

South Heartland District Health Department

Public Health in Action

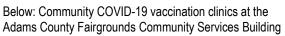


March-April 2021



National Guard members help SHDHD with COVID-19 vaccine and ancillary supply breakout in preparation for delivery to vaccine provider partners in Adams, Clay, Nuckolls and Webster counties. Below: Dorrann Hultman delivers COVID vaccine to Quality Health Care Clinic in Sutton.



















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Above: Vaccination at Western Reserve meat processing facility. Bert's Pharmacist Tom Choquette assisting.



Left and Above: Minority Outreach Clinic held at Head Start in Hastings Above: A vaccination team with volunteer interpreter Raquel Maar (Adams County Attorney's Office) at Flanders meat processing facility. SHDHD's Alex Stogdill entered data into the Nebraska State Immunization Information System, Janis Johnson provided clinic oversight. Major Troy Stauffer (National Guard medic assigned to SHDHD) administered the COVID-19 vaccine and presents a Flanders employee with her vaccination card.





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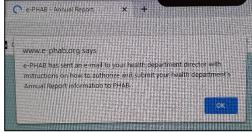




administration system (VRAS) with Hastings College staff at SHDHD office. Alex Stogdill shows Major Stauffer the web-based VRAS system on the tablet while HC staff wait their turn for vaccination. Brooke Wolfe leads a post-clinic hotwash with some of the HC staff to learn what went well and what needed improvement.

Accreditation Annual Report – Janis submits Part 1 of SHDHD's first accreditation annual report, then requests a 90-day extension for Part 2 due to COVID response activities. The extension was approved, so Part 2 is due at the end of June.



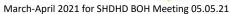




South Heartland recognized by Hastings Area Chamber of Commerce. SHDHD was awarded the Hastings Area Chamber of Commerce Max Award. This award honors individuals or organizations that have made significant and/or extraordinary contributions to the Hastings community, the Hastings Area, or the Chamber of Commerce in recent months or years. See the 2021 Annual Awards Videos by following this link:

https://www.hastingschamber.com/events/annual-meetings.html.



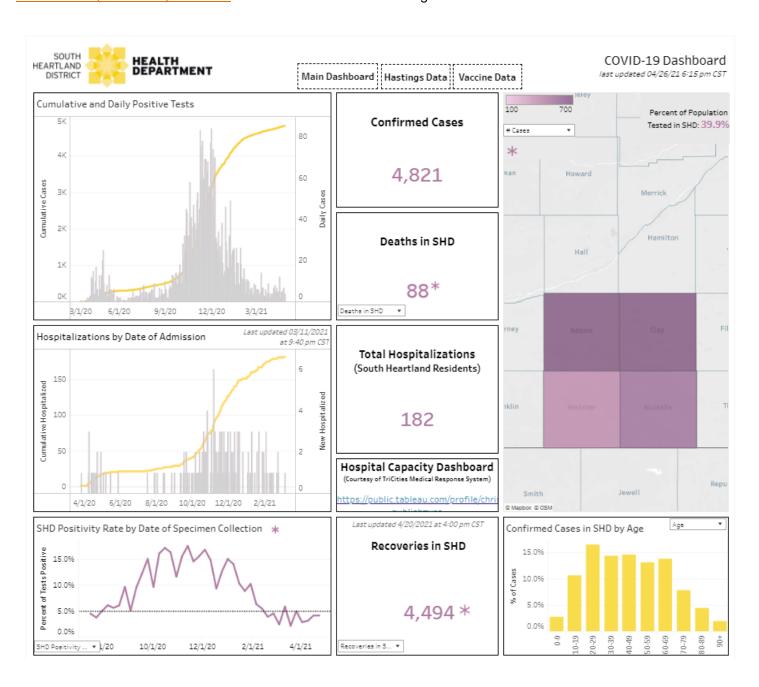


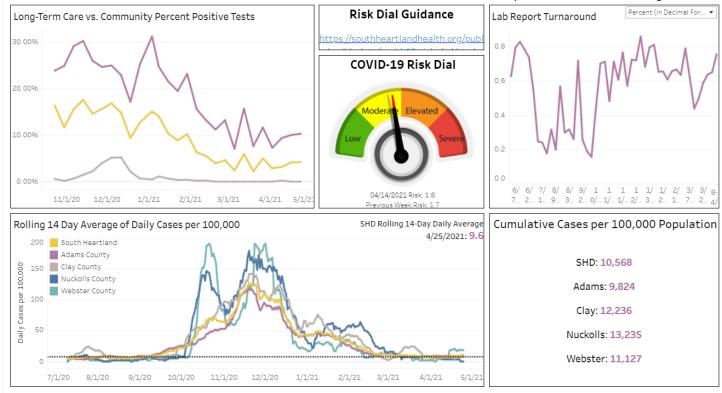
Bi-monthly Report on the Ten Essential Services of Public Health

- 1. Assess and monitor population health status, factors that influence health, and community needs and assets (What's going on in our district? Do we know how healthy we are?)
 - How do we collect and maintain data about conditions of public health importance and about the health status of the population, and how do we make it available to our partners and our community?
 - What major problems or trends have we identified in the past 2 months?

Local

- Surveillance data, water violations, and other <u>health information is made available</u> 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: www.southheartlandhealth.org





South Heartland COVID-19 Dashboard, as of April 27, 2021

Coronavirus (COVID-19) Outbreak Situation Update:

- As of April 27, 2021 4,825 South Heartland residents have tested positive for COVID. Cases have decreased during this period, with 228 investigations completed by South Heartland staff.
- ➤ Two individuals in our jurisdiction have tested positive for the B.1.1.7 (UK) variant. SHDHD continues to submit specimens of individuals who meet criteria for whole genome sequencing including testing positive for COVID after being fully vaccinated.
- ➤ Nebraska residents have tested positive for five variants of concern. A total of 423 of these variants of concern have been identified as of April 23rd, 2021. To date, 354 cases of the B.1.1.7 (UK) variant have been identified and four other variants including 58 cases of the B.1.427/B.1.429, 2cases of the B1.526 variant (NY), 2 cases of the B.1.351 variant (South Africa) and 7 cases of the P.1 variant (Brazil).
- > Surveillance at Hasting College continues with processes in place to test students as part of the screening process prior to sports team travel. There have been several cases of students testing positive as part of this screening process.
- > The SHDHD's COVID risk dial has remained in the yellow or "moderate" zone during this reporting period.
- > SHDHD COVID positivity rate continues to be indicative of widespread community activity, averaging around 9% for the general population.
- ➤ 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.
- Monitoring and Tracking updates: Continuing to use dashboard created by TRIMRS for South Heartland district's hospital capacity data (linked to it from SHDHD COVID-19 dashboard). Continuing to track Hastings-specific data on daily new cases, 7 day rolling average of new cases, and weekly positivity even after City of Hastings lifted their mask policy. Expanded the COVID-19 Vaccine Dashboard to track residents vaccinated (partially/fully) and their demographics, in addition to tracking number of doses of vaccine administered in the South Heartland District.



> SHDHD received approximately 20 notifications for individuals who passed away due to COVID, but no lab report had been received. These deaths were certified as COVID being a cause of death on the death certificate. During the process of reconciliation with our LTC facilities, we also encountered staff who had also tested positive but were missing labs. Surveillance staff worked with a data quality staff member at DHHS and received additional lab reports. In addition to these reports, our spreadsheets indicating positive labs were processed in order to have a report in our NEDSS database. In total, 153 additional labs were added to our case count based on the test collection date. These labs and these deaths have now been accounted for on our dashboard.

2. Investigate, diagnose, and address health problems and hazards affecting the population (Are we ready to respond to health problems or threats? How quickly do we find out about problems? How effective is our response?)

- Key activities in the past 2 months to prevent, minimize, and contain adverse health events and conditions resulting from communicable diseases; food-, water-, and vector-borne outbreaks; chronic diseases; environmental hazards; injuries; and health disparities
- Emergency preparedness (e.g., planning, exercises, and response activities)
- COVID-19 Preparedness and Response: 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 26 Alert Sense notifications (Mar/Apr) to over 140 individuals each time and issued 26 news releases to media and partners. Staff check the Nebraska Electronic Disease Surveillance System, DOMO (Test Nebraska reporting system), and fax machine output 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 promotes mask-wearing, social distancing, and prevention. Since December, we are shifting more staff and focus to COVID-19 vaccine distribution and administration, and engaging our local hospitals clinics, and some pharmacies in these efforts.
- Tuberculosis Investigation: Over the past two months, surveillance staff have worked on assisting a TB patient with lab cultures, medications, and treatment. Follow up of close contacts for this case will last several months in order to assure that those exposed are treated and no additional cases become contagious.
- Plan Reviews: Seventeen event plans were submitted during March/April. These include graduations, racing, band concert, Chamber Annual meeting, and a car show to name a few. The indoor and outdoor capacity is currently 100% of the state rated capacity and most restrictions have been lifted, so we are messaging the three C's: Avoiding Crowded Places, Close Contact and Confined Spaces. We are providing event planners with a copy of the DHHS COVID-19 Indoor and Outdoor Events, Service, and Business Guidance Document updated March 16, 2021
- > PPE distribution totals: From the beginning of March 2020 through the April 27, 2021 SH has handed out: Masks - 193,455 Surgical Masks - 264,800, Cloth Masks - 51,000, Face Shields - 14,201, Goggles - 2,945, Hand Sanitizer – 1,315 containers, Wipes – 9,240 containers, Gloves – 624,100, Gowns – 179,841, Thermometers – 784, Bleach – 12 gal., Eco Lab Disinfectant – 3 containers.
- Phase II of the Little Blue Hazard Mitigation Plan: Phase II plan has been submitted. Awaiting JEO to review Emergency Plans to see what changes, if any, need to be made in the plan.
- > Lead Testing in Drinking Water: SHDHD is taking part in a lead testing program offered by the state to test for lead in drinking water. We have teamed up with Hastings Utilities to complete the testing in Hastings, Nebraska. Others can ask for SHDHD assistance in completing the test if they wish. Those eligible to take part in this program are elementary and preschools and day care centers.

3. Communicate effectively to inform and educate people about health, factors that influence it, and how to improve it (How well do we keep all people in our district informed about health issues?)

- Examples of key information related to physical, behavioral, environmental, social, economic, and other issues affecting health that we provided to the public.
- Examples of health promotion programs that we implemented to address identified health problems.
- > Community sign boards: Continue using sign boards for information about Covid and National Health week.



- News releases, public health columns, ads and interviews: Most news and media communications have been COVID-19 related. In March- April, SHDHD put out 25 press releases, participated in one NALHD Public Health Week Zoom 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.
- ➤ <u>Radio Advertising</u>: SHDHD is running a PSA on KHAS Platte River radio network and KRFS in Superior to promote getting the COVID vaccine and practicing prevention.
- ➤ <u>SHDHD Facebook</u>: These past two months SHDHD's Facebook/Twitter posts have been primarily focused around COVID-19 information with promotion of cancer prevention, Drug Take Back and tobacco education. During the month of March, the total number of people reached through FB posts was 14,727 and for April 6,806! This is still an increase from "pre-COVID" months. Spanish FB page: 12 different posts of COVID-19 information.
- ➤ <u>Website</u>: Our website "views" decreased for March (9,359 views) and April (5,391), compared to January (19,204 views). Website views continue to be higher than our pre- COVID-19 (~450 views/mo).
- ➤ <u>COVID-19 Information</u>: 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 ended during the month of April in Nelson, classes still going in Superior 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 are being planned to start back up June or July in Hastings. Stepping On Leaders completed recertification training in April. Stepping On meets once a week for seven weeks for 1 ½ hours with guest experts talking about fall related topics.

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

- Process for developing SHDHDs community health improvement plan (CHIP) and/or implementing our work plan.
- Examples where we engaged the public health system and community to address health problems collaboratively.
- Community Health Improvement Plan (CHIP) implementation: We are partnering with United Way to complete the Community Health Needs Assessment (CHNA) requirement for SH hospital's IRS reporting every 3 years. This will be a combination of United Way's assessment and SH data. United Way can also use these data for their grant submissions. Currently revising our 2018 CHA Survey for public & partner input.
- Access to Health Care CHIP Priority: Minority Health Outreach included an all-Spanish-speaking clinic held at Head Start on April 19.
- Substance Misuse CHIP Priority: SHDHD continues to work, as time allows, on following our drug overdose prevention subaward workplan by working with Area Substance and Alcohol Abuse Prevention (ASAAP), and sharing data that was updated. During the month of April, SHDHD promoted National Drug Take Back Day.
- 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 collecting surveys for providers to help us understand the current referral environment. 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 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.
 - VetSET/Making Connections: Started planning Military Family Fun Day for August 2021 at Timberlake Ranch Camp.
- Obesity & Related Health Conditions CHIP Priority:
 - <u>CS-CASH</u>: SHDHD was approved for a no-cost extension of funds for this project, which is focused on promoting health screening to rural agricultural workers/families. COVID response delayed these activities.
 - SHDHD Healthy Kids Workgroup, HKW: The nine grant participants have made over \$11,000 in purchases toward their goals to reduce childhood obesity through physical activity and nutrition. The Yoga Pretzel

cards and Quads of Fun Tunnel have been favorites from the toolkit participants received at the beginning of the grant. Current and previous participants were invited to a free educational program designed to nurture a love of physical activity and encourage healthy eating offered by Nebraska Extension, CATCH Kids Club.

- Building Healthy Families: SHDHD has led the implementation team through several meetings and have launched our program. We have 5 families enrolled and have completed 3 sessions. The core team is also applying for extension funds to assist with sustainability.
- o 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): Superior started a new Smart Moves class in January with 15 participants that have lost 98 lbs. or 3.4% weight loss since the start of the program. 7 participants are over 5% weight loss. SHDHD received Full CDC 2-year Recognition for the National Diabetes Prevention Program.
- 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. In addition, SHDHD has two additional schools to implement wellness activities. All schools are working on implementing their action plans that consist of improving recess equipment, improving their backpack program and building up their wellness team. All schools have completed all grant requirements for 2020-21 grant year.

Cancer Priority:

- o Mary Lanning Healthcare Cancer Committee: Attended the quarterly meeting (virtual) on 4/29/21.
- Colon Cancer: FOBT Colon Cancer Screening kits continue to be distributed by mail as requested via phone or through the website. SHDHD distributed 10 kits through the online survey process. Community Health Center continues to distribute kits to their uninsured population.
- <u>Cancer Grant</u>: SHDHD continues to review evidence-based screening practices and working on clinic partnerships.
- Schools Collaboration: SHDHD continues to collaborate with NE local health directors and Nebraska Department of Education on guidance for safe school instruction and activities during COVID-19 pandemic. We participate in bi-weekly meetings with our 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 spring without having to move to all remote instruction. However, many schools have recently revised their mask policies to be optional for the remainder of the school year, with the knowledge that this could lead to more quarantines required.
- EM's and Mass Vax Sites: J Morgan and G Steele went to Clay, Nuckolls, and Webster Counties to complete an on-site FEMA Site Survey for Mass Vaccination Sites. There are 4 sites in Webster County, 2 in Nuckolls County, and 4 in Clay County that can be used as Mass Vaccination sites should they be needed. Clay, Nuckolls, and Webster County EM's have done an excellent job in helping designate these sites and making sure that we had access for our surveys.

5. Create, champion, and implement policies, plans, and laws that impact health (What policies promote health in our district? How effective are we in planning and in setting health policies?)

- What policies have we proposed and implemented that improve population health and/or reduce disparities?
- Describe how our department engaged in agency-specific strategic planning to develop a vision, mission, and guiding principles that reflect the community's public health needs, and to prioritize services and programs.
- What plans are we developing and implementing to improve our department's quality and effectiveness (plans for quality improvement, workforce development, branding, communication, and performance management)?
- New Plans (Grant Proposals, Subawards and Contract Projects):
 - COVID Funding / COVID Planning: We are continuing to develop or revise plans and budgets to use the
 various revenue streams for general COVID response and COVID Immunization activities. These (mostly
 federal pass through) funds include: COVID Capacity Building (supports disease investigation), Mass Flu
 Vaccination (can also be used for COVID), COVID Vaccination, LB 1008 (state funds to LHDs for COVID)

activities), Federal pass through COVID Funds reimbursed through NEMA, and FEMA COVID Vaccination reimbursement funds. Plans/budgets include space rental (e.g., Adams Co Fairgrounds), staffing (SHDHD and contracted), transportation (e.g., vehicle rental), supplies (e.g., vaccination supplies), equipment (e.g., vaccine storage/handling/transport equipment,

- Work plans for other grants and subawards:
 - <u>Drug Overdose Prevention</u> (through August 31, 2021; \$24,849) implement strategic plan for substance misuse
 - <u>CS-CASH</u> (extension through August 31, 2021; \$12,332) –Central States Center for Agricultural Safety and Health funds work plan to promote rural ag wellness/prevention project
 - <u>Direct Observed Therapy</u> (DOT) contract w/ DHHS for managing tuberculosis cases (through February 2022, up to \$5,200)
 - Arboviral Surveillance (West Nile Virus, etc) for 2021 Season. SHDHD work plan will include human surveillance, bird surveillance, public education. The number of mosquito trapping sites across the state has been reduced (only Adams county for SHDHD) and mosquito trapping in our district will be the responsibility of DHHS this year. Subaward has not been received.
- > SHDHD COVID-19 AAR: Working on completion of July 2020 through April 2021.
- COVID-19 Response Plans: SHDHD continues to follow and promote 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 and other partners at bi-weekly briefings. Policies and recommendations are data-driven, based on current evidence.
- ➤ COVID-19 Vaccine Distribution Plan: SHDHD has been following Nebraska's COVID Vaccination Plan and the associated phased/tiered priority groups. The week of March 17 we opened up eligibility to age 50+, then opened eligibility to everyone 16+ the week of March 29. Our local plan has involved partnership with DHHS-approved providers in each county to help administer the vaccine to the Phase 1B population, especially their 65+ patients, and the partners continued to SHDHD receives the vaccine, manages the allocations, and supports the providers. SHDHD also has been organizing and conducting community COVID-19 vaccine clinics, outreach clinics to meat packing plant employees, K-12 and higher ed staff, college students, Spanish speakers and homebound individuals. Demand for / interest in vaccine began dropping in mid-April, so plans needed to be adjusted to utilize staff and resources efficiently. SHDHD will be receiving ultracold storage equipment so that Pfizer vaccine can be included in our local options; it is also likely to be one of the first to be approved for younger age groups.
- ➤ <u>Vaccine EUA, Emergency Use Authorization</u>: SHDHD continues following and promoting to partners the CDC, FDA, and Emergency Use Authorization guidance for COVID-19 vaccination procedures, VAERS (vaccine adverse event reporting system), and stringent adherence to vaccine management and handling procedures. SHDHD 'paused' use of J&J Janssen vaccine with the rest of the country until the FDA determined administration could be resumed.

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

- Describe efforts to educate members of our community on public health laws, policies, regulations, and ordinances and how to comply with them.
- What laws and regulations have we helped enforce to protect the public's health?
- Nebraska Clean Indoor Air Act: None this period.
- ➤ 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. Currently in the green zone, no restrictions, guidance remains and is recommended. New DHM for March clarified quarantine for vaccinated individuals. New DHM for April May, revised for inclusion of FDA-approved COVID tests and federal pharmacy program changes.
- Limitations on Gatherings: The DHM versions continue to include a requirement for gatherings held at indoor 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.
- ➤ <u>SHDHD's Quarantine and Isolation Authorities</u>: 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. 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. A change in the DHM now allows for individuals who have tested seropositive in the past three months to monitor for symptoms in lieu of quarantine: Unvaccinated persons who have tested antibody positive within 3 months before an exposure to someone with suspected or confirmed COVID-19 and who have remained asymptomatic since the current COVID-19 exposure do not need to quarantine in low risk situations. Low risk situations include settings where contact with persons at high risk of COVID-19 severe illness, including older adults and persons with certain medical conditions, is not anticipated for at least 10 days following exposure. Contacts to COVID-19 should still monitor themselves for symptoms of COVID-19 during the 14 days after exposure and wear a mask in public. If symptoms of COVID-19 develop, they should self-isolate and seek testing.

7. Assure an effective system that enables equitable access to the individual services and care needed to be healthy (Are people receiving the medical care they need?)

- Describe the gaps that our department has identified in personal health services.
- Describe the strategies and services that we have supported and implemented to increase access to health care
 and establish systems of personal health services, including preventive and health promotion services, in
 partnership with the community.
- Immunization: Vaccine for Children Program: SH's immunization team continues to implement safeguards in the delivery of clinics to protect patients, family members and staff from COVID-19. Immunization clinics were held in March and April. Staff delivered 39 vaccinations to 17 patients at the combined clinics. Of the 17 patients, 12 (71%) were uninsured, 3 (17%) had Medicaid and 2 (12%) patients were underinsured (insurance doesn't cover vaccines). 3 (17%) were new patients to the clinic with referrals coming from local providers and SHDHD CHW. 7 (41%) families were provided Spanish interpretation throughout the visit. \$0 donations were collected for March and April clinics.
- Immunization: Adult Immunization Program: 0 adults were vaccinated for Tdap during the March and April clinics.
- <u>Reminder/Recall to improve vaccination rates</u>: 19 reminder/recall contacts were made in March and April. 7 (37%) scheduled appointments. Several have moved, were getting shots through a provider, phones were disconnected or we were not able to reach them.
- Community Health Worker (English Only) / Every Woman Matters (EWM) and Health Coaching: Health Coaching EWM clients for March 2021: Completed 1st Health Coaching call with 0 participants, 2nd Health Coaching call with 1 participants, 3rd Health Coaching call and Every Woman Matters assessment with 0 participants.
- COVID-19 Testing: SHDHD TestNebraska testing sites ongoing for access to testing includes Brodstone Memorial Hospital (M-Th), Mary Lanning (M,Th,F), Hasting Convenient Care (Sa-Su, Wed evening), and Webster County Hospital (Tu?)
- ➤ <u>COVID-19 Vaccinations</u>: SHDHD is receiving weekly allocations of COVID-19 vaccine and transferring doses to collaborating hospitals, clinics and pharmacies approved as Phase1B providers by the Nebraska Immunization Program. Vaccines are being administered across the district to populations according to the state's vaccine administration plan and priorities. To date, 04.28.21, 11,532 prime (dose 1) vaccines and 8,266 boosters (dose 2) have been administered within the South Heartland district (does not include Federal Long Term Care vaccine program or Federal Retail Pharmacy Program.) Number of residents fully vaccinated 12,718 and partially vaccinated (first dose only) 3,870.

8. Build and support a diverse and skilled public health workforce

- Efforts to evaluate LHD staff members' public health competencies. How have we addressed these deficiencies?
- Describe the strategies we have used to develop, train, and retain a diverse staff.
- Provide examples of training experiences that were provided for staff.
- Describe the activities that we have completed to establish a workforce development plan.
- ➤ <u>The Workforce Development Plan</u>: 2020-21 workplan has been completed, reviewed by BOH and sent as deliverable for the Accreditation Grant.
- 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.

- > SalesForce: DHHS is implementing new web-based system for surveillance. At least 6 staff received training in this system for case/contact investigations.
- > VRAS Nebraska's Vaccine Registration and Administration System. A majority of staff have received training in the VRAS system and SHDHD began implementing first the scheduling portion and we are now using the system for all activities in the COVID vaccine clinics. We began training and supporting other providers to use VRAS, as required in the DHM.
- 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, and 2-4 staff participate in twice weekly vaccine meetings with state partners to obtain info for local planning.
- Surveillance Training: Jessica attended the Creighton Infectious Disease Spring Symposium, focusing on various aspects of COVID.
- Public Health Conference 2021: Five staff members attended the virtual conference, April 6, 8 and learned more about COVID-19 status, health literacy, environmental health, mental health during COVID, Medicaid expansion, and other topics.
- Stepping On Facilitator: Liz Chamberlain completed virtual recertification training and was recertified as a 'Stepping On' Facilitator for SHDHD's evidence-based falls prevention program.
- Surveillance briefings: SH Health Surveillance Coordinator providing weekly briefings/updates for surveillance
- Staff COVID Briefings: Conducted 3X weekly (1 Zoom and 2 emailed Staff Bullets) to share current situational status, evidence-based practices, updates on DHMs, etc. Mondays by Zoom and bullet points emailed for Wednesday and Friday.
- Staff Roles for COVID Response Activities: We continue to analyze our staffing needs and cross-training staff specifically to support the COVID workload and meet the changing needs. Support staff is also assisting with completing non-COVID work.
- > New Hire: Pamela Stromer will begin with SHDHD on May 3 as an Administrative and Technology Assistant. She brings with her a strong background in information technology.

9. Improve and innovate public health functions through ongoing evaluation, research, and continuous quality improvement (Are we doing any good? Are we doing things right?).

- Examples of our evaluation activities related to evidence-based public health programs.
- Examples of QI projects that we have completed or are in process.
- > QI-PM Plan: Goal 6: Establish SHDHD internal departmental processes and policies to accommodate funding fluctuations. SHDHD revised department operational policies and organized with tracking process for review schedule
- Quality Improvement Projects: Review/revision/reformatting of SHDHD's Policy & Procedures Handbook is nearing completion with revised financial and operations policy handbook. This is being presented to the Board in Mav.
- Strategic Plan action plan and dashboard: 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 2: Secure Financial Stability: 2A. Explore alternative funding avenues: Local health directors are developing a relationship with United Health Care, which is reaching out to utilize (and reimburse) LHDs to promote flu and COVID vaccinations and other wellness activities to benefit their members, but also the broader community. 2B. Practice enhanced financial stewardship: SHDHD reviewed financial policies and updated to meet best practices; also completed a policy assessment as a first step to identifying policy gaps and prioritizing for improvement.
- > Community Health Improvement (CHIP) Implementation: Working on interim CHA including revised survey and partnership with United Way and their community assessment process and district hospitals.
- 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): Maintaining current processes for COVID-19 mitigation. Need for ongoing assessment of HD dashboard.
- Data Sharing: Using Tableau as our data platform, SHDHD continues to share 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. In January, we added a vaccine dashboard page to share progress on COVID-19 vaccine administration. In March/April we began analyzing data newly available to us on vaccination status of residents and added a section to the dashboard to track percent of population partially/fully vaccinated and the demographic breakdown.

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

- This is a new essential service, launched with the revised 10 Essential Public Health Services in September 2020. It replaces the "contribute to the evidence-base," which was incorporated elsewhere, and provides focus on a domain that is important to accreditation. This service includes seven components, but only two highlighted for this reporting period:
 - o Ensuring that appropriate, needed resources are allocated equitably for the public's health
 - Demonstrated through COVID vaccine allocation and implementation plans, PPE distribution, and COVID testing opportunities throughout the district.
 - Having robust information technology services that are current and meet privacy and security standards
 - SHDHD utilizes and maintains a variety of IT services and platforms: Tableau, Qualtrics, NESIIS, VRAS, Sharefile, Qualtrics, FireSpring Website Management, Tableau, FaceBook, SurveyMonkey, Sensaphone, GoogleDocs, MedIT, NEDSS, and MARTTI language line.
 - We are currently reviewing our cyber security risks and planning to add coverage.
- Accreditation Annual Report: Due to COVID, PHAB granted an extension for the submission date for the Year 1 Annual Report to July 21, 2021. SH continues to implement plans and processes to achieve compliance with accreditation evidence-based standards and measures.

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

COVID-19 Vaccine: Assuring access and equity

Community Health Worker Aida Olivas, who works part-time with SHDHD to help with COVID outreach, used her deep connections to the Hispanic/Latino community and worked with SHDHD's Odeth Mendez Peraza to encourage COVID-19 vaccinations. They provided outreach and education about COVID-19 vaccine to employees at meat processing plants and assisted these workers and others to register for vaccine through Nebraska's Vaccine Registration and Administration System. All of our vaccine administration forms and cards and educational materials are kept up to date in Spanish and English. We worked closely with HR/Safety management at both facilities to arrange for vaccination on-site. For one meat-processing plant, we used J&J Janssen vaccine at the request of the employer. Later, when a 'pause' in administration of the J&J vaccine was recommended by the CDC and FDA, we developed a health-literate message in Spanish/English for the company to share with its employees.

Aida was instrumental in scheduling individuals for vaccine clinics. She, Odeth and several other bilingual volunteers (Ita Mendoza, Raquel Maar, Claudia Bedlan) have been providing Spanish-English interpretation at community vaccine clinics and vaccination events at meat processing plants. In addition, and in partnership with Head Start for use of their familiar space and well-known location, SHDHD held a successful Spanish-language-focused COVID-19 vaccination clinic reaching approximately 75 individuals and staffing it with two bi-lingual nurse vaccinators (Beatriz Marino, Carlos Oliva) and five other bilingual staff to assist with check-in, screening, and interpretation. We will be returning to Head Start for a second dose (booster) vaccine clinic during the week of May 17.

Note: We reference these three components of essential public health service #10 in this success story:

- o Ensuring that appropriate, needed resources are allocated equitably for the public's health
- Exhibiting effective and ethical leadership, decision-making, and governance
- o Being accountable, transparent, and inclusive with all partners and the community in all aspects of practice



South Heartland Bi-Monthly Board Report: Staff-Specific Program Updates, March-April 2021

Jim Morgan



Public Health Risk Coordinator

Emergency Preparedness and Environmental Health:

Along with requests for PPE, I am completing RSS Site Surveys with Garry Steele and the EM's in Clay, Nuckolls, and Webster Counties. These three EM's continue to assist in any way they can in responding to the Covid problems. I am also spearheading a project for testing for lead in drinking water. This is being offered free of charge too Elementary and pre-schools and day care to soon include in-home day care.

Every Woman Matters Health Hub (EWM) Cancer Prevention /Immunization Program / Cancer Grant /CS-CASH:

<u>COVID-19 response</u>: COVID-19 vaccination activities continue to be my focus. Activities include inventory and cold chain management of all vaccines, working with our internal vaccine team and our National Guard support persons in allocating and distributing COVID-19 vaccines, ancillary supplies and registration forms/patient info. packets to the approved participating providers across the district, coordinating COVID-19 vaccination and VFC clinics in Hastings.



Dorrann HultmanCommunity Health Services
Coordinator

Liz Chamberlain



Community Health Worker

<u>COVID-19 Response</u>: Continue to distribute PPE to agencies one day/week, complete PPE inventory and update PPE spreadsheets. Most of my time is spent scheduling Vaccine appointments for SHDHD and making sure everyone gets scheduled for 2nd doses if they are unable to make their original appointment.

Was able to complete Tai Chi Assessment in Nelson and Superior in April and complete and pass Stepping On Leader Recertification Training. Also working on scheduling QPR training (Suicide Prevention) for LTC facilities.

Brooke Wolfe



Public Health Promotions and Prevention Coordinator COVID-19 Response: I continue to assist with case investigations as our COVID response continues by managing registration data and assigning cases to case investigators as well as learning the reporting system. I am also the point person for the transition to using Nebraska's vaccine registration system, running the vaccine clinics using the state system and being the point person for local clinics as they learn this system as well. Lastly, I have been working closely with Michele on our staffing plan as our COVID response continuously changes.

Walkability/Rural Behavioral Health Network/ School Wellness: I continue to support Sutton in their Walkability efforts through virtual meetings. Our Rural Health Network continues collecting surveys to understand behavioral health referral barriers. 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.

Jessica Warner



Health Surveillance Coordinator

<u>Disease Surveillance</u>: I have been monitoring the spread of variants across the US, Nebraska and South Heartland. I lead the epi team for covid case investigation and am leading epi zoom meetings to collaborate with all staff involved. This assists with keeping information and messaging current and consistent and updating processes when needed.

I have also been working with contacts of an active case of tuberculosis. I have been coordinating with the DHHS TB program manager on testing and with the lab on required culture of sputum.

We transitioned to new software for case investigation (Salesforce) at the beginning of March and continue to work on resolving issues related to migration of labs into the system and needed fixes to the software platform.



South Heartland Bi-Monthly Board Report: Staff-Specific Program Updates, March-April 2021

Alex Stogdill



Program Assistant

<u>Immunization</u>: I helped coordinate our March and April VFC immunization clinics, as well as helped with data entry for the clinics.

COVID-19 response: My COVID-19 responsibilities have shifted to focus more on vaccine distribution/data entry and analysis. I have assisted in training National Guard members to transfer vaccine to Mary Lanning, Brodstone, and Webster County Community Hospital, Clay County Health Department, Sutton Family Practice, and Quality Healthcare. Additionally, I have been working to coordinate, schedule, and enter data for COVID-19 vaccination clinics. I have also worked to calculate and track positivity data, COVID-19-related deaths for the South Heartland Health District, and our district's vaccination progress.

Janis Johnson



Standards and Performance Manager / Public Health Nurse

Immunizations: COVID-19 vaccination planning/clinics, coordinating clinics w/Dorrann, organizing & vaccinating homebound and strike team vaccinations. COVID-19 Response: continue as primary contact for LTCF. COVID vaccine planning & clinics, back up coordinator. Training & supervision of new staff & logistics for staff assignments. Keeping documents, guidance and messaging current.

Standards and Performance Management/Accreditation: Preparing plans & processes for Public Health Accreditation Board (PHAB) Annual Report, Year 1. Section 1 submitted w/ extension request. Annual Report due 07.21.21. Interim Assistant Director: timesheets, orientation, staffing, staff performance management, assist Michele as needed.

Jean Korth



Chronic Disease Prevention Program Assistant

COVID 19 response: 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. We had 17 event plans submitted for the March/April. I assist in entering vaccination information into the Nebraska State Immunization Information System and have worked alongside the vaccinator during our VRAS-based clinics (Vaccine Registration & Administration System) Maternal Child Health: We completed touch-base calls with all nine participants. Funding is being used to purchase items such as outdoor equipment, dance and yoga materials, iPads, and playground games. Daycares. Childcare centers, and after school programs were invited to a free online program.

Odeth Méndez-Peraza



Bi-Lingual Community Health
Worker

<u>Community Health Worker (CHW)</u>: Contact tracing and investigations to assist with interpretation. Monthly VFC clinic: I promote and schedule all of our clients, as well as interpret and translate for both VFC and COVID-19 clinics as needed.

I have been accepted to radiology teehnology school, so my last day at SH is 5/7.

See below for Additional Staffing Support for COVID response.



South Heartland Bi-Monthly Board Report: Staff-Specific Program Updates, March-April 2021

Support Staff for COVID-19 Response:

Disease Investigation Capacity-Building:

Heidi Davis (Full-time Disease Investigator)

Juliann Marburger, LPN (PRN, Epi support)

Part-time Hire:

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

Lucy Nielsen (Data Analysis, Dashboard)

Aida Evans (Interpretation, Monitoring, Minority Outreach)

Jessica Struss (Epi Team support, Infection Prevention/Vaccine Clinic Support)

Saylor Pershing (Data, Epi Team support)
Garry Steele (PPE Management)

Contract (Mary Lanning):

Leslie Anderson, RN (VFC & COVID Clinic Support)

Agency:

Sam Coutts (Epi Team Support, Phones, Vaccine Clinic Support)

Volunteer:

Sue Rutt (Phones, Information)

John Bohmfalk (Disease Investigation follow up)

National Guard:

There are currently 3 National Guard members assigned to us – one medic (vaccinator) and two administrative support

Vaccine Clinic Staffing Support:

Mary Lanning is providing some staffing for clinics, including pharmacy to draw up vaccine, vaccinators, and clerical/health information support.

SH will move to Wednesdays (starting May 5) from the Fairgrounds to the west end of Allens to take the lead for vaccination clinics. In the next 2 weeks, the ML Collaborative will finish their 2nd doses for their patients and the public and phase out from the Allens location, but continue to support the vaccination effort with staffing when possible.