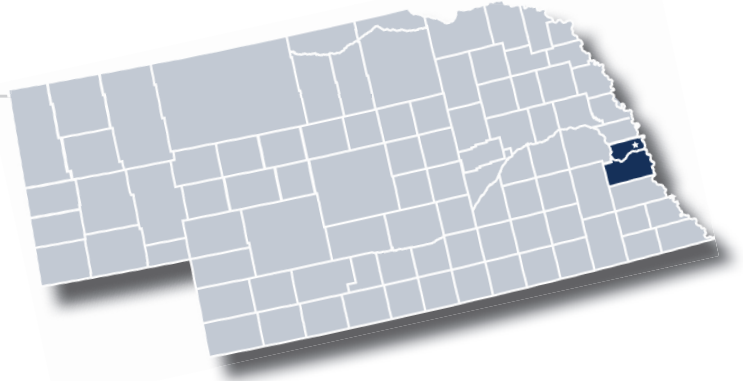


Sarpy/Cass Health Department

Serving Sarpy and Cass Counties



Spotlight: Advancing Healthy Eating Opportunities



Sarah Schram, Director
sschram@sarpycasshealth.com
(402) 339-4334
www.sarpycasshealthdepartment.org

The Sarpy/Cass Health Department (SCHD) recognizes and understands the relationship between access to healthy foods and residents' health. According to the 2018 Community Health Assessment (CHA) data, only 1 in 4 of Sarpy (26%) and Cass (27.6%) county residents consume five or more servings of fruits/vegetables per day. National public health research demonstrates that residents with limited access to healthy foods often have less healthy diets and an increase in diet-related, chronic diseases, specifically obesity and diabetes. In an effort to better understand the retail food environment of the cities and communities in Sarpy and Cass counties, the SCHD completed the Nutrition Environment Measures Survey (NEMS) assessment.

NEMS, an evidence-based system used to assess food availability,

was designed to quantify what a consumer encounters in their retail food environment. The assessment tool looks at the quantity, quality and price of fruits, vegetables, lean meats, low-fat dairy and whole grains available to consumers.

In an effort to better understand the retail food environment of the cities and communities in Sarpy and Cass counties, the SCHD completed the Nutrition Environment Measures Survey (NEMS) assessment.

A total of 103 retail food outlets (grocery and convenience stores) across Sarpy and Cass counties were assessed by SCHD staff using NEMS

in the fall of 2018. Data from the assessment indicated that slightly more than a quarter (27%) of all retail food outlets assessed in Sarpy and Cass counties had adequate access to foods from three or more of the five food groups. Additional information, such as acceptance of Federal Nutrition Assistance Program funds (i.e. WIC and SNAP), was also collected.

The information garnered from the assessment will help the SCHD make informed decisions as it moves forward in integrating strategies to increase access to healthy foods across the jurisdiction.

This report includes examples of efforts of Sarpy/Cass 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**:



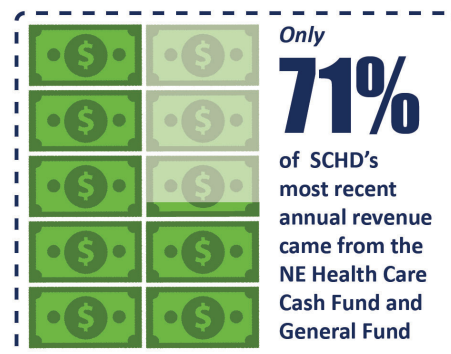
Assessment: Collect and analyze information about health problems in Nebraska communities.



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:



Mental 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.



The 2018 Community Health Assessment (CHA) indicated that cardiovascular disease (heart disease and stroke) and cancers accounted for more than four in ten deaths in the metro area that include Sarpy/Cass Health Department (SCHD). The SCHD Health Hub program provides evidence-based strategies (i.e. health coaching), behavioral/education supports (i.e. blood pressure cuff) and referrals to primary care providers for cancer screenings. Residents who enroll in the Every Woman Matters program at their primary care provider's office are linked to the Health Hub program and navigated to appropriate services by SCHD staff. This year, 69 health coaching calls were made to women in the program.



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.



SCHD assessed the availability of healthy foods within the district by conducting a Nutrition Environment Measures Survey assessment at 103 retail food outlets (grocery and convenience stores). Survey results will be used to identify areas of opportunity and strategies to increase access to healthy foods. The Active Aging program at SCHD provides one-on-one support and education to seniors in both Sarpy and Cass counties with a goal of keeping aging residents in their homes for as long as possible. SCHD held 150 wellness clinics reaching over 1,000 clients and an additional 200 seniors through home visits.



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).



SCHD investigated over 475 cases of reportable, communicable diseases this year. Weekly school surveillance, which is monitoring the rate of illness to identify possible disease outbreaks, was completed for 33,543 students. During an outbreak of pertussis (whooping cough) at a local school, SCHD staff provided education for parents and school staff to decrease transmission of the disease. The SCHD staff supported the school nurse by offering technical assistance and educational materials during the month-long outbreak. For seven (7) residents with Tuberculosis, SCHD nurses oversaw 100 Directly Observed Therapy (DOT) appointments, coordinated care with infectious disease specialists, and conducted contact investigations.



ENVIRONMENTAL HEALTH

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



SCHD's Emergency Preparedness Coordinator partnered with the Cass County Emergency Management Agency (EMA) to assess the needs of vulnerable populations during a disaster. This information will enhance emergency response and educational messages to residents. The SCHD's environmental health staff provided in-person testimony to the Urban Affairs Committee in support of legislation requiring the State building code adopt standards for radon-resistant construction for new houses. SCHD staff provided childhood lead poisoning prevention education and necessary follow-up to 40 families with child(ren) with elevated blood lead levels. In collaboration with the NE DHHS, SCHD staff inspected 39 swimming pools for compliance with Nebraska Regulation Title 178 Chapter 2.



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.



SCHD staff Safe Kids Sarpy/Cass, a childhood injury prevention program at SCHD, monitors information collected at child passenger seat installations through the Safe Kids Sarpy/Cass, a childhood injury prevention program. This information, such as restraint type and if the car seat is expired or has been involved in an accident, is reported into the Safe Kids Worldwide database and used to tailor community educations and messages to increase child passenger safety. The Safe Kids Sarpy/Cass program provided safety presentations to over 750 adults and children, with topics including child passenger safety, handwashing, fire prevention and planning, home safety, distracted driving, and bike safety. SCHD's certified child passenger safety technicians installed over 50 child passenger safety seats. Eighteen (18) seats were provided for no cost to families in need.



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).



Through the SCHD Maternal and Child Health (MCH) home visitation program, nurses assess the physical health (i.e. weight status) of clients to guide education and referrals to facilitate optimal health. SCHD staff collaborated with community partners to assess the participation rates of Sarpy County Early Head Start/Head Start (EHS/HS) clients in the WIC program. It was identified that a large portion of clients encountered barriers, including clinic times and transportation issues. In response, SCHD offered WIC appointments during screening events at the health department. SCHD nurses coordinated with HS to provide over 70 home visits for children to assess child development and to provide education on parenting skills and family support.



Additional public health activities that Sarpy/Cass Health Department performs to assure that the health and wellbeing of Nebraskans are protected and improved.

As a method for increasing infant breastfeeding rates, SCHD partnered with the Douglas/Sarpy County WIC program to implement the WIC Breastfeeding Peer Counselor program. Mothers with personal breastfeeding experience were trained to provide support and education to pregnant women and new mothers recruited through WIC clinics.

To increase health outcomes of newborns and mothers, Maternal Child Health (MCH) nurses offered a variety of educational opportunities throughout the year. The “Becoming A Mom” six-week prenatal education program taught healthy pregnancy and newborn care to expectant parents. A bi-monthly breastfeeding basics class was offered to expectant parents.

In an effort to address mental health and more specifically suicide prevention, the SCHD has two staff members who provide QPR (Question, Persuade and Refer) training to community members and leaders. QPR is an evidence-based training where participants learn how to identify the signs of suicide and to assist someone in crisis.

SCHD staff addressed the Flooding Emergency that affected parts of Sarpy and Cass counties. Through a partnership with the Papio-Missouri River Natural Resources Department (NRD), Lower Platte South NRD, Midwest Laboratories, and the Douglas County Health Department, free well water testing kits were distributed from our office and in Louisville on March 27, 2019. SCHD staff also provided information on well water testing and distributed home clean-up kits at a two-day community resource event in Bellevue. SCHD maintained communication with the Emergency Management Agency in Sarpy and Cass counties to assist with response and recovery.