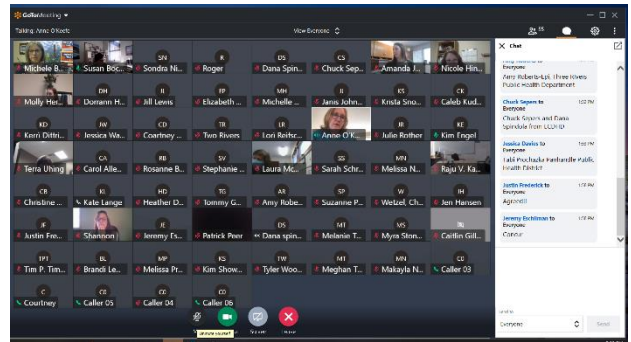


South Heartland Pandemic Response



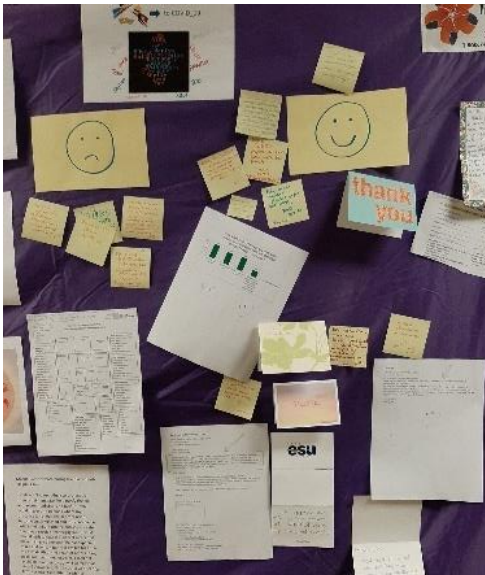
City of Hastings Board of Health discussing mask policy on 11.20.2020



One of many Zoom meetings: local health directors and our epidemiology staff



As part of a shipment of personal protective equipment (PPE) from the State, South Heartland received pallets of gowns for distribution to health care workers at hospitals and long-term care facilities.



Staff shared frustrations and successes on the “happy” and “sad” wall at the SHDHD office to help process the stressful things and celebrate the positive things.



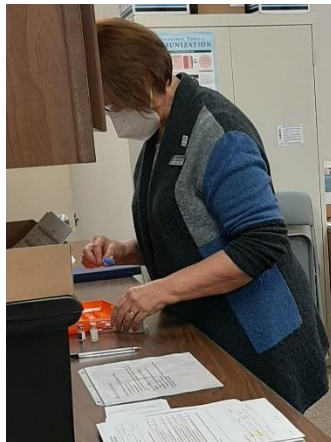
SHDHD thanks the many generous community members and local businesses who sent flowers, food, sweets, cards, and messages of support to us in November and December. 😊

Pfizer COVID-19 Vaccine Arrives in South Heartland December 15!



Mary Lanning was allotted 39 x 5-dose vials and SHDHD was allotted 3 x 5-dose vials. South Heartland staff transferred our vaccine allotment from Mary Lanning to SHDHD in a temperature-monitored Cool Cube. The vials were carefully moved to the Department's vaccine refrigerator for storage until their use in the next two days. The vaccine needed to be administered within five days of leaving St. Francis hospital. The vaccine needs to be diluted prior to use then must to be used within 6 hours.

Pfizer COVID-19 vaccine was transported by Central District Health Department staff from St. Francis to Mary Lanning Healthcare Pharmacy Department, where the vaccine and ancillary supplies were split out for Mary Lanning and South Heartland.



Janis Johnson prepped the vaccine and administered the first dose to Hastings Fire and Rescue Chief Brad Starling while Hastings Mayor Corey Stutte and news media looked on. Afterward, Chief Starling spoke with media about receiving the vaccine and why it was important to him and his personnel to be vaccinated. Mayor Corey Stutte and SHDHD Executive Director Michele Bever also took questions from the media.



Day 2 of Pfizer COVID-19 Vaccine: 10 Clay County EMS come to South Heartland to receive Dose 1 of COVID vaccine. Clay County News is on site to document the event.



Moderna COVID-19 Vaccine arrives in South Heartland on December 22 – shipped directly.

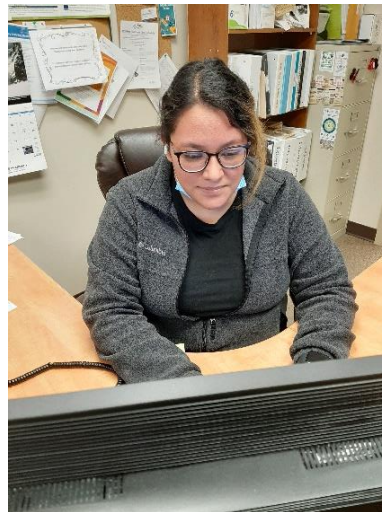


Dorrann and Janis inventory and ready the vaccine to be transferred to Mary Lanning, Clay County Health Department and Webster County Community Hospital.



Michele takes vaccine to Mary Lanning where their vaccinator team is giving COVID shots to their staff as well as community front line health care workers scheduled through SHDHD. Alex Stogdill takes vaccine to Webster County and Mary Lanning for logging vaccinations into NESIIS, the Nebraska immunization registry. Clay Co health director Laurie Sheridan picks up vaccine to take back to Clay County to vaccinate EMS and primary care providers. Liz Chamberlain is the first SHDHD staff to receive COVID-19 vaccination.





More staff and volunteers in action! Clockwise from top left: Volunteer Sue Rutt answers phones, receptionist Samantha Martell is helping to schedule COVID-19 vaccinations, intern Lucy Nielsen analyzes data for the dashboard and the risk dial, disease investigator Heidi Davis is doing contact tracing, intern Saylor Pershing is assisting with data entry, staff member Jean Korth is reviewing event plans, responding to public queries and information requests, and doing disease investigation and contact tracing.

Nebraska local health departments were each presented a President's Award from NACO for our efforts in response to the pandemic.

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

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

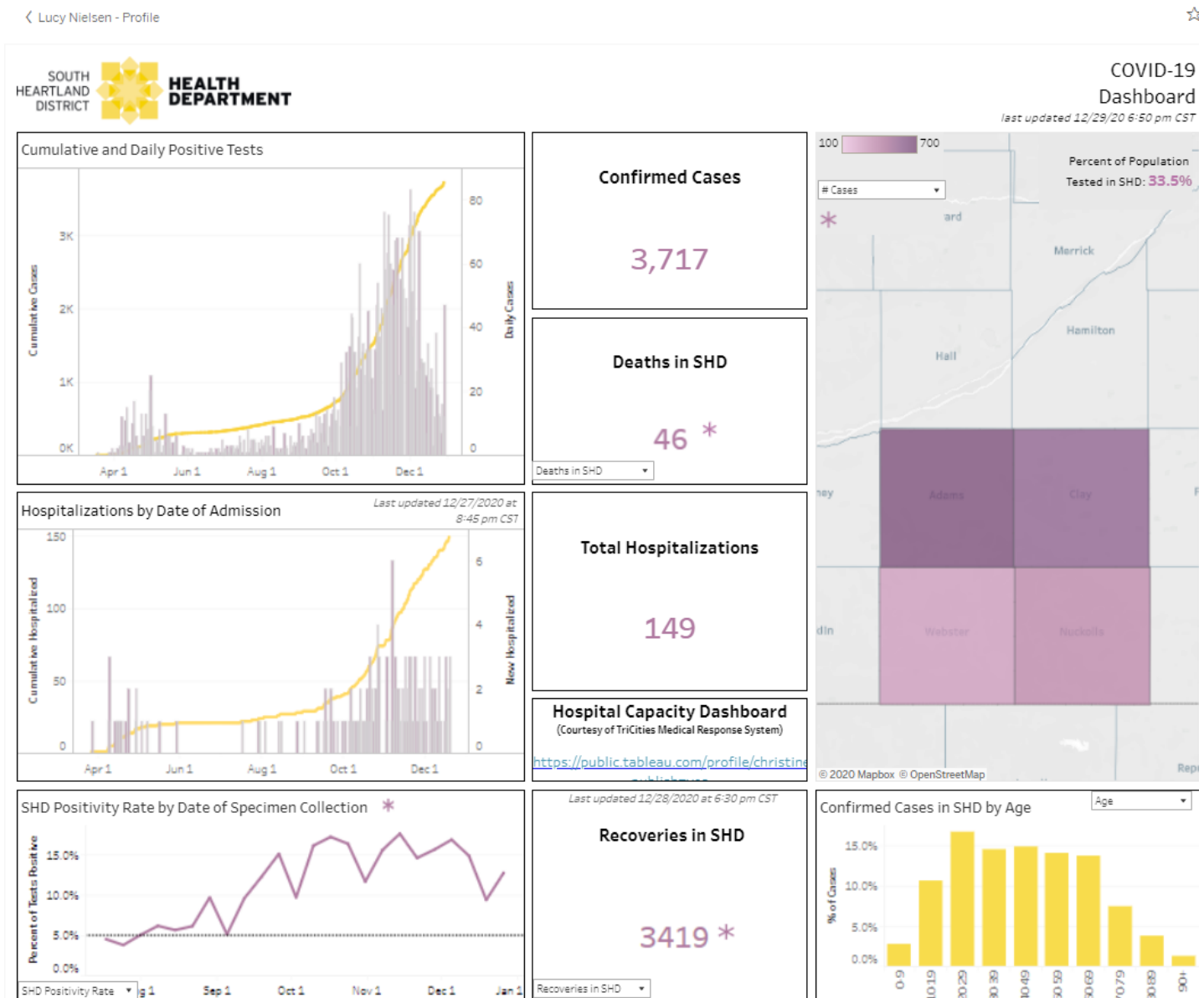
(What's going on in our district? Do we know how healthy we are?)

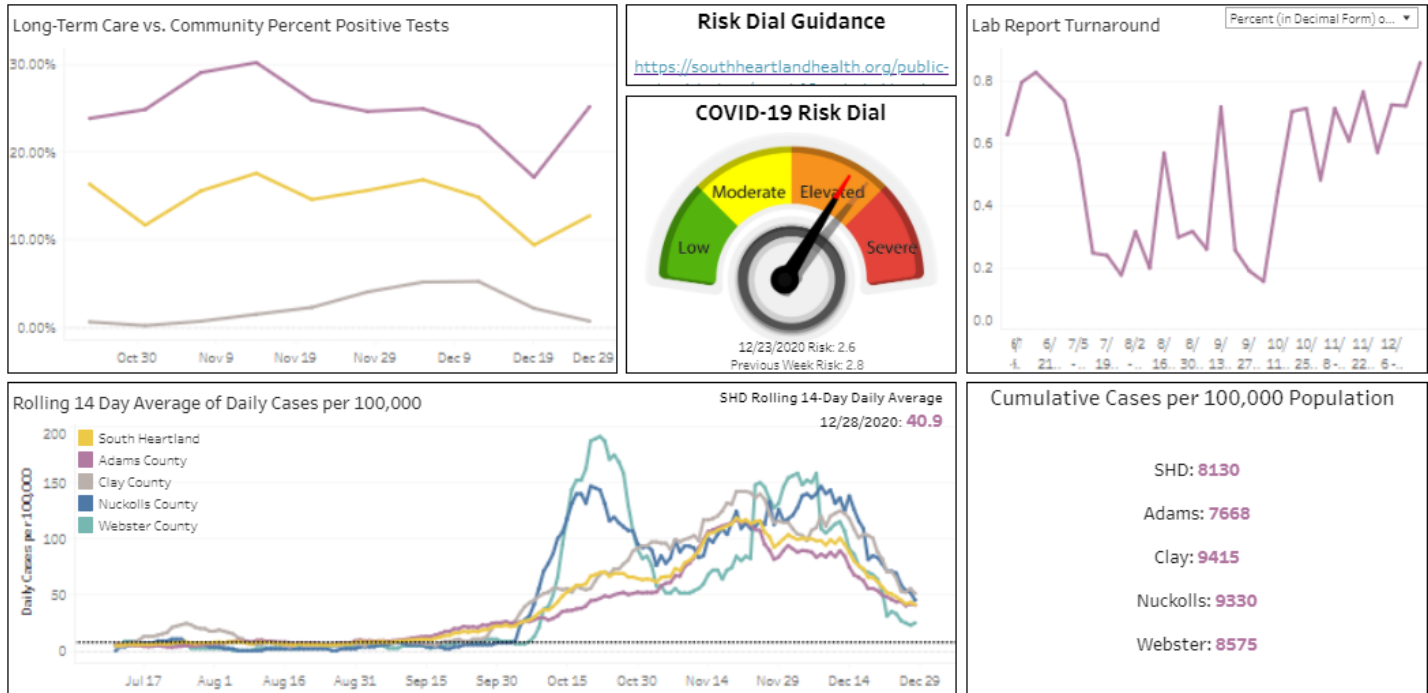
- *How do we collect and maintain data about conditions of public health importance and about the health status of the population, and how do we make it available to our partners and our community?*
- *What major problems or trends have we identified in the past 2 months?*

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](http://www.southheartlandhealth.org): www.southheartlandhealth.org





South Heartland COVID-19 Dashboard, as of December 30, 2020

Coronavirus (COVID-19) Outbreak Situation Update:

- As of December 30th, 2020, 3,717 South Heartland residents have tested positive for COVID. November and December have been peak months with 2,210 investigations completed during this reporting period.
- With a huge increase in cases, there have also been an increase in students exposed at school. One school in Hastings closed for a short time due to COVID, making this the 3rd school closure in our jurisdiction this fall.
- A small committee has also been working with Hastings College for ongoing planning to put prevention measures in place, provide feedback on response plans and their implementation, and provide other guidance as necessary. We have also worked with CCC Hastings as needed during this reporting period.
- Hospitalizations reached an all-time high with 29 patients hospitalized in SH hospitals due to COVID, nearly reaching capacity of both bed availability and staff at Mary Lanning. Brodstone Memorial Hospital beds filled as well with 8 COVID patients at their peak.
- DHHS has been providing guidance regarding testing and other updates through the Local Health Department Epi Operations and Guidance manual for each change in guidance from DHHS.
- The SHDHD’s COVID risk dial was in the “red” zone for five weeks, but recently dropped back down to the orange zone.
- SHDHD COVID positivity rate continues to be indicative of widespread community activity at 12.7%.
- COVID testing is available through TestNebraska and at various healthcare facilities throughout our jurisdiction, allowing all residents to have access to testing within 30 miles of their home (Hastings: Mary Lanning and Convenient Care; Superior: Brodstone Memorial Hospital; and Red Cloud: Webster County Hospital). Most South Heartland clinics have PCR testing access or rapid antigen testing available on site for their clients. Long Term Care facilities have been testing since early Nov. with the Abbot BinaxNOW test, that provides immediate results by test card.
- Monitoring and Tracking updates: Worked with TRIMRS to create dashboard for South Heartland district’s hospital capacity data and added a link to it from the SHDHD COVID-19 dashboard. Began tracking Hastings-specific data on daily new cases, 7 day rolling average of new cases, and weekly positivity after Hastings City Council approved a mask policy. Added a COVID-19 Vaccine Dashboard to track number of doses of vaccine administered in the South Heartland District.

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 25 AlertSense notifications (Nov/Dec) to over 140 individuals each time and issued 31 news releases to media and partners. Staff check the Nebraska Electronic Disease Surveillance System multiple times each day and on weekends, so that we can begin follow up on positive cases immediately by issuing isolation instructions and conducting contact investigations. SHDHD promoted mask-wearing, social distancing, and prevention. In December, began shifting some staff and focus to COVID-19 vaccine distribution and administration, and engaging our local hospitals in these efforts.
- **Plan Reviews:** Seven event plans were reviewed and approved during November/December. The indoor capacity for gatherings changed as hospital bed threshold changed, making it difficult for concrete plans.
- **PPE distribution totals:** From the beginning of March through the end of December 2020 have handed out: Masks – 172,935 Surgical Masks – 247,800, Cloth Masks – 20,875, Face Shields – 13,911, Goggles – 1,595, Hand Sanitizer – 1,302 containers, Wipes – 6,524 containers, Gloves – 542,700, Gowns – 174,101, Thermometers – 774, Bleach – 12 gal., Eco Lab Disinfectant – 3 containers. SHDHD has been working with ESU9 to get more cloth masks and alcohol wipes out to the schools and more equipment out to the school nurses. Jim M. is working with DHHS to get funding to Adams County Fair Grounds for use of their buildings, equipment and staff time. During initial review the committee at DHHS requested more information about the use of the grounds and equipment. After reviewing the response Jim gave them, they said to submit the charges through the normal transactions of review for their approval.

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, and using masks. November promoted social distancing and need for masks and reiterated importance of flu prevention.
- **Billboards and Banners:** The electronic billboard on N. Burlington and the Hastings Museum sign both have “Mask Up, Adams County” messages. Banners with “Mask Up, Adams County”, “Mask Up, Clay County”, “Mask Up, Nuckolls County”, and “Mask Up, Webster County” were placed in communities around the district. Print advertisements in all area newspapers promote the Mask Up campaign and encourage individuals to share testimony and a picture to promote wearing masks.
- **News releases, public health columns, ads and interviews:** Most news and media communications have been COVID-19 related. In Nov-Dec, SHDHD put out 24 press releases, participated in 1 press conference and 1 NTV-designed community forum, 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.
- **Radio Advertising:** SHDHD revised two ads for the radio (KHAS Platte River radio network and KRFS in Superior). One promotes getting the flu vaccine and the other is focused on COVID-19 prevention.
- **SHDHD Facebook:** These past two months SHDHD’s Facebook/Twitter posts have been primarily focused around COVID-19 information with additional veteran mental health and promotion of flu vaccinations. During the

month of November, the total number of people reached through FB posts was 14,727 and for December 6,806! This is still an increase from “normal” months. Spanish FB page: 6 different posts of COVID-19 information.

- **Website:** SHDHD staff continue to create a COVID-19 information page that is user friendly, easy to navigate and informative. Our website “views” increased for November were 20,076 just under our record high from October (24,174 views). December views were average at 11,185. Our views continue to grow from our pre- COVID-19 views of 450!
- **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.
- **Tai Chi Moving for Better Balance & Stepping On Classes:** Beginning Tai Chi classes finished classes during November in Superior, Nelson and Hastings (YMCA). Advanced Tai Chi classes are offered all year in Hastings at the Golden Friendship Center and in Red Cloud at the Community Center, and twice a year in Superior, Nelson and Hastings-YMCA for individuals that have completed the beginning 12-week class. Stepping On classes finished in November at the United Methodist Church in Juniata Church with 8 participants finishing the class). Stepping On meets once a week for seven weeks for 1 ½ hours with guest experts talking about fall related topics. Planning on the next Stepping On class in Hastings after the first of the year.

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:**
- **Access to Health Care CHIP Priority:** Influenza vaccination clinics were provided for uninsured and under insured individuals. These were provided at South Heartland (2 clinics) and ML Community Health Clinic (12 clinics). One more SH clinic and 1 in Red Cloud are planned in January. Community Health Center continues to actively distribute FOBT kits to their uninsured population.
- **Substance Misuse CHIP Priority:** Following our drug overdose prevention subaward workplan and contracting with Area Substance and Alcohol Abuse Prevention (ASAAP), completed updates to substance use needs assessment data and conducted survey of local pharmacies and law enforcement agencies on area medication disposal needs. Designed a survey for providers regarding pain management policies which will be implemented in 2021.
- **Mental Health CHIP Priority:**
 - **Rural Behavior Health Network:** The Rural Health Network continues to meet on schedule, but virtually. The network continues to implement their strategic plan by developing a survey for providers to help us understand the current referral environment. We also submitted a grant application to HRSA for \$800,000 implementation funds. The network is continuing to utilize a no-cost extension from the original planning grant (funds unable to be used due to COVID responsibilities January-June 2021) to assist with implementation of the strategic plan. The Network updated the behavioral health needs assessment with new data and finalized fact sheets for dissemination to providers and public.
 - **QPR:** SHDHD was approved the grant proposal for Suicide Prevention in Long Term Care Facilities through the Nebraska State Suicide Prevention Coalition.
 - **VetSET/Making Connections:** continue making twice monthly media posts on Facebook and Twitter to share mental health and prevention messages for veterans and their families.
- **Obesity & Related Health Conditions CHIP Priority:**
 - **CS-CASH:** (Central States Center for Agricultural Safety and Health) SHDHD presented a project update at the September CS-CASH grantee monthly meeting. Finalized a brief health risk assessment tool for use in rural ag settings and determined contents of participant packets.
 - **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 was able to reconnect with each of the sites during these months and have begun collecting agency MOUs and getting toolkits dispersed.

- **Building Healthy Families:** SHDHD has led the implementation team through several meetings as we prepare to kick off the program in March. We have clinic partners on board and are ready to start recruiting family participants at the first of the year.
- **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):** SHDHD once again received CDC Full Recognition for the National Diabetes Prevention Program “Smart Moves” until October 31, 2021. Currently SHDHD has two Smart Moves classes that started in January in Superior and Hastings. The Hastings class has 5/6 participants still participating, they have lost 86 lbs. with 6.5% weight loss. Superior class has 5/11 participants still participating, they have lost 136 lbs. with 5.5% 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 to accomplish their physical activity minutes each week.
- **Whole School, Whole Community, Whole Child (WSCC):** SHDHD continues to work with Harvard (meeting monthly with their wellness team) and HPS (meeting quarterly with their team) to implement school wellness activities. Harvard is doing an awesome job implementing their wellness team. In addition, SHDHD has recruited two additional schools to implement wellness activities. All schools have submitted an action plan they will work on over the next 5 months as well as completed a school wide assessment with at least 30% of staff completed.
- **Cancer Priority:**
 - **Mary Lanning Healthcare Cancer Committee:** Unable to attend due to the demands of COVID-19.
- **Colon Cancer:** FOBT Colon Cancer Screening kits continue to be distributed by mail as requested via phone or through the website. Community Health Center continues to actively distribute kits to their uninsured population.
- **Schools Collaboration:** SHDHD continues to collaborate with NE local health directors and Nebraska Department of Education and NSAA on guidance for safe school instruction and activities during COVID-19 pandemic. We participate in bi-weekly meetings with local school superintendents, ESU-9, Head Start and day cares to provide COVID-19 updates, guidance on plan implementation and discussion of barriers and needs. We continue to work with schools to implement the Governor’s directed health measure instructions regarding quarantine and isolation of school-age individuals. All parties are pleased that local schools made it to winter break without having to move to all remote instruction. Beginning to plan for vaccination of the education sector.

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)?*
- **New Plans (Grant Proposals, Subawards and Contract Projects):**
 - **COVID-19 Capacity Building:** To build capacity and expertise for public health and community outbreak response and infection prevention and control among local health department workforce in Nebraska.
 - **Radon Awareness and Risk Reduction:** Submitted a plan to increase local awareness about the risks associated with radon exposure and to involve communities in the reduction of such risks. Awards will support the development of community and organization specific projects in raising awareness about the health risk from radon exposure, the need for increased testing, mitigation if necessary, and radon-resistant new construction.
 - **LTCF Suicide Prevention:** Suicide Prevention Mini-Grant through the Nebraska State Suicide Prevention Coalition in November 2020. Prioritization was given to applications, which included: mental health and/or suicide prevention activities, outreach, and/or trainings with local long-term care facilities. Use of evidence based, best practice, or promising practice initiatives. Use of evaluation to measure effectiveness.
 - **MHAT Year 3 (Veteran Focused QPR):** project this upcoming year 2021.

- Childhood Lead Poisoning Prevention Program: To conduct local public health blood lead surveillance, investigation, and promotion of lead poisoning prevention for the prevention and control of childhood lead poisoning.
- United Health Care Community Plan Flu Pathway Project: Submitted a plan to UHC for a coordinated flu response program with our critical access hospitals including, reaching underserved patients with access to flu vaccine, patient outreach resources, and community education.
- HRSA Rural Health Care Services Outreach Program: Submitted a plan (proposal) on behalf of the South Heartland Rural Behavioral Health Network to fund next steps of the Network's strategic plan. The target population for the funding opportunity is the people living in Adams, Clay, Nuckolls and Webster Counties in Nebraska who would benefit from behavioral health (BH) services Expected outcomes, if funded: 1) A model for BH delivery is present in all four counties; 2) People are routinely screened for BH problems (depression, suicidal ideation, substance abuse); 3) People who need services are provided with brief intervention and referred for appropriate follow-up treatment; using 4) a well-functioning formal referral system; 5) The BH system regularly tracks and assesses its performance and 6) The Network meets regularly to complete environmental scans, research, explore, choose and promote evidence-based practices to continuously improve BH system delivery.
- SHDHD COVID-19 AAR: Compiling After Action Report materials and data for completion of 2020 (July 1- December 31). Incident Action Plan to address identified priorities will be included.
- COVID-19 Vaccine Distribution Plan: SHDHD internal team submitted a COVID-19 Vaccine Distribution Plan to DHHS.

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.
- City of Hastings Mask Policy: At the request of the Mayor, provided a statement on local COVID status and a recommendation regarding masks to the City of Hastings' Board of Health meeting on November 20, 2020 and to the Hastings City Council during public comments on November 23, 2020 as part of the City's consideration of a local mask policy. This occurred as a tri-cities-coordinated approach to COVID prevention measures with Kearney and Grand Island officials, along with the Two Rivers Public Health Department and the Central District Health Department.
- NE Directed Health Measures: The Governor's office and NE DHHS issued Phased Public Health Restrictions Tied to Coronavirus Hospitalization Rate (Color Zone Chart). SHDHD is working with the Governor's office, NE DHHS, local law enforcement and village/city officials to educate, promote and enforce the state direct health measures (DHM) as they are revised and restrictions added or loosened.
- Limitations on Gatherings: The various State Directed Health Measure revisions issued in November and December included changes in the limitations on gathering sizes and/or venue capacities. The DHM versions also continue to include 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. The listing of approved events is posted on the South Heartland website.
- SHDHD's Quarantine and Isolation Authorities: SHDHD continues to provide education on isolation or quarantine for individuals who tested positive for COVID-19 or who may have been exposed to individuals who tested positive. Staff provide education over the phone, provide letters for entities to contact groups, e.g., parents in a daycare, and are collaborating with DHHS contact tracers. The authority for these actions is outlined in the State Directed Health Measures (DHM) for Adams, Clay, Nuckolls and Webster Counties. Isolation or quarantine orders are provided if individuals fail to comply voluntarily.
- 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 an order be issued or citations/legal actions be pursued. We occasionally work with local Sheriff's offices to deliver quarantine or isolation instructions to individuals we are unable to reach by phone (none for November or December).

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:** SH's immunization team continues to implement safeguards in the delivery of clinics to protect patients, family members and staff from COVID-19. Immunization clinics were held in November and December. Staff delivered 70 vaccinations to 33 patients at the combined clinics. Of the 33 patients, 27 (82%) were uninsured, 3 (9%) had Medicaid and 3 (9%) patients were underinsured (insurance doesn't cover vaccines). 10 (30%) were new patients to the clinic with referrals coming from local providers, Head Start and family or friends. Total donation collected for November/December clinics was \$63.00(average \$.94 per vaccination and \$1.85 per patient).
- **Immunization: Adult Immunization Program:** 1 Tdap and 50 flu vaccines were given to uninsured adults during November and December clinics. With additional immunization funding for flu vaccination and federally funded flu vaccine doses available, we held 2 adult flu clinics at the department in November and worked together with Community Health Center to provide vaccine for 12 flu shot clinics to priority populations in their clinic. Each person vaccinated also received COVID-19 education.
- **Reminder/Recall to improve vaccination rates:** In Nov. and Dec. a total of 52 English/Spanish reminder/recall letters were sent out to adults (associated with our clinic) with no documented flu vaccination for 2020.
- **Community Health Worker (English Only) / Every Woman Matters (EWM) and Health Coaching:** Health Coaching EWM clients for November: completed 1st Health Coaching call with 0 participants, 2nd Health Coaching call with 0 participants, 3rd Health Coaching call and Every Woman Matters assessment on 1 participant. Unable to connect with 4 participants during the month. December: Completed 1st Health Coaching call with 4 participants, 2nd Health Coaching call with 1 participant, 3rd Health Coaching call and Every Woman Matters assessment with 1 participant. 2 participants moved out of our district and they were transferred to another health department.
- **COVID-19 Testing:** SHDHD TestNebraska testing sites ongoing for access to testing includes Brodstone Memorial Hospital (M-F), Mary Lanning (M-F), Hasting Convenient Care (Sa-Su), and Webster County Hospital (MWF).
- **COVID-19 Vaccinations:** SHDHD administered first doses of COVID-19 vaccine allocated to our district to local EMS. Planning and implantation of vaccine distribution/administration in the 4 counties following Nebraska's recommendations for priority groups and the tiers of priorities within each priority group. SHDHD is engaging our local hospitals in a coordinated approach to administering vaccine to health care workers in Phase 1A of the State's vaccination plan. As of December 31, 748 vaccines (dose 1) had been administered within South Heartland district.

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.*
- **The Workforce Development Plan:** 2020-21 workplan in progress with professional development.
- **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. It is also used to collect COVID data from Long Term Care Facilities.
- **Statewide COVID Updates:** The ED, at least, participates in 2X weekly statewide COVID briefings and shares with staff and other stakeholders the recorded COVID updates from Dr. James Lawler, Global Center for Health Security. One or more staff are participating in 2X weekly state-level Fusion Cell meetings on COVID response.
- **Staff COVID Briefings:** Conducted 3X weekly to share current situational status, evidence-based practices, updates on DHMs, etc.

- **Staff Roles for COVID Response Activities:** Analyzing our staffing needs and cross-training staff specifically to support the COVID workload and meet the changing needs. We provided new/refresher training on NESIIS (Nebraska’s immunization registry) to at least 8 staff. Jess Struss (part-time support for disease investigation team), Juliann Marburger, LPN (part-time for case/contact investigation/possible vaccinator) and John Bohmfalk (volunteer for contact tracing), as well as Samantha Martell (bi-lingual reception and admin support, hired after temp agency placement). Leslie Anderson, RN (MHL Contract), Heidi Davis and Amanda Turner continue assisting with contact tracing. Support staff include Sam Coutts (volunteer agency) and Sue Rutt (volunteer).

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

- *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 – continue COVID data, dashboards, website, social media and press releases.
- **Quality Improvement Projects:** J. Streufert completed the policy handbook improvement project. K. Derby completed improvements for staff time sheets and payroll process - automating the formerly manual process of allocating benefit deductions to the various grants, creating reports in QuickBooks that eliminate the need to track NPERS contributions and vacation/sick accruals, and creating a time sheet that eliminates interpretation while calculating totals per grant. COVID processes & documentation are ever changing, reviewed and updated.
- **Strategic Plan action plan and dashboard: Goal 2: Financial Stability:** Continued process for LPH funding with Friends of Public Health and NeDHHS. **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:** Continuing to enhance public relations and visibility, expanding use of social media and other directed communications (3x weekly news releases with high-visibility coverage and frequent requests for interviews, expanded traffic on SHDHD web/social media), and providing frequent, regular communication with city/county/state government and other key stakeholders.
- **Community Health Improvement (CHIP) Implementation:** COVID processes will be reviewed to document implementation of CHIP goals and strategies.
- **COVID19 Response QI/PM:** continuation of process improvement (policies and procedures) and 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.
- **Performance Management (PM):** After-Action Report (AAR) to address gaps, barriers, threats and opportunities for improvement for July-Dec in progress. Maintaining current processes for COVID-19 mitigation.
- **Data Sharing:** Using Tableau as our data platform, SHDHD has shared an immense amount of data – updating some daily and some weekly, and striving to improve every day. SHDHD reviews data for accuracy and makes corrections as needed. We conduct continuous review of the dashboard metrics and data presentation updating the chart format and explanations as needed, and adding new pages of data as new analysis is completed.

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

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

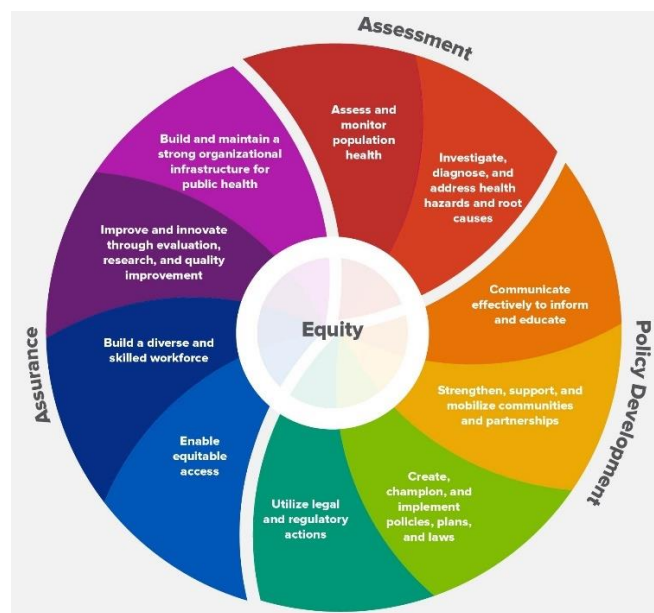
- *Provide examples of evidence-based programs our department is implementing.*
- *Describe how we have collaborated with researchers to conduct any research studies (e.g., completed surveys, interviews, or focus groups).*
- **Evidence Based:**
 - The South Heartland Rural Behavioral Health Network partners have identified evidence-based screening tools for depression, substance abuse and suicide prevention to promote with local providers.
 - SHDHD is following the CDC, FDA, and Emergency Use Authorization guidance for COVID-19 vaccination procedures.
 - 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, and moving to Fall and Winter events and holidays. Approved events are posted on SHDHD’s website.
 - We are following evidence-based guidance from the CDC, NE DHHS, Professional Associations, UNMC Specialty Teams and other sources for all of the COVID-19 response activities. New data and evidence-

based practices are shared by UNMC Global Center for Health Security at bi-weekly briefings. Policies and recommendations are data-driven, based on current evidence.

- SHDHD primary goal in accreditation is to align with PHAB evidence-based standards and measures to improve health department processes and functions.
- Tai Chi – Moving for Better Balance and Stepping On: are evidence-based programs for falls prevention in older adults who have a fear of falling or that have fallen. In the South Heartland District, beginning and/or advanced Tai Chi classes are offered in 3 counties.
 - Stepping On classes: are evidence-based programs focusing on helping participants recognize and change behaviors and take control of their fall risk. Guest experts talking about fall related topics including falls and risk, strength and balance exercises, safe footwear and walking, vision and falls, home and community safety, medication review and management, bone health, and coping after a fall.
- QPR (Question, Persuade, Refer) meets the requirement for listing in the National Registry of Evidence-based Practices and Policies. QPR trainings are 1 to 1 ½ hours either in person or virtual to help recognize the signs of suicide and to help individuals find and get help. In November, SHDHD was approved the grant proposal for Suicide Prevention in Long Term Care Facilities through the Nebraska State Suicide Prevention Coalition.

➤ **Essential Public Health Services** (Revised, 2020 – Launched Sept. 9, 2020). The 10 Essential Public Health Services (EPHS) provide a framework for public health to protect and promote the health of all people in all communities. The EPHS framework was originally released in 1994 and more recently updated in 2020. The revised version is intended to bring the framework in line with current and future public health practice. SHDHD is beginning to incorporate the revised EPHS into our documents and our work. We will be revising the bi-monthly report for March 2021 to reflect the updated 10 EPHS:

1. Assess and monitor population health status, factors that influence health, and community needs and assets
2. Investigate, diagnose, and address health problems and hazards affecting the population
3. Communicate effectively to inform and educate people about health, factors that influence it, and how to improve it
4. Strengthen, support, and mobilize communities and partnerships to improve health
5. Create, champion, and implement policies, plans, and laws that impact health
6. Utilize legal and regulatory actions designed to improve and protect the public’s health
7. Assure an effective system that enables equitable access to the individual services and care needed to be healthy
8. Build and support a diverse and skilled public health workforce
9. Improve and innovate public health functions through ongoing evaluation, research, and continuous quality improvement
10. Build and maintain a strong organizational infrastructure for public health



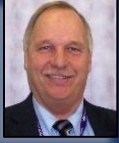



Success stories: How we made a difference....

SHDHD held their Stepping On class (Fall Prevention) at the Methodist Church in Juniata with 8 participants completing the class in November. Of the 8 participants from 64 – 94 years of age, beginning Time Up and Go (TUG) average was 11.7 seconds and at the end of the 7-week class, average TUG was 8.7 seconds. One participant 71 years of age improved from 12.3 seconds to 6.5 seconds and the oldest participant 94 years of age improved from 14.21 seconds to 9.5 seconds. Any time over 14 seconds have a higher rate of falls.

This is such a great improvement for participants to improve that much on their TUG score in just 7 weeks and shows that the classes and exercise really work. Stepping On class is a 7-week class that meets once a week for 7 weeks with guest experts presenting. The first two weeks there is a Physical Therapist that comes in and shows participants 4 exercises that improve balance and 4 exercises that improve strength. There is also a Pharmacist that talks about medications that can increase risk for falls, an Optometrist and someone from the Nebraska Commission of the Blind and Visually Impaired that talks about Vision and falls, a Shoe Specialist that talks about what to look for when buying shoes, someone from Lifeline and a Safety Expert.

- Liz Chamberlain, SHDHD Falls Prevention Coordinator

**South Heartland Bi-Monthly Board Report: Staff-Specific Program Updates,
November-December 2020**

<p align="center">Jim Morgan</p>  <p align="center">Public Health Risk Coordinator</p>	<p><u>Emergency Preparedness and Environmental Health:</u> PPE has taken the majority of my time. Liz and Garry are a big part of its success. The first AAR has been completed and submitted to DHHS and covers the timeline from January – July. Thanks to Nuckolls County and Clay County EM’s who have been outstanding on their part in PPE distribution and working with the different agencies in their counties to be sure they have what they need. Webster County and Adams County EM’s have decided the entities in their counties should pick up their own PPE themselves. Jolene Laux, the Adams County Fairgrounds Manager, has been more than gracious in allowing us to store our PPE there, and furnish equipment and staff to help unload it. I have been working with the state to get her paid for this.</p>
<p align="center">Dorrann Hultman</p>  <p align="center">Community Health Services Coordinator</p>	<p><u>Every Woman Matters Health Hub (EWM) Cancer Prevention /Immunization Program / Cancer Grant /CS-CASH:</u> <u>COVID-19 response:</u> During November and early December my role was managing incoming new COVID-19 cases reported to the department each day via fax from providers offices, through the Test Nebraska reporting program and through the National Electronic Disease Surveillance System. Priority cases (0-19 years, 70+ and anyone hospitalized with COVID) were assigned to SHDHD for investigation and remaining cases that we did not have the capacity to investigate were sent to NDHHS Contact Tracing team for investigation. We saw our daily max of 83 cases in early December. In the past 3 weeks I have transitioned to working with COVID-19 vaccination planning, management of vaccine doses and supporting 1A providers in the district.</p>
<p align="center">Liz Chamberlain</p>  <p align="center">Community Health Worker</p>	<p><u>Long-Term Care Facilities (LTCF) Suicide Prevention:</u> SHDHD received a mini-grant from the Nebraska Suicide Prevention program to provide Suicide prevention and resources to LTCF in our district. Since March 2020, an estimated 8,500 Nebraskans working in Nebraska’s licensed LTCFs have been on the frontlines of keeping our vulnerable loved ones safe during the COVID-19 pandemic. LTCF staff members have been dealing with a frightening and highly contagious illness, increased personal and professional demands, the need to employ strict biosecurity measures, and the additional stress of helping their co-workers and vulnerable residents manage stress and feelings of isolation.</p>
<p align="center">Brooke Wolfe</p>  <p align="center">Public Health Promotions and Prevention Coordinator</p>	<p><u>COVID-19 Response:</u> I continue to assist with case investigations as our COVID response continues. I am also the primary contact for schools as they are working through getting kids back in class after quarantines/isolation. Lastly, I have been working closely with Michele on our staffing plan as our COVID response continuously changes. <u>Walkability/Rural Behavioral Health Network/ School Wellness:</u> I continue to support Sutton in their Walkability efforts through virtual meetings. Our Rural Health Network submitted a HRSA implementation grant application to continue supporting our network efforts. Lastly, I continue to work with 5 area schools as they implement the Whole School, Whole Child, Whole Community WSCC model through COVID safe practices.</p>

**South Heartland Bi-Monthly Board Report: Staff-Specific Program Updates,
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<p align="center">Jessica Warner</p>  <p align="center">Health Surveillance Coordinator</p>	<p><u>Disease Surveillance:</u> As of December 30th, 3,717 South Heartland residents have tested positive for COVID. Cases peaked in the past two months, with 2,210 investigations completed this reporting period. There have been 40 deaths due to COVID during the past two months, some of which are pending confirmation and have not yet been reported.</p> <p>Winter sports, including wrestling and basketball were two area of concern with several teams being asked to monitor symptoms due to an exposure during an extracurricular activity. Daycares continued to be a concern as there were both children and staff effected by COVID, and during a peak time, nine childcare facilities in our jurisdiction were affected or closed due to COVID. Large group investigations require a significant amount of time and resources in order to inform contacts with all exposed individuals. Contact tracers started to partner with directors of organizations to assist us in getting the word out to their organizations. We have overcome other challenges including three changes to the DHM and an increase in need for staff.</p>
<p align="center">Alex Stogdill</p>  <p align="center">Program Assistant</p>	<p><u>Immunization:</u> I helped coordinate our two VFC immunization clinics in November and December, as well as helped with data entry for those clinics.</p> <p><u>COVID-19 response:</u> My COVID-19 responsibilities have shifted to focus more on vaccine distribution/data entry. I have assisted in transferring vaccine to Mary Lanning and Webster County Community Hospital, along with helping these facilities with their vaccine data entry into the Nebraska State Immunization Information System (NESIIS). I have also worked to calculate and track positivity data, as well as COVID-19-related deaths for the South Heartland Health District.</p>
<p align="center">Janis Johnson</p>  <p align="center">Standards and Performance Manager / Public Health Nurse</p>	<p><u>Immunizations:</u> Vaccinator for monthly VFC clinics & 2 adult influenza vaccine clinics in Dec.; working with C-19 vaccine planning both with SH internal committee & Phase 1A providers, administered COVID vaccinations for 15 EMS (Adams & Clay Co.).</p> <p><u>COVID-19 Response:</u> Assist LTCF with outbreaks/manage data. Training & supervision of new staff (assist with logistics for staff assignments).</p> <p><u>Standards and Performance Management:</u> Adapting documents to changes in COVID guidance and procedures to assure accuracy before using with the public. Review of processes to match accreditation standards. Attended virtual Open Forum for Quality Improvement.</p>
<p align="center">Jean Korth</p>  <p align="center">Chronic Disease Prevention Program Assistant</p>	<p><u>COVID 19 response:</u> I continue to work on case investigations/contact tracing, as well as review of plans for events being held at venues that have a capacity of 500 people or greater. I answer phone calls and give guidance for smaller events or those with questions regarding the Directed Health Measures.</p> <p><u>Maternal Child Health:</u> We are starting to receive signed MOU's back from daycares, childcare centers and schools.</p>
<p align="center">Odeth Méndez-Peraza</p>  <p align="center">Bi-Lingual Community Health Worker</p>	<p><u>Community Health Worker (CHW):</u></p> <p>I keep working on contact tracing and investigations. Last month, we had two adult flu shot clinics and one VFC clinic. I promoted and scheduled all of our clients, as well as interpreted and translated for both VFC and COVID-19 as needed.</p> <p>So far, I have navigated 4 women for EWM. One was not approved through the program, two are in the process of making their appointments, and the other one already completed her mammogram screening.</p>

South Heartland Bi-Monthly Board Report: Staff-Specific Program Updates, November-December 2020

Support Staff for COVID-19 Response:

Disease Investigation Capacity-Building:

Heidi Davis (Full-time Disease Investigator)
Juliann Marburger, LPN (PRN, Disease Investigation/Epi support)

Full-time Hire:

Samantha Martell (Bi-Lingual Receptionist, Epi Team support, Infection Prevention)

Part-time Hire:

Lucy Nielsen (Data Analysis, Dashboard)
Aida Evans (Interpretation, Monitoring, Minority Outreach)
Marlys Schmidt (Epi Team Support/Closing Cases)
Jessica Struss (Epi Team support, Infection Prevention)
Saylor Pershing (Data, Epi Team support)
Hannah Langer (Data, Epi Team support)
Garry Steele (PPE Management)

Contract (Mary Lanning):

Leslie Anderson, RN (Disease investigation follow up)

Contract (Essential Speech Services):

Amanda Turner, M.S., CCC-SLP (Disease Investigation)

Agency:

Sam Coutts (Epi Team Support, Phones)

Volunteer:

Sue Rutt (Phones, Information)
John Bohmfalk (Disease Investigation follow up)