

Providence Medical Center 2013 Community Health Improvement Plan



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Message to the Community

Since 1975, Providence Medical Center (PMC) has been an integral part of this northeast Nebraska community, providing its residents with compassionate, quality healthcare close to home. We are proud of our providers, employees and volunteers who make PMC a success. We are all part of a team, and as a team we stand ready to meet your health and wellness needs and the needs of your family. We will continue to provide the best and most up to date care so that when you need health care services, you will think of Providence Medical Center.

I. Executive Summary

Providence Medical Center (PMC) is organized as a not-for-profit hospital. “The Patient Care and Affordable Care Act” of 2010 requires that all 501(c)(3) hospitals conduct a community health needs assessment (CHNA) every three years. The overarching view of the community assessment must be health needs from the perspective of the community, not the perspective of the health providers within the community. This is an important distinction because much of the discussion will be focused on health provider activities. Thus, the community orientation is critically important. This year (2013) PMC collaborated with the Northeast Nebraska Public Health Department (NNPHD), with NNPHD taking the lead, and with Pender Community Hospital in Pender, Nebraska to complete a health needs assessment for the citizens of our service area. The PMC service area is within 50 miles from Wayne, Nebraska and primarily includes Wayne, Cedar, Dixon and Thurston counties. PMC also has additional market share that includes parts of Cuming, Pierce and Stanton counties.

II. Community Description and Demographic Data

Background of Providence Medical Center

PMC was constructed in 1975 and is located at 1200 Providence Road in Wayne, Nebraska. Since 1975, PMC has expanded to include a new education wing in 1988, a \$1.1 million clinic wing in 1995, an outpatient services wing in 2000, and a recently completed \$3.5 million physical therapy and wellness expansion.

PMC is the only hospital in Wayne County, and has been designated a 25-bed Critical Access hospital, licensed in the state of Nebraska, and a member of the Nebraska Hospital Association. It is an independent community hospital owned and operated by Providence Medical Center.

PMC provides state-of-the-art healthcare to residents of our service area. Our goal is to deliver the best healthcare available as we seek to make our communities healthier (for a list of services provided see Appendix A). With the help of dedicated physicians, employees, volunteers and board members and encouragement from community members, we continue our passionate pursuit of excellence.

Quick Facts

- PMC delivers comprehensive healthcare to the people of Allen, Altona, Belden, Carroll, Concord, Coleridge, Dixon, Emerson, Hartington, Laurel, Pilger, Randolph, Wakefield, Wayne, Winside, Wisner and surrounding areas.
- Total Admissions/Visits for fiscal year 2012 were 477 inpatient admissions; 14,144 outpatient visits; and 1,739 emergency visits.
- Physicians: 79 have been granted privileges to work at Providence Medical Center

Community Benefit

Delivering quality healthcare close to home is the single most important contribution we make. But there are many other ways to make a positive impact on the communities we serve:

Helping Those in Need – PMC is committed to ensuring the delivery of needed healthcare to all members of the community, regardless of ability to pay. In 2012, the cost to us was more than \$587,000 to provide services for those without the ability to pay for their care.

Adding New Physicians – During the past year, PMC has added a number of new physicians to our highly respected medical staff including a local primary care physician and specialists in cardiology, ENT, pulmonology and orthopedics.

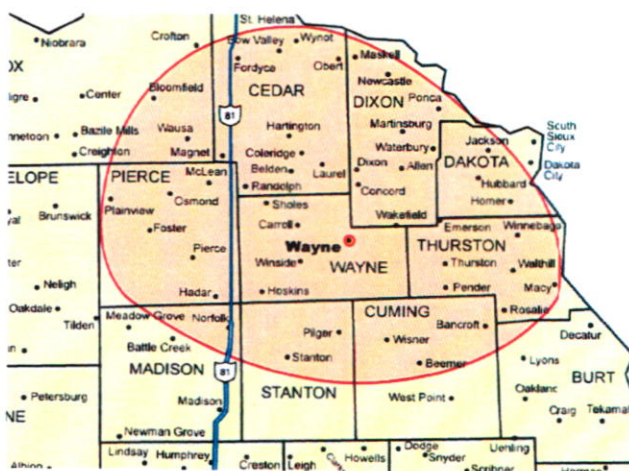
Being A Major Community Employer – With an annual payroll of \$7,256,888, with approximately 204 employees, PMC is one of the largest employers in the community. This means that our staff and family members attend the same schools, shop the same stores and volunteer time and resources for the same organizations as those of our community members.

Other examples of our community benefit programs include:

- Job Shadowing
- Health and Safety Fairs
- Community Education Classes
- Host site for Support Groups
- BikeFest
- ENCORE
- Driver's Education Scholarships
- Free to Community Noon Wellness Workout

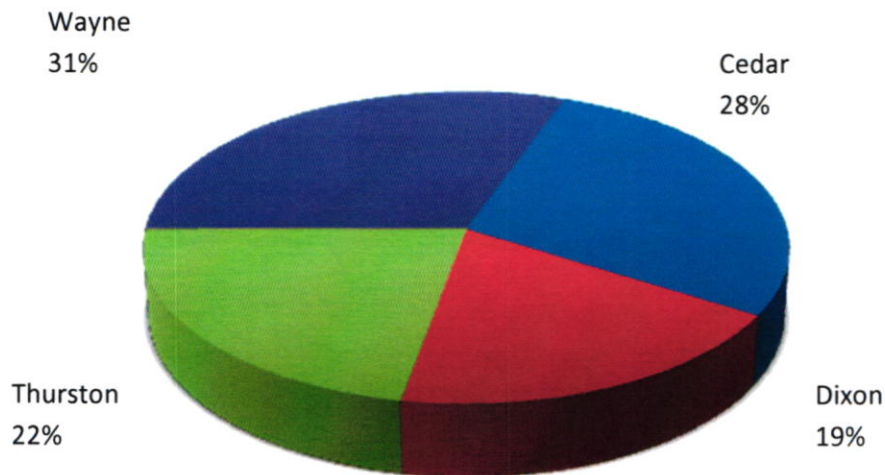
Demographics of the Service Area

PMC Service Area

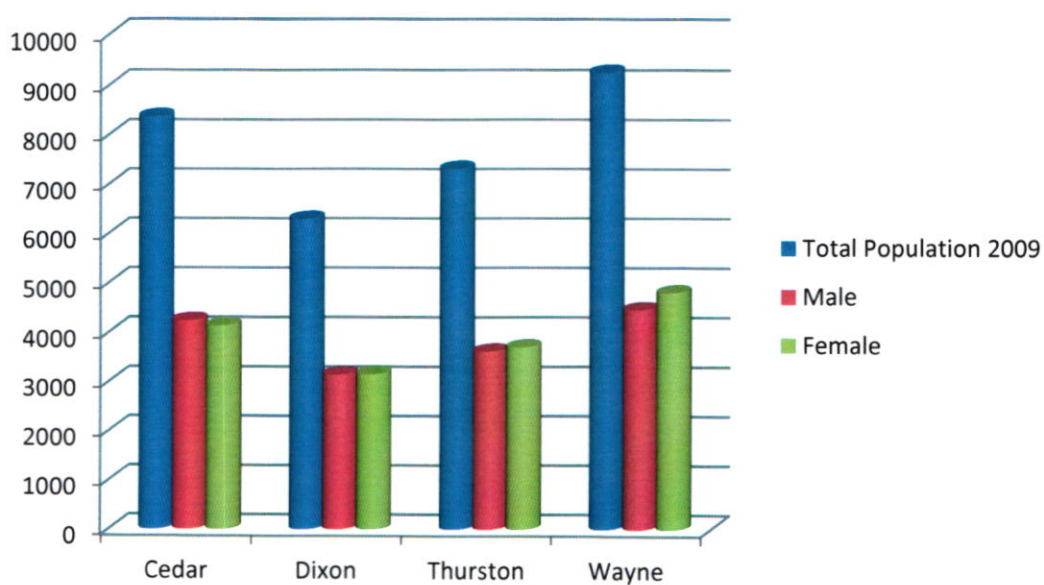


PMC delivers comprehensive healthcare to the people of Wayne and surrounding areas. While Providence Medical Center values and recognizes all the communities served, for purposes of the Community Health Needs Assessment, Providence Medical Center defined its community as the service area of the counties of Wayne, Dixon, Cedar, and Thurston. Data reported by the Public Health Association of Nebraska (PHAN) was used. The following charts and data profile trends in the demographic area surrounding PMC.

Population Distribution (31,387)

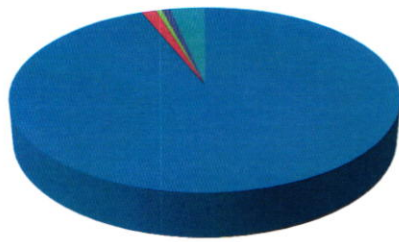


Population Distribution by Gender



Population Distribution by Race by County

Wayne



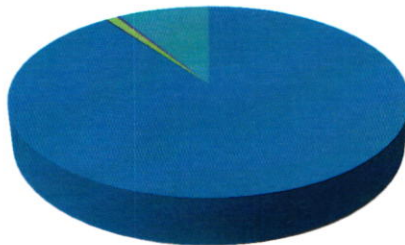
Caucasian	8905	(94%)
Black	131	(1%)
Native American	54	(1%)
Asian	73	(1%)
Hispanic	318	(3%)

Cedar



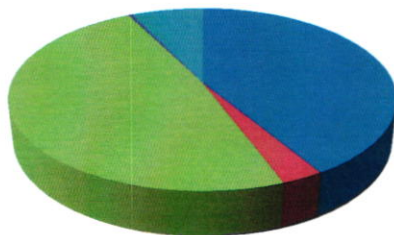
Caucasian	8273	(100%)
Black	11	(0%)
Native American	27	(0%)
Asian	6	(0%)
Hispanic	0	(0%)

Dixon



Caucasian	6160	(90%)
Black	4	(0%)
Native American	72	(1%)
Asian	22	(0%)
Hispanic	597	(9%)

Thurston



Caucasian	3163	(41%)
Black	228	(3%)
Native American	3695	(48%)
Asian	30	(1%)
Hispanic	546	(7%)

III. Requirement for Community Health Needs Assessment

A Community Health Needs Assessment (CHNA) is part of the required hospital documentation of “community benefit” under the Affordable Care Act (ACA), required of all not-for-profit hospitals as a condition of retaining tax-exempt status. A CHNA helps to assure that PMC identifies and responds to the primary health needs of its residents.

Specifically, the ACA requires:

- Effective on tax years beginning after March 23, 2012, each 501(c)(3) hospital facility is required to conduct a CHNA at least once every three taxable years and to adopt an implementation strategy to meet the community needs identified through such assessment;
- The assessment may be based on current information collected by a public health agency or non-profit organization and may be conducted together with one or more other organizations, including related organizations;
- The assessment process must take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge or expertise of public health issues;
- The hospital must disclose in its annual information report to the IRS (Form 990 and related schedules) how it is addressing the needs identified in the assessment and, if all identified needs are not addressed, the reasons why (e.g., lack of financial or human resources);
- Each hospital facility is required to make the assessment widely available and ideally downloadable from the hospital web site;
- Failure to complete a CHNA in any applicable three-year period results in a penalty to the organization of \$50,000. For example, if a facility does not complete a CHNA in taxable years one, two or three, it is subject to the penalty in year three. If it then fails to complete a CHNA in year four, it is subject to another penalty in year four (for failing to satisfy the requirement during the three-year period beginning with taxable year two and ending with taxable year four); and
- An organization that fails to disclose how it is meeting needs identified in the assessment is subject to existing incomplete return penalties.

PMC conducted its 2012-2013 CHNA in collaboration with the Northeast Nebraska Public Health Department (NNPHD) located in Wayne, Nebraska and Pender Community Hospital of Pender, Nebraska. The CHNA was developed and conducted by a consultant coordinated through the NNPHD

This CNHA will act as a tool in assisting PMC, NNPHD and any collaborating organizations in planning and implementing health initiatives to address upcoming health needs in the counties of Cedar, Dixon, Thurston and Wayne. Deb Scholten, Health Director of NNPHD, presented the ACA requirements and process of the CHNA to the PMC Board of Directors at their monthly board meeting on July 15, 2013.

IV. Overview of Community Health Needs Assessment

Development Process

The multi-step process began with the Mobilizing for Action through Planning and Partnership (MAPP) process. The MAPP process was developed by and is recommended for community assessment by the National Association of City and County Health Officials (NACCHO). The most current MAPP process conducted by NNPHD concluded in 2013. That process involved a number of individuals and organizations with a common interest in public health that contributed to the input on the strategies and future goals of the health department. Contributors represented a variety of arenas, sectors and backgrounds, and every effort was placed on having equal and fair representation across all counties and sector focus areas (see Appendix B).



MAPP was chosen, in part, because the process allows for input from parties who represent broad interests in the communities.

MAPP involves gathering together multiple community stakeholders for a shared assessment, strategic planning, and implementation process. The MAPP cycle has well defined steps and processes to capture community input and move a community or organization to make positive changes.

The above mentioned community leaders from the Northeast Nebraska Partnership for Healthy Communities met on Monday, December 10, 2012, at the Wayne Fire Hall to launch the current Community Health Improvement Planning process. Approximately 40 participants were in attendance at the facilitated session. Attendees participated in the MAPP (Mobilizing Action through Planning and Partnerships) assessment "Forces of Change." Forces of Change include (negative, positive or neutral) trends, events, and factors:

- TRENDS are patterns over time, such as migration in and out of a community or a growing disillusionment with government.
- FACTORS are discrete elements, such as a state or community's large ethnic population, an urban or rural setting, or a jurisdiction's proximity to a major waterway.
- EVENTS are one-time occurrences, such as a hospital system closure, a natural disaster, or the passage of new legislation.

Twelve forces of change were identified as a result of the exercise (listed in no order of priority):

- Limited economic resources
- Current confusing role of government
- Health reform
- Increased chronic disease conditions
- Population changes
- Shifting family dynamics
- Limited access to care
- Challenges of technology
- Prevention education and training
- Environmental changes
- Risk behaviors
- Enhanced health infrastructure

The participants observed that as a system, they seem to be moving...

FROM.....

- Paper
- Dependence
- Reporting
- Individual choice
- Stand alone
- Lack of infrastructure
- Homogeneity

To.....

- Technology (electronic)
- Interdependence
- Increased reporting, documentation and accountability
- Group choice
- Collaboration
- Health infrastructure
- Diversity

The outcome of this meeting is reported and entitled Northeast Nebraska Partnership for Healthy Communities Community Health Improvement Planning Session December 10, 2012, Documentation of Strategic Work Products. A link to this document can be found on the PMC website at www.providencemedical.com

Following the review of data and community leadership input, four health issues rose to the top:

1. Access to Healthcare
2. Aging
3. Focus on Prevention
4. Maternal Child Health

The outcome of this meeting is reported and entitled Northeast Nebraska Partnership for Healthy Communities Community Health Improvement Planning Session December 10, 2012, Documentation of Strategic Work Products. A link to this document can be found on the PMC website at www.providencemedical.com

Four Community Impact Teams were formed to address each of the above mentioned needs. These groups met over the course of five months to develop a formal CHIP. The community leaders and planners again met on May 21, 2013, to continue planning for healthy communities in northeast Nebraska. This document is entitled Northeast Nebraska Partnership for Healthy Communities CHIP Review and Approval Meeting May 21, and may be found on the PMC website at www.providencemedical.com. The purpose of this meeting was to confirm objectives and goals for the CHIP and to further the effectiveness of the mobilization and support of the Community Impact Teams.

The dates of all of the Impact Team Meetings are as follows:

Access to Care: January 15, 2013, January 28, 2013, February 28, 2013 and March 6, 2013

Aging Issues: January 14, 2013, February 4, 2013 and February 11, 2013

Focus on Prevention: January 31, 2013, February 12, 2013, February 26, 2013, March 7, 2013, March 12, 2013, May 14, 2013, July 24, 2013, August 21, 2013 and September 23, 2013

Maternal Child Health: January 11, 2013, February 8, 2013, March 15, 2013, June 25, 2013 and July 11, 2013

While PMC has selected the above four areas on which to focus over the next three years, we will continue to support and provide education, community support groups, screening and services and the other health issues that affect our community.

We offer a sincere thank you to the many individuals, organizations and community leaders who assisted with participation in the community focus groups and provided their honest opinions and suggestions.

We remain committed to providing safe quality health care with exceptional service as we grow to meet the changing needs of the communities we serve. We welcome your continued comments and suggestions, as that is what will help us to improve the health and well-being of our community.

V. PMC Impact Team Priorities, Action Plans and Strategies

Northeast Nebraska Public Health Department (NNPHD)
Northeast Nebraska Partnership for Healthy Communities (NNPHC)

PROVIDENCE MEDICAL CENTER Community Health Improvement Plan Implementation

Date Created: 12/30/2013

Date Approved:

Date Published: 12/30/2013

PRIORITY AREA: ACCESS TO CARE			
Goal: Improve access to care for people living in the PMC service area.			
OBJECTIVE # 1: By December 2015, a minimum of two entities from each county and reservation in the PMC/NNPHD service area will be represented in the Access to Care Impact Team of the Northeast Nebraska Partnership for Healthy Communities			
STRATEGY # 1 – Develop an Access to Care Impact Team Improvement Plan			
ACTION STEPS	RESPONSIBLE	TIMELINE	TIE TO STRATEGIC PLAN
Work with NNPHD; Provide representative	Director of Clinical Services	2014	Increase visibility Collaboration
STRATEGY # 2 – Conduct Access to Care Impact Team meetings using a variety of technological resources to overcome mileage barriers.			
ACTION STEPS	RESPONSIBLE	TIMELINE	TIE TO STRATEGIC PLAN
Work with NNPHD; Attend meetings	Director of Clinical Services	2014	Collaboration

OBJECTIVE #2: By December 2015, identify and publish local initiatives to facilitate coordination of services between health related services and clients.			
STRATEGY # 1 – Develop a centralized Resource Directory of health related providers and services that serves the population that lives in the PMC/NNPHD service area.			
ACTION STEPS	RESPONSIBLE	TIMELINE	TIE TO STRATEGIC PLAN
Work with NNPHD	Director of Clinical Services	2014	Collaboration Increase visibility Patient Satisfaction
ACTION STEPS	RESPONSIBLE	TIMELINE	TIE TO STRATEGIC PLAN
Establish PMC Directory	All Managers	2014	Collaboration Increase visibility Patient Satisfaction
STRATEGY # 2 – Increase the number of Community Health Workers (CHW), Interpreters and Translators (I/T) working in and employed by agencies in the PMC/NNPHD service area.			
ACTION STEPS	RESPONSIBLE	TIMELINE	TIE TO STRATEGIC PLAN
Continue to grow interpretive services	Director of Interpretive Services	Present thru 2014	Increase visibility Patient Satisfaction
Increase communication and services provided to the Latino community	Director of Interpretive Services	2014	Increase visibility Promote specialty services

PRIORITY AREA: FOCUS ON PREVENTION

Goal: To increase the number of people in the PMC service area who are healthy at every stage of life.

OBJECTIVE # 1: By December 2015, 15 partners of NNPHD will be educated and put in place at least one written initiative to respond within a 48 hour period to a Class A Bioterrorism event and infectious disease outbreak.

Strategy # 1 – Complete the POD (Point of Dispensing) and Closed POD Mass Dispensing Plans.

ACTION STEPS	RESPONSIBLE	TIMELINE	TIE TO STRATEGIC PLAN
Memorandum of Understanding (MOA) approved and signed.	Administration	Completed	Increase visibility Collaboration

Strategy #2 – Facilities serving Access and Functional Needs Populations (AFNP) will develop a written Mass Dispensing Plan.

ACTION STEPS	RESPONSIBLE	TIMELINE	TIE TO STRATEGIC PLAN
Memorandum of Understanding (MOA) approved and signed.	Administration		Increase visibility Collaboration
Strategy # 3 – Develop district wide Infection Control Committee			
ACTION STEPS	RESPONSIBLE	TIMELINE	TIE TO STRATEGIC PLAN
PMC Infection Control Nurse to be part of committee	Infection Control Nurse	2014	Increase visibility Collaboration
OBJECTIVE # 2: By December 2015, serve 500 individuals in the NNPHD through local prevention Impact Team related programs (See Trends and Factors List).			
Strategy #1 – Provide individuals with information regarding chronic disease prevention, mental health and substance abuse prevention or relapse prevention in Spanish and English.			
ACTION STEPS	RESPONSIBLE	TIMELINE	TIE TO STRATEGIC PLAN
Living a Healthy Life with Chronic Conditions	Patient Educator/Spiritual Care	2014	Tracking and reporting quality
Caring for Your Heart Providing education in Cardiac Rehab (Health Literate)	Patient Educator/Cardiac Rehab	In use at present time	Tracking and reporting quality
ACTION STEPS	RESPONSIBLE	TIMELINE	TIE TO STRATEGIC PLAN
Living with Diabetes Providing diabetic education classes (Health Literate)	Director of Clinical Services/Patient Educator	In use at present time	Tracking and reporting quality
Strategy #2 – Screening individuals for chronic diseases, mental health and substance abuse.			
ACTION STEPS	RESPONSIBLE	TIMELINE	TIE TO STRATEGIC PLAN
Blood Sugar Screenings (Elderfest and health fairs)	Patient Educator Marketing Director	2014	Increase Visibility Patient Satisfaction
Cholesterol Screenings	PMC Laboratory	February 2014	Increase Visibility Patient Satisfaction
Strategy #3 – Educate individuals in chronic disease prevention, mental health and substance abuse prevention or relapse prevention in Spanish or English.			
ACTION STEPS	RESPONSIBLE	TIMELINE	TIE TO STRATEGIC PLAN
Grief Share	Spiritual Care	2014	Patient Satisfaction
Living with Diabetes Providing diabetic education classes (Health Literate)		Present thru 2014	Patient Satisfaction Increase Visibility
Living a Healthy Life with Chronic Conditions	Patient Educator/Spiritual Care	2014	Patient Satisfaction Increase Visibility

ACTION STEPS	RESPONSIBLE	TIMELINE	TIE TO STRATEGIC PLAN
Caring for Your Heart Providing education in Cardiac Rehab (Health Literate)	Patient Educator/Cardiac Rehab	Present thru 2014	Patient Satisfaction Increase Visibility
Smoking Cessation	Patient Educator Respiratory Therapy	2014	Patient Satisfaction Increase Visibility

PRIORITY AREA: AGING

GOAL: To provide the healthiest environment for the aging population.

Objective #1: By December 2015, establish an Aging Surveillance Partnership to analyze the needs of the aging population in the PMC/NNPHD service area. (analyze data, recommendations, suggestions on change)

Strategy #1 – Plan of Aging Surveillance Partnership Meetings.

ACTION STEPS	RESPONSIBLE	TIMELINE	TIE TO STRATEGIC PLAN
Creation of plan with Partners	Director of Clinical Services Director of Social Services	2014	Collaboration

Strategy #2 – Information on healthcare services specific to the aging population in the NNPHD.

ACTION STEPS	RESPONSIBLE	TIMELINE	TIE TO STRATEGIC PLAN

Objective #2: Increase the proportion of older adults who use the *Welcome to Medicare* benefits.

Strategy #1 – Facilitate opportunities for eligible adults to utilize the six (6) steps of the new Medicare enrollees when adults reach Medicare age.

ACTION STEPS	RESPONSIBLE	TIMELINE	TIE TO STRATEGIC PLAN
Answer questions posed by eligible adults	Director of Social Services	2014	Patient Satisfaction
Refer eligible adults	Director of Social Services	2014	Patient Satisfaction

PRIORITY AREA: MATERNAL CHILD HEALTH

Goal: Increase the number of healthy families in the PMC/NNPHD service area through partnerships and collaboration.

Objective #1: By December 31, 2015, 1,175 women and men ages 12 – 45 years of age, living in the PMC/NNPHD will receive pre-conception and inter-conception health information and 360 will receive direct education.

Strategy #1 – Provide health literate pre and inter-conception health information materials to include topics of: conception health services. (Clinical and Community Preventative Services, Healthy and Safe Communities, Empowered People, and Health Disparities)			
ACTION STEPS	RESPONSIBLE	TIMELINE	TIE TO STRATEGIC PLAN
Provide education thru electronic media: Safe Sleep for Your Baby Never, Never Shake a Baby	Director of Obstetrics Team	Present thru 2014	Patient Satisfaction Promote Specialty Services
ACTION STEPS	RESPONSIBLE	TIMELINE	TIE TO STRATEGIC PLAN
Provide packet of information: Another Time Around Better Breastfeeding Newborn Handbook Fetal Development Chart Immunizations Understanding Pregnancy Related Depression	Director of Obstetrics Team	Present thru 2014	Patient Satisfaction Promote Specialty Services
Strategy #2 – Provide health literate pre-and inter-conception one-to-one or group direct education sessions.			
ACTION STEPS	RESPONSIBLE	TIMELINE	TIE TO STRATEGIC PLAN
Provide child birth classes	Director of Obstetrics Team	Present thru 2014	Patient Satisfaction Promote Specialty Services
Objective #2: By December 31, 2015, 500 caregivers (parents, grandparents, foster parents, day care providers, etc.) will participate in supportive parenting initiatives.			
Strategy #1 – Develop a collaborative partnership resource and referral process to announce initiatives and encourage participation by caregivers.			
ACTION STEPS	RESPONSIBLE	TIMELINE	TIE TO STRATEGIC PLAN
Work with NNPHD	Director of Obstetrics Team Director of Marketing	2014	Patient Satisfaction Promote Specialty Services Increase visibility Collaboration
Strategy #2 – Conduct parenting initiatives through a variety of delivery methods (i.e. web-based, one-to-one, group, etc.)			

ACTION STEPS	RESPONSIBLE	TIMELINE	TIE TO STRATEGIC PLAN
Well baby visits	Director of Home Health Services	Present thru 2014	Patient Satisfaction Promote Specialty Services Increase visibility Collaboration
Providing birthing classes	Director of Obstetrics Team	Present thru 2014	Patient Satisfaction Promote Specialty Services Increase visibility
<p>Objective #3: By December 31, 2015, increase the number of women living in the PMC/NNPHD service area who receive adequate prenatal health care. *</p> <p>*As measured by the Kotelchuck index which measures the adequacy of prenatal care (adequate, inadequate, intermediate) by using a combination of the following factors: number of prenatal visits, gestation, and trimester prenatal care began.</p>			
Strategy #1 – Provide health information materials to women of childbearing age and their multi-generational (potential) support systems on the importance of early and regular prenatal care.			
ACTION STEPS	RESPONSIBLE	TIMELINE	TIE TO STRATEGIC PLAN
Work with Wayne Mercy Medical Clinic to coordinate information distributed.	Director of Obstetrics Team	Present	Patient Satisfaction Promote Specialty Services Increase visibility
Strategy #2 – Work with Community Health Workers (CHW) and Interpreters and Translators (I&T) to assist in a culturally and linguistically appropriate manner with education of women on the importance of early and regular prenatal care.			
ACTION STEPS	RESPONSIBLE	TIMELINE	TIE TO STRATEGIC PLAN
Supply interpreters; Translate educational information into Spanish	Director of Interpretive Services	Present thru 2014	Patient Satisfaction Increase visibility
Strategy #3 – Collect data to identify local barriers to early and regular prenatal care.			
ACTION STEPS	RESPONSIBLE	TIMELINE	TIE TO STRATEGIC PLAN
Collaborate with Partners	Director of Obstetrical Services	2014	Collaboration

APPENDIX A

PMC Services

- Ambulance
- Anesthesia
- Cardiac Services
 - Cardiac Nuclear Stress Testing
 - Echocardiogram
 - Electrocardiogram
 - Stress Test
 - Cardiac Rehabilitation
- Diabetic Education
- Dietary
- Employee Continuing Education
- Health Literacy
- Home Health
- Hospice
- Intensive and Coronary Care
- Interpreter Program
- Laboratory
- Lifeline
- Mental Health
- Obstetrics
- Oncology/Hematology/Infusions
- Outpatient Specialty Services
 - Cardiology
 - ENT
 - GI-Surgery
 - Nephrology
 - Physiatry
 - OB-GYN
 - Oncology
 - Ophthalmology
 - Orthopedics
 - Podiatry
 - Urology
 - Neurosurgery
 - Pulmonology
 - Urology
 - Neurosurgery
- Pain Management
- Palliative Care
- Pharmacy
- Radiology
 - Computed Radiography
 - Computed Tomography (CT)
 - Digital Mammography
 - Magnetic Resonance Imaging
 - Nuclear Medicine
 - Ultrasound
 - Vascular Ultrasound
 - Positron Emission Tomography-Computed Tomography (PET/CT)
- Respiratory Services
- Sleep Studies
- Social Services
- Surgery
- Spiritual Care
- Technology
 - Electronic Health Record
 - Picture Archiving Computer System (PACS)
- Therapy
 - Physical
 - Occupational
 - Speech
 - Massage
- Wellness Center
- Wound Care

APPENDIX B

CHIP Participants

Laura Gamble, Providence Medical Center

Leslie Schulz, Providence Medical Center

Sandy Bartling, Providence Medical Center

Tom Lee, Providence Medical Center

Deb Scholten, NNPHD

Jessica Feldmann, NNPHD

Connie Bargstadt, NNPHD

Victor Zarate, NNPHD

Julie Rother, NNPHD

Kathy Boswell, NNPHD

Lindsey Schwan, NNPHD

Melissa Kelly, Pender Community Hospital

Katie Peterson, Pender Community Hospital

Dee Moeller, Pender Community Hospital

Sharon Heineman, NNPHD Board, Pender
Community Hospital

Sondra Manske, UNMC College of Public Health

Julie Kelly, Michael Foods, Inc.

Rozanne Hintz, Dixon First Responders

Curt Frye, Wayne State College

James Rabe, Wayne County

Tom Perez, Thurston Emergency Manager

Barb Fish, Wayne Mercy Medical Clinic

Stacy Schenk, Nebraska DHHS

Amie Clausenn, Colonial Manor of Randolph

Gary Salmon, Wakefield Rescue

Brian Lorenz, Careage of Wayne

Teri Wendel, Nebraska Children's Home

Jean Bodlak, Mercy Home Care

Susan Strahm, Early Learning Connection

Carolyn Harder, Wayne Community Schools

D. Weller, Coleridge Police Department

Sandy Preston, UNL Extension Dixon County

Dusti Storm, Northeast Nebraska Community
Action Partnership

Nicholes Kennitz, Wayen County Emergency
Manager

Matthew May, Winnebago Area Emergency
Management