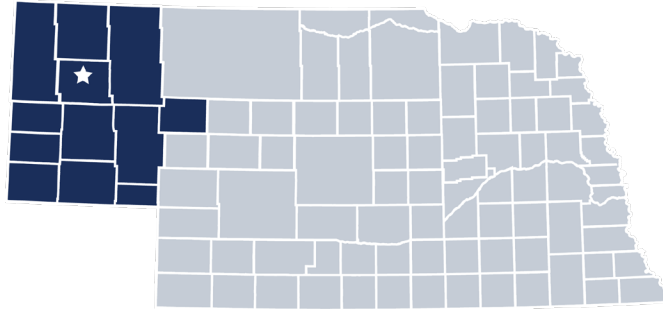


PANDHANDLE PUBLIC HEALTH DISTRICT

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



**BANNER, BOX BUTTE, CHEYENNE, DAWES, DEUEL, GARDEN,
GRANT, KIMBALL, MORRILL, SCOTTS BLUFF, SHERIDAN, SIOUX**

Collaborating for Change

In the Panhandle, cross-sector collaboration is a cornerstone for addressing overdose and substance misuse challenges. The Panhandle Situation Table is an evidence-based, intensely collaborative, action-oriented initiative that allows agencies to work together and mobilize to rapidly triage situations of Acutely Elevated Risk to connect individuals/families to the support they need. Since its launch in August 2022, PPHD has coordinated virtual 'tables' every Tuesday and has a success rate of 71% with 48 closed situations connected to services. Partners at the table include public health, law enforcement, first responders, behavioral health providers, social service organizations, schools, community support services, hospitals, and clinics. The Panhandle Situation Table received the NACCHO Promising Practice Award in July 2023, showcasing its innovative approach in our rural community, strengthening partnerships to achieve collective impact.



Kim Engel, MBA
Health Director
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26 employees | population 84,344

www.pphd.ne.gov

(308) 633 - 2866



Nationally Accredited



Healthy Families Nebraska Panhandle is serving **80 families**

MATERNAL, CHILD, & FAMILY HEALTH

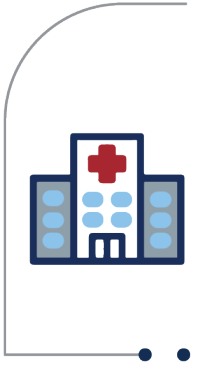
What we do: PPHD's home visiting program enrolls families prenatally up to child age two and offers services for three years. Healthy Families strengthens parent-child relationships, promotes child development, and enhances family well-being. PPHD is helping to set children up for lifelong health by providing tailored support to local children and families that can prevent or reduce adverse childhood experiences. The ROI for highest risk families in HFA is \$3.16.



250 investigations of reportable diseases

COMMUNICABLE DISEASE CONTROL

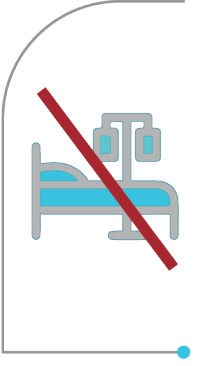
What we do: PPHD monitors for cases of reportable diseases and shares current, scientific information related to prevention and treatment. PPHD investigated cases of salmonella, hepatitis C, rabies, campylobacteriosis, and others diseases. Timely prevention and control activities can stop the outbreaks that can lead to widespread illness, missed work, school absences, and other hardships. Many reportable diseases can lead to serious illness or death.



Oral health screenings in 94% of area schools

ACCESS TO & LINKAGE WITH CLINICAL CARE

What we do: PPHD's Dental Hygienist provides preventive services including screenings, fluoride treatments, and sealants in 94% of our schools and in early childhood settings. We provided 4,502 fluoride treatments and 1,700 sealants this fiscal year. 8 of PPHD's 12 counties are Dental Health Shortage Areas. Rural children receive fewer dental sealants and have higher rates of tooth decay than urban children. Dental disease is highly preventable.



2 counties in NE's **top 10** for teen driver & passenger-involved crashes

CHRONIC DISEASE & INJURY PREVENTION

What we do: PPHD uses media campaigns, educational programs, and worksite policy efforts to promote safe driving habits and increase seatbelt use.

Why we do it: Panhandle seatbelt use is lower than the state (64% vs 77%). Rural county roads, long distances between communities, and high volume of agricultural equipment and trucks increase risk of vehicle crashes.



69.1% of Panhandle homes were built before 1979.

ENVIRONMENTAL PUBLIC HEALTH

What we do: PPHD's certified Lead Risk Assessors work with families of children with high lead levels and offer specialized testing to find the source. They help families reduce or eliminate the risk of ongoing exposure.

Why we do it: Lead is especially toxic to children under age 6 and its negative impacts on the brain and other organs can be irreversible. Lead is often present in structures built before 1979.

PANHANDLE PUBLIC HEALTH DISTRICT (PPHD)

BANNER BOX BUTTE CHEYENNE DAWES DEUEL GARDEN GRANT KIMBALL
MORRILL SCOTTS BLUFF SHERIDAN SIOUX

Minority population: **21.4%**



Hispanic American Indian Black Asian Hawaiian/Pacific Islander



Minority Health Initiative (MHI)

MHI eligible residents: **17,785**

Funds Received FY 2022-2023: **\$109,782**

Strategies & Outcomes

Guided by the Health in Disproportionately Affected Communities Advisory Committee, which is comprised of area minority leaders, PPHD completed a minority health assessment using the MAPP framework. We successfully engaged 511 survey respondents; over half were non-white. Of an additional 37 focus group participants, 75% were non-white. The process identified five priorities: Translation and Interpretation; Mental Health Access; Access to Care; Increase Cultural Competency; & Improve Data Collection. Key actions to-date include: development of a Diversity Equity and Inclusion toolkit that is being used statewide by worksites and health departments; hiring additional bilingual staff; development and implementation of an internal policy for translating materials; and providing financial and logistical support to health systems for equity coaching.

Other work helping all communities thrive

A focus on equity and inclusion is embedded in all systems and initiatives at PPHD, including our performance management and quality improvement system. Limited data created barriers in our ability to effectively meet the needs of our district. We advocated for BRFSS reports to include race and ethnicity data for health districts, attended ATLAS planning meetings, and searched for resources to grow the health department's access to data that will improve our understanding about health disparities. Through NALHD, we are exploring the capacity of MySidewalk to meet our need to better understand how race and ethnicity, rurality, and other demographic factors impact health across our area.

www.pphd.ne.gov

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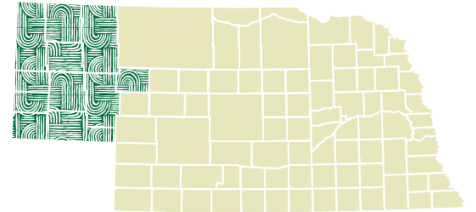


We speak English & Spanish!

Other Demographics:

Based on total population: 84,344

12 Rural counties:



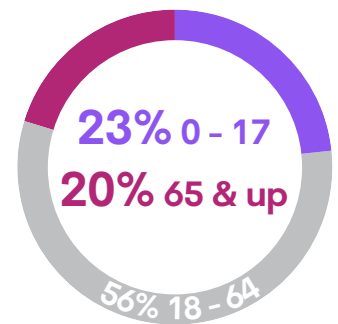
Rural & Micropolitan
 Metropolitan



15%

Persons with disabilities

Ages:



8%

Veterans

