

SHDHD Strategic Planning, Part II

A committee of staff and Board came together on July 22 to identify substantial actions to position SHDHD to be prepared for any future scenario. Strategic Plan Goals for 2020-2024:

- Securing Financial Stability
- Prioritizing Programs and Services
- Optimizing Human Resources
- Advocating the "Why" of Public Health



Sutton Walks!

A new Sign Board on the walking trail in Sutton promotes being physically active and was made possible through SHDHD's chronic disease prevention initiative (1422).



Community Sign Boards

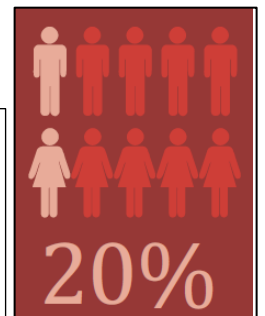
A joint SHDHD-Community Sign Board located in front of the Nelson Community Center displays information on storm preparedness and West Nile Virus prevention. SHDHD has joint sign boards in seven rural communities and changes out information monthly. Made possible through Public Health Preparedness Funds in 2012.





Kool Aid Days

Fight the Bite! Visitors to SHDHD's booth learned about the mosquito life cycle, how to prevent mosquitoes from breeding and how to prevent mosquito bites. Children could participate in a tossing game to win a sun safety bracelet that changes color when it is time to reapply sun screen.



A good infographic is worth a thousand words!

Staff and partners from the MAPP Core Team are working together and with a professional graphic artist to create infographics promoting the 5 community health improvement plan priorities. An infographic is a collection of imagery, charts, and minimal text that gives an easy-to-understand overview of a topic. We will produce the infographics in Spanish and English.

Back to School Event at CCC-Hastings



Project Homeless Connect



Connecting People to Resources

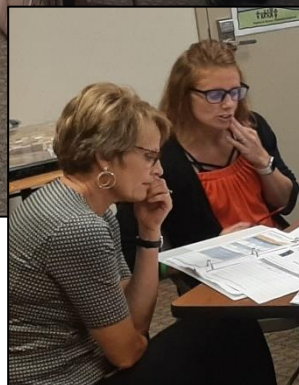
SHDHD Staff assists people to access resources and information to help them make healthy choices, stay up to date on recommended immunizations and access cost effective cancer screening programs.



Paper Planes, Inc: Building A High Performance Team

August 27: SHDHD's Quality Improvement & Performance Management Team attended a Team-Building and Quality Improvement training

- Jim Morgan – Wing Folder (Quality Assurance)
- Jessica Warner – Supply
- Janis Johnson – Gluer
- Michele Bever – Applicator / Wing Foil
- Brooke Wolfe – Assistant Leader
- Joe Streufert – Flight Tester



CHIP Implementation Launch!

August 26: Community Health Improvement Plan (CHIP) Steering Committee Leader Orientation. SHDHD recruited community leaders to oversee implementation of the CHIP strategies:

Access to Health Care
(Jodi Graves, Dave Long)

Mental Health
(Kim Kern, Treg Vyzourek)

Substance Misuse
(Stefanie Creech-Will, Shannon Short)

Obesity & Related Health Conditions
(Troy Stickels, Marisa L'Heureux)

Cancer
(Sally Molnar, Danielle Malchow)

Next Steps: Develop initial Action Plans and Strategy Tracking/Progress Tools.

Steering Committees, one for each priority, will meet two times each year, convening for the first time in October 2019.

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

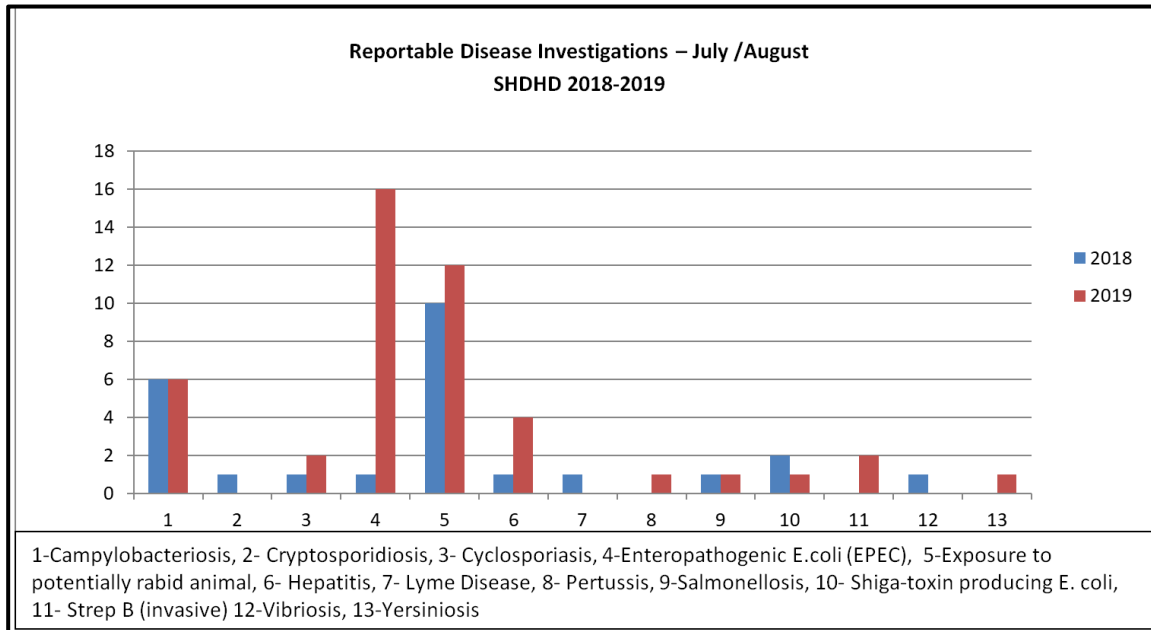
1. Monitor health status and understand health issues facing the community.

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

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

Local

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



- **School Surveillance:** All schools in our jurisdiction are back in session. Once again, we are partnering with local schools to understand what illnesses are causing absenteeism at schools. This program allows us to be aware of any viral outbreaks including influenza and gastrointestinal illness. We receive reports about numbers of kids out ill due to other illnesses such as strep throat, lice, asthma/allergies and potentially communicable illness. This program will start on September 4th, 2019.
- **Lead Investigations:** Materials were delivered to medical clinics, Head Starts, Clay Co. Health Department and several schools to provide information about elevated childhood blood lead levels. J. Warner participated in a “hands on” workshop hosted by DHHS to improve case management for lead follow up and provide guidance for lead cleanup. During the months of July and August, four new investigations were opened and one home lead evaluation is pending.
- **West Nile Virus:** SHDHD has reviewed several lab reports for West Nile indicating previous infections. No positive labs have been received for South Heartland residents in 2019. Across Nebraska, 7 individuals reported WNV infections with symptoms and 1 blood donor has been identified. We continue to raise awareness through media outlets and provide information on prevention at county fairs and other community events. Mosquito trapping and testing is ongoing in Adams and Webster counties, with no West Nile positive mosquitoes to date.

Regional & National

- **Measles Outbreak:** According to the most recent update on August 15th, 1,203 cases of measles have been confirmed in the US this year.
- **Mumps Outbreaks:** Nebraska is experiencing two mumps outbreaks in northeast Nebraska and in York County. Surveillance staff is following up on exposures from a probable case that resides in our health district.

➤ 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)?*
- J Morgan is meeting with the Administrator of the Blue Hill Nursing Home to assist in writing a TTX involving a live shooter. SHDHD will be most involved in Behavioral Health Response.
- Community/Behavioral Health Response: SHDHD received a call for assistance from the Webster County Emergency Manager/Chief Deputy for Behavioral Health assistance during a double-drowning in Webster County. SHDHD contacted Region 3 Behavioral Health and a team from South Central Behavioral Services was dispatched to assist family members and others who were present at the site of the drownings. The Webster County Sheriff stated his thankfulness to SHDHD for lining up the team and to Region 3 and the team itself.
- Storm Response: SHDHD responded to a request from the new Clay County Emergency Manager for assistance coordinating with the public water system state contact for this area concerning a water problem in Trumbull. SHDHD connected with the appropriate state contact to assure he had all information needed. The issue was already resolved and had been handled appropriately immediately after the issue (valve shutoff) was identified.
- State-wide Table Top Exercise (TTX): SHDHD staff attended a state-wide TTX that involved the use of a new software for resource management and patient tracking that is being supported by NEMA and the large hospitals in Omaha. Concern in the rural areas that the software will not be feasible due to staffing limitations with volunteer EMS. Ongoing costs to local entities are also a concern.
- Exercise Evaluations: J Morgan evaluated a TTX at Mary Lanning Healthcare regarding a live shooter. They plan on having a full-scale exercise at a later date.

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 offices: Staff covered monthly hours in Superior and Guide Rock in July and August. Topics included West Nile Virus, and SHDHD Mental Health response.
- Community sign boards: were utilized to get information out (located in Edgar, Nelson, Lawrence, Red Cloud, Bladen, Roseland, and Kenesaw). July topics were school immunizations and school safety. August topics were vaccinations for all ages and mental health.
- Radon testing and mitigation: We continue to sell radon kits even though typically fewer kits are sold in the summer months. We continue to get telephone calls and meet with people at county fairs regarding the need to complete measurement tests in their home. J. Morgan has answered several questions that consumers have regarding what levels are dangerous and when mitigation should be considered.
- National Night Out: SHDHD took part in National Night Out in Hastings Nebraska. Topics discussed were West Nile Virus and Veterans Outreach.
- News releases, public health columns, ads and interviews: Topics covered in July and August included Mental Health, Rabies, Project Homeless Connect and West Nile. News releases that were published included Mental Health and West Nile Virus/Mosquito Prevention. Public Health columns and articles that were published: West Nile prevention and Back To School Tips for Better Mental Health. Radio interviews on KHAS: West Nile Virus Protection and Mental Health Awareness. Also ads for Tai Chi Classes.
- SHDHD Facebook: In July, the number of people reached was 1,759. For August, the number of people reached was 1,166. The topics for Facebook and twitter were farm safety and sun safety for July and Immunization, HPV Cancer Awareness, and back to school mental health for August.
- Tai Chi Moving for Better Balance & Stepping On Classes: Beginning Tai Chi classes will start in Hastings at the Golden Friendship Center on August 27. New Tai Chi classes will also be starting in Superior and Nelson on September 3rd and YMCA – Hastings September 10th. Classes finished up in Red Cloud on August 20th at the Elm Street Center. Advanced Tai Chi classes are offered all year 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. Stepping On finished the first class for the year with 19 participants and started the second class on August 14th with 19 participants. Stepping On meets once a week for seven weeks for 1 ½ hours with guest experts talking about fall related topics. A pilot with two Mary Lanning Clinics (Community Health Center and Hastings Family Care) was started to promote and refer clients that have fallen or at risk for falling.

- **Smart Moves (Diabetes Prevention Program (DPP)):** Brodstone, SHDHD (at Head Start) and ESU9 have completed five months of classes, and Mary Lanning has completed four. Village Pharmacy (Red Cloud) is still planning to start a class in 2019, date TBD. SHDHD submits data reports to CDC every six months for Brodstone and for SHDHD's Head Start and Village Pharmacy. Brodstone and SHDHD continue to maintain their 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 has expanded the program to Brodstone Hospital while continuing to be heavily involved with ML's Community Health Center and Hastings Family Care.
- **Opportunity House (South Central Behavioral Services day rehabilitation site):** SHDHD provided SMBP (self-monitored blood pressure) presentation in August.
- **Public Libraries:** SHDHD is using the ten public libraries located in the district as an avenue to keep people in our district informed about health issues. Libraries have been provided with a holder containing material on the Diabetes Prevention program, Smart Moves, Every Woman Matters program, and sun safety and physical activity. SHDHD staff members will visit the libraries periodically to monitor the holders and change out the materials. Local librarians were provided information on the Network of Care feature on the SHDHD website.
- **Reaching our Hispanic/Latino residents:** We are re-connecting with Spanish media ("Telemundo", an Omaha based television station and "Buenos Dias Nebraska", Grand Island-based Spanish newspaper) and are testing an internal process for translating our English news releases and disseminating them to these media. We requested the newspapers be delivered to the SHDHD Hastings office. We are expanding our Facebook presence to include a page in Spanish that will be maintained by SHDHD's bilingual community health workers.
- **Project Homeless Connect:** 17 homeless or near homeless community members visited our booth and were provided printouts of their immunization records generated through NESIIS. They were given education on all recommended vaccinations and informed of our immunization clinic services for children and adults. Cancer screenings, the EWM program and sun safety were promoted. 2 people were assisted with connecting to a health care provider.

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?*
- **CHIP implementation:** Chair and vice chair positions for the five steering committees that will lead implementation of the Community Health Improvement Plan met August 26 with SH staff. Agenda items included review of previous steps, the CHIP document/strategies, roles & responsibilities, 1 year membership commitments, setting meetings for this fall & next spring, methods for sharing information and action plans.
- **CHIP Promotion:** SHDHD, along with MAPP core team partners, is developing infographics to help promote the goals of the Community Health Improvement Plan and engage stakeholders and partners in the implementation phase.
- **Access to Health Care:** Heartland Health Center (federally qualified health center located in Grand Island) submitted an application in April to HRSA for expanded services into Hastings through a satellite clinic. The application process involved two key supporting/collaborating partners: Mary Lanning Health Care and SHDHD. Notice of Awards have not yet been announced.
- **Obesity:**
 - **Nutrition Advisory Board (NAB):** The Nutrition Advisory Board is now meeting quarterly- there was a meeting in July with 5 of 10 active committee members present. The group was able to connect about different nutrition services and learn about what the YMCA does around nutrition.
 - **Prevention Connection: Healthy Hastings follow up on action summit:** Healthy Hastings continues to meet to fulfill their action plan. The team met in July to discuss the action plan items and progress the City of Hastings has made on the trail expansion process and trail amenities, as well as plans for Downtown

Farmers Market. SHDHD also participated in providing the City of Hastings feedback on how mobile different parts of the city were as part of their mobility study.

- **Prevention Connection: Sutton action summit:** SHDHD has brought on a new community for 2019 walkability efforts. The Sutton “design team” (core planning team) met twice in July/August to continue the planning of the Summit. The group consists of 9 community members, all of whom play a different role in the community. In August, the team decided to purchase some trail amenities with the grant funds received from SHDHD. They also had a new participant in their design team meeting- the city administrator! He was able to help the group connect what the city was already planning to what the group was hoping to accomplish from the summit.
- **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 and Village Pharmacy of Red Cloud. SHDHD has also expanded to one worksite - Head Start.
- **SHDHD WoW (Worksite Wellness):** During the month of July, staff were encouraged to complete the sun safety challenge (5 staff completed) to promote enjoying the outside the safe way. In August, staff was invited to participate in an 8 week financial challenge - this activity will be complete in September. The committee also presented their wellness equipment release to the policy board and then to staff.
- **Whole Schools, 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, completing with schools the School Health Index assessment and implementing action plans. The summer month of July was slow for school wellness, but August the activities picked up. SHDHD met with 2 of the HPS school building teams and the HPS district wellness team. Both schools are gearing up for the September institutes by gathering their teams and thinking about 2019-20 school year goals.
- **SHDHD Healthy Kids Workgroup:** In August, SHDHD kicked off their Healthy Kids workgroup developed to advise SHDHD as they implement the Maternal Child Health (MCH) grant. The MCH grant is focused on improving the environment for youth to increase physical activity and improve nutrition in schools, daycare, afterschool programs and other organizations that take care of youth. In August the group had 5 of the 10 partners in attendance.

➤ **Cancer**

- **Cancer Coalition:** The South Heartland Cancer Coalition expanded in July to include additional partners involved with the planning of the Be Well, Feel Good, Get Checked Women’s Health Event for this fall. October 19, 2019 from 9:00-11:00 is the date and time set for this event to be held at the YWCA. As several planning meetings are necessary for this event, the group decided to forgo the regularly scheduled coalition meeting on August 27, 2019 and meet next on October 22, 2019, following the event.
- **Mary Lanning Healthcare Cancer Committee:** ML Cancer Committee met in August. This group helps guide and oversee the activities of the ML cancer program. As ad hoc members of this group, we work with the program to 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. At the ML Cancer Committee Meeting, Jessica Gregg, APRN with Pulmonology and Critical Care, presented to the group on the Lung Cancer Screening Program at Mary Lanning. She reported that since the program launch in fall of 2013, 317 lung cancer screenings have been completed by MLH with 6 malignancies detected.
- **Colon Cancer:** In 2019, 306 FOBT screening kits have been distributed free of charge to men and women age 50-74 who have not had any screening in the past year. Partners in Sutton, Clay Center, Blue Hill, Red Cloud, Superior and Hastings, as well as community and worksite health fairs, contributed to this effort. Recently 2 ML clinics, CHC and HFC have increased the number of kits they are distributing to patients in an effort to improve overall % of their patients up to date with colorectal cancer screening. Of the 306 kits distributed, 170 or 56% have been completed and sent to the lab. In an effort to improve return rates, 2 reminders have been delivered first by letter and second by call or text. Our public health nurse has provided case management to 2 of the 3 clients with positive results and is working to connect with the third. As a result of follow-up with colonoscopy, one client has been diagnosed with colon cancer and has received follow-up 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, at Community Health Center, at Project Homeless Connect and at the CCC Back to School event. 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, 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 the Every Woman Matters program requirements are assisted with completing the Healthy Lifestyle Questionnaire to enroll in the program. In July/August staff enrolled 2 new clients in to the program. 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.
- **Prostate Cancer:** No activity in July and August.
- **Skin Cancer:** Sun safety and skin cancer prevention education was promoted at Project Homeless Connect in July.
- **Substance Abuse:** SHDHD participates on the board of Area Substance and Alcohol Abuse (ASAAP) for coordination of education and prevention activities. In August the ASAAP board members participated in a coalition evaluation activity to identify opportunities for improvement in the coalition structure and function.
- **Mental Health:** 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.
- ▣ **Rural Behavior Health Network:** SHDHD launched the HRSA-funded project by hosting the first rural behavior health network meeting. Of the 6-agency network, 5 agencies were present for the kick off. The network looked at the work plan and envisioned future outcomes of the group to develop a mission statement. SHDHD is also learning from HRSA the key components of a successful and sustainable network and is sharing the information with the network members.
- **Vital Signs Health Fair Board:** Two SHDHD staff are members of this board; met in August for future planning.
- **Other Collaborations:**
 - **Hastings Health Ministry Network:** The group does not meet during the summer (June-August).
 - **Kids Fitness Nutrition Day:** SHDHD hosted the first fall planning committee meeting and schools began registering for the event. Currently 9 schools are registered.

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:**
 - **Maternal Child Health Childhood Obesity Proposal (DHHS):** SHDHD was given notice of award for \$64,906 for a project proposal in response to a request for proposals from NE DHHS Maternal and Child Health. We do not have an executed subaward yet. The project period began August 1, 2019, and will require a 20% local match. Our project addresses childhood obesity, is focused on physical activity and nutrition for youth and would implement several strategies in the Obesity priority of the Community Health Improvement Plan.
 - **Arboviral Surveillance (West Nile, etc) Subaward (DHHS):** Executed contract received 07.05.19 for project period beginning 05.01.19. Award amount: \$3,111. Received notification on 08.08.19 that we would be receiving an additional \$1807 to be spent by Dec. 31, 2019. Total award: \$4,918.
 - **Immunization Subaward (DHHS):** Executed contract received 08.28.19 (Project Start date was 07.01.18)
 - **Public Health Emergency Preparedness (DHHS):** No executed contract as of 08.30.19 (Project start date was 07.01.19)
 - **Accreditation Subaward (DHHS):** Submitted proposal for Oct 2019 – Sept 2020 project period.(\$10,000)

- **Central States Center for Agricultural Safety and Health (CS-CASH):** Submitted a proposal called 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. (\$20,000)
- **Falls Prevention (DHHS):** Submitted proposal for Oct 2019 - Sept 2020 project period to continue Tai Chi: Moving for Better Balance and Stepping On classes, and STEADI falls risk screening and referral initiative. (Continuation funding request: \$18,000)
- **NE Comprehensive Cancer Control Program:** RFP issued 08.26.19. SHDHD is working on a proposal that will support strategies in our Cancer Priority. (Due Sept. 26, 2019)
- **Performance Management System framework, PMS:** Staff are tracking program specific measures in the performance management dashboard (to measure health department performance). Operational definitions for the measures are developed to ensure staff understand how measures are defined and calculated, ensuring consistent measurement.
- **Community Health Assessment (CHA) Report and Community Health Improvement Plan (CHIP), 2019-2024:** are available for partners and the public on the SHDHD website.
- **DHHS Annual Report:** The DHHS Office of Community Health and Performance Management is supporting NALHD to produce reports for each Nebraska LHD. The 2019 Annual Report Survey for SHDHD was completed and submitted to NALHD.
- **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. These must be completed by the end of the year and require an enormous amount of work as the ERP is a complete overhaul in how it is accessed and the ORR is a new document as well. Several meetings have been set up to get this completed.
- **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.

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. Starting to meet with Law Enforcement to renew MOA's on what the responsibilities are for them and SHDHD.
- **NE legislature activities** – participating with Friends of Public Health in statewide local public health planning for public health messaging for interim studies related to the healthcare cash fund and to plan for upcoming legislative session.
- **Foodborne outbreak/ Regulated entity:** SHDHD received a report from Nebraska Department of Agriculture (NDA) related to a complaint about a local restaurant. Follow up was completed to assure that specific issues were inspected in order to prevent foodborne illness.
- **Regulated Entity/Enforcement of Public Health Laws:** PHAB accreditation Domain 6 includes understanding the enforcement authority for public health laws and the roles of the health department when the health department does not have enforcement authority. Examples of state and local public health laws that require enforcement include NE Clean Indoor Air Act, Meth Lab Clean Up Regulations, food safety/restaurant inspections, water safety, nuisance ordinances. Staff is developing a spreadsheet to summarize the topic, regulated entity, enforcement authority, potential LHD roles, protocols/MOUs, inspection schedules, action taken in response to complaints, report frequency, and partners. Once the first review is completed, next steps will be to formalize

partnerships with entities that have enforcement authority and determine SHDHD roles in responding to complaints and/or responding to trends/patterns in the enforcement activities.

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 July/August, clinic staff delivered 126 vaccines to 44 patients at two monthly clinics. Of those 44 patients, 28 (64%) had no insurance, 11 (25%) had Medicaid, and 5 (11%) were underinsured. 27 of the 44 VFC patients (61%) were new to the clinic. Total donation collected from clients for July/August = \$668.00 (avg. \$5.51 per immunization or \$15.18 per patient). It is likely that the increase in donations is due to an increase in new patients who have their medical coverage through faith based health share plans that are not considered health insurance by the State of NE, thus qualifying them for our clinic as uninsured.
- **Immunization: Adult Immunization Program:** In July/August clinic staff delivered Tdap to 4 adults (age 19 and over). All 4 adults were new to the clinic and all 4 were uninsured.
- **Reminder/Recall to improve vaccination rates:** In August, our quarterly reminder/recall activities were directed toward 2-3 year olds completing all vaccinations, and 13-17 year old completing the HPV vaccination series. 30 reminder/recall letters were sent out.
- **Hastings College (HC) Influenza education and vaccine promotion:** 3 intern candidates were interviewed with all 3 interested in beginning volunteer work for this project this fall.
- **Community Health Worker (Bilingual):**
 - Engaged 13 new clients, 9 referrals to other organizations/providers, 2 clients enrolled in EWM
 - Working with 7 uninsured Spanish speaking women to complete mammogram through the Collaborative Impact Project. 4 home visits have been made. 5 women completed their mammogram screenings with interpretation provided by SHDHD CHW.
 - Health Coaching connections with 3 clients (Spanish speaking)
 - Provided interpretation for 10 VFC and 2 AIP patients
- **Community Health Worker (English Only) / Every Woman Matters (EWM) and Health Coaching:** July/August: continue to do SMBP checks on four participants: one participant finished the 3rd through the 6th office hours blood pressure check and the 2nd - 4th nutrition program. One participant completed 3rd through the 6th office hours and 2nd & 3rd Nutrition program, and one participant completed 1st through the 6th office hours and 1st - 3rd Nutrition program. One new participant completed 1st office hours and 1st nutrition program. Health Coaching EWM clients for July - able to complete 1st Health Coaching on 1 participant and 2nd Health Coaching call with 9 participants. August completed - 1st Health Coaching on 3 participant and 2nd Health Coaching on 4 participants, 3rd and final Health Coaching for 9 participants and completed EWM survey. Connected 13 participants to Blood Pressure program and 3 participants to regular health coaching. Discontinued one participant from Health Coaching because unable to connect with her, marked to send letter.

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):** The QI-PM Team has completed the NACCHO Self-Assessment Tool and the training, "A Practitioner's Performance Management Primer Training" (Michigan's Embracing Quality in Public Health). The staff survey is in progress. Scoring of both surveys will identify strategies to address gaps, opportunities in performance management and develop corporate and individual training plans.

- **The Workforce Development Plan:** The QI-PM Team is continuing to implement the succession planning/ knowledge transfer development and cross training opportunities and beginning to mentor other staff in this process. Six job description revisions are completed to include core competencies,
- **CLAS and Literacy Improvement and Innovation Project (Title V):** The CLAS (Culturally and Linguistically Appropriate Services) 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. The project will continue in 2020. SHDHD is one of four selected to complete an innovative CLAS project.
 - Thirteen SHDHD staff and community partners participated in an infographics training, providing information on when to use infographics, and how to design and display data.
 - The Infographics Design Team (includes staff and CHA/CHIP core team partners) met in August to begin design of infographics for each of the CHIP priority health areas. (These will be used to launch the CHIP to partners and the public.)
 - O. Mendoza has completed 8 out of the 10 lessons for the first module of the language interpretation skills training.
- **CHW Regional Meeting:** SHDHD hosted the second regional CHW meeting on July 22nd from 5:30 – 8:00 pm. 13 CHW attended the meeting to discuss work and experience, encouragement and respect for work and contributions.
- **Building a High Performance Team:** SHDHD's Quality Improvement & Performance Management Team attended a Team-building and Quality Improvement training called Paper Planes, Inc.: Building High Performance Teams. Take-aways included the importance of communication at all levels, the benefits of a quality improvement culture, the value of having agreement on common goals, and the importance of understanding and respecting everyone's roles and identifying how each role contributes to the goal.

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 Plan:** The QI plan is under revision to crosswalk with other plans - strategic planning, workforce development plan, CHIP – to improve tracking and reporting of outcomes (performance management system).
- **Results Based Accountability, RBA:** Staff continue to complete this spreadsheet to provide program updates at weekly staff meetings. This makes the process more efficient and focuses us on questions “how much/how many, how well did we do, what difference did we make” and how our work applies to the 10 Essential Services.
- **SHDHD Performance Management Dashboard:** Staff are tracking 22 health department measures currently in use in administrative and programmatic areas. Data for these measures will be used to monitor SHDHD successes, needs for revision or change, and for departmental decision-making and quality improvement.

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. 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 in Hastings ~~the first part of~~ on August 14, 2019. SHDHD is collaborating with GSV, Hastings Fire & Rescue, Red Cross, and YMCA – Hastings for a Smoke Detector installation event for residents of Hastings, age 55+ on September 28, 2019 from 9 – noon. In addition to receiving Carbon Monoxide detector / Smoke Detectors, they will also receive a night light and a home inspection will be completed during this time to look for Fall Issues. During this time Hastings Fire & Rescue

was talking about how many Lift Assists they do and SHDHD asked if they could provide fall prevention classes that we offer in the district and they would like to do referrals to SHDHD.

- 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. The SHDHD Action Plan completion is in progress, due December 3, 2019 by 12 midnight.
- [STEADI](#): SHDHD is piloting the evidence-based STEADI (Stopping Elderly Accidents, Deaths & Injuries) program with 2 area clinics. 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.
- [Mental Health Screening Practices](#): SHDHD’s new HRSA-funded project to develop a rural behavioral health network will survey providers to determine their evidence-based screening practices and barriers to implementing screening/assessments.

➤ Research/Contributing to the Evidence Base of Public Health:

- [None to report this period.](#)

Stories: How we made a difference....

Finding Cancer Early



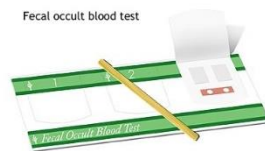
In 2019, SHDHD distributed 306 FOBT (Fecal Occult Blood Test) screening kits free of charge to men and women age 50-74 who had not had any colon cancer screening in the past year. Partners in Sutton, Clay Center, Blue Hill, Red Cloud, Superior and Hastings, as well as community and worksite health fairs, contributed to this effort. Recently, two Mary Lanning clinics (Community Health Center and Hastings Family Care) have increased the number of kits they are distributing to patients in an effort to improve the overall percent of their patients up-to-date with colorectal cancer screening.

Of the 306 kits distributed in our district, 170 (56%) were completed and sent to the lab. In an effort to improve return rates, two reminders were delivered, first by letter and second by call or text.

Three of the completed kits tested positive for blood in the stool. Our public health nurse provided case management to two of the three clients with positive results and is working to connect with the third. As a result of follow-up with colonoscopy, one client was diagnosed with colon cancer and received follow-up care. We know that finding colorectal cancer at its earliest stage provides the best chance of a cure. Colorectal cancer screening is an evidence-based approach to finding cancer early and it reduces the risk of dying from colon cancer.

Through the SHDHD Health Hub program, which includes Every Woman Matters, Wise Woman and Colorectal Cancer Screening, SHDHD, with the help of our community and health care partners, is making it easier for people to access and stay up-to-date on colorectal cancer screening.

Screen for Life!








ADAM

South Heartland Bi-Monthly Board Report: Staff-Specific Program Updates, July-August 2019

<p>Jim Morgan</p>  <p>Public Health Risk Coordinator</p>	<p><u>Emergency Preparedness:</u> I continue to work with surrounding emergency response coordinators to review and make necessary changes to our Emergency Response Plan. We are using a format that links to the required preparedness capabilities to keep the document around 25 pages rather than rewrite the entire plan like some health districts are doing, which ranges up to 400-500 pages. I have been working with the Blue Hill Care Center to develop a “Live Shooter” tabletop exercise to help them understand what NIMS (National Incident Management System) is all about, and with emergency managers in our counties to develop a TTX for vaccine distribution. We’ve had a successful summer getting the word out about mosquitoes and West Nile Virus. General knowledge about mosquito bite prevention is on the rise.</p>
<p>Dorrann Hultman</p>  <p>Community Health Services Coordinator</p>	<p><u>Every Woman Matters Health Hub (EWM) Cancer Prevention / Immunization Program:</u> With out of pocket costs for mammogram readings impeding access to breast cancer screening for our low income minority women in district, it has been exciting for us to be moving forward with our collaborative impact project with the Hastings Imaging Center and the Hastings Radiology group. To date, 6 women have completed mammograms that otherwise would not have due to the cost. 1 of the 6 has additional diagnostic testing needs so we are working to navigate her through this. We have strengthened our relationship with one particular provider at CHC as we’ve worked through some communication issues with this project. This led me to put together listing of programs that SHDHD can assist clients with and distribute as a guide for providers and clinics.</p>
<p>Liz Chamberlain</p>  <p>Community Health Worker</p>	<p><u>Fall Prevention:</u> Partnering with GSV, Hastings Fire & Rescue, Red Cross, Hastings YMCA on September 28, 2019 from 9 am – Noon for a Free Smoke & Carbon Monoxide Detector Installation event for Hastings Residents 55 and older. Not only will they be receiving detector, they will also receive a night light and there will be a Home Inspection looking for Fall Hazards. Will be partnering with Hastings Fire & Rescue while they are doing Life Assists, they will be referring them to SHDHD for a Fall Prevention class. Mary Lanning Health Care PT is interested in doing referrals to SHDHD for their patients to the Health Department.</p>
<p>Brooke Wolfe</p>  <p>Public Health Promotions and Prevention Coord</p>	<p><u>Walkability:</u> Successfully engaged a city administrator in Walkability Summit planning efforts to complement rather than duplicate Sutton’s city improvement efforts. <u>Rural Behavioral Health Network:</u> SHDHD is receiving Health Resources and Services Administration (HRSA) funding to develop a rural behavioral health network and I am learning the “how to’s” of managing a direct federal award, (our first since 2011).</p>
<p>Jessica Warner</p>  <p>Health Surveillance Coordinator</p>	<p><u>Disease Surveillance</u> During the month of July, I visited medical clinics, Head Starts, Clay Co. Health Department and several schools to provide information about elevated childhood blood lead levels. I participated in a “hands on” workshop hosted by DHHS to improve case management for lead follow up and provide guidance for lead cleanup. I opened 38 investigations, 31 of which are now closed. Worked with partners (Department of Ag./USDA and a local daycare) to resolve complaints related to infectious disease. I also provided information related to a boil water order for the village of Trumbull. Schools will begin reporting absence due to illness on September 4th and I have worked to set up the surveys for the upcoming school year.</p>

South Heartland Bi-Monthly Board Report: Staff-Specific Program Updates, July-August 2019

<p>Alex Stogdill</p>  <p>Program Assistant</p>	<p>I have been assisting staff in multiple program areas: updating the Master Database of contacts, developing/formatting documents for the Accreditation Action Plan, assisting with reminder/recalls for the immunization clinic, providing support for Community Health Improvement Plan Steering Committee orientation, assisting at Project Homeless Connect and sharing information about immunizations at the CCC-Hastings student fall fest.</p>
<p>Janis Johnson</p>  <p>Standards and Performance Manager / Public Health Nurse</p>	<p><u>Immunizations (VFC, Vaccines For Children):</u> <u>Accreditation Coordinator/CHA/CHIP:</u> <u>Quality Improvement-Performance Management:</u> We are utilizing a new tool from NACCHO to survey leadership and staff for understanding the current state and perceptions of QI in the health department. Scoring of the 2 surveys allows us to choose and prioritize transitional strategies that have not yet been implemented, moving us further toward a culture of quality!</p>
<p>Jean Korth</p>  <p>Chronic Disease Prevention Program Assistant</p>	<p><u>Health Literacy:</u> As part of the Title V CLAS and Literacy Innovation Project, I worked with Jacie Milius, UNL Extension Agent from Gage county on scheduling a presentation on creating infographics. Thirteen staff and community partners participated in the program. <u>CHIP Design Team:</u> I am a member of the CHIP Infographic Design Team working to create infographics for each of the five priority goals. <u>Annual Report:</u> The Annual Report to DHHS was submitted to NALHD and the final version approved.</p>
<p>Odeth Mendez Peraza</p>  <p>Bi-Lingual Community Health Worker</p>	<p><u>Community Health Worker (CHW):</u> This month, I have been able to begin my Interpreters Skills Training where I have completed six out of the 10 lessons thus far. This training has helped me immensely by giving me knowledge and tips into the medical interpreter’s role. As I continue to work with women in the Collaborative Impact Project, I have been able to help 5 women access their mammogram screening and three more are also scheduled! Screening is the key in cancer prevention and I have been able to make a difference in these women’s lives.</p>
<p>Albert Pedroza</p>  <p>Lifestyle Coach for Diabetes Prevention, Mosquito Trapper, and Interpreter for Immunization Clinic</p>	<p><u>Smart Moves Diabetes Prevention Class:</u> As a Lifestyle Coach, I facilitate a conversation centered around diabetes prevention. The class I am currently teaching has eight participants. The class has become increasingly challenging, as we recently started meeting bi-monthly. Over the course of 17 weeks, the group, as a whole, has lost 3.92% of their combined starting weight.</p>