

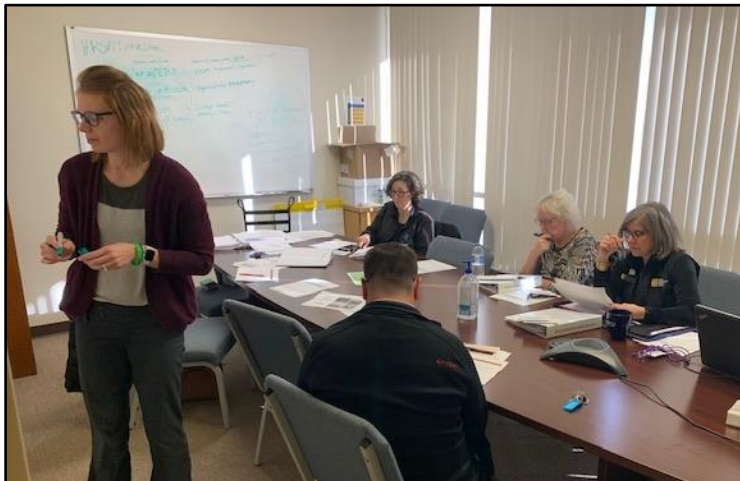
Health Director Michele Bever opened the SHDHD Public Health Coordination Center (PHCC) on January 29 to initiate planning and response for the coronavirus (COVID-19) outbreak. Participants included SHDHD staff and representatives from Board of Health, hospitals, and emergency management. Inset: Jessica Warner, Planning Chief, gives a situation update.



2/27/20 Jim Morgan, SHDHD's public health risk coordinator, opens a news conference about local coronavirus planning at the health department office.



2/23/20 Jessica Warner (right) joins HC health services staff to provide health information (including COVID-19) during a travel forum for Hastings College students and faculty preparing to travel abroad.



The South Heartland Rural Behavioral Health Network Partners review and prioritize local, state and federal opportunities and barriers to the strategic plan, then offer suggestions on how to maximize opportunities and minimize threats.

Partners: Quality Health Care Clinic in Sutton, Brodstone Memorial Hospital, South Central Behavioral Services, Mary Lanning Healthcare, and SHDHD



## Wear Red Day 2020

National Wear Red for Women's Heart Health! February 7



SHDHD's Ethics Committee met 01.23.20 to deliberate about how to serve staff family members who are eligible for health department services



Hastings Public Schools - Lincoln School Wellness Team Meeting

Right: Jessica Warner discussed lead and radon with parents and children at the Safety Fair held at the Hastings Public Library



Left: Falls Prevention: Tai Chi Moving for Better Balance class at the Hastings Family YMCA

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

### 1. Monitor health status and understand health issues facing the community.

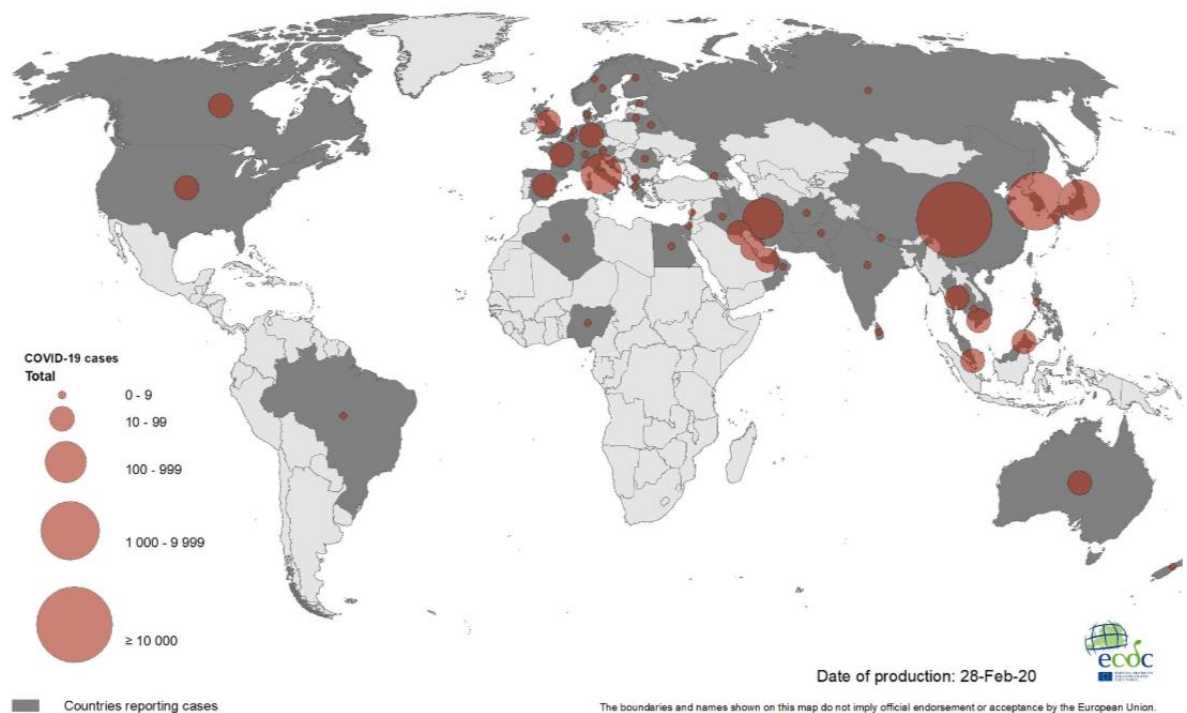
*(What's going on in our district? Do we know how healthy we are?)*

- *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?*

#### Local

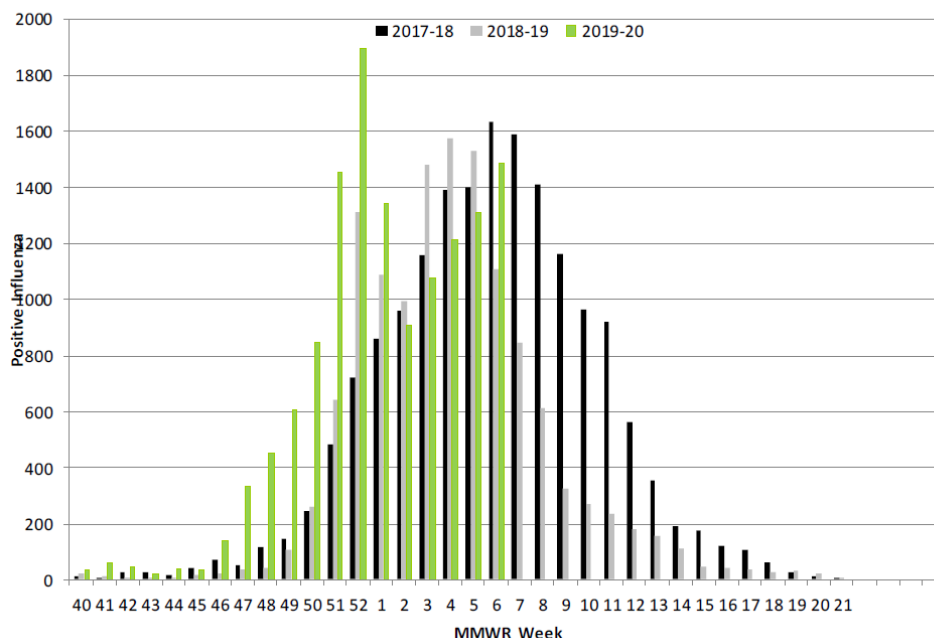
- Surveillance data, water violations, and other [health information is made available](#) on our website, through links on our website, on SHDHD's Network of Care website, through news releases and interviews to various forms of media, and upon request from partners or others.
- [Coronavirus \(COVID-19\) Outbreak:](#)

### Geographic distribution of COVID-19 cases worldwide, as of 28 February 2020



**Coronavirus (COVID-19) Outbreak Situation Update:** On December 31<sup>st</sup>, 2019, the WHO was informed of a cluster of 44 patients who were hospitalized in the city of Wuhan China with pneumonia of unknown etiology (cause). On January 11<sup>th</sup> & 12<sup>th</sup>, The National Health Commission China informed the WHO of a known exposure being a seafood market in Wuhan City. China isolated the virus and confirmed that it had not been previously identified in humans. China also shared the DNA sequence of the virus on January 12<sup>th</sup>, enabling other countries to use the sequence in developing specific diagnostic kits. On January 30<sup>th</sup>, the WHO declared coronavirus to be a World Health Emergency. As of 2/29/20, a total of 85,954 cases have been confirmed, resulting in 2,941 deaths. The current case count in the US is 68, with 1 death. Nebraska has had a significant impact on the monitoring and treatment for the COVID-19 outbreak with 57 passengers being monitored at Camp Ashland, 13 individuals in UNMC's National Quarantine Unit. Three individuals have been treated at the UNMC Biocontainment Unit and numerous other individuals are currently being monitored that traveled to Wuhan China and have returned to Nebraska since the outbreak began. SHDHD continues to monitor the situation. We have plans in place and all materials needed to investigate, test and monitor individuals who may have been exposed to the virus.

### Positive Influenza Laboratory Tests by Nebraska Laboratories



- **Hospital and School Influenza Surveillance:** Data for influenza activity is being sent to SHDHD by our hospitals and schools in order to monitor the duration and frequency of hospitalizations and children absent due to influenza-like-illness. The flu season is hitting our state hard with the highest number of positives recorded since the 80’s (see bar graph for 19-20 season in green). Flu activity continues to be widespread across the state. No schools have closed and no outbreaks due to influenza have been reported in our district this season. As influenza continues to be widespread, we encourage individuals who have not been vaccinated to get the flu shot.
- **Norovirus:** An assisted living facility reported 16 ill individuals during the month of February. South Heartland staff coordinated with the nursing director and with DHHS to provide guidelines for prevention of further spread. We also worked with lab partners and hospital staff the collection of stool specimens as required by the CDC.
- **Local:** A total of 29 reportable disease investigations have been completed during this reporting period.

## 2. Protect people from health problems and health hazards.

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

- *What key activities did we complete 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*
- *What activities did we complete for emergency preparedness (e.g., planning, exercises, and response activities)?*
- **COVID-19 Preparedness and Response:** SHDHD has opened a Public Health Coordination Center (PHCC) in response to the potential need for investigation and testing and created a Joint Information Center (JIC) for coordinating messages to the public. SHDHD continues to monitor the situation. We are working with state and local planning and preparedness partners; monitoring and sharing updates, recommendations and other guidance; and we have plans in place and all materials and staffing needed to investigate, test and monitor individuals who may have been exposed to the virus.
- **Memorandums of Understanding:** J Morgan has now started meeting with hospitals and long term care centers to renew emergency preparedness and response partner MOUs. He is developing MOUs with schools as well for them to be closed Points of Dispensing (PODS) for dispensing vaccinations or pharmaceuticals.

- **Exercises:** Garry Steele, Nick Elledge, and Jim Morgan will be finishing up the SitMan (Situation Manual) in the next couple of weeks for the TTX (table top exercise) they are developing for SNS distribution (Strategic National Stockpile).
- **ERC Regional Meetings:** The main topic of the ERC Regional Meeting on March 9<sup>th</sup> will be the MYTEP (Multi-year Training and Exercise Program) required by the state. It includes the Tri-Cities Medical Response System (TRIMRS) exercises as well.

### 3. Give people information they need to make healthy choices.

#### ***(How well do we keep all people and segments of our district informed about health issues?)***

- *Provide examples of key information related to physical, behavioral, environmental, social, economic, and other issues affecting health that we provided to the public.*
- *Provide examples of health promotion programs that we implemented to address identified health problems.*
- **Community sign boards:** were utilized to get information out (located in Edgar, Nelson, Lawrence, Red Cloud, Bladen, Roseland, and Kenesaw). Topics covered in January and February were Radon, Cold Weather Emergency Preparedness, Obesity, and Heart Health.
- **Satellite offices:** Staff covered monthly hours in Superior and Guide Rock in November and December. Topics covered were holiday stress, flu shots, and cold weather preparedness.
- **News releases, public health columns, ads and interviews:** Topics covered in January and February included Suicide Prevention, Coronavirus and Heart Health. Public Health columns and articles that were published: "Radon is a Serious Health Hazard in South Central Nebraska", "Local Health Department: Get the Facts on Coronavirus", "Make radon testing one of your New Year's resolutions", "Local kids to get a healthier start thanks to SHDHD", "Always looking for something new" (Article on Judy Reimer), and "Local Kids Get a Heart-Healthy Start". Radio interviews on KHAS: Radon Action Month and Healthy Youth. Also, print ads for Radon Testing, Falls Prevention, and Stepping On.
- **Radon testing and mitigation:** January was radon action month. We worked to promote radon testing through various media outlets including TV, newspaper and air time on two local radios. Press releases went out in January as well as ads in the Holiday Greeting and Health Pages of the Hastings Tribune. Continue to answer questions that consumers have regarding what levels are dangerous and when mitigation should be considered. People quite often call SHDHD before mitigation to make sure they understand the test results and what to expect in mitigation.
- **SHDHD Facebook:** The number of people reached was 1,105 in January and 1,062 in February. There were 6 Spanish posts in February. The topics for social media included "Get your Flu Shot," Radon Information, Veteran Mental Health, Heart Health, Cervical Cancer/HPV and Coronavirus information.
- **Hastings College Students Travel Forum:** HC Students will leave on March 1<sup>st</sup> to travel to Ireland, England, Spain or France. Shelly Fletcher, Campus nurse and J. Warner provided health travel information to students. Education was also shared that relates to health risks such as foodborne illness, vaccine preventable diseases and influenza.
- **Health and Safety Fair:** Parents and children were invited to attend a health and safety fair with ~100 people participating. SHDHD provided information and educational materials about radon and lead. Kids were required to stop at every booth in order to get a Runza at the end of the event.
- **Tai Chi Moving for Better Balance & Stepping On Classes:** Beginning Tai Chi classes started back up in Superior, Nelson and Hastings (Golden Friendship Center and YMCA). Advanced Tai Chi classes are offered all year in Hastings at the Golden Friendship Center and in Red Cloud at the Community Center, and twice a year in Superior, Nelson and Hastings-YMCA for individuals that have completed the beginning 12-week class. Stepping On classes started at Evangelical Free Church in Hastings (13 new participants) in January. Stepping On meets once a week for seven weeks for 1 ½ hours with guest experts talking about fall related topics. The next Stepping On class is scheduled for March 11<sup>th</sup> @ 4:00 pm at the United Methodist Church in Juniata.
- **Smart Moves (Diabetes Prevention Program (DPP):** Brodstone, SHDHD (at Head Start) and Mary Lanning completed the yearlong classes. New classes started at Brodstone, SHDHD (Crosier Park) and Mary Lanning.
- **YMCA's SMBP Program:** The YMCA Self-Monitored Blood Pressure program continues at Brodstone Hospital, ML's Community Health Center, SHDHD and Hastings Family Care.

- **Public Libraries:** Managing stress and physical activity materials, along with information on the Diabetes Prevention program, Smart Moves, and Every Woman Matters, are being distributed to the 10 public libraries within the South Heartland district. Two libraries have holders containing materials in Spanish.
- **Annual Report:**-The 2019 Annual Report has been completed and currently 159 copies have been distributed throughout the four counties, including state legislators representing our district.

#### 4. Engage the community to identify and solve health problems.

##### *(How well do we really get people and organizations engaged in health issues?)*

- *Describe the process for developing SHDHDs community health improvement plan (CHIP) and/or implementing your work plan.*
- *Provide examples where we engaged the public health system and community to address health problems collaboratively. What were the evidence-based strategies that were implemented?*
- **Community Health Improvement Plan (CHIP) implementation:** Five CHIP priority steering committees, consisting of community members and leaders, continue to gather data for implementing CHIP objectives and strategies. SHDHD is supporting the process through IT to gather, analyze and report the data for the steering committee meetings scheduled in April. The steering committees are overseeing the five priority areas: Access to Care, Mental Health, Substance Misuse, Obesity and Related Health Conditions, and Cancer.
- **CHIP Promotion:** Infographics for each of the 5 CHIP priorities are completed for English and Spanish versions. They are posted on the SHDHD website and were shared with partners to use (they can add their logo). These will help promote the goals of the Community Health Improvement Plan and engage stakeholders and partners in strategy implementation.
- **Access to Health Care CHIP Priority:**
  - Access to Care CHIP strategy progress: the committee chair is exploring *Bridges Out of Poverty* training opportunities to bring to the area and is beginning to consider platforms for comprehensive resource guide.
  - Heartland Health Center (federally qualified health center, FQHC, located in Grand Island) and collaborating partners, Mary Lanning Health Care and SHDHD, will reapply for a FQHC Satellite clinic in Hastings at the next opportunity. This is an objective in the CHIP Access to Care priority.
  - Central States Center for Agricultural Safety and Health (CS-CASH) Project launched - Promoting a Culture of Health and Wellness in the Rural Ag Community: A Collaborative Approach with partner commitments from Blue Hill Clinic, Blue Hill Ambulance, Red Cloud Ambulance, and Nebraska Extension. This project aims to improve access to preventive care for ag families and ag workers.
  - The transportation taskforce is being developed to address the strategy – “improve access to care by expanding transportation options”. They will be doing an environmental scan to assess current options.
- **Mental Health CHIP Priority:**
  - **VetSET/Making Connections** continues making twice monthly media post on Facebook and Twitter to share mental health and prevention messages for veterans and their families. Developed education (public health column and radio interview) on mental health and suicide prevention for November 1 and partnered with Janelle Brock, Suicide Prevention Outreach and Educational Specialist, VA-Nebraska Western Iowa Healthcare System.
  - **Rural Behavioral Health Network:** SHDHD continues to implement the HRSA project by hosting Rural Behavioral Health Network meetings. All of the 5 agencies involved in the network were able to attend at least two of the three meetings in these last two months. The Network completed the external environmental scan which identified threats and opportunities that may affect the work of the network. They continue to review the data and evidence based practices that may fit the needs of the communities. The Network also continues to work on a network structure by revising/approving a vision statement. In addition to the Network meetings, the grant project coordinator and executive director participate in regular HRSA Technical Assistance webinars, monthly calls and national grantee meeting to ensure the project is progressing and Network is sustained beyond the grant cycle.
- **Substance Misuse CHIP Priority:**
  - Substance Misuse Steering Committee strategy progress: currently collecting baseline information on evidence-based practices (see Rural Behavioral Health Network, above)
  - SHDHD received Drug Overdose Prevention funds that will support additional assessment activities (e.g., survey to understand provider use of best practices for prescribing for pain management), help us promote health care providers and hospitals adopting model pain management policies, and expansion of the drug take back program.
- **Obesity & Related Health Conditions CHIP Priority:**

- SHDHD Healthy Kids Workgroup, HKW: During January and February, the HKW has been busy reviewing Maternal Child Health grant participant's implementation action plans and providing feedback/resources to help them reach their goals. HKW has provided SHDHD with great expertise and insight for the implementation sites. During Jan/Feb, SHDHD staff worked to connect with all 11 pilot sites to start implementing activities. Of the pilot sites, about 50% of the sites have started implementing, while the remaining sites plan to implement in March and April. One participant, the YWCA of Adams County has used funding to enrich their "Kids Cooking Club" at The Zone afterschool program.
- Improving Health through changes in Built Environment and Social Supports: Healthy Hastings (HH) continues to meet to fulfill their action plan. In Jan/Feb, the committee discussed plans for Active Hastings Week (scheduled for the last week in April 2020) and the idea of launching an educational campaign for the city of Hastings around walking and biking road rules. Sutton continues to work on implementing their action plan. Their primary focus right now is hosting monthly community wellness sessions covering a variety of topics and raising funds/identifying grants that will help them begin laying the walking trail.
- Prevention Connection: Smart Moves, Diabetes Prevention Class (DPP): SHDHD continues to work with partners in implementing this evidence-based yearlong program, establishing the capacity to serve 3 of the 4 counties with Smart Moves. Partners include Brodstone Memorial Hospital, Mary Lanning Healthcare, Village Pharmacy of Red Cloud, and Innovative Women's HealthCare (a new partner in Hastings). SHDHD also wrapped up our first worksite Smart Moves program at Head Start with 9 participants who completed the full year long program. Together the group lost 92 pounds, with an average of 4.17% weight loss.
- SHDHD WoW (Worksite Wellness): During Jan/Feb the WOW team discussed and implemented a new program for 2020. Each quarter all staff will be required to attend a wellness activity that SHDHD promotes to the community. After attending, staff will be asked to do some type of follow-up activity (i.e. complete a home radon test) and share barrier/successes they experience. This process will help all staff understand the barriers our community members might face and help us model what we promote.
- Whole School, Whole Community, Whole Child (WSCC): SHDHD has been actively connecting with schools about wellness activities, attending Hastings Public District (HPS) and Harvard Wellness Team meetings, and implementing action plans. In Jan/Feb, SHDHD attended at least one wellness team meeting from each of the HPS elementary schools, 2 of the Harvard wellness team meetings and 2 of the Nebraska Department of Education (NDE) meetings. All schools are making progress. Harvard is implementing a fruit and vegetable program - serving a fruit/veg snack to K-8 three times a week, partnering with UNL extension to do nutrition education 1 time/month and promoting water consumption in the elementary. At Hastings Public, all buildings have active wellness teams with three goals they will be working on in 2020. All Hastings Public, Harvard Public, Sutton Public and Red Cloud Public schools are recipients of a healthy kids award and will be recognized at the Nebraska Healthy Kids Summit in March.
- Cancer Priority:
  - CHIP Cancer Strategy Progress: SHDHD sought/received funding to help support first steps of Cancer strategies – including conducting a survey of health care providers to understand how they communicate with their patients about recommended cancer screenings and exploring ways to increase cancer screening rates. The committee identified a clinical task force (CTF) which met in January and created a cancer risk factor assessment provider survey. The CTF distributed the survey to primary care providers in February. Results will be compiled in March and shared at the next CHIP Cancer Steering Committee in April.
  - Cancer Coalition: The South Heartland Cancer Coalition met in February coordinating efforts for colorectal cancer awareness and screening during the month of March, sun safety education and screening at Vital Signs Health Fair in March and planning for other upcoming area health fairs across the district.
  - Mary Lanning Healthcare Cancer Committee: ML Cancer Committee met in January. This group helps guide and oversee the activities of the ML cancer program. As ad hoc members of this group, we collaborate on community cancer education and screening projects advancing SH community health improvement and ML COC Accreditation goals.
  - Lung Cancer: Radon detection kits remain available at SHDHD, satellite offices & UNL Extension offices.
  - Colon Cancer: FOBT kits are available throughout the year at SHDHD, Community Health Center and Hastings Family Care. During the month of March they will be available at health fairs, pharmacies in Clay, Nuckolls and Webster counties, at Superior Family Medical Clinic and Webster County Clinic.
  - HPV Cancer Prevention/Cervical Cancer: Human Papillomavirus (HPV) vaccine educational materials and banners in English and Spanish were displayed and shared at the monthly VFC clinics and at Community

Health Center. Community Health Workers connect families to resources for vaccination of children through our VFC clinic and for cervical cancer screening for women through the EWM program.

- **Breast Cancer:** Using the Encounter Registry web-based tool, SHDHD's health hub staff continue to identify women in need of breast, cervical and colorectal cancer screening as well as resources to lifestyle change. Needs are assessed including health coverage and other barriers that might stand in the way of a woman completing cancer and cardiovascular screenings. Those without insurance who meet Every Woman Matters program requirements are assisted with completing the Healthy Lifestyle Questionnaire to enroll in the program. In January/February staff enrolled 2 new clients in to the EWM program. 7 women were navigated to breast and/or cervical cancer screening. Through our Health Hub Collaborative Impact Project, we are working with the Hastings Imaging Center and Hastings Radiology Associates to address the financial barrier impeding access to breast cancer screening for minority women in our district. With ML financial assistance covering a woman's physical exam and mammogram and a mammogram scholarship covering the cost of the radiology reading for the mammogram, a woman is able to complete her breast cancer screening. In December we became aware that Mary Lanning was working to improve compliance to their financial assistance program. Their policy states that an individual must first receive the service before they can apply for financial assistance. The women we are working with who need a wellness visit and cancer screening are not willing to incur the costs not knowing whether there will be assistance provided or whether they will be responsible for the bill. We have been working with ML hospital and clinic leaders and they are allowing an exception to their policy for the women in our project. 1 woman completed screening mammogram through this program in January/February.
- **Prostate Cancer:** No activity in January/February.
- **Skin Cancer:** Morrison Cancer Center, our partners in skin cancer education, are using our skin scope as an educational tool for students to view the effects of sun damage on an adult's skin during presentations given to middle school students in schools across the district.
- **Vital Signs Health Fair Board:** staff attended planning meetings in January and February. As discussion continues about changing the community health fair model after the 2020 fair, the board and sponsors are looking for input from providers, past fair attendees, booth exhibitors and the community at large. SHDHD created the survey for collecting this information. This survey is being shared on Facebook, is available to registrants at the time of registration, and the YMCA will be helping with other avenues for survey distribution.
- **Other Collaborations:**
  - **Hastings Health Ministry Network, HHMN:** 2 SHDHD staff members attended and contributed at the monthly network meeting in February. The January meeting was cancelled.
  - **Local Emergency Planning Committee, LEPC:** 1 staff member attended the Adams Co. LEPC meeting and 2 staff attended the Clay Co. LEPC in January.

## 5. Develop public health policies and plans.

*(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)?*
- **Grant Proposals and Contracts (New Plans):**
  - **Opioid Prevention (DHHS):** SHDHD submitted a work plan for a three-year grant that will allow for prevention and interventions directed towards opioid abuse. The sub award was signed on February 3<sup>rd</sup> and staff is working on compiling materials that can be distributed to providers. We are also working on a strategic plan and alignment with CHIP priorities with what data is available. Total award for each year: \$18,241 (with potential for additional funding).
  - **Childhood Lead Poisoning Prevention Program (DHHS):** Submitted work plan and budget for 09.30.19 – 09.30.20 (due date 10.31.19) for \$7200 (allowed amount). The subaward was finally executed on 2/3/20. Project objectives: Conduct fundamental blood lead level surveillance; conduct disease investigation and follow-up activities for children aged less than 72 months with an initial unconfirmed (capillary) elevated blood lead level  $\geq 5 \mu\text{g/d}$ ; conduct disease investigation and follow-up activities for children aged less than 72 months with an initial confirmed venous elevated blood lead level  $\geq 5 \mu\text{g/d}$ ; assist DHHS in coordinating environmental investigations, referrals, and linkages to services for children with elevated blood lead levels; promote public awareness/prevention of childhood lead poisoning.



- **Building Healthy Families:** SHDHD received a \$6250 subcontract (executed 02.06.20) to purchase materials to implement the Building Healthy Families program through UNK. To implement the Child Obesity education program, SHDHD is partnering with Mary Lanning, Hastings YMCA and UNL extension. SHDHD will be overseeing the project, while the partners teach the program.
- **MCH Title V Statewide Strategic Planning:** Two SHDHD staff are participating on a statewide workgroup generating strategy ideas and data sources that will be part of a state-wide proposal for grant funding through Title V. This is a component of access to care and obesity as part of our CHIP priorities.
- **Public Health Emergency Preparedness (PHEP) Plans:** The new ERP is finished and ready for board review. Annexes and Attachments are always being reviewed and updated as necessary, but the plan itself has been completed. It is being presented at the March board meeting.
- **Partner Coordination, Pandemic Planning:** J Morgan is working with the director of MAAA on comparing Pandemic planning. The director will be attending and presenting their work at a staff meeting in the near future.
- **SHDHD Strategic Plan, SP:** The SP dashboard is being updated for SP implementation (performance management). Quarter 1 data will be shared with the Board at the May meeting, including the cross-walk tracking with the QI-PM and Workforce Development plans.

## 6. Enforce public health laws and regulations.

***(When we enforce health regulations are we up-to-date, technically competent, fair and effective?)***

- *Describe our 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:** A bill is being considered that would make vaping and smoking the same as far as the Nebraska Clean Indoor is concerned. SHDHD will utilize the same enforcement process as is currently being used for smoking complaints.
- **Nuisance Ordinances:** -working with Red Cloud to identify tools and resources for enforcing nuisance ordinances.
- **NE legislature:** Following and advocating for LB 1018 – Allocate funding to DHHS for Local Public Health Departments (provided letter of support and follow up communication with Appropriations Committee). Monitoring LB 840 Prohibit the use of electronic smoking devices as prescribed under the Nebraska Clean Indoor Air Act.
- **SHDHD's Quarantine and Isolation Authorities:** Shared Memo on SHDHD authorities with County Officials (Boards, Sheriffs, Attorneys, Clerks; all 4 counties), City of Hastings officials, and Board of Health regarding gradation of public health actions up to and including Quarantine and Isolation and emphasizing the principles of taking the least restrictive actions to accomplish public health goals to reduce spread and protect residents.

## 7. Help people receive health services.

***(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:** In Jan/Feb, clinic staff delivered 85 vaccines to 42 patients at two monthly clinics. Of those 42 patients seen, 30 (71%) had no insurance, 9 (21%) had Medicaid, and 3 (6%) were underinsured. 7 of the 42 VFC patients (17%) were new to the clinic. Total donation collected from clients for Jan/Feb. = \$72.00 (avg. \$.85 per immunization or \$1.72 per patient).
- **Immunization: Adult Immunization Program:** In Jan/Feb, the clinic staff delivered Tdap to 3 adults (age 19 and over). 3 adults were new to the clinic and 3 were uninsured.
- **Reminder/Recall to improve vaccination rates:** VFC patients age 13-15 yrs. old who are not up to date on recommended vaccinations, 23 total, were sent reminder/recall letters.
- **Hastings College (HC) Influenza education and vaccine promotion:** This group met in February with flu vaccination updates given by the school nurse and the student and faculty/staff survey summary data reviewed. Of the 244 student responses, 58% got a flu shot this season. For 7 students it was the first time. Of the 118 faculty/staff responses, 70% got a flu shot this season. For 3 faculty/staff it was the first time. The #1 comment given by both groups, as the reason for not getting a flu shot: "Don't think I need it."
- **Community Health Worker (Bilingual):**
  - Engaged 5 new clients, 5 referrals to other organizations/providers, 2 clients enrolled in EWM

- Working with 1 uninsured Spanish speaking women to complete mammogram through the Collaborative Impact Project.
  - Provided interpretation for 21 VFC patients.
  - Completed 1 presentation for Head Start and 2 presentations for the Hastings Literacy Program.
  - Completed my LanguageLine Interpreter Training Course, Advanced Medical Training in February.
- **Community Health Worker (English Only) / Every Woman Matters (EWM) and Health Coaching:** January/February: continue to do SMBP checks and Nutrition programs at SHDHD. Health Coaching EWM clients for January: completed 1<sup>st</sup> Health Coaching call with 2 participants, 2<sup>nd</sup> Health Coaching call with 3 participants, 3<sup>rd</sup> Health Coaching call and Every Woman Matters assessment on 4 participants. Unable to connect with 1 participant. February: Completed 1<sup>st</sup> Health Coaching call with 1 participants, 2<sup>nd</sup> Health Coaching call with 1 participant, 3<sup>rd</sup> Health Coaching call and Every Woman Matters assessment with 3 participants. Connected 3 participants to Blood Pressure program, 4 participants to regular health coaching, and 1 participant to National Diabetes Prevention Program classes.
- **Central States Center for Agricultural Safety and Health (CS-CASH):** January/February: working on a simple assessment tool for SHDHD CHW and Blue Hill Clinic staff to use with individuals who have present or past occupations related to farming or an agriculture related field. We're also working on a toolkit of printed educational resources, PPE, and sunscreen to be provided to the individuals during our face-to-face connections.

## 8. Maintain a competent public health and personal health care workforce.

**(Do we have a competent public health staff? How can we be sure that our staff stays current?)**

- *Describe our 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.*
- **Performance Management (PM):** The 2020 calendar year performance management dashboard is nearing completion. The QI-PM Team has determined additional training through the combined analysis of staff core competency assessments. These are in addition to training determined from the prioritized transition strategies (culture of quality). This fulfills objectives for the Workforce Development Plan.
- **The Workforce Development Plan:** The 2019-2020 WD Action Plan and Training Curriculum continues to be implemented. Workforce Development goals are cross walked with Strategic Plan and QI-PM Plan goals.
- **NIMS training:** J Warner, O Mendez-Peraza, A Stogdill and Board member J Keifer completed the training provided by Jim Morgan on January 8<sup>th</sup>. Testing/Certification through FEMA for NIMS IS100 and IS700.
- **Qualtrics:** SHDHD, along with other local health departments (LHD) across the state, are partnering with NALHD to be a part of a Qualtrics learning collaborative with a goal of shared data collection processes and a library of survey tools across the state of Nebraska and nationally via NACCHO.
- J Morgan attend a **Whole Community Immersion Training**. It was basically training in how to operate within an EOC. Participants included Law Enforcement, Emergency Management, and ERC's. It ended in an exercise where all facets of an EOC were tested.
- **LanguageLine Interpreter Training Course, Advanced Medical Training:** SHDHD Community Health Workers (CHW), Odeth Mendez has completed and Albert Pedroza is near completion for the training.

## 9. Evaluate and improve and interventions. (Are we doing any good? Are we doing things right? Are we doing the right things?)

- *Provide examples of our evaluation activities related to evidence-based public health programs.*
  - *Provide examples of QI projects that we have completed or are in process.*
- **QI-PM Plan:** The SHDHD QI-PM Plan goals cross-walk with other plans (Strategic Plan, Workforce Development Plan, CHIP) for implementation of goals, improved tracking and reporting of outcomes (performance management system). Dashboards to track implementation of goals and objectives are completed.
- **SHDHD Performance Management Dashboard:** The 2020 Dashboard for staff tracking of health department measures in administrative and programmatic areas is near completion. Operational definitions for performance measures are in progress. This dashboard gives a visual view of progress and identifies areas for improvement.
- **Quality Improvement Project for Policy Housekeeping:** Finance/Operations Manager and Executive Director have initiated a QI project to review, reorganize, and standardize operational, financial, and employee policies.

- Quality Improvement Project for Staff Meeting Efficiency: The aim of this project is to reduce the length of staff meetings to no more than 1 hour per week and improve staff satisfaction (100% of current SHDHD employees will rate staff meetings as a valuable and effective use of their time).
- Quality Improvement Project for Document Retention: This project includes the development of a schedule and process to address paper and electronic document reduction/disposal.
- Strategic Plan action plan and dashboard: Implementation is current for this plan with tracking captured on the dashboard.
- Community Health Improvement (CHIP) Implementation: CHIP strategy and objective implementation (tracking/progress) through the work of the 5 priority Steering Committees is performance management and quality improvement!

## 10. Contribute to and apply the evidence base of public health.

### (Are we discovering and using new ways to get the job done?)

- *Provide examples of evidence-based programs our department is implementing.*
- *Describe how we have collaborated with researchers to conduct any research studies (e.g., completed surveys, interviews, or focus groups).*
- Evidence Based:
  - In the Every Woman Matters/Community Health Hub project, SHDHD uses evidence-based strategies to address health inequities and improve screening rates for cervical, breast and colon cancers.
  - Tai Chi – Moving for Better Balance and Stepping On: are evidence-based programs for falls prevention in older adults who have a fear of falling or that have fallen. In the South Heartland District, beginning and/or advanced Tai Chi classes are offered in 3 counties. Beginning Tai Chi classes started back up in January – February 2020 in Superior, Nelson, and Hastings.
  - Stepping On classes: are evidence-based programs focusing on helping participants recognize and change behaviors and take control of their fall risk. Guest experts talking about fall related topics including falls and risk, strength and balance exercises, safe footwear and walking, vision and falls, home and community safety, medication review and management, bone health, and coping after a fall.
  - STEADI, (Stopping Elderly Accidents, Deaths & Injuries): The STEADI tool kit is a broad, evidence-based resource that is intended to help health care providers incorporate fall risk assessment and individualized fall interventions into their clinical practice. Clinics collaborating with SHDHD refer at-risk patients to the health department for connection to falls prevention classes.
  - We are continuing to use the evidence-based Reminder Recall process for immunization clinic clients to improve immunization rates.
  - Public Health Accreditation Board (PHAB) Standards and Measures: Accreditation is based on standards that allow health departments to demonstrate that they are providing, either alone or in partnership, the public health services necessary to keep their communities healthy and safe. Completion of accreditation will align SHDHD with these evidence-based measures, improving quality and performance. The PHAB Board meets in March to determine our accreditation status.
  - Mental Health Screening Practices: SHDHD's new HRSA-funded project to develop a rural behavioral health network surveyed behavioral health and primary care providers to determine their evidence-based screening practices, barriers to implementing screening/assessments and are now identifying areas for improvement.
- Research/Contributing to the Evidence Base of Public Health:
  - SHDHD is participating in a Nebraska's local health department Academy of Science affiliated with NACCHO (the National Association of County & City Health Officials) to calibrate survey data/software/methodology and working to bring together the most qualified survey template library where data can be benchmarked and aggregated at a National, State, and Local level. The three phases and goals of NACCHO's Academy of Science are (1) to reduce survey technology costs, (2) make survey data collection easier for LHDs and (3) Unify the local health community. M. Bever is serving as Nebraska's representative on the national Academy of Science Advisory Board.

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**Stories: How we made a difference....**

**Protecting and Promoting Health Through Training and Partnerships**

To truly serve South Heartland residents, it is important for our department to have competent staff and a network of partners who will help us reach across the 4-county health district. Case in point: readying our area for the potential of a coronavirus (COVID-19) outbreak.

With the first cases reported in the United States, South Heartland opened up our Public Health Coordination Center (PHCC), which is similar to an Emergency Operations Center (EOC), but led by public health. We used this opportunity to real-time train/refresh staff on SHDHD’s emergency response plan, including incident command, communications, and documentation. Staff began practicing their incident command roles through real-time pandemic planning activities. Activities included preparation for PHCC; communicating about the PHCC (AlertSense technology); opening the PHCC, evaluating the PHCC; section meetings (Planning, Logistics, Operations, Finance/Administration); regular staff briefings; receiving/evaluating/prioritizing/organizing/sharing incoming information and recommendations (ShareFile application); monitoring and incorporating state/national/international guidance and status updates; and communicating with target groups (e.g., clinics) and the public.

At the same time, we invited key partners to participate in the PHCC: hospitals (infection prevention and administration), emergency management, and Board of Health officers. We are set up with virtual options (phone and web-based) so that it is easy for distant partners to be included – resulting in excellent participation and early, coordinated planning. We expanded operations by identifying key communications contacts for shared messaging, then later formalizing a virtual Joint Information Center (JIC), which led to a JIC press conference about local planning and preparedness efforts and attended by print, radio and TV media.

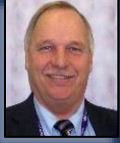




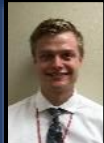
The early, coordinated planning and messaging has already made a difference. Emergency managers are sharing information and guidance within their counties (e.g., with local EMS, law enforcement, government officials). Hospitals are reaching out with questions or requesting clarification on new guidance, and are initiating/coordinating their own internal procedures. Other community partners - fostered through years of various shared initiatives - are welcoming our outreach and information-sharing through webinars, forums and email/fax distributions. We are sharing information and coordinating with schools, colleges, long-term care facilities, daycares, Area Agency on Aging, city/county governments, and more.

It has been a little over one month since we opened the PHCC and we still have a lot to do and learn. However, we know we are on the right track when our staff is working as a team, with team members understanding and beginning to feel confident in their roles. We know we are on the right track when travelers returning to our counties are self-reporting to the state health reporting site. We know we are on the right track when our surveillance staff don’t skip a beat to begin monitoring these self-reported asymptomatic travelers. We know we are on the right track when our local media are providing wide news coverage of our activities. We know we are on the right track when our partners are reaching out to us because they see us as a trusted source of information. We know we are on the right track when our hospitals are vigilant - notifying us about potential cases of unexplained respiratory illness and using these opportunities to clarify their processes and needs should a real case of COVID-19 present at their facilities. All of these partnerships are critical to our goal of protecting the health of our communities.



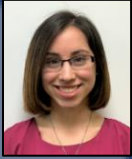

- Submitted by Michele Bever, Executive Director, SHDHD



**South Heartland Bi-Monthly Board Report: Staff-Specific Program Updates, January-February 2020**

<p><b>Jim Morgan</b></p>  <p>Public Health Risk Coordinator</p>	<p><u>Emergency Preparedness and Environmental Health:</u> Even though the ERP has been revised, I need to review the plans that are associated with it. It was good to have the MOU's with Law Enforcement and Emergency Managers completed. I have now started with hospitals and long term care centers.</p>
<p><b>Dorrann Hultman</b></p>  <p>Community Health Services Coordinator</p>	<p><u>Every Woman Matters Health Hub (EWM) Cancer Prevention /Immunization Program / Cancer Grant /CS-CASH:</u> I'm beginning conversations with key community contacts and putting together an environmental scan of sorts to identify where employees are being provided access to flu vaccination and where they are not. As we look to expand flu vaccination beyond VFC and into the private arena, I want to search out the areas of need and see if we can provide access to flu vaccination through the department. I've set up accounts with vaccine manufacturers and have pre-booked vaccine both private stock and through the Adult Immunization Program. We can get set up to bill insurance but also provide federally funded vaccine at no cost to the uninsured.</p>
<p><b>Liz Chamberlain</b></p>  <p>Community Health Worker</p>	<p><u>Fall Prevention:</u> Completed 7-week Stepping On class at Evangelical Free Church – Hastings with 8 / 13 participants completing the class. The beginning Time Up and Go (TUG) for the 8 participants that finished the class was an average of 9.4 seconds, their final TUG score was 8 seconds in just 7-weeks. The next Stepping On class will be starting on March 11, 2020 @ United Methodist Church – Juniata @ 4:00 pm.</p>
<p><b>Brooke Wolfe</b></p>  <p>Public Health Promotions and Prevention Coordinator</p>	<p><u>Walkability/Rural Behavioral Health Network/ School Wellness:</u> All HPS Schools (7), Harvard Public Schools, Sutton Public School and Red Cloud Public School are recipients of a healthy kid's award and will be recognized at the Nebraska Healthy Kids Summit in March.</p>
<p><b>Jessica Warner</b></p>  <p>Health Surveillance Coordinator</p>	<p><u>Disease Surveillance:</u> Coronavirus has been a major focus of my time these past two months. I sent out a HAN (Health Alert Network) advisory to healthcare providers on 2/4/20 and provided a brief to our newly formed Public Health Coordination Center. I have become familiar with the intake form, lab requisition and approval process for coronavirus testing. Due to significant coronavirus-preparedness activity with monitoring and treatment in Nebraska, I have prepared SHDHD's epi staff so that our department is ready to implement contact investigations and testing.</p> <p><u>Title V Cross Cutting/Systems Building Committee:</u> I am the chair of the committee and continue to work with DHHS to create issue briefs on Maternal &amp; Child Health that will be presented to legislators.</p>
<p><b>Alex Stogdill</b></p>  <p>Program Assistant</p>	<p><u>Administrative:</u> My recent administrative duties have been centered on coordinating the invitations/RSVPs for our Annual Luncheon/Training and tracking media regarding the Coronavirus/COVID-19.</p> <p><u>Immunization:</u> I continue to help with data entry/tracking for VFC clinics and I have recently sent reminder/recalls for youth ages 13-15 who are not up to date on their vaccinations.</p> <p><u>Other:</u> I have helped develop a survey to assess cancer risk assessment practices of providers in our district and have continued to assist with the Rural Behavioral Health Network.</p>

**South Heartland Bi-Monthly Board Report: Staff-Specific Program Updates,  
January-February 2020**

<p align="center"><b>Janis Johnson</b></p>  <p align="center">Standards and Performance Manager / Public Health Nurse</p>	<p><u>Immunizations (VFC, Vaccines For Children):</u> <u>Accreditation Coordinator/CHA/CHIP:</u> <u>Performance Management:</u> Michele, Joe and I have been working to streamline the staff performance development and evaluation process (performance management/workforce development objectives). We practiced on Joe's and my evaluation, made changes in documentation and developed a flow chart to assist navigation for all.</p>
<p align="center"><b>Jean Korth</b></p>  <p align="center">Chronic Disease Prevention Program Assistant</p>	<p><u>Annual Report:</u> The 2019 Annual Report was completed with a new design focusing on programs, service areas and responsibilities of all SHDHD staff. The report also contained the newly developed infographics for each of the five CHIP priorities for 2019-2024. <u>Maternal Child Health:</u> We are currently working with 4 in-home daycares, 2 child care centers, 3 public schools and 2 after school programs on increasing physical activity and improving nutrition action plans and implementation.</p>
<p align="center"><b>Odeth Méndez-Peraza</b></p>  <p align="center">Bi-Lingual Community Health Worker</p>	<p><u>Community Health Worker (CHW):</u> In February, I was able to complete my LanguageLine Solutions Advanced Medical Training for interpreters. I got certified as a medical interpreter with 40+ hours of training time. In January, I was able to connect with Head Start and presented to 4 Migrant Program employees about the different resources SHDHD has to offer our 4 counties. I was also able to present to the morning and evening classes at the Hastings Literacy Program about our resources as well. I presented to 4 staff and 14 students in the AM and 3 staff and 15 students in the PM classes. I have been able to encounter 5 new women. One of these women qualified for EWM and is in the process for being screened.</p>
<p align="center"><b>Albert Pedroza</b></p>  <p align="center">Lifestyle Coach for Diabetes Prevention, Mosquito Trapper, and Interpreter for Immunization Clinic</p>	<p><u>Smart Moves Diabetes Prevention Class</u> <u>LanguageLine Interpreter Training Course, Advanced Medical Training:</u> I will complete this training with one more session in March.</p>