

Board of Health

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

AGENDA for July 3, 2024 8:30 a.m.

Apprx. Time	Topic, Lead Person	Expected Outcomes
8:30 (4')	Welcome & Call Meeting to Order – Vice President Michele Oldham, Chair	1. Meeting Call to Order, Open Meeting Statement 2. Introductions – New Board Members / Roll Call 3. Approve Agenda – Board Action (Voice Vote) 4. Board Conflict of Interest Declarations
8:34 (5')	Introduction of new staff – M. Bever	Informational: Board meets new staff member Carrie Watson, RN, BSN, Community Health Nurse & Immunization Services Coordinator.
8:39 (1')	May 1, 2024 Board Meeting Minutes – Chair	Approve Minutes of May Meeting – Board Action (Voice Vote)
8:40 (10')	Finances – K. Derby <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>	Awareness of financial health/funding sources/ budgetary needs; Grants/Funding/Contracts/Subawards Status Accept Financial Report – Board Action (Voice Vote)
8:50 (10')	Finance Committee – C. Neumann <ul style="list-style-type: none"> COLA Recommendation for FY2025: 3.2% Wage Range Guidelines - Recommendations for FY2025 Governance Functions: <i>Resource Stewardship</i>	Approve 3.2% COLA - Board Action (Roll Call Vote) Approve Wage Range Guidelines – Board Action (Roll Call Vote)
9:00 (20')	Policy Committee – N. Shackelford <ul style="list-style-type: none"> Revised Polices: HR109 Worker’s comp, HR201 Performance Evaluations, HR203 Travel Reimbursement, HR205 Employee Wellness Benefit New Policies: Equity Governance Functions: <i>Policy Development</i>	Approve Revised Policies: HR109, HR102, HR301, HR203, HR205 – Board Action (Roll Call Vote) Approve New Policy: Equity - Board Action (Roll Call Vote)
9:20 (10')	Accreditation Update -M Bever	Informational: Board learns results of 4 th year annual report to PHAB, and timeline/steps for reaccreditation
9:30 (10')	Break	Stretch & Move
9:40 (10')	Staff Bi-Monthly Report – M. Bever <ul style="list-style-type: none"> SHDHD In Action, Bi-Monthly Progress Updates Staff-Specific Report Success Story Strategic Plan Progress Updates Line of Sight Performance Dashboard Governance Functions: <i>Partner Engagement, Continuous Improvement</i>	Board learns about department activities and Accept Bi-Monthly Report – Board Action (Voice Vote)
9:50 (10')	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., Resources</i>	Informational: Board learns latest updates on various key issues; review Announcements/Upcoming Events, etc., for Board members to promote or participate in and share at their upcoming meetings.
10:00 (10')	Communications from Board Members - Chair <ul style="list-style-type: none"> Community/County Updates - Board Members (All) Governance Function: <i>Partner Engagement</i>	Informational: All Board members share their community/county public health activities/issues and community or professional meeting updates
10:10 (5')	Public Comment - Chair	Opportunity for public comment
10:15 (20')	Community Leader <ul style="list-style-type: none"> Guest Community Leader: Harvard Resident, Leslie Robbins, APRN, Cancer Nurse Practitioner, Morrison Cancer Center Governance Functions: <i>Partner Engagement</i>	Informational: Board learns about partnerships and successes with skin cancer prevention initiatives.
10:35	Adjourn	Board Action (Voice Vote) Next Meetings: Budget Hearing and Board Meetings, September 4, 2024, Adams Co.



SHDHD Calendar

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

1. **South Heartland's 2024 Community Health Survey**: Give input on health issues that are important to you and your community! Available on-line and in paper copies – now through the end of May.
2. **All Summer**: We are partnering with Morrison Cancer Center to promote skin cancer awareness and prevention. Skin cancer is the most common cancer in the United States. It's estimated that every day about 9,500 people in the United States are diagnosed with this cancer. Many of these skin cancers could be prevented if people would protect their skin from the sun and stop using tanning beds. Checking your skin for signs of skin cancer helps find skin cancer, including melanoma, early when it's highly treatable.
3. **Diabetes Prevention / Take a Diabetes Risk Test**: <https://diabetesontrack.org/hastings/>
 - Visit SHDHD's Smart Hub for Diabetes Prevention for resources on healthy eating, physical activity, risk test, where to get screened for diabetes risk, who can help, and more: <https://southheartlandhealth.ne.gov/what-we-do/diabetes-prevention/>
4. **Recommended vaccines for Children and Adults**: <https://www.cdc.gov/vaccines/vpd/vaccines-age.html>
 - Hastings/Adams County Immunization Clinics:
 - July
 - Thursday July 11 – Vaccine for Children call 877-238-7595 for appointment
 - Tuesdays – Walk in Clinic July 16, 23, 30
 - August
 - Thursday Aug 1st- Vaccine for Children
 - Thursday Aug 15th- Vaccine for Adults and Vaccine for Children
 - Tuesdays - Walk in Clinic Aug 6, 13, 20, 27
5. **Where to get tested for COVID-19**: On SHDHD website: www.southheartlandhealth.org. Encourage your family and community members to keep COVID self-tests at home, in case they experience symptoms. Treatment is available to reduce severity of illness. A nationwide **Test-to-Treat program** is available to help people quickly access lifesaving treatments for COVID-19 at little to no cost. Test-to-Treat is available at thousands of locations nationwide, including several pharmacies in Hastings. More information, along with a Test-to-Treat Site locator, can be found at the Test-to-Treat website: <https://aspr.hhs.gov/TestToTreat/>. There is also a **Home Test to Treat program** with free virtual care and treatment for flu and COVID-19: test2treat.org.
6. **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.
7. "Like" **South Heartland's Facebook Page**; "Follow us" on **Instagram**
8. **Ongoing – all year 'round**:
 - **Diabetes Prevention**: Ongoing: 'Smart Moves' Classes (Evidence-based **Diabetes Prevention Program**) – Share the brochure and refer people who might be eligible. SHDHD's program has maintained Recognition status from the CDC! Contact Jessica Warner to find out more about in person and on-line classes - 402-462-6211. Next year-long class begins in July!
9. **National Association of Local Boards of Health (NALBOH)**: Save the Date for the 2024 Annual Conference in Nashville, Tennessee: August 12-August 14, 2024



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

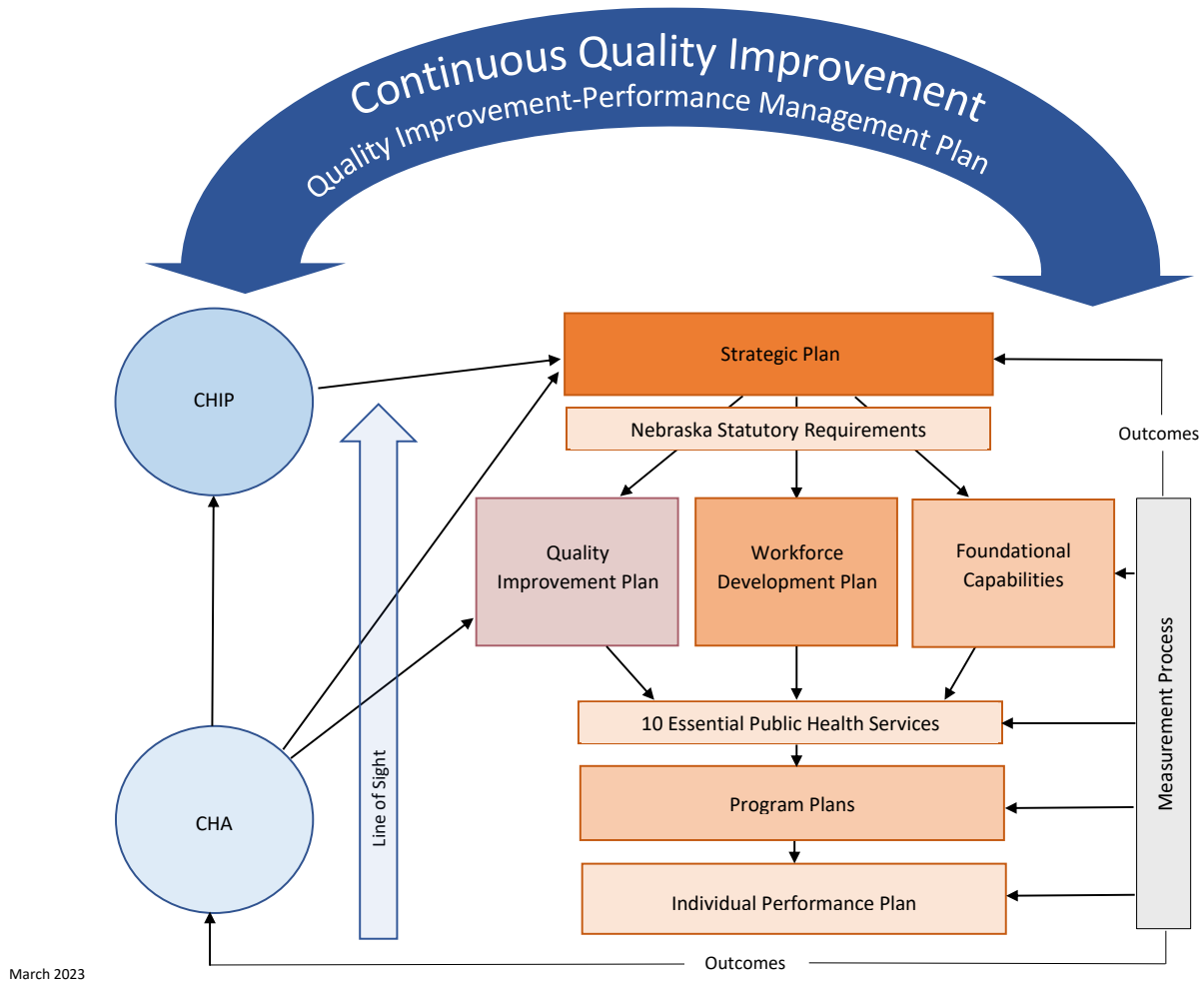
- A. Recruit community partners to implement CHIP strategies, provide oversight to CHIP implementation, and participate in CHIP performance management
- B. Support transitional strategies to move SHDHD toward level 5 of an organization wide culture of QI-PM
- C. Review and revise workforce development 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

Draft Revised PM Framework – March 2023

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
 Red Cloud Community Center, 142 W 3rd Ave, Red Cloud, NE 68970
 May 1, 2024, 8:30am

Topic, Lead Person	Comments/Actions	Roll Call/Vote
	Staff Michele Bever, Kelly Derby, Sam Coutts	
	Guests Lindsay Waechter-Meade, DVM, Extension Educator, Livestock Systems	
	COVID-19 mods: Hand sanitizer and masks available	
Welcome & Call Meeting to Order Board President (Chair)	<p>The May 2024 Board of Health meeting was called to order by Board President, Nanette Shackelford, at 8:30am</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	<p>Introductions/Roll Call</p> <p><i>Quorum met</i></p>	<p>Present Grove, Kleppinger, Murphy Buschkoetter, Nejezchleb, Neumann Shackelford, Shaw, Vance</p> <p>Absent Amyot, Harrington, Jobman, Kohmetscher, McMeen, Oldham. Stitchka-term ended, no replacement named by Nuckolls Co Board</p>

Approve or Amend Agenda	Motion to approve the May 1, 2024 Board meeting Agenda		Ayes: All
	Motion	Shaw	
	Second	Kleppinger	Nays: None
	<i>Motion Passed (voice vote)</i>		
Approve Minutes	Motion to approve the March 6, 2024 Minutes		Ayes: All
	Motion	Murphy Buschkoetter	
	Second	Neumann	Nays: None
	<i>Motion Passed (voice vote)</i>		
Annual Board Meeting Business Chair	Nominating Chair Dr. Mike Kleppinger presented the slate of officers for terms March 2024 - March 2026.		Ayes: Grove, Kleppinger, Murphy Buschkoetter, Nejezchleb, Neumann, Shackelford, Shaw, Vance Nays: None
	President: Sam Nejezchleb Vice President: Michelle Oldham Secretary/Treasurer: Chuck Neumann		
	Motion to approve the Slate of Officers		
	Motion	Nominating Committee	
	Second	Grove	
	<i>Motion Passed (roll call vote)</i>		
Annual Board Meeting Business Chair	M Bever reviewed committee assignments from the March 2024 meeting and reported that she had contacted several Board members to make sure Board members absent in March agreed to serve and that all vacancies were filled, as follows:		Ayes: Grove, Kleppinger, Murphy Buschkoetter, Nejezchleb, Neumann, Shackelford, Shaw, Vance Nays: None
	<u>Ethics Committee</u> : Jerry Grove; Barb Harrington; Nanette Shackelford; Kathy Murphy; Dr. Kathy Amyot; Michelle Oldham; and community members Dr. Daniel Deffenbaugh (Assoc. Dean of Arts & Sciences, CCC-Hastings) and Adams County Attorney Donna Fegler Daiss. The Committee will also include SHDHD Executive Director, Michele Bever, and up to 4 SHDHD staff (TBD).		
	<u>Policy Committee</u> : Nanette Shackelford, Barbara Harrington, Charles Neumann, Sandra Nejezchleb		
	<u>Finance Committee</u> : Charles Neumann, Treasurer; Richard Shaw; Nanette Shackelford; Sandra Nejezchleb		
	<u>SALBOH Representative</u> : Sandra Nejezchleb		
	<u>SHDHD Staff Worksite Wellness Committee</u> : Dr. Kathy Amyot		
	<u>Public Health Awards Committee</u> : Torey Kohmetscher; Nanette Shackelford; Sandra Nejezchleb, President (ad hoc); Michele Bever (ad hoc)		
	<u>Nominating Committee</u> : Mike Kleppinger; Torey Kohmetscher		
	Motion to approve finalized Committee Assignments for March 2024 - March 2025		
	Motion	Nanette Shackelford	
Second	Sam Nejezchleb		
<i>Motion Passed (voice vote)</i>			

Annual Board Meeting Business Chair	<p>Resolution #2024-7, delegates the following Board members and staff as Authorized Signers: Michele Bever, Executive Director; Sandra Nejezchleb, Board President; Michelle Oldham, Vice President; Charles Neumann, Board Secretary/Treasurer</p> <p>Resolution #2024-8 delegates the following Board members and staff to pay charges and expenses, incident to and arising out of the organization: Michele Bever, Executive Director, Sandra Nejezchleb, Board President; Michelle Oldham, Vice President; and Charles Neumann, Board Secretary/Treasurer</p> <p>Motion to approve Resolutions #2024-7 and #2024-8</p> <table border="1" data-bbox="354 552 1172 583"> <tr> <td>Motion</td> <td>Murphy Buschkoetter</td> </tr> </table> <table border="1" data-bbox="354 583 1172 615"> <tr> <td>Second</td> <td>Kleppinger</td> </tr> </table> <p><i>Motion Passed (roll call vote)</i></p>	Motion	Murphy Buschkoetter	Second	Kleppinger	<p>Ayes: Grove, Kleppinger, Murphy Buschkoetter, Nejezchleb, Neumann, Shackelford, Shaw, Vance</p> <p>Nays: None</p>
Motion	Murphy Buschkoetter					
Second	Kleppinger					
Annual Board Meeting Business Chair	<p>N Shackelford reviewed the summaries of the Board Meetings Evaluation and the Board's Self-Evaluation. Board members were asked to discuss what their next steps should be.</p> <p>Recommended next steps: (1) change the wording/format of the survey questions in the Board Self Evaluation Tool to better reflect what's being asked, (2) set goals to be more actively involved in fundraising, and (3) also discussed promoting annual physical exams - important for prevention.</p> <p>Motion to approve Next Steps</p> <table border="1" data-bbox="354 1035 1172 1066"> <tr> <td>Motion</td> <td>Murphy Buschkoetter</td> </tr> </table> <table border="1" data-bbox="354 1066 1172 1098"> <tr> <td>Second</td> <td>Grove</td> </tr> </table> <p><i>Motion Passed (voice vote)</i></p>	Motion	Murphy Buschkoetter	Second	Grove	<p>Ayes: All</p> <p>Nays: None</p>
Motion	Murphy Buschkoetter					
Second	Grove					
Finances K Derby	<p>K Derby summarized the financial position: As of April 30, 2024, cash is \$886K and net income is \$224K. Both figures reflect a consistency since the start of the fiscal year. A net loss of \$73K was experienced for the two-month period from March through April. The one large expense is the payoff of the new building's remodel - \$27K. Since the Department has not taken advantage of the additional funding of \$500K afforded in the budget, gaps between budget and actual are becoming apparent. State Appropriations covered \$131K of Indirect Costs, an amount roughly one third the total of State Appropriations.</p> <p>Motion to accept the Financial Report</p> <table border="1" data-bbox="354 1514 1172 1545"> <tr> <td>Motion</td> <td>Vance</td> </tr> </table> <table border="1" data-bbox="354 1545 1172 1577"> <tr> <td>Second</td> <td>Murphy Buschkoetter</td> </tr> </table> <p><i>Motion Passed (voice vote)</i></p>	Motion	Vance	Second	Murphy Buschkoetter	<p>Ayes: All</p> <p>Nays: None</p>
Motion	Vance					
Second	Murphy Buschkoetter					

<p>Policy Committee S Nejezchleb</p>	<p>Informational: S Nejezchleb referenced the policy committee minutes and informed the board that HR 108 Retirement Policy wasn't changed, just made shorter, and that HR 109 Workers Compensation Policy had the following minor changes: Responsibility was shifted from the Executive Director to the Finance and Operations Manager, and the report time was changed from "immediately" to within 24-48 hours. K Derby has reached out to the insurance company for best practices regarding documentation and will report at a later date.</p>	
<p>Finance Committee C Neumann</p>	<p>Informational: C Neumann reviewed the finance committee minutes informing the board that IT service will be switched from Flatwater to Allo due to ongoing dissatisfaction with Flatwater's customer service. Of note, Allo charges a flat rate per month for service calls whereas Flatwater charges by the hour.</p> <p>Neumann asked other Commissioners about their County's wage adjustment plans and Board members had discussion surrounding wage guidelines for the next fiscal year. Information on COLA and other wage adjustments at the state and Federal level was available in the finance committee minutes.</p>	
<p>Infectious Disease Briefing M Bever</p>	<p>Informational: M Bever told board about the Health Surveillance Coordinator creating an epidemic intelligence report for the staff every week and shared the most recent report.</p> <p>Measles update - end of March shows a total of 97 confirmed cases that have been reported in the U.S. in 2024. Unvaccinated or undervaccinated people going abroad can contract it and bring it back into the country, where it can spread among others who are un- or under-vaccinated. There haven't been any reported cases in NE.</p> <p>Report of Hastings wastewater levels of SARS-CoV-2 showing a slight rise; also still seeing influenza cases. The department is also seeing significant increase in foodborne bacterial infections, not unusual in warmer weather, but indicates importance of ongoing food safety education.</p> <p>Avian Flu - highly pathogenic avian influenza (HPAI), mostly affects the poultry flocks but is now hopping over to mammals, most notably dairy cattle.</p> <p>Bever said the health department participated in a briefing with NeDHHS within the last couple of weeks regarding HPAI and dairy cattle. No reports of cases in NE as of yet. Mortality rate for humans contracting this virus is 37%. Public Health roles: (1) Continue to promote that food safety practices work: the food is safe to eat/drink with proper food safety practices (e.g., pasteurization).</p>	

	<p>(2) Statewide and locally - Ensuring that our PPE stock is available to facilities needing it. Our PPE is inventoried and ready to go for poultry or dairy facilities, if they should request it. (3) Should any facilities in our jurisdiction experience animal infection, our roles would be to monitor exposed humans, and assure testing and treatment. This version of HPAI is not currently able to spread human to human. Our role is to reduce the possibility of that happening. We received influenza testing supplies from NeDHHS for quick local testing availability. We also have 60 courses of Tamiflu at the dept for rapid access to treatment. Coordinating with state and local partners on preparedness and communications.</p>	
<p>Local Community Leader Lindsay Waechter - Mead</p>	<p>Informational: Dr. Mead presented information regarding the outbreak of H5N1 HPAI. There haven't been any cases in dairy cattle in NE as of last night. State level PPE distribution (stockpile from Central States Center for Agricultural Safety & Health - CS-CASH) to selected NE counties based on risk. Case in Texas - discussed potential source. Genomic sequencing is showing that all these infections are very closely related. Infected dairy cows were showing a drop in milk production. This Monday a federal order was issued stating that all dairy cows need to be tested and reporting is required with positive cases. The only way the virus can be detected is through the milk. Cannot detect it through respiratory testing. Have to wait 30 days and then test again to confirm negative results before transporting cattle that have tested positive across state lines. Dr. Waechter-Mead shared these resources: aphis.usda.gov/livestock-poultry-disease/avian/avian-influenza/hpai-detections/livestock bigredbiosecurity.unl.edu/dairy-cattle dairy.unl.edu/</p>	

Staff Bi-Monthly Report M Bever	<p>Bever presented the board with the surveillance and disease report for the last 2 months and shared highlights of the staff bi-monthly report, including the Success Story which describes the Board's recognizing all of the school nurses in the district with a Community Health Service Award and that SHDHD staff traveled to each school to present them with their certificate and a small gift. Several school administrators expressed their excitement for their nurses to receive the award and how grateful they are for the nurses and all they do.</p> <p>Bever reminded the board that the Staff Bi-Monthly Updates section had a new format as of the last meeting and that the whole bi-monthly staff report was being provided in paper copy for easy reference, so that the Board members could share staff activities and Board actions with others (e.g., with other boards, community members) in the district. The complete staff bi-monthly report includes: Public Health in Action Pictures; Bi-monthly Updates; Surveillance Report; Success Story; Staff-Specific Report; Line o Sight Dashboard, and Strategic Plan Update. If the Board likes this format for the bi-monthly report, we will continue with this format moving forward.</p> <p>Additional Highlights: Installation of the 2 air quality monitors, one in Hastings at the Health Department and the other in Superior at the City Building. Both can be monitored through a website.</p> <p>Health Equity Assessment - we shared the data from the health equity assessment with collaborators (Community Impact Network) to help determine how the community can better work together to reach ALL, including traditionally underserved, populations.</p> <p>M Bever drew attention to the Staff-Specific Report which includes new Community Health Nurse for Immunization Services Coordination, Carrie Watson, who was hired last week. Line of Sight (LOS) Tracking - reminder of the LOS dashboard to monitor progress toward our goals. New Strategic Plan Dashboard: Quickly reviewed the 5 goals. Noted the Board's "assignment" to share the "why" of public health (Strategic Plan Goal 5). Bever passed around a tracking sheet for Board members to indicate who they had shared with. Goal is for 70% of Board members to share a "value of public health" message with at least 1 community member and/or 1 community leader and/or one group. Board members who hadn't had a chance to do this yet were provided a copy of the April Public Health Column: "Your public health department; who are we and what do we do?" that they could share. The staff is also participating in this activity, with a goal of at least 75% of staff completing the assignment.</p>	Ayes: All Nays: None
Motion to accept staff bi-monthly report		
Motion	Nejezchleb	
Second	Kleppinger	
<i>Motion Passed (voice vote)</i>		

<p>Communications from Director M Bever</p>	<p>Informational: M Bever summarized her leadership & professional activities from the past 2 months, including participation in a table-top exercise for Disease Forecasting she attended in Cleveland; trainers were from Cornell University; learned with teams from other health departments across the country about data exploration, forecasting and decision making, and Communications regarding forecasting on the spread of disease. Erik and Devi also attended. Stayed for the National Preparedness Summit that was also held in Cleveland - learned more about legal authorities during emergency response and policy for the use of A.I. in emergency preparedness and response.</p> <p>Operational/Personnel Highlights: New hires and open positions - Community Health Nurse for Immunization, Hastings College student hired for mosquito and tick Surveillance this summer. Give Hastings, fundraising focuses.</p> <p>CHA - A comprehensive health assessment (CHA) is conducted every 6 years. The community survey is being launched today. Requested Board members take flyers and promote the survey. Goal is at least 1500 responses and is online, takes roughly 15 mins to take. Paper copies are also available. Noted core partners Mary Lanning, Brodstone, and United Way contribute to the assessment process. Described the components and timeline for the CHA and the Community Health Improvement Plan that follows.</p> <p>Legislative - Overview of legislative wins and explained to board how health directors prioritized bills to review.</p>	
<p>Communications from Board Members Chair</p>	<p>Shaw - New employee hired to take over the Clay County Health Director position. Also mentioned that they are trying to come up with a plan to re-pave some of the roads. Cost is 2.5mil to pave 1 mile of road.</p> <p>Kleppinger - Complimented and thanked Nanette for her 4 years of service as President of the Board of Health.</p> <p>Neumann - shared about the symbolism in the U.S. one dollar bill.</p> <p>Murphy Buschkoetter - Nursing home in Red Cloud needs at least 40 residents. Campaign to raise 750,000, have roughly 300,000 of it. Staffing is almost full, but they are still looking for a nurse. Things in general are going well, Planning on having a big fundraiser in the fall. Also asked the board for help with advocating for emergency transportation for rural hospitals as this is a critical need. Also mentioned being on SHDHD's CHIP cancer steering committee with Jean and how they are discussing having skin cancer screening events at golf courses. Working with Morrison Cancer Center to set everything up.</p> <p>Vance - Informed the Board that his son is graduating this year.</p> <p>Grove - Informed board that he thinks Nuckolls County appointed a replacement for Jean. Bever will follow up.</p>	

Public Comment	None		
Adjourn	Motion to adjourn		Ayes: All
	Motion	Murphy Buschoetter	Nays: None
	Second	Vance	
	<i>Motion Passed (voice vote)</i>		
	Adjourned 11:00 am		
Next Meeting: July 3, 2024, Clay County			

Respectfully submitted,



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



Date

4:55 PM

South Heartland District Health Dept Balance Sheet Prev Year Comparison

06/28/24

As of June 30, 2024

Cash Basis

	Jun 30, 24	Jun 30, 23	% Change
ASSETS			
Current Assets			
Checking/Savings			
Checking	279,622.44	336,203.21	-16.8%
Money Market Savings	741,203.86	328,859.51	125.4%
Total Checking/Savings	1,020,826.30	665,062.72	53.5%
Other Current Assets			
Cash in Drawer	60.00	60.00	0.0%
Total Other Current Assets	60.00	60.00	0.0%
Total Current Assets	1,020,886.30	665,122.72	53.5%
Fixed Assets			
Accum Depr - Building #1	-14,230.77	0.00	-100.0%
Accum Depr - Building #2	-496,317.79	-496,317.79	0.0%
Bldg - 606 N Minnesota Ave #1	555,000.00	555,000.00	0.0%
Bldg - 606 N Minnesota Ave #2	496,317.79	496,317.79	0.0%
Total Fixed Assets	540,769.23	555,000.00	-2.6%
TOTAL ASSETS	1,561,655.53	1,220,122.72	28.0%
LIABILITIES & EQUITY			
Liabilities			
Current Liabilities			
Accounts Payable			
2000 - Accounts Payable	0.00	-185.00	100.0%
Total Accounts Payable	0.00	-185.00	100.0%
Credit Cards			
FNBO Credit Card	202.47	3,096.30	-93.5%
Total Credit Cards	202.47	3,096.30	-93.5%
Other Current Liabilities			
Payroll Liabilities	0.01	0.00	100.0%
Total Other Current Liabilities	0.01	0.00	100.0%
Total Current Liabilities	202.48	2,911.30	-93.1%
Total Liabilities	202.48	2,911.30	-93.1%
Equity			
Fund Balance	1,202,980.65	378,618.31	217.7%
Net Income	358,472.40	838,593.11	-57.3%
Total Equity	1,561,453.05	1,217,211.42	28.3%
TOTAL LIABILITIES & EQUITY	1,561,655.53	1,220,122.72	28.0%

South Heartland District Health Dept
Profit & Loss ^{POH 016} Prev Year Comparison
July 2023 through June 2024

	<u>Budget</u>	<u>Actual</u>	<u>Prior Year</u>	<u>% Change</u>	<u>IDC</u>
Ordinary Income/Expense					
Income					
4100 - Grants - Federal	1,601,788.60	1,050,232.21	1,403,621.42	-25.18%	157,369.75
4150 - Contract Funding	443,724.96	412,171.50	407,132.08	1.24%	97,318.75
4200 - Grants - State	34,008.44	39,610.45	35,949.25	10.18%	7,853.74
4250 - State Appropriations					
General Funds	306,765.00	306,765.07	306,765.07	0.0%	
Infrastructure	111,111.00	111,111.12	111,111.12	0.0%	
Per Capita	75,168.00	75,168.36	75,168.36	0.0%	
Total 4250 - State Appropriations	493,044.00	493,044.55	493,044.55	0.0%	0.00
4300 - Charges for Services	1,716.00	2,027.00	1,757.00	15.37%	
4400 - Miscellaneous Income		4,634.93	0.00	100.0%	35.00
4450 - Donations	7,980.00	9,772.93	7,917.00	23.44%	204.00
4550 - Bank Interest Income	2,000.00	12,768.34	1,991.37	541.18%	12,768.34
Total Income	2,584,262.00	2,024,261.91	2,351,412.67	-13.91%	275,549.58
Gross Profit	2,584,262.00	2,024,261.91	2,351,412.67	-13.91%	275,549.58
Expense					
6000 - Personnel	1,315,085.21	1,062,687.81	830,907.86	27.9%	249,849.33
6101 - Postage & Shipping	928.00	1,159.89	2,984.99	-61.14%	710.75
6102 - Printing and Copying	4,377.28	6,214.85	7,700.61	-19.29%	1,068.33
6103 - Staff Development	36,886.69	21,241.56	11,778.61	80.34%	3,405.82
6110 - Insurance Expense	25,310.00	25,094.00	22,750.00	10.3%	25,094.00
6120 - Professional Services	144,790.00	78,648.02	92,278.43	-14.77%	39,472.55
6130 - Contracted Services		0.00	3,774.14	-100.0%	
6140 - Promotion & Outreach	36,370.00	47,299.37	110,803.77	-57.31%	30.00
6150 - Communications	16,674.73	18,392.07	16,534.48	11.24%	11,737.28
6160 - Facilities	592,089.26	32,814.73	61,539.29	-46.68%	32,204.68
6170 - Marketing	1,500.00	1,152.45	0.00	100.0%	
6180 - Board Expenses	5,545.00	3,532.41	5,574.56	-36.63%	3,248.69
6192 - Memberships	6,000.00	8,629.32	5,767.99	49.61%	3,090.99
6193 - Event Expenses	4,070.00	4,784.29	2,487.16	92.36%	
6194 - Event Facility Rental	100.00	150.00	17,500.00	-99.14%	
6310 - Office Supplies & Equip	104,638.14	93,095.32	41,879.97	122.29%	43,197.73
6320 - Program Supplies	68,337.15	41,579.72	26,862.11	54.79%	
6400 - Travel	20,115.54	10,716.42	15,934.74	-32.75%	394.79
6500 - Building Improvement	200,000.00	209,002.94	223,513.00	-6.49%	
9000 - Interest Expense		0.00	4,501.11	-100.0%	
9100 - Sales Tax Expense	45.00	77.00	44.89	71.53%	77.00
9200 - Administrative Fees	1,400.00	1,017.34	1,374.35	-25.98%	942.34
9201 - Miscellaneous Expense	0.00	-1,500.00	0.00	-100.0%	
9202 - Closing Costs		0.00	6,327.50	-100.0%	
Total Expense	2,584,262.00	1,665,789.51	1,512,819.56	10.11%	414,524.28
Net Ordinary Income	0.00	358,472.40	838,593.11	-57.25%	-138,974.70
Net Income	0.00	358,472.40	838,593.11	-57.25%	-138,974.70

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South Heartland District Health Dept

06/28/24

Outstanding Invoices

As of June 28, 2024

Date	Num	Name	Due Date	Open Balance
Current				
06/02/2024	386	University of NE Med Center (UNMC):NTC HPV 4/15/24 to 6/2/24	07/04/2024	22,500.00
05/31/2024	387	DHHS:Oral Health 75023 3Q 3/1/24 to 5/31/24	07/06/2024	4,410.78
05/31/2024	388	DHHS:Envir Hlth 77591-Y3 2Q 3/1/24 to 5/31/24	07/06/2024	8,274.63
05/31/2024	394	DHHS:Lead 67999-Y3 #2 2/1/24 to 5/31/24	07/24/2024	2,691.83
05/31/2024	395	DHHS:Mpox 73915-Y3 5Q 3/1/24 to 5/31/24	07/24/2024	2,090.53
05/31/2024	396	DHHS:Radon 77394 #2 10/1/23 to 5/31/24	07/25/2024	3,310.46
05/31/2024	397	DHHS:Drug OD Prev 60145 3Q 3/1/24 - 5/31/24	07/28/2024	9,166.68
Total Current				52,444.91
1 - 30				
06/18/2024	392	Brodstone Healthcare C	06/18/2024	2,500.00
05/10/2024	383	DHHS:LTC Fit 70703 AL Q7 2/1/24 to 5/10/24	06/22/2024	17,941.02
05/10/2024	384	DHHS:LTC Fit 70703 SN Q7 2/1/24 to 5/10/24	06/22/2024	9,068.79
Total 1 - 30				29,509.81
31 - 60				
03/31/2024	372	DHHS:TB DOT 107298 2023 - child	05/15/2024	360.00
Total 31 - 60				360.00
61 - 90				
Total 61 - 90				
> 90				
10/31/2023	326	DHHS:LTC Fit 70703 SN Q5 8/1/23 to 10/31/23	12/29/2023	1,680.99
10/31/2023	327	DHHS:LTC Fit 70703 AL Q5 8/1/23 to 10/31/23	12/29/2023	1,293.76
01/31/2024	352	DHHS:TB DOT 107298 2023 - adult	03/06/2024	1,960.00
01/31/2024	353	DHHS:TB DOT 107298 2023 - child	03/06/2024	820.00
01/31/2024	354	DHHS:LTC Fit 70703 AL Q6 11/1/23 to 1/31/24	03/13/2024	1,263.76
01/31/2024	355	DHHS:LTC Fit 70703 SN Q6 11/1/23 to 1/31/24	03/13/2024	1,080.84
03/22/2024	2577	University of NE Med Center (UNMC):Diabetes on Track #7 11/1/23 to 12/31/23		-100.00
03/22/2024	149...	University of NE Med Center (UNMC):Diabetes on Track #7 11/1/23 to 12/31/23		100.00
Total > 90				8,099.35
TOTAL				90,414.07

South Heartland District Health Dept
Payroll Summary
 July 2023 through June 2024

	Jul '23 - Jun 24
Employee Wages, Taxes and Adjustments	
Gross Pay	
Salary	210,954.40
Salary Funeral	288.32
Salary Holiday	10,684.50
Salary Sick	2,725.90
Salary Vacation	11,419.00
Salary Weather/Civil	953.03
Hourly Funeral	2,992.91
Hourly Holiday	25,876.23
Hourly Sick	11,913.98
Hourly Vacation	25,005.80
Hourly Wage	551,090.24
Hourly Weather/Civil	2,645.40
Overtime	1,256.87
PTO Hourly	0.00
Bonus	10,000.00
Cash Out Option	34,617.35
Wellness Benefit	2,250.00
Total Gross Pay	904,673.93
Deductions from Gross Pay	
Aflac (pre-tax)	-1,839.18
Dental Insurance (pre-tax)	-1,635.32
Health Insurance (pre-tax)	-4,127.50
HSA (pre-tax)	-14,931.16
NPERS Retirement Employee	-34,238.63
Vision Insurance (pre-tax)	-328.63
Total Deductions from Gross Pay	-57,100.42
Adjusted Gross Pay	847,573.51
Taxes Withheld	
Federal Withholding	-64,796.00
Medicare Employee	-11,817.13
Social Security Employee	-50,528.30
NE State Withholding	-34,711.29
Medicare Employee Addl Tax	0.00
Total Taxes Withheld	-161,852.72
Deductions from Net Pay	
Aflac (after tax)	-598.50
Garnishment	-7,001.80
Total Deductions from Net Pay	-7,600.30
Net Pay	678,120.49
Employer Taxes and Contributions	
Medicare Company	11,817.13
Social Security Company	50,528.30
NE State Unemployment	995.78
Dental Insurance Company	3,211.92
Health Insurance Company	40,542.00
NPERS Retirement Company	51,985.53
Vision Insurance Company	870.05
Total Employer Taxes and Contributions	159,950.71

South Heartland District Health Dept
Accounts Payable Report
May through June 2024

3:57 PM

06/28/24

Accrual Basis

Date	Name	Memo	Account	Amount
May - Jun 24				
05/03/2024	Accutec	Fit-testing device	2000 · Accounts Payable	-14,895.00
05/03/2024	Allo Communications	929329 phone - Apr	2000 · Accounts Payable	-664.56
05/03/2024	Anderson, Zelda	mileage - Apr 2024	2000 · Accounts Payable	-11.66
05/03/2024	Bever, Michele	Mileage - Apr 2024	2000 · Accounts Payable	-145.60
05/03/2024	Burnham, Michele	mileage - Apr 2024	2000 · Accounts Payable	-173.26
05/03/2024	Business World Products	SHDHD logo'd apparel - Kort	2000 · Accounts Payable	-39.73
05/03/2024	Clay County News	annual subscription (in area)	2000 · Accounts Payable	-39.00
05/03/2024	Coutts, Samantha	Mileage - Apr 2024	2000 · Accounts Payable	-40.07
05/03/2024	Culligan of Hastings	water	2000 · Accounts Payable	-72.60
05/03/2024	Davis, Heidi	mileage - Apr 2024	2000 · Accounts Payable	-4.36
05/03/2024	Eakes Office Solutions	Mar/Apr copies 2024	2000 · Accounts Payable	-156.23
05/03/2024	Essential Screens	1 background check	2000 · Accounts Payable	-80.39
05/03/2024	Flood Communications Tri-Cities	Staying Healthy ads - Apr	2000 · Accounts Payable	-312.00
05/03/2024	Grove, Jerry	mileage board mtg - May	2000 · Accounts Payable	-41.54
05/03/2024	Journeyworks Publishing	Opiod Misuse pamphlets, 16 sets, 100 each title	2000 · Accounts Payable	-862.92
05/03/2024	Junker, Christine	Mileage - Apr 2024	2000 · Accounts Payable	-72.97
05/03/2024	Kort, Carrie	mileage - Apr 2024	2000 · Accounts Payable	-52.59
05/03/2024	Korth, Jean	mileage - Apr 2024	2000 · Accounts Payable	-12.46
05/03/2024	KRFS Radio	60 + 60 bonus screenings/vax spots (120 comp'd)	2000 · Accounts Payable	-300.00
05/03/2024	Meyer, Erik	mileage - Apr 2024	2000 · Accounts Payable	-193.23
05/03/2024	NALHD	Qualtrics Annual Renewal - 2024	2000 · Accounts Payable	-7,000.00
05/03/2024	Nejezchleb, Sandra	mileage board mtg - May	2000 · Accounts Payable	-25.65
05/03/2024	Neumann, Charles	mileage board mtg - May	2000 · Accounts Payable	-55.07
05/03/2024	Pauley, Tam	mileage - Apr 2024	2000 · Accounts Payable	-120.94
05/03/2024	Sipp's Cleaning Solutions	Apr cleaning services	2000 · Accounts Payable	-505.00
05/03/2024	Warner, Jessica	Mileage - Apr 2024	2000 · Accounts Payable	-77.05
05/03/2024	Woodwards Disposal	trash - Apr	2000 · Accounts Payable	-165.00
05/03/2024	Firespring	May web hosting	2000 · Accounts Payable	-165.00
05/03/2024	Flatwater Technologies	IT services	2000 · Accounts Payable	-2,326.94
05/20/2024	Blue Hill Leader	BOH meeting notice - May	2000 · Accounts Payable	-6.46
05/20/2024	Business World Products	bath tissue	2000 · Accounts Payable	-61.50
05/20/2024	Clay County News	Board meeting notice - May	2000 · Accounts Payable	-12.00
05/20/2024	Datatude	monthly subscription & data extract - Apr 2024	2000 · Accounts Payable	-540.00
05/20/2024	ETR	educational materials	2000 · Accounts Payable	-361.34
05/20/2024	Fiesta KLIQ	Spanish Covid Ads - Apr	2000 · Accounts Payable	-375.00
05/20/2024	Grace's Locksmith	desk drawer locks/keys	2000 · Accounts Payable	-85.05
05/20/2024	Hastings Area Chamber of Commerce	Individual email blast	2000 · Accounts Payable	-150.00
05/20/2024	Hastings Tribune	May BOH mtg notice	2000 · Accounts Payable	-9.41
05/20/2024	Hastings Utilities	Apr #1010190-01 #1010200-01	2000 · Accounts Payable	-986.57
05/20/2024	Locomotive Gazette	board mtg notice - May	2000 · Accounts Payable	-9.82
05/20/2024	Marcello, Tami	mileage - Apr 2024	2000 · Accounts Payable	-74.72
05/20/2024	Noodle Soup	vinyl banner and stand	2000 · Accounts Payable	-125.40
05/20/2024	Quiznos	lunch, HFA advisory board mtg	2000 · Accounts Payable	-159.00
05/20/2024	R & K Mowing	Apr mowing	2000 · Accounts Payable	-280.00
05/20/2024	Red Cloud Chief	May board mtg	2000 · Accounts Payable	-6.47
05/20/2024	Superior Publishing Company	BOH mtg notice - May	2000 · Accounts Payable	-9.27
05/20/2024	Flatwater Technologies	monthly services - May	2000 · Accounts Payable	-1,004.00
05/20/2024	First National Bank of Omaha	May balance ending 05/14/2024	2000 · Accounts Payable	-11,458.47
05/20/2024	Mary Lanning Healthcare	03385055, FranciscaA - mammography	2000 · Accounts Payable	-247.68
05/20/2024	Mary Lanning Healthcare	03384557, LuluL - mammography	2000 · Accounts Payable	-145.26
05/20/2024	Mary Lanning Healthcare	04092112, LiliaG - mammography	2000 · Accounts Payable	-145.26
05/20/2024	Mary Lanning Healthcare	03384514, VeliaV - mammography, pap screen	2000 · Accounts Payable	-165.52
05/20/2024	Mary Lanning Healthcare	03616279, MariaB - mammography, imaging ser...	2000 · Accounts Payable	-312.20
05/20/2024	Mary Lanning Healthcare	03461613, DaniaR - mammography, imaging se...	2000 · Accounts Payable	-291.94
05/24/2024	Flood Communications Tri-Cities	radio ads	2000 · Accounts Payable	-912.00
05/24/2024	Flatwater Technologies	managed services - laptops + various	2000 · Accounts Payable	-4,693.50
06/04/2024	Anderson, Zelda	mileage - May 2024	2000 · Accounts Payable	-26.73
06/04/2024	Bert's Pharmacy	adult epi pen	2000 · Accounts Payable	-302.00
06/04/2024	Culligan of Hastings	water	2000 · Accounts Payable	-59.40
06/04/2024	Eakes Office Solutions	office supplies & copies	2000 · Accounts Payable	-649.15
06/04/2024	Essential Screens	1 background check	2000 · Accounts Payable	-80.39
06/04/2024	Fletcher, Michelle	Apr mileage - DOT-TB child	2000 · Accounts Payable	-12.06
06/04/2024	Hastings Radiology Assoc	HR214048 - FARredondo, mammogram	2000 · Accounts Payable	-102.42
06/04/2024	K-T Heating & Air Conditioning	AC maintenance	2000 · Accounts Payable	-715.81
06/04/2024	Mary Lanning Healthcare	03384581 - YArellano, mammography imaging	2000 · Accounts Payable	-146.68
06/04/2024	Quiznos	lunch, Env Hlth mtg	2000 · Accounts Payable	-59.60
06/04/2024	School Specialty	while you were out message forms	2000 · Accounts Payable	-4.74
06/04/2024	Sipp's Cleaning Solutions	May cleaning services	2000 · Accounts Payable	-530.00
06/04/2024	TZ Construction	various small jobs	2000 · Accounts Payable	-385.00
06/04/2024	Verizon	Apr cell service	2000 · Accounts Payable	-400.67
06/04/2024	Wolfe, Brooke	Wolfe, Mileage - Apr/May 2024	2000 · Accounts Payable	-127.44
06/04/2024	Woodwards Disposal	trash - May	2000 · Accounts Payable	-165.00
06/04/2024	Flatwater Technologies	managed services thru 5/13	2000 · Accounts Payable	-438.00
06/04/2024	Hastings Radiology Assoc	HR21744 - MBenitez, mammogram	2000 · Accounts Payable	-102.42
06/04/2024	Mary Lanning Healthcare	03384294 - PRodriguez, pap screen, mammogr...	2000 · Accounts Payable	-312.20
06/04/2024	Hastings Radiology Assoc	HR60115 - LLagunas, mammogram	2000 · Accounts Payable	-102.42
06/04/2024	Hastings Radiology Assoc	HR118169 - DRodriguez, mammogram	2000 · Accounts Payable	-102.42

South Heartland District Health Dept
Accounts Payable Report
May through June 2024

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06/28/24

Accrual Basis

Date	Name	Memo	Account	Amount
06/04/2024	Hastings Radiology Assoc	HR62036 - PRodriguez, mammogram	2000 · Accounts Payable	-102.42
06/04/2024	Hastings Radiology Assoc	HR199465 - YArellano, mammogram	2000 · Accounts Payable	-102.42
06/05/2024	Flood Communications Tri-Cities	radio ads	2000 · Accounts Payable	-762.00
06/05/2024	KRFS Radio	60 + 60 bonus screenings/vax spots (120 comp'd)	2000 · Accounts Payable	-300.00
06/05/2024	Locomotive Gazette	community health survey, 2 weeks	2000 · Accounts Payable	-192.00
06/05/2024	R & K Mowing	May mowing	2000 · Accounts Payable	-350.00
06/05/2024	Superior Publishing Company	community health survey, 2 weeks	2000 · Accounts Payable	-216.00
06/05/2024	Allo Communications	929329 phone - May	2000 · Accounts Payable	-667.58
06/05/2024	Bever, Michele	mileage - May 2024	2000 · Accounts Payable	-59.23
06/05/2024	Burnham, Michele	mileage - May 2024	2000 · Accounts Payable	-28.01
06/05/2024	Datature	monthly subscription & data extract - May 2024	2000 · Accounts Payable	-540.00
06/05/2024	Dwarabandam, Devi	mileage -May 2024	2000 · Accounts Payable	-27.27
06/05/2024	Grace's Locksmith	desk drawer locks/keys	2000 · Accounts Payable	-75.00
06/05/2024	Kort, Carrie	mileage - May 2024	2000 · Accounts Payable	-115.23
06/05/2024	Marino Jachim, Beatriz	mileage - 4/23 through 6/6/2024	2000 · Accounts Payable	-60.97
06/05/2024	Meyer, Erik	mileage - May 2024	2000 · Accounts Payable	-182.37
06/05/2024	Severson, Emma	mileage - May 2024	2000 · Accounts Payable	-59.37
06/05/2024	Warner, Jessica	Mileage - May 2024	2000 · Accounts Payable	-23.58
06/05/2024	Watson, Carrie	May mileage	2000 · Accounts Payable	-32.56
06/05/2024	Korth, Jean	travel - NE School Mental Health Conf	2000 · Accounts Payable	-236.64
06/05/2024	Marcello, Tami	mileage - May 2024	2000 · Accounts Payable	-11.98
06/20/2024	Blue Hill Leader	community health survey	2000 · Accounts Payable	-223.12
06/20/2024	Clay County News	Community health survey 2024	2000 · Accounts Payable	-348.76
06/20/2024	CSJ Electric	attach air monitor to power source in bldg	2000 · Accounts Payable	-160.00
06/20/2024	Eakes Office Solutions	office supplies	2000 · Accounts Payable	-80.81
06/20/2024	Fiesta KLIQ	Spanish Covid Ads - May	2000 · Accounts Payable	-375.00
06/20/2024	Hastings Area Chamber of Commerce	Leadership Hastings class fee, HDavis	2000 · Accounts Payable	-600.00
06/20/2024	Hastings Tribune	community health survey	2000 · Accounts Payable	-868.08
06/20/2024	Hastings Utilities	May #1010190-01 #1010200-01	2000 · Accounts Payable	-907.78
06/20/2024	K-T Heating & Air Conditioning	Install one new ac/furnace unit	2000 · Accounts Payable	-8,208.00
06/20/2024	Randy's Sprinkler Systems	spring start up/maintenance	2000 · Accounts Payable	-7.93
06/20/2024	Red Cloud Chief	Community health survey	2000 · Accounts Payable	-216.00
06/20/2024	TimeClock Plus (TCP)	prorated time entry for 2 addl employees	2000 · Accounts Payable	-168.00
06/20/2024	Verizon	May cell service	2000 · Accounts Payable	-403.52
06/20/2024	Ellerbrock-Norris Insurance	Cyber Liability Policy Renewal - Beazley	2000 · Accounts Payable	-2,280.00
06/20/2024	Gray Television Lincoln	5 invoices, 052024	2000 · Accounts Payable	-1,995.00
06/20/2024	Konexus	2024-2025 annual svc	2000 · Accounts Payable	-1,495.00
06/20/2024	United States Treasury	Form 720 for quarter ending 6/30/24, EIN 68-05...	2000 · Accounts Payable	-25.76
06/20/2024	First National Bank of Omaha	June balance ending 06/13/2024	2000 · Accounts Payable	-9,152.78
06/20/2024	Flatwater Technologies	monthly services - June	2000 · Accounts Payable	-1,004.00
06/20/2024	Flatwater Technologies	managed services - various	2000 · Accounts Payable	-46.25

May - Jun 24

-88,773.63

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South Heartland District Health Dept

06/28/24

Funding Sources

Cash Basis


July 2023 through June 2024

	<u>TOTAL</u>
CHA	9,000.00
Out of Budget	75,168.36
Infrastructure	111,111.12
Admin/IDC	586,614.58
Programs	
Accreditation	9,978.55
Blood Pressure	1,071.00
Diabetes on Track - Coalition	91,877.13
Diabetes Prevention - CHW	73,455.00
Drug (Opioid) OD Prevention	43,103.86
ECHO	3,191.77
Enviro Health & Indoor Air	24,769.89
EP	82,324.40
EWM	16,839.31
Fall Prevention - Deliverable	1,431.79
Fall Prevention - Sustainable	3,571.19
Health Equity	23,259.67
HFA - Healthy Families America	169,707.85
Immunization	50,494.79
Immunization-Covid	415,319.92
KFND	1,500.00
Lead Surveillance	4,567.90
LTC Fit Testing	9,669.09
Maternal Child Health	20,775.04
Medicaid	2,500.00
MHI	28,352.84
Mpox	1,638.67
NACCHO	18,599.46
Nebraska Total Care (NTC)	23,590.45
Oral Health - DHHS	21,587.09
Oral Health - NALHD	43,069.69
Radon	1,590.09
TB DOT	400.00
United Healthcare	37,376.67
West Nile Virus	4,379.10
WIIN	345.04
WSCC	7,931.54
Youth Suicide Prevention	4,099.06
Total Programs	<u>1,242,367.85</u>
TOTAL	<u><u>2,024,261.91</u></u>



SHDHD Board of Health Finance Committee Minutes	
Date: 06/25/24 3:48 pm	
Committee Members Present: Chuck Neuman (Chair), Dick Shaw, Nanette Shackelford, Sam Nejezchleb	
Staff: Michele Bever, Kelly Derby	
Topic/Lead Person	Comments/Action
Board Finance minutes 04.23.24	Reviewed minutes from previous meeting. Motion (Nanette), Second (Dick) to approve minutes.
Nebraska Public Agency Investment Trust (NPAIT) Resolution	The Board had previously requested that SHDHD look into alternate savings options that could provide higher interest rate than traditional savings account. Secretary/Treasurer Chuck Neumann explored for us some options with other banks and then encouraged us to look at NPAIT, which Adams County uses. Derby explained that using NPAIT would replace our current savings account. There is an application and an NPAIT resolution needs to be approved by the Board. Motion (Nanette), Second (Chuck): Committee recommends approving the NPAIT resolution. ACTION: Resolution will come to full board for approval.
Cost of Living Increase and Wage Ranges by Position Category	M. Bever stated that, after additional review, research, and consideration, she is recommending 3.2% COLA for FY 2025. She also presented recommendations for FY2025 wage range guidelines for all SHDHD position categories, which includes (1) 3.2% COLA across all position categories, (2) adjustments in the entry/low end wage guideline for 2 positions to meet the Nebraska minimum wage requirements that will be in effect January 2025, and (3) adjustment of the executive director wage range to be competitive with other similar (by population served and annual budget) local health departments in Nebraska. Except for application of COLA, approving an adjustment to the wage range guidelines for the executive director does not automatically result in a change in the E.D. salary; a wage increase would be a separate action by the Board, should the Board so choose, at the time of the E.D.'s annual performance reviews. Motion (Nanette); Second (Chuck): Committee recommends approval of 3.2% COLA and the FY2025 Wage Range Guidelines. ACTION: Bring to full board for approval.
Annual Budget - Update	Informational: K. Derby provided a high-level status of the annual budget, including expected income sources and expenses for FY2025. The Finance Committee will need to meet early to mid-August to review the finalized annual budget to meet deadlines for public notification about the September 4, 2024 Budget Hearing.
Vehicle for Mobile Clinic	Informational: M. Bever stated that they had a quote (with government pricing) for a gas-powered van through Hastings Ford, but that they are still waiting for a quote for the customization and after sale components.
Adjournment & Next Steps	Adjourned at 4:40 pm Next meeting TBD for August 2024

Respectfully submitted by
Michele Bever, Health Director
June 25, 2024

	ENABLING RESOLUTION Form A – Minutes of Meeting		
	Administration	Imaging	Marketing

A _____ [regular or special] meeting of the Board/Council of _____ (name of public agency) was held at _____ (street address and city) on the _____ day of _____, _____, at _____ o'clock _____ a.m./p.m.

The meeting was called to order by the Presiding Officer. Members present were:

Members absent were:

Notice of said meeting was given in advance thereof by reasonable advanced publicized notice. Notice of this meeting was also given in advance to all members of the governing body and a copy of their acknowledgment of receipt of notice of meeting and the agenda is attached to these minutes. Availability of the agenda was communicated in the advanced notice and in the notice to the members of this meeting. All proceedings of the governing body were taken while the convened meeting was open to the attendance of the public.

A discussion was held with regard to becoming a participant in the Nebraska Public Agency Investment Trust. After discussion member _____ (name) offered the following Resolution and moved for its passage and adoption, and the same was seconded by member _____ (name).

WHEREAS, Nebraska law expressly allows public agencies to invest surplus or excess funds; and

WHEREAS, the Interlocal Cooperative Act, § 13-801 et seq. Neb. Rev. Stat. (Reissue 1991) provides that two or more public agencies may jointly cooperate in the exercise or in the performance of their respective governmental functions, powers or responsibilities and may enter into joint agreements as may be deemed appropriate for such purposes when such agreements have been adopted by appropriate action by the governing bodies of the participating public agencies; and

WHEREAS, the Declaration of Trust (Interlocal Agreement) and an Information Statement relating to the Nebraska Public Agency Investment Trust and the Fixed Term Investment Service have been presented to this Governing Body; and

WHEREAS, the Declaration of Trust authorizes public agencies to adopt and enter into the Declaration of Trust and become participants of such trust and to participate in the Fixed Term Investment Service; and

WHEREAS, this Governing Body deems it advisable for this Public Agency to adopt and enter into the Declaration of Trust and become a participant of the Nebraska Public Agency Investment Trust for the purpose of the joint investment of this Public Agency's money with those other public agencies so as to enhance the investment earnings accruing to each such public agency and to participate in the Fixed Term Investment Service.

NOW, THEREFORE, be it resolved as follows:

1. This Public Agency shall and does hereby join with other Nebraska public agencies in accordance with the provisions of Nebraska law and in accordance with the Interlocal Cooperative Act, as applicable, by becoming a participant of the Nebraska Public Agency Investment Trust, and the Declaration of Trust and Interlocal Agreement is hereby adopted by this reference with the same effect as if it had been set out verbatim in this Resolution. A copy of the Declaration of Trust is attached hereto and incorporated herein by this reference and shall be filed with the minutes of the meeting at which this Resolution was adopted.

2a. This Public Agency hereby delegates all authority and duties which the law otherwise authorizes it to delegate in accordance with the Declaration of Trust. The following officers and officials of this Public Agency and the respective successors in office each are hereby designated as "Authorized Officials" and are authorized to take actions and execute any and all such documents and agreements as they deem necessary and appropriate to effectuate the entry by this Public Agency into the Declaration of Trust, to effectuate the investment and withdrawal of monies of the Public Agency from time to time in accordance with the Declaration of Trust, and to make use of the Fixed Term Investment Service through the intermediaries PMA Financial Network, LLC and PMA Securities, LLC, who are authorized to act on behalf of this Public Entity as its agent with respect to such agreements:

Name:	Title:	Signature:
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Name:	Title:	Signature:
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Name:	Title:	Signature:
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Name:	Title:	Signature:
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Name:	Title:	Signature:
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2b. The Authorized Officials of this Public Agency hereby authorize the following "Authorized Signers" to invest the Public Agency's available funds from time to time and to withdrawal such funds from time to time in accordance with the provisions of the Declaration of Trust, including in the Fixed Term Investment Service:

Name:	Title:	Date of Birth	Signature:
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Name:	Title:	Date of Birth	Signature:
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Name:	Title:	Date of Birth	Signature:
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Name:	Title:	Date of Birth	Signature:
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Name:	Title:	Date of Birth	Signature:
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An Authorized Official of this Public Agency shall advise the Nebraska Public Agency Investment Trust of any changes in the Authorized Signers in accordance the procedures established by the trust.

- 3. The Trustees of the Nebraska Public Agency Investment Trust are hereby designated as having official custody of this Public Agency’s monies which are invested in accordance with the Declaration of Trust.
- 4. Authorization is hereby given for members of this Governing Body and officials of this Public Agency to serve as Trustees of the Nebraska Public Agency Investment Trust from time to time if elected as such pursuant to the Declaration of Trust.
- 5. All resolutions and parts of resolutions insofar as they conflict with the provisions of this Resolution being the same are hereby rescinded.

The foregoing Resolution having been read in its entirety, and a motion having been duly made and seconded for its passage and adoption, the roll was called thereon and the following members voted in favor of passage and adoption of said Resolution: _____

The following voted against the same: _____

The following were absent or not voting: _____

The above Resolution having been consented to by the required number of members of the Governing Body was declared, passed, and adopted by the Presiding Officer.

DATED this _____ day of _____, _____.

Public Agency:	
Street Address:	
City, State and Zip Code:	
Telephone Number:	
Tax Identification:	

By:	
Presiding Officer,	
SIGNATURE:	X

Attest:	
Recording Officer,	
SIGNATURE:	X

Investment products: Not FDIC Insured - No Bank Guarantee - May Lose Value.



FY 24-25 Proposed Salary Ranges by Category

For Board of Health Meeting 07.03.2024

Job Category	2024-2025 Wage Ranges by Category*					
	Minimum Annual	Min \$/hr	Midpoint Annual	Midpoint \$/hr	Maximum Annual	Max \$/hr
Health Director	75,000.00	36.06	100,000.00	48.08	125,000.00	60.10
Senior Management	58,837.21	28.29	75,569.64	36.33	92,302.08	44.38
Mid-Level Management	50,057.78	24.07	68,260.61	32.82	86,463.44	41.57
Program Coordinator/Supervisor (e.g., ERC, HSC)	43,360.51	20.85	58,590.36	28.17	73,820.20	35.49
Environmental Health Coordinator (REHS)	53,062.96	25.51	62,711.75	30.15	72,360.54	34.79
Licensed Professional (e.g., BSN, RPHDH)	57,892.72	27.83	72,178.08	34.70	86,463.44	41.57
Licensed Professional (e.g., RN, LPN)	44,626.98	21.46	58,719.15	28.23	72,811.32	35.01
Administrative Support (e.g., Reception, Billing Asst, Clerical)	30,051.84	14.45	41,621.80	20.01	53,191.76	25.57
Community Health Worker	33,872.72	16.28	45,378.28	21.82	56,883.84	27.35
Program Staff / Specialist, Non-licensed (includes CMA)	33,872.72	16.28	45,378.28	21.82	56,883.84	27.35
Temp / Seasonal Program Assistant	30,051.84	14.00	38,047.78	18.29	46,043.71	22.14

Note: green highlights - wage points were adjusted from FY23-24 ranges to align with minimum wage schedules (Administrative Support, Temp/Seasonal Program Assistant) or to be competitive with other similar (by population served and annual budget) local health departments in Nebraska (Executive Director)

*Includes 3.2% COLA



SHDHD Board of Health Policy Committee Minutes	
Date: 06/25/24 3:00 pm	
Policy Committee Members Present (SHDHD Conf Rm 2): Nanette Shackelford (Chair), Chuck Neumann, Sam Nejezchleb, Excused: Barbara Harrington	
Staff: Michele Bever, Kelly Derby, Janis Johnson	
Topic/Lead Person	Comments/Action
Minutes 04.23.24	Reviewed Minutes of April 23, 2024 Policy Committee Meeting.
Policy Revisions	Policies Reviewed: <ol style="list-style-type: none"> 1. <u>Worker’s Compensation</u> (HR109) – reviewed, followed up after last Policy Committee meeting to clarify with insurance the timeline for reporting, and this timeline was incorporated into the revised policy. Action: Recommended to full board for approval 2. <u>Performance Evaluations</u> (HR102) – reviewed, adjusted timeline for annual performance evaluations to match practice of all staff reviews occurring annually in the fall. Action: Recommended to full board for approval 3. <u>Attendance and Job Abandonment</u> (HR301) – reviewed, no changes. Action: Informational. 4. <u>Travel Expense Reimbursement</u> (HR203)– reviewed. Mileage Section: incorporated the fact that we use trackers now and clarified reimbursement for travel to events that is not beginning at the Hastings office. Action: Recommended to full board for approval 5. <u>Employee Wellness Benefit</u> (HR205) – Recommendation from the Wellness Committee (which includes board member Kathy Amyot) to change from a fiscal year wellness benefit to a calendar year benefit to align with staff individual development plans. Action: Recommended to full board for approval 6. <u>Disciplinary Actions</u> (HR300) – reviewed. Ongoing discussion in SHDHD leadership team regarding components to include in a progressive disciplinary process, triggers to initiate the various levels of discipline, and documentation required. Requested input from Committee members. This policy is not yet finalized. Action: Informational.
New Policy	New Policies: <ol style="list-style-type: none"> 1. <u>Equity</u> – Presented to the Committee by accreditation coordinator Janis Johnson, this policy meets the requirements for reaccreditation and demonstrates SHDHD’s commitment to implementing equitable operations and services. Discussed that the policy should be included in the Welcome & Labor Laws Section of the Employee Handbook. Action: Recommended to full board for approval. 2. <u>Telework</u> (Draft) – Presented to the Committee by executive director Michele Bever, the SHDHD Leadership Team agrees a policy is necessary for clarifying the circumstances, requirements and procedures for employee eligibility to request telework. The goal of the policy is to provide for consistency in implementation of telework and to assure on-going high standard of work and commitment to the residents of the health district. This policy is still under development. Action: Informational



Adjournment & Next Steps	Adjourned at 3:47 pm Next Meeting TBD for August.

Respectfully submitted by
Michele Bever, Health Director
June 25, 2024



**South Heartland District Health Department
Employee Handbook**

Policy Number: HR 109	Policy Title: Workers' Compensation	Program Area: Benefits
Approved: 1.6.2021	Reviewed: 4/8/24	Next Review Date: 4/8/28

PURPOSE

Worker's Compensation will be provided to each employee of the South Heartland District Health Department.

POLICY

In the event of an employee's accident, the Manager of Finance & Operations will be notified, and a State incident report filed within 24-48 hours of accident occurrence, but preferably within the same work day. Should the employee seek treatment, the Finance & Operations Manager will facilitate the employee's filing of a claim with the Workers' Compensation insurance provider. The employee will provide the resulting claim to their medical provider.

The resulting incident report will be filed in the employee's personnel file, along with a copy of the physician's report if requested by the Executive Director.



**South Heartland District Health Department
Employee Handbook**

Policy Number: HR 201	Policy Title: Performance Evaluations	Program Area: Compensation
Approved: 1.6.2021	Reviewed: 5/9/24	Next Review Date: 1/6/25

PURPOSE

Performance management is a process by which an employer involves its employees, either individually or in groups, in effective accomplishment of Department mission and goals. This process includes: planning work and setting expectations, continually monitoring performance, developing the capacity to perform, regularly evaluating performance and rewarding good performance.

Performance evaluations influence salaries, promotions and transfers, and it is critical that supervisors are objective in conducting performance reviews and in assigning overall performance ratings.

POLICY

For the purposes of this personnel evaluation policy, evaluation shall mean the appraisal of a person's work performance.

South Heartland District Health Department shall regularly evaluate employee performance and provide feedback on performance to the employee. Performance evaluations shall be prepared for all employees as indicated below:

Probationary

Each employee will be evaluated monthly during the ninety (90) day probationary period to determine if they are performing their work satisfactorily. The Executive Director will perform these evaluations.

Yearly

Each employee will be evaluated within a year of their anniversary date in October/November. The employee will be evaluated and employment retention will be subject to the employee's job performance based on the position's job description. The job description must be met in order to retain the employee's employment with the SHDHD.

As Deemed Necessary

Employees will be evaluated when the supervisor desires to record performance worthy of recognition, either favorable or unfavorable. Reasons for submission of this type of special report shall be explained in the report.

Administration

The Executive Director will be evaluated by the Board of Health. The Board President may seek input from the staff in completing their evaluation. Staff is encouraged, but not required, to complete an evaluation of the Executive Director to assist the Board President.

Process

Performance evaluations shall then be discussed with the employee, who shall have the right to add his/her comments. The signing of the performance evaluation by the employee does not signify the employee's agreement with the content, but only that he/she has seen the performance evaluation, that it has been discussed with the employee and that the employee has been given an opportunity to comment. The evaluator shall sign and date.

If the employee refuses to sign, the supervisor and witness shall document the employee's refusal on the employee's performance evaluation form. The employee may attach written comments regarding the evaluation if he/she desires. These comments shall be submitted within 30 calendar days of the date of the report.

Each employee shall receive a copy of his/her performance evaluation and a copy of each performance evaluation shall be included in the employee's personnel file. The three most recent performance evaluations shall be retained in the employee's personnel file. At Department discretion, more than three may be maintained.

For any period in which a performance evaluation has not been made within 60 calendar days after its due date, service shall be considered at least satisfactory. However, performance evaluation ratings being used as a basis for selection or layoff shall be current. If there is no current evaluation in the personnel file, the employer shall use the most recent evaluation, unless it is more than three years old. If more than three years old, the employer shall use a satisfactory rating.

Employees shall be evaluated by their immediate supervisor.

If an employee receives approximately equal supervision from two supervisors, both supervisors shall cooperate in preparing the evaluation. If the supervisor is unable to complete a performance evaluation within the specified time period, the evaluation shall be completed as soon as possible and reasons for late submission explained on the evaluation.



South Heartland District Health Department
Employee Handbook

Policy Number: HR 203	Policy Title: Travel Expense Reimbursement	Program Area: Compensation
Approved: 9/6/23	Reviewed: 8/24/23	Next Review Date: 9/6/27

PURPOSE

It is the policy of SHDHD to reimburse staff for reasonable and necessary expenses incurred during approved work-related travel.

POLICY

Employees seeking reimbursement should incur the lowest reasonable travel expenses and exercise care to avoid impropriety or the appearance of impropriety. Reimbursement is allowed only when reimbursement has not been, and will not be, received from other sources. If a circumstance arises that is not specifically covered in this travel policy, then the most conservative course of action should be taken.

Business travel policies are aligned with company reimbursement rules. All business-related travel paid with SHDHD funds must comply with company expenditure policies.

Authorization and responsibility

Staff travel must be authorized via submission of the Travel Request form. Travelers should verify that planned travel is eligible for reimbursement before making travel arrangements. Within two weeks of completion of a trip, the traveler must submit a Travel Reimbursement form and supporting documentation to obtain reimbursement of expenses.

Travel and reimbursement requests for the Executive Director that exceed \$500 must be approved by the Board President.

Designated approval authorities are required to review expenditures and withhold reimbursement if there is reason to believe that the expenditures are inappropriate or extravagant.

Personal funds

Travelers should review reimbursement guidelines before spending personal funds for business travel to determine if such expenses are reimbursable. SHDHD reserves the right to deny reimbursement of travel-related expenses for failure to comply with policies and procedures.

Travelers who use personal funds to facilitate travel arrangements will not be reimbursed until after the trip occurs and proper documentation is submitted.

Vacation in conjunction with business travel

In cases in which vacation time is added to a business trip, any cost variance in airfare, car rental or lodging must be clearly identified on the Travel Request form. SHDHD will not prepay any personal expenses with the intention of being "repaid" at a later time, nor will any personal expenses be reimbursed.

Exceptions

Occasionally it may be necessary for travelers to request exceptions to this travel policy. Requests for exceptions to the policy must be made in writing and approved by the executive director or by the director of finance. Exceptions related to the director's expenses must be submitted to the opposite person or to the treasurer of the board of trustees for approval. In most instances, the expected turnaround time for review and approval is five business days.

Travel Expenses/Procedures***General information***

Authorized business travel for staff that includes prepayments must be pre-approved via submission of the Travel Request form.

Permissible prepaid travel expenses

Before the travel, SHDHD may issue prepayments for airfare, rail transportation, rental vehicles, conference registration fees and cash advances. Applicable policies and methods of payments for these prepayments follow.

Airfare. Travelers are expected to obtain the lowest available airfare that reasonably meets business travel needs. Airfare may be prepaid by the business office.

Travelers are encouraged to book flights at least 30 days in advance to avoid premium airfare pricing.

Coach class or economy tickets must be purchased for domestic or international flights with flight time totaling less than five consecutive hours excluding layovers. A business class ticket may be purchased at SHDHD's discretion for domestic or international flights with flight time exceeding five consecutive hours excluding layovers.

Airfare may be purchased with a credit card or check through the business office with a request for payment form.

Rail transportation. SHDHD will prepay rail transportation provided that the cost does not exceed the cost of the least expensive airfare.

Rental vehicles. SHDHD will prepay for approved use of a rental vehicle.

Use of a commercial rental vehicle as a primary mode of transportation is authorized only if the rental vehicle is more economical than any other type of public transportation, if the destination is

not otherwise accessible, or if regular use of a personal vehicle for department business is inappropriate. Vehicle rental at a destination city is allowed. Original receipts are required.

SHDHD authorizes use of the most economic vehicle available. In certain circumstances larger vehicles may be rented, with supervisory approval. The rental agreement must clearly show the date and the points of departure/arrival, as well as the total cost. Drivers must adhere to the rental requirements, and restrictions must be followed. Original receipts are required.

When vehicle rentals are necessary, SHDHD encourages travelers to purchase collision damage waiver (CDW) and loss damage waiver (LDW) coverage. SHDHD will reimburse the cost of CDW and LDW coverage; all other insurance reimbursements will be denied.

Drivers should be aware of the extent of coverage (if any) provided by his or her automobile insurance company for travel that is business or not personal in nature.

Parking fees, tolls and other incidental costs associated with the vehicle use are not covered by the rental agreement.

Travelers are strongly encouraged to fill the gas tank before returning the vehicle to the rental agency to avoid service fees and more expensive fuel rates.

Conference registration fees. Conference registration fees can be prepaid with a credit card or check through the business office with a request for payment form.

Business-related banquets or meals that are considered part of the conference can be paid with the registration fees. A prorated amount, however, for the meals provided must be deducted from the traveler's per diem. See Meals (per diem) for more detail. Entertainment activities such as golf outings and sightseeing tours will not be reimbursed.

Registration fees paid directly by an individual will not be reimbursed until the conference is completed.

Travel advances. Cash advances are authorized for specific situations that might cause undue financial hardship for business travelers. These situations are limited to staff traveling on behalf of SHDHD. A maximum of 80 percent of the total estimated cost can be advanced.

Expenses associated with the travel must be reconciled and substantiated within two weeks of the return date. The traveler must repay SHDHD for any advances in excess of the approved reimbursable expenses. The department initiating the travel is responsible for notifying the business office to deposit any excess funds into the appropriate departmental account.

Travel advances are processed by submitting a completed Request for Payment form and Travel Request form to the business office. Reimbursement for any remaining expenses is processed on a Travel Reimbursement form approved by the designated approval authority.

Reimbursements

Requests for reimbursements of travel-related expenses are submitted on a Travel Reimbursement form. This form must be supported by the original, itemized receipts. If the requested reimbursement exceeds 20 percent of the total pre-trip estimate, the Travel Reimbursement form must be signed by the executive director.

These forms must be submitted to the business office within two weeks after the trip is completed. Travel Reimbursement forms not submitted within this time frame require exception approval from the executive director.

Air, rail, and rental car expenses, not prepaid, may be submitted for reimbursement. Other reimbursements that may be paid by SHDHD are shown below:

Automobile (personally owned—domestic travel). A valid driver's license issued within the United States and personal automobile insurance are required for expenses to be reimbursed. Drivers should be aware of the extent of coverage (if any) provided by his or her automobile insurance company for travel that is business or not personal in nature.

Reimbursement for use of a personal automobile is based on the Federal mileage rate. SHDHD will reimburse employees for miles driven in excess of their normal commute from home to work.

The SHDHD office in Hastings is considered the place of work for SHDHD employees. An employee is not expected to travel to work when travel between home and a work event is more expedient than traveling to work before attending or returning from the work event. However, if such a trip involves traveling to/from Hastings at any point, then the mileage of a normal commute would be deducted from the total mileage traveled.

GPS trackers are provided to capture location, mileage, and date of staff travel. When staff is unable to use a tracker, a staff travel reimbursement form is required for mileage reimbursement . Travelers may opt to request reimbursement for actual gasoline expenses in lieu of the SHDHD mileage rate. In these instances, original, itemized receipts are required.

Lodging (commercial) The cost of overnight lodging (room rate and tax only) will be reimbursed to the traveler if the authorized travel is 45 miles or more from the traveler's home or primary worksite.

Exceptions to this restriction may be approved in writing by the executive director or by the director of finance.

SHDHD will reimburse lodging expenses at reasonable, single occupancy or standard business room rates. When the hotel or motel is the conference or convention site, reimbursement will be limited to the conference rate.

Only single room rates are authorized for payment or reimbursement unless the second party is representing the agency in an authorized capacity. If the lodging receipt shows more than a single occupancy, the single room rate must be noted. If reimbursement for more than the single room rate is requested, the name of the second person must be included.

Meal Expense (per diem) Per diem allowances are reimbursable for meals had during business travel outside of normal working hours. Receipts are not required. Allowances will be reimbursed after the trip is completed.

Per diem rates are based on the U.S. General Services Administration Guidelines, which vary by city location. If a free meal is served on the plane, included in a conference registration fee, built in to the standard, single hotel room rate or replaced by a legitimate business meal, the per diem allowance for that meal may not be claimed.

Per the State Examiners, alcoholic beverages or related costs can never be paid for or reimbursed by SHDHD.

Business expenses. Business expenses, including faxes, photocopies, Internet charges, data ports and business telephone calls incurred while on travel status, can be reimbursed. Original itemized receipts are required.

Parking. Original receipts are required for parking fees (including airport parking) totaling \$25 or more. The lodging bill can be used as a receipt when charges are included as part of the overnight stay.

Telephone calls. The costs of personal telephone calls are the responsibility of the individual. **Tolls.** Original receipts are required for tolls totaling \$25 or more.

Miscellaneous transportation. Original receipts are required for taxi, bus, subway, metro, ferry and other modes of transportation if costs are \$25 or more for each occurrence.

Visa, passport fees and immunizations. If these items are required for international travel, their reimbursement is left to the discretion of your supervisor. If approved by the designated authority, original itemized receipts are required.

Non-reimbursable Travel Expenses

The following items that may be associated with business travel will not be reimbursed by SHDHD:

- Airline club memberships
- Airline upgrades
- Business class for domestic flights or first class for all flights
- Child care, babysitting, house-sitting, or pet-sitting/kennel charges
- Commuting between home and the primary work location
- Costs incurred by traveler's failure to cancel travel or hotel reservations in a timely fashion
- Evening or formal wear expenses
- Haircuts and personal grooming
- Laundry and dry cleaning
- Passports, vaccinations and visas when not required as a specific and necessary condition of the travel assignment
- Personal entertainment expenses, including in-flight movies, headsets, health club facilities, hotel pay-per-view movies, in-theater movies, social activities and related incidental costs
- Travel accident insurance premiums or purchase of additional travel insurance
- Other expenses not directly related to the business travel

Travel for Non-Employees

Travel expenses for spouses or other family members will not be reimbursed unless the individual

has a bona fide company purpose for engaging in the travel or attending the event.



South Heartland District Health Department Employee Handbook

Policy Number: HR 205	Policy Title: Employee Wellness Benefit	Program Area: Compensation
Approved: 6/13/24	Reviewed: 5/30/24	Next Review: 5/30/25

PURPOSE

It shall be the policy of the South Heartland District Health Department (SHDHD) to allow a Wellness Benefit in accordance with the allowable cost principles outlined in the Office of Management and Budget rules and regulations and the State Constitution.

POLICY

All regular employees working at least 32 hours per week are eligible for a Wellness Benefit, in an amount determined annually by the Wellness Committee, based on the employee's participation in wellness activities during the calendar year. Participation in the Wellness Benefit program is voluntary. The Benefit is intended to support costs incurred to meet the employee's wellness goals:

- Health fair blood work
- Additional blood screenings at health fair: Vitamin D, A1c test, PSA test
- Weight control/Counseling program registrations/fees.
- Tobacco Cessation program registration/fees.
- Gym/fitness membership or classes
- Personal Exercise items: giant balls, hand weights, stretch bands, etc.
- Purchase of Fitbit or other monitoring device
- Entry fees for runs or other events
- Registration fees for formalized physical fitness: softball, baseball, volleyball, etc. through local rec centers or municipalities
- Preventative office visits, not covered by insurance: Dental, Vision, Chiropractic, etc.
- Vitamins or medications not covered by insurance: Vitamin D, Folic Acid, Calcium, Contraceptives

Process

- a. Identify a personal wellness goal. Following are some considerations:
 1. Set Activity (Not Exercise) Goals

2. Make Room for Mindfulness
 3. Get More Sleep
 4. Give of Yourself (Volunteer)
 5. Enrich Your Diet
 6. Take a Break from Media
 7. Spend Time Outside
- b. Complete and submit a Wellness Benefit Pledge by December 31. Completion of the pledge triggers payment of the Benefit in the employee's January paycheck.
 - c. Review progress with your supervisor on a quarterly basis and readjust your goals as necessary.
 - d. At the end of the calendar year, submit a Declaration of Sustained Health Behavior and tell us how you spent the Wellness Benefit.

Wellness Benefit Pledge

“I pledge that I will _____ by December 31 of this year.”
(specific wellness goal)

I would pursue this goal even if no one paid me.

I can see myself _____ as a result of having succeeded.
(adjective)

(Signature)

(Date)

Declaration of Sustained Health Behavior

“I made changes in my lifestyle as a result of pursuing _____ over the last year.”
(specific wellness goal)

I spent my Wellness Benefit on the following:

(Signature)

(Date)

**South Heartland District Health Department
Employee Handbook**

Policy Title: Equity		Category: Welcome & Labor Laws
Approved: 7/3/24	Reviewed:	Next Review Date: 7/3/28

PURPOSE

South Heartland District Health Department (SHDHD) is committed in planning and operations to develop and maintain services that are equitable, culturally competent and community or client guided throughout all aspects of the organization, which is essential for public health to provide effective services to diverse populations.

The term “equity” refers to fairness and justice and is distinguished from equality: Whereas equality means providing the same to all, regardless if it’s needed or right for them, equity means everyone gets what they need, understanding barriers, circumstance, and conditions (RWJF). Health equity is the state in which everyone has a fair and just opportunity to attain their highest level of health.

POLICY

SHDHD will implement equitable operations and services by adhering to our vision, mission and guiding principles, and:

- Increasing the diversity of the workforce and leadership with a special focus on underrepresented populations.
- Enhancing a cultural and linguistic competency to improve effective and safe quality of care.
- Accelerating and expanding our efforts to eliminate disparities in chronic conditions and preventative screenings.
- Utilizing our role as Chief Health Strategist to provide leadership in the community on topics of diversity, inclusion and health equity.
- Collaborating with communities and partners to address the Social Determinants of Health (SDOH) and improve population health.
- Listening, observing and collaborating with multicultural communities to incorporate their knowledge into our work.
- Implementing programs that are evidence-based to reduce health disparities/increase health equity.

SHDHD adopts the following broadly inclusive frameworks valuing everyone with focused and ongoing public health efforts to address avoidable inequalities, injustices, and the elimination of health and healthcare disparities.

- SHDHD Vision, Mission and Guiding Principles (*Attachment 1*)
- SHDHD Standards of Excellence (*Attachment 2*)
- National Standards for Culturally and Linguistically Appropriate Services, CLAS (*Attachment 3*) <https://thinkculturalhealth.hhs.gov/clas/standards>

S:\Quality Performance & Accreditation\Equity, 06.20.2024

Robert Woods Johnson Foundation <https://www.rwjf.org/en/insights/our-research/infographics/visualizing-health-equity.html>

- 10 Attributes of a Health Literate Organization (*Attachment 4*)
<https://www.ahrq.gov/health-literacy/publications/ten-attributes.html>
- Principles of the Ethical Practice of Public Health (*Attachment 5*)
https://www.apha.org/-/media/files/pdf/membergroups/ethics/ethics_brochure.ashx
- Public Health Accreditation Board (PHAB) Glossary of Terms for Inclusion, Diversity, Equity and Antiracism (IDEA) (*Attachment 6*)
<https://phaboard.org/inclusion-diversity-equity-and-antiracism/>
- Definition of Social Determinants of Health (SDOH): Centers for Disease Control and Prevention (CDC) adopted from World Health Organization (WHO) :
 - ✓ SDOH are the nonmedical factors that influence health outcomes. They are conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These include economic policies and systems, development agendas, social norms, social policies, racism, climate change and political systems.

PHAB REACCREDITATION READINESS ASSESSMENT

Do not distribute or copy. The PHAB Readiness Assessment is intended for health departments who are participating in the Readiness and Training process. Distribution outside of the health department is prohibited.



Accreditation

Line of Sight Performance Management – Snapshot Assessment

Line of Sight Performance Management – Snapshot Assessment				
<p>Accreditation Coordinator is up-to-date on standards and best practices</p>	<p>PHAB Domain Teams Assigned for reaccreditation; Staff are trained in accreditation</p>	<p>PHAB Annual Reporting</p>	<p>Progress Toward Reaccreditation is monitored</p>	<p>Strategic Plan Goal: Obtain and Maintain PHAB Accreditation</p>
<p>AC participates in at least 90% of COP mtgs, completes 100% of identified Trainings</p>	<p>% of staff assigned to at least 1 Domain Team; # trainings planned; % of staff completing required trainings</p>	<p>PHAB Annual Reports submitted on time; Feedback is reviewed with staff and Board</p>	<p>Gantt Chart or Annual Timeline created; Progress is tracked monthly (100%); adjustments to plans/timeline or noted</p>	<p>% of Board Meetings with Communications about accreditation process and/or value of accreditation status; SHDHD maintains accreditation through PHAB</p>
<p>100%</p>	<p>100%</p>	<p>100%</p>	<p>75%</p>	<p>100%</p>



South Heartland District Health Department table at PRIDE event in Hastings NE on June 2, 2024. Table was staffed by SHDHD program specialist, Chris Junker, and promoted education and awareness on HPV vaccination for cancer prevention, Chlamydia/STD/STI prevention. Hand sanitizers and COVID test kits were given out.

Sam Coutts and Chris Junker at the Mentoring Works Community Event on June 10, 2024 (Photo taken by Jean Korth). SHDHD staff shared information about sun safety, mosquitos, HPV and other vaccines, healthy eating habits and various services at SHDHD.



At the Minority Health "Garden Education" Community Event, June 4, 2024, families learned from HMS 7th grade science teacher Jayson Stoddard about planting gardens and he brought seeds and seedlings for people to take home. SHDHD Community Health workers, Luisa and Aida, brought prizes, like garden tools, and healthy snacks for the attendees. There were 13 adults and 16 kids attending.

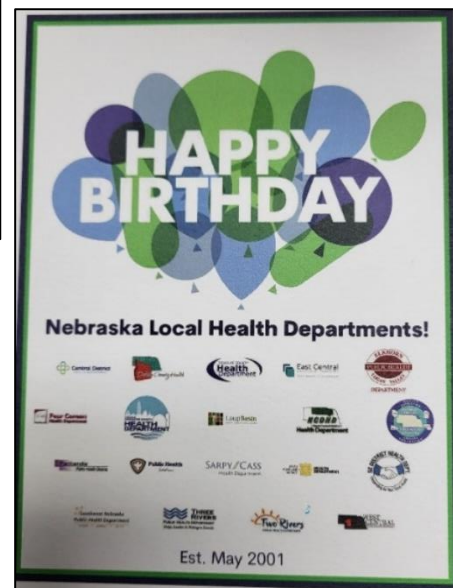




Above: Christian Wiegert, summer vector surveillance program assistant, educated about thirty-five 8 to 13-year-olds about ticks and mosquitos at the Webster County 4H Day Camp at Crystal Lake on June 10.



SHDHD staff celebrated Nebraska Public Health's "birthday", recognizing the formation of the district health departments when the unicameral passed LB 692 in May 2001. LB 692 established district health departments and set aside funding in perpetuity from the Master Tobacco Settlement (Nebraska's Health Care Cash Fund) so that all Nebraskans would have access to local public health services. Prior to 2001, only 22 of 93 Nebraska counties had a local health department. In November 2001, SHDHD was the first health department to form under LB 692.



Below: "Preceptor" Michele Bever working through Zoom with Luke Santos, a student in the Master of Public Health program at UNMC College of Public Health. Luke is completing an Advanced Practice Experience with SHDHD.



We had "send offs" for two staff:

Emma Severson (left, in the center) has worked at SHDHD as an intern or program assistant since spring of 2021, initially supporting COVID response efforts and eventually supporting a whole host of programs, including trapping ticks and mosquitoes during the summer of 2023. Emma graduated from Hastings College in May and is heading off to medical school in Iowa.

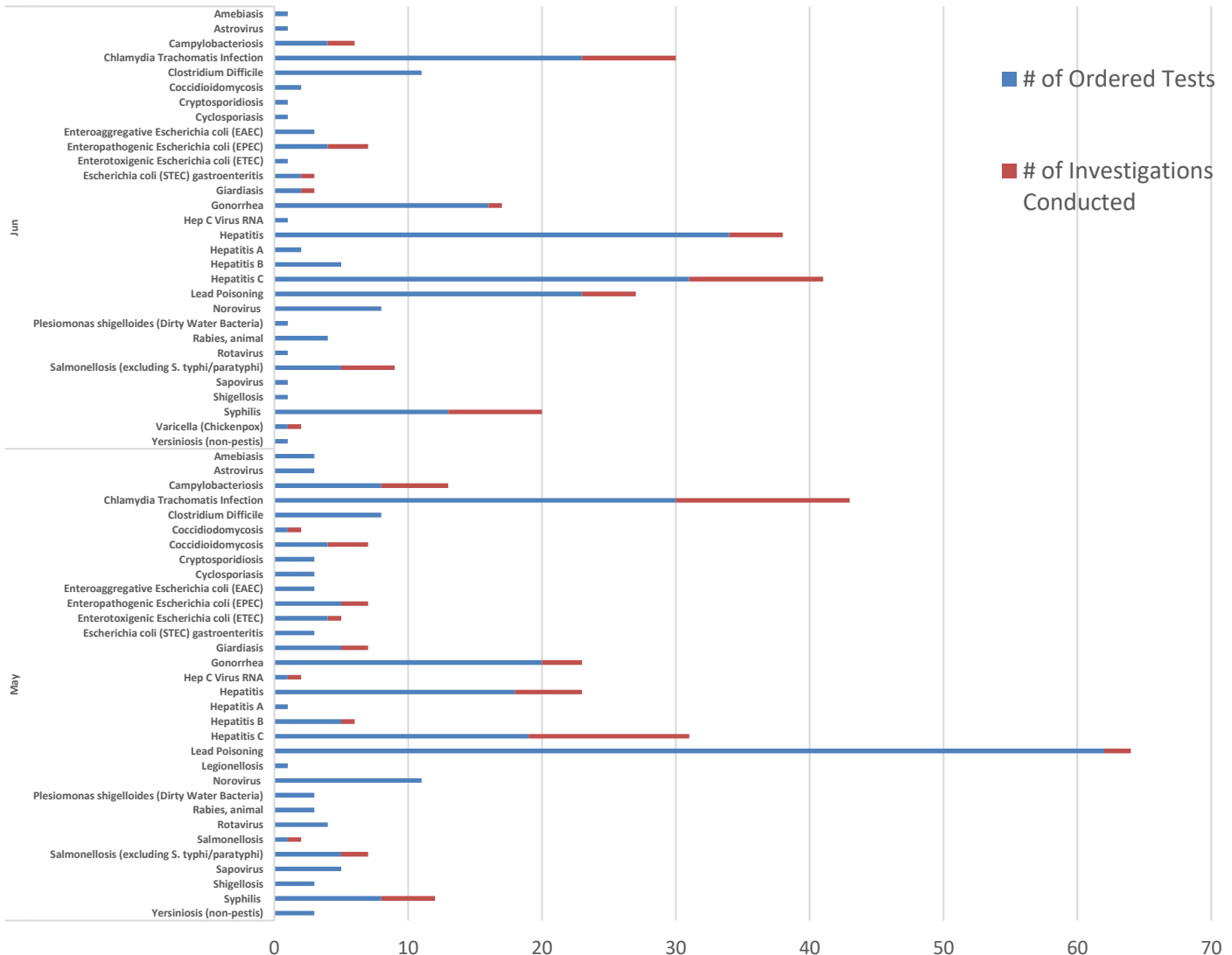
Zelda Anderson (center, left) was a nurse on the OB floor at Mary Lanning and also supported our COVID mass vaccination clinics – at the Fairgrounds and Allen's offsite locations, then at the health department. When she retired from the hospital in 2023, she began working part time for our Hastings/Adams County Immunization Clinic, provided health education at outreach events, and assisted with TB treatment services for SHDHD. When she decided it was time to be completely retired so that she and her husband could have the freedom to travel, Zelda gave her last shot for SHDHD at our June 6 Vaccine for Children clinic.

We are thankful for all the ways that Emma and Zelda contributed to our team and to the community's health. We wish them well on their next adventures!

Bi-monthly Surveillance and Disease Response Report

- **Surveillance Roles:** 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 was revised and simplified, keeping only the most relevant metrics, including Deaths, Wastewater Surveillance Reports; Hospital Capacity; and linking to CDC county-level COVID data.
- **Food borne, Respiratory, Blood-borne & other Environmental exposure related illnesses:** During the period of May 1-June 21, 2024, a total of 10638 lab tests were ordered for our residents including novel coronavirus (1592) compared to 1771 lab tests for Mar-April 2024 period.
- The figure 1 below illustrates the number of investigations conducted in comparison to the tests ordered for various diseases from May 1 to June 21, 2024. Not all diseases have the same proportion of investigations relative to the tests ordered, indicating prioritization based on test being positive and disease risk excluding STI (Sexually Transmittable Infections) cases which are being handled by our state DHHS investigators.

Figure 1. Number of Ordered Tests Vs Investigations Conducted for Confirmed, Probable & Suspected Cases of Reportable Diseases / Conditions, South Heartland District, May 1-June 21, 2024



- [Coronavirus \(COVID-19\) Pandemic Situation Update / Dashboard Highlights:](#)
- Hospital Admissions: New COVID-19 hospital admissions as of June 24, 2024 were approximately XX per 100,000 residents in our South Heartland District which is categorized as LOW (<10%) and significantly less than the previous 4 months (Jan-Apr 2024) (Source: CDC's county COVID-19 data tracker dashboard).
- Wastewater: SARS-CoV-2 surveillance report for week ending 6/22/2024 showed that the virus levels were VERY LOW and INCREASING over the last two weeks before the collection date.

Nebraska Wastewater Surveillance Report

Facility Report for Hastings WWTP

Report for Week Ending: 6/22/24 (Week 25)

SARS-CoV-2 virus concentration in wastewater

Sample collection date: 6/18/2024

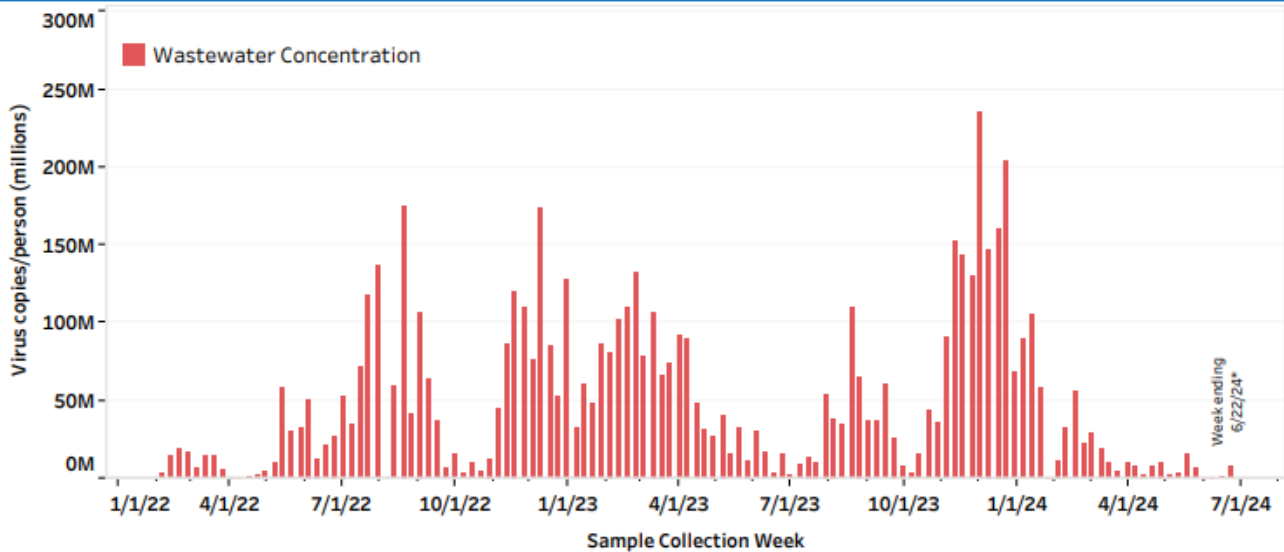
Result: **Detected**

Raw Concentration: **11,781** copies/L

Normalized concentration: **7.7M** copies/person

Normalized concentration is the raw concentration adjusted for sewage flow rate and population, in million virus copies per person.

SARS-CoV-2 normalized wastewater concentration weekly average



SARS-CoV-2 wastewater concentrations by collection date: Last 8 samples

	5/23/24	5/28/24	5/30/24	6/4/24	6/6/24	6/11/24	6/12/24	6/18/24
Raw Concentration (copies/L)	0	0	0	0	0	0	5,531	11,781
Normalized Concentration (copies/person)	0.0M	0.0M	0.0M	0.0M	0.0M	0.0M	3.0M	7.7M

- [Epidemiologic Investigations:](#) Out of 10971 ordered lab tests, our team conducted 212 case investigations to determine the sources of illness. Our staff conducted at least 80% interviews on those total 212, to gather information about exposures prior to illness to figure out how they got sick and provide disease preventive education. Disease investigation categories included general communicable diseases, lead poisonings, sexually transmitted infections.

SHDHD Bimonthly Progress Updates for Board of Health

Program/Administrative Area	Key Highlights and Successes
Accreditation/Reaccreditation	Annual Report Year 4 Readiness Self-Assessment: PHAB provided recommendations, feedback; share w/ Staff & BOH. Equity Policy with PHAB definitions (completed for policy committee and July BOH meeting) Participated in Monthly State/CoPH Community of Practice training via Zoom for Accreditation Coordinators Public Health Workforce Champion training/review workforce toolkit (CoPH); State workforce development meeting Line of Sight and reporting template for Reaccreditation completed; reaccreditation timeline update in progress
Access to Care	Distributed flyer throughout district to promote SHDHD's insurance enrollment specialist Meetings held with residential recovery and treatment centers to discuss HPV vaccination and Chlamydia testing/testment Expanding Immunization Access - Added SHDHD Walk-in clinics, planning to add scheduled clinics each month Met with director of federally-qualified Heartland Health Center (HHC), discussed collaborations SHDHD is helping to promote new HHC satellite clinic, opening this July-August in Hastings
Cancer Prevention	SHDHD's CIP project funds cervical and breast screening - Currently serving 9 women Distributed 15 colorectal cancer screening kits; 8 returned ; 6 normal; 2 abnormal - referred for colonoscopies Promoted HPV vaccination at a community event attended by >500 people Meetings with residential recovery and treatment centers to educate on and promote HPV vaccination Partnering with Morrison Cancer Center to promote skin cancer prevention; screening events at golf tournaments
Community Health Assessment (CHA), Community Health Improvement Plan (CHIP)	2024 CHA: Requesting data from a variety of sources Community Survey was promoted in all 4 counties throughout May and June; 698 surveys completed as of June 28, 2024. Contracted with Brady Rhoades/Community Impact Network to facilitate 5 focus groups in July Planning data presentation for priority-setting meetings 2019-2024 CHIP: conducting surveys to measure progress Behavioral Health, Obesity and Cancer strategies
Communications	May communication plan focused on mental health; June was focused on Men's health May/June newsletters, used Promote, Prevent and Protect format; sent to libraries, senior centers, & daycares Maintained 8 electronic communication boards; added new assets, updated calendar with vaccination clinic info May - posted 82 infographics on the Spanish FB - June - Posted 12 infographics in the Spanish Facebook Communications Team is reviewing and revising SHDHD's Communications Plan
Diabetes Prevention	Expanding social media partnerships with Hastings college, Mary Lanning, CCC to for Health information sharing Conducting a food drive for diabetic friendly foods for the local food pantries Piloted the point of care A1C test equipment and designed consent forms; ready to use at outreach events Marketing campaign for new Diabetes Prevention on-line class starting in July Hastings Diabetes on Track Coalition met in May & June to plan and report out on diabetes prevention projects
Disease Reporting and Investigation	Conducted 212 case investigations of reportable diseases/conditions Surveillance Coordinator obtained a certification in Associate-Infection Prevention and Control (a-IPC) a-IPC equips SHDHD to serve healthcare facilities & nursing homes better to respond and a-IPC means SHDHD has expertise to surveil antibiotic resistant pathogens
Environmental Health: Air Quality	Air Quality Monitors from NDEE are installed in Hastings and Superior ACEM and SHDHD are working on a plan to use air quality data to notify vulnerable populations
Environmental Health: Lead Poisoning Prevention	Scheduled a meeting with local provider to present Blood Lead Testing provider toolkit and info for feedback Continuing to work on a lead surveillance report (elevated blood lead level results and other data) for the CHA Staff with Lead Paint Inspector certification is using/practicing with the XRF testing equipment Began planning lead poisoning prevention outreach and training events with EPA Region 7 (will be held in October 2024)
Environmental Health: Water Quality	View water violations here: www.https://southheartlandhealth.ne.gov/what-we-do/environmental/water-safety.html . June: Received public water system violation report for nitrates - City of Hastings

SHDHD Bimonthly Progress Updates for Board of Health

Program/Administrative Area	Key Highlights and Successes
Environmental Health: Other	One additional childcare facility tested for lead in June for a total of four facilities and one school this year. Hired a program assistant to work on environmental health activities. Tick Surveillance: 2 Collections (May, June) at 2 sites (Liberty Cove, Roseland Lake); waiting for results from state lab Mosquito Surveil: 2 June collections, 4 sites Adams Co; A. vexans (floodwater mosquito, can carry West Nile); none + Educated ~35 8-13 year olds about ticks and mosquitos at Webster County 4H Day Camp at Crystal Lake
Evidence-Based Practices	Collaborative Impact Project: USPSTF recommends patient navigation services to increase screening, advance health equity Healthy Families America: evidence-based home visiting program
Financial	Began the annual budget Researching payroll services in order to transition to QuickBooks Online
Health Disparities	7 CHA community surveys completed and returned from Vietnamese participants Drafted priorities from Health Equity Community Health Equity Assessment results: Priority 1: Clearly define equity (with Community Impact Network partners) Priority 2: Identify programs and services being offered to reduce inequities.
Health Literacy	Participating in NALHD Monthly Local Health Department Communication calls Continue to review written materials with a Health Literacy Lens prior to dissemination
Healthy Families	HF program staff (5) completed a 3-day data management system training Have 23 active clients in Healthy Families home visitation program Received 28 referrals to the Healthy Families (HFA) program 23 families are enrolled into the new HFA program Networked with 5 different community organizations to increase referral rates to the HFA program
Immunization Services	VFC: 2 clinics/32 clients/116 vaccines; VFA: 2 clinics/9 clients/14 vaccines; Walk-in clinics: 3 clinics/9 clients/26 vaccines New clinic room completed, clinics are being held in new clinic space. New Clinic Coordinator hired, orientation completed. New clinic support staff starting July 1. Migrant Education bilingual CHW, Aida Evans is a crucial contact & referral source for Hispanic Latino community Looking at expanding Vaccine for Adult (VFA) vaccine options to better meet population needs
Infection Prevention - Long Term Care Facilities (LTCFs)	Responded to and provided infection Control and resources supply assistance to 3 facilities with COVID-19 outbreaks Started sharing Weekly Epidemic Intelligence and Weekly Surveillance Reports with "opted in" long term care facilities
Infection Prevention - Schools / Day Cares	Continuing to provide consultation support to daycares and schools for general respiratory illnesses infection control topics
Injury/Falls Prevention	Shared Fall Prevention activities with the Collaborative Impact Network (CIN) in May.

SHDHD Bimonthly Progress Updates for Board of Health






Program/Administrative Area	Key Highlights and Successes
Maternal Health Outcomes	Facilitated a meeting with child care provider network for a review of Maternal Child Death data by DHHS staff.
	Sent out assessment for youth serving providers and organizations regarding maternal mental health care, needs and gaps.
Mental Wellness	One staff attended the Nebraska School Mental Health Conference
	Working as a team on use of the Give Day Funds for Youth Mental Health (Hastings area)
	Hosted a provider mental health training (Youth SBIRT) for providers in partnership with Opioid Response Network
Obesity & Related Chronic Diseases Prevention	Evaluating some of the obesity strategies in the community health improvement plan:
	Disseminated a survey to determine access to healthy foods and physical activity opportunities in our communities
	See also: Diabetes Prevention
Operations	Continuing to inventory contents of new building
	Selected Allo as our new "managed IT" services, in beginning stages of transition
	Over 50% completion of website migration to new platform
Oral Health	Created Oral Health education and prevention postcard to hand deliver to daycare centers for promotion of oral health
	Have visited 9 out of the 15 daycare centers to talk about program, with follow up calls and some plans to schedule for
	Participated in a community planning meeting for an oral health clinic screening day event.
Policies & Plans	Finalized edits on Worker's Comp, reviewed Disciplinary Action, Performance Evals, and Attendance policies -- kdd
	Finalized Equity Policy and attachments.
	Workforce development toolkit from CoPH received and reviewed.
	Reviewing/Revising Continuity of Operations Plan
	Reviewing/Revising Communications Plan and Risk Communications Annex
Public Health Emergency Preparedness (PHEP)	Attended Medical Countermeasure training in Lincoln in June to improve both drive-thru and open POD's
	Updating all Memorandums of Understanding (MOUs) for agreement on roles/responsibilities during emergencies
	Received 3 signed MOU's from Law Enforcement partners with more expected in the near future
	Received new workplan from the state in June for BP1 (July 1, 2024-June 30, 2025) that includes many large changes
Preparedness: Highly Infectious Disease	Working on our preparedness and communication plans for highly pathogenic avian influenza (HPAI).
	Participated in a huge outreach event to enhance Mpox vaccine uptake and STI education for at-risk populations
	Working on a project aimed at forecasting hospital admissions related to COVID-19, Flu, RSV illnesses for 2024-25 per need
	Responded to suspect HPAI, Mpox cases and conducted risk ascertainment and assessments.
	Conducting provider assessment on confidence for Mpox diagnosing skills & vaccine promotion to inform
Quality Improvement (QI)	2 Staff are participating on the Statewide QI Committee for Healthy Families program
	Restarted QI training for staff (new/review) to work toward health department-wide culture of quality
Substance Misuse / Opioid Overdose Prevention	Continue to meet with EMS Squads to gain information about responding to opioid overdoses and Narcan useage
	Continued visiting local agencies to provide Free Narcan (in partnership with ASAAP)



**South Heartland Bi-Monthly Board Report: Staff-Specific Activities
May June 2024**

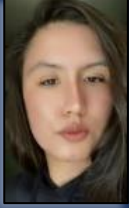




<p>Janis</p> 	<p><u>Janis Johnson: Standards & Performance Manager / Public Health Nurse</u> Vaccinations: Training completed for new Vaccine Coordinator. Follow up as questions arise. CHIP Steering Committee(s): Access to Care backbone member Standards and Performance Management/Accreditation/Accreditation Coordinator: Leading evidence-based standards to guide health department work/working toward reaccreditation. Readiness assessment (Annual Rpt. Y4) feedback from Public Health Accreditation Board (PHAB) shared w/ staff and will share with Board of Health in July. Staff meeting trainings on health equity, performance management (PM) and quality improvement (QI). Working with College of Public Health QIPM consultant to evaluate our performance management system.</p>
<p>Brooke</p> 	<p><u>Brooke Wolfe: Grants & Staffing Manager/ Public Health Promotions and Prevention Coordinator</u> Program Activity: During this period, I spent a majority of my time continuing to serve as the Program Manager for the Healthy Families America program and began understanding the data reports that are generated by our data management system. I meet with the national office, our national office TA specialist, and with DHHS to ensure we are meeting grant deliverables. Additionally, I supported new staff members Chris and Carrie as they began implementing their projects. Grants Management: I continue to complete grant reports and respond to our funder’s requests for additional information, meetings, etc.</p>
<p>Jean</p> 	<p><u>Chronic Disease Prevention Program Assistant / Health Literacy Specialist</u> Diabetes on Track: I continue to coordinate the Community Coalition portion of the Transforming Diabetes pilot program with UNMC/Nebraska Medicine. Every Woman Matters: And am working with community partners for the Breast/Cervical Screening Collaborative Impact Project through Every Woman Matters. I am also working with the distribution and information management of the colorectal screening program (FIT kits). Health Literacy Specialist: I continue to review print materials from the health department with a health literacy lens. I manage the Electronic Communication Boards throughout the four counties. Public Health Accreditation Board (PHAB) Re-accreditation – I am co-lead on 3 of the Standards for re-accreditation. I am a member of the Communication Team, working on monthly communication plans, community messages and newsletters.</p>
<p>Heidi</p> 	<p><u>Community Health Worker / Program Assistant / Health Literacy Specialist</u> Oral Health Program: I continue to participate in monthly meetings with the DHHS Office of Oral Health, along with other local health departments. Recently I developed a postcard to promote our program for both education and screenings. I am visiting daycare centers to offer this information to them. Health Literacy Specialist: I continue to review printed materials for the health department with my health literacy training. Community Health Worker: In May I completed a 6 week online training course with UNMC. The topic was “Providing Family-Centered Care”. The course was a nice extension to my earlier training in the Community Health Worker Certificate course. Lead Poisoning Prevention: In June I started working on the Lead Poisoning Prevention Training that was offered for any new or current prevention staff to take for updated information in lead poisoning prevention practices.</p>
<p>Sam</p> 	<p><u>Clerical Assistant for Finance & Operations / Immunization Clinic Support</u> Certified Application Counselor: I completed the necessary training and am now certified to assist consumers with applying or re-enroll in Medicaid, or alternatively, the new Health Insurance Marketplace. Oral Health Billing and Coding: I recently began learning Medicaid billing and coding for the oral health screenings beginning in 2024. Medicaid Enrollment: I am in the process of establishing provider accounts with the three MCOs offering Medicaid plans in Nebraska, Molina, Nebraska Total Care, and United Healthcare, so we can begin billing for both dental screenings and immunizations administered to Medicaid beneficiaries.</p>

South Heartland Bi-Monthly Board Report: Staff-Specific Activities
May June 2024



<p>Erik</p> 	<p><u>Preparedness & Response Coordinator</u> In June, I attended the MCM, Medical Counter Measure, training host by DHHS and put on by TEEEX (Texas A&M Engineering Extension Service). I also worked on the Emergency Operations Plan for TRIMRS with Matt Larson. Memorandums of Understanding (MOUs) for our portable air monitors are close to being finished for our district’s emergency managers. This will add a valuable tool for keeping our citizens safe when air quality emergencies happen. I have had meetings with some of the areas EMT squads and this work will continue. The remote office in Red Cloud continues to increase foot traffic through the door with June being very busy as the Willa Cather promotion was also going on.</p>
<p>Devi</p> 	<p><u>Health Surveillance Coordinator</u> I continued to monitor and respond to critical infectious / communicable diseases of our south heartland district residents in order to control the disease spread, prevent the new cases, promote healthy behaviors and protect our communities. Meanwhile, I have been getting trained to improve my advanced analytical skills related to outbreak modeling and disease forecasting. Key highlights: I am happy to share that I have obtained a certification in Associate-Infection Prevention and Control (a-IPC) by Certification Board of Infection Control and Epidemiology. I scored above 860 out of 900 marks. This certification journey has equipped me with more in-depth knowledge of healthcare associated infections and antibiotic resistance related diseases. This expertise is useful for serving our Adams, Clay, Nuckolls and Webster co. hospitals and long-term care facilities.</p>
<p>Oliver</p> 	<p><u>Reception / Clerical Assistant</u> I answer phone calls, receive mail and visitors, and do other odds and ends of office work. In addition, I also am working on setting up and transferring information and media over to the new website and updating the master database with the contact information for all our usual community contacts. I am also part of South Heartland’s Data Team.</p>
<p>Jessica</p> 	<p><u>Project Specialist</u> Diabetes Prevention Lifestyle Coach: In May, I completed an interview with a DPP participant for ongoing promotion purposes. I have been working on getting surveys back from participants that recently completed DPP classes ending in February. The DPP coalition recently purchased a point-of-care device and I have worked on getting A1C testing resources organized for community members. I am currently working on promotion for the upcoming DPP class starting in July Other: I am working on reaccreditation, Domains 1 & 2. We had four additional facilities complete lead testing of their drinking water this spring.</p>
<p>Chris</p> 	<p><u>Health Promotions Program Assistant</u> In May, I sent out a survey to youth serving health care providers, school nurses and non-profit organizations to learn more about how they address mental health with the youth they serve, what gaps in services do they see and how SHDHD can assist them. It was indicated that more trainings are needed. I will be following up on the survey participants to learn more about what those trainings could look like. On June 2, I partnered with the Morrison Cancer Center to have a table at the PRIDE event. Information to increase awareness about HPV vaccines and other effective ways to reduce cancers along with general information about the services provide at SHDHD was available. It was estimated at about 500 people attended the event. More community events to promote HPV vaccines and Chlamydia testing and treatment will take place at colleges during new student days.</p>



**South Heartland Bi-Monthly Board Report: Staff-Specific Activities
May June 2024**

<p>Luisa</p> 	<p><u>Bilingual Community Health Worker</u> Translation: Continue to translate from English to Spanish all documents that are sent to me for many staff projects and media content for Spanish Facebook, documents like flyers, Facebook posts, infographics, newsletters, Canva designs, all related to COVID-19, Immunizations, VFC, MHI, mental health. Communications: I posted more than one infographic in the Spanish and English Facebook each day and on Instagram, posts related to COVID-19, vaccine information, mental health and men’s health, informative flyer about our MHI event. Worked on the MHI Advisory Council having done 1 event in June and planned the next meeting. Immunization Clinics: I helped by putting together the patients’ packets with vaccine information for different clinics through the past months, scheduling/reminder calls for clinics and assisting with interpretation.</p>
<p>Tami</p> 	<p><u>Nurse Supervisor, Healthy Families Program</u> I continue to hold a small case load of clients (3) and spend a majority of my time supervising the 3 home visitors and supporting them as able. I continue to work with Brooke in DHHS and HFA reporting. Lastly, I have been working with SHDHD staff and community partners to host a Kids Connect event on July 31st in Hastings. As a team we have connected with 3 agencies to share information about the HFA program.</p>
<p>Carrie</p> 	<p><u>Nurse Home Visitor, Healthy Families Program</u> I continue seeing families, with a case load of 7 clients. I am the primary person and serve on the DHHS advisory board for continuous quality improvement for the HFA program. I continue to learn the new data tracking system (Family Wise) and collecting the needed information from my families as directed by DHHS and HFA. As a team we have connected with 3 agencies to share information about the HFA program.</p>
<p>Michele</p> 	<p><u>Nurse Home Visitor, Healthy Families Program</u> I continue seeing families, with a case load of 10 clients. I am helping Tami plan the Kids Connect event. I am planning for my next Circle of Security training come the fall. And I continue to learn the new data tracking system (Family Wise) and collecting the needed information from my families as directed by DHHS and HFA. As a team we have connected with 3 agencies to share information about the HFA program.</p>
<p>Kelly</p> 	<p><u>Home Visitor, Healthy Families Program</u> I continue seeing families, with a case load of 2 clients. I am still learning all the in and outs of home visiting, but making progress with my families. I continue to learn the new data tracking system (Family Wise) and collecting the needed information from my families as directed by DHHS and HFA. As a team we have connected with 3 agencies to share information about the HFA program.</p>

**South Heartland Bi-Monthly Board Report: Staff-Specific Activities
May June 2024**

<p>Tam</p> 	<p>Public Health Program Nurse – Opioid Drug Overdose Prevention Gathered information from law enforcement sources concerning Drug Takeback Day – collected 100 pounds more than last year. Letters and brochures about mixing alcohol and opioids, as well as Narcan administration, sent to 54 businesses in the district with liquor licenses. Continued monthly health education/screening sessions at Brewery Lofts apartment complex.</p>
<p>Carrie</p> 	<p>Community Health Nurse / Clinic Manager – Immunization Services Vaccine coordinator for COVID, Vaccines for Children & Adults (VFC/VFA), vaccine management and administration. I work with families in our community to provide vaccines along with education about the vaccines. I manage the schedule as well and am continuously looking at ways we can offer more availability to the public.</p>

Support Staff for Immunization Services and other projects:

Other Part-time Staff:

Terry Lovekin	Clerical Assistant
Zelda Anderson (retired June 6)	Public Health Program Nurse – Immunization, Education Outreach, TB DOT Interpretation, Minority Outreach for COVID Immunization
Aida Evans	Nurse Vaccinator - COVID Clinics; TB Direct Observed Therapy (DOT) Nurse
Beatriz Marino Jachim	Nurse Vaccinator – COVID Clinics, VFC/AIP Clinics; TB DOT Nurse
Shelly Fletcher	

Part-time Temporary/Seasonal Hires:

Odeth Mendez Peraza	Bilingual CHW/Interpreter for Vaccine Programs
Christian Wiegert	Seasonal Vector Surveillance Program Assistant (an HC Student)

Volunteer:

Sue Rutt	Maintains/assists with notebooks for HD Highlights, COVID, and Accreditation
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Advance Practice Experience (APEX) Student:

Luke Santos	UNMC College of Public Health, Master of Public Health Program, Epidemiology Focus. Project at SHDHD: survey development, data analysis and creating summary reports for Community Health Improvement Plan progress toward goals.
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Success Stories: How we make a difference....

Safeguarding the Public's Health through High Quality Epidemiology Operations

South Heartland recently implemented a satisfaction survey on Epidemiology Operations to monitor the quality of our work. The survey is intended to be conducted quarterly with the Epidemiology Unit program staff at Nebraska Department of Health and Human Services (NE-DHHS) for feedback on SHDHD's disease investigation operations across various communicable disease program areas such as enteric-food borne, environmental, blood borne, zoonotic, tick & mosquito borne illnesses, healthcare-associated infections etc.

In the feedback from this first survey, NE-DHHS program staff praised our department's commitment and efficiency. The results underscored our commitment to excellence. Every aspect—from work quality, timeliness, and communication, to collaboration across disease sections like foodborne illnesses, respiratory diseases, and mosquito-borne illnesses—received outstanding marks from our partners at NE-DHHS. Our team members were rated "Excellent" in the clarity and timeliness of our communications, and satisfaction with overall collaboration efforts was rated as "Extremely Satisfied."

Comments underscoring the high standard of our operational execution included: "I'm really impressed with the investigative work coming from South Heartland District's Epidemiology operations," and "Am very much appreciative of the South Heartland epidemiology team with their timely and thorough work."

Devi received a standout mention, being described as going "above and beyond the expected investigative standards."

Our team is driven by the trust placed in us by our community and colleagues; requesting regular feedback from our state partners will help us identify areas for improvement to assure that our team is providing our best efforts to safeguard the public's health.

- SHDHD's Epidemiology Team

SHDHD Bimonthly Strategic Plan Updates for Board of Health

SP Goal	Strategies	Key Actions Highlights and Successes
Goal 1: Obtain and Maintain PHAB Accreditation	A. Allocate staff and resources to support accreditation activities	Funding for accreditation coordinator to lead reaccreditation activities and stay up-to-date with best practices, staff assigned roles and their time is supported to work on reaccreditation
	B. Communicate to board and staff the value of accreditation status for supporting strategic plan goals	Including accreditation updates on Board Meeting agenda
	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	Created an internal Billing Taskforce to advance cross-program coordination for Medicaid and private insurance reimbursements for immunizations and oral health services
	B. Practice enhanced financial stewardship	Renegotiated Indirect Cost Rate with State of Nebraska - approved at 46%; began applying this to FY2025 subawards
	C. Advocate for state and federal policy change	Executive Director is serving on NALHD Core Team for Creating an Effective System for State Legislative Relations, which includes an objective to protect/enhance health care cash funds and general funds for local public health.
Goal 3: Prioritize Services & Programs	A. Provide leadership and serve as backbone organization for implementing the Community Health Improvement Plan (CHIP)	SHDHD CHIP "backbone" team (Brooke, Janis, Heidi, Jean, Michele) met monthly to assure support for CHIP Steering Committees and contributed to design of surveys to track progress on CHIP strategies
	B. Narrow the scope of the department's services and programs	Partnering with United Way / Collaborative Impact Network to assist with Community Health Equity initiatives; Falls prevention program will no longer be supported due to lack of staff and sustainable funding
	C. Use data effectively	Each staff member has a line of sight with performance measures to track effectiveness. Using data in communications to help public understand issues and actions they can take.
Goal 4: Optimize Human Resources	A. Recruit community partners to implement CHIP strategies, provide oversight to CHIP implementation, and participate in CHIP performance management	SHDHD backbone staff supporting data collection with the 5 CHIP Steering committees (Access to Care, Mental Health, Substance Misuse, Obesity/Related Health Conditions, and Cancer) to monitor progress on strategies
	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	SHDHD participating in an initiative with UNMC College of Public Health for public health workforce assessments and training opportunities
	D. Improve Board and staff knowledge and skills for quality improvement and performance management (QI-PM Goals)	Regular BOH agenda item on performance management, staff program and administrative lines of sight, successes, QI projects.
Goal 5: Advocate the "Why" of Public Health	A. Build capacity for advocacy	Executive Director reaching out to candidates for Legislative District 33 to introduce them to their local health dept., and is serving on NALHD Core Team for Creating an Effective System for State Legislative Relations
	B. Communicate the value of public health	Activity in April-May 2024 for 70% of Board/75% Staff to share April PH Column (who we are, what we do); Status as of 05.31.2024: Board at 57.1%; Staff at 90%

Patient Navigation Services Increase Cancer Screening and Advance Health Equity

About this resource:

Systematic Review

Source: The Guide to Community Preventive Services

Last Reviewed: June 2024 

Workgroups: [Cancer Workgroup \(/healthypeople/about/workgroups/cancer-workgroup\)](/healthypeople/about/workgroups/cancer-workgroup)

The Community Preventive Services Task Force (CPSTF) recommends patient services to help increase screening rates for breast, cervical, and colorectal cancer among historically disadvantaged racial and ethnic populations and people with lower incomes. The CPSTF's recommendation is based on a systematic review of 34 studies.

Patient navigation services may include:

- Reduced out-of-pocket costs

- Help with appointment scheduling

- Translation services


- Transportation or childcare assistance

CPSTF finds patient navigation services to increase breast cancer screening and colorectal cancer screening are cost-effective. More research is needed to determine the cost effectiveness of patient navigation services to increase cervical cancer screening.


Read more about this resource (<https://www.thecommunityguide.org/news/cpstf-recommends-patient-navigation-services-increase-cancer-screening-advance-health-equity.html>)

Objectives related to this resource (4)

[Increase the proportion of females who get screened for breast cancer — C-05 \(/healthypeople/objectives-and-data/browse-objectives/cancer/increase-proportion-females-who-get-screened-breast-cancer-c-05\)](/healthypeople/objectives-and-data/browse-objectives/cancer/increase-proportion-females-who-get-screened-breast-cancer-c-05)

 Little or no detectable change

[Reduce the colorectal cancer death rate — C-06 \(/healthypeople/objectives-and-data/browse-objectives/cancer/reduce-colorectal-cancer-death-rate-c-06\)](/healthypeople/objectives-and-data/browse-objectives/cancer/reduce-colorectal-cancer-death-rate-c-06)

 Little or no detectable change



Baseline only


[Increase the proportion of adults who get screened for colorectal cancer — C-07 \(/healthypeople/objectives-and-data/browse-objectives/cancer/increase-proportion-adults-who-get-screened-colorectal-cancer-c-07\)](#)



Little or no detectable change

[Increase the proportion of females who get screened for cervical cancer — C-09 \(/healthypeople/objectives-and-data/browse-objectives/cancer/increase-proportion-females-who-get-screened-cervical-cancer-c-09\)](#)

Suggested Citation

Guide to Community Preventive Services. (2024). Patient Navigation Services Increase Cancer Screening and Advance Health Equity. Retrieved from <https://www.thecommunityguide.org/news/cpstf-recommends-patient-navigation-services-increase-cancer-screening-advance-health-equity.html> 
(<https://www.thecommunityguide.org/news/cpstf-recommends-patient-navigation-services-increase-cancer-screening-advance-health-equity.html>).

This microsite is coordinated by the Office of Disease Prevention and Health Promotion, Office of the Assistant Secretary for Health, Office of the Secretary, U.S. Department of Health and Human Services.

Performance Dashboard: Line of Sight Measures
BOH_066

Management																		
Random spot-check 10% of inventory items for correct location and tag verification	80%	Na	Na	Na	Na	Na	Na	Na	Na	Na	Na	Na	Na	Na	Na	Na	Na	Bi-annually, the first random spot check will be in June 2024 and then again in December 2024
Remedy the loss of accuracy if necessary	0%	Na	Na	Na	Na	Na	Na	Na	Na	Na	Na	Na	Na	Na	Na	Na	Na	Will analyze inventory errors. If random spot check has less than 80% accuracy
Assets are secure (insured)	100%	Na	Na	Na	Na	Na	Na	Na	100%	Na	Na	Na	Na	Na	Na	Na	Na	100% Will review annually in December to make sure inventory item replacement values are up-to-date
Develop proactive approaches and policies to secure financial stability	100%	Na	Na	Na	Na	Na	Na	Na	100%	Na	Na	Na	Na	Na	Na	Na	Na	100% Will report annually in December on insured inventory items being in-line with actual inventory on hand
Healthy Families Nebraska																		
Heartland - DBAFT																		
Develop marketing materials for key audiences identified (providers, community partners, Child Protective Services and general community)	3	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	3	NA	NA	NA	NA	100% Postcard, Flyer and Magnet developed and printed
Identify key partners that should know about the program	20	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	10	NA	NA	NA	NA	50% Contacted 28 partners to join the Advisory Board (ultimately 10 key partners who should know about the program)
Successfully enroll at Families (34)	34	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	16	22	22	65%	NA	65%
Ensure time from referral to engagement is less than 3 days	3 days	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	2	2	2	NA	2.2 days average for 3 referrals
Improve the health outcomes of young children and reduce the number of case of child abuse and neglect throughout the district		NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	
Accreditation																		
AC up-to-date on standards practices	100%																	100%
Domain Teams Assigned Resources	100%																	100%
Accreditation staff trainings planned	100%					1												100%
% of staff completing trainings	100%																	100%
PHAB Annual Rpts submitted on time	100%												14					100%
PHAB Annual Rpts feedback-staff/BOH	100%																	100%
Gantt Chart progress tracked monthly	100%																	100% in progress
% BOH members performed accred progress &/or value of accred status	100%																	75% in progress
SHDH maintains accred through PHAB	100%																	100%
HPV Vaccination Rate																		
Develop marketing materials for key audiences identified (e.g. adolescents, young adults, parents, providers).	10 sites	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	
Partner with community events to increase awareness of HPV and promote the benefits of HPV vaccinations.	5 events	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	2%	2%	2%	2%	Contact with 10 sites to share general HPV information
Partner with community events to offer HPV vaccinations.	1	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	2%	2%	2%	2%	participate in at least 5 community events to promote HPV
Increase the availability of HPV vaccines through regular walk in clinics.		NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA					1 off site clinic available in the community with HPV vaccinations.
Increase the HPV vaccination rates among our youth.		NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA					

**Executive Director Report to the Board of Health**

July 3, 2024

1. Leadership/Professional**• Recent Workgroup/Committee Service/Training/Outreach:**

- Serving on the Strategic Core Planning Group for Nebraska Association of Local Health Directors (NALHD) – member of Core Team for Creating an Effective System for State Legislative Relations, which includes an objective to protect/enhance health care cash funds and general funds for local public health.
- Hosting candidates for District 33 legislative seat at the health department to share information about the health department, meeting/greet with staff to learn what we do, and discussing shared goals. One completed, in process of scheduling the other. Planning to do the same with Mayoral Candidates.
- With Board Member Chuck Neumann, attended Governor Pillen’s Town Hall on Property Tax Relief in Hastings on June 21. We asked the Governor about his intention with cigarette/vaping taxes and taxes on food.
- Supporting with Heartland Health Center

2. Operational/Personnel**• Staffing:**

- Hired Christian Wiegert for the seasonal Vector Surveillance program assistant position – will conduct mosquito and tick collecting. He started May 6.
- Hired Kylene Hayes for a Community Health Services program assistant position - she started July 1, 2024 and will be assisting with South Heartland’s Immunization program and other community outreach services.
- Hired a recent Hastings College graduate as an Environmental Health program assistant position, working part-time as she attends UNMC College of Public Health to work on a Master’s degree in Environmental & Occupational Public Health. She will start on July 8.
- Open positions: Environmental Health Specialist (for the new Environmental Health Workforce Capacity Building funding); Bilingual Community Health Worker (CHW)

• Financial:

- Working FY Annual Budget, consideration of additional revenue sources, approved/enhanced indirect cost rate (46%), staff wage comparability with competing industries, window replacements, being ready for replacement of old equipment (HVAC), and planning next phase of renovations on west side.

• Facility:

- West side is occupied with 11 staff and is now open for immunization clinics.
- Replaced 2 furnaces.

3. Community Health Assessment (CHA)/Community Health Improvement Plan (CHIP) Cycle: 2024**• Timeline/Components:**

- Health Equity/Community Collaboration Assessment – Feb-March 2024, Completed
- Community Survey – May 2024: Launch today, May 1st! Please take the survey and also help us promote the survey to as many people as you can. Take flyers to share, email the link, and/or request paper copies, if needed. Goal ~1500 responses. Responses: >660
- Secondary Data Gathering, March – July 2024
- **Focus Groups/Listening Sessions, July 2024**
- Priority-setting Meetings, Sept 2024
- Strategy Meetings, Sept-Nov 2024
- CHIP completion – for January 2025 Board meeting
- Strategic Planning – January-March 2025

4. News from Washington:

- **CDC Advisers Recommend Updated Covid Shot This Fall:** CDC's independent vaccine advisers unanimously recommended that people aged six months and older receive an updated Covid vaccine this fall.
- **U.S. Surgeon General, Dr. Vivek Murthy, issued a warning on the harms of social media** on the mental health of children and adolescents. (See attached short summary of the Advisory)
- **National Association of County and City Health Officials (NACCHO): Tell Your Representatives to Oppose Cuts to SNAP in the Farm Bill**
 - "This week [June 24-28], NACCHO's Congressional Action Network encouraged their federal representatives to support reauthorization of the Supplemental Nutrition Assistance Program (SNAP) in the Farm Bill. Public health professionals are our best advocates. If you haven't already, please ask your House and Senate representatives to develop a Farm Bill that protects and strengthens SNAP benefits and urge them to oppose the House Agriculture Committee's Farm, Food, and National Security Act of 2024. We are encouraging NACCHO members to explain how investments in federal nutrition programs, like SNAP, are critical to addressing food insecurity and improving public health. Click here to take action, and please sign up to be part of our Congressional Action Network."
 - Note about Nebraska: When Nebraska Republican Gov. Jim Pillen changed his mind about opting out of the U.S. Department of Agriculture program in February, it was a visit from schoolchildren that won him over. "They talked about being hungry, and they talked about the summer USDA program and, depending upon access, when they'd get a sack of food," Pillen said at a news conference. "And from my seat, what I saw there, we have to do better in Nebraska."

Social Media and Youth Mental Health: The U.S. Surgeon General’s Advisory (Executive Summary)

BOH_069

Social media use among young people is nearly universal, with up to 95% of teenagers, and even 40% of children aged 8-12, on social media.^{1,2} Despite this widespread use among children and adolescents, we do not yet have enough evidence to determine if social media use is sufficiently safe for them — especially during adolescence, a particularly vulnerable period of brain development.

Social media has both positive and negative impacts on children and adolescents

Different children and adolescents are affected by social media in different ways based on their individual strengths and vulnerabilities and based on cultural, historical, and socio-economic factors.^{3,4} Social media can provide benefits for some children, including by serving as a source of connection for youth who are often marginalized, such as the LGBTQ+ community and people with disabilities, providing positive or identity-affirming content, creating a space for self-expression, and helping youth feel accepted. However, increasingly, evidence is indicating there is reason to be concerned about the risk of harm social media use poses to children and adolescents. Children and adolescents on social media are commonly exposed to extreme, inappropriate, and harmful content, and those who spend more than 3 hours a day on social media face double the risk of poor mental health including experiencing symptoms of depression and anxiety.⁵ This is deeply concerning as a recent survey of teenagers showed that, on average, they spend 3.5 hours a day on social media.⁶

What’s driving the growing concerns?

Social media can expose children to content that presents risks of harm:

- Social media may perpetuate body dissatisfaction, disordered eating behaviors, social comparison, and low self-esteem, especially among adolescent girls.^{7,8,9,10}
- When asked about the impact of social media on their body image: 46% of adolescents aged 13-17 said social media makes them feel worse, 40% said it makes them feel neither better nor worse, and only 14% said it makes them feel better.¹¹
- Roughly two-thirds (64%) of adolescents are “often” or “sometimes” exposed to hate-based content.¹²
- Some social media platforms show suicide- and self-harm-related content including even live depictions of self-harm acts, content which, in certain tragic cases, has been linked to childhood deaths.^{13,14}

Social media use can be excessive and problematic for some children:

- On a typical weekday, nearly one-in-three adolescents report using screens (most commonly social media) until midnight or later.¹¹
- Studies have shown a relationship between excessive social media use and poor sleep quality, reduced sleep duration, sleep difficulties, and depression among youth.¹⁵
- One-third or more of girls aged 11-15 say they feel “addicted” to certain social media platforms and over half of teenagers report that it would be hard to give up social media.^{1,16}

1. [Vogels et al., 2022.](#)
2. [Rideout et al., 2022.](#)
3. [Beyens et al., 2020.](#)
4. [Hollis et al., 2020.](#)
5. [Riehm et al., 2019.](#)
6. [Miech et al., 2022.](#)
7. [Loneragan et al., 2020.](#)
8. [Meier and Gray, 2014.](#)
9. [Thai et al., 2023.](#)
10. [Vogels et al., 2014.](#)
11. [Bickham et al., 2022.](#)
12. [Rideout et al., 2018.](#)
13. [Dyer, 2022.](#)
14. [Carville, 2022.](#)
15. [Alonzo et al., 2021.](#)
16. [Nesi et al., 2023.](#)



There are critical gaps in our understanding of mental health risks to children and adolescents posed by social media

BOH_070

There is broad concern among the scientific community that a lack of access to data and lack of transparency from technology companies have been barriers to understanding the full scope and scale of the impact of social media on child and adolescent mental health and well-being. While more research is needed to fully understand the impact of social media, this gap in knowledge cannot be an excuse for inaction.

A Way Forward: The Surgeon General's Advisory outlines some immediate actions we can take to make social media safer and healthier for youth

This burden cannot simply fall to parents and children. We must engage in a multifaceted effort to maximize the benefits and reduce the risk of harm posed by social media, with actions taken by groups across the spectrum: policymakers, technology companies, researchers, families, and children and adolescents themselves.

- **Policymakers can** take steps to strengthen safety standards and limit access in ways that make social media safer for children of all ages, better protect children's privacy, support digital and media literacy, and fund additional research.
- **Technology companies can** better and more transparently assess the impact of their products on children, share data with independent researchers to increase our collective understanding of the impacts, make design and development decisions that prioritize safety and health –including protecting children's privacy and better adhering to age minimums –and improve systems to provide effective and timely responses to complaints.
- **Parents and caregivers can** make plans in their households such as establishing tech-free zones that help protect sleep and better foster in-person relationships, teach children and adolescents about responsible online behavior, and model that behavior, and report problematic content and activity.
- **Children and adolescents can** adopt healthy practices like limiting time on platforms, blocking unwanted content, being careful about sharing personal information, and reaching out if they or a friend need help or see harassment or abuse on the platforms.
- **Researchers can** further prioritize social media and youth mental health research that can support the establishment of standards and evaluation of best practices to support children's health.

For more information on social media and youth mental health, read the Surgeon General's Advisory:

surgeongeneral.gov/ymh-social-media




Navigate to:



Social Media and Youth Mental Health

Surgeon General: Why I'm Calling for a Warning Label on Social Media Platforms

<https://www.nytimes.com/2024/06/17/opinion/social-media-health-warning.html>  [/disclaimer.html](#)

A New York Times Opinion Essay by U.S. Surgeon General, Dr. Vivek Murthy, on the impact of social media on youth mental health.

Content Warning: This page contains references to self-harm and suicide.



This Advisory describes the current evidence on the impacts of social media on the mental health of children and adolescents. It states that we cannot conclude social media is sufficiently safe for children and adolescents and outlines immediate steps we can take to mitigate the risk of harm to children and adolescents.

Download advisory - PDF </sites/default/files/sg-youth-mental-health-social-media-advisory.pdf>

Download short summary - PDF </sites/default/files/sg-youth-mental-health-social-media-summary.pdf>

Key Takeaways from the Advisory

A Surgeon General's Advisory uses the best available science to shed light on major public health challenges and suggest possible solutions.

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Social media use by young people is nearly universal

Up to 95% of young people aged 13-17 report using a social media platform. Nearly two thirds of teenagers report using social media every day and one third report using social media “almost constantly.”^{1, 2}

1. Vogels et al., 2022. <<https://www.pewresearch.org/internet/2022/08/10/teens-social-media-and-technology-2022/>> [↗](#) </disclaimer.html>
2. Rideout et al., 2022. - PDF <https://www.common sense media.org/sites/default/files/research/report/8-18-census-integrated-report-final-web_0.pdf> [↗](#) </disclaimer.html>

Social media presents a meaningful risk of harm to youth, while also providing benefits

The types of use and content children and adolescents are exposed to pose mental health concerns. Children and adolescents who spend more than 3 hours a day on social media face double the risk of mental health problems including experiencing symptoms of depression and anxiety.³ This is concerning as a recent survey showed that teenagers spend an average of 3.5 hours a day on social media.⁴ And when asked about the impact of social media on their body image, 46% of adolescents aged 13-17 said social media makes them feel worse.⁵

3. Riehm et al., 2019. <<https://jamanetwork.com/journals/jamapsychiatry/fullarticle/2749480>> [↗](#) </disclaimer.html>
4. Miech et al., 2022. <<https://www.icpsr.umich.edu/web/nahdap/studies/38502/versions/v1>> [↗](#) </disclaimer.html>
5. Bickham et al., 2022. - PDF <https://digitalwellnesslab.org/wp-content/uploads/pulse-survey_adolescent-attitudes-effects-and-experiences.pdf> [↗](#) </disclaimer.html>

We cannot conclude that social media is sufficiently safe for children and adolescents

We have gaps in our full understanding of the mental health impacts posed by social media but at this point cannot conclude it is sufficiently safe for children and adolescents. We must better understand the answers to key questions, such as, which types of content are most harmful and what factors can protect young people from the negative effects of social media.

We can take immediate actions to make social media safer for youth

The Surgeon General's Advisory on Social Media and Youth Mental Health - PDF </sites/default/files/sg-youth-mental-health-social-media-advisory.pdf> calls for engaging in a multifaceted effort to maximize the benefits and reduce the risk of harm posed by social media with actions suggested for groups including: children and adolescents, policymakers, technology companies, researchers, and families.

How can we take action?

At a moment when we are experiencing a national youth mental health crisis, now is the time to act swiftly and decisively to protect children and adolescents from risk of harm.

Ways to act based on your role

What children and adolescents can do:

1. Reach out for help. If you or someone you know is being negatively affected by social media, reach out to a trusted friend or adult for help. If you or someone you know is experiencing a mental health crisis, call or text 988 for immediate help.
2. Create boundaries to help balance online and offline activities.
3. Develop protective strategies and healthy practices for your own social media use. See this Tip Sheet on Social Media Use and Mental Health <https://engage.youth.gov/resources/tip-sheet-social-media-use-and-mental-health> for healthy social media use created for and by young people.
4. Be selective with what you post and share online and with whom, as it is often public and can be stored permanently.
5. Protect yourself and others from cyberbullying or other forms of online harassment and abuse:
 - a. If you or someone you know is the victim of cyberbullying or other forms of online harassment and abuse, don't keep it a secret.
 - b. Protect others by not taking part in online harassment or abuse. Avoid forwarding or sharing messages or images, tell others to stop, and report offensive content.

What parents and caregivers can do:

1. Create a family media plan to help establish healthy technology boundaries at home—including social media use. For information on creating a family media plan, visit www.healthychildren.org/English/fmp/Pages/MediaPlan.aspx <https://www.healthychildren.org/english/fmp/pages/mediaplan.aspx> </disclaimer.html>.
2. Create tech-free zones and encourage children and adolescents to foster in-person friendships.
3. Model responsible social media behavior.
4. Teach children and adolescents about technology and empower them to be responsible online participants at the appropriate age.
5. Report cyberbullying and online abuse and exploitation.

6. Work with other parents to help establish shared norms and practices and to support programs and policies around healthy social media use.

What technology companies can do:

1. Conduct and facilitate transparent and independent assessments of the impact of social media products and services on children and adolescents.
2. Prioritize user health and safety in the design and development of social media products and services.
3. Design, develop, and evaluate platforms, products, and tools that foster safe and healthy online environments for youth.
4. Share data relevant to the health impact of platforms and strategies employed to ensure safety and well-being with independent researchers and the public in a manner that is timely and protects privacy.
5. Create effective and timely systems and processes to adjudicate requests and complaints from young people, families, educators, and others to address online abuse, harmful content and interactions, and other threats to children's and adolescents' health and safety.

What policymakers can do:

1. Strengthen protections to ensure greater safety for children and adolescents interacting with all social media platforms, by:
 - a. Developing age-appropriate health and safety standards for technology platforms.
 - b. Require a higher standard of data privacy for children and adolescents.
 - c. Pursue policies that further limit access—in ways that minimize the risk of harm—to social media for all children and adolescents.
2. Ensure technology companies share data relevant to the health impact of their platforms with independent researchers and the public in a manner that is timely, sufficiently detailed, and protects privacy.
3. Support the development, implementation, and evaluation of digital and media literacy curricula in schools and within academic standards.
4. Support increased funding for future research on the benefits and harms of social media use.
5. Engage with international partners working to protect children and adolescents against online harm to their health and safety.

What researchers can do:

1. Establish the impact of social media on youth mental health as a research priority and develop a shared research agenda.
2. Develop and establish standardized definitions and measures for social media and mental health outcomes that are regularly evaluated and applied across research contexts.
3. Evaluate best practices for healthy social media use in collaboration with experts including healthcare providers, parents, and youth.
4. Enhance research coordination and collaboration.

Additional Resources

Expert perspectives on the Advisory - PDF </sites/default/files/sg-youth-mental-health-social-media-expert-quotes.pdf>

This document captures what experts are saying about the Surgeon General's Advisory on Social Media and Youth Mental Health.

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AAP's Center of Excellence on Social Media and Youth Mental Health

<https://www.aap.org/en/patient-care/media-and-children/center-of-excellence-on-social-media-and-youth-mental-health/#:~:text=what%20we%20do,protect%20youth%20mental%20health%20online> [/disclaimer.html](#)

American Academy of Pediatrics

Learn more about the benefits and risks of social media use and get your questions answered by experts.

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APA's Health Advisory on Social Media Use in Adolescence - PDF

<https://www.apa.org/topics/social-media-internet/health-advisory-adolescent-social-media-use.pdf> [/disclaimer.html](#)

American Psychological Association

Recommendations for educators, parents, policymakers, mental health and health practitioners, technology companies and youths themselves to help adolescents develop healthy social media practices.

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AAP's Family Media Plan <<https://www.healthychildren.org/english/fmp/pages/mediaplan.aspx>> [↗](#) </disclaimer.html>

American Academy of Pediatrics

A customizable family media plan to help set media priorities and boundaries. The Family Media Plan includes a list of media priorities and practical tips to make the plan work.

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Stopbullying.gov <<https://www.stopbullying.gov/cyberbullying/how-to-report>>

U.S. Department of Health and Human Services

Helpful tips on how to report cyberbullying.

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Tip Sheet on Social Media Use and Mental Health <<https://engage.youth.gov/resources/tip-sheet-social-media-use-and-mental-health>>

Youth Engaged 4 Change

Helpful tips on how to use social media to support mental health created for and by young people.

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Love is Respect <<https://www.loveisrespect.org/>> <[↗](#)> </disclaimer.html>

National Domestic Violence Hotline

An online chat to talk to experts if you have experienced online harassment and abuse by a dating partner or for resources to get support.

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Take It Down <<https://takeitdown.ncmec.org/>> <[↗](#)> </disclaimer.html>

The National Center for Missing & Exploited Children

For support or to get private images that have been taken and shared online without permission removed.

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CyberTipline <<https://www.missingkids.org/gethelpnow/cybertipline>> <[↗](#)> </disclaimer.html>

The National Center for Missing & Exploited Children

A tipline to report any instances of online exploitation.

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