

SARPY/CASS BOARD OF HEALTH

1210 Golden Gate Drive
Sarpy County Administration Building, 2nd Floor Conference Room
Papillion, NE 68046
5:30 pm

~This meeting is held within the guidelines of the Nebraska Open Meetings Act~

MONDAY, JULY 25, 2022

AGENDA

I. Call to Order

- A. Official Notice of Publication
- B. Open Meetings Act located on north wall
- C. Roll Call
- D. Introduction of public/visitors

II. Approval of Agenda

- a. Review and approve

III. Approval of Minutes

- a. Vote to approve the minutes and attachments for the meeting held on April 25, 2022

IV. Public Comment

This is an opportunity for members of the audience to be heard at this time for a maximum of 3 minutes regarding any topic not on the agenda as it relates to the Board of Health.

V. Approval of Action Items

- a. 2022 Salary Ranges
- b. 2022 -2025 Sarpy/Cass Health Department Strategic Plan

VI. Presentations: None

VII. President's Report – Dr. Grimm

VIII. Treasurer's Report – Dr. Neumann/Seim Johnson

IX. Director's Report – Sarah Schram

X. Board Members Comments, Committee Reports and/or Updates

- a. Nominating Committee: Dr. Grimm, Dr. Medcalf
 - i. Sarpy County Spirited Public Citizen
- b. Finance Committee: Dr. Neumann, Dr. Grimm
- c. Policy Committee: Autumn Sky Burns, Connie Daniel
- d. Personnel Committee: Officers of the Board
 - i. Benefit Package Proposed Modifications
- e. Program Committee:
- f. Medical Director's Report: Dr. Sara DeSpain

XI. Executive Session

This Board reserves the right to enter into Executive Session in order to protect the public interest with respect to discussion regarding litigation, personnel, and other matters listed in Nebraska Revised Statute 84-1410.

XII. Approval to Adjourn

The next Board of Health Meeting is scheduled for August 22, 2022, at the Sarpy County Administration Building, 2nd Floor Conference Room, Papillion, NE 68046.

A copy of the written materials discussed in this meeting are available [Neb. Rev. Stat. § 84-1412.](#) Any Agenda item may be removed, tabled, or reordered at any time at the discretion of the Board President of the Sarpy/Cass Board of Health. Committees may meet monthly directly following a Board of Health meeting.



701 Olson Drive, Suite 101, Papillion, NE 68046 | 402-339-4334 | FAX 402-339-4235

**Board of Health Meeting Minutes
April 25, 2022**

President, Dr. Brandon Grimm, called the meeting to order at 5:30 p.m., at the Sarpy County Administration office, 2nd floor board room, located at 1210 Golden Gate Dr., Papillion, NE 68046.

Roll Call:

Erin Ponec, Acting Recorder

Roll call States as follows: Autumn Sky Burns – present; Connie Daniel – excused; Dr. Sara DeSpain – present; Dr. Brandon Grimm – present; Dan Henry – present; Don Kelly – present; Dr. Sharon Medcalf – excused; Dr. Matt Neumann – not present (arrived at 5:35 pm).

Staff Present: Sarah Schram, Director; Jenny Steventon, Assistant Health Director; Erin Ponec, Acting Recorder;

Guest(s) Present: Natalie Miller, CPA, Seim Johnson

Agenda:

Per the Open Meetings Act the agenda may not be altered after 24 hours prior to the meeting unless an emergency arises.

Burns moved, seconded by Kelly, to approve the April 25, 2022, agenda with the staff presentation stricken. Roll call states as follows: Burns – aye; Daniel – excused; Dr. DeSpain – aye; Dr. Grimm – aye; Henry – aye; Kelly – aye; Dr. Medcalf - excused; Dr. Neumann – not present.

Approval of Meeting Minutes:

Dr. Medcalf moved, seconded by Daniel to approve the minutes of the March 28, 2022, meeting minutes as submitted. Roll call states as follows: Burns – aye; Daniel – excused; Dr. DeSpain – aye; Dr. Grimm – aye; Henry – aye; Kelly – aye; Dr. Medcalf - excused; Dr. Neumann – aye.

Public Comment:

None

Approval of Action Items:

Kelly moved, seconded by Henry to approve the job description for the Public Health Disease Investigator position. Roll call states as follows: Burns – aye; Daniel – excused; Dr. DeSpain – aye; Dr. Grimm – aye; Henry – aye; Kelly – aye; Dr. Medcalf - excused; Dr. Neumann – aye.

President's Report:

Nothing to report

Treasurer's Report:

Henry moved, seconded by Burns to approve the Treasurer's report presented by Natalie Miller, CPA, Seim

Johnson. Roll call states as follows: Burns – aye; Daniel – excused; Dr. DeSpain – aye; Dr. Grimm – aye; Henry – aye; Kelly – aye; Dr. Medcalf - excused; Dr. Neumann – aye.

Director's Report:

Attached

Other Business:

None

Standing Committee Reports:

Nomination Committee: An ad was placed in the Suburban Newspapers and on the SCHED website seeking a Public Spirited Sarpy County resident to serve on the BOH. The closing date for submissions is May 11, 2022.

Finance Committee: Nothing to report

Policy Committee: Nothing to report

Personnel Committee: Nothing to report

Program Committee: Nothing to report

Medical Director's Report: Nothing to report

Executive Session: NONE

Next Meeting: May 23, 2022

Adjournment:

Dr. Medcalf moved, seconded by Burns to adjourn the meeting at 6:23 pm. Roll call states as follows: Burns – aye; Daniel – excused; Dr. DeSpain – aye; Dr. Grimm – aye; Henry – aye; Kelly – aye; Dr. Medcalf - excused; Dr. Neumann – aye.

ATTEST:

Dr. Brandon Grimm, President
Sarpy/Cass Board of Health

Dr. Sharon Medcalf, Secretary
Sarpy/Cass Board of Health

SARPY/CASS

Health Department

701 Olson Drive, Suite 101, Papillion, NE 68046 | 402-339-4334 | FAX 402-339-4235

Health Directors Report
Board of Health
April 25, 2022

Administrative Updates:

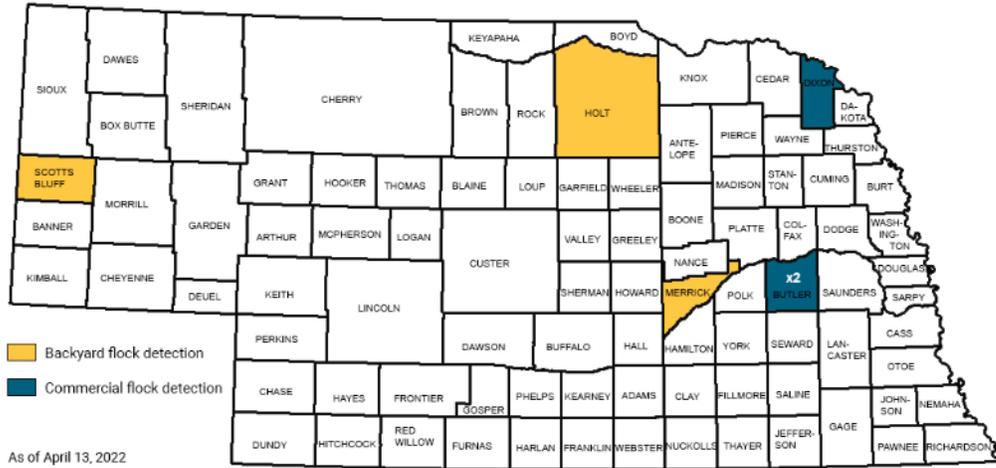
- Legislative Update:
- Grant Update:
 - Minority Health Initiative FY23
 - Prevention Block Funds FY23
- Staffing/Personnel Update:
 - Resignations
 - Open Positions
- Strategic Plan Update:
 - Six strategic goals identified were:
 - Build, formalize, and maintain relationships and partnerships to ensure a robust public health system
 - Build and promote a visible and viable brand
 - Develop and pursue blended and braided funding strategies for growth and sustainability
 - Implement NALBOH's six functions of public health governance
 - Recruit and retain qualified and capable workforce to meet the core functions of public health
 - Maintain standards of a high performing health department
 - Next Steps
- Metro Region Community Health Improvement Plan – March 2022 Update
 - Reduce Mental Health Stigma
 - Increase Connections to Mental Health and Preventative Resources
 - Connect Residents to Increased Social Supports
 - Reduce Trauma

https://thewellbeingpartners.org/wp-content/uploads/2022/03/TWP_CHIP_MARCH2022_UPDATE_FINAL.pdf

Program Highlights:

- Minority Health/Health Equity Team
 - Sarpy County Resident Survey
 - Cass County Resident Survey
 - Community Conversations
- Disease Surveillance
 - High Pathogenic Avian Influenza Updates

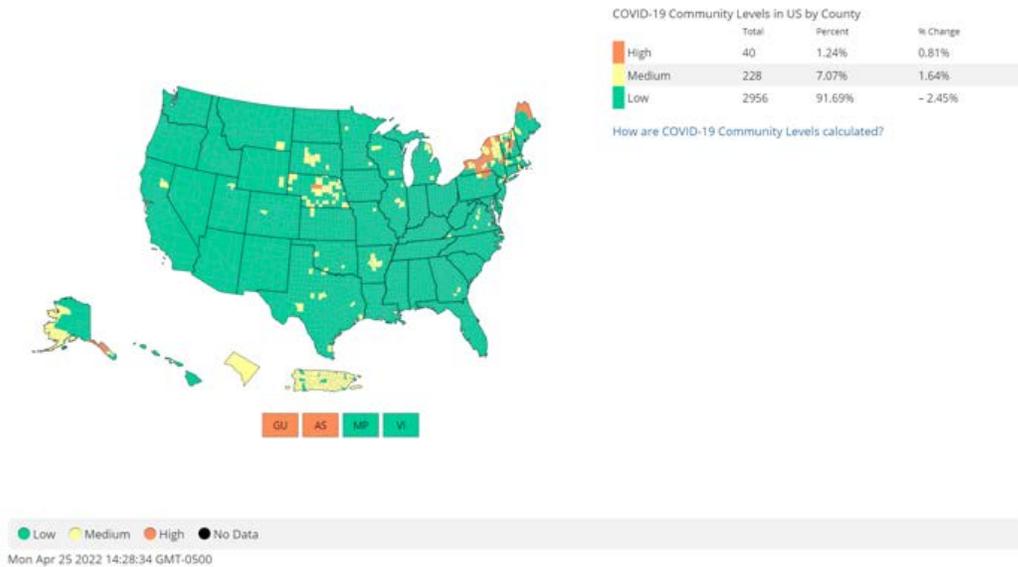
Highly Pathogenic Avian Influenza (HPAI) in Nebraska



COVID-19 Update

- Cases Update *as 4/25/22
- CDC Community Level – Both Sarpy & Cass County are in green based on new cases and hospitalizations

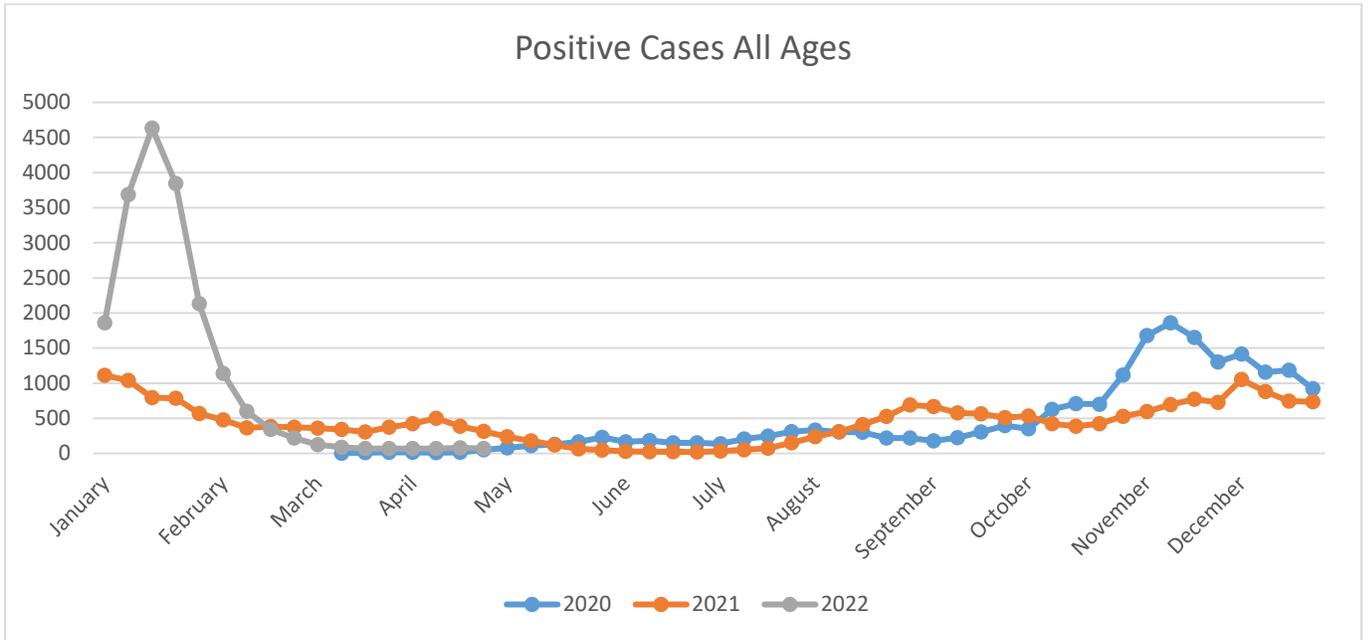
COVID-19 Community Levels of All Counties in US



| | Cass | Sarpy | Jurisdiction |
|--------------------------------|-------|--------|------------------------|
| Confirmed Positives | 6,031 | 49,598 | 55,629 |
| Active Cases | 10 | 125 | 1135 |
| Deaths | 42 | 264 | 306 |
| Case Rate/100k for last 7 days | | | 33.73 (last mtg 29.05) |

Case Rate/100K/day for last 7 days

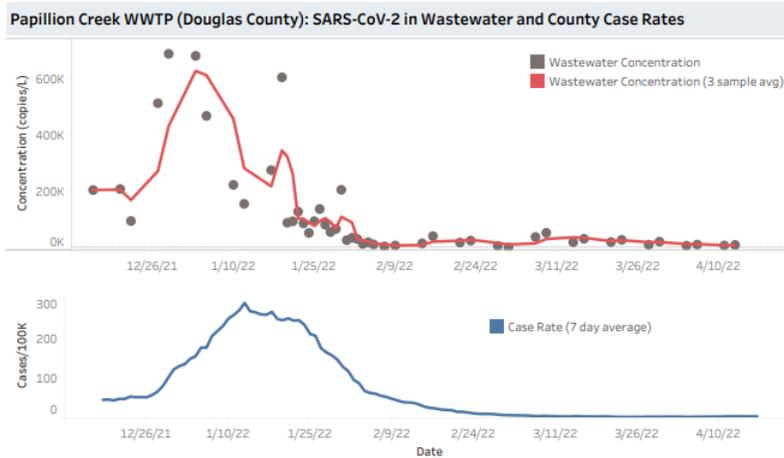
4.81 (last mtg 4.15)



COVID-19 Wastewater Surveillance

Full reports can be accessed weekly at the link below

<https://dhhs.ne.gov/Pages/COVID-19-Genomics-and-Wastewater-Surveillance.aspx>



COVID-19 EMed Testing Program

- SCHD received 32,370 EMed home test kits.
- 12 public sites and 19 closed sites
- Interactive map at nebraska.emed.com

Vaccinations

| | Sarpy | Cass |
|---|---------|--------|
| Residents Receiving 1 Dose | 134,591 | 17,582 |
| Residents Fully Vaccinated | 123,943 | 16,186 |
| Percent Fully Vaccinated (% total population) | 66.2% | 61.7% |

- CDC has expanded recommendations to include a second mRNA booster

Covid vaccination by LHD and age group as of 4/14/2022

| Local Health Department | 65+ Fully vaccinated | 50-64 Fully vaccinated | 30-49 Fully vaccinated | 16-29 Fully vaccinated | 0-15 Fully vaccinated |
|---|----------------------|------------------------|------------------------|------------------------|-----------------------|
| Central District Health Department | 87% | 69% | 59% | 45% | 16.9% |
| Dakota County Health Department | 89% | 68% | 59% | 44% | 12.4% |
| Douglas County Health Department | 95% | 79% | 73% | 61% | 31.8% |
| East Central District HD | 89% | 69% | 59% | 41% | 10.1% |
| Elkhorn Logan Valley Public Health | 92% | 66% | 57% | 40% | 11.4% |
| Four Corners Health Department | 90% | 68% | 57% | 36% | 15.4% |
| Lincoln-Lancaster County HD | 98% | 82% | 78% | 53% | 32.6% |
| Loup Basin Public Health Department | 72% | 50% | 40% | 25% | 7.1% |
| N Central District HD | 75% | 47% | 39% | 26% | 8.2% |
| Northeast Nebraska District Health Department | 81% | 53% | 48% | 29% | 11.9% |
| Panhandle Public Health District | 77% | 53% | 44% | 28% | 10.1% |
| Public Health Solutions | 94% | 66% | 55% | 41% | 17.0% |
| Sarpy Cass Department of Health and Wellness | 95% | 76% | 65% | 58% | 30.6% |
| South Heartland District HD | 87% | 63% | 52% | 34% | 8.5% |
| Southeast District Health Dept | 86% | 65% | 56% | 41% | 17.6% |
| Southwest Nebraska Public HD | 75% | 53% | 41% | 26% | 7.7% |
| Three Rivers HD Fremont | 91% | 71% | 62% | 47% | 20.7% |
| Two Rivers Public Health Department | 88% | 68% | 58% | 39% | 14.7% |
| West Central District Health Dept | 74% | 56% | 43% | 29% | 8.7% |
| Statewide % fully vaccinated | 91% | 73% | 66% | 52% | 24% |

Note: This calculates age of those vaccinated as of today not date of vaccination.

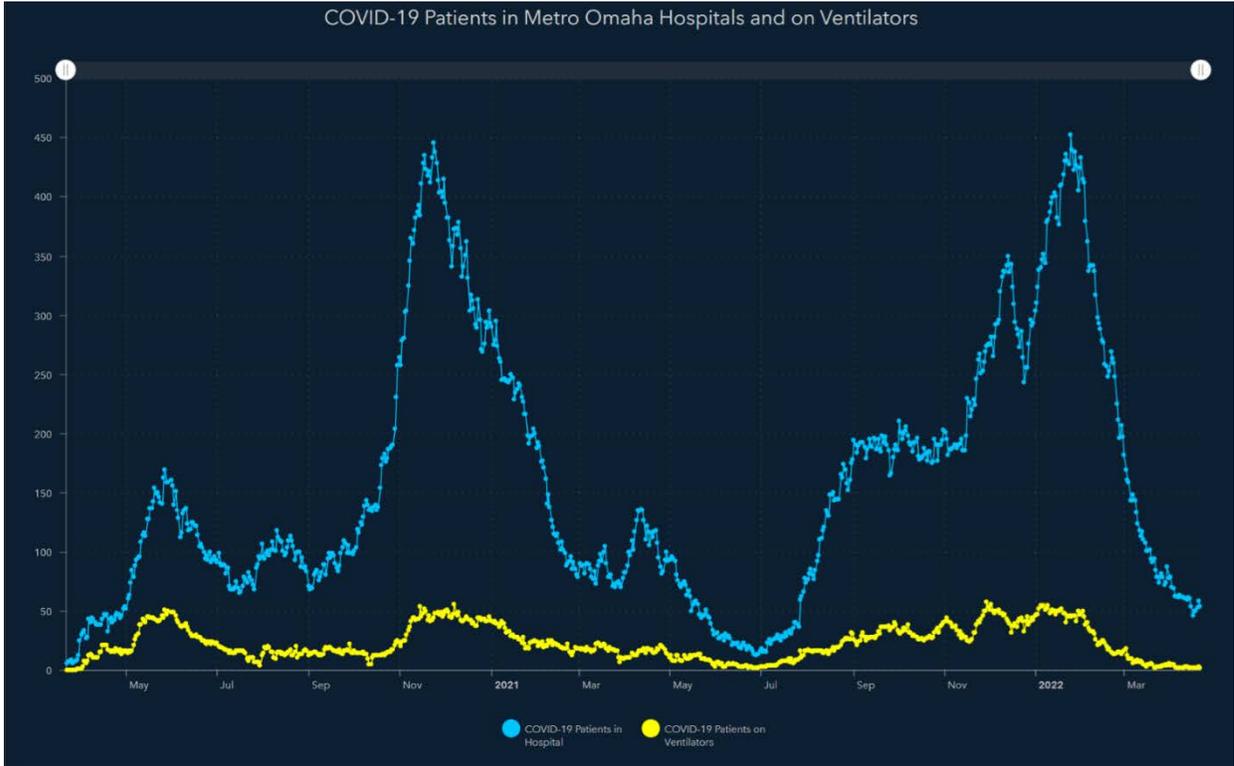
Population 0-15:
397,176

- At least one shot = 26% (106,855)

NEBRASKA
Good Life. Great Mission.
DEPT. OF HEALTH AND HUMAN SERVICES

- SCHED Clinic – Wednesday 1 – 4:30
- Existing and potential vaccine providers

Hospitalization: 3/16/2022



2022 – 2025 Strategic Plan

2022-2023 Implementation Calendar & Key Accomplishments

| Goal(s) | July – Sep. 2022 | Quarters 2 – 4 Oct. 2022– June 2023 |
|---|--|---|
| 1. Build, formalize, and maintain relationships and partnerships to ensure a robust public health system. | <ul style="list-style-type: none"> • Completed review of internal partners, engagement levels, and resources for enhanced understanding of existing public health network. | <ul style="list-style-type: none"> • Identified existing partnership gaps. • Identified and implemented system to monitor and track existing and needed partnerships. • Monitoring of partnerships complete. • Check-in with Department programs and existing partners completed. |
| 2. Build and promote a visible and viable brand. | <ul style="list-style-type: none"> • Communication plan for the Department. | |
| 3. Develop and pursue blended and braided funding strategies for growth and sustainability. | <ul style="list-style-type: none"> • Established schedule for regular budget meetings with staff and Seim Johnson. • Updated County Boards on public health services provided in their jurisdiction. | <ul style="list-style-type: none"> • Strategies to increase presence in Cass County identified. • Traditional and non-traditional funding strategies identified. |
| 4. Implement National Association of Local Boards of Health (NALBOH) six functions of public health governance. | <ul style="list-style-type: none"> • Established expectations of the Board regarding ownership and assistance needs to build out future activities. | |
| 5. Recruit and retain qualified and capable workforce to meet the core functions of public health. | <ul style="list-style-type: none"> • Strategies that seek employee satisfaction and retention feedback identified. • Team building activities implemented on a regular schedule. • Investigated alternative health benefit strategies (i.e. partnership with NACO) to potentially expand benefits and cost savings. | <ul style="list-style-type: none"> • Completed review of existing policies that assist in employee retention. • Presented findings and best practices to Board. • Expanded job posting practices to ensure a robust pool (i.e. age, gender, ethnicity, etc.) of applicants. • “New Hire” packets developed and available for distribution to new staff. |
| 6. Maintain standards of a high performing health department. | <ul style="list-style-type: none"> • Presented to Board on Public Health Accreditation process. • Established schedule for internal department meetings. | <ul style="list-style-type: none"> • Established Quality Improvement (QI) work group. • Completed Accreditation training for staff. • Completed QI project(s). |

SARPY/CASS

Health Department

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| Positions & Current Min/Max Ranges | Min | Max | Proposed Min | Proposed Mid | Proposed Max |
|---|-------------|--------------|---------------------|---------------------|---------------------|
| Health Director | \$82,712.95 | \$111,905.35 | \$91,808 | \$106,404 | \$121,000 |
| Assistant Health Director | \$60,701.00 | \$81,257.00 | \$69,444 | \$79,722 | \$90,000 |
| Public Health Data Analyst | \$55,551.00 | \$69,472.00 | \$64,079 | \$71,040 | \$78,900 |
| Public Health Nurse | \$52,424.00 | \$69,842.00 | \$57,503 | \$62,582 | \$80,000 |
| Public Health Communication Specialist | \$49,005.00 | \$73,008.00 | \$50,501 | \$63,250 | \$76,000 |
| Community Health Planner | \$48,455 | \$60,611 | \$53,900 | \$62,700 | \$71,500 |
| Emergency Preparedness Coordinator | \$47,319.00 | \$61,620.00 | \$52,259 | \$61,880 | \$71,500 |
| Disease Surveillance Specialist | \$47,319.00 | \$60,611.00 | \$51,514 | \$60,257 | \$69,000 |
| Environmental Health Specialist | \$43,231.00 | \$58,849.00 | \$47,407 | \$57,304 | \$67,200 |
| Office Manager | \$41,530.00 | \$54,811.00 | \$45,620 | \$51,410 | \$57,200 |
| Health Educator | \$37,068.50 | \$50,151.50 | \$49,417 | \$55,959 | \$62,500 |
| Program Specialist | \$36,462.40 | \$49,337.60 | \$42,637 | \$49,075 | \$55,512 |
| WIC Breastfeeding Peer Counselor | \$13.00/hr | \$13.00/hr | \$13/hr | | *DHHS Dependent |

Sarpy/Cass Health Department
Board of Health
Retention Strategies – Proposed Benefits Package Modifications

The state and local public health workforce is declining. Over the last decade the State public health workforce has declined by 10% and the local public health workforce has declined by over 15%.^{i,ii} Within the first five months of 2022 SCHD has seen a 20% decline in staffing due to resignations. It is essential to recruit and retain qualified and competent workforce to promote, protect, and assure the health of all people and communities.

A survey of over 75,000 public health workers found that job satisfaction and retention is related to factors that can be influenced by the organization. These included the specific activities involved in a position, job security, competitive benefits, and identifying with the mission of the organization.ⁱⁱⁱ

The Personnel Committee, along with the Health Director, have begun to evaluate the Department's current benefits package. Providing a robust benefits package leads to an enhanced sense of reward and appreciation from staff. Benefits provide support to an employee's family, health and financial future which can help to attract and retain a qualified and competent workforce. Outlined below are proposed modifications to the Department's existing benefits package;

Sick Policy #1

Rationale: Update existing sick policy to increase the maximum amount sick time earned for full time employees to 4.19 hours/pay period (144 hours/year). Paid sick time allows employees the ability to care for their physical and mental health and results in a healthier and more productive workforce.

- Current Policy:
 - o States that full time employees accrue four hours per pay period (104 hours/year) with a max of 720 of sick leave time.
 - o Does not address use of time to support mental health and well-being.
- Proposed Changes:
 - o Policy to reflect full time employees accrue 4.19 hours of paid sick leave per pay period (144 hours/year) with a max of 720 of sick leave time. Part-time employees would accrue sick time on a pro-rated basis in relation to their hours worked.
 - o Update sick policy language to reflect the importance of using paid sick leave for both physical and mental health and well-being.

Sick Policy #2

Rationale: Update existing sick policy to provide sick time upfront for new employees to help ensure that they have the ability to care for their physical and mental health, while staying in a paid status, as needed. *Rates listed below would be adjusted if modification #1 above is approved.

- Current Policy:
 - o States that full time employees accrue four hours per pay period (104 hours/year*) with a max of 720 of sick leave time.
- Proposed Changes:
 - o Policy to reflect that new employees, defined as individuals that were hired in 2022 and beyond, start with 104* paid sick leave hours. These employees do not accrue any additional paid sick leave until the time where they have been employed with SCHD for 1 year. At that time the employee will begin accruing four hour/pay period*.
 - o Additionally, update sick policy to reflect the opportunity to work remotely, with supervisors' approval, in place of using sick time when deemed appropriate.

Paid Holiday Policy

Rationale: Update existing paid holiday policy to reflect changes in State and Federal Holiday schedule and additional clarifications.

- Current Policy:
 - o Identifies 11 paid holidays plus one floating holiday.
- Proposed Changes:
 - o Add Juneteenth as observed paid holiday increasing the number to 12 paid holidays.
 - o Update language regarding Columbus Day to include Indigenous Peoples' Day.
 - o Add language to reflect that the Department will observe federal and state declared holidays not already outlined in policy.

Vacation Policy

Rationale: Update existing policy to provide employees with 10+ years of service at the department the ability to earn an additional 40 hours of vacation/year. This proposed change would assist in retention of longstanding, competent and qualified employees. Max vacation bank of 240 hours would remain the same.

- Current Policy:
 - o Outlines three tiers;
 - 1-3 years = 88 hours/year
 - 4-6 years = 128 hours/year
 - 7 + years = 160 hours/year
 - Max accrual at top tier is 6.154 hours/pay period or 20 days/year.
- Proposed Update:
 - o Expand tier system to include a fourth tier for 10 years + which would accrue 7.69 hours/pay period, 200 hours/year or 25 days/year.
 - o Add statement allowing for the ability of the Health Director to accelerate an individual as needed through the tiers (i.e. for negotiation purposes having someone start at the second tier instead of the first).

Parental Leave Policy

Rationale: The Department currently does not have a parental leave policy. Offering paid parental leave would assist with retention and attraction of top talent. Additionally, the positive impact on the health and well-being of employees and children cannot be overlooked.

- Current Policy:
 - o None
- Proposed Policy:
 - o Staff must have worked at the Department for at least six months and at a minimum of 20 hours/week.
 - o Policy to outline that once per 12 month period employees could use up to 15 paid days (120 hours) leave for the birth/foster/adoption of a child for both male and female full time employees.
 - o Policy would include language of pro-rated amount of time for part time employees based on previous 6 week average of hours worked.

Performance Evaluation Policy

Rationale: Update evaluation policy to establish a 3% annual increases for cost of living adjustments for staff.

- Current Policy:
 - o States that merit increases are not guaranteed, and are calculated based upon the ratings given in the performance evaluation tool, funding available, and salary ranges set for each position.
 - o States that BOH annually sets the allowable merit range and Cost of Living Adjustments (COLA).
- Proposed Policy:
 - o Policy to state the annual cost of living adjustment (COLA) will be set at 3% and reviewed, adjusted if needed, and approved each year by the Board of Health.
 - o Merit increases will be based upon ratings given in the performance tool, funding available, and salary ranges set for each position.
 - o Employees that have maxed out at the top of the Board approved salary range are not eligible for a merit increase, however, they are still eligible to receive the annual COLA. In these instances max base salary + COLA = annual base salary. Annual base salary is what will be used for subsequent eligible salary adjustment.

ⁱ Association of State and Territorial Health Officials. New Data on State Health Agencies Shows Shrinking Workforce and Decreased Funding Leading up to the COVID-19 Pandemic. <https://astho.org/Press-Room/New-Data-on-State-Health-Agencies-Shows-Shrinking-Workforce-and-Decreased-Funding-Leading-up-to-the-COVID-19-Pandemic/09-24-20/?terms=shrinking+workforce>. Press release published 2020. Accessed October 13, 2021.

ⁱⁱ National Association of County and City Health Officials. NACCHO's 2019 Profile Study: Changes in Local Health Department Workforce and Finance Capacity Since 2008. Research brief published May 2020. Accessed October 13, 2021

ⁱⁱⁱ Council on Linkages Between Academia and Public Health Practice. (2016). Recruitment and Retention: What's Influencing the Decisions of Public Health Workers? Washington, DC: Public Health Foundation.