

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

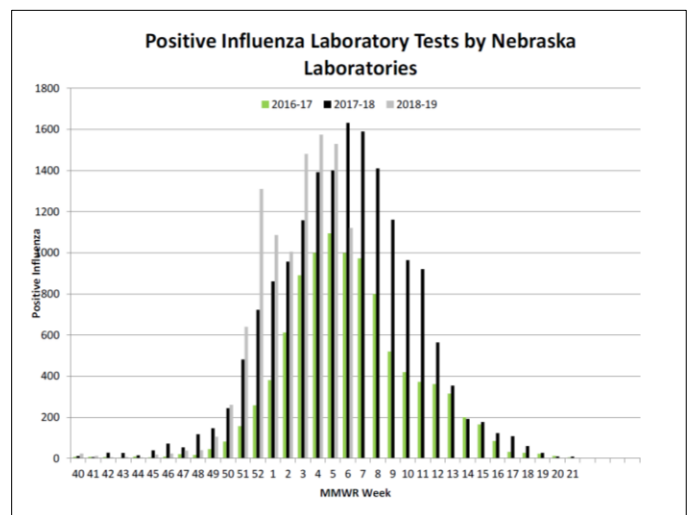
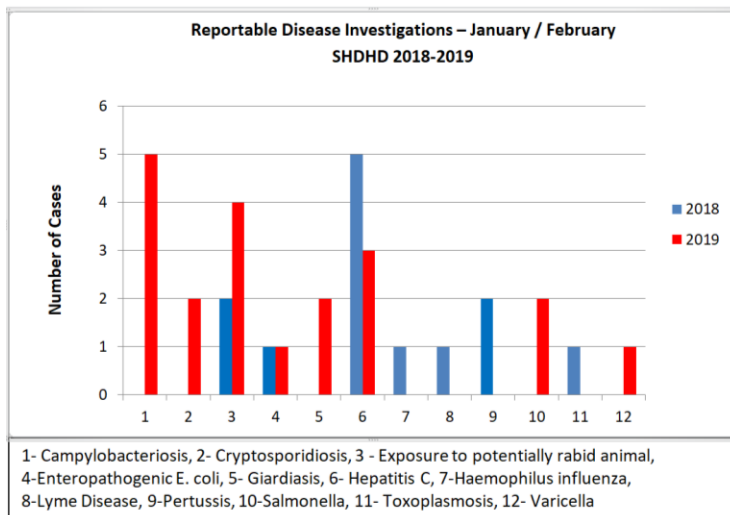
## 1. Monitor health status and understand health issues facing the community.

*(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.
- **Hospital ILI and Influenza:** Hospitalizations for ILI peaked during the last week of January and appears to be decreasing as we end the month of February. SHDHD surveillance staff continues to monitor activity and communicate with hospitals regarding hospitalizations for ILI. During the month of January, surveillance staff sent out a HAN regarding influenza status, treatment recommendations and prevention to providers, clinics, hospitals, labs, pharmacies, long-term care facilities and child care centers. Additionally, there were two long-term care facilities and four schools in our district reporting influenza outbreaks. Required reporting for these outbreaks was sent to DHHS during the month of January. Additionally, information has been provided to DHHS for four influenza related deaths during this reporting period.
- **School Surveillance:** Fall Semester surveillance reports were sent out to each school in our district in January. Attendance at every school was affected by influenza this season with two schools closing due to half of students ill with either influenza or gastrointestinal illness.



## 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)?*

### ➤ Emergency Preparedness & Response:

- **After Action Reports were completed for the Strategic National Stockpile exercises** with input from Garry Steele, Nick Elledge, Cody Samuelson of Two Rivers, Catie Larsen of Loup Basin, and Andrew Hills of Central District. Suggestions for the Improvement Plan included having a liaison between the subhub and the Emergency Operations Center, and to have a manual that would address possible problems and their solutions.

- J. Morgan was an [evaluator for a live shooter Full Scale Exercise \(FSE\)](#) at Kearney which involved an incident at the Event Center. The FSE encompassed the activities at the scene, EMS, Law Enforcement and the two hospitals that would normally receive patients. JM's role was to evaluate the Incident Command System at the CHI hospital.
- NDHHS is planning for a [state-wide Full Scale Exercise](#). The local health departments have a role to be determined.
- Nebraska's public health emergency response coordinators continue to work on a [new Emergency Response Plan](#) that includes references to Capabilities established by CDC, and there is discussion state-wide regarding the best format of the plan.
- [Lead Investigations](#): Starting this January, DHHS has implemented a new reporting system through Red Cap for grant updates and home investigations. I completed this report in January. Lead activities for this reporting period include contacts with 18 individuals with elevated lead.
- [Radon Testing](#): Sold 103 radon test kits in January/February to residents interested to know the radon levels in their homes.

### 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.*
- [Satellite office](#): Staff covered monthly hours in Superior and Guide Rock in January and February. Topics covered for congregate meals included flu, radon, and general information about diseases in the U.S. that were past issues, but are no longer of concern.
- [Community sign boards](#): were utilized to get information out (located in Edgar, Nelson, Lawrence, Red Cloud, Bladen, Roseland, and Kenesaw). January topics were HPV/Cervical Cancer and Radon. February topics were Heart and Hypertension.
- [Radon testing and mitigation](#): Continue to receive calls and share information on radon testing and mitigation, including one contractor. The contractor in Hastings/Ayr seems to be doing a good job responding to mitigation problems in the SHDHD district according to satisfied customers. Radon kit sales have increased because of the cold weather and there is sometimes a problem with the mail in getting the kits from Nebraska to the lab. An example is that 2 kits were mailed by the same person the same day, yet it took 4 days longer for one kit to get to the lab in North Carolina. This sometimes takes it past the date for reliable results.
- [Hand Washing](#): SHDHD led the Scrubby Bear Presentation to 40 pre-school students at Red Cloud Elementary.
- [News releases, public health columns, ads and interviews](#): Topics covered in January and February - Community Health Worker ads, Board meeting notices, Sunrise 60 interviews: Radon and Heart Health. Ads were sent out to 8 local papers, A Sunrise 60 presentation aired on January 4<sup>th</sup>, and a noon hour KHAS News feature aired in January. News articles were also published by Hastings Tribune on Radon and Influenza.
- [SHDHD Facebook](#): In January, the number of people reached was 1,327. For February, the number of people reached was people 703. The topics for Facebook and twitter in January were "Thank You Service Men and Women", Radon Awareness and HPV awareness. February's topics included promotion of the "Ask the Question" campaign for service men and women, heart health information/awareness and cancer prevention.
- [Worksite Wellness](#): This program is currently being assessed to look at how we can better meet worksite's needs. During the month of January, a survey was developed for all past participating worksites to complete to better understand their needs.
- [Tai Chi Moving for Better Balance Classes](#): Beginning Tai Chi classes started in January and February in Nelson, Superior, and Hastings at the Golden Friendship Center, and classes will start at the YMCA on March 5<sup>th</sup>. [Year round Advanced Tai Chi classes](#) are offered in Hastings at the Golden Friendship Center and YMCA, and in Red Cloud at the Community Center, for individuals that have completed the beginning 12-week class. Falls Risk Assessment will be performed on individuals 60 years of age and older at the Vital Signs Health Fair in Hastings (Adams County Fair Grounds on March 23 & 24 from 7:00 am – Noon). Working on a pilot with a clinic to promote STEADI (Stopping, Elderly, Accidents, Deaths and Injuries) screenings and assessments to older adults who have a fear or have fallen.
- [Smart Moves \(Diabetes Prevention Program \(DPP\)\)](#): SHDHD's Smart Moves complete their last class on February 21, Superior finished their class on January 9<sup>th</sup>. Brodstone, SHDHD (at Head Start) and ESU9 have

started their new classes in January, with ML starting their class in February. Village Pharmacy (Red Cloud) is still planning to start a class in 2019, date TBD.

- **YMCA's SMBP Program:** South Heartland's community health worker continues to have an active role serving as Healthy Heart Ambassador for this program, holding office hours each Monday from 12:30 - 3:30 to assist participants in learning the correct way to measure their blood pressure. This collaboration with the YMCA in delivering their Self-Monitored Blood Pressure program allows us to engage and continue working with women identified for health coaching through the NeDHHS WISEWOMAN Program (Well-Integrated Screening and Evaluation for Women across the Nation). The YMCA also continues to work with SHDHD and ML's Community Health Center to establish a bidirectional pathway to communicate with providers about program success and patient outcomes.
- **Opportunity House (South Central Behavioral Services day rehabilitation site):** SHDHD provided Heart Health education in February.

#### 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?*
- **Access to Health Care:** Staff collaborated with Community Action Partnership of Mid-Nebraska to host venues at commodity supplemental food program distribution points in Hastings, Clay Center, Superior and Red Cloud to check blood pressures and discuss health coverage and cancer screening needs.
- **Obesity:**
  - **Nutrition Advisory Board (NAB):** The Nutrition Advisory Board is now meeting quarterly. In January there were 8 attendees (2 new members) with a focus on UNL extensions school nutrition kits. UNL partner Deb Unterseher shared what was in the kits, how they can be used and how they are available for any school in our district. Next meeting will be in April.
  - **Prevention Connection, Superior's follow up to their Walking Summit:** Superior Design team continues to work towards the capacity to apply for funding to support a trail in their park.
  - **Prevention Connection: Healthy Hastings follow up on action summit:** Healthy Hastings continues to meet to fulfill the action plan. The team met in February to discuss the action plan items and progress the city of Hastings has made on the trail expansion process.
  - **Prevention Connection: Smart Moves, Diabetes Prevention Class (DPP):** SHDHD continues to work with partners in implementing this evidence-based yearlong program, established the capacity to serve 3 of the 4 counties with Smart Moves. Partners include Brodstone Memorial Hospital, Mary Lanning Healthcare and Village Pharmacy of Red Cloud. SHDHD has also expanded to two worksites - ESU 9 in Hastings and Head Start.
  - **SHDHD WoW (Worksite Wellness):** During the month of January, we focused on stress management and completed a tracking log worksheet with approximately five activates each week for stress reduction. Hopefully our staff will use these techniques through the year. In February, we shared a website by Dr. Gary Chapman on Five Languages of Love. This assessment provides insight into how we individually give and receive love. Concepts from this assessment could be applied to the workplace. We also had a program on the history and health benefits of yoga with Elizabeth Israel (Avani Spa).
  - **Whole Schools, Whole Community, Whole Child (WSCC):** SHDHD has been active connecting with schools about wellness activities, attending Hastings Public District and Harvard Wellness Team meetings, completing with schools the School Health Index assessment and attending the first (of two) School Health Institute. Harvard, Hastings and SHDHD attended this first school health institute. Teams learned about physical activity and nutrition initiatives they could implement at their schools. They also analyzed their school health index assessment and developed an action plan they hope to have implemented by the second institute in March. Schools continue to expand their wellness teams by adding members and improving the environment at their schools.
- **EWM Health Hub Clinic Connections:** SH Health Hub staff connected with clinic staff at the Community Health Center in Hastings and Webster Co. Clinic in Red Cloud, reviewing information for Every Woman Matters Program enrollment. Additional updates were provided regarding breast and cervical cancer navigation and transportation support available, and the Nebraska Colon Cancer screening program (FOBT

kits and resources for colonoscopy available to those without insurance or with high deductibles that have a positive FOBT result).

➤ **Cancer**

- **Cancer Coalition:** South Heartland Cancer Coalition met in February to plan skin and colon cancer education and screening activities in the district. The coalition plans to meet bi-monthly in 2019.
- **Mary Lanning Healthcare Cancer Committee:** Cancer Committee met in January. Together as partners, we collaborate on community cancer education and screening projects (which helps ML meet their COC Accreditation requirements and helps both ML and SHDHD meet community health improvement goals).
- **Lung Cancer:** Radon detection kits remain available at SHDHD, satellite offices and UNL Extension. Nebraska Quitline cards are being included with all FOBT kits prepared for distribution.
- **Colon Cancer:** March begins our annual colon cancer screening campaign. FOBT screening kits are provided to men and women across Nebraska who are age 50-74 who have not had any screening in the past year. 93 FOBT kits have been distributed to 9 partners (1 in Sutton, 1 in Clay Center, 2 in Blue Hill, 3 in Red Cloud and 2 in Superior) along with printed instructions for community distribution. Kits are also being distributed to pharmacy, clinic and health ministry partners in Hastings. They are available at SHDHD and will or have already been available at Sutton Health Fair, Vital Signs Health Fair, Webster County Health Fair, Nuckolls County Health Fair and two worksite fairs at Central Community College and Good Samaritan Village.
- **Cervical Cancer:** Human Papillomavirus (HPV) vaccine educational materials are displayed and shared at monthly VFC clinics. Community Health Workers continue to work with clients to access health care and Every Woman Matters resources. Clients are navigated to screening and diagnostics or treatment when needed.
- **HPV Cancer Prevention:** HPV banners in English and Spanish are on display at the Community Health Center.
- **Breast Cancer:** Using the Encounter Registry web-based tool, we 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 the Every Woman Matters program requirements are assisted with completing the Healthy Lifestyle Questionnaire to enroll in the program In Jan./Feb. staff enrolled 1 client and navigated 1 client to breast and cervical cancer screening and 1 to diagnostic follow-up. Not having a bilingual CHW has brought many challenges. Much of the navigation work being done was with our minority population. It has forced us to look for additional ways to reach women and to look for temporary bilingual support from Mary Lanning to follow-up with women previously engaged at our women's health event last fall.
- **Prostate Cancer:** No current activity.
- **Skin Cancer:** South Heartland Cancer Coalition members from Hastings and Superior are working on education and screening activities for health fairs in respective counties.
- **Substance Abuse:** SHDHD is participating in a discussion with partners to bring the film series "Do No Harm- The Opioid Epidemic" to the Hastings Museum theater.
- **Mental Health: VetSET/Making Connections - Save the Date:** Military Family Fun Day will be June 29 from 9:00 am – 4:00 pm at Timberlake Ranch Camp. Activities include hiking trails, petting zoo, obstacle course, disc golf, swimming, canoes and paddleboats, fishing, and sand volleyball. Meal included (Taco Salad, Rice, Apples, Salad, Cookies and drink). Need to register for the meal. Other activities available High ropes course, blob, paintball, and trail rides (must pre-register for these activities). Watch for more information and registration to follow in the next few months.
- **Vital Signs Health Fair Board:** 2 SH staff are members of this board which met in January and February planning for the March health fair.
- **Other Collaborations:**
  - **Hastings Health Ministry:** The group met in January and February. SHDHD staff use this opportunity to share community program updates at each meeting.
  - **Hastings Public Schools:** SHDHD and Hastings Public School (HPS) collaborated to present at the 2018 Ne SHAPE conference. The team presented on the progress made over the past 5 years with HPS school wellness initiatives and how community partnerships were key.
  - **Community Health Improvement Plan strategy development** – SHDHD is collaborating with local topic experts and professionals as we hone the strategies for each priority of the new Community Health Improvement Plan.

## 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:**
- **2019 Immunization Funding:** submitted proposal for SHDHD immunization program funding for the period Jan 2019 – June 2019 for \$10,300. Subaward still not executed as of 03.01.19.
  - **Health Hub / Every Woman Matters:** Executed subaward received 1.17.2019 for the period that began October 1, 2018.
  - **Radon Awareness and Risk Reduction:** submitted a work plan and budget for subaward with DHHS Environmental Health for \$3,000. Requires \$3,000 match. Project start date slated for December 15, 2018. Executed subaward received 01.17.19.
  - **Directly Observed Therapy (DOT) –** Executed subaward received 2.1.2019. Funding period 1.1.2019 – 12.31.2019 for up to \$3,600. DOT is used to assure that tuberculosis patients are compliant with medication.
- **Performance Management System framework, PMS:** The SHDHD PM process will be evaluated for usefulness and need for quality improvement. The performance management system measure is included in SH's PHAB Action Plan, "to integrate performance management throughout SHDHD and continue training to develop staff and BOH understanding of performance management system". The Action Plan objectives and actions include training for staff and updates for the BOH. The new NACCHO QI Survey will evaluate QI and PM knowledge.
- **Community Health Assessment (CHA) Report:** SHDHD staff have completed a final report for the CHA to be shared with partners and posted on the health department website. This report demonstrates the broad community participation, data sharing and results of the CHA processes.
- **Community Health Improvement Plan (CHIP), 2019-2024:** the results from the CHA and the community strategy meetings identified strategies for addressing the five identified health priorities (Access to Care, Mental Health, Substance Misuse, Obesity & Related Health Conditions and Cancer). Partner-led steering committees will oversee implementation of the strategies with SH and other district partners. This will allow data compilation, measurement of progress, and assessment for strategy revisions for the annual CHIP reporting (SH) and readiness for interim CHA/CHIP (SH and partners).
- **SHDHD Annual Report:** Completed 2018 Annual Report and gave report to Adams, Clay, Nuckolls and Webster county boards. Began distributing copies of the report to partners and public.

## 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.
- SHDHD receives **food recall alerts** from the Nebraska Department of Agriculture. We also maintain a link on our website to the FDA Food Safety webpage.
- Attended NACO Legislative Committee meeting January 25, then created and provided to Board of Health and staff a SHDHD Legislative Review (summary of bills of interest) highlighting bills to support or monitor. Shared SHDHD priority bills (LB 480 – appropriations to LHDs; LB 710 – tobacco tax bill; LB 327 – behavioral health rate bill) with elected officials (all 4 county boards and Adams County/City of Hastings combined services Committee).
- Coordinated a visit with Senator Halloran (District 33) and Senator Murman (District 38) and Mary Lanning Healthcare and MLH Behavioral Health Services to demonstrate local behavioral health services and educate on purpose of LB 357 (Mental Health Services Rate Bill).

## 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 Jan./Feb. the [Vaccine for Children](#) clinic staff delivered 84 vaccines to 32 patients at two monthly clinics. Of those 32 patients, 25 (78%) had no insurance, 5 (16%) had Medicaid, 2 (6%) were underinsured. 13 of the 32 patients (41%) were new to the clinic. Total donation collected from clients for Jan./Feb. = \$182.00 (avg. \$2.25 per immunization or \$5.69 per patient).
- SHDHD uses quarterly reminder/recall, an [Evidence-Based Strategy for improving vaccination rates](#). Reminder/recall was completed in January with 44 letters sent.
- In Jan./Feb. the [Adult Immunization Program](#) delivered Tdap to 1 adult age 19 and over. This client was underinsured.
- SHDHD staff continues work with 3 [Hastings College \(HC\) student volunteers and the HC school nurse](#) on activities to educate college students about influenza and to promote flu vaccination to students and staff.
- [Community Health Worker \(Bilingual\)](#):  
[Every Woman Matters \(EWM\)/Encounter Registry](#): No activity. Looking to fill this position.
- [Community Health Worker \(English Only\)](#):  
[Every Woman Matters and Health Coaching](#): January / February: continue to do SMBP checks on three participants: one participant finished the 7<sup>th</sup> & 8<sup>th</sup> in office hours blood pressure check, the 4<sup>th</sup> nutrition program and completed YMCA BPSM survey in January. Three new participants were entered for the BPSM program. January / February: No health coaching – waiting for authorization from the state to continue health coaching.

## 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 \(PM\)](#): Training will be determined to advance understanding of performance management and expand PM implementation (“to integrate performance management throughout the HD and continue training to develop staff and BOH understanding of performance management system” PHAB Action Plan).
- [The Workforce Development Plan](#): The QI-PM Team continues to work on succession planning/knowledge transfer development and cross training opportunities for identified critical positions.
- [CLAS and Literacy Improvement and Innovation Project \(Title V\)](#): The CLAS and Literacy Innovations Project continues through 2019 and includes statewide and cross-sector partners sharing a common interest in advancing equity in the Nebraska population. They have invited local health departments to “help us understand better how to support organizations in efforts to adopt CLAS and literacy practices through small quick-launch, rapid-cycle projects”, April 1 - Sept. 30, 2019.
- [State Steering Committees](#): SHDHD participated in the Diabetes Prevention State steering committee quarterly meeting and the Whole School, Whole Community, Whole Child State Steering committee meeting.
- [Trauma Informed Care Webinar](#): SHDHD participated in “Trauma-Informed Supervision: It’s for everyone” webinar.
- Colorado Integrated Food Safety Center for Excellence provided a three hour [training for improving interviewing skills during the investigation process for enteric disease](#). Jessica Warner and Dorrann Hultman completed this training.
- Jim Morgan completed 8 hours of [Continuous Education required by the state to remain a Radon Testing Specialist](#). The two courses included a group of medical professionals discussing the effects that Radon has on the human body and how it is detected. The second course was a group of Radon testing manufacturers who discussed the different types of tests and when they should be used as well as what to monitor when ordering, storing, and using the test kits.

- During the months of December and January, staff completed an online [Minute Taking at Meetings course](#) offered by Udemy.
- [Accurate Blood Pressure Measurement Training](#): J. Korth shared with partner clinics information on accurate blood pressure training modules available from the Department of Health and Human Services.
- J. Morgan took part in a [focus group conducted by the area NRCS and NRD](#) to discuss environmental topics. SHDHD hopes to meet with the NRCS representatives to see if there is a way of working with them regarding Mental Health issues and to put NRCS information on the SHDHD website.

**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 projects](#): client interaction tracking (Access database), standardization of SHDHD documents, finance and operations standardization of the grant compliance files/indirect cost allocation, and records retention.
- [Full Scale Exercise After Action Report](#): Jim Morgan is leading development of an After Action Report for the Full Scale Exercise (completed November 28, 2018) to test Strategic National Stockpile and which will include how well we met the exercise goals and recommendations for improvement.
- Staff completed online [Minute Taking at Meetings course](#) to improve the quality of our meeting documentation.

**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. Tai Chi classes are set up to meet twice a week for 12 weeks for 1 hour and a new class will be starting after the first of the year in 2019. [Stepping On classes](#) meet once a week for seven weeks for 1½ to 2 hours and then a booster session in 3 months; classes will be offered sometime in April 2019.
  - We are continuing to use the evidence-based [Reminder Recall](#) process for immunization clinic clients to improve immunization rates.
  - [Public Health Accreditation Board \(PHAB\) Standards and Measures](#): Completion of accreditation will align SHDHD with these evidence-based measures, improving quality and performance. SHDHD Action Plan
- [Research/Contributing to the Evidence Base of Public Health](#):
  - Completed a survey from DHHS Division of Behavioral Health which, partnering with a Creighton student, was wanting to learn more about local perception of access to behavioral health care in our area. The survey will contribute to the Division of Behavioral Health current assessment efforts, and also is a part of the student’s practicum.

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(See next page for “How we made a difference”)

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

SHDHD’s radon program, including education about radon and radon testing promotion activities, is helping residents reduce their risk for lung cancer. One resident spoke with Jim Morgan, SHDHD’s licensed radon testing specialist, after testing his home and finding high levels of radon. He received a wealth of information from Jim, then he decided to proceed with mitigation to reduce radon levels in his home. The resident recently followed up with Jim, reporting that the mitigation process and interactions with the licensed mitigator went exactly like Jim had told him it would and that his radon level was now below 2 picocuries per liter (i.e., below the radon action level of 4) after completing the mitigation.

When asked by Jim if he was satisfied with the mitigation system, he said "Everything went just like you said it would. I asked him about everything you told me I should and he answered my questions just like you told me he needed to, including having a contract that guarantees the level will go below 4. When I told him I had talked to you first, he said he knew who you were."

The resident was very happy with how things progressed and said he would be happy to have us use him in our promotion for radon. We are glad that another family has reduced their risk of lung cancer by taking action against radon!

*Jim Morgan is the public health risk coordinator for South Heartland District Health Department. His roles include emergency preparedness and response, as well as environmental health education and risk reduction (e.g., radon) and enforcement (e.g., Nebraska Clean Indoor Air Act)*

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