

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

Date: May 9, 2024			
Time: 8:00 am – 9:30 am			
Location: Gering Civic Center, Chimney Rock Room, 1050 M Street, Gering, NE			
Topic	Exhibit – number indicates electronic copy	Who	Outcome
Call to Order, Open Meeting Act, & Introductions		M. Parker	
Consent Agenda <ul style="list-style-type: none"> • Approval of Agenda • February 2024 Meeting Minutes • Directors Report – March & May 2024 • Upcoming Training Opportunities • Dental Health Program NCF Final Update 	00 – White 01 – White 02-03– Purple 04 – White 05 – White	M. Parker	Motion
Finance Committee Report Dec 2023-Mar 2024 Financial Statements	06 – Blue 07-10 – Orange	S. Williamson	Motion
Portacount Purchase	11 – White	K. Engel	Motion
Health Insurance Renewal with NACO	12 – White	K. Engel	Motion
Salary Schedule 2024-2025	13 – White	K. Engel	Motion
Ratify Executive Committee Decision: Insurance 2024-2025	14 – White	K. Engel	Motion
Election of Officers	15 - White	K. Engel	Motion
Director’s Evaluation, Executive Committee Minutes	16-17 – White	S. Williamson	Motion
Director’s Job Description	18 – White	K. Engel	Motion
Next Steps for Director Hiring Process		K. Engel	Motion
Board Terms	19 – White	K. Engel	Status Update
Performance Management and Quality Improvement Plan	20 – White	M. Barhafer	Motion
Hemingford Renovation Update		K. Engel	Status Update
Other Business		M. Parker	Status Update
Public Comment			
Meeting Adjourns		M. Parker	Motion

Next Meeting Date: July 11, 2024

Time: 8:00 am – 9:30 am

Place: In person, Location TBD

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

Program & Processes:	
BT – Bioterrorism	MRC – Medical Reserve Corps
CIA – Clean Indoor Air Act	PPC – Panhandle Prevention Coalition
COP – Children’s Outreach Program	PRMRS – Panhandle Regional Medical Response System
KFND – Kids Fitness and Nutrition Day	PWWC – Panhandle Worksite Wellness Council
HFA or HV – Healthy Families	TFN – Tobacco Free Nebraska
MAPP – Mobilizing for Action through Planning and Partnerships	WNV – West Nile Virus
MHI – Minority Health Initiative	

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
February 8, 2024
Virtual Meeting**

Members Present		Member Absent	
Brian Brennemann	Grant County Commissioner	Daria Faden	Kimball County Spirited Citizen
Carl Stander	Kimball County Commissioner	Diana Lecher	Dawes County Spirited Citizen
Carolyn Jones	Box Butte County Spirited Citizen	David Cornutt	Board Physician
Dan Kling	Sheridan County Commissioner	Hal Downer	Sioux County Commissioner
Dixann Krajewski	Garden County Commissioner	Kay Anderson	Morrill County Spirited Citizen
Don Lease	Banner County Commissioner	Ken Meyer	Scotts Bluff County Commissioner
Jackie Delatour	Sioux County Spirited Citizen	Vic Rivera	Dawes County Commissioner
Jon Werth	Grant County Spirited Citizen/ Board Veterinarian	Vacant	Garden County Spirited Citizen
Kristin Wiebe	Scotts Bluff County Spirited Citizen	Vacant	Board Dentist
Mandi Raffelson	Cheyenne County Spirited Citizen		
Marie Parker	Banner County Spirited Citizen		
Mike Sautter	Box Butte County Commissioner		
Pat Wellnitz	Sheridan County Spirited Citizen		
Randy Miller	Cheyenne County Commissioner		
Steve Fischer	Deuel County Commissioner		
Susanna Batterman	Morrill County Commissioner		
William Gray	Deuel County Spirited Citizen		

Staff Present		Guests Present	
Kim Engel	PPHD Director	Lee Davies	Lee Davies Architecture
Sara Williamson	PPHD CFO/Accreditation Coordinator	Brook Shelmadine	Box Butte General Hospital
Jessica Davies	PPHD Assistant Director		
Megan Barhafer	PPHD Community Health Planner		
Paulette Schnell	PPHD Dep. Director of Clinical Services		
Tabi Prochazka	PPHD Dep. Director of Health Promotion & Preparedness		

Key Actions Taken:
<ul style="list-style-type: none"> • Approve the Information Security Policy • Approved the 2024-2025 Cafeteria Plan • Approve the bid to remodel the Hemingford Office • Approved the 2023 Community Health Assessment • Approved the 2024-2026 Community Health Improvement Plan • Approve the 2022 CHIP Annual Report

Call to Order/Introductions:

President Parker called the meeting to order at 8:01 am. The meeting was conducted virtually in compliance with the Nebraska Open Meeting Act, with a copy of the Act available in the public location at the PPHD Scottsbluff office. The meeting was publicized in the Star-Herald on Thursday, February 1, and the board meeting notice, Open Meeting Act, and meeting packet were posted on the PPHD website on February 2 at www.pphd.ne.gov. Roll was called and quorum was confirmed. Don Lease was introduced as the County Commissioner for Banner County, replacing Bob Gifford.

Consent Agenda:

Motion to approve as presented by Batterman and seconded by Jones. Voice vote with all in favor.

Finance Committee Report:

Williamson presented on behalf of the finance committee that met virtually in November to review the August and September financial statements and program spreadsheets and again in January to review the October and November financial statements and program spreadsheets. She reviewed the minutes and financial statements.

The Committee motioned to approve the program spreadsheets and financial statements for August through November as presented. A roll call vote was held with all in favor, none opposed or abstained, Krajewski was absent for the vote.

IT Security Policy:

Williamson reviewed the IT Security Policy that PPHD is implementing. PPHD works with Intralinks to manage IT capacity and resources. PPHD recently added work with Ethos Compliance Group Services to provide policy management, training, and to perform network assessments to assure PPHD is operating as safely as possible from an IT standpoint. There were no questions about the policy.

Stander motioned to approve the policy as presented and was seconded by Wiebe. A roll call vote was held with all in favor, none opposed or abstained, Krajewski was absent for the vote.

Cafeteria Plan:

Williamson reviewed the cafeteria plan due for renewal for the period March 2024 – February 2025. This allows employees to make pre-tax contributions for their insurance premiums.

Kling motioned to approve the plan as presented and was seconded by Jones. A roll call vote was held with all in favor, none opposed or abstained, Krajewski was absent for the vote.

Hemingford Office Renovation Bid:

Engel reviewed the timeline of the Hemingford office remodel. The Hemingford office building was purchased in March 2023, contracted with Lee Davies Architecture to design the layout and coordinate the bidding process, PPHD put out a bid request October/November, and held a bid opening in December. The bid from Dale Wood Construction was for \$445,000. Lee Davies Architecture worked with contractor to do value engineering and modify the design plan to better align with the funds PPHD has available. The ARPA funds for this project must be spent by December 31, 2024.

Lee Davies was on the meeting to present an updated bid for the renovation project. The project will include removing the back of each side of the building, adding 2 new offices, bathroom, utilities room, hallway space, a new ADA compliant ramp to the north side of the building and a two-car garage and storage space to the south side of the building. This is a scaled back design from the original bid plan and removed about \$120,000 of work to get the bid from \$445,000 to \$325,252.

Additionally, PPHD staff met with other businesses sharing the alley behind the Hemingford off and are also experiencing draining issues. The businesses met with Village staff and the Village is already taking measures to improve the situation and are planning additional steps for long term improvements.

Miller asked about PPHD's available funds for the project. Williamson noted that about \$275,000 would be from ARPA funds and the rest would come from PPHD's reserve funds. Kling noted that this is an opportunity that is hard to pass on and would benefit the organization by making key improvements to the assets we own. Engel noted that having the location in Hemingford is key for the staff working there.

Kling motioned to approve the bid for \$325,252 and was seconded by Wiebe. Delatour asked about the consequences if the work isn't completed on time. Davies noted the contractors are confident the work will be

done on time. This bid did not have bonus or penalty clauses as those often increase the bid prices. Engel felt there was no concern with the reputability of the contractors and that the work would be completed on time.

With no additional discussion and a motion to approve the bid by Kling and second by Wiebe, a roll call vote was held with all in favor, none opposed or abstained. Davies noted he would get a contract over to Woods Construction and to Engel for signatures and left the meeting.

Community Health Assessment and Community Health Improvement Plan:

Megan Barhafer, PPHD Community Health Planner and Performance Management Coordinator, presented the 2023 Community Health Assessment (CHA) and the 2024-2026 Community Health Improvement Plan (CHIP) documents. The Community Health Assessment is done using Mobilizing for Action through Planning and Partnerships (MAPP) process in collaboration with all 8 hospitals in the District. Each of the hospitals receives their own CHA and resulting CHIP in addition to a regional CHA and CHIP that are developed for the whole Panhandle region. Data collection started in late 2022 and ran through 2023. This included the assessment of health data and surveys completed by community members.

As a result of the assessment the following strategic issues were identified for the region: Community Education (capacity to address the other priority areas), Childcare, Cultural Awareness and Support, Affordable Housing, and Access to Mental Health Services. These priorities will be addressed through the 2024-2026 regional CHIP. These areas were shared with the local hospitals to help inform their prioritization processes.

Barhafer also highlighted key data points from the CHA where Panhandle data is significantly better or worse compared to a similar sized health district in the state, and also with the state. Key data points include: being told they have high blood pressure, told they have cholesterol, told they had cancer, told they have diabetes, told they had a heart attack or heart disease, reporting that their mental health limits their usual activities, instances of frequent mental distress, needing to see a doctor but not being able to afford the cost, and reporting they misused opioids in the past year. She also reviewed how the strategies selected by the hospitals will contribute to addressing the regional priority areas. She noted that every single hospital had strategies to address improving mental health outcomes.

Wiebe noted the plan looks good and appreciated the emphasis on recruiting mental health providers and collaborating with other entities.

Wiebe motioned to approve the 2023 Community Health Assessment as presented and was seconded by Wellnitz. A roll call vote was held with all in favor, none opposed or abstained, Krajewski was absent for the vote.

Batterman motioned to approve the 2024-2026 Community Health Improvement Plan as presented and was seconded by Lease.

CHIP Annual Report:

Barhafer reviewed the CHIP annual report for the 2022 implementation year. She noted that the BRFSS data – the main data source for our health data – has been slow to receive, so there aren't many new data points updated in this report. She did note that several actions happened around mental health, including more businesses providing supports for employee mental well-being and the launch of the 988 crisis line.

Kling motioned to approve the 2022 CHIP Annual Report as presented and was seconded by Delatour. A roll call vote was held with all in favor, none opposed or abstained, Krajewski was absent for the vote.

Immunization Program Update:

Paulette Schnell, PPHD's Deputy Director of Clinical Services, provided an update on the clinical services that are offered through PPHD. Starting last September, PPHD took over the program of Community Health previously held by Regional West. PPHD sent targeted mailers to all in Scottsbluff County promoting fall flu shots and letting the public know of the new location. The immunization team participated in strategic planning at the beginning to help guide the work through the fall. PPHD has provided 3925 vaccines through December – including outreach at 91 different locations as part of worksite wellness initiatives. PPHD also offers the Vaccine for Children and Vaccine for Adults programs for people that do not have insurance to cover immunizations.

She then reviewed immunization data, noting the Panhandle is second to last in the state for number of adults over 65 that have received the covid booster vaccine. The Panhandle has also been lower than the state average for a few years for the number of adults that have received their flu shot, but the numbers locally are trending upward again.

PPHD participated at the KNEB Farm and Ranch Expo by offering vaccinations and cholesterol screenings, sharing information on gun safety and providing gun locks, education on suicide prevention, and opportunities for mitigation of well water testing high for nitrates. Staff will also participate in upcoming health fairs and the KNEB Home and Garden Expo.

PPHD is partnering with Panhandle schools to provide immunizations as part of Kindergarten Roundup and other back-to-school events. Staff will promote HPV vaccines and education on tobacco cessation, colorectal cancer screenings, and reducing exposure to lead at the Latina Red Dress Event on February 10.

PPHD is partnering with UNMC to offer the UNMC Monroe-Meyer Genetic Clinic that provides genetics counseling and services for families and the Medically Handicapped Children's Clinic to again work with children and families with developmental disabilities. These clinics serve the whole Panhandle region.

Engel noted that the addition of the Community Health programs has been a big, but positive change for PPHD. Batterman expressed her appreciation for Schnell and the staff coming on board, and for what they have accomplished in such a short amount of time. Stander noted he had received positive feedback from community members, too.

Engel's Retirement Plan:

Engel provided the board with a timeline in preparation for her planned retirement in January 2025. She has participated in leadership retirement training to assure that the pieces are in place to make this a smooth transition. The agency culture is strong and leaders have been grown within the agency to step into higher responsibilities. The planned timeline includes a finalized job description for the new director by May 2024, starting advertising in July, offering a position in August, and the new director starting in September for a three-month transition period with Engel, culminating in a retirement celebration in December.

Kling noted that it was going to be hard losing Engel as a leader and extended his sincerest appreciation for her work and dedication to PPHD.

Strategic Plan Update:

Williamson provided a mid-year update on the implementation of PPHD's strategic plan. The implementation plan is based on PPHD's July-June fiscal year. The strategic goals include data management, expanding environmental health solutions, strengthening tactics to provide accurate information and counter disinformation, providing education and awareness around mental health and substance misuse, and building and promoting health equity through cultural competency and health literacy. The strategic goal teams meet

anywhere from monthly to quarterly, depending on the need, and review progress toward the goals and identify opportunities for improvement. Strategies will be set in late spring to continue implementation in the next fiscal year.

Accreditation Update:

PPHD received a 5-year reaccredited status in August 2023 through the Public Health Accreditation Board. Williamson reviewed letters of congratulations that PPHD received from the CDC, NACCHO, and the Director of the Nebraska Division of Public Health.

Other Business:

There was no other business to discuss.

Public Comment:

No members of the public were present for comment.

Adjourn/Next Meeting:

The next regular meeting will take place in person on Thursday, March 14, at the Gering Civic Center. Williamson also encouraged board members to review the upcoming trainings list provided in the packet and to let her or Engel know if they are interested in attending.

Motion by Lease to adjourn the meeting and second by Brennemann. Voice vote with all in favor and the meeting was adjourned at 9:29 am.

March 2024 **Board of Health Report**

From the Director

I attended the National Association of County and City Health Officials board meeting and Hill Day in Washington DC, on February 27-March 1. I was able to meet with Adrian Smith, Deb Fischer and Pete Rickett's staff. The majority of PPHD's funding comes as pass-through federal dollars from the State of Nebraska. The decisions made at the Federal level definitely impact us. During the NACCHO meetings we met with officials from the Center for Disease Control and the White House.

Legislative Update

The local public health system in Nebraska advocates through the Nebraska Association of Local Health Directors. We contract with American Communications as our lobbyist. As the president of NALHD, I have been very involved in bill review, letter writing and other legislative activity. So far this session NALHD has submitted five letters of support: LB1033 - enforcement of cell phone usage as a primary action while driving; LB1101- support tuition waivers for public health students as part of RHOP; LB829 - increased insurance coverage for screening for colorectal cancer; LB 913 - provide for prenatal care for CHIP recipients for at least 6 months; and one opposition letter, LB1060 - opt out of newborn screenings. We review hearing schedules each week and determine actions accordingly.

The following are the priorities we sent to NACO during their legislative priority meeting.

Priority 1: Home Visitation — Evidence-based home visitation programs (like Healthy Families America) foster lifelong health by supporting infants, children, and families. These voluntary programs are associated with healthier pregnancies and improved maternal care; fewer incidents of child maltreatment, emergency room visits and calls to the Child Protective Services (CPS) hotline; stronger parenting skills and parent-child relationships; and better academic and social outcomes for children.

- LB115 - Adopt the Family Home Visitation Act (Raybould)
https://nebraskalegislature.gov/bills/view_bill.php?DocumentID=49765

Carryover bill provides definitions for home visitation programs as being “evidenced-based”; and that it is voluntary and focused on children five (5) years of age and/or younger. Position: Support

- LB1124 – State Intent to Appropriate Funds to the Department of Health and Human Services (Vargas)
https://nebraskalegislature.gov/bills/view_bill.php?DocumentID=54786

This bill supports and expands evidence-based home visitation programs with additional appropriations from the General Fund to DHHS (\$900,000 for FY2023-2024 and \$900,000 for FY2024-2025). This allocation would allow Nebraska to receive the full federal match to expand the network of evidence-based home visitation programs across Nebraska. Position: Support

- LB1125 – State Intent to Appropriate Funds to the Department of Health and Human Services (Wishart)
https://nebraskalegislature.gov/bills/view_bill.php?DocumentID=54867

This bill appropriates funds to DHHS for evidence-based early intervention nurse home visitation programs. Appropriation of \$500,000 from the Medicaid Managed Care Excess Profit Fund for FY2023-2024 and \$500,000 from the Medicaid Managed Care Excess Profit Fund for FY2024-2025. Position: Support

Priority 2: Access to Dental Care — Lack of access to dental care results in costly emergency care and the potential for long term medical care.

- LB358 - State intent to increase dental services reimbursement under the Medical Assistance Act (Walz) https://nebraskalegislature.gov/bills/view_bill.php?DocumentID=50632

The carryover bill is on General File and would increase reimbursement rates by twenty-five percent (25%) for dental services provided under the Medical Assistance Act. There is a critical need for the increase to improve access to care which is essential for overall health. Lack of access to dental care results in costly emergency care and the potential for long term medical care. Access to dental care is a critical issue across our state. An increase in reimbursement would be a step forward in improving access to care. Position: Support

- LB935 – Appropriate funds to the Department of Health and Human Services for Medicaid dental services (Ibach) https://nebraskalegislature.gov/bills/view_bill.php?DocumentID=55107

The bill appropriates \$6,000,000 from General Funds for FY2024-2025 to DHHS for the purpose of increasing Medicaid provider reimbursement rates for dental services. Position: Support

Priority 3: Changes to Local Authority — Local public health officials are best-positioned to make decisions about local responses.

- LB421 – Provide procedures for directed health measures (Kauth) https://nebraskalegislature.gov/bills/view_bill.php?DocumentID=50453

This carryover bill would require the approval of county/city elected officials in issuing directed health measures. This would broadly eliminate the authority of local health departments to issue directed health measures in addressing the spread of certain communicable diseases. NACO and Local Health Directors have been communicating with Sen. Kauth’s office to address concerns in the language and provide feedback on potential amendments. Position: Amendment under review and being worked on by NACO and Health Directors

Community Health Assessment and Improvement Plan

CHA/CHIP Update

Emmanuel has been working on turning the Community Health Assessment into an easy-to-use dashboard. Megan has been contacting experts and scheduling discussions to roll out implementation. Megan has also been connecting with hospitals about resources that may support their implementation and has been reaching out to collect information for the annual CHIP report.

Lead – Megan Koppenhafer & Leadership Team

Minority Health Initiative

Two hospitals, WNCC, and the PPHD Leadership team are underway with inclusive leadership coaching by Dr. Helen Fagan. Kelsy has worked with program teams to ensure that items are available in Spanish on Facebook. Megan presented on inclusion at the ESU 13 all-staff conference. Kelsy assisted NMRC with analyzing survey and focus group data. Kelsy and Tabi have worked to increase a mental health tool called Base Education in schools. We are auditing the voluntary advisory boards to ensure new voices are being added.

Lead– Kelsy Sasse

Performance Management and Quality Improvement

Metrics are available on the website here: http://www.pphd.org/performance_management.htm Performance management meetings for Q4 of 2023 took place in January. The data has been updated.

Lead – Megan Koppenhafer

Strategic Plan

Implementation of year 2 strategies for the strategic plan continues. Groups are meeting regularly to review progress. In the next quarter staff will establish priorities for the next fiscal year.

Clinical Services

Vaccinations

We have seen an increase in our walk-in clinic from students who will be enrolling in medical programs, people traveling out of the country, and shingles in adults. We had 6 outreach event:

- We held a booth at the Farm and Ranch Days on February 2nd and 3rd where we provided education and vaccinations.
- We also participated in The Latina Red Dress Day February 10th where we provided HPV education and vaccinations.
- We went out to 2 long term care facilities to provide vaccines to staff and residents
- We attended the Gering Kindergarten Round Up where we provided information to parents and printed immunization records.
- We held an Adolescent Immunization information booth at the Gering High School basketball game.



Farm and Ranch Days

We will participate with a booth and vaccinations at the Scotts Bluff County Employee's health fair in March, on-site clinics at schools, and at the Home and Garden Show in April. We also host the monthly meeting of the Panhandle Immunization Coalition, which is a virtual meeting that includes immunization providers across the panhandle.

Lead - Paulette and nursing staff



NACCHO Adolescent Immunization Program

Paulette and Jessica have continued participating in the regular NACCHO Adolescent Immunization Program virtual meetings.

Kelsy and Jessica are working to coordinate adolescent focus groups in March. These groups will help us develop our communication plan for immunizations. We partnered with the NACCHO for an onsite activation event promoting immunizations at the Scottsbluff/Gering basketball game on February 16th. We received the results of a survey that was sent to all schools in the Panhandle to see their interest in different levels of immunization services. We had a great response including interest in student education and on-site vaccinations for Kindergarten and 7th grade activities. We are now in the process of working with area immunization partners as needed to contact schools to set up these programs.

Lead-Paulette Schnell & Jessica Davies



NACCHO Sporting event at Gering High School

Aging Office of Western Nebraska Immunization Promotion

We continue to promote vaccinations in the senior populations by providing walk-in clinics for easy access and providing on-site vaccinations at long-term care and assisted living facilities. We also provide home visits for vaccinations for those who cannot leave their homes.

Lead-Paulette Schnell

HPV

HPV activities this month included education at the Latina Red Dress event and Farm and Ranch Days. Future activities will include our on-site clinics at the schools this spring and other community events. The formation of adolescent focus groups will guide upcoming HPV education campaigns in the spring.

Lead-Paulette Schnell & Jessica Davies

Munroe-Meyer Institute Clinics

We continue to host the Medical Handicapped Children's Clinics where a multifaceted team comes from Omaha to provide specialized medical services for children with special health care needs. Sandy Preston is coordinating the upcoming Genetic Clinics where a team made up of genetic experts meet with children up through age 18. Regional West is allowing us space for the clinics for the time being.

Lead- Paulette Schnell Staff-Sandy Preston

Healthy Brain Initiative

PPHD received a grant from the Alzheimer's Association in the amount of \$48,000 for a one-year period to address education and early detection of dementia and Alzheimer's. Paulette is the health strategist that will take the lead on this project. More information to come as we begin this project.

Lead- Paulette Schnell and Jessica Davies

Fit Testing

We have three long-term care and assisted living facilities scheduled for visits with the Strike Team grant in March. We continue to provide Fit test for travelers who come to work in our community at local hospitals.

Staffing - Myrranda Kelley, Cynthia Garza, Paulette Schnell, Jessica Davies

Worksite Wellness

PWWC

The Panhandle Worksite Wellness Council is continuing to bring education and training to the Panhandle. Below is a list of trainings recently offered & upcoming opportunities:

- Bridges Out of Poverty
 - Creek Valley Schools - January 29th in Chappell
 - SRMC - January 31st in Sidney
 - Scottsbluff - All School Training - February 19th
- 8 to Great at Hemingford Schools - February 7th
- Mental Health Matters Series:
 - February 15th from 2-3 pm - virtual Mental Health Matters training
 - Description: Mental health, stress management, and anger training
 - February 29th from 11am - 1 pm - virtual 8 to Great Overview
 - Description: Empowers adults with the skills for greater happiness and success, thereby instilling hope and inspiring possibilities
 - March 12th from 11 am - 1 pm - virtual Wellness Recovery Action Plan (WRAP)
 - Description: Simple and powerful process for creating the life and wellness you want
 - March 28th from 2-3 pm - virtual Changing Our Mental & Emotional Trajectory (COMET) training
 - Description: Five questions and statements to help you start a conversation with someone who might be dealing with a mental health issue
 - April 9th starting at 2 pm- PPC Symposium Beyond Repair: From Dealing Dope to Dealing Hope
 - Description: David Stocker will share his story, tools for stigma reduction, destigmatizing language, and harm reduction.
 - April 10th from 12 - 1 pm - virtual Question. Persuade. Refer (QPR training)
 - Description: QPR, like CPR, can be a lifesaver. QPR training helps participants recognize the warning signs and risk factors for suicide
 - May 7th from 9 am - 3 pm - virtual Youth Mental Health First Aid training
 - Description: Training to help adolescents who are experiencing a mental health or addictions challenge or in crisis

- May 16th from 9 am - 3 pm - virtual Adult Mental Health First Aid training
 - Description: Teaches people how to recognize signs of mental health or substance use challenges
- TBD - My Ascension documentary
 - Description: Suicide documentary

Worksites Impacted by PWWC

- Total worksites - 150
- Educational Opportunities - 136
 - Stress Management
 - 8 to Great
 - CPR
 - YMHFA/AMHFA
 - WRAP
 - Wellness Chats
 - Conference
 - PFA
- Challenges - 44
- Onsite Services - 99
- Facilitations - 3

Snow-Redfern Foundation Project

PPHD is working with Snow-Redfern Foundation on a project in Box Butte County. PPHD is the fiscal agent for the project and working with Alliance Rec Center (ARC) Director, UNL Extension Box Butte County, and a contractor, Maya Chilese, to provide youth opportunities for growth and voice on projects. PPHD is working to ensure youth voices are heard during the Box Butte CHIP project. Several meetings happened with all parties to determine who is working on specific deliverables. PPHD is excited for the collaboration and opportunity to work with Box Butte County and all parties involved.

Lead- Jessica Davies

Governor's Wellness Award

2024 updates:

- The application is live and available on the PWWC website. However, we are waiting on contract for 2024.
- 2024 marketing documents are approved.
- 5 organizations have completed the application and the review team is scoring and/or making recommendations.

Lead- Jessica Davies & Nicole Berosek

NDE

We received a new grant from Nebraska Department of Education to support schools with their mental health and tobacco prevention. The contract started 12/14/23 and ends 12/14/24. A workplan was produced and will be executed by Janelle and Nicole. The objectives are listed below.

- Support the development of youth tobacco prevention tools and resources in service areas to advance health-promoting strategies in schools, college campuses, clinics, and hospitals.
- Provide mini-grants to schools for youth tobacco prevention and mental health initiatives.
 - We are promoting at events, educational opportunities, and social media.
- Promote My Life My Quit text line support resources in schools, clinics, and hospitals as part of tobacco prevention work.
 - Promoting their social media and newsletters.
- Co-brand materials for the PPHD social media campaign to include No Limits Nebraska to highlight tobacco free youth for regional promotion and scholarship support.
- Provide support to regional/Western Nebraska Hope Squad teams in their service area.
 - Janelle continues to serve as a contact for Hope Squad.
- Promote state level school health data infographics and tip sheets across programs at health fairs, trainings, and in work with schools and community organizations.
 - Promoting through PWWC newsletter.

Lead- Janelle Visser & Nicole Berosek

Preparedness

PRMRS – Panhandle Regional Medical Response System

Our next PRMRS meeting is scheduled for March 8th in Bridgeport. Agenda items include approving the final draft of the Chemical Annex, reviewing the PRMRS Preparedness and Response Plan, as well discussion regarding the utilization of PRMRS funding for coalition needs.

The Preparedness Symposia is scheduled for May 6-7, 2024, with MRSE/Chemical Functional Exercise to be held on the second day. PRMRS is covering the cost of registration for members and partners wishing to participate.

We continue coordinating with CEPRS to provide a Chemical Decontamination Workshop for PRMRS hospital partners. This is a hybrid workshop utilizing virtual classroom education and an in-person hands-on decontamination exercise. The hands-on exercise will culminate the training and is planned to be held in June; Sidney Regional Medical Center has agreed to be the host.

Information sharing, training opportunities, and support continue to be provided to PRMRS members on a regular basis.

Lead - Emily Timm, Tabi Prochazka

BT – Public Health Emergency Preparedness

PPHD continues to work with partners to support their preparedness and response efforts. We provide PPE and test kits to Long-Term Care facilities when they are in an outbreak. The Panhandle has consistently had 5-8 facilities on the weekly list of those currently in outbreak status.

We have been working to implement an inventory tracking system and are getting closer to having that set. This will help us in all areas from preparedness to prevention and health promotions.

Lead - Tabi Prochazka

Disease Investigation

PPHD continues to review and/or investigate infectious disease cases. Reportable diseases in Nebraska are listed at: [Nebraska Reportable Diseases](#)

Staffing: Lori Reifschneider, Emily Timm, Cynthia Garza, Myrranda Kelley

The School Absenteeism Surveillance Project is well underway for 2023-2024 school year. PPHD is following the same infectious control measures as we did pre-COVID. PPHD will reach out to a school when over 10% of the student body is absent to discuss the situation and if there are concerns and possible solutions/suggestions. PPHD has been monitoring and has provided follow-up and guidance to schools experiencing high absentee rates.

Lead – Emily Timm

STI (Sexually Transmitted Infections) tracking updates

Lori, Myrranda Kelley, Emily, and Kendra have continued to work HIV, syphilis, gonorrhea, and chlamydia STI cases daily as cases become available in the queue.

Lead -Emily Timm, Cynthia Garza, Jessica Davies

Cancer Prevention

Colorectal Cancer Awareness and Screening Updates

We continue to distribute the new and improved one-sample FIT test kits. They are more convenient with one sample and no dietary restrictions. We have begun promoting the March awareness campaign materials in partnership with NC2. Panhandle residents between ages 45 - 74 are eligible to receive a free at-home test kit by calling or registering online here: <https://tinyurl.com/ysb448cf> PPHD will receive FIT kits from DHHS in mid March due to delays from the manufacturer.

Lead: Cheri Farris

Chronic Disease Prevention & Management

National Diabetes Prevention Program Lifestyle Coach Training and Technical Assistance

Cheri continues to work with the state to offer ongoing support and training for state-wide lifestyle coaches. There are 10 future lifestyle coaches in the current training February 28, 29, and March 6-7, 2024.

Regional National DPP Updates

Cheri is both coach and coordinator for the Panhandle area. Cheri will be implementing the National DPP via Zoom in 2024 because this will enable PPHD to maintain the full plus CDC recognition and may offer a HALT fully online program if enough interest is shown later in the year. Currently, there are two in-person cohorts in Chadron and one beginning in /January in Sidney. Cheri began a virtual DPP cohort on January 9th with 14 participants. There are 12 active participants as of March 6.

Additionally, Cheri is participating in a CDC Group Coaching Certificate Program that began in mid-February and runs for 6 months. This program will strengthen her group facilitation skills and this credential will add to the credibility of PPHD's National DPP program.

Lead: Cheri Farris

Living Well

Now that Cheri & Janelle have completed the Living Well with Chronic Pain workshop, they will be able to cross-train other leaders to deliver the Living Well with Chronic Pain workshop. We are excited to expand our workshop capacity to be able to meet the needs of Panhandle residents living in chronic pain.

Nicole, Emily, Janelle, and Cheri recently completed a Worksite Living Well cohort over Zoom between January 16 through February 22nd on Tuesdays and Thursdays from 12 - 1 pm. There were 6 active participants in this cohort. Emily and Cheri will facilitate Living Well in Big Springs at the First Assembly of God church from April 3 through May 8, Wednesdays from 9-11. We are excited to bring this evidence-based program to residents of Big Springs.

The DHHS Living Well coordinator has left the position and we are hoping that they fill it soon. Currently the new National DPP coordinator is filling in.

Lead – Cheri Farris and Janelle Visser

Aging Office of Western Nebraska Partnership

The Area Office on Aging (AOWN) Title IIID funds help support PPHD in coordinating evidence-based programs including Living Well and National DPP. Due to the virtual worksite Living Well workshop and the virtual National DPP called Healthy for Life we were able to increase the Title IIID reach in early 2024. We continue to explore creative ways to meet the needs of this population. These funds will be available again in the next fiscal year so this work will continue.

Lead – Cheri Farris

Health & Wellness Coaching

Cheri continues to provide health coaching to area residents and Panhandle Worksite Wellness Council members. Health and wellness coaching opportunities increased last fall due to the UHC Blood Pressure Project with 9 active participants, the majority of whom were able to reduce and control their blood pressure. UHC reports that we have been successful in this effort. We continue to explore opportunities to implement healthy living programs for Panhandle residents and offer coaching to those who inquire.

Lead – Cheri Farris

Falls Prevention Programs

Cheri applied last spring for subaward to get started offering falls prevention programming, but there were delays due to a staffing shortage at DHHS office of chronic Disease Prevention and Control. We are looking forward to revisiting this initiative once DHHS has new funding available and has filled the falls Coordinator position.

Lead – Cheri Farris

Motivational Interviewing Trainings

Cheri is working with Dr. Kate Speck as a mentor to become a MINT certified MI trainer and has been providing Motivational Interviewing (MI) training and facilitated more than eight MI trainings in 2023. She recently facilitated morning and afternoon 2.5 hour MI workshops at the ESU Conference in February with positive feedback overall.

Future planned trainings include the following:

- 3.5 hour MI training for ESU behavioral health providers in March 2024
- A series of MI workshops offered through PPI in late spring and early summer 2024 (planning is underway)
Lead - Cheri Farris

Bridges Out of Poverty

In June 2023, Cheri & Nicole were trained to facilitate Bridges Out of Poverty training.

- Cheri partnered with Guardian Light Family services to co-facilitate Bridges Dec 7, 2023.
- Nicole partnered with United way to offer Bridges January 24, 2024 at Platte Valley Companies Community Center
- Cheri & Nicole offered Bridges training at Creek Valley Schools in January.
- Cheri & Nicole partnered with another trainer from Guardian Light Family Services to facilitate Bridges at Sidney Regional Medical Center on January 31, 2024 to 10 participants.
- Nicole is offered Bridges at the ESU conference in February

Healthy Families – Nebraska Panhandle

February was a busy month of advocating to our legislature about the importance of home visiting and the request for match funding. LB1124 would increase funding for evidence based home visiting. In 2022 MIECHV (Maternal, Infant, and Early Childhood Home Visiting) funding was reauthorized by congress with an opportunity of 25/75 match. This bill is requesting \$900,000 additional state general funds for home visiting for FY 2024-2025 to satisfy the 25% match. This ensures the state of Nebraska maximizes the MIECHV federal funds 75% matching opportunity. It is required that the funds be NEW and non-federal. This bill is currently sitting in committee.

Program Manager Dez Brandt has been participating in a policy leadership academy through First Five Nebraska, and her capstone project is advocating for this bill. This would allow the state of Nebraska to extend more home visiting services to many more families that are in need. Specifically it would be hopeful that we could expand services to the entire panhandle.

Our site's 2024 site profile report is complete. Here are some highlights!

Lead - Dez Brandt

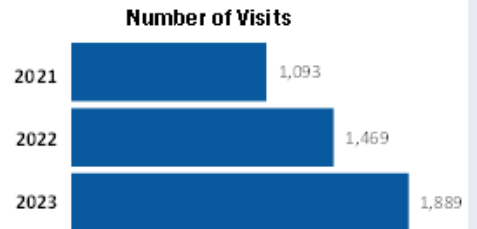


1,889

Visits completed in 2023

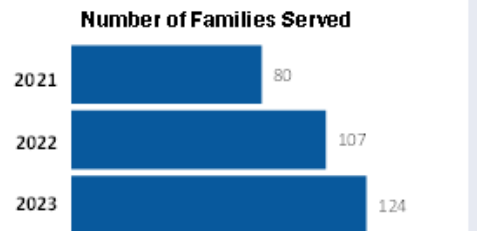


139 visits in 2023 were virtual (phone or video call)



124

Families served in 2023



Panhandle Prevention Coalition

February has turned out to be a big month for Liz and the PPC. Liz currently has stigma reduction book discussions planned for nine of the twelve counties in PPHD's service area. Many of them are through the local libraries' book clubs, with a few libraries wanting to host a community-wide event to help end mental health and substance use disorder stigma.

Other Block Grant workplan activities included the continued planning for the regional symposium on April 9, 2024, featuring childhood abuse survivor and person in long-term recovery, David Stoecker. On the afternoon of the 9th, David will inspire the audience with his story, "From Dope Dealer to Hope Dealer," in addition to sessions titled, "From Victim to Thriver," "Harm Reduction," and "Why Language Matters". The symposium will be followed by a dinner with David where he will read a short excerpt from his memoir, with the day culminating in a viewing of the film David co-produced, "Not My Child," a documentary to start the conversation about substance use in our children and recovery at the Midwest Theater. David will hold a brief discussion with the audience directly following the film.

The penultimate week of February found Liz in Florida attending the National Prevention Symposium facilitated by the Drug Free America Foundation. For the first four days of the last week of February, Liz participated in the Nebraska Substance Abuse Prevention Skills Training put on by the state.

Lead - Liz MacDonald

Suicide Prevention

QPR - Question, Persuade, Refer Suicide Prevention Training

Suicide prevention continues to be a priority for the team at PPHD. The last QPR Webinar was February 14 with 1 participant. Cheri will offer QPR training to the volunteer firefighters in Garden County April 1.

We are available to offer in-person or virtual QPR training to individual organizations as requested. 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.

The team recently received another mini grant from the Nebraska State Suicide Prevention Coalition that will enable us to continue offering QPR trainings and add postvention supports as well. One staff member, Liz MacDonald, and two community members have been trained to offer suicide loss support groups. Liz's virtual support group began November 21 and the Scottsbluff in-person group began December 28 with a volunteer who was trained to facilitate the group with the mini grant funds. We are looking forward to the others who were trained to begin groups in Alliance and Oshkosh in 2024.

Cheri will be attending the Nebraska State Suicide Prevention Coalition conference on March 27 in Kearney.

The team just received \$4,000 in suicide prevention mini-grant funding. We are excited to carry out the work plan as outlined below. The 2024 suicide pre and post-vention initiatives are as follows:

- QPR Training Promotion & Awareness
- Conduct QPR Trainings Feb- Nov 2024
- Compile evaluation results by Nov. 2024
- Implement NSSPC media campaign as soon as they are available in 2024
- One staff attend a support group, and then two more will attend facilitator training by Sept 2024
- Implement a minimum of one support group by October 2024
- Train to facilitate CALM and offer a minimum of one CALM training by October 2024
- Show new Project Wake Up film a minimum of one time by October 2024

Lead - Cheri Farris, Nicole Berosek, Janelle Visser, Liz MacDonald, Kelsy Sasse

Tobacco Free

Janelle Visser has been gathering updated information from all the area schools on their current tobacco policies and if they include e-cigarettes and vaping in their wording. Some schools have opted to update their current signs to include vaping and e-cigarettes as they have seen this as a problem in not only students but in parents using them on campus. Melissa Haas attended the Panhandle Planning Workshop and offered information on tobacco-free outdoor policies to area city planners and developers. The quarterly report for July-December of 2023 was submitted in January 2024.

Lead – Jessica Davies, Janelle Visser, Melissa Haas, and Nicole Berosek

Opioid Response

Lockboxes and Detera Pouches continued to be offered to community groups, as well as opioid and Narcan education.

The Panhandle Situation Table continues to have success connecting acutely elevated risk individuals and families with services with prompt services. Since its inception in August, 2022, 76 situations have been brought to the Table; 73% of those have been successfully connected to services.

A Mini-WRAP workshop is planned for March 12th, with several individuals currently registered.

Marissa is in the process of implementing a media campaign focusing on stopodne.com, a website that provides information on where to obtain Narcan for free.

Lead – Emily Timm

Overdose to Action

One of our greatest strengths remains the spirit of collaboration among the agencies involved. Examples include:

- The Situation table continues to thrive, maintaining over 70% of the situations brought to the table being closed connected to services.
- Updating the opioid strategic plan and the planning that went into applying for the Opioid Settlement Funds.
- Determination of CHIP Implementation activities that function to strengthen the hospital strategies under Improve Access to Mental Health Services.

Objective 1: Synthesize and analyze data to prioritize feasible, evidence-based or informed, and impactful interventions.

- Hospital CHIPS include evidence-based or informed strategies to reduce stigma and increased access strategies are integrated into the CHIPS of local hospitals.
 - Emails that identified areas for support were individualized and sent to hospital coordinators.
- Actively participate in the PPHD strategic plan implementation process.
 - Continue to meet monthly.

Objective 2. Implement a coordinated response to reduce stigma, reduce access, overdose, and misuse by utilizing evidence-based or informed responsive measures.

- Address stigma reduction by providing training opportunities to partners and community members.
 - Working to update CredibleMind with localized resources.
- Implement Behavioral Health 360, a digital platform created by CredibleMind designed by mental health professionals to provide solutions to address the mental health needs of those individuals not requiring extensive, high-level behavioral health accessibility.
- Highlight program work in PPHD Annual Report.
 - Annual report is at the printers.



Objective 3. Evaluate strategies to impact and make changes as needed.

- Audit the current tools we use for stigma reduction via an internal PSDA QI process.
 - QI process is underway - need to target more rural residents. Focus for the first round is promotion in bars using coasters with a QR code.
- Evaluate overdose prevention progress through HD systematic process for monitoring and evaluating the program's progress and effectiveness, involving quarterly data checks to track program outcomes, identify trends, and assess the program's impact.
 - PM meetings held in January
Lead - Tabi Prochazka

Highway Safety Office

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

Below are a few updates:

- Monthly social media promotions
- Working with Teens in the Driver Seat to provide education and awareness to schools in the Panhandle
- Added the school assembly option in our school survey
- Working with Highway Safety Council, Teens in the Driver Seat, WNCC, and Southeast Community College to determine next steps regarding Drivers ED classes in the Panhandle.
- Janelle is continuing to work with her Activate groups to keep our communities active and safe.
- Janelle will attend the Highway Safety conference(Lifesavers Conference) in Denver April 7-9.
- Scheduling school assemblies for 2024
- Janelle and Jess attended the first Nebraska Highway Safety Office Annual Conference in Kearney on February 27 & 28.

Lead – Janelle Visser, Nicole Berosek

Children's Health

Active Living

Community Walkability/Bikeability

The Kimball, Gordon, Alliance, Tri-City, and Bridgeport Active Living Advisory Committees have been meeting regularly in person and/or virtually. Gordon is planning a community forum on March 18 at the Gordon City Auditorium. The next Walk and Roll to School day will be held May 8, 2024. We encourage Panhandle Schools to participate and will be sharing information with them.

Lead – Jessica Davies & Janelle Visser

Environmental Health

Radon

Short-term radon kits are now available for Panhandle Residents. Residents can request kits online or by contacting Melissa Haas. A request online can be filled out at www.pphd.ne.gov. From June 2023 to February 29, 2024, 143 kits have been sent out with 15 long term kits sent and 128 short term kits sent. Radon kit coupons were made available at the Farm & Ranch Expo in Mitchell and at the Panhandle Planning Workshop.

Lead – Melissa Haas

West Nile Virus

Mosquito trapping has ended for the season and will begin again in May of 2024. This will also include tick surveillance again with new sites selected.

Lead – Melissa Haas

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

Lead- PPHD has 3 lead abatement risk assessors and can test paint, soil, dust, and objects for lead. This is encouraged prior to disturbing any painted building that was built prior to 1978. We have completed the City of Scottsbluff and Village of Morrill CDBG lead clearance inspections. We are in the process of working with local

housing authorities to test properties that they are required to have tested according to HUD requirements. We continue to have local residents request lead testing prior to DIY projects so they don't poison their children by exposing them to lead dust. In-home childcare providers get this lead testing completed for free because of the 2023 Healthy Housing Mini-Grant: Innovative Strategies to Support Home-Based Child Care Providers. If you know of a home-based child care provider that lives in a home built prior to 1978, refer them to Kendra Lauruhn for a free lead testing! klauruhn@pphd.ne.gov or 308-641-0233.

Water-The free testing for private well owners was extended and PPHD is still providing information for private well owners to help get their wells tested. Melissa Haas completed the Private Well Water Training course offered through NEHA. The free testing for private well owners was extended and PPHD is still providing information for private well owners to help get their wells tested.

Air- PPHD is still offering PurpleAir monitors to schools who are interested for free. Currently there are 14 schools that ordered monitors. You can view this on: [Air Quality Map](#)

Lead-Melissa Haas, Megan Barhafer, Kendra Lauruhn

Dental Health

Dental Health Program-Keeping Teeth Strong

February was National Children's Dental Health Month. This month is full of going to schools and preschool to teach dental health. By the end of February, I had been to 49 classroom that encompassed 900 students! Every student also received a toothbrush, dental worksheet, and a sticker. The two boys pictured below were from a kindergarten classroom that I taught and their parent said they wanted to brush the moment they got home and they shared everything they learned!

Lead - Kendra Lauruhn



Dental Day

Dental Day 2024 will be May 31 and June 1 in Sidney at Life Smiles and in Gordon at Gordon Memorial Health Services. This service is for Ages 3-21 with little or no dental insurance.

Pre-screenings for the Sidney site will be scheduled until May 10. Pre-screening sites include:

- Bridgeport Dental with Dr. Ben Iske
- Chappell Dental with Dr. Travis Dickey
- Life Smiles(Sidney) with Dr. Dornbier

Gordon site does not require pre-screenings. The patients are pre-screened at their appointment on May 31 or June 1.

Lead-Janelle Visser

Administrative

Human Resources

No updates.

Lead - Erin Sorensen

Finance

We are almost finished with the FY 202-2023 audit performed by Casey Peterson. As of the end of February we have received just over \$460,000 in payments billed for immunizations through the vaccination program.

Accreditation

PPHD leadership are preparing to start on the first annual report to PHAB. The annual reporting process is a tool for accredited health departments to inform the accreditation board of the work happening to continue meeting accreditation readiness, identify opportunities of strength and improvement, look for areas of innovation within the health department, and ultimately prepare for the reaccreditation process.

Lead - Sara Williamson

May 2024 **Board of Health Report**

From the Director

Legislative Update

The local public health system in Nebraska advocates through the Nebraska Association of Local Health Directors. We contract with American Communications as our lobbyist. As the president of NALHD, I have been very involved in bill review, letter writing and other legislative activity. Some Public Health victories this legislative session include:

- Amendment to take away LB692 health care cash fund disbursement to LHDs was withdrawn by Senator Hansen.
- Home visitation funding increased by 1.4 million which allows Nebraska to receive the maximum federal dollar allocation.
- Opioid Settlement Funds were restructured, and a path created for the disbursement of some of the funds. We anticipate receiving a minimum of \$27,000 a year. This includes the authorization for public health to distribute fentanyl test strips.
- Medicaid reimbursement rates for dental care were raised 12.5%.
- Anti-fluoridation bill of Senator Hansen did not advance.
- The revenue bill did not pass yet and will be dealt with in a special session. It contains an increase in tax for cigarettes and vaping.

Staffing

Cynthia Garza, LPN, has resigned her full-time position and is going to permanent seasonal status effective April 19. Lori Reifschneider has retired from her part time position and is going to permanent seasonal status effective April 1. We have hired Allyson Gion, RN in the full-time public health nursing position and Kristin Parish as an additional permanent seasonal status public health nurse.

We are advertising for an Intake Specialist/Parenting Coach for Healthy Families to replace Amber Salazar who is no longer with PPHD.

New Service Available in the Panhandle

We have begun training with Central Wyoming Counseling Services. They are planning to rent a nurse and an exam room 2 half-days a week to provide medicated assisted treatment for alcohol substance disorder. Jim Cowser is the new CEO there and is very acquainted with the Panhandle and lack of resources for mental health. We contracted with Jim when he worked for Betty Ford Hazelton Foundation to complete assessments for mental health services and provide training to our communities on substance use disorder. The service will begin once their medical staff are licensed in Nebraska.

Community Health Assessment and Improvement Plan

CHA/CHIP Update

The Community Health Assessment has been turned into an easy-to-use dashboard. You can check it out and provide feedback to mbarhafer@pphd.ne.gov. The link will be sent out with the minutes. Megan has held one MAPP steering committee meeting, the next is scheduled for Jun 11, 2024. Meetings for the Housing and Homelessness workgroup have been happening monthly. At the beginning of April Megan and Kelsy hosted a workplan development session. DHHS visited regarding mental health resources in the region. This will be a more facilitated process moving forward.

Lead – Megan Koppenhafer & Leadership Team

Minority Health Initiative

One hospital, WNCC, and the PPHD Leadership team are underway with inclusive leadership coaching by Dr. Helen Fagan. Kelsy has worked with program teams to ensure that items are available in Spanish on Facebook. Megan presented on inclusion at the CSC student training day. Kelsy assisted NMRC with analyzing survey and focus group

data. Kelsy and Tabi have worked to increase a mental health tool called Base Education in schools. We are auditing the voluntary advisory boards to ensure new voices are being added.

Lead- Kelsy Sasse

Performance Management and Quality Improvement

Metrics are available on the website here: http://www.pphd.org/performance_management.htm Performance management meetings for Q1 of 2024 took place in April. The data has been updated.

Lead - Megan Koppenhafer

Strategic Plan

Implementation of year 2 strategies for the strategic plan continues. Groups will meet during the April-June quarter to identify priorities for the upcoming year.

Lead - Leadership Team

Clinical Services

Vaccinations

We have seen an increase in our walk-in clinic from students who will be enrolling in medical programs, people traveling out of the country, and children getting ready for kindergarten and 7th grade. We had the following outreach events:

- In March we provided vaccinations at Gering and Scottsbluff parent-teacher conferences to prepare students for 7th grade.
- Had an educational booth at Gering School Kindergarten round-up
- Provided vaccinations at Scotts Bluff County Employee Health Fair
- We provided vaccinations to Sidney Long-term care twice in April
- We provided vaccinations at Mitchell Care Center
- We provided vaccinations to those getting ready for Kindergarten and 7th grade at a clinic at Mitchell Schools.
- We will have a booth at the Home and Garden Show on April 27th at the Weiberg 21 Center where we provided education.

We also host the monthly meeting of the Panhandle Immunization Coalition, which is a virtual meeting that includes immunization providers across the panhandle.

Lead - Paulette and nursing staff

NACCHO Adolescent Immunization Program

Paulette and Jessica have continued participating in the regular NACCHO Adolescent Immunization Program virtual meetings. Kelsy and Jessica held an adolescent focus group in March with 15 college-age students. Data from this group will help develop our communication plan for immunizations this summer/fall. We also have been working with local physicians to recruit champions for immunization promotion. Jessica will be developing promotional immunization campaigns that will focus on getting those important adolescent vaccinations before school starts.

Lead - Paulette Schnell & Jessica Davies

Aging Office of Western Nebraska Immunization Promotion

We continue to promote vaccinations in the senior populations by providing walk-in clinics for easy access and providing on-site vaccinations at long-term care and assisted living facilities. We also provide home visits for vaccinations for those who cannot leave their homes. There is a new recommendation for a Covid booster for those 65 and older. We have seen an increase in seniors receiving the booster at long term care facilities and our clinic.

Lead-Paulette Schnell

HPV

Vaccination clinics were held at Scottsbluff, Gering and Mitchell where HPV vaccinations were promoted and given. HPV vaccination media campaigns will be developed from the focus group that was held that will focus on HPV. The messaging will focus on HPV as a cancer prevention vaccine and start vaccinations as early as 9 years of age. Jessica interviewed Dr. Holloway for insights on messaging parents and other providers. We will be reaching out to an OB/GYN, ENT, and dentist as well.

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 strategies that address upstream social determinants of health (SDOH) that contribute to an increased cancer burden. It will support the implementation of interventions that reduce health disparities among low socioeconomic, Hispanic/Latino, and geographically defined groups. Jessica was invited to participate with the NCC Program Manager and Coordination. A kick-off meeting was held on April 24 and travel to Virginia will occur in June.
Lead-Paulette Schnell & Jessica Davies

Munroe-Meyer Institute Clinics

We continue to host the Medical Handicapped Children's Clinics where a multifaceted team comes from Omaha to provide specialized medical services for children with special health care needs. Sandy Preston is coordinating the upcoming Genetic Clinics where a team made up of genetic experts meet with children up through age 18. Regional West is allowing us space for the clinics for the time being. We had a MHCC in April and are planning our next Genetic Clinic on May 30th.

Lead- Paulette Schnell Staff-Sandy Preston

Healthy Brain Initiative

PPHD received a grant from the Alzheimer's Association in the amount of \$48,000 for a one year period to address education and early detection of dementia and Alzheimers. Paulette is the health strategist that will take the lead on this project. Paulette has completed the Landscape Community Survey and will be providing education to the PPHD staff in May as the first steps in this grant.

Lead - Paulette Schnell and Jessica Davies

Fit Testing

OSHA requires annual fit testing to ensure proper respiratory protection. In March, there were 2 renewal fit tests. Completed prior to leaving the Panhandle: 2 Completed for working in Panhandle: 4

Completed a worksite from a company in the Panhandle, 3 employees were fit tested for their company-supplied half-face respirators on-site.

Strike Team initiative through the state of Nebraska will be completed on 4/30/24. This was a year-long program that allowed trainers to go to LTCF in their district to provide hands-on education and demonstration to train their staff to be able to fit test their employees per OSHA protocol. This program helped facilitate fit testing, which is a small part of a necessary Respiratory Protection Protocol for their facility to have in place. In March, 12 long-term healthcare facility staff were trained, this was spread amongst 4 different LTCF in the Panhandle.

April: 1 renewal. Will complete final LTCF, projecting 5 staff members to be trained on April 23rd.

Staffing - Myranda Kelley,, Paulette Schnell, Jessica Davies

Worksite Wellness

PWWC

The Panhandle Worksite Wellness Council is continuing to bring education and training to the Panhandle. Below is a list of trainings recently offered & upcoming opportunities:

Training Overview:

Mental Health Matters Series:

- February 15th from 2-3 pm - virtual Mental Health Matters training
 - Description: Mental health, stress management, and anger training
 - 5 participants
- February 29th from 11am - 1 pm - virtual 8 to Great Overview
 - Description: Empowers adults with the skills for greater happiness and success, thereby instilling hope and inspiring possibilities
 - 6 participants
- March 12th from 11 am - 1 pm - virtual Wellness Recovery Action Plan (WRAP)
 - Description: Simple and powerful process for creating the life and wellness you want
 - 5 participants
- May 16th from 9 am - 3 pm - virtual Adult Mental Health First Aid training
 - Description: Teaches people how to recognize signs of mental health or substance use challenges
- Financial Wellness Presentation at Best Plumbing
 - 20 participants
- Financial Wellness Presentations for ESU wellness day
 - 80 participants
- Compassion Resilience Training
 - Taking the Train the Trainer with NDE

Activities:

- CPR for PPHD staff
- Adult MHFA with OHD
 - 20 participants
- Had a table at the PPC Symposium to promote NDE, TFN, PWWC, and HSO
- Wellness Chat - Everyday Diversity
 - 23 participants
- Walk at Lunch Day
 - 49 worksites registered
 - 22 sent back photo

Upcoming activities:

- YMHFA training with OFP
- Mental Health promo with The Big Boy at 7:40 am
- CPR with Best Plumbing
- OHD wellness activities/day
- CPR training with PPHD staff
- Community AHMFA training with Kym Fries

Worksites Impacted by PWWC

- Total worksites - 163
- Educational Opportunities - 136
 - Stress Management
 - 8 to Great
 - CPR
 - YMHFA/AMHFA
- WRAP
- Wellness Chats
- Conference
- PFA
 - Challenges - 40
 - Events (National Walk at Lunch or Wear Red) - 26
 - Onsite Services - 99

- Facilitations - 3

Snow-Redfern Foundation Project

PPHD is working with Snow-Redfern Foundation on a project in Box Butte County. PPHD is the fiscal agent for the project and working with Alliance Rec Center (ARC) Director, UNL Extension Box Butte County, and a contractor, Maya Chilese, to provide youth opportunities for growth and voice on projects. PPHD is working to ensure youth voices are heard during the Box Butte CHIP project. Several meetings happened with all parties to determine who is working on specific deliverables. PPHD is excited about the collaboration and opportunity to work with Box Butte County and all parties involved.

Lead- Jessica Davies

Governor's Wellness Award

2024 updates:

- The application is live and available on the [PWWC website](#). The deadline is 5/24/24
- 2024 marketing documents are approved.
- 12 organizations have completed the application and the review team is scoring and/or making recommendations.

Lead- Jessica Davies & Nicole Berosek

NDE

We received a new grant from Nebraska Department of Education to support schools with their mental health and tobacco prevention. The contract started 12/14/23 and ends 12/14/24. A workplan was produced and will be executed by Janelle and Nicole. The objectives are listed below.

- Support the development of youth tobacco prevention tools and resources in service areas to advance health-promoting strategies in schools, college campuses, clinics, and hospitals.
- Provide mini-grants to schools for youth tobacco prevention and mental health initiatives.
 - We are promoting at events, educational opportunities, and social media
 - We had two schools apply and get the mini-grant.
 - Hemingford Schools Dinner Theater (promoted CredibleMind at Dinner Theater)
 - Minatare One Acts (providing vaping and mental health information to all 5-12 graders).
- Promote My Life My Quit text line support resources in schools, clinics, and hospitals as part of tobacco prevention work.
 - Promoting their social media and newsletters.
- Co-brand materials for the PPHD social media campaign to include No Limits Nebraska to highlight tobacco free youth for regional promotion and scholarship support.
- Provide support to regional/Western Nebraska Hope Squad teams in their service area.
 - Janelle continues to serve as a contact for Hope Squad.
- Promote state level school health data infographics and tip sheets across programs at health fairs, trainings, and in work with schools and community organizations.
 - Promoting through PWWC newsletter.
- Kelsy, Tabi, Janelle, Megan, and Jess facilitated student groups in Alliance Schools on April 12 around chronic absenteeism. We have been meeting regularly with NDE, DHHS, Alliance Public Schools staff, Edison Red Nest, BBGH, and local entities. Now that the parent and student discussions have occurred, their input will drive implementation of additional strategies in Fall 2024.

Lead – Janelle Visser & Nicole Berosek

Preparedness

PRMRS – Panhandle Regional Medical Response System

PRMRS members met virtually for our March meeting. The Chemical Draft Annex was approved, as well as the Preparedness and Response Plan. We will be testing the Annex during the MRSE/Functional Exercise at the Preparedness Symposium, on May 6th and 7th in Bridgeport. UNMC/CPERS is hosting the Symposium and Exercise, PRMRS is covering the cost for all attendees.

Emily continues to collaborate with and participate in the CPERS Hybrid Chemical Workshop for hospital first receivers. The hands-on portion will be held at SRMC in June.

PRMRS and PPHD worked with Regional Emergency Managers to provide a news release for durable medical equipment patients experiencing power outages after the April 6-7 blizzard.

Information sharing, training opportunities, and support continue to be provided to PRMRS members on a regular basis.

Lead - Emily Timm, Tabi Prochazka

BT – Public Health Emergency Preparedness

PPHD continues to work with partners to support their preparedness and response efforts. We provide PPE and test kits to Long-Term Care facilities when they are in an outbreak.

PPHD participates in tabletop exercises throughout the year with partners. In March, we participated in Active Shooter Command School in Chadron with over 75 participants. It was a good opportunity to connect with partners I had not seen in person in a while. The exercise used a model city, model vehicles, and realistic scenarios to visualize the situation much better than a simple PowerPoint presentation. The timing was ideal, Chadron had an active shooting at a gas station less than one week later. One improvement item: When participants are over 30, break the group up into multiple groups and still provide injects – one team at the model and two teams at other areas in the room, so all are engaged.

Lead - Tabi Prochazka

Disease Investigation

PPHD continues to review and/or investigate infectious disease cases. Reportable diseases in Nebraska are listed at: [Nebraska Reportable Diseases](#)

Staffing – Emily Timm, Kendra Lauruhn, Myrranda Kelley

The School Absenteeism Surveillance Project is well underway for 2023-2024 school year. PPHD is following the same infectious control measures as we did pre-COVID. PPHD will reach out to a school when over 10% of the student body is absent to discuss the situation and if there are concerns and possible solutions/suggestions. PPHD has been monitoring and has provided follow-up and guidance to seven schools experiencing high absentee rates.

Lead – Emily Timm

STI (Sexually Transmitted Infections) tracking updates

Lori and Emily continued to work HIV, syphilis, gonorrhea, and chlamydia STI cases daily as cases became available in the queue. Lori has changed from part-time to seasonal permanent but will be available for training and coverage as needed. Paulette will be attending the conference *Plains Regional Indian Country Syphilis Partnership Summit* in May.

Lead – Emily Timm, Paulette Schnell, Jessica Davies

Cancer Prevention

Colorectal Cancer Awareness and Screening Updates

We continue to distribute the new and improved one-sample FIT test kits. They are more convenient with one sample and no dietary restrictions, yet they are more sensitive than the FOBT kits we have used, so we are seeing more positive test results overall. We continue to promote the March awareness campaign materials in partnership with NC2. Panhandle residents between ages 45 - 74 are eligible to receive a free at-home test kit by calling or registering online here: <https://tinyurl.com/ysb448cf> PPHD received FIT kits from DHHS in mid-March. As of April 28, we have distributed 43 FIT kits

Lead – Cheri Farris

Chronic Disease Prevention & Management

National Diabetes Prevention Program Lifestyle Coach Training and Technical Assistance

Cheri continues to work with the state to offer ongoing support and training for state-wide lifestyle coaches. There were 10 new lifestyle coaches that were trained February 28, 29, and March 6-7, 2024.

Regional National DPP Updates

Cheri is the National DPP coordinator, data preparer, and coach for the Panhandle area. Cheri has been facilitating the National DPP via Zoom in 2024 to enable PPHD to maintain the full plus CDC recognition and may offer a HALT fully online program if enough interest is shown later in the year. Currently, there are two in-person cohorts in Chadron and one beginning in /January in Sidney. Cheri began a virtual DPP cohort on January 9th with 14 participants. There are 12 active participants as of April 28.

Additionally, Cheri is participating in a CDC Group Coaching Certificate Program that began in mid-February and runs for 6 months. This program will strengthen her group facilitation skills and this credential will add to the credibility of PPHD's National DPP program.

Lead – Cheri Farris

Living Well

Cheri contacts healthcare providers monthly to inform them about the available healthy living programs, and a few providers have expressed interest. We hope to reach more Panhandle residents who need the lessons learned in Living Well workshops. We are excited to expand our workshop capacity to meet the needs of Panhandle residents living in chronic pain.

Emily and Cheri are facilitating Living Well in Big Springs at the First Assembly of God church on Wednesdays from 9 to 11 from April 3 through May 15. There are 6 active participants in this cohort, and they are really benefiting from the workshop.

The DHHS Living Well coordinator has left the position, and we are hoping that they fill it soon. Currently, the new National DPP coordinator is filling in. The DHHS Living Well contract ends April 29, and due to staff turnover, we are not certain what the next funding cycle will cover. We hope to have more information to share in the next report.

Lead – Cheri Farris and Janelle Visser

Aging Office of Western Nebraska Partnership

The Area Office on Aging (AOWN) Title IIID funds help support PPHD in coordinating evidence-based programs including Living Well and National DPP. Due to the virtual worksite Living Well workshop and the virtual National DPP called Healthy for Life we were able to increase the Title IIID reach in early 2024. We continue to explore creative ways to meet the needs of this population. These funds will be available again in the next fiscal year so this work will continue. We are currently waiting to see how much funding AOWN was awarded for Title IIID work in the new fiscal year, so will be signing contracts soon.

Lead – Cheri Farris

Health & Wellness Coaching

Cheri continues to provide health coaching to area residents and Panhandle Worksite Wellness Council members. Health and wellness coaching opportunities increased last fall due to the UHC Blood Pressure Project with 9 active participants, the majority of whom were able to reduce and control their blood pressure. UHC reports that we have been successful in this effort. We continue to explore opportunities to implement healthy living programs for Panhandle residents and offer coaching to those who inquire.

Lead – Cheri Farris

Falls Prevention Programs

Cheri applied last spring for subaward to get started offering falls prevention programming, but there were delays due to a staffing shortage at DHHS office of Chronic Disease Prevention and Control. We are currently revisiting this initiative now that DHHS has new funding available and has filled the falls Coordinator position to determine if PPHD has the capacity to add this program at this time.

Lead – Cheri Farris

Motivational Interviewing Trainings

Cheri is working with Dr. Kate Speck as a mentor to become a MINT certified MI trainer and has been providing Motivational Interviewing (MI) training and facilitated more than eight MI trainings in 2023.

Recent 2024 MI Trainings include:

- Two 2.5 hour MI workshops at the ESU Conference in February
- One hour MI for HR Professional Group at Platte Valley Companies March 21
- One day MI 1 training for Cirrus House staff April 25

Future planned trainings include the following:

- 3.5 hour MI training for ESU behavioral health providers in August 2024
- A series of MI workshops offered through PPI
 - One day MI 1 May 2 at the ESU
 - Two Day MI 2 May 30 - 31 at Harms Center

Lead – Cheri Farris

Bridges Out of Poverty

In June 2023, Cheri & Nicole were trained to facilitate Bridges Out of Poverty training. Cheri partnered with Guardian Light Family services to co-facilitate Bridges Dec 7, 2023

- Nicole partnered with United way to offer Bridges January 24, 2024 at Platte Valley Companies Community Center
- Cheri & Nicole offered Bridges training at Creek Valley Schools in January.
- Cheri & Nicole partnered with another trainer from Guardian Light Family Services to facilitate Bridges at Sidney Regional Medical Center on January 31, 2024 to 10 participants.
- Nicole offered Bridges at the ESU conference in February

Lead – Cheri Farris & Nicole Berosek

Healthy Families – Nebraska Panhandle

All the advocacy for match funding has paid off! The legislative bill funding for \$900,000 in additional funds for home visiting in the state of Nebraska was passed through the legislature. We are hopeful that our site will benefit from this increase and continue to grow our program.

We are currently serving around 100 families! We have a vacancy for a home visitor position and have interviews set up with a great pool of applicants. We have been busy this month completing yearly performance appraisals with staff. It has been inspiring to reflect on this past year with each of them and celebrate the goals they have achieved along with their professional growth.. We have a very talented team with a lot of compassion and skill to do this very important work each day with the families in our communities.

Several members of the Healthy Families Team and other staff members within PPHD are going to be trained to become certified car seat techs. We are working on a mini-grant to become a car seat safety station. This will be used for parents and caretakers to come and get their car seat checked to ensure it is installed properly, and if they meet the criteria, they can also receive a car seat for their child. We are excited for this new adventure and to be able to fill the need for our community to ensure the safety of our children when on our roads and highways.

Lead – Dez Brandt

Prevention

Panhandle Prevention Coalition

The PPC has been bustling with activity over the past two months, resulting in extraordinary progress and impact! March kicked off with final preparations for our landmark April symposium, and the momentum carried us through a whirlwind of exciting events and discussions.

Our Classroom WISE presentation for ESU 13 paraprofessionals in March was a resounding success, providing valuable insights into mental health awareness in educational settings. Our booth at the Scotts Bluff County Employee Health Fair allowed us to share crucial information about our initiatives with the community.

The March PPC meeting featured a compelling training session on Compassion Fatigue and Stigma led by Laurie Johnson-Wade. With an impressive 29 participants in attendance, this meeting was one of our most well-attended, fostering meaningful conversations and learning opportunities.

March also saw significant progress in our contract with the Nebraska State Patrol, with 70 alcohol compliance checks completed across six counties and an exceptional 94% pass rate. This achievement highlights our ongoing commitment to community safety and prevention.

April was exhilarating with our highly anticipated symposium, *Beyond Repair: From Dealing Dope to Dealing Hope*, featuring childhood abuse survivor and recovery advocate David Stoecker. We were delighted to welcome nearly 50 participants, captivated by David's inspirational journey and the thought-provoking sessions on harm reduction and the importance of language in addressing substance use disorders.

The symposium concluded with a dinner and a screening of David's co-produced documentary, *Not My Child*, at the Midwest Theater. The film sparked a lively and impactful discussion, further deepening our community's understanding of substance use and recovery.

In the latter half of April, Liz traveled to Gordon, Hyannis, and Gering for *Turning Pages – Expanding Minds* stigma-reduction book discussions, drawing 46 enthusiastic readers. The chosen book, *Before I Let You Go* by Kelly Rimmer, facilitated powerful conversations about the complexities of stigma, addiction, and mental health.

Liz's interactions with participants revealed transformative moments, particularly when diverse perspectives and experiences converged to foster empathy and awareness. We were thrilled when Ms. Rimmer recorded a special video introduction for our book clubs, adding a unique and personal touch to the discussions.

Overall, March and April have been incredibly rewarding and enriching months for the PPC, full of opportunities for growth, connection, and change. We look forward to building on this momentum in the coming months to finish the year out strong!

Lead – Liz MacDonald

Suicide Prevention

QPR – Question, Persuade, Refer Suicide Prevention Training

Suicide prevention continues to be a priority for the team at PPHD. The last QPR Webinar is scheduled for May 8 at noon with 5 registered participants. Cheri offered QPR training to the volunteer firefighters in Garden County on April 1 with 6 participants in attendance.

We are available to offer in-person or virtual QPR training to individual organizations as requested. 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.

The team recently received another mini grant from the Nebraska State Suicide Prevention Coalition that will enable us to continue offering QPR trainings and add postvention supports as well. One staff member, Liz MacDonald, and two community members have been trained to offer suicide loss support groups. Liz's virtual support group began November 21 and the Scottsbluff in-person group began December 28 with a volunteer who was trained to facilitate the group with the mini grant funds. We are looking forward to the others who were trained to begin groups in Alliance and Oshkosh in 2024.

Cheri attended the Nebraska State Suicide Prevention Coalition conference on March 27 in Kearney.

The team continues implementing the workplan with the \$4,000 in suicide prevention mini-grant funding. The 2024 suicide pre and post-vention initiatives are as follows:

- QPR Training Promotion & Awareness
- Conduct QPR Trainings Feb- Nov 2024
- Compile evaluation results by Nov. 2024
- Implement NSSPC media campaign as soon as they are available in 2024
- One staff attend a support group, and then two more will attend facilitator training by Sept 2024
- Implement a minimum of one support group by October 2024
- Train to facilitate CALM and offer a minimum of one CALM training by October 2024
- Show new Project Wake Up film a minimum of one time by October 2024

Lead – Cheri Farris, Nicole Berosek, Janelle Visser, Liz MacDonald, Kelsy Sasse

Tobacco Free

Melissa Haas attended the Western Nebraska HR Conference and offered information on tobacco-free outdoor policies and the Nebraska Tobacco Quitline to various business HR representatives. Nicole and Melissa presented Quitline information to providers during a MAPP Steering Committee meeting and an area hospital meeting. Janelle and Melissa will be in attendance at the Statewide Tobacco Control Quarterly meeting in May and also will be present for a meeting with CDC representatives from the Office of Smoking and Health.

Lead – Jessica Davies, Janelle Visser, Melissa Haas, and Nicole Berosek

Opioid Response

Lockboxes and Detera Pouches continued to be offered to community groups and were provided to attendees at the Prevention Conference in April. Opioid and Narcan education is available for free to first responders, schools, providers, and community groups in the Panhandle. PPHD offers continued technical support for first responders needing free Narcan through the stopodne.com website.

Emily has been working with WNCC to purchase the Hazelden DVD series Addiction: What You Need to Know, intended for substance abuse education for students who violate current campus policies.

The Panhandle Situation Table continues to have success connecting acutely elevated-risk individuals and families with services with prompt services. Since its inception in August 2022, 80 situations have been brought to the Table; 75% of those have been successfully connected to services.

Nicole and Emily facilitated a virtual Mini-WRAP workshop on March 12th.

Marissa is in the process of implementing a media campaign focusing on stopodne.com, a website that provides information on where to obtain Narcan for free.

Lead – Emily Timm

Overdose to Action

The Panhandle Situation Table was selected as a recipient of NACCHO's 2024 Model Practice Award Program. This honor is a direct reflection of the work of our amazing partners and Emily's leadership as the Panhandle's Chair.

Letter from NACCHO:

We are pleased to inform you that your application, ***Panhandle Situation Table***, was selected as a **Model Practice** by the National Association of County and City Health Officials (NACCHO). Your application went through a rigorous peer-evaluation process over the past few months by NACCHO's Subject Matter Advisory Workgroup members and your program demonstrated exemplary and replicable initiative in response to a local public health need. Your program reflects the strength of the positive impact local health departments have on our communities.

As a Model Practice winner, you will receive one complimentary registration to attend, live or virtually, the NACCHO360 Conference in Detroit, MI this summer (July 23-26, 2024). Complimentary registration does not include travel and hotel, and the Awards Reception will be held Thursday, July 25th at 5:30 PM CST and is exclusive to the live event.

Model Practice winners are also invited to showcase their projects via a three to five-minute video presentation featured in the NACCHO360 Conference Model Practices gallery. This is a great opportunity to share your work with your peers.

In addition, your award-winning program has been selected for presentation during a special live session at the NACCHO 360 Conference. "2024 Award Winning Best Practices from Local Health Departments" will feature presentations from the "best of the best" Model Practice winners using a four to-five-minute TED Talk-style format followed by a live Q&A and is tentatively scheduled for Thursday, July 25th at 3:00 PM CST.

Lead – Tabi Prochazka

Highway Safety Office

The Highway Safety grant, which supports longer-term injury prevention strategies, is going well. Below are a few updates:

- Monthly social media promotions
- Working with Teens in the Driver Seat to provide education and awareness to schools in the Panhandle
- Six (6) schools are offering the highway safety education assembly in September (Gordon High, Rushville Middle, Crawford, Bayard, Gering, Potter-Dix, and maybe Morrill)
- Working with the Highway Safety Council, Teens in the Driver Seat, WNCC, and Southeast Community College to determine next steps regarding Drivers ED classes in the Panhandle.
- Janelle is continuing to work with her Activate groups to keep our communities active and safe.
- Janelle attended the Highway Safety conference (Lifesavers Conference) in Denver April 7-9.
- Provided a Driver's Ed update to all Superintendents on 4/24/24.
- Met with WNCC on Driver's Ed and meeting with Doug Mader on May 1st to determine next steps.
- Janelle and Nicole went through the CarFit Program Train the Trainer
- Have a meeting with CarFit contact to determine potential availability to train the Panhandle.
- Applied for an older driver mini-grant that will focus on education and awareness to the mature drivers.
- Working with Healthy Families to get a car seat mini-grant and make PPHD an official inspection station.

Lead – Janelle Visser, Nicole Berosek

Active Living

Community Walkability/Bikeability

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

- Gordon held a community forum on March 18 at the Gordon City Auditorium.
- Walk audits occurred at Gordon Schools on April 18. Findings were shared with the school for additional discussion and planning to increase safety.

The next Walk and Roll to School Day will be held on May 8, 2024. We encourage Panhandle Schools to participate and will be sharing information with them.

Lead – Jessica Davies & Janelle Visser

Pool Cool

Janelle will be contacting each of the pools to provide sunscreen and encourage sun protective strategies for lifeguards and poolgoers.

Lead – Janelle Visser

Environmental Health

Radon

Short-term radon kits are now available for Panhandle Residents. Residents can request kits online or by contacting Melissa Haas. A request online can be filled out at www.pphd.ne.gov. From June 2023 to April 25, 2024, 246 kits have been sent out with 11 long term kits sent and 92 short term kits sent.

Lead – Melissa Haas

West Nile Virus

The 2024 West Nile virus season will begin the last week of May 2024. The workplan and budget were submitted on April 15, 2024. Randy Kleager will be trapping mosquitoes in Scotts Bluff County and will also be resuming tick trapping in Dawes, Deuel, and Morrill counties. Melissa Haas will continue trapping mosquitoes in Box Butte County.

Lead – Melissa Haas

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

Lead- In-home childcare providers get this lead testing completed for free because of the 2023 Healthy Housing Mini-Grant: Innovative Strategies to Support Home-Based Child Care Providers. If you know of a home-base child care provider that lives in a home built prior to 1978, refer them to Kendra Lauruhn for a free lead testing!

klauruhn@pphd.ne.gov or 308-641-0233.

PPHD applied for the Lead Hazard Reduction Capacity Building Grant Program for \$531,665 and we were awarded the HUD grant on 4/9/2024! More information to come as we will start to begin our first HUD grant.

PPHD formed the Panhandle Environmental Health Coalition and had our first virtual meeting in April. Our focus for the group will be concentrated on lead poisoning prevention specifically in regard to lead hazards, water quality, and air quality.

Water- The free testing for private well owners was extended and PPHD is still providing information for private well owners to help get their wells tested. Melissa Haas completed the Private Well Water Training course offered through NEHA. The free testing for private well owners was extended and PPHD is still providing information for private well owners to help get their wells tested.

Air- PPHD is still offering PurpleAir monitors to schools who are interested for free. Currently there are 14 schools that ordered monitors. You can view this on: [Air Quality Map](#)

Lead-Melissa Haas, Megan Barhafer, Kendra Lauruhn

Dental Health

Dental Health Program-Keeping Teeth Strong

The spring season takes the dental program back to the schools to provide the second application of fluoride treatments. These trips are very quick and take very little time out of the school day. We have been working on looking for ways to sustain the dental health program and are partnering with CAPWN for the Scottsbluff school district this year to see if it will work out. Otherwise, this program is healthy and continues to be supported in all schools in the panhandle except 1 school.

Lead – Kendra Lauruhn

Dental Day

Dental Day 2024 will be May 31 and June 1 in Sidney at Life Smiles and in Gordon at Gordon Memorial Health Services. This service is for Ages 3-21 with little or no dental insurance.

Pre-screenings for the Sidney site will be scheduled until May 10. Pre-screening sites include:

Bridgeport Dental with Dr. Ben Iske

Life Smiles (Sidney) with Dr. Dornbier

Chappell Dental with Dr. Travis Dickey

Gordon site does not require pre-screenings. The patients are pre-screened at their appointment on May 31 or June 1. We are working on a public transportation option to Gordon. We have been communicating heavily and disseminated an Every Door Direct Mail for Sheridan and Grant Counties to help fill the available spots.

Lead – Janelle Visser

Administrative

Human Resources

Currently, supervisors are in the process of conducting Annual Performance Appraisals for our staff. Alongside regular on-on-one meetings, annual reviews play an important role in evaluating performance, offering constructive feedback, and ensuring alignment with our organization objectives.

We are currently reviewing and updating our Policy & Procedure Manual, which is no small task. This manual provides clear guidelines to ensure everyone is on the same page. It ensures compliance with laws and regulations, keeping operations running smoothly while promoting accountability and transparency.

Work anniversaries for the first quarter of 2024:

- Kendra Lauruhn 9 years
- Ashleigh Aufforth-Rada 2 years
- Valerie VanWinkle 2 years

Lead – Erin Sorensen

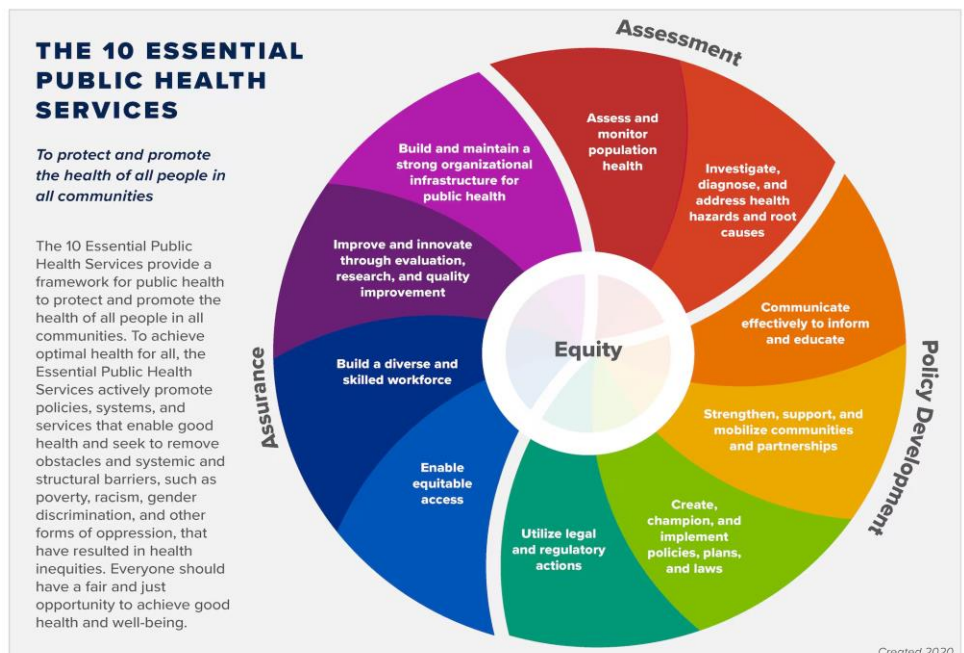
Finance

We are working on the agency budget for the 2024-2025 fiscal year. Budgets for several individual programs are due in the next month. As of the end of April we have received just over \$460,000 in payments billed for immunizations through the vaccination program.

Accreditation

Staff are starting implementation of the new standards and measures for reaccreditation. The new standards and measures are based on the 10 Essential Services of Public Health. These standards assure that health departments are meeting the foundational capabilities needed to be an optimally operating health department. The Public Health Accreditation Board (PHAB) is releasing a Workforce Development Plan template this summer. Staff will use this template to sure our plan maintains alignment with accreditation requirements.

Lead – Sara Williamson



Nebraska Public Health Conference (NEPH)

“Trailblazing to Public Health Modernization”

March 26-27, 2024

Lincoln, NE

<https://nalhd.org/our-work/statewide-collaboration/public-health-conference.html>

National Association of County and City Health Officials (NACCHO 360)

*“Heard it Through the Grapevine: Public Health Partnerships,
Collaboration, and Innovation”*

July 23-26, 2024

Detroit, MI

<https://www.nacchoannual.org/home>

*Several staff will be attending – you are welcome to join us!

American Public Health Association (APHA)

“Rebuilding Trust in Public Health and Science”

October 24-30, 2024

Minneapolis, MN

Sara Williamson

From: Kim Engel
Sent: Wednesday, March 6, 2024 11:47 AM
To: Sara Williamson
Subject: FW: Response to PPHD Dental Health Program- Keeping Teeth Strong Final Report

From: Jim Gustafson <jgustafson@nebcommfound.org>
Sent: Wednesday, March 6, 2024 9:27 AM
To: Kendra Lauruhn <klauruhn@pphd.ne.gov>
Cc: Kim Engel <kengel@pphd.ne.gov>; Jana Jensen <janajensen@nebcommfound.org>; charles.craft@nebraska.gov; Jeff Yost <jeffyost@nebcommfound.org>
Subject: Response to PPHD Dental Health Program- Keeping Teeth Strong Final Report

Kendra,

Congratulations on your success over the past 5 years! I hope you take away a deep sense of satisfaction in what you have accomplished. You have achieved most of your Program Objectives and surpassed your fundraising goal of \$171,000! As Jana likes to say, "Ring the Bell!"

A couple of recommendations to consider:

1. Plan a celebration with staff, board, donors and media. Share the good news. Let Jana or me know if you would like NCF's help with a press release.
2. Provide stewardship and continue building relationships with donors to the challenge grant. If one gift was made, another gift may be made if properly informed, appreciated and invited. You may want to send a personalized thank you letter, similar to the letter sent to Nebraska Community Foundation, and report (perhaps add a few pictures) to the donors sharing how they have helped make the growth of the Keeping Teeth Strong program possible with their gift. Again, if it is helpful, NCF will review these materials before they are sent.

Again, I offer my sincere congratulations to you and your colleagues for the successful completion of the challenge grant with a total of \$441,700 of program revenue over the five year challenge grant period. If the Medicaid payments of \$182,459 and HRSA Grant of \$60,000 are removed this means Keeping Teeth Strong received almost \$200,000 from individuals and private foundations to meet the \$171,000 challenge grant!

Plus, the program increased; the number of schools served, the participation rates of parent consents, the percentage of children with dental homes, preventions services and education outreach.

The Keeping Teeth Strong program under your leadership is truly making a difference in the dental health of the children you serve.

All the best to you for the future impact Keeping Teeth Strong will have.

For the Children,

Jim

Please note my part-time schedule. I work Monday afternoons and full days on Tuesdays and Wednesdays.

NEBRASKA COMMUNITY FOUNDATION

Jim Gustafson

Gift Planning Advisor

PO Box 83107 | Lincoln, NE 68501-3107

Office: 402.323.7330 | **Direct:** 402.323.7341 | **Mobile:** 402.499.4578 | **Fax:** 402.323.7349

jgustafson@nebcommfound.org | nebcommfound.org | [Facebook](#)

Confirmed in Compliance with National Standards for U.S. Community Foundations.



WITH FIVE OUR HOMETOWNS THRIVE!
FivetoThriveNE.org

From: Kendra Lauruhn <klauruhn@pphd.ne.gov>

Sent: Monday, February 26, 2024 3:59 PM

To: Jim Gustafson <jgustafson@nebcommfound.org>; Jana Jensen <janajensen@nebcommfound.org>; Teri Alley-Davis <talley-davis@nebcommfound.org>

Cc: Kim Engel <kengel@pphd.ne.gov>

Subject: PPHD Dental Health Program- Keeping Teeth Strong

Hello Jim and Jana,

Can you believe it has already been 5 years? Thank you for the opportunity to work with both of you and NCF. It has been a great opportunity for us and the dental health program. I have learned so much over the past 5 years and our program has flourished.

I have attached all the final documentation required for the final report. Please let me know if you have any questions or concerns. Thank you!

Kendra Lauruhn

Public Health Dental Hygienist

Lead Inspector and Risk Assessor

Panhandle Public Health District

18 W 16th Street

Scottsbluff, NE 69361

Office 308-633-2866 ext. 206

Fax 308-633-2874

Updated email – klauruhn@pphd.ne.gov

Updated website - pphd.ne.gov



Panhandle

Public Health District



Vision: We are a healthier and safer Panhandle Community.

Mission: 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.

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PPHD Finance Committee
Conference Call Minutes
May 1, 2024 9:00 am

Present on the call were Kay Anderson, Kim Engel, and Sara Williamson.

Williamson reviewed the program spreadsheets through April 25, accounts receivable listing, and the financial statements and check details for December, January, February, and March. Cash flows increased significantly in February and March with insurance payments for the vaccination program. Williamson noted that \$250,000 was moved from PPHD's regular checking account to the NPAIT account in April because of the influx of cash.

Engel provided an update on the FY 2022-2023 audit. The audit is still in progress as the audit transitioned from staff with Gardner, Loutzenhiser, and Ryan, P.C., to staff with Casey Peterson, LTD as part of the buyout of GLR by Casey Peterson. There has been turnover of the staff involved in our audit and Casey Peterson will finish the 2022-2023 audit, but will not provide audit services for PPHD going forward. Engel noted we are in the process of finding firms to request bids from, but that there are few public accountants in the Panhandle that have this capacity and we will be reaching out to firms in the eastern part of the state.

Nebraska Association of County Officials (NACO) released their rate and plan options for health insurance rates for the July 2024-June 2025 period providing coverage with Blue Cross Blue Shield. Plan options did not change and PPHD will still be able to offer the \$6100 qualified high deductible health plan with an HRA option and a \$1100 copay plan option. Our rates will increase by 4.17%. Engel recommended staying with NACO and the current plan offerings for the coming year. The rates will be presented for approval at the board meeting.

A recommendation was made by Anderson to approve the financial statements for December through March as presented. Meeting adjourned at 9:22 am.

PANHANDLE PUBLIC HEALTH DISTRICT

FINANCIAL STATEMENTS

DECEMBER 31, 2023

**Panhandle Public Health District
Balance Sheet**

Cash Basis

As of December 31, 2023

	Dec 31, 23
ASSETS	
Current Assets	
Checking/Savings	
1000 · Platte Valley National Bank	317,006.89
1005 · NPAIT (Nebraska Public Agency Investment Trust)	14,177.56
Total Checking/Savings	331,184.45
Total Current Assets	331,184.45
Fixed Assets	
1500 · Furniture and Equipment (Furniture and equipment with useful life exceeding one year)	
1501 · Security System	7,142.00
1500 · Furniture and Equipment (Furniture and equipment with useful life exceeding one year) - Other	57,257.23
Total 1500 · Furniture and Equipment (Furniture and equipment with useful life exceeding one year)	64,399.23
1510 · Van	
1511 · Accumulated Depreciation - Van	-114,508.23
1510 · Van - Other	121,033.00
Total 1510 · Van	6,524.77
1525 · SB Cars	
1526 · Accumulated Depreciation - Cars	-37,340.00
1525 · SB Cars - Other	37,340.00
Total 1525 · SB Cars	0.00
1600 · Scottsbluff Office	
1601 · Scottsbluff Office - Carpet	5,243.20
1610 · Accumulated Depr - SB Office	-33,841.35
1611 · Parking Lot	25,000.00
1600 · Scottsbluff Office - Other	516,216.74
Total 1600 · Scottsbluff Office	512,618.59
1650 · Hemingford Office	
1660 · Accumulated Depr - Hem Office	-2,884.59
1650 · Hemingford Office - Other	157,574.00
Total 1650 · Hemingford Office	154,689.41
1700 · Accumulated Depreciation (Accumulated depreciation on equipment, buildings and improvements)	-220,470.51
Total Fixed Assets	517,761.49
TOTAL ASSETS	848,945.94
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
20000 · Accounts Payable (Unpaid or unapplied vendor bills or credits)	48,792.37
Total Accounts Payable	48,792.37
Other Current Liabilities	
2010 · State Withholding Payable	4,928.11
2015 · Retirement Payable	10.53
2020 · Health Insurance Payable	105.89
2021 · FSA Payable - Health	2,262.90
2022 · FSA Payable - Dep Care	-1,104.81
2025 · FICA Withholding Payable	13.63
2026 · Garnishment	184.68
2027 · State Unemployment Payable	230.94
2028 · Dental Insurance Payable	2.50
2029 · Vision Insurance Payable	0.70
2110 · Direct Deposit Liabilities	-1,240.06
Total Other Current Liabilities	5,395.01
Total Current Liabilities	54,187.38
Long Term Liabilities	
2500 · Scottsbluff Building Loan	165,470.88
Total Long Term Liabilities	165,470.88
Total Liabilities	219,658.26
Equity	
3000 · Opening Balance Equity	-39,764.62
3050 · Fund Balance	730,983.86
3060 · Board Designated Funds - Autos	33,525.52
3061 · Board Designated Funds - Copier	67,259.26
Net Income	-162,716.34
Total Equity	629,287.68
TOTAL LIABILITIES & EQUITY	848,945.94

Panhandle Public Health District
Profit & Loss
December 2023

Cash Basis

	Dec 23
Ordinary Income/Expense	
Income	
4000 · General Funds	8,788.17
4010 · Infrastructure Funds	11,342.60
4015 · Per Capita Funds	11,505.05
4016 · LB1008 Funds	6,944.46
4017 · LB 585	12,287.33
4020 · Revenue	19,839.26
4021 · Revenue (Fed Pass-Through)	26,770.48
4050 · Interest Income	64.04
4055 · Travel Reimbursement	3,354.60
4070 · Program Donations	190.00
4072 · Program Fees (Fee for service revenues)	44,122.31
4073 · Product Fees	112,669.82
4074 · Admin Fees	23,976.14
4075 · Copy Reimbursement	1,336.76
4080 · Office Expense Reimbursement	4,837.72
4081 · FTE Expense Reimbursement	1,687.46
Total Income	289,716.20
Gross Profit	289,716.20
Expense	
6010 · Advertising and PR	-2,567.91
6030 · Bank Service Charges	5.98
6075 · Communication	3,989.69
6080 · Contracts	55,970.00
6090 · Depreciation Expense	820.13
6091 · Depreciation Expense - Building	1,060.14
6095 · Dues and Subscriptions	10,295.39
6110 · Equipment	6,866.00
6120 · Incentives	909.88
6125 · Insurance	1,909.36
6126 · Insurance - General	1,490.74
6128 · Interest Expense	464.05
6145 · Meeting	1,572.29
6150 · Office Expense	4,837.72
6154 · Vaccinations	85,852.51
6155 · Office Supplies	10,202.38
6157 · Printing Supplies	2,896.36
6158 · Payroll Expense	129.00
6160 · Payroll Tax Expense	10,053.39
6175 · Postage	1,683.61
6180 · Printing and Publication	193.39
6200 · Repairs and Maintenance	1,290.00
6202 · Server Backup	966.00
6205 · Training/Education	2,525.00
6210 · Travel	5,878.18
6215 · Utilities	1,463.93
6220 · Wages	138,039.37
6225 · Retirement Expense	9,218.71
6230 · Health Insurance	42,238.90
6231 · Dental Insurance	1,832.88
6232 · Vision Insurance	496.93
6240 · Life Insurance	333.50
6245 · LT Disability	406.00
6246 · FSA Expense - Health	0.00
6247 · FSA Expense - Dep	0.00
Total Expense	403,323.50
Net Ordinary Income	-113,607.30
Other Income/Expense	
Other Expense	
6815 · Other Expense	1,504.00
Total Other Expense	1,504.00
Net Other Income	-1,504.00
Net Income	-115,111.30

PANHANDLE PUBLIC HEALTH DISTRICT

FINANCIAL STATEMENTS

JANUARY 31, 2024

**Panhandle Public Health District
Balance Sheet**

Cash Basis

As of January 31, 2024

	<u>Jan 31, 24</u>
ASSETS	
Current Assets	
Checking/Savings	
1000 · Platte Valley National Bank	297,648.76
1005 · NPAIT (Nebraska Public Agency Investment Trust)	14,241.72
Total Checking/Savings	<u>311,890.48</u>
Total Current Assets	311,890.48
Fixed Assets	
1500 · Furniture and Equipment (Furniture and equipment with useful life exceeding one year)	
1501 · Security System	7,142.00
1500 · Furniture and Equipment (Furniture and equipment with useful life exceeding one year) - Other	57,257.23
Total 1500 · Furniture and Equipment (Furniture and equipment with useful life exceeding one year)	<u>64,399.23</u>
1510 · Van	
1511 · Accumulated Depreciation - Van	-115,328.36
1510 · Van - Other	121,033.00
Total 1510 · Van	<u>5,704.64</u>
1525 · SB Cars	
1526 · Accumulated Depreciation - Cars	-37,340.00
1525 · SB Cars - Other	37,340.00
Total 1525 · SB Cars	0.00
1600 · Scottsbluff Office	
1601 · Scottsbluff Office - Carpet	5,243.20
1610 · Accumulated Depr - SB Office	-34,580.98
1611 · Parking Lot	25,000.00
1600 · Scottsbluff Office - Other	516,216.74
Total 1600 · Scottsbluff Office	<u>511,878.96</u>
1650 · Hemingford Office	
1660 · Accumulated Depr - Hem Office	-3,205.10
1650 · Hemingford Office - Other	157,574.00
Total 1650 · Hemingford Office	<u>154,368.90</u>
1700 · Accumulated Depreciation (Accumulated depreciation on equipment, buildings and improvements)	<u>-220,470.51</u>
Total Fixed Assets	<u>515,881.22</u>
TOTAL ASSETS	<u><u>827,771.70</u></u>
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
20000 · Accounts Payable (Unpaid or unapplied vendor bills or credits)	48,792.37
Total Accounts Payable	<u>48,792.37</u>
Other Current Liabilities	
2010 · State Withholding Payable	4,395.62
2015 · Retirement Payable	10.53
2020 · Health Insurance Payable	105.89
2021 · FSA Payable - Health	870.44
2022 · FSA Payable - Dep Care	-527.82
2025 · FICA Withholding Payable	29.23
2026 · Garnishment	184.68
2027 · State Unemployment Payable	607.93
2028 · Dental Insurance Payable	2.50
2029 · Vision Insurance Payable	0.70
2047 · SD Unemployment Payable	34.04
2110 · Direct Deposit Liabilities	-49,611.41
Total Other Current Liabilities	<u>-43,897.67</u>
Total Current Liabilities	<u>4,894.70</u>
Long Term Liabilities	
2500 · Scottsbluff Building Loan	164,474.97
Total Long Term Liabilities	<u>164,474.97</u>
Total Liabilities	169,369.67
Equity	
3000 · Opening Balance Equity	-39,764.62
3050 · Fund Balance	730,983.86
3060 · Board Designated Funds - Autos	33,525.52
3061 · Board Designated Funds - Copier	67,259.26
Net Income	-133,601.99
Total Equity	<u>658,402.03</u>
TOTAL LIABILITIES & EQUITY	<u><u>827,771.70</u></u>

**Panhandle Public Health District
Profit & Loss
January 2024**

Cash Basis

	Jan 24
Ordinary Income/Expense	
Income	
4000 · General Funds	8,788.17
4010 · Infrastructure Funds	11,342.59
4015 · Per Capita Funds	11,505.05
4016 · LB1008 Funds	6,944.46
4017 · LB 585	12,287.33
4020 · Revenue	54,155.81
4021 · Revenue (Fed Pass-Through)	61,270.63
4045 · Other Income	350.00
4050 · Interest Income	64.16
4055 · Travel Reimbursement	3,126.06
4072 · Program Fees (Fee for service revenues)	37,558.39
4073 · Product Fees	107,085.48
4074 · Admin Fees	23,886.03
4075 · Copy Reimbursement	3,191.90
4080 · Office Expense Reimbursement	4,753.45
4081 · FTE Expense Reimbursement	1,727.16
	348,036.67
Total Income	348,036.67
Gross Profit	348,036.67
Expense	
6010 · Advertising and PR	1,976.12
6030 · Bank Service Charges	42.63
6075 · Communication	4,115.73
6080 · Contracts	30,344.60
6090 · Depreciation Expense	820.13
6091 · Depreciation Expense - Building	1,060.14
6095 · Dues and Subscriptions	350.00
6120 · Incentives	610.45
6125 · Insurance	1,909.32
6126 · Insurance - General	1,490.76
6128 · Interest Expense	493.01
6145 · Meeting	371.45
6150 · Office Expense	4,753.45
6154 · Vaccinations	26,573.87
6155 · Office Supplies	23,557.20
6157 · Printing Supplies	4,004.93
6158 · Payroll Expense	360.00
6160 · Payroll Tax Expense	10,151.47
6175 · Postage	121.72
6180 · Printing and Publication	1,800.99
6200 · Repairs and Maintenance	4,704.90
6202 · Server Backup	483.00
6205 · Training/Education	120.00
6210 · Travel	5,423.02
6215 · Utilities	1,765.66
6220 · Wages	131,911.21
6225 · Retirement Expense	8,871.69
6230 · Health Insurance	46,412.05
6231 · Dental Insurance	1,832.88
6232 · Vision Insurance	496.93
6240 · Life Insurance	333.50
6245 · LT Disability	406.00
6246 · FSA Expense - Health	0.00
6247 · FSA Expense - Dep	0.00
	317,668.81
Total Expense	317,668.81
Net Ordinary Income	30,367.86
Other Income/Expense	
Other Expense	
6815 · Other Expense	1,253.51
	1,253.51
Total Other Expense	1,253.51
Net Other Income	-1,253.51
Net Income	29,114.35

PANHANDLE PUBLIC HEALTH DISTRICT

FINANCIAL STATEMENTS

FEBRUARY 29, 2024

**Panhandle Public Health District
Balance Sheet**

As of February 29, 2024

Cash Basis

	Feb 29, 24
ASSETS	
Current Assets	
Checking/Savings	
1000 - Platte Valley National Bank	835,986.26
1005 - NPAIT (Nebraska Public Agency Investment Trust)	14,302.11
Total Checking/Savings	850,288.37
Total Current Assets	850,288.37
Fixed Assets	
1500 - Furniture and Equipment (Furniture and equipment with useful life exceeding one year)	
1501 - Security System	7,142.00
1500 - Furniture and Equipment (Furniture and equipment with useful life exceeding one year) - Other	57,257.23
Total 1500 - Furniture and Equipment (Furniture and equipment with useful life exceeding one year)	64,399.23
1510 - Van	
1511 - Accumulated Depreciation - Van	-116,148.49
1510 - Van - Other	121,033.00
Total 1510 - Van	4,884.51
1525 - SB Cars	
1526 - Accumulated Depreciation - Cars	-37,340.00
1525 - SB Cars - Other	37,340.00
Total 1525 - SB Cars	0.00
1600 - Scottsbluff Office	
1601 - Scottsbluff Office - Carpet	5,243.20
1610 - Accumulated Depr - SB Office	-35,320.61
1611 - Parking Lot	25,000.00
1600 - Scottsbluff Office - Other	516,216.74
Total 1600 - Scottsbluff Office	511,139.33
1650 - Hemingford Office	
1660 - Accumulated Depr - Hem Office	-3,525.61
1650 - Hemingford Office - Other	157,574.00
Total 1650 - Hemingford Office	154,048.39
1700 - Accumulated Depreciation (Accumulated depreciation on equipment, buildings and improvements)	-220,470.51
Total Fixed Assets	514,000.95
TOTAL ASSETS	1,364,289.32
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
20000 - Accounts Payable (Unpaid or unapplied vendor bills or credits)	48,792.37
Total Accounts Payable	48,792.37
Other Current Liabilities	
2010 - State Withholding Payable	6,400.70
2015 - Retirement Payable	10.53
2020 - Health Insurance Payable	23,681.75
2021 - FSA Payable - Health	2,547.60
2022 - FSA Payable - Dep Care	626.04
2024 - HRA Payable	2,958.39
2025 - FICA Withholding Payable	75.51
2026 - Garnishment	184.68
2027 - State Unemployment Payable	1,270.85
2028 - Dental Insurance Payable	1,016.54
2029 - Vision Insurance Payable	288.16
2035 - Life Insurance Payable	166.75
2036 - Supp Accident Ins Payable	216.20
2037 - Supp Cancer Ins Payable	136.55
2038 - Supplemental Illness Payable	57.32
2039 - Supplemental ST Disab Payable	44.20
2040 - LT Disability Company	203.00
2047 - SD Unemployment Payable	135.02
2110 - Direct Deposit Liabilities	-1,240.06
Total Other Current Liabilities	38,779.73
Total Current Liabilities	87,572.10
Long Term Liabilities	
2500 - Scottsbluff Building Loan	163,476.11
Total Long Term Liabilities	163,476.11
Total Liabilities	251,048.21
Equity	
3000 - Opening Balance Equity	-39,764.62
3050 - Fund Balance	730,983.86
3060 - Board Designated Funds - Autos	33,525.52
3061 - Board Designated Funds - Copier	67,259.26
Net Income	321,237.09
Total Equity	1,113,241.11
TOTAL LIABILITIES & EQUITY	1,364,289.32

Panhandle Public Health District
Profit & Loss
February 2024

Cash Basis

	Feb 24
Ordinary Income/Expense	
Income	
4000 · General Funds	17,576.34
4010 · Infrastructure Funds	22,685.19
4015 · Per Capita Funds	23,010.10
4016 · LB1008 Funds	13,888.92
4017 · LB 585	24,574.66
4020 · Revenue	190,182.39
4021 · Revenue (Fed Pass-Through)	372,602.42
4045 · Other Income	1,750.00
4050 · Interest Income	60.39
4055 · Travel Reimbursement	2,835.99
4070 · Program Donations	85.00
4072 · Program Fees (Fee for service revenues)	29,098.98
4073 · Product Fees	98,246.00
4074 · Admin Fees	24,592.36
4075 · Copy Reimbursement	3,663.06
4080 · Office Expense Reimbursement	5,226.20
4081 · FTE Expense Reimbursement	1,727.16
Total Income	831,805.16
Gross Profit	831,805.16
Expense	
6010 · Advertising and PR	2,635.71
6030 · Bank Service Charges	199.10
6075 · Communication	4,953.94
6080 · Contracts	10,425.00
6090 · Depreciation Expense	820.13
6091 · Depreciation Expense - Building	1,060.14
6095 · Dues and Subscriptions	554.00
6120 · Incentives	1,503.41
6125 · Insurance	1,909.32
6126 · Insurance - General	1,490.76
6128 · Interest Expense	490.06
6150 · Office Expense	5,226.20
6154 · Vaccinations	15,464.19
6155 · Office Supplies	9,642.79
6156 · Medical Supplies	-1,279.39
6157 · Printing Supplies	4,361.34
6158 · Payroll Expense	298.00
6160 · Payroll Tax Expense	15,213.00
6175 · Postage	572.46
6180 · Printing and Publication	1,112.00
6200 · Repairs and Maintenance	1,642.50
6202 · Server Backup	1,449.00
6205 · Training/Education	2,244.76
6210 · Travel	4,532.37
6215 · Utilities	1,609.45
6220 · Wages	199,969.11
6225 · Retirement Expense	13,261.82
6230 · Health Insurance	70,989.65
6231 · Dental Insurance	2,749.36
6232 · Vision Insurance	756.65
6240 · Life Insurance	500.25
6245 · LT Disability	609.00
6246 · FSA Expense - Health	0.00
Total Expense	376,966.08
Net Ordinary Income	454,839.08
Net Income	454,839.08

PANHANDLE PUBLIC HEALTH DISTRICT

FINANCIAL STATEMENTS

MARCH 31, 2024

Panhandle Public Health District
Balance Sheet

As of March 31, 2024

Cash Basis

	<u>Mar 31, 24</u>
ASSETS	
Current Assets	
Checking/Savings	
1000 - Platte Valley National Bank	668,168.58
1005 - NPAIT (Nebraska Public Agency Investment Trust)	14,366.49
Total Checking/Savings	<u>682,535.07</u>
Total Current Assets	<u>682,535.07</u>
Fixed Assets	
1500 - Furniture and Equipment (Furniture and equipment with useful life exceeding one year)	
1501 - Security System	7,142.00
1500 - Furniture and Equipment (Furniture and equipment with useful life exceeding one year) - Other	57,257.23
Total 1500 - Furniture and Equipment (Furniture and equipment with useful life exceeding one year)	<u>64,399.23</u>
1510 - Van	
1511 - Accumulated Depreciation - Van	-116,968.62
1510 - Van - Other	121,033.00
Total 1510 - Van	<u>4,064.38</u>
1525 - SB Cars	
1526 - Accumulated Depreciation - Cars	-37,340.00
1525 - SB Cars - Other	37,340.00
Total 1525 - SB Cars	<u>0.00</u>
1600 - Scottsbluff Office	
1601 - Scottsbluff Office - Carpet	5,243.20
1610 - Accumulated Depr - SB Office	-36,060.24
1611 - Parking Lot	25,000.00
1600 - Scottsbluff Office - Other	516,216.74
Total 1600 - Scottsbluff Office	<u>510,399.70</u>
1650 - Hemingford Office	
1660 - Accumulated Depr - Hem Office	-3,846.12
1650 - Hemingford Office - Other	157,574.00
Total 1650 - Hemingford Office	<u>153,727.88</u>
1700 - Accumulated Depreciation (Accumulated depreciation on equipment, buildings and improvements)	-220,470.51
Total Fixed Assets	<u>512,120.68</u>
TOTAL ASSETS	<u><u>1,194,655.75</u></u>
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
20000 - Accounts Payable (Unpaid or unapplied vendor bills or credits)	48,792.37
Total Accounts Payable	<u>48,792.37</u>
Other Current Liabilities	
2010 - State Withholding Payable	4,492.18
2015 - Retirement Payable	10.53
2020 - Health Insurance Payable	21,528.49
2021 - FSA Payable - Health	-588.14
2022 - FSA Payable - Dep Care	-405.72
2024 - HRA Payable	2,958.38
2025 - FICA Withholding Payable	96.13
2026 - Garnishment	184.68
2027 - State Unemployment Payable	1,397.97
2028 - Dental Insurance Payable	967.58
2029 - Vision Insurance Payable	265.35
2035 - Life Insurance Payable	155.25
2036 - Supp Accident Ins Payable	184.64
2037 - Supp Cancer Ins Payable	154.08
2038 - Supplemental Illness Payable	57.32
2039 - Supplemental ST Disab Payable	44.20
2040 - LT Disability Company	189.00
2047 - SD Unemployment Payable	180.00
2110 - Direct Deposit Liabilities	-1,240.06
Total Other Current Liabilities	<u>30,631.86</u>
Total Current Liabilities	<u>79,424.23</u>
Long Term Liabilities	
2500 - Scottsbluff Building Loan	162,442.85
Total Long Term Liabilities	<u>162,442.85</u>
Total Liabilities	<u>241,867.08</u>
Equity	
3000 - Opening Balance Equity	-39,764.62
3050 - Fund Balance	730,983.86
3060 - Board Designated Funds - Autos	33,525.52
3061 - Board Designated Funds - Copier	67,259.26
Net Income	160,784.65
Total Equity	<u>952,788.67</u>
TOTAL LIABILITIES & EQUITY	<u><u>1,194,655.75</u></u>

Panhandle Public Health District Profit & Loss

March 2024

Cash Basis

	Mar 24
Ordinary Income/Expense	
Income	
4020 · Revenue	13,083.33
4021 · Revenue (Fed Pass-Through)	36,147.79
4035 · Health Screening Supplies	420.60
4045 · Other Income	520.27
4050 · Interest Income	64.38
4055 · Travel Reimbursement	2,603.56
4072 · Program Fees (Fee for service revenues)	29,327.03
4073 · Product Fees	35,002.63
4074 · Admin Fees	10,020.01
4075 · Copy Reimbursement	3,713.94
4080 · Office Expense Reimbursement	4,624.93
4081 · FTE Expense Reimbursement	1,062.13
Total Income	136,590.60
Gross Profit	136,590.60
Expense	
6010 · Advertising and PR	217.00
6030 · Bank Service Charges	27.54
6075 · Communication	3,812.49
6080 · Contracts	7,127.96
6090 · Depreciation Expense	820.13
6091 · Depreciation Expense - Building	1,060.14
6095 · Dues and Subscriptions	705.00
6125 · Insurance	464.60
6126 · Insurance - General	165.70
6128 · Interest Expense	455.66
6145 · Meeting	870.00
6150 · Office Expense	4,624.93
6154 · Vaccinations	24,870.87
6155 · Office Supplies	10,052.70
6156 · Medical Supplies	261.52
6157 · Printing Supplies	3,900.74
6158 · Payroll Expense	298.00
6160 · Payroll Tax Expense	10,263.43
6175 · Postage	281.17
6180 · Printing and Publication	1,064.03
6200 · Repairs and Maintenance	945.00
6202 · Server Backup	966.00
6205 · Training/Education	17,498.75
6210 · Travel	6,371.09
6215 · Utilities	1,276.13
6220 · Wages	139,565.55
6225 · Retirement Expense	9,330.11
6230 · Health Insurance	46,751.59
6231 · Dental Insurance	1,783.92
6232 · Vision Insurance	497.29
6240 · Life Insurance	322.00
6245 · LT Disability	392.00
6246 · FSA Expense - Health	0.00
6247 · FSA Expense - Dep	0.00
Total Expense	297,043.04
Net Ordinary Income	-160,452.44
Net Income	-160,452.44

Program updates through **4/25/2024**

Award Name/ Program Name	Total Award	Expenses to Date	% of Total	% of Performance Period	Program End Date
State Appropriated Funds					
Admin 2024 (LB 692)	\$340,433.21	\$259,486.37	76%	83%	6/30/2024
Surveillance 2024 (LB 1060)	\$156,763.83	\$66,981.44	43%	83%	6/30/2024
LB 1008 2024 (Chronic Disease Prevention Work)	\$83,333.55	\$45,722.21	55%	83%	6/30/2024
LB 585 2024 (Worksite Wellness/Admin)	\$148,161.56	\$69,056.09	47%	83%	6/30/2024
MHI 2024 (Minority Health Initiative)	\$166,067.44	\$37,885.07	23%	22%	6/30/2025
ARPA	\$391,824.06	\$56,447.76	14%	73%	12/31/2024
Data, Performance, and Health Improvement Planning					
MAPP (CHA/CHIP Work)	\$0.00	\$1,889.18	#DIV/0!	33%	12/31/2024
WFD (Accreditation Readiness)	\$25,500.00	\$15,121.86	59%	58%	9/30/2024

Program updates through

4/25/2024

Award Name/ Program Name	Total Award	Expenses to Date	% of Total	% of Performance Period	Program End Date
Chronic Disease Prevention Funds					
AOWN 2024 (Diabetes Prevention)	\$9,435.00	\$9,894.60	105%	83%	6/30/2024
LCTA (DPP Coaches Training)	\$10,000.00	\$6,642.01	66%	83%	6/29/2024
Governor's Award 2024 (Worksite Wellness)	\$7,500.00	\$1,487.39	20%	33%	12/31/2024
Hub 2024 (EWM/Colon Cancer)	\$12,737.27	\$0.12	0%	83%	6/29/2024
Living Well 2023 (Lifestyle Change Programming)	\$34,500.00	\$25,895.76	75%	97%	4/30/2024
NDE 2024 (Dept of Ed work with Schools)	\$27,500.00	\$28,442.45	103%	42%	12/14/2024
NDPP 1815 (Lifestyle Change Programming)	\$30,200.00	\$19,381.32	64%	156%	6/29/2023
TFN 2024 (Tobacco Free NE)	\$79,784.00	\$58,740.37	74%	83%	6/30/2024
Injury Prevention Funds					
HSO 2024 (Highway/Driver Safety)	\$88,200.00	\$49,272.05	56%	58%	9/30/2024
HSO Click 2024 (Click It or Ticket Campaign)	\$13,000.00	\$0.00	0%	50%	9/30/2024
HSO Education 2024 (School/Public Presentations)	\$13,000.00	\$0.00	0%	50%	9/30/2024
HSO Adults 2024 (Older Adult Safety)	\$10,000.00	\$0.00	0%	17%	9/30/2024

Program updates through

4/25/2024



Award Name/ Program Name	Total Award	Expenses to Date	% of Total	% of Performance Period	Program End Date
Preparedness Funds					
BT 2024 (Emergency Preparedness/Disease Investigati	\$154,465.00	\$107,077.03	69%	83%	6/30/2024
PRMRS 2024 (Hospital Preparedness Planning)	\$120,000.00	\$66,579.16	55%	83%	6/30/2024
CDC MHI (COVID Health Disparities)	\$27,791.67	\$19,028.68	68%	92%	5/31/2024
Clinical Services					
Vaccination 2024 (COVID & Flu)	\$352,946.90	\$296,739.82	84%	83%	6/30/2024
Vaccination AOWN	\$157,000.00	\$74,974.46	48%	80%	6/30/2024
NACCHO Vaccination (school based program)	\$75,000.00	\$10,169.93	14%	58%	9/29/2024
VFC (Vaccinations for Children)	\$25,000.00	\$18,956.37	76%	83%	6/30/2024
Immunization Billing	\$575,640.01	\$591,183.52	103%	83%	6/30/2024
STI 2024 (Case Investigation)	\$57,375.00	\$1,851.14	3%	22%	6/30/2025
HPV (media campaign)	\$20,000.00	\$0.00	0%	80%	6/30/2024
Fit Testing 2024 (Work with Assisted Living Facilities)	\$49,166.00	\$0.00	0%	75%	7/31/2024
Fit Testing 2024 (Work with Skilled Nursing Facilities)	\$46,434.00	\$6,083.95	13%	75%	7/31/2024

Program updates through

4/25/2024



Award Name/ Program Name	Total Award	Expenses to Date	% of Total	% of Performance Period	Program End Date
Home Visitation Funds					
HV 2024 (Healthy Families America)	\$474,874.00	\$302,283.53	64%	58%	9/30/2024
HV CWP 2024 (DHHS Referred Cases)	\$283,191.64	\$97,416.69	34%	58%	9/30/2024
HV SPH 2024 (Cases outside BB, SB, & MO)	\$40,000.00	\$26,150.61	65%	58%	9/30/2024

Program updates through

4/25/2024



Award Name/ Program Name	Total Award	Expenses to Date	% of Total	% of Performance Period	Program End Date
Environmental Health Funds					
LEPH (Local Environmental Public Health)	\$69,932.07	\$25,015.30	36%	42%	11/30/2024
Radon 2023 (\$5,000 award, \$9199.50 PPHD Match)	\$14,199.50	\$10,785.35	76%	88%	5/31/2024
WNV 2024 (WNV Mosquito Trapping)	\$10,000.00	\$52.16	1%	33%	12/31/2024
WNV 2024 (Tick Trapping)	\$2,500.00	\$22.20	1%	33%	12/31/2024
Lead Epi 2024 (Childhood Lead Case Investigation)	\$15,000.00	\$1,967.08	13%	58%	9/29/2024

Program updates through

4/25/2024



Award Name/ Program Name	Total Award	Expenses to Date	% of Total	% of Performance Period	Program End Date
Behavioral Health/Substance Misuse Prevention					
OD2A (Statewide Opioid Prevention)	\$50,000.00	\$31,233.99	62%	67%	8/31/2024
R1SOR 2024 (Region I Opioid Response)	\$43,713.00	\$16,096.54	37%	58%	9/29/2024
State SOR 2024 (State Opioid Response)	\$40,000.00	\$20,404.93	51%	58%	9/29/2024
R1BG 2024 (Panhandle Prevention Coalition)	\$159,500.00	\$90,541.35	57%	83%	6/30/2024
SPACECAT (Suicide, ACES, & Beh. Hlth)	\$55,000.00	\$41,591.87	76%	213%	7/31/2023

Program updates through

4/25/2024



Award Name/ Program Name	Total Award	Expenses to Date	% of Total	% of Performance Period	Program End Date
Oral Health					
DHP 2024 (Dental Health Program NCF Grant)	\$0.00	\$6,518.92	#DIV/0!	33%	12/31/2024
DHP HRSA 2024 (Dental Health Program)	\$78,000.00	\$48,029.68	62%	75%	7/31/2024
Dental Day 2023 (PPHD General Funds)	\$6,000.00	\$4,387.47	73%	57%	7/31/2024

Program updates through

4/25/2024



Award Name/ Program Name	Total Award	Expenses to Date	% of Total	% of Performance Period	Program End Date
Other Funds					
MCO (United Health Care)	\$102,000.00	\$62,403.43	61%	144%	12/31/2023
NTC (NE Total Care)	\$55,125.00	\$0.00	0%	54%	3/31/2025



500 Cardigan Road
 Shoreview, MN 55126
 USA
 EIN 41-0843524

Tel: (800)680-1220
 Fax: (651)490-3824
 Web: www.TSI.com
 Email: orders@TSI.com

Quotation

Quote Contact Kim Engel Tel: +1 308 7602415 Email: kengel@pphd.org
Bill-To-Party Panhandle Public Health Dist 18 W 16th St Scottsbluff NE 69361-3154
Ship-To-Party Panhandle Public Health Dist 18 W 16th St Scottsbluff NE 69361-3154

Make PO Out To: TSI Incorporated	
Quotation Number	20280438
Quotation Date	04/29/2024
Customer No	5275674
Cust. Ref.	
Incoterms	2020 CPT: Prepay & Add Consignee's Premises
Payment Term	Net 30 days
Valid To	05/29/2024
Currency	USD
Method of Payment	PO, Visa, Amex, Mastercard
Reference Quote number when submitting PO	

Item	Material/Description	Quantity	Unit Price	Amount
1	8048-T PortaCount Model 8048-T; w/ Tablet Respirator Fit Tester Includes: Carry Case; AC Adapter with Universal Plug Set; 8026 Particle Generator (115 VAC); Alcohol Cartridge; Alcohol Fill Capsule; Storage Cap; (2) Zero Check Filters; 3/16" and 1/4" Hose Adapters; (2) Spare Alcohol Wicks; (100) Sampling Probes; (100) Lock Washers; Probe Insertion Tool; Neck Strap; 8016 Alcohol Supply containing (16) 30mL Bottles of Reagent Grade Isopropyl Alcohol; FitPro Ultra Fit Test Software; Microsoft® Surface Go® Tablet; WiFi USB Adapter; USB-A & USB-C Cable; and 2-Year Warranty	2.00 EA	16,235.00	32,470.00
2	B2B5-8048 QG B2B Warranty, 5-Yr, PortaCount 8048 Quality Guard Bumper-To-Bumper 5-year Warranty Contract for Annual Clean and Calibration, as well as Repair Services. TSI covers the cost of standard ground shipping to return the instrument from TSI. Fast Track (expedited) Service included. This B2B Warranty Contract is not applicable when the TSI Service Group has determined that misuse and/or abuse has occurred to the instrument. All 5-year Warranty contracts will be valid for 60 months, from the date of instrument shipment and are linked to the serial number of the instrument. B2B Warranty Contracts are applicable to new instrument sales only. This B2B Warranty Contract is non-transferable, and no other instrument serial number will be accepted for service.	2.00 EA	5,375.00	10,750.00



500 Cardigan Road
 Shoreview, MN 55126
 USA
 EIN 41-0843524

Tel: (800)680-1220
 Fax: (651)490-3824
 Web: www.TSI.com
 Email: orders@TSI.com

Quotation

Bill-To-Party	Quotation Number	20280438
Panhandle Public Health Dist	Quotation Date	04/29/2024

Item	Material/Description	Quantity	Unit Price	Amount
			Sub Total	43,220.00
			Freight	196.22
			Tax	TBD
			Total Amount	43,416.22

OPTIONAL:

Quality Guard Bumper-To-Bumper (B2B) Warranty Plans are for "Annual Clean and Calibration" AND Repair Services for the period of the Plan. These B2B Warranty Plan(s) are not applicable when the TSI Service Group has determined that misuse and/or abuse has occurred to the instrument. All 3 or 5-year Warranty Plans will be valid for 36 or 60-months, respectively from the date of instrument shipment, and is linked to the serial number of the instrument. B2B Warranty Plans are applicable to new instruments sales only. These B2B Warranty Plans are non-transferable, and no other instrument serial numbers will be accepted for service.

2-year Clean and Calibration Annual Service Plan.
 INCLUDES Two Annual Factory Clean and Calibrations.
 2-year Factory Warranty remains in effect for repairs.
 If this option is desired, Add Part Number to PO: CLC2-8048 / Price: \$2,160 ea

3-year Clean and Calibration Annual Service Plan.
 INCLUDES Three Annual Factory Clean and Calibrations.
 2-year Factory Warranty remains in effect for repairs.
 If this option is desired, Add Part Number to PO: CLC3-8048 / Price: \$3,140 ea

3-year Bumper-to-Bumper Warranty & Annual Service Plan.
 INCLUDES Three Annual Factory Clean and Calibrations.
 Extends Warranty to 3-years total for repairs.
 If this option is desired, Add Part Number to PO: B2B3-8048 / Price: \$3,860 ea

5-year Bumper-to-Bumper Warranty & Annual Service Plan.
 INCLUDES Five Annual Factory Clean and Calibrations.
 Extends Warranty to 5-years total for repairs at NO EXTRA CHARGE.
 If this option is desired, Add Part Number to PO: B2B5-8048 / Price: \$5,375 ea

* This option is Best Value, and is quoted as line item #2 above. If not desired, completely remove from quote and/or order, or replace with a 2-yr or 3-yr option above.

1) Please email orders to: renata.lelis@tsi.com
 Reference Quote # when placing order.
 We Can Accept Purchase Order or Credit Card.

2) If your organization is tax exempt, please send a copy of your certificate along with your order.

3) Shipping is Pre-pay and Add to final invoice, or customer can provide their own UPS, or FedEx account shipping number at time of order or on purchase order.

Sales Tax and Freight charges determined by tax status of customer and shipping method selected.



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 Fax: (651)490-3824
 Web: www.TSI.com
 Email: orders@TSI.com

Quotation

Bill-To-Party Panhandle Public Health Dist	Quotation Number 20280438 Quotation Date 04/29/2024
--	--

Item	Material/Description	Quantity	Unit Price	Amount
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These items are controlled by the U.S. Government and authorized for export only to the country of ultimate destination for use by the ultimate consignee or end-user(s) herein identified. They may not be resold, transferred, or otherwise disposed of, to any other country or to any person other than the authorized ultimate consignee or end-user(s), either in their original form or after being incorporated into other items, without first obtaining approval from the U.S. Government or as otherwise authorized by U.S. law and regulations.

This Quotation is subject to the warranties, disclaimers and all other terms and conditions set forth by TSI Inc. and incorporated by reference and to no others. Seller reserves the right to change prices effective on any new orders, provided Seller notifies in writing those with currently valid Quotations prior to any order being placed. This quotation shall become an agreement binding upon the Buyer and Seller when accepted by the Buyer and subsequently accepted by an authorized representative of the Seller at the Seller's home office and thereupon shall constitute the entire agreement between the parties.

Renata Lelis
 TSI Incorporated

Date 04/29/2024

*TSI Terms and Conditions apply and are incorporated by reference. See <http://www.tsi.com/tc.pdf>
 For payment terms, complete credit application at <http://www.tsi.com/credit-app/>*

2023-2024

6100	HRA	Dependents	PPHD 80%	EE 20%	Total
EE	826.82	0	826.82	0	4
EE/C	1659.76	832.94	1493.172	166.588	1
EE/S	1659.76	832.94	1493.172	166.588	3
EE/F	1898.94	1072.12	1684.516	214.424	6

Total	Monthly
4	3307.28
1	1493.172
3	4479.516
6	10107.096
14	19387.064

1100	CoPay	Dependents	PPHD 80%	EE 20%	Total
EE	1153.59	0	1153.59	0	3
EE/C	2315.67	1162.08	2083.254	232.416	0
EE/S	2315.67	1162.08	2083.254	232.416	1
EE/F	2649.27	1495.68	2350.134	299.136	5

Total	Monthly
3	3460.77
0	0
1	2083.254
5	11750.67
9	17294.694

Total PPHD Share Monthly Annual
\$36,681.76 \$440,181.10

2024-2025

6100	HRA	Dependents	PPHD 80%	EE 20%	Total
EE	901.15	0	901.15	0	4
EE/C	1808.97	907.82	1627.406	181.564	1
EE/S	1808.97	907.82	1627.406	181.564	3
EE/F	2069.64	1168.49	1835.942	233.698	6

Total	Monthly	EE Change
4	3604.6	0
1	1627.406	14.976
3	4882.218	14.976
6	11015.652	19.274
14	21129.876	

1100	CoPay	Dependents	PPHD 80%	EE 20%	Total
EE	1257.29	0	1257.29	0	3
EE/C	2523.84	1266.55	2270.53	253.31	0
EE/S	2523.84	1266.55	2270.53	253.31	1
EE/F	2887.42	1630.13	2561.394	326.026	5

Total	Monthly	EE Change
3	3771.87	0
0	0	20.894
1	2270.53	20.894
5	12806.97	26.89
9	18849.37	

Total PPHD Share Monthly Annual
\$39,979.25 \$479,750.95

Sara Williamson

From: Susanna Batterman <countrycatering.susanna@gmail.com>
Sent: Friday, April 26, 2024 12:37 PM
To: Kim Engel
Cc: Marie Parker; nitz@gpcom.net; Sara Williamson
Subject: Re: Insurance quote

Yes I agree with switching, a huge difference!
Sent from my iPhone

On Apr 26, 2024, at 12:27 PM, Kim Engel <kengel@pphd.ne.gov> wrote:

Dear Executive Team,

It is our policy to go out for bid on property and liability insurance every 3 years There are two quotes below, one from JG Elliott and the other from Plummer Insurance. The policies renew on May 1. I would like to have the recommendation of the Executive Committee as the board meeting isn't until May 9th. Because of the large difference in premium, I suggest we go with JG Elliott this time. Plummer Insurance has been great to work with, but the difference is \$19,583.I called both companies to double check that we were comparing apples to apples.

Please respond yes or no to switch to JB Elliott.

	JG Elliott	Plummer Insurance
Property	\$ 8,163	\$ 9,991
General Liability	-0- Included in professional liability policy	\$ 1,195
Automobile	\$11,705	\$12,356
Inland Marine	\$ 409	\$ 444
Umbrella/Excess	\$ 2,212	\$ 3,736
Crime	\$ 603	\$ 218
Workers Compensation	\$2,336	\$ 5,492
Professional Liability-Dental & Vaccine	\$6,953	\$18,532

Professional Llaiblity D&O	\$ 8,211	\$ 8,211
Total Annual Premium	\$40,592	\$60,175

Kim Engel
 Director
 Panhandle Public Health District
 PO Box 337
 808 Box Butte Ave
 Hemingford, NE 69348
 Cell 308-760-2415
 Office 308-633-2866 Ext. 202
 Fax 308-633-2874

[Sign up for our news releases](#)
 Email - kengel@pphd.ne.gov
 Website - www.pphd.ne.gov

<image002.png>

<image003.png>

Vision: We are a healthier and safer Panhandle Community.

Mission: 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.

DISCLAIMER: This communication, along with any attachments, is covered by federal and state law governing electronic communications and may contain confidential and legally privileged information. It is intended solely for the addressee. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution, use or copying of this message is strictly prohibited. Please immediately contact the sender if you have received this message in error, and destroy all copies of the original. Thank you.

From: Garrett Jackson <gjackson@jgelliott.com>

Sent: Friday, April 19, 2024 10:42 AM

To: Kim Engel <kengel@pphd.ne.gov>

Cc: Sara Williamson <swilliamson@pphd.ne.gov>; Lila Nash <lnash@jgelliott.com>

Subject: Property, Auto, Umbrella

Good morning Kim

Attached you'll find two different quotes for the property, auto and umbrella coverage. The quote ending in 01 has the buildings at replacement cost and the quote ending in 02 has them valued at actual cash value. Both quotes have a cosmetic roof exclusion which means if there were to be a hail storm that hit the roofs and left dents but the structural integrity of the roof was still in place with no leaks then they wouldn't replace them. Please review both quotes and let me know if you have any questions while doing so.

Thank you

Garnett Jackson

Commercial Producer

<image004.png>

1110 Circle Drive

Scottsbluff, NE 69361

(308) 633-9709 or (402) 238.8803

gjackson@jgelliott.com

Please remember, insurance coverage cannot be bound or changed by sending an electronic message without receiving confirmation from an authorized representative.

The content of this email is confidential and intended for the recipient specified in message only. It is strictly forbidden to share any part of this message with any third party, without a written consent of the sender. If you received this message by mistake, please reply to this message and follow with its deletion, so that we can ensure such a mistake does not occur in the future.

K Good morning Marie,
Did you have a chance to see the email on
insurance renewals? It renews on May 1 and
there is a new quote.

I did. I thought I responded. I am in favor
of the cheaper one

~ ~ ~ ~ ~

**Panhandle Public Health District
Salary Schedule
2024/2025**

Position	Entry Level	Mid-Level	High-Level	Comparisons				
	(little or no work experience in field of assignment, minimal education levels; will need additional on-the-job training)	(work experience and educational background appropriate for position; professional licensure/certification, or other required credentials)	(highly qualified and successful work experience and high level of educational attainment in field of assignment; professional licensure/certification, or other required credentials)	NE Assoc. of Local Health Directors (NALHD) Survey 2023 Survey Report (Based on 2022 Data)	Northwest Community Action Partnership NCAP (2020, annual assessment)	State of Nebraska Salary Survey (2022, biannual survey)	Nonprofit Assoc. of the Midlands (NAM) (2023, annual survey)	
				75,000-100,000 Population	Budget \$3.25 m - 4.0 m	N/A	N/A	Overall
Health Director	N/A	N/A	\$97,000 - \$112,000 (\$46.63 - \$53.85)	Range: \$90,000 - \$142,522 Median: \$116,261	Range: \$94,500 - \$142,522 Median: \$118,511			Comparable position: CEO Mean \$120,053 50%: \$107,250
Senior Management <i>Assistant Director, CFO, Deputy Director</i> <i>Dep Dir. Clinical Services</i>	N/A	N/A	\$62,000 - \$77,000 \$63,564.80-\$78,561.60 (\$29.81 - \$37.02) (\$30.56-\$37.77) \$97,000 - \$102,000 (\$46.63 - \$49.03)	Range: \$55,120 - \$90,000 Median: \$72,560	Range: \$55,120 - \$75,000 Median: \$65,060	Comparable positions: \$73,425 - \$77,677		Comparable positions: Chief Program Officer,CFO Mean range: \$96,227 - \$117,090 50%: \$94,527 - \$108,320
Supervisors <i>higher level of administrative responsibilities, grant reporting & compliance, oversees staff, staff development, and provides program oversight</i>	N/A	\$47,760 - \$62,760 (\$22.96 - \$30.17) \$49,316.80 - \$64,313.60 (\$23.71 - \$30.92)	\$54,000 - \$69,000 (\$25.96 - \$33.17) \$55,556.80 - \$70,553.60 (\$26.71 - \$33.92)	Range: \$50,501 - \$82,618 Median: \$66,559	Range: \$57,500 - \$82,618 Median: \$70,059			Comparable positions: Program Manager, Program Director Mean range: \$55,950 - \$68,924 50%: \$53,000 - \$68,527
Program Coordinators <i>programmatic responsibilities, including reporting, contracts, grant requirements, etc</i>	N/A	\$40,000 - \$55,000 (\$19.23 - \$26.44) \$41,558.40 - \$56,555.20 (\$19.98 - \$27.19)	\$47,000 - \$62,000 (\$22.60 - \$29.81) \$48,568.00 - \$63,564.80 (\$23.35 - \$30.56)	Range: \$41,205 - \$78,874 Median: \$60,039	Range: \$41,205 - \$78,874 Median: \$60,039	Comparable positions: \$54,579 - \$63,835		Comparable position: Program Coordinator Mean: \$45,468 50%: \$45,150
Licensed Professionals <i>LPN, RN, Dietician, LIMHP/LMHP, etc</i>	N/A	\$39,440 - \$54,440 (\$18.96 - \$26.17) \$40,996.80 - \$55,993.60 (\$19.71 - \$26.92)	\$52,000 - \$77,000 (\$25.00 - \$37.02) \$53,560.00 - \$78,561.60 (\$25.75 - \$37.77)	LPN Range: \$38,501 - \$78,000 BSNRN Range: \$47,070-\$75,500 RDH Range: \$66,560 - \$85,696 LPN Median: \$58,250 BSNRN Median: \$61,285 RDH Range: \$76,128	LPN Range: \$38,501 - \$78,800 BSNRN Range: \$47,070-\$75,500 RDH Range: \$66,560 - \$85,696 LPN Median: \$59,819 BSNRN Median: \$61,285 RDH Range \$76,128	Comparable Position LPN, RN (Non-Metro NE Data) Range LPN: \$20.35 - \$25.82 Average - \$24.00 Range RN: \$28.04-\$37.73 Average: \$34.50		Comparable Position: RN Mean: \$64,634 50%: \$63,130
Program Staff <i>under the supervision of a Coordinator or Supervisor, i.e., community health workers, home visitors, program assistants, etc</i>	\$33,200 - \$39,440 (15.96 - \$18.96) \$34,756.80 - \$40,996.80 (\$16.71 - \$19.71)	\$37,360 - \$49,840 (\$17.96 - \$23.96) \$38,916.80 - \$51,396.80 (\$18.71 - \$24.71)	N/A	Range: \$25,896 - \$55,162 Median: \$40,529	Range: \$25,896 - \$55,162 Median: \$40,529			Comparable positions: Case Management Associate, Executive Assistant Mean range: \$40,705 - \$49,600 50%: \$39,500 - \$48,725

Other sources used for comparison:

- Northwest Community Action Partnership (NCAP) 2020 Wage Comparability Survey, which also considers NAM Wage Survey and State of NE Survey data for certain positions <https://govdocs.nebraska.gov/epubs/P2000/B002-2022.pdf>
- NCAP - Sr. Management Comparable positions: CFO, ESU 13 HS Director; NCAP Licensed Professionals: Comparable positions: ESU 13 Coordinator, Community Services Coordinator

Officer Questionnaire

Your Name

Dan Kling

County

Sheridan

How long have you served on the PPHD board?

17 years 2002-2017 plus the last two years

Have you worked with PPHD in other capacities? If so, how?

I've always been a strong supporter of the mission and vision of PPHD.

What is your experience in government or health-related fields?

i have been a County Commissioner for a total of 23 years. Five consecutive terms with a break of a few years, and then filling in a term for a vacancy. I am currently running for commissioner also.

What does serving as an officer mean to you?

It gives me the opportunity to be a voice between public health and the people in my county as well as the entire jurisdiction.

This form was created inside of Panhandle Public Health District.

Google Forms

Officer Questionnaire

Your Name

Diana Lecher

County

Dawes

How long have you served on the PPHD board?

2 years

Have you worked with PPHD in other capacities? If so, how?

Served on the Worksite Wellness Board since the beginning

What is your experience in government or health-related fields?

I have been a Registered Nurse for 38 years. I worked in a critical access hospital in Kansas before moving to Chadron in 2000, where I assumed the role of Director of Home Health and Hospice and later added Director of Cardiac and pulmonary Rehab. I spearheaded the Chadron Community Hospital's Wellness Program.

I have served on both the Nebraska Hospice and Home Health Association boards. I have been a Panhandle Worksite Councils Advisory Board member since 2008. The work of PWWC has been rewarding to see the reach of wellness to so many businesses and employees across the panhandle. The Chadron Community Hospital's Wellness program and recipient of the Governor's Harvester award is a testimony to the work of PWWC.

What does serving as an officer mean to you?

I would be proud to support the great work of the Panhandle Public Health District. Their job is crucial to the Nebraska Panhandle residents' health and quality of life.

This form was created inside of Panhandle Public Health District.

Google Forms

Executive Committee - Virtual
Director's Evaluation
April 22, 2024 3:00-4:00 pm

Attendees included Susanna Batterman, Marie Parker, Patricia Wellntiz, Kim Engel, and Sara Williamson.

Meeting called to order at 3:02 pm for the purpose of conducting Kim's annual performance evaluation. Kim noted that there are good systematic processes and team members in place to support PPHD's work through her retirement and the following transition.

Engel left at 3:07 pm.

The committee received the results from the board survey along with Kim's performance notes from 2023-2024 and goals for the duration of 2024. The committee reviewed the director's evaluation form, noting Kim's superior performance and rated her top marks in each of the categories.

Motion to approve the Director's evaluation by Susanna and seconded by Pat. Voice vote with all in favor.

The meeting adjourned at 3:15 pm.

Q1. What do you think are two of Kim's biggest strengths?

- Open and approachable, solid succession planning
- Detailed and thoughtful
- Kim has excellent critical thinking skills and communicates well. She has developed a great network of public health professionals, which will be helpful to her replacement.
- Her ability to communicate clearly
- Quietly and patiently leading pphd to make improvements in all areas.
- Her ability to keep large team of people focused, motivated and professional. The lack of drama is a plus.
- Kim is down to earth and relates well with people
- Her awesome personality and uplifting attitude.
- Stability
- She is very organized. She goes above what is asked of her.
- "Ability to build and retain
- an excellent team.
- Knowledge of legislative issues and how they will affect public health from a districts perspective."
- Breadth of knowledge, leadership

Q2. What do you think is an area of growth for Kim?

- Retirement planning for fun
- She is good at self growth
- None identified.
- Professionally, I think she has set the bar very high for herself. One area she could grow in is to take better care of herself.
- No opinion
- Enjoy your retirement.
- Idk
- Nothing
- Can't think of anything

Q3. What do you think has been a major accomplishment of Kim's over the past year?

- Assembling a well trained staff that has withstood time and challenges of COVID
- Accreditation and surviving COVID
- Developing her transition plan for retirement is going to be so helpful to the PPHD.
- Kim worked toward leaving panhandle public health in the best possible conditions, she could leave it in and certainly left it better than when she got here
- Leading the agency forward.
- Obtaining accreditation and managing all the different programs and finances.
- Keeping everything flowing in the midst of chaos
- Building facilities upgrades to further the work of PPHD
- New office
- Working with people in the organization so they can take over her job when she retires.
- Taking on the vaccination program in Scottsbluff County.
- Working toward a leadership transition plan which in my opinion will be smooth and seamless.

Q4. Do you have any extra comments to help in Kim's annual review?

- Kim makes the organization work well with her demeanor and ability to take on challenges in the community gracefully.
- Thank you for her dedication to people of the panhandle
- It has been a pleasure working with Kim over the years, and know that her shoes will be difficult to fill! Thanks Kim and good luck in your next chapter.
- "Kim always made you feel like you were the most important person in the room and she had the ability to do what was ever asked of her without making one feel like it was an imposition, even when it was
- She has always been accessible and respectful during my interactions with pphd as an outsider.
- No
- Thank you Kim for your servant leadership and demonstrating a caring attitude toward the people of the panhandle of Nebraska
- Thanks again for all you do Kim.
- Nope
- So much appreciation for all that Kim does and her leadership style.
- Thank you for your service!

LOCAL HEALTH DIRECTOR EVALUATION FORM

General Information:

Review of the position description prior to completing the evaluation form is a key component of the evaluation process. How the Health Director provides for the core public health functions of Assessment, Policy Development, and Assurance is essential. The annual performance evaluation should document the ongoing process of employee performance, assessment, growth, and progress.

It should be consistent and supportive of other documents used to describe employee performance and should demonstrate the effectiveness of how the employee performs the primary duties and responsibilities of the position.

Rating Method:

A numeric rating scale and brief explanation follows: This scoring method is suggested when evaluating the individual's performance.

5 – Superior/Outstanding - Employee's performance is outstanding; consistently exceeds expectations; accepts new responsibility without challenge; and exhibits proven sound independent judgment. This is the employee who always shows extra drive and devotes efforts and may often be called upon to train and assist others.

4 – Very Good/ Exceeds Expectations – Employee's performance always meets and routinely exceeds expectations in completing all primary duties and responsibilities of the position. This rating should be used for the employee who takes the initiative and dedication to go above and beyond expected job requirements.

3 – Good/Meets Expectations - Employee routinely completes the primary duties and responsibilities of the position and performance generally meets expectations. A rating of 3 should be used when the employee demonstrates they are a valued and integral member of the team.

2 – Satisfactory/Needs Improvement - Employee generally meets minimum requirements in performing the position however, performance falls somewhat short of what is expected of a trained, experienced employee. Improvement is needed.

1 – Unsatisfactory/Unacceptable - Employee routinely fails to perform primary duties and responsibilities expected of a trained individual with experience, either due to poor job fit or disciplinary issues. Employee may fail to meet established deadlines, achieve minimal goals and/or requirements. (Describe specific examples).

Name of Director	<u>Kim Engel</u>
Health Department	<u>Panhandle Public Health District</u>
Evaluator	<u>PPHD Executive Committee</u>
Review Period	<u>May 2023-April 2024</u>

5=Superior 4=Very Good 3=Good 2 =Satisfactory 1=Unsatisfactory

HEALTH DIRECTOR'S PRIMARY DUTIES AND RESPONSIBILITIES	5	4	3	2	1
Plans, develops, and directs programs to provide for the core public health functions of Assessment, Policy Development, and Assurance.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The Ten Essential Services is the framework for all that we do and they all fit within the three core functions of Assessment, Policy Development and Assurance. Those, coupled with the Community Health Improvement Plan, Strategic Plan, and the budget work together to drive our processes.

Possesses necessary knowledge of the agency's history and purpose to develop and successfully accomplish the Department's programs.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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I have had the honor of leading PPHD since 2003, a year after its inception. I understand the context of the panhandle relationships that allow the Department's programs to flourish and excel.

Oversees the Department and administers policies and procedures, including but not limited to the following areas; management, finance, personnel and public relations.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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PPHD has policies and procedures in place and are under the direction of our very capable leadership team. We have incredibly talented staff members who continue to grow and learn from their expertise and abilities. Jessica Davies is the assistant director and public information officer, Sara Williamson is the CFO/accreditation coordinator, and Erin Sorensen is the HR coordinator, leading the areas in management finance, personnel, and public relations. All of the Leadership Team implement policies and procedures for their teams.

Displays strong communication and cultural competency skills, including verbal and written, in both formal and informal situations.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Communication is vital in public health work. Risk communication goals are to be first, be right, and be credible. We have prioritized cultural competency, equity, and health literacy work at many levels.

Assures financial support of the agency's programs through funding efforts, including but not limited to grants.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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PPHD's revenue sources are becoming more diverse with 49% from Federal sources, 13% from state appropriated, 15% state contracts, 13% fee for service, and 10% from other sources such as contracts through NALHD with the Medicaid managed care companies. I have been actively advocating for increased government funds for the governmental public health system both at the national and state level. As President of NALHD, I sign all letters of support or opposition presented to the legislature. In the past year, I have met with Representative Smith, and the offices of Senator Rickettes and Deb Fischer advocating for the priorities identified through NACCHO, and for increased funding for the Home Visitation program.

Understands and completes assignments in a timely manner and identifies new areas of concern.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Our team is very efficient and effective in completing assignments promptly. We use

data found in our assessments or prioritized by our funders to help identify new areas of concern.

Represents expertise in a variety of leadership areas needed by the agency.

Throughout my career, I have been very fortunate to have had opportunities for leadership development. Leadership is easy when you have a great team to work with.

Overall Rating: Primary Duties and Responsibilities 35/35

Board Member Comments:

5=Superior 4=Very Good 3=Good 2=Satisfactory 1=Unsatisfactory

ASSESSMENT (CORE FUNCTION) 5 4 3 2 1

Assesses the health status of the community and identifies public health needs, problems and concerns.

PPHD coordinates the Community Health Needs Assessment for the region every three years with the 8 hospitals in the Panhandle. This includes a wide representation of key stakeholders. We also perform special assessments such as the Early Childhood and Brain Health Assessments. This model is envied by many of our peers across the state and nation because we are able to bring so many sectors together to work on common goals.

Monitors the occurrence of health hazards and investigates the effect and impact on the community.

This is achieved through the Community Health Assessment process described above and ongoing tracking of data and progress. PPHD also keeps surveillance on all communicable disease and investigates to mitigate risk.

Analyzes the identified risks and other factors that contribute to specific health problems and informs and educates the public on methods of prevention and care.

All of our programs have this as a component. Public health is about prevention through policy and system change. Strategies are chosen because they have been proven to work. We make the assessment results known by publishing them on our website, through our annual reports, news releases, and presentations at meetings. Assessment is an ongoing process that occurs in many forms in addition to the Community Health Assessment.

Recognizes public health problems or concerns, develops relative facts, formulates alternate solutions and makes appropriate recommendations.

This is consistently done throughout all our programs. It is the process used in community health planning and disease surveillance.

Overall Rating: Primary Duties and Responsibilities 20/20

Board Member's comments:

5=Superior 4=Very Good 3=Good 2=Satisfactory 1=Unsatisfactory

POLICY DEVELOPMENT (CORE FUNCTION)	5	4	3	2	1
Monitors public health laws, regulations, and policies to protect the people, the environment, and assure safety. We keep abreast of the laws, regulations, and policies that apply to local public health. We coordinate with law enforcement to coordinate compliance checks for sales to minors of tobacco and alcohol. Every legislative bill is reviewed by the bill review team of NALHD, of which I was the President this year. Appropriate action is taken on each bill ranging from letter of support, letter of opposition, testifying or no action.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plans and develops policies and strategies to address priority health needs by working with community constituents and groups. The Community Health Improvement Planning process includes developing policies and strategies for priority health needs. Community constituents and groups are always included in the process. A new example is the newly formed youth advisory council we are launching throughout the Panhandle. We use advisory groups in a number of instances: Healthy Families, Worksite Wellness, Panhandle Prevention Coalition, PRMRS, and Minority Health.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identifies internal and external issues that may impact delivery of essential public health services. The MAPP process includes steps to identify internal and external issues that may impact the delivery of essential public health services. PPHD continues to build a culture of quality improvement, and we are always looking through the lens of improvement for everything we do, including the essential public health services, which are: <ol style="list-style-type: none"> 1. Assess and monitor population health status, factors that influence health, and community needs and assets 2. Investigate, diagnose, and address health problems and hazards affecting the population 3. Communicate effectively to inform and educate people about health, factors that influence it, and how to improve it 4. Strengthen, support, and mobilize communities and partnerships to improve health 5. Create, champion, and implement policies, plans, and laws that impact health 6. Utilize legal and regulatory actions designed to improve and protect the public's health 7. Assure an effective system that enables equitable access to individual services and care needed to be healthy 8. Build and support a diverse and skilled public health workforce 9. Improve and innovate public health functions through ongoing evaluation, research, and continuous quality improvement 10. Build and maintain a strong organizational infrastructure for public health Internally we use performance management and Quality Improvement with all of our teams.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Assures compliance with federal, state, and local laws and regulations; generates appropriate reports and oversees accurate records; and monitors contractual agreements as required.

The policies and processes assure compliance with federal, state, and local laws and regulations. We seek staff training to keep current on any changes with the law. We have frequent desk audits by funding sources and an independent annual audit that has always been clean.

Advocates for public health support and builds constituencies to identify resources and mobilize community partnerships

I love the Panhandle, the communities and the people here. I advocate strongly for the resources needed. This is being at the table with state funders when decisions are made and communicating to our elected officials at the state and national level. It is also being involved and active in the Panhandle Partnership.

Facilitates a community process to prioritize health needs by importance, magnitude, seriousness of consequences, economic impact, and the community's ability to prevent or control the problem.

This is achieved through our ongoing Community Health Needs Assessment and Community Health Improvement planning process that occurs every 3 years. Current priorities are community education, childcare, affordable housing, cultural awareness, support, and access to mental health.

Overall Rating: Policy Development 30/30

Board Member's comments:

The team rise to the challenge very well on this.

5=Superior 4=Very Good 3=Good 2 =Satisfactory 1=Unsatisfactory

ASSURANCE (CORE FUNCTION)	5	4	3	2	1
Conducts research for new insights and innovative solutions to health problems, informs and educates the public and the community-at-large.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PPHD participates in many research projects in the state and region. It is our practice to always consult the Community Guide for Preventive Service, the CDC, Healthy People or another credible source for public health interventions that are evidence based and have been proven to work.

Implements programs and services otherwise not available, including targeting outreach and cultural barriers.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Examples of how PPHD does this are:

- Healthy Families Home Visitation and case management to help families find the services that they need.
- Dental Health Program, Keeping Teeth Strong, where screening, fluoride treatment and sealants are applied in the preschool and school setting.
- Worksite Wellness on site health screenings
- Vaccinations targeting underserved communities and expanding to maintain immunizations in Scotts Bluff county
- Facilitating and planning for substance misuse treatment
- Walkable communities making sure all citizens have safe routes to school, work, and retail.

Assures the Department has a competent public health workforce and evaluates the effectiveness, accessibility, and quality of the public health services.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Our workforce development plan provides for staff competencies to be assessed regularly and training provided to address gaps identified. PPHD has been very successful in retaining a high-quality workforce. We encourage our staff to continue their education through tuition reimbursement.

Overall Rating: Assurance 15/15

Board Member's comments:

5=Superior 4=Very Good 3=Good 2 =Satisfactory 1=Unsatisfactory

PROGRAM DEVELOPMENT 5 4 3 2 1

Develops programs with a focus on the diversity of the population, keeping public health at the forefront. ☒ ☐ ☐ ☐ ☐

When programs are developed, we try to reach people most in need. We also translate promotional materials and program information into Spanish. Every door direct mail is used for specific targeting of audiences. We continue to strengthen relationships with the Medicaid Managed Care companies who are providing financial support to us to begin to address the social determinants of health.

Initiates and participates in community-based projects and activities focusing on key public health issues. ☒ ☐ ☐ ☐ ☐

PPHD often leads the community based projects, but also participates through the Panhandle Partnership initiatives, Systems of Care.

Works to develop programs in the community that fit community priorities. ☒ ☐ ☐ ☐ ☐

Public health initiatives are developed based on data from the community assessment with consideration for diversity of the population. The foundation of the initiatives is assessment, planning, evidence base model selection and quality improvement. The Community Guide, County Health Rankings, and Healthy People are just a few of the resources used when researching evidence base strategies.

Develops mechanisms to monitor and evaluate programs for their effectiveness and quality. ☒ ☐ ☐ ☐ ☐

PPHD's performance management system is fully implemented. Regular meetings are held with each program manager and from those meetings, Quality Improvement projects are identified.

Overall Rating: Program Development 20/20

Board Member's comments:

Well developed and continues to be.

5=Superior 4=Very Good 3=Good 2 =Satisfactory 1=Unsatisfactory

FISCAL MANAGEMENT	5	4	3	2	1
Involves administrative team in the budget formulation process to best identify resources required to support the community's health needs. Budgets are developed by Sara, the respective program manager and myself annually and each time a revision is made or a funding proposal is submitted.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reviews reports to assure a balanced budget is maintained and effectively presents budget reports to the Board, others, as needed. Budget spreadsheets are kept on every funding stream and reviewed monthly Sara, the respective program manager and myself and every other month by the finance committee of the board, with full board approval at their regular board meetings.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Remains cognizant of Auditor's annual findings and observations and recommends appropriate adjustments. Independent audits are done annually, and auditor recommendations are adopted. Desk audits for nearly every funding source are done for one quarter each year. We have always had a clean audit.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identifies community assets and available resources and collaborates with grant writer and staff to pursue grant opportunities. We continually work with partners to identify resources and efficiencies. Many of our staff members are successful grant writers. Our funding sources include state contracts and sub-awards, private foundations, billable services, and contracts with Medical Managed Care companies.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Overall Rating: Fiscal Management 20/20

Board Member's comments:

5=Superior 4=Very Good 3=Good 2 =Satisfactory 1=Unsatisfactory

RELATIONSHIP WITH BOARD AND STAFF	5	4	3	2	1
Keeps board informed of organization activities, progress, and concerns. This is achieved through the board of health meetings, written board reports, emails, news releases, and annual reports.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provides sound recommendations and facilitates the decision-making process for the board. Information is gathered prior to board meetings so that recommendations can be made based on facts and data. Having committees that can dive deeper into issues is very helpful in developing recommendations for the board.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintains open communication and is receptive to board member's ideas and suggestions. I welcome visits, phone calls and emails from board members anytime. I appreciate the boards input.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervises and directs work of staff and defines duties and responsibilities. I directly supervise seven staff who are a part of the Leadership Team. In turn most of them also supervise staff. Job descriptions are reviewed annually and updated accordingly. When new positions are established, the program manager and myself develop the job descriptions together.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Encourages staff development and maintains open communication. PPHD has developed policies that creates an environment that encourages staff development. We meet virtually every Monday morning to huddle about the upcoming week. Meetings for all staff are held quarterly and are in person about at least twice a year. We have shared calendars and I encourage staff to schedule meetings with me when needed. We use virtual meetings daily more than the telephone.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Implements and develops standard assessment of employee's performance. Annual performance appraisals are completed by the direct supervisor of each staff member. We use standardized forms for the supervisor appraisal, the employees self assessment, goal setting and individual development plans.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Delegates effectively and plans well in advance for a successful and cohesive operation. Delegation is used to effectively complete the assignment using the most qualified and gifted person. The establishment of the Leadership Team has been very positive. An emergency succession plan for all duties is kept updated.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Overall Rating: Relationship with Board and Staff 35/35

Board Member's comments:

Perhaps one of the strongest parts of Kim's leadership is her servant leadership.

5=Superior 4=Very Good 3=Good 2 =Satisfactory 1=Unsatisfactory

COMMUNITY AND PUBLIC RELATIONS

	5	4	3	2	1
Develops working relationship with local, state and federal agencies, and community organizations to effect change.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The relationship with our partners is one of our most valuable assets. In addition to the Panhandle Partnership (including Panhandle Prevention Coalition and System of Care 0-8), we have valued relationships with our area hospitals (individually and united in Rural Nebraska Healthcare Network) through community health improvement planning and the Panhandle Medical Response System. Other key relationships have been developed through the Panhandle Worksite Wellness Council, Walkable Community initiatives, Panhandle Area Development District, and many others. We are members of our professional organizations at the state and national level. Many leadership team members serve on workgroups for the State Health Improvement Plan and other working committees; I am the current president of the Nebraska Association of Local Health Directors and also serve on the National Association of County and City Health Officials.

Keeps appropriate people informed on progress or issues of concern.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Communication is always a challenge and requires an intentional process. This is achieved through regular meetings, newsletters and emails.

Ability to work with various groups and organizations in the Community; including County Commissioners, City Council, Trustees, and others.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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We have good working relationships with various organizations in the community, including other governmental entities in the District. This is maintained through representation on our board of health and participation in organizations such as Panhandle Partnership. The Walkable Communities work involves the City government and other groups.

Participates in organizational related activities, including after hour events, and others, for the benefit of the organization.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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PPHD is a member of the Panhandle Partnership and Chambers of Commerce in most areas. Staff members attend many community events.

Utilizes leadership, team-building, negotiation, and conflict resolution skills to build community partnerships with all constituents within the community.

We are fortunate in the Panhandle to have a culture of collaboration and cooperation.

Promotes and represents the organization in a positive and professional manner.

I believe that I can do this in a professional and respectful manner.

Overall Rating: Community and Public Relations 30/30

Board Member's comments:

Kudos on the annual report!

Progress update on Kim's goals for 2023-24

1. Oversee the successful progress of the ARPA plan including the building project.

A plan has been developed for the ARPA funds and is underway. The actual amount awarded is \$555,000. and needs to be spent by December 2024. Items completed to date are:

- Installation of new HVAC system in Scottsbluff office
 - Installation of new phone system in both offices
 - New flooring in the Scottsbluff office and preparation for immunization program
 - Purchase of the Hemingford office
 - Architect secured and plans drawn for addition to Hemingford office.
 - Approval of construction plans, bidding process held and bid awarded.
 - Signed contract with Wood's Construction with construction to begin Spring 2024
2. Develop a Career Ladder plan for PPHD
 - Continue work on the salary guide
 - Emphasize training and education for advancement
 - Encourage new opportunities and duties
 - Work is ongoing
 3. Create a smooth transition for my retirement. (Planned for January 2025)
 - Timeline presented to the board
 - May 2024 Review and update the job description with Board of health
 - July 2024 Begin advertising for the position
 - August 2024 Offer position to the chosen candidate
 - September 2024 New director begins and works with Kim during transition including NALHD responsibilities and building relationships with key people
 - Celebrate Kim leaving
 - Ongoing communication with staff
 - Ongoing mentorship with internal staff
 4. The successful transition of the Community Health program from RWMC into PPHD.
 - New staff hired by hired, oriented and ready for flu vaccination season
 - Building renovations completed
 - Billing systems in place with electronic health record and agreements with payers
 5. Reaccreditation with PHAB and Healthy Families

Kim's Goals for the remainder of 2024. These are the same as last year as there is still more work to be done in the next 6 months.

1. Oversee the successful progress of the ARPA plan including the building project.
2. Develop a Career Ladder plan for PPHD
3. Create a smooth transition for my retirement. (Planned for January 2025)

Overall Performance Rating: 205/205

Board Member's Overall Performance Comments: (Expand on areas of strength and areas for development.)

Board Signature

Director Signature

Title and Date

Title and Date

Q1. What do you think are two of Kim's biggest strengths?

- Open and approachable, solid succession planning
- Detailed and thoughtful
- Kim has excellent critical thinking skills and communicates well. She has developed a great network of public health professionals, which will be helpful to her replacement.
- Her ability to communicate clearly
- Quietly and patiently leading pphd to make improvements in all areas.
- Her ability to keep large team of people focused, motivated and professional. The lack of drama is a plus.
- Kim is down to earth and relates well with people
- Her awesome personality and uplifting attitude.
- Stability
- She is very organized. She goes above what is asked of her.
- "Ability to build and retain
- an excellent team.
- Knowledge of legislative issues and how they will affect public health from a districts perspective."
- Breadth of knowledge, leadership

Q2. What do you think is an area of growth for Kim?

- Retirement planning for fun
- She is good at self growth
- None identified.
- Professionally, I think she has set the bar very high for herself. One area she could grow in is to take better care of herself.
- No opinion
- Enjoy your retirement.
- Idk
- Nothing
- Can't think of anything

Q3. What do you think has been a major accomplishment of Kim's over the past year?

- Assembling a well trained staff that has withstood time and challenges of COVID
- Accreditation and surviving COVID
- Developing her transition plan for retirement is going to be so helpful to the PPHD.
- Kim worked toward leaving panhandle public health in the best possible conditions, she could leave it in and certainly left it better than when she got here
- Leading the agency forward.
- Obtaining accreditation and managing all the different programs and finances.
- Keeping everything flowing in the midst of chaos
- Building facilities upgrades to further the work of PPHD
- New office
- Working with people in the organization so they can take over her job when she retires.
- Taking on the vaccination program in Scottsbluff County.
- Working toward a leadership transition plan which in my opinion will be smooth and seamless.

Q4. Do you have any extra comments to help in Kim's annual review?

- Kim makes the organization work well with her demeanor and ability to take on challenges in the community gracefully.
- Thank you for her dedication to people of the panhandle
- It has been a pleasure working with Kim over the years, and know that her shoes will be difficult to fill! Thanks Kim and good luck in your next chapter.
- "Kim always made you feel like you were the most important person in the room and she had the ability to do what was ever asked of her without making one feel like it was an imposition, even when it was
- She has always been accessible and respectful during my interactions with pphd as an outsider.
- No
- Thank you Kim for your servant leadership and demonstrating a caring attitude toward the people of the panhandle of Nebraska
- Thanks again for all you do Kim.
- Nope
- So much appreciation for all that Kim does and her leadership style.
- Thank you for your service!

Position Title:	Public Health Director				
Working Title:	Same				
Agency Unit:	Administration		Reports to:	Board of Health	
Employment Status:	Full-Time	Pay Grade:	\$97,000 - \$112,000 Annually	FLSA Status:	Exempt

Position Summary: All positions of PPHD will work to support the PPHD mission of "Working together to improve the health, safety, and quality of life for all who live, learn, work and play in the Panhandle." This position will support the implementation of PPHD strategic plan objectives through collaboration with partners and the community, a commitment to Community Health Improvement, dedication to implementing evidence-based practices, and implementation of the standards and measures of PHAB accreditation.

Essential Duties: The Public Health Director ensures that PPHD achieves its mission and vision. That public health services are centered on community, committed to health equity, operate with accountability, and are formulated on evidence-based practices. Duties include skilled, professional work in planning, administering, and performing a variety of public health services in accordance with the Core Public Health Functions, the delivery of Foundational Public Health Services, and the Ten Essential Public Health Services.

- **Leadership/Management:** Serves in a senior leadership capacity. Provides for a competent, diverse workforce and an inclusive organizational culture. Recruits, provides, or manages training for, and directly supervises staff; evaluates the performance of staff in accordance with established agency procedures. Develops and implements policies and procedures and training to promote improved performance and professional development of staff. Cooperatively plans, develops, and implements overall public health service and is responsible for the overall operation of the Health District.
- **Program Direction:** Ensures the ongoing assessment of community health status to identify public health needs, hazards and concerns. Reviews existing programs for the promotion of health equity, efficiency and economy and implements necessary changes in response to changing population demographics, community needs and updates to state and federal laws, rules, and regulations.
- **Ethics and Compliance:** Safeguards the adherence to principles of ethical public health practices. Warrants compliance with external requirements, mandates, rules, and regulations. Maintains agency accreditation status and conformity to PHAB standards and measures. Establishes and maintains monitoring and evaluation processes to ensure activities follow state and federal mandates, agreements, policies, and regulations.
- **Quality Improvement:** Demonstrates agency accountability through performance management, quality improvement, and workforce development. Supports the coordination of data gathering, evaluation, and reporting.
- **Community Liaison:** Ensures the Community Health Improvement planning process occurs every three years for the local public health system, including the hospitals in the Panhandle, to align resources to improve population-level health. Coordinates Health District functions with community private and public facilities and agencies. Negotiates partnerships to optimize resources. Develops, manages, and maintains relationships with community partners, academic institutions, state-level agencies and public health professional organizations. Serves on the Board of the Panhandle Partnership. Displays effective communication and cultural competency skills.

- **Spokesperson:** Responds to legislative and media/press inquiries and contacts. Prepares and reports by the public information officer and program leadership. Serves as a trusted public health voice when speaking to the media.
- **Advocacy:** Advances the Health District's public health policy agenda by building relationships with local and state policymakers and legislators. Works closely with state agencies that provide technical assistance and support. Is a member of the Nebraska Association of Local Health Director and of the National Association of County and City Officials.
- **Finance:** Maintains oversight of financial management. Develops, recommends, and administers Health department budget collaboratively with program coordinators and CFO. Monitors expenditures for compliance with budget. Supervises grant development and administration, including reporting and billing with program coordinators and CFO. Researches identifies, and develops alternative funding sources. Negotiates contract services and monitors contractor performance for compliance with program goals and contract provisions, both directly and cooperatively, with program directors and CFO.
- **Reporting/Data:** Ensures the design and preparation of statistical and other reports for public information, manages projects and future planning to meet fiscal requirements, and/or ensures timeliness and appropriate actions in line with program purpose. Monitors public health status to identify community health problems.
- **Emergency Response:** in the event of a public health emergency, serves as incident commander/leader and connects the department to local emergency operations. (Establishes Unified Command)
- **Board Relations:** Keeps board informed of organization activities, progress, and concerns. Provides sound recommendations and facilitates the board's decision-making process. Maintains open communication and is receptive to board members' ideas and suggestions.
- Performs other duties as assigned.
- Compliance with all PPHD personnel policies and procedures.
- Follow and adhere to all HIPAA and PPHD confidentiality and privacy policies and practices.

Behavior Expectations: Treats others with courtesy and respect in all interactions and abides by PPHD's Guiding Principles.

Minimum Qualifications: Master's degree (MPH, MPA, MHA, MSN, MBA) or an equivalent master's degree in a related field acceptable to the Board of Health. Significant supervisory experience is required. Substantial experience in senior management or leadership positions in a health-related field or public service organization is preferred. Have or acquire certification in National Incident Management Systems (NIMS) Incident Command Systems (ICS) levels 100, 200, 300, 400, and 700 within six months of appointment Resident in PPHD jurisdiction is preferred.

Exceptional writing and interpersonal communication skills, computer skills, and demonstrated cultural competence are essential.

Valid driver's license, current vehicle insurance certificate, and access to reliable transportation to all assigned work locations.

Knowledge, Skills and Abilities:

This position will require the following knowledge, skills, and abilities:

Knowledge:

- Knowledge of best practices. Knowledge of applicable regulations, policies, and procedures. Strong knowledge of budgeting and finance. Must be familiar with local public health laws and the extent of the use of authority in a public health emergency.
- Knowledge of fiscal management, budget administration and control, program budgeting, principles and practices of personnel, and information systems organizational management.

Skills:

- Strong planning, organization, and prioritization skills. Excellent verbal and written communication skills. Management and supervisory skills. Exceptional interpersonal skills, diplomacy, and tact. Must possess skills in the Core Competencies for Public Health Professionals, Including Analytical/Assessment. Policy Development Program Planning, Sciences, Financial Planning and Management, and Leadership and Systems Thinking.

Abilities:

- Ability to influence others across the department, directly or indirectly. Ability to effectively use a variety of computer software. Ability to exercise considerable tact and firmness in dealing with customers and the general public. Ability to work as a team member. Ability to complete tasks within established deadlines. Ability to effectively process and maintain files and prepare reports. Patience and flexibility. Should have a commitment to health equity and public health, interest in advancing policy that promotes and improves health outcomes, and focus on strengthening local public health and public health infrastructure. Ability to use systems-level analysis.

Work Environment:

General office setting in the PPHD office sites, as well as community sites. Equipment used to perform functions is computer, fax, copier, personal or PPHD vehicle, and public health equipment and supplies. This job may encompass light lifting, standing, walking, being seated for periods of time, possible overtime, driving, some overnight travel, and infrequently working nights and weekends.

Approvals

Name	Title	Date
Name	Title	Date
Name	Title	Date
Name	Title	Date

Board Terms
March 2024

COUNTY	NAME	TERM
Banner	Marie Parker	Expires June 30, 2025
Box Butte	Carolyn Jones	Expires June 30, 2024
Cheyenne	Mandi Raffelson	Expires June 30, 2026
Dawes	Diana Lecher	Expires June 30, 2026
Deuel	Bill Gray	Expires June 30, 2025
Garden	Mary Gentry-Randall	Expired June 30, 2026
Grant	John Werth	Expires June 30, 2025
Kimball	Daria Faden	Expires June 30, 2024
Morrill	Kay Anderson	Expires June 30, 2025
Scotts Bluff	Kristin Wiebe	Expires June 30, 2025
Sheridan	Pat Wellnitz	Expires June 30, 2024
Sioux	Jackie Delatour	Expires June 30, 2024



Panhandle Public Health District

Quality Improvement &
Performance Management
Plan

2024-2027



Review

This quality improvement plan is reviewed, amended, and approved by the Leadership Team and PPHD Board of Health when the new version is available, every 4 years. The PM/QI coordinator makes updates and then brings it to the leadership team for review and edits before bringing it for final approval.

Reviewed/Revised	By	Date
Reviewed and Approved for 2018-2019	PPHD Leadership Team	4/25/2018
Reviewed and Approved for 2018-2019	PPHD Board of Health	5/10/2018
Reviewed and Approved for 2019-2020	PPHD Leadership Team	07/25/2019
Reviewed and Approved for 2019-2020	PPHD Board of Health	08/29/2019
Reviewed and Approved for 2020-2021	PPHD Leadership Team	01/24/2021
Reviewed and Approved for 2022-2023	PPHD Leadership Team	02/28/2022
Reviewed and Approved for 2022-2023	PPHD Board of Health	04/14/2022
Reviewed and Approved for 2024-2027	PPHD Leadership Team	02/28/2024
Reviewed and Approved for 2024-2027	PPHD Board of Health	

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Quality Improvement

Common Quality Improvement Terminology

Baseline measurement: The beginning point, based on an evaluation of the input over time, is used to determine the process parameters before any improvement effort; the basis against which change is measured.

Benchmark: An organization, part of an organization, or measurement that serves as a reference point or point of comparison

Cause: An identified reason for the presence of a defect or problem

Continuous improvement: The ongoing improvement of products, services, or processes through incremental and breakthrough improvements

Data: Quantitative or qualitative facts presented in descriptive, numeric, or graphic form

Decision matrix: A matrix that teams use to evaluate problems or possible solutions

Effect: That which results after an action has been taken; the expected or predicted impact when an action is to be taken or proposed

Effectiveness: The degree to which objectives are achieved in an efficient and economic manner

Efficiency: A measure of how well resources are used to achieve a goal

Evidence: Something that furnishes proof; verifiable facts

Fishbone diagram: Also known as Cause and Effect Diagram

Gap analysis: A technique that compares the existing state to its desired state or future state and helps to determine what needs to be done to remove or minimize the gap

Goal: An issue-oriented statement of an organization's desired future direction or desired end state. Goals guide an organization's efforts; they articulate the overall expectations and intentions for the organization.

Improvement: The positive effect of a process change effort. Improvement may result from incremental changes or a breakthrough

Measure: The criteria, metric, or means to which a comparison is made with output

Non-conformance: A parameter which does not meet specification; a departure of a quality characteristic from its intended level or state that occurs with severity sufficient to cause an associated product or service not to meet a specification requirement

Objectives: A specific statement of a desired short-term condition or achievement; includes measurable results to be accomplished by specific teams or individuals within time limits. Objectives are narrow-focused, precise, and tangible

Organizational culture: A common set of values, beliefs, attitudes, manners, customs, perceptions, and accepted behaviors shared by individuals within an organization

Outcome: The measurable result of a project, a quality initiative, or an improvement, usually there is the time passed between the completion of an action and the realization of the outcome

Plan-Do-Study-Act (PDSA): Often referred to as PDSA Cycle for continuous improvement. It is a structured four-step process for quality and continuous improvement. This model is well accepted because it is how most people approach problem-solving

Performance management: The use of performance measurement information to help set agreed-upon performance goals, allocate and prioritize resources, inform managers to either confirm or change current policy or program directions to meet those goals and report on the success in meeting those goals.

Prevention: A quality assurance strategy that attempts to identify and correct unacceptable service or product characteristics during the design, development, or production phase.

Process: A set of interrelated resources and activities which transform inputs into outputs to add value

Process improvement: Activities to examine a process to prove effectiveness, efficiency, and reliability to detect and remove common causes of variation to improve process capability

Project: An inter-related set of activities whose combined performance within a limited period accomplishes certain desired objectives

Quality: The degree to which a set of inherent characteristics fulfills requirements; the sum of all features and characteristics of a product that affect its ability to satisfy customer needs.

Quality assurance: A systematic activity that provides confidence that a product or service will conform to requirements. Quality Assurance assures management that all the necessary systems are in place. It provides the organization with training, tools, methods, consultation, and metrics to eliminate potential nonconformance and improvement of processes, products, and services

Quality improvement: The actions are taken to increase the value to the customer by improving the effectiveness and efficiency of processes and activities throughout the organization. Improvement in quality has been linked to higher levels of customer satisfaction

Quality improvement team: The group that will be responsible for oversight of QI including creation, implementation, and evaluation at PPHD (agency definition)

Quality improvement project team: The group that will be directly involved with a specific QI project and may include all members of the QI team, or a combination of QI Team members and additional staff (agency definition)

Quality plan: A document setting out the specific quality practices, resources, and sequences of activities relevant to a particular product, project, or contract. A quality plan should define and document how the requirements for quality will be met to ensure that customer needs and expectations are satisfied

Root cause: The true underlying reason that results in non-conformance. Only when the root cause is corrected will the recurrence of the same or similar non-conformance be prevented

Storyboard: A technique to display the thoughts and ideas of a group in some logical grouping or sequence. It may also be used to communicate the activities of a team as it progresses toward an improvement

Total quality: A strategic integrated system for achieving customer satisfaction that involves all managers and employees and uses quantitative methods to continuously improve an organization's processes

Variation: A change in data that is caused by one of four factors: special causes, common causes, tampering, or structural variation. It can also be the difference between two or more outputs within a process or system.

Terminology from: "Glossary of Quality Terms and Definitions" by Jimmy Smith, Public Health Quality Improvement Encyclopedia, 2012; and "Glossary" by Patricia Lichiello and Bernard J. Turnock, The Turning Point Guidebook for Performance Measurement, 2010.

Culture of Quality

PPHD uses the Roadmap to a Culture of Quality Improvement, developed by NACCHO, to guide our culture of quality.

“When a quality culture is achieved, all employees, from senior leadership to frontline staff, have infused QI into the way they do business daily. Employees continuously consider how processes can be improved, and QI is no longer seen as an additional task but a frame of mind in which the application of QI is second nature.” (Source: NACCHO QI Roadmap).

Before any steps in the Roadmap can be made, a good organizational foundation for QI is needed, including:

- Leadership commitment
- QI infrastructure
 - PM/QI Council
 - Performance Management System
 - QI Plan
- Employee empowerment
- Customer focus
- Teamwork and collaboration
- Continuous process improvement

Once the foundation is laid, there are six phases of integration an organization must move through to achieve a Culture of Quality:

Phase 1:	No knowledge of QI
Phase 2:	Not involved with QI activities
Phase 3:	Informal or Ad Hoc QI Activities
Phase 4:	Formal QI activities implemented in specific areas
Phase 5:	Formal agency-wide QI
Phase 6:	QI Culture

The PPHD Culture of QI was assessed in December 2024 with the 2.0 version of the NACCHO QI Self-Assessment Tool (SAT). The QI SAT has a portion for leadership and all staff to respond to (all employees not at the leadership level). Staff received training on Quality Improvement during a Monday Morning Meeting and slides to review before completing the QI SAT.

Overall, PPHD scored at the end of **Phase 4: Formal QI in Specific Areas of the Organization**. This version of the QI SAT allows for more detailed scoring of each of the foundational pieces required for a culture of QI. Specific strategies can be chosen for each foundational area and sub-areas to move PPHD forward to the next advanced stage of QI.

The following summarizes the scoring of the 2024 PPHD QI SAT:

Foundational Element	Sub-Element	Sub-Element Score	Foundational Element Score 2021	Foundational Element Score 2024
1. Employee Empowerment	1.1 Enabling Performance	5.05	4.5	5
	1.2 Knowledge, Skills, and Abilities (KSAs)	4.92		
2. Teamwork and Collaboration	2.1 Collaborative Sharing and Improvement	4.82	4.3	5
	2.2 QI Team Performance	5.19		
3. Leadership	3.1 Culture	4.64	4.6	4.7
	3.2 Resourcing and Structure	4.78		
4. Customer Focus	4.1 Understanding the Customer	5.11	4.8	4.9
	4.2 Meeting and Exceeding Customer Expectations	4.74		
5. QI Infrastructure	5.1 Strategic Planning	5.2	4.8	5.2
	5.2 Performance Measurement and Use of Data	5.2		
	5.3 Quality Improvement Planning	5.2		
6. Continuous Quality Improvement	6.1 Improving Standardized Work	4.68	5	4.8
	6.2 Planning for QI Projects	4.83		
	6.3 Testing, Studying and Acting on Potential Solutions	4.9		

Specific strategies selected to address each sub-element can be found in the QI Work Plan section, these are updated annually.

PPHD also assesses staff perception of quality improvement within the agency in the annual staff satisfaction survey.

Key Elements of PPHD QI Structure

Organizational Structure

PPHD is made up of a health director, 35 staff members, and 4 seasonal nursing staff members. The health director and organization are overseen by a Board of Health. The organizational chart can be found in Appendix B.

Quality Improvement Council

The PPHD Leadership Team also serves as the Quality Improvement Council. The Leadership Team is primarily comprised of staff that fall directly below the health director in the organizational chart, along with staff otherwise assigned. The Leadership Team does not rotate, except newly assigned team members. QI projects are reviewed monthly by the Leadership Team.

Roles and Responsibilities & Staffing and Administrative Support

The Quality Improvement plan is drafted by the PM/QI coordinator and then discussed and edited by the leadership team. After it is finalized the leadership team approves the plan and it is presented to the board of health for review and approval. The quality improvement plan is then reviewed with all staff after board approval during an all-staff meeting. QI projects are discussed at quarterly performance management meetings and brought to the Leadership Team by the performance management coordinator for review as they are developed. The performance management coordinator is charged with the implementation of the QI Work Plan. The Leadership Team reviews the QI projects and notes any comments, concerns, accomplishments, or potential projects not arising from a performance management meeting.

Although the Leadership Team is responsible for oversight of quality improvement, all PPHD staff have a role in improving the operations of PPHD and the public's health. Each person is responsible for contributing to improvements within their respective area of work within the organization. Participation in quality improvement and performance management is a part of every employee's job description.

Appropriateness of QI projects are evaluated by the performance management coordinator, and based on:

- Does the measure have meaning for what we do?
- Can you process map it or document how it is happening?
- Was a root cause analysis completed?

QI projects may be initiated at any time, not only during quarterly performance management meetings. Teams formed around QI projects are encouraged to seek input and participation from individuals in other areas of the organization.

The performance management coordinator provides technical assistance on QI to all staff as needed. The performance management coordinator reports on the status of ongoing QI projects.

Budget and Resource Allocation

Financial resources are budgeted for improvement activities. The funding for the performance management coordinator is braided through several funding sources to assure sustainability, including monitoring progress in growth in quality improvement activities. Funds are also available for all staff to participate in PM/QI activities within their positions and to be trained in Quality improvement. This is solidified by including PM/QI activities in the job descriptions of all staff members.

Training

Proper training on quality improvement for all staff is essential in working toward a Culture of QI. Required staff trainings are:

Introduction to Quality Improvement and Performance Management

All staff are required to complete a five-part online training on performance management and quality improvement. All new employees will be required to complete the training within six months of hire. This is part of an administrative performance metric and is monitored by the HR coordinator as part of her position. It is an important element of our workforce development plan.

Advanced Quality Improvement

This level of training will be required for all members of the Leadership Team. All staff on the Leadership Team are required to complete several virtual trainings, including a performance management primer and Results-Based Accountability Clear Impact training. Additional needs for training at this level have been identified and include:

- Data presentation and review
- Procedure writing
- Root cause analysis

Annual Hands-On Training

Hands-on training will be offered to all staff at least once per year at a quarterly all-staff meeting or on a Monday Morning meeting.

Additional Trainings

Additional training topics will be offered to staff as they present. One consistent opportunity is discussing the quality improvement project opportunities during performance management meetings.

Selection of QI Projects

Staff are encouraged to identify QI opportunities, not limited to the performance management system, and bring opportunities to the attention of their program manager or supervisor. The performance management coordinator is then notified of the opportunity and the QI project is initiated, if appropriate. QI projects may be initiated at any time, not only during quarterly performance management meetings. Teams formed around QI projects may seek input and participation from individuals in other areas of the organization.

Appropriateness of QI projects is evaluated by the performance management coordinator, and based on:

- Does the measure have meaning for what we do?
- Can you process map it or document how it is happening?
- Was a root cause analysis completed?

Proposed projects do not need to be reviewed by the Leadership Team before being acted on.

Documentation of QI Projects

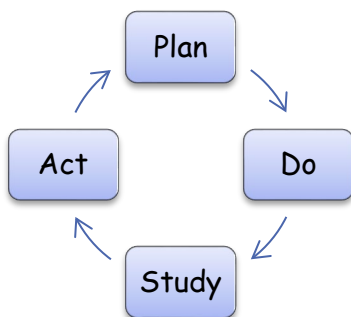
Staff are required to document the implementation of QI projects and apply the Plan-Do-Study-Act (PDSA) model.

Documentation must demonstrate:

- How staff problem-solved and planned the improvement,
- How staff selected the problem/process to address and described the improvement opportunity,
- How they described the current process surrounding the identified improvement opportunity,
- How they determined all possible causes of the problem and agreed on contributing factors and root cause(s),
- How they developed a solution and action plan, including time-framed targets for improvement,
- What the staff did to implement the solution of process change,
- How staff reviewed and evaluated the results of the change, and how they reflected and acted on what they learned, and
- The use of tools and techniques during the application of the PDSA cycle.

Documentation should be kept throughout the project via minutes, tools, etc. Documentation including all of the above points will be provided and reviewed during quality improvement meetings and leadership team meetings. The QI Tools and Documentation Packet (see Appendix C) provides a comprehensive packet to document each QI project.

Documentation must also include how specific staff participated in the QI project. Staff roles and responsibilities could be documented in: minutes, memos, reports, or committee or project responsibilities listings.



Plan: the change or improvement.

Do: Conduct a pilot test of the change.

Study: Gather data about the pilot change to ensure the change was successful.

Act: Make changes and repeat or implement on a broader scale.

In the study phase, the quality improvement team will determine which strategy to test by running a few strategies through a SWOT analysis.

Customer Feedback and Quality Improvement

Programs at PPHD all have performance management metrics that are measured and tracked by PPHD staff during performance management meetings. These metrics include feedback from customers such as their rating of the value of a program and their suggestions for how to improve it. These measures can be

an indicator to start a QI project or can be an indicator that a QI project has been successful. Performance measures may also show that programs are going smoothly without intervention.

QI project teams also invite outside partners to serve on the team. This allows PPHD to receive feedback as the process is improved and allows the team to adapt more nimbly to changes and suggestions from our customers and partners.

Assess the Effectiveness of the Quality Improvement Plan and Activities

QI project effectiveness is measured in performance management meetings. How we will measure success is laid out in the first phase of the QI process and because the QI projects are often identified in a performance management meeting the measure is often a performance management measure. If it is not a current performance management measure it will be added upon completion of the QI process.

Communication of QI Activities

QI activities are regularly reviewed by the Leadership Team via the QI Project Status Spreadsheet monthly. A quarterly newsletter is distributed within the organization to highlight QI and performance management accomplishments.

Quality Improvement Work Plan

Foundational Element	Sub-Element	Strategy	Complete by
1. Employee Empowerment	1.1 Enabling Performance	<ul style="list-style-type: none"> Survey team members for input into effectiveness of performance systems 	December 2024
	1.2 Knowledge, Skills and Abilities (KSAs)	<ul style="list-style-type: none"> Continue to implement QI training – making it more personalized to different teams 	Ongoing throughout the cycle of this plan June 2024
2. Teamwork and Collaboration	2.1 Collaborative Sharing and Improvement	<ul style="list-style-type: none"> Include more resources to spur innovation in performance management and quality improvement in the newsletters Present intentional information about current QI projects 	December 2024
	2.2 QI Team Performance	<ul style="list-style-type: none"> Introduce recognition and feedback techniques into the organization that allow both teams and individuals to receive feedback More frequent meetings of the QI team 	December 2024
3. Leadership	3.1 Culture	<ul style="list-style-type: none"> Practice breaking improvements into smaller steps Have quicker turnaround times for the “test” 	December 2024
	3.2 Resourcing and Structure	<ul style="list-style-type: none"> Communicate the expectation for all members of the organization to participate in improvement activities on a quarterly basis in the newsletter Build a better process for naming the activities we are already doing for quality improvement 	December 2025
4. Customer Focus	4.1 Understanding the Customer	<ul style="list-style-type: none"> Include the customer in quality improvement processes 	December 2025
	4.2 Meeting and Exceeding Customer Expectations	<ul style="list-style-type: none"> Standardize department-wide process for assessing customer satisfaction 	December 2025
5. QI Infrastructure	5.1 Strategic Planning	<ul style="list-style-type: none"> Connect agency strategic plans to the annual improvement planning and project teams through the strategic planning workgroups 	December 2025
	5.2 Performance Measurement and Use of Data	<ul style="list-style-type: none"> Establish automatic data generation 	December 2026
	5.3 Quality Improvement Planning	<ul style="list-style-type: none"> Utilize visual and IT tools to quickly track and communicate progress 	December 2026
6. Continuous Quality Improvement	6.1 Improving Standardized Work	<ul style="list-style-type: none"> Regularly audit the status of all standardized work to ensure it is up-to-date and reflects the most current process, root cause and address gaps 	Ongoing throughout the cycle of this plan
	6.2 Planning for QI Projects	<ul style="list-style-type: none"> Utilize annual improvement planning and formal process management to prioritize process improvement efforts 	Ongoing throughout the cycle of this plan

Evaluation

Evaluation Topic	Type of Measure	Suggested Indicator(s)	Data Collection Method(s)	Timeline
Internal Customers	Process	Awareness of QI plan	Culture of QI Employee Survey	Annually
		Awareness of QI projects and accomplishments	Culture of QI Employee Survey	Annually
		Satisfaction with improvements from specific QI projects	Focused Conversation with QI participants	Quarterly
		QI plan effectiveness	Culture of QI Employee Survey	Annually
QI Training	Capacity, Process	Staff improved knowledge, skills, and perceived confidence to conduct QI projects	Survey of QI training participants	Conclusion of each training
Overall QI Plan	Capacity, Process, Outcome	Progress toward meeting annual goals/objectives	Document Review	Quarterly
QI Culture	Process	Culture of QI Assessment	Culture of QI Assessment	Annually
		Culture of QI Employee Survey	Culture of QI Employee Survey	Annually

Performance Management

Common Performance Management Terminology:

Performance standards: Guidelines used to assess performance. Standards may be based on federal, state, scientific, or grant specific benchmarks

Performance measures: Quantitative measures of capacities, processes, or outcomes relevant to the assessment of a performance indicator

SMART goals: Specific, measurable, attainable, realistic, and time-bound goals that are used to define the goals of performance measures at the programmatic level

Progress reporting: How data from the performance management system are shared with staff at the LHD and stakeholders. This report shows progress toward meeting SMART goals and performance standards

Clear Impact: The cloud-based performance management software used by PPHD to visually track performance

Performance management system: Continuous use of performance management practices so that they are integrated into the agencies core operations

Performance indicators: Summarize the focus of performance goals and measures, often used for communication purposes and preceding the development of specific measures

Performance targets: Set specific and measurable goals related to agency or system performance. Where a relevant performance standard is available, the target may be the same as, exceed, or be an intermediate step toward that standard

PUBLIC HEALTH PERFORMANCE MANAGEMENT SYSTEM



Stages of Agency Performance Management

PPHD uses the 2013 version of the **Turning Point Framework**, available from the Public Health Foundation. This model links performance standards, performance measurement, progress reporting, and quality improvement.

In 2018, Public Health Foundation provided a **Guide to the Stages of Performance Management**, as a supplement to the Turning Point Framework. This guide defines the five stages of agency performance management:

Stage 1:	Minimal awareness of PM
Stage 2:	Awareness of need for PM & usefulness
Stage 3:	Limited PM deployment
Stage 4:	Formal agency-wide PM process
Stage 5:	Culture of PM

PPHD uses The Public Health Performance Management Self-Assessment Tool, available through Public Health Foundation, to assess the agency stage of performance management annually. The self-assessment was last completed in 2024, and the results were used to identify the current stage of performance management at PPHD as well as areas for improvement. Currently, PPHD is in between **Stage 4: Formal Agency-Wide PM process** and **Stage 5: Culture of PM**. The Performance Management Work Plan section focuses on moving the organization fully to **Stage 5: Culture of PM**. See Appendix D for the results of the 2024 Self-Assessment.

Key Elements of PPHD Performance Management

Performance Management Council

The PPHD Leadership Team also serves as the Performance Management Council. The Leadership Team is primarily comprised of staff that fall directly below the health director in the organizational chart, along with staff otherwise assigned. The Leadership Team does not rotate, except for newly assigned team members.

Additionally, the performance management coordinator manages the performance management system.

Roles and Responsibilities

The performance management coordinator provides oversight of the performance management system. Program managers and staff (if applicable) work with the performance management coordinator to determine performance measures for their respective program or area of expertise, based off performance standards. Program staff are actively involved in meeting performance standards and quality improvement. Program managers and staff (if applicable) meet with the performance management coordinator and health director quarterly to review performance, barriers/challenges, and QI opportunities. Staff are required to complete their program performance management report prior to the meeting. Updated data for performance measures are recorded on the Clear Impact scorecard by the performance management coordinator.

Budget and Resource Allocation

Financial resources are budgeted for performance management activities. The funding for the performance management coordinator is braided through several funding sources to assure sustainability. Funding is set aside in the annual budget to support the annual licensing fee for Clear Impact.

Selection of Performance Measures

PPHD uses the Results-Based Accountability framework to select performance measures. Performance measures are determined at the onset of projects, if applicable. There are three kinds of program performance measure:

1. How much did we do?
2. How well did we do it?
3. Is anyone better off?

	Quantity	Quality
Effort	<p>How much did we do?</p> <p><u>Examples:</u> # Clients/customers served # Activities (by specific activity)</p>	<p>How well did we do it?</p> <p><u>Examples:</u> % common measures (% trained, worker safety) % Activity-specific measures (% timely, % meeting standard)</p>
Effect	<p>Is anyone better off?</p> <p>#</p> <p># # #</p>	
		<p>%</p> <p><u>Examples:</u> % skills/knowledge % attitude/opinion % behavior % circumstance</p>

Communication of Performance Management

Progress is reported regularly to the Leadership Team and Board of Health, at quarterly all-staff meetings, quarterly community health improvement priority area work group meetings, to stakeholders and partners when needed. Additionally, anyone can access the Clear Impact Scorecards on the PPHD website at www.pphd.ne.gov.

Training

Proper training on quality improvement for all staff is essential in working toward a Culture of Performance Management. Required staff trainings are:

Introduction to Quality Improvement and Performance Management

All staff are required to complete a five-part online training on performance management and quality improvement. All new employees will be required to complete the training within six months of hire.

Advanced Quality Improvement

This level of training will be required for all members of the Leadership Team. All staff on the Leadership Team are required to complete several virtual trainings, including a performance management primer and Results-Based Accountability Clear Impact training. Additional needs for training at this level have been identified and include:

- Data presentation and review
- Procedure writing
- Root cause analysis

Annual Hands-On Training

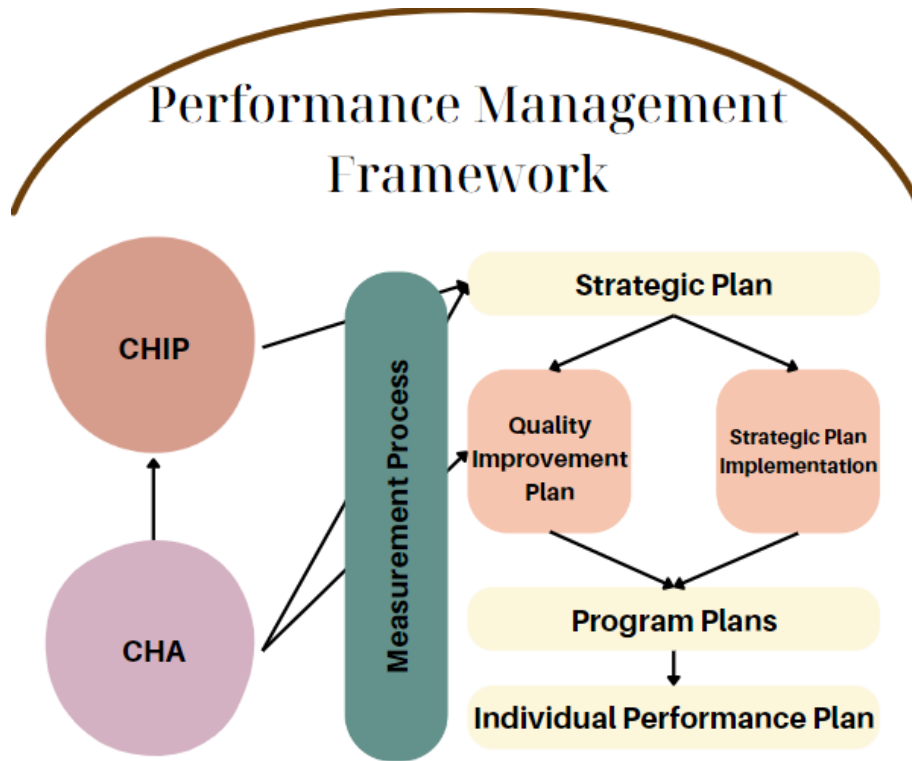
A hands-on training will be offered to all staff at least once per year at a quarterly all-staff meeting.

Additional Trainings

Additional training topics will be offered to staff as they present.

Alignment of Organizational Plans within the PM System

All the various organizational plans fall within the performance management framework. The plans and processes in the diagram below are aligned with various PHAB standards. These connections are outlined in the table below.



Performance Management Framework	9.1.6 A
CHIP	5.2
CHA	1.1
Strategic Plan	10.1.1
Quality Improvement Plan	9.1
Strategic Plan Implementation	10.1.1

Each organizational plan includes goals and objectives that are measured by the performance management system. Goals and objectives specific to each plan can be found within the official plan documents. The goals and objectives can also be found on the performance management scorecard, found on www.pphd.ne.gov.

Performance Management Work Plan

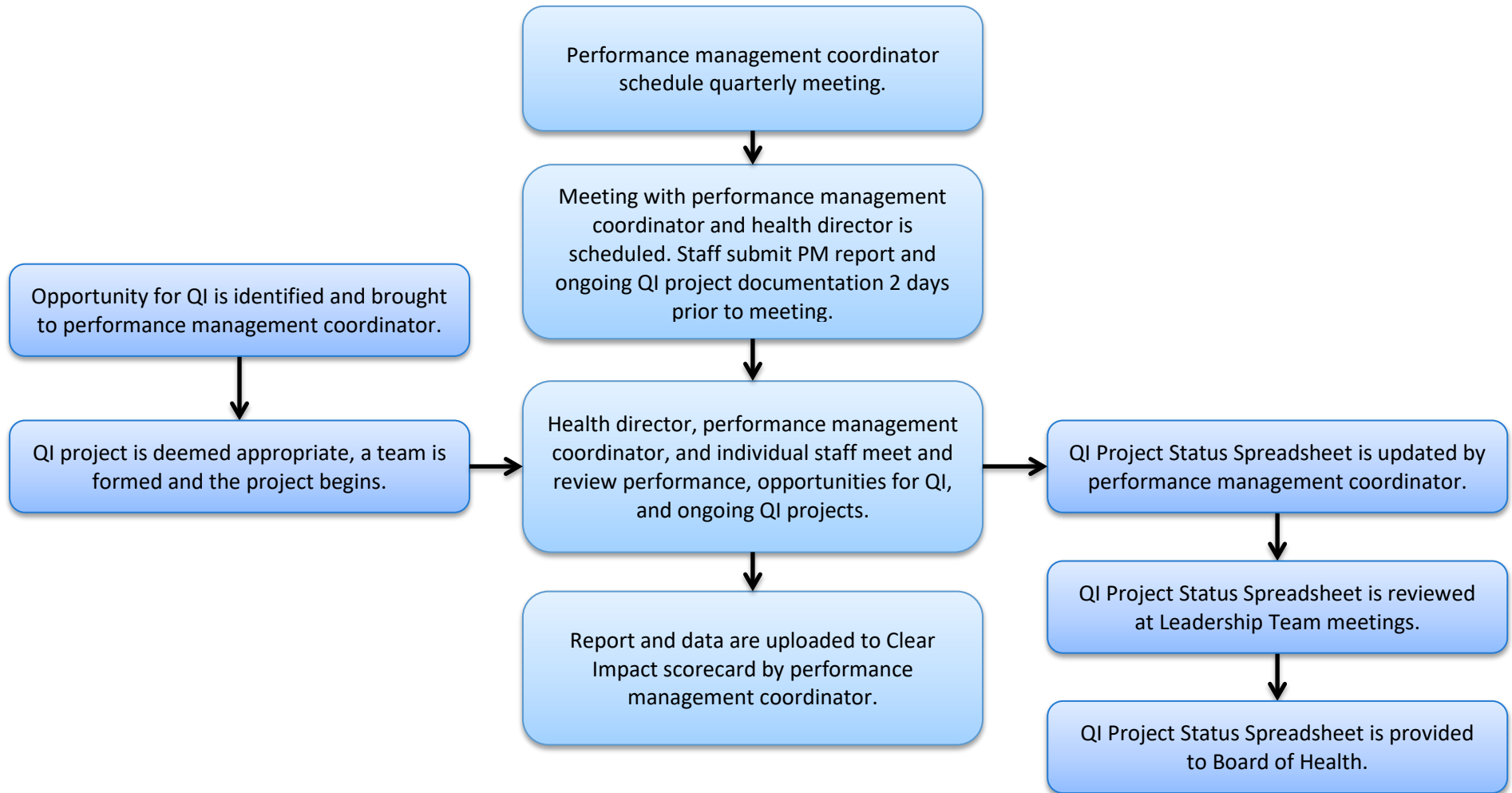
Performance Measure	Activities	Responsible Party
Integrate additional customer feedback	<ul style="list-style-type: none"> Integrate meaningful customer feedback into performance measures 	QI/PM Coordinator
Develop Goals and Objectives for each program's performance management	<ul style="list-style-type: none"> Work with each program to develop a set of goals and objectives that can be measured in Performance Management (PHAB alignment) Choose at least one goal per program that can be measured against a benchmark Align performance goals and objectives to the PPHD strategic plan 	QI/PM Coordinator
Performance data are used to make strategic decisions related to staffing, budgets, or new initiatives.	<ul style="list-style-type: none"> Use performance data meetings to redirect if needed in the work plans Ensure core competencies for public health professionals are included in general staff job descriptions 	QI/PM Coordinator Agency Director HR Director CFO/Strategic Plan and Accreditation Coordinator
Performance management training occurs on a regular basis for all relevant positions.	<ul style="list-style-type: none"> All new employees complete the new employee performance management training in a timely manner An annual hands-on training is offered to all staff, at one all-staff quarterly meeting 	QI/PM Coordinator

Evaluation

Evaluation Topic	Type of Measure	Suggested Indicator(s)	Data Collection Method(s)	Timeline
PM Training	Capacity, Process	Staff improved knowledge, skills, and perceived confidence to manage performance – a survey sent out after each training	Survey of PM training participants	Conclusion of annual training
Overall PM Plan	Capacity, Process, Outcome	Progress toward meeting annual goals/objectives measured similar to Strategic Plan	Document Review	Quarterly
Stage of Performance Management	Process	Performance Management Self-Assessment	Performance Management Self-Assessment	Annually

Integration of Performance Management and Quality Improvement

The relationship between performance management and QI is mutually reinforcing, however sometimes difficult to understand. QI is a data driven process, and performance management is the system that collects and monitors this data. The following is a visual depiction of how QI and performance management interact within PPHD:



Appendix A

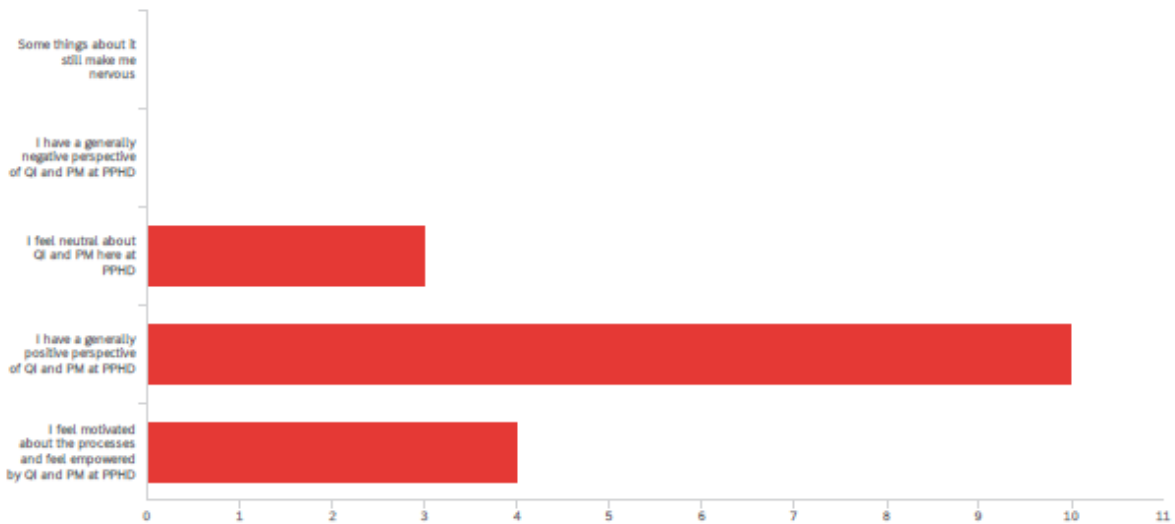
Default Report

QI Training Feedback

January 24, 2024 1:52 PM MST

Q1 - After going through the training on Monday, what is your impression of the way we

do Quality Improvement (QI) and Performance Management (PM) here at PPHD?



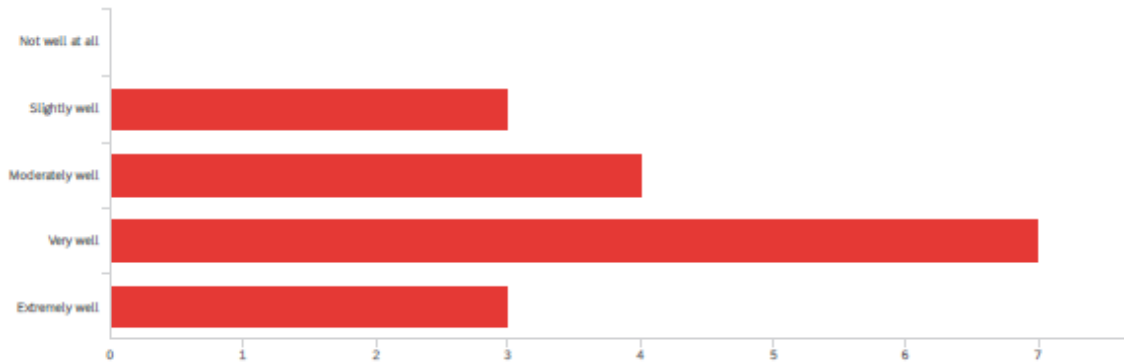
#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	After going through the training on Monday, what is your impression of the way we do Quality Improvement (QI) and Performance Management (PM) here at PPHD?	3.00	5.00	4.06	0.64	0.41	17

#	Field	Choice Count
1	Some things about it still make me nervous	0.00% 0
2	I have a generally negative perspective of QI and PM at PPHD	0.00% 0
3	I feel neutral about QI and PM here at PPHD	17.65% 3
4	I have a generally positive perspective of QI and PM at PPHD	58.82% 10
5	I feel motivated about the processes and feel empowered by QI and PM at PPHD	23.53% 4
		17

Showing page 1 of 6

Q2 - After going through the training on Monday, how well do you feel you understand

PM and QI at PPHD?

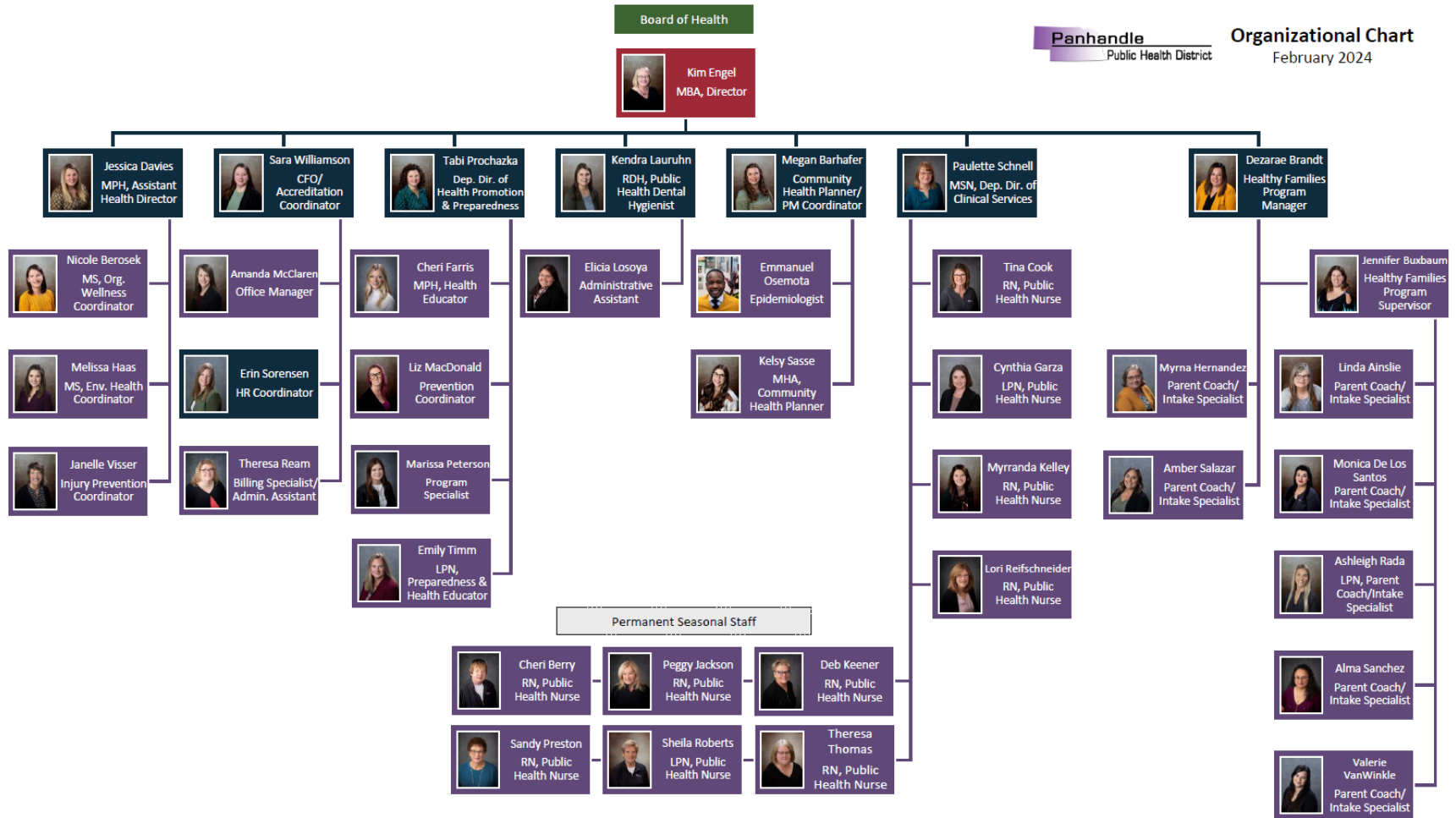


#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	After going through the training on Monday, how well do you feel you understand PM and QI at PPHD?	2.00	5.00	3.59	0.97	0.95	17

#	Field	Choice Count
1	Not well at all	0.00% 0
2	Slightly well	17.65% 3
3	Moderately well	23.53% 4
4	Very well	41.18% 7
5	Extremely well	17.65% 3
		17

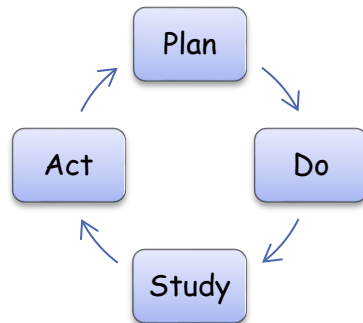
Showing rows 1 - 6 of 6

Appendix B



QI Project: Procurement QI Project**Appendix C****QI Tools & Documentation Packet****Documentation of QI Projects**

Staff are required to document the implementation of QI projects and apply the Plan-Do-Study-Act (PDSA) model. Documentation should be kept throughout the project via minutes, tools, etc. Documentation including all of the below points will be reviewed at each quarterly performance management meeting.



Plan the change or improvement.

Do: Conduct a pilot test of the change.

Study: Gather data about the pilot change to ensure the change was successful.

Act: Make changes and repeat, or implement on a broader scale.

Documentation must demonstrate:

- How staff problem-solved and planned the improvement (**PDSA Tracking Sheet, AIM Statement Worksheet**)
- How staff selected the problem/process to address and described the improvement opportunity (**Selection of QI Projects, AIM Statement Worksheet**)
- How they described the current process surrounding the identified improvement opportunity (**Selection of QI Projects**)
- How they determined all possible causes of the problem and agreed on contributing factors and root cause(s) (**CHOOSE ONE: Root Cause Analysis: Five Whys, Fishbone Diagram, etc.**)
- How they developed a solution and action plan, including time-framed targets for improvement (**PDSA Tracking Sheet, AIM Statement Worksheet**)
- What the staff did to implement the solution of process change (**PDSA Tracking Sheet, AIM Statement Worksheet**)
- How staff reviewed and evaluated the results of the change, and how they reflected and acted on what they learned (**PDSA Tracking Sheet, AIM Statement Worksheet**)
- The use of tools and techniques during the application of the PDSA cycle
- How specific staff participated in the QI project. Staff roles and responsibilities could be documented in: minutes, memos, reports, or committee or project responsibilities listings. (**Team Charter, PDSA Tracking Sheet**)

QI Project: Procurement QI Project

Selection of QI Project

Does the measure have meaning for what we do? Please describe.

Click here to enter text.

Can you process map it or document how it is currently happening? Provide documentation or describe below.

Click here to enter text.

Was a root cause analysis completed? Provide documentation.

Click here to enter text.

How did this QI project come to your attention?

Click here to enter text.

What will completing this project work to improve?

Click here to enter text.

QI Project: Procurement QI Project

QI Team Charter

Team Lead:	Megan Barhafer
Team Members:	<ol style="list-style-type: none">1. Kim Engel2. Sara Williamson3. Erin Sorensen4. Tabi Prochazka5. Jessica Davies

Five Whys Tool for Root Cause



Overview: Root cause analysis is a structured team process that assists in identifying underlying factors or causes of an event, such as an adverse event or near –miss. Understanding the contributing factors or causes of a system failure can help develop actions that sustain corrections.

The Five Whys is a simple problem-solving technique that helps to get to the root of a problem quickly. The Five Whys strategy involves looking at any problem and drilling down by asking: "Why?" or "What caused this problem?" While you want clear and concise answers, you want to avoid answers that are too simple and overlook important details. Typically, the answer to the first "why" should prompt another "why" and the answer to the second "why" will prompt another and so on; hence the name Five Whys. This technique can help you to quickly determine the root cause of a problem. It's simple, and easy to learn and apply.

Directions:

- Develops the problem statement. (See Step 1 of Guidance for RCA for additional information on problem statements.) Be clear and specific.
- The team facilitator asks why the problem happened and records the team response. To determine if the response is the root cause of the problem, the facilitator asks the team to consider "If the most recent response were corrected, is it likely the problem would recur?" If the answer is yes, it is likely this is a contributing factor, not a root cause.
- If the answer provided is a contributing factor to the problem, the team keeps asking "Why?" until there is agreement from the team that the root cause has been identified.
- It often takes three to five whys, but it can take more than five! So keep going until the team agrees the root cause has been identified.

Tips:

- Include people with personal knowledge of the processes and systems involved in the problem being discussed.
- Note that the Five Whys technique may not always help you to identify the root cause. Another technique you might consider is the fishbone diagram. The fishbone diagram forces you to think broadly across various categories that could be causing or contributing to the problem (See How to Use the Fishbone Tool for Root Cause Analysis tool).

QI Project: Procurement QI Project

Problem Statement:	One sentence description of event or problem.
1. Why? →	
2. Why? →	
3. Why? →	
4. Why? →	
5. Why? →	
Root Cause(s)	<ol style="list-style-type: none"> 1. 2. 3. <p>To validate root causes, ask the following: If you removed this root cause, would this event or problem have been prevented?</p>

Example:

1. Why did you get a flat tire?
 - You ran over nails in your garage
2. Why were there nails on the garage floor?
 - The box of nails on the shelf was wet; the box fell apart and nails fell from the box onto the floor.*
3. Why was the box of nails wet?
 - There was a leak in the roof and it rained hard last night. (Root cause=leak in the roof)

Five Whys for Root Cause Analysis

Problem Statement:	Click here to enter text.
6. Why? →	Click here to enter text.
7. Why? →	Click here to enter text.
8. Why? →	Click here to enter text.
9. Why? →	Click here to enter text.
10. Why? →	Click here to enter text.
Root Cause(s)	<ol style="list-style-type: none"> 1. Click here to enter text. 2. Click here to enter text. 3. Click here to enter text. 4. Click here to enter text. 5. Click here to enter text. 6. Click here to enter text. 7. Click here to enter text. 8. Click here to enter text. <p>To validate root causes, ask the following: If you removed this root cause, would this event or problem have been prevented?</p>

Fishbone Diagram Directions

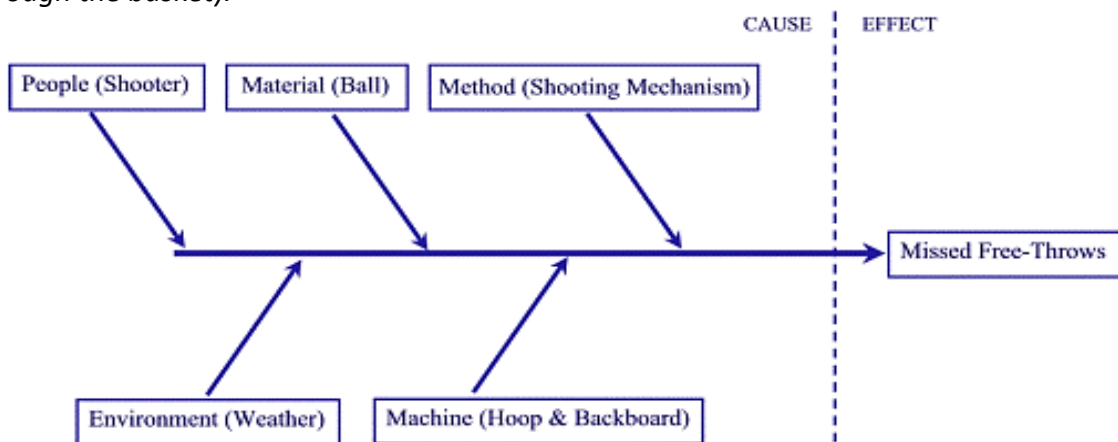
Fishbone Diagrams can be used to answer the following questions that commonly arise in problem solving: What are the potential root causes of a problem? What category of process inputs represents the greatest source of variability in the process output? A completed Fishbone diagram includes a central "spine" and several branches reminiscent of a fish skeleton. **This diagram is used in process improvement methods to identify all of the contributing root causes likely to be causing a problem. This tool is most effective when used in a team or group setting.**

1. To create a Fishbone Diagram, you can use any of a variety of materials. In a group setting you can use a white board, butcher-block paper, or a flip chart to get started. You may also want to use "Post-It" notes to list possible causes but have the ability to re-arrange the notes as the diagram develops.
2. Write the problem to be solved (the EFFECT) as descriptively as possible on one side of the work space, then draw the "backbone of the fish", as shown below. The example we have chosen to illustrate is "Missed Free Throws" (an acquaintance of ours just lost an outdoor three-on-three basketball tournament due to missed free throws).



3. The next step is to decide how to categorize the causes. There are two basic methods: A) by function, or B) by process sequence. The most frequent approach is to categorize by function.

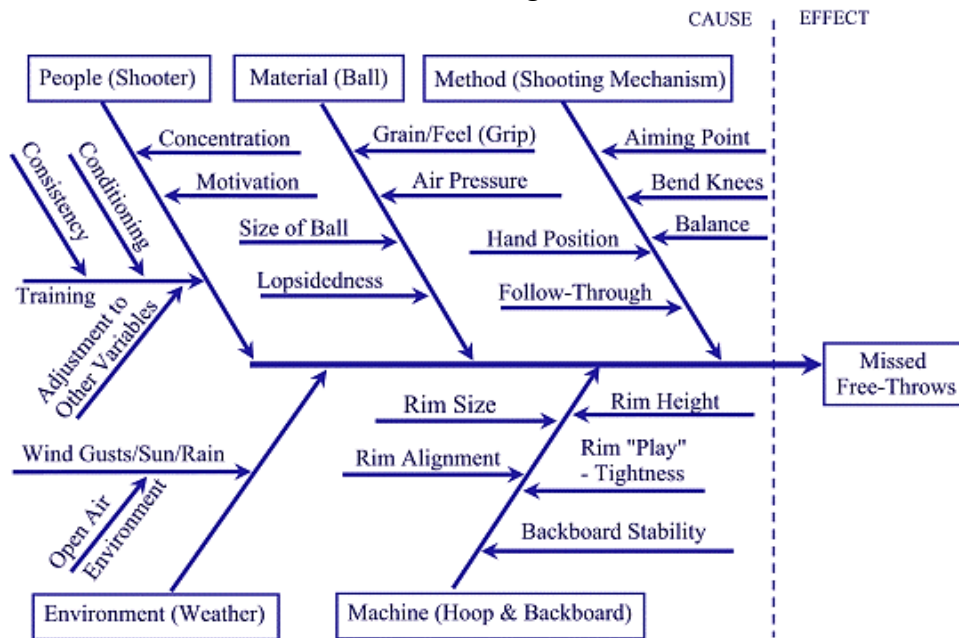
In manufacturing settings the categories are often: Machine, Method, Materials, Measurement, People, and Environment. In service settings, Machine and Method are often replaced by Policies (high level decision rules), and Procedures (specific tasks). In this case, we will use the manufacturing functions as a starting point, less Measurement because there was no variability experienced from measurements (it's easy to see if the ball goes through the basket).



QI Project: Procurement QI Project

4. You can see that this is not enough detail to identify specific root causes. There are usually many contributors to a problem, so an effective Fishbone Diagram will have many potential causes listed in categories and sub-categories. The detailed sub-categories can be generated from either or both of two sources:
 - o Brainstorming by group/team members based on prior experiences.
 - o Data collected from check sheets or other sources.

Additional root causes are added to the fishbone diagram below:



5. The usefulness of a Fishbone Diagram is dependent upon the level of development - moving past symptoms to the true root cause, and quantifying the relationship between the Primary Root Causes and the Effect.

If you complete a Fishbone diagram using post it notes, a marker board, or other scrap paper, record it with a picture and Megan can help you put it into a Word document to save on the computer.

QI Project: Procurement QI Project

AIM Statement Worksheet

Three month AIM Statement:

By the end of [Click here to enter text.](#), we aim to: [Click here to enter text.](#)

Our population is defined as: [Click here to enter text.](#)

We expect that: [Click here to enter text.](#)

We will achieve this by: [Click here to enter text.](#)

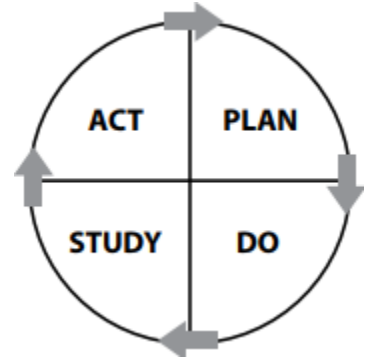
QI Project: Procurement QI Project

PDSA Worksheet

Model for Improvement

Date begun: [Click here to enter text.](#)

Date finished: [Click here to enter text.](#)



PLAN

Objective for this PDSA cycle:

Questions:

[Click here to enter text.](#)

Predictions:

[Click here to enter text.](#)

Plan for change or test: Who, what, when, where?

[Click here to enter text.](#)

Plan for collection of data: Who, what, when, where?

[Click here to enter text.](#)

DO

Carry out the change or test, collect data, document problems and unexpected observations, and begin data analysis.

STUDY

Complete analysis of data, compare the data to predictions, summarize what was learned.

ACT

What changes are to be made? Plan for the next cycle.

QI Project: [Click here to enter text.](#)

PDSA Tracking Sheet

Cycle #	PDSA Plan Date	<p align="center">PDSA:</p> <p align="center">What are we trying to find out (what do we need to test)?</p> <p align="center">What is our plan for finding out?</p> <p align="center">What will we measure to determine if our plan is working?</p>	Person Responsible	Completed by (date)	<p align="center">Results:</p> <p align="center">1) Modify and test again; 2) Didn't work and no further testing; 3) Looks like it works. Continue bigger testing; 4) It works. Implement to all.</p>
		<p>Goal: Click here to enter text.</p> <p>What to test: Click here to enter text.</p> <p>How will we do it: Click here to enter text.</p> <p>How measured: Click here to enter text.</p>			
		<p>Goal: Click here to enter text.</p> <p>What to test: Click here to enter text.</p> <p>How will we do it: Click here to enter text.</p> <p>How measured: Click here to enter text.</p>			
		<p>Goal: Click here to enter text.</p> <p>What to test: Click here to enter text.</p> <p>How will we do it: Click here to enter text.</p> <p>How measured: Click here to enter text.</p>			

QI Story Board Submission Form

<p>Project title that tells us what you accomplished and who is better off:</p>	
<p>What’s the issue? Describe the problem(s) before you did the project. What issues did MDH staff experience and how did it affect their work? What issues did your customers experience and how did it affect them? You might consider “who, what, where, when and why” to describe the problem.</p>	
<p>Why it’s important: Describe why the project was started. What did you want to improve and for whom? Use up to three bullet points.</p>	<ul style="list-style-type: none"> • Click here to enter text. • Click here to enter text. • Click here to enter text.
<p>What we did: Summarize the steps you took to complete the project. Describe how you collected and used data, which quality improvement tools were used, what intervention or change was implemented, and how staff/customers were involved in the project. Use up to four bullet points.</p>	<ul style="list-style-type: none"> • Click here to enter text. • Click here to enter text. • Click here to enter text. • Click here to enter text.
<p>Lessons learned: Use this section to discuss lessons learned or key takeaways from the project. Use up to three bullet points.</p>	<ul style="list-style-type: none"> • Click here to enter text. • Click here to enter text. • Click here to enter text.
<p>Results: Describe how the intervention or change improved processes, MDH staff experience, customer experience, health equity and cost savings. Report changes seen in the data or performance measures. Describe a plan to sustain the improvement(s) over time. Use up to six bullet points.</p>	<ul style="list-style-type: none"> • Click here to enter text. • Click here to enter text. • Click here to enter text. • Click here to enter text. • Click here to enter text. • Click here to enter text.
<p>Team members:</p>	
<p>Graphic:</p>	

Appendix D

2023 Performance Management Self-Assessment Results

Public Health Performance Management Self-Assessment Tool

How well does your public health team, organization, or system manage performance? Use this assessment to find out if you have the necessary components in place to achieve results and continually improve performance. This self-assessment tool is a guide that was designed to be completed as a group, and can be adapted to fit an organization or system's specific needs.

Using This Tool

This self-assessment tool will help public health teams, organizations, and systems identify the extent to which the components of a performance management system are in place. It is intended to generate group discussions about building and improving a performance management system. Use it to help manage performance and prepare for voluntary public health department accreditation, if desired. Developed by and for public health agencies, the tool is organized around five components (framework at right).

- Visible Leadership
- Performance Standards
- Performance Measurement
- Reporting Progress
- Quality Improvement

For each component, several questions serve as indicators of performance management capacity. These questions cover the elements, resources, skills, accountability, and communications to effectively practice each component.

PUBLIC HEALTH PERFORMANCE MANAGEMENT SYSTEM



Developed in 2013, adapted from the 2003 Turning Point Performance Management System Framework

Benefits of this Tool

- *Teams or programs* can use this tool to assess relative performance management strengths and weaknesses in their areas of work
- *Organizations* can use this tool to assess relative performance management strengths and weaknesses across divisions and programs
- *Systems* composed more than one organization can use this tool to assess how well they are managing across the different parts of the system

Choose the Best Response

Choose the response that best describes your current practice:

- *Never/Almost Never*: You rarely if ever do this (by choice or because you do not have the capacity in place); what occurs is not the result of any explicit strategy
- *Sometimes*: You explicitly do this or have this capacity in place, but it is not consistently practiced
- *Always/Almost Always*: You have this capacity in place and consistently do this activity

In this tool, “you” does not refer to you as an individual. Rather, when answering questions, “you” can refer to the responding:

- Team, program, or division
- Organization as a whole
- Public health system under your jurisdiction where there is authority to control and influence — including government-al health departments (state, local, territorial, or tribal), other government agencies partnering in public health functions, and private system partners (non-profit, academic, or business)

Because performance management is a shared responsibility throughout a public health system, involvement of internal and external partners in examining ways to better manage performance is encouraged.

About the 2012-2013 Update

In 2012-2013, the Public Health Foundation (PHF) refreshed the Turning Point Performance Management Framework and related resources. This activity was funded through the Centers for Disease Control and Prevention, Office for State, Tribal, Local and Territorial Support through the National Public Health Improvement Initiative. The update the Turning Point Framework was a field-driven process incorporating input from Performance Improvement Managers, users in the field, CDC and national partners. Visit the PHF website at www.phf.org/PMtoolkit for more information on the update.

Tips:

- ➔ **Preview the entire tool and definitions before you begin.** The detailed questions in Sections II - V may help you better understand performance management and more accurately complete Section I, Visible Leadership.
- ➔ **Be honest about what you are currently doing or not doing to manage performance.** If you are doing very little in an area, it is better to say "Never" or "Sometimes" than to overstate the attention and resources allocated to it. For questions marked "Never," decision makers can determine the activity's relevance, and if appropriate, choose to shift priorities or invest resources. Using information for such decision making is a basic tenet of performance management.
- ➔ **If you are unsure how to answer a question, the leave it blank until you can find the answer.**
- ➔ **Use the Notes section at the bottom of each page.** Write down improvement ideas, insights, or any qualifications to self-assessment answers. Your individual or group responses will help you interpret the results and choose follow-up actions to the assessment.

Section I. Visible Leadership - Senior management commitment to a culture of quality that aligns performance management practices with the organizational mission, regularly takes into account customer feedback, and enables transparency about performance between leadership and staff.

	Never, Almost Never	Some- times	Always, Almost Always	Note details or comments mentioned during the assessment
1. Senior management demonstrates commitment to utilizing a performance management system	<input type="checkbox"/>	<input type="checkbox"/>	x	
2. Senior management demonstrates commitment to a quality culture	<input type="checkbox"/>	<input type="checkbox"/>	X	
3. Senior management leads the group (e.g., program, organization or system) to align performance management practices with the organizational mission	<input type="checkbox"/>	<input type="checkbox"/>	X	
4. Transparency exists between leadership and staff on communicating the value of the performance management system and how it is being used to improve effectiveness and efficiency	<input type="checkbox"/>	<input type="checkbox"/>	x	
5. Performance is actively managed in the following areas (check all that apply)				
A. Health Status (e.g., diabetes rates)	<input type="checkbox"/>	<input type="checkbox"/>	x	
B. Public Health Capacity (e.g., public health programs, staff, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	X	
C. Workforce Development (e.g., training in core competencies)	<input type="checkbox"/>	<input type="checkbox"/>	X	
D. Data and Information Systems (e.g., injury report lag time, participation in intranet report system)	<input type="checkbox"/>	<input type="checkbox"/>	X	
E. Customer Focus and Satisfaction (e.g., use of customer/stakeholder feedback to make program decisions or system changes)	<input type="checkbox"/>	<input type="checkbox"/>	X	
F. Financial Systems (e.g., frequency of financial reports, reports that categorize expenses by strategic priorities)	<input type="checkbox"/>	<input type="checkbox"/>	X	
G. Management Practices (e.g., communication of vision to employees, projects completed on time)	<input type="checkbox"/>	<input type="checkbox"/>	X	

	Never, Almost Never	Some- times	Always, Almost Always	Note details or comments mentioned during the assessment
H. Service Delivery (e.g., clinic no-show rates)	<input type="checkbox"/>	<input type="checkbox"/>	X	
I. Other (Specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA
6. There is a team responsible for integrating performance management efforts across the areas listed in 5 A-I	<input type="checkbox"/>	<input type="checkbox"/>	X	
7. Managers are trained to manage performance	<input type="checkbox"/>	<input type="checkbox"/>	X	
8. Managers are held accountable for developing, maintaining, and improving the performance management system	<input type="checkbox"/>	<input type="checkbox"/>	X	
9. There are incentives for effective performance improvement	<input type="checkbox"/>	X	<input type="checkbox"/>	
10. A process or mechanism exists to align the various components of the performance management system (i.e., performance standards, measures, reports, and improvement processes focus on the same things)	<input type="checkbox"/>	<input type="checkbox"/>	X	
11. A process or mechanism exists to align performance priorities with budget	<input type="checkbox"/>	X	<input type="checkbox"/>	
12. Personnel and financial resources are assigned to performance management functions	<input type="checkbox"/>	<input type="checkbox"/>	X	

Section II. Performance Standards - *Establishment of organizational or system performance standards, targets, and goals to improve public health practices. Standards may be set based on national, state, or scientific guidelines, by benchmarking against similar organizations, based on the public's or leaders' expectations, or other methods.*

	Never, Almost Never	Some- times	Always, Almost Always	Note details or comments mentioned during the assessment
1. The group (program, organization or system) uses performance standards	<input type="checkbox"/>	<input type="checkbox"/>	X	
2. The performance standards chosen used are relevant to the organization's activities	<input type="checkbox"/>	<input type="checkbox"/>	X	
3. Specific performance targets are set to be achieved within designated time periods	<input type="checkbox"/>	<input type="checkbox"/>	X	
4. Managers and employees are held accountable for meeting standards and targets	<input type="checkbox"/>	<input type="checkbox"/>	X	
5. There are defined processes and methods for choosing performance standards, indicators, or targets ¹	<input type="checkbox"/>	<input type="checkbox"/>	X	
A. National performance standards, indicators, and targets are used when possible (e.g., National Public Health Performance Standards, Leading Health Indicators, Healthy People 2020, Public Health Accreditation Board Standards and Measures)	<input type="checkbox"/>	<input type="checkbox"/>	X	
B. The group benchmarks its performance against similar entities	<input type="checkbox"/>	X	<input type="checkbox"/>	
C. Scientific guidelines are used	<input type="checkbox"/>	X	<input type="checkbox"/>	
D. The group sets priorities related to its strategic plan	<input type="checkbox"/>	<input type="checkbox"/>	X	
E. The standards used cover a mix of capacities, processes, and outcomes ²	<input type="checkbox"/>	<input type="checkbox"/>	X	
6. Performance standards, indicators, and targets are communicated throughout the organization and to its stakeholders and partners	<input type="checkbox"/>	<input type="checkbox"/>	X	
A. Individuals' performance expectations are regularly communicated	<input type="checkbox"/>	<input type="checkbox"/>	X	
B. The group relates performance standards to recognized public health goals and frameworks, (e.g., Essential Public Health Services)	<input type="checkbox"/>	<input type="checkbox"/>	X	

¹ For guidance on various methods to set challenging targets, refer to the "Setting Targets for Objectives" tool (p. 93) in Baker, S, Barry, M, Bechamps, M, Conrad, D, and Maiese, D, eds. *Healthy People 2010 Toolkit: A Field Guide to Health Planning*. Washington, DC: Public Health Foundation, 1999. www.health.gov/healthypeople/state/toolkit. Additional target setting tools are available in the State Healthy People Tool Library at http://www.phf.org/resourcestools/Pages/Healthy_People_2010_Toolkit.aspx

² Donabedian, A. The quality of care. How can it be assessed? *Journal of the American Medical Association*. 1988;260:1743-8.

	Never, Almost Never	Some- times	Always, Almost Always	Note details or comments mentioned during the assessment
7. The group regularly reviews standards and targets	<input type="checkbox"/>	<input type="checkbox"/>	X	
8. Staff understand standards and targets	<input type="checkbox"/>	<input type="checkbox"/>	X	
9. Performance standards are aligned across multiple groups (e.g., same child health standard is used across programs and agencies)	<input type="checkbox"/>	X	<input type="checkbox"/>	
10. Training is available to help staff use performance standards	<input type="checkbox"/>	<input type="checkbox"/>	X	
11. Personnel and financial resources are assigned to make sure efforts are guided by relevant performance standards and targets	<input type="checkbox"/>	<input type="checkbox"/>	X	

Section III. Performance Measurement - *Development, application, and use of performance measures to assess achievement of performance standards.*

	Never, Almost Never	Some- times	Always, Almost Always	Note details or comments mentioned during the assessment
1. The group (program, organization, or system) uses specific measures for established performance standards and targets	<input type="checkbox"/>	<input type="checkbox"/>	X	
A. Measures are clearly defined	<input type="checkbox"/>	<input type="checkbox"/>	X	

B. Quantitative measures have clearly defined units of measure	<input type="checkbox"/>	<input type="checkbox"/>	X	
C. Inter-rater reliability has been established for qualitative measures	<input type="checkbox"/>	X	<input type="checkbox"/>	
2. Measures are selected in coordination with other programs, divisions, or organizations to avoid duplication in data collection	<input type="checkbox"/>	<input type="checkbox"/>	X	
3. There are defined methods and criteria ³ for selecting performance measures	<input type="checkbox"/>	<input type="checkbox"/>	X	
A. Existing sources of data are used whenever possible	<input type="checkbox"/>	<input type="checkbox"/>	X	
B. Standardized measures (e.g., national programs or health indicators) are used whenever possible	<input type="checkbox"/>	<input type="checkbox"/>	X	
C. Standardized measures (e.g., national programs or health indicators) are consistently used across multiple programs, divisions, or organizations ⁴	<input type="checkbox"/>	<input type="checkbox"/>	X	
D. Measures cover a mix of capacities, processes, and outcomes ⁵	<input type="checkbox"/>	<input type="checkbox"/>	X	
4. Data are collected on the measures on an established schedule	<input type="checkbox"/>	<input type="checkbox"/>	X	
5. Training is available to help staff measure performance	<input type="checkbox"/>	<input type="checkbox"/>	X	
6. Personnel and financial resources are assigned to collect performance measurement data	<input type="checkbox"/>	<input type="checkbox"/>	X	

³ For a list of criteria and guidance on selecting measures, refer to Lichiello P. *Guidebook for Performance Measurement*. Seattle, WA: Turning Point National Program Office, 1999:65.
<http://www.phf.org/resourcestools/Documents/PMCguidebook.pdf>

⁴ For examples of sources of standardized public health measures, refer to "Health and Human Services Data Systems and Sets" (p. 103) in the *Healthy People 2010 Toolkit: A Field Guide to Health Planning* at
http://www.phf.org/resourcestools/Pages/Healthy_People_2010_Toolkit.aspx.

⁵ Donabedian, A. The quality of care. How can it be assessed? *Journal of the American Medical Association*. 1988;260:1743-8.

Section IV. Reporting Progress - Documentation and reporting progress in meeting standards and targets, and sharing of such information through appropriate feedback channels.

	Never/ Almost Never	Some- times	Always/ Almost Always	Note details or comments mentioned during the assessment
1. The group (program, organization or system) documents progress related to performance standards and targets	<input type="checkbox"/>	<input type="checkbox"/>	X	
2. Information on progress is regularly made available to the following (check all that apply)				
A. Managers and leaders	<input type="checkbox"/>	<input type="checkbox"/>	X	
B. Staff	<input type="checkbox"/>	<input type="checkbox"/>	X	
C. Governance boards and policy makers	<input type="checkbox"/>	<input type="checkbox"/>	X	
D. Stakeholders or partners	<input type="checkbox"/>	<input type="checkbox"/>	X	
E. The public, including media	<input type="checkbox"/>	X	<input type="checkbox"/>	
F. Other (Specify):	<input type="checkbox"/>	X	<input type="checkbox"/>	
3. Managers at all levels are held accountable for reporting performance	<input type="checkbox"/>	<input type="checkbox"/>	X	
A. There is a clear plan for the release of performance reports (i.e., who is responsible, methodology, frequency)	<input type="checkbox"/>	<input type="checkbox"/>	X	
B. Reporting progress is part of the strategic plan	<input type="checkbox"/>	<input type="checkbox"/>	X	
4. A decision has been made on the frequency of analyzing and reporting performance progress for the following types of measures ⁶ (check all that apply)				
A. Health Status	<input type="checkbox"/>	<input type="checkbox"/>	X	
B. Public Health Capacity	<input type="checkbox"/>	<input type="checkbox"/>	X	

⁶See Section I, question 6 for examples of each type of measure.

	Never/ Almost Never	Some- times	Always/ Almost Always	Note details or comments mentioned during the assessment
C. Workforce Development	<input type="checkbox"/>	<input type="checkbox"/>	X	
D. Data and Information Systems	<input type="checkbox"/>	<input type="checkbox"/>	X	
E. Customer Focus and Satisfaction	<input type="checkbox"/>	X	<input type="checkbox"/>	
F. Financial Systems	<input type="checkbox"/>	<input type="checkbox"/>	X	
G. Management Practices	<input type="checkbox"/>	<input type="checkbox"/>	X	
H. Service Delivery	<input type="checkbox"/>	<input type="checkbox"/>	X	
I. Other (Specify):	<input type="checkbox"/>	<input type="checkbox"/>	X	
5. The group has a reporting system that integrates performance data from programs, agencies, divisions, or management areas (e.g., financial systems, health outcomes, customer focus and satisfaction)	<input type="checkbox"/>	<input type="checkbox"/>	X	
6. Training is available to help staff effectively analyze and report performance data	<input type="checkbox"/>	<input type="checkbox"/>	X	
7. Reports on progress are clear, relevant, and current so people can understand and use them for decision-making (e.g., performance management dashboard)	<input type="checkbox"/>	<input type="checkbox"/>	X	
8. Personnel and financial resources are assigned to analyze performance data and report progress	<input type="checkbox"/>	<input type="checkbox"/>	X	
9. Leaders are effective in communicating performance outcomes to the public to demonstrate effective use of public dollars	<input type="checkbox"/>	<input type="checkbox"/>	X	

Section V. Quality Improvement (QI) - *In public health, the use of a deliberate and defined improvement process, such as Plan-Do-Check-Act, that focuses on activities that address community needs and population health improvement. QI refers to a continuous and ongoing effort to achieve measurable improvements in the efficiency, effectiveness, performance, accountability, outcomes, and other indicators of quality in services or processes which achieve equity and improve the health of the community.*

	Never/ Almost Never	Some- times	Always/ Almost Always	Note details or comments mentioned during the assessment
1. One or more processes exist to improve quality or performance	<input type="checkbox"/>	<input type="checkbox"/>	X	
A. There is an entity or person responsible for decision-making based on performance reports (e.g., top management team, governing or advisory board)	<input type="checkbox"/>	<input type="checkbox"/>	X	
B. There is a regular timetable for QI processes	<input type="checkbox"/>	<input type="checkbox"/>	X	
C. The steps in the QI process are effectively communicated	<input type="checkbox"/>	<input type="checkbox"/>	X	
2. Managers and employees are evaluated for their performance improvement efforts (i.e., performance improvement is in employees' job descriptions and/or annual reviews)	<input type="checkbox"/>	<input type="checkbox"/>	X	
3. Performance reports are used regularly for decision-making	<input type="checkbox"/>	<input type="checkbox"/>	X	
4. Performance data are used to do the following (check all that apply)				
A. Determine areas for more analysis or evaluation	<input type="checkbox"/>	<input type="checkbox"/>	X	
B. Set priorities and allocate/redirect resources	<input type="checkbox"/>	<input type="checkbox"/>	X	
C. Inform policy makers of the observed or potential impact of decisions under their consideration	<input type="checkbox"/>	X	<input type="checkbox"/>	
D. Implement QI projects	<input type="checkbox"/>	<input type="checkbox"/>	X	
E. Make changes to improve performance and outcomes	<input type="checkbox"/>	<input type="checkbox"/>	X	
F. Improve performance	<input type="checkbox"/>	<input type="checkbox"/>	X	
5. The group (program, organization, or system) has the capacity to take action to improve performance when needed	<input type="checkbox"/>	<input type="checkbox"/>	X	

	Never/ Almost Never	Some- times	Always/ Almost Always	Note details or comments mentioned during the assessment
A. Processes exist to manage changes in policies, programs, or infrastructure	<input type="checkbox"/>	<input type="checkbox"/>	X	
B. Managers have the authority to make certain changes to improve performance	<input type="checkbox"/>	<input type="checkbox"/>	X	
C. Staff has the authority to make certain changes to improve performance	<input type="checkbox"/>	<input type="checkbox"/>	X	
6. The organization regularly develops performance improvement or QI plans that specify timelines, actions, and responsible parties	<input type="checkbox"/>	<input type="checkbox"/>	X	
7. There is a process or mechanism to coordinate QI efforts among groups that share the same performance targets	<input type="checkbox"/>	<input type="checkbox"/>	X	
8. QI training is available to managers and staff	<input type="checkbox"/>	<input type="checkbox"/>	X	
9. Personnel and financial resources are allocated to the organization's QI process (e.g., a QI office exists, lead QI staff is appointed)	<input type="checkbox"/>	<input type="checkbox"/>	X	
10. QI is practiced widely in the program, organization, or system	<input type="checkbox"/>	<input type="checkbox"/>	X	

Resources to Help

If you are ready to start working on better ways to manage performance, the following resources can help:

- **The Public Health Foundation's Performance Management Toolkit** (<http://www.phf.org/PMtoolkit>) – Access current current performance management resources applicable to public health, including:
 - **Talking Points: Achieving Healthy Communities through Performance Management Systems** – A communications document to help generate leadership, employee, and community buy-in
 - **Performance Management Applications in Public Health** – Examples of how health departments have been successful in applying a customized approach to strategically improve the performance of their agency to better serve and improve the health of the community
- **2003 Turning Point Performance Management Publications** – The Performance Management National Excellence Collaborative developed a package of resource materials specific to helping public health systems manage performance. Historical documents such as the *Guidebook for Performance Measurement and Performance Management in Action – Tools and Resources* contain information still relevant today.
http://www.phf.org/resourcestools/Pages/Turning_Point_Project_Publications.aspx
- **Public Health Accreditation Board (PHAB) Materials** – *Locate the Standards and Measures document, glossary, assessment guide, readiness checklist, and other resources to help public health departments prepare for accreditation* <http://www.phaboard.org/accreditation-process/accreditation-materials/>

Take the Next Step

In public health, we continually strive for better health for all people. In the same spirit, we can continually strive for better ways to manage performance and learn from one another's efforts. Using this self-assessment, your group can identify areas of performance management which may need improvement, as well as areas that are already strong, and should be maintained leveraged to strengthen other areas.

This tool will help you answer the questions, “*Are we really managing performance?*” and “*Do we have specific components of a performance management system?*” However, it is only the first step to improving performance. As you complete this assessment, or as a next step, your team should also discuss other important questions:

- What are examples of work that fall within a performance management system? Do we call them performance management?
- For those components of performance management we are doing, how well are we doing them?
- In which areas do we need to invest more time and resources to manage performance more successfully?
- What can leadership and staff do to make the performance management system work?
- What steps could we try out this month (or this week) to improve our performance management system?

Definitions

Performance management is the practice of actively using performance data to improve the public's health. It involves strategic use of performance measures and standards to establish performance targets and goals. In alignment with the organizational mission, performance management practices can also be used to prioritize and allocate resources; to inform managers about needed adjustments or changes in policy or program directions to meet goals; to frame reports on the success in meeting performance goals; and to improve the quality of public health practice. Performance management includes the following components:

- **Visible Leadership**—Senior management commitment to a culture of quality that aligns performance management practices with the organizational mission, regularly takes into account customer feedback, and enables transparency about performance against targets between leadership and staff.
- **Performance Standards**—Establishment of organizational or system performance standards, targets, and goals to improve public health practices. (e.g., one epidemiologist on staff per 100,000 people served, 80 percent of all clients who rate health department services as “good” or “excellent”). Standards may be set based on national, state, or scientific guidelines, by benchmarking against similar organizations, based on the public's or leaders' expectations (e.g., 100% access, zero disparities), or other methods.
- **Performance Measurement**—Development, application, and use of performance measures to assess achievement of performance standards.
- **Reporting Progress**—Documenting and reporting progress in meeting standards and targets, and sharing of such information through appropriate channels.
- **Quality Improvement**—In public health, the use of a deliberate and defined improvement process, such as Plan-Do-Check-Act, that focuses on activities that address community needs and population health improvement. QI refers to a continuous and ongoing effort to achieve measurable improvements in the efficiency, effectiveness, performance, accountability, outcomes, and other indicators of quality in services or processes which achieve equity and improve the health of the community. (Source: http://journals.lww.com/jphmp/Fulltext/2010/01000/Defining_Quality_Improvement_in_Public_Health.3.aspx)

Performance Management Components Can Be Applied to...

- Health Status
- Public Health Capacity
- Workforce Development
- Data and Information Systems
- Customer Focus and Satisfaction
- Financial Systems

A performance management system is the continuous use of all the components above so that they are integrated into an agency's core operations (see inset above, right). Performance management can be carried out on multiple levels, including the program, organization, community, and state levels.

Performance improvement (or systems performance improvement) is defined as positive changes in capacity, process and outcomes of public health as practiced in government, private and voluntary sector organizations. Performance improvement can occur system-wide as well as with individual organizations that are part of the public health system. It involves strategic changes to address public health system (or organizational) weaknesses and the use of evidence to inform decision making. (Source: <http://www.cdc.gov/nphpsp/performanceimprovement.html>)

Performance indicators summarize the focus (e.g., workforce capacity, customer service) of performance goals and measures, often used for communication purposes and preceding the development of specific measures.

Performance measures are quantitative measures of capacities, processes, or outcomes relevant to the assessment of a performance indicator (e.g., the number of trained epidemiologists, or the percentage of clients who rate health department services as “good” or “excellent”).

Performance targets set specific and measurable goals related to agency or system performance. Where a relevant performance standard is available, the target may be the same as, exceed, or be an intermediate step toward that standard.

Strategic Plan results from a deliberate decision-making process and defines where an organization is going. The plan sets the direction for the organization and, through a common understanding the mission, vision, goals, and objectives, provides a template for all employees and stakeholders to make decisions that move the organization forward. (Source: <http://www.phaboard.org/wp-content/uploads/PHAB-Acronyms-and-Glossary-of-Terms-Version-1.0.pdf>)

