Panhandle Public Health District
Board of Health Agenda

Date: April 14, 2022
Time: 8:00 am – 9:30 am
Location: Wildcat Room, Gering Civic Center, 1850 M Street, Gering, NE 69341

Topic	Exhibit – number indicates electronic copy	Who	Outcome
Call to Order, Open Meeting Act, & Introductions		B. Gifford	
Consent Agenda • Approval of Agenda • February 2022 Meeting Minutes • Directors Report – April 2022 • Board Resignation – Karen Eisenbarth • Upcoming Training Opportunities	00 – White 01 – White 02 – Purple 03 – White	B. Gifford	Motion
Finance Committee Report – February 2022 Financials	04 – Orange 05 – Blue	K. Engel	Motion
Salary Schedule 2022-2023	06 – White	K. Eisenbarth	Motion
Strategic Plan 2022-2025	07 – White	S. Williamson	Motion
Ethics Committee Report	08 – White	K. Mars	Motion
Board Terms	09 - White	K. Engel	Status Update
Policy Review Committee Minutes – Employee Manual	10 – Handout 11 – Handout	K. Engel	Motion
Bylaws - Quorum, responsibilities of executive committee	12 – White	K. Engel	Motion
Addendum to CHIP - Minority Health Assessment and Plan	13 – White	K. Sasse	Motion
Addendum to CHIP – Prev. Coalition Data	14 – White	M. Dekraai	Motion
Addendum to CHIP – Highway Safety Data	15 – White	K. Engel	Motion
Performance Management & Quality Improvement Plan 2022-2023	16 – White	S. Williamson	Motion
Addendum to Workforce Development Plan	17 – White	S. Williamson	Motion
Accreditation Update		S. Williamson	Status Update
HFA Site Report	18 – White	D. Brandt	Status Update
Legislative Update		K. Engel	Status Update
Director's Performance Evaluation		S. Williamson	Status Update
COVID Situational Update		K. Engel	Status Update
Other Business		B. Gifford	Status Update
Public Comment			
Meeting Adjourns		B. Gifford	Motion

Next Meeting Date: June 9, 2022
Time: 8:00 am – 9:30 am
Place: 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	TFN – Tobacco Free Nebraska
HFA or HV – Healthy Families	WNV – West Nile Virus
Hub – Health Hub	PWWC – Panhandle Worksite Wellness Council
MAPP – Mobilizing for Action through Planning and Partnerships	

Partners & Public Health Organizations:	
CAP-WN – Community Action Partnership of Western Nebraska	PP – Panhandle Partnership aka "The Partnership"
PPC – Panhandle Prevention Coalition	DHHS – Nebraska Department of Health and Human Services
UNMC – University of Nebraska Medical Center	WCHR – Western Community Health Resources
NALBOH – National Association of Local Boards of Health	SALBOH – State Association of Local Boards of Health
NACCHO – National Association of City and County Health Officials	SACCHO – State Association of City and County Health Officials
NALHD – Nebraska Association of Local Health Directors	PHAN – Public Health Association of Nebraska

<div align="center">

Panhandle Public Health District
Board of Health Meeting Minutes
June 30, 2021
Virtual Meeting

</div>

Members Present		Member Absent	
Bob Gifford	Banner County Commissioner	Carolyn Jones	Box Butte County Spirited Citizen
Brian Brennemann	Grant County Commissioner	David Cornutt	Board Physician
Carl Stander	Kimball County Commissioner	Hal Downer	Sioux County Commissioner
Dixann Krajewski	Garden County Commissioner	Jackie Delatour	Sioux County Spirited Citizen
Jon Werth	Grant County Spirited Citizen/ Board Veterinarian	Jennifer Sibal	Scotts Bluff County Spirited Citizen
Karen Eisenbarth	Dawes County Spirited Citizen	Ken Meyer	Scotts Bluff County Commissioner
Kay Anderson	Morrill County Spirited Citizen	Steve Fischer	Deuel County Commissioner
Kenneth Mars	Kimball County Spirited Citizen		
Mandi Raffelson	Cheyenne County Spirited Citizen		
Marie Parker	Banner County Spirited Citizen		
Pat Wellnitz	Sheridan County Spirited Citizen		
Randy Miller	Cheyenne County Commissioner		
Susanna Batterman	Morrill County Commissioner	Vacant	Board Dentist
Trish Johnston	Box Butte County Commissioner	Vacant	Garden County Spirited Citizen
Vic Rivera	Dawes County Commissioner	Vacant	Sheridan County Commissioner
William Gray	Deuel County Spirited Citizen		

Staff Present		Guests Present	
Kim Engel	PPHD Director	Paulette Schnell	SBCHD Director/Regional West Community Health
Jessica Davies	PPHD Assistant Health Director		
Sara Williamson	PPHD CFO/Accreditation Coordinator		

Key Actions Taken:
- Approved 2022-2023 Cafeteria Plan   - Approved Strategic Planning Committee   - Approved Policies for Financial Signing Authority, Remote Work, General & Liability Insurance, and Health, Dental, and Vision Insurance   - Authorized Kim to close the Bridgeport office if needed   - Approved remodeling for Scottsbluff to provide more private office spaces   - Approved Letter of Support for LB 1138

Call to Order/Introductions:

President Bob Gifford called the meeting to order at 8:01 am. The meeting was conducted in compliance with the Nebraska Open Meeting Act, with a copy made available to all participants and in the in Scottsbluff PPHD office serving as the public location. The meeting was publicized in the Star Herald on February 3 and the meeting notice and packet were posted on the PPHD website at www.pphd.org on Feb 4. Roll was called and a quorum was confirmed. Bill Gray was introduced as the Deuel County Community-Spirited Citizen replacing Judy Soper, and Trish Johnston as the Box Butte County Commissioner replacing Suzi Lore.

Consent Agenda:
The consent agenda was presented for review. Susanna Batterman motioned to approve the consent agenda as presented and was seconded by Dixann Krajewski. A voice vote was held with all in favor, none opposed or abstained. Pat Wellnitz and Brian Brennemann were absent for the vote.

Finance Committee Report:
Kim presented on behalf of the finance committee that met virtually on January 5. She reviewed the minutes from the meeting. She noted that the previously approved line of credit of $100,000 through Platte Valley Bank is established but has not been used yet. Several reimbursements from the State arrived in the last month, improving the cash flow situation.

She also informed the board that due to staff no longer being in Sidney, the Sidney office was closed at the end of the lease period. Families in that area are being served through staff working in the Scottsbluff office.

The committee motioned to approve the financial statements as presented. A roll call vote was held with all in favor, none opposed or abstained.

Cafeteria Plan and Resolution:
Sara presented the plan documents and the resolution to approve PPHD's cafeteria plan for the March 2022-February 2023 period.

Karen Eisenbarth motioned to approve the cafeteria plan resolution and was seconded by Marie Parker. A roll call vote was held with all in favor, none opposed or abstained.

Strategic Planning Committee and Process:
The strategic planning process for staff and board was previously scheduled for February 9, but due to increasing local COVID cases it was postponed. The process will be completed virtually through four meetings taking place in February and March. It will be a very interactive process and is facilitated by staff from the UNMC College of Public Health.

Kim requested board members to participate on a Strategic Planning Committee to help with the process. Susanna and Kenneth expressed interest and availability to participate in the March meetings, Marie said she would be available for March and part of the February meeting, Pat indicated availability for all dates, and Bob said he would check to see availability.

Dixann Krajewski motioned to approve the appointment of the strategic planning committee and was seconded by Pat Wellnitz. A voice vote was held with all in favor, none opposed or abstained.

Ethics Committee:
Kenneth Mars presented on behalf of the ethics committee that met virtually on January 14 and January 21. He reviewed the minutes from the meetings. The committee reviewed the charter and noted revisions may be needed in the future. The committee members also completed the training "Good Decision Making in Real Time: Practical Ethics for Public Health Officials."

The committee meets again February 10 to gather information about how the public has due process if a decision is made that local public health doesn't have jurisdiction over, specifically pertaining to nursing home visitation restrictions applied during the pandemic. Two members from the State will participate in the meeting to discuss the process and answer questions from the committee.

Executive Committee:
The executive committee met virtually on January 21 and 25 to discuss potential changes to bylaws. The two items for consideration were to change the definition of quorum and to better define the responsibilities of the executive committee.

The group noted that business is impacted if there isn't quorum at a meeting. Kim had received recommendations from legal counsel to change quorum to something more consistently attainable. They also discussed the high cost of hosting in-person meeting where business can't be conducted due to lack of quorum.

An additional option for the committee is to allow the executive committee to convene to approve essential actions to keep business going in the event a meeting isn't scheduled or able to be convened.

Karen suggested the group consider potential changes to allow for one electronic signature on checks to eliminate the need for coordination and travel to get signatures.

Policy Review Committee:
The policy Committee met virtually on February 7 to review proposed revisions to the PPHD bylaws and several additional policies.

Kim presented the proposed revisions to the bylaws. Per the bylaws, proposed revisions are presented during one meeting and tabled then presented for vote at the next meeting.

The two proposed revisions are:
- Revising the definition of quorum from "A majority of the Directors then in office, shall constitute a quorum for the transaction of business at any meeting" to "Twelve (12) or half of the Directors then in office, whichever is less shall constitute a quorum for the transaction of business at any meeting."

- Provided additional definition to the functions of the Executive Committee to include: "The Committee may be convened to conduct business and approve essential actions required to continue operations of the District when it is not reasonable or feasible to convene the entire board. Actions taken by the Executive Committee will be presented for ratification by the entire board at the next available regular board meeting."

The group discussed previous challenges with quorums. Virtual meetings improved participation but it might change as in-person meetings return. PPHD has six meetings a year and half can be virtual under the recent changes to the Open Meeting Act. If an emergency declaration is made, virtual meetings can resume without affecting the annual meeting count, until the declaration is ended. Dixann noted legislation changes may take place to allow more virtual meetings as technology has grown and improved. It was noted that members unable to travel to in-person meetings could still attend a meeting virtually and provide input as a member of the public, but as such, would not count toward quorum and not be able to vote.

PPHD's regular meeting date was set as 2nd Thursday of every other month because several other meetings requiring commissioners to attend are held in Scottsbluff on the same day. The group discussed alternative meeting dates and times to get more attendance. A survey will be sent via email to get feedback on preferred dates and meeting times.

There was no additional discussion on the proposed changes to the function of the executive committee.

No action was taken on the proposed changes to the bylaws.

- Kim presented the proposed changes to the financial signing authority policy. These changes would allow one of the two signatures on PPHD's checks to be applied electronically, eliminating the need for travel and coordination to get checks signed twice a month. The proposed process requires a list of checks be sent electronically to a board member with signing authority for review and approval. The name is then printed on the checks. A written signature will be applied by another person with signing authority. This change eliminates the need for a member-at-large position with check signing authority, so that was removed from the policy. Karen noted NCAP has been doing this process for 15 years and they are consistently in compliance with audit processes.

Susanna Batterman motioned to approve the financial signing authority policy as presented and was seconded by Pat Wellnitz. A roll call vote was held with all in favor, none opposed or abstained.

- Kim reviewed the proposed remote work policy. This defines the process for employees wishing to work all or part of their hours remotely. There will be a 90-day trial period for all approved for the remote work arrangement. It is modeled on policies from Region I and UNMC and was reviewed by legal counsel. Having this policy broadens the net for potential future employees that may not otherwise be available. The remote work agreement and remote work request form were also presented for review. Carl asked how remote employees would be supervised. Kim described supervision processes. It is noted in the policy that not all positions are suitable for remote work.

Karen Eisenbarth motioned to approve the remote work policy, remote work agreement, and remote work request form and was seconded by Randy Miller. A roll call vote was held with all in favor, none opposed or abstained. Susanna left after the vote.

- The policy for property and liability insurance was presented for discussion. This policy would require quotes be solicited every 3 years, instead of every year. There are very few underwriters that provide the needed coverage, resulting in local agents being "locked out" and unable provide quotes because the coverage already provided through a different agent. Randy asked to amend procedure item 3 to include that board approval is received for additional coverage added outside the 3-year cycle.

Marie Parker motioned to approve the amended insurance policy and was seconded by Trish Johnston. A roll call vote was held with all in favor, Susanna Batterman absent, none opposed or abstained.

- The policy for health dental and vision insurance was presented for discussion. The policy includes a new paragraph allowing retention of coverages with current carriers unless a significant increase in premiums is indicated or if the existing plans are discontinued and comparable alternatives are not available. Dixann advocated the benefit to employees to keep the plan and coverage the same as much as possible. Karen noted her commissioners on her board are always surprised at how much more they pay not being able to be part of the NACO pool.

Dixann Krajewski motioned to approve the proposed change to the insurance policy and was seconded by Marie Parker A roll call vote was held with all in favor, Susanna Batterman absent, none opposed or abstained.

Bylaws:
No action was taken on the proposed bylaws changes, and they will be presented for vote at the next meeting.

Bridgeport Office Changes:
Kim asked the board to consider closing the Bridgeport office. Two staff work in that office, one who drives about 45 minutes each way and the other has more than a decade of working remotely prior to the position with PPHD. Both employees would like to work remotely if possible. The lease with Bridgeport was due for renewal in December. Kim did not renew and is working on a month-to-month basis with the landlord. The expenses for Bridgeport run about $1,000/month.

Bob asked if there was a contingency plan if the office is closed and the remote work arrangement does not work for the two employees. Kim doesn't anticipate any concerns with the two positions as both are already supervised remotely. She does not foresee the Hemingford or Scottsbluff offices closing anytime because there are so many staff in each location. Plenty of community spaces are available if staff need to meet in Bridgeport.

Marie asked about internet speeds and availability. One has very good coverage, the other is working to improve speed in the next few days, and that would be a factor before the position is approved for remote work.

Kenneth Mars motioned to give Kim the authority to make the decision to close the Bridgeport office if is deemed in the best interest of PPHD and the employees and was seconded by Pat Wellnitz. A roll call vote was held with all in favor, Susanna Batterman absent, none opposed or abstained.

Scottsbluff Office Reconfiguration:
PPHD received additional vaccination funds. These funds were going to cover half of the generator and installation but can now cover the full cost, so no expense will be paid from admin or board designated funds.

Kim reviewed the layout of the Scottsbluff office, noting one area being used as an office is an open receptionist desk and is not very conducive to confidential work happening under that position. The conference room would also be divided into two rooms by building a solid wall to split the room. The current conference room isn't large enough to host all staff or the board for a meeting.

The State has funding to hire two additional positions for each local health department. The positions currently advertised for PPHD are an epidemiologist and a bi-lingual administrative assistant. The epidemiologist position will likely be remote, but the admin assistant would be in-office, taxing the already limited space in the building. She added that when the PPE delivery process slows down it might be possible to reconfigure the attached warehouse space into a new conference room.

The proposed renovation work was submitted in the vaccination funding budget at $20,000. Kim has solicited a few rough estimates and anticipates costs to be below the amount needed for board approval.

Karen Eisenbarth and Bill Gray left the meeting during the discussion.

Marie Parker motioned to give Kim the authority to make the decision to proceed with remodeling if the costs are below the required board approval amount and was seconded by Pat Wellnitz. Vic asked how soon that work would need to happen. Kim said it would likely still take a couple months to get the work done if the project was approved today. A roll call vote was held with all in favor, Susanna Batterman, Karen Eisenbarth, and Bill Gray absent, none opposed or abstained.

Legislative Update – Letter of Support for LB1138:
Kim informed the board that LB1138, introduced by Senator Vargas, would allocate $10 million in ARPA funds for infrastructure and COVID response efforts, split evenly between local health departments, and $6 million for premium pay for public health employees working during the pandemic, split based on the number of employees. Bob noted he didn't fully agree with how the bill was written but agreed that public health

needed to have a voice in it expressing the need for increased funding to the health departments. He said it was a good idea to send the letter.

Bob Gifford motioned to send the presented letter of support as presented and was seconded by Kay Anderson. by Bob to send the letter of support and seconded by Kay. A voice vote was held with all in favor, none opposed or abstained.

Vic Rivera left after the vote.

COVID Situation Update:
Kim noted that the local numbers are starting to decline, meaning the Panhandle may have seen the Omicron peak, but the number of deaths is still increasing. The highest one-week number of positive tests came during this wave, even higher than last fall.

Additional notes:
- Contact tracing processes are completely different. Positive cases now receive a survey link to complete. PPHD is still following up on clusters in schools and nursing homes.
- The State will be distributing free test kits. About 8,000 kits will be provided in the Panhandle and distributed through area schools, libraries, and other locations. The kits are provided from a company called e-Med and can be proctored via video so that the patient can receive a certified lab report which would be authorized for use for travel documentation or medical procedures, if needed.
- The Pfizer vaccine for children 6 months - 4 years old will likely be received by the end of the month.
- The Panhandle is still one of the lowest districts in the state for vaccination rates, but are continuing to encourage vaccination and boosting for all available residents.
- Kim noted this a transition period from a pandemic to endemic stage, meaning the virus will continue to circulate among the population, and regular vaccinations will be needed, similar to an annual flu vaccine.

Training:
A list of upcoming training opportunities was provided in the board packet. The Nebraska Public Health Conference is taking place on April 5-6 in Lincoln. Board members interested in any training opportunities should let Kim or Sara know. Registration and all travel costs are covered by PPHD.

Other Business:
There was no other business.

Public Comment:
No members of the public were present to comment.

Meeting Adjourn/Next Meeting Date:
Pat Wellnitz motioned to adjourn and was seconded by Dixann Krajewski. Voice vote was held with all in favor. The meeting adjourned at 9:39 am. Communication will be sent about the next meeting date, as well as a schedule of future meeting dates.

April 2022
Board of Health Report

COVID Highlights
April 1, 2022 was the first day that no hospitalizations due to COVID was reported since April 2020. This is truly something to celebrate.

Following FDA's regulatory action on March 29, 2022, the Centers for Disease Control and Prevention (CDC) has updated its COVID-19 vaccination guidance to give some individuals the option to receive a second booster dose using an mRNA COVID-19 vaccine.

These individuals include:
- People ages 50 years and older who received an initial COVID-19 booster dose (regardless of which vaccine was used) at least 4 months ago;
- People ages 12 years and older who are moderately or severely immunocompromised who received an initial COVID-19 booster dose (regardless of which vaccine was used) at least 4 months ago; and
- People ages 18 years and older who received both a primary dose and a booster dose of J&J/Janssen COVID-19 vaccine at least 4 months ago.

COVID-19 vaccines continue to offer high levels of protection against severe disease, hospitalization, and death—especially for individuals who have received an initial boost. We continue to encourage people ages 5 years and older who are not yet vaccinated against COVID-19 to get vaccinated as soon as possible and remain up to date on their immunization, including receiving an initial booster dose when eligible.

COVID vaccine is widely available across the Panhandle for individuals age 5 and over, there are no out-of-pocket expenses.

The Governor's emergency order expired at the end of March, and so county level data is no longer allowed on our dashboard. Planning is ongoing on changing the dashboard to include other infectious diseases to visualize data.

Free at home test kits are available throughout most community libraries in the Panhandle.

Advocacy
Senator Vargas introduced a bill to include $16 million for local public health from the State's ARPA funds. In February 2022, PPHD's Board of Health sent a letter to the appropriations committee in support of this bill. Kim testified before the committee in early March 2022. The legislature included $10 million in the ARPA bill which will result in a one-time ARPA funding to PPHD of $555,555.

Kim also serves on the Board of the National Association of City and County Health Officials. She has participated in the "Hill Day'' visits for the past 3 years. The focus of the 2022 visits were to advocate for increased non-disease specific money to local public health, provide loan forgiveness for public health workforce and to implement a tracking process to assure that funds appropriated get to the local health departments. The visits were virtual and occurred on February 23 with aides from the offices of Nebraska Senators Deb Fischer and Ben Sasse and Nebraska Congressman Adrian Smith.

Congressman Adrian Smith serves on the House Ways and Means Committee, which authorizes funding for the MIECHV (Maternal Infant Early Childhood Home Visitation). Congressman Smith was born and graduated in the Scottsbluff/Gering area. We met with him virtually on March 28th, and he was very supportive of Healthy Families. PPHD has been providing Healthy Families, an evidence-based home visitation program, in the Panhandle since 2011. MIECHV funding was the basis for starting the program in the Panhandle and continues to be an important part of the funding for the program's sustainability.

Staffing updates
All states received funding from the CDC to support workforce capacity at the local public health departments. NACCHO has been advocating for this funding for many years. Nebraska is choosing to roll this out by the state hiring two people per health district and placing them at the local level. There will not be funds to support any office expenses such as space, phone, internet etc. They will be considered state employees. This has been a very slow process and one that is still ongoing. We have had no applicants for these positions.

Office updates
The Scottsbluff office renovations are complete. A wall was built to separate the space behind the reception area to allow for vaccine freezers and coolers. The conference room has been divided into two offices and staff have relocated to this space. The generator is not expected to arrive till July 2022.
The Bridgeport office closed effective March 31, 2022.

Board Resignations
I am sad to report that Karen Eisenbarth has submitted her resignation from the board effective June 30, 2022 as she is also retiring from NCAP at that same time. I wish her well in her next chapter of life!

Vaccine
Vaccine distribution continues to be available and administered across the Panhandle. We work with providers to move vaccines around weekly to determine who needs which vaccine delivered that week. Currently, 44.4% of the Panhandle Residents are fully vaccinated.

NEBRASKA PANHANDLE COVID-19 DASHBOARD
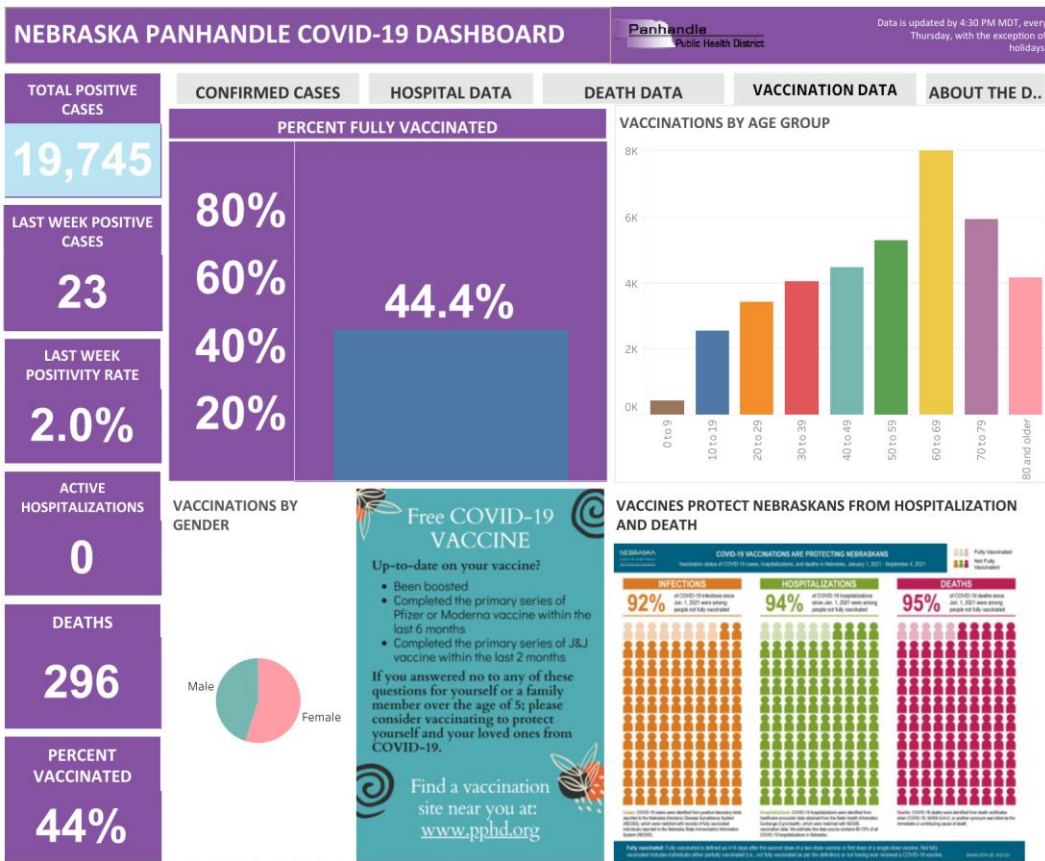
We have determined it is time to stop meeting weekly vaccine task force meetings. We will be rolling this communication out through email updates and through the Panhandle Immunization Coalition.

Testing

Free COVID test kits are available at community locations throughout the Panhandle. Residents can have as many as their family needs with a limit of six at one time at no charge. These are important to have on-hand so if you or a family member feels a minor COVID-like symptom, you can quickly test to make a decision about how to keep yourself and others that may be around you healthy and safe.

Once picked up, individuals can perform the test on their own or be helped through a video call. If done through the video call, you will receive a certified lab report that can be used for travel, medical procedures, and other documentation needs.

Location	Address	Location Detail
Alliance Municipal Building	324 Laramie Ave Alliance, NE 69301	Monday-Friday 8a-5p
Banner County Public Schools	200 School Street Harrisburg, NE 69345	
Bayard Public Library	509 Ave A Bayard, NE 69334	Tuesday-Friday 10a-4p, Saturday 9a-12p
Bridgeport Public Library	722 Main St Bridgeport, NE 69336	Tuesday & Thursday 9a-7p, Wednesday & Friday 9a-5p, Saturday 9a-2p
Chadron Public Library	507 Bordeaux Chadron, NE 69337	Monday-Thursday 9a-6:45p, Friday & Saturday 12p-5p
Chappell Memorial Library & Art Gallery	289 Babcock Ave Chappell, NE 69129	Tuesday & Thursday 12p-5:30p, Saturday 9a-12p
City of Big Springs	403 Pine Street Big Springs, NE 69122	Monday, Wednesday, Friday 8:30a-1p, Tuesday & Thursday 8:30a-4:30p
Crawford Public Library	601 2nd Ave Crawford, NE 69339	Tuesday-Thursday 1p-6p, Friday & Saturday 10a-3p
Dalton Points West Bank	301 Main St Dalton, NE 69131	Monday-Friday 8:30a-4p
Farm to Family Cooperative	127 Main Street Hay Springs, NE 69347	Monday-Friday: 7a-7p, Saturday: 9a-2p
Gering Public Library	1055 P Gering, NE 69341	Monday & Thursday 9a-7p, Saturday 10a-5p
Gordon City Library	101 W 5th St Gordon, NE 69343	Monday-Thursday 11a-5:30p, Saturday 10a-3p
Grant County Library	105 E Harrison St Hyannis, NE 69350	Wednesday 1p-5p, Friday 8a-12p & 1p-5p
Hemingford Public Library	812 Box Butte Hemingford, NE 69348	Tuesday & Wednesday 12p-6p, Thursday 9a-12p, Friday 12p-5p, Saturday 9a-12p
Kimball Public Library	208 S Walnut Kimball, NE 69145	Monday, Wednesday, Friday 10a-5:30p, Tuesday, Thursday 12p-6p
Lyman Library	313 Jeffers Lyman, NE 69352	Monday 3p-11p, Tuesday, Wednesday, Thursday 9a-12p, Friday 10a-12p, Saturday 9a-12p
Mitchell Public Library	1447 Center Ave Mitchell, NE 69357	Monday-Thursday 11a-5:30p, Friday & Saturday 11a-5p

Morrill Public Library	119 E Webster Morrill, NE 69358	Monday & Thursday 1p-7p, Tuesday & Wednesday 1p-5:30p, Friday 9a-5:30p
Nancy Fawcett Memorial Library	724 Oberfelder Lodgepole, NE 69149	Monday-Thursday 2p-6p
Oshkosh Public Library	307 W 1st Oshkosh, NE 69154	Monday 10a-6p, Tuesday-Friday 12:30p-5:30p
Rushville Public Library	207 Sprague Rushville, NE 69360	Monday-Friday 10a-6p
Sidney Public Library	1112 12th Ave Sidney, NE 69162	Monday-Friday 10a-6p, Saturday 9a-5p
Sioux County Public Library	182 W 3rd Harrison NE 69346	Monday 9a-12p & 1p-5p, Tuesday & Wednesday 1p-5pm, Thursday 3:30p-6:30p, Friday 9a-1p, Saturday 9a-12p
Village of Dix	119 Myrtle Dix, NE 69133	Monday-Friday 8a-12p
Volunteers of America	305 Main Street Lewellen, NE 69147	Monday-Friday 8a-5p
Western Community Health Resources	619 Box Butte Ave Alliance, NE 69301	Monday-Thursday 8a-5p
Western Community Health Resources	300 Shelton St. Chadron, NE 69337	Monday-Friday 8a-5p

In addition to the local test kits available, Panhandle residents can also order four, free at-home COVID tests at COVIDtests.gov or by calling 1-800-232-0233. Orders will usually ship in 7-12 days. Current COVID testing access can also be found at http://pphd.org/COVID-19.html.

Testing continues to be available at doctors offices and clinics across the Panhandle. We encourage symptomatic persons to call their provider, hospital, or clinic for testing opportunities. We have been working with providers to ensure there are testing options available. Most health systems are able to offer same-day results through their labs and with antigen testing. Free testing is available at Community Action Health Center for those experiencing symptoms. No out of pocket testing is available at Walgreens and Nomi in SB.

Even prior to this progam we were seeing an increased usage of at home tests as the numbers climbed in January. To provide update guidance timely we developed and implemented a survey that upon completion emailed the person the appropriate guidance documents.
https://nalhd.sjc1.qualtrics.com/jfe/form/SV_6zJmeHxic9umWcS

Website Self-Report Survey
Panhandle residents are able to self-report close contacts, find testing and other Covid related issues and/or questions on the website survey that is accessed via a link on the PPHD website. Cheri Farris and Jessica DeHaven receive notifications when someone completes a survey and responds with the appropriate documentation or answers. To date, 1316 website requests have been processed.

Unified Command
Unified Command, established on February 2, 2020 includes Panhandle Public Health District, Scotts Bluff County Health Department, Region 21, 22, and 23 Emergency Managers. We are back to our weekly schedule for briefings.

The last briefing was held on March 2, 2022 exactly 2 years from the date of the first COVID test in the Panhandle.

Dr. Russ Seger from Chadron continues to provide community members the opportunity learn from his important messages and reach out to area resources and support if they are enduring continued hardship through the recordings available on the website.

As of Mar 15, 2022	Registration	Attendees	Total Views
1st Session - Grief	75	52	43
2nd Session - Healthcare Worker Burnout	54	23	109
3rd Session - Tips & Tools for Long-Term Resilience	23	13	43

COVID-19 Dashboard

The Panhandle COVID dashboard shifted to region-wide data on COVID trends around the area. It will no longer have county-specific data. This is due to the Governor's emergency order that expired on March 31 which specifies what level of data can be publicly shared. The dashboard is updated weekly.

The Panhandle COVID dashboard is available at www.pphd.org. The state COVID dashboard is available at https://tinyurl.com/ufj9fcuf. For the most up to date information from the CDC, visit https://www.cdc.gov/coronavirus/2019-ncov/index.html.
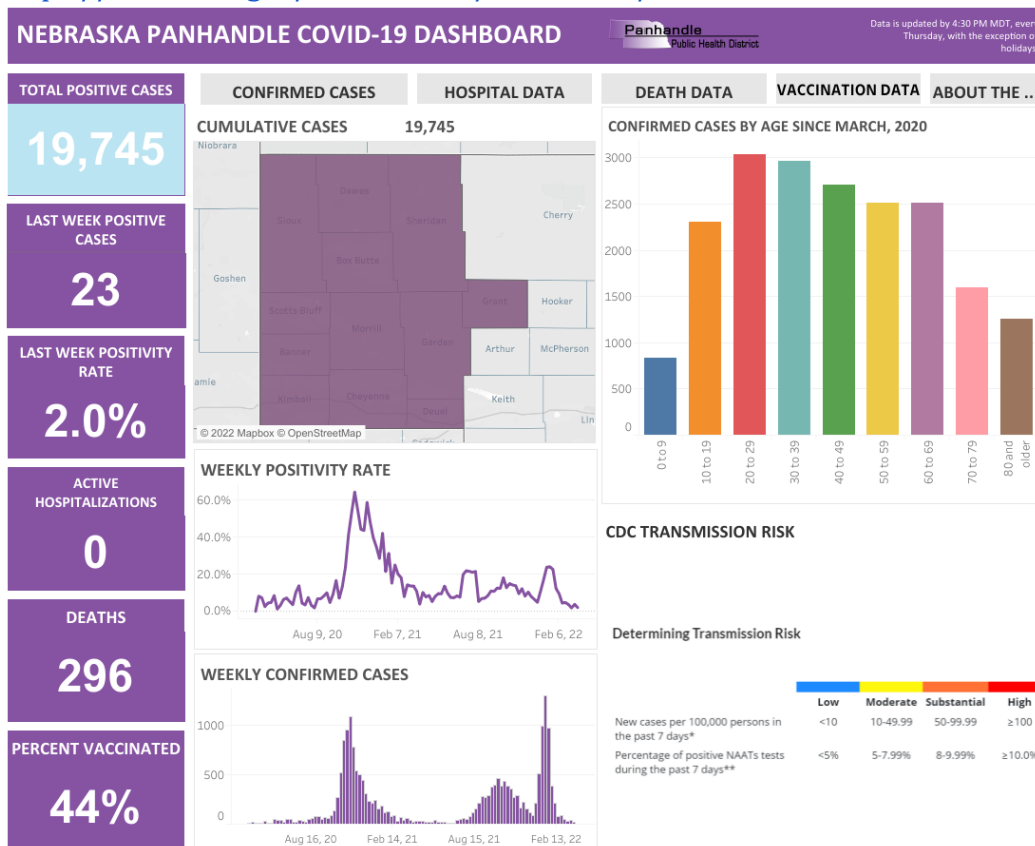
Dial

Local public health districts were asked to take our risk dials down no longer than 30 days after the governor's emergency declaration ended.

Personal Protective Equipment (PPE)

Our PPE team working with the state continues to meet the needs of our partners. Deliveries have slowed down. We have distributed the last push of PPE delivered in February.

The PPE team consists of Jessica and Michelle. We have 3 contracted drivers that make most of the deliveries. The Scottsbluff Fire Department is always willing to lend a hand when we need it.

PPE delivered March 2020-March 2022

			Since September 2020		
	Healthcare	First Responders	Long Term Care	Other	Total
Contact Gowns One Size	50,000	4000	435,000	8,200	497,200
NON-Latex Gloves SMALL INDIVIDUAL GLOVES	160,000	11,000	38,000	30,000	239,000
NON-Latex Gloves MED INDIVIDUAL GLOVES	485,000	30,000	350,000	51,000	916,000
NON-Latex Gloves LRG INDIVIDUAL GLOVES	205,000	27,000	225,000	34,000	491,000
NON-Latex Gloves XL INDIVIDUAL GLOVES	63,000	30,000	50,000	28,000	171,000
Masks KN95	21,000	2,500	1,400	9,200	34,100
Masks N95 1860	63,000				63,000
Masks N95 1860S	1,000				1,000
Masks Surgical	250,000	10,000	20,000	93,000	373,000
Face Shields Non-Reusable	3400	900	500	1,000	5,800
Goggles	835	230	100	500	1,665
Thermometers	251	44	13	142	450
Hand Sanitizer Gallon jugs	112	12	50	150	324
Alcohol wipes (Packages)	1605	500	550	28,000	30,655
Cloth Masks	1900	1,700	1500	14,000	19,100
N95	11180	1,700	200	1,400	14,480
Chlorox wipes	433				433

24/7 Call Line

We have transitioned the 24/7 line back to Michelle. Calls have significantly reduced as our case count has declined, we have a very clear message and all calls are returned with in 24 hours.

Disease Investigation

PPHD continues to complete case investigations for students and provides guidance to businesses and partners. We work closely with schools through email and shared documents.

- Our process aligns with the state guidance to automate as many processes as possible.
- People positive for COVID receive a survey, and if completed, we send an providing guidance.
- People positive for COVID are asked to contact their close contacts; guidance is provided.
- Close contacts at school are notified via automated text or call system

Everyone that completes the DHHS survey or our brief survey receives an email from PPHD that provides isolation guidance, resources, close contact guidance, and a flyer on antivirals.

PPHD processes all positive cases in NEDDS and maintains an internal database, all cases are processed with in 24 hours of notification.

COVID isolation and quarantine guidance 12/27/2021 update:

If You Test Positive for COVID (Isolate)
Everyone, regardless of vaccination status.
· Stay home for 5 days from illness onset; if asymptomatic stay home for 5 days from date of test
· If you have no symptoms or your symptoms are resolving after 5 days, you can leave your house.
· Continue to wear a mask around others for 5 additional days.
If you have a fever, continue to stay home until your fever resolves.

How to Complete Your Case investigation
· 18+ complete a survey received via text message from DHHS 844-774-7604
· Under 18 complete a survey received via text message from DHHS 844-774-7604 or answer public health's phone call
· If you completed an at-home test or did not receive the text message from DHHS, please complete this brief survey: https://tinyurl.com/3k2hwrz3

Please notify your close contacts asking them to follow the guidance below

---

If You Were Exposed to Someone with COVID (Quarantine as a close contact)

If you are UP TO DATE:	If you are <u>NOT</u> UP TO DATE:
Have been boosted **OR** Completed the primary series of Pfizer or Moderna vaccine within the last 6 months **OR** Completed the primary series of J&J vaccine within the last 2 months · Wear a mask around others for 10 days. · Test on day 5, if possible. *If you develop symptoms, get a test and stay home.*	Completed the primary series of Pfizer or Moderna vaccine over 6 months ago and are not boosted **OR** Completed the primary series of J&J over 2 months ago and are not boosted **OR** Are unvaccinated · Stay home for 5 days. After that continue to wear a mask around others for 5 additional days. · If you can't quarantine you must wear a mask for 10 days. · Test on day 5 if possible. *If you develop symptoms, get a test and stay home.*

School-Aged Children
- Self-monitor for fever or other symptoms for 10 days, per DHHS school guidance
  - Child does not need to stay home unless they develop symptoms or test positive.
- Mask for 10 days when close contact is a household member per public health guidance
- If you develop symptoms, stay home.

Continue to follow employer and school policies; these recommendations do not supersede their policies.

If you still have questions visit: https://tinyurl.com/mr2ykfkw

Panhandle Testing options: https://www.canva.com/design/DAEkGbkTd2M/view

Panhandle
Public Health District

Public Communications

To date, Jessica Davies has issued 238 news releases, 221 of which have been translated to Spanish. We also established a COVID-19 Basecamp with approximately 575 different resources that are shared with partners for guidance. Staff have been regularly sharing education on social media. Basecamp is a great place for partners to find resources, many of the resources are available in English and Spanish. Cheri updates the PPHD Instagram account which has 283 followers and is linked to the Facebook page. There are 4,309 people following the Facebook page now and new followers are generated with each new post. Melissa Haas has also been responding to any Facebook messages our PPHD page receives. Chris has been regularly updating the PPHD website with resources as needed and we work with a contractor to translate the news releases to Spanish.

The weekly briefings have been particularly helpful for public communications, creating a direct opportunity for a consistent update from Unified Command, answering questions from the media, and from the general public to immediately mitigate any potential concerns or rumors.

Social Media Examples – The following are posted on Social Media Some are cross-posted on the PPHD Website:

Facebook Insights February 1, 2022 - March 29, 2022

Facebook Page Reach ⓘ

12,523 ↓ 54.1%

3.0K
2.0K
1.0K
0

Feb 6   Feb 16   Feb 26   Mar 8   Mar 18   Mar 28

Facebook Page Visits ⓘ

877 ↓ 46.9%

80
60
40
20
0

Feb 6   Feb 16   Feb 26   Mar 8   Mar 18   Mar 28

New Facebook Page Likes ⓘ

11 ↓ 79.2%

1
0.5
0

Feb 6   Feb 16   Feb 26   Mar 8   Mar 18   Mar 28
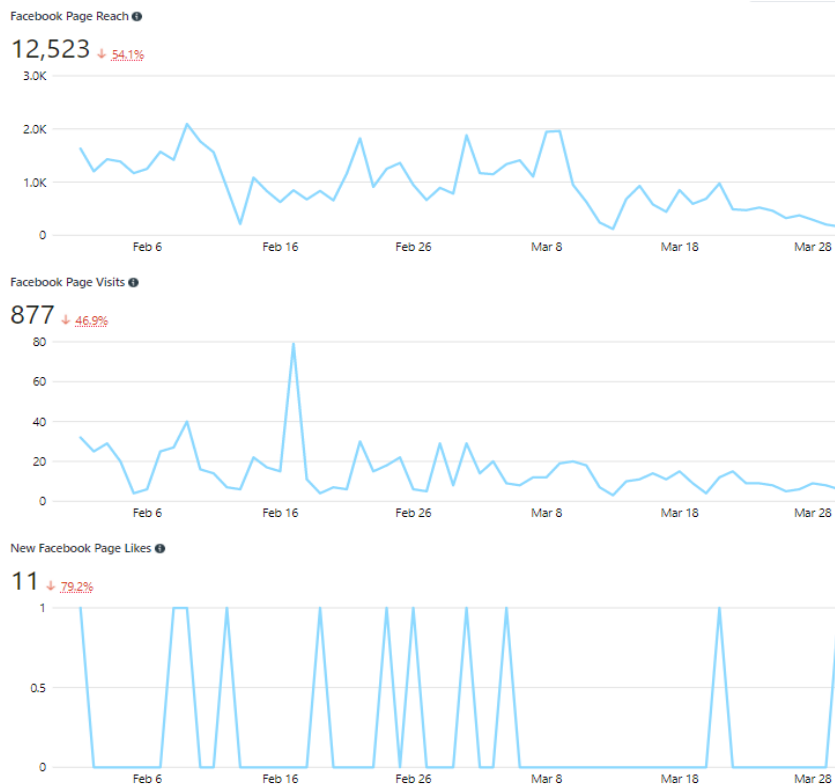
Guidance for Employers and Worksites

Jessica has continued providing guidance for employers and worksites through technical assistance and newsletters. We have been providing continually updated guidance, best practices, and support for a number of businesses each day and Nicole has been keeping the business and employer website updated regularly.

We have worked to promote access to area businesses and employers with COVID vaccines. We have continued to provide support, education, and communications to employers as they transition to vaccine promotion.

Schools

Through our school surveillance program, PPHD receives alerts when absenteeisms reach over 10%. Michelle then follows up with the schools to determine if any guidance or assistance is needed from public health. A tracking log has been created to provide clarification on the reasons behind the high number of absences and what help, if any, was offered.

Clergy

We continue to meet with clergy every other week to walk through the guidance and discuss the challenges. They have been a strong partner throughout the response.

Funeral Directors

FEMA's COVID-19 funeral assistance program is still available. The applicant must be a U.S. citizen, non-citizen national, or qualified alien who incurred funeral expenses after January 20, 2020 for a death attributed to COVID-19. It is for anyone who meets the criteria. Please feel free to pass this information

on to anyone who incurred funeral expenses for a COVID-19-related death.
https://www.fema.gov/disasters/coronavirus/economic/funeral-assistance.

Long Term Care Planning, Phasing, and Testing
Long Term Care Planning, Phasing, and Testing is a very complicated system that we work very hard to navigate and guide our partners through. We work with ICAP with the Center for Global Securities to ensure we are providing Long Term Care directors with appropriate guidance for each unique situation.

Michelle works with the facilities to provide the PRMRS portacount devices to aid in fit testing of employees to meet OSHA requirements. As the pandemic slows down, Michelle is continuing to work with facilities if needed for testing.

During the PRMRS meeting, it was brought to the groups attention that planning may be needed for Long Term care facilities. Tabi, Jessica and Michelle will work on plans to aid long term care facilities that includes the hospitals.

A survey was sent to Long Term Care facilities regarding PPHD/PRMRS response during the pandemic and how we can improve. This survey was much like an after action report and provided useful information to improve our relationship with the facilities and serve them best in the future.

Preparedness
PRMRS – Panhandle Regional Medical Response System
PRMRS held a quarterly meeting March 30th with hospitals meeting in person from 9-1 and others joining virtually from 1-3. Hospital partners approved the infectious disease annex as our final copy to include with our PRMRS plan. The coalition is required to conduct a Medical Response Surge Exercise (MRSE) by the end of the fiscal year. Hospital partners determined the sceanrio would be IT failiure through a computer hacking/ransomware event that hits all healthcare facilities wtihin the region. A planning meeting with Emergency Managers will be held in April to finalize the SITMAN, a summary of the expectations, objectives and summary of the exercise.

Next year requirements for the coalition include creating and testing a Radiological Surge Annex. Hospital partners provided insight and information to include within the annex. Michelle will work with Emergency Managers to clarify additional information. Planning for an exercise is in works with other health care coalitions in the Region VII ASPR region.

Michelle also serves on the Region VII healthcare coalition as the forum coordinator to facilitate monthly meetings and welcome everyone to the group. This group was formed after the national healthcare coalition conference Region VII meet and greet. The benefits of regional collaboration, information sharing and best practices were identified as a reason to hold the meetings.

PRMRS partners are preparing for the state information system to transition to a new platform. Transition to the new system will include training partners throughout the state in stages. The goal is to have the platform fully operational by September.

Megan Barhafer presented the results from the annual PRMRS survey. 82.6% pf respondents felt their organization was actively involved in PRMRS in 2021. 100% of members were confident in the coalitions

ability to plan, prepare, respond and mitigate emergency situations. High lights of greatest accomplishments and assets: Burn tabletop exercise, strong leadership, and ability to respond to COVID and communicate response in a timely, consistent manner. Educational needs: PRMRS chat/email group to ask general questions or share planning, Healthcare Preparedness Capabilities, Continuity of Operations Planning, and Incident Command Training. Greatest barriers in planning: lack of in-person meetings, COVID focused discussion, and constant changes with COVID.

The first responder mental health committee has been working on finding trainings to meet the needs of the group and has grown to include hospitals. We are now referring to it as the mental health committee. In March, a meeting was held with the three chaplains, Region 1 Behavioral Health Authority and PPHD/PRMRS to discuss a chaplain program. The goal is to provide vetted chaplains within the community to assist in response in disasters as well as with the needs of the communities they serve. UNMC and the First Responders Foundation joined the meeting to share resources available for the chaplain and peer support programs.

Michelle and Jessica have attended two of the SILO presentation to promote the mental health committee and remind responders to reach out to Public Health for mental health resources. They also attended a school active shooter tabletop exercise to provide information on public health and the coalitions role in this type of situation.
Lead - Michelle Hill

BT – Public Health Emergency Preparedness
All work has been in conjunction with the COVID-19 Response.
Jessica, Tabi and Michelle are working on a QI project to help improve our plan review process. As we begin to slow down our pandemic response, now is the time to begin to modify plans based on lessons learned during the pandemic.
Lead – Tabi Prochazka

Administrative and Accreditation
Administrative
The audit for FY 2020-2021 is still in progress. GLR expects to complete our audit at the end of tax season and is booking us for September to complete the audit for FY 2021-2022.

Virtual strategic planning took place in February and March. Staff from the UNMC College of Public Health facilitated 4 sessions that reviewed the past strategic plan for items that were incomplete or needed carried forward and items that were complete or no longer strategic. The group then looked at the current reality for PPHD, including strengths, opportunities, and capacities. They then set strategic goals, identified key milestones, and key actions to take in the first year. The plan is included in the board packet for approval. Workgroups are being convened in each strategic area to identify 90-day action plans once the strategic plan is approved and will meet to monitor no less than quarterly for progress and next steps as part of the performance management system.

Accreditation
PHAB has granted automatic extensions to health departments in the documentation phase of reaccreditation. This now moves our deadline from March 31 to May 2. We are very close to having things

ready, and a few items on the board agenda will allow for the newest information available, such as the updated strategic plan, to be submitted.

Lead – Sara Williamson

Community Health Needs Assessment/Community Health Improvement Plan

The regional priority areas for the 2021-2023 CHIP are to the right. The next MAPP steering committee is scheduled to be in-person in June. Megan scheduled meetings with interested hospitals to review their hospital CHIP work plans and develop data reports.

Megan sent out the survey for data collection and will have the 2021 Annual Survey ready for review in the next board meeting.

Lead – Megan Koppenhafer & Leadership Team

2021-2023 Panhandle Community Health Improvement Plan Priority Areas

Behavioral Health
- Mental Well-Being
- Suicide Prevention & Support
- Substance Abuse Prevention

Housing & Homelessness

Early Childhood Care & Education

Chronic Disease Prevention
- Cancer Prevention
- Diabetes Prevention
- Heart Disease Prevention
- Risk Factors

Strategies focusing on Child Abuse/Neglect ‖ Poverty ‖ Access
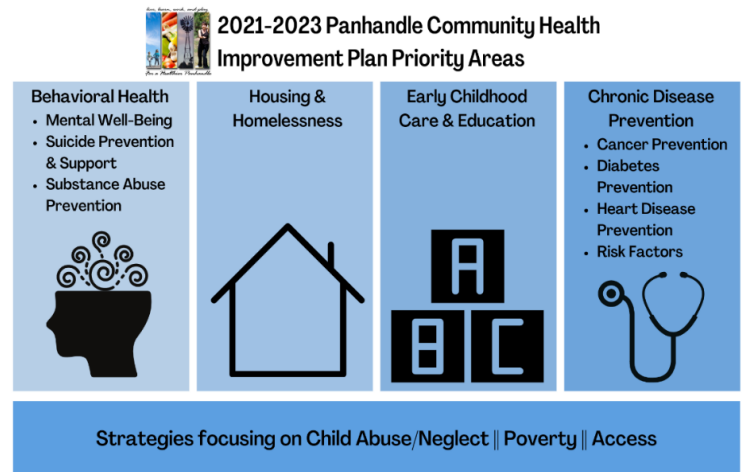
Performance Management & Quality Improvement

Performance management meetings are taking place the second full week of April to review first quarter data. The Clear Impact Scorecards are updated on the website for your review. QI meetings are ongoing to address increasing enrollment in the DHP program, Living Well program, and Suicide prevention program. The QI/PM plan is approved by the board and ready for review.

Lead – Megan Koppenhafer

Collective Impact Evaluation

The software that was used for the COVID-19 dashboard will be used to create data visualizations for this work. The focus of this year will be data collection with work groups that the work was started with last year. This work has been largely delayed due to the focus on COVID. With the addition of new staff members there will be new opportunities to collect data for this project.

Lead – Megan Koppenhafer

Minority Health Initiative

The MHI health assessment was completed and will be submitted April 8th after the advisory committee reviews it. We collected 515 surveys, hosted focus groups that included 37 participants overall, and completed the full analysis document as outlined by the DHHS requirements. A strategic planning meeting with the advisory committee was held in March. The team will be working on budget planning for the next two years and planning a workshop to integrate the advisory committee into the MAPP process.

Lead – Megan Koppenhafer

Community Walkability/Bikeability

The Kimball, Gordon, Alliance, and Tri-City Active Living Advisory Committees have been meeting monthly via GoToMeeting. A number of exciting initiatives are underway for each community and we are looking to expand to additional communities and reactivate in another.

Alliance is working on a Complete Streets policy and has brought their bike-share program to fruition. They will be adding crosswalks this spring and summer to their crosswalk beautification initiative. The Tri-City group formed a sub-committee to create a pocket trail map guide in partnership with Scotts Bluff County Tourism. The group has been meeting regularly and has the goal of April 1 to have all the items compiled for the pocket trail map guide. Walk audits are being planned in several communities and around three schools in the Tri-City area as they have a multi-year plan that eventually reaches every school in the Scottsbluff-Gering-Terrytown area.

Janelle worked with the City of Gordon as they revised a city ordinance to change the speed limit around the Gordon Elementary School and updated signage.

Janelle has been working with Chadron Schools on their assessment and signage updates in their school zones to slow traffic down. Chadron is planning to build upon the Walkable/Bikeable community initiative at their Dawes County Joint Planning Meeting in April.

We are partnering with Morrill County Community Hospital, City of Bridgeport, Prairie Winds Community Center, and Bridgeport Public Schools to host an Activate Bridgeport planning discussion on April 11.

Sidney is looking at "re"activating their Walkable/Bikeable Communities initiative at a community planning meeting on June 15.

We have been sharing details about Walk, Bike, or Roll to School on May 4 and Janelle is available to assist schools with their planning efforts.
> *Lead – Jessica Davies & Janelle Visser*

Panhandle Worksite Wellness Council
The Panhandle Worksite Wellness Council is continuing to bring education and training to the Panhandle. At the end of last year, organizations completed a survey regarding their wellness program. Each organization received a scorecard rating their wellness program to others in the Panhandle. Five organizations (Alliance Chamber, Region 1, NRPPD, PPI, and Kelley Bean) requested a meeting to discuss their results. Based on their goals, we discussed a plan to address their high priority wellness areas.

We also promoted a film and panel discussion around the film SILO and showed it at Midwest Theater in Scottsbluff, Fox Theater in Sidney, and Morrill County Community Hospital in Bridgeport. We had great panelists at each viewing and great interaction with attendees. The Scottsbluff viewing had around 40-45 attendees, Sidney had 40 attendees, and Bridgeport had 25 attendees. We received amazing feedback regarding the film and the discussion after. We will continue to offer this film to other organizations or towns that are interested in providing the viewing and panel.

Our first Panhandle Worksite Wellness Council advisory committee meeting of 2022 was held in-person on March 16th. We had a great discussion regarding the scorecards, Fall Safety and Wellness Conference, mental health toolkit, and next steps.

Discover Northern Colorado offered an opportunity to participate in a Volksmarch discussion regarding the Volksmarch on May 21st. We were able to provide input and we offered to assist with the event. This walk is offered as an option for our Walk This May challenge.

Finally, we are promoting Walk at Lunch on April 27th and Walk This May, as our Spring wellness challenge, and receiving great feedback. Also, several organizations have reached out for stress management and/or de-escalation training.
>	*Lead – Jessica Davies & Nicole Berosek*

Governor's Wellness Award
Four Governor's Wellness Award Advisory Committee meetings have happened since we started the committee. Great feedback and discussion has happened during these meetings.

Below are a few updates for the 2022 application process.
- Added question: What year(s) did your organization/school complete this assessment?
  - Added 2022
- Added question: Preventative Medicine: What has your worksite been implementing in terms of preventative medicine (i.e. COVID/flu shots, health screenings, or annual provider visit)?
- Updated wellness plan deadline: Upload your wellness plan - be sure it is comprehensive to include health objective, data justification, implementation strategies, and outcomes. Initiatives included through December 2021 would be applicable. A template has been provided. If not all areas are sufficiently completed it may delay the application process.

Below are the updates we have discussed for the 2023 application year:
- Options outside of the health screening
- Looking into options for the HRA threshold
- Investigate HRA application options, maybe having one application and metrics to accomplish the application.
>	*Lead- Jessica Davies & Nicole Berosek*

Tobacco Free in the Panhandle
PPHD continues to create new marketing materials to help meet the performance objectives created in the Communities of Excellence Grant. Janelle Visser presented updates to the PPC meetings that were held in January and March. The Nebraska Tobacco Quitline has undergone a change to make it easier for providers to make referrals to patients who want to quit. Postcards for providers and patients were created to send to all clinics, hospitals, and long-term care facilities to be available for information on the Quitline. A mailing to multi-unit housing owners/landlords was sent out remind HUD approved buildings to be smoke-free and for information on policy adoption if they do not already have one.
>	*Lead – Jessica Davies, Janelle Visser, Melissa Haas, and Nicole Berosek*

Healthy Schools Program
PPHD has continued to provide support to Gordon-Rushville Public Schools with their safety plans and Chadron Public Schools, Banner County Schools, and Scottsbluff Schools are participating in an additional NDE contractual funding opportunity for COVID prevention at their school. Janelle will be attending the first return to in-person learning institute hosted by Nebraska Department of Education (NDE) in Columbus on March 31 & Apr 1, 2022.

Lead – Janelle Visser, Jessica Davies

Highway Safety Office Grant
The Highway Safety grant, which supports longer-term injury prevention strategies, is going well. Below are a few key communication and marketing objectives:
- Provide education in the PWWC monthly newsletters.
- Janelle is working with multiple towns regarding walkable communities.
- Billboards, radio ads, and newspaper ads are placed for the year-long HSO program along with the Mini-Grant we were granted.

We also provide a highway safety presentation to the Western Nebraska Human Resource Association.

Finally, we received another mini-grant for 2022, which focuses on seat belt safety. Also, we apply for a larger HSO grant for 2022-23 plan year which includes the current year-long HSO program, seat belt campaign, and driving impaired.
Lead – Janelle Visser, Nicole Berosek

Healthy Families – Nebraska Panhandle
PPHD warmly welcomed our two new home visitors, Valerie VanWinkle and Ashleigh Rada to the team. As excepted, they have been an excellent addition. They have been busy training, shadowing, and both have a couple of families they are serving. They will be done with all their essential training by April 8th.

The referrals to the Healthy Families program continues to be strong. In February we received five referrals and enrolled four families. In March we received ten referrals and so far, have enrolled four families. We are currently serving 60 families! Four families also graduated from the program in the months of February and March. This is a tremendous success, as the graduating family must have actively participated in the program for at least three years. We have had fun celebrating with these families and wished them well on their continued journey of parenthood.

This year is an important year for Maternal, Infant, and Early Childhood Home Visiting Programs – as it is a reauthorization for the funding. We have had the opportunity to meet with state policy makers to discuss our program and the impact of the work. We were also asked to recruit eight to ten families to film their stories to capture the positive impact home visiting. This will take place on June 21, 2022, at the YMCA Trail West location in Scottsbluff. A professional videographer and a small team are traveling to partner with us to make this happen. The videos will then be sent to state and federal policy makers, and we will also get the footage to use as we wish.

The Healthy Families 2022 site profile was wrapped up in February. This will be shared at the upcoming board meeting. Looking forward to sharing this, as there has been much success in the program in the past year.
Lead - Dez Brandt

Environmental
West Nile Virus
Mosquito trapping has been concluded for the season and will begin again the last week of May 2022.
Lead - *Melissa Haas*

Radon
PPHD continues to take requests for radon kits for Panhandle residents. 74 kits have been sent out with 65 being short term test kits and 9 being long term test kits. Short term kits were backordered but arrived at the end of March and have started to go out. A news release was sent out to promote the kits and remind people to test their homes. The test kits were also promoted on Facebook with an online link now available for residents to request test kits.

> *Lead – Melissa Haas*

Lead
PPHD has submitted proposals to the Village of Morrill and the City of
Scottsbluff for lead paint testing and risk assessment services. The Village of Morrill and the City of Scottsbluff were granted money through the Owner Occupied Housing rehab program with the intent to assist low and moderate income households by providing forgivable loans to correct code issues and bring homes up to standards including things such as replacing roofs, furnaces, boilers, and other elements necessary to ensure the continued habitability and safety of properties in emergency situations. A number of these projects also involve steps to reduce household lead-based paint exposure in the scope of work. PPHD continues to conduct EBL investigations in children who have tested high for lead.

Megan Barhafer and Kendra Lauruhn have both attended Lead Inspector training and Lead Risk Assessor Training. They passed all the tests required by the State so they are officially certified.

> *Lead – Melissa Haas*

Chronic Disease Prevention & Management Programs
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. We are continuing to explore creative ways to meet the needs of this population while planning to have in person programs in the coming months.

National Diabetes Prevention Program (National DPP)
PPHD continues to work with the state to assist with a multi-year plan to engage and train National Diabetes Prevention Program Lifestyle Coaches and National DPP implementation sites across the state. This work is in partnership with Brian Coyle, the National DPP Coordinator with Nebraska DHHS. Cheri assists with planning Advanced lifestyle coach training for coaches across Nebraska and continues to work with other lifestyle coaches and program coordinators across the state to provide technical assistance for CDC's recognition program, coaching techniques, and share resources such as PowerPoint slides and tips to help make the transition to online programming easier for partners both within the Panhandle and across the state. Cheri is planning a statewide lifestyle coach training in August.

HALT for HEALTH
Take Charge of Your Health!

Connect with a community of others like you. Connect with your own coach.

What You'll Get:
- Gain knowledge
- Learn strategies for success
- Get support
- Get healthy your way

Any Device. Anywhere. Anytime.

HALT for Health is an online program that will help you achieve your health goals from any device, anywhere, at any time.

Features an engaging curriculum to guide you along the way.

Starts May 2, 2022

Join Now! You'll be glad you did.

Contact us today
Cheri Farris
cfarris@pphd.org
308.220.8020

Or Register Here:
https://tinyurl.com/yt98euwv

HALT Diabetes
We hope to partner with area hospitals/clinics to bring the program to communities via a new distance mode called HALT Diabetes, which is an application that offers short videos and lessons each week and a live coach accessible through the app. Cheri is planning this program as a coach and administrator for the Panhandle area, and has had requests from healthcare partners to keep them informed as it becomes available. The program will begin May 2 and we have already received a few healthcare referrals.
https://preventdiabetesne.org/

Healthy For Life!
Nicole Berosek with the PWWC began a new cohort called Healthy For Life! in January. After a whopping 41 people registered, 18 are currently participating.

In-Person National DPP
Deeonna Johnston, a recently hired dietician at Sidney Regional Medical center recently completed Lifestyle Coach training and started a new in-person cohort in January in Sidney with 6 active participants.

Living Well
Cheri just wrapped up a workshop in partnership with the DHHS Chronic Disease Management Programs group for DHHS employees on Mondays and Thursdays from January 24-March 7. Janelle is working with the state to plan her next cohort as well.

In April, Cheri will assist Master Trainers in the state of Tennessee with training leader cohorts to offer programs in community and faith-based settings. This will enable her to maintain her Master Trainer status so that the Panhandle is ready to train new leaders as we emerge from the pandemic and begin to re-implement the Living Well suite of programs again. Nicole and Emily will be attending this training online to become a Living Well Leader, which will give us four leaders to meet program needs.
Lead – Cheri Farris & Janelle Visser

Health & Wellness Coaching & Self Monitored Blood Pressure
Cheri continues to provide health coaching to area residents and PWWC members.
We continue to explore opportunities to implement healthy lifestyle support programs for Panhandle residents. There is a blood pressure program that we hope to participate in coming soon from the DHHS Chronic Disease Prevention & Control office. Cheri will be taking the new Blood Pressure for coaches training
Lead – Cheri Farris

Health Hub
Cheri has been attending the monthly TA calls with Natalie Kingston at DHHS and continues to look for ways to utilize the Hub funds with Panhandle clients. Health Hub funds also support the FOBT colon cancer screening program.

Colorectal Cancer Awareness and Screening
PPHD is promoting FOBT kits for colorectal cancer awareness month in March. Because evidence shows

that people are increasingly getting colorectal cancers at younger ages, we are now able to distribute kits to Panhandle residents ages 45-74, whereas previously we were only able to distribute kits to those ages 50 – 74. DHHS and the Nebraska Cancer Coalition will be rolling out a new colorectal cancer awareness campaign for 2022 that we adapted and shared on social media. The Qualtrics registration that enables participants to register for an FOBT kit online is working well. We have new brochures that are being distributed to pharmacies. Additionally, Sidney Regional Medical Center is distributing kits and Dave's Pharmacy is now partnering to distribute kits in both of their locations. Since mid February, 40 new kits have been distributed. We are working with the state to offer FIT test kits, which require fewer samples than the FOBT kits we currently have. More information will be provided as it becomes available.
Lead – Cheri Farris
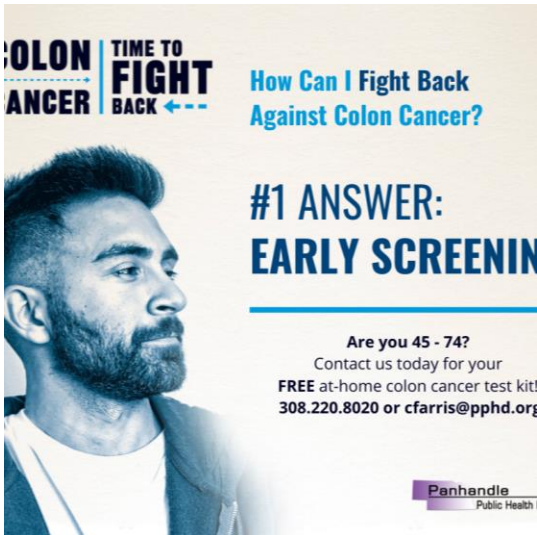
Panhandle Prevention Coalition
The PPC has had one additional meeting since the last update. A planning session was held on March 18, with many of those in attendance also joining the CHIP meeting on February 11. It was determined that committees should be formed to address specific topics. Those topics are Education, Mental Health, Youth Substance Use, and Data. These committees will provide updates at each meeting on actions taken to advance their cause throughout the region.

Our social media presence continues to be strong. The Facebook page now has 526 likes, and has seen a significant increase in engagement. The Instagram page is up to 17 followers, and as of March 31, there have been 119 individual posts.

Alcohol in and of itself is not bad

The PPC Coordinator is continuing to attend trainings, both virtual and in-person, and again assisted The Human Performance Project of Nebraska with Youth Leadership Day, this time for middle school students. Upcoming trainings include the National Rx Summit in Atlanta later in April, and the Juvenile Justice Conference in Kearney in May.

A new brochure for the PPC is being developed, which will then be distributed throughout the region during conferences and any other public appearances by part of the team. This brochure highlights the vision and mission of the PPC, as well as identifying partners in our efforts. The PPC coordinator presented to the PPHD team at a Monday morning meeting in February regarding substances that are legal and dangerous. This presentation will be expanded and shared with the PPC membership within the next couple of months.

Lead – Chris Fankhauser

Youth Suicide Prevention

QPR – Question, Persuade, Refer Suicide Prevention Training
Virtual QPR has been a great success. Last year we had funding through NALHD targeted for veterans, advocates, and their families for suicide prevention. We were recently awarded a Nebraska State Suicide Prevention Coalition mini grant that will provide funding for monthly QPR webinars through fall 2022. Monthly webinars are promoted on the website, by email, and on social media.
The next QPR Webinar is scheduled for April 12. We are available to offer in-person or virtual QPR training to individual organizations as needed. We are always looking for new funding opportunities to enable us to continue this important work.

Lead – Cheri Farris, Nicole Berosek, Janelle Visser

QPR. ASK A QUESTION. SAVE A LIFE.

Question. Persuade. Refer.

Three Steps Anyone Can Learn to Help Prevent Suicide

ALL WEBINARS AT NOON
TUESDAY, APRIL 12
WEDNESDAY, MAY 11
WEDNESDAY, JUNE 8
WEDNESDAY, JULY 6
TUESDAY, AUGUST 9
WEDNESDAY, SEPTEMBER 14

QPR, like CPR, can be a lifesaver. QPR training helps participants recognize the warning signs and risk factors for suicide. QPR empowers people of all ages, stages, and backgrounds with the tools and skills to make a positive difference in the life of someone they know. It is an innovative, practical and proven suicide prevention training.
Share light. Spread hope. Learn QPR today.

Hope Squad
As we enter into a new year, a few big changes happened this summer. The Hope Squads Corporate Office updated their curriculum to include other elements of mental health. This new curriculum allows for a more robust program and gives schools the opportunity to offer Hope Squad as a class. We have one additional school interested in participating.

Lead – Nicole Berosek, Janelle Visser, Tabi Prochazka

Opioid Strategic Response
PPHD continues to promote and provide training on opioid use disorder, as well as Narcan use, to community and school groups. We are still in the process of replacing outdated Narcan with First

Responder and Law Enforcement groups within the Panhandle communities. Due to updated State guidelines, PPHD Narcan distribution is available only to First Responder groups and Nebraska Pharmacy Association partnered pharmacies. We look to expand access through this continued partnership by adding more pharmacies within the next year.

Lock boxes and Deterra Pouches continue to be distributed throughout the Panhandle, as requested. We have connected with Home Health and Hospice agencies for education and medication disposal utilizing Deterra, and look forward to connecting with funeral homes as a potential partnership for Deterra.

Emily will be attending the National Rx Summit in Atlanta in April for education and training on national trends and prospective counter-measures in the fight against the Opioid Epidemic.

Our program will be training as WRAP (Wellness-Recovery Action Plan) facilitators. This program is founded around those individuals seeking to create a tailor-made plan for recovery, mental health and overall well-being. As facilitators, we would help guide individuals to create their own recovery and wellness plans utilizing evidence-based education, personal responsibility, self-advocacy, and support. As this is not a one-size-fits-all plan, there is a lot of focus on individualized goals, plans, support systems, and self-empowerment. As WRAP facilitators, we can then implement the program and train others in our area. Our plan is to complete facilitator training and begin offering this opportunity by early summer.

Looking at future projects, we are excited about the HUB (situation table). This is a collaborative, multi-agency team that provides mobilization of existing resources to decrease those at highest-risk. Leaders at the situation table are able to bring actual cases (while maintaining confidentiality) of those at highest risk of an incident occurring, such as overdose, mental health crisis, suicide, homelessness, etc. and provide real-time solutions. This is done in an organized manner – referral, formal process of evaluation of risk by team, decision to move forward, discussion, intervention. The situation table meets weekly to ensure all agencies involved are accountable, and those receiving intervention have been contacted and are receiving services. Agencies to be included at the table include but are not limited to: Law Enforcement, EMS, schools, behavioral health professionals, ER staff, social services, housing agencies, food pantries, etc. Implementation will begin late summer/early fall 2022.
    Lead – Emily Timm, Tabi Prochazka

Dental Health Program
The Dental Health Program is currently offered in 20 schools. We are working to gain interest in 4 more schools. February was National Children's Dental Health Month so to celebrate it, PPHD offered dental health education to schools and preschools in our jurisdiction. We did 44 presentations that reached over 1000 students. The education was appropriate for each grade level and we handed out dental worksheets, dental stickers, and toothbrushes. We received thank you notes from students from various schools.
    Lead – Kendra Lauruhn

Alliance Suicide Prevention Community Walk
The 13th annual walk will be held in Fall 2022.
    Lead-Janelle Visser
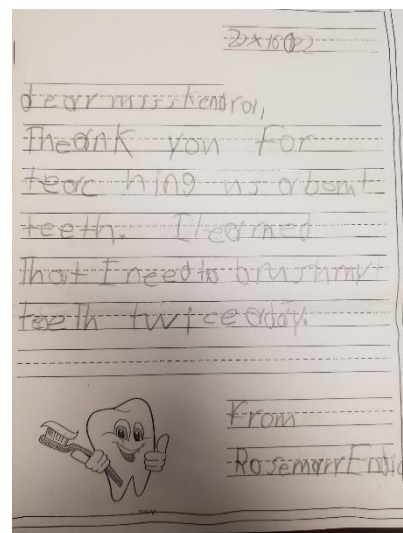
Dental Days
Dental Days 2022 is planned for June 10-11 in Sidney, Alliance and Gordon. The UNMC COD COVID-19 protocol is in the process of some possible changes and how it will impact Dental Days 2022. The sites will be at Life Smiles Dental Clinic in Sidney, Dr. Canon/Dr Giles' office in Alliance and at Gordon Memorial Hospital. Pre-screenings in the Sidney and Alliance areas will begin as soon as the Dental Day packets are distributed to the schools.
Lead - Janelle Visser

Kids Fitness and Nutrition Day
Planning is underway for the event to be held in Spring 2022 for 4th graders. 2020 had an effect on many programs for schools and unfortunately Kids Fitness and Nutrition Day was unable to be offered to the 3rd graders who are now 4th graders. Kids Fitness and Nutrition Day is an important way for kids to take part in a fun day of learning and hands-on activities that teach them about the importance of physical activity and good nutrition.

Dates and locations have been set:
- Scottsbluff, April 7 at Scottsbluff YMCA-Trails West
- Sidney, April 20 at the Cheyenne County Community Center
- Chadron, April 21 at Chadron State College
- Alliance, April 25 at the Alliance Recreation Center
  Lead-Janelle Visser

National Association of Local Boards of Health (NALBOH)

August 1-3, 2022

Grand Rapids, MI

https://www.nalboh.org/events/EventDetails.aspx?id=1558170

National Association of City and County Health Officials (NACCHO)

Looking to the Future: Reshaping the Public Health System

July 19-21, 2022

Virtual and In-Person, Atlanta, GA

https://www.naccho360.org/home

American Public Health Association (APHA)

150 years of Creating the Healthiest Nation: Leading the Path Toward Equity

November 6-9, 2022

Boston, MA

https://apha.org/Events-and-Meetings/Annual

PPHD Finance Committee
Conference Call Minutes
April 7, 2022
9:00 am

Present on the call were Pat Wellnitz, Karen Eisenbarth, Kim Engel, Jessica Davies, and Sara Williamson.

Kim discussed key financial updates:

- Today might be the final day on the ARPA bill vote. If it passes without veto by the Governor, each local health district would receive a one-time infusion of $555,555 in ARPA funds, with 2-3 years to spend. Have a broad range of uses for the funds – we're considering a few infrastructure options.
- The last funding increase under LB 585 will start in July and will total about $65,000.
- Kim noted that there was a significant veto by the Governor to increase rates for behavioral health providers. There may be enough votes to overrule the Governor's veto.
- PPHD is developing a stronger relationship with the NE Highway Safety Office with some smaller funding opportunities over the last year, and it appears we will receive about $120,000 for the next year from them. The Panhandle has seatbelt use rates much lower that the state average.
- NALHD submitted an application for funding to HRSA to boost funding for the dental health program, totaling about $60,000 for 3 years.
- Also participating in an interview for United Way funding and submitting another application for funding from Medica.

Kim reviewed the programmatic spreadsheets.

- AOWN is running a bit over budget but that can be matched from LB 585 funds.
- BT is running high but that is because the funds were going to COVID response.
- Contact Tracers funding looks like it is spending high, but the activity level decreased significantly after the Omicron wave.
- MHI funding will be underspent, in part because it took a bit for us to get staffed up at the beginning of the funding year. Unspent funds will go back into the pot and will not necessarily be ours for next year. We do have funding commitment for next year and will be submitting a budget and workplan soon.
- PRMRS is spending low for the year currently but will work out over the remainder of the fiscal year.

Sara reviewed the financial statement for February, check listing for February and programmatic reports submitted since the last meeting.

Motion to approve the program spreadsheets, financial statements, and programmatic reports as presented by Karen and seconded Pat.

Kim reviewed a draft of the PPHD Salary Schedule for 2022/2023. PPHD uses the NALHD Salary Survey, Nonprofit Association of the Midlands, and other local data if available, to compare and

build the proposed schedule. The NALHD survey is completed every other year, NCAP does an assessment every 3 year, and the State of Nebraska provides annual updates.

Most positions on the salary schedule are still in alignment with current comparisons, however the comparison data for the Director/CEO position in other surveys is outpacing PPHD's current schedule. A proposed increase to the Health Director range from $85,000-$99,000 to $95,000-$110,000 was discussed by the committee. PPHD is falling out of a competitive range for this position and will make hard to budget accordingly when the time comes for Kim to retire and a replacement to be hired. Karen noted Community Action agencies are facing a similar situation with leadership retirements and are struggling to develop wage ranges that are competitive.

The group reviewed Kim's history of pay raise, noting that it has averaged to less than 50 cents/hour over the last 14 years, which is less than what is budgeted for other staff, and far less than cost of living adjustments. Kim has been humble about salary increases, but from a business perspective it will make it hard to stay competitive and consider succession planning if adjustments aren't made soon. Karen will reach out to her staff and CAPWN to get updated executive position data for comparison.

Karen motioned to approve salary schedule for 2022-2023 as presented pending updated info from NALHD to correct the Senior Management comparison range and the addition of Executive Director comparison data from the Community Action agencies and was seconded by Pat. All in favor.

The meeting was adjourned at 9:45 am. The next meeting is May 31 at 9:00 am.

PANHANDLE PUBLIC HEALTH DISTRICT

FINANCIAL STATEMENTS

FEBRUARY 28, 2022

<div align="center">

Panhandle Public Health District
Balance Sheet
</div>

Cash Basis   **As of February 28, 2022**

	Feb 28, 22
ASSETS	
Current Assets	
Checking/Savings	
1000 · Platte Valley National Bank	247,484.17
1005 · NPAIT (Nebraska Public Agency Investment Trust)	13,284.68
Total Checking/Savings	260,768.85
Total Current Assets	260,768.85
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	47,120.28
Total 1500 · Furniture and Equipment (Furniture and equipment with useful life exceeding one year)	54,262.28
1510 · Van	
1511 · Accumulated Depreciation - Van	-87,132.82
1510 · Van - Other	121,033.00
Total 1510 · Van	33,900.18
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	-17,595.13
1600 · Scottsbluff Office - Other	318,010.25
Total 1600 · Scottsbluff Office	305,658.32
1700 · Accumulated Depreciation (Accumulated depreciation on equipment, buildings and improvements)	23,062.74
Total Fixed Assets	416,883.52
TOTAL ASSETS	**677,652.37**
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Other Current Liabilities	
2010 · State Withholding Payable	1,573.98
2015 · Retirement Payable	10.53
2020 · Health Insurance Payable	0.01
2025 · FICA Withholding Payable	13.63
2026 · Garnishment	184.68
2027 · State Unemployment Payable	847.08
2040 · LT Disability Company	0.01
2045 · LT Disability Employee	0.01
2200 · Deferred Insurance Liability	4,337.44
Total Other Current Liabilities	6,967.37
Total Current Liabilities	6,967.37
Long Term Liabilities	
2500 · Scottsbluff Building Loan	187,396.56
Total Long Term Liabilities	187,396.56
Total Liabilities	194,363.93
Equity	
3050 · Fund Balance	157,727.87
3060 · Board Designated Funds - Autos	33,525.52
3061 · Board Designated Funds - Copier	67,259.26
Net Income	224,775.79
Total Equity	483,288.44
TOTAL LIABILITIES & EQUITY	**677,652.37**

Profit & Loss by Class

Cash Basis   February 2022

	Activate Alliance	Admin 2021	AOWN 2021	Bport Office 2021	BT 2022	CDC MHI
Ordinary Income/Expense						
Income						
4000 · General Funds	0.00	0.00	0.00	0.00	0.00	0.00
4010 · Infrastructure Funds	0.00	11,342.59	0.00	0.00	0.00	0.00
4015 · Per Capita Funds	0.00	13,180.45	0.00	0.00	0.00	0.00
4016 · LB1008 Funds	0.00	0.00	0.00	0.00	0.00	0.00
4017 · LB 585	0.00	0.00	0.00	0.00	0.00	0.00
4020 · Revenue	0.00	0.00	0.00	0.00	0.00	0.00
4055 · Travel Reimbursement	0.00	0.00	0.00	0.00	0.00	0.00
4072 · Program Fees (Fee for service revenues)	0.00	0.00	0.00	0.00	0.00	0.00
4075 · Copy Reimbursement	0.00	0.00	0.00	0.00	0.00	0.00
4080 · Office Expense Reimbursement	0.00	0.00	0.00	988.46	0.00	0.00
4081 · FTE Expense Reimbursement	0.00	0.00	0.00	0.00	0.00	0.00
4095 · WWC Registration Fees	0.00	0.00	0.00	0.00	0.00	0.00
Total Income	0.00	24,523.04	0.00	988.46	0.00	0.00
Gross Profit	0.00	24,523.04	0.00	988.46	0.00	0.00
Expense						
6000 · Accounting	0.00	765.00	0.00	0.00	0.00	0.00
6010 · Advertising and PR	0.00	0.00	0.00	0.00	0.00	0.00
6075 · Communication	0.00	243.71	0.00	0.00	140.78	66.18
6080 · Contracts	0.00	1,000.00	0.00	40.00	6,234.70	0.00
6090 · Depreciation Expense	0.00	0.00	0.00	0.00	0.00	0.00
6091 · Depreciation Expense - Building	0.00	0.00	0.00	0.00	0.00	0.00
6095 · Dues and Subscriptions	0.00	5,404.00	0.00	0.00	0.00	0.00
6120 · Incentives	0.00	0.00	0.00	0.00	0.00	0.00
6125 · Insurance	0.00	0.00	0.00	20.89	0.00	0.00
6126 · Insurance - General	0.00	55.05	0.00	0.00	25.09	19.05
6128 · Interest Expense	0.00	0.00	0.00	0.00	0.00	0.00
6135 · Legal Fees	0.00	247.60	0.00	0.00	0.00	0.00
6145 · Meeting	0.00	0.00	0.00	0.00	0.00	0.00
6150 · Office Expense	0.00	937.43	0.00	0.00	167.27	150.29
6155 · Office Supplies	95.87	1,713.70	0.00	0.00	112.50	108.00
6156 · Medical Supplies	0.00	0.00	0.00	0.00	0.00	0.00
6157 · Printing Supplies	0.00	64.78	0.70	0.00	9.38	16.56
6158 · Payroll Expense	0.00	97.00	0.00	0.00	0.00	0.00
6160 · Payroll Tax Expense	0.00	648.87	0.00	0.00	320.09	209.38
6175 · Postage	0.00	12.96	0.00	0.00	0.00	0.00
6180 · Printing and Publication	0.00	0.00	0.00	0.00	0.00	0.00
6195 · Rent Expense	0.00	0.00	0.00	650.00	0.00	0.00
6200 · Repairs and Maintenance	0.00	90.00	0.00	0.00	0.00	0.00
6205 · Training/Education	0.00	250.00	0.00	0.00	635.00	0.00
6210 · Travel	0.00	234.91	0.00	0.00	295.00	84.19
6215 · Utilities	0.00	0.00	0.00	277.57	0.00	0.00
6220 · Wages	0.00	9,034.89	0.00	0.00	4,050.94	2,736.17
6225 · Retirement Expense	0.00	609.82	0.00	0.00	273.44	184.70
6230 · Health Insurance	0.00	2,582.24	0.00	0.00	1,098.86	1,068.24
6231 · Dental Insurance	0.00	126.17	0.00	0.00	45.25	39.26
6232 · Vision Insurance	0.00	39.36	0.00	0.00	14.35	11.36
6240 · Life Insurance	0.00	21.81	0.00	0.00	13.02	7.89
6245 · LT Disability	0.00	26.58	0.00	0.00	15.82	9.61
Total Expense	95.87	24,205.93	0.70	988.46	13,451.49	4,710.88
Net Ordinary Income	-95.87	317.11	-0.70	0.00	-13,451.49	-4,710.88
Net Income	**-95.87**	**317.11**	**-0.70**	**0.00**	**-13,451.49**	**-4,710.88**

Cash Basis

	Contact Tracers	COVID 2021	COVID Testing	Dental Day 2022	DHP-NCF 2022	DHP Assessment
Ordinary Income/Expense						
Income						
4000 · General Funds	0.00	0.00	0.00	0.00	0.00	0.00
4010 · Infrastructure Funds	0.00	0.00	0.00	0.00	0.00	0.00
4015 · Per Capita Funds	0.00	0.00	0.00	0.00	0.00	0.00
4016 · LB1008 Funds	0.00	0.00	0.00	0.00	0.00	0.00
4017 · LB 585	0.00	0.00	0.00	0.00	0.00	0.00
4020 · Revenue	56,629.88	0.00	0.00	0.00	0.00	0.00
4055 · Travel Reimbursement	0.00	0.00	0.00	0.00	0.00	0.00
4072 · Program Fees (Fee for service revenues)	0.00	0.00	0.00	0.00	606.59	0.00
4075 · Copy Reimbursement	0.00	0.00	0.00	0.00	0.00	0.00
4080 · Office Expense Reimbursement	0.00	0.00	0.00	0.00	0.00	0.00
4081 · FTE Expense Reimbursement	0.00	0.00	0.00	0.00	0.00	0.00
4095 · WWC Registration Fees	0.00	0.00	0.00	0.00	0.00	0.00
Total Income	56,629.88	0.00	0.00	0.00	606.59	0.00
Gross Profit	56,629.88	0.00	0.00	0.00	606.59	0.00
Expense						
6000 · Accounting	0.00	0.00	0.00	0.00	0.00	0.00
6010 · Advertising and PR	0.00	0.00	0.00	0.00	0.00	0.00
6075 · Communication	0.00	-98.87	0.00	0.00	48.68	0.00
6080 · Contracts	0.00	0.00	0.00	0.00	0.00	0.00
6090 · Depreciation Expense	0.00	0.00	0.00	0.00	0.00	0.00
6091 · Depreciation Expense - Building	0.00	0.00	0.00	0.00	0.00	0.00
6095 · Dues and Subscriptions	0.00	0.00	0.00	0.00	0.00	0.00
6120 · Incentives	0.00	0.00	0.00	0.00	0.00	0.00
6125 · Insurance	0.00	0.00	0.00	0.00	38.46	0.00
6126 · Insurance - General	0.00	2.85	0.00	0.00	18.01	0.00
6128 · Interest Expense	0.00	0.00	0.00	0.00	0.00	0.00
6135 · Legal Fees	0.00	0.00	0.00	0.00	0.00	0.00
6145 · Meeting	0.00	0.00	0.00	0.00	0.00	0.00
6150 · Office Expense	0.00	691.80	0.00	0.00	184.06	0.00
6155 · Office Supplies	0.00	0.00	0.00	0.00	0.00	0.00
6156 · Medical Supplies	0.00	0.00	0.00	0.00	0.00	0.00
6157 · Printing Supplies	0.00	0.64	0.00	1.80	14.84	0.00
6158 · Payroll Expense	0.00	0.00	0.00	0.00	0.00	0.00
6160 · Payroll Tax Expense	141.09	0.83	56.66	2.29	303.80	6.25
6175 · Postage	0.00	0.00	0.00	0.00	0.00	0.00
6180 · Printing and Publication	0.00	0.00	0.00	0.00	0.00	0.00
6195 · Rent Expense	0.00	0.00	0.00	0.00	0.00	0.00
6200 · Repairs and Maintenance	0.00	0.00	0.00	45.00	0.00	0.00
6205 · Training/Education	0.00	0.00	0.00	0.00	0.00	0.00
6210 · Travel	0.00	0.00	0.00	0.00	607.34	0.00
6215 · Utilities	0.00	0.00	0.00	0.00	0.00	0.00
6220 · Wages	1,848.76	11.19	764.27	32.04	4,145.56	86.50
6225 · Retirement Expense	124.79	0.76	51.58	2.16	279.82	5.84
6230 · Health Insurance	549.16	2.00	235.56	12.57	1,457.60	28.32
6231 · Dental Insurance	24.56	0.08	8.16	0.44	65.23	1.30
6232 · Vision Insurance	7.97	0.03	2.54	0.14	21.04	0.43
6240 · Life Insurance	4.63	0.03	1.81	0.10	10.33	0.20
6245 · LT Disability	5.65	0.03	2.21	0.12	12.58	0.24
Total Expense	2,706.61	611.37	1,122.79	96.66	7,207.35	129.08
Net Ordinary Income	53,923.27	-611.37	-1,122.79	-96.66	-6,600.76	-129.08
Net Income	**53,923.27**	**-611.37**	**-1,122.79**	**-96.66**	**-6,600.76**	**-129.08**

Profit & Loss by Class

Cash Basis   **February 2022**

	DTTAC 2021	FTE 2021	Gov Award 2022	Hem Office 2021	Hope Squad 2022	HSO 2021
Ordinary Income/Expense						
Income						
4000 · General Funds	0.00	0.00	0.00	0.00	0.00	0.00
4010 · Infrastructure Funds	0.00	0.00	0.00	0.00	0.00	0.00
4015 · Per Capita Funds	0.00	0.00	0.00	0.00	0.00	0.00
4016 · LB1008 Funds	0.00	0.00	0.00	0.00	0.00	0.00
4017 · LB 585	0.00	0.00	0.00	0.00	0.00	0.00
4020 · Revenue	3,805.05	0.00	0.00	0.00	0.00	0.00
4055 · Travel Reimbursement	0.00	0.00	0.00	0.00	0.00	0.00
4072 · Program Fees (Fee for service revenues)	0.00	0.00	0.00	0.00	0.00	0.00
4075 · Copy Reimbursement	0.00	0.00	0.00	0.00	0.00	0.00
4080 · Office Expense Reimbursement	0.00	0.00	0.00	1,384.88	0.00	0.00
4081 · FTE Expense Reimbursement	0.00	642.77	0.00	0.00	0.00	0.00
4095 · WWC Registration Fees	0.00	0.00	0.00	0.00	0.00	0.00
Total Income	3,805.05	642.77	0.00	1,384.88	0.00	0.00
Gross Profit	3,805.05	642.77	0.00	1,384.88	0.00	0.00
Expense						
6000 · Accounting	0.00	0.00	0.00	0.00	0.00	0.00
6010 · Advertising and PR	0.00	0.00	0.00	0.00	0.00	0.00
6075 · Communication	44.05	0.00	0.00	0.00	0.00	55.55
6080 · Contracts	0.00	0.00	0.00	195.00	0.00	0.00
6090 · Depreciation Expense	0.00	0.00	0.00	0.00	0.00	0.00
6091 · Depreciation Expense - Building	0.00	0.00	0.00	0.00	0.00	0.00
6095 · Dues and Subscriptions	0.00	0.00	0.00	0.00	0.00	0.00
6120 · Incentives	0.00	0.00	0.00	0.00	0.00	0.00
6125 · Insurance	0.00	0.00	0.00	37.05	0.00	0.00
6126 · Insurance - General	2.87	642.77	0.00	0.00	0.00	20.85
6128 · Interest Expense	0.00	0.00	0.00	0.00	0.00	0.00
6135 · Legal Fees	0.00	0.00	0.00	0.00	0.00	0.00
6145 · Meeting	0.00	0.00	0.00	0.00	0.00	0.00
6150 · Office Expense	103.56	0.00	0.00	0.00	0.00	119.59
6155 · Office Supplies	0.00	0.00	190.04	60.97	0.00	0.00
6156 · Medical Supplies	0.00	0.00	0.00	0.00	0.00	0.00
6157 · Printing Supplies	80.32	0.00	0.00	0.00	0.00	25.58
6158 · Payroll Expense	0.00	0.00	0.00	0.00	0.00	0.00
6160 · Payroll Tax Expense	33.10	0.00	96.91	0.00	18.60	231.97
6175 · Postage	0.00	0.00	174.00	0.00	0.00	0.00
6180 · Printing and Publication	0.00	0.00	0.00	0.00	0.00	0.00
6195 · Rent Expense	0.00	0.00	0.00	850.00	0.00	0.00
6200 · Repairs and Maintenance	0.00	0.00	0.00	0.00	0.00	0.00
6205 · Training/Education	0.00	0.00	0.00	0.00	0.00	0.00
6210 · Travel	0.00	0.00	0.00	0.00	0.00	29.22
6215 · Utilities	0.00	0.00	0.00	497.83	0.00	0.00
6220 · Wages	481.26	0.00	1,213.70	0.00	235.96	3,182.19
6225 · Retirement Expense	32.49	0.00	81.93	0.00	15.93	214.80
6230 · Health Insurance	198.45	0.00	58.79	0.00	19.07	973.58
6231 · Dental Insurance	8.28	0.00	20.70	0.00	4.01	43.91
6232 · Vision Insurance	2.33	0.00	6.78	0.00	1.30	13.98
6240 · Life Insurance	1.52	0.00	3.17	0.00	0.66	9.01
6245 · LT Disability	1.85	0.00	3.85	0.00	0.80	10.97
Total Expense	990.08	642.77	1,849.87	1,640.85	296.33	4,931.20
Net Ordinary Income	2,814.97	0.00	-1,849.87	-255.97	-296.33	-4,931.20
Net Income	**2,814.97**	**0.00**	**-1,849.87**	**-255.97**	**-296.33**	**-4,931.20**

Profit & Loss by Class

February 2022

	Hub 2021	Hub Admin 2021	Admin/Data Entry (HV 2022)	Other (HV 2022)	Outreach (HV 2022)	Program Mgmt/Coord (HV 2022)
Ordinary Income/Expense						
Income						
4000 · General Funds	0.00	0.00	0.00	0.00	0.00	0.00
4010 · Infrastructure Funds	0.00	0.00	0.00	0.00	0.00	0.00
4015 · Per Capita Funds	0.00	0.00	0.00	0.00	0.00	0.00
4016 · LB1008 Funds	0.00	0.00	0.00	0.00	0.00	0.00
4017 · LB 585	0.00	0.00	0.00	0.00	0.00	0.00
4020 · Revenue	0.00	0.00	0.00	0.00	0.00	0.00
4055 · Travel Reimbursement	0.00	0.00	0.00	0.00	0.00	0.00
4072 · Program Fees (Fee for service revenues)	0.00	0.00	0.00	0.00	0.00	0.00
4075 · Copy Reimbursement	0.00	0.00	0.00	0.00	0.00	0.00
4080 · Office Expense Reimbursement	0.00	0.00	0.00	0.00	0.00	0.00
4081 · FTE Expense Reimbursement	0.00	0.00	0.00	0.00	0.00	0.00
4095 · WWC Registration Fees	0.00	0.00	0.00	0.00	0.00	0.00
Total Income	0.00	0.00	0.00	0.00	0.00	0.00
Gross Profit	0.00	0.00	0.00	0.00	0.00	0.00
Expense						
6000 · Accounting	0.00	0.00	0.00	0.00	0.00	0.00
6010 · Advertising and PR	0.00	0.00	0.00	0.00	0.00	0.00
6075 · Communication	0.00	0.00	0.00	0.00	0.00	0.00
6080 · Contracts	0.00	0.00	0.00	0.00	0.00	0.00
6090 · Depreciation Expense	0.00	0.00	0.00	0.00	0.00	0.00
6091 · Depreciation Expense - Building	0.00	0.00	0.00	0.00	0.00	0.00
6095 · Dues and Subscriptions	0.00	0.00	0.00	0.00	0.00	0.00
6120 · Incentives	0.00	0.00	0.00	0.00	0.00	0.00
6125 · Insurance	0.00	0.00	0.00	0.00	0.00	0.00
6126 · Insurance - General	1.27	0.00	0.00	0.00	0.00	0.00
6128 · Interest Expense	0.00	0.00	0.00	0.00	0.00	0.00
6135 · Legal Fees	0.00	0.00	0.00	0.00	0.00	0.00
6145 · Meeting	0.00	0.00	0.00	0.00	0.00	0.00
6150 · Office Expense	0.00	0.00	0.00	0.00	0.00	0.00
6155 · Office Supplies	0.00	0.00	0.00	0.00	0.00	0.00
6156 · Medical Supplies	0.00	0.00	0.00	0.00	0.00	0.00
6157 · Printing Supplies	0.02	0.00	0.00	0.00	0.00	0.00
6158 · Payroll Expense	0.00	0.00	0.00	0.00	0.00	0.00
6160 · Payroll Tax Expense	0.00	7.89	255.81	65.75	15.97	108.65
6175 · Postage	0.00	0.00	0.00	0.00	0.00	0.00
6180 · Printing and Publication	0.00	0.00	0.00	0.00	0.00	0.00
6195 · Rent Expense	0.00	0.00	0.00	0.00	0.00	0.00
6200 · Repairs and Maintenance	0.00	0.00	0.00	0.00	0.00	0.00
6205 · Training/Education	0.00	0.00	0.00	0.00	0.00	0.00
6210 · Travel	0.00	0.00	0.00	0.00	0.00	0.00
6215 · Utilities	0.00	0.00	0.00	0.00	0.00	0.00
6220 · Wages	0.00	115.72	3,268.44	827.28	201.00	1,380.21
6225 · Retirement Expense	0.00	7.81	220.62	55.83	13.57	93.15
6230 · Health Insurance	0.00	48.90	910.58	70.34	60.07	464.33
6231 · Dental Insurance	0.00	1.98	35.10	2.46	2.44	17.52
6232 · Vision Insurance	0.00	0.53	11.09	0.77	0.77	5.55
6240 · Life Insurance	0.00	0.38	11.33	0.62	0.72	5.18
6245 · LT Disability	0.00	0.47	13.77	0.74	0.88	6.29
Total Expense	1.29	183.68	4,726.74	1,023.79	295.42	2,080.88
Net Ordinary Income	-1.29	-183.68	-4,726.74	-1,023.79	-295.42	-2,080.88
Net Income	**-1.29**	**-183.68**	**-4,726.74**	**-1,023.79**	**-295.42**	**-2,080.88**

Profit & Loss by Class

Cash Basis   February 2022

	Service Delivery (HV 2022)	Supervision (HV 2022)	HV 2022 - Other (HV 2022)	Total HV 2022	HV ARP	Admin/Data Entry (HV CWP 2022)
Ordinary Income/Expense						
Income						
4000 · General Funds	0.00	0.00	0.00	0.00	0.00	0.00
4010 · Infrastructure Funds	0.00	0.00	0.00	0.00	0.00	0.00
4015 · Per Capita Funds	0.00	0.00	0.00	0.00	0.00	0.00
4016 · LB1008 Funds	0.00	0.00	0.00	0.00	0.00	0.00
4017 · LB 585	0.00	0.00	0.00	0.00	0.00	0.00
4020 · Revenue	0.00	0.00	60,417.53	60,417.53	3,576.08	0.00
4055 · Travel Reimbursement	0.00	0.00	0.00	0.00	0.00	0.00
4072 · Program Fees (Fee for service revenues)	0.00	0.00	0.00	0.00	0.00	0.00
4075 · Copy Reimbursement	0.00	0.00	0.00	0.00	0.00	0.00
4080 · Office Expense Reimbursement	0.00	0.00	0.00	0.00	0.00	0.00
4081 · FTE Expense Reimbursement	0.00	0.00	0.00	0.00	0.00	0.00
4095 · WWC Registration Fees	0.00	0.00	0.00	0.00	0.00	0.00
Total Income	0.00	0.00	60,417.53	60,417.53	3,576.08	0.00
Gross Profit	0.00	0.00	60,417.53	60,417.53	3,576.08	0.00
Expense						
6000 · Accounting	0.00	0.00	0.00	0.00	0.00	0.00
6010 · Advertising and PR	0.00	0.00	383.33	383.33	0.00	0.00
6075 · Communication	0.00	0.00	519.76	519.76	0.00	0.00
6080 · Contracts	0.00	0.00	396.67	396.67	0.00	0.00
6090 · Depreciation Expense	0.00	0.00	0.00	0.00	0.00	0.00
6091 · Depreciation Expense - Building	0.00	0.00	0.00	0.00	0.00	0.00
6095 · Dues and Subscriptions	0.00	0.00	1,063.96	1,063.96	0.00	0.00
6120 · Incentives	0.00	0.00	0.00	0.00	0.00	0.00
6125 · Insurance	0.00	0.00	0.00	0.00	0.00	0.00
6126 · Insurance - General	0.00	0.00	121.67	121.67	0.00	0.00
6128 · Interest Expense	0.00	0.00	0.00	0.00	0.00	0.00
6135 · Legal Fees	0.00	0.00	0.00	0.00	0.00	0.00
6145 · Meeting	0.00	0.00	0.00	0.00	0.00	0.00
6150 · Office Expense	0.00	0.00	771.36	771.36	0.00	0.00
6155 · Office Supplies	0.00	0.00	509.18	509.18	1,344.00	0.00
6156 · Medical Supplies	0.00	0.00	0.00	0.00	0.00	0.00
6157 · Printing Supplies	0.00	0.00	43.38	43.38	0.00	0.00
6158 · Payroll Expense	0.00	0.00	0.00	0.00	0.00	0.00
6160 · Payroll Tax Expense	206.25	284.00	194.83	1,131.26	0.00	56.40
6175 · Postage	0.00	0.00	0.00	0.00	0.00	0.00
6180 · Printing and Publication	0.00	0.00	0.00	0.00	0.00	0.00
6195 · Rent Expense	0.00	0.00	0.00	0.00	0.00	0.00
6200 · Repairs and Maintenance	0.00	0.00	255.00	255.00	0.00	0.00
6205 · Training/Education	0.00	0.00	0.00	0.00	2,500.00	0.00
6210 · Travel	0.00	0.00	736.45	736.45	0.00	0.00
6215 · Utilities	0.00	0.00	0.00	0.00	0.00	0.00
6220 · Wages	2,587.76	3,696.61	2,484.63	14,445.93	0.00	709.93
6225 · Retirement Expense	174.66	249.53	167.71	975.07	0.00	47.91
6230 · Health Insurance	375.65	1,510.93	804.92	4,196.82	0.00	216.66
6231 · Dental Insurance	13.33	63.14	32.81	166.80	0.00	8.31
6232 · Vision Insurance	4.15	19.35	10.35	52.03	0.00	2.63
6240 · Life Insurance	4.02	10.53	8.72	41.12	0.00	2.62
6245 · LT Disability	4.88	12.82	10.62	50.00	0.00	3.20
Total Expense	3,370.70	5,846.91	8,515.35	25,859.79	3,844.00	1,047.66
Net Ordinary Income	-3,370.70	-5,846.91	51,902.18	34,557.74	-267.92	-1,047.66
Net Income	-3,370.70	-5,846.91	51,902.18	34,557.74	-267.92	-1,047.66

Profit & Loss by Class

Cash Basis   February 2022

	Other (HV CWP 2022)	Outreach (HV CWP 2022)	Program Mgmt/Coord (HV CWP 2022)	Service Delivery (HV CWP 2022)	Supervision (HV CWP 2022)	HV CWP 2022 - Other (HV CWP 2022)
Ordinary Income/Expense						
Income						
4000 · General Funds	0.00	0.00	0.00	0.00	0.00	0.00
4010 · Infrastructure Funds	0.00	0.00	0.00	0.00	0.00	0.00
4015 · Per Capita Funds	0.00	0.00	0.00	0.00	0.00	0.00
4016 · LB1008 Funds	0.00	0.00	0.00	0.00	0.00	0.00
4017 · LB 585	0.00	0.00	0.00	0.00	0.00	0.00
4020 · Revenue	0.00	0.00	0.00	0.00	0.00	0.00
4055 · Travel Reimbursement	0.00	0.00	0.00	0.00	0.00	0.00
4072 · Program Fees (Fee for service revenues)	0.00	0.00	0.00	0.00	0.00	0.00
4075 · Copy Reimbursement	0.00	0.00	0.00	0.00	0.00	0.00
4080 · Office Expense Reimbursement	0.00	0.00	0.00	0.00	0.00	0.00
4081 · FTE Expense Reimbursement	0.00	0.00	0.00	0.00	0.00	0.00
4095 · WWC Registration Fees	0.00	0.00	0.00	0.00	0.00	0.00
Total Income	0.00	0.00	0.00	0.00	0.00	0.00
Gross Profit	0.00	0.00	0.00	0.00	0.00	0.00
Expense						
6000 · Accounting	0.00	0.00	0.00	0.00	0.00	0.00
6010 · Advertising and PR	0.00	0.00	0.00	0.00	0.00	191.67
6075 · Communication	0.00	0.00	0.00	0.00	0.00	201.72
6080 · Contracts	0.00	0.00	0.00	0.00	0.00	198.33
6090 · Depreciation Expense	0.00	0.00	0.00	0.00	0.00	0.00
6091 · Depreciation Expense - Building	0.00	0.00	0.00	0.00	0.00	0.00
6095 · Dues and Subscriptions	0.00	0.00	0.00	0.00	0.00	606.54
6120 · Incentives	0.00	0.00	0.00	0.00	0.00	0.00
6125 · Insurance	0.00	0.00	0.00	0.00	0.00	0.00
6126 · Insurance - General	0.00	0.00	0.00	0.00	0.00	49.81
6128 · Interest Expense	0.00	0.00	0.00	0.00	0.00	0.00
6135 · Legal Fees	0.00	0.00	0.00	0.00	0.00	0.00
6145 · Meeting	0.00	0.00	0.00	0.00	0.00	0.00
6150 · Office Expense	0.00	0.00	0.00	0.00	0.00	413.59
6155 · Office Supplies	0.00	0.00	0.00	0.00	0.00	165.48
6156 · Medical Supplies	0.00	0.00	0.00	0.00	0.00	0.00
6157 · Printing Supplies	0.00	0.00	0.00	0.00	0.00	27.64
6158 · Payroll Expense	0.00	0.00	0.00	0.00	0.00	0.00
6160 · Payroll Tax Expense	11.96	12.48	95.69	150.08	218.78	29.31
6175 · Postage	0.00	0.00	0.00	0.00	0.00	0.00
6180 · Printing and Publication	0.00	0.00	0.00	0.00	0.00	0.00
6195 · Rent Expense	0.00	0.00	0.00	0.00	0.00	0.00
6200 · Repairs and Maintenance	0.00	0.00	0.00	0.00	0.00	127.50
6205 · Training/Education	0.00	0.00	0.00	0.00	0.00	0.00
6210 · Travel	0.00	0.00	0.00	0.00	0.00	631.57
6215 · Utilities	0.00	0.00	0.00	0.00	0.00	0.00
6220 · Wages	150.75	160.60	1,202.37	1,895.32	2,847.75	379.50
6225 · Retirement Expense	10.20	10.84	81.18	127.95	192.20	25.62
6230 · Health Insurance	46.12	63.03	474.62	481.61	1,157.24	161.48
6231 · Dental Insurance	1.72	2.25	17.35	16.98	47.88	6.66
6232 · Vision Insurance	0.50	0.71	5.33	5.23	14.41	2.05
6240 · Life Insurance	0.41	0.61	4.63	4.46	8.16	1.34
6245 · LT Disability	0.51	0.74	5.64	5.41	9.92	1.63
Total Expense	222.17	251.26	1,886.81	2,687.04	4,496.34	3,221.44
Net Ordinary Income	-222.17	-251.26	-1,886.81	-2,687.04	-4,496.34	-3,221.44
Net Income	**-222.17**	**-251.26**	**-1,886.81**	**-2,687.04**	**-4,496.34**	**-3,221.44**

Profit & Loss by Class

	Total HV CWP 2022	Admin/Data Entry (HV CWP Closed 2022)	Other (HV CWP Closed 2022)	Program Mgmt/Coord (HV CWP Closed 2022)	Service Delivery (HV CWP Closed 2022)	Supervision (HV CWP Closed 2022)
Ordinary Income/Expense						
Income						
4000 · General Funds	0.00	0.00	0.00	0.00	0.00	0.00
4010 · Infrastructure Funds	0.00	0.00	0.00	0.00	0.00	0.00
4015 · Per Capita Funds	0.00	0.00	0.00	0.00	0.00	0.00
4016 · LB1008 Funds	0.00	0.00	0.00	0.00	0.00	0.00
4017 · LB 585	0.00	0.00	0.00	0.00	0.00	0.00
4020 · Revenue	0.00	0.00	0.00	0.00	0.00	0.00
4055 · Travel Reimbursement	0.00	0.00	0.00	0.00	0.00	0.00
4072 · Program Fees (Fee for service revenues)	0.00	0.00	0.00	0.00	0.00	0.00
4075 · Copy Reimbursement	0.00	0.00	0.00	0.00	0.00	0.00
4080 · Office Expense Reimbursement	0.00	0.00	0.00	0.00	0.00	0.00
4081 · FTE Expense Reimbursement	0.00	0.00	0.00	0.00	0.00	0.00
4095 · WWC Registration Fees	0.00	0.00	0.00	0.00	0.00	0.00
Total Income	0.00	0.00	0.00	0.00	0.00	0.00
Gross Profit	0.00	0.00	0.00	0.00	0.00	0.00
Expense						
6000 · Accounting	0.00	0.00	0.00	0.00	0.00	0.00
6010 · Advertising and PR	191.67	0.00	0.00	0.00	0.00	0.00
6075 · Communication	201.72	0.00	0.00	0.00	0.00	0.00
6080 · Contracts	198.33	0.00	0.00	0.00	0.00	0.00
6090 · Depreciation Expense	0.00	0.00	0.00	0.00	0.00	0.00
6091 · Depreciation Expense - Building	0.00	0.00	0.00	0.00	0.00	0.00
6095 · Dues and Subscriptions	606.54	0.00	0.00	0.00	0.00	0.00
6120 · Incentives	0.00	0.00	0.00	0.00	0.00	0.00
6125 · Insurance	0.00	0.00	0.00	0.00	0.00	0.00
6126 · Insurance - General	49.81	0.00	0.00	0.00	0.00	0.00
6128 · Interest Expense	0.00	0.00	0.00	0.00	0.00	0.00
6135 · Legal Fees	0.00	0.00	0.00	0.00	0.00	0.00
6145 · Meeting	0.00	0.00	0.00	0.00	0.00	0.00
6150 · Office Expense	413.59	0.00	0.00	0.00	0.00	0.00
6155 · Office Supplies	165.48	0.00	0.00	0.00	0.00	0.00
6156 · Medical Supplies	0.00	0.00	0.00	0.00	0.00	0.00
6157 · Printing Supplies	27.64	0.00	0.00	0.00	0.00	0.00
6158 · Payroll Expense	0.00	0.00	0.00	0.00	0.00	0.00
6160 · Payroll Tax Expense	574.70	28.02	1.15	18.62	43.05	19.82
6175 · Postage	0.00	0.00	0.00	0.00	0.00	0.00
6180 · Printing and Publication	0.00	0.00	0.00	0.00	0.00	0.00
6195 · Rent Expense	0.00	0.00	0.00	0.00	0.00	0.00
6200 · Repairs and Maintenance	127.50	0.00	0.00	0.00	0.00	0.00
6205 · Training/Education	0.00	0.00	0.00	0.00	0.00	0.00
6210 · Travel	631.57	0.00	0.00	0.00	0.00	0.00
6215 · Utilities	0.00	0.00	0.00	0.00	0.00	0.00
6220 · Wages	7,346.22	346.68	13.84	232.76	546.85	251.79
6225 · Retirement Expense	495.90	23.40	0.93	15.72	36.92	16.99
6230 · Health Insurance	2,600.76	121.89	3.85	79.85	224.95	99.39
6231 · Dental Insurance	101.15	4.57	0.15	3.02	8.03	3.84
6232 · Vision Insurance	30.86	1.44	0.05	0.96	2.52	1.03
6240 · Life Insurance	22.23	1.38	0.05	0.92	2.17	0.74
6245 · LT Disability	27.05	1.68	0.06	1.13	2.64	0.91
Total Expense	13,812.72	529.06	20.08	352.98	867.13	394.51
Net Ordinary Income	-13,812.72	-529.06	-20.08	-352.98	-867.13	-394.51
Net Income	**-13,812.72**	**-529.06**	**-20.08**	**-352.98**	**-867.13**	**-394.51**

Profit & Loss by Class

Cash Basis   **February 2022**

	HV CWP Closed 2022 - Other (HV CWP Closed 2022)	Total HV CWP Closed 2022	HV Other	Admin/Data Entry (HV SPH 2022)	Other (HV SPH 2022)	Outreach (HV SPH 2022)
Ordinary Income/Expense						
Income						
4000 · General Funds	0.00	0.00	0.00	0.00	0.00	0.00
4010 · Infrastructure Funds	0.00	0.00	0.00	0.00	0.00	0.00
4015 · Per Capita Funds	0.00	0.00	0.00	0.00	0.00	0.00
4016 · LB1008 Funds	0.00	0.00	0.00	0.00	0.00	0.00
4017 · LB 585	0.00	0.00	0.00	0.00	0.00	0.00
4020 · Revenue	0.00	0.00	0.00	0.00	0.00	0.00
4055 · Travel Reimbursement	0.00	0.00	0.00	0.00	0.00	0.00
4072 · Program Fees (Fee for service revenues)	0.00	0.00	0.00	0.00	0.00	0.00
4075 · Copy Reimbursement	0.00	0.00	0.00	0.00	0.00	0.00
4080 · Office Expense Reimbursement	0.00	0.00	0.00	0.00	0.00	0.00
4081 · FTE Expense Reimbursement	0.00	0.00	0.00	0.00	0.00	0.00
4095 · WWC Registration Fees	0.00	0.00	0.00	0.00	0.00	0.00
Total Income	0.00	0.00	0.00	0.00	0.00	0.00
Gross Profit	0.00	0.00	0.00	0.00	0.00	0.00
Expense						
6000 · Accounting	0.00	0.00	0.00	0.00	0.00	0.00
6010 · Advertising and PR	0.00	0.00	0.00	0.00	0.00	0.00
6075 · Communication	47.56	47.56	0.00	0.00	0.00	0.00
6080 · Contracts	0.00	0.00	0.00	0.00	0.00	0.00
6090 · Depreciation Expense	0.00	0.00	0.00	0.00	0.00	0.00
6091 · Depreciation Expense - Building	0.00	0.00	0.00	0.00	0.00	0.00
6095 · Dues and Subscriptions	0.00	0.00	0.00	0.00	0.00	0.00
6120 · Incentives	0.00	0.00	0.00	0.00	0.00	0.00
6125 · Insurance	0.00	0.00	0.00	0.00	0.00	0.00
6126 · Insurance - General	19.73	19.73	0.00	0.00	0.00	0.00
6128 · Interest Expense	0.00	0.00	0.00	0.00	0.00	0.00
6135 · Legal Fees	0.00	0.00	0.00	0.00	0.00	0.00
6145 · Meeting	0.00	0.00	0.00	0.00	0.00	0.00
6150 · Office Expense	139.95	139.95	0.00	0.00	0.00	0.00
6155 · Office Supplies	0.00	0.00	52.32	0.00	0.00	0.00
6156 · Medical Supplies	0.00	0.00	0.00	0.00	0.00	0.00
6157 · Printing Supplies	0.00	0.00	0.00	0.00	0.00	0.00
6158 · Payroll Expense	0.00	0.00	0.00	0.00	0.00	0.00
6160 · Payroll Tax Expense	4.21	114.87	0.00	13.48	3.59	6.89
6175 · Postage	0.00	0.00	0.00	0.00	0.00	0.00
6180 · Printing and Publication	0.00	0.00	0.00	0.00	0.00	0.00
6195 · Rent Expense	0.00	0.00	0.00	0.00	0.00	0.00
6200 · Repairs and Maintenance	0.00	0.00	0.00	0.00	0.00	0.00
6205 · Training/Education	0.00	0.00	0.00	0.00	0.00	0.00
6210 · Travel	11.83	11.83	0.00	0.00	0.00	0.00
6215 · Utilities	0.00	0.00	0.00	0.00	0.00	0.00
6220 · Wages	53.43	1,445.35	0.00	174.98	47.20	90.50
6225 · Retirement Expense	3.61	97.57	0.00	11.81	3.19	6.11
6230 · Health Insurance	20.81	550.74	0.00	99.51	25.95	49.74
6231 · Dental Insurance	0.80	20.41	0.00	3.32	0.87	1.66
6232 · Vision Insurance	0.22	6.22	0.00	1.04	0.27	0.52
6240 · Life Insurance	0.16	5.42	0.00	0.74	0.19	0.37
6245 · LT Disability	0.20	6.62	0.00	0.91	0.24	0.45
Total Expense	302.51	2,466.27	52.32	305.79	81.50	156.24
Net Ordinary Income	-302.51	-2,466.27	-52.32	-305.79	-81.50	-156.24
Net Income	**-302.51**	**-2,466.27**	**-52.32**	**-305.79**	**-81.50**	**-156.24**

Profit & Loss by Class

	Program Mgmt/Coord (HV SPH 2022)	Service Delivery (HV SPH 2022)	HV SPH 2022 - Other (HV SPH 2022)	Total HV SPH 2022	KFND 2021	LB 1008 2021
Ordinary Income/Expense						
Income						
4000 · General Funds	0.00	0.00	0.00	0.00	0.00	0.00
4010 · Infrastructure Funds	0.00	0.00	0.00	0.00	0.00	0.00
4015 · Per Capita Funds	0.00	0.00	0.00	0.00	0.00	0.00
4016 · LB1008 Funds	0.00	0.00	0.00	0.00	0.00	6,944.45
4017 · LB 585	0.00	0.00	0.00	0.00	0.00	0.00
4020 · Revenue	0.00	0.00	4,796.47	4,796.47	0.00	0.00
4055 · Travel Reimbursement	0.00	0.00	0.00	0.00	0.00	0.00
4072 · Program Fees (Fee for service revenues)	0.00	0.00	0.00	0.00	0.00	0.00
4075 · Copy Reimbursement	0.00	0.00	0.00	0.00	0.00	0.00
4080 · Office Expense Reimbursement	0.00	0.00	0.00	0.00	0.00	0.00
4081 · FTE Expense Reimbursement	0.00	0.00	0.00	0.00	0.00	0.00
4095 · WWC Registration Fees	0.00	0.00	0.00	0.00	0.00	0.00
Total Income	0.00	0.00	4,796.47	4,796.47	0.00	6,944.45
Gross Profit	0.00	0.00	4,796.47	4,796.47	0.00	6,944.45
Expense						
6000 · Accounting	0.00	0.00	0.00	0.00	0.00	0.00
6010 · Advertising and PR	0.00	0.00	0.00	0.00	0.00	0.00
6075 · Communication	0.00	0.00	25.04	25.04	0.00	100.88
6080 · Contracts	0.00	0.00	0.00	0.00	0.00	0.00
6090 · Depreciation Expense	0.00	0.00	0.00	0.00	0.00	0.00
6091 · Depreciation Expense - Building	0.00	0.00	0.00	0.00	0.00	0.00
6095 · Dues and Subscriptions	0.00	0.00	167.50	167.50	0.00	0.00
6120 · Incentives	0.00	0.00	0.00	0.00	0.00	0.00
6125 · Insurance	0.00	0.00	0.00	0.00	0.00	0.00
6126 · Insurance - General	0.00	0.00	5.72	5.72	0.00	5.59
6128 · Interest Expense	0.00	0.00	0.00	0.00	0.00	0.00
6135 · Legal Fees	0.00	0.00	0.00	0.00	0.00	0.00
6145 · Meeting	0.00	0.00	0.00	0.00	0.00	0.00
6150 · Office Expense	0.00	0.00	68.84	68.84	0.00	243.03
6155 · Office Supplies	0.00	0.00	0.00	0.00	0.00	0.00
6156 · Medical Supplies	0.00	0.00	0.00	0.00	0.00	0.00
6157 · Printing Supplies	0.00	0.00	0.40	0.40	0.32	0.36
6158 · Payroll Expense	0.00	0.00	0.00	0.00	0.00	0.00
6160 · Payroll Tax Expense	10.39	11.98	5.84	52.17	26.80	110.53
6175 · Postage	0.00	0.00	0.00	0.00	0.00	0.00
6180 · Printing and Publication	0.00	0.00	0.00	0.00	0.00	0.00
6195 · Rent Expense	0.00	0.00	0.00	0.00	0.00	0.00
6200 · Repairs and Maintenance	0.00	0.00	0.00	0.00	0.00	0.00
6205 · Training/Education	0.00	0.00	0.00	0.00	0.00	0.00
6210 · Travel	0.00	0.00	171.85	171.85	0.00	44.46
6215 · Utilities	0.00	0.00	0.00	0.00	0.00	0.00
6220 · Wages	136.20	155.14	77.86	681.88	375.57	1,429.94
6225 · Retirement Expense	9.20	10.44	5.25	46.00	25.35	96.52
6230 · Health Insurance	75.63	88.12	49.33	388.28	147.49	198.41
6231 · Dental Insurance	2.52	2.94	2.15	13.46	5.15	26.02
6232 · Vision Insurance	0.79	0.95	0.70	4.27	1.62	8.40
6240 · Life Insurance	0.56	0.64	0.33	2.83	1.16	4.03
6245 · LT Disability	0.69	0.81	0.40	3.50	1.41	4.93
Total Expense	235.98	271.02	581.21	1,631.74	584.87	2,273.10
Net Ordinary Income	-235.98	-271.02	4,215.26	3,164.73	-584.87	4,671.35
Net Income	**-235.98**	**-271.02**	**4,215.26**	**3,164.73**	**-584.87**	**4,671.35**

	LB 585	Lead 2021	Living Well 2022	MAPP 2022	MCO - Flu	MCO - Flu 2022
Ordinary Income/Expense						
Income						
4000 · General Funds	0.00	0.00	0.00	0.00	0.00	0.00
4010 · Infrastructure Funds	0.00	0.00	0.00	0.00	0.00	0.00
4015 · Per Capita Funds	0.00	0.00	0.00	0.00	0.00	0.00
4016 · LB1008 Funds	0.00	0.00	0.00	0.00	0.00	0.00
4017 · LB 585	6,944.45	0.00	0.00	0.00	0.00	0.00
4020 · Revenue	0.00	0.00	0.00	0.00	0.00	0.00
4055 · Travel Reimbursement	0.00	0.00	0.00	0.00	0.00	0.00
4072 · Program Fees (Fee for service revenues)	0.00	0.00	0.00	0.00	1,500.00	0.00
4075 · Copy Reimbursement	0.00	0.00	0.00	0.00	0.00	0.00
4080 · Office Expense Reimbursement	0.00	0.00	0.00	0.00	0.00	0.00
4081 · FTE Expense Reimbursement	0.00	0.00	0.00	0.00	0.00	0.00
4095 · WWC Registration Fees	0.00	0.00	0.00	0.00	0.00	0.00
Total Income	6,944.45	0.00	0.00	0.00	1,500.00	0.00
Gross Profit	6,944.45	0.00	0.00	0.00	1,500.00	0.00
Expense						
6000 · Accounting	0.00	0.00	0.00	0.00	0.00	0.00
6010 · Advertising and PR	0.00	0.00	0.00	0.00	0.00	0.00
6075 · Communication	196.14	0.00	0.00	0.00	0.00	0.00
6080 · Contracts	0.00	0.00	0.00	0.00	0.00	0.00
6090 · Depreciation Expense	0.00	0.00	0.00	0.00	0.00	0.00
6091 · Depreciation Expense - Building	0.00	0.00	0.00	0.00	0.00	0.00
6095 · Dues and Subscriptions	0.00	0.00	0.00	0.00	0.00	0.00
6120 · Incentives	0.00	0.00	0.00	0.00	0.00	0.00
6125 · Insurance	0.00	0.00	0.00	0.00	0.00	0.00
6126 · Insurance - General	29.54	0.00	0.00	0.00	0.00	0.00
6128 · Interest Expense	0.00	0.00	0.00	0.00	0.00	0.00
6135 · Legal Fees	0.00	0.00	0.00	0.00	0.00	0.00
6145 · Meeting	0.00	0.00	0.00	0.00	0.00	0.00
6150 · Office Expense	465.58	0.00	0.00	0.00	0.00	0.00
6155 · Office Supplies	107.25	0.00	0.00	14.99	0.00	0.00
6156 · Medical Supplies	0.00	0.00	0.00	0.00	0.00	206.15
6157 · Printing Supplies	3.76	1.90	0.68	0.16	0.00	0.00
6158 · Payroll Expense	0.00	0.00	0.00	0.00	0.00	0.00
6160 · Payroll Tax Expense	343.56	0.00	73.30	43.77	0.00	0.00
6175 · Postage	0.00	0.00	0.00	0.00	0.00	0.00
6180 · Printing and Publication	0.00	0.00	0.00	0.00	0.00	0.00
6195 · Rent Expense	0.00	0.00	0.00	0.00	0.00	0.00
6200 · Repairs and Maintenance	90.00	0.00	0.00	0.00	0.00	0.00
6205 · Training/Education	25.00	0.00	0.00	0.00	0.00	0.00
6210 · Travel	85.58	0.00	0.00	45.92	0.00	0.00
6215 · Utilities	0.00	0.00	0.00	0.00	0.00	0.00
6220 · Wages	4,744.32	0.00	1,075.89	562.93	0.00	0.00
6225 · Retirement Expense	320.25	0.00	72.62	38.00	0.00	0.00
6230 · Health Insurance	1,302.31	0.00	470.33	213.63	0.00	0.00
6231 · Dental Insurance	81.64	0.00	19.10	8.26	0.00	0.00
6232 · Vision Insurance	25.46	0.00	5.13	0.00	0.00	0.00
6240 · Life Insurance	13.51	0.00	3.69	1.60	0.00	0.00
6245 · LT Disability	16.46	0.00	4.48	1.95	0.00	0.00
Total Expense	7,850.36	1.90	1,725.22	931.21	0.00	206.15
Net Ordinary Income	-905.91	-1.90	-1,725.22	-931.21	1,500.00	-206.15
Net Income	**-905.91**	**-1.90**	**-1,725.22**	**-931.21**	**1,500.00**	**-206.15**

Profit & Loss by Class

February 2022

	MHI	NDE 2021	Opioid SOR 2021	Opioid State 2022	Place Matters 2021	PRMRS 2022
Ordinary Income/Expense						
Income						
4000 · General Funds	0.00	0.00	0.00	0.00	0.00	0.00
4010 · Infrastructure Funds	0.00	0.00	0.00	0.00	0.00	0.00
4015 · Per Capita Funds	0.00	0.00	0.00	0.00	0.00	0.00
4016 · LB1008 Funds	0.00	0.00	0.00	0.00	0.00	0.00
4017 · LB 585	0.00	0.00	0.00	0.00	0.00	0.00
4020 · Revenue	0.00	10,666.66	9,619.74	4,515.61	0.00	0.00
4055 · Travel Reimbursement	0.00	0.00	0.00	0.00	0.00	0.00
4072 · Program Fees (Fee for service revenues)	0.00	0.00	0.00	0.00	0.00	0.00
4075 · Copy Reimbursement	0.00	0.00	0.00	0.00	0.00	0.00
4080 · Office Expense Reimbursement	0.00	0.00	0.00	0.00	0.00	0.00
4081 · FTE Expense Reimbursement	0.00	0.00	0.00	0.00	0.00	0.00
4095 · WWC Registration Fees	0.00	0.00	0.00	0.00	0.00	0.00
Total Income	0.00	10,666.66	9,619.74	4,515.61	0.00	0.00
Gross Profit	0.00	10,666.66	9,619.74	4,515.61	0.00	0.00
Expense						
6000 · Accounting	0.00	0.00	0.00	0.00	0.00	0.00
6010 · Advertising and PR	0.00	0.00	0.00	0.00	0.00	0.00
6075 · Communication	145.92	0.00	91.57	33.36	28.95	108.61
6080 · Contracts	0.00	7,500.00	0.00	0.00	0.00	0.00
6090 · Depreciation Expense	0.00	0.00	0.00	0.00	0.00	0.00
6091 · Depreciation Expense - Building	0.00	0.00	0.00	0.00	0.00	0.00
6095 · Dues and Subscriptions	0.00	0.00	0.00	0.00	0.00	0.00
6120 · Incentives	2,000.00	0.00	0.00	0.00	0.00	0.00
6125 · Insurance	0.00	0.00	0.00	0.00	0.00	0.00
6126 · Insurance - General	47.17	0.00	29.11	12.59	14.68	25.37
6128 · Interest Expense	0.00	0.00	0.00	0.00	0.00	0.00
6135 · Legal Fees	0.00	0.00	0.00	0.00	0.00	0.00
6145 · Meeting	320.04	0.00	0.00	0.00	0.00	0.00
6150 · Office Expense	323.62	0.00	98.36	70.82	55.64	430.01
6155 · Office Supplies	325.03	0.00	86.13	74.41	120.60	46.49
6156 · Medical Supplies	0.00	0.00	0.00	0.00	0.00	0.00
6157 · Printing Supplies	77.58	2.20	3.60	0.16	12.22	9.70
6158 · Payroll Expense	0.00	0.00	0.00	0.00	0.00	0.00
6160 · Payroll Tax Expense	751.83	13.75	329.87	135.29	76.57	315.98
6175 · Postage	0.00	0.00	0.00	0.00	0.00	0.00
6180 · Printing and Publication	0.00	0.00	0.00	0.00	0.00	438.10
6195 · Rent Expense	0.00	0.00	0.00	0.00	0.00	0.00
6200 · Repairs and Maintenance	0.00	0.00	0.00	0.00	0.00	90.00
6205 · Training/Education	0.00	0.00	0.00	0.00	2,582.64	0.00
6210 · Travel	931.74	0.00	0.00	0.00	834.27	2.78
6215 · Utilities	0.00	0.00	0.00	0.00	0.00	0.00
6220 · Wages	9,834.05	197.28	4,248.77	1,770.33	1,019.83	4,484.08
6225 · Retirement Expense	663.80	13.32	286.79	119.50	68.82	302.68
6230 · Health Insurance	3,513.06	58.76	584.36	658.56	407.26	1,597.19
6231 · Dental Insurance	149.10	2.70	26.18	23.73	16.77	65.78
6232 · Vision Insurance	35.83	0.88	7.87	7.56	4.46	17.99
6240 · Life Insurance	25.70	0.41	14.84	4.99	3.15	12.86
6245 · LT Disability	31.28	0.50	18.06	6.06	3.82	15.65
Total Expense	19,175.75	7,789.80	5,825.51	2,917.36	5,249.68	7,963.27
Net Ordinary Income	-19,175.75	2,876.86	3,794.23	1,598.25	-5,249.68	-7,963.27
Net Income	**-19,175.75**	**2,876.86**	**3,794.23**	**1,598.25**	**-5,249.68**	**-7,963.27**

Cash Basis   February 2022

	PWWC	QPR - NALHD	R1BG 2021	Radon 2021	RE 2021	SB Office 2021
Ordinary Income/Expense						
Income						
4000 · General Funds	0.00	0.00	0.00	0.00	0.00	0.00
4010 · Infrastructure Funds	0.00	0.00	0.00	0.00	0.00	0.00
4015 · Per Capita Funds	0.00	0.00	0.00	0.00	0.00	0.00
4016 · LB1008 Funds	0.00	0.00	0.00	0.00	0.00	0.00
4017 · LB 585	0.00	0.00	0.00	0.00	0.00	0.00
4020 · Revenue	0.00	0.00	0.00	0.00	0.00	0.00
4055 · Travel Reimbursement	0.00	0.00	0.00	0.00	3,835.65	0.00
4072 · Program Fees (Fee for service revenues)	0.00	0.00	0.00	0.00	0.00	0.00
4075 · Copy Reimbursement	0.00	0.00	0.00	0.00	472.40	0.00
4080 · Office Expense Reimbursement	0.00	0.00	0.00	0.00	0.00	3,593.99
4081 · FTE Expense Reimbursement	0.00	0.00	0.00	0.00	0.00	0.00
4095 · WWC Registration Fees	160.00	0.00	0.00	0.00	0.00	0.00
Total Income	160.00	0.00	0.00	0.00	4,308.05	3,593.99
Gross Profit	160.00	0.00	0.00	0.00	4,308.05	3,593.99
Expense						
6000 · Accounting	0.00	0.00	0.00	0.00	0.00	0.00
6010 · Advertising and PR	0.00	0.00	0.00	0.00	0.00	0.00
6075 · Communication	0.00	0.00	43.35	0.00	0.00	0.00
6080 · Contracts	0.00	0.00	6,974.65	0.00	0.00	250.00
6090 · Depreciation Expense	0.00	0.00	0.00	0.00	1,634.77	0.00
6091 · Depreciation Expense - Building	0.00	0.00	0.00	0.00	0.00	739.63
6095 · Dues and Subscriptions	0.00	85.00	0.00	0.00	0.00	0.00
6120 · Incentives	0.00	0.00	0.00	0.00	0.00	0.00
6125 · Insurance	0.00	0.00	0.00	0.00	1,017.35	452.13
6126 · Insurance - General	0.00	0.00	12.58	0.00	0.00	0.00
6128 · Interest Expense	0.00	0.00	0.00	0.00	0.00	595.46
6135 · Legal Fees	0.00	0.00	0.00	0.00	0.00	0.00
6145 · Meeting	0.00	0.00	0.00	0.00	0.00	0.00
6150 · Office Expense	0.00	0.00	91.81	0.00	0.00	0.00
6155 · Office Supplies	402.31	0.00	93.01	955.82	0.00	372.37
6156 · Medical Supplies	0.00	0.00	0.00	0.00	0.00	0.00
6157 · Printing Supplies	1.12	0.00	12.44	0.90	595.62	0.00
6158 · Payroll Expense	0.00	0.00	0.00	0.00	0.00	0.00
6160 · Payroll Tax Expense	0.00	5.64	160.32	59.50	0.00	0.00
6175 · Postage	0.00	0.00	71.34	40.00	0.00	0.00
6180 · Printing and Publication	0.00	0.00	0.00	0.00	0.00	0.00
6195 · Rent Expense	0.00	0.00	0.00	0.00	0.00	0.00
6200 · Repairs and Maintenance	0.00	0.00	0.00	0.00	0.00	900.00
6205 · Training/Education	0.00	0.00	70.00	0.00	0.00	0.00
6210 · Travel	0.00	0.00	0.00	0.00	1,183.54	0.00
6215 · Utilities	0.00	0.00	0.00	0.00	0.00	601.07
6220 · Wages	0.00	82.72	2,107.00	803.16	0.00	0.00
6225 · Retirement Expense	0.00	5.58	142.22	54.22	0.00	0.00
6230 · Health Insurance	0.00	34.96	811.73	339.24	0.00	0.00
6231 · Dental Insurance	0.00	1.41	30.23	13.73	0.00	0.00
6232 · Vision Insurance	0.00	0.38	9.67	3.67	0.00	0.00
6240 · Life Insurance	0.00	0.27	6.06	2.66	0.00	0.00
6245 · LT Disability	0.00	0.33	7.36	3.23	0.00	0.00
Total Expense	403.43	216.29	10,643.77	2,276.13	4,431.28	3,910.66
Net Ordinary Income	-243.43	-216.29	-10,643.77	-2,276.13	-123.23	-316.67
Net Income	**-243.43**	**-216.29**	**-10,643.77**	**-2,276.13**	**-123.23**	**-316.67**

Cash Basis   February 2022

	Sidney Office 2021	STI	Surv 2021	TFN 2020	TFN 2021	Vaccination
Ordinary Income/Expense						
Income						
4000 · General Funds	0.00	0.00	8,788.16	0.00	0.00	0.00
4010 · Infrastructure Funds	0.00	0.00	0.00	0.00	0.00	0.00
4015 · Per Capita Funds	0.00	0.00	0.00	0.00	0.00	0.00
4016 · LB1008 Funds	0.00	0.00	0.00	0.00	0.00	0.00
4017 · LB 585	0.00	0.00	0.00	0.00	0.00	0.00
4020 · Revenue	0.00	0.00	0.00	13,756.79	0.00	0.00
4055 · Travel Reimbursement	0.00	0.00	0.00	0.00	0.00	0.00
4072 · Program Fees (Fee for service revenues)	0.00	0.00	0.00	0.00	0.00	0.00
4075 · Copy Reimbursement	0.00	0.00	0.00	0.00	0.00	0.00
4080 · Office Expense Reimbursement	559.47	0.00	0.00	0.00	0.00	0.00
4081 · FTE Expense Reimbursement	0.00	0.00	0.00	0.00	0.00	0.00
4095 · WWC Registration Fees	0.00	0.00	0.00	0.00	0.00	0.00
Total Income	559.47	0.00	8,788.16	13,756.79	0.00	0.00
Gross Profit	559.47	0.00	8,788.16	13,756.79	0.00	0.00
Expense						
6000 · Accounting	0.00	0.00	0.00	0.00	0.00	0.00
6010 · Advertising and PR	0.00	0.00	95.00	0.00	0.00	178.15
6075 · Communication	0.00	8.13	256.24	0.00	31.34	333.46
6080 · Contracts	0.00	0.00	0.00	0.00	0.00	180.00
6090 · Depreciation Expense	0.00	0.00	0.00	0.00	0.00	0.00
6091 · Depreciation Expense - Building	0.00	0.00	0.00	0.00	0.00	0.00
6095 · Dues and Subscriptions	0.00	0.00	10.00	0.00	0.00	0.00
6120 · Incentives	0.00	0.00	0.00	0.00	0.00	0.00
6125 · Insurance	9.48	0.00	0.00	0.00	0.00	0.00
6126 · Insurance - General	0.00	3.84	46.49	0.00	15.23	52.84
6128 · Interest Expense	0.00	0.00	0.00	0.00	0.00	0.00
6135 · Legal Fees	0.00	0.00	0.00	0.00	0.00	0.00
6145 · Meeting	0.00	0.00	0.00	0.00	0.00	0.00
6150 · Office Expense	0.00	13.12	458.65	0.00	64.16	432.00
6155 · Office Supplies	0.00	0.00	1,101.42	0.00	0.00	734.98
6156 · Medical Supplies	0.00	0.00	0.00	0.00	0.00	0.00
6157 · Printing Supplies	0.00	0.00	8.68	0.00	2.02	47.58
6158 · Payroll Expense	0.00	0.00	0.00	0.00	0.00	0.00
6160 · Payroll Tax Expense	0.00	53.07	95.72	0.00	157.74	1,040.48
6175 · Postage	0.00	0.00	0.00	0.00	0.00	0.00
6180 · Printing and Publication	0.00	0.00	0.00	0.00	0.00	226.83
6195 · Rent Expense	550.00	0.00	0.00	0.00	0.00	0.00
6200 · Repairs and Maintenance	0.00	0.00	202.50	0.00	67.50	1,607.50
6205 · Training/Education	0.00	0.00	0.00	0.00	1,190.00	0.00
6210 · Travel	0.00	0.00	0.00	0.00	1,500.24	1,179.29
6215 · Utilities	0.00	0.00	0.00	0.00	0.00	0.00
6220 · Wages	0.00	663.43	1,293.76	0.00	2,136.96	14,042.91
6225 · Retirement Expense	0.00	44.77	87.33	0.00	144.24	947.91
6230 · Health Insurance	0.00	119.20	502.86	0.00	824.36	3,760.87
6231 · Dental Insurance	0.00	3.97	19.08	0.00	35.65	152.72
6232 · Vision Insurance	0.00	1.25	3.27	0.00	10.13	47.70
6240 · Life Insurance	0.00	2.33	3.83	0.00	6.71	30.48
6245 · LT Disability	0.00	2.85	4.64	0.00	8.18	37.13
Total Expense	559.48	915.96	4,189.47	0.00	6,194.46	25,032.83
Net Ordinary Income	-0.01	-915.96	4,598.69	13,756.79	-6,194.46	-25,032.83
Net Income	**-0.01**	**-915.96**	**4,598.69**	**13,756.79**	**-6,194.46**	**-25,032.83**

Profit & Loss by Class

February 2022

	VS - Making Connections 2020	Walkable Communities 2022	WFD 2022	TOTAL
Ordinary Income/Expense				
Income				
4000 · General Funds	0.00	0.00	0.00	8,788.16
4010 · Infrastructure Funds	0.00	0.00	0.00	11,342.59
4015 · Per Capita Funds	0.00	0.00	0.00	13,180.45
4016 · LB1008 Funds	0.00	0.00	0.00	6,944.45
4017 · LB 585	0.00	0.00	0.00	6,944.45
4020 · Revenue	0.00	0.00	0.00	167,783.81
4055 · Travel Reimbursement	0.00	0.00	0.00	3,835.65
4072 · Program Fees (Fee for service revenues)	0.00	0.00	0.00	2,106.59
4075 · Copy Reimbursement	0.00	0.00	0.00	472.40
4080 · Office Expense Reimbursement	0.00	0.00	0.00	6,526.80
4081 · FTE Expense Reimbursement	0.00	0.00	0.00	642.77
4095 · WWC Registration Fees	0.00	0.00	0.00	160.00
Total Income	0.00	0.00	0.00	228,728.12
Gross Profit	0.00	0.00	0.00	228,728.12
Expense				
6000 · Accounting	0.00	0.00	0.00	765.00
6010 · Advertising and PR	0.00	0.00	0.00	848.15
6075 · Communication	0.00	0.00	4.59	2,676.70
6080 · Contracts	0.00	0.00	0.00	22,969.35
6090 · Depreciation Expense	0.00	0.00	0.00	1,634.77
6091 · Depreciation Expense - Building	0.00	0.00	0.00	739.63
6095 · Dues and Subscriptions	0.00	0.00	0.00	7,337.00
6120 · Incentives	0.00	0.00	0.00	2,000.00
6125 · Insurance	0.00	0.00	0.00	1,575.36
6126 · Insurance - General	0.00	0.00	5.77	1,285.54
6128 · Interest Expense	0.00	0.00	0.00	595.46
6135 · Legal Fees	0.00	0.00	0.00	247.60
6145 · Meeting	41.85	0.00	0.00	361.89
6150 · Office Expense	0.00	0.00	32.26	6,526.80
6155 · Office Supplies	0.00	1,871.85	0.00	10,658.72
6156 · Medical Supplies	0.00	0.00	0.00	206.15
6157 · Printing Supplies	0.00	0.46	0.52	1,068.02
6158 · Payroll Expense	0.00	0.00	0.00	97.00
6160 · Payroll Tax Expense	0.00	30.22	69.32	7,843.99
6175 · Postage	0.00	0.00	0.00	298.30
6180 · Printing and Publication	0.00	0.00	0.00	664.93
6195 · Rent Expense	0.00	0.00	0.00	2,050.00
6200 · Repairs and Maintenance	0.00	0.00	0.00	3,475.00
6205 · Training/Education	0.00	0.00	0.00	7,252.64
6210 · Travel	0.00	41.04	0.00	8,651.22
6215 · Utilities	0.00	0.00	0.00	1,376.47
6220 · Wages	0.00	424.39	928.62	104,084.47
6225 · Retirement Expense	0.00	28.64	62.68	7,025.70
6230 · Health Insurance	0.00	129.89	160.13	31,904.54
6231 · Dental Insurance	0.00	5.98	6.34	1,384.69
6232 · Vision Insurance	0.00	1.95	2.00	410.74
6240 · Life Insurance	0.00	0.91	2.15	287.50
6245 · LT Disability	0.00	1.11	2.62	350.00
Total Expense	41.85	2,536.44	1,277.00	238,653.33
Net Ordinary Income	-41.85	-2,536.44	-1,277.00	-9,925.21
Net Income	**-41.85**	**-2,536.44**	**-1,277.00**	**-9,925.21**

Panhandle Public Health District
Salary Schedule
2022/2023

	Entry Level	Mid-Level	High-Level	Comparisons				
Position	(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 (2019 results, next survey in 2021)**		**Northwest Community Action Partnership NCAP (2020, annual assessment)**	**State of Nebraska Salary Survey (2019, annual survey)**	**Nonprofit Assoc. of the Midlands (NAM) (2020 - annual survey)**
				75,000-100,000 Population	*Budget $2.25 m -2.8m*	*N/A*	*N/A*	*Overall*
Health Director	N/A	N/A	Current: $85,000-$99,000 ($33.65-$47.59) Proposed: $95,000 - $110,000 ($45.67-52.88)	Range: $85,000-134,000 Mean: $109,663	Range: $90,000 - $130,000 Mean: $110,000			Comparable position: CEO Mean $103,746 50%: $93,000
Senior Management *Assistant Director, CFO, Deputy Director*	N/A	N/A	$60,000 - $75,000 ($28.84 - $36.06)	Range: $55,120 - $97,500 Mean: $76,310	Range: $45,000 - $97,500 Mean: $71,250	Comparable positions: $73,425 - $77,677		Comparable positions: Chief Program Officer,CFO Mean range: $84,665 - $109,834 50%: $81,950 - $110,000
Supervisors (new category) *higher level of administrative responsibilities, grant reporting & compliance, oversees staff, staff development, and provides program oversight*	N/A	$45,760 - $60,760 ($22.00 - $29.21)	$52,000 - $67,000 ($25.00 - $32.21)	Range: $45,760 - $99,840 Mean: $72,800	Range: $40,700 - $99,840 Mean: $70,270			Comparable positions: Program Manager, Program Director Mean range: $51,104 - $63,144 50%: $50,000 - $62,500
Program Coordinators *programmatic responsibilities, including reporting, contracts, grant requirements, etc*	N/A	$35,000 - $50,000 ($16.83 - $24.04)	$45,000 - $60,000 ($21.63 - $28.84)	Range: $35,006 - $80,205 Mean: $57,606	Range: $31,200 - $76,500 Mean: $53,850	Comparable positions: $54,579 - $63,835		Comparable position: Program Coordinator Mean: $41,188 50%: $42,000
Licensed Professionals *LPN, RN, Dietician, LIMHP/LMHP, etc*	N/A	$37,440 - $52,440 ($18.00 - $25.21)	$50,000 - $75,000 ($24.04 - $36.06)	Range: $37,440 - $87,360 Mean: $62,400	Range: $41,600 - $87,360 Mean: $64,480		Comparable Position LPN, RN (Greater NE) Range LPN: $18.99 - $28.51 Range RN: $22.63 - $36.28	Comparable Position: RN Mean: $53,898 50%: $54,608
Program Staff *under the supervision of a Coordinator or Supervisor, i.e., community health workers, home visitors, program assistants, etc*	$31,200 - $37,440 ($15.00 - $18.00)	$33,280 - $45,760 ($16.00 - $22.00)	N/A	Range: $25,147 - $53,560 Mean: $39,354	Range: $30,160 - $45,240 Mean: $37,700			Comparable positions: Case Management Associate, Executive Assistant Mean range; $36,217 - $43,201 50%: $36,411 - $44,915

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 http://govdocs.nebraska.gov/epubs/P2000/B002-2020.pdf

• Community Action Partnership of Western Nebraska (CAPWN): using NAM's data and shooting toward the 50% range. Their LPNS are $16-$20, RNs are $25-$30.

Strategic Planning Documentation
Panhandle Public Health District

2022 – 2025

Facilitated by Colleen Svoboda, MPH and Laura Vinson, MPH
University of Nebraska Medical Center, College of Public Health

Table of Contents

Facilitator Bios

Colleen Svoboda, MPH, CTF
Colleen is an experienced facilitator, planner, community health advocate, and performance improvement specialist. Colleen started her public health career at Nebraska DHHS providing technical assistance and training to local health departments in Nebraska. Currently, she is the Partnerships and Assessment Manager at the UNMC, College of Public Health and an independent facilitation consultant. Colleen is a certified Technology of Participation (ToP) facilitator.

Contact Information
colleen.svoboda@unmc.edu

Laura Vinson, MPH
Laura Vinson is the Service Learning Programs Manager with the University of Nebraska Medical Center, College of Public Health. Laura's primary role is to support public health students through engagement of public health practice experiences across a variety of public health sectors--locally, nationally, and internationally. Laura also engages with the public health practice community to identify opportunities for mutually beneficial campus-community partnerships. Laura cares deeply about the health of all communities and supporting the growth of public health students and supporting the mission-driven work in public health practice.

Contact Information
laura.vinson@unmc.edu

Participants

Board Members	Team Members	
• **Marie Parker**, Banner County Community-Spirited Citizen • **Trish Johnston**, Box Butte County Commissioner • **Susanna Batterman**, Morrill County Commissioner	• **Cheri Farris**, Community Health Educator • **Emily Timm**, Community Health Educator • **Michelle Hill**, Emergency Preparedness Coordinator • **Tabi Prochazka**, Deputy Director Health Promotions & Preparedness • **Amanda McClaren**, Finance Assistant • **Chris Fankhauser**, Community Health Educator • **Megan Koppenhafer**, Community Health Planner Performance Management Coordinator • **Vianey Zitterkopf**, Public Health Nurse • **Kim Engel**, Director • **Melissa Haas**, Environmental Health Coordinator, Assistant Wellness • **Kendra Lauruhn**, Dental Health Coordinator, Disease Surveillance	• **Ashleigh Aufforth-Rada,** Intake Specialist / Parenting Coach • **Valerie Van Winkle,** Intake Specialist / Parenting Coach • **Jessica De Haven**, Preparedness and Community Health Educator • **Jessica Davies**, Assistant Director, Panhandle Worksite Wellness Council Coordinator • **Linda Ainslie**, Parenting Coach / Intake Specialist • **Erin Sorensen**, Office Manager, Human Resource Coordinator • **Janet Felix**, Public Health Nurse • **Nicole Berosek**, Organizational Wellness Coordinator, Community Health Educator • **Sara Williamson**, CFO, Accreditation Coordinator • **Dez Brandt**, Healthy Families Program Manager • **Kelsy Sasse**, Community Health Planner • **Janelle Visser**, Health Educator

Overview

Panhandle Public Health District (PPHD) engaged the Office of Public Health Practice (UNMC, CoPH) to facilitate meetings to engage team members and Board members in strategic action planning to update the organizational strategic plan.
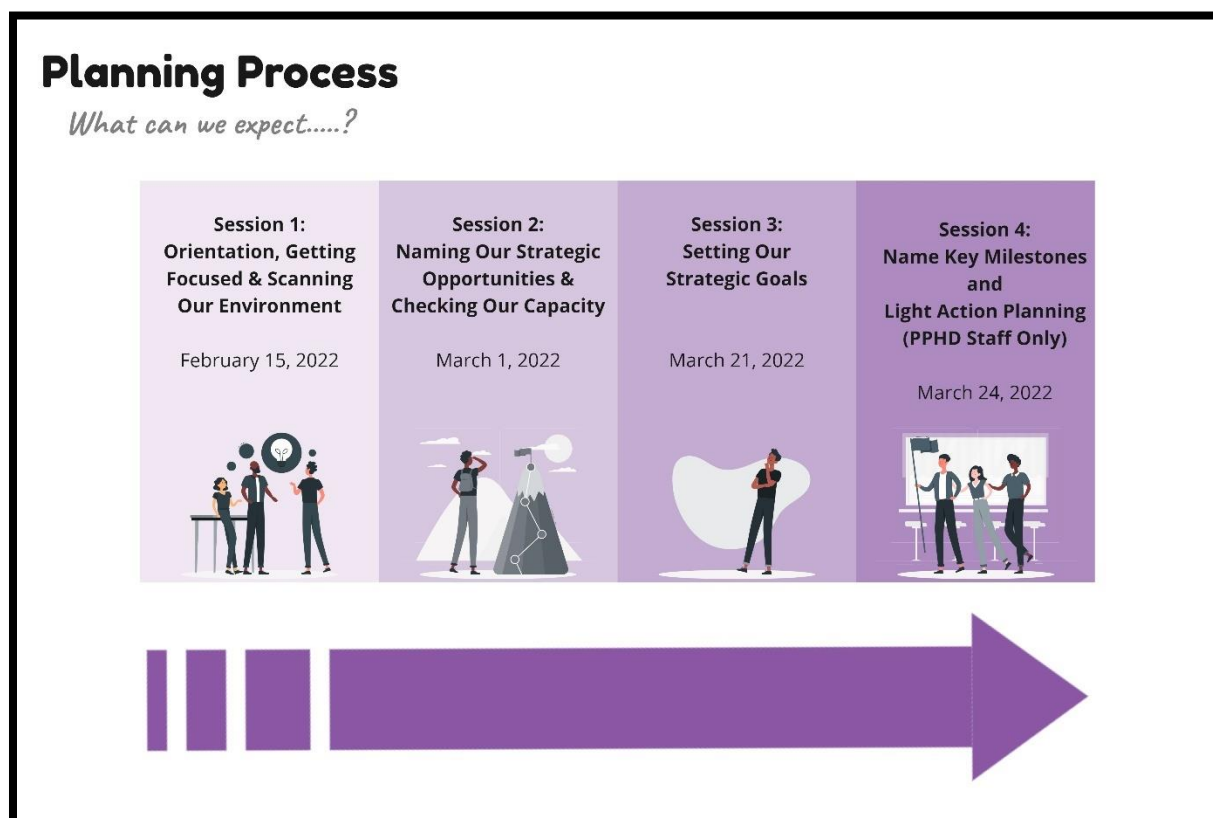
PPHD Team and Board members gathered for four virtual sessions to answer the question: *In the next 3 years, how will we achieve our desired future for Panhandle Public Health District?* Participants completed an environmental scan, recommitted to the strategic vision, explored strategic opportunities, and set goals for the future of the organization.

Strategic Planning Sessions:

Session 1: Orientation, Getting Focused, & Scanning our Environment
• Session 1 Documentation
Session 2: Naming our Strategic Opportunities & Checking our Capacity
• Session 2 Documentation
Session 3: Setting our Strategic Goals
• Session 3 Documentation
Session 4: Naming Key Milestones & Light Action Planning
• Session 4 Documentation

Strategic Goals

Strategic Goals				
Coordinate data management to maximize efficiencies for administration, decision-making, education, and public accessibility	**Expand innovative environmental health solutions**	**Strengthen tactics to provide accurate information and guidance to counter disinformation**	**Advance education and awareness surrounding mental health and substance misuse**	**Build and promote health equity through cultural competency and health literacy**

Next Steps

- For each strategic goal, write SMARTIE objectives.
- Create an action plan for the first quarter of implementation for each objective.

Action Planning Workspace

Implementation Calendar

Key Milestones for the 1st 12 months of Implementation

Strategic Goal	July – September 2022	October – December 2022	January – March 2023	April – June 2023
Coordinate data management to maximize efficiencies for administration, decision-making, education, and public accessibility	• Inventory of all data sources and users of said platforms • Staff training on software/platforms currently being used (Sept) • Identify threats and gaps in security (Sept)	• Identify gaps in data that we need • Exploring or advocating for more local data • Staff training on software/platforms currently being used • Cybersecurity training for staff/refreshers	• Identify gaps in data that we need • Exploring or advocating for more local data • Staff training on software/platforms currently being used	• Identify gaps in data that we need • Exploring or advocating for more local data

Strategic Goal	July – September 2022	October – December 2022	January – March 2023	April – June 2023
Expand innovative environmental health solutions	• HUD Grant preparation • Creation of educational materials for community awareness for lead	• Completed inspections for owner occupied rehab in Morrill and Scottsbluff • Determining a set list of critical contacts	• City official education (on healthy home guidelines)	• Creation of educational materials for community awareness for preparedness • Creation of educational materials for community awareness for environmental factors
Strengthen tactics to provide accurate information and guidance to counter disinformation	• Continue providing clear, literate, scientifically-based communications • Continue to explore other options for communications (TikTok, Twitter) • Educate Staff: Ensure ongoing updates - Build in to MMM health literacy • Review social media parameters for level of interaction among users	• Maintain strong media relationships (late Sept / early Oct) • Study experts in the field like Imran (Center for Digital Equity) • Bring awareness to recognizing & identifying fake news tactics and strategies		• Advocacy at state and federal (NACCHO) level for regulation • Engagement of atypical partners and opportunities in the delivery of public health messages
Advance education and awareness surrounding mental health and substance misuse	• 2 more Hope Squad Schools • Disaster Psych Triage	• Responders trained PRMRS • Addiction/opioid Trainings • Minority Committee Ideas	• At least 1 more campus suicide awareness walk • 2 New Creative promotions (video, podcast) • Chaplain Program PRMRS	• Parent & youth education • 12 QPR trainings • MH Awareness Promotion Day /Month
Build and promote health equity through cultural competency and health literacy	• formalize a process on translation • Bring Jackie Guzman into an in-person staff meeting • work with programs during PM meetings to develop equity indicators	• Having the website fully translated - already a good start! • Continue to research avenues for data collection • Data / translation / Tableau (functionality??) • Develop internal survey questions to add to annual satisfaction survey to measure staff understanding	• Education on what should be translated • video / podcast? • HFA Equity Plan	• Develop Intentional recruitment strategies (June)

Implementation Process

The Strategic Plan will be implemented through workgroups lead by members of the Leadership Team. Participation will be open to any staff or board member.

Workgroups will be led by the following leadership team members:

Coordinate data management to maximize efficiencies for administration, decision-making, education, and public accessibility	• Sara Williamson, Megan Barhafer, Erin Sorensen, Tabi Prochazka
Expand innovative environmental health solutions	• Megan Barhafer, Kendra Lauruhn
Strengthen tactics to provide accurate information and guidance to counter disinformation	• Kim Engel, Jessica Davies, Tabi Prochazka
Advance education and awareness surrounding mental health and substance misuse	• Tabi Prochazka, Kim Engel, Dez Brandt
Build and promote health equity through cultural competency and health literacy	• Megan Barhafer, Erin Sorensen, Dez Brandt

Workgroups will meet at least monthly to determine implementation steps after the plan's approval, and will then meet no less than quarterly. These quarterly meetings will include the Performance Management team (Megan Barhafer and/or Kelsy Sasse) to assure alignment with the Community Health Improvement Plan (CHIP), measure progress, and identify opportunities for quality improvement.

Updates will be communicated to all staff at quarterly all-staff meetings, or more frequently if needed.

The Implementation Plan will be maintained in the Appendix.

Review and Approval

Progress on the plan will be discussed monthly at PPHD's Leadership Team meeting and quarterly updates will be provided to the board of health. The Plan will be revised and updated no less than annually. Updates will be reviewed and approved by the Leadership Team and Board of Health. Updated versions of the plan will be distributed to all staff once approved.

Ongoing maintenance of this plan will be the responsibility of the PPHD Leadership Team.

Reviewed/Revised	By	Date
Reviewed and Approved for 2022-2025	PPHD Leadership Team	03/31/2022
Reviewed and Approved for 2022-2025	PPHD Board of Health	

Appendices

Session 1: Orientation, Getting Focused, & Scanning our Environment

During this session, participants met to complete a progress review of the previous strategic plan and an environmental scan. Key work products include the strategic vision, previous strategic plan carry forward notes, and environmental scan brainstorm (documented in the following pages).

2022 – 2024 Strategic Vision
(our desired future)

Vision: What do we want to see in place in 3 years as a result of our actions?

Cutting Edge Technology	Strategic & Diverse Promotion	Dedication to Best Practices	Successful Collaboration	Commitment to Community Health Improvement	Recruitment, Training, & Retention	Sustainable Funding	Health Equity
• Training and use of virtual meeting options • Telemedicine and telehealth • Changes in social media – how to keep up with news platforms • Tele-dentistry • Health information repository • Flexibility for technology • Increase technology – keep up, paperless, PPHD app, electronic access	• Share more through social media about our programs and accomplishments – ted talks • Board members to share annual report back to city and county governments • Promotion of community opportunities – ie Healthy Living Advisory Committee • Name awareness – branding • Diverse communication and engagement strategies • Increase accessibility of website (language, vision impaired)	• Remain science-based • Continuously track community's health status • Community/ system understanding of social determinants of health • Continued performance management and QI processes • Program evaluation to show evidence • Health information repository – more data more timely • Meet accreditation standards • Assessment, planning, evaluation, *sharing* • Legislative savvy • Build on strong, reviewed, and integrated meaningful base plan	• Increase community engagement with key stakeholders – educational service providers (ie homeschool network), minority groups, faith based systems • Foster collective impact • Diverse, non-traditional partnerships • Partnerships collaborations – healthcare, schools, economic development, city govt, civic orgs • Increase mental health partnerships, increase Circle of Security, Increase HFA in communities, etc • Supportive partnerships with State • Scotts Bluff County Health Department integration to PPHD • Don't compete with private sector • Movement around housing and economic development • Streamlined collaborative preparedness	• Youth learn healthy lifestyle • Community Center Model – ie cooking, physical activity, dental • Healthy eating, community gardens, farmer's markets, walkable paths • Obesity, suicide, drugs, opioid, etc – be at the forefront for help • Complete Streets policies in all communities • Tools to help parents and students regulate cell phone "cyber-health" • Expanding program options • Decrease emergency referrals for dental • Embed public health initiatives to decrease insurance costs • Effective disease investigation • Enhancement of trail systems through city and county involvement • **Mental Health**	• Continued staff retention trending positively • Invest in staff and board retention and succession • Expanded HR capacity • Continued strong leadership • Flexibility for change • Capacity to move work forward thoughtfully • Job specific training manual • Ongoing training for staff and board • Internships, kids in public health leadership opportunities, ie PHEAST, RHOP	• System for financial security • State policy increase tobacco tax funds invested in public health • Interlocal agreements for funding programs (walk to work, ER) • Diversified funding sources – private, foundations • Become more legislatively savvy • Flexibility for funding • Long-term financial planning alternative, funding sources	• **Outreach with Vulnerable populations**

Strategic Vision: What do we want to see in place in 3 years as a result of our actions?							
Cutting Edge Technology	**Strategic & Diverse Promotion**	**Dedication to Best Practices**	**Successful Collaboration**	**Commitment to Community Health Improvement**	**Recruitment, Training, & Retention**	**Sustainable Funding**	**Health Equity**
• Training and use of virtual meeting options • Telemedicine and telehealth • Changes in social media – how to keep up with news platforms • Tele-dentistry • Health information repository • Flexibility for technology • Increase technology – keep up, paperless, PPHD app, electronic access	• Share more through social media about our programs and accomplishments – ted talks • Board members to share annual report back to city and county governments • Promotion of community opportunities – ie Healthy Living Advisory Committee • Name awareness – branding • Diverse communication and engagement strategies • Increase accessibility of website (language, vision impaired)	• Remain science-based • Continuously track community's health status • Community/ • system understanding of social determinants of health • Continued performance management and QI processes • Program evaluation to show evidence • Health information repository – more data more timely • Meet accreditation standards • Assessment, planning, evaluation, *sharing* • Legislative savvy • Build on strong, reviewed, and integrated meaningful base plan	• Increase community engagement with key stakeholders – educational service providers (ie homeschool network), minority groups, faith based systems • Foster collective impact • Diverse, non-traditional partnerships • Partnerships collaborations – healthcare, schools, economic development, city govt, civic orgs • Increase mental health partnerships, increase Circle of Security, Increase HFA in communities, etc • Supportive partnerships with State • Scotts Bluff County Health Department integration to PPHD • Don't compete with private sector • Movement around housing and economic development • Streamlined collaborative preparedness	• Youth learn healthy lifestyle • Community Center Model – ie cooking, physical activity, dental • Healthy eating, community gardens, farmer's markets, walkable paths • Obesity, suicide, drugs, opioid, etc – be at the forefront for help • Complete Streets policies in all communities • Tools to help parents and students regulate cell phone "cyber-health" • Expanding program options • Decrease emergency referrals for dental • Embed public health initiatives to decrease insurance costs • Effective disease investigation • Enhancement of trail systems through city and county involvement • **Mental Health**	• Continued staff retention trending positively • Invest in staff and board retention and succession • Expanded HR capacity • Continued strong leadership • Flexibility for change • Capacity to move work forward thoughtfully • Job specific training manual • Ongoing training for staff and board • Internships, kids in public health leadership opportunities, ie PHEAST, RHOP	• System for financial security • State policy increase tobacco tax funds invested in public health • Interlocal agreements for funding programs (walk to work, ER) • Diversified funding sources – private, foundations • Become more legislatively savvy • Flexibility for funding • Long-term financial planning alternative, funding sources	• Outreach with Vulnerable populations

2018 - 2021 Strategic Plan Progress

Key: Complete / No longer strategic / Carry forward

Strategic Directions

Honor our Resources (assure and align resources to meet the needs of our population)	Champion Community Health Improvement (embody our role as Chief Health Strategist)	Advocate, Educate, and Promote (engage and connect with the community)

Workforce Development
- Develop and maintain an updated succession plan.
- Develop procedure manuals for continuity of operations.
- Develop a system for staff recognition and retention.
- Retention (carry forward)

Technology
- Develop a schedule for planned technology upgrades.
- Institutionalize schedule for planned technology updates through policy.
- Assess, monitor, and address potential security vulnerabilities.
- Institutionalize process for addressing potential security vulnerabilities through policy.
- Shift to virtual platforms and resources for performance management, financial, and policy systems.

Financial Capacity
- Policy management
- Find unique opportunities to partner for funding to provide program sustainability or enhance programs beyond grant / subaward / contract funds.

Quality Improvement & Performance Management
- Robust work from the performance management system

Alignment with national performance standards
- Develop a mechanism or timeline to monitor and prepare for major cyclical events (all key plans)

Use evidence-based strategies and approaches
- Improve health outcomes through CHIP
- Build on environmental health opportunities
- Contribute to evidence base and research opportunities for public health
- Is this strategic or just good public health practice?

Foster and value strong partnerships
- Forge strategic and opportunistic relationships
- Repair relationships
- Maintain coordination of CHIP work with hospitals and other partners (revisit the vision around partnerships and the intricacies of the work)

Build momentum around health improvement progress

Meet the needs of our target audiences
- Monitor customer satisfaction
- Strengthen components of health equity

Maintain a strong public presence
- Review communication plan to assure strong public presence

Be the credible source of public health information
- Develop position papers and/or white papers to support and educate on important public health issues
- Evaluate the effectiveness of the PPHD annual report

Participants reviewed the previous strategic plan to determine what work is complete, what needs to be carried forward, and what is no longer strategic. The 2018 - 2021 strategic plan implementation was interrupted by the COVID-19 pandemic so many of the areas of focus were carried forward:

- Workforce retention
- Develop procedure manuals for continuity of operations
- Shift to virtual platforms and resources for performance management, financial, and policy systems
- Find unique opportunities to partner for funding to provide program sustainability or enhance programs beyond grant / subaward / contract funds.
- Robust work from the performance management system
- Develop a mechanism or timeline to monitor and prepare for major cyclical events (all key plans)
- Improve health outcomes through CHIP
- Build on environmental health opportunities
- Repair relationships
- Maintain coordination of CHIP work with hospitals and other partners (revisit the vision around partnerships and the intricacies of the work)
- Communicate our successes. (communicating the value of partnering with our communities - how do we rebuild public health branding in a positive manner?)
- Strengthen components of health equity

Later in the process, it was determined that several of these focus areas were no longer strategic, and the work was outlined in other plans.

Strategic Opportunities

Panhandle Public Health District

live, learn, work, and play

For a Healthier Panhandle

What strategic opportunities are beginning to emerge for Panhandle Public Health District? And what is our capacity to address them?

Welcome!

Take a look at the results of the environmental scan (we grouped the common elements).
Discuss the following:
1. Which of these trends, ideas, and practices do we have the capacity to impact?
2. How might we address them in our strategic work as an organization?

Note: Colors indicate groupings of common themes.

10 MIN

What trends, ideas, and practices are emerging in the field of public health and in our communities that might affect PPHD's effectiveness or approaches?

Environmental quality- water quality/increase of viruses/diseases, toxins in the air etc.

Active spaces – built environments and wellness culture

Climate change

Increased need for mental health and substance use/misuse resources

Opioid substitutes, community mental health

Mental health and substance use/abuse – provider and treatment shortages

Technology - Telehealth, remote work, increase talent pool, meetings

technology platforms ability/shifts

Counter/anti-science rhetoric – how do we get past the divisiveness

Disinformation that discredits science

The role of social media in the spread of misinformation

Misinformation / Credibility / Political Climate

Legislation/policy that negates public health science & local control, Public Health Trust

Turnover of leaders in elected and appointed positions

Lack of trust not understanding public health/government

Awareness

Awareness of what we put into our bodies

Partner staff turnover

Traveling nurse wage caps/Hospital capacity

Prevention & Safety

Focus on importance of early childhood years for lifelong health outcomes

The need to diversify services and address disparities in rural areas

Rise in homelessness (awareness & social barrier)

Distance - reach - more than COVID

Research

Rebuilding post covid - human interactions/kindness/ TRUST

What trends, ideas, and practices are emerging in the field of public health and in our communities that might affect PPHD's effectiveness or approaches?			
• Environmental quality- water quality/increase of viruses/diseases, toxins in the air etc. • Active spaces – built environments and wellness culture • Climate change	• Increased need for mental health and substance use/misuse resources • Opioid substitutes, community mental health • Mental health and substance use/abuse – provider and treatment shortages	• Technology - Telehealth, remote work, increase talent pool, meetings • Technology platforms ability/shifts	• Counter/anti-science rhetoric – how do we get past the divisiveness • Disinformation that discredits science • The role of social media in the spread of misinformation • Misinformation / Credibility / Political Climate
• Legislation/policy that negates public health science & local control, Public Health Trust • Turnover of leaders in elected and appointed positions • Lack of trust not understanding public health/government	• Awareness • Awareness of what we put into our bodies	• Partner staff turnover • Traveling nurse wage caps/Hospital capacity	• Prevention & Safety • Focus on importance of early childhood years for lifelong health outcomes
• The need to diversify services and address disparities in rural areas • Distance - reach - more than COVID	• Rise in homelessness (awareness & social barrier)	• Research	• Rebuilding post covid - human interactions/kindness/TRUST

Session 2: Naming our Strategic Opportunities & Checking our Capacity

During this session, participants met to begin to note strategic opportunities that were emerging and to discuss the department's current capacity to implement the strategic work. While the participants named potential strategic actions, this was modified during the third session and is documented there. The key work product from this session was the documentation about the current capacity (documented in the following pages).

What is our capacity and infrastructure to do the work that we're already committed to AND address these strategic goals?

Strengths

Group				
Group 1	Talented and creative team	Diverse	Get along well	Great place to work- room to grow and expand abilities
Group 2	Modeling	Importance of Strong Relationships	Tech-savvy	High level of staff involvement
Group 3	Good method for getting info out	Strong Leadership/ Passion for PH	Branching out to help more diverse families	Strong Knowledge base with internal staff
Group 4	Strong & experienced leadership, board, & staff	Already addressing identified gaps in equity work	Learning organization	Committed to being the credible source of information
Group 5	ability to develop work plans that align	Leadership and board support	Teambuilding	Outreach

Challenges

Group				
Group 1	Goals have increased over time, might feel overwhelming	New employees, overwhelming process possibly to understand	Rebuilding trust, pushing limits of what has been done before	Funding, staffing, room to meet capacity of growth
Group 2	Rural	New staff	Staff Diversity	Funding
Group 3	Finding Diversity to expand programs	Participation. How do you make people want to be involved	Different mindset/clientele with HF & DHHS Partner	Funding tied to policy makers
Group 4	Funding is finite	Community perception of PPHD & PH Science	Only seen through COVID response and not full breadth of what we do	
Group 5	Direction - passing on vision - how to implement	staff pulled to meet program goals	New staff and understanding the process	distance

Capacity

Group				
Group 1	More people than the last time this was completed	Capacity of growth within programs- enough staffing/funding to meet the needs?	COVID endemic has provided more capacity to focus on PH work	Remote work can increase capacity abilities
Group 2	Staff is cross-trained	Lack of control over struggling resources	Increased Partnerships	Funding growth
Group 3	Can make information, but hard to focus on inequalities	Lack of capacity to address homelessness	Growing Staff	Diverse Geographic locations
Group 4	Strong partnerships and relationships	Putting a more defined focus on implementation to effectively meet audience needs	Alignment of resources, data, and leadership to address health equity	Intense focus on MHI because of dedicated funding
Group 5	Space in programs to align with strategic goals	Growth and funding opportunities	partnerships and collaborative nature of the Panhandle	

What is our capacity and infrastructure to do the work that we're already committed to AND address these strategic goals?		
Strengths	**Challenges**	**Capacity**
• Talented and creative team • Diverse • Get along well • Great place to work- room to grow and expand abilities • Modeling • Importance of Strong Relationships • Tech-savvy • High level of staff involvement • Good method for getting info out • Strong Leadership/ Passion for PH • Branching out to help more diverse families • Strong Knowledge base with internal staff • Strong & experienced leadership, board, & staff • Already addressing identified gaps in equity work • Learning organization • Committed to being the credible source of information • ability to develop work plans that align • Leadership and board support • Teambuilding • Outreach	• Goals have increased over time, might feel overwhelming • New employees, overwhelming process possibly to understand • Rebuilding trust, pushing limits of what has been done before • Funding, staffing, room to meet capacity of growth • Rural • New staff • Staff Diversity • Funding • Finding Diversity to expand programs • Participation. How do you make people want to be involved • Different mindset/clientele with HF & DHHS Partner • Funding tied to policy makers • Funding is finite • Community perception of PPHD & PH Science • Only seen through COVID response and not full breadth of what we do • Direction - passing on vision - how to implement • staff pulled to meet program goals • New staff and understanding the process • Distance	• More people than the last time this was completed • Capacity of growth within programs- enough staffing/funding to meet the needs? • COVID endemic has provided more capacity to focus on PH work • Remote work can increase capacity abilities • Staff is cross-trained • Lack of control over struggling resources • Increased Partnerships • Funding growth • Can make information, but hard to focus on inequalities • Lack of capacity to address homelessness • Growing Staff • Diverse Geographic locations • Strong partnerships and relationships • Putting a more defined focus on implementation to effectively meet audience needs • Alignment of resources, data, and leadership to address health equity • Intense focus on MHI because of dedicated funding • Space in programs to align with strategic goals • Growth and funding opportunities • Partnerships and collaborative nature of the Panhandle

Notes:
- Everything can be a strength, challenge, or capacity
  - Funding, for example
- PH focused on prevention to support individuals experiencing homelessness *upstream solutions*
- Capacity could have positive or negative connections
- Where do some needs fit into existing programming?
- Reminder to focus on upstream solutions

Session 3: Setting our Strategic Goals

During this session, participants met to review the potential strategic actions / opportunities and the work that needed to be carried forward from the previous strategic plan and to name strategic goals for the next three years. The key work product from this session was the strategic goals.

Strategic Goals				
Coordinate data management to maximize efficiencies for administration, decision-making, education, and public accessibility	Expand innovative environmental health solutions	Strengthen tactics to provide accurate information and guidance to counter disinformation	Advance education and awareness surrounding mental health and substance misuse	Build and promote health equity through cultural competency and health literacy

Session 4: Naming Key Milestones & Light Action Planning

During this session, participants met to begin implementation planning for each strategic goal. The key work product from this session was the implementation calendar and specific strategic goal discussions (documented in the following pages).
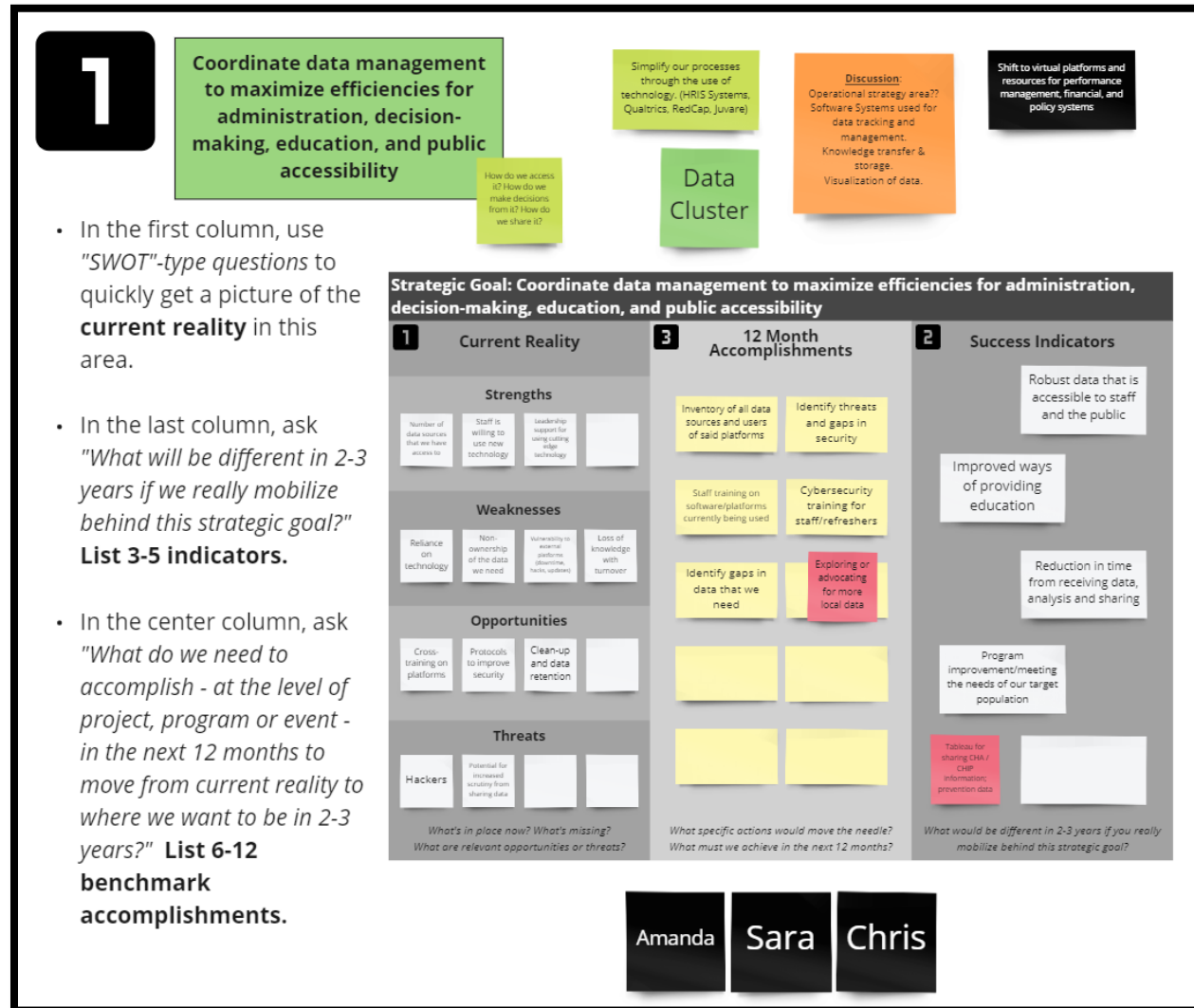
Strategic Goal: Coordinate data management to maximize efficiencies for administration, decision-making, education, and public accessibility		
Current Reality	**12 Month Accomplishments**	**Success Indicators**
Strengths • Number of data sources that we have access to • Staff is willing to use new technology • Leadership support for using cutting edge technology **Weaknesses** • Reliance on technology • Non-ownership of the data we need • Vulnerability to external platforms (downtime, hacks, updates) • Loss of knowledge with turnover **Opportunities** • Cross-training on platforms • Protocols to improve security • Clean-up and data retention **Threats** • Hackers • Potential for increased scrutiny from sharing data	• Inventory of all data sources and users of said platforms • Identify threats and gaps in security • Staff training on software/platforms currently being used • Cybersecurity training for staff/refreshers • Exploring or advocating for more local data • Identify gaps in data that we need	• Robust data that is accessible to staff and the public • Improved ways of providing education • Reduction in time from receiving data, analysis and sharing • Program improvement/meeting the needs of our target population • Tableau for sharing CHA / CHIP information; prevention data

Key Milestones for the 1st 12 months of Implementation

Strategic Goal	July – September 2022	October – December 2022	January – March 2023	April – June 2023
Coordinate data management to maximize efficiencies for administration, decision-making, education, and public accessibility	• Inventory of all data sources and users of said platforms • Staff training on software/platforms currently being used (Sept) • Identify threats and gaps in security (Sept)	• Identify gaps in data that we need • Exploring or advocating for more local data • Staff training on software/platforms currently being used • Cybersecurity training for staff/refreshers	• Identify gaps in data that we need • Exploring or advocating for more local data • Staff training on software/platforms currently being used	• Identify gaps in data that we need • Exploring or advocating for more local data

2

Expand innovative environmental health solutions

Educate policy makers about the need to make policies that push for healthy home/structure environments (renovations, sales, etc)

Build on environmental health opportunities

Educate the public about the need to safely make environmental improvements

*Health in all policies? beyond ENV health?

- In the first column, use *"SWOT"-type questions* to quickly get a picture of the **current reality** in this area.

- In the last column, ask *"What will be different in 2-3 years if we really mobilize behind this strategic goal?"* **List 3-5 indicators.**

- In the center column, ask *"What do we need to accomplish - at the level of project, program or event - in the next 12 months to move from current reality to where we want to be in 2-3 years?"* **List 6-12 benchmark accomplishments.**

Strategic Goal: Expand innovative environmental health solutions

1 Current Reality

Strengths
- Motivated staff
- Have equipment and licensure
- Diversity (can reach different audiences)

Weaknesses
- Funding
- Time
- Lack of partnership

Opportunities
- New education created
- Bigger outreach
- Funding sources

Threats
- Resistance from realtors/sellers

What's in place now? What's missing? What are relevant opportunities or threats?

3 12 Month Accomplishments

- Creation of educational materials for community awareness for lead
- Determining a set list of critical contacts
- Creation of educational materials for community awareness for preparedness
- Creation of educational materials for community awareness for environmental factors
- HUD Grant preparation
- City official education (on healthy home guidelines)
- Completed inspections for owner occupied rehab in Morrill and Scottsbluff

What specific actions would move the needle? What must we achieve in the next 12 months?

2 Success Indicators

- HUD grant in place to remediate homes with lead
- More community awareness
- Partnership with businesses
- Established guidelines

What would be different in 2-3 years if you really mobilize behind this strategic goal?

Melissa   Kendra   Vianey   Jessica De Haven

Strategic Goal: Expand innovative environmental health solutions		
Current Reality	**12 Month Accomplishments**	**Success Indicators**
Strengths • Motivated staff • Have equipment and licensure • Diversity (can reach different audiences) **Weaknesses** • Funding • Time • Lack of partnership **Opportunities** • Bigger outreach • New education created • Funding sources **Threats** • Resistance from realtors/rentors	• Creation of educational materials for community awareness for lead • Determining a set list of critical contacts • Creation of educational materials for community awareness for preparedness • Creation of educational materials for community awareness for environmental factors • HUD Grant preparation • City official education (on healthy home guidelines) • Completed inspections for owner occupied rehab in Morrill and Scottsbluff	• HUD grant in place to remediate homes with lead • More community awareness • Partnership with businesses • Established guidelines

Key Milestones for the 1st 12 months of Implementation

Strategic Goal	July – September 2022	October – December 2022	January – March 2023	April – June 2023
Expand innovative environmental health solutions	• HUD Grant preparation • Creation of educational materials for community awareness for lead	• Completed inspections for owner occupied rehab in Morrill and Scottsbluff • Determining a set list of critical contacts	• City official education (on healthy home guidelines)	• Creation of educational materials for community awareness for preparedness • Creation of educational materials for community awareness for environmental factors

3

Strengthen _tactics_ to provide accurate information and guidance to counter disinformation

Expand social media opportunities (Instagram, Twitter, Linked In)

Use and provide evidence based practices and strategies to **counter disinformation.**

Counter disinformation and repair relationships

- In the first column, use *"SWOT"-type questions* to quickly get a picture of the **current reality** in this area.

- In the last column, ask *"What will be different in 2-3 years if we really mobilize behind this strategic goal?"* **List 3-5 indicators.**

- In the center column, ask *"What do we need to accomplish - at the level of project, program or event - in the next 12 months to move from current reality to where we want to be in 2-3 years?"* **List 6-12 benchmark accomplishments.**

Strategic Goal: Strengthen tactics to provide accurate information and guidance to counter disinformation

1 **Current Reality**

Strengths

- Committed to facts
- We know where find scientifically-based information
- Skills within us to push information out
- Strong partners

Weaknesses

- So much bigger than us
- Social media algorhythms
- Evidence-based strategies are still limited in this area

Opportunities

- Current situation in Ukraine is revealing the massive propaganda happening out of Russia
- Nobel Peace prize worthy
- All levels know the time is critical to combat it

Threats

- War-Tactic we are up against
- Unregulated social media
- Tearing relationships apart
- People's health is in jeopardy

What's in place now? What's missing? What are relevant opportunities or threats?

3 **12 Month Accomplishments**

- Continue providing clear, literate, scientifically-based communications
- Study experts in the field like Imran (Center for Digital Equity)
- Review social media parameters for level of interaction among users
- Maintain strong media relationships
- Advocacy at state and federal (NACCHO) level for regulation
- Engagement of atypical partners and opportunities in the delivery of public health messages
- Bring awareness to recognizing & identifying fake news tactics and strategies
- Continue to explore other options for communications (TikTok, Twitter)
- Educate Staff? Ensure ongoing updates

What specific actions would move the needle? What must we achieve in the next 12 months?

2 **Success Indicators**

- Regulated social media
- Decreased deaths and YPLL due to mis/disinformation
- Anti-science movement is over
- Social media trolls have went back under the bridge
- World Peace

What would be different in 2-3 years if you really mobilize behind this strategic goal?

Kim   Jessica Davies   Tabi

Strategic Goal: Strengthen tactics to provide accurate information and guidance to counter disinformation		
Current Reality	**12 Month Accomplishments**	**Success Indicators**
Strengths • Committed to facts • We know where find scientifically-based information • Skills within us to push information out • Strong partners **Weaknesses** • So much bigger than us • Social media algorithms • Evidence-based strategies are still limited in this area **Opportunities** • Current situation in Ukraine is revealing the massive propaganda happening out of Russia • Nobel Peace prize worthy • All levels know the time is critical to combat it **Threats** • War-Tactic we are up against • Unregulated social media • Tearing relationships apart • People's health is in jeopardy	• Continue providing clear, literate, scientifically-based communications • Study experts in the field like Imran (Center for Digital Equity) • Review social media parameters for level of interaction among users • Maintain strong media relationships • Advocacy at state and federal (NACCHO) level for regulation • Engagement of atypical partners and opportunities in the delivery of public health messages • Bring awareness to recognizing & identifying fake news tactics and strategies • Continue to explore other options for communications (TikTok, Twitter) • Educate Staff? Ensure ongoing updates	• Regulated social media • Decreased deaths and YPLL due to mis/disinformation • Anti-science movement is over • Social media trolls have went back under the bridge • World Peace

Key Milestones for the 1st 12 months of Implementation

Strategic Goal	July – September 2022	October – December 2022	January – March 2023	April – June 2023
Strengthen tactics to provide accurate information and guidance to counter disinformation	• Continue providing clear, literate, scientifically-based communications • Continue to explore other options for communications (TikTok, Twitter) • Educate Staff: Ensure ongoing updates - Build in to MMM health literacy • Review social media parameters for level of interaction among users	• Maintain strong media relationships (late Sept / early Oct) • Study experts in the field like Imran (Center for Digital Equity) • Bring awareness to recognizing & identifying fake news tactics and strategies		• Advocacy at state and federal (NACCHO) level for regulation • Engagement of atypical partners and opportunities in the delivery of public health messages

4

Advance education and awareness surrounding mental health and substance misuse

Educate, promote, and provide trainings, and awareness

Expand collaboration to address stigma, and link to resources

Promote resources through advertising and awareness.

- In the first column, use *"SWOT"-type questions* to quickly get a picture of the **current reality** in this area.

- In the last column, ask *"What will be different in 2-3 years if we really mobilize behind this strategic goal?"* **List 3-5 indicators.**

- In the center column, ask *"What do we need to accomplish - at the level of project, program or event - in the next 12 months to move from current reality to where we want to be in 2-3 years?"* **List 6-12 benchmark accomplishments.**

Strategic Goal: Advance education and awareness surrounding mental health and substance misuse

1 Current Reality

Strengths

| foundations established with current workgroups, PRMRS, PFC, QPR, Opioid Projects, HP screening & referrals | R1BH Partnership | Passion for this work | Nationwide & local/regional awareness due to the pandemic & willingness to financially support the cause |

Weaknesses

| Broad area to cover | stigma still exists | Provider shortages | Not knowing where to find resources |

Opportunities

| 1st Responder Foundation, UNMC training, WRAP | Build more partnerships | Through training having local resources more readily available | Resource directory via PPI |

Threats

| Provider shortage | Stigma/Willingness to reach out for help/recognize the need | Social vulnerability | How to reach vulnerable |

What's in place now? What's missing? What are relevant opportunities or threats?

3 12 Month Accomplishments

Chaplain Program PRMRS	Responders trained PRMRS
2 more Hope Squad Schools	Addiction/opioid Trainings
At least 1 more campus suicide awareness walk	Parent & youth education
Disaster Psych Triage	12 QPR trainings
MH Awareness Promotion Day /Month	2 New Creative promotions (video, podcast)

What specific actions would move the needle? What must we achieve in the next 12 months?

2 Success Indicators

More people getting help

more education available

minority health advisory committee may have ideas to add here

local resources available/ more people trained as resources

Sustained funding

Partnership buy-in & co-ownership

What would be different in 2-3 years if you really mobilize behind this strategic goal?

Dez Michelle Nicole Janelle Cheri

25

Strategic Goal: Advance education and awareness surrounding mental health and substance misuse		
Current Reality	**12 Month Accomplishments**	**Success Indicators**
Strengths • Foundations established with current workgroups - PRMRS, PPC, QPR, Opioid Projects, HF screening & referrals • R1BH Partnership • Passion for this work • Nationwide & local/regional awareness due to pandemic & willingness to financially support the cause **Weaknesses** • Broad area to cover • stigma still exists • Provider shortages • Not knowing where to find resources **Opportunities** • 1st Responder Foundation, UNMC training, WRAP • Build more partnerships • Through training having local resources more readily available • Resource directory via PPI **Threats** • Provider shortage • Stigma/Willingness to reach out for help/recognize the need • Social vulnerability • How to reach vulnerable	• Chaplain Program PRMRS • Responders trained PRMRS • 2 more Hope Squad Schools • Addiction/opioid Trainings • At least 1 more campus suicide awareness walk • Parent & youth education • Disaster Psych Triage • 12 QPR trainings • MH Awareness Promotion Day /Month • 2 New Creative promotions (video, podcast)	• More people getting help • more education available • local resources available/ more people trained as resources • Sustained funding • Partnership buy-in & co-ownership (Minority Health Advisory Committee may have ideas to add here)

Key Milestones for the 1st 12 months of Implementation

Strategic Goal	July – September 2022	October – December 2022	January – March 2023	April – June 2023
Advance education and awareness surrounding mental health and substance misuse	• 2 more Hope Squad Schools • Disaster Psych Triage	• Responders trained PRMRS • Addiction/opioid Trainings • Minority Committee Ideas	• At least 1 more campus suicide awareness walk • 2 New Creative promotions (video, podcast) • Chaplain Program PRMRS	• Parent & youth education • 12 QPR trainings • MH Awareness Promotion Day /Month

5

Build and promote health equity through cultural competency and health literacy

Be a strong voice for cultural competency - builds framework for community to be receptive to data and program design

Embed the MHI assessment findings into key social and public health services

Integrate communication strategies around areas of inequality using health literacy principles

Design program measures to include breakdowns of minority populations receiving/benefitting from the service - Are we making an impact?

...Encourage and promote culturally-sensitive communication, outreach and data collection.

Strengthen components of health equity

how are we talking about health disparities and cultural competency

Continue to grow our knowledge base in equity, inclusion and diversity in the communities we serve.

Finding ways to reach communities in means they utilize & in a language they understand

- In the first column, use *"SWOT"-type questions* to quickly get a picture of the **current reality** in this area.

- In the last column, ask *"What will be different in 2-3 years if we really mobilize behind this strategic goal?"* **List 3-5 indicators.**

- In the center column, ask *"What do we need to accomplish - at the level of project, program or event - in the next 12 months to move from current reality to where we want to be in 2-3 years?"* **List 6-12 benchmark accomplishments.**

Strategic Goal: Build and promote health equity through cultural competency and health literacy

1 Current Reality

Strengths
- Lot of internal motivation
- We have a staff member dedicated to this work
- Financial resources are expanding

Weaknesses
- Finding strong community partners
- Lack of community awareness - how will the board react?
- close-mindedness

Opportunities
- Diversity of the region
- People have been doing some community work for years
- Developing new ways to reach audiences

Threats
- Lack of community awareness - how will the board react?
- close-mindedness

What's in place now? What's missing? What are relevant opportunities or threats?

3 12 Month Accomplishments
- Bring Jackie Guzman into an in-person staff meeting
- Having the website fully translated - already a good start!
- Develop Intentional recruitment strategies
- work with programs during PM meetings to develop equity indicators
- Continue to research avenues for data collection
- Data / translation / Tableau (functionality?!)
- HFA Equity Plan
- Develop internal survey questions to add to annual satisfaction survey to measure staff understanding
- video / podcast?
- Education on what should be translated
- formalize a process on translation

What specific actions would move the needle? What must we achieve in the next 12 months?

2 Success Indicators
- People indicating that they are comfortable navigating different cultural situations
- Program measures are added to each program around equity
- Data is available to help us measure health equity
- Having all materials translated in multiple languages
- Possibly integrate cultural competency into performance appraisals
- Hire community health workers to work with specific populations to build trust

What would be different in 2-3 years if you really mobilize behind this strategic goal?

Erin Kelsy Megan

27

Strategic Goal: Build and promote health equity through cultural competency and health literacy		
Current Reality	**12 Month Accomplishments**	**Success Indicators**
Strengths • Lot of internal motivation • We have a staff member dedicated to this work • Financial resources are expanding **Weaknesses** • Finding strong community partners • Lack of community awareness - how will the board react? • Close-mindedness **Opportunities** • Diversity of the region • People have been doing some community work for years • Developing new ways to reach audiences **Threats** • Lack of community awareness - how will the board react? • Close-mindedness	• Bring Jackie Guzman into an in-person staff meeting • Having the website fully translated - already a good start! • Develop Intentional recruitment strategies • work with programs during PM meetings to develop equity indicators • Data / translation / Tableau (functionality??) • Continue to research avenues for data collection • HFA Equity Plan • Develop internal survey questions to add to annual satisfaction survey to measure staff understanding • Education on what should be translated • video / podcast? • formalize a process on translation	• People indicating that they are comfortable navigating different cultural situations • Program measures are added to each program around equity • Data is available to help us measure health equity • Possibly integrate cultural competency into performance appraisals • Having all materials translated in multiple languages • Hire community health workers to work with specific populations to build trust

Key Milestones for the 1st 12 months of Implementation

Strategic Goal	July – September 2022	October – December 2022	January – March 2023	April – June 2023
Build and promote health equity through cultural competency and health literacy	• formalize a process on translation • Bring Jackie Guzman into an in-person staff meeting • work with programs during PM meetings to develop equity indicators	• Having the website fully translated - already a good start! • Continue to research avenues for data collection • Data / translation / Tableau (functionality??) • Develop internal survey questions to add to annual satisfaction survey to measure staff understanding	• Education on what should be translated • video / podcast? • HFA Equity Plan	• Develop Intentional recruitment strategies (June)

Implementation Plan

Strategic Goal 1: Coordinate data management to maximize efficiencies for administration, decision-making, education, and public accessibility			
Action Item	**Responsible Party**	**Date**	**Success Indicator**

Strategic Goal 2: Expand innovative environmental health solutions			
Action Item	**Responsible Party**	**Date**	**Success Indicator**

Strategic Goal 3: Strengthen tactics to provide accurate information and guidance to counter disinformation			
Action Item	**Responsible Party**	**Date**	**Success Indicator**

Strategic Goal 4: Advance education and awareness surrounding mental health and substance misuse			
Action Item	Responsible Party	Date	Success Indicator

Strategic Goal 5: Build and promote health equity through cultural competency and health literacy Strategic Goal: Expand innovative environmental health solutions			
Action Item	Responsible Party	Date	Success Indicator

PPHD Ethics Committee
Virtual Meeting Minutes
April 1, 2022
9:00 am

Present on the call were Kenneth Mars, Pat Wellnitz, Nancy O'Brien, Jessica Davies, and Sara Williamson.

The minutes were approved as presented.

The group continued work on Attachment 5. The group discussed the challenges with completing items 2 and 3. There are no alternative courses of action for this topic as PPHD has no scope of authority over the restrictions at long-term care facilities.

Jessica noted that PPHD received a request from a nursing home administrator to do provide education for family members as to why the restrictions on visitation were in place. PPHD did a webinar in May 2020 for families that also included the mental health side and had Sarah Bernhardt, LMHP, share how to feel connected to a loved one in a LTCF. At that time the strictest forms of Directed Health Measures were still in place. The initial cases of COVID were in Washington state in a nursing home and it was devastating to the residents in that facility.

The group agreed PPHD's responsibility is to serve as a conduit of information to the public, providing information about a situation to the public. PPHD staff will work to develop a one-pager with information on a guidance/protocols providing the scope (or lack) of authority for PPHD on the matter, the reasoning behind recommended guidance/protocols, and contact information for the points of contact within the entities with scope of authority (DHHS, ICAP, CMS regional office), and possible links to laws/guidance if available. The group also discussed the benefit of having this available for multiple entities, such as schools, too. It was agreed to include this information in PPHD's COVID response after action report and incorporate into risk communication strategies.

Next Steps:
- Send deliberation to board
- Develop one page on guidance/protocol due process for future use

The meeting adjourned at 9:49 am.

Guide for Conducting Ethical Analysis

---

1. Analyze the ethical issues in the situation

Assess identities of stakeholders, what they have at stake in the case, and in the alternate courses of action

---

- What are the public health risks and harms of concern in this particular context?
- What are the public health goals?
- Who are the stakeholders and what are their moral claims?
- Is the source or scope of legal authority in question?
- Are precedent cases or the historical context relevant?
- Do professional codes of ethics provide guidance?

---

2. Evaluate the ethical dimensions of the alternate courses of action

Identify moral norms, general moral considerations, and ethical principles that may provide guidance about what to do

---

- Utility: Does a particular public health action produce a balance of benefits over harm?
- Justice: Are the benefits and burdens distributed fairly? Do legitimate representatives of affected groups have the opportunity to participate in the decision-making?
- Respect for individual interests: Does the public health action respect individual choices
- Respect for public institutions: Does the public health action respect professional and civic roles and values, such as transparency, honesty, trustworthiness, promise-keeping, protecting confidentiality, and protecting vulnerable individuals and communities from undue stigmatization?

---

3. Provide justification for a particular public health action

Present sufficient grounds or reasons for a course of action based on moral norms, ethical principles, professional codes, and previous cases

---

- Effectiveness: Is the public health goal likely to be accomplished?
- Proportionality: Will the probable benefits of the action outweigh the infringed moral considerations?
- Necessity: Is it necessary to override the conflicting ethical claims in order to achieve the public health goal?
- Least infringement: Is the action the least restrictive and least intrusive?
- Public justification: Can public health agents offer public health justification for the action or policy that citizens and in particular those most affected can find acceptable?

Principles of the Ethical Practice of Public Health

1. Public health should address principally the fundamental causes of disease and requirements for health, aiming to prevent adverse health outcomes.

2. Public health should achieve community health in a way that respects the rights of individuals in the community.

3. Public health policies, programs, and priorities should be developed and evaluated through processes that ensure an opportunity for input from community members.

4. Public health should advocate and work for the empowerment of disenfranchised community members, aiming to ensure that the basic resources and conditions necessary for health are accessible to all.

5. Public health should seek the information needed to implement effective policies and programs that protect and promote health.

6. Public health institutions should provide communities with the information they have that is needed for decisions on policies or programs and should obtain the community's consent for their implementation.

7. Public health institutions should act in a timely manner on the information they have within the resources and the mandate given to them by the public.

8. Public health programs and policies should incorporate a variety of approaches that anticipate and respect diverse values, beliefs, and cultures in the community.

9. Public health programs and policies should be implemented in a manner that most enhances the physical and social environment.

10. Public health institutions should protect the confidentiality of information that can bring harm to an individual or community if made public. Exceptions must be justified on the basis of the high likelihood of significant harm to the individual or others.

11. Public health institutions should ensure the professional competence of their employees.

12. Public health institutions and their employees should engage in collaborations and affiliations in ways that build the public's trust and the institution's effectiveness.

Source: https://www.apha.org/-/media/files/pdf/membergroups/ethics/ethics_brochure.ashx

PPHD Ethics Committee Review Process Map

Intake – Initiation Form

Step 1: Ethics Chair sends the Ethics Initiation Form to the Committee (ID number is assigned and tracking begins)

Step 2: Legal Counsel on the Ethics Committee conducts a brief legal assessment of the request

Is this request a legal issue?	**Yes**		**No**	
	No ethics review is conducted **Go to** *Conclusion, Step 4*		**Has the Exec. Leadership designated the matter for Expedited Review?**	
			Yes	**No**
			Ethics Chair convenes the review (with 5 or more Comm. Members) as soon as schedules allow. **Go to** *Expedited Review, Step 3a*	A full review is conducted no more than 3 months after the Initiation Form is received. **Go to** *Full Review, Step 3b*

Step 3a: EXPEDITED REVIEW – Review Forms (Guide for Conducting Ethical Analysis

Ethics Chair leads the Committee's review of the request using the PPHD decision-making framework	→	**Outcome 1:** Committee Reaches a conclusion with no further review	**Go to** *Conclusion, Step 4*
	→	**Outcome 2:** Committee reaches an interim conclusion while a full review takes place	**Go to** *Full Review, Step 3b*
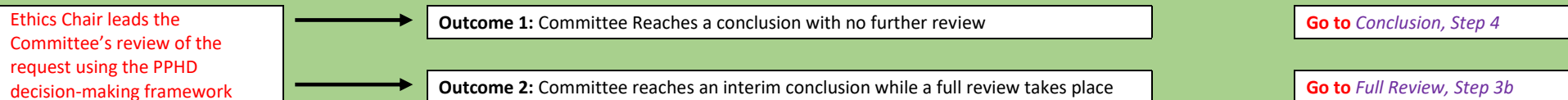
Step 3b: FULL REVIEW – Guide for Conducting an Ethical Analysis (Reviewer, Part 1 & 2; Committee Parts 2 & 3)

A conflict assessment of Committee Members is conducted	→	Ethics Chair selects Lead Reviewers	→	Lead Reviewers gather information on the matter	→	Input from Requester and other experts is gathered as needed

Lead reviewers present and lead the Committee's review of the request using the PPHD decision-making framework

Outcome 1: Committee reaches a conclusion with no further review — **Go to** *Conclusion Step 4*

Outcome 2: Committee gathers additional information

Outcome 3: Committee conducts a public meeting

CONCLUSION

Deliberation Report

Step 4: Lead Reviewer completes Ethics Closure Form	→	Step 5: Ethics Chair (or designee) sends Closure Form to Executive Leadership for their review	→	Request is resolved and disseminated by Committee (Case tracking is closed)

Panhandle
Public Health District

Ethics Committee Initiation Form

Date of Receipt: 1/21/2022

How information was received: Internal

Initiator Information:
Name: PPHD Ethics Committee
Organization: Click or tap here to enter text.
Email: Click or tap here to enter text.
Address: Click or tap here to enter text.
Daytime Phone: Click or tap here to enter text.
Cell Phone: Click or tap here to enter text.

Related PPHD program area:
Emergency Response

Brief description:
There is concern about the due process for changes to visitation in long-term care facilities, specifically when visitor access is restricted, as in the event of the response to the COVID-19 pandemic.

Recommended change or action desired:
Determine channel/means for due process

Name of Person Recording: Sara Williamson, per committee   Date: 1/21/2022
****
FOR INTERNAL USE
Review date 1/21/2022
Other possible questions to pursue? Click or tap here to enter text.

Legal Review Needed? Y ☐ N ☒
Legal review completed? Date Select a date.
Initials Click or tap here to enter text.

HIPPA Considerations? Y ☐ N ☒ If yes, list: Type HIPAA Considerations Here.

Expedited Review ☐ or Full Review ☒?

Any conflict of interest for committee members? Y ☐ N ☒ If yes, list: Type name of member(s) with conflict and the nature of the conflict

Recommendations for next steps? Deliberate the process to determine due process needs for those with concerns about visitor access restrictions for long term care facilities.

Guide for Conducting Ethical Analysis

---

1. Analyze the ethical issues in the situation

Assess identities of stakeholders, what they have at stake in the case, and in the alternate course of action

---

Date:2/25/2022

Key: Color code for Lead Reviewers, Full Committee as needed

a. What are the public health risks and harms of concern in this particular context?
   - Potential risk of exposure to residents in LTCF balanced with assuring social/emotional well being for families and residents if visitation is severely impaired for a long period of time.
   - Increased public frustration with all recommendations that limit "normal activities"
   - Due process for long term care facilities so that we can understand and disseminate that information when questions arise

b. What are the public health goals?
   - Disseminate the information to the public when questions arise.
   - Help the public know where to go when they have questions.
   - Provide assistance to the local facilities with implementation for additional future risks – flu, covid, other exposures
   - Clarifying the roles of each entity and regulating authority involved – Public Health, CMS, DHHS, ICAP, local facilities' oversight

c. Who are the stakeholders and what are their moral claims? Also see Table on next page
   Click or tap here to enter text.

d. Is the source or scope of legal authority in question?
   Y ☐ N ☒
   Comments? Click or tap here to enter text.

e. Are precedent cases or the historical context relevant?
   Y ☐ N ☐
   Comments? Click or tap here to enter text.

f. Do professional codes of ethics provide guidance?
   Y ☐ N ☐
   Comments? Click or tap here to enter text.

Who are the stakeholders and what are their moral claims and risk and harms of concern? Stake holders may include but are not limited to the individual, PPHD, the community, and healthcare professionals. When not applicable enter N/A.

Completed: 02/25/2022 and 03/10/2022

Stake holders	Moral Claims	Risks & Harms of Concerns
Individual *Residents of LTCF* *Family members of Residents*	• Expectations of reasonable healthcare, appropriate safety precautions • Access to those that they love • Societal freedoms – access to family, ability to come and go • Access to faith leaders • Access to social connectedness activities – eating together, music performers, games and craft activities • Access to fresh air and sunlight • Ability to express concerns with implementation of protocols/procedures	• Contracting COVID 19 and negative health outcomes including death • Highly vulnerable demographic for this illness • Increased confusion for those who didn't understand why they couldn't have visitors • Depression and isolation • Lack of physical touch • Lack of assurance of safety and well-being of family members • Lack of spiritual care • Loss of independence
PPHD	• Protect the public's health • Protect PPHD staff • Enforcing public health laws/regulations (DHMs from the Governor) • Contractual obligations of our duties – contact tracing, supporting LTCF • Follow the evidence/guidance available at the time • Communicating to the public	• Balancing guidance/evidence and personal needs/freedoms • Future credibility, relationships • Mental well-being for staff (vicarious trauma)

	• Consider the external factors that are impacted by implementing evidence-based strategies	
Community *Public at-large, expectations*	• Freedom for public access • Freedom to see loved ones • Knowledge of the care being afforded to the most vulnerable populations • Losing a loved one without the ability to see them before passing – barrier to healing and closure • Protection/assurance afforded to those by limiting the potential for infection	• Ongoing spread of illness • Losing contact with those in the LTCF (not just family members but also friends)
Healthcare Professionals *Staff and administration of LTCF*	• Protect the health of the residents • Protect the health of staff • Compliance with CMS guidelines for inspections and continued funding/sustainability • Customer satisfaction (residents, families, visitors) • Maintain credibility • Accountability to governing body/owner	• Non-compliance or disappointing stakeholders • Loss of funding • Loss of life (residents) • Staffing concerns (availability of personnel, mental well-being, losing residents, burden to be the conduit of messaging from loved ones) • Separating families and loved ones
PPHD Board	• Responsibility to adhere to guidelines/regs of PPHD • Protect employees/staff (physical, mental, emotional, cultural – whole person)	• Hard to know what to do since PPHD didn't have authority over LTCF visitation policies • Understanding how board responsibilities fit with the regulations from

	• Providing information to the public – answer questions, keep up with the data • Answer to constituents • Assure PPHD has the resources needed to perform the required functions	external sources (legislature, governor, ICAP, CMS)
Other? *LTCF governing body (local board, corporate owner)*		
Other? *Regulatory Bodies – CMS, DHHS, ICAP*		

Guide for Conducting Ethical Analysis

2. Evaluate the ethical dimensions of the alternate courses of action Identify moral norms, general moral considerations, and ethical principles that may provide guidance about what to do

Note 04/01/2022: The committee noted that because PPHD does not have scope of authority, there is no way to evaluate alternative courses of action because the inability to affect the outcome.

a. **Utility:**
Does a particular public health action produce a balance of benefits over harm?
Click or tap here to enter text.

b. **Justice:**
Are the benefits and burdens distributed fairly?
Click or tap here to enter text.

Do legitimate representatives of affected groups have the opportunity to participate in the decision-making?
Click or tap here to enter text.

c. **Respect for individual interests:**
Does the public health action respect individual choices and interests?
Click or tap here to enter text.

d. **Respect for public institutions:**
Does the public health action respect professional and civic roles and values, such as transparency, honesty, trustworthiness, promise-keeping, protecting confidentiality, and protecting vulnerable individuals and communities from undue stigmatization?
Click or tap here to enter text.

Panhandle
Public Health District

Evaluate the ethical dimensions of the alternate courses of public health actions by answering the following questions on a 1-5 rating scale. It might be helpful to reference your previous answers as noted in parenthesis.

(5) Strongly Agree, (4) Agree), (3) Neutral, (2) Disagree, (1) Strongly Disagree

Does the Public Health Action…	Alternate Course of action #1:	Alternate Course of action #2:	Alternate Course of action #3:	Alternate Course of action #4:	Alternate Course of action #5:	Alternate Course of action #6:
	List action 1	List action 2	List action 3	List action 4.	List action 5	List action 6
a) Accomplish the public health goal?	☐	☐	☐	☐	☐	☐
b) Distribute the benefits and burdens fairly? Consider if representatives of the affected groups have the opportunity to partake in making decisions?	☐	☐	☐	☐	☐	☐
c) Infringe the least on individual rights?	☐	☐	☐	☐	☐	☐
d) Consider the principles in the public health code of ethics:						
Utility	☐	☐	☐	☐	☐	☐
Justice	☐	☐	☐	☐	☐	☐
Respect for individual interests	☐	☐	☐	☐	☐	☐
Respect for public institutions	☐	☐	☐	☐	☐	☐
e) Would the most affected citizens find the action acceptable?	☐	☐	☐	☐	☐	☐
Total:						

Guide for Conducting Ethical Analysis

---

3. Provide justification for a particular public health action

Present sufficient grounds or reasons for a course of action based on moral norms, ethical principles, professional codes, and previous cases

---

Note 04/01/2022: The committee noted that because PPHD does not have scope of authority, there is no justification for an action because the inability to affect the outcome.

a. **Effectiveness**: Is the public health goal likely to be accomplished?
Click or tap here to enter text.

b. **Proportionality:** Will the probable benefits of the action outweigh the infringed moral considerations?
Click or tap here to enter text.

c. **Necessity:** Is it necessary to override the conflicting ethical claims in order to achieve the public health goal?
Click or tap here to enter text.

d. **Least infringement:** Is the action the least restrictive and least intrusive?
Click or tap here to enter text.

e. **Public justification:** Can public health agents offer public health justification for the action or policy that citizens and in particular those most affected can find acceptable?
Click or tap here to enter text.

1. **Summarize and justify the selected public health action:**
Click or tap here to enter text.
   a) Possible Justifications: Click or tap here to enter text.

   b) Summary/Notes: Click or tap here to enter text.

Signature of Lead Reviewers: _____

Date: Select a date.

Brainstorming Notes

Click or tap here to enter text.

Deliberation Report

Date of Meeting: 4/1/2022

	First Name	Last Name	Organization/Position
		Meeting Participants/Organization:	
☑	Kim	Engel	PPHD, Health Director
☑	Jessica	Davies	PPHD, Assistant Director
☑	Sara	Williamson	PPHD, CFO/Accreditation Coordinator
☑	Kenneth	Mars	
☑	Pat	Wellnitz	
☑	Nancy	O'Brien	

Summary of Discussion:
This process evaluated the process of restricting access to local long-term care facilities in response to COVID-19, and was discussed after the event was mostly resolved. It was determined PPHD had no scope of authority over nursing homes and long-term care facilities and there were no alternative courses of action available to deliberate.

Conclusions drawn from Ethical Analysis Forms. (Patterns, trends, recommendations, etc):
This was a delicate issue for all members involved. PPHD felt a high level of responsibility for assuring the safety of all residents in the panhandle, especially those most at-risk in long term care facilities. Consideration was given for the balance between personal freedoms and protecting the public's health.

Ethics Committee Recommendation:
PPHD will develop a one-page resource that can be used when any nursing home or long-term care facility goes into a lockdown operation (restricted visitor access). It will provide the reasoning behind the closure (i.e., prevalence of a highly communicable illness within the community or facility), agencies with scope of authority (CMS, ICAP, DHHS, etc), and contact information for representatives who can answer additional questions (local LTCF administrator, DHHS, ICAP, CMS regional).

This document can also be used in situations such as school closures. Recommend including this recommendation in PPHD's After Action Report and incorporation of this information in risk communication strategies. Open forums are always an option where technical experts can be brought in to answer questions from the public.

Recommendations for Dissemination:

Include Deliberation Report in PPHD Board of Health report from the Ethics Committee.
Develop one-page info sheet to post on PPHD's website.

Signed (Ethics Committee Chair/or designee): *Kenneth Mars, Committee Chair*
Date: 4/1/2022

Evaluation:

1. Evaluate implementation of PPHD Ethics Policy and Procedure.
    Nothing identified.

2. Provide any formal recommendations for future implementation of Ethics Policy and Procedure.

    None identified.

Panhandle Public Health District
Ethics Committee Confidentiality

The Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security Rules provides federal protections for protected health information (PHI) held by covered entities. Individuals, organizations, and agencies that meet the definition of a covered entity under HIPAA must comply with the Rules' requirements to protect the privacy and security of health information. Reasonable efforts must be taken to limit the use of disclosure (minimum necessary standard); if there is no need for a certain piece of information to carry out the job related task, it is a violation, which requires mandatory reporting.

Panhandle Public Health District (PPHD) Ethics Committee may possibly review protected health information or other confidential information during the deliberation of an ethical issue.

As a member of the PPHD Ethics Committee, I understand that I may come in contact with confidential information during deliberation of ethical issues. I agree to handle confidential information, including protected health information, in strict confidence. I understand that disclosure of protected health information requires mandatory reporting to the Executive Director of Panhandle Public Health District.

Signature: _____

Date: _____

COUNTY	NAME	TERM
Banner	Marie Parker	Expires June 30, 2022
Box Butte	Carolyn Jones	Expires June 30, 2024
Cheyenne	Mandi Raffelson	Expires June 30, 2023
Dawes	Karen Eisenbarth	Expires June 30, 2023
Deuel	Bill Gray	Expires June 30, 2022
Garden	Vacant	Expired June 30, 2021
Grant	John Werth	Expires June 30, 2022
Kimball	Kenneth Mars	Expires June 30, 2024
Morrill	Kay Anderson	Expires June 30, 2022
Scotts Bluff	Jennifer Sibal	Expires June 30, 2022
Sheridan	Pat Wellnitz	Expires June 30, 2024
Sioux	Jackie Delatour	Expires June 30, 2024

BYLAWS
OF
PANHANDLE PUBLIC HEALTH DISTRICT

ARTICLE I

PURPOSES

The Panhandle Public Health District is created pursuant to the resolutions of agreement among those counties set forth in the resolutions for the purposes of establishing and operating a District Health Department to preserve, promote, and improve the public health of the people served by the District Public Health Department. These Bylaws are established to govern the Board of Health established by the resolutions of agreement.

ARTICLE II

BOARD OF DIRECTORS

   Section 1. General Powers. The business, property, and affairs of the Agency shall be managed by the Board of Health, which shall have and shall exercise all of the powers of the Agency, subject to the authorizations, responsibilities and limitations imposed by Nebraska law and these Bylaws.

   Section 2. Qualification of Directors. Directors of the Board shall be selected for their ability to participate effectively in fulfilling the responsibilities of the Board and Agency.

   Section 3. Number.

   (A) Pursuant to Nebraska law, the Board shall have minimum representation as follows:
   - Two (2) representatives from each county including one county board member and one community spirited man or woman interested in the health of the community appointed by the county board.
   - One (1) Physician appointed by the Panhandle Public Health District Board of Directors.
   - One (1) Dentist appointed by the Panhandle Public Health District Board of Directors.

   (B) The number of Directors may be increased or decreased from time to time as determined by the Board of Directors.

   Section 4. Term.   Each Director shall serve for a term of three (3) years or until a successor shall be selected. *Revised 6-9-2005

   Section 5. Quorum and Manner of Acting. A majority Twelve (12) or half of the Directors then in office, whichever is less, shall constitute a quorum for the transaction of business at any meeting. Except as otherwise provided by laws of the State of Nebraska, or these Bylaws, the affirmative vote of a majority of the Board of Directors present at any meeting shall be an act of the Board. If less than a quorum is present at any meeting, the majority of Directors present may adjourn the meeting from time to time, without notice other than announcement at the meeting, until a quorum is present. *Revised 2-9-2022

   Section 6. Meetings. Regular meetings of the Board shall be held at such time and place as fixed by resolution by the Board. An annual meeting for the purposes of the election of officers and

transaction of other business shall be held at the call of the President, or if the President shall not have called the meeting within sixty days -following the close of the fiscal year, then at the call of at least two of the Directors.

Section 7. **Special Meetings**. Special meetings of the Board of Directors may be called by the President or any two Directors upon a written request signed and filed with the Secretary/ Treasurer.

Section 8. **Notice of Meetings.** In addition to any notice as may be required to be given the public pursuant to Nebraska's public meeting laws, notice of the date, time and location of meetings shall be distributed to each Director at least 7 days prior to the date of such meeting, unless the meeting to be called is an "Emergency Meeting" as described in Section 9. The attendance of any Director at a meeting shall constitute a waiver of notice of such meeting, except where a Director attends a meeting for the express purpose of objecting to the transaction of any business because the meeting is not lawfully called or convened. Neither the business to be transacted at, nor the purpose of, any regular or special meeting of the Board of health need be specified in the notice or waiver of notice. *Revised 03-11-2021

Section 9. **Emergency Meeting.** An emergency meeting may be called by the President, or two members of the Board, and held without reasonable advance notice. The nature of the emergency shall be stated in the minutes and any formal action taken in such meeting may pertain only to the emergency. Such emergency meetings may be held by electronic means or telecommunication equipment. Complete minutes of such emergency meetings specifying the nature of the emergency and any formal action taken at the meeting shall be made available to the public no later than the end of the next business day.

Section 10. **Voting.** At all meetings of the Board of Health, each Director shall have one vote. A Director who is present at a meeting of the Board of Health at which action on any matter is taken shall register his/her vote by a roll call of the Board. The record shall state how each member voted or abstained from voting.

Section 11. **Committee and Task Groups.** The Board of Health may, by resolution or resolutions passed by the Board of health, appoint one or more committees. Each committee will consist of at least two members of the Board of Health. The committees shall, to the extent permitted by law, have and exercise such powers of the Board of Health in the management of the business affairs of the District public Health Department as shall be delegated to them. The Board of Health may, by resolution or resolutions, appoint individuals to serve on one or more task groups, which may or may not consist of members of the Board of Health.

Section 12. **Resignation.** Any Director may resign at any time by giving written notice of resignation to the President. Such resignation shall take effect the date of the receipt of such notice or at a later date specified therein; and unless otherwise specified therein, the acceptance of such resignation shall not be necessary to make it effective.

Section 13. **Removal of Directors.** Any director may be removed by a vote of two thirds (2/3) of the entire Board of Health whenever in its judgment the best interests of the District Health Department will be served.

Section 14. **Vacancies.** Any vacancies of the Board of health caused by death, resignation, removal, disqualification, or any other cause, shall be filled pursuant to Section 3 of the Bylaws. Any director selected to fill a vacancy shall hold office for the remainder of the term of the Director whose position he or she was elected to fill.

Panhandle
Public Health District

ARTICLE III

OFFICERS

Section 1. Number and Qualification. The officers of the Agency shall consist of a President, a Vice President, a Secretary/Treasurer and such other subordinate officers as may be appointed by the Board of health. The duties, powers, and authorities of officers and subordinate officers shall be provided in the Bylaws, or by resolution of the Board of Health.

Section 2. Election and Tenure. The Board of Health, at its annual meeting, shall elect the officers. Each officer shall serve a term of one year and may be re elected to the position held for no more than two consecutive terms, unless his or her service is terminated by death, resignation or otherwise.

Section 3. Removal. Any officer of the Board of Health may be removed by a two thirds (2/3) vote of the entire Board of Health when in its judgment the best interests of the District Health Department will be served thereby.

Section 4. Vacancies. Occurring in any office by reason of death, resignation, or otherwise may be filled by the Board of Health at any meeting.

Section 5. Duties and Authorities of Officers.

(A) <u>President</u> The President shall, when present, preside at all meetings of the Board of Health. The President may sign, with the Secretary/treasurer or any other proper officer of the Board of Health so authorized, deeds, mortgages, contracts, or other instruments which the Board of Health has authorized to be executed, except in cases where signing and execution thereof shall be expressly delegated by the Board of Health or these Bylaws to some other officer or agent of the Board of Health or shall be required by law to be otherwise executed. The President in general, shall perform all duties incident to the office of President and such other duties as may be prescribed by the Board of Health from time to time.

(B) <u>Vice President</u> In the absence of the President, or in the event of his or her death, inability or refusal to act, the Vice President shall perform the duties of the President, and when so acting, shall have all the powers of and be subject to all of the restrictions of the President. Any Vice President may sign and perform such other duties as from time to time may be assigned by the President or Board of Health.

(C) <u>Secretary/Treasurer</u> The Secretary/Treasurer shall attend and keep the permanent minutes of the Board; see that all notices are duly given in accordance with the provisions of these by-laws, or as required by law; and act a custodian of the Public Health District records, have charge and custody of, and be responsible for, all funds and securities of the Public Health District; oversee the financial operation of Public Health District and in general, perform all duties as may from time to time, be assigned by the President or Board of Health. The Board of Health or President may delegate these all or part of the authority and duties of the Secretary /Treasurer to the subordinate officers or agents.

Section 6. Executive Committee. The executive committee shall be made up of all current and immediate past officers. The executive committee shall be responsible for the annual performance review of the director, signing checks, and other duties as assigned. The Committee may be convened to conduct business and approve essential actions required to continue operations of the District when it is not reasonable or feasible to convene the entire board. Actions taken by the Executive Committee will be

ARTICLE IV

BANK ACCOUNT

The Board of Health may from time to time authorize the opening of and a maintenance of general, special, and custodial accounts with such banks, trust companies, and other depositories as it may select. Rules, regulations, and agreements applicable to such accounts may be made and changed, from time to time, by the Board of Health. Any such powers of the Board of health with respect to bank and custodial accounts may be delegated by the Board of health and if and to the extent authorized by the Board, such power may be further delegated to and officer or officers, agent or other person or persons.

ARTICLE V

AMENDMENT

These Bylaws may be amended or repealed by the Board of Health by a majority vote at any duly constituted annual meeting, regular or special meeting, provided however, prior to any Board action, the recommended changes are tabled to the current meeting, a copy of the suggested changes are distributed to all Board members for review, then at the next Board meeting a vote to amend or repeal the Bylaws completed. If any county is not represented at the meeting, then any amendment or repeal shall require the vote of at least two-thirds majority of the Directors present. *Revised 03-11-2021

ARTICLE VI

INDEMNIFICATION OF DIRECTORS, OFFICERS, EMPLOYEES AND AGENTS

A. To the extent permitted by law, the District Health Department shall indemnify any person who was or is a party or is threatened to be made a party to any threatened, pending or completed action, suit or proceeding, whether civil, criminal, administrative or investigative, other than an action by or in the right of the District Health Department, by reason of the fact that he or she is or was a Director, officer, employee or agent of the District Health Department against expenses, including attorney fees, judgments, fines, and amounts paid in settlement actually and reasonably incurred by him or her in connection with which such action, suit or proceeding if he acted in good faith and in a manner he reasonably believed to be in or not opposed to the best interests of the District Health Department, and, with respect to any criminal action or proceeding, had no reasonable cause to believe his or her conduct was unlawful.

B. To the extent permitted by law, the District Health Department shall indemnify any person who was or is a party or is threatened to be made a party to any threatened, pending or completed action or suit by or in the right of the District Health Department to procure a judgment in its favor by reason of the fact that he or she is or was a Director, officer, employee or agent of another Health Department, partnership, joint venture or other enterprise or as a trustee, officer, employee or agent of an employee benefit plan, against expenses, including attorney fees, actually and reasonably incurred by him or her in

connection with the defense or settlement of such action or suit if he or she acted in good faith and in a manner he or she reasonably believed to be in or not opposed to the best interests of the District Health Department.

C. The indemnity provided for by this Article shall not be deemed to be exclusive of any other rights to which those indemnified may be otherwise entitled, nor shall the provisions of this Article be deemed to prohibit the District Health Department from extending its indemnification to cover other persons or activities to the extent permitted by law or pursuant to any provisions in the Bylaws.

D. The District Health Department shall indemnify a Director who was wholly successful, on the merits or otherwise, in the defense of any proceeding to which the Director was a party because he or she is or was a Director of the District Health Department.

E. To the extent permitted by law, the District Health Department shall have the power to purchase and maintain insurance on behalf of any person who is or was a Director, officer, employee or agent of the District Health Department against any liability asserted against him or her and incurred in such capacity or arising out of his or her status as such, whether or not the District Health Department would have the power to indemnify him or her against such liability.

F. The termination of a proceeding by judgment, order, settlement, conviction, or upon a plea of *nolo contenders* or its equivalent is not, of itself, determinative that the Director did not meet the standard of conduct described in this section.

G. The District Health Department may not indemnify a Director under this Article;

(1) In connection with a proceeding by or in the right of the District Health Department in which the Director was adjudicated liable to the District Health Department; or

(2) In connection with any other proceeding charging improper personal benefit to the Director, whether or not involving action in his or her official capacity, in which the Director was adjudged liable on the basis that personal benefit was improperly received by the Director.

H. Indemnification permitted under this Article in connection with a proceeding by or in the right of the District Health Department is limited to reasonable expenses incurred in connection with the proceeding.

2022

Minority
Health
Assessment
of the
Nebraska Panhandle

live, learn, work, and play

For a Healthier Panhandle

PREPARED BY
Megan Barhafer and Kelsy Sasse
Panhandle Public Health District

IN COLLABORATION WITH

Marina Girard

Valeria Rodriguez

Jackie Guzman

Melissa Misegadis

Misty Curtis

Anna Licking

Angie Hoff

Arthur Harvey

Emily Lodahl

Richard Riley

Ladessa Heimbouch

Martin Vargas

FOR MORE INFORMATION
www.pphd.org

CONTACT
Panhandle Public Health District   Kim Engel, Health Director
P.O. Box 337   kengel@pphd.org
Hemingford, NE 69348   (308)487-3600

FORWARD

The Center for Disease Control defines health disparities as preventable differences in the burden of disease, injury, violence, or in opportunities to achieve optimal health experienced by socially disadvantaged racial, ethnic, and other population groups and communities.

PPHD was given the opportunity in 2021 and 2022 to take a deeper dive into assessing non-white and white/Hispanic populations in the Panhandle. Mobilizing for Action through Planning and Partnership was used as the evidence-based process for assessment and planning. Our first step was to form a Minority Health Advisory Committee to guide the work. PPHD would like to recognize the committee members listed on the previous page and express our sincere gratitude for sharing their time, wisdom, and experiences.

The findings of this assessment, and the strategies selected to address the priority areas, will be integrated into the Regional 2020 Community Health Assessment and 2021 Community Health Improvement Plan. The goal of MAPP is optimal community health – a community where all residents are healthy, safe, and have a high quality of life.

We want to thank you for your participation and encourage you to continue to be engaged in helping solve these complex issues.

Kim Engel
Director

Contents

FIGURES

INTRODUCTION

Panhandle Public Health District (PPHD) was awarded a grant through the Nebraska Office of Health Disparities and Health Equity in the summer of 2021. The grant intended to conduct community health needs assessment for the non-white and white/Hispanic populations in the Panhandle. This assessment improves on efforts by the public health district to include racially minoritized communities in the community health assessment conducted every 3 years. Throughout this assessment, you will see data from both this cycle of data collection and data from the regional community health assessment completed in 2020. This assessment follows the Mobilizing for Action through Planning and Partnership methods.

The needs of the communities surveyed echo the themes present in the community health needs assessment. Thus, some work is being done for the general population to address the challenges brought up in both assessments. However, during this process, PPHD was better able to pull out the specific needs identified by the minoritized populations in the Panhandle. PPHD would like to thank the communities that participated in the surveys and focus groups for sharing their stories.

OVERVIEW OF MOBILIZING FOR ACTION THROUGH PLANNING AND PARTNERSHIPS (MAPP)

Mobilizing for Action through Planning and Partnerships (MAPP), a partnership-based framework, has been used for the Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP) development process in the Panhandle since 2011 and continued to be used for this Minority Health Needs Assessment (MHNA). MAPP emphasizes the partnership with all sectors of the public health system to evaluate the health status of the region it serves, identify priority areas, and develop implementation plans.

The MAPP model has six key phases:
1. Organize for Success/Partnership development
2. Visioning
3. Four MAPP assessments
   a. Community Health Status Assessment
   b. Community Themes and Strengths Assessment (CTSA)
   c. Forces of Change Assessment
   d. Local Public Health System Assessment
4. Identify Strategic Issues
5. Formulate Goals and Strategies
6. Take Action (plan, implement, and evaluate)

MAPP PHASE 1: ORGANIZE FOR SUCCESS/PARTNERSHIP DEVELOPMENT

The Health in Disproportionately Affected Community advisory committee (referred to henceforth as advisory committee) was formed in October of 2021. The committee members were invited because of their work with minoritized communities. A charter describing the intent of the group can be found in Appendix A. Committee members guide throughout the assessment process and are charged with reviewing data and progress on the chosen priority areas, using quality improvement to modify implementation plans as needed, and sharing results with stakeholders. This committee will be integrated into the Community Health Improvement process as their availability allows. The committee members will be invited to join the next MAPP steering committee meeting to share success and build relationships with other committee members. Additionally, MAPP steering committee and CHIP committee members will be invited to join cultural competency trainings and meetings organized by the advisory committee. This will ensure that communication between all MAPP participants is consistent, encouraging continued partnership building.

ADVISORY COMMITTEE MEMBERS

Box Butte General Hospital	Marina Girard
Empowering Families/Immigrant Legal Center	Valeria Rodriguez
Empowering Families/Panhandle Research & Extension Center	Jackie Guzman
Guardian Light Family Services	Melissa Misegadis
Gordon-Rushville Public School	Misty Curtis Anna Licking
Nebraska Commission for Blind and Visually Impaired	Angie Hoff
Nebraska Minority Resource Center	Arthur Harvey Emily Lodahl
Open Range Beef	Richard Riley
Panhandle Public Health District	Kim Engel Jessica Davies Tabi Prochazka Kelsy Sasse Megan Barhafer Vianey Zitterkopf Janet Felix Myrna Hernandez
Panhandle Equality	Ladessa Heimbouch
Regional West Medical Center	Martin Vargas

MAPP PHASE 2: VISIONING

The visioning process took place with the advisory committee members during the December meeting. The meeting minutes can be found in Appendix B.

What does health equity look like in the Panhandle?

Housing	Violence Prevention and Awareness	Address Upstream Barriers	Increase Service Availability, Variety, Awareness	Healthcare Cost and Affordability	Culturally Competent Services	Quality of Life	Reducing Poverty
• Access to safe and affordable housing • Non-discrimination in housing	• Equal treatment by the justice system • Safe environmental conditions • Emergency housing	• Preventative care • Bilingual services • Social service group to assist with language services • Interpreter advocacy for expanded services • Provider awareness of programs • Central navigation at hospitals to social services	• Easier access to healthcare via transportation and cost • More access to foster homes that are trauma-informed • Access to services • Behavioral health access • No cost to and from appointment • More • outreach • Education opportunities • Child & teen mental health services	• More reasonable sliding scale for appointments • Affordable or free options for health needs across the lifespan • Fair treatment of people needing to use sliding scale services • Availability of healthcare coverage • Equal treatment from providers	• Healthcare professionals who are representative of the community • Equal access to the health care system – language and cost • Welcoming health facilities • Culturally competent programs	• Equal priority and quality of life • Affordable and nutritious food in every community • Universal design for people with disabilities	• Fair/Living wages • Education opportunities • Jobs with benefits

As a part of the visioning process, the advisory committee helped to create a victory circle. During this process, committee members were asked to imagine themselves two years in the future and think about what had been accomplished if we were successful in achieving the vision.

24 MONTH VICTORY CIRCLE

-Accessing internal strengths and weaknesses with acceptance in worksites

-More job opportunities especially in smaller communities with benefits

-COVID is under control, done, gone!

-Expanded understanding of the richness of the region's history told through the lens of different populations

-75% of all LEP have access to translation for all services

-Access to treatment centers

-Increase in Medicaid enrollment

-Health care workers representative of Communities, and speak the language

-Inclusivity of all communites is the first thing we think about, it is in all processes

-Processes are changing, concrete actions are in place

-More stable workforce

-Continuous professional development for DEI including LGBTQ communities, for all professions

-Continuum of mental health services that are culturally appropriate

-confront medical professional bias regarding communities of color

-Affordable housing options

-More welcoming community

-Increase in graduation rates

-More diverse workforce who stays in the area

-Funding for housing

-Program for kiddos in foster care that cannot be in school for whatever reason

-People not being afraid of the word racism

-Safe houses for LGBTQ adults and youth

-Rebrand how we talk about race in schools

-We created a roadmap for change for the future

-racism is gone and there is a clear path to citizenship

-More providers part of Unite Nebraska

Figure 1: 24 Month Victory Circle

MAPP PHASE 3: FOUR MAPP ASSESSMENTS

COMMUNITY HEALTH STATUS ASSESSMENT

COMMUNITY PROFILE

The Nebraska Panhandle is a rural region on the high plains, surrounded by neighbors of Wyoming to the west, Colorado to the south, and South Dakota to the north. However, it has a significant population of Hispanic/Latino and Native American people that call this place home. Yet, racism, lack of services, and cultural differences leave gaps in the healthcare and economic systems that people in these racial groups can fall through.

The geographic Nebraska Panhandle consists of the counties of Banner, Box Butte, Cheyenne, Dawes, Deuel, Grant, Garden, Kimball, Morrill, Scotts Bluff, Sheridan, and Sioux. The PPHD service area will be referred to as the Panhandle throughout this document. Despite some counties having less than 1000 people who are non-white or white/Hispanic, it is important to consider the whole region to serve all people of color in the region. Some counties are not as well represented in the data due to small populations, but this document assumes spatial similarity in those areas.
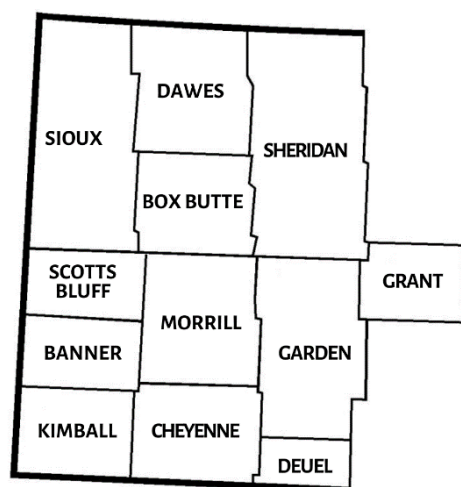
PPHD Service Area Quick Facts:
Population: 83,841
Unemployment rate: 3.9%
Total land area: 14,963 square miles

Source: 2015-2020 American Community Survey 5-Year Estimates

POPULATION

America's health and economic disparities have long existed along racial and ethnic lines due to systemic oppression and racist legacy. Examining social and economic patterns along racial and ethnic lines can help reveal the extent to which disparities exist and are either improving or worsening to spur thinking and action about equality of opportunity, economic mobility, and improving health for all citizens.

In the Nebraska Panhandle, the majority race is non-Hispanic White, but some communities have Hispanic persons making up 15 to 30 percent of their population and some also have relatively large Indigenous populations. Scotts Bluff and Morrill counties show higher Hispanic populations while Sheridan County shows an almost 10% Indigenous population. As the high English

proficiency and low foreign-born rates show, many Hispanic families have been in the area for multiple generations.

Figure 2: Panhandle Counties by Race and Ethnicity

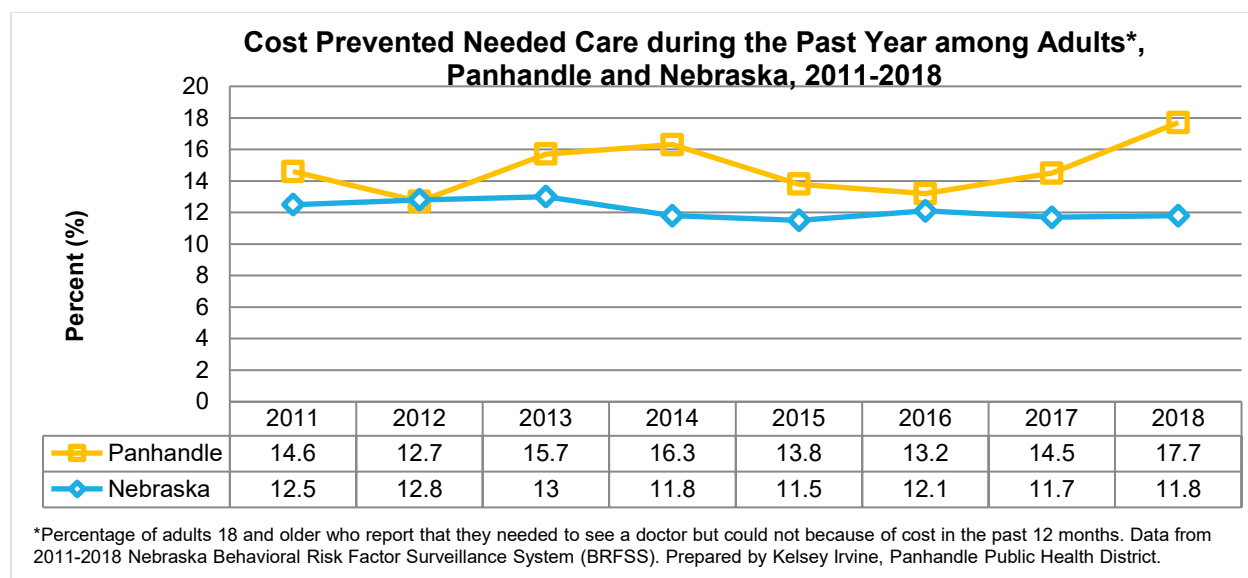
Source: 2013-2017 American Community Survey 5-year Estimates. Prepared By Kelsey Irvine, Panhandle Public Health
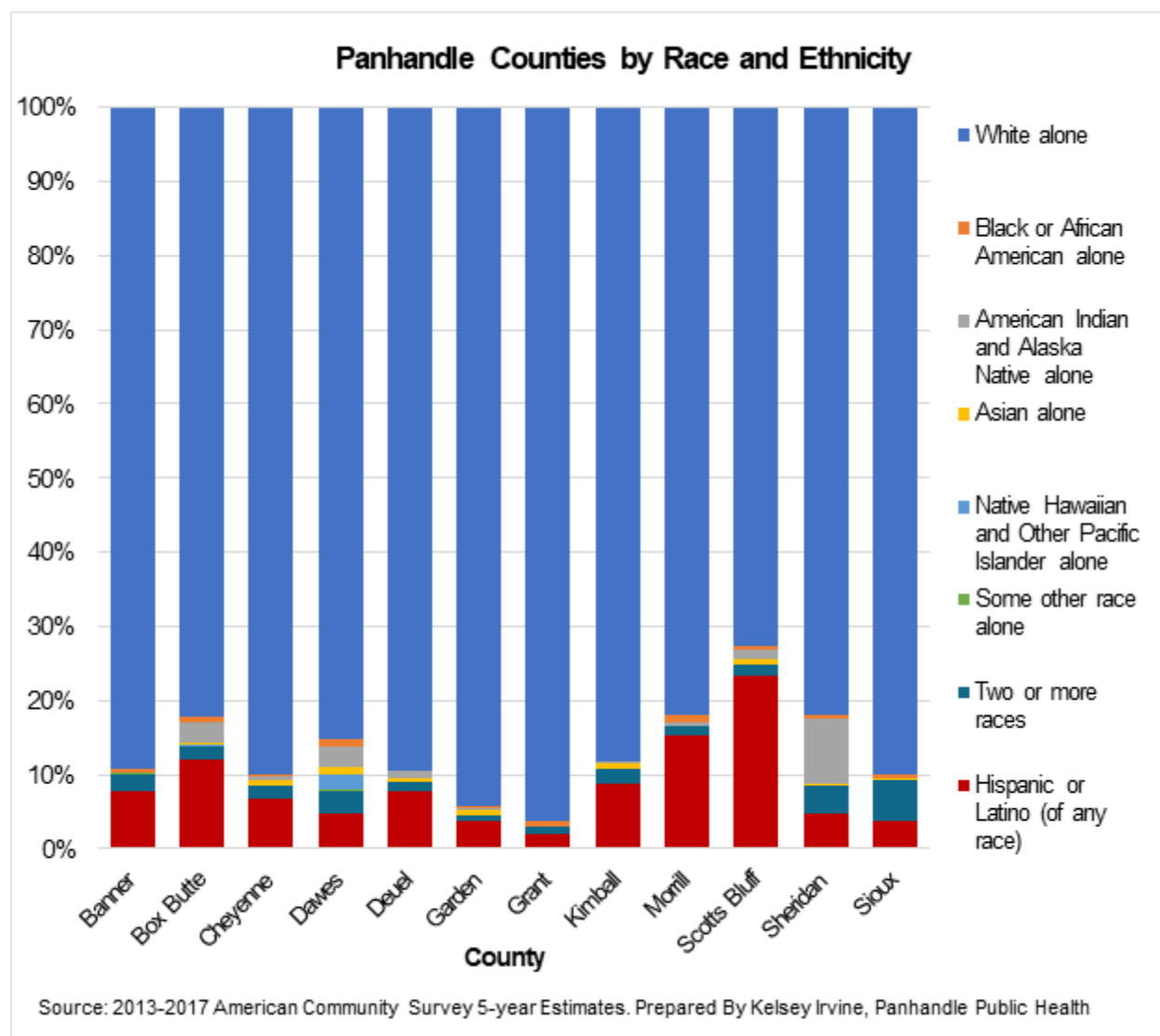
Like the rest of Nebraska, younger generations of new Nebraskans born to Hispanic or Latino families are the driver behind the growth of Hispanic or Latino populations in the region. However, unlike other parts of Nebraska, the Panhandle's Hispanic population is largely US-born and has been for decades. New generations of Nebraskans in the Panhandle born to Hispanic families are often second, third, or fourth-generation Americans. This fact often means that language barriers that do exist in our communities are overlooked or viewed as not that important. Anecdotally, the population of community members who have limited English proficiency is increasing as new populations move to the Panhandle. This is currently speculation until the 2020 Census numbers are released. By comparing the number of households that speak a language other than English at home, notably, the preferred languages are different than the languages that people can speak at high proficiency.

Table 1. English proficiency vs. language spoken at home by percentage of community members in each county. (Prepared by Megan Barhafer, Source: 2015-2020 American Community Survey)

	United States	Nebraska	Banner Co.	Box Butte Co.	Cheyenne Co.	Dawes Co.	Deuel Co.
Speak English less than "very well"	8.5%	5.0%	1.4%	0%	0%	0.2%	1.8%
Households speaking a language other than English			6.8%	10.5%	4.6%	2.6%	5.5%
	Garden Co.	Grant Co.	Kimball Co.	Morrill Co.	Scotts Bluff Co.	Sheridan Co.	Sioux Co.
Speak English less than "very well"	0.3%	0.0%	1.6%	0.9%	2.0%	0.2%	3.5%
Households speaking a language other than English	2.8%	0.7%	5%	11.7%	12.9%	6.3%	4.8%

The population in younger age groups is generally more diverse than that of the general population. In Dawes, Sheridan, and Sioux Counties nearly or over one-third of all children were counted to be of minority race or ethnicity (something other than non-Hispanic, White).

Race/Ethnicity of children under 5 years of age, PPHD Service Area and Nebraska

	Banner	Box Butte	Cheyenne	Dawes	Deuel	Garden	Grant	Kimball	Morrill	Scotts Bluff	Sheridan	Sioux	Panhandle	Nebraska
■ White alone	77%	75%	83%	71%	91%	92%	94%	79%	83%	55%	72%	71%	67%	68%
■ Minority	23%	25%	17%	29%	9%	8%	6%	21%	17%	45%	28%	29%	33%	32%

Source: 2013-2017 American Community Survey 5-Year Estimates
Prepared by Kelsey Irvine, Panhandle Public Health District
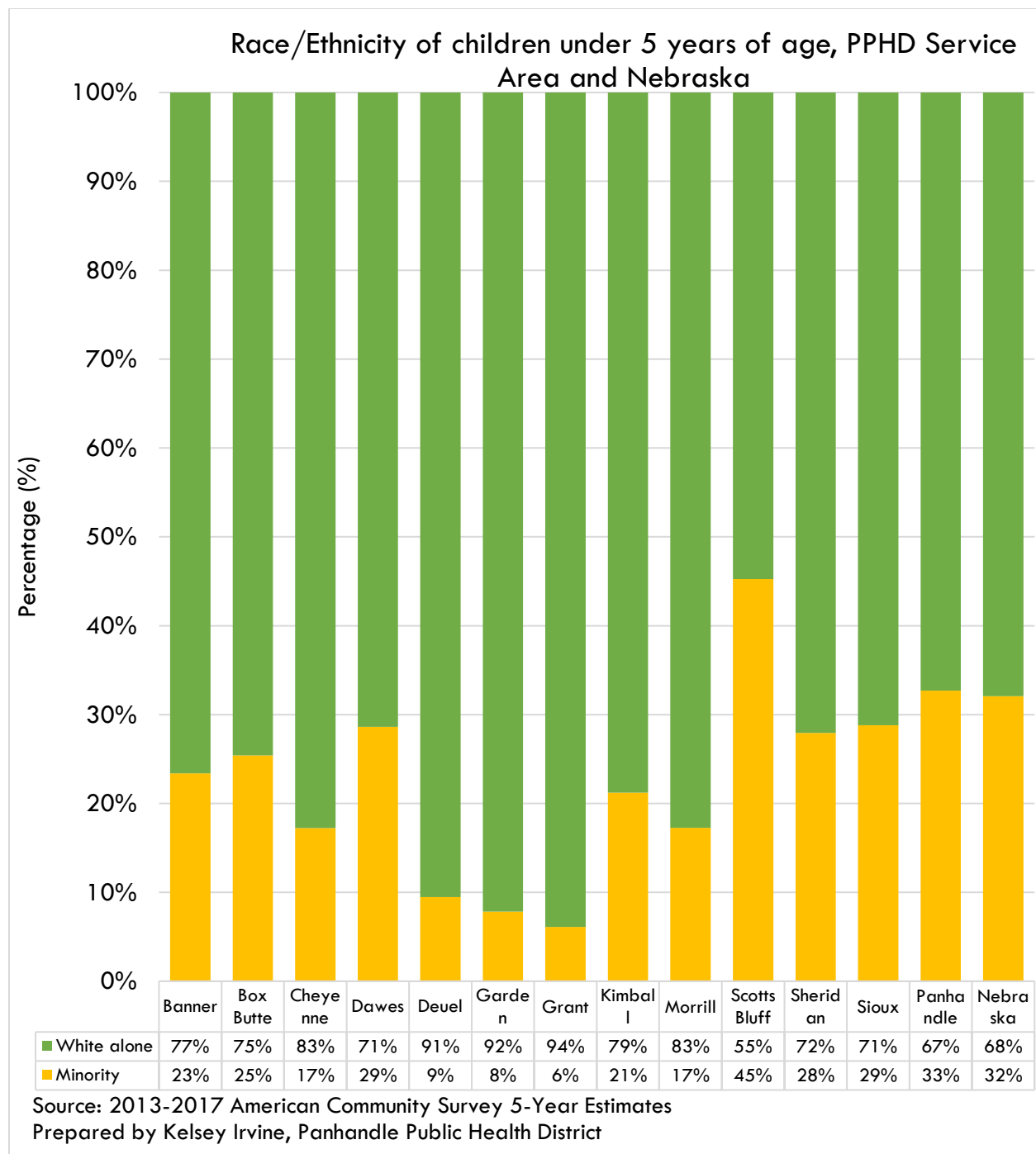
ECONOMY

Economic health is the driving force for opportunities and prosperity in a region or community. While it is not the only indicator of well-being, quality economic opportunities contribute heavily to the quality of income and access to education and health care. Thriving local and regional economies also contribute to the vibrancy of communities and provide a base for shared

investments in things like infrastructure, law enforcement, public spaces, and maintaining positive neighborhood environments.

RACE AND POVERTY

By race, American Indian and Hispanic or Latino origin (of any race) are the largest minority groups in the Panhandle and have poverty rates higher than the area average. The white (not Hispanic) race had the lowest prevalence of poverty.

Figure 4: Percent of all Population with Income in past 12 Months Below Poverty Level, by Race and Ethnicity

County	White Alone	American Indian alone	Two or more races	Hispanic or Latino origin (of any race)	White alone, not Hispanic or Latino
Banner County	8.2%	-	43.8%	33.3%	6.0%
Box Butte County	7.5%	53.4%	67.8%	13.9%	6.8%
Cheyenne County	10.4%	0.0%	18.9%	30.8%	9.2%
Dawes County	13.1%	59.7%	7.0%	13.1%	13.1%
Deuel County	10.9%	0.0%	0.0%	29.7%	9.9%
Garden County	11.6%	0.0%	33.3%	0.0%	12.0%
Grant County	20.2%	0.0%	71.4%	0.0%	20.7%
Kimball County	12.0%	0.0%	0.0%	14.2%	11.5%
Morrill County	9.4%	0.0%	16.5%	22.6%	6.7%
Scotts Bluff County	12.7%	29.1%	14.2%	25.2%	8.9%
Sheridan County	11.4%	61.6%	5.8%	30.9%	10.8%
Sioux County	13.2%	0.0%	0.0%	14.6%	13.2%
Panhandle	**11.5%**	**45.7%**	**19.5%**	**23.4%**	**9.5%**
Nebraska	**10.3%**	**32.6%**	**20.5%**	**22.7%**	**9.0%**

Source: U.S. Census Bureau, 2013-2017 American Community Survey 5-Year Estimates. Prepared by Kelsey Irvine, Panhandle Public Health District.

BARRIERS TO HEALTHCARE

COST AS A BARRIER TO CARE

The percentage of Panhandle adults who report they are unable to seek medical care due to cost has increased after hitting a low point in 2016. There was a significant difference between the percentage of adults who reported they could not seek medical care due to cost in 2014 and 2018 in the Panhandle when compared to the state of Nebraska. This could be due to complete lack of health insurance or out-of-pocket costs for those who do have health insurance coverage, such as co-pays or deductibles. Medicaid Expansion was passed in 2018 and was implemented in 2020 so data available does not reflect the impact of this legislative change.

Figure 5 Cost Prevented Needed Care During the Past Year Among Adults

Cost Prevented Needed Care during the Past Year among Adults*, Panhandle and Nebraska, 2011-2018

	2011	2012	2013	2014	2015	2016	2017	2018
Panhandle	14.6	12.7	15.7	16.3	13.8	13.2	14.5	17.7
Nebraska	12.5	12.8	13	11.8	11.5	12.1	11.7	11.8

*Percentage of adults 18 and older who report that they needed to see a doctor but could not because of cost in the past 12 months. Data from 2011-2018 Nebraska Behavioral Risk Factor Surveillance System (BRFSS). Prepared by Kelsey Irvine, Panhandle Public Health District.

CHRONIC DISEASE

From the Nebraska Behavioral Risk Factor Surveillance System, there is a slight increase over the past two years in the number of adults from the Panhandle of Nebraska, 18 and older who reported they were ever told they have diabetes (excluding pregnancy), binge drank in the past 30 days, and had experienced frequent mental distress in the past 30 days.

Figure 6 Panhandle specific BRFSS data about the top three health concerns from the MHI Survey

Source: 2015-2020 Nebraska Behavioral Risk Factor Surveillance System (BRFSS); Prepared by Kelsy Sasse Panhandle Public Health District
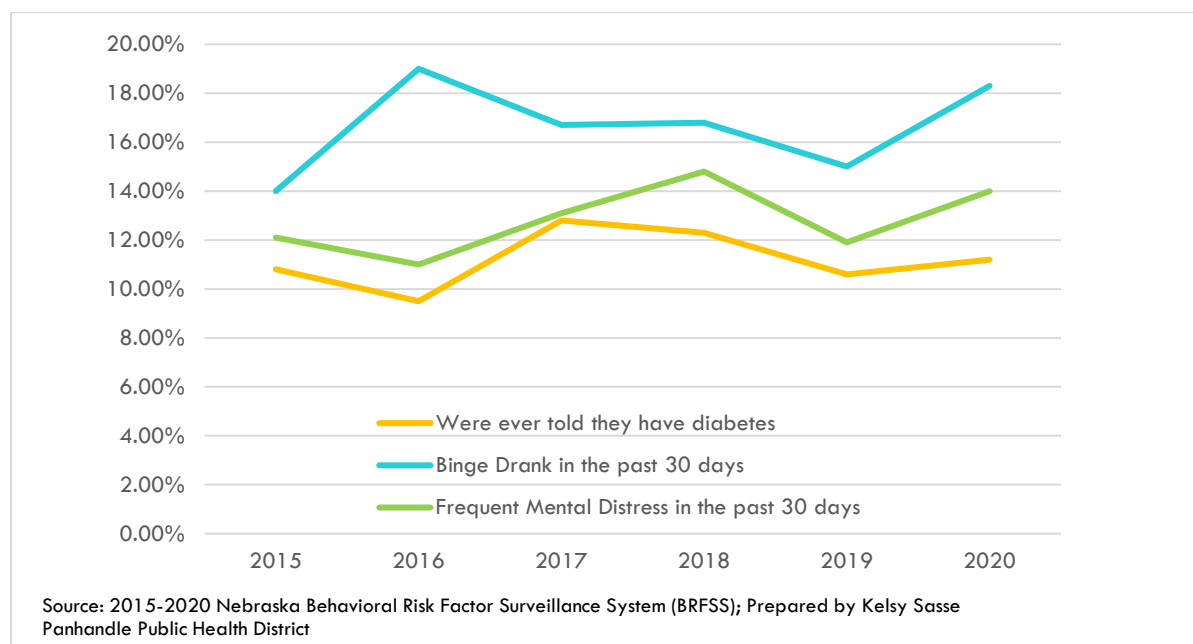
The Federally Qualified Heath Center in the Panhandle is called Community Action Partnership of Western Nebraska, CAPWN. CAPWN has a health center, dental clinic and behavioral health center located in Gering Nebraska. There is also a second dental clinic location in Chadron, NE. CAPWN was able to pull diabetes data from their client base that is broken out by race to better examine disparities. While not comprehensive, it provides a picture of health disparities in the Panhandle based on a population that is primarily low-income. The prevalence of clients with diabetes by race indicates that of the clients that present to the CAPWN health clinic with diabetes a higher proportion of clients who are Hispanic/Latino experience diabetes. Unfortunately, the percent of patients affected by race was not available so this could be because more Hispanic/Latino patients visit CAPWN than white patients. Over time the proportion of patients presenting with diabetes that are Hispanic/Latino has increased while the proportion of patients presenting with diabetes that are White, non-Hispanic/Latino has decreased.

Figure 7 CAPWN Client Diabetes Prevalence by Race and Ethnicity
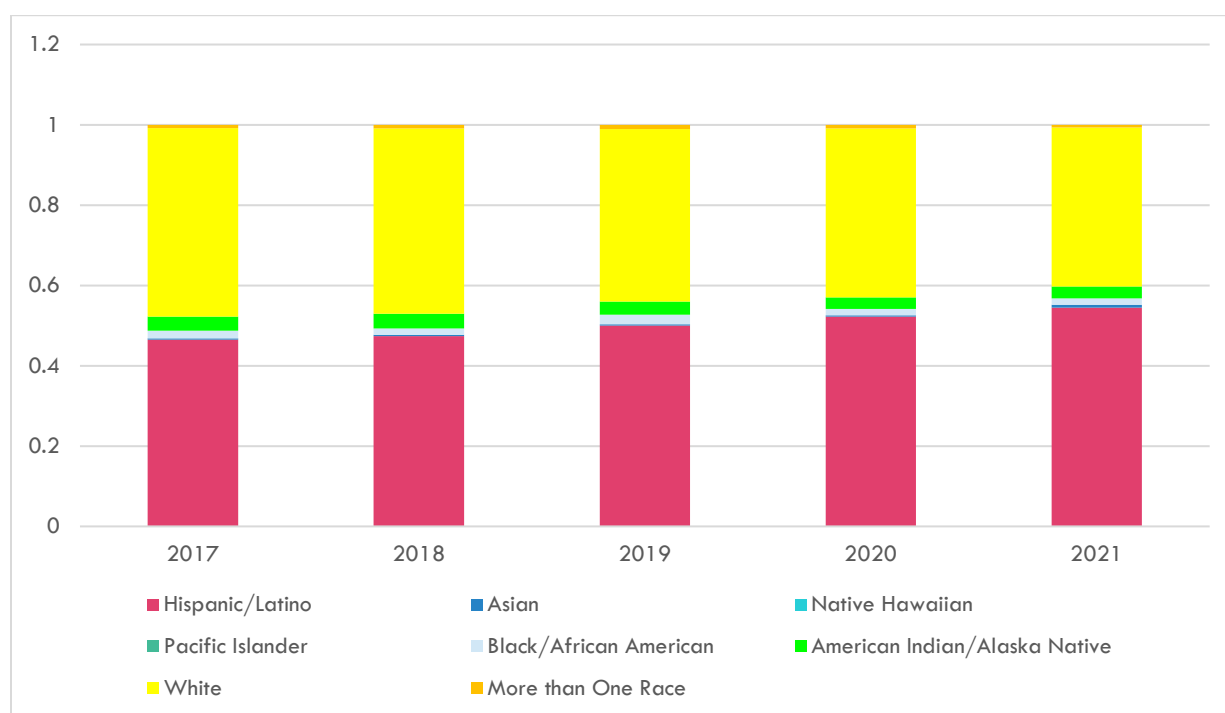
*Percentage of Adults 18-75 by race who presented to CAPWN with diabetes by race and ethnicity. Prepared by Megan Barhafer, Panhandle Public Health District.

BEHAVIORAL HEALTH

CAPWN was able to pull Alcohol-related disorder data from their client base that is broken out by race to better examine disparities. While not comprehensive, it provides a picture of health disparities in the Panhandle based on a population that is primarily low-income. Again, this data does not show the rate of alcohol related disorders by race but does show the overall rate of alcohol-related disorders experienced by CAPWN patients.

Figure 8 Alcohol-Related Disorders over Time
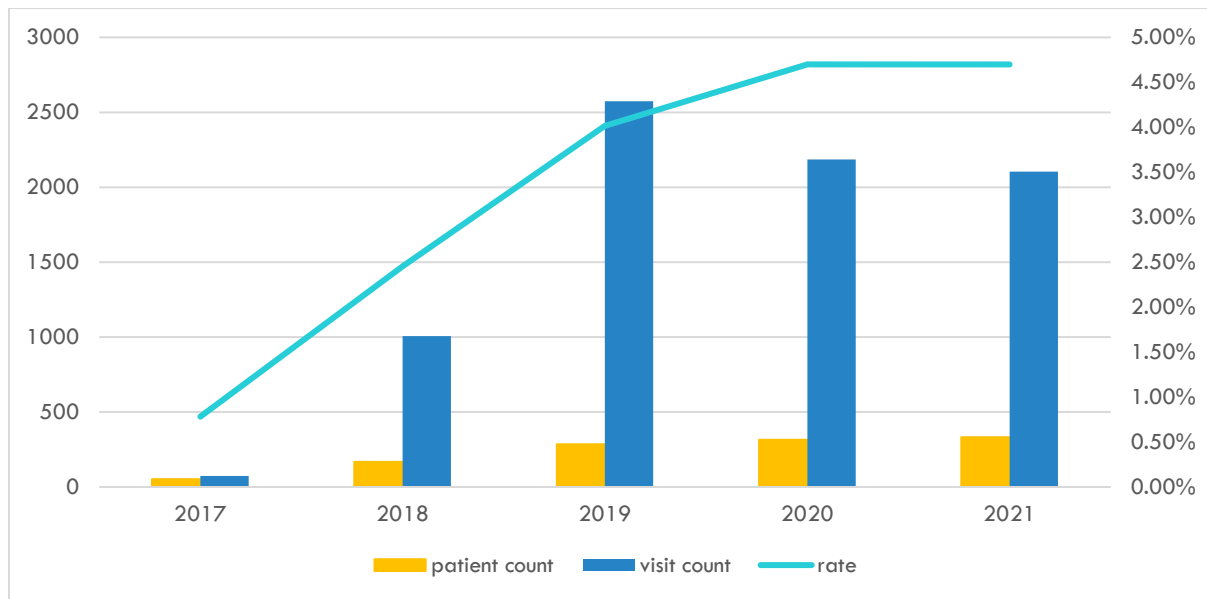
Source: Data from CAPWN Electronic Health Records. Prepared by: Morgan Weitzel, CAPWN

Figure 9 Alcohol-Related Disorders by Race and Ethnicity
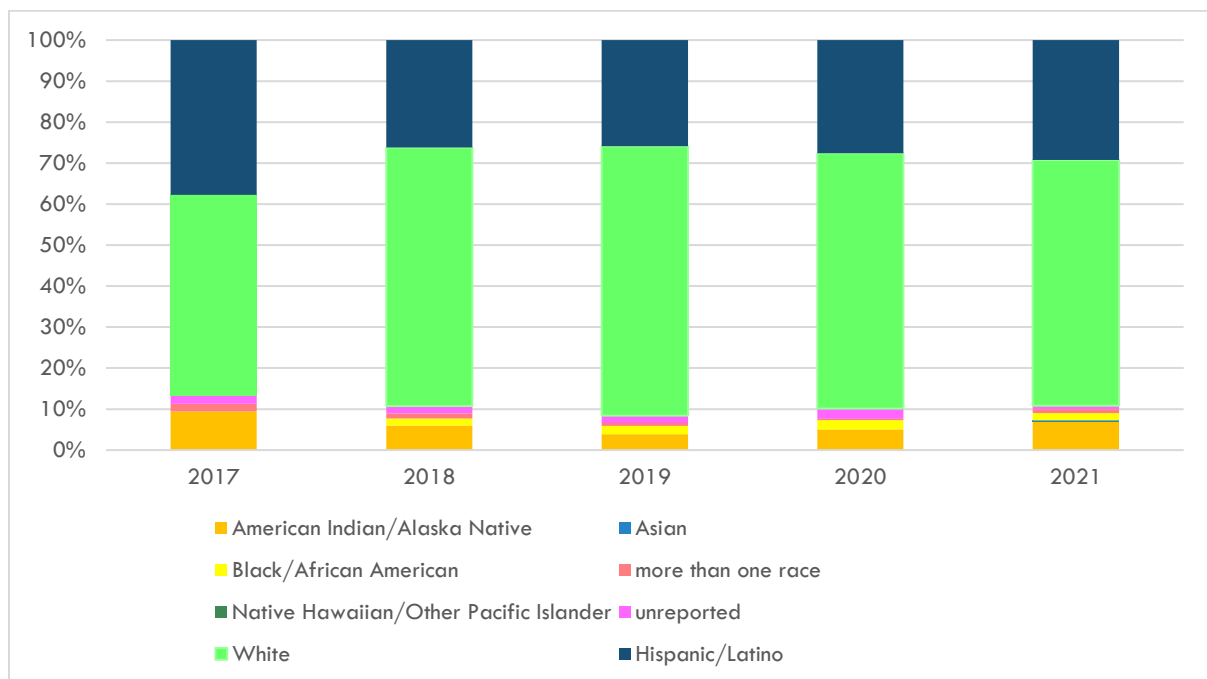
Source: Data from CAPWN Electronic Health Records. Prepared by: Morgan Weitzel, CAPWN and Megan Barhafer, PPHD

COMMUNITY MINORITY HEALTH ASSESSMENT (Community themes and strengths assessment)

The Community Minority Health Assessment is made up of two parts: the Minority Health Survey and community Focus Groups. The top areas of concern for community members of minority populations are determined from these two resources.

MINORITY HEALTH SURVEY

The Minority Health Survey was distributed to Panhandle residents from November 2021 through February of 2022 via paper survey. See Appendix E for a copy of the survey. Paper copies of the survey were distributed by PPHD staff at 61 different locations in 12 Panhandle Counties. Counts and percentages from the survey responses were calculated using Microsoft Excel.

515 Panhandle community members, from 11 Counties (including South Dakota Residents) responded to the Minority Health Survey. Minority respondents from South Dakota were included in the findings as these surveys were collected by their employer in Sheridan County. These employees and residents work and utilize services in Sheridan County. 61% of respondents were from a racial or ethnic minority group. The data included in this report focuses solely on the data received from those minority populations.

2022 Minority Health Survey Respondents by County

- Dawes, 3%
- Deuel, 0%
- Grant, 0%
- Kimball, 1%
- Morrill, 2%
- Not Provided, 9%
- Box Butte, 7%
- South Dakota, 7%
- Sheridan, 22%
- Scotts Bluff, 49%

Source: Data From Panhandle Public Health District Minority Health Survey Prepared by: Kelsy Sasse, Panhandle
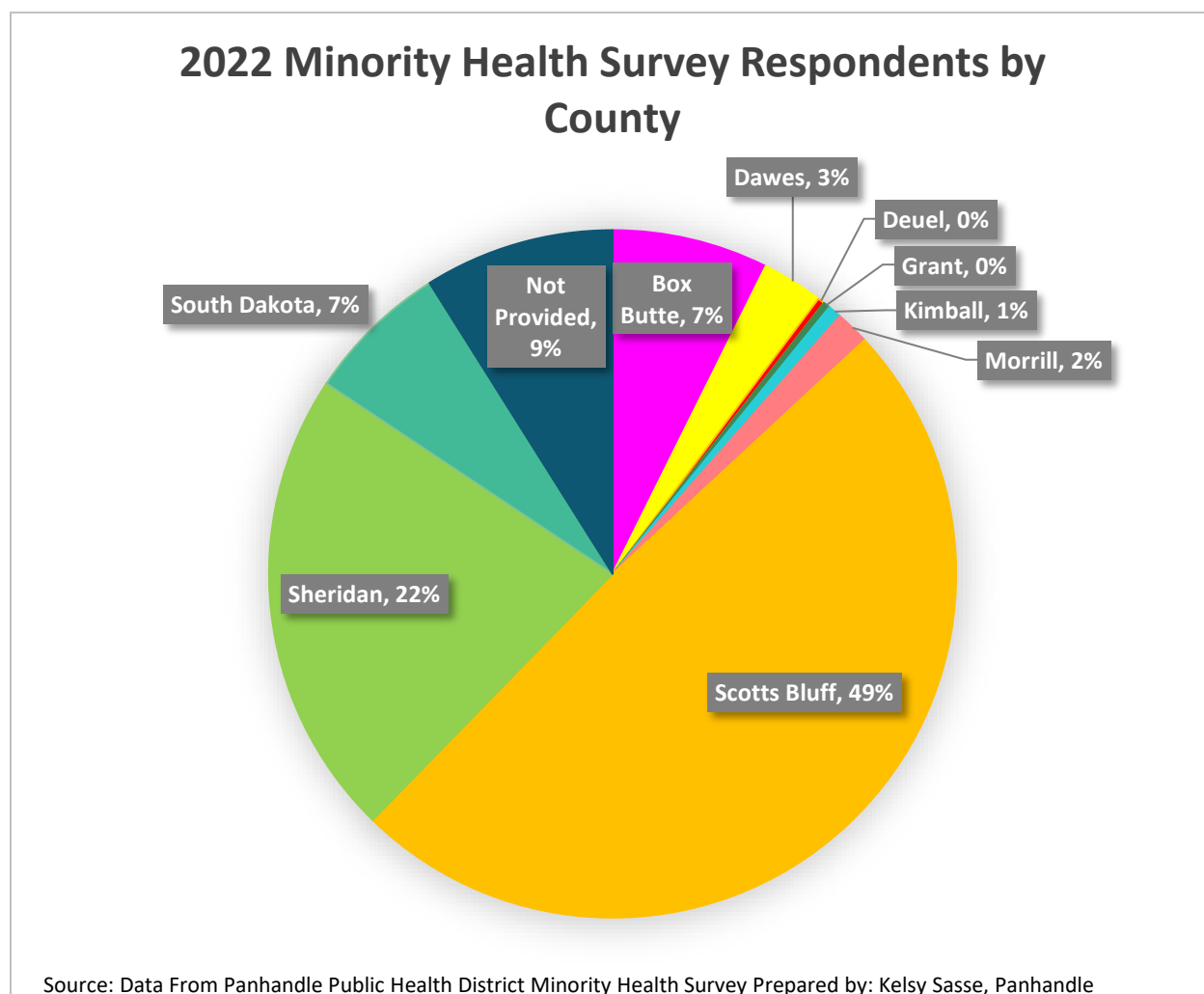
Figure 10: Minority Health Survey Respondents by County

Figure 11: Minority Health Survey Selected Demographic Information, N= 313

	#	%		#	%
Gender identity			**Race/Ethnicity**		
Male	87	27.8%	White	76	24.3%
Female	93	29.7%	Black or African American	9	2.9%
Transgender male (female to male)	1	0.3%	Asian	5	1.6%
Transgender female (male to female)	0	0.0%	American Indian or Alaska Native	96	30.6%
Gender non-conforming	1	0.3%	Decline to answer	67	21.4%
Decline to answer	131	41.9%	Other	60	19.2%
Other	0	0.0%	*Hispanic/Latino*	*192*	*61.3%*
Sexual Orientation			**Age**		
Heterosexual or straight	179	57.2%	18-25 Years	33	10.5%
Gay or lesbian	9	2.9%	26-39 Years	56	17.9%
Bisexual	8	2.6%	40-54 Years	75	24.0%
Decline to answer	113	36.1%	55-64 Years	38	12.1%
Other	4	1.2%	65-80 Years	24	7.7%
			Over 80 Years	4	1.3%
			Decline to answer	83	26.5%

Demographic information for the respondents to the 2022 Minority Health Survey can be found in the table above. There was a relatively even balance of male (27.8%) to female respondents (29.7%). Many participants indicated that they were heterosexual or straight (57.2%) or had declined to answer that question (36.1%). There was a relatively even distribution in terms of age with 10.5% aged 18-25, 17.9% 26-39, 24% 40-54, 12.1% 55-64, 7.7% 65-80 1.3% Over 80 and 26.5% declining to answer. We had a large Native American Population surveyed at 30.6% of respondents and over half (61.3%) of respondents indicated they were of Hispanic/Latino origin.

Figure 12: Top health concerns chosen by survey participants in their respective communities

Top Health Concerns

Concern	Percentage
Diabetes	51.4%
Alcohol, Drugs, and Tobacco Use	49.2%
Mental Health	35.1%
Cancer	31.6%
Heart Disease	21.7%
Getting enough exercise	19.8%
Challenges getting healthy food	16.6%
Asthma	10.2%
Getting around town safely	9.3%
Chronic lung disease	7.0%
Something else	
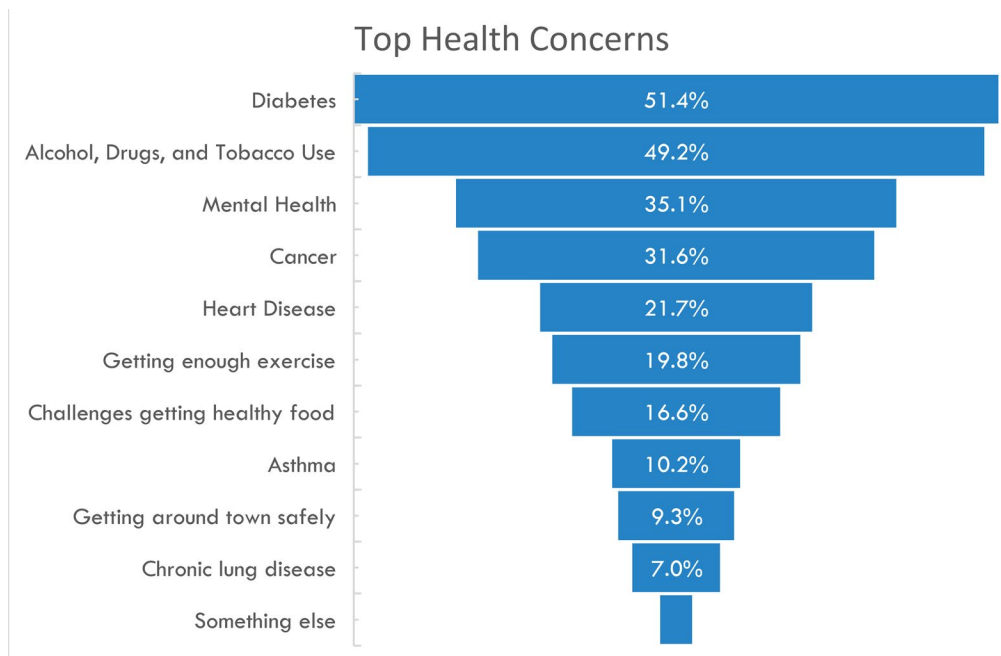
Data From Q3 of PPHD Minority Health Survey. Prepared by: Kelsy Sasse

Participants were asked to choose the top three health concerns in their communities from a list of the following:

- Alcohol, Drugs and Tobacco Use
- Asthma
- Cancer
- Challenges getting healthy and affordable food
- Chronic Lung Disease (Asthma, COPD)
- Diabetes
- Getting around town safely (driving, walking, and riding)
- Getting enough exercise
- heart disease (for example, high blood pressure, stroke, etc.)
- Mental Health (for example, depression, anxiety, post-traumatic stress, suicide, eating disorders, etc.)
- Something else.

The top three health concerns were Diabetes (51.4%) Alcohol, Drugs and Tobacco Use (49.2%) and Mental Health (35.1%). This data was consistent with the data collected as part of the regional community health assessment.

MOST RECENT HEALTH ISSUE EXPERIENCED

Figure 13: Health concerns most recently experienced by respondents and/or families
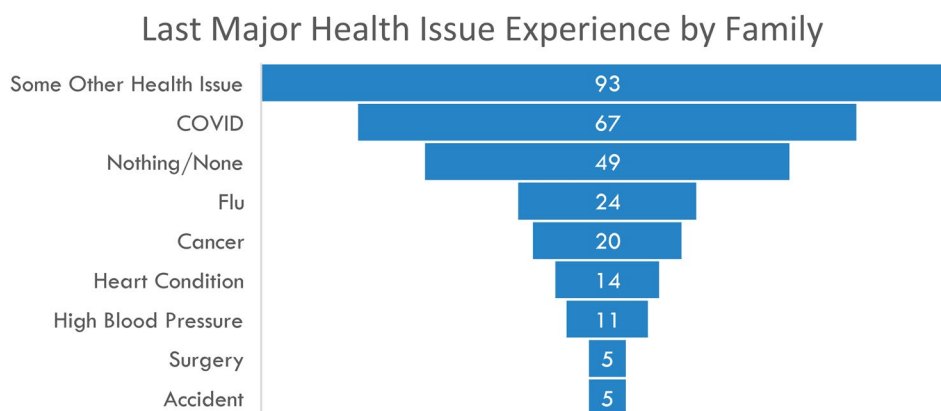
Last Major Health Issue Experience by Family

Category	Value
Some Other Health Issue	93
COVID	67
Nothing/None	49
Flu	24
Cancer	20
Heart Condition	14
High Blood Pressure	11
Surgery	5
Accident	5

Data from Q1 PPHD Minority Health Survey; Prepared by Kelsy Sasse, Panhandle Public Health District

When asked what the last major health issue that they or their family experienced was, 41 survey participants did not respond to the question. 93 people listed health issues that had little or no duplication between respondents. These health issues are included in Figure 14 in a lighter color. COVID-19 was mentioned 67 times, no major health issue experienced was mentioned 49 times, diabetes was mentioned 25 times, the Flu was mentioned 24 times and Cancer was mentioned by participants 20 A small number of respondents mentioned heart conditions, high blood pressure, surgery, and an accident of some sort.

Figure 14: Words mentioned most often when describing most recent health issues

Data from Q1 PPHD Minority Health Survey; Prepared by Kelsy Sasse, Panhandle Public Health District

Figure 15: What worries respondents most about health or health of family
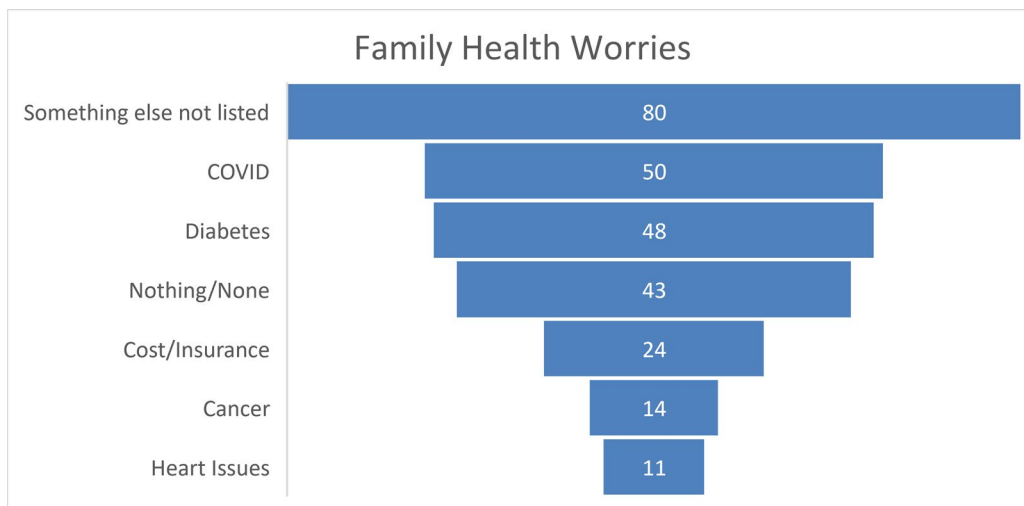
Family Health Worries

Category	Value
Something else not listed	80
COVID	50
Diabetes	48
Nothing/None	43
Cost/Insurance	24
Cancer	14
Heart Issues	11

Data from Q2 PPHD Minority Health Survey; Prepared by Kelsy Sasse, Panhandle Public Health District

Similar results were found when participants were asked what worried them most about their health or the health of their family. 43 Survey participants did not respond to the question. Something else not listed in Figure 10 but can be seen mentioned in Figure 11 was mentioned 80 times. COVID-19 was mentioned 50 times, diabetes was mentioned 48 times, Nothing or no worries about health was mentioned 43 times, and healthcare cost and lack of insurance was mentioned 24 times. A small number of respondents mentioned cancer and heart issues.

Figure 16: Words mentioned most often when describing health worries and worries for family

Data from Q2 PPHD Minority Health Survey; Prepared by Kelsy Sasse, Panhandle Public Health District

Figure 17: Things or activities survey participants did to be healthy

WHAT DO YOU DO TO BE HEALTHY?
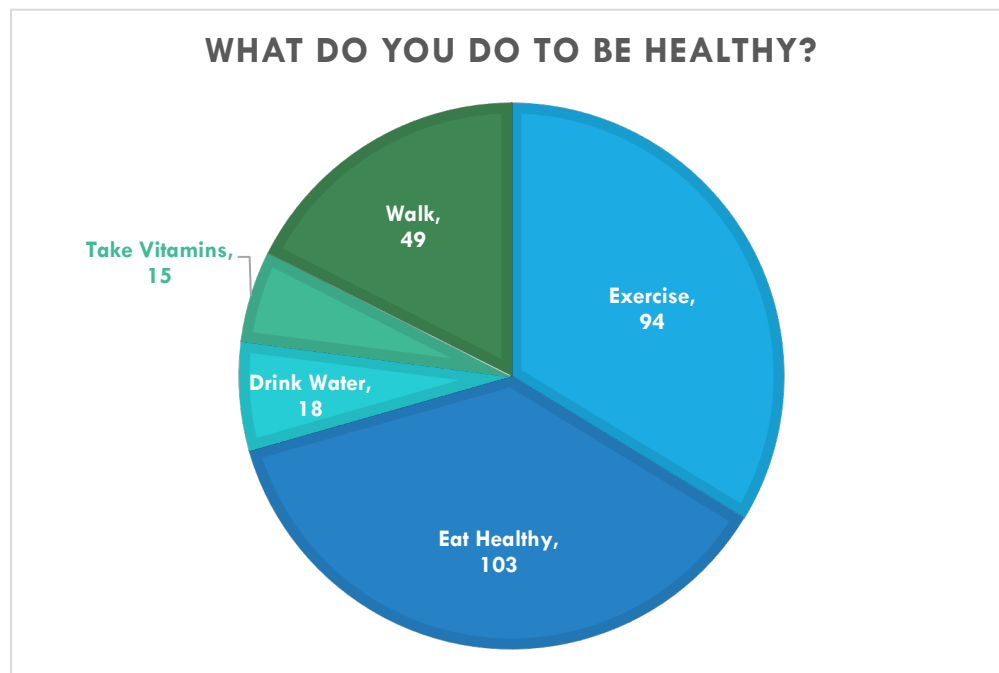
Data from Q5 PPHD Minority Health Survey; Prepared by Kelsy Sasse, Panhandle Public Health District

When asked the question, "what is something you do to be healthy?" 32 participants did not respond to the question. Eating healthy was mentioned 103 times, Exercise or physical activity was mentioned 94 times, Walking was mentioned 49 times, drinking water was mentioned 18 times and taking vitamins and prescribed medication was mentioned 15 times.

Figure 18: Things or activities survey participants did to be healthy
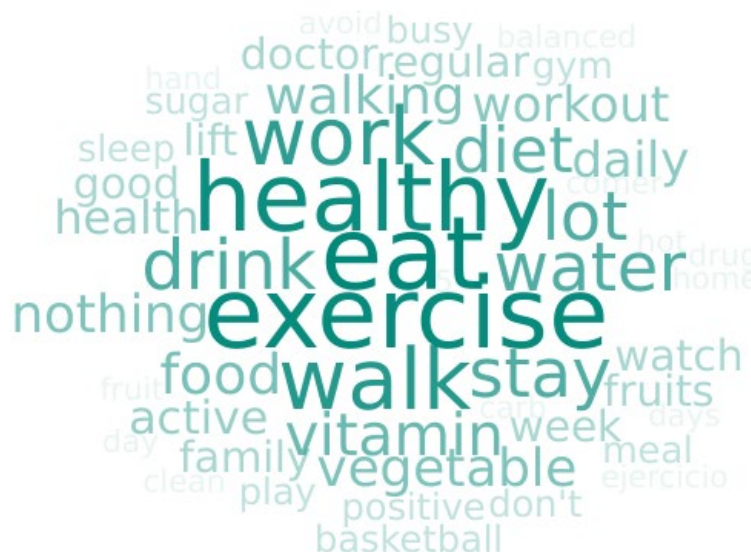
Data from Q5 PPHD Minority Health Survey; Prepared by Kelsy Sasse, Panhandle Public Health District

FOCUS GROUPS

In collaboration with advisory committee members, PPHD staff reached out to community partners to schedule a series of focus groups across the Panhandle region. PPHD staff then recruited participants from minority populations via phone calls, emails, and social media to invite them to attend a focus group session. The intention for the focus groups was to collect deeper information directly from community members of underserved populations to better understand the issues they feel are important, their concerns, and their overall perception of their community. Focus groups were conducted from January to March 10th, 2022. A copy of the focus group template can be found in Appendix F As per the MAPP process, groups were intended to be made up of 8-10 people, although some variance occurred. In communities where we could not schedule a focus group due to time restrictions, weather, or lack of a strong community partner, key stakeholder interviews were conducted with a single member of that community to ensure we had representation from all areas of the panhandle.

PPHD staff facilitated the focus group sessions. Each focus group had a facilitator and a scribe and was approximately 60-90 minutes long. The process is as follows:

1. Facilitator gives a brief overview of the purpose of the focus group.
2. Facilitator, scribe, and participants introduce themselves.
3. Facilitator outlines the focus group ground rules.
4. Ask focus group questions.

Comments were captured by the scribe and analyzed by PPHD staff. Various forms and methods of content analysis were used to guide the analyzation process. Common themes and ideas were identified and compared cross-sectionally. Data was highlighted and sorted accordingly.

A total of 11 focus group sessions were held involving approximately 37 Nebraska Panhandle Residents.

DEMOGRAPHICS

Gender identity	#	%
Male	6	16.22%
Female	29	78.38%
Transgender male (female to male)	1	2.70%
Transgender female (male to female)	1	2.70%
Gender non-conforming	0	0.00%
Decline to answer	0	0.00%
Other	0	0.00%
Sexual Orientation		
Heterosexual or straight	26	70.27%
Gay or lesbian	4	10.81%
Bisexual	1	2.70%
Decline to answer	5	13.51%
Other	1	2.70%
Highest Level of Education		
Less than High School Graduate	5	13.51%
High School Diploma or GED	14	37.84%
Associates or Technical Degree	8	21.62%
College Degree or Higher	9	24.32%
Decline to answer	1	2.70%
Household Income		
Less than $20,000	15	40.54%
$20,000-$29,999	4	10.81%
$30,000-$49,999	5	13.51%
$50,000-$74,999	5	13.51%
$75,000-$99,999	1	2.70%
Over $100,000	1	2.70%
Decline to answer	6	16.22%

Figure 19: Focus Group Demographics, N= 37

Race/Ethnicity	#	%
White	16	43.24%
Black or African American	0	0.00%
Asian	1	2.70%
Native Hawaiian or Pacific Islander	1	2.70%
American Indian or Alaska Native	14	37.84%
Decline to answer	1	2.70%
Other	4	10.81%
Hispanic/Latino	*15*	*40.54%*
Age		
Under 18 Years	1	2.70%
18-25 Years	1	2.70%
26-39 Years	6	16.22%
40-54 Years	12	32.43%
55-64 Years	8	21.62%
65-80 Years	7	18.92%
Over 80 Years	1	2.70%
Decline to answer	1	2.70%
Marital Status		
Married/Partnered	19	51.35%
Divorced	5	13.51%
Never Married	6	16.22%
Separated	2	5.41%
Widowed	3	8.11%
Decline to answer	1	2.70%
Other	1	2.70%
Military Status		
I serve(ed) in the Military	3	25.00%
My Husband, Wife or Significant other serves(ed) in the Military	1	8.33%
My child serves(ed) in the Military	2	16.67%
My parent serves(ed) in the Military	4	33.33%
My brother/sister serves(ed) in the Military	2	16.67%
Other	0	0.00%

As you read through the focus group strengths and needs you will notice contradictions. This is because the Panhandle is a geographically large region, thus needs in one community may be a strength in another community, and vice versa. The blue highlighted words are phrases mentioned multiple times in the focus group while the bolded words and phrases are topics mentioned to support the blue words or phrases.

COMMUNITY DESCRIPTION

Community members described the community.

- The Panhandle is composed of **small communities**, in both geographical **size** and the **closeness of the residents**. Communities are **close-knit** and **generally pretty safe**
- **Businesses are alive** and supportive of communities. They are **involved** and help when **schools** or other organizations need donations or support
- Communities are **friendly on the surface**, but **racism and prejudice** exist beneath the surface
- Community is **very low income**, there seems to be a lot of **alcoholism and addiction.**
- Poor air quality, always smells bad because of local industry (**sugar factory**)
- There is a big **lack of housing.** It is hard for newcomers to find a place to live, housing is very old and there are a lot of **absentee land owners.** A lot of **homelessness** and not a lot of places to go in terms of a **shelter** or **temporary housing**
- There are not a lot of **things to do**, both for young people and older people. No **afterschool programs** or **senior centers** where people can go in their free time to interact with other people
- Young people are moving away and not returning to raise families, town is **aging out** and **resources are dwindling**, including access to **stores & grocery stores with healthy food**
- Rural, **farming & ranching community**. There are a lot of people who travel to the community to utilize services. **Physical boundaries expand past the city/county lines**

STRONG COMMUNITY RESOURCES

Community members identified strengths of the community. Some strengths echoed how they would describe the community:

- The communities are full of **helpful people**, that are **willing to help in times of need.** Neighbors check on neighbors
- **Thriving businesses and schools** in several communities throughout the region

Some strengths were new:

- The Panhandle has a lot of **social service resources**, including **food pantries, HOPE center, Area 1, and Nebraska Minority Resource Center** to name some specifically called out
- A few communities had good options for **transportation** whether it be **public transit** (busses, taxis, etc.) or an organization providing a **gas voucher** for required medical travel
- Many communities throughout the region have **strong health services** such as hospitals, clinics, providers/physicians etc.
- There are **organizations** throughout the Panhandle to support **businesses** and the **agriculture community**
- Community has **Strong Faith and Churches**, members of the community hold **similar beliefs and values**

- There are options for **outdoor recreation**

COMMUNITY NEEDS

Community members described some things that may be lacking in their community. Please keep in mind that the Panhandle Region is very large and diverse and therefore a strength mentioned above, may be listed as a need in another community below:

- Some Communities lack **businesses** and a lively **downtown region.** They described their communities as **dying** and **aging out**
- **Lack of Housing,** even if new people were to move to the area, there is nothing available to **purchase** that is in **livable condition**
- No type of **Immigration Services** to help immigrants in obtaining necessary documents
- Access to **Language Services** and **Interpreters**
- Little access to **Government Services** (Medicaid, DMV, Community Grants, etc.) To receive help with these community members often must **travel to other communities**
- **No Activities for youth**, including places to hang out, after school activities, things to do in the summer etc.
- Barriers to **Transportation** including cost, hours, and destinations available
- Safe and reliable **Emergency Services**, including **police** & **ambulance.** Long response times & racial discrimination specifically pointed out
- Lack of **Mental Health Services** and **Providers** (even via telehealth)
- Many communities had **no clinic or health services** including **pharmacy, EMT's, school nurses, and specialists** OR these services are **cost prohibitive, open odd hours** or do not accept **Medicaid**

COMMUNITY CHANGES

Community members described how their community had changed in the last 5-10 years.

- **Aging Population**
- Opportunities and **things to do** for people of all ages
- Not as many **jobs**, nothing to bring **new people** to the area
- Increase in **drug and alcohol** use and abuse
- **More Crime** (theft, vandalism, violent crimes etc.) and an overall **decrease in police effectiveness**
- Many businesses are **closing** or **moving** to inaccessible parts of town leaving many **without easy access to healthy food**
- No **Mental Health Services**
- **Effects of COVID-19** (loss of income, loss of jobs, businesses closing, decline in mental health)
- Little to no access to **technology needs**, **rising costs** of basic utility services

COMMUNITY INTERACTIONS

Community members described the interactions between community members of different backgrounds.

- **Pretty good on the surface**
- Lack of services for **handicap individuals** and people with **disabilities**
- Strained interactions between individuals based on **Language**

- Strained interactions between individuals based on **sexual orientation or gender**
- Strained interactions between **different racial groups**
- Strained interactions based on **economic status**
- Some community members noted an increase in **openness** for **LGBTQ community**
- Little to no effort to **interact with individuals** in **senior homes** or **long-term care facilities**
- Communities were split when it came to feeling singled out because of **a certain identity individuals held**. Some **had** felt singled out and others **had not** depending on their background and the community in which they lived

COMMUNITY CONCERNS

Community members viewed the top three biggest health concerns for their specific community based off the Minority Health Survey and discussed the findings.

Community members discussed why they thought certain issues were rated as they were. Reasons were:

- **Hard to find/get fresh food** (no healthy restaurants, no available fresh food at stores, no grocery store, high cost)
- **Lack of medical insurance and high cost of care**
- People don't ask for help. **"tough it out mentality"**
- **Alcoholism** runs in families. It's what people do at **family gatherings** (weddings, funerals, holidays etc.) **"way of life"**
- People don't have access to **transportation**. Getting to and from **appointments** or the **grocery stores** is challenging
- **No childcare**
- **High cost of internet**

Community members discussed things that might be missing, or should be viewed as more important:

- Lack of **language services or accessible communication** (emails, computers, internet, phone service etc.)
- **Lack of Housing & Homeless shelter** (unaffordable rent, aging housing stock)
- No place to **exercise or workout**
- **Lack of providers**, specifically **mental health, social services**, and **addiction services**.
- No **cultural centers** or places to celebrate culture. Cultural celebrations are shut down in **schools** and **parks**
- **Effects of COVID-19**
- **Environmental Quality** and the current state of **preservation efforts**

ACCESS TO THE HEALTHCARE SYSTEM

Community members were asked if they felt they had equal access to the healthcare system. Many of the themes were recurring from previous questions:

- People don't have access to **transportation** to and from appointments
- Little to no access to **specialists,** such as **dentists, eye doctors, mental health providers** and **women's health services**

- **Lack of Insurance/High cost of services**
- **Language Barriers** or **health literacy concerns**
- No access to **technology or space** for telehealth services (personal computers, internet, private space)

A couple of themes discussed with this question were new:

- **Discriminatory interactions** from **medical providers/nursing staff/health facility staff** to patients, **unwelcoming healthcare facilities**
- **Unusually long wait times**

COMMUNITY IMPROVEMENTS

Community members were asked the questions "If you had a magic wand, what is one thing you would improve within your community?" responses were as follows:

- Increased **inclusiveness** and **racial awareness.** Individuals hold **similar beliefs and values**
- **Repair Infrastructure** (streets, housing, downtown buildings etc.)
- **More youth activities** and **resources** to support **younger generations**
- **More jobs**
- **Easier/More access to childcare options**
- **Parenting classes** and resources to support **new mothers and families**
- **More mental health resources**
- Presence of a **clinic** or **space to house telehealth services** (for individuals without a computer)
- Create a **homeless shelter** & **resolve homelessness**
- **Free** or **low-cost** place to **exercise or workout**
- **Low cost** or **free health clinic** OR increase in providers that **accept Medicaid**
- More access to **Transportation services**

FORCES OF CHANGE ASSESSMENT

The Forces of Change assessment the Minority Health Assessment team chose to do was called the Waves of Change assessment. It breaks down the context of the community using a wave metaphor to identify the following categories; Horizon (ideas that are not funded and not accepted in the Panhandle but that the committee felt should be accepted), Emerging (ideas that have some support or are experimental and are picking up momentum), Established (Ideas that are currently accepted in the community), Disappearing (Ideas that may be outdated or may have been forgotten about and need to be resuscitated), and Undertow (ideas that pull down the work the community leaders are trying to accomplish). This was completed during the January advisory committee meeting. See the next page for the full Forces of Change assessment.

Minority Health Initiative Waves of Change

HORIZON	EMERGING	ESTABLISHED	DISAPPEARING	UNDERTOW
Not Funded, Needing Acceptance	**Some Support, Experimental, Picking Up Momentum**	**Tried & True, Fully Accepted, Standard Procedure**	**Needing Resuscitation, Time has Gone, Outaded**	**Deep Patterns of Trouble, Drag us Down**
• Inclusion • Reaching out to all • Recognize community norms • Open to seeing the "not so good sides" of ourselves • Not everyone feels safe and accepted here • Healthcare sensitive to different community needs without overgeneralizing • Trans Health care	• Continuation of the child tax credit • PREP availability • Dignified work at all levels of economy • Different expectations of education, not everyone needs a four year degree • More of an availability for general providers to take on specialized care • Awareness of Medicaid expansion • Our community is stronger the closer we get to equality • Improve internet access • Towns recognize opportunity for housing improvements • Worksite Wellness • Need to collect data specific to certain groups to move the needle • Telehealth services • Lessening Stigma around seeking mental health • Outreach to the next generation	• Cultural centers, celebrations for different communities - not in all communities • If it isn't broken - don't fix it • Programs that exist don't serve everyone • Informational community based gatherings (health fairs) • Federally qualified health center • WIC • CAPWN • Family/reproductive health • Nebraska AIDS project • Free Breakfast and Lunch programs at Schools, not all schools take advantage	• Shift from idea that everyone would go to a 4 year college • Difference from coming to an office and working virtually • Needs resuscitated- faith in science • Availability of providers for mental health declining • Needs Resuscitated- Having services offered in your own community	• Political divide • Misinformation • Fear • Racism • Conspiracy theories • Social media "experts" • Historical health context (poor in our area) • Distrust in government • Us vs. Them mentality • Access issues • Lack of empathy • Desire for attention to say the right thing without doing the work

miro

LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT

The MAPP process includes a Local Public Health System Assessment (LPHSA), the full assessment was completed as part of the regional Community Health Improvement process in the spring and summer of 2020. A summary of the results can be found in Appendix G of the 2020 Community Health Assessment. Because this MAPP process was focusing on Minority health and health equity the Minority Health team chose to complete the Health Equity Supplement Local Public Health System Assessment (MAPP-H LPHSA).

The internal Minority Health team and PPHD leadership team participated in the LPHSA at a meeting held in March 2022. The PPHD planner facilitated the discussion among the team and took notes via Zoom. The participants had access to the document with the questions and the document was shared on the screen.

Participants came to consensus on a rating for each Model Standard with a rating of one to five, where 1 = No Activity, 2 = Minimal, 3 = Moderate, 4 = Significant, and 5 = Optimal. Ratings 2-4 were further defined for clarity as 2 = we have talked about how we would do it but aren't doing it, 3 = we are starting to work on this in some areas, but it is not integrated into our processes, and 4 = we are working on this and integrating it into all processes.

SUMMARY OF THE DATA

Overall PPHD ranked at 3 which translates into plain language that as an organization we are starting to work on incorporating health equity, but it is not integrated into our processes.

This process identified several gaps in internal efforts to work toward health equity:

1. Using data regarding health equity to impact local policies, practices, and policy changes
2. Facilitating substantive community participation in the development and implementation of research about the relationships between structural injustices and health status

These statements sparked discussion about how PPHD could work toward policy change in health equity. This is being done for rural communities, but the data is lacking in communities of color. This document fills some gaps but there is still more room for improvement in data collection.

Several areas were identified as areas of success in working toward health equity:

1. Engaging partners
2. Providing a way for community-based organizations and individuals to participate in decision making as it relates to the Community Health Improvement Plan
3. Conducting internal assessments to build staff capacity around health equity
4. Including staff participation in decision making
5. Recruiting and training staff members that reflect the communities they serve

These are summarized from how the statements are written in the assessment included in the Appendix. Strategies to improve PPHD's efforts in internalizing equitable health practices are included in the strategic planning.

MAPP PHASE 4: IDENTIFY STRATEGIC ISSUES

A prioritization process to identify strategic issues to focus on in the next 2 years of Minority health work. The prioritization was completed during two virtual strategic planning sessions with the advisory committee.

During the first of the two meetings, the internal Minority Health team facilitated a visioning and a current reality check exercise. The current reality check was a SWOT analysis.

STRENGTHS
- Diverse Group- potential to get more diverse as we move forward
- A lot of experience and different backgrounds
- A lot of community involvement
- We have people that are reaching the whole Panhandle
- We are in a "learning mode" and all willing to search for the answer together
- We are all willing to make our communities a better place
- Opinionated individuals
- Bilingual/Multilingual & Multicultural
- Each of us has a passion for something and are willing to stand up for those passions

WEAKNESSES
- Lacking people in positions of power, need to be sure our communications to those people are heard
- Struggle to get desired data
- hard to get attention being in a rural area
- Need to partner with Panhandle Partnership
- Some sort of study abroad or tour of NE with staff
- Dark History- Podcast for listening
- Opportunity for others to learn about different areas culture, disabilities etc. from individuals of representative of those communities

OPPORTUNITIES
- Use Training capacity through the Partnership
- Unify America or Nebraska Unified Challenge
- https://www.unifyamerica.org/friends/nebraska-unify-challenge-signup
- Advocacy for Extension
- Opportunities for Religious Inclusivity
- Social Media
- Opportunity for others to learn about different areas culture, disabilities etc. from individuals of representative of those communities

THREATS
- Sometimes things happening Nationally Muddy the water for local communities
- Unwillingness to learn about something new/ Closed Mindset
- Social Media
- Need to keep the conversations open no matter what the opinion & avoid excluding differing opinions
- Historical Trauma
- Fear or Disregard of the Critical Race Theory

SWOT Analysis

Prior to the second strategic planning meeting, the Minority Health team summarized the information from the 4 health assessments (Phase 3). The staff noted 5 priority areas that kept coming up in all the assessments. Committee members had the opportunity to review the data and priority areas that the Minority Health team put together and to note any areas they felt were missing. The data was also reviewed during the first half of this meeting. During this meeting, the priority areas developed by the Minority Health team were approved by the advisory committee. The committee then used the strategic areas to develop objectives and strategic actions for the next 2 years.

The priority areas developed by the Minority Health team and advisory committee were:

1. Access to Mental Health
2. Translation and Interpretation
3. Cultural Competency
4. Access to Services (Cost and Transportation)
5. Ensuring Continued and Expanded Data Collection for Vulnerable Populations

Panhandle
Public Health District

FIVE PRIORITY AREAS FOR INCREASING HEALTH EQUITY

EQUITABLE ACCESS TO MENTAL HEALTH SERVICES

INCREASE CULTURAL COMPETENCY

AVAILABILITY OF TRANSLATION & INTERPRETATION SERVICES

EQUITABLE ACCESS TO HEALTH SERVICES
- COST
- TRANSPORTAION

ENSURE CONTINUED DATA COLLECTION AND SHARING
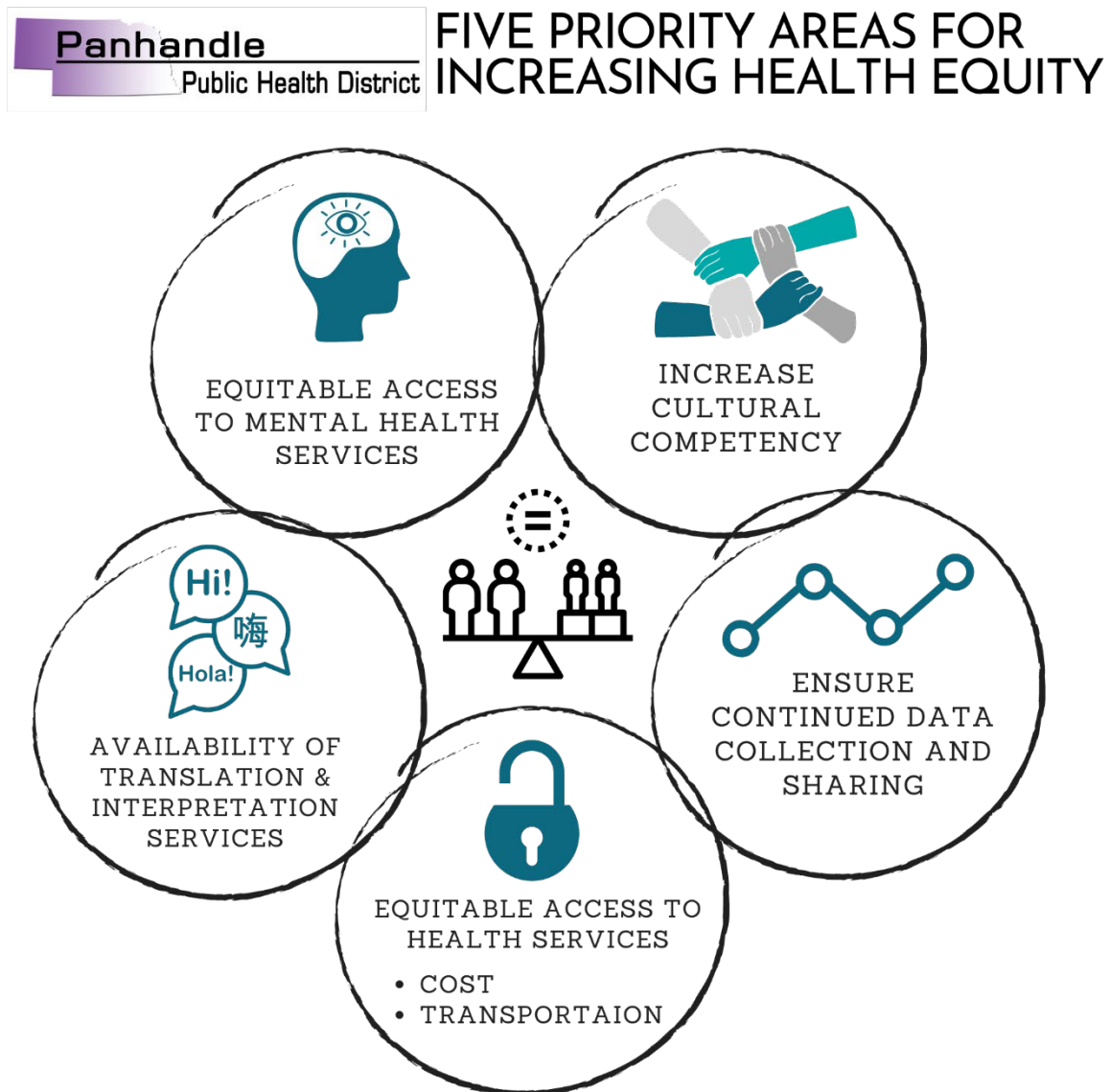
MAPP PHASE 5: FORMULATE GOALS & STRATEGIES

SELECTING OBJECTIVES AND STRATEGIES

The PPHD Minority Health team pulled a list of evidence-based strategies based on the identified priority areas from Healthy People 2030, County Health Rankings, and the Community Guide. This list was sent to the advisory committee prior to the strategic planning meeting for their review and consideration.

During the second strategic planning meeting, the Minority Health team facilitated a conversation with the advisory committee to determine which objectives and strategies would be the most appropriate for the first 2 years of the Minority Health work plan. These objectives and strategies were chosen based on the following criteria:

- Availability of resources
- Community Readiness
- State Priorities
- Current CHIP Objectives and Strategies

GOAL SETTING

Due to the lack of data in the region, many of the methods of measuring success in achieving health equity in the Panhandle will be determined by whether certain programs are implemented, policies are adopted, or data sources are developed. Moving forward these strategies will be measured using the Healthy People 2030 1% improvement/year measurement.

RELATIONSHIP TO CHIP

The Minority Health team reviewed the CHIP to identify objectives that related to the priority areas identified in this assessment process. These objectives will be reviewed during Minority Health CHIP work group meetings after the assessment process is complete.

MAPP PHASE 6: TAKE ACTION

IMPLEMENTATION

Implementation will occur over the next two years, from June 2022 to June 2024. Minority Health CHIP will be implemented as a collaborative effort involving the local health department, advisory partners, community organizations, state partners, and local health systems.

EVALUATION

Evaluation will be ongoing throughout the two-year implementation period and reported on through an annual report made available by May of each year. Evaluation will consider the effectiveness of implementation strategies as well as review current processes and procedures for areas of improvement. Performance management meetings will occur for internal minority health staff quarterly and any quality improvement projects will be identified and implemented during those times. Staff will measure success through the following methods:

- Community Surveys
- Implementation of strategies (tracking when, how often, and how well they are implemented)
- State data (BRFSS, YBRSS, Justice reports, etc.)
- Local EHR data
- Quarterly Advisory Committee meetings

Certain measures will be tracked during performance management meetings and recorded on an online scorecard that is available and visible to the public called Clear Impact. Scorecards and the annual report will include revisions as necessary to the original Minority Health CHIP. Revisions may include:

- Improvement strategies
- Planned activities
- Time frames
- Targets
- Assigned responsibilities

Revisions may be based on:

- Achieved activities
- Implemented strategies
- Changing health status indicators
- Newly developing or identified health issues
- Changing level of resources

OBJECTIVE 1.1: Increase the availability of mental health services that serve minority populations across the Panhandle

Activities	Partners	Due Date	Measures
Seek private funding opportunities to support flexible options for underserved communities to access mental health services	PPHD, Empowering Families, Region 1 Behavioral Health	6/30/2024	Track the number of funding opportunities awarded
Work with employers to develop policies that support access to mental health services for employees at no or minimal cost to the employee (EAP, telehealth counseling services, etc.)	PPHD, Worksite Wellness committee	6/30/2023	Track the number of policies implemented
Advocate for broadband access in rural communities and communities with limited financial ability to afford wifi	PPHD	6/30/2024	Track increase in providers via the broadband map
Work with Region 1 Behavioral health to increase access to counselors who speak Spanish	Region 1 Behavioral Health, PPHD	6/30/2023	Track number of Spanish speaking providers
Support group counseling for underserved families with youth in-need of mental health services	Panhandle Equality, PPHD	12/30/2023	Track number of support groups

OBJECTIVE 1.2: Increase the number of public schools with a counselor, social worker, and/or psychologist

Activities	Partners	Due Date	Measures
Work with schools to explore grants and funding for school counselors, social workers, and psychologists	PPHD, Panhandle District Schools, ESU 13	6/30/2024	Number of grants secured by schools
Improve process of referral to mental health professionals after a positive screen for mental illness	PPHD, Panhandle District Schools, ESU 13	6/30/2023	Process map for referrals after positive screen is finished
Build coalition with school representatives by at least one representative from each county	PPHD, Panhandle District Schools, ESU 13, Advisory Committee	6/30/2024	Number of school representatives from each county

OBJECTIVE 2.1: Increase number of medical interpreters in the Panhandle Region

Activities	Partners	Due Date	Measures
Plan (date/time/location) medical interpretation class	Advisory Committee, MAPP steering committee, PPHD	6/30/2023	# of medical interpretation classes offered
Advertise and recruit for medical interpretation class	Advisory Committee, PPHD, Panhandle Partnership	6/30/2023	# of participants in classes from each county
Integrate interpretation throughout the healthcare system	PPHD, Advisory Committee, MAPP steering committee	12/30/2022	# of programs with interpretation
Education to the public on their right to an interpreter at any medical facility accepting Medicare or Medicaid	PPHD, Hospital Partners	12/30/2023	# of education events held

OBJECTIVE 2.2: Decrease the proportion of adults who report poor communication with their health care provider (HP 2030 HC/HIT-02)

Activities	Partners	Due Date	Measures
Increase awareness on the communication gaps within local communities	PPHD, Advisory Committee	6/30/2023	# of educational panels held for communities
Increase health literacy throughout the medical community by hosting workshops	PPHD, Hospital Partners, MAPP steering committee	12/30/2023	# of workshops held

OBJECTIVE 2.3: Translate important written materials critical to the public access to education & health materials

Activities	Partners	Due Date	Measures
Partner with the regional Public Health Language Access Network (PHLAN) to access data base & collection of translated products	NALHD, PPHD	ongoing through 6/30/2024	# of translated materials developed
Develop process to translate material published by LHD to multiple languages	NALHD, PPHD	ongoing through 6/30/2024	Complete process document
Assist other community organizations in developing their translation processes	PPHD, Advisory committee	ongoing through 6/30/2024	# of communities with translation processes developed

OBJECTIVE 3.1: Increase Internal Cultural Competency

Activities	Partners	Due Date	Measures
Host virtual monthly staff cultural trainings	PPHD	ongoing through 6/30/2024	Staff responses to cultural trainings in annual review survey
Host annual in person cultural awareness trainings	PPHD	ongoing through 6/30/2024	Staff responses to cultural training in annual review
Provide a database of cultural training materials for staff to access	PPHD	6/30/2023	Staff responses to resources in annual review
Develop a cultural competency review team that will participate in QI processes to ensure that as programs are refined, they are inclusive and equitable	PPHD	12/30/2022	A cultural competency review team is in place

OBJECTIVE 3.2: Increase in the number of workplaces throughout the Panhandle providing DEI trainings to its employees

Activities	Partners	Due Date	Measures
Utilize the Society for Human Resource Management (SHRM) & collaborate to help organizations obtain access to Diversity, Equity, & Inclusion (DEI) Materials	Western Nebraska Human Resources Management (WNHRM), PPHD, Panhandle Worksite Wellness	12/30/2023	# of organizations adding DEI training
Educate employers on the importance of DEI trainings through worksite wellness programs	PPHD, Panhandle Worksite Wellness Council	ongoing through 6/30/2024	# of organizations adding DEI
Develop question on annual worksite wellness survey to track the number of employers who incorporate policies to support DEI	PPHD, Panhandle Worksite Wellness Council	12/30/2022	Question is developed and included on annual survey
Utilize partners to coordinate cultural training opportunities	NALHD, Panhandle Partnership, PPHD	ongoing through 6/30/2024	# of cultural trainings offered

OBJECTIVE 3.3: Increase in the number of community-based cultural training and events

Activities	Partners	Due Date	Measures
Host cultural trainings for the public to attend	NALHD, PPHD, Panhandle Partnership, Extension	ongoing through 6/30/2024	# of cultural trainings offered

OBJECTIVE 4.1: Reduce the proportion of persons who are unable to obtain or delay in obtaining necessary medical care, or prescription medicine by 1 percent per year

Activities	Partners	Due Date	Measures
Seek private funding opportunities to support flexible options for underserved communities to access health services	PPHD, Empowering Families, MAPP steering committee	6/30/2024	# of funding opportunities awarded
Increase awareness of Medicaid expansion by hosting Medicaid sign up sessions in each county	PPHD, Empowering Families, Panhandle Partnership, Panhandle Equality, Nebraska Minority Resource Center	12/30/2022	# of education sessions held
Increase awareness of sliding scale options by hosting workshops in each county	PPHD, Empowering Families, Panhandle Partnership, Panhandle Equality, Nebraska Minority Resource Center	12/30/2022	# of workshops held
Work with hospitals to establish a patient navigator for patients	PPHD, MAPP steering committee	12/30/2023	# of patient navigators available

OBJECTIVE 4.2: Increase awareness of and access to transportation options in the Panhandle by at least 2 percent over the next two years

Activities	Partners	Due Date	Measures
Increase awareness of how to access free or reduced cost transportation by assessing options and distributing finds in health-literate materials	PPHD, local transportation providers	12/30/2022 for assessment 6/30/2023 for dissemination	1 transportation assessment completed, # of people distributed to
Improve travel infrastructure to make travel more accessible, by advocating for complete streets policies	PPHD, Panhandle Worksite Wellness Council, local transportation providers	12/30/2024	# of complete streets policies adopted
Improve travel infrastructure to make travel more accessible, by supporting local groups working on transportation infrastructure improvements	PPHD, Empowering Families, Nebraska Minority Resource Center	12/30/2023	# of travel infrastructure project improvements that are completed

OBJECTIVE 5.1: Sustain minority health assessment process and expand partnerships

Activities	Partners	Due Date	Measures
Utilize state standardized tools to continue data collection and analysis	PPHD, local transportation providers	ongoing through 6/30/2024	# of new data sources developed
Integrate this workplan and the advisory committee team with the MAPP process, steering committee, and CHIP workplan	PPHD, Nebraska Minority Resource Center, Panhandle Equality, Empowering Families	12/30/2022	# of committee members participating in meetings
Actively seek out new partners throughout the Panhandle to assist in reaching minority populations	PPHD, Nebraska Minority Resource Center, Panhandle Equality, Empowering Families	ongoing through 6/30/2024	# of new partners participating in committee meetings

OBJECTIVE 5.2: Expand sources of data and increase data sharing

Activities	Partners	Due Date	Measures
Advocate for increase data sharing with state and local partners	PPHD, DHHS, NALHD, NMRC, Panhandle Equality, Empowering Families	ongoing through 6/30/2024	# of new data sources developed
Work with organizations serving minority populations to assist in survey writing, collection & analysis for their service population	PPHD, DHHS, NALHD, NMRC, Panhandle Equality, Empowering Families	ongoing through 6/30/2024	1 survey is distributed each year

APPENDICES

Health in Disproportionately Affected Communities

Advisory Committee Charter

October 12, 2021

Purpose:

To provide guidance on public health initiatives in the Panhandle of Nebraska with an equity lens.

Advisory Committee Composition

An advisory committee composed of entities and community leaders that are members of, or serve the disproportionately affected communities in the Panhandle.

Advisory Committee Role and Responsibilities

The roles and responsibilities of the Advisory Committee include:

- Sharing information about assessment activities and recruitment for participation
- Development of common standard policies and protocols to guide the Minority Health Assessment work
- Oversight of work products
- Approve Annual Action Plan
- Review and approve community health assessment

Time Commitment

The Advisory Committee meets monthly for the first year of the grant and then quarterly during implementation and following years.

Panhandle
Public Health District

MEETING AGENDA DECEMBER 2021

8:30-10 AM, December 17, 2021, | Location: Virtual via the following Zoom Link:

https://us02web.zoom.us/j/87017443422?pwd=NHY2RWk4d0ZvQTNLaGJIZFdwd0pPdz09

Agenda

Introductions
Last Meeting Follow-up- Megan Barhafer
Visioning - Megan Barhafer
Introduction to Waves of Change - Kelsy Sasse
Wrap-up and Reminders - Megan Barhafer

Last Meeting Follow-Up
- Survey Status

New Business
- N/A

Attendees

Megan Barhafer, Kelsy Sasse, Melissa M., Richard Riley, Myrna Hernandez, Tabi Prochazka, Kim Engel, Val Rodriguez, Marina Girard, Janet Felix, Vianey Zitterkopf

Minutes

Welcome & Roll Call
- *Last meeting follows up and review*
  - *Survey Distribution throughout Southern Panhandle*
  - *Focus group questions finalized - currently scheduling focus groups*

Visioning
  - *Time spent in consensus workshop creating a vision answering the question: "What would health equity look like in the panhandle"*
  - *Copy of virtual sticky wall with brainstorming & initial ideas can be found in the PowerPoint.*
  - *We will write our vision at the start of our next advisory meeting*

Announcements from other organizations

Action Items

- Schedule Focus Groups/ outline which groups to meet with where
- Final push for surveys - please send them to your organizations!

Next Meeting Agenda Items

- Write a vision statement
- Waves of Change

Panhandle
Public Health District

Meeting Agenda February 2022

8:30-10 AM, February 18, 2022| Location: Virtual via the following Zoom Link:

https://us02web.zoom.us/j/87017443422?pwd=NHY2RWk4d0ZvQTNLaGJlZFdwd0pPdz09

Agenda

Introductions
Last Meeting Follow-up - Kelsy Sasse
Strategic Planning PART 1- Megan Barhafer and Kelsy Sasse
- *Victory Circle + Visioning Recap - Kelsy*
- *SWOT - Megan*
Wrap-up and Reminders - Megan Barhafer

Last Meeting Follow-Up
- MHI Waves of Change

New Business
- Strategic plan

Attendees

Megan Barhafer, Kim Engel, Jackie Guzman, Myrna Hernandez, Kelsy Sasse, Tabi Prochazka, Melissa Misegadis, Emily Lodahl, Valeria Rodriguez, Martin Vargas

Minutes

Welcome & Roll Call
- We have focused groups scheduled in Chappell, Big Springs, Scottsbluff (LGBTQ & Native American), Crawford, Rushville, Chadron & Gordon. We are offering **$50 incentives** for those locations however in order to ensure we are getting feedback from our target demographic as well as make sure we are prepared with the correct amount of gift cards, **participants MUST RSVP to a PPHD employee or an advisory committee member who will relay their RSVP to a PPHD employee in order to receive the $50.**
- Review of Waves of Change to help us see the big picture as we begin phase one of our strategic planning (final work product on PowerPoint Slide)
- Strategic Planning Part One- Victory Circle and SWOT analysis attached to PowerPoint Slide

- Timeline- We are nearing the end of our "assessment" phase of our Minority Health Project and will soon begin writing our programming proposal to DHHS. Full timeline can be seen attached to PowerPoint

Announcements from other organizations

- Martin is teaching a Medical Interpretation Class April 4th-8th (contact him for details for now, still working on marketing materials)

Action Items

- Completed Phase One of our Strategic Planning
- Spread the word about any focus groups in your area, seeking participants from Minority populations and offering **$50 incentives but participants MUST RSVP in order to ensure incentive**

Next Meeting Agenda Items

- Strategic Planning Phase 2 and Programming Discussion

MINORITY HEALTH INITIATIVE
PROJECT TIMELINE

1

JUNE 2021

Contracts Developed and Distributed to Local Health Departments

2

OCTOBER 2021

MHI Advisory Committee Formed and Meets for First Time

3

NOVEMBER & DECEMBER 2021

Minority Health Assessment Begins, Surveys begin being circulated

4

JANUARY & FEBRUARY 2022

Focus groups being scheduled and held in each Panhandle community

5

MARCH 2022

Last of Focus Groups being held, Begin Analyzing Data and writing programming proposals

6

APRIL 8TH 2022

Programming proposals due to DHHS

7

JUNE 2022

DHHS makes funding and programming decisions

8

JUNE 2022- JUNE 2024

LHD will continue to work on project implementation based off of funding and programming proposal

WHAT AFFECTS YOUR HEALTH?

What was the last major health issue that you or your family experienced?

What worries you most about your health or the health of your family?

What is something you do to be healthy?

In your town what are the top 3 health

- [ ] Alcohol, Drugs, and Tobacco Use
- [ ] Asthma
- [ ] Cancer
- [ ] Challenges getting healthy and affordable food
- [ ] Chronic lung disease (asthma, COPD)
- [ ] Diabetes
- [ ] Getting around town safely (driving, walking, and riding)
- [ ] Getting enough exercise
- [ ] Heart Disease (for example: high blood pressure, stroke, etc.)
- [ ] Mental Health (for example: Depression, Anxiety, Post-traumatic stress, suicide, eating disorders, etc.)
- [ ] Something else _____

COVID-19 response in your area?

What has gone well?

Where can we improve?

Panhandle
Public Health District

Demographics

Zip Code: _____

Birth Year: _____

What is your race?

  White/Caucasian
  Black or African American
  Asian
  American Indian or Alaska Native
  Native Hawaiian or Pacific Islander
  Other: _____

Are you of Hispanic or Latino origin?

  Yes
  No

What is your gender?

  Do you identify as a member of the transgender community? Y/N

What is your sexual orientation?

  Heterosexual or straight
  Gay or lesbian
  Bisexual
  Other: _____
  Decline to answer

live, learn, work, and play

For a Healthier Panhandle

2022 Focus Group Guide for Community Themes and Strengths Assessment

Before we get started, I'd like to take a moment to introduce ourselves. If you could please tell everyone your name and how long you have lived in the area.

I'm going to start with saying that we will be recording our conversation tonight for note taking purposes however I want to assure you all that there will be no identifying factors and your identity will be kept completely anonymous. **(Start Recording Now)** With that, We would like to talk with you today about your community and your ideas about the strengths and needs of your community. Everyone's opinion is important, so I want to make sure that all get a chance to talk. Feel free to respond to each other and give your opinion even if it differs from your neighbor. Occasionally I may interrupt to move on to the next question, but I will do so just to make sure we cover all the topics that we want to talk about today. It will never mean that I do not think what you are saying is important.

Focus Group Ground Rules
We have a lot to cover, so we will all need to do a few things to get our jobs done:

1. Talk one at a time and in a voice at least as loud as mine.

2. We need to hear from every one of you during the discussion even though each person does not have to answer every question.

3. Feel free to respond to what has been said by talking to me or to any other member of the group. That works best when we avoid side conversations and talk one at a time.

4. There are no wrong answers, just different opinions. We are looking for different points of view. So just say what is on your mind.

5. We do have a lot to cover, so you may all be interrupted at some point in order to keep moving and to avoid running out of time.

6. We value your opinions, both positive and negative, and we hope you choose to express them during the discussion.

7. Everything you say in this group is to remain confidential. This means that we require that each one of you agree not to repeat anything talked about within this group to anyone outside of the group.

Again, this focus group is confidential. Notes will be made anonymously. We ask you to respect this understanding and refrain from speaking about specifics about this group with others afterwards.

1. **First, I would like to start by getting an idea of how you would describe your personal community. If you were talking with a friend or family member who had never been here, how would you describe your community to him or her?**
Probes: What does it look like; get an idea of physical boundaries—definition of community; what is different about here compared to there; what types of things are available here; what activities do you do here, who are the people - specifically ask for strengths if not called out

2. **What would you consider strong resources within your community?**

3. **What are some of the things that you see as lacking in your community?**
Probes: Needs; health needs, specific services.

4. **How do you think your community has changed in the last 5-10 years?**

5. **How would you describe the interactions between community members from different backgrounds? Think about community members of different races, different abled (for example, handicapped), LGBTQ+, etc.**

6. **Have you ever felt singled out because of an identity you hold?**

7. **A Community Health Survey was recently completed in your community.**

    The top 3 biggest Health concerns were: (Listed health concerns specific to focus group location)
    1.
    2.
    3.

    a. **Why do you think these are the top concerns? (Five Whys)**

    b. **Are there things we may be missing?**

8. **Do you feel you have equal access to the healthcare system (language, transportation, wait times, health insurance, cultural differences, etc.)**

    a. **Is it as easy for you as it seems to be for your community members?**

9. **If you had a magic wand, what is one thing you would improve within your community?**

2022 Focus Group Participant Survey

Please provide the following information about yourself. It will be used for demographic purposes only. Keep in mind you will NOT be identified in any way with your answers.

1. Zip code: _____

2. County of residence:
    - ☐ Banner
    - ☐ Box Butte
    - ☐ Cheyenne
    - ☐ Dawes
    - ☐ Deuel
    - ☐ Garden
    - ☐ Grant
    - ☐ Kimball
    - ☐ Morrill
    - ☐ Scotts Bluff
    - ☐ Sheridan
    - ☐ Sioux
    - ☐ Other: _____

3. Gender identity:
    - ☐ Male
    - ☐ Gender non-conforming
    - ☐ Transgender male (female to male)
    - ☐ Female
    - ☐ Decline to answer
    - ☐ Transgender female (male to female)
    - ☐ Other: _____

4. Sexual orientation:
    - ☐ Heterosexual or straight
    - ☐ Gay or lesbian
    - ☐ Bisexual
    - ☐ Decline to answer
    - ☐ Other: _____

5. Highest level of education:
    - ☐ Less than high school graduate
    - ☐ High school diploma or GED
    - ☐ Associates or Technical Degree
    - ☐ College degree or higher
    - ☐ Decline to answer
    - ☐ Other: _____

6. Race:
    - ☐ White
    - ☐ Black or African American
    - ☐ Asian
    - ☐ Native Hawaiian or Other Pacific Islander
    - ☐ American Indian or Alaska Native
    - ☐ Decline to answer
    - ☐ Other: _____

7. Are you Hispanic or Latino/a/x?
    - ☐ Yes
    - ☐ No
    - ☐ Decline to answer

8. Age:
   ☐ Under 18 years   ☐ 18-25 years   ☐ 26-39 years
   ☐ 40-54 years   ☐ 55-64 years   ☐ 65-80 years
   ☐ Over 80 years

9. Marital Status:
   ☐ Married/Partnered   ☐ Divorced   ☐ Never married
   ☐ Separated   ☐ Widowed   ☐ Decline to answer
   ☐ Other: _____

10. Household Income:
    ☐ Less than $20,000   ☐ $20,000 to $29,999
    ☐ $30,000 to $49,999   ☐ $50,000 to $74,999
    ☐ $75,000 to $99,999   ☐ Over $100,000
    ☐ Decline to answer

11. Military status (Check all that apply):
    ☐ I served or currently serve in the military
    ☐ My husband, wife, or significant other served or currently serves in the military
    ☐ My child served or currently serves in the military
    ☐ My parent served or currently serve in the military
    ☐ My brother/sister served or currently serves in the military
    ☐ None of the above
    ☐ Other: _____

Local Public Health System Assessment continued

Health Equity

System Contributions to Assuring Health Equity

When completing the Local Public Health System (LPHS) Assessment using the National Public Health Performance Standards (NPHPS) Instrument, your group can reframe questions about essential service delivery to identify how well the LPHS acknowledges and addresses health inequities. The following questions provide examples of how the instrument can be revised to focus on health equity.

Essential Public Health Service 1: Monitoring Health Status

At what level does the LPHS...

- Conduct a community health assessment that includes indicators intended to monitor differences in health and wellness across populations, according to race, ethnicity, age, income, immigration status, sexual identify, education, gender, and neighborhood?

No Activity	Minimal	Moderate	Significant	Optimal
☐	☐	[x]	☐	☐

- Monitor social and economic conditions that affect health in the community, as well as institutional practices and policies that generate those conditions?

No Activity	Minimal	Moderate	Significant	Optimal
☐	☐	[x]	☐	☐

Essential Public Health Service 2: Diagnosing and Investigating Health Problems

At what level does the LPHS...

- Operate or participate in surveillance systems designed to monitor health inequities and identify the social determinants of health inequities specific to the jurisdiction and across several of its communities?

No Activity	Minimal	Moderate	Significant	Optimal
☐	☐	[x]	☐	☐

- Collect reportable disease information from community health professionals about health inequities?

No Activity	Minimal	Moderate	Significant	Optimal
☐	☐	☐	[x]	☐

- Have the necessary resources to collect information about specific health inequities and investigate the social determinants of health inequities?

No Activity	Minimal	Moderate	Significant	Optimal
☐	[x]	☐	☐	☐

Essential Public Health Service 3: Inform, Educate, and Empower People about Health Issues

At what level does the LPHS...

- Provide the general public, policymakers, and public and private stakeholders with information about health inequities and the impact of government and private sector decision-making on historically marginalized communities?

No Activity	Minimal	Moderate	Significant	Optimal
☐	☐	[x]	☐	☐

- Provide information about community health status (e.g., heart disease rates, cancer rates, and environmental risks) and community health needs in the context of health equity and social justice?

No Activity	Minimal	Moderate	Significant	Optimal
☐	☐	[x]	☐	☐

PHASE THREE: Four MAPP Assessments

Mobilizing for Action through Planning and Partnerships (MAPP): User's Handbook

72a

System Contributions to Assuring Health Equity

- Plan and conduct health promotion and education campaigns that are appropriate to culture, age, language, gender, socioeconomic status, race/ethnicity, and sexual orientation?

No Activity	Minimal	Moderate	Significant	Optimal
☐	☐	☐	☒	☐

- Plan campaigns that identify the structural determinants of health inequities and the social determinants of health inequities (rather than focusing solely on individuals' health behaviors and decision-making)?

No Activity	Minimal	Moderate	Significant	Optimal
☐	☐	☐	☒	☐

Essential Public Health Service 4: Mobilizing Community Partnerships to Identify and Solve Health Problems

At what level does the LPHS…

- Have a process for identifying and engaging key constituents and participants that recognizes and supports differences among groups?

No Activity	Minimal	Moderate	Significant	Optimal
☐	☐	☐	☒	☐

- Provide institutional means for community-based organizations and individual community members to participate fully in decision-making?

No Activity	Minimal	Moderate	Significant	Optimal
☐	☐	☐	☒	☐

- Provide community members with access to community health data?

No Activity	Minimal	Moderate	Significant	Optimal
☐	☐	☐	☒	☐

Essential Public Health Service 5: Developing Policies and Plans that Support Individual Community Health Efforts

At what level does the LPHS…

- Ensure that community-based organizations and individual community members have a substantive role in deciding what policies, procedures, rules, and practices govern community heath efforts?

No Activity	Minimal	Moderate	Significant	Optimal
☐	☐	☐	☒	☐

Essential Public Health Service 6: Enforce Laws and Regulations that Protect Health and Ensure Safety

At what level does the LPHS…

- Identify local public health issues that have a disproportionate impact on historically marginalized communities (that are not adequately addressed through existing laws, regulations, and ordinances)?

No Activity	Minimal	Moderate	Significant	Optimal
☐	☐	☒	☐	☐

72b

Mobilizing for Action through Planning and Partnerships (MAPP): User's Handbook

Local Public Health System Assessment continued

System Contributions to Assuring Health Equity

Essential Public Health Service 7: Link People to Needed Personal Health Services

At what level does the LPHS…

- Identify any populations that may experience barriers to personal health services based on factors such as on age, education level, income, language barriers, race or ethnicity, disability, mental illness, access to insurance, sexual orientation and gender identity, and additional identities outlined in Model Standard 7.1?

No Activity	Minimal	Moderate	Significant	Optimal
☐	☐	☐	x	☐

- Identify the means through which historical social injustices specific to the jurisdiction (e.g., the inequitable distribution health services and transportation resources) may influence access to personal health services?

No Activity	Minimal	Moderate	Significant	Optimal
☐	x	☐	☐	☐

- Work to influence laws, policies, and practices that maintain inequitable distributions of resources that may influence access to personal health services?

No Activity	Minimal	Moderate	Significant	Optimal
☐	☐	x	☐	☐

Essential Public Health Service 8: Assure a Competent and Personal Health Care Workforce

At what level does the LPHS…

- Conduct assessments related to developing staff capacity and improving organizational functioning to support health equity initiatives?

No Activity	Minimal	Moderate	Significant	Optimal
☐	☐	☐	x	☐

- Identify staff perspectives on the facilitators and barriers to addressing health equity initiatives?

No Activity	Minimal	Moderate	Significant	Optimal
☐	☐	☐	x	☐

- Include staff members that are often excluded from planning and organizational decision-making processes in workforce assessments?

No Activity	Minimal	Moderate	Significant	Optimal
☐	☐	☐	x	☐

- Recruit and train staff members from multidisciplinary backgrounds that are committed to achieving health equity?

No Activity	Minimal	Moderate	Significant	Optimal
☐	☐	☐	x	☐

- Recruit and train staff members that reflect the communities they serve?

No Activity	Minimal	Moderate	Significant	Optimal
☐	☐	☐	x	☐

Mobilizing for Action through Planning and Partnerships (MAPP): User's Handbook

72c

Essential Public Health Service 9: Evaluate the Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services

At what level does the LPHS...

- Identify community organizations or entities that contribute to the delivery of the Essential Public Health Services to historically marginalized communities?

No Activity	Minimal	Moderate	Significant	Optimal
☐	☐	☐	☒	☐

- Monitor the delivery of the Essential Public Health Services to ensure that they are equitably distributed?

No Activity	Minimal	Moderate	Significant	Optimal
☐	☒	☐	☐	☐

Essential Public Health Service 10: Research for New Insights and Innovative Solutions to Health Problems

At what level does the LPHS...

- Encourage staff, research organizations, and community members to explore the root causes of health inequity, including solutions based on research identifying the health impact of structural racism, gender and class inequity, social exclusion, and power differentials?

No Activity	Minimal	Moderate	Significant	Optimal
☐	☒	☐	☐	☐

- Share information and strategize with other organizations invested in eliminating health inequity?

No Activity	Minimal	Moderate	Significant	Optimal
☐	☐	☐	☒	☐

- Use Health Equity Impact Assessments to analyze the potential impact of local policies, practices, and policy changes on historically marginalized communities?

No Activity	Minimal	Moderate	Significant	Optimal
☒	☐	☐	☐	☐

- Facilitate substantive community participation in the development and implementation of research about the relationships between structural social injustices and health status?

No Activity	Minimal	Moderate	Significant	Optimal
☒	☐	☐	☐	☐

72d

Mobilizing for Action through Planning and Partnerships (MAPP): User's Handbook

Panhandle Prevention Coalition: Evaluation Results

Prepared for the Panhandle Prevention Coalition

March 18, 2022

Mark DeKraai
Megan Allen
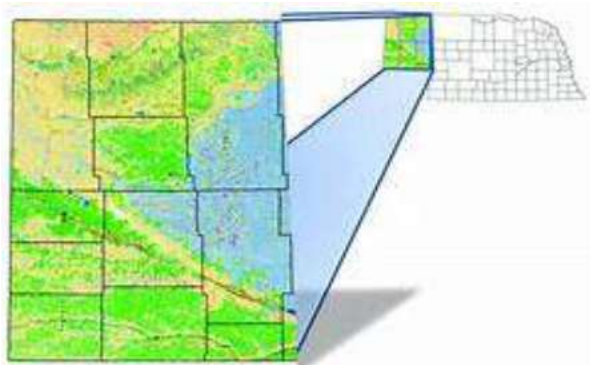
This report summarizes evaluation results presented to the Panhandle Prevention Coalition on January 21, 2022. Analyses for the evaluation were primarily based on data from the 2018 administration of the Nebraska Risk and Protective Factor Student Survey, and also included data from a recent suicide prevention survey conducted in the Panhandle, and suicide lifeline data. This report also explores potential future analyses based on the 2021 Nebraska Risk and Protective Factor Student Survey.

Key Evaluation Findings and Implications

Key Finding 1: The Panhandle Prevention Coalition has made substantial progress in reducing youth substance use, however in recent years, that progress has leveled off.

Implication: Prevention works. Evaluation results indicate prevention is a good investment. New strategies may be needed to continue the progress to achieve further reductions in adolescent substance use.

Efforts by the Panhandle Prevention Coalition and others in the Panhandle have been remarkably successful in reducing student substance use over the last 15 years. Figures 1 and 2 show substantial decreases in impaired driving and binge drinking for 10th and 12th grade students.

Figure 1: Panhandle Impaired Driving by Grade and Year

Panhandle 30 day impaired driving by grade & year

	2005	2007	2010	2012	2014	2016	2018
10th Grade	18.8%	15.1%	8.1%	4.8%	1.9%	1.9%	1.8%
12th Grade	44.5%	35.9%	22.1%	9.0%	5.0%	6.8%	6.4%
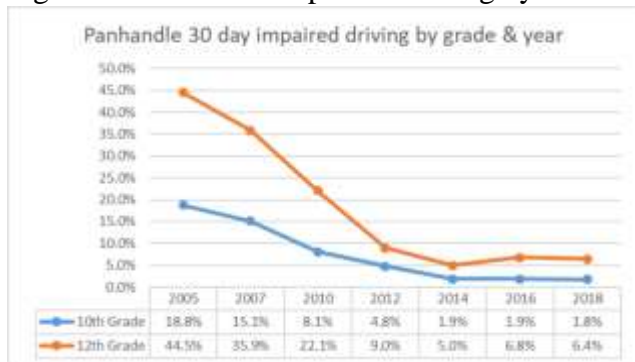
Figure 2: Panhandle Binge Drinking by Grade & Year

Panhandle 30 day binge drinking by grade & year

	2005	2007	2010	2012	2014	2016	2018
10th Grade	25.7%	21.9%	16.7%	12.6%	11.3%	8.9%	9.1%
12th Grade	36.1%	28.4%	23.8%	22.4%	18.2%	17.3%	17.0%
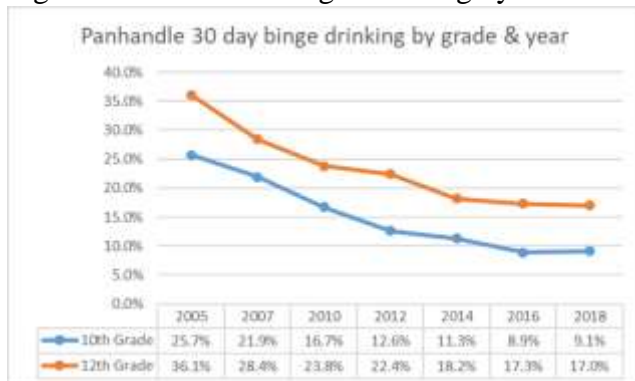
In recent years, however, trends in student substance use have leveled off or reversed. Figure 3 indicates a significant decrease in alcohol use from 2012 to 2014, but significant increases in 2016 and 2018. Marijuana use has stayed level throughout this period and has not significantly increased or decreased (see Figure 4 – green arrows indicate significant positive change; red arrows indicate significant negative change).

Figure 3: Panhandle Student Alcohol Use by Year
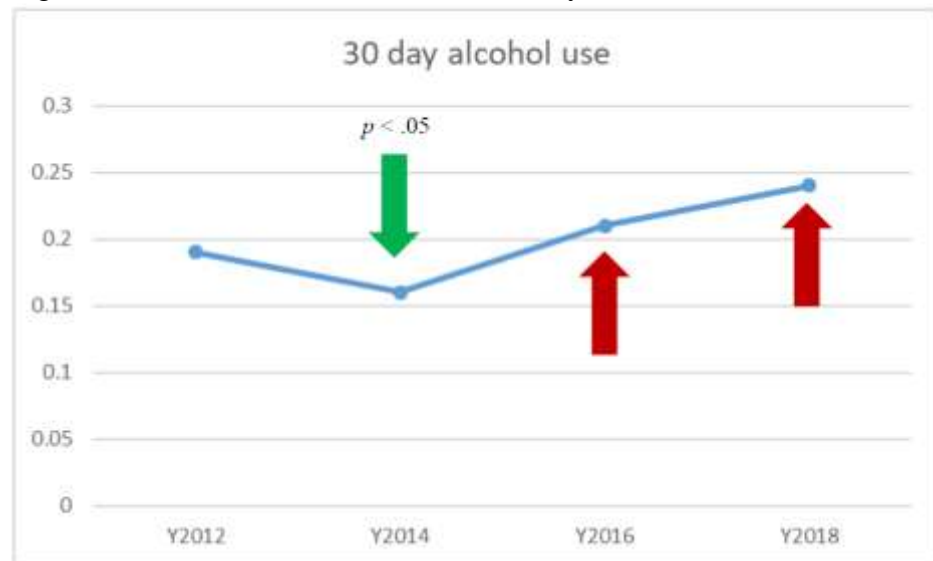
Figure 4: Panhandle Marijuana Use by Year
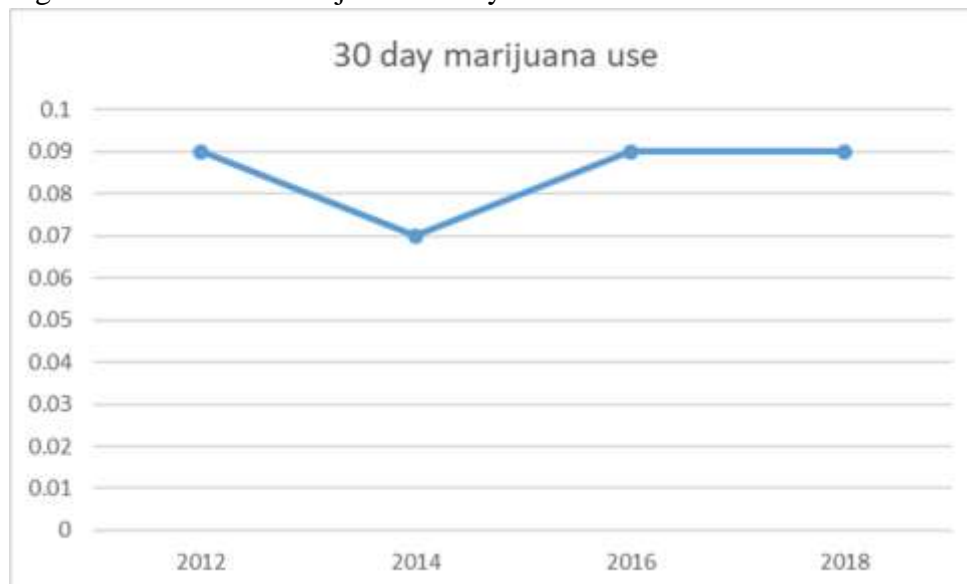
Tobacco use by students in the Panhandle has shown some reduction in recent years. Figure 5 shows that cigarette use significantly decreased between 2012 and 2014, but has remained steady from 2014 through 2018. Smokeless tobacco use significantly decreased between 2016 and 2018 (see Figure 6).

Figure 5: Panhandle Cigarette Use by Year
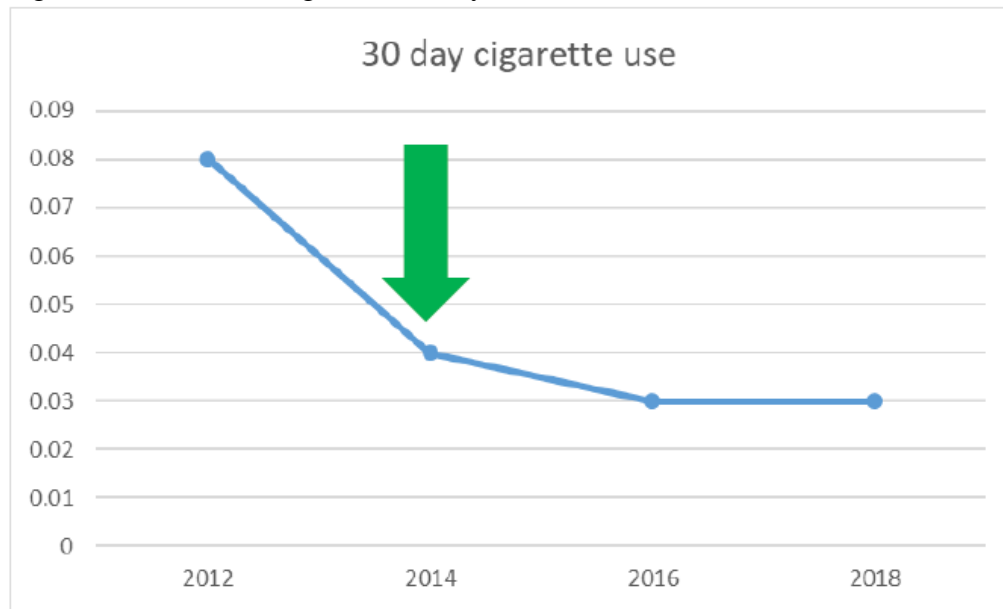
Figure 6: Panhandle Smokeless Tobacco Use by Year
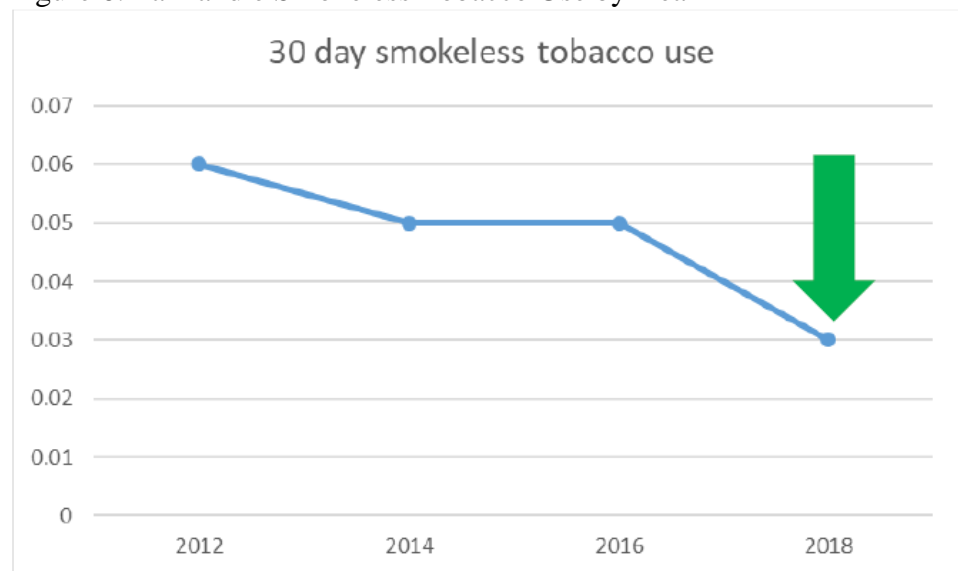
On the other hand, vaping in the Panhandle has increased significantly. Figure 7 shows that 30-day vaping more than doubled for 10th and 12th grade students from 2016 to 2018. Lifetime vaping also increased significantly (see Figure 8).

Figure 7: Panhandle 30-Day Vaping by Grade & Year

Panhandle 30 day vaping by grade & year

	Yr 2016	Yr 2018
10th Grade	15.3%	31.0%
12th Grade	18.2%	45.4%
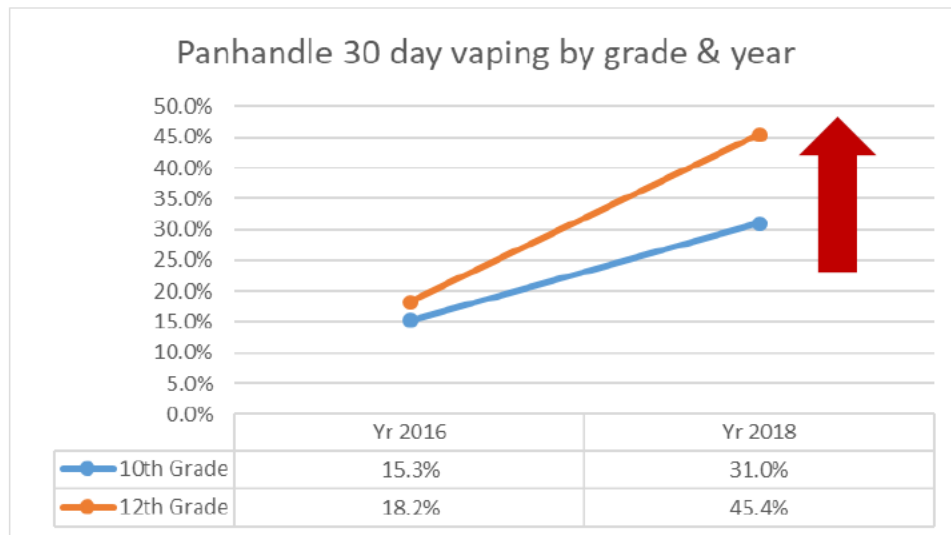
Figure 8: Panhandle Lifetime Vaping by Grade & Year

Pandhandle lifetime vaping by grade & year

	Yr 2016	Yr 2018
10th Grade	34.6%	45.0%
12th Grade	51.5%	58.3%
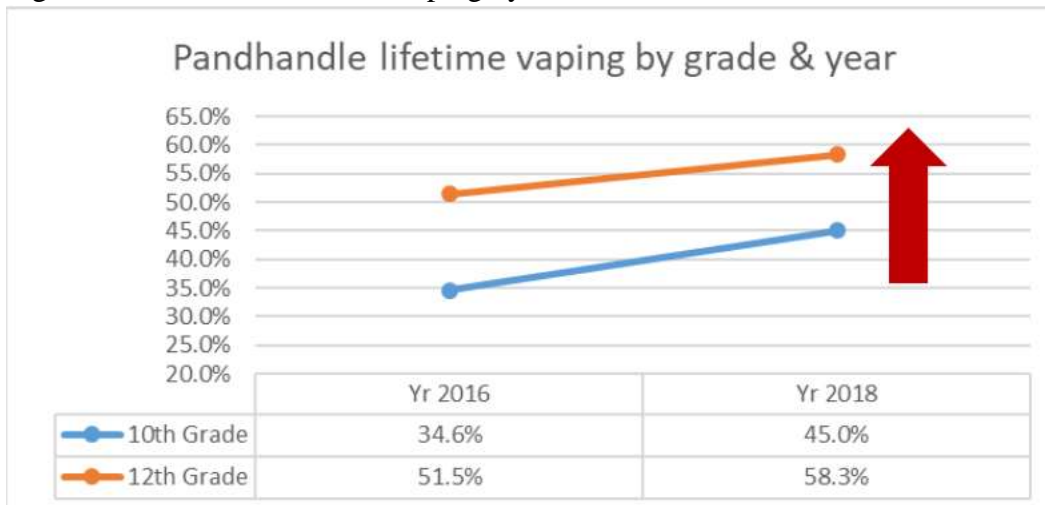
Key Finding 2: Substance use is associated with mental health and bullying

Implication: Prevention efforts for substance use & bullying, and mental health promotion should be coordinated

Although we don't fully understand the causal relationship, mental health indicators are significantly related to adolescent substance use. Figure 9 show significant relationships between

30-day alcohol use and bullying, suicide ideation and attempts, feeling sad or hopeless, being worried, and self-injury.

Figure 9: Mental Health Indicators Associated with Alcohol Use for Panhandle Students - 2018

Mental health factors associated with 30 day alcohol use	No Use	Use	F	P< .05
Ever bullied?	0.28	0.36	8.76	.003
Past 12 months, considered attempting suicide?	0.18	0.37	53.66	.000
Past 12 months, attempted suicide?	0.05	0.11	14.01	.000
Past 12 months, sad or hopeless for two or more weeks?	0.38	0.58	47.88	.000
Past 12 months, worried and could not sleep frequency	2.77	3.18	41.19	.000
Past 12 months, hurt or injure yourself on purpose?	0.16	0.31	43.38	.000

Mental health indicators such as being worried to the point of sleep disruption, feeling sad or hopeless for two or more weeks, and considering suicide significantly increased (worsened) for Panhandle students from 2016 to 2018 (see Figure 10).

Figure 10: Mental Health Indicators by Year
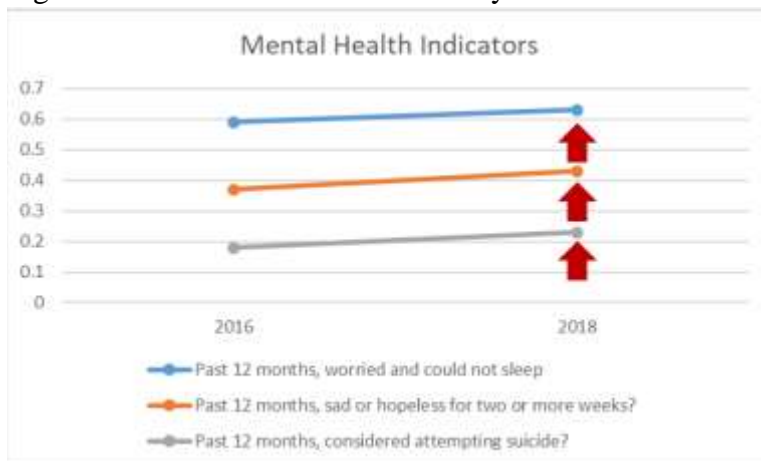
Students using one type of substance are at higher risk for using other substances. For example, Figure 11 shows a significant relationship between using alcohol and vaping, tobacco, and marijuana.

Figure 11: Other Substance Use Associated with Alcohol Use for Panhandle Students in 2018

Relationship between alcohol and other substance use				
Item	N	M	SD	r
Lifetime vape use	1670	1.60	0.49	.601*
Lifetime smokeless tobacco use	1669	1.87	0.34	.396*
Lifetime cigarette use	1665	1.81	0.39	.495*
Lifetime marijuana use	1667	1.40	0.90	.518*

* denotes statistically significant correlations at $p < .05$.

Often students have multiple risk factors for substance use and mental health. Figure 12 shows that only 10.5% of students have no risk factors while nearly 20% have six or more risk factors.

Figure 12: Number of Risk Factors for Panhandle Students in 2018
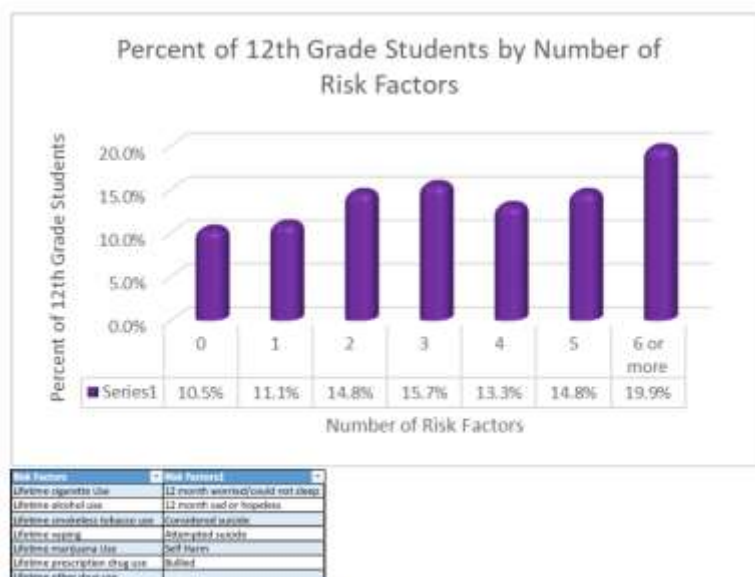
Key Finding 3: Lower substance use is associated with healthy behaviors such as diet, exercise, and sleep

Implications: Substance use prevention & health promotion are symbiotic and should be coordinated

Healthy behaviors are associated with less frequent substance use. This may not be surprising since students who are interested in health eating and diet may also avoid substances that can harm their bodies. For the following figures, green borders indicate significant relationships. Figures 13 through 17 show use of alcohol, marijuana and tobacco was significantly associated with exercise, healthy eating, and getting enough sleep. For example, students who exercised frequently were less likely to use alcohol, marijuana, and tobacco (Figure 13). Healthy behaviors were also significantly associated with mental health (feeling sad or hopeless); however, drinking soda or pop was not significantly associated with feeling sad or hopeless (see figure 15).

Figure 13: Significant Relationships Between Exercise and Substance Use/Mental Health - 2018

Exercise Frequency by Outcome

	Alcohol Use	Marijuana Use	Tobacco Use	Feel Hopeless
■ Yes	0.54	0.42	0.45	0.45
■ No	0.6	0.62	0.59	0.61
	P=.010	P=.000	P=.000	P=.000
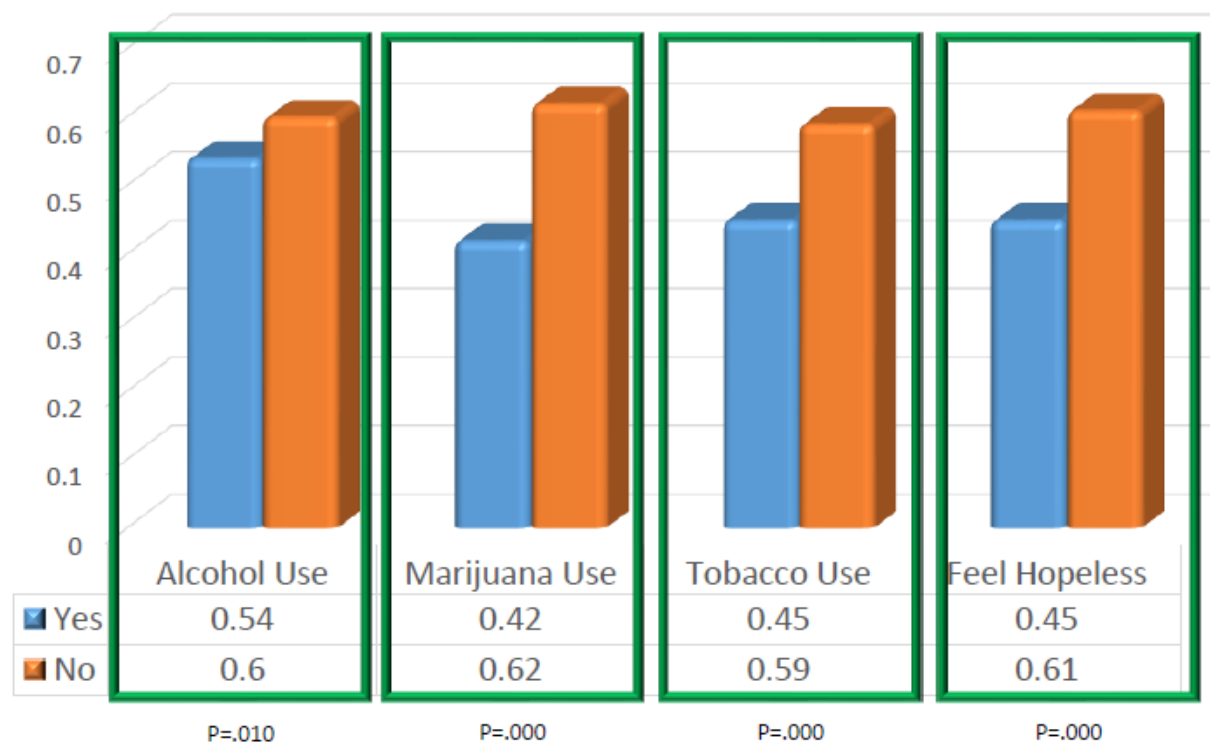
Figure 14: Significant Relationship Between Soda Use and Substance Use/Mental Health - 2018

Frequency Soda/Pop Use by Outcome

	Alcohol Use	Marijuana Use	Tobacco Use	Feel Hopeless
Yes	2.71	2.8	3.13	2.7
No	2.32	2.42	2.38	2.47
	P=.000	P=.000	P=.000	P=.010
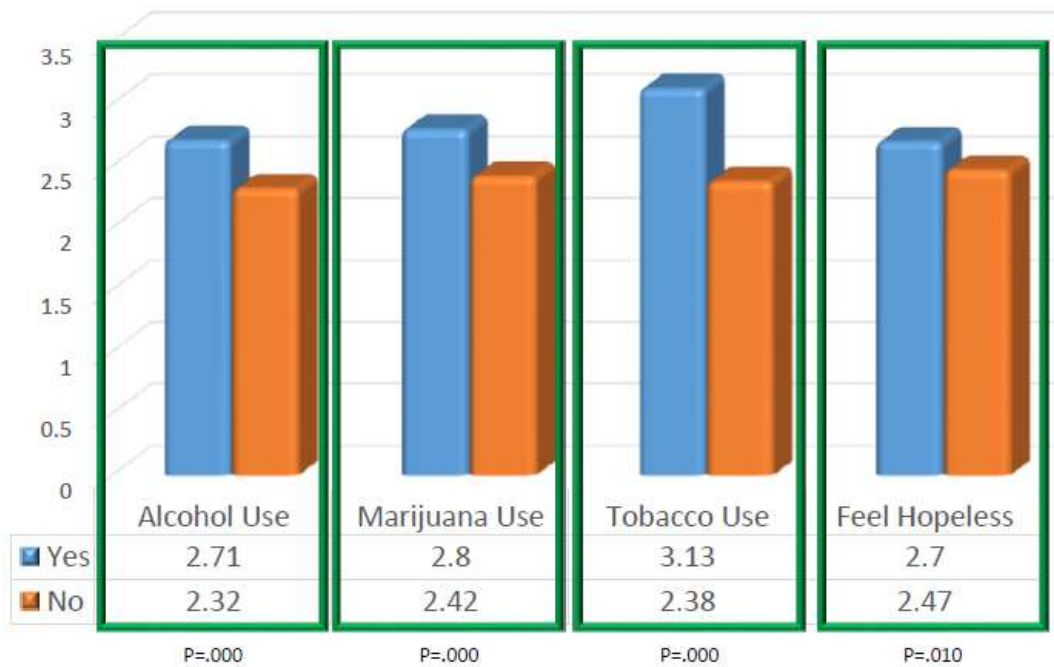
Figure 15: Significant Relationship Between Eating Fruit and Substance Use/Mental Health

Frequency Eating Fruit by Outcomes

	Alcohol Use	Marijuana Use	Tobacco Use	Feel Hopeless
Yes	3.04	2.97	2.85	2.99
No	3.23	3.18	3.19	3.17
	P=.018	P=.024	P=.001	
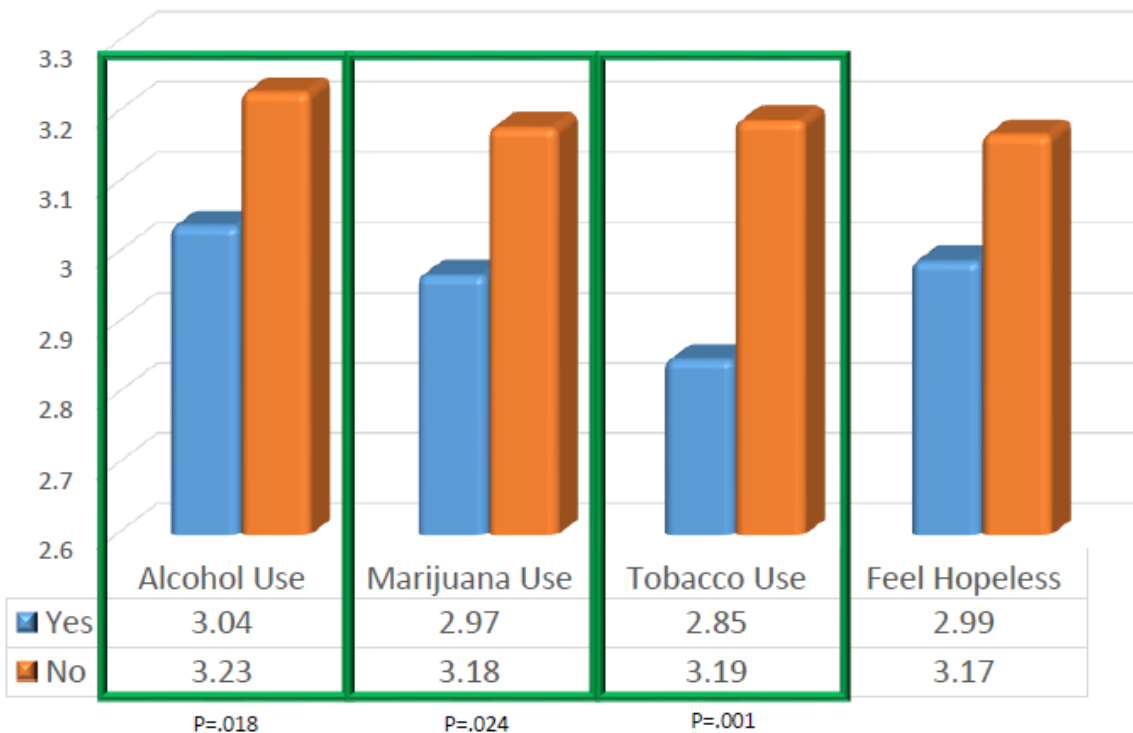
Figure 16: Significant Relationship Between sleep and Substance Use/Mental Health - 2018

Outcomes by Getting 8+ Hours Sleep

	Alcohol Use	Marijuana Use	Tobacco Use	Feel Hopeless
No	2.55	1.86	1.44	1.84
Yes	2.03	1.48	1.26	1.73
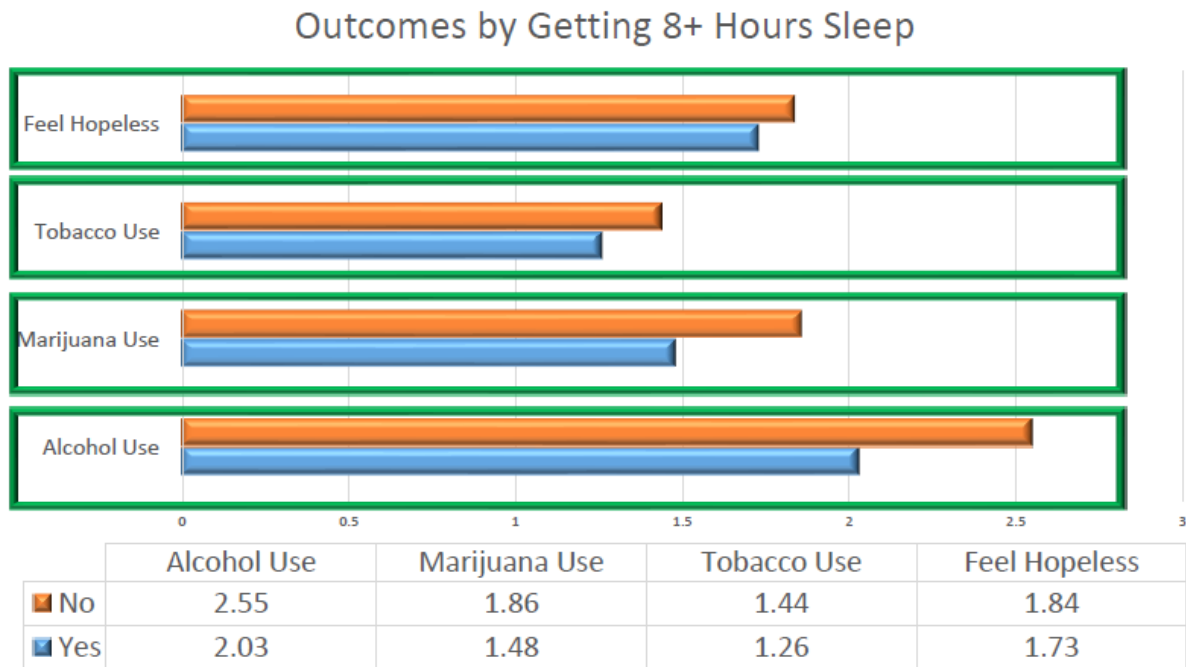
Figure 17: Significant Relationship Between Drinking Milk and Substance Use/Mental Health

Frequency Milk Drinking by Outcome

	Alcohol Use	Marijuana Use	Tobacco Use	Feel Hopeless
Yes	3.22	3.03	3.2	3.1
No	3.55	3.48	3.41	3.45
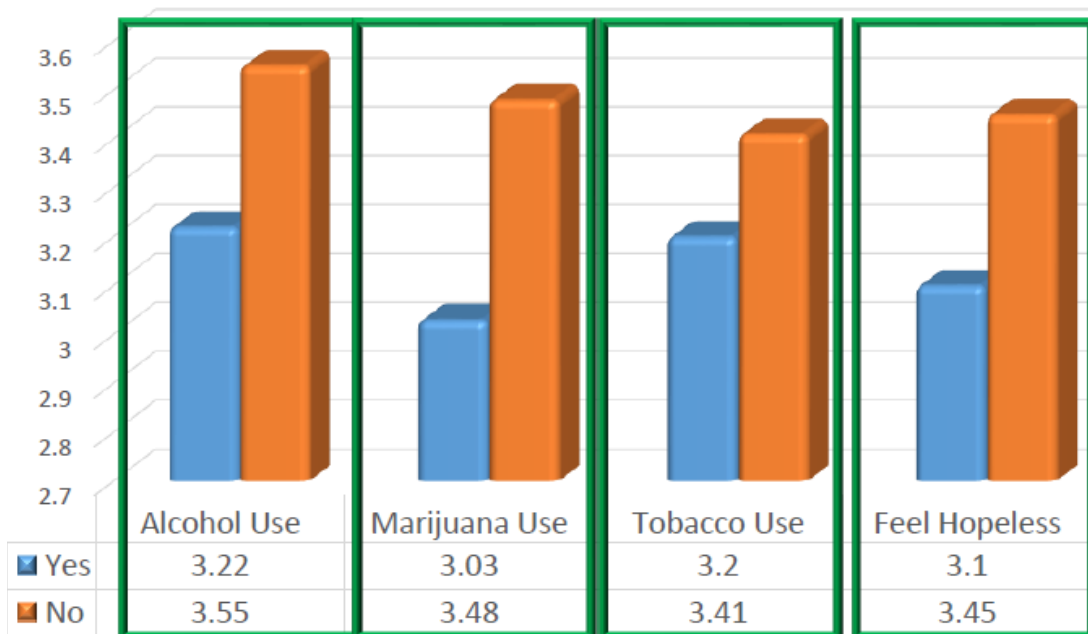
Key Finding 4: Community protective factors (involvement in activities, adults who listen) significantly moderated substance use

Implication: Fostering community participation helps prevent youth substance use

Figure 18 indicates a significant relationship between 30-day alcohol use and the degree to which students have an adult to talk to at home, in their school and in the community. Further, Figures 19 and 20 show that community factors were significant moderators for alcohol and marijuana use.

Key Finding 5: Perceptions about ease of access, likelihood of getting caught, and risks of using are associated with substance use

Implication: reducing access to substances and educating about risks are effective prevention strategies

Figure 18 show lower alcohol use for students who believe 1) it is wrong to use alcohol, 2) their parents think it is wrong for them to use alcohol, 3) there is a risk of harm from drinking, 4) they would be caught if they used alcohol, and 5) it is difficult to access alcohol.

Figure 18: Significant Relationships Between 30-Day Alcohol Use and Adults Who Listen and Perceptions about Risk and Attitudes

Protective Factors – 30 day Alcohol Use

Factor Associated with Alcohol 30 Day Use (Panhandle 2018 NRPFSS)	Scale	Means		F	P < .05
		Use	Non use		
Adult who listens at school	1 strongly disagree – 4 strongly agree	2.97	3.1	7.15	.007*
Ault who listens at home	1 strongly disagree – 4 strongly agree	3.03	3.24	16.99	.000*
Adult who listens in community (2016)	1 strongly disagree – 4 strongly agree	2.93	3.12	10.0	.000*
Wrong to use alcohol regularly	1 very wrong – 4 not wrong at all	2.97	3.29	368.0	.000*
Parents think wrong to use	1 strongly disagree – 4 strongly agree	3.09	3.72	225.6	.000*
Risk of harm in 1-2 drinks/day	1 no risk – 4 great risk	2.41	2.87	70.6	.000*
Would be caught by police (2016)	1 strongly disagree – 4 strongly agree	2.12	2.60	101.5	.000*
Easy to get	1 very easy – 4 very hard	1.82	2.72	203.1	.000*

Key Finding 6: ACE risk factors (e.g., adult w/MH/SA issues) were associated with alcohol and marijuana use

Implication: Early intervention and targeting high-risk youth may be effective prevention strategies

Figure 19 shows the results of a logistical regression analysis for all Nebraska NRPFSS data and indicate a significant relationship between alcohol use and adverse childhood experiences (ACEs). Figure 20 shows this same relationship for marijuana use. Students with more ACEs are more likely to use these substances. For both alcohol and marijuana use, community factors moderated the effects of adverse childhood experiences. In other words, youth exposed to ACEs, are less likely to use alcohol or marijuana if they are involved in community activities or have an adult in the community they can talk to.

Figure 19: Analysis of Adverse Childhood Experiences and Moderating Factors in Relation to Alcohol Use

Logistical Regression Analysis - Alcohol Use

Each ACEs increased odds of alcohol use by 25%

Family factors reduced alcohol use but were not significant moderator

Each ACEs increased odds of alcohol use by 27%

Community factors reduced alcohol use and were a significant moderator

Each ACEs increased odds of alcohol use by 28%

School factors reduced alcohol use but were not significant moderator

Alcohol Use
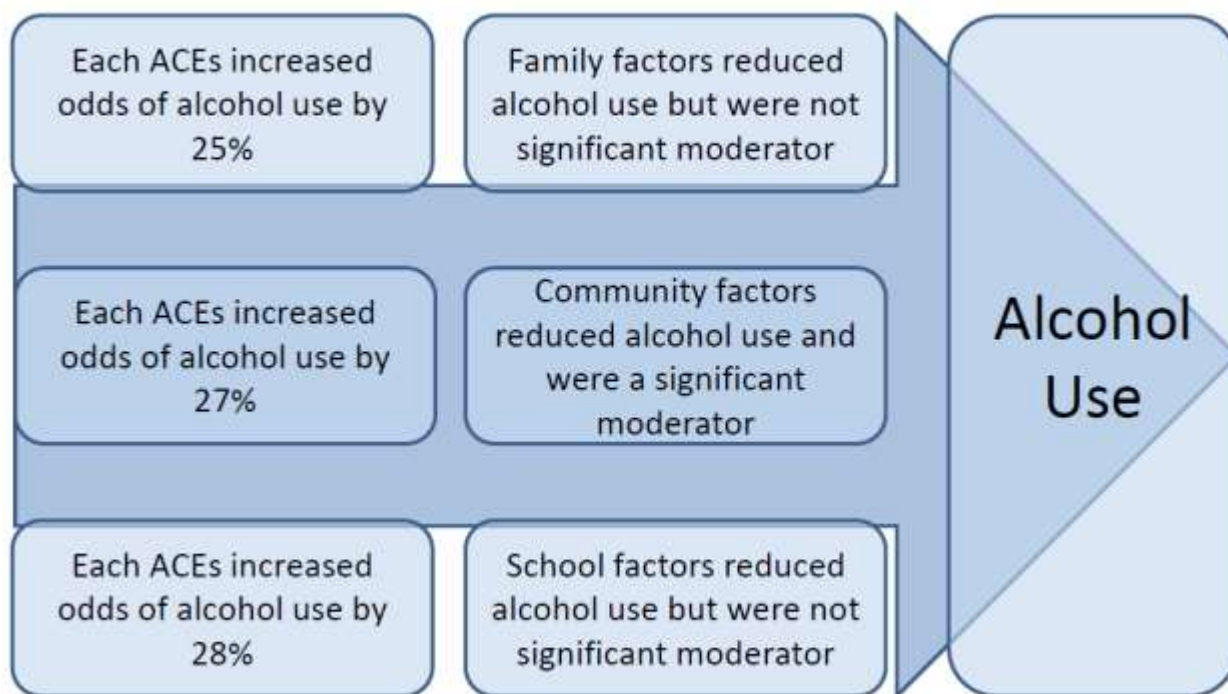
Kelsey McCoy, 2018 – Analysis of 2016 NRPFSS Data

Figure 20: Analysis of Adverse Childhood Experiences and Moderating Factors in Relation to Marijuana Use

Logistical Regression Analysis - Marijuana Use

Each ACEs increased odds of marijuana use by 71%

Family factors reduced marijuana use and were a significant moderator

Each ACEs increased odds of marijuana use by 69%

Community factors reduced marijuana use and were a significant moderator

Each ACEs increased odds of marijuana use by 70%

School factors reduced marijuana use but were not a significant moderator

Marijuana Use

Kelsey McCoy, 2018 – Analysis of 2016 NRPFSS Data

Key Finding 7: Substance use is associated with perceived use by peers

Implication: Education about actual usage and peer selection may be effective prevention strategies

Figures 21 through 23 show that use of marijuana, alcohol and cigarettes is associated with a youth's perceptions about the percentage of students who use these substances. Students who believe a higher percentage of their peers use substances, are more likely to use substances themselves. There are two possible explanations for this relationship: 1) youth who believe most youth use a substance are more likely to try the drug – "Everyone is using, so why shouldn't I?" 2) youth who use a substance associate with other youth who use the same substance; since their peer group has a larger percentage of substance users, their perception about the prevalence of use among the general student population is skewed. Providing education about actual prevalence of student substance use (no, not everyone uses alcohol, marijuana or cigarettes) and helping youth understand the importance of positive peer selection may be two beneficial prevention strategies.

Figure 21: Relationship Between Marijuana Use and Perceived Use by Peers – Panhandle 2018
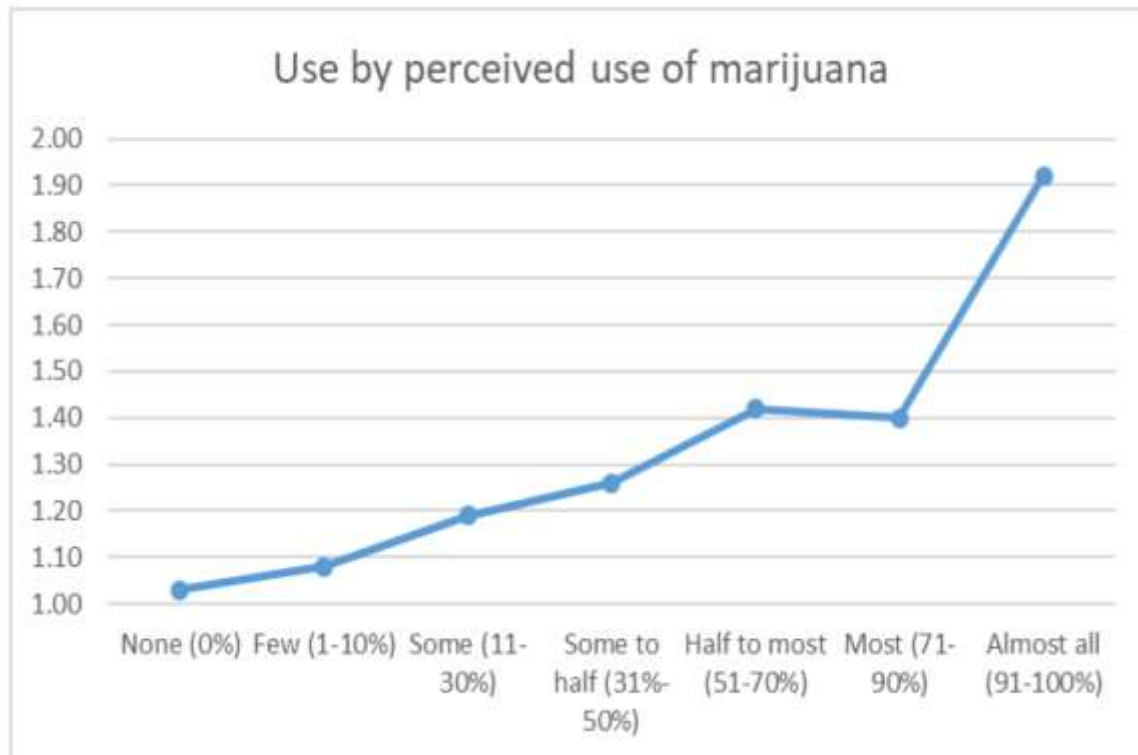
Figure 22: Relationship Between Alcohol Use and Perceived Use by Peers – Panhandle 2018

	None (0%)	Few (1-10%)	Some (11-30%)	Some to half (31%-50%)	Half to most (51-70%)	Most (71-90%)	Almost all (91-100%)
Series1	1.07	1.25	1.36	1.38	1.56	1.83	2.02
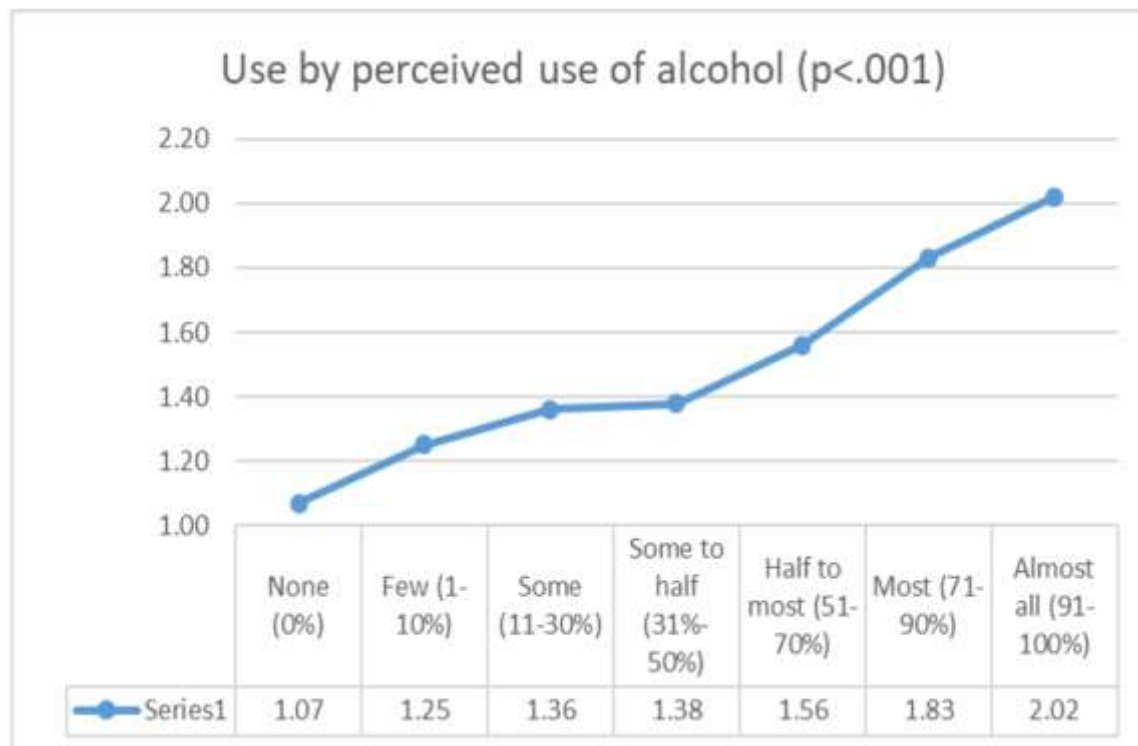
Figure 23: Relationship Between Cigarette Use and Perceived Use by Peers – Panhandle 2018

Use by perceived use of cigarettes (p<.001)

	None (0%)	Few (1-10%)	Some (11-30%)	Some to half (31%-50%)	Half to most (51-70%)	Most (71-90%)	Almost all (91-100%)
Series1	1.04	1.09	1.13	1.17	1.28	1.33	1.9
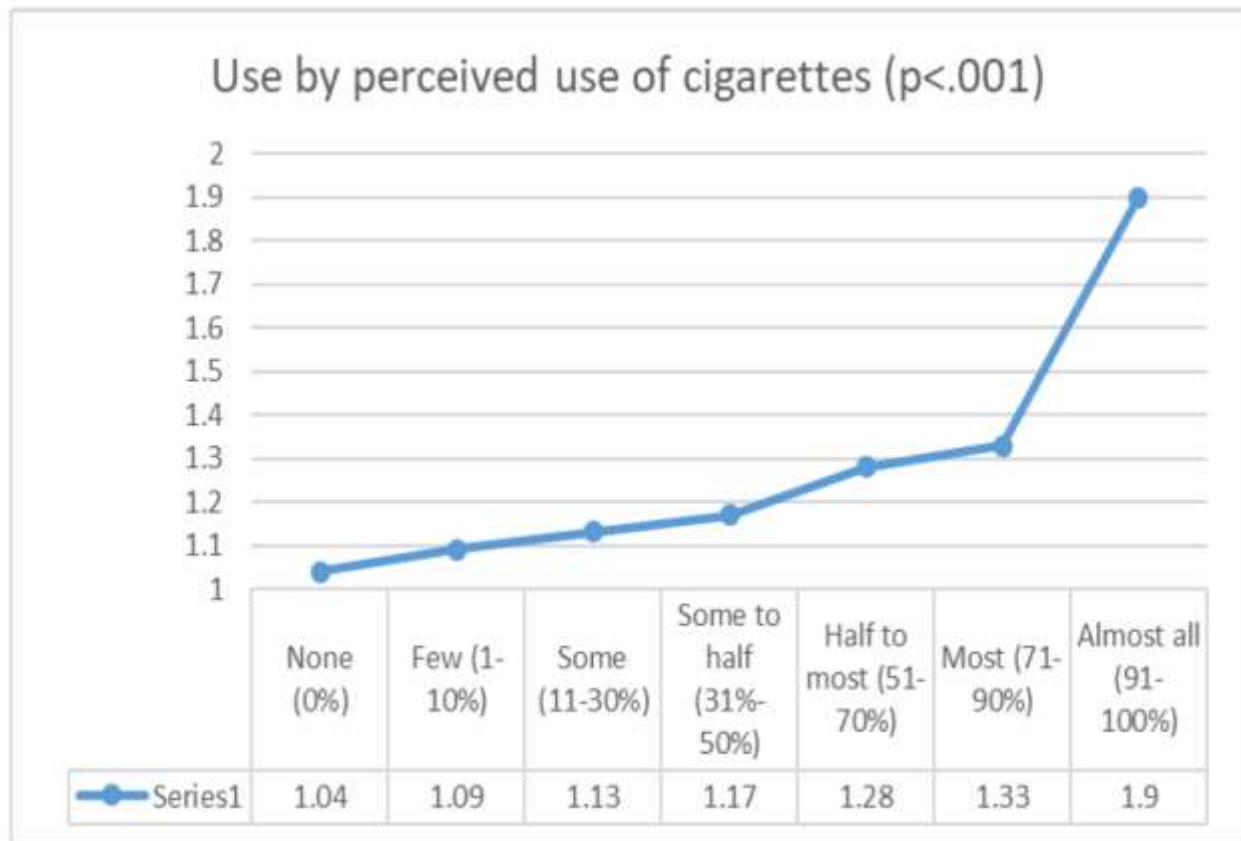
Key Finding 8: Compared to Nebraska as whole, youth in Panhandle had higher substance use, more suicide ideation, but were less likely to feel sad or hopeless

Implication: Differences in patterns of substance use and mental health indicate a need for unique prevention strategies in rural/frontier areas such as the Panhandle

Figures 24 and 25 show how alcohol and marijuana use for Panhandle students compare to students across the state of Nebraska. Panhandle youth are more likely to use alcohol and marijuana, both lifetime and during the past 30 days; these differences are statistically significant. Because there are regional differences in substance use, it is important to acknowledge the factors contributing to these differences and to tailor prevention strategies to the unique culture of each area and community.

Figure 24: Panhandle Compared to State Student Alcohol Use - 2018

Lifetime & 30 Day Alcohol Use		
	Lifetime use ($p < .001$)	30-day use ($p < .001$)
Panhandle	0.53	0.24
State	0.41	0.19

Figure 25: Panhandle Compared to State Student Marijuana Use - 2018

Lifetime and 30 day marijuana use		
	Lifetime use ($p < .001$)	30-day use ($p < .05$)
Panhandle	0.2	0.09
State	0.15	0.07
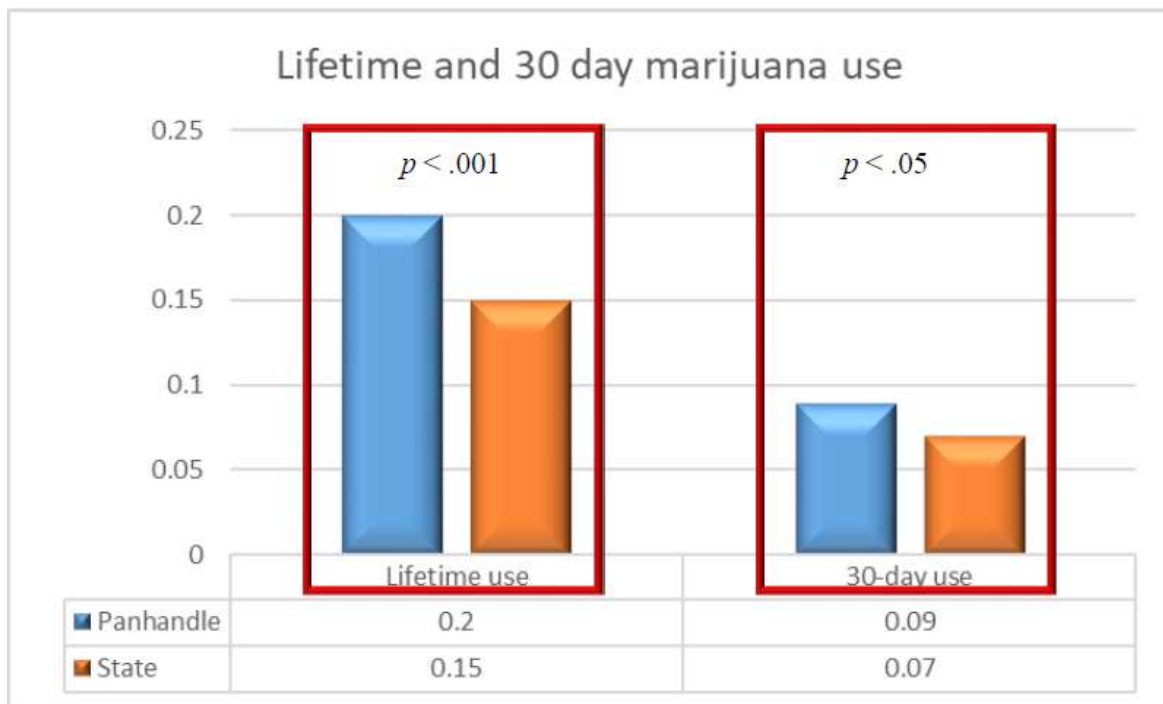
There are also differences in mental health indicators for Panhandle students compared to statewide averaged on the NRPFSS. Figure 26 indicates Panhandle youth are significantly more likely than youth statewide to consider or attempt suicide. Figure 27 shows that Panhandle youth are significantly more likely to be worried to the extent they cannot sleep, but significantly less likely than youth statewide to feel sad or hopeless or to hurt themselves on purpose.

Figure 26: Panhandle Compared to State Student Suicide Ideation/Attempts - 2018
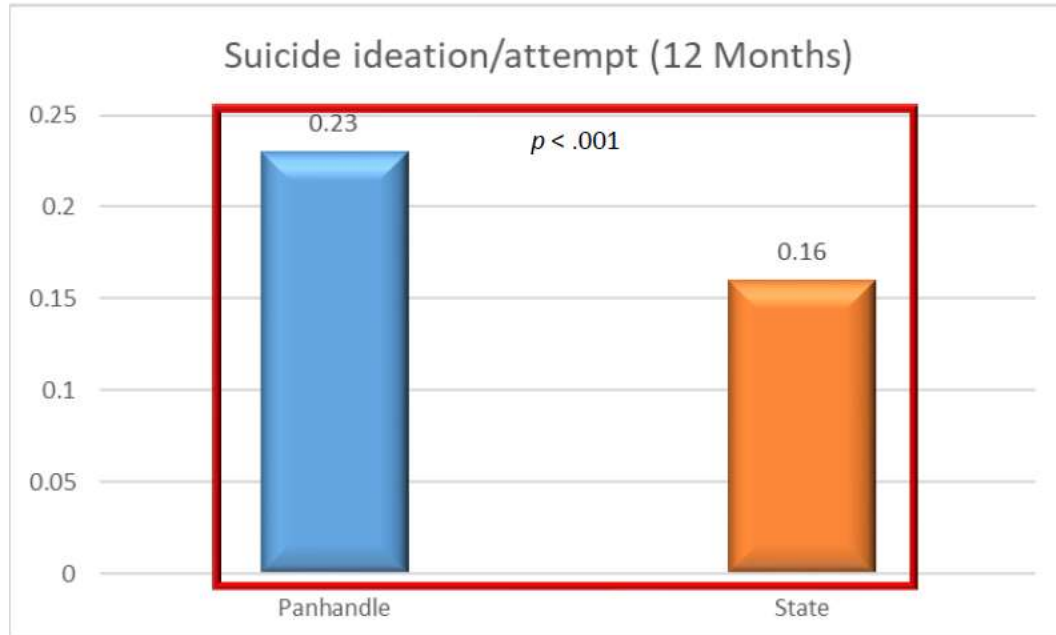
Figure 27: Panhandle Compared to State Student Mental Health Indicators - 2018
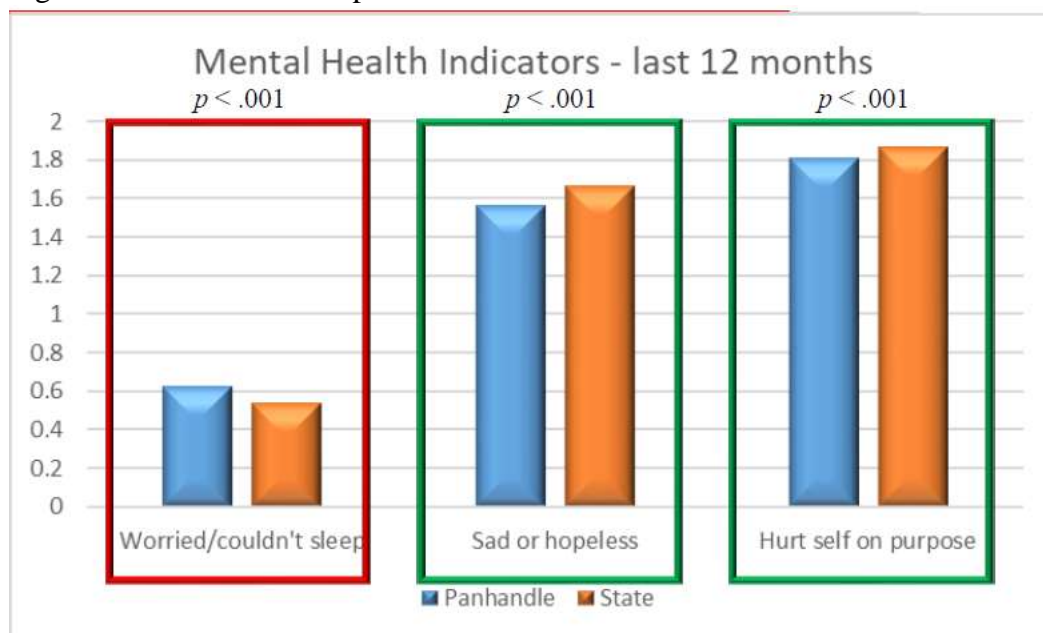
Key Finding 9: Substance use and suicide ideation varied by community

Implications: Strategies may be unique to specific communities

Figure 28 shows differences in use of substances across five Panhandle areas. The different colored bars indicate significant differences. Box Butte County had significantly more lifetime marijuana use than the other five areas, while Dawes/Sheridan Counties and Morrill/Garden Counties had significantly less lifetime marijuana use. Box Butte County and Kimball/Cheyenne/Deuel Counties had significantly more 30-day marijuana and lifetime inhalant use than other Panhandle areas. There were no significant differences in lifetime prescription drug use across the five areas. These data reinforce the need to tailor prevention strategies in accordance with the unique cultures and factors within specific Panhandle communities.

Figure 28: Substance Use for Panhandle Students by County - 2018
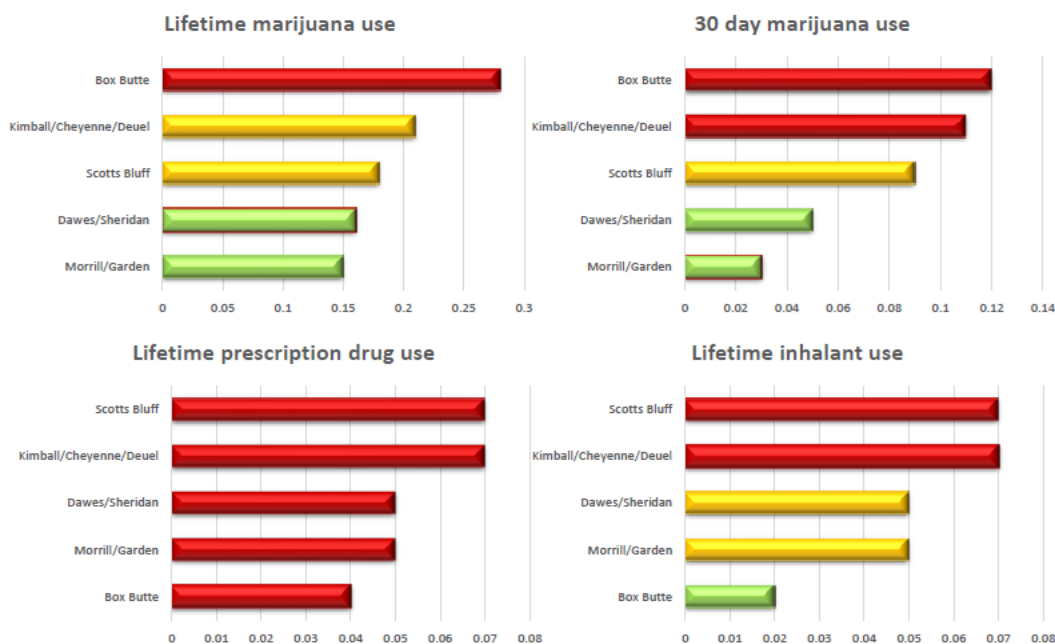
Note: Groups of the same color do not differ from each other, but do differ from groups with another color.

Figure 29 shows mental health indicators across the five Panhandle areas. There were no significant differences for being worried, feeling hopeless, considering or attempting suicide, and injuring oneself on purpose.

Figure 29: Mental Health Indicators for Panhandle Students by County - 2018

12 month worried & could not sleep

Box Butte
Scotts Bluff
Kimball/Cheyenne/Deuel
Morrill/Garden
Dawes/Sheridan

0.54 0.56 0.58 0.6 0.62 0.64 0.66 0.68

Past 12 months, sad or hopeless for two or more weeks

Dawes/Sheridan
Morrill/Garden
Kimball/Cheyenne/Deuel
Box Butte
Scotts Bluff

1.5 1.52 1.54 1.56 1.58 1.6 1.62 1.64

In the past 12 months, considered or attempted suicide?

Kimball/Cheyenne/Deuel
Dawes/Sheridan
Box Butte
Scotts Bluff
Morrill/Garden

0 0.05 0.1 0.15 0.2 0.25 0.3

Past 12 months, hurt or injure yourself on purpose?

Box Butte
Morrill/Garden
Dawes/Sheridan
Scotts Bluff
Kimball/Cheyenne/Deuel

1.74 1.76 1.78 1.8 1.82 1.84 1.86 1.88 1.9

Note: Groups of the same color do not differ from each other, but do differ from groups with another color.

Key Finding 10: Panhandle has a higher youth suicide rate than Nebraska as a whole, but youth suicides are lower than surrounding states

Implication: Community-specific strategies may be effective. High-risk areas with low lifeline calls may benefit from increasing knowledge about seeking help and access to care

For total population including youth and adults of all ages, the Panhandle tends to have a higher per capita suicide rate than other Nebraska areas and higher than surrounding states. For youth and young adults 10-24 years of age, although the Panhandle has higher rates than many parts of Nebraska, the rates are lower than the surrounding states of South Dakota, Wyoming and Colorado. These data are in accordance with national statistics indicating rural and frontier areas have higher suicide rates than urban or suburban areas.

Figure 32 indicates that Panhandle youth tend to have higher suicide ideation and suicide attempts than other areas in Nebraska based on the NRPFSS in 2018. Figure 33 shows the call volume to the suicide lifeline by community. Figure 34 shows a table identifying high risk areas in the Panhandle with low call volumes. These communities may benefit from publicizing the lifeline number and approaches to destigmatizing help-seeking for mental health.

Figure 30: Suicide Rates All Ages for Nebraska Regions and Surrounding States

Figure 31: Nebraska Suicide Rates for Youth and Youth Adults (Ages 10-24) By Region and Surrounding States

Figure 32: Nebraska High Risk Areas for Youth Suicide - 2018
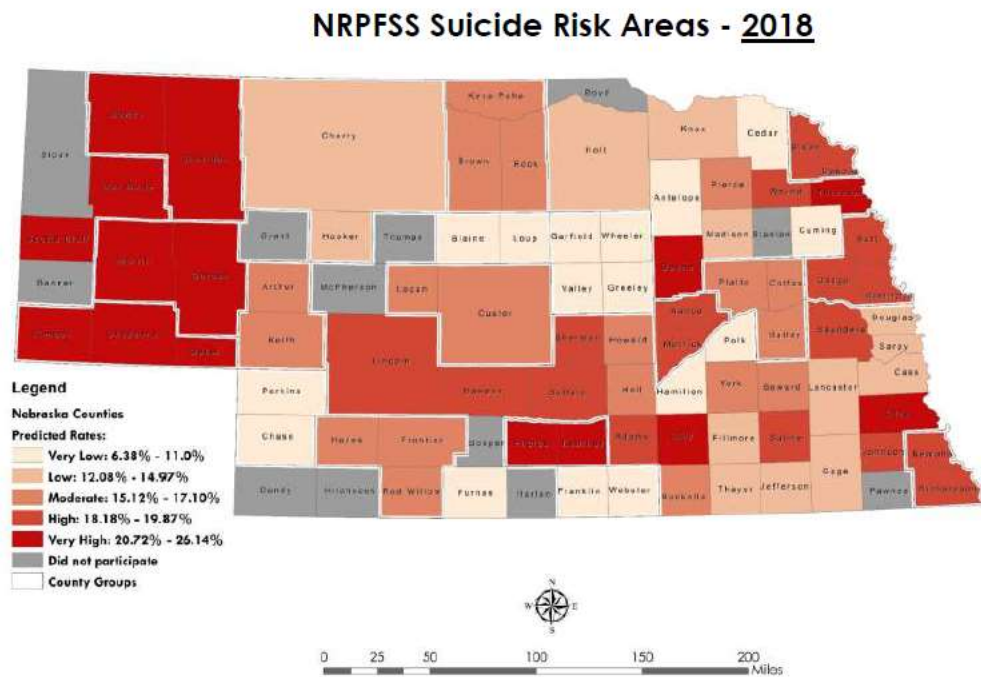

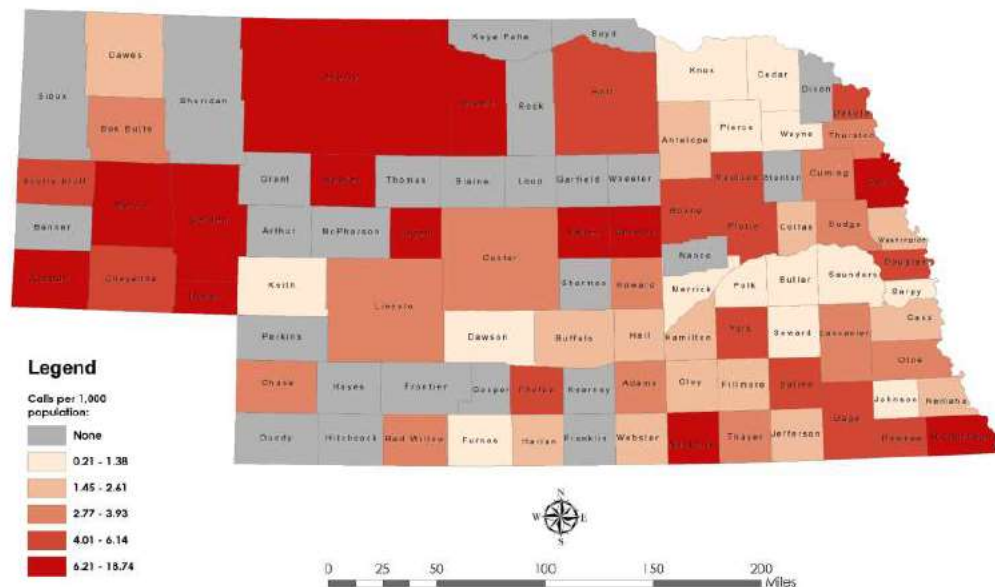Figure 33: Calls to Suicide Line by Nebraska Community - 2019

Figure 34: Identification of High-Risk/Low Call Panhandle Communities

	Low Risk	High Risk
Low Calls		Box Butte County Dawes County Sheridan County
High Calls		Cheyenne County Deuel County Kimball County Morrill County

Key Finding 11: Stakeholders believe mental health should be a priority, there should be increased access to care, and efforts should be made to reduce the stigma attached to seeking help for behavioral health problems.

Implications: A comprehensive strategy is needed to reduce youth suicides in the Panhandle

The Nebraska Suicide Prevention Survey was conducted in 2021and included 25 stakeholders in the Panhandle. The survey is designed to provide a centralized snapshot of what Nebraska suicide prevention stakeholders believe is needed to produce an ecological response to improve outcomes within Nebraska at the individual, family, community, and societal levels. Figure 34 shows demographics of survey participants. Figure 35 provides a word cloud of the most frequent responses for what is needed to reduce the risk of suicide. Figure 36 depicts the most frequent responses for priorities to empower people, families and communities. Priorities include work places and schools making mental health a priority, increasing awareness about mental health and suicide, and providing assistance for people needing mental health services but who cannot afford services. Figure 36 also shows the most frequent responses for priority prevention services. The highest priorities are increasing access to care, making available more community services without requiring system involvement (e.g., justice, child welfare), and one-stop shopping to connect all services within each community. Figure 37 shows the most frequent priorities for reducing risk at the individual/family level. The most frequent priorities were decreasing stigma, normalizing mental health, and promoting positive social activities for all ages. These priorities require a comprehensive community approach to prevention and intervention.

Figure 34: Participation in Suicide Survey

Region I Participation by Age (N=25)

Participant Age Demographic (years)	Participate Count	Percentage of Responses
under the age of 19	0	0.00%
19-24	0	0.00%
25-34	5	20.00%
35-44	5	20.00%
45-54	6	24.00%
55-64	7	28.00%
65-74	2	8.00%
75 or older	0	0.00%
TOTAL	25	100%

Figure 35: Word cloud of responses to suicide survey

Word Cloud of the Region I responses to the survey question, "What is needed in your community to reduce the risk of suicide for people who live there?"

Figure 36: Most frequent responses for empowerment and services

Priority Rank	Priority Empowered Individuals, Families, Communities	%	Count
1	Workplaces and Schools make mental health a priority	15.66%	13
2	Increase awareness of mental health and suicide	14.46%	12
3	Assistance for Nebraskans that need counseling but can't afford it	13.25%	11

Priority Rank	Priority for Community Prevention Services	%	Count
1	Increase access to care	18.99%	15
2	More community-based support services are available without having to be system involved	16.46%	13
3	One stop shopping for connecting to services within each community or region	10.13%	8

Figure 37: Most frequent responses for reducing risk

Priority Rank	Priority to Reduce Risk at Individual/Family Level	%	Count
1	Decreased stigma attached to help seeking behaviors	26.39%	19
2	Normalize mental health	23.61%	17
3	Promote positive social activities for all ages	19.44%	14

Evaluation Opportunities for 2022

The administration of the Nebraska and Protective Factor Student Survey (NRPFSS), originally planned for 2020, was delayed to 2021. The data for this survey should be available for analysis in 2022. This data present a unique opportunity to better understand how the COVID 19 pandemic may have affected trends in substance use and risk/protective factors for students in the Panhandle.

Each year, the NRPFSS changes somewhat from previous versions. In 2021, many of the questions have stayed consistent including sections on:
1. Substance use
2. MH/suicide

3. Protective factors (health factors, adults to talk to, attitude, perceived availability, etc.)
4. Risk factors (food availability, adult lost job, youth drank more during COVID)
5. Youth demographics

In addition, the 2021 survey includes some questions specific to COVID 19 including food availability, whether an adult in the family lost a job, and whether the youth drank more during the pandemic.

It is not too early to begin thinking about what the Panhandle Prevention Coalition could learn from 2022 analyses of the data when available. The following are some possibilities:

1. Some national studies indicate that despite a reduction in traffic volumes over the COVID-19 pandemic, there has been an increase in severe injury crashes. Speeding and DUIs accounted for a significant proportion of crashes during the pandemic (Adanu, et al., 2021). From the 2021 NRPFSS, analyses can assess trends in impaired driving for Panhandle students.
2. International studies have indicated that COVID 19 may have affected student use of alcohol. In a survey of 1,054 Canadian youth 3 weeks before and after the initial COVID 19 lockdown, Dumas, et al. (2020) found decreased use of most substances. The number of alcohol users did not increase but frequency of those using alcohol did. They also found that binge drinking decreased. In a survey of 582 US youth, Miech, et al., (2021) found that before and after COVID 19 lockdown (early/summer 2020), the perceived availability of alcohol declined, however alcohol use & binge drinking did not decline. The Dumas and Miech studies provide useful information about the short-term effects of the pandemic on youth alcohol use, however, the long-term effects are unknow. The 2021 NRPFSS data give us the ability to assess longer term alcohol use for Panhandle students and how the pandemic many have influenced these trends.
3. National studies have examined short-term changes in risk and protective factors for alcohol use as a result of the pandemic. Pelham et al., (2021) conducted a survey of 7,842 US youth before and after COVID 19 lockdown (early/summer 2020) and found fewer youth used alcohol after the lockdown. Alcohol use was affected by how much the family experienced material hardship, the degree to which parents used alcohol or drugs, and how much youth experienced greater depression or anxiety. The 2021 NRPFSS will allow the Panhandle Prevention Coalition to determine how the pandemic may have affected longer term trend changes in risk and protective factors for students.
4. National and international studies have examined the short-term trends on substance use, other than alcohol, during the pandemic. Results from these studies are sometimes conflicting. For example, Dumas, et al. (2020) found increased marijuana use while Miech, et al. (2021) found marijuana use did not change during the initial phases of the pandemic. The Miech study found that perceived availability decreased. Again, the long-term effects have not been studied, but the Panhandle survey data will allow us to better understand these trends and the effects of COVID 19 for Panhandle youth.

5. Studies have also examined how the pandemic may have affected tobacco use and vaping, again sometimes with conflicting results. Dumas et al. (2020) found that vaping decreased; Miech et al. (2021) found that vaping decreased and perceived availability decreased. Pelham et al. (2021) found that nicotine and prescription drug use increased during the initial pandemic. The long-term effects of the pandemic on substance use are unknown, and the survey will provide data to assess pandemic effects in the Panhandle.

6. Studies examined the impact of the pandemic on suicide attempts. Yard et al. (2021) studied emergency department (ED) admissions for 12-25 year olds from January 2019 through May 2021 and found fewer ED visits for suspected suicide attempts during March 29–April 25, 2020. However, ED visits for suspected suicide attempts increased among adolescent girls aged 12–17 years during summer 2020 and remained elevated through May 2021. The 2021 NRPFSS will enable us to assess how the pandemic may have affected suicide ideation and attempts for Panhandle youth.

Panhandle Public Health District
Highway Safety Office
2022-2023 Plan Year

Summary
Panhandle Public Health District, through its extensive business and employer partnership, community and prevention partners, and five community active living coalitions, will coordinate and build capacity to implement evidence-based safety measures towards occupant protection, speed, distracted and impaired driving. This will include multi-pronged approaches at each socio-ecological model level through policy, community, organizational, interpersonal, and individual strategies.

There were 1376 motor vehicle crashes in the Panhandle in 2020, resulting in 554 injured individuals and 26 deaths. The rate of Panhandle adults that always wear a seatbelt is consistently lower than the broader state of Nebraska, by approximately 15 points.

2020 Crash Data by County						
	Crashes				Persons Killed and Injured	
County	Total	Fatal	Injury	PDO	Killed	Injured
Banner	24	1	6	17	1	7
Box Butte	142	1	40	101	1	65
Cheyenne	157	4	35	118	4	48
Dawes	121	1	28	92	1	33
Deuel	50	3	10	37	4	15
Garden	34	1	5	28	1	12
Grant	4	1	2	1	1	2
Kimball	76	3	19	54	4	33
Morrill	71	2	20	49	2	27
Scotts Bluff	595	6	192	397	7	277
Sheridan	79	0	22	57	0	31
Sioux	23	0	4	19	0	4
Total	1376	23	383	970	26	554
https://dot.nebraska.gov/media/115479/facts2020.pdf						

2020 Crash Data by County: Priority Counties						
	Crashes				Persons Killed and	
County	Total	Fatal	Injury	PDO	Killed	Injured
Box Butte	142	1	40	101	1	65
Dawes	121	1	28	92	1	33
Scotts Bluff	595	6	192	397	7	277
Totals	858	8	260	590	9	375
https://dot.nebraska.gov/media/115479/facts2020.pdf						

Organizational Background

Panhandle Public Health District serves the twelve counties in the rural western-most portion of Nebraska. This area encompasses 85,753 residents geographically dispersed among 15,000 square miles. We maintain office locations in Hemingford and Scottsbluff. Currently, we employ 27 full-time employees.

The health district maintains strong partnership with key collaborative community sectors, coalitions, and workgroups that will be used for strategy implementation.

Problem Identification

Seatbelt use is trending down in the Nebraska Panhandle at 64.3% of Panhandle adults in 2020, drastically lower than the state of Nebraska overall at 76.7% (Panhandle BRFSS, 2020). Rural, county roads, long distances between communities, and a high percentage of agricultural workers and truck drivers create additional contextual conditions that increase Panhandle resident risk for vehicle crashes.

Always Wear a Seatbelt among Adults*, Panhandle and Nebraska, 2011-2018

	2011	2012	2013	2014	2015	2016	2017	2018	2020
Panhandle	57.6	56.4	60.3	60.8	63.6	60	65.2	59.4	64.3
Nebraska	71.3	69.7	74.1	72.4	75.4	73.8	76.3	75.2	76.7
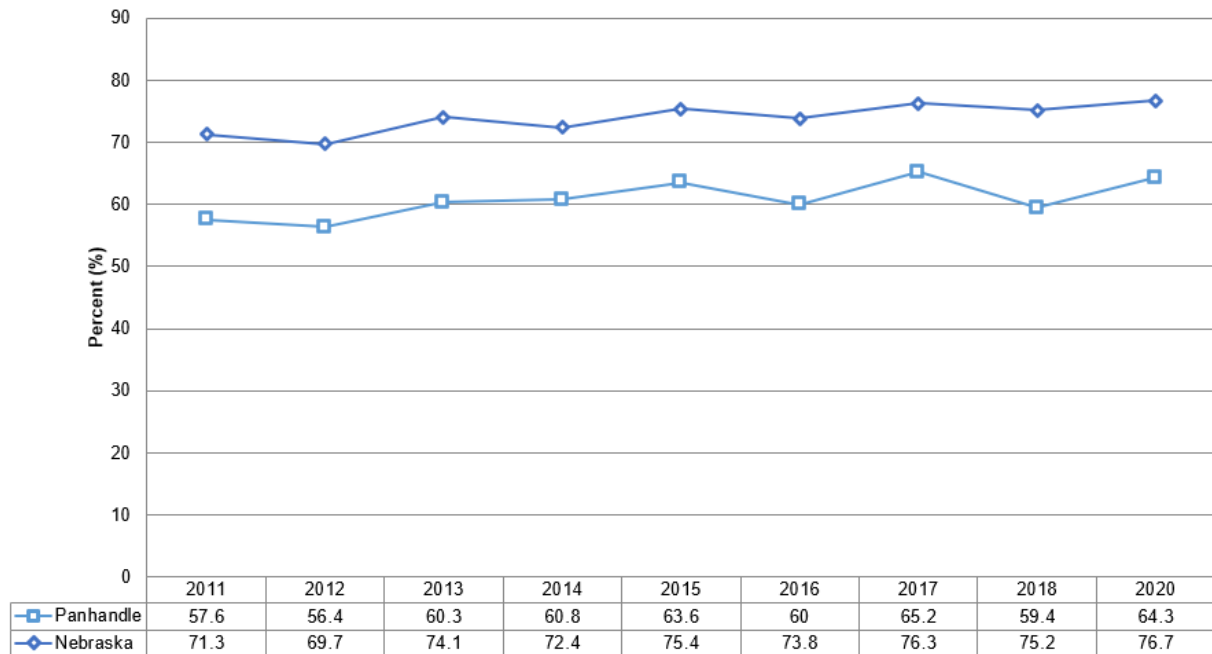
*Percentage of adults 18 and older who report that they always use a seatbelt when driving or riding in a car. Data from 2011-2018 Nebraska Behavioral Risk Factor Surveillance System (BRFSS); Prepared by Kelsey Irvine, Panhandle Public Health District

The rate of Panhandle adults that report they text while driving was lower than that of the overall state of Nebraska but has increased in recent years to be at approximately the same rate. The proportion of adults who report they talk on the phone while driving in the Panhandle decreased from 69.2% in 2015 to 63.7% in 2017, dropping below the state (66.5%).

Figure 82: Adult Texting While Driving

Texting while Driving among Adults*, Panhandle and Nebraska, 2011-2018

	2012	2015	2017
Panhandle	22.2	20.7	26.1
Nebraska	26.8	24.9	26.6

*Percentage of adults 18 and older who report that they texted or e-mailed while driving a car or other vehicle on one or more of the past 30 days. Data from 2011-2018 Nebraska Behavioral Risk Factor Surveillance System (BRFSS); Prepared by Kelsey Irvine, Panhandle Public Health District

3

Talking on Cell Phone while Driving among Adults*, Panhandle and Nebraska, 2011-2018

	2012	2015	2017
Panhandle	65.9	69.2	63.7
Nebraska	69.1	67	66.5

*Percentage of adults 18 and older who report that they talked on a cell phone while driving a car or other vehicle on one or more of the past 30 days. Data from 2011-2018 Nebraska Behavioral Risk Factor Surveillance System (BRFSS); Prepared by Kelsey Irvine, Panhandle Public Health District

The below graphs show that while accidents throughout the target area have been decreasing over the past 5 years, the number of alcohol related crashes has been increasing in every county in the target area. The last graph shows a combination of all three counties, with an increase from 5.98% of all accidents being alcohol related in 2016, to 6.20% in 2020.

TARGETS

2020 Crash Data by County						
		Crashes			Persons Killed and Injured	
County	Total	Fatal	Injury	PDO	Killed	Injured
Banner	24	1	6	17	1	7
Box Butte	142	1	40	101	1	65
Cheyenne	157	4	35	118	4	48
Dawes	121	1	28	92	1	33
Deuel	50	3	10	37	4	15
Garden	34	1	5	28	1	12
Grant	4	1	2	1	1	2
Kimball	76	3	19	54	4	33
Morrill	71	2	20	49	2	27
Scotts Bluff	595	6	192	397	7	277
Sheridan	79	0	22	57	0	31
Sioux	23	0	4	19	0	4
Total	1376	23	383	970	26	554
https://dot.nebraska.gov/media/115479/facts2020.pdf						

Panhandle Public Health District will strive for a 3% overall reduction in persons injured and killed due to motor vehicle crashes from 554 people injured in a crash to 537 and 25 people killed by September 2023.

Panhandle Public Health District will reach a minimum of 30% of the Panhandle population, or 25,726 residents, with an occupant protection, speed, distracted and impaired driving communications message by September 2023.

Panhandle Public Health District will impact a minimum of 10% (5,520 residents) of the Panhandle population residing in the Box Butte, Dawes, and Scotts Bluff Counties (Total estimated population of these communities combined is 55,200) by September 2023.

Panhandle Public Health District will work to increase the seatbelt rate among Panhandle adults by 2% from 64.3% to 64.7% by September 2023.

Objectives
Panhandle Public Health District will partner with area businesses and employers and the Panhandle Prevention Coalition to develop safe driving policies and education both on and off the job inclusive of family members. This will encompass the topics of occupant protection, speed, distracted and impaired driving.

Panhandle Public Health District will implement a mass communications campaign during key agriculture times to promote agricultural worker and truck driver safety.

Panhandle Public Health District will maintain coordination of the active living advisory committees in Gordon, Alliance, the Tri-Cities (Scottsbluff, Gering, Terrytown), Kimball, and Bridgeport and implementation of traffic calming strategies for driver and pedestrian protection.

Panhandle Public Health District will partner with schools on education around seat belts for students, families, and facility.

Finally, partner with community groups regarding alcohol education and awareness. Along with a marketing campaign targeted population of 20-55.

Strategies
1. Continue to review and research current evidence-based safety literature to determine best resources to develop education and policy recommendations. Completion Date: September 30, 2023
2. Continue to develop and update presentations/training materials to educate and raise awareness around road safety programing and the benefits to employers, employees, and employee families. Completion Date: September 30, 2023
3. Conduct a minimum of five educational presentations to employees through employer-sponsored events and prevention partners. Completion Date: September 30, 2023

4. Sponsor a speaker and educational resources at the fall Panhandle Business & Employer Safety & Wellness Conference on occupant protection, speed, distracted and impaired driving. Completion Date: September 30, 2023
5. Continue updating and revising a communications plan for safe driving policies and education both on and off the job inclusive of family members. This will encompass the topics of occupant protection, speed, distracted and impaired driving. Completion Date: September 30, 2023
6. Continue to develop and update employer resource to include policies, messaging, presentations, and support for regular safety updates. Completion Date: September 30, 2023
7. Maintain a tracking mechanism for employer policy adoption, educational sessions, and public communications impact. Completion Date: September 30, 2023
8. Maintain active living advisory committees in Gordon, Alliance, the Tri-Cities (Scottsbluff, Gering, Terrytown), Bridgeport, and Kimball to implement traffic calming strategies for driver and pedestrian protection. Completion Date: September 30, 2023
9. Work with school organizations, such as Booster Clubs, to promote the importance of safe driving around the school and community. Completion Date: September 30, 2023
10. Implement a communications campaign with area media during harvest times in the Panhandle. Ie. Wheat harvest in July, Beet harvest in September. Completion Date: September 30, 2023
11. Encompass all marketing communications, education, policy templates, and messaging in PPHD's regular communications channels and prevention partners through social media, annual report, news release distribution lists, e-newsletters, billboards, radio ads, newspaper ads, and other identified communication mediums when applicable. Completion Date: September 30, 2023
12. Submit regular updates to the Nebraska Highway Safety office as per reporting requirements. Ongoing October 1-2022-September 30, 2023
13. Impaired driving campaign - Address frequency of alcohol use in crashes in target counties. Targeting ages 20-55 as they were shown to be involved in most of the alcohol related accidents. Using mass education campaigns like Drive Sober, Get Pulled Over, including billboards, broadcast media, social media, flyers, and education. Along with presentations to educate and discourage drinking and driving. Completion Date: September 30, 2023
14. Click it or Ticket It Mini Grant Campaign addressing seatbelt use in target counties. Focusing on families and communities that we live and serve. Completion Date: September 30, 2023

Evaluation
1. Monitor and benchmark Panhandle Worksite Wellness Council annual employer survey data specific to distracted and impaired driving and seatbelt protection.
2. Monitor the PPHD Performance Management to include injury prevention: policies implemented, educational sessions, number of attendees, and changes in knowledge, attitudes, behaviors, and skills.
3. Provide the number of communications campaigns distributed, view rates, and estimated awareness and population impact.

4. Provide the number of safety strategies implemented by the community active living advisory committees.
5. Monitor Panhandle Behavioral Risk Factor Surveillance System and Nebraska Highway Safety Office data.

Panhandle Public Health District

Quality Improvement &
Performance Management
Plan

2022

Review

This quality improvement plan is reviewed, amended, and approved bi-annually by the Leadership Team and PPHD Board of Health.

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 2020-2021	PPHD Board of Health	03/11/2021
Reviewed and Approved for 2022-2023	PPHD Leadership Team	02/28/2022
Reviewed and Approved for 2022-2023	PPHD Board of Health	

Contents

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 Fall 2021 with the 2.0 version of the NACCHO QI Self-Assessment Tool (SAT). This tool is slightly more detailed than the first version of the tool, this version was used in the previous assessment. The QI SAT has a portion for leadership and all staff to respond to (all employees not at the leadership level). Staff received orientation 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 2021 PPHD QI SAT:

Foundational Element	Sub-Element	Sub-Element Score	Foundational Element Score
1. Employee Empowerment	1.1 Enabling Performance	4.39	4.5
	1.2 Knowledge, Skills, and Abilities (KSAs)	4.67	
2. Teamwork and Collaboration	2.1 Collaborative Sharing and Improvement	4.12	4.3
	2.2 QI Team Performance	4.5	
3. Leadership	3.1 Culture	4.75	4.6
	3.2 Resourcing and Structure	4.5	
4. Customer Focus	4.1 Understanding the Customer	4.71	4.8
	4.2 Meeting and Exceeding Customer Expectations	4.98	
5. QI Infrastructure	5.1 Strategic Planning	4.84	4.8
	5.2 Performance Measurement and Use of Data	5.09	
	5.3 Quality Improvement Planning	4.49	
6. Continuous Quality Improvement	6.1 Improving Standardized Work	4.80	5.0
	6.2 Planning for QI Projects	5.33	
	6.3 Testing, Studying and Acting on Potential Solutions	4.93	

Specific strategies selected to address each sub-element can be found in the QI Work Plan.

Key Elements of PPHD QI Structure

Organizational Structure
PPHD is made up of a health director and 18 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
QI projects are discussed at quarterly performance management meetings and brought to the Leadership Team by the performance management coordinator for review each month. 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.

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. 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 and QI champions provide 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.

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.

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.

Additional Trainings

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

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 at each monthly performance management

meeting. 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.
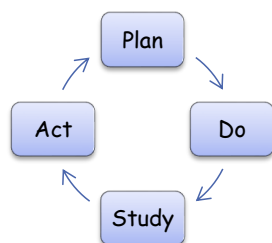
Plan: the change or improvement.

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.

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 indicator to start a QI project or can be an indicator that a QI project has been successful.

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 space to display QI storyboards and the QI Project Status Spreadsheet exists in each office location.

A quarterly newsletter is distributed within the organization to highlight QI and performance management accomplishments.

Quality Improvement Work Plan

Foundational Element	Sub-Element	Strategy
1. Employee Empowerment	1.1 Enabling Performance	• Have Teams participate in setting direction of the organization and helping select targets for annual improvement
	1.2 Knowledge, Skills and Abilities (KSAs)	• Ensure new members are rapidly developed
2. Teamwork and Collaboration	2.1 Collaborative Sharing and Improvement	• Ensure that learning communities (internal and external) are recognized and supported as an integral part of quality and technical excellence
	2.2 QI Team Performance	• Formal teams are readily formed to implement improvements
3. Leadership	3.1 Culture	• Practice breaking improvements into smaller steps during staff meetings • Have quicker turnaround times for the "test"
	3.2 Resourcing and Structure	• Set the expectation for all members of the organization participate in improvement activities
4. Customer Focus	4.1 Understanding the Customer	• Include the customer in quality improvement processes
	4.2 Meeting and Exceeding Customer Expectations	• Refine data analysis based on lessons learned
5. QI Infrastructure	5.1 Strategic Planning	• Share the strategic plan with all stakeholders, internal and external customers
	5.2 Performance Measurement and Use of Data	• Align organizational scorecards with external partners (customers, suppliers)
	5.3 Quality Improvement Planning	• Utilize visual and IT tools to quickly track and communication progress
6. Continuous Quality Improvement	6.1 Improving Standardized Work	• Incorporate into organization leader responsibilities the roll-out, training, and tracking use and performance of standardized work
	6.2 Planning for QI Projects	• As challenges come up in meetings, use the opportunity to have a follow up meeting to discuss the potential for QI project

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

VISIBLE LEADERSHIP

PERFORMANCE STANDARDS
- Identify relevant standards
- Select indicators
- Set goals and targets
- Communicate expectations

PERFORMANCE MEASUREMENT
- Refine indicators
- Define measures
- Develop data systems
- Collect data

REPORTING PROGRESS
- Analyze and interpret data
- Report results broadly
- Develop a regular reporting cycle

QUALITY IMPROVEMENT
- Use data for decisions to improve policies, programs, outcomes
- Manage changes
- Create a learning organization

Customer Focus · Transparency · Strategic Alignment · Culture of Quality

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 2021, 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 2021 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	**How much did we do?** Examples: # Clients/customers served # Activities (by specific activity)	**How well did we do it?** Examples: % common measures (% trained, worker safety) % Activity-specific measures (% timely, % meeting standard)
	Is anyone better off?	
Effect	# # # # #	% Examples: % skills/knowledge % attitude/opinion % behavior % circumstance

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.org.

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 of the various organizational plans fall within the performance management framework.
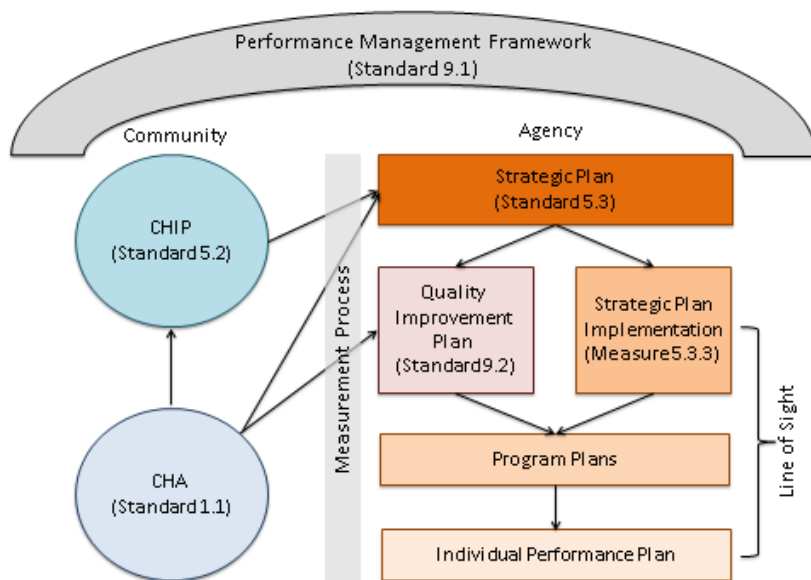
Each organizational plan includes goals and objectives that are measured by the performance management system. Goals and objectives specific to each plan can be found within the official plan documents. The goals and objectives can also be found on the performance management scorecard, found on www.pphd.org.
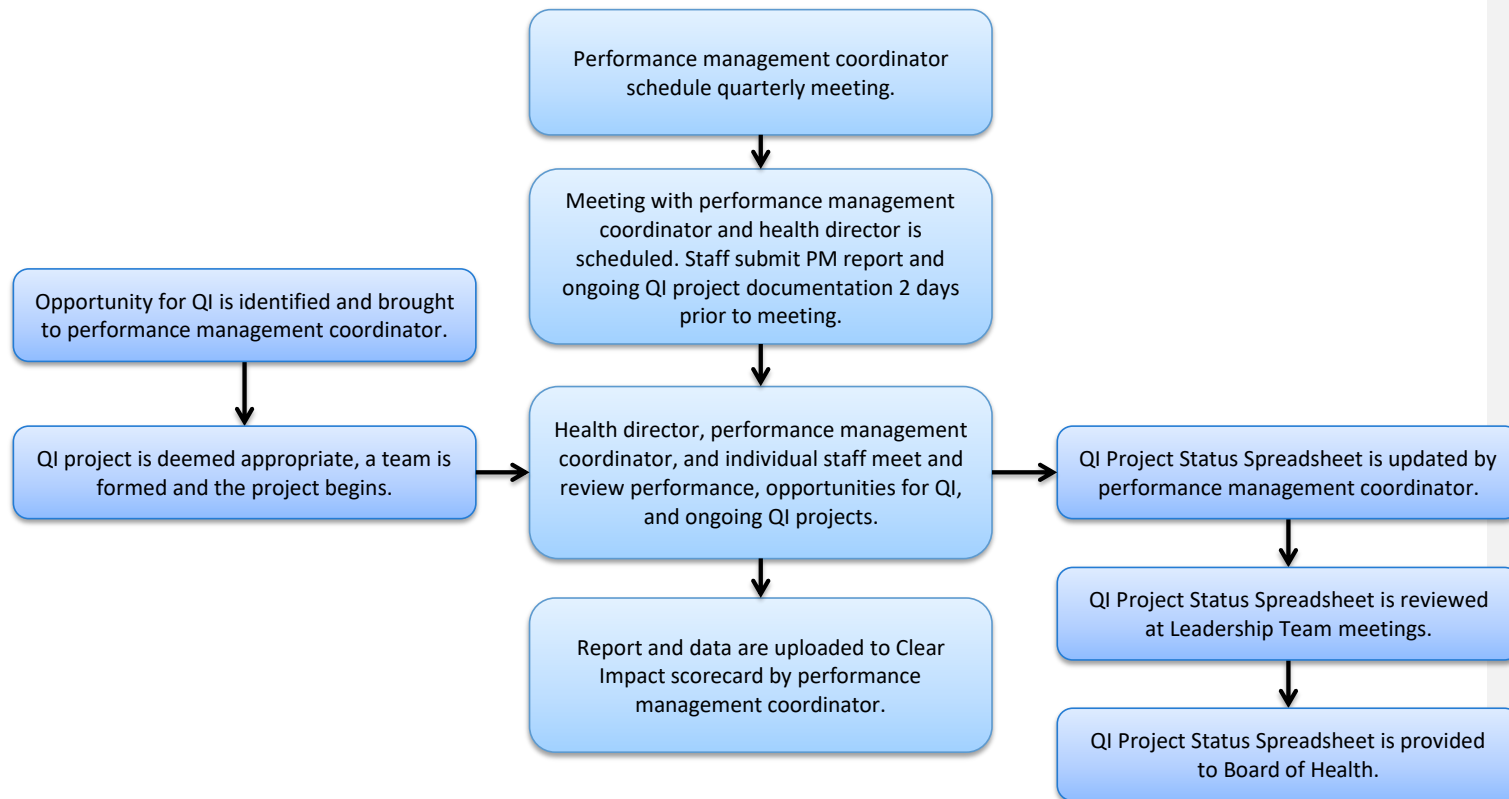
Performance Management Work Plan

Performance Measure	Activities	Responsible Party
Align performance measures with agency strategic plan.	▪ Review performance measures in line with current strategic plan, refine performance measures a needed	Megan Barhafer
Create and implement a performance management communications plan.	▪ Utilize the NACCHO Guide to Communicating about Performance Improvement to develop a performance management communications plan	Megan Barhafer
Performance data are used to make strategic decisions related to staffing, budgets, or new initiatives.	▪ 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 using the June 2014 Core Competencies for Public Health Professionals	Megan Barhafer Kim Engel Erin Sorensen Sara Williamson
Performance management training occurs on a regular basis for all relevant positions.	▪ 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	Megan Barhafer

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	Survey of PM training participants	Conclusion of annual training
Overall PM Plan	Capacity, Process, Outcome	Progress toward meeting annual goals/objectives	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:
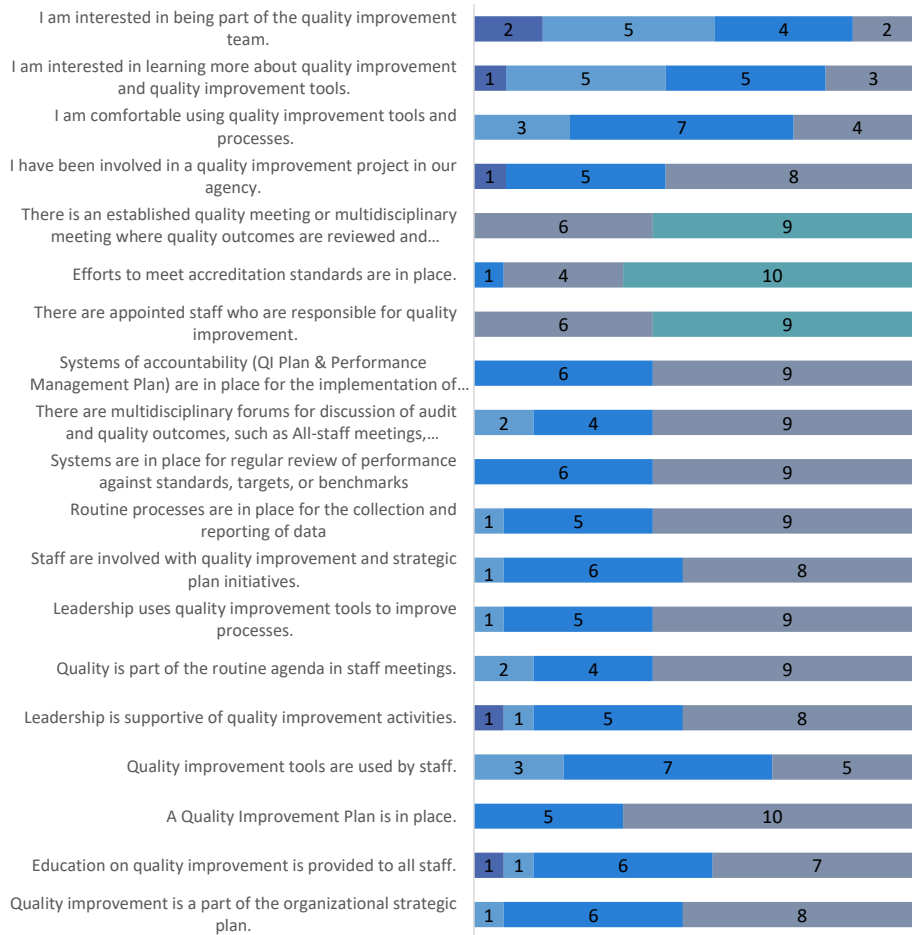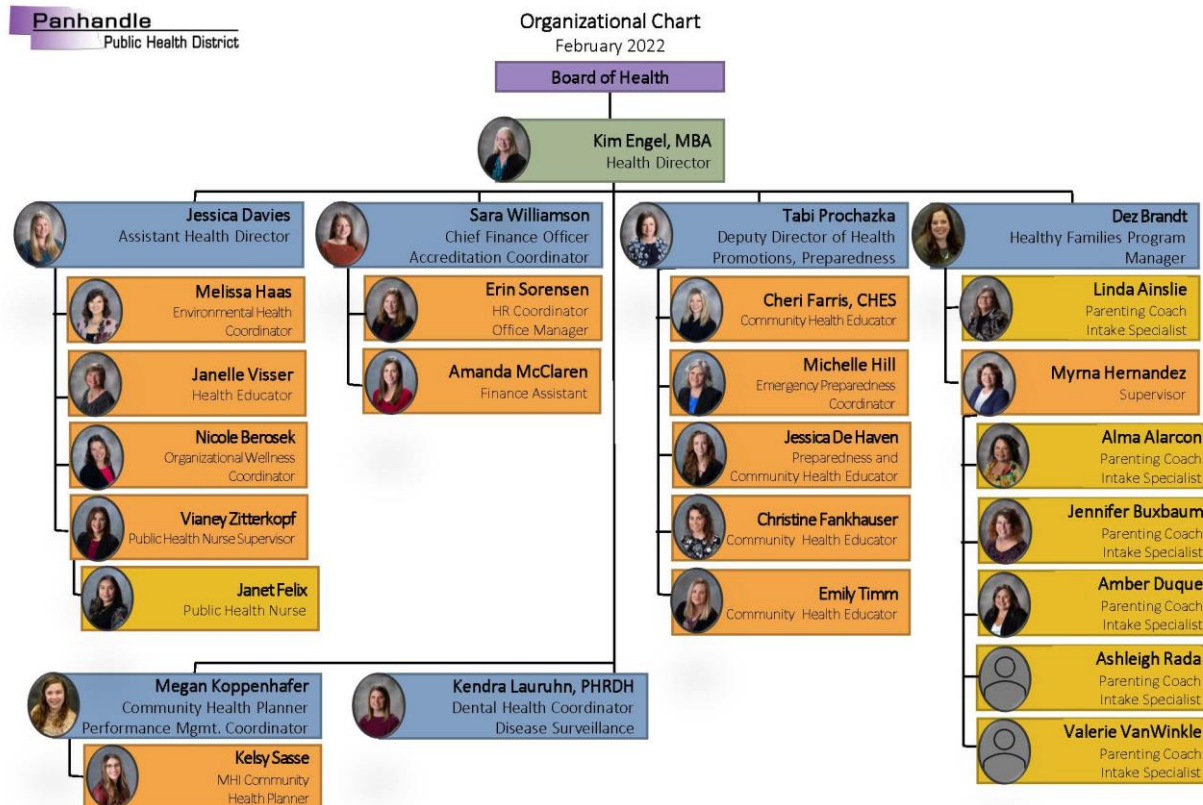
```
┌──────────────────────────────┐
│ Performance management       │
│ coordinator schedule         │
│ quarterly meeting.           │
└──────────────────────────────┘
              │
              ▼
┌──────────────────────────────┐
│ Meeting with performance     │
│ management coordinator and   │
│ health director is           │
│ scheduled. Staff submit PM   │
│ report and ongoing QI        │
│ project documentation 2 days │
│ prior to meeting.            │
└──────────────────────────────┘
```

Opportunity for QI is identified and brought to performance management coordinator.

QI project is deemed appropriate, a team is formed and the project begins.

Health director, performance management coordinator, and individual staff meet and review performance, opportunities for QI, and ongoing QI projects.

QI Project Status Spreadsheet is updated by performance management coordinator.

Report and data are uploaded to Clear Impact scorecard by performance management coordinator.

QI Project Status Spreadsheet is reviewed at Leadership Team meetings.

QI Project Status Spreadsheet is provided to Board of Health.

Appendix A

Nov 2016 Quality Culture Survey Results

Legend:
- No awareness/activity
- Awareness and discussion
- Implementation in some areas
- Implementation across the organization
- Implementation and ongoing evaluation

Statement	No awareness/activity	Awareness and discussion	Implementation in some areas	Implementation across the organization	Implementation and ongoing evaluation
I am interested in being part of the quality improvement team.	2	5	4	2	
I am interested in learning more about quality improvement and quality improvement tools.	1	5	5	3	
I am comfortable using quality improvement tools and processes.		3	7	4	
I have been involved in a quality improvement project in our agency.	1		5	8	
There is an established quality meeting or multidisciplinary meeting where quality outcomes are reviewed and…				6	9
Efforts to meet accreditation standards are in place.	1			4	10
There are appointed staff who are responsible for quality improvement.				6	9
Systems of accountability (QI Plan & Performance Management Plan) are in place for the implementation of…			6	9	
There are multidisciplinary forums for discussion of audit and quality outcomes, such as All-staff meetings,…		2	4	9	
Systems are in place for regular review of performance against standards, targets, or benchmarks			6	9	
Routine processes are in place for the collection and reporting of data	1		5	9	
Staff are involved with quality improvement and strategic plan initiatives.	1		6	8	
Leadership uses quality improvement tools to improve processes.	1		5	9	
Quality is part of the routine agenda in staff meetings.		2	4	9	
Leadership is supportive of quality improvement activities.	1	1	5	8	
Quality improvement tools are used by staff.		3	7	5	
A Quality Improvement Plan is in place.			5	10	
Education on quality improvement is provided to all staff.	1	1	6	7	
Quality improvement is a part of the organizational strategic plan.	1		6	8	

Appendix B

Panhandle Public Health District — Organizational Chart, February 2022

- **Board of Health**
  - **Kim Engel, MBA** — Health Director
    - **Jessica Davies** — Assistant Health Director
      - **Melissa Haas** — Environmental Health Coordinator
      - **Janelle Visser** — Health Educator
      - **Nicole Berosek** — Organizational Wellness Coordinator
      - **Vianey Zitterkopf** — Public Health Nurse Supervisor
      - **Janet Felix** — Public Health Nurse
    - **Sara Williamson** — Chief Finance Officer, Accreditation Coordinator
      - **Erin Sorensen** — HR Coordinator, Office Manager
      - **Amanda McClaren** — Finance Assistant
    - **Tabi Prochazka** — Deputy Director of Health Promotions, Preparedness
      - **Cheri Farris, CHES** — Community Health Educator
      - **Michelle Hill** — Emergency Preparedness Coordinator
      - **Jessica De Haven** — Preparedness and Community Health Educator
      - **Christine Fankhauser** — Community Health Educator
      - **Emily Timm** — Community Health Educator
    - **Dez Brandt** — Healthy Families Program Manager
      - **Linda Ainslie** — Parenting Coach, Intake Specialist
      - **Myrna Hernandez** — Supervisor
      - **Alma Alarcon** — Parenting Coach, Intake Specialist
      - **Jennifer Buxbaum** — Parenting Coach, Intake Specialist
      - **Amber Duque** — Parenting Coach, Intake Specialist
      - **Ashleigh Rada** — Parenting Coach, Intake Specialist
      - **Valerie VanWinkle** — Parenting Coach, Intake Specialist
    - **Megan Koppenhafer** — Community Health Planner, Performance Mgmt. Coordinator
      - **Kelsy Sasse** — MHI Community Health Planner
    - **Kendra Lauruhn, PHRDH** — Dental Health Coordinator, Disease Surveillance

Panhandle
Public Health District

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.
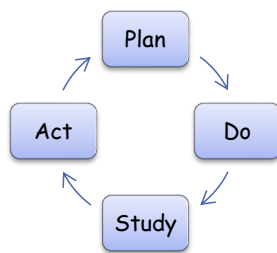
Plan the change or improvement.

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.

<u>**Documentation must demonstrate:**</u>

☐ 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)**

Panhandle
Public Health District

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.

Panhandle
Public Health District

QI Team Charter

Team Lead:	Megan Barhafer
Team Members:	1. Kim Engel 2. Sara Williamson 3. Erin Sorensen 4. Tabi Prochazka 5. Jessica Davies

Panhandle
Public Health District

| **Five Whys Tool for Root Cause** | QAPI |

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).

Panhandle
Public Health District

Problem Statement:	One sentence description of event or problem.
1. Why? →	
2. Why? →	
3. Why? →	
4. Why? →	
5. Why? →	
Root Cause(s)	1. 2. 3. To validate root causes, ask the following: If you removed this root cause, would this event or problem have been prevented?

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)

Panhandle
Public Health District

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)	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. To validate root causes, ask the following: If you removed this root cause, would this event or problem have been prevented?

Panhandle
Public Health District

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).

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).

CAUSE | EFFECT

People (Shooter)   Material (Ball)   Method (Shooting Mechanism)

Missed Free-Throws

Environment (Weather)   Machine (Hoop & Backboard)
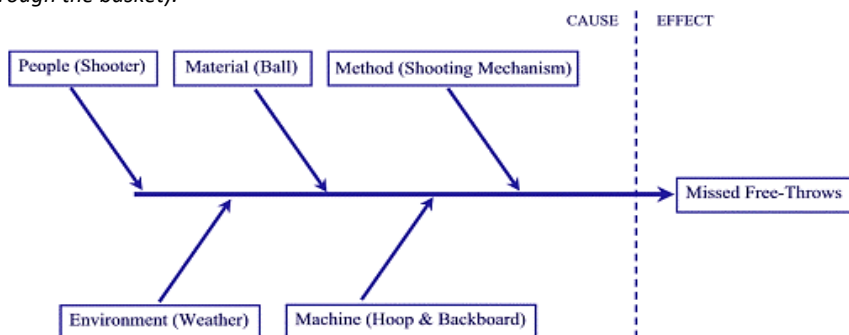
4. You can see that this is not enough detail to identify specific root causes. There are usually many contributors to a problem, so an effective Fishbone Diagram will have many potential causes listed in categories and sub-categories. The detailed sub-categories can be generated from either or both 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:
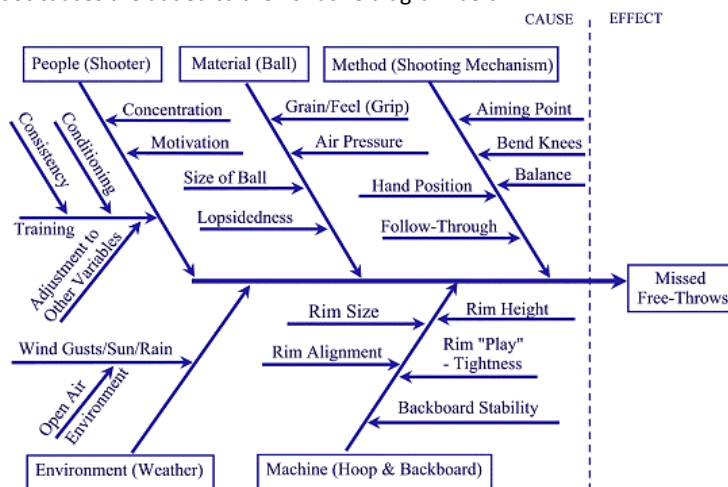
5. The usefulness of a Fishbone Diagram is dependent upon the level of development - moving past symptoms to the true root cause, and quantifying the relationship between the Primary Root Causes and the Effect.

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.

Panhandle
Public Health District

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.

Panhandle
Public Health District

PDSA Worksheet

Model for Improvement

Date begun: Click here to enter text.

Date finished: Click here to enter text.
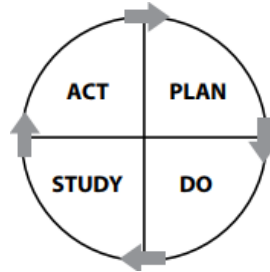
PLAN
Objective for this PDSA cycle:
Questions: Click here to enter text.
Predictions: Click here to enter text.
Plan for change or test: Who, what, when, where? Click here to enter text.
Plan for collection of data: Who, what, when, where? Click here to enter text.

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.

Panhandle
Public Health District

PDSA Tracking Sheet

Cycle #	PDSA Plan Date	PDSA: What are we trying to find out (what do we need to test)? What is our plan for finding out? What will we measure to determine if our plan is working?	Person Responsible	Completed by (date)	Results: 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.
		Goal: Click here to enter text. What to test: Click here to enter text. How will we do it: Click here to enter text. How measured: Click here to enter text.			
		Goal: Click here to enter text. What to test: Click here to enter text. How will we do it: Click here to enter text. How measured: Click here to enter text.			
		Goal: Click here to enter text. What to test: Click here to enter text. How will we do it: Click here to enter text. How measured: Click here to enter text.			

QI Story Board Submission Form

Project title that tells us what you accomplished and who is better off:	
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.	
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.	• Click here to enter text. • Click here to enter text. • Click here to enter text.
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.	• Click here to enter text. • Click here to enter text. • Click here to enter text. • Click here to enter text.
Lessons learned: Use this section to discuss lessons learned or key takeaways from the project. Use up to three bullet points.	• Click here to enter text. • Click here to enter text. • Click here to enter text.
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.	• 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.
Team members:	
Graphic:	

Appendix D
2021 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.

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.

> **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.

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.

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	☐	☐	x	COVID – derailed our consistency
2. Senior management demonstrates commitment to a quality culture	☐	☐	x	
3. Senior management leads the group (e.g., program, organization or system) to align performance management practices with the organizational mission	☐	☐	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	☐	☐	x	
5. Performance is actively managed in the following areas (check all that apply) A. Health Status (e.g., diabetes rates)	☐	☐	x	Annual Reports, CHIP meetings on a regular basis etc, spaced out across each program – perhaps there is an opportunity to develop QI from the annual reports
B. Public Health Capacity (e.g., public health programs, staff, etc.)	☐	☐	x	a. Identify opportunities to expand clear tracking in this area
C. Workforce Development (e.g., training in core competencies)	☐	x	☐	Improve time spent on plan
D. Data and Information Systems (e.g., injury report lag time, participation in intranet report system)	☐	x	☐	We need to work on tracking this for PM (timeliness of updating scorecards). We do this fully in Healthy Families.
E. Customer Focus and Satisfaction (e.g., use of customer/stakeholder feedback to make program decisions or system changes)	☐	☐	x	

	Never/ Almost Never	Some-times	Always/ Almost Always	Note details or comments mentioned during the assessment
F. Financial Systems (e.g., frequency of financial reports, reports that categorize expenses by strategic priorities)	☐	☐	x	
G. Management Practices (e.g., <mark>communication of vision to employees</mark>, projects completed on time)	☐	☐	x	Most are completed on time with the exception of COVID possibly
H. Service Delivery (e.g., clinic no-show rates)	☐	☐	x	
I. Other (Specify):	☐	☐	☐	
6. There is a team responsible for integrating performance management efforts across the areas listed in 5 A-I	☐	☐	x	Yes the leadership team
7. Managers are trained to manage performance	☐	☐	x	
8. Managers are held accountable for developing, maintaining, and improving the performance management system	☐	☐	x	
9. There are incentives for effective performance improvement	☐	x	☐	Discussed during annual review – but no real tangible incentives are offered
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)	☐	☐	x	Qi is tied to pm measures and work plan
11. A process or mechanism exists to align performance priorities with budget	☐	x	☐	We don't do programs that we can't fund
12. Personnel and financial resources are assigned to performance management functions	☐	☐	x	Megan's role

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.*

37

	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	☐	☐	x	As long is there is a standard, we use it
2. The performance standards chosen and used are relevant to the organization's activities	☐	☐	x	
3. Specific performance targets are set to be achieved within designated time periods	☐	☐	x	
4. Managers and employees are held accountable for meeting standards and targets	☐	☐	x	Employees feel responsible for meeting goals, and meetings are a method of accountability. We do not use punitive methods.
5. There are defined processes and methods for choosing performance standards, indicators, or targets[1]	☐	☐	x	Standards are evidence based
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)	☐	☐	x	
B. The group benchmarks its performance against similar entities	☐	☐	☐	N/A – during COVID we have compared vaccination rates against other communities around us
C. Scientific guidelines are used	☐	☐	x	
D. The group sets priorities related to its strategic plan	☐	☐	x	
E. The standards used cover a mix of capacities, processes, and outcomes[2]	☐	☐	x	
6. Performance standards, indicators, and targets are communicated throughout the organization and to its stakeholders and partners	☐	x	☐	Megan will update this week

---

[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
A. Individuals' performance expectations are regularly communicated	☐	☐	x	Supervisors do regular check ins
B. The group relates performance standards to recognized public health goals and frameworks, (e.g., Essential Public Health Services)	☐	x	☐	Intrinsically part of our systems and how are structure is set up – Megan will work on making it obvious on the website
7. The group regularly reviews standards and targets	☐	☐	x	Every time we meet for PM we review targets
8. Staff understand standards and targets	☐	☐	x	Staff help develop targets
9. Performance standards are aligned across multiple groups (e.g., same child health standard is used across programs and agencies)	☐	x	☐	In the MAPP, and Partnership project this is true. Between our internal programs there is less overlap
10. Training is available to help staff use performance standards	☐	☐	x	
11. Personnel and financial resources are assigned to make sure efforts are guided by relevant performance standards and targets	☐	☐	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	☐	☐	x	

Item	☐	☐	☐	Notes
A. Measures are clearly defined	☐	☐	x	
B. Quantitative measures have clearly defined units of measure	☐	☐	x	
C. Inter-rater reliability has been established for qualitative measures	x	☐	☐	We only have one person on most projects and they collect the data as well
2. Measures are selected in coordination with other programs, divisions, or organizations to avoid duplication in data collection	☐	☐	x	
3. There are defined methods and criteria[3] for selecting performance measures	☐	☐	x	
A. Existing sources of data are used whenever possible	☐	☐	x	
B. Standardized measures (e.g., national programs or health indicators) are used whenever possible	☐	☐	x	
C. Standardized measures (e.g., national programs or health indicators) are consistently used across multiple programs, divisions, or organizations[4]	☐		x	Not always applicable but for CHIP, annual reports, Partnership Data project, Living Well, NDPP, Healthy Families, etc. yes
D. Measures cover a mix of capacities, processes, and outcomes[5]	☐	☐	x	
4. Data are collected on the measures on an established schedule	☐	☐	X	Biannual Performance management meetings
5. Training is available to help staff measure performance	☐	☐	x	Included in on-boarding – less formally during course of work
6. Personnel and financial resources are assigned to collect performance measurement data	☐	☐	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	☐	☐	x	Spreadsheets and Clear Impact report cards
2. Information on progress is regularly made available to the following (check all that apply)				
A. Managers and leaders	☐	☐	x	
B. Staff	☐	☐	x	
C. Governance boards and policy makers	☐	☐	x	
D. Stakeholders or partners	☐	☐	x	
E. The public, including media	☐	☐	x	
F. Other (Specify):	☐	☐	x	
3. Managers at all levels are held accountable for reporting performance	☐	☐	x	
A. There is a clear plan for the release of performance reports (i.e., who is responsible, methodology, frequency)	☐	☐	X	
B. Reporting progress is part of the strategic plan	☐	x	☐	Need to focus effort in restarting process
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)				

---

[6]See 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
A. Health Status	☐	☐	x	CHIP work, COVID
B. Public Health Capacity	☐	☐	x	
C. Workforce Development	☐	x	☐	
D. Data and Information Systems	☐	x	☐	
E. Customer Focus and Satisfaction	☐	☐	x	Depends on the program, we've identified the opportunities where we can measure this
F. Financial Systems	☐	☐	X	
G. Management Practices	☐	☐	x	
H. Service Delivery	☐	☐	x	
I. Other (Specify):	☐	☐	☐	
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)	☐	☐	x	Clear Impact report cards, Spreadsheets
6. Training is available to help staff effectively analyze and report performance data	☐	☐	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)	☐	☐	x	
8. Personnel and financial resources are assigned to analyze performance data and report progress	☐	☐	X	
9. Leaders are effective in communicating performance outcomes to the public to demonstrate effective use of public dollars	☐	☐	x	Annual report is health literate with a focus on public understanding

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	☐	☐	x	PDSA, rapid cycles (informal)
A. There is an entity or person responsible for decision-making based on performance reports (e.g., top management team, governing or advisory board)	☐	☐	x	Project coordinators, sometimes leadership team
B. There is a regular timetable for QI processes	☐	☐	x	Look for them during PM meetings, meet shortly after to move forward
C. The steps in the QI process are effectively communicated	☐	☐	x	There is a packet that is always followed
2. Managers and employees are evaluated for their performance improvement efforts (i.e., performance improvement is in employees' job descriptions and/or annual reviews)	☐	x	☐	Performance management is in the job description and is included in annual review conversations – not a true evaluation
3. Performance reports are used regularly for decision-making	☐	x	☐	Used in QI processes
4. Performance data are used to do the following (check all that apply)				
A. Determine areas for more analysis or evaluation	☐	x	☐	

	Never/ Almost Never	Some- times	Always/ Almost Always	Note details or comments mentioned during the assessment
B. Set priorities and allocate/redirect resources	☐	x	☐	
C. Inform policy makers of the observed or potential impact of decisions under their consideration	☐	x	☐	
D. Implement QI projects	☐	☐	x	
E. Make changes to improve performance and outcomes	☐	☐	x	
F. Improve performance	☐	☐	X	
5. The group (program, organization, or system) has the capacity to take action to improve performance when needed	☐	☐	X	
A. Processes exist to manage changes in policies, programs, or infrastructure	☐	☐	X	
B. Managers have the authority to make certain changes to improve performance	☐	☐	X	
C. Staff has the authority to make certain changes to improve performance	☐	☐	X	
6. The organization regularly develops performance improvement or QI plans that specify timelines, actions, and responsible parties	☐	☐	X	
7. There is a process or mechanism to coordinate QI efforts among groups that share the same performance targets	☐	☐	X	
8. QI training is available to managers and staff	☐	☐	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)	☐	☐	X	
10. QI is practiced widely in the program, organization, or system	☐	☐	x	At least half of programs have a QI process right now

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 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 that 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 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 the 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 considers 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, 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)

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 of 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)

Healthy Families Nebraska Panhandle

Healthy Families Nebraska conducted 1093 home visits, 244 more than last year. We increased families served by 13% and were able to focus on 78 children in 2021. The pandemic did not slow down home visiting services at this site. We learned a lot about how to get creative and inclusive to meet our commmunties needs.

1093
Home Visits

Number of Home Visits

Year	Visits
2019	719
2020	849
2021	1093

★ 35% of visits in 2021 were virtual (phone or video call)

80
Families Served

Number of Families Served

Year	Families
2019	52
2020	61
2021	80

78
Focus Children

Number of Focus Children

Year	Children
2019	50
2020	58
2021	78

Primary Caregiver

Healthy Families Nebraska Panhandle provides home visiting services to prenatal families and parents of young children to promote positive parent-child interaction, healthy child development, and family well-being.

Age of Caregiver at First Visit
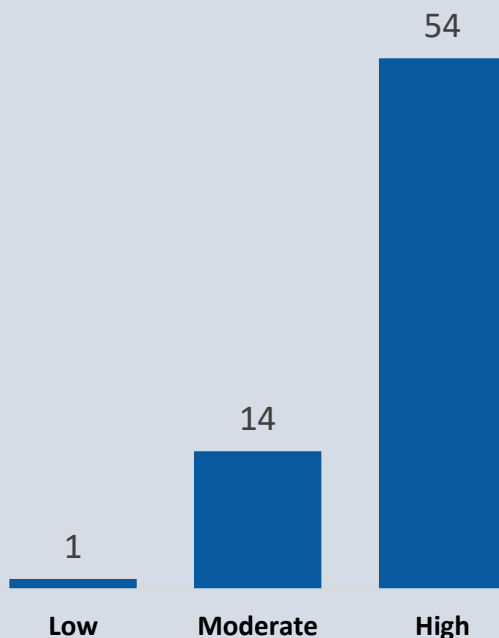
Age	Count
< 18	5
18-19	4
20-21	14
22-24	17
25-29	12
30-34	17
35-44	11
45-54	0
55-64	0
>65	0
Unk	0

Women	Men
76	**4**

Other Gender	Unknown
0	**0**

Number of Families by Risk Category

Low	Moderate	High
1	14	54

11   initial assessment not completed

Race/Ethnicity
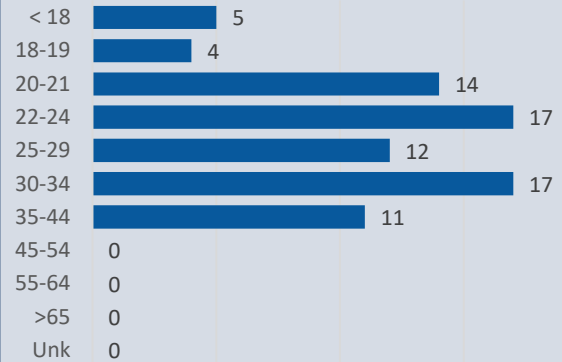
Count	Race/Ethnicity	Percent
5	American Indian/Alaskan Native	6%
0	Asian	0%
1	Black/African-American	1%
30	Latino/Hispanic	38%
0	Middle Eastern/North African	0%
0	Native Hawaiian/Pacific Islander	0%
42	White	53%
2	Multi-race/ethnicity	3%
0	Unknown	0%
0	Other race/ethnicity	0%

Primary Language

93% English

8% Spanish

0% Other

Of the Families Who Received Home Visits in 2021:

33	Were First-time Parents	41%
59	Were Single Parents	74%
27	Had Fathers Involved in Visits	34%
2	Had a Military Family Member	3%
0	Were Grandparents	0%

41 Families received their first home visit in 2021

13 Families had their first home visit prenatally

9 Families had their first home visit prenatally prior to 31 weeks gestation

Medical Insurance		
8	No Insurance	10%
67	Medicaid/SCHIP or Tri-care	84%
5	Private or Other Insurance	6%
0	Unknown	0%

Employment		
15	Employed full time	19%
23	Employed part-time	29%
42	Not employed	53%
0	Unknown	0%

Education		
4	Bachelor Degree or Higher	5%
4	Associate Degree	5%
2	Technical Training/Certificate	3%
10	Some College Training	13%
40	High School/GED	50%
19	Less than High School/GED	24%
1	Unknown	1%

Housing		
16	Own/share ownership of home	20%
35	Rent/share rent of home	44%
11	Live in public housing	14%
14	Live with parent or family member	18%
3	Other housing, not homeless	4%
1	Homeless- share housing	1%
0	Homeless- shelter	0%
0	Homeless- other arrangement	0%
0	Unknown	0%

Number of Primary Caregivers Who

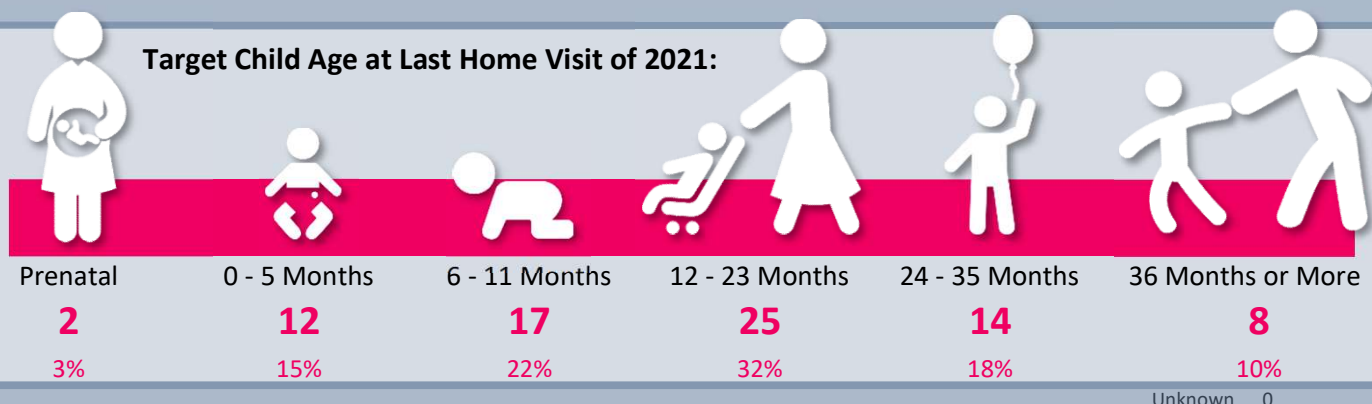|	
Were over cutoff on depression screen	21
Have been involved in Child Welfare System (as caregiver)	24
Were abused or neglected as a child	33
Are in need of substance abuse disorder treatment	8
Have substance abuse disorder history	60
Have a developmental delay	9
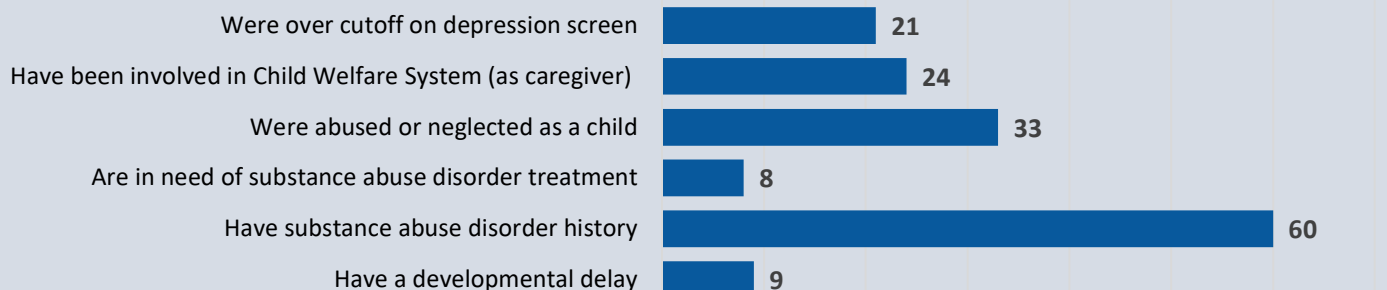
Target Children

Healthy Families Nebraska Panhandle was able to serve a wide range of target children from prenatal to 36 months plus. A large sum (81%)were eligible for Medicaid, and only two children had no insurance.

Target Child Age at Last Home Visit of 2021:

Prenatal	0 - 5 Months	6 - 11 Months	12 - 23 Months	24 - 35 Months	36 Months or More
2	**12**	**17**	**25**	**14**	**8**
3%	15%	22%	32%	18%	10%

Unknown   0

Of the Target Children Who Received Home Visits in 2021:

4	Were Low Birth Weight	5%
9	Were Born Premature	12%
7	Were Developmentally Delayed	9%
63	Were Medicaid Eligible	81%

2	Had No Insurance	3%
71	Had Medicaid/SCHIP or Tri-Care	91%
4	Had Private or Other Insurance	5%
3	Insurance Unknown	4%

Workforce

Healthy Families Nebraska Panhandle employs six full-time staff who serve as both direct service and family support specialists.
Race and ethnicity are shown for Family Support Specialists, and are comparable to families overall.

Total Direct Service Staff

6   FTE: 6

Direct Service Staff Gender

6	Women (cisgender or transgender)	100%
	Men (cisgender or transgender)	not reported
	Non-binary/gender expansive	not reported
	Prefer not to report/ Unknown	not reported

Direct Service Staff Race/Ethnicity

	American Indian/Alaskan Native	not reported
	Asian	not reported
	Black/African-American	not reported
2	Latino/Hispanic	33%
	Middle Eastern/North African	not reported
	Native Hawaiian/Pacific Islander	not reported
4	White	67%
	Multi-race	not reported
	Race Unknown	not reported
	Other race/ethnicity	not reported

September 2018- August 2022

Panhandle
Public Health District

PANHANDLE PUBLIC HEALTH DISTRICT
WORKFORCE DEVELOPMENT PLAN

This plan serves as the basis for PPHD staff development and includes core competencies, training requirements, and annual training calendar.

Approved Date: 10/19/2021 **Expiration Date:** 08/31/2022

Purpose & Introduction

Introduction   Training and development of the workforce is one part of a comprehensive strategy toward agency quality improvement. Fundamental to this work is identifying gaps in knowledge, skills, and abilities through the assessment of both organizational and individual needs, and addressing those gaps through targeted training and development opportunities.

This document provides a comprehensive workforce development plan for Panhandle Public Health District.   It also serves to address the documentation requirement for Accreditation Standard 8.1: *The health department's workforce has the multidisciplinary skills needed for the health department to achieve its mission, goals, and objectives.*

In this plan   This workforce development plan contains the following topics:

Questions   For questions about this plan, please contact:
> Erin Sorensen
> Office Manager/HR Coordinator
> 308-487-3600 x103
> esorensen@pphd.org

Acknowledgement   PPHD would like to thank the Ohio Public Health Training Center at the College of Public Health at The Ohio State University for making the template for this workforce development plan available.

Agency Profile

Mission, Vision, and Guiding Principles

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

Vision: We are a healthier and safer Panhandle Community.

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

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

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

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

Notable District data is as follows:
- Population: 87,005
- Gender: Male 49.4%, Female 50.6%
- Minority Population: Minority Population 19.7%, Hispanic 14.6%, American Indian or Alaska Native 1.8%
- Age: Under 20 22931 (26.5%), Over 64 16643 (19.3%)
- Unemployment Rate (2018 Average): 2.9%

Source: 2013-2018 American Community Survey 5-Year Estimates

Governance

The governance of Panhandle Public Health District is mandated by state statute. Panhandle Public Health District is governed by a 26-member board, comprised of a County Commissioner and a Community-Spirited Citizen from each of the 12 counties, a doctor, a dentist, and a veterinarian. The board works with the Director to oversee the work of the district and assure that the 10 Essential Services of Public Health are being met.
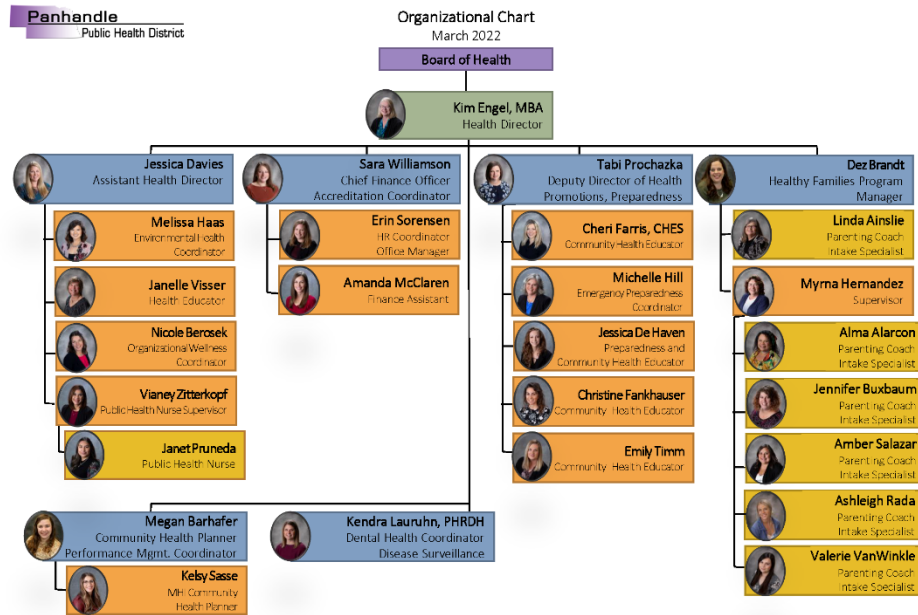
In addition to the board of health, there are advisory councils or committees that also provide guidance on initiatives for different programs.

Organizational structure

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

An organizational chart, updated August 2021, is on the next page.

Panhandle
Public Health District

Organizational Chart
March 2022

Board of Health

Kim Engel, MBA
Health Director

Jessica Davies
Assistant Health Director

Sara Williamson
Chief Finance Officer
Accreditation Coordinator

Tabi Prochazka
Deputy Director of Health
Promotions, Preparedness

Dez Brandt
Healthy Families Program
Manager

Melissa Haas
Environmental Health
Coordinator

Erin Sorensen
HR Coordinator
Office Manager

Cheri Farris, CHES
Community Health Educator

Linda Ainslie
Parenting Coach
Intake Specialist

Janelle Visser
Health Educator

Amanda McClaren
Finance Assistant

Michelle Hill
Emergency Preparedness
Coordinator

Myrna Hernandez
Supervisor

Nicole Berosek
Organizational Wellness
Coordinator

Jessica De Haven
Preparedness and
Community Health Educator

Alma Alarcon
Parenting Coach
Intake Specialist

Vianey Zitterkopf
Public Health Nurse Supervisor

Christine Fankhauser
Community Health Educator

Jennifer Buxbaum
Parenting Coach
Intake Specialist

Janet Pruneda
Public Health Nurse

Emily Timm
Community Health Educator

Amber Salazar
Parenting Coach
Intake Specialist

Ashleigh Rada
Parenting Coach
Intake Specialist

Megan Barhafer
Community Health Planner
Performance Mgmt. Coordinator

Kendra Lauruhn, PHRDH
Dental Health Coordinator
Disease Surveillance

Valerie VanWinkle
Parenting Coach
Intake Specialist

Kelsy Sasse
MH Community
Health Planner

Learning culture

PPHD promotes an environment of learning and employee betterment. Experienced employees and supervisors often mentor new employees and provide guidance for professional development.

Employees are encouraged to attend training relevant to their jobs, that address an identified need, and within budget restraints. As part of the Panhandle Partnership, PPHD has access to the Training Academy, a mechanism to provide quality training to the region and build an excellent workforce of health and human services employees. We understand that it's not just the skills and knowledge of our staff, but the collective education of the region that will bring quality services and opportunities to all the residents of the Panhandle. PPHD is proud to partner to bring quality training opportunities to the region.

PPHD works to identify an employee's strengths and areas for growth, not only to find ways to help an employee improve and succeed, but to identify areas where their knowledge and skills can be transferred to others.

Funding	The base funding for Panhandle Public Health District is through the Tobacco Master Settlement of 2001. Through this funding the State of Nebraska, as an act of the State Legislature, mandated that a portion of the funding be used to establish a public health infrastructure. PPHD was one of the health departments to arise from this funding.

PPHD is currently supported through the state legislated base funds of LB 692 and LB 1060 and through numerous sub-grants or contracts from various departments of the State of Nebraska. At this point PPHD is not funded by any local property tax streams.

The training budget is dependent on the primary grant funds used to support each position. General funds are always an option for training resources if a grant cannot support employee training opportunities.

Workforce policies	A copy of the PPHD Employee Handbook is reviewed with each employee at the start of their employment. A current copy is always kept available on the server in the Employee Information folder (M:\Employee information) and is available via the PolicyTech website.

Employees should save training completion certificates and forward to their supervisor and HR Coordinator so a copy can be added to their employee personnel file.

Links to other agency plans	The Workforce Development Plan directly supports strategies and objectives within Strategic Plan and the Quality Improvement and Performance Management Plan. (See internal Data (M:) Drive for a copy of this plan.)

The strategic direction "Honor Our Resources" from the 2018-2021 PPHD Strategic Plan is focused on not only fiscal resources, but also human resources. It focuses on assuring and retaining a competent public health workforce. Goals from the Strategic Plan that align with workforce development include: developing and maintaining a succession plan, developing procedure manuals for continuity of operations, and developing a system for staff recognition and retention. These goals will be met through the Workforce Development Plan.

Strategies of the 2019-2021 Quality Improvement and Performance Management Plan that align with the Workforce Development plan include moving the agency culture of Quality Improvement from "Phase 4: Formal QI Activities Implemented in Specific Areas" to "Phase 5: Formal Agency-Wide QI", increasing staff knowledge and comfort with QI/PM tools through hands-on, agency-wide training, incorporating QI components into all job descriptions, and providing continued training on PM to the Leadership Team.

Workforce Profile

Introduction   This section describes PPHD's current and anticipated future workforce needs.

Current workforce demographics

Summary of agency workforce demographics as of August 2021.

Category	# or %
Total # of Employees:	26
# of FTE:	25.4
% Paid by Grants/Contracts:	81%
Gender:	
Female:	23
Male:	0
Race:	
American Indian / Alaska Native:	0
Asian:	0
African American:	0
Hawaiian:	0
Caucasian:	21
More than One Race:	2
Other:	0
Ethnicity:	
Hispanic:	3
Non-Hispanic:	20
Age:	
< 20:	0
20 – 29:	4
30 – 39:	8
40 – 49:	4
50 – 59:	4
>60:	3
Primary Positions and Credentials:	
Director, MBA:	1
Assistant Director, MPH:	1
CFO/Accreditation Coordinator:	1
Community Health Planner/Performance Management Coordinator:	1
Office Manager/HR Coordinator, aPHR:	1
Deputy Director Health Promotions and Preparedness, CPH:	1
Community Health Educator (1 MPH & CHES):	3
Worksite Wellness Admin Assistant/Environmental Health Coordinator, MS:	1
Emergency Preparedness Coordinator:	1
Preparedness and Community Health Educator:	1
Organizational Wellness Coordinator/Community Health Educator, MS:	1
Disease Investigation/Dental Hygienist, PHRDH:	1
Disease Surveillance/Community Health Educator:	1
Financial Assistant:	1
Healthy Families Program Manager:	1
Healthy Families Supervisor:	1
Healthy Families Parenting Coach/Intake Specialist:	5
Highest Educational Attainment:	
High school or equivalent:	1
Some College:	2
Associate:	2
Bachelor:	13
Master:	5
Doctorate:	0
Employees < 5 Years from Retirement:	
Management:	2
Non-Management:	1

Workforce Profile, *continued*

Future workforce

PPHD has experienced a significant increase in personnel with a total of 23 staff. Part-time, temporary staff were also added to address the response to COVID-19 in fall 2020.

Factors facing PPHD in terms of workforce development at the time of this plan include:

- The financial element for reporting and tracking is becoming more complex.
- We are seeing increased changes to our reporting requirements.
- The timing of hiring new staff is a challenge. There is a need to balance project coordination and distribution of workloads.
- Young people are expressing interest in health-based and wellness positions.
- Generational differences in the workforce, across all sectors of employment.
- PPHD has upcoming staff transitions.
- We are seeing more prevention work around substance use/misuse.
- There are benefits of MPH level staff, with one on staff and one staff currently in the MPH program (graduate December 2021). Three staff have masters in other areas of focus.
- Our four office locations allow us to cast a wider net for recruitment.
- Remote working opportunities and needs, such as multiple office locations, variety of living arrangements, and COVID impacting staffing ability.
- Succession planning for key operations positions.
- Remain nimble with technology, needs, and cloud-based technology.
- The changing priorities of funding as administrations change.
- Aligning opportunities for interested students or interns.
- Our work is partnership driven.
- Dip in chronic disease funds, but addition of 1008 and 585 funds supplement some of the work and allow us to address items in our CHIP that don't have specific funding.
- HR Certification capacity on staff.
- Declining population for positions with people with local context especially among young people (brain drain).
- Push for a work-life balance, available hours, and younger workers commit to for their work life.
- We want people to have access to livable wages and good benefits.
- Public health workforce reflective of the community including ethnic and culturally underserved groups.
- Recruiting staff that value the evidence-base of public health and applied mind of prevention.
- Training opportunities are abundant.
- Maintain a culture of quality improvement and performance management.
- Increase staff capacity and awareness in order to approach programs through a health equity lens.

Competencies & Education Requirements

Core competencies for agency

Panhandle Public Health District has adopted the *Council on Linkages Core Competencies for Public Health Professionals* as the agency's core competencies. These competencies are the basis for developing agency and individual training plans. PPHD uses one standard assessment for the competencies, rather than breaking positions into tiers. Assessment of knowledge in the core competencies will be completed every three year.

There are eight domains identified as core competencies. They are:
1. Analytic/Assessment Skills
2. Policy Development/Program Planning Skills
3. Communication Skills
4. Cultural Competency Skills
5. Community Dimensions of Practice Skills
6. Public Health Sciences Skills
7. Financial Planning and Management Skills
8. Leadership and Systems Thinking Skills

http://www.phf.org/resourcestools/pages/core_public_health_competencies.aspx

Based on the results of the Core Competency assessment completed in August 2013, PPHD uses the *Foundations in Public Health* from the New York State Department of Health as an introductory course required for all staff, including both new and current employees, to provide basic knowledge of each of the domains.

https://www.nylearnsph.com/Public/default.aspx

Other competencies

In addition to the core competencies, PPHD has identified the following items as additional required competencies:
- Discipline-Specific Competencies: Public Health Leadership, Nursing, Environmental Health, Preparedness and Emergency Response, Health Education, etc.
  - No discipline-specific competencies have been adopted at this time. These items will be identified in greater detail in 2018-2022
- Organizational Competencies:
  - National Incident Management System (NIMS) 100, 200, 700
  - HIPAA and Confidentiality Compliance
  - Quality Improvement and Performance Management
  - Military Culture

Competencies & Education Requirements, *continued*

CE required by discipline

Multiple public health-related disciplines require continuing education for ongoing licensing/practice. Licensures held by staff, and their associated CE requirements, are shown in the table below.

Discipline	Nebraska CE Requirements (as of August 2021)
Nursing	20 contact hours every 2 years (10 must be peer reviewed)
CHES	75 hours every 5 years
CPH	50 hours every 2 years
Other	TBD as licensure requirements are identified
RDH	30 hours every 2 years
aPHR	45 hours every 3 years

Training Needs

Introduction   All staff first completed the Public Health Foundation's Core Competency Assessment in August 2013. A new version of this assessment, made available to local health departments by the University of Nebraska College of Public and undertaken in 2018, assesses skills based on the knowledge of the skill and the importance of that skill in each employee's day-to-day tasks. It will be repeated in late 2021/early 2022. This assessment will help shape agency training plans as well as individual training plans (IDP).

To be in compliance with requirements of emergency preparedness funding, all staff are also required to complete a minimum level of National Incident Management System (NIMS) trainings that will allow consistent knowledge of roles and expectations during an emergency situation.

In order to strengthen the agency quality of culture, staff are required to complete training in Quality Improvement and Performance Management. Quality improvement and performance management knowledge is essential training for all staff. It is only with the collective effort of all employees that we can better serve the residents of the Panhandle.

Staff in the Healthy Families Nebraska Panhandle home visitation program has an additional set of core training requirements. These trainings include the Healthy Families Core Training, Healthy Families Assessment Training, Stop Gap, Wraparound Trainings, Training on Tools, Growing Great Kids Curriculum Training, and the FamilyWise database used for reporting.

Training needs assessment results

As a result of the Core Competency Assessment completed by all staff in August 2013, Public Health Sciences and Cultural Competency were identified as priority domains for the year. Due to positive feedback, these competencies will continue to be training components to meet the needs of the Panhandle population. Additional priorities will be added to the training calendar based on results of the competency assessment as needed. The Core Competency Assessment from the UNMC College of Public Health will continue to be used to assess staff knowledge of the competencies.

An employee satisfaction survey is conducted annually in late fall. It is possible that additional training needs will be identified in this survey. Needs will be addressed and incorporated into the annual calendar plan as necessary.

All employees complete a Health Risk Appraisal annually in the Spring. This identifies areas where employees are performing well in personal health and where they might have room for improvement. Through the HRA, the wellness team will identify training opportunities that will improve employee wellness. These trainings will also be built in to the annual training calendar.

Although these trainings may not be tied to specific core competencies or job-related duties, PPHD emphasizes employee wellness in order to have the best and able staff available. Previous training opportunities for employee wellness have included financial wellness, stress management, healthy cooking and increasing physical activity.

Training Needs, *continued*

Agency-specific needs

Quality Improvement and Performance Management are key activities in PPHD's strategic plan to fulfil the directions of *Learning and Growth* and *Accountability and Improvement*. These are still new areas for Panhandle Public Health District. All staff will receive a minimum level of training for QI and PM, and additional trainings will be required for Supervisors so that they may better guide and mentor their staff.

- Quality Improvement and Performance Management Training – required for all staff
  - https://www.nylearnsph.com/Public/Announcements/default.aspx#announcement113
- Michigan's Public Health Practitioners Performance Management Primer – required for leadership team
  - https://pmqitraining.miophi.org/default.aspx

Emergency preparedness is another key role of public health. To be in compliance with requirements of emergency preparedness funding and better serve the public, all staff are also required to complete a minimum level of National Incident Management System (NIMS) trainings that will allow consistent knowledge of roles and expectations during an emergency situation.

- National Incident Management System
  - http://training.fema.gov/IS/NIMS.aspx
- Requirements for all staff – 100, 200, 700
- Additional necessary based on level of responsibility in emergency situation

All employees may come into contact with sensitive personal information. All employees sign a confidentiality agreement as part of their orientation process, but additional training in HIPAA and confidentiality will be incorporated into the annual training plan.

- "HIPAA: Security Rule for Covered Entities"
  - https://apps.thinkhr.com/login/
- "Public Health Law in Nebraska"
  - https://nepublichealth.adobeconnect.com/p2i2xlc2mi1/?launcher=false&fcsContent=true&pbMode=normal

Discipline-specific training needs

Discipline-specific trainings will be developed as part of the training calendar for 2018-2022. All employee job descriptions will be rewritten to incorporate the requirements of the eight core competency domains, quality improvement, and performance management. Staff will also complete assessments based on their discipline that may identify additional training requirements.

Staff in the Healthy Families Nebraska Panhandle home visitation program has an additional set of core training requirements. These trainings include the Growing Great Kids training curriculum and the FamilyWise database used for reporting.

Training Needs, *continued*

Mandatory training

The table below lists training required by the agency and/or by state or federal mandate:

Training	Who	Frequency
PPHD Orientation	New Staff	Upon hire
Foundations of Public Health	All Staff	Within 6 months of hire
HIPPA and Confidentiality	All staff	Upon hire and annually
Harassment Prevention	All staff	Upon hire and annually
Cultural Competency	All staff	Annually
Quality Improvement	All staff	Within 6 months of hire, regularly at staff meetings
Performance Management	All staff	Within 6 months of hire, regularly at staff meetings
National Incident Management System	All Staff	Once, based on required levels of completion
Cybersecurity	All Staff	Within 6 months of hire, ongoing as needed
HFA Core Training	HFA Staff	Upon hire
HFA Assessment Training	HFA Staff	Upon hire
Wraparound Trainings	HFA Staff	Upon hire
Training on Tools (ASQ-3, ASQ-SE-2, and Depression Screen)	HFA Staff	Upon hire
Stop Gap	HFA Staff	Upon hire
Family-Wise Database Training	HFA Staff	Upon hire
Growing Great Kids-Curriculum and Socialization Training	HFA Staff	Upon hire

Goals, Objectives, & Implementation Plan

Introduction   This section provides information regarding training goals and objectives of the agency, as well as resources, roles, and responsibilities related to the implementation of the plan.

Roles & responsibilities   The table below lists individuals responsible for the implementation of this plan as well as the associated roles and responsibilities.

Who	Roles & Responsibilities
Board of Health	Ultimately responsible for ensuring resource availability to implement the workforce development plan.
Director	Responsible to the Board of Health for workforce strategy, priority setting, establishment of goals and objectives, and establishing an environment that is conducive and supportive of learning. Identifies high potential employees as part of agency succession plan.
Human Resources	Provide guidance to the Director regarding workforce development and assist in creating a culture that is conducive and supportive of learning. Works with Program Managers and Supervisors to find appropriate training/development opportunities for staff. Responsible for informing supervisors of workforce development needs, plans, and issues.
Supervisors	Responsible to the Director and employees to ensure that individual and agency-based training initiatives are implemented. Works with employees to develop an individualized learning plan and supports the implementation of the plan (i.e. time away from work, coaching, opportunities for application, tuition reimbursement).
All Employees	Ultimately responsible for their own learning and development. Work with Supervisor to identify and engage in training and development opportunities that meet their individual as well as agency-based needs. Identify opportunities to apply new learning on the job.

Panhandle Public Health District Core Training Goals & Objectives 2018-2022				
Goal	**Objectives**	**Target Audience**	**Resources**	**Responsible Party**
Employee will have a basic understanding of the roles and functions of public health	• All new employees will receive orientation training in the first week of their employment • All new employees will complete the *Foundations of Public Health* series within 6 months of their hire date	New Employees All Staff	HR, Director NY Learns Public Health	Employee, Supervisor and HR Employee and Supervisor
Establish and promote an agency culture of quality improvement and performance management	• All new employees will complete the required training within six months of their hire date	All Staff	NY Learns PH	Employee and Supervisor
Employees will have a basic understanding of internet, email, and network safety procedures	• All new employees will complete the required training within 6 months of hire • Ongoing training will be provided to all staff on an as-needed basis	All Staff	Think HR Intralinks	Employee and Supervisor
Employees will have a basic knowledge of the National Incident Management System to be better able to respond and participate in a coordinated effort in the event of an emergency	• All new employees will complete the required training within six months of their hire date	All Staff	FEMA Emergency Management Institute	Employee and Supervisor HR for filing ERC for reporting to State of Nebraska

Employees will have a basic understanding of the requirements for protecting health information according to HIPAA and PPHD confidentiality policies	• All employees will complete the "HIPPA: An Overview" training
	   ○ All new employees will complete within 6 months of their hire date
	• All employees will review the PPHD Confidentiality Policy and HIPAA Policy
	   ○ All new employees will review the confidentiality policy as part of their orientation
		All Staff	NY Learns PH
			
			PPHD Policy
				Employee, Supervisor, and HR for filing
				
				Employee, HR for filing

*all certificates of completion should be submitted to HR for filing				

Panhandle Public Health District Core Training Curricula 2018-2022					
Topic	**Description**	**Target Audience**	**Competencies Addressed**	**Schedule**	**Resources**
Foundations of Public Health	Eleven online modules providing a basic knowledge of the eight core competency domains	All staff	Aspects of all eight domains	Within six months for new-hires	https://www.nylearnsph.com/Public/default.aspx
Quality Improvement and Performance Management	Four online modules providing introductory knowledge on performance management and quality improvement	All Staff, Additional levels for Leadership Team	Policy Development and Program Planning, Financial Planning and Management, Leadership and Systems Thinking	Within six months for new hires Leadership TBD	https://www.nylearnsph.com/Public/Announcements/default.aspx#announcement113 Plan, Do, Study, Act – Coin Spin Activity (Megan Koppenhafer) June 9, 2021
National Incident Management System (NIMS)	Online modules 100, 200 and 700 provides knowledge of the Incident Command Structure and common language to all response agencies	All Staff	Mandated	By June annually for all new staff	http://training.fema.gov/IS/NIMS.aspx
HIPAA and Confidentiality Compliance Policy	Mandatory training on information confidentiality for all clients or those sharing sensitive public health information "HIPAA: Security Rules for Covered Entities" "Public Health Law in Nebraska"	All Staff	Mandated	Annual review of confidentiality policy Within six months for new-hires	https://apps.thinkhr.com/login/ https://nepublichealth.adobeconnect.com/p2i2xlc2mi1/?launcher=false&fcsContent=true&pbMode=normal starting at 38:50
*This list will be updated as training opportunities are identified					

Panhandle
Public Health District

Panhandle Public Health District Competency Specific Training Goals & Objectives 2018-2022 (based on 2018 Competency Assessment results)				
Goal	**Objectives**	**Target Audience**	**Resources**	**Responsible Party**
Implementation of individualized training plans for all employees	• By December 2018 all employees will complete individual training plans based on specific roles of their job descriptions and the results of their individual results in 2018 Competency Assessment • Implementation of plans to be reviewed by employee and their supervisor at annual performance evaluations	All staff as of December 2018, repeat late 2021/early 2022	Core Competency Assessment Individual job descriptions, annual evaluations	Employee and Supervisor

Employees will improve their Analytic and Assessment skills	• Training opportunities will be identified based on the skills:
	  o Assess the health status of populations and their related determinants of health and illness
	  o Identify factors to measure public health conditions
	  o Distill results from data relevant to the community or population served
		All Staff	Identify Training Opportunities	TBD

Employees will improve their Basic Public Health Sciences Skills	• Training opportunities will be identified based on the skills:
	  o Describe the core public health functions (assessment, assurance, and policy development)
	  o Identify the ten essential services of public health
		All Staff	Identify Training Opportunities	TBD

Employees will improve their Financial Planning and Management skills	• Identify training opportunities that will address a variety of the skills under Financial Planning and Management Competency	All Staff	Identifying Training Opportunities	TBD

Employees will improve their Leadership and Systems Thinking skills	• Training opportunities will be identified based on the skill:
	  o Ability to modify individual practices with changing social, political and/or economic situations
	  o Clifton Strengths Finder conversation – September 2018
		All Staff	Identify Training Opportunities	TBD

Employees will improve their Policy Development and Program Planning skills	• Training opportunities will be identified based on the skill: o Develop evaluation plans to monitor programs for their effectiveness and quality	Leadership Team	Identify Training Opportunities	TBD
Employees will improve their Safety and Security skills	• Training on safety procedures (active shooter, fire/tornado drills, emergency evacuation), office security (entry/exit), defensive driving, distracted driving	All Staff	PPHD Staff, ThinkHR	Safety & Wellness Committee
*all certificates of completion should be submitted to HR for filing ****PPHD will work with UNMC College of Public Health for training resources that align with Core Competencies before looking to other resources**				

Panhandle Public Health District
Competency Specific Training Curricula
2018-2022 (based on 2018 Competency Assessment results)

Topic	Description	Target Audience	Competencies Addressed	Schedule	Resources
Analytic and Assessment skills	Assess the health status of populations and their related determinants of health and illness	All Staff	Analytic and Assessment Skills	TBD	Nebraska Commission for the Deaf and Hard of Hearing (Brittney Isom) May 2019 – in person at all staff meeting Immigration Legal-Aid – Chabelly Gurrola & Brian Edwards December 2019 – virtual at all staff meeting
	Identify factors to measure public health conditions	All Staff	Analytic and Assessment Skills	TBD	TBD
	Distill results from data relevant to the community or population served	All Staff	Analytic and Assessment Skills	TBD	TBD
Basic Public Health Sciences	Describe the core public health functions (assessment, assurance, and policy development		Public Health Sciences	TBD	TBD
	Identify the ten essential services of public health		Public Health Sciences	TBD	TBD
Financial Planning and Management	To be determined based on financial planning and management skills		Financial Planning and Management	TBD	TBD
Leadership and Systems	Ability to modify individual practices with	All Staff	Leadership and Systems Thinking	TBD	TBD

Thinking skills	changing social, political and/or economic situations				
	Clifton Strengths Finder	All Staff	Leadership and Systems Thinking	September 2018 All Staff Meeting	Clifton Strengths Finder https://www.gallupstrengthscenter.com/register/en-us/index
Policy Development and Program Planning	Develop evaluation plans to monitor programs for their effectiveness and quality	Leadership Team	Policy Development and Program Planning	TBD	TBD
Safety and Security	Safety procedures: fire/tornado drills, emergency evacuation	All Staff	N/A	Ongoing	• Fire/Tornado Evacuation Drills– Sept 6, 2018, April 4, 2019, September 5, 2019, 2020 dates cancelled due to COVID, April 1, 2021, September 9, 2021 • Self-Defense – Brent Anderson – May 2019 • Heart Attack and Stroke Signs and Symptoms – October 2019 • Narcan Demo, Training, & Distribution – October 2019 • Fire Extinguisher Use and Safety – June 2021
	Active shooter	All Staff	N/A	September 2018	Active Shooter Exercise – September 13, 2018 ALICE (Alert, Lockdown, Inform, Counter, Evacuate) in-person September 13, 2018 and online for 3 years: online Winter 2019, Winter 2020 https://www.alicetraining.com/
	Office security (entry/exit)	All Staff	N/A	Fall 2018, Winter 2020	Safety & Wellness Committee At Orientation for New Hires
	Defensive driving' and distracted driving	All Staff	N/A	Winter 2018, Summer 2019, Fall 2021	ThinkHR https://apps.thinkhr.com/login/
	Internet, email and network safety	All Staff	N/A	May 2019	Think HR https://apps.thinkhr.com/login/ With Intralinks, Inc, as needed

*This list will be updated as training opportunities are identified

Goals, Objectives, & Implementation Plan, *continued*

Communication plan

This workforce development plan will be communicated via the following mechanisms:

- A copy of this plan will be made available to all staff in the Employee Information folder on the PPHD server and the PolicyTech website.
- All staff will be notified of upcoming training opportunities, optional or required, through staff email and communication or directly from their supervisor.
- Weekly staff calls that encompass all office locations will also communicate upcoming training opportunities.
- The leadership team meets monthly and will review progress toward the above goals.
- Progress will be communicated to the board of directors during bi-monthly meetings.
- All updates will be communicated to staff via email and/or staff meetings.

Evaluation and Tracking

Introduction Evaluation of training will provide Panhandle Public Health District with useful feedback regarding its efforts, including content, delivery, vendor preferences, and training effectiveness. Accurate evaluation tracking is necessary, particularly for professional continuing education documentation and quality improvement purposes. This section describes how evaluation and tracking of training will be conducted.

Tracking All employees are ultimately responsible for documenting their training activities. Employees should track additional opportunities that benefit their Individual Development Plan or professional certifications. Employees should also submit any certificates of participation/completion to Human Resources for filing in employee personnel files.

The employee and their supervisor will review their training activities for the year during annual evaluation, noting trainings that provided a great deal of information and those that were not as beneficial. If an electronic transcript is available for online courses, employees are encouraged to print the transcript prior to annual evaluations to be included in the training conversation.

Trainings done for all staff as a group (such as at staff meetings) will include a sign-in sheet as documentation of participation.

Conclusion/Other Considerations

Other agency documents and plans
A skilled, competent workforce is essential to the success of PPHD and improving the health of the residents of the Panhandle, and is one component of the agency Strategic Plan. Building staff capacity for quality improvement and performance management is part of the Quality Improvement and Performance Management Plan. Proficiency in QI and PM and also allow us measure progress and improve the agency's part in the successful implementation of the Community Health Improvement Plan.

Review of plan
The training calendar will be updated on an as-needed basis to ensure that all required trainings are accurately captured. This plan will be reviewed and revised on an annual basis, after completion of the Core Competency Assessment is compiled. Updates will be reviewed by the Leadership Team and approved by the Director. Ongoing maintenance of this plan will be the responsibility of Human Resources.

Reviewed/Revised	By	Date
Reviewed and Approved for 2013/2014	PPHD Leadership Team	12/17/2013
Reviewed and Approved for 2013/2014	PPHD Board of Health	1/30/2014
Revised for 2015/2016	PPHD Leadership Team	3/25/2015
Reviewed and Approved for 2015/2016	PPHD Leadership Team	4/22/2015
Reviewed and Approved for 2015/2016	PPHD Board of Health	05/14/2015
Reviewed and Approved for 2018/2020	PPHD Leadership Team	9/11/2018
Reviewed and Approved for 2018/2020	PPHD Board of Health	9/13/2018
Due to COVID - Revised and Approved for 2018/2022	PPHD Leadership Team	9/2/2021
Due to COVID - Revised and Approved for 2018/2022	PPHD Board of Health	10/19/2021
Addendum for 2021 Competency Assessment Results	PPHD Leadership Team	03/31/2022
Addendum for 2021 Competency Assessment Result	PPHD Board of Health	

Addendum: 2021 Training Assessment

Introduction   PPHD partnered with Brandon Grimm, PhD, MPH, from the Office of Public Health Practice at the University of Nebraska College of Public Health to conduct an Education and Training Needs Assessment. The assessment process is the same that PPHD staff completed in 2018.This assessment is a self-evaluation each staff completed to assess their competence in the eight Core Competencies for Public Health Professionals as set by the Public Health Foundation. Staff identify the perceived level of importance the function is in relation to their work and their perceived capability at performing the function. The survey also asked staff to prioritize skill areas from a list of public health topics, preferred learning settings, the importance of issues that impact training, reasons to pursue continuing education, and demographic information. Staff completed the assessment through an online survey in early November 2021.

This assessment has a two-fold purpose: the first is to continue to shape PPHD's training priorities, and the second is to help employees identify and develop needed skills in their Individual Development Plan.

Assessment Results   The 2021 Assessment was presented by Brandon Grimm to PPHD staff in November 20121. The results presented were de-identified. Recommended training needs were identified by evaluating the gap between employees' perceived importance and capacity within each function. Aggregated results showed that PPHD staff had no recommended training needs in Communication.

Recommended trainings were identified in seven competencies: Analytic and Assessment (3), Basic Public Health Sciences (2), Cultural Competency (6), Community Dimensions of Practice (6), Financial Planning and Management (6), Leadership and Systems Thinking (3), and Policy Development and Program Planning (9). It was noted that not all staff need to be proficient in all functions, as some are specialized skill sets only needed by a few staff, which could explain some of the gap in proficiency.

Staff indicated the follow areas, in order, as the most important skill areas: Cultural Competency, Team Building, Health Disparities, Virtual Meeting Platforms, Conflict Management, Social Determinants, Health Literacy, Cost-Effectiveness, Statistical Analysis, and Community-based Participatory Research.

The updated Goals and Objectives and Training Curricula for the remainder of 2022 is on the following pages.

The complete survey questions and results are saved in the following location:
Survey Questions: M:\Accounting\Other\Human Resources\Workforce development
Survey Results: M:\Accounting\Other\Human Resources\Workforce development

Additional Notes

This plan was a continuation of the existing plan due to the impact of COVID-19 and the reallocation of staff time and resources to provide response. The plan will be revised in Fall 2022. The assessment results of 2021 will be part of the revision, which will include an updated set of training and implementation strategies.

The Public Health Foundation released an update to the Core Competencies for Public Health Professionals in October 2021. This current plan does not reflect the changes made in that update. Those will be addressed in the next iteration of this plan.

PPHD is revising the Strategic Plan for 2022-2025. The new iteration of this plan will include alignment with the updated strategic plan.

Panhandle Public Health District Competency Specific Training Goals & Objectives 2022 (based on 2021 Competency Assessment results)				
Goal	**Objectives**	**Target Audience**	**Resources**	**Responsible Party**
Implementation of individualized training plans for all employees	• By May 2022 all employees will complete individual training plans based on specific roles of their job descriptions and the results of their individual results in 2021 Competency Assessment • Implementation of plans to be reviewed by employee and their supervisor no less than once per quarter	All staff as of May 2022	Core Competency Assessment Individual job descriptions, annual evaluations	Employee and Supervisor

Employees will improve their Analytic and Assessment skills	• Training opportunities will be identified based on the skills:
	  o Identify factors to measure public health conditions
	  o Distill results from data relevant to the community or population served
		All Staff	Identify Training Opportunities	TBD

Employees will improve their Basic Public Health Sciences Skills	• Training opportunities will be identified based on the skills:
	  o Describe the core public health functions (assessment, assurance, and policy development)
	  o Identify the ten essential services of public health
		All Staff	NE Public Health Conference – April 2022, Monday Morning Meetings, All-Staff Meetings May 4 and September 15, 2022	Leadership Team, HR

Employees will improve their Financial Planning and Management skills	• Identify training opportunities that will address a variety of the skills under Financial Planning and Management Competency	Leadership Team Finance Team	Identifying Training Opportunities	CFO, Director
Employees will improve their Leadership and Systems Thinking skills	• Training opportunities will be identified based on the skill:	All Staff	Identify Training Opportunities	Leadership Team

Panhandle
Public Health District

	o Ability to modify individual practices with changing social, political and/or economic situations o Clifton Strengths Finder conversation – May 2022			
Employees will improve their Policy Development and Program Planning skills	• Training opportunities will be identified based on the skill: o Develop evaluation plans to monitor programs for their effectiveness and quality	Leadership Team	Identify Training Opportunities	Performance Management Coordinator, Leadership Team
Employees will improve their Safety and Security skills	• Training on safety procedures (active shooter, fire/tornado drills, emergency evacuation), office security (entry/exit), defensive driving, distracted driving	All Staff	PPHD Staff, ThinkHR	Safety & Wellness Committee
*all certificates of completion should be submitted to HR for filing ****PPHD will work with UNMC College of Public Health for training resources that align with Core Competencies before looking to other resources**				

Panhandle Public Health District
Competency Specific Training Curricula
2022 (based on 2021 Competency Assessment results)

Topic	Description	Target Audience	Competencies Addressed	Schedule	Resources
Analytic and Assessment skills	Assess the health status of populations and their related determinants of health and illness	All Staff	Analytic and Assessment Skills	As available and needs are identified	• Nebraska Commission for the Deaf & Hard of Hearing (Brittney Isom) May 2019 – in person at all staff meeting • Immigration Legal-Aid (Chabelly Gurrola & Brian Edwards) December 2019 – virtual at all staff meeting • At-Risk Populations for Preparedness Planning (Michelle Hill, PRMRS Coord.) June 2021 • Medicaid & Long-Term Care (Drew Preston) October 18.2021 • LGBTQ (Megan Koppenhafer) November 22, 2021 • American Dream (Mexican Culture) (Janet & Vianey) January 10, 2022 • Black History month (Megan Koppenhafer) February 14, 2022 • Japanese Cultural Hall, Legacy of the Plains Museum (Vickie Sakurado-Schaepler) March 14, 2022
	Identify factors to measure public health conditions	All Staff	Analytic and Assessment Skills	Summer 2022	Review County Health Ranking Results
	Distill results from data relevant to the community or population served	All Staff	Analytic and Assessment Skills	Summer 2022	Review Public Health Atlas Review CHA, MHI Analysis, Review 2021 CHIP Annual Report

Basic Public Health Sciences	Describe the core public health functions (assessment, assurance, and policy development		Public Health Sciences	Summer 2022	2022 Public Health Conference – April 2022
	Identify the ten essential services of public health		Public Health Sciences	Summer 2022	Identify resources to educate about the revised 10 Essential Services of Public Health
Financial Planning and Management	To be determined based on financial planning and management skills		Financial Planning and Management	Leadership Team Finance Team	TBD
Leadership and Systems Thinking skills	Ability to modify individual practices with changing social, political and/or economic situations	All Staff	Leadership and Systems Thinking	TBD	TBD
	Clifton Strengths Finder	All Staff	Leadership and Systems Thinking	May 4, 2022 All Staff Meeting	Clifton Strengths Finder with Judy Amoo https://www.gallupstrengthscenter.com/register/en-us/index
	Personality Assessments	All Staff	Leadership and Systems Thinking	December 2021 All Staff Meeting	Real Colors – Dec 2021 all staff meeting and ongoing for all new staff (Dez Brandt), ongoing weekly staff meeting discussions
	Growth and Development	All Staff	Leadership and Systems Thinking	All Staff	Jessica McCaslin during Monday Morning Mtgs. • Four Agreements – 2/22/21; 3/15/21 • Directions Tool – 3/22/21; continuation - 4/19/21 • Teambuilding Discussion - 5/24/21 • Mental Health & Coping Skills - 8/16/21 • Mini Individual Wellness Plan – 9/20/21 Monday Morning Meetings – opportunities for all staff to connect and share Brené Brown Book Club – *Atlas of the Heart* January-June 2022 Dr. Kathleen Allen Book Club – *Leading from the Roots; Nature-Inspired Leadership Lessons* – Starting Summer 2022

Panhandle
Public Health District

Policy Development and Program Planning	Develop evaluation plans to monitor programs for their effectiveness and quality	Leadership Team	Policy Development and Program Planning	Summer 2022	Review Program Development Plan – Monday Morning Meeting
Safety and Security	Safety procedures: fire/tornado drills, emergency evacuation	All Staff	N/A	Ongoing	• Fire/Tornado Evacuation Drills– Sept 6, 2018, April 4, 2019, September 5, 2019, 2020 dates cancelled due to COVID, April 1, 2021, September 9, 2021 • Self-Defense – Brent Anderson – May 2019 • Heart Attack and Stroke Signs and Symptoms – October 2019 • Narcan Demo, Training, & Distribution – October 2019 • Fire Extinguisher Use and Safety – June 2021 • CPR/First Aid Training – September 2021
	Active shooter	All Staff	N/A	September 2018	Active Shooter Exercise – September 13, 2018 ALICE (Alert, Lockdown, Inform, Counter, Evacuate) in-person September 13, 2018 and online for 3 years: online Winter 2019, Winter 2020, Winter 2021 https://www.alicetraining.com/
	Office security (entry/exit)	All Staff	N/A	Fall 2018, Winter 2020	Safety & Wellness Committee At Orientation for New Hires
	Defensive driving' and distracted driving	All Staff	N/A	Winter 2018, Summer 2019, Fall 2021	ThinkHR https://apps.thinkhr.com/login/ -Distracted Driving – Aug 2019 -Defensive Driving Fundamentals – Oct 2021
	Internet, email and network safety	All Staff	N/A	May 2019	Think HR https://apps.thinkhr.com/login/ With Intralinks, Inc, as needed: Cybersecurity-May 2019
*This list will be updated as training opportunities are identified					