Panhandle Public Health District
Board of Health Agenda

Date: January 29, 2026
Time: 8:00 am – 9:30 am
Location: Prairie Winds Community Center, 428 N Main Street, Bridgeport, NE

Topic	Exhibit – number indicates electronic copy	Who	Outcome
Call to Order, Open Meeting Act, & Introductions		D. Kling	
Consent Agenda • Approval of Agenda • November 2025 Meeting Minutes • Directors Report – January 2026 • Upcoming Training Opportunities	00 – White 01 – White 02 – Purple 03 – White	D. Kling	Motion
FY 2025 Audit Report	04 - White	L. Post	Motion
Finance Committee Report June -November 2025 Financial Statements & Program Spreadsheets	05 – Orange 06-12 – Blue	S. Williamson	Motion
Cafeteria Plan & Resolution	13-14 – White	S. Williamson	Motion
Dr. Holloway appointment as Board Physician		J. Davies	Motion
Updated Cost Allocation Plan	15 – White	J. Davies	Motion
Workforce Development Plan	16 - White	D. Kling	Motion
Staff Satisfaction Survey Results	17 – White	J Davies	Status Update
Legislative Update		J. Davies	Status Update
Rural Health Transformation Update		J. Davies	Status Update
Strategic Plan Update		S. Williamson	Status Update
Accreditation Update		S. Williamson	Status Update
Other Business		D. Kling	Status Update
Public Comment			
Meeting Adjourns		D. Kling	Motion
MAPP Community Health Assessment Kick-Off (will be open session if enough members are present)		D. Kling	

Next Meeting Date: March 12, 2026
Time: 8:00 am – 9:30 am
Place: Virtual
See back for a glossary of program, process, and partner names

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

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

Panhandle Public Health District
Board of Health Meeting Minutes
November 13, 2025
Platte River Room, Gering Civic Center, 1050 M Street, Gering, NE

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

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

Key Actions Taken:

- Approved change in cost allocation to De Minimis
- Approved bid for 2026 Toyota Sienna

Call to Order/Introductions:

President Kling called the meeting to order at 8:00 am. Quorum was confirmed. The location of the Open Meeting Act was noted as posted outside the meeting room door. The notice of budget hearing and regular meeting notice were publicized in the Star-Herald and posted on the Nebraska Meeting Notice Repository on Thursday, November 6. Introductions were made.

Consent Agenda:

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

Finance Committee:

Williamson presented on behalf of the finance committee that met via conference call on November 6. She reviewed the financial statement for July through September and program spreadsheets. She provided an update on funding changes from the state, noting new obesity funding, consistent funding from the Office of Highway Safety, and that most other funding was renewed at a consistent level from the previous year. The immunization program had a big outlay in the fall for the purchase of product in preparation for flu clinics. PPHD received a small funding amount to participate in work around food access and those funds will be distributed to food banks throughout the region.

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

Workforce Development Plan:
Williamson reviewed the updated Workforce Development Plan that was emailed out to board. The template is provided by the Public Health Accreditation Board (PHAB) and includes the required elements to meet the measures of accreditation. Other data elements that inform the plan are the annual staff satisfaction survey and the Public Health Workforce Interests and Needs Survey (PHWINS) The plan aligns with our agency plans, including the strategic plan and the PM/QI plan. The plan addresses growing and changing agency staffing needs. We are always looking to diversify our staff to better represent our constituents.

Sautter asked if the approval of the plan was time sensitive to allow for more time to review by the board. Williamson indicated was not. Sautter motioned to table the plan to the next meeting and was seconded by Lease. Roll call vote with all in favor, none opposed or abstained.

Vehicle Bid:
Davies presented bids from three dealerships through state purchasing – Anderson Auto Group of Grand Island, Gene Steffy Chrysler Jeep Dodge, and Greg Young Chevrolet – for an additional 2026 van for PPHD. There is increasing travel for staff in the Scottsbluff office, and all vehicles are nearing or exceeding 100,000 miles.

Davies recommended an all-wheel drive Toyota Sienna from Greg Young that has good fuel economy that would be available in June 2026. The total cost is $42,071, and although higher than the lowest cost bid, it has significantly better fuel economy than the others.

Sautter motioned to approve the bid for the 2026 Toyota Sienna from Greg Young Chevrolet for $42,071 and was seconded by Delatour. Roll call vote with all in favor, none opposed or abstained.

De Minimis Cost Allocation:
Davies explained that PPHD has been researching switching the cost allocation process from direct to some form of indirect, either de minimis or a negotiated rate. PPHD is currently the only health department using direct cost allocation and with state appropriated funding cuts, this would help recoup some of the admin expenses that were otherwise covered under those funds and would support future viability. PPHD leadership met with audit staff from HBE and they indicated the de minimis rate of 15% is a good option and seems that it will suit PPHD's current needs. This rate would be applied based on the Modified Direct Total Cost (MTDC), which includes direct wages and benefits, some supplies, travel, and up to a certain amount of any subawards, not 15% of the entire awarded amount. The de minimis rate would be applied to awards going for and would affect current awards at the start of the new award year. PPHD can go through the process of negotiating a rate in the future if ever needed.

Sautter motioned to accept the HBE recommendation of using the 15% de minimis rate for cost allocation and was second by Delatour. A roll call vote was held and all were in favor, none opposed or abstained.

Community Health Assessment Update:
Megan Barhafer, Community Health Planner Supervisor, is currently hosting discussions in each community that will help inform the data collection for our Community Health Assessment that happens every 3 years. Barhafer asked board members to send personalized invites and bring as many community members to the focus group discussions as possible. The meetings include reviewing data about health, demographics, and

discussing experiences in the community. The Kick-off meeting for the Community Health Assessment will be held on Jan 29th after the board meeting.

Rural Health Transformation Grant:
Davies updated the board on grant. The State has submitted an application for $200 million for the first year, intended for rural communities. Davies participated in planning meetings as the budget was developed. If awarded, contracts are anticipated to start in early 2026, and PPHD could receive between $1 and $3 million per year, and one goal is to add up to ten health workers in our department. We have opened a Community Health Worker Supervisor position to get established because of this along with other school mental health funds we are anticipating. The CHWs will be out in their communities, consulting with hospitals, jails, schools, and other partners to link people with the resources they need. CHWs in Nebraska currently do not need to be certified but training components will come from subsequent cycles to build and sustain the work. Expanding oral health and support for EMS services will be other components of this grant.

Board of Health Physician:
Dr. Cornutt has transitioned out as our medical director for the Immunization Clinic and Dr. Sondra Holloway is now currently filling that role. Cornutt be resigning from our board at the end of the year. We will need an MD on our board. Davies has reached out to Dr. Holloway to see if she is interested in filling the position on the board as well.

MHI & Annual Report to Legislature:
Davies noted the MHI and PPHD annual reports to the Legislature that are included in the board packet. She highlighted some of the high points for the board. Jespersen expressed how impressive it is to see the data in black and white.

Food Access Coalition & NE Panhandle Report:
Barhafer discussed work that is going on with a newly developed Food Access Coalition in the Panhandle. The Center for Rural Affairs put together a presentation on food access and sources in the Panhandle. Barhafer reviewed some of that data for the bord. As part of the work with the Center for Rural Affairs, PPHD hosted meetings around farm/food and food benefits, recruited food banks and performed a SWOT analysis about how our food systems. We created an updated/current food resource document which has been distributed and is providing support while the government shutdown is in place.

Delatour expressed interest in seeing a SNAP education course. Barhafer noted this was previously available but is no longer funded. We hope to address this in our current work.

Strategic Plan:
Williamson noted that an update on the strategic plan was included in the director's report**.**

Accreditation Update:
Williamson updated that PPHD submitted the strategic plan for document review as part of the annual report to PHAB and that meetings are happening to maintain accreditation readiness**.**

Strategic Plan:
Williamson provided an update on the strategic plan. The 2025-2028 plan was adopted during the July meeting. Workgroups are meeting anywhere from monthly to quarterly to address implementation steps. A visual of the progress tracking dashboard is included in the Director's Report for every board meeting.

Other Business:
There was no other business to discuss.

Public Comment:
No members of the public present for comment.

Next Meeting Date:
January 29, 2025, at 8:00 am, location TBD.

Adjourn:
Meeting adjourned at 9:28 am due to loss of quorum as members departed for other meetings.

January 2026
Board of Health Report

From the Director

Jess and Dez Brandt attended the Maternal and Child Health Summit in Lincoln in November. We continue working on multiple MCH assessments in collaboration with UNMC and DHHS to further refine service offerings and identify opportunities to expand services, programs, and initiatives. In December, Jess attended the NACO Conference and the Health Directors meeting in Kearney. A staff satisfaction survey was issued, and a summary of the results that was shared with all staff at our December meeting is included with this report. Program coordinators contributed to the development of their respective Annual Report pages, with Tabi providing final compilation and design. We are once again proud to share an engaging Annual Report that highlights the importance and impact of public health work across the Panhandle!

Career Ladder

The leadership team has drafted a Career Growth Framework with Kelsy Sasse facilitating the discussion. We will affirm the framework, corresponding documents, and next steps at our January 21 leadership team meeting.

Legislative

Senator Hardin has introduced LB 912 Community Health Worker Training Endorsement Act, Jess will be testifying at the end of January on this. Senator Storer has introduced LB 903 to provide a referral for home visitation services for certain families by case managers, Dez will be testifying at the end of January on this. We have been meeting regularly as Health Directors to monitor any new legislation introduced and implications for public health.

Staffing

Kelsy Sasse was interviewed and hired as our Community Health Worker Program Supervisor and Christian Christopherson has been hired as the Lead Hazard Reduction Coordinator. He will start on February 2. We have the Rural @ Heart position currently open in partnership with the American Heart Association and Home Visitation Specialist position based out of the Scottsbluff office. Melissa Haas has resigned as the Environmental Health Coordinator.

Nebraska Public Health Conference

PPHD staff have been selected to present on two different breakout sessions at the Nebraska Public Health Conference at the end of March in La Vista. Dezarae Brandt and Ashleigh Rada will be presenting on the newest MCH offering of the Self-Monitored Blood Pressure program for pregnant moms and Megan Barhafer will be presenting on Environmental Health.

New Grant Applications, Contracts, & Initiatives

HUD Lead Hazard Reduction Grant

Our HUD Lead Hazard Reduction Grant was fully awarded in the amount of $2.5 million allowing us the opportunity to work with locally certified contractors to conduct abatement on an estimated 90 homes.

Lead Risk Assessments

We have received an opportunity from DHHS in the amount of $7,500 to Conduct Preventative Lead Risk Assessments for at-risk families and provide cleaning kits.

Rural Health Transformation

DHHS has been awarded $218 million per year for the next five years through the Rural Health Transformation Program. We have submitted a Request for Application to DHHS for participation in the Community Health Worker Network and Oral Health focus areas. There will likely be additional areas of involvement; however, the scope of those opportunities has not yet been released. At this time, we have not received information on the funding amounts each Local Health District will receive, but we have been assured that agreements are expected to be finalized in February.

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

Cancer Prevention
We have a new opportunity coming from NALHD in the estimated amount of $25,000 for cancer prevention. This will bolster our work on radon promotion, colon cancer screening kits, HPV promotion, community walkability, and more.

CPR - Children's Hospital
We received an additional opportunity through our partnership with Children's Hospital in the amount of $5,000 to conduct CPR/AED certification classes for school staff and promote Project ADAM among area schools.

Nebraska Arts Council
We have received a grant through the Nebraska Arts Council in the amount of $2,499. This will support the costs for a local artist to paint a mural in our SB office clinic waiting area.

Promotional Campaigns
October Facebook Posts: 275 | Reach: 107,167 | Reactions: 894
November Facebook Posts: 269 | Reach: 74,297 | Reactions: 862
December Facebook Posts: 258 | Reach: 33,969 | Reactions: 374

Community Health Assessment and Community Health Improvement Plan

Megan hosted 11 community conversations between October and December. Cheyenne County's community conversation had no attendees, so another will be planned for the Spring. In total 73 community members shared their perspectives on the health of their communities. The survey is finalized and has been reviewed by the MAPP steering committee and partner agencies. This will go out in January.

Lead– Megan Barhafer

Minority Health Initiative

Two members from the Youth Advisory Council volunteered to record an ad on underage drinking. The YAC as a group helped write the ad and voted that it would be more impactful if local teens did the recording. Following the November YAC meeting, Kelsy sent out a poll and selected two individuals who were interested. The ad will run on Spotify once approved. Kelsy has been spending time building a case management system to track referrals and outcomes for the CHW work. We are still working on building up the HDAC (health in disproportionately affected communities) Advisory Committee. Kelsy is working on connecting with higher education partners to launch the Tellegacy program.

Lead– Kelsy Sasse

Performance Management and Quality Improvement

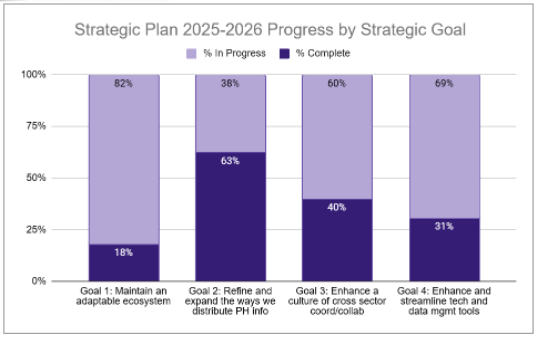
Metrics are available on the website here: http://www.pphd.org/performance_management.htm

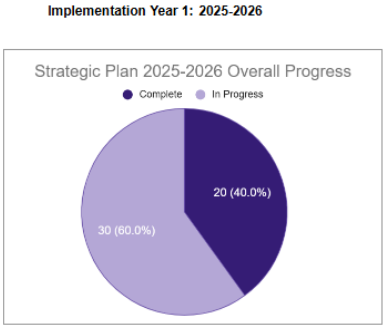
Lead – Megan Barhafer

Strategic Plan

Staff continue with the implementation of the 2025-2028 strategic plan.

Year 1 – Q2





2025-2026 Overall				
Complete	In Progress	Objectives	% Complete	% In Progress
20	30	50	40.00%	60.00%

Lead - Leadership Team

Clinical Services

Vaccinations

The Immunization Clinic has remained steady during November and December but as usual, the numbers start to decline as our influenza campaign begins to wind down. As a result, we were able to cut back to staffing one full-time RN in the clinic. All total, we saw 392 clients while giving 625 vaccines. We continue to screen each client for any vaccines they are eligible for, while providing education as to risks and benefits of each and answering questions.

Clinic Stats

November-December – 96 clients seen | 107 vaccines given
10 locations to include 4 Long-term care/assisted living facilities to include both communities of Gordon and Hays Springs, 2 schools (Sioux County Schools and Alliance Public Schools), along with 4 local businesses and 2 homebound vaccine visits.

Outreach Stat

CHILDREN UNDER 19 YEARS OF AGE – 66 clients | 111 vaccines given
4 UNMC Students elected to spend 3 hours in the Immunization Clinic to fulfil some of their educational requirements.

Currently, we are navigating through many changes and updates to the ACIP Childhood Immunizations Schedules.

Immunization clinic is moving forward with Dr. Sondra Holloway as our Medical Director.

THINGS TO LOOK FORWARD TO

Annual Re-Enrollment for the VFC and VFA programs begins Feb 2, 2026through Feb 28, 2026.

Lead – Tina Cook

HPV

HPV promotion included a page in the annual report to promote the "Why 9" HPV project. We were able to obtain specific data about HPV completion rates by county from the state and will be working with local providers to increase the completion rate for the HPV series.

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

forecasting for the HPV vaccine in the Nebraska Immunization System to show that you can receive the HPV vaccine starting at age 9 rather than age 11.

The HPV workgroup has developed a HPV data fact sheet for the Panhandle with the help of an APEX student. This fact sheet is going to be used as a template for other LHD's across the State. In November and December 1,100 fact sheet flyers were distributed to our healthcare partners. A booklet was created with pertinent information for partners included. An HPV provider letter, instructions for how to complete reminder calls through the Nebraska State Immunization Information System (NESIIS), and the HPV factsheet were included (along with other materials for other programs). These booklets were also distributed during partner visits in November and December. The HPV program coordinator at the State has asked that we share their materials with them so that they can be used as a template for what other LHD's can do in their HPV programs. The HPV coordinator also asked about the potential for sharing the work that PPHD has done, along with the work that has been done with the Nebraska Cancer Alliance HPV Workgroup at the 2026 Immunize Nebraska Conference.

Partner site visits for November and December included visits to Morrill County Community Hospital, Garden County Health Services, Sidney Regional Medical Center, Kimball County Health Services, Box Butte General Hospital, Gordon Memorial Hospital, Western Community Health Resources, Chadron Community Hospital, Regional West Medical Center, Community Action Health Center, Quick Care, and Complete Care. The educational materials mentioned above were delivered and discussions about reminder calls and HPV vaccination rates occurred.

The American Cancer Society created a social media template of posts for HPV. Data from November and December from these posts:
16 total posts (posts in both English and Spanish) | 3,090 views | 2,234 reaches
Lead – Ally De Los Santos

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

- Genetics Clinics
  - January 7th was telehealth and 9 patients were seen
- Medically Handicapped Children's Clinic
  - November 5th: 3 patients were seen

Lead – Ally De Los Santos

Healthy Brain Initiative
PPHD is dedicated to improving education and promoting early detection of dementia and Alzheimer's disease. Our health strategists—Nicole, Janelle, and Jessica—are leading this effort and will be presenting throughout the Panhandle. The last Dementia Coalition meeting was held on January 16th with 22 attendees. The November 5th had 21 attendees. The next coalition meeting is scheduled for April 17th at the same location for in-person. Zoom option is available for those who cannot join in-person.
Janelle and Jessica have become Community Educators through training given by the Alzheimer's Association.
Leads – Janelle Visser, Jessica Rocha, and Nicole Berosek

Fit Testing
January=11 | February=11 | March=4 | April=9 | May=7 | June=2 | July=5 | August=4 | September=7 | October=7 | November=5 December=6
Clients include:

- Travelers: travel nurses, RT, PT, dieticians, surgical tech, lab tech, tele, sterile processing, radiology, students.
- Environmental/Ag: 1 Panhandle business, 1 business in WY.
- Contract employees: pilots and anesthesia working at Regional West.

- Local businesses- 1 business in Scotts Bluff County.
  Staffing – Myrranda Kelley, Ally De Los Santos

PortaCount
4 PortaCount machines for Fit Testing
#1
- Stays in the Scottsbluff to complete Fit Testing

#2
- Rented to Sidney RMC until 4/24/2025
- Rented to Western Nebraska Veterans Home on 8/19/2025 - 12/2/2025
- Rented to Heritage on 12/15/2025 - Current

#3
- Rented to Monument Care and Rehab on 8/18/2025 - 11/10/2025
- Rented to Highland Park Care Center on 11/18/2025- Current

#4
- Rented to Oglala Sioux Lakota Nursing Home on 8/8/2025 - 11/19/2025
  Staffing – Myrranda Kelley

CPR
- Completed 10 classes (2 are BLS classes)
  - 3 schools
  - 7 entities/businesses
- Total participants earning Certification: 87
- Hands-On classes (No certifications): 5 classes
  - Hands-on CPR/choking training to Spanish-Speaking Moms group: 5 participants
  - Hands-on CPR/choking training for the Healthy Family Fun Day on October 7th: 7 participants
  - Hands-on CPR/choking training for Healthy Families, May 15th and May 16th: 3 participants
  - Hands-on CPR/choking training for Bluffs Middle School students on October 15th: 40 participants

  S*taffing – Myrranda and Ally*

Stop the Bleed
- Completed one class to MRC volunteers: 4 participants (1 became an instructor)
  S*taffing – Myrranda, Ally*

Worksite Wellness

PWWC

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

- Hosted the January Wellness Chat on January 8 at Chadron Community Hospital and virtually, with 14 attendees.
- Participated in the Menopause Steering Committee.
- Assisted in facilitating the Panhandle Nebraska Food Access Coalition meeting.
- Offered a Bridges Out of Poverty training at CAPWN, with 15 attendees.
- Facilitated the State Aging Coalition.
- Met with the Office of Aging regarding the Senior Farmers Market (USDA) Program.
- Met with WNCC to discuss professional development opportunities.

  Staffing – Nicole Berosek

Governor's Wellness Award:

The Governor's Wellness Award application is now open and is being promoted through Facebook, the advisory team, and LincolnHR. Additional promotion will occur once the Governor's Office releases the official news

announcement. Worksites across the region are encouraged to apply, and technical assistance is available to support organizations throughout the application process.

Staffing – Nicole Berosek

Chronic Disease/Obesity State Grant

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

Outreach and coordination activities included:

- Janelle contacted after-school programs to assess interest in the CATCH After School Program.
- Staff reached out to the USDA Senior Farmers Market Program to gather additional information.
- Janelle contacted all Panhandle farmers markets to offer additional promotional opportunities.

Program participation and outcomes included:

- Eleven Panhandle residents registered for the Fall Living Well class; six participants completed the program. CredibleMind usage for the quarter included:
  - **September:** 349 users (329 new users), 3 registered users, 400 sessions
  - **October:** 317 users (301 new users), 1 registered user, 349 sessions
  - **November:** 382 users (373 new users), 1 registered user, 418 sessions

Professional development and planning activities included:

- Janelle attended the virtual Safe Routes to School Summit.
- Janelle participated in the Scottsbluff SS4A Core Team meeting on November 12.
- Janelle and Jessica Rocha attended the Bridgeport SS4A Task Force meeting on December 23.
- Jessica reviewed the AARP Walk Audit Toolkit on November 21.

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

Preparedness

PRMRS – Panhandle Regional Medical Response System

PRMRS met virtually in January and opened with a presentation on special population preparedness planning from the Nebraska Commission for the Deaf and Hard of Hearing. Other topics covered during the meeting included situational awareness regarding infectious diseases, ASPR changes to the workplan and deadlines, training opportunities, and partner feedback.

PRMRS and PPHD MRC are coordinating with Nicole and Cheri to provide the all-day Psychological First Aid training in April.

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

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

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

Lead – Emily Timm

Public Health Emergency Preparedness
We continue to strengthen regional response capabilities through training, exercises, and collaboration with local emergency management, healthcare partners, schools, and first responders.

Lead – Tabi Prochazka

MRC - Panhandle Public Health Medical Reserve Corp
Work has continued to strengthen the MRC. In November and December two MRC nurses continued to provide support in the Walk-In Immunization Clinic weekly. They also help to support efforts at various off-site clinics. In November and December they volunteered a total of 55 hours. Plans are in place to offer psychological first aid training to the MRC volunteers in March to help strengthen their skills.

In 2025, the MRC accomplished the following:
- A total of 297 volunteer hours served
- 10 new members joined
- 4 members completed CPR training
- 4 members completed Stop the Bleed training

Lead – Ally De Los Santos

Disease Investigation
PPHD continues to review and/or investigate infectious disease cases. Partner visits occurred in November and December. In these visits we reviewed reportable diseases, made connections with infection control personnel at each hospital and long-term care facility, and to discuss any challenges partners may be having related to reportable diseases. Emily and Ally also delivered a booklet of information that serves as a quick reference and included information about reportable diseases, the new STI reporting sheet, lead poisoning resources, the genetics clinic, and the HPV vaccine. Partners that we visited included all 8 area hospitals, 21 long-term care facilities, and 3 other healthcare clinics. We were able to collect information for who is in charge of infection control at each facility. Reportable diseases in Nebraska are listed at: Nebraska Reportable Diseases.

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

STI (Sexually Transmitted Infections) tracking
Ally and Emily continue to work on HIV, syphilis, gonorrhea, and chlamydia STI cases. In November and December, 31 chlamydia investigations were completed, 2 gonorrhea investigations were completed, and 5 syphilis investigations were completed. Ally and Emily continue to work with WCHR and CAPWN to ensure coordination of care and information sharing processes are in place and up to date. An MOU was put in place between PPHD and CAPWN as well as PPHD and WCHR for the Ryan White Program to ensure testing referral systems are in place. The STI reporting template was distributed to all of our partners during site visits in November and December. We have made a connection with a representative from Nebraska Aid's Project (NAP) and are looking into opportunities for collaboration.

Staffing – Ally De Los Santos, Emily Timm

School Surveillance
Nebraska DHHS continues the School Absenteeism Reporting Project for the 2025-2026 school year. PPHD is following the same infection control measures as we did pre-COVID. PPHD reaches out to a school when over 10% of the student body is absent to discuss the situation and if there are concerns and possible solutions/suggestions. Two schools reported absenteeism rates greater than 10% in December and January, coinciding with the large increase in influenza and Covid cases. We are here to support the school in making their decisions and assist as needed.

Lead – Emily Timm

Cancer Prevention

Colorectal Cancer Awareness and Screening Updates

Currently, FIT kit distribution is paused until we get the word to begin distribution for DHHS. We have kits on hand and they are ready to go. We look forward to continuing to distribute one-sample FIT test kits and promote the awareness campaign materials to Panhandle residents ages 45–74. *Lead: Cheri Farris*

Chronic Disease Prevention & Management

National Diabetes Prevention Program Lifestyle Coach Training and Technical Assistance

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

Regional National DPP Updates

Cheri serves as coordinator, data preparer, and coach for the National DPP in the Panhandle. The Healthy for Life virtual DPP program continues in 2026 with eight registrants. An in-person co-hort is currently happening in Chadron. Cheri works with their lifestyle coach to provide ongoing technical assistance and data submission.

Lead – Cheri Farris

Living Well

Cheri and Janelle co-facilitated a 4-day Leader Training in Fremont, September 8-12, in partnership with the Three Rivers Health Department, funded by the Obesity Grant. They also facilitated the Living Well with Diabetes Cross Training for existing Nebraska Living Well leaders on the 12th. The two of them are currently offering virtual leader training from January 13-March 5 in partnership with DHHS. The virtual training is the same number of training hours but is spread out over several weeks.

The Worksite Living Well workshop scheduled from October 14 to November 20 was well attended. Janelle & Cheri are hoping to get a Living Well with Chronic Pain workshop scheduled soon.

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

Lead – Cheri Farris and Janelle Visser

Living Well with High Blood Pressure

Cheri has completed leader training for the Health Coaches for Hypertension Program, branded in the Panhandle as Living Well with Hypertension. Janelle and Suzanne will be taking the leader training soon and offering workshops. A virtual workshop is scheduled to begin on Thursdays over the noon hour, January 8 - February 26, to serve residents across the Panhandle. Registration is open to all residents with high blood pressure and includes a free home blood pressure monitor for those who need one. There were 7 registrants.

Lead – Cheri Farris

Aging Office of Western Nebraska Partnership

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

Lead – Cheri Farris

Health & Wellness Coaching
Cheri continues to offer individual health coaching to residents and Panhandle Worksite Wellness Council members. We are also exploring new opportunities to expand healthy living programs and make coaching available to more community members.

Lead – Cheri Farris

Falls Prevention Programs
Funding for Falls Prevention recently moved from Chronic Disease Prevention and Control office to the Aging Office at the state level. The current funding cycle ended on September 30, 2026, and there is no new funding available at this time. PPHD can utilize AOWN Title IIID funds to support some of the ongoing programs at Regional West.

Lead – Cheri Farris

Motivational Interviewing Trainings
Cheri facilitated several Motivational Interviewing trainings in 2025 and is looking forward to scheduling more in 2026 beginning in the spring. Currently she will facilitate a morning and afternoon session for the ESU 13 conference February 16. She will also facilitate a MI introduction for the AHEC students February 17. She is working with Dr. Kate Speck to plan an advanced Motivational Interviewing training later this spring.

Lead - Cheri Farris

Bridges Out of Poverty
Cheri facilitated Bridges Out of Poverty training with Chadron Community Hospital. Nicole facilitated a CAPWN training on January 8th with 15 participants. Cheri is hosting a series of five 50-minute Introduction to Bridges Out of Poverty training sessions for Chadron Community Hospital January 13 - January 22. Mitchell Berean Church is hosting a Bridges training on Thursday, January 29th from 5:30 - 7:30 pm with 11 participants registered. Nicole is offering a virtual Bridges Training on January 20th with 6 registrants.

Lead - Cheri Farris & Nicole Berosek

Healthy Families – Nebraska Panhandle
Program Highlights
In December, the HFA program delivered 95 food baskets to families, helping meet immediate needs during the holiday season. Also in December, we had Family Fun Days that were held in Scottsbluff and Alliance. These gatherings offered engaging parent–child activities and opportunities for families to connect with one another, supporting social connection and family bonding.

The program has experienced an influx of referrals, particularly in the northern part of the Panhandle. All home visitors are nearing full caseloads and are currently serving 112 families across the Panhandle.

To support continued growth and demand, the program is actively hiring an additional Home Visitor for the Scottsbluff office. This position was included in the existing budget. Once filled, the team will consist of 10 Home Visitors, 2 Supervisors, and 1 Program Manager.

The team remains highly visible across the Panhandle, participating in outreach and collaborative efforts that strengthen partnerships and increase awareness of prevention-focused home visiting services.

Maternal and Child Health Growth Updates
Prenatal Group Development
Prenatal group planning is actively underway. We have continued learning about existing community offerings and identifying where prenatal groups can have the greatest impact. Collaboration with UNMC and other partners is progressing well. Our goal is to launch prenatal groups in Scottsbluff and Sidney late spring, using a flexible, community-based model that reduces barriers and meets families where they are.

Self-Measured Blood Pressure (SMBP) Program
The SMBP program has officially launched. To date, 15 blood pressure monitors have been distributed to pregnant mothers, along with education and support. We are continuing to build and strengthen relationships with local hospitals and healthcare providers to ensure smooth referrals for pregnant mothers to receive monitors and education.

This program has been an exciting area of growth, and it has been rewarding to see strong interest and engagement from both families and partners. An abstract highlighting the SMBP program was submitted to the Nebraska Public Health Conference and was accepted. Program Manager Dez Brandt and Family Outreach Specialist Ashleigh will present on the SMBP initiative at the conference in March, sharing lessons learned and early impacts of this work.

Lead – Dez Brandt

Panhandle Prevention Coalition
During the reporting period, Panhandle Prevention Coalition activities focused on the delivery of evidence-based prevention training and coalition engagement. Virtual RFAST trainings were delivered for LifeLinks and Vaults. An 8 to Great training was held at the Scottsbluff Public Library, and an additional 8 to Great training was presented at Independence Rising. An RFAST training was also delivered at the Scottsbluff Public Library.

Coalition engagement included a Panhandle Prevention Coalition meeting that featured a University of Nebraska–Lincoln data presentation to support data-informed prevention planning.

Responsible beverage server training outreach was completed during December. Responsible Beverage Server Training (RBST) letters were sent to retail alcohol providers to inform them of free, online RBST opportunities. Outreach included all Panhandle counties except Scotts Bluff and Morrill Counties.

Panhandle Prevention Coalition meetings continued as scheduled, with ongoing coordination and communication with coalition members across the region. The next Panhandle Prevention Coalition meeting is scheduled for Thursday, January 22, 2026, from 9:00 a.m. to 11:00 a.m.

Planning and promotion have begun for the 2026 Prevention Symposium, which will be held on Thursday, April 23, 2026, at the Gering Civic Center.

Ongoing work during this reporting period included continued coordination of prevention trainings, coalition activities, and grant-related documentation. Additional efforts focused on coordinating the potential use of youth speakers for presentations in select Panhandle schools. Prevention outreach also continued through regular social media posts to reinforce substance use and mental health prevention messaging across the region.

Lead – Suzanne Crane, Nicole Berosek, Tabi Prochazka

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

QPR *– Question, Persuade, Refer Suicide Prevention Training*
Suicide prevention remains a priority for the team at PPHD. 36 individuals have been trained in QPR since the last board report. The next QPR Webinar will be on February 11 at noon. PPHD recommends that all adults take the QPR training to learn how to help someone who may be struggling with thoughts of suicide. Register here for an upcoming webinar https://tinyurl.com/2p8kb837

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

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

PPHD has been awarded the 2026 Mini grant funding application. We look forward to these funds to support our suicide prevention efforts. The first item will be the back page of the annual report. These funds will enable PPHD to distribute the Nebraska Statewide Suicide Prevention Coalition media campaign across the area with flyers and table tents in area restaurants and bars. It will also support the renewal of QPR trainer certifications and support 20 staff to take the My Baby Would Be Better Off Without Me training and to administer screenings and recognize signs of suicidal ideation with pre and perinatal mothers.

PFS grant funds will continue to support QPR training for young adults ages 18 - 24.
Lead - Cheri Farris, Janelle Visser, Kelsy Sasse, Tabi Prochazka, Nicole Berosek, Suzanne Crane, Jessica Rocha

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

Updates:
- Janelle and Jessica visited all the counties in the Panhandle before the end of the year and spoke to city and village offices, schools, licensed health care facilities, assisted living facilities, pharmacies, multi-unit housing locations, and organizations serving low-income populations. They gave them professional development packets as well as policy templates that pertain to each location. Means restriction, such as gun locks and medication lock boxes were also delivered around the Panhandle.
- Janelle and Jessica did alcohol and tobacco scans in each county in the Panhandle.
- Janelle presented QPR to the Rushville Hope Squad on October 21st to 17
- Janelle attended the Bayard Lights On Afterschool program on October 23rd.
- Janelle attended the Girls on the Run event on October 26th.
- Suzanne and Jessica presented QPR at Hay Springs school on October 28th.
- Janelle presented Health Rocks at Crawford Red Ribbon Week on October 29th.
- Janelle and Jessica presented QPR training to Community Christian School staff on November 7th.
- Suzanne, Jessica, and KayLee presented a virtual CALM training on November 11th.
- Suzanne and Jessica presented QPR at Sidney High School on November 12th.
- PFS offerings have been disseminated around the Panhandle, including at the PPC virtual meeting on November 20th, at the Monument Prevention Meeting on December 8th, at the meeting with WNCC on December 10th, and at the Wellness Chat in Chadron and virtually on January 8th.
Staff – Nicole, Janelle, Jessica R, Suzanne, Jess, and Tabi

Tobacco Free Nebraska
- Social media posts promoting tobacco cessation have continued on our PPHD and PWWC Facebook pages.

- Panhandle Prep Winter Edition featured two Panhandle students on the Tobacco Free in the Panhandle page. The students were up for a $250 scholarship, which was a contest for the "most likes" on Facebook. Dakota Hutchings from Chadron High School was the winner!
- Janelle and Jessica delivered Tobacco Free in the Panhandle posters to schools throughout the Panhandle.
- November 16-22 was Quit Tobacco Week. Extra social media posts were scheduled, and a news release also went out to the media and on our website.
- TFN/Quitline promotional material was offered at the Northfield Health Fair in October and at the Panhandle Dementia Coalition in November.
- A TFN update was presented at the November PPC meeting, and another update will be presented at the January 22 PPC meeting.
- Staff is working to complete the July - December 2025 reporting.
- Janelle and Jessica visited all the counties in the Panhandle before the end of the year and spoke to locations about tobacco/smoke free policies and did tobacco scans at area gas stations. They distributed tobacco cessation information to long-term care facilities, pharmacies, businesses, village and city offices, hospitals, and pharmacies, as well as offering assistance in policies and signage for tobacco free and vape free properties. One more location received signage in January.
- Direct mailers are being sent out to worksites and multi-unit housing around the Panhandle this month.
- A radio ad for Heart Health Month will start in February.

Lead – Janelle Visser, Jessica Rocha, and Nicole Berosek

Opioid Response

Lockboxes and Deterra Pouches continue to be provided to those in need; Emily is currently coordinating with the State to obtain additional lockboxes. Opioid Education and Narcan training are offered to community groups across the Panhandle, with a primary focus on college-aged individuals. Narcan training is now provided as part of our public CPR training, as well.

Suzanne is planning to provide additional training to the Pine Ridge Job Corp utilizing the Hazelden video series, "Addiction: What You Need to Know." Collaborating with WNCC, they are now able to provide the Hazelden video series training to students in need of additional education regarding opioid and substance misuse.

Plans and promotion are underway to provide a WRAP training in February.

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

Lead – Emily Timm

Situation Table

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

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

<u>(Data from 8/31/22-1/19/26/25)</u>
128 Situations Presented to Table | 88 Connected to Services (75%)
24 Informed of Services |7 Refused Services
2 Not Deemed in Acutely Elevated Risk; connected to services | 7 Unable to Locate | 0 Open

<u>Top Risk Factors: percentage of situations impacted:</u>
Housing - 73% | Mental Health - 72% | Substance misuse - 62% | Basic Needs - 59% | Parenting - 41%

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

Lead – Tabi Prochazka, Emily Timm, Cheri Farris

Highway Safety Office

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

Below are a few updates:

- Monthly social media promotions
- Driver's Education classes are being offered through WNCC at Scottsbluff. NEbraska Safety Council is offering online classes with Bob Kinsey doing the in-person driving portion.
- Janelle is continuing to work with her Activate groups to keep our communities active and safe. Jessica assists with Activate Kimball and other Activate groups as scheduling allows.
- Cara Filler presented her "Driven to Inspire" program in Hay Springs and Leyton on November 6th and in Gering and Morrill on November 7th. Over 300 students attended the presentation.
- Janelle attended the Scottsbluff SS4A Core Team-Task Force Meeting on November 12.
- Janelle and Jessica attended the Bridgeport SS4A Task Force Meeting on December 23.
- HSO brochures and handouts were distributed at the Northfield Health Fair in Scottsbluff on October 4.
- Janelle attended the virtual Bike Walk Nebraska Board Meeting on December 16.
- Janelle presented to 80 WNCC staff on safe driving on October 14th.
- Jessica is working on social media requests. Ads have been created that will be presented to the Youth Advisory Council on January 22nd for their review and input.
- We continue to work with Panhandle Scanner, and they are advertising HSO social media on Facebook, Instagram, and X.
- A holiday radio and streaming ad ran the week leading up to Thanksgiving and another ran the week leading up to Christmas and a couple of days following. Both of these focused on seat belt usage and driving with care.
- A winter driving radio and streaming ad started mid-January and will run for one month. A "cross your heart" seat belt usage radio ad will start the beginning of February.
- A new marketing plan for the 2025-26 fiscal year has been developed.

Lead – Janelle Visser, Jessica Rocha, and Nicole Berosek

Children's Health

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

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

The sites and tentative dates include:
Scottsbluff September 10 | Alliance September 24 | Sidney September 16 | Chadron September TBD

Lead-Janelle Visser

Active Living

Community Walkability/Bikeability

The Kimball, Gordon, and Alliance Active Living Advisory Committees have been meeting regularly in person and/or virtually.
Active living meetings are coming up:

- Activate Alliance meets quarterly. The next meeting was January 15, 2026.
- Bridgeport Active Living aka B Active has not been meeting since they are working on their Safe Streets for All grant.

- Tri-City Active Living Advisory Committee has not been meeting since Scottsbluff and Gering are working on their Safe Streets for All grants. Janelle is representing Tri-City ALAC on the core committees of both programs. Janelle has been keeping in contact with Mike Minzey in regard to Terrytown.
  Lead – Janelle Visser

Environmental Health

Radon

January is Radon awareness month. Chadron, Oshkosh, Bayard, and Alliance proclaimed January Radon Awareness month. Kits are being sent out, and more information will go out in the annual report, on Facebook and in a news release.

Lead – Megan Barhafer

West Nile Virus

The University of Nebraska Medical Center is partnering with the Panhandle Public Health District to study West Nile virus risk among people working in the agricultural sector in western Nebraska. This pilot project is funded by the Central States Center for Agricultural Safety and Health (CS-CASH). The project launched in December 2025, with a collaborative team meeting hosted by PPHD in Scottsbluff. The study team will work with local community partners to provide education on West Nile virus and enroll volunteers in a study to assess environmental risks for exposure to the virus.

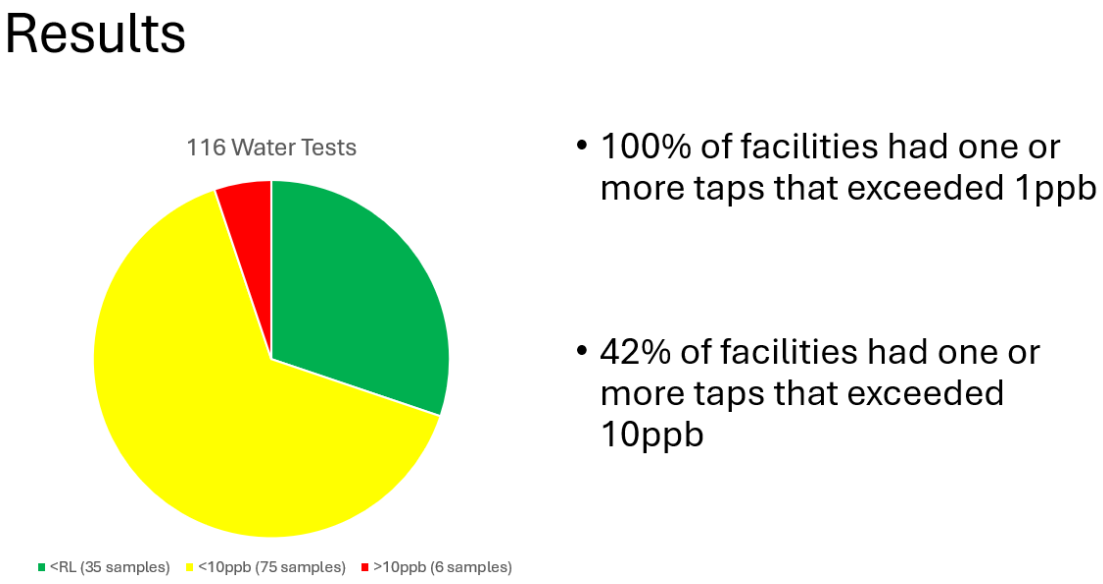
Lead – Megan Barhafer

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

PPHD holds quarterly meetings of the Environmental Health Coalition to discuss partnerships and opportunities for the expansion of air, water, and lead safety. The University of Nebraska Medical Center is partnering with the Panhandle Public Health District to study West Nile virus risk among people working in the agricultural sector in western Nebraska. This pilot project is funded by the Central States Center for Agricultural Safety and Health (CS-CASH). The project launched in December 2025, with a collaborative team meeting hosted by PPHD in Scottsbluff. The study team will work with local community partners to provide education on West Nile virus and enroll volunteers in a study to assess environmental risks for exposure to the virus.

Water

PPHD conducted water sampling at Head Start locations and partnerships. So far 3 locations are working with the Department of Water, Energy, and Environment (DWEE) to help lead and fund remediation efforts in the water. All other schools have put practices in place to purge waterlines daily as recommended by DWEE.



Air

Megan offers an air quality school presentation to area schools. If you live in a community listed here or know an organization or business that would want to house the Purple Air machine, let us know!

https://map.purpleair.com/air-quality-standards-us-epa-aqi?opt=%2F1%2Flp%2Fa10%2Fp604800%2FcC0#6.97/41.838/-101.761

Rushville, Hay Springs, Lyman, Bridgeport, Big Springs, Harrison, Bayard, Hyannis

PPHD posts on Facebook/Instagram when there are air quality days that are orange or higher or have the potential to get above yellow. This is tracked by the PurpleAir monitor status along with the Airnow.gov fire and smoke map.

In November, Megan presented on the air quality program at the American Public Health Association conference in Washington DC.

Lead and HUD

On Aug 14, 2025, we applied for a $2,588,000 Lead Hazard Reduction Grant and in December 2025 we learned that we were awarded the grant! This will continue our work with the HUD Lead Capacity Building grant. Melissa Haas resigned in December so we have the Lead Hazard Reduction Coordinator position open and interviews will take place in January.

We currently have 2 lead abatement supervisors and 1 lead abatement worker licensed through NE DHHS. The business license will be sent off to DHHS and then we will be ready to perform lead abatement in homes.

Lead – Kendra Lauruhn, Megan Barhafer,

Dental Health

Dental Health Program-Keeping Teeth Strong

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

In the fall we went to 45 school locations and provided 4,457screenings, 2,429 fluoride treatments, 76 sealants, and 723 SDF applications.

Lead – Kendra Lauruhn

Dental Day

There was not a Dental Day for 2025. We are hoping to be able to work with UNMC-COD for Dental Day 2026. UNMC has had some turnover with people quitting and some people retiring. Janelle is looking into a new contact.

Lead – Janelle Visser

Administrative

Human Resources

Employee Satisfaction Survey results showed high overall satisfaction and many positive comments. The top 3 reasons employees continue to work at PPHD are flexibility, the people they work with, and the sense that their work is meaningful and makes a difference.

The onboarding experience has been enhanced to ensure new employees gain a strong understanding of PPHD's culture, values, and organizational knowledge. Additions include a Director Overview Meeting covering mission, vision, values, and governance, along with focused meetings on Preparedness, Vehicle Safety & Operations, and Performance Management and Quality Improvement.

Work anniversaries for November & December

- Jessica Davies 22 years
- Erin Sorensen 14 years
- Emily Timm 4 years
- Becky Corona 1 year
- Jessica Rocha 1 year
- Nohemi Leal 1 year

Lead – Erin Sorensen

Finance
We are excited to expand our opportunities to address lead remediation in homes through the HUD Risk and Reduction grant. We are preparing budget negotiations with HUD on the $2.588 million, 4-year award.

The Rural Transformation Grant will bring significant funding to the Panhandle for the next 5 years. As noted in the Director's update, we are awaiting more information from DHHS and will know more in the next month.

Accreditation
Domain meetings will be taking place over the next year to assure PPHD is ready to submit the Accreditation Readiness Checklist in Summer 2027 that will assure we are on target to successfully submit documentation for reaccreditation in 2028.

Lead – Sara Williamson

Nebraska Public Health Conference

March 30-31, 2026

La Vista, NE

National Association of City and County Health Officials (NACCHO)

July 14-17, 2026

Louisville, KY

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

National Association of Local Boards of Health (NALBOH)

October 12-14, 2026

San Antonio, TX

Theme: TBD

American Public Health Association (APHA)

November 1-4, 2026

San Antonio, TX

Theme: TBD

January XX, 2026

Board of Directors
Panhandle Public Health District
P.O. Box 337
Hemingford, NE 69348

Dear Board of Directors:

We have audited the financial statements of Panhandle Public Health District as of and for the year ended June 30, 2025, and have issued our report thereon dated January XX, 2026. Professional standards require that we advise you of the following matters relating to our audit.

Our Responsibility in Relation to the Financial Statement Audit

As communicated in our engagement letter dated July 11, 2025, our responsibility, as described by professional standards, is to form and express an opinion about whether the financial statements that have been prepared by management with your oversight are presented fairly, in all material respects, in accordance with modified cash basis of accounting. Our audit of the financial statements does not relieve you or management of its respective responsibilities.

Our responsibility, as prescribed by professional standards, is to plan and perform our audit to obtain reasonable, rather than absolute, assurance about whether the financial statements are free of material misstatement. An audit of financial statements includes consideration of the system of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control over financial reporting. Accordingly, as part of our audit, we considered the system of internal control of Panhandle Public Health District solely for the purpose of determining our audit procedures and not to provide any assurance concerning such internal control.

We are also responsible for communicating significant matters related to the audit that are, in our professional judgment, relevant to your responsibilities in overseeing the financial reporting process. However, we are not required to design procedures for the purpose of identifying other matters to communicate to you.

We have provided our comments regarding significant control deficiencies over financial reporting and material weaknesses, and material noncompliance, noted during our audit in a separate report to you dated January XX, 2026.

Panhandle Public Health District
Hemingford, NE 69348

Planned Scope and Timing of the Audit

We conducted our audit consistent with the planned scope and timing we previously communicated to you.

Compliance with All Ethics Requirements Regarding Independence

The engagement team, others in our firm, as appropriate, our firm, and our network firms have complied with all relevant ethical requirements regarding independence.

Significant Risks Identified

We use a risk-based approach to perform our audit whereby we focus our procedures on financial statement areas that may be susceptible to the risk of material misstatement due to error or fraud. Many factors can increase the risk of an audit area, including size of account balances, complexity of account balances, internal control weaknesses, etc. Additionally, auditing standards require some financial statement areas to be identified due to inherent risk.

We have identified the following significant risks:

- Improper revenue recognition due to error or fraud (mandatory identification)
- Management override of controls (mandatory identification)
- Improper journal entries

Based on our audit procedures performed, no findings were noted in relation to the above identified risks.

Qualitative Aspects of the Entity's Significant Accounting Practices

Significant Accounting Policies

Management has the responsibility to select and use appropriate accounting policies. A summary of the significant accounting policies adopted by Panhandle Public Health District is included in Note A to the financial statements. There have been no initial selection of accounting policies and no changes in significant accounting policies or their application during the year ended June 30, 2025. No matters have come to our attention that would require us, under professional standards, to inform you about (1) the methods used to account for significant unusual trasactions and (2) the effect of significant accounting policies in controversial or emerging areas for which there is a lack of authoritative guidance or consensus.

Financial Statement Disclosures

The financial statement disclosures are neutral, consistent, and clear.

Significant Difficulties Encountered during the Audit

We encountered no significant difficulties in dealing with management relating to the performance of the audit.

Panhandle Public Health District
Hemingford, NE 69348

Uncorrected and Corrected Misstatements

For purposes of this communication, professional standards also require us to accumulate all known and likely misstatements identified during the audit, other than those that we believe are trivial, and communicate them to the appropriate level of management. Further, professional standards require us to also communicate the effect of uncorrected misstatements related to prior periods on the relevant classes of transactions, account balances or disclosures, and the financial statements as a whole. There were no identified misstatements. Uncorrected misstatements or matters underlying those uncorrected misstatements could potentially cause future-period financial statements to be materially misstated, even though the uncorrected misstatements are immaterial to the financial statements currently under audit.

In addition, professional standards require us to communicate to you all material, corrected misstatements that were brought to the attention of management as a result of our audit procedures. There were no identified misstatements.

Disagreements with Management

For purposes of this letter, professional standards define a disagreement with management as a matter, whether or not resolved to our satisfaction, concerning a financial accounting, reporting, or auditing matter, which could be significant to Panhandle Public Health District's financial statements or the auditor's report. No such disagreements arose during the course of the audit.

Representations Requested from Management

We have requested certain written representations from management, which are included in a separate letter dated January XX, 2026.

Management's Consultations with Other Accountants

In some cases, management may decide to consult with other accountants about auditing and accounting matters. Management informed us that, and to our knowledge, there were no consultations with other accountants regarding auditing and accounting matters.

Other Significant Matters, Findings or Issues

In the normal course of our professional association with Panhandle Public Health District, we generally discuss a variety of matters, including the application of accounting principles and auditing standards, significant events or transactions that occurred during the year, operating conditions affecting the entity, and operating plans and strategies that may affect the risks of material misstatement. None of the matters discussed resulted in a condition to our retention as Panhandle Public Health District's auditors.

We have identified the following changes or potential changes in accounting standards and/or auditing requirements that will have an effect on your entity.

Panhandle Public Health District
Hemingford, NE 69348

Single Audit Threshold

We wanted to call attention to an upcoming change to the Uniform Guidance; the Single Audit threshold will increase from $750,000 to $1,000,000 in annual federal awards expended. This change will become effective for fiscal years beginning October 1, 2024, i.e. fiscal year ends September 30, 2025, or later. Entities that meet or exceed the new threshold will continue to require a Single Audit, while those below will no longer be subject to such a requirement. Organizations falling below the new threshold are still responsible for maintaining strong internal controls, accurate reporting, and compliance with federal requirements.

This report is intended solely for the information and use of the Board of Directors, and management of Panhandle Public Health District and is not intended to be and should not be used by anyone other than these specified parties.

Very truly yours,

HBE LLP

Kiley A. Wiechman, CPA
Partner

KAW/sas

January XX, 2026

HBE LLP
7140 Stephanie Lane
P.O. Box 23110
Lincoln, NE 68542-3110

Dear Sir/Madam:

This representation letter is provided in connection with your audits of the financial statements of Panhandle Public Health District, which comprise the statement of net position – modified cash basis as of June 30, 2025, and the related statemnt of activities – modified cash basis for the year then ended, and the related notes to the financial statements, for the purpose of expressing an opinion on whether the financial statements are presented fairly, in all material respects, in accordance with modified cash basis of accounting.

Certain representations in this letter are described as being limited to matters that are material. Items are considered material, regardless of size, if they involve an omission or misstatement of accounting information such that, in the light of surrounding circumstances, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

We confirm that to the best of our knowledge and belief, having made such inquiries as we considered necessary for the purpose of appropriately informing ourselves as of January XX, 2026:

Financial Statements

1. We have fulfilled our responsibilities, as set out in the terms of the audit engagement letter dated July 11, 2025, for the preparation and fair presentation of the financial statements of the various opinion units referred to above in accordance with applicable financial reporting framework.
2. The financial statements referred to above have been fairly presented in accordance with applicable financial reporting framework and include all properly classified funds, required supplementary information, and notes to the basic financial statements.
3. We acknowledge our responsibility for the design, implementation, and maintenance of the system of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.
4. We acknowledge our responsibility for the design, implementation, and maintenance of internal control to prevent and detect fraud.

HBE LLP
Lincoln, NE 68542-3110

5. With respect to proposing adjusting or correcting journal entries, drafting the financial statements, including the note disclosures, supplemental information and SEFA, based on the entity's trial balances, and preparing the Data Collection Form for the Federal Clearing House, we have performed the following:
   a. Made all management decisions and performed all management functions;
   b. Assigned a competent individual to oversee the services;
   c. Evaluated the adequacy of the services performed;
   d. Evaluated and accepted responsibility for the result of the service performed; and
   e. Established and maintained internal controls, including monitoring ongoing activities.
6. The methods, data, and significant assumptions used by us in making accounting estimates and their related disclosures are appropriate to achieve recognition, measurement, or disclosure that is reasonable in the context of the applicable financial reporting framework.
7. Related party relationships and transactions have been appropriately accounted for and disclosed in accordance with the requirements of applicable financial reporting framework.
8. All events subsequent to the date of the financial statements and for which applicable financial reporting framework requires adjustment or disclosure have been adjusted or disclosed.
9. We are not aware of any pending or threatened litigation, claims, or assessments, or unasserted claims or assessments that are required to be accrued or disclosed in the financial statements in accordance with U.S. GASB Statement No. 62, *Codification of Accounting and Financial Reporting Guidance Contained in Pre-November 30, 1989 FASB and AICPA Pronouncements* which codifies FASB Accounting Standards Codification™ (ASC) 450, *Contingencies*, and we have not consulted a lawyer concerning litigation, claims, or assessments.
10. All component units, as well as joint ventures with an equity interest, are included and other joint ventures and related organizations are properly disclosed.
11. All funds and activities are properly classified.
12. All funds that meet the quantitative criteria in Government Accounting Standards Board (GASB) Statement No. 34, Basic Financial Statements—and Management's Discussion and Analysis—for State and Local Governments, and GASB Statement No. 37, Basic Financial Statements—and Management's Discussion and Analysis—for State and Local Governments: Omnibus, for presentation as major are identified and presented as such and all other funds that are presented as major are considered important to financial statement users.
13. All net position components and fund balance classifications have been properly reported.
14. All revenues within the statement of activities have been properly classified as program revenues, general revenues, contributions to term or permanent endowments, or contributions to permanent fund principal.
15. All expenses have been properly classified in or allocated to functions and programs in the statement of activities, and allocations, if any, have been made on a reasonable basis.
16. All interfund and intra-entity transactions and balances have been properly classified and reported.
17. Special items and extraordinary items have been properly classified and reported.
18. Deposit and investment risks have been properly and fully disclosed.
19. All required supplementary information is measured and presented within the prescribed guidelines.

HBE LLP
Lincoln, NE 68542-3110

20. Nonexchange and exchange financial guarantees, either written or oral, under which it is more likely than not that a liability exists have been properly recorded, or if we are obligated in any manner, are disclosed.
21. We are in agreement with the adjusting journal entries you have proposed, as summarized in the attached Adjusting Journal Entries Report, and they have been posted to the District's accounts.
22. With respect to the budgetary comparison information accompanying the financial statements:
    a. We acknowledge our responsibility for the presentation of the budgetary comparison information in accordance with cash basis of accounting and budget laws of the state of Nebraska, which is a comprehensive basis of accounting other than U.S. GAAP.
    b. We believe the budgetary comparison information the cash basis of accounting and budget laws of the state of Nebraska, which is a comprehensive basis of accounting other than U.S. GAAP.
    c. The methods of measurement or presentation have not changed from those used in the prior period.
    d. We believe significant assumptions or interpretations underlying the measurement or presentation of the budgetary comparison information and the basis for our assumptions and interpretations, are reasonable and appropriate in the circumstances.
    e. When the budgetary comparison information is not presented with the audited financial statements, management will make the audited financial statements readily available to the intended users of the budgetary comparison information no later than the date of issuance by the entity of the supplementary information and the auditor's report thereon.

Information Provided

23. We have provided you with:
    a. Access to all information, of which we are aware that is relevant to the preparation and fair presentation of the financial statements, such as records, documentation, meeting minutes, and other matters;
    b. Additional information that you have requested from us for the purpose of the audit; and
    c. Unrestricted access to persons within the entity and others from whom you determined it necessary to obtain audit evidence.
24. All transactions have been recorded in the accounting records and are reflected in the financial statements.
25. We have disclosed to you the results of our assessment of the risk that the financial statements may be materially misstated as a result of fraud.
26. We have evaluated the entity's ability to meet its obligations as they become due, and have not identified any conditions or events, individually or in the aggregate, that raise substantial doubt about the entity's ability to continue as a going concern.
27. We have no knowledge of any instances, that have occurred or are likely to have occurred, of fraud and noncompliance with provisions of laws and regulations that have a material effect on the financial statements or other financial data significant to the audit objectives, and any other instances that warrant the attention of those charged with governance, whether communicated by employees, former employees, vendors, regulators, or others.
28. We have no knowledge of any instances that have occurred or are likely to have occurred, of noncompliance with provisions of contracts and grant agreements that has a material effect on the determination of financial statement amounts or other financial data significant to the audit objectives.

HBE LLP
Lincoln, NE 68542-3110

29. We have no knowledge of any instances that have occurred or are likely to have occurred of abuse that could be quantitatively or qualitatively material to the financial statements or other financial data significant to the audit objectives.
30. We have taken timely and appropriate steps to remedy fraud, noncompliance with provisions of laws, regulations, contracts, and grant agreements, abuse or waste that you have reported to us.
31. We have a process to track the status of audit findings and recommendations.
32. We have identified for you all previous audits, attestation engagements, and other studies related to the audit objectives and whether related recommendations have been implemented.
33. We have provided views on your reported audit findings, conclusions, and recommendations, as well as our planned corrective actions, for the report.
34. We have no knowledge of any allegations of fraud, or suspected fraud, affecting the entity's financial statements communicated by employees, former employees, vendors (contractors), regulators, or others.
35. We have disclosed to you all known actual or possible litigation, claims, and assessments whose effects should be considered when preparing the financial statements.
36. We have disclosed to you the identity of the entity's related parties and all the related party relationships and transactions of which we are aware.
37. There have been no communications from regulatory agencies concerning noncompliance with or deficiencies in accounting, internal control, or financial reporting practices.
38. Panhandle Public Health District has no plans or intentions that may materially affect the carrying value or classification of assets and liabilities.
39. We have disclosed to you all guarantees, whether written or oral, under which Panhandle Public Health District is contingently liable.
40. We have identified and disclosed to you the laws, regulations, and provisions of contracts and grant agreements that could have a direct and material effect on financial statement amounts.
41. There are no:
    a. Violations or possible violations of laws or regulations, or provisions of contracts or grant agreements whose effects should be considered for disclosure in the financial statements or as a basis for recording a loss contingency, including applicable budget laws and regulations.
    b. Unasserted claims or assessments that our lawyer has advised are probable of assertion and must be disclosed in accordance with GASB-62, *Codification of Accounting and Financial Reporting Guidance Contained in Pre-November 30, 1989 FASB and AICPA Pronouncements*.
    c. Other liabilities or gain or loss contingencies that are required to be accrued or disclosed by GASB-62.
42. Panhandle Public Health District has satisfactory title to all owned assets, and there are no liens or encumbrances on such assets nor has any asset or future revenue been pledged as collateral, except as disclosed to you.
43. We have complied with all aspects of grant agreements and other contractual agreements that would have a material effect on the financial statements in the event of noncompliance.

HBE LLP
Lincoln, NE 68542-3110

44. We have disclosed to you all significant estimates and material concentrations known to management that are required to be disclosed in accordance with GASB-62. Significant estimates are estimates at the balance sheet date that could change materially within the next year. Concentrations refer to volumes of business, revenues, available sources of supply, or markets or geographic areas for which events could occur that would significantly disrupt normal finances within the next year.

Single Audit

45. With respect to federal awards, we represent the following to you:
    a. We are responsible for understanding and complying with and have complied with the requirements of Title 2 U.S. Code of Federal Regulations (CFR) Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance).
    b. We are responsible for the preparation and presentation of the schedule of expenditures of federal awards in accordance with the Uniform Guidance.
    c. We believe the schedule of expenditures of federal awards, including its form and content, is fairly presented in accordance with the Uniform Guidance.
    d. The methods of measurement or presentation have not changed from those used in the prior period.
    e. We believe the following significant assumptions or interpretations underlying the measurement or presentation of the schedule of expenditures of federal awards, and the basis for our assumptions and interpretations, are reasonable and appropriate in the circumstances.
    f. We are responsible for including the auditor's report on the schedule of expenditures of federal awards in any document that contains the schedule and that indicates that the auditor has reported on such information.
    g. We have identified and disclosed all of our government programs and related activities subject to the Uniform Guidance compliance audit.
    h. We have notified you of federal awards and funding increments that were received before December 26, 2014 (if any), and differentiated those awards from awards and funding increments received on or after December 26, 2014, and subject to the audit requirements of the Uniform Guidance.
    i. When the schedule of expenditures of federal awards is not presented with the audited financial statements, we will make the audited financial statements readily available to the intended users of the schedule of expenditures of federal awards no later than the date of issuance by the entity of the schedule of expenditures of federal awards and the auditor's report thereon.
    j. We have, in accordance with the Uniform Guidance, identified in the schedule of expenditures of federal awards, expenditures made during the audit period for all awards provided by federal agencies in the form of grants, federal cost-reimbursement contracts, loans, loan guarantees, property (including donated surplus property), cooperative agreements, interest subsidies, food commodities, direct appropriations, and other assistance.
    k. We have provided to you our interpretations of any compliance requirements that are subject to varying interpretations.
    l. We have made available to you all federal awards (including amendments, if any) and any other correspondence relevant to federal programs and related activities that have taken place with federal agencies or pass-through entities.
    m. We have received no requests from a federal agency to audit one or more specific programs as a major program.

HBE LLP
Lincoln, NE 68542-3110

n. We have identified and disclosed to you all amounts questioned and any known noncompliance with the direct and material compliance requirements of federal awards, including the results of other audits or program reviews or stated that there was no such noncompliance. We also know of no instances of noncompliance with direct and material compliance requirements occurring subsequent to the period covered by the auditor's report.
o. We have disclosed to you any communications from federal awarding agencies and pass-through entities concerning possible noncompliance with the direct and material compliance requirements, including communications received from the end of the period covered by the compliance audit to the date of the auditor's report.
p. We have made available to you all documentation related to compliance with the direct and material compliance requirements, including information related to federal program financial reports and claims for advances and reimbursements.
q. Federal program financial reports and claims for advances and reimbursements are supported by the books and records from which the basic financial statements have been prepared (and are prepared on a basis consistent with the schedule of expenditures of federal awards).
r. The copies of federal program financial reports provided to you are true copies of the reports submitted, or electronically transmitted, to the respective federal agency or pass-through entity, as applicable.
s. We have properly classified amounts claimed or used for matching in accordance with related guidelines in the Uniform Guidance, as applicable.
t. We have charged costs to federal awards in accordance with applicable cost principles.
u. We are responsible for and have accurately prepared the summary schedule of prior audit findings to include all findings required to be included by the Uniform Guidance, and we have provided you with all information on the status of the follow-up on prior audit findings by federal awarding agencies and pass-through entities, including all management decisions.
v. We have disclosed to you the findings received and related corrective actions taken for previous audits, attestation engagements, and internal or external monitoring that directly relate to the objectives of the compliance audit, including findings received and corrective actions taken from the end of the period covered by the compliance audit to the date of the auditor's report.
w. The reporting package does not contain personally identifiable information.
x. We have disclosed all contracts or other agreements with service organizations and disclosed to you all communications from these service organizations relating to noncompliance at the organizations.
y. We have reviewed, approved, and taken responsibility for the financial statements and related notes and an acknowledgment of the auditor's role in the preparation of this information.
z. We have disclosed to you the nature of any subsequent events that provide additional evidence with respect to conditions that existed at the end of the reporting period that affect noncompliance during the reporting period.

In addition:

a. We are responsible for understanding and complying with the requirements of federal statutes, regulations, and the terms and conditions of federal awards related to each of our federal programs and have identified and disclosed to you federal statutes, regulations, and the terms and conditions of federal awards that are considered to have a direct and material effect on each major federal program; and we have complied with these direct and material compliance requirements.

HBE LLP
Lincoln, NE 68542-3110

b. We are responsible for designing, implementing and maintaining, and have designed, implemented, and maintained, effective internal control over compliance for federal programs that provide reasonable assurance that we are managing our federal awards in compliance with federal statutes, regulations, and the terms and conditions of the federal award that could have a material effect on our federal programs. Also, no changes have been made in the internal over compliance or other factors that might significantly affect internal control, including any corrective action taken by management with regard to significant deficiencies and material weaknesses in internal control over compliance have occurred subsequent to the period covered by the auditor's report.
c. We are responsible for and have accurately completed the appropriate sections of the Data Collection Form and we are responsible for taking corrective action on audit findings of the compliance audit and have developed a corrective action plan that meets the requirements of the Uniform Guidance.

Panhandle Public Health District

_____
Signature Title

_____
Signature Title

Client: ***Panhandle Public Health District***
Engagement: ***2025 Audit***
Period Ending: ***6/30/2025***
Workpaper: ***Adjusting Journal Entries Report***

Account	Description	WP Ref	Debit	Credit
Adjusting Journal Entries JE # 1		**TB**		
To adjust payroll liability accounts to zero to reflect cash basis.				
2010	State Withholding Payable		4,191.82	
2015	Retirement Payable		10.53	
2020	Health Insurance Payable		609.09	
2025	FICA Withholding Payable		13.63	
2026	Garnishment		184.68	
2027	State Unemployment Payable		123.05	
2028	Dental Insurance Payable		17.27	
2029	Vision Insurance Payable		2.10	
2021	FSA Payable - Health			2,599.78
2022	FSA Payable - Dep Care			1,029.34
6200	Repairs and Maintenance			1,523.05
Total			**5,152.17**	**5,152.17**

Panhandle Public Health District
Hemingford, Nebraska

June 30, 2025

Financial Statements
and
Independent Auditor's Report

Panhandle Public Health District

Years ended June 30, 2025

TABLE OF CONTENTS

INDEPENDENT AUDITOR'S REPORT

Board of Directors
Panhandle Public Health District
Hemingford, Nebraska

Report on the Audit of the Financial Statements

Opinions

We have audited the financial statements of the governmental activities - modified cash basis of Panhandle Public Health District (the District), as of and for the year ended June 30, 2025, and the related notes to the financial statements, which collectively comprise the District's basic financial statements as listed in the table of contents.

In our opinion, the accompanying financial statements present fairly, in all material respects, the respective financial position of the governmental activities and the major fund of the District as of June 30, 2025 and the respective changes in financial position for the year then ended in accordance with the modified cash basis of accounting.

Basis for Opinions

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS) and the standards applicable to financial audits contained in *Government Auditing Standards (GAS)*, issued by the Comptroller General of the United States. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the District and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinions.

Emphasis of Matter – Basis of Accounting

We draw attention to Note A of the financial statements, which describes the basis of accounting. The financial statements are prepared on the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Our opinions are not modified with respect to this matter.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with modified cash basis of accounting, and for determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances. Management is also responsible for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the District's ability to continue as a going concern for twelve months beyond the financial statement date, including any currently known information that may raise substantial doubt shortly thereafter.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinions. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS and GAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS and GAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the District's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about District's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control–related matters that we identified during the audit.

Required Supplementary Information

Accounting principles generally accepted in the United States of America require that the budgetary comparison information be presented to supplement the basic financial statements. Such information is the responsibility of management and, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. We have applied certain limited procedures to the required supplementary information in accordance with auditing standards generally accepted in the United States of America, which consisted of inquiries of management about the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic financial statements, and other knowledge we obtained during our audit of the basic financial statements. We do not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance.

Supplementary Information

Our audit was conducted for the purpose of forming opinions on the financial statements that collectively comprise the District's basic financial statements. The schedule of expenditures of federal awards, as required by Title 2 U.S. Code of Federal Regulations, Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, is presented for purposes of additional analysis and is not an required part of the basic financial statements.

The schedule of expenditures of federal awards is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the basic financial statements. The information has been subjected to the auditing procedures applied in the audit of the basic financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the basic financial statements or to the basic financial statements themselves, and other additional procedures in accordance with auditing standards modified cash basis of accounting. In our opinion, the supplementary information is fairly stated, in all material respects, in relation the basic financial statements as a whole.

Other Reporting Required by *Government Auditing Standards*

In accordance with *Government Auditing Standards*, we have also issued our report dated February XX, 2026 on our consideration of the District's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the District's internal control over financial reporting and compliance.

Lincoln, Nebraska
February XX, 2026

(This page left blank intentionally)

Panhandle Public Health District

GOVERNMENTAL FUND BALANCE SHEET/STATEMENT OF NET POSITION
- MODIFIED CASH BASIS

June 30, 2025

	General Fund	Adjustments (Note I)	Statement of Net Position
ASSETS			
Cash (notes A and B)	$ 215,563	$ -	$ 215,563
Certificates of deposit (note B)	330,644	-	330,644
Total assets	$ 546,207	$ -	$ 546,207
LIABILITIES			
Long-term debt due within one year (note F)	$ -	$ 12,916	$ 12,916
Long-term debt due in more than one year (note F)	-	134,023	134,023
Total liabilities	-	146,939	146,939
FUND BALANCE/NET POSITION (notes A and C)			
Restricted	330,948	(330,948)	-
Committed	100,785	(100,785)	-
Unassigned	114,474	(114,474)	-
Total fund balance	546,207	(546,207)	-
Total liabilities and fund balance	$ 546,207		
NET POSITION (notes A and C)			
Restricted		330,948	330,948
Unrestricted		68,320	68,320
Total net position		399,268	399,268
Total liabilities and net position		$ -	$ 546,207

See accompanying notes to financial statements.

Panhandle Public Health District

STATEMENT OF GOVERNMENTAL FUND REVENUES, EXPENDITURES
AND CHANGES IN FUND BALANCE/
STATEMENT OF ACTIVITIES - MODIFIED CASH BASIS

For the year ended June 30, 2025

	General Fund	Adjustments	Statement of Activities
Expenditures			
Salaries and benefits	$ 2,754,209	$ -	$ 2,754,209
Supplies and equipment	270,957	-	270,957
Contract labor	711,528	-	711,528
Travel	104,106	-	104,106
Education and training	82,461	-	82,461
Printing	55,230	-	55,230
Advertising	111,362	-	111,362
Insurance	27,499	-	27,499
Office expenses	88,350	-	88,350
Professional fees	35,781	-	35,781
Repairs and maintenance	49,809	-	49,809
Dues and subscriptions	34,746	-	34,746
Meetings	19,054	-	19,054
Miscellaneous	7,407	-	7,407
Vaccinations	554,810	-	554,810
Total disbursements	4,907,309	-	4,907,309
Revenues			
State and federal funding	4,104,475	-	4,104,475
Reimbursements	5,878	-	5,878
Donations and scholarships	8,374	-	8,374
Dues and fees	1,236	-	1,236
Other income	20,897	-	20,897
Immunization revenue	581,963	-	581,963
Total receipts	4,722,823	-	4,722,823
Excess of revenues over expenditures	(184,486)	-	(184,486)
Nonoperating receipts and disbursements			
Debt principal payments	(12,465)	12,465	-
Interest earnings	12,724	-	12,724
Net nonoperating receipts and disbursements	259	12,465	12,724
Change in fund balance/net position	(184,227)	12,465	(171,762)
Beginning net position	730,434	(159,404)	571,030
Ending net position	$ 546,207	$ (146,939)	$ 399,268

See accompanying notes to financial statements.

Panhandle Public Health District

NOTES TO FINANCIAL STATEMENTS

NOTE A - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

This summary of significant accounting policies of the Panhandle Public Health District (the District) is presented to assist in understanding the District's government-wide and governmental fund financial statements. The District's management is responsible for the integrity and objectivity of these financial statements and notes. These accounting policies have been consistently applied in the preparation of the government-wide and governmental fund financial statements.

Reporting Entity. The District is a special district membership-based organization serving ten counties in the Panhandle of Nebraska. The District is created pursuant to the resolutions of agreement among those counties and State Statute 71-1626 to 71-1636 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. Funding sources consist primarily of State and Federal grants and contract services funds. The financial information included in this report includes only those funds that are controlled by or dependent upon the board of directors.

Governmental Major Fund. The District reports the following major governmental fund:

General Fund. The General Fund is the primary operating fund of the District. All financial resources of the District are accounted for in the General Fund.

Basis of Accounting. In the government-wide statement of net position and statement of activities and the governmental fund financial statements, activities are presented using the modified cash basis of accounting. The basis recognizes assets, liabilities, net position/fund balance, revenue, and expenditures/expenses when they result from cash transactions, adjusted for modifications related to cash-based interfund receivables and payables, investments, and cash-based payroll assets and liabilities. This basis is a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America.

In the fund financial statements, the governmental funds utilize the current financial resources measurement focus and a prescribed basis of accounting that demonstrates compliance with the modified cash basis and budget laws of the State of Nebraska. Under this method, the balance sheet generally includes only current financial assets and liabilities. The statement of revenues, expenditures, and changes in fund balance presents sources and uses of available spendable financial resources during the given period. These funds use fund balance as a measure of available spendable financial resources at the end of the given period.

As a result of the use of this modified cash basis of accounting, certain assets and their related revenues (such as accounts receivable and revenue for billed or provided services not yet collected) and certain liabilities and their related expenses (such as accounts payable and expenses for goods and services received but not yet paid and accrued expenses and liabilities) are not recorded in these financial statements.

Budgets and Budgetary Accounting. As prescribed by State Statutes, the District adopts an annual budget for all fund types. The annual budget is prepared in accordance with the cash basis of accounting. All annual appropriations lapse at year end.

Cash and Cash Equivalents. The District considers all unrestricted highly liquid investments with an original maturity of three months or less to be cash equivalents.

NOTE A - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - CONTINUED

Long-Term Liabilities. All long-term liabilities to be repaid from governmental resources are reported as liabilities in the government-wide financial statements. The long-term liabilities consist of direct borrowings. In the fund financial statements, debt proceeds are reported as revenues (other financing sources), while payments of principal and interest are reported as expenditures when they become due.

Program Revenues. Program revenues derive directly from the program itself or from federal and state funding courses. Program revenues are classified as follows:

Program-specific operating grants and contributions. Arise from mandatory and voluntary non-exchange transactions with other governments, organizations, or individuals that are restricted for use in a particular program.

Charges for services. Arise from charges to customers, applicants, or others who purchase, use, or directly benefit from the services, goods, or privileges provided or are otherwise directly affected by the services.

Equity. In the government-wide financial statements, equity is classified as net position and displayed in two components:

Restricted. Consists of net assets with constraints placed on the use either by 1) external groups such as creditors, grantors, contributors, or laws and regulations of other governments; or 2) law through constitutional provisions or enabling legislation.

Unrestricted. Consists of all other assets that do not meet the definition of "restricted."

In the governmental fund financial statements, equity is classified as fund balance.

Restricted. Amounts constrained to specific purposes by their providers (such as grantors, bondholders and higher levels of government), through constitutional provisions, or by enabling legislation.

Committed. Amounts constrained to specific purposes by the District itself, using its highest level of decision-making authority, to be reported as committed, amounts cannot be used for any other purpose unless the District takes the same highest level action to remove or change the constraint.

Unassigned. Amounts that are available for any purpose.

The District uses restricted/committed amounts first when both restricted and unrestricted fund balances are available unless there are legal documents/contracts that prohibit doing this, such as a grant agreement requiring dollar-for-dollar spending. Additionally, the District would first use committed, then assigned, and lastly, unassigned amounts of unrestricted fund balance when expenditures are made.

The District does not have a formal minimum fund balance policy.

Use of Estimates. The preparation of financial statements in conformity with the modified cash basis of accounting require management to make estimates and assumptions that affect certain reported amounts and disclosures; accordingly, actual results could differ from those estimates.

Panhandle Public Health District

NOTES TO FINANCIAL STATEMENTS

NOTE B - CASH AND INVESTMENTS

State Statutes authorize the District to invest in certificates of deposit and time deposits in any state or national bank in the State of Nebraska. Additionally, State Statutes require banks either to give bond or to pledge government securities (types of which are specifically identified in the Statutes) to the extent that deposits exceed the amount insured by the Federal Deposit Insurance Corporation (FDIC). As of June 30, 2025, all of the District's deposits were insured or collateralized.

NOTE C - COMMITTED, ASSIGNED, AND NONSPENDABLE FUND BALANCES

Restricted fund balance consist of the following constraints on use of the District's fund balance imposed by external providers. Committed fund balance consists of the following constraints on use of the District's fund balance imposed by the Board of Directors.

Restricted Net Position and Fund Balance

Restricted Purpose	Restricted Fund Balance	Restricted Net Position
Snow Redfern Foundation	$ 36,132	$ 36,132
Dental Health Program	189,874	189,874
Activate Alliance	4,413	4,413
Activate Chadron	1,974	1,974
Sherwood Foundation	98,555	98,555
	$ 330,948	$ 330,948

Committed Fund Balance

Committed Purpose	Committed Fund Balance
Capital Projects	$ 100,785

NOTE D - RISK MANAGEMENT

The District is exposed to various risks of loss related to limited torts; theft of, damage to and destruction of assets; errors and omissions and natural disasters for which the District carries commercial insurance. There have been no significant reductions in coverage from the prior year and settlements have not exceeded coverage in the past three years.

Panhandle Public Health District

NOTES TO FINANCIAL STATEMENTS

NOTE E - LINE OF CREDIT

On January 19, 2022, the District obtained a $100,000 revolving line of credit from Platte Valley Bank to help finance its short-term capital needs. The line of credit is collateralized by all of the District's assets and interest is payable monthly on outstanding balances at an interest rate established by Platte Valley Bank's Base Lending Rate, minus 0.75% (which was 5.50% at the time of the agreement). At June 30, 2025, the line's effective rate of interest was 8.75%. No borrowings occurred during the fiscal year ended June 30, 2025.

NOTE F - LONG-TERM DEBT

Long-term debt consists of:

	Balance 6/30/2024	Additions	Reductions	Balance 6/30/2025	Due Within One year
Direct Borrowings:					
Platte Valley Bank	$ 159,404	$ -	$ (12,465)	$ 146,939	$ 12,916

Aggregate annual debt service payments are as follows:

Year Ending June 30,	Principal	Interest
2026	$ 12,916	$ 4,951
2027	13,375	4,492
2028	13,840	4,027
2029	14,343	3,524
2030 - 2034	79,727	9,608
2035	12,738	194
	$ 146,939	$ 26,796

The District borrowed $208,000 from Platte Valley Bank on February 21, 2020 to assist with the purchase of an office building in Scottsbluff, Nebraska. The loan has a variable interest rate and will adjust every fifth year beginning in February 2025. The current interest rate is 3.45%, effective until February 2025. The future rate will be 1.50% below the weekly average yield on United States Treasury securities adjusted to a constant maturity of five years, with a maximum interest rate of 10.45% and a minimum interest rate of 3.44%. The interest rate may not change more than 3.00% each fifth year. The loan requires monthly payments of $1,489, including accrued interest, starting on April 5, 2020. The loan is scheduled to mature on March 5, 2035.

NOTE G - CONCENTRATIONS

The District received 67% of support through contracts and funding provided by Nebraska Health and Human Services for the year ended June 30, 2025.

NOTE H - EMPLOYEES' RETIREMENT SYSTEM

The District contributes to the Nebraska County Employees Retirement System Cash Balance Benefit Plan, a cost-sharing multiple-employer defined benefit pension plan administered by the Nebraska Public Employees Retirement System (NPERS). NPERS provides retirement and disability benefits to plan members and beneficiaries. The County Employees Retirement Act establishes benefit provisions.

A member is eligible for retirement after attaining age 55. Upon attainment of age 55, regardless of service, the retirement allowance shall be equal to the accumulated employee and employer cash balance accounts including interest credits, annuitized for payment in the normal form. Also available are additional forms of payment allowed under the plan which are actuarially equivalent to the normal form including the option of a full lump sum or partial lump sum.

The District's contributions are based on 150% of the members' contributions to the fund. The District's contribution shall be credited to the employer cash balance account. The participating counties will also match the additional contribution made by commissioned law enforcement personnel at a rate of 100%. For the year ended June 30, 2025, the District's contribution to the Plan was $123,163 and the employee contribution was $82,109.

Detailed information about the Plan's fiduciary net position is available in the separately issued Nebraska Public Employees Retirement Systems Plan financial report. NPERS issues a publicly available financial report that includes financial statements and required supplementary information. That report may be requested at NPERS, P.O. Box 94816, Lincoln, NE 68509-4816, or 402-471-2053.

NOTE I - RECONCILIATION OF GOVERNMENT-WIDE AND FUND FINANCIAL STATEMENTS

Reconciliation between governmental fund balance and the net position of governmental activities:

The total fund balance of the District's governmental fund differs from the total net position of governmental activities reported in the statement of net position. The difference results from the long-term economic focus of the statement of net position versus the current financial resources focus of the governmental fund balance sheet.

Fund balance of governmental fund (page 5)	$ 546,207
Long term debt represents amounts not due and payable in the current period and therefore, are not reported in the fund.	(146,939)
Net position of the governmental activities (page 5)	$ 399,268

Reconciliation between excess of revenues over expenditures and change in net position of statement of activities:

The excess of revenues over expenditures differs from the change in net position for governmental activities. The differences arise from the long-term economic focus of the statement of activities versus the current financial resources focus of the governmental fund.

NOTE I - RECONCILIATION OF GOVERNMENT-WIDE AND FUND FINANCIAL STATEMENTS – CONTINUED

Net change in fund balances (page 6)	$ 184,227
The general fund reports principal debt payments as expenses while the statement of activities report the debt as liabilities and reports principal payments as a reduction to the liabilities:	(12,465)
Change in net position of the governmental activities (page 6)	$ 171,762

NOTE J - SUBSEQUENT EVENTS

Subsequent events have been evaluated through the audit report date, the date the financial statements were available to be issued.

REQUIRED SUPPLEMENTARY INFORMATION

Panhandle Public Health District

STATEMENT OF RECEIPTS AND DISBURSMENTS AND
CHANGES IN FUND BALANCES - BUDGET AND ACTUAL - STATUTORY BASIS

Year ended June 30, 2025

	Original and Final Budget	Actual Amounts (Budgetary Basis) (See Note A)	Variance with Final Budget
BEGINNING BUDGETARY FUND BALANCE		$ 730,434	
RECEIPTS			
State and federal funding		4,104,475	
Reimbursements		5,878	
Donations and scholarships		8,374	
Dues and fees		1,236	
Other income		20,897	
Immunization revenue		581,963	
Interest earnings		12,724	
Total receipts	5,072,720	4,735,547	337,173
DISBURSEMENTS			
Salaries and benefits		2,754,209	
Supplies and equipment		270,957	
Contract labor		711,528	
Travel		104,106	
Education and training		82,461	
Printing		55,230	
Advertising		111,362	
Insurance		27,499	
Office expenses		88,350	
Professional fees		35,781	
Repairs and maintenance		49,809	
Dues and subscriptions		34,746	
Meetings		19,054	
Miscellaneous		7,407	
Vaccinations		554,810	
Debt payment		12,465	
Total disbursements	5,072,720	4,919,774	152,946
NET CHANGE IN FUND BALANCE	$ -	$ (184,227)	$ 184,227
ENDING BUDGETARY FUND BALANCE		$ 546,207	

See accompanying notes to financial statements.

SUPPLEMENTAL INFORMATION

Panhandle Public Health District

SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS

Year ended June 30, 2025

Federal Agency Cluster/Program	Pass Through Entity	Assistance Listing Number	Grant Identifying Number	Amount Expended
U.S. Department of Health and Human Services:				
Public Health Emergency Preparedness	Nebraska Department of Health and Human Services	93.069	NU90TP922039 NU90TU000046	$ 153,296
Injury Prevention and Control Research and State and Community Based Programs	Nebraska Department of Health and Human Services	93.136	NU17CE010212	56,739
Childhood Lead Poisoning Prevention Projects - State and Local Childhood Lead Poisoning Prevention and Surveillance of Blood Lead Levels in Children	Nebraska Department of Health and Human Services	93.197	NUE2EH001419	21,018
Substance Abuse and Mental Health Services Projects of Regional and National Significance	Region 1 Behavioral Health	93.243	H79SP083671	92,304
Immunization Cooperative Agreements	Nebraska Department of Health and Human Services	93.268	NH23IP922589 NHIP922589	232,277
Protecting and Improving Health Globally: Building and Strengthening Public Health Impact, Systems, Capacity and Security	National Association of County and City Health Officials	93.318	5NU50CK000587-03-00	31,000
Epidemiology and Laboratory Capacity for Infectious Diseases (ELC)	Nebraska Department of Health and Human Services	93.323	NU50CK000547 NU51CK000369	27,494
Public Health and Emergency Response: Cooperative Agreement for Emergency Response: Public Health Crisis Response	Nebraska Department of Health and Human Services	93.354	NU90TP922237 NU90TP922166	228,141
COVID-19 Activities to Support State, Tribal, Local and Territorial (STLT) Health Department Response to Public Health or Healthcare Crises	Nebraska Department of Health and Human Services	93.391	NH75OT000093	5,450
477 Cluster, Temporary Assistance for Needy Families	Nebraska Department of Health and Human Services	93.558	2201NETANF-00 2301NETANF	202,627
Empowering Older Adults and Adults with Disabilities through Chronic Disease Self-Management Education Programs	Nebraska Department of Health and Human Services	93.734	90CSSG0046	6,675
State Opioid Response Grants - Nebraska	Nebraska Department of Health and Human Services & Region 1 Behavioral Health	93.788	H79TI085774	84,734
Maternal, Infant, and Early Childhood Homevisiting Grant Program	Nebraska Department of Health and Human Services	93.870	X1046876 X1053629 X1050313 X11MC45288	255,645
National Bioterrorism Hospital Preparedness Program	Nebraska Department of Health and Human Services	93.889	U3REP190555 U3REP240725	120,733
Cancer Prevention and Control Programs for State, Territorial and Tribal Organizations	Nebraska Department of Health and Human Services	93.898	NU58DP007100	21,977
Rural Health Care Services Outreach, Rural Health Network Development and Smaller Health Care Provider Quality Improvement	Nebraska Association of Local Health Directors (NALHD)	93.912	TR145925	87,000

Panhandle Public Health District

SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS

Year ended June 30, 2025

Federal Agency Cluster/Program	Pass Through Entity	Assistance Listing Number	Grant Identifying Number	Amount Expended
U.S. Department of Health and Human Services - Continued				
Block Grants for Community Mental Health Services	Region 1 Behavioral Health	93.958	B09SM085369	$ 719
Block Grants for Prevention and Treatment of Substance Abuse	Region 1 Behavioral Health	93.959	B08TI085820 B08TI087052	151,597
Centers for Disease Control and Prevention Collaboration with Academia to Strengthen Public Health	Nebraska Department of Health and Human Services	93.967	NE11OE000075 NB01TO000039	85,648
Sexually Transmitted Diseases (STD) Prevention and Control Grants	Nebraska Department of Health and Human Services	93.977	NH25PS005178	11,953
Cooperative Agreement for Diabetes Control Programs	Nebraska Department of Health and Human Services	93.988	NU58DP007346	10,743
Preventive Health and Health Services Block Grant	Nebraska Department of Health and Human Services	93.991	NB01PW000020	19,711
Maternal and Child Health Services Block Grant to the States	Nebraska Department of Health and Human Services	93.994	B0452937 B0454560	76,419
Total Department of Health and Human Services				1,983,900
U.S. Department of Transportation:				
Highway Safety Cluster				
State and Community Highway Safety	Nebraska Department of Transportation	20.600	69A3752330004020NE0 69A3752430004020NE0 69A3752530004020NE0 69A3752430SUP4020NE0	116,801
National Priority Safety Programs	Nebraska Department of Transportation	20.616	69A3752330000405BNEL 69A3752230000405BNEL 69A3752430000405BNEL 69A3752530000405BNEL 69A3752530SUP405BNEL	7,213
Total Department of Transportation/Highway Safety Cluster				124,014
U.S. Department of Treasury:				
COVID-19 Coronavirus State and Local Recovery Funds	Nebraska Department of Health and Human Services	21.027	SLFPR1965	310,376
Total U.S. Department of Treasury				310,376
U.S. Environmental Protection Agency:				
State and Tribal Indoor Radon Grants	Nebraska Department of Health and Human Services	66.032	00739929	5,000
Total U.S. Environmental Protection Agency				5,000
U.S. Department of Housing and Urban Development:				
Lead Hazard Control Capacity Building	Direct	14.912	NELCB0019-24	66,508
Total U.S. Department of Housing and Urban Development				66,508
Total expenditures of federal awards				$ 2,489,798

Panhandle Public Health District

NOTES TO SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS

Year ended June 30, 2025

Basis of Presentation. The accompanying schedule of federal awards includes the federal grant activity of Panhandle Public Health District (the District) and is presented on the modified cash basis of accounting. Grant awards are considered expended when the expense transactions associated with the grant occur. The information in this schedule is presented in accordance with the requirements of the Uniform Guidance. Therefore, some amounts presented in this schedule may differ from amounts presented in, or used in the preparation of, the financial statements.

Subrecipients. The District provided no federal awards to subrecipients.

Indirect Costs. The District did not elect to use the de minimis indirect cost rate as allowed in the Uniform Guidance, 2 CFR 200.414.

SINGLE AUDIT SECTION

(This page left blank intentionally)

INDEPENDENT AUDITOR'S REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH *GOVERNMENT AUDITING STANDARDS*

The District Board
Panhandle Public Health District
Hemingford, Nebraska

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of the governmental activities and the major fund of Panhandle Public Health District (the District) as of and for the year ended June 30, 2025, and the related notes to the financial statements, which collectively comprise the District's basic financial statements and have issued our report thereon dated February XX, 2026.

Internal Control over Financial Reporting

In planning and performing our audit of the financial statements, we considered the District's internal control over financial reporting (internal control) as a basis for designing procedures that are appropriate in the circumstances for the purpose of expressing our opinions on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the District's internal control. Accordingly, we do not express an opinion on the effectiveness of the District's internal control.

A *deficiency in internal control* exists when the design or operation of a control does not allow management or employees in the normal course of performing their assigned functions, to prevent, or detect and correct misstatements on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over financial reporting that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

Report on Compliance and Other Matters

As part of obtaining reasonable assurance about whether the District's financial statements are free of material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the financial statement. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards.*

Purpose of this Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the District's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the District's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

Lincoln, Nebraska
February XX, 2026

INDEPENDENT AUDITOR'S REPORT ON COMPLIANCE FOR EACH MAJOR FEDERAL PROGRAM AND REPORT ON INTERNAL CONTROL OVER COMPLIANCE IN ACCORDANCE WITH THE UNIFORM GUIDANCE

Board of Directors
Panhandle Public Health District
Hemingford, Nebraska

Report on Compliance for Each Major Federal Program

Opinion on Each Major Federal Program

We have audited the Panhandle Public Health District's (the District's) compliance with the types of compliance requirements identified as subject to audit in the *OMB Compliance Supplement* that could have a direct and material effect on each of the District's major federal programs for the year ended June 30, 2025. The District's major federal programs are identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs.

In our opinion, the District complied, in all material respects, with the compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended June 30, 2025.

Basis for Opinion on Each Major Federal Program

We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America (GAAS); the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States (*Government Auditing Standards*); and the audit requirements of Title 2 U.S. *Code of Federal Regulations Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Our responsibilities under those standards and the Uniform Guidance are further described in the Auditor's Responsibilities for the Audit of Compliance section of our report.

We are required to be independent of the District and to meet our other ethical responsibilities, in accordance with relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion on compliance for each major federal program. Our audit does not provide a legal determination of the District's compliance with the compliance requirements referred to above.

Responsibilities of Management for Compliance

Management is responsible for compliance with the requirements referred to above and for the design, implementation, and maintenance of effective internal control over compliance with the requirements of laws, statutes, regulations, rules and provisions of contracts or grant agreements applicable to the District's federal programs.

Auditor's Responsibilities for the Audit of Compliance

Our objectives are to obtain reasonable assurance about whether material noncompliance with the compliance requirements referred to above occurred, whether due to fraud or error, and express an opinion on the District's compliance based on our audit. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS, *Government Auditing Standards*, and the Uniform Guidance will always detect material noncompliance when it exists. The risk of not detecting material noncompliance resulting from fraud is higher than for that resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Noncompliance with the compliance requirements referred to above is considered material, if there is a substantial likelihood that, individually or in the aggregate, it would influence the judgment made by a reasonable user of the report on compliance about the District's compliance with the requirements of each major federal program as a whole.

In performing an audit in accordance with GAAS, *Government Auditing Standards*, and the Uniform Guidance, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material noncompliance, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the District's compliance with the compliance requirements referred to above and performing such other procedures as we considered necessary in the circumstances.
- Obtain an understanding of the District's internal control over compliance relevant to the audit in order to design audit procedures that are appropriate in the circumstances and to test and report on internal control over compliance in accordance with the Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of the District's internal control over compliance. Accordingly, no such opinion is expressed.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and any significant deficiencies and material weaknesses in internal control over compliance that we identified during the audit.

Report on Internal Control Over Compliance

A *deficiency in internal control over compliance* exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. A *material weakness in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis. A *significant deficiency in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over compliance was for the limited purpose described in the Auditor's Responsibilities for the Audit of Compliance section above and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies in internal control over compliance. Given these limitations, during our audit we did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses, as defined above. However, material weaknesses or significant deficiencies in internal control over compliance may exist that were not identified.

Our audit was not designed for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, no such opinion is expressed.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of the Uniform Guidance. Accordingly, this report is not suitable for any other purpose.

Lincoln, Nebraska
February XX, 2026

Panhandle Public Health District

SCHEDULE OF FINDINGS AND QUESTIONED COSTS

Year ended June 30, 2025

Summary of Auditor's Results

a) An unmodified audit report was issued on the financial statements of Panhandle Public Health District.

b) No control deficiencies in internal control were disclosed by the audit of the financial statements.

c) The audit did not disclose any noncompliance which would be material to the financial statements.

d) No control deficiencies in internal control over its major federal award programs were disclosed by the audit.

e) An unmodified audit report was issued on compliance for Panhandle Public Health District's major federal award programs.

f) The audit disclosed no audit findings which were required to be reported relative to the major federal award programs.

g) The programs tested as major programs included U.S. Department of Health and Human Services:

- Maternal, Infant, and Early Childhood Homevisiting Grant Program, Assistance Listing #93.870.
- 477 Cluster, Temporary Assistance for Needy Families, Assistance Listing #93.558.
- Immunization Cooperative Agreements, Assistance Listing #93.268.
- COVID-19 Coronavirus State and Local Recovery Funds, Assistance Listing #21.027

h) The dollar threshold used to distinguish between Type A and Type B programs was $750,000.

i) Panhandle Public Health District did not qualify as a low-risk auditee as defined by the Uniform Guidance.

Findings – Financial Statements Audit

None

Findings – Major Federal Awards Program Audit

None

Panhandle Public Health District

SCHEDULE OF PRIOR AUDIT FINDINGS AND QUESTIONED COSTS

Year ended June 30, 2024

2024-001 - Noncompliance and Significant Deficiency in Internal Controls over Timely Reporting of the Audit and Data Collection Form to the Federal Audit Clearing House

Condition: The District did not submit the data collection form before the nine month deadline stated above.

Criteria: Title 2 CFR §200.512 states that the audit and data collection form must be submitted within the earlier of 30 calendar days after receipt of the auditor's report(s), or nine months after the end of the audit period.

Recommendation: The District should review its system of internal controls over the preparation of the audit, schedule of expenditures of federal awards, and data collection forms to ensure compliance with the timely reporting requirements sated in 2 CFR §200.512.

Current Status: This finding has been corrected.

PPHD Finance Committee
Conference Call Minutes
January 14, 2026 10:30 am

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

Williamson reviewed program spreadsheets, accounts receivable, and check detail and financial statements for October and November, as well as updated financials for June-September due to posted adjustments.

PPHD was awarded at $2.5 million HUD Risk and reduction grant and the bulk of the match will come through a $234,848 grant from the Sherwood foundation to address lead in homes. State received $218 million in RTG funds, and $18 million increase over the original application. They are working through an updated budget. This will confirm capacity for us to do work around Community Health Workers (CHW) and Oral Health and there may be additional funding to address other local needs and EMS. Will be between $1-3 million per health department. Year 1 ends October 30, so there will be a lot of work happening very quickly.

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

The meeting adjourned at 10:57 am.

Program updates through 12/31/2025

Award Name/ Program Name	Total Award	Expenses to Date	% of Total	% of Performance Period	Program End Date
State Appropriated Funds					
Admin 2026 (LB 692)	$276,788.15	$83,975.47	30%	50%	6/30/2026
Surveillance 2026 (LB 1060)	$105,458.11	$37,440.59	36%	50%	6/30/2026
State General Funds	$52,000.00	$1,003.68	2%	50%	6/30/2026
MHI 2026 (Minority Health Initiative)	$81,366.38	$56,822.74	70%	50%	6/30/2026
Opioid General Funds	$55,555.54	$24,223.19	44%	75%	6/30/2026
Data, Performance, and Health Improvement Planning					
MAPP 2025 (CHA/CHIP Work)	$18,000.00	$22,868.82	127%	100%	12/31/2025
WFD 2026 (Accreditation Readiness)	$15,500.00	$4,169.22	27%	25%	9/30/2026
Sherwood Foundation (Aging, SDOH, SMBP, CarSeat)	$100,000.00	$48,836.97	49%	57%	6/30/2026

Program updates through 12/31/2025

Panhandle Public Health Distr

Award Name/ Program Name	Total Award	Expenses to Date	% of Total	% of Performance Period	Program End Date
Chronic Disease Prevention Funds					
AOWN 2026 (Diabetes Prevention)	$9,685.00	$4,102.29	42%	50%	6/30/2026
LCTA 2026 (DPP Coaches Training)	$12,106.86	$5,264.49	43%	58%	6/29/2026
Governor's Award 2026 (Worksite Wellness)	$10,000.00	$0.00	0%	8%	12/16/2026
TFN 2026 (Tobacco Free NE)	$83,350.00	$35,076.69	42%	50%	6/30/2026
Obesity (State Chronic Disease Prevention)	$85,993.00	$48,860.01	57%	58%	5/31/2026
Injury Prevention Funds					
HSO 2026 (Highway/Driver Safety)	$125,240.00	$24,203.99	19%	25%	9/30/2026
Brain Health - deliverable-based	$48,000.00	$33,633.72	70%	NA	

Program updates through 12/31/2025

Panhandle Public Health Distr

Award Name/ Program Name	Total Award	Expenses to Date	% of Total	% of Performance Period	Program End Date
Preparedness Funds					
PHEP 2026 (Emergency Preparedness/Disease Investigatio	$146,000.00	$70,712.27	48%	50%	6/30/2026
HCC 2026 (PRMRS - Hospital Preparedness Planning)	$125,000.00	$59,574.57	48%	50%	6/30/2026
Clinical Services					
VFC 2026 (Vaccinations for Children)	$42,440.00	$15,496.45	37%	50%	6/30/2026
Immunization Billing	$597,200.00	$304,068.26	51%	50%	6/30/2026
Ryan White (Case Investigation)	$57,375.00	$32,984.53	57%	50%	6/30/2026
HPV 2026 (media campaign)	$10,000.00	$3,716.62	37%	58%	6/29/2026

Program updates through 12/31/2025

Panhandle Public Health Distr

Award Name/ Program Name	Total Award	Expenses to Date	% of Total	% of Performance Period	Program End Date
Home Visitation Funds					
HV 2026 (Healthy Famillies America)	$819,092.00	$202,156.83	25%	25%	9/30/2026
HV CWP 2026 (DHHS Referred Cases)	$345,000.00	$45,411.76	13%	25%	9/30/2026
Other Maternal Child Health Funds					
Centering (Prenatal Group/Sherwood.UNMC Partnershi	$100,000.00	$16,073.86	16%	50%	6/30/2026
Hypertension (Prenatal Hypertension)	$12,500.00	$7,624.37	61%	89%	1/31/2026

Program updates through 12/31/2025

Panhandle Public Health Distr

Award Name/ Program Name	Total Award	Expenses to Date	% of Total	% of Performance Period	Program End Date
Environmental Health Funds					
LEPH 2025 (Local Environmental Public Health)	$81,144.60	$3,199.91	4%	8%	11/30/2026
WNV 2026 (WNV Mosquito Trapping)	Pending	-	-	-	12/31/2026
Lead Epi 2026 (Childhood Lead Case Investigation)	$15,000.00	$7,151.94	**48%**	33%	9/29/2026
Hud (Lead Based Paint Remediation)	$531,655.00	$148,981.62	28%	46%	8/15/2027
Radon 2026 (PPHD Match $3,010.94)	$6,010.94	$304.89	5%	38%	5/31/2026

Program updates through 12/31/2025

Panhandle Public Health Distr

Award Name/ Program Name	Total Award	Expenses to Date	% of Total	% of Performance Period	Program End Date
Behavioral Health/Substance Misuse Prevention					
OD2A 2026 (Statewide Opioid Prevention)	$50,000.00	$28,091.06	**56%**	33%	8/31/2026
R1SOR 2026 (Region I Opioid Response)	$43,713.00	$4,394.93	10%	25%	9/29/2026
State SOR 2025 (State Opioid Response)	$40,000.00	$7,361.54	18%	25%	9/29/2026
R1BG 2026 (Panhandle Prevention Coalition)	$159,500.00	$54,667.76	34%	50%	6/30/2026
PFS 2026 (Partner for Success)	$94,622.00	$21,032.95	22%	25%	9/30/2026
MCH 2025 (BaseEd) (57395.39 Grant, 16703.65 Match)	$57,395.39	$38,645.12	67%	75%	3/31/2026

Program updates through 12/31/2025

Panhandle Public Health Distr

Award Name/ Program Name	Total Award	Expenses to Date	% of Total	% of Performance Period	Program End Date
Oral Health					
DHP 2025 (Dental Health Program NCF Grant)	$64,438.81	$24,787.97	38%	100%	12/31/2025
DHP HRSA 2025 (Dental Health Program carryover)	$78,000.00	$71,493.78	92%	N/A	7/31/2025

Program updates through 12/31/2025

Panhandle Public Health Distr

Award Name/ Program Name	Total Award	Expenses to Date	% of Total	% of Performance Period	Program End Date
Other Funds					
MCO (United Health Care)	$105,050.00	$72,656.16	69%	100%	12/31/2025
NTC (NE Total Care)	$55,125.00	$59.70	0%	N/A	

PANHANDLE PUBLIC HEALTH DISTRICT

FINANCIAL STATEMENTS

JUNE 30, 2025

Panhandle Public Health District
Balance Sheet
Cash Basis
As of June 30, 2025

	Jun 30, 25
ASSETS	
Current Assets	
Checking/Savings	
1000 · Platte Valley National Bank	215,542.84
1005 · NPAIT (Nebraska Public Agency Investment Trust)	330,644.44
Total Checking/Savings	546,187.28
Total Current Assets	546,187.28
TOTAL ASSETS	**546,187.28**
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Other Current Liabilities	
2010 · State Withholding Payable	4,191.82
2015 · Retirement Payable	10.53
2020 · Health Insurance Payable	609.09
2021 · FSA Payable - Health	-2,599.78
2022 · FSA Payable - Dep Care	-1,029.34
2025 · FICA Withholding Payable	13.63
2026 · Garnishment	184.68
2027 · State Unemployment Payable	121.84
2028 · Dental Insurance Payable	17.27
2029 · Vision Insurance Payable	2.10
Total Other Current Liabilities	1,521.84
Total Current Liabilities	1,521.84
Long Term Liabilities	
2500 · Scottsbluff Building Loan	146,939.31
Total Long Term Liabilities	146,939.31
Total Liabilities	148,461.15
Equity	
3000 · Opening Balance Equity	-39,764.62
3050 · Fund Balance	510,009.89
3060 · Board Designated Funds - Autos	33,525.52
3061 · Board Designated Funds - Copier	67,259.26
Net Income	-173,303.92
Total Equity	397,726.13
TOTAL LIABILITIES & EQUITY	**546,187.28**

Panhandle Public Health District
Profit & Loss
Cash Basis — June 2025

	Jun 25	Jul '24 - Jun 25
Ordinary Income/Expense		
Income		
4000 · General Funds	0.00	122,132.88
4010 · Infrastructure Funds	0.00	125,244.04
4015 · Per Capita Funds	0.00	128,299.83
4016 · LB1008 Funds	0.00	76,389.06
4017 · LB 585	0.00	135,160.63
4020 · Revenue	28,531.33	766,806.48
4021 · Revenue (Fed Pass-Through)	63,687.86	2,359,734.93
4035 · Health Screening Supplies	1,246.71	1,250.00
4045 · Other Income	1,110.50	13,323.99
4046 · Program Match	0.00	0.00
4050 · Interest Income	1,146.36	12,723.53
4055 · Travel Reimbursement	0.00	2,691.81
4070 · Program Donations	0.00	6,473.87
4072 · Program Fees (Fee for service revenues)	46,634.75	390,706.79
4073 · Product Fees	28,807.05	579,905.74
4074 · Admin Fees	0.00	2,057.03
4075 · Copy Reimbursement	0.00	597.34
4080 · Office Expense Reimbursement	0.00	2,589.02
4090 · Fall Conference Sponsorships	300.00	1,900.00
4092 · Fall Conference Registrations	0.00	6,322.91
4093 · Conference Registration Fees	0.00	1,236.17
Total Income	171,464.56	4,735,546.05
Gross Profit	171,464.56	4,735,546.05
Expense		
6010 · Advertising and PR	3,567.34	111,361.56
6020 · Auditing	0.00	35,200.00
6030 · Bank Service Charges	132.82	2,507.16
6035 · Board Member Travel	147.00	5,560.24
6075 · Communication	6,904.74	76,614.75
6080 · Contracts	67,763.23	708,150.38
6090 · Depreciation Expense	0.00	0.00
6091 · Depreciation Expense - Building	0.00	0.00
6095 · Dues and Subscriptions	1,210.00	34,745.69
6110 · Equipment	0.00	43,456.30
6115 · Health Check Supplies	496.71	514.37
6120 · Incentives	2,812.33	9,498.02
6125 · Insurance	4,684.63	41,575.84
6126 · Insurance - General	4,154.78	25,015.84
6128 · Interest Expense	439.79	5,390.80
6135 · Legal Fees	0.00	580.69
6145 · Meeting	1,554.57	19,124.00
6150 · Office Expense	3,601.85	39,082.47
6154 · Vaccinations	17,786.64	554,810.41
6155 · Office Supplies	37,002.64	196,615.13
6156 · Medical Supplies	34.70	9,857.43
6157 · Printing Supplies	1,871.95	19,967.45
6160 · Payroll Tax Expense	9,703.55	137,325.77
6175 · Postage	6,548.83	26,368.15
6180 · Printing and Publication	7,674.19	60,275.70
6190 · Radon Supplies	0.00	3,341.00
6200 · Repairs and Maintenance	3,742.55	53,348.77
6202 · Server Backup	966.00	11,108.98
6205 · Training/Education	8,813.31	82,460.92
6210 · Travel	8,885.48	119,476.07
6215 · Utilities	933.82	14,599.57
6220 · Wages	134,175.45	1,861,087.03
6225 · Retirement Expense	8,923.56	123,163.41
6230 · Health Insurance	50,244.94	596,851.72
6231 · Dental Insurance	1,785.80	21,114.28
6232 · Vision Insurance	498.55	5,938.93
6240 · Life Insurance	117.75	3,894.25
6245 · LT Disability	219.82	4,832.82
6246 · FSA Expense - Health	0.00	1.00
6247 · FSA Expense - Dep	0.00	0.00
6816 · Program Matched Expenses	96,550.11	96,550.11
6819 · Program Expense Offset	-109,459.01	-253,145.93
Total Expense	384,490.42	4,908,221.08
Net Ordinary Income	-213,025.86	-172,675.03
Other Income/Expense		
Other Expense		
6815 · Other Expense	0.00	628.89
Total Other Expense	0.00	628.89
Net Other Income	0.00	-628.89
Net Income	**-213,025.86**	**-173,303.92**

PANHANDLE PUBLIC HEALTH DISTRICT

FINANCIAL STATEMENTS

JULY 31, 2025

Panhandle Public Health District
Balance Sheet
Cash Basis
As of July 31, 2025

	Jul 31, 25
ASSETS	
Current Assets	
Checking/Savings	
1000 · Platte Valley National Bank	278,298.12
1005 · NPAIT (Nebraska Public Agency Investment Trust)	331,833.32
Total Checking/Savings	610,131.44
Total Current Assets	610,131.44
TOTAL ASSETS	**610,131.44**
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Other Current Liabilities	
2010 · State Withholding Payable	6,411.39
2015 · Retirement Payable	10.53
2020 · Health Insurance Payable	27,084.78
2021 · FSA Payable - Health	-621.22
2022 · FSA Payable - Dep Care	-651.48
2024 · HRA Payable	2,083.36
2025 · FICA Withholding Payable	13.63
2026 · Garnishment	513.45
2027 · State Unemployment Payable	11.41
2028 · Dental Insurance Payable	1,146.33
2029 · Vision Insurance Payable	308.29
2035 · Life Insurance Payable	61.04
2036 · Supp Accident Ins Payable	141.96
2037 · Supp Cancer Ins Payable	117.45
2038 · Supplemental Illness Payable	53.14
2039 · Supplemental ST Disab Payable	44.20
2040 · LT Disability Company	113.70
Total Other Current Liabilities	36,841.96
Total Current Liabilities	36,841.96
Long Term Liabilities	
2500 · Scottsbluff Building Loan	145,904.12
Total Long Term Liabilities	145,904.12
Total Liabilities	182,746.08
Equity	
3000 · Opening Balance Equity	-39,764.62
3050 · Fund Balance	336,705.97
3060 · Board Designated Funds - Autos	33,525.52
3061 · Board Designated Funds - Copier	67,259.26
Net Income	29,659.23
Total Equity	427,385.36
TOTAL LIABILITIES & EQUITY	**610,131.44**

Panhandle Public Health District
Profit & Loss
Cash Basis — **July 2025**

	Jul 25	Jul 25
Ordinary Income/Expense		
Income		
4000 · General Funds	26,835.61	26,835.61
4010 · Infrastructure Funds	22,922.94	22,922.94
4015 · Per Capita Funds	24,100.27	24,100.27
4016 · LB1008 Funds	6,944.49	6,944.49
4017 · LB 585	12,287.29	12,287.29
4020 · Revenue	46,154.00	46,154.00
4021 · Revenue (Fed Pass-Through)	240,390.91	240,390.91
4035 · Health Screening Supplies	350.00	350.00
4045 · Other Income	4,030.00	4,030.00
4050 · Interest Income	1,188.88	1,188.88
4072 · Program Fees (Fee for service revenues)	2,674.53	2,674.53
4073 · Product Fees	17,031.87	17,031.87
Total Income	404,910.79	404,910.79
Gross Profit	404,910.79	404,910.79
Expense		
6010 · Advertising and PR	7,851.00	7,851.00
6030 · Bank Service Charges	142.13	142.13
6075 · Communication	3,454.33	3,454.33
6080 · Contracts	8,908.77	8,908.77
6095 · Dues and Subscriptions	2,125.00	2,125.00
6125 · Insurance	4,687.94	4,687.94
6126 · Insurance - General	2,463.39	2,463.39
6128 · Interest Expense	0.00	0.00
6150 · Office Expense	2,999.38	2,999.38
6154 · Vaccinations	23,901.09	23,901.09
6155 · Office Supplies	2,499.30	2,499.30
6156 · Medical Supplies	356.69	356.69
6157 · Printing Supplies	404.15	404.15
6160 · Payroll Tax Expense	14,484.20	14,484.20
6175 · Postage	252.66	252.66
6180 · Printing and Publication	4,036.13	4,036.13
6200 · Repairs and Maintenance	0.00	0.00
6202 · Server Backup	0.00	0.00
6205 · Training/Education	1,400.00	1,400.00
6210 · Travel	2,768.47	2,768.47
6215 · Utilities	0.00	0.00
6220 · Wages	198,308.32	198,308.32
6225 · Retirement Expense	13,307.82	13,307.82
6230 · Health Insurance	76,871.74	76,871.74
6231 · Dental Insurance	2,765.46	2,765.46
6232 · Vision Insurance	773.26	773.26
6240 · Life Insurance	171.97	171.97
6245 · LT Disability	318.36	318.36
6246 · FSA Expense - Health	0.00	0.00
6247 · FSA Expense - Dep	0.00	0.00
Total Expense	375,251.56	375,251.56
Net Ordinary Income	29,659.23	29,659.23
Net Income	**29,659.23**	**29,659.23**

PANHANDLE PUBLIC HEALTH DISTRICT

FINANCIAL STATEMENTS

AUGUST 31, 2025

Panhandle Public Health District
Balance Sheet
Cash Basis
As of August 31, 2025

	Aug 31, 25
ASSETS	
Current Assets	
Checking/Savings	
1000 · Platte Valley National Bank	574,638.95
1005 · NPAIT (Nebraska Public Agency Investment Trust)	333,029.39
Total Checking/Savings	907,668.34
Total Current Assets	907,668.34
TOTAL ASSETS	**907,668.34**
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Other Current Liabilities	
2010 · State Withholding Payable	4,491.03
2015 · Retirement Payable	10.53
2020 · Health Insurance Payable	26,049.11
2021 · FSA Payable - Health	-1,667.84
2022 · FSA Payable - Dep Care	-193.24
2024 · HRA Payable	2,083.36
2025 · FICA Withholding Payable	13.63
2026 · Garnishment	513.45
2027 · State Unemployment Payable	31.68
2028 · Dental Insurance Payable	1,095.62
2029 · Vision Insurance Payable	293.78
2035 · Life Insurance Payable	59.16
2036 · Supp Accident Ins Payable	141.96
2037 · Supp Cancer Ins Payable	117.45
2038 · Supplemental Illness Payable	53.14
2039 · Supplemental ST Disab Payable	44.20
2040 · LT Disability Company	117.49
Total Other Current Liabilities	33,254.51
Total Current Liabilities	33,254.51
Long Term Liabilities	
2500 · Scottsbluff Building Loan	144,823.79
Total Long Term Liabilities	144,823.79
Total Liabilities	178,078.30
Equity	
3000 · Opening Balance Equity	-39,764.62
3050 · Fund Balance	336,705.97
3060 · Board Designated Funds - Autos	33,525.52
3061 · Board Designated Funds - Copier	67,259.26
Net Income	331,863.91
Total Equity	729,590.04
TOTAL LIABILITIES & EQUITY	**907,668.34**

Panhandle Public Health District
Profit & Loss
Cash Basis — **August 2025**

	Aug 25	Jul - Aug 25
Ordinary Income/Expense		
Income		
4000 · General Funds	15,732.61	42,568.22
4010 · Infrastructure Funds	11,342.58	34,265.52
4015 · Per Capita Funds	11,723.08	35,823.35
4016 · LB1008 Funds	0.00	6,944.49
4017 · LB 585	0.00	12,287.29
4020 · Revenue	118,662.10	164,816.10
4021 · Revenue (Fed Pass-Through)	388,595.04	628,985.95
4035 · Health Screening Supplies	0.00	350.00
4045 · Other Income	10,096.19	14,126.19
4050 · Interest Income	1,196.07	2,384.95
4070 · Program Donations	1,125.00	1,125.00
4072 · Program Fees (Fee for service revenues)	26,241.22	28,915.75
4073 · Product Fees	50,768.15	67,800.02
4090 · Fall Conference Sponsorships	400.00	400.00
4091 · Fall Conference Vendors	150.00	150.00
Total Income	636,032.04	1,040,942.83
Gross Profit	636,032.04	1,040,942.83
Expense		
6010 · Advertising and PR	10,579.49	18,430.49
6030 · Bank Service Charges	64.85	206.98
6035 · Board Member Travel	1,052.80	1,052.80
6075 · Communication	894.69	4,349.02
6080 · Contracts	8,817.03	17,725.80
6095 · Dues and Subscriptions	202.00	2,327.00
6125 · Insurance	5,621.95	10,309.89
6126 · Insurance - General	2,176.38	4,639.77
6128 · Interest Expense	0.00	0.00
6135 · Legal Fees	160.00	160.00
6145 · Meeting	520.48	520.48
6150 · Office Expense	3,373.66	6,373.04
6154 · Vaccinations	49,103.89	73,004.98
6155 · Office Supplies	15,409.13	17,908.43
6156 · Medical Supplies	1,499.68	1,856.37
6157 · Printing Supplies	548.17	952.32
6160 · Payroll Tax Expense	10,155.43	24,639.63
6175 · Postage	240.86	493.52
6180 · Printing and Publication	283.54	4,319.67
6200 · Repairs and Maintenance	8,676.07	8,676.07
6202 · Server Backup	1,000.00	1,000.00
6205 · Training/Education	2,141.15	3,541.15
6210 · Travel	7,205.66	9,974.13
6215 · Utilities	0.00	0.00
6220 · Wages	138,986.83	337,295.15
6225 · Retirement Expense	9,308.86	22,616.68
6230 · Health Insurance	53,001.17	129,872.91
6231 · Dental Insurance	1,915.75	4,681.21
6232 · Vision Insurance	536.68	1,309.94
6240 · Life Insurance	119.97	291.94
6245 · LT Disability	231.19	549.55
6246 · FSA Expense - Health	0.00	0.00
6247 · FSA Expense - Dep	0.00	0.00
Total Expense	333,827.36	709,078.92
Net Ordinary Income	302,204.68	331,863.91
Net Income	**302,204.68**	**331,863.91**

PANHANDLE PUBLIC HEALTH DISTRICT

FINANCIAL STATEMENTS

SEPTEMBER 30, 2025

Panhandle Public Health District
Balance Sheet
Cash Basis
As of September 30, 2025

	Sep 30, 25
ASSETS	
Current Assets	
Checking/Savings	
1000 · Platte Valley National Bank	410,036.26
1005 · NPAIT (Nebraska Public Agency Investment Trust)	334,172.76
Total Checking/Savings	744,209.02
Total Current Assets	744,209.02
TOTAL ASSETS	**744,209.02**
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Other Current Liabilities	
2010 · State Withholding Payable	4,716.25
2015 · Retirement Payable	10.53
2020 · Health Insurance Payable	609.09
2021 · FSA Payable - Health	-1,078.94
2022 · FSA Payable - Dep Care	-891.25
2025 · FICA Withholding Payable	13.63
2026 · Garnishment	184.68
2027 · State Unemployment Payable	54.18
2028 · Dental Insurance Payable	17.27
2029 · Vision Insurance Payable	2.10
Total Other Current Liabilities	3,637.54
Total Current Liabilities	3,637.54
Long Term Liabilities	
2500 · Scottsbluff Building Loan	143,768.24
Total Long Term Liabilities	143,768.24
Total Liabilities	147,405.78
Equity	
3000 · Opening Balance Equity	-39,764.62
3050 · Fund Balance	336,705.97
3060 · Board Designated Funds - Autos	33,525.52
3061 · Board Designated Funds - Copier	67,259.26
Net Income	199,077.11
Total Equity	596,803.24
TOTAL LIABILITIES & EQUITY	**744,209.02**

Panhandle Public Health District
Profit & Loss
Cash Basis — **September 2025**

	Sep 25	Jul - Sep 25
Ordinary Income/Expense		
Income		
4000 · General Funds	15,732.61	58,300.83
4010 · Infrastructure Funds	11,342.58	45,608.10
4015 · Per Capita Funds	11,723.08	47,546.43
4016 · LB1008 Funds	0.00	6,944.49
4017 · LB 585	0.00	12,287.29
4020 · Revenue	39,675.38	204,491.48
4021 · Revenue (Fed Pass-Through)	129,278.37	758,264.32
4035 · Health Screening Supplies	0.00	350.00
4045 · Other Income	0.00	14,126.19
4050 · Interest Income	1,143.37	3,528.32
4070 · Program Donations	0.00	1,125.00
4072 · Program Fees (Fee for service revenues)	36,799.38	65,715.13
4073 · Product Fees	26,991.11	94,791.13
4090 · Fall Conference Sponsorships	0.00	400.00
4091 · Fall Conference Vendors	0.00	150.00
Total Income	272,685.88	1,313,628.71
Gross Profit	272,685.88	1,313,628.71
Expense		
6010 · Advertising and PR	17,020.02	35,450.51
6020 · Auditing	14,000.00	14,000.00
6030 · Bank Service Charges	80.92	287.90
6035 · Board Member Travel	0.00	1,052.80
6075 · Communication	2,397.60	6,746.62
6080 · Contracts	26,655.97	44,381.77
6095 · Dues and Subscriptions	0.00	2,327.00
6125 · Insurance	2,538.86	12,848.75
6126 · Insurance - General	2,176.38	6,816.15
6128 · Interest Expense	0.00	0.00
6135 · Legal Fees	720.00	880.00
6145 · Meeting	584.27	1,104.75
6150 · Office Expense	3,285.13	9,658.17
6154 · Vaccinations	80,114.72	153,119.70
6155 · Office Supplies	43,378.24	61,286.67
6156 · Medical Supplies	0.00	1,856.37
6157 · Printing Supplies	978.34	1,930.66
6160 · Payroll Tax Expense	10,507.65	35,147.28
6175 · Postage	1,074.61	1,568.13
6180 · Printing and Publication	873.84	5,193.51
6200 · Repairs and Maintenance	4,617.50	13,293.57
6202 · Server Backup	500.00	1,500.00
6205 · Training/Education	6,834.00	10,375.15
6210 · Travel	6,663.36	16,637.49
6215 · Utilities	0.00	0.00
6220 · Wages	140,690.17	477,985.32
6225 · Retirement Expense	9,448.84	32,065.52
6230 · Health Insurance	28,957.80	158,830.71
6231 · Dental Insurance	936.08	5,617.29
6232 · Vision Insurance	261.97	1,571.91
6240 · Life Insurance	58.92	350.86
6245 · LT Disability	117.49	667.04
6246 · FSA Expense - Health	0.00	0.00
6247 · FSA Expense - Dep	0.00	0.00
Total Expense	405,472.68	1,114,551.60
Net Ordinary Income	-132,786.80	199,077.11
Net Income	**-132,786.80**	**199,077.11**

PANHANDLE PUBLIC HEALTH DISTRICT

FINANCIAL STATEMENTS

OCTOBER 30, 2025

Panhandle Public Health District
Balance Sheet
Cash Basis
As of October 31, 2025

	Oct 31, 25
ASSETS	
Current Assets	
Checking/Savings	
1000 · Platte Valley National Bank	175,542.34
1005 · NPAIT (Nebraska Public Agency Investment Trust)	335,330.78
Total Checking/Savings	510,873.12
Total Current Assets	510,873.12
TOTAL ASSETS	**510,873.12**
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Other Current Liabilities	
2010 · State Withholding Payable	4,827.21
2015 · Retirement Payable	10.53
2020 · Health Insurance Payable	609.09
2021 · FSA Payable - Health	-271.32
2022 · FSA Payable - Dep Care	-615.51
2025 · FICA Withholding Payable	13.63
2026 · Garnishment	184.68
2027 · State Unemployment Payable	58.70
2028 · Dental Insurance Payable	17.27
2029 · Vision Insurance Payable	2.10
Total Other Current Liabilities	4,836.38
Total Current Liabilities	4,836.38
Long Term Liabilities	
2500 · Scottsbluff Building Loan	142,709.57
Total Long Term Liabilities	142,709.57
Total Liabilities	147,545.95
Equity	
3000 · Opening Balance Equity	-39,764.62
3050 · Fund Balance	336,705.97
3060 · Board Designated Funds - Autos	33,525.52
3061 · Board Designated Funds - Copier	67,259.26
Net Income	-34,398.96
Total Equity	363,327.17
TOTAL LIABILITIES & EQUITY	**510,873.12**

Panhandle Public Health District
Profit & Loss
Cash Basis — **October 2025**

	Oct 25	Jul - Oct 25
Ordinary Income/Expense		
Income		
4000 · General Funds	15,732.61	74,033.44
4010 · Infrastructure Funds	11,342.58	56,950.68
4015 · Per Capita Funds	11,723.08	59,269.51
4016 · LB1008 Funds	0.00	6,944.49
4017 · LB 585	0.00	12,287.29
4020 · Revenue	18,345.29	222,836.77
4021 · Revenue (Fed Pass-Through)	49,464.48	807,728.80
4035 · Health Screening Supplies	0.00	350.00
4045 · Other Income	230.00	14,356.19
4050 · Interest Income	1,158.02	4,686.34
4070 · Program Donations	1,020.00	2,145.00
4072 · Program Fees (Fee for service revenues)	34,102.85	99,817.98
4073 · Product Fees	33,882.46	128,673.59
4090 · Fall Conference Sponsorships	0.00	400.00
4091 · Fall Conference Vendors	0.00	150.00
4093 · Conference Registration Fees	450.00	450.00
Total Income	177,451.37	1,491,080.08
Gross Profit	177,451.37	1,491,080.08
Expense		
6000 · Accounting	3,935.00	3,935.00
6010 · Advertising and PR	2,654.30	38,104.81
6020 · Auditing	0.00	14,000.00
6030 · Bank Service Charges	150.37	438.27
6035 · Board Member Travel	0.00	1,052.80
6075 · Communication	2,150.04	8,896.66
6080 · Contracts	24,723.94	69,105.71
6095 · Dues and Subscriptions	1,013.00	3,340.00
6115 · Health Check Supplies	1,373.39	1,373.39
6120 · Incentives	3,355.64	3,355.64
6125 · Insurance	2,538.86	15,387.61
6126 · Insurance - General	2,176.38	8,992.53
6128 · Interest Expense	0.00	0.00
6135 · Legal Fees	0.00	880.00
6145 · Meeting	4,443.45	5,548.20
6150 · Office Expense	3,264.49	12,922.66
6154 · Vaccinations	95,136.62	248,256.32
6155 · Office Supplies	12,830.26	74,116.93
6156 · Medical Supplies	4,384.14	6,240.51
6157 · Printing Supplies	1,010.80	2,941.46
6160 · Payroll Tax Expense	11,046.28	46,193.56
6175 · Postage	364.10	1,932.23
6180 · Printing and Publication	1,075.86	6,269.37
6200 · Repairs and Maintenance	6,555.00	19,848.57
6202 · Server Backup	500.00	2,000.00
6205 · Training/Education	3,698.70	14,073.85
6210 · Travel	8,071.81	24,709.30
6215 · Utilities	0.00	0.00
6220 · Wages	150,003.14	627,988.46
6225 · Retirement Expense	9,772.53	41,838.05
6230 · Health Insurance	51,957.45	210,788.16
6231 · Dental Insurance	1,872.43	7,489.72
6232 · Vision Insurance	523.97	2,095.88
6240 · Life Insurance	118.09	468.95
6245 · LT Disability	227.40	894.44
6246 · FSA Expense - Health	0.00	0.00
6247 · FSA Expense - Dep	0.00	0.00
Total Expense	410,927.44	1,525,479.04
Net Ordinary Income	-233,476.07	-34,398.96
Net Income	**-233,476.07**	**-34,398.96**

PANHANDLE PUBLIC HEALTH DISTRICT

FINANCIAL STATEMENTS

NOVEMBER 30, 2025

Panhandle Public Health District
Balance Sheet
Cash Basis
As of November 30, 2025

	Nov 30, 25
ASSETS	
Current Assets	
Checking/Savings	
1000 · Platte Valley National Bank	451,609.63
1005 · NPAIT (Nebraska Public Agency Investment Trust)	336,156.12
Total Checking/Savings	787,765.75
Total Current Assets	787,765.75
TOTAL ASSETS	**787,765.75**
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Other Current Liabilities	
2010 · State Withholding Payable	4,655.07
2015 · Retirement Payable	10.53
2020 · Health Insurance Payable	609.09
2021 · FSA Payable - Health	920.33
2022 · FSA Payable - Dep Care	-47.77
2025 · FICA Withholding Payable	13.63
2026 · Garnishment	184.68
2027 · State Unemployment Payable	86.97
2028 · Dental Insurance Payable	17.27
2029 · Vision Insurance Payable	2.10
Total Other Current Liabilities	6,451.90
Total Current Liabilities	6,451.90
Long Term Liabilities	
2500 · Scottsbluff Building Loan	141,634.07
Total Long Term Liabilities	141,634.07
Total Liabilities	148,085.97
Equity	
3000 · Opening Balance Equity	-39,764.62
3050 · Fund Balance	336,705.97
3060 · Board Designated Funds - Autos	33,525.52
3061 · Board Designated Funds - Copier	67,259.26
Net Income	241,953.65
Total Equity	639,679.78
TOTAL LIABILITIES & EQUITY	**787,765.75**

Panhandle Public Health District
Profit & Loss
Cash Basis — **November 2025**

	Nov 25	Jul - Nov 25
Ordinary Income/Expense		
Income		
4000 · General Funds	15,732.61	89,766.05
4010 · Infrastructure Funds	11,342.58	68,293.26
4015 · Per Capita Funds	11,723.08	70,992.59
4016 · LB1008 Funds	0.00	6,944.49
4017 · LB 585	0.00	12,287.29
4020 · Revenue	39,029.55	261,866.32
4021 · Revenue (Fed Pass-Through)	418,810.18	1,226,538.98
4035 · Health Screening Supplies	0.00	350.00
4045 · Other Income	0.00	14,356.19
4050 · Interest Income	825.34	5,511.68
4070 · Program Donations	1,244.46	3,389.46
4072 · Program Fees (Fee for service revenues)	25,366.82	125,184.80
4073 · Product Fees	54,799.75	183,473.34
4090 · Fall Conference Sponsorships	0.00	400.00
4091 · Fall Conference Vendors	0.00	150.00
4092 · Fall Conference Registrations	4,704.11	4,704.11
4093 · Conference Registration Fees	0.00	450.00
Total Income	583,578.48	2,074,658.56
Gross Profit	583,578.48	2,074,658.56
Expense		
6000 · Accounting	0.00	3,935.00
6010 · Advertising and PR	2,627.00	40,731.81
6020 · Auditing	0.00	14,000.00
6030 · Bank Service Charges	146.57	584.84
6035 · Board Member Travel	894.60	1,947.40
6075 · Communication	2,151.65	11,048.31
6080 · Contracts	26,662.48	95,768.19
6095 · Dues and Subscriptions	0.00	3,340.00
6115 · Health Check Supplies	0.00	1,373.39
6120 · Incentives	118.76	3,474.40
6125 · Insurance	2,538.86	17,926.47
6126 · Insurance - General	2,176.42	11,168.95
6128 · Interest Expense	0.00	0.00
6135 · Legal Fees	0.00	880.00
6145 · Meeting	761.56	6,309.76
6150 · Office Expense	3,284.57	16,207.23
6154 · Vaccinations	22,277.78	270,534.10
6155 · Office Supplies	11,515.17	85,632.10
6156 · Medical Supplies	1,869.92	8,110.43
6157 · Printing Supplies	169.96	3,111.42
6160 · Payroll Tax Expense	10,594.63	56,788.19
6175 · Postage	267.44	2,199.67
6180 · Printing and Publication	314.72	6,584.09
6200 · Repairs and Maintenance	1,832.50	21,681.07
6202 · Server Backup	500.00	2,500.00
6205 · Training/Education	2,028.04	16,101.89
6210 · Travel	5,913.51	30,622.81
6215 · Utilities	0.00	0.00
6220 · Wages	144,498.03	772,486.49
6225 · Retirement Expense	9,507.37	51,345.42
6230 · Health Insurance	51,832.44	262,620.60
6231 · Dental Insurance	1,872.43	9,362.15
6232 · Vision Insurance	523.97	2,619.85
6240 · Life Insurance	118.09	587.04
6245 · LT Disability	227.40	1,121.84
6246 · FSA Expense - Health	0.00	0.00
6247 · FSA Expense - Dep	0.00	0.00
Total Expense	307,225.87	1,832,704.91
Net Ordinary Income	276,352.61	241,953.65
Net Income	**276,352.61**	**241,953.65**

THE PANHANDLE PUBLIC HEALTH DISTRICT CAFETERIA PLAN

ARTICLE I. Introductory Provisions

Panhandle Public Health District ("the Employer") hereby establishes the Panhandle Public Health District Cafeteria Plan ("the Plan") effective 3/1/2026 ("the Effective Date"). Capitalized terms used in this Plan that are not otherwise defined shall have the meanings set forth in Article II.

This Plan is designed to allow an Eligible Employee to pay for his or her share of Contributions under one or more Insurance Plans on a pre-tax Salary Reduction basis.

This Plan is intended to qualify as a "cafeteria plan" under Code § 125 and the regulations issued thereunder. The terms of this document shall be interpreted to accomplish that objective.

Although reprinted within this document, the different components of this Plan shall be deemed separate plans for purposes of administration and all reporting and nondiscrimination requirements imposed on such components by the Code.

ARTICLE II. Definitions

"Accident Insurance Benefits (Also includes Accidental Death & Dismemberment (AD&D))" means the Employee's Accident/Accidental Death & Dismemberment Insurance Plan coverage for purposes of this Plan.

"Accident Plan(s) (Also includes Accidental Death & Dismemberment (AD&D)Plans)" means the plan(s) that the Employer maintains for its Employees providing benefits through a group insurance policy or policies in the event of injury or accidental death and/or dismemberment. The Employer may substitute, add, subtract, or revise at any time the menu of such plans and/or the benefits, terms, and conditions of any such plans. Any such substitution, addition, subtraction, or revision will be communicated to Participants and will automatically be incorporated by reference under this Plan.

"Benefits" means the Premium Payment Benefits.

"Benefit Package Option" means a qualified benefit under Code § 125(f) that is offered under a cafeteria plan, or an option for coverage under an underlying accident or health plan (such as an indemnity option, an HMO option, or a PPO option under an accident or health plan).

"Change in Status" has the meaning described in Section 4.6.

"COBRA" means the Consolidated Omnibus Budget Reconciliation Act of 1985, as amended.

"Code" means the Internal Revenue Code of 1986, as amended.

"Contributions" means the amount contributed to pay for the cost of Benefits (including self-funded Benefits as well as those that are insured), as calculated under Section 6.2 for Premium Payment Benefits.

"Committee" means the Benefits Committee (or the equivalent thereof) of Panhandle Public Health District

"Compensation" means the wages or salary paid to an Employee by the Employer, determined prior to (a) any Salary Reduction election under this Plan; (b) any salary reduction election under any other cafeteria plan; and (c) any compensation reduction under any Code § 132(f)(4) plan; but determined after (d) any salary deferral elections under any Code § 401(k), 403(b), 408(k), or 457(b) plan or arrangement. Thus, "Compensation" generally means wages or salary paid to an Employee by the Employer, as reported in Box 1 of Form W-2, but adding back any wages or salary forgone by virtue of any election described in (a), (b), or (c) of the preceding sentence.

"Dental Insurance Benefits" means the Employee's Dental Insurance Plan coverage for purposes of this Plan.

"Dental Insurance Plan(s)" means the plan(s) that the Employer maintains for its Employees (and for their Spouses and Dependents that may be eligible under the terms of such plan(s)) providing dental benefits through a group insurance policy or policies. The Employer may substitute, add, subtract, or revise at any time the menu of such plans and/or the benefits, terms, and conditions of any such plans. Any such substitution, addition, subtraction, or revision will be communicated to Participants and will automatically be incorporated by reference under this Plan.

"Dependent" means any individual who is a tax dependent of the Participant as defined in Code § 152, with the following exceptions: (a) for purposes of accident or health coverage (to the extent funded under the Premium Payment Component, and for purposes of the Health FSA Component), (1) a dependent is defined as in Code § 152, determined without regard to subsections (b)(1), (b)(2), and (d)(1)(B) thereof; and (2) any child to whom IRS Rev. Proc. 2008-48 applies. Furthermore, notwithstanding anything in the foregoing that may be to the contrary, a "Dependent" shall also include for purposes of any accident or health coverage provided under this plan a child of a Participant who has not attained age 27 by the end of any given taxable year.

"Earned Income" means all income derived from wages, salaries, tips, self-employment, and other Compensation (such as

disability or wage continuation benefits), but only if such amounts are includible in gross income for the taxable year. Earned income does not include any other amounts excluded from earned income under Code § 32(c)(2), such as amounts received under a pension or annuity or pursuant to workers' compensation.

"Effective Date" of this Plan has the meaning described in Article 1.

"Election Form/Salary Reduction Agreement" means the form provided by the Administrator for the purpose of allowing an Eligible Employee to participate in this Plan by electing Salary Reductions to pay for Premium Payment Benefits. This form may be in either paper or electronic form at the Employer's discretion in accordance with the procedures detailed in Article IV.

"Eligible Employee" means an Employee eligible to participate in this Plan, as provided in Section 3.1.

"Employee" means an individual that the Employer classifies as a common-law employee and who is on the Employer's W-2 payroll, but does not include the following: (a) any leased employee (including but not limited to those individuals defined as leased employees in Code § 414(n)) or an individual classified by the Employer as a contract worker, independent contractor, temporary employee, or casual employee for the period during which such individual is so classified, whether or not any such individual is on the Employer's W-2 payroll or is determined by the IRS or others to be a common-law employee of the Employer; (b) any individual who performs services for the Employer but who is paid by a temporary or other employment or staffing agency for the period during which such individual is paid by such agency, whether or not such individual is determined by the IRS or others to be a common-law employee of the Employer; (c) any employee covered under a collective bargaining agreement; (d) any self-employed individual; (e) any partner in a partnership; (f) any more-than-2% shareholder in a Subchapter S corporation. The term "Employee" does include "former Employees" for the limited purpose of allowing continued eligibility for benefits under the Plan for the remainder of the Plan Year in which an Employee ceases to be employed by the Employer, but only to the extent specifically provided elsewhere under this Plan.

"Employer" means Panhandle Public Health District, and any Related Employer that adopts this Plan with the approval of Panhandle Public Health District. Related Employers that have adopted this Plan, if any, are listed in Appendix A of this Plan. However, for purposes of Articles XI and XIV and Section 15.3, "Employer" means only Panhandle Public Health District.

"Employment Commencement Date" means the first regularly scheduled working day on which the Employee first performs an hour of service for the Employer for Compensation.

"ERISA" means the Employee Retirement Income Security Act of 1974, as amended. Panhandle Public Health District is not subject to ERISA nor does Panhandle Public Health District adopt ERISA. Any references to ERISA herein are for reference purposes only

"FMLA" means the Family and Medical Leave Act of 1993, as amended.

"Health Insurance Benefits" means any insurance benefits providing medical or other health insurance coverage through a group insurance policy or policies.

"HIPAA" means the Health Insurance Portability and Accountability Act of 1996, as amended.

"HMO" means the health maintenance organization Benefit Package Option under the Medical Insurance Plan.

"HRA" means a health reimbursement arrangement as defined in IRS Notice 2002-45.

"Insurance Benefits" means benefits offered through the Insurance Plans.

"Insurance Plan(s)" means a plan or plans offering benefits through a group insurance policy or policies.

"Medical Insurance Benefits" means the Employee's Medical Insurance Plan coverage for purposes of this Plan.

"Medical Insurance Plan(s)" means the plan(s) that the Employer maintains for its Employees (and for their Spouses and Dependents that may be eligible under the terms of such plan), providing major medical type benefits through a group insurance policy or policies (with HMO and PPO options). The Employer may substitute, add, subtract, or revise at any time the menu of such plans and/or the benefits, terms, and conditions of any such plans. Any such substitution, addition, subtraction, or revision will be communicated to Participants and will automatically be incorporated by reference under this Plan.

"Open Enrollment Period" with respect to a Plan Year means any period before the beginning of the Plan Year that may be prescribed by the Administrator as the period of time in which Employees who will be Eligible Employees at the beginning of the Plan Year may elect benefits.

"Participant" means a person who is an Eligible Employee and who is participating in this Plan in accordance with the provisions of Article III. Participants include (a) those who elect one or more of the Medical Insurance Benefits and (b) those who elect instead to receive their full salary in cash and to pay for their share of their Contributions under the Medical Insurance Plan.

"Period of Coverage" means the Plan Year, with the following exceptions: (a) for Employees who first become eligible to participate, it shall mean the portion of the Plan Year following the date on which participation commences, as described in Section 3.1; and (b) for Employees who terminate participation, it shall mean the portion of the Plan Year prior to the date on which participation terminates, as described in Section 3.2.

"Plan" means the Panhandle Public Health District Cafeteria Plan as set forth herein and as amended from time to time.

"Plan Administrator" means the Panhandle Public Health District Human Resources Manager or the equivalent thereof for Panhandle Public Health District, who has the full authority to act on behalf of the Plan Administrator, except with respect to appeals, for which the Committee has the full authority to act on behalf of the Plan Administrator, as described in Section 13.1.

"Plan Year" means the 12-month period commencing 3/1/2026 and ending on 2/28/2027, except in the case of a short plan year representing the initial Plan Year or where the Plan Year is being changed, in which case the Plan Year shall be the entire short plan year.

"PPO" means the preferred provider organization Benefit Package Option under the Medical Insurance Plan.

"Premium Payment Benefits" means the Premium Payment Benefits that are paid for on a pre-tax Salary Reduction basis as described in Section 6.1.

"Premium Payment Component" means the Component of this Plan described in Article VI.

"QMCSO" means a qualified medical child support order, as defined in ERISA § 609(a).

"Related Employer" means any employer affiliated with Panhandle Public Health District that, under Code § 414(b), § 414(c), or § 414(m), is treated as a single employer with Panhandle Public Health District for purposes of Code § 125(g)(4).

"Salary Reduction" means the amount by which the Participant's Compensation is reduced and applied by the Employer under this Plan to pay for one or more of the Benefits, as permitted for the applicable Component, before any applicable state and/or federal taxes have been deducted from the Participant's Compensation (i.e., on a pre-tax basis).

"Specified Disease or Illness Insurance Benefits" means the Employee's Specified Disease or Illness Insurance Plan coverage for purposes of this Plan.

"Specified Disease or Illness Insurance Plan(s)" means the plan(s) that the Employer maintains for its Employees (and for their Spouses and Dependents that may be eligible under the terms of such plan(s)) providing certain benefits with regard to a particular critical illness or illnesses (e.g., a "cancer policy" or the like) through a group insurance policy or policies. The Employer may substitute, add, subtract, or revise at any time the menu of such plans and/or the benefits, terms, and conditions of any such plans. Any such substitution, addition, subtraction, or revision will be communicated to Participants and will automatically be incorporated by reference under this Plan.

"Spouse" means an individual who is legally married to a Participant as determined under applicable state law (and who is treated as a spouse under the Code).

"Vision Insurance Benefits" means the Employee's Vision Insurance Plan coverage for purposes of this Plan.

"Vision Insurance Plan(s)" means the plan(s) that the Employer maintains for its Employees (and for their Spouses and Dependents that may be eligible under the terms of such plan(s)) providing vision benefits through a group insurance policy or policies. The Employer may substitute, add, subtract, or revise at any time the menu of such plans and/or the benefits, terms, and conditions of any such plans. Any such substitution, addition, subtraction, or revision will be communicated to Participants and will automatically be incorporated by reference under this Plan.

ARTICLE III. Eligibility and Participation

3.1 Eligibility to Participate

An individual is eligible to participate in this Plan if the individual: (a) is an Employee; (b) is working 30 hours or more per week; and (c) has been employed by the Employer for a consecutive period of 0 days, counting his or her Employment Commencement Date as the first such day. Eligibility for Premium Payment Benefits may also be subject to the additional requirements, if any, specified in the Medical Insurance Plan. Once an Employee has met the Plan's eligibility requirements, the Employee may elect coverage effective the first day of the next calendar month, in accordance with the procedures described in Article IV.

3.2 Termination of Participation

A Participant will cease to be a Participant in this Plan upon the earlier of:

- the termination of this Plan; or
- the date on which the Employee ceases (because of retirement, termination of employment, layoff, reduction of hours, or any other reason) to be an Eligible Employee. Notwithstanding the foregoing, for purposes of pre-taxing COBRA coverage certain Employees may continue eligibility for certain periods on the terms and subject to the restrictions described in Section 6.4 for Insurance Benefits.

Termination of participation in this Plan will automatically revoke the Participant's elections. The Medical Insurance Benefits will terminate as of the date specified in the Medical Insurance Plan.

3.3 Participation Following Termination of Employment or Loss of Eligibility

If a Participant terminates his or her employment for any reason, including (but not limited to) disability, retirement, layoff, or voluntary resignation, and then is rehired within 30 days or less after the date of a termination of employment, then the Employee will be reinstated with the same elections that such individual had before termination. If a former Participant is rehired more than 30 days following termination of employment and is otherwise eligible to participate in the Plan, then the individual may make new elections as a new hire as described in Section 3.1. Notwithstanding the above, an election to participate in the Premium Payment Component will be reinstated only to the extent that coverage under the Medical Insurance Plan (here, major medical insurance) is reinstated. If an Employee (whether or not a Participant) ceases to be an Eligible Employee for any reason (other than for termination of employment), including (but not limited to) a reduction of hours, and then becomes an Eligible Employee again, the Employee must complete the waiting period described in Section 3.1 before again becoming eligible to participate in the Plan.

3.4 FMLA Leaves of Absence

(a) Health Benefits. Notwithstanding any provision to the contrary in this Plan, if a Participant goes on a qualifying leave under the FMLA, then to the extent required by the FMLA, the Employer will continue to maintain the Participant's Health Insurance Benefits on the same terms and conditions as if the Participant were still an active Employee. That is, if the Participant elects to continue his or her coverage while on leave, the Employer will continue to pay its share of the Contributions.

An Employer may require participants to continue all Health Insurance Benefits coverage for Participants while they are on paid leave (provided that Participants on non-FMLA paid leave are required to continue coverage). If so, the Participant's share of the Contributions shall be paid by the method normally used during any paid leave (for instance, on a pre-tax Salary Reduction basis).

In the event of unpaid FMLA leave (or paid FMLA leave where coverage is not required to be continued), a Participant may elect to continue his or her Health Insurance Benefits during the leave. If the Participant elects to continue coverage while on FMLA leave, then the Participant may pay his or her share of the Contributions in one of the following ways:

- with after-tax dollars, by sending monthly payments to the Employer by the due date established by the Employer;
- with pre-tax dollars, by having such amounts withheld from the Participant's ongoing Compensation (if any), including unused sick days and vacation days, or pre-paying all or a portion of the Contributions for the expected duration of the leave on a pre-tax Salary Reduction basis out of pre-leave Compensation. To pre-pay the Contributions, the Participant must make a special election to that effect prior to the date that such Compensation would normally be made available (pre-tax dollars may not be used to fund coverage during the next Plan Year); or
- under another arrangement agreed upon between the Participant and the Plan Administrator (e.g., the Plan Administrator may fund coverage during the leave and withhold "catch-up" amounts from the Participant's Compensation on a pre-tax or after-tax basis) upon the Participant's return.

If the Employer requires all Participants to continue Health Insurance Benefits during an unpaid FMLA leave, then the Participant may elect to discontinue payment of the Participant's required Contributions until the Participant returns from leave. Upon returning from leave, the Participant will be required to repay the Contributions not paid by the Participant during the leave. Payment shall be withheld from the Participant's Compensation either on a pre-tax or after-tax basis, as agreed to by the Plan Administrator and the Participant.

If a Participant's Health Insurance Benefits coverage ceases while on FMLA leave (e.g., for non-payment of required contributions), then the Participant is permitted to re-enter the Medical Insurance Benefits upon return from such leave on the same basis as when the Participant was participating in the Plan prior to the leave, or as otherwise required by the FMLA. In addition, the Plan may require Participants whose Health Insurance Benefits coverage terminated during the leave to be reinstated in such coverage upon return from a period of unpaid leave, provided that Participants who return from a period of unpaid, non-FMLA leave are required to be reinstated in such coverage.

(b) Non-Health Benefits. If a Participant goes on a qualifying leave under the FMLA, then entitlement to non-health benefits is to be determined by the Employer's policy for providing such Benefits when the Participant is on non-FMLA leave, as described in Section 3.5. If such policy permits a Participant to discontinue contributions while on leave, then the Participant will, upon returning from leave, be required to repay the Contributions not paid by the Participant during the leave. Payment shall be withheld from the Participant's Compensation either on a pre-tax or after-tax basis, as may be agreed upon by the Plan Administrator and the Participant or as the Plan Administrator otherwise deems appropriate.

3.5 Non-FMLA Leaves of Absence If a Participant goes on an unpaid leave of absence that does not affect eligibility, then the Participant will continue to participate and the Contributions due for the Participant will be paid by pre-payment before going on leave, by after-tax contributions while on leave, or with catch-up contributions after the leave ends, as may be determined by the Plan Administrator. If a Participant goes on an unpaid leave that affects eligibility, then the election change rules detailed in Article IV will apply.

ARTICLE IV. Method and Timing of Elections; Irrevocability of Elections

4.1 Elections When First Eligible!

Unless an Employee who becomes an Eligible Employee mid-Plan Year informs the Employer in writing (or in an electronic form accepted by Employer) that he or she does not want to be enrolled in any benefits under the Plan, such Employee will be automatically enrolled in the benefits on the first day of the month after the eligibility requirements have been satisfied. An Employee who refuses to allow for his or her automatic enrollment be barred from enrollment until the next Open Enrollment Period, unless an event occurs that would justify a mid-year election change, as described in Article IV.

Benefits shall be subject to the additional requirements, if any, specified in the Medical Insurance Plan. The provisions of this Plan are not intended to override any exclusions, eligibility requirements, or waiting periods specified in any Insurance Plans.

4.2 Rolling Elections

During each Open Enrollment Period for a following Plan Year, Participants shall be deemed to have elected the same benefits at the same levels as in the Plan Year in which the Open Enrollment Period occurs, unless a Participant informs the Employer of a different intention in writing (or in an electronic form accepted by Employer).

4.3 ***RESERVED***

4.4 Irrevocability of Elections

Unless an exception applies (as described in this Article IV), a Participant's election under the Plan is irrevocable for the duration of the Period of Coverage to which it relates.

Unless otherwise noted in this section, a Participant's election under the Plan is irrevocable for the duration of the Period of Coverage to which it relates. In other words, unless an exception applies, the Participant may not change any elections for the duration of the Period of Coverage regarding:

- Participation in this Plan;
- Salary Reduction amounts; or
- election of particular Benefit Package Options.

4.5 Procedure for Making New Election If Exception to Irrevocability Applies

(a) Timeframe for Making New Election. A Participant (or an Eligible Employee who, when first eligible under Section 3.1 or during the Open Enrollment Period, declined to be a Participant) may make a new election within 30 days of the occurrence of an event described in Section 4.6 or 4.7, as applicable, but only if the election under the new Election Form/Salary Reduction Agreement is made on account of and is consistent with the event and if the election is made within any specified time period (e.g., for Sections 4.7(d) through 4.7(j), within 30 days after the events described in such Sections unless otherwise required by law). Notwithstanding the foregoing, a Change in Status (e.g., a divorce or a dependent's losing dependent status) that results in a beneficiary becoming ineligible for coverage under the Medical Insurance Plan shall automatically result in a corresponding election change, whether or not requested by the Participant within the normal 30-day period.

(b) Effective Date of New Election. Elections made pursuant to this Section 4.5 shall be effective for the balance of the Period of Coverage following the change of election unless a subsequent event allows for a further election change. Except as provided in Section 4.7(e) for HIPAA special enrollment rights in the event of birth, adoption, or placement for adoption, all election changes shall be effective on a prospective basis only (i.e., election changes will become effective no earlier than the first day of the next calendar month following the date that the election change was filed, but, as determined by the Plan Administrator, election changes may become effective later to the extent that the coverage in the applicable Benefit Package Option commences later).

4.6 Change in Status Defined

Participant may make a new election upon the occurrence of certain events as described in Section 4.7, including a Change in Status, for the applicable Component. "Change in Status" means any of the events described below, as well as any other events included under subsequent changes to Code § 125 or regulations issued thereunder, which the Plan Administrator, in its sole discretion and on a uniform and consistent basis, determines are permitted under IRS regulations and under this Plan:

(a) Legal Marital Status. A change in a Participant's legal marital status, including marriage, death of a Spouse, divorce, legal separation, or annulment;

(b) Number of Dependents. Events that change a Participant's number of Dependents, including birth, death, adoption, and placement for adoption;

(c) Employment Status. Any of the following events that change the employment status of the Participant or his or her Spouse or Dependents: (1) a termination or commencement of employment; (2) a strike or lockout; (3) a commencement of or return from an unpaid leave of absence; (4) a change in worksite; and (5) if the eligibility conditions of this Plan or other employee benefits plan of the Participant or his or her Spouse or Dependents depend on the employment status of that individual and there is a change in that individual's status with the consequence that the individual becomes (or ceases to be) eligible under this Plan or other employee benefits plan, such as if a plan only applies to salaried employees and an employee switches from salaried to hourly-paid, union to non-union, or full-time to part-time (or vice versa), with the consequence that the employee ceases to be eligible for the Plan;

(d) Dependent Eligibility Requirements. An event that causes a Dependent to satisfy or cease to satisfy the Dependent eligibility requirements for a particular benefit, such as attaining a specified age, or any similar circumstance; and

(e) Change in Residence. A change in the place of residence of the Participant or his or her Spouse or Dependents.

4.7 Events Permitting Exception to Irrevocability Rule

A Participant may change an election as described below upon the occurrence of the stated events for the applicable Component of this Plan:

(a) Open Enrollment Period. A Participant may change an election during the Open Enrollment Period.

(b) Termination of Employment. A Participant's election will terminate under the Plan upon termination of employment in accordance with Sections 3.2 and 3.3, as applicable.

(c) Leaves of Absence. A Participant may change an election under the Plan upon FMLA leave in accordance with Section 3.4 and upon non-FMLA leave in accordance with Section 3.5.

(d) Change in Status. A Participant may change his or her actual or deemed election under the Plan upon the occurrence of a Change in Status (as defined in Section 4.6), but only if such election change is made on account of and corresponds with a Change in Status that affects eligibility for coverage under a plan of the Employer or a plan of the Spouse's or Dependent's employer (referred to as the general consistency requirement). A Change in Status that affects eligibility for coverage under a plan of the Employer or a plan of the Spouse's or Dependent's employer includes a Change in Status that results in an increase or decrease in the number of an Employee's family members (i.e., a Spouse and/or Dependents) who may benefit from the coverage.

(1) Loss of Spouse or Dependent Eligibility; Special COBRA Rules. For a Change in Status involving a Participant's divorce, annulment or legal separation from a Spouse, the death of a Spouse or a Dependent, or a Dependent's ceasing to satisfy the eligibility requirements for coverage, a Participant may only elect to cancel accident or health insurance coverage for (a) the Spouse involved in the divorce, annulment, or legal separation; (b) the deceased Spouse or Dependent; or (c) the Dependent that ceased to satisfy the eligibility requirements. Canceling coverage for any other individual under these circumstances would fail to correspond with that Change in Status. Notwithstanding the foregoing, if the Participant or his or her Spouse or Dependent becomes eligible for COBRA (or similar health plan continuation coverage under state law) under the Employer's plan (and the Participant remains a Participant under this Plan in accordance with Section 3.2), then the Participant may increase his or her election to pay for such coverage (this rule does not apply to a Participant's Spouse who becomes eligible for COBRA or similar coverage as a result of divorce, annulment, or legal separation).

(2) Gain of Coverage Eligibility Under Another Employer's Plan. For a Change in Status in which a Participant or his or her Spouse or Dependent gains eligibility for coverage under a cafeteria plan or qualified benefit plan of the employer of the Participant's Spouse or Dependent as a result of a change in marital status or a change in employment status, a Participant may elect to cease or decrease coverage for that individual only if coverage for that individual becomes effective or is increased under the Spouse's or Dependent's employer's plan. The Plan Administrator may rely on a Participant's certification that the Participant has obtained or will obtain coverage under the Spouse's or Dependent's employer's plan, unless the Plan Administrator has reason to believe that the Participant's certification is incorrect.

(e) HIPAA Special Enrollment Rights. If a Participant or his or her Spouse or Dependent is entitled to special enrollment rights under a group health plan (other than an excepted benefit), as required by HIPAA under Code § 9801(f), then a Participant may revoke a prior election for group health plan coverage and make a new election (including, when required by HIPAA, an election to enroll in another benefit package under a group health plan), provided that the election change corresponds with such HIPAA special enrollment right. As required by HIPAA, a special enrollment right will arise in the following circumstances:

- a Participant or his or her Spouse or Dependent declined to enroll in group health plan coverage because he or she had

coverage, and eligibility for such coverage is subsequently lost because: (1) the coverage was provided under COBRA and the COBRA coverage was exhausted, or (2) the coverage was non-COBRA coverage and the coverage terminated due to loss of eligibility for coverage or the employer contributions for the coverage were terminated; or

- a new Dependent is acquired as a result of marriage, birth, adoption, or placement for adoption.

An election to add previously eligible Dependents as a result of the acquisition of a new Spouse or Dependent child shall be considered to be consistent with the special enrollment right. An election change on account of a HIPAA special enrollment attributable to the birth, adoption, or placement for adoption of a new Dependent child may, subject to the provisions of the underlying group health plan, be effective retroactively (up to 30 days).

For purposes of this Section 4.7(e), the term "loss of eligibility" includes (but is not limited to) loss of eligibility due to legal separation, divorce, cessation of dependent status, death of an employee, termination of employment, reduction of hours, or any loss of eligibility for coverage that is measured with reference to any of the foregoing; loss of coverage offered through an HMO that does not provide benefits to individuals who do not reside, live, or work in the service area because an individual no longer resides, lives, or works in the service area (whether or not within the choice of the individual), and in the case of HMO coverage in the group market, no other benefit package is available to the individual; a situation in which an individual incurs a claim that would meet or exceed a lifetime limit on all benefits; and a situation in which a plan no longer offers any benefits to the class of similarly situated individuals that includes the individual.

(f) Certain Judgments, Decrees and Orders. If a judgment, decree, or order (collectively, an "Order") resulting from a divorce, legal separation, annulment, or change in legal custody (including a QMCSO) requires accident or health coverage (including an election for Health FSA Benefits) for a Participant's child (including a foster child who is a Dependent of the Participant), then a Participant may (1) change his or her election to provide coverage for the child (provided that the Order requires the Participant to provide coverage); or (2) change his or her election to revoke coverage for the child if the Order requires that another individual (including the Participant's Spouse or former Spouse) provide coverage under that individual's plan and such coverage is actually provided.

(g) Medicare and Medicaid. If a Participant or his or her Spouse or Dependent who is enrolled in a health or accident plan under this Plan becomes entitled to (i.e., becomes enrolled in) Medicare or Medicaid (other than coverage consisting solely of benefits under Section 1928 of the Social Security Act providing for pediatric vaccines), then the Participant may prospectively reduce or cancel the health or accident coverage of the person becoming entitled to Medicare or Medicaid. Furthermore, if a Participant or his or her Spouse or Dependent who has been entitled to Medicare or Medicaid loses eligibility for such coverage, then the Participant may prospectively elect to commence or increase the accident or health coverage of the individual who loses Medicare or Medicaid eligibility.

(h) Change in Cost. For purposes of this Section 4.7(h), "similar coverage" means coverage for the same category of benefits for the same individuals (e.g., family to family or single to single). For example, two plans that provide major medical coverage are considered to be similar coverage.

(1) Increase or Decrease for Insignificant Cost Changes. Participants are required to increase their elective contributions (by increasing Salary Reductions) to reflect insignificant increases in their required contribution for their Benefit Package Option(s), and to decrease their elective contributions to reflect insignificant decreases in their required contribution.The Plan Administrator, in its sole discretion and on a uniform and consistent basis, will determine whether an increase or decrease is insignificant based upon all the surrounding facts and circumstances, including but not limited to the dollar amount or percentage of the cost change. The Plan Administrator, on a reasonable and consistent basis, will automatically effectuate this increase or decrease in affected employees' elective contributions on a prospective basis.

(2) Significant Cost Increases. If the Plan Administrator determines that the cost charged to an Employee of a Participant's Benefit Package Option(s) significantly increases during a Period of Coverage, then the Participant may (a) make a corresponding prospective increase in his or her elective contributions (by increasing Salary Reductions); (b) revoke his or her election for that coverage, and in lieu thereof, receive on a prospective basis coverage under another Benefit Package Option that provides similar coverage; or (c) drop coverage prospectively if there is no other Benefit Package Option available that provides similar coverage. The Plan Administrator, in its sole discretion and on a uniform and consistent basis, will decide whether a cost increase is significant in accordance with prevailing IRS guidance.

(3) Significant Cost Decreases. If the Plan Administrator determines that the cost of any Benefit Package Option significantly decreases during a Period of Coverage, then the Plan Administrator may permit the following election changes: (a) Participants enrolled in that Benefit Package Option may make a corresponding prospective decrease in their elective contributions (by decreasing Salary Reductions); (b) Participants who are enrolled in another Benefit Package Option may change their election on a prospective basis to elect the Benefit Package Option that has decreased in cost Medical Insurance Plan); or (c) Employees who are otherwise eligible under Section 3.1 may elect the Benefit Package Option that has decreased in cost on a prospective basis, subject to the terms and limitations of the Benefit Package Option. The Plan Administrator, in its sole discretion and on a uniform and consistent basis, will decide whether a cost decrease is significant in accordance with prevailing IRS guidance.

(i) Change in Coverage. The definition of "similar coverage" under Section 12.4(h) applies also to this Section 12.4(i).

(1) Significant Curtailment. If coverage is "significantly curtailed" (as defined below), Participants may elect coverage under another Benefit Package Option that provides similar coverage. In addition, as set forth below, if the coverage curtailment results in a "Loss of Coverage" (as defined below), then Participants may drop coverage if no similar coverage is offered by the Employer. The Plan Administrator in its sole discretion, on a uniform and consistent basis, will decide, in accordance with prevailing IRS guidance, whether a curtailment is "significant," and whether a Loss of Coverage has occurred.

(a) Significant Curtailment Without Loss of Coverage. If the Plan Administrator determines that a Participant's coverage under a Benefit Package Option under this Plan (or the Participant's Spouse's or Dependent's coverage under his or her employer's plan) is significantly curtailed without a Loss of Coverage (for example, when there is a significant increase in the deductible, the co-pay, or the out-of-pocket cost-sharing limit under an accident or health plan during a Period of Coverage, the Participant may revoke his or her election for the affected coverage, and in lieu thereof, prospectively elect coverage under another Benefit Package Option that provides similar coverage. Coverage under a plan is deemed to be "significantly curtailed" only if there is an overall reduction in coverage provided under the plan so as to constitute reduced coverage generally.

(b) Significant Curtailment With a Loss of Coverage. If the Plan Administrator determines that a Participant's Benefit Package Option coverage under this Plan (or the Participant's Spouse's or Dependent's coverage under his or her employer's plan) is significantly curtailed, and if such curtailment results in a Loss of Coverage during a Period of Coverage, then the Participant may revoke his or her election for the affected coverage and may either prospectively elect coverage under another Benefit Package Option that provides similar coverage or drop coverage if no other Benefit Package Option providing similar coverage is offered by the Employer.

(c) Definition of Loss of Coverage. For purposes of this Section 4.7(i)(1), a "Loss of Coverage" means a complete loss of coverage (including the elimination of a Benefit Package Option, an HMO ceasing to be available where the Participant or his or her Spouse or Dependent resides, or a Participant or his or her Spouse or Dependent losing all coverage under the Benefit Package Option by reason of an overall lifetime or annual limitation). In addition, the Plan Administrator, in its sole discretion, on a uniform and consistent basis, may treat the following as a Loss of Coverage:

- a substantial decrease in the medical care providers available under the Benefit Package Option (such as a major hospital ceasing to be a member of a preferred provider network or a substantial decrease in the number of physicians participating in the PPO for the Medical Insurance Plan or in an HMO);

- a reduction in benefits for a specific type of medical condition or treatment with respect to which the Participant or his or her Spouse or Dependent is currently in a course of treatment; or

- any other similar fundamental loss of coverage.

(2) Addition or Significant Improvement of a Benefit Package Option. If during a Period of Coverage the Plan adds a new Benefit Package Option or significantly improves an existing Benefit Package Option, the Plan Administrator may permit the following election changes: (a) Participants who are enrolled in a Benefit Package Option other than the newly added or significantly improved Benefit Package Option may change their elections on a prospective basis to elect the newly added or significantly improved Benefit Package Option; and (b) Employees who are otherwise eligible under Section 3.1 may elect the newly added or significantly improved Benefit Package Option on a prospective basis, subject to the terms and limitations of the Benefit Package Option. The Plan Administrator, in its sole discretion and on a uniform and consistent basis, will decide whether there has been an addition of, or a significant improvement in, a Benefit Package Option in accordance with prevailing IRS guidance.

(3) Loss of Coverage Under Other Group Health Coverage. A Participant may prospectively change his or her election to add group health coverage for the Participant or his or her Spouse or Dependent, if such individual(s) loses coverage under any group health coverage sponsored by a governmental or educational institution, including (but not limited to) the following: a state children's health insurance program (SCHIP) under Title XXI of the Social Security Act; a medical care program of an Indian Tribal government (as defined in Code § 7701(a)(40)), the Indian Health Service, or a tribal organization; a state health benefits risk pool; or a foreign government group health plan, subject to the terms and limitations of the applicable Benefit Package Option(s).

(4) Change in Coverage Under Another Employer Plan. A Participant may make a prospective election change that is on account of and corresponds with a change made under an employer plan (including a plan of the Employer or a plan of the Spouse's or Dependent's employer), so long as (a) the other cafeteria plan or qualified benefits plan permits its participants to make an election change that would be permitted under applicable IRS regulations; or (b) the Plan permits Participants to make an election for a Period of Coverage that is different from the plan year under the other cafeteria plan or qualified benefits plan. For example, if an election is made by the Participant's Spouse during his or her employer's open enrollment to drop coverage, the Participant may add coverage to replace the dropped coverage. The Plan Administrator, in its sole discretion and on a uniform and consistent basis, will decide whether a requested change is on account of and corresponds with a change made under the other employer plan, in accordance with prevailing IRS guidance. A Participant entitled to change an election as described in this Section 4.7 must do so in accordance with the procedures described in Section 4.5.

(j) Revocation Due to Reduction in Hours

A Participant may revoke his or her Major Medical coverage, along with that of any related individuals, if the Participant experiences a reduction of hours such that he or she will be reasonably expected to work fewer than 30 hours a week on a regular basis and the Participant intends to enroll, along with any such related individuals, in another plan no later than the first day of the second full month following the revocation.

(k) Exchange Enrollment

A Participant who is eligible to enroll for coverage in a government-sponsored Exchange (Marketplace) during an Exchange special or annual open enrollment period may prospectively revoke his or her election for Medical Insurance Plan coverage, provided that the Participant certifies that he or she and any related individuals whose coverage is being revoked have enrolled or intend to enroll in new Exchange coverage that is effective no later than the day immediately following the last day of the Medical Insurance Plan coverage. If one or more of a Participant's related individuals are eligible to enroll for coverage in a government-sponsored Exchange (Marketplace) during an Exchange special or annual open enrollment period, the Participant may prospectively revoke an election for Medical Insurance Plan coverage for the individual or individuals (and switch to self-only coverage or family coverage including one or more other related individuals), provided that the Participant certifies that the individuals whose coverage is being revoked have enrolled or intend to enroll in new Exchange coverage that is effective no later than the day immediately following the last day of their Medical Insurance Plan coverage.

(l) CHIP Special Enrollment Rights

Notwithstanding anything else in this document to the contrary, special enrollment rights shall be made available as a result of a loss of eligibility for Medicaid or for coverage under a state children's health insurance program (SCHIP) or as a result of eligibility for a state premium assistance subsidy under the plan from Medicaid or SCHIP.

4.8 ***Reserved***

4.9 Election Modifications Required by Plan Administrator

The Plan Administrator may, at any time, require any Participant or class of Participants to amend the amount of their Salary Reductions for a Period of Coverage if the Plan Administrator determines that such action is necessary or advisable in order to (a) satisfy any of the Code's nondiscrimination requirements applicable to this Plan or other cafeteria plan; (b) prevent any Employee or class of Employees from having to recognize more income for federal income tax purposes from the receipt of benefits hereunder than would otherwise be recognized; (c) maintain the qualified status of benefits received under this Plan; or (d) satisfy Code nondiscrimination requirements or other limitations applicable to the Employer's qualified plans. In the event that contributions need to be reduced for a class of Participants, the Plan Administrator will reduce the Salary Reduction amounts for each affected Participant, beginning with the Participant in the class who had elected the highest Salary Reduction amount and continuing with the Participant in the class who had elected the next-highest Salary Reduction amount, and so forth, until the defect is corrected.

ARTICLE V. Benefits Offered and Method of Funding

5.1 Benefits Offered

When first eligible or during the Open Enrollment Period as described under Article IV, Participants will be given the opportunity to elect Premium Payment Benefits, as described in Article VI.

5.2 Employer and Participant Contributions

(a) Employer Contributions. For Participants who elect Insurance Benefits described in Article VI, the Employer may contribute a portion of the Contributions as provided in the open enrollment materials furnished to Employees and/or on the Election Form/Salary Reduction Agreement.

(b) Participant Contributions. Participants who elect any of the Medical Insurance Benefits described in Article VI may pay for the cost of that coverage on a pre-tax Salary Reduction basis, or with after-tax deductions, by completing an Election Form/Salary Reduction Agreement.

5.3 Using Salary Reductions to Make Contributions

(a) Salary Reductions per Pay Period. The Salary Reduction for a pay period for a Participant is, for the Benefits elected, (1) an amount equal to the annual Contributions for such Benefits (as described in Section 6.2 for Premium Payment Benefits; (2) an amount otherwise agreed upon between the Employer and the Participant; or (3) an amount deemed appropriate by the Plan Administrator (i.e., in the event of shortage in reducible Compensation, amounts withheld and the Benefits to which Salary Reductions are applied may fluctuate).

(b) Considered Employer Contributions for Certain Purposes. Salary Reductions are applied by the Employer to pay for the Participant's share of the Contributions for the Premium Payment Benefits are considered to be Employer contributions.

(c) Salary Reduction Balance Upon Termination of Coverage. If, as of the date that any elected coverage under this Plan

terminates, a Participant's year-to-date Salary Reductions exceed or are less than the Participant's required Contributions for the coverage, then the Employer will, as applicable, either return the excess to the Participant as additional taxable wages or recoup the due Salary Reduction amounts from any remaining Compensation.

(d) After-Tax Contributions for Premium Payment Benefits. For those Participants who elect to pay their share of the Contributions for any of the Medical Insurance Benefits with after-tax deductions, both the Employee and Employer portions of such Contributions will be paid outside of this Plan.

5.4 Funding This Plan

All of the amounts payable under this Plan shall be paid from the general assets of the Employer, but Premium Payment Benefits are paid as provided in the applicable insurance policy. Nothing herein will be construed to require the Employer or the Plan Administrator to maintain any fund or to segregate any amount for the benefit of any Participant, and no Participant or other person shall have any claim against, right to, or security or other interest in any fund, account, or asset of the Employer from which any payment under this Plan may be made. There is no trust or other fund from which Benefits are paid. While the Employer has complete responsibility for the payment of Benefits out of its general assets (except for Premium Payment Benefits paid as provided in the applicable insurance policy), it may hire an unrelated third-party paying agent to make Benefit payments on its behalf. The maximum contribution that may be made under this Plan for a Participant is the total of the maximums that may be elected as Employer and Participant Contributions for Premium Payment Benefits, as described in Section 6.2.

ARTICLE VI. Premium Payment Component

6.1 Benefits

The only Insurance Benefits that are offered under the Premium Payment Component are benefits under the Medical, Dental, Vision, Accident, Specific Disease or Condition, Other - Group Term Life & AD&D are not pre-tax; company contributes to HRA Insurance Plan(s). Notwithstanding any other provision in these Plan(s), these benefits are subject to the terms and conditions of the Insurance Plan(s), and no changes can be made with respect to such Insurance Benefits under this Plan (such as mid-year changes in election) if such changes are not permitted under the applicable Insurance Plan. An Eligible Employee can (a) elect benefits under the Premium Payment Component by electing to pay for his or her share of the Contributions for Medical Insurance Benefits on a pretax Salary Reduction basis (Premium Payment Benefits); or (b) elect no benefits under the Premium Payment Component and to pay for his or her share of the Contributions, if any, for Medical Insurance Benefits with after-tax deductions outside of this Plan. Unless an exception applies (as described in Article IV), such election is irrevocable for the duration of the Period of Coverage to which it relates.

The Employer may at its discretion offer cash in lieu of benefits for Participants who do not choose Insurance Benefits.

6.2 Contributions for Cost of Coverage

The annual Contribution for a Participant's Premium Payment Benefits is equal to the amount as set by the Employer, which may or may not be the same amount charged by the insurance carrier.

6.3 Insurance Benefits Provided Under Insurance Plans

Insurance Benefits will be provided by the Insurance Plans, not this Plan. The types and amounts of Insurance Benefits, the requirements for participating in the Insurance Plans, and the other terms and conditions of coverage and benefits of the Insurance Plans are set forth in the Insurance Plans. All claims to receive benefits under the Insurance Plans shall be subject to and governed by the terms and conditions of the Insurance Plans and the rules, regulations, policies, and procedures adopted in accordance therewith, as may be amended from time to time.

6.4 Health Insurance Benefits; COBRA

Notwithstanding any provision to the contrary in this Plan, to the extent required by COBRA, a Participant and his or her Spouse and Dependents,as applicable, whose coverage terminates under the Health Insurance Benefits because of a COBRA qualifying event (and who is a qualified beneficiary as defined under COBRA), shall be given the opportunity to continue on a self-pay basis the same coverage that he or she had under the Health Insurance Plan(s) the day before the qualifying event for the periods prescribed by COBRA.

Such continuation coverage shall be subject to all conditions and limitations under COBRA. Contributions for COBRA coverage for Health Insurance Benefits may be paid on a pre-tax basis for current Employees receiving taxable compensation (as may be permitted by the Plan Administrator on a uniform and consistent basis, but may not be prepaid from contributions in one Plan Year to provide coverage that extends into a subsequent Plan Year) where COBRA coverage arises either (a) because the Employee ceases to be eligible because of a reduction in hours; or (b) because the Employee's Dependent ceases to satisfy the eligibility requirements for coverage. For all other individuals (e.g., Employees who cease to be eligible because of retirement, termination of employment, or layoff), Contributions for COBRA coverage for Health Insurance Benefits shall be paid on an after-tax basis (unless may be otherwise permitted by the Plan Administrator on a uniform and consistent basis, but may not be prepaid from contributions in one Plan Year to provide coverage that extends

into a subsequent Plan Year).

ARTICLES VII. - XII. ***RESERVED***

ARTICLE XIII. Appeals Procedure

13.1 Procedure If Benefits Are Denied Under This Plan

If a claim for reimbursement under this Plan is wholly or partially denied, then claims shall be administered in accordance with the claims procedure set forth in the summary plan description for this Plan. The Committee acts on behalf of the Plan Administrator with respect to appeals.

13.2 Claims Procedures for Insurance Benefits

Claims and reimbursement for Insurance Benefits shall be administered in accordance with the claims procedures for the Insurance Benefits, as set forth in the plan documents and/or summary plan description(s) for the Insurance Plan(s).

ARTICLE XIV. Recordkeeping and Administration

14.1 Plan Administrator

The administration of this Plan shall be under the supervision of the Plan Administrator. It is the principal duty of the Plan Administrator to see that this Plan is carried out, in accordance with its terms, for the exclusive benefit of persons entitled to participate in this Plan without discrimination among them.

14.2 Powers of the Plan Administrator

The Plan Administrator shall have such duties and powers as it considers necessary or appropriate to discharge its duties. It shall have the exclusive right to interpret the Plan and to decide all matters thereunder, and all determinations of the Plan Administrator with respect to any matter hereunder shall be conclusive and binding on all persons. Without limiting the generality of the foregoing, the Plan Administrator shall have the following discretionary authority:

(a) to construe and interpret this Plan, including all possible ambiguities, inconsistencies, and omissions in the Plan and related documents, and to decide all questions of fact, questions relating to eligibility and participation, and questions of benefits under this Plan (provided that, notwithstanding the first paragraph in this Section 14.2, the Committee shall exercise such exclusive power with respect to an appeal of a claim under Section 13.1);

(b) to prescribe procedures to be followed and the forms to be used by Employees and Participants to make elections pursuant to this Plan;

(c) to prepare and distribute information explaining this Plan and the benefits under this Plan in such manner as the Plan Administrator determines to be appropriate;

(d) to request and receive from all Employees and Participants such information as the Plan Administrator shall from time to time determine to be necessary for the proper administration of this Plan;

(e) to furnish each Employee and Participant with such reports with respect to the administration of this Plan as the Plan Administrator determines to be reasonable and appropriate, including appropriate statements setting forth the amounts by which a Participant's Compensation has been reduced in order to provide benefits under this Plan;

(f) to receive, review, and keep on file such reports and information regarding the benefits covered by this Plan as the Plan Administrator determines from time to time to be necessary and proper;

(g) to appoint and employ such individuals or entities to assist in the administration of this Plan as it determines to be necessary or advisable, including legal counsel and benefit consultants;

(h) to sign documents for the purposes of administering this Plan, or to designate an individual or individuals to sign documents for the purposes of administering this Plan;

(i) to secure independent medical or other advice and require such evidence as it deems necessary to decide any claim or appeal; and

(j) to maintain the books of accounts, records, and other data in the manner necessary for proper administration of this Plan and to meet any applicable disclosure and reporting requirements.

14.3 Reliance on Participant, Tables, etc.

The Plan Administrator may rely upon the direction, information, or election of a Participant as being proper under the Plan

and shall not be responsible for any act or failure to act because of a direction or lack of direction by a Participant. The Plan Administrator will also be entitled, to the extent permitted by law, to rely conclusively on all tables, valuations, certificates, opinions, and reports that are furnished by accountants, attorneys, or other experts employed or engaged by the Plan Administrator.

14.4 ***Reserved***

14.5 Fiduciary Liability

To the extent permitted by law, the Plan Administrator shall not incur any liability for any acts or for failure to act except for their own willful misconduct or willful breach of this Plan.

14.6 Compensation of Plan Administrator

Unless otherwise determined by the Employer and permitted by law, any Plan Administrator that is also an Employee of the Employer shall serve without compensation for services rendered in such capacity, but all reasonable expenses incurred in the performance of their duties shall be paid by the Employer.

14.7 Bonding

The Plan Administrator shall be bonded to the extent required by ERISA.

14.8 Insurance Contracts

The Employer shall have the right (a) to enter into a contract with one or more insurance companies for the purposes of providing any benefits under the Plan; and (b) to replace any of such insurance companies or contracts at its discretion. Any dividends, retroactive rate adjustments, or other refunds of any type that may become payable under any such insurance contract shall not be assets of the Plan but shall be the property of and be retained by the Employer, to the extent that such amounts are less than aggregate Employer contributions toward such insurance.

14.9 Inability to Locate Payee

If the Plan Administrator is unable to make payment to any Participant or other person to whom a payment is due under the Plan because it cannot ascertain the identity or whereabouts of such Participant or other person after reasonable efforts have been made to identify or locate such person, then such payment and all subsequent payments otherwise due to such Participant or other person shall be forfeited following a reasonable time after the date any such payment first became due.

14.10 Effect of Mistake

In the event of a mistake as to the eligibility or participation of an Employee, the allocations made to the account of any Participant, or the amount of benefits paid or to be paid to a Participant or other person, the Plan Administrator shall, to the extent that it deems administratively possible and otherwise permissible under Code § 125 or the regulations issued thereunder, cause to be allocated or cause to be withheld or accelerated, or otherwise make adjustment of, such amounts as it will in its judgment accord to such Participant or other person the credits to the account or distributions to which he or she is properly entitled under the Plan. Such action by the Plan Administrator may include withholding of any amounts due to the Plan or the Employer from Compensation paid by the Employer.

ARTICLE XV. General Provisions

15.1 ***Reserved***

15.2 No Contract of Employment

Nothing herein contained is intended to be or shall be construed as constituting a contract or other arrangement between any Employee and the Employer to the effect that such Employee will be employed for any specific period of time. All Employees are considered to be employed at the will of the Employer.

15.3 Amendment and Termination

This Plan has been established with the intent of being maintained for an indefinite period of time. Nonetheless, the Employer may amend or terminate all or any part of this Plan at any time for any reason and any such amendment or termination will automatically apply to the Related Employers that are participating in this Plan.

15.4 Governing Law

This Plan shall be construed, administered, and enforced according to the laws of NE, to the extent not superseded by the Code, ERISA, or any other federal law.

15.5 Code and ERISA Compliance

It is intended that this Plan meet all applicable requirements of the Code , ERISA (if ERISA is applicable) and of all regulations issued thereunder. This Plan shall be construed, operated, and administered accordingly, and in the event of any conflict between any part, clause, or provision of this Plan and the Code and/or ERISA (if ERISA is applicable), the provisions of the Code and ERISA (if ERISA is applicable) shall be deemed controlling, and any conflicting part, clause, or provision of this Plan shall be deemed superseded to the extent of the conflict.

15.6 No Guarantee of Tax Consequences

Neither the Plan Administrator nor the Employer makes any commitment or guarantee that any amounts paid to or for the benefit of a Participant under this Plan will be excludable from the Participant's gross income for federal, state, or local income tax purposes. It shall be the obligation of each Participant to determine whether each payment under this Plan is excludable from the Participant's gross income for federal, state, and local income tax purposes and to notify the Plan Administrator if the Participant has any reason to believe that such payment is not so excludable.

15.7 Indemnification of Employer

If any Participant receives one or more payments or reimbursements under this Plan on a tax-free basis and if such payments do not qualify for such treatment under the Code, then such Participant shall indemnify and reimburse the Employer for any liability that it may incur for failure to withhold federal income taxes, Social Security taxes, or other taxes from such payments or reimbursements.

15.8 Non-Assignability of Rights

The right of any Participant to receive any reimbursement under this Plan shall not be alienable by the Participant by assignment or any other method and shall not be subject to claims by the Participant's creditors by any process whatsoever. Any attempt to cause such right to be so subjected will not be recognized, except to the extent required by law.

15.9 Headings

The headings of the various Articles and Sections are inserted for convenience of reference and are not to be regarded as part of this Plan or as indicating or controlling the meaning or construction of any provision.

15.10 Plan Provisions Controlling

In the event that the terms or provisions of any summary or description of this Plan are in any construction interpreted as being in conflict with the provisions of this Plan as set forth in this document, the provisions of this Plan shall be controlling.

15.11 Severability

Should any part of this Plan subsequently be invalidated by a court of competent jurisdiction, the remainder of the Plan shall be given effect to the maximum extent possible.

IN WITNESS WHEREOF, and as conclusive evidence of the adoption of the foregoing instrument comprising the Panhandle Public Health District Salary Reduction Plan, Panhandle Public Health District has caused this Plan to be executed in its name and on its behalf, on this ____ day of _____, 20___.

Panhandle Public Health District

By: _____
Its: _____

RESOLUTION OF THE PANHANDLE PUBLIC HEALTH DISTRICT BOARD OF DIRECTORS FOR THE ADOPTION OF THE PANHANDLE PUBLIC HEALTH DISTRICT CAFETERIA PLAN

On this date, the Panhandle Public Health District Board of Directors did meet to discuss the implementation of Panhandle Public Health District Flexible Benefits Plan to be effective, 3/1/2026. Let it be known that the following resolutions were duly adopted by the Panhandle Public Health District Board of Directors and that such resolutions have not been modified or rescinded as of the date hereof;

RESOLVED, that the form of Cafeteria Plan, as authorized under Section 125 of the Internal Revenue Code of 1986, presented to this meeting is hereby adopted and approved and that the proper officers of the Employer are hereby authorized and directed to execute and deliver to the Plan Administrator one or more copies of the Plan.

RESOLVED, that the Plan Year shall be for a period beginning on 3/1/2026 and ending 2/28/2027.

RESOLVED, that the Employer shall contribute to the Plan amounts sufficient to meet its obligation under the Cafeteria Plan, in accordance with the terms of the Plan Document and shall notify the Plan Administrator to which periods said contributions shall be applied.

RESOLVED, that the proper officers of the Employer shall act as soon as possible to notify employees of the adoption of the Cafeteria Plan by delivering to each Employee a copy of the Summary Plan Description presented to this meeting, which form is hereby approved.

The undersigned certifies that attached hereto as Exhibits A and B respectively are true copies of the Plan Document, and Summary Plan Description for Panhandle Public Health District's Flexible Benefits Plan approved and adopted in the foregoing resolutions.

The undersigned further certifies and attests that the above resolutions were made with the consent of the full Board of Directors, each of whom were in attendance on this date:

_____
Signature/Title

_____
Date

Cost Allocation Policy

Purpose

Define a method for allocating costs to assure compliance with funding requirements, accounting standards, and state statute(s).

Policy

This policy is for the allocation of costs to grants, contracts, and subawards, or other restricted funding received by Panhandle Public Health District to assure compliance with *Uniform Grant Guidance*. For this policy, the term "program" will be used as the general reference for any funding source. This list is not exhaustive but is intended to cover many of the operational expenses PPHD incurs through normal business operations.

PPHD will use a combination of direct and de minimis indirect cost allocation to charge expenses to programs. Costs must be allowable per the requirements of the funding source, allocable, and reasonable. Costs will be recorded in the accounting system and verified by source documentation. The accounting system will record expenses to ensure that costs are not both directly and indirectly charged. Each program will have a unique class name in the accounting system to track expenses.

Definitions:
De minimis indirect – costs incurred for the benefit of multiple programs that are not easily assigned to any one specific program. The de minimis rate is 15% of modified total direct costs (MTDC), unless the terms of a program award dictate less.
Direct – costs incurred that can be directly and easily identified as benefitting a specific program.

Procedure

A. Compensation for Personal Services

1. Maintenance of time records: Employee time is tracked via an electronic timekeeping system called TimeClock Plus. Employees are responsible for clocking in and out throughout the day via the internal website or mobile app, using their unique Employee ID. Employees are responsible for selecting the correct program within TimeClock and will change cost code when moving from one program to another throughout the day. Corrections or adjustments to clock in/out are made through an email request to the HR Manager. Employees are required to check off a checkbox next to each segment of time worked prior to release of time records for payroll purposes. Supervisors must also check off the time for each employee they oversee before time records are released. Time record data is imported to Quickbooks to process payroll.
2. Allocation of direct personnel costs: Wage and salary costs are directly allocated based on the number of hours worked in each program in the pay period. The Director has a fixed salary, all other staff are paid an hourly rate. All personnel costs are charged as the hourly

rate multiplied by the hours worked in each program each pay period, or salary divided by hours worked in each program each period.

3. Allocation of direct benefits: Benefits include FICA, state unemployment, retirement, health insurance (including medical, HRA contribution, dental, and vision), cash-in-lieu of insurance, and life and disability insurance are allocated in the same manner as personnel costs. Monthly premiums and/or contributions are divided into two and are withheld in an equal measure each pay period. Benefits are charged as a percentage of a program's hours in relation to all hours worked in the pay period. Because there are 25 pay periods, two pay periods of the year have no health, life, or disability insurance withheld.
4. Sick/vacation/holiday pay: Employees earn extended ill time (EIB) at a rate of .04611 hours for every hour worked in each pay period. Vacation/sick/holiday time (PTO) is earned at a rate (varies commensurate with the number of years worked) multiplied by every hour worked in each pay period. Programs are charged for EIB and PTO only when an employee uses the time. The percentage of hours worked in a program in relation to the number of hours worked in the pay period is used to determine the corresponding percentage of EIB/PTO hours charged to each program for the pay period.
5. Allocation of indirect wages and benefits: Some staff may have time in both direct and indirect work. These administrative positions may include the Director, Assistant Director, Deputy Director of Finance and Accreditation, Human Resource Manager, Finance Coordinator, Office Manager, and others as identified by the Director. When these staff are working on tasks not easily identifiable to one specific program, they will code their time under the program class "Indirect". The corresponding wage, benefit, and sick/vacation/holiday pay will be charged to Indirect in the same manner as items 1-4. The Employee Assistance Plan benefits all staff and will be charged to Indirect.

B. Operating Expenses

Indirect Expenses

The following expense categories will be charged to Indirect for new program years starting after 11/13/25. Programs currently in operation will follow direct cost allocation methods as approved by funders until the end of the program year.

1. Communication – Monthly communication costs consist of telephone, internet, and cell phone expenses, and the VoIP phone system.
2. Facilities – PPHD owns both the Hemingford and Scottsbluff office locations. There is a mortgage for the Scottsbluff office that includes interest. There are no property taxes. Facilities costs include utilities, repairs and maintenance, mortgage interest, and property insurance.
3. Insurance – General insurance includes general liability, professional, directors and officers, worker's compensation, and cybersecurity. Insurance required to support the operations of a specific program will be charged directly to that program.
4. IT – Technology expenses are directly charged to a program when the program benefitting from the cost can be clearly identified. General technology (monthly maintenance, server backup, antivirus, Microsoft licenses) costs will be included in indirect.
5. Professional Services – Expenses for professional services, including consultants/contractors, printing, or specialized repair/maintenance that benefit more than one program.
6. Supplies – General office supplies that benefit all programs, such as pens, notebooks, sticky

notes, staples, paper clips, binder clips, etc.

7. Other expenses – Other expenses, such as membership dues, licenses, software, subscriptions, or other fees that benefit multiple programs.

Direct Expenses

Programs that currently operate under a direct cost allocation method will have shared costs—such as facilities, insurance, and IT—allocated based on direct labor hours through the end of the current program year.

Direct expenses include one-time purchases benefiting a specific program. The following expenses are program expenses that are usually directly allocated to a specific program:

1. Advertising and Printed Materials – advertising through various media or printed materials that must meet specific criteria to enlist program participant or targeted outreach, recruit personnel, procure goods and services, or dispose of services. Advertising and printed materials may be preapproved by the program funder.
2. Equipment – Equipment is generally not purchased with program funds. Individual items less than $5,000 are treated as supplies and expensed in the current program year. In the event of an approved equipment purchase (value over $5,000) the equipment will be charged to the benefitting program or paid through PPHD's unrestricted funds.
3. IT – Technology expenses are directly charged to a program when the program benefitting from the cost can be clearly identified. General technology costs are paid under indirect.
4. Other expenses – Other expenses, such as membership dues, licenses, software, subscriptions, or other fees are directly charged to a program when the program benefitting from the cost can be clearly identified. Expenses that benefit more than one program will be split accordingly. General other expenses will be paid by PPHD's unrestricted or indirect.
5. Postage – Postage expenses are directly charged to a program when the program benefitting from the cost can be clearly identified. General postage costs are paid by PPHD's unrestricted funds.
6. Printing – Copy costs are direct charged based on the number of copies printed each month. Copiers have an internal job accounting tracker requiring employees to indicate a program to charge the printing expense. Desktop printers have a tracking sheet to log copies made for each program. Copying costs are charged as follows: $0.02/page for black/white copies; $0.08 page for color copies. This rate will be reviewed periodically to assure all printing expenses are covered.
7. Supplies – Expenses are directly charged to a program when the program benefitting from the cost can be clearly identified.
8. Professional Services – Expenses for professional services, including consultants/contractors, printing, or specialized repair/maintenance, are charged directly to the benefitting program. If more than one program benefits, the expenses will be split accordingly. General expenses will be paid by PPHD's general funds.
9. Training – Training fees for meetings, conferences, etc, will be allocated directly to the program benefitting from the expense. If more than one program benefits, expenses will be split accordingly.
10. Travel
    a. Lodging, Per Diem, Parking, Airfare –

i. Lodging – Travel arrangements are made as per the Employee Handbook. In state travel arrangements are booked at the government and tax exempt rate. Out of state travel should be booked as close to the corresponding state max per diem rate as possible. There are times when the additional cost of booking that rate may be prohibitive due to distance to the meeting location, so considerations are allowed for rooms located at a hotel where a conference/meeting is taking place, or where other expenses, such as the provision of a continental breakfast included in the room rate, are offset. The cost will be billed to the program requiring the travel. If multiple programs benefit from the travel, expenses will be split accordingly.
ii. Per Diem (meal) – Per diem rates are paid based on the allowed GSA rate. First and last day of travel are paid at 75% of the rate. The cost will be billed to the program requiring the travel. If multiple programs benefit from the travel, expenses will be split accordingly.
iii. Parking – Parking expenses will be charged based on the actual cost to the program benefitting from the travel.
iv. Airfare – Airfare will be booked to allow the employee to arrive to their destination as close to 5pm local time as possible. Employees will be given the discretion of choosing a local airport or may drive to and fly in/out of Denver, pending time requirements and availability of grant funds. Employees should use the most economical travel logistics possible. Economy class refundable tickets should be purchased given the variable state of weather, flight cancellations due to extenuating circumstances, or illness. Employees may be reimbursed for one checked bag for travel. Additional baggage fees for transporting required materials for a conference will be included. All airfare costs will be billed to the program requiring the travel. If multiple programs benefit from the travel, expenses will be split accordingly.
v. Company Vehicle - Fuel, Depreciation, Insurance, Repairs/Maintenance – Travel expenses are pooled each month and allocated to programs based on the percentage of total miles driven for each program.
vi. Personal vehicle – Employees are reimbursed at the federal mileage rate upon submission of documentation showing the date, location, number of miles (either odometer reading or mapped route), and program responsible for the travel. If multiple programs benefit from the travel, the mileage will be split accordingly. The same template will be used when reimbursing partner travel for regional meetings or trainings if funds are available and allowed within program budgets.

11. Unallowable – Expenses that are unallowable in accordance with the *Uniform Grant Guidance*, or a specific funding source, such as alcoholic beverages, tobacco products, bad debts, advertising (other than help-wanted ads), contributions, entertainment, fines, and penalties, will not be paid through any program funds. PPHD unrestricted funds can be used to pay for fines, penalties, and general advertising costs if needed. Lobbying or fundraising costs are unallowable, but may be permitted for certain funding sources, or through PPHD unrestricted funds.

Workforce Development Plan

Panhandle Public Health District

January 2026 – December 2029

Panhandle Public Health District

Adopted on	01/29/2026
Revised on	N/A

PHAB Center for Innovation

This work is supported by funds made available from the Centers for Disease Control and Prevention (CDC) of the U.S. Department of Health and Human Services (HHS), National Center for STLT Public Health Infrastructure and Workforce, through OE22-2203: Strengthening U.S. Public Health Infrastructure, Workforce, and Data Systems grant. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CDC/HHS, or the U.S. Government.

Signature Page

This plan has been approved by the following:

11/13/2025

Jessica Davies, Director

Revisions:

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	04/14/2022
Revised and Approved for 2022/2025	PPHD Leadership Team	10/12/2022
Reviewed and Approved for 2022/2025	PPHD Board of Health	10/13/2022
Revised and Approved	PPHD Leadership Team	12/02/2022
Revised and Approved	PPHD Board of Health	12/08/2022
New Version PHAB Template: Revised and approved for 2025-2028	PPHD Leadership Team	11/12/2025
New Version PHAB Template: Revised and approved for 2025-2028	PPHD Board of Health	01/29/2026

For questions about this workforce plan, contact:

Erin Sorensen, HR Manager
esornsen@pphd.ne.gov
308-487-3600 x103

Table of Contents

Strategic workforce planning involves identifying current and future public health workforce needs and developing a plan or strategy to respond to demographic trends; to recruit, train, and retain staff and to strengthen organizational culture (Source: Association of State and Territorial Health Officials). This comprehensive, strategic workforce development plan serves as the foundation for Panhandle Public Health District's commitment to this work.

Department Profile

About PPHD

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.

Mission, Vision, Values

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.

Values:

<u>Transparency</u>

- We research strategies to ensure they are evidence-based
- We practice what we preach
- We give clear, factual, up-to-date information

- We embody high levels of professionalism
- We work on and train in cultural humility

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

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

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

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

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

Governance

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

Board meetings are held six times annually. New board members receive formal orientation from the Director within three months of their appointment. As part of this process, each new member is provided with a comprehensive binder containing key documents and resources, including but not limited to the organization's bylaws, the Open Meetings Act, relevant public health laws, the mission and vision statements, guiding principles, governance functions, and the 10 Essential Public Health Services.

PPHD budgets funds annually for board members to attend local and/or national conferences related to public health and board governance. In addition, we plan to explore a public health training component for board members to complement existing orientation materials and strengthen their ability to support the organization's mission.

Strategic Priorities

The Workforce Development Plan directly supports strategies and objectives within the Strategic Plan. (See internal Data (M:) Drive for a copy of these plans)

The following are the strategic priorities for the department.

- Maintain an adaptable ecosystem
- Refine and expand the ways we distribute public health information
- Enhance a culture of cross sector coordination and collaboration
- Enhance and streamline technology and data management tools

---

Supportive Work Culture

Employees are our most valuable asset. The Workforce Development (WFD) Plan provides the framework for fostering a supportive culture that prioritizes learning, well-being, and professional growth, which is key to strengthening workforce capacity, capability, satisfaction, and retention.

Through this plan, employee input is gathered via tools such as the annual Employee Satisfaction Survey and the Public Health Workforce and Needs Survey (PH WINS). Leadership uses this data to identify priorities and implement targeted initiatives, such as training, mentorship, and process improvements, that address staff needs.

The WFD Plan also promotes professional growth through career ladder development, tuition reimbursement, and role-specific training. To enhance well-being and satisfaction, it emphasizes flexible scheduling, remote work options, and access to the Employee Assistance Program (EAP).

Finally, the plan supports retention and engagement through annual performance reviews, long-term service recognition, and organization-wide initiatives like Real Colors and core value integration, which strengthen communication, self-awareness, and alignment with our mission and culture.

Collaborative Relationships

Collaboration is a PPHD agency value. This culture of collaboration is intentionally curated to assure that partner agencies are treated with the utmost respect and have the opportunity to share and collaborate in the manner that best fits their needs. PPHD often takes a convening role, organizing meetings and participants, providing facilitation skills, taking minutes, and coordinating technological resources to assure collaboration happens and that partners can take part in the work they are passionate about.

This culture of collaboration is present throughout the Panhandle. Panhandle Public Health District is part of the Panhandle Partnership, a regional, non-profit backbone organization comprised of human service organizations, governmental entities, schools, non-profits, economic development, and other agencies serving the Nebraska Panhandle. Through both formal and informal agreements, the Panhandle Partnership enables system partners to effectively plan and implement public health strategies across the public health system to address shared goals, and coordinate resources to share knowledge and minimize duplication of efforts, thus maximizing finite resources. PPHD's Director has a standing role on the Panhandle Partnership Board.

PPHD works closely with educational institutions, including the local schools, community, state and university college system. PPHD collaborates with the University of Nebraska Medical Center College of Nursing through the Scottsbluff campus to provide training opportunities for nursing students, and through the UNMC College of Public health to provide hands on experience in public health through the Applied Practice Experience (APEx) for MPH students. Both opportunities give students experience and education about the role public health plays in the communities, as well as connections for future public health workforce. PPHD's Director is participating in the West Nebraska Advisory Committee for UNMC.

Across the state, PPHD collaborates with other health departments through various discipline specific Communities of Practice, where staff can share knowledge and expertise on topics including emergency preparedness, accreditation readiness, finance and human resources, and Community Health Workers.

Health directors also collaborate to share information, legislative action, resources, program strategies, and technical assistance through the Nebraska Association of Local Health Directors (NALHD). The health departments, NALHD, and the University of Nebraska College of Public Health also have a close working relationship with their counterparts at the Nebraska Department of Health and Human Services. These groups convene twice a year for strategic planning, information sharing, and collaboration toward the State Health Improvement Plan.

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.

Links to Other Agency Plans

This workforce plan aligns with and supports other department plans including:

- 2025-2028 Strategic Plan
- Quality Improvement & Performance Management Plan
- CHA/CHIP

(See internal Data (M: Drive for a copy of this plan)

Strategic Plan

The goals of the 2025-2028 strategic plan that align with the workforce development plan are:

- Maintain an Adaptable Organizational Ecosystem
- Refine and Expand the Ways We Distribute Public Health Information
- Enhance a Culture of Cross-Sector Coordination & Collaboration

The following workforce development plan goals support the above strategic plan goals.:

- Strengthen Public Health Knowledge & Collaborative Skills Across the Workforce
- Build Leadership Capacity & Ensure Organizational Continuity
- Enhance Community Connection & Public Perception of Public Health

Implementing a comprehensive onboarding program that strengthens foundational public health knowledge and collaborative competencies, alongside establishing clear career pathways, expanding leadership opportunities, and regularly updating succession and continuity plans, supports a resilient and adaptable organizational ecosystem.

Refining and expanding how we distribute public health information is strengthened through community connection and public perception efforts. This will be achieved by enhancing staff capacity to communicate effectively with communities through community-specific messaging and engagement training.

Enhancing a Culture of Cross-Sector Coordination & Collaboration is supported across multiple workforce development goals. This will be achieved by promoting cross-training, implementing annual team-based training focused on systems thinking, strengthening partnership engagement, and building staff capacity to communicate effectively through community-specific messaging and engagement training.

Performance Management & Quality Improvement

Quality Improvement and Performance Management Plan training goals that align with the workforce development plan include:

- All newly hired regular full-time/part-time staff will complete a three-part online training on performance management and quality improvement within six months of hire.
- Hands-on training will be offered to all staff at least once per year at a quarterly all-staff meeting.

All job descriptions include the essential duty: "*Actively participate in Performance Management and Quality Improvement activities*." This allows staff to practice skills of data analysis, programmatic evaluation, and how to work collaboratively to improve services delivered to our community.

Emergency Preparedness & Response

Required Emergency Preparedness training to remain in compliance with funding requirements and to better serve the public include:

- National Incident Management System
  - http://training.fema.gov/IS/NIMS.aspx
- Requirements for newly hired full-time/part-time staff - 100
- Requirements for staff in the top 3 ICS response positions – 100, 200, 700
  - ICS positions reviewed and updated annually
- Regular call down drills

Additional training is required based on each employee's level of responsibility during emergency situations. All job descriptions include the essential duty: "*Participates in PPHD and community emergency training and drills in support of public health emergency and disaster preparedness*."

CHA/CHIP

The Community Health Improvement Plan (CHIP) action items influence the direction of the strategic plan. Developed with community input from across the Panhandle, the CHIP helps identify community needs that can be addressed in programmatic work plans or the strategic plan. Staff frequently use the data from the Community Health Assessment (CHA) to write for grants to expand our reach by focusing on the most pressing statistics.

Workforce Capacity, Recruitment, and Hiring

Introduction

This section provides a description of our current and anticipated future workforce needs as well as approaches to recruitment and hiring.

Workforce Capacity

PPHD's large geographic area impacts how PPHD delivers services. There are two physical office locations 60 miles apart, one in Scottsbluff and one in Hemingford. There are several remote staff throughout the Panhandle.

PPHD's workforce demographics (see page XXX) show that all but one of the 40 staff are female, significantly underrepresenting the district male population of 50%. Five staff, (12.5%) identify as Hispanic, which closer to the district population of 15%. Thirty staff (75%) have at least an associates degree, which is significantly higher than the district population of 35.6%.

PPHD is in a period of growth and change, with a relatively new workforce – many employees have been with the organization for less than five years. While this brings fresh perspectives and energy, it also underscores the need for intentional onboarding, mentorship, and public health capacity building, especially in areas such as collaborative partnerships and community engagement, which take time and experience to master.

At the same time, PPHD benefits from strong long-term retention among its Senior Leadership, HR, and a few other staff positions. This stability provides valuable institutional knowledge, consistency in organizational direction, and a strong foundation for mentoring and supporting newer team members. The balance between experienced, long-tenured staff and new employees strengthens our ability to adapt while maintaining our organizational values and mission focus.

PPHD conducted a Foundational Public Health Services costing assessment in the summer of 2023 in conjunction with 18 other Nebraska health departments through NALHD. The results indicate that PPHD underspends compared to other health departments in the state in the areas of equity, communicable disease, environmental health, maternal child health, and access to care. The largest gaps in attainment for PPHD were in equity, access to care, and chronic disease.

Areas of impact for PPHD workforce capacity include:

- In the fall of 2023 PPHD took on the immunization program that was previously housed in a local health system, giving PPHD the ability to impact communicable disease prevention efforts throughout the Panhandle by providing immunizations at the clinic in Scottsbluff and onsite to schools, worksites, and other community gatherings across the district. The program is currently staffed by 2 full time nurses that work on projects in addition to the immunization program, and casual nurses that help during the peak flu clinic season.

- PPHD is growing environmental health capacities in air and water quality, and lead testing and prevention. In 2024 PPHD received a HUD lead hazard capacity reduction grant to build local capacity to address home testing and remediation. PPHD has three lead risk assessors/inspectors that travel throughout the district to provide lead inspections.
- The Healthy Families home visitation program has existed at PPHD since 2011 and as of early 2025 is able to provide services to all Panhandle communities. Additional opportunities are growing in MCH and include perinatal hypertension and pregnancy groups. Healthy Families currently has 11 staff, with room for one more to serve the Northern Panhandle, and is looking to add staffing capacity for expanded MCH services.
- Chronic disease prevention funding including obesity prevention and increasing nutrition and physical activity was readily available for PPHD through 2015. As state and national priorities have shifted to substance misuse prevention, especially around opioids, PPHD's chronic disease funding focus has significantly shifted. PPHD is using policy, system and environmental strategies to enable communities and worksites to make the healthy choice the easy choice. Relatively new funding from the Office of Highway Safety addresses occupant safety and has also allowed staff to work with communities to increase pedestrian safety, making for communities that are safer for physical activity across the age span. Staff remain dedicated to providing chronic disease education and are looking to more virtual platforms to reach a broader audience for a lower cost.
- Opportunities are growing across the state to embed community health workers in local health departments. This model can help PPHD broaden the reach in communities by providing key staff familiar with community context and resources to support health system partners. PPHD is developing the framework for the CHW structure within the organization and is scheduled for implementation in 2026.

Future Workforce

PPHD has 40 staff. Factors facing PPHD in terms of workforce development at the time of this plan include:

- Notable portion of staff have been with PPHD less than 5 years – time it takes to learn public health and partnership/collaborative work.
- Ever-growing social media platform landscape
- Growing number of virtual trainings – saves time and money
- Many staff have young families
- Growing variety of technology uses – staff skills & training
- Increase the organization's social media reach by enhancing staff skills & capacity
- Good rapport/relationships with community partners; public perceptions is not as strong
- United workforce culture around colors, values, Monday Morning Meetings (MMM), all-staff activities, etc.
- In-person opportunities can ignite/reignite passion for the work
- Keep pursuing leadership development opportunities

- Pay and benefits are good for our market
- Continual assessment of who needs to be at the table
- Active, living culture of PM/QI
- Flexible work environments are an evolving situation
- Board of Health is committed to the work we do
- Using data to guide program and policy decisions
- Succession planning for key operational positions is good – keep updated
- Word of mouth is our main recruitment channel
- HR Certification capacity on staff
- Balance of increasing capacity to meet community needs vs maintaining fidelity capacity for programs
- Federal and state public health priorities shifting
- Impact of AI and how it can be used resourcefully and responsibly
- Continued positioning for new opportunities balanced with critical capacity
- Increased number of staff have MPH
- Continued flexibility and adaptability
- Increased programs and capacity, has an increased need for financial continuity of operations
- Staff are willing to step in to help and step up to figure things out = problem solvers!
- Challenges with filling positions – educational/experience requirements vs ability to train-up
- More work with college students – APEx; Megan's willingness to oversee; UNMC reaching out to PPHD
- Ownership of roles/responsibilities
- IT capacity is strong – new computers, server, VPN is working well, cell phones are good
- Insurance billing expertise is challenging, relying on external TA
- Standardized reporting templates from state make it easier, increased volume of reports
- Reporting challenges – braided funding, requirements, data analysis, narratives, what counts?
- Growing MRC can support capacity needs
- Growth in unscheduled clinic visits (higher volume)
- Fast, accurate communications with 24/7 cycle and social media
- Ensure services meet community needs and remain compliant with federal guidelines
- Funding sources are becoming less general and more prescriptive
- Shift in programs to checking boxes – need to show specific outcomes (DBH, TFN, Obesity) –be more targeted in approach
- Staff passion for work vs capacity
- Ongoing pay concerns – increased cost of living
- Long-tenured public health expertise in staff

PPHD has a strong organizational culture built around shared values, weekly Monday meetings, and regular staff engagement activities that help keep

everyone connected and motivated. As we continue to work in flexible and hybrid ways, it's important to find a balance between the efficiency of remote work while creating in-person opportunities that reignite our energy and bring us back to our shared mission.

Workforce Demographics

Summary of agency workforce demographics as of September 2025

Category	# or %
Total # of Employees: (includes Seasonal/Casual staff)	40
# of FTE:	31.22
% Paid by Grants/Contracts:	91%
Gender:	
Female:	39
Male:	1
Race:	
American Indian / Alaska Native:	0
Asian:	0
African American:	0
Hawaiian / Pacific Islander:	1
Caucasian:	37
More than One Race:	1
Prefer Not to Answer:	1
Ethnicity:	
Hispanic:	5
Non-Hispanic:	35
Age:	
< 20:	0
20 – 29:	2
30 – 39:	8
40 – 49:	14
50 – 59:	7
60+:	9
Primary Positions and Credentials:	
Director, MPH:	1
Assistant Director, CPH:	1
Deputy Director of Finance & Accreditation:	1
Community Health Planner/Performance Management Coordinator, MPH:	1
HR Manager, SHRM-CP,aPHR:	1
Wellbeing Program Coordinator (MPH, CHES):	1
Environmental Health Coordinator, MS:	1
Public Health Nurse, (3 BSN):	3
Community Health Planner, MHA:	1
Community Prevention Coordinator	1
Preparedness and Community Health Educator, LPN:	1
Wellness & Prevention Program Manager, MS:	1
Dental Hygienist / Lead Hazard Prevention Program Manager, PHRDH:	1
Finance Coordinator:	1
Maternal Child Health Program Manager:	1
Healthy Families Program Supervisor (1 bilingual):	2
Home Visitation Specialist (3 bilingual):	8
Home Visitation Specialist/Family Outreach Coordinator, LPN:	1
Surveillance & Delivery Tech:	1
Office Manager:	1
Injury Prevention Coordinator:	1
Administrative Assistant:	1

Community Prevention Educator:	1
Casual/Seasonal Nurse (5 RN, 2 LPN):	7
Highest Educational Attainment:	
Unknown:	1
High school or equivalent:	2
Some College:	7
Associate:	7
Bachelor:	15
Master:	8
Doctorate:	0
Employees < 5 Years from Retirement:	
Management:	0
Non-Management (5 regular permanent staff; 8 casual/seasonal staff):	13

PPHD strives for a workforce representative of the population of the Panhandle. As population shifts occur, PPHD recognizes that additional staffing may be needed to meet changing community needs. Currently, PPHD employs four bilingual staff members, though English remains the primary language spoken in the Panhandle. Because the region is highly rural, many of our staff are originally from the area or have resided here for many years, giving them a strong understanding of the unique aspects of working with a rural population. To ensure timely and effective service delivery, particularly during high-demand periods such as the annual flu vaccination season, we rely on several casual or seasonal staff, primarily retired nurses. This flexible staffing approach allows us to adapt quickly to both anticipated and unplanned public health needs.

Demographic Category	**Panhandle**	**PPHD** (including casual/seasonal staff)	**PPHD** (not including casual/seasonal staff)
Population	83,365	40	31
Gender (Male/Female)	49.4% / 50.6%	2.5% / 97.5%	0% / 100%
Hispanic or Latino	15%	12.5%	16%
Age (under 20 / Over 64)	25.5% / 21.6%	0% / 22.5%	0% / 6.5%
Ages 35-44	21.2%	35%	45.2%
Unemployment Rate	3.1%	N/A	N/A

Recruitment and Hiring

Recruitment

We are committed to recruiting and retaining a qualified and competent public health workforce that reflects the demographics and needs of our community. Strategies to ensure a diverse workforce include targeted outreach strategies, including advertising through Handshake, a platform that shares job postings with students and alumni of the University System, State College System, Western Nebraska Community College in Scottsbluff, and the Partnership Newsletter.

Job postings are managed through our all-in-one HR platform, BambooHR, which automatically shares listings to external sites such as Indeed, LinkedIn, and ZipRecruiter. We also advertise through the Nebraska Department of Labor website, Facebook, and our agency's website. PPHD staff are encouraged to share job openings within their personal networks, including family, friends, and

community members – an approach that has consistently served as a strong source of qualified referrals.

PPHD prioritizes the recruitment of bilingual staff and actively works to maintain internal capacity to ensure language access and responsive services, allowing us to meet the needs of various populations across all programs.

Interviewing and Hiring

PPHD uses a structured, equitable hiring process. Applications are reviewed by the Director, program manager, and direct supervisor. The interview process and questions are structured to ensure consistent and equitable interview experience. Standardized application/interview score sheets are used to reduce subjectivity and bias in the hiring process by ensuring everyone is evaluated using the same framework.

Job Descriptions

PPHD develops and maintains accurate, up-to-date job descriptions that clearly outline the roles, responsibilities, required qualifications, and essential knowledge, skills, and abilities for each position. Job descriptions are reviewed annually during performance reviews, or whenever positions are created, modified, or are actively being recruited for.

When a role involves serving a specific population, such as Spanish-speaking clients, the job description and interview process are tailored to include relevant qualifications, ensuring candidates possess the necessary language skills and cultural competencies.

Prior to posting any job advertisements, job descriptions are reviewed to confirm the stated minimum requirements are truly essential and do not create unnecessary barriers to recruitment. PPHD recognizes the importance of providing training and support to help new hires meet position requirements when appropriate.

Compensation and Benefits

Most positions are posted as full-time to help ensure manageable workloads and competitive compensation, reducing the need for employees to seek additional employment. PPHD regularly monitors market wages in the Panhandle region and among similar human-services organizations to ensure our salary offerings remain competitive as a recruitment tool.

PPHD provides comprehensive health, dental, and vision insurance for full-time employees. The organization covers 100% of employee-only premiums and 80% of dependents' premiums. This robust benefits package continues to play a significant role in both recruitment and long-term employee retention.

Retention

PPHD offers flexible work schedules and Paid Time Off (PTO), supporting employees in balancing work and personal responsibilities. Staff frequently cite this flexibility and the organization's family-friendly environment as key reasons for staying.

Like many rural areas, the state of Nebraska continues to experience outmigration of young adults to urban areas such as Lincoln and Omaha, or out of the state entirely. This trend has increased job availability, educational opportunities, and more amenities in larger cities, making rural recruitment more challenging. In response, PPHD has found success in a "grow-your-own" approach – recruiting young adults from the region who build their careers within the organization while pursuing post-secondary education. To support this approach, the organization offers tuition assistance of up to $500 per semester for coursework relevant to an employee's role.

Although workforce turnover is widespread challenge among local health departments nationally, PPHD has maintained a relatively stable team. As of this plan's development, 18 of the agency's 40 employees have been with the organization for three or more years, and 8 have remained for over a decade. This level of retention reflects a strong organizational culture and a competitive benefits package.

Additionally, the organization is working to create a career ladder to clarify advancement opportunities and help enhance current recruitment and retention efforts.

Guiding Policies and Procedures

The following documents govern our job description development, recruitment, and hiring practices:

- *PPHD Personnel Policies & Procedure Manual* – located on the (M:) Drive or the Human Resources Information System BambooHR
- *Equal Employment Opportunity (EEO) Policy* – located in the Hiring and Orientation Policies section of the PPHD Personnel Policies & Procedure Manual

Posting of Openings Policy – located in the Hiring and Orientation Policies section of the PPHD Personnel Policies & Procedure Manual

---

Priority Capacity Needs

Leadership identified several priority workforce capacity needs based on findings from the Public Health Workforce Interests and Needs Survey (PH WINS), annual employee satisfaction survey results, and feedback collected through a survey related to career ladder development efforts. In addition to analyzing survey data, leadership also engaged in a brainstorming discussion to explore the key factors and challenges we face in workforce development. Aligning these priorities with current strategic plan goals ensures that workforce initiatives support broader organizational objectives.

Listed below are the priority capacity-related needs.

Strengthen Public Health Knowledge & Collaborative Skills Across the Workforce
A significant portion of staff are early in their public health careers and require structured opportunities to build public health knowledge and collaborative competencies.

Build Leadership Capacity & Ensure Organizational Continuity
Sustaining organizational momentum and preparing for future challenges requires intentional investment in leadership development and succession planning.

Enhance Community Connection & Public Perception of Public Health
While internal morale is strong and community partnerships are well established, public perception of public health/government can be strengthened.

Employee Training and Development

Introduction

This section describes our approach to the ongoing training and development of our workforce.

Competencies

The department has adopted the following competencies for use within the department.

Core Competencies: 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.

There are eight domains identified as core competencies. They are:

1. Data Analytics/Assessment Skills
2. Policy Development/Program Planning Skills
3. Communication Skills
4. Community Specific Skills
5. Community Partnership Skills
6. Public Health Sciences Skills
7. Management and Finance Skills
8. Leadership and Systems Thinking Skills

Community Related Competencies:

- *Language Access* – ensuring we partner with community interpreters and make all efforts to make programs available in Spanish where appropriate, available staff who speak those languages.
- *Access to Care* – ensuring that our employees have a good grasp of how to meet the needs of each community we work with and that resources are spread out across the entire Panhandle, and that we are thinking about how we can increase access to our programs when they go through an expansion.
- *Building Social/Emotional Skills* – staff are trained to practice self-reflection and taught skills to better understand other teammates and manage conflict in a professional and mature manner.

Discipline-Specific Competencies:

- As part of long-term workforce planning, the organization will explore and assess relevant discipline-specific competencies for supervisor and manager roles, during the 2025-2028 planning period.
- Additional discipline-specific competencies may be introduced as new funding opportunities emerge or as the workforce expands into new programmatic areas.

Organizational Competencies:

- National Incident Management System (NIMS) 100, 200, 700, depending on level of involvement in the ICS response positions.
- HIPAA and Confidentiality Compliance
- Quality Improvement and Performance Management
- Military Culture
- New Board Member – Public Health Training

Team & Organizational Competencies:

- Real Colors
- Dare to Lead Values
- Virtual Meeting Expectations & Etiquette

Organizational Values

Continuing Education Requirements by Discipline

Licensures held by staff, and their associated continuing education (CE) requirements, are shown in table below.

Position/Certification/License	CE Requirements (as of Oct 2025)
Associate Professional in Human Resources (aPHR)	45 hours every 3 years
Health Educator (CHES/MCHES)	75 CECH every 5 years
LEAD Risk Assessor/LEAD Inspector	Attend refresher course every 2 years to renew license
Licensed Practical Nurse (LPN)	20 contact hours every 2 years
Registered Dental Hygienist (RDH)	30 hours every 2 years
Registered Nurse (RN)	20 contact hours every 2 years
SHRM-CP	60 professional development credits (PDCs) every 3 years

We are committed to supporting staff in obtaining and maintaining professional licensure as part of our dedication to ongoing professional development. When funding is available, and it's relevant to their position or the organization, PPHD pays for the license application and renewal fees, as well as continuing education (CE) activities required to maintain licensure. Employees are encouraged to pursue license-related training and professional development opportunities, and reasonable time from work may be approved to attend these events. These efforts aim to foster professional growth, ensure compliance with licensing requirements, and enhance the quality of services we provide.

Training Needs Assessment

In alignment with the shift among health departments toward using the Public Health Workforce Interests and Needs Survey (PH WINS) as a standardized approach for collecting workforce competency data, PPHD participated in the 2024 PH WINS. This national survey, administered by de Beaumont Foundation in partnership with the Association of State and Territorial Health Officials (ASTHO), gathers data from state and local health departments across the county. It is

designed to evaluate both staff perspectives and skills, helping PPHD identify gaps and guide future workforce development initiatives. The survey is typically conducted on a three-year cycle.

Additionally, our annual employee satisfaction survey includes specific questions about trainings needs, allowing us to capture ongoing feedback and adjust our training offerings accordingly. We also encourage open dialogue about workforce needs through regular employee supervisor 1:1 meetings, where staff are invited to discuss any additional training, tools, or resources they need to perform their work effectively. To address more immediate challenges, we have recently implemented a weekly IT pain points survey to identify common IT issues affecting multiple staff members that can be addressed through targeted training during weekly staff meetings or through focused technical support from the organization's tech support team.

Priority Training Needs

Listed below are the priority training needs based on the results of the department's most recent training needs assessment(s).

- Strengthen Foundational Public Health Knowledge & Collaborative Competencies
- Systems Thinking, Community Health, and Partnership Engagement
- Cross-Training to ensure Continuity of Operations
- Providing Clear, Consistent, and Community-Specific Messaging
- Community Engagement and Public Health Messaging Skills

Based on the results from the 2024 Public Health Workforce Interests and Needs Survey (PH WINS), completed by all staff in September 2024, the domains of Policy Engagement, Budget and Financial Management, and Community Engagement were identified as priority areas for workforce development. Employees also expressed interest in enhancing their ability to communicate effectively with all communities we serve.

Staff have consistently identified Budget and Financial Management as an area for additional training and development. While many positions within the department do not require advanced financial expertise, there remains a need for all staff to have a foundational understanding of how public health funding operates. To address this need, a "Finance 101" presentation was delivered during the July 2025 all-staff meeting, providing an overview of the department's funding structure. Additional training will be offered to keep staff informed on the basics of the organization's funding sources and financial processes.

These priorities directly align with our capacity-building needs identified by leadership. Additional priorities will be added to the training calendar as new needs are identified through future assessments, staff feedback, and workforce surveys.

The complete survey results are saved in the following location:

- 2024 PH WINS Results: M:\Accounting\Other\Human Resources\Workforce development\PH WINS

Leadership Brainstorming Session: workforce capacity slides

Other Training Needs

Emergency preparedness is a critical function of public health, ensuring communities can respond effectively to a wide range of incidents, from natural disasters to disease outbreaks. To support this, the PPHD prioritizes workforce readiness through required National Incident Management System (NIMS) trainings and Just-in-Time (JIT) training, which provides staff with targeted, role-specific guidance immediately before or during an emergency. This ensures staff are confident, knowledgeable, and prepared to act effectively in their roles.

Department Training Plan

The department's Core Training Goals & Objective are outlined in **Appendix A**, and the Core Training Curricula is outlined in **Appendix B**.

A foundational understanding of public health principles for all staff to effectively contribute to PPHD's mission and vision. Training in this area will ensure that employees are familiar with the core functions of public health, the social determinants of health, and the systems that influence community well-being.

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 training will be required for leadership so that they may better guide and mentor their staff.

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 is required to complete and introductory National Incident Management System (NIMS) training, and staff in the top 3 ICS response positions are also required to complete additional minimum level of NIMS trainings that will allow consistent knowledge of roles and expectations during an emergency situation.

A respectful workplace is fundamental to PPHD's values and performance. All employees will receive training in recognizing, preventing, and addressing workplace harassment to promote a culture of professionalism and respect.

All employees may come into contact with sensitive personal and/or health information. To protect this information and maintain trust, all staff review and sign the organization's HIPAA and Employee Responsibility for Confidentiality policies during orientation. In addition, annual training will ensure compliance and awareness of any updates.

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 Regular FT/PT staff	Within 6 months of hire
HIPPA and Confidentiality	All staff	Upon hire and annually
Harassment Prevention	All staff	Upon hire and annually
Bloodborne Pathogens	Staff with potential occupational exposure to blood or OPIM	Upon hire and annually
CPR/Basic First Aid	Staff with potential occupational exposure to blood or OPIM	Upon hire if not currently certified, every two years thereafter
Building Trust and Engagement	All Regular FT/PT staff	Annually
Quality Improvement	All Regular FT/PT staff	Within 6 months of hire, regularly at staff meetings
Performance Management	All Regular FT/PT staff	Within 6 months of hire, regularly at staff meetings
National Incident Management System	All Regular FT/PT staff	Once, based on required levels of completion
Cybersecurity	All Staff	Upon hire, ongoing as needed
Dangers of Distracted Driving	All Regular FT/PT staff & any other staff who drive company vehicles	Annually
Defensive Driving	All Regular FT/PT staff & any other staff who drive company vehicles	Annually
HFA Core Training	HF Staff	Upon hire
HFA Assessment Training	HF Staff	Upon hire
HFA Orientation Training	HF Staff	Upon hire
Wraparound Trainings	HF Staff	Upon hire
Training on Tools (ASQ-3, ASQ-SE-2, and Depression Screen)	HF Staff	Upon hire
Stop Gap (as needed)	HF Staff	Upon hire
Family-Wise Database Training	HF Staff	Upon hire
Growing Great Kids-Curriculum	HF Staff	Upon hire

Circle of Security Training	HF Staff	Upon hire
Supervisor HFA Core Training	HF Supervisors & Program Manager	Upon hire
Supervisor HFA Assessment Training	HF Supervisors & Program Manager	Upon hire
HFA Implementation Training	Program Manager	Upon hire

Individual Professional Development Plans

PPHD is committed to fostering a high-performing workforce through regular performance evaluations and individualized development planning. These efforts support continuous learning, employee engagement, and career progression, while aligning staff capabilities with organizational needs.

Performance Review Process

Performance reviews occur after the three-month orientation period and at least annually thereafter. These reviews include a self-assessment, supervisor assessment/feedback, and a collaborative discussion focused on accomplishments, challenges, and performance-based goals. The performance review process is a tool to assess:

- Performance of assigned job duties and responsibilities
- Achievement of specific performance and personal development/training goals
- Other aspects of employee performance (e.g., communication skills, professionalism, ability to collaborate, reliability, willingness to take initiative, etc.)

The performance review process and regularly scheduled 1:1 meetings between employees and supervisors throughout the year promote accountability, encourage feedback, and set clear expectations for the upcoming year.

Individual Development Plans (IDPs)

The leadership team plans to rethink the approach to Individual Development Planning to better distinguish these plans from performance-based goals. While performance goals focus on job-specific responsibilities and outcomes tied to an employee's current role, IDPs are future-focused and emphasize skill development, career aspirations, and personal growth.

As part of this evolving approach, employees and supervisors will collaborate to identify development goals that may extend beyond current job duties, such as building leadership competencies, gaining certifications, or preparing for future roles within the organization. These goals will be informed by employee interests and organizational needs.

To support this, PPHD is actively working to establish a career ladder to provide clarity around potential pathways. The career ladder will provide transparency into the skills, experiences, education/certifications, and competencies required for progression, allowing IDPs to be directly aligned with specific growth opportunities

within the organization. This structure will help both employees and supervisors better connect development planning with long-term career planning.

Barriers to Addressing Gaps

Several factors present challenges to addressing workforce capacity and training needs:

- **Financial constraints:** Limited budgets restrict the number of development and growth opportunities available to employees.
- **Balancing training and workload:** Meeting training requirements while maintaining daily operations can be difficult, and overloading staff is a concern.
- **Time and capacity limitations:** Limited staff and time reduces opportunities for ongoing professional development.
- **Long-tenured workforce & low turnover:** While providing stability and institutional knowledge, low turnover can limit promotional opportunities for both tenured and newer employees.

PPHD draws on several strengths and resources to address these barriers:

- **Virtual training platforms:** Expand access to learning without significant time or travel burdens for staff.
- **Regional and state-level collaborations:** Opportunities such as the Public Health Conference and Communities of Practice support shared learning, networking, and professional development.
- **Localized training:** Bringing trainings directly to the Panhandle maximizes participation while minimizing costs.
- **Internal mentorship and peer learning:** Cost-effective approaches to transfer institutional knowledge, support professional growth, and strengthen engagement among staff at all tenure levels.

Employee Satisfaction and Well-Being

Introduction

This section provides information regarding the department's approaches to strengthening employee satisfaction and overall well-being.

Supportive Work Environment

PPHD is committed to creating a workplace where employees feel supported, respected, and empowered to thrive both personally and professionally. We understand the realities of balancing work, family, and personal responsibilities, and offer flexible work arrangements and paid time off (PTO) that can be used as needed to support individual well-being.

Our overarching vision for a supportive work environment is grounded in our shared organization values: Transparency, Collaborative Relationships, Integrity, Wellbeing, Community, and Innovation. These values guide how we interact with one another, make decisions, and foster respect, trust, and a sense of belonging.

We promote open communication and relationship-building through regular 1:1 meetings between staff and supervisors, leadership accessibility, and ongoing opportunities for feedback. We believe that consistent, two-way communication is foundational to a healthy work environment.

Recognition and appreciation are also central to our approach. By acknowledging individual and team contributions, formally and informally, we help build a culture where employees feel seen and valued, which strengthens both morale and performance.

Employee well-being is a key priority, reflected in both our policies and our worksite wellness program. We foster a culture that supports the physical, mental, and emotional well-being of all employees. As part of this commitment, our Employee Assistance Program (EAP) offers each employee and their eligible family members six free sessions per contract year with a licensed professional, as well as free monthly webinars on a variety of topics.

Through these efforts and a values-driven culture, PPHD strives to create a work environment where employees can do their best work, contribute meaningfully to the mission, and grow in their career while feeling respected, supported, and connected.

Related Policies

Policies that demonstrate a supportive work environment.

- Flexible Work Schedule (Flextime)
- Worksite Wellness Program
- Paid Time Off
- Remote Work
- Meal Periods and Breaks
- 2024 Employee Satisfaction Summary
- Open Door
- Suggestion Policy
- Employee Assistance Program (EAP)
- Accommodations for Nursing Mothers
- Bereavement Leave

Assessing Employee Satisfaction

Employee satisfaction is assessed through an annual survey conducted each fall, with results shared at the December all-staff meeting. In 2024, we also participated in PH WINS for the first time and plan to continue with future cycles held approximately every three years. Additional feedback was gathered through a career ladder survey, and regular 1:1 meetings between supervisors and staff provide ongoing opportunities to discuss job satisfaction, work progress, and any resources or support needs for individual success.

Employee Satisfaction Results

Overall, employees express a high level of satisfaction with working for PPHD and take pride in the important work they do. Staff value the organization's mission, collaborative environment, and sense of purpose. However, feedback also indicates opportunities to enhance employee satisfaction through clear growth pathways and more competitive compensation. PPHD continues to evaluate its salary schedule to ensure it remains competitive within the industry and region. Additionally, leadership is actively developing a career ladder designed to create transparent, structured opportunities for career progression and professional development.

Looking ahead, we will conduct the 2025 satisfaction survey to gather updated feedback and insights. The findings from this upcoming survey will be incorporated into this plan to ensure ongoing alignment with employee needs and organizational goals.

Barriers to Addressing Gaps

Several factors present challenges to addressing employee satisfaction, particularly in the areas of professional growth, development opportunities, and competitive compensation. Staff generally value the meaningful work they do, but gaps exist that impact engagement and retention. Key barriers include:

- **Limited resources:** Budget constraints restrict training, career development initiatives, and salary adjustments.
- **High workload:** Managers often lack time to focus on staff development due to competing programmatic demands.

- **Workload imbalance & burnout:** Heavy workloads contribute to stress and fatigue
- **Lack of clear career pathways:** Employees may not see structured opportunities for advancement
- **Evolving public health priorities:** Emerging issues such as infectious disease response, shifting funding streams, and new focus areas like substance use prevention require rapid adaptation, making consistent development planning challenging.
- **Compensation pressures:** Rising benefits and salary costs strain budgets, limiting opportunities for wage increases and workforce growth investments.

Despite these barriers, the organization has several strengths it can leverage to support employee satisfaction:

- **Training costs built into budgets** – ensures staff has access to growth opportunities
- **Flexible scheduling and generous PTO accruals –** promote work-life balance
- **Non-financial recognition programs** – highlights achievements and reinforces engagement
- **Career Ladder development** – provides transparent, structured pathways for advancement and growth
- **Strengths and passion-based assignments** – increases fulfillment and motivation
- **Consistent benefits and timely leadership communications** - reduce uncertainty

Braided position funding – helps maintain continuity and job security

Workforce Plan Objectives and Strategies

Introduction

This section provides a set of strategic objectives and associated strategies to address the gaps and needs identified in previous sections of this plan. The goals, objectives, strategies, and progress of the 2025-2028 plan will be documented and tracked using a similar format and process as our strategic plan.

During the first year of implementation, the leadership team will identify specific trainings and strategies to serve as a framework for addressing the organization's highest priority capacity and training needs. This process will ensure that training efforts are purposeful, aligned with organizational goals, and responsive to evolving needs of the workforce and community. By establishing this framework early in the plan's implementation, PPHD can effectively prioritize resources and strengthen overall public health capacity across the organization.

Objective	Strategies	Responsible Party	Due Date
By June 30, 2028, strengthen foundational public health knowledge and collaborative competencies among all staff by ensuring that 100% of new hires complete a structured onboarding program.	Implement comprehensive onboarding program	HR Manager	6/30/2028
	(add something on evidence based, essential services, socioecological model, etc.)	Leadership	
By June 30, 2028, at least 75% of staff participate annually in team-based learning or training focused on systems thinking, community health, and partnership engagement	Support team-based learning/training in systems thinking, community health, and coalition/partnership-building and engagement	Leadership, Supervisors	6/30/2028
Define a career pathway through development of a career ladder by June 30, 2026	Expand internal leadership pathways and support professional growth opportunities through core competency identification and career ladder process development	Leadership	6/30/2026

Build leadership capacity and ensure continuity through effective succession planning by June 30, 2026	Update succession/continuity of operation strategies for key roles regularly	Senior Leadership	6/30/2026
	Nurture cross-training	Leadership, Supervisors/Managers	
By June 30, 2028, enhance staff capacity to communicate effectively with the community and strengthen public trust and engagement by ensuring 100% of staff complete community-specific messaging and engagement training and increasing community outreach participation by at least 25%, measured through event attendance, partnerships, and public feedback	Provide clear, consistent, and community-specific messaging training	Leadership	6/30/2028
	Equip staff with skills in community engagement and clear public health messaging	Leadership	
	Expand community outreach to increase visibility, credibility, trust, and public engagement	Leadership	

Implementation and Monitoring

Introduction

This section provides information regarding communication, evaluation, tracking, and monitoring/review of the plan.

Performance Management

All organizational plans at the PPHD, including the Workforce Development Plan, operate within the agency's Performance Management Framework. Each plan includes goals and objectives that are tracked and measured through the department's performance management system to ensure alignment with the PPHD Strategic Plan and Public Health Accreditation Board (PHAB) standards.

The Performance Management Work Plan aligns directly with the workforce development goals to ensure accountability and continuous improvement. Each program within PPHD identifies at least one measurable goal that connects to the performance benchmark and links to strategic priorities. Programs develop measurable objectives with supervisor and staff input, and progress is reviewed through regular performance data meetings. These meetings are used to assess outcomes, inform strategic decisions related to staffing and budgets, and redirect efforts as needed.

Tracking and Evaluation

The goals, objectives, strategies, and progress of the 2025-2028 plan will be documented and tracked using a similar format and process as our strategic plan. This information will be available at the following link: WFD Tracking Spreadsheet

Supervisors and employees collaborate to develop individualized training plans, which are reviewed during annual performance evaluations and discussed in regular 1:1 meetings.

Employees are responsible for maintaining records of their training activities and for tracking additional professional development opportunities, including those that support certification, re-certification, and licensure. Certificates of participation or completion should be uploaded into BambooHR, and documentation of certification, re-certification, and licensure must be provided to the Human Resources Manager to ensure accurate recordkeeping. Certification and licensure status will also be tracked in BambooHR.

- Group trainings, such as those conducted during staff meetings, will include a sign-in sheet to document participation.

Roles and 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/ Program Managers	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.

Communication

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.
- 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.

Review and Maintenance

This plan will be updated every three years as the plan approaches expiration unless circumstances require more frequent revision. This plan is maintained by HR and changes will be reviewed and approved by the PPHD Leadership Team before being submitted to the Board of Health for final approval. This will also allow the plan to align with any updated strategies that are identified in PPHD's strategic planning work that takes place earlier in the year of the same three-year cycle.

Elements that may be updated more frequently include workforce demographics, impacts of key data updates such as new PH WINS data and employee satisfaction surveys, or for major program changes that would impact implementation of the plan. Implementation progress will be monitored and updated through the tracking spreadsheet and reported quarterly to the PPHD leadership team and annually to the board of health.

Communication

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.
- 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. The progress tracking spreadsheet will be updated quarterly.
- Progress will be communicated to the board of directors at least annually.
- All updates will be communicated to staff via email and/or staff meetings.

Appendix A: Core Training Goals & Objectives

Panhandle Public Health District Core Training Goals & Objectives 2025-2028				
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 hire	New Employees All Regular FT/PT 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 6 months of hire	All Regular FT/PT 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 bas is	All Staff	ETHOS HR, IT Qualified Individual (QI) 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 Intro to ICS (IS-100) within 6 months of hire • All employees in the top 3 ICS positions will complete the required training by June 30 following the start of their ICS position(s)	All Regular FT/PT 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 “HIPAA Compliance for Covered Entities” training within 2 weeks of hire • All employees will review & sign the PPHD Confidentiality Policy and HIPAA Policy within 2 weeks of hire	All Staff All Staff	Mineral-UNICO PPHD Policy	Employee, Supervisor, and HR for filing Employee, HR for filing

Employees will be equipped with the knowledge, resources, and support necessary to successfully integrate into the organization and perform their roles effectively	• All new employees will complete the onboarding program within the first 3 months of employment	All Staff	BambooHR Individual Meetings	Employee, Director, HR, Finance, Leadership, "Buddy"
Employees will have basic knowledge of preventing, identifying, and responding to harassment/misconduct. Managers will have basic knowledge of the impact of harassment and how to address it	• All new employees will complete Harassment Prevention training and review and sign the policy within 2 weeks of hire • All employees in a manager, supervisor, or leadership role will complete this training and review/sign the policy within 2 weeks of hire or obtaining one of these roles.	All Staff All Staff	Mineral-UNICO Harassment Policy	Employee, Supervisor, and HR for filing
Employees will have a basic understanding of the risks associated with bloodborne pathogens, how to minimize risk of exposure, and how to respond to a potential risk.	• All employees with potential exposure will complete the Bloodborne Pathogens (BBP) training within 2 weeks of hire or assignment to a risk role • All employees with potential exposure will review and sign PPHD's exposure control plan and procedure within 2 weeks of hire or assignment to a risk role	All Staff with potential occupational exposure to blood or other potentially infectious materials (OPIM)	Mineral-UNICO Exposure Control Policy & Plan	https://apps.trustmineral.com/dashboard
***all certificates of completion should be uploaded into BambooHR**				

Appendix B: Core Training Curricula

Panhandle Public Health District Core Training Curricula 2022-2028					
Topic	**Title**	**Description**	**Target Audience**	**Schedule**	**Resources**
Foundations of Public Health	Foundations of Public Health	Nine online modules providing a basic knowledge of the eight core competency domains	All regular permanent full-time and part-time staff	Within six months of hire	https://www.nylearnsph.com/Public/default.aspx
Quality Improvement and Performance Management	PMG-110 PMG-120 PMG-130	Three online modules providing introductory knowledge on performance management and quality improvement	All regular permanent full-time and part-time staff,	Within six months of hire	Performance Measurement Quality Improvement Team Development Targeting Improvement with AIM Statements
	Performance Management Primer	Six self-paced modules designed to strengthen understanding & application of performance management	Leadership		https://pmqitraining.miophi.org/default.aspx
National Incident Management System (NIMS)	ICS 100	Basic knowledge of Incident Command Structure and common language to all response agencies	All regular full-time and part-time employees	Within six months of hire	http://training.fema.gov/IS/NIMS.aspx IS-100: Introduction to the Incident Command System
	ICS 200	How to operate efficiently within the Incident Command Structure during an initial response to an incident or event	Staff in top 3 ICS response positions	By June 30 following the date the ICS position was acquired	IS-200.C: Basic Incident Command System for Initial Response, ICS-200
	ICS 700	Overview of the National Incident Management System	Staff in top 3 ICS response positions	By June 30 following the date the ICS position was acquired	IS-700.B: An Introduction to the National Incident Management System

HIPAA & Confidentiality	HIPAA Compliance for Covered Entities	Mandatory training on information confidentiality for all staff or those sharing sensitive public health information	All Staff All Staff	Within 2 weeks of hire Annually thereafter	https://apps.trustmineral.com/dashboard
Onboard Program	Complete onboarding program		All regular full-time and part-time staff	Within 6 months for new hires	BambooHR
Workplace Harassment	Workplace Harassment - Employee	Employees' role in promoting a healthy workplace, preventing harassment, and effectively responding to misconduct when it occurs	All Staff All Staff	Within 2 weeks of hire Annually thereafter	https://apps.trustmineral.com/dashboard
	Workplace Harassment – Manager	The impact of inappropriate conduct on workplace culture and strategies for addressing it	Supervisors/Managers /Leadership Roles Supervisors/Managers /Leadership Roles	Within 2 weeks of hire or obtaining a supervisor/leadership role Annually thereafter	https://apps.trustmineral.com/dashboard
Bloodborne Pathogens (BBP)	Bloodborne Pathogens	Basic understanding of the risks associated with bloodborne pathogens, how to minimize risk of exposure, and how to respond to a potential risk	Employees with potential occupational exposure	within 2 weeks of hire or assignment to a risk role	https://apps.trustmineral.com/dashboard
	Exposure Control Policy & Plan	Policy & procedures should an employee be exposed to blood or body fluids at work	Employees with potential occupational exposure	within 2 weeks of hire or assignment to a risk role	
This list will be updated as training opportunities are identified					

Staff Satisfaction Survey Summary 2025

Panhandle Public Health District

What I like best about working for PPHD...

> *I love the wonderful family atmosphere here at PPHD. Everyone is loving, friendly and kind. No-one makes you feel inferior, and even seniority are kind, fun and approachable; genuinely caring for everyone. Credit is always given when credit is due and even little milestones are applauded. This keeps morale high and makes PPHD an awesome place to work!*

Top 3 Reasons Staff Continue to Work at PPHD...

- **Flexibility**
- **People I work with**
- **Meaningful work/feeling like I'm making a difference**

Things going well...

- **95% agree they receive the right amount of recognition for their work.**
- **92% agree PPHD is a good place to work.**
- **95% are satisfied working for PPHD.**
- **95% feel they are respected by their colleagues.**
- **95% feel like PPHD morale is high.**

> *There's so much to appreciate, seriously. I think it's easy to say 'our culture'... but if you really break it down, it starts with passionate, caring, and transparent leadership. We have a leadership team who genuinely cares about PPHD as a whole. Outside of this, I'm thankful for the work that I get to do and the people that I get to do this work with. I like that I have the opportunity to grow in my role and to take on new projects. The flexibility and benefits are a huge plus as well.*

You are our greatest asset and the heart of our success.

Communication...

- Bi-directional communication improved from supervisors to employees and employees to supervisors.
- Top communication methods:
  - 1:1s with supervisor
  - All-Staff Meetings
  - Webcams for virtual meetings
  - Monday Morning Meetings
  - M: Drive
- Maintain flexibility and benefits for work-life balance.

What about your supervisor affects your job satisfaction...

My supervisor's friendly, fun, positive attitude and encouragement enhance my job satisfaction greatly. She's kind, supportive, approachable, and always recognizes my efforts, which keeps me motivated and engaged in my work.

My supervisor works alongside me. She doesn't treat me as though I am beneath her. She values my opinion and pushes me to be my best self - in and out of work.

My supervisor allows me to use my critical thinking skills and make decisions because she trusts me. I really appreciate that.

You asked, we listened...

- A reverse osmosis system was installed at the Scottsbluff office on Friday, November 21!
- The career growth process is making significant progress, and we plan to share a draft with staff in the coming months, with finalization expected in 2026.
- A new van will be arriving in June 2026! This will be at the Scottsbluff office.
- On Monday Morning Meetings, we'll cover stress and personal well-being, continued values work, review policies and procedures (in a fun Jeopardy-style format, of course!), and highlight upcoming programs.
- Continue talking to your supervisor about any specific concerns or issues not specifically addressed in this summary.