Prev 64498 3Q 4/1/22 - 6/30/22	08/12/2022	3,756.05
06/30/2022	163	DHHS:Lead 67999 3Q 4/1/22 to 6/30/22	08/13/2022	744.12
06/30/2022	166	DHHS:EP 57142-Y3 4Q 4/1/22 - 6/30/22	08/14/2022	16,673.16
06/30/2022	167	DHHS:Imm 62455 Covid 4Q 4/1/22 to 6/30/22	08/15/2022	124,719.59
06/30/2022	169	DHHS:Imm 62775 VFC 4Q 4/1/22 to 6/30/22	08/18/2022	6,106.93
07/14/2022	172	DHHS:Covid Capcty 56771 Jul 6/15/22 to 7/14/22	08/21/2022	10,127.46
Total 1 - 30				205,881.12
<b>31 - 60</b>				
06/14/2022	153	DHHS:Covid Capcty 56771 Jun 5/15/22 to 6/14/22	07/24/2022	9,910.54
Total 31 - 60				9,910.54
<b>61 - 90</b>				
Total 61 - 90				
<b>&gt; 90</b>				
Total > 90				
<b>TOTAL</b>				<b>233,932.31</b>

## South Heartland District Health Dept

## Payroll Summary

July through August 2022

	Jul - Aug 22
<b>Employee Wages, Taxes and Adjustments</b>	
Gross Pay	
Salary	33,412.69
Salary Holiday	936.40
Salary Sick	560.52
Salary Vacation	4,193.15
Hourly Funeral	500.32
Hourly Holiday	2,283.99
Hourly Sick	1,527.76
Hourly Vacation	10,871.05
Hourly Wage	72,644.13
Hourly Weather/Civil	61.39
Overtime (x1.5)	30.72
Cash Out Option	9,388.94
Wellness Benefit	2,750.00
<b>Total Gross Pay</b>	<b>139,161.06</b>
Deductions from Gross Pay	
Aflac (pre-tax)	-158.40
Health Insurance (pre-tax)	-1,342.90
HSA (pre-tax)	-3,150.88
NPERS Retirement Employee	-5,088.00
Vision Insurance (pre-tax)	-42.35
<b>Total Deductions from Gross Pay</b>	<b>-9,782.53</b>
<b>Adjusted Gross Pay</b>	<b>129,378.53</b>
Taxes Withheld	
Federal Withholding	-10,137.00
Medicare Employee	-1,949.79
Social Security Employee	-8,336.92
NE State Withholding	-5,283.76
Medicare Employee Addl Tax	0.00
<b>Total Taxes Withheld</b>	<b>-25,707.47</b>
<b>Net Pay</b>	<b>103,671.06</b>
<b>Employer Taxes and Contributions</b>	
Medicare Company	1,949.79
Social Security Company	8,336.92
NE State Unemployment	43.62
Dental Insurance Company	473.65
Health Insurance Company	3,585.44
NPERS Retirement Company	7,632.10
Vision Insurance Company	97.29
<b>Total Employer Taxes and Contributions</b>	<b>22,118.81</b>

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## South Heartland District Health Dept

08/31/22

## Accounts Payable Report

Accrual Basis

July through August 2022

Date	Name	Memo	Account	Amount
<b>Jul - Aug 22</b>				
07/05/2022	10/11 Television	Health Topics Package - May	2000 · Accounts Payable	-830.00
07/05/2022	Allo Communications	929329 phone	2000 · Accounts Payable	-638.97
07/05/2022	B&R Stores	Allen's lease - July	2000 · Accounts Payable	-2,500.00
07/05/2022	Brodstone Memorial Hospital	Fedl reimbursement for Brodstone's PCR testing	2000 · Accounts Payable	-70.38
07/05/2022	Chamberlain, Liz	June mileage	2000 · Accounts Payable	-303.26
07/05/2022	Fruehling, Christian	updates to infographics	2000 · Accounts Payable	-80.00
07/05/2022	Cornhusker Press	vaccine pamphlets	2000 · Accounts Payable	-167.58
07/05/2022	Culligan of Hastings	bottled water - June #1000552	2000 · Accounts Payable	-41.15
07/05/2022	Eakes Office Solutions	office supplies & copies	2000 · Accounts Payable	-561.09
07/05/2022	Evans, Aida	dinner supplies for group listening session	2000 · Accounts Payable	-57.69
07/05/2022	First National Bank of Omaha	June balance ending 6/13/22	2000 · Accounts Payable	-1,007.49
07/05/2022	Hastings Area Chamber of Commerce	annual membership 2022	2000 · Accounts Payable	-315.00
07/05/2022	Hometown Leasing	#22794817 - June	2000 · Accounts Payable	-185.00
07/05/2022	Ideal Electric	repair 4' ceiling light fixture	2000 · Accounts Payable	-145.60
07/05/2022	K-T Heating & Air Conditioning	air conditioner repair	2000 · Accounts Payable	-582.63
07/05/2022	K & G Plumbing	fix pipe leak in basement	2000 · Accounts Payable	-155.85
07/05/2022	Korth, Jean	mileage	2000 · Accounts Payable	-270.39
07/05/2022	KSNB	Health Topics Package - May	2000 · Accounts Payable	-960.00
07/05/2022	Mary Lanning Healthcare	cleaning - Jun	2000 · Accounts Payable	-240.00
07/05/2022	NALHD	tee-shirts	2000 · Accounts Payable	-60.00
07/05/2022	NSNB	Health Topics Package - May	2000 · Accounts Payable	-200.00
07/05/2022	Partners for Insightful Evaluation	data analysis	2000 · Accounts Payable	-7,525.00
07/05/2022	Quiznos	4 box lunches - Ethics Comm	2000 · Accounts Payable	-74.00
07/05/2022	Randy's Sprinkler Systems	turn on and set up	2000 · Accounts Payable	-197.81
07/05/2022	Red Cloud Chief	meeting notice & annual subscription	2000 · Accounts Payable	-51.37
07/05/2022	Wolfe, Brooke	Wolfe mileage - June 2022	2000 · Accounts Payable	-63.77
07/05/2022	Woodwards Disposal	June trash	2000 · Accounts Payable	-167.00
07/05/2022	Ziembra Roofing	roof repair - three punctures	2000 · Accounts Payable	-213.00
07/05/2022	Firespring	July web hosting	2000 · Accounts Payable	-165.00
07/05/2022	Flatwater Technologies	monthly services - July	2000 · Accounts Payable	-516.99
07/05/2022	Mary Lanning Healthcare	LAnderson June 2022	2000 · Accounts Payable	-156.25
07/05/2022	Mary Lanning Healthcare	MLH staffing support at SHDHD clinics (Apr-Jun)	2000 · Accounts Payable	-864.00
07/05/2022	4AllPromos	Bendeez sticks for Give Hastings Day	2000 · Accounts Payable	-969.59
07/20/2022	B&R Stores	Allen's lease - Aug	2000 · Accounts Payable	-2,500.00
07/20/2022	Blue Hill Leader	meeting notice & annual subscription	2000 · Accounts Payable	-51.06
07/20/2022	Bureau of Sociological Research	YRBS	2000 · Accounts Payable	-37.57
07/20/2022	Clay County News	Board Meeting notice - Jul	2000 · Accounts Payable	-7.36
07/20/2022	Cornhusker Press	printing vaccine packets July 2022	2000 · Accounts Payable	-465.90
07/20/2022	Eakes Office Solutions	office supplies - various	2000 · Accounts Payable	-72.15
07/20/2022	Ellerbrock-Norris Insurance	Cyber Liability Policy Renewal - Beazley	2000 · Accounts Payable	-2,450.00
07/20/2022	Grace's Locksmith	Service call for padlock on sign trailer	2000 · Accounts Payable	-50.00
07/20/2022	Hastings Tribune	ad - various	2000 · Accounts Payable	-107.53
07/20/2022	Hastings Utilities	June utilities #01010200-01	2000 · Accounts Payable	-526.93
07/20/2022	Hultman, Dorrann	June 2022 - mileage	2000 · Accounts Payable	-10.31
07/20/2022	K-T Heating & Air Conditioning	repair air conditioner (new fan motor, capacitor ...	2000 · Accounts Payable	-528.20
07/20/2022	Kleppinger, Mike	mileage board mtg - July	2000 · Accounts Payable	-72.13
07/20/2022	Kohmetscher, Torey	mileage board mtg - July 2022	2000 · Accounts Payable	-45.75
07/20/2022	Konex	2021-2022 annual svc	2000 · Accounts Payable	-1,495.00
07/20/2022	KSNB	Health Topics Package - June	2000 · Accounts Payable	-830.00
07/20/2022	Locomotive Gazette	Jul board mtg notice	2000 · Accounts Payable	-8.85
07/20/2022	Mary Lanning Healthcare	subletting of digital billboard space - July	2000 · Accounts Payable	-200.00
07/20/2022	Nejezchleb, Sandra	mileage board mtg - July 2022	2000 · Accounts Payable	-20.62
07/20/2022	R & K Mowing	June mowing	2000 · Accounts Payable	-260.00
07/20/2022	Superior Publishing Company	BOH notice	2000 · Accounts Payable	-7.92
07/20/2022	Adams County Ag Society	Adams Co Fair vendor booth 2022	2000 · Accounts Payable	-100.00
07/20/2022	Neumann, Charles	mileage board mtg - Jul	2000 · Accounts Payable	-70.00
07/20/2022	Red Cloud Chief	July Board mtg notice	2000 · Accounts Payable	-9.25
07/20/2022	Mary Lanning Healthcare	LAnderson July 2022	2000 · Accounts Payable	-243.75
07/20/2022	Shackelford, Nanette	mileage board mtg - July 2022	2000 · Accounts Payable	-43.88
07/20/2022	Stromer, Pamela	mileage - July 2022	2000 · Accounts Payable	-57.25
07/20/2022	Vance, TJ	mileage board mtg - July 2022	2000 · Accounts Payable	-50.63
07/20/2022	Waechter-Mead, Lindsay	mileage board mtg - July 2022	2000 · Accounts Payable	-53.75
07/20/2022	Davis, Heidi	travel exp for Nuckolls County Fair	2000 · Accounts Payable	-114.50
07/20/2022	Verizon	June cell service	2000 · Accounts Payable	-373.10
08/04/2022	Allo Communications	929329 phone - July	2000 · Accounts Payable	-636.93
08/04/2022	Chamberlain, Liz	July mileage	2000 · Accounts Payable	-416.57
08/04/2022	Cornhusker Press	printing vaccine packets July 27, 2022	2000 · Accounts Payable	-374.50
08/04/2022	Culligan of Hastings	bottled water - July #1000552	2000 · Accounts Payable	-51.15
08/04/2022	Eakes Office Solutions	office supplies - various	2000 · Accounts Payable	-71.75
08/04/2022	Hastings Tribune	Account # 0020289 - annual subscription 2022	2000 · Accounts Payable	-175.00
08/04/2022	Hometown Leasing	#22794817 - July	2000 · Accounts Payable	-185.00
08/04/2022	Korth, Jean	mileage - placing electronic communication boar...	2000 · Accounts Payable	-51.13
08/04/2022	Locomotive Gazette	annual subscription 2022	2000 · Accounts Payable	-32.00
08/04/2022	Mary Lanning Healthcare	LAnderson July 2022	2000 · Accounts Payable	-156.25
08/04/2022	R & K Mowing	July mowing	2000 · Accounts Payable	-325.00
08/04/2022	Woodwards Disposal	July trash	2000 · Accounts Payable	-167.00
08/04/2022	Firespring	Aug web hosting	2000 · Accounts Payable	-165.00



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## South Heartland District Health Dept

08/31/22

## Accounts Payable Report

Accrual Basis

July through August 2022

Date	Name	Memo	Account	Amount
08/04/2022	Flatwater Technologies	managed svcs + new clinic computer	2000 · Accounts Payable	-2,556.43
08/04/2022	Eakes Office Solutions	June/July 2022 copies	2000 · Accounts Payable	-191.31
08/04/2022	First National Bank of Omaha	July balance ending 7/15/22	2000 · Accounts Payable	-2,305.11
08/17/2022	Hastings Utilities	July utilities #01010200-01	2000 · Accounts Payable	-562.17
08/18/2022	B&R Stores	Allen's lease - Sept	2000 · Accounts Payable	-2,500.00
08/18/2022	Eakes Office Solutions	office supplies - various	2000 · Accounts Payable	-43.96
08/18/2022	Flood Communications Tri-Cities	various radio ads	2000 · Accounts Payable	-8,047.00
08/18/2022	Grace's Locksmith	Service call to replace locks at Allen's	2000 · Accounts Payable	-213.73
08/18/2022	Hastings Tribune	ads - various	2000 · Accounts Payable	-265.00
08/18/2022	KSNB	Health Topics Package - July	2000 · Accounts Payable	-480.00
08/18/2022	Loup Basin Public Health Department	postcard magnet - MAAA flu shot and booster c...	2000 · Accounts Payable	-5,094.00
08/18/2022	Mary Lanning Healthcare	subletting of digital billboard space - August	2000 · Accounts Payable	-200.00
08/18/2022	Nejezchleb, Sandra	mileage and other expenses - board conference ...	2000 · Accounts Payable	-230.78
08/18/2022	NSNB	Health Topics Package - July	2000 · Accounts Payable	-100.00
08/18/2022	Positive Promotions	500 bookmarks - stress management	2000 · Accounts Payable	-246.95
08/18/2022	Randy's Sprinkler Systems	system maintenance - programming, adjustment...	2000 · Accounts Payable	-90.00
08/18/2022	United Way of South Central NE	211 Outreach MOA	2000 · Accounts Payable	-4,000.00
08/18/2022	University of Nebraska Medical Center	Great Plains Leadership Institute Tuition	2000 · Accounts Payable	-1,000.00
08/18/2022	Mary Lanning Healthcare	cleaning - July	2000 · Accounts Payable	-240.00
08/18/2022	NACO - Central District	NACO - Central District Mtg	2000 · Accounts Payable	-40.00
08/18/2022	Culligan of Hastings	bottled water - May #1000552	2000 · Accounts Payable	-9.90
08/18/2022	Eakes Office Solutions	July/Aug 2022 copies	2000 · Accounts Payable	-174.31
08/18/2022	Randy's Sprinkler Systems	service call - operating system controller	2000 · Accounts Payable	-90.00
08/18/2022	Verizon	July cell service	2000 · Accounts Payable	-353.84
08/18/2022	Home Depot Pro	touchless bathroom accessories	2000 · Accounts Payable	-143.79
<b>Jul - Aug 22</b>				<b>-63,184.81</b>

**Finance Committee Minutes SHDHD Board of Health****Date:** 08/16/21 4:00 PM**Members present by Zoom:** Nanette Shackelford**Members present at SHDHD:** Chuck Neumann, Dick Shaw**Staff present at SHDHD:** Michele Bever (E.D.), Kelly Derby (Finance & Operations Mgr)

Topic/Lead Person	Comments/Action
Annual Audit Update – K. Derby	Derby updated the committee on the status of the audit, which includes a single audit. The audit is entirely remote this year.
Annual Budget – M. Bever, K. Derby	Derby reviewed the Draft Annual Budget. Members discussed likely revenue sources for upcoming year, including ARPA funding, and recommended planning for \$500,000 of additional (as yet unsecured) funds. The final budget will be presented at the September Budget Hearing and Board Meeting.
Budget Hearing Agenda – M. Bever	Bever provided the draft budget hearing agenda and the draft Board meeting agenda and explained the new requirements of LB 148 stipulating that the budget hearing be held separately from the regularly scheduled meetings and cannot be limited by time.
Other- ARPA funds update, capital project planning	Reviewed status of ARPA funds requests. Bever stated the department was looking at facilities renovations along with necessary upgrades (roof, parking lot) and requested guidance for capital project planning. Committee members suggested appointing a Facilities Committee.
Next Meeting	October - TBD
	Adjourned at 5:05 PM

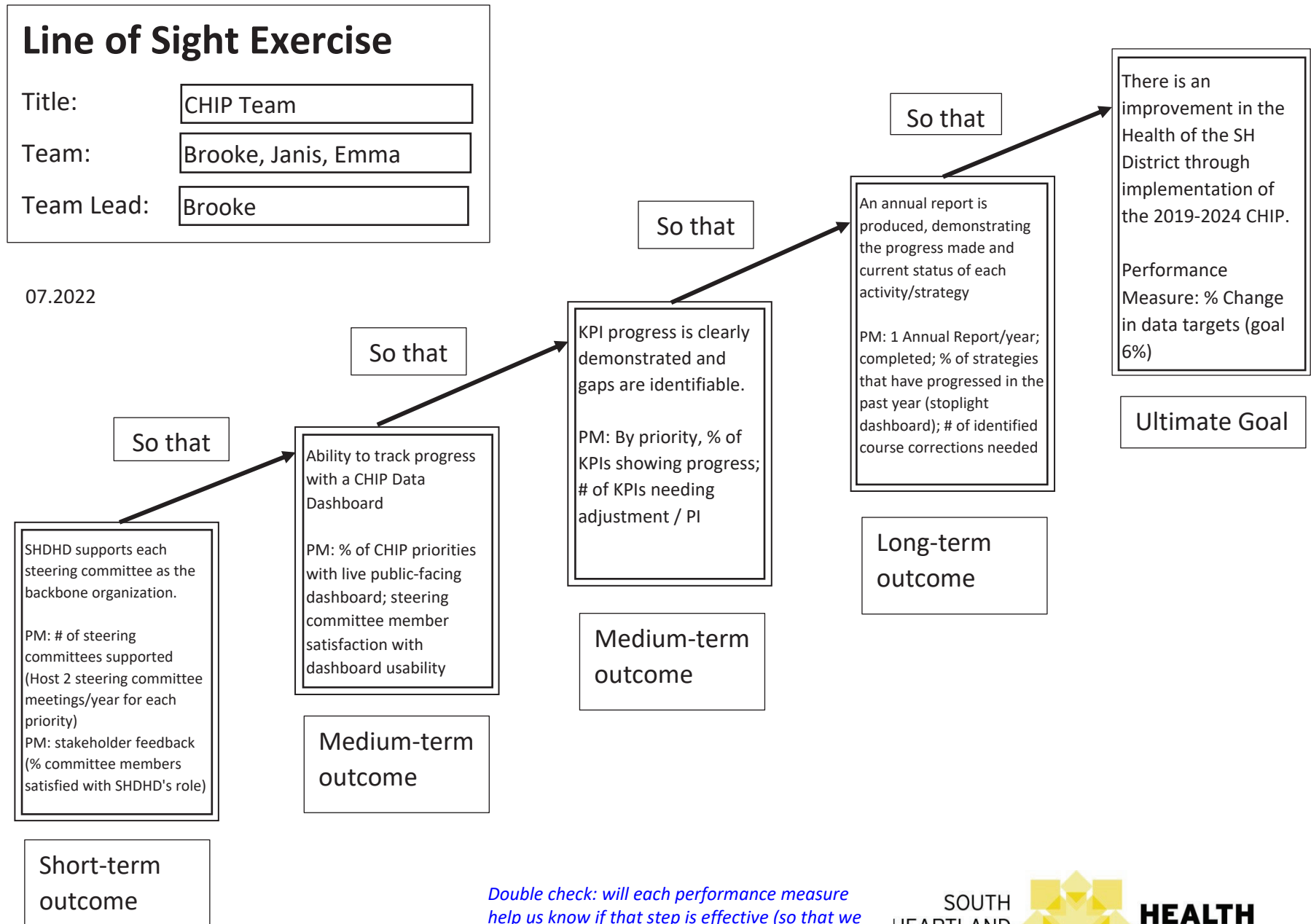
Submitted by Michele Bever  
August 16, 2021

**Proposed Budget**  
**July 2022- June 2023**

						Approved	Actual	Proposed	
						Jul '21 - Jun 22	Jul '21 - Jun 22	Jul '22 - Jun 23	
		Income							
		4100 · Federal Funds							
			Grants - Federal			955,219	695,967	817,872	
			Federal IDC			53,647	46,109	171,612	
			FEMA			345,184	363,224	0	
			ARPA State			0	0	163,000	
			ARPA Local			0	1,659	150,000	
		4200 · State & Local Funds				44,115	60,328	91,765	
			State & Local IDC			124	2,693	21,853	
		Unsecured Funding				500,000		500,000	
		4250 - State Revenue							
			General Funds			272,124	272,125	306,765	
			COVID IDC Funds			2,032	20,829	0	
			Infrastructure Funds			111,120	111,111	111,111	
			Per Capita Funds			82,692	83,330	75,168	
		4300 · Services							
			4302 - DPP Classes			0	0	300	
			4304 · Radon Kits			550	505	576	
		Total 4300 · Services							
		4400 · Miscellaneous				0	0	0	
		4450 · Donations				1,500	5,845	2,500	
			4451 · Immunizations			0	5,230	5,240	
		4550 Bank Interest Income				60	151	180	
		Total Income				2,368,367	1,669,106	2,417,942	
		Expense							
		6000 · Personnel				1,254,469	789,283	1,158,845	
		6101 · Postage & Shipping				1,146	3,141	920	
		6102 · Printing and Copying				13,132	14,585	13,413	
		6103 · Staff Development							
			Employee Training			1,717	1,365	3,000	
			Recruitment			500	500	1,000	
			Support/Appreciation			1,000	2,774	3,000	
			Wellness			4,000	4,333	5,500	
		6110 · Insurance				16,800	19,548	20,500	
		6120 · Professional Services				0	435	0	
			Data Analysis/Surveys			30,467	19,200	9,875	
			Accounting			19,000	19,662	19,700	
			Public Health			174,112	189,355	67,045	
			Legal			2,500	3,440	3,500	
			IT				7,500	7,819	9,000



			Background Checks	500	768	450
			Translation	300	173	200
			Grant Writing	13,000	0	0
			6130 · Contracted Services	42,819	8,635	9,492
			6140 · Office Supplies & Equipment			
			Computer Hardware	5,000	476	4,000
			Equipment Rental	3,000	2,405	2,200
			Equipment / Furnishing	29,661	16,628	177,000
			Office Supplies	6,392	4,131	4,826
			Publication/Subscriptions	300	348	350
			Software/SAS	6,300	24,853	21,650
			6150 · Communications	0		0
			Cell Phone	4,980	4,075	3,768
			Public Notification	0	851	850
			Alert Sense	876	650	750
			Telephone & Internet	8,500	7,784	8,000
			Video Conferencing	0	720	720
			Website	2,000	1,980	2,000
			6160 · Facilities	76,764	18,081	163,000
			Property Maintenance	9,000	7,540	7,500
			Utilities	9,000	6,644	6,600
			6170 · Marketing	0	0	3,000
			6180 - Board			
			Annual Meeting Recognition	0	1,205	2,000
			Meeting Expenses	350	84	200
			Mileage to Board Meeting	1,500	891	900
			Meeting Notice	300	218	200
			Budget Hearing Notice	500	50	50
			6192 · Memberships	8,000	5,793	5,800
			6201 · Event Expenses	8,000	2,186	1,000
			6202 · Event Facility Rental	10,000	37,750	30,500
			6206 · Conference Fees	1,955	3,074	7,607
			6209 · Program Supplies	42,426	29,068	19,186
			6204 · Promotion & Outreach	30,316	91,638	134,807
			6300 · Travel	500		
			Meals & Lodging	993	1,223	1,200
			Transportation	238	1,924	1,850
			Mileage	17,221	5,713	7,196
			9000 · Interest Expense	120	46	50
			9100 · Sales Tax Expense	65	26	30
			9200 - Administrative Fees	1,150	2,231	2,200
			Unsecured Funding + Maintenance Reserve	500,000	0	471,512
			Total Expense	2,368,367	1,365,302	2,417,942
			Net Income	0	303,804	0





Advocate the  
“Why” of Public  
Health

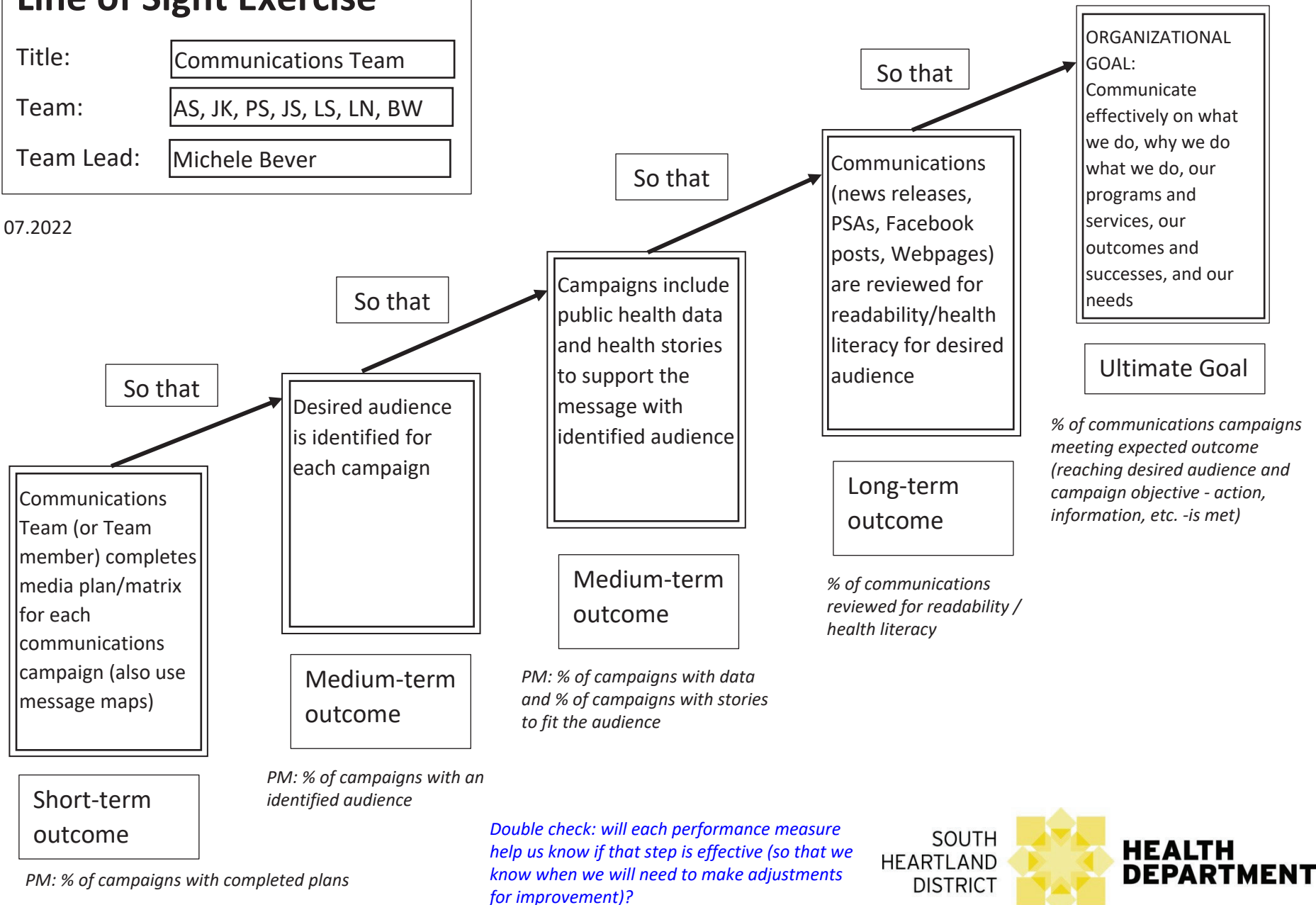
## Line of Sight Exercise

Title:

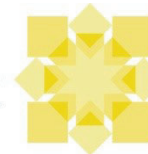
Team:

Team Lead:

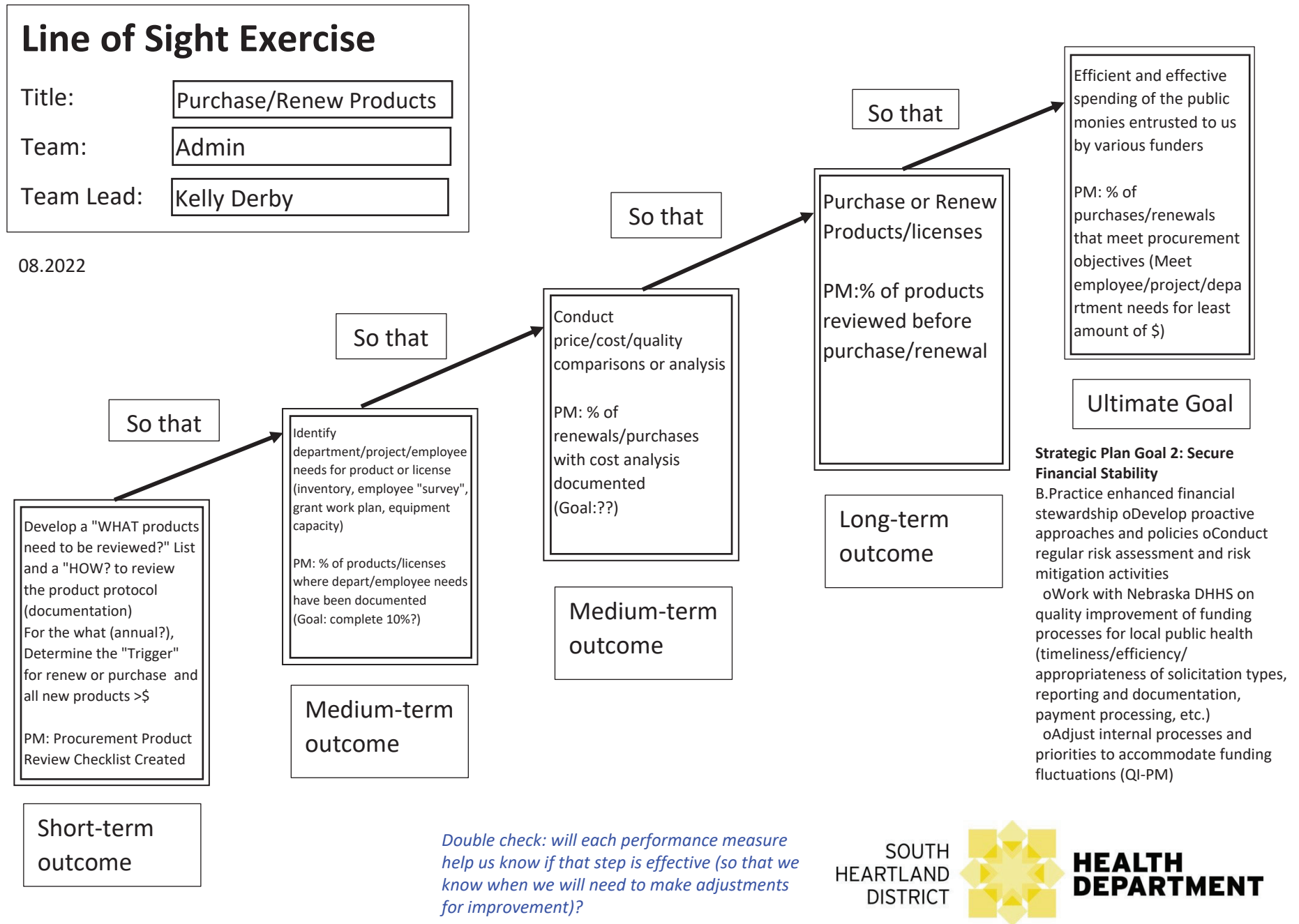
07.2022

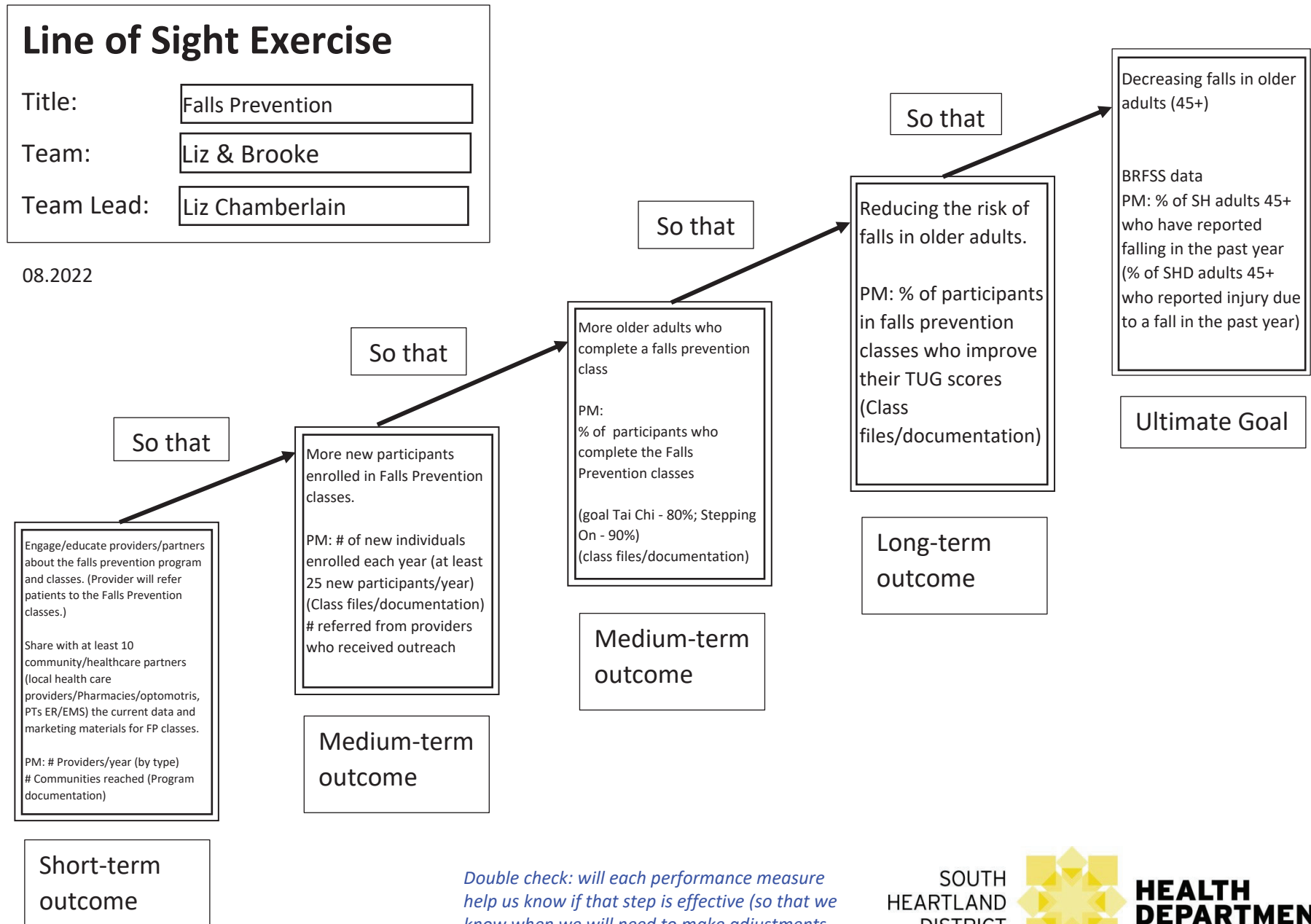


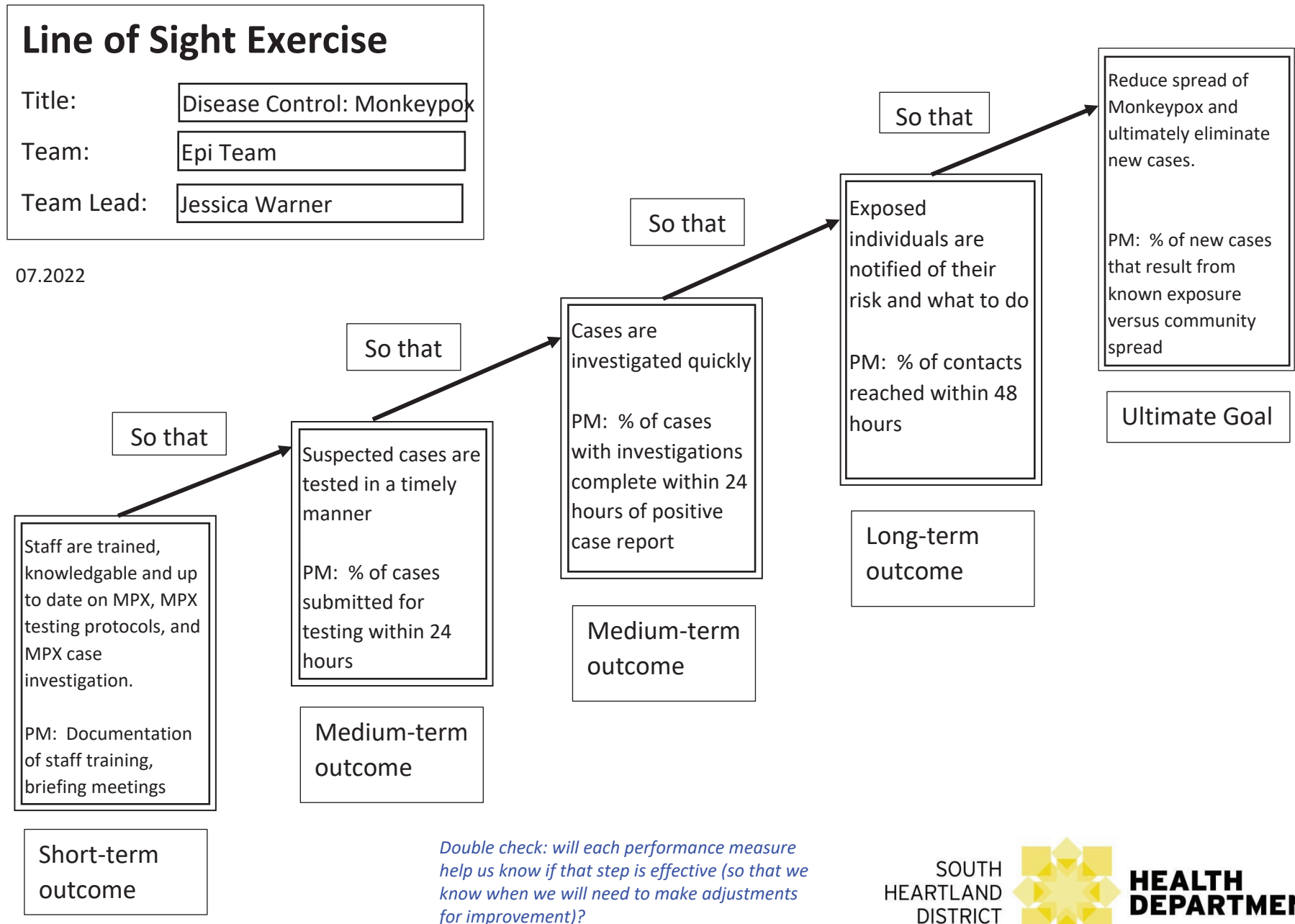
SOUTH  
HEARTLAND  
DISTRICT

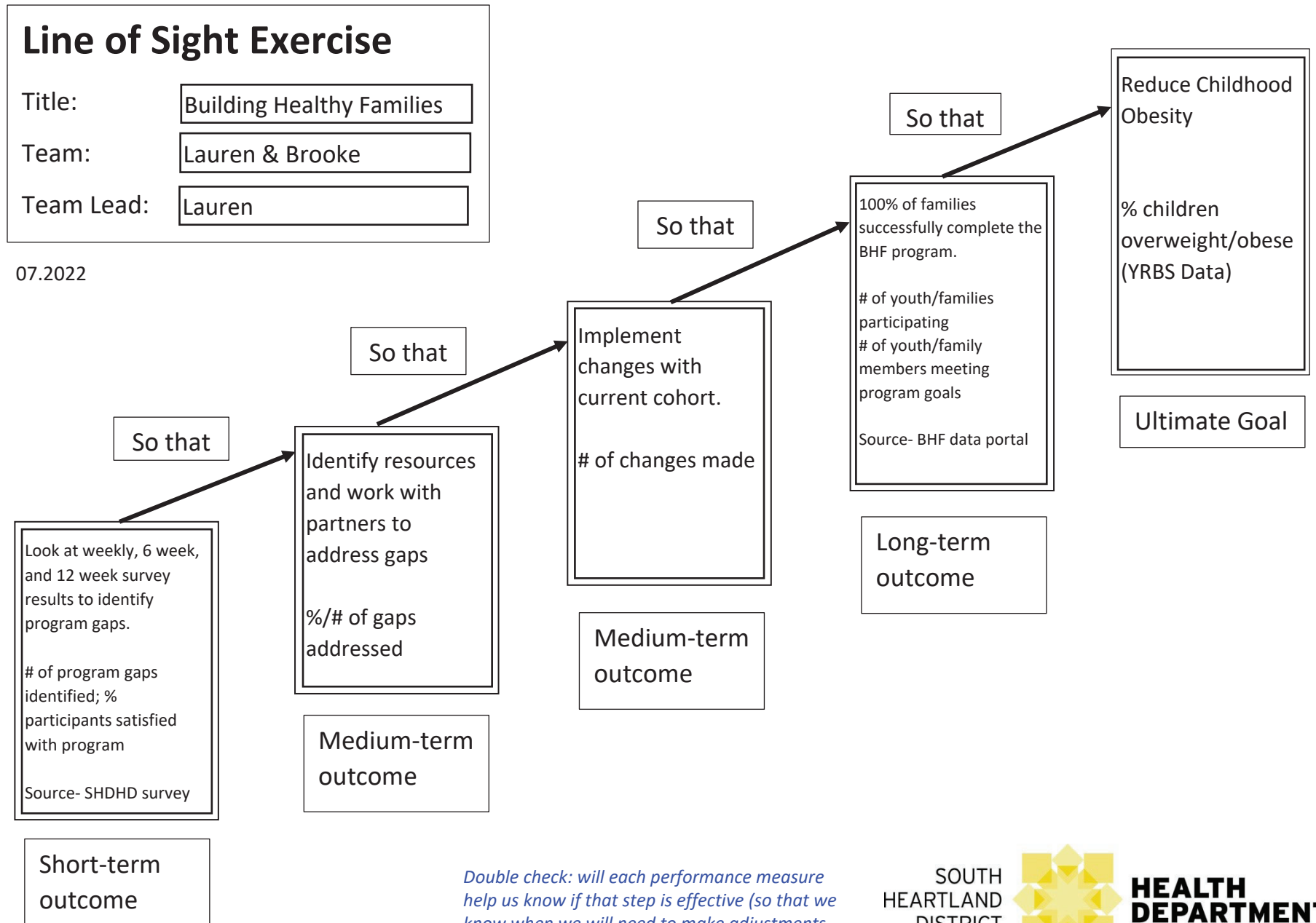


**HEALTH  
DEPARTMENT**









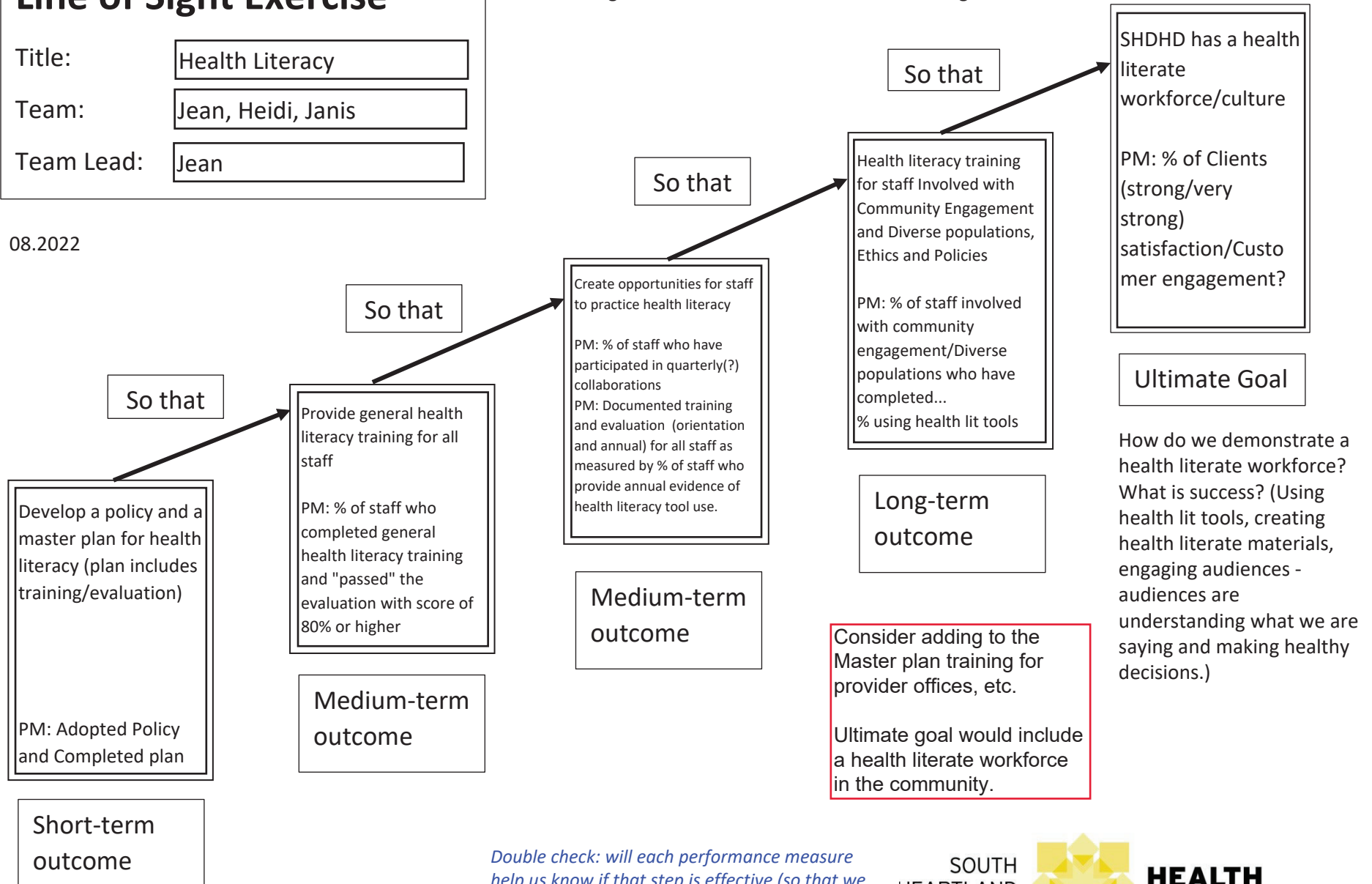


Strategic Plan Goal 5B: Use health literate methods to share data and stories that communicate why we do what we do, our programs and services, our outcomes and successes, and our needs

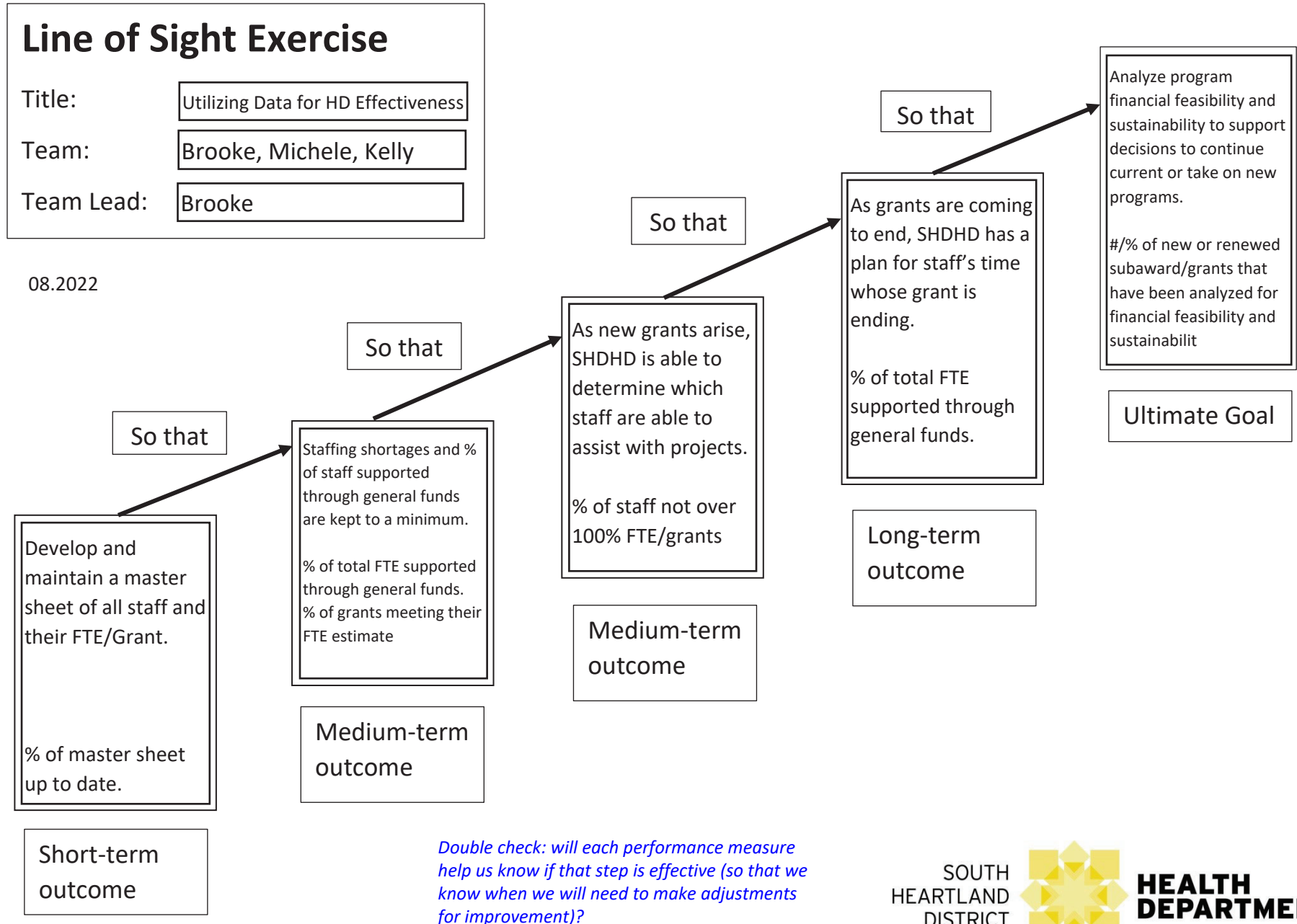
CHIP Strategy 1f: Access to health care through evidence-based practices. Objective: Improve access to care through adoption of evidence-based practices that strengthen communication and understanding of health information

<b>Line of Sight Exercise</b>	
Title:	Health Literacy
Team:	Jean, Heidi, Janis
Team Lead:	Jean

08.2022



*Double check: will each performance measure help us know if that step is effective (so that we know when we will need to make adjustments for improvement)?*



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

1. Trends / Dashboard:
  - a. Cases
  - b. Community Transmission
    - Cases/100K
    - Wastewater Surveillance
  - c. Hospitalizations/Hospital Capacity
  - d. Variants
  - e. Vaccine
  - f. Case Fatality Rate
2. Messages/Communications
  1. News Releases in July/August (and News Release Preview texts to Board members and other stakeholders):
    - August 30, 2022 **Virus levels spike in wastewater, COVID-19 case rates continue to be “high”**
    - August 23, 2022 **SHDHD expects early fall arrival of bivalent COVID-19 booster vaccine; encourages COVID-19 boosters and influenza vaccinations**
    - August 16, 2022 **Virus levels remain high; Changes in CDC Guidance for COVID-19**
    - August 9, 2022 **COVID-19 cases total 11,000\_Health department’s local response efforts ramped up for monkeypox**
    - August 2, 2022 **Wastewater surveillance may be early warning of more COVID spread**
    - July 26, 2022 **Local COVID-19 case trends forecasting upcoming surge**
    - July 19, 2022 **COVID-19 cases at very high levels in South Heartland District**
    - July 13, 2022 **Hastings pediatrician shares information on COVID vaccine approval for young children**
    - July 5, 2022 **COVID-19 still a problem in south central Nebraska**
  2. Overarching Messages for September:
    - Bivalent boosters offer additional boost to protect against BA.4/5 variants
    - Get/stay up-to-date on vaccination. Studies show that protection from severe illness is higher in individuals who are up-to-date on their COVID-19 vaccinations. SHDHD will continue to offer vaccine and to recommend for eligible residents, age 6 mo and older, to be up-to-date on their COVID vaccinations. This means getting the initial series, followed by boosters after the recommended intervals. Locations offering vaccine are listed on the SHDHD website.
    - Health risks increase as we age. Individuals 65 are encouraged to get their COVID booster shots and their annual flu shot this fall.
    - 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.
    - 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 September/October:

- **Boosters:** Planning for and managing COVID-19 bivalent booster vaccine
- **CDC guidance:** Educating on current guidance for people who test positive for COVID-19 and people who are exposed to COVID-19
- **Disease investigation:** for priority populations (children, long-term care facilities).
- **Surveillance:** Monitoring case level and presence of variants; assisting long-term care facilities when they have outbreaks
- **Wastewater surveillance:** Monitoring and sharing data
- **Promoting vaccination:** of all eligible ages
- **COVID-19 Testing:** where to get tested and where to access to at-home test kits
- **Data Analysis/Transparency:** Maintain data tracking / dashboard
- **Competent workforce:** 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
- **Transitioning Staffing:** Beginning to transition some staff out of COVID surveillance to other public health work
- **Addressing gaps:** identified in previous After-Action reviews



## COVID-19 Dashboard

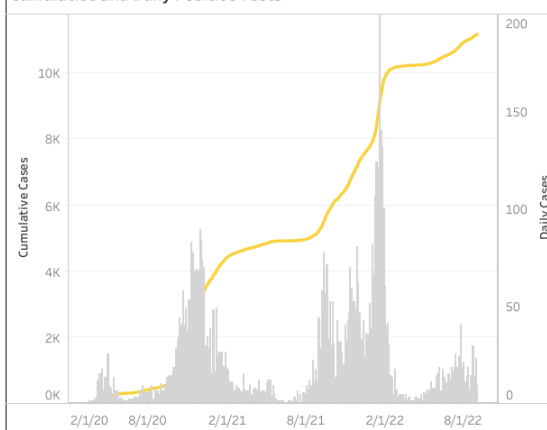
last updated 09/02/22 5:00 pm CST

Main Dashboard

Hastings Data

Vaccine Data

## Cumulative and Daily Positive Tests

Cumulative  
Confirmed Cases

11,184

Data Quality Review  
with updates: completed 06/28/22CDC's COVID-19  
Integrated County View
<https://covid.cdc.gov/covid-data-tracker/#county-view>
Nebraska Respiratory  
Illness Dashboard
[https://atlas-dhhs.ne.gov/Atlas/Respiratory\\_Illness](https://atlas-dhhs.ne.gov/Atlas/Respiratory_Illness)

The CDC and NE DHHS sites are not the responsibility of SHDHD. They may collect data differently from SHDHD and may differ on how metrics are calculated.

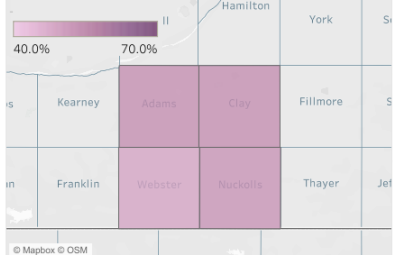
## CDC's COVID-19 County Check

Find community levels and prevention steps by county:

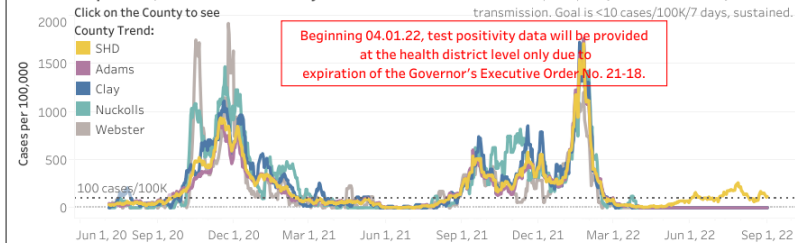
<https://www.cdc.gov/coronavirus/2019-ncov/your-health/covid-by-county.html>

## Vaccine Coverage

Last updated 08.30.22



## New Cases per 100,000 in the Past 7 Days



&gt;=100 cases/100K/7 days is HIGH community transmission. Goal is &lt;10 cases/100K/7 days, sustained.

## New Cases per 100,000 in the Past 7 Day

Last updated 09.02.22

SHD: 123.9

Note: This metric is based on the number of reported test results. Since at-home testing is not reported, this metric is an underestimate of the true number of positive cases in the district.

## Cases per 100,000 Scale

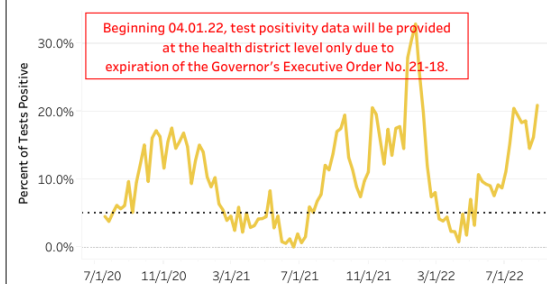
Low: 0 - 9.99

Moderate: 10 - 49.99

Substantial: 50 - 99.99

## SHD Positivity Rate by Date of Specimen Collection

Click on drop-down to see County Trends: SHD Positivity Rate

Weekly Positivity Rate  
Overall / Community (w/o LTC)

For the week ending 08/29/2022

SHD: 20.9% / 44.7%

Caution: Positivity is the # of reported positive tests divided by the # of reported tests conducted. At home testing is not reported. Therefore, SHDHD is unable to know how well this...

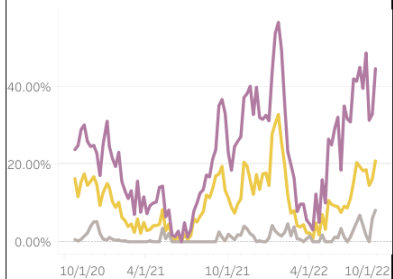
## Positivity Scale

Low: &lt;5%

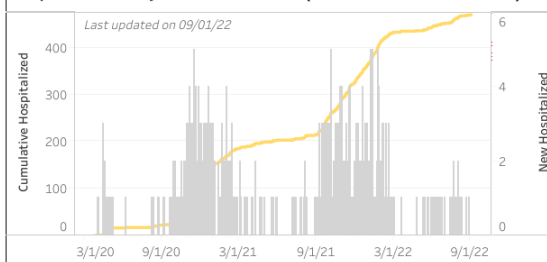
Moderate: 5 - 8%

Substantial: 8.1 - 10%

High: &gt;10%

Percent Positive Tests  
Long-Term Care vs. Community

## Hospitalizations by Date of Admission (South Heartland Residents)

Total Hospitalizations  
(South Heartland Residents)

470

## Hospital Capacity Metrics

Last updated 09/01/22

Staffed ICU Bed Availability: 27.3%

Percent of Inpatients with COVID-19: 13.2%

Note: The Hospital Capacity summary includes Webster County Community Hospital, Brodstone Memorial Hospital, and Mary Lanning Healthcare

## Hospital Capacity Dashboard

[https://public.tableau.com/app/profile/pam.stromer/viz/SouthHeartland\\_16329428860620/Dashboard1?publish=yes](https://public.tableau.com/app/profile/pam.stromer/viz/SouthHeartland_16329428860620/Dashboard1?publish=yes)

## Cumulative Confirmed Cases in SHD by Age

COVID-19 Confirmed  
Variants of Concern

Identified in the

South Heartland District

Last updated 07/25/2022

B.1.1.7 (Alpha)  
B.1.351 (Beta)  
B.1.617 (Delta)  
B.1.1.529 (Omicron)  
B.1.1.529.2 (BA.2)  
B.1.1.529.4 (BA.4)  
B.1.1.529.5 (BA.5)

## Deaths

150

Last updated 08/12/2022. Note: Deaths of South Heartland residents are not counted until SHDHD receives a death certificate COVID-19 confirmation from NE DHHS.

## CDC Death Count Information

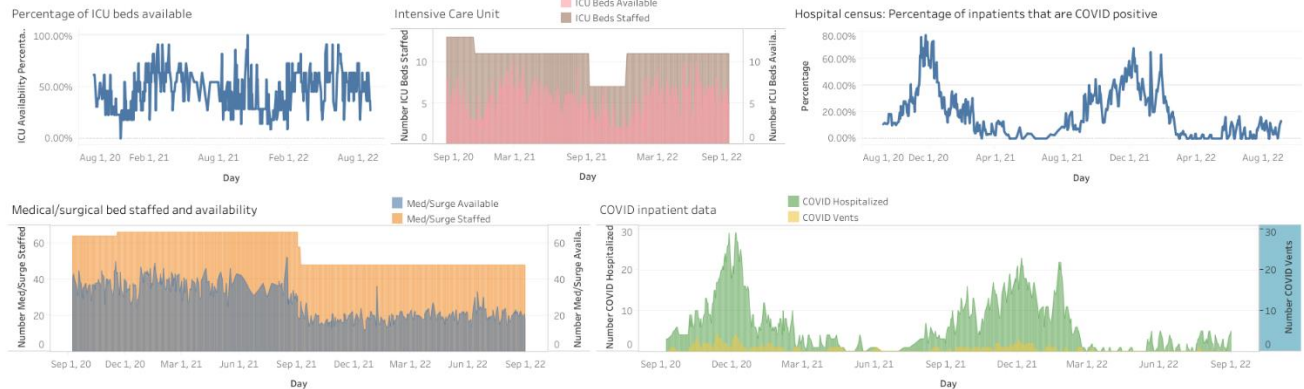
<https://www.cdc.gov/coronavirus/2019-ncov/covid-data/about-us-case>

COVID-19 Genomics Surveillance (Nebraska Variant Trends) and NE Wastewater Surveillance (includes Hastings)

<https://dhhs.ne.gov/Pages/COVID-19-Genomics-and-Wastewater-Surveillance.aspx>

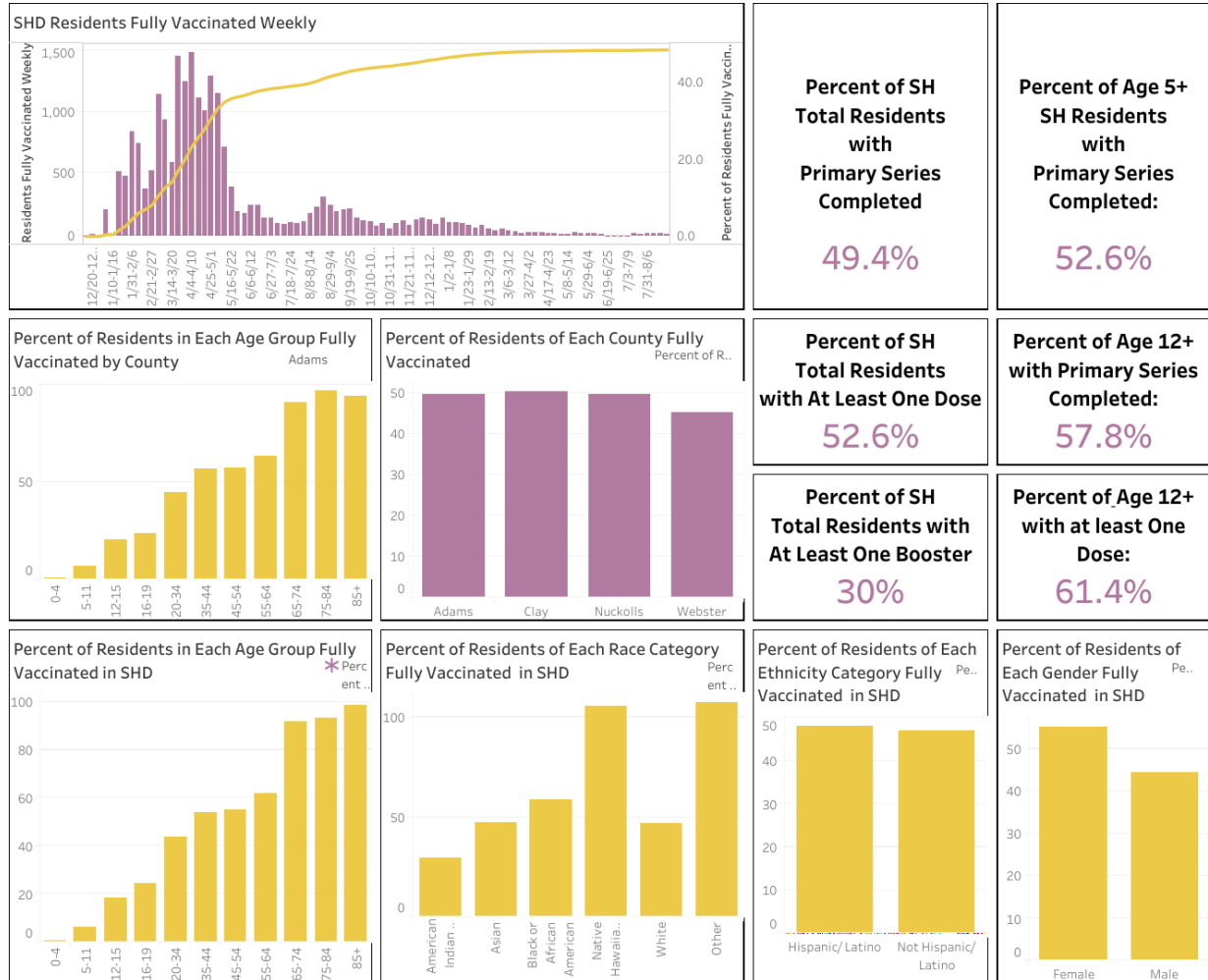


**South Heartland Hospital Data** updated as of September 1, 2022  
Hospital Data will be updated every weekday morning.



COVID-19  
Dashboard

Main Dashboard Hastings Data Vaccine Data



South Heartland District Health Department  
Where to Get Your Vaccine:

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



### SHDHD Monkeypox Situational Update from the Executive Director

1. Cases – National/State
2. Overview
3. SHDHD Monkeypox Preparedness/Response Efforts
  - a. Internal Surveillance/Response Readiness
  - b. Communications to/for Healthcare Providers
  - c. Communications/Education to Public
  - d. Facilitating Testing
  - e. Managing MPX (JYNNEOS) Vaccine
  - f. Developing a Patient Referral Process to connect eligible patients with approved vaccine providers

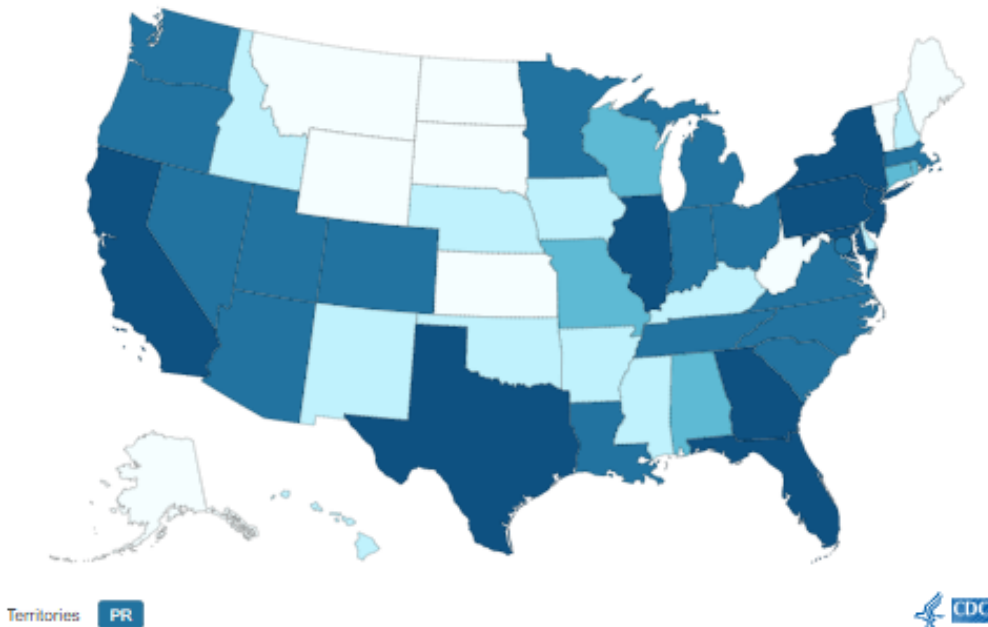
## 2022 U.S. Map & Case Count

Data as of September 02 2022 at 2:00 pm EDT

[Español](#) [Print](#)

**19,962** Total confirmed monkeypox/orthopoxvirus cases

\*One Florida case is listed here but included in the United Kingdom case counts because the individual was tested while in the UK.



#### Case Range

- 1 to 10
- 51 to 100
- >500
- 11 to 50
- 101 to 500

Data as of September 2, 2022, 2 pm Eastern. Nebraska: 27 Cases





### Stress Kits for Youth - Give Hastings Day Project

*Emma Seversen, Hastings College student and SHDHD intern puts together Stress Kits that will be given to area youth. The kits contain: A note from SHDHD, 101 Ways to Manage Stress Bookmark, Stress Relief Bending Stick (with message "You are stronger than you think"), 988 Suicide Hotline Card, 211 Information for access to other resources.*



### Hastings Community Coalition for Transforming Diabetes

*18 community members representing 14 organizations came together to learn about a new diabetes care and prevention initiative. Marisa Rosen, a professor at UNMC College of Public Health, led the Kick Off and described the initiative and the roles of the Community Coalition for the pilot project, which is being funded by the Diabetes Care Foundation of Nebraska and is being piloted in the communities of Hastings and Wayne.*

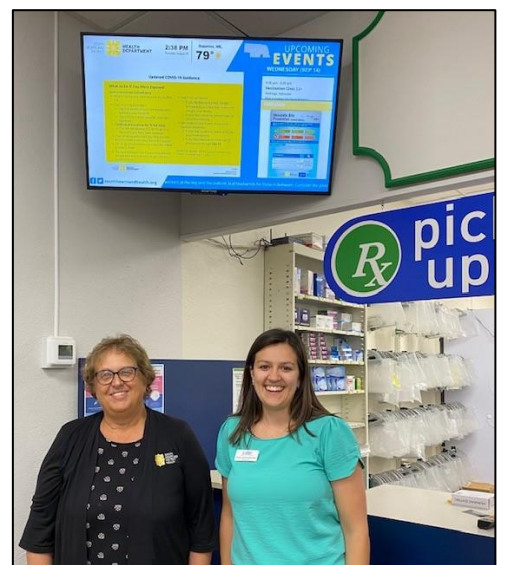




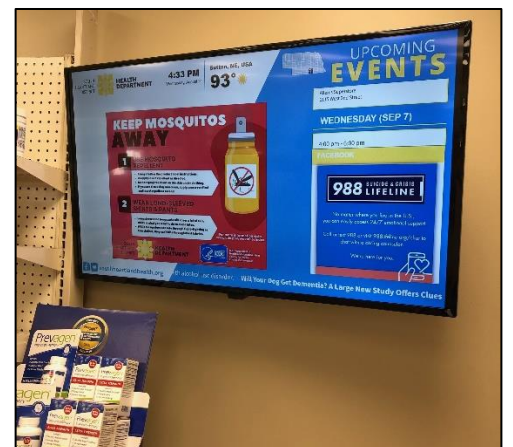


**Opioid Awareness and Drug Overdose Prevention at Area Libraries** (Left) SHDHD placed a small banner and flyers about the importance of proper drug disposal along with drug disposal take-home kits at the Hastings Public Library, which reports positive community interest in the materials. We hope to expand to other libraries in the district.

**Lung Cancer Awareness and Radon Risk Reduction at Kool Aid Days** (Right) SHDHD partnered with Morrison Cancer Center to promote lung cancer screening and radon awareness and testing.



**SHDHD's Electronic Communications Project** (Clockwise from above left) Monitors programmed with public health content placed at Head Start in Hastings, Superior Pharmacy (installation), Superior Pharmacy (with Pharmacist/BOH Member Tory Kohmetscher), Sutton Pharmacy, and Webster County Courthouse.



# 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. Links to wastewater surveillance reports (includes Hastings) and variant trends (genomics) were also added to the dashboard.
  - The vaccine dashboard page shares progress for demographics and COVID-19 vaccination rates.
  - The hospital dashboard page shows trends in the aggregate available capacity of the three district hospitals.
- SHDHD surveillance staff have investigated salmonella, STEC, Cryptosporidiosis, Tularemia, WNV and Histoplasmosis infections during this reporting period. **West Nile Virus:** Trapping for West Nile virus (WNV) testing started in the first week of June in Adams Co. with 72 trapped the first week, and 1,651 trapped the second week. One blood donor has tested positive for WNV but was asymptomatic.
- **Monkeypox Virus:** SHDHD epi staff is preparing to assist healthcare providers and to provide guidance for monkeypox virus. We have provided updates to healthcare staff and first responders. We assisted one clinic in submitting a specimen for testing. The result was negative. We have sent out three health alerts regarding monkeypox to providers, labs, hospitals and clinics during this reporting period.
- **Coronavirus (COVID-19) Pandemic Situation Update / Dashboard Highlights:**
  - As of August 31, 2022, a cumulative 11,157 COVID labs have been reported. During the summer of 2022, we have received many lab results of reinfections. During this reporting period, 248 labs have been received. We continue to investigate minors as well as provide guidance in outbreak situations. Nursing homes and LTC facilities are being monitored and advised when cases occur in the facility. Case rate and positivity (percent positive tests) (excluding the nursing home data) has mostly fallen in the high range during July and August. Hospitalizations have been sporadic during this reporting period. This is an indicator of high community transmission of COVID. There are currently three COVID patients hospitalized (ICU) in our jurisdiction.
  - A total of 271 specimens have been sequenced through 8/31/2022. Five specimens have been sequenced during this reporting period, resulting in identification of Omicron BA4 and BA5 variants. The omicron variant and subvariants have dominated cases this year.
- **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 150 deaths attributed to COVID-19 since the beginning of the pandemic. **Current Case Fatality Rate: 1.3%**
- **Epi team continues to monitor novel infections** such as tomato virus as well as reemerging virus, like polio virus.

## 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:** 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 (July - August) to over 140 individuals each time and issued 8 news releases to media and partners. Staff check the Nebraska Electronic Disease Surveillance System (NEDSS), Salesforce, and fax machine for COVID test results. One health alert pertaining to COVID updates was sent out to providers, hospitals, urgent cares, labs and clinics during this reporting period.

- **PPE distribution totals:** From the beginning of March 2020 through August 31, 2022, SH has distributed out: Masks – 235,117, Surgical Masks – 327,400, Cloth Masks – 50,740, Face Shields – 36,838, Goggles – 3,325, Hand Sanitizer – 1,379 containers, Wipes – 11,597 containers, Gloves – 992,700, Gowns – 196,834, Thermometers – 803, Bleach – 12 gal., Eco Lab Disinfectant – 3 containers.
- **E-MED Test Kits:** 7,458 E-MED at-home COVID test kits were received from Feb – August 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 6,321 kits have been distributed to 78 organizations/individuals across the district. SHDHD office serves as the public site for kit pick-up in Adams County.
- **Communications Drills:** Assuring bi-directional communications with pharmacies by utilizing the revised points of contact and preferred communications methods to complete a drill that identified vaccine needs by pharmacies.
- **Monkeypox Response:** Staff are fielding questions from the public, assisting health care providers with MPX testing, managing vaccine, assisting health care practices to become approved JYNNEOS vaccine providers, creating a referral process for patients, sharing updates with health care providers through SHDHD's Health Alert Network and Public Health Coordination Center (PHCC) meetings, and providing information to schools, colleges, populations at high risk, and others, through electronic flyers, news releases, and social media.

### **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:** July: "National Childhood Obesity" and "U.V. Safety". August: "Back-to-School Safety", and "Beat the Heat".
- **News releases, public health columns, ads and interviews:** COVID activities have increased in these last two months, and continues to be the primary topic of news releases and communications. In July/August, SHDHD put out 8 press releases and granted phone interviews for TV and radio media requests, focusing primarily on COVID-19-related issues and vaccinations, back to school vaccinations and West Nile Virus. Summer Tips for keeping food safe and healthy and health in your back-to-school routine 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. 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. In addition, during July/Aug, SHDHD began running ads that include information about back-to-school vaccinations in English and Spanish.
- **SHDHD Social Media:** During July and August, English Facebook page reached 2,038 people, the Instagram page reached 50 people, and the Spanish FB page has reached 511. Topics included Immunization Awareness Month, Covid vaccine, heat safety, mental health and 988, food safety, Smart Moves, Building Healthy Families, and West Nile Virus prevention.
- **Website:** Our website "views" continued to maintain for July (1,769 views) and August (1,785), and continue to be lower than our max views (19,204 views) during a single month in the pandemic. Website views continue to be higher than our pre-COVID-19 (~450 views/mo). SH now has a Spanish Tab on our Website, where several key pages have Spanish translation. The Spanish pages continue to be a work in progress, but we hope to have it complete by Oct 2022.
- **COVID-19 Information for Public:** SHDHD staff continues to focus on answering calls accurately, timely, professionally and transparently. Website charts (testing & vaccine information) updated weekly & as needed.
- **Direct Mail and TV PSAs:** Partnering with Midland Area Agency on Aging to promote COVID boosters and annual influenza shots for residents 50 and older through direct mail flyers, and PSAs on NTV.

- **Electronic Communication Boards:** SHDHD has the electronic communication boards set up at the Sutton Pharmacy in Clay County, the Superior Pharmacy in Nuckolls County, the Webster County Courthouse and the Hastings Head Start Building. The fifth unit will be placed at the Catholic Social Service Office.
- **2022 Annual Report:** SHDHD submitted the Annual Report (July 1, 2021 – June 30, 2022) to NALHD. The report will go to DHHS to be shared with the Nebraska State Senators and staff.

#### **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:** SHDHD continues to work on a CHIP dashboard to share with partners and the public to highlight implementation progress.
- **Access to Care CHIP Priority:**
  - **Health Equity (HE):** Educating on 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. During this period, SH has focused HE efforts on the roll out of the electronic communication boards (see above) and ensuring COVID-19 test kits are available throughout the district.
- **Mental Health CHIP Priority:**
  - **Rural Behavior Health (BH) Network:** The Rural BH Network continues to virtually meet on schedule to implement their strategic plan. During the August meeting, SH shared the progress on data collection from BH providers and spent some time as a network reviewing our purpose.
  - **Maternal Child Health:** SH has an agreement with one local clinic to pilot at least one Mental Health screening assessment for youth and will try to add an additional clinic in September. SH is also partnering with ESU 9 for Mental Health trainings across the district and with 1 school to implement a new MH initiative.
  - **Other:** Donations from Give Hastings Day are being used to make Mental Health Wellness kits for Adams County freshmen students and to offer 2 Mental Health First Aid trainings to interested community members and people who work with youth. The kits will be distributed during Suicide Prevention Week, September 4th – 10th.
- **Substance Misuse CHIP Priority:** SHDHD continues to carry out our drug overdose prevention workplan with the assistance of community partners. Through MOU activities, Area Substance & Alcohol Abuse Prevention (ASAAP) offered 4 community events, 1 in each county, to share information with families about drug prevention and awareness. They had a great turnout. SHDHD continues to work with area libraries to place safe drug disposal kits for community members to take home and utilize. Lastly, we continue to work on general communication to the communities about opioid use and the accompanying stigma.
- **Obesity & Related Health Conditions CHIP Priority:**
  - **Building Healthy Families:** SHDHD continues to implement the second cohort for 1 family. The core BHF team (SHDHD and partners) is finding it difficult to get enough families to commit to the program. The team spent several hours recruiting/talking to providers and the general community this period and received 13 referrals from providers, which gave the team a list of 21 interested families. However, as we draw near the class start date and SH attempts to connect with the families for a commitment the list dwindles quickly. At this time, we have 2 families committed to our next class which is scheduled to start in September.
  - **Prevention Connection: Smart Moves - Diabetes Prevention Class (DPP):** Hastings & Superior started a combined virtual *online* National Diabetes Prevention Program by Nebraska Department of Health on March 1, 2022, with 11 Participants starting the yearlong classes. Participants receive a weekly video session, track meals, weight, and physical activity receive daily messages from their coach, and community messaging. With 26 weeks into the year-long class, so far, the 11 participants have lost 92 lbs. or 4.0% weight loss. The year-end goal is to have 5-7% weight loss (2 participants @ 3%+, 3 participants @ 4%+, 1 participant @ 5%+ and 1 participant @ 13%+). SHDHD is planning to start another on-line Smart Moves class in September.
  - **Whole School, Whole Community, Whole Child (WSCC):** SHDHD met with both HPS and Harvard to kick off the final year of the WSCC project. Each team had different goals, but both of them will be addressing sustainability efforts. SH began working with the teams to identify goals for the final year of the funds.

- **On Track: Transforming Diabetes:** Hosted a Kick-Off meeting of the Hastings Community Coalition for Diabetes on Track. The Coalition will review current resources in the community that are supporting diabetes prevention and diabetes care, determine gaps, brainstorm ways to improve, try those, and evaluate for success. The Nebraska Diabetes Foundation is supporting 2 year pilot projects in the communities of Hastings and Wayne.
- **Cancer Priority:**
  - **Mary Lanning Healthcare Cancer Committee:** Michele attended and shared SHDHD's cancer screening pilot projects and cancer prevention marketing campaign. Kool-Aid Days: One SHDHD staff member joined the Mary Lanning team in promoting information on Lung Cancer. In addition to radon information, two home test kits were sold at the event.
  - **Colon Cancer:** No cost *fecal immunochemical test* (FIT) Colon Cancer Screening kits became available August 1<sup>st</sup> for distribution at the department and at one site in every county (ML Community Health Center, Sutton Pharmacy, Main St. Clinic and Superior Family Medical Clinic). Kits can also be accessed through our website and mailed out to clients. **Eleven** kits were distributed in August. *FIT uses antibodies to detect blood in the stool and has an easier stool specimen collection process.*
- **Injury Prevention: Tai Chi Moving for Better Balance & Stepping On Classes:** Completed Stepping On class at the YMCA – Hastings on August 24<sup>th</sup> with 11 participants completing the class. Participants started with a Time Up and Go with an average of 12.9 seconds and ended the class with 9.7 seconds (anything over 14 seconds participants have a better chance of falling). Stepping On meets once a week (7 weeks for 1½ hours) with guest experts addressing fall-related topics (balance & strength exercises, vision, prescribed & over-the-counter medications, obstacles (community & house), shoes, and lifeline). Tai Chi classes start again, in September.

## 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:**
    - **Radon:** SH submitted for continuation funds for Radon Activities.
    - **Immunization:** SH submitted for the annual round of VFC funds for the 2022-23 year with an emphasis on flu vaccinations and outreach to specific populations.
    - **Accreditation:** SH submitted a workplan and budget to continue receiving funds to support accreditation activities.
    - **EWM- CIP:** SH submitted two collaborative impact projects (CIPs) to the DHHS Every Women Matters (EWM) program. The focus of the CIP projects is breast screening and navigation for underserved populations.
    - **Health Equity:** SH submitted for continuation of funds to the HE projects, providing an updated workplan and budget.
    - **MAAA –** SH signed a contract with MAAA to promote COVID Immunization in older adults by providing credible information for people 60 years of age and older about COVID 19 vaccines through the delivery of a postcard, via United States mail, and which may include a reminder of the importance of getting vaccine boosters. Additional credible information may be provided through newspaper, radio, and social media (\$10,460.50)
- **COVID-19 Response Plans:** We have started addressing our action items from our most recent After-Action Review (AAR), including incorporating exercises/training, and re-engaging our ethics process and the Ethics Committee.
- **COVID-19 Vaccine Distribution Plan:** Vaccine distribution continues via district COVID-19 vaccine providers, at our own weekly clinics in Adams County and with partners to reach special populations.
- **Vaccine FDA Approval/EUA (Emergency Use Authorization):** SHDHD continues to follow and promotes 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. We are waiting for guidance (EUAs) for the Bivalent Booster for both Pfizer and Moderna. This booster provides protection for the current circulating Omicron variants, B4 and B5. It will be administered 2 months after the last primary or booster dose.

## 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.
- Restaurant Inspection Reports from Nebraska Department of Ag: Reached out to Dept of Ag to request that they resume sending quarterly inspection reports that local health departments are supposed to be receiving. SHDHD hadn't received a report since August 2020. We are now connected to the appropriate person and received a report in May 2022. Working to schedule a time to discuss the reporting process.

## 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 July/August. Staff delivered 63 total vaccinations to 29 VFC patients at the combined clinics. Of the 29 patients, 28 (97%) were uninsured and 1 (3%) had Medicaid coverage. 9 new patients (kids/adults) were seen with referrals coming from local providers, Migrant outreach workers, school nurses, and family/friend referrals. 19 (66%) patients (kids/adults) were provided Spanish print materials and interpretation during their visits and during the appt. reminder calls. Donations totaling \$89.00 were collected during the combined July/August clinics.
- Immunization: Adult Immunization Program: 1 vaccination (COVID-19) was administered to a parent during the July/August clinics. The client was uninsured.
- 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 July/August, 15 client records were reviewed. 8 calls/voicemails/texts were made. 1 client connections was made.
- COVID-19 Vaccinations: Weekly public COVID-19 vaccine clinics held in the space at the west end of Allen's have continued through July/August. COVID-19 vaccines have also been administered to the uninsured populations attending VFC/AIP clinics at the department and are available to homebound or incarcerated individuals. Vaccination rates: 52.6% of total SH Residents have received at least 1 dose, 49.4% of total SH residents completed primary series. 30% of total SH Residents have received at least one booster.
- 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 having reached 511 people, as well as the new electronic dashboards. Assist and participate in Minority Health grant projects/networking directed toward the Hispanic population.
- Community Health Worker (English Only) / Every Woman Matters (EWM) and Health Coaching: Health Coaching EWM clients for July 2022: Completed 1st Health Coaching call with 1 participant, 2nd Health Coaching call with 0 participant, 3rd Health Coaching call, and Every Woman Matters assessment with 0 participants. August 2022: Completed 1st Health Coaching call with 0 participants, 2nd Health Coaching call with 1 participant, 3rd Health Coaching call, and Every Woman Matters assessment with 0 participants.
- Community Health Worker (Bilingual Only) / Every Woman Matters (EWM) and Health Coaching: EWM Clients: Completed 1<sup>st</sup> Health Coaching call with 0 participants, 2<sup>nd</sup> Coaching Call with 0 participants, 3<sup>rd</sup> Coach Call with 3 participants unable to reach.



- **COVID-19 Testing:** Brodstone Hospital is providing testing through a sub-agreement with SHDHD. At Brodstone's request, SHDHD asked NE DHHS for a contract extension to continue to be able to provide public access to free testing in Nuckolls County.

## 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:** Supervisors continue meeting and providing guidance for supervisees, including workforce professional development goals. The Leadership Team is planning for the staff professional development, including staff engagement and satisfaction survey, in September/October.
- **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:** All staff Line of Sight training - identify goals & performance measures. Four staff attended Kids and COVID-19 – Returning to school Amidst a Pandemic. Staff completed Stericycle Bloodborne Pathogen training. One staff attended a session hosted by NIHCM Foundation that is promoting the inclusion of COVID-19 as an Adverse Childhood Experience or ACE's. Children Under Stress: Preventing ACEs and Supporting Childhood Well-Being. One staff also attended Monkeypox: Updates in Evaluation and Management by NETEC. One staff completed Recertification Leader Stepping On training. One staff completed "You Call the Shots – Storage and Handling". One staff completed HIPAA Privacy and Security Training. One staff completed Active Shooter Preparedness Webinar.
- **Surveillance Staff Training:** Dr. John Bohmfalk, HC professor emeritus and SHDHD volunteer C-19 disease investigator, continues to provide weekly disease presentations (etiology, incidence, & treatment) that require rapid PH response. July/August: Kawasaki Disease, Hauntavirus and Nagleria fowleri (brain eating amoeba)
- **Health Literacy Training:** Two staff members are currently enrolled in the Institute for Healthcare Advancement's (IHA) Health Literacy Specialist Certificate Program. The staff members have received their micro-credentials in Education; Language, Culture and Diversity; Public Health, Ethics. Communication and Community Engagement. The staff members also completed a 6 hour Applied Plain Language Writing for Effective Health Communication workshop offered by UAMS Center for Health Literacy.
- **UNMC ECHO Training, Health Equity/Quality Improvement:** One staff member has completed 20 of 38 sessions.

## 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 was accepted by PHAB on 8/29/22.
- **Quality Improvement Projects:** Policy review/revisions; Leave process; Travel Reimbursement process.
- **Community Health Improvement (CHIP) Implementation:** SHDHD communicates with CHIP teams monthly about data, dashboards and CHIP activities. SH is continuing to develop the CHIP public dashboard.
- **Performance Management (PM):** We are completing Line of Sight for team goals to develop department-wide performance measures. These measures will be included in a dashboard for Board of Health and the public (help demonstrate the value and effectiveness of our work by reporting regularly on key performance measures).
- **PHAB Accreditation Standards and Measures:** integrating the new Version 2022 Standards and Measures in to plans, processes and program workplans. Assistance and collaboration with 'Accreditation Community of Practice' virtual meetings with Statewide participants.

## 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: Exhibiting effective and ethical leadership, decision-making, and governance.

- SHDHD utilized the department's Ethics Procedures and activated the Ethics Committee to clarify the health department's legal authorities and ethical responsibilities in a situation which had the potential to result in poor outcomes for a pregnant mother and her unborn child. We followed our procedures, including submitting the issue for a legal review to determine whether the issue also required an ethical review, appointing a lead review team, and conducting deliberations with the Committee. The internal report was completed in this reporting period and a summary of the deliberations was posted on the SHDHD website.

## Success Stories: How we make a difference...

### Stepping On reduces risk of falls

Stepping On is an evidence-based Falls Prevention class that reduces older adult's risk of falls by up to 50%. In just 7 weeks, participants will be stronger and steadier wherever they go and are able to keep doing the things they want to do. Stepping On participants meet once a week for 1.5 hours, where they will learn from a physical therapist 4 exercises to do daily to improve their balance and 4 exercises to do 3X a week to improve their strength. Other guest experts include pharmacist, vision, safety, life-line, and shoe specialist. Timed Up Go (TUG) Assessments are completed at the beginning of the class and again at the end, so participants can see how much their time changes in just 7 weeks. TUG consists of sitting in a chair, getting up, walking 10 feet, turning around, walking back to the chair, and sitting down at your normal rate of speed. Anything over 14 seconds means the individual has a higher risk of falling. With the 11 participants that took the most recent class, the beginning average TUG was 12.9 seconds and the ending average TUG was 9.7 seconds.

One of my Stepping On participants - Gary Barrera, 65 years old - had several physical issues that he told me about at the beginning of class and arrived at class in a wheelchair. His TUG for the first time was 34.2 seconds. During the next 4 weeks Gary showed up in his wheelchair, but during week 6 he walked in with his cane. Everyone was so happy for him and you could tell Gary was proud of himself. During week 7 it was time for me to reassess Gary's TUG. You could tell this was going to be a great time, Gary didn't ask to move his chair closer to the wall for him to use the wall for balance like the first time. Gary's TUG time at the end of the class was 14.4 seconds, an improvement of 19.8 seconds in just 7 weeks, improved by doing those 4 balance exercises daily and 4 strength exercise 3 times each day. SHDHD started doing Stepping On in 2017, and I can honestly say that I have not seen that big of a change in someone's TUG score, until Gary's. Gary reported to me that he was trying really hard to complete those exercises daily.

Another Stepping On participant Geraldine Uden, 86 years old, had a first TUG of 17.5 seconds and an end time of 11.5 seconds for an improvement of 5 seconds. Geraldine found that getting up out of a chair was the hardest for her to do at the beginning of the class, but with some modifications, we were able to make getting out of a chair a little easier for her.






Liz Chamberlain  
Falls Prevention Coordinator





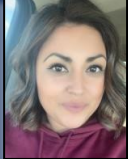


Stepping On class – YMCA Hastings 8.24.2022 participants doing one of 4 exercises they learn to improve strength (Front-knee strengthening). Strength exercises are to be completed as least 3X a week and 4 balance exercises completed daily.



## South Heartland Bi-Monthly Board Report: Staff-Specific Program Updates, July-August 2022

<p><b>Janis Johnson</b></p>  <p>Interim Assistant Director Standards and Performance Manager / Public Health Nurse</p>	<p><u>Vaccinations:</u> Interim coordinator. July/August, we provided 63 vaccines for 29 patients through the Vaccines for Children program and 1 vaccine for an adult patient through the Adult Immunization Program. Also planning for monkeypox (JYNNEOS) vaccine administration.</p> <p><u>COVID-19 Response:</u> . Assuring SHDHD and vaccine provider partners are up to date on COVID-19 vaccine guidance. During July/August we provided COVID-19 vaccinations and boosters at 9 public walk-in clinics at Allen's and 2 VFC clinics. 111 shots were given in July and 73 in August. 34 vaccine transfers were made to district COVID-19 vaccine providers. Vaccine storage averaged 1,715 doses/week.</p> <p><u>Standards and Performance Management/Accreditation:</u> integrating new Standards &amp; Measures (2022) for implementation requirements, quality improvement &amp; performance management, ethics committee summary</p> <p><u>Assistant Director:</u> orientation, staffing, staff training, logistics, assist ED.</p>
<p><b>Brooke Wolfe</b></p>  <p>Public Health Promotions and Prevention Coordinator</p>	<p><u>Program Activity:</u> During this period, I closed several grants periods out and assisted in the writing of continuation of funds or new funding.</p> <p><u>Grants Management:</u> During this reporting period, we submitted 16 quarterly reports on or before the deadline; facilitated 10 internal grant-focused team meetings to better meet grant deliverables, and submitted 6 new/renewal grant proposals.</p>
<p><b>Liz Chamberlain</b></p>  <p>Project Specialist / Community Health Worker</p>	<p><u>COVID-19 Response:</u> Took over as Back-Up Vaccine Coordinator and continue to help with weekly Covid Vaccine clinics at Allen's, delivering Covid Vaccines to providers in the district, and also helping with monthly VFC clinics with data entry. Continue to distribute PPE to agencies as orders come in through SHDHD Jot Form, complete PPE inventory, and update PPE spreadsheets. Report to state weekly on E-Med Test Kit distribution.</p> <p><u>Falls Prevention Classes:</u> Finished Stepping On class @ YMCA with starting Timed Up and Go (TUG) Score of 12.9 seconds and a finish TUG of 9.7 seconds. Tai Chi class will start back up in Aug/Sept 2022.</p> <p><u>HALT (Online Diabetes Prevention Program):</u> 11 participants started a year-long class on March 1, 2022, with total 91 lbs. lost (avg 3.9% weight loss) after 25 weeks.</p>
<p><b>Jessica Warner</b></p>  <p>Health Surveillance Coordinator</p>	<p><u>Disease Surveillance:</u> The epi team worked on information and infographics for new CDC guidelines to send to schools. I sent this information to all principals in our jurisdiction on 8/24/22. I also worked on three Health Alerts that went out to providers during this reporting period. Monkeypox continues to spread across the US and there are currently 26 cases in Nebraska, but none in our jurisdiction. I worked on investigation guidelines and communications with partners for monkeypox testing. I completed one lead home investigation and followed up with a positive WNV infection in August.</p>
<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 on COVID response</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 six of the seven units. I also completed a six- hour Plain Language Workshop.</p> <p><u>Grants:</u> I am working on the electronic communication boards as part of the Health Equity grant and distributing and monitoring colorectal cancer screening FIT kits as part of Every Woman Matters program. I am also working on the Community Coalition portion of the Transforming Diabetes Care and Education pilot program with Nebraska Medicine and UNMC.</p>

## South Heartland Bi-Monthly Board Report: Staff-Specific Program Updates, July-August 2022

<p><b>Heidi Davis</b></p>  <p>Disease Investigator</p>	<p><u>COVID-19 Response:</u> I continue to work on investigations for COVID-19 cases and have assisted on Lab Requisitions related to sequencing positive C-19 cases.</p> <p><u>Health Literacy:</u> I am currently enrolled in a Health Literacy Specialist Certificate Program. I have successfully completed six of the seven units for the course. I also completed a six- hour Plain Language Workshop.</p> <p><u>Disease Surveillance:</u> I continue to work on learning about and investigating all reportable diseases, and reviewing all labs that we receive in NEDSS.</p> <p><u>Other programs:</u> I recently started working with the Every Woman Matters and the United Health Care projects to provide support in cancer prevention initiatives. I am learning about the work plan for each grant and working with the team for each one to meet goals.</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.</p> <p><u>Communications:</u> I have helped with the electronic communication boards project. I find and develop content for the boards and our other social media channels.</p> <p><u>Building Healthy Families:</u> I continue to recruit for our 3<sup>rd</sup> cohort of Building Healthy Families. I have met with 3 pediatric clinics to speak with providers about the program and ask for referrals. I also attended open houses for 2 schools to promote the program.</p> <p><u>Kids Fitness and Nutrition Day (KFND):</u> I sent out registration packets to elementary schools in the district for KFND on October 4th, 2022 and am finding volunteers for the day of the event.</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 as well as other program translations.</p> <p><u>Communications:</u> I develop and share resources to promote Covid-19/Flu/Immunizations and wellbeing on social media/dashboard and translating to Spanish for the Spanish Facebook. Overseeing and editing the translations of important/key pages on the new Spanish Tab on our website. I've cooperated with the electronic communication boards in finding and developing content in Spanish for the boards.</p>
<p><b>Sam Coutts</b></p>  <p>Clerical Assistant for Finance and Operations &amp; Vaccine Clinic Support</p>	<p><u>Clerical Assistant for Finance and Operations:</u> I continue to assist the Finance and Operations Manager by providing clerical support and expertise in areas such as grants and contracts, scanning, filing, and reviewing documentation, human resources regulation, and assisting with projects related to organizational policies, performance management/quality improvement, and budgeting, as requested. I assist other staff as needed with these areas as well.</p> <p><u>COVID-19 Clinic Support:</u> I also provide general administrative and clerical support and assist with data entry as needed.</p>
<p><b>Pam Stromer</b></p>  <p>Administrative &amp; Technology Assistant</p>	<p><u>Administrative Assistant:</u> I provide office support by answering the phone, processing mail, receiving guests and providing various office duties. I also recently received my certificate &amp; stamp as a Notary Public.</p> <p><u>Technology Assistant:</u> I help maintain and update the South Heartland District web pages, develop on-line surveys as requested, provide 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, help input Colon Cancer Screening Kit registrations, provide technical support to the new TV's &amp; Dashboards for the counties and compile data for both the SHDHD COVID-19 and hospital capacity dashboards.</p>

## South Heartland Bi-Monthly Board Report: Staff-Specific Program Updates, July-August 2022

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

#### **Part-time Hire:**

Aida Evans	Interpretation, Minority Outreach
Emma Severson	Project Support Intern (Hastings College - HC)
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
Evan Kingston	Seasonal Intern (HC) – West Nile Virus, Drug Overdose Prevention
Luisa Najera	Summer Intern (HC) - Webpage translations to Spanish

#### **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, PhD	Disease Investigation, presentations on various diseases to Epi Team

#### **Vaccine Clinic Staffing Support:**

Mary Lanning	COVID clinic staff if needed (Pharmacy, Nurses)
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## SHDHD Board of Health

## Policy Committee Minutes

**Date:** 8/26/22 3:30pm**Policy Committee Members Present:** Sam Nejezchleb (in person), Chuck Neumann (Zoom), Nanette Shackelford (Zoom); **Absent:** Barb Harrington**Staff:** Michele Bever, Kelly Derby, Janis Johnson

Topic/Lead	Comments/Action
Review Minutes of	Minutes reviewed. No action.
Policy Reviews/Revisions/ Proposals	<ul style="list-style-type: none"> <li>Revisions to HR304 (Computer Use), all in the Security section of the existing policy, were laid out by Derby. Added were best practices in the areas of remote work, email security, password security, and credit card use.</li> <li>Regarding HR103 (Paid Time Off), Bever noted that the action by the Board at the July 2022 Board meeting to increase the number of holidays from 12 to 13 needs to be brought to the board for a revote, since it was not on the Board meeting agenda in July. Also need to address whether part-time staff would also gain a holiday (from 6 to 7)? Committee members presented various views which they were encouraged to voice at the next Board meeting, when the policy is brought to the board for a vote.</li> <li>Bever presented a new policy, HR110 (Tuition Reimbursement), per former discussion by the Policy Committee as well as similar policies in use by other local health departments. Discussed allowing up to a certain amount per year and up to 6 credits/year, dependent on funding. Board would approve by resolution the amount allowable each year.</li> <li>Per March 2022 Board of Health training on <i>Fundamentals in Law and Procedure for South Heartland district Health Department Board of Health</i>, presented by Tana M. Fye of Fye Law Office, Boards of Health should periodically review their bylaws. Bever and Derby have reviewed the bylaws and Bever forwarded them to Board member Donna Fegler-Daiss (Adams County Attorney) requesting guidance on next steps. Recommendations will be brought to the next Policy Committee meeting.</li> <li>Sam Nejezchleb previously brought to our attention the vice president as one who should have delegated authorities for the affairs of the agency (e.g., check signing). This was an omission when the check-signing authorities were updated at the Annual Meeting in March 2022. Bever brought to the committee two resolutions delegating bank account maintenance and check-signing authority (Resolution #2022-5) and delegating responsibilities relative to business, property and affairs of the agency (Resolution #2022-6) to the appropriate Board members and staff, including Board Vice President, per the roles and responsibilities outlined in the bylaws for this position.</li> </ul> <p><b>Action for full Board in September:</b>  Recommended to full board  HR304 (Computer Use) – as revised  HR103 (Paid Time Off) – number of holidays in question  HR110 (Tuition Reimbursement) – as written  Resolutions #2022-5 (check signing authority) and #2022-6 (responsibilities to pay charges and expenses)</p>



Other:	
Next Meeting	October - TBD
	Adjourned at 4:45 pm

Submitted by Michele Bever  
August 30, 2022



**South Heartland District Health  
Department  
Employee Handbook**

Policy Number: HR103	Policy Title: Paid Time Off	Program Area: Benefits
Approved: 3.2.2022	Reviewed: 2.22.2022	Next Review Date: 2.22.2023

**Purpose**

The purpose of Paid Time Off (PTO) is to provide employees with flexible paid time off from work that can be used for such needs as vacation, personal, or family illness, doctor appointments, school, volunteerism, and other activities of the employee's choice. The company's goal is to reduce unscheduled absences and the need for supervisory oversight.

**Policy**

Employee's leave will accrue from day one of employment for all full time and eligible part-time employees. An eligible part-time employee is defined as any regular part-time employee working at least 20 hours per pay period.

**HOLIDAY**

- Holidays occurring on Saturdays will be taken on Fridays and holidays occurring on Sundays will be taken on Mondays. The South Heartland District Health Department is closed on the twelve (12) pre-selected holidays shown below, unless an emergency exists. Employees are encouraged to take their paid time off. For holidays observed by the Health Department the building is closed.

New Year's Day	Martin Luther King's	President's Day
Arbor Day	Memorial Day	Independence Day
Labor Day	Columbus Day	Veteran's Day
Thanksgiving Day	Day Following	Christmas Day

- Regular full-time employees are allowed all 12 holidays. In addition, full-time employees beyond the probationary 90 days are allowed two "floating" personal days of their choosing per calendar year.
- Regular part-time employees are allowed six major paid holidays after completion of the probationary 90 days. In addition, part-time employees are allowed one "floating" personal day of their choosing per calendar year. It is at the discretion of the Executive Director to approve flex-time during holiday weeks. Part-time employees will not be given a replacement day off for holidays that fall on days when they are not scheduled to work.

New Year's Day	Memorial Day	Independence Day
Labor Day	Thanksgiving Day	Christmas Day

- Temporary employees: No paid holiday benefit.
- At the discretion of the Executive Director, an employee may work on a paid holiday. Should that employee work, they will be paid for their hours worked during that day. If the employee works a full day, they will be granted a floating holiday in place of that holiday that is to be used by the end of the calendar year. Should the employee only work half of that day, they will be granted a half day of floating holiday to be used by the end of the calendar year.

Compressed or Flexible work schedules: a) If a holiday falls on a day when flex employees are not



scheduled to work, then the preceding workday will be honored, except in cases of Monday holidays, when the following scheduled workday will be honored instead. b) A single holiday will equal 1/5 the total weekly scheduled hours regardless of the hours scheduled for that employee on that particular holiday. Part-timers at 32 hours, for example, will receive 6.4 hours' pay each holiday. If a holiday falls on a day when an employee is scheduled to work more hours than their holiday status allows, the employee has the option to take vacation, Leave Without Pay (if they don't have vacation), or to make up the hours.

## **VACATION**

Vacation is accrued biweekly at a rate that is based on length of service and employee classification. Vacation leave is accrued by hour paid (up to 80 hours each pay period) and scaled for regular part-time employees. Regular part-time employees regularly scheduled for 40 hours or more in a bi-weekly pay period would accrue vacation at .0462 hour/paid hour based on full-time formula. Regular part-time employees regularly scheduled for less than 40 hours in a bi-weekly pay period would not be eligible for vacation benefits.

There are two employee classifications: the SHDHD Executive Director and all other full-time employees. (See chart below) Vacation leave will be capped for all employees at 240 hours. Vacation leave can be used for employee sick days if sick leave is depleted or if a family member is ill. In addressing the organization's fiscal responsibilities relating to accrual liabilities and termination of employees "not in good standing," the SHDHD has adopted an "accrued but not earned" policy. The employee's length of service is based on anniversary date (date of hire as an eligible employee).

Executive Director:	Level 1 - Years 1-5: 136 hours vacation/year
	Level 2 - Years 6-7: 152 hours vacation/year
	Level 3 - Years 8-9: 168 hours vacation/year
	Level 4 - Years 10+: 184 hours vacation/year
All Other Full-time Employees:	Level 1 - Years 1-5: 96 hours vacation/year
	Level 2 - Years 6-7: 112 hours vacation/year
	Level 3 - Years 8-9: 128 hours vacation/year
	Level 4 - Years 10+: 144 hours vacation/year

Regular Part-Time Employees working an average of 20 or more hours/week: Scaled based on 12 days' vacation /year.

Temporary Part-Time Employees: No vacation benefit.

Vacation time will not be counted in the calculation for overtime. If an employee is absent from work for a portion of the week, and still works 40 or more hours in that week, that employee will not be eligible for paid vacation leave for that week. Changes in schedule and leave requests must be submitted in advance to the employee's supervisor and approved by the executive director.

## **SICK LEAVE**

Sick leave is accrued biweekly at .0346 hours sick leave/paid hour up to 80 hours per biweekly pay period. The maximum per year accrual is 9 days and sick leave will be capped for all employees at 240 hours. Sick leave is to be used for the employee's illness, but may also be used in the event that the employee's child is ill and the parent needs to stay home. At termination of employment, no cash reimbursement will be given for unused Sick Leave.

Regular Part-Time Employees: working a average of 20 or more hours/week: Scaled based on 9 days' vacation /year.





Temporary Part-Time Employees: No sick benefit.

Employees are encouraged to avoid scheduling medical or other personal appointments which conflict with normal working hours. However, when such conflicts cannot be avoided, employees should advise Operations at the earliest possible time by completing and submitting a change of schedule/leave request form. Such time for non-exempt employees will be taken as sick leave for medical appointments and/or vacation leave for personal appointments, assuming the employee has such leave time available; otherwise, the time will be unpaid.

Sick time will not be counted in the calculation for overtime. If an employee is ill and therefore absent from work for a portion of the week, and still works 40 or more hours in that week, that employee will not be eligible to submit sick time for that week. Changes in schedule and leave requests must be submitted in advance to the employee's supervisor and approved by the executive director.





## South Heartland District Health Department Employee Handbook

Policy Number: HR 304	Policy Title: Computer Use	Program Area: Employment
Approved: 1.6.2021	Reviewed: <del>12.1.2020</del> 8.9.22	Next Review Date: 12.1.2021

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### Purpose

To remain competitive, better serve our customers and provide our employees with the best tools to do their jobs, South Heartland District Health makes available to our workforce access to one or more forms of electronic media and services, including computers, e-mail, cell phones, fax machines, and the internet. Proper guidelines must be followed to ensure appropriate use of these devices and services.

### Policy

SHDHD encourages the use of these media and associated services because they can make communication more efficient and effective and because they are valuable sources of information about vendors, customers, technology, and new products and services. However, all employees and everyone connected with the organization should remember that electronic media and services provided by the department are department property and their purpose is to facilitate and support department business. All computer users have the responsibility to use these resources in a professional, ethical, secure, and lawful manner.

To ensure that all employees are responsible, the following guidelines have been established for using e-mail and the Internet. No policy can lay down rules to cover every possible situation. Instead, it is designed to express SHDHD philosophy and set forth general principles when using electronic media and services.

### PROHIBITED COMMUNICATIONS

All computer users are reminded that their activities are subject to the civil and criminal laws of the state of Nebraska and of the federal government. Electronic media cannot be used for knowingly transmitting, retrieving, or storing any communication that is:

1. Discriminatory or harassing;
2. Derogatory to any individual or group;
3. Obscene, sexually explicit or pornographic;
4. Defamatory or threatening;
5. In violation of any license governing the use of software;
6. Libel;
7. Unauthorized access to or attempting to access computers, networks or records; or
8. Engaged in any purpose that is illegal or contrary to SHDHD policy or business interests.



## PERSONAL USE

The computers, electronic media and services provided by SHDHD are primarily for business use to assist employees in the performance of their jobs. Limited, occasional, or incidental use of electronic media (sending or receiving) for personal, non-business purposes is understandable and acceptable, and all such use should be done in a manner that does not negatively affect the systems' use for their business purposes. However, employees are expected to demonstrate a sense of responsibility and not abuse this privilege.

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## ACCESS TO EMPLOYEE COMMUNICATIONS

Generally, electronic information created and/or communicated by an employee using e-mail, word processing, utility programs, spreadsheets, voicemail, telephones, Internet and bulletin board system access, and similar electronic media is not reviewed by the company. However, the following conditions should be noted:

~~SHDHD does routinely gather logs for most electronic activities or monitor employee communications directly, e.g. recording telephone calls, telephone numbers dialed, sites accessed, call length, and time at which calls are made, for the following purposes:~~

- ~~1. Cost analysis;~~
- ~~2. Resource allocation;~~
- ~~3. Optimum technical management of information resources; and~~
- ~~4. Detecting patterns of use that indicate employees are violating company policies or engaging in illegal activity.~~
- ~~5. Other training purposes~~

Commented [KD1]: Is this true?

SHDHD reserves the right, at its discretion, to review any employee's electronic files and messages to the extent necessary to ensure electronic media and services are being used in compliance with the law, this policy and other company policies.

Employees should not assume electronic communications are completely private. Accordingly, if they have sensitive information to transmit, they should use other means.

## SOFTWARE

Users are not permitted to alter the configuration of any network or individual computer software or hardware without prior approval from Finance and Operations Manager.

To prevent computer viruses from being transmitted through the company's computer system, no software may be loaded onto computers without knowledge and prior approval of the Finance and Operations Manager. Only with permission may programs be downloaded from the internet to be run on computers, including, but not limited to, instant message and remote-control programs. Only software registered and/or approved through SHDHD may be downloaded. Employees should contact the Finance and Operations Manager if they have any questions.

## SECURITY/APPROPRIATE USE



Employees **working remotely** will access the Department's network via VPN or the remote access application approved by the Department's IT consultants. Employees are recommended to avoid public wi-fi since the security of such access is questionable. All cybersecurity policies and procedures must be followed regardless of location.

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**Emails** can carry scams or malevolent software. In order to avoid virus infection or data theft, training to detect phishing and other scams will be issued annually. At all times, however, employees are encouraged to:

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- Abstain from opening attachments or clicking any links when email content is not well explained.
- Make sure to always check email addresses and names of senders.
- Search for inconsistencies.
- Be careful with clickbait subjects (prize offerings, advice, etc.)
- If you receive what you believe to be a bogus email, send a screen shot of the email to Finance and Operations Manager (do not forward the email), and block the sender.

When creating **passwords**, employees are encouraged to:

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- Create a password of at least 8 characters (upper- and lower-case letters, numbers, and symbols).
- Protect passwords (do not leave them where they can be found or send them via email).
- Change computer password every 6 months, and not just by one digit. The new password should be completely different from the previous one.

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Use **social media** responsibly. For details, see Policy HR 314 (Social Media).

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When using the Department **credit card**, engage only on secure websites, identifiable by an "s" (for secure) after http in the URL, or a lock symbol next to the URL in the browser bar.

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Employees must respect the confidentiality of other individuals' electronic communications. Except in cases in which explicit authorization has been granted by company management, employees are prohibited from engaging in, or attempting to engage in:

1. Monitoring or intercepting the files or electronic communications of other employees or third parties;
2. Hacking or obtaining access to systems or accounts they are not authorized to use;
3. Using other people's log-ins or passwords; and
4. Breaching, testing, or monitoring computer or network security measures.

No e-mail or other electronic communications can be sent that attempt to hide the identity of the sender or represent the sender as someone else.

Electronic media and services should not be used in a manner that is likely to cause network congestion or significantly hamper the ability of other people to access and use the system.

Anyone obtaining electronic access to other companies' or individuals' materials must respect all



copyrights and cannot copy, retrieve, modify or forward copyrighted materials except as permitted by the copyright owner.

#### **PARTICIPATION IN ONLINE FORUMS**

Employees should remember that any messages or information sent on company-provided facilities to one or more individuals via an electronic network—for example, Internet mailing lists, bulletin boards, and online services—are statements identifiable and attributable to SHDHD.

SHDHD recognizes that participation in some forums might be important to the performance of an employee's job. For instance, an employee might find the answer to a technical problem by consulting members of a news group devoted to the technical area.

#### **VIOLATIONS**

Any employee who abuses the privilege of their access to e-mail or the Internet in violation of this policy will be subject to corrective action, including possible termination of employment, legal action, and criminal liability.



**South Heartland District Health  
Department Employee  
Handbook**

Policy Number: HR 110	Policy Title: Tuition Assistance	Program Area: Benefit
Approved:	Reviewed:	Next Review Date:

Current practices for employee retention and satisfaction include providing educational benefits to employees at a time when organizations are struggling to find workers to fill vacant positions and retain the workers they have. Providing education benefits supports South Heartland District Health Department's workforce development plan. The Society for Human Resource Management (SHRM) believes employer-provided education assistance plays an important role in workforce development and has long championed policies that allow employers to offer education assistance programs relevant to the modern workforce.<sup>i</sup>

Employee Tuition Assistance Program: Employees in permanent status (full or part time) may, with prior approval of the executive director, receive reimbursement for continuing education.

- Eligible employees may be reimbursed up to designated **annual amounts** approved by the Board of Health to support tuition costs for undergraduate programs and graduate programs toward the completion of job or agency-related courses of instruction through an accredited university, college, technical school or community college.
- To be eligible, employees must have completed a minimum of 1,664 hours (i.e., 1 year of at least 32 hours/week) of service prior to applying for tuition assistance and prior to beginning a college-level course, or purchasing materials required for such courses (unless prior approval is obtained by the Executive Director). Employees who are temporary, on original probation, or serving disciplinary probation are excluded from receiving tuition assistance.
- Tuition assistance covers the expenses required for tuition costs only. Expenses paid for fees, books and other expenses are not considered a part of tuition unless specifically provided for by a funding source.
- Requests for tuition assistance must be approved by the executive director, or his/her designee, prior to the class starting date. Disapproval by the director is final and is not a grievable issue.
- Employees enrolling in a course may do so either by correspondence or attendance at classes during working or non-working hours. Employees granted permission by the executive director to attend classes during working hours shall arrange their work schedule so that they continue to work their normal number of hours per week. The executive director may approve the use of earned compensatory time, vacation or leave without pay to attend classes during working hours.

**Commented [MB1]:** Note –amounts will not be included in the policy – use a resolution by the board to set the reimbursement amounts. [e.g., approved amounts might cover up to 6 credits/year, ~\$1000-\$1500/year of tuition costs for undergraduate programs and up to ~\$1,500-\$2000/year for graduate programs]  
 CCC: Nebraska residents \$110/credit hour  
 Hastings College: ~\$1,300/credit hour  
 UNMC undergrad: \$259/credit hour  
 UNMC graduate: \$351/credit hour  
 UNMC PH Professional: \$461/credit hour



Tuition Assistance Contract: Employees will sign a tuition assistance contract outlining the tuition assistance reimbursement rates and expectations:

- Employees who have successfully completed the approved course or courses shall be reimbursed for whatever rate is indicated on the tuition assistance contract with the employee, based on funding availability. Reimbursement Schedule: Grade Achieved = A or B, reimbursement rate is 100% of contract amount; C = 80% of contract amount; D or lower = No reimbursement.
- Employees who receive tuition assistance will commit to employment for 2 years following the completion of the course and may be asked to reimburse the department 100% if they leave their employment within one year of the course completion date, and 50% repayment if they leave employment within two years.

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<sup>i</sup> James Redstone, director of public policy at SHRM: <https://www.keyseragency.com/why-more-employers-are-leveraging-tuition-assistance-to-attract-and-retain-employees/>

**BOARD OF HEALTH  
SOUTH HEARTLAND DISTRICT HEALTH  
DEPARTMENT  
RESOLUTION #2022-5**

**WHEREAS**, the South Heartland District Health Department Board of Health, in accordance with *Article IV* of its Agency Bylaws, has the power to delegate responsibilities for the general maintenance of bank accounts and custodial accounts, including check signing responsibilities.

**NOW, THEREFORE, BE IT RESOLVED:**

The Board of Health delegates the following Board members and staff with such maintenance and check signing responsibilities: Michele Bever, Executive Director; Nanette Shackelford, Board President; Sandra Nejezchleb, Board Vice-President; Charles Neumann, Board Secretary/Treasurer; and Donna Fegler-Daiss, appointed authorized signer.

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Signature

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Date

**BOARD OF HEALTH  
SOUTH HEARTLAND DISTRICT HEALTH  
DEPARTMENT  
RESOLUTION #2022-6**

**WHEREAS**, the South Heartland District Health Department Board of Health in accordance with *Article II, Section I General Powers* of its Agency Bylaws has the power to delegate responsibilities relative to business, property and affairs of the Agency.

**NOW, THEREFORE, BE IT RESOLVED:**

The Board of Health delegates the following Board members and staff to pay charges and expenses, incident to and arising out of the organization: Michele Bever, Executive Director; Nanette Shackelford, Board President; Sandra Nejezchleb, Board Vice-President; Charles Neumann, Board Secretary/Treasurer; and Donna Fegler-Daiss, appointed authorized signer.

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Signature

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Date

## Executive Director Report to the Board of Health September 7, 2022

### **1. Leadership/Professional**

- Presentation to Hastings Noon Rotary (Monkeypox) – August 12
- New/expanding partnerships: United Health Care – Public Health Capacity-Building Pathways collaboration between UHC and LHDs to ensure population health outcomes are some of the best in the nation for Nebraska’s Medicaid and vulnerable patient populations. SHDHD has volunteered to pilot some new data dashboards
- Meetings with Central Community College and Hastings College leadership teams to share situational updates, public health information, and resources, and to discuss opportunities for collaboration on health initiatives.

### **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. Cabinets arrived in late July – trying to schedule the finishing work and cabinet installation
    - Automatic Backup Generator – Had expected it in July, but now slated to be September.
  - b. Other facility needs:
    - Continuing to explore costs of additional renovations/replacements – Roof replacement needed – included this in the proposed annual budget. Also considering drive-through vaccination/testing space; additional office space; interior safety doors; more energy-efficient windows in the front.
- Staffing
  - Open positions: Public Health Risk Coordinator position (full-time); Program Nurse (part-time); Immunization Coordinator/Nurse Clinic Manager; Community Health Services Coordinator;
  - Future staffing needs (based on new funding): program assistant/s, public health dental hygienist, community health worker
  - Due to expected reduction in funding for COVID disease investigation in November, we are beginning to reposition staff to other activities, some of which are projects designated by new funds – to include
    - Collaborative Impact Projects supported by Health Hub/Every Woman Matters Funding and focused on increasing breast cancer screening rates;
    - Health Equity projects (electronic communications)
    - Building Healthy Families program and School Wellness
    - Infection Prevention in LTCFs: N-95 Fit Testing Train the Trainer program
    - Dental Disease Prevention project with State Dental Office
    - United Health Care – Colon cancer, blood pressure, weight/wellness, and influenza vaccination projects.
- Domain name change (“[.ne.gov](http://www.southheartlandhealth.ne.gov)” replacing “.org”, website: [www.southheartlandhealth.ne.gov](http://www.southheartlandhealth.ne.gov); email: [@shdhd.ne.gov](mailto:@shdhd.ne.gov))

### **3. Legislative Updates** (SP 5, PHAB 12, ES: Governance Function: Oversight).

- Would like to set date/s for this fall to hold a coffee with our state senators and Board of Health members



- SHDHD Annual Report to the Legislature is in progress. Submitted our info to the Nebraska Association of Local Health Directors (NALHD), who compiles info from all the LB692 Health Departments into a final report which is submitted to NE DHHS for submission to the legislature.

#### **4. Health Equity & Ethics**

- Minority Health Advisory Group / Minority Health Improvement Plan
- Added a tab to our website that directs to a Spanish version of the South Heartland webpage
- Electronic Communications project
- UHC Public Health Capacity-Building Pathways projects addressing: influenza vaccination, controlling high blood pressure, weight and wellness, and colon cancer screening for SHDHD's Medicaid and vulnerable populations
- Ethics Committee Deliberations Summary from June Meeting completed and posted to website (see attached)

#### **5. Accreditation**

- Annual report to the Public Health Accreditation Board was accepted. See attached, with PHAB's response and feedback.

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

- a. Goal #1: Create a Succession Plan for the Department by October 15, 2022 *In Progress – functional Leadership Team and new Communications Team have been important for sharing some of the leadership responsibilities and opportunities for knowledge transfer.*
- b. Goal #2: Performance Management System with functional supervisory structure in place by July 1, 2022. *On Track: All staff have participated in 'line of sight' exercises to understand their roles and how they align with Departmental Goals (Community Health Improvement Plan, Strategic Plan, Programmatic Goals. Performance measures are built into the Line of Sight, with the understanding that when performance measures are not met, this is an opportunity to initiate process/quality improvement.*
- c. Goal #3: Personal Wellness - Improve core strength and cardio fitness by implementing a wellness training plan by December 1, 2021. *In Progress: A few barriers in the past 2 months have interrupted/stalled progress.*
- 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: Board Vice President attended Annual NALBOH meeting and is sharing best practices/ideas with Board and staff. Also planning for a 360 evaluation for the next ED review.*

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Address bar: southheartlandhealth.ne.gov

Navigation links: About Us, What We Do, PH Data & Resources, Get Connected, News & Events, Español, SEARCH

Hot Topics:

- [COVID-19](#)
- [Monkeypox](#)

The South Heartland District Health Department is dedicated to preserving and improving the health of the residents of Adams, Cass, DeWitt, and Webster counties.

**EASY TO USE. CONFIDENTIAL. 24/7. FREE.**

4 FREE WAYS TO ACCESS RESOURCES:

- CALL 211
- TEXT 898211
- NE211.ORG
- 211 NE APP

Spanish menu:

- Visión General
- Misión y Visión
- COVID-19
- Viruela del Mono (Monkeypox)
- Construyendo Familias Saludables
- Inmunización
- Cáncer
- Veteranos
- Prevención de Caídas
- Cada Mujer Importa
- Salud Escolar
- Educación
- Preparación

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## Deliberation of the South Heartland District Health Department Ethics Committee

June 27, 2022

**Ethical Issue for Deliberation:** Public health roles and responsibilities for assuring treatment, and a client's rights of refusal.

The SHDHD Ethics Committee met in June of 2022 to consider a complex case study for a possible client refusal of healthcare and public health recommended treatment, which in turn could have impacted other family members and the community. It was the conclusion of the committee that all professionals involved had made a good faith effort in addressing this complex situation.

The committee found that actions on behalf of the South Heartland District Health Department could be justified on several grounds. First and foremost was the concern to maintain the client's individual rights of privacy and self-determination. While this is required by federal and state laws, it is also regarded as a best practice in the literature reviewed. Perhaps as importantly, this approach empowers the client to make decisions for themselves and their family without coercion from medical or health department professionals. Consulting with the client and introducing them to the various risks and potential long-term effects of their decision also allowed them the dignity of being able to make an informed decision.

While a utilitarian justification for coercive action could be made - i.e., that the greatest good for the greatest number would be attained by foregoing the client's individual rights to self-determination and emphasizing their communal responsibility – the committee chose not to consider this approach. Instead, the committee recommended a justice orientation focused on empowerment, respect, open communication, and, above all, an acknowledgement of, and deference to, the client's right to autonomy and self-determination.

The action proposed was optimal, given the circumstances, in that it was able to accomplish the SHDHD mission of public service, was proportional in that the public benefits did not infringe upon the individual's rights, and it was not necessary to override ethical claims to achieve the desired outcome. The approach of informing and encouraging the client to make the best decision for themselves, their family, and the community was accomplished keeping the principles of justice, equity, empowerment, and respect in mind.



**Review Form for  
PHAB Annual Report Section II  
Form Released: January 2019**

Each year accredited health departments must submit an annual report to PHAB attesting to their continued conformity and describing their performance management and quality improvement efforts. The review of Section II of the annual reports is overseen by the Evaluation and Quality Improvement (EQI). This review is aimed at supporting the maintenance and advancement of a performance management and quality improvement culture in the accredited health department.

The form below includes the reviewer's comments and recommendations for best practices, based on the information provided in the health department's annual report.

<b>Health Department Name</b>
South Heartland District Health Department
<b>Month Review Form Submitted</b>
July 2022
<b>Overall Impressions</b>
<p>Thank you for completing and submitting your Annual Report. Congratulations on your efforts to build on your successes and on your continued commitment to improvement.</p> <p>This past year has been incredibly challenging, given the COVID surges and vaccination efforts, and we appreciate South Heartland District Health Department's dedication and response to the COVID-19 pandemic! Throughout the report, SHDHD highlighted many efforts to improve organizational structure and staff engagement, which is essential to being an effective health department, excellent work. Through the course of the pandemic, SHDHD was able to strengthen relationships with many other agencies in the community. The nurturing of those relationships and the results from them demonstrate the quality of services rendered to these communities at a very difficult time in public health history. Excellent work and thank you!</p> <p>PHAB staff and the Evaluation and Quality Improvement Committee have reviewed your Annual Report. The Evaluation and Quality Improvement Committee has the following feedback specific to your performance management and quality improvement efforts.</p>
<b>Performance Management, Quality Improvement Plan, and Culture</b>
<p>While the pandemic has hindered the pace of the departments PM/QI work, SHDHD has been able to achieve some important work to keep the department moving forward, including:</p> <ul style="list-style-type: none"> <li>• Reassessing the horizontal organization structure to provide better role definition, staff engagement and having an appropriate span of control</li> <li>• Continuing to train on QI through formally doing QI</li> <li>• Focusing on financial stewardship goal of the strategic plan, using PDCA</li> <li>• Selecting Tableau as the tool to visualize all performance measures</li> <li>• Re-engaging all staff in line of sight towards performance measures</li> <li>• Remaining committed to data-driven decision making</li> <li>• Continuing work to keep the Board of Health informed and engaged</li> <li>• Plans to complete the NACCHO QI Self-Assessment Tool</li> </ul> <p>Keep up the good work with these efforts!</p>

The QI plan was revised in January 2022 and the department will continue to implement and align with the Strategic Plan. As part of previous PHAB feedback and included in the revised QI plan, SHDHD has been implementing the customer feedback (CF) procedure. Consider if a customer feedback metric might be included within the performance management system or other process for regular reporting and tracking.

A few suggestions:

- If not doing so already, consider implementing QI projects when PM metrics are not meeting targets or trends emerge.
- If not doing so already, it may be helpful for leadership or QI Champions to think through ways that staff have informally engaged in quality improvement approaches throughout the course of the pandemic and highlight/ feature these stories as another way to encourage staff participation in performance management and improvement activities moving forward.
- Coming off of the COVID-19 response where SHDHD staff were daily engaged in QI processes (whether they realized it or not) to meet the ever-changing demands of COVID-19, staff are more acutely aware of process issues now that impede successful performance and the health department could do some deep dives with staff to mine that experience for the betterment of the department's operations.
- Staff are excellent sources of feedback on a department's existing QI training options, and an evaluation of current training options could be helpful in future years. Consider incorporating a feedback loop with QI trainings – which may help identify strengths and limitations of current QI training offerings, as well as what staff may want from QI training as options/needs expand. Lessons learned here may also shed light on PM trainings.

SHDHD selected Tableau as their PM reporting system. All staff members were assigned to develop their measures in Tableau this year and next year SHDHD plans to complete the following:

- Complete the Tableau dashboard format being developed for performance management reporting across the HD, BOH and for partners and public
- QI Project Survey Report – share with staff for education, awareness and to support continuous QI and next PM steps.
- Develop PM process to train and track program area, line of sight, measure(s) met, customer satisfaction and QI.

Great work here – keep up the momentum and incorporate touchpoints with staff as they get more familiar with the dashboard, developing measures, and creating a process that works for everyone!

The report described how SHDHD conducted a QI project to improve staff morale and organizational culture. The project was selected due to timely feedback collected from staff that expressed concern about workload, defined roles and responsibilities, and voiced concern about feeling heard. This project nicely aligned with goals in both SHDHD's Workforce Development Plan and the Strategic Plan. Kudos on using this opportunity to highlight how quality improvement activities can be impactful – this can certainly result in long-term staff buy-in and a culture that embraces improvement!

- Staff used the PDCA approach to plan and implemented a pilot. This resulted in a revised organizational chart that was approved by the Board of Health. While engaging in this process, the SHDHD also conducted staff engagement activities and workshops. New staff completed the Gallup Strengths survey, all full- and part-time staff, temporary staff and volunteers completed individual strengths coaching and participated in a department-wide strengths workshop. Each regular staff completed a professional development plan (workforce development), annual performance evaluation (including employee self-evaluation) and staff satisfaction survey.
- Post-pilot project self-evaluation results demonstrated success in several areas. While this project was a success and the outcomes are valuable, it is more a quality planning project than a QI project. The purpose of quality planning is to provide an organization with the means to provide services that can meet client and stakeholder services; in other words, to develop new programs/services or to revamp them. Quality planning uses many of the same tools used in quality improvement. Quality improvement is used to improve an existing process.

- For future projects, it is always recommended to include an aim statement with baseline data and a SMART goal. It is also important to describe the QI tools used to carryout of the project, such as brainstorming, fishbone diagram, or other. Additionally, other details regarding QI projects are important, such as the team composition and the outcome as it pertains to meeting or not meeting the aim statement.
- Consider reviewing the elements of a QI project that align with PHAB's requirements. In Version 2022, this is found in Measure 9.1.3.A, Required Documentation 1. This may help frame how future QI projects are planned, executed, and documented.

### Response to Questions from Health Department

The department requested resources on finding and/or providing PM/QI training, selecting performance measures and a question on how to best answer questions 4-7 of the annual report.

#### Finding and/or Providing Training on PM/QI:

In addition to the many resources provided in last year's feedback, consider:

- American Society for Quality is an excellent resource for quality improvement trainings and provides tips on when to conduct QI in different settings.
- PHF also has a Performance Management Toolkit to support health department develop and maintain a robust performance management system.
- Public Health Training Centers have many valuable on-demand training options: Regional Public Health Training Centers - NNPHI
- The Public Health Learning Navigator site is an option to find high quality public health training - <https://www.phlearningnavigator.org/>
- Effective trainings follow best practices and use education science. Visit CDC's Public Health Education and Training Development website to learn how to develop great trainings for SHDHD.

#### Selecting Performance Measures:

- The Public Health Foundation (PHF) has developed a toolkit and website to assist health departments in selecting performance measures. This tool kit also provides information on how to track measures over time. You can find more information at Public Health Foundation Performance Measures Toolkit Website.
- NACCHO published a resource Measuring What Matters-2018 to support local health departments in selecting impactful measures.

**Question:** We had some difficulty determining the focus and requirements in these questions to address the interaction of PM and QI.

- This specific Annual Report template is aligned with reaccreditation Standards and Measures (2016) <https://phaboard.org/wp-content/uploads/2018/11/PHABGuideReacc.pdf> . So, for more detailed information on the requirements for Questions 4-7, you can look at the full Standard and Measure that is aligned with each question.
- PHAB is working to revise the Annual Report to align with Version 2022. Information on this updated process will be released later in 2022.
- The health department may find this crosswalk helpful – which outlines overarching changes between the two versions. For example, in this Annual Report the health department provided an example of how QI efforts influenced PM (the response to Question 7). This was a previous reaccreditation requirement (previously 9.2, RD 3), which is now in 9.1.4. High-Level-Reaccreditation-Crosswalk-between-Version-2022-and-Version-2016.pdf ([phaboard.org](https://phaboard.org))
- If the department has interpretation questions on any measure, please reach out to your Accreditation Specialist who can help.



## Other Comments

SHDHD is leading the pandemic response in their Nebraska Health District, including testing, vaccination, equipment and material, and anti-viral medication distribution. Over the past year, SHDHD recruited pharmacies, clinics, and hospitals in all four counties to be COVID-19 vaccine providers, supporting and fast-tracking their applications to Nebraska DHHS Immunization Program (IP) for approval. Excellent! For antivirals, SHDHD worked with one pharmacy in each county to stock the jurisdiction's limited allocations and to fill prescriptions for local providers. SHDHD developed a process for pharmacies to report inventory and to request additional antiviral – great work.

Outside of COVID response, SHDHD was able to reconvene all 5 CHIP workgroups, excellent! In applying the QI lens to these workgroups, there was an acknowledgement that improvement was needed in one of the plan goals: *Reduce the number of new cancer cases as well as illness, disability and death caused by cancer*. The group was concerned that some metrics were trending in the wrong direction, so an additional performance measure to assess more “real” time data on death caused by cancer. The impact of adding this screening and cancer stage diagnostic to the CHIP will be monitored over the coming years. Kudos to the Committee for being dedicated to using data to make necessary changes!

Additionally, SHDHD focused on the financial stewardship goal of the strategic plan, specifically reviewing the indirect cost rates – which has always been 10%. After using a PDCA cycle, and reviewing all costs associated with indirect costs, the SHDHD found their indirect cost rate to be 28%. SHDHD may consider sharing this QI planning project with other health departments as the methodology used could be transferrable and incredibly beneficial to other health departments. Great work!

Version 2022 of the Standards and Measures has recently been released. All information, frequently asked questions, and a recorded webinar is available on PHAB's website: [Version 2022 - Public Health Accreditation Board \(phaboard.org\)](https://phab.org/version-2022-public-health-accreditation-board)

PHAB partnered with accredited health departments to develop a new education series, *Emerging Stronger*, to share how health departments have strengthened their work throughout the pandemic. The three short on-demand modules discuss health equity, supportive work environments, and strategies for maintaining the community health assessment and improvement plans. Modules are available in Bridge.