



*Strive for Five*

**Two in three** Panhandle adults are overweight or obese

Fewer than one in four adults consume five or more servings of fruits and veggies **per day**



More than **two in five** adults do not get at least 150 minutes of physical activity each week

One in three Panhandle adults that have been told by a healthcare professional they have high blood pressure



If PPHD residents reduced their average body mass index (BMI) by



this could lead to a health care savings of...



**10 years = \$26 million**

**20 years = \$78 million**

**...that's a Husker football ticket every year for each PPHD resident for 20 years!**

Sources: Panhandle Statistics - BRFS Data, 2007-2010  
United States Census Bureau  
Trust for America's Health, Robert Wood Johnson Foundation, September 2012



*live, learn, work, and play*



*For a Healthier Panhandle*

## Community Health Improvement Plan

Nearly 760 people participated in the Mobilizing for Action through Planning and Partnership (MAPP) Assessment and Community Health Improvement Plan process. Priority areas were selected through review of data, surveys, and focus groups. Strategies were selected from evidence-based practices, policies, and programs, and wherever possible linked with state plans. The Panhandle Community Health Improvement Plan has been written to be implemented across all sectors of our communities.

Local governments, hospitals and health systems, educational institutions, economic development, service organizations, businesses, agencies, volunteer groups, mental and behavioral health system, faith communities, children, youth, families, and seniors are all considered part of the local public health system.

### Transforming Panhandle Communities

#### Priority Area 1: Healthy Living: Healthy Eating, Active Living, Breastfeeding

Obesity and chronic diseases – such as cancer, diabetes, heart disease and stroke – are among the most common, costly, and preventable of all health problems in the Panhandle, the State of Nebraska, and throughout the United States. A healthy diet, physical activity, breastfeeding, and maintaining healthy body weight all significantly contribute to preventing obesity and chronic disease.

- Healthy Eating: Increase fruit and vegetable consumption and decrease the consumption of high energy-dense foods and sugar sweetened beverages.
- Active Living: Increase physical activity and decrease screen time (television, computers, electronic games, and smart phones).
- Breastfeeding: Increase breastfeeding initiation, duration and overall rates.

### Wellness works by working together...here's what you can do!

Individuals	Workplaces	Schools	Communities
Reduce your consumption of sugar-sweetened drinks and high energy-dense foods	Develop an evidence-based worksite wellness program	Become trained and implement CDC's evidence-based coordinated school health	Increase availability of and access to healthier foods and drinks including community gardens and farmers markets
Increase your fruit and vegetable consumption	Ensure access to and promote healthful foods, including fruits, vegetables and water	Create policies to promote healthful foods and drinks	Create policies at childcare facilities to promote healthful foods and drinks
Increase the minutes each day you are physically active	Adopt policies and guidelines to encourage healthy food at staff meetings, company events, vending machines and options in cafeteria	Adopt youth-appropriate marketing techniques to promote healthful choices	Enhance community planning and design practices to improve access to physical activity
Decrease screen time	Make kitchen equipment available for employee food storage and cooking	Have policies to assure that fruit or non-fried vegetables are accessible at school celebrations when food or beverages are offered	Increase the number of hospitals providing maternity care practices supportive of breastfeeding
Participate in your worksite's wellness program	Enhance worksite support for physical activity	Enhance access to physical activity opportunities, including physical education, during and after school	Increase public support of breastfeeding
Talk to your healthcare provider about clinical interventions to prevent and control obesity and enhance physical activity	Increase support for breastfeeding in the workplace	Employ policies and practices that promote active transportation	Provide child care providers with professional development to educate them on how to integrate physical activity and reduce screen time
		Implement and promote joint-use agreements	

**Priority Area 2: Mental and Emotional Well Being**

The Mental and Emotional Well Being section of the Community Health Improvement Plan has two goals:

- Increase the quality of life for all ages.
- Reduce child abuse and neglect rates

Four strategies have been identified to address these goals:

- Promote positive early childhood development including positive parenting and violence-free homes.
- Facilitate social connectedness and community engagement across the lifespan.
- Provide individuals and families with the support necessary to maintain positive mental and emotional well-being.
- Promote early identification of mental health needs and access to quality mental health services.



**Priority Area 3: Injury and Violence Prevention**

Prevent unintentional injuries and violence, and reduce their consequences.

There are four strategies which address enhancing Injury and Violence Prevention in the community, workplace, schools and child care settings:

- Implement and strengthen policies and programs to enhance transportation safety.
- Promote and strengthen policies and programs to prevent falls, especially among older adults.
- Promote enhance policies and programs to increase safety and prevent injury in the workplace.
- Provide individuals and families with the knowledge, skills, and tools to make safe choices that prevent violence and injuries.

**Priority Area 4: Cancer Prevention: Primary Prevention, Early Detection, and Appropriate Screenings**

Primary prevention to reduce cancer risks is addressed through two goals:

- Reduce the impact of tobacco use and exposure on cancer incidence and mortality.
- Reduce exposure to ultraviolet light.

Strategies which will address the reduction of primary prevention risks include: Support comprehensive tobacco-free and other evidence-based tobacco control policies.

- Reducee underage access to tobacco.
- Use media to educate and encourage people to live tobacco free.
- Clinician counseling and interventions to prevent tobacco use and tobacco-caused disease in adults and pregnant women.



Early detection and appropriate screenings are addressed through one goal:

- Increase cancer screening rates

Strategies to be used include:

- Client Reminders
- One on One Education
- Provider Recall Systems
- Small Media
- Reduce Out of Pocket Expenses

**Making the healthy choice,  
the easy choice,  
through**

**Assessment - Assurance - Policy Development**



**Panhandle**  
Public Health District

**Vision:** A coordinated system of public health services that promotes and enhances the health status of the panhandle wide community.  
**Mission:** To improve the health status of the Panhandle Public Health District communities through assessing, assuring, promoting, and sustaining coordinated locally accessible public health services, information and education.

Kim Engel, Director

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Janelle Hansen, Community Organizer, Health Educator  
Ana Mendiola, Bilingual Lifestyle Interventionist  
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Melody Leisy, RN, PRMRS Coordinator, Public Health Nurse

**Website:** [www.pphd.org](http://www.pphd.org)



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



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# PPHD Financial Statement

## Balance Sheet, June 30, 2012

Assets	
Cash & Equivalent	\$ 59,918
Acct. Receivable	\$ 295,495
Inventory	\$ 21,774
Certificates of Deposit	\$ 225,402
Property & Equipment, Net of Depreciation	\$ 71,442
<b>Total Assets</b>	<b>\$ 674,031</b>

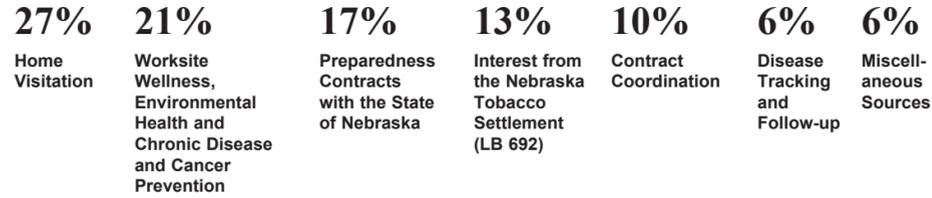
Liabilities		Net Assets	
Accounts Payable	\$ 15,773	Invested in Capital Assets, Net of Debt	\$ 71,442
Accrued Payroll		Unrestricted	\$ 525,728
Liabilities	\$ 61,088	<b>Total Net Assets</b>	<b>\$ 597,170</b>
<b>Total Liabilities</b>	<b>\$ 76,861</b>	<b>Total Liabilities and Net Assets</b>	<b>\$ 674,031</b>



Sara Sulzbach  
Office Manager  
Erin Sorensen  
Administrative Assistant

**Total Operating Revenues**  
\$ 1,688,462  
**Total Operating Expenses**  
\$ 1,638,736

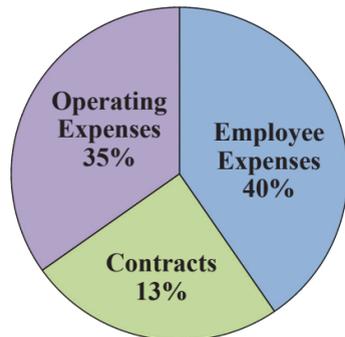
## Where the money comes from . . .



## Where the money goes . . .

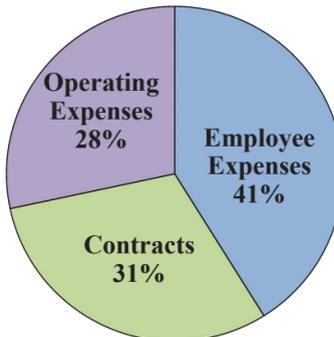
### 21% Protection

PPHD & PRMRS,	
Preparedness	\$ 339,988
<b>Total</b>	<b>\$ 339,988</b>



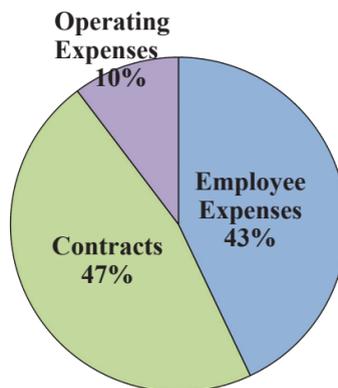
### 68% Prevention

Chronic Disease & Cancer Prevention	\$ 423,421
Home Visitation	\$ 414,497
Disease Surveillance	\$ 91,773
Coordination Contracts	\$ 171,991
<b>Total Prevention</b>	<b>\$1,101,682</b>



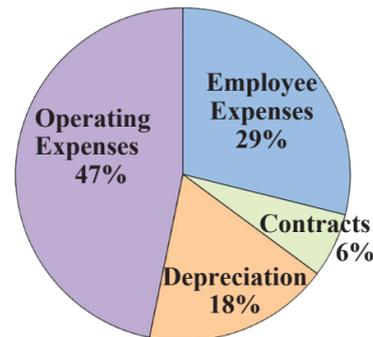
### 1% Promotion

Children's Outreach	\$ 13,829
Public Health Nurse	\$ 15,669
<b>Total</b>	<b>\$ 29,498</b>



### 10% Administration

General Administration	
<b>Total</b>	<b>\$ 167,568</b>



# Local Public Health System Goal and Strategy Directions

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

## Local Public Health System Goal

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

### Strategic Direction 1 Healthy and Safe Community Environments

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

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

### Strategic Direction 2 Clinical and Community Prevention Services

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

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

### Strategic Direction 3 Empowered People

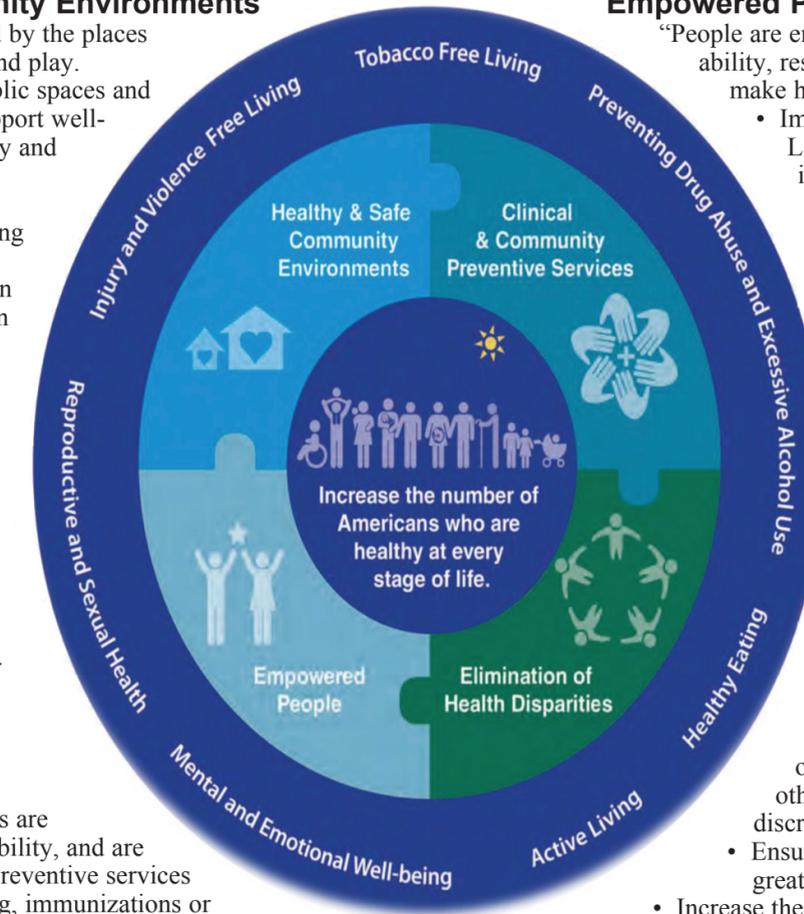
"People are empowered when they have the knowledge, ability, resources, and motivation to identify and make healthy choices."

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

### Strategic Direction 4 Elimination of Health Disparities

"Health disparities are the difference in health outcomes across subgroups of the population. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health on the basis of their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked with discrimination or exclusion."

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



# Preventing - Promoting - Protecting

## 1-800-QUIT-NOW saves lives

Quitting smoking is tough, but not impossible. “Don’t be discouraged if you have tried to quit 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.

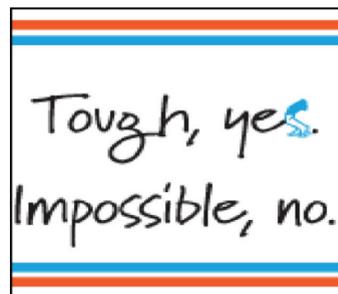
A mere 20 minutes after a smoker quits, their heart rate drops and only a year later,

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 assured. “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](http://QuitNow.ne.gov).” Evidence has shown the Quitline is an

effective method of decreasing tobacco use in the United States.

Tobacco use remains the single largest preventable cause of disease and premature death in the United States. Tobacco 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. Still, almost one in five adults smoke; half of the adults who



continue to smoke will die from smoking-related causes. Reducing tobacco is a winnable battle.

### 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 non-smokers are:

- Fund scientific research.
- Make your home and vehicles smoke-free.
- Don’t start, if you aren’t already using tobacco.
- 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.
- Call 1-800-QUIT-NOW for free resources and assistance to help quit. Visit the website at [www.pphd.org/tfn.html](http://www.pphd.org/tfn.html). Ask a health care provider for help quitting.
- Text IMREADY to 39649 for texts to help keep you on track
- Find a step-by-step guide at [www.smokefree.gov](http://www.smokefree.gov).

There are several ways that parents can keep their children from smoking.

- Maintain a totally smoke-free home and car (even if you smoke).
- Educate your children about the dangers of smoking and tobacco use.
- Make sure your kids’ school has a strong and well-enforced no-tobacco policy for kids and staff.
- Quit if you smoke; children of parents who smoke are twice as likely to become smokers.

## Only smoke-free policies provide effective protection from secondhand smoke

Tobacco Free in the Panhandle has been assisting businesses, multi-unit housing complexes, county fairs and homes in adopting tobacco-free and smoke-free policies to make the Panhandle healthier



**Tabi Prochazka**  
Tobacco Free in the Panhandle Coordinator

for all of us. Adopting policies is a way of changing cultural norms, making the healthy choice the easy choice.

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

responsible for tens of thousands of deaths in the United States each year.

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.

“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.”

### Multi-Unit Housing

Many landlords make their properties more desirable by adopting smoke-free, policies making multi-unit housing easily available. A listing of such units is available on the TFP website at <http://www.pphd.org/tfnHousingAptList.html>. Prochazka said landlords are quick to recognize 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.

Prochazka is available to provide technical assistance. She has many resources available including resident surveys, policy templates, vinyl clings and signs to post in the building.

### Schools

A 2011 survey, found 86% of Panhandle schools had a tobacco policy. Only 52% had posted the policy. “Signage is an important part of enforcement,” Prochazka said. “By posting signs prohibiting tobacco use on school campuses those agencies do more for awareness and enforcement.” Tobacco Free Nebraska has signage available for any school that prohibits the use of tobacco products – everywhere, by everyone, at all times. Schools have been smoke-free for years, and now are extending the effort to include tobacco-free policies campus wide.

### Child Care Facilities

Tobacco-free campus policies are being adopted across the Panhandle to protect children from the known dangers of secondhand smoke exposure. TFP is able to provide written policy templates, signage and technical assistance.

### Businesses

Prochazka encourages businesses to implement a smoke-free campus, or adopt a smoke-free policy prohibiting smoking within 15 feet in any direction from a business’s entryway. TFP is able to provide written policy templates, signage and technical assistance.

### Homes

Children of parents who smoke are twice as likely to become smokers. So take a stand today and pledge to protect your family 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](http://www.pphd.org/tfnPledge.html).

## Message from the Board President

We know that much of what influences our health happens outside of the doctor’s office—in our schools, workplaces and neighborhood. Communities that come together to create an environment where making the healthy choice, the easy choice, will have better health outcomes for their citizens.

The Community Health Improvement Plan lays out a road map of how, together, we all can make the Panhandle a healthier place! The strategies chosen call for policy, system and environmental changes and have been proven to work.

The four priority areas are:

1. Healthy Living: Healthy Eating, Active Living, Breastfeeding
2. Mental and Emotional Well Being
3. Injury and Violence Prevention
4. Cancer Prevention

The purpose of the Community Health Improvement Plan in the Panhandle is to establish what our baseline is, to choose evidence-based strategies that work for implementation, and 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.

Join us in making these changes happen.

If you are interested in joining implementation phases of the MAPP process, contact our Director, Kim Engel, at 308-487-3600, ext. 102 or email [kengel@pphd.org](mailto:kengel@pphd.org).



**Carolyn Jones**  
PPHD Board President

## Local Team Participates in Public Health Leadership Program

Four regional members of a public health team from the Panhandle were selected to participate in the National Leadership Academy for the Public’s Health program. They include Boni Carrell, executive director of the Rural Nebraska Healthcare Network; Sandy Roes, director of Western Community Health Resources; Jeff Tracy, administrator of the federally-qualified health center with Community Action Partnership of Western Nebraska; and Kim Engel, director of Panhandle Public Health District.

NLAPH is a national program focused on improving community health by working with multi-sector leadership teams and training the teams through an applied, team-based collaborative leadership development model. The program has provided training and support over the last year while the regional team leaders have worked on a special public health project, preventing obesity as spelled out in the Community Health Improvement Plan.

“Health factors and health outcomes are serious topics that merit serious consideration,” Engel stated.

Heart disease is the leading cause of death in the Panhandle at 22.1%, followed closely by cancer at 19.1%. In 2005-2009, the rate of heart disease and stroke in the Panhandle was significantly higher than Nebraska’s rate for heart disease mortality. The risk factors for heart disease and stroke include high blood pressure and high cholesterol. Diabetes is also prevalent in the Panhandle. Nearly 66% of Panhandle residents are overweight or obese, with less than 25% reporting they consume fruits and vegetables five or more times per day and only 49.5% reporting they engage in 30 or more minutes of moderate physical activity on five or more days per week.

NLAPH provides training and support focused on two tracks. The first is the development of leadership skills, including personal and collaborative leadership in a multi-sector environment. The second emphasizes growth from team-based collaborative work to policy and systems change. NLAPH training and support is provided at no cost to the participants or the community.



Jeff Tracy, Sandy Roes, Kim Engel and Boni Carrell at the Leadership Academy in Atlanta, Georgia.

## Message from the Director



**Kim Engel**  
Director

The County Health Rankings rank the health of nearly every county in the nation and show that much of what affects health is dependent on where we live, learn, work and play. The rankings show what we know when it comes to people’s health. They also show what we can do to create healthier communities. The County Health Rankings confirm the critical role that factors such as education, jobs, income, and environment play in how healthy people are and how long they live. The Robert Wood Johnson Foundation collaborates with the University of Wisconsin Population Health Institute to provide this informative data to every state.

The rankings look at a variety of measures that affect health; such as the rate of people dying before age 75, high school graduation rates, access to healthier foods, air pollution levels, income, rates of smoking, obesity and teen births. These are the same kinds of measures that were examined locally during the development of the Community Health Improvement Plan.

The County Health Rankings & Roadmaps program helps communities create solutions that make it easier for people to be healthy in their own communities. Having health insurance and quality health care are important to our health, but

we need leadership and action beyond health care to include city and county government, schools, and worksites.

The County Health Rankings were one of the sources used in determining the evidence-based strategies that would be included in the Community Health Improvement Plan. To see how our Panhandle counties rank, go to [www.countyhealthrankings.org](http://www.countyhealthrankings.org).



Sandra Babin  
Parenting Coach/  
Intake Specialist

## PPHD welcomes two new staff in 2012

Sandra Babin is a Parenting Coach and Intake Specialist with Healthy Families America. Sandra was born and raised in Scottsbluff, but lived in several other parts of the country prior to returning to settle again in 2005. Her experience includes work in case management for Native Americans with the Access to Recovery Program, advocacy for families and children with mental health issues at Speak Out, facilitation of the Speak Out Youth Support group, and as an emergency community support provider for Region I Mental Health and Substance Abuse. Sandra has four adult children and 11 grandchildren. She enjoys spending time with her family, traveling and shopping, and her church activities.

Ana Mendiola has been working as the Bilingual Lifestyle Interventionist with Every Woman Matters since July 2012. She is originally from Texas, graduated valedictorian of her high school class in Hemingford, and attended Western Nebraska Community College for general studies. She volunteers at the local youth center which affords her the opportunity to assist with her love of tutoring and helping others. This is her first job experience in the field of public health and she enjoys working with Every Woman Matters clients to promote positive and healthy lifestyle modifications for overall quality of life improvements. We are so excited to have her expertise on the PPHD team.



Ana Mendiola  
Bilingual Lifestyle  
Interventionist

## Ready to improve your health, lose weight, and reduce your risk of developing diabetes?

Join the free National Diabetes Prevention Program being offered throughout the Panhandle. This Evidence based program is recommended by the CDC and is proven to reduce the risk for type 2 diabetes by 58%. We are already seeing tremendous success in the Panhandle with this program; people are losing weight and changing their lives.

learn ways to incorporate healthy eating and physical activity into their daily lives and set two primary goals. Participants meet weekly for approximately 16 weeks, then monthly for the remainder of the year. During the program, participants keep track of their food intake and physical activity and work with the Lifestyle Coach and the group to overcome barriers to a healthy lifestyle.

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

Tabi Prochazka, Lifestyle Program Coordinator

Group classes focus on:  
 -Healthy Eating - Increased Physical Activity  
 -Weight Loss - Lifestyle Change  
 -Stress Reduction and Coping Skills

Seventeen Panhandle residents were trained to deliver the National Diabetes Prevention Program (NDPP) in June 2012, by a Master Trainer with the Diabetes Training and Technical Assistance Center (DTTAC) at Emory University, an official partner of the National Diabetes Prevention Program. “We know that eating healthy food and being physically active is good for our health and can help avoid chronic diseases like diabetes, but those two things are easier said than done,” said Tabi Prochazka, Regional Lifestyle Program Coordinator. This program teaches the skills and gives the tools needed to make a change for life.

NDPP is a year-long lifestyle change program in which people at risk for type 2 diabetes meet in a group with a trained Lifestyle Coach. During the program, participants

### Local Alliance sisters find success

Anne Watson and Laura Furrow, sisters from the Alliance area, didn't let the usual holiday pounds creep up on them this year. They were armed with tools and strategies from the National Diabetes Prevention Program they have been participating in weekly at Box Butte General Hospital.

“Normally I would have gained an average of 7-8 pounds between Thanksgiving and New Year's,” Watson said, “but this year was different because I was aware of my weaknesses and eating habits and maintained my daily walking regimen. I used to bake excessively for the holidays, but now realized having the sweets around was too accessible and only sabotaged my efforts.”

Watson relayed that being active every day has been a key to her success. In fact, in the entire 18 weeks since the program began, she estimated she has only missed about five days in her daily 30 minutes of treadmill walking routine.

“The other key to maintaining my 23 pound weight loss is writing down everything I eat in a food log,” she said. “It is surprising how much fat is in certain foods, like cheese. I used to eat quite a bit, but now use it more sparingly because I really assess whether or not it may be a food I would want to waste calories on.”

Furrow also reached her 7% weight loss goal set in the program, but moreover was excited that her cholesterol dropped 40 points. She noted, “I nearly had to go on cholesterol reducing medication but am happy to report that I am now close to a normal range.”

In addition to the calorie and fat counting, Furrow has maintained an activity routine rotating between cardio and weights, noting she feels so good about the muscle structure she has developed. “It has improved my balance and overall body control,” she said.

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“The NDPP brings the proven success of the Diabetes Prevention Program research study to communities around the country and we are thrilled that the Panhandle has been chosen by the Nebraska Department of Health and Human Services to be the pilot site for Nebraska”, stated Prochazka. The DPP research study showed that people at risk for type 2 diabetes can significantly reduce their risk by losing 7% of their body weight through healthy eating and physical activity. The group interaction is crucial to the program's success. With a supportive group to cheer their successes and empathize with their setbacks, participants don't have to make lifestyle changes alone.

For more information visit: [www.pphd.org/DPP.html](http://www.pphd.org/DPP.html)

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

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

**Know your Score:**  
**0-8** Your risk is probably low for having prediabetes.  
**9+** Your risk is high for prediabetes and you qualify for the National Diabetes Prevention Program.

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

## Every Woman Matters Program receives support in the Panhandle

The Every Woman Matters Lifestyle Intervention program provides an opportunity for women who have accessed screening services to receive education aimed at improving their overall health and reducing their risk for cancer and chronic disease. Interventionists work with women to assess their readiness to make changes in their lifestyles. Interventions are designed to assist with goal setting, to offer encouragement, and to address challenges and solutions for positive lifestyle changes. Follow-up on these three levels over the course of the four-month intervention helps to ensure clients are successful at maintaining preventive health habits.

The program has had an increasingly positive response from women. Each month an average of 40 new names are added to the list of participants. Including women who are at various stages of the four-month cycle, the average total of contacts that are made per month is between 50 and 65 women total. A small percentage of the women are dropped from the list or lost in the follow-up process due to change of address or disconnected phone number. The majority of the women with whom contact is established are more-than willing to participate in the program and many of them feel that it really helps them to improve their lifestyle.

## Training Academy coordinates learning

In 2012, the Panhandle Partnership Training Academy put a new focus on customizing training for individual partners in the Partnership. While continuing to develop general coursework to serve all partners, Training Academy Coordinator Mary Wernke said this year she has worked more closely with individual partners to develop trainings specific to their business.

The Training Academy is one of many programs developed by the Partnership to serve member agencies and individuals involved in health and human services in the Panhandle. The Training Academy works with local agencies to coordinate training plans and details. By creating a custom training plan for each agency, it can help to assure the agency staff is able to take courses that involve core competencies for their position and their agency.

In partnership with Western Nebraska Community College, the Training Academy has helped the Regional Office of Human

Development with programs that include First Aid and CPR, required training for all employees. By working with OHD's staff training and continuing education plan outline, the Training Academy was able to develop plans for all new hires, direct care staff, and supervisors.

Much of the new work is developed around a model pioneered by the DOVES program in the Panhandle. DOVES' goals were to provide consistent training to their paid staff, volunteers and board members, provide additional training for specialized positions and to use existing resources in creating the trainings.

Lisa Peden, Community and Supportive Services Coordinator at DOVES, said they used visual, written and verbal resources, independent activities and self-direction to provide online lectures at the student's own pace, along with a variety of videos and media projects. The DOVES staff interacted regarding the training through message

boards and interviews, with supervisory interaction that included journaling about their individual training and face-to-face activities with their supervisor, culminating in the staff member's annual review.

As they began the year-long process of developing their training program, Peden said DOVES sought feedback from supervisors about the most important concepts staff need to understand, the things the staff struggled with and the resources they'd found most helpful in training current and previous employees. With the cooperation of WNCC staff members, DOVES determined their five core competencies: Employ critical thinking skills; cultivate empathy toward self and others; exercise assertiveness; prioritize tasks, time, and resources; and effectively utilize technology.

The process was organized into nine

**WEST NILE VIRUS Prevention Tips**

**Protect your family.**

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

areas of study, each containing a learning plan and objectives with activities and assessments needed to complete trainings. The program was presented to the WNCC faculty and even highlighted in the college newspaper as an exciting new model for business training.

By rolling the program out in phases, Peden said DOVES has been very happy with the reception of staff and board members. Their plans include additional training modules, methods to disseminate information from local, regional, state and national trainings to all staff, conducting web-based staff meetings for their Panhandle-wide personnel and encouraging other agencies to train their staff using the online training classes.

For more information about trainings for your agency or yourself, please contact Mary Wernke at 308-437-6397.

# Healthy Families America Works Free Immunizations

Born 6 weeks premature, Baby Isabella was thriving in the NICU when she suddenly quit breathing. After being life-flown to Children's Hospital in Denver, then transferred to UNMC Hospital in Omaha, at one month old she finally returned to Scottsbluff where she passed away. In her honor, HFA has launched Project Isabella, a free pertussis immunization program available to qualified adults who are in contact with our HFA babies. Pertussis, also known as Whooping Cough, is a highly contagious respiratory disease which can be fatal to children. Recent epidemics in neighboring states as well as high incident reports in Colorado and Wyoming have increased prevention vigilance in the Panhandle. Project Isabella is made possible through partnerships with vaccine manufacturer Sanofi-Pasteur and Regional West Immunization Clinic in Scottsbluff. The vaccinations are administered by HFA Program Manager and RN, Betsy Walton. Education is provided at time of vaccination by students from the UNMC accelerated BSN nursing program.

## Helping Teen Parents

When working with teen parents, we never want to forget that they too are still in the process of growing and developing and, like their children; they also need nurturing and reassurance from us. One of our clients, who lives in a small rural community, followed up on a referral from her HFA home visitor to a local teen mothers group in order to help her get out of the house and get a break from the work of parenting. She agreed to try the group and quickly found several close friends. These friendships are important as they enable her to socialize with other young women in her same situation and give her a sense of connectedness, helping her avoid feelings of isolation that often occur when teens become parents. One of our teen fathers is encouraged by his HFA home visitor to attend home visits regularly, but was recently struggling with understanding what his role as a father would be in raising a baby. After learning about the importance of play for stimulating brain growth in babies and toddlers, he brightened and told his home visitor that this is something he is really good at—he loves playing with his younger siblings and then exclaimed "Wow, I really am important!"

## Sharing Knowledge

Our very first HFA client is a young single mother of two young boys. She has been with our program since we opened in January, 2012 and has successfully completed two of the four levels in the HFA curriculum. As part of her individualized goal plan, she had recently applied for and obtained a job in a daycare center—she loves children and eventually wants to become a NICU nurse, but meanwhile, she has set her sights on finding work in a setting where she can get more experience in caring for little ones. During her first few weeks at the daycare, she created a bright, noisy toy from a new tube sock, some large bells, and colorful duct tape. Seeing her use this to entertain the babies, a coworker asked about what she was doing. She replied that this is a technique learned in her HFA sessions where inexpensive, homemade toys are used to stimulate baby's brain, adding that this is a proven practice for helping kids grow up to be happier, smarter, and more well-adjusted adults.

## Teaching Empathy

One of our clients has several children, the youngest being her 3-month-old baby daughter. When she returned to work last month, she agonized over finding a daycare provider who would provide the level of care that she wanted for her child. During one interview with a potential provider, her daughter, who was seated in her carrier, began to cry and the mother promptly picked her up to attend to her needs. The daycare provider remarked that babies this age should be left to cry for a while so that they learn to "self soothe."

The mother confidently and patiently explained the HFA concept of empathetic parenting to this daycare provider, telling her that there is no way an infant will be spoiled by getting her needs quickly met and that ignoring her or thinking she will self-soothe at such a young age is a misconception. She moved on to another daycare provider, but hopefully left this one a little wiser.



Photo Courtesy of Kelly Sudduth Photography

## Got Baby? We can help.

- Support parents during pregnancy
- Prepare families for the birth of baby
- Connect client with community resources
- Build strong family foundations

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



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



## Panhandle Suicide Prevention Task Force spearheads local awareness events

On September 8, people throughout the Panhandle participated in the Out of the Darkness Community Walk in Alliance and Scottsbluff. The walk's primary objective is to raise awareness of the devastating effects of suicide in our communities. A secondary goal is to raise funds for local and national suicide prevention and awareness programs.

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

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

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

In the United States, a person dies by suicide every 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 socioeconomic status.

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

In addition to the annual walk, 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, the Panhandle Suicide Prevention Task Force hosted a National Survivors of Suicide Day in Alliance. The included a panel of other survivors and mental health professionals and was also available online for those survivors who wished to participate in a more private setting from their home computer.

Survivors of suicide loss 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 Panhandle Public Health District at 487-3600 ext. 105.

## High school or a death zone?

It all started in the 9th grade. No one said high school was supposed to be fun. And they were right. High school is all drama and a way for someone to bully some kid just because they stutter, or because they are poor. Well I've been bullied. People say stuff like go hang yourself it will make this world a better place. People would say the cry baby is crying again. Or why would you date that thing? I started to get angry, which eventually turned into violence, I started to get into trouble at school and at home. People started calling me crazy. Or weird. Sometimes it was funny other times it hurt so bad I would start to get angry or start to cry. Every day I walked in the halls I got shoved into the walls or my books knocked out of my hands. I just stared at the ground and wished school never existed. Then I started to think about maybe they are right, I should just die. So cutting myself

became fun and popping painkillers, only the pain never went away. Kids started saying lookout she'll cut you, that chick is crazy! For everyone out there PLEASE don't bully kids, so many teens have killed themselves because of verbal and physical abuse, or become killers. Ask yourself this "do you want to be responsible for a death?" Even just joking around some kids will take it seriously. Do not be that person who practically kills a kid because of what they said or did just to make you feel better. From my experience I would have died from overdosing on meds. But my family helped me through it, and I quit. I started to write out my feelings and talked to counselors. Now I am 16 years old and in the 10th grade. I forgive everyone that hurt me, but I will NEVER forget how much they put me through.

~Submitted by an anonymous Panhandle Student

## 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

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

## Teens urged Just Drive, distracted driving leading cause of crashes

Box Butte County teens are among the highest in the state for vehicle accidents due to distracted driving (texting). Panhandle Public Health District worked with leadership groups in Alliance and Hemingford schools to implement the Just Drive Campaign in addition to the Box Butte County Fair Queen Court to encourage fellow students to **JST DRV**.

Leadership groups coordinated school assemblies in Alliance and Hemingford showing a video on the dangers of distracted driving and proactive ways to be safe when driving. 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.

The Box Butte County Fair Queen Court took to the radio to challenge fellow teens to **Just Drive**. "It's not just about texting and driving," they chimed, "it's about not being distracted by loud music, friends, or trying to eat and drive. We urge you to keep your eyes on the road, hands on the wheel, and give your full attention when driving."

A distracted driving simulator sponsored by the Nebraska Sheriff's Association provided a scary depiction to Box Butte County fair-goers on the harsh reality of not giving full attention when behind the wheel. Queen Contest attendees heard several messages promoting safe driving throughout the evening event.

Among all age groups, teen drivers are at the greatest risk. According to the "Come

Home Safe Project" by the Nebraska Click It – Don't Risk It Coalition, teenagers account for only 6.5% of the licensed drivers in Nebraska, but they account for 23% of reported crashes. 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. Additionally, more than 1-in-5 do not use their safety belt, and in some parts of Nebraska, fewer than 1 in 3 buckles up.

Let's make sure our young people "Come Home Safe" by buckling up every trip, every time.



### Communicable Disease Investigations:

Panhandle Public Health District	2012	2011
Animal Exposure (bite or nonbite)	7	0
Aseptic meningitis	2	2
Bacterial Meningitis, other	1	0
Campylobacteriosis	6	9
Coccidioidomycosis	0	0
Cryptosporidiosis	3	5
Cyclosporiasis	0	1
Giardiasis	3	2
Hepatitis A, acute	0	2
Hepatitis B Virus Infection, chronic	1	1
Hepatitis C Virus Infection, chronic or resolved	31	20
Influenza, human isolates	1	2
Legionellosis	0	2
Lyme disease	0	1
Mumps	0	0
Pertussis	0	0
Rabies, animal	20	6
Rheumatic fever (Acute)	1	0
Salmonellosis	4	6
Shiga toxin-producing Escherichia coli (STEC)	3	4
Tuberculosis	0	2
Varicella (Chickenpox)	0	1
West Nile Fever	8	0
Total confirmed, probable and suspect cases	91	66

### An increase in animal rabies seen in 2012

Panhandle Public Health District urges caution when encountering unknown domestic or wild animals. In 2012, sixty confirmed cases of animal rabies were identified in Nebraska. This is nearly double the thirty-five confirmed cases identified in 2011.

In 2012, twenty of the confirmed cases originated in the Panhandle. Statewide cases have been confirmed in skunks, bats, cattle, cats, foxes, raccoons, and dogs. In Nebraska, skunks and bats are the main sources and the most common animal species testing positive for rabies.

The risk of exposure to rabies is real, but the disease is preventable in both humans and domestic animals. Domestic pets and livestock can be infected from exposure to wildlife.

PPHD Surveillance Coordinator Becky Corman reinforces the importance of rabies vaccinations. "Have your veterinarian vaccinate your dogs, cats, ferrets, horses, and valuable livestock against rabies. Booster vaccinations as directed are also important to make sure they are protected."

Other tips to prevent rabies include:

- If bitten by an animal, seek medical attention and report the bite to your local public health department or animal control authorities immediately.
- If your animal is bitten, contact your veterinarian for an appointment for the animal to be examined.
- Do not handle, or feed wild animals. Never adopt wild animals or bring them into your home.
- If wild animals appear sick or injured, call animal control authorities or an animal rescue agency for assistance.
- Teach children never to handle unfamiliar animals, wild or domestic, even if they appear friendly.

If you have additional questions, please contact your veterinarian or the Panhandle Public Health Department at 308-262-2217.

### Bed bugs, continued

(ATSDR) and the Centers for Disease Control and Prevention (CDC) have alerted the public to an emerging national concern regarding misuse of pesticides to treat infestations of bed bugs and other insects indoors. Some pesticides are being applied indoors even though they are approved only for outdoor use. Even pesticides that are approved for indoor use can cause harm if over applied or not used as instructed on the product label.

### Local Alliance sisters find success, continued

"Having the social support of my sister involved with me has been beneficial. We went to a movie together and popped our own popcorn so we weren't tempted to overindulge," Furrow added.

The sisters attributed their ongoing success to the regular meetings with knowledgeable facilitators, both relaying that it has continued to keep them accountable. Watson concluded, "I have been on diets before and lost 10-15

pounds but this is the most success I have maintained. I think it is because it is reinforced that this is not a diet, it is a lifestyle change."

## Healthy Families America Presents: The Daily Do's of Parenting

The Growing Great Kids curriculum used by HFA is based on a framework of six techniques to help parents remember the fundamentals of child development. These are organized into "Daily-Do's"—easy to remember activities and actions for parents to practice each day. Home visitors introduce these concepts gradually over the first year of a baby's life:

### Empathetic-Parenting

For a parent, empathy means letting the child know and feel that you understand what they are feeling or experiencing. When children are responded to with empathy they develop an understanding of their own feelings, as well as those of other people. They grow up to be caring, compassionate and responsible adults.

### Character Under Construction

Babies learn to trust when their parents help them feel safe and valued. This is accomplished by responding quickly to baby's needs, paying attention to cues and signals, holding baby in a way that makes him feel safe and loved, making eye contact, talking to baby, and avoidance of over stimulation with loud voices, music, bright lights, or rough play.

### The Four Steps to Success

The Four Steps to Success encourage development of self-esteem and learning and include the following actions: get baby's attention, show her how to do it, watch and wait for her to do it herself, praise her for what she did well. The four steps are followed consistently whenever learning something new. Experts recommend this technique to increase school readiness.

### Brain Builders

Infants begin learning through simple sensorimotor experiences. Brain Builder activities support their cognitive development and learning. This principle addresses the five basic areas of infant learning: cause and effect, use of tools, object permanence, understanding space and patterns, categories and sequencing.

### Play by Play

Play by Play supports early language development. Before children can use words, they first need to understand what they mean. For instance, before a child can say "wet" he must first know how "wet" feels. Using Play by Play, parents describe to baby what they are hearing, seeing, feeling, and doing throughout the day. To do this, the parent first gets on the same level as the baby, then tells her what she is seeing hearing, doing or feeling. Parents use their face, voice and touch to communicate their message, acting like a "broadcaster" of events to their child.

### Body Builders

This principle stresses physical development and good health. Good nutrition is emphasized by discussing healthy and nutritious food to serve for snacks and meals. Parents are reminded to limit meals at fast food restaurants and to avoid soda, sugary beverages, and too many fruit juices. Exercise is encouraged via outdoor play and activities. Limits on TV watching and computer game time are also recommended.

HFA is a service of PPHD in partnership with Scotts Bluff County Health Department.



### HFA clients are in need of the following items.

Please contact Betsy Walton at 308-633-2866 if you are able to donate:

- Toiletries (shampoo, soap, etc)
- Diapers and wipes
- Toilet paper
- Powdered baby formula
- Breast pads and maxi pads
- Flannel receiving blankets
- Pack n Play cribs
- Gently used clothing (maternity and 0-36 months)



## Panhandle Region Medical Response System

**MISSION:** To create and maintain a system for responding to public health emergencies by enhancing existing local planning efforts for resources, expertise, communication and personnel in order to increase the capabilities to manage a large number of casualties and/or disruption of service.

### PLANNING . . .

It pays to be prepared in the event of a natural disaster (flood, tornado, fire, or blizzard), terrorist attack, or contagious illness outbreak. The Panhandle Region Medical Response System, PRMRS, is a regional coalition of hospitals, public health, behavioral health, and emergency management that meet on a routine basis throughout the year to plan strategies and collaborate on how to meet potential medical needs when a disaster strikes. The hospitals share planning procedures and create workgroups to brainstorm and plan for evacuations, medical surge of patients, mass casualty events, disease outbreaks, and other catastrophic events that may affect our medical system as we know it.

### EXERCISING . . .



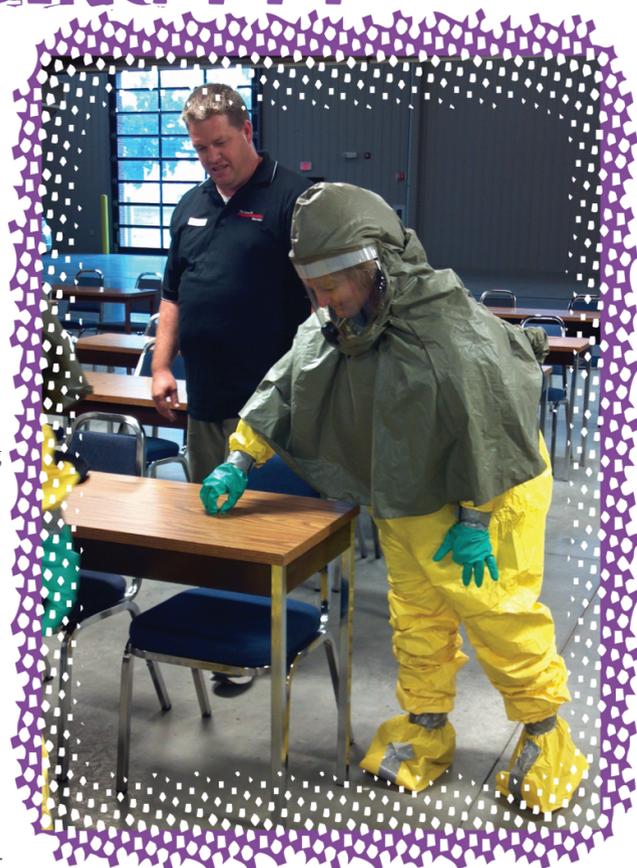
Michelle Wolford, Garden County Health Services, responds to an acting patient during a training drill.

is a general term used in Emergency Preparedness to describe practicing drills or testing of the plans the PRMRS team has implemented. These events happen at least annually to help the team identify the strengths of the planned response and the areas for improvement or gaps where planning needs to continue. In June of 2012, many area hospitals tested their facility plans for severe storm and tornado damage response after learning and implementing lessons learned from the hospital that was destroyed in Joplin, MO earlier in the year. Main areas of focus were on communications, medical supply distribution, Incident Command System, and evacuation or shelter-in-place. Planning is already underway for the 2013 Exercise event to include decontamination in collaboration with first responders.

### TRAINING . . .

A response system that trains together works together. In September 2012, PRMRS hosted the basic and advanced disaster life support training offered by the Center for Preparedness. During the training, participants used classroom taught strategies while responding to mock disaster situations set-up by the instructors through demonstrations and live role playing actors creating the scene. The hands-on approach assists our responders to be confident in their response with the knowledge and practice experience gained from the experience. Regional West Medical Center is looking at hosting a First Receivers course for the Panhandle in the spring of 2013. The picture to the right shows the use of a Level C personal protective suit at the Advanced Disaster Life Support training. Galyen is attempting to pick up a dime from the desktop and recognizing the challenges the protective gear may have as the instructor monitors

**PARTNERS** Box Butte General Hospital, Chadron Community Hospital, Garden County Health Services, Gordon Memorial Hospital, Kimball Health Services, Morrill County Community Hospital, Regional West Medical Center, Sidney Regional Medical Center, Panhandle Public Health District, Scotts Bluff County Health Department, Community Action Partnership of Western Nebraska, Region I Behavioral Health, Regions 21, 22, & 23 Emergency Management.



Kim Galyen, RN, Box Butte General Hospital, in a training exercise.

## Dental Days 2012: Nearly 250 children benefit



Jaynie Perkins and Buggy Malone

For the ninth consecutive year, students from the University of Nebraska Medical Center - College of Dentistry headed west in early June to provide much-needed care to area children. Forty-five students studying dentistry and dental hygiene at UNMC, accompanied by six completing residency, and fourteen faculty members, provided care to nearly 250 Panhandle-area kids.

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

Children were seen at Gordon Memorial Hospital, CAP-WN Dental Clinic (Dr. Gioia) in Chadron, Summit Dental Clinic (Dr. Neal) and at Life Smiles of Sidney (Dr. Hlavinka).

Recruiting appropriate kids and scheduling pre-screening appointments is 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. Jacoby, Bridgeport; Dr. Moody, Crawford; Dr. Jensen, Oshkosh.

“Preparing for Dental Day involves many logistics,” Becky Corman, public health nurse with PPHD, stated. “The extensive planning process includes coordination with many players, including the participating dentists, local sites, UNMC, and PPHD to result in such a great number of kids receiving dental care. We are fortunate that so many area youth are able to benefit from the ongoing program.”

Dental Day is coordinated through PPHD, UNMC, area dentists, local hospitals and health services, and schools. The 2013 event will be on May 31 and June 1. Prescreening will start in mid-March and run through April. For any questions, please call 308-487-3600 Ext. 105

## Two unique prevention programs targeted at Pre-K - 4<sup>th</sup> graders

PPHD offers two unique prevention programs targeted at Pre-K - 4<sup>th</sup> graders reinforcing healthy habits through good hand and oral hygiene. Both Brush’n’ Up and Scrub Club have been seen by thousands of area youngsters over the years in an effort to educate on two key prevention areas.

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. Statistics show that only one in three adults wash their hands after using a public restroom, but today’s children are learning differently through Scrub Club.

Health Educator Janelle Hansen teaches 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!

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 message behind hand washing is the importance of being healthy over all, she affirmed.

Brush’n’ Up presentations are available from February through May, with a kickoff in February for Dental Health Month. 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.



Janelle Hansen  
Health Educator

The very young students 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.

Hansen gives each of the students a toothbrush and a letter for home, to teach their parents about proper 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.

Hansen said the ripple effect of offering these programs 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.

## Kids Fitness and Nutrition Day held in three Panhandle locations

Each fall Janelle Hansen, Health Educator with Panhandle Public Health District, works in conjunction with area health and wellness organizations to coordinate Nebraska Kids Fitness and Nutrition Days for area third-graders. This interactive day gives youngsters the opportunity to learn about healthy eating and physical activity in a fun, social environment.

Attendees danced, kicked, and jumped while also learning how to balance food intake with activities. One station in particular, called Energy Balance, gives students a choice of snacks — a candy bar, a piece of beef jerky, or an apple. Those who chose the apple had to run for three minutes to burn off the calories

consumed. The beef jerky required five minutes of running. And the miniature candy bar? Seven minutes!

The Nebraska Beef Council and the University of Nebraska at Kearney helped sponsor the educational day which supplied a healthy lunch and fun incentives.

**Events were held in Alliance, Chadron and Sidney drawing over 500 third-graders and teachers from area schools.**



Melissa Galles teaching students about portion distortion.

## Volunteer TODAY!

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Volunteers Build Strong,  
Healthy and Prepared Communities**

[www.medicalreservecorps.gov](http://www.medicalreservecorps.gov)

## Every second counts...VOLUNTEER!

The Panhandle Medical Reserve Corps is a group of local health professionals and general public patrons who volunteer to assist in your community during large-scale catastrophes such as epidemics, bioterrorism, or natural disasters. In any disaster, we must depend on each other to get through the first 72 hours pending availability of outside resources. The MRC is an important preparedness function for any community.

A wide range of health professionals are needed to create an effective MRC team. Practicing or retired professionals as well as non-medical interested patrons are encouraged to register. MRC volunteers will work in coordination with existing local emergency response programs. As a MRC volunteer, training opportunities will be available to ensure you are prepared to respond in an emergency. Some free classes include: disaster basics, first-aid, CPR, blood-borne pathogens, Incident Command System, psychological first-aid, hands-on drills and exercises, as well as others.

By becoming a registered member you'll be identified as a professional resource. When an emergency happens, instead of wondering "How can I help?" you will be notified and know when, where, and what you are needed to do. You'll learn about local procedures and build on established expertise. You will have the satisfaction of being part of your community's coordinated efforts in emergency preparedness and response.

Volunteer TODAY! Simply cut out the card to the left and mail it to Panhandle Public Health District, PO Box 1115, Bridgeport, NE 69336 or call 308-262-2217 to learn more.



Kyle Kildow and Logan Dalimata waited in line with their parents for free dental services.

Alliance was host to the 7th Annual Nebraska Dental Mission of Mercy (MOM), which was held July 12-14, 2012. The Nebraska MOM program aims to provide care to the uninsured, the under-insured and anyone who otherwise has difficulty getting to a dentist. Patients are seen on a first-come, first-serve basis and are screened for medically compromising conditions that would prohibit them from receiving care safely.



Melody Leisy  
PRMRS Coordinator

The Panhandle of Nebraska recruited 226 volunteers locally and an additional 108 from all over Nebraska, Kansas, Colorado, and Wyoming. Four volunteers flew in from Florida at their own expense to assist.

Roughly 130 dentists and dental assistants donated their time to provide 20 hours of service each for a total of 2,600 hours

of free dental services in the two-day event. A team of 24 bilingual Lay Ambassadors were invited to teach oral hygiene. As a result, 145 patients received oral hygiene instruction in their most familiar language.

Free dental services provided included: 816 comprehensive oral exams, 857 fillings, 810 cleaned, polished or sealed, 29 root canals, 214 x-rays, 45 crowns, 46 denture related procedures, 738 extractions, 45 full-mouth debridement, all totaling a value of \$425,643.



Sally Bryner, an RN volunteer, takes a child's blood pressure in the Medical Screening area, as well as getting medical history information from parents.

A volunteer shared a memorable moment when working with a lady being fitted for dentures who hadn't had teeth for 20 plus years. The memory of seeing the lady hold up the mirror for the first time to smile seeing her new teeth brought tears to the eyes of everyone present.

A family with six children without any dental coverage stood in line on the first day starting at 3 AM. The youngest (age 4) had many cavities to be filled.

The pediatric dentist that volunteered wanted to make sure the boys experience didn't scare him for life. She invited the little boy to get an appointment at her dental clinic and receive the services where sedation could aid his experience free of charge. The mother held back tears as she shared her story, forever grateful for the care and consideration received.

If you would like more information about Nebraska Mission of Mercy, please visit <http://nebraskamissionofmercy.com>.



Panhandle Public Health District coordinated the Medical Triage area. Medical Reserve Corp volunteers were among many volunteers. Melody Leisy is giving a briefing to staff prior to patient arrival.

## Preparedness kit wins purple

A 10-year-old student from rural Gordon made use of the local county fair as a venue to teach attendees about preparing for disasters like fires, floods or tornadoes. Ashley Beguin, a fifth-grader, won a purple ribbon at the Sheridan County fair in late July for a disaster kit similar to one all homes should have available in case of impending disaster. The kit was also chosen to be sent to the Nebraska State Fair in Grand Island. Beguin's kit includes canned food and water, a whistle to alert searchers if the disaster victim is trapped, a rain jacket and tarp to use as a tent, blanket or sleeping bag. The supplies are enough to last for three days in the case of a disaster.

Beguin said she learned about the disaster kit project through her mother, Shelley Beguin, who works at the Gordon Memorial Hospital and is involved with the hospital's preparedness committee. Ashley took the opportunity to meet with Gaye Chercus, another Gordon Memorial Hospital employee who provided educational information and a demonstration on hospital preparedness

efforts. Gordon Memorial Hospital participates in the Panhandle Regional Medical Response System, a group of medical professionals and other disaster preparedness officials who coordinate regional planning efforts for a medical response to disasters.

Melody Leisy is the PRMRS coordinator. A nurse with Panhandle Public Health District, Leisy said everyone should get a kit of emergency supplies together (complete list below), make a plan for what to do in the case of an emergency, be informed about what might happen when an emergency does happen and get involved in preparedness in your community. PRMRS has opportunities for health care providers and other civilian personnel to assist in the case of disasters such as fires, a tornado or flooding.

For additional information about disaster readiness, visit [www.pphd.org](http://www.pphd.org) or [www.ready.gov](http://www.ready.gov)



Ashley Beguin and her disaster kit.

## Special Needs Registry helps prepare for emergencies



Becky Corman  
ERC Coordinator

### The challenge:

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

### The answer:

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

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

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

The Registry now includes nearly 200 individuals across the Panhandle.

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

### Who should register

- Persons relying on homemaking, personal care or nursing visits to maintain independence in their home or apartment
- Persons requiring 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

### Who should not register

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

### Disaster Kit Contents:

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

### Anyone who meets the criteria can register

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

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

# Panhandle Partnership uniting for collective impact



## Photo exhibit shares youth stories

Words like “Powerful” and “Moving” are regularly heard as people stroll through the It’s My Story: This is Life exhibit. The exhibit, developed from the life experiences of area youth is just what it claims to be a journey through the pain of labels and into the joy of self-discovery. Labeling is a challenge for many youth, but for youth who are homeless or near homeless the label becomes another barrier to a healthy life.

The media project is the brain child of the youth development workers at Community Action Program of Western Nebraska (CAPWN) in response to a requirement in national demonstration grant to help youth tell their story. “We do not realize the damage we do to each other when we use labels,” said Betsy Roose, one of the staff who supported the young people in completing the project. “These young

people shared their innermost selves to create a visual experience of the pain of labels.”

Nine months in the making, the project was also a healing journey for many of the youth involved. “Many of the youth had not been able to share their stories before. The group shared many tears and laughs as we listened to each other,” said Brian Nickodemus, a Youth Specialists with CAPWN.

Plans are now being made to take the exhibit to Lincoln. “This is the story of many rural Nebraska youth, so there is great interest in having it displayed in the State Capitol. The Nebraska Children and Families Foundation is working on our behalf to arrange a series of exhibits,” said Betsy Roose, Director of Youth Services for CAPWN.

CAPWN, Nebraska Department of Health and Human Services, Nebraska Children and Families Foundation and the Family and Youth Services Bureau are partners in the demonstration project which also provides resources and supports for older youth in housing, job skills and education, access to health and mental health services and living skills. The project also includes a partnership with WNCCC to create a Youth Leadership Institute.

A partnership with Panhandle agencies work on the demonstration project through the System of Care for Older Youth. In addition to CAPWN staff and youth from the region the team includes: Ruth De Los Santos, Project Everlast, Jackie Guzman, UNL Extension, Joe Simmons and Edison Red Nest III, Chadron Native American Center, and Deb Sargent, Western Nebraska.

## Panhandle communities focus on well being of children

Public and private agency partners have agreed on a group of indicators which measure the well being of children in communities across the state. The eight indicators include: Poverty, Infant Mortality, Low Infant Birth Weight, Adolescent Pregnancy Rates, Child Abuse and Neglect Rates, Youth Substance Use Rates, Juvenile Arrest Rates, and High School Completion Rates. Combined, the eight indicators are meant to show the general health and well being of the child population.

Each of the indicators has the potential to greatly impact a child’s outcomes in life - health or otherwise. Recent research has shown that there is a negative correlation between income

and child well being. In other words, children living in poverty come out lowest on the child well being indicators. Nine of the 11 Panhandle counties have higher percentages of families with children under the age of 18 who live in poverty than the state rate of 13%.

The Panhandle Partnership for Health and Human Services (PPHHS) works in partnership with the Nebraska Children and Families Foundation to identify and implement effective programs to improve outcomes for children, youth and families. A grant from the Nebraska Children and Families Foundation also provides for the administration of PPHHS to oversee and evaluate Child Well Being efforts.

	Indicator #1 Poverty		Indicator #2 Low Birth Weight	Indicator #3 Infant Mortality	Indicator #4 Teen Pregnancy	Indicator #5 Child Welfare	
	Total Population at or Below Poverty 2010	Families with Children Under 18 at or Below Poverty 2010	Children Born with Low Birth Weight 2005-2009	Infant Mortality 2005-2009	Births to Teen Mothers 2005-2009	Monthly Rate per 1000 Children in Out- Of-Home care 2009	Children involved in Substantiated Cases of Abuse/Neglect per 1000 2007-2009
<b>Banner</b>	16.1	18.8	3.5	0	17.2	7.2	0
<b>Box Butte</b>	14.2	18.1	7.8	0	10.7	1.8	13.2
<b>Cheyenne</b>	9.8	7.5	7.3	8.8	8.4	4.9	5.7
<b>Dawes</b>	22.7	13.6	4.7	2.0	9.8	3.2	8.2
<b>Deuel</b>	14.3	20.9	3.9	0	11.8	0	0
<b>Garden</b>	13.4	15.7	5.8	11.5	8.1	7.0	7.0
<b>Kimball</b>	10.5	13.2	10.0	4.7	12.8	14.3	7.8
<b>Morrill</b>	15.0	23.5	9.1	13.0	11.7	11.2	13.7
<b>Scotts Bluff</b>	17.3	24.5	7.2	7.6	14.0	17.5	18.1
<b>Sheridan</b>	16.5	20.3	7.8	6.7	9.7	4.0	3.2
<b>Sioux</b>	9.4	8.1	1.8	0	10.7	0	3.9
	Indicates an area where a county is worse than the state at a given data point						

# Free cancer screening tools available locally

Colorectal cancer is the second leading cause of cancer-related deaths in the United States, second only to lung cancer. Nebraska ranks among the top in the nation for its high incidence and death rate from colorectal cancer. 910 Nebraskans die every year from this cancer. However, colon cancer is preventable, treatable, and beatable!

Colorectal cancer screening saves lives – an estimated 60% of colorectal cancer deaths could be prevented if men and women age 50 and older were screened routinely.

Panhandle Public Health District is working with partners in the Panhandle Cancer Coalition and the Nebraska Colon Cancer Screening Program to increase awareness and make sure more individuals are screened by offering FREE fecal occult blood test (FOBT) kits.

“An FOBT kit is simple, free and it’s an important step in preventing cancer,” explained Becky Corman, coordinator of the Panhandle Cancer Coalition.

Corman said as soon as you turn 50, you should get screened at regular intervals. “You may need to be tested earlier or more often than other people if you or a close relative have had colorectal polyps or colorectal

cancer, or if you have inflammatory bowel disease,” she added. Other risk factors and symptoms are listed.

Any Panhandle resident over 50 or those with concerns regarding colorectal cancer risk factors or symptoms can call 855-227-2217 or send in the coupon for a free FOBT kit. The kit is simple and can be completed in the privacy of your own home. You will mail the kit into a laboratory and results will be mailed to you and your doctor. “If the FOBT kit indicates there is blood in the stool, a follow-up colonoscopy is recommended. We will assist those with planning follow-up care if needed,” Corman added.

“Getting a screening test for colorectal cancer could save your life. If you are 50 or older or you or a relative have had colorectal polyps or cancer or have inflammatory bowel disease, get screened today,” she concluded.

## Colon Cancer is . . . Preventable, Treatable, Beatable

Get your free FOBT Kit by mailing this coupon and your information to: PPHD, Becky Corman, PO BOX 1115, Bridgeport NE 69336

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Or call 308-262-2217, toll-free at 855-227-2217

## 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

## 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

# Sun safety through shade structures, education and 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.

Reading a sunscreen package label to protect from damaging ultraviolet radiation can be confusing. SPF 15, 30, or 40; ultraviolet A or B rays; broad-spectrum? New federal labeling requirements took effect June 2012 have package labels looking a bit different.

Every sunscreen, as well as any makeup or moisturizer that contains it, must identify the degree of Sun Protection Factor (SPF), its water-resistance, and whether or not it’s broad-spectrum (UVA and UVB).

Janelle Hansen, health educator with Panhandle Public Health District recommends a sunblock with an SPF of at least 15 or higher for adults and SPF 30 or higher for children. She noted, “This can reduce some types of skin cancer by nearly 78 percent,” adding, “Using water-resistant sunscreen even when you’re not at the pool or lake is important because sweating can reduce the effectiveness.”

A large dollop of sunscreen is enough to cover your body, but be sure to add a second coat to your nose, lips, hands, ears, and the tops of your feet. These are areas that frequently tend to burn.

Slopping on sunscreen is just one of several protective measures for sun safety, in addition to:

- Limiting time in the sun, especially between the hours of 10 am and 4 pm, when the sun’s rays are the strongest.
- Wearing clothing to cover skin exposed

to the sun (long-sleeved shirts, pants, sunglasses, and broad-brimmed hats) when possible.

- Seeking shaded spots when possible
- Reapplying sunscreen at least every two hours or sooner in accordance with label directions.

“Certain medications can heighten your sun sensitivity so talking to your doctor and checking medication side effects is essential. Visiting a dermatologist is also an important preventative checkup so be sure to do so annually,” Hansen said.

Area pools encourage positive sun safety for children, families and staff through the Pool Cool program. The program has been shown to improve children’s sun safety habits and sunscreen use by providing sunscreen and sun protection lessons in addition to displaying sun safety signs and tips. PPHD was able to help subsidize purchasing a shade structure for Panhandle



pools having limited access. This gives swimmers the opportunity for some sun relief during critical hours when sunburn risk is at its peak.

# Protect your family, test your home for radon

## Free Lifesaving Radon Test Kit

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

Name: \_\_\_\_\_  
 Physical Address: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_

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

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

Have a test kit? Use it today!

Radon is a preventable cause of death, though you cannot see, smell or taste it. Testing is the only way to know if a home has radon. “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.

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. “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. It is the

second leading cause of lung cancer in smokers, and the leading cause of lung cancer in non smokers,” Prochazka said.

PPHD recommends Radon Resistant New Construction when building a new home. A basic radon reduction system effectively reduces radon levels by an average of 50% and, in most cases, to levels below the recommended action level of 4 pCi/L. To upgrade and reduce the radon levels even further, a special in-line fan is added to a passive system, converting it to an active sub-slab depressurization system. The cost of Radon Resistant New Construction is between \$250 and \$500, depending on the size and location of the house. The cost to fix, or ‘mitigate’, a preexisting home that is found to have elevated levels of radon runs much higher, averaging between \$1,000 and \$2,500. RRNC techniques

will also decrease moisture and other soil gases from entering the home, reducing molds, mildews, methane, pesticide gases, volatile organic compounds and other indoor air quality problems.

In January 2013, PPHD is hosting radon test kit contests in schools and among Panhandle Worksite Wellness Council businesses to draw attention to radon as a serious public health issue. More importantly, the campaign motivates Panhandle residents to take action to protect themselves and their families from the negative health risks posed by radon.

Prochazka encourages you to protect your family. Use the coupon at left, order off our website, email [tprochazka@pphd.org](mailto:tprochazka@pphd.org) or call PPHD to receive a free radon test kit.

## Efforts to reduce youth alcohol use making an impact

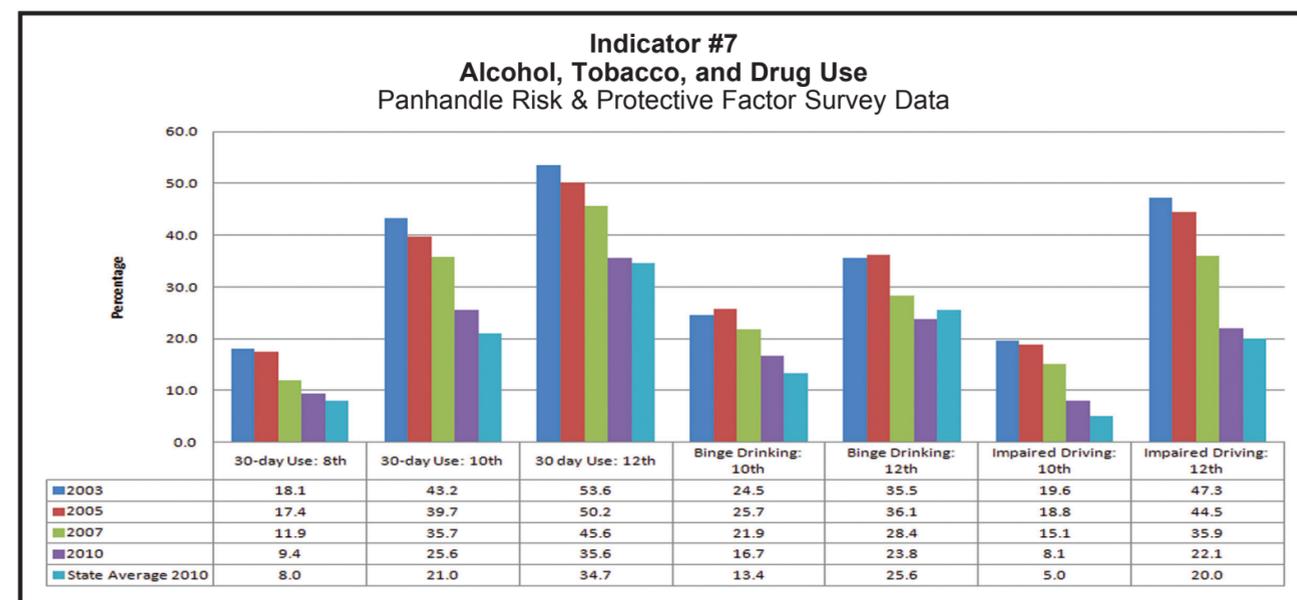
“The regional data on youth alcohol use shows that our efforts are paying off,” says Faith Mills, Prevention System Coordinator for the Panhandle Prevention Coalition. “Collaboration with law enforcement, retailers, schools, parents, and communities is a key factor.”

Working together has been a key theme as the Panhandle Prevention Coalition has addressed the goals of reducing drinking in youth 17 and under, reducing binge drinking among 18-25 year olds, and reducing drinking and driving.

Responsible Beverage Server Training (RBST) is one example. The training is for those serving alcohol in businesses and community events.

In the past, trainers would travel to communities to provide the training. Now, the training is provided to multiple communities at one time using the tele-health network. “This has extended our capacity and saved us time and travel,” assures Faith Mills. “Over 600 people representing over 48% of all alcohol licenses have been trained by Tami Otto of the Nebraska State Patrol.”

Training is not the only approach to changing underage drinking. Compliance checks have also been conducted with over 83% of Nebraska businesses found to be in compliance



with beverage service to minors.

Sobriety checks have been used to keep our highways safe. In 2011 and 2012, 965 vehicles were stopped, 312 citations were issued of which 48 were alcohol and drug related. In addition, the Prevention Coalition provided resources for 11 hours of additional patrol time to enforce alcohol laws at community celebrations. During the past twelve months, 126 motorists were stopped leaving community celebrations resulting in 15 alcohol violations.

“We have also been working with both Chadron State College and Western Nebraska Community College to address binge drinking among 18- to 25-year-olds,” informed Sandy Roes, a coalition member from Western Community Health Resources in Chadron. “We expect to report the data that shows the progress we are making early in 2013.”

“The Panhandle data is still higher than the state rates but progress is being made thanks to all of these people working together,” Faith Mills said in summary.

## Schools and communities partner to ignite sparks in youth

In August 2012 four school districts partnered with the Panhandle Partnership for Health and Human Services (PPHHS) Child Well Being project to gain skills and resources to support middle school youth in finding their “spark”. Dr. Peter Benson, founder of the Search Institute and author of *Sparks: How Parents Can Help Ignite the Hidden Strengths of Teenagers* defined a spark as “... something that gives your life meaning and purpose. It’s an interest, a passion, or a gift.”

Over 80 teachers and school staff from Banner County Schools, Chadron Public Schools, Garden County Schools and Gordon-Rushville Schools responded to the offer from PPHHS to learn more about igniting Sparks. After-school programs and youth groups also took the training to present a united approach with youth. Nearly 500 middle school youth are igniting their Sparks this year.

“In a time of financial restraint, school-community partnerships which provide resources such as this are invaluable to rural communities,” said Caroline Winchester, Superintendent of Chadron Public Schools. “By working toward common goals we can braid resources, build communities and enhance the opportunities for our youth.”

One goal of this work is to make certain that every child has at least one person in the school and one person in the community who knows and supports their Spark. With this help, kids can find their Spark—and learn to make it grow into a positive, life-enhancing energy. Sparks can be fanned into a major talent or passion and, ultimately, a critical contribution to the world at large.

Research shows that pursuing and developing Sparks helps young people make positive choices about their activities and use of time, helps them fully reach their potential, and helps them contribute to their families, schools, and communities right now, as young people. Young people with Sparks lead more caring, responsible, healthy, and productive lives than those who do not have Sparks.

## Bed bugs

Bed bugs are on the rise and are believed to be widely present throughout Nebraska. They are causing property loss, expense, and inconvenience. The good news is that bed bugs do not transmit disease. The best way to prevent bed bugs is regular inspections for signs of an infestation.

Bed bugs (*Cimex lectularius*) are small, flat, parasitic insects that feed solely on the blood of people and animals while they sleep and can live several months without a blood meal. Bed bug infestations usually occur around or near the areas where people sleep. They hide during the day in places such as seams of mattresses, box springs, bed frames, headboards, dresser tables, inside cracks or crevices, behind wallpaper, or any other clutter or objects around a bed.

To protect you and your family when traveling look for clues to determine if bed bugs are present and thoroughly check luggage and clothes when returning from a trip or buying second hand clothing, mattresses, or furniture.

Signs of bed bugs include:

- the bed bugs’ exoskeletons after molting,
- bed bugs in the fold of mattresses and sheets,
- rusty-colored blood spots due to their blood-filled fecal material that they excrete on the mattress or nearby furniture, and
- a sweet musty odor.

While direct human health problems related to bed bug bites are uncommon, these pests can result in indirect health problems such as pesticide exposure/poisoning. The Agency for Toxic Substances and Disease Registry

*-turn to page 18*

## Lead still poses a health threat

Lead is a toxic metal that has been used in products for centuries. Once it enters the body, lead can accumulate and cause damage. Children can become lead poisoned if they are exposed to lead in their environment. Lead poisoning in children remains a common, yet preventable, environmental health problem in the United States. By understanding, identifying, and safely removing sources of lead, we can ensure the long-term health of children and prevent its devastating and irreversible effects. Long term exposure to even low levels of lead can cause irreversible learning difficulties, behavioral problems, delayed neurological and physical development and interfere with the development and functioning of almost all body organs, particularly the kidneys, red blood cells, and central nervous system.

Panhandle Public Health District Nurse Becky Corman stated that “The only way to detect lead poisoning is to have a blood test to determine how much lead is present.” The Environmental Protection Agency recommends that all children under the age of six have their blood-lead levels tested. “Children are most vulnerable in the womb through age 6 because their developing bodies absorb lead easier and they are especially susceptible to its toxic effects,” said Corman. Children get lead poisoning by inhaling or swallowing small amounts of lead. “Most commonly, lead dust gets on children’s hands and toys and then into their bodies through normal hand-to-mouth activity,” Corman added.

“Major sources of lead exposure among U.S. children are lead-based paint and lead-contaminated dust found in deteriorating buildings,” Tabi Prochazka, PPHD Environmental Health Coordinator said. “Although lead was banned from residential use in 1978; it remains a hazard in

homes built before that time.”

“The older the home,” said Prochazka, “the more likely it is to contain lead-based paint and to have a higher concentration of lead in the paint.” Other sources of lead include soil and dust, drinking water and parent’s occupations and hobbies such as hunting, fishing, auto repair, art and gardening.

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

- Nutrition: Serve children foods with a high content of iron with a high content of iron (such as eggs, cooked beans, or red meats), calcium (such as cheese, yogurt, or cooked greens) and vitamin C (such as citrus fruits, green peppers, or tomatoes). Adequate intake of these nutrients minimizes lead absorption in children’s bodies.
- Housekeeping: Teach and practice healthy home habits, such as hand-washing before eating and sleeping, shoe removal, washing children’s toys or other chew able surfaces, purchasing “lead-free” mini-blinds, and wet mopping and drying floors and surfaces. Hire a certified professional to safely remove lead sources from a home. Make sure children and pregnant women do not stay inside a home when renovations are underway.
- Personal Care: Wash your hands and your children’s hands frequently, especially before eating and sleeping.

If your child is at risk for lead poisoning, or if you are concerned about lead in your home, ask your child’s doctor about blood-lead testing. For children enrolled in Medicaid, a test is mandatory, and the cost of the test should be covered. Children with elevated lead levels need to be tested regularly to make sure the lead levels in the blood are not increasing.

Indicator #6 Juvenile Justice Per 1000 population - 2010				Indicator #8 High School Graduation
Total Juvenile Arrests	Juvenile Arrests for Drug Abuse	Juvenile Arrests for Liquor Laws	Juvenile Arrests for DUI	High School Graduation Rate 2009-2010
0	0	0	0	92.9
70.0	2.9	17.1	3.6	96.0
17.9	1.3	3.8	0.4	95.1
24.2	3.5	5.9	1.2	91.3
16.4	0	8.2	0	91.3
0	0	0	0	85.7
0	0	0	0	91.1
26.3	3.4	3.4	1.7	90.2
42.3	4.0	6.5	0.4	85.7
39.8	1.6	11.1	1.6	94.2
		0	0	100

## How Panhandle worksites are making the healthy choice, the easy choice

### Chadron Community Hospital – Smoke-free campus and tobacco-free supports



The hospital has been smoke-free for quite some time; however, before transitioning to the newly built campus they felt strongly that the entire campus become smoke-free and implemented policies at the new campus accordingly. Some hospital staff are trained to implement the American Heart Association Freedom from Smoking curriculum coupled with providing nicotine replacement products and a medical evaluation. This multi-level approach has significantly impacted the support employees receive for maintaining a tobacco-free lifestyle.

### Sidney Regional Medical Center – Employee breastfeeding room and policy

Breastfeeding-friendly worksites are not only in compliance with the Fair Labor Standards Act but are an essential support for employees returning to work after having a baby. Sidney Regional Medical Center recently adopted a policy and created a room for nursing mothers. Additionally, the hospital is working diligently to make SRMC a baby-friendly hospital through the World Health Organization/ UNICEF.



### FALCO – Bike rack



Providing bike racks is an easy, convenient, and accessible way to encourage employees to bike to work. FALCO, based out of Chadron, was able to partake in the community-wide initiative of installing bike racks around the community to promote active transportation.

### Kimball Health Services – Break time for physical activity

Encouraging the use of break time for physical activity has been proven to increase productivity and is a perfect way for employees to get in their daily dose of physical activity. Kimball Health Service employees are encouraged to use their break time for being active.



### PPHD – Healthy meeting guidelines



Adopting healthy meeting guidelines at company-sponsored functions is an excellent way to reinforce your worksite's culture of wellness. Panhandle Public Health District has guidelines for all functions including training opportunities through the Panhandle Partnership for Health and Human Service and WNCC Training Academy. The lovely fruit kabobs to the left are just one example of food offered at such meetings.

### ESU #13 – Health screenings and opportunities to monitor blood pressure

Educational Service Unit #13 cares about staff wellness and is committed to providing opportunities for employees to stay in tune with their overall wellness status through checks such as blood pressure readings. Promoting that employees "know their numbers" and stay on top of them is key to overall health and potentially curbing the development of chronic diseases like cancer, cardiovascular disease, and diabetes.



### Cabela's – Healthy vending options



In an effort to increase employee access to healthy food and beverage options at work, Cabela's has begun transitioning employee break rooms into areas that offer healthier alternatives to the traditional highly processed, calorie-dense food. Refrigerated vending and other break room supports have been proven to impact healthful employee eating habits.

## Businesses receive Governors Excellence in Wellness Award at Panhandle Safety and Wellness Conference



Jessica Davies  
Panhandle Worksite  
Wellness Coordinator

Four Panhandle businesses were honored by the Governor and Chief Medical Officer for planting the seeds for wellness. Educational Service Unit #13, Gordon Memorial Hospital, Kimball Health Services, and Western Nebraska Community College all received the Governor's Excellence in Wellness Award at the Sower Level.

Governor Heineman and Dr. Joann Schaefer presented the awards at the Panhandle Safety and Wellness Conference and Awards Luncheon in Gering in September.

Educational Service Unit #13 has promoted wellness to employees through a variety of ways including creating short videos on numerous wellness topics that are available at any time to employees, regular lunch and learns, and a lending library. Over 50% of employees are participating in their regular wellness programs and challenges.

Fresh vegetables delivered from a local greenhouse to employees at Gordon Memorial Hospital were just one of the ways in which GMH is working to increase employee fruit and vegetable consumption. Additionally, employees have been offered opportunities to participate in stress management and physical activity programs.

Shelley Beguin, Human Resources Director, with GMH noted, "Our annual health risk assessment has helped us in planning wellness initiatives for the upcoming year." She added, "We are certainly in our infancy with our program; however, are beginning to see small percentages of positive trends in employee health behaviors."

Kimball Health Services has implemented team-oriented activities and nutrition campaigns. They offer healthy snack and light lunch options in addition to encouraging that employees use break time to take a walk. Employees have the opportunity to participate in health screenings offered by KHS at their annual employee health fair.

### Advisory committee

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

- Executive Chairman - Shelley Beguin, Gordon Memorial Hospital
- Executive Vice Chairman - Brian Nepl, Cabela's
- Secretary/Treasurer - Karen Eisenbarth, Northwest Community Action Partnership
- Dan Newhoff, Box Butte General Hospital
- Pennie Morgan, Cabela's
- Diana Lecher, Chadron Community Hospital
- Carrie Havranek, City of Gering
- Lisa Frahm, Gering Public Schools
- Tammie Brunkow, Sidney Regional Medical Center
- Angela Haug, Platte Valley Companies
- Linda Roelle, WNCC

Western Nebraska Community College touted much of their initial wellness program success to strong leadership, support, and a diverse wellness committee appropriately named "Cougar Strides."

Carolyn Nading, AOS Recruiting/Marketing Director said, "Because WNCC has three locations, we are certain to include committee members from the satellite locations so we can assure to encompass all employees." They offer an all-staff in-service, dedicated to wellness, annually each fall where employees receive health screenings and flu shots in addition to a variety of wellness breakout sessions, booths, and prizes.

Panhandle Worksite Wellness Council Coordinator, Jessica Davies expressed, "We are so proud of each of these organizations for their commitment to employee health. They are certainly leaders in the region and we commend them for all of their work."

For additional information about worksite wellness, visit [pphd.org/pwwc.html](http://pphd.org/pwwc.html) or call Davies at 308-487-3600 ext. 101; or for Scotts Bluff County, contact Martha Stricker at 308-630-1559. The Panhandle Worksite Wellness Council is a division of Panhandle Public Health District, in partnership with Scotts Bluff County Health Department. The council offers extensive membership benefits to help build evidence-based worksite wellness initiatives for local organizations.



Gordon Memorial Hospital



ESU 13



Kimball Health Services



WNCC

Join today by visiting our website at:  
[www.pphd.org/pwwc.html](http://www.pphd.org/pwwc.html) or contacting  
Jessica Davies | 308-487-3600 Ext. 101 | [jdavies@pphd.org](mailto:jdavies@pphd.org)  
Martha Stricker | 308-630-1559 | [strickm@rwmc.net](mailto:strickm@rwmc.net)

**V**ision: All Panhandle worksites create, sustain, and recognize a culture of lifestyle wellness for a healthy, productive community