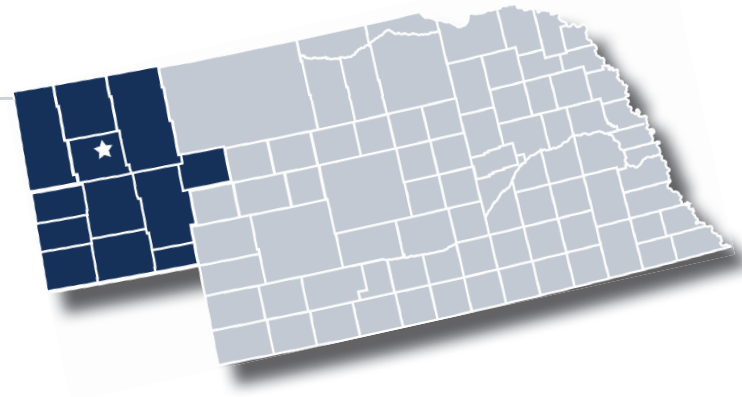


Panhandle Public Health District

*Serving Banner, Box Butte, Cheyenne, Dawes,
Deuel, Garden, Grant, Kimball, Morrill, Scotts Bluff,
Sheridan, and Sioux Counties*



Spotlight: Building Healthy Worksite & Communities



Panhandle Public Health District (PPHD) has worked with Box Butte General Hospital (BBGH) to provide technical assistance for worksite wellness for more than a decade. The hospital has been a champion for employee and community health through worksite wellness initiatives and is based in Alliance, NE, employing roughly 280 people. BBGH maintains a well-established, multi-faceted, employee wellness program. It is hard to turn any corner at the hospital without seeing some type of wellness messaging or support. Their wellness program offerings have grown to include:

- an onsite fitness center with state-of-the-art equipment and class offerings,
- evidence-based, chronic disease prevention programming, including National Diabetes Prevention Program (NDPP) and Living Well,
- nutritious snack offerings in their vending machines,
- onsite blood pressure cuff with screenings, education, and follow-up, and
- a tobacco-free campus.

Last summer the hospital boosted their smoke-free policy to include

tobacco-free campus on all facilities and grounds. More recently they have stepped forward as a lead partner for the Activate Alliance initiative towards community walkability and bikeability enhancements. BBGH Wellness Coordinator Dan Newhoff has been an integral member of PPHD’s Panhandle Worksite Wellness Council Advisory Committee and has been committee chair since 2015. They have received the Governor’s Wellness Award at the Grower Level twice for continually producing outcomes through their wellness program.

But what makes BBGH unique is not just their commitment to the health and well-being of their employees and modeling for the community, it’s the commitment to community health through their Community Health Improvement Plan (CHIP).

“Box Butte General Hospital is committed to serving the community and enhancing the quality of life for individuals, families, and communities we serve. Our goal, through the Community Health Needs Assessment (CHNA), is to better understand the range of issues affecting our health. We look forward to working with our community partners to optimize health and continue to meet our mission, which is “To Lead and Innovate in Healthcare Delivery and Community Wellness,” said Lori Mazanec, CEO.

The hospital’s mission statement is more than a tagline. They have worked diligently to put wheels under it

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especially in the realm of community wellness.

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The last two cycles of their CHIP were conducted in partnership with PPHD, and produced strategies designed to impact not only their own employees, but population-based health on a broader scale. PPHD embraces their role as Chief Health Strategist, helping to incorporate innovative worksite and community wellness strategies into the hospital’s CHIP.



This report includes examples of efforts of Panhandle Public Health District to make the “Good Life” a healthy one in their jurisdiction. The following examples reflect work supported through multiple sources of funding, including monies from the Nebraska Health Care Funding Act (HCFA).

Local health departments act as communities’ Chief Health Strategists by assuring that the health and wellbeing of Nebraskans are protected and improved. Local health departments do this by working in each of the **Three Core Function Areas of Public Health**:



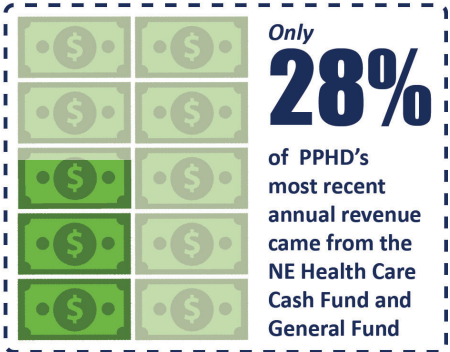
Assessment: Collect and analyze information about health problems in Nebraska communities.



Policy Development: Work with partners to apply data, educate the public, and develop programs and policies—all to address and prevent illness, disease and disability.



Assurance: Promote effective coordination and use of community resources to protect the health and wellbeing of Nebraskans.



Community Health Assessment (CHA) Community Health Improvement Plan (CHIP)

Every 3-6 years, Nebraska’s local health departments (LHDs) engage local partners (including hospitals, clinics, schools, law enforcement, military and veteran organizations, economic development agencies, businesses, foundations, other community organizations, and individual community members) to identify key, local health needs and issues through systematic, comprehensive data collection and analysis. This process is known as the Community Health Assessment (CHA). LHDs take the lead in coordinating this complicated process, synthesizing the outcome data, and prioritizing identified issues. The resulting formal assessment is used to create a community-wide plan aimed at strategically improving health – the Community Health Improvement Plan (CHIP).

With CHIPs in place, LHDs take a lead driving the work toward meeting CHIP goals and monitoring progress. Much of this work is done collaboratively through partnerships and workgroups that include the diverse sectors mentioned above.

The CHA/CHIP process ensures that local communities are able to work together toward a Good, Healthy Life for all Nebraskans.

CURRENT CHIP PRIORITIES:



Access to Care



Aging Population



Behavioral Health



Chronic Disease Prevention



Early Childhood Care & Education



Social Determinants of Health

ACCESS TO AND LINKAGE TO CLINICAL CARE

Access to and Linkage to Clinical Care includes (but is not limited to) coordination of services between medical providers and providers of health-related social needs, oral health/dental services, and behavioral/mental health.



One in two deaths in the Panhandle is caused by chronic disease, and one in three adults have at least one chronic disease. Panhandle Public Health District (PPHD) offers Living Well, an evidence-based program to empower people to take control of their health, as part of the robust referral system established across the Panhandle to increase healthy lifestyle supports. To assure fidelity across the Panhandle, PPHD has two Chronic Disease Self-Management Program (CDSMP) Master trainers on staff to enable scaling and sustaining the Living Well CDSMP Programs. These master trainers offer regular training at the local level to support the regional system of leaders.



CHRONIC DISEASE CONTROL AND PREVENTION

Chronic Disease Control and Prevention includes (but is not limited to) asthma, cancer, cardiovascular disease, diabetes, obesity, tobacco control, and worksite wellness.



PPHD has targeted efforts to improve breast cancer screening rates. According to BRFSS data, the proportion of adult females who are up-to-date on breast cancer screenings has decreased significantly in the Panhandle over the past four to six years. PPHD began work with health systems to assess current workflows and reminder processes for breast cancer screening. Policies were developed through this collaboration in accordance with the accreditation guidelines of each institution for implementation. PPHD is using quality improvement processes to develop a regional system for breast cancer screening, inclusive of consistent policies for reminder, screening, and follow-up.



COMMUNICABLE DISEASE CONTROL AND PREVENTION

Communicable Disease Control and Prevention includes (but is not limited to) communicable disease epidemiology (disease outbreak management/response), tuberculosis (TB), immunizations, sexually transmitted infections, and surveillance (tracking and following up on reports and provider/school reports).



PPHD monitors and investigates diseases. Schools and hospitals send data to PPHD on a weekly basis regarding influenza-like illness. There were 318 cases of reportable illness in the Panhandle in the 2018 calendar year. PPHD investigates all reportable diseases in the Panhandle. These investigations are driven by data from hospital laboratories, and individuals involved are educated on symptoms, treatment, and transmission of disease by PPHD's Disease Surveillance Coordinator. PPHD follows the state-wide operating procedures that include automatic reporting of laboratory tests into the National Electronic Disease Surveillance System and has policies in place to assure prompt follow-up.



ENVIRONMENTAL HEALTH

Environmental Health includes (but is not limited to) radon, lead, emergency response, hazardous substances and sites, and Complete Streets initiatives.



Not all health systems in the Panhandle follow the current guidelines for blood lead level testing. A large portion of people in the Panhandle live in older homes where exposure to lead-based paint poses a health risk. PPHD piloted the “Place Matters Toolkit” for Nebraska DHHS with a focus on lead poisoning prevention. An action plan was developed that includes: develop a regional lead plan, implement policies based on current guidelines with health systems, and implement home lead testing. PPHD has received additional funds to continue the work on lead poisoning prevention. Local health systems are engaged to implement updated policies.



INJURY PREVENTION

Injury Prevention includes (but is not limited to) motor vehicle injuries, occupational injuries, senior fall prevention, substance abuse, car seat safety, binge drinking, and distracted driving.



The Panhandle Prevention Coalition uses data from the Nebraska SHARP surveys—three surveys administered to youth through schools to assess health behaviors—to prioritize initiatives around youth substance use and risky behaviors. After years of reducing tobacco use by youth, there has been an uptick since the introduction of e-cigarettes. PPHD educates partners on the importance of supporting initiatives to increase prevention efforts. Tobacco Tax Increase to Include E-cigarettes is a Benefit for Public Health is one policy brief that was developed for this purpose. Tobacco and alcohol compliance checks are completed in coordination with the Nebraska State Patrol, assuring high retail compliance reduces youth access and use.



MATERNAL AND CHILD HEALTH

Maternal and Child Health includes (but is not limited to) Women, Infant, and Children (WIC), family planning, newborn screening, evidence-based home visitation, Early Preventative Screening, Diagnosis, and Treatment (EPSDT).



PPHD’s Healthy Families program assesses families for program eligibility, safe sleep, hazards in the home, depression, intimate partner violence, and substance abuse. This program also completes regular developmental assessments with children. Healthy Families enrolls families prenatally or with children up to three-months of age. Enrolled families receive prenatal and early childhood education through the home visitation curriculum Growing Great Kids and Circle of Security. PPHD’s policies mirror the 12 Best Practice standards of the Healthy Families model. The program collaborates with the Panhandle Partnership and is an evidence-based program proven to increase parent-child attachment and reduce child abuse and other forms of adverse childhood experiences.



Additional public health activities that Panhandle Public Health District performs to assure that the health and wellbeing of Nebraskans are protected and improved.

PPHD is leading the Panhandle response to the opioid epidemic. This includes work with partners and residents to understand the opioid epidemic and addiction. To reduce use and abuse, strategies are implemented under three objectives: 1) Stigma Reduction, 2) Expanded Access to Addiction Treatment, and 3) Reduce Access, Overdose, and Misuse, following the prevention model of Assessment, Capacity, Planning, Implementation, Evaluation, while always integrating sustainability and cultural competency.

Work started in 2018 to raise awareness, reduce access, and increase safe disposal; however, there was a need for broader assessment. PPHD received additional funding from three different sources and began to assess the regional status and the capacity to make change.

In the initial assessment, minimal supports for the epidemic response were found. A missing piece in the Panhandle was Medication Assisted Treatment (MAT). To guide the work within health systems and to identify regional strengths and weaknesses, PPHD contracted with the Hazelden Betty Ford Foundation. They completed a regional Behavioral Health Integration in Medical Care Assessment and assessments at eight Panhandle locations.

Reducing stigma and increasing understanding of addiction is key to planning and implementing initiatives, so stigma reduction is built into each training and initiative implemented. PPHD is working to expand access to addiction treatment and reduce access, overdose, and misuse.

PPHD is excited to see the impact of this work as it continues. The health district is working diligently to assure funds are spent to maximize the impact in Panhandle communities looking at behavioral health integration, with a focus on stigma reduction, to build a recovery-oriented system of care and supports across the Panhandle. PPHD is proud to be looked at as the Chief Health Strategist in response to the opioid epidemic.