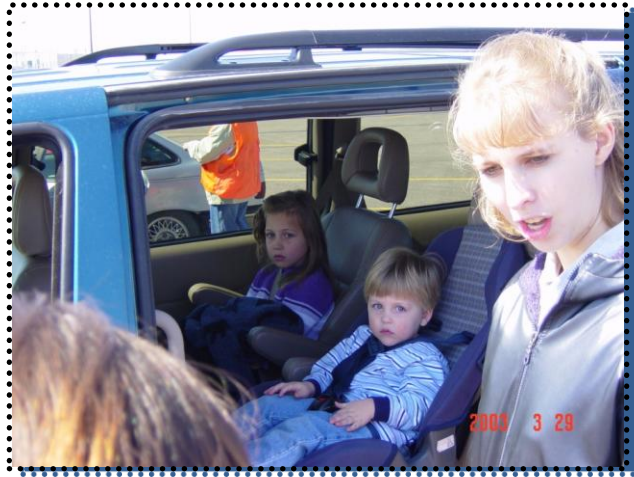


THE NEBRASKA PANHANDLE - A SAFE COMMUNITY



Name of Community: Nebraska Panhandle
(includes Banner, Box Butte, Cheyenne, Dawes, Deuel,
Garden, Kimball, Morrill, Scotts Bluff, Sheridan and
Sioux counties)

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Job Title: Panhandle Public Health District Director

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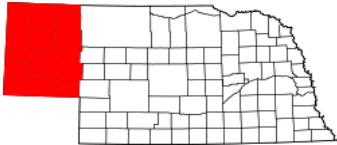
E-mail: kengel@pphd.org

Community Website Address: <http://www.highplainscompass.com>

Lead Organization Website Address: <http://www.pphd.org>

COMMUNITY DESCRIPTION

Describe your community including its geographic location, population, size, type of government and economic situation. Also include a demographic profile that includes population by gender, age group, race/ethnicity, education, economic status and disability status. Identify and discuss and issues or attributes unique to your community.



The Panhandle of Nebraska (United States of America) is richly diverse in both geography and peoples. The community includes 11 counties (Banner, Box Butte, Cheyenne, Dawes, Deuel, Garden, Kimball, Morrill, Scotts Bluff, Sheridan and Sioux) and 86,072 (2007 U.S. Census estimates) individuals (49% male and 51% female) -- from the small city of Scottsbluff to the very sparse rural areas making up most of the region. The Panhandle is about 100 miles east to west and 125 miles north to south, encompassing 14,180 square miles. Nebraska is located at the center of the United States, in a region some identify as Midwest and others call the West.

The counties are each governed by a three- to five-member elected board called the county commissioners, with other elected officials serving as county clerk, treasurer, sheriff, etc. Within each county, there are one to 10 individual communities, villages and cities as described above. Some of these very small rural remote communities are unincorporated, but provide a meeting place, perhaps a school, church and grocery store for the local farmers, ranchers and businessmen. In many other cases, the community is incorporated as a village, governed by a board of trustees and administered by a city clerk. Communities of a larger size, such as Alliance, Chadron, Scottsbluff and Sidney are cities with city manager forms of government. The city manager is hired and fired by the local city council, which is an elected board, chosen by the people of the city.

Based on 2007 U.S. Census estimates, the Panhandle include 86,702 people with 17.3% of residents age 65 and older, 24.6% under age 18. Racial and ethnic minority residents made up 14.6% of the population of the region, compared with 13.3% statewide in 2004.

Overall, 16.6% of area residents age 25 and older have less than a high school education, compared to 13.4% statewide. The proportion of area residents in this age group that had not completed high school was higher among Hispanic Americans (51.9%), African Americans (31.4%) and Native Americans (30.4%) than it was among whites (14.9%).

The proportion of residents living in households with incomes below 100% of federally-defined poverty level was 13.8% in 2002, above the 10% average for Nebraska. The proportion of residents living in poverty was generally higher for racial/ethnic minority group than for whites.

The 2000 U.S. Census tallies 26,487 noninstitutionalized civilians with “disabilities” in the Panhandle. This includes sensory, physical, mental and self-care disabilities for populations five years of age and older. The lead agency for this proposal, Panhandle Public Health District, works closely with all of the agencies in the Panhandle serving special populations.

DESCRIPTION OF MOST PREVALENT INJURY DEATHS & INJURIES

Injury data for the Panhandle shows the most common injuries for all ages are from falls, but motor vehicle accidents and being struck are also common injuries. The information presented in these tables is also presented in a line chart format below. The Region 4 Trauma Registry which records all injuries in the Panhandle shows Falls, motor vehicle crashes, animals, motorcycles, all-terrain vehicle crashes and assaults as the most common injuries in 2003-2007.

Injury data for the Panhandle

Age	Falls	Struck by/against	Cut/pierced	MVA-Traffic	Overexertion	MVA non-traffic	violence	suicide	Poisoning	choking
0-14	3,072	1,579	760	369	468	495	115	27	216	80
15-24	1,077	1,171	784	965	569	201	526	187	97	3
25-64	2,742	1,105	1,347	1,087	1,010	304	648	277	209	16
over 65	4,149	212	203	215	213	48	18	9	83	30
Total	11,040	4,067	3,094	2,636	2,260	1,048	1,307	500	605	129

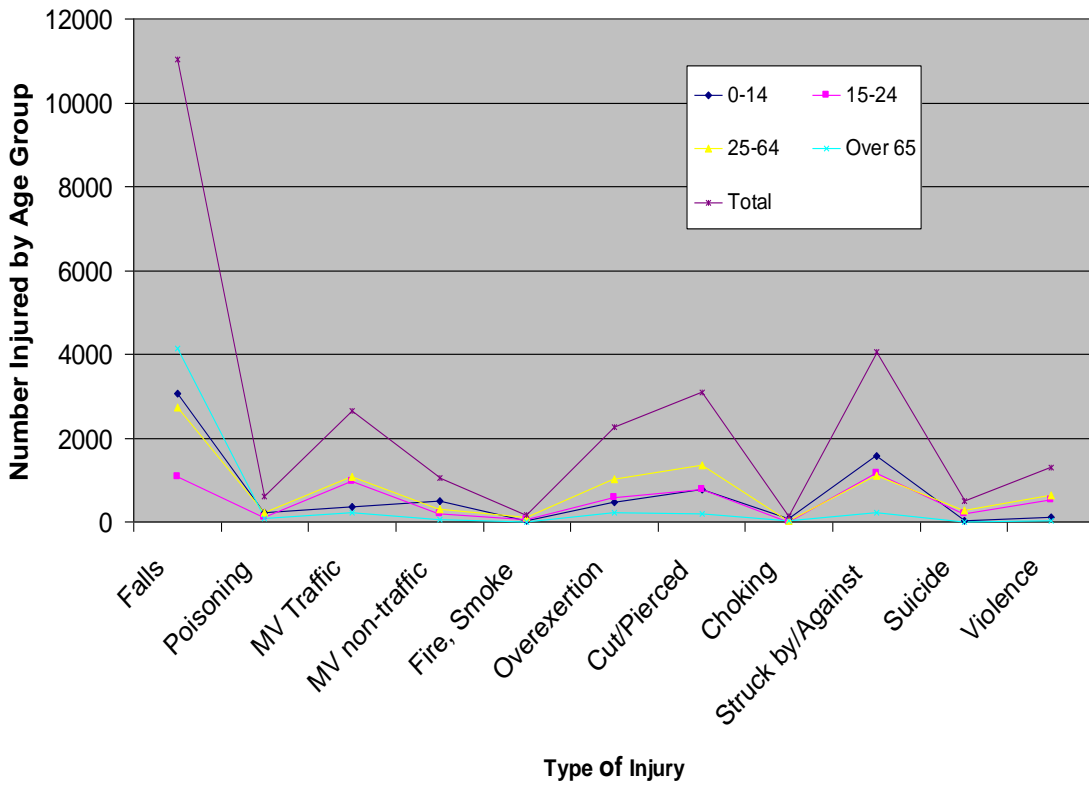
Male	4,820	2,607	1,998	1,304	1,081	753	748	206	275	65
Female	6,220	1,460	1,096	1,332	1,179	295	559	294	330	64
Total	11,040	4,067	3,094	2,636	2,260	1,048	1,307	500	605	129

Injury resulting in death

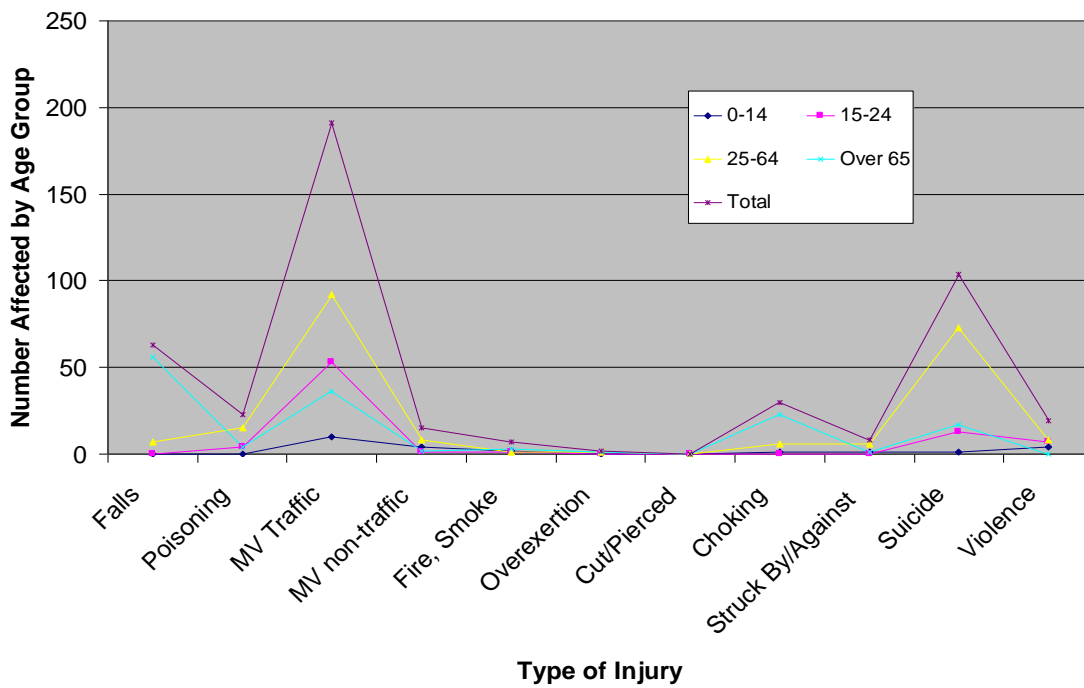
Age	Falls	Struck by/against	Cut/pierced	MVA-Traffic	Overexertion	MVA non-traffic	Violence	Suicide	Poisoning	Choking
0-14	0	1	0	10	0	4	4	1	0	1
15-24	0	0	0	53	0	1	7	13	4	0
25-64	7	6	0	92	1	8	8	73	15	6
over 65	56	1	0	36	1	2	0	17	4	23
Total	63	8	0	191	2	15	19	104	23	30

Male	30	7	0	115	1	11	13	80	14	14
Female	33	1	0	76	1	4	6	24	9	16
Total	63	8	0	191	2	15	19	104	23	30

Injury data for the Panhandle, 2001-2006 by age group



Injuries resulting in death in the Panhandle, 2001-2006 by age group



In Nebraska, the five leading causes of death, by age are:

- **unintentional injuries** are the leading cause of death for ages 1-34,
- **suicide** is the second leading cause of death for ages 10-34 and
- **unintentional injuries** are in the top five leading causes of death for 7 of the 10 ages groups.

Also in Nebraska, among deaths caused by injury:

- **motor vehicle crashes (traffic)** is the leading cause of injury death for all ages,
- **suicide** is the second leading cause of injury death and
- **falls** are the third leading cause of injury death

Describe how local stakeholders worked together on a recent community safety promotion or injury prevention project.



Suman Barkhas teaches area trainers the finer points of Tai Chi for better balance.

Local stakeholders, including many of the same groups involved with the Safe Communities project, gathered to discuss fall prevention.

Based on the data and using scientific methods for evidence-based practices to prevent falls, especially among older adults, the fall prevention

committee developed a train-the-trainer program for a simplified form of Tai Chi in the Panhandle.

In July 2008, 30 Tai Chi facilitators were trained from throughout the region. Tai Chi is now offered in communities to all age groups to promote fall prevention. These sessions are available in schools, libraries, churches, community centers and offices. In addition, senior citizens and those in assisted living may receive Tai Chi classes to promote safety for those who have been identified as being at risk of falling.

The following summer, 20 other facilitators were trained in another Tai Chi method, appropriately defined as Tai Chi Better Balance. In addition, practicing Tai Chi triggers key physical and psychological health benefits including stress relief, balance, hearth health, an immune boost and mental focus.

Since the first training, nearly 1,500 have been trained in the practice of Tai Chi. More than 300 continue in ongoing sessions throughout the Panhandle.

As another example of a recent injury prevention project involving many of the Safe Communities stakeholders, a workgroup concerned with underage drinking gathered to discuss the dangers of drinking among youth under age 17, binge drinking among young adults and impaired driving for all ages.

Data from the 2007 Nebraska Risk & Protective Factors Student Survey shows in the past year, 35.9% of the Panhandle seniors drive after drinking and 53.3% have been a passenger with a drinking driver. Nearly 30% admitted to binge drinking in the last two weeks.

Based on these assessments and extensive planning efforts during the course of four to six months, the coalition of stakeholders developed a plan that includes strategies such as sobriety checks, compliance checks and responsible beverage server training for retail liquor establishments, random student drug testing, individual and environmental prevention programs such as *All Stars* and *Communities Mobilizing for Change on Alcohol*.

The plan, submitted to the State Department of Health and Human Services, was lauded as (one of) the most comprehensive and strategic programs developed across Nebraska. In turn, the state awarded the Panhandle Prevention Coalition \$151,182 to implement the plan during the course of the next three years. Strategies include Responsible Beverage Server training offered across televideo networks to all counties, compliance checks and sobriety checks.

Program Description

Indicator 1: Demonstrate leadership based on partnership and collaborations with all community sectors that are responsible for safety promotion in the community.

Responsible Community Coalition

Panhandle Safe Communities is an umbrella coalition of highly developed initiatives and topic specific groups involved in safety promotion and injury prevention in eleven counties in western Nebraska. The region has a collaborative structure which has evolved during the past 10 years to meet the unique requirements of this rural area of 14,000 square miles and less than 88,000 people.

Initial efforts focused on single specific safety promotion or injury prevention activities such as coordination and local sharing of car safety seat activities. As the region has progressed this work now involves more extensive assessment, planning, implementation and evaluation of regional initiatives such as a continuum of activities for fall prevention.

Given the limited resources (fiscal, personnel, and volunteer) coordination of these efforts under an umbrella coalition such as Safe Communities, is essential. This avoids duplication of efforts, assures meaningful engagement of volunteers, and promotes outcomes.

Coalition Members

Membership and participation in coalition activities is open to any organization or individual serving or residing in the region. A flexible structure affords members with the opportunity to participate in the manner that best meets their time and talents.

Key organizations provide an overarching structure, especially for larger projects. Directors of organizations such as local public health departments, Trauma Region 4, Rural Nebraska Healthcare Network (all area hospitals and rural health clinics), provide leadership and work to obtain and dedicate resources to assessment, planning, implementation and evaluation. Most often this work is structured as project management teams to oversee assessment and planning and assure broad-based participation.



CERT team members practice their skills during a training exercise.

within the region.

Approximately 300 individuals located throughout the Panhandle participated in compiling the safety promotion and injury prevention activities for the Safe Community application. In order to demonstrate the depth of the collaborative structure in the Panhandle, below are members of three workgroups that were involved with the Safe Community application:

Panhandle Safe Community Umbrella Committee

Kim Engel, Panhandle Public Health District Director
Boni Carrell, Executive Director, Rural Nebraska Healthcare Network
Bill Wineman, Scotts Bluff County Public Health Director
Laurie Klosterboer, Executive Director, Nebraska Safety Council

Other entities such as Nebraska State Patrol, local law enforcement, Region I Behavioral Health, Area Office on Aging, Region I Office of Human Development, local fire and ambulance services, Chadron Native American Center, Community Action Partnerships, county prevention coalitions, faith-based organizations, businesses, community recreation and the University of Nebraska Extension participate in initiatives relevant to their areas of interest.

Individuals also participate in areas of interest. This may occur as an ongoing function such as serving on a task force or work group or to support a specific event

Panhandle Prevention Coalition (alcohol misuse and drinking and driving)

Becky Corman, Panhandle Public Health District/Morrill County Prevention Coalition, Bridgeport
Betsy Roose, Community Action Partnership Western Nebraska, Gering
Bill Wineman, Scotts Bluff County Health Department, Gering
Cassie Challburg, Kids Plus, Sidney
Cheri Scott, Bayard Public Schools, Bayard
Chuck Elley, Nebraska State Patrol, Scottsbluff
Coleen Svoboda, Prevention Institute - consulting for PPC, Lincoln
Curtis Hofrock, Sidney Police Department, Sidney
Dave Micheels, Office of Minority Disparities and Health Equity, Gering
Dave Miller, Bridgeport Public Schools, Bridgeport
Dawn Bahan, Region I Prevention, Scottsbluff
Deb Shuck, Community Action Partnership Western Nebraska, Gering
Diana Crystal, Community Action Partnership Western Nebraska, Gering
Diane Harrop, St of NE Substance Abuse Prevention, Lincoln
Drue Tompson, Office of Juvenile Services, Gering
Eli Aguilar, AIM Institute
Faith Mills, Region I Prevention, Scottsbluff
Holly Johnston, Regional West Medical Center, Scottsbluff
Janelle Hansen, Panhandle Public Health District/Box Butte County Family Focus Coalition, Hemingford
Jann Lawler, Region I Prevention, Scottsbluff
Jessica Davies, Panhandle Public Health District, Hemingford
Joe Simmons, Chadron Native American Center, Chadron
Judy Soper, Deuel County Prevention Coalition, Big Springs
Julio Medeiros, Bridgeport Police Department, Bridgeport
Katherine McGowan, Theophancy Center, Sidney
Ken Gallagher, UNL
Ken Lehr, Kimball Police Department, Kimball
Kim Engel, Panhandle Public Health District, Hemingford
Krista Shaul, Cheyenne County Attorney, Sidney
Lanette Richards, Project Extra Mile, Scottsbluff
Linda Lyon, Nebraska State Probation, Gering
Lisa Peden, Doves, Scottsbluff
Leta Voigt, Community Action Partnership Western Nebraska, Gering
Marie Parker, Banner County Public Schools, Scottsbluff
Mark Simpson, Kimball Police Department, Kimball
Mary Wernke, Letter Perfect Communications, Hemingford
Melissa Buhr, District 12 - State of NE, Scottsbluff
Melody Leisy, Panhandle Public Health District/Morrill County Prevention Coalition, Bridgeport
Mimi Linch, Morrill County Prevention Coalition, Bridgeport
Rebecca Napier, Cheyenne County CASA, Sidney
Rick Parker, Scottsbluff

Roger Wess, Chadron Boys and Girls Club, Chadron
Rose Brassfield, Volunteers of America/Garden County Coalition, Lewellen
Sabrina Sosa, Community Action Partnership Western Nebraska, Gering
Sandy Roes, Western Community Health Resources/Dawes and Sioux County Prevention Coalitions, Chadron
Shelley Evan, Consulting for PPC
Sherry Retzlaff, Western Community Health Resources/Sheridan County Prevention Coalitions, Rushville
Stacey Ferguson, Scotts Bluff County Coalition, Scottsbluff
Stacy Swinney, Dawes County Commissioner, Chadron
Stephanie Wilhelm, Community Action Partnership Western Nebraska, Gering
Stephen Smith, 3rd District of Nebraska, Scottsbluff
Tabi Prochazka, Panhandle Public Health District, Hemingford
Tami Otto, Nebraska State Patrol, Scottsbluff
Troy Walker, District 12 Probation, Gering
Valerie Salazar, Community Action Partnership Western Nebraska, Gering
Vicki Lawton, Community Action Partnership Western Nebraska, Gering
Wendell Gason, City of Sidney, Mayor, Sidney
Joan Frances, Panhandle Partnership for Health and Human Services, Chadron

Panhandle Regional Medical Response System (PRMRS)

Ann Dockweiler, Chadron State, College, Chadron
Anne Hippe, Western Nebraska Community, College, Scottsbluff
Becky Corman, Panhandle Public Health District, Bridgeport
Betty Barker, Panhandle Mental Health Center, Scottsbluff
Bill Wineman, Scotts Bluff County Health Department, Gering
Boni Carrell, Regional West Medical Center/Rural Nebraska Healthcare Network ,Scottsbluff
Brad Schrum, Alliance Fire Department, Alliance
Carol Kraus, Garden County Health Services, Oshkosh
Carolyn Jones, Box Butte General Hospital, Alliance
Cheryl Cassiday, Chadron Community Hospital, Chadron
Curtis Cannell, Regional West Medical Center, Scottsbluff
Dana McArtor, Perkins County Health Services, Grant
Dana Samson, University of Nebraska Medical Center, Scottsbluff
Dave Micheels, Health & Human Services, Gering
Donna Kesterson, Morrill County Community Hospital, Bridgeport
Fiona Libsack, CMMS, Severance
Gaye Chercus, Gordon Memorial Health Center, Gordon
Greg Dyson, Memorial Health Center, Sidney
Holly Anderson, Regional West Medical Center, Scottsbluff
James Collins, Region 21 Emergency Management, Sidney
Jeff Tracy, Community Action Partnership Western Nebraska, Gering
Jerry Bretthauer, Scotts Bluff County, Scottsbluff
Jerry Larson, Gordon
June Walker, Morrill County Community Hospital, Bridgeport

Kathie King, Gordon Memorial Health Center, Gordon
Kay Anderson, Broadwater
Kent Butts, Memorial Health Center, Sidney
Kim Engel, Panhandle Public Health District, Hemingford
Kim Galyen, Box Butte General Hospital, Alliance
Larry Fiesterman, Garden County Health Services, Oshkosh
Larry Steele, Box Butte General Hospital, Alliance
Larry Wallace, Health & Human Services/EMS, Gering
Laura Bateman, Kimball Health Services, Kimball
Laurie Walrod, Perkins County Health Services, Grant
Linda Cramer, Kimball Health Services, Kimball
Marie Parker, Banner County Public Schools, Harrisburg
Martha Stricker, Regional West Medical Center, Scottsbluff
Mary Mockerman, Box Butte General Hospital, Alliance
Melody Leisy, Panhandle Public Health District, Bridgeport
Mia Knotts, Region I Behavioral Health, Scottsbluff
Mike Harris, Chadron Community Hospital, Chadron
Nan Gould, Region 23 Emergency Management, Chadron
Norman Stephenson, Western Nebraska Community College, Scottsbluff
Pamela Richardson, Panhandle Mental Health Center, Scottsbluff
Pat Wellnitz, Gordon Memorial Health Center, Gordon
Paulette Schnell, Regional West Medical Center, Scottsbluff
Susan Cozine, Regional West Medical Center, Scottsbluff
Tammy Dean, Bridgeport Public Schools, Bridgeport
Trish Davison, Garden County Health Services, Oshkosh

Fall Prevention Committee

Carol Sinner, Choices Supervisor, Aging Office of Western Nebraska, Scottsbluff
Bill Wineman, Director, Scotts Bluff County Health Department, Gering
Kim Engel, Director, Panhandle Public Health District, Hemingford
Jessica Davies, Wellness/Volunteer Coordinator, Panhandle Public Health District, Hemingford
Boni Carrell, Trauma Services Coordinator, Regional West Medical Center, Scottsbluff
Vic Walker, Executive Director, Aging Office of Western Nebraska, Scottsbluff
Dana Miller, Chief, Scottsbluff Fire Department, Scottsbluff
Kent Dunovan, Physical Therapist, Regional West Medical Center, Scottsbluff

Public Health Involvement

As mentioned above public health is at the hub of the Safe Communities work. Scotts Bluff County Health Department and Panhandle Public Health District includes members of municipal government from all 11 counties of the Panhandle. Key factors for the role of public health include:

- prevention and promotion are core functions of public health,
- participation in regional data collection and access to state and local data,
- use of the MAPP (Mobilizing Communities through Planning and Partnership) process that is based on the engagement of the local public health system

(communities and sectors) in assessment, planning, implementation and evaluation,

- ability to access additional resources for implementation and training when required,
- availability of leadership time and administrative resources to support collaborative work and
- linkage to elected leadership through commissioners from each county who serve on each of the boards.

The relationship between the two public health departments occurs as a mutual agreement of collaboration, through joint funded grants and, where needed, a Memorandum of Agreement or Understanding.

Safe Community Structure and Operations

The Safe Communities umbrella coalition has been meeting formally for more than a year. As noted above activities on safety promotion and injury prevention have evolved during the last 10 years. The task force examines public safety issues on a regular basis and continues connections with other safety-minded organizations as described above.

Leadership for Safe Communities is structured through a project management team comprised on the directors of each of the public health entities and the director of the Rural Nebraska Healthcare Network. The role of this group is to establish meeting schedules and agendas, identify new members and linkages on an ongoing basis and assure documentation of assessments and plans.

Panhandle Public Health District also dedicates staff resources to communications, meeting facilitation and recording.

Most meetings of the coalition are on a quarterly basis. Due to time and travel expense these meetings are conducted via the numerous telehealth video conferencing network sites throughout the region. This affords the opportunity for local citizens and representatives of various levels of government to attend. At least one meeting each year is face-to-face.

During the formative phase of Safe Communities, the focus of the meetings was the completion of the assessment and documentation of all local activities. Meeting content also included education about regional and locally specific initiatives. The Panhandle Public Health District (PPHD) staff and others also provided updates on regional work and upcoming events. Initiatives and workgroups meet per specific work plans or as needed. These groups may meet via the telehealth video network, conference calls or in person, especially if grant funding is available.

As Panhandle Safe Communities moves forward, it is envisioned the annual meeting will be conducted in conjunction with community-wide information and media coverage on all Safe Community priority areas, activities and progress.

Sustainability

Because of limited local resources, the region has developed a process of ensuring sustainability. First and foremost is to assure that all endeavors are based on improving outcomes. The goal therefore is to sustain outcomes by engaging partners in activities toward the outcome with extensive additional resources. A key component is assuring partners see the value added for their organization and community.

Second is to build capacity through a focus on true prevention, including education of community members and cross-training staff to continue this education on an ongoing basis. The regional health and human services training academy, a partnership with Western Nebraska Community College, provides additional resources to enhance staff knowledge and community training.

Third is to establish communications systems that include and encourage large numbers of people in safety prevention and promotion. The Panhandle Public Health District website, use of local media and a listserv promote this communication.

Last is to embed administrative functions for organizational sustainability within sustained organizations. In the case of Safe Communities, this hub is within the two local public health departments.

Grant funds may be obtained for priority initiatives. The amount of these grants varies. Where regional applications are made for such funds, a sustainability plan is included.

Indicator 2: Long-term, sustainable programs covering both genders and all ages, environments, and situations



Prior to 1998, safety promotion and injury prevention was primarily focused in individual rural communities. These activities were most frequently as a result of particular interest by a few local citizens. Many of these local projects and events, such as Hunter Safety Training and Car Safety Seats, remain the local foundation of Safe Communities. However, as a result of regional communication and collaboration, communities have been able to learn from each other and replicate successful actions.

The following is a list of activities targeted toward safety promotion and injury prevention in the Panhandle.

Gun Safety

Hunter Safety
4-H Shooting Club
Gun Safety
Free Gun Locks

Water Safety

Boating Safety
Swimming Lessons
Lifeguard Training

Bicycle Safety

Bicycle Safety Rodeo
Bike Safety/helmets
Safe Routes to School

Child Seat Safety

Safety Seat Inspections
Safety Seat Inspection Site
Child Passenger Safety Tech. Training

Motor Vehicle Safety

Roll Over Car
Operation Life Saver
Drivers' Education
Buckle Up!
Accident Tracking
Click It or Ticket!
100 Days of Summer

Elderly

Handibus
Stretch and Flex
Senior Exercise
Senior Stretch
Silver Sneakers
Vinyasa Yoga
Tai Chi

Intentional/Domestic Violence Prevention

Dating Violence
Hands are not for hitting.

Intentional/Domestic Violence Prevention*(continued from previous page)*

Domestic Violence Prevention
 Rape Aggression Defense
 Campus Safety
 Healthy Relationships
 Suicide Prevention Coalition
 Question Persuade Refer suicide prevention training
 Out of Darkness suicide awareness walk

Farm Safety

Farm Safety Days
 Pesticide Training
 3rd Grade Farm Safety
 Farm/Tractor Safety
 Chemical Spill Clean-Up

Fire Prevention

Fireworks Safety
 Fire Safety Awareness
 Jr. Fire Patrol Program

Underage Drinking Prevention

Post Prom Party
 Communities Mobilizing for Change (CMCA)
 All Stars
 Project Northland

Underage Drinking Prevention *(continued)*

Class Action
 Pre-Prom Docudrama
 Resist Aggression Defensively (RAD) Kids
 Alliance 4 Teens

Emergency Preparedness

CERT Training
 Electrical Safety
 Reverse 911 phone system
 Pandemic Flu Preparedness
 Emergency Response Team
 Strategic National Stockpile
 Outdoor Warning Systems

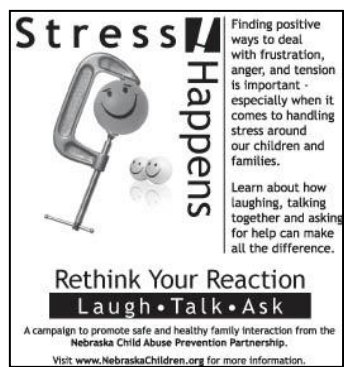
Other Injury Prevention Programs

CPR/First Aid classes
 Rattlesnake Safety
 Bullying Education
 Accident Prevention in Schools
 Stranger Danger
 Block Homes
 National Night Out
 Home Safety Evaluations
 Midnight Madness Halloween Safety
 Radon Awareness
 Well Water Testing
 Prescription Drug Disposal Program
 ATV Safety

As the region came together to collaborate, new programs and resources have been created. One of the first programs was the Children's Outreach Program (COP). Started in 1999, COP is a partnership of hospitals and home health agencies to provide newborn home visits by nurses for all new families in the 11 counties. In addition to maternal and child health checks, including child safety, the nurses are cross-trained to assess, educate and, where needed, to make referrals for socioeconomic, environmental and child protection risk factors. This program has been sustained since inception with an average of 80% of newborns receiving visits each year.

Since the success of this initial venture, additional regional initiatives have been added. This is an ongoing developmental process. The following table denotes these activities.

Priority Area	Coalition/Leadership Group	Activities	Start Year
Child abuse prevention	Maternal Child Health Committee/ Panhandle Child Abuse Prevention Team	public education through PSA's, posters, brochures	2000
Alcohol misuse, binge drinking and impaired driving	Panhandle Prevention Coalition	public education through media campaigns, parental programs, college initiatives, and state patrol highway checkpoints	2003
Fall prevention	Fall Prevention Team	community information through brochures and prevention through Tai Chi	2008
Emergency preparedness	PRMRS	Pandemic flu plan, all-perils regional plan, training for responders, Strategic National Stockpile,	2005
Radon	Panhandle Public Health District	free test kits and mitigation information	2003
Panhandle Citizen Corp Network	Panhandle Public Health District, Scotts Bluff Public Health Department	CERT team training, special populations coalition, fire corps, medical reserve corps, neighborhood watch and volunteers in police service	2005
Worksite wellness	Public Health Departments and local businesses	personal risk assessments, policy, system and environmental change in the workplace	2008
Suicide prevention	Suicide Prevention Task Force	Assessment, capacity building and planning. Priorities: visible and accessible assistance, community awareness of problems with suicide, suicide prevention training and education	2010



Regional planning with local implementation assures that programs and initiatives are implemented for both genders, all ages, environments and situations.

For example, to address fall prevention 30 Tai Chi facilitators were trained from throughout the region. Tai Chi is now offered in communities to all age groups to promote fall prevention. These sessions are held in schools, libraries, churches, community centers

and offices. In addition, senior citizens and those in assisted living may receive Tai Chi classes to promote safety for those who have been identified as being at risk of falling. Tai Chi and fall prevention have been promoted in Panhandle Public Health Department's annual report in more than 27,000 newspapers region wide.

"Rethink Your Reaction" is a regional Parent-Child Interaction (child abuse prevention) public information campaign, implemented during the past two years in the Panhandle.

Identified Injury Risks and Patterns

Regional data indicates that falling is the most prevalent cause of injury for all ages. The highest risk group is senior citizens. Motor vehicle crashes are responsible for the highest increase in injuries resulting in death for all ages.

Other injury risks identified are enumerated below. Suicide is also a leading cause of injury resulting in death. More than 20% of those attempting suicide are successful in causing their own death. At a March 2009 meeting, the coalition identified the top five injuries and injuries resulting in death for the Panhandle, based on existing data from local and state sources:

Injuries

1. falls
2. struck by/against
3. cut/pierced
4. motor vehicle crashes
5. overexertion

Injuries resulting in death

1. motor vehicle traffic crashes
2. suicide
3. falls

Based on this information, the coalition has implemented safety programs in fall prevention, suicide and prevention of underage drinking, binge drinking and impaired driving.

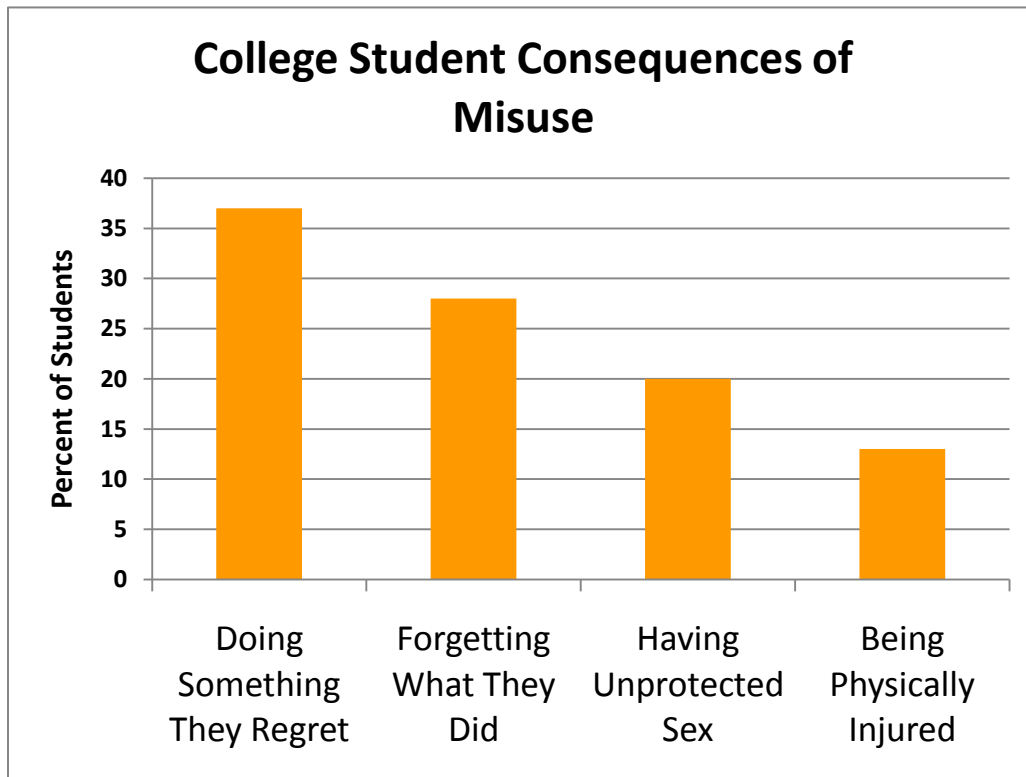
Suicide prevention task forces have been a grassroots-led effort, springing up in four counties and expected in two or three other counties in the next year. Suicide mortality rates for 2004-2008 are higher in five of 11 counties than the state average of 10.18. The average suicide mortality rate for the Panhandle is 13.4. Current efforts include local and regional assessments, planning and capacity building. The Panhandle leads the state in frequency and number of individuals trained in Question, Persuade and Refer suicide prevention program.

Use of Data

There has been a significant change in both the availability of data and the capacity to use data in the past 10 years, not only in the region, but also across the state. The 2000 Regional Community Health Plan included a section on intentional and unintentional injuries. It shows a significant lack of data for areas of concern identified by community members. As state and local capacity has increased, substantial data has become available.

The Safe Communities assessment includes data provided by the state specific to the Safe Communities coalition, locally available data from groups such as the Trauma Region 4 and additional data provided by other state sources, such as the extensive document provided by the state for drinking and driving prevention.

Data is also made available from specific programs or groups. For example local college surveys include incidents of violence, injury and alcohol use.



In addition to the available quantitative data from time to time, the region conducts community assessments and town hall meetings to obtain perceptions and local information to add to data for the decision-making process. These meetings are summarized in written form to become part of the regional body of knowledge.

Public health departments participate in and receive reports on specific surveys and data collection processes.

Data is used to establish baselines, compare to state and national trends to determine priority areas, and to measure trends. As the region has become more sophisticated in the use of data and in seeking root causes and factors, there are more interrelationships of data elements across sectors.

For example, data reviewed for fall prevention and further analyzed for the work on alcohol misuse, indicated while the number of falls in the 24-35 year old age range is comparatively low, alcohol was a predominant factor in emergency room visits for these falls. Such use of data assists in tailoring meaningful programs.

Program and Initiative Selection

Once an assessment has been completed, the community determines the program or initiative to be developed based on the basic criteria of:

- ***Evidence-based:*** More information below
- ***Effectiveness:*** Has there been demonstrated research that proves that the program has an impact on the problem area. Does it meet the outcomes?
- ***Efficiency:*** Can the program be efficiently implemented, especially within a large geographic area? Can existing resources be used to implement the program?
- ***Cost:*** What additional resources will be needed to implement? Are these available locally? (identification of partners) or must additional resources be found (time and effort based on all priorities).
- ***Sustainability:*** Can the outcomes be sustained with existing resources or systems?

Research Based

Another significant change in the past 10 years has been the implementation of evidence-based and evidence-influenced (research-based) programs. This is the result of a number of factors:

- movement by state and federal sources (funding, Centers for Disease Control and Prevention, etc.) toward requirement of evidence-based or -influenced programs,
- increased amount and ease of access to information on research-based programs and
- addition of Panhandle Public Health District (2002) to assure all 11 counties have public health resources, including support and education about research-based programs.

It is also important to note there is not a significant amount of research being conducted in comparable (remote rural) communities. Therefore, the region must adapt programs or design its own programs and processes. Where the latter has occurred, the region often hires national consulting expertise to assure a competent project. This work frequently provides assistance to other similar communities or assists in setting standards. For example, at the onset of the regional emergency response planning process, a national consultant was hired to identify the required components of the plan, provide national information and develop a comprehensive template. The result was both a process and a format for multi-county rural areas, often presented at national and state conferences.

Primary Prevention Programs

The region focuses on primary prevention as a means of impacting change at both the community and individual levels. As noted in examples throughout this document, many



approaches to primary prevention are used including: social marketing, information, education, citizen engagement, policy change and recognition.

Priority Selection

While the use of data is essential in establishing priority areas, it is not the only criteria used for selection or implementation of programs and initiatives. Other criteria that are used include:

- causal factors and relationship with other areas including community readiness. This assists in determining the type of program and initiative,
- community capacity including fiscal and personnel resources, leadership, current projects,
- availability of resources including local and grant funds,
- ability to sustain outcomes,
- impact on other higher end costs and programs including cost-effectiveness and return on investment if large scale local resources are required.

The region participates in state and federally-funded initiatives related to Safe Communities where such initiatives are seen as a priority and there is capacity to address problems and sustain initiatives. It has been our experience grant-chasing does not build sustainability and therefore access to such funds must come from a predefined plan or the opportunity for a comprehensive assessment.

There are also times when a community event, most often tragic, provides the impetus for change. Flexibility in planning and process can assist in maximizing the opportunity and potential volunteer interest.

Indicator 3: Programs that target high-risk groups and environments, and programs that promote safety for vulnerable groups



Students were a high-risk group for H1N1, so special clinics were arranged in schools for 11

In the assessments that have been completed to date the following *High Risk Groups* have been identified:

- falls among persons, ages more than 65
- drinking and driving and binge drinking, ages 18-25
- farm and ranch workers

High Risk Environments include:

- areas with radon (see attached map of uranium deposits in the Panhandle)
- recreational areas
- agriculture
- hazardous materials disposal site

Vulnerable Populations include:

- persons with disabilities,
- seniors especially those living alone, isolated and/or on limited fixed incomes,
- Hispanic community members especially those Spanish-speaking only members.
- minority community members, including Native Americans and Hispanics who are less likely to be engaged or accepted, and
- children under the age of five.

High Risk Prevention and Promotion

To assure a continuous approach to high-risk groups and populations, the region addresses and adapts programs and projects to address the identified issues on an ongoing basis. This process assures more than just creating programs for high risk. Every program is reviewed for priority and adaptability among high-risk populations.

Examples of how such prioritization and adaptation are made include:

- forming a CERT Team in Chadron through the Chadron Native American Center to assure inclusion,
- producing prevention posters and information in Spanish and



- providing information and education on fall risk and prevention through senior centers, the Area Aging Office, physicians and community health fairs.



**Gerry Redler,
Special Populations
preparedness leader**

Engaging High Risk and Vulnerable Groups

All coalition activities are open to anyone. Recognizing that barriers to participation may exist, high risk and vulnerable groups are also provided with opportunities to be engaged through:

- community meetings for minority groups and
- focus groups and surveys targeting them.

The Special Populations Coalition has identified the elderly and those with disabilities as requiring special consideration for emergency preparedness. This coalition meets each month to assess the needs of high risk groups and make recommendations on how to best meet the needs.

Indicator 4: Document the frequency and causes of injuries.

Injury data from the Region 4 Trauma Registry which records all injuries in the Panhandle shows Falls, motor vehicle crashes, animals, motorcycles, all-terrain vehicle crashes and assaults as the most common injuries in 2003-2007.

At a March 2009 meeting, the coalition identified the top five injuries and injuries resulting in death for the Panhandle, based on existing data from local and state sources:

Injuries	Injuries resulting in death
6. falls	1. motor vehicle traffic crashes
7. struck by/against	2. suicide
8. cut/pierced	3. falls
9. motor vehicle crashes	
10. overexertion	

The data that was utilized by the Panhandle Safe Communities coalition was provided by the state of Nebraska Department of Health and Human Services and Trauma Region 4 in the Panhandle. All 11 counties of the Panhandle were included in the data.

Data is collected through the regional trauma system to report injuries and injury deaths. It is also available through the state’s vital statistics and hospital discharge information.

The data is used to assess the needs of the community and better communicate those needs to the public about prevention.

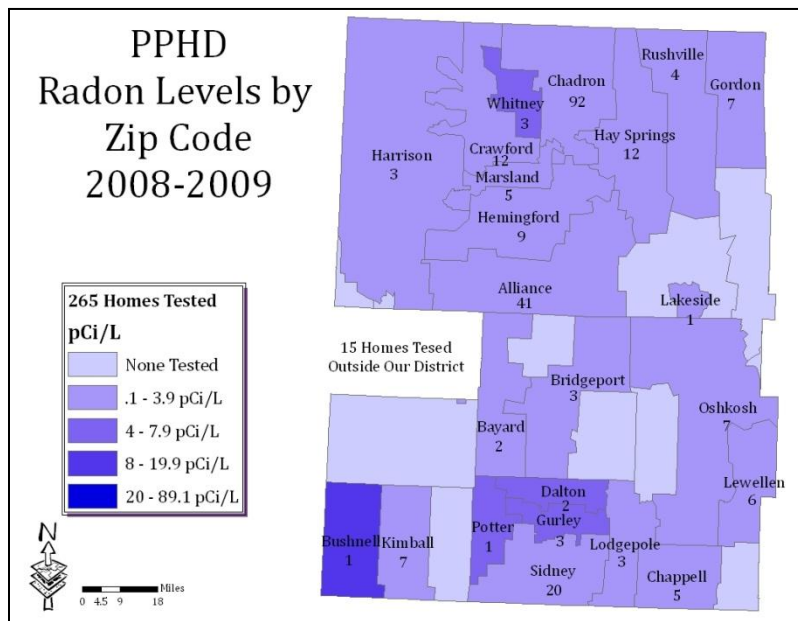
Indicator 5: Evaluation measures to assess their programs, processes and the effects of change

A primary goal of the Safe Communities task force is to improve outcomes and maintain stakeholder involvement. Outcome improvements are demonstrated in many programs, but it is often difficult to document changes in behavior, attitude, skills and knowledge. However, the Panhandle's recent attention to suicide prevention has already demonstrated a change in each of those areas related to proving outcomes.

Led by a grassroots effort, Panhandle Public Health District (PPHD) is helping to develop local and regional task forces specific to suicide prevention. The attitude of individuals and agency leaders in many of the communities has become one of involvement and a realization something

can and should be done to prevent deaths by suicide.

Local trainings for mental health professionals have already improved the attitude, skills and knowledge of more than 100 people to Question, Persuade and Refer (QPR) (science-based prevention program) when they are faced with a friend, family member or colleague expressing suicide ideation. ***The Panhandle leads the state in the number of individuals trained in QPR.***



Since 2004, regional radon protection programs have

included 2,980 short-term radon tests, 231 long-term (follow up) tests and mitigation efforts. Panhandle Public Health District Environmental Health Coordinator Tabi Prochazka said all houses have some radon, but houses next to each other can have very different radon levels, so the only way to measure the particular risk is to test individual homes.

Radon test kit use is up dramatically, due in large part to awareness efforts in local schools. Youth have taken part in contests to enlist community members who will complete the short-term test and report their results to PPHD.

Panhandle partners realize the value of a safe community, based on the following evidence: Tami Otto is the Nebraska State Patrol trooper who teaches Responsible Beverage Server Training (RBST) to retail liquor licensees. Otto said by providing RBST, the Panhandle Partnership's prevention coalition is educating the servers/sellers on the laws and rules they are required to follow and in return, we are increasing compliance with the laws & rules that govern all liquor license premises. Furthermore, by conducting ACC (Alcohol Compliance Checks), the

coalition is reducing the failure rate of businesses who sell/serve alcohol to minors. “When businesses know compliance checks are being conducted with a greater frequency, they tend to follow the laws more closely and refuse to sell/serve minors,” Otto said.

In the area of fall prevention, the Tai Chi trainings across the Panhandle have proved extremely popular and effective. Tai Chi is offered in every Panhandle county, as a method of fall prevention and more than one trainer has a waiting list for her Tai Chi class. Most of the Tai Chi trainers have requested additional training in more advanced methods of Tai Chi.

There are an increasing number of improperly installed child safety seats corrected at our safety seat check stations. In addition to correcting improperly installed child safety seats, the stations also provide awareness to the public regarding the prevalence that seats are not installed properly.

Since January 1, 2010, 106 people have been trained on the proper installation of child safety seats by technicians at one local hospital. All newborns dismissed from area hospitals receive child safety seat information from a trained technician.

Pool Cool improves use of sunscreen, sunglasses and hats among youth and staff at area pools. Jon Marquez, a local lifeguard, said he has used the program’s resources to promote sun safety on many occasions. Marquez said more than half the kids at the pool wear sunscreen on a regular basis now.



The community determines the effectiveness of a program based on statistical data and surveys, including formal evaluations, focus groups and questionnaires, such as those described below (actual evaluation example). Professional evaluations at local, state and national levels are included with many programs, especially those that are funded through grants, cooperative agreement and other contractual arrangements.

Coalition task forces use formative and summative evaluations to continually improve programs. On a regular basis, safety and injury prevention teams conduct exercises of various safety programs, followed by formal debriefings or “hot wash” procedures to recognize strengths, weaknesses, opportunities (for improvement) and (external) threats to the success of the program.

The Nebraska departments of Education and Health and Human Services, in cooperation with the Nebraska Partners in Prevention, surveys students in grades 6, 8, 10 and 12 across the state on a biennial basis to determine behaviors related to risk and protective factors connected to antisocial behavior and substance abuse (alcohol, tobacco and other drugs). The national outcome measures set down by the United States President’s Office on National Drug Control Policy are:

- perception of risk
- perception of parent disapproval

- perception of peer disapproval
- past 30-day use
- average age of onset

The coalition’s task force for Children, Youth and Families developed individual and environmental strategies to help prevent underage drinking and binge drinking in 2000. Local surveys, compiled into a regional report, show improvement in 2003, 2005 and 2007 over previous years in each of the National Outcome Measures (NOMS).

	Grade 6			Grade 8		
Outcome	2007	2005	2003	2007	2005	2003
Perception of risk	69.9	72.3	74.2	64.1	61.6	68.9
Perception of parent disapproval	97.9	96.2	94.4	93.8	87.6	90.3
Perception of peer disapproval	97.0	97.2	95.7	85.3	83.0	86.4
Past 30-day Use	3.1	3.2	5.9	11.9	17.4	18.1
Average Age of Onset	10.4	10.4	10.5	11.7	11.6	11.7
	Grade 10			Grade 12		
Outcome	2007	2005	2003	2007	2005	2003
Perception of risk	60.9	62.8	59.0	60.7	58.4	58.0
Perception of parent disapproval	92.3	78.5	80.5	85.7	71.1	70.6
Perception of peer disapproval	64.0	56.8	55.4	53.5	46.7	43.5
Past 30-day Use	35.7	39.7	43.2	45.6	50.2	53.6
Average Age of Onset	13.1	13.0	13.1	14.2	14.0	13.9

Indicator 6: Ongoing participation in national and international Safe Communities networks

With designation as a Safe Community, Panhandle community leaders look forward to participating in the national and international Safe Community Networks. The committee is willing to attend an international Safe Community conference within three years of receiving designation.

The Safe Communities coalition works with a variety of local, regional, state, national and international organizations on safety programs of both broad and specific nature.

In addition, there are local coalitions working on prevention topics in 10 of the 11 Panhandle counties and a regional coalition, documented here also. Regional organizations working on safety issues include Panhandle Regional Emergency Response System, Fall Prevention Task Force, Rural Nebraska Healthcare Network, Region 4 Trauma Network, the Panhandle

Partnership for Health and Human Services, Panhandle Public Health District (PPHD) and Region 1 Behavioral Health.

On a state level, the Safe Communities Coalition has cooperated with or worked in conjunction with the Nebraska Injury Prevention Program, the Nebraska Safety Council, Safe Kids Nebraska, the Nebraska Crime Commission, Nebraska Game and Parks Department, Nebraska Department of Health and Human Services, Nebraska Domestic Violence Coalition, Nebraska Emergency Management Agency, Nebraska Fire Marshalls and State Firefighters Association, the Nebraska National Guard, Nebraska Medical Association, Nebraska State Patrol, the University of Nebraska, Nebraska Public Power District and ServeNebraska.

Nationally, coalition members work in cooperation with the National Association of City and County Health Officials, National Association of Local Boards of Health, Volunteers of America, American Red Cross, United Way, the Federal Bureau of Investigation National Academy Associates, the Federal Emergency Management Agency, the Department of Justice's Juvenile Justice Coalition and the National Preparedness Conference network to advance programs related to safety. Private national corporations involved in safety programs in the Panhandle include the Burlington-Northern Santa Fe Railroad, State Farm Insurance and the Parker Hannafin Corporation.

International civic organizations such as the International Association of Chiefs of Police, the International Association of Forensic Analysts, Lions Club, Rotary and Kiwanis are also integral members of our communities and the Safe Communities coalition's activities.

Panhandle Region Medical Response System Coordinator Melody Leisy attended national and international preparedness conferences annually in 2007-2010. She was a speaker in Dallas, Texas in 2009 and Portland, Oregon in 2008 on regionalization of the medical reserve corps. Leisy also presented at the National Preparedness Conference in Washington, DC in 2007 on the Medical Response System in Nebraska.

Jessica Davies, Wellness and Volunteer Coordinator, was also a presenter at a national conference. In the spring of 2008, Davies spoke on collaboration and partnerships for a regional citizen corps council at the Governor's Conference on Volunteerism in Omaha, Nebraska.

Collaborating with the Safe Communities America network and the International Safe Communities Network will enable our community to see what others are doing to improve the safety in their communities. Doing so will allow our community to develop and implement new programs within our community to improve the safety of our residents.