

Mass Testing Events: Nebraska National Guard (April 14-15 and April 27) and TestNebraska (May 26-27 and June 10)



TestNebraska Event- Clay Center



National Guard Team



National Guard Team



TestNebraska Event- Clay Center



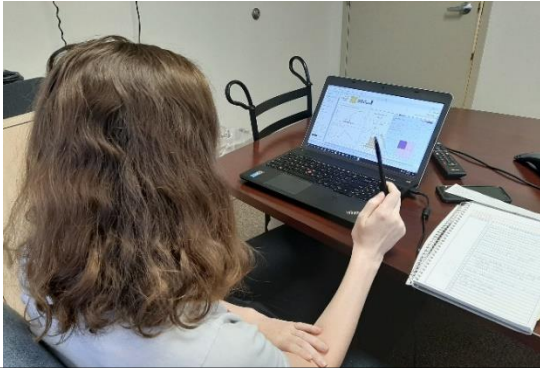
SHDHDs Odeth and Albert translating at TestNebraska Event



TestNebraska Event- Harvard



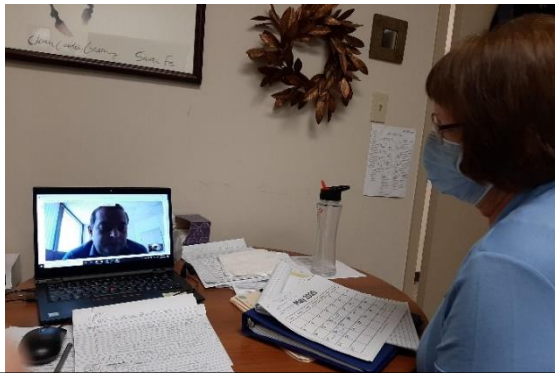
National Guard Team



Lucy putting together SHDHD's COVID-19 Data Dashboard



Lucy and Brooke working on COVID-19 Data Dashboard



Janis meets with Dr. Brailita and others to discuss testing and return to work strategies.



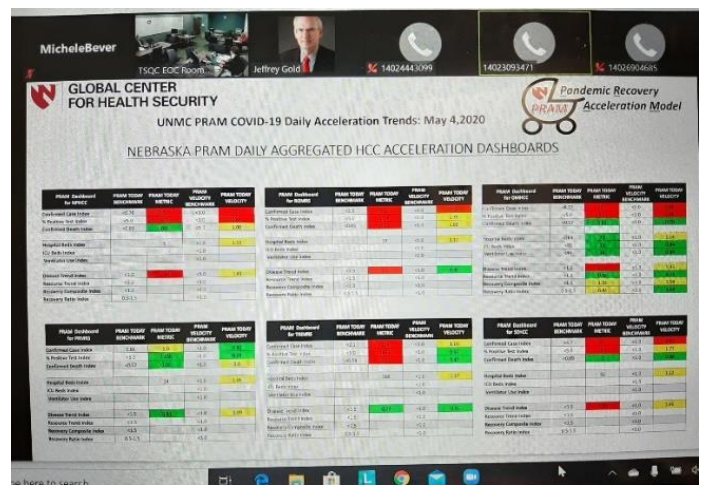
COVID-19 Minority Outreach Planning Meeting with local minority community leaders and advocates and the UNMC Meat Processing Facility Team



Michele contributed to weekly Virtual Press Conferences with City of Hastings Mayor Corey Stutte, Mary Lanning CEO Eric Barber and other local leaders.



EPI Huddle to discuss contact investigations and case clusters. Epi Team Leads - Jessica, Dorrann and Janis



State of Nebraska Daily COVID-19 Briefings: UNMC Chancellor Gold discusses data in Nebraska's Pandemic Recovery Acceleration Model.

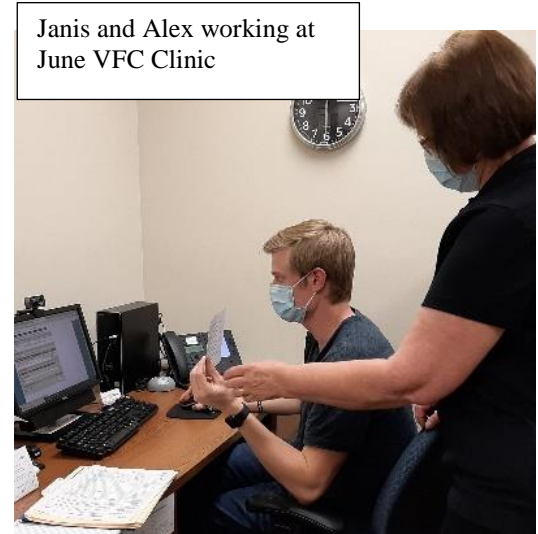


Dorrann and Alex working at June VFC Clinic

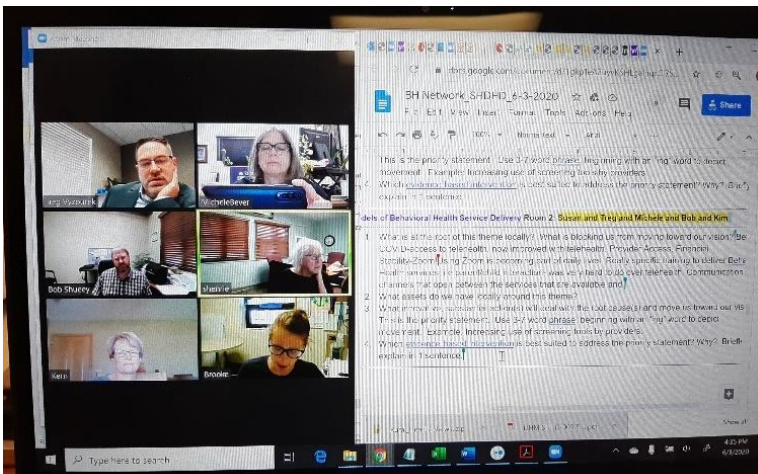
June Vaccine for Children (VFC) Immunization Clinic – reconfigured, with prevention measures in place for COVID-19.



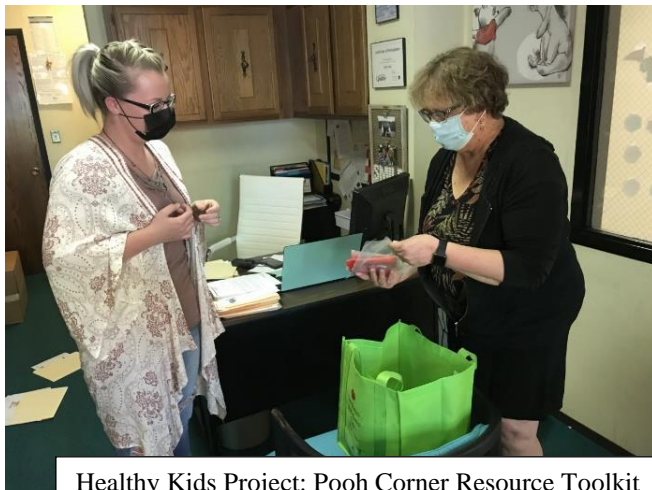
Albert at June VFC Clinic



Janis and Alex working at June VFC Clinic



HRSA Rural Behavior Health Network Strategic Planning Meeting



Healthy Kids Project: Pooh Corner Resource Toolkit Delivery



Healthy Kids Project: In-home Daycare Resource Toolkit Delivery

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

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

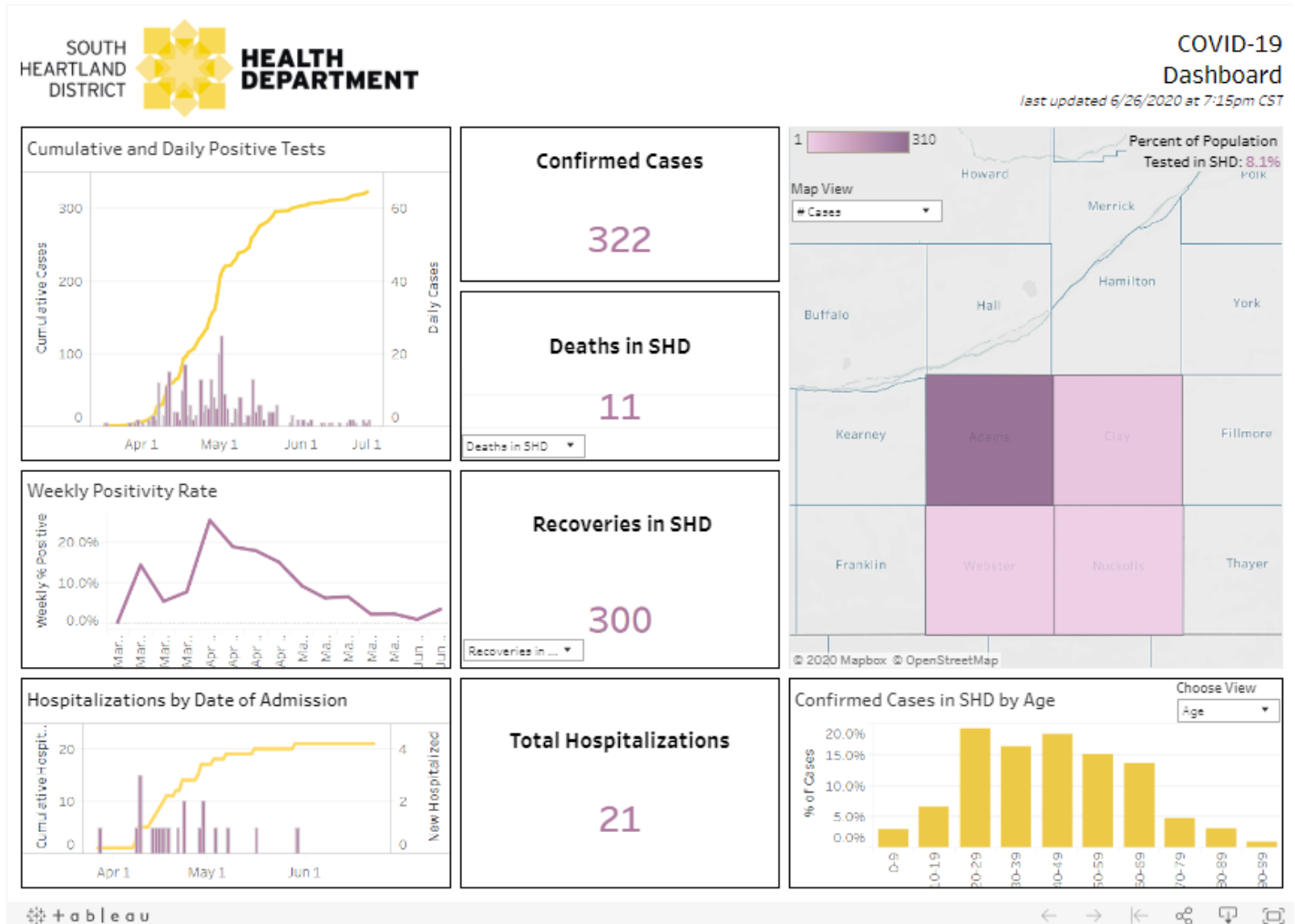
(What's going on in our district? Do we know how healthy we are?)

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

Local

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

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



South Heartland COVID-19 Dashboard, as of June 26, 2020

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

SHDHD has been preparing for the COVID outbreak since mid-January. Our first lab confirmed case was investigated on March 18th with active monitoring of travelers during the months of March and April. As of June 18, 2020, SHDHD Epi team investigated 168 cases in April, 127 in May and 14 in June. Total COVID case count is 322 as of 6/26/2020. Upon receipt of a positive lab result, the epi team notifies the patient and conducts an extensive interview to discover close contacts. Timely identification of close contacts and identification of spread at a worksite along with all social distancing, mask use and directed health measures have been successful strategies to prevent infections and save lives.

SHDHD coordinated with the National Guard and the Nebraska DHHS to provide access to testing, allowing for 4 public mass testing events in Adams and Clay counties. We are working with DHHS to remove testing barriers, which improves identification of COVID positive individuals and allows us to contain the spread as quickly as possible. As of 06.26.20, 8.1% of South Heartland population has been tested for COVID-19.

We are tracking indicators such as symptoms, hospitalization and ventilator use, number of contacts, age, race/ethnicity, preexisting conditions and impact on businesses. These data are analyzed and shared with the public on SHDHD's COVID-19 Dashboard. SHDHD's response to COVID-19 continues to be a team effort with 3 staff leading the EPI efforts through investigating 132 cases over the past two months, contact tracing (200+ contacts), test ordering, and working with facilities that have spread of COVID-19 in the workplace.

Epi team staff continue to expand materials that promote prevention and make these materials available to partners and local businesses. EPI staff began planning for the next COVID-19 surge by identifying capabilities and training needs for potential surge in the future. We are working on process improvement and expanding data to provide additional information pertinent to containment. SHDHD has also begun looking at case data to identify clusters and recovery data. A data dashboard was launched in June and is updated daily during the week.

- **Reportable Disease investigation:** Animal Exposures (3), Campylobacteriosis (1), Enteropathogenic E. coli (7), Histoplasmosis (1), Salmonella (1), and Hepatitis C (1).

2. Protect people from health problems and health hazards.

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

- *What key activities did we complete in the past 2 months to prevent, minimize, and contain adverse health events and conditions resulting from communicable diseases; food-, water-, and vector-borne outbreaks; chronic diseases; environmental hazards; injuries; and health disparities*
- *What activities did we complete for emergency preparedness (e.g., planning, exercises, and response activities)?*
- **COVID-19 Preparedness and Response:** See COVID Outbreak Situation Update, above. In addition, SHDHD is responsible for receipt, inventory, repackaging and dissemination of PPE for our jurisdiction. (See special report attached). To help keep key partners informed, SHDHD has sent 36 AlertSense notifications (May & June) to over 80 individuals each time. We have staff checking the Nebraska Electronic Disease Surveillance System multiple times each day and, on the weekends, so that we can begin follow up on positive cases immediately by issuing isolation instructions and conducting contact investigations. SHDHD has issued isolation and quarantine letters, promoted mask-wearing, social distancing, and prevention. SHDHD has also reviewed and approved 19 community safety event plans.
- **Environmental Assessment:** SHDHD and DHHS teamed up to conduct a lead paint assessment for a home where 2 children have elevated blood lead levels.
- **West Nile Virus Prevention:**

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:** Used signboards in seven communities to get word out about wearing masks and symptoms of Covid-19.
- **News releases, public health columns, ads and interviews:** Most news and media communications have been COVID-19 related. During these two months SHDHD put out 35 press releases, participated in 8 press conferences, and granted phone, in-person and Zoom interviews for TV, radio and print media, focusing primarily

on Covid-19-related issues. SHDHD also had press releases on Accreditation, West Nile, and Women’s Health week.

- **SHDHD Facebook:** These past two months SHDHD’s Facebook/Twitter post have been primarily focused around COVID-19 information with additional West Nile, veteran facts/videos and immunization information sprinkled in. During the month of May, the total number of people reached through FB posts was 36,910 and for June, 3,506! This is still an increase from “normal” months, but as Covid-19 activity slows our reach values also slow. Spanish FB page: have posted Covid-19 materials in 22 different posts. (See also Disparity Workgroup, ES #4)
- **Website:** SHDHD staff continue to create a COVID-19 information page that is user friendly, easy to navigate and informative. Our website “views” dropped from 26,191 in April to an average of 11,551 over May and June. This is still higher than our post 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. The loosening of restrictions in new State Directed Health Measures (DHM) required staff to assist many different entities and added the review and approval of reopening plans in June. May calls: 1,174 with the highest day at 118; June 1-19: 359 calls.

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:** plan to move forward with the implementation through sharing of the analysis of data received from our emailed survey for strategy progress. Meetings for each committee are planned for October. Staff for each priority will be instrumental in turning the wheels again.
- **Access to Health Care CHIP Priority:** The Federally Qualified Health Center application announcement is pending, as COVID has put a hold on the announcement of any NAP funds. Telehealth has come to the forefront during the pandemic and will continue to provide access to care going forward.
- **Mental Health CHIP Priority:**
 - **Rural Behavior Health Network:** The Rural Health Network continues to meet as planned, but virtually. The network developed their strategic plan, as they look to the future of the network for the next year. SHDHD received a no-cost extension for the leftover funds and is excited to begin implementation of the strategic plan. The network also was part of a UNMC submitted grant proposal that will help the network sustain their current work.
- **Obesity & Related Health Conditions CHIP Priority:**
 - **CS-Cash:** SHDHD began working on the resource toolkit for our community worker chronic disease and agi-safety awareness project.
 - **SHDHD Healthy Kids Workgroup, HKW:** SHDHD was able to deliver “starter toolkits” valued at \$150 to 13 current pilot implementation sites. Each site is to test/try all the materials in the kit and provide feedback. The sites completed an evaluation survey at the end of June. The second round of implementation sites will start their work with these “starter toolkits” next fall. The materials for these starter toolkits have been purchased with project funds. HKW members and implementation sites all completed an evaluation of the program/partnership during the month of April. Results were shared with the HKW members in May, SHDHD will write their QI projects into the 2020-2021 work plan. SHDHD also received a \$5,000 Sunny Side grant to help support the match required for this project.
 - **Building Healthy Families:** Due to Covid-19, SHDHD hasn’t made significant progress on this project, however the BHF committee does plan to host a class in late August. SHDHD also received a \$5,000 Sunny Side grant to help support this project.
 - **Improving Health through changes in Built Environment and Social Supports:** SHDHD continues to work with Sutton and Hastings to improve the built environment and social supports to increase health. Due to COVID-19, the work was delayed.
 - **Prevention Connection: Smart Moves, Diabetes Prevention Class (DPP):** Currently SHDHD has two Smart Moves classes that started in January in Superior and Hastings. The Hastings class has 6 participants that have lost 40 lbs. with 3.0% weight loss. Superior class had 11 participants with 3 people dropping

out. They have lost 139 lbs. with 5.7% weight loss. Due to Covid-19, both classes have moved to doing classes with Zoom because of social distancing. It's a challenge getting their weight and physical activities reported, but it is improving. Some are struggling with getting in their physical activity minutes.

- **Whole School, Whole Community, Whole Child (WSCC):** SHDHD met with Harvard and Hastings, virtually to spend down 2019-2020 funds and plan for the next school year. Schools are struggling to plan their wellness goals, as they are very unsure of what the year will look like, but they maintain a positive attitude. SHDHD was able to purchase about 20 HeartRate monitors for Harvard and Hastings schools to pilot next year and keep kids active.
- **Cancer Priority:**
 - **Mary Lanning Healthcare Cancer Committee:** They didn't meet these two months due to COVID-19.
 - **Colon Cancer:** SHDHD Staff began merging the FOBT Colon Cancer Screening kit intake form into an online survey. The staff input the current survey in into Qualtrics Survey system, reviewed the survey and have it posted on SHDHD's website. Once a patron completes the survey, SHDHD staff will mail them a kit to complete. This online survey form allows SHDHD's community members to continue to have access to this screening tool without ever leaving their home.
- **Other Collaborations:** SHDHD's community partners, city chambers, city offices and local worksites have responded well to SHDHD's need to get messages out to the community and workplaces - we couldn't have made the impact we have these last two months without them.
- **Disparity Workgroup:** The needs for reaching minority populations in our district are evidenced in determining best methods to inform and educate different cultures during the current pandemic and beyond. Building relationships of trust by utilizing people and organizations that represent these cultures and working with them are crucial to informing and protecting public health. The workgroup prioritized distribution of posters and development of a video for communicating guidance to workers to protect themselves from COVID-19. Minority outreach developed a video with 7 partners. Posted it on YouTube and have had 276 views. Posted it on Face Book (FB) and have had 3 shares of the video, reaching over 1350 FB viewers. The State review team that reviewed our local meat packing plant provided data in a report, Concerns and Perceptions of COVID-19 Among Meatpacking Workers in Nebraska.
- **South Central Nebraska Collaborative:** This collaborative connects approximately 30 State and local partners virtually to 1) assess the effects of COVID at the State and local level, 2) identify current and emerging needs (gaps), 3) develop coordinated responses, and 4) identify funding or resources available in the near future. United Way is the coordinating/fiscal agent and has hired a central navigation staff position to coordinate response efficiently.

5. Develop public health policies and plans.

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

- *What policies have we proposed and implemented that improve population health and/or reduce disparities?*
- *Describe how our department engaged in agency-specific strategic planning to develop a vision, mission, and guiding principles that reflect the community's public health needs, and to prioritize services and programs.*
- *What plans are we developing and implementing to improve our department's quality and effectiveness (plans for quality improvement, workforce development, branding, communication, and performance management)?*
- **Grant Proposals and Contracts (New Plans):**
 - SHDHD supported UNMC/BHECN grant proposal for a 3-year HRSA Substance Misuse project, which will support local implementation activities in South Heartland district – SHDHD's portion: approximately \$288,000 for the 3 years, if funded.
 - SHDHD received 2 Hastings Sunnyside Foundation grant funds (\$5,000 each) to support our Building Healthy Families project and the Healthy Kids Workgroup activities.
 - Immunization – SHDHD accepted \$20,000 supplemental funds for mass vaccination activities that will enhance Influenza coverage and pandemic preparedness by providing COVID-19 awareness (to be added to FY 2021 subaward).
 - Public Health Emergency Preparedness (PHEP) – submitted Work Plan and Budget documents for the July 1, 2020 - June 30, 2021 project year. Subward for \$85,262.
 - Maternal and Child Health – signed subaward for project period July 1, 2020 – June 30, 2021. \$64,906 for South Heartland's Healthy Kid's project.

- HRSA Rural Behavioral Health Network project – no cost extension of the project through June 30, 2021 to utilize remaining funds (project slowed due to COVID)
- West Nile Virus – Signed subaward for \$2679 to implement Arboviral Surveillance activities (mosquitoes and humans) and provide educational outreach on West Nile virus. May 1, 2020 – April 2021.

6. Enforce public health laws and regulations.

(When we enforce health regulations are we up-to-date, technically competent, fair and effective?)

- *Describe our efforts to educate members of our community on public health laws, policies, regulations, and ordinances and how to comply with them.*
- *What laws and regulations have we helped enforce to protect the public's health?*
- Nebraska Clean Indoor Air Act: None this period.
- NE Directed Health Measures: SHDHD is working closely with the Governor's office, NE DHHS, local law enforcement and city officials to educate, promote and enforce the local and state direct health measures (DHM) that were issued on May 4 (Phase I), May 18 (Phase II) and June 22 (Phase III), respectively. SHDHD Exec Director served on 2 workgroups that contributed to DHHS guidance for implementing the DHM.
- SHDHD's Quarantine and Isolation Authorities: South Heartland issues isolation or quarantine letters for individuals who tested positive for COVID-19 or who may have been exposed to individuals who tested positive, respectively. The authority for these actions is outlined in the State Directed Health Measures (DHM) for Adams, Clay, Nuckolls and Webster Counties.
- Limitations on Gatherings: The State Directed Health Measures issued on May 18 and June 22 include limitations on gathering sizes and/or venue capacities. The DHM also includes a requirement for gatherings using venues that can hold 500 or more individuals to submit a plan to their local health department for approval prior to holding the event or reopening. As of June 26, over 30 Event and Gathering Safety Plans have been submitted to South Heartland and staff has completed the review and approval of 19 these plans. The listing of approved events is posted on the South Heartland website.
- Enforcing the DHM: SHDHD has been working with law enforcement, county attorneys, emergency management, and city/village governments to provide education and guidance on complying with the DHM. We have engaged other stakeholders and partners (media, community organizations, businesses, etc.) to help educate patrons, employees, congregations, and the general public about how to comply with the DHM. Our approach, along with our partners, is to provide additional education first, when faced with reported violations. Only when education and encouragement for voluntary compliance with the DHM fails, would citations/legal actions be pursued. To date, we are unaware of any citations in our 4 counties.

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: Due to community spread of COVID19, the May immunization clinic was not held. Immunization services resumed in June with clinic staff delivering 46 vaccines to 24 patients at the monthly clinic. Of those 24 patients seen, 21 (87.5%) had no insurance and 3 (12.5%) had Medicaid. Two patients (8%) were new to the clinic. Total donation collected from clients for June = \$135.00 (avg. \$1.47 per immunization or \$2.81 per patient).
- Immunization: Adult Immunization Program: There were no adult patients scheduled in the June clinic.
- Reminder/Recall to improve vaccination rates: Not completed due to COVID-19 work.
- Community Health Worker (English Only) / Every Woman Matters (EWM) and Health Coaching: Not completed due to COVID-19 work.
- Personal Protective Equipment: SHDHD has worked with 166 agencies to supply PPE (Hospitals, Clinics, Emergency Personal, Nursing Homes, Assisted Living facilities, Pharmacies, Funeral Homes, Grocery Stores, Dental, and Schools). Long term care and assisted living facilities are now working to re-open through Phases 2 and 3 with completion of specific criteria. These include baseline testing by completing an online intake survey with DHHS. Baseline testing for staff (and possibly residents) will require testing supplies and PPE to be sent to each facility's local health department for distribution.

- Worked with NDHHS and National Guard to get more PPE out to our partner agencies. Emergency Managers have been crucial in PPE distribution. There have been, and still are, times where we don't get the PPE we ordered, and the PPE has not been the best quality. We worked around that and the people requesting the PPE have been understanding.
- Worked with NDHHS, National Guard (NG) and State of Nebraska to expand access to COVID-19 testing through mass testing events in Hastings and Clay Center, plus NG strike teams for testing employees in food processing facilities and residents/staff in long term care facilities. SHDHD is encouraging local health care facilities to explore contracts with DHHS to serve as TestNebraska testing sites for ongoing access to testing. Brodstone Memorial Hospital was the first in our District to sign up to offer TestNebraska.

8. Maintain a competent public health and personal health care workforce.

(Do we have a competent public health staff? How can we be sure that our staff stays current?)

- *Describe our efforts to evaluate LHD staff members' public health competencies. How have we addressed these deficiencies?*
- *Describe the strategies we have used to develop, train, and retain a diverse staff.*
- *Provide examples of training experiences that were provided for staff.*
- *Describe the activities that we have completed to establish a workforce development plan.*
- Performance Management (PM): Continue to cross walk the various SHDHD plans. COVID-19 data is being used for measuring performance management and will be included in an After-Action Report (AAR) to address gaps, barriers, threats and opportunities for improvement as we prepare for a possible 2nd COVID wave and for future threats.
- The Workforce Development Plan: Two additional staff development assessments are close to completion and two more are in progress. The assessment process has been streamlined with increased online access. Training continues in cross-training support staff for the epi-team & other HD needs. The orientation process is updated and is being implemented for two new BOH members.
- Qualtrics: Qualtrics survey software is used to translate the press releases into three different languages as well as collect data from agencies or event planners on their COVID-19 reopen and event/gathering safety plans.
- Staff Roles Changes, New Hires and Volunteers for COVID Response Activities: During this time when cases have decreased, SHDHD staff are preparing for a possible second wave of COVID-19. This includes analyzing our staffing needs and cross-training staff specifically to support the workload of the Epi team. Fall will bring changes with some of our current additional staff (contract or volunteer) returning to their work and school schedules. We are working to address these future gaps.

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

- *Provide examples of our evaluation activities related to evidence-based public health programs.*
- *Provide examples of QI projects that we have completed or are in process.*
- QI-PM Plan: Goal 3: Customer Satisfaction Survey Procedure draft in progress.
- Quality Improvement Project for Policy Housekeeping: on hold for COVID-19 responsibilities
- Quality Improvement Project for Staff Meeting Efficiency: on hold for COVID-19 responsibilities
- Quality Improvement Project for Document Retention: No further activity.
- Strategic Plan action plan and dashboard: **Goal 1**: Accreditation "maintaining" through restarting of processes for performance management and quality improvement. **Goal 2**: Financial Stability: SHDHD received our Medicaid number in preparation for billing for vaccinations and had an encouraging first year as a recipient of Give Hastings Day philanthropy. **Goal 3**: Leadership/backbone for CHIP implementation – Qualtrics survey data analysis for CHIP strategy progress. **Goal 4**: Optimize human resources – contract staff, volunteers, and new hires are helping SHDHD meet the increase in workload due to COVID-19. Cross-training of staff to increase/prepare a competent workforce. **Goal 5**: Advocate the "Why" of Public Health - Enhancing public relations and visibility, expanding use of social media and other directed communications (near daily news releases with high-visibility coverage and frequent requests for interviews, SHDHD was a focus of NET documentary footage, expanded traffic on SHDHD web/social media), and providing frequent, regular communication with city/county/state government and other key stakeholders (daily/weekly COVID-19 briefings with city/county government, community organizations, businesses, healthcare, ESU-9 schools/daycares, and state stakeholders – Governor, UNMC, DHHS and others).

- **Community Health Improvement (CHIP) Implementation:** Qualtrics data collection survey emailed to all members of the 5 CHIP Priority steering committees – 23/60 returned responses. 4/23 require further clarification that is in progress. SH will analyze the return data and email to all committee members along with a data tracker developed for BRFSS (Behavioral Risk Factor Surveillance System) data.
- **COVID19 Response QI/PM:** process improvement is ongoing as we progress through the pandemic. The focus is on data analysis and process documentation to identify opportunities and successes for quality improvement. This has included development of policies and procedures.

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

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

- *Provide examples of evidence-based programs our department is implementing.*
- *Describe how we have collaborated with researchers to conduct any research studies (e.g., completed surveys, interviews, or focus groups).*
- **Evidence Based:**
 - SHDHD is working with many and various entities for mitigation and re-opening plans to implement best practices to help reduce the spread of COVID-19 among their employees. Staff are reviewing plans for events and gatherings such as weddings, graduations, county fair events, racetracks, rodeos, museums, libraries. To date, 19 of 30 Event and Gathering Safety Plans have completed review and are approved. These are posted on SHDHD's website.
 - We are following evidence-based guidance from the CDC, NE DHHS, Professional Associations, UNMC Specialty Teams for Meat Processing Facilities and Long-Term Care Facilities, and other sources for all of the COVID-19 response activities.

Stories: How we made a difference....

SHDHD's Immunization Clinic reopens for services under Phase II DHM

COVID-19 cases started to decrease across South Heartland District by mid-May, with Directed Health Measure (DHM) restrictions entering in to Phase II on June 1. Vaccine for Children clinics were cancelled in April and May and with the anticipated change in DHMs beginning June 1st, the immunization team felt it was time to re-open clinics to address the vaccination needs of patients. Our program goal is to help patients reach "up to date" status in the shortest time frame possible, so missing the April and May clinics meant we had a lot of catching up to do!

The immunization team put together a plan to resume immunization clinic services under the direction of clinic coordinator, Dorrann Hultman, with guidance from medical director, Dr. Fred Catlett. The entire team brainstormed to identify any possible needs or scenarios. Then the task began to prioritize and reschedule appointments with calls and texts to parents (English and Spanish).

On Thursday, June 4, we resumed vaccination services with an expanded all-day clinic. Many changes were implemented to provide the safest environment possible for patients, parents and staff. The following are highlights from the clinic:

- 30 patients were scheduled for this clinic.
- 24 completed visits (one cancelled and five were no shows).
- 46 total vaccinations were administered.
- At the conclusion of the clinic, 20 children were "up to date" with vaccinations.
- 19 children were scheduled for their next recommended vaccinations, with several being flu shots.
- Quote from parent "Thanks for your work at SHDHD, and for making the changes to the vaccination clinic for everyone's safety!"

Vaccination rates improve when parents/guardians schedule their child's next vaccination appointment prior to leaving the department. We encourage rescheduling with every visit. We took a proactive approach and submitted our mass vaccination plan for an extra clinic in October to provide flu shots only to NE DHHS Immunization program and it was approved. This allowed us to begin scheduling flu shot appointments.

During a state call the week of clinic, Michele shared SHDHD's plan to re-open to begin vaccinations again and received a shout out from our State leaders, including Dr. Anthone (MD, Chief Medical Officer/Director of Public Health) and Dr. Safranek (MD, State Epidemiologist for the Nebraska Department of Health and Human Services, DHHS). And, the South Heartland immunization team was again able to provide vaccinations to protect children, their families and communities from vaccine preventable diseases.



South Heartland Bi-Monthly Board Report: Staff-Specific Program Updates, May-June 2020

<p>Jim Morgan</p>  <p>Public Health Risk Coordinator</p>	<p><u>Emergency Preparedness and Environmental Health:</u> The largest part of my time has been working PPE. Liz Chamberlain and I put in many hours ordering, processing orders from others, dividing PPE to those who need it most. We depleted our cache of PPE that we had on hand from earlier years and have received more from the state. A separate report is attached to the usual packet. Communications with all four Emergency Managers has been critical and they have helped in everything we have done, from decision-making to distribution.</p>
<p>Dorrann Hultman</p>  <p>Community Health Services Coordinator</p>	<p><u>Every Woman Matters Health Hub (EWM) Cancer Prevention /Immunization Program / Cancer Grant /CS-CASH:</u> As part of SHDHD’s epi team for the COVID 19 response, I continue to review and report lab results, order tests, track data specific to cases, make daily staff assignments, and conduct contact investigations which involve individuals, families, worksites and healthcare/long term care entities who are dealing with COVID 19 positive employees and residents. We hosted our June VFC Clinic, our first since the COVID-19 hit. See success story for details.</p>
<p>Liz Chamberlain</p>  <p>Community Health Worker</p>	<p><u>Fall Prevention:</u> Currently working with Jim doing PPE distribution in the district. SHDHD has worked with 166+ agencies to supply PPE (Hospitals, Clinics, Emergency Personal, Nursing Homes, Assisted Living facilities, Pharmacies, Funeral Homes, Grocery Stores, Dental, and Schools). Have made numerous phone calls and have sent numerous emails to local agencies to get their PPE orders and inform them of the online link for placing orders.</p>
<p>Brooke Wolfe</p>  <p>Public Health Promotions and Prevention Coordinator</p>	<p><u>Walkability/Rural Behavioral Health Network/ School Wellness:</u> Continue to work with Rural Behavioral Health Network and submitted Strategic Plan to HRSA. Completed 2019-2020 Whole School, Whole Child, Whole Community Grant by meeting with Schools (Harvard and Hastings) and completing NDE evaluation requirements. Managing Facebook, Twitter, SHDHD’s Website and developing staffing plan and surge staffing plan has been my role in COVID-19 response as logistics chief.</p>
<p>Jessica Warner</p>  <p>Health Surveillance Coordinator</p>	<p><u>Disease Surveillance:</u> The Epi Team has completed a total of 132 COVID investigations over the past two months. All of our investigations were contacted within 24 hours and their close contacts within 48 hours. Timely investigation contributes to a decrease in cases, from 145 cases in May to 17 in June (as of 6/18/2020). While it is difficult to account for all variables, the effectiveness of all public health measures in stopping the spread of illness may have prevented 8,192 infections and 64 deaths in our district?. In early May, Michele and I worked with a local meat packing plant to suggest resources for infrastructure changes, increase testing, and enforce isolation and quarantine at the facility. I will continue to work with DHHS for guidance and updates and work with our epi team as we collaborate with our labs, providers and local partners to prevent COVID infections.</p>
<p>Alex Stogdill</p>  <p>Program Assistant</p>	<p><u>Administrative:</u> My administrative roles have shifted during the COVID-19 pandemic. Most of my time is spent answering questions from the community about COVID-19 and organizing/analyzing COVID data for our district. <u>Immunization:</u> I helped organize and run our first VFC clinic since we started seeing COVID in our community in mid-March.</p>

**South Heartland Bi-Monthly Board Report: Staff-Specific Program Updates,
May-June 2020**

<p align="center">Janis Johnson</p>  <p align="center">Standards and Performance Manager / Public Health Nurse</p>	<p><u>Immunizations (VFC, Vaccines For Children):</u> Vaccinator for June VFC Clinic. <u>Accreditation Coordinator/CHA/CHIP:</u> Starting the wheels turning again! <u>Performance Management:</u> COVID responsibilities, especially epi case investigations/close contact monitoring, have filled most of my time/overtime. I have also been involved in office administration to anticipate needs, meet needs or direct staff to meet needs, assist staff, manage consistent messaging with changing guidance, etc. This covers areas that I can manage, asking Michele’s assistance when needed, to help her and prevent her from having to deal with every detail.</p>
<p align="center">Jean Korth</p>  <p align="center">Chronic Disease Prevention Program Assistant</p>	<p><u>Maternal Child Health:</u> We distributed Healthy Kids toolkits to our 4 in-home daycares, 2 child care centers, 3 public schools and 2 after school programs for their review. The feedback from our sites will guide us in providing a “Start Up” kit for next group of participants.</p> <p><u>COVID-19:</u> I am working on contact investigations, active monitoring, providing staff support and reviewing re-opening / event safety plans.</p>
<p align="center">Odeth Méndez-Peraza</p>  <p align="center">Bi-Lingual Community Health Worker</p>	<p><u>Community Health Worker (CHW):</u> <u>COVID-19:</u> I have assisted in completing and closing contact investigations. I still keep translating documents and interpreting as needed. I interpreted for various COVID testing events. Last month, I also interpreted during our VFC clinic.</p>
<p align="center">Albert Pedroza</p>  <p align="center">Lifestyle Coach for Diabetes Prevention, Mosquito Trapper, and Interpreter for Immunization Clinic</p>	<p><u>Smart Moves Diabetes Prevention Class:</u> Currently, there is no class in session.</p> <p><u>Vaccines for Children:</u> During our June clinic, I assisted with interpretation, checking client temperatures, and directing them to the appropriate clinic location.</p> <p><u>During the COVID-19 pandemic,</u> I have been helping the Health Department with contact investigations for both English and Spanish speaking individuals. I have also been helping with active monitoring phone calls, and interpretation at various COVID-19 testing events.</p>

Support Staff for COVID-19:

Hire: Lucy Nielsen (Data Analysis, Dashboard), Aida Evans (Interpretation, Monitoring, Minority Outreach)
 Contract: Shelly Fletcher (Contact Investigations)
 Volunteer: Marlys Schmidt (Epi Team Support), Galy Pedroza (Epi Team Support), Sue Rutt (Phones, Information)

SOUTH HEARTLAND DISTRICT HEALTH DEPARTMENT DISTRIBUTION OF PERSONAL PROTECT EQUIPMENT (PPE) IN RESPONSE TO THE COVID-19 EVENT

South Heartland District Health Department first responded to request for PPE from its partner agencies on March 19, 2020. We already had a cache of PPE at our office in Hastings and at the Butler Crematorium. We started receiving PPE from the state on March 17th. The struggle we had was to decide how to distribute the PPE we received in response to the requests from those who requested it. We established a system of priority areas that should receive it first. For example, hospitals, EMS, and other first responders took, and still take, priority over others because of their response or their testing of COVID-19 or suspected COVID-19 patients.

As time progressed, we found that the PPE we received was not as good as quality as what we had. Agencies found they could not purchase PPE from their usual sources nor could they find other sources that had PPE they could purchase. That put them in a position of relying on SHDHD to fill their needs as much as possible.

During the process we had those who were ordering what they needed and those who's request was beyond what would make sense to anyone. An example is a dentist who wanted 2,200 gowns in five days. It has been a challenge to take a little and use it to give to so many. Overall, people have been good to work with. They all realized that we were merely a type of conduit who had some tough decisions to make and they accepted it.

More recently, the quality of PPE has not been good and everyone realized they had to work with what we had. Now, the quality of gowns has increased, but the availability of N95 masks has gone down again. We are having to use KN95 masks rather than N95 masks. KN95 masks have an earloop rather than go around your head and at one time they tested to only restrict 28% of the particles rather than 95% of the particles that an N95 does. Like the gowns, the quality of the KN95's has increased but the accessibility of the N95's has decreased.

We have been told by NDHHS that we need to build up our cache at the local health departments to assure that PPE is available to those who need it should the second wave of COVID-19 hit this fall and the state would be unable to get more out to us immediately.

Knowing that, SHDHD is committed to build a cache of one month worth of requests and store them at the SHDHD office and in the climate controlled county building that Ron Pushes, Adams County EM, has graciously offered to us. We will use the month of May to determine what orders were made so that we can have that much on hand and still have time to get more in from the state.

The Adams County Fairgrounds staff have been so helpful during this process. We have been able to use the building free of charge and staff have helped unload shipments with the loader they have, and the hand carts, which has made receiving and distribution so much easier.

We have distributed over 65,000 masks and over 35000 gowns and TYVEK suits. In addition, we have distributed over 10,000 face shields and 5,000 goggles, plus thousands of gloves. We continue to order and receive PPE from the state and will continue to do so until agencies are able to buy what they need from their usual sources.

