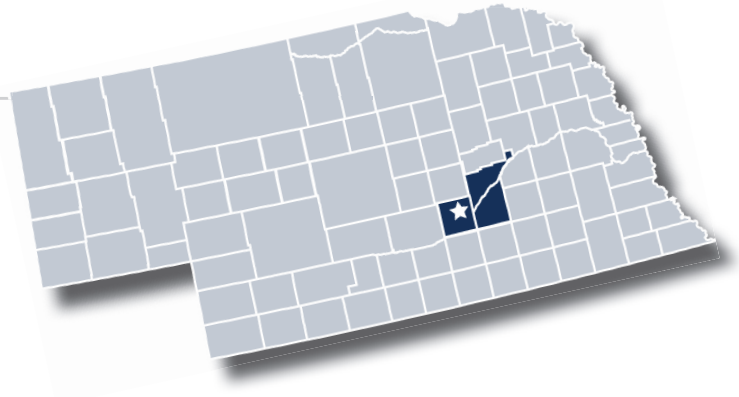


Central District Health Department

Serving Hamilton, Hall, and Merrick Counties



Spotlight: Improving Child Health



Central District Health Department

July 25 · 🌐

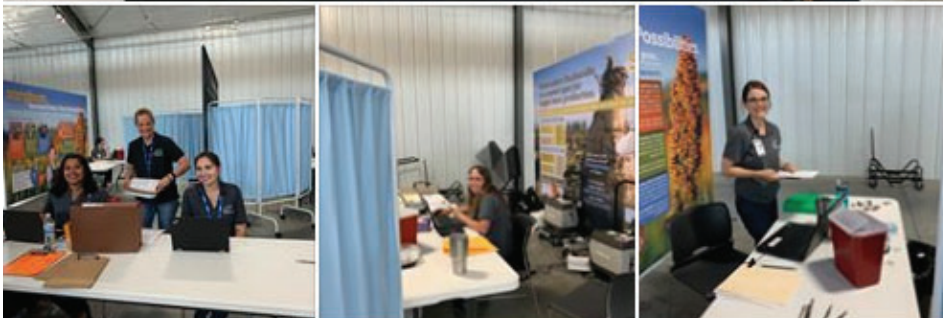
This afternoon we have several staff members out at the Back 2 School Bash providing vaccinations and some great health information.

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are available to consult with parents who question whether their children should be vaccinated. Nurses enter into these discussions with the awareness that parents truly want what is best for their children and provide evidence-based information in a way that parents can understand. In several instances in the past year, children in need of vaccinations led their parents to appointments so that the parent would sign for recommended vaccinations.

CDHD uses social media to provide science-based evidence on the safety and effectiveness of vaccinations.



Social media today provides a wide variety of, often conflicting, information to consumers. A prime example of opposing viewpoints lies in the conflicting opinions on the value of vaccinations. CDHD uses social media to provide science-based evidence on the safety and

effectiveness of vaccinations. On CDHD's Facebook page, readers who post responses that are in conflict with the facts are engaged in two-way messaging that allows for free discussion, where CDHD stands firmly rooted in the science of vaccinations. In addition, community health nurses

Community health nurses communicate empathetically with families to help them feel comfortable with vaccination decisions and provide positive feedback for healthy decisions that protect children from disease. Because of these and other efforts to inform, educate and provide access to childhood vaccinations, rates in the Central District, as well as across Nebraska, remain significantly higher than the national average.

This report includes examples of efforts of Central 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**:



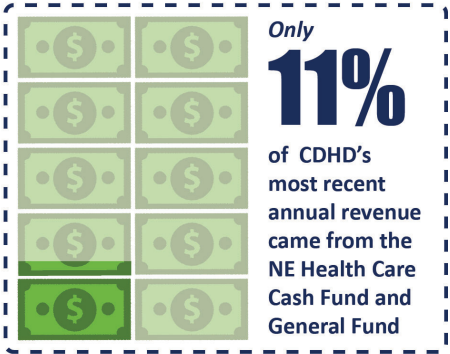
Assessment: Collect and analyze information about health problems in Nebraska communities.



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 monitor 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:



Childhood Obesity



Access to Care



Behavioral Health

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.



With the exception of 2016, every year of the Behavioral Risk Factor Surveillance System (BRFSS) survey from 2014 to 2017 shows an increasing rate of Central District Health Department (CDHD) respondents reporting that they were unable to see a doctor due to cost, as compared to the state. CDHD Community Health Workers (CHW's) meet with residents who are in need of a medical home to connect them to needed services. One CHW spends time in a private physician clinic setting, working specifically with adults who have been diagnosed with Type 2 diabetes and for whom English is the second language. CDHD staff frequently refer clients to the Heartland Health Center (the local Federally Qualified Health Center [FQHC]).

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.



Diabetes is on the increase in the CDHD district. In 2014, 8.1% of adults in CDHD district had diabetes compared to 11% in 2017. The CDHD 2017 rate is also higher than the state rate (10%). In response to these diabetes rates, CDHD implemented the CDC's Prevent T2 Program, an evidence-based diabetes prevention program. CDHD provided classes in both English and Spanish to people at risk for developing diabetes. This year, people completing the year-long program averaged between 5-9% weight loss, effectively cutting their risk of developing diabetes in half.

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).



CDHD collaborates with Nebraska Department of Health and Human Services (DHHS) and local providers to ensure lead testing is done. A two year-old child was found to have a highly elevated blood lead level of 21.3. CDHD contacted the provider and the parent to provide education about lead prevention and proper dietary measures to reduce the effects of the lead exposure. A home inspection coordinated with DHHS revealed multiple sources of lead-based paint. Education was reinforced during the home inspection. The most recent lead level for this child was 9.6. CDHD continues to work with this family on measures to reduce the child's blood lead level.

ENVIRONMENTAL HEALTH

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



In 2018, 242 clinical positive cases of West Nile Virus (WNV) were reported. CDHD accepts dead corvids (birds from the crow family) to monitor WNV by testing these dead birds. CDHD also assists with mosquito monitoring by trapping adult mosquitoes for examination. To reduce the presence of WNV, CDHD activates a thorough and effective larvicide program to reduce the number of mosquitoes hatched. CDHD is responsible for fogging of mosquitoes as conditions and mosquito numbers warrant.



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.



In 2014, motor vehicle fatality rate in CDHD district was double that of the state (25.1 compared to 12.9). CDHD employs social media to inform and educate on safe practices, whether for driving, riding bikes, or shooting off fireworks. CDHD staff encourage and educate on infant car seat installation and use. Most educational materials are available in English and Spanish, and CDHD maximizes messaging on its marquee which is situated in a high traffic area in Grand Island.

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).



The United States has the highest maternal mortality rate of any industrialized country. WIC helps to address maternal mortality through its suite of services including health assessments, breastfeeding support, nutrition education, and referrals to health care and social services. CDHD reached nearly 2,000 pregnant and post-partum women, infants and children in 2018. On-time childhood and pregnancy vaccinations are essential to protecting infants and children before exposure to potentially life-threatening diseases. In 2018, CDHD provided a targeted and comprehensive vaccination education campaign in our service area and provided 2,893 childhood vaccinations to 973 clients.

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

It was Helen Keller who noted, “Alone we can do so little; together we can do so much.” This success story highlights CDHD’s partnership with the Hall County Community Collaborative (H3C). H3C includes approximately 20 organizations and agencies working closely together with the vision of “improving the quality of life and health status of families in Hall County.” When H3C members first came together to form the collaborative, it was organized around this vision. This was a critical step in establishing a shared understanding of what the collaborative intended to accomplish together.

In the collaborative, decisions are made by consensus and all voices are heard equally. Programs and services focus on creating the community conditions whereby families are most likely to be healthy and successful. Interventions occur at all age levels with measures of success occurring along the way. Over the years, H3C has built a solid and growing level of public will and community support. H3C is fortunate to have sustained funding from Nebraska Children and Family Foundation, which recognized both the need for, and the value of, the collaborative in Hall County. Committing CDHD resources to H3C is a smart public health strategy. Building community trust and a shared approach to resolving issues on a systems level is good business sense, avoids duplication and gaps, and contributes to greater efficiency and effectiveness. Collaborative work sometimes seems cumbersome—with the time it takes to meet, discuss, disagree and then agree on next steps. Then there is the process of determining who is doing what, when and where, and how to measure success. In spite of this, there is no better or more effective way to build a healthy community for all. “Together we can so do much!”

For more information about *Central District Health Department* please visit:
www.cdhd.ne.gov

