

Board of Health

Adams County: Hastings Public Library, 314 N Denver Ave, Hastings, NE 68901

March 2, 2022 8:30 a.m.

AGENDA		
Apprx. Time	Topic, Lead Person	Expected Outcomes
8:30 (14')	Welcome & Opportunity for Public Comment – President Nanette Shackelford, Chair	<ol style="list-style-type: none"> 1. Meeting Call to Order, Open Meeting Statement 2. Introductions / Roll Call 3. Approve Agenda – Board Action 4. Board Conflict of Interest Declarations 5. Public Comments
8:44 (1')	January 5, 2022 Meeting Minutes – Chair	Approve Minutes of November Meeting – Board Action
8:45 (15')	Introduction of Local Community Leader Guest: Dr. Adam Horn, CMO, Mary Lanning Healthcare Governance Function: <i>Partner Engagement</i>	<ol style="list-style-type: none"> 1. Board learns about the experiences, successes and ongoing concerns of our largest health system during the pandemic.
9:00 (5')	Coronavirus COVID-19 Situation Update – M. Bever Governance Functions: <i>Policy Development; Legal Authority, Oversight</i>	<ol style="list-style-type: none"> 1. Board is aware emergency response actions, policy, and situational needs (Vaccine, Antivirals, Disease Investigation)
9:05 (5')	Bi Monthly Report on 10 Essential Services from Staff Governance Functions: <i>Partner Engagement, Oversight</i>	<ol style="list-style-type: none"> 1. Board is able to describe activities of the Department 2. Accept Bi-Monthly Report – Board Action
9:10 (10')	Finances – K. Derby / M. Bever Administration/Management - <i>PHAB Domain 11, SP Goal 4</i> <ul style="list-style-type: none"> • Financial Report (Current Funding Sources, Outstanding Invoices, Balance Sheets, Profit & Loss, Disbursements, Line of Credit) • Grants/Funding/ Contracts/Subawards Status Governance Function: <i>Resource Stewardship</i>	<ol style="list-style-type: none"> 1. Awareness of financial health/funding sources/ budgetary needs 2. Accept Financial Report – Board Action
9:20 (20')	Annual Meeting Business – Chair <ul style="list-style-type: none"> • Board member appointments; Review Board Member terms, Board Meeting Attendance Record • Officer slate and election; Committee Appointments • Board annual paperwork: Conflict of Interest, Confidentiality, Statement of Commitment, Board meeting performance mgmt. Governance Function: <i>Continuous Improvement, Legal Authority, Oversight</i>	<ol style="list-style-type: none"> 1. Appointments to BOH – Informational 2. Election of Officers – Board Action 3. Approve Board Committee Assignments for March 2022- March 2023 – Board Action 4. Annual paperwork and evaluations completed 5. 2022-2023 Board Meeting Calendar, Updated Board Roster
9:40 (15')	Committees: Policy Committee: P. Meyer <ul style="list-style-type: none"> • Hazard Mitigation Plan - Resolution #2022-2 • Organizational Chart Revision • Policy Revisions: HR101, HR309, HR203 Public Health Awards Committee: S. Nejezchleb Finance Committee: C. Neumann <ul style="list-style-type: none"> • Update on ARPA Funds Requests Governance Functions: <i>Policy Development; Legal Authority</i>	<ol style="list-style-type: none"> 1. Approve Resolution #2022-2- Board Action 2. Approve Revised SHDHD Organizational Chart - Board Action 3. Approve Revised Policies: HR101, HR309, HR203 - Board Action 4. PH Awards: Resolution #2022-3 - Board Action 5. ARPA funds – informational
9:55 (5')	SHDHD Accreditation Update – J. Johnson / M. Bever Governance Function: <i>Continuous Improvement</i>	<ol style="list-style-type: none"> 1. Board aware of QI/PM Activities, Accreditation Status, and CHIP and Strategic Plan progress, AAR progress
10:00 (5')	Communications from Exec. Director <ul style="list-style-type: none"> • Executive Director's Report Q and A Governance Functions: <i>Oversight, Legal Authority</i>	<ol style="list-style-type: none"> 1. Latest updates on key issues, personnel, funding opportunities, legislative advocacy, accreditation status, CHIP Implementation, Training and conferences opportunities, etc.
10:05 (5')	Communications from Board Members - Chair <ul style="list-style-type: none"> • Community/County Updates - Board Members Announcements/Upcoming Events – All (see next page) Governance Function: <i>Partner Engagement</i>	<ol style="list-style-type: none"> 1. Board members share their community/county public health activities/issues and community or professional meeting briefs and legislative days 2. Board members have information to promote or participate in upcoming events
10:15	Adjourn	Board Action (Next Meeting – May 4, 2021, Clay County)
10:30- 11:45	Board Training – Legal Responsibilities of the Board Tana Fye, Fye Law Office, Holdrege	Lunch Provided

SHDHD Calendar

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

1. [March is Colorectal Cancer Awareness Month!](#) Do-it-at-home FOBT test kits are available free at the health department. Contact Dorrann Hultman, SHDHD's Community Health Services Coordinator for more information: 402-462-6211.
2. [Ongoing – all year 'round:](#)
 - [Skin Cancer Prevention](#) – All year 'round! South Heartland has higher skin cancer rates than Nebraska overall. Some people are more at risk for skin cancer – but skin damage from the sun's ultraviolet (UV) rays, in the form of sunburn, increases everyone's risk. Tanning is also a type of skin damage – no tan is a safe tan. Promote sun safety all year round – especially in children, adolescents and young adults. SHDHD partners with Morrison Cancer Center to educate our communities about preventing skin cancer. Contact Dorrann Hultman to schedule a presentation for youth or adults in your community - 402-462-6211.
 - [Diabetes Prevention](#): Ongoing: 'Smart Moves' Classes (Evidence-based [Diabetes Prevention Program](#)) – Share the brochure and refer people who might be eligible. SHDHD's program has maintained Recognition status from the CDC! New classes are beginning in January and February – Contact Liz Chamberlain to find out more - 402-462-6211.
 - [Falls Prevention](#): Tai Chi and Stepping On classes – find out when the next classes will begin in your county! Contact Liz Chamberlain to find out more - 402-462-6211.
3. [Nebraska Public Health Conference](#), Lincoln, NE – April 5-6, 2022
4. [NALBOH Annual Conference](#), Grand Rapids, MI – Save the Date! August 1-3, 2022 Navigating the Rapids: Moving Your Board of Health into the Future

Open Meeting Compliance:

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

South Heartland's Guiding Principles:

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

Board of Health Principles of Good Faith*:

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

*Board of Health Handbook, page 32

South Heartland District Health Department Strategic Plan 2020 - 2025

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

Vision: Healthy people in healthy communities

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

Guiding Principles:

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

Goal 1: Obtain and Maintain PHAB Accreditation

Goal 2: Secure Financial Stability

Goal 3: Prioritize Services and Programs

Goal 4: Optimize Human Resources

Goal 5: Advocate the "Why" of Public Health

Goal 1: Obtain and Maintain PHAB Accreditation

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

Goal 2: Secure Financial Stability

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

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

Goal 3: Prioritize Services & Programs

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

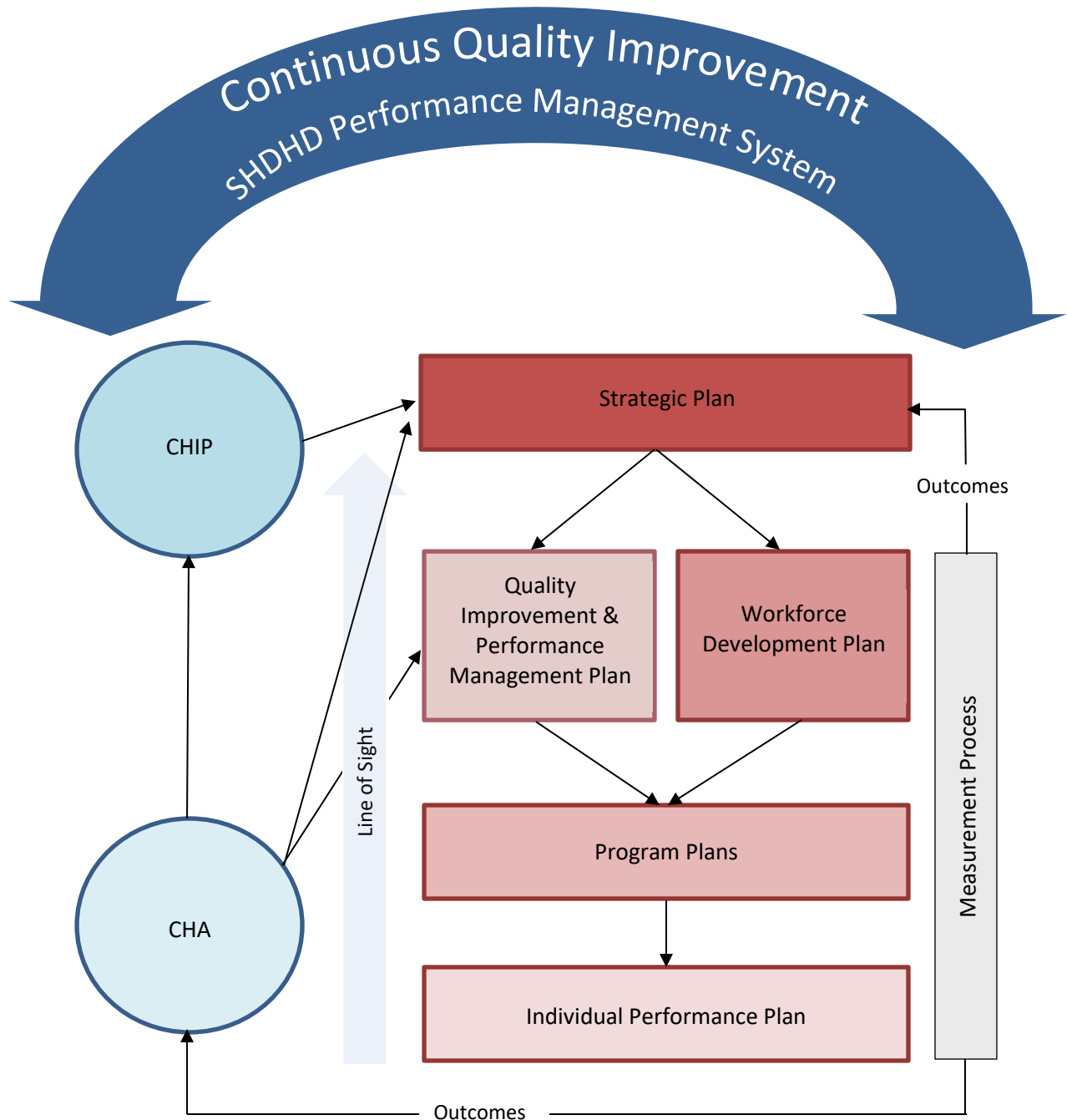
Goal 4: Optimize Human Resources

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

Goal 5: Advocate the "Why" of Public Health

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

SHDHD Performance Management System



October 2019

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

Approved by BOH 11.06.19

The Governance Functions

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.

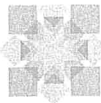
All public health governing entities are responsible for some aspects of each function. No one function is more important than another. For more information about the six governance functions, please visit www.nalboh.org.

Approved by the NALBOH Board of Directors – November 2012



Board of Health Minutes
South Heartland District Health Department
Meeting Location: Community Center, 555 W. Gage Street, Blue Hill, NE
January 5, 2021

Topic, Lead Person	Comments/Actions	Roll Call / Vote
	Staff Present: Michele Bever, Kelly Derby, Janis Johnson	
	Guest: Iva Prinsen, Administrator at Azria Health Blue Hill	
	COVID-19 modifications: masking and distancing	
Welcome & Public Comment - Chair	The January 2022 Board of Health meeting was called to order by Board President Nanette Shackelford at 8:30am.	
	Open Meeting Statement read aloud by Board President Shackelford: Prior to this meeting a notice was posted in the newspapers in Adams, Clay, Nuckolls, and Webster counties. Each member of the Board received a copy of the proposed agenda. The agenda for this meeting was kept continuously current and was available for public inspection at South Heartland District Health Department, 606 N Minnesota Suite 2, Hastings NE. This meeting is being held in open session. A link to the Nebraska Open Meeting Law was posted with Board Agenda on the SHDHD website.	
Determine Quorum	Introductions / Roll Call <i>Quorum met</i>	Present: Hallock, Harrington, Kleppinger, Kohmetscher, Meyer, Nejezchleb, Neumann, Shackelford, Shaw, Waechter-Mead, Vance Absent: Blecha, Fegler-Daiss, Stichka,
Approve or Amend Agenda	Board approval of January 5, 2022 Agenda: Motion made by Nejezchleb, Seconded by Hallock. Voice vote. <i>Motion Passed</i>	Ayes: All Nays: None
Declare Conflicts of Interest	Board President Shackelford's daughter, Lauren Shackelford, now works at the Health Department.	
Public Comments	None	
Approve Minutes	Board approval of November 3, 2021 Board Meeting Minutes: Motion made by Kohmetscher, Seconded by Hallock. Voice vote. <i>Motion Passed</i>	Ayes: All Nays: None
COVID-19 Update – M. Bever	Bever summarized the current state of the COVID-19 pandemic in our department: transmission remains very high, 16 recent deaths (fatality rate increased to 1.7%). Omicron variant is in our department. Testing is in higher demand; the district is contracting with the State to provide drive-through tests (through subcontract to other local entities). Disease investigation is largely being automated at this point. Bever also summarized the recent CDC changes with regard to quarantine and isolation, and reported that the effectiveness of various treatments varies with Omicron.	
Bi-Monthly Report on 10 Essential Services from Staff – M. Bever	Bi-monthly report from staff included in the Board packet. Bever noted that despite our work with the pandemic, the department is maintaining COVID or non-COVID activities in all 10 Essential Services. Board acceptance of Bi-Monthly Report: Motion made by Meyer, Seconded by Harrington. Roll call vote. <i>Motion Passed</i>	Ayes: All Nays: None
Finances – K. Derby/ M. Bever	Derby reported that the department's cash position is still strong, but as we are no longer receiving FEMA funding, net income is down about \$75K for the period. No line of credit has been needed since last period, however. Though net income is down for the period, net income for the year is \$182K. Overtime expenses are declining, while vaccine-related costs are still high. Derby also highlighted that Indirect Costs (IDC) are 26% of total costs though reimbursement for those costs is currently the de minimus of 10%. The department is staying under budget. And outstanding invoices amounting to \$101K are all recent. Bever's report that receiving just 6.2% of ARPA funds from all municipalities would cover the department's outstanding needs for COVID-19, behavioral health project, a mobile public health services clinic, and facilities upgrades, generated a bit of discussion. The consensus advice: keep moving, keep speaking.	



	Board acceptance of the Financial Report: Motion made by Shaw, Seconded by Kohmetscher. Roll call vote. <i>Motion Passed</i>	Ayes: All Nays: None
Committee Reports Policy Committee – P. Meyer	Meyer presented Policies HR103 (Paid Time Off), HR104 (Leave Without Pay), and HR206 (Bonuses), for approval following Policy Committee review on December 28, 2021. The benefits Policies contained simple revisions by Derby, while the Bonuses Policy was largely rewritten by Derby and was reviewed by legal counsel for its compliance with State law. Board acceptance of revisions for Policies HR103, HR104, and HR206: Motion made by Meyer, Seconded by Waechter-Mead. Roll call vote. <i>Motion Passed</i> Meyer also presented, from the Policy Committee to the Board, Resolution #2022-1 (Employer-Funded Health Insurance Premiums) for its approval. The funding amount remains the same as last year. Board acceptance of Resolution #2022-1: Motion made by Meyer, Seconded by Hallock. Roll call vote. <i>Motion Passed</i>	Ayes: All Nays: None Ayes: All Nays: None
Performance Management & Quality Improvement Update – J. Johnson	The Quality Improvement-Performance Manage Plan and Chart for Goals Progress included in the Board packet. Changes/updates in the plan were highlighted. This is approved by the Board annually. The Draft After Action Report (08.2020 through 05.2021) - AAR Capabilities/Action Plan Chart included in the Board packet. Staff participated in identifying for the chart: actions implemented, barriers/opportunities (during this time period) and actions planned to address going forward. Point of contact and start/end dates will be added before submitting the AAR with the Public Health Emergency Preparedness (PHCC) grant. Board acceptance of the Quality Improvement Plan: Motion made by Meyer, Seconded by Nejezchleb. Roll call vote. <i>Motion Passed</i>	Ayes: All Nays: None
Communication from Executive Director – M. Bever	Executive Director report included in the Board packet. On the Strategic Plan, Bever highlighted activity on PHAB Accreditation, financial stability, and communicating on the “why” of public health. She also noted an increased awareness of meeting rules as a result of her attendance at NACO annual meeting presentation to health directors that she wants to pass on to the Board. The Department’s Annual Report has been completed and will be printed. Bever reported working with Shackelford regarding suggestions from Board members covered in her annual evaluation. She also pointed out two NACCHO financial policy statements regarding federal actions that could impact SHDHD’s funding for falls prevention and public health emergency rapid response. Bever provided a link to a report released in December called Public Health Forward, which provides a roadmap for modernizing public health.	
Board Quality Improvement: Partner Engagement	Bever highlighted the four key roles of the board of health governance function: Partner Engagement, especially the roles of connecting to the community and stakeholders on public health issues, partnering within communities to help to mitigate negative impacts of public health trends, and emphasizing positive impacts of current health trends (all relevant to the pandemic response and how the board can assist).	
Communications from the Board	Shackelford noted that she has been working with Bever as a follow up to the ED annual evaluation, including supporting the Board’s ability to share information with communities.	
Local Community Leader – Iva Prinson, Administrator at Azria Blue Hill	Prinsen became the Administrator of the LTC facility in March 2021 so has been on the ground, running, ever since. She thanked the community who fought for the survival of her facility, which was to be closed. The facility employs 50. Regarding COVID-19: seven of her residents are in the “red zone,” replacing absent employees is constant, getting supplies is difficult, and testing continues twice a week. Staff beliefs vary for COVID-19 vaccination, which has been a difficult part of her job. At present, 75% of her staff has been vaccinated.	
Adjournment	Motion to adjourn by Neumann, Seconded by Harrington. Voice Vote. <i>Motion passed.</i> Adjourned at 10:36am. Next meeting March 2, 2022 in Adams County.	Ayes: All Nays: None

Respectfully Submitted,

Signature:

Charles Neumann, Secretary/Treasurer

Board of Health

South Heartland District Health Department

Date:

2-7-2022



SHDHD COVID-19 Situational Update from the Executive Director

1. The world is approaching the second anniversary of the [declaration of the COVID-19 pandemic](#) by the World Health Organization, on March 11, 2020. SHDHD's first case was reported on March 18, 2020.
2. Trends / Dashboard:
 - a. Cases
 - b. Community Transmission
 - c. Hospitalizations/Hospital Capacity
 - d. Variants
 - e. Fatality Rate
3. Testing and At-Home Testing Options
4. CDC Updates COVID-19 Metrics and Masking Guidelines
 - a. <https://www.cdc.gov/coronavirus/2019-ncov/science/community-levels.html>: CDC launched [COVID-19 Community Levels](#) to measure the impact of COVID-19 illness on health and health care systems. The tool provides a county-level assessment of COVID-19 community level using the combination of three metrics – new COVID-19 admissions, the percent of staffed inpatient beds occupied by COVID-19 patients, and total new COVID-19 cases. Using these data, the COVID-19 community level is classified as low, medium, or high.
 - b. The CDC also announced it is relaxing its mask guidance for communities where the COVID-19 community level is low or medium. As part of the update, the CDC is dropping the recommendation for universal school masking and will recommend masking only in communities at a high level of COVID-19.
 - c. The CDC emphasized that people may choose to mask at any time and that people with symptoms, a positive test, or exposure to someone with COVID-19 should wear a mask regardless of community level.
5. Vaccine – Updates
 - a. [A fourth COVID-19 shot might be recommended this fall, as officials 'continually' look at emerging data](#)
 - b. [Interval Between First and Second COVID-19 Vaccine Doses Extended for Some Groups](#): The CDC updated its guidance related to COVID-19 vaccines to recommend an eight-week period between first and second doses of mRNA vaccines for some people ages 12 and older, especially males ages 12 to 39 due to increased risk of myocarditis. The CDC still recommends a three-week interval for those 65 and older, immunocompromised individuals, and others who need rapid protection due to increased risk of community transmission or severe disease.
 - c. [Vaccine for <5 years old](#) – Pfizer likely to submit for EUA in April.
6. Behavioral Health
7. Messages/Communications
 - a. News Releases (and News Release Preview texts to Board members and other stakeholders):
 - **January 4, 2022** - Sixteen COVID deaths reported; ongoing high community transmission of the virus
 - **January 3, 2022** - First confirmed case of Omicron variant identified in South Heartland District



- **January 7, 2022** - More Omicron variant detected, COVID cases surge; SHDHD announces changes to case follow up
- **January 11, 2022** - SHDHD sees record number of daily new COVID-19 cases this week
- **January 15, 2022** - SHDHD COVID-19 Advisory upgraded to Health Alert
- **January 19, 2022** - 97.5% of hospitalized COVID patients are not vaccinated
- **January 25, 2022** - Two additional deaths; 23% more cases
- **February 1, 2022** - Weekly positivity and case rates drop; Omicron is predominant
- **February 8, 2022** - 3 additional COVID deaths; 2nd week drop in weekly positivity and case rates
- **February 15, 2022** - COVID treatments require action; 3 more COVID deaths; COVID Alert downgraded to Advisory
- **February 22, 2022** - Community transmission drops; free COVID-19 at-home test kits arrive



COVID-19 Dashboard

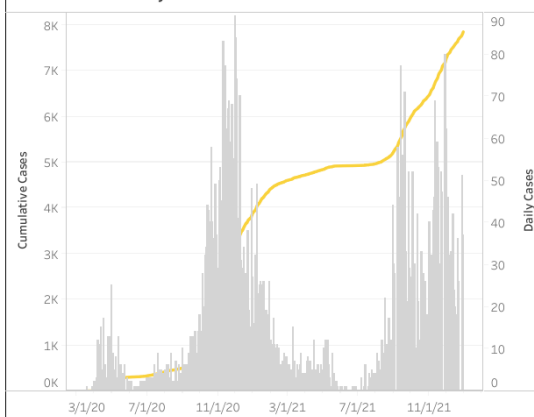
last updated 12/30/21 6:55 pm CST

Main Dashboard

Hastings Data

Vaccine Data

Cumulative and Daily Positive Tests

Cumulative
Confirmed Cases

7,854

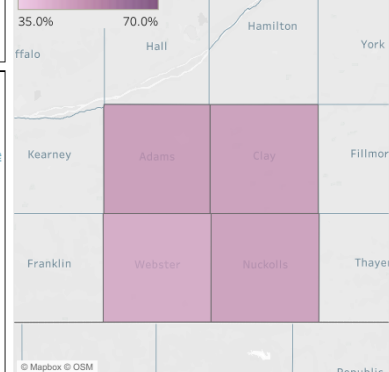
CDC's COVID-19
Integrated County View<https://covid.cdc.gov/covid-data-tracker/#county-view>NE DHHS COVID-19
Weekly Data Update<https://dhhs.ne.gov/Pages/COVID-19-Weekly-Update.aspx>

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

Vaccine Coverage

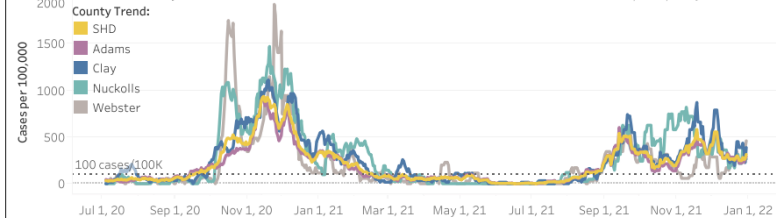
Last updated 12.27.21

35.0% 70.0%



New Cases per 100,000 in the Past 7 Days

Click on the County to see County Trend:



>=100 cases/100K/7 days is HIGH community transmission. Goal is <10 cases/100K/7 days, sustained.

New Cases per 100,000 in the Past 7 Days

Last updated 12.30.21

SHD: 314.2

Adams: 290.2

Clay: 386.9

Nuckolls: 265.2

Webster: 458.8

Cases per 100,000 Scale

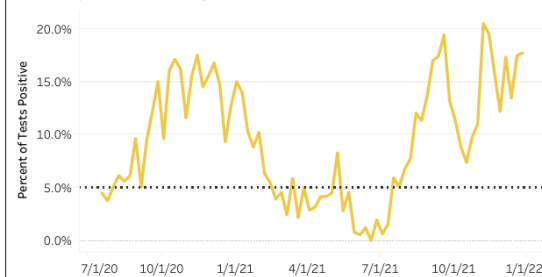
Low: 0 - 9.99

Moderate: 10 - 49.99

Substantial: 50 - 99.99 ..

SHD Positivity Rate by Date of Specimen Collection

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

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

For the week ending 12/25/2021

SHD: 17.8% / 32.6%

Adams: 16.2% / 29.8%

Clay: 23.3% / 40.8%

Nuckolls: 31.7% / 38.2%

Webster: 8.9% / 29.4%

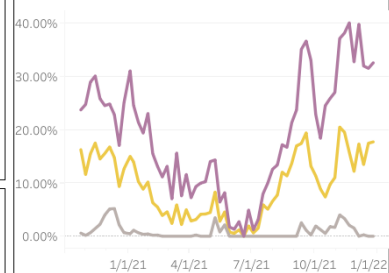
Positivity Scale

Low: <5%

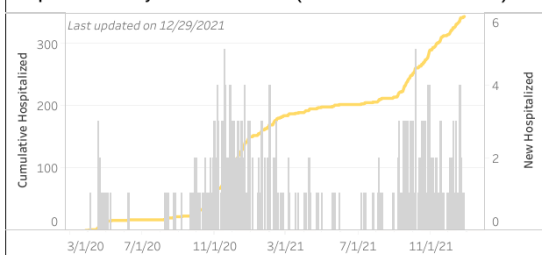
Moderate: 5 - 8%

Substantial: 8.1 - 10%

High: >10%

Percent Positive Tests
Long-Term Care vs. Community

Hospitalizations by Date of Admission (South Heartland Residents)

Total Hospitalizations
(South Heartland Residents)

345

Hospital Capacity Metrics

Last updated 12/30/2021

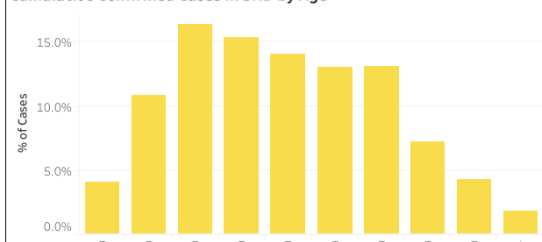
Staffed ICU Bed Availability: 18.2%

Percent of Inpatients with COVID-19: 27.0%

Hospital Capacity Dashboard

https://public.tableau.com/app/profile/pam.stromer/viz/SouthHeartland_16329428860620/Dashboard17publishmyes-

Cumulative Confirmed Cases in SHD by Age

COVID-19 Confirmed
Variants

Last updated 12/28/2021

Variant Reported Cases

B.1.1.7 (Alpha): 20

B.1.351 (Beta): 1

B.1.617.2 (Delta): 157

Total: 178

Deaths

118

Last updated 12/28/2021. Note: Deaths of South Heartland residents are not counted until SHDHD receives a death certificat..

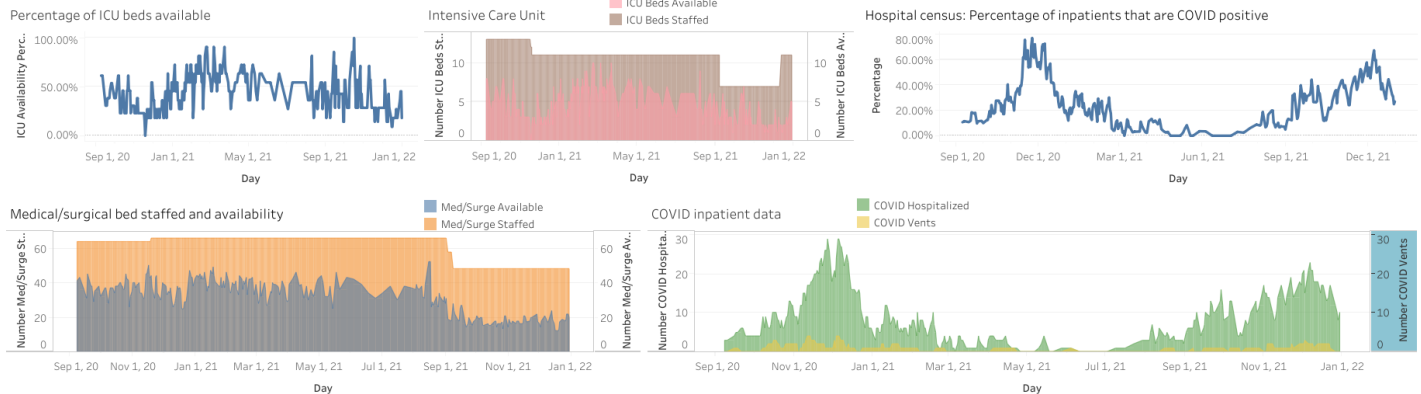
CDC Death Count Information

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



South Heartland Hospital Data updated as of December 30, 2021

Hospital Data will be updated every weekday morning.

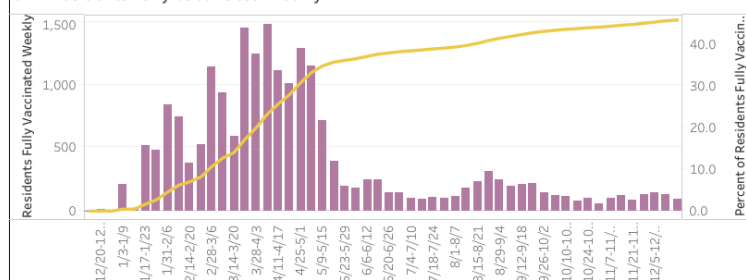
COVID-19
Dashboard

Main Dashboard

Hastings Data

Vaccine Data

SHD Residents Fully Vaccinated Weekly

Percent of SH
Total Residents
Fully Vaccinated

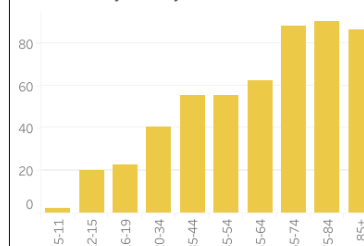
46.9%

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

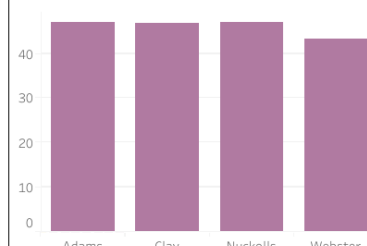
Percent of Age 5+
SH Residents
Fully Vaccinated:

49.9%

Percent of Residents in Each Age Group Fully Vaccinated by County



Percent of Residents of Each County Fully Vaccinated

Percent of SH
Total Residents
at least One Dose

50.6%

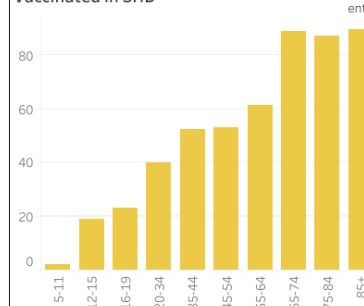
Percent of Age 12+
SH Residents
Fully Vaccinated:

55.2%

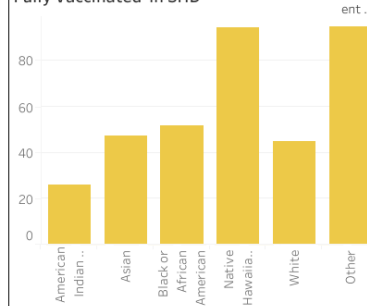
Percent of Age 12+
SH Residents at least
One Dose:

59.0%

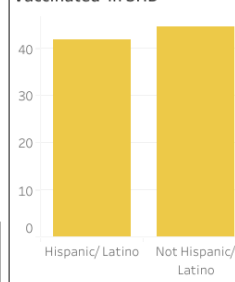
Percent of Residents in Each Age Group Fully Vaccinated in SHD



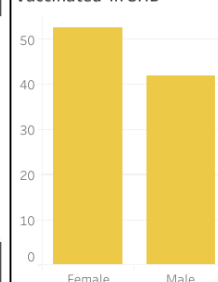
Percent of Residents of Each Race Category Fully Vaccinated in SHD



Percent of Residents of Each Ethnicity Category Fully Vaccinated in SHD



Percent of Residents of Each Gender Fully Vaccinated in SHD

South Heartland District Health Department
Where to Get Your Vaccine:<https://southheartlandhealth.org/public-health-data/covid-19-vaccine-information.html>

COVID-19 Dashboard

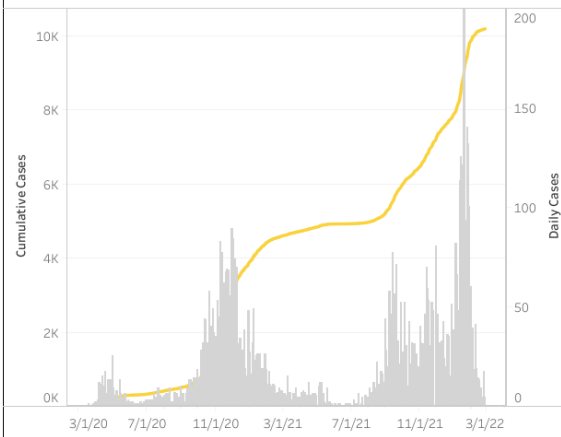
last updated 02/25/22 5:10 pm CST

Main Dashboard

Hastings Data

Vaccine Data

Cumulative and Daily Positive Tests



Cumulative
Confirmed Cases

10,190

Data Quality Review
with updates: completed 02/22/22

CDC's COVID-19
Integrated County View

<https://covid.cdc.gov/covid-data-tracker/#county-view>

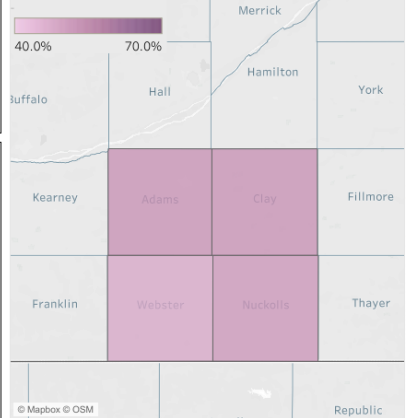
NE DHHS COVID-19
Weekly Data Update

<https://dhhs.ne.gov/Pages/COVID-19-Weekly-Update.aspx>

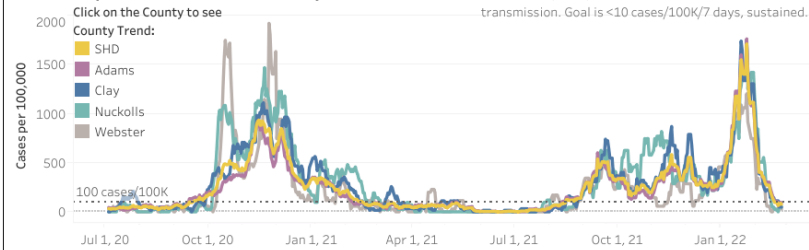
The CDC and NE DHHS sites are not the responsibility of SHDHD. They may collect data differently from SHDHD and may differ on how metrics are cal..

Vaccine Coverage

Last updated 02.22.22



New Cases per 100,000 in the Past 7 Days



New Cases per 100,000 in the Past 7 Days

Last updated 02.25.22

SHD: **75.2**
Adams: **89.3**
Clay: **48.4**
Nuckolls: **48.2**
Webster: **28.7**

Cases per 100,000 Scale

Low: 0 - 9.99
Moderate: 10 - 49.99
Substantial: 50 - 99.99 ..

SHD Positivity Rate by Date of Specimen Collection

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



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

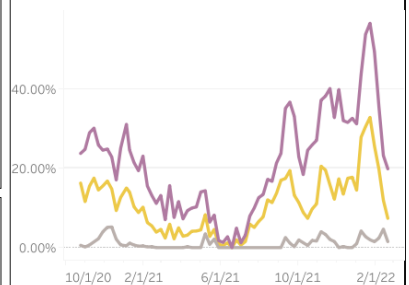
For the week ending 02/19/2022

SHD: **7.4% / 19.9%**
Adams: **11.0% / 27.5%**
Clay: **6.8% / 11.8%**
Nuckolls: **4.1% / 7.4%**
Webster: **2.0% / 28.6%**

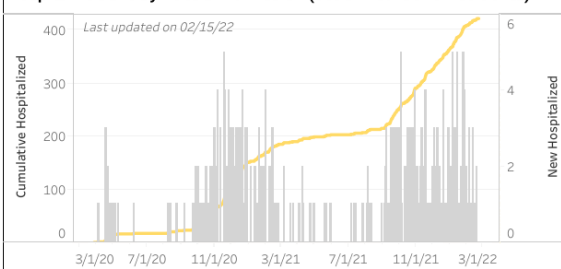
Positivity Scale

Low: <5%
Moderate: 5 - 8%
Substantial: 8.1 - 10%
High: >10%

Percent Positive Tests
Long-Term Care vs. Community



Hospitalizations by Date of Admission (South Heartland Residents)



Total Hospitalizations
(South Heartland Residents)

422

97.5%

COVID+ patients admitted to South Heartland hospitals in 4 weeks (12/20/21 - 01/17/22) who were
Not Vaccinated

Hospital Capacity Metrics

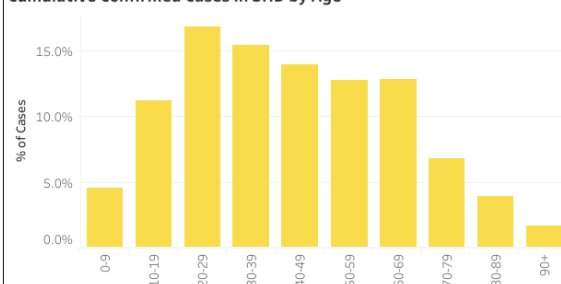
Last updated 02/25/22

Staffed ICU Bed Availability: **72.7%**
Percent of Inpatients with COVID-19: **3.3%**

Hospital Capacity Dashboard

https://public.tableau.com/app/profile/pam.stromer/viz/SouthHeartland_16329428860620/Dashboard1?publish=yes

Cumulative Confirmed Cases in SHD by Age



COVID-19 Confirmed
Variants of Concern

Last updated 02/24/2022

Variant	Reported Cases
B.1.1.7 (Alpha):	20
B.1.351 (Beta):	1
B.1.617 (Delta):	175
B.1.1.529 (Omicron):	28
Total:	224

Deaths

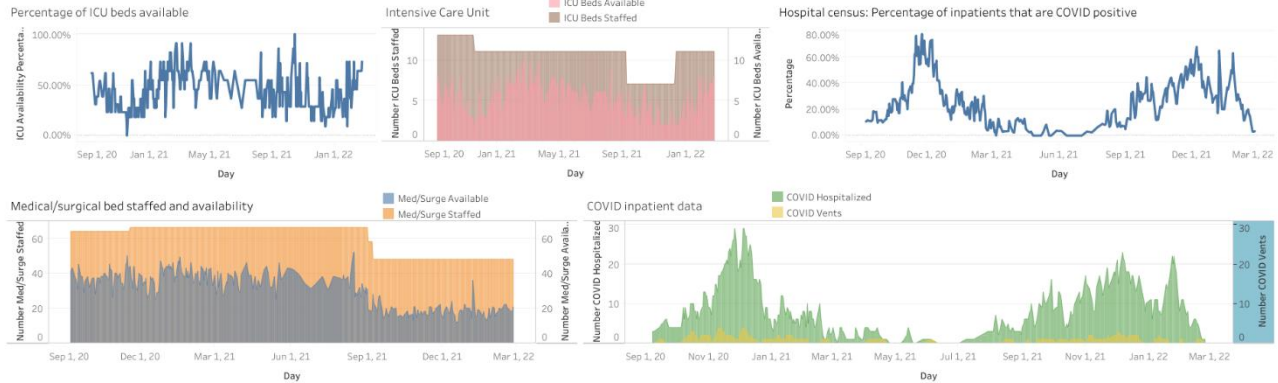
142

Last updated 02/15/2022. Note: Deaths of South Heartland residents are not counted until SHDHD receives a death certificat..

CDC Death Count Information

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

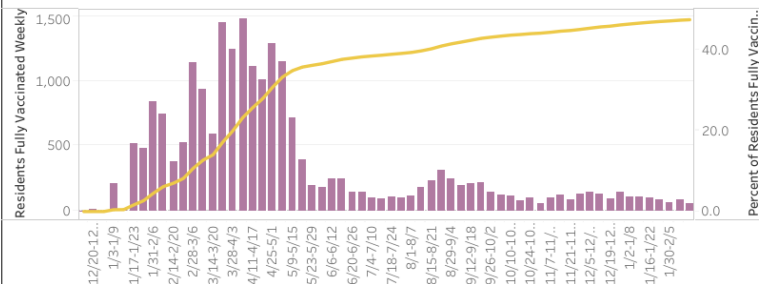
South Heartland Hospital Data updated as of February 25, 2022
Hospital Data will be updated every weekday morning.



**COVID-19
Dashboard**

Main Dashboard Hastings Data Vaccine Data

SHD Residents Fully Vaccinated Weekly



**Percent of SH
Total Residents
Fully Vaccinated**

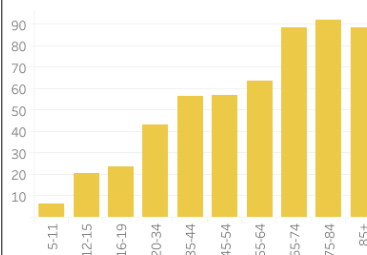
48.3%

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

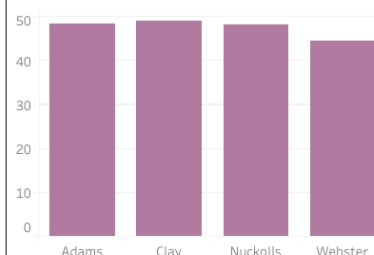
**Percent of Age 5+
SH Residents
Fully Vaccinated:**

51.6%

Percent of Residents in Each Age Group Fully Vaccinated by County



Percent of Residents of Each County Fully Vaccinated



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

51.8%

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

56.6%

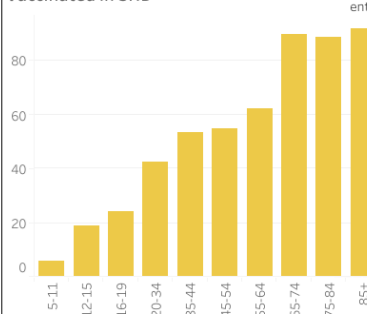
**Percent of SH
Total Residents
Boosted**

28%

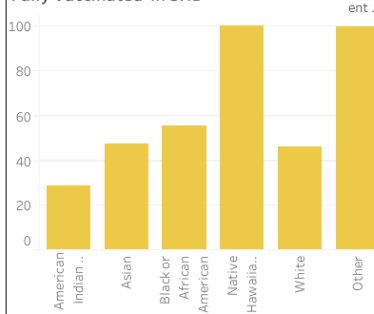
**Percent of Age 12+
SH Residents at least
One Dose:**

60.5%

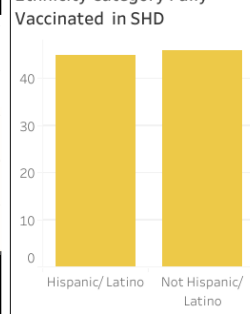
Percent of Residents in Each Age Group Fully Vaccinated in SHD



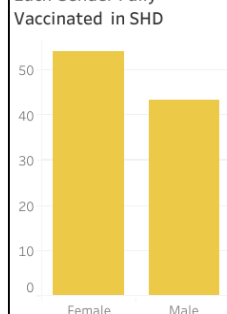
Percent of Residents of Each Race Category Fully Vaccinated in SHD



Percent of Residents of Each Ethnicity Category Fully Vaccinated in SHD



Percent of Residents of Each Gender Fully Vaccinated in SHD

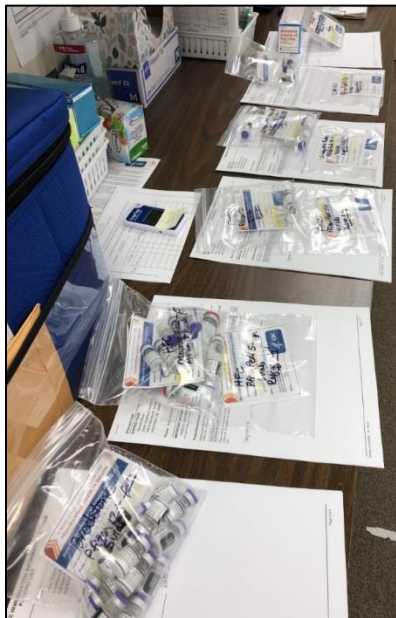


South Heartland District Health Department
Where to Get Your Vaccine:

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

COVID-19 vaccines are prepared and delivered each week to SHDHD's vaccine provider partners.

Photo below: Vaccine transfers ready for delivery on 1/18/22.



SHDHD's federal allocations of the antiviral medication Molnupiravir are being managed by Bert's Pharmacy in Hastings. On Tuesday, 1/18/22, the quantity received for the district allowed for doses to be made available at one pharmacy in each of the other counties: Village Pharmacy in Red Cloud, Superior Pharmacy and Sutton Pharmacy.

Photo below: SHDHD's Dorrann Hultman picks up antiviral from Bert's for transfer to the other three pharmacies on 1/18/22.



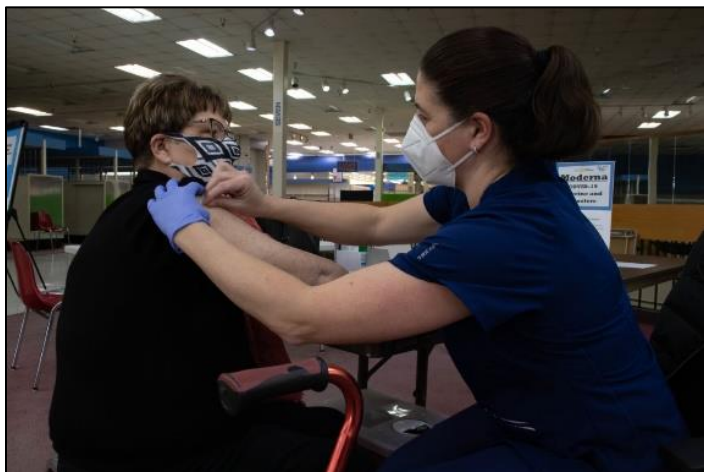
Large PPE shipment arrived February 15

Staff unloaded gowns, gloves, alcohol wipes and other material for distribution to local partners, like long-term care facilities, to protect staff on the front lines.



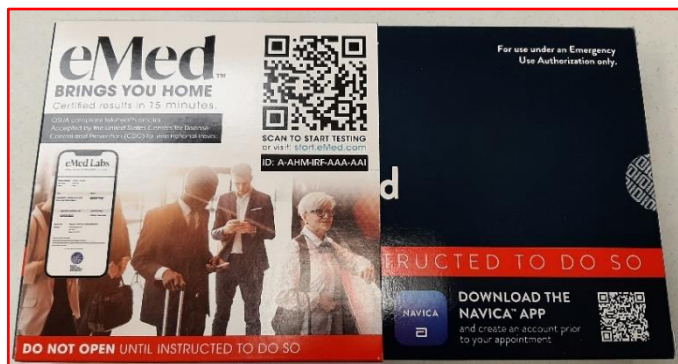
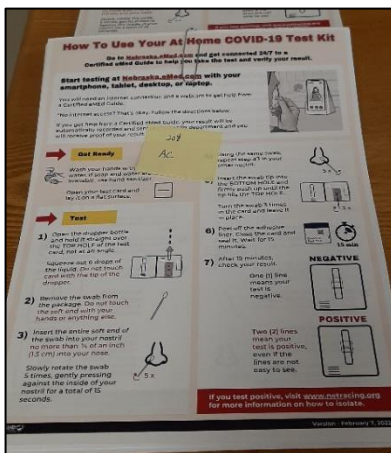
Vaccination is our best defense!

COVID-19 public walk-in vaccination clinics were held each Wed. from 4-6 pm during Jan./Feb. 2022. Mary Lanning Pharmacists assist SHDHD with vaccine prep at clinics. Photo credit: Jacie Boelhower, Adams Central High School journalism student



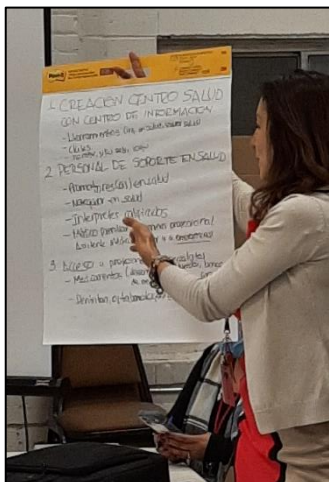
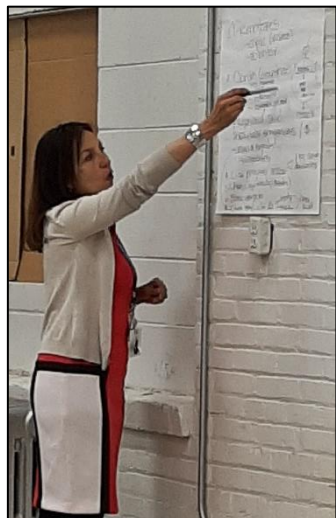
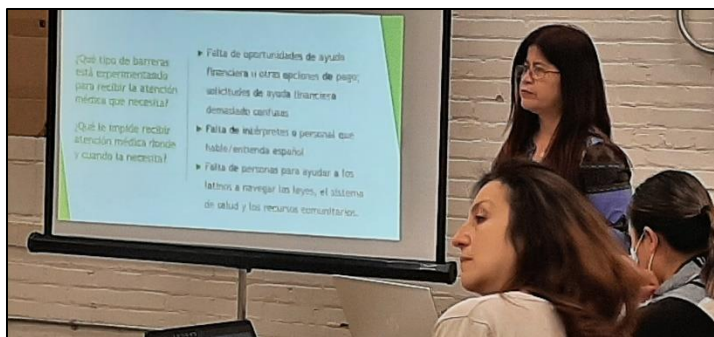
SHDHD's allocation of eMed at-home COVID-19 test kits arrived at the office on February 2, 2022. The eMed test kits have a virtually-guided option for doing the test and receiving a verified result. Individuals can also opt to follow the instructions and complete the test on their own.

Photos below: Staff helped unload 4 pallets to get the 3,456 kits into the building. 546 additional kits arrived by UPS later in the week. The boxes were then reorganized into allotments for each school and childcare center that requested them, and also for the public sites in each county. Staff counted/bundled Instruction Sheets for each site. Several staff helped deliver kits to schools and childcare centers in Adams County. Emergency managers for Clay, Nuckolls and Webster Counties picked up allocations for delivery to sites in their counties.



Minority Health Data Review and Priority-Setting Meeting, February 25.

Photos below: Facilitators Yesenia Peck (DiversityGPS and President, Nebraska Hispanic Chamber of Commerce & Foundation) and Patricia Castro, (DiversityGPS) reviewed minority health data from our local community survey and listening sessions, then engaged participants in discussion and priority-setting activities. In a follow-up meeting scheduled in March, the group will reconvene to develop an action plan for their top three priorities.



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

1. **Assess and monitor population health status, factors that influence health, and community needs and assets** (*What's going on in our district? Do we know how healthy we are?*)
 - *How do we collect and maintain data about conditions of public health importance and about the health status of the population, and how do we make it available to our partners and our community?*
 - *What major problems or trends have we identified in the past 2 months?*
- **Surveillance:** A key role of the health department is to monitor what is going on in our communities and share data back to the community so residents can be aware and make their own informed decisions (Essential Public Health Services 1 and 3). Tableau is our data platform for dashboards.
 - Surveillance data, water violations, and other health information is made available on our website, links on our website, news releases & interviews to various forms of media, and upon request from partners or others.
 - SHDHD continues to share an immense amount of COVID data. SHDHD shares color-coded metrics on new cases and positivity to help the public understand the level of community transmission.
 - The vaccine dashboard page shares progress on COVID-19 vaccination rates and the demographic breakdown.
 - The hospital dashboard page shows trends in the aggregate available capacity of the three hospitals in the district.
 - Two public water system violations (both nitrate violations) this reporting period in Edgar and Prosser. SHDHD will continue to maintain our COVID and Vaccine dashboard pages for the foreseeable future so that South Heartland residents, local organizations and others have a source for information about pandemic status while our staff continue to investigate cases, monitor for variants, administer vaccine and implement other mitigation strategies.
- **Monitoring and Tracking updates:** Continuing to complete trend analysis on local COVID-19 data; Continuing to track Hastings-specific data on daily new cases; 7 day rolling average of new cases per 100,000 people and weekly positivity for all 4 counties; and providing weekly updates to the COVID-19 Vaccine Dashboard to track residents vaccinated (partially/fully) and their demographics.
- **Coronavirus (COVID-19) Pandemic Situation Update / Dashboard Highlights:**
 - As of February 22, 2022, a cumulative 10,173 South Heartland residents have tested positive for COVID. During this reporting period, (2022) 2,307 Covid cases were reported. Case rate and positivity (percent positive tests) have continued to decline from a positivity rate of 32.9% on 1/22/2022. Hospitalizations have also declined from 22 individuals hospitalized to 1 hospitalized on 2/22/22. The epi team continues to investigate outbreaks and clusters as well as working with schools and long-term care centers. Cases in schools have remained stable with increasing cases in long-term care facilities.
 - Thirty-Two specimens have been sequenced during this reporting period, resulting in "Delta" variant as well as "Omicron" variant. The omicron variant has dominated cases during January and February of this year
 - SHDHD surveillance staff have transitioned by prioritizing investigations. Having over 2,000 cases in a short period of time required some changes in procedures in order to use the resources we had to prevent viral spread in the most effective manner.
 - Vaccination Coverage: 48% of SH residents are fully vaccinated; 51% of residents 5+ (i.e., eligible for vaccine) are fully vaccinated. 89.6% of residents age 65+ are fully vaccinated, 6% of residents age 5-11 are fully vaccinated. Approximately 28% of residents have received boosters.
- **SHDHD's dashboard tracks deaths related to COVID:** This process requires death certificates to be reviewed by DHHS and sent to each jurisdiction. Following the CDC practice, SHDHD includes confirmed (PCR positive) and probable (Antigen positive) COVID-related deaths in our counts. This information is important in understanding fatality rates related to illness. Cumulative 142 deaths attributed to COVID-19 since the beginning of the pandemic. **Current Case Fatality Rate: 1.4%**
- **Community Health Assessment:** Hospitals and United Way (UW) continue partnering with SH to complete the Community Health Needs Assessment (CHNA) requirement for non-profit hospital IRS reporting every 3 years. CHA data was finalized and all focus groups were completed (4 hosted by UW). The formal report will come out in March and will be posted on SH's website. Due to SH's funding, there is a strong minority focus which included a special report. Key findings from minority focus groups will also be posted on SH's website in March.

2. Investigate, diagnose, and address health problems and hazards affecting the population

(Are we ready to respond to health problems or threats? How quickly do we find out about problems? How effective is our response?)

- *Key activities in the past 2 months to prevent, minimize, and contain adverse health events and conditions resulting from communicable diseases; food-, water-, and vector-borne outbreaks; chronic diseases; environmental hazards; injuries; and health disparities*
- *Emergency preparedness (e.g., planning, exercises, and response activities)*
- **COVID-19 Preparedness and Response:** See COVID Outbreak Situation Update, above. In addition, SHDHD continues to be responsible for receipt, inventory, repackaging and dissemination of PPE for our jurisdiction. To help keep key partners informed, SHDHD sent 11 Alert Sense notifications (January - February) to over 140 individuals each time and issued 10 news releases to media and partners. Staff check the Nebraska Electronic Disease Surveillance System (NEDSS), SalesForce, and fax machine for COVID test results and investigations are prioritized.
- **PPE distribution totals:** From the beginning of March 2020 through the February 1, 2022 SH has distributed out: Masks – 234,877, Surgical Masks – 319,400, Cloth Masks – 50,630, Face Shields – 36,798, Goggles – 3,275, Hand Sanitizer – 1,379 containers, Wipes – 11,333 containers, Gloves – 957,700, Gowns – 197,294, Thermometers – 800, Bleach – 12 gal., Eco Lab Disinfectant – 3 containers.
- **eMED Test Kits:** 4,002 eMED at-home COVID test kits were received on 2/22/2022-2/24/2022. These kits were inventoried and allocated to schools and child care facilities for their use and to public sites in each county. Emergency managers helped distribute to sites in Clay, Nuckolls, and Webster Counties. SHDHD staff helped distribute to sites in Adams County. SHDHD office will serve as the public site for kit pick up in Adams County.
- **Lead Testing in Drinking Water:** SHDHD, with a student intern's assistance, is phoning all eligible agencies to promote the lead testing program offered by the State to test for lead in drinking water (elementary, preschools, day care centers and in-home daycares). This reporting period: 6 facilities have agreed to participate.

3. Communicate effectively to inform and educate people about health, factors that influence it, and how to improve it *(How well do we keep all people in our district informed about health issues?)*

- *Examples of key information related to physical, behavioral, environmental, social, economic, and other issues affecting health that we provided to the public.*
- *Examples of health promotion programs that we implemented to address identified health problems.*
- **Community sign boards:** January: "Radon is the #2 cause of Lung Cancer", "Cancer Health Awareness Month", "Yes you can get a flu vaccine & a Covid-19 vaccine at the same time". February: "Heart Health Awareness", "National AMD/Low Vision Awareness Month", and "Upcoming Diabetes prevention classes HALT –March 2022".
- **News releases, public health columns, ads and interviews:** COVID activities have not decreased in these last two months and continue to be the dominate topic of news releases and communications. In Jan/Feb, SHDHD put out 11 press releases and granted phone interviews for TV and radio media requests, focusing primarily on COVID-19-related issues and vaccinations. The Health Alert was dropped to an Advisory on Feb 15. Heart Health and Radon Action Month were the focus of the PH columns.
- **Radio Advertising:** SHDHD continues running PSAs on Flood Communications and KRFS in Superior to promote getting the COVID vaccine and practicing prevention. The current script focuses on the South Heartland website and the information available, such as what to do if you've been exposed, where to go for testing or where to get a vaccine, as well as COVID-19 data.
- **SHDHD Facebook:** These past two months SHDHD's Facebook/Twitter posts have been primarily focused around COVID-19 information and vaccination with promotion of diabetes prevention (Smart Moves), Building Healthy Families, National Radon Action Month, and American Heart Month. The English FB page reached 8,595 people during January and February and the Instagram page reached 48 people. The Spanish FB page has reached 153 people in the past two months. We have started running paid ads on FB in February and hope to reach a larger audience with these posts.

- **Website:** Our website “views” increased for January (5,788 views) but decreased in February (2,376), and continue to be lower than our max views during January (19,204 views). Website views continue to be higher than our pre-COVID-19 (~450 views/mo). Staff continue to update and improve our website pages, including information on the new CDC Guidance on Isolation and Quarantine and Nebraska Medicaid Expansion, behavioral health data, drug use data and water violation data.
- **COVID-19 Information for Public:** Responding to requests from the public and providers remains a priority for SHDHD staff to answer accurately, timely, professionally and transparently. Testing and vaccine charts are available on the website and updated weekly.
- **Surveillance staff have been coordinating with daycares/preschools, K-12 schools and colleges (Hastings College and CCC):** We are using Sharefile to provide information to schools on staff or student isolation dates. In January, interim guidance was provided to all Early Care and Education Programs on the new CDC isolation and quarantine directions reflecting the new science and practice on preventing and controlling COVID 19.

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

- *Process for developing SHDHDs community health improvement plan (CHIP) and/or implementing our work plan.*
- *Examples where we engaged the public health system and community to address health problems collaboratively.*
- **Community Health Improvement Plan (CHIP) implementation:** A data report for the 3-year CHA (Community Health Assessment) is completed with the final report coming in March. SHDHD began developing an Annual CHIP report which will be shared with committees during the April (5) steering committee meetings. Completion of these reports and sharing with BOH and the public meet best practices (for Accreditation).
- **Access to Care CHIP Priority:**
 - **Health Equity (HE):** Medicaid Expansion and ensuring individuals are navigated to services is a priority for both the Access to Care Steering Committee and the Health Equity grant. SHDHD developed an informational page on SH’s website about Medicaid expansion. During the months of Jan/Feb, SHDHD worked to ensure community members had access to COVID-19 testing by working with 2 clinics in the district and receiving over 3000 home test kits through the State.
- **Mental Health CHIP Priority:**
 - **Rural Behavior Health (BH) Network:** The Rural BH Network continues to meet on schedule, but virtually. The network continues to implement their strategic plan evaluating how the group can promote behavioral health screening tools among the area clinics to increase referrals and early detection. The network members met in January to discuss pilot site objectives and BH provider survey collection for referral guide.
 - **Maternal Child Health:** SH continues to work on the MCH grant to develop relations with a local pediatric provider and ESU-9 to impact youth and prevent suicide. SH and ESU completed an assessment of schools and their efforts/policies that help prevent suicide. Continue to work with ESU-9 to develop training plans to assist each of the schools. Lastly, SH is partnered with Children Adolescent Clinic of Hastings to improve the work flow/process of suicide and mental health screenings in their offices.
- **Substance Misuse CHIP Priority:** SHDHD continues to carry out our drug overdose prevention workplan with oversight by the Substance Misuse Steering Committee. New partnership for this period - working with ASAAP on drug disposal community education. All work plan action items are being completed with the assistance of community partners.
- **Obesity & Related Health Conditions CHIP Priority:**
 - **Building Healthy Families:** SHDHD has led the implementation team through several meetings and has continues to implement the second cohort of 1 family. The first cohort has completed all 18 of the 18 sessions. The core team (SHDHD, Mary Lanning, UNL Extension and Hastings YMCA) has received additional funds to support staff time and increase sustainability! Cohort 3 was set to begin in January, but due to COVID activity and low participant enrollment, cohort 3 will start later in the year with the date to be determined.
 - **Prevention Connection: Smart Moves, Diabetes Prevention Class (DPP):** Superior started a new Smart Moves class in January 2021 and finish in January 2022 with 9/13 participants finishing the class losing a total 180 lbs. or 6.2% weight loss since the start of the program. 7 participants have lost more than the 5%

weight lost target. SHDHD is currently planning on starting HALT which is a Totally Virtual year-long class in March 2022.

- Whole School, Whole Community, Whole Child (WSCC): SHDHD met with both HPS and Harvard to continue implementing their action plans for the 4th year of the grant. Each team has different goals, but both of them are addressing mental health issues related to COVID.
- Cancer Priority:
 - Mary Lanning Healthcare Cancer Committee: SH staff attended the quarterly meeting held Feb. 10, 2022.
 - Colon Cancer: FOBT Colon Cancer Screening kits are available throughout the year and can be accessed through our website and mailed out to clients, through our front office and at ML's Community Health Center. SHDHD distributed 3 kits during Jan./Feb. Plans are in place for CRC screening promotion in March with kits being made available in each county.
- Schools Collaboration: SHDHD continues to collaborate with schools, ESU-9, NE local health directors and the Nebraska Department of Education on guidance for the 2021-22 school year.
- Injury Prevention: Tai Chi Moving for Better Balance & Stepping On Classes: Stepping On class (January 12 – February 23, 2022) at the Good Sam - Hastings with 20 participants. Beginning Time and Go (TUG) was an average of 11.4 seconds. (An older adult who takes more than 14 seconds has a higher risk for falling), will complete TUG at the end of the 7 weeks. Stepping On meets once a week for seven weeks for 1 ½ hours with guest experts talking about fall related topics. Tai Chi Beginning classes currently going on in Superior and Nelson. Tai Chi Advanced classes in Red Cloud. Will be starting class in Hastings @ YMCA in March 2022. Working on Stepping On class in Sutton for April – May 2022.

5. Create, champion, and implement policies, plans, and laws that impact health

(What policies promote health in our district? How effective are we in planning and in setting health policies?)

- *What policies have we proposed and implemented that improve population health and/or reduce disparities?*
- *Describe how our department engaged in agency-specific strategic planning to develop a vision, mission, and guiding principles that reflect the community's public health needs, and to prioritize services and programs.*
- *What plans are we developing and implementing to improve our department's quality and effectiveness (plans for quality improvement, workforce development, branding, communication, and performance management)?*
- New Plans (Grant Proposals, Subawards and Contract Projects):
 - Work plans for other grants and subawards:
 - United Health Care project (up to \$29,000) - 2021 COVID Vaccination Capacity Program to provide COVID vaccination coordination with local providers for Nebraska Medicaid Long-Term Care (MLTC) members and underserved populations, including homeless, homebound and minority. SHDHD completed the report and received full payment for completing all workplan objectives.
 - COVID Immunization (\$315,683 - NE DHHS pass-through). These additional funds are to be in support implementing COVID-19 Immunization, including the following actions: 1) Increase COVID-19 vaccination capacity: across the jurisdiction, different levels of health literacy, digital literacy, and science literacy. 2) Develop and implement community-based and culturally and linguistically appropriate messages that focus on Covid-19 spread, symptoms, prevention and treatment and benefits of vaccination. 3) Develop and distribute regular vaccine insight reports based on social listening and media monitoring. 4) Utilize community engagement forums, advisory groups, etc. to ensure the messages appropriate and suitable for the audience. 5) Collaborate with trusted messengers to develop testimonial campaign. 6) Proactively address and mitigate the spread and harm of misinformation.
 - Submitted proposal for QPR/MHFA (through December 2022: \$3,000) – Decrease suicide in SHDHD rural communities (rural population, First Responder and Middle-age males).
 - Submitted proposals to Sunnyside Foundation (up to 12,900) - local funding SH applied for to support 3 initiatives: cancer screenings in low income women (\$5,200), high lead level mitigation (\$2,000), and daycare physical activity and nutrition (\$5,700).
- SHDHD COVID-19 AAR: Phase 2, August 2020 - May 2021, completed and submitted with PHEP grant report. AAR action planning process - all staff assignments including timeline completion targets.
- COVID-19 Response Plans: SHDHD continues to follow and promote evidence-based guidance from the CDC, NE DHHS, Professional Associations, UNMC Specialty Teams and other sources for all of the COVID-19 response activities. New data and evidence-based practices are shared by UNMC Global Center for Health Security and other partners at weekly briefings. Policies and recommendations are data-driven, based on current

evidence. Currently working on expanding testing, antiviral medication distribution/prescriptions, and revising plans and processes to match the CDC's and vaccine manufacturer's updated guidance.

- **COVID-19 Vaccine Distribution Plan:** SHDHD started January with 1,487 total doses of COVID-19 vaccine in inventory. During Jan./Feb., shipments of 2,420 doses were received and 2,268 COVID-19 doses were transferred to providers across the district. SHDHD administered 358 doses of vaccine at VFC/AIP and COVID-19 vaccination clinics during this period.
- **Vaccine FDA Approval/EUA (Emergency Use Authorization):** SHDHD continues to follow and promote to district COVID-19 vaccine providers, all CDC, FDA, and ACIP recommendations for vaccine approval and Emergency Use Authorization guidance for COVID-19 vaccination procedures, VAERS reporting (vaccine adverse event reporting system), and stringent adherence to vaccine management and handling procedures. SHDHD informs and educates area COVID-19 vaccine providers and serves as a continual resource for managing all of the complexities associated with multiple vaccines and the frequent changes. SHDHD utilizes our website for providing provider resources as well.

6. Utilize legal and regulatory actions designed to improve and protect the public's health (When we enforce health regulations are we up-to-date, technically competent, fair and effective?)

- *Describe efforts to educate members of our community on public health laws, policies, regulations, and ordinances and how to comply with them.*
- *What laws and regulations have we helped enforce to protect the public's health?*
- **Nebraska Clean Indoor Air Act:** No complaints registered this period.
- **Water Violations:** Received reports of 2 nitrate violations in public water systems.
- **NE Executive Orders:** The Governor's Executive Order 21-18 Continued Waivers to Facilitate Hospital Planning and Ensure Additional Healthcare Workforce Capacity extends through March 31, 2022.
- **SHDHD's Quarantine and Isolation Authorities:** SHDHD continues to provide education and instruction on isolation or quarantine for prioritized individuals who test positive for COVID-19 or who may have been exposed to individuals who tested positive. Staff provide education over the phone and DIY instructions are on the website. Statutory authorities are outlined in TITLE 173 COMMUNICABLE DISEASES CHAPTER 1 REPORTING AND CONTROL OF COMMUNICABLE DISEASES.

7. Assure an effective system that enables equitable access to the individual services and care needed to be healthy (Are people receiving the medical care they need?)

- *Describe the gaps that our department has identified in personal health services.*
- *Describe the strategies and services that we have supported and implemented to increase access to health care and establish systems of personal health services, including preventive and health promotion services, in partnership with the community.*
- **Immunization: Vaccine for Children Program:** SH's immunization team continues to utilize COVID-19 safeguards during clinics to ensure that all staff and patients are protected to the best of our ability. Regular monthly immunization clinics were held in Jan./Feb. Staff delivered 86 total vaccinations to 42 VFC patients at the combined clinics. Of the 42 patients, 27 were uninsured, 1 was underinsured and 14 had Medicaid coverage. 21 were new patients to the clinic with referrals coming from local providers, Migrant outreach worker and family/friend referrals. 26 (62%) VFC patients were provided Spanish print materials and interpretation during their visits and during the reminder calls prior to each clinic. Donations totaling \$45.00 were collected during the combined Jan./Feb. clinics.
- **Immunization: Adult Immunization Program:** 6 vaccinations (Influenza and COVID-19) were administered to 4 adults during the Jan./Feb. clinics. All 4 were uninsured. 4 (100%) AIP patients were provided Spanish print materials and interpretation during their visits.
- **Reminder/Recall to improve vaccination rates:** Bi-lingual CHW is working to complete reminder/recall activities each week focusing on 11-18 year old clients and HPV vaccination completion. In Jan./Feb. 50 client records were reviewed with 24 clients inactivated as they are no longer patients or no longer qualify for the program. 22 calls/voicemails/texts were completed encouraging clients to schedule an appointment. 3 clients were scheduled, 3 did not wish to schedule at this time.
- **COVID-19 Vaccinations:** Weekly public COVID-19 vaccine clinics held in the space at the west end of Allen's have continued through Jan./Feb. COVID-19 vaccines have also been administered to the uninsured populations attending VFC/AIP clinics at the department and to homebound or incarcerated individuals. Vaccination rates:

51.7% of total SH Residents with at least 1 dose, 48.2% of total SH residents fully vaccinated. 28% of total SH Residents boosted.

- **Community Health Worker (Bilingual):** Monthly VFC clinics to schedule appointments, assist with interpretation, and reach out to our Hispanic community, as well as for weekly COVID vaccination clinics at Allen's. Translation for many staff projects and posts for Spanish Facebook. Assist and participate in Minority Health grant focus groups.
- **Community Health Worker (English Only) / Every Woman Matters (EWM) and Health Coaching:** Community Health Worker (Bilingual Only) / Every Woman Matters (EWM) and Health Coaching: Health Coaching EWM clients for January 2022: Completed 1st Health Coaching call with 0 participants, 2nd Health Coaching call with 1 participants, 3rd Health Coaching call and Every Woman Matters assessment with 0 participants. February 2022: Completed 1st Health Coaching call with 0 participants, 2nd Health Coaching call with 0 participants, 3rd Health Coaching call and Every Woman Matters assessment with 0 participants.
- **COVID-19 Testing:** COVID testing is still through private clinics, some pharmacies and the federally qualified health center (Heartland Health Center) in Grand Island. Testing is also available through NPHL for individuals who qualify. NOMI Health now provides testing free of charge to SHDHD residents that are able to travel to Grand Island. This is a service very similar to Test Nebraska. We worked to connect Total Wellness with Hastings College so they can do their own testing of students, as needed. SHDHD has been working on options for expanding testing for the general public and signed an agreement with NE DHHS to offer a testing process coordinated with the Nebraska Public Health lab and Regional Pathology Services. Brodstone Hospital signed an sub-agreement with SHDHD and began offering drive-through testing in January 2022.
- **DHHS Allocation of Home-Testing Kits:** eMed (with proctored option) home-testing kits were allocated to local health departments by population. SHDHD staff organized the distribution, including the how-to-test infographic provided by NALHD and SHDHD's after-testing instructions directing individuals to SHDHD's website.

8. Build and support a diverse and skilled public health workforce

- *Efforts to evaluate LHD staff members' public health competencies. How have we addressed these deficiencies?*
- *Describe the strategies we have used to develop, train, and retain a diverse staff.*
- *Provide examples of training experiences that were provided for staff.*
- *Describe the activities that we have completed to establish a workforce development plan.*
- **The Workforce Development Plan:** Completing the organizational chart and supervisory structure QI project. The plan will be reviewed, and revised as needed.
- **COVID Updates and Briefings:** The ED and several other staff continue to participate on bi-weekly statewide COVID briefings and pass along relevant information to other staff and stakeholders. Staff stay current on best practices through weekly Surveillance Staff calls and Public Health Emergency Preparedness staff calls with DHHS. The ED participates in weekly directors' calls w/ DHHS, a weekly director's call with the State Epidemiologist, and biweekly calls with the local health directors. Staff also receive situational training through calls with the CDC.
- **Staff COVID Briefings and Surveillance Staff Briefings:** Continue to conduct weekly to facilitate the sharing of current situational status, evidence-based practices, updates, policies/plans, messaging, and needs, etc.
- **Staff Training:** All staff completed "What is Radon, where can it be found and the role of LHDs" Training in Feb. 2 nurses completed BLS CPR training. All staff orientation has been completed; new BOH members pending.
- **Surveillance Staff Training:** As COVID cases began declining in February, Dr. John Bohmfalk, HC professor emeritus and SHDHD volunteer COVID-19 disease investigator, began providing short weekly refresher presentations on the etiology, incidence, and treatment of other diseases that require rapid public health response, such as pertussis (whooping cough) and bacterial meningitis, as well as rare conditions that have occurred in Nebraska, such as Hansen's disease (leprosy).

9. Improve and innovate public health functions through ongoing evaluation, research, and continuous quality improvement (*Are we doing any good? Are we doing things right?*).

- *Examples of our evaluation activities related to evidence-based public health programs.*
- *Examples of QI projects that we have completed or are in process.*
- **Accreditation Annual Report:** Year 2 Annual Report is in progress. Section 1 must be completed by 3/31/2022. Section 2 is due 30 days after PHAB approves Section 1.
- **QI-PM Plan: Goal 2:** Support implementation of the QI/PM training outlined in the Workforce Development Plan

and explore other training for QI and PM. (Crosswalk: SP Goal 4) – Organizational Chart revision and pilot project are completed. Team-Building training is scheduled in March.

- Quality Improvement Projects: Implementation of the Career Development processes and revision of the Organizational Chart/Supervisory structure pilot project are completed. This has been measured through pre- and post-staff self-evaluations (Story Board in progress). Policy QI continues. QI of orientation processes is ongoing.
- Strategic Plan action plan and dashboard: This will be shared with the BOH at the January meeting.
- Community Health Improvement (CHIP) Implementation: All five priority steering committees are scheduled for April to address data and make for mid-point corrections and adjustments to the Community Health Improvement Plan (3rd year of 6-year CHIP).
- COVID19 Response QI/PM: Continuing process improvement (policies and procedures) and assessing how we can improve as we progress through the pandemic. All staff participated in the Action Report focus on data analysis and process documentation to identify opportunities and successes for quality improvement.
- Performance Management (PM): The revised Organizational Chart and assigning of supervisors for all staff will streamline the PM processes to prioritize and gather data to use for improvement, reports and decision-making for the health department. All new staff have completed QI-PM training. Developed a Qualtrics survey to compile informal QI projects and measures/data from each staff/program area.
- PHAB Accreditation Standards and Measures: Version 2022 has 10 Domains, instead of 12, to align with the Essential Public Health Services. It designates which measures align with the Foundational Capabilities*. Health equity is emphasized and considerations are included in every domain. Preparedness requirements have evolved based on lessons learned during COVID-19. <https://phaboard.org/version-2022/>. SHDHD participated in the vetting process for this new version and is transitioning our own work to align with Version 2022.

*Foundational capabilities: 1) Assessment/Surveillance, 2) Emergency Preparedness and Response, 3) Policy Development and Support, 4) Communications, 5) Community Partnership Development, 6) Organizational Administrative Competencies and 7) Accountability/Performance Management.

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

- This essential service includes seven components and we are highlighting three of them for this reporting period:
 - Ensuring that appropriate, needed resources are allocated equitably for the public's health.
 - Expanding COVID-19 testing availability, assuring access to vaccine, and developing processes for distributing initial allocations of antiviral medications (a scarce resource at this time) have continued to be health equity focus areas for SHDHD over the past 2 months. In addition, SHDHD is facilitating access to at-home COVID testing by distributing test kits proportionally to schools and child care facilities that wanted them and working with emergency managers in Clay, Nuckolls and Webster counties to identify sites and place kits in locations for easy access by the public. Staff are currently identifying additional sites or processes for equitable access to at-home COVID testing, such as for shelter residents and individuals with developmental disabilities, and, most notably by advocating to NE DHHS the need to fix the procotor-option processes for ESL (Spanish-language) individuals.
 - Being accountable, transparent, and inclusive with all partners and the community in all aspects of practice
 - Ongoing engagement with the minority community in describing and reviewing the health needs in our district and the barriers to care (physical health, behavioral health) they are experiencing. We organized a meeting with the Spanish-speaking minority community to review assessment data and help choose priorities for a minority health improvement plan. The meeting was conducted in Spanish, with data summaries provided in Spanish by SHDHD's community health worker Julia Sarmiento, and was facilitated by Yesenia Peck (DiversityGPS and President, Nebraska Hispanic Chamber of Commerce & Foundation) and Patricia Castro, (DiversityGPS). Aida Evans (Migrant Education Program, local Latina leader and part-time SHDHD community health worker) is a critical asset for recruiting and engaging participants in this process.
 - Developing an understanding of the broader organizational infrastructures and roles that support the entire public health system in a jurisdiction (e.g., government agencies, elected officials, and non-governmental organizations).
 - Identified roles of counties and municipalities in supporting public health infrastructure and requested a modest proportion of each entity's American Rescue Plan Act (ARPA) funding for public health infrastructure. Customized letters/proposals were sent to elected officials in each of the four counties and 26 municipalities. A letter of support for LB1138, to allocate state ARPA funds for local public health infrastructure, was sent from the SHDHD Board of Health to the members of the Appropriations Committee.

Success stories: How we made a difference.... *Quality Improvement!!*

Quality Improvement Project: SHDHD Organizational Chart Improvement

Aim Statement: To improve SHDHD's organization chart (OC) to allow for a more tiered organizational approach, a clear definition of supervisory roles and reporting structure.

Strategy Description & Purpose: Our strategy to improve the OC will include initial review, facilitated discussions with each staff member to identify gaps and needs, review of data collected, revise OC, trial period to implement revised OC, evaluation of trial period, board approval of revised OC.

Start date: June 2021

Estimated completion date:

- Project Team review, June 2021
- Data collection, June-Nov, 2021 (through staff evaluations and one-on-one meetings)
- Pilot project, Nov 2021-Jan 2022 (3 months with all staff reporting to their supervisors at least once a month)
- Evaluation, Nov 2021-Feb 2022 (survey completed by all supervisees on meeting productiveness)

Resources Needed: Staff time to complete data collection and analysis, develop and revise OC.

Departmental Implications: This is an essential project for SHDHD's strategic plan as well as for overall department management/function.

Customers: All SHDHD staff members, current and future grantors and SHDHD's Board

Stakeholders: All SHDHD staff members and SHDHD's Board

Measurement: *(Performance Management!)*

- A new OC approved by Board of Health
- Supervisory staff completing program staff evaluations
- A defined definition of each level's roles and responsibilities.
- Staff engagement (80%+ of staff is satisfied/strongly satisfied)

Impacts/benefits:

- Completion of this project will ensure all staff members know who to report to and what their expected reporting and staff supervision looks like
- Completing this project will allow new hires understand from day 1 what is expected from them
- Less stress on current supervisory staff (Executive Director only)

Success!

New Organizational Chart

All staff evaluations completed (Workforce Development goal)

Supervisors identified/supervisees know their supervisor

Executive Director less stressed

Staff satisfaction scores met measurement goal

Board able to see the progression through a QI project 😊




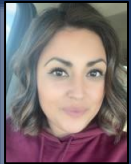


Quality improvement moves forward with implementation to continually assess how to do things better!

- Janis Johnson, BSN, Standards and Performance Manager, Assistant Director

South Heartland Bi-Monthly Board Report: Staff-Specific Program Updates, January – February 2022

 <p>Dorrann Hultman Community Health Services Coordinator</p>	<p><u>Every Woman Matters Health Hub (EWM) Cancer Prevention /Immunization Program / Cancer Grant /CS-CASH:</u> <u>COVID-19 vaccination response:</u> Vaccine promotion and delivery: Our team continues to actively promote and administer COVID-19 vaccines to the public. During January and February, we held 8 public walk-in COVID-19 vaccination clinics for age 12+ and 2 VFC clinics at the department where we provided COVID-19 and flu vaccines for kids and their parents in addition to the other ACIP recommended vaccines for kids. Vaccine management: between 1000-2000 doses of vaccines in our ultra-cold freezer, regular freezer and refrigerator storage units. In January our new Helmer Medical Grade Refrigerator arrived to replace the current aging unit which will now be used as a back-up and for extra storage for cool cube (vaccine transport coolers) panels. Communication continues with 13 district COVID-19 vaccine providers with weekly vaccine deliveries made based on their requests each week. The number of clients coming to the Allen's clinics are declining but during this time frame.</p>
 <p>Liz Chamberlain Community Health Worker</p>	<p><u>COVID-19 Response:</u> Continue to distribute PPE to agencies as orders come in through SHDHD Jot Form (which works out better than doing them once a week), complete PPE inventory and update PPE spreadsheets. Continue to help with weekly Covid Vaccine clinics at Allen's, also help with monthly VFC clinics. <u>Falls Prevention:</u> Stepping On class @ Good Sam – Hastings January 12th – March 2nd with 20 participants. Beginning Tai Chi Moving for Better Balance classes started in Superior and Nelson. Advanced Tai Chi classes in Red Cloud. Beginning and Advanced Tai Chi classes will start in March at YMCA-Hastings. Next Stepping On class will be in Sutton Tuesday's beginning April 5th – May 17th @ 10:00 am at the Sutton Community Senior Center.</p>
 <p>Brooke Wolfe Public Health Promotions and Prevention Coordinator</p>	<p><u>COVID-19 Response:</u> Assist as needed, primary person working on staff cross-coordination to ensure the right staff are at the table discussing different topics, breaking down department silos. <u>Grant Management:</u> During this reporting period, we submitted 14 quarter reports on or before the deadline; facilitated 10 internal grant-focused team meetings to better meet grant deliverables and submitted 4 new grant applications.</p>
 <p>Jessica Warner Health Surveillance Coordinator</p>	<p><u>Disease Surveillance:</u> During the reporting period, 2,307 SH residents have tested positive for COVID. We saw our highest daily case total since the beginning of the pandemic on 1/18/22 with 287 cases reported that day. I worked on one mass communication for providers regarding changes to CDC Guidelines and vaccine recommendations. I continue to track and monitor variant activity with 23 sequence results (Delta and Omicron) received during this reporting period. I also worked with a nursing home that reported a norovirus outbreak. A total of 28 individuals were infected. Specimens were sent to NPHL for sequencing.</p>
 <p>Janis Johnson Interim Assistant Director Standards and Performance Manager / Public Health Nurse/</p>	<p><u>Vaccinations:</u> Back up coordinator. COVID vaccination clinic support and administration & coordinating w/ partners for homebound & incarcerated individuals. Maintain current vaccine documents, guidance and messaging. <u>COVID-19 Response:</u> Staff onboarding/training/supervision/logistics. Epi team support. Assist with phone triage/messaging kept current. <u>Standards and Performance Management/Accreditation:</u> Accreditation Annual Report, Year 2-2022; After Action Report-Phase 2 submitted. <u>Interim Assistant Director:</u> timesheets, orientation, staffing, staff training, quality improvement & performance management, logistics, assist ED.</p>

South Heartland Bi-Monthly Board Report: Staff-Specific Program Updates, January – February 2022

<p>Jean Korth</p>  <p>Chronic Disease Prevention Program Assistant</p>	<p><u>Epi Support:</u> I continue working to support staff, answering calls to the department regarding COVID19, working with daycares, childcare centers and preschools with COVID activity, and monitoring cases migrating into Salesforce (disease investigation tracking software) for addition to the department's line list. During the Omicron spike, I also assisted with case investigations</p> <p><u>MCH Grant:</u> I am working with the Children and Adolescent clinic in improving Mental Health Screening assessment in an effort to decrease suicide rates among youth.</p>
<p>Heidi Davis</p>  <p>Disease Investigator</p>	<p><u>COVID-19 Response:</u> I continue to work on case investigations for COVID-19 cases. I also have assisted on Lab Requisitions related to sequencing positive COVID-19 cases. I continue to support 8 schools in our health district, for questions related to COVID-19 activity at the schools. I attend Community Call Meetings weekly, presented by UNMC, which addresses the pandemic in our state. In addition I continue to provide support on data analysis reports of COVID-19 for weekly reporting.</p> <p><u>Lead Grant:</u> Recently I attended a virtual Lead and Healthy Housing Conference, with the opportunity to learn more about childhood lead poisoning and strategies to eliminate childhood lead poisoning.</p>
<p>Lauren Shackelford</p>  <p>Disease Investigator</p>	<p><u>COVID-19 Response:</u> I continue to work on case investigations for COVID-19 cases. I have also continued to work with long-term care facilities in COVID-19 outbreak. I have connected with facilities to ensure residents have access to COVID-19 therapeutics. I have also worked on data cleanup of cases.</p> <p><u>Communications:</u> I have developed and shared resources to promote COVID-19 and flu vaccination on social media.</p> <p><u>Building Healthy Families:</u> Continue to work with cohorts 1 and 2 on their refresher sessions and recruiting for cohort 3.</p>
<p>Julia Sarmiento</p>  <p>Bi-Lingual Community Health Worker / Interpreter</p>	<p><u>Bilingual Community Health Worker (CHW):</u> I interpret and translate and provide support for both VFC and COVID-19 clinics as needed.</p> <p><u>Communications:</u> I develop and share resources to promote Covid-19/Flu/Immunizations and wellbeing on social media, translating to Spanish for the Spanish Facebook.</p>
<p>Sam Coutts</p>  <p>Clerical Assistant for Finance and Operations & Vaccine Clinic Support</p>	<p><u>Clerical Assistant for Finance and Operations:</u> I continue to assist the Finance and Operations Manager by providing clerical support and expertise in areas such as grants and contracts, scanning, filing, and reviewing documentation, human resources regulation, and assisting with projects related to organizational policies, performance management/quality improvement, and budgeting, as requested. I assist other staff as needed with these areas as well.</p> <p><u>COVID-19 Clinic Support:</u> I also provide general administrative and clerical support and assist with data entry as needed.</p>
<p>Pam Stromer</p>  <p>Administrative & Technology Assistant</p>	<p><u>Administrative Assistant:</u> I continue to provide office support by answering the phone, mail service, receiving guests and providing various office duties.</p> <p><u>Technology Assistant:</u> My work is to help maintain and update the South Heartland District web pages, develop on-line surveys as requested, providing support to the various software programs SHDHD uses, provide support with the Microsoft Office programs, as needed, overhauling the Master Database so resources are accurate and up-to-date and continue to compile data for both the SHDHD COVID-19 and hospital dashboards.</p>

**South Heartland Bi-Monthly Board Report: Staff-Specific Program Updates,
January – February 2022**

Support Staff for COVID-19 response and other projects:

Part-time Hire:

Aida Evans	Interpretation, Minority Outreach
Emma Severson	Project Support Intern (Hastings College)
Lindsay Pritchard	Nurse Vaccinator – COVID Clinics
Beatriz Marino Jachim	Nurse Vaccinator - COVID Clinics
Shelly Fletcher	Nurse Vaccinator – COVID Clinics
Kathryn Kamarad	Clinic Admin Support - COVID Clinics

Contract (Mary Lanning):

Leslie Anderson, RN	VFC & COVID Clinic Support
---------------------	----------------------------

Volunteer:

Sue Rutt	Phones, Maintains/assists with HD Highlights, COVID history, Accreditation history notebooks
John Bohmfalk	Disease Investigation

Vaccine Clinic Staffing Support:

Mary Lanning is continuing to provide pharmacy staff to draw up vaccine for COVID Pfizer vaccination clinics at the Allen's building.

Student Practicums and Volunteer Experience (Spring 2022)

Alianna Higgins	Volunteer, assisting with Opioid Prevention project, Hastings College
Katie Heller	Hastings College, assisting with WIIN Grant (water testing for lead contamination)

5:46 PM

02/25/22

Cash Basis

BOH-031

South Heartland District Health Dept
Balance Sheet Prev Year Comparison
As of February 25, 2022

	Feb 25, 22	Feb 25, 21	% Change
ASSETS			
Current Assets			
Checking/Savings			
1020 · Checking- Heritage xx7102	202,189.80	165,848.80	21.9%
1040 · Money Market - Heritage xx9...	79,877.57	4,869.87	1,540.2%
Total Checking/Savings	282,067.37	170,718.67	65.2%
Other Current Assets	55.00	64.00	-14.1%
Total Current Assets	282,122.37	170,782.67	65.2%
Fixed Assets	0.00	0.00	0.0%
TOTAL ASSETS	282,122.37	170,782.67	65.2%
LIABILITIES & EQUITY			
Liabilities			
Current Liabilities			
Credit Cards			
2005 · First Bank Card	1,206.31	8,486.34	-85.8%
Total Credit Cards	1,206.31	8,486.34	-85.8%
Other Current Liabilities			
2100 · Payroll Liabilities			
Health	0.00	-1,870.26	100.0%
State Unemployment	289.25	0.00	100.0%
Total 2100 · Payroll Liabilities	289.25	-1,870.26	115.5%
Total Other Current Liabilities	289.25	-1,870.26	115.5%
Total Current Liabilities	1,495.56	6,616.08	-77.4%
Total Liabilities	1,495.56	6,616.08	-77.4%
Equity			
Fund Balance	28,957.22	30,218.22	-4.2%
3050 · Restricted Net Assets	0.00	3,167.73	-100.0%
3900 · Retained Earnings	42,335.02	48,359.24	-12.5%
Net Income	209,334.57	82,421.40	154.0%
Total Equity	280,626.81	164,166.59	70.9%
TOTAL LIABILITIES & EQUITY	282,122.37	170,782.67	65.2%

BOH-032
South Heartland District Health Dept
Profit & Loss Prev Year Comparison
July 1, 2021 through February 25, 2022

	Budget	Actual	Prior Year	% Change	Indirect Costs	%
4100 - Federal Funding						
4110 - Grants - Federal	1,005,814.15	438,129.87	527,941.48	-17.01%	22,588.76	5.16%
4130 - FEMA	278,366.95	363,224.00	0.00	100.0%		
Total 4100 - Federal Funding	1,284,181.10	801,353.87	527,941.48	51.79%	22,588.76	
4200 - State & Local Funds	32,247.04	22,732.60	29,721.26	-23.51%	287.21	1.26%
4250 - State Revenue						
LB 1008 - COVID		0.00	105,263.16	-100.0%		
4251 - Infrastructure (692)	73,087.86	74,074.08	7,407.68	899.96%	74,074.08	100.00%
4252 - Per Capita (692)	55,245.37	55,126.96	121,159.38	-54.5%	55,126.96	100.00%
4253 - COVID Indirect (1198)	2,032.00	20,828.79	9,553.16	118.03%	20,828.79	100.00%
4254 - General Funds (1060/1008/380)	178,631.75	181,416.48	125,945.94	44.04%	181,416.48	100.00%
Total 4250 - State Revenue	308,996.98	331,446.31	369,329.32	-10.26%	331,446.31	
4300 - Services	361.73	301.00	294.00	2.38%		
4400 - Miscellaneous		0.00	545.00	-100.0%		
4450 - Donations	986.61	1,389.24	5,917.00	-76.52%		
4550 - Bank Interest Income	39.46	67.65	28.98	133.44%	67.65	100.00%
	1,626,812.92	1,157,290.67	933,777.04	23.94%	354,389.93	
	1,626,812.92	1,157,290.67	933,777.04	23.94%	354,389.93	
Grant Payable	0.00	-3,167.73	0.00	-100.0%		
4000 - Reconciliation Discrepancies		0.00	0.03	-100.0%		
6000 - Personnel						
6013 - Payroll	729,647.91	430,669.50	449,239.44	-4.13%	133,340.44	30.96%
6014 - Cash-Out	0.00	23,201.00	21,737.79	6.73%	3,724.08	16.05%
6016 - FICA	735.25	33,093.25	38,890.63	-14.91%	10,063.37	30.41%
6017 - Overtime	0.00	15,198.49	56,946.65	-73.31%	2,889.54	19.01%
6018 - State Unemployment	0.00	408.42	704.03	-41.99%	137.26	33.61%
6020 - Benefits Expense	57,435.26	59,027.27	37,744.36	56.39%	24,380.37	41.30%
6000 - Personnel - Other	64,891.51	-16,757.64	0.00	-100.0%	1,983.17	-11.83%
Total 6000 - Personnel	852,709.93	544,840.29	605,262.90	-9.98%	176,518.23	32.40%
6101 - Postage & Shipping	755.27	2,325.62	907.12	156.37%	444.36	19.11%
6102 - Printing and Copying	8,620.04	11,543.10	3,185.28	262.39%	574.37	4.98%
6103 - Staff Development	4,960.98	3,469.49	890.38	289.66%	2,939.93	84.74%
6110 - Insurance Expense	11,896.08	19,206.00	15,475.00	24.11%	19,206.00	100.00%
6120 - Professional Services						
6121 - Data Analysis/Surveys	19,291.52	11,958.83	9,600.00	24.57%		
6122 - Accounting	13,454.05	19,662.25	14,925.50	31.74%	19,662.25	100.00%
6123 - Public Health	168,908.88	165,755.00	5,000.00	3,215.1%		
6124 - Legal	1,644.32	2,340.00	3,520.00	-33.52%	2,340.00	100.00%
6125 - IT	4,933.04	5,304.07	7,643.52	-30.61%	5,144.07	96.98%
6126 - Background Checks	328.90	518.25	804.65	-35.59%		
6129 - Translation	197.32	133.20	554.40	-75.97%	74.40	55.86%

BOH-033
South Heartland District Health Dept
Profit & Loss Prev Year Comparison
July 1, 2021 through February 25, 2022

	Budget	Actual	Prior Year	% Change	Indirect Costs	%
6120 · Professional Services - Other	8,550.65	435.00	8,645.00	-94.97%	345.00	79.31%
Total 6120 · Professional Services	217,308.68	206,106.60	50,693.07	306.58%	27,565.72	13.37%
6130 · Contracted Services	27,692.96	5,938.75	17,080.28	-65.23%		
6140 · Office Supplies & Equipment	33,480.59	19,401.22	31,527.59	-38.46%	11,779.51	60.72%
6150 · Communications	9,870.67	8,840.28	12,392.54	-28.67%	6,771.90	76.60%
6160 · Facilities	63,237.05	13,861.05	13,719.62	1.03%	10,111.71	72.95%
6170 · Marketing	18,538.15	44,629.50	27,830.77	60.36%	1,320.00	2.96%
6180 · Board Expenses	1,876.48	855.41	1,222.80	-30.05%	855.41	100.00%
6192 · Memberships	5,664.82	5,685.50	8,568.00	-33.64%	5,685.50	100.00%
6199 · Administrative Fees	814.32	1,527.54	820.14	86.25%	948.18	62.07%
6200 · Program Expenses		0.00	-20.97	100.0%		
6201 · Event Expenses	4,985.15	1,786.00	4,697.71	-61.98%	300.00	16.80%
6202 · Event Facility Rental	10,000.00	27,850.00	39,400.00	-29.32%		
6204 · Promotion & Outreach	2,191.40	5,141.75	3,640.78	41.23%		
6206 · Conference Fees	1,354.33	2,463.00	-855.00	388.07%	1,890.00	76.74%
6209 · Program Supplies	355,480.26	20,908.96	12,527.83	66.9%		
6300 · Travel	12,601.67	4,671.92	2,313.05	101.98%	36.45	0.78%
9000 · Interest Expense	84.93	45.56	14.13	222.44%	45.56	100.00%
9100 · Sales Tax Expense	46.08	26.29	62.59	-58.0%	26.29	100.00%
	1,644,169.84	947,956.10	851,355.64	11.35%	267,019.12	28.17%
	-17,356.92	209,334.57	82,421.40	153.98%	87,370.81	
	-17,356.92	209,334.57	82,421.40	153.98%	87,370.81	

5:47 PM

02/25/22

BOH-034
South Heartland District Health Dept
Outstanding Invoices
As of February 25, 2022

Date	Num	Name	Due Date	Open Bala...
Current				
07/31/2021	112	DHHS:WNV 61224 - 7/1/21 - 7/31/21 \$1123	02/25/2022	1,235.30
12/31/2021	113	NE DHHS:WNV 61224 - 8/1/21 - 12/31/21	02/25/2022	340.53
12/31/2021	114	DHHS:Imm 62455 Covid 2Q 10/1/21 to 12/31/21	02/25/2022	55,778.79
12/31/2021	109	DHHS:EP 57142-Y3 2Q 10/1/21 - 12/31/21	03/23/2022	22,553.95
12/31/2021	117	YMCA - Hastings:BHF/CH 2Q 10/1/21 to 12/31/21	03/25/2022	945.43
Total Current				80,854.00
1 - 30				
12/31/2021	104	DHHS:EWM 46497 Gen'l 2021	01/31/2022	211.25
12/31/2021	105	DoE:WSCC 42116 2Q 10/1/21 - 12/31/21	01/31/2022	6,500.00
12/31/2021	110	NE DHHS:MHI 61300 2Q 10/1/21 to 12/31/21	02/14/2022	9,516.74
Total 1 - 30				16,227.99
31 - 60				
11/30/2021	101	DHHS:Health Equity 62276 #2 10/1/21 to 11/30/21	01/07/2022	7,455.16
Total 31 - 60				7,455.16
61 - 90				
Total 61 - 90				
> 90				
09/30/2021	96	DHHS:EWM 46497 Gen'l 2021	11/12/2021	496.25
Total > 90				496.25
TOTAL				105,033.40

1:43 PM

02/25/22

BOH-035

South Heartland District Health Dept

Payroll Summary

January 1 through February 25, 2022

	Jan 1 - Feb 25, 22
Employee Wages, Taxes and Adjustments	
Gross Pay	
Hourly Funeral	133.72
Hourly Holiday	4,942.67
Hourly Sick	2,821.94
Hourly Vacation	3,950.09
Hourly Wage	81,605.04
Overtime (x1.5)	1,698.06
Cash Out Option	5,997.14
Total Gross Pay	101,148.66
Deductions from Gross Pay	
Aflac (pre-tax)	-126.72
Dental Insurance (pre-tax)	-166.54
Health Insurance (pre-tax)	-2,574.56
HSA (pre-tax)	-3,392.32
NPERS Retirement Employee	-4,047.20
Vision Insurance (pre-tax)	-100.70
Total Deductions from Gross Pay	-10,408.04
Adjusted Gross Pay	90,740.62
Taxes Withheld	
Federal Withholding	-6,425.00
Medicare Employee	-1,374.43
Social Security Employee	-5,876.86
NE State Withholding	-3,594.34
Medicare Employee Addl Tax	0.00
Total Taxes Withheld	-17,270.63
Net Pay	73,469.99
Employer Taxes and Contributions	
Medicare Company	1,374.43
Social Security Company	5,876.86
NE State Unemployment	289.25
Dental Insurance Company	323.82
Health Insurance Company	4,361.74
NPERS Retirement Company	6,070.83
Vision Insurance Company	60.14
Total Employer Taxes and Contributions	18,357.07

South Heartland District Health Dept

Accounts Payable Report

January 1 through February 25, 2022

1:42 PM

02/25/22

Accrual Basis

Date	Name	Memo	Account	Amount
Jan 1 - Feb 25, 22				
01/04/2022	Allo Communications	929329 phone - Dec	2000 · Accounts Payable	-653.06
01/04/2022	B&R Stores	Allen's lease - Jan	2000 · Accounts Payable	-2,500.00
01/04/2022	Blue Hill Community Center	gym rental for BOH mtg	2000 · Accounts Payable	-75.00
01/04/2022	Eakes Office Solutions	office supplies and copies	2000 · Accounts Payable	-255.49
01/04/2022	First National Bank of Omaha	Nov balance ending 12/15/21	2000 · Accounts Payable	-4,178.20
01/04/2022	Flood Communications Tri-Cities	radio ads	2000 · Accounts Payable	-10,240.00
01/04/2022	Hastings Tribune	various ads	2000 · Accounts Payable	-245.00
01/04/2022	Hometown Leasing	#22794817 - Dec	2000 · Accounts Payable	-185.00
01/04/2022	Language Access Network	OPI minutes - Nov	2000 · Accounts Payable	-12.00
01/04/2022	Markel	Workers Comp Ins - #MWC0141018-03	2000 · Accounts Payable	-2,389.00
01/04/2022	Mary Lanning Healthcare	LAnderson Dec 2021	2000 · Accounts Payable	-387.50
01/04/2022	Quiznos	20 small box lunches	2000 · Accounts Payable	-188.00
01/04/2022	Superior Chamber of Commerce	2022 Chamber Dues	2000 · Accounts Payable	-125.50
01/04/2022	United Way of South Central NE	211 Outreach MOA	2000 · Accounts Payable	-2,000.00
01/04/2022	Woodwards Disposal	Dec trash	2000 · Accounts Payable	-154.50
01/04/2022	Firespring	Jan web hosting	2000 · Accounts Payable	-165.00
01/04/2022	Flatwater Technologies	monthly services - Jan	2000 · Accounts Payable	-496.99
01/04/2022	Flatwater Technologies	managed svcs - various small	2000 · Accounts Payable	-970.60
01/05/2022	Kleppinger, Mike	mileage board mtg - Jan	2000 · Accounts Payable	-28.08
01/05/2022	Mary Lanning Healthcare	cleaning - Dec	2000 · Accounts Payable	-240.00
01/05/2022	Neumann, Charles	mileage board mtg - Jan	2000 · Accounts Payable	-24.45
01/05/2022	Shackelford, Nanette	mileage board mtg - Jan 2022	2000 · Accounts Payable	-31.36
01/06/2022	NE Dept of Labor	voluntary contribution of Combined Tax	2000 · Accounts Payable	-31.44
01/11/2022	NE Dept of Revenue	State Sales Tax 2021	2000 · Accounts Payable	-26.29
01/20/2022	Bever, Michele	mileage reimbursement	2000 · Accounts Payable	-180.32
01/20/2022	Blue Hill Leader	Jan Board meeting notice & ads	2000 · Accounts Payable	-6.22
01/20/2022	Bureau of Sociological Research	SHARP survey	2000 · Accounts Payable	-949.44
01/20/2022	Clay County News	Board Meeting notice - Jan	2000 · Accounts Payable	-8.47
01/20/2022	Cornhusker Press	vaccine packets	2000 · Accounts Payable	-984.23
01/20/2022	Culligan of Hastings	bottled water - Nov #1000552	2000 · Accounts Payable	-26.05
01/20/2022	Eakes Office Solutions	office supplies - binder clips & printable busines...	2000 · Accounts Payable	-23.85
01/20/2022	Ellerbrock-Norris Insurance	Professional Liability Ins renewal 2022	2000 · Accounts Payable	-8,568.28
01/20/2022	First National Bank of Omaha	Dec balance ending 1/13/22	2000 · Accounts Payable	-1,918.60
01/20/2022	Flood Communications Tri-Cities	Jan radiogram print ad - vaccine clinics	2000 · Accounts Payable	-155.00
01/20/2022	Hastings Tribune	various ads	2000 · Accounts Payable	-107.85
01/20/2022	Hastings Utilities	Dec utilities #01010200-01	2000 · Accounts Payable	-586.79
01/20/2022	Mary Lanning Healthcare	subletting of digital billboard space - Jan	2000 · Accounts Payable	-200.00
01/20/2022	Red Cloud Chief	Jan Board mtg notice & ads	2000 · Accounts Payable	-13.30
01/20/2022	Superior Publishing Company	Jan Board mtg notice	2000 · Accounts Payable	-7.45
01/20/2022	The Cincinnati Insurance Company	acct 1000175996	2000 · Accounts Payable	-4,154.00
01/20/2022	Verizon	Dec cell service	2000 · Accounts Payable	-380.34
01/20/2022	Mary Lanning Healthcare	18 Strengths Assessments	2000 · Accounts Payable	-720.00
02/04/2022	Allo Communications	929329 phone - Jan	2000 · Accounts Payable	-656.09
02/04/2022	B&R Stores	Allen's lease - Feb	2000 · Accounts Payable	-2,500.00
02/04/2022	Chamberlain, Liz	January mileage	2000 · Accounts Payable	-276.71
02/04/2022	Eakes Office Solutions	Dec/Jan 2022 copies	2000 · Accounts Payable	-194.23
02/04/2022	Flood Communications Tri-Cities	Feb radiogram print ad - vaccine clinics	2000 · Accounts Payable	-395.00
02/04/2022	Hometown Leasing	#22794817 - Jan	2000 · Accounts Payable	-185.00
02/04/2022	Kershner's Auto Korner	car rental Dec/Jan 2022	2000 · Accounts Payable	-329.00
02/04/2022	Lieske, Lieske & Ensz	policy review - #20200713	2000 · Accounts Payable	-880.00
02/04/2022	Mary Lanning Healthcare	LAnderson Jan 2022	2000 · Accounts Payable	-337.50
02/04/2022	NALHD	COVID19 Resource Collaborative	2000 · Accounts Payable	-5,000.00
02/04/2022	Nebraska Rural Health Association	2022 Membership Renewal	2000 · Accounts Payable	-50.00
02/04/2022	Partners for Insightful Evaluation	CTSA survey data analyzed	2000 · Accounts Payable	-4,750.00
02/04/2022	S&W Snow Removal	snow removal 021421 to 010222	2000 · Accounts Payable	-500.00
02/04/2022	Woodwards Disposal	Jan trash	2000 · Accounts Payable	-167.00
02/04/2022	Mary Lanning Healthcare	MLH staffing support at SHDHD clinics	2000 · Accounts Payable	-2,544.00
02/04/2022	Mary Lanning Healthcare	cleaning - Jan	2000 · Accounts Payable	-240.00
02/04/2022	Mary Lanning Healthcare	subletting of digital billboard space - Feb	2000 · Accounts Payable	-200.00
02/04/2022	Firespring	Feb web hosting	2000 · Accounts Payable	-165.00
02/04/2022	Flatwater Technologies	monthly services	2000 · Accounts Payable	-597.29
02/04/2022	KRFS Radio	200 Covid spots (100 comp)	2000 · Accounts Payable	-500.00
02/04/2022	Eakes Office Solutions	title plate	2000 · Accounts Payable	-14.60
02/04/2022	Superior Publishing Company	Tai Chi class ads - Jan	2000 · Accounts Payable	-24.00
02/07/2022	Culligan of Hastings	bottled water - Jan #1000552	2000 · Accounts Payable	-32.30
02/17/2022	Air Check	75 test kits, #33915	2000 · Accounts Payable	-506.25
02/17/2022	Cornhusker Press	vaccine packets	2000 · Accounts Payable	-577.38
02/17/2022	Flood Communications Tri-Cities	Covid vaccine ads - Feb	2000 · Accounts Payable	-5,000.00
02/17/2022	Hastings College	rental of Barrett Alumni Center	2000 · Accounts Payable	-200.00
02/17/2022	Hastings Tribune	various ads - Jan	2000 · Accounts Payable	-298.00
02/17/2022	Hastings Utilities	Jan utilities #01010200-01	2000 · Accounts Payable	-714.86
02/17/2022	Language Access Network	OPI minutes - Dec	2000 · Accounts Payable	-10.80
02/17/2022	Lovekin, Terry	Feb mileage	2000 · Accounts Payable	-161.46
02/17/2022	Mary Lanning Healthcare	covid testing at medical park - #3101729743	2000 · Accounts Payable	-120.00
02/17/2022	NALHD	Annual Dues (NALHD & Friends)	2000 · Accounts Payable	-4,725.00
02/17/2022	Trent Meyer Construction	1/3 due at start of work	2000 · Accounts Payable	-3,749.34
02/17/2022	Verizon	Jan cell service	2000 · Accounts Payable	-345.65

BOH-037

South Heartland District Health Dept

Accounts Payable Report

January 1 through February 25, 2022

1:42 PM

02/25/22

Accrual Basis

Date	Name	Memo	Account	Amount
02/17/2022	NALHD	NE Public Health Conference 2022	2000 · Accounts Payable	-1,500.00
Jan 1 - Feb 25, 22				<u><u>-83,039.11</u></u>

5:48 PM

BOH-038

South Heartland District Health Dept

02/25/22

Funding Sources

Cash Basis

July 1, 2021 through February 25, 2022

	TOTAL
Indirect Costs	354,389.93
Programs	
Accreditation	5,127.11
Cancer	13,423.32
Childrens Hospital	161.46
Covid Capacity	82,101.70
COVID19	61,568.37
CS-CASH	3,916.20
Diabetes Prevention (DPP)	400.00
Drug (Opioid) OD Prevention	10,188.04
Emergency Preparedness (EP)	58,315.29
EWM	667.27
Fall Prevention	10,144.36
Fall Prevention - Deliverable	1,513.95
Fall Prevention - Sustainable	1,542.52
Health Equity	8,060.75
HRSA	2,944.96
Immunization	20,001.01
Immunization-Covid	445,146.35
KFND	1,500.00
Lead Surveillance	1,101.31
Maternal Child Health (MCH)	11,391.90
MHI	2,191.80
QPR	3,511.86
Radon	468.53
United Healthcare	14,000.00
West Nile Virus	540.27
WSCC	42,972.41
Total Programs	802,900.74
TOTAL	1,157,290.67

South Heartland District Health Department Board of Health Annual Meeting 3.2.2022

Board Member Terms

Board of Health Appointments: Physician, Dentist and Veterinarian Positions		Current Term	New Term
Physician:	Daniel Brailita, MD/Timothy Blecha	April 2020 to March 2023	
Dentist:	Mike Kleppinger, DDS	April 2020 to March 2023	
Veterinarian:	Lindsay Waechter-Mead, DVM	April 2020 to March 2023	
County Board Appointments - Public-Spirited		Current Term	
Public-Spirited Adams	Donna Fegler- Daiss	April 2019 to March 2022	April 2022 - March 2025
Public-Spirited Adams	Barb Harrington	April 2020 to March 2023	
Public-Spirited Clay	Nanette Shackelford	April 2019 to March 2022	April 2022 - March 2025
Public-Spirited Clay	Sandra (Sam) Nejezchleb	April 2020 to March 2023	
Public-Spirited Nuckolls	Peggy Meyer	April 2019 to March 2022	April 2022 - March 2025
Public-Spirited Nuckolls	Jean Stichka	April 2021 to March 2024	
Public-Spirited Webster	Torey Kohmetscher	April 2019 to March 2022	April 2022 - March 2025
Public-Spirited Webster	Mirya Hallock	April 2021 to March 2024	
County Board Appointments - Elected Officials		Current Term	
Adams County	Charles Neumann DVM	April 2021 to March 2024	
Clay County	Richard Shaw	April 2021 to March 2024	
Nuckolls County	James Keifer/ Kenneth Rempe	April 2020 to March 2023	
Webster County	TJ Vance	April 2020 to March 2023	

Key:

Reappointments needed by Annual Meeting (March 2022)

[illegible]

South Heartland District Health Department Board of Health Annual Meeting 3.2.2022

Officers - Elected		Currently Serving	Current Term	New Term
Committee meets Ad Hoc	President	Nanette Shackelford	April 2020 to March 2022	
	Vice President	Mirya Hallock	April 2020 to March 2022	
	Secretary / Treasurer	Charles Neumann	April 2020 to March 2022	
Ethics Committee - Appointed			Current Term	New Term
Committee meets 2x/year; addtl mtgs may be called, based on emergency issues	Board	Jean Stichka	March 2021-March 2022	
	Board	Mirya Hallock	March 2021-March 2022	
	Board	Nanette Shackelford	March 2021-March 2022	
	Board	Daniel Brailita, MD Vacant	March 2021-March 2022	
	Board	Donna Fegler-Daiss	March 2021-March 2022	
	Community Member	Dr. Daniel Deffenbaugh	March 2021-March 2022	
	Community Member			
Executive Director and up to 4 staff	Exec Director	Michele Bever	ongoing	
	Staff	Janis Johnson	ongoing	
	Staff	Dorrann Hultman	ongoing	
	Staff	Jessica Warner	ongoing	
	Staff			
Finance Committee - Appointed				
Committee meets approx 4-6x /year	Secretary/Treasurer - Chair	Charles Neumann	March 2021-March 2022	
	Board President	Nanette Shackelford	March 2021-March 2022	
	At Large	Dick Shaw	March 2021-March 2022	
Policy Committee - Appointed				
Committee meets approx 6x/year	Chair	Peggy Meyer	March 2021-March 2022	
		Charles Nemann	March 2021-March 2022	
		Sandra (Sam) Nejezchleb	March 2021-March 2022	
	Board President	Nanette Shackelford (ad hoc)	March 2021-March 2022	
SALBOH Rep - Appointed				
Quarterly? by phone / Zoom		Mirya Hallock	2020-2021 No SALBOH	
Representative to SHDHD Staff Worksite Wellness Committee - Appointed				
Staff meet monthly		Vacant		
Public Health Awards Committee - Appointed				
Committee meets annually in Jan/Feb by phone or email		Peggy Meyer	March 2021-March 2022	
		Sandra (Sam) Nejezchleb	March 2021-March 2022	
		Nanette Shackelford (ad hoc)	March 2021-March 2022	
	Exec Director	Michele Bever (ad hoc)		
Nominating Committee - Appointed				
Committee meets every 2 years for officer slates; ad hoc to fill vacancies		Mike Kleppinger	March 2021-March 2022	
		Mirya Hallock	March 2021-March 2022	
Check Signing Authority - Approved by Board Resolution				
	President / Past Secretary Treasurer	Nanette Shackelford	ongoing	
	Secretary/Treasurer	Charles Neumann	ongoing	
	Board Member	Donna Fegler-Daiss	ongoing	
	Board Member	Barbara Harrington	ongoing	
Strategic Planning Committee - Appointed				
Special Committee, 1-2 Meetings, every 6 years, typically following completion of CHA [Membership: 1 per county, at least one Supervisor/Commissioner, at least 1 Medical Professional + Staff]	Clay: Nanette Shackelford		Last time a committee appointed was in 2019	
	Nuckolls: Matt Blum / Peggy Meyer			
	Webster: Mirya Hallock			
	Adams: Chuck Neumann			
	Professional: Daniel Brailita, MD			
	Staff: J Johnson, J Streufert, J Morgan, D Hultman, M Bever			

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



SHDHD Board of Health Nominating Committee
Nominations for March 2, 2022 Board of Health Annual Meeting

Nominating Committee: Mirya Hallock, Mike Kleppinger

1. Slate for Board of Health Officer Elections

President: Nanette Shackelford

Vice President: Sandra (Sam) Nejezchleb

Secretary Treasurer: Charles Neumann



Date: _____

Rating the Board

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

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

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

Comments:



Date: _____

Meeting Evaluation

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

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

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

Suggestions for improvement of board meetings:



Commitment Statement for Board Members

Commitment to Serve

I, _____, recognizing the important responsibility I am undertaking in serving as a member of the Board of Health of South Heartland District Health Department hereby personally pledge to carry out in a trustworthy and diligent manner all the duties and obligations inherent in my role as a board member.

My Role

I acknowledge that my primary role as a board member is (1) to contribute to the defining of the South Heartland District Health Department mission and governing the fulfillment of that mission, and (2) to carry out the functions of the office of Board Member and/or Officer as delineated in the bylaws.

My role as a Board Member will focus on the development of broad policies that govern the implementation of institutional plans and purposes. This role is separate and distinct from the role of the Chief Executive Officer/Health Director to who is delegated the determining of the means of implementation.

My Commitment

I will exercise the duties and responsibilities of this office with integrity, collegiality and due care.

I Pledge

1. To establish as a high priority my attendance at all meetings of the board, committees and task forces on which I serve.
2. To come prepared to contribute to the discussion of issues and business to be addressed at scheduled meetings, having read the agenda and all background support material relevant to the meeting.
3. To work with and respect the opinions of my peers who serve this board and to leave my personal prejudices out of all board discussions.
4. To always act for the good of this organization.
5. To represent this organization in a positive and supportive manner at all times and in all places.
6. To observe the parliamentary procedures and the Roberts Rules of Order and display courteous conduct in all board, committee and task force meetings.
7. To refrain from intruding on administrative issues, which are the responsibility of management, except to monitor the results and prohibit methods not in congruity with board policy.
8. To avoid conflicts of interest between my position as a board member and my personal life. If such a conflict does arise, I will declare that conflict before the board and refrain from voting on matters in which I have a conflict.
9. To support in a positive manner all actions taken by the Board even when I am in a minority position on such actions.
10. To agree to serve on at least one committee or task force, attend all meetings, and participate in the accomplishment of its objectives. If I chair the Board, a committee, or a task force, I will:
 - a. call meetings as necessary until objectives are met;
 - b. ensure that the agenda and support materials are mailed to all members in advance of the meetings;
 - c. conduct the meetings in an orderly, fair, open and efficient manner; and



- d. make committee and task force progress reports/minutes to the Board at its scheduled meetings, using the adopted format.
11. To participate as a board member in:
- a. annual strategic planning,
 - b. board self-evaluation programs, and
 - c. board development workshops, seminars, and other educational events that enhance my skills

If, for any reason, I find myself unable to carry out the above duties as best as I can, I agree to resign my position as board member/officer.

Signed: _____

Date: _____

Print Name: _____

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

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

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

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

Signature: _____

Date: _____

SHDHD Conflict of Interest Policy Statement

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

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

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

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

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

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

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

South Heartland District Health Department Conflict of Interest Policy

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

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

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

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

Signature

Date



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



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

Submitted by Kelly Derby
February 23, 2022



February 1, 2022

RE: Little Blue Natural Resources District and Lower Big Blue Natural Resources District
Hazard Mitigation Plan Update 2021 – Approval and Adoption Resolution

Dear Hazard Mitigation Planning Participant,

Thank you for your participation in the Little Blue NRD and Lower Big Blue NRD Multi-Jurisdictional Hazard Mitigation Plan Update. The plan has been reviewed and approved by the state and FEMA. Electronic copies of the final approved copy of the HMP and your jurisdictional profile can be viewed and downloaded from the project website: <https://jeo.com/blues-hmp>.

This is a final reminder from JEO to adopt the plan locally. Your jurisdictional governing body must adopt the plan via resolution to finalize your participation in the Little Blue NRD and Lower Big Blue NRD Hazard Mitigation Plan Update to become eligible for project grant funding and meet final participation requirements. Attached is an example resolution that may be used or adapted to fit your local needs. **The adopted resolution must be returned to JEO Consulting Group for submittal to NEMA/FEMA.**

Please return the signed, adopted resolution by **March 31, 2022** via email or scan to bseachord@jeo.com or mail a copy to:

JEO Consulting Group
ATTN: Brooke Seachord
2000 Q Street, Ste 500
Lincoln, NE 68503

Thank you again for your participation! If you have questions about approving the resolution or about the plan, please contact Brooke Seachord, JEO Project Coordinator, at (402) 474-8741 or bseachord@jeo.com.

Sincerely,

A handwritten signature in blue ink that reads "Brooke Seachord".

Brooke Seachord, Project Coordinator

South Heartland Health Department

RESOLUTION NUMBER 2022-2

WHEREAS, the Federal Disaster Mitigation Act of 2000 was signed in to law on October 30, 2000, placing new emphasis on state and local mitigation planning for natural hazards and requiring communities to adopt a hazard mitigation action plan to be eligible for pre-disaster and post-disaster federal funding for mitigation purposes; and

WHEREAS, a Multi-Jurisdictional Hazard Mitigation Plan was prepared by the Little Blue Natural Resources District and the Lower Big Blue Natural Resources District, with assistance from JEO Consulting Group, Inc. of Lincoln, NE. and,

WHEREAS, the purpose of the mitigation plan was to lessen the effects of disasters by increasing the disaster resistance of the Natural Resources Districts and participating jurisdictions located within the planning boundary by identifying the hazards that affect the South Heartland Health Department and prioritize mitigation strategies to reduce potential loss of life and property damage from those hazards, and

WHEREAS, the Nebraska Emergency Management Agency and FEMA reviewed and approved the Little Blue Natural Resources District and the Lower Big Blue Natural Resources District Multi-Jurisdictional Hazard Mitigation Plan Update as of October 25, 2021, and

WHEREAS, FEMA regulations require documentation that the plan has been formally adopted by the governing body of the South Heartland Health Department in the form of a resolution and further requesting approval of the plan at the Federal Level; and

NOW, THEREFORE, the governing body of the South Heartland Health Department does herewith adopt the FEMA approved Little Blue Natural Resources District and the Lower Big Blue Natural Resources District Multi-Jurisdictional Hazard Mitigation Plan Update in its entirety; and

PASSED AND APPROVED this 5th day of July, 2022.

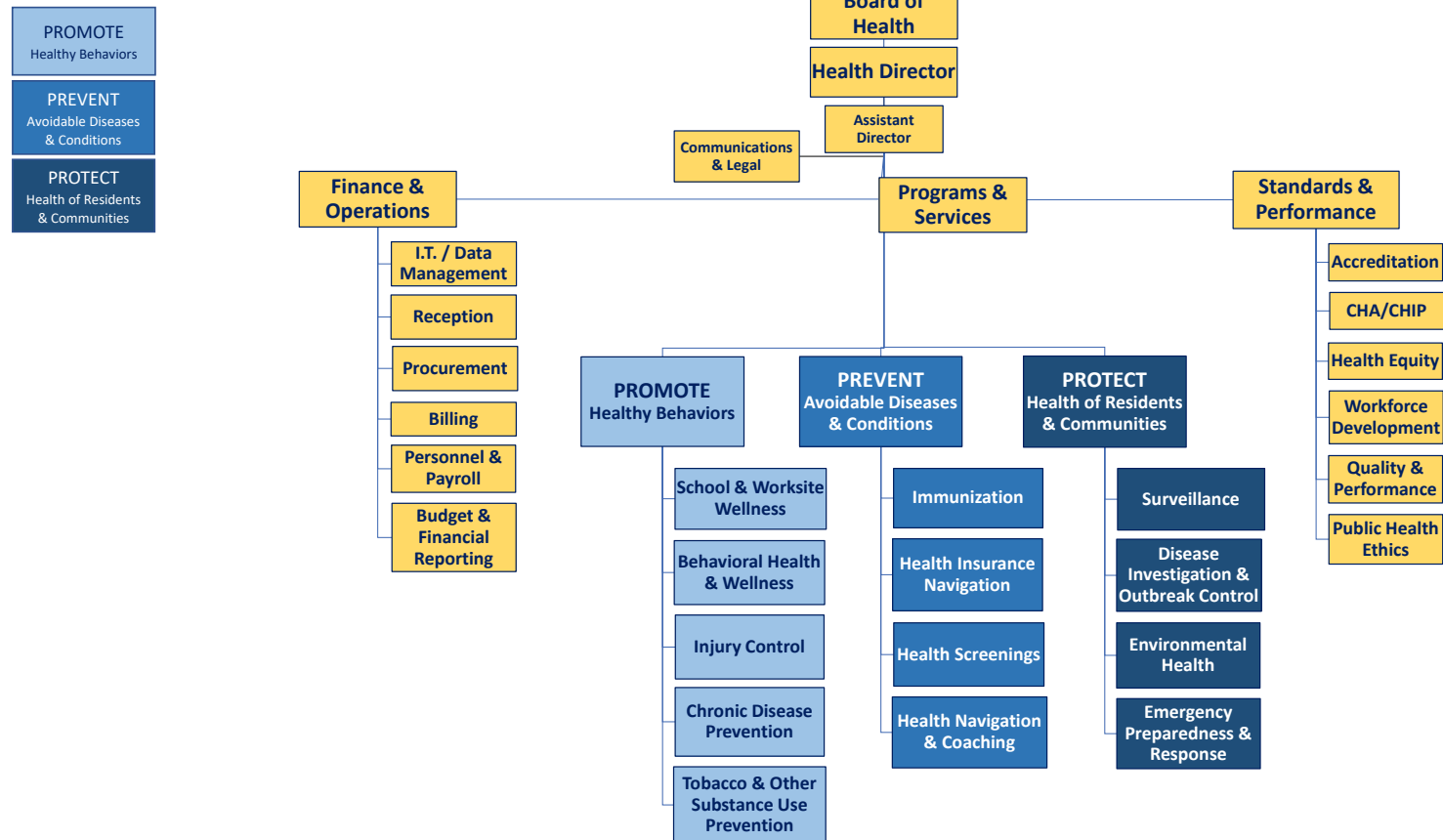
Director, Michele Bever

or ~~By~~ ~~Signature~~ ~~of~~ ~~the~~ ~~Board~~ ~~of~~ ~~Directors~~, Nanette Shackelford

ATTEST:

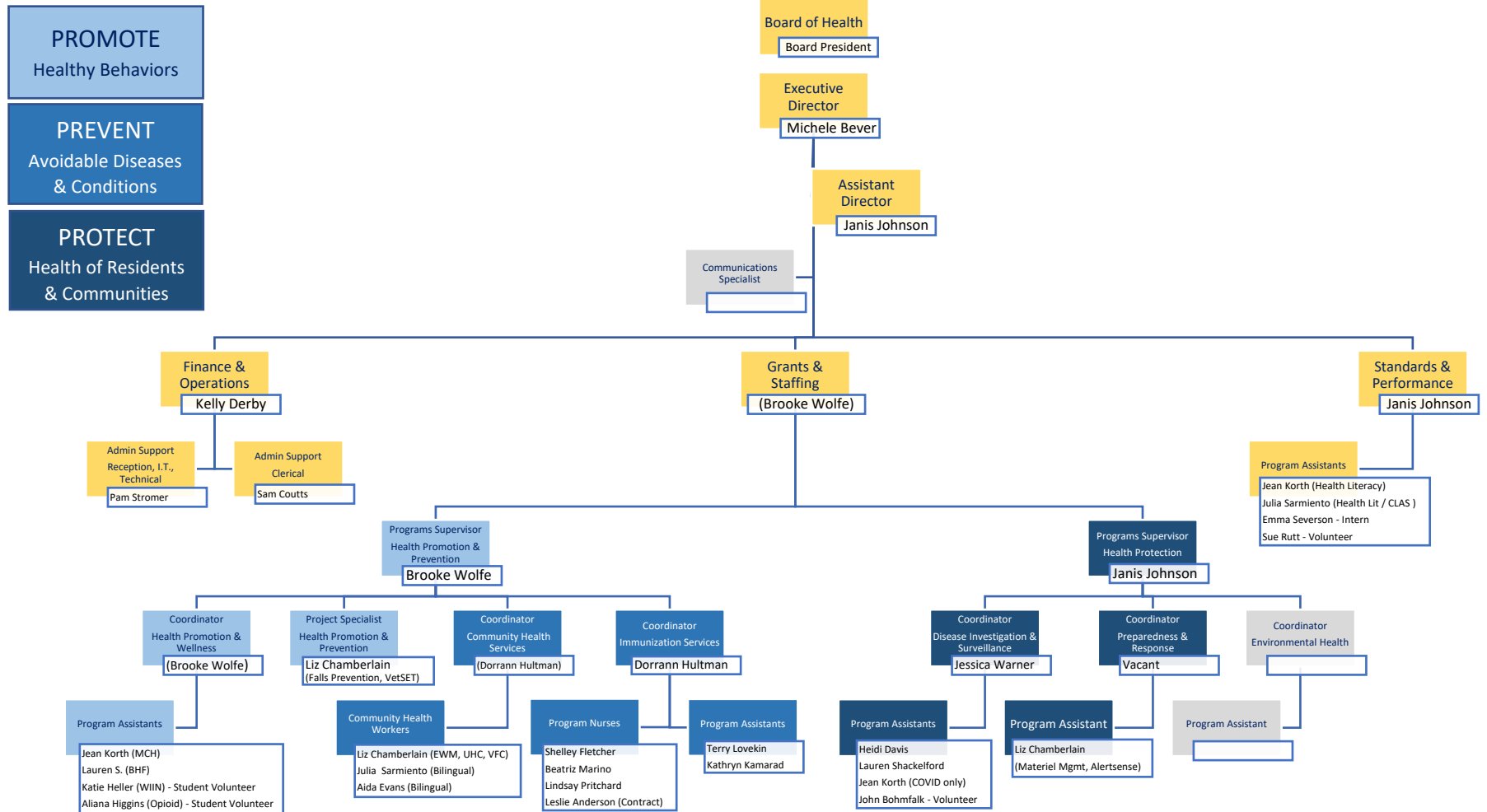


Organizational Chart: What We Do



Organizational Chart: How we make it happen

February 2022





South Heartland District Health Department Employee Handbook

Policy Number: HR 101	Policy Title: Civil Leave	Program Area: Benefits
Approved: 1.6.2021	Reviewed: 12.1.2020	Next Review Date: 12.1.2021

Purpose

The purpose of this policy is to establish the criteria and process regarding civil leave for employees at the South Heartland District Health Department.

Policy

All South Heartland District Health Department (SHDHD) regular employees, working an average of 20 hours/week or more, shall be eligible for paid civil leave up to the maximum regularly scheduled hours/week.

Jury Duty:

If an SHDHD employee is called to serve as a juror, she/he shall be entitled to **paid leave** in addition to jury duty pay. Employees will be granted time off with pay to the extent necessary to serve mandatory jury duty. Employees must provide reasonable notice of their absences when called to jury service. If released from duty during regular working hours, the employee must return to work.

Election Board Duty:

If an SHDHD employee is appointed a clerk, judge or election inspector on an election or counting board, she/he shall take **paid leave**, but will be allowed to retain their pay for this service.

Voting Time:

All SHDHD employees shall be given up to one hour for the purpose of voting provided the employee does not have sufficient time before or after regular duty hours to vote. The one hour authorized for voting does not apply to employees who by reason of their employment must vote by use of an absentee ballot.

All other employees shall be eligible for approved, unpaid leave, to the extent necessary for civil activities listed above.

South Heartland District Health Department
Employee Handbook

Policy Number: HR 203	Policy Title: Travel Expense Reimbursement	Program Area: Compensation
Approved: 1.6.2021	Reviewed: 12.1.2020	Next Review Date: 12.1.2021

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. Reimbursement for mileage to and from home is not allowed. However, when travel to or from home is more expedient than traveling to work before making or completing a work trip, employees are encouraged to take the shortest route. In this case, mileage for legs home will not be reimbursed if the work destination is inside Hastings city limits.

A staff travel reimbursement form is required for reimbursement of all vehicle-related expenses, including gasoline, wear and tear, and personal auto insurance. 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

Employees will be reimbursed for reasonable and actual expenses for meals incurred while on business trips away from their normal business hours. All original itemized receipts must be included with the employee's travel and expense report. Per the State Examiners, **alcoholic** beverage or related costs can never be paid for or **reimbursed** by SHDHD. Any employee expense report received without the receipts will be returned to employee. Employee expense reports

submitted with receipts missing will be forwarded to the next level manager for approval. Reasonable meal costs are outlined below:

- Breakfast \$10
- Lunch \$15
- Dinner \$25

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.

Nonreimbursable 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 309	Policy Title: Employee Termination	Program Area: Employment
Approved: 1.6.2021	Reviewed: 12.1.2020	Next Review Date: 12.1.2021

Purpose

It is the policy of South Heartland District Health Department to ensure that employee terminations, including voluntary and involuntary terminations, and terminations due to the death of an employee, are handled in a professional manner with minimal disruption to the workplace.

Policy

Return of Department Property

Employees are expected to protect, to the best of their ability, department property (keys, key fobs, laptops, cell phones, etc.) in their possession during their time of employment at SHDHD, and to return it upon termination. A signed Equipment Checkout Form will act as both employee acknowledgement that the listed property is in their possession, and as a final check list for items to be returned upon exit.

Payment for Vacation Leave or Sick Leave Not Taken:

Upon termination, employees will be paid for all unused accrued Vacation Leave. In the event of the death of a regular status employee, payment will be made to the employee's beneficiary or estate for all unused accrued Vacation Leave.

The official date of termination will be the same as the employee's last working day. Therefore, the employee's final check will include payment for the existing balance of Vacation Leave accrued to the end of the day of termination. At termination of employment, no cash reimbursement will be given for unused Sick Leave.

The employee will not accrue Vacation Leave or Sick Leave after the official date of termination.

If an employee is terminated and not in good standing with the SHDHD, the Department is not required to pay all unused accrued Vacation Leave or Sick Leave.

Notice of Resignation:

All hourly employees are expected to give a minimum of two weeks' notice upon resignation. Salaried employees are expected to give a minimum of thirty (30) days or four (4) weeks' notice upon resignation.

Misconduct:

Termination of employment for misconduct requires no notice.

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

RESOLUTION NO. 2022-3

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

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

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

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

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

NOW, THEREFORE, BE IT RESOLVED BY THE SOUTH HEARTLAND DISTRICT HEALTH DEPARTMENT, representing Adams, Clay, Nuckolls, and Webster Counties, that we, the Board of Health, do hereby recognize the following long-term care organizations with the 2022 PUBLIC HEALTH LEADERSHIP AWARD for extraordinary dedication to the community’s health throughout the prolonged and on-going pandemic response, and for their dedication to protecting and caring for their residents, their staff and their communities:

Agency/Nursing Home

Premier Estates
Good Samaritan Village- Perkins Pavilion
Sutton Community Home
Harvard Rest Haven
Superior Good Samaritan
Blue Hill Care Center
Heritage of Red Cloud

Agency/Assisted Living Facilities

College View Assisted Living
Edgewood Vista
Good Samaritan Society-The Villa
Providence Place of Hastings
The Homestead
The Kensington
The Harvard House
Hillcrest View Assisted Living
Good Samaritan Society-Victorian Legacy
Kingswood Court
Spring Creek Home, LLC
Cherry Corner Estates

Passed and approved this 2nd day of March, 2022.

Board of Health
South Heartland District Health Department

Nanette Shackelford, President

Executive Director Report to the Board of Health

March 2, 2022
(PHAB Domain 12)

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

- Serving on Legislative Review Committee for Friends of Public Health.
- Gave Annual Report to County Boards in Adams, Clay, Nuckolls and Webster Counties
- Fostering New Partnerships – Nebraska Center for Rural Affairs, Nebraska Hispanic Chamber of Commerce
- Facilitating discussions regarding future of health fairs with SHDHD partners: YMCA-Hastings, Mary Lanning Healthcare, Central Community College-Hastings and Good Samaritan Society - Hastings
- Registered for Nebraska Association of County Officials (NACO) – Central District Spring Meeting: March 17
- Registered for Nebraska Public Health Conference – April 5-6, 2022
- Serving as site for Clarkson College master's student service-learning project.
- Provided 2 recommendations for current and former undergraduate students applying for summer learning opportunities

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

- Staffing – Current census: 23, includes 10 full-time and 8 part-time staff, 1 part-time contractor, 4 volunteers (2 are students). We have 2 open positions posted: Public Health Risk Coordinator and Program Nurse. We have requested a communications specialist or nurse through NE DHHS (with CDC funding to the state for workforce development, DHHS trying to hire 2 staff to be placed in each of the local health departments). These positions have been posted.
- Focusing on Staff Engagement, Development and Performance. With support from an unrestricted gift to the department, we are investing in our staff with individual and team development and working to address pandemic fatigue. Following the strengths assessment and strengths workshop, that occurred last fall, we have scheduled a team-building activity/training called FIRO-B on March 16 (was postponed from February 8 due to COVID restrictions). The FIRO-B® (Fundamental Interpersonal Relations Orientation-Behavior™) instrument helps individuals understand their behavior and the behavior of others. With the insights of an individual's interpersonal needs, it can help improve workplace interactions.
- Organizational Structure (supervisory roles and reporting structure): We completed a 3-month Quality Improvement (QI) pilot study on the organizational chart and the supervisory/reporting structure supporting it. In early February, we reviewed the pre/post surveys and hotwash results and revised the organizational chart accordingly. We also shared the proposed/revised organizational chart with the Policy Committee in February. The structure includes a leadership team (ED, Finance & Operations (F/O), Standards & Performance (S/P), and Grants & Staffing *G/S), which meets weekly. The revised Org Chart is coming to the Board of Health for approval at the March 2 meeting. This is one component of my individual performance management goals; next steps will be to continue training staff/supervisors and implementing the reporting structure so that it is functional and beginning to be part of our work culture by July 2022. Having a leadership team and a vertical supervisory structure are reducing the stress and workload previously experienced by ED.
- Succession Planning / Knowledge Transfer: During this reporting period: Began reviewing articles on succession planning for local public health and identifying best practices that we can prioritize for implementation.
- E.D.'s Individual Development Plan Goals:
 - Goal #1: Create a Succession Plan for the Department by October 15, 2022 (Behind schedule for completing research on best practices)

- Goal #2: Performance Management System with functional supervisory structure in place by July 1, 2022. (On Track)
- Goal #3: Personal Wellness - Improve core strength and cardio fitness by implementing a wellness training plan by December 1, 2021 (On Track with Core Strength, Behind schedule on cardio)
- Goal #4: By December 31, discuss with Board Chair the 2021 ED evaluation and determine one priority to strengthen working with the BOH (On track)

5. Financial & Financial Policy Updates (SP 2, PHAB 12, Governance Function: Resource Stewardship)

a. ARPA Requests –

- In conversation with the Board, we narrowed the scope of local requests for ARPA funds to 2 projects and 3.7% of each American Rescue Plan Act (ARPA) funding for public health infrastructure. Customized letters/proposals from the Board were sent to elected officials in each of the four counties and 26 municipalities. The requests were to support a Mobile Public Health Clinic and Behavioral Health Interventions. To cover both of the projects would require each municipality and county entity to award SHDHD 3.7% of the funds received by that entity, assuming all entities participate.
- A letter of support for LB1138, to allocate state ARPA funds for local public health infrastructure and personnel, was sent from the SHDHD Board of Health to the members of the Appropriations Committee.