



PREPARE PROJECT STORY

TWO RIVERS PUBLIC HEALTH DEPARTMENT – Kearney, NE

Why We Participated

Two Rivers Public Health Department (TRPHD) serves a diverse seven-county region in south-central Nebraska. Social determinants of health, such as geographic location, transportation, and socioeconomic status, differ significantly across the region, contributing to disparities in preparedness and response capacity. Within this area, 33 assisted living and long-term care facilities operate with varying levels of staffing, experience, and access to resources. These inequities present ongoing challenges in achieving a consistent, coordinated, and equitable response to respiratory and gastrointestinal outbreaks.

TRPHD sought participation in the PREPARE grant to strengthen outbreak readiness in long-term care (LTC) facilities through a strong equity lens. LTC residents represent one of the most vulnerable populations during respiratory and enteric disease outbreaks, and many facilities in the TRPHD region face challenges related to geography, staffing, and access to resources. The department recognized that an equitable response requires standardized protocols, technical support, and outreach that are accessible to all facilities—regardless of size, location, or administrative capacity. Through the PREPARE grant, TRPHD aimed to reduce disparities by providing tailored toolkits, training, and communication strategies designed to reach diverse staff and residents, including those in rural or understaffed settings. This work aligns with TRPHD’s mission and vision: Healthier Communities for All.

Our Goals and Results

GOAL 1: By June 2025, establish strategic partnerships with a minimum of two healthcare facilities characterized by high staff turnover and a history of limited collaboration with Two Rivers Public Health Department (TRPHD), to strengthen outbreak prevention and response efforts. These partnerships will include active participation in outbreak communication initiatives, with a specific focus on ensuring that at least 50% of participants are from underrepresented communities. The outreach strategy will prioritize inclusivity and equity, leading to measurable improvements in outbreak response capabilities.

GOAL 2: By June 2025, establish a bi-directional data-sharing process between two healthcare facilities characterized by high staff turnover and a history of limited collaboration with TRPHD, ensuring real-time access to local outbreak data for both prevention and response efforts. Outreach will prioritize inclusion, ensuring underrepresented healthcare facilities are supported in integrating the process.

GOAL 3: By June 2025, ensure that 100% of TRPHD nursing staff will register for the Certification in Infection Control (CIC) training, equipping them with the knowledge and skills necessary to deliver equitable and inclusive outbreak prevention and response. This will foster a culture of best practices in infection control and ensure all staff are prepared to address health disparities during outbreaks.



What We Accomplished

Goal 1 Results: Although TRPHD serves a smaller population and maintains strong working relationships with many facilities in our jurisdiction, we identified two key facilities for targeted engagement. These facilities were selected due to previous gaps in communication, high staff turnover, and performance indicators falling below the average. We have initiated and maintained contact with both facilities through emails, phone calls, and direct collaboration during outbreak responses. Currently, we are finalizing outbreak toolkits for both respiratory and enteric diseases. These toolkits will be distributed to all long-term care and assisted living facilities within our jurisdiction by August 2025

Goal 2 Results: TRPHD implemented multiple communication strategies with our two target facilities. Since the beginning of the grant period, we have developed strong working relationships and are now on a first-name basis with both facilities. Bi-directional communication and data sharing are actively occurring. TRPHD has provided weekly respiratory outbreak data throughout the respiratory season and shared timely updates regarding the current measles outbreak. In return, the target facilities have shared outbreak data, line lists, and response actions with TRPHD.

Goal 3 Results: The entire nursing staff at TRPHD has registered for Certification in Infection Control (CIC) training, with plans to complete both the training and certification exam by August 2025. We are enthusiastic about strengthening our team's expertise through this nationally recognized credential and are grateful for the opportunity to utilize grant funds to support this professional development.

Lessons Learned

Lesson 1: Intentional Relationship Building is Key

What We Learned: Establishing and maintaining strong relationships with long-term care facilities requires consistent, proactive outreach.

Why It Matters: Identifying facilities with previous gaps in communication and engaging them early helped build trust and improve collaboration.

How We Changed Our Approach: At the start of the project, we believed our approach to healthcare facilities was fully equitable, as we had strong working relationships across the board. However, when we were challenged to focus on specific facilities, it prompted us to take a deeper look. We identified those that required more attention and began intentionally strengthening our engagement and support with them

Lesson 2: Frequent Communication Builds Confidence and Capacity

What We Learned: Regular data sharing—such as weekly respiratory updates and timely outbreak alerts—reinforced the importance of public health partnerships and encouraged facilities to reciprocate with their own data, improving situational awareness and response coordination.

Why It Matters: Regular data sharing builds trust, transparency, and a shared sense of responsibility between public health and healthcare facilities.



How We Changed Our Approach: Initially, our communication with facilities was more reactive and one-directional, often limited to outreach during specific events or outbreaks. However, recognizing the power of consistent and transparent data sharing, we shifted to a more proactive approach. We began distributing weekly respiratory updates and timely outbreak alerts, which not only kept facilities informed but also fostered stronger partnerships. This consistency encouraged facilities to share their own data more regularly, creating a two-way flow of information that significantly improved coordination, response times, and overall situational awareness.

Lesson 3: Staff Development Strengthens Public Health Response

What We Learned: Registering for the CIC exam requires early planning and clear communication with staff about eligibility, timelines, and study expectations. It's important to ensure candidates meet the experience requirements and have access to reliable study resources.

Why It Matters: Investing in training, such as the CIC certification, not only elevates the skills and confidence of the nursing team but also enhances the credibility of TRPHD among partner facilities.

How We Changed Our Approach: At first, we approached CIC registration informally, assuming staff could manage the process independently. However, we quickly realized that the steps—eligibility confirmation, exam scheduling, and accessing study resources—were more complex and time-consuming than expected. In response, we shifted to a more structured approach: we identified a staff lead (Jacki) to guide the process and created a registration timeline that fit our schedules and ability to complete the exam in the required time.

Resources and Tips

Key Resources We Used

- Centers for Medicare & Medicaid Services
 - <https://data.cms.gov/>
- Care Compare – Medicare
 - <https://www.medicare.gov/care-compare/?providerType=NursingHome>
- Neighborhood Atlas
 - <https://www.neighborhoodatlas.medicine.wisc.edu/mapping>
- NACCHO Equity Framework for Outbreak Response and Prevention in Healthcare Facilities
- Nebraska DHHS Foodborne Illness Resources for Healthcare Facilities
 - <https://dhhs.ne.gov/Pages/Foodborne-Resources-for-Healthcare-Facilities.aspx>
- CDC Viral Respiratory Pathogens Toolkit for Nursing Homes
 - <https://www.cdc.gov/long-term-care-facilities/hcp/respiratory-virus-toolkit/index.html>



Tips for Other Health Departments

1. Start with Relationship Mapping

Identify high-need facilities early — especially those with previous communication gaps, high staff turnover, or frequent outbreaks. Use data resources, but also personal experience with the facilities. We have the unique opportunity to be able to have good working relationships with all 33 facilities in our area. This is not always the case, so keep equity front and center to prioritize facilities and needs.

2. Customize, Don't Reinvent Resources

When developing toolkits or workflow materials—whether for facilities or internal use—start with existing resources and adapt them to fit your specific context. Rather than reinventing the wheel, identify what is relevant, remove what isn't, and tailor content to the needs, capacity, and language of your audience. This approach saves time, ensures usability, and increases buy-in from end users

3. Invest in Staff Development

This will build credibility of your department and build confidence and expertise in staff.

4. Be Flexible

Throughout the course of this project, TRPHD has navigated several staffing changes—both internally and within our target facilities. These transitions required flexibility and a willingness to adapt our approach as needed. We learned that achieving the final goal may sometimes require a shift in direction, and staying responsive to changing circumstances is essential to sustaining progress. Clear communication, relationship continuity, and a focus on long-term outcomes helped us remain grounded during these transitions

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