



Stress Kits for Youth - Give Hastings Day Project

Emma Seversen, Hastings College student and SHDHD intern puts together Stress Kits that will be given to area youth. The kits contain: A note from SHDHD, 101 Ways to Manage Stress Bookmark, Stress Relief Bending Stick (with message "You are stronger than you think"), 988 Suicide Hotline Card, 211 Information for access to other resources.



Hastings Community Coalition for Transforming Diabetes

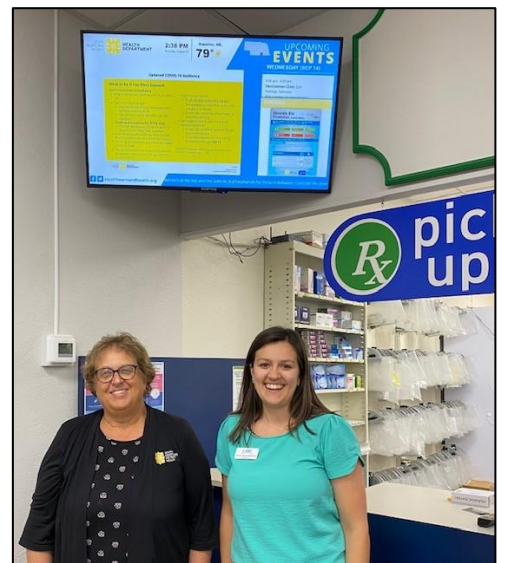
18 community members representing 14 organizations came together to learn about a new diabetes care and prevention initiative. Marisa Rosen, a professor at UNMC College of Public Health, led the Kick Off and described the initiative and the roles of the Community Coalition for the pilot project, which is being funded by the Diabetes Care Foundation of Nebraska and is being piloted in the communities of Hastings and Wayne.



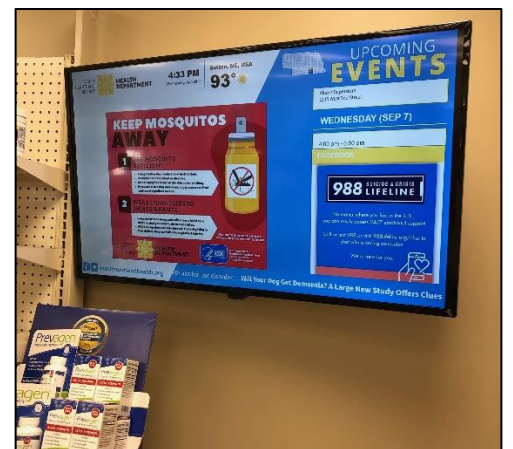


Opioid Awareness and Drug Overdose Prevention at Area Libraries (Left) SHDHD placed a small banner and flyers about the importance of proper drug disposal along with drug disposal take-home kits at the Hastings Public Library, which reports positive community interest in the materials. We hope to expand to other libraries in the district.

Lung Cancer Awareness and Radon Risk Reduction at Kool Aid Days (Right) SHDHD partnered with Morrison Cancer Center to promote lung cancer screening and radon awareness and testing.



SHDHD's Electronic Communications Project (Clockwise from above left) Monitors programmed with public health content placed at Head Start in Hastings, Superior Pharmacy (installation), Superior Pharmacy (with Pharmacist/BOH Member Tory Kohmetscher), Sutton Pharmacy, and Webster County Courthouse.



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

1. Assess and monitor population health status, factors that influence health, and community needs and assets (*What's going on in our district? Do we know how healthy we are?*)

- *How do we collect and maintain data about conditions of public health importance and about the health status of the population, and how do we make it available to our partners and our community?*
- *What major problems or trends have we identified in the past 2 months?*
- **Surveillance:** A key role of the health department is to monitor what is going on in our communities and share data back to the community so residents can be aware and make their own informed decisions (Essential Public Health Services 1 and 3). Tableau is our data platform for dashboards.
 - Surveillance data, water violations, and other health information is made available on our website, links on our website, news releases & interviews to various forms of media, and upon request from partners or others.
 - SHDHD continues to share an immense amount of COVID data. SHDHD shares color-coded metrics on new cases and positivity to help the public understand the level of community transmission. Links to wastewater surveillance reports (includes Hastings) and variant trends (genomics) were also added to the dashboard.
 - The vaccine dashboard page shares progress for demographics and COVID-19 vaccination rates.
 - The hospital dashboard page shows trends in the aggregate available capacity of the three district hospitals.
- SHDHD surveillance staff have investigated salmonella, STEC, Cryptosporidiosis, Tularemia, WNV and Histoplasmosis infections during this reporting period. **West Nile Virus:** Trapping for West Nile virus (WNV) testing started in the first week of June in Adams Co. with 72 trapped the first week, and 1,651 trapped the second week. One blood donor has tested positive for WNV but was asymptomatic.
- **Monkeypox Virus:** SHDHD epi staff is preparing to assist healthcare providers and to provide guidance for monkeypox virus. We have provided updates to healthcare staff and first responders. We assisted one clinic in submitting a specimen for testing. The result was negative. We have sent out three health alerts regarding monkeypox to providers, labs, hospitals and clinics during this reporting period.
- **Coronavirus (COVID-19) Pandemic Situation Update / Dashboard Highlights:**
 - As of August 31, 2022, a cumulative 11,157 COVID labs have been reported. During the summer of 2022, we have received many lab results of reinfections. During this reporting period, 248 labs have been received. We continue to investigate minors as well as provide guidance in outbreak situations. Nursing homes and LTC facilities are being monitored and advised when cases occur in the facility. Case rate and positivity (percent positive tests) (excluding the nursing home data) has mostly fallen in the high range during July and August. Hospitalizations have been sporadic during this reporting period. This is an indicator of high community transmission of COVID. There are currently three COVID patients hospitalized (ICU) in our jurisdiction.
 - A total of 271 specimens have been sequenced through 8/31/2022. Five specimens have been sequenced during this reporting period, resulting in identification of Omicron BA4 and BA5 variants. The omicron variant and subvariants have dominated cases this year.
- **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 150 deaths attributed to COVID-19 since the beginning of the pandemic. **Current Case Fatality Rate: 1.3%**
- **Epi team continues to monitor novel infections** such as tomato virus as well as reemerging virus, like polio virus.

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

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

- *Key activities in the past 2 months to prevent, minimize, and contain adverse health events and conditions resulting from communicable diseases; food-, water-, and vector-borne outbreaks; chronic diseases; environmental hazards; injuries; and health disparities*
- *Emergency preparedness (e.g., planning, exercises, and response activities)*
- **COVID-19 Preparedness and Response:** SHDHD continues to be responsible for receipt, inventory, repackaging and dissemination of PPE for our jurisdiction. To help keep key partners informed, SHDHD sent 8 Alert Sense

notifications (July - August) to over 140 individuals each time and issued 8 news releases to media and partners. Staff check the Nebraska Electronic Disease Surveillance System (NEDSS), SalesForce, and fax machine for COVID test results. One health alert pertaining to COVID updates was sent out to providers, hospitals, urgent cares, labs and clinics during this reporting period.

- **PPE distribution totals:** From the beginning of March 2020 through August 31, 2022, SH has distributed out: Masks – 235,117, Surgical Masks – 327,400, Cloth Masks – 50,740, Face Shields – 36,838, Goggles – 3,325, Hand Sanitizer – 1,379 containers, Wipes – 11,597 containers, Gloves – 992,700, Gowns – 196,834, Thermometers – 803, Bleach – 12 gal., Eco Lab Disinfectant – 3 containers.
- **E-MED Test Kits:** 7,458 E-MED at-home COVID test kits were received from Feb – August 2022. These kits were inventoried and allocated to schools and child care facilities for their use and to public sites in each county. So far 6,321 kits have been distributed to 78 organizations/individuals across the district. SHDHD office serves as the public site for kit pick-up in Adams County.
- **Communications Drills:** Assuring bi-directional communications with pharmacies by utilizing the revised points of contact and preferred communications methods to complete a drill that identified vaccine needs by pharmacies.
- **Monkeypox Response:** Staff are fielding questions from the public, assisting health care providers with MPX testing, managing vaccine, assisting health care practices to become approved JYNNEOS vaccine providers, creating a referral process for patients, sharing updates with health care providers through SHDHD's Health Alert Network and Public Health Coordination Center (PHCC) meetings, and providing information to schools, colleges, populations at high risk, and others, through electronic flyers, news releases, and social media.

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:** July: “National Childhood Obesity” and “U.V. Safety”. August: “Back-to-School Safety”, and “Beat the Heat”.
- **News releases, public health columns, ads and interviews:** COVID activities have increased in these last two months, and continues to be the primary topic of news releases and communications. In July/August, 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, back to school vaccinations and West Nile Virus. Summer Tips for keeping food safe and healthy and health in your back-to-school routine were the focus of the PH columns.
- **Radio Advertising:** SHDHD continues running PSAs on Flood Communications’ stations 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. In addition, during July/Aug, SHDHD began running ads that include information about back-to-school vaccinations in English and Spanish.
- **SHDHD Social Media:** During July and August, English Facebook page reached 2,038 people, the Instagram page reached 50 people, and the Spanish FB page has reached 511. Topics included Immunization Awareness Month, Covid vaccine, heat safety, mental health and 988, food safety, Smart Moves, Building Healthy Families, and West Nile Virus prevention.
- **Website:** Our website “views” continued to maintain for July (1,769 views) and August (1,785), and continue to be lower than our max views (19,204 views) during a single month in the pandemic. Website views continue to be higher than our pre-COVID-19 (~450 views/mo). SH now has a Spanish Tab on our Website, where several key pages have Spanish translation. The Spanish pages continue to be a work in progress, but we hope to have it complete by Oct 2022.
- **COVID-19 Information for Public:** SHDHD staff continues to focus on answering calls accurately, timely, professionally and transparently. Website charts (testing & vaccine information) updated weekly & as needed.
- **Direct Mail and TV PSAs:** Partnering with Midland Area Agency on Aging to promote COVID boosters and annual influenza shots for residents 50 and older through direct mail flyers, and PSAs on NTV.

- **Electronic Communication Boards:** SHDHD has the electronic communication boards set up at the Sutton Pharmacy in Clay County, the Superior Pharmacy in Nuckolls County, the Webster County Courthouse and the Hastings Head Start Building. The fifth unit will be placed at the Catholic Social Service Office.
- **2022 Annual Report:** SHDHD submitted the Annual Report (July 1, 2021 – June 30, 2022) to NALHD. The report will go to DHHS to be shared with the Nebraska State Senators and staff.

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

- *Process for developing SHDHDs community health improvement plan (CHIP) and/or implementing our work plan.*
- *Examples where we engaged the public health system and community to address health problems collaboratively.*
- **Community Health Improvement Plan (CHIP) implementation:** SHDHD continues to work on a CHIP dashboard to share with partners and the public to highlight implementation progress.
- **Access to Care CHIP Priority:**
 - **Health Equity (HE):** Educating on Medicaid Expansion and ensuring individuals are navigated to services is a priority for both the Access to Care Steering Committee and the Health Equity (HE) grant. During this period, SH has focused HE efforts on the roll out of the electronic communication boards (see above) and ensuring COVID-19 test kits are available throughout the district.
- **Mental Health CHIP Priority:**
 - **Rural Behavior Health (BH) Network:** The Rural BH Network continues to virtually meet on schedule to implement their strategic plan. During the August meeting, SH shared the progress on data collection from BH providers and spent some time as a network reviewing our purpose.
 - **Maternal Child Health:** SH has an agreement with one local clinic to pilot at least one Mental Health screening assessment for youth and will try to add an additional clinic in September. SH is also partnering with ESU 9 for Mental Health trainings across the district and with 1 school to implement a new MH initiative.
 - **Other:** Donations from Give Hastings Day are being used to make Mental Health Wellness kits for Adams County freshmen students and to offer 2 Mental Health First Aid trainings to interested community members and people who work with youth. The kits will be distributed during Suicide Prevention Week, September 4th – 10th.
- **Substance Misuse CHIP Priority:** SHDHD continues to carry out our drug overdose prevention workplan with the assistance of community partners. Through MOU activities, Area Substance & Alcohol Abuse Prevention (ASAAP) offered 4 community events, 1 in each county, to share information with families about drug prevention and awareness. They had a great turnout. SHDHD continues to work with area libraries to place safe drug disposal kits for community members to take home and utilize. Lastly, we continue to work on general communication to the communities about opioid use and the accompanying stigma.
- **Obesity & Related Health Conditions CHIP Priority:**
 - **Building Healthy Families:** SHDHD continues to implement the second cohort for 1 family. The core BHF team (SHDHD and partners) is finding it difficult to get enough families to commit to the program. The team spent several hours recruiting/talking to providers and the general community this period and received 13 referrals from providers, which gave the team a list of 21 interested families. However, as we draw near the class start date and SH attempts to connect with the families for a commitment the list dwindles quickly. At this time, we have 2 families committed to our next class which is scheduled to start in September.
 - **Prevention Connection: Smart Moves - Diabetes Prevention Class (DPP):** Hastings & Superior started a combined virtual *online* National Diabetes Prevention Program by Nebraska Department of Health on March 1, 2022, with 11 Participants starting the yearlong classes. Participants receive a weekly video session, track meals, weight, and physical activity receive daily messages from their coach, and community messaging. With 26 weeks into the year-long class, so far, the 11 participants have lost 92 lbs. or 4.0% weight loss. The year-end goal is to have 5-7% weight loss (2 participants @ 3%+, 3 participants @ 4%+, 1 participant @ 5%+ and 1 participant @ 13%+). SHDHD is planning to start another on-line Smart Moves class in September.
 - **Whole School, Whole Community, Whole Child (WSCC):** SHDHD met with both HPS and Harvard to kick off the final year of the WSCC project. Each team had different goals, but both of them will be addressing sustainability efforts. SH began working with the teams to identify goals for the final year of the funds.

- **On Track: Transforming Diabetes:** Hosted a Kick-Off meeting of the Hastings Community Coalition for Diabetes on Track. The Coalition will review current resources in the community that are supporting diabetes prevention and diabetes care, determine gaps, brainstorm ways to improve, try those, and evaluate for success. The Nebraska Diabetes Foundation is supporting 2 year pilot projects in the communities of Hastings and Wayne.
- **Cancer Priority:**
 - **Mary Lanning Healthcare Cancer Committee:** Michele attended and shared SHDHD's cancer screening pilot projects and cancer prevention marketing campaign. Kool-Aid Days: One SHDHD staff member joined the Mary Lanning team in promoting information on Lung Cancer. In addition to radon information, two home test kits were sold at the event.
 - **Colon Cancer:** No cost *fecal immunochemical test* (FIT) Colon Cancer Screening kits became available August 1st for distribution at the department and at one site in every county (ML Community Health Center, Sutton Pharmacy, Main St. Clinic and Superior Family Medical Clinic). Kits can also be accessed through our website and mailed out to clients. **Eleven** kits were distributed in August. *FIT uses antibodies to detect blood in the stool and has an easier stool specimen collection process.*
- **Injury Prevention: Tai Chi Moving for Better Balance & Stepping On Classes:** Completed Stepping On class at the YMCA – Hastings on August 24th with 11 participants completing the class. Participants started with a Time Up and Go with an average of 12.9 seconds and ended the class with 9.7 seconds (anything over 14 seconds participants have a better chance of falling). Stepping On meets once a week (7 weeks for 1½ hours) with guest experts addressing fall-related topics (balance & strength exercises, vision, prescribed & over-the-counter medications, obstacles (community & house), shoes, and lifeline). Tai Chi classes start again, in September.

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

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

- *What policies have we proposed and implemented that improve population health and/or reduce disparities?*
- *Describe how our department engaged in agency-specific strategic planning to develop a vision, mission, and guiding principles that reflect the community's public health needs, and to prioritize services and programs.*
- *What plans are we developing and implementing to improve our department's quality and effectiveness (plans for quality improvement, workforce development, branding, communication, and performance management)?*
- **New Plans (Grant Proposals, Subawards and Contract Projects):**
 - **Work plans for other grants and subawards:**
 - **Radon:** SH submitted for continuation funds for Radon Activities.
 - **Immunization:** SH submitted for the annual round of VFC funds for the 2022-23 year with an emphasis on flu vaccinations and outreach to specific populations.
 - **Accreditation:** SH submitted a workplan and budget to continue receiving funds to support accreditation activities.
 - **EWM- CIP:** SH submitted two collaborative impact projects (CIPs) to the DHHS Every Women Matters (EWM) program. The focus of the CIP projects is breast screening and navigation for underserved populations.
 - **Health Equity:** SH submitted for continuation of funds to the HE projects, providing an updated workplan and budget.
 - **MAAA –** SH signed a contract with MAAA to promote COVID Immunization in older adults by providing credible information for people 60 years of age and older about COVID 19 vaccines through the delivery of a postcard, via United States mail, and which may include a reminder of the importance of getting vaccine boosters. Additional credible information may be provided through newspaper, radio, and social media (\$10,460.50)
- **COVID-19 Response Plans:** We have started addressing our action items from our most recent After-Action Review (AAR), including incorporating exercises/training, and re-engaging our ethics process and the Ethics Committee.
- **COVID-19 Vaccine Distribution Plan:** Vaccine distribution continues via district COVID-19 vaccine providers, at our own weekly clinics in Adams County and with partners to reach special populations.
- **Vaccine FDA Approval/EUA (Emergency Use Authorization):** SHDHD continues to follow and promotes to district COVID-19 vaccine providers, all CDC, FDA, and ACIP recommendations for vaccine approval and Emergency Use Authorization guidance for COVID-19 vaccination procedures, VAERS reporting (vaccine adverse event reporting system), and stringent adherence to vaccine management and handling procedures. SHDHD informs and educates area COVID-19 vaccine providers 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. We are waiting for guidance (EUAs) for the Bivalent Booster for both Pfizer and Moderna. This booster provides protection for the current circulating Omicron variants, B4 and B5. It will be administered 2 months after the last primary or booster dose.

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

- Describe efforts to educate members of our community on public health laws, policies, regulations, and ordinances and how to comply with them.
 - What laws and regulations have we helped enforce to protect the public's health?
- Nebraska Clean Indoor Air Act: No complaints registered this period.
 - Restaurant Inspection Reports from Nebraska Department of Ag: Reached out to Dept of Ag to request that they resume sending quarterly inspection reports that local health departments are supposed to be receiving. SHDHD hadn't received a report since August 2020. We are now connected to the appropriate person and received a report in May 2022. Working to schedule a time to discuss the reporting process.

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 July/August. Staff delivered 63 total vaccinations to 29 VFC patients at the combined clinics. Of the 29 patients, 28 (97%) were uninsured and 1 (3%) had Medicaid coverage. 9 new patients (kids/adults) were seen with referrals coming from local providers, Migrant outreach workers, school nurses, and family/friend referrals. 19 (66%) patients (kids/adults) were provided Spanish print materials and interpretation during their visits and during the appt. reminder calls. Donations totaling \$89.00 were collected during the combined July/August clinics.
 - Immunization: Adult Immunization Program: 1 vaccination (COVID-19) was administered to a parent during the July/August clinics. The client was uninsured.
 - Reminder/Recall to improve vaccination rates: Bi-lingual CHW is working to complete reminder/recall activities each week with continued focus on 11-18-year-old clients needing to complete their HPV vaccination series. In July/August, 15 client records were reviewed. 8 calls/voicemails/texts were made. 1 client connections was made.
 - COVID-19 Vaccinations: Weekly public COVID-19 vaccine clinics held in the space at the west end of Allen's have continued through July/August. COVID-19 vaccines have also been administered to the uninsured populations attending VFC/AIP clinics at the department and are available to homebound or incarcerated individuals. Vaccination rates: 52.6% of total SH Residents have received at least 1 dose, 49.4% of total SH residents completed primary series. 30% of total SH Residents have received at least one booster.
 - Community Health Worker (Bilingual): Continue with Monthly VFC clinics to schedule appointments, assist with interpretation, and reach out to our Hispanic community, as well as for weekly COVID vaccination clinics at Allen's. Translation for many staff projects and posts for Spanish Facebook having reached 511 people, as well as the new electronic dashboards. Assist and participate in Minority Health grant projects/networking directed toward the Hispanic population.
 - Community Health Worker (English Only) / Every Woman Matters (EWM) and Health Coaching: Health Coaching EWM clients for July 2022: Completed 1st Health Coaching call with 1 participant, 2nd Health Coaching call with 0 participant1, 3rd Health Coaching call, and Every Woman Matters assessment with 0 participants. August 2022: Completed 1st Health Coaching call with 0 participants, 2nd Health Coaching call with 1 participant, 3rd Health Coaching call, and Every Woman Matters assessment with 0 participants.
 - Community Health Worker (Bilingual Only) / Every Woman Matters (EWM) and Health Coaching: EWM Clients: Completed 1st Health Coaching call with 0 participants, 2nd Coaching Call with 0 participants, 3rd Coach Call with 3 participants unable to reach.

- **COVID-19 Testing:** Brodstone Hospital is providing testing through a sub-agreement with SHDHD. At Brodstone's request, SHDHD asked NE DHHS for a contract extension to continue to be able to provide public access to free testing in Nuckolls County.

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:** Supervisors continue meeting and providing guidance for supervisees, including workforce professional development goals. The Leadership Team is planning for the staff professional development, including staff engagement and satisfaction survey, in September/October.
- **COVID Updates and Briefings:** The ED and several other staff continue to participate on 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 continues to participate 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 Line of Sight training - identify goals & performance measures. Four staff attended Kids and COVID-19 – Returning to school Amidst a Pandemic. Staff completed Stericycle Bloodborne Pathogen training. One staff attended a session hosted by NIHCM Foundation that is promoting the inclusion of COVID-19 as an Adverse Childhood Experience or ACE's. Children Under Stress: Preventing ACEs and Supporting Childhood Well-Being. One staff also attended Monkeypox: Updates in Evaluation and Management by NETEC. One staff completed Recertification Leader Stepping On training. One staff completed "You Call the Shots – Storage and Handling". One staff completed HIPAA Privacy and Security Training. One staff completed Active Shooter Preparedness Webinar.
- **Surveillance Staff Training:** Dr. John Bohmfalk, HC professor emeritus and SHDHD volunteer C-19 disease investigator, continues to provide weekly disease presentations (etiology, incidence, & treatment) that require rapid PH response. July/August: Kawasaki Disease, Hauntavirus and Nagleria fowleri (brain eating amoeba)
- **Health Literacy Training:** Two staff members are currently enrolled in the Institute for Healthcare Advancement's (IHA) Health Literacy Specialist Certificate Program. The staff members have received their micro-credentials in Education; Language, Culture and Diversity; Public Health, Ethics. Communication and Community Engagement. The staff members also completed a 6 hour Applied Plain Language Writing for Effective Health Communication workshop offered by UAMS Center for Health Literacy.
- **UNMC ECHO Training, Health Equity/Quality Improvement:** One staff member has completed 20 of 38 sessions.

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 was accepted by PHAB on 8/29/22.
- **Quality Improvement Projects:** Policy review/revisions; Leave process; Travel Reimbursement process.
- **Community Health Improvement (CHIP) Implementation:** SHDHD communicates with CHIP teams monthly about data, dashboards and CHIP activities. SH is continuing to develop the CHIP public dashboard.
- **Performance Management (PM):** We are completing Line of Sight for team goals to develop department-wide performance measures. These measures will be included in a dashboard for Board of Health and the public (help demonstrate the value and effectiveness of our work by reporting regularly on key performance measures).
- **PHAB Accreditation Standards and Measures:** integrating the new Version 2022 Standards and Measures in to plans, processes and program workplans. Assistance and collaboration with 'Accreditation Community of Practice' virtual meetings with Statewide participants.

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

- This essential service includes seven components and we are highlighting one of them for this reporting period: Exhibiting effective and ethical leadership, decision-making, and governance.

- SHDHD utilized the department's Ethics Procedures and activated the Ethics Committee to clarify the health department's legal authorities and ethical responsibilities in a situation which had the potential to result in poor outcomes for a pregnant mother and her unborn child. We followed our procedures, including submitting the issue for a legal review to determine whether the issue also required an ethical review, appointing a lead review team, and conducting deliberations with the Committee. The internal report was completed in this reporting period and a summary of the deliberations was posted on the SHDHD website.

Success Stories: How we make a difference...

Stepping On reduces risk of falls

Stepping On is an evidence-based Falls Prevention class that reduces older adult's risk of falls by up to 50%. In just 7 weeks, participants will be stronger and steadier wherever they go and are able to keep doing the things they want to do. Stepping On participants meet once a week for 1.5 hours, where they will learn from a physical therapist 4 exercises to do daily to improve their balance and 4 exercises to do 3X a week to improve their strength. Other guest experts include pharmacist, vision, safety, life-line, and shoe specialist. Timed Up Go (TUG) Assessments are completed at the beginning of the class and again at the end, so participants can see how much their time changes in just 7 weeks. TUG consists of sitting in a chair, getting up, walking 10 feet, turning around, walking back to the chair, and sitting down at your normal rate of speed. Anything over 14 seconds means the individual has a higher risk of falling. With the 11 participants that took the most recent class, the beginning average TUG was 12.9 seconds and the ending average TUG was 9.7 seconds.

One of my Stepping On participants - Gary Barrera, 65 years old - had several physical issues that he told me about at the beginning of class and arrived at class in a wheelchair. His TUG for the first time was 34.2 seconds. During the next 4 weeks Gary showed up in his wheelchair, but during week 6 he walked in with his cane. Everyone was so happy for him and you could tell Gary was proud of himself. During week 7 it was time for me to reassess Gary's TUG. You could tell this was going to be a great time, Gary didn't ask to move his chair closer to the wall for him to use the wall for balance like the first time. Gary's TUG time at the end of the class was 14.4 seconds, an improvement of 19.8 seconds in just 7 weeks, improved by doing those 4 balance exercises daily and 4 strength exercise 3 times each day. SHDHD started doing Stepping On in 2017, and I can honestly say that I have not seen that big of a change in someone's TUG score, until Gary's. Gary reported to me that he was trying really hard to complete those exercises daily.

Another Stepping On participant Geraldine Uden, 86 years old, had a first TUG of 17.5 seconds and an end time of 11.5 seconds for an improvement of 5 seconds. Geraldine found that getting up out of a chair was the hardest for her to do at the beginning of the class, but with some modifications, we were able to make getting out of a chair a little easier for her.

Liz Chamberlain
Falls Prevention Coordinator



Stepping On class – YMCA Hastings 8.24.2022 participants doing one of 4 exercises they learn to improve strength (Front-knee strengthening). Strength exercises are to be completed as least 3X a week and 4 balance exercises completed daily.