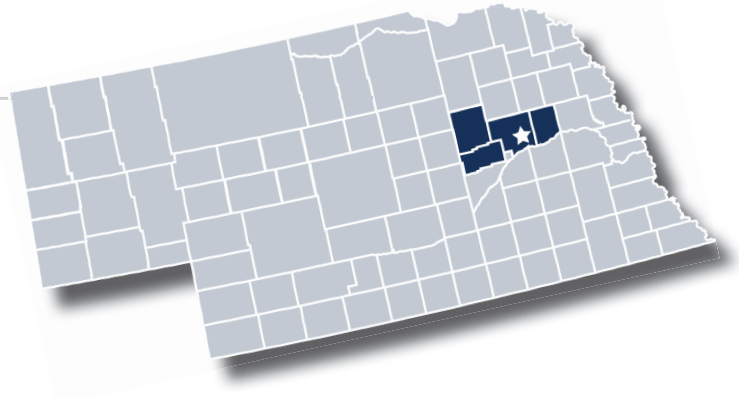


# East Central District Health Department

Serving Boone, Colfax, Nance and Platte Counties



## Spotlight: Advancing Tobacco-Free Policies



The smoking prevalence in Colfax County (14.4%) is below the Nebraska average (17%). Despite this, more can be done to reduce the exposure of second-hand smoke to local employees and residents. East Central District Health Department (ECDHD) received three complaints from Schuyler City Street Department (Colfax County) employees about second-hand smoke exposure while at work. After receiving the first two complaints, ECDHD staff visited the worksite and facilitated education and dialogue about the dangers of second-hand smoking. The Schuyler City Street Department had preventative measures in place to decrease smoking and exposure to second-hand smoke, but these were not effective.

After receiving the third complaint, ECDHD staff coordinated a meeting between the police chief and the mayor of Schuyler to discuss the

dangers of second-hand smoke and to propose a new tobacco-free worksite policy. After facilitating the education session with city officials, another meeting was held that included the Streets Department director and the city clerk resulting in the adoption of

a tobacco-free policy for the City of Schuyler. The adopted policy included all city departments, vehicles, and equipment. The tobacco-free policy was inclusive of banning the use of e-cigarettes.

**ECDHD staff coordinated a meeting between the police chief and the mayor of Schuyler to discuss the dangers of second-hand smoke and to propose a new tobacco-free worksite policy.**

After the worksite tobacco-free policy adoption, all second-hand smoke complaints from City of Schuyler employees ceased. Universal worksite policies like this one make

**Beth Wewel, Interim Director**  
bwewel@ecdhd.ne.gov  
(402) 593-9224  
www.ecdhd.com

it easier for cities and municipalities to enforce, ensuring the protection of employees from the dangers of second-hand smoke. Tobacco use was identified as a priority area within the comprehensive East Central District Community Health Improvement Plan (CHIP).



This report includes examples of efforts of East 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**:



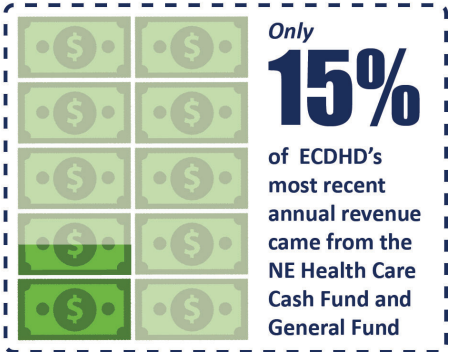
**Assessment:** Collect and analyze information about health problems in Nebraska communities.



**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 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:**



Substance Abuse



Unintentional Death



Diabetes



Obesity



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.



East Central District Health Department (ECDHD) is co-located and jointly accredited by the Joint Commission with Good Neighbor Community Health Center, a Federally Qualified Health Center (FQHC). ECDHD makes referrals to Good Neighbor Community Health Center for dental, medical, and behavioral health services. ECDHD also refers to other area clinics and hospitals, as appropriate.

## 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.



ECDHD worked closely with Good Neighbor Community Health Center and area hospitals within Colfax and Platte counties to refer patients to ECDHD's community-based diabetes self-management education program, funded by the Nebraska Department of Health and Human Services' (DHHS) Minority Health Initiative. This effort targeted minorities and refugees to deliver community-based support and case management for those with diabetes. During the reporting period, 31 minority patients received enhanced diabetes supports.

## 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).



ECDHD monitors and investigates communicable diseases, such as E. coli, Bordetella pertussis, Chickenpox, Rabies and others, within the district's four counties. ECDHD monitors cases reported by schools, local hospitals and clinics. Communicable disease surveillance is important for preventing outbreaks by limiting source exposure. During the reporting period, the ECDHD investigated 217 cases identified from more than 1,200 laboratory observations related to communicable diseases reported within the district.

## ENVIRONMENTAL HEALTH

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



ECDHD monitors lead levels and investigates lead exposures within the district. Lead cases are followed up with collaboration with the Nebraska DHHS and other stakeholders, including Medicaid case managers. From July 2018 to June 2019, ECDHD investigated 28 lead exposure cases within the district.

## 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.



ECDHD leads a substance abuse coalition, Back to BASICS, that leverages resources to prevent and reduce youth substance abuse in our communities in Boone, Colfax, Nance and Platte Counties. The goal of Back to BASICS is to provide a drug and alcohol-free community where youth feel safe and happy. Through the coalition, ECDHD provided community education at community events, in classrooms, and in workplaces. ECDHD implemented an alcohol literacy curriculum that reached more than 1,500 students across 36 schools.

## 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).



ECDHD provided Women, Infant, and Children (WIC) services to nearly 1,000 participants each month (ranging from 932 to 1,020) during this reporting period. Additionally, the Early Development Network family services reached an average of 101 participants per month.

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

ECDHD's work in public health preparedness has been integral in coordinating the local emergency response for natural disasters and other emergencies in the district. During the reporting period, our Emergency Response Coordinator ensured participation in the State Public Health Risk Assessment, led the Annual Capabilities Planning Guide survey, and conducted preparedness drills in coordination with Nebraska DHHS and local stakeholders. Before and during the 2019 flooding, the Emergency Response Coordinator led the local Community Organizations Active in Disasters (COAD) coalition—a group of community organizations, businesses, nonprofits, and individuals—to plan the community response to local disasters. During the flooding, ECDHD established an on-site shelter and provided transportation to and from the established landing zone for residents rescued from floodwaters. Additional emergency preparedness activities after the flood include responding to reports of reoccupation in condemned homes in coordination with state and county stakeholders, helping local organizations with the transition of the community response to community recovery, and supervising University of Nebraska-Lincoln students assisting with recovery efforts.

