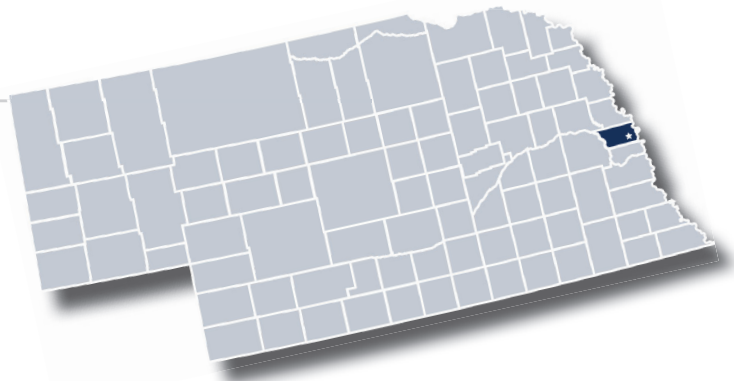


# Douglas County Health Department

*Serving Douglas County*



## Spotlight: Strategic Leadership & Policy



Through support from Kresge Foundation, DCHD received funding for its “Emerging Leaders in Public Health” Initiative. Major activities during the course of the 18-month timeframe focused on DCHD’s efforts to serve as a Chief Health Strategist —“the Chamber of Health”—and were broken into key objectives: 1) Build a Coordinated Strategy for Framing Social Determinants of Health (SDoH) and Health Equity Advocacy; 2) Complete an Upstream-Downstream Policy Analysis for Housing Affordability Using a Systems Approach.

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DCHD held a two-day workshop with public health thought leaders from within DCHD plus external partners on the “framing” of public health messages. These workshops focused on translating SDoH and health equity into values and metaphors

that are more easily understood by the public and decision-makers. A branding strategy and messaging guide, based on these workshops, was developed. The Systems Approach work involved a year-long effort focused on protecting housing affordability and improving equity. The initial day-long workshop, with 30 housing stakeholders, was completed in September 2017 for mapping the dynamics specific to housing affordability. A second day-long workshop (February 2018), with 40 cross-sector stakeholders focused on creating a theory of change by identifying leverage opportunities to protect housing affordability. The final workshop, which utilized a Design Lab approach to prototype solutions and involved 60 stakeholders, occurred in September 2018.

Those experiences helped launch a number of continued efforts intended to impact the health of Douglas County residents. Over the last ten years of data, life expectancy has continued to increase in most Douglas County ZIP codes—leading to the overall trend—but has stayed

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stagnant in the ZIP codes facing the greatest burdens from poverty and poor health outcomes. As DCHD continues to build on its capacity to grow into a “Chamber of Health,” DCHD and its partners will have the influence and ability to create improvements in life expectancy for all parts of Douglas County.

At the final Systems Approach workshop, it was very clear to participants how housing and health are connected, due to a local situation that became known and was heavily publicized in the media. The workshop provided participants a concrete opportunity to work together on possible solutions and the idea of a Housing Ombudsman was conceived. Since that time, the DCHD Board of Health has adopted a Resolution (June 2019) to develop and host a Housing Ombudsman program.

This report includes examples of efforts of Douglas County 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**:



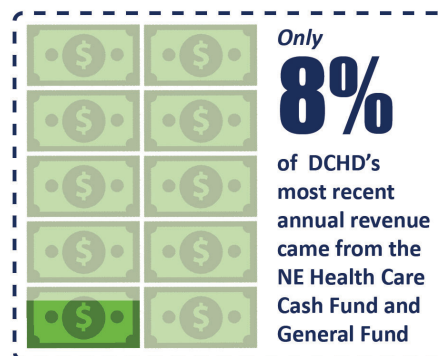
**Assessment:** Collect and analyze information about health problems in Nebraska communities.



**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 Services  
Across the Lifespan



Behavioral Health  
Across the Lifespan



Obesity and Nutrition  
Across the Lifespan



Violence Safety and Injury  
in Adolescents and Children

## 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.



Douglas County Health Department (DCHD) continues to build capacity as an integrated care model in our STD Clinic. The Behavioral Health Consultant (BHC) has been in place for a year. With extensive training, ongoing for both the BHC and clinic staff, the clinic has adopted a screening tool and is screening all clients (aged 19 and older) for depression, substance use (drugs/alcohol) and intimate partner violence. Provider staff have been trained in Screening, Brief Intervention and Referral to Treatment (SBIRT) processes and follow adopted policies and procedures to ensure service coordination and follow up to care have been established.

## 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.



DCHD, with community partners, continues to lead efforts to build the capacity for a community health worker (CHW) model to address the impact of chronic disease across the community. Expanding on last year's work, the Douglas County CHW Coalition provided *CHW 101* training to 25 participants and is translating the curriculum into Spanish. The coalition provided *CHW Supervisor 101* training to 14 participants and is building capacity for networking and support for the current CHW workforce. Ongoing work is focused on developing additional CHW trainings, adopting an evaluation infrastructure, and building a foundation for finance and sustainability.

## 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).



To protect residents from serious illnesses, DCHD monitors and investigates communicable diseases. DCHD was called after a rabid bat was found on a middle school campus. Staff discovered that several students may have been exposed. Within seven (7) hours, DCHD notified the school, consulted with the state veterinarian and the Nebraska Humane Society, determined local availability of rabies vaccine, provided a notification/recommendation letter for parents, sent a Health Alert Network (HAN) advisory to providers, educated school staff, and coordinated a media event to discuss the exposure and recommended guidance. Six (6) individuals who were identified as at-risk received post-exposure rabies vaccine.

## ENVIRONMENTAL HEALTH

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



During the 2019 spring floods, DCHD acted as the Public Health Coordinator in the local Emergency Operations Center. Staff coordinated requests among public health, health care, and behavioral health partners. DCHD later participated in the Multi-Agency Resource Center (MARC) providing clean up guidance, well/septic information, water testing kits, and WIC assistance to flood victims. DCHD's Air Quality section provides daily Air Quality Index (AQI) forecasts and disseminates that information via social media. When the AQI is a concern, a news release is issued. The section works on the Little Steps/Big Impact project to reduce ozone levels.

## 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.



Congruent with the Community Health Improvement Plan (CHIP), DCHD continues its collaboration with Project Extra Mile to address binge drinking. Two of the three health systems in the community now use Screening, Brief Intervention and Referral to Treatment (SBIRT) processes, an evidence-based practice, to assess for and address binge drinking concerns within the clinic setting.

In alignment with the CHIP, Project Harmony, in collaboration with DCHD, trained 12,882 people over the past two years on Trauma-Informed Care practices which is an organizational structure and treatment framework that involves understanding, recognizing and responding to the effects of all types of trauma.

DCHD participates on the Vision Zero Omaha Task Force to identify safety priorities and evidence-based strategies and action items to address those priorities.

## 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).



DCHD partners with the Sarpy/Cass Health Department to increase capacity for breastfeeding supports in Sarpy and Cass counties with the integration of Peer Counselors in WIC clinics. Three Peer Counselors have been hired and trained with three more slated for hire and training this year. Peer Counselors are imbedded in the WIC clinics and connect with WIC moms and families in the hospitals following delivery. Peers can provide breastfeeding support to WIC moms and their families 24/7. DCHD also continues to lead efforts to decrease infant mortality rates through the Fetal-Infant Mortality Review (FIMR) process and implementing the Baby Blossoms Collaborative Strategic Plan.

***Additional public health activities that Douglas County Health Department performs to assure that the health and wellbeing of Nebraskans are protected and improved.***

The Childhood Lead Poisoning Prevention Program performed 20,340 screenings on children for elevated blood lead levels (EBL) and completed 169 home visits.

DCHD reached more than 22,000 individuals with education about sexually transmitted diseases. STD outreach testing was provided to 710 individuals at 882 events in non-traditional locations including libraries, special events, and colleges/universities. STD Control Supervisor, Leah Casanave, was recognized by the de Beaumont Foundation as one of its inaugural “40 Under 40 in Public Health.”

In collaboration with Nebraska Medicine, the DCHD Senior Epidemiologist published a manuscript, “REDCap for Biocontainment Worker Symptom Monitoring,” in the peer-reviewed journal, Health Security. DCHD developed the system in coordination with the state and the University of Nebraska Medical Center (UNMC) to increase the efficiency and reduce the administrative burden of health care worker symptom monitoring in a biocontainment unit setting. The system was used for monitoring a quarantined individual during the first activation of the National Quarantine Unit (NQU) in December.

A total of 24,949 birth and 28,560 death records were obtained from DCHD Vital Statistics.

There are now 14 Healthy Neighborhood Stores.

The Emergency Preparedness staff participated in four (4) full-scale exercises.

DCHD served as a co-lead and collaborated in the development of the “Share Our Table” Food Security Plan for Douglas, Sarpy and Pottawattamie (Iowa) counties. This plan provides a common agenda and mutually reinforcing activities to address food insecurity. Broad stakeholder and community input throughout the process in the form of multiple workgroups, summits, and community input meetings ensured the plan aligned with community needs and incorporated the activities already being implemented by partners. The Douglas County 2018 Nutrition Environment Measures Survey, conducted by DCHD, was a component of this plan.

