

Focus Group for Community Needs Assessment. (Dec 22, 2015)
Lorena Najera, SHDHD's Community Health Worker (right, in red), assisted by LISPALOMA VAZQUEZ and AIDA OLIVAS, led a focus group in Spanish with 12 residents from Clay and Adams Counties to learn about their experiences with healthcare access and community supports for healthy choices. Two additional focus groups, in Superior and in Hastings, were conducted by facilitator Joyce Schmecke.



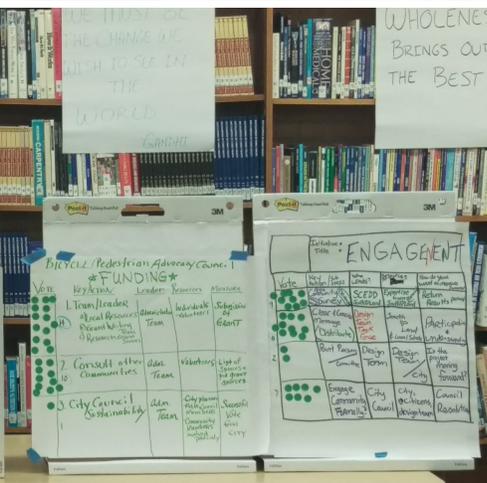
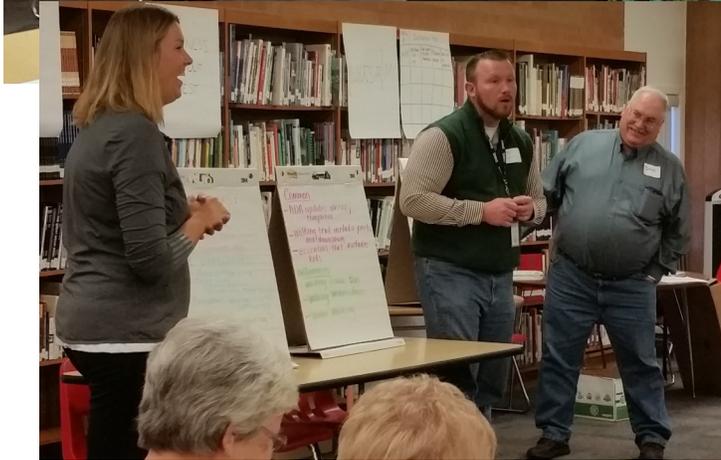
Funded by SHDHD Prevention Connection project: 1U58DP005493-01, Nebraska's Public Health Actions to Prevent & Control Chronic Disease; US DHHS, CDC, Nebraska DHHS; and supported in-kind by Mary Lanning Healthcare and Aida Olivas.



Walkable Community Summit Planning. (Nov 6, 2015)

The Healthy Hastings coalition and other community stakeholders gathered to begin planning for a 2016 summit on making the Hastings community more walkable and bikeable. The team discussed current status, challenges and successes, determined goals for the summit, identified key stakeholders and developed messages (and practiced delivering!) about the summit.

Funded by SHDHD Prevention Connection project: 1U58DP005493-01, Nebraska's Public Health Actions to Prevent & Control Chronic Disease; US DHHS, CDC, Nebraska DHHS.



Walkable Community Summit in Superior Nebraska: Community members and leaders gathered at the Superior High School library on November 7 to make plans for a more walkable community during a summit facilitated by Jeremy Grandstaff of S & G Endeavors. Community members Karen Tinkham and Peggy Meyer joined Brian Coyle, physical activity coordinator with Nebraska Chronic Disease Prevention and Control Program, to share their visions for Superior. Small groups helped develop an action plan and an awesome bicycle was given away to a lucky drawing winner (bike donated by John Price, The Bike Shop, Superior).

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

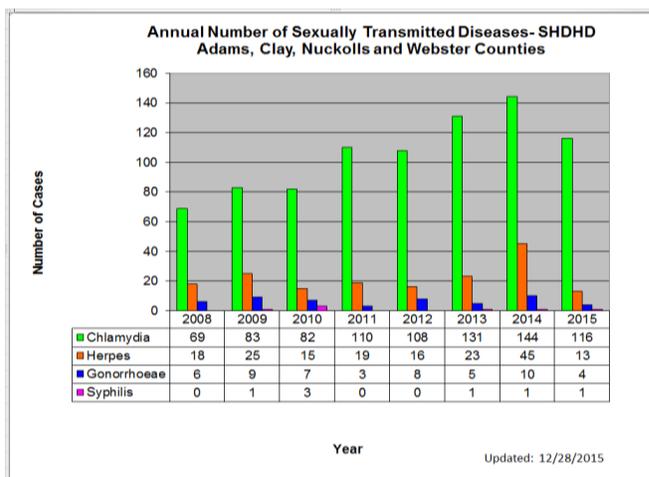
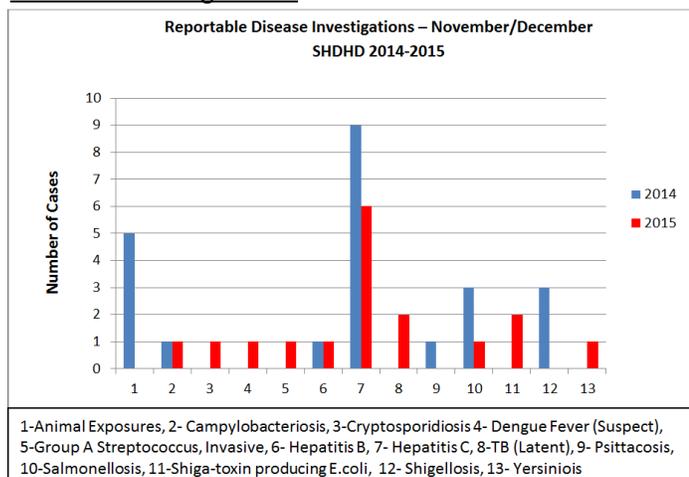
1. Monitor health status and understand health issues facing the community.

(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.
- [School Surveillance](#) Fall Semester ended during the week of Dec.18th for most schools. SHDHD is sending summary reports to school administration and the individual who reports data each week. Predominant causes for illness during the fall 2016 semester include respiratory and gastrointestinal illnesses.
- Hospital [Influenza-Like-Illness](#) (ILI) reporting started on Oct 13th, 2015. Nebraska influenza activity has been reported as "sporadic" from October through Week 50 (Dec 13th-19th). A total of 6 PCR confirmed cases have been reported in Nebraska this season. No confirmed cases have been reported in the South Heartland District; however, several individuals have been hospitalized each week for other respiratory illnesses.
- Three water violations were reported to SHDHD during November/December. A nitrate violation was reported for the village of Prosser and two [coliform violations](#) were reported to DHHS for the communities of Nelson and Edgar. At least three retests for coliform in the water supply are required in order for a violation to be posted.
- Conducted 3 focus groups (total of 27 participants) to ask individuals from minority, low income/Medicaid, and rural agriculture-based populations about their experiences with healthcare access and community supports for healthy choices. Meetings for this final component of SHDHD's 2016 interim [community health assessment \(CHA\)](#) included participants from Adams, Clay and Nuckolls counties. J. Schmeckle conducted two focus groups and a third was conducted in Spanish by Lorena Najera and Aida Olivas. Results will be included in the final CHA report, which will be used by Brodstone and Mary Lanning to support IRS community benefit requirements and by SHDHD to support chronic disease strategies (Prevention Connection project).
- Prevention Connection: We were able to use some year-end funds for an extra [2 clinic assessments](#) of Electronic Health Record, Health Information Technology and provider Meaningful Use status increasing the total number of assessments to 10 out of 16 area health clinics. We just received the year-end reports by the contractor (Wide River) and we will use the information to help make decisions on next steps for year 2 of the project in 2016.
- [Disease Investigations:](#)



Nebraska /Regional – The FDA, the USDA FSIS, and the CDC along with state/local officials are investigating an outbreak of [Shiga toxin-producing E. coli O157:H7](#) infections in CA, CO, MT, MO, UT, VA, and WA. Of 19 ill people, 14 reported purchasing or eating rotisserie chicken salad from Costco in the week before illness started. Four stores in Nebraska carried products that were recalled due to this outbreak. Surveillance Coordinator, Jessica Warner made contact with local chains to assure no recalled products were being sold.

International – More than 2,700 babies have been born in Brazil with microcephaly in 2015, up from fewer than 150 in 2014. [Zika Virus](#), a disease transmitted by infected mosquitoes is thought to be the cause.

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)?*
- Maintained telehealth [emergency communications technology](#): Held six (6) video conferences. Hosted a total of eight (8) persons for Patient Consults, and Diabetes Prevention Program.
 - Containing [communicable disease](#): CDC Career Epidemiology Field Officer Bryan Buss, DVM, contacted SHDHD with a report of an animal that tested positive for Q fever. Follow up was made with the owner as well as a local veterinarian to assure that precautions were taken to contain the exposure as well as monitoring any symptoms for human exposure. The owner was made aware of possible symptoms that would indicate they may have become infected while assisting a delivery.
 - [Fall Prevention](#) in older adults: The fall Tai classes in Hastings and Superior wrapped up in November. New classes are scheduled for Hastings, Superior, and Sutton in January or March and advanced classes are ongoing in Hastings, Red Cloud, Nelson and Superior.
 - SHDHD received calls regarding [environmental problems](#) with bed bugs and provided information on methods to reduce or eliminate the infestations.
 - Jim Morgan attended and helped facilitate a [Pandemic Flu Workshop](#) sponsored by TriCities Medical Response System (TRIMRS). It tested patient surge events for capacity of resources and staff. Approximately 50 people attended the workshop from the TRIMRS area.

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

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

- *Provide examples of key information related to physical, behavioral, environmental, social, economic, and other issues affecting health that we provided to the public.*
 - *Provide examples of health promotion programs that we implemented to address identified health problems.*
- Staff covered monthly [satellite office hours](#) in Superior and Red Cloud and provided information on flu, cold weather, and holiday stress. Approximately 50 people were present during these presentations. Reminder of new monthly Satellite office hours in Clay County: 2nd Wednesday of each month at the Clay Co. Courthouse.
 - Utilized [community sign boards](#) (located in Edgar, Lawrence, Red Cloud, Bladen, Roseland, and Kenesaw) to get information out about flu and holiday stress.
 - [News releases, public health columns, ads and interviews](#) on VetSET (veterans outreach), Let's Get Moving Superior (Superior Walking Summit), Top 10 Ways to Stay Stress Free During the Holidays, Diabetes Prevention, Smart Moves (Diabetes Prevention class), Influenza, and Radon Testing.
 - Prevention Connection: Networking with businesses to recruit for a new [Adam County Worksite Wellness Council](#). This SHDHD-sponsored council will host monthly meetings for one representative from each partnered business (Goal =12) where they will receive health/wellness information, assessments, sample policies and presentations to bring back to their employees for distribution and implementation. We started recruiting and have visited 4 area worksites targeting sites employing low income and minority. Our goal is a minimum of 5 employers and maximum of 12 including the 4 worksites partnered with in 2015. ML has agreed to support the council by providing program education and possibly guest speakers and Hastings Chamber Wellforce Committee is providing free advertisement. The first council meeting will be held on January 20th at noon.
 - Prevention Connection- [Superior had their Walking Summit](#), on November 7th. 15 community members attend at Superior High School. S&G Endeavors facilitated and action plan development with delegated roles.
 - Prevention Connection- Healthy Hastings and SHDHD teamed up on November 6th to host a design team meeting at Mary Lanning to [make Hastings more walkable and bikeable](#), with S&G facilitating. There were 17 attendees. The Hastings walkability summit will be held on April 13th.
 - SHDHD staff presented information on [influenza prevention and holiday stress](#) on the KHAS Radio Sunrise shows in November and December and on the signboards in area communities.
 - SHDHD's Community Health Worker Lorena Najera presented a program in Spanish to 15 participants at the December 9th bi-monthly [Hispanic group meeting](#). Lorena focused on influenza and how to prevent it and distributed 20 flu shot vouchers. Public Health Nurse Dorrann Hultman was also present to answer questions and to take blood pressures for the Encounter Registry health risk assessments.

- SHDHD's Community Health Worker conducted 15 health risk assessments using the encounter registry during 15 home visits with Hispanic residents of Adams County, providing [education on risk factors and influenza prevention](#), and distributing flu shot vouchers.
- Hastings Tribune published our article "[What you should know about the 2015-16 Influenza \(flu\) Season.](#)"
- [Seasonal Influenza](#) 2015-16 in English and Spanish was added under Hot Topics on the SHDHD website with links connecting to resources in both languages.

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:
 - SHDHD's Certified Application Counselor assisted five (5) individuals regarding questions about [health care coverage](#) and referred those individuals to the navigators located at Mary Lanning and Community Action Partnership of Mid-Nebraska/Kearney office.
 - Heartland Health Center, our regional [federally-qualified health center](#), hired a dentist, 2 side-chair assistants, and an office manager and began seeing dental patients on Tuesday, November 17th.
- Obesity:
 - Prevention Connection – [Nutrition Advisory Board \(NAB\)](#) - Meets monthly to discuss topics concerning the nutrition component of Prevention Connection. In November we reviewed the NEMS (Nutritional Environmental Measure Assessment) that was completed by visiting all grocery stores and convenience stores in the district. Results: a community that has a grocery store has greater access to healthy foods because most grocery stores in the district have a score of five (five meaning they have access to all five food categories) compared to a majority of the convenience stores in the district have a score of 0 or 1 (meaning they have 0 or 1 healthy food category in their store). After reviewing the results, the NAB supported partnering with two grocery stores (Allen's of Hastings and Ideal Market of Superior) and one convenience store (TBD). We will work with the grocery store owners to improve their price, placement and promotion of their already stocked healthy foods. We will work with the convenience store manager/owner to improve healthy food availability, price, promotion and placement. We are near launch date of our healthy vending initiative at Mary Lanning. Through a local focus group held in September, NAB decided to implement a "Green, Yellow, Red stop light" technique. Materials are near ready and were developed by a marketing firm that is contracted through NE DHHS.
 - [SHDHD WoW \(Worksite Wellness\)](#) met in November to discuss a new tracking program for our employee worksite wellness. We decided to host 10 different events/programs over topics of interest identified by an employee survey. Staff could choose to attend all or none of the 10 events over the course of six months. However, the incentive for the staff to attend, besides learning ways to improve their health, is they will receive a star for every event they participate in. Once they earn 3 stars they will receive a small prize, once they earn 3 more stars they will be awarded a casual attire day, and once they receive a total of 9 stars they will be allowed some flex schedule changes. A 10-event strategy will create more opportunity to cover more topics and meet the wellness needs of more employees.
 - Elizabeth presented '[Is Accurate BP Management a Big Deal?](#)' to Medical Assistants Association at their Nov meeting. Conducted a pre-quiz and had several great questions at the presentation conclusion.
- Cancer:
 - [Cancer Coalition](#): South Heartland Cancer Coalition did not meet during Nov/Dec but will resume in January to plan and coordinate cancer awareness activities throughout our district. The group collaborates to share time and resources as we work toward the common goal of raising awareness of the need for cancer screening, education to inform of symptoms and advantages of early detection and promoting evidence based screenings,
 - [Mary Lanning Healthcare Cancer Committee](#): attended the quarterly meeting, shared information about the collaborative efforts of the South Heartland Cancer Coalition and shared cancer screening data for 2015.
 - [Lung Cancer](#): In Dec, SHDHD began implementing a radon awareness campaign supported by a 2015-2016 radon mini-grant through DHHS's Radon Program and will ramp up more activities for Radon Action Month in January. Radon kit costs increased, so we raised the cost of our kits to \$7.00.

- **Colon Cancer:** FOBT kits were made available to individuals at the Clay County Health Fair this fall. Lorena, CHW, continues to distribute kits to identified individuals through the Encounter Registry.
- **Cervical Cancer:** Staff continue to share HPV vaccine related educational materials at monthly VFC clinics. Screening guidelines and education were shared at the Adult Services Fair at the Salvation Army and at the Clay County Health Fair.
- **Breast Cancer:** Worked with the YWCA and Family Planning on a Komen grant for funding future Breast Cancer education and screening events in our district.
- **Prostate Cancer:** "Should I be tested" booklets from the ACS have been promoted at all health fairs.
- **Skin Cancer:** Offered Skin Scope screenings and education about sun safety and melanoma at the Clay County Health Fair and the Adult Services Fair held at the Salvation Army. SHDHD was awarded funds for a Sun Safe South Heartland project which will expand the Pool Cool program to a few remaining pools, will support a mass media marketing/awareness campaign and will allow us to pilot an evidence-based sun safe behavioral counseling in health care providers settings.
- **Substance Abuse:**
 - Exploring whether we could host a [Life of an Athlete/Pure Performance 2016 summer training](#) in Nebraska. Met with Hastings College staff to request they consider serving as the training and lodging site. Approached John Underwood (Life of an Athlete program director) who expressed interest.
 - With Hastings College, completed the 3rd Millennium Screening and Brief Intervention (eSBI) tool for [alcohol risk assessments](#). HC required all incoming students to complete the assessment before they arrived on campus and again 30 days later (project supported by SHDHD's Maternal & Child Health grant funding). The planning team worked with our MCH grant evaluator to develop and administer an evaluation for the freshmen students and their faculty advisors to provide feedback on the assessment and the process. The team has received the full report from the eSBI assessment and the evaluation results and will be reviewing these in January 2016. Alcohol use and perception data will be used for [social norms messaging](#).
- **Mental Health:**
 - The Nebraska Association of Local Health Directors' (NALHDs') engagement with the community of rural Veterans, Service Members, and their families envisions [maximizing military children's and families' resilience and health](#) by building and working with communities of care including Veterans, Service Members, their families, healthcare and public health providers, educators, community leaders, and policymakers from both civilian and military worlds. NALHD's 16 local public health departments are continuing this work through the innovative, 2-year pilot project (we call VetSET) funded by the Veterans Administration Office of Rural Health.
 - SHDHD's TriDistrict VetSET coordinator Trevor Stryker was trained and certified as a [Mental Health First Aid](#) Instructor and was trained to teach the Veterans module of the Mental Health First Aid. Hope to have classes coming soon in the South Heartland area!
 - NALHD has received a \$150,000 planning grant from the Prevention Institute and Movember Foundation's [Making Connections for Mental Wellbeing](#). Making Connections for Mental Wellbeing." In the proposal we sought funds to use to "... focus community-level conversations and action on an identified and complex need within the larger VetSET context: to support the development of a broader paradigm of how our returning Veterans are supported—by each other and by their communities—as fathers, grandfathers, and partners."
- Other Collaborations. J Morgan attended the [Midland Area Agency on Aging Advisory Board](#) meeting. Topics included problems seniors have in seeking legal and financial advice, the flu shot, cold weather problems and environment issues.

5. Develop public health policies and plans.

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

- *What policies have we proposed and implemented that improve population health and/or reduce disparities?*
- *Describe how our department engaged in agency-specific strategic planning to develop a vision, mission, and guiding principles that reflect the community's public health needs, and to prioritize services and programs.*

- *What plans are we developing and implementing to improve our department's quality and effectiveness (plans for quality improvement, workforce development, branding, communication, and performance management)?*

➤ **Grant Proposals (Plans)/Awards/New Funding:**

- Awarded 2016 PHS Evidence-Based Strategy grant to conduct Sun Safe South Heartland project to reduce skin cancer (\$42,000); January 1, 2016 – September 26, 2016).
 - Will be awarded the 2016 Immunization Grant funds (DHHS) for \$15,000, but the effective date of the award in January is still TBD.
- A new [Sun Safe South Heartland](#) project will continue promoting sun safe behaviors by expanding the number of pools participating in the Pool Cool Sun Safety program and by expanding outreach and prevention activities into the health care setting where primary care providers counsel youth and young adults on sun safe behaviors.
- M Bever and J Morgan took part in an Ebola workshop sponsored by the University of Nebraska Public Policy Center. The workshop was intended to help health departments [develop Ebola Plans](#) in response to a suspected Ebola case in their district. Douglas County Health Dept. reported on how they handled all of the patients and people who were exposed to Ebola. Risk Communication was also discussed and groups were assigned to develop talking points on specific Ebola questions. Approximately 60 people attended in person and remotely.
- Lorena Najera submitted a project proposal on increasing breast cancer screening as her capstone project for DHHS's Community Health Worker training.
- SHDHD has received the [Hazard Mitigation Plan](#) completed by JEO Associates, made necessary changes, submitted it for final approval and is now awaiting response from JEO and NEMA.
- Coordinated School Health: We invited all eight of the schools that went through either the Coordinated School Health Institutes or participated in the PIES ([policy, implementation, evaluation and suitability](#)) workshops last year. We have 6 out of the 8 schools committed to participating in the PIES workshops, some for the first time and some for the second time. The first PIES workshop will be on January 13th. In addition, we reconnected with the school wellness teams to review their progress with policy and environmental changes and assisted them in completing their minigrant applications for funding to support implementation of their wellness policies.
- Our SHDHD staff teamed up to develop a month-by-month [media plan for public education](#) on a perpetual yearly calendar using the Health & Wellness Observance Calendar. The goal is to streamline our education efforts for each month as a group. We are pleased to report our plan provides at least one topic per month with topics evenly spread in our 5 priority CHIP goals and 10 Essential Public Health Services (EPHS). The topics are each twice in the categories of 10 EPHS, obesity, cancer, mental health, substance abuse, and access to health care.
- At the request of Senator John Kuehn, District 38, M Bever and two other local health directors [prepared and presented testimony to the state Appropriations Committee](#) regarding the history of local health departments in Nebraska, funding sources, essential services, and roles in and capacity to respond to emergencies and threats such as avian influenza outbreaks, tornadoes, etc. Testimony was for LR257, which is an interim study on sustainable funding for local health departments.

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?*
- No [smoking violations](#) reported this period.
- SHDHD continues to monitor [public water system violations](#) and post these results on our website.

7. Help people receive health services.

(Are people receiving the medical care they need?)

- *Describe the gaps that our department has identified in personal health services.*
 - *Describe the strategies and services that we have supported and implemented to increase access to health care and establish systems of personal health services, including preventive and health promotion services, in partnership with the community.*
- In November/December the [Vaccine for Children](#) clinic staff delivered 142 vaccines to 56 patients at two monthly clinics. Of those 56 patients, 29 had no insurance, 6 had Medicaid and 21 were underinsured. Total donation collected from clients for November/December = \$147.00 (avg. \$2.62 per immunization or \$1.03 per patient).
- In Nov-Dec we had seven follow ups for children with [elevated blood lead levels](#). We are working on a QI project on lead follow up procedures and communications.

- During Nov/Dec 2015 we received one (1) call from one adult looking for [dentist who accepted Medicaid](#). Heartland Health Center has opened their dental clinic and the client was referred to them for assistance.
- Health Disparities: Held [Total Package diabetic support group](#) meetings. In November had a Presentation on Healthy Diabetic Lifestyle (54 people attended) and in December provided a Presentation on Smart Food Choices (32 people attended). Followed up with 101 members over the two months to check up on their diet/exercise regimens and medication management.
- Prevention Connection-Wide River (WR) continues [Electronic Health Record \(EHR\) and Health Information Technology \(HIT\) capacity](#) building in the 8 clinics we selected for the project. Most clinics have received their meaningful use gap analysis and Continuous Quality Measure data which SHDHD can use as our baseline for the clinic data for measuring outcomes in patients with uncontrolled diabetes and hypertension.
- Dorrann Hultman and Elizabeth Hardy represent SHDHD on the [Vital Signs Health Fair Board](#) for the 2016 season. Flyers for the Smart Moves Diabetes Prevention Program will be inserted in each health fair packet. Look for a different tour of a body organ this year!
- 190 vouchers for [free influenza vaccine](#) for adults without insurance or who cannot afford one have been distributed at events throughout the district. Vouchers are provided by funding through DHHS and Walgreens.
- Prevention Connection: Lorena, Brooke and Elizabeth worked to create a survey of community health workers (CHW) and their supervisors to identify the various roles of CHWs in worksites and in the community as well as the sustainability and value of the positions. We have visited 3 sites and will continue to collect data into 2016. We will share these data with DHHS and use it to plan for development of a [bi-directional referral system between health care and community settings](#).

8. Maintain a competent public health 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.*
- L Najera attended and D Hultman audited the [Health Navigation Nebraska Community Health Worker Training](#). L Najera completed the DHHS Community Health Worker training curriculum and submitted a proposal for her capstone project.
- L Najera and D Hultman participated in the [EWM Encounter Registry training](#) with DHHS.
- Prevention Connection: Our number of [trained Smart Moves diabetes prevention coaches](#) has increased from 5 to 10 and our service area from Hastings to Superior with the training 10/29-30 in Lincoln. New coaches have joined in class planning and we anticipate new classes in both communities early in 2016.
- J Morgan attended training on Community Organizations Active in Disaster and response to an ice storm, how to respond and how to get volunteers to respond. Approximately 12 people were in attendance.
- J Morgan and M Bever attended training provided by DHHS and the Public Policy Center on [Message Mapping and Risk Communication](#), using Ebola as the example topic. Bever and Morgan are planning to provide a training and share the message mapping tools and templates with the rest of SHDHD staff at an upcoming staff meeting.
- SHDHD's TriDistrict VetSET coordinator Trevor Stryker was trained and certified as a [Mental Health First Aid Instructor](#) and was trained to teach the Veterans module of the Mental Health First Aid
- Emalee Peterson RN, [nurse practitioner doctoral student](#) spent a morning with Elizabeth reviewing Million Heart Initiative resources available to Clinic providers and staff for Team-Based Care, Self-monitoring of hypertension and improving clinic identification of patients with hypertension. This was part of her community volunteer hours for her education and she expressed a desire to return for some in clinic work in the spring semester.
- [Hastings College Intern](#) Kim Spartz had been working at SHDHD this fall - entering and analyzing radon testing data from 2014-15 and entering lead screening and testing data from 2015. In January she will be assisting with outreach to residents whose homes tested high for radon to determine if they have mitigated and, if not, what are the barriers to mitigation.
- M Bever participated in [Maximizing Human Performance and Organizational Management System Training](#) hosted by the Nebraska Association of Local Health Directors. NALHD is now looking for a way for local health departments to access this training for their staff at a reduced/economy of scale rate.

➤ 9. Evaluate and improve programs and interventions.

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

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

- In November, conducted [Follow-up Questionnaire & Post-test to Tai Chi participants](#) at Golden Friendship Center, Adams County (9) and Superior Nuckolls County (3). Tai Chi Refresher Training was held in Lincoln for instructors on Nov. 12th with master trainer Sumon Barkhas. Instructors are already scheduling new & advanced classes across the district for 2016 year. Webster County – Red Cloud Advanced Classes Monday & Thursday 11:00 am @ Community Center. At this time no new classes are scheduled in Red Cloud. Nuckolls County – Nelson Advanced Classes Jan. 12th Tuesday & Thursday 10:30 am @ Community Center and Superior New & Advanced Classes Jan. 5th 10:00 am @ Catholic Church. Clay County – Sutton New Class Monday & Thursday @ 3:00pm @ Community Building. Adams County – Hastings Advanced Classes Tuesday & Thursday @ 2:00 pm @ Adams County Senior Services, New Class to start March 1st @ 3:00 pm @ Adams County Senior Services. Will be developing and conducting a new survey for participants that are taking Advanced Classes in 2016.
- With Hastings College, completed the 3rd Millennium Screening and Brief Intervention (eSBI) tool for alcohol risk assessments. HC required all incoming students to complete the assessment before they arrived on campus and again approx. 30 days later (project supported by SHDHD's Maternal & Child Health grant funding). The planning team worked with our MCH grant evaluator to [develop and administer an evaluation for the freshmen students and their faculty advisors to provide feedback on the assessment and the process](#). The team received the full report from the eSBI assessment and the evaluation results and plan to review these in January 2016.
- Three staff are evaluating the processes for [lead screening and elevated blood level \(EBLL\) follow up](#), including contributions to the local process from community organizations, health care providers, state lead program and SHDHD staff, to promote compliance to State Lead Plan recommendations and to ensure that all children in South Heartland District with EBLLs receive appropriate and timely followup.

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

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

- *Provide examples of evidence-based programs our department is implementing.*
- *Describe how we have collaborated with researchers to conduct any research studies (e.g., completed surveys, interviews, or focus groups).*

➤ Evidence Based:

- SHDHD is continuing to implement the first year work plan consisting of [evidence-based strategies for prevention of cardiovascular disease and diabetes](#) as part of the new 4-year Chronic Disease Prevention project (Prevention Connection) and developed and submitted the year 2 work plan and budget.
- SHDHD staff has visited 5 classrooms to present the [Scrubby Bear hand washing program](#), which encourages and educates children on when/how to wash their hands to prevent the spread of germs.
- SHDHD is partnering with [worksites wellness committees](#) and using evidence-based practices for improving physical activity and cancer screening in worksites.
- [Tai Chi – Moving for Better Balance](#) is an evidence-based program for fall prevention in older adults. In South Heartland, there will be new classes starting in 2016 in Adams, Nuckolls, & Clay County.
- We are continuing to use a [Reminder Recall](#) process for immunization clinic clients to improve immunization rates.
- A new Sun Safe South Heartland project that will begin January 2016 will utilize [3 evidence-based interventions to increase sun safe behaviors and reduce risk of skin cancer](#): (1) Pool Cool Program, which is designed to increase awareness and promote sun protection behavior and practices, for children/youth age 5-10 years old, their families and aquatics staff at swimming pools (pool management, swim instructors, life guards), as well as pool patrons in general. (2) Behavioral counseling about minimizing exposure to ultraviolet radiation to reduce risk for skin cancer is recommended by the U.S. PSTF for children, teens, and young adults aged 10-24 who have fair skin. Counseling takes place during the primary care interaction or visit. (3) Multi-component community-wide intervention that uses a combination of strategies across multiple settings within a defined geographical region in an integrated effort to influence UV-protective behaviors. This intervention is delivered with a defined theme, name, logo and set of messages.

➤ Research:

- No activity to report.