

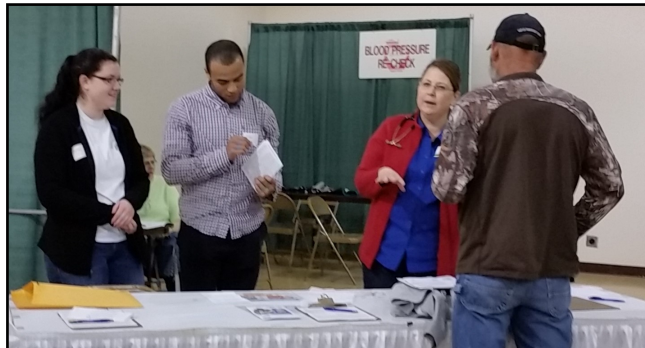


Vital Signs Health Fair

Left: Liz Chamberlain speaks with a visitor about Vet Set and Tai Chi programs while Jim Morgan (inset) sells radon kits and assists visitors with questions about radon testing at the Vital Signs Health Fair on March 25-26.



Right: Dorrann Hultman discusses Colon Cancer Screening with a health fair participant as HC students Kim Spartz and Anthony Cloyd assist her with distribution of colon cancer screening kits.



Above: Sally Molnar, Morrison Cancer Center (MMC) Director gave tours of the Giant Colon and talked to fairgoers about the importance of cancer screening. MCC partnered with SHDHD on colon and skin cancer awareness and screening activities at Vital Signs Health Fair.



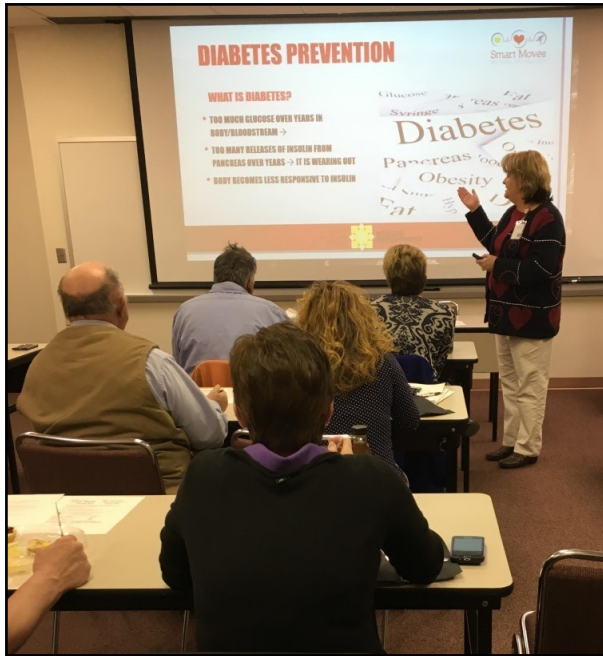
Radon Presentation



Clockwise from above: Michele Bever and Jim Morgan met with Webster County Board to share information about LB9 and radon-resistant new construction. The Mayor of Hastings, Adams County Board, and Webster County Board, all signed and read proclamations for National Public Health Week. Michele Bever talks with KHAS Radio's Brad Beahm about National Public Health Week and the County Health Rankings report.



National Public Health Week Proclamations

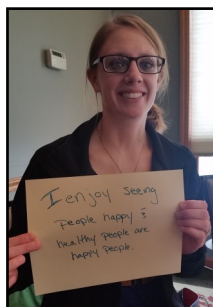
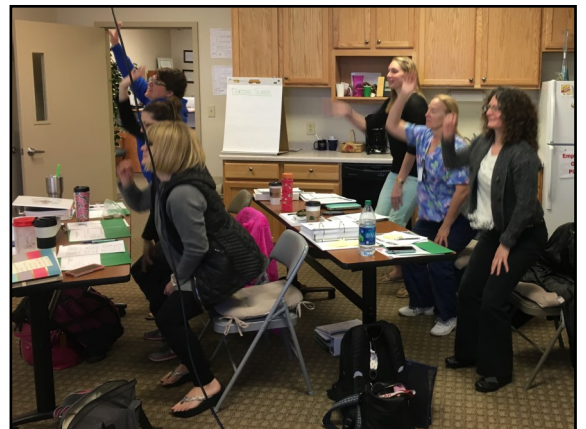
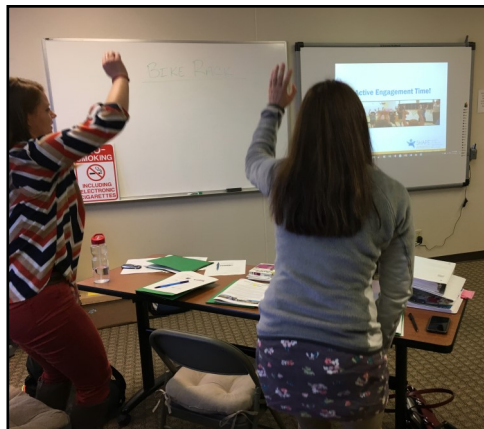


Elizabeth Hardy talks about preventing diabetes with members of the Worksite Wellness Network at one of the monthly meetings.



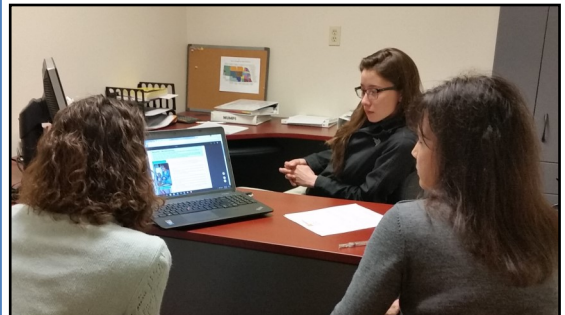
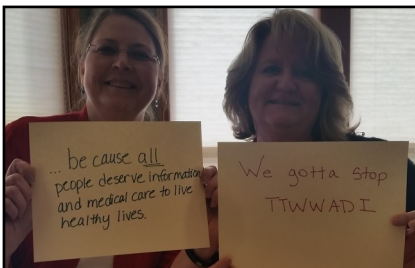
UNL Extension's Sandra Barerra Fuentes teaches grocery store owners about MyPlate as part SHDHD's initiative to improve healthy choices at ethnic grocery stores in Hastings.

**Coordinated School Health Institute #3:** School Wellness Team members learn about Active Engagement Time and try out an activity during training with Brian Coyle, Physical Activity Coordinator at Nebraska Chronic Disease Prevention & Control, NeDHHS.



**The Power of Storytelling**

Left: Katie Brandert gave the Keynote presentation on "The Power of Storytelling" at SHDHD's Annual Luncheon and Public Health Awards event at Lochland on March 1st. Several staff share "why they do what they do" during an exercise at the "Storytelling" training with Ms. Brandert that followed the Annual Luncheon. Participants learned how to develop a story and how to tell the story of their organization.



**Health Literacy Projects:** SHDHD staff Jessica Warner (L) and Susan Ferrone (R) guide Hastings College student intern Corrine Huthoefer (center) on a project to improve SHDHD's disease fact sheets on Norovirus and Campylobacter, focusing on reading level and adding infographics.

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

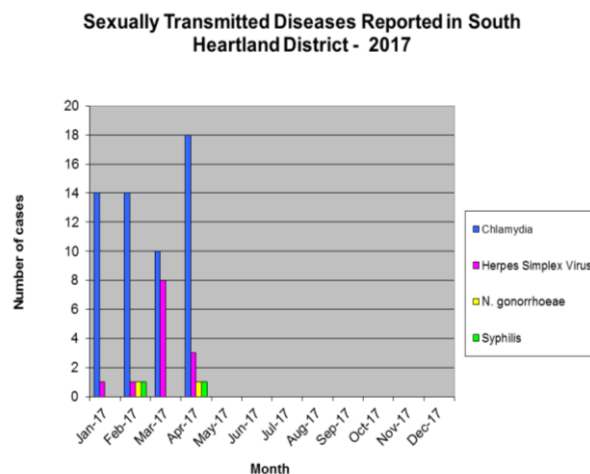
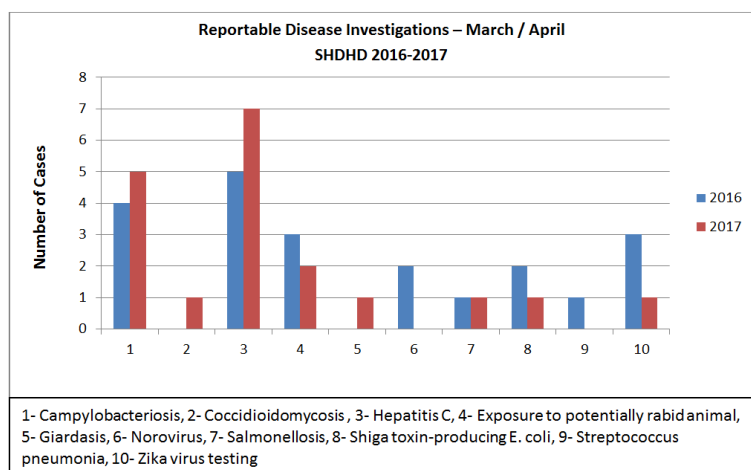
### 1. Monitor health status and understand health issues facing the community.

*(What's going on in our district? Do we know how healthy we are?) How do we collect and maintain data about conditions of public health importance and about the health status of the population, and how do we make it available to our partners and our community?*

- *What major problems or trends have we identified in the past 2 months?*

#### Local

- Surveillance data, water violations, and other health information is made available on our website, through links on our website, on SHDHD's Network of Care website, through news releases and interviews to various forms of media, and upon request from partners or others.
- Influenza has hit hard this season with over 40 individuals in our district being hospitalized with Influenza-Like-Illness (ILI) during the months of March and April. Currently, NE is at "LOCAL" influenza activity level with 17.07% of rapid tests with positive results. Diagnostic surveillance indicates 9,708 total positives out of 44,301 across the state with 54 adult and two pediatric deaths attributed to influenza (median age 79).
- Three nursing homes have reported influenza outbreaks this season.
- Respiratory syncytial virus (RSV) is also circulating with 2,438 of rapid tests resulting positive across the state. All ages have been affected by RSV including the elderly and children in daycares.
- School surveillance - Schools will continue to report illnesses affecting absence through the end of April. Both ILI and gastrointestinal illnesses have declined during this reporting period.



- As of April 19, 2017, there have been 5,238 Zika Virus Disease Cases Reported to ArboNET for US States and DC. US Territories including Puerto Rico have reported at a total of 36, 569 cases of Zika virus. Pregnancy Registries reports 1,762 Pregnant Women with "Any Lab Evidence" of Zika Virus Infection for US States and DC and 3,592 pregnant women for US Territories as of April 24, 2017.

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

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

- *What key activities did we complete in the past 2 months to prevent, minimize, and contain adverse health events and conditions resulting from communicable diseases; food-, water-, and vector-borne outbreaks; chronic diseases; environmental hazards; injuries; and health disparities*
- *What activities did we complete for emergency preparedness (e.g., planning, exercises, and response activities)?*
- Attended Clay County Local Emergency Planning Committee (LEPC) which included Hazmat training put on by Darin Clark of Hastings Fire & Rescue. Approximately 15 attended.
- Two Lead Assessment Home Visits were completed with the assistance of DHHS on April 19<sup>th</sup>, 2017. This is one of the ways we may follow up with children who have elevated blood lead levels to help determine the source of the lead and so that lead exposure may be reduced.
- Contacted a local school nurse and sent a Health Alert Network "Advisory" to area health care providers to provide information about potential exposures to a measles case in another health district.

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

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

- Provide examples of key information related to physical, behavioral, environmental, social, economic, and other issues affecting health that we provided to the public.
  - Provide examples of health promotion programs that we implemented to address identified health problems.
- Staff covered monthly satellite office hours in Superior, Clay Center, and Red Cloud.
  - Utilized community sign boards (located in Edgar, Lawrence, Red Cloud, Bladen, Roseland, and Kenesaw) to get information out. Topics covered in March-April: Colon Cancer, Gynecologic Cancer, Prescription Substance Abuse, and SHDHD staff photos and titles.
  - News releases, public health columns, ads and interviews: News releases and columns: Colon Cancer Awareness Month and Public Health Week. Ads that were published: SHDHD Annual Report. Vital Signs Health Fair. Additional news releases: Public health awards - Tinkham earns 2017 community health service award from SHDHD, SHDHD warns about Zika, An opportunity to be proactive. South Heartland Challenge: Building Healthier Counties, and two photos with captions of Karen Tinkham and Becky Sullivan accepting their public health awards.
  - SHDHD Facebook In March, the number of people reached was 3227. For April the number of people reached was 4354 people. The topics for Facebook and twitter were Public Health Week, Colon Cancer Awareness and promotion of colon cancer screening, Binge Drinking, Health Fairs and a series on "Meet Our Staff".
  - Worksite Wellness: > Worksite Wellness: 2017 started a new year for the Worksite Wellness Network with new topics and new businesses joining. March- diabetes awareness presentation with SHDHD Smart Moves Coach presenting on how Smart Moves can be promoted among employees and the cost saving to a business that prevents an employee from getting diabetes. There were 9 in attendance (4 of the 6 participating businesses). April was a networking meeting, where businesses got to work on their action plans for their particular worksite, ask questions and network with other businesses. 8 attended from 4 of the 5 businesses.
  - Senior Center Presentations: Presentations to congregate meals included safety, fall prevention, radon and prescription drug abuse.
  - Three more instructors were sent to "Stepping On" training (a fall prevention program) in Seward to be able to conduct 7 week workshop where participants learn exercises and strategies to help prevent falls. Stepping On workshops will be led by a health professional and a peer leader – someone who, just like participants, is concerned about falls. In addition, local guest experts provide information on exercise, vision, safety, and medications. Adams County – Hastings will be hosting Stepping On 7-week class starting Jun3 8<sup>th</sup> 1:00 – 2:30 pm at Adams County Senior Services, class will be starting in Clay County sometime this summer. Still looking for instructors to teach "Stepping On" Nuckolls County and have two people identified in Webster County to teach the class.
  - Beginning Tai Chi Classes are coming to an end in the SHDHD district. Classes were offered in all four counties: Adams – Hastings, Clay – Fairfield, Nuckolls – Nelson and Superior, Webster – Red Cloud and Blue Hill. One more new instructor was trained for Clay County. Beginning Tai Chi classes will start again this fall.
  - Smart Moves (Diabetes Prevention Program (DPP)) –SHDHD continues to be involved in State DPP Action Planning.
    - Superior Smart Moves started 2 classes with 21 participants in each class. They continue to offer as worksite wellness program and several employees are participating as well as community members integrated into the classes. Some participants receiving Every Woman Matters Scholarships, one receiving 1422 scholarship, 2 receiving Brodstone assistance, as ineligible for our grant opportunities due to living outside of Nebraska.
    - Hastings Smart Moves class started with 13 participants. Mary Lanning offering as worksite wellness program and several employees are participating as well as community members integrated into the class. We have participants receiving Every Woman Matters scholarships.
  - Provided heart health, healthy blood pressure, hypertension education to media, presented to worksite wellness group, and at the Bridge.
  - Health Coaching: 3 trained staff are working to provide health coaching sessions, by phone, to women across the district who are enrolled in the Every Woman Matters program. To date, 83 health coaching contacts have been made since July 1, 2017.
  - Vital Signs Health Fair: 2 staff serve on the Vital Signs Board of Directors and meet monthly October through April to plan educational opportunities for VSHF participants. The fair was held March 25-26. Some activities included the inflatable colon exhibit coordinated by South Heartland and made possible through the Nebraska

Colon Cancer Screening Program, a scavenger hunt, and new this year, in addition to sun safety education and Skin Scope screenings, fair attendees were offered free skin assessments performed by volunteer APRNs.

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

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

- *Describe the process for developing SHDHDs community health improvement plan (CHIP) and/or implementing your work plan.*
- *Provide examples where we engaged the public health system and community to address health problems collaboratively. What were the evidence-based strategies that were implemented?*

Community Health Improvement Plan (CHIP) Implementation – Staff continue to implement the CHIP strategies with our partners:

- Access to Health Care:
  - Prevention Connection – Brodstone worked with Superior Pharmacy to implement a secure, direct messaging line for communicating back and forth between pharmacy and provider. They are practicing now and Superior Pharmacy plans to use the system to begin reporting patient BP checks back to the clinic providers.
  - Health Literacy Initiative (internal): (Strategy: increase the # of health literate organizations, i.e., those that meet the 10 attributes of a Health Literate organization). SHDHD developed a Health Literacy Policy and a health literacy plan/procedures to provide a framework for advancing health literacy practices in our work. Staff are overseeing a Hastings College intern in a project to improve the “health literacy” of health education information (disease fact sheets) through a re-design using health literacy tools. The intern is currently working on improving factsheets for Norovirus and Campylobacter by reducing reading levels, reducing text, and increasing pictures and/or infographics.
  - Health Literacy Initiative (community): We are working with Mary Lanning Diabetes Program & their Minority Health Grant to pilot a Health Literacy, patient education, safety, and empowerment program called “Ask Me Three.” Primary Care clinics & Morrison Cancer Center staff are encouraging patients to use this program for better communication with their health care providers, to improve health outcomes.
- Obesity:
  - Prevention Connection – Nutrition Advisory Board (NAB) - The NAB met in March with 9 in attendance. The group was very helpful in guiding SHDHD to potential partners for Choose Healthy Here implementation, vending connections and promotion ideas. Outcomes from the meeting include: identifying possible new partnerships, two community members sharing what is happening in their communities, and notification of a grant opportunity for the grocery stores (an eligible partner organization applied for the grant on behalf of our local grocery stores).
  - Prevention Connection – Prevention Connection – Healthy food options in convenience and grocery stores. SHDHD began work in three Hispanic stores in Hastings implementing the *Choose Healthy Here* (CHH) program. Two of the three businesses worked with SHDHD to become SNAP certified and are awaiting approval. They also attended an introduction training to the program, food safety and MyPlate training. Store-specific action planning will occur in May. UNL extension of Hall County (Adams County doesn't have the capacity) has been the partner facilitating the trainings. SHDHD participated in the Food Insecurity Conference in March where all non-profits with a focus on providing food for Hastings community members came together to share resources and develop a mission for future collaborations.
  - Prevention Connection: Superior's follow up to their Walking Summit. Superior team met in March with 4 of 10 team members present. Meeting outcomes included: a walking club to begin in May with the past and present Smart Moves participants as the target audience, discussing how we can assist Derek Clark to get the walkability page up on the City of Superior page, and final plans for the walking school bus.
  - Prevention Connection: Healthy Vending initiative SHDHD met with Centennial Plastic to discuss steps for improving their vending based on their employee survey results as well as met with vendor to propose plan and timeline. State materials were approved and SHDHD began the ordering process for the vending signage materials so additional taste tests can be done at the YMCA, NE Cold Storage, Centennial Plastics and Brodstone Hospital. SHDHD met with Mary Lanning Healthcare's new Nutrition Services director and he plans to partner with SHDHD to improve vending and cafeteria to “make the healthy choice the easy choice”. Brodstone Hospital has signage up and will be hosting a kickoff event in May to help staff understand the changes come.
  - Prevention Connection: Healthy Hastings follow up on action summit. Healthy Hastings continues to meet to fulfill the action plan. At March meeting (8 members in attendance), All committees reported progress;

the Green Space Committee presented a final map of the available green space in the Hastings Community. The next step will be for the map to be posted on the City's website. The middle school safe travels/walking PSAs were judged by the committee and a winner was chosen. The group also spent time discussing grant/funding opportunities and the complete streets advisory committee. There was no meeting in April. In addition the Healthy Hastings Mall Walking Club kicked off. There are 8 weeks completed with an average attendance of 12 community members attending the weekly walking club.

- **SHDHD WoW (Worksite Wellness)** Staff started a new trip around the track for 2017. In March, staff received points for completing the Vital Signs Health Fair challenge. The focus in April was financial awareness with a bingo challenge and a Lunch and Learn, which 9 staff members attended.
- **School Wellness:** SHDHD has partnered with the Nebraska Department of Education to host and deliver Coordinated School Health Institutes for 2 schools in the district (Alcott Elementary and Longfellow Elementary) as well as HPS district office staff. The second and third institutes were in March and April covering the topics of: Who to invite to join the movement, physical activity, action planning and completing the School Health Index. SHDHD continues to be an active member of the Hastings Public Schools District Wellness team.

➤ **Cancer:**

- **SH Cancer Coalition:** South Heartland Cancer Coalition met in March and April. Coalition is building momentum with 12 attendees at the April meeting representing 5 agencies and 2 survivors. Collaboration occurs as we share time and resources while working toward the common goal of raising awareness of the need for cancer screenings, education to inform of symptoms and advantages of early detection and promoting evidence based screenings. Recent areas of focus: Colorectal Cancer awareness and screening, Sun Safety and skin screenings
- **Mary Lanning Healthcare Cancer Committee:** SHDHD participated in quarterly meeting held April 27. Mary Lanning /Morrison Cancer Center are key partners in advancing community education and screening activities. We worked together on many of these activities at Vital Signs Health Fair in March.
- **Lung Cancer:** Nebraska Quit Line cards were included in all FOBT colon cancer kits this campaign. Education and resources are commonly shared through our health coaching contacts. Staff identified residents who have mitigated their homes and will be interviewing them for additional radon testing and mitigation promotion. Radon detection kits continue to be available through the HD and satellite offices. Invited presentation on radon to 25 individuals at Werner Construction.
- **Colon Cancer:** Throughout the month of March we led a Colorectal Cancer Campaign distributing education and FOBT screening kits through the 4 counties. We were assisted by the South Central Partnership, SH Cancer Coalition, Clay County Health Department, Webster County Hospital, Brodstone Hospital and area pharmacies. 378 FOBT kits were distributed in March/April. Current return rate is 49%. 4 clients have tested positive and are receiving case management. FOBT kits for colorectal cancer screening are available at no charge throughout the year to South Heartland residents age 50-74.
- **Cervical Cancer:** Human Papillomavirus (HPV) vaccine educational materials are shared at monthly VFC clinics. CHWs continue to work with clients to access health care and EWM resources. Clients are navigated to screening and diagnostics or treatment when needed.
- **Breast Cancer:** Using the Encounter Registry we continue to identify women in need of breast, cervical and colorectal cancer screening as well as resources to lifestyle change. Needs are assessed including health coverage and other barriers that might stand in the way of a woman completing cancer and cardiovascular screenings. Those without insurance who meet the Every Woman Matters program requirements are assisted with completing the Healthy Lifestyle Questionnaire to enroll in the program. Those not meeting requirements are connected with the clinics offering assistance or Komen funds. CHWs help navigate these women to screenings and to diagnostic services.
- **Prostate Cancer:** "Should I be tested" booklets from the ACS continue to be promoted at all health fairs.
- **Skin Cancer:** Morrison Cancer Center (MCC)/Mary Lanning is partnering with us for their community outreach/prevention activities. Skin cancer was selected as a priority based off of the incidence and mortality rates in our district that were identified in the 2016 Community Health Needs Assessment. Projects will include sun safety education, Skin Scope and visual skin screenings by nurse practitioners at VSHF. Hastings College Student Sophic Pankratz created a Sun Safety education power point and presented to the Hastings High School peer to peer mentoring program. She is helping make connections for additional high school opportunities where local surgeon Dr. Shelly Farris and Sally Molnar, Director of MCC, can present Sun Safety education to Hastings High School Students.

- **Substance Abuse:**
  - SHDHD is mobilized partnerships with law enforcement in each county in implementing March and April [Medication Takeback events](#).
  - SHDHD [partners](#) with Area Substance and Alcohol Abuse Prevention (ASAAP) and provides support to their prevention initiatives. In addition, Mary Lanning Healthcare pharmacist Deb Lee provided materials for the Vital Sign Medication Takeback event, including information on appropriate use of antibiotics and risks of prescription drug use for pain management.
- **Mental Health:**
  - [Integrated Care](#) – A partnership between Children and Adolescent Clinic staff (primary care physician, psychologist, Master’s student), a pediatric psychiatrist, SHDHD, and the Behavioral Health Education Center of Nebraska (BHECN) secured funding and began a pilot project in Collaborative Care, an evidence-based method supported and promoted by the American Psychiatric Association.
  - [VetSET](#) –Working w/ partners that attend the South Central Partnership monthly meeting to provide trainings on Military 101, Trauma Informed Care and Mental Health First Aid for those that are interested in having their organizations receive these trainings. Completed VetSET Making Connections Assessment for Year 1 services April – September 2017. Health departments are the local backbone of this project. VetSET Making Connections will support Veterans and families by establishing sustainable mechanisms for connecting families with resources and with each other, often across vast, sparsely populated regions. This project will also educate partners across sectors and work with them to formalize their support of families and their Veterans through tailored policy changes and formal recognition. Attended the CCC – Student Veterans Association 3<sup>rd</sup> Annual Meeting @ Lockland on April 13<sup>th</sup>, visited w/ staff about the new VetSET Making Connections grant for this year and hoping to extend our partnership with CCC with upcoming trainings that will be offered through SHDHD.
  - [Other Collaborations:](#) Discussions with [Hastings YMCA on ways to partner for a healthier community](#) – The Hastings YMCA received a National YMCA grant to implement the third round of pilot studies for a community blood pressure project. SHDHD has been connecting them to pharmacy partners where they will be hosting their bi-weekly blood pressure recordings with clients as well as receiving referrals. SHDHD staff also attended the course training in Chicago as a fill-in for the Y’s program coordinator for she was unable to attend due to schedule conflicts.
- Hastings YMCA is recipient of a [BP management grant](#) (pilot project level 3 of 5 of a national YMCA effort to develop an evidence-based community intervention for reducing hypertension). SHDHD facilitated YMCA partnerships with 3 pharmacies where BP checks will be offered in the pharmacy and patient education will be offered to participants in an ongoing 4 month program. YMCA/SHDHD staff training began in April with a target of implementing the program to 15 participants by end of May and 150 participants by the end of December.

## 5. Develop public health policies and plans.

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

- *What policies have we proposed and implemented that improve population health and/or reduce disparities?*
- *Describe how our department engaged in agency-specific strategic planning to develop a vision, mission, and guiding principles that reflect the community’s public health needs, and to prioritize services and programs.*
- *What plans are we developing and implementing to improve our department’s quality and effectiveness (plans for quality improvement, workforce development, branding, communication, and performance management)?*
- **Grant Proposals (Plans)/Awards/New Funding:**
  - Met with DHHS regarding 2017 West Nile Virus/Arbovirus Surveillance Subaward, which will be for \$3,850 (May – July) and an amendment for amount TBD for August 2017 – April 2018.
  - Received information on the 2017-2018 Public Health Emergency Preparedness (PHEP) sub-award, which will continue to follow, in general, the current PHEP capabilities. There is a small increase in the funding for 2017-2018 compared to 2016-2017. New documentation (work plan, budget) is due May 19<sup>th</sup> for project start date July 1, 2017.
- The [Performance Management System framework](#) implementation continues through performance measurement evaluation and ongoing quality improvement activities. New QI projects are being identified and implemented.

- Completed a [Zika Response Plan](#) to be used as a resource for prevention and planning in case of increased Zika activity.
- The Board Policy Committee reviewed the following policies and plans (April 17): [Communication Plan](#), [Ethics Procedure](#), [Health Literacy Procedure](#), [HIPAA Plan edit review](#), [Revision on Employee Wellness Policy](#), [Zika Response Plan](#), [By-Law Amendments](#), and [COLA 2017 Information](#). Those that require approval will be presented to the full board in May.
- [Prevention Connection](#) – Working with Quality Clinic in Sutton and through contractor Praesidio to begin a protocol for diabetes/prediabetes management. They are reviewing an evidence-based protocol to edit and then will begin formalizing and working to implement the process in their electronic health record system.
- Strategic Plan Goal 2c: [Send clear, concise information to elected community officials on important public health legislation/issues at least once a year](#). Met with all four County Boards and provided them with information on radon, Appendix F of the international building code, and LB 9 that would create a task force to identify minimum standards for radon-resistant new construction in Nebraska.

## 6. Enforce public health laws and regulations.

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

- *Describe our efforts to educate members of our community on public health laws, policies, regulations, and ordinances and how to comply with them.*
- *What laws and regulations have we helped enforce to protect the public's health?*
- [Nebraska Clean Indoor Air Act](#): No smoking violations reported this period.
- SHDHD continues to monitor [public water system violations](#) and post these results on our website. No water violations for this period.
- SHDHD receives food recall alerts from the Nebraska Department of Agriculture. We also maintain a link on our website to the FDA Food Safety webpage.

## 7. Help people receive health services.

*(Are people receiving the medical care they need?)*

- *Describe the gaps that our department has identified in personal health services.*
- *Describe the strategies and services that we have supported and implemented to increase access to health care and establish systems of personal health services, including preventive and health promotion services, in partnership with the community.*
- In March/April the [Vaccine for Children](#) clinic staff delivered 80 vaccines to 38 patients at two monthly clinics. Of those 38 patients, 23 had no insurance, 6 had Medicaid and 9 were underinsured. Total donation collected from clients for March/April = \$289.00 (avg. \$3.78 per immunization or \$8.22 per patient).
- In March/April the [Adult Immunization Program](#) delivering Tdap to uninsured or underinsured adults 19 and over, administered 7 Tdap to 7 patients who were uninsured.
- [Community Health Worker](#)  
[Every Woman Matters \(EWM\)/Encounter Registry](#) 26 adult clients assisted in office, 8 adult clients seen at home visits, 86 adult medical referrals to other organizations/providers, 2 adult immunization referrals, 35 referrals for Smart Moves, 3 Health Coaching support calls to eligible Spanish speaking participants.  
[Presentations](#) [Cancer Awareness Presentation](#)-9, Adams County [Vital Signs Health Fair](#) – Height and Weight for 44; Smart Moves Information for 10; [Choose My Plate presentation](#) – Height and Weight for 11. [Diabetes Prevention Program \(DPP\)](#) Lifestyle Coach for group of 8 Spanish speakers. [Immunization Clinic \(VFC\)](#) Registered all clients and assist Spanish speaking as needed.
- [Prevention Connection](#) - Created initial downloadable [list of locations in the 4 counties to get blood pressure checked](#). It is posted on the SHDHD website with a message to notify us with changes or updated information so that the list stays up-to-date.
- [Prevention Connection](#) – We provided Hastings and Superior clinics with their first [Smart Moves participation report](#) via fax to inform them of patients who are participating in the program. These reports relay information to providers about the status of their patients, including updates on whether patient is continuing to participate, patient weight loss since entering the program, and typical physical activity minutes attained each week.



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

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

- Describe our efforts to evaluate LHD staff members' public health competencies. How have we addressed these deficiencies?
  - Describe the strategies we have used to develop, train, and retain a diverse staff.
  - Provide examples of training experiences that were provided for staff.
  - Describe the activities that we have completed to establish a workforce development plan.
- Accreditation activities: Completed staff [training on performance management and public health ethics](#). [Results Based Accountability](#) continues to be implemented weekly in performance measures of programs and services (quantitative, qualitative and outcomes). Our new [Ethics Committee, Procedure and Process](#) was tested at a joint exercise with 25 Hastings College (Ethics class) students. We are analyzing the exercise data to evaluate the ethics process for feedback to our committee and to finalize the Ethics procedure/process.
  - [Hastings College Interns and other students](#) – 3 Creighton Nursing Students took part in the April Immunization Clinic, learning about what it takes to deliver a public immunization clinic. All 3 students were engaged and reported gaining more education than they each had anticipated.
  - [Prevention Connection](#): Brooke Wolfe attended the [National YMCA Community Based Blood Pressure training](#). Three staff members attended the OMB training for bettering financial practices.
  - [Prevention Connection](#) – SHDHD staff and 4 district clinic partners attended a [MACRA education session](#) sponsored by DHHS to help with planning submitting clinic data to CMS in the next level of payment structure leading to levels of reimbursement. MACRA is the Medicare Access and CHIP Reauthorization Act. MACRA replaces the current Medicare reimbursement schedule with a new pay-for-performance program that's focused on quality, value, and accountability. The Centers for Medicare and Medicaid Services (CMS) stated that MACRA enacts a new payment framework that rewards health care providers for giving better care instead of more service.
  - [Zika Table Top Exercise](#) - J. Warner participated in phase level Zika exercise. Participants reviewed response by the state and local level in the event of local transmission.
  - [Prevention Connection](#) – 4 area Community Health Workers attending SHDHD's Community Health Worker network meeting completed the 1<sup>st</sup> module of [Community Health Worker online training](#).
  - [EWM Health Hub](#) – in March/April, 4 DHHS training webinars were held for various hub related activities and data management, 2 EWM staff attended the [Expanding Your Lens to Advance Health Equity 2017 Minority Health Conference](#)
  - [Office of Management and Budget \(OMB\) Uniform Guidance Training](#) – J. Morgan, B. Wolfe, D. Ferguson and M. Bever attended a 6-hour OMB Uniform Guidance training in Lincoln to learn about allowable costs, procurement, contracts, indirect costs, and available tools/resources to help us manage federal funds.
  - SHDHD Community Health Worker Liz Chamberlain completed her capstone project final report for the [DHHS Community Health Worker class](#) and received excellent marks!
  - All SHDHD staff, 3 board members and about 17 community members participated in a 2-hr training on "The Power of Storytelling" hosted by SHDHD with instructor Katie Brandert (UNMC College of Public Health).

## 9. Evaluate and improve programs and interventions.

**(Are we doing any good? Are we doing things right? Are we doing the right things?)**

- Provide examples of our evaluation activities related to evidence-based public health programs.
  - Provide examples of QI projects that we have completed or are in process.
- [Choose Healthy Here initiative evaluation](#): Continued with Gretchen Swanson Center for Nutrition (GSCN) and NeDHHS on evaluation of *Choose Healthy Here* materials in partner Grocery Stores. Received pilot study results and hope to improve values for the second year of implementation.
  - [The Quality Improvement Team and the Accreditation Leadership Team \(ALT\)](#): [QI Team](#) meets the first week of the month and [ALT](#) meets as needed, with [smaller domain workgroups](#) completing documents. The [QI coding \(formally procurement\) project](#) is completing the 6 month evaluation. We are also implementing a second project for [supply tracking](#) to increase the correct match of inventory use to the corresponding grant. The VFC staff have worked on a swim lane method to assess the efficiency of clinic work flow. A new project for time cards improvement has also been initiated. Staff is also identifying improvement opportunities as a result of the OMB Uniform Guidance training and recommendations from program audit reports, and these will be submitted as potential QI projects to the QI team.

- Prevention Connection – SHDHD (with Praesideo) completed a workflow analysis for Community Clinic using a “swim lane” workflow comparison of 7 roles, including patient, and reviewed results with clinic staff. This will serve as a basis for identifying gaps and prioritizing [clinic workflow improvements](#).
- Prevention Connection – SHDHD provided Social and Behavioral Science Research Consortium with a partnership list for a [partnership evaluation survey](#) to be sent out in May.

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

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

- *Provide examples of evidence-based programs our department is implementing.*
- *Describe how we have collaborated with researchers to conduct any research studies (e.g., completed surveys, interviews, or focus groups).*
- Evidence Based:
  - SHDHD is continuing to implement the year 3 work plan consisting of [evidence-based strategies for prevention of cardiovascular disease and diabetes](#) as part of the 4-year Chronic Disease Prevention project (Prevention Connection).
  - SHDHD is partnering with [worksite wellness committees](#) and using evidence-based practices for improving physical activity and cancer screening in worksites.
  - In the [Every Woman Matters/Community Health Hub](#) project, SHDHD uses evidence-based strategies to address health inequities and improve screening rates for cervical, breast and colon cancers.
  - [Tai Chi – Moving for Better Balance and Stepping On](#) are evidence-based programs for fall prevention in older adults. In South Heartland, beginning and/or advanced classes Tai Chi classes are being offered in all 4 counties and Stepping On will be offered in Adams June 8<sup>th</sup> and Clay County TBA.
  - We are continuing to use a [Reminder Recall](#) process for immunization clinic clients to improve immunization rates.
  - [Public Health Accreditation Board \(PHAB\) Standards and Measures](#) are evidence based. SHDHD continues to become more aligned with these evidence based standards and measures as we progress through the accreditation process and apply them to our plans, policies and programs. This includes the review of current plans, and the development of other required plans, to align them with the PHAB standards and measures. Required documents must meet the PHAB guidelines for each measure. We are making progress with completed measures and domains. Those documents are now being reviewed by Michele and Janis, who are uploading them to ePHAB.
  - [Coordinated School Health Institutes](#): In partnership with Nebraska Department of Education, SHDHD is bringing in a third round of evidence-based Coordinated School Health Institutes to improve school wellness. The series of 4 institutes began in February and will end in May.
- Research:

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

With her health department nametag on, Dorrann Hultman, SHDHD’s Community Health Services Coordinator, stopped at a local restaurant for a short lunch break. The cashier saw her name tag and asked Dorrann what she did at the health department. Hearing that one of Dorrann’s responsibilities is the Every Woman Matters program, the woman said “Oh, my son’s doctor mentioned that I might qualify for that program and that I should call the health department.” But she hadn’t done it. She said she didn’t have contact information or transportation, so she hadn’t followed through. The young woman asked Dorrann for the health department phone number. However, in addition to providing the phone number, Dorrann also asked what hours the woman would be working that day. She then returned to the office and brought all of the Every Woman Matters enrollment paperwork back to the woman while she was still at work. The woman was thrilled! She filled out some of the paperwork right then, and she took the rest home to complete. Next steps? Dorrann will connect back in three to four weeks to find out if the woman has received her Every Woman Matters screening card and whether she has made an appointment for cancer screening. If she has, she will encourage her to follow through. If she hasn’t, Dorrann will help navigate her to an appointment so she can be screened for breast and cervical cancer. Screening saves lives and SHDHD helps underserved individuals access health care so that they can be screened!