



Board of Health

Adams County: Hastings Public Library, Meeting Room AB, 314 N Denver Ave, Hastings, NE
September 4, 2024 9:00 a.m. following the Adjournment of the Budget Hearing

AGENDA		
Apprx. Time	Topic, Lead Person	Expected Outcomes
9:00 (4')	Welcome & Call Meeting to Order – President Sandra (Sam) Nejezchleb, Chair	<ol style="list-style-type: none"> 1. Meeting Call to Order, Open Meeting Statement 2. Introductions – Roll Call 3. Approve Agenda – Board Action (Voice Vote) 4. Board Conflict of Interest Declarations
9:04 (1')	July 3, 2024 Board Meeting Minutes – Chair	Approve Minutes of July Meeting – Board Action (Voice Vote)
9:05 (10')	Finances – K. Derby Administration/Management - <i>PHAB Domain 10, SP Goal 4</i> <ul style="list-style-type: none"> • Financial Report (Current Funding Sources, Outstanding Invoices, Balance Sheets, Profit & Loss, Disbursements) • Update on Audit Governance Function: <i>Resource Stewardship</i>	Awareness of financial health/funding sources/ budgetary needs; Grants/Funding/Contracts/Subawards Status Accept Financial Report – Board Action (Voice Vote)
9:15 (10')	Finance Committee – C. Neumann <ul style="list-style-type: none"> • FY 2025 Annual Budget • Nebraska Public Agency Investment Trust (NPAIT) Enabling Resolution Governance Functions: <i>Policy Development; Legal Authority</i>	<ol style="list-style-type: none"> 1. Board approves FY2025 Annual Budget - Board Action (Roll Call Vote) 2. Approve NPAIT Enabling Resolution - Board Action (Roll Call Vote)
9:25 (25')	Staff in person Bi Monthly Report Governance Functions: <i>Partner Engagement, Oversight</i>	Board learns from staff about their programs/projects
9:40 (15')	Stretch & Move, follow up with staff	Board/Staff Networking
9:55 (5')	Bi Monthly Report, in Board Materials – M. Bever Governance Functions: <i>Partner Engagement, Oversight</i>	Accept Bi-Monthly Report – Board Action (Voice Vote)
10:00 (10')	Policy Committee – N. Shackelford <ul style="list-style-type: none"> • The SHDHD Vaccine Policy (for clients) - Informational • Revised Policies: HR 511 Bloodborne Pathogen, HR 100 Bereavement, HR 300 Disciplinary Action, HR 307 Employee Classification, HR 315 Badging Policy; Leadership Succession Plan Governance Functions: <i>Policy Development</i>	Board approval of the revised policies and plan. Board Action (Roll Call Vote)
10:10 (5')	Communications from Exec. Director – M. Bever <ul style="list-style-type: none"> • Executive Director's Report Q and A Governance Functions: <i>Policy, Oversight, Legal Auth., Resource Stewardship</i>	Board learns latest updates on other key issues, staffing, funding opportunities, legislative advocacy, training and conferences, annual report to legislature, emergency response actions, policy, and situational needs; CHA/CHIP Status
10:15 (15')	Communications from Board Members - Chair <ul style="list-style-type: none"> • NALBOH Annual Conference Report Out – S. Nejezchleb • Progress on Social Media & Youth Mental Wellness initiative – B. Harrington, K. Amyot • Community/County Updates - Board Members (All) • Announcements/Upcoming Events – Calendar (next page) - Chair Governance Function: <i>Partner Engagement</i>	<ul style="list-style-type: none"> • Board learns about take-aways from the National Association of Local Boards of Health annual conference • Board members share their community/county public health activities/issues and community or professional meeting updates • Board members have information to promote or participate in upcoming events and share at their upcoming meetings.
10:30	Community Leader <ul style="list-style-type: none"> • Guest Community Leader: Tami Smith, CEO, Heartland Health Center (Federally Qualified Health Center) Governance Functions: <i>Partner Engagement</i>	Informational: Board learns about opening and services of the new Heartland Health Center satellite health clinic: <i>Heartland Health Center – Hastings</i>
10:55 (5')	Public Comment - Chair	Opportunity for public comment
11:00	Adjourn	Board Action (Voice Vote) (Next Meeting, November 6, 2024 , Nuckolls County)



SHDHD Calendar

Board Members - Please consider attending and/or helping us promote these upcoming events and observances:

1. **South Heartland's Community Health Priority-Setting - September 23, 12:00 – 4:30 pm:** Join us in Hastings or in one of the sites in each county (Clay Center, Superior, Red Cloud). Help determine which health issues we should focus on over the next 6 years (2025-2030).
2. **All Summer/Fall – Fight the Bite:** Help us prevent illnesses caused by ticks and mosquitoes. Share information in your communities about how to prevent mosquito and tick bites. The U.S. Environmental Protection Agency (EPA) is a good resource for getting up-to-date information about insect repellents, including what's in them and how to choose and use them: <https://www.epa.gov/insect-repellents>.
3. **Recommended Vaccines for Children and Adults:** <https://www.cdc.gov/vaccines/vpd/vaccines-age.html>
 - Hastings/Adams County Immunization Clinics:
 - September – October (confirm dates at www.southheartlandhealth.ne.gov)
 - Thursday September 5 - Vaccine for Children Clinic
 - Thursday September 12- Vaccine for Adults and Vaccine for Children
 - Tuesdays Sept. 3, 10, 17, 24 and Oct. 1, 8, 15, 22, 29 - Walk in Clinics
 - Thursday October 3 – Vaccine for Children Clinic
 - Other locations for Vaccine for Children/Adults Programs in South Heartland District: Clay County Health Department (Clay Center), Brodstone Healthcare (Superior), Webster County Community Hospital (Red Cloud). For more information: <https://southheartlandhealth.ne.gov/what-we-do/immunizations/vaccines-for-children-program.html>
4. **Falls Prevention Awareness Week is September 23-27:** Falls among older adults continue to be a national public health concern. Help us raise awareness on preventing falls, reducing the risk of falls, and helping older adults live without fear of falling. Promote *Tai Chi and Stepping On* classes in your county and raise awareness that falls are preventable. Encourage older adults to be falls free and independent!
5. **September is Preparedness Month:** National Preparedness Month is an observance each September to raise awareness about the importance of preparing for disasters and emergencies that could happen at any time. To learn about ways to prepare for emergencies go to: <https://www.ready.gov/september>
6. **October is Breast Cancer Awareness Month:** Promote breast cancer screening for early detection!
7. **National Lead Poisoning Prevention Week (NLPPW), October 20-26:** to reduce childhood exposure to lead by increasing lead poisoning prevention awareness. October is also Children's Health Month, a time to raise awareness about children's environmental health, including the dangers and potential health impacts of lead. NLPPW highlights the many ways parents, caregivers and communities can reduce children's exposure to lead and prevent its harmful health effects.
 - **October 17** – EPA Region 7 will be in Hastings to give an **Understanding Lead** session for interested community members and leaders to learn about lead, its impacts, and actions to reduce and prevent potential lead exposure. Contact us at 402-462-6211 for more details.
8. **Diabetes Prevention / Take a Diabetes Risk Test:** <https://diabetesontrack.org/hastings/>
 - Visit SHDHD's Smart Hub for Diabetes Prevention for resources on healthy eating, physical activity, risk test, where to get screened for diabetes risk, who can help, and more: <https://southheartlandhealth.ne.gov/what-we-do/diabetes-prevention/>
 - Ongoing: 'Smart Moves' Classes (Evidence-based **Diabetes Prevention Program**) – Share the brochure and refer people who might be eligible. SHDHD's program has maintained Recognition status from the CDC! Contact Jessica Warner to find out more - 402-462-6211.
9. **Where to get Blood Pressure Checks:** See SHDHD's website: www.southheartlandhealth.ne.gov. for a list of locations (by county) offering blood pressure checks.
10. **COVID is still circulating! Where to get tested/treated for COVID-19:** Encourage your family and community members to keep COVID self-tests at home, in case they experience symptoms. Treatment is available to reduce severity of illness. Promote the **Test-to-Treat program**, available to help people quickly access lifesaving treatments for COVID-19 at little to no cost. Test-to-Treat is available at thousands of locations nationwide, including several pharmacies in Hastings. More information and a Test-to-Treat Site locator, can be found at the Test-to-Treat website: <https://aspr.hhs.gov/TestToTreat/>.



Open Meeting Compliance:

- Prior to this meeting a notice was posted in the newspapers in Adams, Clay, Nuckolls, and Webster Counties and that each member of the Board received a copy of the proposed agenda. The agenda for this meeting was kept continuously current and was available for public inspection at the South Heartland District Health Department, 606 N. Minnesota Ave, Suite 2, Hastings, Nebraska and on the South Heartland website: southheartlandhealth.ne.gov. This meeting is being held in open session.
- A copy of the Nebraska Open Meeting Law has been posted in this meeting room and is available for the public’s review.

South Heartland’s Guiding Principles:

- We are committed to the principles of public health and strive to be a credible, collaborative and stable resource in our communities.
- We seek to perform our duties in a courteous, efficient and effective manner within the limits of sound fiscal responsibility.
- We work together to create a positive environment, listening carefully and treating everyone with honesty, sensitivity, and respect.

Board of Health Principles of Good Faith*:

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| <ul style="list-style-type: none"> ➤ Regularly attend and actively participate in board of health and committee meetings. If unable to attend, be able to provide a valid excuse for absence. ➤ Ensure that time at board of health meetings is set aside for updates on public health problems and what the health department is doing, or needs to do, in regard to such challenges. ➤ Have a thorough knowledge of the duties and provisions found in the bylaws and charter of the organization. ➤ Involve others in health department functions and funding efforts, special events, and activities to promote and support programs and services. ➤ Heed corporate affairs and keep informed of the central activities and operations of programs. | <ul style="list-style-type: none"> ➤ Support majority opinions of the board. ➤ Advocate for public health by communicating regularly with community leaders and elected officials about perceived needs and possible resources. ➤ Ensure minimum statutory or technical requirements are met regarding filing annual report, withholding employee taxes, etc. ➤ Record personal conduct and register dissents in the minutes, or by letter. ➤ Avoid any semblance of self-dealing or enrichment; discourage any business transactions between directors and the organization. ➤ Accept no pecuniary profits except that which is expressly provided in compensation or reimbursement within the bylaws or laws of the city, county, and state. |
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*Board of Health Handbook, page 32

South Heartland District Health Department Strategic Plan 2020 - 2025

The South Heartland Strategic Plan (SP) is created by the Board and staff following completion of a Community Health Assessment and a Community Health Improvement Plan (CHA/CHIP/SP cycle). The 2019 strategic planning process included a review of the department's vision, mission and guiding principles, a visioning process, a SWOT analysis (**S**trengths, **W**eaknesses, **O**pportunities, and **T**hreats) and a discussion of three alternative future scenarios, followed by brainstorming to identify potential strategic actions. The SP is developed to support implementation of the CHIP and is linked to the Quality Improvement-Performance Management Plan and the Workforce Development Plan.

Vision: Healthy people in healthy communities

Mission: The South Heartland District Health Department is dedicated to preserving and improving the health of residents of Adams, Clay, Nuckolls and Webster counties. We work with local partners to develop and implement a *Community Health Improvement Plan* and to provide other public health services mandated by Nebraska state statutes.

Guiding Principles:

- ❖ We are committed to the principles of public health and strive to be a credible, collaborative and stable resource in our communities.
- ❖ We seek to perform our duties in a courteous, efficient and effective manner within the limits of sound fiscal responsibility.
- ❖ We work together to create a positive environment, listening carefully and treating everyone with honesty, sensitivity, and respect.

Goal 1: Obtain and Maintain PHAB Accreditation

Goal 2: Secure Financial Stability

Goal 3: Prioritize Services and Programs

Goal 4: Optimize Human Resources

Goal 5: Advocate the "Why" of Public Health

Goal 1: Obtain and Maintain PHAB Accreditation

- A. Allocate staff and resources to support accreditation activities
- B. Communicate to board and staff the value of accreditation status for supporting strategic plan goals
- C. Communicate to partners, stakeholders and our communities SHDHD's accreditation status and the value of accreditation

Goal 2: Secure Financial Stability

- A. Explore alternative funding avenues
 - Expand partner and stakeholder involvement
 - Implement fee for services
 - Develop integrated primary care/public health relationships supported with healthcare reimbursement
 - Request city/county support
 - Explore foundation and benefactor opportunities
 - Create a fundraising arm (501c3)
- B. Practice enhanced financial stewardship
 - Develop proactive approaches and policies
 - Conduct regular risk assessment and risk mitigation activities
 - Work with Nebraska DHHS on quality improvement of funding processes for local public health (timeliness/efficiency/appropriateness of solicitation types, reporting and documentation, payment processing, etc.)
 - Adjust internal processes and priorities to accommodate funding fluctuations (QI-PM)

- C. Advocate for state and federal policy change
 - Advocate for foundational public health services funding
 - Support Health Care Cash Fund sustainability initiatives
 - Partner with professional membership organizations on funding advocacy initiatives (Nebraska Association of Local Health Directors, NALHD; Friends of Public Health, and National Association of County and City Health Officials, NACCHO; and others)

Goal 3: Prioritize Services & Programs

- A. Provide leadership and serve as backbone organization for implementing the Community Health Improvement Plan (CHIP)
 - Recruit community partners to implement CHIP strategies, provide oversight to CHIP implementation and raise the visibility of the plan in our communities
 - Monitor implementation of the plan and success achieving targeted outcomes, encouraging the use of evidence-based practices and reliable, accurate and timely measures and data (Performance Management System)
- B. Narrow the scope of the department's services and programs
 - Maintain focus on prevention
 - Address health equity and disparities
 - Assure quality and effectiveness of programs (versus quantity of programs) (QI-PM)
- C. Use data effectively
 - Measure progress, prioritize and communicate success and value of programs and services (Performance Management System)
 - Analyze program financial feasibility and sustainability to support decisions to continue current or take on new programs

Goal 4: Optimize Human Resources

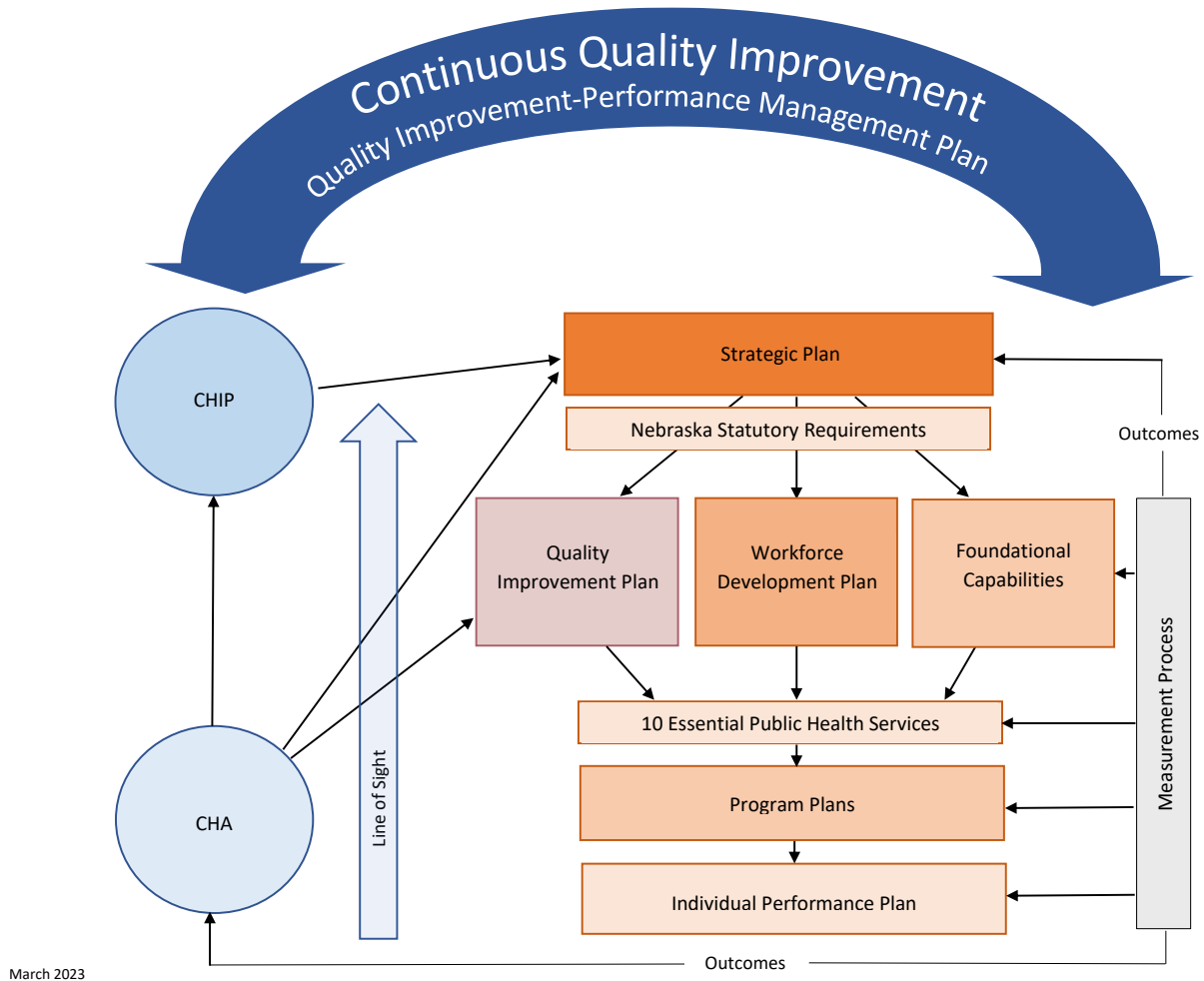
- A. Recruit community partners to implement CHIP strategies, provide oversight to CHIP implementation, and participate in CHIP performance management
- B. Support transitional strategies to move SHDHD toward level 5 of an organization wide culture of QI-PM
- C. Review and revise workforce development plan
 - Identify strategies to enhance Board and staff engagement
 - Identify strategies for recruiting and retaining a competent and diverse staff
 - Evaluate current state of organizational culture and set objectives to move toward desired state of organizational workforce culture
- D. Improve Board and staff knowledge and skills for quality improvement and performance management (QI-PM Goals)

Goal 5: Advocate the "Why" of Public Health

- A. Build capacity for advocacy
 - Develop relationships with local, state and federal policymakers
 - Strengthen relationships with and engage partners to advocate on behalf of local public health
 - Provide training in stakeholder analysis and persuasive communication for Board and staff to expand capabilities in effective communication (Workforce Dev Plan)
- B. Communicate the value of public health
 - Share advocacy messages and talking points with Board members to facilitate communication with their constituents and community members
 - Use health literate methods to share data and stories that communicate why we do what we do, our programs and services, our outcomes and successes, and our needs
 - Enhance public relations and visibility, expanding use of social media and other directed communications
 - Assure frequent, regular communication with city/county/state government and other key stakeholders

Draft Revised PM Framework – March 2023

SHDHD Performance Management System



The Governance Functions

NALBOH is the national voice for the boards that govern health departments and shape public health policy. Since its inception, NALBOH has connected with board of health members and elected officials from across the country to inform, guide, and help them fulfill their public health responsibilities in their states and communities. Driven by a mission to strengthen and improve public health governance, NALBOH worked with CDC and other national partners to identify, review, and develop the following model of six functions of public health governance.

Policy development: Lead and contribute to the development of policies that protect, promote, and improve public health while ensuring that the agency and its components remain consistent with the laws and rules (local, state, and federal) to which it is subject. These may include, but are not limited to:

- Developing internal and external policies that support public health agency goals and utilize the best available evidence;
- Adopting and ensuring enforcement of regulations that protect the health of the community;
- Developing and regularly updating vision, mission, goals, measurable outcomes, and values statements;
- Setting short- and long-term priorities and strategic plans;
- Ensuring that necessary policies exist, new policies are proposed/implemented where needed, and existing policies reflect evidence-based public health practices; and
- Evaluating existing policies on a regular basis to ensure that they are based on the best available evidence for public health practice.

Resource stewardship: Assure the availability of adequate resources (legal, financial, human, technological, and material) to perform essential public health services. These may include, but are not limited to:

- Ensuring adequate facilities and legal resources;
- Developing agreements to streamline cross-jurisdictional sharing of resources with neighboring governing entities;
- Developing or approving a budget that is aligned with identified agency needs;
- Engaging in sound long-range fiscal planning as part of strategic planning efforts;
- Exercising fiduciary care of the funds entrusted to the agency for its use; and
- Advocating for necessary funding to sustain public health agency activities, when appropriate, from approving/appropriating authorities.

Legal authority: Exercise legal authority as applicable by law and understand the roles, responsibilities, obligations, and functions of the governing body, health officer, and agency staff. These may include, but are not limited to:

- Ensuring that the governing body and its agency act ethically within the laws and rules (local, state, and federal) to which it is subject;
- Providing or arranging for the provision of quality core services to the population as mandated by law, through the public health agency or other implementing body; and
- Engaging legal counsel when appropriate.

Partner engagement: Build and strengthen community partnerships through education and engagement to ensure the collaboration of all relevant stakeholders in promoting and protecting the community's health. These may include, but are not limited to:

- Representing a broad cross-section of the community;
- Leading and fully participating in open, constructive dialogue with a broad cross-section of members of the community regarding public health issues;
- Serving as a strong link between the public health agency, the community, and other stakeholder organizations; and
- Building linkages between the public and partners that can mitigate negative impacts and emphasize positive impacts of current health trends.

Continuous improvement: Routinely evaluate, monitor, and set measurable outcomes for improving community health status and the public health agency's/governing body's own ability to meet its responsibilities. These may include, but are not limited to:

- Assessing the health status of the community and achievement of the public health agency's mission, including setting targets for quality and performance improvement;
- Supporting a culture of quality improvement within the governing body and at the public health agency;
- Holding governing body members and the health director/health officer to high performance standards and evaluating their effectiveness;
- Examining structure, compensation, and core functions and roles of the governing body and the public health agency on a regular basis; and
- Providing orientation and ongoing professional development for governing body members.

Oversight: Assume ultimate responsibility for public health performance in the community by providing necessary leadership and guidance in order to support the public health agency in achieving measurable outcomes. These may include, but are not limited to:

- Assuming individual responsibility, as members of the governing body, for actively participating in governing entity activities to fulfill the core functions;
- Evaluating professional competencies and job descriptions of the health director/health officer to ensure that mandates are being met and quality services are being provided for fair compensation;
- Maintaining a good relationship with health director/health officer in a culture of mutual trust to ensure that public health rules are administered/enforced appropriately;
- Hiring and regularly evaluating the performance of the health director; and
- Acting as a go-between for the public health agency and elected officials when appropriate.

All public health governing entities are responsible for some aspects of each function. No one function is more important than another. For more information about the six governance functions, please visit www.nalboh.org.

Approved by the NALBOH Board of Directors - November 2012

N A L B O H

National Association of Local Boards of Health

www.nalboh.org

SOUTH
HEARTLAND
DISTRICT



HEALTH DEPARTMENT

Board of Health Minutes

South Heartland District Health Department

United Church of Christ, 220 S. Alexander, Clay Center, NE 68933

July 3, 2024, 8:30am

Topic, Lead Person	Comments/Actions		Roll Call/Vote
	Staff	Michele Bever, Kelly Derby, Sam Coutts, Carrie Watson	
	Guests	Leslie Robbins, APRN, Cancer Nurse Practitioner, Morrison Cancer Center; Sara Mertens, RN, Director, Clay County Health Department	
Welcome & Call Meeting to Order Board Vice President (Chair)	The March 2023 Board of Health meeting was called to order by Board Vice President, Michelle Oldham, at 8:30am		
	<p>Open Meeting Statement read aloud by Board Vice President, Michelle Oldham: <i>Prior to this meeting a notice was posted in the newspapers in Adams, Clay, Nuckolls, and Webster counties. Each member of the Board received a copy of the proposed agenda. The agenda for this meeting was kept continuously current and was available for public inspection at South Heartland District Health Department (SHDHD), 606 N Minnesota, Ste 2, Hastings, NE, and on the website. This meeting is being held in open session. A copy of the Nebraska Open Meeting Law has been posted in this meeting room and is available for the public's review.</i></p> <p>A link to the Nebraska Open Meeting Law is posted with Board Agenda on the SHDHD website.</p>		
Determine Quorum	Introductions/Roll Call		Present Amyot, Harrington, Grove, Jobman, Kleppinger, Kohmetscher, Murphy Buschkoetter, Neumann, Oldham, Shackelford, Shaw, Vance, Williams
	<i>Quorum met</i>		Absent McMeen, Nejezchleb
Approve or Amend	Motion to approve the July 3, 2024 Board meeting Agenda		Ayes: All

Agenda	Motion	Shackelford	Nays: None
	Second	Amyot	
	<i>Motion Passed (voice vote)</i>		
Approve Minutes	Motion to approve the May 1, 2024 Minutes		Ayes: All
	Motion	Neumann	Nays: None
	Second	Kohmetscher	
<i>Motion Passed (voice vote)</i>			
Introduction of new staff M Bever	<p>Informational</p> <p>The board was introduced to SHDHD's new Community Health Nurse & Immunization Services Coordinator, Carrie Watson, RN, BSN.</p> <p>Carrie discussed her ongoing projects and outlined her goal to enhance immunization availability at the health department, highlighting the successful implementation of walk-in clinics and the addition of one extra VFC clinic per month.</p>		Carrie was excused following her introduction.
Finances K Derby	At the end of the fiscal year, June 30, 2024, cash in the bank surpassed \$1M by \$20K, an indicator that the Department continues to receive lump sum funding quicker than it can be spent, at this point. \$600K of the cash balance is earmarked for various spending. The remainder will be budgeted toward building improvement -- phase 2 of the building remodel and new windows. As of 7/2/24, additional collateral has been pledged to protect the amount over \$1M. The Department has no debt, and net income for the year is \$358K, which is reflected in the budget. IDC was covered all but \$139K by program funds, meaning the Department was able to protect a portion of its State Appropriations for use in unfunded operations.		Ayes: All
	Motion to accept the Financial Report		Nays: None
	Motion	Grove	
	Second	Harrington	
	<i>Motion Passed (voice vote)</i>		
Finance Committee C Neumann	The Finance Committee brought forward their recommendation of a 3.2% COLA (Cost of Living Adjustment) for fiscal year 2025. This recommendation was made following thorough review, research, and consideration.		Ayes: Amyot, Harrington, Grove, Jobman, Kleppinger, Kohmetscher, Murphy Buschkoetter, Neumann, Oldham, Shackelford, Shaw, Vance, Williams Nays: None
	Motion to approve 3.2% COLA		
	Motion	Finance Committee	
	<i>Motion Passed (roll call)</i>		

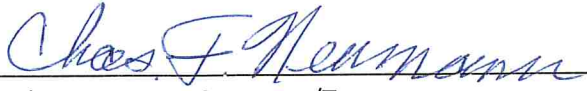
Finance Committee C Neumann	<p>The Finance Committee brought forward their recommended Wage Guidelines for fiscal year 2025. Recommendations include the 3.2% COLA across all position categories, and an adjustment in the entry/low-end wage guideline for Administrative Support and Temp/Seasonal Program Assistant positions to meet the Nebraska minimum wage requirements that will be in effect January 2025, and an adjustment of the executive director wage range to be competitive with other similar (by population served and annual budget) local health departments in Nebraska. It was noted that the wage range adjustments are guides for determining hiring wage or raises and do not automatically</p> <p>Motion to approve Wage Range Guidelines</p> <table border="1" data-bbox="375 596 1154 638"> <tr> <td>Motion</td> <td>Finance Committee</td> </tr> </table> <p><i>Motion Passed (roll call)</i></p>	Motion	Finance Committee	<p>Ayes: Amyot, Harrington, Grove, Jobman, Kleppinger, Kohmetscher, Murphy Buschkoetter, Neumann, Oldham, Shackelford, Shaw, Vance, Williams</p> <p>Nays: None</p>
Motion	Finance Committee			
Policy Committee N Shackelford	<p>The Policy Committee brought forward the following policies for full board approval following the Policy Committee meeting on June 25, 2024:</p> <p><u>HR109 (Worker's Compensation)</u> - Revised to better reflect actual processes and state the timeline of 24-48 hours after an incident occurs for a report to be filled out.</p> <p><u>HR102 (Performance Evaluations)</u> - Timeline for annual performance evaluations adjusted to match practice of all staff reviews occurring annually in the fall.</p> <p><u>HR203 (Travel Expense Reimbursement)</u> - Mileage reimbursement changed to reflect the new tracking system used.</p> <p><u>HR205 (Employee Wellness Benefit)</u> - Changed from a fiscal year wellness benefit to a calendar year wellness benefit to align with staff individual development plans.</p> <p>Motion to approve revised policies HR109, HR102, HR203, and HR205</p> <table border="1" data-bbox="375 1430 1154 1472"> <tr> <td>Motion</td> <td>Policy Committee</td> </tr> </table> <p><i>Motion Passed (roll call vote)</i></p>	Motion	Policy Committee	<p>Ayes: Amyot, Harrington, Grove, Jobman, Kleppinger, Kohmetscher, Murphy Buschkoetter, Neumann, Oldham, Shackelford, Shaw, Vance, Williams</p> <p>Nays: None</p>
Motion	Policy Committee			
Policy Committee N Shackelford	<p>The Policy Committee brought forward the new Equity Policy for full board approval. This policy meets the requirements for reaccreditation and demonstrates the department's commitment to implementing equitable operations and services, and will be included in the Welcome and Labor & Laws Section of the Employee Handbook.</p> <p>Motion to approve the new Equity Policy</p> <table border="1" data-bbox="375 1860 1154 1902"> <tr> <td>Motion</td> <td>Policy Committee</td> </tr> </table> <p><i>Motion Passed (roll call vote)</i></p>	Motion	Policy Committee	<p>Ayes: Amyot, Harrington, Grove, Jobman, Kleppinger, Kohmetscher, Murphy Buschkoetter, Neumann, Oldham, Shackelford, Shaw, Vance, Williams</p> <p>Nays: None</p>
Motion	Policy Committee			

Accreditation Update M Bever	Informational M Bever updated the board on the Health Department's results from the reaccreditation readiness self-assessment submitted to the Public Health Accreditation Board (PHAB) earlier this year. The report from PHAB noted the department is performing well in Domains 1, 9, and 10, and should consider focusing on improvements for Domains 6, 7, and 8. The Reaccreditation application is slated for submission in March 2025, with board involvement expected during the virtual site visit.					
Staff Bi-Monthly Report M Bever	M. Bever presented the Staff Bi-Monthly report to the Board, highlighting the <i>Public Health in Action</i> photos showcasing the celebration of Nebraska Public Health's birthday in May and of the various community events the department participated in. She also guided the board through an in-depth surveillance report from Health Surveillance Coordinator Devi Dwarabandam, including data showing the department conducted 212 case investigations for the period of May 1 - June 21, 2024. She also noted key highlights and successes in several of the 30 program and administrative focus areas listed in the Bimonthly Progress Updates, including examples of evidence-based practices. She also highlighted the Success Story centered around feedback from the satisfaction survey conducted with DHHS Epidemiology Program staff reviewing SHDHD's Epidemiology Operations and highlighting the standout mention staff member Devi Dwarabandam received for going above and beyond the expected. Bever also referred to the Performance Dashboard for Department Line of Sight Measures, included in the materials. Motion to accept Bi-Monthly Report <table border="1" data-bbox="391 1297 1170 1381"> <tr> <td>Motion</td> <td>Amyot</td> </tr> <tr> <td>Second</td> <td>Murphy Buschkoetter</td> </tr> </table> <i>Motion Passed (voice vote)</i>	Motion	Amyot	Second	Murphy Buschkoetter	Ayes: All Nays: None
Motion	Amyot					
Second	Murphy Buschkoetter					

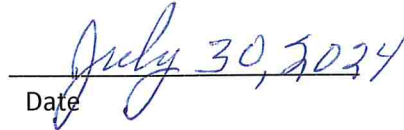
<p>Communications from Director M Bever</p>	<p>Informational</p> <p>Bever (and Neumann) shared information from Governor Pillen's Town Hall on Property Tax Relief in Hastings, noting that 60-70% of all property tax goes to schools and the Governor's plan would call for state funding to start supporting schools instead. An alternate tax relief proposal, the EPIC tax option, would remove sales tax exemption from non-profits and government entities, which would be a huge hardship to the health department's finances. Other Communications: 1) leadership and professional activities; 2) staffing updates, including two new-hires, Kylene Hayes as a Community Health Services program assistant, and Lauren Hauser, a recent Hastings College graduate as an Environmental Health program assistant; 3) Community Health Assessment (CHA) 2025 plans, including Focus groups that will be starting this month; and 4) the Surgeon General's advisory on social media and its effect on the mental health of the youth. Bever drew attention to the Surgeon General's action items for policy makers and suggested that the Board, as policymakers, could promote strong social media policies and offer a tool kit or model policies to share with schools and other youth-serving organizations. She shared that Grand Island Public Schools implemented a Cell Free School policy in January 2024 and that feedback from teachers and students was positive. The board requested a resolution to consider at the September meeting. Kathy Amyot and Barb Harrington volunteered to contribute to development of the resolution.</p>	
<p>Communications from Board Members Chair</p>	<p>N Shackelford: Shared that the Clay Center pool has been fully staffed for the summer.</p> <p>D Shaw: A new Executive Director has been hired for CCHD: Sara Mertens, RN - guest at today's meeting.</p>	
<p>Community Leader Leslie Robbins</p>	<p>Leslie Robbins, APRN, Cancer Nurse Practitioner, Morrison Cancer Center, described her involvement with conducting skin cancer screenings throughout the counties during community events, including both the Lawrence and Superior golf tournaments, noting her plans to continue offering screenings at other community events. These activities are part of Mary Lanning Cancer Committee's 2024 community outreach focus on skin cancer prevention. She highlighted that 37 people had been screened so far, with 8 needing to follow-up with their doctor. She shared that NC2 (Nebraska Cancer Coalition) is doing a promo in July for an event at Husker Harvest Days, noting that she will be participating by doing the lung cancer screenings.</p>	
<p>Public Comment</p>	<p>None</p>	

Adjourn	Motion to adjourn		Ayes: All
	Motion	Vance	Nays: None
	Second	Murphy Buschkoetter	
	<i>Motion Passed (voice vote)</i>		
	Adjourned 10:30am		
	Next Meeting: September 4, 2024, Adams County		

Respectfully submitted,



Charles Neumann, Secretary/Treasurer
Board of Health
South Heartland District Health Department


Date

South Heartland District Health Dept
Balance Sheet Prev Year Comparison
As of August 31, 2024

	Aug 31, 24	Aug 31, 23	% Change
ASSETS			
Current Assets			
Checking/Savings			
Checking	467,833.08	640,961.17	-27.0%
Money Market Savings	743,612.51	330,380.16	125.1%
Total Checking/Savings	1,211,445.59	971,341.33	24.7%
Other Current Assets			
Cash in Drawer	60.00	60.00	0.0%
Total Other Current Assets	60.00	60.00	0.0%
Total Current Assets	1,211,505.59	971,401.33	24.7%
Fixed Assets			
Accum Depr - Building #1	-14,230.77	0.00	-100.0%
Accum Depr - Building #2	-496,317.79	-496,317.79	0.0%
Bldg - 606 N Minnesota Ave #1	555,000.00	555,000.00	0.0%
Bldg - 606 N Minnesota Ave #2	496,317.79	496,317.79	0.0%
Total Fixed Assets	540,769.23	555,000.00	-2.6%
TOTAL ASSETS	<u>1,752,274.82</u>	<u>1,526,401.33</u>	<u>14.8%</u>
LIABILITIES & EQUITY			
Liabilities			
Current Liabilities			
Credit Cards			
FNBO Credit Card	5,071.91	1,601.38	216.7%
Total Credit Cards	5,071.91	1,601.38	216.7%
Other Current Liabilities			
Payroll Liabilities	3,156.34	56.64	5,472.6%
Total Other Current Liabilities	3,156.34	56.64	5,472.6%
Total Current Liabilities	8,228.25	1,658.02	396.3%
Total Liabilities	8,228.25	1,658.02	396.3%
Equity			
Fund Balance	1,564,711.88	1,217,211.42	28.6%
Net Income	179,334.69	307,531.89	-41.7%
Total Equity	1,744,046.57	1,524,743.31	14.4%
TOTAL LIABILITIES & EQUITY	<u>1,752,274.82</u>	<u>1,526,401.33</u>	<u>14.8%</u>

BOH019
South Heartland District Health Dept
Profit & Loss Prev Year Comparison
 July through August 2024

	<u>Budget</u>	<u>Actual</u>	<u>Prior Year</u>	<u>% Change</u>	<u>IDC</u>
Ordinary Income/Expense					
Income					
4100 · Grants - Federal	0.00	213,097.93	317,107.96	-32.8%	
4150 · Contract Funding	0.00	125,780.98	100,103.98	25.65%	10411.9
4200 · Grants - State	0.00	11,102.22	10,069.65	10.25%	
4250 · State Appropriations					
General Funds	0.00	51,063.90	51,063.90	0.0%	
Infrastructure	0.00	18,518.52	18,518.52	0.0%	
Per Capita	0.00	12,295.04	12,295.04	0.0%	
Total 4250 · State Appropriations	<u>0.00</u>	<u>81,877.46</u>	<u>81,877.46</u>	<u>0.0%</u>	
4300 · Charges for Services	0.00	156.00	64.00	143.75%	
4400 · Miscellaneous Income		0.00	300.00	-100.0%	
4450 · Donations		0.00	160.00	-100.0%	
4550 · Bank Interest Income	0.00	1,309.96	1,689.17	-22.45%	
Total Income	<u>0.00</u>	<u>433,324.55</u>	<u>511,372.22</u>	<u>-15.26%</u>	
Gross Profit	0.00	433,324.55	511,372.22	-15.26%	
Expense					
6000 · Personnel	0.00	207,681.30	142,819.49	45.42%	39,076.47
6101 · Postage & Shipping	0.00	296.25	249.34	18.81%	66.24
6102 · Printing and Copying	0.00	1,076.14	2,125.63	-49.37%	147.69
6103 · Staff Development	0.00	2,843.91	0.00	100.0%	
6110 · Insurance Expense		0.00	2,560.00	-100.0%	2,042.00
6120 · Professional Services	0.00	10,176.73	20,454.26	-50.25%	9,220.33
6140 · Promotion & Outreach	0.00	3,254.72	11,231.26	-71.02%	
6150 · Communications	0.00	3,567.07	3,575.44	-0.23%	1,182.41
6160 · Facilities	0.00	4,426.92	4,353.61	1.68%	5,156.37
6170 · Marketing		0.00	831.95	-100.0%	
6180 · Board Expenses	0.00	922.01	177.10	420.62%	669.56
6192 · Memberships	0.00	2,871.00	355.99	706.48%	346.00
6193 · Event Expenses	0.00	1,859.30	456.76	307.06%	
6310 · Office Supplies & Equipment	0.00	2,386.75	6,177.99	-61.37%	758.55
6320 · Program Supplies	0.00	10,509.75	6,903.47	52.24%	
6400 · Travel	0.00	2,062.06	1,462.74	40.97%	842.37
9200 · Administrative Fees	0.00	55.95	105.30	-46.87%	26.85
Total Expense	<u>0.00</u>	<u>253,989.86</u>	<u>203,840.33</u>	<u>24.6%</u>	<u>59,534.84</u>
Net Ordinary Income	<u>0.00</u>	<u>179,334.69</u>	<u>307,531.89</u>	<u>-41.69%</u>	<u>-49,122.94</u>
Net Income	<u><u>0.00</u></u>	<u><u>179,334.69</u></u>	<u><u>307,531.89</u></u>	<u><u>-41.69%</u></u>	<u><u>-49,122.94</u></u>

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South Heartland District Health Dept

08/30/24

Outstanding Invoices

As of August 30, 2024

Date	Num	Name	Due Date	Open Balance
Current				
07/31/2024	415	DHHS:WNV 73640 - 1/1/24 - 7/31/24 \$2952	09/27/2024	2,952.00
07/31/2024	416	DHHS:WNV 73640 - 1/1/24 - 7/31/24 \$1000 ticks	09/27/2024	1,000.00
08/27/2024	417	University of NE Med Center (UNMC):Diabetes on Track - post-funding	09/27/2024	150.00
08/27/2024	418	University of NE Med Center (UNMC):Diabetes on Track - post-funding	09/27/2024	150.00
08/27/2024	419	University of NE Med Center (UNMC):Diabetes on Track - post-funding	09/27/2024	150.00
08/28/2024	420	University of NE Med Center (UNMC):Diabetes on Track - post-funding	09/27/2024	100.00
08/28/2024	421	University of NE Med Center (UNMC):Diabetes on Track - post-funding	09/28/2024	100.00
Total Current				4,602.00
1 - 30				
10/31/2023	326	DHHS:LTC Fit 70703 SN Q5 8/1/23 to 10/31/23	08/02/2024	1,670.46
07/29/2024	411	TRIMRS:TRIMRS' portion of AlertSense	08/29/2024	498.33
Total 1 - 30				2,168.79
31 - 60				
Total 31 - 60				
61 - 90				
05/10/2024	383	DHHS:LTC Fit 70703 AL Q7 2/1/24 to 5/10/24	06/22/2024	17,941.02
05/10/2024	384	DHHS:LTC Fit 70703 SN Q7 2/1/24 to 5/10/24	06/22/2024	9,068.79
Total 61 - 90				27,009.81
> 90				
10/31/2023	327	DHHS:LTC Fit 70703 AL Q5 8/1/23 to 10/31/23	12/29/2023	1,293.76
01/31/2024	354	DHHS:LTC Fit 70703 AL Q6 11/1/23 to 1/31/24	03/13/2024	1,263.76
01/31/2024	355	DHHS:LTC Fit 70703 SN Q6 11/1/23 to 1/31/24	03/13/2024	1,080.84
03/31/2024	372	DHHS:TB DOT 107298 2023 - child	05/15/2024	360.00
Total > 90				3,998.36
TOTAL				37,778.96

South Heartland District Health Dept
Payroll Summary
 July through August 2024

	Jul - Aug 24
Employee Wages, Taxes and Adjustments	
Gross Pay	
Salary	24,332.18
Salary Holiday	496.75
Salary Vacation	1,482.73
Hourly Funeral	151.57
Hourly Holiday	3,821.79
Hourly Sick	4,063.44
Hourly Vacation	5,523.79
Hourly Wage	121,925.64
Overtime	471.83
Cash Out Option	6,000.00
Wellness Benefit	3,250.00
Total Gross Pay	171,519.72
Deductions from Gross Pay	
Aflac (pre-tax)	-401.52
Dental Insurance (pre-tax)	-595.11
Health Insurance (pre-tax)	-1,424.39
HSA (pre-tax)	-1,584.60
NPERS Retirement Employee	-6,839.83
Vision Insurance (pre-tax)	-118.59
Total Deductions from Gross Pay	-10,964.04
Adjusted Gross Pay	160,555.68
Taxes Withheld	
Federal Withholding	-12,259.00
Medicare Employee	-2,198.69
Social Security Employee	-9,401.29
NE State Withholding	-6,423.78
Medicare Employee Addl Tax	0.00
Total Taxes Withheld	-30,282.76
Deductions from Net Pay	
Aflac (after tax)	-342.00
Garnishment	-1,085.75
Total Deductions from Net Pay	-1,427.75
Net Pay	128,845.17
Employer Taxes and Contributions	
Medicare Company	2,198.69
Social Security Company	9,401.29
NE State Unemployment	56.27
Dental Insurance Company	884.99
Health Insurance Company	12,633.59
NPERS Retirement Company	10,259.85
Vision Insurance Company	228.59
Total Employer Taxes and Contributions	35,663.27

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South Heartland District Health Dept

Accounts Payable Report

July through August 2024

08/30/24

Accrual Basis

Date	Name	Memo	Account	Amount
Jul - Aug 24				
07/02/2024	Cornhusker Press	SMART Hub postcards	2000 · Accounts Payable	-349.02
07/02/2024	Culligan of Hastings	bottled water	2000 · Accounts Payable	-59.40
07/02/2024	Eakes Office Solutions	May/June 2024 copies	2000 · Accounts Payable	-291.87
07/02/2024	Filament	web hosting annual, set-up fee	2000 · Accounts Payable	-1,500.00
07/02/2024	Language Access Network	OPI minutes - May 2024	2000 · Accounts Payable	-6.00
07/02/2024	Red Cloud Chief	Annual subscription 2024	2000 · Accounts Payable	-47.00
07/02/2024	Sipp's Cleaning Solutions	June cleaning	2000 · Accounts Payable	-460.00
07/02/2024	Woodwards Disposal	trash - June	2000 · Accounts Payable	-165.00
07/05/2024	Essential Screens	2 background checks	2000 · Accounts Payable	-160.78
07/05/2024	Grove, Jerry	mileage board mtg - July	2000 · Accounts Payable	-46.90
07/05/2024	Kleppinger, Mike	mileage board mtg - July 2024	2000 · Accounts Payable	-33.50
07/05/2024	Kohmetscher, Torey	mileage board mtg - July 2024	2000 · Accounts Payable	-46.36
07/05/2024	KRFS Radio	60 + 60 bonus screenings/vax spots (120 co...	2000 · Accounts Payable	-300.00
07/05/2024	Locomotive Gazette	board mtg notice - July	2000 · Accounts Payable	-9.82
07/05/2024	R & K Mowing	June mowing	2000 · Accounts Payable	-280.00
07/05/2024	Superior Publishing Company	BOH mtg notice - July	2000 · Accounts Payable	-9.27
07/05/2024	Williams, Roger	Mileage - July board meeting	2000 · Accounts Payable	-46.90
07/05/2024	Allo Communications	929329 phone - June	2000 · Accounts Payable	-670.89
07/05/2024	Davis, Heidi	mileage - June 2024	2000 · Accounts Payable	-24.46
07/05/2024	Dwarabandam, Devi	mileage - June 2024	2000 · Accounts Payable	-4.96
07/05/2024	Flood Communications Tri-Cities	ads	2000 · Accounts Payable	-762.00
07/05/2024	Meyer, Erik	mileage - June 2024	2000 · Accounts Payable	-492.98
07/05/2024	Vance, TJ	mileage board mtg - July 2024	2000 · Accounts Payable	-37.52
07/05/2024	Watson, Carrie	mileage - June 2024	2000 · Accounts Payable	-33.70
07/05/2024	Wiegert, Christian	mileage, June/July 2024	2000 · Accounts Payable	-75.77
07/05/2024	Kort, Carrie	mileage - June 2024	2000 · Accounts Payable	-89.98
07/05/2024	Firespring	June web hosting	2000 · Accounts Payable	-165.00
07/17/2024	Blue Hill Leader	BOH meeting notice - July	2000 · Accounts Payable	-6.46
07/17/2024	Bureau of Sociological Research	YRBS (Youth Risk Behavior Survey)	2000 · Accounts Payable	-379.62
07/17/2024	Burnham, Michele	mileage, May-July 2024	2000 · Accounts Payable	-94.49
07/17/2024	Clay County News	Board meeting notice - July	2000 · Accounts Payable	-12.00
07/17/2024	Compassion Resiliency	"Self-Regulation" training for Hastings daycare	2000 · Accounts Payable	-579.06
07/17/2024	Computer Hardware	electronics recycling	2000 · Accounts Payable	-35.55
07/17/2024	Cornhusker Press	Prediabetes assessment form	2000 · Accounts Payable	-194.63
07/17/2024	CSJ Electric	troubleshoot and repair outlets without power	2000 · Accounts Payable	-250.00
07/17/2024	Datatude	monthly subscription & data extract - June 2...	2000 · Accounts Payable	-583.75
07/17/2024	Egan Supply	trash can liners	2000 · Accounts Payable	-55.36
07/17/2024	Fiesta KLIQ	Spanish Convid Ads - June	2000 · Accounts Payable	-375.00
07/17/2024	Hastings Tribune	BOH mtg notice July, Smart Moves class	2000 · Accounts Payable	-110.00
07/17/2024	Hastings Utilities	June #1010190-01 #1010200-01	2000 · Accounts Payable	-930.05
07/17/2024	Krieger Electric	retrofit light fixtures to LED	2000 · Accounts Payable	-332.00
07/17/2024	Mary Lanning Healthcare	03384500, Maria H	2000 · Accounts Payable	-145.26
07/17/2024	Red Cloud Chief	July board mtg	2000 · Accounts Payable	-9.00
07/17/2024	Russ's Market	baby formula via voucher	2000 · Accounts Payable	-38.98
07/17/2024	Verizon	June cell service	2000 · Accounts Payable	-537.49
07/17/2024	Proforma Business World	329 jar openers w/imprint	2000 · Accounts Payable	-497.96
07/17/2024	Mary Lanning Healthcare	03384581 - Yolanda O	2000 · Accounts Payable	-145.26
07/17/2024	Mary Lanning Healthcare	03384320 - Amalia C, pap	2000 · Accounts Payable	-20.26
07/17/2024	Mary Lanning Healthcare	03003931, Rosaura C - mammogram, imaging	2000 · Accounts Payable	-291.94
07/17/2024	Mary Lanning Healthcare	03384447, Raquel C, mammogram, HPV sc...	2000 · Accounts Payable	-202.03
07/17/2024	Mary Lanning Healthcare	03384647, Maria G, mammogram & pap scr...	2000 · Accounts Payable	-165.52
07/18/2024	Proforma Business World	backpack diaper bags w/imprint	2000 · Accounts Payable	-1,395.50
07/18/2024	Eakes Office Solutions	copies and supplies	2000 · Accounts Payable	-39.99
07/19/2024	Journeyworks Publishing	Naloxone brochures, 250	2000 · Accounts Payable	-153.00
07/19/2024	Allo Business	June managed svcs + setup fee	2000 · Accounts Payable	-1,594.83
07/19/2024	Vance Family Benefit Fund	donation in memory of TJ Vance	2000 · Accounts Payable	-150.00
08/05/2024	Allo Communications	929329 phone - July	2000 · Accounts Payable	-677.33
08/05/2024	Culligan of Hastings	bottled water	2000 · Accounts Payable	-51.15
08/05/2024	Eakes Office Solutions	June/July 2024 copies	2000 · Accounts Payable	-247.62
08/05/2024	First National Bank of Omaha	credit card charges	2000 · Accounts Payable	-5,495.97
08/05/2024	Flatwater Technologies	monthly services - July	2000 · Accounts Payable	-368.00
08/05/2024	Flood Communications Tri-Cities	radio ads	2000 · Accounts Payable	-762.00
08/05/2024	Hastings Area Chamber of Commerce	email blast and annual membership	2000 · Accounts Payable	-596.00
08/05/2024	Hastings Radiology Assoc	HR214048 - FQuintero, mammogram	2000 · Accounts Payable	-43.11
08/05/2024	Innovative Office Solutions	batteries, pens, legal pads	2000 · Accounts Payable	-64.98
08/05/2024	Kort, Carrie	mileage - July 2024	2000 · Accounts Payable	-153.70
08/05/2024	Locomotive Gazette	annual subscription 2024	2000 · Accounts Payable	-35.00

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South Heartland District Health Dept

08/30/24

Accounts Payable Report

Accrual Basis

July through August 2024

Date	Name	Memo	Account	Amount
08/05/2024	Marino Jachim, Beatriz	mileage - June/July 2024	2000 · Accounts Payable	-36.45
08/05/2024	Mary Lanning Healthcare	03384320 Amalia C - mammogram	2000 · Accounts Payable	-146.68
08/05/2024	My Central Supply	paper towels	2000 · Accounts Payable	-38.59
08/05/2024	NACO	Open Meetings Act posters	2000 · Accounts Payable	-19.00
08/05/2024	National Art & School Supplies	post-it notes	2000 · Accounts Payable	-2.60
08/05/2024	Nejezchleb, Sandra	registration fee reimbursement	2000 · Accounts Payable	-475.00
08/05/2024	Prevent Child Abuse America	bi-annual affiliation fee 2024	2000 · Accounts Payable	-2,500.00
08/05/2024	Proforma Business World	table cover	2000 · Accounts Payable	-73.89
08/05/2024	Pyramid School Products	office supplies - annual buy 2024	2000 · Accounts Payable	-132.45
08/05/2024	Sipp's Cleaning Solutions	July cleaning	2000 · Accounts Payable	-505.00
08/05/2024	Vaughans Printers	posters	2000 · Accounts Payable	-15.00
08/05/2024	Woodwards Disposal	trash - July	2000 · Accounts Payable	-225.00
08/05/2024	Firespring	Aug web hosting	2000 · Accounts Payable	-165.00
08/05/2024	Mary Lanning Healthcare	04378147, Ingrid T - laboratory pathological	2000 · Accounts Payable	-20.26
08/05/2024	McCoy, Jordan	UNK Healing Summit registration	2000 · Accounts Payable	-300.00
08/05/2024	Mary Lanning Healthcare	03384939, Goretti M - mammogram, imaging	2000 · Accounts Payable	-299.30
08/05/2024	Quiznos	meals for meetings	2000 · Accounts Payable	-200.65
08/05/2024	Bever, Michele	mileage - July 2024	2000 · Accounts Payable	-30.28
08/05/2024	Central Community College Dental Hy...	dental hygiene svcs	2000 · Accounts Payable	-376.47
08/05/2024	Junker, Christine	Mileage - July 2024	2000 · Accounts Payable	-76.11
08/05/2024	Marcello, Tami	mileage - July 2024	2000 · Accounts Payable	-6.10
08/05/2024	R & K Mowing	July mowing	2000 · Accounts Payable	-280.00
08/05/2024	Russ's Market	baby formula via voucher	2000 · Accounts Payable	-37.78
08/05/2024	Warner, Jessica	Mileage - July 2024	2000 · Accounts Payable	-71.83
08/05/2024	Wiegert, Christian	mileage, July 2024	2000 · Accounts Payable	-66.14
08/19/2024	Allo Business	July managed svcs	2000 · Accounts Payable	-2,069.00
08/19/2024	Big Dally's Deli	DoT Coalition lunches	2000 · Accounts Payable	-108.40
08/19/2024	Datatude	monthly subscription - July 2024	2000 · Accounts Payable	-540.00
08/19/2024	Eakes Office Solutions	office supplies - name badges	2000 · Accounts Payable	-48.00
08/19/2024	Fiesta KLIQ	Spanish Covid & Back to School Ads - July	2000 · Accounts Payable	-375.00
08/19/2024	Hastings Tribune	ads	2000 · Accounts Payable	-340.00
08/19/2024	Hastings Utilities	July #1010190-01 #1010200-01	2000 · Accounts Payable	-964.32
08/19/2024	Hayes & Associates	Fiscal Year 2024 audit first installment	2000 · Accounts Payable	-4,500.00
08/19/2024	Mary Lanning Healthcare	DoT coalition meeting lunches	2000 · Accounts Payable	-97.50
08/19/2024	Prevent Child Abuse America	training	2000 · Accounts Payable	-800.00
08/19/2024	Verizon	July cell service	2000 · Accounts Payable	-421.76
08/19/2024	Flatwater Technologies	managed services - various	2000 · Accounts Payable	-337.50
08/19/2024	Mary Lanning Healthcare	04378147, Ingrid T	2000 · Accounts Payable	-145.26
08/19/2024	Mary Lanning Healthcare	03388359, Leana O	2000 · Accounts Payable	-145.26
08/19/2024	Mary Lanning Healthcare	03509602, Maria S	2000 · Accounts Payable	-145.26
08/19/2024	Mary Lanning Healthcare	03384939, Goretti M	2000 · Accounts Payable	-145.26
08/20/2024	Language Access Network	OPI minutes - July 2024	2000 · Accounts Payable	-6.00
08/20/2024	Mary Lanning Healthcare	03384447 - RCruz, mammogram	2000 · Accounts Payable	-145.26
08/20/2024	Prevent Child Abuse America	HFA Live virtual conference 2024 - KOlson	2000 · Accounts Payable	-200.00
08/20/2024	Mary Lanning Healthcare	03463454 - EZapata, mammogram	2000 · Accounts Payable	-145.26
08/20/2024	First National Bank of Omaha	Aug balance ending 08/14/2024	2000 · Accounts Payable	-3,324.60
08/20/2024	Hastings Radiology Assoc	HR85799 - ACadena, mammogram	2000 · Accounts Payable	-102.42

Jul - Aug 24

-45,194.57

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South Heartland District Health Dept

08/30/24

Funding Sources

Cash Basis

July through August 2024

	<u>TOTAL</u>
CHA	2,500.00
Out of Budget	12,295.04
Infrastructure	18,518.52
Admin/IDC	105,770.52
Programs	
Accreditation	3,229.65
Diabetes Prevention - CHW	100.00
Drug (Opioid) OD Prevention	7,178.29
Enviro Health & Indoor Air	6,479.74
EP	16,370.41
EWM	6,072.48
Fall Prevention - Sustainable	194.52
HFA - Healthy Beginnings	5,050.98
HFA (TANF)	81,137.55
Immunization	2,312.92
Immunization-Covid	35,450.64
Maternal Child Health	6,909.36
MHI	6,916.38
Mpox	1,637.06
Nebraska Total Care (NTC)	22,500.00
Oral Health - DHHS	3,454.02
Oral Health - NALHD	37,588.10
Radon	2,648.37
TB DOT	1,280.00
United Healthcare	47,730.00
Total Programs	<u>294,240.47</u>
TOTAL	<u>433,324.55</u>



SHDHD Board of Health Finance Committee Minutes	
Date: 08/21/24 4:14 pm	
Committee Members Present: Chuck Neuman (Chair), Dick Shaw, Nanette Shackelford, Committee Members Absent: none	
Staff: Michele Bever, Kelly Derby, Janis Johnson	
Topic/Lead Person	Comments/Action
Board Finance minutes 06.25.24	Reviewed minutes from previous meeting.
Annual Budget	Kelly reviewed the proposed budget for FY2025 and answered questions. ACTION: Budget will come to full board for approval at the regular Board meeting, following the Budget Hearing meeting on September 4.
Cash Allocation Proposal	Kelly explained there are proposed capital expenditures planned for building improvement which will be funded by cash reserve. She proposed board approval of the cash allocation for these expenditures separately from the annual budget. ACTION: Bring Cash Allocation proposal to full board for approval. <i>Update 08.28.24: Discussed this with Allison Petr, who we retained to prepare the budget for submission to the State. She stated we should include the cash allocation for capital expenditures in the annual budget. Adjustments made. No need for a separate cash allocation proposal. – KD</i>
Nebraska Public Agency Investment Trust (NPAIT) Resolution	NPAIT provides a resolution of participation to be presented to the Board. This action item was inadvertently omitted from the July 3, 2024, meeting agenda. It will be placed on the September 4, 2024, agenda for board action. ACTION: Resolution will come to full board for approval.
Adjournment & Next Steps	Adjourned at 4:49 pm Next meeting TBD for October 2024


Respectfully submitted by
Michele Bever, Health Director
August 21, 2024

South Heartland District Health Dept
 Profit & Loss Budget vs. Actual

BOH024

July 2024 through June 2025

							Actual	Approved	Proposed
						Communication: Public Notification: Newspaper	893	1,025	1,000
						Communication: Telephone & Internet	7,868	7,700	7,800
						Communication: Video Conferencing	767	768	800
						Communication: Website	1,980	2,000	1,500
						Facilities: Capital Improvement	209,003	200,000	350,000
						Facilities: Property Maintenance	19,281	21,500	29,900
						Facilities: Utilities	13,534	15,500	13,500
						Marketing	1,152	1,500	2,000
						Board: Annual Meeting Recognition	1,971	1,400	2,000
						Board: Meeting Notice	318	300	320
						Board: Budget Hearing Notice	278	220	300
						Board: Meeting Expenses	36	125	200
						Board: Mileage to Board Meeting	929	1,000	1,000
						Board: National Convention	720	2,500	2,500
						Memberships	8,629	6,000	8,600
						Event Expenses	4,703	4,070	3,740
						Event Facility Rental	150	100	250
						Office Supplies: Computer Hardware	17,450	2,967	5,000
						Office Supplies: Emergency Equipment	131	200	200
						Office Supplies: Equipment / Furnishing	53,590	82,459	125,000
						Office Supplies: Equipment Rental	370	0	0
						Office Supplies	4,769	6,182	5,186
						Office Supplies: Vehicle Maintenance	0	0	5,000
						Office Supplies: Publication/Subscriptions	336	360	360
						Office Supplies: Software/SAS	17,263	12,470	24,810
						Program Supplies	43,548	68,337	29,575
						Travel: Meals & Lodging	1,331	4,590	740
						Travel: Mileage	9,204	13,926	9,879
						Travel: Transportation	47	1,600	50
						Sales Tax Expense	77	45	80
						Administrative Fees	1,048	1,400	1,000
						Unsecured Funding + Maintenance Reserve		555,089	176,226
						Total Expense	1,673,213	2,584,262	2,203,656
						Net Income	361,731	0	0

	ENABLING RESOLUTION Form A – Minutes of Meeting		
	Administration	Imaging	Marketing

A _____ [regular or special] meeting of the Board/Council of _____ (name of public agency) was held at _____ (street address and city) on the _____ day of _____, _____, at _____ o'clock _____ a.m./p.m.

The meeting was called to order by the Presiding Officer. Members present were:

Members absent were:

Notice of said meeting was given in advance thereof by reasonable advanced publicized notice. Notice of this meeting was also given in advance to all members of the governing body and a copy of their acknowledgment of receipt of notice of meeting and the agenda is attached to these minutes. Availability of the agenda was communicated in the advanced notice and in the notice to the members of this meeting. All proceedings of the governing body were taken while the convened meeting was open to the attendance of the public.

A discussion was held with regard to becoming a participant in the Nebraska Public Agency Investment Trust. After discussion member _____ (name) offered the following Resolution and moved for its passage and adoption, and the same was seconded by member _____ (name).

WHEREAS, Nebraska law expressly allows public agencies to invest surplus or excess funds; and

WHEREAS, the Interlocal Cooperative Act, § 13-801 et seq. Neb. Rev. Stat. (Reissue 1991) provides that two or more public agencies may jointly cooperate in the exercise or in the performance of their respective governmental functions, powers or responsibilities and may enter into joint agreements as may be deemed appropriate for such purposes when such agreements have been adopted by appropriate action by the governing bodies of the participating public agencies; and

WHEREAS, the Declaration of Trust (Interlocal Agreement) and an Information Statement relating to the Nebraska Public Agency Investment Trust and the Fixed Term Investment Service have been presented to this Governing Body; and

WHEREAS, the Declaration of Trust authorizes public agencies to adopt and enter into the Declaration of Trust and become participants of such trust and to participate in the Fixed Term Investment Service; and

WHEREAS, this Governing Body deems it advisable for this Public Agency to adopt and enter into the Declaration of Trust and become a participant of the Nebraska Public Agency Investment Trust for the purpose of the joint investment of this Public Agency's money with those other public agencies so as to enhance the investment earnings accruing to each such public agency and to participate in the Fixed Term Investment Service.

NOW, THEREFORE, be it resolved as follows:

1. This Public Agency shall and does hereby join with other Nebraska public agencies in accordance with the provisions of Nebraska law and in accordance with the Interlocal Cooperative Act, as applicable, by becoming a participant of the Nebraska Public Agency Investment Trust, and the Declaration of Trust and Interlocal Agreement is hereby adopted by this reference with the same effect as if it had been set out verbatim in this Resolution. A copy of the Declaration of Trust is attached hereto and incorporated herein by this reference and shall be filed with the minutes of the meeting at which this Resolution was adopted.

2a. This Public Agency hereby delegates all authority and duties which the law otherwise authorizes it to delegate in accordance with the Declaration of Trust. The following officers and officials of this Public Agency and the respective successors in office each are hereby designated as "Authorized Officials" and are authorized to take actions and execute any and all such documents and agreements as they deem necessary and appropriate to effectuate the entry by this Public Agency into the Declaration of Trust, to effectuate the investment and withdrawal of monies of the Public Agency from time to time in accordance with the Declaration of Trust, and to make use of the Fixed Term Investment Service through the intermediaries PMA Financial Network, LLC and PMA Securities, LLC, who are authorized to act on behalf of this Public Entity as its agent with respect to such agreements:

Name:	Title:	Signature:
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Name:	Title:	Signature:
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Name:	Title:	Signature:
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Name:	Title:	Signature:
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Name:	Title:	Signature:
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2b. The Authorized Officials of this Public Agency hereby authorize the following "Authorized Signers" to invest the Public Agency's available funds from time to time and to withdrawal such funds from time to time in accordance with the provisions of the Declaration of Trust, including in the Fixed Term Investment Service:

Name:	Title:	Date of Birth	Signature:
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Name:	Title:	Date of Birth	Signature:
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Name:	Title:	Date of Birth	Signature:
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Name:	Title:	Date of Birth	Signature:
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Name:	Title:	Date of Birth	Signature:
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An Authorized Official of this Public Agency shall advise the Nebraska Public Agency Investment Trust of any changes in the Authorized Signers in accordance the procedures established by the trust.

- 3. The Trustees of the Nebraska Public Agency Investment Trust are hereby designated as having official custody of this Public Agency’s monies which are invested in accordance with the Declaration of Trust.
- 4. Authorization is hereby given for members of this Governing Body and officials of this Public Agency to serve as Trustees of the Nebraska Public Agency Investment Trust from time to time if elected as such pursuant to the Declaration of Trust.
- 5. All resolutions and parts of resolutions insofar as they conflict with the provisions of this Resolution being the same are hereby rescinded.

The foregoing Resolution having been read in its entirety, and a motion having been duly made and seconded for its passage and adoption, the roll was called thereon and the following members voted in favor of passage and adoption of said Resolution: _____

The following voted against the same: _____

The following were absent or not voting: _____

The above Resolution having been consented to by the required number of members of the Governing Body was declared, passed, and adopted by the Presiding Officer.

DATED this _____ day of _____, _____.

Public Agency:	
Street Address:	
City, State and Zip Code:	
Telephone Number:	
Tax Identification:	

By:	
Presiding Officer,	
SIGNATURE:	X

Attest:	
Recording Officer,	
SIGNATURE:	X

Investment products: Not FDIC Insured - No Bank Guarantee - May Lose Value.







**South Heartland Bi-Monthly Board Report: Staff-Specific Activities
July-August 2024**

<p>Janis</p> 	<p><u>Janis Johnson: Standards & Performance Manager / Public Health Nurse</u> Vaccinations: Return to backup coordinator. CHIP Steering Committee(s): Access to Care backbone member. Prep for ATC October Steering Committee meeting. Standards and Performance Management/Accreditation/Accreditation Coordinator: Leading evidence-based standards to guide health department work/working toward reaccreditation. Proposal with College of Public Health consultant for Quality Improvement Performance Management (QIPM) training for our performance management system. Completing license application for software, MIRO, “a visual workspace for team innovation” (design, track, report capabilities for our PM system).</p>
<p>Brooke</p> 	<p><u>Brooke Wolfe: Grants & Staffing Manager/ Public Health Promotions and Prevention Coordinator</u> Program Activity: During this period, I spent the majority of my time continuing to serve as the Program Manager for the Healthy Families America program and understanding the data reports that are generated by our data management system. I supported HFA staff as they implemented the Kids Connect Event and arranged 3 trainings for the HFA staff to ensure we are meeting the HFA measures. Grants Management: Wrote and submitted 5 grant applications/renewals.</p>
<p>Jean</p> 	<p><u>Chronic Disease Prevention Program Assistant / Health Literacy Specialist</u> Diabetes on Track: I continue to coordinate the Community Coalition portion of the Transforming Diabetes pilot program with UNMC/Nebraska Medicine. Every Woman Matters: And am working with community partners for the Breast/Cervical Screening Collaborative Impact Project through Every Woman Matters. I am also working with the distribution and information management of the colorectal screening program (FIT kits). Health Literacy Specialist: I continue to review print materials from the health department with a health literacy lens. I manage the Electronic Communication Boards throughout the four counties. Public Health Accreditation Board (PHAB) Re-accreditation – I am co-lead on 2 of the Standards for re-accreditation. I am a member of the Communication Team, working on monthly communication plans, community messages and newsletters.</p>
<p>Heidi</p> 	<p><u>Community Health Worker / Program Assistant / Health Literacy Specialist</u> Oral Health Program: Recently our Oral Health Program participated in the 1st Annual Kids Connect event in July. We offered screenings, preventative care, and oral health education. In the 3 hour clinic our team screened and applied flouride for 18 kids, placed 61 sealants, and treated 18 teeth with Silver Diamine Flouride to slow down existing decay. Health Literacy Specialist: I continue to review printed materials for the health department with my health literacy training. Community Health Worker: I am working on a team with NALHD to design a social determinants of health screener system/tool. I continue to be part of the Community Impact Network. Lead Poisoning Prevention: I worked with DHHS to order Blood Lead testing supplies to offer blood lead testing for children at outreach events in our jurisdiction, including the Kids Connect event in July.</p>
<p>Sam</p> 	<p><u>Clerical Assistant for Finance & Operations / Immunization Clinic Support</u> Certified Application Counselor: I completed the necessary training and am now certified to assist consumers with applying or re-enroll in Medicaid, or alternatively, the new Health Insurance Marketplace. Oral Health Billing and Coding: I recently began learning Medicaid billing and coding for the oral health screenings beginning in 2024. Medicaid Enrollment: I am in the process of establishing provider accounts with the three MCOs offering Medicaid plans in Nebraska, Molina, Nebraska Total Care, and United Healthcare, so we can begin billing for both dental screenings and immunizations administered to Medicaid beneficiaries.</p>

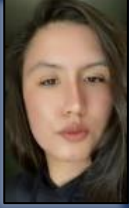






South Heartland Bi-Monthly Board Report: Staff-Specific Activities July-August 2024

<p>Erik</p> 	<p><u>Preparedness & Response Coordinator</u> Memorandums of Understanding (MOUs) for our portable air monitors are finished for our district's emergency managers. This will add a valuable tool for keeping our citizens safe during air quality emergencies.</p> <p>PurpleAir message templates are being worked on and should be ready soon. The remote office in Red Cloud continues to see increased foot traffic.</p> <p>Work on the Emergency Communication Plan is nearly completed. It needed to be changed to reflect the updated PHAB requirements and the addition of NIMS</p>
<p>Devi</p> 	<p><u>Health Surveillance Coordinator</u> I continued to monitor and respond to critical infectious and communicable diseases affecting our South Heartland District residents. This ongoing work aims to control disease spread, prevent new cases, promote healthy behaviors, and protect our communities. In addition to my regular duties, as usual, I have been on-call to respond to health emergencies as needed.</p> <p>Key highlights for this period include the development of an operations & quality improvement dashboard & lab surveillance dashboard for Epidemiology Disease Investigation unit. This new tool, which is expected to go live and become interactive soon, will provide enhanced capabilities for continuous operational insights, quality monitoring and responding to public health concerns. Additionally, significant progress has been made on the COVID-19 dashboard as part of the disease forecasting project; it is now nearing completion. However, work on the RSV and influenza dashboards is still ongoing, and I have a few remaining training courses to complete to further enhance my skills in outbreak modeling and disease forecasting.</p>
<p>Jessica</p> 	<p><u>Project Specialist</u> Diabetes Prevention Lifestyle Coach: I started a new DPP group in July with 6 participants. The DPP coalition recently purchased a point-of-care device and I have worked on getting A1C testing resources organized for community members, including doing some testing at Adams County fair and at HMS Back to School night. Our WIIN grant ends in September, and I am working on getting any additional schools and daycare centers to test. We have had two additional facilities that test for lead since our previous report.</p> <p>I continue to work on prototypes and various projects with our DPP Coalition.</p>
<p>Chris</p> 	<p><u>Health Promotions & Prevention Efforts Program Assistant</u> Nebraska Total Care Project: I helped staff the table one evening at the Central Community College new student days. Some of the information that was available that night included information on HPV vaccination and Chlamydia testing/treatment. Approximately 120 students attended the event. I've been looking into the possibility of offering Chlamydia/Gonorrhea and HIV testing and creating procedure plans for that. This would expand access to care and increase awareness about importance of reproductive health. Pediatric Mental Health Care Needs: SHDHD has entered into a MOA with Brodstone Hospital to address pediatric mental health care needs in their service area. This came about as a follow up to the survey that I sent out in May. To fulfill the obligations of the agreement, I've been working closely with Teresa Frahm and her team at Brodstone to plan presentations for adolescents and families that will address working through trauma and the positive and negative impacts of social media. Social Determinates of Health: I'm continuing to work with community organization to develop a community wide understanding of equity. I'll be assessing organizations to find out who addressing in equities and how, and identify where the gaps in services exist.</p>







**South Heartland Bi-Monthly Board Report: Staff-Specific Activities
July-August 2024**

<p>Luisa</p> 	<p><u>Bilingual Community Health Worker</u> Translation: Continue to translate from English to Spanish all documents that are sent to me for many staff projects and media content for Spanish Facebook, documents like flyers, Facebook posts, infographics, newsletters, Canva designs, all related to COVID-19, Immunizations, VFC, MHI, mental health. Communications: I posted more than one infographic in the Spanish and English Facebook each day and on Instagram, posts related to COVID-19, vaccine information, mental health, back to school immunization, bullying and men’s health. Worked on the MHI Advisory Council having done 1 event in July and planned the next meeting. Immunization Clinics: I helped by putting together the patients’ packets with vaccine information for different clinics through the past months, scheduling/reminder calls for clinics and assisting with interpretation, I attended the Western Reserve Health Fair.</p>
<p>Dennis</p> 	<p><u>Bilingual Community Health Worker, Minority Health Educator</u> My first day was August 19. Since joining the South Heartland team, I have been working to complete SHDHD’s orientation, completed training for immunization program (blood-borne pathogens, Vaccine for Children program, “You Call the Shots” vaccine storage/management training), assisted with immunization clinics and walk-in clinics, and completed the first part of Foundations of Interpretation training. I also began learning about SHDHD’s Minority Health program and have made connections with Hastings Literacy Program to arrange for SHDHD staff to present to their students. I also assisted a Spanish-speaking community member seeking cancer screening test at the health department. I will be joining the Hastings Diabetes Coalition and will be training to be a Diabetes Prevention Program Lifestyle Coach so SHDHD can offer classes in Spanish.</p>
<p>Tami</p> 	<p><u>Nurse Supervisor, Healthy Families Program</u> I continue to visit families in their homes with a small case load of three families, I spend majority of my time supervising the three home visitors and supporting them in their roles as able. I am working with 4 clients that were previously Healthy Beginning clients to transition to other services. I continue to work with Brooke in documenting and collecting data for DHHS and HFA reports. Promoting the HFA program is vital for our program to succeed. I was successful in connecting with three agencies this past month and as a team able to share information and answer questions. Lastly, I worked diligently with SHDHD staff and community partners to successfully host the first annual Kids Connect event on July 31 in Hastings</p>
<p>Carrie</p> 	<p><u>Nurse Home Visitor, Healthy Families Program</u> I continue seeing caseload case load of 8 clients. I am the primary person and serve on the DHHS advisory board for continuous quality improvement for the HFA program. I continue to learn the new data tracking system (Family Wise) and collect the needed information from my families as directed by DHHS and HFA. I have attended 2 different trainings this period.</p>
<p>Michele</p> 	<p><u>Nurse Home Visitor, Healthy Families Program</u> I continue seeing families, with a case load of 10 clients. I am helping Tami plan the Kids Connect I continue seeing families, with a case load of 11 clients. I helped Tami with the Kids Connect event. I am planning for my next Circle of Security training come October. And I continue to learn the new data tracking system (Family Wise) and collecting the needed information from my families as directed by DHHS and HFA.</p>



**South Heartland Bi-Monthly Board Report: Staff-Specific Activities
July-August 2024**

<p>Kelly</p> 	<p><u>Home Visitor, Healthy Families Program</u> I continue seeing families, with a case load of 3 clients, with an additional client on creative outreach. I am still learning all the in and outs of home visiting, but making progress with my families. I continue to learn the new data tracking system (Family Wise) and collecting the needed information from my families as directed by DHHS and HFA. Also, participated in Kids Connect and marketed for prizes.</p>
<p>Tam</p> 	<p><u>Public Health Program Nurse – Opioid Drug Overdose Prevention</u> Gathered information from law enforcement sources concerning Drug Takeback Day – collected 100 pounds more than last year. Letters and brochures about mixing alcohol and opioids, as well as Narcan administration, sent to 54 businesses in the district with liquor licenses. Continued monthly health education/screening sessions at Brewery Lofts apartment complex. I also sent letters and brochures to 92 faith leaders, 5 principals, 20 school nurses, and 8 superintendents.</p>
<p>Carrie</p> 	<p><u>Community Health Nurse / Clinic Manager – Immunization Services</u> I have been applying a great deal of focus towards our Adult (VFA) program, and am thrilled to say we have been granted permission from the state along with our standing order provider to order a variety of adult vaccines starting in October. We are also hosting Walk-in Clinics every Tuesdays, along with 1-2 scheduled clinic days each month, to better serve our community and offer a variety for schedule options.</p>
<p>Kylene</p> 	<p><u>Community Health Services Program Assistant</u> I have been assisting in the VFA and VFC Immunization Program including our weekly Walk-In clinics. I have assisted in a couple community outreach programs namely, Kids Connect and WR Reserve Health Fair. Both were a great success. I am currently being introduced to the Fall Prevention program and am looking forward to applying my skills to this program. This past month we visited all private, public schools along with pre-schools and daycares to inform them of our clinic dates and the services we provide here at South Heartland District Health Department</p>

Support Staff for Immunization Services and other projects:

Other Part-time Staff:

Lauren Hauser	Program Assistant - Environmental Health
Aida Evans	Interpretation, Minority Outreach for Immunization
Beatriz Marino Jachim	Nurse – VFC/VFA Immunization; TB Direct Observed Therapy (DOT)
Shelly Fletcher	Nurse - VFC/VFA Immunization; TB Direct Observed Therapy (DOT)

Part-time Temporary/Seasonal Hires:

Odeth Mendez Peraza	Bilingual CHW/Interpreter for Vaccine Programs
Christian Wiegert	Seasonal Vector Surveillance Program Assistant (an HC Student)

Volunteer:

Sue Rutt	“Retiring” August 26: Maintained/assisted with notebooks for health department media Highlights, and assisted with COVID response, and Accreditation documentation needs. Thank you, Sue!!
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1st Annual Kids Connect Back to School Bash



SHDHD's HFA staff greeted participants; SHDHD & community partner organizations provided services, education and supports such as dental services, safety tips, bike helmets, haircuts, socks for school, and more!



Jean, Chris, and Devi shared info about HPV vaccination, diabetes, and mpox at the SHDHD booth at CCC-Hastings New Student Days event



Jean and Jessica with the food pantry "healthy foods" display they took to the Adams County Fair



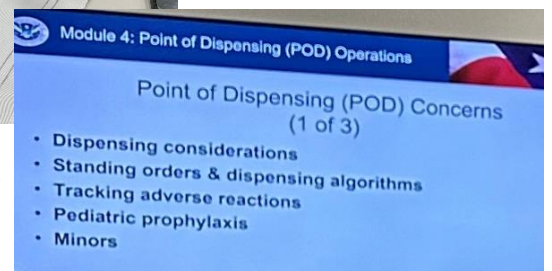
Jean and Jessica attended the Hastings Middle School "kick off" to share diabetes information, risk assessments and A1c testing with parents



Jessica and Erik at National Night Out in Hastings sharing info about Diabetes risk and on being prepared for emergencies



Erik participated in statewide public health preparedness training on setting up and managing Points of Dispensing (PODs)



Heidi was accepted into the 2024-25 Leadership Hastings class



"Healthy soil benefits us all by providing clean air, water, and productive landscapes. By following these principles, we can ensure soil remains a vital living ecosystem that sustains plants, animals, and humans."
USDA Natural Resources Conservation Service



Michele Bever was invited to participate as a stakeholder in the Nebraska Soil Health Coalition, whose vision is a collaborative effort to increase sustainable agricultural production and thriving rural communities



Success Stories: How we make a difference....

1st Annual Kids Connect Event

The First Annual Kids Connect Back to School Bash was held July 31, at First St. Paul's Lutheran Church with approximately two hundred kids and families in attendance. At the event kids were greeted by Healthy Families staff, given a raffle ticket with an opportunity to win several prizes including gift cards for school clothing and shoes, bags with goodies inside, car seat and vouchers for family events.

Twenty-four vendors offering advice, free items, and services such as haircuts, dental and lead screenings were in attendance. Kids that were unable to have hair cut due time limit of event, were given voucher to salon, donated by Bible school class at First St. Paul's Lutheran Church. This event could have not taken place without the generosity of First St Paul's in hosting the event, Russ's market, Pepsi, Adams County 4H trap team and Eileen's cookie donated food, drinks, and cookies for event.

Overall families and vendors were happy with the event and look forward to the event again next year. An HFA family stated, "It was so cool that there were free haircuts, Hastings needs more events like this that help people!"

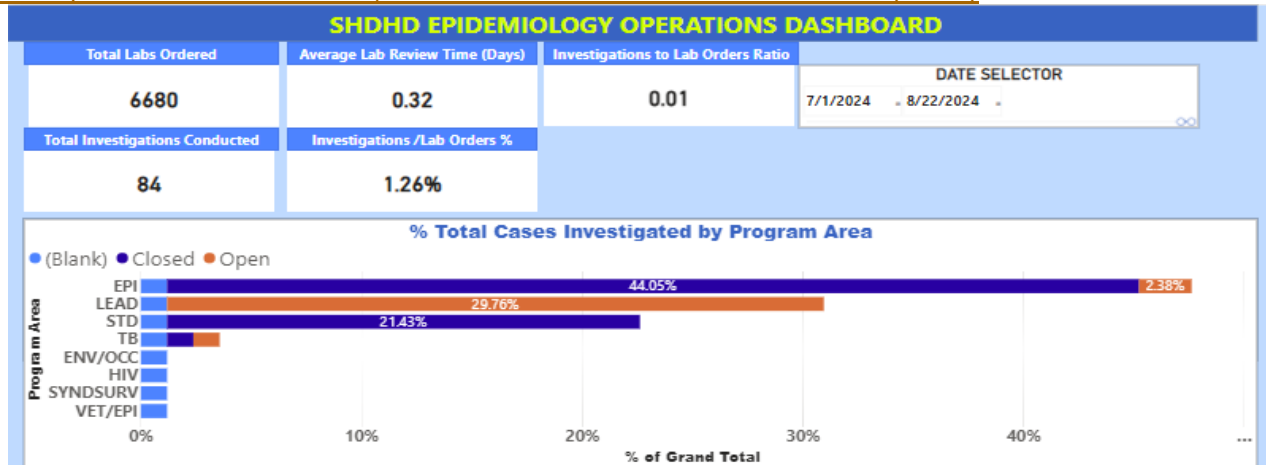
Another HFA family member stated "I was able to get my daughter a free dental screening because I cannot find a dentist who will take Medicaid. I also enjoyed winning the State Fair tickets which allowed a family fun event for my family."

We are very pleased with our first annual event.

- Tami Marcello, Healthy Families Program Supervisor

Bi-monthly Surveillance and Disease Response Report

- **Surveillance Roles:** A key role of the health department is to monitor what is going on in our communities and share data back to the community so residents can be aware and make their own informed decisions (Essential Public Health Services 1 and 3). Tableau is our data platform for dashboards.
 - Disease surveillance data, water violations, and other health information are made available on our website, links on our website, news releases & interviews to various forms of media, and upon request from partners or others.
 - Maintaining COVID-19 Dashboard, to include Deaths, Wastewater Surveillance Reports; Hospital Capacity; and linking to CDC county-level COVID data.
- **Laboratory Disease Surveillance (SHD Electronic Disease Surveillance System):**



Surveillance Report Overview

- The above Epidemiology Operations dashboard provides an overview of the disease epidemiological data collected by the South Heartland District Health Department (SHDHD) for the period from July 1, 2024, to August 22, 2024.
- Lab orders received during this period were **6680 including hospital lab orders for COVID-19 (n=985)**. Of those, **Influenza dominated** lab orders, accounting for **35.81% of the total**, followed by Coronavirus at 14.75%. Additionally, **357 COVID-19 test results** were reported by National Healthcare Safety Network. The test-orders-distribution reflects the ongoing monitoring of respiratory illnesses, with a particular focus on Influenza, COVID-19 & Respiratory Syncytial Virus (RSV). Other conditions like Metapneumovirus, and various bacterial infections also featured prominently, indicating a broad spectrum of public health concerns.

% Total Cases Investigated by Program Area

- The Epidemiology unit handled a total of 84 investigations during Jul-Aug 23, 2024 period and the majority of investigations were in general communicable diseases such as food borne illnesses (E. Coli, Salmonella etc.), hepatitis A, B, C in (EPI) program area accounting for 44.05% of cases. This was followed by Lead Poisoning investigations at 29.76%, and Sexually Transmitted Diseases (STD) such as Chlamydia, Gonorrhea, Syphilis, Herpes Simplex Virus, H. Papilloma Virus at 21.43%. The data underscores the focus on infectious diseases and environmental health concerns within the SHDHD's operational scope. **See last page 3 for disease condition breakdown.**

Conclusion

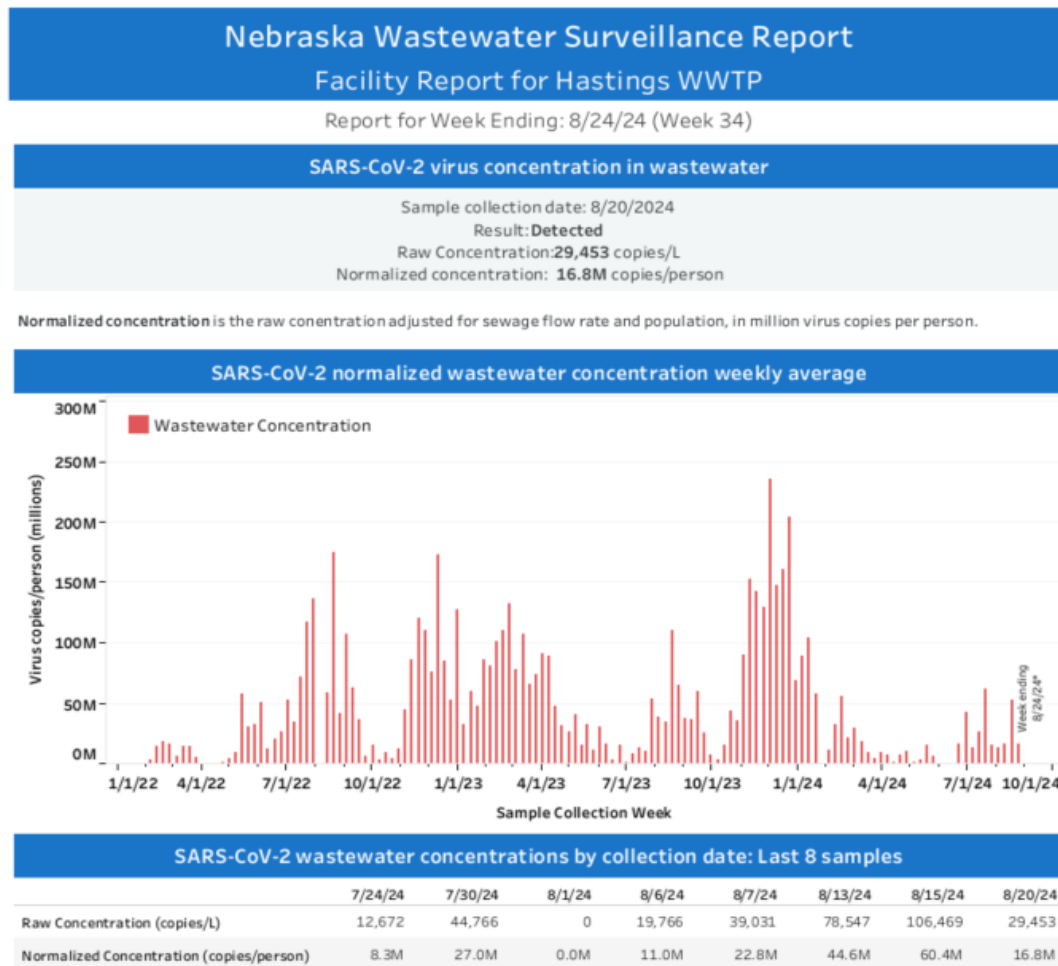
- The SHDHD's epidemiological operations during the reporting period were marked by a focus on COVID-19 and other respiratory illnesses, as well as environmental and sexually transmitted disease investigations. Continued monitoring and responsive public health measures will be essential in managing the district's communicable disease challenges effectively.

- **Coronavirus (COVID-19) Pandemic Situation Update / Dashboard Highlights:**

Hospital Admissions: New COVID-19 hospital admissions as of Aug 2024 were <10 per 50,000 residents in our South Heartland District which is categorized as LOW (<10%) and significantly less than the previous 6 months (Jan-June 2024) (Source: CDC's county COVID-19 data tracker dashboard).

- **Wastewater:** SARS-CoV-2 surveillance report for week ending 8/17/2024 showed that the virus levels were **LOW and INCREASING** over the last two weeks before the collection date.

- COVID-19 lab data indicated that **lab positivity rates** are **currently at 18.6%**, on a **consistently increasing trend** since May 2024, and ER visits for COVID-like symptoms are also increasing however notably under 5% of all ER visits since May 2024.

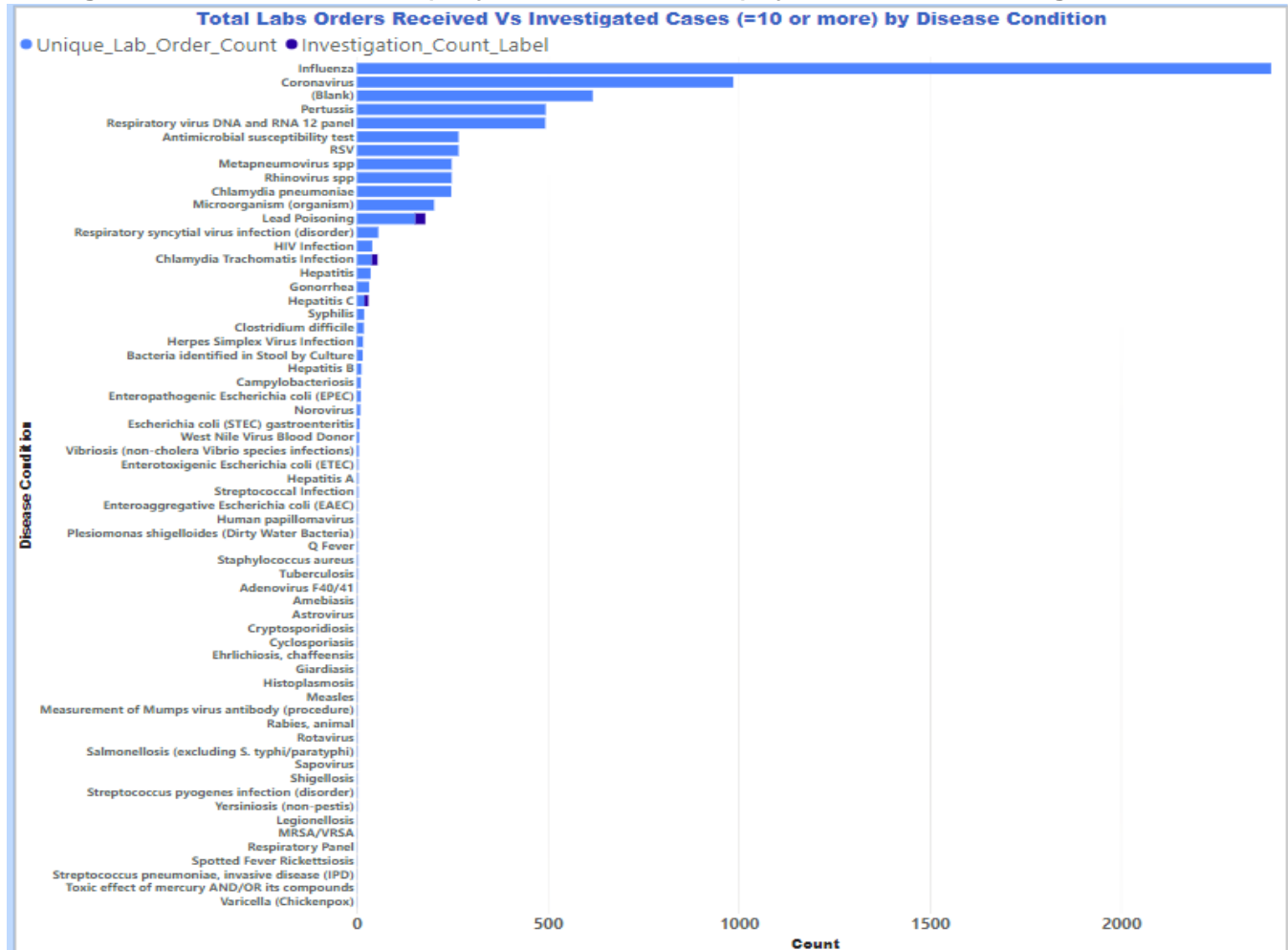


- **Epidemiologic Investigations:** Out of 6,680 ordered lab tests, our team conducted 84 case investigations to determine the sources of illness. Our staff conducted interviews on all 84 cases to gather information about exposures prior to illness onset, understand transmission routes, and provide education on disease prevention. This selective approach for opening investigations ensures efficient use of resources to target cases that require immediate public health intervention. See next page; Among these investigations:
 - **Influenza** had the highest number of lab orders, totaling 2,392, but fewer than 10 investigations were opened. This suggests a broad surveillance effort for influenza with selective investigation, likely based on specific criteria such as severity or case clustering.
 - **Coronavirus** also had a high number of lab orders, at 985, but fewer than 10 resulted in investigations. This reflects ongoing monitoring of COVID-19 or similar viruses, with a focus on identifying significant cases that warrant further investigation.
 - **Lead Poisoning** had 153 lab orders, with 26 investigations opened. This indicates a relatively higher rate of investigation compared to the number of lab orders, highlighting a targeted approach to addressing cases with potential environmental or public health impacts.
 - **Respiratory virus DNA and RNA panels** had 493 lab orders, but fewer than 10 investigations. This aligns with broader respiratory illness monitoring, similar to influenza. **Chlamydia Trachomatis Infection** had 39

lab orders and 15 investigations. The higher proportion of investigations suggests a more proactive approach in managing sexually transmitted infections.

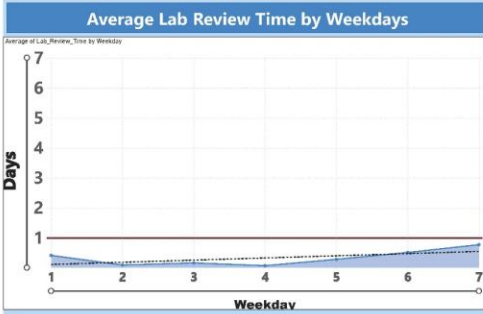
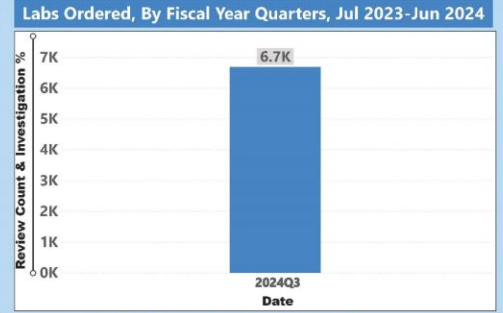
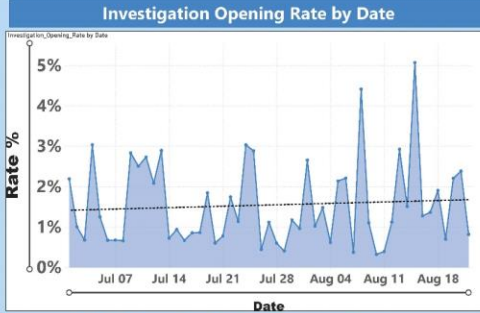
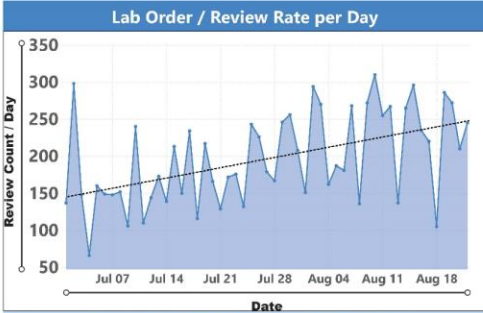
- **Pertussis** saw 494 lab orders, but fewer than 10 investigations were opened. This may indicate a routine surveillance approach with selective follow-up. Other diseases, such as **Hepatitis C**, **Chlamydia pneumoniae**, and **RSV**, had moderate numbers of lab orders (20, 247, and 266, respectively) but relatively few investigations, emphasizing selective criteria for case follow-up based on public health guidelines or outbreak status.

The chart below depicts the lab orders received by South Heartland District Health Department and investigated disease conditions (only 10 cases or above) by our disease investigation team.



SHDHD EPIDEMIOLOGY OPERATIONS DASHBOARD

Total Labs Ordered	Average Lab Review Time (Days)	Investigations to Lab Orders Ratio	DATE SELECTOR
6680	0.32	0.01	7/1/2024 - 8/22/2024
Total Investigations Conducted	Case Investigation Rate		
84	1.26%		

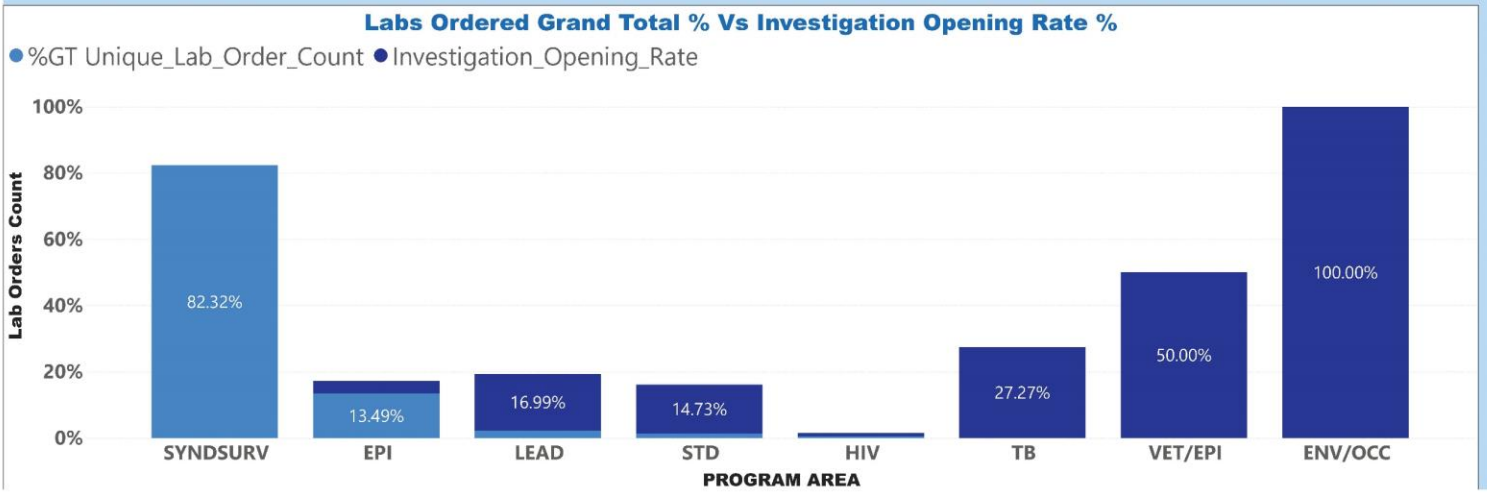


Labs & Investigations by Program Category

PROGRAM_AREA_CD	Unique_Lab_Order_Count	Investigation_Opening_Rate
SYNDSURV	5499	0.02%
EPI	901	3.65%
LEAD	153	16.99%
STD	90	14.73%
HIV	40	0.94%
TB	4	27.27%
VET/EPI	2	50.00%
Total	6680	0.81%

Labs & Investigations by Investigator

LAB_REPORT_LAST_UPDATED_BY_UID	Unique_Lab_Order_Count	Unique_Investigation_Rate
NEDSS_ELR	5832	0.02%
D DHHS	389	0.51%
D	142	28.87%
Dwarabandam	113	23.01%
H Davis	64	6.25%
S DHHS	49	2.04%
B Jordan	49	2.04%
Total	6680	1.26%



SHDHD Bimonthly Progress Updates for Board of Health

Program/Administrative Area	Key Highlights and Successes
Accreditation/Reaccreditation	Domain Teams continue to work on documentation. Accred Coord is working on plans/processes/policies. Listing of initial accreditation uploaded documents to review & revise for reaccreditation Participated in Monthly State/CoPH Community of Practice training via Zoom for Accreditation Coordinators PH WINS workforce survey for national data collection to open 9/9. Janis is guiding SHDHD participation Quality Improvement/Performance Management training with w/ UNMC-COPH starting in September for staff
Access to Care	Distributed flyer throughout district to promote SHDHD's insurance enrollment specialist Meetings held with residential recovery and treatment centers to discuss HPV vaccination and Chlamydia testing/testment Expanding Immunization Access - Added SHDHD Walk-in clinics, planning to add scheduled clinics each month SHDHD attended HHC satellite clinic open house in July- shared Invest In Your Health Flyers and other program information. Preparation for ATC CHIP Steering Committee meeting in October (final meeting for 2019-2024 CHIP)
Cancer Prevention	Promoted HPV vaccination at Adams County Fair and Central Community College new student day. Partnered with Morrison Cancer Center to promote skin cancer prevention; screening events at community events
Community Health Assessment (CHA), Community Health Improvement Plan (CHIP)	5 Focus Groups conducted to gather information about community health concerns - 1 in each county and 1 in Spanish Working with contractor to create fact sheets on health issues to share at priority-setting meetings Set date for Priority-Setting meeting: Monday, September 23, 11:30-4:30, Hastings Public Library and remote sites (each
Communications	July communication plan focused on UV Safety; August was focused on Immunization (Ready to go Back to School) July / August newsletters, using Promote, Prevent and Protect format; sent to libraries, senior centers, 6 worksites & daycares Maintained 8 electronic communication boards; added new assets, updated calendar with vaccination clinic info July - posted 28 infographics on the Spanish FB - August - Posted 30 infographics in the Spanish Facebook Communications Team is reviewed and revised SHDHD's Communications Plan, out for staff input.
Diabetes Prevention	Hastings Diabetes on Track Coalition met in July and August to plan and report out on diabetes prevention projects Staffed a booth at the Adams County Fair two nights promoting Diabetes Prevention- highlighting ideal pantry items Attended the middle school open house and CCC new students day with Diabetes Prevention information
Disease Reporting and Investigation	Reviewed 142 lab reports and conducted 41 case investigations of reportable diseases/conditions for disease control Made a first working draft for dashboard of SHDHD Epidemiology Quality Improvement, COVID-19 data insights
Environmental Health: Air Quality	Making plans for outreach/messaging with vulnerable populations (schools, day cares, long term care) on air quality
Environmental Health: Lead Poisoning Prevention	Scheduled a meeting with local provider to present Blood Lead Testing provider toolkit and info for feedback Continuing to work on a lead surveillance report (elevated blood lead level results and other data) for the CHA Staff with Lead Paint Inspector certification is using/practicing with the XRF testing equipment Finalized planning lead poisoning prevention outreach and training events with EPA Region 7 (will be held in October 17, 2024) Organized Blood Lead Testing for children to be offered at outreach events in our Jurisdiction.
Environmental Health: Water Quality	View water violations here: www.https://southheartlandhealth.ne.gov/what-we-do/environmental/water-safety.html . Finalized brochure promoting private well testing

SHDHD Bimonthly Progress Updates for Board of Health

Program/Administrative Area	Key Highlights and Successes
Environmental Health: Other	Tick Surveillance: 1 Collections (July) at 2 sites (Liberty Cove, Roseland Lake); waiting for results from state lab Mosquito Surveil: 8 collections, 4 sites Adams Co; A. vexans and Culex species identified; WNV+ mosquitoes identified at all
Evidence-Based Practices	Collaborative Impact Project: USPSTF recommends patient navigation services to increase screening, advance health equity Healthy Families America: evidence-based home visiting program Reaccreditation Standards and Measures Immunization, for vaccine-preventable diseases
Financial	Completed annual budget Purchased a new payroll software (Rippling) that will save time & effort! Will migrate to QuickBooks Online before November. QuickBooks Desktop is being phased out. Began audit: delivered basic reports & policies, answered procedure questions, delivered initial testing documents.
Health Disparities	We had an minority education event in July about the importance of immunization Creating a survey to assess which community organizations are addressing inequities 3 staff attended the Western Reserve health fair to share information with employees about SHDHD services 3 staff registered to attend the Health Disparities conference in October. We held a focus group with the Minority Health Advisory group in July (for the Community Health Assessment)
Health Literacy	Participating in NALHD Monthly Local Health Department Communication calls Continue to review written materials with a Health Literacy Lens prior to dissemination Prepared and Presented to Staff - Best Practices in Design
Healthy Families	Successfully hosted Kids Connect Event with over 20 vendors and over 150+ community participants. Have 25 active clients in Healthy Families home visitation program Received 5 referrals to the Healthy Families (HFA) program Developed an equity plan to work towards a program that is equitable for all residents across the district. Networked with 21 different community organizations to increase referral rates to the HFA program
Immunization Services	2 VFC/2 VFA/6 WALK-IN CLINICS: # of clients: 60, # of vaccines given: 211. Held 3 additional walk-in clinics Jul-Aug. Distributed back-to-school flyers/met with school nurses, daycare/pre-school directors in the community. Participated in Clinic support staff completed orientation, Participating in all immunization clinics. New Community Health Worker hired, orientation in process. As part of expanding VFA Vaccine program, more vaccine availability is expected by October. Blood Borne Pathogen (BBP) process updated with staff training in progress.
Infection Prevention - Long Term Care Facilities (LTCFs)	Continued sharing Weekly Epidemic Intelligence and Weekly Surveillance Reports with "opted in" long term care facilities
Infection Prevention - Schools / Day Cares	Continuing to provide consultation support to daycares and schools for general respiratory illnesses infection control topics
Injury/Falls Prevention	Began collaborative process with YMCA to train and offer Stepping On classes this fall Wrote and submitted 2024-2025 Fall Prevention proposal Shifted staff member's role to support fall prevention activities as a program assistant. Began marketing planning for September- Fall Prevention Awareness Month

SHDHD Bimonthly Progress Updates for Board of Health

Program/Administrative Area	Key Highlights and Successes
Maternal Health Outcomes	Developed a fact sheet to share and assess what local providers are seeing in terms of Maternal Deaths
	Sent out assessment for youth-serving providers and organizations regarding maternal mental health care, needs and gaps.
	Wrote and submitted a MCH exploratory project to assess the need for postpartum home visits through out the district.
Mental Wellness	Working with Brodstone Hospital to offer presentations on trauma informed care and healthy cell phone and social media use.
	Working as a team on use of the Give Day Funds for Youth Mental Health (Hastings area)
	Sent a follow up survey to providers who attended the mental health training (Youth SBIRT) training
	Task force formed to investigate Social Media and Youth Mental Health data in preparation for writing a Draft Resolution for
Obesity & Related Chronic Diseases Prevention	Evaluating some of the obesity strategies in the community health improvement plan:
	Analyzed the survey results to determine access to healthy foods and physical activity opportunities in our communities
	See also: Diabetes Prevention
	Staffed a booth at the Adams County Fair two nights promoting Diabetes Prevention- highlighting ideal pantry items
	Attended the middle school open house and CCC new students day with Diabetes Prevention information
Operations	Inventoried contents of new building
	Transition to Allo for IT services is complete. Great decision, obvious in a very short while!
	About ready to go live on the new website
	Lost two administrative employees. In process of hiring a temp for Receptionist position.
Oral Health	Continued visiting daycares with Oral Health education and prevention postcard for promotion of oral health program.
	Participated in the Kids Connect day- doing 18 oral health screenings
	Promoted the oral health clinic screening day event.
	Visited daycare center in Kenesaw and gave oral health education presentation to 35 kids.
	Presented to the Daycare Directors in our jurisdiction and promoted the Oral Health Program
Policies & Plans	Reviewing/Revising Continuity of Operations Plan
	Reviewing/Revising Communications Plan and Risk Communications Annex
	Completed review/revision of selected operational and employee policies
	Reviewed/updated Emergency Leadership Succession Plan
	Staff/Board workgroup met twice to work on a "social media and youth mental wellness" policy
Public Health Emergency Preparedness (PHEP)	Had a great showing for National Night Out. Great conversations with the public on emergency preparedness and Diabetes
	Memorandums of Understanding (MOUs) for PODs are in process; MOUs with Law Enforcement are nearly half complete
	New project year (July 1, 2024-June 30, 2025) work has started. Work plan currently 19% completed
Preparedness: Highly Infectious Disease	Responded to suspect measles case (turned out not to be a case)
	Utilized Highly Infectious Disease response Plan guidance and worked with NE DHHS Epi Team
	Working on a project aimed at forecasting hospital admissions related to COVID-19, Flu, RSV illnesses for 2024-25 per need
Quality Improvement (QI)	2 Staff are participating on the Statewide QI Committee for Healthy Families program
	Restarted QI training for staff (new/review) to work toward health department-wide culture of quality
Substance Misuse / Opioid Overdose Prevention	Completed meetings with EMS Squads to gain information about responding to opioid overdoses and Narcan useage
	Continued visiting local agencies to provide Free Narcan (in partnership with ASAAP)

THIS IS HOW WE ARE MAKING A DIFFERENCE...

Line of Sight Topic	Key Performance Measures	Goal	24-Apr	24-May	24-Jun	30-Jul	30-Aug	YTD	Comments
Community Health Improvement Plan	# of steering committees supported (Host 2 steering committee meetings/year for each priority X 5 priorities)	10	5	0	0	0	0	10	meetings held in October 2023 and April 2024
	stakeholder feedback (% committee members satisfied with SHDHD's role)	100%	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown	satisfaction survey not complete- committee decided to do them at the last meeting of the 6 year cycle.
	% of CHIP priorities with live public-facing dashboard	100%	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown	of the 31 members who completed the survey in 2023, will repeat in October 2024
	% of steering committee member satisfaction with dashboard usability	100%	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown	Shared in January with Committees, No discussion in April- will assess in satisfaction survey in October.
	% of KPIs showing progress (total 99 KPIs)	100%	Unknown	Unknown	Unknown	Unknown	Unknown	77%	in progress of being updated
	# of KPIs needing adjustment / QI	0	0	0	0	0	0	1	None in October or April
	1 Annual Report/year completed	1	1	1	1	1	1	1	Completed and BOH review (March) and shared with committees
	% of strategies that have progressed in the past year	100%	Unknown	Unknown	Unknown	Unknown	Unknown	77%	Each priority picked one priority to focus on for the last year.
	# of identified course corrections needed	0	0	0	0	0	0	1	added Minority needs to Access to Care priority
	% Change in data Targets (goal 6%)	6%	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown	in progress of being updated with 2024 CHA
Admin: Finance /Operations	IDC % of total expenses	28%	20.92%	18.21%	21.14%			25.89%	
	Total amount (\$) of Office Supplies	\$300	\$204	\$169	\$174			\$396	
	OT % of total Salary/Wages	0.05%	0.00%	0.00%	0.00%			0.02%	
	Total amount (\$) of program expenses Out of Budget	\$1,000	\$1,504	\$872	\$1,163			\$1,936	
	Number of policies reviewed	3	3	2	0			1.58	
	Annual IT satisfaction score	4							
Communications	PM: % of campaigns with completed plans	100%	100%	100%	100%	100%	100%	100%	14 campaigns (Vector Disease, Immunization, Fall Prevention, Lead Education, Lung Cancer, Food Safety, Radon, Diabetes Awareness, Colon Cancer, PH awareness, Womens/Mental Health, Men's health, Sun Safety, Immunizations)
	PM: % of campaigns with an identified audience	100%	100%	100%	100%	100%	100%	100%	14 campaigns (Vector Disease- 4 key sectors, Immunization- HPS schools, Fall Prevention- Providers, Lead Awareness- host 1 parent education session, Lung Cancer- Providers, Food Safety- 4 communication platforms, Radon- kit sales, Diabetic population in A, C, N, W; Colon Cancer Adults - 45-74, PH Week- General Public, Womens Health- Women, Men's Health- males, Sun Safety- General community, Immunizations- Adult Population.
	PM: % of campaigns with data and/or stories to fit the audience	100%	0%	100%	0%	100%	0%	64%	July, August, September, October, January, Feb, March, May, July
	% of communications reviewed for readability / health literacy (At least 1 message/post/document in each campaign was reviewed for health literacy)	100%	100%	100%	100%	100%	100%	100%	Becoming part of communications process- added to monthly communication plan template
	% of communications campaigns meeting expected outcome (reaching desired audience and campaign objective - action, information, etc. - is met)	100%	50%	100%	100%	90%	NA	66%	August- 1 school district out of 12 received Immunization information September- 0 Providers referred to FP program, but one success story published October- 1 Education event hosted, 16 participants November- 7 out of 7 provider offices received information about Lung Cancer December- Outreach goal met, not met- engagement, handouts, or partnerships. January- 32 out of 40 kits sold Feb- 10+ stall stories were installed in Hastings March- 2 of the 4 counties had a colon cancer kit picked up April- +75% of staff shared PH message, 70%+ of BOH did not share the PH message May- FB reach goal met
Falls Prevention- stepping on	Engagement: # Providers/year (by type) (13 Primary Care, 2 Urgent Cares, 3 Hospitals, 8 PTs, 7 Vision, 13 Pharmacies)	46	0	0	0	0	0	19	Hastings Family Care and Brodstone Blue Hill Clinic, Clay County Clinic, Harvard Clinic Hastings Family Care, Brodstone, Family Medical Center, Webster County Clinics (2), Quality Health Care, Sutton Family
	Engagement: # Communities reached (Stepping on Classes)	3	0	0	0	0	0	0	ERS (3); PT offices (8)
	# of new individuals enrolled each year (at least 25 new participants/year for Stepping on)	25	0	0	0	0	0	17	Hastings & Superior class only so far 2 classes started and finished
	# referred from providers who received outreach (20% of new enrolled)	5	0	0	0	0	0	0	No provider referrals (Primary referral is newspaper or "friend")
	% of participants who complete the Tai Chi classes	80%	NA	NA	NA	NA	NA	NA	DROP
	% of participants who complete the Stepping On classes	90%	Unknown	Unknown	Unknown	Unknown	Unknown	100%	DROP
	% of participants in Stepping On Fall prevention classes who improve their TUG scores	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown	96%	For all classes the average TUG score increased, however only Stepping on Participants
	% of SH adults 45+ who have reported falling in the past year								BRFSS Data
	% of SHD adults 45+ who reported injury due to a fall in the past year								BRFSS Data
	Health Literacy	Adopted Policy and Completed plan	1 plan	Complete	Complete	Complete	Complete	Complete	
% of staff who completed general health literacy training and "passed" the evaluation with score of 80% or higher		80%	NA	NA	NA	NA	NA	100%	Annual Staff training in October, January completed Message map training. Nov- plan language reinforcement with no knowledge check No training in Quarter 2 May- Clear Communication June- Plan Language exercise (crossword) August- Readability Training May- Teach Back August- Data Visualization
% of staff who have participated in quarterly collaborations		100%	NA	NA	100%	NA	NA	100%	100%
% of staff comfortable or very comfortable in their knowledge and use of health literacy tools for their job.		100%	NA	NA	NA	NA	NA	62%	Discussed at Annual Performance Reviews part of annual employee satisfaction survey- completed in October
									Note- Members of the communication team have worked with evaluation of community newsletters and publications.
Epidemiological Investigations	Average Lab report review time (time taken for reviewing the lab to determine the risk of disease spreading and positive status)	1.00	2.00	1.00	1.00	1.00	2.00		Less than 24 hours time to review a lab report is ideal for significant public health conditions. This review time is an average of all difference conditions & diseases. My actual reviewing time performance metric for very significant diseases (like respiratory, tick borne, food borne is at 0-12 hours currently.
	Lab tests review rate per day (Total number of lab reports reviewed/ time period)	Depends on total ordered	7.8	6.6	11.2	4.0	4.5		4 lab reviews per day This depends on the risk of condition & disease being investigated. Additional medical records review, state health department permissions, guidance awaiting etc.
	Case Investigation rate % (total number of Investigations conducted/ total labs reviewed)	0%	27%	23%	28%	24%	29%	26%	Depends on disease risk
	Disease Investigation duration average (Opening to closing date)	7.00	3	5	38	6	7	5.2	Contingent upon coordination activities and individual availabilities
	Case closure percent (total number of cases closed/Total number of investigations conducted)	100%	97%	93%	83%	78%	80%	89%	Case closure depends on lots of factors such as disease condition, follow ups, sending notifications to CDC, state health departments and additional lab reports etc.
Emergency Preparedness	Emergency Operations Plan updated when needed and reviewed annually	1 Plan			100			100%	EDP is complete. The next year will require a few changes so that we include health equity
	Trained staff who have practiced through exercises	100%						85%	This is the total from the in-house ICS training. We have started a new training at staff meetings that is ongoing
	MOU's and agreements in-place, updated as needed and reviewed Bi-Annually to keep fresh	100%						48%	This covers Law Enforcement and Colleges
	Effective and Timely communication with partners	100%						40%	This was a NO NOTICE call down to see how effective call phone only would be.
	Readiness through planning for illnesses, disruptions, and death due to public health emergencies	100%						0%	Need to determine PM
Program Financial Feasibility & Sustainability	% of master sheet up to date.	100%	100%	80%	80%	DROPPED	DROPPED	71%	
	% of total FTE supported through general funds.	<40%	15%	21%				24%	avg
	% of grant staff FTE supported through general funds.	<10%	2%	1%				4%	avg
	#%/ of new or renewed subaward/grants that have been analyzed for financial feasibility and sustainability	5	0	0	1	1	1	1	Building Healthy Families and Healthy Families America Program, Every Women Matters, Opioid, KFND
Oral Health Education Program	% of dental providers provide input.	50%	Na	Na	Na	Na	NA	60%	Called 10 dental providers - 6 provided feedback
	Deliver the oral health education program to sites/groups in our district	10	0	0	0	0	1		7 sites- but 20 presentations; in 2 different counties.
	Hire/Contract with a Dental Hygienist by the end of 2023. Obtain all needed screening materials.	1	Na	Na	Na	NA	NA	1	Contract with CCC is in place

Performance Dashboard: Line of Sight Measures
BOH043

	Co-host a dental day by spring of 2024.	1	Na	Na	Na	1	Na		Participate in Healthy Kids day event in July, providing 18 Screenings. Referred families to free dental day/services in Hastings Community	
	Oral Health Screenings in All 4 Counties	4	0	0	0	2	2		Webster and Adams County	
Diabetes Prevention Program	# new materials created monthly.	12%							New LOS - no data collected yet	
	# clinics where barriers have been identified and discussed.	5							New LOS - no data collected yet	
	# referrals from providers per year.	5							New LOS - no data collected yet	
	Increase enrollment # participants	1							New LOS - no data collected yet	
	# classes per year.	3							New LOS - no data collected yet	
	Downward trend in BRFSS Data 2025-2030 Baseline is:	?							New LOS - no data collected yet	
Spanish Social Media	# FB boosted ads and their outcomes (engagement numbers)		4	4	1	2	2	36	NOV - 4 Boost total of 4,401 reach, December 4 Boost total of 4,772, January 4 Boost total of 3,121, February 5 Boost total of 5,089, March 5 Boost total of 3,328, April 4 Boost total of 4,059, May reach total of 4,300- 4 boost June, July, August we boosted 5 posts and we had 3,000 reach	
	1 engaging post/week for 36 weeks.	36	1/week	1/week + 1 video	1/week + 1	1/week + 1	1/week + 1	40	We post infographics everyday since November we have posted 377 flyer and infographics + 1 video in May, 3 between June, July and August	
	1 partner outreach or community event FB promotion/month (10 outreaches completed).	10	3	0	0	0	1	5	Nurse Awards- March Give Hastings Day, Stop the Bleed Flyer, Marathon Kids-April Mental Health First Aid promotion with ESU9	
	100% increase in Spanish FB followers (67 started with)	167	97	Unknown	99	104	107	107	Since we started boosting in November we had 64 followers, we started to get an increase in followers through this past months and now in August we have 107.	
Office Supply	# of office supplies purchased month	100%							New LOS - no data collected yet	
	Track price/5% from various vendors for comparison	100%							New LOS - no data collected yet	
	Track savings per month each year to see if we are on track for yearly savings	100%							New LOS - no data collected yet	
	Set goal for year and track monthly	100%							New LOS - no data collected yet	
	Review monthly/yearly goals and see if we are on track, check / mark discrepancies								New LOS - no data collected yet	
Inventory Management	Create a list of inventory items and their attributes	100%	100%					100%	Monthly review to ensure all items over 5500 are tagged and added to inventory spreadsheet	
	Random spot-check 10% of inventory items for correct location and tag verification	80%	Na					Na	Bi-annually, the first random spot check will be in June 2024 and then again in December 2024	
	Remedy the loss of accuracy if necessary	0%	Na					Na	Will analyze inventory errors if random spot check has less than 80% accuracy	
	Assets are secure (insured)	100%	Na					100%	Will review annually in December to make sure inventory item replacement values are up-to-date	
	Develop proactive approaches and policies to secure financial stability	100%	Na					100%	Will report annually in December on insured inventory items being in-line with actual inventory on-hand	
Healthy Families Nebraska Heartland - DRAFT	Develop marketing materials for key audiences identified (providers, community partners, Child Protective Services and general community)	3	NA	NA	NA	NA	NA	100%	Postcard, Flyer and Magnet developed and printed	
	Identify key partners that should know about the program	20	10	NA	NA	0	21	50%	Invited 10 partners to join the Advisory Board (ultimately 10 key partners who should know about the program); 21 Partners shared program information with Kids Connect	
	Successfully enroll at Families (34)	34	16		22	22	25	26	76%	
	Ensure time from referral to engagement is less than 3 days	3 days	NA		2	2	Unknown	Unknown	2	2 days average for 3 referrals
	improve the health outcomes of young children and reduce the number of case of child abuse and neglect throughout the district.		NA	NA	NA	NA	NA	NA		
Accreditation	AC up-to-date on stds/best practices	100%							100%	
	Domain Teams Assigned Reaccred.	100%							100%	
	Accreditation staff trainings planned	100%							100%	
	% of staff completing trainings	100%							100%	
	PHAB Annual Rpts submitted on time	100%		Y4					100%	
	PHAB Annual Rpts feedback-staff/BOH									
	Gantt Chart progress tracked monthly	100%							100% in progress	
	% BOH members informed accred progress &/or value of accred status	100%							75% in progress	
		100%							100%	
	SHDHD maintains accred through PHAB	100%							100%	
HPV Vaccination Rate	Develop marketing materials for key audiences identified (e.g. adolescents, young adults, parents, providers).	10 sites	NA		1	1	1	2	50%	Connect with 10 sites to share general HPV information.
	Partner with community events to increase awareness of HPV and promote the benefits of HPV vaccinations.	6	NA		1	1	1	2	100%	Participate in at least 5 community events to promote HPV.
	Partner with community events to offer HPV vaccinations.	1	NA							1 off site clinic available in the community with HPV vaccinations.
	Increase the availability of HPV vaccines through regular walk in clinics.		NA							
	Increase the HPV vaccination rates among our youth.		NA							

SHDHD Bimonthly Strategic Plan Updates for Board of Health

SP Goal	Strategies	Key Actions Highlights and Successes
Goal 1: Obtain and Maintain PHAB Accreditation	A. Allocate staff and resources to support accreditation activities	Submitted budget/workplan for 2024-25 Accreditation Funding for accreditation coordinator to lead reaccreditation activities and stay up-to-date with best practices, staff assigned roles for reaccreditation
	B. Communicate to board and staff the value of accreditation status for supporting strategic plan goals	Including accreditation updates on Board Meeting agenda and is a standing agenda item for Staff Meetings
	C. Communicate to partners, stakeholders and our communities SHDHD's accreditation status and the value of accreditation	We include accreditation status in our bi-monthly Board Meeting materials.
Goal 2: Secure Financial Stability	A. Explore alternative funding avenues	Internal Billing Taskforce meets monthly to advance cross-program coordination for Medicaid and private insurance reimbursements for immunizations and oral health services. On track to begin billing Medicaid for oral health services in Sept; vaccination billing to follow
	B. Practice enhanced financial stewardship	Contracted with Allo for IT services and Rippling for new payroll software. Both are saving us time and effort.
	C. Advocate for state and federal policy change	Executive Director is serving on NALHD Core Team for Creating an Effective System for State Legislative Relations, which includes an objective to protect/enhance health care cash funds and general funds for local public health.
Goal 3: Prioritize Services & Programs	A. Provide leadership and serve as backbone organization for implementing the Community Health Improvement Plan (CHIP)	SHDHD CHIP "backbone" team (Brooke, Janis, Heidi, Jean, Michele) met monthly to assure support for CHIP Steering Committees and contributed to design of surveys to track progress on CHIP strategies. MPH student is summarizing the results to share with committees.
	B. Narrow the scope of the department's services and programs	Partnering with United Way / Collaborative Impact Network to assist with Community Health Equity initiatives; Resuscitating Falls prevention program through a partnership with Hastings YMCA
	C. Use data effectively	Each staff member has a line of sight with performance measures to track effectiveness and adjust, as needed. Using data in our news releases and other communications to help public understand the issues and actions they can take. Staff learning skills in disease forecasting - using data and sharing data to help us and our partners make decisions about action steps and response
Goal 4: Optimize Human Resources	A. Recruit community partners to implement CHIP strategies, provide oversight to CHIP implementation, and participate in CHIP performance management	SHDHD backbone staff supporting data collection with the 5 CHIP Steering committees (Access to Care, Mental Health, Substance Misuse, Obesity/Related Health Conditions, and Cancer) to monitor progress on strategies. Planning for Oct Steering Committee meetings - the final ones for the 2019-2024 CHIP. Working w/ community partners to conduct CHA and create the next CHIP.
	B. Support transitional strategies to move SHDHD toward level 5 of an organization wide culture of QI-PM	Staff each have a line-of-sight with performance measures; staff track these and regularly report out to Board/Staff. Contracted with UNMC college of public health staff to provide a training series for staff on setting and tracking performance measures.
	C. Review and revise workforce development plan	SHDHD in state-wide initiative with UNMC College of Public Health for public health workforce assessments and training opportunities and will be participating in the Public Health WINS national workforce survey in September 2024.
	D. Improve Board and staff knowledge and skills for quality improvement and performance management (QI-PM Goals)	Regularly include BOH agenda item on performance management, staff program and administrative lines of sight, successes, and QI projects.
Goal 5: Advocate the "Why" of Public Health	A. Build capacity for advocacy	Both Legislative District 33 candidates visited to introduce them to their local health dept., the programs/services we provide and to meet staff. The ED is serving on NALHD Core Team for Creating an Effective System for State Legislative Relations
	B. Communicate the value of public health	Discussed with District 33 candidates the historical and current funding streams and how these are tied to programs and services we provide. Continue to include success stories in each bi-monthly board report to communicate how we make a difference.



SHDHD Board of Health Policy Committee Minutes	
Date: 08/21/24 3:00 pm	
Policy Committee Members Present (SHDHD Conf Rm 2): Chuck Neumann, Barbara Harrington Nanette Shackelford (joined by Zoom at 3:55, was in and out)	
Excused: Sam Nejezchleb	
Staff: Michele Bever, Kelly Derby, Janis Johnson	
Topic/Lead Person	Comments/Action
Minutes 06.25.24	Reviewed Minutes of June 25, 2024 Policy Committee Meeting.
Policy Revisions	Policies Reviewed: <ol style="list-style-type: none"> 1. <u>Vaccine Policy Statement</u> – (Janis) Statement is provided to clients. Action: Informational to full board. 2. <u>HR 511 Bloodborne Pathogens Policy</u> – (Janis) We needed revision as procedures updated. Action: Recommended to full board for approval 3. <u>HR 315 Badging Policy</u> – (Kelly) Reorganized and adjusted to match updated practices. Action: Recommended to full board for approval 4. <u>HR 300 Disciplinary Policy</u> – (Kelly) Added a verbal warning step, included examples in each step, and revised investigatory suspension section. Action: Recommended to full board for approval 5. <u>HR 100 Bereavement</u> – (Kelly) Expanded who is eligible for bereavement leave to include staff planning a funeral for someone. Action: Recommended to full board for approval 6. <u>HR 307 Employee Classification</u> – (Kelly) Minor grammatical changes and removed reference to Fair Labor Standards Act. Action: Recommended to full board for approval 7. <u>Leadership Succession Plan</u> – (Michele) Plan should be reviewed annually. The Critical Information section needed to be updated. Discussed pulling this section out as an attachment so that this information could be updated as needed. Michele will make that change. Action: Recommended to full board for approval
New Policy	New Policies: <ol style="list-style-type: none"> 1. <u>Telework</u> – Update. Presented to the Committee in June as a draft under development. We determined that we need to include Remote Work (for staff who work remotely and are only occasionally required to be on site) in addition to Telework. Adding remote work to the policy will require an update to our travel reimbursement policy. Goal of the policy is to provide for consistency in implementation of telework and remote work and to assure on-going high standard of work and commitment to the residents of the health district. Action: Informational
Adjournment & Next Steps	Adjourned at 4:14 pm Next Meeting TBD for October.

Respectfully submitted by
 Michele Bever, Health Director
 August 21, 2024



Our Vaccine Policy

To our families and/or clients:

Immunizations are an essential part of high-quality care for children and adults. Proper immunization protects the health of the individual and also helps protect the community. When you immunize your child, you protect them from serious disease and you protect your family and community.

We understand you may have concerns about immunizations, however there is not strong scientific evidence to withhold immunizations from your child or loved ones, unless medically contraindicated. We feel that any decision to not immunize your child or to alter the evidence-based vaccine schedule is inconsistent with our mission to prevent medical illnesses.

We can also work with parents to choose an alternate vaccine schedule, but respectfully ask you to schedule the next appointment to complete your child's immunizations as quickly as possible to follow the recommended schedule.

We appreciate you keeping your scheduled appointment times, and arriving on time, when at all possible. This helps our program run smoothly.

Thank you,

South Heartland Immunization Team



South Heartland District Health Department Employee Handbook

Policy Number: 511	Policy Title: Bloodborne Exposure	Program Area: Health and Safety
Approved:	Reviewed: 8/1/2024	Next Review Date:

PURPOSE:

To identify the steps to be taken when a bloodborne pathogen (BBP) exposure occurs.

POLICY:

It is the policy of South Heartland District Health Department (SHDHD) to follow the established Exposure Protocol when a BBP exposure occurs. The following policy is for any exposure, needle stick, splash, or spill of any body fluids on or to another person. This policy shall apply to all staff, contract employees and volunteers.

DEFINITIONS:

BBP - Bloodborne Pathogen

SHDHD - South Heartland District Health Department

IC – Immunization Coordinator

MLHC - Mary Lanning Healthcare

RESPONSIBILITIES:

- A. Healthcare workers practicing at SHDHD are to report an exposure and follow the protocol.
- B. SHDHD's Immunization Coordinator (IC) is responsible for coordinating with Mary Lanning Healthcare Laboratory to manage exposures and communicate results.

PROTOCOL:

- A. Wash and flush area as soon as possible. Allow wound to bleed freely.
- B. Apply antiseptic if available.
- C. Report to IC.
- D. IC will contact **MLH Laboratory at 402-461-5182, Ext. 5078** to report the exposure and provide the employee and patient names/birthdates for coordination of lab testing (HIV, Hepatitis B, Hepatitis C and AST) at MLH lab.

Note: Per SHDHD guidelines, patient should be tested for HIV preferably within 2 hours in case of a positive result so prophylaxis of the employee can occur.
- E. Patient information will be entered into the MLH Laboratory system utilizing a generic format of: SHDHD, 000P (numbering system will be consecutive based upon SHDHD test history, and the number used will be the same as the employee number to link the exposure testing together).
- F. Employee information will be entered into the MLH Laboratory system utilizing a generic format of SHDHD, 000P (numbering system will be consecutive based upon SHDHD test history, and the number used will be the same as the patient number to link the exposure testing together).



- G. MLH Lab will notify SHDHD with test results to the **Executive Director or Immunization Coordinator** at **402-462-6211** during office hours, 8-5, Monday-Friday. Or as specifically designated for after-hours: notify the **Executive Director, 402-469-1223**.

NOTE: If patient has an urgent need to leave the department, vaccinator or employee with knowledge of the exposure must seek immediate assistance from the IC, the back-up Immunization Program Coordinator or the Executive Director to communicate the incident and next steps to the patient (parent/guardian) before they leave the department.

- H. It shall be the responsibility of the IC to communicate with and get verbal consent from the patient (parent/guardian) who will need tested. Consent form will be completed at MLH lab.
- I. Complete an incident report and submit to IC. Forms are located *S:\Program - Services\Immunization\2. Incident and Error Report Forms_Process Checklist*
- J. Patient and employee complete lab tests as soon after incident as possible (within 2 hours).
- K. The cost of patient's lab test shall be assumed by SHDHD.
- L. The cost of employee, contract employee or volunteer's initial lab test shall be assumed by SHDHD.
- M. Follow-up lab testing is recommended per schedule; six weeks, three months, six months and at one year if source is positive or employee chooses. If source is negative, employee can choose not to pursue further testing or can agree to 6-month testing.
- N. Initial follow-up after the incident occurs will be covered by SHDHD for staff members, contract employees and volunteers.
 - The six week, three and six month and one year follow-up will be covered by SHDHD for current employees only.
 - The employer currently responsible for affected contract employees will be billed by MLH for the cost of the labs. SHDHD will not be responsible for contract employee follow-up.
 - Individuals no longer employed by SHDHD will be responsible for their individual follow-up.
 - Volunteers will be responsible for their individual follow-up.
- O. SHDHD does not assume responsibility for notifying the employer of the contract employee or the volunteer, of follow-up testing dates or requirements beyond the initial testing.
- P. Exposure will be reported to Executive Director by IC.
- Q. Incident reports of exposure will be maintained for 10 years.
- R. Report will be made to the Nebraska DHHS Immunization Program for all immunization related incidents.
- S. Quarterly reports will be made of the number of exposure occurrences to the Safety Committee.

References:

- A. Mary Lanning Healthcare Bloodborne Exposure Policy, Report Form, Requisition
- B. CDC NIOSH Bloodborne Infectious Diseases Risk Factors



South Heartland District Health Department Employee Handbook

Policy Number: HR 100	Policy Title: Bereavement Leave	Program Area: Benefits
Approved: 5/3/23	Reviewed: 7/30/24/21/23	Next Review Date: 5/3/27

PURPOSE

To provide benefit-eligible employees with paid time off for the purpose of attending a funeral and making necessary household adjustments due to the death of a family member. For purposes of this policy, same-sex domestic partners have the same status as married couples.

POLICY

1. In the event of a death in the employee's immediate family, both regular full-time and regular part-time employees are eligible for time off from work to attend or make arrangements for a funeral.
2. For purposes of this policy, an employee's family members are either immediate or close relatives. Time taken as bereavement leave must be taken in lieu of scheduled work time.
3. Time allowed for immediate family members (father, mother, step-parent, father-in-law, mother-in-law, spouse, brother, sister, brother-in-law, sister-in-law, child, son-in-law, daughter-in-law, stepchild, stepbrother, stepsister, grandparents, grandchildren, step-grandchildren, [or any individual whose funeral you plan](#)):
 - 24 hours for regular full-time employees
 - 16 hours for regular part-time employees between 20-35
 - 8 hours for regular part-time employees less than 20 hours
4. Time allowed for close relatives (aunt, uncle, cousin):
 - 8 hours for all regular employees
5. Time allowed for fellow employee or retiree:
 - 4 hours to attend the funeral provided such absence from duty will not interfere with normal operations of the department.
6. Bereavement leave will be figured at the employee's regular rate of pay. It is not added in the hours for calculation of overtime, but is included in the hours used for benefit accrual /-eligibility.
7. Time taken for bereavement leave requires the Executive Director's approval prior to taking time off.

8. If additional time off beyond the days provided in this policy is needed, and circumstances warrant it, the director may approve an additional, reasonable amount of time off either as vacation or [leave without pay](#)~~as uncompensated time~~.



**South Heartland District Health Department
Employee Handbook**

Policy Number: HR 300	Policy Title: Disciplinary Action	Program Area: Employment
Approved: 1.6.2021	Reviewed: 5/22/24	Next Review Date: 1/6/25

PURPOSE

South Heartland District Health Department (SHDHD) strives to ensure that employees maintain and achieve behavioral standards and that disciplinary action is applied consistently.

Nothing in this policy provides any contractual rights regarding employee discipline or counseling, nor should anything in this policy be read or construed as modifying or altering the employment-at-will relationship between SHDHD and its employees.

POLICY

Progressive Disciplinary Action

The following levels of disciplinary action are described in a progressive manner. However, the nature and severity of the violation will dictate the level of discipline imposed. More severe levels of disciplinary action may be imposed when a lesser action is deemed inadequate or has not achieved the desired results. Management shall also consider the type and frequency of previous offenses, the period of time elapsed since a prior offense and consideration of extenuating circumstances. If a behavior is not corrected within the time frame specified in writing, the next level of disciplinary action begins.

Counseling and Verbal Warning

This action creates an opportunity for the immediate supervisor to bring attention to the existing performance issue. The supervisor should discuss with the employee the nature of the problem or the violation of Department policies and procedures. The supervisor is expected to clearly describe expectations and steps the employee must take to improve performance or resolve the problem within a specified time frame.

Within five business days, the supervisor will prepare written documentation of the verbal counseling. The employee will be asked to sign this document to demonstrate understanding of the issues and the corrective action.

Example behavior that starts with counseling: Absenteeism, Disregarding deadline, Lack of knowledge of Health & Safety standards.

Written Warning

This action consists of delivery of a written Performance Improvement Plan (PIP) which explains in detail the reasons for the warning and advises the employee of the action required to correct the unsatisfactory performance within a specified period of time, including the consequences of failing to do so.

Example behavior that starts with a written warning: Major on-the-job mistakes, Rudeness to partners, Unwillingness to follow Health & Safety standards.

Dismissal

A written document shall be given to employees two calendar weeks prior to the dismissal date, except in cases as described below:

Employees may be granted two calendar weeks' pay in lieu of notice at the discretion of the Executive Director. Employees granted two calendar weeks' pay in lieu of notice shall not be eligible to accrue sick or vacation leave for the period for which payment in lieu of notice is made.

An employee dismissed for job abandonment or gross misconduct such as conviction of a felony or an employee who commits an offense which threatens the safety or health of another person, or an offense of sufficient magnitude that the consequence causes disruption of work, shall not be entitled to two calendar weeks' notice of dismissal or two calendar weeks' pay in lieu of notice.

Example behavior that starts with Dismissal: Corruption/Bribery, Sexual Harassment, Workplace violence, Fraud

Investigatory Suspension

Investigatory suspension is not a disciplinary action. An employee who is under investigation, either by SHDHD or civil authorities for an alleged offense which threatens the safety or health of another person, or is of sufficient magnitude that the consequence causes disruption of work, may be suspended pending outcome of the investigation or trial.

If no immediate danger would result, the Executive Director, before suspending an employee under this section, should attempt to verify evidence with the employee and allow the employee an opportunity to refute this information or present mitigating evidence. The employee shall have prior notification of the purpose and time/location of such a meeting.

Regardless the outcome of the investigation, the employee may or may not be reinstated to their position by the Executive Director based on relevant facts acquired in the investigation. If reinstated to the former position, it shall be with full back pay and service credit for the period of

suspension. If evidence in an investigation shows that disciplinary action should be taken, the Executive Director shall initiate disciplinary procedures.

Investigatory suspensions may be filed as a grievance by the employee.



South Heartland District Health Department Employee Handbook

Table with 3 columns: Policy Number, Policy Title, Program Area, Approved, Reviewed, Next Review Date.

PURPOSE

A system of classification of employees provides a basis for making decisions regarding staffing, scheduling, benefit eligibility, etc. The classification for SHDHD is as follows. An employee's classification will be determined by the Executive Director and may be changed only upon written notification by SHDHD. The Executive Director will advise the employee of their employee status. The classifications for SHDHD are as follows.

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POLICY

Full Time

An employee is considered full-time if they/he are is regularly scheduled to work 80 hours per bi-weekly pay period (40 hours per week).

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Part-Time

An employee is considered part-time if s/he is they are regularly scheduled to work fewer than 80 hours per pay period (Less than 40 hours per week).

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Temporary

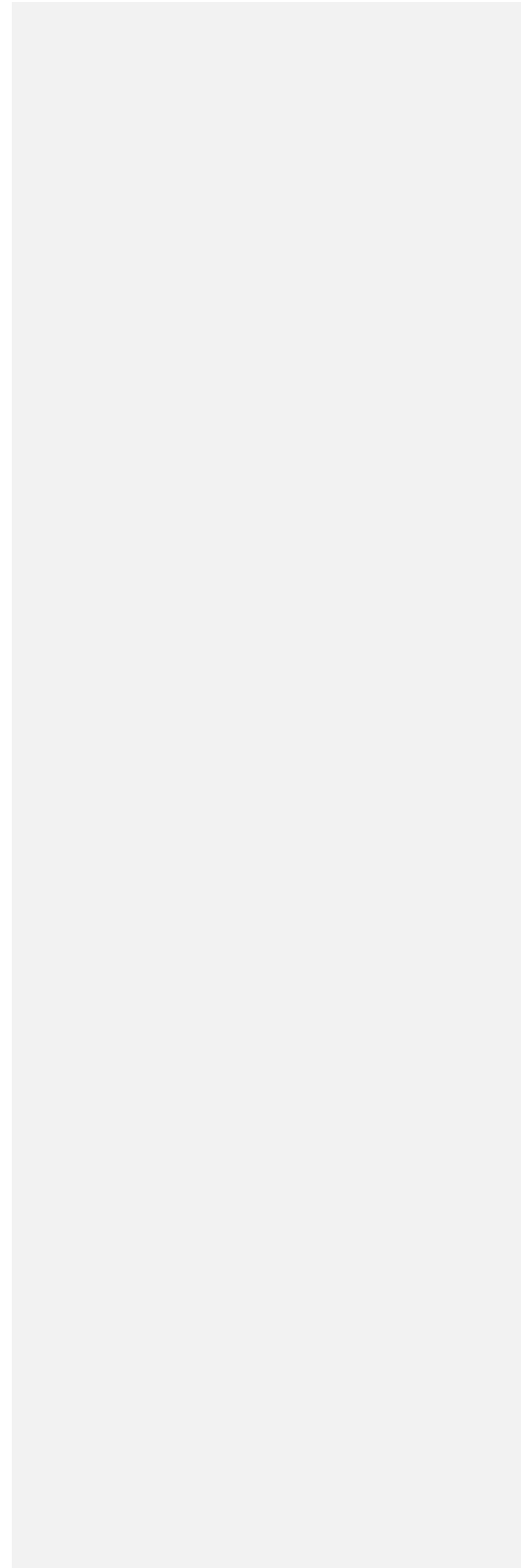
An employee is considered temporary if s/he is they are scheduled into a regular budgeted position for a short period of time, typically 4 to 6 months.

Regular

An employee is considered a regular employee if they are employed to fill a regular budgeted position for an indefinite period of time. This status does not mean or imply that an employee has a "permanent" employment relationship. An employee's employment is not under an employment contract and is not guaranteed for any period because Nebraska is considered an "at-will" state and termination of any employee can occur without notice. Generally, these employees are eligible for the benefit package, subject to the terms, conditions & limitations of each benefit & program, and may be prorated based on the employee's average week.

EXEMPT/SALARIED:

~~An employee is considered an exempt/salaried individual if they meet the guidelines as defined by the Fair Labor Standards Act. Such employees are not eligible for payment of overtime and are paid a salary without regard to precise recording of all hours worked.~~



NON-EXEMPT/HOURLY

~~An employee is considered a non-exempt individual, as defined by the Fair Labor Standards Act, who is eligible and is required to be paid for overtime hours worked. Such employees are paid on an hourly basis and are required to report accurately all hours worked.~~

~~Changing an employee's classification to or from hourly, salaried, regular, temporary, full-time, part-time, or any combination thereof, will have an impact/effect on benefit eligibility. Failure to maintain a regular average hour level could result in reclassification from full-time to part-time or temporary status.~~

~~Part-time employment is usually designated, for payroll computation, as a fractional portion of full-time status, examples are:~~

~~8 hours per week = .20 FTE
16 hours per week = .40 FTE
24 hours per week = .60 FTE
32 hours per week = .80 FTE
40 hours per week = 1.00 FTE~~

Probationary

~~All newly appointed employees work on a probationary basis for the first 90 calendar days after their date of hire. Probationary employees are those whose performance is being evaluated to determine whether further employment in a specific position with the SHDHD is appropriate. Employees who satisfactorily complete the probationary period will be notified of their new employment classification.~~
~~Original Probationary Period:~~

The probationary period is intended to give new employees the opportunity to demonstrate their ability to achieve satisfactory level of performance and to determine whether the new position meets their expectations. ~~The South Heartland District Health Department (SHDHD)~~ uses this period to evaluate employee capabilities, work habits, and overall performance. Either the employee or the Executive Director may end the employment relationship at will at any time during employment, with or without cause or advance notice.

~~All newly appointed employees work on a probationary basis for the first 90 calendar days after their date of hire.~~

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District Health Department Employee Handbook

Policy Number: HR 315	Policy Title: Employee Badging	Program Area: Employment
Approved: 1.6.2021	Reviewed: 7/18/24	Next Review Date: 1/6/25

PURPOSE

To ensure SHDHD is committed ~~ment and strategy~~ to the safety and security of all persons ~~on our campus in its building~~.

POLICY

~~that a~~All persons ~~beyond the lobby in~~ secured areas of the building (beyond code-locked doors) will ~~be signed in and issued a badge for identification~~ wear a badge in plain view.

Employees of ~~South Heartland District Health Department~~ SHDHD will be issued a photo identification badge upon employment. This ID badge, or a Department-issued name tag, is to be worn at all times in the office. ~~An employee may substitute wearing their name tag in place of the badge while working as well. ID's and/or name tags should also be worn, as well as~~ when representing the department at any function or event.

Interns, volunteers, contractors and guests will be signed in and issued an SHDHD visitor badge to be worn in plain view while in secured areas of the building. All badges are to be returned at the end of the visit or day, even if the person will be returning the following day.

~~The Finance and Operations Manager will keep a second copy of all employee ID badges on file in their office in the event that an employee does not have their ID on them at work.~~

Employees are to wear their photo identification badge when responding to any public health emergency ~~as it may be required by the county in order for~~ Emergency Management to keep an accurate account of who is on site as well as their access level

and credentials. Employees not wearing their photo identification may not be allowed on-site.

Any employee who resigns or is otherwise terminated from SHDHD will turn their badge in to the Finance and Operations Manager by the end of the day on their last day of employment.

~~Interns, volunteers, contractors and guests are required to wear an SHDHD visitor badge in plain view while in any secure area of the building. A secure area is defined as anywhere other than the reception area and conference room 1 in the front of the building. All persons wearing a visitors' badge are logged in and out with the proper badge at the reception area upon arrival and departure from the building. All badges are to be returned at the end of the day, even if the person will be returning the following day.~~

LEADERSHIP SUCCESSION PLAN

Completed by: Michele M. Bever, Health Director

*For South Heartland
District Health
Department*

SOUTH
HEARTLAND
DISTRICT



**HEALTH
DEPARTMENT**

Document Information:

Name of Person Completing Document: Michele M. Bever, Health Director

Approval Dates:

Approved by Board of Health:	09.04.24, with revisions per minutes
Approved by Board of Health:	01/04/2023

Signatures of Approval: South Heartland District Health Department

Board Chair **09.04.24**
Date

Health Director **09.04.24**
Date

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Introduction

The Board of Health of South Heartland District Health Department recognizes that this is a plan for contingencies due to the disability, death or departure of the Health Director and other management staff. If the organization is faced with the unlikely event of an untimely vacancy, South Heartland District Health Department has in place the following emergency succession plan to facilitate the transition to both interim and longer-term leadership. The Board of Health is authorized (or authorizes the Executive Committee) of South Heartland District Health Department to implement the succession plan for the absence of the Health Director.

Approval and Maintenance of Succession Plan

- The succession plan will be reviewed annually.
- Any changes to the document will be approved by SHDHD Board of Health
- The succession plan will be maintained by the Health Director (Executive Director), the Assistant Health Director and the Finance & Operations Manager to reflect any changes or updates to the plan.

General

- The Health Director is hired by the SHDHD Board of Health to lead, direct, manage the overall operations of SHDHD and provide administrative support to the Board of Health.
- The Assistant Health Director, Finance & Operations Manager, Standards & Performance Manager, and Grants & Staffing Manager provide leadership and serve on the Leadership Team.
- The Acting Health Director is an assigned position to take over the responsibilities during a temporary, unplanned or short-term leave.
- The Interim Health Director is an assigned position to take over responsibilities during a permanent absence until a new Health Director is hired.

Definition of Absences

Short-Term

- A planned leave is due to vacation, or other approved leave
- An unplanned absence is one that arises unexpectedly
- A temporary absence is one in which it is expected that the Health Director will return to his/her position – less than 3 months
- A short-term absence is 3 months to 6 months

Long-Term

- A long-term absence is 7 months - 1 year
- A permanent absence is one in which it is determined that the employee will not be returning to the position

Procedures: Health Director

Short-Term Succession

In the event that the Health Director will be unavailable in the short term, the Assistant Health Director will serve as Acting Health Director. This person will have the same duties as outlined in the by-laws and the Health Director's job description. This acting position will serve at the pleasure of the Board of Health.

If for any reason the Executive Committee or Board of Health would like to appoint someone other than the Assistant Health Director as the Acting Health Director they have the authority to do so. The Executive Committee or Board of Health may also consider the option of splitting executive duties among the designated appointees.

Long-Term Succession

In the event that the Health Director is no longer able to serve in this position or leaves the position permanently, the Executive Committee or the Board of Health will proceed with the following actions:

1. Within 5 business days appoint the Assistant Health Director as Interim Health Director. If for any reason the Executive Committee or Board of Health would like to appoint someone other than the Assistant Health Director as the Interim Health Director they have the authority to do so by reviewing internal personnel to determine who would best continue the responsibilities of the organization in this capacity.
2. Consider whether it is reasonable to expect the Interim Health Director to carry the duties of the Health Director position and the position they previously held.
3. Instruct the Finance & Operations Manager to conduct an applicant search, providing guidance on avenues of publicity.
4. Provide oversight and support of the Interim Health Director
5. After the search is completed, and applicants have been interviewed, the SHDHD Executive Committee shall make recommendations to the Board of Health to appoint the position as a regular position. The full Board of Health will approve hire, following quorum and voting guidelines. Approval must also be sought from the Nebraska Chief Medical Officer.

Procedures: Assistant Health Director and Leadership Team Members

Short-Term Succession

In the event that the Assistant Health Director is unavailable, the remaining Leadership Team consisting of the Health Director, the F&O Manager, the Standards & Performance Manager, and the Grants & Staffing Manager will meet to determine how best to split the duties among the other Leadership team members and other staff.

Long-Term Succession

In the event that the Assistant Health Director is no longer able to serve in this position or leaves the position permanently, the Health Director will proceed with the following actions:

1. Within 10 business days appoint temporary Interim Assistant Health Director or the Finance & Operations Manager, Standards & Performance Manager and Grants & Staffing Manager will be instructed to conduct an applicant search, providing guidance on avenues of publicity, in accordance with the procedure outlined under “Short Term Succession” and proceed with the transition process.

Transition Process

1. The Health Director and the Leadership Team will review the Assistant Health Director job description; assess the respective department's strengths, weaknesses, opportunities and threats to identify attributes and characteristics that constitute important factors in the selection of the next Assistant Health Director. The Health Director at his/her option may seek the input of existing organization staff in the development of these criteria.
2. If a suitable replacement is not available within the agency, the Health Director will instruct the Finance & Operations Manager to begin the search for a replacement candidate.
3. The Health Director will appoint a selection / interview committee to review applications / resumes and select the top candidates for this position. The interview and the selection process will follow SHDHD's policies and procedures. The Health Director shall approve the selection of the new Assistant Health Director.

Other Conditions

1. Job duties will be evaluated to take into account how the leadership's current roles and authorities fit into the chain of accountability for the organization. For example, if someone is a check signer, the Interim role will not allow same activities to continue.

Compensation

1. Health Director – compensation will be determined by Board of Health
2. All other staff – compensation will be determined by the Health Director with guidance from the approved wage range guideline.

Communication Plan

Immediately upon transferring the responsibilities to the Interim Health Director, the Board Chair will authorize a notice be sent to all board members, staff and key funders.

As soon as possible after the Interim Assistant Health Director has been appointed, the Health Director will notify all staff and key funders and stakeholders.

Checklist for Acceptance of Emergency Succession Plan

- Succession plan:** This plan should be reviewed annually. If changes are needed, the revised plan will be approved by the Board of Health.
- Signatures:** The Board Chair and the Health Director. Assure organizational chart reflecting staffing positions and lines of authority/reporting throughout the organization is up-to-date (Organizational Chart internal location listed in Attachment 3).
- Important Organizational Information:** Complete contact details of key staff, and other important data that may be necessary for the Acting Health Director and Board of Health to be informed about. Also attach a current list of the organization's Board of Health.
- Copies.** Copies of this Emergency Succession Plan along with the corresponding documentation shall be maintained by the Board President, Board Vice President, the Health Director, the Assistant Health Director, and the Finance & Operations Manager.

**Executive Director Report to the Board of Health**

September 4, 2024

1. Leadership/Professional**• Recent Workgroup/Committee Service/Training/Outreach:**

- Serving on the Strategic Core Planning Group for Nebraska Association of Local Health Directors (NALHD) – member of Core Team for Creating an Effective System for State Legislative Relations, which includes an objective to protect/enhance health care cash funds and general funds for local public health. In the past 2 months, we worked on a toolkit for engaging state senators and candidates for state senator.
- Hosting candidates for District 33 legislative seat at the health department to share information about the health department, meeting/greet with staff to learn what we do, and discussing shared goals. In August, completed a second candidate for District 33. Planning to do the same with Mayoral Candidates.
- Congressman Adrian Smith’s Legislative Director, Joel Keralis, was in Nebraska and asked to meet with me to get an update on the health care issues impacting our public health department jurisdiction. I also talked to him about our budget and the importance of the federal pass-through funds that support so many of our programs.
- Invited to participate in the Nebraska Soil Health Coalition as a key stakeholder. Established in 2023, the NSHC is an independent non-profit organization dedicated to advancing producer-centered education and outreach, and the adoption of soil health principles to build resilient farms, ranches and communities across Nebraska. The Stakeholder Visioning Group will help build upon and enhance existing efforts to create a strategic vision for the future.
 - I am honored to be included as a stakeholder and jumped at the chance because this Coalition is an example of the One Health concept. One Health is an approach that recognizes that the health of people is closely connected to the health of animals and our shared environment. It is a collaborative, multisectoral, and transdisciplinary approach — working at the local, regional, national, and global levels — with the goal of achieving optimal health outcomes recognizing the interconnection between people, animals, plants, and their shared environment (definition from CDC: <https://www.cdc.gov/one-health/about>)

2. Operational/Personnel**• Staffing:**

- Hired Dennis Shaif to fill an open bilingual Community Health Worker / Minority Health Educator position. He will be helping with our Minority Health initiatives, including supporting the immunization program and providing outreach and education for diabetes prevention and other community health topics.
- Staff turnover – reception, accounts clerk. Engaged Associated Staffing to identify a temp to fill in.

• Facility:

- Received window replacement quotes
- Completed internal discussions on Phase 2 facility renovations; next step: put out for quotes.

3. Community Health Assessment (CHA)/Community Health Improvement Plan (CHIP) Cycle: 2024**• Timeline/Components:**

- Health Equity/Community Collaboration Assessment – Feb-March 2024, Completed
- Community Survey – May 2024: Completed
- Secondary Data Gathering, March – July 2024, Completed
- Focus Groups/Listening Sessions - July 2024, Completed

- **Priority-setting Meeting, Sept 23, 2024**
- Strategy Meetings, October-Nov 2024
- CHIP completion – for January 2025 Board meeting
- Strategic Planning – January-March 2025

4. **News from Washington:**

- **FDA Approves New COVID-19 Vaccine:** The Food and Drug Administration (FDA) approved and granted emergency use authorization (EUA) for the new COVID-19 vaccines from Pfizer and Moderna. The new formulas include a monovalent (single) component that corresponds to the Omicron variant KP.2 strain of SARS-CoV-2. Pfizer and Moderna started making the new doses in June after the FDA advised them to update the formulas to match the version of the virus that was gaining ground in the U.S. The updated Novavax vaccine has not been approved yet.
- **New TFAH Report Released:** Insufficient funding has left the nation’s public health system without the necessary resources to meet the public health challenges of the 21st century, according to a new report, *The Impact of Chronic Underfunding on America’s Public Health System 2024: Trends, Risks, and Recommendations*, released on August 21st by Trust for America’s Health (<https://www.tfah.org/report-details/funding-2024/>). According to the report, the country’s rising rates of chronic disease and its flat-footed response to the COVID-19 public health emergency were due in part to decades of underinvestment in public health infrastructure and its workforce. A further concern is that the health security advancements made when policymakers increased public health funding due to the COVID-19 public health emergency are now at risk as this funding ends. The report includes recommended actions for the Administration and Congress to protect health, address health disparities, reduce healthcare spending, and enhance the nation’s health and economic security. **(This topic is important to understand as it relates to implementing SHDHD’s Strategic Plan Goal 2C: Secure Financial Stability by advocating for state and federal policy change.)**



Our Vision: Healthy People in Healthy Communities
Adams, Clay, Nuckolls and Webster Counties

For Immediate Release

Date: August 30, 2024

Contact: Michele Bever, PhD, MPH, Executive Director, SHDHD
 402-462-6211 or toll free at 1-877-238-7595 or email: michele.bever@shdhd.ne.gov

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Community is invited to help set Health Priorities

“What are the most pressing health issues in our four-county health district?” “What health priorities should we focus on as a community over the next 3-6 years?”

Michele Bever, Executive Director for South Heartland District Health Department (SHDHD), plans to ask these questions on September 23rd, when community members and leaders will be assisting SHDHD to evaluate and prioritize health issues. This meeting will be the culmination of more than 8 months of planning, and gathering data and opinion through assessments, surveys and focus groups.

“The assessments looked at the population’s health status in Adams, Clay, Nuckolls and Webster counties, as well as what people think is important about their communities, what health concerns we face in south central Nebraska, and what gets in the way of our residents accessing health care services,” Bever said.

According to Bever, the top 3-5 health issues will serve as the basis for a new community health improvement plan. “Choosing priorities allows us, along with our community partners, to focus our combined efforts on those issues that are most important to the community. With a concerted approach to strategies, time and resources, we are more likely to make progress and to make a bigger impact.”

Community members are invited to participate in the Priority Setting meeting. The meeting will be Monday, September 23, 12:00 pm – 4:30 pm at Hastings Public Library, with opportunity to join remotely from sites in Clay, Nuckolls and Webster counties.

To register and reserve your seat, follow the registration link by September 16, 2024. Registration Link: <https://tinyurl.com/shd-healthimprovement>. For assistance or questions, call 402-462-6211 / 1-877-238-7595.

Bever said the agenda for the half-day meeting will include a review of assessment results to share the current state of health in the South Heartland District, then local experts will provide “state of the issue” comments, followed by scoring/rating of each of the issues presented.

Health themes that will be presented during the meeting include: environmental health, such as air/water quality; access to and quality of health care, chronic diseases and long-lasting health

conditions; and health of mothers, babies and children. Additional themes include: infectious and preventable diseases; mental well-being; safety and harms; substance use; social determinants of health; lifestyle and health; and elder/senior health.

Goals in the previous health improvement plan addressed five overarching issues including obesity, cancer, mental health, substance abuse and access to health care.

The cycle of community assessment, health improvement planning, and action is standard practice for public health departments. “We go through this comprehensive process every 3-6 years to review how we are doing, identify new health issues, set priorities, and then make a plan to address those priorities,” Bever said.

The assessment process has required teamwork from key partners who have been serving on SHDHD’s core planning team, including representation from the United Way of South-Central Nebraska, Brodstone Healthcare, Mary Lanning Healthcare, and Clay County Health Department.

“Our core planning team has been coordinating the assessment process” said Bever, “but it is definitely a community-based process. We gather information with, and about, our communities. And now, in September, our many community partners and community members will be able to help determine what our community health priorities will be. Then, together, we’ll develop a 6-year plan to address those priorities,” she said.

Bever said the planning would occur later this fall and the new Community Health Improvement Plan will be ready in early 2025.

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