# Health Promotion and Prevention

**Lead:** Brooke Wolfe  
**Team:** D. Hultman, O. Mendez-Peraza, L. Chamberlain, J. Johnson, J. Korth

## Chronic Disease Prevention

Working to reduce the burden of suffering and death from chronic disease (primarily hypertension, diabetes and obesity and cancer). Partnering with stakeholders and providing leadership in the prevention of chronic diseases by conducting public health surveillance and by developing, implementing, evaluating and supporting evidence-based public health interventions and policies.

## School/Work Site Wellness

Working with schools and worksites in the district to educate and promote wellness through evidence based programming. Sharing our resources with leadership so they have the skills and knowledge to help their students and employees. Strategies/Interventions include: Worksite Wellness Network, Whole School, Whole Child, Whole Community (WSCC) training and support, CATCH Kids Club, annual Nebraska Kids Fitness and Nutrition Day event.

## Health Disparities/Minority Health Education

Healthy People 2020 defines health equity as the "attainment of the highest level of health for all people." Promoting equal opportunities for all people to be healthy and to seek the highest level of health possible. Working to eliminate avoidable health inequities and health disparities including those for minorities, vulnerable and at-risk populations (by utilizing community health workers, educating and empowering members of their communities - providing information through culturally and linguistically appropriate approaches). Health disparities may be related to age, geographic location, race/ethnicity, medical or behavioral health conditions, poverty status, level of education, or other factors.

## Health Education

Working to inform the community on a variety of public health priority topics. Focusing on ways to reduce risks and exposures (prevention) as well as strategies for improving health (health promotion). Developing and implementing educational campaigns, collaborating with partners for community-wide messaging, and providing technical assistance and resources. Example topics: physical activity, handwashing (Scrubby Bear), sun safety, radon awareness, mosquito bite prevention (Fite the Bite), mental health and wellness, cancer awareness and screening promotion, distracted driving, healthy eating.

## Injury Prevention/Occupational Health & Safety

Working on injury prevention and safety issues in the community and at worksites. Examples are distracted driving prevention, fall prevention, safe routes to school, agricultural safety, and Complete Streets initiatives. SHDHD implements the fall prevention programs, *Tai Chi Moving for Better Balance* and *Stepping On, which are* evidence-based programs to help older adults improve their balance and reduce the likelihood of falling. The programs are intended for community-dwelling older adults aged 60 and older, who can walk easily with or without assistive devices.

## Behavioral Health and Wellness

Leading or supporting initiatives to improve mental health and wellness including: 1) Integrated care, 2) Suicide prevention/QPR (Question.Persuade.Refer), 3) SBIRT (Screening, Brief Intervention & Referral to Treatment), 4) Mental Health First Aid Training, 5) Psychological First Aid Training, 6) Trauma-Informed Care, 7) Pure Performance/Life of an Athlete.
**Health Surveillance, Epidemiology & Assessment**

**Lead:** Jessica Warner

**Team:** D. Hultman, J. Johnson

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<thead>
<tr>
<th>Communicable Disease Investigation and Response</th>
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<td>Identifying, investigating and monitoring each occurrence of reportable communicable disease or condition. Investigating and following up on foodborne illness and outbreaks. Taking action to contain the spread of disease before it becomes a major public health concern. Educating the public on preventative measures to protect themselves, their families and others from disease. Working with health care providers, hospitals, laboratories and state health agencies (DHHS, Department of Agriculture) and other surveillance partners.</td>
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<th>Communicable Disease Surveillance</th>
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<td>Collecting, analyzing and displaying public health data, including Identifying and monitoring reportable communicable diseases, environmental hazards, chronic diseases, injuries and other health conditions and emergent public health and concerns. Example activities: case management and environmental investigation for individuals with elevated lead, mosquito trapping and shipping to state lab to monitor West Nile Virus, radon testing results, school surveillance to track student absence by type of illness, and hospital inpatient tracking to monitor influenza-like illness.</td>
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<td>Tracking and reporting absenteeism of ill students for all four counties in the health district throughout the school year. School surveillance is done on a weekly basis and is reported to Nebraska Health and Human Services every Wednesday. Tracking of specific symptoms and illnesses in children enables public health to identify in a timely manner when an outbreak or a public health emergency occurs and to determine whether public health response and/or guidance is required.</td>
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<td>Collecting, monitoring, analyzing and summarizing information on environmental hazards and risks in the health district. Examples include: monitoring and summarizing public water system violations; collecting and analyzing radon test result data; tracking reports of mold, insect infestation, exposures to potentially rabid animals, and public nuisances. Enhanced environmental surveillance may be necessary during a natural disaster or other emergency, such as a terrorist attack. In this case, SHDHD will be coordinating public health surveillance with law enforcement and emergency management activities and will be collecting public health risk data essential for protecting and ensuring the well being of the people in affected areas, with an emphasis on prevention and control of disease and injury.</td>
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<th>Data Management, Statistics &amp; Reports</th>
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<td>Collecting, analyzing, displaying and disseminating specific health data for the health district so that it is available for staff and public health partners to utilize in their efforts to identify priority health issues and measure progress in improving health.</td>
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<td>1) Conducting periodic Community Health Assessments to determine the health status and public health needs of residents in the 4-county health district. Working with community partners, we use the assessment results to develop and prioritize health goals for our Community Health Improvement Plan and to monitor progress on these goals. Comprehensive Community Health Assessments are conducted every 5-6 years, with an interim assessment conducted every 3 years to meet the IRS requirements of partnering non-profit hospitals. 2) Conducting special project, program-specific or health issue-specific assessments to support coalition needs, staff programs and policies, grant-writing activities, and other department or community needs.</td>
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### Public Health Preparedness & Environmental Health

**Lead:** Jim Morgan  
**Team:** J. Warner, D. Hultman, L. Chamberlain

#### Special/Vulnerable Populations

Maintaining a list of Special, At Risk and Vulnerable (SARV) populations to assist meeting their needs during a public health emergency. Maintaining a SARV plan for the health district and a list of agencies who can assist in contacting vulnerable populations.

#### Training & Exercises

Planning & conducting training & exercises on the public health Emergency Response Plan to ensure health district staff is ready to respond. Working with local, regional and state partners to plan, practice and prepare for public health emergencies. Training other entities on ICS structure (NIMS) and assisting them in conducting exercises.

#### Emergency Response

Preparing for public health emergencies by planning, training & exercising. Developing and maintaining a public health all-hazards Emergency Response Plan to protect the population's health and well-being in the case of natural or manmade disasters, bioterrorism or other weapons of mass destruction (WMD) events, pandemic outbreaks of disease, or significant industrial accidents. Partnering with other response agencies to ensure response and communication procedures are in place for events that could overwhelm routine service capacities and cause widespread threat to the public's health. Partnering with other ERCs to form a regional disaster response & develop emergency response plans.

#### Continuity of Operations

Developing and maintaining a plan for continuing SHDHD's critical functions and operations during times of disaster: Continuity of Operations (COOP) Plan.

#### Risk Communications

Rapidly communicating and disseminating critical information to ensure a prompt and coordinated response and to minimize public fear. Educating and communicating with clear and concise information to assure the public that a situation is being addressed completely and quickly. Communicating to people who are impacted in an accurate and timely manner. SHDHD, in conjunction with Nebraska DHHS, is responsible during a public health emergency for identifying and providing appropriate information, guidelines and recommendations to the general public and the media. Using social media to disseminate information to the general population, including vulnerable populations.

#### Behavioral Health Response

Preparing for and identifying disaster behavioral health needs and coordinating disaster behavioral health response with local and regional partners, including, but not limited to: Community Organizations Active in Disasters (COAD), Psychological First Aid Responders, Medical Reserve Corps, Tri-Cities Medical Response System, American Red Cross, Region 3 Behavioral Health Services, and Canine and Friends.
**Public Health Preparedness & Environmental Health**

**Lead:** Jim Morgan  
**Team:** J. Warner, D. Hultman

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**Methamphetamine Lab Decontamination Assurance**

Providing oversight of decontamination process in residences with methamphetamine contamination including, but not limited to, review and approval of testing results after professional environmental decontamination. SHDHD has authority and responsibility as designated by State of Nebraska rules and regulations.

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**NE Clean Indoor Air Act Assurance**

Providing education and assurance regarding the 2008 Nebraska Clean Indoor Air Act.

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**Inspections/Assessments**

Conducting and reporting on inspections for violations of Nebraska Clean Indoor Air Act. Conducting assessments for other identified environmental risks/complaints, coordinating with or referring to appropriate state or local agencies (e.g., DHHS Lead Program for residential lead assessments). Developing MOUs with law enforcement for assistance, if needed.

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**Indoor Air Quality**

Promoting awareness and reduction of indoor air hazards, including tobacco/vaping smoke, radon, carbon monoxide, and other contaminants and allergens. Monitoring and responding to reports/complaints and making referrals for hazard reduction. Providing radon detection opportunities and promoting mitigation. Promoting policies that reduce exposure to indoor air hazards, such as radon-resistant new construction, electronic cigarette policies in schools and worksites, tobacco-free policies for multiunit housing and tobacco tax increases.

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**Water Quality**

Promoting awareness, testing, and mitigation of hazards to water quality. Tracking public water system violations as reported by NE DHHS and working with local public water system operators to facilitate public notification when violations occur. Provide risk communication (such as news releases and fact sheets) and back up resources to assure public safety (e.g., coordinating the delivery of trucked or bottled water if necessary). Providing risk communications for emerging water issues, such as toxic blue green algae in lakes. Providing guidance to and coordinating with municipal pools to decontaminate and prevent spread of illnesses such as cryptosporidiosis. Partnering with Little Blue and Big Blue Natural Resources Districts on planning and education for towns with high nitrate levels. Partnering with Hastings Utilities, NRDs, UNL Extension, and others on Wellhead Protection planning, education and outreach efforts and nitrate mitigation efforts. Maintaining a list of public water system operators in the district. Coordinating with NE DHHS's Public Water Supply Program. Providing referrals for water testing.

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**Environmental Health Education**

Providing education on environmental hazards and health risks, including air, water, and other hazards. Specific one-on-one or communication campaign examples: radon, tobacco/smoking policies, mold, bedbugs, environmentally safe expired/unused pharmaceutical disposal, lead, disease vectors (ticks, mosquitoes), and laws/authorities/rights related to environmental health, such as Nebraska's Landlord-Tenant Act.
# Community Health Services

**Lead:** Dorrann Hultman  
**Team:** O. Mendez-Peraza, L. Chamberlain, J. Johnson

## Public Health Nursing
Promoting and protecting the health of populations using knowledge from nursing, social, and public health sciences. SHDHD public health nurses are working with area community health workers, healthcare providers, school and college health services, pharmacists, health ministries/faith-based organizations and other community entities to provide, refer to, and assure community health services.

## Case Management
Engaging & navigating individuals to better health: public health nurses & community health workers conduct health risk assessments in community & home settings, refer to resources, navigate to screening, and provide health coaching and barrier reduction. Also includes case management specific for Tuberculosis patients and their contacts (DOT).

## Communicable Disease Prevention
Protecting communities from vaccine preventable diseases by promoting/administering immunizations for all ages: (1) providing all child/adolescent immunizations through the Vaccines for Children Program (to those children who qualify) and (2) administering adult tetanus/pertussis vaccines to eligible adults.

## Access to Care
Improving access to comprehensive, quality health care services. Goals: (1) Increasing the ability of all residents to secure and utilize preventive services, (2) Increasing the number of local providers using technology to improve access to health care and (3) Empowering the general public, referral agents, and communities to connect with and recruit needed resources and reliable health information. Example strategies: promoting health literacy and health literate organizations; expanding the base of trained/certified community health workers. Specific example strategies: 1) Every Woman Matters (EWM) program helps women get health check-ups (wellness & cancer screenings). 2) Oral health referrals, 3) VetSET (Serve-Educate-Transition) program - improving the local community system to better serve the veteran and his/her family.
### Standards and Performance

**Lead: Janis Johnson**
**Team: Leadership Team, All Staff**

#### Accreditation
Striving to understand, meet and document adherence to the official standards and measures for public health accreditation. Public health department accreditation gives reasonable assurance of the range of public health services that a health department should provide. Continue forward, building on the accreditation groundwork, to improve through performance management and quality improvement.

#### Quality Improvement
Improving efficiency, effectiveness, performance, accountability, and outcomes in order to achieve equity and improve health. Maintaining and implementing the SHDHD Quality Improvement (QI) Plan for a systematic (continuous and ongoing) approach that is incorporated into all programs, services and organizational processes.

#### Workforce/Staff Development
Assessing staff core competencies and individual strengths, developing individual training plans, planning and implementing new staff orientation and new Board member training, and identifying/developing and providing on-going education for Board and Staff. Includes knowledge transfer and cross-training (succession planning), as well as providing opportunities for students, such as training, internship and volunteer programs in collaboration with local academic institutions and the UNMC College of Public Health.

#### Performance Management System
Implementing SHDHD's Performance Management System: 1) Performance standards, including goals, targets and indicators, and the communication of expectations developed and implemented based on the community health assessment, community health improvement plan and the strategic plan; 2) Performance measurement including data systems and collections; 3) Progress reporting including analysis of data, communication of analysis results, and a regular reporting cycle; 4) A process to use data analysis and manage change for quality improvement and towards creating a learning organization.

#### Research & Innovation
Identifying and promoting evidence-based practices and policies throughout SHDHD programs and operations, and to partners. Contributing to public health research by collaborating with academic institutions, participating in national public health practice and workforce surveys, and participating in the Nebraska Practice-Based Research Network.

#### HIPAA
Maintaining confidentiality of health information by complying with the Health Insurance Portability and Accountability Act (HIPAA). HIPAA was enacted to ensure the privacy and confidential handling of medical information for all patients in the U.S. It applies to all medical and mental health service providers. Assuring staff education on and compliance with HIPAA guidelines.
### Cultural Competency

Cultural Competency is the ability to understand, appreciate, and interact with persons from cultures and/or belief systems other than one's own. SHDHD strives to serve, interact & work with persons of all cultures and belief systems. Specific examples: (1) requiring and supporting staff participation in cultural competency training, (2) offering military cultural competency training to our staff and community partners, (3) training and adherence to Culturally and Linguistically Appropriate Services (CLAS) standards.

### Health Literacy

Health literacy is defined as the degree to which individuals have the capacity to obtain, process and understand basic health information needed to make appropriate health decisions. Strategies include: providing staff training in health literacy tools and processes, promoting health literate organizations (those that meet the 10 attributes of a health literate organization), promoting and using materials accessible to those with decreased health literacy.

### SHDHD WoW

Implementing SHDHD's Worksite Wellness policy through delivery of the SHDHD Worksite Wellness (WoW) Program to employees and Board members. WoW provides an environment and opportunities that promote physical and mental health/wellness. Includes health risk assessments, health challenges, lunch and learn opportunities, goal setting, and wellness benefits tied to wellness performance accountability.

### Public Health System Outreach & Training

College students, nursing students, volunteers and others can learn about, train in and experience Public Health at SHDHD. SHDHD has a robust internship program with Hastings College and also hosts interns from other institutions. The Department provides field experiences, provides preceptor supervision for capstone experiences, delivers public health presentations for classes of nursing (Creighton), CNA (CCC), MPH (UNMC College of Public Health) and other students, provides instruction for Boy Scout badges in Public Health, participates in career fairs at local public schools, and offers opportunities for volunteers.