

South Heartland District Health Department

Serving Adams, Clay, Nuckolls, and Webster Counties



Spotlight: Building Healthy Environments



Two communities within the South Heartland District Health Department (SHDHD) area improved walkability by working with SHDHD on a five-year project aimed at addressing chronic diseases. SHDHD selected Hastings and Superior based on obesity data, a readiness scan, current infrastructure, and policy/stakeholder engagement.

Community-wide summits, co-facilitated by SHDHD, brought residents together to discuss how they could improve their built environment, making it more conducive for walking and other physical activity. The communities created action plans for implementing policy change, environmental improvements and evidence-based programs.

SHDHD facilitated a three-step process in each community by: 1) identifying one key organization in

each community to provide local leadership; 2) creating a “design team” of key local leaders to plan the summit and invite community members and stakeholders; and 3) convening a one-day summit to gather participants’ perspectives and create a community action plan.

The health care systems in both communities provided leadership as key stakeholders, providing their summit participants with the data needed to create meaningful dialogue and achievable action plans. SHDHD provided support to the communities by facilitating meetings, helping identify stakeholders and providing technical assistance for developing and implementing the community action plans.

Walkability Summit Action Plan results:

- Hastings implemented a downtown farmers market, making fresh foods more accessible for low income individuals; revitalized the Complete Streets Advisory committee; passed a half-cent sales tax for trail expansion; completed a trail expansion plan; engaged elementary school students in completing “walking audits” to assess the safety and walkability around their schools; initiated a mobility study; and completed several signage/way-finding projects to promote physical activity opportunities in the community.

- Superior initiated a successful Walking School Bus program which is promoted during Fall and Spring; incorporated walkability goals into

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a drainage project grant proposal; completed a downtown revitalization project; painted a five-block-long bike lane connecting the two public parks; and completed several signage/way-finding projects, including a walking route that ties to the community’s annual Vestey Days Victorian homes tour.

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As each community saw positive outcomes, their action plans expanded and the design teams leading the walkability efforts sought additional funding. SHDHD collected and analyzed data from the design teams, summit participants, and implementation teams to evaluate the community walkability initiatives. Using lessons learned, SHDHD is launching the process in the community of Sutton, in Clay County. The Sutton Chamber of Commerce is providing local leadership in this initiative to improve walkability and promote physical activity in their rural community.

This report includes examples of efforts of South Heartland District Health Department to make the “Good Life” a healthy one in their jurisdiction. The following examples reflect work supported through multiple sources of funding, including monies from the Nebraska Health Care Funding Act (HCFA).

Local health departments act as communities’ Chief Health Strategists by assuring that the health and wellbeing of Nebraskans are protected and improved. Local health departments do this by working in each of the **Three Core Function Areas of Public Health**:



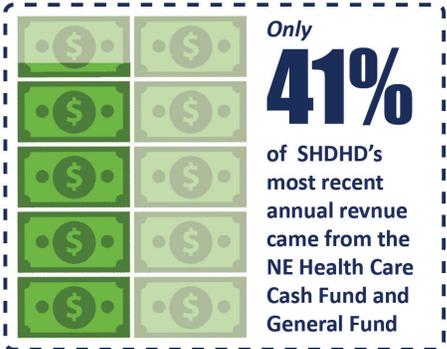
Assessment: Collect and analyze information about health problems in Nebraska communities.



Policy Development: Work with partners to apply data, educate the public, and develop programs and policies—all to address and prevent illness, disease and disability.



Assurance: Promote effective coordination and use of community resources to protect the health and wellbeing of Nebraskans.



Community Health Assessment (CHA) Community Health Improvement Plan (CHIP)

Every 3-6 years, Nebraska’s local health departments (LHDs) engage local partners (including hospitals, clinics, schools, law enforcement, military and veteran organizations, economic development agencies, businesses, foundations, other community organizations, and individual community members) to identify key, local health needs and issues through systematic, comprehensive data collection and analysis. This process is known as the Community Health Assessment (CHA). LHDs take the lead in coordinating this complicated process, synthesizing the outcome data, and prioritizing identified issues. The resulting formal assessment is used to create a community-wide plan aimed at strategically improving health – the Community Health Improvement Plan (CHIP).

With CHIPs in place, LHDs take a lead driving the work toward meeting CHIP goals and monitoring progress. Much of this work is done collaboratively through partnerships and workgroups that include the diverse sectors mentioned above.

The CHA/CHIP process ensures that local communities are able to work together toward a Good, Healthy Life for all Nebraskans.

CURRENT CHIP PRIORITIES:



Access to Health Care



Mental Health



Substance Misuse



Obesity & Related Health Conditions



Cancer

ACCESS TO AND LINKAGE TO CLINICAL CARE

Access to and Linkage to Clinical Care includes (but is not limited to) coordination of services between medical providers and providers of health-related social needs, oral health/dental services, and behavioral/mental health.



South Heartland District Health Department's (SHDHD) annual women's health event identified that the cost of having a mammography read was a barrier to accessing breast cancer screening for 53% of the Hispanic women surveyed. SHDHD, the local imaging center, and radiologists are collaborating to address this breast cancer screening barrier by waiving the radiology fees for this group of women. SHDHD's 2018 CHA included district-wide stakeholders who contributed to analyses of "access to care" gaps (root causes, gaps in services, and barriers in our local health care system) and of how access to care impacts various health issues. The resulting Community Health Improvement Plan (CHIP) priorities include Access to Care, which also threads through the other four SHDHD priorities.

CHRONIC DISEASE CONTROL AND PREVENTION

Chronic Disease Control and Prevention includes (but is not limited to) asthma, cancer, cardiovascular disease, diabetes, obesity, tobacco control, and worksite wellness.



In SHDHD's 2018 Community Health Assessment (CHA), community members were concerned about obesity-associated chronic diseases such as diabetes and heart disease, which is the leading cause of death among adults in South Heartland's district. SHDHD, along with a local cancer center partner, is promoting skin cancer prevention through education to youth in middle schools and adults at health fairs. Area providers are contributing free skin cancer screenings. SHDHD works with partner organizations to improve vending machine options. Two of seven organizations improved vending options and reached the "award-level" (i.e., the proportion of healthy options for food is at least 30% and beverages at least 55%).



COMMUNICABLE DISEASE CONTROL AND PREVENTION

Communicable Disease Control and Prevention includes (but is not limited to) communicable disease epidemiology (disease outbreak management/response), tuberculosis (TB), immunizations, sexually transmitted infections, and surveillance (tracking and following up on reports and provider/school reports).



SHDHD staff investigated a report of a potential foodborne illness outbreak and confirmed a norovirus outbreak associated with a restaurant/caterer affecting at least 26 individuals who reported illness. The SHDHD Board of Health approved a policy for evaluating illness clusters, providing surveillance staff with a protocol for cluster evaluation and incorporating a recent change to lab technology for Whole Genome Sequencing (WGS). This new technology provides additional insight into cluster relationships. SHDHD conducted a successful Strategic National Stockpile Full Scale Exercise to assure, in the event of a pandemic flu outbreak, the ability to order, receive, and distribute vaccines, while maintaining the recommended temperature (Cold Chain Management).



ENVIRONMENTAL HEALTH

Environmental Health includes (but is not limited to) radon, lead, emergency response, hazardous substances and sites, and Complete Streets initiatives.



Sixty-five percent (65%) of homes tested for radon in the SHDHD district test above the recommended level (> 4pCi/L). SHDHD promotes using radon tests to determine radon levels in residents' homes and encourages mitigation. SHDHD partnered with a radon mitigation business and the Hastings building inspector to educate realtors on Nebraska state statute and requirements for testing/mitigation in real estate transactions. SHDHD shared resources to assure buyers and sellers receive accurate information. To protect 21 children with elevated blood lead levels, staff worked with families to identify/reduce exposure sources, collaborated with Nebraska Department of Health and Human Services (DHHS) to conduct home lead assessments, and promoted follow-up testing to monitor progress.



INJURY PREVENTION

Injury Prevention includes (but is not limited to) motor vehicle injuries, occupational injuries, senior fall prevention, substance abuse, car seat safety, binge drinking, and distracted driving.



Thirty-five percent (35%) of South Heartland residents age 65+ had a fall in the last year, of which 11.7% resulted in injury. Because unintentional injury is the leading cause of death in older adults, SHDHD is implementing CDC's Stopping Elderly Accidents, Death & Injuries (STEADI) initiative, collaborating with two local family practice clinics to reduce falls risk. At provider offices, patients over age 60 complete a "Check Your Risk for Falling" assessment with pre-exam paperwork. Depending on risk level, providers discuss results and refer patients to community falls prevention resources. SHDHD follows up with provider-referred clients, connecting them to free local falls prevention classes and assessing for reduced fall risk.



MATERNAL AND CHILD HEALTH

Maternal and Child Health includes (but is not limited to) Women, Infant, and Children (WIC), family planning, newborn screening, evidence-based home visitation, Early Preventative Screening, Diagnosis, and Treatment (EPSDT).



SHDHD assessed childcare providers to determine whether their policies included staff immunization requirements. SHDHD embarked on an effort to promote adoption of such policies to protect young children from vaccine preventable illnesses, including influenza.



SHDHD advocated for increasing the Nebraska tobacco tax as a proven approach to reducing tobacco use initiation in youth. SHDHD continues to have strong partners in our communities who are leaders in the areas of maternal and child health. We provide referrals and promote partner services through our community resource guide. Our Scrubby Bear taught more than 234 pre-school/elementary children how to wash hands.



Additional public health activities that South Heartland District Health Department performs to assure that the health and wellbeing of Nebraskans are protected and improved.

Through the Whole School, Whole Community, Whole Child project (WSCC), SHDHD assisted two area school districts (Harvard and Hastings Public Schools) to completing the CDC Healthy Schools-School Health Index, using the results to plan for nutrition and physical activity improvements in the schools, and to helping instill healthy habits at early ages. Based on the results, Harvard Public Schools is developing a new policy for physical education curriculum standards.

Nearly 50 South Heartland district residents took advantage of South Heartland's Smart Moves diabetes prevention classes, with 40% reaching target weight loss and 82% completing the year-long class.

SHDHD piloted a new technology-based approach for engaging residents and stakeholders in coordinated community health planning across the four-county district. During 2018, the department completed a comprehensive Community Health Assessment (CHA) and community health improvement planning process for, and with, residents of Adams, Clay, Nuckolls and Webster counties. SHDHD convened community discussions to share and review the data with stakeholders and to determine district-wide priority health issues. These discussions were coordinated across all four counties simultaneously using Go-To-Meeting technology and led by a local facilitator and the SHDHD executive director, with SHDHD staff facilitating in each county. In this way, SHDHD convened two separate priority-setting meetings, one focused on health system issues and the other on health issues. The result was that communities identified the top five priority health issues to address over the next six years. SHDHD used the technology-based approach again for a series of strategy-setting meetings to identify key approaches for addressing each health priority. This first-time use of technology to connect stakeholders was a success, with 17 to 60 participants contributing in each meeting. Successful stakeholder engagement was demonstrated by the high level of interest for serving on Implementation Steering Committees for each health priority.