

Governor Ricketts Visits South Heartland, August 24



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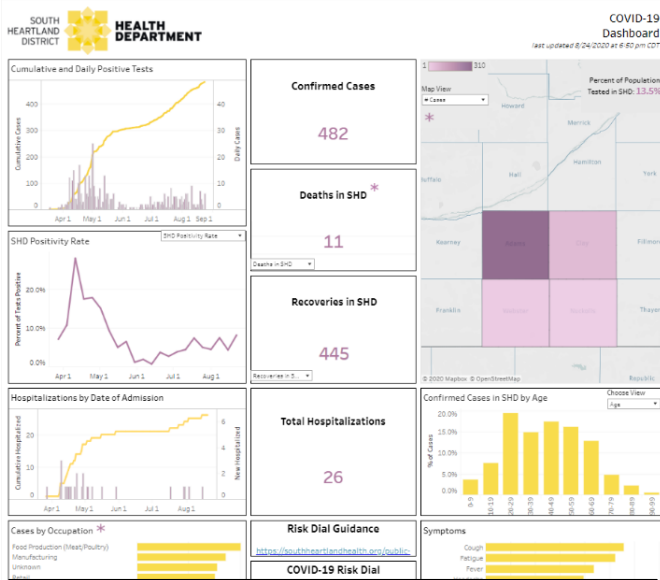


Welcome



Governor's Presentation to Staff and Board





Board members are masked and socially distanced at the Board of Health Meeting at Red Cloud Community Center, July 2020



Red Cloud Schools Superintendent Brian Hof addresses the Board and discusses summer school and plans for reopening in August

A snapshot of SHDHD's COVID-19 Data Dashboard created and maintained by Lucy Nielson, Hastings native and student of public health at Johns Hopkins University [home due to COVID-19, working part-time as a data analyst for SHDHD]



SHDHD's COVID-19 Risk Dial is one tool that can help residents know the general risk of COVID-19 spread in the health district

Our New Staff Members/Volunteers/Contract Staff



Kelly Derby
Finance & Operations
Manager



Sue Rutt
Phones



Leslie Anderson
Case Investigation
Follow-Up

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

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

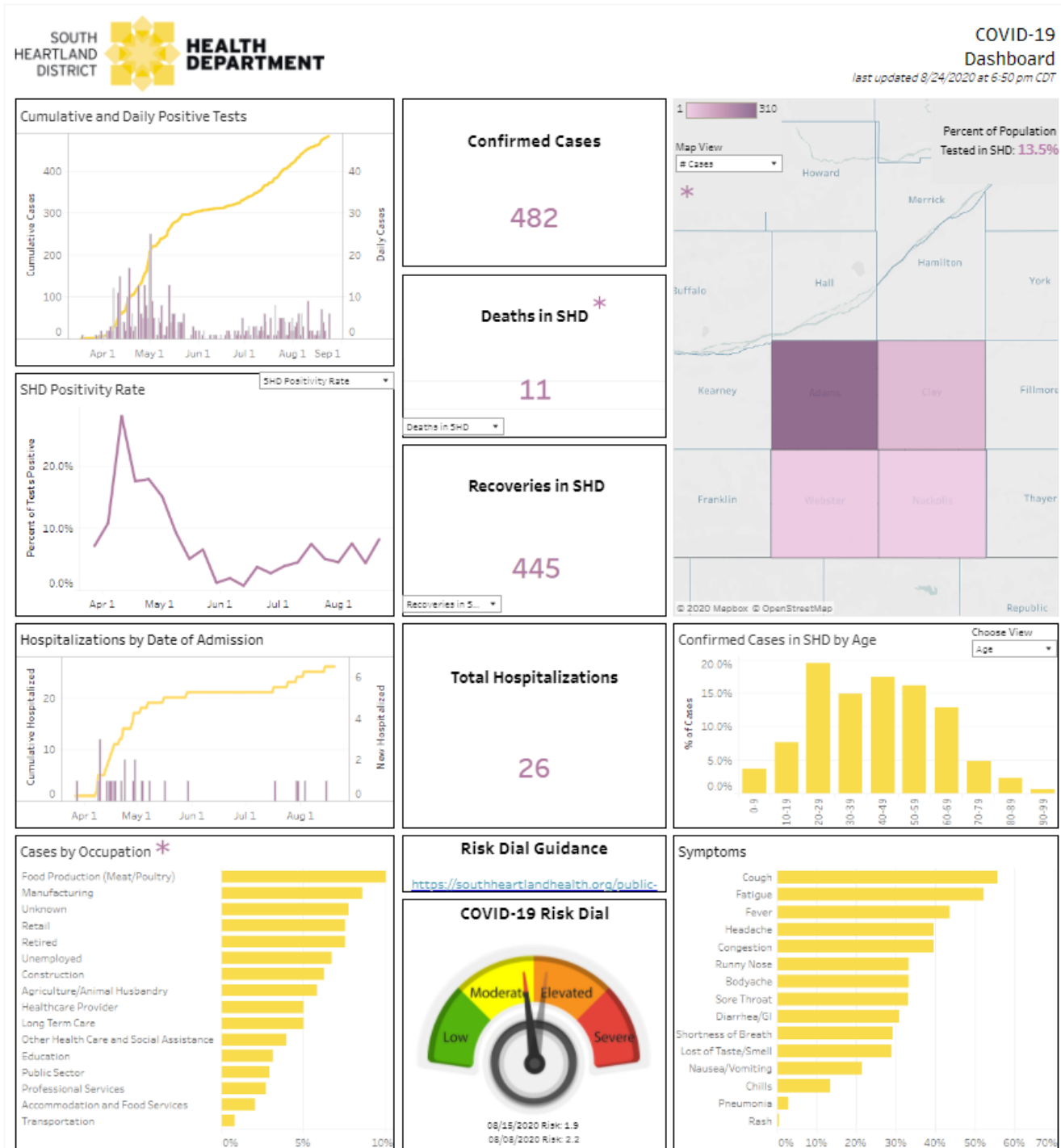
(What's going on in our district? Do we know how healthy we are?)

- How do we collect and maintain data about conditions of public health importance and about the health status of the population, and how do we make it available to our partners and our community?
- What major problems or trends have we identified in the past 2 months?

Local

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

➤ [Coronavirus \(COVID-19\) Outbreak:](#)



South Heartland COVID-19 Dashboard, as of August 25, 2020

Coronavirus (COVID-19) Outbreak Situation Update:

- SHDHD Epi (epidemiology/disease investigation) team is in our 6th month of COVID cases with 482 cases reported as of August 25, 2020. During the months of July and August, we have investigated a total of 151 COVID cases. We currently have 34 students or staff in isolation or quarantine that regularly attend a school in our jurisdiction. Timely identification of close contacts and identification of spread at schools and worksites along with social distancing, mask use and directed health measures have been successful strategies to prevent infections and save lives.
- During the months of July and August, the Epi team has worked on five large weddings and several cases who attended weddings, a golf tournament, three daycare exposures, a farming company, several school/college exposures. The average number of contacts has increased due to larger events allowed in Phase 3.
- We have been working with schools to create plans to prevent COVID exposure and screening tools for schools to use if exposure or positive cases are associated. This has been a carefully planned process with Michele working on plans and procedures with *administrators, ESU9 and NDE (Nebraska Department of Education)*. Material were sent out to schools during the first week of schools to empower them to complete screening and start the isolation and quarantine process when they are aware of a positive case or exposures. A process was created to notify schools of a school related exposure by using Sharefile after the family has been notified.
- A small committee has also been working with Hastings College for ongoing meetings and CCC (as needed) to put prevention measures in place and have a plan to in order to prevent exposure and isolation when appropriate.
- A HAN was sent out on August 17th to local healthcare providers with recommendations for COVID testing in the school setting. DHHS has been providing guidance regarding testing and other updates through the Local Health Department Epi Operations and Guidance manual.
- The SHDHD's COVID risk dial was implemented on 7/2/2020 providing one tool that shows the current status of the COVID risk in our district. School and other community partners are looking to the risk dial to consider prevention strategies for their operations. The Risk Dial is data-driven and based on common public health measures.
- Program Assistant Lucy Nielson has expanded information being captured on the dashboard and has been tracking additional variables: occupation, symptoms, hospitalizations and recoveries, new daily cases per 100,000, trends in average age of positive individuals, lab turnaround time, and more, in addition to case counts and positivity rate already tracked.
- SHDHD is working to increase testing capacity and has expanded TestNebraska testing sites to three in our jurisdiction: 1) Brodstone Hospital in Superior, 2) Mary Lanning, in Hastings and 3) one in progress that will be at a local urgent care facility in Hastings.
- Reportable Disease investigation: Animal Exposures (3), Campylobacteriosis (1), Enteropathogenic E. coli (7), Histoplasmosis (1), Salmonella (1), and Hepatitis C (1).

2. Protect people from health problems and health hazards.

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

- *What key activities did we complete in the past 2 months to prevent, minimize, and contain adverse health events and conditions resulting from communicable diseases; food-, water-, and vector-borne outbreaks; chronic diseases; environmental hazards; injuries; and health disparities*
- *What activities did we complete for emergency preparedness (e.g., planning, exercises, and response activities)?*
- COVID-19 Preparedness and Response: See COVID Outbreak Situation Update, above. In addition, SHDHD is responsible for receipt, inventory, repackaging and dissemination of PPE for our jurisdiction. To help keep key partners informed, SHDHD sent 27 AlertSense notifications (July/August) to over 80 individuals each time and issued 27 news releases to media and partners. We have staff checking the Nebraska Electronic Disease Surveillance System multiple times each day and on the weekends, so that we can begin follow up on positive cases immediately by issuing isolation instructions and conducting contact investigations. SHDHD issues

isolation and quarantine letters, and monitors individuals, promoted mask-wearing, social distancing, and prevention. SHDHD has reviewed and approved nearly 80 community safety event plans.

- **Environmental Assessment:** SHDHD and DHHS teamed up to conduct a lead paint assessment for two homes during the month of July for a home where seven people live and have elevated blood lead levels.

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

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

- *Provide examples of key information related to physical, behavioral, environmental, social, economic, and other issues affecting health that we provided to the public.*
- *Provide examples of health promotion programs that we implemented to address identified health problems.*
- **Community sign boards:** Continue to use signboards to inform the public about importance of social distancing, healthy practices, and getting ready for school.
- **News releases, public health columns, ads and interviews:** Most news and media communications have been COVID-19 related. During these two months SHDHD put out 27 press releases, participated in 1 press conference, and granted phone, in-person and Zoom interviews for TV, radio and print media, focusing primarily on COVID-19-related issues. News releases are posted on the website and can be viewed in English, Spanish, or Vietnamese
- **SHDHD Facebook:** These past two months SHDHD's Facebook/Twitter posts have been primarily focused around COVID-19 information with additional sun safety, farm safety, veteran mental health and promotion of recommended vaccinations. Most recently, SHDHD has worked to post information highlighting the great work our community partners and schools are doing to protect themselves and others. During the month of July, the total number of people reached through FB posts was 8,200 and for August 5,637! This is still an increase from "normal" months, but as COVID-19 activity becomes more "normal" our reach values decrease. Spanish FB page: have posted COVID-19 materials in 22 different posts.
- **Website:** SHDHD staff continue to create a COVID-19 information page that is user friendly, easy to navigate and informative. Our website "views" increased from 11,551 over May and June to 14,476 over July/August. This is still higher than our post COVID-19 views of 450!
- **Billboards:** COVID billboards with campaign message to promote masking, "I'll Protect You, You Protect Me" are located in Sutton, Clay Center, Blue Hill, and Hastings.
- **COVID-19 Information:** Answering calls from the public and providers remains a priority for SHDHD staff. With the constantly changing focus, information, and CDC guidance, information has to be updated to assure a correct and consistent message. There were 893 calls in July.

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:** Completed analysis of CHIP Priority steering committee member surveys and are determining next steps.
- **Access to Health Care CHIP Priority:** No news on the Federally Qualified Health Center satellite clinic, as COVID has put a hold on the announcement of any NAP funds. Telehealth continues to provide access to care but also continue to promote routine visits and screenings.
- **Mental Health CHIP Priority:**
 - **Rural Behavior Health Network:** The Rural Health Network continues to meet on schedule, but virtually. The network developed their strategic plan and has taken steps to implementation. As they look to the future of the network for the next few years year, the network is utilizing a no-cost extension for the leftover funds to assist with implementation.
- **Obesity & Related Health Conditions CHIP Priority:**
 - **CS-CASH:** 7 CS-CASH project partners, 3 from SHDHD, 2 Webster Co. EMS, 2 Webster Co. healthcare workers and 1 other healthcare worker from Nuckolls Co. attended the UNMC Agricultural Health and

Safety Course remotely in July. SHDHD compiled a resource toolkit and has assembled English and Spanish resource binders to be given out at the chronic disease and agri-safety awareness venues being planned for Webster Co.

- **SHDHD Healthy Kids Workgroup, HKW:** SHDHD has successfully recruited 12 new sites for a second round of program implementation. SHDHD is excited to bring on new sites and begin implementation. Due to COVID activities, the work is a little slower than originally planned, but the team is slowly moving forward. Each county is represented through this project. SHDHD also continues to lead the HKW, with a meeting in August to discuss how the implementation site toolkits could be improved.
- **Building Healthy Families:** Due to COVID-19, SHDHD hasn't made significant progress on this project, however the BHF committee is still meeting to discuss how we can implement the program come 2021. SHDHD also received a \$5,000 Sunnyside grant to help support this project.
- **Improving Health through changes in Built Environment and Social Supports:** SHDHD continues to work with Sutton and Hastings to improve the built environment and social supports to increase health. Sutton is moving forward with a trail expansion project through their local park. They will be raising the funds through local supports and community foundations.
- **Prevention Connection: Smart Moves, Diabetes Prevention Class (DPP):** Currently SHDHD has two Smart Moves classes that started in January in Superior and Hastings. The Hastings class has 6 participants that have lost 40 lbs. with 3.0% weight loss. Superior class had 11 participants with 3 people dropping out. They have lost 139 lbs. with 5.7% weight loss. Due to COVID-19, both classes have moved to doing classes with Zoom because of social distancing. It's a challenge getting their weight and physical activities reported, but it is improving. Some are struggling with getting in their physical activity minutes.
- **Whole School, Whole Community, Whole Child (WSCC):** As a new school year full of unknowns kicks off, SHDHD has met with Harvard and Hastings, virtually, about grant activities for the upcoming school year. Grant funders stress the importance that proper nutrition and adequate physical activity are essential during these stressful times and should be a priority for schools to encourage staff and students to maintain. SHDHD will be doing additional training with the schools on how to incorporate physical activity and good nutrition as the year progresses.
- **Cancer Priority:**
 - **Mary Lanning Healthcare Cancer Committee:** Committee met in person in August but SH staff did not attend.
- **Colon Cancer:** The FOBT Colon Cancer Screening kit intake form that SHDHD staff created in survey form and added to our website in June has offered residents the ability to access kits without making physical contact. To date, 5 individuals have completed the intake form and FOBT kits were mailed to them.
- **South Central Nebraska Collaborative:** This collaborative connects approximately 30 State and local partners virtually to 1) assess the effects of COVID at the State and local level, 2) identify current and emerging needs (gaps), 3) develop coordinated responses, and 4) identify funding or resources available in the near future. United Way is the coordinating/fiscal agent and has hired a central navigation staff position to coordinate response efficiently.
- **Provider Endorsement:** SHDHD facilitated for healthcare providers who wanted to publicly endorse masks for source prevention in schools. A letter, signed by 22 provider offices and 95 individual health care providers was sent to school superintendents and printed in area newspapers. Several providers met with administrators and school boards for Q&A about mask use, as they developed plans for school opening.
- **Schools Collaboration:** SHDHD collaborated with NE local health directors to develop shared public health principles for school opening, then worked with local school superintendents, ESU-9 and Head Start in order to plan for school opening. SHDHD developed materials and guidance for schools as well as processes and communications protocols in cases of exposures in schools. SHDHD Executive Director was invited to assist with Q&A at a school board meeting (Blue Hill) and a parent meeting (Hastings Public) and reviewed plans and provided guidance to others schools, as requested.

5. Develop public health policies and plans.

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

- *What policies have we proposed and implemented that improve population health and/or reduce disparities?*

- Describe how our department engaged in agency-specific strategic planning to develop a vision, mission, and guiding principles that reflect the community's public health needs, and to prioritize services and programs.
- What plans are we developing and implementing to improve our department's quality and effectiveness (plans for quality improvement, workforce development, branding, communication, and performance management)?

➤ **Grant Proposals and Contracts (New Plans):**

- **Whole School, Whole Child, Whole Community:** SHDHD signed subaward for project for \$27,000 for the period Aug 1, 2020-July 31, 2021 to implement school wellness activities.
- **Accreditation Support Grant, 2020-21:** submitted for \$10,000. Plan for maintaining accreditation status by implementing plans.
- **Immunization Subaward:** Signed subaward for \$28,715, including \$20,000 for Vaccine for Children and Adult Immunization Program and \$8,715 to provide at least of seven (7) Influenza mass vaccination clinics at a non-traditional location that serves high-risk/targeted populations. The latter plan is to prepare and to put processes in place for distribution and mass vaccination for coronavirus when that vaccine is available.
- **WIIN** (The Water Infrastructure Improvements for the Nation) Agreement (\$6500) Lead Sampling in Schools & Childcare Facilities Project – funding from US EPA through NE DHHS.
- **Drug Overdose Prevention Subaward Extension:** (~\$18,000) to develop a Strategic Plan – Identify issues, goals, gaps or barriers and possible intervention or prevention activities to increase understanding of context, resources and needs of community; and to promote public awareness and conduct prevention activities to encourage people to make safer choices and reduce drug overdose and addiction.

➤ **Policies for Safe School Opening:** SHDHD facilitated for healthcare providers who wanted to publicly endorse masks for source prevention in schools. A letter, signed by 22 provider offices and 95 individual health care providers was sent to school superintendents and printed in area newspapers. Several providers met with administrators and school boards for Q&A about mask use, as they developed plans for school opening.

➤ **Plans for Opening Schools:** SHDHD collaborated with NE local health directors to develop shared public health principles for school opening, then worked with local school superintendents, ESU-9 and Head Start in order to plan for school opening. Schools developed SHDHD developed materials and guidance for schools as well as processes and communications protocols in cases of exposures in schools. SHDHD Executive Director was invited to assist with Q&A at a school board meeting (Blue Hill) and a parent meeting (Hastings Public) and reviewed plans and provided guidance to others schools, as requested. For months, SHDHD and other local health directors have been meeting weekly with NDE/Education Commissioner and separately with ESU-9 School superintendents discussing plans and procedures for graduations, summer school/activities and for fall opening.

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:** None this period.

➤ **NE Directed Health Measures:** SHDHD is working closely with the Governor's office, NE DHHS, local law enforcement and city officials to educate, promote and enforce the local and state direct health measures (DHM) issued on June 22 (Phase III).

➤ **SHDHD's Quarantine and Isolation Authorities:** South Heartland issues isolation or quarantine letters for individuals who tested positive for COVID-19 or who may have been exposed to individuals who tested positive, respectively. The authority for these actions is outlined in the State Directed Health Measures (DHM) for Adams, Clay, Nuckolls and Webster Counties.

➤ **Limitations on Gatherings:** The State Directed Health Measures issued on May 18, June 22 and August 1 include limitations on gathering sizes and/or venue capacities. The DHM also includes a requirement for gatherings using venues that can hold 500 or more individuals to submit a plan to their local health department for approval prior to holding the event or reopening. **July/August:** 72 Event and Gathering Safety Plans were submitted to SHDHD staff to complete the review with approval of 39, guidance provided for 8 (no approval needed) and 25 pending. **Total number** reviewed is 102. The listing of approved events is posted on the South Heartland website.

➤ **Enforcing the DHM:** SHDHD continues to work with law enforcement, county attorneys, emergency management, and city/village governments to provide education and guidance on complying with the DHM. We have engaged other stakeholders and partners (media, community organizations, businesses, etc.) to help educate patrons, employees, congregations, and the general public about how to comply with the DHM. Our

approach, along with our partners, is to provide additional education first, when faced with reported violations. Only when education and encouragement for voluntary compliance with the DHM fails, would citations/legal actions be pursued.

7. Help people receive health services.

(Are people receiving the medical care they need?)

- *Describe the gaps that our department has identified in personal health services.*
- *Describe the strategies and services that we have supported and implemented to increase access to health care and establish systems of personal health services, including preventive and health promotion services, in partnership with the community.*
- **Immunization: Vaccine for Children Program:** As active COVID-19 cases are still occurring in our communities, SH's immunization team continues to implement safeguards in the delivery of clinics to protect patients, family members and staff. Immunization clinics were held in July and August with staff delivering 84 vaccinations to 35 patients at combined clinics. Of those 35 patients, 29 (83%) were uninsured, 5 (14%) had Medicaid and 1 (3%) patient was underinsured (insurance doesn't cover vaccines). 8 (23%) were new patients to the clinic with referrals coming from local providers, Head Start and family or friends. Total donation collected for July/August was \$97.00 (average \$1.14 per vaccination and \$2.92 per patient).
- **Immunization: Adult Immunization Program:** 2 adult clients, both new to the clinic, were seen in July/Aug. for Tdap vaccination.
- **Ordering COVID Labs:** Since the beginning of COVID, SHDHD staff have ordered ~ 500 labs for individuals who have been in close contact with a confirmed case, are symptomatic, healthcare workers or other. This has taken the Epi Team a significant amount of time and coordination with MLH lab in order to set these labs up. In addition, we worked to set up National Guard events on four occasions where ~1,000 were tested.
- **Reminder/Recall to improve vaccination rates:** Not completed to due to COVID-19 work.
- **Community Health Worker (English Only) / Every Woman Matters (EWM) and Health Coaching:** Health coaching for women, using lifestyle supports for improved health, is offered to 13 EWM women across the district. 7 of the women have completed all 3 health coaching sessions and their post surveys, 1 has completed 2 sessions, 3 have completed the first session and we continue trying to connect with 2 additional women.
- **Personal Protective Equipment:** SHDHD continues to order and distribute PPE to local agencies. We have now distributed masks, face shields, and thermometers to schools. School nurses are receiving a special "package" containing KN95's, gowns, sanitary wipes, and face shields for use with possible suspected COVID students. Our Subhub is still located at the fairgrounds and will be through the middle of next year.
- **COVI-19 Testing:** SHDHD has been encouraging local health care facilities to explore contracts with NeDHHS to serve as TestNebraska testing sites for ongoing access to testing. Brodstone Memorial Hospital was the first in our District to contract with DHHS to offer TestNebraska – currently 3 days/week. Mary Lanning started offering TestNebraska on August 17; currently 3 days/week (M,Th, Sa), but planning to move to 5 days per 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.*
- **Performance Management (PM):** Continue to cross walk the various SHDHD plans. COVID-19 data is being used for measuring performance management and is included in an After-Action Report (AAR) to address gaps, barriers, threats and opportunities for improvement.
- **After Action Report (AAR):** We are working on an AAR that covers the first phase of the COVID-19 pandemic from January through July. This includes an overview of the Pandemic, Resources, Finance, EPI, input from partners, and an Improvement Plan (IP) to help us to respond even better than we are.
- **The Workforce Development Plan:** The orientation process has been improved to include an electronic fillable form for accessing training links and checklist of completion dates. Onboarding of contract and volunteer staff has been streamlined and requires supervision and oversight from SHDHD staff.

- **Data Sharing:** Using Tableau as our data platform, SHDHD has built and shared an immense amount of data – updating some daily and some weekly, and striving to improve every day. At least once a week there is a new database of data added.
- **Qualtrics:** Qualtrics survey software is used to translate the press releases into three different languages as well as collect data from agencies or event planners on their COVID-19 reopen and event/gathering safety plans.
- **Staff Roles Changes, New Hires and Volunteers for COVID Response Activities:** Analyzing our staffing needs and cross-training staff specifically to support the workload of the Epi team continues. Fall is bringing changes: 1) with some of our current additional staff (contract or volunteer) returning to their work and school schedules, and 2) opening of schools and colleges has increased the case and school process load.
- **Finance and Operations Manager –** Upon Joe Streufert’s announcement that his family is moving to Tennessee, we recruited Kelly Derby as the new F&O Manager. Kelly started on August 24 and will overlap with Joe for 2 full weeks for training. Joe will continue with us for several more months in a part-time virtual capacity to continue training Kelly and to complete some Operations Special Projects.

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

- *Provide examples of our evaluation activities related to evidence-based public health programs.*
- *Provide examples of QI projects that we have completed or are in process.*

- **QI-PM Plan:** Goal 3: Evaluate and refine processes for data collection, analysis, reporting and evaluation/ Reporting – COVID data, dashboards, website, social media and press releases.
- **Quality Improvement Project for Policy Housekeeping:** Plan to complete in September.
- **Quality Improvement Project for Staff Meeting Efficiency:** on hold for COVID-19 responsibilities and daily Staff Briefings have replaced Monday Staff Meetings.
- **Quality Improvement Project for Document Retention:** The retention schedule is available to all staff. Basement documents/equipment have been divided and designated for shredding or trash and Woodward’s Disposal will be here in September.
- **Strategic Plan action plan and dashboard:** **Goal 1: Accreditation:** SH budget line item for accreditation and continued grant subaward funding. **Goal 2: Financial Stability:** SHDHD received our Medicaid number – next steps to apply with other insurance carriers. Process for LPH funding with NeDHHS has improved. **Goal 3: Leadership/backbone for CHIP implementation:** Qualtrics survey data analysis and next steps for Priority Steering Committees. **Goal 4: Continue to optimize human resources:** contract staff, volunteers, and new hires are helping SHDHD meet the increase in workload due to COVID-19. Cross-training of staff to increase/prepare a competent workforce. **Goal 5: Advocate the “Why” of Public Health:** Enhancing public relations and visibility, expanding use of social media and other directed communications (transitioned to 3x weekly news releases with high-visibility coverage and frequent requests for interviews, SHDHD was a focus of NET documentary footage – and NET returned for additional footage in August, as schools were getting ready to open, expanded traffic on SHDHD web/social media), and providing frequent, regular communication with city/county/state government and other key stakeholders (daily/weekly COVID-19 briefings with city/county government, community organizations, businesses, healthcare, ESU-9 schools/daycares, and state stakeholders – Governor, UNMC, DHHS and others).
- **Community Health Improvement (CHIP) Implementation:** Analyzed data from 5 CHIP Priority steering committees Qualtrics data collection survey emailed to all members of the SH will analyze the return data and email to all committee members along with a data tracker developed for BRFSS (Behavioral Risk Factor Surveillance System) data.
- **COVID19 Response QI/PM:** process improvement is a daily activity, assessing how we can improve as we progress through the pandemic. The focus is on data analysis and process documentation to identify opportunities and successes for quality improvement. This has included development of policies and procedures.

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 working with many and various entities for mitigation and re-opening plans to implement best practices to help reduce the spread of COVID-19 among their employees. Staff are reviewing plans for events and gatherings such as weddings, graduations, county fair events, racetracks, rodeos, museums, libraries. To date, SHDHD has received 102 Event and Gathering Safety Plans. Approved plans are posted on SHDHD's website.
- We are following evidence-based guidance from the CDC, NE DHHS, Professional Associations, UNMC Specialty Teams for Meat Processing Facilities and Long-Term Care Facilities, and other sources for all of the COVID-19 response activities.
- SHDHD primary goal in accreditation is to align with PHAB evidence-based standards and measures to improve health department processes and functions.

Stories: How we made a difference.... Safe School Opening

South Heartland worked with Nebraska local health departments (LHDs) to develop shared principles for working with schools. We provided these principles to the superintendents for guidance as they developed their plans.

- **LHDs statewide are monitoring and evaluating public health data related to COVID-19 in our local jurisdictions daily.**
- **LHDs want Nebraska schools to open and stay open.** We recognize the unique nature of schools and the education system’s role in the economic and mental wellbeing of children and adults.
- **LHDs work closely with our local schools and ESUs to develop reasonable plans for social distancing and masking in school facilities to reduce the spread of COVID-19.** These plans need to be locally-responsive and aim to create school environments that will minimize the impact on the school community and the student learning experience when students or staff test positive for COVID-19. **Key recommendations that these plans will include** when community spread is occurring:
 - All staff and students wear cloth face coverings over their nose and mouth whenever possible.
 - General physical distancing of 6 feet between individuals whenever possible.
 - Frequent hand washing and/or hand sanitizing.
- **When a positive COVID-19 case is confirmed in a school, that individual will be excluded and allowed to return based upon current guidance when determining how that case will impact others in their classroom based upon current guidance from CDC at the time.**

LHDs agreed that we would consider social distancing, masking, cohorting, handwashing, community spread and other factors in determining the number of close contacts, if the close contacts who are not symptomatic may stay in the classroom, and the number of other students and staff who will need to be quarantined.

SHDHD has been meeting weekly with ESU-9 and parochial superintendents to discuss policies and practices and answer questions as they developed their plans. Our schools responded to this information by developing and adopting plans for opening that included the public health recommendations at various phases. And many schools included the recommendations to varying degrees in their plans for safe activities.

As schools began opening in the last couple of weeks, we are hearing from them about their successes. Many have told us that their first days went smoothly with adherence to policies. Some have shared pictures!

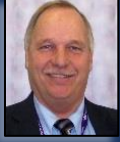





“Here is a picture of the Sandy Creek volleyball team wearing masks while playing and keeping them on during a time out where they are socially distancing. They are doing a great job of trying to ensure they are able to play all season.” – Julie Otero, Superintendent

“Here’s a picture of the L-N football boys and staff at a mtg utilizing masks to ensure they can play this season.” – Julie Otero, Superintendent



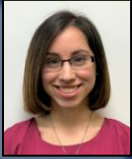





South Heartland Bi-Monthly Board Report: Staff-Specific Program Updates, July-August 2020

<p>Jim Morgan</p>  <p>Public Health Risk Coordinator</p>	<p><u>Emergency Preparedness and Environmental Health:</u> As has been the case the last 6 months, I have been concentrating on PPE. I have started an After Action Report (AAR) which will include what has happened so far, the challenges, the successes, and an Improvement Plan for the near and distant future. We have had more success in getting PPE and continue to let people know that the KN95 mask has been approved by NIOSH, NDA, and CDC to take the place of the N95.</p>
<p>Dorrann Hultman</p>  <p>Community Health Services Coordinator</p>	<p><u>Every Woman Matters Health Hub (EWM) Cancer Prevention /Immunization Program / Cancer Grant /CS-CASH:</u> COVID-19 response - As an epi lead for SH's investigation team, I've been assisting with lab/case management, assignments, case/contact investigations, serving as a resource to staff and working with the team on provider and school resources and communications. Immunization – 2 clinics held, getting kids caught up on the important vaccine preventable diseases. CS-CASH project – completed a comprehensive 4-day Ag Health and Safety Course with additional self-study work.</p>
<p>Liz Chamberlain</p>  <p>Community Health Worker</p>	<p><u>VetSET/Making Connections:</u> Held Military Family Fun Day on August 29th from 9 am – 4 pm @ Timberlake Ranch Camp with 73 participants / 17 families attending the event. Activities included: High Rope Course, Blob (water activity), trail rides, swimming, fishing, paddle boats and canoes, sand volleyball, obstacle course, petting zoo and hiking. Vendors participating in the event were: GI VA Suicide Prevention, Omaha VA Outreach Specialist, Mobile Vet Center Lincoln, Lincoln & GI VA Whole Health, Military One Source, and Cease Fire Ministries</p>
<p>Brooke Wolfe</p>  <p>Public Health Promotions and Prevention Coordinator</p>	<p><u>Walkability/Rural Behavioral Health Network/ School Wellness:</u> Continue to work with Rural Behavioral Health Network and began implementation of their Strategic Plan. Began the 2020 -2021 Whole School, Whole Child, Whole Community Grant by meeting with Schools (Harvard and Hastings) and reviewing grant activity guidelines. Managing Facebook, Twitter, SHDHD's Website and developing staffing plan and surge staffing plan has been my role in COVID-19 response as logistics chief.</p>
<p>Jessica Warner</p>  <p>Health Surveillance Coordinator</p>	<p><u>Disease Surveillance:</u> During the months of July and August, the Epi team has been working on screening tools and procedures for COVID exposure in schools. Most schools in our jurisdiction have now opened and there are currently 34 students in isolation or quarantine. A HAN (Health Advisory) was sent to providers on August 17th in order to provide guidance for COVID testing. I have worked with Hastings College and Mary Lanning in planning for exposures and potential surge in COVID cases in order to collaborate with these partners about testing and their needs. We have investigated a total of 151 Cases during the months of July and August. I am anticipating an increase in COVID cases over the next few months as large events continue and infected people may not realize they are spreading COVID.</p>
<p>Alex Stogdill</p>  <p>Program Assistant</p>	<p><u>West Nile Virus Surveillance:</u> Mosquito trapping in Webster and Adams counties – no positive mosquitoes to date. <u>Immunization:</u> Data entry into the state vaccine registry during the Vaccine for Children immunization clinics in July/August. <u>COVID-19 response:</u> Assisting in COVID-19 response by handling calls and answering questions from public, data management and analysis, working with schools and colleges, and assisting the investigation team with case and contact investigations.</p>

South Heartland Bi-Monthly Board Report: Staff-Specific Program Updates, July-August 2020

<p>Janis Johnson</p>  <p>Standards and Performance Manager / Public Health Nurse</p>	<p><u>Immunizations (VFC, Vaccines For Children):</u> Vaccinator for July & August clinics.</p> <p><u>CHIP:</u> CHIP steering committee data entered in to priority dashboards (BW, LN)</p> <p><u>Standards and Performance Management:</u> COVID responsibilities, especially epi case investigations/close contact monitoring, processes and documentation management. "Normal work": attempt to dedicate more time to update dashboards, action plans for strategic, workforce & QI-PM plans. Completed the SHDHD After Action Report for in-house COVID activity, Jan-July.</p>
<p>Jean Korth</p>  <p>Chronic Disease Prevention Program Assistant</p>	<p><u>Maternal Child Health:</u> Participants for the 2020 -2021 school year Healthy Kids project are currently taking a pre-assessment. We have good representation all four counties from our district.</p> <p><u>COVID-19:</u> To date we have reviewed over 80 event plans, along with answering numerous phone calls regarding asking for guidance to keep their event as safe as possible.</p>
<p>Odeth Méndez-Peraza</p>  <p>Bi-Lingual Community Health Worker</p>	<p><u>Community Health Worker (CHW):</u> <u>COVID-19:</u> I have assisted in completing and closing contact investigations. I still keep translating documents and interpreting as needed. I interpreted for various COVID testing events. Last month, I also interpreted during our VFC clinic.</p>
<p>Albert Pedroza</p>  <p>Lifestyle Coach for Diabetes Prevention, Mosquito Trapper, and Interpreter for Immunization Clinic</p>	<p><u>Now attending medical school in Iowa – Roy J. and Lucille A. Carver College of Medicine</u> <i>Best wishes from SHDHD!!</i></p>

Support Staff for COVID-19:

- Part-time Hire: Lucy Nielsen (Data Analysis, Dashboard), Aida Evans (Interpretation, Monitoring, Minority Outreach), Marlys Schmidt (Epi Team Support)
- Contract (Mary Lanning): Leslie Anderson, RN (Disease investigation follow up)
- Volunteer: Sue Rutt (Phones, Information)