

PPHD Financial Statement

Balance Sheet, June 30, 2011

| Assets | | Liabilities | | Net Assets | |
|---|------------------|--------------------------|-----------------|---|------------------|
| Cash & Equivalent | \$ 131,575 | Accounts Payable | \$38,082 | Invested in Capital Assets | |
| Acct. Receivable | \$ 190,696 | Accrued Payroll | | Net of Debt | \$ 60,498 |
| Inventory | \$ 17,055 | Liabilities | \$41,144 | Unrestricted | \$485,202 |
| Certificates of Deposit | \$ 225,402 | Total Liabilities | \$79,526 | Total Net Assets | \$547,094 |
| Property & Equipment, Net of Depreciation | \$ 60,498 | | | Total Liabilities and Net Assets | \$545,700 |
| Total Assets | \$625,226 | | | | |

Total Operating Revenues \$ 1,180,296
Total Operating Expenses \$ 1,184,456



Sara Sulzbach
Office Manager

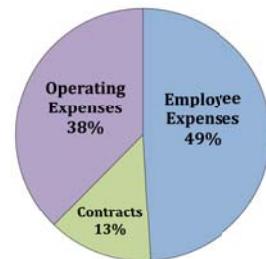
Where the money comes from . . .



Where the money goes . . .

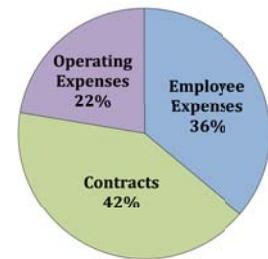
55% Protection

| | |
|---------------|------------------|
| PPHD & PRMRS | |
| Preparedness, | |
| H1N1Response | \$329,823 |
| Total | \$329,823 |



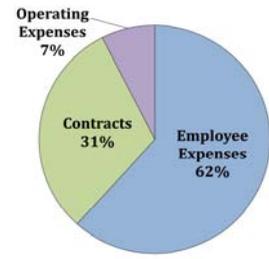
55% Prevention

| | |
|-------------------------------------|-------------------|
| Chronic Disease & Cancer Prevention | \$ 241,404 |
| Maternal Child Health | \$ 131,216 |
| Disease Surveillance | \$ 110,393 |
| Coordination Contracts | \$ 166,496 |
| Total Prevention | \$ 649,509 |



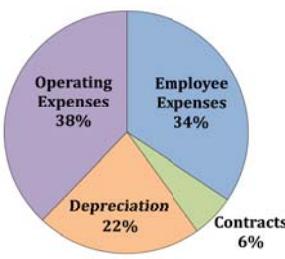
4% Promotion

| | |
|---------------------|------------------|
| Children's Outreach | \$ 15,789 |
| PH Nursing | \$ 35,085 |
| Total | \$ 50,874 |



13% Administration

| | |
|-------------------------------|-------------------|
| General Administration | \$ 154,260 |
|-------------------------------|-------------------|



Local employers invited to join wellness council, reap tangible rewards

Panhandle employers have a new resource available to assist in employee recruitment and retention – the Panhandle Worksite Wellness Council launched in July 2011 with an abundance of benefits for members.



“Worksite wellness means healthier employees, reductions in absenteeism and increased productivity and morale.” Jessica Davies with Panhandle Public Health District said. “Employees want to work for someone who values their health and provides benefits that affect their quality of life.”

Davies is a certified worksite wellness coordinator at Panhandle Public Health District. She guided PPHD to become a Governor’s Excellence in Wellness Award winner in 2010. Martha Stricker, nurse manager with Scotts Bluff County Health Department has more than 10 years of worksite wellness experience. Together they will work directly with businesses in all 11 Panhandle counties providing technical assistance and guidance.

The wellness council provides tools and

consultation for members, training and networking opportunities and ready-to-use services such as employee newsletters and bulletins, screening, testing and welcome kits, resource lists, podcasts, and customizable policies and behavior change programs, all updated on a frequent basis. Ongoing technical assistance in following worksite wellness

processes and alignment with the Governor’s Excellence in Wellness Award criteria is another service for members. (see article at left for 2011 award winners).

“Council members will receive free state-of-the-art health risk appraisals to determine their company’s primary health concerns,” Davies added. “In addition, we can create an electronic interest survey, customized to the employer’s worksite and work with the employer to write an annual wellness plan.”

The mission of the council is to build employer’s capacity to create a culture of wellness for employees through environmental and policy changes by providing evidence-based training, resources and ongoing health promotion initiatives. A member benefits informational overview is coming to a Panhandle community near you. There is no fee to attend and an incentive will be provided to all that come! The dues structure and more information are available online at www.pphd.org/pwcc.html.

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Healthy Families America visits new moms

In January, 2012, Panhandle Public Health District begins implementation of Healthy Families America, an evidence-based home visitation program promoting positive parenting skills and improved child health and development. Healthy Families America fits into the continuum of services already provided in the community.



“Programs that engage parents prenatally or shortly after birth are most successful in achieving their outcomes,” HFA program manager/clinic supervisor Betsy Walton, RN, said. Walton said new parents are eager and excited to learn about caring for their babies. “

A child’s most critical brain development occurs during the first few years of life so having our home visitors involved with families during this period enables

us to really focus on positive parenting practices that stimulate brain development and reinforce the creation of strong parent-child relationships,” she added.

All expectant parents and

parents of newborns have common questions about their child’s development.

A new baby can be both a welcome addition and a stressful time for families. HFA home

visitors assist parents in finding solutions to their questions on how to connect with primary healthcare providers, understand and monitor their child’s development, strengthen parent-child bonds, reduce stress or social isolation, and gain access to community resources.

“Home visitors develop a trusting relationship with parents and help them to be more emotionally available to their child.”

Staff members include Walton and Parenting Coaches/Intake Specialists Linda Ainslie, Bernadette Sanchez, Rachelle Aleman, Melissa Galles and Myrna Hernandez. They are located in the Scottsbluff and Hemingford PPHD offices, and rotate through Scotts Bluff, Box Butte and Morrill counties to serve families in the HFA program.

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Message from the Board President



Darrell Knot
PPHD Board
President

Panhandle leaders took the overarching message of health determinants: education, jobs, wealth, housing and behaviors like smoking, eating and physical activity to the people in late July with a *Summit for a Healthier Panhandle*.

A combined effort of Panhandle Public Health District, Scotts Bluff County Health Department, and the Panhandle Partnership for Health and Human Services, the summit was hosted by Nebraska State

Senators John Harms, LeRoy Loudon and Ken Schilz and included leaders in business and economic development, educators, health professionals, human service agencies and faith leaders.

Youth led much of the day, beginning with a question to all, "What is your hope for the future of the Panhandle?" and ending the day with a surprise TV challenge, "What legacy do you want to leave?"

Teens co-moderated and recorded the day's events, presenting a video at the end of the day to inspire action. A from the Panhandle Public Health District and Scotts Bluff County Public Health Departments shared recent community health data from the MAPP process to help define the health status of the Panhandle.

Jeff Armitage presented the MAPP Community Health Status assessment and county health rankings. The group was concerned to find four of the Panhandle counties in the bottom of the 75 Nebraska counties ranked "There are

a lot of opportunities for preventative health," Armitage said.

"Everyone in the room is needed to collectively work together to improve the health status of the region," Panhandle Partnership Resource Coordinator Joan Frances told the group. "Three counties in the Panhandle have been targeted for the implementation of a home visitation program using the *Healthy Families America* model. Families who are experiencing a number of stressors will be eligible for home visits, beginning prenatally and continuing through into the early childhood years.

Small group discussions helped participants focus on their responses to the data and the impact community health has on their work, volunteer efforts and their community. Other MAPP presentations included Forces of Change and Community Themes and Strengths.

In addition, Colleen Svoboda of the Nebraska Department of Health and Human Services discussed *Social Determinants of Health*, an effective model for improved change. "Improvement will require commitment, planning, implementation and evaluation," Svoboda said. "For example, health departments must address root causes of health risks such as high blood pressure and stress."

"We can't do it all," she said. "There will be things that come to the top. As those things are worked on, other areas will come to the top."

Community response was led by Dr. Todd Sorensen, CEO of Regional West Medical Center; Jason Stratman, Dean of Business and Industry for Western Nebraska Community College; Roger Wess, a member of the

juvenile justice committee with the Nebraska Crime Commission and former Dawes County Commissioner; Mary Mockerman, RN with Box Butte General Hospital and Deb Cottier, executive director for Northwest Nebraska Development Corporation. Key reflections were based on the speaker's expertise and factors identified that day. Innovations or opportunities that might assist the Panhandle in addressing these concerns were brought forward.

Senators Harms, Schilz, and Loudon held a panel discussion on their reaction to the data, and also what legislative opportunities and challenges they anticipated going into the next year.

The day ended with the small groups creating think tanks to set priorities. "Where should we begin?" Collaborative opportunities for change were offered, with Frances' challenge for others to become personally involved.

Collaborative efforts underway include the *Healthy Communities Healthy Youth* initiative, funded by Child Well Being funds from the Nebraska Children and Families Foundation, a regional juvenile justice prevention system of care, the *Healthy Families America* home visitation program, the longstanding Panhandle Partnership for Health and Human Services, the Panhandle Prevention Coalition (working to reduce substance use and abuse), a regional suicide prevention task force and the Panhandle Worksite Wellness Council, building employer capacity to create a culture of wellness for employees.

Each of the small groups chose a priority area where they will become active. You can see the results of the summit at www.pphd.org.

Tuberculosis, continued

active, untreated TB germs in the lungs or throat expels those germs into the air by coughing, sneezing or speaking. Only people who breathe these germs into their lungs can become infected.

"Usually people who have had very close, day-to-day contact with the infected person are the only persons who are at a higher risk of contracting the illness," Corman said. "TB is less contagious than measles, mumps, chickenpox and influenza."

Panhandle Public Health District worked closely with the Nebraska TB Program in the management of two cases of active TB in 2011. In February 2011, a student at Chadron State College was diagnosed with active TB disease, and in August 2011 a case of active TB disease was identified in Box Butte County.

—from page nine

Contact investigations were conducted following the diagnosis of each case of TB in an attempt to identify any people who may have been exposed to TB as a result of these cases. People who were identified as close contacts were tested for TB.

Anyone who tested positive for latent TB was offered medication to keep them from becoming ill with active TB. No other cases of active TB were identified as a result of either case. The CSC student has undergone a full course of treatment and has fully recovered while the Box Butte County case is still being treated and is expected to fully recover.

Early detection and treatment, along with screening for latent TB is the best way to prevent the spread of the illness.

Paris battles breast cancer, continued

—from page 21

wig came with a hairnet, so it garnered the name "Lola the Lunch Lady."

Near the end of her treatment, her family and friends gathered and planned a party in her honor. This has become a spring tradition, with participants purchasing t-shirts and all proceeds benefitting the Festival of Hope.

The theme of the first year's family event was "Support Second Base." The second year's theme was "Team Tough Titties" and the most recent, "Help Fight the War in My Rack." The light-hearted gatherings not only reinforce the importance of getting preventative screenings -- especially mammograms for women -- but serve as an outlet from cancer taking over her life.

They have also come to honor a dear friend of Paris', Mary Manion, who was diagnosed with colon cancer, nearly one year to the day after Paris' diagnosis. Sadly, Manion lost her battle with cancer within a year of her diagnosis.

Paris said, "We must be as proactive as possible and never afraid to get a second opinion." She feels very lucky for the support she has received on her journey and continues with life as normal as possible.

Paris stressed the importance of regular screenings, avoiding processed and fast foods and staying active and involved. Over the course of the past year she has served on the Regional Cancer Coalition that distributed colon cancer screening kits to Panhandle residents along with other cancer prevention messages.

Overall, Paris concluded, "Life is good."

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Radon, continued

named

the Radon Business of the Year in 2011 by Panhandle Public Health District. Wellness Coordinator Jessica Davies for the Panhandle Worksite Wellness Council made the award presentation in April in Sidney.

"Wheatbelt had the highest analysis rate among participating Panhandle employers for radon testing of employee's homes," Davies said. Wheatbelt

employees learned the facts about radon from a presentation by Prochazka.

To raise awareness during National Radon Action Month Mark Versch, environmental health analyst from the Nebraska Department of Health and Human Services, was in the Panhandle in January to inform residents how to protect their family from the negative health risks posed by radon and answer any questions regarding radon and radon mitigation.

Panhandle Public Health District

Vision: A coordinated system of public health services that promotes and enhances the health status of the Panhandle-wide community Serving the Nebraska Panhandle counties of Banner, Box Butte, Cheyenne, Dawes, Deuel, Garden, Kimball, Morrill, Sheridan and Sioux

Kim Engel, Director

Main Office: P.O. Box 337, 808 Box Butte Avenue, Hemingford, NE 69348
Phone 308-487-3600, Toll Free 866-701-7173, Fax 308-487-3682
Jessica Davies, Wellness and Volunteer Coordinator
Melissa Galles, Parenting Coach and Intake Specialist
Janelle Hansen, Community Organizer, Health Educator
Tabi Prochazka, Environmental Health and Electronic Media Coordinator
Erin Sorensen, Administrative Assistant
Sara Sulzbach, Office Manager

Bridgeport Office: P.O. Box 1115, 1011 Main Street, Bridgeport, NE 69336
Phone 308-262-2217, Toll Free 855-227-2217, Fax 308-262-1317
Becky Corman, RN, Emergency Response Coordinator, Public Health Nurse
Kelly Dean, RN, Public Health Nurse
Melody Leisy, RN, PRMRS Coordinator, Public Health Nurse

Scottsbluff Office: 1930 East 20th Place, Suite 400, Scottsbluff, NE 69361
Phone 308-633-2866, Toll Free 877-218-2490, Fax 308-633-2874
Linda Ainslie, Parenting Coach and Intake Specialist
Rachelle Aleman, Parenting Coach and Intake Specialist
Myrna Hernandez, Parenting Coach and Intake Specialist
Bernadette Sanchez, Parenting Coach and Intake Specialist
Betsy Walton, HFA program manager and staff supervisor

Website: www.pphd.org



Preventing, Promoting, Protecting Assessment, Assurance, Policy Development

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Marie Parker, Community-Spirited Citizen

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Teens urged Just Drive, distracted driving leading cause of crashes

Two teens cruise carefree down a rural road, listening to tunes and texting their friends about plans for that evening. With both hands on the keyboard, as well as the steering wheel, the driver moves across the center line occasionally, but corrects himself and goes back to enjoying time with his friend. Within minutes, however, the teen's car leaves the road and rolls several times, erupting in flames and killing both occupants.

The above scenario was a key component of a Hemingford High School video for fellow students showing the potentially fatal results of texting while driving. The teen group presented the powerful video to a student assembly in Hemingford, as part of a local JUST DRIVE (JST DRV) promotion. To see the video, go to <http://www.pphd.org/JSTDRV.html>.

Box Butte County teens are among the highest in the state for vehicle accidents due to distracted driving (texting). As an incentive to help teens quit texting while driving, students were asked to sign the JST DRV online pledge. Panhandle Public Health District worked with leadership groups in Alliance and Hemingford high schools to implement the Just Drive Campaign for six months in 2011 to encourage high school students to take the pledge. In 2012, the JUST DRV campaign will be expanded to include junior high students at both schools.

In a focus group following the campaign, one student reported he always lets his passengers take his text messages. Another said he turns his cell phone off when he's in the car to avoid temptation. The message was heard, loud and clear.

Participating students, including the leadership teams at each school, took the pledge to avoid distracted driving -- not to text and not to make or take cell phone calls while driving. In addition, the simple, one-page pledge included language to prevent other distractions such as loud music, speeding, drinking and singing or dancing.

Campaign marketing tools included vinyl clings and magnets for school lockers, notebooks, laptops and perhaps the cell phones themselves. Lastly, JST DRV participants were able to

sign the pledge, view student-created podcasts and track the pledge data through the PPHD website and a Facebook JST DRV fan page.



Among all age groups, teen drivers are at the greatest risk. Per mile driven, teen drivers are four times more likely than adult drivers to crash. Motor vehicle crashes are the leading cause of death for teens. Contributing factors include driver inexperience, driving with teen passengers, nighttime driving, not wearing seat belts and distracted driving. Teens report these distractions: other teens in car (93%), loud music in car (85%), passenger/driver dancing or singing (79%), passengers acting wild (69%), loud younger kids in car (67%), passengers have been drinking alcohol (48%), passengers get driver to speed (45%) and passenger have been smoking pot (38%).

To keep teens safe on the road, the Centers for Disease Control & Prevention recommends graduated driver licensing policies, prohibiting cell phone use for teen drivers, primary enforcement of seat belt laws and vigorous enforcement of the zero tolerance policies for underage drinking and driving. "It is the dynamic combination of increased enforcement and public education that has proved effective in changing behavior," reports the National Highway Traffic Safety Administration.

Nebraska has a graduated licensing system for drivers beginning with a school learner's permit, graduating to a school permit, learner's permit and then a provisional operator's license. However, the Insurance Institute for Highway Safety reports when parents are watching their teenage children drive differently than when they're alone or with friends. Unsupervised teens take more risks behind the wheel.

In Nebraska, LB945 was approved by the governor in April 2010. It bans all cell phone use for novice drivers (under age 18, with a learner's permit or graduated driver's license) and bans texting for all drivers. Both offenses are primary offenses, so a driver can be pulled over and cited for the offense without first committing another (driving) infraction.

Drug take back, continued

—from page 13

According to the Centers for Disease Control and Prevention, enough prescription painkillers were prescribed in 2010 to medicate every American adult around-the-clock for one month. Often, some of these medicines languish in the home and are highly susceptible to diversion, misuse and abuse. Rates of prescription drug abuse in the U.S. are alarmingly high—more Americans currently abuse prescription drugs than the number of those using cocaine, hallucinogens, heroin, and inhalants combined, according to the 2010 National Survey on Drug Use and Health. Studies show that the majority of teens who abuse prescription drugs obtain them from family and friends for free, including from the home medicine cabinet. Many Americans

simply do not know how to properly dispose of their unused or expired medicine, often flushing it down the toilet or throwing it away. These methods can pose both safety and environmental hazards.

Purging America's home medicine cabinets of unwanted or expired medications is one of four action items outlined in the strategy for reducing prescription drug abuse and diversion. The other action items include education of health care providers, patients, parents and youth; establishing prescription drug monitoring programs in all the states; and increased enforcement to address "doctor shopping" and pill mills.

Youth prepared for disaster, continued

—from page 10

The family spent time evaluating what essential items would be needed in the case of an emergency. The Wiggins took into consideration what could happen in an event, and what would be needed to survive.

Bottles of water, granola bars, peanuts, flashlight, extra batteries, candles, lighter, tissues, hand sanitizer, Band-Aids, wipes and towels are packed in their kit. Sleeping bags and a hand crank radio are also available in the safe station area. The 4-H safety project also provided a list of recommended supplies.

Dawson's family emphasized the importance of being organized ahead of time with supplies and a disaster kit. It is less stressful in a "take cover" situation to already have the essentials in a safe spot, rather than running through the house grabbing items that might be needed at the last minute. With their supplies already in place, all the Wiggins family has to worry about is getting to safety.

Last summer was a learning experience for the whole family on how to stay safe and the role each member plays in the family. Dawson believes to "be prepared so you don't get hurt."

The photo accompanying this article is reprinted by courtesy of the Bridgeport News-Blade. The article's author is Carrie Wiggins.

Message from the Director

Where you live, work and play all have a bearing on how healthy you are. Communities that come together to create an environment where making *the healthy choice the easy choice* will have better health outcomes for their citizens.

Panhandle Public Health District and Scotts Bluff County Health Department are always working, along with the entire public health system, to improve the health of the communities they serve. The health departments frequently collaborate with partners to identify performance improvement opportunities, enhance management, develop leadership and strengthen relationships with members of the community.

During the past 12 months, PPHD and SBCHD have facilitated the process for the public health system to complete the Mobilizing for Action through Planning and Partnership process. This process is built around a shared vision and a high level of collaboration. The four assessments we completed during the MAPP process are: community themes and strengths, community health status, forces of change and the local public health system.

The results of these assessments were also presented at the public health summit in July 2011.

The four priorities areas chosen based on the assessments completed are:

- » Improved nutrition and increased physical activity to reduce obesity, heart disease, cancer, and diabetes
- » Increased cancer screenings
- » Injury and violence prevention
- » Improved access to mental health services

I've provided some charts below to help explain why these priorities were chosen. The bar chart shows the leading causes of death the Panhandle, namely heart disease and cancer. Improved nutrition and increased physical activity were chosen for the overall priority because they have the potential to decrease the rate of heart disease, cancer, stroke, hypertension, obesity, overweight and many other health concerns.

As you can see by the pie chart, the majority of adults in the Panhandle are overweight or obese. Panhandle residents are also less likely to receive preventative cancer

screening and use safety measures such as buckling their seat belts. Access to mental health services was also noted as a priority as a number of the services available are limited in many areas of the Panhandle.



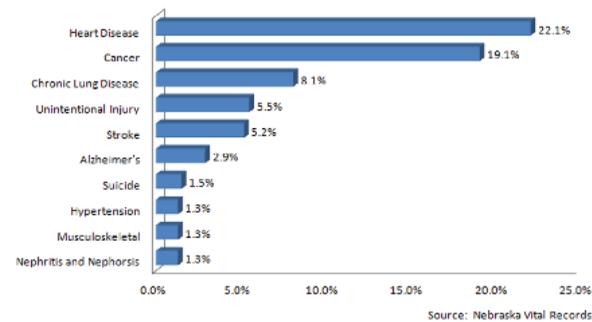
Kim Engel
Director

The next steps to complete the MAPP process will be to identify strategic issues, choose evidence based strategies to address the issues and develop a community health improvement plan.

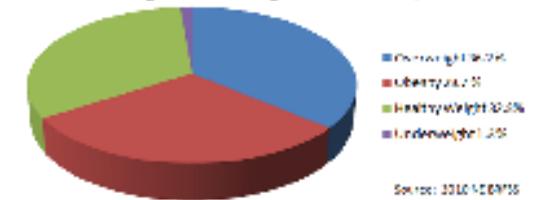
The purpose of the community health improvement plan in the Panhandle is to describe how all members of the local public health system (which is just about everyone!) will work with the communities they serve to improve the health of the entire Panhandle. The planning and implementation process will be entirely community-driven.

If you are interested in joining the community healthy planning phases of the MAPP process, please contact me at 308-487-3600, ext. 102 or email kenge@pphd.org.

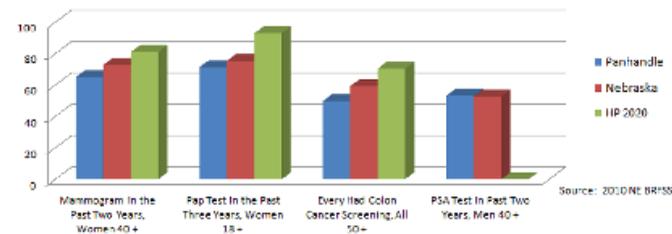
Ten Leading Causes of Death in the Panhandle, 2009



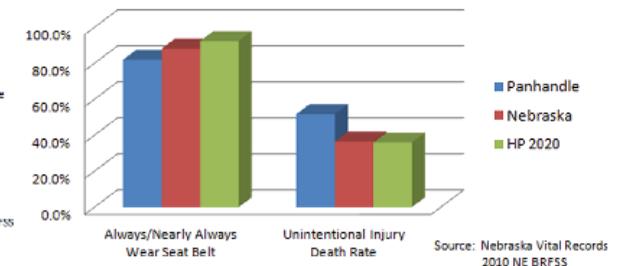
Weight status among Panhandle adults, 2010



Preventive Screening for Cancer, 2007-2010



Injury and Violence Prevention



Three Panhandle businesses receive award for excellence

Three Panhandle businesses were honored by the governor in October for high levels of participation, leadership support and behavior change in their individual agency. Box Butte General Hospital, Chadron Community Hospital, and South Platte Natural Resource District were each honored with the Governor's Excellence in Wellness Awards at a Grower's Level.

Governor Dave Heineman and Dr. Joann Schaefer, chief medical officer of the Nebraska Department of Health and Human Services, presented the awards at the first Panhandle Worksite Wellness Council Awards Luncheon in Gering on October 6, 2011.

Box Butte General Hospital was cited for a variety of programs to increase physical activity and overall wellness, addressing numerous topics such as safe drinking water, cycling, walking, tobacco cessation, safety, golf, nutrition and cholesterol. BBGH's Chief Executive Officer Dan Griess and eight members of his Wellness Champions' Team accepted the award from the governor and Dr. Schaefer.

Harold Krueger, CEO, accepted the award on behalf of Chadron Community Hospital. The hospital has a five year old wellness program with 70% employee participation. All employees are eligible for benefits such as on site fitness equipment, yearly lab profiles, confidential employee assistance programs, walking routes at all hospital facilities, formal group exercise sessions with a personal trainer, healthy vending machine options, immunizations, a lactation room for nursing mothers, assistance with smoking/nicotine cessation and various fun programs rotated on a monthly basis to encourage healthy living.

Krueger said the hospital's greatest achievement is the reduction of smoking to 12% of employees, compared to a Panhandle rate of nearly 20%.

"We all recognize the costs associated with employee illness gradually erode the organization's financial stability, not to mention the pressures applied to co-workers and frontline managers. Secondary to the employer's side, illness takes the same toll within the employee's own home. If we can keep our employee disease-free, the benefits become immeasurable to both the employee, their family and to our workforce."

"A healthy employee is a happy, productive individual who casts the wellness glow onto other employees and the patients we serve. It's one of the best benefits we can give to our employees and to our own future. It just makes sense."

The South Platte Natural Resource District addressed wellness goals such as harmful substances, increased physical activity, fruit, vegetable and water intake and community participation in giving. Ongoing program evaluation and monitoring saw 100% of employees participating in their annual health risk assessment. The

"A healthy employee is a happy, productive individual who casts the wellness glow onto other employees and the patients we serve. It's one of the best benefits we can give to our employees and to our own future. It just makes sense."

Chadron Hospital CEO Harold Krueger

NRD also hosts ongoing lunch 'n learns, with regional and statewide wellness initiatives on topics like colorectal cancer and walking. They have also begun an annual employee (wellness) recognition ceremony.

Receiving the award on behalf of the NRD was Keith Rexroth, chairman of the board of directors and Linda Suhr, wellness coordinator.

In addition, eleven organizations from the region were named as visionaries for their commitment to a regional, full-service worksite wellness council. Visionaries and

their designated representatives on the council are:

- » Box Butte General Hospital in Alliance (Mike Nerland)
- » Cabelas (Nicole Fornander, Council Executive Vice Chair)
- » Chadron Community Hospital (Diana Lecher)
- » City of Chadron (Lynn Mathis)
- » City of Gering (Carrie Havranek)
- » Gering Public Schools (Lisa Frahm)
- » Gordon Memorial Hospital (Shelley Beguin, Council Executive Chair)
- » Memorial Health Center in Sidney (Tammie Brunkow)
- » Northwest Community Action Partnership (Karen Eisenbarth, Council Executive Secretary/Treasurer)
- » Platte Valley Companies (Angela Haug)
- » Western Nebraska Community College (Linda Roelle).

A third award presented at the luncheon was the Safe Community designation (see pages 20 of this report for more information on Safe Communities.)



Three area businesses received the Governor's Excellence in Wellness awards at the Panhandle Worksite Wellness Council's conference in Gering in July. Pictured above with the Governor and Nebraska Department of Health and Human Services Director Dr. Joanne Schaefer: Photo #1: South Platte Natural Resource District: Dr. Schaefer, Linda Suhr, Keith Rexroth and Governor Heineman. Photo #2: Chadron Community Hospital: Dr. Schaefer, Harold Krueger and Governor Heineman. Photo #3: Box Butte General Hospital: James Koeteman, Dan Newhoff, Mike Nerland, Dr. Schaefer, Dan Griess, Governor Heineman, Marina Girard, Judy Bowman and Nancy Leisy.

Paris battles breast cancer with knowledge, humor



Paris and her friend Mary Manion battled cancer together

The old "Friday the 13th" adage proved true for Dena Paris, of rural Dawes County, and marked the beginning of a new chapter in her life. On Friday, June 6, 2008 as she picked up a table she gently brushed past a lump on her breast.

Despite regular mammograms, she knew immediately that she needed to get it checked out, having lost her grandmother to cancer. When she called her regular provider and they

wanted to schedule her appointment a couple of weeks out, she insisted she be seen as soon as possible.

She knew the lump was not normal for her body. Her perseverance paid off and she was able to see a provider the following week, on Friday the 13th.

She reflected on the day saying, "I didn't know anyone at that point with breast cancer, but quickly realized I was not alone on my journey." Paris said the support she received from both her family and community was amazing. Her two oldest children were out of high school at that point -- her youngest was beginning his senior year of high school in the fall.

Initially, she opted for a double mastectomy, but doctors felt a lumpectomy followed by chemotherapy and radiation would effectively combat the cancer. Paris' positive attitude was one of her best defenses. She said, "I didn't get depressed or feel sorry for myself. It is more fun to laugh than it is to cry." The statement became her mantra.

During her treatment, she helped plan her oldest daughter's wedding. By the time of the wedding, she had lost all of her hair from the treatment. "I wanted to wear a wig for the wedding, so I wouldn't distract from my daughter's big day," she said. When the wig arrived, we named it Lola. The

Free cancer screening tools available locally

If detected early, 90% of colon cancer cases are curable. However, because it may have no symptoms, many people do not get checked for this common illness. Your risk of having colon cancer is one in 19 -- if you want to Stay in the Game, you are urged to take a simple at-home test using a free test kit available from the Panhandle Cancer Coalition and the Nebraska Colon Cancer Screening Program.

Individuals age 50 and older make up more than 90% of Nebraska's nearly 1,000 annual colon cancer diagnoses. Colon cancer is the second leading cause of cancer death in the country and Nebraska has one of the highest incidences of death rates from colorectal cancer in the

United States. The free fecal occult blood test (FOBT) checks for hidden blood in the stool. The at-home kit involves placing a small amount of stool on a card and sending it to a laboratory where it is checked for blood. The lab will send results from the FOBT test kit to you and your physician.

"It's simple, free and is an important step in preventing cancer," said Kelly Dean, coordinator of the Panhandle Cancer Coalition. "If the lab finds blood, guidelines recommend a follow-up colonoscopy."

"We can help people arrange for follow-up testing if necessary," Dean said. "Our goal is to increase awareness and screening in the Panhandle and reduce colon cancer."

To receive a free test kit, see coupon at (right). Also, kits will be available at local participating pharmacies.

Colon cancer is an equal opportunity diagnosis. Both men and women of all racial and ethnic groups are at risk for colon cancer, but the cancer occurs more frequently in people who are obese.

If you are older than 50, experiencing symptoms, or are at higher risk, please talk to your physician about being screened for colon cancer. Other recommended screening tests include:

* **sigmoidoscopy** every five years

* **colonoscopy** annually if you have a first degree relative with a history of colorectal cancer or every 10 years if the hereditary risk factor does not apply

* **double contrast barium enema** every five to 10 years

Symptoms and risk factors for contracting colon cancer are included below. Please contact your health care provider if you are exhibiting symptoms of colon cancer.

Stay in the Game

Get your free FOBT kit

by mailing this coupon and your information to:
PPHD, Attn: Kelly Dean, PO Box 1115, Bridgeport, NE 69336

Name _____

Address: _____

Daytime phone number: _____
(must be a Nebraska Panhandle resident to qualify)

Or call 308-262-2217 or email kdean@pphd.org

Possible symptoms of colon cancer

- » Blood in or on the stool
- » A change in bowel habits
- » General, unexplained stomach discomfort
- » Frequent gas, pains, or indigestion
- » Unexplained weight loss
- » Chronic fatigue

Risk Factors for Colon Cancer

- » Eating a low-fiber, high fat diet
- » Being overweight
- » Smoking
- » An inactive lifestyle
- » Certain hereditary conditions, such as the tendency to have many colon polyps
- » A family history of colon cancer, especially parents or siblings

Panhandle receives international Safe Communities designation



Health Organization and the National Safety Council have recognized the Panhandle as a "Safe Community." The WHO and NSC awarded the special designation in October a ceremony at the Gering Civic Center.

The Panhandle completed a rigorous examination and application process during the past two years before receiving word last spring the application was approved.

The emphasis of the Safe Communities approach is on collaboration, partnerships and community capacity

building to reduce the incidence of injury and promote injury-reducing behaviors. Only four communities in Nebraska and fewer than 200 worldwide have received this prestigious designation.

"Your hard work and dedication make the Panhandle a safe community and a great place to live, learn, work and play," Kim Engel, Director of Panhandle Public Health District said.

Special guests at the awards luncheon included Donna Stein Harris from the National Safety Council, Governor Dave Heineman and Chief Medical Officer Dr. Joann Schaefer of the Nebraska Department of Health and Human Services.

The award ceremony was part of the Panhandle Safety Conference and Trade Show, presented by the Nebraska Safety Council in cooperation with the Panhandle Worksite Wellness Council, Panhandle Public Health District and the Scotts Bluff County Health Department.



Jessica Davies
Wellness Coordinator

The Panhandle Worksite Wellness Council is building Panhandle employers capacity to create a culture of wellness for employees through environmental and policy changes, by providing evidence-based training, resources and ongoing healthy promotion initiatives. In addition to tools and consolation, training and networking opportunities, the council offers a turnkey service for Panhandle companies to adopt a worksite wellness program at their business – resulting in

tangible rewards like reductions in absenteeism, increased productivity and morale and higher rates of recruitment and retention.

Davies is a nationally certified worksite wellness program manager and coordinator for the Panhandle Worksite Wellness Council. She guided Panhandle Public Health District to become a Governor's Excellence in Wellness Award winner in 2010. Martha Stricker, Nurse Manager with Scotts Bluff County Health Department, has over ten years of worksite wellness experience. Together they offer

free state-of-the-art health risk appraisals to determine your company's primary health concerns, free electronic interest survey set up, customizable to your worksite and free consultation to assist in writing an annual wellness plan for your company. Davies and Stricker's technical assistance is evidence-based, to align with the Governor's Excellence in Wellness Award criteria.

Your agency's worksite wellness program can be up and running in a very short time, with these turnkey services:

- a monthly electronic newsletter for all your employees
- access to public health resources for screening and testing, such as home radon and colorectal cancer screening kits
- current listings of resources for local, onsite biometric screenings
- an online listing of community health and wellness resources
- unlimited access to members only sections of the council website
- reproducible monthly wellness bulletins to place in your organization
- an array of podcasts, regularly updated for download or online streaming

- free access to three, customizable behavior change programs, updated annually and
- access to templates for model policies to create environmental changes.

Training opportunities include a regional Worksite Wellness 101 four-hour workshop at several convenient Panhandle locations for unlimited representatives from your worksite, member discounts to attend the biannual, regional trainings by locally- and national-recognized health and wellness experts and notifications of upcoming wellness webinars, available online. The quarterly WW101 workshops offer networking opportunities with fellow worksites interested in wellness, a members-only networking forum online and ongoing communications regarding workshops, conferences and events across the country.

In addition to local benefits from the council, members receive national member benefits from the National Network of Wellness Council including prepackaged incentive programs twice a year, access to two webinars or online presentations and other resources. The national council also offers a national best practice idea exchange.

For more information on worksite wellness, contact Davies at 308-487-3600, ext. 101 or jdavies@pphd.org or Stricker at 308-630-1559 or strickm@rwmc.net.

RAMA nominations, continued

The public and employees of alcohol establishments throughout western Nebraska are asked to submit nominations by completing the nomination form located at www.panhandlepreventioncoalition.org. Forms may be emailed, faxed or mailed to: Panhandle Prevention Coalition, Attn: Dawn Bahan, 3707 Avenue D, Scottsbluff NE 69361, email dbahan@region1bhs.net or call 308-633-

2095.

The first award recipients will be announced Spring/Summer 2012. Award winners will also be posted on the Panhandle Prevention Coalition website. Each award recipient will receive a decal to post on the entrance of their business acknowledging that the establishment is a

Responsible Alcohol Merchant Award winner as designated by the Panhandle Prevention Coalition.

Local pilot programs in Box Butte, Cheyenne and Morrill counties preceded the regional RAMA awards

For more information, go to www.panhandlepreventioncoalition.org.

—from page 12

Comprehensive Juvenile plan, continued

—from page 12

In its infant stages, the plan allows for county attorneys across the Panhandle to work together to create a common diversion program for juvenile offenders. This is a longstanding request of many prosecutors involved in prevention.

"The importance of this plan is the Panhandle welcomes youth and the youth see the region as a place they want to live and work in," Frances said.

Prescription drug assistance available through PPHD and WCHR

Most drug companies offer discount programs for people who cannot afford their prescription drugs, said Tami Beal 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 WCHR with a portion of the funds to administer the program. This is available through WCHR in Sioux, Dawes, Sheridan and Box Butte counties.

Beal 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.

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

Contact Panhandle Public Health District at 308-487-3600 or 866-701-7173 for more information on prescription drug assistance.

Council Annual Dues Structure

| | |
|-----------------------|-------|
| 1-10 employees | \$ 90 |
| 11-25 employees | \$125 |
| 26-50 employees | \$200 |
| 51-100 employees | \$275 |
| 101-249 employees | \$350 |
| 250 or more employees | \$415 |

Dues will be prorated according to the month the worksite joins the council, with annual renewal in January.

Panhandle Worksite Wellness Council Advisory Board

Shelly Beguin
Nicole Fornander
Karen Eisenbarth
Mike Nerland
Diana Lecher
Carrie Havranek
Tammie Brunklow
Angela Haug
Linda Roelle

Gordon Memorial Hospital
Cabela's
Northwest Community Action Partnership
Box Butte General Hospital
Chadron Community Hospital
City of Gering
Memorial Health Center
Platte Valley Companies
Western Nebraska Community College

Executive Chair
Executive Vice Chair
Executive Secretary/Chair

Vision: All Panhandle worksites create, sustain and recognize a culture of lifestyle wellness for a health, productive community

Wellness council awards, continued

Members also are allowed to have unlimited representatives attend regional workshops at several Panhandle locations, biannual regional trainings with nationally-recognized health and wellness experts, quarterly face-to-face networking opportunities with other worksite wellness locations, a members' only online networking forum and ongoing communications regarding workshops, conferences and other events nationwide.

—from page one

For additional information about worksite wellness, visit the website or call Davies at 308-487-3600 x 101 or Stricker at 308-630-1559. You may also reach Davies by email at jdavies@pphd.org or Stricker at strickm@rwmc.net.

Smoke free policies keep everyone healthy



Western Nebraska is becoming more tobacco free each day, as various schools, businesses, homes and county fairs adopt policies to make their part of the Panhandle healthier for all of us.

Tobacco Free in the Panhandle is the leading instigator behind policies adopted by three county fairs, several businesses and the families of children in WIC and preschool programs (see article at left). 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.

“Secondhand smoke is a proven cause of lung cancer, heart disease, serious respiratory illness such as bronchitis and asthma, low birth weight and sudden infant death syndrome and is responsible for tens of thousands of deaths in the United States each year,” said Tabi Prochazka, coordinator for TFP.

“According to the 2010 Surgeon General’s Report, secondhand smoke contains more than 4,000 chemicals, including at least 69 carcinogens. There is NO safe level of exposure to tobacco smoke. Only smoke-free laws provide effective protection from secondhand smoke.”

“Smoking is not a protected liberty,” Prochazka added. “Schools, businesses, landlords, all have a right to prohibit smoking on or near their properties to protect their students, their staff and their residents.”

SMOKE-FREE MULTI-FAMILY HOUSING

Tobacco Free in the Panhandle joined the Panhandle Prevention Coalition in December 2010. In their first year, Coordinator Tabi Prochazka, with the assistance of Janelle Hansen have helped several landlords make their properties more desirable by creating smoke-free, public and private multi-family housing units easily available. A listing of such units is available on the TFP website at <http://www.pphd.org/tfn/HousingAptList.html> to link tenants looking for non-smoking facilities with landlords.

Prochazka said landlords are quick to rec-

ognize the benefits of having a smoke-free property – apartments are more easily rentable, fire hazards are diminished and the costs of rehabilitating an apartment formerly rented to a heavy smoker are diminished.

In addition, many tenants are willing to pay more to live in building that is smoke-free – they know smoke doesn’t stop at their neighbor’s front door and is often present in the hallways, near entrances and transferred in the heating and cooling systems. Many are willing to pay a premium for better health and cleanliness in their homes.

Prochazka is available to provide technical assistance to any landlord looking to go smoke-free. She has many resources available including resident surveys, which are nearly always positive on return, policy templates, clings and signs to post in the building.

SMOKE-FREE COUNTY FAIRS

“Change is in the Air”. Morrill County, Box Butte County and Scotts Bluff County Fairs adopted smoke-free policies beginning with the 2011 fair season. Fairgoers saw smoke-free signs at all three county fairs.

—turn to page seven

Out of the Darkness Walk for suicide prevention in Alliance



On September 10, more than 100 people from throughout the Panhandle participated in the Out of the Darkness Community Walk in Alliance. The walk’s primary objective is to raise awareness of the devastating effects of suicide in our communities. This year, the walk raised more than \$4,000 for local and national suicide prevention and

» 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

awareness programs.

The Panhandle Out of the Darkness Walk was one of nearly 225 Out of the Darkness Community Walks this fall nationwide, from September through December. The walks are expected to unite more than 50,000 walkers nationally and raise more than \$4 million for American Foundation for Suicide Prevention. 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

seeking help,” said Janelle Hansen, director for Panhandle Public Health District. “September 10, this walk helped 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 15 minutes, claiming more than 34,000 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.

“This fall, thousands are walking to raise money for prevention and awareness, and offer hope to the millions of Americans who have lost a loved one to suicide or have battled with depression,” Hansen concluded.

The Panhandle Suicide Prevention Coalition meets the fourth Tuesday of each month in Alliance, with remote locations available in area hospitals for those who wish to attend from out of town. In addition to the awareness walk and Survivors of Suicide Day, the coalition also raised awareness in the community by placing a billboard in Alliance.

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

1-800-QUIT-NOW can help smokers kick the habit

“Don’t be discouraged if you have tried before,” said Tabi Prochazka, Tobacco Free in the Panhandle coordinator. “It takes the average person seven attempts at quitting before they succeed.” Most American adults who smoke wish they could quit, and more than half have tried within the past year, according to a report by the Centers for Disease Control and Prevention.

A mere 20 minutes after a smoker quits, their heart rate drops and only a year after, the risk of heart disease is half that of a current smoker. Ten years after maintaining a smoke-free life, the risk of lung and other cancers decreases and by 15 years, the risk of heart disease is that of a non-smoker.

“Quitting is hard, but you can increase your chances of success with help,” Prochazka said. “Nebraska has a number of excellent resources to help people quit including the free and confidential Nebraska Tobacco Quitline at 800-QUIT-NOW, and companion website QuitNow.ne.gov.” Evidence has shown the Quitline is an effective

method of decreasing tobacco use in the United States.

The Panhandle Prevention Coalition encouraged smokers to participate in the Great American Smokeout, an annual event established by the American Cancer Society, takes place in November and encourages smokers to make a plan to quit. By quitting, smokers are taking an important step towards a healthier life – one that can lead to reduced cancer risks.

Lung cancer is the leading cancer killer in both men and women in the United States. In fact, more people die from lung cancer than any other type of cancer, according to a top story from the American Lung Association during National Lung Cancer Awareness Month. The American Lung Association fights for policies that reduce tobacco use and help smokers quit which are key components in preventing and treating lung cancer.



“While the Nebraska Clean Indoor Air Act protects workers, there is still work to be done to protect against the dangers of secondhand smoke exposure. Adopting policies at multi-unit housing and 15-foot door restrictions at businesses have been deemed extremely beneficial towards reducing exposure,” Prochazka said. “Setting policies is a way of changing cultural norms, making it easier for people to quit smoking.”

Prochazka is available to assist multi-unit housing and businesses to adopt such policies by contacting 308-487-3600, ext. 107 or by emailing tprochazka@pphd.org.

Every 41 seconds, someone in the United States is lost to suicide. Every 41 seconds, someone is left to make sense of it.

Worldwide, one million people die by suicide every year, leaving behind countless family members and friends wondering, “Why did this happen?” “How will I get through it?”

On the third Saturday of November each year, survivors of suicide loss come together at hundreds of local healing conferences in cities around the world and online for mutual support and practical guidance on coping with grief.

In the Panhandle, PPHD through the Panhandle Suicide Prevention Task Force hosted a National Survivors of Suicide Day in Alliance, Saturday, November 19. The event was open to anyone in the Panhandle. The program included a panel of other survivors and mental health professional.

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. Survivors of suicide include family and friends of someone who has committed or attempted suicide or even just talked about suicide. For more information regarding the Suicide Prevention task force, awareness or survivors events, call Janelle Hansen with PPHD at 487-3600 ext. 105 or by emailing Hansen at hansenj@pphd.org.

If you or someone you know is considering suicide, contact the National Suicide Prevention Lifeline at 1-800-273-8255 (TALK).

Dental Days 2011: free care for more than 200 children



Kyler Vincent, age four, received dental care from an UNMC student at the Gordon Memorial Hospital.

Forty-three students studying dentistry and dental hygiene at UNMC, accompanied by 10 faculty members, participated in the Panhandle-wide event. Children were seen at Gordon Memorial Hospital, Dr. Wilcox and Dr. Maxwell in Alliance, Box Butte General Hospital in Alliance, CAP-WN Dental Clinic (Dr. Gioia) in Chadron, and Summit Dental Clinic (Dr. Neal & Dr. Hlavinka) in Sidney.

Recruiting appropriate kids and scheduling pre-screening appointments are vital to the outcome of this event. School nurses and dental office staff play a key role in completing these processes. Other dentists participating in the pre-screenings include: Dr. Giles, Alliance; Dr. Jacoby, Bridgeport; Dr. Moody, Crawford; Dr. Jensen, Oshkosh.

Moody, Crawford; Dr. Jensen, Oshkosh.

"Preparing for Dental Day involves many logistics," Dean stated. "The extensive planning process includes coordination with many players, including the participating dentists, Gordon Memorial Hospital, UNMC, Box Butte General Hospital and PPHD, to result in such a great number of kids receiving dental care.

"We are glad to be a part of a great ongoing program like Dental Day," Dean concluded.

For the eighth consecutive year, students from the University of Nebraska Medical Center College of Dentistry headed west to be a part of Dental Day. A total of 227 children without dental insurance were treated in Sidney, Gordon, Alliance and Chadron. Six of these kids received dental surgery at Box Butte General Hospital in Alliance.

"Dental Day was a great success once again," Kelly Dean, RN, of Panhandle Public Health District said. "So many kids got the necessary care Dental Day provides, plus the students gained great clinical experience." Dean is one of the coordinators behind the annual event.

Scrub Club: hand washing lesson for schools, day care providers

One single, simple act you learned as a toddler could prevent many illnesses, from the common cold to serious staph infections – washing your hands regularly. Only one in three adults washes their hands after using a public restroom, statistics show, but today's children are learning differently through a program called "Scrub Club."

PPHD Health Educator Janelle Hansen targets preschool through fourth grade students throughout the Panhandle to teach the importance of washing up thoroughly and regularly. Hansen said she carries along her own "germs," a bag of harmless white powder that represents various bacteria and viruses commonly found on everyday items like toys, telephones and doorknobs.

After the children examine the germs, Hansen uses a black light to cause the invisible germs to appear in Technicolor on each child's hands. The real germs, she points out, are still invisible to the naked eye. Then it's time to scrub!

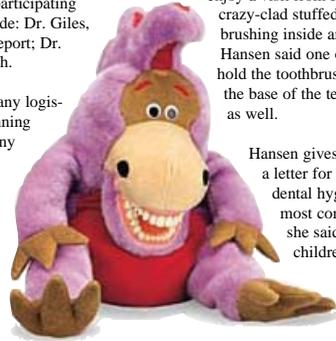
Brush 'n Up teaches youth health habits

Each year more Panhandle youth are ready to flash their pearly whites, as they learn proper oral health techniques and receive better access to dental visits. Students and adults should see a dentist at least once a year.

Panhandle Public Health District Health Educator Janelle Hansen is working with PreK-4th graders in the region to learn about flossing, brushing, dental exams and other good oral health practices like drinking more milk and eating right.

Hansen said it is best to brush your teeth morning and night, plus after each meal, but if the post-meal tooth brushing is a hardship, a simple mouth rinse can help prevent decay. "Children at this age are losing their baby teeth and have an open mind for learning new things," Hansen said. Those new things to learn at a young age include healthy habits like daily brushing and annual dental exams.

The very young students in preschool, kindergarten, 1st and 2nd grades enjoy a visit from Freddy Flossisaurus or Buggy Malone, crazy-clad stuffed animals who extol 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 scrub their tongue and gums, as well.



Freddy Flossisaurus

Hansen gives each of the students a toothbrush and a letter for home, to teach their parents about good dental hygiene, also. Tooth decay is the second most common disease, next to the common cold, she said. "Parents can learn a lot from their children," she concluded.

Brush 'n Up presentations are available in daycare homes and agencies, preschools and elementary schools from February through May, with a kickoff in February for Dental Health Month.

There are six steps to a proper hand washing and special songs to go along with the process. First, the children use warm water to wet their hands. After adding soap, children are taught to scrub for 20 seconds by singing or reciting their ABCs. Hansen and the teachers watch to see the children scrub under their nails, between fingers, on the fronts and backs of the hands and up along their wrists. Rinse, dry and THEN turn off the water using your elbow or the paper towel, not your hand, or you'll just pick up more germs on the faucet handle, Hansen said.

While hand washing is a year-round activity, Hansen primarily visits day cares, preschools and elementary schools in the late fall and early winter. The primary message behind hand washing is the importance of being healthy over all, she said.

Hansen said the ripple effect of offering Scrub Club to the youngsters helps their families and older friends learn about healthy habits like hand washing, physical exams, immunizations, dental, eye and hearing exams and other health information.

Good smoke-free entryway policies make good neighbors

Greg Huck of Sidney is a good neighbor and a good businessman. When Huck relocated his business, Financial Partners LLC, to a building he owned in downtown Sidney, he began to notice a neighbor business's patrons were using the awning in front of his building to protect themselves from the weather while smoking outdoors.

"I'd heard about the state's smoke free legislation (the Clean Indoor Air act of 2009) at a chamber meeting a few years ago," Huck said. We were in a different building at the time and smoking outside the building wasn't an issue."

The Chamber of Commerce provided receptacles for member businesses and Huck's new neighbor business, a bar, provided that resource for their patrons to smoke without littering in front of their business, he said. However, as the smoke continued to linger in the entry to his business's new location, Huck was curious what solutions were available.

Tabi Prochazka, Tobacco Free Nebraska coordinator for the

Panhandle, recommended Huck adopt a smoke-free entryway policy, prohibiting smoking anywhere within 15 feet of the Financial Partners business entry. Prochazka provided sample policies and signage in early April 2011.

The next day, Huck reported his agency had adopted the sample policy, with slight modifications to fit their business needs. He also took the policy to his renter, Sidney Floral, who adopted a similar policy.

In addition, Prochazka spoke to the manager of the local bar in Huck's business neighborhood regarding the concern of people smoking near the other businesses' entries. Prochazka asked the bar owner to encourage her customers to use the rear entrance of the bar where a cigarette butt receptacle is available and the manager was agreeable.

Huck said the city code enforcement officer Joni Mathis has also been a resource for his business to enforce the policy. A narrow alleyway behind the two buildings has provided

an alternate location for bar patrons to light up, Huck concluded.

Businesses interested in implementing a policy similar to the one mentioned can contact Prochazka at 308-487-3600 ext. 107 or iprochazka@pphd.org.



Pledge your home and car smoke free - it's



Tabi Prochazka
Environmental Health
Coordinator

Children of parents who smoke are twice as likely to become smokers. Tobacco Free in the Panhandle is promoting smoke free homes and cars among families with children, with the campaign being promoted among those attending WIC clinics

Tabi Prochazka, Tobacco Free in the Panhandle coordinator, said tobacco use remains the single largest preventable cause of disease, disability and death in the U.S.

Smoke free policies enhance housing, schools, businesses and fairs. continued

The Morrill County Fair Board, in keeping with the theme "Let's make it a family affair," adopted a smoke-free fairgrounds policy. The policy has been adopted to protect all employees and visitors from secondhand smoke. The fairgrounds are now entirely smoke-free without exception. Fairgoers will be able to enjoy the fun-filled events daily and nightly without the threat of secondhand smoke.

Box Butte County adopted a smoke-free grandstand policy and Scotts Bluff

Smoking costs the United States about \$96 billion each year in direct medical costs and \$97 billion from productivity losses due to premature death.

The percentage of American adults who smoke decreased from 20.9% in 2005 to 19.2% in 2010. That translates to 3 million fewer smokers. But, almost one in five adults still smoke, half of the adults who continue to smoke will die from smoking-related causes. Reducing tobacco is a winnable battle - a public health priority with known, effective actions for success.

According to the CDC the effective actions for success by parents and non smokers is to:

- » Make your home and vehicles smoke-free.
- » Don't start, if you aren't already using

tobacco.

- » Quit if you smoke; children of parents who smoke are twice as likely to become smokers.
- » Teach children about the health risks of smoking and second hand smoke.
- » Encourage friends, family, and coworkers to quit.

There are several options for tobacco users who wish to quit:

- » Quit: The sooner you quit, the sooner your body can begin to heal and the less likely you are to get sick from tobacco use.
- » A majority of the Americans who have ever smoked have already quit; you can too.
- » Ask a health care provider for help quitting.
- » Call 1-800-QUIT-NOW for free resources and assistance to help quit. Or visit the website at <http://www.hhs.state>.

ne.us/tfn/ces/
» Find a step-by-step guide at www.smokefree.gov.

According to the 2010 Surgeon General's report there is no safe level of exposure to tobacco smoke and secondhand smoke is a proven cause of lung cancer, heart disease, serious respiratory illnesses, low birth weight and sudden infant death syndrome. Only smoke-free air laws provide effective protection from secondhand smoke.

So take a stand today and pledge your home and car smoke free. Prochazka urged. Pledge to protect your family from the health risks from second-hand smoke by making your home and car smoke free. To take the smoke free pledge and receive smoke free home and car clings visit www.pphd.org/tfnPledge.html.

—from page six

SMOKE-FREE BUSINESSES

Prochazka encourages businesses to adopt a smoke-free policy prohibiting smoking within 15 feet in any direction from a business's entryway. She is able to provide written policy templates, signage and technical assistance. (see above). TFN has information and can provide technical assistance, if you would like implement a smoke-free campus.

Many area schools have had smoke-free buildings for years, but now are extending the effort to include tobacco throughout the entire school campus.

SMOKE-FREE SCHOOLS

In a 2011 survey, Prochazka said 86% of Panhandle schools did not allow smoking in school parking lots and sports fields. Only 52% had posted the policy. Signage is an imported part of enforcement, Prochazka

New sunscreen regs make protection, tanning safer

SPF 15, 30 or 40? Ultraviolet A or B rays? Broad spectrum? Reading a sunscreen package label is like translating a scientific journal – nearly as confusing and sadly inadequate. But new federal legislation, enacted in June 2011, should make sunscreen labeling easier for everyone.

For years, sunscreens were known to protect against ultraviolet A rays that cause sunburn. More recently, manufacturers added protection against ultraviolet B rays that cause skin cancer and early skin aging. Products with protection against both UVA and UVB are called broad spectrum and must now pass federal guidelines to include that label on their packaging.

“These invisible rays can cause skin cancer,” Janelle Hansen, health educator with Panhandle Public Health District said. “Some skin cancers can cause death if not found and treated early.”

Hansen said people of all skin colors can get skin

cancer from the sun’s UV rays. Those who are most likely to get skin cancer from these rays have:

- lighter natural skin color
- skin that burns, freckles, gets red easily or becomes painful from the sun
- blond or red hair
- blue or green eyes
- a family member who has had skin cancer.

“Beginning in the summer of 2012, labels will look different,” Hansen continued. “Many common phrases used now, such as “sunblock”, “waterproof”, “prevents skin cancer” will no longer be permitted. Maybe the packaging will change, but you shouldn’t stop using your current products in the meantime.”

Hansen said the FDA is not advising consumers to throw away their current sunscreen products. “Sunscreens on the shelf today may have varying levels of UVA protection. But by next year,

sunscreens that claim to provide UVA protection, otherwise known as broad spectrum protection, will be required to pass FDA’s standardized test. This information will allow them to better manage their skin cancer and early skin aging risks.

“It is important to note, the FDA is not questioning the safety of any ingredients used in sunscreens on the shelf today,” Hansen said. “We believe the risk of not using sunscreen is much greater than any potential risk posed by sunscreen.

For more information on sun safety, contact Hansen at 308-487-3600, ext. 105, 866-701-7173 or email hansenj@pphd.org.

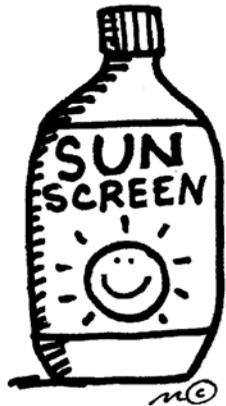


Janelle Hansen
Health Educator

Program targets Panhandle youth at swimming pools with sunscreen

Skin cancer is the most common type of cancer in the United States with more than a million new cases diagnosed each year. However, 90% of all skin cancers can be prevented by protection from the sun’s rays or ultraviolet radiation. Eighty percent of total lifetime sun exposure is received during childhood and kids receive three times as much ultraviolet radiation as adults do in a year.

Pool Cool, a program implemented at all pools across the Panhandle, except one endangered by flooding (see article on page XX), encourages positive sun safety for children, their families and staff at swimming pools. Janelle Hansen is a health educator at Panhandle Public Health District. “Pool Cool has been shown to improve children’s sun safety habits and sunscreen use, while also improving sun protection policies at swimming pools,” she said.



The sun protection basics include using sunscreen, wearing protective clothing, minimizing exposure and seeking shade whenever possible. Pool Cool includes sunscreen provided at pools, sun protection lessons, sun safety signs, sunscreen tip posters, and poolside activities.

Sunscreen is just one of several protective measures for sun safety

Spending time in the sun increases a person’s risk, not just for sunburn, but also the risk of skin cancer and early skin aging. To reduce these risks, consumers should regularly use a broad spectrum sunscreen with an SPF value of 15 or higher in combination with other protective measures such as:

- » limiting time in the sun, especially between the hours of 10 a.m. and 2 p.m. 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
- » using a water-resistant sunscreen if swimming or sweating
- » reapplying sunscreen, even if it’s labeled as water-resistant, at least every two hours. Water-resistant sunscreens should be reapplied more often after swimming or sweating, according to the directions on the label.

Radon odorless, tasteless, second leading cause of lung cancer

“One in every two homes in Nebraska has an elevated radon level and yours could be one of them,” said Tabi Prochazka, environmental health coordinator for Panhandle Public Health District. Fortunately, there are simple solutions to lower elevated levels of radon in homes.

“Radon is a naturally occurring, invisible, odorless gas that is harmless when dispersed in outdoor air, but when trapped in buildings, can be harmful at elevated levels and is the second leading cause of lung cancer in smokers, and the leading cause of lung cancer in non smokers,” Prochazka said.

“Houses next to each other can have very different radon levels. Elevated

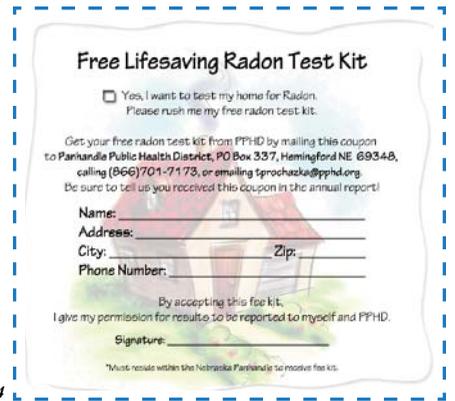
radon levels are found in new and old houses, well-sealed and drafty houses, houses with or without basements and houses with every kind of furnace. The only way to know if your home has dangerous levels of radon is to test it.” In January 2012, PPHD is hosting a radon test kit contest and a poster contest in area schools in a campaign to draw attention to radon as a serious public health issue and, more importantly, to motivate Panhandle residents to take action to protect themselves and their families from the negative health risks posed by radon by testing their homes. Students will be encouraging friends and family to test their homes for radon. The youth will also be invited to design posters to raise awareness about Radon and it’s negative health effects.

Winter is the best time to test your home for radon. If you have received a radon test kit in the past and haven’t used it yet, now is the time to test your home and send the kit in.

Prochazka encourages you to protect your family and use the coupon at left, order one of our website, email tprochazka@pphd.org or call PPHD to receive a free radon test kit.

Wheatbelt Public Power District of Sidney was named the Radon Business

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Abundance of rain increases mold, mosquito populations, raises risk in Panhandle Mosquitoes test positive for West Nile Virus

High moisture levels from heavy rainfalls and high humidity levels in 2011 caused public health officials to caution residents regarding levels of mold in the home. Mold is a serious issue and people should use common sense coupled with additional concern regarding mold cleanup issues.

Tabi Prochazka is the environmental health coordinator for Panhandle Public Health District. “A mold allergy can show up looking like a summer cold,” she said.

“Stuffy nose, wheezing and sneezing, headaches and fever could be an allergic reaction to the spores that will grow nearly anywhere, given the right amount of moisture.”

Mold is a microscopic fungi that lives on plants or animals, Prochazka continued. There are 1.5 million species of fungi. Mold typically originates outside the home and comes into the home through windows and doors, growing most readily in kitchens and bathrooms.

“No home is mold free,” she said. “In fact, a recent study showed 100% of homes have some mold growing on a surface.”

PPHD does not recommend testing for

mold because it can be very expensive and inaccurate – if you see it or smell it, you have it and should use the process outlined below to clean it.

“To clean moldy areas, wash with a solution of bleach and water and let the area sit for 15 minutes, then rinse with water and allow thorough drying,” Prochazka said. The recommended solution of bleach to water is one cup bleach to five gallons of water, but NEVER more than one cup bleach to one gallon of water.

Open the windows to allow for plenty of circulation when using the bleach solution, she added. “You need to be particularly careful to thoroughly disinfect surfaces that may come in contact with food, such as countertops, pantry shelves, refrigerators, etc.,” Prochazka concluded. Bleach neutralizes the mold allergens.

To help prevent mold in your home, Prochazka further advised:

- fix leaky pipes
- use a dehumidifier and exhaust fans
- dispose of moldy material immediately and
- always clean with a bleach-based product.

The additional rainfall in 2011 also increased the amount of pooled water in the Panhandle, leading to an increase in mosquito populations and the chance of West Nile Virus. Mosquito pools from Dawes and Garden County tested positive for West Nile Virus in August.

“Finding the virus in mosquitoes gives public health officials an indication of the level of virus in the area and the risk to human beings of contracting the disease,” said Tabi Prochazka, environmental health coordinator for PPHD.

West Nile is transmitted through the bite of a mosquito that has picked up the virus by feeding on an infected bird, Prochazka said. In turn, the mosquito can pass the virus to humans. Mosquito trapping to monitor the spread of WNV in the Panhandle began in early June and testing on all species of birds was conducted in 2011.

West Nile fever includes flu-like symptoms such as fever and muscle weakness. Symptoms of West Nile encephalitis include inflammation of the brain, disorientation, convulsions and paralysis. People over 50 and those with weak immune systems are especially vulnerable to the disease.

PPHD promoted prevention tips to protect your family from WNV by providing DEET packets and education at football games throughout the Panhandle.

“Late summer and early fall are the prime time for the Culex mosquito, the mosquito that carries West Nile Virus,” Prochazka said. “In addition, more individuals are out in the late summer and early fall evenings to capture those last warm days and evenings.”

A complete set of risk factors is available on the facing page.

Dr. Ann, motivational lifestyle speaker, engages audiences



and loss of quality of life that there is in America. If people just knew this message.” Knowing the right foods to maximize potential, emphasized Dr. Ann, can help people discern between the wrong foods. “Its never to late to change your ways to take advantage of how foods guard and improve your health.”

Dr. Ann sets her teachings apart from others by stressing her use of the word diet stems from its natural Latin root, “a way of life.”

“Science is science,” Dr. Ann said. “There are lots of other nutrition experts that you can hear the exact same things from. If you’re evidence based like I am then we’re going to be saying the same thing. I think the difference from me, from what people tell me, is my ability to motivate people as I educate them and to make the message clear and understandable.”

“Its not enough to tell people do this and don’t do that, what motivates people to

change their behavior is making sure they understand the why behind the directive.

“I am extremely emphatic to a fault, I feel people’s pain. I get devastated when I know someone I am talking to is devastated. I saw so much preventable misery, loss of quality of life, and even, tragically, loss of life — premature loss of life— in my clinical practice. I couldn’t bear it any longer. It didn’t have to be happening.”

“People don’t have to get Type II diabetes. Ninety plus percent of Type II diabetes is preventable. Cardiovascular disease, 80 plus percent is preventable through diet and lifestyle. I just couldn’t take it any longer.”

“When you watch a grown man dissolve into tears because Type II Diabetes has totally ruined his life, If you have to tell a 40 year old woman when she has two of her children there that her husband just died of a heart attack at age 40, I mean it’s just, those things, just made such an indelible impression on my heart that I honestly think

that is where a lot my passion stems from.”

Less of a focus on caloric restrictions or Dr. Ann’s presentation is better described as the knowledge of, “Simply being mindful of the foods that cross our lips.” can help people improve quality of life.

She recommends “making one and never more then three changes at a time.”

If you can “conquer your carbs,” according to Dr. Ann, “it will aide in weight loss and weight control. Reduce your hunger. Lower your cardiovascular risks. Provide cancer protection. Reduce your risk of Type II Diabetes. Boost your energy. Slow the aging process. Maximize benefits of physical activity. Reduce the risk of vision loss.”

This article is reprinted courtesy of the Alliance Times-Herald and author Kristi Hulsey.

Tuberculosis controlled at local college

Tuberculosis (TB) is an infectious disease caused by the bacterium *Mycobacterium tuberculosis*, and is one of the leading causes of death in the world today. In the United States, TB was the leading cause of death in 1900.

With the advent of effective treatment, the U.S. experienced a steady decline in cases until the mid-1980s. A resurgence of TB occurred at that time, with national case rates peaking in the early 1990s.

Through extensive public health interventions at the national, state, and local levels, tuberculosis is once again on the decline nationally. There were 11,181 TB cases reported in the U.S. in 2010 for an incidence rate of 3.6/100,000 which is the lowest recorded rate since national TB surveillance began in 1953. Nebraska also continues to see a decrease in cases. There were 23 cases reported in 2011 compared to 27 reported cases in 2010 and 32 in 2009.

TB usually affects the lungs, but it can

also affect other parts of the body, such as the brain, kidneys, or spine. TB can be fatal without the proper treatment. Public Health Nurse, Becky Corman, says “There are two types of TB, latent TB and active TB. A person with latent TB infection has no symptoms and is not contagious, but has at some time been exposed to a case of active TB.

People with latent TB can take medication to reduce their risk of becoming ill with active TB.” Corman describes someone with active TB disease as a person who usually feels sick with a bad cough that may last 3 weeks or longer, pain in the chest, coughing up blood or sputum, weakness or fatigue, weight loss, decreased appetite, chills, fever, and night sweats. “

A person with active TB can spread TB bacteria to others and needs medications to recover and to keep from spreading the disease,” Corman said.

TB is spread when a person with

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| Panhandle Public Health District | 2011 | 2010 |
|--|------|------|
| Total confirmed, probable and suspect cases | 62 | 56 |
| Aseptic meningitis | 2 | 0 |
| Campylobacteriosis | 9 | 1 |
| Coccidioidomycosis | 0 | 1 |
| Cryptosporidiosis | 5 | 0 |
| Cyclosporiasis | 1 | 0 |
| Giardiasis | 2 | 1 |
| Haemophilus influenzae, invasive | 0 | 0 |
| Hepatitis A, acute | 2 | 1 |
| Hepatitis C Virus Infection, chronic or resolved | 17 | 27 |
| Influenza, human isolates | 1 | 1 |
| Legionellosis | 2 | 0 |
| Lyme disease | 2 | 0 |
| Mumps | 0 | 3 |
| Pertussis | 0 | 4 |
| Rabies, animal | 6 | 1 |
| Salmonellosis | 6 | 0 |
| Shiga toxin-producing Escherichia coli (STEC) | 4 | 0 |
| Tuberculosis | 2 | 0 |
| Varicella (Chickenpox) | 1 | 10 |
| West Nile Fever | 0 | 5 |
| West Nile, Encephalitis/meningitis | 0 | 1 |

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, homebound, 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 result is better emergency planning and improved disaster services for persons who need additional care and consideration.

The Panhandle Special Needs Registry links you 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. Finally, 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.

Anyone who meets the criteria below can register through their 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 public health. 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 you’re name is in the registry, they will know the location of your residence

and your need for additional assistance.

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 case 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 life-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



Becky Corman
ERC Coordinator

Who should not register:

- » People 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

For more information about the Special Needs Registry, contact Becky Corman, ERC Coordinator at PPHD, 308-262-2217, toll-free at 855-227-2217 or email rcorman@pphd.org.

A renowned authority and motivational speaker on healthy lifestyles and disease prevention, Dr. Ann has formal training in both nutrition and medicine.

A self described “physician who is really on a never ending crusade to motivate, inspire, and ultimately empower as many people as I can.” Dr. Ann did not disappoint attendees in Alliance or Chadron hoping for an educational and motivational experience on the most efficient ways to improve their over all health.

“I know the unavoidable pain and misery

2011 Podcast DVD Free with this Coupon



Get your free podcast DVD from PPHD by mailin this coupon to PPHD, PO Box 337, Hemingofrd NE 69348, calling (866) 701-7173 ext 107, or emailing tprochazka@pphd.org.

Name: _____
Address: _____
City: _____

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

We hope you enjoy the podcasts!

This year’s DVD topics are also available for download at www.pphd.org. They include: Dr. Ann’s presentation (above) Cross Fit training with Travis Schefcik, the Fecal Occult Blood Test kit (page 21) and a humorous presentation on stress relief from noted comedienne and public speaker T. Marni Vos.

Panhandle youth prepares family, neighbors for disaster



In the summer of 2011, the National Weather Service issued more than 629 severe thunderstorm warnings in the Wyobraska area. The media do a very good job at letting people know a storm is on the way and when cover should be taken.

Even though storm watchers let people know of impending storms, these systems have a mind of their own. You never know when your home and property will be the victims of wind, hail or tornado. Extra precaution should be taken in your own home to be prepared.

National Preparedness Month in September serves as an annual reminder of the importance of being prepared for emergencies. Panhandle Region Medical Response System and Panhandle Public Health District encourage people to get a kit, make a plan, and be informed about emergencies that can happen in your area.

Dawson Wiggins is one local youth who put preparedness into action last summer. With the high number of storms Morrill County was experiencing, the Wiggins family decided to get prepared, led by eight-year-old son Dawson.

While traveling to a neighboring town for the weekly baseball game, the Wiggins family encountered a fast-moving storm system that forced them to take cover. In the basement of a local church, they waited out the storm, thankful no damage was done. It did cause them, however, to want to become prepared in their home, in the event of a storm.

Dawson began expressing an interest in the weather and became the family weatherman, giving his family updates on each evening's weather. With an eye on the sky, an active weather alert hanging on the wall and checking weather radar online, his family is well informed of incoming thunderstorms. As a first year 4-H member, he enrolled in the safety project where he learned about disasters and how to make a disaster kit. He exhibited his tornado kit at the Morrill County Fair.

Dawson assembled the family kit with enough supplies for four people in a large plastic tackle box. Supplies in a preparedness kit should be replenished or repacked yearly to ensure products are ready for an emergency. Dawson has also set up a safe station in the family basement with enough chairs for each member of the family, toys or activities to pass the time and a special place for the "Tornado Kit" and supplies.

The family spent time evaluating what essential items would be needed in the case of an emergency. The Wiggins took into consideration what could happen in an event, and what would be needed to survive.

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Flooding in Garden County prepares community, providers

Those involved in public health often develop exercise to test their ability to withstand natural emergencies, manmade disasters and other problems that might create a danger to our health. But, in the spring and summer of 2011, Mother Nature offered a disaster "exercise" that tested Garden County's ability to respond far beyond the hypothetical.

Jim Hansel is the CEO of Garden County Health Services, including Riverview Assisted Living in Lewellen. That "river view" became more than just window dressing and the apartment residence name, when rising waters threatened the village and the assisted living home for 19 individuals.

Hansel said early on, the community and GCHS formed a team of professionals, including Melody Leisy, Panhandle Regional Medial Response System Coordinator for Panhandle Public Health District.

As the waters rose, primarily threatening water supplies, Hansel said the community also rose to the occasion offering assistance to one another and coming together with ideas for "what if" scenarios.

"We were very well prepared to handle the situation," Hansel continued. "We monitored the water levels at least on a daily basis and sometimes twice a day."

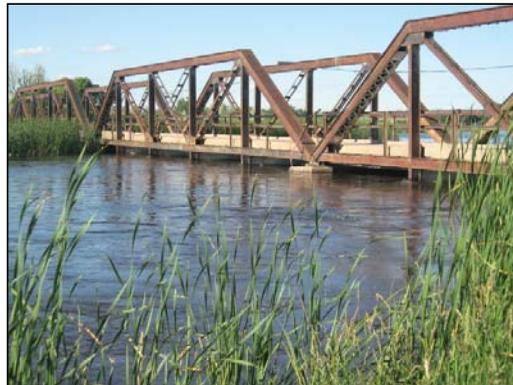
Hansel said one of the dangers the community faced was the possibility of the "old bridge" - crossing the North Platte River south of town - creating a dam and further raising water levels. The loss of the bridge might also mean

cutting off emergency transportation and other emergency assistance to and from Ogallala via that route. As the team fine-tuned their plan, they were able to recognize limits and discovered resources that may have earlier been overlooked, Hansel said.

"We learned airboats were available for 911 calls, if necessary," he said. Area backup plans for medical supplies and emergencies were set more effectively into place. Mosquitoes, a primary source of West Nile Virus, were horrendous as the high water situation continued, Hansel said.

Community members at risk of contracting WNV were advised to stay indoors especially during dusk and dawn hours, use DEET, treat breeding grounds with dunks, and other prevention strategies. Jean Jensen, director with the Volunteers of America, said some people with private wells were concerned about contamination of their water supply. Lewellen resident's water supply is provided entirely by private wells. Stockpiles of bottled water were made available to residents.

Becky Corman, Panhandle Public Health District Emergency Response Coordinator, worked with Lewellen residents on the recommendations for private well testing and water testing kit distribution. Volunteers,



This is an historical truss bridge near Lewellyn. Engineers had to cut channels on both sides through the road to save the bridge. The road has not been repaired yet so the people who live on the south side have to drive a few miles on east to Highway 26 and the new bridge.

including high school students, went door-to-door to deliver information about testing the water supplies and the VOA provided 80-100 test kits to concerned individuals.

Staff adds six new positions for HFA program

PPHD staff nearly doubled in 2011 with the addition of seven new staff members. Six of the seven hires are a direct result of the new home visitation program Healthy Families America. The seventh, Erin Sorensen, administrative assistant in the Hemingford office is profiled on page 20.

Betsy Walton is the program manager and clinical supervisor for Healthy Families America. Walton is originally from California, but recently moved to the Panhandle from Colorado. She has two daughters and a granddaughter. A registered nurse, she has a BS in nursing from UNMC and an MBA from Penn State. Her job experience includes project management at Metro Community Health in Denver and working as a staff nurse and marketing strategist. Parenting Coaches and Intake Specialists

Linda Ainslie is one of five HFA program staff in the new PPHD office in Scottsbluff, Ainslie has 20 years of experience in education. Her degree in is Early Childhood Education.

Rachelle Aleman is from Torrington, Wyo. and earned her associate's degree in Interdisciplinary studies from Eastern Wyoming College. She is also working on a degree in criminology and psychology from the University of Wyoming. Aleman worked with Regional West Physician's Clinic and Aurora Loan

Services in Scottsbluff for eight years prior to coming to PPHD.

Bernadette Sanchez is married with two grown daughters and a teenage son. She attended Western Nebraska Community College, studying social work and is now pursuing a bachelor's degree. Previously with WIC (Women, Infants and Children), Panhandle Mental Health Center and Nebraska Workforce Development, Sanchez's last two years were with Speak Out, working as an advocate for families with children who have behavioral health issues.

Myrna (Misty) Hernandez is from Terrytown. She has four adult children and 10 grandchildren. Hernandez attended WNCC and is nearing completion of her education there in human services and early childhood education. A former day care provider, Hernandez has worked in a variety of positions in minority health. She is also an active volunteer with Campfire and her church youth group.

Melissa Galles is the parenting coach for Box Butte County. Her office is in Hemingford. Originally from Hemingford, Galles graduated from the University of Northern Colorado with a bachelor's degree in Community Health and Primary Education. She has worked in the human services field for seven years. She and her husband have four children.



Betsy Walton



Linda Ainslie



Rachelle Aleman



Healthy Families America, continued

As a kickoff for the HFA program, PPHD joined other Panhandle partners in a Summit for a Healthier

Panhandle in late July 2011 to look at the overarching determinants of health: education, wealth, housing and behaviors like smoking, nutrition and physical activity.

The summit was hosted by Nebraska state Senators John Harms, LeRoy Louden and Ken Schilz and included leaders in business, economic development, educators, health professional, human service agencies and faith leaders.

Scotts Bluff, Box Butte and Morrill counties were identified by a statewide needs assessment as having high needs to improve their child well being indicators that include child welfare, crime, economic, education, health behaviors, pregnancy outcomes, health outcomes and social welfare.

For more information on Healthy Families America, contact any of the staff members above. Contact information is listed in the masthead on page two of this report.

At left, Linda Ainslie, parenting coach and Intake Specialist for Healthy Families America works with a young mother at a training for HFA in the Fall of 2011. HFA is an evidence-based program to improve parent-child interaction among families. The HFA staff completed three weeks of rigorous training with on site trainers and dozens of more hours in online training.



Bernadette Sanchez



Melissa Galles



Myrna Hernandez

Public health nurse assures access to health care

Finding a doctor or dentist isn't always easy, especially in a rural area where there may be a shortage of healthcare professionals. Often, there are other roadblocks to finding the right physician for special situations. Overcoming barriers is a specialty for Public Health Nurse Kelly Dean. Dean makes it her business to keep an updated list of community resources and assist with referrals for Panhandle residents seeking a medical, dental or vision home.

"In the Public Health Nurse program, the aim is to assure access to health care and support rural services. The focus is to help families find the appropriate healthcare providers and dentists." This includes

those who are new to the area and those with Medicaid. Dean said she can also perform a health assessment on each client/family to determine if further care is necessary.

"Having a medical home is important to a family's ongoing healthcare," Dean said. "A family should see the same physician for their well-child visits, illnesses and/or yearly exams. This reduces medical costs and



Kelly Dean
Public Health Nurse

promotes continuity of care. It is also important to maintain regular visits with the same dentist and eye doctor." Dean said she receives referrals from physician's offices, state Medicaid applicants, Nebraska Health and Human Services and hospital emergency rooms.

In some cases, there are language and transportation barriers. Dean links with community resources, such as the county handi-buses and language translators to

overcome these barriers.

Another service offered by the public health nurses is to the healthcare providers themselves. If the hospital or clinic is having difficulty with a client who is often late or misses appointments, the public health nurse can work with the patient to resolve the problem.

Often times, patients misuse the emergency room for minor medical problems or sicknesses. Dean said, "We educate patients regarding the appropriate use of the emergency room versus visiting their primary care provider."

Vaccination Schedule (Birth-18 years) (Lead Testing Recommendations)

| Age | HepB Hepatitis B | DTaP/Tdap Diphtheria, tetanus, pertussis | Hib Haemophilus influenzae type b | Polio | PCV Pneumococcal conjugate | RV Rotavirus | MMR Measles, mumps, rubella | Varicella Chickenpox | HepA Hepatitis A | HPV Human papillo- mavirus | MCV4 Meningococcal conjugate | Influenza |
|--------------|------------------------------|---|---|------------------------------|---------------------------------------|-----------------|-----------------------------------|-------------------------------|--|--|------------------------------------|--|
| Birth | ✓ | | | | | | | | | | | |
| 2 months | ✓ ¹ (1-2 mos) | ✓ | ✓ | ✓ | ✓ | ✓ | | | | | | |
| 4 months | ✓ ¹ | ✓ | ✓ | ✓ | ✓ | ✓ | | | | | | |
| 6 months | | ✓ | ✓ ² | | ✓ | ✓ ² | | | | | | |
| 12 months | | ✓ ⁴ | ✓ | ✓ | ✓ | | ✓ | ✓ | | | | |
| 15 months | ✓ ¹ (6-18 mos) | ✓ ⁴ (15-18 mos) | ✓ ² (12-15 mos) | ✓ ³ (6-18 mos) | ✓ ³ (12-15 mos) | | ✓ ⁵ (12-15 mos) | ✓ ⁵ (12-15 mos) | ✓ ⁶ (2 doses given 6 mos apart at age 12-25 mos) | | | |
| 18 months | | | | | | | | | | | | ✓ ³ |
| 19-23 months | | Catch-up ⁵ | Catch-up ⁵ (to 5 years) | Catch-up ⁵ | Catch-up ⁵ (to 5 years) | | Catch-up ⁵ | Catch-up ⁵ | | | | (given each fall or winter to children ages 6 mos-18 yrs) |
| 4-6 years | | ✓ | | ✓ | | | ✓ | ✓ | | | | |
| 7-10 years | Catch-up ⁵ | Catch-up ⁵ | | | | | | | Catch-up ⁵ | | | |
| 11-12 years | | ✓ Tdap | | Catch-up ⁵ | | | Catch-up ⁵ | Catch-up ⁵ | | ✓ ⁶ ✓ ⁶ ✓ ⁶ | ✓ | |
| 13-18 years | | Catch-up ⁵ (Tdap/Td) | | | | | | | Catch-up ^{5,6} | | Catch-up ^{5,7} | |

1. Your infant may not need a dose of HepB at age four months, depending on the type of vaccine your health care provider uses.

2. Your infant may not need a dose of Hib vaccine or RV vaccine at age six months, depending on the type of vaccine your healthcare provider uses.

3. One dose is recommended for most people. Children younger than nine, who are receiving influenza vaccine for the first time or who have received only one dose in the previous season (if it was their first vaccination season) should receive two doses spaced at least four weeks apart this season.

4. This dose of DTaP may be given as early as 12 months, if it has been six months since the previous dose.

5. If your child's vaccinations are delayed or missing entirely, vaccinations should be given as soon as possible.

6. All girls and women, ages 11-26, should be vaccinated with three doses of HPV vaccine, given during a six-month period. Boys and men, ages 11-26 years, may also be vaccinated with one of the HPV vaccines (Gardasil) to reduce their likelihood of getting genital warts. The vaccine may be given to children as young as nine.

7. If you have a teen aged who is enrolling in college and planning to live in a dormitory and who hasn't previously been vaccinated against meningococcal disease, they should be vaccinated now.

Please note: Some children may need additional vaccines. Talk to your healthcare provider.



New administrative assistant in Hemingford

Erin Sorensen is the administrative assistant for PPHD in the Hemingford office. Sorensen and her husband Brett have two daughters. She is a graduate of University of Kearney with a bachelor's degree in Business Administration and hails from Polk-Hordville, NE.

Panhandle Medical Emergency Response System stays sharp with exercises, training and new equipment testing



Melody Leisy
PRMRS Coordinator

In July of 2011, PRMRS members gathered in Bridgeport for a First Receivers training, offered by the Center for Preparedness, where hospitals had the chance to learn and practice new skills for decontamination and triaging patients that will show up at their doors if there were a disaster.

Melody Leisy, PRMRS Coordinator, said PRMRS is always looking for cutting edge equipment and ideas that are practical and useful in every day medical situations. At a spring training, personnel tried out the Med Sled, for emergency evacuation of patients. The sled is useful for moving patients up and down stairs and across rubble in a disaster situation.



Deb Southwell spraying Kara Wiggins with a decontaminant in the PRMRS First Receivers Training at Bridgeport this summer. Panhandle responders, receivers practice on regular basis to be prepared. Photo courtesy of the Bridgeport News-Blade

Exercise, exercise, exercise is the name of the game in preparedness. Not ones to be caught unaware, Panhandle partners involved in preparedness have always collaborated through the Panhandle Region Medical Response System to stay sharp.

"We have to walk a fine line," Leisy said. "We want to have the best equipment available to respond to an emergency, but we can't have things sitting on the shelf."

PRMRS is a partnership of not only hospitals, but also emergency medical services, emergency managers, Region I mental health providers, CAPWN Health Center and public health. Leisy is a registered nurse with Panhandle Public Health District.

She described another exercise this summer testing the deployment from the Strategic National Stockpile to provide emergency supplies when necessary. In the event of a national emergency, the Centers for Disease Control and Prevention have large quantities of medicine and medical supplies to protect the American public.

Placed strategically around the country, the SNS can be delivered to any state within 12 hours. Each state has plans to receive and distribute the SNS supplies to local communities as quickly as possible.

In the 2011 exercise, the SNS materials were "delivered" to Scottsbluff and escorted by law enforcement to secure delivery sites across the region.

In November the PRMRS partners traveled to Omaha to hear first hand from the doctors, nurses, emergency

management, EMS, and hospital administration that lived through and are still dealing with the aftermath of the EF-5 Joplin Tornado.

Participants brought back ideas and areas to work on at their own facility. Memorial Health Center staff mentioned improving their badging system for identification by adding a wallet ID card. A Regional West participant wants to make sure people remember to wear their shoes when heading into the basement or pack an old pair into your preparedness kit.

Hospitals can take simple steps to make sure they take patients shoes with them when sheltering. In the aftermath of Joplin, people were wandering without shoes caused a lot of injuries. Many more planning ideas will keep the preparedness team on their toes.

PRMRS is always recruiting volunteers to work in emergency preparedness. Those volunteers might include doctors, nurses and EMTs – but also nonmedical personnel to answer phones and manage paperwork when a disaster strikes.

For more information on the Panhandle Medical Reserve Corps, call Leisy at 308-262-2217 or toll free at 855-227-2217. You may also email Leisy at mleisy@pphd.org.



PRMRS members test the new Med Sled, with PPHD Nurse Becky Corman as the "patient." At a spring training, personnel tried out the Med Sled, for emergency evacuation of patients. The sled is useful for moving patients up and down stairs and across rubble in a disaster situation.

Comprehensive juvenile services prevention system developed to serve ALL youth: braid existing plans with new ideas to improve status of youth

Juvenile services for youth ages 10-17 in the Panhandle focus on prevention, with four task forces inside the Panhandle Partnership for Health and Human Services leading a comprehensive group of strategies aimed at creating a culture where ALL youth are valued and thrive.

The Comprehensive Juvenile Services plan outlines efforts that can be taken on a regional level, such as multi-county diversion programs, to reduce costs to counties and improve results with young people. The plan also identifies proven actions local groups undertake as part of the prevention system, such as after-school programs.

Current prevention efforts targeted at youth in this age group have long been centered around prevention. The Panhandle Prevention Coalition, described elsewhere on this page with organizers in every county (see page XX for a list of local contacts) works primarily on prevention of substance abuse, including alcohol and tobacco, however in the past three years, the coalition has adopted additional prevention measures affecting youth such as the prevention of teen suicide, child abuse and neglect. Each of these prevention issues is tied directly or indirectly to juvenile justice.

RAMA nominations sought

Do you know of a business that goes above and beyond to make sure that local youth do not have access to alcohol?

The Panhandle Prevention Coalition is currently accepting Responsible Alcohol Merchant Award (RAMA) nominations for the Panhandle-wide recognition program. The RAMA recognizes alcohol merchants who are actively involved in promoting a positive, healthy community in western Nebraska by restricting youth access to alcohol.

The RAMA program offers both local and regional recognition of alcohol merchants who exhibit best practices in preventing underage alcohol sales through consistent compliance of beverage control regulations, comprehensive management policies and ongoing employee training programs.

Award selection criteria are based on business practices known to reduce the sale of alcohol to underage youth. They include:

- » Model business and management policies.
- » Participation in employee training programs such as the Panhandle Prevention Coalition sponsored Responsible Beverage Server Training.
- » ID checking practices.
- » Compliance check pass/fail rate.
- » Store layout, including signage and window coverings.

» Advocacy for a positive and healthy environment.
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One PPC partner described prevention as a plate of spaghetti, where problems youth face are the pasta and substance abuse is the sauce, touching every strand of their lives. Another partner, working in juvenile services in the Panhandle, said 80% of the youth she sees as juvenile offenders were previously in the system as the victims of abuse or neglect. And so, the cycle continues.

In 2011, the Partnership has expanded and enhanced the coalition's prevention work to strengthen existing programs and eliminate duplication of services. By creating a comprehensive and integrated plan for juvenile prevention's system of care, PPHHS will coordinate efforts and create complementary services in all areas of the Panhandle.

The Panhandle Comprehensive Juvenile Services System and Plan began with assessment and planning in 2011, led by Coordinator Joan Frances and Julie Rogers, with the Juvenile Justice Institute at the University of Nebraska at Omaha. A Comprehensive Juvenile Services and Violence Prevention

“The importance of this plan is the Panhandle welcomes youth.”
PPHHS Coordinator Joan Frances

Plan, completed with funding from the state awarded to Dawes County, was adopted by the board of commissioners in each of the 11 Panhandle counties.

Based on this plan, SPF-SIG, Rural Homeless Youth and P-16 assessment and planning of 2009 and 2010, the Healthy Communities/Healthy Youth task force expanded their work from training in the 40 Developmental Assets and Getting from Assets to Outcomes. The larger, braided plan includes the development of a regional system of care that includes the prevention system and Native American advocacy with the beginnings of a multi-county diversion program and a Youth Leadership Institute.

The YLI, in partnership with Western Nebraska Community College, will afford all youth in the region with a quality, locally provided youth leadership opportunity. Standardized core components of youth leadership are being developed within a forum for youth leaders to share ideas and offer support.

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Life of an Athlete extends beyond the court: healthy lifestyle, behavior and leadership key

Athletes at all levels – high school, college and pro – are always looking for ways to improve performance. Jerod Dean has the answer, at least for students in Panhandle high schools, and he's willing to share.

Pure Performance and the Life of an Athlete are scientifically proven, not only to improve athletic performance, but also academic performance, leadership ability and offer quicker recovery, better muscle development and a larger gain with training effort. In addition, they decrease disciplinary problems, criminal activity, accidents and deaths (due to alcohol). Former Olympic athlete turned sports scientist, John Underwood, leads the LOA and Pure Performance programs.

Dean, the football coach at Bridgeport High School, was an athlete in high school and college. “Honestly, I didn't drink,” Dean said. “But this is so much more than the effects of underage drinking on an athlete.”

Dean was invited to Lake Placid, New York (former Olympic training grounds) to attend the American Athletic Institute's Life of an Athlete program in the summer of 2009. Also attending from the Panhandle were Michelle

Peters and Chad Kenworth of Mitchell High School, Rick Barry of Crawford High School and former CSC Head Volleyball Coach Amy Spruiell. Since that time, other Panhandle coaches and administrators have attended the Lake Placid training. Funding for the program originates with Project Extra Mile, a partner of the Panhandle Prevention Coalition.

Dean describes Life of an Athlete as a proactive approach to improving the athlete's performance, on and off the field. In addition to the education provided through the program to athletes, coaches and parents, LOA is heavily policy or code-driven.

Many schools, Dean's included, have alcohol policies for athletes that include punishment based on the number of times the athlete is caught involved with alcohol in one year. The often used “three strikes and you're out,” policies refresh each year, as the student is promoted to a new class, but the effects of alcohol are cumulative and carry over from year to year. It is that reason, Dean said the discipline policies should also carry over and includes resources like education, counseling and trained coaches with the support of their administration.

Dean has received mixed response as he and fellow coaches carried the LOA message to the schools. Some schools are on board; others in the community may or may not support the policy idea. Some simply don't see a problem with the status quo. Dean disagrees.

“My interest was really turned on, knowing how to improve performance, Dean said. “There are good athletes who partake in underage drinking and are still able to perform, to a degree. But, think how much better you could be if alcohol was not a factor.”

“I know there's an underage drinking problem and this quote from the AAI sums it up for me, ‘If you're not part of the solution, you're part of the problem.’”

Dean is part of the solution.



Jerod Dean
BHS Football Coach

Child Wellbeing indicators show Panhandle alerts in 12 areas, comprehensive strategies address highest needs

| | Infant Death Rate 2002-2006 | Number Infant Death and Rate per 1,000 Population 2005-2009 | Percent of Births to Teens 2002-2006 | Percent Births to Teens 2005-2009 | Juvenile Arrests Rate per 1,000 Population 2007 | Number Juvenile Arrest and Rate per 1,000 Population 2010 | Child Abuse / Neglect Substantiated Report Rate per 1,000 Population 2006 | Number and Child Abuse / Neglect Substantiated Report Rate per 1,000 Population 2009 | High School Graduation Rates 2006-2007 | High School Graduation Rate 2009-2010 |
|--|-----------------------------|---|--------------------------------------|-----------------------------------|---|---|---|--|--|---------------------------------------|
| <i>Boxes marked in red signify that number is worse than the state average</i> | | | | | | | | | | |
| Banner | 38.5 | 0, - | 19.2 | 17.2 | 8.5 | 0, - | 0.0 | 0, - | 94.7 | 92.9 |
| Box Butte | 2.7 | 0, - | 10.8 | 10.7 | 58.5 | 196, 70.0 | 8.8 | 23, 8.2 | 97.8 | 96.0 |
| Cheyenne | 6.2 | 6, 8.8 | 9.3 | 8.4 | 41.4 | 42, 17.9 | 5.0 | 16, 6.8 | 92.3 | 95.1 |
| Dawes | 6.0 | 1, - | 8.2 | 9.8 | 21.4 | 41, 24.2 | 4.7 | 11, 6.5 | 81.9 | 91.3 |
| Deuel | 0.0 | 0, - | 7.2 | 11.8 | 10.2 | 6, 16.4 | 0.0 | 0, - | 92.3 | 91.3 |
| Garden | 0.0 | 1, - | 4.9 | 8.0 | - | 0, - | 2.0 | 0, - | 94.3 | 85.7 |
| Kimball | 10.2 | 1, - | 14.3 | 12.8 | 0.9 | 0, - | 2.0 | 3, - | 80.4 | 91.1 |
| Morrill | 10.3 | 4, - | 8.3 | 11.7 | 26.4 | 31, 26.3 | 10.8 | 7, 5.9 | 98.7 | 90.2 |
| Scotts Bluff | 7.5 | 21, 7.6 | 14.2 | 13.9 | 60.8 | 391, 42.3 | 9.7 | 135, 14.6 | 87.4 | 85.7 |
| Sheridan | 5.6 | 2, - | 12.0 | 9.7 | 18.9 | 50, 39.8 | 1.9 | 1, - | 96.3 | 94.2 |
| Sioux | 0.0 | 0, - | 3.9 | 10.7 | - | 1, - | 0.0 | -, - | 100.0 | - |
| State Average | 6.0 | 769, 5.8 | 8.7 | 8.4 | 35.8 | 14,032, 31.1 | 6.8 | 3,520, 7.8 | 89.3 | 90.0 |

Note: Crude rates are not calculated for counties with < 5 events since the rates will be unstable due to small number of cases.

Drug Take-Back event collects 188.5 tons

October marked the second time residents of the Panhandle participated in the U.S. Drug Enforcement Administration's National Prescription Drug Take-Back Day on October 29. More than 400 pounds of unwanted or expired medications were collected for safe and proper disposal at the 11 take-back sites available across the Panhandle.

There were a total of 29 sites open across Nebraska with a state-wide total of 2,932 pounds of medications collected. The first time a DEA National Drug Take-Back Day was hosted in the Panhandle, only two sites were open, which demonstrates the collective effort of the community to reduce the amount of unwanted and unused medications in their homes.

Regional prevention coalition coordinator, Jann Lawler said the Panhandle Prevention Coalition worked diligently with local prevention coalitions as soon as the DEA released the drug take back dates. “PPC staff supported the region wide efforts by bridging communications and offering resources, as needed. With the support and resources from the DEA, regional prevention groups had the opportunity to increase support to the local communities.”

Lawler said coalition member John Argyle, pharmacist at Box Butte General Hospital, supplied the passion and drive to see the communities across western Nebraska embrace this opportunity to support a national campaign. Through collaboration with local law enforcement and the individual local communities, the program was more successful than it would have been if approached individually.

Americans turned in more than 377,086 pounds (188.5 tons) of unwanted or expired medications for safe and proper disposal at the 5,327 take-back sites that were available in all 50 states and U.S. territories. When the results of the three Take Back Days to date are combined, the DEA and its state, local, and tribal law-enforcement and community partners have removed 995,185 pounds (498.5 tons) of medication from circulation in the past 13 months.

Despite statewide efforts to combat alcohol abuse, Nebraska ranked as the No. 2 state on the U.S. Centers for Disease Control and Prevention list. More than 22 percent of Nebraskans admitted to binge drinking in 2010, The national average was 17.1 percent.