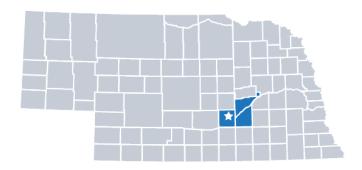


CENTRAL DISTRICT HEALTH DEPARTMENT

"Healthy People, Healthy Community."



HALL, HAMILTON, MERRICK

Our Priorities

The top three health priorities identified by community partners through Cental District Health Department's (CDHD) Community Health Assessment are access to: healthcare; behavioral healthcare; and quality childcare. Our Community Health Improvement Plan (CHIP) addresses these priorities. A highlight of this work is the expansion of the Community Health Worker (CHW) Program within CDHD. CHWs identify health-related social needs and help residents find solutions. CHWs also navigate clients to healthcare and behavioral health services. This work helps families with Medicaid redetermination and Healthcare Marketplace eligibility. Related to our other CHIP priorities, CDHD recently worked with community partners and local government to change zoning laws that will lead to an increased number of childcare slots. We are also preparing to hold listening sessions to help identify culturally appropriate behavioral healthcare strategies for our communities.



Teresa Anderson, MSN, APRN, CNS-BC Health Director tanderson@cdhd.ne.gov

51 employees | population 79,676

www.cdhd.ne.gov

(308) 385 - 5175



2,700 women and children served in WIC each month

MATERNAL. CHILD. & FAMILY HEALTH

What we do: All babies need nutrition as part of a healthy start. CDHD's WIC program provides healthy food, breastfeeding support, education, and referrals for eligible women and children up to age 5. 2,700 women and children receive WIC services monthly. 300+ women are enrolled in breastfeeding peer counseling. 88% of the 1,993 babies in CDHD's WIC program were "ever breastfed". (The state average is 81%.)



385
investigations
associated
with STI cases

COMMUNICABLE DISEASE CONTROL

What we do: CDHD reduces the impact of STIs and other infectious diseases. We monitor cases, help with treatment, and notify close contacts. We also educate to prevent infections from ever occuring. CDHD provided STI-related education and contact tracing to 385 residents related to infections and exposures to HIV (7), chlamydia (315), gonorrhea (38), syphilis (23), and congenital syphilis (1).



Healthcare for 951 refugees and CHPs

ACCESS TO & LINKAGE WITH CLINICAL CARE

What we do: CDHD's 8 Community Health Workers (CHWs) enable our team's work supporting the health and integration of newcomers to our district. From May through August, 951 refugees and parolees new to our district received required vaccinations, blood draws, physicals, and assistance applying for services such as Medicaid, food assistance, and other supports.



11% of CDHD residents have diabetes

CHRONIC DISEASE & INJURY PREVENTION

What we do: CDHD combats the growing rate of diabetes with our Diabetes Prevention and Living Well with Diabetes programs. 49 people are enrolled in these programs, with 12 attending the versions offered in Spanish. 11% of CDHD residents have diabetes Forty-nine persons are enrolled in either the Diabetes Prevention or Living Well with Diabetes education classes, with twelve attending the Spanish class.



1,230 food inspections & 6,230 water tests

ENVIRONMENTAL PUBLIC HEALTH

What we do: CDHD's Registered Environmental Health Specialists protect health by monitoring and addressing issues associated with food products, drinking water, sanitation procedures, disease-carrying mosquitos and ticks, etc. CDHD conducted 1,230 food vendor inspections and 6,230 public and private water tests. We have one of only six certified labs in the state where we can perform coliform testing for compliance samples.

CENTRAL DISTRICT HEALTH DEPARTMENT (CDHD)

HALL HAMILTON MERRICK

Minority population: 29.2%



Minority Health Initiative (MHI)



MHI eligible residents: 24,835





Funds Received FY 2022-2023: \$153,300

Strategies & Outcomes

CDHD's assessment work with our minority populations indicated that concerns regarding physical disease and illness and mental health were magnified by the social isolation of the pandemic. Concerns included language/cultural barriers, cost of care and medicine, lack of insurance, a provider shortage, and frustration/fear of navigating the healthcare system with no bilingual providers. CDHD met with groups whose native languages were Spanish, Somali, and Arabic, and learned that language barriers prevent them from seeking and receiving care. CDHD's 8 bilingual, bicultural Community Health Workers (CHWs) were enrolled in advanced training and supported to complete it so that they would be better-able to respond to community concerns.

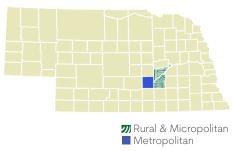
Other work helping all communities thrive

CDHD places high value in assuring the workplace is reflective of community cultures and languages. CDHD staff hail from seven different countries including Mexico, Guatemala, England, Honduras, Sudan, Somalia, and the United States. Having staff from a variety of cultures in the workplace enhances the effectiveness of our collective work in the community. Additionally, being greeted in one's native language upon entering the building contributes to a sense of trust and comfort. Our diversity is truly our strength.

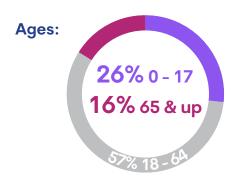
Other Demographics:

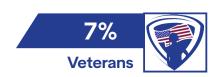
Based on total population: 79,676

2 Rural counties:









www.cdhd.ne.gov

Teresa Anderson | Director | tanderson@cdhd.ne.gov



We speak English, Spanish, Arabic, and Somali!