

Board of Health

Adams County: Barrett Alumni Center, 1001 N 6th Ave, Hastings, NE 68901

March 1, 2023 8:30 a.m.

AGENDA		
Apprx. Time	Topic, Lead Person	Expected Outcomes
8:30 (4')	Welcome & Call Meeting to Order – President Nanette Shackelford, Chair	<ol style="list-style-type: none"> 1. Meeting Call to Order, Open Meeting Statement 2. Introductions / Roll Call 3. Approve Agenda – Board Action (Voice Vote) 4. Board Conflict of Interest Declarations
8:34 (1')	January 4, 2023 Board Meeting Minutes – Chair	Approve Minutes of November Meeting – Board Action (Voice Vote)
8:35 (25')	Annual Meeting Business - Chair <ul style="list-style-type: none"> • Board member appointments; Review Board Member terms, Board Meeting Attendance Record • Committee Appointments • Board annual paperwork: Conflict of Interest, Confidentiality, Statement of Commitment, Board meeting performance mgmt. • Training: Review of Board Responsibilities – 2022 SALBOH Guide Governance Function: <i>Continuous Improvement, Legal Authority, Oversight</i>	<ol style="list-style-type: none"> 1. County Board Appointments to BOH - Informational 2. Appointment of professional representatives – Physician, Dentist, Veterinarian - Board Action (Roll Call Vote) 4. Approve Board Committee Assignments for March 2023- March 2024 - Board Action (Roll Call Vote) 5. Annual paperwork and board evaluations completed 6. 2023-2024 Board Meeting Calendar, Updated Board Roster
9:00 (10')	Finances – K.Derby/M. Bever Administration/Management - <i>PHAB Domain 11, SP Goal 4</i> <ul style="list-style-type: none"> • Financial Report (Current Funding Sources, Outstanding Invoices, Balance Sheets, Profit & Loss, Disbursements, Line of Credit) Governance Function: <i>Resource Stewardship</i>	<ol style="list-style-type: none"> 1. Awareness of financial health/funding sources/ budgetary needs; Grants/Funding/Contracts/Subawards Status 2. Accept Financial Report – Board Action (Voice Vote)
9:10 (5')	Finance Committee – C. Neumann <ul style="list-style-type: none"> • Finance Committee • Facilities Task Force Update Governance Functions: <i>Resource Stewardship</i>	<ol style="list-style-type: none"> 1. Informational
9:15 (15')	Policy Committee – S. Nejezchleb <ul style="list-style-type: none"> • Revised Policies: HR 105; HR 200; HR 204; HR 603 Governance Functions: <i>Policy Development</i>	<ol style="list-style-type: none"> 1. Board approval of the revised policies: HR 105 – Insurance Benefits; HR 200 – Employee Pay; HR 204 - Weather Closing; HR 603 - Internal Control Policy Board Action (Roll Call Vote)
9:30 (5')	Public Health Awards Committee – N. Shackelford <ul style="list-style-type: none"> • Resolution #2023-3 Public Health Awards Governance Functions: <i>Partner Engagement</i>	<ol style="list-style-type: none"> 1. Public Health Awards Resolution - Board Action (Roll Call Vote)
9:35 (10')	Bi Monthly Report on 10 Essential Services and Line of Sight Performance Management Dashboard Governance Functions: <i>Partner Engagement, Oversight</i>	<ol style="list-style-type: none"> 1. Accept Bi-Monthly Report – Board Action (Voice Vote)
9:45 (5')	Communications from Exec. Director – M. Bever <ul style="list-style-type: none"> • Executive Director's Report Q and A Governance Functions: <i>Policy, Oversight, Legal Auth., Resource Stewardship</i>	<ol style="list-style-type: none"> 1. Board learns latest updates on other key issues, staffing, funding opportunities, legislative advocacy, training and conferences, annual report to legislature, emergency response actions, policy, and situational needs
9:50 (5')	Evaluation of the Health Director - Chair Governance Functions: <i>Oversight</i>	<ol style="list-style-type: none"> 1. Board understands health director evaluation process.
9:55 (5')	Communications from Board Members - Chair <ul style="list-style-type: none"> • Community/County Updates - Board Members (All) Governance Function: <i>Partner Engagement, Oversight</i>	<ol style="list-style-type: none"> 1. All Board members share their community/county public health activities/issues and community or professional meeting updates
10:00 (5')	Announcements/Upcoming Events – M. Bever Governance Function: <i>Partner Engagement</i>	<ol style="list-style-type: none"> 1. Board members have information to promote or participate in upcoming events and share at their upcoming meetings.
10:05 (20')	Introduction of Local Community Leader/s Guests: Chief Adam Story, Captain Raelee Van Winkle, HPD Governance Function: <i>Partner Engagement; CHIP Goal</i>	<ol style="list-style-type: none"> 1. Board learns about area drug concerns and overdose prevention initiatives
10:25	Public Comment & Recognitions	<ol style="list-style-type: none"> 1. Opportunity for public comment
10:30	Adjourn	Board Action (Voice Vote) (Next Meeting, May 3, 2023, Nuckolls Co)
10:30 (30')	Annual Public Health Awards & Reception – Board Officers /Public Health Awards Committee	Public Health Leadership Awards Presentations



SHDHD Calendar

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

1. **Where to get COVID-19 Vaccine:** Check for the most current info on the SHDHD website: www.southheartlandhealth.ne.gov to find how to access vaccine near you.
2. **Where to get tested for COVID-19:** On SHDHD website: www.southheartlandhealth.org.
3. **Where to get Flu Vaccine:** Check for the most current info on the SHDHD website: www.southheartlandhealth.ne.gov to find how to access a flu shot near you.
4. **Where to get Blood Pressure Checks:** See SHDHD's website: www.southheartlandhealth.ne.gov for a list of locations (by county) offering blood pressure checks.
5. Check out the daily updates to SHDHD's website: www.southheartlandhealth.ne.gov for our COVID-19 data dashboard, flyers and brochures, resources, links, tools and tips.
6. "Like" [South Heartland's Facebook Page](#)
7. **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.
8. **March is Colorectal Cancer Awareness Month:** 45 is the new 50! Regular screening, beginning at age 45, is the key to preventing colorectal cancer (cancer of the colon or rectum). If you're 45 to 75 years old, get screened for colorectal cancer regularly. If you're younger than 45 and think you may be at high risk of getting colorectal cancer, or if you're older than 75, talk to your doctor about screening. Colorectal polyps and colorectal cancer don't always cause symptoms, especially at first. That is why getting screened regularly for colorectal cancer is so important.
9. **Ongoing – all year 'round:**
 - **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. Raise awareness that falls are preventable. Encourage older adults to be falls free and independent!
 - **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 soon in 2023 – Contact Liz Chamberlain to find out more - 402-462-6211. An in-person class, in Spanish, began in February.
10. **Nebraska Public Health Conference:** April 4-5, in Lincoln "On the Road to Public Health Modernization"
11. **DEA - National Drug Take Back Day:** April 29, at a law enforcement office near you! (Webster County Sheriff's Office, Clay County Sheriff's Office, Superior Police Department, Hastings Police Department); or all year long at most pharmacies.



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 South Heartland website: southheartlandhealth.ne.gov. 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"> ➤ 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. ➤ 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. ➤ Have a thorough knowledge of the duties and provisions found in the bylaws and charter of the organization. ➤ Involve others in health department functions and funding efforts, special events, and activities to promote and support programs and services. ➤ Heed corporate affairs and keep informed of the central activities and operations of programs. | <ul style="list-style-type: none"> ➤ Support majority opinions of the board. ➤ Advocate for public health by communicating regularly with community leaders and elected officials about perceived needs and possible resources. ➤ Ensure minimum statutory or technical requirements are met regarding filing annual report, withholding employee taxes, etc. ➤ Record personal conduct and register dissents in the minutes, or by letter. ➤ Avoid any semblance of self-dealing or enrichment; discourage any business transactions between directors and the organization. ➤ Accept no pecuniary profits except that which is expressly provided in compensation or reimbursement within the bylaws or laws of the city, county, and state. |
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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

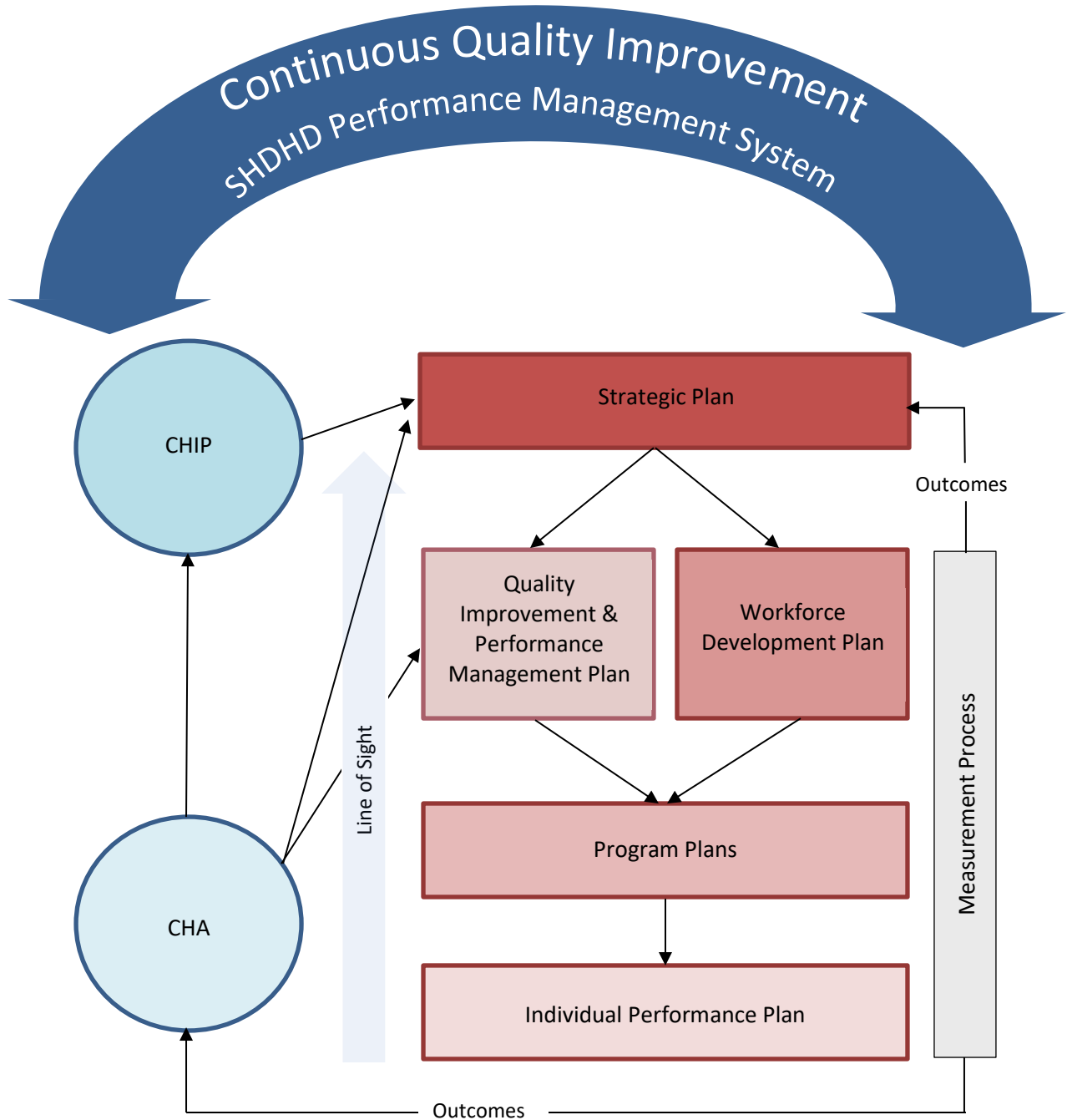
Goal 4: Optimize Human Resources

- 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



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.

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.

Approved by the NALBOH Board of Directors - November 2012

N A L B O H

National Association of Local Boards of Health

www.nalboh.org



Board of Health Minutes

South Heartland District Health Department

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

January 4, 2023, 8:30am

Topic, Lead Person	Comments/Actions		Roll Call/Vote	
	Staff	Michele Bever, Janis Johnson, Sam Coutts, Brooke Wolfe		
	Guests	Tyler Goeschel, Assistant Manager of Little Blue NRD		
	COVID-19 mods: Hand sanitizer and masks available			
Welcome & Call Meeting to Order Board President (Chair)	<p>The January 2023 Board of Health meeting was called to order by Board President, Nanette Shackelford at 8:32am</p> <p>Open Meeting Statement read aloud by Board President, Nanette Shackelford: <i>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 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.</i></p> <p>A link to the Nebraska Open Meeting Law is posted with Board Agenda on the SHDHD website.</p>			
Determine Quorum	Introductions/Roll Call <i>Quorum met</i>		Present	Fegler-Daiss, Harrington, Kohmetscher (8:34), McMeen (8:34), Nejezchleb, Neumann, Shackelford, Shaw, Stichka, Vance

		Absent	Blecha, Kleppinger, Murphy Buschkoetter, Waechter-Mead
Approve or Amend Agenda	Motion to approve the January 4, 2023 Board meeting Agenda		Ayes: All
	Motion	Nejezchleb	Nays: None
	Second	Harrington	
	<i>Motion Passed (voice vote)</i>		
Approve Minutes	Motion to approve the January 4, 2023 Minutes		Ayes: All
	Motion	Neumann	Nays: None
	Second	Nejezchleb	
	<i>Motion Passed (voice vote)</i>		
Finances M Bever	M Bever reviewed the financial narrative summary provided by K Derby: As of December 30, 2022, cash position is \$283K. This reflects the loss of our down payment of \$200K, which will be reimbursed by ARPA in a few months. No line of credit has been necessary. A net gain of \$98K is observed for the fiscal year to date, but there is a loss for the period of \$18K. Approximately \$100K of outstanding invoices, however, are due shortly. FEMA stands at \$102K, down from \$107K last period. Actuals are under-budget at present for both income and expenses. IDC is at 34.5%, still climbing a little each period.		Ayes: All
	Motion to accept the the Financial Report		Nays: None
	Motion	Shaw	
	Second	Fegler-Daiss	
	<i>Motion Passed (voice vote)</i>		
Finance Committee C Neumann	The department is eligible to participate in the ESUCC (Educational Service Unit Coordinating Council) governmental purchasing cooperative, which would give us access to a variety of supplies and equipment at a government price. Contractors at the educational price would also available. A Board-approved/signed interlocal agreement and resolution are both required by the ESUCC before we are able to participate.		Ayes: Fegler-Daiss, Harrington, Kohmetscher, McMeen, Murphy Buschkoetter, Nejezchleb, Neumann, Shackelford, Shaw, Stichka, Vance
	Motion to approve the ESUCC Interlocal Agreement		Nays: None
	Motion	Neumann	
	Second	Harrington	
<i>Motion Passed (roll call vote)</i>			
Finance Committee	Neumann presented resolution #2023-1, which states it is	Ayes: Fegler-Daiss,	

C Neumann	<p>in the department's best interest to enter into the Interlocal Agreement with the Educational Service Unit Coordinating Council, allowing us to jointly bid and contract for supplies, materials, equipment, and services.</p> <p>Motion to pass resolution #2023-1</p>	<p>Harrington, Kohmetscher, McMeen, Murphy Buschkoetter, Nejezchleb, Neumann, Shackelford, Shaw, Stichka, Vance</p> <p>Nays: None</p>
Facility Task Force C Neumann	<p>Review of facility purchase activities. Neumann presented resolution #2023-2, which states that the Board formally confirms its approval of the purchase of the property located at 606 N. Minnesota, Suite 1, as appropriately delegated and carried out in the steps and timeframe noted in the resolution.</p> <p>Motion to pass Resolution #2023-2</p>	<p>Ayes: Fegler-Daiss, Harrington, Kohmetscher, McMeen, Murphy Buschkoetter, Nejezchleb, Neumann, Shackelford, Shaw, Stichka, Vance</p> <p>Nays: None</p>
Board Training J. Johnson / M. Bever	<p>J. Johnson reviewed SHDHD's Performance Management System Framework (provided in the Board Packet), aligning previous Board trainings (Line of Sight, Performance Management Dashboard) and emphasizing how the various plans are connected, where Line of Sight fits in and where the various levels of performance are measured.</p>	
Policy Committee S Nejezchleb	<p>Motion to Approve QI/PM Plan Attachment 1 (QI/PM Culture Current State vs. Desired State) and Attachment 2 (Goals and Objectives for QI-PM 2023)</p>	<p>Ayes: Fegler-Daiss, Harrington, Kohmetscher, McMeen, Murphy Buschkoetter, Nejezchleb, Neumann, Shackelford, Shaw, Stichka, Vance</p> <p>Nays: None</p>

Policy Committee S Nejezchleb	Procurement Policy HR 606 was revised and reorganized to simplify and to assure consistency across sections. Motion to approve revised Procurement Policy HR 606.	Ayes: Fegler-Daiss, Harrington, Kohmetscher, McMeen, Murphy Buschkoetter, Nejezchleb, Neumann, Shackelford, Shaw, Stichka, Vance Nays: None
Policy Committee S Nejezchleb	A Leadership Succession Plan provides contingencies due to the disability, death or departure of the Health Director and other management staff. If the organization is faced with the unlikely event of an untimely vacancy, SHDHD has an emergency succession plan to facilitate the transition to both interim and long-term leadership. Motion to approve Leadership Succession Plan	Ayes: Fegler-Daiss, Harrington, Kohmetscher, McMeen, Murphy Buschkoetter, Nejezchleb, Neumann, Shackelford, Shaw, Stichka, Vance Nays: None
Staff Bi-Monthly Report M Bever	M. Bever shared highlights of the report, emphasizing activities in essential services, 2, 3, 4, 5, and 10. She reiterated the Success Story which describes how the communications team's line of sight and performance measures are demonstrating that the team's efforts are making a difference. She also share the department's new Line of Sight Performance Dashboard which is helping the staff measure and visualize progress on their efforts. Motion to accept the Bi-Monthly Report	Ayes: All Nays: None
	Motion from Policy Committee	
	Second Kohmetscher	
	<i>Motion Passed (roll call vote)</i>	
	Motion from Policy Committee	
	Second McMeen	
	<i>Motion Passed (roll call vote)</i>	
	Motion Shaw	
	Second Vance	
	<i>Motion Passed (voice vote)</i>	

<p>Communications from Director M Bever</p>	<p>M. Bever provided communications on:</p> <ol style="list-style-type: none"> 1. Infectious Disease Briefing: Situational updates for COVID, Monkeypox, Ebola, Influenza 2. Leadership/Professional Activities: 360 Leadership Profile, Governmental Public Health System Retreat outcomes, NACO Annual Meeting breakout focus areas 3. Operational/Personnel: Updates on Facilities, staffing, and other financial updates/initiatives (Costing analysis project for Foundational Public Health Services) 4. Director's individual development plan goals 5. Email security training activities 6. Draft Annual Report 	
<p>Update: Evaluation of the Health Director N Shackelford</p>	<p>Bever received her Leadership Profile Summary and completed a session with the leadership coach. Next step: she will choose 1-2 areas to work on over the next 2 years and will share her proposed Individual Development Plan with the Board at the March Board meeting.</p>	
<p>Communications from Board Members Chair</p>	<p>M McMeen: Superior Family Medical seeing less RSV and more COVID cases; giving regular vaccinations and doing preventive medicine. Superior Public Schools will be working on mental health project with SHDHD.</p> <p>T Kohmetscher: Amoxicillin and other shortages at Superior Pharmacy</p> <p>S Nejezchleb: On SHDHD staff Wellness Committee - facilitated Stop the Bleed presentation for SHDHD; EMT staffing concerns</p> <p>TJ Vance: New administrator at WCCH; growing EMT staff crisis - may not be squads available when people call</p> <p>D Shaw: Clay Co Board members will be sworn in and reorganized on 01/05</p> <p>J Stichka: EMTs - they have 5-6 more individuals signed up to take the class</p> <p>C Neumann: Adams Co looking for County Attorney and Deputy Co Attorney</p> <p>N Shackelford: reviewed Board members with terms expiring, includes professional representatives; reminded Nomination Committee (T Kohmetscher was present) to be ready with professional representative nominations at the March Board Meeting</p>	

Announcements/Upcoming Events M Bever	Refer to calendar of events on the back of the agenda.	
Local Community Leader	Guest: Tyler Goeschel, Assistant Manager, Little Blue NRD. Mr. Goeschel gave a presentation on Nitrates in Little Blue Natural Resources District. He shared data, rules/requirements, and funding opportunities for individuals and communities.	
Public Comment	None	
Adjourn	Motion to adjourn	Ayes: All Nays: None
	Motion Neumann	
	Second McMeen	
	<i>Motion Passed (voice vote)</i>	
	Adjourned 10:47am	
	Next Meeting: March 1, 2023, Adams County	

Respectfully submitted,

Charles Neumann, Secretary/Treasurer
Board of Health
South Heartland District Health Department

Date

South Heartland District Health Department Board of Health Annual Meeting 3.2.2022

Board Member Terms

Board of Health Appointments: Physician, Dentist and Veterinarian Positions		Current Term	Appointee 03/01/2023	New Term
Physician:	Timothy Blecha, MD	April 2020 to March 2023		April 2023 - March 2026
Dentist:	Mike Kleppinger, DDS	April 2020 to March 2023		April 2023 - March 2026
Veterinarian:	Lindsay Waechter-Mead, DVM	April 2020 to March 2023		April 2023 - March 2026
County Board Appointments - Public-Spirited		Current Term		
Public-Spirited Adams	Donna Fegler- Daiss	April 2022 - March 2025		
Public-Spirited Adams	Barb Harrington	April 2020 to March 2023	Barb Harrington	April 2023 - March 2026
Public-Spirited Clay	Nanette Shackelford	April 2022 - March 2025		
Public-Spirited Clay	Sandra (Sam) Nejezchleb	April 2020 to March 2023	Sandra (Sam) Nejezchleb	April 2023 - March 2026
Public-Spirited Nuckolls	Peggy Meyer	April 2022 - March 2025		
Public-Spirited Nuckolls	Jean Stichka	April 2021 to March 2024		
Public-Spirited Webster	Torey Kohmetscher	April 2022 - March 2025		
Public-Spirited Webster	Mirya Hallock	April 2021 to March 2024		
County Board Appointments - Elected Officials		Current Term		
Adams County	Charles Neumann DVM	April 2021 to March 2024		
Clay County	Richard Shaw	April 2021 to March 2024		
Nuckolls County	Kenneth Rempe / Jerry Grove	April 2020 to March 2023	Jerry Grove	April 2023 - March 2026
Webster County	TJ Vance	April 2020 to March 2023	TJ Vance	April 2023 - March 2026

Key:

Reappointments need by Annual Meeting (March 2023)

South Heartland District Health Department Board of Health Annual Meeting 3.1.2023

Officers - Elected		Currently Serving	Current Term	New Term
Committee meets Ad Hoc	President	Nanette Shackelford	April 2022 to March 2024	
	Vice President	Sandra (Sam) Nejezchleb	April 2022 to March 2024	
	Secretary / Treasurer	Charles Neumann	April 2022 to March 2024	
Ethics Committee - Appointed		Currently Serving	Current Term	New Term
Committee meets 2x/year; addtl mtgs may be called, based on emergency issues	Board	Jean Stichka	March 2022 to March 2023	
	Board	Barb Harrington	March 2022 to March 2023	
	Board	Nanette Shackelford	March 2022 to March 2023	
	Board	Daniel Brailita, MD Vacant	March 2022 to March 2023	
	Board	Donna Fegler-Daiss	March 2022 to March 2023	
	Community Member	Dr. Daniel Deffenbaugh	March 2022 to March 2023	
Executive Director and up to 4 staff	Exec Director	<i>Michele Bever</i>	<i>ongoing</i>	
	Staff	<i>Janis Johnson</i>	<i>ongoing</i>	
	Staff	<i>Dorran Hultman</i>	<i>ongoing</i>	
	Staff	<i>Jessica Warner</i>	<i>ongoing</i>	
	Staff	<i>Julia Sarmiento</i>		
Finance Committee - Appointed		Currently Serving	Current Term	New Term
Committee meets approx 4-6x /year	Secretary/Treasurer - Chair	Charles Neumann	March 2022-March 2023	
	Board President	Nanette Shackelford	March 2022-March 2023	
	At Large	Dick Shaw	March 2022-March 2023	
	At Large			
Policy Committee - Appointed		Currently Serving	Current Term	New Term
Committee meets approx 6x/year	Chair	Sandra (Sam) Nejezchleb	March 2022-March 2023	
		Charles Neumann	March 2022-March 2023	
		Barb Harrington	March 2022-March 2023	
	Board President	Nanette Shackelford (ad hoc)	March 2022-March 2023	
SALBOH Rep - Appointed		Currently Serving	Current Term	New Term
Quarterly? by phone / Zoom		Sandra (Sam) Nejezchleb	2022-2023	
Representative to SHDHD Staff Worksite Wellness Committee - Appointed		Currently Serving	Current Term	New Term
Staff meet monthly		Sandra (Sam) Nejezchleb		
Public Health Awards Committee - Appointed		Currently Serving	Current Term	New Term
Committee meets annually in Jan/Feb by phone or email		Sandra (Sam) Nejezchleb	March 2022-March 2023	
		Torey Kohmetscher	March 2021-March 2022	
		Nanette Shackelford (ad hoc)	March 2022-March 2023	
	Exec Director	Michele Bever (ad hoc)		
Nominating Committee - Appointed		Currently Serving	Current Term	New Term
Committee meets every 2 years for officer slates; ad hoc to fill vacancies		Mike Kleppinger	March 2022-March 2023	
		Torey Kohmetscher	March 2022-March 2023	
Check Signing Authority - Approved by Board Resolution		Currently Serving	Current Term	New Term
	President	Nanette Shackelford	<i>ongoing</i>	
	Vice President	Sandra (Sam) Nejezchleb	<i>ongoing</i>	
	Secretary/Treasurer	Charles Neumann	<i>ongoing</i>	
	Board Member	Donna Fegler-Daiss	<i>ongoing</i>	
Strategic Planning Committee - Appointed		Currently Serving	Current Term	New Term
Special Committee, 1-2 Meetings, every 6 years, typically following completion of CHA [Membership: 1 per county, at least one Supervisor/Commissioner, at least 1 Medical Professional + Staff]	Clay:	Nanette Shackelford	Last time a committee appointed was in 2019;	
	Nuckolls:	Matt Blum / Peggy Meyer	Will need to appoint again in 2024	
	Webster:	Mirya Hallock		
	Adams:	Chuck Neumann		
	Professional:	Daniel Brailita, MD		
Staff:	J Johnson, J Streufert, J Morgan, D Hultman, M Bever			

SHDHD BOH Bylaws, Section 11. Committees and Task Groups. The Board of Health may, by resolution or resolutions passed by the Board of Health, appoint one or more committees, with each committee to consist of at least two or more Directors of the Board of Health. The Committees shall, to the extent permitted by law, have and may exercise such powers of the Board of Health in the management of the business and affairs of the District Health Department as shall be delegated to them. The Board of Health may, by resolution or resolutions passed by the Board of Health, also appoint individuals to serve on one or more task groups, which may or may not consist of Directors. The task groups shall not exercise any powers vested in the Board of Health and any actions recommended by a task group shall first be submitted to the Board of Health or committee appointed by the Board of Health for consideration.

APPENDIX 5: MODEL BOARD MEMBER JOB DESCRIPTION

Title: Member, Board of Health

Purpose: To serve the board as a voting member, to develop policies, long-range plans, approve procedures and regulations for the operation of the health district, to monitor finances, programs and performance of the health district.

Attendance:

- Regularly attend meetings as scheduled
- Attend standing committee meetings, if a member
- Participate as an ad hoc committee member, if appointed
- Attend board retreats, in-service workshops and other board development activities
- Attend and participate in special events as needed

Obligations:

- Establish policy
- Hire, supervise, and evaluate the local health director
- Monitor finances
- Maintain and update long-range plans

Duties:

- Attend meetings and show commitment to board activities
- Be well informed on issues and agenda items in advance of meetings, programs, services?
- Contribute skills, knowledge, and experience when appropriate
- Listen respectfully to other points of view
- Participate in organizational decision-making
- Assume leadership roles in all board activities, including fund-raising
- Represent the health district to the public and to private industry
- Educate yourself about the needs of the people served

Board Member Signature

Date

Local Health Director's Signature

Date



Date: _____

Rating the Board

Rate each question in terms of its importance to you, using a scale of 1 through 5.

One (1) equals low priority and five (5) represents high priority.

1	2	3	4	5	
					Does the board membership represent a variety of interests, skills and points of view?
					Is there representation that reflects the client population?
					Is the board efficient in relation to size, attendance, and activity?
					Is there an open process for receiving nominations for the board and/or its offices?
					Does the board encourage all of its members to be active and to contribute their ideas?
					Do board meetings begin on time with a written agenda?
					Does the board attend to its business or is much of its time spent on ways to implement programs?
					Is the board active in fund raising?
					Is there interaction between the board and the staff?
					Do all board members understand the goals and programs of the agency and do they have a commitment to them?
					If board members are concerned about the activity of the board, is there an opportunity to raise questions and concerns?

Comments:



Date: _____

Meeting Evaluation

To be filled out by board members, as a means to make meetings shorter, more efficient, and more productive.

Rate each area as follows: A = Meets Expectations B = Needs Improvement

A	B	
		We are businesslike and function as a team.
		Discussion was not dominated by a few board members.
		We limited discussion to agenda items only.
		Our agenda included information items and decision making items.
		We discussed policy issues and avoided day-to-day issues.
		We followed parliamentary procedures.
		The Chairperson guided the meeting and kept us on track.
		We dealt successfully with decision making items and developed solutions acceptable to board members.
		All board members received materials in advance, and were informed for discussions.
		Reports were clear, concise, and well prepared.
		Our meeting room was comfortable.
		Our meeting location was convenient, safe, and in a location where all board members would feel welcome.
		Board members were punctual and accounted for.
		The meeting began and ended on time.

Suggestions for improvement of board meetings:

South Heartland District Health Department
SHDHD Board of Health
Confidentiality and HIPAA Statement

The Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security Rules provides federal protections for protected health information (PHI) held by covered entities. Individuals, organizations, and agencies that meet the definition of a covered entity under HIPAA must comply with the Rules' requirements to protect the privacy and security of health information. Reasonable efforts must be taken to limit the use of disclosure (minimum necessary standard); if there is no need for a certain piece of information to carry out the job related task, it is a violation, which requires mandatory reporting.

The South Heartland District Health Department (SHDHD) Board of Health members may possibly review protected health information or other confidential information while carrying out the duties of the Board.

As a member of the SHDHD Board of Health, I understand that I may come in contact with confidential information. I agree to handle confidential information, including protected health information, in strict confidence. I understand that disclosure of protected health information requires mandatory reporting to the Executive Director of the South Heartland District Health Department.

Signature: _____

Date: _____

SHDHD Conflict of Interest Policy Statement

At some point, most boards/committees confront tension or conflict between the interests of the organization and interests of an individual board/committee member. For example, if your organization is hiring a new bookkeeper and board/committee president recommends his sister, other board members may (and should) question whether this is appropriate. On one hand, the board president's sister is an experienced bookkeeper who, because of her personal connection to the organization, will be particularly committed to the work. On the other hand, the executive director may be reluctant to supervise the board president's sister.

Conflicts of interest are difficult to weigh and balance because the relationships between board members and the community also are a part of the contribution that board members make to the agency. If the organization is buying a new computer, for example, and a board member owns a computer store, the organization may well benefit from discounts and extra service by buying the computer at her store. It would be a mistake to prohibit working with board members as vendors. Similarly, board members who are also clients of the organization can be tremendously helpful in ensuring that a client perspective is brought into decision-making, but a client board member may find himself in a difficult position if the agency is considering eliminating a service that is used by very few clients other than himself. In many cases, the perceived conflict of interest may simply "feel wrong" to some board members, although it might be within legal boundaries.

Three simple safeguards can go a long way towards preventing & avoiding conflicts of interest:

First, establish a policy related to conflict of interest that is signed by all board/committee members when they join the board/committee. The statement can be a simple declaration or required detailed information about the members' financial interests.

Second, establish disclosure as a normal practice. Board/committee members should find it customary for someone to announce, for example, "I have started to date the Clinic Director and, as a result, feel that I must resign from the board. I would like to continue as a member of the Fundraising Committee, but not as a board/committee member". In another situation, a board president might say, "This next agenda item relates to joining a collaboration with other children's agencies. I'm going to ask board members who are also on one of these other boards to identify themselves and participate in the discussion, but I will excuse them from the room for part of the discussion and for the vote".

Third, such disclosures should be recorded in the meeting's minutes.

Perhaps even more than written policies, board and staff leadership must establish by example and attitude an atmosphere of personal integrity. Some situations may need only a brief, informal comment to maintain that climate. In others, a decision may be delayed because of the need to ensure that it has been made in the organization's best interests. Each of us, by our daily words and actions, contributes to a culture of integrity and responsibility.

South Heartland District Health Department Conflict of Interest Policy

The standard of behavior at the South Heartland District Health Department is that all staff, volunteers, and directors scrupulously avoid conflicts of interest between the interests of the South Heartland District Health Department on one hand, and personal, professional, and business interests on the other. This includes avoiding potential and actual conflicts of interest, as well as perceptions of conflicts of interest.

I understand that the purposes of this policy are to protect the integrity of the South Heartland District Health Department decision-making process, to enable our constituencies to have confidence in our integrity, and to protect the integrity and reputations of volunteers, staff and board members. Upon or before election, hiring or appointment, I will make a full, written disclosure of interest, relationships, and holdings that could potentially result in a conflict of interest. This written disclosure will be kept on file and updated annually.

In the course of meetings or activities, I will disclose any interests in a transaction or decision where I (including my business or other nonprofit affiliations), my family and/or my significant other, employer, or close associates will receive a benefit or gain. After disclosure, I understand that I could be asked to leave the room for the discussion and will not be permitted to vote on the question.

I understand that this policy is meant to supplement good judgement, and I will respect its spirit as well as its wording.

Signature

Date

11:08 AM
02/24/23
Cash Basis

BOH024
South Heartland District Health Dept
Balance Sheet Prev Year Comparison
As of February 28, 2023

	Feb 28, 23	Feb 28, 22	% Change
ASSETS			
Current Assets			
Checking/Savings			
Checking	255,352.06	264,908.08	-3.6%
Money Market Savings	135,594.65	80,383.57	68.7%
Total Checking/Savings	390,946.71	345,291.65	13.2%
Other Current Assets			
Cash in Drawer	60.00	55.00	9.1%
Total Other Current Assets	60.00	55.00	9.1%
Total Current Assets	391,006.71	345,346.65	13.2%
Fixed Assets			
606 N Minnesota Ave #1	555,000.00	0.00	100.0%
606 N Minnesota Ave, #2	496,317.79	496,317.79	0.0%
Accum Depr - Building #2	-496,317.79	-496,317.79	0.0%
Total Fixed Assets	555,000.00	0.00	100.0%
TOTAL ASSETS	946,006.71	345,346.65	173.9%
LIABILITIES & EQUITY			
Liabilities			
Current Liabilities			
Accounts Payable			
2000 · Accounts Payable	1,083.94	1,303.66	-16.9%
Total Accounts Payable	1,083.94	1,303.66	-16.9%
Credit Cards			
FNBO Credit Card	4,501.04	4,378.49	2.8%
Total Credit Cards	4,501.04	4,378.49	2.8%
Other Current Liabilities			
Payroll Liabilities	-584.79	289.25	-302.2%
2050 · Note Payable	361,327.50	0.00	100.0%
Total Other Current Liabilities	360,742.71	289.25	124,616.6%
Total Current Liabilities	366,327.69	5,971.40	6,034.7%
Total Liabilities	366,327.69	5,971.40	6,034.7%
Equity			
Fund Balance	375,096.43	42,335.02	786.0%
Fund Balance old	0.00	28,957.22	-100.0%
Net Income	204,582.59	268,083.01	-23.7%
Total Equity	579,679.02	339,375.25	70.8%
TOTAL LIABILITIES & EQUITY	946,006.71	345,346.65	173.9%

South Heartland District Health Dept Profit & Loss ~~Pre~~ Year Comparison July 2022 through February 2023

	Budget	Actual	Prior Year	% Change	IDC	IDC %
Ordinary Income/Expense						
Income						
4100 · Grants - Federal	1,065,426.38	642,031.33	501,363.82	28.06%	97,529.93	15.19%
4150 · Contract Funding	280,486.49	64,386.99	382,797.32	-83.18%	9,346.08	14.52%
4200 · Grants - State	28,704.06	22,018.72	3,159.28	596.95%	3,585.73	16.28%
4250 · State Appropriations						
COVID Indirect Costs		0.00	20,828.79	-100.0%		
General Funds	204,510.00	204,255.60	181,416.48	12.59%	204,255.60	100.00%
Infrastructure	74,074.00	74,074.08	74,074.08	0.0%		
Per Capita	50,112.00	49,180.16	55,126.96	-10.79%		
Total 4250 · State Appropriations	328,696.00	327,509.84	331,446.31	-1.19%	204,255.60	62.37%
4300 · Charges for Services	522.00	1,357.00	301.00	350.83%		
4450 · Donations	1,410.00	1,655.72	4,556.97	-63.67%	6.00	0.36%
4550 · Bank Interest Income	120.00	664.97	82.98	701.36%	664.97	100.00%
Total Income	1,705,364.93	1,059,624.57	1,223,707.68	-13.41%	315,388.31	29.76%
Gross Profit	1,705,364.93	1,059,624.57	1,223,707.68	-13.41%	315,388.31	
Expense						
6000 · Personnel	774,139.39	559,442.51	544,840.29	2.68%	194,138.95	34.70%
6101 · Postage & Shipping	544.33	2,714.39	2,325.62	16.72%	409.36	15.08%
6102 · Printing and Copying	10,484.03	6,483.66	11,543.10	-43.83%	546.10	8.42%
6103 · Staff Development	12,419.50	5,618.61	6,132.49	-8.38%	3,531.61	62.86%
6110 · Insurance Expense	20,500.00	14,256.00	19,206.00	-25.77%	14,256.00	100.00%
6120 · Professional Services	66,981.72	43,534.18	206,106.60	-78.88%	25,034.01	57.50%
6130 · Contracted Services	6,570.61	3,774.14	5,938.75	-36.45%		
6140 · Promotion & Outreach	93,747.00	89,325.98	51,978.13	71.85%		
6150 · Communications	10,729.42	10,476.14	10,220.24	2.5%	7,427.51	70.90%
6160 · Facilities	78,215.00	47,986.39	13,861.05	246.2%	13,831.48	28.82%
6180 · Board Expenses	922.00	3,721.85	855.41	335.1%	3,662.41	98.40%
6192 · Memberships	595.50	5,442.49	5,685.50	-4.27%	2,842.49	52.23%
6193 · Event Expenses	500.00	205.07	1,786.00	-88.52%		
6194 · Event Facility Rental	20,500.00	17,500.00	27,850.00	-37.16%		
6310 · Office Supplies & Equip	36,122.43	24,723.36	19,401.22	27.43%	11,631.95	47.05%
6320 · Program Supplies	2,711.26	5,858.16	21,478.96	-72.73%	396.45	6.77%
6400 · Travel	5,424.95	6,941.58	4,671.92	48.58%		
9000 · Interest Expense	33.20	0.00	45.56	-100.0%		
9100 · Sales Tax Expense	30.00	44.89	26.29	70.75%	44.89	100.00%
9200 · Administrative Fees	1,466.64	665.08	1,671.54	-60.21%	435.48	65.48%
9202 · Closing Costs		6,327.50	0.00	100.0%	6,327.50	100.00%
Total Expense	1,142,636.98	855,041.98	955,624.67	-10.53%	284,516.19	33.28%
Net Ordinary Income	562,727.95	204,582.59	268,083.01	-23.69%	30,872.12	
Net Income	562,727.95	204,582.59	268,083.01	-23.69%	30,872.12	

11:10 AM

South Heartland District Health Dept
Outstanding Invoices
As of February 24, 2023

02/24/23

<u>Date</u>	<u>Num</u>	<u>Name</u>	<u>Due Date</u>	<u>Open Balance</u>
Current				
12/31/2022	231	NE DHHS:WNV 67992 - 6/1/22 - 12/31/22 \$1469	02/27/2023	1,469.00
02/08/2023	234	MLH (Mary Lanning Healthcare):CHC's Half of Bldg Maint - Winter 2023	03/08/2023	375.00
01/31/2023	235	DHHS:LTC Fit 70703 AL 1H23 080122 to 013123	03/09/2023	2,505.32
01/31/2023	236	DHHS:LTC Fit 70703 SN 1H23 080122 to 013123	03/09/2023	2,223.15
01/31/2023	237	DHHS:Radon 69976 #1 10/1/22 to 1/31/23	03/13/2023	3,000.00
02/13/2023	238	DoEE:WIIN #1 6/1/20 to 3/31/22	03/15/2023	2,061.24
Total Current				11,633.71
1 - 30				
12/31/2022	212	DHHS:MCH 64210 - 3Q 10/1/22 to 12/31/22	02/06/2023	2,361.94
12/31/2022	214	MLH (Mary Lanning Healthcare):CHC's Half of Bldg Maint - Fall 2022 (O)	02/09/2023	404.00
12/31/2022	217	DHHS:Fall Prev 64498 1Q 10/1/22 - 12/31/22	02/11/2023	1,615.54
12/31/2022	223	DHHS:EWM 46497 CIP Bndl 10/1/22 to 12/31/22	02/23/2023	1,059.76
12/31/2022	224	DHHS:EWM 46497 CIP Flu 10/1/22 to 12/31/22	02/23/2023	463.75
12/31/2022	225	DHHS:EWM 46497 TA/Training	02/23/2023	840.00
12/31/2022	226	DHHS:EWM 46497 Management	02/23/2023	840.00
Total 1 - 30				7,584.99
31 - 60				
Total 31 - 60				
61 - 90				
09/30/2022	201	DHHS:EWM 46497 Management	11/30/2022	462.50
09/30/2022	208	DHHS:EWM 46497 TA/Training	11/30/2022	1,325.00
11/15/2022	206	University of NE Med Center (UNMC):Diabetes on Track #2 7/1/22 to 11/15/22	12/15/2022	25,000.00
09/30/2022	204	DHHS:EWM 46497 CIP Bndl 7/1/22 to 9/30/22	12/20/2022	625.75
09/30/2022	205	DHHS:EWM 46497 CIP Flu 7/1/22 to 9/30/22	12/20/2022	477.47
Total 61 - 90				27,890.72
> 90				
07/31/2022	179	DHHS:WNV 67992 - 1/1/22 - 12/31/22 \$1648	09/26/2022	1,648.00
09/30/2022	192	DHHS:MCH 64210 - 2Q 7/1/22 to 9/30/22	11/11/2022	990.13
Total > 90				2,638.13
TOTAL				49,747.55

South Heartland District Health Dept
Payroll Summary
 January through February 2023

	Jan - Feb 23
Employee Wages, Taxes and Adjustments	
Gross Pay	
Salary	28,744.63
Salary Holiday	2,001.93
Salary Sick	539.23
Salary Vacation	2,735.30
Salary Weather/Civil	585.50
Hourly Funeral	733.86
Hourly Holiday	4,535.14
Hourly Sick	1,272.53
Hourly Vacation	5,199.28
Hourly Wage	49,410.72
Hourly Weather/Civil	3,026.78
Overtime	21.48
Cash Out Option	6,174.48
	104,980.86
Total Gross Pay	
Deductions from Gross Pay	
Aflac (pre-tax)	-126.72
Dental Insurance (pre-tax)	-54.95
Health Insurance (pre-tax)	-1,878.17
HSA (pre-tax)	-2,892.32
NPERS Retirement Employee	-4,178.66
Vision Insurance (pre-tax)	-55.08
	-9,185.90
Total Deductions from Gross Pay	
Adjusted Gross Pay	95,794.96
Taxes Withheld	
Federal Withholding	-6,737.00
Medicare Employee	-1,449.61
Social Security Employee	-6,198.35
NE State Withholding	-3,881.45
Medicare Employee Addl Tax	0.00
	-18,266.41
Total Taxes Withheld	
Deductions from Net Pay	
Garnishment	-1,013.28
	-1,013.28
Total Deductions from Net Pay	
Net Pay	76,515.27
Employer Taxes and Contributions	
Medicare Company	1,449.61
Social Security Company	6,198.35
NE State Unemployment	213.72
Dental Insurance Company	436.21
Health Insurance Company	3,679.87
NPERS Retirement Company	6,267.99
Vision Insurance Company	82.44
	18,328.19
Total Employer Taxes and Contributions	

South Heartland District Health Dept
Accounts Payable Report
January through February 2023

11:18 AM

02/24/23

Accrual Basis

Date	Name	Memo	Account	Amount
Jan - Feb 23				
01/19/2023	Allo Communications	929329 phone - Dec	2000 · Accounts Payable	-635.70
01/19/2023	Bamboo Mind & Body Spa	Mental Health First Aid training & manuals	2000 · Accounts Payable	-530.00
01/19/2023	Bert's Pharmacy	adult epi-pens	2000 · Accounts Payable	-305.60
01/19/2023	Blue Hill Leader	BOH meeting notices - Jan	2000 · Accounts Payable	-6.46
01/19/2023	Cincinnati Insurance Company	acct 1000175996 2023	2000 · Accounts Payable	-7,479.00
01/19/2023	Cornhusker Press	printing vaccine packets Jan 3, 2023	2000 · Accounts Payable	-87.78
01/19/2023	Culligan of Hastings	bottled water	2000 · Accounts Payable	-42.90
01/19/2023	Fiesta KLIQ	Spanish Covid ads	2000 · Accounts Payable	-4,452.00
01/19/2023	Flood Communications Tri-Cities	ads	2000 · Accounts Payable	-4,155.00
01/19/2023	Gray Television	ads	2000 · Accounts Payable	-995.00
01/19/2023	Hastings Tribune	ads - various	2000 · Accounts Payable	-379.09
01/19/2023	Hastings Utilities	Dec utilities #01010200-01	2000 · Accounts Payable	-1,024.48
01/19/2023	Kohmetscher, Torey	mileage board mtg - Jan 2023	2000 · Accounts Payable	-43.13
01/19/2023	KRFS Radio	200 Covid spots (100 comp)	2000 · Accounts Payable	-500.00
01/19/2023	Krieger Electric	generator, lights, Sensaphone connection	2000 · Accounts Payable	-27,179.28
01/19/2023	Locomotive Gazette	board mtg notice - Jan	2000 · Accounts Payable	-8.90
01/19/2023	Mary Lanning Healthcare	food and digital billboard	2000 · Accounts Payable	-365.00
01/19/2023	Nebraska Rural Health Association	2023 Membership Renewal	2000 · Accounts Payable	-50.00
01/19/2023	Red Cloud Chief	Jan Board mtg	2000 · Accounts Payable	-9.57
01/19/2023	Sensaphone	annual subscription for Sentinel Pro	2000 · Accounts Payable	-131.40
01/19/2023	Superior Publishing Company	BOH notice - Jan	2000 · Accounts Payable	-8.90
01/19/2023	Vance, TJ	mileage board mtg - Jan 2023	2000 · Accounts Payable	-35.00
01/19/2023	Wolfe, Brooke	mileage	2000 · Accounts Payable	-228.75
01/19/2023	Firespring	Jan web hosting	2000 · Accounts Payable	-165.00
01/19/2023	Flatwater Technologies	monthly services - Dec	2000 · Accounts Payable	-527.99
01/20/2023	NALBOH	membership dues 2023	2000 · Accounts Payable	-100.00
02/03/2023	Air Chek	100 test kits, #31745	2000 · Accounts Payable	-710.00
02/03/2023	Allo Communications	929329 phone - Jan	2000 · Accounts Payable	-637.47
02/03/2023	Bamboo Mind & Body Spa	Mental Health First Aid training & manuals	2000 · Accounts Payable	-210.00
02/03/2023	CEI Security and Sound	rack install	2000 · Accounts Payable	-920.00
02/03/2023	Chamberlain, Liz	mileage - Jan 2023	2000 · Accounts Payable	-461.17
02/03/2023	Christenson Cleaning & Restoration	cleaning svc + carpet cleaning	2000 · Accounts Payable	-863.75
02/03/2023	Culligan of Hastings	bottled water	2000 · Accounts Payable	-34.65
02/03/2023	Eakes Office Solutions	copies and supplies	2000 · Accounts Payable	-299.33
02/03/2023	Essential Screens	1 background check	2000 · Accounts Payable	-83.39
02/03/2023	First National Bank of Omaha	Jan balance ending 1/14/23	2000 · Accounts Payable	-1,170.56
02/03/2023	Flood Communications Tri-Cities	ads	2000 · Accounts Payable	-4,155.00
02/03/2023	Hometown Leasing	22794817 - Jan	2000 · Accounts Payable	-185.00
02/03/2023	Krieger Electric	bring sprinkler outlet up to code	2000 · Accounts Payable	-269.08
02/03/2023	Meyer, Erik	mileage - Meyer January	2000 · Accounts Payable	-301.54
02/03/2023	S&W Snow Removal	snow removal 021522 to 011823	2000 · Accounts Payable	-1,312.50
02/03/2023	Superior Publishing Company	BOH notice - Jan	2000 · Accounts Payable	-116.35
02/03/2023	Wolfe, Brooke	Wolfe mileage - WSCC planning mtg	2000 · Accounts Payable	-78.75
02/03/2023	Woodwards Disposal	trash - Jan	2000 · Accounts Payable	-179.50
02/03/2023	Firespring	Feb web hosting	2000 · Accounts Payable	-165.00
02/03/2023	Flatwater Technologies	tech svc	2000 · Accounts Payable	-593.84
02/17/2023	Blue Hill Leader	various ads	2000 · Accounts Payable	-69.65
02/17/2023	Business World Products	bath tissue	2000 · Accounts Payable	-60.00
02/17/2023	Christenson Cleaning & Restoration	carpet cleaning in Ste 1	2000 · Accounts Payable	-218.75
02/17/2023	Clay County News	various ads	2000 · Accounts Payable	-107.26
02/17/2023	Fiesta KLIQ	ads	2000 · Accounts Payable	-5,404.00
02/17/2023	Hastings Tribune	ads - various	2000 · Accounts Payable	-53.15
02/17/2023	Hastings Utilities	Jan utilities #01010200-01	2000 · Accounts Payable	-833.68
02/17/2023	Johnson, Janis	mileage - Jan 2023	2000 · Accounts Payable	-38.78
02/17/2023	KRFS Radio	200 Covid spots (100 comp)	2000 · Accounts Payable	-500.00
02/17/2023	Mary Lanning Healthcare	subletting of digital billboard space - Jan & Feb	2000 · Accounts Payable	-400.00
02/17/2023	NACCHO	Public Health logo lapel pins	2000 · Accounts Payable	-122.45
02/17/2023	Quiznos	sandwiches	2000 · Accounts Payable	-66.00
02/17/2023	Red Cloud Chief	various ads	2000 · Accounts Payable	-75.25
02/17/2023	Stromer, Pamela	reimbursement coffee	2000 · Accounts Payable	-11.98
02/17/2023	Verizon	2 cell phone bills	2000 · Accounts Payable	-721.59
02/17/2023	Warner, Jessica	payday 2/10/23	2000 · Accounts Payable	-3,557.07
02/17/2023	Wolfe, Brooke	Wolfe mileage - Opioid Prevention Mtg	2000 · Accounts Payable	-162.44
Jan - Feb 23				-74,594.86

South Heartland District Health Dept

02/24/23

Funding Sources

Cash Basis

July 2022 through February 2023

	<u>TOTAL</u>
State Appropriations	
Indirect Costs	315,388.31
Infrastructure	74,074.08
Out of Budget	49,180.16
Total State Appropriations	<u>438,642.55</u>
ARPA	1,500.00
Programs	
Accreditation	6,205.52
Cancer	11,835.50
Childrens Hospital	7,023.18
COVID Capacity	52,547.29
COVID19	-23.46
Diabetes Prevention	600.00
Drug (Opioid) OD Prevention	26,392.04
Emergency Preparedness	48,687.72
EWM	1,706.75
Fall Prevention - Deliverable	4,074.10
Fall Prevention - Sustainable	604.56
Health Equity	71,639.56
HRSA	19,631.70
Immunization	24,744.31
Immunization-Covid	263,801.11
KFND	1,500.00
Lead Surveillance	5,148.00
MAAA	176.87
Maternal Child Health	2,276.15
Medicaid Vax 3	2,500.00
MHI	17,211.24
Radon	2,154.65
United Healthcare	31,584.78
West Nile Virus	1,271.82
WSCC	16,188.63
Total Programs	<u>619,482.02</u>
TOTAL	<u><u>1,059,624.57</u></u>



SHDHD Board of Health Finance Committee Minutes	
Date: 02/23/23 4:45 pm	
Committee Members Present: Sam Nejezchleb, Chuck Neumann, Nanette Shackelford (Zoom), Dick Shaw (Zoom)	
Staff: Michele Bever, Kelly Derby	
Topic/Lead Person	Comments/Action
Potential Cybersecurity Insurance Claim- K. Derby	<ul style="list-style-type: none"> K. Derby reported a small (\$3,500) fraudulent activity that occurred related to automatic payroll deposit. She stated she had reported it to the bank and to Hastings Police Department and then contacted the insurance company about making a claim. The deductible is \$1,000, so we could get \$2,500. The insurance company thought that this was so small that it shouldn't make much impact our rates. Committee consensus that SHDHD should submit claim.
Planning for Annual Audit – M. Bever	<ul style="list-style-type: none"> We are in a 3-year contract with the Nebraska Auditor for Public Accounts, so no need for bids this year. In the next couple of months, we will be contacting the NE APA to get on their schedule. Informational.
Planning for Annual Budget – M. Bever	<ul style="list-style-type: none"> M. Bever asked the County Commissioners/Supervisors on the Board of Health for guidance on Personnel cost of living raises for next budget year – what are the counties likely to do? Bever noted that COLA for social security increased 8.7% for 2023 and the Consumer Price Index saw an annual average change of 8% from December 2021 to December 2022. Of those who responded, one county has just overhauled PTO to sick/vacation and hasn't discussed wages yet. Two counties set increases for the elected officials every 4 years: one of these is currently at 6% annually and the budget for staff last year was also at 6% increase; the other said that employee salaries are a percentage of the elected officials raise; neither of these counties had decisions yet for the upcoming budget year. M. Bever stated that the Nebraska Association of Local Health Directors (NALHD) was completing a salary survey report, which should be available in the next 2 months. She will be looking at our wage structure compared to other local health departments with similar budgets and/or similar population served and may bring a revised salary range guide to the April Finance Committee meeting. Last year, SHDHD implemented a 6% wage increase. Informational.
Adjournment & Next Steps	Adjourned at 5:00 pm Next meeting TBD

Respectfully submitted by
Michele Bever, Health Director
February 24, 2023



SHDHD Board of Health Facilities Task Force Minutes	
Date: 02/23/23 4:30pm	
Task Force Members Present: Sam Nejezchleb, Chuck Neumann, Barb Harrington (in person), Nanette Shackelford (Zoom)	
Staff: Michele Bever, Kelly Derby (in person), Janis Johnson (Zoom)	
Topic/Lead Person	Comments/Action
<p>Staff reviewed status/progress of adjacent property we purchased at 606 N. Minnesota Ave, Suite 1:</p> <ul style="list-style-type: none"> Received the Deed for the property at 606 N. Minnesota Ave, Suite 1 Transition with previous occupants – on track. They still have some items in the basement storage that they need to sort and move. They left some items on the main floor that we can keep if we want them (e.g., some desks, chairs, stools, shelves), otherwise they will move out what we don't want. Roof has had 3 significant leaks since we closed on the building, we've had Ziembra here 2 times to patch it, and Christensen's came to clean the carpets twice. We are working on obtaining quotes for redoing the roof on both sides of the building – received quote from Ziembra (\$180,000) and waiting on Tillotson. Ziembra stated they wouldn't be able to schedule the project until June/July. This is something we knew we would need to do when we purchased the building. After closing out the COVID-19 clinic at the Allen's store at the end of January, we planned to hold COVID-19 clinics in Suite 1, but roof leaks forced us to make last minute changes and hold one of the February clinics in our offices at Suite 2, but we were able to hold the second February clinic in our newly-acquired space at Suite 1. Facility upgrades for both sides of the building (e.g., windows, space renovations): Completed a "Space Needs Survey" with staff and reached out to two 'design to build' contractors about proposals for our projects. They should be getting back to us in the next couple of weeks to schedule visits to discuss our renovation/upgrade needs. Funding: About 2 hours before the facility task force meeting, Michele finally received an email with the subaward for signature (it had been in state procurement since mid-November). Upon execution of this subaward agreement, we are able to immediately invoice DHHS for reimbursement of \$555,000 of our building purchase costs. Payment should be by 30 days, according to the subaward. [Update: subaward executed and invoice submitted on Friday afternoon, 02/24/2023.] Committee member Chuck Neumann recommended we check with the Assessor's Office about our tax-exempt status for the property. <p>Informational – no board action required.</p>	
Adjournment & Next Steps	Adjourned at 4:45 pm

Respectfully submitted by
Michele Bever, Health Director
February 24, 2023



SHDHD Board of Health	
Policy Committee Minutes	
Date: 02/23/23 3:30pm	
Policy Committee Members Present: Sam Nejezchleb, Chuck Neumann, Barb Harrington (in person); Nanette Shackelford (Zoom)	
Staff: Michele Bever, Kelly Derby (in person); Janis Johnson (Zoom)	
Topic/Lead Person	Comments/Action
Policy Reviews/Revisions/Proposals – K. Derby	<p>Policies/Resolutions Discussed:</p> <ul style="list-style-type: none"> • Insurance Benefits, HR 105; Employee Pay, HR 200; Weather Closing, HR 204 – These policies were reviewed as part of annual policy review. Each of these policies had some clean up and minor revisions. • Internal Control Policy, HR 603 – To reduce risk of fraud, this policy is being revised to include language that electronic fund transfers must be verified verbally with the employee. <p><i>Committee recommended all 4 policies be brought as a group to full board for approval at the March Board meeting.</i></p>
Bylaws- M. Bever	<p><u>Bylaws</u></p> <p>M. Bever shared a mark-up copy of the bylaws containing questions/comments and potential revisions posed to Donna Fegler-Daiss and Donna’s responses. Most of the proposed changes are minor clarifications and eliminating inconsistencies, including procedures that have changed (e.g., electronic notification rather than by mail). The committee discussed potential revisions and will continue the discussion at the April policy committee meeting.</p>
PHAB Accreditation Update – J. Johnson	<p><u>Accreditation Annual Report Extension</u></p> <p>J. Johnson stated that extenuating circumstances for herself (needing to assume immunization clinic and vaccine management responsibilities since last summer) and the executive director (covering for staff losses; conducting searches for and training new employees; and purchasing a building) have reduced the leadership’s ability to be ready to submit the required PHAB annual report. SHDHD requested and was granted a 90-day extension on the PHAB annual report, which will be due on June 28, 2023.</p>
Adjournment & Next Steps	<p>Adjourned at 4:30 pm Next Meeting TBD for April</p>

Respectfully submitted by
Michele Bever, Health Director
February 24, 2023



South Heartland District Health Department Employee Handbook

Policy Number: HR 105	Policy Title: Insurance Benefits	Program Area: Benefits
Approved: 1.6.2021	Reviewed: 2/9/23	Next Review Date: 2/9/24

PURPOSE

South Heartland District Health Department (SHDHD) offers medical, dental, and vision insurance plans to eligible employees. The company reserves the right to prospectively add, change, delete or modify the insurance benefits offered to employees as it deems appropriate. This policy is only a general summary of the insurance benefits offered. Employees should consult the applicable plan documents for information regarding eligibility, coverage and benefits. It is the plan document that ultimately governs employee entitlement to benefits.

POLICY

Insurance benefits including health, vision and dental, will be offered to all regular employees working at least 32 hours per week and in good standing and having satisfactorily completed a probationary **period ending the 1st of the month following 60 days of employment.**

Group Insurance

SHDHD may offer up to two group medical plan options to employees. Insurance premiums will be deducted, pre-tax, on a monthly basis. Costs of insurance shall be applied proportionally to cost centers supporting each individual employee, as allowed by the cost center. SHDHD may cover eligible employees' premiums in an amount approved annually prior to the open enrollment period by the Board. If premiums are less than the fixed amount provided by SHDHD, the employee may apply the difference to a health savings account (HSA) and/or receive it as taxable income in amounts of their choosing.

Conditional Opt-Out

SHDHD will also offer a conditional opt-out arrangement whereby eligible employees who decline coverage under SHDHD's group medical plan because they are covered elsewhere AND provide attestation of said coverage may receive a taxable fixed monthly cash payment in the amount approved annually by the Board for medical premium coverage. This Cash Opt-Out shall be applied proportionally to costs centers supporting each individual employee, as allowed by the cost center. To be eligible for Cash Opt-Out, employees must provide attestation of their coverage on an annual basis, typically during the open enrollment period, by completing the coverage waiver provided by the insurance carrier. SHDHD will not provide Cash Opt-Out payments if the employee does not have health coverage. Any employees electing to decline SHDHD's group medical plan and who are unable or unwilling to attest to other health plan coverage will be made aware of potential federal penalties for the absence of health coverage.



South Heartland District Health Department Employee Handbook

Policy Number: HR 200	Policy Title: Employee Pay	Program Area: Compensation
Approved: 1.6.2021	Reviewed: 2/1/23 2.1.2020	Next Review Date: 12.1.2021 2/1/24

PURPOSE

The purpose of this policy is to outline the South Heartland District Health Department (SHDHD) calculations for overtime, flexible work schedules and payroll processing.

POLICY

Pay Periods:

The official agency pay period is a fourteen (14) day/bi-weekly cycle, starting at 12:01 AM on the 1st Sunday of the two (2) week period and ending at 12:00 midnight on the last Saturday of the two-week period.

Overtime/Compensatory Time:

Non-exempt employees are allowed to work only 40 hours per week. Anyone working over 40 hours per week must be paid for the additional time at one and a half times his/her regular salary. ~~on~~ On rare occasions, it may be necessary for a non-exempt employee to stay beyond regular working hours. In those cases, if possible, the employee must take an equivalent amount of time off prior to the end of the work week so that the total ~~actual~~ hours ~~or~~ worked is no more than 40 in any given week. Overtime must be approved by ~~the~~ Executive Director prior to being earned. The Finance and Operations Manager is responsible for checking time sheets and verifying actual hours worked for each employee. Sick ~~time~~ leave, ~~v~~ Vacation ~~time~~ leave, and ~~Holidays~~ holidays are not included in the calculation for overtime.

Flexible -Work Schedules

~~Flexible work~~ schedules are variable work hours, ~~covering~~ ~~requiring employees to work~~ a standard number of core hours within a specified period of time, ~~but~~ allowing employees greater flexibility in their starting and ending times. A ~~flexible work~~ schedule could be ~~staggered hours within a fixed schedule,~~ a variable ~~daily~~ schedule, ~~mid-day flex work schedule or short term flex schedule,~~ a compressed ~~work-weekly~~ schedule, or PRN (*pro re nata* or "as needed"). All ~~flexible work~~ schedules will require the approval of the employee's direct supervisor and the Executive Director.

Compressed ~~Work-weekly Schedule-schedules~~ are fixed work schedules ~~that,~~ ~~but they~~ enable full-time employees to complete the basic 40-hour weekly requirements in less than ~~5-five~~ workdays. (~~Example i.e., 4-four 10-hour days at 10 hours~~)

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The operating days and hours of SHDHD are Monday through Friday, 8:00 to 5:00 pm. All employees are expected to be at work during these hours unless approval is granted for a flexible work schedule (~~flextime~~).

All staff on ~~flextime and compressed-ible~~ work schedules are expected to work on a rotating basis to cover Friday and day before/~~after Holiday-holiday~~ closings.

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The Executive Director approves flexible work schedules on a case-by-case basis. The flexible work schedule will be documented in the employee's personnel record as core hours. Any change in core hours must be approved in advance.

Meal Periods:

~~Non-exempt~~ Employees must take at least a ~~one~~ half-hour unpaid lunch break midway through their daily work schedule. Requests to adjust the schedule for a day which allows ~~an~~ employees to work through a meal period may be approved in advance with mutual agreement between the employee and the Executive Director.

Paid Time Off/Holiday/Vacation/Sick Leave:

~~Vacation, and Sick, and holiday L~~ leave are ~~earned and accrued according to defined in the Employee Benefit Package Paid Time Off policy, see HR103.~~

~~Holiday/Vacation/Sick Leave hours and other personal hours are not considered as hours worked and cannot be applied to the 40 hour accumulation for consideration in overtime payment.~~

Paychecks:

As a condition of employment, all paychecks will be directly deposited into a checking or savings account of the employee's choice. It is the employee's responsibility to update the direct deposit information with the Finance and Operations Manager if there are any changes in the account information.

Check stubs will be available for employees to see on Intuit "View My Paycheck" and employees will be notified by email when payroll has been posted. Employees must submit an email address to which bi-weekly pay notification can be sent.

Time Sheets:

Time sheets will record hours worked, holidays, vacation leave, sick leave, and other approved time off. Time sheets will be maintained by the individual employee and submitted ~~to the~~ ~~Operations~~ at the end of the pay period.

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South Heartland District Health Department Employee Handbook

Table with 3 columns: Policy Number: HR 204, Policy Title: Weather Closing, Program Area: Compensation; Approved: 1.6.2021, Reviewed: 2/1/2020, Next Review Date: 2/1/2021

PURPOSE

Employee safety is of the utmost importance to the South Heartland District Health Department (SHDHD). The decision to close the office due to inclement weather is not taken lightly and all factors are taken into consideration.

POLICY

The Executive Director will make the final decision whether to close the office due to inclement weather.

SHDHD will follow the decision of the Adam's County Courthouse in regards to weather closings. Should the Adam's County Courthouse decide not to open, or should they close early due to inclement weather, SHDHD will do the same.

Should the decision be made to close the office, employees scheduled to work that day will be paid receive administrative leave for that their time and will not be required to use vacation or sick leave time. If the office remains open and an employee decides not is unable to come in to the office due to inclement weather, that employee may work from home, if their position allows for this and they are approved to do so by the Executive Director. Otherwise, the employee must use vacation leave must be used to cover their scheduled work hours unless another arrangement has been approved by the Executive Director.

In either scenario, employees who have the ability cleared to work from home may choose to do that so, receiving a mix of administrative leave and regular pay per the hours they work. Please refer to the Remote Work policy, HR IX, regarding work from home and will

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~~be paid regular hours for time worked and administrative time to cover any difference in hours.~~

~~If the office remains open and an employee decides not to come in to the office due to inclement weather, that employee may work from home, if their position allows for this and they are approved to do so by the Executive Director. Otherwise, the employee must use vacation leave to cover their scheduled work hours unless another arrangement has been approved by the Executive Director.~~

Administrative time is not used in calculation towards overtime.

Imminent

Immanent

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South Heartland District Health Department Employee Handbook

Policy Number: HR 603	Policy Title: Internal Control	Program Area: Accounting
Approved: 5.5.2021	Reviewed: 2/21/23	Next Review Date: 2/21/24

PURPOSE

The South Heartland District Health Department (SHDHD) has the responsibility to its constituents and funders to be good stewards of public monies and property. In our efforts to serve our jurisdiction as public health officials, this Internal Control policy has established using widely recognized best practices and state and federal directives.

POLICY

1. ACCOUNTING METHODS

The SHDHD prepares its financial statements in accordance with the cash basis of accounting, which is in conformity with the accounting practices prescribed or permitted by the State of Nebraska. The financial management and accounting system shall operate in accordance with the Office of Management and Budget (OMB) Uniform Guidance. The SHDHD Finance & Operations Manager is utilized to compile financial data on a monthly basis using QuickBooks Accounting software.

2. INDEPENDENT AUDIT

The SHDHD's fiscal year-end is June 30th. An independent audit of the SHDHD operations occurs usually in September following the fiscal year end. If SHDHD expenditures exceed the annual threshold of \$750,000 in federal funds, it will be subject to a Single Audit. Each year, the independent auditor must verify if a Single Audit is warranted.

Selection: Procurement of the Independent Auditor is handled by the Executive Director with Board approval of the proposal/bid. The SHDHD Board requests the Executive Director to solicit proposals from local CPA firms and the Nebraska State Auditor of Public Accounts before selecting the best candidate. The Independent Auditor must be licensed in the State of Nebraska. The Audit contract contains verbiage to allow the SHDHD to cancel the contract at any time for any reason or no reason.

The auditor utilizes governmental auditing standards, which includes financial information, internal control of assets, operations and compliance with all Federal, State and Local government laws and regulations. The independent auditor is expected to follow all federal, state and local laws and regulations during the audit period.

Audit Review: Upon receipt of the SHDHD's fiscal year-end audit report, the Executive Director shall review the audit for accuracy. A copy of the audit shall be provided to each Board member prior to the next scheduled Board meeting. The Board and Executive Director shall review and discuss the audit at its meeting. The Board will accept/reject the audit report by motion. The information obtained from the audit will be used for future financial planning and policy changes for the SHDHD.

Audit report: The final audit report is sent to the State of Nebraska Auditor, County Clerks, as well as Financial Institutions and other third parties as requested of SHDHD. If a Single Audit has been completed, the audit report must be submitted to the Federal Audit Clearinghouse prior to September 30 following the funding year's end.

3. COST ALLOCATION

The SHDHD prepares a yearly budget(s) as required of Local Government Entities by State of Nebraska statute. It is submitted to the NE State Auditor no later than September 20 each year. The yearly budget contains a cost allocation that includes all SHDHD operations. This allocation is necessary to ensure that costs of operating each program are charged to the correct fund in our general ledger. Each program and individual grants/awards have a separate fund number to record direct and allocated revenues and expenditures. Allocation methods are reviewed and changed periodically as necessary. Allocations of costs traceable to grants/awards that do not provide administrative fee are allocated on a basis that is the best for the financial needs of the SHDHD. The general allocation process is as follows:

1. Direct cost by project or grant/award.
2. Indirect costs such as administrative and support staff time, building maintenance and utilities are allocated based on a time study/review, or another reasonable and fair method in accordance with the goals of the SHDHD.

4. INTERNAL CONTROL

The SHDHD shall maintain a system of internal, administrative and accounting controls consisting of all economically feasible measures necessary to protect the Department assets and operations. Internal controls are for:

1. Safeguarding the SHDHD resources against waste, fraud, mismanagement and inefficiency.
2. Promoting accuracy and reliability in accounting and operating data, including Financial Reports.
3. Encouraging and measuring compliance with SHDHD policy.
4. Evaluating the efficiency of financial operations in all programs operated by the Department.
5. To assist in verifying that standards of operating procedures established for each program are followed.
6. To provide creditability of sound operating standards to third Parties such as independent auditors, the Local, State and Federal government.
7. To ensure that Ethical Practices are followed.

8. To ensure that the Department is in compliance with federal, State and local laws and regulations.
9. Staff Job Descriptions are written so that, as much as possible, the same person collecting and receiving payments is not the same person who makes the deposits. The person who makes the deposits does not reconcile the bank statement.

5. BUDGETS AND BUDGET CONTROL

The SHDHD defines a budget as a realistic estimate of the operating revenue and expenditures to be incurred in connection with the prudent operation of any project or program during a specified period, broken down according to a classification of accounts as required by Generally Accepted Accounting Principles.

Budget Preparation: The Executive Director and the Operations & Finance Manager are primarily responsible for the final budget preparation and obtaining approval by the Board of Health. The budget shall include adequate justification of revenues and expenditures.

The process of approving the budget includes a public hearing on the budget, in which the public hearing is advertised and held open to the public for comment. Once completed, the Executive Director will then recommend the budget to the Board of Health. The Board of Health shall review the recommended budget, request any additional information they desire, and make such changes to the proposed budget as they determine appropriate. The Board of Health must adopt the budget each year. Revisions in the budget document necessitated by changes in circumstances or estimates during the fiscal year shall be processed in the same manner as the original budget.

Budget Control: The Executive Director and/or his/her designee shall be responsible for the efficient and effective use of budget appropriations and control of costs. No expenditure shall be made that exceeds an appropriation for a major expenditure category of a program/department budget except in emergency situations as determined by the Executive Director and/or the Board of Health.

Financial Statement Review: Bi-monthly financial reports and reconciliation reports for all SHDHD transactions shall be prepared by the SHDHD Finance & Operations Manager and submitted to the Executive Director and the Board of Health at each bi-monthly board meeting. The financial reports are reviewed with the Board of Health at the Board meetings, discussed as necessary and approved by resolution. Documentation of receipts and expenses are provided as required by grantors, and to fee accountants or auditors.

In addition to preparation of an overall Departmental budget, budgets shall be prepared on a program or grant/award basis. Each awarded program, grant or project administered by the Department shall have a separate operating budget. Revenues and expenditures are tracked for each award within the accounting system (QuickBooks) and reports generated to ensure that total costs do not exceed the amounts budgeted for the awarded period.

Significant variances occurring between actual and budgeted expenditures, as pertains to the overall department budget, or for any awarded program/grant budget will be reported to the Board of Health as part of the financial report. When warranted, the budgetary issue may be referred to the SHDHD Finance Committee as a formal project to be addressed, and options determined for resolution.

6. PROCUREMENT

The procurement of goods and services shall be accomplished in a manner that will ensure the combination of price and quality that will promote the highest level of efficiency and economy. The procurement policy is a separate policy that specifies the various laws; regulations and procedures the Department must follow. Staff responsible for Procurement include: Executive Director and Finance & Operations Manager.

7. DISPOSITION OF EXCESS PROPERTY

The Department disposes of excess property in accordance with federal, state and local laws. The Department has a separate Inventory of Property policy with specific guidelines that must be followed. Disposition of property is the responsibility of the Finance & Operations Manager.

8. PAYROLL

Payments of salaries and wages to employees shall be made expeditiously and in accordance with all federal, state and local laws and regulations. The payroll schedule shall be biweekly, by direct deposit. **Requested changes to an employee's direct deposit account will be verified verbally with the employee before changes are made.** Payroll disbursements will occur immediately on Friday, every other week. Employee records shall be confidentially maintained and shall include adequate documentation and authorization to support every transaction from employment through termination in accordance with SHDHD personnel policies. The SHDHD Finance & Operations Manager is responsible for the payroll function.

9. INVESTMENTS

The SHDHD shall invest all available funds in those investment funds or securities approved by the SHDHD Board of Health and State Law.

1. The Board of Health will determine the amount of funds to be placed in a Certificate of Deposit.
2. Current interest rates at each bank in the South Heartland District will be requested. The Board of Health authorizes where the funds are to be placed, and for what period of time.
3. The Executive Director is responsible for the investments of the Department.

10. ACCOUNTS RECEIVABLE AND COLLECTIONS

A detailed record of all transactions shall be maintained for each program or grant/award of the SHDHD, including documentation of each transaction's nature, justification, and

authorization. Notice to payors regarding delinquency of account balances shall be processed as promptly as allowed by State and Federal laws and regulations.

11. CHECK SIGNING/AUTHORIZATION

The Department by Board Resolution authorizes three (4) signers, the Chairperson of the Board of Health, the Treasurer of the Board of Health, Executive Director as well as one other board member within close distance to the office on behalf of the Department. The following is the procedure for issuance of checks:

1. All checks must have two signatures.
2. Supporting data for each check shall be available for the signer to review at the time of signing.
3. SHDHD Board of Health must approve any purchase above a \$5,000 threshold that has not been pre-approved in the annual budgetary process. The board approval of the expenditure authorizes the designated SHDHD officials to sign the check.
4. Blank checks must be kept locked in the SHDHD Finance & Operations Managers office.

12. PETTY CASH

The SHDHD does not maintain a Petty Cash Fund.

13. INSURANCE COVERAGE

The SHDHD shall obtain coverage of the following insurance to protect the Department from loss of assets and liability protection for the Board of Health and or employee actions. Other coverage may be considered in order to meet best practices or as circumstances indicate:

1. Workers Compensation to assist employees who have been injured, became ill due to accidents or other unforeseen events while on duty.
2. General Liability protects the Department assets against claims from outside individuals or businesses due to unforeseen events.
3. Directors and Officers insurance protects the Board of Health Directors and Officers for legal liability arising from actual or alleged errors, misstatements or misleading statement, acts or omissions, and neglect or breach of duty by an insured.
4. Professional liability insurance protects the Department assets against claims that a professional service provided by the Department, caused the client to suffer financial harm due to mistakes on part of the Department, due to failing to perform some service.

The Executive Director is responsible for the procurement of insurances. Board of Health approval is obtained for the insurance plans.

14. COLLECTIONS

1. All collections will be receipted to the appropriate fund and recorded in the cash receipts journal daily.
2. A pre-numbered receipt will be issued to cash-paying customers. For those paying by check, the check will be the receipt, unless a receipt is requested by the customer; in this situation, a pre-numbered receipt will be issued. In the case of ACH payment, the Remittance Advice will be used as the receipt. In the case of credit/debit cards, receipts will be issued electronically to the customer's email, and SHDHD Financial Operations will receive an electronic record of deposit via email.
3. Checks will be immediately stamped For Deposit Only upon receipt.
4. Deposits will be entered into QuickBooks as soon as the money is received. Deposits will be taken to the bank at least once weekly.
5. The cash receipts and collections will be held inside a locked drawer after hours.
6. At no time will cash be left out in the open unattended.

15. DEPOSITING RECEIPTS

1. Staff Job Descriptions are written so that, as much as possible, the same person collecting and receipting payments is not the same person who makes the deposits. The person who makes the deposits does not reconcile the bank statement.
2. Receipts are completed for money received into the department and are kept with the deposit as evidence of the money being received.
3. Deposit slips should reflect all deposits made, and may reflect receipts from multiple programs. This may include client fees, donations or program grant checks. Each item listed should have been receipted in and have a receipt number available. Each deposit slip should contain the receipt number for each individual transaction. All checks must be receipted in and shown on the deposit slip. In this way any individual deposit can be traced back to the receipt book and the deposit originator. The Finance & Operations Manager, after completing the deposit slip, will place a copy of the deposit slip with the remaining documentation for SHDHD records.
4. A deposit slip shall be received from the bank indicating that the bank did receive the funds. This slip shall be kept as evidence that the deposit was made.
5. When ACH payments are received via direct deposit, the deposits are entered by the Finance & Operations Manager into the accounting system as soon as they are received. The Executive Director is given a copy of the deposit to review and initial.

16. RECONCILIATION OF MONTHLY BANK STATEMENTS

1. Monthly bank statements are received via online banking by either the Executive Director, or the Finance & Operations Manager

2. The Finance & Operations Manager will reconcile the bank statement with the SHDHD QuickBooks Accounting System records and present the results to the Board President for review.
3. Bi-monthly balance sheets and income/expense reports are presented to the SHDHD Board of Health at board meetings as part of the financial report. Each month's financial reports are presented for board approval at these meetings.

17. ELECTRONIC FUND TRANSFERS

SHDHD disbursements made by electronic fund transfers include:

1. Payroll, salary and wages submitted through the QuickBooks Accounting System
2. Federal and state payroll taxes as calculated via QuickBooks Accounting System
3. Retirement contributions as calculated via QuickBooks Accounting System

These payments are reflected in the monthly SHDHD financial reports and presented to the SHDHD Board of Health.



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

RESOLUTION NO. 2023-3

WHEREAS, the South Heartland District Health Department, serving Adams, Clay, Nuckolls, and Webster Counties, has the duty to promote a healthy environment for individuals and considers the public health and welfare of residents and visitors of vital importance to communities in our four-county District; and

WHEREAS, the South Heartland mission states “through interaction with other community agencies and leaders, the Board and staff will determine which public health services are needed and how that need may be met and financed...”; and

WHEREAS, Public Health Essential Service #4 directs us to *Engage the Community to Identify and Solve Health Problems*, and

WHEREAS, the efforts of our partners and public health system colleagues are key to the advancement of public health in the South Heartland Health District, and

WHEREAS, the South Heartland Board of Health desires to recognize individuals and organizations for their efforts in public health,

NOW, THEREFORE, BE IT RESOLVED BY THE SOUTH HEARTLAND DISTRICT HEALTH DEPARTMENT, representing Adams, Clay, Nuckolls, and Webster Counties, that we, the Board of Health, do hereby recognize Tom Choquette, BS, RPh, with the 2023 PUBLIC HEALTH LEADERSHIP AWARD for extraordinary leadership and dedication to public health.

Passed and approved this 1st day of March, 2023.

Board of Health
South Heartland District Health Department

Nanette Shackelford, Board President



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

RESOLUTION NO. 2023-4

WHEREAS, the South Heartland District Health Department, serving Adams, Clay, Nuckolls, and Webster Counties, has the duty to promote a healthy environment for individuals and considers the public health and welfare of residents and visitors of vital importance to communities in our four-county District; and

WHEREAS, the South Heartland mission states “through interaction with other community agencies and leaders, the Board and staff will determine which public health services are needed and how that need may be met and financed...”; and

WHEREAS, Public Health Essential Service #4 directs us to *Engage the Community to Identify and Solve Health Problems*, and

WHEREAS, the efforts of our partners and public health system colleagues are key to the advancement of public health in the South Heartland Health District, and

WHEREAS, the South Heartland Board of Health desires to recognize individuals and organizations for their efforts in public health,

NOW, THEREFORE, BE IT RESOLVED BY THE SOUTH HEARTLAND DISTRICT HEALTH DEPARTMENT, representing Adams, Clay, Nuckolls, and Webster Counties, that we, the Board of Health, do hereby recognize Deena Burbach with the 2023 PUBLIC HEALTH LEADERSHIP AWARD for extraordinary leadership and dedication to public health.

Passed and approved this 1st day of March, 2023.

Board of Health
South Heartland District Health Department

Nanette Shackelford, Board President



SHDHD welcomes 2 nurses to our team: Tam Pauley and Zeld Anderson – working part time in Substance Misuse Prevention and Immunization, respectively.



SHDHD's Hastings COVID-19 Clinic moved from Allen's Store to the South Heartland facility beginning in February. Some of the COVID-19 Immunization Team members at Allen's at the last clinic held there.



Above: Board of Health learns about local nitrate concerns from Tyler Goeschel, Assistant Manager, Little Blue NRD – January 2023




Above Left: One group at Hastings Community Coalition for Diabetes Prevention works on their prototype idea for improving diabetes screening rates among Hastings' adults. Above Right: The Coalition pitches their ideas to a small group of community members for feedback. The coalition is facilitated by a team from UNMC College of Public Health. Coalition Members include representatives from: Hastings Family Care, Catholic Social Services, Adams County Board, Nebraska Extension, Hastings YMCA, Hastings Public Schools, minority community members, medical professionals, Pediatric Dental Specialists, Midland Area Agency on Aging, United Way, Head Start, City of Hastings Parks & Rec, Hastings City Council, Mary Lanning Diabetes Education Program, Hastings Public Library, billing/healthcare coverage, local restaurants, WIC (Women, Infant & Children program) and public health (SHDHD).

Radiogram Ad on KHAS / News Channel Nebraska promoting Colorectal Cancer Screening beginning at 45 years old:

45

is the
new 50!




Colon cancer is the fourth most diagnosed cancer in Nebraska.

Regular screening, beginning at age 45, is the key to preventing colon cancer.

Find out how and where to get screened: 1-877-238-7595

SOUTH HEARTLAND DISTRICT



HEALTH DEPARTMENT
southheartlandhealth.org

SHDHD staff Wear Red for Women's Heart Health – first Friday of February




Below: Minority health education event on blood pressure (BP). SHDHD staff Julia Sarmiento (bilingual community health worker) and Beatriz Mariño Jachim (bilingual public health nurse) talked about BP, BP numbers and managing high BP.



¿Tengo mayor riesgo de desarrollar presión arterial alta?

<p>Aspectos que se pueden controlar son:</p> <ul style="list-style-type: none"> <input type="checkbox"/> El tabaquismo y la exposición pasiva al humo del cigarrillo <input type="checkbox"/> Diabetes <input type="checkbox"/> La obesidad o el sobrepeso <input type="checkbox"/> Colesterol alto <input type="checkbox"/> Dieta no saludable (alta en sodio, grasas, potasio; y beber mucho alcohol) <input type="checkbox"/> Falta de actividad física 	<p>Los factores que no se pueden modificar o que son difíciles de controlar son:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Antecedentes familiares de presión arterial alta <input type="checkbox"/> Raza/etnia <input type="checkbox"/> Envejecimiento <input type="checkbox"/> Sexo (masculino) <input type="checkbox"/> Enfermedades renales crónicas <input type="checkbox"/> Apnea obstructiva del sueño
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Programa de Autocontrol de la Presión Arterial
Familia Hastings YMCA

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 are made available on our website, links on our website, news releases & interviews to various forms of media, and upon request from partners or others.
 - COVID-19 Dashboard continues to be maintained for certain metrics.
- **SHDHD surveillance staff has investigated:** Salmonella (1), Group A Strep (1), Varicella (1), Hepatitis B (1), Invasive bacterial infections (1), Childhood lead investigations (3), COVID deaths (3), and animal exposures/rabies investigations (3) during this reporting period.
- **Influenza:** Influenza peaked this year around 12/17 and has continued to decline. Last week the SH weekly rate was 2.2%/100,000 (positive labs), but no positive labs were reported this week. Flu may continue to circulate through the spring at low levels. One nursing home has reported a flu outbreak involving 12 residents and 10 staff. Additional surveillance activities that provide insight into community transmission of influenza are school surveillance and reports by our influenza sentinel provider. Prevention messages have been sent to schools to encourage healthy habits and help prevent outbreaks.
- **Respiratory Syncytial Virus. RSV:** RSV cases continue to decrease after a strong surge in November and December in our district. Based on the most current DHHS flu report, the SHDHD case rate per 100K is 0.0%
- **Monkeypox Virus:** SHDHD epi staff continues to monitor monkeypox. Nebraska reports a total of 32 cases. No cases have been identified in our jurisdiction and at least 10 individuals have been vaccinated in order to prevent infection. 30,123 cases have been reported in the US and 85,802 cases reported globally.
- **Coronavirus (COVID-19) Pandemic Situation Update / Dashboard Highlights:** As of February 28th 2023, a cumulative 12,079 COVID labs have been reported. We received 84 positive lab reports in the past 2 months and had 5 Nursing homes /LTC facilities in outbreak. We are currently in the "Moderate" category for community spread based on new cases per 100,000 in the past 7 days. Case rate and positivity (percent positive tests) (excluding the nursing home data) are increasing again after trending down in January. Percent of inpatients hospitalized is currently 14.8%.
- **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 157 deaths attributed to COVID-19 since the beginning of the pandemic.
- **Epi team continues to monitor novel infections:** Marburg Virus has been reported in the Ntem province in the Northwestern part of Equatorial Guinea. As of 2/14/2023, one confirmed case, nine deaths and 16 suspected cases have been reported from two communities in this province. In past outbreaks, Marburg has had a case fatality rate as high as 88%, so we will continue to monitor this outbreak.

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 the receipt, inventory, repackaging, and dissemination of PPE for our jurisdiction. To help keep key partners informed, SHDHD sent 2 Alert Sense notifications (January - February) to over 140 individuals each time and issued 2 news releases to

media and partners. Staff check the Nebraska Electronic Disease Surveillance System (NEDSS) 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 February 13, 2023, SH has distributed: Masks – 236,157, Surgical Masks – 334,900, Cloth Masks – 50,740, Face Shields – 36,938, Goggles – 3,315, Hand Sanitizer – 1,380 containers, Wipes – 11,885 containers, Gloves – 1,010,700, Gowns – 196,834, Thermometers – 808, Bleach – 12 gal., Eco Lab Disinfectant – 3 containers.
- **Communications Drills:** No communication drills completed these last two months.
- **Mpox Response:** Staff continue to answer questions from the public, assist health care providers with MPX testing (upon request), and manage vaccine.
- **Long Term Care Fit-Testing:** SHDHD is working with DHHS on the Long-Term Care Facility Strike Team Project. The focus of the project is supporting LTCF throughout the state in getting >90% of their staff fit tested with N95 respirators, and educating LTCF staff in infection control principles. We have received equipment and are contacting LTCF for interest in Fit-Test training.
- **Ebola Response Preparedness:** SHDHD continues to meet with our EMS squads even after the Ebola outbreak has wrapped up in Uganda. We are still wanting them to look at their Highly Infectious plans &, update as needed, and offer assistance if no plan is in place.

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:** January: “National Blood Donor Month”, “Radon” and “HPV vaccine” February: “Making Every Move County – Activity” and “Library Lovers”.
- **News releases, public health columns, ads and interviews:** COVID activities have decreased in these last two months, but were not (for the first time in over 2 years) to be the primary topic of news releases and communications. In January/February, SHDHD put out 5 press releases and granted phone interviews for TV and radio media requests, focusing primarily on COVID-19-related issues and vaccinations, Radon Action Month, HPV cancer Awareness and heart health. Radon and heart health were the focus of the PH columns and news releases.
- **Radio Advertising:** SHDHD continues running PSAs on Flood Communications’ stations and KRFS in Superior to promote receiving 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, and COVID-19 data. SHDHD continues to utilize the *Live Life Uninterrupted* UNMC messages on the radio as well.
- **TV interviews and Ads:** 1 Healthy Everyday interview about “Radon Action Month” to be aired on Local 4 in January, along with 2 PSAs created around these topics.
- **SHDHD Social Media:** During January and February, the English Facebook page reached 8,326 people, the Instagram page reached 355 people (increased from 71 last report), and the Spanish FB page has reached 400 people. Topics Blood Donor Month, HPV, COVID Vaccine, Mental Wellness, Radon, Heart Month, Tax Help, Employment Opportunity, and Cervical Cancer.
- **Environmental Education:**
 - **Radon:** During the month of January SHDHD staff implemented Radon Action month. Some of that work includes preparing newspaper ads & partnering with CCC Construction Management Program (currently 25 students), updating radon information on SHDHD’s website and providing information to the Minority Health Advisory Council. SHDHD also produced a newsletter on radon that was shared with community partners. During the month of January there were a total of 46 kits sold: 32- Adams, 3 Webster, 8 Clay, 0 Nuckolls and 3 other. This was a noteworthy increase compared to last year (Jan 2022, Nov/Dec 2021) where there were a total of 19 kits sold.

- **Lead:** Information was shared at the Advisory Council meeting in January. SHDHD also connected with Hastings House development to discuss partnership opportunities.
- **Website:** Our website “views” continued to maintain for January (1,011 views) but February has seen a sharp decrease (685), they 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 continues to work to improve the Spanish Tab on our Website, where several key pages have Spanish translation. Additionally, SH is working with Nebraska Association of Local Health Directors (NALHD) to assess the website and improve the layout with the template change being required by Firespring.
- **COVID-19 Information for Public:** SHDHD staff continues to answer calls accurately, timely, professionally and transparently. Website charts for access to testing & vaccine information are updated weekly & as needed.
- **Electronic Communication Boards:** SHDHD has 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, and the Catholic Social Service Office. A total of 265 pages (assets) have been created or placed in a media library for display. Two additional computers were added with purchase of an annual license. One is set up in the SHDHD conference and a second location is being explored.
- **2022 Annual Report:** The SHDHD Annual Report was approved and is now available in print form and online through the SHDHD website. Notification of the availability of the Annual Report is currently displayed on the electronic communication units in the four counties. The annual report is available in Spanish.
- **Health Fairs:** One SHDHD staff attended Werner Construction Health Fair and the Adams County Court House Health Fair, and provided info on Radon, Diabetes Prevention, and Falls Prevention.

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. SH Internal CHIP Team is meeting to define our staff roles as “backbone organization” and follow up to-dos from previous meetings (reminders to partners) and prep data, etc. for the five April 2023 Priority Steering Committee meetings.
- **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 continues HE efforts to ensuring messages are up to date on the electronic communication boards (see above) and attended a Medicaid enrollment event.
 - **United Health Care (UHC):** No current UHC activities
- **Mental Health CHIP Priority:**
 - **Rural Behavior Health (BH) Network:** The Rural BH Network continues to meet virtually on schedule to implement their strategic plan. February’s meetings: the network looked at how community referrals and screening could be accomplished. Additionally, the BH Advocacy Group reviewed upcoming legislative action and spoke with local senators on local BH data and concerns.
 - **Maternal Child Health:** SH has an agreement with two local clinics to pilot at least one Mental Health screening assessment for youth to improve mental health outcomes. Both clinics are utilizing the PHQ 4 screening on youth, with the PHQ 9 following positive scores. SH is also partnering with ESU 9 for Mental Health trainings across the district and with 1 school to implement a new MH initiative.
- **Substance Misuse CHIP Priority:** SHDHD continues to carry out our drug overdose prevention workplan with the assistance of community partners, following up with pharmacies on the letter sent out in November. SHDHD is onboarding a new staff member for this project. Additionally, SHDHD attended the Mary Lanning Prescription Drug Management Program (PDMP) learning sessions that was initiated by SHDHD. SHDHD also attended a Region 3 Opioid Settlement planning meeting in January.
- **Dental Health:** SHDHD began exploring and participating in a state wide initiative to expand oral health education throughout our district. SHDHD is identifying what is currently being done and getting orientated with the state wide (NALHD led) work group.
- **Obesity & Related Health Conditions CHIP Priority:**
 - **Building Healthy Families (BHF):** SHDHDs cohort 3 moved into monthly sessions and the team continues to evaluate the programs future in the Hastings community.

- **Prevention Connection: Smart Moves - Diabetes Prevention Class (DPP):** Hastings & Superior started a combined virtual *online* National Diabetes Prevention Program by the 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 50 weeks into the year-long class, so far, the 11 participants have lost 80 lbs. or 4.5% weight loss. The year-end goal is to have 5-7% weight loss (2 participants @ 1%+, 1 participant @ 3%+, 1 participant @ 5%+, and 1 participant @ 14%+). Hastings started their 2nd virtual online yearlong class on October 4th with 6 participants. 18 weeks into the start of the class the 6 participants lost 37 lbs. or 3.2% weight loss (2 participants @ 1%+, 1 participant @ 5%+, and 1 participant @ 9%+). Planning to start 3rd class February 28, 2023 for Hastings & Superior.
- **Whole School, Whole Community, Whole Child (WSCC):** SHDHD met with both HPS and Harvard to work on action plans and collect the needed assessment for the grant. The teams are reviewing their wellness policies.
- **On Track: Transforming Diabetes:** The Community Coalition has held a total of 6 meetings, with each building on the process to Investigate-Design-Practice and Reflect. Recently, the committee identified where people in the community seek care management, screening & prevention and education. The ultimate vision of the committee is to co-design and implement an accessible and coordinated diabetes prevention and care management system across the local community. The Nebraska Diabetes Foundation is supporting 2-year pilot projects in the communities of Hastings and Wayne.
- **Cancer Priority:**
 - **Mary Lanning Healthcare Cancer Committee:** SHDHD worked with Mary Lanning endoscopists and private practice endoscopists to offer patient education and risk prevention to Mary Lanning's Healthy Me participants. The fecal immunochemical test (FIT) Screening kit were available upon request for those between the ages of 45-74.
 - **Colon Cancer:** No cost *fecal immunochemical test* (FIT) Colon Cancer Screening kits became available August 1st 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. As of 2/8/2023, a total of 54 kits have been distributed. *FIT uses antibodies to detect blood in the stool and has an easier stool specimen collection process.*
 - **Every Women Matters (EWM) Collaborative Impact Project (CIP):** SHDHD continues to work on our CIP projects during the month of January and February, which focus on 1) Screening community members to determine if they are up to date on their breast screening exams. We have partnered with area pharmacies to encourage women to fill out the short screener and once completed, SHDHD follows up with education/barrier reduction. We have received 15 screeners back thus far. 2) Breast navigation and screening for underserved women who do not qualify for the EWM program or have insurance. We are partnering with ML clinic and Hastings Imaging to get these women seen and screened. Thus far we have 5 patient who has been screened.
- **Injury Prevention: Tai Chi Moving for Better Balance & Stepping On Classes:** Started another Stepping On class at the Hastings Public Library on January 11, 2023, with 7 participants completing the class. Participants started with a Time Up and Go (TUG) with an average of 10.0 seconds, will report ending TUG at the end of the class February 22, 2023 (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 & home, shoes, and lifelines). The next Stepping On class will start March 14, 2023, at the Vesty Center - Superior @ 1:00 pm. Tai Chi classes started up in January (Nelson, Superior, and Red Cloud) and February (Hastings – YMCA).

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:
 - SHDHD received approval of the workplans submitted last bi-monthly report (15 in January, 5 in Feb).
 - SHDHD received Kim Foundation funding to expand the mental health wellness kits for all area 9th graders.
- COVID-19 Vaccine Distribution Plan: Vaccine distribution continues via district COVID-19 vaccine providers, our own weekly public clinics and monthly VFC/AIP clinics, and with partners to reach special populations. 1,476 doses were allocated in January/February to the approved district COVID-19 vaccine providers. The Allen's PH clinic moved to SHDHD on 2/8.
- 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 & serves as a resource for managing all of the complexities associated with multiple vaccines & the frequent changes (through email, website, phone calls). The Bivalent Booster is available for 6 mos and up, administered 2 months after the last monovalent 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: One complaint from the Red Cloud area.
- Restaurant Inspection Reports from Nebraska Department of Ag: Have not yet received Quarter 3 Report – looking into hardwiring this process so that LHDs receive these automatically for every quarter.

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. Monthly VFC immunization clinics were held in January/February. Staff administered 53 total vaccinations to 26 VFC clients and 9 vaccines to 9 adult clients (AIP).
- Reminder/Recall to improve vaccination rates: Following up on previous HPV vaccinations for series completion.
- COVID-19 Vaccinations: Public COVID-19 vaccine clinics held in the space at the west end of Allen's have continued through January. The walk-in clinic moved to SHDHD in February, 2nd and 4th Wednesdays, 12-4. 78 COVID vaccines were administered at these clinics and 1 homebound. COVID-19 vaccines are administered to the Medicaid, underinsured, and uninsured populations attending VFC/AIP clinics at the department and are available to homebound or incarcerated individuals.
- Community Health Worker (Bilingual): Monthly VFC clinics in scheduling/reminder calls for clinic and assist with interpretation. Covid Spanish outreach via 2 Spanish videos, 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, helping coordinate and participate in MHI Advisory Council. Assist in navigation of women for the EWM/CIP Project.
- Community Health Worker (English Only) / Every Woman Matters (EWM) and Health Coaching: Health Coaching EWM clients for January 2023: 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 2 participants. February 2022: Completed 1st Health Coaching call with 0 participants, 2nd Health Coaching call with 0 participants, 3rd Health Coaching call, and Every Woman Matters assessment with 1 participant.
- Minority Health Initiative Advisory Council: SHDHD is leading this Council to support access to care for all individuals. The group meets every other month, with community partners and community members. In February,

the group supported an educational event to measure and discuss blood pressure for Spanish-speaking community members.

➤ **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:** SHDHD supervisors continue meeting and providing guidance for supervisees to measure progress for implementing professional development plans and goals. Survey information will be incorporated into the review/revision of the WD Plan.
- **Staff Briefings:** These meetings facilitate the sharing of current situational status, program updates, evidence-based practices, updates, policies/plans, messaging, and needs, etc.
- **Staff Training:** 1 staff member is participating in the Great Plains Leadership Institute. 6 staff attended Mental Health First Aid (Condensed version).
- **Health Literacy Training:** Future training is being planned for Health Literacy in Community Engagement and Diverse Populations.
- **UNMC ECHO Training, Health Equity/Quality Improvement:** One staff member has completed 32 of 38 sessions.
- **ERC Immersion Class:** (1) staff is taking the Emergency Response Coordinator (ERC) class as well as attending the extra trainings covering topics such as exercise planning, risk communication, and volunteer management.

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:** Addressing the Annual Report, year 3 training and documentation. Plans for staff & domain leads training. Extension requested and received from PHAB for submission on 6/28/23.
- **Quality Improvement Projects:** UNMC ECHO Equity and QI training: QI project to assess our partner's perceptions of SHDHD communication with the Hispanic/Latino population they worked with during the pandemic. Surveys with these partners has been completed; working on next steps.
- **Performance Management (PM):** Continue to build on staff Fall annual performance evaluations to set personal professional and wellness goals & developing performance measures for PM Dashboard from Lines of Sight.
- **PHAB Accreditation Standards and Measures:** Assistance and collaboration with 'Accreditation Community of Practice' virtual meetings with Statewide participants to assist with new standards and measures implementation. Accreditation Coordinator will host more virtual Learning Community meetings with 4 other health departments.
- **Comprehensive Preparedness Guide (CPG) Review:** The CPG's were completed and filed ahead of time with the State (5 preparedness capabilities, rated for each whether SHDHD is able to fully implement, prioritizing the importance of each to our jurisdiction, and identifying the gaps and barriers to implementation).

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

- This essential service includes seven components and we are highlighting one of them for this reporting period: Employing communications and strategic planning capacities and skills – SHDHD's Communications Team has introduced electronic communications stations in 5 sites across the district (Superior Pharmacy, Webster County Courthouse, Sutton Pharmacy, Catholic Social Services, Head Start) with two more sites interested (Hastings Public Library and Clay County Health Department). The monitors share health information and events in English and Spanish and have been well received. SHDHD staff control the content and are updating it frequently with new monthly topics. The team is also making strides in health communications to our minority (Spanish-speaking) population through the electronic communications stations, webpages translated to Spanish, annual report and flyers translated to Spanish, Spanish Facebook page, and health education events planning with the Minority Health Advisory Committee.

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<<See Next Page for Success Story>>

Success Stories: How we make a difference...

Radon Awareness Campaign Increases Radon Test Kit Sales

During the month of January SHDHD staff focused on radon awareness for Radon Action month. Some of that work included preparing newspaper ads and providing information on radon-resistant new construction to the CCC-Hastings Construction Management Program (currently 25 students), updating radon information on SHDHD's website and providing information on radon to the Minority Health Advisory Council. SHDHD also produced a newsletter on radon that was shared with community partners, and provided information on radon in the monthly public health column, Sunrise 60 radio interview and also had posts running on our Spanish and English Facebook pages and the SHDHD website. We wrote a story on a local resident who tested her home and found high radon levels; the resident contracted with a local radon mitigation business to install a mitigation system which reduced her home's radon levels. This story prompted an invitation for a live interview on NTV's Good Life to discuss the effects of radon and how to test for it.

The enhanced communications on radon made a difference! Preliminary results show that during the month of January there were a total of 46 radon test kits sold: 32- Adams, 3 Webster, 8 Clay, 0 Nuckolls and 3 other (residents living outside our district). This was a noteworthy increase compared with just 19 kits sold last year (Nov 2021-Jan 2022).

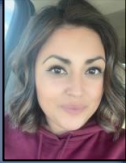


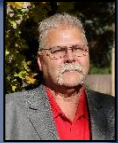


South Heartland Bi-Monthly Board Report: Staff-Specific Program Updates, January-February 2023

<p>Janis Johnson</p>  <p>Interim Assistant Director Standards and Performance Manager / Public Health Nurse</p>	<p><u>Vaccinations</u>: Interim coordinator – COVID, Vaccines for Children & Adults management and administration. <u>CHIP Steering Committee</u>: Access to Care backbone member. <u>UNMC ECHO Equity/QI Training</u>: have completed 32 sessions. <u>COVID-19 Response</u>: Assuring SHDHD and vaccine provider partners are up to date on COVID-19 vaccine guidance and recipients provided with current EUAs/registration forms. 1,266 COVID vaccine doses were delivered to district approved COVID-19 vaccine providers. Safe COVID vaccine storage averaged 1,171 doses/week. <u>Standards and Performance Management/Accreditation</u>: Workforce Development, Accreditation annual report Year 3 planning – extended due date to 6/28/23. <u>CHIP</u>: Serve as the backbone member for Access to Care Steering Committee. <u>Assistant Director</u>: orientation, staffing, staff training, logistics, assist ED.</p>
<p>Brooke Wolfe</p>  <p>Public Health Promotions and Prevention Coordinator</p>	<p><u>Program Activity</u>: During this period, I worked with the Kim Foundation to receive funding for SHDHD to expand the mental health wellness kits for all district schools-something we did with Give Hastings funding for Hasting Schools. <u>Grants Management</u>: During this reporting period, we submitted 20 quarterly reports on or before the deadline; facilitated 10 internal grant-focused team meetings to better meet grant deliverables, and continue meeting as a CHIP internal team to better document/support the work of the CHIP. I have also continued the Great Plain Leadership Academy.</p>
<p>Liz Chamberlain</p>  <p>Project Specialist / Community Health Worker</p>	<p><u>COVID-19 Response</u>: Continue to help as Back-Up Vaccine Coordinator, 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. <u>Falls Prevention Classes</u>: Started Stepping On class in Hastings @ Library with 7 participants. The next Stepping On class will be on March 14, 2023, at Vesty Center – Superior (1-2:30 pm). <u>HALT (Online Diabetes Prevention Program)</u>: 11 participants started a year-long class on March 1, 2022, with a total of 80 lbs. lost (avg 4.5% weight loss) after 50 weeks. 2nd DPP class started 10-4-22 with 6 participants with a total of 37 lbs. or 3.2% weight loss at the end of 18 weeks. Next class will start the end of February 2023 Hastings & Superior.</p>
<p>Jessica Warner</p>  <p>Health Surveillance Coordinator</p>	<p><u>Disease Surveillance</u>: I have been working on updating my Knowledge Transfer spreadsheet and cleaning up electronic files. Heidi and I have been teaming up with labs in NEDSS to complete investigations on reportable diseases and lab interpretation. We have had six SH LTC facilities in outbreak during this reporting period. We also had one LTC with an influenza outbreak and one school with > 10% of students absent due to illness. As indicated by hospitalizations and COVID in wastewater, COVID levels remain “substantial” and we continue to provide assistance to vulnerable populations. Three additional children have tested positive for elevated lead.</p>
<p>Jean Korth</p>  <p>Chronic Disease Prevention Program Assistant Health Literacy Specialist</p>	<p><u>Grants</u>: I continue to coordinate the Community Coalition portion of the Transforming Diabetes pilot program with UNMC/Nebraska Medicine. I am a member of the communication team, providing a health literacy review of community newsletters. I work with the electronic communication boards (TVs), as part of the Health Equity grant, with all six units up and running; distributing and monitoring colorectal cancer screening FIT kits as part of Every Woman Matters program, and working with two clinics to explore and pilot an evidence-based screening assessment to improve mental health outcomes. <u>CHIP Steering Committees</u>: I serve as the backbone member of the Cancer Committee, preparing for the April meeting. I also am a member of the Mental Health, Access to Care and Obesity Steering Committees.</p>
<p>Heidi Davis</p>  <p>Disease Investigator</p>	<p><u>Disease Surveillance</u>: I continue to work and maintain my knowledge and understanding in disease investigation, by reviewing labs and starting investigations in the Electronic Disease Surveillance System. I also monitor the LTCF outbreaks of COVID and help them stay connected with ICAP. I still answer calls for guidance for COVID, and help community members understand current guidelines after exposure or testing positive. <u>Long-term Care Facility Strike Team Project</u>: We recently received our Fit Testing Training equipment and I am starting to contact LTCF to provide information to schedule the trainings for facility staff.</p>



South Heartland Bi-Monthly Board Report: Staff-Specific Program Updates, January-February 2023

	<p><u>Other programs:</u> January was Radon Action month, SHDHD staff took on many action items for media and education pieces, resulting in over 60 radon test kits being sold this year.</p> <p><u>Training Activities:</u> This January I started the Core Competencies for Community Health Workers Training Program through UNMC. It is 10 weeks of online modules, followed by 8 to 12 months of job site training. I look forward to applying what I learn in my daily work.</p>
<p>Julia Sarmiento</p>  <p>Bi-Lingual Community Health Worker / Interpreter</p>	<p><u>Bilingual Community Health Worker (CHW):</u> I continue to 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 continue to develop and share resources to promote Covid-19/Flu/Immunizations and wellbeing on social media/dashboard and translating to Spanish for the Spanish Facebook. Cooperating with other staff in finding and developing content in Spanish for the electronic communication boards. I have assisted with the editing and planning of Covid-19 videos in Spanish directed to the Hispanic/Latino community.</p> <p><u>MHI:</u> I am currently assisting with the Every Woman Matters/Community Impact Project with the objective of identifying and navigating individuals in need of Breast Cancer Screening. Have helped coordinate an educational event in Spanish for minority health in regards to Blood Pressure.</p> <p><u>DPP:</u> Began a Smart Moves Diabetes Prevention class in Spanish, have done 2 sessions so far, with 9 participants.</p>
<p>Sam Coutts</p>  <p>Clerical Assistant for Finance and Operations & Vaccine Clinic Support</p>	<p><u>Clerical Assistant for Finance and Operations:</u> I continue to assist the Finance and Operations Manager by providing clerical support and expertise in areas such as grants and contracts, scanning, filing, and reviewing documentation, human resources regulation, and assisting with projects related to organizational policies, performance management/quality improvement, and budgeting, as requested. I assist other staff as needed with these areas as well.</p> <p><u>COVID-19 Clinic Support:</u> I also provide general administrative and clerical support and assist with data entry as needed.</p>
<p>Pam Stromer</p>  <p>Administrative & Technology Assistant</p>	<p><u>Administrative Assistant:</u> I provide office support by answering the phone, processing mail, receiving guests, providing various office duties as well as being a licensed 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; support the Microsoft Office programs, as needed, continue to overhaul the Master Database so resources are accurate and up-to-date, help input Colon Cancer Screening (FIT) Kit registrations, provide technical support to the new TV's & Dashboards for the counties and compile data for the SHDHD COVID-19 positive cases and hospital capacity dashboards.</p>
<p>Erik Meyer</p>  <p>Preparedness & Response Coordinator</p>	<p><u>Orientation/OnBoarding:</u> As of this write up, I have 121 days with the health department. The on-boarding continues but I am able to assist with more activities, feel more confident in my role, and make real contributions to the team and the public.</p> <p><u>Training activities:</u> The ERC immersion class continues and is a fantastic source for information and contacts throughout the state. It has been a huge help. I have attended a TTX training in Ashland, Volunteer management in Kearney, Fit testing - train the trainier in Kearney, and numerous web based trainings. This is all proving to be extremely valuable.</p> <p><u>Ebola and EMS:</u> I continue with these meetings to talk face to face with our local EMS squads about the correct PPE for Ebola and what is available thru South Heartland. The meetings promote good relations and share important information.</p> <p><u>Staff Training:</u> I am continuing with the ICS training bits & including some of the Emergency Response Plan (ERP) at our weekly staff meetings. Topics vary to stay fresh. <u>Tabletop ERC Exercise, TTX:</u> I have partnered with our neighbouring health departments to create and practice a wildland/urban interface fire senario in the Kearney area. This has been a fantastic opportunity for me to learn first hand the role of public health in emergency response. The TTX will be held next month in Kearney with 28 "players" . This has been a perfect way to get me up to speed on what public health is capable of & how to incorporate it into the real world.</p>

South Heartland Bi-Monthly Board Report: Staff-Specific Program Updates, January-February 2023

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, VFC/AIP Clinics
Kathryn Kamarad	Clinic Admin Support - COVID Clinics
Luisa Najera	Summer/Fall/Winter Intern (HC) - Webpage translations to Spanish
Zelda Anderson	Public Health Program Nurse – Immunization
Tam Pauley	Public Health Program Nurse – Opioid Drug Overdose Prevention

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
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Executive Director Report to the Board of Health

March 1, 2023

1. Infectious Diseases Briefing: Updates on COVID, Influenza, other illnesses of concern

2. Leadership/Professional

- 360 Leadership Profile – Continuing to meet with a coach to identify 1-2 areas to work on over the next 2 years and create an action plan. Offering the 360 Leadership Profile to the other members of my leadership team.
- Recent Workgroup/Committee Service:
 - SEOW - State Epidemiological Outcomes Workgroup (Behavioral Health Data)
 - Community Health Worker Workforce Development initiative
 - Friends of Public Health Legislative Review Committee
 - Atlas LHD Advisory Committee (for the new public health Data Dashboard)
 - Governmental Affairs Committee – Hastings Area Chamber of Commerce
 - Combined Services (Adams County/City of Hastings)
 - Policy Committee for Nebraska Association of Local Health Directors
- SHDHD’s Annual Report to County Boards – County Commissioners/Supervisors for Adams, Clay, Nuckolls and Webster

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

- Facility -
 - a. 606 N. Minnesota, Suite 1
 - b. Other Renovations - status
 - Automatic Backup Generator – Awaiting generator system programming and staff training from Generac.
 - c. Other facility needs:
 - Continuing to explore costs of additional renovations/replacements/additional space options – Facilities task force
- Staffing:
 - Hired: Health Surveillance Coordinator. Also 2 part-time nurses for Immunizations and Opioid/Drug Overdose Prevention activities, respectively
 - Ongoing open positions: Immunization Coordinator/Nurse Clinic Manager: Program Nurse (part-time) and/or Community Health Services Coordinator; 1-2 Program Assistants
 - Future staffing needs (based on expected new funding): public health dental hygienist, community health worker/s
- Financial:
 - a. State/Local ARPA funds
 - b. DHHS Procurement - Concerns - delayed subaward execution, outstanding invoices

4.Legislative Updates: Will report on State & Federal legislation of interest