

Make a family emergency plan.



Panhandle

Public Health District

2013
Annual Report

Working together to improve the health, safety and quality of life for all who live, learn, work and play in the Panhandle.

Businesses receive Governor's Excellence in Wellness Award at Panhandle Safety and Wellness Conference



Governor Heineman leads the Wellness Walk at the Panhandle Safety and Wellness Conference

Governor Dave Heineman was on hand to lead the 15-minute wellness walk at the 2013 Panhandle Safety and Wellness Conference in October. He said he was particularly grateful for the walk, as he had not been able to log many steps on his pedometer with his busy travel schedule. The walk was scheduled on the conference agenda right after lunch to encourage attendees to regularly use part of their lunch time each day to be active and help avoid the afternoon workday slump.

Jessica Davies, Worksite Wellness Coordinator said, "We appreciate Governor Heineman's leadership and strong support for wellness in Nebraska. He certainly leads by example and we were excited he was able to lead the walk."

Promoting break and lunch time for physical activity is just one of the environmental supports the Panhandle Worksite Wellness Council encourages area businesses to consider. Two ten-minute breaks and ten minutes at lunch dedicated to doing some sort of activity like walking is the perfect chance to get your daily physical activity dose during the workday. Employees return to work feeling energized and focused, and are more productive. Four Panhandle businesses were honored by the governor and

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We are becoming a healthier and safer Panhandle Community

The Panhandle Community Health Improvement Plan was developed by area hospitals, public health and the entire public health system. It is full of proven strategies of things we can do in the first place, before people get sick or hurt. You will note that most of the strategies focus on changing systems in our communities and creating supportive environments in worksites, schools, and child care centers. We tend to adopt the ways of the community we live in or the people with whom we associate. In the journey to improving the Panhandle community's health we need to ask "What can be done in the first place, before people get sick or hurt?"

The four priority areas: cancer prevention, mental and emotional well being, injury and violence prevention and healthy living are all complex problems that have to do with many factors of our lives. Looking only at individual behavior or choices will not fix the areas identified. We must, as a community, make the needed changes to provide the kind of supportive environment for all people to have better health.

Turn the page to see all the successes that are happening in each of the priority areas. Watch for the logo to the right throughout this report. This logo indicates that the story on the page aligns with the Community Health Improvement Plan.

The good news is that many of these areas are being addressed and improvements are happening. Visit <http://www.pphd.org/CHIPIndex.html> to read success stories about local initiatives. Don't see your story there? Email us a picture and the facts and we will be sure to post it!

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live, learn, work, and play



For a Healthier Panhandle

Wellness works by working together.

Here is what is happening in the four priority areas:

- Cancer Prevention – Early Detection, Appropriate Screenings
- Injury and Violence Prevention
- Mental and Emotional Well Being
- Healthy Living, Active Living, Healthy Eating, Breastfeeding



Panhandle Public Health District

Vision: We are a healthier and safer Panhandle Community.

Mission: Working together to improve the health, safety, and quality of life for all who live learn work and play in the Panhandle.

Kim Engel, Director

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 Jessica Davies, Worksite Wellness Coordinator
 Melissa Galles, Parenting Coach and Intake Specialist
 Janelle Hansen, Community Organizer, Health Educator
 Tabi Prochazka, Environmental Health, Emergency Response Coordinator
 Erin Sorensen, Administrative Assistant
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 Becky Corman, RN, Public Health Nurse
 Melody Leisy, RN, PRMRS Coordinator, Public Health Nurse

Website: www.pphd.org



Serving the Nebraska Panhandle counties of Banner, Box Butte, Cheyenne, Dawes, Deuel, Garden, Kimball, Morrill, Sheridan and Sioux

Panhandle Public Health District works collaborative with Scotts Bluff County Health Department on the following initiatives: PRMRS, Panhandle Worksite Wellness Council, Healthy Families America, Radon, community health assessment and planning, National Diabetic Prevention Program and Suicide Prevention.



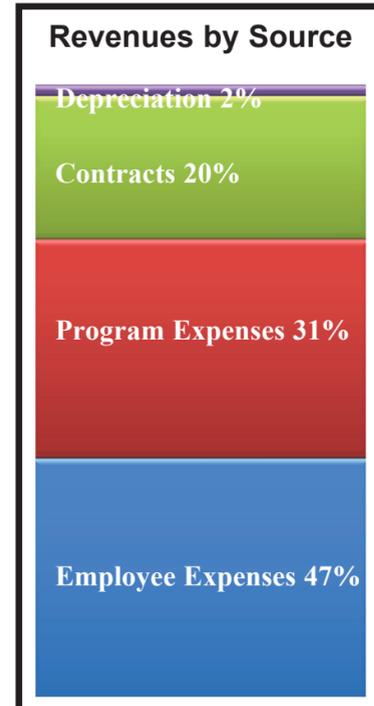
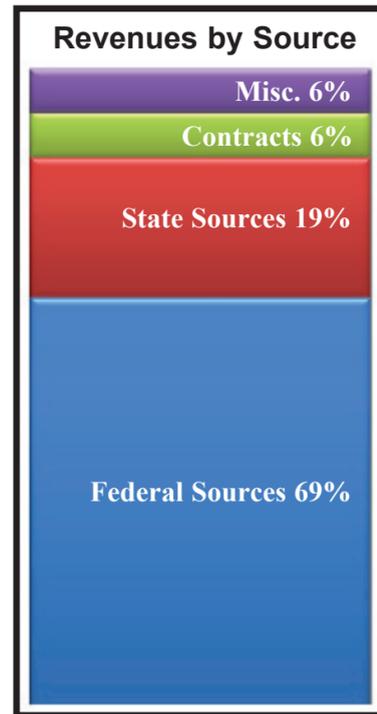
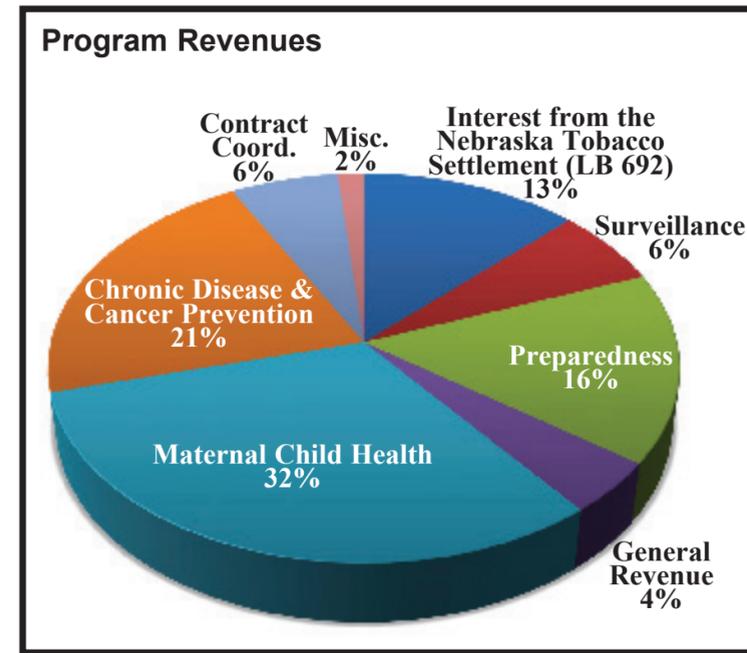
2013 Board of Directors

<p>Banner County Bob Gifford, County Commissioner Marie Parker, Community-Spirited Citizen</p>	<p>Cheyenne County Harold Winkelman, County Commissioner Kelly Utley, Community-Spirited Citizen</p>	<p>Deuel County Clint Bailey, County Commissioner Judy Soper, Community-Spirited Citizen</p>	<p>Kimball County Larry Brower, County Commissioner Kenneth Mars, Community-Spirited Citizen</p>	<p>Sheridan County Dan Kling, County Commissioner Stella Otte, Community-Spirited Citizen</p>	<p>At Large Dr. Timothy Narjes, MD Dr. Brandon Wilcox, DDS Dr. Richard Jagers, DVM</p>
<p>Box Butte County Susan Lore, County Commissioner Carolyn Jones, Community-Spirited Citizen</p>	<p>Dawes County Stacy Swinney, County Commissioner Darrel Knot, Community-Spirited Citizen</p>	<p>Garden County Casper Corfield, County Commissioner Terri Gortemaker, Community-Spirited Citizen</p>	<p>Morrill County Steve Erdman, County Commissioner Kay Anderson, Community-Spirited Citizen</p>	<p>Sioux County Hal Downer, County Commissioner Adam Edmund, Community-Spirited Citizen</p>	

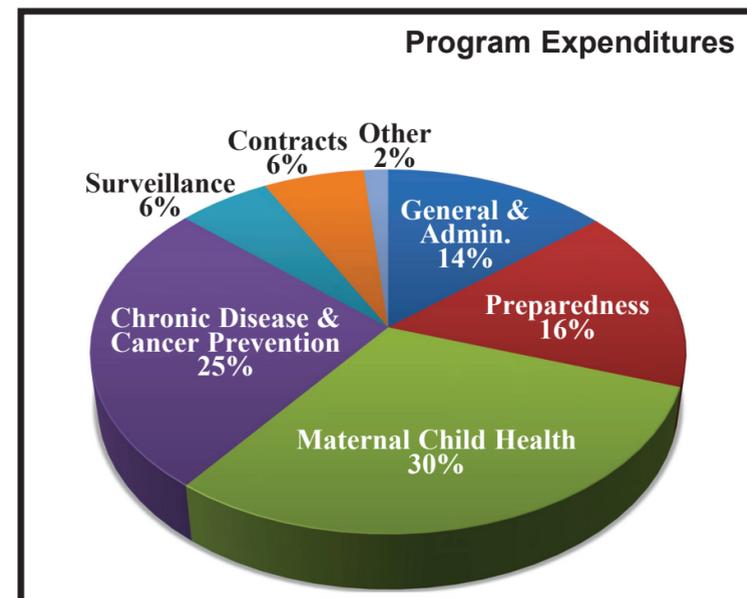


PPHD Financial Statement

Where does the money come from . . .



Where does the money go . . .



Balance Sheet June 30, 2013	
Assets:	
Cash & Equivalent	\$ 59,918
Acct. Receivable	\$ 295,495
Inventory	\$ 21,774
Certificates of Deposit	\$ 225,402
Property & Equipment, Net of Depreciation	\$ 71,442
Liabilities	
Accounts Payable	\$ 15,773
Accrued Payroll Liabilities	\$ 61,088
Total Liabilities	\$ 76,861
Net Assets:	
Invested in Capital Assets, Net of Dept	\$ 71,442
Unrestricted	\$ 525,728
Total Net Assets	\$ 597,170
Total Liabilities and Net Assets	
Net Assets	\$ 674,031
Total Operating Revenues	\$1,688,462
Total Operating Expenses	\$1,638,736



Sara Sulzbach
Office Manager



Erin Sorensen
Administrative Assistant

Local Public Health System Goal and Strategy Directions

There are four overarching strategic directions to be implemented across the local public health system. These strategic directions impact health outcomes across the Panhandle and align with the National Prevention Strategy.

Local Public Health System Goal

Sustainable regional infrastructure for collective impact to increase the number of Panhandle residents who are healthy at every stage of life.

Strategic Direction 1 Healthy and Safe Community Environments

Health and wellness are influenced by the places in which people live, learn, work, and play. Communities, including homes, public spaces and worksites, can be transformed to support well-being and make healthy choices easy and affordable.

- Design and promote affordable, accessible, safe, and healthy housing for all residents.
- Enhance cross-sector collaboration in community planning and design to promote health and safety.
- Expand and increase access to information technology and integrated data systems to promote cross-sector information exchange.
- Identify and implement strategies that are proven to work and conduct research where evidence is lacking.
- Maintain a skilled, cross-trained and diverse prevention workforce.

Strategic Direction 2 Clinical and Community Prevention Services

Evidence-based prevention services are effective in reducing death and disability, and are cost effective or even cost saving. Preventive services consist of screening tests, counseling, immunizations or medication to prevent disease, detect health problems early, or provide people with the information they need to make good decisions about their health.

- Expand use of interoperable health information technology.
- Enhance coordination and integration of clinical, behavioral and complementary health strategies.

Strategic Direction 3 Empowered People

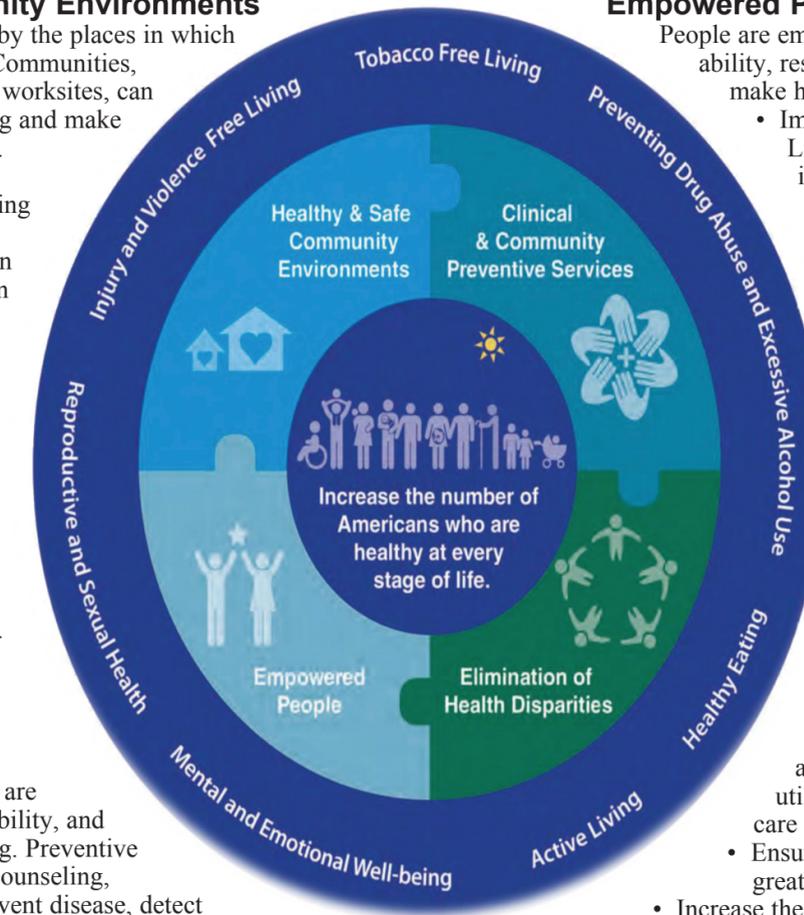
People are empowered when they have the knowledge, ability, resources, and motivation to identify and make healthy choices.

- Implement National Action Plan for Health Literacy to enhance people's tools and information to make healthy choices.
- Engage and empower people and communities to implement prevention policies and programs.
- Improve education and employment opportunities.

Strategic Direction 4 Elimination of Health Disparities

Health disparities are the differences in health that are not only unnecessary and avoidable but, in addition, are considered unfair and unjust. Equity in health implies that ideally everyone should have a fair opportunity to attain their full health potential and that no one should be disadvantaged from achieving this potential. Equity in health care is equal access to available care for equal need, equal utilization for equal need, and equal quality of care for all.

- Ensure a strategic focus on populations at greatest risk.
- Increase the capacity of the prevention workforce to identify and address disparities.
- Support research to identify effective strategies to eliminate health disparities.



Preventing - Promoting - Protecting



Tabi Prochazka
Tobacco Free in the Panhandle Coordinator

Tobacco use is the single largest preventable cause of disease and premature death in the U.S.

Tobacco Free in the Panhandle promotes tobacco-free and smoke-free policies to make the Panhandle healthier. Reducing tobacco use is a winnable battle.

The 2010 Surgeon General's Report says only smoke-free laws give protection from secondhand smoke. There is NO safe level of contact with tobacco smoke. Secondhand smoke is a proven cause of lung cancer, heart disease, respiratory sickness, low birth weight, and sudden infant death syndrome. It is at fault for tens of thousands of deaths in the U.S. each year.

Nebraska spends \$630 per person on smoking-related health care costs and lost productivity each year. Nebraska businesses lose \$506 million worth of productivity due to smoking each year. Tobacco costs the U.S. about \$96 billion each year in direct medical costs and \$97 billion from productivity losses.

The rate of American adults who smoke decreased from 20.9% in 2005 to 19.2% in 2010. That translates to 3 million less smokers. Sadly, half of the adults who still smoke will die from smoking-related causes.

Smoking is not a protected liberty. Schools, businesses, landlords – all have a right to prohibit tobacco use on their properties to protect their students, their staff and their residents. Adopting policies is a way of making the right choice the easy choice.

Funding for Tobacco Free in the Panhandle is provided by the Nebraska Department of Health and Human Services' Tobacco Free Nebraska Program, as a result of the Tobacco Master Settlement Agreement.

WHAT'S TOBACCO COSTING NEBRASKA?



Nebraska's Smoking Population

20% of adults smoke. That's more than **276,000 people!**

24% of Nebraskans are former smokers.

22% of men smoke.

18% of women smoke.

15% of Nebraskans under 18 smoke. **2,000** kids under 18 become daily smokers each year.



Annual Cost Statewide

Every year, Nebraska spends **\$630 PER PERSON** regardless of age for smoking-related health care expenses and lost productivity.

Businesses Lose **\$506 MILLION** worth of productivity due to smoking.

Smoking-related health care costs: **\$592 MILLION**

- Hospital: \$332 million
- Ambulatory Care: \$82 million
- Nursing Home: \$58 million
- Prescription Drugs: \$85 million
- Other: \$34 million

Message from the Board President

Panhandle Public Health District Board of Health and staff are committed to the process of achieving accreditation status through the Public Health Accreditation Board. We do this as a means for improving our processes and outcomes.

The Panhandle Public Health District has a 23 member board. There is a county commissioner and a community-spirited person appointed by the commissioners from each of the 10 counties, plus a physician, a dentist and a veterinarian. The list of board members is on page 23. The board meets every other month and holds a day long strategic planning meeting annually.

Our current strategy map is shown on this page. We operate under the Six Governance Functions for local boards of health, as recommended by the National Association of Local Boards of Health.

The Six Governance Functions are:

- Policy development:** Lead and contribute to the development of policies that protect, promote, and improve public health while

ensuring that the agency and its components remain consistent with the laws and rules (local, state, and federal) to which it is subject.

- Resource stewardship:** Assure the availability of adequate resources (legal, financial, human, technological, and material) to perform essential public health services.
- Legal authority:** Exercise legal authority as applicable by law and understand the roles, responsibilities, obligations, and functions of the governing body, health officer, and agency staff.
- Partner engagement:** Build and strengthen community partnerships through education and engagement to ensure the collaboration of all relevant stakeholders in promoting and protecting the community's health.
- Continuous improvement:** Routinely evaluate, monitor, and set measurable outcomes for improving community health status and the public health agency's/governing body's own ability to meet its responsibilities.



Carolyn Jones
PPHD Board President

- Oversight:** Assume ultimate responsibility for public health performance in the community by providing necessary leadership and guidance in order to support the public health agency in achieving measurable outcomes.

We are in the process of completing the Governance National Public Health Performance Standards assessment to identify areas to focus our quality improvement efforts. If you have any questions or are interested in learning more, please contact our Director, Kim Engel.

Message from the Director

Panhandle Public Health District is improving itself by working towards the standards set forth by the Public Health Accreditation Board. PHAB accreditation became available in 2011. Twenty-two public health departments in the nation are accredited so far.

So what does accreditation mean?

It means that we carry out strategies that have been proven to work. That we follow sound processes.

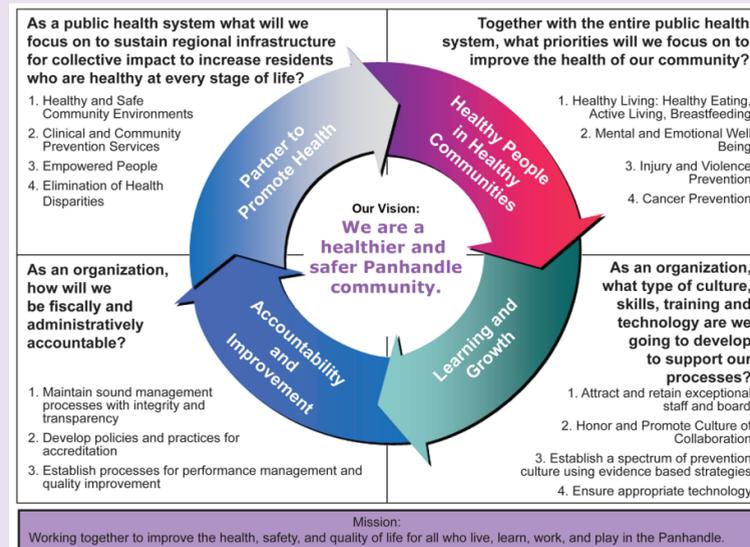
It is following proven processes for community health assessment and community health planning. The Panhandle will be embarking on this cycle of checking to see where we are in health improvement and



Kim Engel
Director

and making the necessary adjustments to our plans during 2014. We do this in partnership with all of the area hospitals and public health system partners.

Not for profit hospitals are required to complete a community health assessment every three years. They do this to develop work plans that sync with the community health improvement plan. We are fortunate in the Panhandle to live in a collaborative environment. Where we can do the process together and have a collective impact on common goals.



All of this ties into our developing performance management system. We set standards and measurements along with plans on how to reach our goals. Quality Improvement tools and techniques are used if the target isn't reached and adjustments are needed. Our workforce development plan comes into play as ongoing training is needed if gaps are identified.

All of the above processes are included in our Strategic Plan as represented by the strategy map shown on this page.

If you have any questions or would like additional information, please don't hesitate to contact me at 308-487-3600 ext. 102 or kengel@pphd.org.

Tobacco policies adopted throughout the Panhandle: How do you benefit?

Evidence-based tobacco control policies are proven to reduce the impact of tobacco use and exposure. Tobacco Free in the Panhandle is available for technical assistance and has many resources available to assist you in adopting a policy. For more information contact tprochazka@pphd.org or visit <http://www.pphd.org/tfnResources.html>.

Outdoor Venues
Four Panhandle county fairs have adopted smoke-free policies to protect all employees and visitors from secondhand smoke. Smoke-free parks are on the rise. Other Nebraska communities now have policies in place that ban all tobacco use in city parks. The policy gives adults the chance to be non tobacco-using role models to youth. While these policies are established to enhance the public's health, they also decrease litter in the parks and lower the risk of fire caused by discarded cigarette butts.

Multi-Unit Housing
Tobacco Free in the Panhandle has helped many landlords make their properties smoke-free. Public and private multi-unit smoke-free housing is now easily available. <http://www.pphd.org/tfnHousingAptList.html>

Landlords are quick to know the payback of having a smoke-free property. The apartments are more easily rented, fire hazards are reduced and the costs of cleaning an apartment at one time rented to a heavy smoker are diminished.

Schools
Eighty-six percent of Panhandle schools have a tobacco-free policy including school parking lots and sports fields. Just over half of them have posted the policy. Signage is a vital part of enforcement. Posting a sign prohibiting tobacco use on school campuses raises awareness and aids enforcement. Schools have been smoke-free for years. Many are now extending the effort to include tobacco-free policies campus-wide.

Businesses
Businesses are encouraged to implement a tobacco/smoke-free policy. This can be a campus-wide policy, or even a smoke-free policy prohibiting smoking within 15 feet in any direction from a business's entryway.

Child Care Facilities
Child care facilities across the Panhandle are adopting tobacco-free campus policies to protect children and workers from the known dangers of secondhand smoke exposure.

1-800-QUIT-NOW helps smokers kick the habit

Quitting smoking is tough, but not out of reach. "Don't be discouraged if you have tried to quit," said Prochazka. "It takes the average person seven tries at quitting before they succeed." Most American adults who smoke wish they could quit, and more than half have tried within the past year.

A mere 20 minutes after a smoker quits, their heart rate drops. Only a year later, the risk of heart disease is half that of a smoker. Ten years after keeping up a smoke-free life, the risk of lung and other cancers is decreased. By 15 years, the risk of heart disease is that of a non-smoker.

"Quitting is hard. You can raise your chances of success with help," Prochazka pledged. "Nebraska has a number of great tools to help people quit such as the free and confidential Nebraska Tobacco Quitline at 1-800-QUIT-NOW and partner website QuitNow.ne.gov."



Public Health is PHABulous

Health departments across the nation are embarking on a new journey – national accreditation. Joining the ranks of hospitals, schools, law enforcement and other professional agencies, public health now has an accreditation board.

Accreditation through the Public Health Accreditation Board, known as PHAB, became available in late 2011. Since then, 22 health departments in the United States have become accredited. PPHD has begun their process to become an accredited health department.

What is accreditation?

Accreditation is a way to measure the quality of work performed by an agency by comparing their work against a set of accepted standards and measures. In public health we are measured against 12 domains, comprised of the 10 Essential Services of Public Health and two additional domains on administration and management and department governance. Public health accreditation is intended to assure that health departments are assessing and identifying the needs of the jurisdiction, providing optimum public health, and identifying areas to apply quality improvement methods.

accreditation is submitted. The department then has one year to submit the documentation that shows the agency is meeting the standards and measures. After document submission is completed, a site visit takes place. A team of PHAB site reviewers visits the health department to meet with staff, board members and public health system partners. After the visit the reviewers submit their report to the accreditation board. The board then issues an accreditation decision. Once accredited, the department holds the accreditation status for five years. During the five year cycle there is annual reporting to the board to assure that any noted areas needing improvement are addressed and that the department is continually meeting the standards and measures. As the cycle ends, the department begins the entire process again.

Why is accreditation important?

If you have the chance to choose between getting medical care at a facility that has had its procedures measured against a national benchmark and been awarded recognition for meeting those standards or one that hasn't which would you choose? Most people would choose the accredited one because they know the facility is providing quality services. Similarly, achieving an accredited status assures that the public health department is providing the best public health possible. The department gets feedback about areas of strength and utilizes quality improvement tools to make improvements where they are needed.

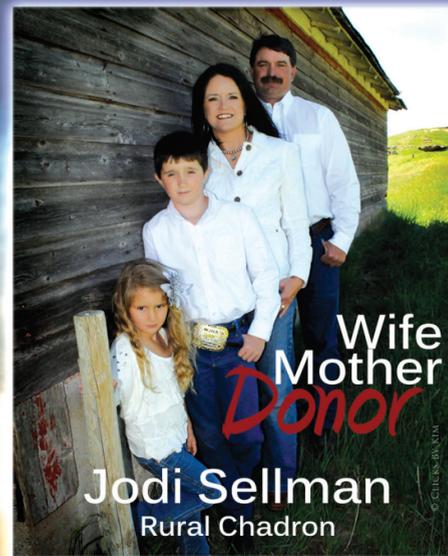
Where is PPHD at in the accreditation process?

Throughout this report you've likely seen many references to the Community Health Improvement Plan (CHIP). The CHIP is a plan is not just for the health department, but all partners involved in the public health system. These priority areas were based on the Community Health Assessment that took place in 2011. The entire system was brought together to look at the health data for the Panhandle. This included survey feedback from residents, focus groups, and large group discussions.

The priority areas are incorporated into the PPHD Strategic Plan. The components of our strategic plan are the goals we strive for as an agency. This includes linking our work to the CHIP, assuring the most capable staff possible through our Workforce Development Plan, and holding ourselves accountable for our progress through Quality Improvement and a Performance Management System.

PPHD has completed these three prerequisites and has submitted a statement of intent. We plan to submit our application in early 2014.

*I was one in 100
&
I helped save a life*



**Wife
Mother
Donor**
Jodi Sellman
Rural Chadron

"After my sister tragically passed from brain cancer, I found myself wanting to give back in some way. I came across information about being on a bone marrow donor registry. After assuring I met the necessary requirements, the screening was a simple cotton swab on the inside of my mouth. Two years later I was called as a match. It feels good to know that I was able to help save a life! Please consider this opportunity to do it too, my goal is 500 donors from this area."

You can too!

Preventing type 2 diabetes will save lives and money



The National Diabetes Prevention Program in the Panhandle is reducing the number of residents who get type 2 diabetes and chronic illnesses. This evidence-based program is proven to lower the risk for type 2 diabetes (high blood sugar) by 58%.

NDPP is a year-long lifestyle change program. People at risk for type 2 diabetes meet in a group with a trained Lifestyle Coach. During the program, group members learn ways to add healthy eating and physical activity into their daily lives. They set two main goals: lose 5%-7% of their body weight and be physically active for 150 minutes a week. Group members meet weekly for 16 weeks, then monthly for the rest of the year. Through the

program, group members track their food and activity. They also work with the Lifestyle Coach and the group to overcome obstacles to a healthy lifestyle.

Group classes focus on healthy eating, increased physical activity, weight loss, life style change and stress reduction and coping skills.

Diabetes is greatly affecting the health and economy of the U.S. One in 9 adults have diabetes. One of 5 health care dollars is now spent caring for someone with diabetes. CDC estimates that if trends carry on, as many as 1 in 3 Americans could get diabetes. Medical costs for people with diabetes are more than two times higher than for people without diabetes. For every dollar PPHD spent on NDPP in the Panhandle in the startup phase and the first year, resulted in \$28 in benefits.

"We are seeing tremendous success in the Panhandle; people are losing weight and changing their lives."

Tabi Prochazka, Lifestyle Program Coordinator

Sidney couple makes a healthy change

Dick and Diane Scott knew it was the right time to make a change for life when information about the National Diabetes Prevention Program was coming at them from many directions.

Diane, Treasurer and wellness committee member with Cheyenne County, heard about the classes from the Panhandle Worksite Wellness Council and was excited to be able to offer it on-site. She began working with PPHD to offer sessions to employees as a part of Cheyenne Counties' worksite wellness program. While setting up the program her husband came home talking about an article he had seen in their local newspaper about a class being offered that helps lower the risk of developing type 2 diabetes. The article had particularly piqued his interest because his blood sugar had been elevated for the past year.

The couple joined the class at Sidney Regional Medical Center starting this past September.

Diane noted, "This was the first time we had done anything together to improve our health and have found the sessions very helpful, Dick and I are committed to the program." She added, "We are certainly more aware of what we are eating now and it is so nice to have the support both at work and at home."

The program teaches strategies to avoid or only have sweets in moderation. Diane said, "We ate holiday goodies but not as much as in the past and I made some lower fat holiday treats too."

Since beginning the program, the Scotts both journal what they eat and are more active. The results have been exciting with both exceeding their program goal of losing 7% of their body weight. Diane added, "Dick's blood sugar has dropped by 50 points!"

-turn to page 11

Successes since September 2012

- 30 panhandle residents trained to be lifestyle coaches
- 24 community classes launched
- 6 worksite wellness classes launched
- 3 classes offered in Spanish
- Over 294 group members from eleven counties
- More than 4,200 classroom hours

In the nine classes completed

- 57 people have lost 897 pounds, that's an average of 15.7 pounds per person
- 27 group members lost 7% of their body weight reducing their risk for diabetes by 58%

Know your risk for prediabetes. Answer these quick questions. For each Yes answer, add the number of points listed. All No answers are 0 points.

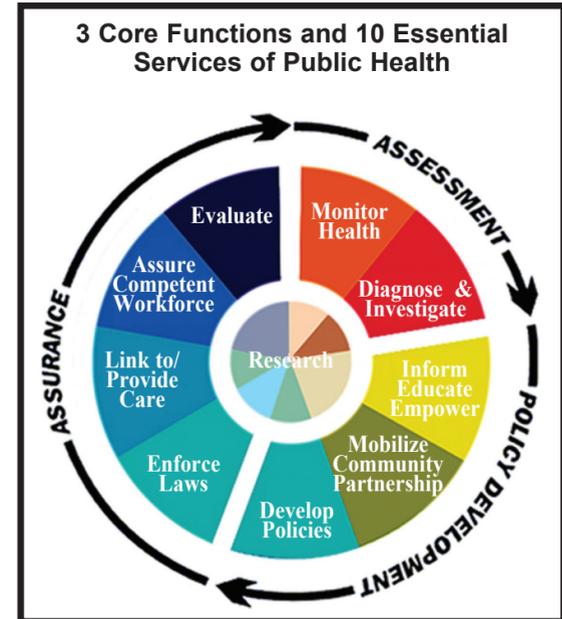
Question	Yes	No
Are you a woman that had a baby weighing more than 9 lb at birth?	1	0
Do you have a brother or sister with diabetes?	1	0
Do you have a parent with diabetes?	1	0
Find your height on the chart. Do you weigh as much as or more than the weight listed for your height?	5	0
4'10 - 129 5'2 - 147 5'6 - 167 5'10 - 188 6'2 - 210		
4'11 - 133 5'3 - 152 5'7 - 172 5'11 - 193 6'3 - 216		
5'0 - 138 5'4 - 157 5'8 - 177 6'0 - 199 6'4 - 221		
5'1 - 143 5'5 - 162 5'9 - 182 6'1 - 204		
Are you younger than 65 and get little or no exercise in a typical day?	5	0
Are you between 45 and 64 years of age?	5	0
Are you 65 years of age or older?	9	0
Add your Score:		
<i>Questions are from the National Diabetes Prevention Program "Could You Have Prediabetes?" quiz.</i>		

Know your Score:

0-8 Your risk is probably low for having prediabetes.

9+ Your risk is high for prediabetes and you qualify for the National Diabetes Prevention Program.

To connect with a Lifestyle Coach in your area, contact:
Tabi Prochazka, Lifestyle Program Coordinator
tprochazka@pphd.org | (308) 487-3600 ext. 107



How does accreditation work?

Departments interested in accreditation first submit a statement of intent, indicating that the plan to apply. When a department has completed the prerequisites, a Community Health Assessment (looking at the data for the jurisdiction), Community Health Improvement Plan (how we will work to improve the data), and a Strategic Plan (the goals and actions for the agency for the coming years), the application for

Healthy Families America Works

Healthy Families America (HFA) is a voluntary program offered free of charge to families in the Panhandle. Parents are connected to resources and support to help raise healthy infants and toddlers. The model is also a proven method to improve mental and emotional well being. HFA has been in the Panhandle for 2 years and served 137 families, via 1200 home visits.

Developmental Screens for Children

Families in the program get free developmental screenings for their child. These screenings help parents track physical and emotional progress and point out likely developmental delays early in the child's life. This is key to helping children avoid serious issues when they go to school. Those who show delays are then referred to the Early Development Network for care. All children in the program have established medical providers, and are supported in making sure children get regular well baby checks and immunizations.

Free Parenting Classes

HFA, in partnership with Nebraska Children's Home Society, is now offering free birth and post-partum parenting skills classes. They are offered every-other month at the HFA office in Scottsbluff and are open to the public. "Ready, Set, Deliver" is designed to get parents ready for the birth of baby. This two-hour class gives parents tips on what to expect with labor, the birthing process, and after baby is born. "Baby Talk" is a three-hour class focused on what parents need to know after they take baby home. Students get hands on training in diapering, bathing, breast feeding, and child safety.

HFA also offers free classes at the ResCare office in Scottsbluff. These teach group members about healthy lifestyle by focusing on stress relief, values, diet, exercise, humor, positive thinking, goals, and resiliency. Classes take place each Monday at 10 am and are open to the public and ResCare participants.

Pregnant?



Got Baby?

Cultural Diversity

Client population is approximately 25% Native American, 37% Hispanic, and 38% Caucasian. The staff at HFA is proud of their diverse nature and background in working with many different cultures. Staff includes Spanish speaking and Native American Parent Coaches, as well as several trained in American Sign Language.

Parent Education Achievement

Young parents are often challenged to stay in school while they are trying to raise their children. Knowing this, HFA Parent Coaches work with clients to help them stay in school and find support to continue their education after high school. All HFA clients of high school age during the last year have graduated or are still actively enrolled in school. Seventeen percent of post-high school HFA parents are in either a trade or college degree program.

"It's nice as a parent to meet others who are going through the same issues...to be able to talk and listen to them and then exchange ideas.."

HFA Nebraska Panhandle Client



For more information contact
Betsy Walton, RN, BSN, MBA
bwalton@pphd.org
www.pphd.org/hfa.html
308-633-2866 | 877-218-2490



**Parenting Coach/
Intake specialist
(Clockwise):
Linda Ainslie
Bernadette Sanchez
Melissa Galles
Sandra Babin
Myrna Hernandez**

Panhandle Partnership brings internationally acclaimed parenting program to the Panhandle

Parents of young children are encouraged to attend upcoming Circle of Security sessions designed to help develop happy, confident and secure children. The eight-week session is being offered throughout the Panhandle for just \$25 per person. Scholarships are available for the entire fee for those who qualify.

"We are excited to bring this internationally-acclaimed program to the area because we believe it will help parents learn how to be the very best parents they can be," said Joan Frances, Panhandle Partnership Coordinator.

The interactive course is designed to emphasize the importance of the parent-child relationship while teaching parents how to keep it strong. Instructors will address how to manage your child's emotions and more importantly, your response to them.

Attendees will learn step-by-step ways to develop secure, life-long

attachments with children and also how to "be present" with a child, no matter the situation.

"There is just no greater gift than a child and no more important job than parenting," said Frances. "It is so vitally important that, in this busy world of raising children, we take time to learn how to strengthen the way we parent."

The sessions are open to public and offered in a straight-forward, easy-to-understand, interactive format. To register, go to panhandlepartnership.com/circle-of-security.html or call toll free, 866-701-7173 ext. 100.

"Parenting is an evolution," said Frances. "No matter how good we are as Moms and Dads, we can always get better. And when we do, the impact we have on children is always so much greater. The Circle of Security can help."



Brook Raschke
Executive Assistant with PPHHS

The Partnership and PPHD welcome a new staff member

Brook Raschke has recently been hired as the Executive Assistant for the Panhandle Partnership for Health and Human Services she will be assisting in the coordination for all programs of the PPHHS including the Training Academy. Brook grew up locally in Box Butte County and is very proud of her roots in Western Nebraska. After graduating from Hemingford High School she joined the Nebraska Army National Guard as a member of the 24th Medical Company in Lincoln where she became a Sergeant during her 6 year enlistment. While studying at the University of Nebraska-Lincoln she traveled once around the world on Semester at Sea for her international study abroad. Brook graduated with a Bachelor of Arts in Communication Studies and Sociology. Brook relocated to Orlando Florida after her College Program Internship at the Walt Disney World Company where she became a Resort Guest Service Manager. She mentored and trained Cast Members from all over the world in five of the Walt Disney World Themed Resorts. After 7 years with the Walt Disney World Company, she relocated to Denver Colorado for the past 3 years with Starwood Hotels and Resorts while enjoying her favorite hobbies in the mountains such as hiking, biking, camping, skiing, snowboarding and white water rafting. Brook is excited to be able to give back to the Panhandle community.

No One Fights Alone: honoring Jann Lawler

Jann Lawler, 46 of Sidney, died November 12, 2013 at her home after fighting a hard battle with pancreatic cancer. Jann worked at Region 1 Behavioral Health Authority and was the Panhandle Prevention Coalition Coordinator. She was dedicated to the prevention of underage drinking and drug use.

Shortly before her passing, Region 1 presented Jann with the 2013 White Windmill Award for Outstanding Contributions to Behavioral Health. The white windmill is frequently a landmark in our area, standing tall against the sky to reach for its energies and delving deep into the earth, to draw forth what is needed. Jann Lawler was chosen for the award because she too stood tall with boundless energy and delved deep and worked hard to make a difference in the lives of Panhandle residents. Her passion for substance abuse prevention was fierce and unending and her commitment to excellence was second to none. She worked tirelessly on behalf of young people and simply did not quit until the job was done. She approached the difficult work of prevention with vigor and optimism and more than once was heard saying, "I'm changing social norms today! What are you doing?" She was a tremendous asset to the Prevention effort in the Panhandle.

In honor of Jann, the Life of an Athlete Human Performance Project is donating a scholarship in her name for a female student-athlete from the Panhandle to attend the National Life of an Athlete Summer Session in Lake Placid NY this summer. Founder John Underwood said "We do this to keep Jann's spirit alive by fighting for youth to live a life that matters and counts."

We thank you and we honor you Jann! You are truly appreciated and missed!

Our deepest sympathy to the Lawler family.

"I'm changing social norms today! What are you doing?"

Jann Lawler



Jann Lawler
November 21, 1966 - November 12, 2013



Backed by 50 years of research in attachment theory.

The more secure a child is, the more he or she is able to:

- Obtain higher self-esteem
- Be happy
- Create strong relationships with parents, friends and siblings
- Trust the people they know and love
- Be kind to others
- Solve problems with friends
- Feel less anger toward their parents
- Solve problems on their own
- Feel confident that there is always a solution

Panhandle Prevention Coalition working to change social norms

The Panhandle Prevention Coalition (PPC) is a part of the Panhandle Partnership for Health and Human Services. We are comprised of local community coalitions and a regional coalition united together by our passion and dedication to healthy and safe people across the lifespan. Our efforts include, but are not limited to, reducing underage drinking, binge drinking, drinking and driving, tobacco prevention and prescription drug abuse prevention in the Nebraska Panhandle. The PPC mobilizes grassroots policy change, enforcement and education with many tools and through many venues including mass media. The PPC raises awareness of current social norms and trends while seeking to change social context and individual behaviors around substance abuse.

Our community **partners** include concerned parents, public health, health care workers, law enforcement, social service professionals, community leaders, elected officials, educators, business owners, volunteers and citizens both locally and statewide who seek safe communities for our children and families to live and grow. We work collaboratively with many partners to open discussions, educate, initiate policy change, and mobilize resources.

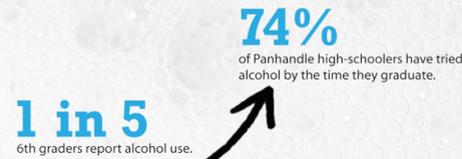
What are our 2014 goals?

1. Continue grassroots policy work to address underage drinking, binge drinking, drinking and driving, tobacco use, and prescription drug abuse.
2. Strengthen K-12 & post-secondary school policies.
3. Strengthen enforcement of alcohol laws.
4. Reduce the human burden of premature illness, death and disability caused by tobacco products.

Here's what you can do:

- Talk early and often to your kids about not using tobacco, alcohol, and other drugs. Create clear expectations.
- Always enforce the minimum drinking age of 21.
- Call law enforcement if you suspect underage parties or drinking and driving at any age at 1-888-MUST-BE-21.
- Thank law enforcement for providing compliance checks and responsible alcohol and tobacco training.
- Involve youth in planning and implementing healthy activities.

Youth Substance Abuse in the Panhandle



Is my kid drinking?

Sources of Alcohol

Panhandle students report getting alcohol at a party; giving someone money to buy alcohol for them; getting it from parents/relatives; or taking alcohol without permission.

Where do students drink?

Most commonly, Panhandle students report drinking at home without permission; at a friend's home without permission; in an open area; or in a car.

27% of Panhandle 8th - 12th graders report drinking in a car in the last 30 days.

20% of Panhandle 12th graders report drinking at home with parents permission in the last 30 days.



1 in 4
Panhandle 10th graders report drinking in the last 30 days - **more than the state average.**

1 in 2
Panhandle students said that it is "easy" or "very easy" to get alcohol.

24%
of Panhandle high school seniors reported binge drinking in the last month.

40%
The chance that someone will struggle with alcoholism or alcohol dependence if he or she starts drinking by age 15 according to the U.S. Department of Health and Human Services, 2012.



14%
of Panhandle A-students reported alcohol use in the last 30 days and...

18.4%
of B-students.

25.5%
of C-students.

29%
of D-students.

97% of Panhandle students reported that their parents believe drinking and driving is wrong.

Talk to your children about drinking and driving - they know it's wrong - but keep talking to them about the risk and consequences of drinking and driving.

It really works.

Drinking too much includes

For men, binge drinking is **5 or more drinks** consumed on one occasion*

For women, binge drinking is **4 or more drinks** consumed on one occasion*

*One occasion = within 2 to 3 hours

For men - 15 or more drinks on average per week

For women - 8 or more drinks on average per week

One Drink = 5-ounces of wine, 12-ounces of beer, or 1 1/2-ounces of 80-proof distilled spirits or liquor

Any alcohol use by pregnant women

Any alcohol use by those under age 21

Get connected with Healthy Families America today!

Support during pregnancy and as your child grows



"I am developing better parenting skills so that my children will have greater feeling of self-worth." *HFA Nebraska Panhandle Client*

Meet other parents and enjoy fun activities



"I have learned new ways to connect with my children." *HFA Nebraska Panhandle Client*



Guidance through this confusing time to find resources

"My parent coach listens to me; she helped me through a difficult pregnancy and taught me that I can support my family in a better way—both financially and emotionally." *HFA Nebraska Panhandle Client*

HFA is there for me!



Panhandle Region Medical Response Coalition Sponsors Decontamination Training and Exercise

No hospital stands alone. The Hospital Preparedness Program stresses building coalitions that involve the whole health care system, emergency management agencies, non-government organizations and others in the community in planning for and responding to disasters. "By planning together, we are ready to react together," states Melody Leisy, Coordinator for the Panhandle Coalition called PRMRS.

This year PRMRS chose to provide training and exercise on decontamination procedures. This was chosen due to limited experience and staff turnover for many of the area hospitals. Some had used decontamination on a small scale with farming accidents and found the need to improve their responses.

In May, PRMRS organized "Hospital's First Receiver Course" training for disasters that involve dangerous matter like chemical or biological materials. More than thirty people from Panhandle hospitals and first responder organizations participated.

The Center for Preparedness Education at the University of Nebraska Medical Center and Regional West Medical Center were key partners for this training. With the collaboration of partners, HPP funds, and using the local training academy, PRMRS was able to hold the training free of charge.

The training was timed to take advantage of two coalition drills - a decontamination tabletop exercise in the spring and a full-scale exercise in June. The training used lessons learned from the tabletop exercise and served as a platform for planning the full-scale exercise.

During the first day of training, participants learned what chemicals pose the greatest danger in our area. They also learned methods to safely remove the contaminating substance from patients and prevent spread to the rest of the hospital building. They practiced putting on the safety gear used to protect workers if a patient needs to be decontaminated.

A full-scale exercise was carried out on the second day of the training. Volunteers ranging from school age children to retirees acted as victims contaminated with a harmful substance. The substance was simulated by chocolate pudding smeared on the victims' skin and hair. Decontamination Team members wearing full protective equipment helped the "victims" go through the decontamination showers to remove the substance.



Emergency Response Team members learn to put on protective suits to be able to respond to a hazardous emergency.

"By planning together, we are ready to react together."

Melody Leisy, PRMRS Coordinator

The two-day course met guidelines set by the U.S. Occupational Safety and Health Administration for operations-level training. Those who participated only the first day met OSHA guidelines for awareness-level training.

Leisy says, "It is good our Panhandle Team has the chance to practice these methods with equipment in a low-stress situation. This will help them feel sure and ready if the 'real event' occurs."



Dawson and Carter Meyer, volunteer participants, play victims so the staff can practice skills of triaging and decontamination of patients possibly exposed to a hazardous chemical during the First Receivers Course.

2013 marks Dental Day 10th Anniversary



Janelle Hansen
Health Educator

Dental Day is an annual event to provide dental services to children without dental insurance. The 2013 event marked the tenth anniversary for Dental Day in the Panhandle. This year 265 children received care at sites in Alliance, Chadron, Gordon, and Sidney.

The dental work is done by students from the University of Nebraska Medical Center College of Dentistry. Fifty-five students studying dentistry and dental hygiene at UNMC came with 6 residents and 13 faculty members for the two-day event. Children were seen at the office of Dr. Mawell and Dr. Wilcox in Alliance, Gordon Memorial Hospital, CAP-WN Dental Clinic in Chadron, and Summit Dental Clinic (Dr. Neal) and Life Smiles (Dr. Hlavinka), both of Sidney. Box Butte General Hospital in Alliance handled the dental surgical cases.

"Dental Day was a great success once again," said Janelle Hansen. "So many kids got the needed care, plus the students gained great clinical practice." Hansen is one of the coordinators behind the event.

"Preparing for Dental Day is a team effort," said Hansen. "The planning process includes coordination with area dentists, school nurses, Gordon Memorial Hospital, UNMC, BBGH, and PPHD."

Recruiting families and scheduling pre-screening visits is the first step done by school nurses and dental office staff. Other dentists taking part in the pre-screenings are: Dr. Jacoby, Bridgeport; Dr. Christensen and Dr. Giles, Alliance; Horizon West Dental Clinic in Crawford, Alliance and Rushville; and Dr. Jensen, Oshkosh.



Avery Davies and Maria Jacobs, of Hemingford, participating in a three legged race.

Two unique prevention programs targeted at Pre-K - 4th graders

PPHD offers two unique programs aimed at Pre-K thru 4th graders to teach healthy habits through good hand washing and teeth brushing. Both Scrub Club and Brush 'n' Up and have been seen by thousands of youngsters across the Panhandle.

Only one in three adults washes their hands after using a public restroom. Washing your hands, an easy act you learned as a toddler, can stop many sicknesses from the common cold to serious infections. Today's children are learning how through Scrub Club.

Janelle Hansen teaches the value of washing up fully and often. Hansen carries along her own "germs", a bag of harmless white powder. These pretend "germs" represent those found on everyday items like toys and doorknobs.

After the children look at the germs, Hansen uses a black light to cause the unseen germs to appear in Technicolor on each child's hands. The real germs, she points out, are still unseen to the naked eye. Then it's time to scrub! She also shares the story of "Those Mean, Nasty, Dirty, Downright Disgusting but...Invisible Germs".

While hand washing is a year-round act, Hansen mainly visits day cares, preschools and elementary schools in the late fall and early winter. This is a great time to teach good hand washing habits as an key step to avoiding illnesses like the cold and flu. The message behind hand washing is the importance of being healthy over all.

Brush 'n' Up sessions are done in the spring, starting with a kick-off in February for Dental Health Month. Panhandle youth are ready to flash their pearly whites, as they learn proper brushing techniques.

The very young students enjoy a visit from Freddy Flossisaurus, Baby Sally or Bugsy Malone, crazy-clad stuffed animals who share the virtues of brushing inside and out, way in the back, top and bottom. Hansen said one of the new things the children learn is to hold the toothbrush at a 45-degree angle to loosen food at the base of the teeth, and to brush their tongue and gums, as well.

Each student receives a toothbrush. Tooth decay is the second most common disease, next to the common cold, Hansen said.

"Parents can learn a lot from their children," she added. The ripple effect of these programs helps families and older friends learn about healthy habits like hand washing, regular check-ups, immunizations, dental, eye and hearing exams and other healthy tips.



Hansen at Little Angel's Childcare Facility

Kids Fitness and Nutrition Day

PPHD holds a yearly event for third-graders to learn about fitness and good eating habits. The day includes non-competitive physical activity and nutrition stations. Event activities include information on my plate, portion distortion and the importance of being physically active.

This year there were three Kids Fitness & Nutrition Days in Alliance, Chadron and Sidney. The Sidney event had 230 third-graders from schools in Banner, Cheyenne, Deuel and Morrill County. The Alliance event had 148 children from schools in Box Butte County. In Chadron, 83 students came from Dawes and Sheridan County schools.

This event is sponsored by the Nebraska Beef Council, University of Nebraska at Kearney, Nebraska Academy of Nutrition and Dietetics and PPHD.

Life Matters: Working together to raise suicide awareness

Risk Factors for Suicide

A combination of individual, relational, community and societal factors contribute to the risk of suicide. Risk factors are those characteristics associated with suicide – they may or may not be direct causes.

- family history of suicide
- family history of child maltreatment
- previous suicide attempt(s)
- history of mental disorders, particularly depression
- history of alcohol and/or substance abuse
- feelings of hopelessness
- impulsive or aggressive tendencies
- cultural and religious beliefs (e.g., belief that suicide is a noble resolution of a personal dilemma)
- local epidemics of suicide
- isolation, a feeling of being cut off from others
- barriers to accessing mental health treatment
- loss (relational, social, work or financial)
- physical illness
- easy access to lethal methods
- unwillingness to seek help because of the stigma attached to mental health and substance abuse disorders, or to suicidal thoughts

On September 21, people throughout the Panhandle participated in the Out of the Darkness Community Walks in Alliance and Scottsbluff. The walk's primary objective is to raise awareness of the devastating effects of suicide on our communities. A secondary goal is to raise funds for local and national suicide prevention and awareness programs.

The Panhandle Out of the Darkness Walk are part of nearly 225 walks this fall nationwide and united more than 50,000 walkers nationally while raising more than \$4 million for American Foundation for Suicide Prevention (AFSP). The five core strategies of the AFSP are:

- funds scientific research
- offers educational programs for professionals
- educates the public about mood disorders and suicide prevention
- promotes policies and legislation that impact suicide and prevention
- provides programs and resources for survivors of suicide loss and people at risk, and involves them in the work of the foundation

"Suicide is a public health problem, but in addition, suicide is plagued by silence and stigma that continue to be barriers for seeking help," stated Janelle Hansen, Health Educator for PPHD. "These walks will help bring suicide out of the darkness and raise money for education, prevention and awareness programs."

In the United States, a person dies by suicide every 13.7 minutes, claiming more than 38,000 lives each year. It is estimated that an attempt is made every minute; with close to one million people attempting suicide annually. Suicide is the fourth leading cause of death in the U.S. among adults 18-65, the second leading cause of death among teens and young adults, and individuals ages 65 and older account for 16 percent of all suicide deaths. This is a public health issue that does not discriminate by age, gender, ethnicity, or socio-economic status.

Suicide leaves behind countless family members and friends wondering, "Why did this happen?" "How will I get through it?"

The Mai family and friends, featured in the picture to the right, gather each year for the Alliance walk to honor their loved one, Brock, tragically lost to suicide. The group walking in his honor wears a T-shirt bearing a different message each year. This year's message, "Life

Matters", was coupled with the yellow ribbon signifying suicide awareness. In addition to the annual walk, on the third Saturday of November, survivors of suicide loss come together at hundreds of locations around the world and online for mutual support and guidance on coping with grief.

In the Panhandle, PPHD, through the Panhandle Suicide Prevention Task Force, hosted the National Survivors of Suicide Day in Alliance. Survivors of suicide loss include family and friends of someone who has committed or attempted suicide. The event was open to anyone in the Panhandle. The program included a panel of other survivors and mental health professionals. The event was also available online for those survivors who wished to participate in a more private setting from their home computer.

The annual program features survivors of suicide loss who tell their stories and share the things that have helped them to cope. Experts explain the basics of what we currently know about suicide and grief. Sharing sessions, local speakers, and healing activities may also be offered at your local conference site. Past programs are saved online for a full two years, and can be viewed any time, day or night, for free, throughout the year.

For more information regarding the Suicide Prevention Task Force, awareness or survivors events, call Janelle Hansen at 308-487-3600 ext. 105.



Mai Family at the 2013 Out of Darkness Walk in Alliance.



**If you are in crisis, call 1-800-273-TALK (8255)
National Suicide Prevention Lifeline**

Exercise tests medication dispensing clinic

To be better prepared in case of an actual emergency, PPHD and local partners test their emergency plans through exercises. One exercise this year tested plans to set up a clinic and dispense medications from the Strategic National Stockpile (SNS). The SNS is a source of meds and supplies that can be released in an emergency to treat the public in a disease outbreak.



Nebraska

Volunteers Building Strong, Healthy, and Prepared Communities

Over the course of three days, PPHD tested their plans. They were measured for strengths and areas for change. On the first day, public health officials worked with Emergency Managers and Scottsbluff County Health Department in activation protocols that would start the request and release of stockpiles.

Over the course of the next two days, PPHD worked with the Medical Reserve Corps, Morrill County officials, and a trucking company to set up a mock clinic at the Rural Fire Hall in Bridgeport. A list of emergency volunteers was called on to help with the mock clinic. The meds were guided by the sheriff's office to the clinic.



PPHD Employees working at the mock dispensing clinic.

Volunteer TODAY!

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Volunteers Build Strong, Healthy and Prepared Communities

Mail to: PPHD, PO Box 1115, Bridgeport, NE 69336

The staff at PPHD and volunteers went through clinic plans to manage the flow of people through the clinic, parking, security, staff needed, and hours of operations. Through the series of tests, top strengths were found in transportation security, clinic location, and set-up time. Improvements could be made by having more people at the site to dispense medications and strengthening parking lot security.

The Panhandle Medical Reserve Corps was asked to help with the event. The Panhandle MRC is a group of local health professionals and general public patrons willing to help during large-scale disasters. A wide range of health professionals are needed to build an effective MRC team.

Please register with the Panhandle chapter today by filing out the VOLUNTEER TODAY coupon or by calling 308-262-2217. Instead of wondering, "How can I help?" you'll be listed as a partner who can help when emergencies happen. You will have the joy of being a part of the response team and your community will benefit from your help.



Melody Leisy
PRMRS Coordinator

Students engage in community preparedness

Communities across the Panhandle support youth involvement in many emergency preparedness programs. In Deuel County, Big Springs students and many other volunteers assisted in the filling of sandbags to help protect their community. Warnings came about the rushing water from the Colorado flood disaster after massive amounts of rain fell in the foothills. Media coverage shown areas destroyed as the water ripped through Boulder, Sterling and many small communities along the South Platte leaving Big Springs little time to prepare. The sandbagging efforts of the community and the ability of the river banks to absorb and guide the record high levels of water further downstream kept the community safe with minimal damage reports.

Also in Kimball County, students explore the importance of Personal and Community Preparedness through 4-H programs. Students learn about preparedness kits and two were entered in the Kimball County Fair. Stephen Bateman, a student at Kimball, said, "You should be prepared for all emergencies. The organization of preparedness kits can be challenging but it is important to help save lives."

Sarinda Bateman, a student in Kimball warns, "It's important that Everyone is prepared and to be safe like being able to get out of a house safely when it's on fire."

The Kimball Robotics Club interviewed a meteorologist and geologist, Sheriff's Department, and other community preparedness planners to put together a presentation and robotic solutions for their State Competition. Student members Ethan Bemis, Nathial Mars and Clay Keller interests were heightened as they study Yellowstone's eruption impact potential. They speak about being prepared for 72 hours incase help cannot reach you. They learned and share about alert systems that exist to help forewarn the public like IPAWS. Their robot plan is to use a type of missile that could clump the volcanic ash to limit the damage rather than it coating the entire country. Visit www.pphd.org to find out more about community preparedness.



Would you be ready in an emergency?

This fall brought flooding and snow storms. Take the steps necessary to “Be Ready!”

- Pack an emergency supply kit
- Make a plan for what to do in the case of an emergency
- Be informed about what might happen when an emergency does happen
- Get involved in preparedness in your community

“Being prepared can help you and your family stay connected in an emergency.”

Tabi Prochazka, Emergency Response Coordinator

An emergency supply kit is a collection of basic items your household may need in the event of an emergency. Local officials and relief workers will be on the scene after a disaster but they cannot reach everyone immediately. You should have enough food, water and other supplies in your kit to last for at least 72 hours. Assemble your kit well in advance of an emergency. You may have to evacuate at a moment’s notice.

Make a plan for what to do in the case of an emergency. Your family may not be together when a disaster strikes. It is important to plan in advance: how you will get to a safe place; how you will contact one another; how you will get back together; and what you will do in different situations. [Ready.gov](#) has made it simple for you to make a family emergency plan. Download the Family Communication Plan for Parents and Kids (PDF) and fill out the sections before printing it or emailing it to your family and friends.

You should also inquire about emergency plans at places where your family spends time: work, daycare and school, faith organizations and sports events. If no plans exist, consider volunteering to help create one. Talk to community leaders, your colleagues, neighbors and members of faith or civic organizations about how you can work together in the event of an emergency. You will be better prepared to safely reunite your family and loved ones during an emergency if you think ahead and communicate with others in advance.

Being prepared can help you and your family stay connected in an emergency. Use this information and the infographic on the back of the report to make your emergency plan today.

Disaster Kit Contents

- Water, one gallon per person per day, for drinking and sanitation
- Food, at least a three-day supply of non-perishable food
- Battery-powered radio and NOAA Weather Radio with tone alert, and extra batteries for both
- Flashlight and extra batteries
- First Aid Kit
- Whistle to signal for help
- Moist towelettes, garbage bags and plastic ties for personal sanitation
- Dust mask or cotton T-shirt, to help filter the air
- Plastic sheeting and duct tape to shelter-in-place
- Wrench or pliers to turn off utilities
- Can opener for food
- Infant formula and diapers, if needed

Special Needs Registry helps prepare for emergencies



The challenge:

Preparing for a disaster or serious local emergency is especially important for persons who are frail, home bound, disabled or medically fragile.

The answer:

The Panhandle Special Needs Registry enables persons who will be more vulnerable in an emergency to voluntarily provide information to emergency response agencies.

The results are better emergency planning and improved disaster services for persons who need additional care and consideration.

The Registry links individuals to information about personal preparedness for emergency conditions. It will also alert search and rescue workers to the location of your residence and give them the vital information they need to help you. Lastly, the Registry helps local emergency agencies better plan for the needs of all our citizens.

The Registry now includes nearly 200 individuals across the Panhandle.

Everyone, not just those with special needs, should plan to be self-sufficient for at least two to five days with supplies including food, water and medications in the event of a disaster.

Who should register

- Persons relying on homemaking, personal care or nursing visits to maintain independence in their home or apartment
- Persons requiring live-sustaining equipment and uninterrupted electrical service
- Persons who are medically fragile and require special care and attention
- Persons having physical limitations that substantially impair mobility, strength, vision, hearing or comprehension

Who should not register

- Persons who are fully able and usually healthy
- Persons living in assisted living facilities or other licensed residential health care facilities
- Persons who live outside the Nebraska Panhandle

Anyone who meets the criteria can register

Contact your local public health department, Panhandle Public Health District, at 308-262-2217 or Scotts Bluff County Health Department at 308-436-6636. You may enroll yourself or help others enroll with their knowledge and permission. Please report any changes in your registration information by calling the health departments listed above. You will receive a reminder annually to update your registration information.

Please note, registration does not guarantee you’ll be the first to get help in a disaster. There are so many needs during a disaster; emergency workers cannot help everyone at once. But, if your name is in the Registry, they will know the location of your residence and your need for additional assistance.

Colon cancer is preventable, treatable, and beatable

Nebraska ranks among the worst in the nation for its high incidence rate and death rate from colorectal cancer. Did you know that you can stop colorectal cancer before it starts? Colon cancer is preventable, treatable, and beatable!

You should start receiving routine screenings for colon cancer at age 50. Colon cancers almost always develop from precancerous polyps (abnormal growths) in the colon or rectum. Screening tests find polyps early, so they can be removed before they change into cancer. Treatment works best in the early stage and the chance for a full recovery is very high.

Colon cancer develops with few, if any signs at first. Symptoms may include:

- blood in the stool
- a change in bowel habits
- general, unexplained stomach discomfort
- frequent gas, pains, or indigestion
- unexplained weight loss
- chronic fatigue

Because there may be no signs or symptoms in the early stages of colon cancer, routine screening is the most

effective way to lower your risk of colon cancer. PPHD is working with partners in the Panhandle Cancer Coalition and the Nebraska Colon Cancer Screening Program to raise awareness about screening for colon cancer by giving out FREE fecal occult blood test (FOBT) kits.

“An FOBT kit is easy, free, and it’s a vital step in stopping cancer,” explained Becky Corman, coordinator of the Panhandle Cancer Coalition. The kit is simple and can be done in your own home. You will mail the kit into a lab and results will be mailed to you and your doctor.

“If the FOBT kit shows blood in the stool, a follow-up colonoscopy is recommended. We will help with planning follow-up care if needed,” Corman added.

Corman said as soon as you turn 50, you should get screened at routine intervals. You may need to be tested earlier or more often than other people if you or a close family member

has had colorectal polyps or colorectal cancer, or if you have inflammatory bowel disease.

“Getting a test for colorectal cancer could save your life. Get screened today,” she concluded.

For a FREE colon cancer screening kit contact Panhandle Public Health District at 1-855-227-2217.

7 Steps to Lowering Your Risk of Colon Cancer

1. Get regular colon cancer screening tests starting at age 50.
2. Eat a diet rich in fruits and vegetables and whole grains from breads, cereals, nuts, and beans.
3. Eat a low-fat diet.
4. Eat foods with folate such as leafy green vegetables. A daily multivitamin containing .4 mg of folic acid may also be helpful.
5. If you use alcohol, drink only in moderation.
6. If you use tobacco, quit. If you don’t use tobacco, don’t start.
7. Exercise for at least 20 minutes three to four days each week. Moderate exercise such as walking, gardening, or climbing steps may help reduce your risk.

**Colon Cancer is...
Preventable, Treatable
& Beatable**

Over 50? Get Screened!

If you're over 50, talk to your healthcare provider or your local health department about getting a home testing kit so you can get screened for colon cancer.

Call: Panhandle Public Health District at 1-308-262-2217

STAY IN THE GAME
GET SCREENED FOR COLON CANCER
1-800-532-2227

DHHS
NEBRASKA

If you are 50 and older it's time to get screened for colon cancer!

Pool Cool promotes sun safety through education and sunscreen

Pool Cool, a program teaching the need for sun safety, is taught at pools across the Panhandle. It encourages sun safety for children, parents and pool staff. Pool Cool gives sunscreen and sun safety signs to local pools. It also includes sun protection lessons and poolside activities.

“Pool Cool has been shown to help children’s sun safety habits and sunscreen use, while also reinforcing sun safety rules at swimming pools,” said Janelle Hansen, PPHD Health Educator.

PPHD partnered with the University of Nebraska Medical Center College of Nursing students on the program. The nursing students train pool staff to help children and parents use good sun safety.

These tips are key to avoiding sunburns and lowering the risk of skin cancer:

- Limiting time in the sun, especially between the hours of 10 am and 4 pm, when the sun’s rays are the strongest.
- Wearing clothing to cover skin exposed to the sun (long-sleeved shirts, pants, sunglasses, and broad-brimmed hats) when possible.
- Seeking shaded spots when possible.
- Reapplying sunscreen at least every two hours or sooner in accordance with label directions.
- A large dollop of sunscreen is enough to cover your body, but be sure to add a second coat to your nose, lips, hands, ears, and the tops of your feet. These are areas that frequently tend to burn.

Hansen recommends a sunscreen with an SPF of at least 15 or higher for adults and SPF 30 or higher for children.

“Certain medications can heighten your sun sensitivity so talking to your doctor and checking medication side effects is essential,” she said.

Skin cancer is the most common type of cancer in the United States. More than a million new cases are found each year. Ninety percent of all skin cancers can be avoided. Eighty percent of total lifetime sun exposure is received during childhood. Kids get three times as much ultraviolet radiation as adults do in a year.

“Visiting a dermatologist is an important preventative checkup that should be done each year,” Hansen recommended.



“Children need a sunscreen with an SPF of at least 30.”

Janelle Hansen, Health Educator

Protect your family, test your home for radon

Free Lifesaving Radon Test Kit

Get your free radon test kit from PPHD by mailing this coupon to Panhandle Public Health District, PO Box 337, Hemingford NE 69348, calling (866)701-7173 ext 107, or emailing tprochazka@pphd.org. Be sure to tell us you received this coupon in the annual report!

Name: _____
 Physical Address: _____
 Mailing Address: _____
 City: _____ Zip: _____
 Phone Number: _____

By requesting a free kit, I give my permission for results to be reported to myself and PPHD.

*Must reside within the Nebraska Panhandle to receive free kit.

Have a test kit? Use it today!

Radon is a preventable cause of death, though you cannot see, smell or taste it. Testing is the only way to know if a home has radon. Radon is a naturally occurring gas that is harmless in outdoor air, but can be dangerous when trapped in your home.

“Radon is the leading cause of lung cancer in non-smoker. It is the second leading cause of lung cancer in smokers,” said Tabi Prochazka, Environmental Health Coordinator with PPHD.

“Half of the homes in Nebraska have raised radon levels. The only way to know is to have your home tested,” said Prochazka. Houses next to each other can have very different radon levels. Raised radon levels are found in new and old houses, well-sealed and drafty houses, houses with or without

basements, no matter what kind of heat source you have. Luckily, there are easy ways to lower levels of radon in homes.

PPHD recommends Radon Resistant New Construction when building a new home. A basic radon reduction system lowers radon levels by an average of 50%. In most cases, it lowers levels to below the recommended action level of 4 pCi/L. To upgrade and lower the radon levels even further, a special in-line fan is added. The cost of Radon Resistant New Construction is between \$250 and \$500. Cost is based on the size and place of the house. The cost to fix, or ‘mitigate’, a preexisting home with raised levels of radon runs higher. The average cost is between \$1,000 and \$2,500. RRNC techniques will also lower moisture and other soil gases from coming in the home. This cuts molds, mildews, methane, pesticide

gases, volatile organic compounds and other indoor air quality problems.

In January 2014, PPHD is hosting radon test kit contests in schools and among Panhandle Worksite Wellness Council businesses. The contest is held to raise awareness of radon as a public health concern. The campaign helps residents protect themselves and their families from the health risks posed by radon. Testing for radon and following the recommendations is a proven way to prevent lung cancer.

If you have received a radon test kit in the past and haven’t yet used it, test your home and send the kit in. Protect your family use the coupon at left, order from our website, email tprochazka@pphd.org or call 308-487-3600 ext. 107 to get a free radon test kit.

Lead poses a health threat

Lead is a toxic metal that has been used in products for centuries. Once it enters the body, lead can collect and cause harm. Lead poisoning poses the greatest risk to children. It is a common, yet preventable health problem in the U.S. Long term exposure to even low levels of lead can cause permanent learning difficulties, behavioral problems, delayed neurological and physical development, and interfere with the development and functioning of almost all body organs.

Children get lead poisoning by inhaling or swallowing small amounts of lead. “Most often, lead dust gets on children’s hands and toys and then into their bodies through normal hand-to-mouth activity,” said PPHD Nurse Becky Corman. “The only way to detect lead poisoning is to have a blood test.”

“The only way to detect lead poisoning is to have a blood test to find out how much lead is there. All children should have their blood-lead levels tested at one year of age.”

Becky Corman, Public Health Nurse

The Environmental Protection Agency recommends all children under the age of six have their blood-lead levels tested. “Young children are most at risk because their bodies absorb lead easier,” Corman said. Removing sources of lead can ensure the long-term health of children.

“Major sources of lead exposure among U.S. children are lead-based paint and lead-contaminated dust found in deteriorating buildings,” said Tabi Prochazka. Older homes are more likely to have lead-based paint. “Lead was banned from homes in 1978; it remains a danger in homes built earlier.”

Other sources of lead are soil and dust, drinking water and parents’ occupations and hobbies such as hunting, fishing, auto repair, art and gardening.

According to the EPA lead poisoning can be prevented with proper:

- Nutrition: Serve children foods with a high content of iron (such as eggs, cooked beans, or red meats), calcium (such as cheese, yogurt, or cooked greens) and vitamin C (such as citrus fruits, green peppers, or tomatoes). These nutrients cut down on lead absorption.
- Housekeeping: Teach and practice healthy home habits. Don’t wear shoes in the house. Wash toys or other chewable surfaces often.
- Personal Care: Wash your hands and your children’s hands often, especially before eating and sleeping.

If your child is at risk for lead poisoning, or if you are worried about lead in your home, ask your child’s doctor about blood-lead testing. A test is mandatory for children on Medicaid, and the cost of the test should be covered. Children with raised lead levels need to be tested regularly to make sure the lead levels in the blood do not go up.

WEST NILE VIRUS Prevention Tips

Protect your family.

- ☑ Use a mosquito repellent that contains DEET.
- ☑ Wear long-sleeved shirts, long pants, shoes, and socks.
- ☑ Take extra precautions at dawn and dusk.
- ☑ Get rid of standing water.
- ☑ Add larvicides to animal drinking troughs, water gardens, ornamental fountains, ditches and ponds.
- ☑ Keep window screens in good repair.

With the arrival of sun, summer, barbecues, and evening walks, came the return of mosquitoes and West Nile Virus surveillance activities.

The 2013 surveillance activities detected:

- 17 cases of West Nile Fever and 1 case of West Nile Encephalitis/meningitis
- 9 positive mosquito pools in Dawes County, 21 in Sheridan County and 17 in Garden County
- 1 positive dead bird from Box Butte County

Whooping Cough on the rise in the Panhandle

Pertussis, better known as whooping cough, primarily affects infants and young children. It affects the lungs and breathing tubes, causing violent fits of coughing that end with a whoop as air is sucked in. It is easily spread to other people through the air by coughing and sneezing. It can be a very serious and even deadly illness.

Whooping cough caused thousands of deaths in the 1930s and 1940s. With the introduction of the pertussis vaccine, the rate of disease and death has declined dramatically. Recent epidemics have occurred where vaccine rates have fallen. In the U.S., thousands of new cases of pertussis are reported each year. Even though pertussis vaccines are very effective, if pertussis is circulating in the community, there is a chance that a fully vaccinated person can catch the disease.

In the fall of 2013, PPHD saw 9 confirmed cases of pertussis in the area. “When cases of pertussis are found. We work closely with local medical providers to find close contacts who may have been exposed to the sickness,” said Becky Corman.

“If you or your child has been close to someone who has pertussis, we may ask you to talk with your doctor. You or your family may be given antibiotics to be sure you do not become sick too. This is true even if you and your family have been vaccinated.”

Pertussis may start with a runny or stuffed-up nose, sneezing, mild cough, and a pause in breathing in babies. After one to two weeks the cough becomes worse. Children and babies can cough very hard, over and over, possibly causing them to vomit. When children gasp for breath after a coughing fit, they may make a “whooping” sound. Coughing can make it hard to breathe, eat drink or sleep. Babies and young children may turn blue while coughing from lack of oxygen.

Coughs due to pertussis in adults and adolescents may be hard to tell apart from colds or influenza. Coughs due to colds or the flu often get better within two weeks. Coughs due to pertussis last for weeks or months, occurring in sudden coughing episodes. People with a chronic cough, with either sudden coughing episodes and/or throwing up, should be checked by a doctor. If you or your children have these signs, check with your family doctor and be tested. The good news is that the sickness can be treated with antibiotics.

Vaccines are the best tool for prevention. Make sure your child is up-to-date on their pertussis vaccination. Pertussis vaccine is given in the same shot with diphtheria and tetanus vaccines. Immunization is required for a child to attend child care and school.

Recommended pertussis vaccination should happen at:

- 2, 4, 6 and 15 months of age
- a booster dose at 4 to 6 years of age (DTaP vaccine)
- another booster at age 11 or 12 (Tdap vaccine)
- all adults should substitute one ‘tetanus booster’ (recommended every 10 years) with a pertussis-containing booster shot (Tdap vaccine).

“Because pertussis is so harmful in babies, all people around them – parents, grandparents, other family members, family friends, and childcare providers – needs to be vaccinated to make a circle of protection,” Corman concluded.



“Because pertussis is so harmful in babies, all persons around them . . . need to be vaccinated to make a circle of protection.”

Becky Corman, Public Health Nurse

Communicable Disease Investigations:

Panhandle Public Health District	2013	2012
Animal Exposure (bite or nonbite)	8	7
Aseptic meningitis	0	2
Bacterial Meningitis, other	0	1
Campylobacteriosis	11	6
Cryptosporidiosis	2	3
Giardiasis	1	3
Hepatitis A, acute	1	0
Hepatitis B Virus Infection, chronic	0	1
Hepatitis C Virus Infection, chronic or resolved	27	31
Influenza, human isolates	1	1
Mumps	1	0
Pertussis	10	0
Rabies, animal	6	20
Rheumatic fever (Acute)	1	1
Salmonellosis	2	4
Shiga toxin-producing Escherichia coli (STEC)	3	3
Spotted Fever Rickettsiosis	1	0
West Nile Fever	17	8
West Nile, Encephalitis/meningitis	1	0
Total confirmed, probable and suspect cases	93	91

Disease surveillance

PPHD strives to prevent the incidence of disease by promoting healthy communities, families and individuals through communicable disease surveillance.

The purpose of surveillance is to detect, promptly investigate and monitor the occurrence and distribution of disease. Timely recognition of the disease within the community, coupled with rapid investigation, enables the proper implementation of prevention and control activities. These activities can contain the spread of disease within the population, reducing the risk of disease transmission before the illness becomes a major public health crisis. Effective surveillance systems also play a role in identifying emerging infectious diseases, acts of bioterrorism, and potential influenza pandemics, as well as providing a basis for evaluating the outcome of public health prevention programs.

Communicable disease surveillance includes but is not limited to foodborne illness, vaccine-preventable diseases, influenza, vector borne diseases, and animal related diseases such as rabies and West Nile Virus.

Sidney couple makes a healthy change, continued

Research shows that by losing the 7% of body weight it will reduce the risk of developing type 2 diabetes by as much as 58% and Dick’s progress is helping to steer him clear of a diabetes diagnosis.

The Scotts just finished the 16 weekly core sessions and will start the monthly sessions this January. They are excited with the results and having the tools to maintain good physical activity and eating habits.



Walk at Lunch Day



Panhandle Coop Employee, Karen Carrington, trying out their new walking workstation they won for participating in the 2013 Walk to Lunch Day.

Panhandle Co-op had nearly 30 employees from five of their sites participate in National Walk @ Lunch Day in April. Marketing Director Susan Wiedeman said, "We were so excited that the Plaza Cenex even had 100% employee participation."

National Walk @ Lunch Day is a day to get employees from around the area up and moving over their lunch break, whether it was for 10, 15, or 30 minutes. The local event was sponsored by the Panhandle Worksite Wellness Council.

Panhandle Co-op was placed in a drawing along with more than 50 other organizations that participated in the promotional event. As the winner of the drawing, Panhandle Co-op received a walking workstation to promote physical activity while working.

The walking workstation was presented to Co-op's Wellness Committee with a demonstration and safety briefing. Committee members were encouraged to try it out with Carrington noting, "This will be very handy when I am working on various

daily tasks with the desk large enough to spread items out." She added, "And now I will have the added bonus of being active while doing it!"

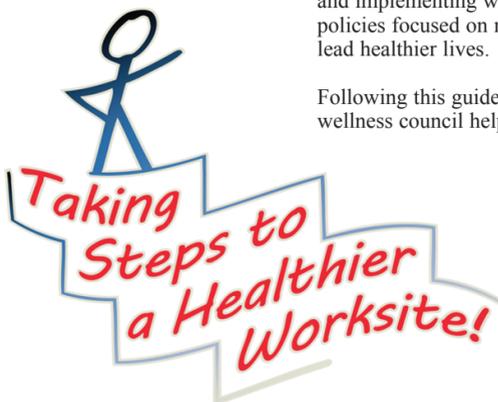
Sitting is now considered the new smoking due to the number of negative effects it has on our health. A 30 minute walk, five days a week reduces the rate of people becoming diabetic by more than half and for men it can lower the risk of colon cancer by 50% and prostate cancer by two-thirds.

"It's not really about running marathons, but the evidence clearly shows that we need to get

Nebraska Worksite Wellness Toolkit

Planning for wellness just got easier! Experts from around the state have been working together to share their years of collective knowledge into one resource, the Nebraska Worksite Wellness Toolkit. The toolkit was spearheaded by Nebraska Department of Health and Human Services, Panhandle Worksite Wellness Council, WELCOM, and WorkWell. This resource was created to assist businesses that are interested in promoting and implementing worksite wellness programs and policies focused on making it easier for Nebraskans to lead healthier lives.

Following this guide in partnership with your local wellness council helps Nebraska worksites develop comprehensive wellness programs resulting in higher productivity, better employee satisfaction, and greater control over health care costs. The toolkit can be found at <http://dhhs.ne.gov/publichealth/WorkplaceWellnessToolkit>.



up and move throughout the day," Worksite Wellness Coordinator Jessica Davies added.

Kaiser Permanente CEO George Halvorson notes, "The single most effective thing that employers can do to improve the health of their people and make health care cheaper is to get people to walk."

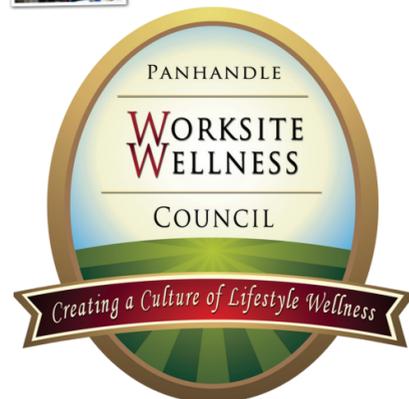
"So let's take a walk," Davies stated. "Starting with something as simple as this can lead to a life-long healthy habit."

Be ready for the next National Walk @ Lunch Day slated for April 30, 2014!



The following Advisory Committee Members and businesses graciously give of their time to provide guidance and oversight of the council:

- Executive Chairman - Shelley Beguin, Gordon Memorial Hospital
- Executive Vice Chairman - Brian Nepl, Cabela's
- Secretary/Treasurer - Karen Eisenbarth, Northwest Community Action Partnership
- Dan Newhoff, Box Butte General Hospital
- Diana Lecher, Chadron Community Hospital
- Carrie Havranek, City of Gering
- Annie Loutzenhiser, FALCO
- Lisa Frahm, Gering Public Schools
- Crystal Smith, Platte Valley Companies
- Rachael Downs, Upper Niobrara White NRD
- Linda Roelle, WNCC



Businesses receive Governor's Excellence in Wellness Award at Panhandle Safety and Wellness Conference, continued

Chief Medical Officer Dr. Joseph Aciermo for growing the seeds for wellness. All promote the importance of being active throughout the workday. Cabela's, Fred A. Lockwood and Co PC (FALCO), Panhandle Public Health District, and Upper Niobrara White Natural Resource District received the Governor's Excellence in Wellness Award at the Grower Level during the awards luncheon at the Panhandle Safety and Wellness Conference in Gering.

Since the award was created six years ago, over 200 businesses throughout the state have received it-50 in 2013 alone. The Governor and Chief Medical Officer thanked the

recipients for their leadership and stressed the value of worksite wellness as a key strategy to control health care costs and maintain a vibrant economy.

Cabela's taps into wellness through wellness champions at each of their locations. This has been a key success to rolling out their "Reel in Better Health Program." The participation-based incentive program will shift to an outcomes-based reward program focusing on real screening results.



Jessica Davies
Panhandle Worksite
Wellness Coordinator

Brian Nepl, Cabela's Wellness Manager said, "our annual wellness week has become tradition by giving chances for outfitters to celebrate wellness, learn more about health, and take advantage of times to add movement throughout their workday. We are excited for the wellness opportunities and see a momentum for years to come."

"Birthdays and events look different now," **FALCO** partner Annie Loutzenhiser touted. "It was common to see birthday cakes and heavy meals. Now employees bring in healthier desserts and salad fixings. We also decided to switch out pop in company refrigerators to offer water and diet juices. Our annual company get-together is now a great opportunity for employees to be physically active and interact with their families."

She added, "It is working. Nutrition levels increased by close to 10% in just one year. Employees are reporting gains in number of days per week they exercise."

Panhandle Public Health District has engrained their wellness culture through supportive management practices. These include flextime and ongoing supports like walking workstations, break time for physical activity, and healthy food at company sponsored events. In the past year, overall body mass index (BMI) has decreased by 5%. This reduces the risk of chronic diseases like diabetes, heart disease, and cancer.

Routine blood screenings to check cholesterol and blood pressure checks have raised awareness about wellness for **Upper Niobrara White Natural Resource District** employees. A statewide friendly contest between Nebraska natural resource districts and intra-office camaraderie supports being active and eating balanced.

Davies concluded, "We are so proud of each of these organizations for their commitment to employee health. They are leaders in community health and we commend them for all of their work."

Join today by visiting our website at:
www.pphd.org/pwwc.html
 or contacting
Jessica Davies
 308-487-3600 ext. 101
jdavies@pphd.org

