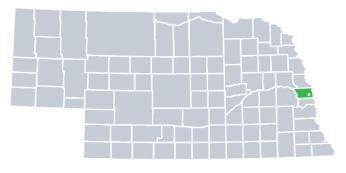




DOUGLAS COUNTY HEALTH DEPARTMENT

"Healthy. Vibrant. Everyone. Everywhere."



DOUGLAS

Our Priorities

Douglas County Health Department (DCHD) partners with Sarpy/Cass Health Department in Nebraska, Pottawattamie Health Department in Iowa, and other organizations and medical systems in the Omaha Metro area to complete regular Community Health Assessments (CHA) and Community Health Improvement Plans (CHIP). In July, we published the 2023 Metro Community Health Improvement Plan. After listening to many community voices, we identified Mental Health as the top priority area. The CHIP details the ongoing and future work of several organizations including DCHD and calls for collaboration to address the mental well-being of people living in the Omaha area. Of note, DCHD piloted the New Lens Project, which exposed area at-risk youth to a variety of nontraditional therapies such as equine and eco therapies. The outcomes of the pilot project indicated that the youth involved discovered new ways to improve their mental health and helped destigmatize participation in these types of therapies.



Lindsay Huse, MPH, DNP, RN

Health Director lindsay.huse@douglascounty-ne.gov

130 employees | population 578,771 www.douglascountyhealth.com (402) 444 - 7471

DOUGLAS COUNTY HEALTH DEPARTMENT



Over 25 community partners convened



2200+ investigations of potentially contagious diseases in 2022









890,000 CDC dollars awarded to DCHD

Over **5,300 food safety inspections** conducted annually

MATERNAL, CHILD, & FAMILY HEALTH

What we do: DCHD is the primary convener of a variety of community partners through the Baby Blossoms Collaborative and Fetal Infant Mortality Review team. Together, we strategize on community approaches to improving birth outcomes.

Why we do it: We know that improving maternal and child health takes a community leveraging ideas and resources to solve tough problems.

COMMUNICABLE DISEASE CONTROL

What we do: DCHD conducts surveillance for communicable diseases, provides investigation and response for diseases of concern, educates the community on risks and prevention, and plans for public health emergencies.

Why we do it: Communicable disease control is a foundational public health function. Healthy communities depend on public health to minimize the conditions in which infectious diseases can spread.

ACCESS TO & LINKAGE WITH CLINICAL CARE

What we do: DCHD's Sexually Transmitted Infection (STI) clinic and control program provides free testing, treatment, and partner identification/treatment services. We also provide at-home testing and outreach specialist support.

Why we do it: Ensuring all people at risk have access to testing and treatment services regardless of ability to pay is an important step in stopping the transmission and harm caused by STIs.

CHRONIC DISEASE & INJURY PREVENTION

What we do: DCHD convenes a community Overdose Fatality Review team to identify common variables and patterns that can be collectively addressed to decrease unintentional death and injury caused by substances.

Why we do it: Decreasing deaths and injuries from substance misuse means those impacted have a greater chance of surviving to enter treatment and recovery.

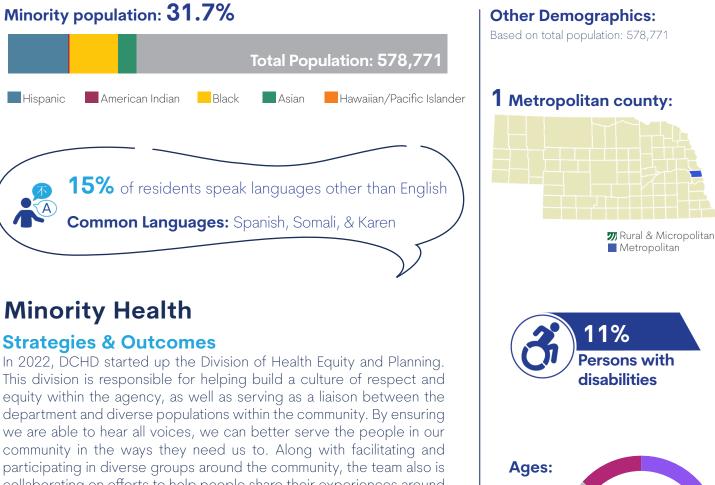
ENVIRONMENTAL PUBLIC HEALTH

What we do: DCHD inspects and educate food establishments, food trucks, special events, and pools. We respond to sanitation complaints, as well as monitor air quality via 7 air quality monitors around the Metro.

Why we do it: Ensuring safe food, drink, living conditions, and air minimizes the health risks that residents may encounter, allowing them to live healthier lives.

DOUGLAS COUNTY HEALTH DEPARTMENT (DCHD)

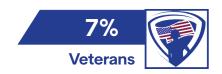
DOUGLAS



participating in diverse groups around the community, the team also is collaborating on efforts to help people share their experiences around health and equity and exploring the impacts of community and agency policies on equity.

Other work helping all communities thrive

DCHD's Health Promotion team employs a variety of Community Health Workers (CHW) that are embedded in organizations serving specific high-risk or historically underserved populations. These CHWs meet individuals where they are and help connect them to resources in the community that address social determinants of health, such as health care or safe housing. They also deliver education targeted to the needs of their populations, such as diabetes prevention.



26% 0 - 17

13% 65 & up

www.douglascountyhealth.com

Lindsay Huse | Director | lindsay.huse@douglascounty-ne.gov



🚓 🖓 We speak English & Spanish!