

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

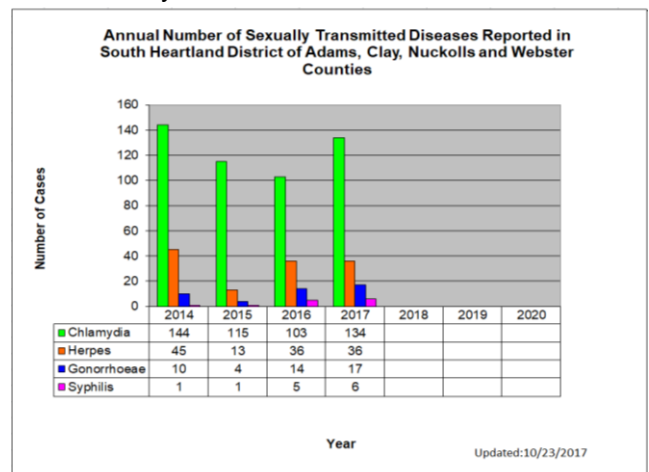
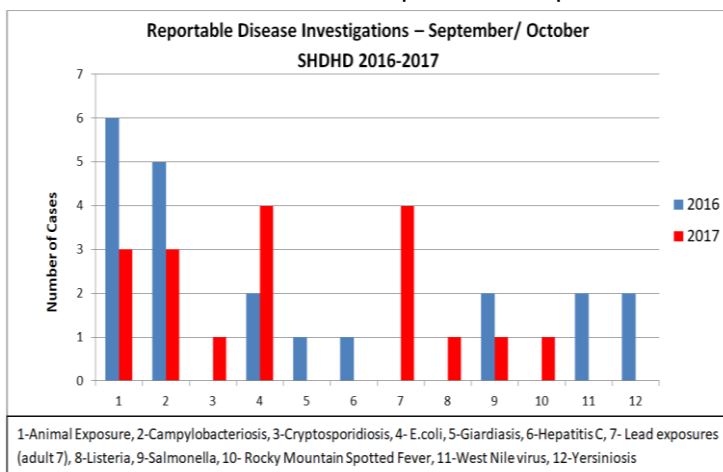
1. Monitor health status and understand health issues facing the community.

(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.
- [Thirty-six schools](#) in our district started reporting absence due to illness on Wednesdays beginning September 6th. Two schools have reported chickenpox as well as norovirus like illness.
- At the beginning of influenza season, our [three hospitals report influenza-like-illness \(ILI\) to DHHS](#) and the data is used for the [weekly influenza report](#). Reporting started on October 9th. One hospital has reported three patients with ILI. No labs have reported PCR positive testes for influenza yet this season as of 10/23/2017.



- Mosquito trapping ended on October 14th with 62 human cases reported for the state including one death due to West Nile virus. Fortunately, only one case of WNV has been reported to SHDHD this season.
- We shared [summary data](#) with local media about STDs increasing in our region in order to make our community aware of the rise of STDs and health risks associated with infections.
- [Tobacco Point of Sale Assessments](#): Staff member Liz Chamberlain completed a tobacco retail assessment training webinar and completed tobacco retail assessments on 77 stores in the SHDHD district using the Counter Tools Store Audit Center web-based survey tool. SHDHD has a contract to assist Tobacco Free Nebraska gather these data to better understand what is happening in our communities - which will help us talk about youth access and keeping kids from ever starting to use tobacco.
- [Dog Bite Prevention](#): Hastings College student intern Kim Spartz gathered and analyzed data on dog bites from Hastings Police Department and presented a summary to K-9 & Friends group to use as planning for an educational intervention on dog safety and dog bite prevention that will be focused for children.

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)?*
- [Emergency Preparedness](#). Plans are being completed for seven Full Scale Exercises with the seven long term care facilities in our district because they are designated closed POD's (Points of Dispensing for vaccine or antibiotics) in response to a public health emergency. The exercise is entitled Closed Pod/SNS/EOC Full Scale Exercise and involves meat intentionally tainted with anthrax unknowingly being delivered by their usual distributors. This exercise will also allow the nursing homes to complete the necessary actions to meet the

exercise requirements of CMS. The exercise includes nursing homes, hospitals, health department, schools, law enforcement, EMS, Emergency Manager, and in some cases government representatives. These entities will all have members at the Emergency Operations Center (EOC) to be called by the Emergency Management at each place. They are scheduled from Wednesday, November 1st through Wednesday, November 8th, and will be held in Blue Hill, Red Cloud, Superior, Sutton, Harvard, Hastings, and Kenesaw. This is a great opportunity for SHDHD to interact and work with community partners and has raised the level of participation and decision-making to the highest role possible.

- Jim Morgan has been working with emergency response coordinators from Central District, Loup Basin, and Two Rivers health departments to complete the [Operational Readiness Review \(ORR\)](#) required by the state. It outlines the health department's completion of plans, exercise of plans, readiness to respond where Medical Countermeasures would be required, communication among partners, utilizing volunteers, and using communications (e.g., Public Information Officer, social media for the general public, or use of the Health Alert Network and electronic notification of partners and volunteers).
- Jim Morgan attended [Local Emergency Planning Committee \(LEPC\) meetings](#) for both Adams and Clay counties and met with the new Nuckolls County emergency manager to discuss forming an LEPC in Nuckolls County. Janis Johnson is a member and secretary of the Clay County LEPC.

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 September and October were: Breast Cancer, Flu Shots, and Emergency Preparedness.
- [News releases, public health columns, ads and interviews](#): News Releases: "Adams Count mosquitos test positive for West Nile", "South Heartland Marks Fall Prevention Awareness Day", and "October is National Breast Cancer Awareness Month". Public Health Columns: "Get the Flu Shot this Fall, Not the Flu", "Protect your Loved Ones from the Flu", and "Disasters May Not Plan Ahead, But You Can". Ads and Interviews: "Local Smart Moves Class Results in Weight Loss Success", Tai Chi class informational meeting held in Red Cloud, KHAS Close Up interview about emergency preparedness, and Talking fitness and nutrition.
- [SHDHD Facebook](#): In September, the number of people reached was 1,967. For October the number of people reached was 3,138 people. The topics for Facebook and twitter in September were emergency preparedness and "get your flu shot". October topics included breast cancer awareness, senior fest and "get your flu shot."
- [Worksite Wellness](#): The worksite wellness network meeting in Hastings for September was focused on mental health awareness in addition to providing worksite with community resources, there were 5 of the 6 worksites present. In October the topic was smoking cessation with 4 of the 6 worksites present. Superior also had a worksite wellness meeting in September about how a worksite could promote/support Smart Moves- diabetes prevention class; there were 3 of the five worksites present.
- [Senior Center Presentations](#): Topic: sugary drink consumptions - 20 seniors present
- [Scrubby Bear](#): SHDHD hosted 6 scrubby bear presentations to 4 different preschools with about 90 - 3, 4 and 5 year olds learning how to wash their hands the "scrubby bear" way.
- [Future Problem Solvers](#): ESU 9 middle and high school students attended a presentation on "Spread of Infectious Disease" on September 22nd. Students were encouraged to wash their hands and get a flu shot.
- [NMVCA Conference](#): Jim Morgan and Jessica Warner presented about infection due to mosquitoes and ticks and how to prevent these infections as well as an overview of services offered by SHDHD.
- [Stepping On classes](#): Booster Class for Stepping On was held October 19th with 5 of the 18 Stepping On participants attending this extra class. Stepping On classes will be starting in Fairfield on November 2, 2017.
- [Beginning Tai Chi Classes](#): For the Fall Prevention grant that ended in September 2017, 47/63 Tai Chi participants or 75% finished the class and 29/30 Tai Chi participants or 97% of them demonstrated quantitative gains or maintained their pre score for TUG (Timed Up and Go) assessments. Currently have Beginning classes going at Good Samaritan Village (14 participants), Adams County Senior Services (18 participants). Fairfield (1 participant), Clay Center (4 participants), Superior (1 participant), Nelson (3 participants) and Red Cloud.

- Smart Moves (Diabetes Prevention Program (DPP)): SHDHD supported training of 2 new lifestyle coaches, a pharmacist from Red Cloud's Village Pharmacy and the chronic care coordinator nurse at Webster Co. Hospital.
- Kids Fitness and Nutrition Day: 542 students and staff attended the annual kid's fitness and nutrition day event. Throughout the district 16 of the 19 schools attended the day's event.

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: SHDHD met with 3 district clinics (Webster County, Mary Lanning, and Quality Clinic of Sutton) to kick off year 4 of the chronic disease prevention grant. The kickoff was focused around pre-diabetes awareness and processes clinics can implement that will allow them to connect with and educate those patients with pre-diabetes. SHDHD and clinics are wrapping up year 3 activities in Sept.

➤ Obesity:

- Nutrition Advisory Board (NAB): The NAB met in September with 4 in attendance. The group was helpful identifying areas that can still be reached with our chronic disease funds. The group also shared what other nutrition opportunities were occurring in the community.
- Prevention Connection: Choose Healthy Here: Increasing healthy food options in convenience and grocery stores. SHDHD continues to work in three Hispanic stores in Hastings implementing the *Choose Healthy Here* (CHH) program. The three stores continue to implement their action plan. They all hosted their last taste testing in September with 30 customer interactions. During the taste testing event, blood pressures are taken, Smart Moves information is presented and general nutrition education is available. The stores are currently planning what they would like to continue to improve. In September, UNL extension and SHDHD hosted a community learning event to share information about how to shop for healthy foods (12 in attendance) and promoted the three ethnic stores and their newly added signage & healthy food displays.
- Prevention Connection: Superior's follow up to their Walking Summit: Superior's design team for promoting walkability met in September to discuss a future funding opportunity that they plan to apply for. We also met in October with S&G Endeavors to plan a future meeting with the public that will provide input into planning the trail that will be funded through grant they applied for.
- Prevention Connection Healthy Vending Initiative: SHDHD continues to work with partnered sites to improve vending. Central Community College of Hastings is planning to partner with SHDHD for year 4 of the grant cycle and planning meetings were held as well as staff interest surveys collected.
- Prevention Connection: Healthy Hastings follow up on action summit: Healthy Hastings continues to meet to fulfill the action plan. At September's meeting (6 in attendance) committees reported progress and shared there was a Complete Streets Advisory Council meeting on implementation of the Complete Streets Policy and the idea of a strategic plan design to ensure implementation. The group also continued to plan their bike/walk to work and school week that will occur in May 2018.
- Prevention Connection: Smart Moves, Diabetes Prevention Class (DPP) SHDHD continues to implement this evidence based yearlong program. Currently there are two classes occurring, with the Spanish class just wrapping up. Overall, SHDHD's district has lost 376 pounds for the 2017 classes. Because we were able to meet all of the performance measures, demonstrating fidelity and adherence to the program requirements, SHDHD became a CDC-Recognized site for the National Diabetes Prevention Program!
- SHDHD WoW (Worksite Wellness): September was focused on walking and being physically active. There was a physical activity at work lunch and learn which was well attended by staff. October was focused on decluttering the office space. There was a tracking challenge and a lunch and learn over the decluttering your pantry and making a meal out of odds and ends.
- School Wellness: SHDHD recognized the efforts of all 3 school wellness teams that attended the 2017 Coordinated School Health Institutes hosted by SHDHD and NE Dept of Ed (we presented plaques provided by NDE). SHDHD also continues to be involved in the school wellness teams for all schools who

request our assistance. In October the Hastings District school wellness team met and SHDHD continues to act as a resource.

- **Prevention Connection:** Superior Pharmacy wrapped up their pilot project on blood pressure education for hypertensive patients. From their subset of patients (25) who began with medication adherence rates less than 85%, 15 had improved compliance after the education, 4 had decreased compliance, and the rest stayed the same. The Red Cloud Village Pharmacy is working on patient BP education and pre-Diabetes awareness. The pharmacist went to a diabetes prevention lifestyle coach training and will start offering the Smart Moves diabetes prevention program classes for the Red Cloud community beginning in January.

➤ **Cancer:**

- **Cancer Coalition:** South Heartland Cancer Coalition has been active through the months of September and October as we held our annual *Be Well, Feel Good, Get Checked* Women's Health Event. Breast cancer awareness, screening and prevention are the main focus of this yearly event but includes education and resources on other cancer screenings, learning your family cancer history, HPV, access to affordable health care, exercise, nutrition and an opportunity to have height, weight, waist circumference, BMI, and BP recorded. This event is a collaboration of coalition members, additional partners and community volunteers committed to advancing cancer awareness, promotion of screening and early detection and prevention.
- **Mary Lanning Healthcare Cancer Committee:** The next quarterly meeting is in November.
- **Lung Cancer:** Nebraska Quit Line cards are included in all FOBT colon cancer kits that we distribute. Education and resources are commonly shared through our health coaching contacts. SH Cancer Coalition member, Sally Molnar, Director of the Morrison Cancer Center, has agreed to find out more about the ML Lung Cancer Screening Program and share with the coalition so we can promote this screening to residents who qualify. Radon detection kits continue to be available through SHDHD and satellite offices.
- **Colon Cancer:** FOBT colon cancer screening kits are available to all district residents age 50-75 throughout the year. We are beginning to plan for the primary promotion during March 2018 Colorectal Cancer Campaign. For 2017 our kit completion rate was 64% which was up from 46% in 2016. 7 clients tested positive and received case management.
- **Cervical Cancer:** Human Papillomavirus (HPV) vaccine educational materials are shared at monthly VFC clinics. Community Health Workers continue to work with clients to access health care and Every Woman Matters 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. Community health workers, CHWs, help navigate women to screenings and to diagnostic services. In September and October, staff assisted 15 women with access to health care: completing healthy lifestyle questionnaires, linking them to health resources, or navigating them to cancer screenings. 42 women attended the *Be Well, Feel Good, Get Checked* women's event. 31 of those women were in our target age group of 40-75. 38 women completed the registration information which provides us the opportunity to reconnect with them and help link them to community resources or to help navigate them to breast and cervical cancer screening. 29 women completed biometrics which helps us identify and refer to the YMCA's BP program, Smart Moves Diabetes Prevention Program and other health coaching opportunities from our Every Woman Matters program staff.
- **Prostate Cancer:** SH Cancer Coalition promoted prostate cancer awareness month in September by providing all district providers with patient booklets from ACS titled "Testing for Prostate Cancer". Attached to the booklets was a card encouraging men to "Get the Facts" and encouraging them to visit the Network of Care decision making tool on the SHDHD website and having discussion with their providers.
- **Skin Cancer:** No update.

- **Substance Abuse:** SHDHD is coordinating with area law enforcement to participate in the **DEA national Medication Take Back Day, October 28th**. Take Back events were held in Adams (SHDHD Office), Clay (Clay Co Sheriff's Office), Nuckolls (Superior Police Dept), and Webster (Webster Co Sheriff's Office). Included ASAAP and area pharmacists in a media campaign to promote safe disposal of unused or expired prescription and over-the-counter drugs and to prevent accidental poisonings and misuse of drugs. Also promoted the Nebraska Pharmacists' on-going drug take-back programs. Most pharmacists in South Heartland district participate in this program.

- **Mental Health:**
 - **VetSET/Making Connections:** SHDHD is attending Case Managers Meetings in Hastings for a collaboration to increase the number of people trained Mental Health first aid, and speaking with legislators about developing a detox center locally.
- **Other Collaborations (1422):** Hastings YMCA has kicked off their **Blood Pressure (BP) Management program**. SHDHD is worked with the clinic partners at Hastings Family Care and Community Health Center - who attend SHDHD's Bi-Directional Referral Task Force meetings – to identify a provider champion who will pilot a process to refer appropriate patients to the YMCA BP program. SHDHD continues to work with the YMCA to identify a way to communicate back with the provider in a user-friendly time-manageable way.

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:**
 - Subawards with DHHS were received, signed and executed for PHEP funds (\$83,991.90), Health Hub/ Every Woman Matters (\$65,000), West Nile Virus Amendment (\$1,200) and Year 4 of Chronic Disease Prevention Grant (1422) subaward (\$208,000)
 - We are still waiting for DHHS to send new Accreditation subaward for the project period beginning Oct. 15.
 - Contract with Tobacco Free Nebraska to conduct tobacco point of sale assessments in all 4 counties (\$3476.16)
- **Performance Management System framework:** is being implemented! Staff is reviewing program performance measures at staff meetings and is sharing program and funding successes resulting from meeting these performance measures. Quality improvement activities. The CHIP dashboard is being updated with the most current data.
- **Prevention connection: Blood Pressure Management:** with partner consultant Praesidio, SHDHD continues to work with the 3 clinics to implement a blood pressure protocol (policy) within their clinic workflow to flag patients that may be hypertensive, not well managed or pre-hypertensive and to promote systems changes to improve prevention and management of hypertension.
- **Workforce Development Plan:** Core competencies will be incorporated into 2-3 staff job descriptions for annual reviews, with other job descriptions to follow.

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 receives **food recall alerts** from the Nebraska Department of Agriculture. We also maintain a link on our website to the FDA Food Safety webpage.
- **Dog bite prevention:** Hastings College student intern Kim Spartz has been gathering information on local laws/ordinances related in any way to dog bite prevention, as well as rabies vaccination rates, and dog licensing rates, then presented this information, along with dog bite data trends from Hastings Police Department, to K-9 & Friends group in Hastings. The group asked her to also collect the laws/ordinances from other communities in the health district.

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 September/October the Vaccine for Children clinic staff delivered 94 vaccines to 41 patients at two monthly clinics. Of those 41 patients, 27 had no insurance, 10 had Medicaid and 3 were underinsured and 1 was American Indian. 5 of the 41 patients were new to the clinic. Total donation collected from clients for September/October = \$208.00 (avg. \$3.37 per immunization or \$7.03 per patient). In October, quarterly recall/reminder letters were mailed to 49 patients age 0-6 years who are not up to date with all ACIP recommended vaccinations. We are awaiting our follow-up AFIX (Assessment, Feedback, Incentives & eXchange) report run by the state immunization program for our immunization program. The initial AFIX was run on 6/21/17. After review of this report we selected 2 strategies to help increase immunization rates of 2 year olds and HPV rates of 11-18 year olds. We are working on a written reminder/recall procedure for the program and included parent information about HPV and HPV vaccination along with the last reminder/recall mailing done in July. 23 of the 53 patients on the recall list needed HPV vaccination and received the printed education in addition to the reminder/recall letter. The follow-up AFIX report will help us measure effectiveness of the strategies implemented.
- In September/October the Adult Immunization Program delivering Tdap to uninsured or underinsured adults 19 and over, administered 1 Tdap vaccines to 1 patient who was uninsured. This adult was a new patient.
 - Through partnership with Walgreens Pharmacy, flu shot clinics were set up at the women's event and at our office. 40 adults received free flu vaccination through the voucher program at these clinics and 20 additional were given at the WG Pharmacy.
- Through partnership with Walgreens Pharmacy, flu shots were offered, with vouchers for free flu vaccine for the uninsured. 33 uninsured were given at the Women's Health Event and 7 uninsured at an evening adult flu shot clinic held at SHDHD in October. 20 uninsured individuals have been vaccinated through the program at the Walgreens Pharmacy.
- Community Health Worker: Every Woman Matters (EWM)/Encounter Registry: 7 adult clients assisted in office, 9 adult client seen at home visits, 152 adult medical referrals to other organizations/providers, 10 child immunization referrals, 43 referrals for Smart Moves, 3 Health Coaching support calls to eligible Spanish speaking participants. Diabetes Prevention Program (DPP): Lifestyle Coach - 8 Participants out of the initial 8 finished the class. Women's Health Event: 42 women attended, 37 entered in encounter registry, 4 completed biometrics only, one attendee was a minor. Assisted with Kid's Fitness and Nutrition.

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, Results Based Accountability continues to be implemented weekly in performance measures of programs and services (quantitative, qualitative and outcomes).
- The Workforce Development Plan: Core competencies are being incorporated into staff job descriptions starting with 2-3 for annual review, with other job descriptions and training to follow. Succession Planning: Performance Management Team (J. Johnson, M. Bever, J. Morgan, D. Ferguson) is using tools from their succession planning training to take steps in developing a succession plan for the department, including using "knowledge transfer" templates for their areas of expertise.
- Prevention Connection: B Wolfe attended the WorkWell annual conference and the Rural Health Conference.
- CLAS and Literacy Improvement and Innovation Project – J. Johnson is participating in this state project and providing input for the local health department perspective. Project to be completed in December, 2018.
- Achieving Health Equity, IHI Virtual Expedition: All staff are viewing 6 sessions Oct.-Dec., as schedules permit. (Archived sessions can also be viewed.) The cost for this training is covered through DHHS.
- Public Health Assn of NE – J. Warner attended the Epi PHAN section with Creighton nursing student Jenny Rubek. Jenny completed her preceptorship in September with SHDHD working in disease surveillance.
- Jim Morgan participated in a state-wide ERC conference where work plans and Operation Readiness Review documents were discussed, both necessary for the current year's PHEP sub-award.

- Jim Morgan attended a [Pipeline Safety Tabletop Exercise](#) put on by the Nebraska Pipeline Association. Participants included EM's, EMT's, firemen, health department, and Pipeline workers. The scenario was a natural gas line that was hit and ruptured. It took the scenario from beginning of leak to responding to the news media.
- [New employee](#). Hired Jean Korth as chronic disease prevention program assistant to support the health care clinic-associated strategies for prevention of cardiovascular disease and diabetes.

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, as well as Brodstone's cafeteria improvements.
- [Prevention Connection](#): SHDHD's chronic disease prevention staff participated in evaluation of the chronic disease prevention (1422) project led by NeDHHS and participated in a DHHS-led site visit to SHDHD. The DHHS team shared and discussed SHDHD's performance measures status, results of SHDHD's evaluation of Year 3 of the program and SHDHD's partner evaluation of program and partnership. Discussed sustainability approaches for year 4 of the grant.
- [The Quality Improvement – Performance Management Team](#): 2017 QI Projects are successfully continuing and documentation is being completed. The 2018 QI calendar and log are in progress.

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 beginning to implement the year 4 work plan of [evidence-based strategies for prevention of cardiovascular disease and diabetes](#) as part of the four year Chronic Disease Prevention project (Prevention Connection)
 - SHDHD is partnering with [worksite wellness committees](#) and using evidence-based practices for improving physical activity and nutrition 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 Tai Chi classes are being offered in all 4 counties. The 7-week Stepping On classes will begin in Clay County November 2nd and another class will start in January 2018 in Hastings.
 - We are continuing to use the evidence-based [Reminder Recall](#) process for immunization clinic clients to improve immunization rates.
 - [Public Health Accreditation Board \(PHAB\) Standards and Measures](#) are evidence based. SHDHD submitted the required documentation (308+ documents) on 08.08.2017. Our PHAB Accreditation Specialist conducted a completeness review, reopening 25 measures. On 10.20.17 we submitted documentation to support these measures for authenticity, time frame, and PHAB scope of authority (proof of population-based not individual patient care). Completion of accreditation will align SHDHD with these evidence-based measures.
- Research:
 - Executive Director Michele Bever was a presenter, along with Panhandle Public Health Director, Kim Engel, and UNMC College of Public Health faculty, Dave Palm, PhD, at the Public Health Association of Nebraska annual conference in Lincoln. The panel discussed "The [Linkages between Local Health Departments and Primary Care Clinics in Nebraska](#)", which included results of research conducted by Dr. Palm and local examples of linkages, and their challenges and successes, provided by SHDHD and PPHD.

Stories: How we made a difference....

Partnering for Preparedness

Approximately three years ago NDHHS Licensure asked the public health emergency response coordinators (ERCs) in Nebraska to assist Nursing Homes with their Emergency Plans, if asked. ERC's agreed. Included in the need for that Emergency Plan was a requirement at the time by CMS that nursing homes and hospitals complete a Full Scale Exercise (FSE). The importance of the exercise became apparent when CMS stated that a facility could lose two percent of their CMS funding if this exercise was not completed.

Considering this, I offered to assist the nursing homes in completion of a FSE that would allow us to test our Closed Points of Dispensing, Strategic National Stockpile (SNS) ordering and dispensing, and working with our community partners in an Emergency Operations Center (EOC). This would also meet the requirements of CMS for the nursing homes.

We decided to use anthrax poisoning by inhalation as the scenario and completed Table Top Exercises as required before an FSE. We switched to anthrax poisoning by ingestion to accomplish the same objectives, which were SNS ordering and distribution, noting residents with anthrax poisoning symptoms and their subsequent transfer to a hospital, use of a leadership team within the closed POD, being a participant in the EOC, and not be as difficult to accomplish those objectives as anthrax poisoning by inhalation would require.

Nursing homes learned, by participation, about the importance of an EOC. The interaction between SHDHD and the nursing homes as well as our community partners (hospitals, schools, EMS, Emergency Management, and law enforcement) has shown the willingness of all to work together in an exercise to learn more about how we can cooperate with and assist each other to accomplish a common objective.

- Jim Morgan, Public Health Risk Coordinator
