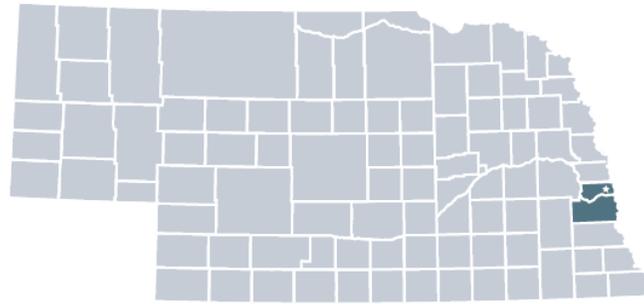


SARPY / CASS HEALTH DEPARTMENT

"Promoting and protecting the public's health."



SARPY, CASS

Our Priorities

The Sarpy/Cass Health Department (SCHD), in conjunction with health systems and community partners across the Metro Area Region (Cass, Douglas, Pottawattamie, and Sarpy counties), conducts a regional Community Health Assessment (CHA) every three years. The upcoming iteration will launch in the Fall of 2023. During this year, SCHD has been collaborating with our regional partners to engage community members and organizations to co-create the 2023–2025 Metro Region Community Health Improvement Plan (CHIP). Over 3,500 residents and organizations across the region contributed to the plan that identifies one area of focus, mental health. Input was gathered via surveys, focus groups, and listening sessions. The 2023–2025 CHIP is the result of what was learned and outlines the region's commitment to mental health. Four strategic priorities were recognized and ranked in the process. These priorities include connecting residents to social supports, reducing stigma, increasing connection to resources, and understanding trauma.



Sarah Schram, MS, RD

Director

sschram@sarpycasshealth.com

11 employees | population 215,010

www.sarpycasshealthdepartment.org

(402) 339 - 4334



57% report perceived **lack of milk for stopping breastfeeding**

MATERNAL, CHILD, & FAMILY HEALTH

What we do: Support mothers and families enrolled in the Nebraska WIC program through peer-to-peer breastfeeding education and referrals to breastfeeding resources.

Why we do it: 57% of Nebraska moms who stopped breastfeeding did so because of a perceived lack of milk. Breastfeeding has health benefits for infants and their mothers. Supportive relationships and one-on-one peer support increases breastfeeding success.



1,514 investigations of reportable diseases

COMMUNICABLE DISEASE CONTROL

What we do: Our Disease Surveillance Specialists work to protect residents' health by investigating reportable diseases, conducting disease surveillance, and responding to outbreaks in our community.

Why we do it: This year, 1,514 investigations of confirmed or probable cases of illness other than COVID-19 were reported to SCHD. Timely and thorough investigation and follow-up limited the spread of illness.



165 Direct Observation Therapy (DOT) visits to contain TB

ACCESS TO & LINKAGE WITH CLINICAL CARE

What we do: SCHD provided tuberculosis (TB) case management for 2 residents: collecting sputum samples, doing direct observation therapy (DOT) visits, facilitating contact investigations, and coordinating healthcare.

Why we do it: TB is a highly contagious infection that can be fatal if not treated properly. Case management and DOT are critical to the success of treatment and reducing further exposure to the greater community.



1,451 injury prevention resources provided

CHRONIC DISEASE & INJURY PREVENTION

What we do: This year, in addition to the 1,451 home, child passenger, and sport safety resources that were provided to families, 79 youth car seats were installed by a trained technician for free.

Why we do it: Our Safe Kids Sarpy/Cass program provides awareness, education, and resources to help parents and caregivers keep the children in our community safe.



Supported 47 children with elevated blood lead levels

ENVIRONMENTAL PUBLIC HEALTH

What we do: SCHD disease investigators conduct blood lead level surveillance to identify children with lead exposure so they can be connected to medical treatment and an environmental exposure investigation.

Why we do it: Exposure to lead can negatively affect a child's developing brain. While the effect of lead poisoning may be permanent, if caught early, damage to a child's health can be reduced.

SARPY / CASS HEALTH DEPARTMENT (SCHD)

SARPY CASS

Minority population: 19%



Hispanic American Indian Black Asian Hawaiian/Pacific Islander



8% of residents speak languages other than English

Common Languages: Spanish

Minority Health Initiative (MHI)



MHI eligible residents: 26,124



Funds Received FY 2022-2023: \$161,257

Strategies & Outcomes

SCHD's MHI activities are guided by our needs assessment, used to identify health disparities and inequities for racial and ethnic minorities and underserved populations. Strategic priority areas of this work include the creation of a community-driven minority health equity plan and delivery of culturally and linguistically appropriate services. Health disparities identified include healthcare access, safe housing, and access to affordable, healthy, and culturally appropriate food. These concerns can contribute to a variety of health issues such as diabetes, hypertension, and poor mental health. This program year, SCHD staff focused on building evidence and practices to modify social determinants of health (SDOH). Additionally, culturally appropriate health education materials and campaigns to promote healthy behaviors were completed.

Other work helping all communities thrive

SCHD's Health Equity team created detailed assessment tools to measure staff and Board understanding of and ability to address health equity and reduce health disparities, as well as assess SCHD's cultural competence and language access practices and policies. SCHD identified vital public health resources and ensured they were translated into the top spoken languages in the jurisdiction.

Other Demographics:

Based on total population: 215,010

2 Metropolitan counties



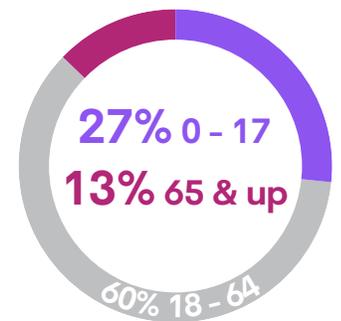
Rural & Micropolitan Metropolitan



10%

Persons with disabilities

Ages:



13%

Veterans



www.sarpycasshealthdepartment.org

Sarah Schram | Director | sschram@sarpycasshealth.com



We speak English & Spanish!