

PPHD Budget — Fiscal Year 2006

▼ *Where the money comes from...*

Balance Sheet, June 30, 2006

Assets	Liabilities
Cash & investments.....\$374,679	Accounts payable.....\$12,160
Accounts receivable.....\$10,367	Accrued payroll
Inventory.....\$7,248	Liabilities.....\$25,502
Property & equipment, Net accumulated depreciation.....\$36,435	Total Liabilities.....\$37,662
	Net Assets
Total Assets.....\$428,729	Invested in capital assets \$36,435
	Unrestricted.....\$354,632
	Total Net Assets.....\$391,067
	Total Liabilities and Net Assets.....\$428,729

42%

interest from the
Nebraska Tobacco
Settlement (LB692)

36%

Preparedness
Contract with State
of Nebraska

9%

Public Health
Nursing contract
with State of
Nebraska

6%

CVD, Asthma,
Radon on
WNV revenue
streams

7%

from
miscellaneous
sources



▼ *Where the money goes...*

30%
Protection

\$172,878 is the annual budget for protection. \$150,981 (87%) PPHD Preparedness \$21,897 (13%) Panhandle Regional Medical Response System

"Western Nebraska is a community. We have worked collaboratively for years, producing strong, trusting relationships within and between our communities and have demonstrated success with our model. Panhandle Regional Medical Response System is one example of this."

**Dan Griess, CEO
Box Butte
General Hospital**



12%
Prevention

\$70,911 is the annual budget for prevention. \$42,576 (60%) CVD prevention. \$15,389 (22%) Asthma prevention. \$9,911 (14%) WNV prevention. \$3,035 (4%) Radon prevention.

"It was the best day of my life. It was so fun that when I got home I showed the stretch thing to my brother."

**Zach Schnabel,
South Platte
3rd grader attended
Kids Fitness Day in
Sidney**



31%
Promotion

\$174,593 is the annual budget for promotion. \$19,882 (12%) Children's Outreach Program. \$91,451 (52%) Public Health Nursing \$53,250 (36%) Contracts for Local Services

"Thank you for presenting the Scrub Club and introducing Freddy Flossisaurus. We really enjoyed all of the toothbrushes that we got."

**Emma Stroethide
3rd grade Teacher
Hay Springs
Elementary School**



26%
**General
Administration**

\$150,688 is the annual budget for general administration. \$70,366 (46%) administrative employee expense \$21,217 (14%) accounting, audit, legal and insurance. \$15,025 (10%) travel \$6,828 (5%) depreciation \$37,252 (25%) general operating expense

"General administration reflects costs of every day operations not covered specifically through a designated funding stream or program."

**Kim Engel
Director
Panhandle Public
Health District**



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Bird Flu expected to strike U.S. within one year: possibility of worldwide pandemic

There's nothing to strike fear into a grown man's heart, more than a nasty flu virus. Every year, we hear of a new flu virus and sometimes the strains are more virulent than in years past. But, in very rare occurrences, a flu virus doesn't just mutate, it changes composition completely and becomes a new and novel bug — one that can jump from animals to human and is immune to existing vaccines.

The common flu viruses change from year to year as people become immune to the old virus or they are vaccinated. These minor, annual changes are called epidemics and they kill 36,000 people annually in the United States alone. A "pandemic" flu is different — it is a new type of virus with Vomiting and diarrhea are gastrointestinal illnesses. They are not the flu.

no readily-available vaccine and it can kill hundreds of thousands before it is stopped. Melody Leisy, Emergency Response Coordinator with Panhandle Public Health District, said some suspect Avian or bird flu is that type of "super bug." Common now in Asia and moving toward the United States along migratory paths and jet streams, bird flu has been transmitted between birds and humans, but not from human to human. Leisy said, "As of October 3, 2006

there were 252 human cases of H5N1 (bird flu) with 148 deaths in Vietnam, Indonesia, Thailand, China, Turkey, Cambodia, Iraq, Azerbaijan and Egypt." The new, much more dangerous flu virus is called pandemic, Leisy said, when it is transmitted between humans and becomes widespread — infecting hundreds of thousands, perhaps millions of people worldwide. A vaccine may not be available when
— *Continued on page eleven*

Family exposed to radon tells their story

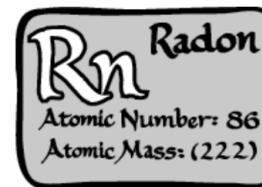
Larry and Audrey Sloan of Chadron picked up a radon test kit at a PPHD booth in a home show nearly three years ago. They too shrugged off the importance of testing their home for radon, but because three of their four children sleep and play daily in the basement of their 80-year-old ranch style home and there are uranium mines in the vicinity, they set the kit up in their home in September 2004.

The results were more than twice the acceptable level, 8.5 picoCuries per liter. PicoCuries are scientific measures of radioactivity equal to one-trillionth of a curie, from the famous French scientists, Pierre and Marie Curie. If a test result is

between two and four pCi/L, the EPA recommends the homeowner consider taking action.

The Sloans didn't have to consider it for long. After a quick, but exhaustive search of the Internet, they raced to their friends, neighbors and client base looking for professional radon detection services. The nearest service that was both licensed with the State of Nebraska and certified by the EPA is located in Bertrand, Nebr., but does a large amount of work in the Panhandle.

Audrey Sloan said Gary Wolfe with Capital Inspection Services worked with her husband, a practiced handyman who quickly admitted the task was over his head, to take more accurate measures of the radon in the home's basement and begin to mitigate the problem. Mitigation, the proper trade name for the process of alleviating the presence of radon in their home, began with the placement of a vent in an inconspicuous area and a fan to take gasses out of the soil and vent them into the atmosphere.
— *Continued on page eleven*



Wildfires highlighted need to 'be prepared'

If you were one of those forced to flee wildfires in Dawes, Sioux and Banner counties this past summer, would you have been prepared?

"If citizens are not part of the solution (in a time of disaster), they will be part of the problem," said Kim Engel, Director of Panhandle Public Health District. Disasters can be as common as a blackout or a blizzard, or as recent as the wildfires in the Northern Panhandle. Citizens must also consider the possibility of a pandemic flu that could isolate families in their homes and create

quarantines of entire communities. "We are all affected by disasters and we all respond, whether we're trained or not," Engel said.

Jessica Davies, volunteer coordinator for the Panhandle Public Health District, said there are four steps to preparedness: get informed, make a plan, assemble an emergency kit and, lastly,



maintain both the plan and the kit. In order to create the plan, citizens should be aware of specific hazards like wildfires and tornadoes that threaten their community. They should also know about the community's disaster plan and warning system.

Armed with this information, each family should create a personalized plan for the event of a disaster.

Davies said the plan should include several components, such as escape routes and safe places away from the home for family members to meet following the disaster.

"Often, in the event of a natural disaster, it is easier to call out-of-town than locally," she said, "so families should choose an out-of-town contact for all family members to check in with and let them know they are okay, especially if they become separated." A sample communication plan is available online at
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Panhandle
Public

Health
District

District

Panhandle
Public Health District

"Serving the
Panhandle"

2006

Message from the Board President Carolyn Jones



Carolyn Jones, PPHD Board Pres.

The Board of Directors of Panhandle Public Health has responsibility for protecting and promoting the public's health. The three components of this responsibility are assessment, policy development and assurance.

The board is responsible to see that personnel have the necessary skills, tools and resources needed to carry out the assessment processes. Assessment is making sure programs and systems are evaluated for effectiveness and efficiency of the essential public health services.

Public health policies may be either regulatory or non-regulatory. Public health policy development refers to written expectations for accomplishing public health goals, measurable objectives and expected results to be achieved.

The role of the board for assurance is to guarantee public health policies and programs are in place and working. To accomplish this, the manner in which the board is formed, structured and operated assures:

- legal authority for oversight
- resources and assets to support its mission
- development and implementation of policies
- accountability through continuous evaluation and quality improvement, and
- collaboration with the public at large and local partners

In January, we were one of the first public health entities in the state to use the National Public Health Performance Standards evaluation. It was a good tool to indicate areas to be strengthened and also areas where we have grown strong in the few short years of our existence.

In the upcoming months, we will be examining and adopting upgraded quarantine and isolation regulations in preparation for the possibility of Pandemic Flu. This is just one example of one of our primary functions.

If there is any part of the public health message and mission you have questions on, I encourage you to contact a board member or someone on our staff. We would like to have your input as we begin our fifth year in service to public health.

Brush'n up!

Every child has their bedtime routine - a warm bath, story time, prayers and repeated requests for any excuse to stay up past nine o'clock. But not every toddler has a routine that includes brushing their teeth and a good grasp on healthy bedtime snacks.

Freddy Flossisaurus and Buggy Malone are out to change all that. The two giant, furry creatures are the companions of PPHD nurses Melody Leisy and Betsy Bauman. The two RNs visit day cares and schools to encourage the benefits of children caring for their pearly whites.

Kids get a chance to practice good dental hygiene and keeping a regular brushing routine. By learning basic terms such as tooth, cavity, dentist, toothpaste, toothbrush and fluoride the little ones become knowledgeable consumers through the baby tooth phase and into their first foray with the tooth fairy.

Freddy and Betsy (or Buggy and Mel) are also proponents of making visits to the dentist for children a little less scary. The old wives tales that keep some adults out of the dentist's chair will be a



Children highlight the importance of good nutrition at the Multi-Cultural Health Fair in April.

thing of the past for the kids who see a smiling dentist visiting a smiling young student on a regular basis.

"Tooth decay is one of the most common of all disor-

ders, second only to the common cold," Leisy said.

"Dentists say the most important part of tooth care happens at home."

Scrub Club

Only one in three adults washes their hands when they leave the restroom. Tomorrow's adults should do better, thanks in no small part to a fun way to learn about the importance of hand washing through Panhandle Public Health.

Public health nurses, Betsy Bauman of Hemingford and Melody Leisy of Bridgeport make Scrub Club presentations in schools, libraries and child care centers. Most children do learn to wash up at preschool and the importance of coughing in the crook of their arm to avoid more germs on their hands between hand washing.

The nurses said hand washing is not just a good habit for kids, but also an important factor affecting the health and economy of those around them.

"In a national study, it was discovered there are 164 million lost school days due to illness," Bauman said. "Not only are the missed days disruptive, but also expensive. Students are likely to share their illnesses with teachers and parents, causing missed work days for both and higher health care costs for families. It costs less than a penny to wash your hands, but this prevention can save a \$50 visit to the doctor."

For more information, games, posters, stickers and cartoons on the importance of children washing their hands, visit the Scrub Club website at www.scrubclub.org. The site also has downloadable music, posters, computer wallpaper and screensavers for children, parents and teachers. There are also teacher's guides for educators wishing to use The Scrub Club program in their classrooms and tips for parents.

TOPS training was top notch

It's not often training of a national caliber is brought to the Panhandle that infects nearly a hundred professional from across a variety of disciplines. For six days in July of 2006, a program coordinated by PPHD and PPHS sponsored by the Training Academy in the Panhandle gathered 80 individuals from health and human services, college students, photographers, musicians and computer geeks to learn the magic of handling a crowd in a participatory decision-making process.

The Technology of Participatory Strategic planning is a structured process for activating group participation - focused conversations, consensus workshops and action planning. Deb Burnight, Whitney Shipley and Esther Mae Cox, all certified through the Institute of Cultural Affairs facilitated the learning process in three two-day seminars in Alliance and Scottsbluff.

Focused conversations allow meaningful exchanges of ideas to bring awareness of an issue to the group. Consensus workshops energize problem solving with rational and intuitive thought processes and the action planning method helps a group rapidly pull together an effective plan, organize needed resources and mobilize individual's energy into actions.

During the training, it was exciting to see many volunteers grasp the concepts and almost immediately put the plan into action. Kim Engel of PPHD was asked to facilitate a consensus workshop for the Boys & Girls Clubs of the Nebraska Panhandle, Inc. The regional board was at a crossroads in developing committees and getting on task.

The consensus workshop created an agreement among the group about the tasks to be done to charter on deadline and who was responsible for those tasks.

Giant purple sticky walls - parachute fabric sprayed with heavy layers of repositionable adhesive, like one giant sticky note - were part of the program, as well. Each hospital and the public health district has a sticky wall used to mount notes and hold ideas at their location for spur-of-the-moment facilitation events.

Some participants plan to continue their facilitation training with participatory strategic planning. Another course by the same instructors is planned for January 2007.

WNV Panhandle update

Mosquitoes carrying the dangerous West Nile Virus were discovered in the Panhandle. Public health officials said 277 human cases were confirmed in Nebraska this year and 21 were in the Panhandle. There was one death attributed to WNV in 2006.

More than 188 cases were confirmed in Nebraska in 2005 and there were five human deaths due to West Nile Virus. In 2004, there were 54 cases and no deaths. In 2003 there were 2,366 cases with 29 deaths. In 2002, the first year the virus appeared in the state, Nebraska had seven deaths.

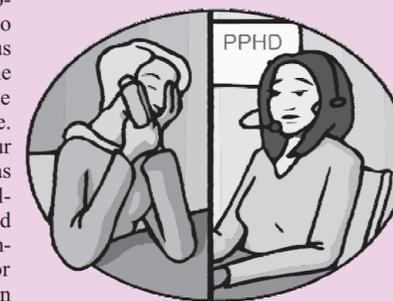
Panhandle residents were advised to remain cautious throughout the summer and into the fall, especially during those evening football games. Twenty-five of the above cases in 2006 were reported in the fourth week of September. Officials suggest Panhandle residents use an insect repellent with DEET and to wear long pants and long sleeves to avoid being bitten by a mosquito.

Help is just a phone call away

Health care providers seem to be all around us when we visit the doctor's office or the hospital, of course. But in our day-to-day lives as we battle the little illnesses of the world and struggle to comprehend Medicaid or special prescription coverage, we may wonder who to call. Oftentimes, young people especially worry about bothering a doctor or nurse when they're unsure if the problem is "serious enough."

Panhandle Public Health's outreach nurses Betsy Bauman and Melody Leisy reach out to the community to offer education and support in areas like health care coverage and communicable disease, as well as other public health risks.

The public health nurses can also help providers with issues and concerns regarding their patients. If a patient seems to be having problems keeping appointments due to transportation problems or other issues, goes to the emergency room when they should be making an appointment or simply staying away due to lack of paid coverage, the PPHD public health nurses can help. Leisy and Bauman assist patients determine eligibility for Medicaid or Kids Connection by helping them find appropriate health



care providers, working through the forms and answering questions about when it's appropriate to call the doctor, to make an appointment or visit the ER.

If a patient has problems with English as a second language or cannot find transportation to the doctor or hospital, the public health nurse will recognize that barrier and gather community resources to help resolve the issue.

In addition to public assistance, Leisy and Bauman offer presentations on health care issues for children such as the scrub club, brush'n up and child care policies, adult issues like being prepared for disaster or worries about the "bird flu." A public health nurse can be the public's first line of defense and information for both every day and serious health care concerns, but is not a substitute for a regular health care provider.

Family tells radon experience . . .

—from page one

Audrey said post-mitigation results were 1.7 pCi/L, an acceptable level Wolf has returned to check on when he is in the area. Mrs. Sloan said the family has lived in their home since 1993 but no one in the family experienced any symptoms of distress from the radon. Radon does not begin to effect the body for anywhere from five to 25 years, but is the second leading cause of lung cancer in the U.S.

Wolf said the harmful min-

erals are easily discovered and removed from the home at less cost than allowing warm air to go up the chimney. The average cost of abatement ranges from \$1,200 to \$1,600.

He urges everyone to check their home, new or old and no matter the style of home, with the short-term test kits available free or for a very low price in many locations. Free kits are available from the PPHD at 1-866-701-7073. Use the coupon on Page 10!

Panhandle

Public Health District

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

Kim Engel, Director
 Jessica Davies, Wellness/Volunteer Coordinator
 Betsy Bauman, RN, Surveillance Coordinator and Public Health Nurse
 Melody Leisy, RN, Emergency Response Coordinator and Public Health Nurse
 Sara Hoover, Administrative Assistant/Bookkeeper
 Emily Kuhn, Assistant

P.O. Box 337, 808 Box Butte Avenue, Hemingford, NE 69348
 Phone 308-487-3600, Toll Free 866-701-7173, Fax 308-487-3682

Also located at:

1015 Main Street, Suite 2, Bridgeport, NE 69336, Phone 308-262-2217, Fax 308-262-2218

The vision of PPHD: A coordinated system of public health services that promotes and enhances the health status of the Panhandle-wide community.

Prescription drug benefits available for elderly and limited income individuals

Like many older people, Leo Land Mavis Wernke need medications to stay healthy. They each take four prescription drugs — his are for high blood pressure, thyroid and a pain medication, hers are for strong bones and a sharper mind.

Before Medicare Part D, a federal government benefit for seniors, they were paying \$375 per month and even with federal assistance, there are limits to their drug coverage.

There are some drug company discount programs for seniors and low income individuals that offer assistance, said Jenifer Fankhauser of Western Community Health Resources, but often the paperwork and guidelines are too much for the average person to handle.

Instead, Panhandle Public Health District provides Fankhauser with a portion of the funds to administer the program to provide the discount coverage for persons with no prescription drug coverage, including the Medicare Part D. PPHD has helped to provide access to the prescription drug assistance program in most of the counties it serves.

Prescriptions valuing more than

\$800,000 have been received this year for those who otherwise couldn't afford it.

Fankhauser said the income guidelines are not overly restrictive and the programs can provide a wide variety of name brand prescriptions and even a few generic drugs through the drug companies' charitable program. She said there are some drugs that are not available through any of the free or reduced price program, such as birth control and narcotics.

The drugs obtained through the assistance program are provided by the drug manufacturers and sent directly to the doctors, Fankhauser said.

She said the program does not meet an immediate need for a prescription that day. Instead, the drugs take four to six weeks to



arrive in the first shipment and are refilled over the long term.

Before Medicare Part D was instituted in Spring 2006, Fankhauser said she had about 250 clients on the prescription assistance program. Now she has 100 clients, but is sure there are more people out there who would qualify for the assistance.

In October, the Wernkes reached the stop limit of their policy for Mavis' prescriptions, a gap referred to as the "donut hole" effect. For the last three months of this year, they will pay the full cost of the drugs to the pharmacy as they are still not eligible for the other assistance programs described here, due to income and insurance regulations.

However, Fankhauser said all seniors should take care to see a counselor regarding the limitations of their current program during the last six weeks of this year.

She said November 15 to December 31 is the only time enrollment or changes can be implemented.

Call Panhandle Public Health District to locate the prescription drug assistance program in your area.

PPHD staff adds two administrative assistants in Hemingford

Two new staff members have joined the team at Panhandle Public Health District's main office in Hemingford.



Kuhn

Emily Kuhn, a senior at Hemingford High School, began working for PPHD in the fall of 2005, after school and on days off from school.

In the fall of this year, she took a more permanent position as she took part in the school-to-work program at Hemingford High. Her duties include computer entry, filing, and filling in when needed when the full time staff is out of town on business. Kuhn is the daughter of Marty and Jane Kuhn of

Hemingford. She will graduate from HHS in May 2007 and plans a degree in a health-related field.

Sara Hoover, a senior at Chadron State College, began working part time at PPHD this fall, also.

Hoover is studying business administration at CSC and will graduate with a BS degree in December.

She is the administrative assistant. Hoover is the daughter of Mike and Cheryl Hoover of Hemingford and a 2002 graduate of Hemingford High School. Sara is engaged to be married in March to D.J. Sulzbach of Alliance.



Hoover

We're community heroes.

Being parents is the best and hardest thing we've ever done. Sometimes we have to make some really tough and unpopular decisions.



This message brought to you by the Panhandle Prevention Coalition and this newspaper.

We want teens to grow up smart and successful, but we also want them to have fun.

We're community heroes because we understand that teenagers don't have to drink alcohol to have fun or just because other kids do it. The consequences are greater these days and the negative health risks are better known.

We're community heroes because we pledge not to have underage parties at our home or buy alcohol for minors.

Being community heroes doesn't make us popular. But it does allow us to do something far more important -- keep local teenagers safe.

Emergency responses a collaborative effort in Panhandle

Emergency managers, doctors, administrators work together for possible wide spread emergency

In each community and at many large companies, certain people know what to do in case of an emergency. Hospitals drill their staff on a regular basis for how to handle a chemical spill, a large accident involving dozens of injured teenagers, a tornado or other natural disaster. They are joined by other emergency providers like EMTs, firefighters and law enforcement. "There's a place for everyone and everyone knows their place." Panhandle Public Health Director Kim Engel said.

She said neighbors helping neighbors took on a regional connotation recently in disasters such as the recent fires in Dawes and Sioux counties. Public health officials from PPHD, as well as firefighters, law enforcement, emergency managers, and volunteers stepped forward and assumed emergency response positions.

The Panhandle Regional Medical Response System meshes individual plans in each agency and community into a cohesive regional plan that takes into account different resources in medical and behavioral health, the location of clinics and hospitals and the structure of existing communication networks, Engel added. The Planning and Implementation Team consists of representatives from public health and area hospitals. They meet every other week via conference calls to keep the planning process on track.

The leadership team, tasked with putting the plan into action if a regional emergency did occur, includes three people from each hospital, emergency managers, members of the EMS and law enforcement agencies, public health, behavioral health and Panhandle Community Services. They meet

every second month for a full day of work group activities, training and exercises. The hospital CEOs serve as the steering committee and meet monthly.

Engel said a half day might be spent on updates regarding national stockpiles of emergency medical supplies, disease reporting, and of course, planning for "Pandemic Flu." The remainder of the day is filled with training, surveillance and communication issues. Examples of complex problems dealt with include assuring there is adequate staff during an emergency, how to handle a surge of patients, decontaminating people exposed to dangerous substances, and planning for mass immunization clinics.

Agencies work together in developing their preparedness plans to be compliant with National Incident Management System.

The final plan will never be totally final, Engel said. A matrix of roles and responsibilities is included in the plan to avoid duplication of efforts and a deeper understanding of everyone's part in implementing the system.

Concepts covered in the plan include activation levels and notification procedures, communication strategies, transportation, locations of medical supplies and equipment, methods of tracking patients, available medical personnel, levels and methods of security, mental health services available and the paperwork to back it all up in the record books. Standard logs, inventory sheets and problem-solving procedures are accounted for in the plan so that everyone is literally "on the same page."

The PRMRS plan is updated every six months and distributed to the partners electronically. The PRMRS was recently highlighted during the annual conference of the National Association of City and County Health Officials in San Antonio, Tex..

◆ Disaster Chaplaincy provides helping hand . . .

—from page eight

ily and friends of the victims and one another.

If you are active in your faith and interested in serving as a disaster chaplain, you do not need to have a degree in theology. Instead, applicants are invited to put together letters of recommendation from their church and someone they've

worked with in a supervised position, provide references and participate in an interview and background check.

Local contacts include Davies at PPHD, Russ Seger of Chadron United Church of Christ, or Harry Walles of Interchurch Ministries of Nebraska.

County prevention coalitions work to effect change

In their third year of successes across the Panhandle, community coalition leaders from each of the 11 counties are regrouping and reorganizing under new funding and some redesigned leadership at a regional level. The Panhandle Prevention Coalition is the regional "super coalition" that brings together organizers from each of the local county-wide coalitions to share resources and manage cross-cutting programs.

The regional and county organizers continue to work on the environmental programs that have proven the most successful in their communities for garnering awareness and creating the spark of change in community norms.

While 30 years ago no one gave a second thought to lighting up a cigarette, now the practice is all but forbidden in public places and strictly prohibited in government institutions, restaurants and even some metropolitan city's bars. That social change over time, is the type of change the prevention coalition teams are working to effect in regards to underage drinking.

Panhandle Public Health District has played an active role in developing the capacity of the regional and local coalitions at a variety of levels. PPHD Director Kim Engel and Panhandle Substance Abuse Council Director Barb Joliffe are the advisors to the regional team. Deanne Armstrong is the regional coordinator.

In addition to the individual strategies implemented by each of the smaller coalitions in their local high schools, the regional effort has been focused on an environmental strategy

to reduce access to alcohol by the teens and change those social norms. Communities Mobilizing for Change has been in the forefront of both programs in a media campaign introduced in last year's report, "Community Hero."

The campaign is targeted at adults, ages 21-45, who may have considered purchasing alcohol for minors. Research shows teens are not often purchasing alcohol illegally from retail merchants, but they are getting this illegal drug from parents, older friends, brothers and sisters. Communities Heroes pledge not to buy or provide alcohol to minors. The media presence is enforced by a "black and white," no nonsense approach including car magnets, buttons for retail beverage servers, large banners in high school gyms during sports season, news releases and advertising in area newspapers and radio.



This fall, the coalitions will expand the CMCA program to include Community Trials, the enforcement arm of the proven environmental program already in place. "Without enforcement, policies regarding underage drinking are wasted."

The coalitions have also recently received additional funding to help fight drug use among teens in the Panhandle. The Drug Free Communities Support Program, offered by the federal government, will grant the Panhandle coalition \$100,000 annually for five years to help preserve the already successful infrastructure created under the SICA program.

E. coli outbreaks hits home with Sidney family

Little Grant Drumheller is a blue-eyed blonde with a mischievous smile and a sense of adventure, but a tired spirit that doesn't match. At 18 months, Drumheller is one of the Panhandle's latest victims of the E. coli infection — but he didn't get it from eating raw spinach.



Drumheller is one of four children from the same child care center in Sidney who developed E. coli this summer. He is slowly recovering from nine days in the hospital, eight days in isolation and a blood transfusion.

Marci and Bryan Drumheller are young parents of two, small, active boys. They took Grant to their local doctor for diarrhea in late June 2006, but he was mistakenly diagnosed as suffering from a "stomach bug." Such misdiagnoses can occur when standard lab tests fail to detect E. coli, Betsy Bauman, PPHD Outreach Nurse, said.

Dr. Tom Safranek, state epidemiologist who investigated the Sidney E. coli cases, said it can be hard to detect E. coli in routine testing. In the case of the E. coli infection in Sidney, the situation was made difficult because it was an unusual strain of

the bacteria, O121. The strain now infecting people across the United States from raw spinach is O157.

"It's a very normal, typical response on the part of the doctor," Safranek said, when the laboratory cultures do not show the common strains, to suspect a more benign situation like a change in formula or diet. Until the blood or kidney infection shows up and the child is very sick, Dr. Safranek said the less usual strains of infectious diarrhea may not be suspected.

By month's end, the Drumhellers learned three other children at day care had developed a similar illness. Day care personnel, meanwhile, were following proper procedures to disinfect the room, educate the parents and develop policies surrounding sick children attending day care, Bauman said. She echoed Dr. Safranek's comments, saying it is extremely difficult for a day care provider to differentiate between infectious diarrhea and another more benign cause, such as a common virus or change in diet.

Bauman said parents should not allow their children to attend day care if the child has a

fever that is accompanied by behavior change or other sign and symptoms of illness, vomiting that has occurred two or more times in the last 24 hours and uncontrolled or uncontained diarrhea. Other symptoms, unrelated to E. coli, could also be cause for concern. If in doubt, contact your health care provider.

During the Fourth of July weekend, then 14-month-old Grant was running across the lawn of his home in Sidney, when he collapsed with a seizure. His family rushed him to the emergency room and two hours later they were in an ambulance on their way to Children's Hospital in Denver. Grant was suffering from a condition known as HUS.

After nine days in the hospital and visits from pediatricians, kidney specialists and others on staff, Marci Drumheller said Grant had received a blood transfusion but the medical staff continued to draw blood every six hours for four days to insure that he was improving.

Marci said Grant's hematocrit level was dangerously low. A normal level is 30-40. Grant's was 22, however he was not in danger of renal failure or dialysis. In many cases involving E. coli, the infection damages the kidneys.

The Drumhellers continue to see health care professionals at

— Continued page ten

Podcasting across the Panhandle

Led by the teens with their omnipresent ear buds seamlessly attached during most workouts and plenty of long drives with the parents, the idea of personal music devices and downloadable audio files has now invaded the domain of the everyday housewife, the small town businessman and the art connoisseur.

With plenty of legal music downloading now available on the Internet for less than \$1 per song, adults are ditching CDs and moving over to MP3 players. The customized play lists include not only music, but inspiration.

Panhandle Public Health District is leading the MP3 craze, in a health-centered way of course, with downloadable health messages as part of their MPower³ physical activity program.

Podcasts are audio or video files available online for download to a personal computer, cell phone or MP3 player. iPod is the most popular brand of MP3 player, hence the name podcast.

Eighty percent of podcasts are played on the computer and recently Amazon and iTunes began offering downloadable commercial

videos on the same day the DVD is released.

Podcasting in western Nebraska began with the idea of producing health messages for girls and women to carry with them while exercising, including music to walk by and reminders to speed up, slow down or take your pulse. From there, the idea mushroomed with the input of domestic violence caseworkers, educators and hospital administrators.

Podcast producers hope to get students involved in creating their own podcasts on a topic like history, science or English.

4-Hers might create an audio tour of the fairgrounds. Tourism promoters have ideas for walking tours of the city, the museum or the art gallery (health, culture and economic benefits all

rolled into one) and both Family Rescue Services and the hospitals have plans for consumer education programs via podcast.

PPHD is leading a group of Panhandle pod people in an opportunity to receive free training and equipment to produce podcasts locally.

For more information, contact Jessica Davies at PPHD, 308-487-3600 or 866-701-7173.



New fitness campaign rewards physical activity with MP3 players and more

Public health partners covering the 11-county Panhandle region are encouraging women and girls to register for an exciting physical activity challenge called **MPower³; Movement, Music and More.**



Davies

Jessica Davies, Wellness Coordinator at Panhandle Public Health District, said MPower³ was developed to motivate girls in grades 3 through 8 and

women age 40-64 to increase their physical activity in order to improve their overall health and win great prizes.

According to the Centers for Disease Control and Prevention, the number of overweight children age six to 19 has tripled in the past 40 years. Obesity during childhood and adolescence is associated with obesity in adulthood. Physical inactivity is one of the main contributing factors to obesity.

A recent report by the Nebraska Health and Human Services System shows that 46 percent of women in the Panhandle do not engage in regular, moderate or vigorous physical activity. In addition, 25 percent of Nebraska children do not engage in any leisure time physical activity.

By exercising regularly and tracking their physical activity on monthly scorecards, MPower³ participants will be eligible for monthly drawings for MP3 players, Davies said. Grand prizes, awarded in June, include an iFit treadmill from Sears, a bike and helmet from Sonny's Bike Shop, day spa packages from Becky's Day Spa and more.

The campaign began September 30, 2006 and ends May 30, 2007. A \$5 registration fee is required. However, Davies said scholarships are being offered to those unable to afford the fee.

The MPower³ campaign is led by PPHD and Scotts Bluff County Health Department as part of the Bright Futures for Nebraska Women program. It was designed to sustain the increased physical activity that began with the statewide N-lighten and PACE projects.

For more information about MPower³, please contact an organizer within your county:

This project is supported by the Nebraska Office of Women's Health with funding from the Centers for Disease Control and Prevention and the Maternal and Child Health Block Grant. For more information, visit www.mpower3.org.

Tooth decay a significant health problem for Panhandle youth: Dental Day X attacks problem at its root

There's a lot more to smile about in the Panhandle today, following the success of another Dental Day program across the region. This is the third year UNMC College of Dentistry students have traveled to the Panhandle to offer free dental services to children, the 10th event for the program in Nebraska.



Senior Dental Student Brandt Roeber shares a playful moment with one of the patients during Dental Day X.

About 200 children received restorative dental care and cleaning at locations including Alliance, Chadron, Crawford, Gering, Gordon, Rushville and Sidney. Often, the reason children do not receive dental screenings isn't lack of concern for good oral hygiene, said Kim Engel, director of Panhandle Public Health District. More often, children in rural America do not have insurance for dental care.

Engel said uninsured residents of the Panhandle rank second highest in the state at 18.4%, which is significantly higher than the 11.7% for the entire state. "Good insurance includes good dental coverage," Engel said. "Too many of our young people cannot see their dentist because the family is forced to make a choice between paying a dentist to examine their child's mouth and paying for food to put in their child's mouth. It's an unjust reality."

Dental care is the most common unmet treatment in children, according to a state report on oral health among 3rd graders. The same study shows children at schools with a lower socioeconomic status have a higher prevalence of rampant tooth decay. Tooth decay is an infectious disease that can be passed from mother to child and from person to person, shortly after a child's first tooth appears.

"Tooth decay can be prevented by a balanced diet, good dental hygiene, regular visits to the dentist, the use of fluoride, and dental sealants," Engel said. "On the flip side, un-

— Continued on page ten

October 05	November 05	December 05	January 06	February 06	March 06	April 06	May 06	June 06	July 06	August 06	September 06
<ul style="list-style-type: none"> • Kibbe Conti nutrition workshop • Risk & Protective Factors Student surveys in most Panhandle schools • Community Hero media campaign launched as environmental strategy for prevention teams • Began providing financial support for Children's Outreach Program 	<ul style="list-style-type: none"> • Nebraska Prevention Leadership Institute in Lincoln • Quilting for Women's Wellness in Crawford • 1st PPHD annual report published • Flu like illness surveillance begins for 2005/2006 	<ul style="list-style-type: none"> • Hemingford Ledger chooses Panhandle Prevention Coalition efforts as Top 5 story of the year • Brush'n Up Dental Prevention Program introduced 	<ul style="list-style-type: none"> • Juvenile Justice planning committee meets to write Panhandle plan • Circle of Courage reaches out to Native American youth in Northern Panhandle • National Public Health Performance Standards for Governance completed 	<ul style="list-style-type: none"> • Heart Truth Events in Alliance & Harrison • Chadron launches Walk About program • Needs assessments conducted in Sidney, Chadron & Alliance for possible Boys & Girls Clubs • Pandemic Flu Summit 	<ul style="list-style-type: none"> • Kids Fitness Day in Sidney • Participate in exercise Distribution of Strategic National Stockpile 	<ul style="list-style-type: none"> • Kids Fitness Day in Chadron • Multi-Cultural Health Festival • Prevention Teams host town hall meetings on underage drinking across Panhandle • Come Together for Youth in Alliance • Mumps cases cited in eastern Nebraska 	<ul style="list-style-type: none"> • Pandemic/avian flu issues addressed in media and community meetings • State & local Pan Flu exercises • National Public Health Performance Standards for Communities completed 	<ul style="list-style-type: none"> • Dental Day X • First case of West Nile Virus found in Panhandle • Outreach Nurses see summer first aid issues • Co-Hosted Well Workplace University in Chadron 	<ul style="list-style-type: none"> • Wildfires ignite much of Dawes & Sioux counties • E. coli outbreak at area day care • Coordinate ToPs training for 78 people in the Panhandle through training academy and Panhandle Partnership for Health and Human Services 	<ul style="list-style-type: none"> • Hand sanitizers distributed to all county fairs • Roberto Dansie speaks on Children in Crisis at CSC 	<ul style="list-style-type: none"> • Annual Meeting & Election of Officers • MPower³ kickoff • Drug Free Communities grant awarded by SAMHSA to PPHD • School surveillance begins for 2006-07 • Podcasting begins at PPHD

Panhandle Public Health District

Public health is community health

For years the public has known what the job is for their private health care providers. Pharmacists provide vaccines and painkillers, antibiotics and cough medicine. Nurses comfort the sick and dying. Doctors diagnose illness, operate on sick patients and save the injured from death.

But, patients don't drop by the public health department for treatment of a broken leg, to pick up their prescription or have their appendix removed. Public health is about monitoring community health problems, investigating existing problems and hazards, informing, educating and empowering the community to manage their own health care.

Panhandle Public Health District has seven essential services beyond those named above:

- Mobilize community partnerships to identify and solve health problems.
- Develop policy and plans that support individual and community health efforts.
- Enforce laws and regulations that protect health and insure safety.
- Link people to needed health services and assure the health care when otherwise unavailable.
- Assure a competent public health and personal care workforce.
- Evaluate effectiveness, accessibility, and quality of personal and population based health services.
- Research for new insights and innovative solutions to health problems.

National Standards

PPHD, together with their partners, must also conform to national public health standards developed for all city and county health officials. National standards help not only to improve quality and value for the consumer of these services, but also to strengthen the system of delivery for those services.

Standards provide a level of quality for all those in the system to aspire to and levels of performance to be measured by. The public health system includes not only the health department, but also the health care providers, hospitals and the consumers who must be aware of health and safety issues and others concerned with the safety and well being of those in their community.

It's all of us.

In each of the Panhandle counties, community coalitions have come together to address community health issues like underage drinking, maternal and child health, smoking cessation, domestic violence and disaster preparedness. Collaborations of individuals and agencies work to address policies affecting health issues in the Panhandle and to enforce existing regulations on topics that protect health and insure safety.

The health district works within the community to offer solutions based on scientific evidence as part of this federal voluntary accreditation process.

The health district works with the community to offer solutions ...

◆ New born baby care offered . . .

—from page five

support. Another common issue is the lack of weight gain for new babies that are breastfed and, often, for those who are not.

The program is entirely voluntary, Jensen said. Before the mother leaves the hospital she gives permission for the outreach nurse to access the medical records of both mother and child, including issues at delivery or problems

with bonding or breast feeding.

This is the eighth year the Children's Outreach program has been in existence in the Panhandle. Nurses in the program meet on a biannual basis for continuing education on topics like infant assessment and car seat safety.

Disaster Chaplains provide helping hand

When disaster strikes, often a person needs both a cot to sleep on and a shoulder to cry on. Disaster Chaplaincy is a program designed by the Interchurch Ministries of Nebraska, a statewide ecumenical agency that provides support to cooperating denominations and people in need in Nebraska.

Jessica Davies, with Panhandle Public Health District in western Nebraska, is the local public health liaison for the agency to develop their scope of services in the event of a disaster, be it natural or manmade, in the Panhandle. She works with others in public health, behavioral health and a trained hospital chaplain to create teams of local chaplains willing to help not only in their local community, but also to respond statewide.

Disaster chaplains are not pastors to the victims, local responders and existing local faith leaders. They are there to provide immediate care to the individual in what's called "water bottle ministry," not spirituality. Rather than counsel a victim or pained EMT on theological issues, the disaster chaplain provides a helping hand in finding immediate relief from the obvious strains of the disaster situation — a warm cup of coffee, a place to sit or sleep, maybe a phone to call a worried relative watching the situation unfold on CNN.

The chaplains follow a rigorous interview process, background check and training before they are entrusted with the care of others in need. A code of ethics and a set of guiding principles let the caregiver know their place in the system devoted to dealing with crisis. A chaplain does not just pick up and go to the scene of a

disaster she hears about on the radio. They are activated by the Nebraska Emergency Management Agency, the same group that calls in the Red Cross and other First Responders. A branch of the military, NEMA is charged with four areas of emergency management — preparedness, response, recovery and mitigation.

They help train the responders, including the disaster chaplains to be prepared for many types of emergencies, including tornadoes, floods and hazardous materials. In the event of an emergency, local jurisdictions respond first — if resources are inadequate, a local leader will request assistance from the state and NEMA will step in to activate the Nebraska Ecumenical Disaster Response Network. If necessary, NEMA may alert the regional Federal Emergency Management Agency's team in Kansas City.

Disaster chaplains do not attempt to influence people to join their church or faith tradition. They are there as a compassionate, confidential volunteer and trained to recognize their own limits, both personally and professionally. The chaplains are trained not to talk to the media, take photographs or wander around the disaster site.

"Every disaster is different and calls for a unique response," the IMN cautions. Chaplains are expected to be flexible and able to work with a wide variety of people and within a large number of systems. Not only will the chaplain offer assistance to the direct victims of the disaster, but also to the other emergency responders, the community at large, the fam-

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County Fair: a great time to learn about animals and about hand washing

County fairs rustle up all sorts of scenes that tug at the heart strings — from children in strollers with cotton candy to toddlers petting porky piglets. Just think of all the happy people at the fair. Add in all the farm animals and multiply by 10 million. Now, you have some idea of just a few of the germs hanging out in the petting barns, the livestock arena or the outdoor food booths.

The hand-to-mouth contact, common among children, is a haven for transmission of nasty germs, especially among children who may not take the time or energy to wash their hands before eating or after visiting the cow barn. Different types of farm animals can carry different diseases. For example, cows and calves can carry the bacterium *E. coli*. Chickens carry salmonella.

Hand washing after petting animals at the fair is an important way to help prevent infection with *E. coli*. This year Panhandle Public Health District provided hand sanitizer stations outside barns, restrooms and food stations at each of the county fairs in the Panhandle.

When running water is available, such as in the restrooms, a more thorough approach is required. "Not only should hands be washed frequently, they need to be washed thoroughly," said Betsy Bauman, public health outreach nurse. "Too many people take a splash-and-dash approach. Unfortunately, if you wash less than five seconds, you miss a lot of germs. The hand is loaded with germs. We're trying to teach people that."

"We're asking that you use the 20-second rule," Bauman said. "Wet your hands with warm water, place soap in your palms, rub your hands together and scrub vigorously for 20 seconds. If no running water is available, hand sanitizer is the next best option. Giant bottles of hand sanitizer will be placed strategically around the fairgrounds for easy use. Alcohol-based hand sanitizers are effective at eliminating 99.9% of germs."

Fairgoers are asked to "Take a Squirt!" of hand sanitizer on their way between the barn and the barbecue. At the fair, see the barns and get a snack, Bauman suggests, but wash up or Take a Squirt between times.



Snort. Sniffle. Sneeze. No antibiotics please

The level of flu-like activity in Nebraska was on the rise this past year, but public health officials remind people antibiotics are not the answer in treating flu or other viral illnesses like the common cold.

There are more than 1 billion colds in the U.S. annually and the average child has three to eight colds each year. But, of the 200 different cold-causing viruses, none can be treated with antibiotics.

"Most people lump viruses and bacteria together," said Betsy Bauman, surveillance public health nurse from Panhandle Public Health District. "Actually the two have little in common — viruses are more like robots, where bacteria, more than four times the size of a virus, are living cells and reproduce independently. Most bacteria are harmless to humans and some are, in fact, beneficial."

"Research tells us that most Americans don't understand that antibiotics kill bacteria, not viruses. People go to their doctor and request antibiotics for themselves or a sick child, when it is not the appropriate course of treatment," Bauman said.

Antibiotics do not treat colds, flu or other viral illnesses.

They do not make patients with viral infections feel better, recover faster, or protect others from getting sick, Bauman said.

"Antibiotics are truly miracle drugs that have saved countless millions of lives," Bauman added. "But antibiotic resistance is a critical public health issue that is eroding the effectiveness of antibiotics and may affect the health of each and every one of us."

Taking antibiotics when they are not needed creates additional health risks because widespread and inappropriate use of antibiotics is fueling an increase in drug-resistant bacteria. Over the last decade, many types of bacteria have become stronger and less responsive to antibiotic treatment.

Antibiotic-resistant bacteria can quickly spread through a community, introducing new strains of infectious disease that are more difficult to cure and more expensive to treat.

According to the Center for Disease Control, antibiotic resistance is one of the world's

most pressing public health problems. People can lower their risk by learning about appropriate antibiotic use and taking antibiotics only when they are needed during cold and flu season.

Influenza continues to be one of the leading causes of hospitalizations in the winter months. The symptoms of flu are fever, headache, tiredness, dry cough, sore throat, nasal congestion and body aches.

As flu seasons come 'round again

this year, Bauman recommends people with colds and flu increase their fluid intake, use a cool mist vaporizer or saline nasal spray to relieve congestion and soothe the throat with ice chips, sore throat spray or lozenges. "Take an over-the-counter medication to relieve symptoms. Ask your pharmacist for a recommendation," she concluded.

Colds caused by viruses may last two weeks or longer. Viral infections may sometimes lead to bacterial infection.

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New moms and babies get special care at home following delivery

Fifty years ago following an uneventful birth, the new mother would stay in the hospital for a week to 10 days, "recovering" from childbirth. A generation earlier, a turn-of-the-century-mom gave birth at home, but didn't get out of bed for a couple of weeks after giving birth with the assistance of a neighbor lady or midwife.

Today, childbirth is different in so many ways. Young moms have all the conveniences of a modern obstetrical unit, birthing room and, if need be, an operating room. But after the baby is born, they are asked to leave the hospital within 24-48 hours, even if they are covered by insurance, Jean Jensen with Volunteers of America in

Lewellen said.

But doctors and other health care providers are not ready to let go of mother and child — they know the first few days are important for medical, social and emotional reasons. Jensen said to manage early dismissals and important follow ups, area hospitals, PPHHS and the PPHD have devised an outreach program.

She said nurses from area hospitals and home health programs visit mother and baby in their home within 48 hour of dismissal. Funding for this service is shared between the hospitals, Nebraska Children and Family Foundation and PPHD. Home visits offer nurses the opportunity to assess

both the mother and child for medical and social needs and to offer education and support to the new, often young mother.

Jensen said without the outreach program, most moms do not receive their first checkup with the doctor until two weeks after the delivery. At the home, the nurse can make referrals for medical problems like jaundice, an infection or post partum depression in the mother. A family might also need help with health insurance, car seat safety or nutrition programs like WIC (Women, Infants and Children).

Frequently, first time moms are



concerned with breast feeding. In fact, Jensen said, many new moms give up after a few days if they don't receive

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◆ E coli outbreak hits home with Sidney family . . .

—from page one

their local clinic in Sidney once a week to have Grant's blood pressure checked and they see the doctor every two weeks. Grant is taking two adult medications to control blood pressure. "Mostly, he's back to his old self," Marci said. "But he gets lethargic. He plays for a while, then he just stops and lays down, all out of breath."

Marci said the medical community has been fantastic in both Denver and Sidney, where she works as an internal audit supervisor with Cabelas and Bryan is a track foreman with the Union Pacific Railroad. "Our local doctor continues to call Children's Hospital with updates," she said.

Panhandle Public Health

District played an active role in helping to establish policies regarding sick children, following up on disease investigation and providing parent

Sidney E. coli case was a different strain (O121) than that found in the national spinach recall event (O157).

and staff education following the incident. Parents were cautioned to be sure ground beef is cooked thoroughly, to wash countertops and cook-

ing utensils in hot, soapy water and, most especially, to practice proper hand washing after using the bathroom or changing a diaper. Containing an outbreak like the one in Sidney was especially challenging due to young children's hygiene habits.

Marci said the people of Sidney also rallied around the family during this tough time. While Bryan Drumheller was forced to commute back and forth to work and the hospital, while caring for their older son Gavin during this time, both sets of grandparents jumped in to help and the neighbors brought in food, mowed the lawn and took care of the house.

◆ Need to be prepared . . .

—from page one

www.ready.gov or www.redcross.org/contact card.

Other planning contingencies:

- Make special plans for small children, the elderly and pets. Develop a contingency plan for an alternate power source if life support devices, such as oxygen, are needed.
- Know where utility shutoffs are located and plan for quickly getting to them.
- Have a fire extinguisher accessible and be sure everyone knows how to use it.
- Install smoke alarms on every level and check the batteries regularly.
- Check to see you have adequate insurance coverage for any type of disaster. Flood insurance is not always included with your homeowner's policy.
- Inventory your home possessions. A video camera is an easy way to make a record.
- Learn first aid.
- Vital family records

and other documents should be kept in a safe deposit box.

Perhaps one of the most important things to do to prepare for an emergency is to prepare a supply kit. In the event you need to evacuate at a moment's notice, you will not have time to shop or search for supplies you will need. A supply list is available on the Red Cross web site, Davies said.

And, finally, you must maintain both your plan and your supply kit. Experts advise rotating the water and food supplies in the kit on a regular basis. Test the fire extinguishers and smoke alarms. Adjust your plan for changing family dynamics, such as a new baby or a homebound, elderly parent.

An in-depth guide to citizen preparedness is available from the PPHD and speakers are available to discuss the topic at community group meetings, if requested. For more information on preparedness, disaster planning or the pandemic flu, contact the PPHD at 308-487-3600 or toll free at 866-701-7173.

◆ Tooth decay a significant health problem . . .

—from page seven

treated tooth decay in children can lead to delayed growth, impaired speech development and ultimately tooth decay can impact a child's ability to learn and thrive. "

In addition to the personal visits for youth to area dental offices, Dental Day professionals were able to consult with UNMC specialists via the telehealth network. The telehealth system is available for other health and human services programs across the state, such as video conferences and training for professionals.

Dentists who participated in the Dental Day X include Donald Taylor, Jr. DDS, Paul Maxwell, DDS and Gene Giles, DDS of Alliance, Justin Moody, DDS, of Alliance and Crawford, Bill Printz, DDS, Michael Neal, DDS, and Melanie Kroft, DDS of Sidney, William Kaus, DDS and Terry Owens, DDS of Chadron, WG Snyder, DDS of Rushville, Robert Ferguson, DDS of Gordon and Travis Lambert, DDS of Chadron and Gering. In addition, Box Butte General Hospital was a site for surgeries.

Sponsors and participants in 2006 Panhandle Dental Day included the following organizations, both public and private:

UNMC College of Dentistry; Nebraska Health and Human Services System; Box Butte General Hospital; Gordon Memorial Hospital; Chadron Community Hospital, Sidney Memorial Hospital, Ameritas Insurance Co.; The Sowers Club; Nebraska Dental Hygienists Association; Nebraska Dental Association;

Patterson Dental Supply, Inc.; Hu-Friedy; Sullivan-Schein Dental Supply; Proctor & Gamble; area dentists; dental hygienists; nurses and concerned individuals from across the Panhandle; Panhandle Community Services Health Center; Western Community Health Resources, local county prevention teams, Heartland Coach Company; Timberline Autoplex, Pepsi Distributing Company, and Panhandle Public Health District.

◆ Snort. Sniffle. Sneeze. No antibiotics please . . .

—from page five

tions. Patients should keep their doctor informed if their illness gets worse or lasts a long time.

To avoid contracting a viral illness or to avoid passing it

on to others:

Wash your hands frequently; cough into the crook of your elbow; do not cover your mouth with your hands; stay home if you are sick.

For more information on the flu and antibiotic resistance visit <http://www.hhss.ne.gov/flu/> or call the PPHD at 308-487-3600 or 1-866-701-7173.

Day care provider assistance available locally

If a room full of toddlers makes you nervous, you don't even want to think about the myriad of rules and regulations their caregivers have to deal with.

Child care providers in Nebraska are most often licensed through Nebraska Health and Human Services. The people we trust with our most precious assets are inundated with important rules that govern everything they do — from feeding and diapering to diagnosing E. coli or child abuse.

Leisy

But there's help for the 192 licensed day care providers in the Panhandle through a new program provided by Panhandle Public Health District in western Nebraska. Two registered nurses, Melody Leisy and Betsy Bauman, offer guidance to promote health by assisting child care providers with written policies, food safety practices, sanitation procedures, play equipment inspections, health record reviews and illness and injury records.

Bauman and Leisy are available to all day care centers,

preschools and family home care providers to discuss health concerns. They provide telephone consultation to providers as issues arise and

offer programs at child care conferences in both the southern and northern Panhandle.

In addition to helping caregivers identify and implement improvements in their homes or centers, the nurses also work with the children and their families on health issues and offer fun classes for the children on topics like hand washing (Scrub Club) and brushing their teeth (Brush 'n Up). If a child's parent has a question of the caregiver — "Is little Johnny getting a balanced diet?" — for example, the caregiver can put the family in touch with the public health nurses for advice.

Leisy said PPHD has sample policies caregivers can use in areas such as sleep policy — each child must have their own crib and their must be a certain

space between cribs. The nurse will help the caregiver to develop a policy on when children should

be kept away from the day care, when they have a contagious disease, head lice, a rash, diarrhea or vomiting. Immunizations and medical records, including prescriptions are another difficult area the RNs can help handle. "Policies and procedures can be overwhelming if they have to work with the whole book full," Leisy said. "Oftentimes, we will just take the policy the caregiver is most concerned with to help them get on their feet. Later, we can return to address other concerns we uncover."



Bauman

One necessity offered among the templates of "do's and don'ts," is an Infant and Toddler Daily Report. The fill-in-the-blanks report lets caregivers tell parents about their son or daughter's daily activities, number of diapers and length of naps. How much the child ate and any special needs are noted as well.

"When mom or dad comes to pick up the child," Leisy said, "it's often busy for both adults and they may not get time to talk. A simple take home report can work wonders to keep the parents informed and the lines of communication open between two of the most important people in the young child's life."

Leisy said when she chose a day care for her son Drew, she followed the guidelines offered by Health and Human Services, visiting the home unannounced, taking a complete tour and asking all the right questions. For a copy of the Parent's Guide for Choosing Quality Child Care, visit the HHS website at <http://www.hhs.state.ne.us/crl/cildcare/childcareindex.htm>.

"It takes a special person to take care of children," Leisy concluded. "If I only had one piece of advice to offer it would be to take time for their self, also. Stress management is very important."

Message from the Director



Kim Engel Director

Collaboration is the normal operating procedure among health and human services in the Panhandle. Some call it a culture of collaboration

and most agree it is the most effective and efficient method to bring about change for improved health outcomes. PPHD works closely with the Panhandle Partnership to prevent underage drinking, provide free prescription drugs for those who can't afford it or increase physical activity. Collaborative relationships work in the Panhandle.

Every county has a concerned group of citizens who identify and prioritize needs in their community. The county prevention teams are a vital partner and represent members of the public health system.

Improved health for the public at large is brought about through the collective effort of many. This often occurs when policies or norms change. For example, seat belt usage increased dramatically when it became required by law. Memories from my childhood include others smoking in many locations. Now, when a cigarette is lit in a public place, it is noticeable because it has changed from being the norm.

Current changes include schools adopting policies to limit consumption of high calorie, low nutritional foods that contribute to the obesity epidemic among our children. As science improves and facts are known about the consequences of certain risky behaviors, we are able to make better choices about our lifestyles that will improve our health outcomes.

Together as communities, counties and the region we can work together to make our area the very best place to live a healthy, long life.

FREE LIFESAVING RADON DETECTION KITS

Yes, I want to test my home for radon. Please rush me my free radon detection kit.

Radon is a radioactive gas occurring naturally in one of every 15 homes in the U.S. It is the second leading cause of lung cancer. Testing for radon is simple. Just follow the directions on the package and return the entire kit to the manufacturer for analysis at no additional cost. You'll get the results along with information about corrective measures you can take to lower your radon level, if necessary.

Get your **free** radon detection kit from the Panhandle Public Health District by calling toll free 1-866-701-7173. Retail value \$30.

Name: _____
 Address: _____
 City: _____ State _____ Zip _____
 Phone Number: _____

Mail this coupon to Panhandle Public Health District, P.O. Box 337, Hemingford, NE 69348 or call 308-487-3600 or toll free 866-701-7173.

Kids Fitness Day attracts third graders to Chadron and Sidney

Often, habits learned as young people can stick with a person well into adulthood. Sometimes the habits are not good, like biting your nails or cussing but other times a good role model will set the tone for a large group of children to practice good, healthy habits like physical activity that is fun and nutritious that tastes good.

A new program in western Nebraska was offered in two locations this year, north and south, to attract more than 700 Panhandle third-graders and adult volunteers to learn about fitness and nutrition. In March and

April, 300 children invaded the Cheyenne County Community Center in Sidney and 425 kids and sponsors at the Physical Activity Center at Chadron State College.

The day's activities lasted from 9 a.m. to 2 p.m., with poor weather forcing the southern students inside for much of the day.

Students said they thought if they found a physical activity they could

enjoy or where they might excel, they would be more inclined to continue being fit into the future. Opportunities for different activities included step aerobics, tube stretching, yoga, Tae Kwon Do and obstacle courses.

Nutrition stations taught the youth about hand washing, healthy snacks and My Pyramid, the USA standard nutrition guidelines.

"It is time for the youth of the Panhandle to log off and get moving," said Jessica Davies, Panhandle Public Health District Wellness Coordinator. "Fast food, super-sized sodas and electronic entertainment are addicting our youth and endangering their lives

