

**Panhandle Public Health District
Board of Health Agenda**

Date: March 12, 2026			
Time: 8:00 am – 9:30 am			
Online Zoom Line: https://us02web.zoom.us/j/86163912436			
Phone: (253)205-0468 Access Code 86163912436#			
Public Option: PPHD Scottsbluff Office, Room 4, 18 W 16 th Street, Scottsbluff, NE			
Topic	Exhibit – number indicates electronic copy	Who	Outcome
Call to Order, Open Meeting Act, & Introductions		D. Kling	
Consent Agenda <ul style="list-style-type: none"> • Approval of Agenda • January 2026 Meeting Minutes • Directors Report – March 2026 • Upcoming Training Opportunities 	00 – White 01 – White 02 – Purple 03 – White	D. Kling	Motion
Finance Committee Report December 2025-January 2026 Financial Statements & Program Spreadsheets	04 – Orange 05-07 – Blue	S. Williamson	Motion
Increase Line of Credit		S. Williamson	Motion
Potential Amended Budget Hearing		J. Davies	Status Update
Communications Plan Update	08 - White	J. Davies	Motion
Process for Director’s Review		J. Davies	Status Update
Legislative Update		J. Davies	Status Update
Rural Health Transformation Update	09 – White	J. Davies	Status Update
Youth Advisory Council Update		K. Sasse	Status Update
Strategic Plan Update		S. Williamson	Status Update
Accreditation Update		S. Williamson	Status Update
Other Business		D. Kling	Status Update
Public Comment			
Meeting Adjourns		D. Kling	Motion

Next Meeting Date: March 12, 2026

Time: 8:00 am – 9:30 am

Place: Virtual

See back for a glossary of program, process, and partner names

Program & Processes:	
CHA – Community Health Assessment	PFS – Partnership for Success
CHIP – Community Health Improvement Plan	PHEP – Public Health Emergency Preparedness
HCC – Health Care Coalition	PPC – Panhandle Prevention Coalition
HV/HFA – Home Visitation / Healthy Families America	PRMRS – Panhandle Regional Medical Response System
MAPP – Mobilizing for Action through Planning and Partnerships	PWWC – Panhandle Worksite Wellness Council
MHI – Minority Health Initiative	SOR – Strategic Opioid Response
MRC – Medical Reserve Corps	TFN – Tobacco Free Nebraska
OD2A – Opioid Data to Action	WNV – West Nile Virus

Partners & Public Health Organizations:	
CAPWN – Community Action Partnership of Western Nebraska	PHAB – Public Health Accreditation Board
DHHS – Nebraska Department of Health and Human Services	PPI – Panhandle Partnership aka “The Partnership”
NACCHO – National Association of City and County Health Officials	SACCHO – State Association of City and County Health Officials
NALBOH – National Association of Local Boards of Health	SALBOH – State Association of Local Boards of Health
NALHD – Nebraska Association of Local Health Directors	UNMC – University of Nebraska Medical Center
PHAN – Public Health Association of Nebraska	WCHR – Western Community Health Resources

**Panhandle Public Health District
Board of Health Meeting Minutes
January 29, 2026
Prairie Winds Community Center, Bridgeport, NE**

Members Present		Member Absent	
Bob Gifford	Banner County Spirited Citizen	Hayley Beaudette	Board Dentist
Diana Lecher	Dawes County Spirited Citizen	Brian Brennemann	Grant County Commissioner
Jackie Delatour	Sioux County Spirited Citizen	Dan Kling	Sheridan County Commissioner
Jim Reichman	Deuel County Commissioner	Don Lease	Banner County Commissioner
Jon Werth	Grant County Spirited Citizen/ Board Veterinarian	Dixann Krajewski	Garden County Commissioner
Judy Soper	Deuel County Spirited Citizen	Elyse Lukassen	Kimball County Commissioner
Kay Anderson	Morrill County Spirited Citizen	Hal Downer	Sioux County Commissioner
Marie Parker	Scotts Bluff County Spirited Citizen	Joni Jespersen	Box Butte County Spirited Citizen
Mark Harris	Scotts Bluff County Commissioner	Mandi Raffelson	Cheyenne County Spirited Citizen
Pat Wellnitz	Sheridan County Spirited Citizen	Mike Sautter	Box Butte County Commissioner
Sara Quinn	Garden County Spirited Citizen	Randy Bohac	Kimball County Spirited Citizen
Susanna Batterman	Morrill County Commissioner	Randy Miller	Cheyenne County Commissioner
		Sondra Holloway	Board Physician
		Vic Rivera	Dawes County Commissioner

Staff Present		Guests Present
Jessica Davies	PPHD Director	
Sara Williamson	PPHD Dep. Dir. Finance & Accreditation	
Tabi Prochazka	PPHD Assistant Director	
Megan Barhafer	PPHD Community Health Planner Supervisor	
Amanda McClaren	PPHD Finance Coordinator	

Key Actions Taken:
<ul style="list-style-type: none"> • Approved 2024-2025 Audit Report • Approved 2026-2027 Cafeteria Plan • Appointed Dr. Sondra Holloway as Board Physician • Approved Cost Allocation Plan Policy • Approved 2026-2029 Workforce Development Plan

Call to Order/Introductions:

Vice President Batterman called the meeting to order at 8:00 am. Quorum was confirmed. The location of the Open Meeting Act was noted as posted outside the meeting room door. The meeting notice was publicized in the Star-Herald and posted on the Nebraska Meeting Notice Repository on Saturday, January 24. Introductions were made.

Consent Agenda:

Motion to approve the consent agenda as presented by Werth and seconded by Parker. Voice vote with all in favor.

FY 2024-2025 Audit Report

Lucas Post and Kiley Weichman from HBE reviewed the draft financials for the audit report. The audit report is favorable. The audit report and opinions were reviewed. There were no findings or concerns under the single audit.

Harris motioned to approve the FY 2024-2025 audit report as presented and was seconded by Wellnitz. A roll call vote was held with Gifford abstaining, all others in favor, none opposed.

Finance Committee:

Williamson presented on behalf of the finance committee that met via conference call on January 14. She reviewed the financial statement for July through November and program spreadsheets. There were minor adjustments for June, which impacted previously approved statements for June-September, resulting in bringing them forward for approval again.

There was a motion from committee to approve the June-November financial statement and program spreadsheets as presented. A roll call vote was held with all in favor, none opposed or abstained.

Cafeteria Plan:

Williamson reviewed the cafeteria plan for the year starting March 1, 2026. There were no changes to the plan, but renewal and approval is required annually.

Parker motioned to approve the 2026-2027 Cafeteria Plan as presented and was seconded by Werth. A roll call vote was held with all in favor, none opposed or abstained.

Dr Holloway Appointment as Board Physician:

Dr. David Cornutt, previous Board Physician stepped away from his position at the end of December. Dr. Sondra Holloway is willing to serve in this capacity. She is currently also serving as the Medical Director for PPHD's immunization clinic, a position that Dr. Cornutt also previously filled. Holloway was unable to attend the meeting due to illness.

Motion by Harris to appoint Dr. Holloway as the Board Physician and was seconded by Wellnitz. A roll call vote was held with all in favor, none opposed or abstained.

Updated Cost Allocation Plan:

Williamson reviewed updates to the Cost Allocation Plan to incorporate the transition to de minimis indirect approved by the board at the November 2025 meeting. This policy will take effect for all new program funding years starting after November 13, 2025. There are new procedures and clarifications of what expenses will be included under the new class called "Indirect."

Motion to approve the updated Cost Allocation Plan as presented and seconded by Reichman. A roll call vote was held with all in favor, none opposed or abstained.

Workforce Development Plan:

Williamson presented the 2026-2029 Workforce Development Plan that was tabled at the meeting to allow additional time for review. The only change from the last meeting is updated implementation dates for the plan. The template was developed by the Public Health Accreditation Board and includes all the necessary elements to meet accreditation standards. She reviewed key elements of the plan.

Motion by Werth to approve the 2026-2029 Workforce Development Plan as presented and seconded by Gifford. A roll call vote was held with all in favor, none opposed or abstained.

Staff Satisfaction Survey:

Davies reviewed the results summary of the staff satisfaction survey that was conducted in November 2025. The results were reviewed with staff at the December staff meeting. Results are overwhelmingly positive and staff morale is high. Davies is proud of these results.

Legislative Update:

Davies updated that there were no further cuts to public health in the Governor's budget. There are potential impacts to the Tobacco Free Nebraska Funding, which PPHD does receive, but the final impact is still uncertain. Additional legislative activity includes:

- Senator Hardin introduced legislation for Community Health Workers and Davies will be going to Lincoln January 30 to testify on the bill.
- Dez Brandt worked with Senator Storer on legislation for home visitation referrals to families working with DHHS and CPS. Brandt testified on January 28 on the bill.
- Davies continues to monitor for additional bills that may impact public health. She participates in a statewide call with other health directors to monitor progress on priority bills. There are potential bills related to credentialing swimming pools, camp areas, and possible changes to the licensing process to make it a local process.

Rural Health Transformation Grant:

Davies updated that Nebraska received \$218 million, \$18 million more than the applied total. Funding started December 29, 2025, and the first year will run through October 30, 2026. The goal is to spend allocated funds in that time frame. PPHD anticipates \$170,000 for Oral Health, and between \$1 and \$3 million for CHWs. Kelsy Sasse has taken on the role of Community Health Worker Supervisor and we anticipate hiring 10 CHWs.

The State also released an RFA for 3 locations across the state to house Strategic National Stockpiles. This award to each will be for \$233,00/year for five years. PPHD plans to submit an application.

There will be additional funding and information released around paramedicine, obesity prevention, and more.

Strategic Plan:

Williamson reviewed the strategic plan dashboard, noting that staff have completed 45% of the goals in the first year. Workgroups meet anywhere from monthly to quarterly to update on progress.

Accreditation Update:

PPHD will complete the 3rd annual report to PHAB in the July-September reporting window. The next year will focus on completing the readiness checklist, which will help PPHD be prepared to complete the reaccreditation process in year 5.

Other Business:

Davies informed board members that the Nebraska Public Health Conference will take place March 30-31 and PPHD has funding for board members to attend.

Prochazka noted the Situation Table has seen a sharp decline in situations being brought forward, but felt it was due to the capacity of partners to handle situations outside of the table due to the collaborations and relationships happening because of the Table. Situations coming forward are increasingly complex.

Public Comment:

No members of the public present for comment.

Next Meeting Date:

March 12, 2026, at 8:00 am. The meeting will be held via Zoom.

Adjourn:

Motion by Wellnitz to adjourn and seconded by Gifford. Meeting adjourned at 9:21 am.

March 2026

Board of Health Report

From the Director

Jess and Sara conducted Dr. Sondra Holloway's Board Orientation. We are excited to welcome Dr. Holloway and value the expertise and perspective she brings to the PPHD Board of Health!

Jess has participated in multiple meetings related to the Rural Health Transformation initiative. In addition, Kelsy, Tabi, and Jess have been meeting with hospital partners to share information about the Community Health Worker (CHW) opportunity and discuss how additional strategies can complement and strengthen this work across the region. Jess has also submitted a nomination form to serve as the local health district representative for the Health Care Advisory Region – Western Region.

Jess, Sara, and Tabi continue to hold bi-monthly Senior Finance meetings to ensure the district is maintaining strong financial oversight and alignment with organizational and diversification priorities.

Career Growth Framework

The Career Growth Framework and updated performance evaluations have been affirmed and will be shared with all staff on our March 9 Monday Morning Meeting and at our All-Staff Meeting on March 16. We are incredibly excited and proud of the framework that has been developed, from initial data collection and analysis, to facilitated planning led by Kelsy Sasse, value-based accountability planning, and the creation of newly revised performance evaluation documents.

Legislative

Senator Hardin introduced LB 912, the Community Health Worker Training Endorsement Act, which has been moved to an HHS Committee priority bill. Jess testified on LB 912 in late January. Senator Storer introduced LB 903, which provides a referral for home visitation services for certain families by case managers; this bill was voted on unanimously by the HHS Committee and has been placed on Select File. Dez testified on LB 903 in late January. Health Directors continue to meet weekly to monitor introduced legislation and assess potential implications for public health.

Staffing

Katy McAllister and Mary King were hired as Home Visitation Specialists based out of the Scottsbluff office and began on February 11.

New Grant Applications, Contracts, & Initiatives

Rural Health Transformation

DHHS has been awarded \$218 million per year for the next five years through the Rural Health Transformation Program. We have submitted a Request for Application to DHHS for participation in the Community Health Worker (CHW) Network and Oral Health focus areas. As part of this work, we have submitted a proposed budget and rubric for the CHW initiative, as well as a budget and workplan for a jurisdictional stockpile component that would include partnerships with Southwest Nebraska Public Health Department and West Central District Health Department (encompassing a total of 27 rural NE counties) and local hospitals. We are currently awaiting additional details related to the Oral Health initiative.

While there will likely be additional areas of involvement, a new focus area related to chronic disease prevention and management was recently released, and we are anticipating the upcoming release of an additional component focused on remote patient monitoring.

Additionally, a meeting was held with Nicole, Janelle, and Tabi regarding 3rd Grade Wellness Day (formerly Nebraska Kids Fitness and Nutrition Day), along with representatives from UNK. This partnership may provide support for the four events coordinated annually, including the potential for updated curriculum.

We continue to navigate the flow of information from DHHS, assess how these initiatives may impact our region, and identify opportunities to maximize benefit for the Panhandle.

Sherwood Foundation

We have submitted a program grant to the Sherwood Foundation in the amount of \$111,000 to support immunization capacity functions.

Health Literacy

We have received an opportunity from NALHD through the Office of Health Disparities in the amount of \$5,190 to update our Health Literacy Champion status and support area worksites to improve their health literacy as well.

Partnership with Central Wyoming Counseling Center

The mobile crisis unit will be active in March. The CWCC is working on an agreement with PPHD to provide nursing support to complete assessments. We are excited to see this dream for crisis stabilization in the Panhandle coming to fruition.

Promotional Campaigns

January Facebook Posts: 299 | Reach: 99,982 | Reactions: 650

February Facebook Posts: 459 | Reach: 165,343 | Reactions: 1,422

February Instagram Posts: 120 | Reach: 237 | Reactions: 0

Community Health Assessment and Community Health Improvement Plan

The community survey went out with the annual reports and was thus delivered to every household in the Panhandle. Hospital partners also have boxes for returning paper surveys and postcards to hand out to patients to complete in the waiting room. A Facebook event has been created and can be shared, encouraging folks to complete the survey by March 15. Megan also sent out a press release on 3/2/2026. The MAPP steering committee met on February 17 to go over the timeline and survey results so far. The team of staff members who serve as Technical Assistants also met on the 17th to coordinate marketing the survey.

Lead- Megan Barhafer

Minority Health Initiative

Kelsy and Megan have been working on organizing a Language Justice Training that will take place on May 12th from 8:30 to 12:30, location TBD. The Community Language Cooperative will be providing the 4-hour training focused on helping local organizations and partner agencies engage and better serve linguistically diverse communities. Our most recent Health in Disproportionately Affected Communities (HDAC) Advisory Committee Meeting was on February 17th. We had a great discussion and will continue to work on rebuilding this advisory committee to operate similar to the Youth Advisory Committee.

Lead- Kelsy Sasse

Performance Management and Quality Improvement

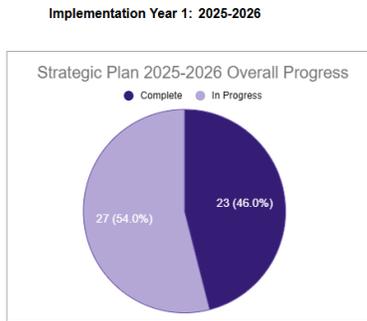
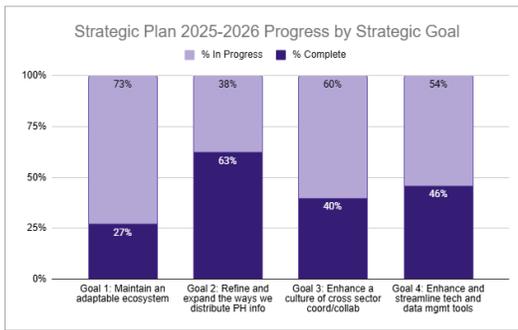
Metrics are available on the website here: http://www.pphd.org/performance_management.htm

Lead - Megan Barhafer

Strategic Plan

All updates to the strategic plan have been complete to include a "strategy" line. This will help to better align with PHAB's Accreditation requirements and clarify the purpose for staff. Staff continue with the implementation of the 2025-2028 strategic plan.

Year 1 Q3



2025-2026 Overall				
Complete	In Progress	Objectives	% Complete	% In Progress
23	27	50	46.00%	54.00%

Lead - Leadership Team

Clinical Services

Immunization Clinic Stats for January/February 2026

- Total Clients Seen: 175 (54 of those were under 19 years of age)
- Total Vaccines Given: 279

Immunization Outreach

- Attended the Gering Schools Pre-School and Pre-Kindergarten Registration 2-25-26 at the Gering Civic Center.
- 3 children updated their vaccination (6 doses of vaccine given) and 23 additional encounters with Vaccine education.
- Completed our annual VFC-VFA Re-Enrollment on February 2, 2026 for the upcoming year.
- 16 revised Vaccine Standing Orders were reviewed and signed off by the Medical Director.
- Continue to provide guidance, education, resources, and immunizations to local healthcare students/employees and to international travelers.

Upcoming Events:

- Currently 3 scheduled vaccine clinics at schools
- Currently 2 scheduled Long Term Care Vaccine Clinics and 4 tentative LTC clinics

Lead - Tina Cook

HPV

HPV promotion included a page in the annual report to promote the Why 9 HPV project. We were able to obtain specific data about HPV completion rates by county from the state and will be working with local providers to increase the completion rate for the HPV series. The HPV workgroup has developed a HPV data fact sheet for the Panhandle with the help of an APEX student. This fact sheet is going to be used as a template for other LHD's across the State.

Nebraska Comp Cancer was selected to participate in the Tri-Networks Cancer Prevention Community of Practice. This initiative is designed to build the capacity of National Comprehensive Cancer Control Programs, cancer coalitions, and other partners to implement policy, systems, and environmental (PSE) change. The coalition is named the Nebraska Cancer Alliance. Ally has taken on the role of co-chair for the HPV Taskforce. The state launched the Nebraska Cancer Strategy Plan in January 2025. The HPV taskforce is a statewide effort to increase HPV vaccination. The local HPV campaign that was put into place last year by PPHD is being used as a template across Nebraska for HPV promotion. Some things the workgroup is currently working on include getting all LHD's access to run their own vaccine reports for their jurisdiction in the Nebraska Immunization System and changing vaccine forecasting for the HPV vaccine in the Nebraska Immunization System to show that you can receive the HPV vaccine starting at age 9 rather than age 11.

A presenter spot has been secured for the 2026 Immunize Nebraska Conference. The presenter spot will be at 1:15 CST and is a 60-minute time slot. This presenter spot will allow for sharing the work that PPHD has done, along

with the work that has been done with the Nebraska Cancer Alliance HPV Taskforce. The goal will be to have a panel of speakers to present on a variety of topics related to HPV. Currently, Dr. McAlarnen from UNMC has agreed to present on the panel. The plan is that Ally will present on the panel to discuss specific work done in rural Nebraska related to HPV.

The American Cancer Society created a social media template of posts for HPV. Data from January and February posts:

14 total posts (posts in both English and Spanish) | 2,224 views | 1,600 reaches
Lead – Ally De Los Santos

Munroe-Meyer Institute Clinics

We continue to coordinate and provide clinic space for the Medically Handicapped Children's Clinic and the Genetic Clinic. The genetics clinic consists of both telehealth and in-person sessions. The in-person sessions are hosted as a two-day clinic twice a year. The telehealth sessions fall in between the in-person sessions. All Medically Handicapped Children's Clinics are in person.

- Genetics Clinics
 - January 7th was telehealth, and 9 patients were seen
- Medically Handicapped Children's Clinic
 - February 13th, and 4 patients were seen

Lead – Ally De Los Santos

Healthy Brain Initiative

PPHD is dedicated to improving education and promoting early detection of dementia and Alzheimer's disease. Our health strategists—Nicole, Janelle, and Jessica—are leading this effort and will be presenting throughout the Panhandle. The last Dementia Coalition meeting was held on January 16th with 22 attendees. November 5th had 21 attendees. The next coalition meeting is scheduled for April 17th at the same location for in-person. The Heritage Estates will present, and a zoom option is available for those who cannot join in-person. We will be sharing information about the Panhandle Dementia Coalition at the Empowered Caregiver Conference in Scottsbluff on April 18 from 10-3.

On February 5, Janelle attended the first meeting of this newly started Alliance Caregiver Support group. They will meet monthly for caregivers. Janelle was able to inform them about the Panhandle Dementia Coalition and the upcoming Empowered Caregiver Conference.

Janelle and Jessica have become Community Educators through training given by the Alzheimer's Association.
Leads – Janelle Visser, Jessica Rocha, and Nicole Berosek

Fit Testing

January=5 | February=8

Clients include:

- Travelers: Sleep medicine, Speech Pathologist, Ultrasound tech
- Environmental/Ag., 1 business in WY.

Staffing – Myranda Kelley

PortaCount

4 PortaCount machines for Fit Testing

- #1 Stays in the Scottsbluff to complete Fit Testing
- #2 Rented to Heritage on 12/15/2025 - Current
- #3 Rented to WNCC on 1/28/26 - Current
- #4 Available

Staffing – Myranda Kelley

CPR

- Seven Trainings Scheduled in March.

Staffing – Myranda and Ally

Stop the Bleed

- Training scheduled for Calvary Memorial on March 16.

Staffing – Myranda, Ally

Worksite Wellness**PWWC**

The Panhandle Worksite Wellness Council continues to provide valuable education and training opportunities across the region. Recent trainings and initiatives include:

- Hosted the January Wellness Chat on January 8 at Chadron Community Hospital and virtually, with 14 attendees.
- Participated in the Menopause Steering Committee.
- Offered a *Bridges Out of Poverty* training at CAPWN, with 15 attendees, Mitchell Berean Church with 26 attendees, and virtual training with 7 attendees.
- Offered a virtual CALM (6 attendees) on 2/23, and virtual WRAP 2/19 with Emily (6 attendees)
- Facilitated the State Aging Coalition.
- Met with the Office of Aging regarding the Senior Farmers Market (USDA) Program.
- Working with WNCC on professional development opportunities.
- Offered a PFA-S training on 2/16 for ESU13 training with 16 attendees
- Promoting several virtual trainings in March and April.

Staffing – Nicole Berosek

Governor's Wellness Award:

The Governor's Wellness Award application is now open and is being promoted through Facebook, the advisory team, and LincolnHR. Additional promotion will occur once the Governor's Office releases the official news announcement. Worksites across the region are encouraged to apply, and technical assistance is available to support organizations throughout the application process. At this time, we have two completed applications, and they are being reviewed by the scoring team.

Staffing – Nicole Berosek

Chronic Disease/Obesity State Grant

This State grant supported ongoing programming and education focused on physical activity and nutrition. Efforts strengthened worksite wellness initiatives through activities such as Walk at Lunch Day, the Living Well program, Active Living, and other evidence-based educational opportunities. Promotion of CredibleMind continued, and support was provided for physical activity programs in schools and community organizations. This funding enhanced health and wellness efforts across the region.

Outreach and coordination activities included:

- Janelle contacted after-school programs to assess interest in the CATCH After School Program.
- Staff reached out to the USDA Senior Farmers Market Program to gather additional information.
- Janelle contacted all Panhandle farmer's markets to offer additional promotional opportunities.
- Nicole is presenting to state partners on the Worksite Wellness program in March.

Program participation and outcomes included:

- Eleven Panhandle residents registered for the Fall Living Well class; six participants completed the program.

- CredibleMind usage for the last three months:

November: 21 posts

Is a Share	Views	Reach	Reactions	Comments	Shares	Total Clicks	Link Clicks
0	2202	1649	21	1	2	14	2

December: 16 posts

Is a Share	Views	Reach	Reactions	Comments	Shares	Total Clicks	Link Clicks
0	1126	868	8	0	1	7	2

January: 18 posts

Is a Share	Views	Reach	Reactions	Comments	Shares	Total Clicks	Link Clicks
0	1676	1297	19	0	2	18	4

Professional development and planning activities included:

- Jessica attended the Activate Alliance meeting on January 15th
- Nicole attended an HR meeting with the National Safety Council on January 20th
- Cheri is offering and prepping for Healthy for Life
- Jessica attended the Activate Gordon meeting on January 21st.
- Nicole is participating in the State Nutrition and Physical Activity Forms
- Nicole participated in a Communication training on January 28th
- Jessica had a KNEB interview on heart health.
- Jessica participated in the Activate Gordon meeting on February 11th.
- Janelle presented CarFit to the Crawford Senior Center on February 10. There were 17 in attendance.

Staffing - Nicole Berosek, Janelle Visser, Cheri Farris, Megan Barhafer, Emily Timm, and Jessica Rocha

Preparedness

PRMRS – Panhandle Regional Medical Response System

PRMRS and PPHD MRC are coordinating with Nicole and Cheri to provide the all-day Psychological First Aid training on April 2nd in Bridgeport. This training is a supportive behavioral intervention for use in the immediate aftermath of disasters and other traumatic events, and is an evidence-informed approach to assist individuals in the immediate aftermath of disaster and terrorism. PFA is designed to reduce the initial distress caused by traumatic events and to foster short- and long-term adaptive functioning and coping. The Nebraska PFA is based on research evidence and is practical in field settings. Populations that benefit from this approach include healthcare workers, law enforcement officers, firefighters, emergency medical service professionals, and other first responders and disaster relief workers

PRMRS is planning to host the required MRSE (Medical Response Surge Exercise) on May 6th. This will be a functional exercise based on a severe winter weather event. Healthcare organizations and emergency management will “play” from their facilities, with injects provided by volunteers via phone. Facilities will utilize those individuals within their Incident Command Structure to ensure preparedness in such an event.

A cybersecurity tabletop exercise is planned for late May/early June; a requirement of ASPR, this tabletop will provide facilities an opportunity to test their preparedness and recovery plans. Cybersecurity in healthcare remains a top threat.

Due to budget cuts and staff loss, CPERS (Center for Preparedness and and Emergency Response Solutions) will only be hosting two Preparedness Symposia events in the State this spring, with one in Omaha and one in Kearney. This is a change from previous Symposia, hosted in every region. The key topic this year is infectious disease.

Emily continues to provide PRMRS members with situational awareness, training opportunities, and communication as it arises.

Lead – Emily Timm

Public Health Emergency Preparedness

We continue to strengthen regional response capabilities through training, exercises, and collaboration with local emergency management, healthcare partners, schools, and first responders. Tabi continues to work with new ERC and review plans through the monthly planning collaborative.

Ally attended ToPs training in Grand Island March 3 & 4.

Lead – Tabi Prochazka

MRC - Panhandle Public Health Medical Reserve Corp

Work has continued to strengthen the MRC. In January and February two MRC nurses continued to provide support in the Walk-In Immunization Clinic weekly. They also help to support efforts at various off-site clinics. In January and February they volunteered a total of 49.5 hours. In February, the MRC met with the Scotts Bluff County CERT team to explore areas of collaboration. Plans are in place to offer psychological first aid training to the MRC volunteers in March to help strengthen their skills.

Lead – Ally De Los Santos

Disease Investigation

PPHD continues to review and/or investigate infectious disease cases. In January and February, 41 investigations were completed. Partner visits occurred in November and December. During these visits, we reviewed reportable diseases, connected with infection control personnel at each hospital and long-term care facility, and discussed any challenges partners may be experiencing related to reportable diseases. Emily and Ally also delivered a booklet of information that serves as a quick reference and includes information about reportable diseases, the new STI reporting sheet, lead poisoning resources, the genetics clinic, and the HPV vaccine. Partners that we visited included all 8 area hospitals, 21 long-term care facilities, and 3 other healthcare clinics. We identified who is responsible for infection control at each facility and obtained contact information.

Reportable diseases in Nebraska are listed at: [Nebraska Reportable Diseases](#).

Staffing – Ally De Los Santos, Emily Timm, Kendra Lauruhn

STI (Sexually Transmitted Infections) tracking

Ally and Emily continue to work on HIV, syphilis, gonorrhea, and chlamydia STI cases. In January and February, 24 chlamydia investigations were completed, 1 gonorrhea investigations were completed, and 1 syphilis investigations were completed. Ally and Emily continue to work with WCHR and CAPWN to ensure coordination of care and information sharing processes are in place and up to date. We have made a connection with a representative from the Nebraska Aid's Project (NAP) and are looking into opportunities for collaboration. During a Chadron State College event, PPHD provided condoms to 51 people.

Staffing – Ally De Los Santos, Emily Timm

School Surveillance

Nebraska DHHS continues the School Absenteeism Reporting Project for the 2025-2026 school year. PPHD is following the same infection control measures as pre-COVID. PPHD reaches out to a school when over 10% of the student body is absent to discuss the situation and address any concerns and possible solutions/suggestions. Three schools reported absenteeism rates greater than 10% in February, mostly due to "other respiratory and gastrointestinal" illnesses. We are here to support the school in making their decisions and assist as needed.

Lead – Emily Timm

Cancer Prevention

Colorectal Cancer Awareness and Screening Updates

Currently, FIT kit distribution is underway for the 2026 season. So far, 15 kits have been distributed. We have partnered with Sidney Regional Medical Center to distribute FIT kits, and Chadron Community Hospital is currently promoting them to their staff ages 45-74. We look forward to continuing to distribute one-sample FIT test kits and promote the awareness campaign materials to Panhandle residents ages 45-74.

Lead: Cheri Farris

Chronic Disease Prevention & Management

National Diabetes Prevention Program Lifestyle Coach Training and Technical Assistance

Cheri continues to collaborate with the state to provide ongoing training and support for lifestyle coaches across Nebraska. Cheri recently launched monthly office hours and a quarterly Nebraska National DPP newsletter, which is sent to all DPP lifestyle coaches and program coordinators across the state. Cheri led a 4-day virtual lifestyle coach training in January. She then followed up with two post-training sessions to provide guidance on promotion, sustainability, CDC recognition, and answer questions and provide technical assistance on other key topics, ensuring the successful implementation of the National DPP across Nebraska.

Regional National DPP Updates

Cheri serves as coordinator, data preparer, and coach for the National DPP in the Panhandle. The Healthy for Life virtual DPP program continues in 2026 with eight registrants. Habit Nu is an online platform and smart phone application that we are utilizing this cohort for collecting participant data. An in-person cohort is currently happening in Chadron. Cheri works with their lifestyle coach to provide ongoing technical assistance and data submission.

Lead – Cheri Farris

Living Well

Cheri and Janelle are co-facilitating a Leader Training that started January 14 and will conclude on March 2 in partnership with DHHS. The virtual training is the same number of training hours but is spread out over several weeks. There are 10 in attendance.

Cheri maintains monthly outreach to healthcare providers to increase awareness of available healthy living programs. Some providers have expressed interest. Our goal is to reach more residents who can benefit from these workshops. The PHHS Chronic Disease Block Grant funds will enable us to have more time and outreach to partner with clinics to gain more referrals in the coming months.

Lead – Cheri Farris and Janelle Visser

Living Well with High Blood Pressure

Cheri has completed the first virtual workshop, which had 7 registrants and 2 completers. Janelle and Suzanne will be taking the Health Coaches for Hypertension Control (branded in the Panhandle as Living Well with High Blood Pressure) leader training soon and offering workshops. Cheri is scheduled to begin an in-person cohort in Oshkosh at Garden County Health Services Activities Room March 4 -Apr 22, 2026.

Lead – Cheri Farris

Aging Office of Western Nebraska Partnership

Title IIID funds from the Area Office on Aging (AOWN) support evidence-based programs like Living Well and the National DPP for Panhandle residents over age 60. These funds have been renewed for the 2026 fiscal year, and implementation will continue. We are exploring creative ways to engage and serve older adults in the region.

Lead – Cheri Farris

Health & Wellness Coaching

Cheri continues to offer individual health coaching to residents and Panhandle Worksite Wellness Council members. We are also exploring new opportunities to expand healthy living programs and make coaching available to more community members. We have just begun a partnership with CAPWN for some of their staff to receive health coaching.

Lead – Cheri Farris

Falls Prevention Programs

There is currently no funding available for Falls Prevention programs, however, PPHD is able to utilize AOWN Title IIID funds to support some of the ongoing programs at Regional West.

Lead – Cheri Farris

Motivational Interviewing Trainings

Cheri facilitated a morning and afternoon session for the ESU 13 conference February 16 with positive feedback. She also facilitated an MI introduction for the AHEC students on February 17. She is facilitating an Introduction to MI workshop at WNCC Thursday, March 26th. Cheri has a full day MI training scheduled for April 30 and she is working with Dr. Kate Speck to facilitate advanced Motivational Interviewing training on May 22nd. Both of the spring MI trainings will be at Gering Civic Center, and the Panhandle Partnership is assisting with planning and coordination.

Lead - Cheri Farris

Bridges Out of Poverty

Cheri facilitated Bridges Out of Poverty training with Chadron Community Hospital with a total of 68 participants to positive feedback. Nicole facilitated a CAPWN training on January 8th with 15 participants. Mitchell Berean Church hosted a Bridges training on Thursday, January 29th from 5:30 - 7:30 pm with 26 participants registered. Nicole offered a virtual Bridges Training on January 20th with 6 registrants. Cheri will present the 45-minute introduction to Bridges on the PPHD Monday morning meeting on Monday, March 2.

Lead - Cheri Farris & Nicole Berosek

Healthy Families – Nebraska Panhandle

Program Highlights

Referrals continue to increase across the Panhandle. To provide context, the program received 16 referrals in January and 18 referrals in February. Nearly every Home Visitor now carries a full caseload and is working diligently to serve families throughout the Panhandle.

This continued influx of referrals is a direct result of the many outreach initiatives that have been taking place throughout the winter months. The program is currently serving 120 active families; the highest number of families served at any point in the program's history.

In February, two additional Home Visitors were hired to support the final phase of the program's expansion plan. Katy McAllister brings extensive experience working with children from birth to age five and families within our communities. Mary King has a background in early childhood education and has worked within the Scottsbluff school system. Both bring strong passion for family-centered work and are currently completing required training while immersing themselves in PPHD culture and program practices.

Maternal and Child Health Growth Updates

Prenatal Group Development

The prenatal group is underway and making meaningful progress. Planning is actively focused on finalizing structure, logistics, and implementation details. The first prenatal group in Scottsbluff is anticipated to begin mid to late May, and feedback from hospitals, community members, and other professionals has been very positive.

Self-Measured Blood Pressure (SMBP) Program

The Self-Measured Blood Pressure (SMBP) program continues to progress well and remains an important area of growth in maternal health. Outreach efforts are ongoing to ensure blood pressure monitors reach women who are pregnant, planning a pregnancy, or have recently given birth, who may benefit most from participation, particularly those facing barriers to frequent in-person care.

The program emphasizes education, self-monitoring, and early identification of abnormal blood pressure to support maternal health and reduce preventable complications during pregnancy. Participants receive guidance on proper blood pressure measurement, interpretation of readings, and when to seek follow-up care.

Partnerships with local hospitals and healthcare providers continue to strengthen, supporting referral pathways and coordinated care. As awareness of the program grows, interest from both families and community partners has increased, reinforcing the value of this prevention-focused approach.

Lead - Dez Brandt

Panhandle Prevention Coalition

The Panhandle Prevention Coalition (PPC) has continued delivering evidence-based prevention programming across the region. RFAST and 8 to Great trainings were presented to participants in the Foster Grandparent Program and WNCC TRIO college students, as well as at the Early Childhood Excellence Conference. In total, 31 individuals were reached through these trainings. In addition, at the Early Childhood Excellence Conference in Chadron, PPC hosted an outreach table to promote coalition involvement and prevention resources. Approximately 60 professionals visited the table, and five individuals signed up to receive additional information about the coalition.

Youth engagement efforts continue through the Youth Advisory Council (YAC). The next YAC meeting will be held March 16 or 17, with Dean Jacobs presenting on leadership and self-improvement under the message “Dream Big, Live Tall, Make the World Better.” An in-person YAC event is also scheduled for April 29. Mike Donahue with Value Up will be presenting at Morrill High School on March 2 and at Big Springs Schools on March 4. The Value Up presentation addresses substance abuse prevention by strengthening the foundational factor most closely linked to risky behavior—student self-worth.

PPC maintained consistent prevention messaging through digital and traditional media platforms. In January alone, 58 prevention-focused social media posts generated a reach of 11,364 and 207 link clicks. Symposium and Hidden in Plain Sight promotions are currently running through KNEB and Chadrad. An upcoming promotion is scheduled with NSPIRE, and PPC is also working with Lee Enterprises to develop streaming television advertisements to further expand regional reach. Responsible Beverage Server Training (RBST) informational postcards were mailed to retail alcohol providers regionally in February.

Planning and promotion for the 2026 Prevention Symposium continue to show strong momentum. The event will be held April 23 at the Gering Civic Center and is approaching capacity, with approximately 130 registrations toward a maximum of 170 attendees. Multiple community partners have secured vendor tables to participate in the event. The DEA "Hidden in Plain Sight" mock bedroom exhibit will be available throughout the symposium, with a free public walkthrough event scheduled from 4:30 to 6:30 p.m. Guided and self-guided tours will be available. Anna Meier, Miss Chadron Teen, will be representing Mothers Against Drunk Driving and providing information about MADD programs.

Coalition meetings continue to support regional coordination and collaboration. The next Panhandle Prevention Coalition meeting is scheduled for March 26.

Lead – Suzanne Crane, Nicole Berosek, Tabi Prochazka

Suicide Prevention

Suicide Prevention is such an important intervention piece in our very rural area, and we braid multiple sources of funding to implement the work of increasing awareness of the problem and preventing suicide.

Suzanne and Nicole are offering three YMHFA or AMHFA trainings in May, two virtual and one through WNCC.

QPR – Question, Persuade, Refer Suicide Prevention Training

Suicide prevention remains a priority for the team at PPHD. 41 individuals have been trained in QPR in 2026. The next QPR Webinar will be on March 11 at noon. PPHD recommends that all adults take QPR training to learn how to help someone who may be struggling with thoughts of suicide. Register here for an upcoming webinar

<https://tinyurl.com/2p8kb837>

We are available to provide in-person or virtual QPR training to individual organizations upon request. We are always looking for new funding opportunities to enable us to continue this important work. Additionally, the team has been involved in other mental and behavioral health trainings that strengthen our suicide prevention efforts, including partnering with the Suicide Prevention Community Engagement and Partnership Coordinator (CEPC) for veterans across most of the Panhandle.

PPHD's team of QPR trainers continue to work with area schools, businesses, and other community organizations to offer QPR.

HIDDEN IN PLAIN SIGHT

FREE
EVENT



Are you aware everyday items can be used to hide drugs?

A Hidden in Plain Sight room is an interactive, mock bedroom designed to reflect a realistic youth environment. The room contains everyday items—clothing, backpacks, décor, electronics, and household objects—that may conceal signs of substance use or risky behaviors. Participants are guided through the room and challenged to identify warning signs that are often overlooked. The goal is to give parents, caregivers, educators, and community members the tools to recognize early indicators of substance use and start informed, timely conversations with youth.

COME AND GO AT YOUR CONVENIENCE –
TAKES JUST A FEW MINUTES TO COMPLETE



Thursday
April 23, 2026



4:30 PM - 6:30 PM



Gering Civic Center, 1050 M Street, Gering, NE

For more information contact: Suzanne Crane at scraneapphd.ne.gov

FREE AND OPEN TO THE PUBLIC—PERFECT FOR
PARENTS, EDUCATORS AND CAREGIVERS



This project is funded (R01, S10R100) from the Substance Abuse Prevention, Treatment, and Recovery Services Block Grant (1008700819-01) through the Substance Abuse and Mental Health Administration, contracted through the Nebraska Department of Health and Human Services, Division of Behavioral Health.

The 2026 Mini Grant funds are enabling PPHD to distribute the Nebraska Statewide Suicide Prevention Coalition media campaign across the area with flyers and table tents in area restaurants and bars this will go active in Spring 2026. It will also support the renewal of QPR trainer certifications and support 20 staff to take the My Baby Would Be Better Off Without Me training and to administer screenings and recognize signs of suicidal ideation with pre and perinatal mothers. The first campaign item was the back page of the annual report.

PFS grant funds will continue to support QPR training for young adults ages 18 - 24.

Lead - Cheri Farris, Janelle Visser, Kelsy Sasse, Tabi Prochazka, Nicole Berosek, Suzanne Crane, Jessica Rocha

PFS - Performance for Success

Region 1 Behavioral Health offered us an opportunity to help fulfill a Five (5) year contract. This grant focuses on education for students and young adults over 18 in the following areas: vaping, suicide, alcohol, and diversity in the high-risk counties. Monument Prevention will provide vaping and alcohol education to Scotts Bluff County. Year 1 went well, and Year 2 is off to a great start with 3rd-grade wellness day events and prevention trainings.

Updates:

- Janelle and Jessica followed up with contacts they visited around the Panhandle before the end of the year.
- Jessica visited two urgent care facilities and one ESU#13 facility in Scotts Bluff County in February to deliver professional development packets as well policy templates that pertain to each location. Means restriction, in the form of gun locks, were also delivered around to the urgent care facilities.
- Nicole and Jessica presented a virtual CALM training on February 23rd.
- PFS offerings have been disseminated around the Panhandle, including at the PPC virtual meeting on January 22nd and at the Latina Red Dress Event in Scottsbluff on February 21st.

Staff - Nicole, Janelle, Jessica R, Suzanne, Jess, and Tabi

Tobacco Free Nebraska

- Social media posts promoting tobacco cessation have continued on our PPHD and PWWC Facebook pages.
- TFN/Quitline promotional material was offered at the Latina Red Dress Event in Scottsbluff in February.
- A TFN update was presented at the January 22nd PPC meeting.
- Staff completed the July - December 2025 reporting and it has since been accepted.
- Direct mailers were sent out the beginning of February to 1,103 worksites and 35 multi-unit housing locations around the Panhandle. Another direct mailer is planned for March or April.
- A radio ad for Heart Health Month ran through the month of February.
- Janelle and Jessica followed up with locations they visited in the Panhandle before the end of the year to see if they would be interested in signage or policy assistance.
- Jessica delivered tobacco cessation information and promotional material to two urgent care locations and one ESU#13 location in Scotts Bluff County in February.
- Janelle has been following back up with the communities of Gordon, Chadron and Crawford in regard to their park and recreation area tobacco free policies. Gordon does not feel it is a good time to adopt a tobacco free policy. Chadron has a new HR Director, she is looking into their policy. Crawford has a policy and welcomed tobacco free metal signs.

Lead - Janelle Visser, Jessica Rocha, and Nicole Berosek

Opioid Response

Lockboxes and Detera Pouches are provided to those in need with the potential for additional funding from DBH to continue this work. Opioid Education tyand Narcan training are offered to community groups across the Panhandle, with a primary focus on college-aged individuals. Narcan training is now provided as part of our public CPR training, as well.

Suzanne provided education on opioids and addiction to 17 students at the Pine Ridge Job Corp, utilizing the Hazelden video series, "Addiction: What You Need to Know." PPHD continued collaboration with WNCC to provide

the Hazelden video series training to students in need of additional education regarding opioid and substance misuse.

A virtual WRAP training was provided by Nicole and Emily to Panhandle participants on February 19th. Current planning includes providing Guardian Light with a virtual WRAP training later this summer.

Emily and Tabi continue to participate in the Nebraska Crisis Service Unit meeting between Region 1, Central Wyoming Counseling Center, Kimball County, and PPHD. This weekly meeting provides ongoing communication and support of the planned Western Nebraska Recovery Center in Kimball.

Lead – Emily Timm

Situation Table

The Panhandle Situation Table continues to be successful in meeting acutely elevated risk individuals and families where they are.

Meeting weekly via Zoom, the Panhandle Situation Table is comprised of professionals across several service sectors committed to ensuring individuals and families receive the support and services needed in an urgent manner.

(Data from 8/31/22-3/3/26)

137 Situations Presented to Table | 93 Connected to Services (74%)

24 Informed of Services | 8 Refused Services

2 Not Deemed in Acutely Elevated Risk; connected to services | 7 Unable to Locate | 2 Open

Top Risk Factors; percentage of situations impacted:

Housing - 73% | Mental Health - 72% | Substance misuse - 61% | Basic Needs - 59% | Parenting - 40%

We continue to provide presentations and educational opportunities to expand partnerships and to those interested in initiating their own Table.

Lead – Tabi Prochazka, Emily Timm, Kelsy Sasse

Highway Safety Office

The Highway Safety grant, which supports longer-term injury prevention strategies, is going well.

Below are a few updates:

- Driver's Education classes are being offered through WNCC at Scottsbluff. Nebraska Safety Council is offering online classes with Bob Kinsey doing the in-person driving portion.
- Janelle is continuing to work with her Activate groups to keep our communities active and safe. Jessica assists with Activate Kimball and other Activate groups as scheduling allows.
- Janelle and Jessica attended the final Scottsbluff SS4A Core Team-Task Force Meeting on February 25.
- Jessica continues to create social media images to share on Facebook and Instagram each month.
- Some of the ads created were presented to the Youth Advisory Council on January 22nd for their review and input. The students gave great feedback.
- We continue to work with Panhandle Scanner, and they are advertising HSO social media on Facebook, Instagram, and X.
- A winter driving radio and streaming ad started mid-January and ran for one month. A "cross your heart" seat belt usage radio ad ran through the month of February. A distracted driving streaming audio ad will start soon in March.
- A new marketing plan for the 2025-26 fiscal year has been developed. Staff is also planning to increase marketing options in other areas, such as streaming tv ads and potentially digital billboard ads.
- Jessica will be attending the 2026 Lifesavers Conference in April in Baltimore, Maryland.

Lead – Janelle Visser, Jessica Rocha, and Nicole Berosek

Children's Health

3rd Grade Wellness Day (formerly referred to as 3rd Grade Kids Fitness and Nutrition Day)

2026 3rd Grade Wellness Days will be held at 4 locations in September. This event is a great opportunity for students to explore overall well-being. This fun-filled day focuses on promoting non-competitive physical activities, prevention activities, and hands-on nutritional education among 3rd-grade students. While at the events, students and teachers are invited to participate in physical activities conducted by area health and fitness educators. Children are able to step, jump, and learn new skills as they enjoy fun, interactive physical activity stations. Participants can also visit various education stations, including those on basic nutrition, energy balance, yoga, walking, boot camp, anti-bullying, anti-vaping, healthy air, and healthy choices/just say no.

The sites and tentative dates include:

Scottsbluff September 10 | Alliance September 24 | Sidney September 16 | Chadron September TBD

Lead-Janelle Visser

Active Living

Community Walkability/Bikeability

The Kimball, Gordon, and Alliance Active Living Advisory Committees have been meeting regularly in person and/or virtually.

Active living meetings update:

- Activate Alliance meets quarterly. They met January 15th and the next meeting will be April 9.
- Bridgeport Active Living aka B Active has not been meeting since they are working on their Safe Streets for All grant.
- Tri-City Active Living Advisory Committee has not been meeting since Scottsbluff and Gering are working on their Safe Streets for All grants. Janelle is representing Tri-City ALAC on the core committees of both programs.
- Janelle has been working with Mike Minzey and Jeni with the Village of Terrytown in regards to Terrytown's crosswalks. Terrytown is interested in getting at least 4 creative painted crosswalks.
- Activate Gordon met on January 21st.
- On January 26th, Trooper Flick presented on THC, seat belt information, driver's education, and CarFit.
- On February 10th, Janelle presented CarFit at the Crawford Senior Center.
- Activate Gordon met on February 11th.
- There was an Active Living connection with Chadron on February 12th.
- Scottsbluff SS4A met on February 25th for their final meeting.
- Janelle will present CarFit at Bayard Senior Center on March 4th.

Lead - Janelle Visser

Environmental Health

Radon

The radon team, Megan and Linda have worked to improve the radon processes to make them more effective. Since January 1, Linda has sent out 158 radon test kits. We have been monitoring the results as they come in, and we noticed that there were many inconclusive results. We reached out to the company and learned there are codes associated with why the test result was inconclusive. We now have a list of what those codes mean and can cross-reference those codes with the results to determine what causes the most problems for people when completing the test.

Lead - Megan Barhafer

West Nile Virus

The pilot West Nile Project, headed by the University of Nebraska Medical Center, was featured in the annual report, and the team had a table at the KNEB Farm and Ranch show with PPHD. They were able to enroll 65 participants. The pre-season call for the WNV season is on the calendar for next week.

Lead - Megan Barhafer

LEPH- Increase local capacity for lead remediation, promote safe drinking water, and increase communication awareness to the public on air quality

PPHD hosts quarterly meetings of the Environmental Health Coalition to discuss partnerships and opportunities to expand air, water, and lead safety. The meeting this quarter took place on January 20. At that meeting the team from UNMC shared about their project and asked participants to share thoughts about their questionnaire.

Water

PPHD sponsored North Platte NRD's Ag Symposium in Feb 2026 with information about nitrates in water and their health effects. PPHD met with environmental health experts about water testing failures and how public health can assist in and encourage efforts to mitigate the problem.

Air

Megan and Kendra were successful in getting a location for an air quality sensor in Chappell and had to reclaim a sensor from Oshkosh since the city building had no outdoor electricity. Kendra will install the sensor in Dix and Chappell this month, as she visits those communities for Dental Health. The team is also working to host the sensors with Love My Air, so we can share an app that sends push notifications to enrolled users when air quality is bad. Finally, we are working with Gering Middle School to provide an indoor air sensor for a team of students working on air quality for the science fair.

Lead – Megan Barhafer, Kendra Lauruhn

Lead and HUD

Interviews for the HUD Lead Hazard Reduction Coordinator position were completed in January. We hired Chris Christopherson and he has been going through job training. We have started the negotiation meetings for the Lead Hazard Reduction Grant and our tentative start date is March 15, 2026 for 4 years.

We officially have our first lead abatement firm ready to perform lead abatement activities!

Lead poisoning prevention outreach consisted of performing capillary lead tests for Head Start students at Minatare preschool. As of 3/2/2026, PPHD has 22 open lead poisoning cases.

PPHD and NE DHHS are partnering to test homes for lead hazard through the LEAF (Lead Environmental Assessment for Families) program. Eligibility is for a home built prior to 1978 and have at least 1 child under the age of 6 or a pregnant woman. Families will get a lead cleaning kit with lead-safe cleaning education as well as a water test and potential water filter.

Lead – Chris Christopherson, Kendra Lauruhn

Dental Health

Dental Health Program-Keeping Teeth Strong

PPHD's Dental Health Program provides dental screenings to detect early signs of dental disease, fluoride treatments to prevent dental decay, dental sealants to prevent dental decay on molars, silver diamine fluoride to stop the progression of decay, education to teach lifelong lessons to keep teeth clean, and dental referrals.

February was National Children's Dental Health Month. PPHD provided 24 presentations with 637 people in attendance.

Lead – Kendra Lauruhn

Dental Day

There was no Dental Day in 2025. Janelle has been in contact with UNMC in regard to Panhandle Dental Day 2026. We are waiting to hear back from them if it will work or not.



Lead – Janelle Visser

Administrative

Human Resources

Annual performance reviews will be scheduled to support employee development and align individual goals with organizational objectives. Updated evaluation forms have been developed as part of the work around the Career Growth Framework. We are excited to implement this enhanced process and further strengthen our approach to performance and professional growth.

Work anniversaries for January - March

- | | | | |
|------------------|----------|------------------|--------|
| • Kendra Lauruhn | 12 years | • Shawna Heilman | 1 year |
| • Ashleigh Rada | 5 years | • Kenzie Cassel | 1 year |

Lead – Erin Sorensen

Finance

We await continued guidance for contracting and funding under the Rural Health Transformation Grant.

PPHD staff met with HUD staff for the budget on the Risk and Reduction grant. Minor changes are needed and we anticipate a March 15 start date for the 5-year project.

Accreditation

We anticipate updated standards and measures released in late spring and will identify implementation opportunities. The tracking dashboard for the recently approved workforce development plan is in development, and we will be using the plan in our annual report to PHAB, due over the summer.

The communication plan was reviewed and approved by the Leadership Team at the February meeting.

Lead – Sara Williamson

Nebraska Public Health Conference

March 30-31, 2026

La Vista, NE

National Association of City and County Health Officials (NACCHO)

July 14-17, 2026

Louisville, KY

Racing Forward, Swinging Big: United for Public Health's Future

National Association of Local Boards of Health (NALBOH)

October 12-14, 2026

San Antonio, TX

Theme: TBD

American Public Health Association (APHA)

November 1-4, 2026

San Antonio, TX

Theme: TBD

PPHD Finance Committee
Conference Call Minutes
March 4, 2026 9:00 am

Present on the call were Kay Anderson, Susanna Batterman, Pat Wellnitz, Diana Lecher, Jessica Davies, Sara Williamson, and Amanda McClaren.

Williamson reviewed program spreadsheets, accounts receivable, and check detail and financial statements for December 2025 and January 2026.

Motion was made by Batterman to approve the financial statements and spreadsheets and seconded by Wellnitz. All in favor, none opposed.

Davies updated on the Rural Health Transformation grant. The State has not given PPHD final award amounts, but we are estimating up to \$1.8 million that would need to be spent by October 30. Due to the nature of the quarterly expense reimbursement process, this could cause a strain on operating cash flow. PPHD has a current short term operating loan from Platte Valley Bank for \$100,000 that has been in place since early 2022 and has never been used. Davies will be asking the board at the upcoming meeting to approve an increase of up to \$350,000. Interest rate is current bank rate minus .75%. It will require increased collateral aside from the accounts receivable from DHHS and PVB proposed using the Scottsbluff office. Additional costs to obtain this collateral would be about \$800.

PPHD has also met with Ryan Daly, Deputy Director of Finance and Operations at DHHS to ask about a more frequent invoicing process to help with cash flow, and although it is possible, it will be quite onerous on staff to provide the necessary reporting that frequently.

The meeting adjourned at 9:25 am.

PANHANDLE PUBLIC HEALTH DISTRICT
FINANCIAL STATEMENTS
DECEMBER 31, 2025

Panhandle Public Health District Balance Sheet

Cash Basis

As of December 31, 2025

	Dec 31, 25
ASSETS	
Current Assets	
Checking/Savings	
1000 · Platte Valley National Bank	246,098.11
1005 · NPAIT (Nebraska Public Agency Investment Trust)	537,360.81
Total Checking/Savings	783,458.92
Total Current Assets	783,458.92
TOTAL ASSETS	783,458.92
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Other Current Liabilities	
2010 · State Withholding Payable	6,933.28
2015 · Retirement Payable	10.53
2020 · Health Insurance Payable	24,767.35
2021 · FSA Payable - Health	2,404.37
2022 · FSA Payable - Dep Care	-41.15
2025 · FICA Withholding Payable	13.64
2026 · Garnishment	539.69
2027 · State Unemployment Payable	95.10
2028 · Dental Insurance Payable	1,052.30
2029 · Vision Insurance Payable	281.07
2035 · Life Insurance Payable	57.29
2036 · Supp Accident Ins Payable	116.80
2037 · Supp Cancer Ins Payable	117.45
2038 · Supplemental Illness Payable	41.89
2039 · Supplemental ST Disab Payable	44.20
2040 · LT Disability Company	109.91
Total Other Current Liabilities	36,543.72
Total Current Liabilities	36,543.72
Long Term Liabilities	
2500 · Scottsbluff Building Loan	140,555.50
Total Long Term Liabilities	140,555.50
Total Liabilities	177,099.22
Equity	
3000 · Opening Balance Equity	-39,764.62
3050 · Fund Balance	338,247.81
3060 · Board Designated Funds - Autos	33,525.52
3061 · Board Designated Funds - Copier	67,259.26
Net Income	207,091.73
Total Equity	606,359.70
TOTAL LIABILITIES & EQUITY	783,458.92

Panhandle Public Health District Profit & Loss

December 2025

Cash Basis

	Dec 25	Jul - Dec 25
Ordinary Income/Expense		
Income		
4000 · General Funds	15,732.61	105,498.66
4010 · Infrastructure Funds	11,342.58	79,635.84
4015 · Per Capita Funds	11,723.08	82,715.67
4016 · LB1008 Funds	0.00	6,944.49
4017 · LB 585	0.00	12,287.29
4020 · Revenue	43,725.30	305,591.62
4021 · Revenue (Fed Pass-Through)	81,863.55	1,308,402.53
4035 · Health Screening Supplies	0.00	350.00
4045 · Other Income	724.00	15,080.19
4050 · Interest Income	1,204.69	6,716.37
4070 · Program Donations	136.00	3,525.46
4072 · Program Fees (Fee for service revenues)	58,829.07	159,221.52
4073 · Product Fees	118,184.02	326,449.71
4090 · Fall Conference Sponsorships	0.00	400.00
4091 · Fall Conference Vendors	0.00	150.00
4092 · Fall Conference Registrations	0.00	4,704.11
4093 · Conference Registration Fees	0.00	450.00
Total Income	343,464.90	2,418,123.46
Gross Profit	343,464.90	2,418,123.46
Expense		
6000 · Accounting	0.00	3,935.00
6010 · Advertising and PR	4,644.18	45,375.99
6020 · Auditing	0.00	14,000.00
6030 · Bank Service Charges	119.60	704.44
6035 · Board Member Travel	0.00	1,947.40
6075 · Communication	2,096.18	13,144.49
6080 · Contracts	10,965.49	106,733.68
6095 · Dues and Subscriptions	337.00	3,677.00
6115 · Health Check Supplies	0.00	1,373.39
6120 · Incentives	0.00	3,474.40
6125 · Insurance	133.60	18,060.07
6126 · Insurance - General	607.36	11,776.31
6128 · Interest Expense	0.00	0.00
6135 · Legal Fees	0.00	880.00
6145 · Meeting	2,424.17	8,803.93
6150 · Office Expense	3,528.94	19,736.17
6154 · Vaccinations	13,784.79	284,318.89
6155 · Office Supplies	8,992.69	94,574.79
6156 · Medical Supplies	1,772.10	9,882.53
6157 · Printing Supplies	1,249.39	4,360.81
6160 · Payroll Tax Expense	15,438.21	72,225.19
6175 · Postage	65.23	2,264.90
6180 · Printing and Publication	1,819.47	8,403.56
6200 · Repairs and Maintenance	1,586.25	24,790.37
6202 · Server Backup	500.00	3,000.00
6205 · Training/Education	1,905.00	18,006.89
6210 · Travel	7,894.69	38,517.50
6215 · Utilities	0.00	0.00
6220 · Wages	209,617.04	982,103.53
6225 · Retirement Expense	14,108.16	65,453.58
6230 · Health Insurance	69,278.74	331,899.34
6231 · Dental Insurance	2,678.83	12,040.98
6232 · Vision Insurance	747.84	3,367.69
6240 · Life Insurance	167.88	754.92
6245 · LT Disability	322.15	1,443.99
6246 · FSA Expense - Health	0.00	0.00
6247 · FSA Expense - Dep	0.00	0.00
Total Expense	376,784.98	2,211,031.73
Net Ordinary Income	-33,320.08	207,091.73
Net Income	-33,320.08	207,091.73

PANHANDLE PUBLIC HEALTH DISTRICT

FINANCIAL STATEMENTS

JANUARY 31, 2026

Panhandle Public Health District Balance Sheet

Cash Basis

As of January 31, 2026

	Jan 31, 26
ASSETS	
Current Assets	
Checking/Savings	
2000 · Platte Valley National Bank	301,825.90
1005 · NPAIT (Nebraska Public Agency Investment Trust)	537,360.81
Total Checking/Savings	839,186.71
Total Current Assets	839,186.71
TOTAL ASSETS	839,186.71
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Other Current Liabilities	
2010 · State Withholding Payable	3,917.64
2015 · Retirement Payable	10.53
2020 · Health Insurance Payable	24,767.34
2021 · FSA Payable - Health	1,975.54
2022 · FSA Payable - Dep Care	-1,627.94
2025 · FICA Withholding Payable	48.14
2026 · Garnishment	539.69
2027 · State Unemployment Payable	906.07
2028 · Dental Insurance Payable	1,052.29
2029 · Vision Insurance Payable	281.07
2035 · Life Insurance Payable	57.28
2036 · Supp Accident Ins Payable	116.80
2037 · Supp Cancer Ins Payable	117.45
2038 · Supplemental Illness Payable	41.89
2039 · Supplemental ST Disab Payable	44.20
2040 · LT Disability Company	109.91
2047 · SD Unemployment Payable	62.74
Total Other Current Liabilities	32,420.64
Total Current Liabilities	32,420.64
Long Term Liabilities	
2500 · Scottsbluff Building Loan	139,487.30
Total Long Term Liabilities	139,487.30
Total Liabilities	171,907.94
Equity	
3000 · Opening Balance Equity	-39,764.62
3050 · Fund Balance	338,247.81
3060 · Board Designated Funds - Autos	33,525.52
3061 · Board Designated Funds - Copier	67,259.26
Net Income	268,010.80
Total Equity	667,278.77
TOTAL LIABILITIES & EQUITY	839,186.71

Panhandle Public Health District
Profit & Loss
January 2026

Cash Basis

	Jan 26	Jul '25 - Jan 26
Ordinary Income/Expense		
Income		
4000 · General Funds	15,732.61	121,231.27
4010 · Infrastructure Funds	11,342.58	90,978.42
4015 · Per Capita Funds	11,723.08	94,438.75
4016 · LB1008 Funds	0.00	6,944.49
4017 · LB 585	0.00	12,287.29
4020 · Revenue	84,258.91	389,850.53
4021 · Revenue (Fed Pass-Through)	13,137.83	1,321,540.36
4035 · Health Screening Supplies	0.00	350.00
4045 · Other Income	97.00	15,177.19
4050 · Interest Income	0.00	6,716.37
4070 · Program Donations	0.00	3,525.46
4072 · Program Fees (Fee for service revenues)	81,459.97	240,681.49
4073 · Product Fees	103,086.97	429,536.68
4090 · Fall Conference Sponsorships	0.00	400.00
4091 · Fall Conference Vendors	0.00	150.00
4092 · Fall Conference Registrations	0.00	4,704.11
4093 · Conference Registration Fees	0.00	450.00
Total Income	320,838.95	2,738,962.41
Gross Profit	320,838.95	2,738,962.41
Expense		
6000 · Accounting	0.00	3,935.00
6010 · Advertising and PR	3,958.18	49,334.17
6020 · Auditing	0.00	14,000.00
6030 · Bank Service Charges	149.40	853.84
6035 · Board Member Travel	0.00	1,947.40
6075 · Communication	2,425.59	15,570.08
6080 · Contracts	15,253.15	121,986.83
6095 · Dues and Subscriptions	650.00	4,327.00
6115 · Health Check Supplies	0.00	1,373.39
6120 · Incentives	1,094.31	4,568.71
6125 · Insurance	141.60	18,201.67
6126 · Insurance - General	956.36	12,732.67
6128 · Interest Expense	0.00	0.00
6135 · Legal Fees	0.00	880.00
6145 · Meeting	1,070.27	9,874.20
6150 · Office Expense	3,885.64	23,621.81
6154 · Vaccinations	5,708.84	290,027.73
6155 · Office Supplies	10,451.20	105,025.99
6156 · Medical Supplies	296.94	10,179.47
6157 · Printing Supplies	478.42	4,839.23
6160 · Payroll Tax Expense	10,702.04	82,927.23
6175 · Postage	399.69	2,664.59
6180 · Printing and Publication	155.92	8,559.48
6200 · Repairs and Maintenance	1,809.19	26,599.56
6202 · Server Backup	500.00	3,500.00
6205 · Training/Education	2,345.00	20,351.89
6210 · Travel	2,966.80	41,484.30
6215 · Utilities	0.00	0.00
6220 · Wages	133,395.86	1,115,499.39
6225 · Retirement Expense	8,988.04	74,441.62
6230 · Health Insurance	49,518.93	381,418.27
6231 · Dental Insurance	1,785.80	13,826.78
6232 · Vision Insurance	498.55	3,866.24
6240 · Life Insurance	114.34	869.26
6245 · LT Disability	219.82	1,663.81
6246 · FSA Expense - Health	0.00	0.00
6247 · FSA Expense - Dep	0.00	0.00
Total Expense	259,919.88	2,470,951.61
Net Ordinary Income	60,919.07	268,010.80
Net Income	60,919.07	268,010.80

Program updates through **2/27/2026**

 Panhandle
Public Health Distr

Award Name/ Program Name	Total Award	Expenses to Date	% of Total	% of Performance Period	Program End Date
State Appropriated Funds					
Admin 2026 (LB 692)	\$276,788.15	\$182,859.32	66%	67%	6/30/2026
Surveillance 2026 (LB 1060)	\$105,458.11	\$50,564.83	48%	67%	6/30/2026
State General Funds	\$52,000.00	\$1,003.68	2%	67%	6/30/2026
MHI 2026 (Minority Health Initiative)	\$81,366.38	\$61,703.20	76%	67%	6/30/2026
Opioid General Funds	\$55,555.54	\$29,470.77	53%	83%	6/30/2026
Data, Performance, and Health Improvement Planning					
MAPP 2026 (CHA/CHIP Work)	\$36,000.00	\$7,700.76	21%	17%	12/31/2026
WFD 2026 (Accreditation Readiness)	\$25,500.00	\$5,964.36	23%	42%	9/30/2026
Sherwood Foundation (Aging, SDOH, SMBP, CarSeat)	\$100,000.00	\$62,250.47	62%	71%	6/30/2026
RHT (Rural Health Transformation CHWs)					

Program updates through

2/27/2026


 Panhandle
Public Health Distr

Award Name/ Program Name	Total Award	Expenses to Date	% of Total	% of Performance Period	Program End Date
Chronic Disease Prevention Funds					
AOWN 2026 (Diabetes Prevention)	\$9,685.00	\$5,514.38	57%	67%	6/30/2026
LCTA 2026 (DPP Coaches Training)	\$12,106.86	\$6,842.78	57%	67%	6/29/2026
Governor's Award 2026 (Worksite Wellness)	\$10,000.00	\$0.00	0%	25%	12/16/2026
TFN 2026 (Tobacco Free NE)	\$83,350.00	\$54,586.55	65%	67%	6/30/2026
Obesity (State Chronic Disease Prevention)	\$85,993.00	\$55,959.96	65%	75%	5/31/2026
Injury Prevention Funds					
HSO 2026 (Highway/Driver Safety)	\$125,240.00	\$35,476.49	28%	42%	9/30/2026
Brain Health - deliverable-based	\$48,000.00	\$33,691.01	70%	NA	

Program updates through 2/27/2026



Award Name/ Program Name	Total Award	Expenses to Date	% of Total	% of Performance Period	Program End Date
Preparedness Funds					
PHEP 2026 (Emergency Preparedness/Disease Investigatio	\$146,000.00	\$87,407.03	60%	67%	6/30/2026
HCC 2026 (PRMRS - Hospital Preparedness Planning)	\$125,000.00	\$76,462.34	61%	67%	6/30/2026
Clinical Services					
VFC 2026 (Vaccinations for Children)	\$42,440.00	\$20,813.17	49%	67%	6/30/2026
Immunization Billing	\$597,200.00	\$332,501.76	56%	67%	6/30/2026
Ryan White (Case Investigation)	\$57,375.00	\$41,384.74	72%	67%	6/30/2026
HPV 2026 (media campaign)	\$10,000.00	\$5,275.86	53%	67%	6/29/2026

Program updates through

2/27/2026


 Panhandle
Public Health Distr

Award Name/ Program Name	Total Award	Expenses to Date	% of Total	% of Performance Period	Program End Date
Home Visitation Funds					
HV 2026 (Healthy Famillies America)	\$819,092.00	\$345,939.65	42%	42%	9/30/2026
HV CWP 2026 (DHHS Referred Cases)	\$345,000.00	\$88,929.09	26%	42%	9/30/2026
Other Maternal Child Health Funds					
Centering (Prenatal Group/Sherwood.UNMC Partnershi	\$100,000.00	\$26,137.96	26%	67%	6/30/2026
Hypertension (Prenatal Hypertension)	\$12,500.00	\$9,608.23	77%	111%	1/31/2026

Program updates through **2/27/2026**



Award Name/ Program Name	Total Award	Expenses to Date	% of Total	% of Performance Period	Program End Date
Environmental Health Funds					
LEPH 2025 (Local Environmental Public Health)	\$81,144.60	\$11,324.93	14%	25%	11/30/2026
WNV 2026 (WNV Mosquito Trapping)	Pending	-	-	-	12/31/2026
Lead Epi 2026 (Childhood Lead Case Investigation)	\$15,000.00	\$8,049.03	54%	42%	9/29/2026
Hud (Lead Based Paint Remediation)	\$531,655.00	\$167,718.90	32%	51%	8/15/2027
Radon 2026 (PPHD Match \$3,010.94)	\$6,010.94	\$1,084.45	18%	63%	5/31/2026

Program updates through **2/27/2026**



Award Name/ Program Name	Total Award	Expenses to Date	% of Total	% of Performance Period	Program End Date
Behavioral Health/Substance Misuse Prevention					
OD2A 2026 (Statewide Opioid Prevention)	\$50,000.00	\$33,565.38	67%	50%	8/31/2026
R1SOR 2026 (Region I Opioid Response)	\$43,713.00	\$5,999.42	14%	42%	9/29/2026
State SOR 2025 (State Opioid Response)	\$40,000.00	\$11,269.36	28%	42%	9/29/2026
R1BG 2026 (Panhandle Prevention Coalition)	\$159,500.00	\$81,439.53	51%	67%	6/30/2026
PFS 2026 (Partner for Success)	\$94,622.00	\$25,683.24	27%	42%	9/30/2026
MCH 2025 (BaseEd) (57395.39 Grant, 16703.65 Match)	\$57,395.39	\$55,242.01	96%	92%	3/31/2026
CHW Schools (Youth Mental Health)	\$35,000.00	\$21,283.04	61%	36%	9/29/2026

Program updates through

2/27/2026

Panhandle
Public Health Distr

Award Name/ Program Name	Total Award	Expenses to Date	% of Total	% of Performance Period	Program End Date
Oral Health					
DHP 2026 (Dental Health Program NCF Grant)	\$125,949.60	\$767.23	1%	17%	12/31/2026
DHP HRSA 2025 (Dental Health Program carryover)	\$78,000.00	\$77,011.46	99%	N/A	7/31/2025

Program updates through 2/27/2026



Award Name/ Program Name	Total Award	Expenses to Date	% of Total	% of Performance Period	Program End Date
Other Funds					
MCO (United Health Care)	\$105,050.00	\$77,198.94	73%	111%	12/31/2025
NTC (NE Total Care)	\$55,125.00	\$8,059.70	15%	N/A	

PANHANDLE PUBLIC HEALTH DISTRICT

COMMUNICATION PLAN

This plan serves as the basis for all communications originating from PPHD.

Approved Date: 3/12/26

Expiration Date: 03/12/28

Purpose & Introduction

Introduction

The Communication Plan is the guiding document for communications developed and/or distributed by Panhandle Public Health District. This plan cannot cover every possible communication need but is intended to provide guidance on the best practices available at the time.

In this plan

This communication plan contains the following topics:

Topic	See Page
Agency Profile	1
Policies and Procedures	5
Branding Strategy	7
Communication Strategies	10
Employee and Board Responsibilities	12
Employee and Risk Communications	12
Health Literacy	13
Review of Plan	14
Appendices	14

Questions

For questions about this plan, please contact:

Jessica Davies, MPH
 Director, Public Information Officer
 308-760-6492
 jdavies@pphd.ne.gov

PANHANDLE PUBLIC HEALTH DISTRICT

COMMUNICATION PLAN

This plan serves as the basis for all communications originating from PPHD.

Agency Profile

Mission, Vision, and Guiding Principles

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

Vision: We are a healthier and safer Panhandle Community.

Guiding Principles:

- We make data driven decisions based on community assessments.
 - We implement and encourage others to use evidence-based practices to assure that the needs of the community are met and done so in a manner that provides proven outcomes.
 - We strive for integrity, honesty, and transparency to assure fairness and accountability to those we serve.
 - We honor the work of the entire local public health system, as all partners play an important role in improving the quality of life and health status of the Panhandle Community.
 - We participate in continuous evaluation and improvement to assure quality in the way we operate and that we are meeting community needs in the best way possible.
 - We engage in collaboration, teamwork and partner development with an emphasis on the assets and resources that the collective impact of relationships can bring.
 - We are good stewards of public funds to assure that we optimize available funding and meet the greatest need in the most cost-efficient, ethical manner.
 - We model the strategies at an organizational level that we encourage others to adopt.
 - We work to empower communities and individuals to take charge of their health through policy, system and environmental changes that help them make the healthy choice the easy choice.
 - We believe in serving the Panhandle Communities in a nondiscriminatory, culturally competent manner, knowing that everyone has the right to quality of life and receiving information and services in a way that meets their needs.
-
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PPHD ValuesTransparency

- We research strategies to ensure they are evidence-based
- We practice what we preach
- We give clear, factual, up-to-date information
- We embody high levels of professionalism
- We work on and train in cultural humility

Collaborative relationship

- We value one another's input and make decisions together ensuring everyone has a voice
- We support one another's growth and success
- We communicate openly and regularly addressing challenges proactively

Integrity

- We take responsibility for our actions
- We stand up for what's right and in the best interest of the community and for our coworkers
- We follow and respect company policies, procedures, & ethical guidelines

Wellbeing

- We set boundaries and respect others
- We encourage balance, flexibility, and psychological safety
- We are harmonious
- We are consistent and fair

Community

- We are visible in our community
- We are accepting of all
- We are addressing disparities

Innovative

- We solve problems creatively
- We see no barriers, only opportunities
- We find new ways when the world is changing

Location & population served

Panhandle Public Health District is located in extreme western Nebraska. PPHD's jurisdiction is over 14,900 square miles and covers twelve counties: Banner, Box Butte, Cheyenne, Dawes, Deuel, Garden, Grant, Kimball, Morrill, Scotts Bluff, Sheridan, and Sioux.

Collaboration is an essential part of successful progress in the Panhandle. PPHD is part of a larger collaboration, the Panhandle Partnership, which works to bring collaboration, regional vision, and funding opportunities to the Panhandle.

PPHD works with partners in each county to assure that services are provided, but not duplicated, ensuring effective use of the limited resources available in the region. Public health cannot exist without the collaboration of every sector: business, hospitals and healthcare providers, educational institutions, law enforcement, faith-based communities, non-profit organizations, and other governmental entities.

PPHD received initial accreditation from the Public Health Accreditation Board in 2016 and was reaccredited in 2023.

Notable District data is as follows:

- Population: 83,173
- Gender: Male 49.6%, Female 50.4%
- Minority Population: Minority Population 21.9%, Hispanic or Latino 15.3%, American Indian or Alaska Native 1.7%
- Age: Under 20 21,042 (25.3%), Over 64 18,298 (22%)
- Unemployment Rate: 3.1%

Source: 2020-2024 American Community Survey 5-Year Estimates

Governance

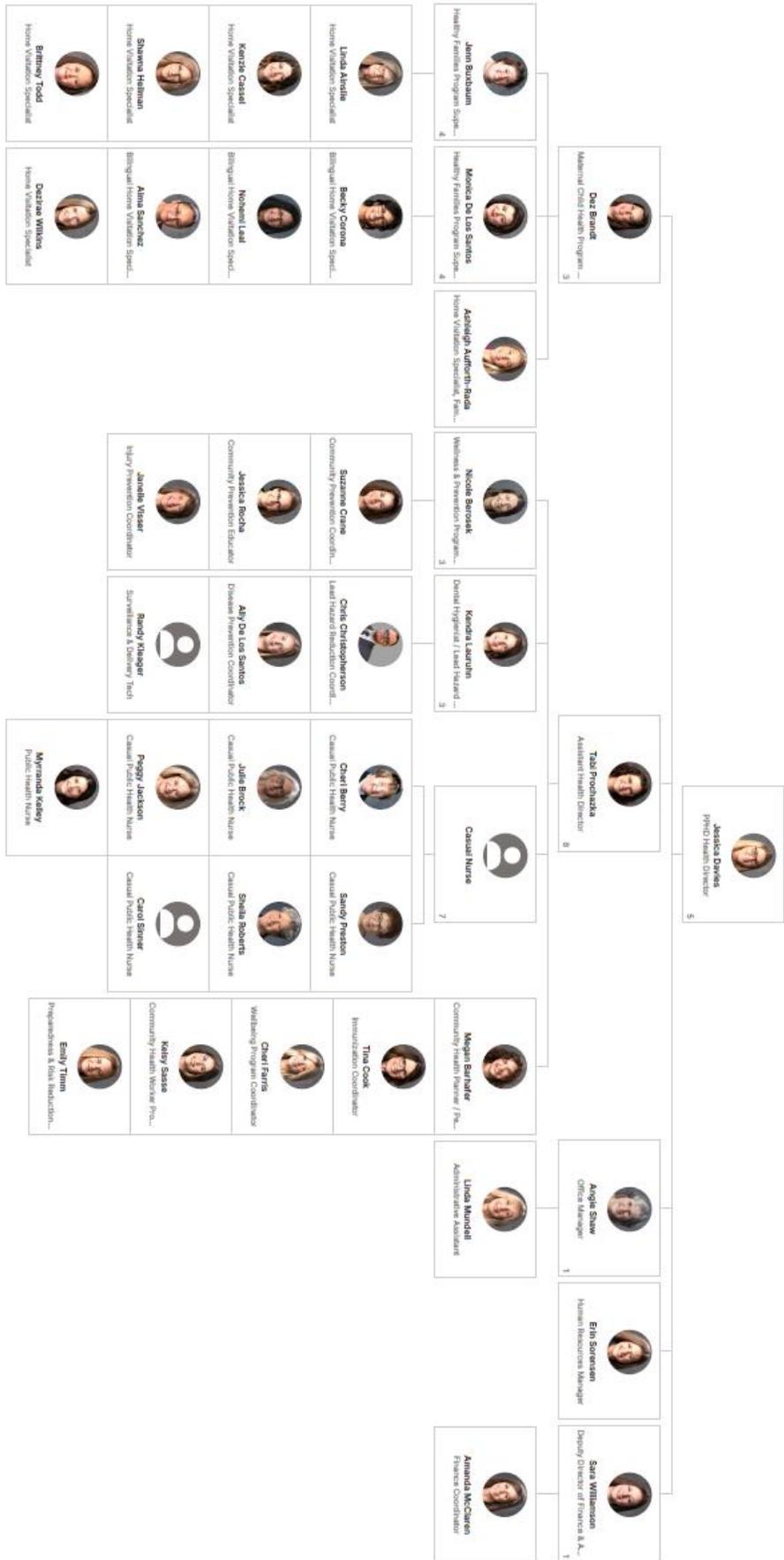
The governance of Panhandle Public Health District is mandated by state statute. Panhandle Public Health District is governed by a 27-member board, comprised of a County Commissioner and a Community-Spirited Citizen from each of the 12 counties, a doctor, a dentist, and a veterinarian. The board works with the Director to oversee the work of the district and assure that the 10 Essential Services of Public Health are being met.

In addition to the board of health, there are advisory councils or committees that also provide guidance on initiatives for different programs.

Organizational structure

PPHD is led by the board and Director, hired by the board. The Director is responsible for hiring all staff.

An organizational chart, updated February 2026.



Policies and Procedures

Policy

PPHD will distribute timely, accurate, scientifically-sound information in all messaging.

Procedures

The Director has final approval authority for all PPHD messaging.

PPHD staff are responsible for developing all messaging materials and coordinating with community partners as needed to promote the dissemination for unified public health messages. Per the risk communication plan, responding to any public health emergency or urgent situation will be communicated under the auspices of Panhandle Unified Command.

The utilization of credible sources (Centers for Disease Control and Prevention, Nebraska Department of Health and Human Services, Environmental Protection Agency, National Institutes of Health, etc.) is essential to providing sound information and are the preferred sources for public health information.

1. Identify topic for messaging
2. Determine if message is in coordination with other partners
3. Determine target audience
4. Collect credible information
5. Create message
6. Work to integrate messaging to counter mis/disinformation
7. Review for health literacy
8. Review for proofreading
9. Receive Supervisor's approval, if applicable
10. Receive Director's approval and partner approval as necessary
11. Distribute through approved communication channels
12. Monitor distribution channels
13. Evaluate for effectiveness
14. Follow-up with additional messaging if necessary

Training

All PPHD employees handling communications internally or externally will receive sufficient training, coaching, and mentoring in effective strategies. All PPHD employees are required to complete the Public Health Foundations training within six months of hiring. This training series encompasses the following specific to communicating public health:

- **Communicate to Make a Difference:** Exploring Cross Cultural Communication
- **Health Literacy and Public Health:** Introduction (Module 1 of 2)
- **Addressing Health Equity:** A Public Health Essential Community

Staff receive ongoing training on health literacy and cultural competency. Additionally, PPHD strives to hire staff that have the cultural understanding of the target audience.

The PPHD employee manual includes specific instructions for handling media and third-party information requests and inquiries. All employees review this policy at orientation upon hiring and annually thereafter.

Training on Culturally Sensitive Practices Purpose

Assure staff receive adequate training to meet the diverse cultural needs of the service population.

Policy

All staff will be assisted in developing and enhancing their skills to facilitate understanding the culturally sensitive practices linked to their target populations.

Procedure

Annual training will be delivered to staff related to the unique characteristics of the service population.

Branding Strategy

Strategy

PPHD’s Mission, Vision, and Guiding Principles are at the heart of all communications and public presence. We value and leverage strategies within each level of the social-ecological model (individual, interpersonal, organizational, community, and policy) as we work to improve the health of all who live, learn, work, and play in the Panhandle.

The primary goal of any communication from PPHD is “Be first, be right, be credible.” Timeliness, accuracy, and validity of information are essential to maintain a reputation as the lead and trusted source of public health information at a population-based health level.

Unified Command was established during the Panhandle’s COVID response to provide a unified messaging response among key response partners, point-of-contact, and risk communication platform. This encompassed coordinated messaging, including a specifically branded logo, and is between PPHD and Regions 21, 22, and 23 Emergency Management. Activating Unified Command allows for a consistent schedule for updates and messaging, platform for receiving and responding to public and media inquiry, and to ensure consistency in a quickly evolving situation. This remains the lead messaging and risk communication platform for any public health-related emergency.

Alignment with Strategic Plan

The goals of the PPHD Communication Plan are aligned with our health district's 2025-2028 strategic plan and include:

Strategic Goal 2: Refine and expand the ways we distribute public health information

This area was identified as a priority due to the evolving ways the public receives their health information. PPHD needs to maximize marketing budgets across a variety of platforms to reach a broad audience and rebuild trust, be responsive to both emerging public health threats and also trends impacting health choices, lean into trusted messengers in the community, and streamline internal communication processes.

Strategic Goal 3: Enhance a Culture of Cross-Sector Coordination & Collaboration

The Panhandle has a rich history of collaborative assessment, planning and implementation. This maximizes finite fiscal and personnel resources over a vast geographic area. Root cause analysis identified challenges in this area because there are untapped partnerships in the Panhandle, a need to broaden partner awareness of PPHD, and to share with staff the knowledge and capacity for collaboration that is held by other PPHD staff.

Public Presence Feedback garnered through the COVID response highlighted a need in Nebraska for health departments to have a uniform website and email extension to show the agency as a reputable governmental organization. In December 2022 the PPHD website transitioned from www.pphd.org to www.pphd.ne.gov and all emails now end in @pphd.ne.gov. This aligns PPHD’s online presence with the Nebraska state department of health, which is dhhs.ne.gov.

Visibility and Key Branded Elements

In an effort to communicate the existence and presence of the health department, the official PPHD logo must appear on all produced or displayed publications and materials in order to increase the effectiveness of all communications by promoting a consistent and cohesive identity. All office locations will have the appropriate signage out front of the building.

- All office locations will have the appropriate signage out front of the building.
- The current and official logo is saved in the following server location: M:_Admin\PPHD\PPHD logos.
- All PPHD flyers, news releases, reports, apparel, email signature, and other materials shall bear the department’s name/and or logo.
- There may be times a joint communication among additional organizations occurs. The PPHD Director can make the decision on what is acceptable PPHD branding or co-branding. This would include the PPHD logo along with the Public Health is For You campaign logo.
- Dates of publication and revisions must be included on any print materials.
- Funder acknowledgement must be added to publications in accordance with the funder’s requirements.
- The PPHD presentation template will be used for continuity.
- There are times when it is appropriate to promote the program name, such as Panhandle Worksite Wellness Council, Dental Health Program, and Healthy Families. The program logo must have the PPHD logo with it and the following statement, “Proudly part of,” and the logo must be approved by the Director.
- The PPHD tagline must be included in all news releases distributed to media outlets as follows and will be reviewed annually:

“For additional information visit www.pphd.ne.gov or call PPHD at 308-487-3600 or toll free at 866-701-7173. Panhandle Public Health District is working together to improve the health, safety, and quality of life for all who live, learn, work and play in the Panhandle. Our vision is that we are a healthier and safer Panhandle Community.”

Communication Strategies

- Communicating in preferred languages.** PPHD will have the capacity to provide materials in major languages spoken by target populations. These will be authored to reflect literacy level of families.
- Whenever possible, at least one bilingual Spanish speaker will be maintained on staff.
 - All marketing materials produced should be made available in both English and Spanish.
- Target Audience** The target audience of Panhandle Public Health District is first and foremost the residents of the District. Additional audiences may include any of the following:
- Employees
 - Board of Health
 - General public
 - Clients
 - Local Public Health System partners
 - State partners
 - Funders
 - News media
 - Other health departments
 - Vendors

	Type of Target Audience	Potential Communication Method/Channel
Staff	<ul style="list-style-type: none"> • Health Department Staff • Board of Health 	Email Teams Phone/Text Staff/Program/In-Person meetings Training Sessions Panhandle Alert
Stakeholders	<ul style="list-style-type: none"> • County Boards • Schools • NGO and Community Groups • Municipalities • Various City and County Agencies 	Distribution Lists Websites Social Media Annual Report Presentations Health Alerts/Advisories Letter or other direct mailing
	<ul style="list-style-type: none"> • Clients/Consumers • Partners 	Program Specific Advertising/Materials Social Media Website Letter or other direct mailing
	<ul style="list-style-type: none"> • Community members 	News Releases Media Stories Website Social Media Program Specific Advertising/Materials Community Health Alerts/Advisories Letter or other direct mailing

	Type of Target Audience	Potential Communication Method/Channel
	<ul style="list-style-type: none"> Healthcare Providers Hospitals 	Email Website Health Alerts Panhandle Alert Letter or other direct mailing
Media	<ul style="list-style-type: none"> English - Print, Radio, Television Spanish - Print, Radio, Television 	News Releases/Press Feature Stories Social Media Media Inquiry Responses Website Briefings

Channels

Panhandle Public Health District may employ any one or combination of the following communication channels to meet messaging needs. Providing a consistent message through a variety of media will best reach the largest audience.

- News release - print, radio, and televised news
- Website
- Virtual meetings
- Briefings
- Letter or other direct mailing
- Social media venues
- Newsletters
- Flyers/posters
- Brochures
- Phone messaging
- Billboards
- Presentations
- Face-to-face
- Reports
- Fact sheet
- Graphics – designed or photography

Website, Facebook, Instagram, and Online Presence

Decisions regarding what information should be placed on the PPHD website will be made in partnership with program staff and website administrator. Program managers and coordinators will review website content for their respective program areas quarterly in accordance with our website review policy.

Media and Key Stakeholder Contacts

The media and key stakeholders distribution lists in critical contacts will be updated and reviewed annually.

All requests for information from the media shall be coordinated through the Health Director or the responsible program coordinator.

Employee and Board Responsibilities

Employee and Board of Health Communication Responsibilities

All employees will complete the “HIPAA Compliance for Covered Entities” training and review & sign the PPHD Confidentiality Policy and HIPAA Policy within 2 weeks of hire in accordance with PPHD’s Work Force Development plan and PPHD’s HIPAA policy.

Employees will be advised accordingly of communication policies and procedures at employee orientation and reviewed on an annual basis.

The President of the Board or Health, in collaboration with the Health Director, has authority to speak to the media on public health related matters.

All requests for information from the media shall be coordinated through the Health Director or the responsible program manager or coordinator.

Open Meetings

PPHD must adhere to the Nebraska Open Meetings Act for every Board of Health Meeting. Every meeting by PPHD must be open to the public in order for any interested citizens to have the opportunity to exercise their democratic privilege of attending and speaking at meetings of public bodies, except as otherwise provided by the Constitution of Nebraska, federal statutes, and the Open Meetings Act.

Emergency and Risk Communication

The Emergency and Risk Communication Plans are part of the PPHD Emergency Response Plan. This plan encompasses communication to the public, media, and with partners in the event the Emergency Response plan is activated. A designated Public Information Officer will be determined based on the availability of staff identified on the ICS list or appointed by the Director as necessary.

The health district must comply with [Title 173 Communicable Disease, Chapter 1 – Reporting and Control of Communicable Diseases and Poisonings](#). In the event the Governor declares an emergency and issues specific executive orders allowing additional non-identifiable data to be shared publicly, PPHD will comply accordingly.

A link to the Emergency and Risk Communication plan is accessible in the appendix. The plan is updated on an annual basis.

Health Literacy

To ensure efficient and effective use of resources, messaging will be created and developed to ensure content is clear, understandable, and accessible to the broadest audience possible. Communication practices prioritize plain language, appropriate visuals, minimal jargon, and cultural considerations.

Panhandle Public Health District (PPHD) develops, and reviews health-literate materials used in programs, trainings, and public-facing communications. Staff are encouraged to apply health literacy principles across written, verbal, and digital communications.

PPHD requires employees to complete health literacy training as part of onboarding. Additional training or discussion of health literacy concepts is provided as needed.

Health literacy tools, including [Health Literacy Quick Checklist for Plain Language](#) for Plain Language, may be reviewed during Monday Morning Meetings when training or review is needed. Supervisors may review materials using health literacy tools to support clarity prior to dissemination.

PPHD utilizes the [Health Literacy Plain Language Assessment](#) to assess messaging when appropriate. Documentation of health literacy activities is maintained to support continuous improvement and reporting related to the Health Literacy Action Plan.

Accommodations for Communication Needs

PPHD will make efforts to provide communication through a variety of media to best meet the needs of those with limited speech, vision, or hearing abilities, or for those with limited English proficiencies.

When an auxiliary aid or service is required, PPHD will provide an opportunity for individuals to request the auxiliary aids and services of their choice and must give primary consideration to the choice expressed by the individual (unless another equally effective means of communication is available, or the requested means would result in a fundamental change in the service, program, or activity, or result in undue financial hardship and administrative burden).

Current assistive services include TTY, translation through a bilingual Spanish translator, translation through an ASL translator, texting, email, and large print materials. See the appendix for tips on creating Health Literate Messaging. Please refer to the translation flow chart located [here](#) to determine whether translation is required.

A list of contractors can be found in the appendix under Critical Contacts.

Communication

This communication plan will be communicated via the following mechanisms:

- A copy of this plan will be made available to all staff in the Employee Information folder on the PPHD server.
- All staff will be notified of upcoming training opportunities, optional or required, through staff email and communication or directly from their supervisor.
- Weekly staff calls that encompass all office locations will also communicate upcoming training opportunities.
- All updates will be communicated to staff via email and/or staff meetings.

Review of Plan

This plan will be reviewed and revised no less than once every two years, but more often if necessary.

Reviewed/Revised	By	Date
Reviewed and Approved for 2015- 2016	PPHD Leadership Team	05/01/2015
Reviewed and Approved for 2015/2016	PPHD Board of Health	05/14/2015
Reviewed/Revised	By	Date
Reviewed and Approved for 2018- 2020	PPHD Leadership Team	01/23/2019
Reviewed and Approved for 2018- 2020	PPHD Board of Health	01/30/2019
Reviewed/Revised	By	Date
Reviewed and Approved for 2021- 2023	PPHD Leadership Team	08/25/2021
Reviewed and Approved for 2021- 2023	PPHD Board of Health	10/19/2021
Reviewed/Revised	By	Date
Reviewed and Approved for 2023- 2025	PPHD Leadership Team	12/08/2022
Reviewed and Approved for 2023- 2025	PPHD Board of Health	12/08/2022
Reviewed/Revised	By	Date
Reviewed and Approved for 2026-2028	PPHD Leadership Team	2/25/2026
Reviewed and Approved for 2026-2028	PPHD Board of Health	3/12/2026

Appendices

Media and Key Stakeholder Contacts:

Critical Contacts:

<https://docs.google.com/spreadsheets/d/13rm4RiT6YP1if2BS-Q9tNytH1ZQaAW75fzX-pphuvLQ/edit#gid=726947916>

Health Literate Messaging:

Communication – [Health Literacy Quick Checklist for Plain Language](#)

Risk Communication:

[M:_Communicable Disease & Preparedness\Preparedness\PHEP Emergency Response Plan\Annexes\C. Emergency Public Information and Warning and Information Sharing](#)

Rural Health Transformation CMS Priorities



Make Rural America Healthy Again

Evidence-based prevention, chronic disease, behavioral health, and prenatal care.



Sustainable Access

Help rural providers become long-term access points by coordinating operations, tech, primary/specialty, and emergency services.



Workforce Development

Recruit and retain highly-skilled providers to rural areas.



Innovative Care

Grow new care models, improve coordination, and use mechanisms that reduce costs, improve quality, and shift care to lower-cost settings.



Tech Innovation

Adopt technologies for efficient care delivery, data security, and digital health tools that support remote care, data sharing, and emerging technologies.

Nebraska Initiatives

Make Rural Nebraska Healthy Again

Evidence-based prevention, chronic disease management, behavioral health, and prenatal care.



Improve rural health outcomes through a focus on "Food as Medicine".



Access to chronic disease services to include ancillary services and technology.



Sustainable Access and Navigation

Help rural providers become long-term access points by coordinating primary/specialty care, and emergency services.



Enable rural facilities to work together through regionalization of rural health infrastructure.



Provide support for communities to optimize health care delivery systems.

\$218M

Rural Workforce

Recruit and retain highly-skilled providers to rural areas.



"Grow Local" through awards in care deserts tied to 5-year commitment to work in the rural area.



Leverage AI and VR training to recruit and retain a skilled workforce.

Innovative Care and Tech Innovation

New care models and shift care to lower-cost settings.



Investment in clinics, EMS, and hospitals for remote monitoring and eHealth-at-Home.



Adopt technologies for efficient care delivery, data security, and data sharing.

Regionalized Rural Access and Health Care Navigation

Strengthen rural health through access to healthy foods, education, regional coordination, integrated emergency systems, and networks that connect people to the right level of care.

Initiative 1: Make Rural Nebraska Healthy Again Through Food as Medicine

1.1 School Kitchen Modernization Grant supplies equipment for schools to serve whole fresh food.

1.2 Regional Food Pantry Development to increase availability of whole fresh foods.

1.3 Farm-to-School Procurement & TA enhances kitchen-ready local supply chain for rural schools.

1.4 Healthy Menu Design training for rural schools, hospital cafeteria staff, and clinic dieticians.

1.5 Nebraska Kids Fitness & Nutrition Day focuses on health literacy and healthy behaviors.

Initiative 2: Regionalized Rural Access and Navigation

2.1 EMS & Perinatal Regionalization for referrals and provider-pairing program for high-risk cases.

2.2 Community Paramedicine program with billing support and workforce development.

2.3 Rural Health Hubs and Community Health Worker Networks across health care settings.

2.4 Veteran EHR Coordination to connect VA scheduling staff to local clinics and hospitals.

2.5 CAH to REH Conversion to ensure health care stays local.

Initiative 3: Rural Workforce Acceleration

3.1 Rural Provider Recruitment & Retention such as hiring incentives and apprenticeships.

3.2 Rural VR & Skills Acceleration Network to test competency during training.

3.3 Rural Health Care Workforce Incentive & Sustainability start up grants for new training sites.

3.4 School-Age Health Care Pipeline educating youth about jobs in health care.

3.5 Subsidized Short-Term Provider Housing to support employers in recruiting workforce.

Initiative 4: eHealth and Mobile Care

4.1 Mobile Maternal Care & Training in maternity deserts to decrease morbidity and mortality.

4.2 Oral Health programs including new student rotations and mobile services.

4.3 Technology-Enhanced Pharmacy Services for medication reviews and patient adherence data.

4.4 Chronic Disease Management & Remote Patient Monitoring in facilities and at home.

Initiative 5: Rural Emergency Behavioral Health

5.1 Integrated Primary Care providing behavioral health services in clinics.

5.2 Telehealth Crisis Responders for Law Enforcement is 24/7 access to counselors for triage.

5.3 Modification of Existing Clinical Facilities for Crisis Stabilization Centers.

5.4 Behavioral Health Nursing Homes Pilot provides enhanced payments for complex care needs.

Initiative 6: Assisted Living Facility (ALF) Special Needs Population Incentive Model

6.1 Incentive Payments for Memory Care and Complex Care including training and programing.

6.2 Facility Modernization Grant to support needs of staff and residents.

Initiative 7: Nebraska Rural Health Technology Catalyst Fund and Partnership Initiative