



**SHDHD Staff Holiday Teambuilding**  
SHDHD Staff members participated in the annual December teambuilding. Staff members brought in food for lunch and then did team building activities.





Tai Chi instructors from Hastings, Superior and Nelson, participate in refresher training in Lincoln with Suman Barkhas on September 20.



(Above) On December 9, Board member Chuck Neumann helped Accreditation Coordinator Janis Johnson MOVE THE BUS (Accreditation PHAB-u-bus), marking our movement to the next stage along the accreditation pathway after submitting our action plan documentation on December 2, 2019 (Left). We should be notified about a decision in March, when the Public Health Accreditation Board (PHAB) meets next.



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

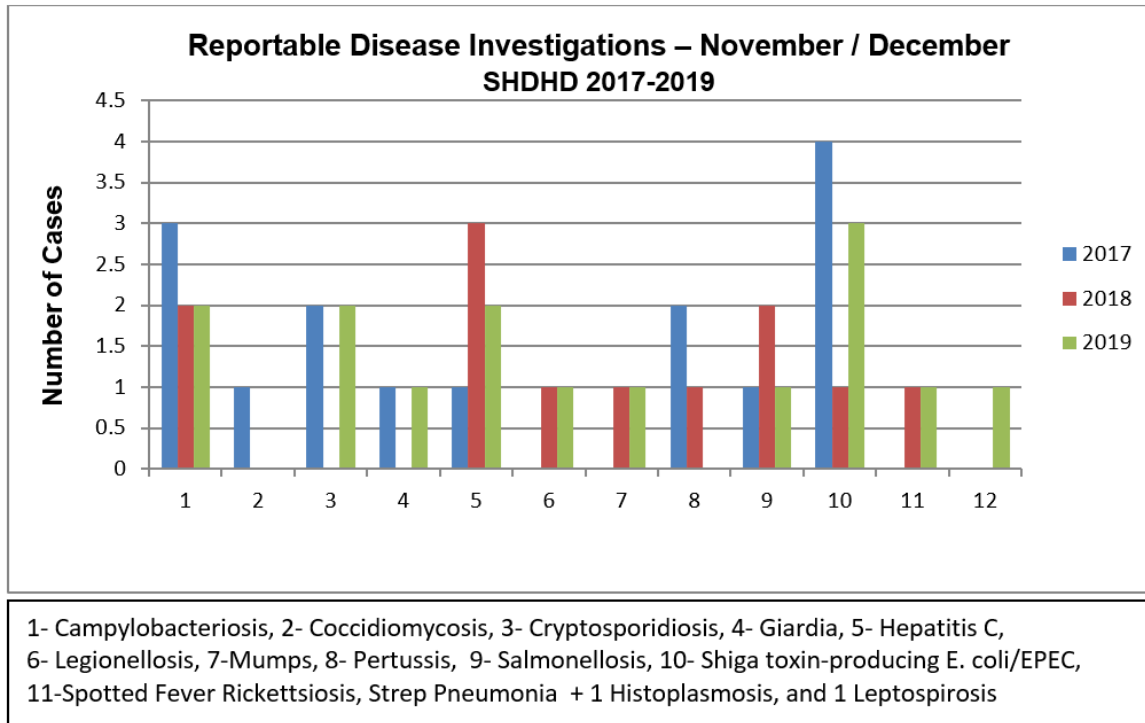
## 1. Monitor health status and understand health issues facing the community.

*(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.



- **Mumps Outbreaks:** Two mumps outbreaks occurred in the fall which included investigation of 5 mumps reports in our jurisdiction. One additional mumps case was investigated during the month of November that could possibly be linked to others in this region. Alerts were sent in September and October to notify providers, schools and childcare staff of possible exposure to mumps. 94 cases have been reported this year across the State with a decrease in November and December.
- **Lead Investigations:** Contact with parents and lead specific interviews were completed for all children with elevated lead. Over 100 labs were reviewed with two new investigations opened for children and at least 3 elevated labs for adults reported. Additionally, staff have been working on plans to improve results from partner organizations for screening and how we can achieve more accurate test results.
- **West Nile Virus:** SHDHD Surveillance continued to review labs reports for West Nile through December, but no current human infections were identified this season. The West Nile grant report was completed at the end of this season.
- **Hospital and School Illness Surveillance:** Data for influenza activity is being sent to SHDHD by our hospitals and schools in order to monitor the duration and frequency of hospitalizations and children absent due to influenza-like-illness. While illness has increased for both gastrointestinal illness and respiratory illnesses, no confirmed influenza has been identified in our district as of 12/20/2019.

## **Regional & National**

- The FDA recently issued a warning regarding unapproved products derived from stem cells. Risk to patients treated with unapproved stem cell, placental and umbilical cord blood-derived products was the cause of a septic illness from therapy after receiving a product derived from C-section placentas. On December 6th, the FDA issued a patient safety notification warning of risks associated with products derived from stem cells and placentas, especially a product termed exosome. SHDHD continues to monitor this issue and will be sending out additional information to providers as additional guidance becomes available through DHHS.

## **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)?*
- **Memorandums of Understanding:** J Morgan has met with Law Enforcement and Emergency Managers in all four counties and renewed the MOU's with all of them. The MOU with Law Enforcement basically stresses the need for planning for public vaccine distribution points and possible security problems. Emergency Managers are agreeing to assist in determining the need for the Strategic National Stockpile (SNS), the ordering of it and, in the case of the Adams County EM, going to the Hub in G.I. to get it. Distribution of SNS is a basic topic for all EMs.
- **Exercises:** J Morgan continues to work with Garry Steele, Nick Elledge (Nuckolls Co. Emergency Manager) and Tim Lewis (Clay Co. EM) to develop a TTX (Tabletop exercise) that will be used in all four counties for planning to receive and distribute the SNS (Strategic National Stockpile). There will be a TTX in each county that will include emergency management, law enforcement, schools, hospitals, and SHDHD J Morgan is working with Webster County Hospital on an exercise that will be completed in 2020.
- **ERC Regional Meetings:** Public Health Emergency Response Coordinators (ERCs) from SHDHD, Loup Basin, Central District, Two Rivers, and Southwest health departments continued to meet and completed the revision of the new ERP (Emergency Response Plan) as well as completed this year's ORR (Operational Readiness Review) We believe that we have met the requirements of the state in the ORR and have revised the ERP enough to be in compliance with the newest PHEP (Public Health Emergency Preparedness) Capabilities.

## **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:** were utilized to get information out (located in Edgar, Nelson, Lawrence, Red Cloud, Bladen, Roseland, and Kenesaw). Topics covered were Flu shots, Hand washing, Holiday Stress, and Fall Prevention in Winter.
- **Satellite offices:** Staff covered monthly hours in Superior and Guide Rock in November and December. Topics covered were holiday stress, flu shots, and cold weather preparedness.
- **News releases, public health columns, ads and interviews:** Topics covered in November and December included Suicide Prevention and Winter Safety Tips. Public Health columns and articles that were published: "3 approaches to preventing suicide: S.A.V.E., Q.P.R., R U OK?" and "Cold Weather Safety Tips". Radio interviews on KHAS: Suicide Prevention and Cold Weather Safety Tips. Also, print ads for Radon Testing.
- **Radon testing and mitigation:** Continue to answer questions that consumers have regarding what levels are dangerous and when mitigation should be considered. People are calling SHDHD before mitigation quite often to make sure they understand the test results and what to expect in mitigation.
- **SHDHD Facebook:** During the months of November and December, the number of people reached was 696 (November) and 856 (December). The topics for social media included "Get your Flu Shot," Safe Winter Walking,

Quit Smoking, Veteran Mental Health, Winter Weather preparedness, Holiday stress/mental health and National Rural Health Day

- **Head Start Adult Literacy Program:** Presentations to an Adult literacy group that includes individuals who recently immigrated or are learning English. Presentations focused on preparedness for cold weather and hygiene for the prevention of winter illnesses including influenza.
- **Tai Chi Moving for Better Balance & Stepping On Classes:** Beginning Tai Chi classes finished up in Superior, Nelson and Hastings (Golden Friendship Center and YMCA). Advanced Tai Chi classes are offered all year in Hastings at the Golden Friendship Center and in Red Cloud at the Community Center, and twice a year in Superior, Nelson and Hastings-YMCA for individuals that have completed the beginning 12-week class. Stepping On classes finished up at Grace United Methodist Church in Hastings (13 new participants) in November. Stepping On meets once a week for seven weeks for 1 ½ hours with guest experts talking about fall related topics.
- **Smart Moves (Diabetes Prevention Program (DPP):** Brodstone, SHDHD (at Head Start) completed 11 months of classes, and Mary Lanning has completed 8. Village Pharmacy (Red Cloud) has not started a new class yet. SHDHD submits data reports to CDC every six months for Brodstone and for SHDHD's Head Start classes. Brodstone and SHDHD continue to maintain full recognition status from the CDC. Mary Lanning and Village Pharmacy are in the process of receiving full recognition.
- **YMCA's SMBP Program:** The YMCA Self-Monitored Blood Pressure program continues at Brodstone Hospital, ML's Community Health Center, SHDHD and Hastings Family Care.
- **Public Libraries:** Emergency preparedness and falls prevention materials, along with information on the Diabetes Prevention program, Smart Moves, and Every Woman Matters, are currently in the 10 public libraries within the South Heartland district.

#### 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:** Five CHIP priority steering committees, consisting of community members and leaders, are gathering data for implementing CHIP objectives and strategies. SHDHD is the backbone organization supporting the process, with one staff member participating in each steering committee. All five steering committee meetings are scheduled for April. The steering committees are overseeing the five priority areas: Access to Care, Mental Health, Substance Misuse, Obesity and Related Health Conditions and Cancer.
- **CHIP Promotion:** Infographics for each of the 5 CHIP priorities are completed for English versions and require usability testing for the Spanish versions. These will help promote the goals of the Community Health Improvement Plan and engage stakeholders and partners in the implementation phase.
- **Access to Health Care Priority:**
  - Access to Care CHIP strategy progress: the committee chair is exploring *Bridges Out of Poverty* training opportunities to bring to the area and is beginning to consider platforms for comprehensive resource guide.
  - Heartland Health Center (federally qualified health center, FQHC, located in Grand Island) and collaborating partners, Mary Lanning Health Care and SHDHD, will reapply for a FQHC Satellite clinic in Hastings at the next opportunity. This is an objective in the CHIP Access to Care priority.
  - Central States Center for Agricultural Safety and Health (CS-CASH) Project launched - Promoting a Culture of Health and Wellness in the Rural Ag Community: A Collaborative Approach with partner commitments from Blue Hill Clinic, Blue Hill Ambulance, Red Cloud Ambulance, and Nebraska Extension. This project aims to improve access to preventive care for ag families and ag workers.
- **Mental Health Priority:**
  - VetSET/Making Connections continues making twice monthly media post on Facebook and Twitter to share mental health and prevention messages for veterans and their families. Developed education (public health column and radio interview) on mental health and suicide prevention for November 1 and partnered with Janelle Brock, Suicide Prevention Outreach and Educational Specialist, VA-Nebraska Western Iowa Healthcare System.

- **Rural Behavior Health Network:** SHDHD continues to implement the HRSA project by hosting rural health network meetings. All of the 5 agencies involved in the network were able to attend at least two of the three meetings in these last two months. The Network finished collecting behavioral health status data and distributing surveys for providers and consumers to understand what evidence-based practices are/could be utilized. During the month of December the network members received a draft report with all the data collected. The Network also continues to work on a network structure by revising/approving a mission statement and considering the use of bylaws. In addition to the Network meetings, grant project coordinator and executive director participate in regular HRSA Technical Assistance webinars and monthly calls to ensure the project is progressing and Network is sustained beyond the grant cycle.
- **Substance Misuse Priority:**
  - Substance Misuse Steering Committee strategy progress: currently collecting baseline information on evidence-based practices (see Rural Behavioral Health Network, above)
  - SHDHD received Drug Overdose Prevention funds that will support additional assessment activities (e.g., survey to understand provider use of best practices for prescribing for pain management), help us promote health care providers and hospitals adopting model pain management policies, and expansion of drug take back program.
- **Obesity & Related Health Conditions Priority:**
  - **SHDHD Healthy Kids Workgroup, HKW:** During November and December, the HKW has been busy conducting and reviewing daycare/school/afterschool environmental assessment results (also a key performance indicator for the Obesity strategies overall), uploading evidence based/promising practice program/policies for the site implementation “toolkit,” site selection and implementation site MOUs. HKW has provided SHDHD with great expertise and insight when collecting data. During December, SHDHD staff worked to connect with all 13 interested sites and met with 12 sites in person to discuss timeline, grant activities, action plans and MOUs. Visited sites were excited to get a little extra support to ensure their daycare is promoting healthy kids.
  - **Improving Health through changes in Built Environment and Social Supports: Healthy Hastings (HH)** continues to meet to fulfill their action plan. In November, the committee discussed plans for Active Hastings Week (scheduled for the last week in April 2020). **Sutton** continues to work on implementing their action plan. Their primary focus right now is hosting monthly community wellness sessions covering a variety of topics and raising funds/identifying grants that will help them begin laying the walking trail.
  - **Prevention Connection: Smart Moves, Diabetes Prevention Class (DPP):** SHDHD continues to work with partners in implementing this evidence-based yearlong program, establishing the capacity to serve 3 of the 4 counties with Smart Moves. Partners include Brodstone Memorial Hospital, Mary Lanning Healthcare, Village Pharmacy of Red Cloud, and Innovative Women’s HealthCare (a new partner in Hastings). SHDHD is also wrapping up our first worksite Smart Moves program at Head Start.
  - **SHDHD WoW (Worksite Wellness):** During November, staff were encouraged to show kindness by donating canned goods for a local food pantry. December staff and board members participated in the annual holiday networking and team building. All staff members and 2 board members were able to attend.
  - **Whole School, Whole Community, Whole Child (WSCC):** SHDHD has been actively connecting with schools about wellness activities, attending Hastings Public District (HPS) and Harvard Wellness Team meetings, and implementing action plans. In Nov/Dec, SHDHD attended at least one wellness team meeting from each of the HPS elementary schools, 2 of the Harvard wellness team meetings and 2 of the Nebraska Department of Education (NDE) meetings. All schools are making progress. Harvard is implementing a fruit and vegetable program- serving a fruit/veg snack to K-8 three times a week and partnering with UNL extension to do nutrition education 1 time/month. At Hastings Public, all buildings have active wellness teams with three goals they will be working on in 2020. Schools also participated in a 1 day social emotional learning workshop.
- **Cancer Priority:**
  - **CHIP Cancer Strategy Progress:** SHDHD sought/received funding to help support first steps of Cancer strategies – including conducting a survey of health care providers to understand how they communicate with their patients about recommended cancer screenings and exploring ways to increase cancer screening rates. The committee identified a clinical task force (meeting scheduled for January 14) to help design/test the survey before they administer it to providers.
  - **Cancer Coalition:** The South Heartland Cancer Coalition did not meet during November/December.

- Mary Lanning Healthcare Cancer Committee: ML Cancer Committee met in November. This group helps guide and oversee the activities of the ML cancer program. As ad hoc members of this group, we collaborate on community cancer education and screening projects advancing SH community health improvement and ML COC Accreditation goals.
- Lung Cancer: Radon detection kits remain available at SHDHD, satellite offices and UNL Extension.
- Colon Cancer: FOBT kits are currently available through SHDHD, Community Health Center and Hastings Family Care.
- HPV Cancer Prevention/Cervical Cancer: Human Papillomavirus (HPV) vaccine educational materials and banners in English and Spanish were displayed and shared at the monthly VFC clinics and at Community Health Center. Community Health Workers connect families to resources for vaccination of children through our VFC clinic and for cervical cancer screening for women through the EWM program.
- Breast Cancer: Using the Encounter Registry web-based tool, SHDHD's health hub staff continue to identify women in need of breast, cervical and colorectal cancer screening as well as resources to lifestyle change. Needs are assessed including health coverage and other barriers that might stand in the way of a woman completing cancer and cardiovascular screenings. Those without insurance who meet Every Woman Matters program requirements are assisted with completing the Healthy Lifestyle Questionnaire to enroll in the program. In November/December staff enrolled 2 new clients in to the program. 7 women were navigated to breast and/or cervical cancer screening. Through our Health Hub Collaborative Impact Project, we are working with the Hastings Imaging Center and Hastings Radiology Associate to address the financial barrier impeding access to breast cancer screening for minority women in our district. We are reconnecting to these women from our women's health event last fall and helping them apply for ML assistance for the physical and mammogram, providing them with a mammogram scholarship covering the cost of the radiology reading of the mammogram. 1 woman completed screening mammograms through this program in November/December.
  - Prostate Cancer: No activity in November/December.
  - Skin Cancer: No activity in November/December.
- Vital Signs Health Fair Board: Two SHDHD staff were reappointed to the VSHF board. One staff attended the planning meeting in November. Discussion continues about changing the community health fair model after the 2020 fair.
- Other Collaborations:
  - Hastings Health Ministry Network, HHMN: One SHDHD staff members attended and contributed at the monthly network meeting in November.
  - Local Emergency Planning Committee, LEPC: No LEPC meetings in November and December.

## 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):
  - Opioid Prevention (DHHS): SHDHD submitted a work plan for a three-year grant that will allow for prevention and interventions directed towards opioid abuse. This subaward has a planning component that requires a strategic plan. Strategies and measures from our CHIP Substance Misuse Steering Committee will align nicely with this subaward. Total award for each year: \$18,241 (with potential for additional funding). As of 01.02.20, subaward has not been received from DHHS for signing.
  - Central States Center for Agricultural Safety and Health (CS-CASH): Promoting a Culture of Health and Wellness in the Rural Ag Community: A Collaborative Approach with partner commitments from Blue Hill Clinic, Blue Hill Ambulance, Red Cloud Ambulance, and Nebraska Extension. Awarded \$20,000, project period 11.01.19 – 04.19.21. Grant fully executed on November 25 (start date 11.19.19)
  - NE Comprehensive Cancer Control Program: SHDHD submitted a proposal to support strategies in our Cancer Priority: *Increase the number of partner clinics working to increase their cancer screening rates.* We were one of 3 (out of 6 applications) to get a notice of award: \$25,000. Project period 11/15/19 – 08.31.19. Grant was executed on 11.25.19.

- **Childhood Lead Poisoning Prevention Program (DHHS):** Submitted work plan and budget for 09.30.19 – 09.30.20 (due date 10.31.19) for \$7200 (allowed amount). As of 01.02.20, subaward has not been received from DHHS for signing. Project objectives: Conduct fundamental blood lead level surveillance; conduct disease investigation and follow-up activities for children aged less than 72 months with an initial unconfirmed (capillary) elevated blood lead level  $\geq 5 \mu\text{g/d}$ ; conduct disease investigation and follow-up activities for children aged less than 72 months with an initial confirmed venous elevated blood lead level  $\geq 5 \mu\text{g/d}$ ; assist DHHS in coordinating environmental investigations, referrals, and linkages to services for children with elevated blood lead levels; promote public awareness/prevention of childhood lead poisoning.
- **VetSET / Making Connections:** \$13,500 for Making Connections for Mental Wellbeing Initiative (MC Year 4 funding from NALHD). Project period 10.01.19 – 09.15.20. Contract fully executed 11.25.19. Project Goals: Goal 1: Promote upstream drivers of mental health and wellbeing for Veterans and Veteran families by connecting communities around Veteran issues and providing immediate and long-term outreach to families and their Veterans. Goal 2: Establish a culture of “Vets in all policies” at the local and state level. Goal 3: Leverage and further develop Local Health Departments’ capacity to enhance community-level infrastructure to support the specific mental health and wellbeing needs of Veterans and Veteran families.
- **MHAT (Mental Health Awareness Training) / QPR (Question, Persuade, Refer):** The Behavioral Health Education Center of Nebraska (BHECN) in collaboration with NALHD and participating Local Health Department will train community members, families, caregivers, and service providers who are in contact with veteran’s and their families throughout the state of Nebraska. Trainings will be targeted to include county veteran service staff, local and state government health department staff, community-based organization staff, faith-based groups, schools, hospital staff, medical providers, the general population and the families of veterans in order to reduce mental illness and suicide. BHECN expects to train 250 individuals per grant year and train 750 unduplicated individuals in the three-year life of the grant across all participating LHDs. Contract signed 11/25/19, project period 10.04.19 – 08.31.20, \$4,000.
- **Radon Awareness and Risk Reduction Subaward:** Proposal submitted (\$3,000, and \$3,000 required match) for project period beginning December 14, 2019. Verbal intent to award, but no signed subaward as of January 1. Project focus: promote radon education and awareness, radon testing, and mitigation.
- **Performance Management System framework, PMS:** The combined QI-PM Plan is completed and reviewed by the BOH Policy Committee. Measuring health department performance: 2019 tracking of program specific measures in the performance management dashboard is completed and the 2020 dashboard is being developed.
- **MCH Title V Grant:** Two SHDHD staff are participating on a statewide workgroup generating strategy ideas and data sources that will be part of a state-wide proposal for grant funding through Title V. This is a component of access to care and obesity as part of our CHIP priorities.
- **Community Health Assessment (CHA) Report and Community Health Improvement Plan (CHIP), 2019-2024:** are available for partners and the public on the SHDHD website.
- **Public Health and Primary Care Integration for Falls Prevention:** The STEADI (Stopping Elderly Accidents, Deaths & Injuries) initiative is being implemented by two Mary Lanning Clinics referring patients for upcoming Fall Prevention Classes. STEADI consists of three core elements: Screen patients for fall risk, Assess modifiable risk factors, and Intervene to reduce risk by using effective clinical and community strategies (such as referral to Stepping On and Tai Chi programs). Combined, these elements can have a substantial impact on reducing falls, improving health outcomes, and reducing healthcare expenditures.
- **Public Health Emergency Preparedness (PHEP) Plans:** J Morgan is meeting with Emergency Response Coordinators from Central District, Loup Basin, Two Rivers, Southwest, and the TRIMRS Coordinator to complete the new ERP (Emergency Response Plan) and ORR (Operational Readiness Review) requirements of the new PHEP Subaward due the end of the year. J Warner completed the BT surveillance annex of the ERP.
- **Partner Coordination, Pandemic Planning:** J Morgan is a member and attended the quarterly meeting of the MAAA Advisory Board. Discussion included how SHDHD and MAAA can work together to meet the needs of the vulnerable populations in our district, especially in the case of a Pandemic.
- **SHDHD Strategic Plan:** The BOH Policy Committee reviewed the action plan and dashboard for tracking implementation of the strategic plan. It will be presented as information to the full board January 8.



## 6. Enforce public health laws and regulations.

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

- Describe our efforts to educate members of our community on public health laws, policies, regulations, and ordinances and how to comply with them.
  - What laws and regulations have we helped enforce to protect the public's health?
- **Nebraska Clean Indoor Air Act:** No smoking violations reported this period. Met with 8 Law Enforcement agencies in all four counties and signed MOU's with all the agencies regarding responsibilities of SHDHD and the LE agency.
  - **NE legislature** – We reviewed 2019 carryover bills to identify those that impact public health operations and SHDHD priorities that we will continue to monitor in the 2020 legislative session.
  - **Federal Policy**- Bipartisan, Bicameral FY2020 Appropriations Agreement – the bill includes significant investments in our nation's public health infrastructure – which will provide funding/support for public health efforts on opioid abuse/overdose prevention, immunization/vaccine preventable diseases, health disparities, tobacco and e-cigarette use, hospital preparedness, Medical Reserve Corps, and vector-borne diseases.
  - **Local laws and ordinances:** Met with Hastings Utilities to learn about their processes for testing drinking water for lead and reporting lead levels. We requested copies of the reports (the state requires testing every 3 years) in order to conduct trend analysis and assist with public education regarding risks and mitigation (e.g., replacing lead service lines).
  - **Swimming Pool Safety:** SHDHD requested and received summaries of inspection reports for swimming pools in our district in order to monitor / be aware of violations and to coordinate with DHHS/Environmental Health on response and follow up to violations and public education.
  - **Food Safety:** SHDHD created a food inspection report log to summarize and analyze the food inspection quarterly reports we receive from the NE Department of Agriculture. Approximately 80% of facilities inspected in each quarter have at least 1 critical violation. We are also monitoring the number of facilities that need follow up.



### Food Inspection Quarterly Reports

1/2/2020

Nebraska Department of Agriculture

Date Received	Report Year	Reporting Period	# Inspections by Type						# Facilities by # of Critical Violations (0 CV to 16+ CV)					# facilities with Non-Critical Violations (0 NCV to 16+ NCV)					# Facilities Needing F/U	% Facilities w/ Critical Violations
			Total	Reg	F/U	Compl	Invest.	Other	0	1-5	6-10	11-15	16+	0	1-5	6-10	11-15	16+		
02.11.2016	2015	Oct-Dec	205	205	0	0	0	0	41	154	8	2	0	16	127	60	2	0	4	0.80
04.25.2016	2016	Jan-Mar	127	127	0	0	0	0	21	100	1	5	0	5	85	30	7	0	3	0.83
07.18.2016	2016	Apr-Jun	159	159	0	0	0	0	28	121	10	0	0	4	107	45	3	0	4	0.82
11.04.2016	2016	Jul-Sept	172	172	0	0	0	0	42	114	16	0	0	16	115	35	6	0	6	0.76
01.14.2017	2016	Oct-Dec	102	102	0	0	0	0	17	81	2	11	0	12	62	28	0	0	2	0.92
?	2017	Jan-Mar	155	155	0	0	0	0	34	108	13	0	0	9	106	40	0	0	1	0.78
08.11.2017	2017	Apr-Jun	138	138	0	0	0	0	27	101	10	0	0	11	88	33	6	0	2	0.80
11.25.2017	2017	Jul-Sept	84	84	0	0	0	0	13	52	19	0	0	4	43	37	0	0	8	0.85
04.16.2018	2017	Oct-Dec	111	111	0	0	0	0	23	83	5	0	0	9	80	22	0	0	0	0.79
04.16.2018	2018	Jan-Mar	188	188	0	0	0	0	28	158	2	0	0	11	130	47	0	0	0	0.85
X	2018	Apr-Jun																		
X	2018	Jul-Sept																		
X	2018	Oct-Dec																		
07.01.2019	2019	Jan-Mar	181	181	0	0	0	0	31	140	10	0	0	13	141	25	2	0	0	0.83
11.22.2019	2019	Apr-Jun	100	100	0	0	0	0	9	89	2	0	0	8	58	34	0	0	5	0.91
11.22.2019	2019	Jul-Sept	80	80	0	0	0	0	14	57	9	0	0	5	43	27	5	0	0	0.83

## 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:** In Nov/Dec, clinic staff delivered 174 vaccines to 60 patients at two monthly clinics. Of those 60 patients seen, 46 (77%) had no insurance, 13 (21%) had Medicaid, and 1 (2%) was underinsured. 18 of the 60 VFC patients (30%) were new to the clinic. Total donation collected from clients for Nov./Dec. = \$194.00 (avg. \$1.11 per immunization or \$3.23 per patient).

- **Immunization: Adult Immunization Program:** In Nov/Dec, the clinic staff delivered Tdap to 2 adults (age 19 and over). Both adults were new to the clinic and were uninsured.
- **Reminder/Recall to improve vaccination rates:** VFC patients age 24-36 months who are not up to date on recommended vaccinations, 11 total, were sent reminder/recall letters.
- **Hastings College (HC) Influenza education and vaccine promotion:** This group met in November with vaccination updates given by the school nurse and the final survey reviewed before it's sent out to students and staff in January.
- **Community Health Worker (Bilingual):**
  - Engaged 8 new clients, 8 referrals to other organizations/providers, 2 clients enrolled in EWM
  - Working with 8 uninsured Spanish speaking women to complete mammogram through the Collaborative Impact Project. Assisted 2 women with diagnostic follow-ups.
  - Provided interpretation for 23 VFC patients.
  - Completed 1 presentation for the Minority Health Grant in December.
  - Completed 5.5 hours Instructor Led Session 1 (ILS) for Language Solutions interpreting training in December
- **Community Health Worker (English Only) / Every Woman Matters (EWM) and Health Coaching:**

November/December: continue to do SMBP checks on two participants: one participant completed 4<sup>th</sup> Nutrition program and completed YMCA SMBP survey. One participant completed 1<sup>st</sup> and 2<sup>nd</sup> office hours and 1<sup>st</sup> Nutrition program. Health Coaching EWM clients for November: completed 1<sup>st</sup> Health Coaching call with 4 participants. Unable to connect with 2 participants. December: Completed 1<sup>st</sup> Health Coaching call with 3 participants and 2<sup>nd</sup> Health Coaching call with 4 participants. Connected 3 participants to Blood Pressure program and 4 participants regular health coaching. Discontinued 1 participant because too much going on with work to engage in health coaching. Unable to connect with 1 participant.

## 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):** All staff have completed the 2019 calendar year performance management dashboard. The QI-PM Team has prioritized transition strategies in each of the 6 stages to develop goals to work toward stage 6 - a culture of quality. These goals include data, analysis, reporting and customer satisfaction. All staff have completed Performance Management training.
- **The Workforce Development Plan:** The plan was approved by the Board in November. The 2019-2020 WD Action Plan and Training Curriculum continues to be implemented. Workforce Development goals are cross walked with Strategic Plan and QI-PM Plan goals.
- **TOPs Facilitation: Approaches to Environmental Scanning:** Three staff members (Hultman, Wolfe, Bever) learned Technology of Participation (TOP®) facilitation environmental scanning method training in November.
- **M. Bever participated in a leadership development FIRO-B training (Fundamental Interpersonal Relations Orientation – Behavior version)** with other local health directors to increase understanding of interpersonal interactions and interpersonal needs for more effective group settings (training supported through NALHD)
- **CLAS and Literacy Improvement and Innovation Project (Title V)/CHIP Infographics/CHW training:**
  - The CHIP Infographics: English versions for each of the 5 CHIP priority health areas are completed; usability testing and translation edits are in progress for the Spanish versions. Feedback from the usability testing participants have all been positive.
  - Language interpretation skills training: Odeth Mendez and Albert Pedroza are currently completing.

## 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:** The SHDHD QI-PM Plan is completed to correlate with the QI-PM Policy. This plan's goals cross walk with other plans (Strategic Plan, Workforce Development Plan, CHIP) for implementation of goals, improved tracking and reporting of outcomes (performance management system).
  - **SHDHD Performance Management Dashboard:** The 2019 staff tracking of 22 health department measures in administrative and programmatic areas gives a visual view of progress and identifies areas for improvement. Data from these measures will be used develop measures for the 2020 dashboard.
  - **Quality Improvement project for Policy Housekeeping:** Finance/Operations Manager and Executive Director have initiated a QI project to review, reorganize, and standardize operational, financial, and employee policies.
  - **Strategic Plan action plan and dashboard:** Staff developed an action plan and dashboard for the new 2020-2025 Strategic Plan as a roadmap for implementation and to track progress on plan implementation.

## 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:**
    - In the **Every Woman Matters/Community Health Hub** project, SHDHD uses evidence-based strategies to address health inequities and improve screening rates for cervical, breast and colon cancers.
    - **Tai Chi – Moving for Better Balance and Stepping On:** are evidence-based programs for falls prevention in older adults who have a fear of falling or that have fallen. In the South Heartland District, beginning and/or advanced **Tai Chi classes** are offered in all 4 counties. Beginning Tai Chi classes will start back up in January – February 2020.
    - **Stepping On classes:** meet once a week for seven weeks for 1½ to 2 hours and then a booster session in 3 months; classes finished in Hastings on November 20, 2019. Next class will be on January 14, 2020 at Evangelical Free Church - Hastings @ 1:30 pm.
    - We are continuing to use the evidence-based **Reminder Recall** process for immunization clinic clients to improve immunization rates.
    - **STEADI:** SHDHD is going to pilot the evidence-based STEADI (Stopping Elderly Accidents, Deaths & Injuries) program with 2 area clinics in 2020. In these partnerships, health care providers are encouraged to conduct falls risk assessments and refer at-risk patients to the health department for connection to falls prevention classes.
    - **Public Health Accreditation Board (PHAB) Standards and Measures:** Completion of accreditation will align SHDHD with these evidence-based measures, improving quality and performance. The SHDHD Action Plan was submitted December 3, 2019. The PHAB Board meets in March to determine accreditation status.
    - **Mental Health Screening Practices:** SHDHD's new HRSA-funded project to develop a rural behavioral health network is surveying behavioral health and primary care providers to determine their evidence-based screening practices and barriers to implementing screening/assessments.
  - **Research/Contributing to the Evidence Base of Public Health:**
    - **Access to care project at the Center for Advanced Surgical Technology, UNMC:** The Center for Reducing Health Disparities at UNMC College of Public Health conducted an interview of SHDHD Exec. Director to gain insight into local and rural community needs and the challenges with accessing healthcare, including surgical care services. Shared CHA information and described collaborative partnerships between public health and the local healthcare system.

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**Stories: How we made a difference....**

**Given the opportunity, our community partners will make a big impact locally.**

Through the Maternal Child Health funds SHDHD received, all Healthy Kids workgroup members had the opportunity to attend the Nebraska SHAPE (Society of Health & Physical Educators) conference with their registration paid. The conference is a physical activity and nutrition conference primarily for PE teachers. However, one Healthy Kids workgroup partner from Brodstone Hospital Rehab center also attended. This is what she had to say about the conference:

“I attended the SHAPE conference for the first time this year and it was a great experience! I was given multiple tools to share with our after school program coordinator here in Superior. After the conference our Rehab department volunteered and I was able to put together a fun, active program for the kids based on some of the game ideas from the SHAPE conference.

We had lots of great feedback and plan to volunteer again soon.”

SHDHD would like to THANK all our partners who help implement our activities, without them the public health work we strive to do wouldn't be possible.

- *Brooke Wolfe, Health Promotion and Prevention Coordinator, SHDHD*

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