SOUTH HEARTLAND DISTRICT HEALTH DEPARTMENT

Board of Health

Webster County: Blue Hill Community Center, 555 W Gage St, Blue Hill, NE
68930 January 5, 2022 8:30 a.m.

	AGENDA *(current as of 01.03.2022)*	
Apprx. Time	Topic, Lead Person	Expected Outcomes
8:30 (14')	Welcome & Opportunity for Public Comment – President Nanette Shackelford, Chair	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')	November 3, 2021 Board Meeting Minutes – Chair	Approve Minutes of November Board Meeting – **Board Action**
8:45 (15')	Coronavirus COVID-19 Situation Update – M. Bever Governance Functions: *Policy Development; Legal Authority, Oversight*	1. Board is aware emergency response actions, policy, and situational needs (Vaccine, Antivirals, Disease Investigation)
9:00 (5')	Bi Monthly Report on 10 Essential Services from Staff Governance Functions: *Partner Engagement, Oversight*	1. Board is able to describe activities of the Department 2. Accept Bi-Monthly Report – **Board Action**
9:05 (10')	Finances – K. Derby / M. Bever Administration/Management - *PHAB Domain 11, SP Goal 4* • Financial Report (Current Funding Sources, Outstanding Invoices, Balance Sheets, Profit & Loss, Disbursements, Line of Credit) • Grants/Funding/ Contracts/Subawards Status • General Liability Insurance proposal - informational Governance Function: *Resource Stewardship*	1. Awareness of financial health/funding sources/ budgetary needs 2. Accept Financial Report – **Board Action**
9:15 (15')	ARPA Funds Request – M. Bever	3. ARPA Funds Request – **Board Recommendations/Action**
9:30 (15')	Policy Committee – P. Meyer • Policy Revisions: HR103, HR104, HR206 • Health Benefits Memo - informational • Resolution #2022-1 Health Insurance Governance Functions: *Policy Development; Legal Authority*	1. Approve Policy Revisions - **Board Action** 2. Approve Resolution #2022-1 - **Board Action**
9:45 (5')	Performance Management & Quality Improvement Updates – M. Bever / J. Johnson • Quality Improvement/Performance Management Plan • Pandemic After Action Plan • Strategic Plan Governance Functions: *Continuous Improvement*	1. Board aware of QI/PM Activities, Accreditation Status, and CHIP and Strategic Plan progress, AAR progress 2. Approve QI/PM Plan revisions - **Board Action**
9:50 (5')	Communications from Exec. Director – M. Bever • Executive Director's Report Q and A Governance Functions: *Oversight, Legal Authority*	1. Board learns latest updates on other key issues, personnel/staffing, funding opportunities, legislative advocacy, training and conferences opportunities, etc.
9:55 (10')	Board Quality Improvement: Discussion on Governance Function - Partner Engagement Governance Functions: *Continuous Improvement*	2. Discussion of roles of Board in Partner Engagement and what the Board needs from the E.D.
10:05 (5')	Communications from Board Members - Chair • Community/County Updates - Board Members Announcements/Upcoming Events – All (see next page) Governance Function: *Partner Engagement*	1. Board members share their community/county public health activities/issues and community or professional meeting briefs and legislative updates 2. Report on NALBOH – N. Shackelford 3. Board members have information to promote or participate in upcoming events
10:10 (15')	Introduction of Local Community Leader Guest: TBD Governance Function: *Partner Engagement*	4. Board learns about local health initiatives and concerns in Blue Hill, NE.
10:25	**Adjourn**	**Board Action** (Next Meeting is the Annual Meeting – March 2, 2022, Adams County)

SOUTH HEARTLAND DISTRICT **HEALTH DEPARTMENT**

BOH-002

SHDHD Calendar

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

1. Coronavirus Updates: Check out the daily updates to SHDHD's website: www.southheartlandhealth.org, for our COVID-19 data dashboard, flyers and brochures, resources, links, tools and tips.
2. Where to get COVID-19 Vaccine: Check for the most current info on the SHDHD website: www.southheartlandheatlh.org to find how to access vaccine near you.
3. COVID-19 Boosters are available now: Check for the most current info on the SHDHD website: www.southheartlandheatlh.org.
4. Where to get tested for COVID-19: Check for the most current info on the SHDHD website: www.southheartlandheatlh.org to find how to access testing near you.
5. "Like" South Heartland's Facebook Page
6. January is Radon Action Month – Radon is the 2nd leading cause of lung cancer. Encourage radon testing in homes. Radon Test Kits are available at SHDHD for $7.00.
7. February is American Heart Month - Celebrate American Heart Month by motivating family members and friends to adopt healthy lifestyles to prevent heart disease. From the National Heart, Lung & Blood Institute: "Focusing on your heart health has never been more important. People with poor cardiovascular health are also at increased risk of severe illness from COVID-19. When we take care of #OurHearts as part of our self-care, we set an example for those around us to do the same. Inspire and motivate yourself and those you love to make heart health a regular part of your self-care routine." Check out this webpage for more information: https://www.nhlbi.nih.gov/health-topics/heart-healthy-living
8. Skin Cancer Prevention – Emphasize Sun Safety! South Heartland has higher skin cancer rates than Nebraska overall. Some people are more at risk for skin cancer – but skin damage from the sun's ultraviolet (UV) rays, in the form of sunburn, increases everyone's risk. Tanning is also a type of skin damage – no tan is a safe tan. Promote sun safety all year round – especially in children, adolescents and young adults. SHDHD partners with Morrison Cancer Center and local health care providers to educate our communities about preventing skin cancer. Contact Dorrann Hultman to schedule a presentation for youth or adults in your community - 402-462-6211.
9. Ongoing – all year 'round:
   - Diabetes Prevention: Ongoing: 'Smart Moves' Classes (Evidence-based Diabetes Prevention Program) – Share the brochure and refer people who might be eligible. Coming soon…an on-line version of the DPP classes (called HALT – Health and Lifestyle Training - DPP). To find out more about classes beginning in January, contact Liz Chamberlain: 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.

PHAB
Advancing public health performance
ACCREDITED HEALTH DEPARTMENT · PUBLIC HEALTH ACCREDITATION BOARD

Open Meeting Compliance:

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

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

Board of Health Principles of Good Faith*:

- ➢ Regularly attend and actively participate in board of health and committee meetings. If unable to attend, be able to provide a valid excuse for absence.

- ➢ Ensure that time at board of health meetings is set aside for updates on public health problems and what the health department is doing, or needs to do, in regard to such challenges.

- ➢ Have a thorough knowledge of the duties and provisions found in the bylaws and charter of the organization.

- ➢ Involve others in health department functions and funding efforts, special events, and activities to promote and support programs and services.

- ➢ Heed corporate affairs and keep informed of the central activities and operations of programs.

- ➢ Support majority opinions of the board.

- ➢ Advocate for public health by communicating regularly with community leaders and elected officials about perceived needs and possible resources.

- ➢ Ensure minimum statutory or technical requirements are met regarding filing annual report, withholding employee taxes, etc.

- ➢ Record personal conduct and register dissents in the minutes, or by letter.

- ➢ Avoid any semblance of self-dealing or enrichment; discourage any business transactions between directors and the organization.

- ➢ Accept no pecuniary profits except that which is expressly provided in compensation or reimbursement within the bylaws or laws of the city, county, and state.

*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
  - o Expand partner and stakeholder involvement
  - o Implement fee for services
  - o Develop integrated primary care/public health relationships supported with healthcare reimbursement
  - o Request city/county support
  - o Explore foundation and benefactor opportunities
  - o Create a fundraising arm (501c3)
- B. Practice enhanced financial stewardship
  - o Develop proactive approaches and policies
  - o Conduct regular risk assessment and risk mitigation activities
  - o 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.)
  - o Adjust internal processes and priorities to accommodate funding fluctuations (QI-PM)

C. Advocate for state and federal policy change
- o Advocate for foundational public health services funding
- o Support Health Care Cash Fund sustainability initiatives
- o 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)
- o Recruit community partners to implement CHIP strategies, provide oversight to CHIP implementation and raise the visibility of the plan in our communities
- o 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
- o Maintain focus on prevention
- o Address health equity and disparities
- o Assure quality and effectiveness of programs (versus quantity of programs) (QI-PM)

C. Use data effectively
- o Measure progress, prioritize and communicate success and value of programs and services (Performance Management System)
- o Analyze program financial feasibility and sustainability to support decisions to continue current or take on new programs
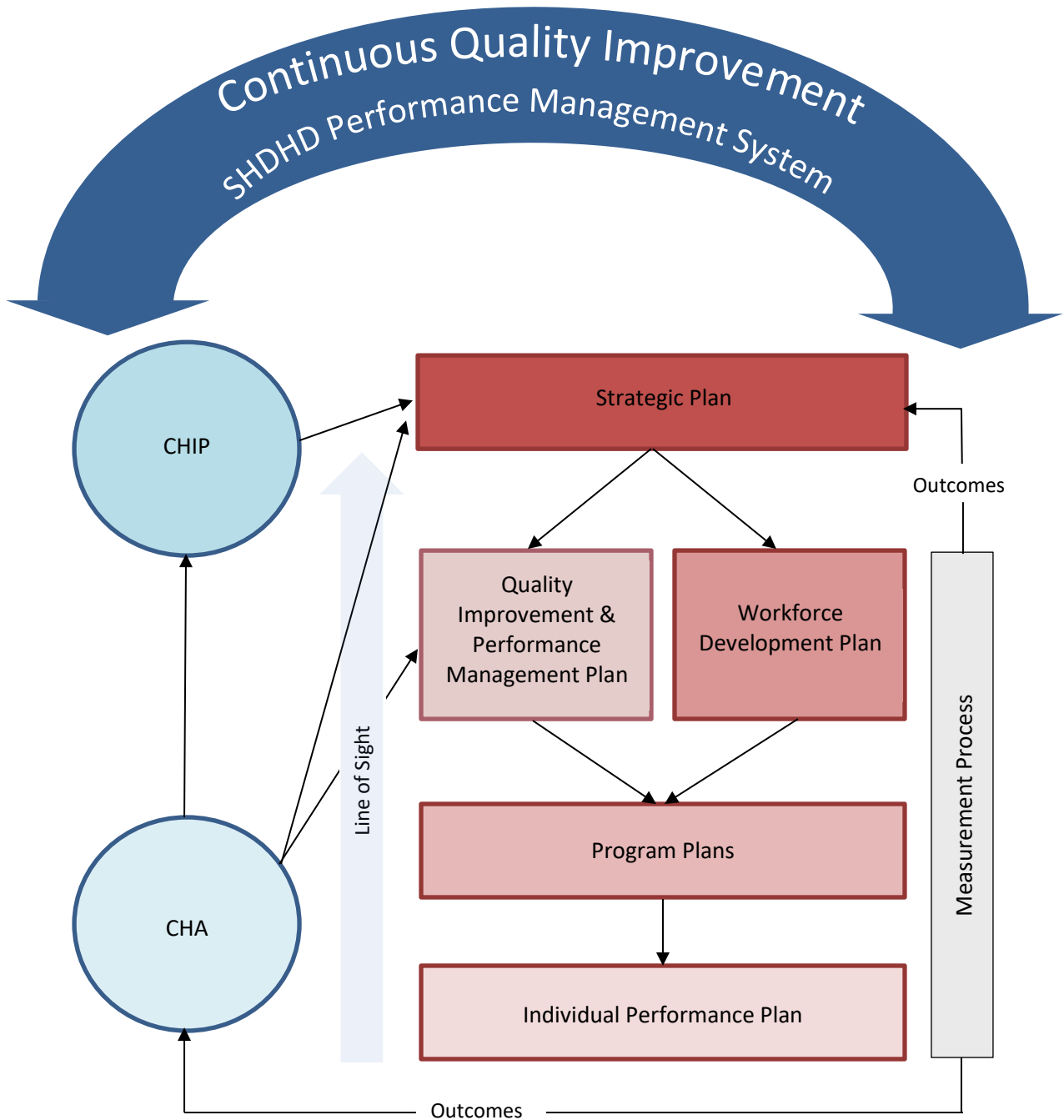
Goal 4: Optimize Human Resources

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
- o Identify strategies to enhance Board and staff engagement
- o Identify strategies for recruiting and retaining a competent and diverse staff
- o 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
- o Develop relationships with local, state and federal policymakers
- o Strengthen relationships with and engage partners to advocate on behalf of local public health
- o 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
- o Share advocacy messages and talking points with Board members to facilitate communication with their constituents and community members
- o 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
- o Enhance public relations and visibility, expanding use of social media and other directed communications
- o Assure frequent, regular communication with city/county/state government and other key stakeholders

Approved by BOH 11.06.19

SOUTH HEARTLAND DISTRICT **HEALTH DEPARTMENT**

SHDHD Performance Management System

Continuous Quality Improvement

SHDHD Performance Management System

CHIP

CHA

Strategic Plan

Outcomes

Quality Improvement & Performance Management Plan

Workforce Development Plan

Line of Sight

Program Plans

Measurement Process

Individual Performance Plan

Outcomes

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.

SOUTH HEARTLAND DISTRICT HEALTH DEPARTMENT

Partner engagement: Build and strengthen community partnerships through education and engagement to ensure the collaboration of all relevant stakeholders in promoting and protecting the community's health. These may include, but are not limited to:

- Representing a broad cross-section of the community;
- Leading and fully participating in open, constructive dialogue with a broad cross-section of members of the community regarding public health issues;
- Serving as a strong link between the public health agency, the community, and other stakeholder organizations; and
- Building linkages between the public and partners that can mitigate negative impacts and emphasize positive impacts of current health trends.

Continuous improvement: Routinely evaluate, monitor, and set measurable outcomes for improving community health status and the public health agency's/governing body's own ability to meet its responsibilities. These may include, but are not limited to:

- Assessing the health status of the community and achievement of the public health agency's mission, including setting targets for quality and performance improvement;
- Supporting a culture of quality improvement within the governing body and at the public health agency;
- Holding governing body members and the health director/health officer to high performance standards and evaluating their effectiveness;
- Examining structure, compensation, and core functions and roles of the governing body and the public health agency on a regular basis; and
- Providing orientation and ongoing professional development for governing body members.

Oversight: Assume ultimate responsibility for public health performance in the community by providing necessary leadership and guidance in order to support the public health agency in achieving measurable outcomes. These may include, but are not limited to:

- Assuming individual responsibility, as members of the governing body, for actively participating in governing entity activities to fulfill the core functions;
- Evaluating professional competencies and job descriptions of the health director/health officer to ensure that mandates are being met and quality services are being provided for fair compensation;
- Maintaining a good relationship with health director/health officer in a culture of mutual trust to ensure that public health rules are administered/enforced appropriately;
- Hiring and regularly evaluating the performance of the health director; and
- Acting as a go-between for the public health agency and elected officials when appropriate.

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

Approved by the NALBOH Board of Directors – November 2012

N A L B O H

National Association of Local Boards of Health
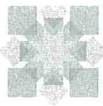
www.nalboh.org

SOUTH
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**HEALTH
DEPARTMENT**

BOH-009

BoH Minutes 11.03.2021
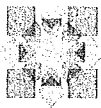
Board of Health Minutes
South Heartland District Health Department
Meeting Location: Community Center, 333 S Main St, Nelson, NE
November 3, 2021

Topic, Lead Person	Comments/Actions	Roll Call / Vote
	Staff Present: Michele Bever, Kelly Derby, Janis Johnson	
	Guest: Chris Peterson, Mayor of Superior, NE Senator Dave Murman, District 38	
	COVID-19 modifications: masking and distancing	
Welcome & Public Comment - Chair	The November 2021 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 *Quorum met*	**Present:** Blecha, Fegler-Daiss, Hallock, Harrington, Kleppinger, Kohmetscher, Neumann, Shackelford, Shaw, Stichka, Waechter-Mead **Absent:** Keifer,(passed away 10/28/21), Meyer, Nejezchleb, Vance
Approve or Amend Agenda	Board approval of November 3, 2021 Agenda: Motion made by Harrington, Seconded by Kohmetscher. Voice vote. *Motion Passed*	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 September 1, 2021 Board Meeting Minutes: Motion made by Shaw, Seconded by Hallock. Voice vote. *Motion Passed*	Ayes: All Nays: None
	Board approval of September 8, 2021 Budget Hearing Minutes: Motion made by Neumann, Seconded by Kleppinger. Voice Vote. *Motion Passed*	Ayes: All Nays: None
Local Community Leader – Chris Peterson, Mayor of Superior, NE	Chris Peterson became Mayor of Superior in March 2020, getting a crash course in pandemic management! The town established supply chains, managed DHMs, and worked with Michele Bever on an almost daily basis to achieve a manageable infection rate in Nuckolls County. The challenge going forward is the mixed messaging that has crept into his mission to keep messaging consistent. Peterson also provided an update on Superior's Walkability project. They initially created a path between the parks and the school. Next up is a widening of the sidewalks, and installation of better lighting on the main street. Further out are plans to implement a system of trails.	
Legislative Update from Senator Dave Murman, District 38	Senator Murman appreciates the regular communication about COVID-19 from the health department through the media. He stated he is against mandatory masking and mandatory vaccinating. An update on the legislation he has passed includes LB390 (reciprocity for healthcare workers), LB583 (mandatory electronic prescriptions for controlled substances), LB671 (funding for disabled farmers so they can keep working). He's working on bills to promote rights of conscience for healthcare workers regarding issues such as sex changes and abortion, and to restrict biological males from participating as females in sports.	
COVID-19 Update – M. Bever	Bever summarized that COVID-19 transmission continues to remain high in all four of the department's counties. Testing is staying fairly high as well compared to that of surrounding health departments. Hospitalizations are also going up (we're at our highest point since December 2020). Bever also reported two additional deaths. Finally, Bever said that the department has started giving booster shots now that they have EUA from the FDA.	

Bi-Monthly Report on 10 Essential Services from Staff – M. Bever	Bi-monthly report from staff was included in the Board packet. Bever highlighted the department's recent work with minority outreach. Board acceptance of Bi-Monthly Report: Motion made by Blecha, Seconded by Kohmetscher. Voice vote. *Motion Passed*	Ayes: All Nays: None
Board Education: Health Literacy – J. Johnson	Johnson reported that staff will receive annual training regarding Health Literacy. Annual training for staff is scheduled by month. Training on Health Literacy for the Board is included in their packet, including some short videos.	
Finances – K. Derby	Derby reported that our cash position is still strong for the same reason it was strong last period: the receipt of FEMA funding to cover vaccination costs. The department is currently using the funds to cover COVID-19 costs for which no funding is currently available. No line of credit has been needed since last period. The income statement now includes a column for the Budget, which allows comparison to Actual. Net income is $258K. The increase over last period's net is again due to receipt of FEMA funding, another installment of which was received in late October. A portion of that funding is due to our vaccination partners, but has not been paid as of today. The department's largest expenses are vaccination clinic related. Derby also highlighted that Indirect Costs (IDC) are 22.5% of total costs though reimbursement for those costs is currently the de minimus of 10%. Tracking this will allow us a basis for negotiating a higher rate of reimbursement in the future. Outstanding invoices amounting to $130K are all recent. Board acceptance of the Financial Report: Motion made by Neumann, Seconded by Harrington. Voice vote. *Motion Passed*	Ayes: All Nays: None
Audit Report – K. Derby	Derby reported that the single audit, required this year because the department received Federal funding in excess of $750K, yielded largely positive results. The focus of the single audit was the department's CRF (COVID-19) funding, our largest funding source last year. The Auditor of Public Accounts found that $2K of the over $750K was miscoded to State versus Federal and vice versa. Regarding the regular audit, findings were "significantly deficient" as opposed to materially lacking. They fell into two categories: Internal Control, and Bonuses. The Internal Control findings are familiar to the department. Corrections have been devised and are in place. The Bonuses findings differ between those made to staff and that made to the ED. Staff bonuses were considered to be in violation of Nebraska's Constitution while the ED bonus was not considered a bonus and is thus subject to NPERS contributions which the department will need to pay retroactively. Board acceptance of the Audit Report: Motion made by Hallock, Seconded by Neumann. Voice vote. *Motion Passed*	Ayes: All Nays: None
Committee Reports Policy Committee – P. Meyer	In Meyer's absence, Shackelford summarized the results of the Policy Committee meeting on October 22. Two Policies were revised per audit findings. Policy HR603 (Internal Control) was revised by Derby and approved by the Committee for submission to the Board. Policy HR206 (Bonuses) was drafted by Derby and is awaiting input by Donna Fegler-Daiss. Seven other policy change suggestions, submitted by Derby and discussed by the Committee, will be revised and submitted to the Board at a later date. Board acceptance of Policy HR603 Revision: Motion made by Shackelford, Seconded by Blecha. Voice vote *Motion Passed*	Ayes: All Nays: None
Performance Management & Quality Improvement Update – J. Johnson	Performance Management report was included in the Board packet. Johnson highlighted updates for Quality Improvement, Workforce Development, and changes in accreditation domains and measures moving forward next year for the accreditation Annual Report #2.	
Communication from Executive Director – M. Bever	ED report included in the packet. M. Bever highlighted the staff census, implementation of 3% wage increase, wage adjustments for two staff, organizational chart QI project, and expanded use of legal services in the pandemic.	
Executive Director Review – N. Shackelford	Nanette presented summaries from the Board and Staff evaluations of the executive director. Motion to accept the executive director's evaluation by Harrington, seconded by Blecha. Voice vote. *Motion Passed*	Ayes: All Nays: None

SOUTH
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**HEALTH
DEPARTMENT**

BOH-011

BoH Minutes 11.03.2021

Communications from the Board	Shackelford drafted a letter to the counties with a request to consider the Health Department when allocating ARPA funds. The focus of the request would be to support a mobile health vehicle. Discussion ensued. Most like the idea of a mobile vehicle. Board member, James Keifer, passed away on 10/28/21. Classes for Financial Management are available through beamskills.com, per Shackelford. Webster County Hospital is currently giving booster COVID shots, and they have open positions that they are looking to fill, per Hallock.	
Adjournment	Motion to adjourn by Neumann, Seconded by Blecha. Voice Vote. *Motion passed.* Adjourned at 10:52am. Next meeting January 5, 2022 in Webster County.	Ayes: All Nays: None

Respectfully Submitted,

Signature: _Chas. F. Neumann_   Date: _Nov. 19, 2021_

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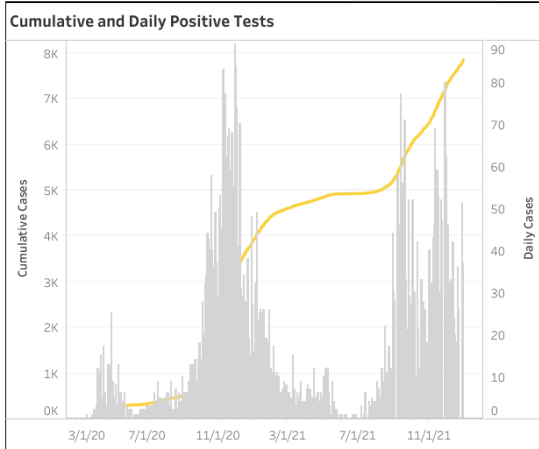South Heartland District Health Department

SHDHD COVID-19 Situational Update from the Executive Director

1. Trends
    a. Cases
    b. Community Transmission
    c. Hospitalizations/Hospital Capacity
    d. Variants
    e. Fatality Rate
2. Testing Options
3. Disease Investigation / Contact Tracing
    a. Process Changes
4. Isolation and Quarantine Guidance Changes
5. Vaccine – Eligibility and Access
6. Treatments
    a. Monoclonal Antibodies
    b. Antivirals
7. Behavioral Health
8. Messages/Communications
    a. News Releases (and News Release Preview texts to Board members and other stakeholders):
        - **December 28, 2021** - SHDHD will enter new year with COVID-19 Advisory in effect; Another death and continuing high community transmission reported
        - **December 21, 2021** - Nearly 50% of residents age 5+ are fully vaccinated; COVID-19 testing recommended before indoor holiday gatherings
        - **December 15, 2021** - SHDHD News Release: NOTICE: Wednesday's COVID-19 Vaccine Community Clinic cancelled due to weather, rescheduled for Thursday
        - **December 14, 2021** - Health Director: It's not too late to get your COVID-19 vaccination
        - **December 7, 2021** - Seven more COVID-19 deaths, high virus transmission, extension of COVID-19 Advisory
        - **November 30, 2021 -** Six more COVID-19 deaths and ongoing high community transmission reported by SHDHD
        - **November 23, 2021** - Community transmission remains high; Health Department encourages COVID-safe holidays
        - **November 16, 2021** - Five more South Heartland deaths attributed to COVID-19; case rates and hospitalizations climb
        - **November 2, 2021** - Two more COVID deaths; expecting Pfizer pediatric vaccine this week
    b. Monthly Public Health Columns / Sunrise 60 Interview Topics
        - **November 5, 2021 -** COVID-19 vaccines are an important step to protect young children
        - **December 3, 2021** - Give the Gift of COVID-Safe Holidays!

SOUTH HEARTLAND DISTRICT

HEALTH DEPARTMENT

COVID-19 Situation Update for BOH 01.05.22

| Main Dashboard | Hastings Data | Vaccine Data |

COVID-19 Dashboard
last updated 12/30/21 6:55 pm CST

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

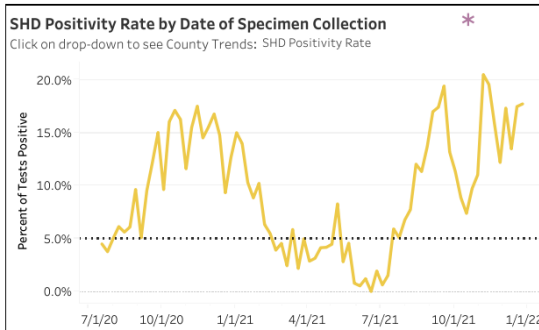The CDC and NE DHHS sites are not the responsibility of SHDHD. They may collect data differently from SHDHD and may differ on how metrics are calculated or defined.

Vaccine Coverage
Last updated 12.27.21

35.0%   70.0%

© Mapbox © OSM

New Cases per 100,000 in the Past 7 Days

Click on the County to see County Trend:
- SHD
- Adams
- Clay
- Nuckolls
- Webster

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

100 cases/100K
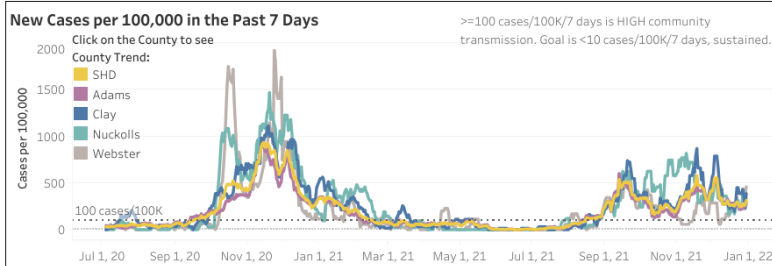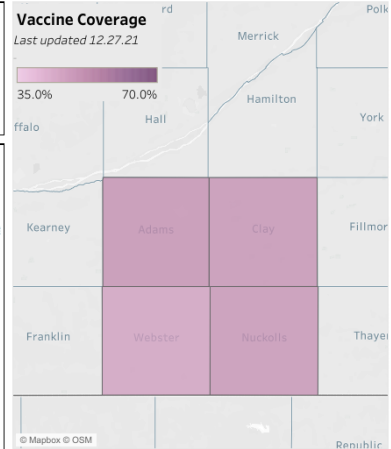
New Cases per 100,000 in the Past 7 Days
Last updated 12.30.21

SHD: **314.2**
Adams: **290.2**
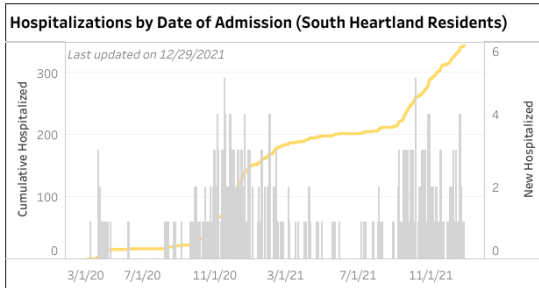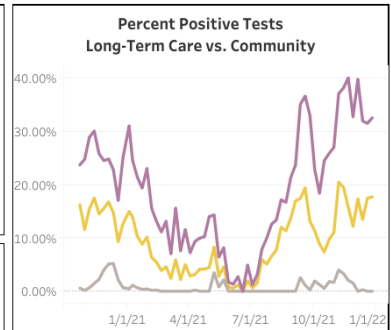Clay: **386.9**
Nuckolls: **265.2**
Webster: **458.8**

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)
*Last updated on 12/29/2021*

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/Dashboard1?publish=yes..

Cumulative Confirmed Cases in SHD by Age
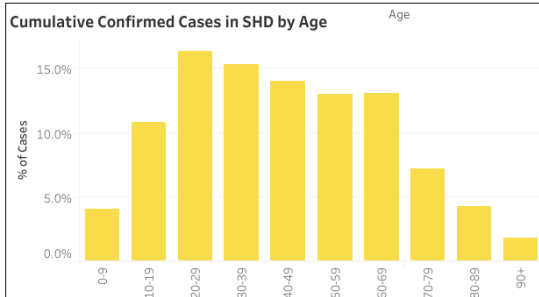
COVID-19 Confirmed Variants
Last updated 12/28/2021

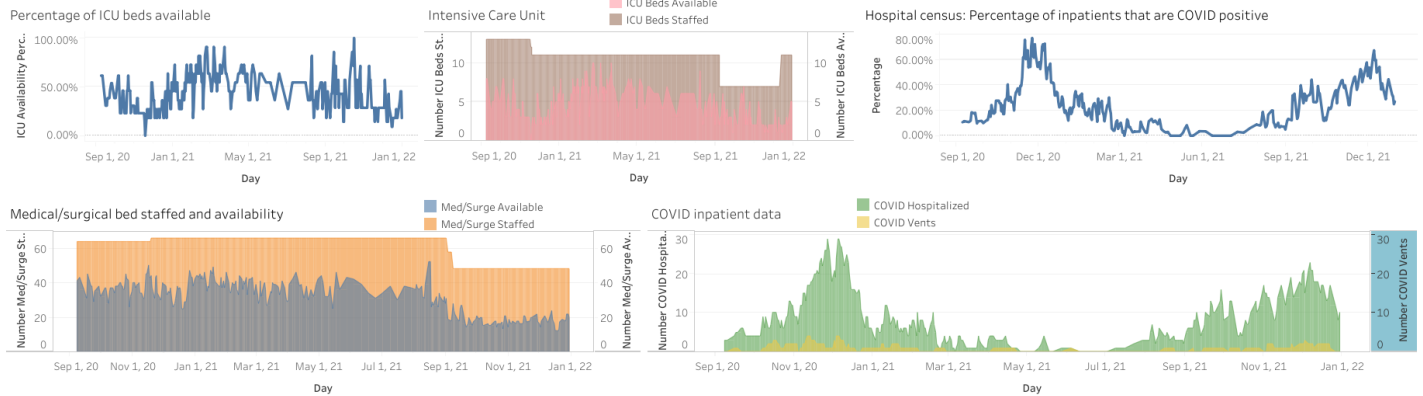| Variant	Reported Cases
B.1.1.7 (Alpha):	20
B.1.351 (Beta):	1
B.1.617.2 (Delta):	157
Total:	178

Deaths

118

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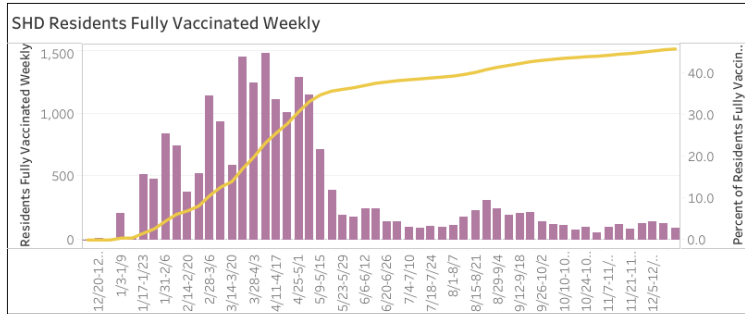
CDC Death Count Information

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.

SOUTH HEARTLAND DISTRICT HEALTH DEPARTMENT

Percentage of ICU beds available

Intensive Care Unit

ICU Beds Available
ICU Beds Staffed

Hospital census: Percentage of inpatients that are COVID positive

Medical/surgical bed staffed and availability

Med/Surge Available
Med/Surge Staffed

COVID inpatient data

COVID Hospitalized
COVID Vents

COVID-19 Dashboard

| Main Dashboard | Hastings Data | Vaccine Data |

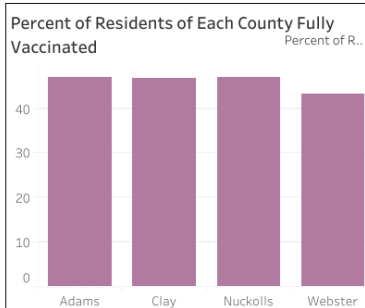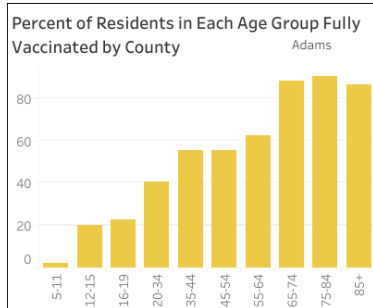### SHD Residents Fully Vaccinated Weekly

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

Adams

Percent of Residents of Each County Fully Vaccinated

Percent of R..

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

*Perc ent ..

Percent of Residents of Each Race Category Fully Vaccinated in SHD

Perc ent ..

Percent of Residents of Each Ethnicity Category Fully Vaccinated in SHD

Pe..

Percent of Residents of Each Gender Fully Vaccinated in SHD

Pe..
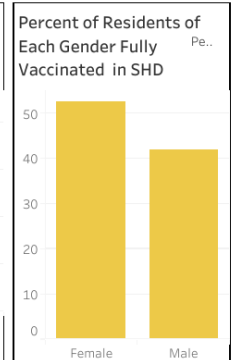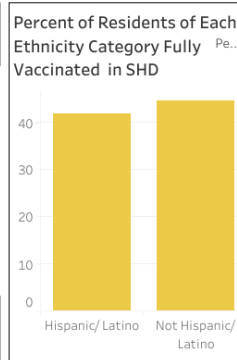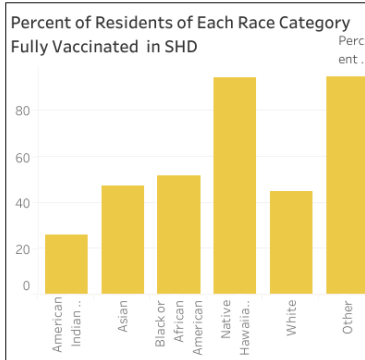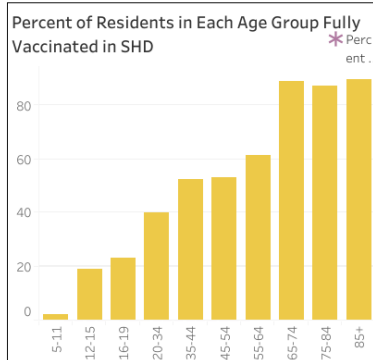
South Heartland District Health Department
Where to Get Your Vaccine:

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

SOUTH HEARTLAND DISTRICT

Health DEPARTMENT

606 N. Minnesota, Suite 2
Hastings, NE 68901
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Toll Free: (877) 238-7595
WEB: www.southheartlandhealth.org

Proudly serving, Adams, Clay, Nuckolls and Webster Counties

South Heartland District Health Department
Health Advisory – Molnupiravir Prescriptions

TO: Clinics, Pharmacies, Hospitals in the South Heartland District
DATE: December 29, 2021

Two COVID-19 antivirals received Emergency Use Authorization last week: Merck's *Molnupiravir* and Pfizer's *Paxlovid*. Per Nebraska DHHS, South Heartland District will be receiving a first allocation of Monupiravir today. (Currently, Paxlovid is being directed only to health districts with Federally Qualified Health Centers, so SHDHD will not be receiving any Paxlovid at this time.) Both antivirals will be available in very limited quantities to begin with, so please see below for criteria for use and the local process for accessing Molnupiravir for your patients. We will provide updates as more information is available.

A. Molnupiravir is being allocated in multiples of 20 courses and SHDHD's initial allocation of Molnupiravir is 20 courses. Bert's Pharmacy in Hastings will be the sole pharmacy to manage this medication for the health district, at least until it is more widely available. We are unsure at this time when the next allocation will arrive or how much will be allocated to South Heartland Health District. The medication will require a script from the provider for a patient to receive it.

B. Included with this HAN communication is a portion of the EUA for Merck's Molnupiravir. The following CRITERIA must be met for a patient to be eligible to receive Molnupiravir treatment:
   1. **Patients must be 18 years or older**; Molnupiravir is not authorized for use in patients who are less than 18 years of age.
   2. **Mild-to-moderate COVID-19** in adults:
      • **With positive results of direct SARS-CoV-2 viral testing**,
      AND
      • **Who are at high-risk for progression to severe COVID**, including hospitalization or death,
      AND
      • **For whom alternative COVID-19 treatment options authorized by FDA are not accessible or clinically appropriate**.

C. The full **EUA**, **Provider Fact Sheet** and **Caregiver/Patient Fact Sheet** may be found on the SHDHD website, https://southheartlandhealth.org.   Please review the instructions regarding Use in Specific Populations, including pregnancy and lactation; common Adverse Reactions, including diarrhea, nausea and dizziness; and the Mandatory Requirements for Administration of Molnupiravir under EUA.

D. **Inventory Updates**. Once the antivirals are received in our health district, Bert's Pharmacy will send a daily text to primary care provider offices indicating how many doses are in the inventory that day. *Action Requested:* If your office would like to receive these updates, please call or email SHDHD with the name of your contact person and their preferred text number.

E. **Step-by-Step process for prescribing Molnupiravir**:
   1. Determine patient eligibility – are all Criteria met?
   2. Call script to Bert's pharmacy, 1021 W. 14th Street, Hastings (Tom Choquette 402-984-2092) to determine if medication is available.
      i. If available, Bert's will reserve the medication for your patient.
      ii. The medication will be filled on a first come, first served basis.

Michele Bever PhD, MPH, Executive Director
Timothy Blecha, MD, Physician Representative to SHDHD Board of Health
Questions? Contact: michele.bever@shdhd.org   Office: 402-462-6211

A Health Advisory provides important information for a specific incident or situation; it may not require immediate action

SOUTH HEARTLAND DISTRICT **HEALTH DEPARTMENT**

TO: **ESU-9 School Administrators and Superintendents**
FROM: **Michele Bever, PhD, MPH, Executive Director**, michele.bever@shdhd.org, 402-462-6211
Jessica Warner, MPH, Disease Surveillance Coordinator, jessica.warner@shdhd.org, 402-462-6211
DATE: **12.31.2021**
RE: **Interim Guidance for Student & Staff Exclusion, Isolation and Quarantine for COVID-19**

The South Heartland District Health Department is providing interim guidance on K-12 student/staff exclusion, isolation and quarantine for COVID-19 based on new CDC guidance. CDC is expected to update their K-12 School Guidance and SHDHD guidance may change at that time. As the pandemic has progressed, SHDHD guidance has changed to reflect new science and practice on preventing and controlling COVID-19 in school settings. SHDHD staff will continue to provide updates to your school through Sharefile as we receive lab results of positive cases. Modifications were made to the existing spreadsheets to alert your staff of the changes in isolation and quarantine periods.

School Exclusion (recommendations have not changed)
- "Normal" exclusion policy criteria (fever, persistent cough, vomiting, diarrhea, etc.) should be used to determine if a student or staff should be excluded from school. In addition, if a student or staff presents with recent loss of taste or smell, they should be excluded and tested for COVID-19 (PCR test). If the student or staff chooses to not be tested using a PCR test, they should be managed as a positive case of COVID-19.
- Excluded students or staff may be asked to test for COVID by the school or referred to a health care provider before returning to school.
- The student or staff person may be allowed to return to school when symptoms subside in accord with your normal exclusion policy.

Managing Persons That Test Positive for COVID-19: Isolation
- If a student or staff tests positive for COVID-19, they need to stay home for 5 days (day zero is the day symptoms started or the date of the test, if asymptomatic).
- If they do not have symptoms or if symptoms are resolving (meet school's criteria for readmission), they may return to school on day 6. However, they must wear a mask through day 10 (day zero is the day symptoms started or the date of the test, if asymptomatic).
- If a student or staff cannot wear a mask, they must be excluded and must isolate for 10 days.

Managing Close Contact* COVID-19 Exposures: Quarantine
- Students and staff who have had a close contact exposure should wear a mask for 10 days while at school or participating in school activities and should, if possible, be tested (PCR test) on day 5 after the exposure.
- Students and staff who have on-going high-risk exposure to a positive individual who is unable to isolate (i.e., household) should remain at home until the positive individual completes 5 days of isolation. Extra vigilance on screening for symptoms when they return is advisable.
- If symptoms develop, they must be excluded and be tested using a PCR test.
- If a student or staff cannot wear a mask, they should be excluded for 10 days
*Close Contact: Someone who was within 6 feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period and not wearing an appropriate face covering (for example, three separate 5-minute exposures for a total of 15 minutes).

Classroom/Team Transmission
If transmission is strongly suspected in a classroom/team (3 or more confirmed cases) within an incubation period (10 days), the following actions are recommended:
- Exclude all persons who test positive and follow isolation guidance above.
- All students and staff that potentially had close contact should mask for at least 10 days (see Managing Close Contact Exposures).

Thank you for your continued support. If you have any questions that are not addressed by this update, please contact one of our staff members. We appreciate all that you do to provide a safe school environment for all.

SOUTH
HEARTLAND
DISTRICT

**HEALTH
DEPARTMENT**

**Protecting and Improving Health in
Adams, Clay, Nuckolls and Webster Counties**

606 N. Minnesota Ave. Suite 2
Hastings, NE 68901
(402) 462-6211
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LOCAL HEALTH ALERT NETWORK

HEALTH UPDATE

A Health Alert conveys the highest level of importance; it warrants immediate action or attention

A Health Advisory provides important information for a specific incident or situation; it may not require immediate action

A Health Update provides updated information regarding an incident or situation; it is unlikely to require immediate action

The attached advisory is being sent out to health care providers, hospitals, urgent cares and labs in the South Heartland Health District. It may be distributed further as you see necessary.

SOUTH HEARTLAND DISTRICT **HEALTH DEPARTMENT**

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Proudly serving, Adams, Clay, Nuckolls and Webster Counties

Health Update – CDC Shortens Recommended Isolation and Quarantine Period

TO: Clinics and Urgent Care Centers
DATE: 12/30/2021

I. Updated guidance for the public – Isolation and Quarantine. South Heartland District Health Department is monitoring and preparing for local transmission of the Omicron variant in our region. As we plan our COVID response for the new year, we want you to be aware of a recent CDC update to COVID isolation and quarantine periods. Isolation has been shortened to 5 days for asymptomatic individuals or individuals with a short course of illness resolving within 5 days for the general population. The change is motivated by science demonstrating that the majority of SARS-CoV-2 transmission occurs early in the course of illness, generally in the 1-2 days prior to onset of symptoms and the 2-3 days after. Please see the outline below:

Isolation for a COVID positive individual regardless of vaccination status
- Stay home and isolate for 5 days
- No symptoms or symptoms are resolving after 5 days, can leave your house.
- Continue to wear a mask around others for 5 additional days.
If febrile, continue to stay home until afebrile without use of fever reducing medication.

Quarantine for individuals who were exposed to someone with COVID
- Vaccines Up-to-Date (Fully vaccinated and current on boosters):
If fully vaccinated and boosted **OR:** Completed the primary series of Pfizer of Moderna vaccine within the last 6 months **OR:** Completed the primary series of J&J vaccine within the last 2 months:
  - o Wear a mask for 10 days
  - o Get tested on day 5, if possible
  - o Stay home if symptomatic
  If you develop symptoms get a test and stay home.
- Vaccines Not Up-to-Date (not completed or not vaccinated):
If completed the primary series of Pfizer or Moderna vaccine over 6 months ago and are not boosted; **OR** Completed the primary J&J over 2 months ago and are not boosted; **OR** Are unvaccinated:
  - o Stay home and isolate for 5 days. After that, continue to wear a mask around others for 5 additional days.
  - o If unable to quarantine wear a mask for 10 days.
  - o Test on day 5 if possible.
  If you develop symptoms get a test and stay home

II. Updated guidance for HCWs – Isolation and Quarantine. Guidance has been updated for healthcare workers with categories to align with community transmission and Conventional, Contingency, and Crisis Staffing: Please see the following: https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html. Employers should be aware that other local, state, and federal requirements may apply, including those promulgated by the Occupational Safety and Health Administration (OSHA).

Health Update: provides updated information regarding an incident or situation; unlikely to require immediate action
Health Advisory: provides important information for a specific incident or situation; may not require immediate action.
Health Alert: conveys the highest level of importance; warrants immediate action or attention.

SOUTH
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III. Why the change in guidance? The following is attributable to CDC Director, Dr. Rochelle Walensky:

"The Omicron variant is spreading quickly and has the potential to impact all facets of our society. CDC's updated recommendations for isolation and quarantine balance what we know about the spread of the virus and the protection provided by vaccination and booster doses. These updates ensure people can safely continue their daily lives. Prevention is our best option: get vaccinated, get boosted, wear a mask in public indoor settings in areas of substantial and high community transmission, and take a test before you gather."

IV. Messages to share with patients. South Heartland would like to reemphasize three key messages to share with patients that could help alleviate stress on the healthcare system:

- **Get Vaccinated and Boosted.** Data from South Africa and the United Kingdom demonstrate that vaccine effectiveness against infection for two doses of an mRNA vaccine is approximately 35%. A COVID-19 vaccine booster dose restores vaccine effectiveness against infection to 75%.
- **Get Tested.** Individuals may be more likely to isolate if they know that they have tested positive for COVID. Additionally, testing before attending a group event and then isolating if testing positive or symptomatic will prevent COVID spread.
- **Wear a mask.** Masking for the second half of isolation, and always when around individuals who are at higher risk of severe illness, will help to prevent COVID-19 spread.

V. Community Vaccination Clinic Update: South Heartland District Health Department will continue weekly Wednesday COVID-19 vaccination clinics at Allen's through January. Clinic times are changed to 4:00 - 6:00 pm. Please note that we are vaccinating 12+ at these public clinics. Please refer your patients to the listing on our website, southheartlandhealth.org, for other sites and times if other options are needed for adult, adolescent and pediatric vaccination. Please see our website for additional information regarding vaccination: https://southheartlandhealth.org/public-health-data/covid-19-vaccine-information.html

VI. COVID-19 Resources for Providers: https://southheartlandhealth.org/public-health-data/healthcare-coronavirus-preparedness-resources.html

Thank you! The past two years have been very challenging for our healthcare system and we sincerely appreciate all that you do to evaluate, test and care for individuals who have been affected by COVID. Please feel free to contact one of our staff if you have additional questions about these changes. We appreciate all that you do for our community.

Michele Bever PhD, MPH, Executive Director   michele.bever@shdhd.org
Jessica Warner, **MPH,** Health Surveillance Coordinator   jessica.warner@shdhd.org

Health Update: provides updated information regarding an incident or situation; unlikely to require immediate action
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South Heartland District Health Department
Public Health *in Action*
November – December 2021

Managing and administering COVID-19 Vaccine

SHDHD's first Pfizer pediatric (for 5-11 y.o.) vaccine transfer to Children and Adolescent Clinic, Nov. 5, 2021

MLH Pharmacists, support community COVID-19 vaccination drawing up doses at clinics

SHDHD data shows that we are closing the gap in ethnic disparities between those who identify as Hispanic/Latino and those who do not, with respect to being fully vaccinated in the district!

SHDHD's public COVID-19 vaccination clinics saw an increase in number of people coming for vaccination following ACIP's recommendation for Moderna and J&J boosters. (clinic at Allen's 11.3.21)

Take the Shot Campaign

SHDHD is promoting vaccination with the *Take the Shot* campaign developed by UNMC and United Health Care. Radio PSA messages from the Schulte Family and Susan Littlefield are airing on Superior's KRVN and all of the Platte Valley Radio stations. Partner Mary Lanning Healthcare is sharing their digital billboard on North Burlington in Hastings.

"My brother got COVID and it's no joke. Just get the shot." —The Schulte Family 6th Generation Nebraskan Farmers

VAXNE.org

Take the shot

South Heartland District Health Department
Public Health *in Action*
November – December 2021

> ## 66 I'd roll up my sleeve anytime to protect those around me. 99
> –Susan Littlefield
> Nebraskan Firefighter, EMT, Farmer, Mother, Wife, Broadcaster

VAXNE.org → Take the shot

Falls Prevention Classes across the South Heartland District

Tai Chi Class @ YMCA – Hastings Advanced class Tue & Thu instructor Katie

Tai Chi class @ YMCA – Hastings Beginning class Tue & Thu @ 11:30 am instructor Cindy.

Tai Chi Class @ Superior – Tue & Thu @ 9:30 am, instructors Karen & Avis

Tai Chi Class @ Nelson Tue & Thu @ 10:30 am, instructor Dennis.

Minority Health Listening Session held at the PEACE Center in Hastings, NE

South Heartland District Health Department
Public Health *in Action*
November – December 2021

Minority Health Listening Session held at the Community Center in Harvard, NE

THE 10 ESSENTIAL PUBLIC HEALTH SERVICES

To protect and promote the health of all people in all communities

The 10 Essential Public Health Services provide a framework for public health to protect and promote the health of all people in all communities. To achieve equity, the Essential Public Health Services actively promote policies, systems, and overall community conditions that enable optimal health for all and seek to remove systemic and structural barriers that have resulted in health inequities. Such barriers include poverty, racism, gender discrimination, ableism, and other forms of oppression. Everyone should have a fair and just opportunity to achieve optimal health and well-being.
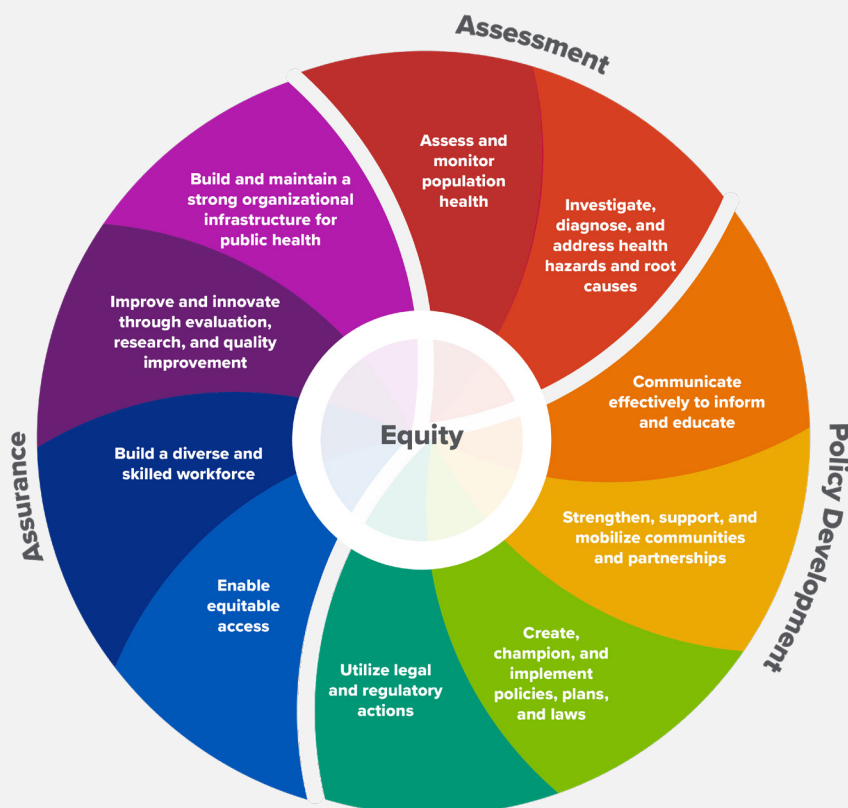
ESSENTIAL PUBLIC HEALTH SERVICE #1
Assess and monitor population health status, factors that influence health, and community needs and assets

ESSENTIAL PUBLIC HEALTH SERVICE #2
Investigate, diagnose, and address health problems and hazards affecting the population

ESSENTIAL PUBLIC HEALTH SERVICE #3
Communicate effectively to inform and educate people about health, factors that influence it, and how to improve it

ESSENTIAL PUBLIC HEALTH SERVICE #4
Strengthen, support, and mobilize communities and partnerships to improve health

ESSENTIAL PUBLIC HEALTH SERVICE #5
Create, champion, and implement policies, plans, and laws that impact health

ESSENTIAL PUBLIC HEALTH SERVICE #6
Utilize legal and regulatory actions designed to improve and protect the public's health

ESSENTIAL PUBLIC HEALTH SERVICE #7
Assure an effective system that enables equitable access to the individual services and care needed to be healthy

ESSENTIAL PUBLIC HEALTH SERVICE #8
Build and support a diverse and skilled public health workforce

ESSENTIAL PUBLIC HEALTH SERVICE #9
Improve and innovate public health functions through ongoing evaluation, research, and continuous quality improvement

ESSENTIAL PUBLIC HEALTH SERVICE #10
Build and maintain a strong organizational infrastructure for public health

Created 2020

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). Surveillance data, water violations, and other health information is made available on our website, through links on our website, through news releases and interviews to various forms of media, and upon request from partners or others. Using Tableau as our data platform, SHDHD continues to share an immense amount of 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. 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 December 30, 2021, a cumulative 7,854 South Heartland residents have tested positive for COVID. Case rate and positivity (percent positive tests) indicate high community transmission (red level) since mid-August. The current wave of COVID+ hospitalizations hit a peak December 7. 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.

- All specimens sequenced this reporting period have resulted in the "Delta" variant; overall, 157 of the 178 sequenced results are Delta. No omicron variant cases have been identified yet in our counties, although two neighboring health departments have reported omicron variant identified in their districts.

- SHDHD surveillance staff have been working on investigations of several cluster and outbreaks during this reporting period, including a large wedding.

- Vaccination Coverage: 47% of SH residents are fully vaccinated; 50% of residents 5+ (i.e., eligible for vaccine) are fully vaccinated. 88.1% of residents age 65+ are fully vaccinated, 2.2% of residents age 5-11 are fully vaccinated. Approximately 25% 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 118 deaths attributed to COVID-19 since the beginning of the pandemic. **Current Case Fatality Rate: 1.5%**

➢ Community Health Assessment: Hospital 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. In addition to the data review, the CHA team completing the data analysis of assessments that include locally collected data from United Way and health data from state and local sources. The CHA team collected 1500+ surveys through face-to-face communications, attending community events, promotion on social media and through general marketing. In addition, SH has hosted 2 minority focus group meetings and has partnered with UW to complete 4 more general population focus groups come January. This year the data collection and analysis will have a stronger minority and special population focus (Hispanic, rural ag, disabled and veteran populations) in addition to overall population.

- o Through Minority Health Initiative funding, SHDHD held 2 minority focus group meetings and has collected over 300 health surveys from minority residents in all four counties. Focus Group meetings engaged over 30 Hispanic individuals. The data report summarizing the information collected will be

completed in January. Participants in the minority focus groups have committed to assisting with next steps of reviewing the data and choosing health priorities.

➤ Cancer Trends: UNMC MPH student Nancy Tahmo, who is doing her Applied Practice Experience with SHDHD, presented a draft review of South Heartland cancer trends to our CHIP Cancer Steering Committee in October. She has since then provided an updated version, with the committee's suggested changes. She is currently working on a one-page data brief, which SH will review. The final report and data brief will be shared with the Cancer Steering Committee to determine next steps.

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 9 Alert Sense notifications (November / December) 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 from providers, to follow up on positive cases immediately by providing isolation instructions and conducting contact investigations. SHDHD is shifting processes to rely more on automatic electronic survey-based investigation and use of DHHS contact tracers, and promoting DIY Contact Notification, while our staff focus on priority cases with school-age children, long term care facilities, day care, and outbreak/cluster situations. We continue messaging on the safety and importance of vaccination/boosters and promotion of layered prevention (mask-wearing, social distancing, hand washing and cleaning of surfaces). We are also working on expanding COVID testing options in our counties and developing processes for antiviral medication prescriptions.

➤ PPE distribution totals: From the beginning of March 2020 through the December 17, 2021 SH has distributed out: Masks – 220,495, Surgical Masks – 310,950, Cloth Masks – 50,530, Face Shields – 34,951, Goggles – 3,040, Hand Sanitizer – 1,347 containers, Wipes – 10,649 containers, Gloves – 899,000, Gowns – 193,968, Thermometers – 788, Bleach – 12 gal., Eco Lab Disinfectant – 3 containers.

➤ Lead Testing in Drinking Water: SHDHD is continuing to promote the lead testing program offered by the State to test for lead in drinking water. Those eligible to take part in this program are elementary, preschools, day care centers and in home daycares.

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: November and December: "I Get it to Protect My Community from Flu", Take the Shot, We Need Your Input (CHA survey), Yes, You Can Get a Flu Vaccine and a Covid-19 Vaccine at the Same Time, Winter Fall Prevention Fall Safety Tips for Winter - The 12 Days of Safety.

➤ 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 November/December, SHDHD put out 8 press releases and granted phone interviews for TV and radio media requests, focusing primarily on COVID-19-related issues and vaccinations. The advisory is still in effect as of December 31.

➤ Health Information for Meetings: Falls prevention, vaccine information and disease comparison chart (cold, flu, asthma, seasonal allergies and COVID-19 symptoms) were provided for the retired teacher's meeting.

➤ Radio Advertising: SHDHD continues running PSAs on *Flood Communications*, formally KHAS Platte River radio network 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, CHA survey and Safety During the Holidays. SHDHD also increased the FB and Twitter posts, on both English and Spanish pages. FB views for Sep/Oct were 33,473 and for November/December they were 29,833. SH has also started an Instagram page and during the months of Nov/Dec there were 513 people reached. SH is working hard to get the Spanish FB up and going again with the assistance of our new bilingual community health worker. During the month of December there were 28 posts just on the Spanish FB page.

➢ Website: Our website "views" increased for November (6,120 views) and December (3,000), but is still 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.

➢ COVID-19 Information for Public: Call volume from the public and providers is increasing and remains a priority for SHDHD staff to answer all calls/triage messages accurately, timely, professionally and transparently. Increased call volume with COVID cases, testing, vaccine (adding approval of 18+ boosters & 5-11 vaccination), and flu vaccination. Testing and vaccine charts are available on the website and updated weekly.

➢ COVID-19 Information for Schools and Colleges: SHDHD communicated every other week through scheduled zoom meetings to keep schools (ESU-9 public schools, parochial schools, Head Start, and day cares) abreast of the most current COVID information and provides additional updates as needed, when COVID-related concerns change or arise. SHDHD has weekly virtual meetings with Hastings College to provide COVID status briefings and assist with health and safety planning for the campus community.

➢ Surveillance staff have been coordinating with daycares/preschools, K-12 schools and colleges (Hastings College and CCC) in order to have plans in place for individuals testing positive for COVID, as well as those exposed. We are using Sharefile to provide information to schools on staff or student isolation dates.

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: The Substance Misuse Steering Committee met on 12/21 (the last of 5 Steering Committee meetings for 2021). A data report for the 3-year CHA (Community Health Assessment) is in progress to be completed early January 2022, which also meets needed requirements for local hospitals. The SHDHD Annual CHIP Report, required for accreditation, will incorporate this data report.

➢ Access to Care CHIP Priority:
  o 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. During the months of Nov/Dec, United Way and SHDHD evaluated the need to communicate to the public about Medicaid expansion. No outreach plan was developed at this time, but communication conversations were facilitated.

➢ Mental Health CHIP Priority:
  o 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 December with our local senators to share information about the BH needs of our counties. SH continue to develop an MOU for pilot site implementation.
  o Maternal Child Health: SH received a MCH grant to develop relations with a local pediatric provider and ESU-9 to impact youth and prevent suicide. Work will include suicide and mental health screening in provider offices and working with ESU-9 to develop training plans with each of the schools with the objective of developing a youth screening process within each of the schools.

➢ Substance Misuse CHIP Priority: SHDHD continues to carry out our drug overdose prevention workplan with oversight by the Substance Misuse Steering Committee. All work plan action items are being completed with the assistance of community partners.

➢ Obesity & Related Health Conditions CHIP Priority:

- o **Building Healthy Families:** SHDHD has led the implementation team through several meetings and has begun a second cohort of 1 family. The first cohort has completed 17 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!
- o **Prevention Connection: Smart Moves, Diabetes Prevention Class (DPP):** Superior started a new Smart Moves class in January 2021 with 13 participants that have lost 138 lbs. (4.8% weight loss) since the start of the program. 8 participants have lost more than the 5% weight lost target. Information on the Smart Moves Program was sent to area provider offices to promote the upcoming program. SHDHD and Superior will be starting new Smart Moves classes after the first of the year, SHDHD will be completing their class virtually in 2022.
- o **Whole School, Whole Community, Whole Child (WSCC):** SHDHD met with both HPS and Harvard to begin 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:**
  - o **Mary Lanning Healthcare Cancer Committee:** SHDHD staff attended the quarterly meeting held Dec. 2, 2021.
  - o **Colon Cancer:** FOBT Colon Cancer Screening kits continue to be distributed by mail, through our front office and by ML's Community Health Center. SHDHD distributed 6 kits during November/December with 4 kits completed.
- ➢ **Schools Collaboration**: SHDHD continues to collaborate with schools, ESU-9, NE local health directors and the Nebraska Department of Education on guidance for Safe Return to Learn during 2021-22 school year.
- ➢ **Injury Prevention: Tai Chi Moving for Better Balance & Stepping On Classes:** Stepping On class (October 12-November 23, 3:30-5:00 pm) at the Grace United Methodist Church in Hastings with 13/14 participants completing the class. Beginning Time Up and Go (TUG) was an average of 10.3 seconds (an older adult who takes more than 14 seconds has a higher risk for falling), TUG at the end of the 7 weeks was 9.3 seconds. Stepping On meets once a week for seven weeks for 1 ½ hours with guest experts talking about fall related topics. The next class will be on January 12 – February 23, 2022 from 2:30 – 4:00 pm at Good Sam-Hastings Community Center, call 402-519-8938 for more information or to sign up for class. Tai Chi beginning classes and advanced classes in Red Cloud and in Hastings at the Hastings YMCA and Golden Friendship Center will start back up after the first of the year.

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):**
  - o **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 also participated in some optional activities with UHC to improve hypertension management and increase colorectal cancer screening in members. Final report is due to UHC in January, but SH feels goals and activities were met to the best of their ability.
    - ▪ **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.

➢ SHDHD COVID-19 AAR: nearing completion of the after-action report for August 2020 - May 2021. All staff were part of action planning discussions to assist with the AAR action planning process. Determination of person(s) responsible and timeline for implementation are in progress.

➢ 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 updated guidance on isolation and quarantine.

➢ COVID-19 Vaccine Distribution Plan: SHDHD started November with 808 total doses of vaccine (including COVID-19 vaccine) in inventory. During Nov./Dec., shipments of 8860 doses were received and 6577 COVID-19 doses were transferred to providers across the district. SHDHD administered 768.5 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. During Nov/Dec Pediatric Pfizer for 5 to11-years was given EUA and ACIP made their recommendation. SHDHD received and made the first pediatric vaccine transfer to Children and Adolescent Clinic on Nov. 5th. During the Nov/Dec period, ACIP made recommendations for Pfizer booster doses for certain populations, followed by Moderna and J&J booster recommendations, then booster recommendations for all population 18+ and most recently recommendations for Pfizer boosters for 16 to17-years. 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.

➢ NE Directed Health Measures: The Governor's Executive Order 21-15 was extended to waive licensing requirements for hospitals in order to streamline authorization of credentials for retired or inactive healthcare professionals, deferring continuing education requirements, and suspending statutes around new healthcare providers who are seeking a license (October 13 – December 31).

➢ SHDHD's Quarantine and Isolation Authorities: SHDHD continues to provide education and instruction on isolation or quarantine for 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 provide letters for entities to contact groups who may have been exposed, e.g., parents in a daycare. When the State Directed Health Measures ended in May, the authority for these actions remains in the statutory authorities 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 Nov. and Dec. with one additional VFC flu shot/covid shot clinic and 2 additional AIP (adult) flu shot/covid shot clinics. Staff delivered 106 total vaccinations to 46 VFC patients at the

combined clinics. Of the 46 patients, 41 were uninsured and 5 had Medicaid. 9 were new patients to the clinic with referrals coming from local providers, Migrant outreach worker and family/friend referrals. 23 (50%) VFC patients were provided Spanish print materials and interpretation during their visits and during the reminder calls prior to each clinic. Donations totaling $31.00 were collected during the combined Nov. and Dec. clinics.

➢ Immunization: Adult Immunization Program: 33 vaccinations (Influenza and COVID-19) were administered to 25 adults during the Nov. and Dec. clinics. All 25 were uninsured. 21 (84%) AIP patients were provided Spanish print materials and interpretation during their visits.

➢ Reminder/Recall to improve vaccination rates: With our new community health worker (CHW) on board we are restarting reminder/recall activities the end of December and working to connect with and schedule children under age 3 who are behind on shots.

➢ COVID-19 Vaccinations: Weekly public COVID-19 vaccine clinics held in the space at the west end of Allen's have continued through Nov. and Dec. COVID-19 vaccines have also been administered to the uninsured populations attending VFC/AIP clinics at the department. Vaccination rates: 59% of eligible (12+) SH Residents with at least 1 dose, 55.2% of eligible SH residents completed 2 doses. Of the total population: 47.8% with at least one shot, 50% fully vaccinated.

➢ Community Health Worker (Bilingual): My name is Julia Sarmiento and I started working on 11/29/2021. I am doing orientation and training to acquire the skills and knowledge to best serve our community. I have helped with the VFC clinic in reaching out to our Hispanic community and scheduling the appointments as well as provide support and translation as needed in 2 VFC clinics and 3 Covid-19 Wednesday clinic at Allen's. I am currently working on familiarizing myself in content and promotion for our Spanish Facebook page.

➢ Community Health Worker (English Only) / Every Woman Matters (EWM) and Health Coaching: Health Coaching EWM clients for November 2021: Completed 1st Health Coaching call with 1 participant, 2nd Health Coaching call with 0 participants, 3rd Health Coaching call and Every Woman Matters assessment with 0 participants. December 2021: 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. We are in the process of recruiting partners to provide the free PCR testing in each county and, so far, have succeeded in identifying a partner in Nuckolls County – the site should be operational within the first couple of weeks in January.

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: The leadership team reviewed/revised the organizational chart based on data from all staff (self-evaluation and professional development workforce evaluation). All staff completed an individual strengths training session with a strengths coach from Mary Lanning. An all-staff strengths workshop was completed and staff have submitted their Individual Career Development plans (goals and training) to their assigned supervisors. A 3-month pilot for this quality improvement process will be evaluated in February.

➢ 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 a Motivational Interviewing online course and those needing CPR & First Aid updated their training.

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 information has been received from PHAB (Public Health Accreditation Board). Due to the COVID-19 pandemic, the modified (shortened) template will be used again. 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) –Strengths Coaching and a workshop, followed by some Team-Building training this fall and winter.

➢ Quality Improvement Projects: Workforce Development - implementation of the Career Development processes. Revision of the Organizational Chart/Supervisory structure pilot project. This will be measured through pre- and post-staff self-evaluations. Policy QI continues. Plan for QI of orientation processes.

➢ Strategic Plan action plan and dashboard: This will be shared with the BOH at the January meeting.

➢ Community Health Improvement (CHIP) Implementation: All five steering committees have met again in June through December to address progress and needs for the CHIP priority goals. The survey for the mini-community health assessment (English, Spanish, Vietnamese) ended Nov. 30. This and other data have been analyzed and will be used for mid-point corrections and adjustments to the Community Health Improvement Plan.

➢ 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.

➢ 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.

*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 two of them for this reporting period: Ensuring that appropriate, needed resources are allocated equitably for the public's health.

   o 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 been health equity focus areas for SHDHD over the past 3 months.

Being accountable, transparent, and inclusive with all partners and the community in all aspects of practice

   o We are engaging the minority community in describing the health needs in our district and the barriers to care (physical health, behavioral health) they are experiencing. We held a meeting with minority community representatives to plan how to engage the community in the community health assessment surveys and listening sessions; held 2 listening sessions, in Adams and Clay counties; received overwhelming interest from listening session participants to be part of an advisory group that will review assessment data, help choose priorities, and provide oversight to implementation of an action plan.

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Success stories: How we made a difference….

SHDHD's Disease Investigators also provide coaching for vaccination

Beyond getting information about COVID symptoms and exposure we, as case investigators, have the opportunity through personal conversations to inform, educate, and empower individuals towards vaccination. Through our individual interviewing techniques, we have even been able to be a part of influencing resident's willingness for COVID-19 vaccination. Some people we contacted had not received the vaccine and were not planning to get it. However, after our coaching and encouragement, they changed their opinion and were ready to make an appointment to get their COVID-19 vaccine. Nothing is more rewarding than a thank you at the end of an interview and knowing that we are making a difference, one person at a time.

-Heidi Davis and Lauren Shackelford, SHDHD Disease Investigators

South Heartland Bi-Monthly Board Report: Staff-Specific Program Updates, November-December 2021

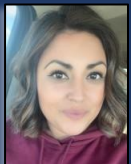|	
Dorrann Hultman Community Health Services Coordinator	**E**very **W**oman **M**atters Health Hub (EWM) Cancer Prevention /Immunization Program / Cancer Grant /CS-CASH: COVID-19 vaccination response: New FDA authorizations and ACIP recommendations for pediatric COVID-19 vaccination for the 5–11-year age group and the COVID-19 booster shot rollout for all products has kept me busy keeping up with updated standing orders from our immunization program medical director, communication and resources for our district providers and for the vaccinators at our public clinics. We're managing vaccine orders for the district and at any given time have between 1000-2000 doses of COVID-19 vaccine stored in our ultra-cold freezer, regular freezer or refrigerator storage unit. Weekly vaccine deliveries continue to district COVID-19 providers as we all continue to actively promote and administer vaccine to the public.
Liz Chamberlain Community Health Worker	COVID-19 Response: 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. Falls Prevention: Completed Stepping On class @ Grace United in November. Also, completed Tai Chi Assessments in Superior, Nelson and YMCA.
Brooke Wolfe Public Health Promotions and Prevention Coordinator	COVID-19 Response: 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 siloes. Grant Management: Continue to work on coordinating 14 of the 20 SHDHD grants SHDHD has been awarded. My involvement includes communicating with fund managers about progress/barrier/changes and working with staff and partners to complete the workplan activities.
Jessica Warner Health Surveillance Coordinator	Disease Surveillance: During the reporting period, the Epi team has completed 1,175 COVID investigations. Some assistance has been provided by DHHS investigators and a DHHS survey that reaches the cell phone of positive cases. We have investigated a number of clusters including a class reunion, daycare clusters and several worksites. Two mass communication updates or Health Alerts (sent out through the Health Alert Network) were sent during this reporting period. The first to providers and healthcare, and the second to daycare facilities. I continue to track and monitor variant activity with 43 sequence results (all Delta) received during this reporting period. The Epi team continues to work with schools and has notified our schools of 529 Isolation or Quarantine events during this school year. At this point in the pandemic, we are now communicating isolations, but no longer quarantines to our schools.
Janis Johnson Interim Assistant Director Standards and Performance Manager / Public Health Nurse/	Vaccinations: Back up coordinator. COVID vaccination clinics at Allen's and administration and coordinating w/ partners for homebound & incarcerated individuals. Keeping vaccine documents, guidance and messaging current. COVID-19 Response: Staff onboarding/training/supervision/logistics. Epi support. Assist with phone triage messaging kept current. Standards and Performance Management/Accreditation: Accreditation (PHAB) Annual Report, Year 2-2022: implementation of processes/plans. Interim Assistant Director: timesheets, orientation, staffing, staff training and performance management, assist Michele as needed.

South Heartland Bi-Monthly Board Report: Staff-Specific Program Updates, November-December 2021

Jean Korth Chronic Disease Prevention Program Assistant	Epi Support: 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. MCH Grant: I am working to find a provider that will pilot at least one Mental Health Screening assessment in an effort to decrease suicide rates among youth.
Heidi Davis **Disease Investigator**	COVID-19 Response: I continue to work on case investigations and contact tracing for COVID-19 cases and have been working on general EPI cases for reportable diseases. I continue to support 8 schools in our health distirct, 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. Recently I completed a course in Motivational Interviewing and also became recertified in CPR and First Aid.
Lauren Shackelford **Disease Investigator**	COVID-19 Response: I continue to work on case investigations and contact tracing for COVID-19 cases. I have also continued to work with long-term care facilites in COVID-19 outbreak. I have connected with all facilities to ensure residents and staff have access to COVID-19 vaccine booster doses. Communications: I have developed and shared resources to promote COVID-19 and flu vaccination on social media. Building Healthy Families: Cohort 2 has completed the first 11 sessions. As the program coordinator I make sure all supplies are ready for sessions and communicate with enrolled families and other facilitators. I have also started recruitment efforts for Cohort 3 that will begin in January.
Julia Sarmiento **Bi-Lingual Community Health Worker / Interpreter**	Bilingual Community Health Worker (CHW): I am learning about our Monthly Vaccine for Children (VFC) clinic on how to promote and schedule all of our clients, as well as interpret and translate and provide support for both VFC and COVID-19 clinics as needed. Communications: I am learning how to develop and share resources to promote Covid-19/Flu/Immunizations and wellbeing on social media.
Sam Coutts **Clerical Assistant for Finance and Operations & Vaccine Clinic Support**	Clerical Assistant for Finance and Operations: 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. COVID-19 Clinic Support: I also provide general administrative and clerical support and assist with data entry as needed.
Pam Stromer **Administrative & Technology Assistant**	Administrative Assistant: I continue to provide office support by answering the phone, mail service, receiving guests and providing various office duties. Technology Assistant: I continue to work helping to maintain and update the South Heartland District web pages, develop on-line surveys as requested, continued work on getting familiar with the software programs SHDHD uses, provide support with the Microsoft Office programs, as needed, and help with compiling data for the SHDHD COVID-19 and hospital dashboards.

South Heartland Bi-Monthly Board Report: Staff-Specific Program Updates, November-December 2021

Support Staff for COVID-19 response and other projects:

Part-time Hire:

Aida Evans	Interpretation, Minority Outreach
Saylor Pershing	Data, CHA/CHIP Support (now working remotely from George Washington University)
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 (Fall 2021)

Alianna Higgins	Credit-based Internship, Hastings College
Nancy Tahmo	MPH Applied Practice Experience, UNMC College of Public Health (Ms. Tahmo is from Cameroon, on a Fulbright Foreign Student Scholarship through the U.S. Dept of State). Assisting with CHIP data.

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12/30/21

Cash Basis

South Heartland District Health Dept
Balance Sheet Prev Year Comparison
As of December 29, 2021

	Dec 29, 21	Dec 29, 20	% Change
ASSETS			
Current Assets			
Checking/Savings			
1020 · Checking- Heritage xx7102	258,078.40	68,877.27	274.7%
1040 · Money Market - Heritage xx9347	4,873.87	4,869.05	0.1%
Total Checking/Savings	262,952.27	73,746.32	256.6%
Other Current Assets			
1220 · Cash in Drawer	57.00	64.00	-10.9%
Total Other Current Assets	57.00	64.00	-10.9%
Total Current Assets	263,009.27	73,810.32	256.3%
Fixed Assets			
1500 · Capital Assets	496,317.79	496,317.79	0.0%
1900 · Accumulated Depreciation	-496,317.79	-496,317.79	0.0%
Total Fixed Assets	0.00	0.00	0.0%
TOTAL ASSETS	263,009.27	73,810.32	256.3%
LIABILITIES & EQUITY			
Liabilities			
Current Liabilities			
Accounts Payable			
2000 · Accounts Payable	4,178.20	0.00	100.0%
Total Accounts Payable	4,178.20	0.00	100.0%
Credit Cards			
2005 · First Bank Card	1,501.79	3,813.52	-60.6%
Total Credit Cards	1,501.79	3,813.52	-60.6%
Other Current Liabilities			
2200 · Payroll Liabilities	757.68	299.10	153.3%
Total Other Current Liabilities	757.68	299.10	153.3%
Total Current Liabilities	6,437.67	4,112.62	56.5%
Total Liabilities	6,437.67	4,112.62	56.5%
Equity			
Fund Balance	28,957.22	30,218.22	-4.2%
3050 · Restricted Net Assets	3,167.73	3,167.73	0.0%
3900 · Retained Earnings	42,335.02	48,359.24	-12.5%
Net Income	182,111.63	-12,047.49	1,611.6%
Total Equity	256,571.60	69,697.70	268.1%
TOTAL LIABILITIES & EQUITY	263,009.27	73,810.32	256.3%

South Heartland District Health Dept
Profit & Loss Prev Year Comparison
July 1 through December 29, 2021

	Budget	Actual	Prior Year	% Change	Indirect Costs	%
Ordinary Income/Expense						
Income						
4100 · Federal Funding						
4110 · Grants - Federal	763,906.37	278,547.81	385,941.98	-27.83%	13,032.00	4.68%
4130 · FEMA	246,523.42	363,224.00	0.00	100.0%		
Total 4100 · Federal Funding	1,010,429.79	641,771.81	385,941.98	66.29%	13,032.00	
4200 · State & Local Funds						
4201 · Grants - State	11,739.74	748.30	15,466.06	-95.16%	68.03	9.09%
4202 · Grants - Local	14,557.26	5,411.86		100.0%		
Total 4200 · State & Local Funds	26,297.00	6,160.16	15,466.06	-60.17%	68.03	1.10%
4250 · State Revenue						
4251 · Infrastructure	54,962.58	55,555.56	5,555.76	899.96%	55,555.56	100.00%
4252 · Per Capita	41,164.89	41,345.22	90,869.54	-54.5%	41,345.22	100.00%
4253 · COVID Indirect	2,032.00	20,828.79	9,553.16	118.03%	20,828.79	100.00%
4254 · General Funds	133,767.44	136,062.36	94,480.72	44.01%	136,062.36	100.00%
Total 4250 · State Revenue	231,926.91	253,791.93	200,459.18	26.61%	253,791.93	
4300 · Services						
4304 · Radon Kits	272.02	91.00	252.00	-63.89%		
Total 4300 · Services	272.02	91.00	252.00	-63.89%		
4400 · Miscellaneous	0.00	7.00	545.00	-98.72%	7.00	100.00%
4450 · Donations						
4451 · Immunizations	0.00	1,344.24	1,816.00	-25.98%		
4450 · Donations - Other	741.94	0.00	3,950.00	-100.0%		
Total 4450 · Donations	741.94	1,344.24	5,766.00	-76.69%		
4550 · Bank Interest Income	29.68	42.28	20.90	102.3%	42.28	100.00%
Total Income	1,269,697.34	903,208.42	608,451.12	48.44%	266,941.24	
Gross Profit	1,269,697.34	903,208.42	608,451.12	48.44%	266,941.24	
Expense						
4000 · Reconciliation Discrep		0.00	0.03	-100.0%		
6000 · Personnel	658,972.46	392,794.17	477,321.15	-17.71%	127,816.17	32.54%
6101 · Postage & Shipping	569.15	2,216.00	649.55	241.16%	346.40	15.63%
6102 · Printing and Copying	6,460.84	9,635.67	1,613.37	497.24%	444.73	4.62%
6103 · Staff Development	3,875.35	2,639.93	325.28	711.59%	2,179.93	82.58%
6110 · Insurance Expense	9,532.18	4,587.00	1,550.00	195.94%	4,587.00	100.00%
6120 · Professional Services	202,813.39	192,319.48	38,567.20	398.66%	24,494.04	12.74%
6130 · Contracted Services	20,484.27	2,669.75	15,880.28	-83.19%		
6140 · Office Supplies & Equip	25,290.45	18,765.49	21,963.85	-14.56%	11,188.06	59.62%
6150 · Communications	7,719.41	7,735.18	9,086.46	-14.87%	6,025.33	77.90%
6160 · Facilities	48,182.81	7,881.31	8,382.74	-5.98%	7,881.31	100.00%
6170 · Marketing	13,743.98	25,942.50	23,629.37	9.79%		
6180 · Board Expenses	1,502.76	643.82	1,178.83	-45.39%	643.82	100.00%
6192 · Memberships	4,539.14	785.00	8,392.50	-90.65%	785.00	100.00%
6199 · Administrative Fees	652.12	815.71	249.80	226.55%	350.60	42.98%
6200 · Program Expenses		0.00	-20.97	100.0%		

South Heartland District Health Dept
Profit & Loss Prev Year Comparison
July 1 through December 29, 2021

	Budget	Actual	Prior Year	% Change	Indirect Costs	%
6201 · Event Expenses	3,190.88	1,786.00	4,697.71	-61.98%		
6202 · Event Facility Rental	10,000.00	22,750.00	0.00	100.0%	100.00	0.44%
6204 · Promotion & Outreach	1,424.75	3,141.75	0.00	100.0%		
6206 · Conference Fees	1,068.06	675.00	-855.00	178.95%	300.00	44.44%
6209 · Program Supplies	266,134.17	19,461.03	5,991.73	224.8%		
6300 · Travel	9,038.66	3,806.44	1,887.81	101.63%	36.45	0.96%
9000 · Interest Expense	68.02	45.56	6.92	558.38%	45.56	100.00%
9100 · Sales Tax Expense	36.91			0.0%		
Total Expense	1,295,299.76	721,096.79	620,498.61	16.21%	187,224.40	25.96%
Net Ordinary Income	-25,602.42	182,111.63	-12,047.49	1,611.62%	79,716.84	
	-25,602.42	182,111.63	-12,047.49	1,611.62%	79,716.84	

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12/29/21

South Heartland District Health Dept
Outstanding Invoices
As of December 29, 2021

Date	Num	Name	Due Date	Open Balance
Current				
11/30/2021	101	DHHS:Health Equty 62276 #2 10/1/21 to 11/30/21	01/07/2022	7,455.16
11/30/2021	102	DHHS:Drug OD Prev 60145 Q1 9/1/21 - 11/30/21	01/07/2022	4,145.85
Total Current				11,601.01
1 - 30				
09/30/2021	99	DHHS:Imm 62775 VFC 1Q 7/1/21 - 9/30/21	11/29/2021	5,395.02
10/31/2021	92	DoE:WSCC 42116 1Q 8/9/21 - 9/30/21	12/24/2021	6,500.00
Total 1 - 30				11,895.02
31 - 60				
09/30/2021	96	DHHS:EWM 46497 Gen'l 2021	11/12/2021	496.25
09/30/2021	91	NE DHHS:MHI 1Q 7/1/21 to 9/30/21	11/22/2021	2,410.98
09/30/2021	93	DHHS:Health Equity 62276 #1 6/1/21 to 9/30/21	11/25/2021	8,867.12
09/30/2021	97	YMCA - Hastings:BHF/CH 1Q 7/1/21 to 9/30/21	11/25/2021	161.46
09/30/2021	98	DHHS:Imm 62455 Covid 1Q 7/1/21 to 9/30/21	11/26/2021	66,061.47
Total 31 - 60				77,997.28
61 - 90				
Total 61 - 90				
> 90				
Total > 90				
TOTAL				**101,493.31**

BOH-040
South Heartland District Health Dept
Payroll Summary
November 1 through December 29, 2021

	Nov 1 - Dec 29, 21
Employee Wages, Taxes and Adjustments	
Gross Pay	
Hourly Holiday	5,979.10
Hourly Sick	1,162.03
Hourly Vacation	2,200.69
Hourly Wage	83,616.82
Overtime (x1.5)	2,255.05
Cash Out Option	5,369.08
Total Gross Pay	100,582.77
Deductions from Gross Pay	
AFLAC (pre-tax)	-126.72
Dental Insurance (pre-tax)	-231.64
Health Insurance (pre-tax)	-3,000.48
HSA (Pre-Tax) - Bever	-1,107.68
HSA (Pre-Tax) - Chamberlain	-236.25
HSA (Pre-Tax) - Hultman	-700.00
HSA (Pre-Tax) - Wolfe	0.00
NPERS Retirement Employee	-3,988.70
Vision Insurance (pre-tax)	-133.64
Total Deductions from Gross Pay	-9,525.11
Adjusted Gross Pay	91,057.66
Taxes Withheld	
Federal Withholding	-6,802.00
Medicare Employee	-1,378.19
Social Security Employee	-5,892.89
NE State Withholding	-3,767.10
Medicare Employee Addl Tax	0.00
Total Taxes Withheld	-17,840.18
Net Pay	**73,217.48**
Employer Taxes and Contributions	
Medicare Company	1,378.19
Social Security Company	5,892.89
NE State Unemployment	12.94
Dental Insurance Company	247.60
Health Insurance Company	4,623.40
HSA (Pre-Tax)-MB-Company Share	0.00
NPERS Retirement Company	5,983.12
Vision Insurance Company	35.68
Total Employer Taxes and Contributions	**18,173.82**

South Heartland District Health Dept
Accounts Payable Report
November 1 through December 29, 2021

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12/29/21

Accrual Basis

Date	Name	Memo	Account	Amount
Nov 1 - Dec 29, 21				
11/05/2021	Allo Communications	929329 phone - Oct	2000 · Accounts Payable	-651.52
11/05/2021	Bureau of Sociological Research	SHARP survey	2000 · Accounts Payable	-309.39
11/05/2021	Chamberlain, Liz	October mileage	2000 · Accounts Payable	-18.20
11/05/2021	Clay County News	Special Board Meeting notice - Sep	2000 · Accounts Payable	-8.98
11/05/2021	Cornhusker Press	printing of vaccination packets Oct 25-29, 2...	2000 · Accounts Payable	-575.41
11/05/2021	Culligan of Hastings	bottled water - Oct #1000552	2000 · Accounts Payable	-19.80
11/05/2021	Eakes Office Solutions		2000 · Accounts Payable	-182.20
11/05/2021	First National Bank of Omaha	Sep balance ending 10/15/21	2000 · Accounts Payable	-1,096.60
11/05/2021	Hallock, Mirya	mileage board mtg - Nov	2000 · Accounts Payable	-45.36
11/05/2021	Hometown Leasing	#22794817 - Oct	2000 · Accounts Payable	-185.00
11/05/2021	Kershner's Auto Korner	car rental Oct 2021	2000 · Accounts Payable	-178.50
11/05/2021	Kleppinger, Mike	mileage board mtg - Nov	2000 · Accounts Payable	-58.13
11/05/2021	Kohmetscher, Torey	mileage board mtg - Nov 2021	2000 · Accounts Payable	-27.89
11/05/2021	Lieske, Lieske & Ensz	email review - #20200713	2000 · Accounts Payable	-1,340.00
11/05/2021	Locomotive Gazette	3 Tai Chi class ads - Sep	2000 · Accounts Payable	-96.00
11/05/2021	Lovekin, Terry	Oct mileage	2000 · Accounts Payable	-85.68
11/05/2021	Marino Solutions	QuickBooks consulting	2000 · Accounts Payable	-187.50
11/05/2021	Mary Lanning Healthcare	LAnderson Oct 2021	2000 · Accounts Payable	-431.25
11/05/2021	NALHD	VOID (already pd 6/21/21): substance misus...	2000 · Accounts Payable	0.00
11/05/2021	Neumann, Charles	mileage board mtg - Nov	2000 · Accounts Payable	-51.52
11/05/2021	Flood Communications Tri-Cities	Nov/Dec radiogram print ad - vaccine clinics	2000 · Accounts Payable	-540.00
11/05/2021	Quiznos	17 small box lunches	2000 · Accounts Payable	-125.40
11/05/2021	R & K Mowing	October mowing	2000 · Accounts Payable	-300.00
11/05/2021	Randy's Sprinkler Systems	shut off/winterize	2000 · Accounts Payable	-75.00
11/05/2021	Severson, Emma	Nov mileage	2000 · Accounts Payable	-67.20
11/05/2021	Shackelford, Nanette	mileage board mtg - Nov 2021	2000 · Accounts Payable	-26.21
11/05/2021	Superior Publishing Company	Tai Chi class ads - Sep	2000 · Accounts Payable	-96.00
11/05/2021	Woodwards Disposal	Oct trash	2000 · Accounts Payable	-154.50
11/05/2021	Firespring	Nov web hosting	2000 · Accounts Payable	-165.00
11/05/2021	Flatwater Technologies	monthly services - Nov	2000 · Accounts Payable	-456.99
11/08/2021	Mary Lanning Healthcare	covid testing at medical park - SRutt	2000 · Accounts Payable	-77.00
11/18/2021	Cornhusker Press		2000 · Accounts Payable	-582.64
11/18/2021	NE Dept of Health & Human Services	VOID: Minority Health Conference Registrati...	2000 · Accounts Payable	0.00
11/18/2021	Hardy, Elizabeth	Smart Moves class fee for Tom Reichert	2000 · Accounts Payable	-90.00
11/18/2021	Hastings Utilities	Oct utilities #01010200-01	2000 · Accounts Payable	-512.18
11/18/2021	KRFS Radio	200 Covid spots (100 comp)	2000 · Accounts Payable	-500.00
11/18/2021	Mary Lanning Healthcare	cleaning - Oct	2000 · Accounts Payable	-240.00
11/18/2021	Nebraska Auditor of Public Accounts	Fiscal Year 2021 Audit + Single audit	2000 · Accounts Payable	-18,974.75
11/18/2021	Flood Communications Tri-Cities	Covid vaccine ads - Dec	2000 · Accounts Payable	-5,000.00
11/18/2021	Protex Central	fire extinguishers serviced	2000 · Accounts Payable	-212.66
11/18/2021	Verizon	October cell service	2000 · Accounts Payable	-307.28
11/18/2021	Ziemba Roofing	roof repair - bad seam	2000 · Accounts Payable	-200.00
11/19/2021	NPERS	make-up contribution for MB bonuses	2000 · Accounts Payable	-9,123.70
11/19/2021	NE Dept of Health & Human Services	return extra FEMA reimbursement for vaccin...	2000 · Accounts Payable	-560.00
11/19/2021	Clay County Health Department	FEMA reimbursement at $40/vaccine - May/...	2000 · Accounts Payable	-3,000.00
11/19/2021	Family Medical Center of Hastings	FEMA reimbursement at $40/vaccine - May	2000 · Accounts Payable	-11,600.00
11/19/2021	Community Health Center	FEMA reimbursement at $40/vaccine - May	2000 · Accounts Payable	-5,680.00
11/19/2021	Back Alley Bakery	lunch at StrengthsFinder retreat	2000 · Accounts Payable	-223.10
12/06/2021	B&R Stores	Allen's lease - Oct	2000 · Accounts Payable	-7,500.00
12/06/2021	Bamboo Mind & Body Spa	QPR class - Edgewood Vista	2000 · Accounts Payable	-375.00
12/06/2021	Chamberlain, Liz		2000 · Accounts Payable	-373.82
12/06/2021	Cornhusker Press		2000 · Accounts Payable	-1,101.72
12/06/2021	Culligan of Hastings	bottled water - Nov #1000552	2000 · Accounts Payable	-42.20
12/06/2021	Eakes Office Solutions		2000 · Accounts Payable	-460.10
12/06/2021	Essential Screens	2 background checks	2000 · Accounts Payable	-155.00
12/06/2021	Evans, Aida	dinner supplies for group listening session	2000 · Accounts Payable	-38.91
12/06/2021	First National Bank of Omaha	Oct balance ending 11/15/21	2000 · Accounts Payable	-1,949.27
12/06/2021	Hometown Leasing	#22794817 - Nov	2000 · Accounts Payable	-185.00
12/06/2021	Language Access Network	OPI minutes - Oct	2000 · Accounts Payable	-24.00
12/06/2021	Lovekin, Terry	Nov mileage	2000 · Accounts Payable	-25.09
12/06/2021	Mary Lanning Healthcare	LAnderson Nov 2021	2000 · Accounts Payable	-331.25
12/06/2021	Woodwards Disposal	Nov trash	2000 · Accounts Payable	-154.50
12/06/2021	Firespring	Dec web hosting	2000 · Accounts Payable	-165.00
12/06/2021	Flatwater Technologies		2000 · Accounts Payable	-519.49
12/06/2021	City of Harvard	rental fee for Community Room	2000 · Accounts Payable	-50.00
12/06/2021	City of Harvard	refundable deposit for rental of Community ...	2000 · Accounts Payable	-100.00
12/06/2021	Hastings Tribune	various ads	2000 · Accounts Payable	-493.20

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12/29/21

Accrual Basis

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South Heartland District Health Dept
Accounts Payable Report
November 1 through December 29, 2021

</div>

Date	Name	Memo	Account	Amount
12/17/2021	Allo Communications	929329 phone - Nov	2000 · Accounts Payable	-663.44
12/17/2021	Chamberlain, Liz	December mileage	2000 · Accounts Payable	-162.29
12/17/2021	Computer Hardware	electronics recycling	2000 · Accounts Payable	-186.44
12/17/2021	Cornhusker Press		2000 · Accounts Payable	-2,033.07
12/17/2021	Eakes Office Solutions	name badge & name plate	2000 · Accounts Payable	-25.82
12/17/2021	Hastings Utilities	Nov utilities #01010200-01	2000 · Accounts Payable	-562.97
12/17/2021	Johnson, Janis	Dec 2021 - mileage	2000 · Accounts Payable	-37.24
12/17/2021	Kershner's Auto Korner	car rental Nov 2021	2000 · Accounts Payable	-165.50
12/17/2021	Mary Lanning Healthcare	cleaning - Nov	2000 · Accounts Payable	-240.00
12/17/2021	NALBOH	membership dues 2022	2000 · Accounts Payable	-200.00
12/17/2021	NALHD	Qualtrics membership dues difference	2000 · Accounts Payable	-1,003.12
12/17/2021	Verizon	Nov cell service	2000 · Accounts Payable	-306.37
12/17/2021	Hastings Area Chamber of Commerce	25 Chamber Bucks	2000 · Accounts Payable	-250.00

Nov 1 - Dec 29, 21   **-84,318.35**

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12/30/21

Cash Basis

South Heartland District Health Dept
Funding Sources
July 1 through December 29, 2021

	TOTAL
Indirect Costs	266,941.24
Programs	
Accreditation	5,127.11
Cancer	13,423.32
Covid Capacity	27,643.89
COVID19	61,568.37
CS-CASH	3,916.20
Diabetes Prevention (DPP)	400.00
Drug (Opioid) OD Prevention	6,419.09
Emergency Preparedness (EP)	58,315.29
EWM	667.27
Fall Prevention	10,144.36
Health Equity	-0.27
HRSA	2,332.33
Immunization	28,274.91
Immunization-Covid	363,224.00
KFND	1,500.00
Lead Surveillance	1,101.31
Maternal Child Health (MCH)	10,836.02
QPR	3,511.86
Radon	258.53
West Nile Virus	540.27
WSCC	37,063.32
Total Programs	636,267.18
TOTAL	**903,208.42**

Insurance Renewal Proposal for:
South Heartland District Health Department
1/9/2022 to 1/9/2023
1/29/2022 to 1/29/2023

E·NCORE SUCCESS PLAN

Named Insured Schedule

Carrier: Markel/Evanston Insurance Company
Cincinnati Insurance Company
Markel

Policy Term: 1/9/2022 to 1/9/2023
1/29/2022 to 1/29/2023

Named Insureds Listed on the Policy:

South Heartland District Health Department

E·NCORE SUCCESS PLAN

Commercial Property Coverage

Carrier: Cincinnati Insurance Company

Policy Term: 1/29/2020 to 1/29/2023

Location Schedule		
Loc.	**Bldg.**	**Address**
1	1	606 N. Minnesota, Ste. 2 Hastings, NE 68901 – Office
2	1	111 W. Fairfield St. Clay Center, NE 68933 – Office
3	1	621 N. Cedar St. Red Cloud, NE 68970 – Office
4	1	453 N. Central Ave Superior, NE 68978 - Office

Property Schedule						
Loc.	**Bldg.**	**Subject of Insurance**	**Limit**	**Deduct.**	**Co-Ins.**	**Valuation**
1	1	Building	$548,150	$1,000	90%	Replacement Cost
1	1	Business Personal Property	$108,000	$1,000	90%	Replacement Cost

Additional Coverages:

- Wind/Hail Deductible $5,000 per Building

This proposal includes a brief outline of policy coverage. It is only a summary and may differ from the policy that is issued. The policy will take precedence over the proposal. Coverage is not bound until you are notified with a binder or the actual policy.   Higher limits and different coverage options are available upon request.

E·NCORE SUCCESS PLAN

Commercial General Liability Coverage

Carrier: Cincinnati Insurance Company

Policy Term: 1/29/2020 to 1/29/2023

Policy Information:

General Aggregate Limit:	$2,000,000
Products & Completed Ops:	$2,000,000
Personal & Advertising Injury:	$1,000,000
Per Occurrence Limit:	$1,000,000
Damage to Rented Premises:	$500,000
Medical Payments:	$10,000

Classifications			
Code	**Description**	**Premium Basis**	**Rating Basis**
61225	Office Building - NFP (606 N. Minnesota Ave., Hastings, NE)	Area	4071 sq. ft.
61225	Office Building - NFP (111 W. Fairfield, Clay Center, NE)	Area	120 sq. ft.
61225	Office Building - NFP (621 N. Cedar, Red Cloud, NE)	Area	120 sq. ft.
61225	Office Building - NFP (453 N. Central, Superior, NE)	Area	120 sq. ft.

Forms/Endorsements:

- Commercial General Liability Broadened Endorsement
  - Automatic Additional Insured – Specified Relationships
  - Blanket Waiver of Subrogation
  - Employee Benefit Liability
    - Each Employee $1,000,000
    - Aggregate $3,000,000
    - Deductible $1,000
- Exclusion - Designated Professional Services
  - Social Services
- Limitation of Coverage to Designated Premises

E·N

E·NCORE SUCCESS PLAN

Commercial Auto Coverage

Carrier: Cincinnati Insurance Company

Policy Term: 1/29/2022 to 1/29/2023

Policy Information:

Combined Limit of Liability:	$1,000,000
Uninsured & Underinsured Motorist:	$1,000,000
Medical Payments:	$5,000
Hired/Non-Owned Auto Liability:	$1,000,000

Vehicle Schedule						
Veh.	Description	Liab	MP	UM	Comp	Coll
1	2010 Carry On Utility Trailer #YMUL081XAM023086	X	X	X	$500	$500

Forms/Endorsements:
- Hired Auto Physical Damage
  - Limit $50,000
  - Comprehensive Deductible $500
  - Collision Deductible $500

This proposal includes a brief outline of policy coverage. It is only a summary and may differ from the policy that is issued. The policy will take precedence over the proposal. Coverage is not bound until you are notified with a binder or the actual policy.   Higher limits and different coverage options are available upon request.

E·NCORE SUCCESS PLAN

Commercial Crime Coverage

Carrier: Cincinnati Insurance Company

Policy Term: 1/29/2020 to 1/29/2023

Crime Policy Information		
Coverage	**Limit**	**Deductible**
Employee Theft	$25,000	$500
Forgery or Alteration	$25,000	$500
Theft of Money on Premises	$25,000	$500
Theft of Money off Premises	$5,000	$500
Money Orders and Counterfeit Money	$25,000	$500

E·NC⟳RE SUCCESS PLAN

Commercial Inland Marine Coverage

Carrier: Cincinnati Insurance Company

Policy Term: 1/29/2020 to 1/29/2023

Policy Information:

Cause of Loss:	Special
Valuation:	Replacement Cost
Deductible:	$1,000
Total Scheduled Equipment List:	$50,086

Scheduled Equipment

Item #	Description	Amount of Insurance
2	Salt Particulate Respirator Particle Generator	$725
3	Toshiba Laptop Computer	$1,000
4	Portacount Pro+ 838 Respirator Tester	$11,165
5	Mitsubishi Projector	$700
7	Credentialing PDA	$1,905
8	Briggs & Stratton Generator	$999
9	Honda Generator	$599
10	Lecternette	$1,604
13	3M MD766401 Projector	$1,329
14	Dell 1500 Vostros Laptop	$1,341
15	Lenova Thinkpads – 6 units, $1,099 each	$6,594
16	Sun Nuclear Continuous Radon Monitor – 1 unit	$500
17	Skin Scope with Case	$625
18	HP Probook Laptops – 5 units, $1,000 each	$5,000
19	Lenovo Thinkpad Laptops – 8 units, $2,000 each	$16,000

Unscheduled Equipment

Description	Amount of Insurance	Max Per Item	% Coinsurance
Miscellaneous Small Items	$20,000	$500	0%

This proposal includes a brief outline of policy coverage. It is only a summary and may differ from the policy that is issued. The policy will take precedence over the proposal. Coverage is not bound until you are notified with a binder or the actual policy. Higher limits and different coverage options are available upon request.

E·N

E·NCORE SUCCESS PLAN

Workers' Compensation Coverage

Carrier: Markel

Policy Term: 1/29/2022 to 1/29/2023

Policy Information:

Employer's Liability Limits – Each Accident:	$500,000
Disease – Policy Limits:	$500,000
Disease – Each Employee:	$500,000

Work Comp Classifications

State	Class Code	Description	Rate	Payroll
NE	8832	Physician & Clerical	$0.28	$735,045

Subject to Audit

The proposed premium is based on the previously stated estimates of annual exposures. This policy is subject to an Annual Audit. An estimated premium will be collected at throughout the policy term and auditable at the end of that policy term.

Highlights:

- All Other States Endorsement
- Monthly Reporting

This proposal includes a brief outline of policy coverage. It is only a summary and may differ from the policy that is issued. The policy will take precedence over the proposal. Coverage is not bound until you are notified with a binder or the actual policy. Higher limits and different coverage options are available upon request.

E·NC☉RE SUCCESS PLAN

Medical Professional Liability Coverage

Carrier: Markel/Evanston Insurance Company

Policy Term: 1/9/2022 to 1/9/2023

CLAIMS MADE COVERAGE

Policy Information:

Aggregate Limit:	$3,000,000
Each Claim Limit:	$1,000,000
Retention:	$5,000
Retroactive Date:	1/9/2009

Separate Limits -	
Defense of Licensing Proceedings:	$10,000
Subpoena Assistance:	$10,000

Shared Limits -	
HIPAA Violations:	$250,000
Sexual Abuse/Misconduct:	$300,000

Highlights:

- Excludes any claim based upon or arising out of the performance or surgery or the assisting in the performance of surgery
- Exclusion – Communicable Disease endorsement
- Exclusion – Coronavirus endorsement

E·NC☉RE SUCCESS PLAN

Premium Summary

Carrier: Markel/Evanston Insurance Company
Cincinnati Insurance Company
Markel

Policy Term: 1/9/2022 to 1/9/2023
1/29/2020 to 1/29/2023
1/29/2022 to 1/29/2023

Premium Summary		
Policy Line	**Current Premium**	**Proposed Premium**
Property	$1,800.00	$1,800.00
Inland Marine	$1,051.00	$1,051.00
General Liability	$650.00	$650.00
Commercial Auto	$451.00	$453.00
Crime	$200.00	$200.00
Worker's Comp	$2,595.00	$2,389.00
Medical Professional Liability (including taxes and fees)	$8405.54	$8,568.28
Total:	**$15,152.54**	**$15,111.28**

Notes:

- Cincinnati package is in the last year of a three-year term (1/29/20 to 1/29/23)

This proposal includes a brief outline of policy coverage. It is only a summary and may differ from the policy that is issued. The policy will take precedence over the proposal. Coverage is not bound until you are notified with a binder or the actual policy.   Higher limits and different coverage options are available upon request.

SOUTH HEARTLAND DISTRICT **HEALTH DEPARTMENT**

ARPA Funds Proposed Requests

For SHDHD Pandemic/Public Health Gaps

Information for Board of Health

01.05.2022

BACKGROUND – What we know about ARPA funding allowability to meet public health needs

1. **ARPA and Public Health Priorities** The U.S. Department of the Treasury announced the launch of the Coronavirus State and Local Fiscal Recovery Funds, established by the American Rescue Plan Act of 2021, to provide $350 billion in emergency funding for eligible state, local, territorial, and Tribal governments resulting in a potential $8,766,456 total to the South Heartland counties of Adams, Clay, Nuckolls and Webster and $6,192,759 to the 26 communities in the health district:

2. **Uses of Funding** (from SLFRP Fact Sheet): Coronavirus State and Local Fiscal Recovery Funds provide eligible state, local, territorial, and Tribal governments with a substantial infusion of resources to meet pandemic response needs and rebuild a stronger, more equitable economy as the country recovers. Within the categories of eligible uses, recipients have broad flexibility to decide how best to use this funding to meet the needs of their communities. Recipients may use Coronavirus State and Local Fiscal Recovery Funds to:
    *   **Support public health expenditures**, by funding COVID-19 mitigation efforts, medical expenses, behavioral healthcare, and certain public health and safety staff;
    *   **Address negative economic impacts** caused by the public health emergency, including economic harms to workers, households, small businesses, impacted industries, and the public sector;
    *   **Replace lost public sector revenue**, using this funding to provide government services to the extent of the reduction in revenue experienced due to the pandemic;
    *   **Provide premium pay for essential workers**, offering additional support to those who have borne and will bear the greatest health risks because of their service in critical infrastructure sectors; and,
    *   **Invest in water, sewer, and broadband infrastructure**, making necessary investments to improve access to clean drinking water, support vital wastewater and stormwater infrastructure, and to expand access to broadband internet.
    *   Within these overall categories, Treasury's Interim Final Rule provides guidelines and principles for determining the types of programs and services that this funding can support, together with examples of allowable uses that recipients may consider. As described below, <u>Treasury has also designed these provisions to take into consideration the disproportionate impacts of the COVID-19 public health emergency on those hardest-hit by the pandemic</u>.

3. **How is public health included in the ARPA?** The ARPA funds are directed to include **support public health response.** According to the SLFRP Fact Sheet, "*mitigating the impact of COVID-19 continues to require an unprecedented public health response from state, local, territorial, and Tribal governments. Coronavirus State and Local Fiscal Recovery Funds provide resources to meet these needs through the provision of care for those impacted by the virus and through services that address disparities in public health that have been exacerbated by the pandemic. <u>Recipients may use this funding to address a broad range of public health needs across COVID-19 mitigation, medical expenses, behavioral healthcare, and public health resources</u>*.

1

Among other services, these funds can help support:

- **Services and programs to contain and mitigate the spread of COVID-19, including:**

✓ Vaccination Programs
✓ Medical expenses
✓ Testing
✓ Contact tracing
✓ Isolation or quarantine
✓ PPE purchases
✓ Support for vulnerable populations to access medical or public health services
✓ Public health surveillance (e.g., monitoring for variants)
✓ Enforcement of public health orders
✓ Public communication efforts

✓ Enhancement of healthcare capacity, including alternative care facilities
✓ Support for prevention, mitigation, or other services in congregate living facilities and schools
✓ Enhancement of public health data systems
✓ Capital investments in public facilities to meet pandemic operational needs
✓ Ventilation improvements in key settings like healthcare facilities

- **Services to address behavioral healthcare needs exacerbated by the pandemic, including:**

✓ Mental health treatment
✓ Substance misuse treatment
✓ Other behavioral health services
✓ Hotlines or warmlines

✓ Crisis intervention
✓ Services or outreach to promote access to health and social services

- **Payroll and covered benefits expenses** for public health, healthcare, human services, public safety and similar employees, to the extent that they work on the COVID-19 response. For public health and safety workers, recipients can use these funds to cover the full payroll and covered benefits costs for employees or operating units or divisions primarily dedicated to the COVID-19 response.

4. **How are ARPA funds to be used to serve the hardest-hit communities and families**? (From SLFRP Fact sheet) While the pandemic has affected communities across the country, it has disproportionately impacted low-income families and communities of color and has exacerbated systemic health and economic inequities. Low-income and socially vulnerable communities have experienced the most severe health impacts. Coronavirus State and Local Fiscal Recovery Funds allow for a broad range of uses to address the disproportionate public health and economic impacts of the crisis on the hardest-hit communities, populations, and households. Eligible services include:

- **Addressing health disparities and the social determinants of health,** through funding for community health workers, public benefits navigators, remediation of lead hazards, and community violence intervention programs;
- **Investments in housing and neighborhoods**, such as services to address individuals experiencing homelessness, affordable housing development, housing vouchers, and residential counseling and housing navigation assistance to facilitate moves to neighborhoods with high economic opportunity;
- **Addressing educational disparities** through new or expanded early learning services, providing additional resources to high-poverty school districts, and offering educational services like tutoring or afterschool programs as well as services to address social, emotional, and mental health needs; and,

- **Promoting healthy childhood environments,** including new or expanded high quality childcare, home visiting programs for families with young children, and enhanced services for child welfare-involved families and foster youth.

SHDHD Considerations for ARPA

1. **ARPA Funds for SHDHD**
At the July 2021 meeting, the SHDHD Board of Health recommended that SHDHD make requests of each County Board in Adams, Clay, Nuckolls and Webster counties, and to each city or village within these four counties, for a portion of American Rescue Plan Act (ARPA) each entity is to receive. The Board recommended the request be for an amount of <u>up to 9%</u> of the local ARPA funds to support specific public health activities allowed under ARPA.

2. **SHDHD proposed uses of ARPA Funds**
SHDHD proposes priority public health uses of ARPA funds for the health district and estimates the costs, as follows:

- **<u>Ongoing COVID-19 response ($140,000/year*, 2 years).</u>** Ongoing COVID-19 response includes but is not limited to: testing; contact tracing; quarantine/isolation; variant monitoring; public communication; data systems and data analysis; support for prevention/ mitigation/ testing/ outbreak management, especially in congregant living facilities, schools, etc.
Note: Vaccination and vaccine management are a critical focus of ongoing COVID-19 response and they are currently supported by federal pass-through funds, at least into mid-2023. SHDHD is not requesting ARPA-fund support for these components of the response.
    *$140,000/year is based on current rates of personnel, supplies and communications costs for COVID response that are not covered by other COVID response funds.

- Develop a **<u>mobile public health clinic program ($350,000*)</u>** with local health partners for capability to travel to ALL communities throughout the health district offering local access to COVID-19 vaccinations and COVID-19 testing, and to improve ongoing access to other services such as (examples):
    - o health screenings
    - o flu vaccination and other immunizations
    - o blood draws
    - o blood pressure checks
    - o referrals to community-based prevention programs (e.g., Tai Chi, Stepping On, YMCA Blood Press Self-Monitoring program) and other resources)
    - o assistance with appointment scheduling
    - o radon test kits
    - o colorectal cancer screening test kits
    - o health information, education and trainings
    - o information about and assistance with insurance and Medicaid
    - o water testing assistance
    - o other health and behavioral health offerings to address access to care needs in local rural communities (supported in part by expanded community health worker program).

*$350,000 includes: $200,000 Year 1 for mobile clinic truck/van outfitted, insured and plated (e.g., generator, AC/Heat, electric external awning, work stations w/ task chairs, lights, outlets, hot/cold sink with fresh and gray tanks, blood-draw chair, cabinets w/ dry erase surfaces, high impact laminate countertops, pharmaceutical refrigerator, equipment rack, pocket door, exterior vinyl wrap), delivery to Hastings, Nebraska; taxes/registration/ plate and stocked with supplies (blood pressure monitors/cuffs, printer, laptop/tablets, vaccination supplies and emergency kit, health screening tools, etc.); $75,000/ yr, Year 1 and 2: 0.5 FTE Nurse Outreach Services Coordinator and 1.0 FTE Community Health Worker to develop the mobile clinic outreach program.

- **Improve/Expand Screening and Treatment to address Behavioral Health Needs ($100,000/year*, 2 years)**. Address local Mental Health/Substance Misuse gaps, by providing widespread training in, and adoption of, evidence-based screenings/assessments for depression, suicide, substance misuse, adverse childhood experiences, etc.; Initiate widespread training in evidence-based treatment/referral follow up to screening results (e.g., 40 Developmental Assets, Suicide Prevention, Mental Health First Aid); Develop comprehensive BH referral system, supported in part by expanded community health worker program. (*Rural Behavioral Health Network partner strategic plan and Drug Overdose Prevention strategic plan; SHDHD's Community Health Improvement Plan*)
    - o Behavioral health needs have been assessed; partners identified. SHDHD is planning to lead a small pilot project early this year supported by some remaining Health Resources and Services Administration (HRSA) funds.
    *$200,000 includes: trainings for providers in all 4 counties on evidence-based screenings/assessments, treatment, and referral follow up; facilitation toward adoption and use of evidence-based screenings and referrals; development or adoption of a comprehensive HIPAA-compliant referral system for providers and community-based services; 0.5 FTE project director, 1.0 FTE community health worker.

- **Capital Improvement (Under exploration, costs not yet known – estimating $100,000)** Renovation/Addition to health department facility to meet pandemic operational needs. The department facility was already full before the pandemic. Due to increase in staffing and additional responsibilities to support pandemic response, the health department facility has had severe limitations and is not sufficient to meet the needs for vaccine storage and management, vaccine administration, PPE storage/management, COVID testing, private spaces for disease investigation staff, etc.
    - o Proposing to subdivide 1-2 larger offices and/or build an addition in the back for 2-3 additional office spaces. Cost unknown at this time.
    - o SHDHD has secured ~$10,000 from COVID Immunization funding to support minor renovation of the immunization clinic space at 606 N. Minnesota in order to appropriately house the vaccine refrigerators/freezers and provide a separate patient care space. Project start date Q1, 2022

Draft ARPA Funds Proposal Estimates

Breakdown of Proposed Funding Targets per Municipal/County Entity:

County	Amount Awarded to Entity	% of SHD Area Total	Mobile Health Clinic	Behavioral Health	COVID Response	Facilities Improvements	TOTAL Proposed Request	% of Funds Awarded
Adams	$ 6,082,661	40.7%	$142,316	$81,323	$113,853	$40,662	$378,153	6.2%
Clay	$ 1,203,034	8.0%	$28,147	$16,084	$22,518	$8,042	$74,791	6.2%
Nuckolls	$ 804,479	5.4%	$18,822	$10,756	$15,058	$5,378	$50,014	6.2%
Webster	$ 676,282	4.5%	$15,823	$9,042	$12,658	$4,521	$42,044	6.2%
	$ 8,766,456		$205,108	$117,205	$164,087	$58,602	$545,002	6.2%
City/Village								
Hastings	$ 4,173,433	27.9%	$97,646	$55,797	$78,116	$27,899	$259,458	6.2%
Superior	$ 305,418	2.0%	$7,146	$4,083	$5,717	$2,042	$18,988	6.2%
Sutton	$ 242,374	1.6%	$5,671	$3,240	$4,537	$1,620	$15,068	6.2%
Harvard	$ 162,935	1.1%	$3,812	$2,178	$3,050	$1,089	$10,130	6.2%
Kenesaw	$ 162,597	1.1%	$3,804	$2,174	$3,043	$1,087	$10,108	6.2%
Red Cloud	$ 154,822	1.0%	$3,622	$2,070	$2,898	$1,035	$9,625	6.2%
Blue Hill	$ 146,371	1.0%	$3,425	$1,957	$2,740	$978	$9,100	6.2%
Juniata	$ 139,103	0.9%	$3,255	$1,860	$2,604	$930	$8,648	6.2%
Clay Center	$ 122,370	0.8%	$2,863	$1,636	$2,290	$818	$7,608	6.2%
Edgar	$ 76,059	0.5%	$1,780	$1,017	$1,424	$508	$4,729	6.2%
Nelson	$ 75,214	0.5%	$1,760	$1,006	$1,408	$503	$4,676	6.2%
Fairfield	$ 62,368	0.4%	$1,459	$834	$1,167	$417	$3,877	6.2%
Glenvil	$ 49,354	0.3%	$1,155	$660	$924	$330	$3,068	6.2%
Lawrence	$ 47,495	0.3%	$1,111	$635	$889	$317	$2,953	6.2%
Roseland	$ 45,128	0.3%	$1,056	$603	$845	$302	$2,806	6.2%
Holstein	$ 40,277	0.3%	$942	$538	$754	$269	$2,504	6.2%
Bladen	$ 37,015	0.2%	$866	$495	$693	$247	$2,301	6.2%
Guide Rock	$ 34,142	0.2%	$799	$456	$639	$228	$2,123	6.2%
Trumbull	$ 33,128	0.2%	$775	$443	$620	$221	$2,060	6.2%
Ayr	$ 20,620	0.1%	$482	$276	$386	$138	$1,282	6.2%
Ruskin	$ 19,099	0.1%	$447	$255	$357	$128	$1,187	6.2%
Prosser	$ 12,169	0.1%	$285	$163	$228	$81	$757	6.2%
Oak	$ 10,310	0.1%	$241	$138	$193	$69	$641	6.2%
Ong	$ 9,972	0.1%	$233	$133	$187	$67	$620	6.2%
Saronville	$ 7,606	0.1%	$178	$102	$142	$51	$473	6.2%
Nora	$ 3,380	0.0%	$79	$45	$63	$23	$210	6.2%
	$ 6,192,759	100.0%	$144,892	$82,795	$115,913	$41,398	$384,998	6.2%
Total:	$14,959,215		$350,000	$200,000	$280,000	$100,000	$930,000	6.2%

SHDHD Board of Health

Policy Committee Minutes

Date: 12/28/2021 10:00 AM	
Policy Committee Members present by Zoom: Peggy Meyer, Sam Nejezchleb; **present in Person:** Nanette Shackelford	
Staff: Kelly Derby (Finance & Ops Mgr), Michele Bever (E.D.)	

Topic/Lead Person	Comments/Action
Review Minutes of Previous Meeting – P. Meyer	Approved (Motion Meyer, 2nd Nejezchleb). No additional follow-up needed.
Policy Reviews/Revisions/ Proposals - K. Derby, M. Bever	K Derby reported that her re-write of HR 206 (Bonuses), and the bonus-related memo regarding HR 205 (Wellness Benefit) are awaiting legal review. She presented HR 103 (Paid Time Off) and HR 104 (Leave Without Pay) with track-changes for committee review. Both contain minor changes per committee discussion at the October 22 meeting.

Followed was a discussion regarding the handling of new Federal holiday, Juneteenth. Several ideas were presented, but the committee will revisit the issue at a later date. Bever is collecting info on the approaches that other local health departments and our four counties are taking, to help with the decision.

M Bever presented a Retention Policy suggestion currently being adopted by several other NE health departments. Committee comments: a good balance of offerings is necessary to appeal to various employees, and definitions of subjective qualifications such as "good standing" need to be clear. M Bever will draft a retention policy for SHDHD for the next Policy Committee meeting.

Policy Implications:
1. HR 103 (Paid Time Off) updated language regarding employees with flexible schedules such that a single holiday is equal to 1/5 of the weekly total hours scheduled for that employee. Research shows that it is more equitable than paying the amount that the employee is scheduled that particular day.
2. HR 104 (Leave Without Pay) added language that clarifies that leave without pay is allowed when an employee is new and therefore has no PTO.

Action for full Board in January: Recommendation to take both HR 103 and HR 104 to the full board for approval. Recommendation to take HR 206 to the full board only if legal review produces no substantial changes.

Next steps: Derby will continue to revise policies discussed at October 22 meeting. |
| Insurance (Liability Renewal/Medical Renewal/Resolution for | Bever presented both the Liability and Medical insurance proposals. The Liability policy has not changed since the prior year. The Medical proposal includes Reference-Based Pricing models, which the department is seriously considering. Committee comments: update our equipment list, and look into a risk/loss |

SOUTH HEARTLAND DISTRICT **HEALTH DEPARTMENT**

Medical Insurance Premium) – M. Bever	assessment. **Action for full Board in January**: Recommendation to take Resolution #2022-1 (Employer Funded Health Insurance Premium) to the full board for approval. Next steps: Derby will update the equipment list and Bever will inquire about a risk/loss assessment.
Plan Updates (QI/Strategic/After Action Report (AAR)/ Community Health Assessment, ARPA Funds Proposals) – M. Bever	Bever reported that the Quality Improvement/Performance Management Plan has been updated in a handful of minor ways due to the COVID-19 pandemic. Per policy, it will be presented for approval to the full board at the January meeting. The second AAR for the COVID-19 pandemic is almost complete, having involved a large number of staff in J Morgan's absence. The 2021 Community Health Assessment is also almost complete. ARPA Update: Bever noted presenting four cost-estimated project ideas for ARPA funding at an Adams County Commissioners meeting during public comment, at the request of their ARPA committee. She later did a breakdown of the costs by entity, if all contributed and found that 6.2% from each entity would be enough to cover the department's four proposed special projects.
Organizational Chart QI Project Update – M. Bever	Bever reported that the Organizational Chart QI project is going well. The QI team is implementing a "test" of the new supervisory structure and is noting increased staff engagement as a result of this and other staff-focused activities, such as strengths assessments.
Personnel – M. Bever	Bever reported that the new Community Health Worker hired a month ago is ramping up quickly and doing well. The nursing position and emergency response coordinator position remain open. Other health departments in the State are also having trouble hiring for open positions. DHHS was awarded federal COVID workforce development funds they are proposing to use to fill local health department needs by advertising for these and hiring them as state employees, but placed locally. Each health department could request 2 positions. SHDHD requested a nurse and a communications specialist.
Next Meeting	February - TBD
	Adjourned at 4:45 pm

Submitted by Michele Bever
December 28, 2021

**South Heartland District Health
Department Employee
Handbook**

Policy Number: HR103	Policy Title: Paid Time Off	Program Area: Benefits
Approved: 1.6.2021	Reviewed: 12.1.2020	Next Review Date: 12.1.2021

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

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

<u>HOLIDAY</u>

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

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

2. Regular full-time employees are allowed all 12 holidays. In addition, full-time employees beyond the probationary 90 days are allowed two "floating" personal days of their choosing per calendar year.

3. Regular part-time employees are allowed six major paid holidays after completion of the probationary 90 days. It is the discretion of the Executive Director to approve flex-time during holiday weeks. Part-time employees will not be given a replacement day off for holidays that fall on days when they are not scheduled to work.

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

4. Temporary employees: No paid holiday benefit.

5. At the discretion of the Executive Director, an employee may work on a paid holiday. Should that employee work, they will be paid for their hours worked during that day. If the employee works a full day, they will be granted a floating holiday in place of that holiday that is to be used by the end of the calendar year. Should the employee only work half of that day, they will be granted a half day

SOUTH HEARTLAND DISTRICT HEALTH DEPARTMENT

of floating holiday to be used by the end of the calendar year.

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

VACATION

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

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

Executive Director:

Level 1 - Years 1-5: 136 hours vacation/year
Level 2 - Years 6-7: 152 hours vacation/year
Level 3 - Years 8-9: 168 hours vacation/year
Level 4 - Years 10+: 184 hours vacation/year

All Other Full-time Employees:

Level 1 - Years 1-5: 96 hours vacation/year
Level 2 - Years 6-7: 112 hours vacation/year
Level 3 - Years 8-9: 128 hours vacation/year
Level 4 - Years 10+: 144 hours vacation/year

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

Temporary Part-Time Employees: No vacation benefit.

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

SICK LEAVE

Sick leave is accrued biweekly at .0346 hours sick leave/paid hour up to 80 hours per biweekly pay period. The maximum per year accrual is 9 days and sick leave will be capped for all employees at 240

hours. Sick leave is to be used for the employee's illness, but may also be used in the event that the employee's child is ill and the parent needs to stay home. At termination of employment, no cash reimbursement will be given for unused Sick Leave.

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

Temporary Part-Time Employees: No sick benefit.

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

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

South Heartland District Health Department
Employee Handbook

Policy Number: HR103	Policy Title: Paid Time Off	Program Area: Benefits
Approved: 1.6.2021	Reviewed: 12.1.2020	Next Review Date: 12.1.2021

Purpose

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

Policy

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

HOLIDAY

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

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

Regular full-time employees are also allowed to choose two "floating" personal holidays per calendar year.

2. Holiday pay is available for all rRegular full-time staff membersemployees are allowed all 12 holidays. In addition, full-time employees beyond the probationary 90 days are allowed two "floating" personal days of their choosing per calendar year.If you are working either a compressed or flexible work schedule, and a holiday falls on a day you are not scheduled to work, then you will be given the preceding workday off instead. If the Holiday that falls on a Sunday when you are not scheduled to work; in that case your next scheduled workday will be your replacement day off.

2. For a Compressed schedule: If holiday falls on a 9 hour day, you will receive the full 9 hours. So excused absence for holidays will be equal to the hours you were scheduled to work. For flexible schedule: If a holiday falls on a day when you would have worked more than 8 hours, you can only receive 8 hours for the holiday. The time you missed above 8 hours has to be made up somehow; if not with accrued vacation hours adjusting hours for the rest of the week. If a closure occurs on a day when you would have worked more than 8 hours, you receive the number of hours you were scheduled to work that day.

3. Probationary full-time regular employees will take paid holidays when office is closed, but floating holidays will not be available until after the probationary period is satisfactorily completed.

SOUTH HEARTLAND DISTRICT HEALTH DEPARTMENT

4.3. Regular part-time employees are allowed six major paid holidays . after completion of their probationary period90 days. I, it is the discretion of the Executive Director to approve flex-time during holiday weeks. Part-time employees will not be given a replacement day off for holidays that fall on days when they are not scheduled to work.

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

~~If you're a part time employee, you will not be given a replacement day off for holidays that fall on days when you're not scheduled to work.~~

5.4. Temporary employees: Nno paid holiday benefit.

5. At the discretion of the Executive Director, an employee may work on a paid holiday. Should that employee work, they will be paid for their hours worked during that day. If the employee works a full day, they will be granted a floating holiday in place of that holiday that is to be used by the end of the calendar year. Should the employee only work half of that day, they will be granted a half day of floating holiday to be used by the end of the calendar year.

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

6.

VACATION

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

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

Executive Director: Level 1 - Years 1-5: 136 hours vacation/year
                                        Level 2 - Years 6-7: 152 hours vacation/year
                                        Level 3 - Years 8-9: 168 hours vacation/year

SOUTH HEARTLAND DISTRICT **HEALTH DEPARTMENT**

Level 4 - Years 10+: 184 hours vacation/year

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

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

Temporary Part-Time Employees: No vacation benefit.

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

SICK LEAVE

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

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

   Temporary Part-Time Employees: No sick benefit.

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

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

South Heartland District Health Department
Employee Handbook

Policy Number: HR104	Policy Title: Leave Without Pay	Program Area: Benefits
Approved: 1.6.2021	Reviewed: 12.1.2020	Next Review Date: 12.1.2021

Purpose
In an effort to recognize the need of employees who require time off in addition to other types of leave, SHDHD may consider an unpaid personal leave of absence without pay for up to a maximum of 30 days per 12-month rolling period.

Policy
It shall be the policy of the South Heartland District Health Department to allow eligible employees leave of absence without pay provided that such leave has been pre-approved and scheduled and does not qualify for Family Medical Leave Act (FMLA), Uniformed Service and Reemployment Rights Act, Executive Order 5396 or on Worker's Compensation with the Executive Director. An eligible employee is defined as any regular full-time or part-time employee.

Procedure
An eligible employee should submit a request in writing to the Finance & Operations Manager. The requesting employee will be asked to acknowledge in writing his or her understanding that all requests for personal leave are not granted.

Administration will:
   · Review the request taking workload scheduling and departmental requirements into consideration.
   · Make a recommendation to and obtain a decision from the Executive Director.
   · Return a decision to the employee as soon as feasible after receipt of the written request.

If the request is approved, Operations will complete a Personnel Action Form, noting the employee's inactive status. Once the employee returns, Operations should complete a Personnel Action Form, returning the employee to active status.

If the leave is in excess of ten working days, a temporary employee may be hired until the regular employee returns to work.

Employee benefits will remain intact during the unpaid leave of absence, however, after two weeks (10 working days) absence, the employer paid portion of health insurance benefits will cease and the full premium will be the responsibility of the employee until their return to work. SHDHD will continue to pay the premiums on the employees' behalf, but will deduct those premium amounts from future paychecks when the employee returns to work, or provide an invoice to the employee should they prefer, or in the case that they do not return to work.

Unauthorized Absences

Unauthorized absences will be considered leave without pay. Employees who are absent without authorization for three (3) days or more shall be considered to have resigned and terminated without further notice.

Leave When Paid Time Off (PTO) Does Not Exist

Short periods of Leave Without Pay cannot be avoided when an employee is new enough not to have accumulated vacation or sick time, or when an employee is temporary without PTO. A Leave Request form will be required, check-marking the Leave Without Pay option.

SOUTH HEARTLAND DISTRICT **HEALTH DEPARTMENT**

Policy Number: HR 206	Policy Title: Bonuses	Program Area: **Compensation**
Approved:	Reviewed:	Next Review Date:

Purpose

The purpose of this policy is to outline strategies for acknowledging and rewarding employees for exceptional performance demonstrated during a pre-determined period of time.

Policy

Under Nebraska's Constitution, gratuities, or benefits awarded <u>after</u> services have been rendered and for which a public entity has no legal obligation to make (i.e., there's no proper exchange of consideration), are *not* allowed. Per Nebraska's Attorney General, a "different type of 'bonus' might be permitted if it were agreed upon prior to the performance of the work and involved a proper exchange of consideration." The use of Federal funds, versus State funds, to pay a bonus is not a violation of the state Constitution.

All proposed bonuses should take into consideration SHDHD's needs, finances, ability and culture.

Payment of bonuses must consider an employee's exempt status. According to a September 1, 2006 SHRM (Society for Human Resource Management) article by Susan Ladika, changes to Part 541 of the U.S. Department of Labor's regulations for the Fair Labor Standards Act (FLSA) in 2004 allow employers to pay exempt employees extra, without violating their status. Rodney Cottrell, SPHR, of Corporate Compensation Partners LLC, a compensation management consulting practice in Sewickley, PA, is quoted in the article saying "the change in regulations can provide additional payment to exempt employees in the form of a flat sum, time off, bonus payment, straight time, or time and a half and may be required to have a "reasonable relationship" to the employee's usual earnings." In addition, *the reward should be related to productivity and outcomes of the extra hours, not simply putting in long hours*.

Proper bonuses are excluded from retirement contributions to NPERS.

Rewarding the Executive Director

At its discretion, the Board of Health may reward the Executive Director, an exempt employee, a bonus for work resulting in measurably higher than usual productivity, given that it is not a gratuity.

The Board will determine how the Executive Director will be rewarded. given the options outlined by Cottrell above.

The Executive Committee for the Board of Health will determine the amount/approach. The Executive Committee may request input from legal counsel, the Executive Director, and/or other Board committees. The Executive Committee's recommendation will be brought to the full Board for discussion and final approval.

Rewarding All Other Employees

At his/her discretion, the Executive Director may recommend rewarding employees, be they exempt or otherwise, bonuses for work resulting in measurably higher than usual productivity, given that the bonus is not a gratuity. The Executive Director's recommendation, with documentation, must be presented to the Finance Committee for review and must be approved by the Board of Health.

Payment of Special Compensation

A separate pay form must be used to initiate and process bonuses separately from the bi-weekly paycheck. The pay form must be accompanied by documentation of the Board of Health's approval of the bonus(es).
Payments will be processed in the pay period following receipt of the additional pay form.

SOUTH HEARTLAND DISTRICT **HEALTH DEPARTMENT**

MEMO

TO: All Regular Staff

FROM: Michele Bever, Kelly Derby, Janis Johnson, Brooke Wolfe

DATE: January 3, 2022

RE: C-19 Modification to Employee Wellness Benefit Policy (HR205)

In lieu of the Health Risk Assessment specified in the current policy, employee participation in the latest Quality Improvement Project and its resulting Organizational Chart Pilot will substitute as a means of assessing wellness, in this case, in the aggregate. The qualitative data collected via employee interviews for this project revealed a need to make changes to the organization's reporting structure that would lessen employee stress, and increase employee satisfaction. Utilizing the StrengthsFinder testing and coaching designed to help employees understand themselves and their interactions with other employees, the Organizational Chart Pilot is designed to build a sense of trust and connection between supervisors and supervisees, thus reducing stress and increasing work satisfaction.

For purposes of this year's Wellness Benefit, the department has identified an organization-wide wellness goal: 100% participation by eligible employees in the initiative defined in this document.

To indicate participation, let your supervisor know which goal from your Individual Career Development Plan you choose to serve as your personal wellness goal. Feel free to reframe this goal so it falls more reasonably under the wellness umbrella.

A wellness benefit of $250 will be administered on April 1, 2022 to cover wellness expenses incurred in pursuit of your personal wellness goal.

In consideration for the benefit payment, the employee must:

- Be employed at SHDHD, in good standing, from today through March 31, 2022, without having submitted notice of intent to resign.
- Meet with your supervisor on a quarterly basis, from now until the end of June, regarding progress on your Individual Career Development Plan, including your personal wellness goal.

Board of Health
South Heartland District Health Department
Resolution #2022-1

WHEREAS, the South Heartland District Health Department Board of Health, in accordance with *Article II, Section 1 General Powers* of its Agency Bylaws, manages the business, property and affairs of the Agency.

NOW, THEREFORE, BE IT RESOLVED:

The Board of Health recommends for Calendar Year 2022, effective January 1, 2022, an employer-funded group health insurance premium in accordance with the Health Insurance Policy, HR 105, for all regular employees working at least 32 hours and in good standing and having satisfactorily completed a probationary period ending the 1st of the month following 60 days of employment. Following the probationary period, eligible employees will receive $506 paid monthly pre-tax ($6072 annually). Eligible employees, who provide attestation for conditional opt-out of the employer-funded group health insurance, will receive a taxable $506 paid monthly ($6072 annually) following the probationary period. Part-time employees, working 24-31 hours, may enroll in SHDHD group insurance as per Health Insurance Policy, HR 105; however, SHDHD will not contribute to premium or offer cash-out option to part-time employees.

_____   _____

Board President Signature   Date

Quality Improvement and Performance Management Plan

SOUTH HEARTLAND DISTRICT

HEALTH DEPARTMENT

November, 2019; Reviewed 12.31.20, Reviewed and Revised 12.17.21

Table of Contents

I.   Overview of Performance Management and Quality Improvement

Introduction

The South Heartland District Health Department is committed to ongoing performance and quality improvement efforts. The purpose of the Quality Improvement and Performance Management Plan (QIPMP) is to facilitate systematic and department-wide activities that result in an organizational culture of continuous quality and performance improvement. The plan provides the framework by which the development, monitoring and evaluation of improvement initiatives will be conducted, and is directly aligned with SHDHD's Strategic Plan and Workforce Development Plan. The QIPMP focuses on the central themes of advancing a culture of quality, establishing a robust performance management system, improving customer satisfaction, assuring leadership support and recognition of staff efforts at all levels. As a result of the goals outlined in this plan, SHDHD will continually improve upon its delivery of public health programs and services, working towards our mission: *Healthy People in Healthy Communities*.

This plan serves to address the Public Health Accreditation Board's Standards and Measures established in Domain 9: Evaluate and Continuously Improve Processes, Programs, and Interventions. Domain 9 focuses on the use and integration of performance management and quality improvement practices and processes for the continuous improvement of the public health department's practices, programs, and interventions. This will be evaluated with the launch of PHAB Standards and Measures 2.0.

Performance Management

Performance Management (PM) is the process of actively using performance data to improve the public's health. It includes the strategic use of performance standards, performance measures, progress reports, and ongoing quality improvement efforts to ensure an agency achieves desired results. PM relies on data to determine if our programs and services are having an impact on the health of the people we serve. Data collected from our performance management activities lead us to opportunities to improve the quality of the programs and services we provide to our community. Incorporating performance management and quality improvement practices into the work of the health department helps to create a culture of quality and leads to improved decision-making, improved program development and better outcomes.

Quality Improvement

Quality Improvement (QI) is the systematic evaluation or improvement of policies, processes, programs, and interventions. The purpose of the QI process is to improve the health of South Heartland District residents by understanding and improving the efficiency, effectiveness, and reliability of public health processes and practices. This occurs through use of a deliberate and defined improvement process such as Plan-Do-Study-Act* and other quality improvement tools.

* Embracing Quality in Local Public Health:Michigan's Quality Improvement Guidebook.

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II.   Culture of Quality and Performance

All health department staff share a role in the establishment and promotion of a culture of quality and performance through the direct participation in QI activities, support for ongoing improvement efforts, working towards performance goals, and celebrating QI and PM successes.

Mission, Vision, & Guiding Principles

SHDHD's focus on performance and quality begins with our mission, vision, and guiding principles. Reviewed during SHDHD's 2019 Strategic Planning Process, our Vision communicates our agency's highest goal and desired future state; our Mission defines the agency's purpose and describes our efforts to improve the health of residents in our communities; and our guiding principles drive the work we do to be effective chief health strategist and partners in public health, as well as good stewards of our resources.

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.

Leadership Support

The keys to success for any continuous quality improvement (CQI) or performance management initiative lie within the direct support from administrative leadership. This includes the Executive Director, Standards and Performance Manager, Program Leads and the Board of Health. SHDHD's Leaders support QI and PM activities by ensuring the Board of Health, staff, and various stakeholders have knowledge of, and input into, ongoing initiatives as a means of continually improving performance. Leadership support and planning to allow staff participation in PM and QI initiatives is vital to the success of those efforts and the continual improvement of SHDHD's programs and services.

Assessment of Culture

History: In July 2019, the QI-PM Team completed the National Association of County & City

Health Official's (NACCHO) Self-Assessment Tool (S.A.T. 2.0) to assess the spread of QI across the entire agency and the formality of QI/PM activities, both of which are critical to understanding the current culture of quality improvement and performance management within the agency. Staff completed the staff version of the assessment, which measures staff perceptions of QI/PM activities from their personal experiences at work. The combined results of that assessment placed SHDHD at 4.3 between **"**Phase 3: "Informal or Ad Hoc Quality Improvement Activities" and "Phase 4: "Formal QI/PM in Specific Areas of the Organization" on NACCHO's Roadmap to a Culture of Quality Improvement (http://qiroadmap.org/). Comparing the staff perceptions against leadership perceptions provided valuable insight for identifying transition strategies for planning the QI-PM Plan. For transition strategy choices, the QI-PM Team included transition strategies in sub-element phases 4, 5 and 6. Both leadership and staff completed QI-PM online training, "Embracing Quality in Public Health: A Practitioner's Performance Management Primer" from Michigan PH Department. (https://pmqitraining.mphiaccredandqi.org). NACCHO Self-Assessment Tool (S.A.T. 2.0) will be considered for reassessment in 2022.

Utilizing the information gained from the survey completed in 2019, the training, and the selected transition strategies, the QI-PM team members were asked to appraise SHDHD's current culture based on QI-PM efforts. The QI-PM Team completed the "Current vs Desired" state of QI and PM efforts to guide the current QI-PM Planning Cycle. Department wide knowledge has increased through required training, but due to the COVID pandemic, implement has lagged for QI communication and recognition of value. Therefore we will continue implementing desired state and expand our training.

2021 vs. Desired State

Current State	Desired State
Lack of communication regarding Quality Improvement	Stakeholders receive regular updates QI Project results are communicated with staff and Board
Lack of department-wide knowledge on QI process, tools and documentation	−All staff trained in QI to have consistent knowledge of QI processes including tools and documentation −A well-developed QI tool library −Agency-wide involvement and standardized reporting on QI activities
Lack of recognition of the value of QI	−Training system for all staff and Board members for onboarding and continual growth −Relatable and engaging trainings −All staff see QI as part of their job (QI hardwired into SHDHD's culture)

Leadership and staff beginning to understand QI and performance management through quarterly survey.	−All staff understand performance management and receive regular, appropriate training −All staff actively involved in PM processes −Leadership driving and evaluating processes −Board that understands QI and PM processes, and is prepared for quality and performance management oversight.
There is a need for performance management system to be cohesive and hardwired in the agency culture to drive data-based decision making efforts. 2019: Leadership identified need to address data and customer satisfaction processes through NACCHO SAT 2.0 survey and transitional strategies. 2021: Continue to prioritize data and customer satisfaction.	−Annual performance goals, including training and QI −Data/outcomes collection, analysis, and regular reporting integrated throughout the agency −Hard-wired focus on customer, including survey of needs and satisfaction −Regular reporting of data/performance measures with implementation of PMS plans (SP, WD, QI-PM) −Evaluation of PM Systen to identify areas for QI and needs for adjustments and/or revisions.
CHIP implementation 2021 QI: SHDHD is utilizing partner-led steering committees and tracking dashboards for performance measures and needed strategy adjustments for each priority; SHDHD acting as backbone for support, data, IT, etc.	−CHIP QI-PM processes are hard-wired −Steering committees have all performance management supports in place for effective oversight; continue to evaluate effectiveness. −Data analysis and performance measure tracking is in place for developing CHIP annual report

### III.	Agency Roles and Responsibilities:

<u>All Staff:</u> Identify and suggest quality improvement projects, and participate in and implement quality improvement activities.

➢ Identify and suggest areas of improvement or opportunities for program development
➢ Develop and participate in quality improvement projects and activities
➢ Participate in quality improvement trainings
➢ Incorporate quality improvement concepts and principles into daily work
➢ Demonstrate familiarity with the QI-PM Plan
➢ Collect and manage quality and performance improvement data
➢ Document and report on the progress of quality improvement projects and activities
➢ Communicate success stories and challenges of quality improvement projects and activities

<u>QI-PM Team Members:</u> Oversee the day-to-day implementation or quality improvement projects and activities, support staff and provide access to training opportunities.

➢ Carry out responsibilities of SHDHD as described above
➢ Identify staff QI training needs and provide access to training opportunities
➢ Orient staff to QI process and QI Plan annually
➢ Present proposals for QI projects and activities to QI-PM Team
➢ Ensure quality improvement projects and activities align with department strategic plan
➢ Complete quality improvement worksheets and written reports of project results
➢ Initiate, implement, and ensure oversight of QI projects and activities
➢ Support staff in quality improvement and data collection efforts
➢ Recognize and reward staff for participation in quality improvement efforts

<u>Executive Director and Standards & Performance Manager:</u> Provide an overall vision and direction for QI-PM efforts in the department. They provide guidance and support for QI-PM efforts.

➢ Provide leadership to the QI-PM team
➢ Foster a culture of quality within the department
➢ Allocate and request necessary resources and funding to sustain and implement QI efforts
➢ Ensure QI efforts align with the strategic plan or fulfill critical division/program needs
➢ Approve quality improvement projects and activities
➢ Prioritize department-wide and division/program QI projects and activities
➢ Coordinate oversight of quality improvement projects and activities with the QI-PM Team
➢ Communicate quality improvement efforts and successes to staff and Board of Health
➢ Assure education/training in QI and PM for Board and staff

> This section has not changed, but just pointing it out as a reminder of the Board's role in the Quality Improvement and Performance Management Plan.

<u>Board of Health:</u> Provides guidance and advice to senior leadership regarding quality improvement and performance management efforts. The Board receives periodic updates on the progress of quality improvement efforts and findings, and it reviews/adopts/approves plans and policies related to QI and PM.

➢ Support a culture of quality within the department
➢ Provide guidance and advice to senior leadership regarding quality improvement efforts
➢ Review progress and findings of quality improvement efforts
➢ Communicate constituents' concerns and comments to senior leadership
➢ Communicate quality improvement success stories to constituents
➢ Fund quality improvement efforts through department budget

IV.   Quality Improvement & Performance Management Team

The QI-PM Team provides operational leadership of quality improvement efforts within the department. The QI-PM team also monitors performance management efforts and is responsible for implementing an agency-wide performance management system.

QI-PM Team Responsibilities

- Provide support, guidance, and objectivity for department quality improvement initiatives
- Promote, implement, and monitor performance management efforts across the organization
- Guide selection of QI projects, monitor progress, and oversee implementation of goals and strategies
- Ensure QI project results are communicated to appropriate internal staff and external stakeholders
- Provide project updates and reports to the Board of Health on a bi-monthly basis
- Sponsor or participate on QI Project Teams and help identify the best project team leads
- Annually review, monitor, and report on progress towards plan goals & objectives
- Review and contribute to QI-PM Plan amendments and revisions
- Help identify staff gaps in knowledge and training needs for QI and PM

Standards & Performance Manager Responsibilities

The Standards & Performance Manager (S/PM) leads SHDHD's Public Health Accreditation efforts and works to ensure appropriate agency plans cross-link to support and strengthen a culture of quality and performance. The S/PM serves as a permanent member of the QI-PM team to facilitate sustained knowledge and guidance and to provide consistent coordination of improvement activities across the department. The S/PM will:
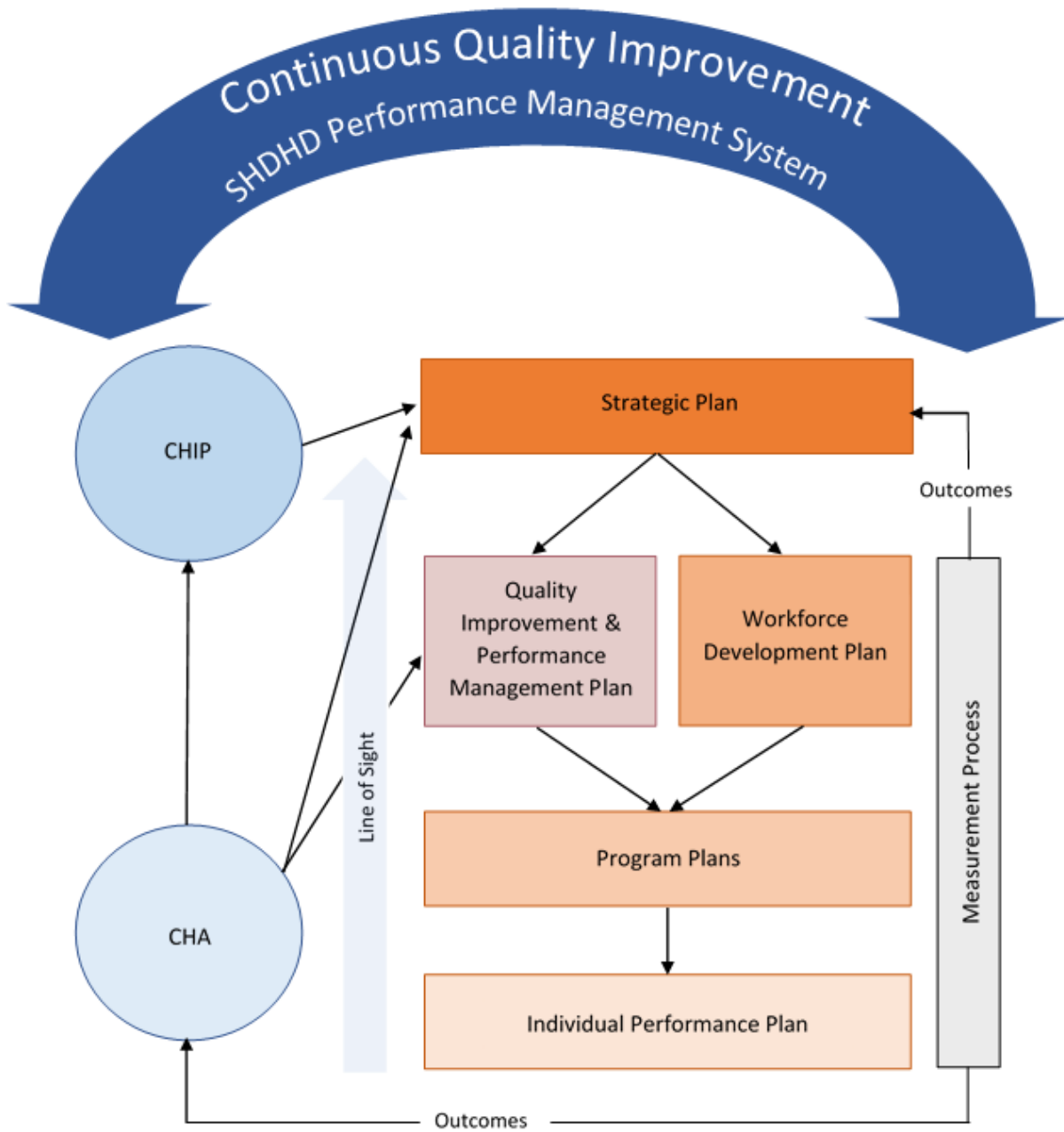- Serve as subject matter expert for quality improvement and performance management
- Develop agenda, meeting materials (including minutes), and facilitate QI Team Meetings
- Maintain electronic database of QI Project records and documentation
- Engage and involve QI team members in all QI-PM Plan updates and revisions. Changes to the plan must be agreed upon by the team.
- Maintain communication protocols for staff to suggest quality improvement initiatives (e.g., anonymous suggestion boxes, staff meeting agenda item, program huddles, etc.)
  Oversee database of QI training records and staff training certificates.

QI Project Team Responsibilities

QI Project teams are composed of staff who actually investigate proposed quality improvement initiatives to plan and test potential solutions. The QI Project Team will:
- Complete all appropriate documentation for each QI project
- Meet every 2 weeks (increasing or decreasing frequency as necessary)
- Promote progress and project results at staff and Board meetings as appropriate
- Assure staff serve on only one project team at a time

V.   SHDHD Performance Management System

Continuous Quality Improvement
SHDHD Performance Management System

CHIP

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Line of Sight

Strategic Plan

Quality Improvement & Performance Management Plan

Workforce Development Plan

Program Plans

Individual Performance Plan

Measurement Process

Outcomes

Outcomes

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VI.   Project Identification

Quality Improvement projects will be selected based on an identified need to improve program processes, objectives, and/or performance measures that align with the department's plans, goals, stakeholder feedback, or performance management system.

Projects may be identified in a number of ways, including, but not limited to:

➢ Staff suggestion for improvement idea submitted to leadership, QI-PM Team member, suggestion box, surveys, and other avenues
➢ Review of agency plan implementation, exercises, and reports (e.g., Strategic Plan, Workforce Development Plan, Emergency Response Plans, Community Health Improvement Plan, etc.)
➢ Quarterly surveys completed by SHDHD staff demonstrating their QI/PM projects/processes
➢ Stakeholder feedback and external performance assessments
➢ Board of Health suggestions

A QI Project Proposal Form shall be completed and submitted to the QI-PM team. QI-PM Team members will review all project proposals and decide to accept the proposal, request additional information or data, or reject the proposal if it does not meet the selection criteria below.

 QI Project Selection Criteria:

The QI Team will complete its review of the project proposal by examining appropriate criteria from the list below:

➢ Is it a process?
➢ Is the problem that is targeted for improvement clearly defined?
➢ Is the scope manageable?
➢ Can it be reliably measured?
➢ Can it be completed within the proposed timeframe?
➢ Is data available? Will data be available to measure improvement?
➢ Is it important? To whom?
➢ Does it align with one or more of the department plans?
➢ Does the project support the department mission, vision and guiding principles?
➢ Does it have a customer focus?
➢ Does the project have potential to be replicated across programs or have an impact on other programs/activities?
➢ Is it within the team's control?
➢ Is leadership prepared to implement change?
➢ Is there probability of success?

VII.   Plan Alignment

The 2020-2025 Strategic Plan (SP) serves as the cornerstone of SHDHD's performance management system. The SP states the agency's mission, vision, and strategic goals and serves as a roadmap to where the agency wishes to be in the next 6 years. Ensuring that the strategic priorities and objectives are met requires the use of continuous data monitoring and collection as accomplished through SHDHD's Performance Management System. A PM System provides stakeholders the ability to track the progress of action steps outlined in the strategic plan over time. If performance metrics necessary for the success of strategic objectives are not met, then agency quality improvement process can be utilized to discover root causes and possible solutions.

The Workforce Development Plan highlights training goals and capacity for agency staff and supports development in Quality Improvement, Performance Management, and other topics that promote a culture of quality and performance.

The 2019-2024 Community Health Improvement Plan is a collaborative effort to address the health and social challenges facing Adams, Clay, Nuckolls and Webster County residents. Although the Health Department is not responsible for ensuring progress for every identified strategy, SHDHD is assisting the community to apply QI-PM principles for monitoring, management and revision of the CHIP. More specifically, SHDHD is providing the framework and serving as the backbone organization to support a community-led oversight process. SHDHD will be assisting partners to gather and review appropriate data and determine the efficacy and impact of planned interventions.

VIII.   Data Collection, Monitoring, and Reporting

The QI-PM Team, under the direction of the Standards and Performance Manager (S/PM) and the Executive Director are responsible for ensuring performance data collection processes are in place to track, regularly update, and monitor performance standards and measures. Performance measures are defined (operational definitions) and tracked using an all-staff quarterly QI/PM survey.

The QI-PM Team will facilitate an annual identification and assessment of agency and division-level goals and performance measures. The QI-PM Team will monitor the survey on a quarterly basis to assess potential quality improvement initiatives and assist the S/PM in developing an annual performance report.

All formal QI Project Teams will complete appropriate initial documentation and a method to report (i.e., a storyboard or written report) to be shared with staff and stakeholders. Documentation will include a description of the process, tools used, outcomes, and lessons learned.

CHIP data collection, monitoring and reporting for performance management will follow the processes outlined in the CHIP Steering Committee Roles and Responsibilities. (Located at S:\Quality Performance & Accreditation\Community Health Improvement Plan\2019.2024 CHIP\Steering Committees_2019.2024 CHIP)

Regular Communication

Clear and consistent communication of quality improvement and performance management efforts is critical to building and sustaining a culture of quality and performance improvement throughout the agency. In accordance with the goals and objectives in Goals, Objectives, and Implementation section, the Quality Improvement Team will ensure:

➢ Staff QI efforts: acknowledged through monthly staff meeting and other communication mediums
➢ Storyboards or reports for Completed Projects: posted/shared publicly for staff and stakeholders to observe
➢ Completed project documentation: archived and available on the department's shared network.
➢ Updates to the Board of Health: provided by QI Project Team members or QI-PM Team members through the Bi-Monthly Board Report or in person.

IX.   Evaluation and Review

Evaluation will determine if the aspects of the plan are being followed, and if any improvements or revisions are necessary. The evaluation will include a summary of the progress toward goals and objectives of the agency's QI-PM Plan, as well as the QI activities conducted during the past year. The outcomes accomplished by each QI project team will be reviewed including the process that was targeted, the performance indicators utilized, measurement outcomes and data aggregation, the assessment and analysis process, and the improvement initiatives implemented in response to the results of the QI project.

The Quality Improvement & Performance Management Plan will be evaluated:

- Formally every 2 years
- Current/Desired State and Goals annually (Fourth Quarter for approval at January BOH meeting)
- Alignment with the Strategic Plan and/or other plans may require adjustments that will be documented with the Record of Changes.

2019-2021 Implementation Progress, 12.18.21

X.   Goals and Objectives for QI-PM

Goal 1: Strengthen CHIP performance management through SHDHD support of partner-led steering committees for all 5 priorities. (Crosswalk: SP Goal 3)

Objectives	Performance Measures	Timeline	Responsible Parties
Implement action plans and performance dashboards for each committee.	CHIP performance measures tracked for implementation of objectives and strategies (Dashboards) at 100% of steering committee meetings; minutes reflect review of action plan progress and any adjustments recommended	Ongoing – Steering Committees meet bi-annually in April and October Qualtrics 4/2020 3 Meetings June-October, 1 in Dec. 2021	SHDHD ED, S/PM and staff assigned to each committee
Finalize data gathering and sharing processes to monitor strategy progress	Data summaries shared at 100% of April 2020 steering committee meetings; Process improvement recommendations captured in steering committee minutes	By April 1, 2020 By April, 2021	SHDHD Backbone Team for CHIP implementation
Develop format for annual CHIP report	Completed annual report format; QI/PM Team minutes	By February 1, 2020 (draft) October 2021	S/PM, data staff; ED and QI-PM to review
Communicate CHIP progress to staff and Board	Staff and board meeting minutes	At least bi-annually, in May and November	ED, QI-PM Team

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)

Objectives	Performance Measures	Timeline	Responsible Parties
CQI for Public Health: The Fundamentals (modules 1-3) Tool Time (4-8)	Certification of completion for 100% of staff	By October 1, All current staff; New staff and Board within 90 days of hire/appointment	S/PM Manager QI-PM Team
Develop and/or identify additional PM training curriculums	At least 2 additional training opportunities identified; QI/PM Team minutes	By June 30, 2020 By June 30, 2021	S/PM Manager QI-PM Team
Leadership and staff trained in PM and data-based decision making	Certification of completion/Record of attendance for 100% of staff	By October 1, 2020 By October, 2021	S/PM Manager
Internal and external trainings opportunities will be communicated to staff	Staff meeting discussions, emails	Ongoing	External training: ED, career development training goals

Goal 3: Evaluate and refine processes for data collection, analysis, reporting, and evaluation/revision and customer survey/satisfaction. (Crosswalk: SP Goal 3)			
Objectives	Performance Measures	Timeline	Responsible Parties
Explore example processes from other public health organizations	List of identified processes and tools with priorities for implementation identified; QI/PM Team minutes	By May 1, 2020 Ongoing	S/PM, QI-PM Team
Identify and administer training for staff and leadership	Training records for 100% of staff	By July 1, 2020 October, 2021	S/PM, QI-PM Team
Implement pilot customer satisfaction process	Implementation plan and progress report(s) for at least one program that has not measured satisfaction previously	By December 31, 2020	S/PM, QI-PM Team
Goal 4: Regular reporting of QI and PM activities to staff and board, and public where appropriate. (Crosswalk: SP Goals 4 and 5)			
Objectives	Performance Measures	Timeline	Responsible Parties
QI/PM activities reported to staff regularly	Staff meeting agenda/ minutes – standing agenda item for weekly staff meetings	At least monthly	S/PM, Leadership
Board of Health (BOH) receives updates on QI and PM progress	BOH meeting agenda / minutes showing QI/PM updates in bi-monthly staff report &/or ED report 6x/year	Ongoing - BOH meets every 2 months	ED, QI-PM Team, staff
Publicly shared QI project storyboards or reports	100% of completed QI projects have reports or storyboards posted on walls, available on internal server, and/or shared at staff meetings; if appropriate, posted to website	Ongoing with completion of QI projects BOH Reports on website	ED, QI-PM Team, staff project teams No reports or story boards due to COVID duties.
Goal 5: Assess QI-PM Culture, Review and Revise Plan, Establish Standards for Reporting. (Crosswalk: SP Goals 1 and 4)			
Objectives	Performance Measures	Timeline	Responsible Parties
Annual review of progress on quality and performance goals and objectives	One Annual Report of Progress with identified opportunities for improvements; QI/PM Team minutes; BOH meeting minutes	Quarter 4	QI-PM Team AC 12.2020
Design and implement regular assessments of QI and PM culture	Completed Assessment Template; 100% of staff at all levels participate in assessments	Quarter 3 Planned for 2022	QI-PM Team
Set QI/PM progress reporting standards for	Standardized reporting process (who, what, when, how) for	Quarter 3 Planned for 2022	QI-PM Team

Objectives	Performance Measures	Timeline	Responsible Parties
QI-PM Team, BOH and staff	QI/PM goals and objectives; QI/PM Team minutes		
Goal 6: (Developmental) Establish SHDHD internal departmental processes and policies to accommodate funding fluctuations. (Crosswalk: SP Goal 2)			
Objectives	Performance Measures	Timeline	Responsible Parties
Identify model processes and policies for finance and operations	Resource list of model processes and policies with identified priorities for implementation; QI/PM Team minutes	By June 30, 2020 Completed 2021	ED, F/OM
Revise department operational policies and organize with tracking process for review schedule	100% of current policies reviewed/revised/organized; tracking process implemented (Tracking Platform; QI/PM Team minutes; Board Policy Committee Minutes)	By December 31, 2020 Completed 2021	ED, F/OM, S/PM

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Capability	Function	Actions Implemented	Barriers and Opportunities	Planned Actions and Target Completion Dates	SHDHD POC Start/End Dates
Capability 1 – Community Preparedness	Function 1: Determine risks to the health of the jurisdiction. Function 2: Build community partnerships to support health preparedness. Function 3: Engage with community organizations to foster public health, medical, and mental/behavioral health social networks. Function 4: Coordinate training or guidance to ensure community engagement in preparedness efforts.	SHDHD continued to determine health risks with changing pandemic situation and updated guidance to provide accurate, timely and transparent information to protect the public's health and safety (Internal COVID surveillance team and PHCC, hospitals, schools, Long-term care, State/UNMC situation briefings). Continued to establish partnerships & develop new partnerships that would be key to accessing & responding to the needs of all South Heartland residents, including vulnerable populations (e.g., SHDHD Unified Command, Hastings Mayor's Community EOC, ESU Group-public schools, parochial schools, childcare, Head Start, businesses, faith based, combined services, Community Impact Network, etc.). COVID guidance, training and resources provided. Determining risk based on local and State data: data dashboard and risk dial. Shared CDC, State and local preparedness guidance Community/response groups attempted to include behavioral health partners.	Barriers: • Processing the ever-changing data, guidance and regulations and interpreting them to the partners/public. • Specific risk to SH population i.e., inadequate testing, refusal to test • Public perception for SH credibility and trust • Staff capacity and knowledge/adequate training to implement • Ability/time to assess behavioral and economic impacts and prepare people.	• Messaging/education about role of PH in community preparedness and response, • SHDHD mission and statutory obligations. • Need: start date, POC	

Capability	Function	Actions Implemented	Barriers and Opportunities	Planned Actions and Target Completion Dates	SHDHD POC Start/End Dates
Capability 2 - Community Recovery Capability 2 (Cont.)	<u>Function 1</u>: Identify and monitor public health, medical, and mental/behavioral health system recovery needs. <u>Function 2</u>: Coordinate community public health, medical, and mental/behavioral health system recovery operations. <u>Function 3</u>: Implement corrective actions to mitigate damages from future incidents.	SHDHD monitored district needs and facilitated public compliance with State directed DHMs (DHM-06 to DHM-27 (19 changes w/ 2 Spanish the same) as they moved from progressively more to less restrictive based on pandemic severity. Governor Ricketts ended Directed Health Measures/ Guidance on May 24, 2021. We have reviewed and approved 77 plans during this period, 8/1/2020 to May 24, 2021 (the DHM Order 2020-SHHD-027 ended on May 24 and event plans were no longer required). We answered numerous phone calls asking for assistance in keeping their event safe. Events included: State Softball, 4 different Halloween activities, weddings car shows, graduations and basketball league tournaments. Plans were reviewed as designated by current DHMs. Finally, we would advocate for the use of face masks. SHDHD coordinating messages, including "layers of protection"	• Pandemic ongoing, recovering, but not. • Coordinating system recovery operations guided by State of Nebraska; less local control, i.e., masking policies LHDs wanted in place w/ no State support. • Staff capacity and knowledge/adequate training to implement • High volume of meetings and information difficult to communicate to parties involved and share responsibility or include others in decision making processes.	• Develop more robust unified command process, ongoing for preparation purposes. (Check with PPHD process) • Do less, but do it very well. • Review, revise, practice emergency plans district-wide.	•

Capability	Function	Actions Implemented	Barriers and Opportunities	Planned Actions and Target Completion Dates	SHDHD POC Start/End Dates
		Collaboration with partners for messaging, billboards, yard signs, banners, PSAs, etc.			
Capability 3 – Emergency Operations Coordination	Function 1: Conduct preliminary assessment to determine need for public activation. Function 2: Activate public health emergency operations. Function 3: Develop incident response strategy. Function 4: Manage and sustain the public health response. Function 5: Demobilize and evaluate public health emergency operations	Maintained PHCC (internal staff) and Unified command involving all four counties and took part in Adams County EOC when activated to manage the public health response.	• Intermittent and waning participation by some partners in PHCC and "Unified Command". Difficult to sustain interest and roles through extended pandemic.	• Review how other LHDs implemented PHCC and Unified Command. • Revise plans for PHCC and Unified Command based on other's success.	•

Capability	Function	Actions Implemented	Barriers and Opportunities	Planned Actions and Target Completion Dates	SHDHD POC Start/End Dates
Capability 4 – Emergency Public Information & Warning	Function 1: Activate the emergency public information system. Function 2: Determine the need for a joint public information system. Function 3: Establish and participate in information system operations. Function 4: Establish avenues for public interaction and information exchange. Function 5: Issue public information, alerts, warnings, and notifications.	Continued this period: HANs (CDC, NeDHHS, SHDHD) – including regarding exposures to COVID - public announcements, media releases, Alert Sense, public health columns, in-person and virtual press conferences, website, web-form question submission process, Facebook, text messages/ email, bill boards, community sign boards, advertisements, radio/TV interviews, message-on-hold information (phone system), ShareFile for communicating with schools, briefing meetings with various stakeholders. SHDHD expanded data dashboard to include new metrics, e.g., COVID vaccination progress, Hastings specific data page. (See graphs: HANs, press releases, communications); Packets of information shared with schools/parents – PH response transparency; Phone calls/response; Tribune as a great partner for routinely getting out new information; Initiated Trusted Voices Campaign w/ partners – radio; Signboard outside SHDHD building with messages (limited by size); Unified messaging across jurisdictions (LHDs) for tri-cities mask policies; Collaboration with/among providers	• Didn't always have information in other languages (Spanish translations) e.g., NALHD 1 of 5 resources are offered in Spanish • low capacity to field misinformation (review/respond) • low capacity to coordinate and communicate internally all of the changes in guidance and law for accurate information sharing with the public • need reach wider audiences and demographics • News cycle for weekly newspapers in rural counties didn't match with our data and news release cycle. • Lack of funding for PSA information for multiple media outlets;	• Expand social media reach (twitter, Instagram, Spanish Facebook) • Work with weekly newspapers to add news releases on their websites, at least. • Hire communication specialist • Develop a process for message "development/coordination" (who develops, who translates, what time line, how is the message incorporated across all venues) • Continue to advocate to other partners who are developing materials to assure the reach broader demographics (e.g., Take the Shot Campaign does this!)	•

Capability	Function	Actions Implemented	Barriers and Opportunities	Planned Actions and Target Completion Dates	SHDHD POC Start/End Dates
		on mask and other NPI for schools/school boards/school administrators (joint letter); unified messages across LHDs and including NALHD.			
Capability 5 – Fatality Management	Function 1: Determine role for public health in fatality management. Function 2: Activate public health fatality management operations. Function 3: Assist in the collection and dissemination of antemortem data. Function 4: Participate in survivor mental/behavioral health services. Function 5: Participate in fatality processing and storage operations.	SHDHD continued to report out (dashboard/news releases) COVID-19-confirmed case fatalities (deaths confirmed by NEDSS) Assisted and supported families and mortuaries in planning safe funeral services. Good relationship between HD and district mortuaries. Assured funeral homes had access to PPE. Post-mortem testing processes and handling bodies - mortuaries, hospitals, county attorneys. Epi team provided sensitive communication when unexpectedly reaching family member of deceased case positive.	• Lack of information to LTCF about post-mortem testing. • Public, providers and LTCF perception in not thinking/admitting death caused by COVID, prevented accurate surveillance death data. • Balance of mental health needs for families with deceased members and balance with epi rules and regs and public safety.	• Activate the Ethics Committee to address the needs of saying goodbye to loved one and balance w/ HD duties and public safety. • Engage ethics committee more through the pandemic.	•

Capability	Function	Actions Implemented	Barriers and Opportunities	Planned Actions and Target Completion Dates	SHDHD POC Start/End Dates
Capability 6 – Information Sharing	<u>Function 1</u>: Identify stakeholders to be incorporated into information flow. <u>Function 2</u>: Identify and develop rules and data elements for sharing. <u>Function 3</u>: Exchange information to determine a common operating picture.	SHDHD monitored the stakeholder list to determine additional participants. Implemented new process for information to vaccine providers. Revised communication protocols and schedules, and formats as needed for sharing information w/ government officials, schools, LE/EMS, hospitals, clinics, community stakeholders, media, etc.	• Funding barriers to capacity (staffing and paid media) • Time and staff to attend Co Board meetings and municipal council/board meetings to provide updates – are they reading/following emailed or news media updates? • Elected officials on Board of Health decreased ability/commitment to attend PH briefings.	• Expand demographic reach by partnering more strategically within the rural ag, faith-based, minority communities. • Develop/strengthen process for regular communication with elected officials (municipal/county/state)	•
Capability 7 – Mass Care	<u>Function 1</u>: Determine public health role in mass care operations. <u>Function 2</u>: Determine mass care needs of the impacted population. <u>Function 3</u>: Coordinate public health, medical, and mental/behavioral health	SHDHD assured identified needs were met for all populations with intention to identify vulnerable populations; housing program w/ DHHS, referrals for assistance to other partners identified for specific needs, e.g. rental assistance, food needs, etc. SH provided QPR training for 7 LTCF/74 participants.	• Mental/behavioral health mass care for district. • Hospital(s) at capacity and unable to admit patients, COVID or other. • Staff capacity for special needs populations. • Virtual care, telehealth appointments provided roles for infection prevention, expanding care, and no transportation needed, but increased negative social/emotional factors.	• Expand Mental Health First Aid and QPR training. • Include Mental/Behavioral Health in PHCC. • EP Exercises and Drills include Mental/Behavioral health. • Plan for mental health care for healthcare and public health; promote in preparedness	•

Capability	Function	Actions Implemented	Barriers and Opportunities	Planned Actions and Target Completion Dates	SHDHD POC Start/End Dates
	services. Function 4: Monitor mass care population health.				
Capability 8 – Medical Countermeasure Dispensing	Function 1: Identify and initiate medical countermeasure dispensing strategies. Function 2: Receive medical countermeasures. Function 3: Activate dispensing modalities. Function 4: Dispense medical countermeasures to identified population. Function 5: Report adverse events.	Bi-directional communication with health systems regarding emerging COVID therapies (remdesivir, monoclonal antibodies, etc.) Planned for vaccine distribution to include determination of provider partners, vaccine ordering-storage-allocation-transfer-documentation, clinic flow and data processes (to include NESIIS, Qualtrics and followed by the State's vaccine registration administration system, VRAS). Website kept current: resources, chart for vaccine availability and resource links for providers. Phased vaccination followed per State's prioritization schedule. SHDHD reported adverse events through VAERS and encouraged approved C-19 clinic partners to follow required best practices. CHECK vacc provider mtg minutes & vacc data graph	• Challenge getting information from the State to identify approved C-19 providers (1B). • FEMA vaccination sites: inhibited start waiting for State requirements/if need to do/funding for these sites. • Vaccine changes requiring document/order/education changes; • VRAS challenges-late rollout, required work arounds, State was building it & making us fly it; • understanding State target populations; • Natl Guard calling to id populations outside LHD knowledge – confusing for public with same calls from LHD; • limited & difficult vaccine transport ability due to improper/ backordered equipment. • Delay in ultracold storage equipment requiring a change in process, additional travel and staff time. • Staffing processes/needs/logistics/ education updates for strike teams, clinics, etc. Strike team	• Adjust pandemic plan for extended events • More robust preparedness around special populations plan, review, engage, identify point of contacts (maintain connections developed over COVID pandemic, including 1B providers/champions for vaccination). • Enhance internal HD planning & coordination among functions especially as we train new staff. • Strike teams need point person for specific populations	•

Capability	Function	Actions Implemented	Barriers and Opportunities	Planned Actions and Target Completion Dates	SHDHD POC Start/End Dates
			needed point person for specific populations (both SH & other entities). • Moving clinic from one space to another-need consistent space.		
Capability 9 – Medical Materiel Management Distribution	Function 1: Direct and activate medical materiel management and distribution. Function 2: Acquire medical materiel. Function 3: Maintain updated inventory management and reporting system. Function 4: Establish and maintain security. Function 5: Distribute medical materiel.	Continued to order, receive, distribute, and store PPE, and testing supplies. These were distributed per DHHS guidance to hospitals, medical clinics, EMS, Law Enforcement/Jails, Long-Term Care facilities, schools, daycares, mortuary services, Dental services, pharmacies & grocery stores. The four county Emergency Managers were involved in decision making and distribution of PPE. SHDHD had to work with NeDHHS, Nebraska DAS, and NEMA to order and receive PPE supplies, testing supplies ordered by the state and distributed through DAS. State sent alerts for what is approved for specific PPE. SH shared with those receiving PPE. ,. SHDHD has processed approx. 1,600,000 pieces of PPE to the SH District. This includes almost 550,000 masks, 190,000 gowns & over 870,000 gloves. Unknown if this is since 8/1/20 or 1/2020 Closed Fairgrounds PPE operation and moved PPE to SHDHD and Nuckolls County.	• Moving PPE at the Fairgrounds from building to building, no consistent site. • Connection with other HD operations with off-site PPE distribution. • SH coordination of distribution in other counties due to no funding allocated by the county to distribute to other entities. • Limitations on certain PPE, i.e., gloves.	• Develop SH ordering process/JOT form to replace State's ordering process. • Implement regular communication with partners eligible for PPE. • Make PPE more available with multiple distribution locations across the district. • For future needs, permanent locations in place, MOUs, etc.	•

Capability	Function	Actions Implemented	Barriers and Opportunities	Planned Actions and Target Completion Dates	SHDHD POC Start/End Dates
Capability 10 – Medical Surge	Function 1: Assess the nature and scope of the incident. Function 2: Support activation of medical surge. Function 3: Support jurisdictional medical surge operations. Function 4: Support demobilization of medical surge operations.	Monitoring hospital capacity (% staffed ICU beds available, % of inpatients COVID+, # COVID inpatients, # COVID pts on ventilators) with data from Knowledge Center (SHDHD Hospital Capacity Dashboard. PHCC - Surge Planning with Hospitals: staffing, testing, supplies/PPE, ICU beds, transfers, availability of treatments (e.g., remdesivir, monoclonal antibody treatment). Medical surge operations continue for this AAR period.	• Locally slow utilization of Knowledge Center with limited leadership from the State; • ability to manage information & assure correct people have access (difficult information flow with large number of meetings/ education/changes).	• Identify person as point for medical surge & information flow.	•
Capability 11 – Non-Pharmaceutical Interventions	Function 1: Engage partners and identify factors that impact non-pharmaceutical interventions. Function 2: Determine non-pharmaceutical interventions. Function 3: Implement non-pharmaceutical interventions.	Continued ongoing and persistent promotion of social distancing, masking, handwashing, cleaning and disinfection of frequently touched surfaces, stay home when sick, work from home, avoiding confined indoor spaces, gathering sizes, etc. Consistent application of timely education to schools (unified messaging through the ESU meetings), faith-based, etc. We have reviewed and approved 77 plans (8/1/2020 to 5/24/21). Plans were reviewed as designated by current DHMs. We answered numerous	• Constant changes for educational outreach – DHMs, flyers - i.e., specific & timely (sports) info for schools, information source's updates & keeping resource file current & staff updated (constant QI). • Pandemic fatigue issues for collaboration with partners and public, effective implementation, & political unrest (local-State-Federal, elections, inconsistent govt. leadership messaging) undermining HD messaging. • In-person TV interviews via Zoom	• Hire communication specialist • Communication plan to determine need to change messaging, keep current. • Communicate/filter/organize NPI to choose timely, accurate messaging – utilize/ support NALHD efforts to	•

Capability	Function	Actions Implemented	Barriers and Opportunities	Planned Actions and Target Completion Dates	SHDHD POC Start/End Dates
	Function 4: Monitor non-pharmaceutical interventions.	phone calls asking for assistance in keeping their event safe. Events included: State Softball, 4 different Halloween activities, weddings, car shows, graduations and basketball league tournaments. Event plans were no longer required with DHM Order 2020-SHHD-027, ending May 24, 2021. Events continued to call asking for assistance with planning. Campaigns: Avoid the Three C's, Mask up South Heartland (or Adams County or Clay, Nuckolls, Webster), The Pandemic is Not Over, Get Vaccinated Now. Partnered with health care providers, schools, non-profits, city/county government, etc for shared messages and policy. Successfully partnered with TRPHD, CDHD on Tri-Cities consistent mask policies.	• Mask mandate issues (Tri-city) Hastings only	coordinate joint information center across the State	
Capability 12 – Public Health Laboratory Testing	Function 1: Manage laboratory activities. Function 2: Perform sample management. Function 3: Conduct testing and analysis for routine and surge capacity. Function 4:	Collaboration with State of NE, DHHS, local, state and commercial labs and Test Nebraska to assure, promote, and expand testing accessibility (SH worked with partners to assist with technology needs to sign up for testing); order tests, work to assure reporting of test results to SHDHD and State of Nebraska. Promoted and facilitated local contracts with DHHS for Test Nebraska in our District. Testing expansion with local partners, BMH, WCCH, Quality Healthcare	• Return of COVID lab results from LTCF. • Transportation issues to test. • Delay in testing and sequencing results. • Managing and tracking reporting from multiple facilities, labs, etc.	• List most current testing sites on website, types of tests and time to results. • Assure testing opportunities and widespread testing for all 4 counties. • Sequencing and variant testing: assure processes	•

Capability	Function	Actions Implemented	Barriers and Opportunities	Planned Actions and Target Completion Dates	SHDHD POC Start/End Dates
	Support public health investigations.	Clinic (Sutton), MLH (hospital/clinics), Family Medical Center, Hastings Convenient Care) to assure testing availability for the community. Updated guidance & messaging/calls around tests & types of tests. Variants: Worked with DHHS/NPHL/providers on identifying cases per DHHS requirements for sequencing. SHDHD orders labs for outbreaks, clusters and individuals.		are in place, evaluated and shared internally and with providers.	
Capability 13 – Public Health Surveillance & Epidemiological Investigation	Function 1: Conduct public health surveillance and detection. Function 2: Conduct public health and epidemiological investigations. Function 3: Recommend, monitor, and analyze mitigation actions. Function 4: Improve public health surveillance and epidemiological investigation systems	Checking multiple databases for lab reports, receiving reports from HC Providers, assigning cases, case/contact investigations, opening investigations in NEDSS, referring to testing, utilizing RedCap, changed to Salesforce 3/2021, for monitoring and case/contact information, issuing Q&I orders/client letters (sometimes working w/ LE)/worksites, worksites, working with State of NE contact tracers (with staff follow up of DHHS cases), staff assigned to close all cases in NEDSS *(State no longer required, DATE).* Promote non-pharmaceutical interventions, phone calls including responses for group exposures. Working closely with DHHS to ensure compliance w/ all guidance. Working with schools -collaboration (extra- curricular activities, Sharefile for isolation/quarantine/return to	• Quarantine & Isolation processes and changes • Staff overload due to peak in late Fall/Winter difficult to manage volume of cases, investigations, calls • Difficulty with language barriers, limited time to access CHW • Inconsistent staffing for receptionist • Closing of RedCap and system change to Salesforce added additional work and stress, difficult to stay on top of data entry, and unable to access previous RedCap cases (effected collection of demographics for dashboard). • State contact tracers and follow up.	• Improve public buy-in through education, provider responsibility/inp ut (inform with testing) • Educate difference between school & daycare guidance. • Prioritize what information needs to be collected, streamline – shorten & readjust Salesforce questionnaire to match what we are doing (automated & standard forms).	•

Capability	Function	Actions Implemented	Barriers and Opportunities	Planned Actions and Target Completion Dates	SHDHD POC Start/End Dates
		school dates, established school contacts and guidance to school administration) colleges, daycares, LTCFs, area clinics (calls, HANs). Onboarding staff and keeping guidance from State updated.		Investigate other programs (Qualtrics developed & used by other LHD). • Reevaluate processes to be ready for pandemic changes and HD response (cases, I & Q, variants). • Empower people to care for themselves & their families. • Maintain/improve connections/relationships with special populations groups. • Identify/develop supports (plan) for burden of effects of Isolation & Quarantine, including mental/behavioral health needs (Staff training).	
Capability 14 – Responder	Function 1: Identify responder	Working with State of NE to provide PPE and supplies to LE, EMS, LTC, Clinics, hospitals, etc. SHDHD office	• PPE availability and quality; decision for distribution priorities not under LHD control.	• Engage Ethics Committee	•

Capability	Function	Actions Implemented	Barriers and Opportunities	Planned Actions and Target Completion Dates	SHDHD POC Start/End Dates
Safety & Health	safety and health risks. Function 2: Identify safety and personal protective needs. Function 3: Coordinate with partners to facilitate risk-specific safety and health training. Function 4: Monitor responder safety and health actions.	closed to public, enhanced infection prevention procedures, eventually reopened (date), but public must buzz in and masks are required. Governor's executive order allowed sharing information with responders.	• HIPAA information sharing – disagreement on what info sharing is protective vs using universal protection for all patients.	• State instructions/assistance around Executive Orders to release PHI (HIPAA). *Will need copy of this order*	
Capability 15- Volunteer Management	Function 1: Coordinate volunteers. Function 2: Notify volunteers. Function 3: Organize, assemble, and dispatch volunteers. Function 4: Demobilize volunteers.	Requested volunteers through MRC and through our own seeking from outside of SHDHD. Benefited from 7 National Guard service men/women in February – May 2021 to assist with vaccine management and vaccine clinics. Schedules are used to determine where and when volunteers should work as well as what their assignments are. JIT training was used with all volunteers. Volunteers include managing the office, contact tracing, working in Operations managing PPE, and vaccine management/allocation/ vaccination clinics.	• Staff capacity to onboard/ train/supervise. • Managing information flow • MRC limited time and function/abilities • No pool of volunteers already in place • Extensive and extended response, difficult to support • Notification/communication with volunteers • Bilingual volunteers' availability with loss of HD CHW	• Review volunteer mgment plan - qualified volunteers, training, practice. Identify one or two entities in district to assist. • Emotional void/taking care of neighbor (Recovery) • Use AlertSense to reach volunteers • Formalize bilingual volunteer	•

Capability	Function	Actions Implemented	Barriers and Opportunities	Planned Actions and Target Completion Dates	SHDHD POC Start/End Dates
				list and relationships	

Executive Director Report to the Board of Health
January 5, 2022
(PHAB Domain 12)

1. Leadership/Professional (Governance Functions: Legal Authority, Oversight)
- NE DHHS-Local Health Director Retreat, November 9-10, 2021.
    - Topics: Naming existing structure and relationships; Identifying assets / gaps / what is working / pain points / opportunities for improvement; strategic opportunities; COVID response and recommendations for the future; health equity strategic opportunities.
- Nebraska Association of County Officials (NACO) annual meeting, December 8.
    - Fundamentals in Law and Procedure regarding Boards of Health. Training with Tana M Fye, Fye Law Office. Learning objectives:
        - *Open Meetings Act*
        - *Virtual Meetings*
        - *Agendas*
        - *Budget Hearings*
        - *Robert's Rules of Order*
        - *Meeting Procedures*
        - *Executive (Closed) Session*
        - *Meeting Minutes*
        - *Board Makeup*
        - *Appointment of Board Members*
        - *Removal of Board Members*
        - *Liability*
        - *Lobbying and Testifying*
        - *Division of Duties/Roles*
        - *Role of Legal Counsel*
        - *Working with an Attorney*

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

- Staffing – Current census: 24, includes 10 full-time and 9 part-time staff, 1 part-time contractor, 2 volunteers and 2 student interns working for credit. 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).
- 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. All staff, including the newest to be on boarded, have completed the Gallup/Clifton Strengthsfinder assessment and individual strengths coaching. In November we held an all-staff Strengths Workshop. All full and part time regular staff are completing individual career development plans containing at least one professional goal and one personal goals for the year, to be supported by the department as funding allows, and incorporated into individual performance management and annual evaluations. An additional team-building activity/training is being scheduled for early February.
- Organizational Structure (supervisory roles and reporting structure): We have completed month two of three-month Quality Improvement (QI) project on the organizational chart and the supervisory/reporting structure supporting it. This is another component of our performance management initiative and the QI project outcomes will help us finalize the new reporting structure and organizational chart. We still expect to have a new org chart ready for approval at the March 2022 BOH meeting.

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- <u>Succession Planning / Knowledge Transfer</u>: Succession planning is critical for smooth transitions for all positions. We had initiated some knowledge transfer processes prior to the pandemic, and the pandemic made it clearer that these activities are essential, as we experienced transitioning out of some staff and onboarding of many new staff. In the next year, we will begin incorporating succession planning components into the new supervisory/performance management structure (this is one of the objectives in my individual development plan).
- <u>E.D.'s Individual Development Plan</u> Goals:
  - Goal #1: Create a Succession Plan for the Department by October 15, 2022
  - Goal #2: Performance Management System with functional supervisory structure in place by July 1, 2022.
  - Goal #3: Personal Wellness - Improve core strength and cardio fitness by implementing a wellness training plan by December 1, 2021
  - Goal #4: By December 31, discuss with Board Chair the 2021 ED evaluation and determine one priority to strengthen working with the BOH

3. Annual Report (ES 10). The required annual report to the legislature was submitted in October and SHDHD's annual report for our residents and partners is nearly complete and will be ready to distribute in early- to mid-January.

4. Nebraska DHHS Update (Governance Function: Legal Authority)
DHHS is holding a hearing on December 1 to receive comments on proposed changes to Title 173, Chapter 6 of the Nebraska Administrative Code (NAC) – Directed Health Measures to Prevent or Limit the Spread of Communicable Disease, Illness, or Poisoning. The proposed changes update the regulations' definitions, removes duplicate statutory language, adds headings to sections and subsections, updates formatting and restructure the regulatory chapter. <u>THIS WAS CANCELLED</u>.

5. Financial & Financial Policy Updates (SP 2, PHAB 12, Governance Function: Resource Stewardship)
a. NACCHO Policy Statements in support of public health funding:
- **Older Adult Fall Prevention**. The National Association of County and City Health Officials (NACCHO) urges federal, state, and local decision and policymakers to sufficiently fund and support local communities to implement evidence-based falls prevention programs; provide health education amongst older adults and healthcare, housing, and other service providers; and implement environmental controls to prevent falls among older adults. *South Heartland has a strong Fall Prevention program, but relies on support from federal sources to sustain the activities. This program may not be funded going forward, so we need to advocate for federal funds and also seek alternative funding sources at the state and local levels.*
- **Public Health Emergency Rapid Response Fund**. The National Association of County and City Health Officials (NACCHO) supports strengthening the Public Health Emergency Rapid Response Fund (Fund) to provide local health departments (LHDs) with rapid access to funds necessary to respond to public health emergencies. NACCHO recommends that the Public Health Emergency Fund be:
  - <u>Sufficient</u> – Funded through annual appropriations that are replenished by additional funding throughout the year as necessitated by public health emergencies;
  - <u>Stable</u> – Continuous yearly funding accessible for local, state, regional, or national public health emergencies, as incidents can occur anywhere, at any time, and cross multiple budget years;
  - <u>Flexible</u> – By establishing advance requirements around appropriate use, reporting, and documentation that minimize administrative burden;

- o <u>Expeditious</u> – Using established funding mechanisms (e.g., CDC's Public Health Emergency Response funding mechanism) to rapidly meet response needs and provide funding directly to LHDs, without labor-intensive applications; and
- o <u>Dedicated</u> – The Fund should augment, not supplant, annually appropriated federal public health programs such as the CDC's PHEP and ASPR's HPP programs.

   This funding is critical to SHDHD's preparedness and response.

b. **Public Health Forward Report Released**. In early December, NACCHO, along with eight other coalition groups and the Bipartisan Policy Center, released a new report, **Public Health Forward: Modernizing the U.S. Public Health System**, <u>a five-year roadmap for public health leaders and elected officials to build a more equitable, robust, and sustainable public health system across the United States</u>. The recommendations were shaped by a bipartisan task force of current and former governors, mayors, elected representatives, nonprofit, public health, and health care executives. The report offers recommendations related to funding, data and information technology, workforce, public health laws and governance, partnerships, and community engagement. https://bipartisanpolicy.org/report/public-health-forward/. *Aligned with SHDHD's Strategic Plan, especially Goals 2 and 5, and Essential Service 10.*

c. **ARPA Requests.** Narrowed to four funding projects for the requests:
   - Mobile Public Health Clinic
   - Behavioral Health Interventions
   - Ongoing COVID Response
   - Facility Improvements

   To cover all four, we estimate it would require each municipality and county entity to award SHDHD 6.2% of the funds received by that entity, assuming all entities participate.