

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

<b>Date:</b> June 30, 2026 <b>Time:</b> 8:00 am – 9:30 am <b>Online Zoom Line:</b> <a href="https://us02web.zoom.us/j/87191387779">https://us02web.zoom.us/j/87191387779</a> <b>Phone:</b> (253) 215-8782 <b>Access Code</b> 87191387779# <b>Public Option:</b> PPHD Scottsbluff Office, Room 18, 18 W 16 <sup>th</sup> Street, Scottsbluff, NE			
<b>Topic</b>	<b>Exhibit – number indicates electronic copy</b>	<b>Who</b>	<b>Outcome</b>
Call to Order, Open Meeting Act, & Introductions		D. Kling	
Consent Agenda <ul style="list-style-type: none"> <li>• Approval of Agenda</li> <li>• May 2026 Meeting Minutes</li> <li>• Directors Report – June 2026</li> <li>• Alzheimer’s Association Case Study on Dementia</li> <li>• Upcoming Training Opportunities</li> </ul>	00 – White 01 – White 02 – Purple 03 – White 04 – White	D. Kling	Motion
Pursue Pool Inspection Regulation Authority <ul style="list-style-type: none"> <li>• FAQ &amp; Draft Regulations</li> </ul>	05-06 – Handout	J. Davies	Motion
Architect Bid for Scottsbluff Office Renovation	07-09 – White	J. Davies	Motion
Legislative Update		J. Davies	Status Update
Rural Health Transformation Update		J. Davies	Status Update
Other Business		D. Kling	Status Update
Public Comment			
Meeting Adjourns		D. Kling	Motion

**Next Meeting Date: July 30, 2026**

**Time: 8:00 am – 9:30 am**

**Place: Gering Civic Center**

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

<b>Program &amp; Processes:</b>	
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

<b>Partners &amp; Public Health Organizations:</b>	
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  
May 14, 2026**

**Platte River Room, Gering Civic Center, 1050 M Street, Gering, NE**

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

<b>Staff Present</b>		<b>Guests Present</b>	
Jessica Davies	PPHD Director		
Sara Williamson	PPHD Dep. Dir. Finance & Accreditation		
Megan Barhafer	PPHD Community Health Supervisor		
Amanda McClaren	PPHD Finance Coordinator		

<b>Key Actions Taken:</b>
<ul style="list-style-type: none"> <li>• Election of Officers for 2026-2027</li> <li>• Approved 2026-2027 Salary Schedule</li> <li>• Approved purchase of new van</li> <li>• Approved purchase of XRF paint analyzer</li> </ul>

**Call to Order/Introductions:**

President Kling called the meeting to order at 8:00 am. Quorum was confirmed. The meeting was held in compliance with the Nebraska Open Meeting Act, with a copy of the Act posted immediately outside the meeting room door. The meeting notice was publicized in the Star-Herald and posted on the Nebraska Meeting Notice Repository on Thursday, May 5.

**Consent Agenda:**

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

**Finance Committee:**

Williamson presented on behalf of the finance committee that met via conference call on May 7. She reviewed the financial statements for February and March 2026 and program spreadsheets.

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

**Election of Officers:**

All current officers have served the maximum 2 years – Dan Kling, President; Susanna Batterman, Vice President, and Diana Lecher, Secretary/Treasurer. Davies thanked them all for their dedication and service.

Davies reached out to a few board members to assess interest. Kay Anderson is willing to serve as president, Diana Lecher as Vice President, and Marie Parker as Secretary/Treasurer.

The floor was opened for nominations. Officers can serve two consecutive one-year terms that will start in July.

Randy Miller nominated Kay Anderson for President and was seconded by Bob Gifford. A roll call vote was held with all in favor, none opposed or abstained.

Randy Bohac nominated Diana Lecher as Vice President and was seconded by Randy Miller. A roll call vote was held with all in favor, none opposed or abstained.

John Werth nominated Marie Parker for Secretary/Treasurer and was seconded by Jackie Delatour. Roll call was held with Parker abstained, all others in favor, none opposed.

Effective July 1, 2027, the Executive Committee will consist of current officers Anderson, Lecher, and Parker, and immediate past officers Kling and Batterman.

**Insurance Renewals – General and Health:**

Williamson updated on insurance renewal rates. For the employee health insurance plan through NACO, premiums increased 10% for the year, with a 3-year average increase of 6%. Assuming staff elections stay consistent, and not counting newly hired staff, this is an increase of \$53,000. PPHD pays 100% of employee-only premiums and 80% of dependent premiums. Lease asked about bids from other carriers. Williamson noted that PPHD will solicit bids for the next renewal year.

General liability insurances renewed May 1. Overall premiums increased by 3.67%. PPHD policy states that these coverages will go to bid every 3 years, which will take place in early 2027.

**2026-2027 Salary Schedule:**

Davies presented the proposed salary schedule for the 2026-2027 fiscal year. The scheduled also shows comparison data from other health departments across the state by both population served and agency budget (NALHD), CAPWN, the State of Nebraska Salary Survey, and the Nonprofit Association of the Midlands (NAM). New salary categories were added to align with PPHD's career growth framework, resulting splitting supervisors and program managers into two separate categories. Davies proposed adopting the schedule as presented.

Parker asked if the table included regular raise rates, or if it also included educational attainment. Davies noted that educational attainment and increased workload or responsibilities may also coincide with a rate increase outside of an annual rate adjustment.

The board discussed the merits of percentage based raises or consistent rates across all staff. Davies noted that the salary ranges give supervisors the ability to adjust compensation within the respective range and honor exceptional performance.

Harris motioned to approve the 2026-2027 Salary Schedule as presented and was second by Randy Miller. A roll call vote was held with all in favor, none opposed or abstained.

**Vehicle Bid:**

The board approved the purchase of a 2026 Toyota Sienna during the November 2025 meeting and the vehicle is expected for delivery in June. Many of the other vehicles for the Scottsbluff office are over 100,000 miles, with many quickly approaching 200,000 miles, giving Davies a sense of urgency to continue with replacements.

Davies presented bids for another vehicle for the Scottsbluff office. Her original intent was a car, but through the state contracting system there are no cars currently available. She presented bids for a small SUV. The older, higher mileage vehicles will be intended for travel around Scottsbluff, with the new van and proposed SUV for longer distance travel.

Options presented included a 2026 Chevy Trailblazer, a 2027 Chevy Equinox, two different bids for 2026 Jeep Compass, a 2026 Ford Bronco, and a 2026 Toyota Rav4. Costs ranged from lowest for the Trailblazer at \$23,284, to the highest of \$41,358 for the Rav4. The Rav4 is a hybrid with the highest fuel economy. All options presented had all-wheel drive.

The board discussed the pros and cons of a hybrid vs regular vehicle, including increased purchase but lower long-term fuel costs and battery longevity. They also discussed timeframe of availability and cost. Lease left the meeting at 8:59 am.

Harris motioned to approve the purchase of the 2026 Chevy Trailblazer for \$23,284 and was seconded by Gifford, with the caveat that if the timeline for delivery is too far out, the board revisit at the next meeting.

Discussion ensued regarding the availability of the Trailblazer and the need to wait for another meeting if it is unavailable, which would significantly delivery timelines.

Harris amended his motion to proceed with the purchase of the 2026 Chevy Trailblazer for \$23,282 as a first choice, with a second choice for the 2026 Chevy Equinox for \$29,289 if the Trailblazer is not available within 90 days and was seconded by Gifford. A roll call vote was held with Lease absent, Delatour and Sautter opposing, all others in favor.

**SciAps XRF Lead Paint Analyzer Bid:**

PPHD currently has two devices for lead paint analysis. The first is a Viken model purchased in 2019 that requires the isotope to be re-sourced periodically. The second machine is a SciAps device purchased in February 2025. The HUD budget includes funding to purchase another SciAps machine, which will have a useful life through the HUD grant period. The proposed SciAps machine also comes with features to test soil and food items for lead and has a total purchase price of \$30,175.

Parker motioned to approve the bid for the SciAps XRF lead paint analyzer for \$30,175 and was seconded by Miller. Roll was called with Lease absent, all others in favor, none opposed or abstained.

Kling, Batterman, and Werth left the meeting at 9:10 am. Parker, as officer elect, took over chairing the meeting.

**Pool, Mobile Home Parks, and Recreational Camps Inspections:**

The Nebraska legislature passed LB759, which transferred responsibility for inspections of pools, mobile home parks, and recreational camps from Nebraska Department of Water, Energy, and Environment (NDWEE) to local control effective July 18. Pool inspection is the only compliance piece required at this time. NDWEE has been working with NALHD and local health departments to provide a smooth process during the quick transition period.

Suzanne Polzkill from NDWEE joined the meeting via zoom to discuss the transition process. Nebraska pools, depending on pool type, require a pool operator available at all times, including municipal pools; others require access within 1 hour. Well trained operators throughout the state is key for pool safety. NDWEE has been providing pool operator training but will no longer be able to do so after July 18. Certificates issued prior to that are good for 2 years. Lincoln Lancaster County Health Department and Two Rivers Public Health Department will be offering trainings.

Regulation of mobile home parks and recreational camps will be at the discretion of the local level. There are no minimum state standards for those areas but there are minimum state regs for pool operation and maintenance. NDWEE is working to update their regulations to separate the types – one type will be specific to construction permits for pools and will continue to be regulated at the state level, and the second type will be specific to what happens at the local level for operation and maintenance, including safety equipment, lifeguard certification/credentialing, chemical levels, and more. Local level enforcement will be required to be at least as stringent as these published standards but can be stricter if desired.

PPHD has hosted meetings with local cities and villages to assess interest in PPHD serving as the regulating entity. Megan Barhafer, PPHD Community Health Planner Supervisor, is working on her certifications right now. Lease, Batterman, and Sautter all participated in the meetings. There is concern that if a city tries to enact their own legislation and has their own pool, they would be inspecting themselves with no external oversight. Davies is reaching out to our insurance carrier to check on liability needs. NACO and the League of Municipalities have also held informational meetings with cities and counties.

No action is currently needed. For PPHD to become the regulating entity it would require a public hearing at July board meeting, with possible additional informational meeting(s) if needed.

Scott Holms, previously with LLCHD, noted that pools should be checking their own pools every day for compliance, but that the external inspector is to provide a different lens of inspection and oversight. Holms is providing consultation across the state on this topic. PPHD staff can ride along with NDWEE inspectors prior to the July 18 transfer to help us understand the process. There are 62 pools in PPHD's district and regs would apply to all public municipalities as well as pools at hotels, YMCAs, and other organizations. PPHD anticipates annual costs of \$20,000 for training, travel, staff time, supplies, and sending certificates. Some of that will be recouped through permit fees.

There is potential for zoning regulations at the county level for mobile home parks and rec areas, providing an opportunity to address existing issues around mobile home parks in the future.

Sautter noted that this seems like a burden for each municipality to enact their own regulations, and that PPHD's – and especially Barhafer's – willingness to do the work takes the load off everyone's shoulders and provides consistency across the district and provides a minimum level of safety to all municipalities and pools for the credibility of the inspection.

Soper asked about the financial support for local communities if they are not in compliance and Parker asked if the pool operator training is another barrier if not offered by NDWEE. LLCHD will keep it at low or no cost and will be available virtually. National pool operator courses are high cost and multi-day. PPHD is in a fact-finding phase to determine what would happen to provide the training locally. Polzkill is also working to identify local means for training.

Davies will send out draft regulations for board to review and keep them updated on the process. NDWEE will conduct the initial rounds of inspections to start of the summer season.

## **Rural Health Transformation**

PPHD has submitted several applications for funding under the RHT program, including funds for Kids Fitness and Nutrition Day, obesity prevention, jurisdictional stockpile, Community Health workers, oral health, chronic disease management, and as the fiscal agent for 2 agencies around food pantry development, funds for KFND, up to 100,000 for healthy behaviors, stockpile, CHW, Oral Health, and Chronic Disease (130 applicants). PPHD was 1 of 8 recipients selected from 130 applicants for the chronic disease management work.

The most recent development is \$1.75 million in funding for the first year of a maternal mobile unit. Davies will be meeting with hospitals, CAPWN, and WCHR to discuss this development. PPHD was one of 3 priority areas identified as priority areas for a maternal mobile unit due to the shortage of providers, high uninsurance rate, infant mortality rates, and low adequate prenatal care received for those on Medicaid and on private insurance.

The mobile clinic will offer a variety of current and new programs to families in the Panhandle, with the intent of referring patients back into their local healthcare system. The focus of the unit will be screening and referrals for clinical care, addressing social determinants of health, and postpartum wrap-around services like nurse home visiting could be offered to the hospitals. The ultimate goal is meeting access to care needs.

The unit could provide pregnancy verification, referral to providers, and offer prenatal classes. The goal is not to compete with existing providers but to expand access and supplement the system. Four hospitals in the Panhandle are birthing hospitals, and with strict requirements, we want to support them in maintaining their ability to do so.

Staffing for this unit could include a few community health workers, a social worker, RN, a possible APRN, and driver/operations tech. More information will be provided at future meetings.

### **Legislative Update:**

Tabled due to time constraints.

### **Strategic Plan:**

Tabled due to time constraints.

### **Accreditation Update:**

Tabled due to time constraints.

### **Other Business:**

No other business was discussed.

### **Public Comment:**

No members of the public present for comment.

### **Next Meeting Date:**

July 30, 2026, at 8:00 am at the Gering Civic Center.

### **Adjourn:**

Motion by Miller and second by Sautter to adjourn. All were in favor and the meeting adjourned at 9:47 am.

## **June 2026**

### **Board of Health Report**

#### **From the Director**

Jess attended a Rural Telecommunications Roundtable with Senator Deb Fischer and FCC Commissioner Olivia Trusty in Lincoln in May. She represented the rural healthcare sector sharing the importance of strong local telecommunications access.

Jess recorded a NACCHO on-demand session in partnership with Colleen Svoboda and Celeste Ehrenberg with UNMC College of Public Health for a session on Reimaging CHAs and CHIPS. Additionally, was a panelist for a national cancer webinar led by the American Cancer Society for their 2026 Rural Learning Community Sessions highlighting our HPV vaccine campaign.

PPHD's Maternal and Family Health Services continues to grow exponentially! Dez Brandt has been promoted to Deputy Director of Maternal and Family Health Services and we have been working closely with I Be Black Girl out of Omaha to host a Panhandle Maternal and Family Health Summit slated for October 8 at the Gering Civic Center. This will blend well into the work developing for the Maternal and Family Health Mobile Unit and the intensive assessment being planned to guide this critical initiative.

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

We activated Region 1 Behavioral Health for Disaster Behavioral Health post-recovery from the recent wildfires and have been sending a weekly Every Door Direct Mail with critical recovery and mental health resources to the areas impacted. We will move to a regular interval of dissemination for the foreseeable future.

#### **Model Practice Recognition**

We received word that both our Youth Advisory Council and our Self-Monitored Blood Pressure Program for pregnant and new moms received model practice recognition from NACCHO and will receive the recognition and plaque at the NACCHO 360 national conference in July in Kentucky. The YAC was one of 1 selected for a short presentation to highlight the program.

#### **Legislative**

No current updates. Jess will participate in a NALHD legislative strategic planning meeting at the end of June.

#### **Staffing**

Luke Hamilton has been hired as the Community & Prevention Specialist and Krista Sarchet as the Communications Specialist both out of the Scottsbluff office. Luiza Guzman has been hired to fill a Bilingual Home Visitation Specialist role. We have been conducting interviews for Community Health Workers across the Panhandle and have hired two additional for these roles: Lacy Wright of Sidney and Adriana Perez of Scottsbluff. The application remains open, and we are still conducting interviews for two additional positions.

#### **New Grant Applications, Contracts, & Initiatives**

##### *Rural Health Transformation*

We anticipate or have already received contracts for year 1 in the following RHT strategy areas for the corresponding amounts:

- 1.1 – Regional Food Pantry Development, Fiscal Agent for Meadowlark Hearth @ \$80,000
- 1.5 – NE Kids Fitness & Nutrition Day, \$20,000
- 1.5b – Healthy Behaviors, \$100,000
- 2.2b – Rural Jurisdictional Stockpile, \$233,000

- 2.3a – Community Health Worker Networks, \$1,336,679.38
- 4.1 – Mobile Maternity Care & Training in Maternity Deserts, \$1,750,000
- 4.2a – Oral Health (Teeth Forever), \$133,333
- 4.4 – Chronic Disease Management, \$297,955.27

Jess has been nominated to serve as the local health district representative for the Health Care Advisory Region – Western Region. The first meeting will be in Bridgeport at the end of June. We continue to monitor the evolving guidance from DHHS, assess regional impacts, and identify opportunities to maximize benefits for communities across the Nebraska Panhandle.

### Promotional Campaigns

April Facebook Posts: 355 | Reach: 145,098 | Reactions: 1,233

April Instagram Posts: 159 | Reach: 353 | Reactions: 10

May Facebook Posts: 342 | Reach: 60,233 | Reactions: 383

May Instagram Posts: 170 | Reach: 336 | Reactions: 0

## Community Health Assessment and Community Health Improvement Plan

The meetings with each hospital are being scheduled. Morrill County Community Hospital has completed their prioritization meeting. Megan is finalizing the regional Community Health Assessment.

Lead– Megan Barhafer

### Minority Health Initiative

The Language Justice Workshop was held in conjunction with the Welcoming Communities Conference (WCC) on June 11th, 2026. They presented three 45-minute breakout-style sessions during the conference. There were around 100 attendees. The session was well attended. Megan has also been working on analyzing the data for the CHA through a health disparities lens.

Lead– Megan Barhafer

**2026 Community Health Improvement Priorities**

Intersection of substance misuse, mental health, ACES, & SDOH

Improve access to childcare that is accessible & quality

Decent, safe & affordable housing

Supporting aging through connection & care

Nutrition awareness, education, & support for chronic disease prevention

## Performance Management and Quality Improvement

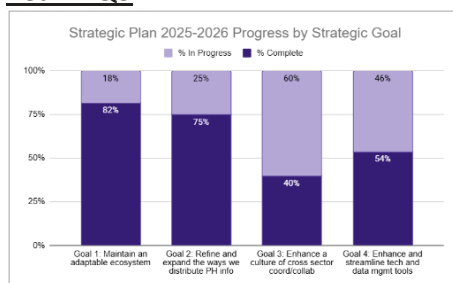
Metrics are available on the website here: [http://www.pphd.org/performance\\_management.htm](http://www.pphd.org/performance_management.htm)

Lead – Megan Barhafer

## Strategic Plan

The 2026-2027 Strategic Plan Tracking spreadsheet is created and teams will be updating the new measures as the current year-end. A full update will be provided at the July meeting.

### Year 1 Q3



2025-2026 Overall				
Complete	In Progress	Objectives	% Complete	% In Progress
32	18	50	64.00%	36.00%

Lead - Leadership Team

## Clinical Services

### *Immunization Clinic*

Immunization Clinic Stats for May

- Total Clients Seen: 105 (73 of total under the age of 19)
- Total Vaccine Given: 189 doses

Immunization Outreach May 2026

- Attended 2 School Immunization Clinics reaching 554 students, 113 vaccines given, reaching 2 Panhandle counties.
- 9 vaccines given at an Assisted Living Facility.

General Information:

On May 29th, 7 PPHD Immunization nurses virtually attended the annual Immunize Nebraska 2026 Conference.

Also, PPHD was chosen to participate in the IQIP Program this year. IQIP is CDC's national, VFC provider-level immunization quality improvement (QI) program. IQIP promotes and supports implementation of provider-level strategies designed to increase on-time vaccination of children and adolescents. This is a 12-month program where a public health representative from Nebraska DDHS and a PPHD VFC representative collaborate to identify QI strategies to increase vaccine uptake by improving and enhancing vaccination workflow.

Upcoming Events:

Currently, 6 school immunization clinics have been scheduled for July and August. The immunization team is considering 2 extended hour immunization clinics in July/August to assist working parents with options of getting their child/children up to date on the school required and recommended vaccinations for the upcoming 2026-27 school year.

### **HPV**

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

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

We presented at the 2026 Immunize Nebraska Conference. Information was shared about the work that PPHD has done, along with the work that has been done with the Nebraska Cancer Alliance HPV Taskforce. Ally moderated this session. Dr. McAlarnen from UNMC, Dr. Pawnar from Nebraska Methodist, and Jennifer Booker NCDHD are also presented on the panel.

The American Cancer Society created a social media template of posts for HPV. Data from entire series:

- 38 total posts (posts in both English and Spanish)
- 6,788 views
- 4,492 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
    - May 28th (telehealth): 2 patients
    - June 8th (in person): 6 patients
    - June 9th (in person):5 patients
  - Medically Handicapped Children’s Clinic
    - June 5th: 5 patients
- Lead – Ally De Los Santos*

### ***Healthy Brain Initiative***

PPHD continues to focus on improving education and promoting early detection related to dementia and Alzheimer’s disease. Our health strategists are leading these efforts and will be providing presentations across the Panhandle.

The most recent Panhandle Dementia Coalition meeting was held on April 17 at Regional West Health Services (RWHS). Heritage Estates provided a presentation, and a Zoom option was available to ensure access for members unable to attend in person. Additionally, PPHD shared information about the Panhandle Dementia Coalition at the Empowered Caregiver Conference in Scottsbluff on April 18, which took place from 10:00 a.m. to 3:00 p.m.

The next Dementia Coalition meeting is scheduled for July 23 at 11:30 a.m. and will feature Medicine in Motion. This partner works with the CMS GUIDE Program to deliver enhanced dementia care and caregiver support, connecting aging adults and their families to coordinated health care services through a trusted provider network.

*Leads – Jessica Rocha, and Nicole Berosek*

### ***Fit Testing***

May = 4

Clients include:

Formation Environmental | Traveling Nurses | Staff

*Staffing – Myranda and Becky*

### ***PortaCount***

*4 PortaCount machines for Fit Testing*

*#1 – Stays in the Scottsbluff to complete Fit Testing | #2 – Rented to Heritage on 12/15/2025 - Current*

*#3 – Rented to WNCC on 1/28/26 – Current | #4 – Available*

*Staffing – Myranda, Becky*

### ***CPR***

- May – 1 @ Camp Scott
- Training schedule in June and July

*Staffing – Myranda, Ally, Becky*

### ***Stop the Bleed***

- Calvary Memorial on March 16; 19 trained

*Staffing – Myranda, Ally, Becky*

## Worksite Wellness

### **PWWC**

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

- Hosted the March Wellness Chat on March 12 at Box Butte General Hospital (BBGH), with both in-person and virtual attendance, reaching 25 participants.
- Participating in the Menopause Steering Committee to support workplace health education and awareness.
- Offered *8 to Great* and *RFast* virtual trainings to promote physical activity and wellness.
- Presented on Financial Wellness at Western Nebraska Community College (WNCC).
- Facilitating meetings for the State Aging Coalition.
- Meeting with the Office of Aging to discuss the Senior Farmers Market Nutrition Program (USDA).
- Collaborating with WNCC to explore additional professional development opportunities.

*Staffing – Nicole Berosek*

### **Governor’s Wellness Award:**

The Governor’s Wellness Award application period has closed for 2026. A total of 31 applications were received and are currently under review by the scoring team.

*Staffing – Nicole Berosek*

### **Chronic Disease/Obesity State Grant**

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

Outreach and coordination activities included:

- Planning is underway for 3rd Grade Wellness Day (Cheri).
- CATCH After School events:
  - March 9 – Bayard Wellness Event (≈30 participants)
  - April 21 – Gordon Afterschool Program (Blender Bikes; 50 participants)
  - April 30 – Bayard Pathfinders Event (≈100 participants)
- Continued collaboration with the Kimball Community Garden, including promotion of available opportunities.
- Fall Safety and Wellness Day “Save the Date” was distributed and the conference brochure developed; promotion efforts are ongoing.
- Attended the March 26 Senior Farmers Market Nutrition training.
- Chadron and PPHD NDPP trainings are available throughout the year.
- Step Into Wellness Challenge: 57 participants registered; 17 trackers were returned.
- Safe Routes to School activities:
  - March 24 – UNL Extension Focus Group on Obesity and Cancer
  - April 11 – Week of the Young Child event (80 participants)
- Walk at Lunch Day:
  - 32 organizations registered with an estimated 397 participants
  - April 13 – KNEB radio interview promoting the event
- Walkability initiatives:
  - March 4 – Northwest Nebraska Planning Committee (Chadron, Crawford)
  - March 5 – Bridgeport SS4A Task Force Meeting (4 participants)
  - March 9 – Terrytown Creative Crosswalk Meeting
  - March 19 – Activate Gordon Meeting (6 participants)
  - April 8 – Activate Alliance

- May 12 – Gering SS4A Meeting (7 participants)

CredibleMind Program participation and outcomes included:

March:

1,278 views, 35 posts

Users: 568 | New Users: 549 | New Registered Users: 4

Sessions Per User: 1.18 | Average Session Duration: 2 :25 minutes | Sessions: 673

April:

2399 views and 47 posts

Users: 336 | New Users: 318 | New Registered Users: 4

Sessions Per User: 1.2 | Average Session Duration: 2:18 minutes | Sessions: 404

May:

1,719 views and 39 posts

Users: 357 | New Users: 347 | New Registered Users: 0

Sessions Per User: 1.09 | Average Session Duration: 1:29 minutes | Sessions: 389

*Staffing - Nicole Berosek, Cheri Farris, Megan Barhafer, and Jessica Rocha*

## Preparedness

### ***PRMRS – Panhandle Regional Medical Response System***

The Medical Surge and Response Exercise (MRSE) was completed in May with hospital partners, emergency management agencies, CAPWN, and PPHD. Our coalition cybersecurity tabletop exercise is scheduled for June 18th. This exercise will provide coalition members with an opportunity to test their facility cybersecurity policies and procedures; cybersecurity remains a top hazard vulnerability across the healthcare sector in our region.

E3: Emergent continues to build out our communication tool. It is expected to be ready to use by late summer.

Emily and Ally attended the Preparedness Symposia hosted by CPERS in Kearney in June. Emily was a panelist for the Symposia, discussing preparedness and response effort to the March wildfires. PRMRS paid for member registrations for those who attended the Symposia.

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

*Lead - Emily Timm*

### ***Public Health Emergency Preparedness***

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

*Lead – Tabi Prochazka*

### ***MRC - Panhandle Public Health Medical Reserve Corp***

Work has continued to strengthen the MRC. In April and May 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 March and April they volunteered a total of 33.25 hours. In April, psychological first aid training was offered to the MRC members and 3 members were trained. 1 new MRC member joined in May

*Lead – Ally De Los Santos*

## Disease Investigation

PPHD continues to review and/or investigate infectious disease cases. In April and May, 51 investigations were completed. Partner visits occurred in November and December. During these visits, we reviewed reportable diseases, connected with infection control personnel at each hospital and long-term care facility, and discussed any challenges partners may be experiencing related to reportable diseases. Emily and Ally also delivered a booklet of information that serves as a quick reference and includes information about reportable diseases, the new STI reporting sheet, lead poisoning resources, the genetics clinic, and the HPV vaccine. Partners that we visited included all 8 area hospitals, 21 long-term care facilities, and 3 other healthcare clinics. We identified who is responsible for infection control at each facility and obtained contact information. Reportable diseases in Nebraska are listed at: [Nebraska Reportable Diseases](#).

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

### ***STI (Sexually Transmitted Infections) tracking***

Ally and Emily continue to work on HIV, syphilis, gonorrhea, and chlamydia STI cases. In April and May, 23 chlamydia investigations were completed, no gonorrhea investigations were completed, and there were no syphilis investigations. 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. In May, Ally and Myrranda provided sexual health education sessions for 42 Alliance 10th graders.

*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 address any concerns and possible solutions/suggestions. There were no schools reporting greater than 10% absentee rates in May. As schools are on summer break, we anticipate upcoming training and enrollment into the program prior to the new school year.

*Lead – Emily Timm*

### **Cancer Prevention**

#### ***Colorectal Cancer Awareness and Screening Updates***

Currently, FIT kit distribution is paused for the 2026 season due to the kits we have expiring June 9. So far in 2026, 43 kits have been distributed and 31 have been returned. Six tests were positive and 25 were negative. We look forward to continuing to distribute one-sample FIT test kits and promote the awareness campaign materials to Panhandle residents ages 45–74 once we receive more FIT kits.

*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 planning to lead a 4-day virtual lifestyle coach training in July. She will 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. Cheri & The Nebraska DPP Coordinator are anticipating a larger turnout for lifestyle coach training this fall due to the RHT funds.

#### ***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 participants. Habit Nu is an online platform and smart phone application that we are utilizing this cohort for collecting participant data. An in-person cohort is currently happening in Chadron with 15 active participants. Cheri works with their lifestyle coach to provide ongoing technical assistance and data submission.

*Lead – Cheri Farris*

### ***Living Well***

Cheri and Janelle are facilitating a Leader Training August 25-28 at the Gering Civic Center for the CHWs and other Panhandle partners.

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 PPHS Chronic Disease Block Grant funds will enable us to have more time and outreach to partner with clinics to gain more referrals in the coming months.

*Lead – Cheri Farris and Janelle Visser*

### ***Living Well with High Blood Pressure***

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

*Lead – Cheri Farris*

### ***Aging Office of Western Nebraska Partnership***

The new contract with the Aging Office of Western Nebraska goes into effect July 1. 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. We continue to explore creative ways to engage and serve older adults in the region.

*Lead – Cheri Farris*

### ***Health & Wellness Coaching***

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

*Lead – Cheri Farris*

### ***Falls Prevention Programs***

PPHD is able to utilize AOWN Title IIID funds to support some of the ongoing programs at Regional West. A new opportunity is coming soon to implement Bingocize and/or Tai Chi in nursing homes and assisted living facilities with the RHT funds. We are currently in the planning phase.

*Lead – Cheri Farris*

### ***Motivational Interviewing Trainings***

Cheri facilitated an Introduction to MI workshop at WNCC Thursday, March 26th. Dr. Kate Speck facilitated advanced Motivational Interviewing training on May 22nd. Cheri is leading MI 1 and 2 trainings June 23 & 24, and July 27 & 29 at Prairie Winds Community Center in Bridgeport. The Panhandle Partnership is assisting with planning and coordination. The new CHWs will be in attendance.

*Lead - Cheri Farris*

### ***Bridges Out of Poverty***

Nicole facilitated a one-hour virtual *Bridges Out of Poverty* training with four participants and also led a half-day training at WNCC on May 26, which was attended by 30 individuals. A future *Bridges Out of Poverty* training is being planned for the newly hired Community Health Worker (CHWs). *Lead – Cheri Farris & Nicole Berosek*

### ***5 to Thrive Campaign***

The PHHS Chronic Disease Prevention Block Grant funds have enabled us to create a campaign around healthy lifestyle and nutrition. *5 to Thrive!* is a campaign built around Five Simple Daily Habits for a Healthy Life. Healthy living does not have to be complicated.

Follow 5 simple steps each day to support your energy, heart health, and overall well-being. % or more servings of vegetables and fruits, 4 or more servings of water, 3 servings of protein daily (including dairy) 2 or less hours of recreational screen time daily (not including work/school), and 1 or more hours of movement or relaxing activities daily.

This campaign aligns with evidence from:

- The Centers for Disease Control and Prevention on diabetes prevention
- The American Heart Association heart health recommendations
- The Dietary Guidelines for Americans

It focuses on prevention, sustainability, and realistic habits — especially important in rural communities where access, time, and resources can vary.

*5 to Thrive!* is well on its way to launching. We will be receiving custom shopping bags that will be distributed at farmers markets and small local grocery stores along with education about the healthy living campaign soon.

*Lead – Cheri Farris*

## Healthy Families – Nebraska Panhandle

### Program Highlights

Healthy Families continues to experience significant growth across the Nebraska Panhandle. Referral numbers reached an all-time high this past quarter and show no signs of slowing down. This continued increase reflects the strong partnerships Healthy Families has built throughout the region and demonstrates growing community awareness of the valuable support home visiting services provide to families.

The program has remained focused on recruiting, onboarding, and training new staff to meet the increasing demand for services. Healthy Families recently welcomed a new Home Visitor and will welcome an additional team member on June 23. One remaining position is currently being filled, which will bring the team to full staffing capacity. Achieving full staffing will be an important milestone as nearly all Home Visitors continue to maintain full caseloads.



In June, the entire Healthy Families team attended the Nebraska Young Child Institute in Kearney. The conference provided valuable professional development opportunities, allowing staff to gain new knowledge and resources to strengthen their work with families. It also offered an opportunity for team building.

## Maternal and Child Health Growth Updates

### Pregnancy & Beyond Prenatal Group

The Pregnancy & Beyond Prenatal Group officially launched in June and has successfully held its first three group sessions. Early feedback has been very positive, with participating mothers sharing that they feel supported, heard, and connected throughout their pregnancy journey.

The group provides education, resources, and peer support while creating opportunities for mothers to build relationships with one another. Topics include healthy pregnancy, labor and delivery, newborn care, breastfeeding, mental wellness, and navigating the postpartum period. PPHD looks forward to continuing to grow participation and expand support for expectant families throughout the region.

### *Self-Measured Blood Pressure (SMBP) Program*

The Self-Measured Blood Pressure (SMBP) Program continues to gain momentum and remains an important maternal health initiative for PPHD. The program focuses on increasing awareness of hypertensive disorders during pregnancy and the postpartum period through education, self-monitoring, and early identification of abnormal blood pressure readings.

*Lead – Dez Brandt*

## **Panhandle Prevention Coalition**

### *PPC Impact Snapshot*

- 452,804 billboard impressions promoting ID checks and preventing alcohol sales to minors
- 207 attendees reached at the Veterans Stand Down event in Gering
- 140 attendees at the ESU 13 Explore Together event
- 40 attendees reached through My Ascension screenings in Scottsbluff and Kimball
- 178 alcohol retailers received Responsible Beverage Server Training information
- 7 businesses participated in compliance checks with a 100% pass rate
- 23 participants attended the May PPC meeting

### *Community Outreach & Partnerships*

PPC continues to expand prevention outreach through partnerships and community engagement opportunities. Prevention resource tables were hosted at the ESU 13 Explore Together event, My Ascension screenings in Scottsbluff and Kimball, the Veterans Stand Down event, and community activities at the Scottsbluff Public Library.

A new partnership with Western Nebraska Community College (WNCC) is creating opportunities to provide multi-week 8 to Great Lunch & Learn sessions, RFAST Lunch & Learns, and additional prevention programming for college students.

### *Prevention in Action*

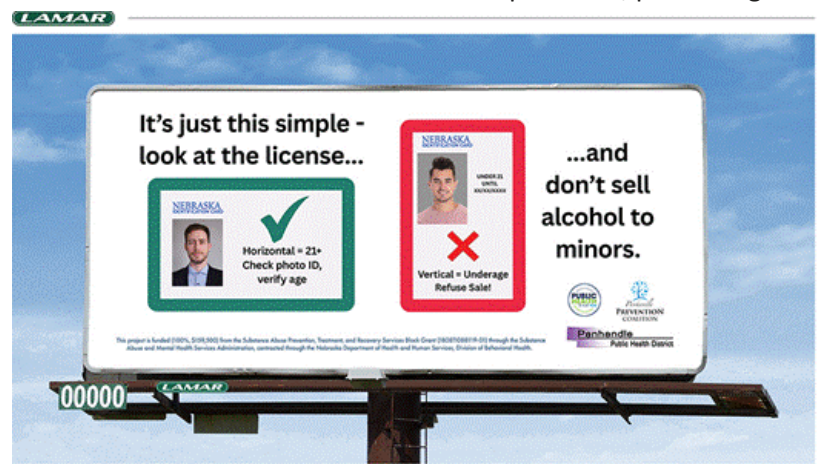
Responsible Beverage Server Training (RBST) information was distributed to 178 retail alcohol providers, promoting access to free online training opportunities. Alcohol compliance checks were completed in Dawes and Sheridan Counties, with all seven businesses successfully passing.

To support responsible alcohol sales practices, a regional billboard campaign promoting ID checks and preventing alcohol sales to minors was implemented across seven Panhandle locations, generating an estimated 452,804 impressions during June.

### *Coalition Engagement*

The May 28 Panhandle Prevention Coalition meeting included 23 participants. Coalition members received presentations from Smart Approaches to Marijuana (SAM) and the Behavioral Health Liaison for the Nebraska Commission for the Deaf and Hard of Hearing.

### *Looking Ahead*



The next Panhandle Prevention Coalition meeting will be held on July 23. Featured speaker Dr. Joe Angel Espinoza Jr., MD, psychiatrist with Regional West, will provide updates on behavioral health services and resources and discuss current behavioral health trends.

*Lead – Suzanne Crane, Nicole Berosek, Tabi Prochazka*

### **Suicide Prevention**

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

Suzanne and Nicole have delivered one Youth Mental Health First Aid (YMHFA) training for a youth-focused group with 6 attendees. Two additional Adult Mental Health First Aid (AMHFA) trainings are scheduled for August 11 and 12.

### **QPR – Question, Persuade, Refer Suicide Prevention Training**

Suicide prevention remains a priority for the team at PPHD. The PPHD QPR team has facilitated 8 trainings with 64 participants completing surveys in 2026.

The next QPR Webinar will be on August 12 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. The QPR Institute recommends QPR training annually. Register here for an upcoming webinar <https://tinyurl.com/2p8kb837>

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

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

The 2026 Mini Grant funds are enabling PPHD to distribute the Nebraska Statewide Suicide Prevention Coalition media campaign across the area with flyers and table tents in area restaurants and bars. These have been delivered to Panhandle towns with populations under 1,000. Mini grant funds are also supporting the renewal of QPR trainer certifications as well as 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 - Partnerships for Success**

The Partnerships for Success (PFS) initiative continues to support prevention efforts across the Nebraska Panhandle through education, training, community partnerships, and policy development focused on reducing substance misuse and promoting mental wellness. Preparations are underway for the upcoming Third Grade Wellness Program, with schools currently being contacted regarding participation for the next school year. Staff also completed recertification in the CATCH My Breath vaping prevention curriculum to ensure continued delivery of current, evidence-based prevention education. On June 10, CATCH My Breath was presented to five youth in grades 5–8 and three adult participants at Bannister's Leadership Academy.

Partnerships continue to expand throughout the region. In collaboration with Western Nebraska Community College, an Alcohol Literacy Challenge training has been scheduled for August 3 to provide prevention education and training for residential advisors before students return for the academic year. Staff also met with Lisa Simmons of Lutheran Family

Services to explore future opportunities for collaboration and prevention-focused community initiatives.

Mental health and suicide prevention efforts remain a priority. A virtual Counseling on Access to Lethal Means (CALM) training was conducted on June 9, with one participant successfully completing the training. Support continues to be provided to schools implementing Girls on the Run and Hope Squad programs. Following positive community engagement surrounding screenings of *My Ascension* in Scottsbluff and Kimball, which attracted approximately 30 attendees, Kimball Public Schools has expressed interest in establishing a Hope Squad program. Initial outreach has been conducted with the school counselor to discuss next steps.

PFS resources continue to be shared through community outreach events across the Panhandle. Staff participated in the Explore Together, Discover, Learn, and Explore as a Family event hosted by ESU 13 Title I Part C Education Program, which attracted approximately 140 attendees. Power of Parents handbooks, prevention resources, and gun locks were made available to participating families. Additional outreach occurred at the Scottsbluff Public Library Summer Reading Community Fair, which attracted approximately 400 attendees. Power of Parents handbooks were distributed in both English and Spanish, helping equip families with tools to discuss alcohol and substance use with their children.

Policy and environmental prevention strategies continue throughout the region. Follow-up and technical assistance are being provided to businesses, schools, healthcare providers, and community organizations regarding alcohol, tobacco, vaping, mental health, and means restriction policies and resources. These efforts help support healthier environments and strengthen community-wide prevention practices.

*Staff – Nicole, Jessica R, Suzanne, Tabi*

### **Tobacco Free Nebraska**

- Social media posts promoting tobacco cessation have continued on our PPHD and PWWC Facebook pages and on the PPHD Instagram page.
- TFN/Quitline promotional material was offered at the My Ascension film screening in Scottsbluff on May 5th and in Kimball on May 18th; at the Cirrus House Pony Express Kickoff on in Scottsbluff on May 13th; at the Volksmarch near Crawford on May 16th; at the Molina Summer Safety Event in Scottsbluff on May 30th; at the Explore Together ESU Event in Scottsbluff on May 30th; at the Housing Authority Presentations in Minatare and Gering on June 10th; and at the Summer Reading Community Fair in Scottsbluff on June 16th.
- A TFN update was presented virtually at the May 28th PPC meeting.
- A direct mailer was sent to 1,096 worksites in the Panhandle in May.
- A radio ad for Clean Air Month ran through the month of May.
- A radio ad for Great Outdoors Month is running through the month of June.
- Items for Quit Kits were purchased and assembled. Suzanne gave three kits out at the Minatare Housing Authority event and one kit out at the Gering Housing Authority event.

*Lead – Janelle Visser, Jessica Rocha, and Nicole Berosek*

### **Opioid Response**

Opioid Education and Narcan training are offered to community groups across the Panhandle, with a primary focus on college-aged individuals. In June, Emily presented to WNCC staff. Opioid education and Narcan training for extended WNCC staff and Resident Assistants are being scheduled for August.

Cheri and Emily continue planning efforts to provide WRAP training to Guardian Light later this summer.

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

*Lead – Emily Timm*

## **Situation Table**

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

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

(Data from 8/31/22-6/15/26)

138 Situations Presented to Table | 96 Connected to Services (74%)

24 Informed of Services | 8 Refused Services

2 Not Deemed in Acutely Elevated Risk; connected to services | 7 Unable to Locate | 0 Open

Top Risk Factors; percentage of situations impacted:

Housing - 72% | Mental Health - 72% | Substance misuse - 61% | 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, Kelsy Sasse*

## **Highway Safety Office and Activate**

The Highway Safety grant, which supports longer-term injury prevention strategies across the Panhandle, is progressing well. Key updates are outlined below:

### *Program Implementation and Partnerships*

- Driver's Education classes are being offered through WNCC in Scottsbluff. Nebraska Safety Council continues to provide an online option, with Bob Kinsey conducting the in-person driving component locally.
- Jessica and Nicole continue to support Activate groups to promote safe, active communities, with Jessica assisting in Kimball and other communities.
- Jessica maintains monthly social media content for Facebook and Instagram.
- PPHD continues its partnership with Panhandle Scanner/Hale Multimedia to expand reach across Facebook, and Instagram.

### *Partnership for Safe Driving Policies and Education*

- Ongoing development and enhancement of presentations, training materials, and employer resources focused on road safety and prevention best practices.
- Continued review of evidence-based safety literature to ensure materials and messaging reflect current standards.
- Delivery of employer-based educational presentations through prevention partnerships.
- Tracking systems remain in place to monitor employer policy adoption and evaluate communication and training effectiveness.
- Required updates submitted to the Nebraska Highway Safety Office, including April data reporting, May monthly updates, and social media report.
- HSO grant budget and workplan were presented on May 4.

### *Marketing and Agricultural Safety Campaigns*

- Communication campaigns implemented for Distracted Driving Month, Seat Belt Enforcement, and agricultural safety during peak seasons (wheat harvest in July, beet harvest in September).
- Additional outreach included:
  - Distracted driving streaming audio ad (March)
  - Spring planting radio ad (April)
  - Agricultural safety billboards in four Panhandle locations (April)
  - Full-page ad in *Pride in Ag* (NSpire magazine, April edition)
  - Streaming TV agricultural safety ad (April)

- A \$1,500 contract with Panhandle Scanner/Hale Multimedia expanded reach to over 70,000 Facebook followers and 1,200+ Instagram followers.

#### *May Social Media Metrics:*

- **Facebook:** 105 posts; 14,250 views; 440 reach; 88 reactions; 29 shares; 110 clicks; 316 impressions
- **Instagram:** 49 posts; 73 views; 73 reactions
- Messaging is integrated across PPHD communication channels, including newsletters, social media, news releases, and partner networks.
- PWWC newsletter open rate: 29% (205 opens)

#### *Traffic Safety Strategies for Communities*

- Ongoing collaboration with local partners to support traffic calming and walkability initiatives.
- May activities included:
  - Internal PPHD Activate and walkability meeting (May 6)
  - Hemingford Wellness Committee meeting (6 attendees)
  - Gering SS4A City Council and follow-up meetings
  - Bridgeport SS4A virtual meeting
  - BBGH Bike Rally outreach and distribution of safety materials

#### *Seat Belt Education and Driver's Education Access*

- Driver's education availability assessment completed and submitted in April.
- Continued collaboration with WNCC to expand access across the Panhandle:
  - New instructor supporting Chadron (potential expansion to Gordon)
  - Alliance classes remain tentative pending instructor confirmation
  - Additional \$10,000 NDOT funding secured to support 50 students at no cost

#### *Driver's Education Enrollment:*

- Scottsbluff: 35 | Sidney: 15 | Chadron/Alliance: 7 (below minimum needed to run classes)
- Financial assistance continues to reduce barriers for under-resourced families.
- Ongoing challenges include instructor recruitment, availability, and training capacity.

#### *Youth Engagement and Teen Driver Safety*

- Collaboration underway with NDE and FCCLA chapters across District 12 (Alliance, Chadron, Hemingford, Garden County, Gering Jr High, Scottsbluff).
- Proposed FACTS-related activities include:
  - Social media campaigns
  - Public service announcements
  - Teen driver safety events
  - Community outreach and education booths
  - Data collection and survey support
- Continued efforts to enhance teen driver safety awareness through targeted campaigns and educational materials.

#### *CarFit and Older Driver Safety*

- CarFit education and outreach continue.
- A CarFit event is scheduled as part of the Senior Wellness Conference on October 9.

#### *Child Passenger Safety*

- Through the Panhandle Child Passenger Safety Program:
  - 9 car seats were distributed and installed in May by Healthy Families staff
  - Janelle will complete car seat technician recertification prior to September

*Lead – Nicole Berosek and Jessica Rocha*

## **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. This event relies on volunteers to help with activity stations.

The sites and dates include:

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

*Lead – Cheri Farris*

### ***Pool Cool:***

Janelle contacted all Panhandle pools and cities, and the following locations have requested sunscreen delivery:

Alliance | Big Springs | Chadron State Park | Chappell | Crawford | Fort Robinson | Gering | Gordon | Harrison Hay Springs | Hemingford | Hyannis | Kimball | Mitchell | Morrill | Oshkosh | Scottsbluff Westmore | Sidney

## **Environmental Health**

### ***Radon***

The radon team, Megan and Linda, have continued to promote the radon testing program. Since January, Linda sent out 250 test kits. Test kits have been distributed to 24 different communities across the panhandle.

*Lead – Megan Barhafer*

### ***West Nile Virus***

The WNV sampling has begun. Randy has sampled once. The Bridgeport and Bayard sites have proved successful in mosquito collection. Randy will be collecting again June 22. So far no West Nile virus has been found in the Panhandle samples.

*Lead – Megan Barhafer*

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

PPHD hosts quarterly meetings of the Environmental Health Coalition to discuss partnerships and opportunities to expand air, water, and lead safety. The meeting this quarter took place on April 14. At that meeting, the team from UNMC shared updates on their WNV project. Megan sent out the annual advisory interest survey after this meeting to gauge ongoing interest and feedback about EH topics from committee members.

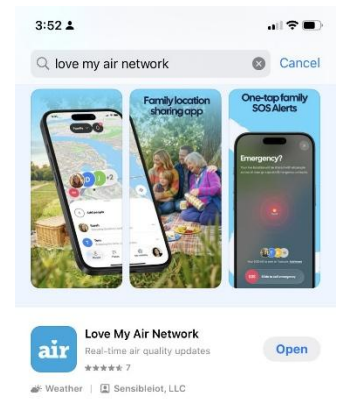
*Water*

PPHD is still exploring pool inspection regulations and how we could support these important public health safeguards. Megan has been shadowing DWEE inspector Brodie to learn more and participating in statewide coordination calls to align policies and procedures across the state.

*Air*

We are working with Love My Air to provide an air quality app that gives alerts. It is now live! Check out the at right above to see how it appears in your app store.

*Lead – Megan Barhafer, Kendra Lauruhn*



## **Lead and HUD**

The lead abatement training is taking place June 22-26, 2026. Local contractors are signed up to commit to learning lead abatement.

As of 6/22/2026, PPHD has 11 open lead poisoning cases.

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

*Lead – Chris Christopherson, Kendra Lauruhn*

## **Dental Health**

### **Dental Health Program-Keeping Teeth Strong**

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

The local Scottsbluff/Gering Lions Club reached out to establish a partnership with PPHD and local area dentists. They have offered to pay a portion of the dental visit in hopes that the local dentist can write off the rest. We are currently in discussions but anticipate this partnership will begin in the new school year.

*Lead – Kendra Lauruhn*

### **Dental Day**

Janelle and Kendra have been in contact with UNMC in regard to Panhandle Dental Day 2026. UNMC is considering doing something in the future, nothing has been set yet.

*Lead – Janelle Visser*

## **Administrative**

### **Human Resources**

We onboarded 5 people in May for Community Health Worker positions and are starting 5 staff in June - 1 Home Visitation Specialist, 2 Community Health Workers, 1 Communications Specialist, and 1 Community Wellness and Prevention Specialist. We also have one more position out for one more Home Visitation Specialist.

Work anniversaries for April - June

- |                   |          |                      |         |
|-------------------|----------|----------------------|---------|
| ● Cheri Farris    | 10 years | ● Ally De Los Santos | 2 years |
| ● Amanda McClaren | 5 years  | ● Julie Brock        | 2 years |
| ● Dezirae Wilkins | 2 years  | ● Carol Sinner       | 2 years |

*Lead – Erin Sorensen*

### **Finance**

PPHD engaged HBE to prepare the budget forms and present on the 2026-2027 budget at the September budget hearing. As we approach the end of the fiscal year, many programs are on target to expend all budgeted funds.

### **Accreditation**

The 2026 version of the accreditation standards and measures was released in June. PPHD will be using those standards to prepare the annual report to the Public Health Accreditation Board (PHAB) by the end of September.

*Lead – Sara Williamson*

# Convening Partners to Strengthen Community–Clinical Linkages in Dementia

Panhandle Public Health District

March 2026

## Quick Summary

### Education and partnerships strengthen dementia care coordination

The Panhandle Public Health District educated providers, integrated brain health into existing programs and conducted broad community outreach to address gaps in dementia awareness and support. By convening partners and forming a regional coalition, the health department strengthened community–clinical linkages and improved coordination of care and resources for people living with dementia and their caregivers.

Clinical systems alone cannot meet the complex, long-term needs of people living with dementia and their caregivers. Linking clinical care with community-based supports and services helps ensure coordinated, person-centered care is accessible, supports earlier detection and intervention, and better meets the needs of people living with dementia and their families.

The **Panhandle Public Health District (PPHD)** in Nebraska enhanced community-clinical linkages for dementia as part of the **Healthy Brain Initiative (HBI) Road Map Strategist Program** 2024 cohort. Acting as a convener, PPHD brought together local government agencies, community members, health care systems and community-based organizations to develop a coordinated and culturally-resonant public health response to dementia.

### Educating Providers and Integrating Brain Health

The Nebraska Panhandle spans 12 counties with rural and frontier regions. Communities in the Panhandle exhibit many strengths including strong networks and a growing readiness to have open conversations about cognitive decline. The broad geography, however, raises barriers to reaching remote individuals, collecting and analyzing surveillance data

about these populations and ensuring there are enough health care providers to meet local needs. With a clear understanding of local barriers and opportunities, PPHD advanced three interconnected actions to utilize these strengths and address barriers through participation in the HBI Road Map Strategist Program.

- » **Educating the workforce:** PPHD provided education to public health and health care

### HBI Road Map Strategist Program

#### Building local leadership to advance the public health approach to dementia

The Healthy Brain Initiative (HBI) Road Map Strategist Program supports **local health departments** in advancing the public health approach to brain health, dementia and caregiving. Through funding, education and technical assistance, the program equips experienced public health professionals to **serve as systems change agents** guided by the [HBI State and Local Road Map for Public Health, 2023-2027](#).

The HBI Road Map Strategist Program is led by the Alzheimer's Association in partnership with the National Association of County and City Health Officials (NACCHO).

professionals about dementia and available community resources that support people living with dementia and their caregivers. Trainings were delivered to health care providers, public health professionals, students in local nursing programs and staff from community-based organizations — helping expand capacity of both the current and future workforce.

- » **Integrating dementia into programming:** PPHD integrated dementia education and messaging into existing public health programs including falls prevention and chronic disease management.
- » **Reaching the public:** Using an every-door approach, PPHD ensured brain health messaging reached communities across the Panhandle. Materials were produced in English and Spanish, and outreach was integrated into well-attended events such as Latina Red Dress Day and Farm & Ranch Days, broadening engagement and bringing dementia education and awareness to them.
- » **Strengthening clinical–community linkages:** PPHD identified a shared need for more coordinated post-diagnosis support. In response, PPHD developed practical clinical solutions including a simple, hands-on pamphlet clinicians can offer families immediately after a dementia diagnosis.

## Impact and Sustainability

Participation in the HBI Road Map Strategist Program elevated dementia as a priority public health issue within PPHD, jumpstarting the integration of brain health messaging into existing activities across the Panhandle. Community engagement and listening sessions further clarified the health department’s unique role as a convener, bringing partners together to address shared gaps and needs.

PPHD strengthened partnerships with local community-based organizations, health systems and a local hospital. Close collaboration led to the establishment of the Panhandle Dementia Coalition,

*“As a health department, our role as a convener is central to this work. By intentionally bringing partners together and meeting communities where they are, we reinforced that advancing brain health and dementia support is not the work of any single organization — it’s a shared effort. When partners see themselves reflected in the work, participation deepens, coordination improves and real momentum is created.”*

-Jessica Davies  
Director,  
Pandhandle Public Health District

a regional network dedicated to improving dementia care, supporting caregivers and expanding local resources for people living with dementia and their families.

## Lessons Learned

- » **Use convening to drive coordinated action:** Bringing together partners across the region helped identify shared strengths and gaps and work together to develop practical community-sourced solutions. In the convener role, PPHD positioned itself as a trusted leader in brain health and dementia.
- » **Integrate brain health into existing programs:** Embedding dementia education and messaging into current programs expands reach and supports sustainability without requiring new standalone initiatives.
- » **Build partnerships to sustain long-term impact:** Establishing cross-sector coalitions strengthens community collaboration, increases access to clinical services and community resources, and supports ongoing coordination of care for people living with dementia and their caregivers.

Learn more about the public health approach to dementia at [alz.org/publichealth](https://alz.org/publichealth)



**HEALTHYBRAIN  
INITIATIVE**

**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

*Together We Thrive: Health Across the Lifespan*

**Nebraska Public Health Conference**

*Spring 2027*

## **Q & A Re: Adoption of Public Swimming Pool Regulations by Boards of Health**

**Draft v3 May 26, 2026**

### **Why are public swimming pool regulations being brought to the Board of Health?**

During the 2026 legislative session, the Nebraska Legislature passed LB759. Part of LB759 transferred the regulation of public swimming pools from the Nebraska Department of Water, Energy and Environment (NDWEE) to local governments, including district health departments. NDWEE will no longer issue operating permits or inspect public swimming pools. However, state regulations for operating and maintaining pools will remain in place even though the state will not do inspections to ensure compliance.

### **Why did this shift of responsibility to local governments happen?**

The primary reason given was to eliminate the cost of issuing public swimming pool operating permits, conducting inspections and enforcing the regulations.

### **Why is the health department proposing regulations to permit and inspect public swimming pools?**

The State will no longer do this work and district boards of health have specific responsibilities under state law (NRSS 71-1631 and 1631.01) to protect public health by:

- Enacting and enforcing rules and regulations to prevent communicable disease,
- Conducting health and sanitary investigations and inspections, and
- Establish fees for the costs of all services.

The primary purpose of public swimming pool regulations is to prevent illness outbreaks, injuries and drowning.

### **What is being proposed?**

Regulations for public swimming pools have been proposed that:

- Require plans for new pools to be approved by the NDWEE
- Adopt State regulations for operation and maintenance of existing pools.
- Authorize issuing permits, conducting inspections, and establishing fees.
- Authorize actions to gain compliance with health and safety regulations.
- Provide for appeals and due process.

### **What is a public swimming pool?**

Any artificial basin of water which is used for public swimming, wading, diving, recreation or instruction, including pools and spas serving a community, subdivision, apartments, condominiums, clubs, hotels, motels, apartments, schools, institutions and camps.

## **Q & A Re: Adoption of Public Swimming Pool Regulations by Boards of Health**

**Draft v3 May 26, 2026**

### **How many public swimming pools are there in Nebraska?**

About 1,420.

### **How many public swimming pools are there in our health district?**

Currently 62.

### **Do other local and state health departments regulate or inspect pools?**

Yes. Public swimming pool in the U.S. are almost exclusively regulated and inspected by local or state health departments.

### **Do other local health departments in Nebraska regulate or inspect pools?**

Yes. Over 70% of public swimming pools are regulated and inspected by local health departments.

### **Do people really get sick from public swimming pools?**

Yes. In the U.S., thousands of illnesses are associated with public swimming pools each year, with most being associated with improper disinfectant levels. Pool-related disease outbreaks also occur in Nebraska. In the past five years, multiple spa-related Legionella outbreaks have been investigated, resulting in severe illness and hospitalization. Several years ago, both Lincoln and Omaha had large outbreaks of pool-related Cryptosporidiosis, causing hundreds of illnesses, with young children being most affected.

### **What kind of health code violations are associated with illness?**

Pool inspections in Nebraska commonly find non-compliance with requirements that must be followed to ensure people do not get sick. Examples of such violations include inadequate disinfectant levels, problems with pH, missing or broken safety equipment, and high levels of cyanuric. Any of these conditions require immediate closure and correction before the pool can operate safely.

### **What kind of actions will be taken when a health department inspector finds a public swimming pool is not in compliance with regulations?**

When there are violations that pose significant risk to health, the most common action will be temporary closure until the pool operator can bring the pool back into compliance. Typically, temporary closures are for a short period of time, such as an hour or two, but sometimes it can take longer to get the pool back into compliance.

### **What will the Public Swimming Pool Operating Permit fees be used for?**

## **Q & A Re: Adoption of Public Swimming Pool Regulations by Boards of Health**

**Draft v3 May 26, 2026**

The fees will be used to cover the costs of doing pool inspections and other associated costs. This will include staff salaries and benefits, vehicle costs and gas, equipment, training, printing and copying, a small portion of office costs (i.e. computer, desk, chair, rent) and cost for supervising and administering the program.

### **What will happen if the board of health does not adopt these regulations?**

Public swimming pools will not be inspected by health department staff that have science education and training in pool inspections to protect public health. It is possible that some or all public swimming pools in the health district's jurisdiction will not be inspected by anyone for compliance with health and safety requirements. This could result in disease outbreaks, injuries and drowning.

### **Could other local government political subdivisions adopt public swimming pool regulations?**

Yes, under the new statute, cities, counties or villages can adopt pool regulations. However, public swimming pool regulations throughout the U.S. are almost exclusively adopted as health regulations and inspections are conducted by health departments.

**Public Swimming Pools Regulations  
Draft Version 11.0 CLEAN  
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**PUBLIC SWIMMING POOLS**

**Contents:**

- Section 010 Purpose.**
- Section 020 Authority.**
- Section 030 Definitions.**
- Section 040 Plans; Approval for Construction; Required.**
- Section 050 Design and Construction Standards.**
- Section 060 Permit to Operate.**
- Section 070 Permit; Application.**
- Section 080 Operational Standards.**
- Section 090 Public Swimming Pool Permit Fees.**
- Section 100 Polluted or Unsafe Water.**
- Section 110 Inspections and Enforcement.**
- Section 120 Permit; Suspension, Revocation.**
- Section 130 Notice; Service.**
- Section 140 Suspended Permit; Reinstatement.**
- Section 150 Enforcement Hearings.**
- Section 160 Appeals.**
- Section 170 Variances.**
- Section 180 Liability of Owner; Limits.**
- Section 190 Penalty.**
- Section 200 Severability and Savings Clause.**

**010 Purpose.**

The Board of Health finds that properly designed, constructed, installed, operated, and maintained public swimming pools and spas:

- a. Reduce health risks and hazards to public health and safety, including drowning and serious injury;
- b. Minimize disease transmission potential;
- c. Prevent nuisance conditions; and
- d. Promote physical activity and afford recreation.

The Board of Health adopts these regulations for the construction, maintenance, operation, permitting and inspection of Public Swimming Pools and the training and certification for Public Swimming Pool Operators to prevent and eliminate health and safety risks. The Board of Health authorizes the Health Director to administer and enforce these regulations.

**020 Authority and Scope.**

**Neb. Rev. Stat. § 71-1626 Terms, defined.**

For purposes of sections 71-1626 to 71-1636:

- (3) Local public health department means a county, district, or city-county health department.

**Neb. Rev. Stat. § 71-1631. Local boards of health; meetings; expenses; powers and duties; rules and regulations; pension and retirement plans.**

- (7) Enact rules and regulations, subsequent to public hearing held after due public notice of such hearing by publication at least once in a newspaper having general circulation in the county or district at least ten

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days prior to such hearing, and enforce the same for the protection of public health and the prevention of communicable diseases within its jurisdiction, subject to the review and approval of such rules and regulations by the Department of Health and Human Services;

(8) Make all necessary sanitary and health investigations and inspections;

(10) Investigate the existence of any contagious or infectious disease and adopt measures, with the approval of the Department of Health and Human Services, to arrest the progress of the same;

(14) Establish fees for the costs of all services, including those services for which third-party payment is available;

**Neb. Rev. Stat. § 71-1631.01. Local boards of health; rules and regulations; violations; penalty.**

Any person violating any rule or regulation, authorized by the provisions of either subdivision (7) or (9) of section 71-1631, shall be guilty of a Class III misdemeanor, and each day's violation shall be considered a separate offense.

**Neb. Rev. Stat. § 81-15,263 For purposes of the Environmental Safety Act:**

(3) Local government means a county, city, or village or a local public health department as defined in section 71-1626.

**Neb. Rev. Stat. § 81-15,265 Swimming pools; sanitary and safety requirements.**

(2) A local government shall by resolution, ordinance, or regulation adopt and enforce minimum sanitary and safety requirements for the equipment and operation of swimming pools and bather preparation facilities which meet or exceed the minimum requirements adopted by the department pursuant to subsection (1) of this section.

**Neb. Rev. Stat. § 81-15,268 Swimming pools; inspection; records; classification; plans and specifications; fees; disposition; exception; existing rules, regulations, licenses, permits, forms of approval, suits, other proceedings; how treated.**

(1) The local government which exercises jurisdiction over a swimming pool shall inspect such swimming pool to determine that such swimming pool complies with the minimum sanitary and safety requirements established by the local government.

(2) A local government may establish and collect fees for the inspection of a swimming pool at a rate not more than the actual costs of the inspection.

(3) The owner and operator of any swimming pool shall operate such swimming pool in compliance with minimum sanitary and safety requirements established by the local government which exercises jurisdiction over such swimming pool. The owner or operator of any swimming pool shall retain for three years operation and analytical records to determine the sanitary and safety condition of the swimming pool and shall make such records available to the local government upon request.

(4) The department shall adopt and promulgate rules and regulations which classify swimming pools on the basis of criteria deemed appropriate by the department. The department shall charge engineering firms, swimming pool owners, and other appropriate parties fees established by rules and regulations for the review of plans and specifications of a swimming pool, the issuance of a construction or permit and any other services rendered at a rate which defrays no more than the actual cost of the services provided. Fees collected under this subsection for the review of plans and specifications and the issuance of a construction permit shall be remitted to the State Treasurer for credit to the Engineering Plan Review Cash Fund.

(5) The operator of any swimming pool shall maintain a certificate of competency for swimming pools. The department shall maintain a list of acceptable pool operator competency courses.

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- (6) All rules and regulations adopted prior to the operative date of this section under sections 81-15,264 to 81-15,270, as such sections existed prior to such date, shall continue to be effective to the extent not in conflict with the changes made by this legislative bill, until amended or repealed by the department.
- (7) All licenses, permits, or other forms of approval issued prior to the operative date of this section, in accordance with sections 81-15,264 to 81-15,270, as such sections existed prior to such date, shall remain valid as issued for purposes of the changes made by this legislative bill, unless revoked or otherwise terminated by law.
- (8) Any suit, action, or other proceeding, judicial or administrative, which was lawfully commenced prior to the operative date of this section, under sections 81-15,264 to 81-15,270, as such sections existed prior to such date, shall be subject to the provisions of such sections as they existed prior to the operative date of this section.

**Neb. Rev. Stat. § 81-15,270. Swimming pools; violation.**

Any owner or operator of a swimming pool failing to maintain a certificate of competency as required by section 81-15,268 or failing to comply with the minimum sanitary and safety requirements established by the local government exercising jurisdiction over such swimming pool shall be subject to enforcement, penalties, or other remedies as established by such local government.

**030 Definitions.**

For the purposes of these regulations, the following words shall mean:

**Additional Pool** shall mean any public swimming pool as defined here which is co-located with a permitted public swimming pool.

**Board of Health** shall mean the [REDACTED] Board of Health.

**Closed** shall mean that the enclosure surrounding a swimming pool remains locked and patrons are unable to access the swimming pool or its deck until such time that the Health Director notifies the owner or swimming pool operator that the pool may be opened.

**Governmental Agency** shall mean the same as Neb. Rev. Stat. § 86-622 Governmental agency, defined. Governmental agency means an executive, legislative, or judicial agency, department, board, commission, authority, institution, or instrumentality of the federal government or of a state or a county, municipality, or other political subdivision of a state.

**Health Department** shall mean the [REDACTED] Health Department.

**Health Director** shall mean the director of the [REDACTED] Health Department or an authorized representative of the director.

**Significant Health Risk** shall mean a threat or danger to health that is considered to exist when there is evidence sufficient to show that a product, practice, circumstance, or event creates a situation that requires immediate correction or cessation of operation to prevent injury, illness or disease.

**Owner** shall mean a person, individual, firm, partnership, association, corporation, company, municipality, political subdivision, community, government agency, club, organization, or other entity owning a public swimming pool or the owner's representative.

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**Person** shall mean any individual, firm, partnership, association, corporation, company, municipality, political subdivision, community governmental agency, club, organization, or other entity owning or operating a public swimming pool.

**Political Subdivision** shall mean the same as in Neb. Rev. Stat. §13-1612. Political subdivision, defined. Political subdivision shall include villages, cities, counties, school districts, public power districts, community colleges, natural resources districts, and all other units of local government.

**Public Swimming Pool** shall mean any artificial basin of water modified, improved, constructed, or installed which is used for the purpose of public swimming, wading, diving, recreation, or instruction. Public swimming pool does not include an artificial lake, a pool at a private residence intended only for the use of the owner and guests, or a pool operated exclusively for medical treatment, physical therapy, water rescue training, or training of divers. All public swimming pools shall be divided into the following classes:

- a. **Class A Pool** shall mean a swimming pool operated by a municipality, political subdivision, or governmental agency.
- b. **Class B Pool** shall mean a swimming pool operated at a facility including, but not limited to, an apartment, a condominium, a property owner association, a child care facility, and lodgings such as hotels and motels.
- c. **Class C Pool** shall mean a spa, hot tub, whirlpool, cold plunge, etc. which is not intended to be drained, cleaned, and refilled after each use.
- d. **Class D Pool** shall mean a wading pool that is no more than 24 inches deep.
- e. **Class E Pool** shall mean a spray park providing recirculated water to spray features with no permanent standing water accessible to pool patrons designed so that users have full body contact with the water.
- f. **Class F Pool** shall mean a swimming pool at a health club, fitness center, community fitness center.

**Public Swimming Pool Operator** shall mean an individual of at least 19 years of age who has a current certificate of competency from a swimming pool operator course approved by or offered by the Health Department.

**Variance** shall mean a written approval from the Nebraska Department of Water, Energy and Environment to allow a modification that does not conform to the requirements in Title 196 Nebraska Administrative Code Chapter 1: Design, Permitting, and Construction of Swimming Pools .

**040 Plans; Approval for Construction; Required.**

No person shall begin construction or installation of, or make modification to, any Public Swimming Pool until it is approved by the Nebraska Department of Water, Energy and Environment.

**050 Design and Construction Standards.**

Except as hereinafter provided by specific amendment, the standards and requirements set forth in Title 196 Nebraska Administrative Code Chapter 1: Design, Permitting, and Construction of Swimming Pools as amended from time to time, are hereby adopted by reference as Board of Health regulations.

**060 Permit to Operate.**

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No person shall operate or maintain a Public Swimming Pool in the jurisdictional area of the Health Department without a valid permit to operate issued by the Health Director. A permit shall not be considered valid if suspended or revoked. Each permit shall be valid through **Month Day** following issuance of the permit. A renewal permit shall be secured on or before **Month Day** of each year, which will expire on **Month Day** of the following year. All permits shall state the conditions and term thereof. A Public Swimming Pool Operator responsible for operating the pool shall be identified. It shall be unlawful for any person to conduct, operate, maintain, or manage a Public Swimming Pool without complying with the requirements of these regulations, and the Health Director is charged with enforcement of the provisions hereof. A permit to operate a Public Swimming Pool shall not be transferable. Any change of ownership shall necessitate the new owner to obtain a new Public Swimming Pool permit to operate before operating the pool. The permit must be conspicuously posted on the pool premises.

**070 Permit; Application.**

An application for a permit to operate a Public Swimming Pool shall be made to the Health Director on forms furnished for such purpose. Such forms shall require the owner's full name, mailing address, business phone number, cell phone number, email address, the establishment name and address, and the number and types of pools or spas on the premises, the Public Swimming Pool Operator(s) designated for the pool, the signature of the owner(s), and such other relevant information as may be required by the Health Director.

**080 Operational Standards.**

The minimum sanitary and safety requirements provided in Title 196 Nebraska Administrative Code Chapter 2: Minimum Sanitary and Safety Requirements for Swimming Pools are hereby adopted by reference as Board of Health regulations. The owner and operator of any Public Swimming Pool shall operate in compliance with these minimum sanitary and safety requirements. The owner and operator of any Public Swimming Pool shall retain required operational and analytical records for three years. Upon request of the Health Director, such records shall be provided within five (5) business days.

**090 Public Swimming Pool Permit Fees.**

- a. The Board of Health may establish or revise fees for Public Swimming Pools permitted under these regulations. Such fees shall consider the costs and resources to administer, operate, and enforce these regulations and be used to support this work. Fees shall be paid annually and cannot be waived. Fees shall not be refunded if the applicable service has been performed.
- b. Annual Public Swimming Pool Permit Fees
  1. Pool owned by any person other than a political subdivision or governmental agency - **\$XYZ**
  2. Pool owned by a political subdivision or governmental agency - **\$XYZ**
  3. Additional pool(s) at the same address - **\$XYZ** per pool
- c. Public Swimming Pool Permit Renewal Late Fees:
  1. A permit holder who fails to renew the permit before it expires, but within 30 days of the date of expiration shall pay a late fee of 33% of the annual fee in addition to the annual **fee**.
  2. A permit holder who fails to renew the permit before it expires and fails to renew the permit within 30 days from the date of expiration shall pay a late **fee** of 67% of the annual **fee** in addition to the annual **fee**.
  3. Late fees shall not be charged if the renewal notice was not mailed at least 30 days prior to the due date.

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- d. Failure to pay Public Swimming Pool Permit fees shall be cause for the Health Director to issue an order to stop operating and to take appropriate legal action against the owner.
- e. All fees shall be payable to the Health Department.

**100 Polluted or Unsafe Water.**

No body of water in the Health Department's jurisdiction shall be used for public swimming or bathing purposes by any person if it:

- a. Contains sewage, waste, microorganisms, toxins, or other contaminants, pollutants or hazardous substances rendering the water a significant health risk, or
- b. Is determined by the Health Director to be unsafe for any other reason due to a significant health risk.

**110 Inspections and Enforcement.**

The Health Director is hereby authorized and directed to make such inspections to determine satisfactory compliance with these regulations, provide technical assistance and education, and take enforcement action when necessary to gain compliance.

- a. The Health Director shall conduct inspections as frequently as deemed necessary to protect public health and ensure compliance with these regulations.
- b. Upon presentation of proper credentials, the Health Director may enter any building, structure, or premises having a Public Swimming Pool at any reasonable time to conduct an inspection to determine compliance with these regulations.
- c. An owner or operator shall allow the Health Director to inspect at any reasonable time for the purpose of determining compliance with the provisions of these regulations. Denying the Health Director right of entry to conduct an inspection shall be grounds for immediate suspension or revocation of the Public Swimming Pool permit.
- d. The Health Director shall record inspection findings on a report. Upon completion of the inspection, a copy of the inspection report shall be provided to the Public Swimming Pool owner, owner's representative, and to the Public Swimming Pool Operator responsible for the pool.
- e. Whenever the Health Director finds a violation that poses a significant health risk that cannot be immediately corrected, the Health Director shall order the Public Swimming Pool to be immediately closed by issuing a closure notice, a suspension notice, or revocation notice. Such notice shall:
  - 1. Identify the specific provision(s) of these regulations found to be in violation.
  - 2. Be issued to the owner, operator or owner's representative as provided in section 130.
  - 3. Require the pool to be kept closed until the Health Director determines by inspection, or other acceptable proof, that compliance has been achieved, or until a hearing has been held and a determination made regarding any additional requirements that might be necessary to ensure that significant health risks will not reoccur.
  - 4. State that failure to correct the violations may result in prosecution as provided in section 190
  - 5. State that the owner may request a hearing before the Health Director by submitting a written or electronic request with the Health Director.
- f. The completed inspection report form and any notice are public documents that shall be made available according to State law.

**120 Permit; Suspension, Revocation.**

Any permit issued under these regulations may be suspended or revoked at any time by the Health

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Director for violation of Neb. Rev. Stat. §§ 81-15,264 to 81-15,270, Title 196 Nebraska Administrative Code Chapter 1: Design, Permitting, and Construction of Swimming Pools, Title 196 Nebraska Administrative Code Chapter 2: Minimum Sanitary and Safety Requirements for Swimming Pools or any of the provisions of these regulations or other regulations adopted by the Board of Health. Any permits granted under these regulations shall be subject to suspension or revocation in the following manner:

- a. The Health Director shall serve notice as provided in Section 130.
- b. The Health Director may suspend or revoke the permit for a period of time not to exceed ninety days.
- c. The suspension or revocation shall be effective immediately upon issuance of notice.
- d. The person notified shall have a right to a hearing which the Health Director shall conduct in accordance with Section 150.
- e. Continuing to operate or cause, permit or allow use of the Public Swimming Pool after receiving notice of suspension or revocation of the permit is a violation of these regulations.
- f. Requests for reinstatement, hearing, or appeal shall not stay or delay a suspension or revocation in any manner.

**130 Notice; Service.**

- a. The Health Director may serve notice regarding any suspension or revocation of a permit under these regulations as follows:
  1. By personal service to the owner, operator or owner's representative; or
  2. By certified mail, postage prepaid, return receipt requested to the owner's or permit holder's last known address as indicated on the application for the permit.
- b. The person making personal service may provide a written declaration under penalty of perjury identifying the person served and the time, date, and manner of service as proof of service.
- c. If the service of notice is to a person other than the owner, the Health Director may send a copy of the notice to the owner by regular mail. The copy is not required as part of the notice, and receipt of the copy does not affect the notice.

**140 Suspended Permit; Reinstatement.**

- a. Any person whose permit has been suspended may apply for reinstatement following a period of suspension. The application shall include a signed statement that the conditions causing suspension has been corrected.
- b. The Health Director shall review the application for reinstatement or inspect the Public Swimming Pool within five business days after receiving the application for reinstatement.
- c. The Health Director shall reinstate the permit if the conditions causing suspension of the permit have been corrected.

**150 Enforcement Hearings.**

- a. The Health Director shall conduct hearings no later than:
  1. Five business days after a request for a hearing after a suspension or revocation, or
  2. Ten business days after any other request.
- b. The Health Director may serve as the hearing officer or appoint a suitable hearing officer to hear the matter. If the Health Director appoints a hearing officer, they shall make recommendations based on the evidence adduced at the hearing for the Health Director's final determination of the matter.
- c. The hearing does not have to be conducted according to the technical rules relating to evidence and witnesses. The person requesting the hearing and the Health Director may:

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1. Call and question witnesses on any matter relevant to the issues of the hearing;
  2. Introduce documentary and physical evidence; and
  3. Ask questions on any matter relevant to the issues of the hearing.
- d. The Health Director may uphold, reverse, or modify the findings prompting the request for hearing and may take such other reasonable action as determined proper in relation to the request.
- e. The Health Director shall make a final determination within ten business days after the day of the hearing.
- f. The Health Director's decision shall be final and binding upon the person making the request. Such decision may be appealed to district court as provided by law.

**160 Appeals.**

- a. If the Health Director denies any application or fails or refuses to issue a permit under these regulations within thirty business days from the date of receiving a complete application, such decision may be appealed to the district court as provided for by law.
- b. Any Public Swimming Pool owner aggrieved by a final decision by the Health Director in the administration or enforcement of these regulations may appeal such decision to the district court as provided by law.

**170 Variances.**

Requests for variances from the design and construction standards must be submitted to and approved by the Nebraska Department of Water, Energy and Environment. The owner shall provide the Health Director with a copy of the request for variance.

**180 Liability of Owner; Limits.**

Every act or omission of whatsoever nature constituting a violation of any of the provisions of these regulations, by an officer, director, manager or other agent or employee of any owner if said act is committed or omission is made with the authorization, knowledge, or approval of the owner, shall be deemed and held to be the act of such owner.

**190 Penalty.**

Any person upon whom a duty is placed by the provisions of these regulations who shall fail, neglect, or refuse to perform such duty or who shall violate any of the provisions of these regulations may be prosecuted in accord with Nebraska statute for a Class III misdemeanor. Each day that a violation of these regulations continues shall constitute a separate and distinct offense.

**200 Severability and Savings Clause.**

- a. Each section and each subdivision of a section of these regulations is hereby declared to be independent of every other section or subdivision of a section so far as inducement for the passage of these regulations is concerned and invalidity of any section or subdivision of a section of this title shall not invalidate any other section or subdivision of a section thereof.
- b. These regulations shall in no manner affect pending actions, either civil or criminal, founded on or growing out of any regulation or part of any regulation hereby repealed; and this title shall in no manner affect rights or causes of action, either civil or criminal, not in suit that may have already accrued or grown out of any regulation or part of any regulation hereby repealed.



June 22, 2026

Jessica Davies  
Health Director  
Panhandle Public Health District  
18 West 16<sup>th</sup> Street  
Scottsbluff, Nebraska 69361

**RE: *Professional Design Services for Renovation to existing office buildings.  
Scottsbluff, Nebraska***

Jessica,

At your request LeeDavies Architecture is pleased to provide this proposal and written form of Agreement between you and the Architect regarding the above referenced project. My proposal is for Architectural Services to include full project services of Design, Construction Document, Bidding and Negotiation and Construction Administration for project area #1: renovation of the unconditioned warehouse area into 2 to 3 new offices and a storage area with layout for shelving, possible utilizing the higher ceilings space above the offices for additional storage area, accessed from the lower storage room, include additional electrical outlets, lighting and HVAC system. Area #2: finish existing raised storage rooms to be used as conditioned storage area to include new shelving layout, insulation of walls and ceiling space, lighting, power and HVAC system for the space and new exterior concrete for loading & delivery. Area #3: Renovation of existing Vaccine Room into Dental Exam Room for portable chair to include renovated cabinet storage, sink and exterior entry door. Project Area #4: New covered parking for mobile service unit, roof coverage for parking service van roughly 24' to 36' plus/minus size to be determined. All work at existing office space located in Scottsbluff, Nebraska for Panhandle Public Health District building. The proposed renovation shall be bid out possible as 2 projects or a single project depending on funding with project Areas. My fee is based on project areas #1, #2 & #3 as one project and Area #4 as second project or all 4 projects as 1 project as noted in below Article II Basis of Compensation. All final designs shall be coordinated with you and your staff for final plans.

### **Letter of Agreement**

This AGREEMENT made this 22th Day of June, by and between the Panhandle Public Health District, Scottsbluff Nebraska, hereinafter called "OWNER" and LeeDavies Architecture doing business as an individual hereinafter called "ARCHITECT".

WITNESSETH: That for and in consideration of the payments and agreements hereinafter mentioned:

1. The Architect will commence and provide professional architectural design & construction documents services as the coordinating professional for Project Areas #1 through #4 based on preliminary plans provided by you. Note final designs shall be approved by you prior to final prints and bidding.
2. The Architect agrees to perform all the work described in the paragraph below noted as Proposal for Professional Services, which includes architectural, structural, mechanical & electrical services and comply with the terms therein for a lump sum fee.

#### **Article I - Proposal for Professional Services:**

The Architect agrees to be the coordinating professional for the project noted above and will provide professional engineers for structural, mechanical, and electrical for the scope of the project. The architect shall prepare architectural, structural, mechanical, and electrical construction documents, with submission to local authorities and construction administration as required by coordinating professional for the renovation of the existing building.

#### **Article II – Payments to the Architect:**

Payments for the Architect's services and reimbursable expenses as defined in Article III Basis of Compensation shall be made monthly and upon presentation of the architect's statement of services invoice. Payments are due on receipt of the architect's statement as noted on the invoice. Interest shall accrue from this date at a rate of 12% compounded annually on all unpaid money due to the architect if not paid within a reasonable time.

Article III – Basis of Compensation:

The owner shall compensate the architect in accordance with Article II, Payments to the Architect, and the terms and conditions of this agreement. An initial payment of Zero dollars (\$0.00) shall be made upon execution of this agreement and preliminary design meeting with preliminary floor plans have been reviewed. Compensation for the architect’s services, as described in Article I Proposal for Professional Services, shall be computed as follows:

Project Areas #1, #2, & #3 provided as Project Bid & Construction:

The basic fee for Design Services, Construction Documents, Bidding and Construction Administration to include Architectural, Mechanical, Electrical & Structural, shall be Lump Sum Fee of **Lump Sum Fee of Twenty-Three Thousand Dollars (\$23,000.00).**

Project Area #4: provided as a separate Project Bid & Construction:

The basic fee for Design Services, Construction Documents, Bidding and Construction Administration to include Architectural, Mechanical, Electrical & Structural, shall be Lump Sum Fee of **Lump Sum Fee of Seven Thousand Dollars (\$7,000.00).**

All Project Areas #1, #2, #3 & #4 provided as 1 Project Bid & Construction:

The basic fee for Design Services, Construction Documents, Bidding and Construction Administration to include Architectural, Mechanical, Electrical & Structural, shall be Lump Sum Fee of **Lump Sum Fee of Twenty-Eight Thousand Dollars (\$28,000.00).**

Excluded: New Electrical Service: the above fees are based on using the existing electrical service to serve the new power requirements for the renovated spaces. If the existing service is not large enough to accommodate those spaces and requires a new electrical service, additional electrical design fees shall be negotiated during design to cover the additional work.

If the project is suspended or abandoned in whole or in part for more than three months, unless agreed upon between the owner and architect for a project hold, the architect shall be compensated for all services performed up to that date plus expenses of 10% of the architects total together with any reimbursable expenses that may be due at that time. These fees and expenses shall be for services performed prior to receipt of written notice from the owner of such suspension or abandonment of the project.

Article IV – Reimbursable Expenses:

Reimbursable expenses are in addition to the basic fee and shall include actual expenditures made by the architect in the interest of the project. Reimbursable expenses shall be billed at a multiple of one & one tenth (1.1) times the amounts expended by the architect and include, but are not limited to:

1. Reproduction of drawings or specifications, postage and handling, express mailings, and plan review fees.
2. Expenses of transportation in connection with out-of-town travel in the interest of the project. Trip Charge to site \$625.00 per trip, estimated # of trips 9 trips (3 for design, 1 for bidding & 5 for construction administration). Note: estimated trips based on 1 project, depending on requirements of project and the use of Video Conferencing.

Article V – Additional Services:

For additional services including, but not limited to, redesign or additional drawings or clarifications requested by the owner or his representative, special direction or instructions to the contractor or his sub-contractors. Any additional services shall have prior approval from the owner and be billed hourly as follows:

Architect:                   \$175.00                   Structural, Mechanical, or Electrical Engineer:                   \$200.00

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Article VI – Miscellaneous Provisions:

This agreement represents the entire agreement between the Owner and the Architect and supersedes all prior negotiations, representations, or agreements, either written or oral. This agreement may be amended only by written instruments signed by both the Owner and the Architect. The Owner and the Architect bind themselves and their successors to this agreement. Nothing contained in this agreement shall create a contractual relationship with or a cause of action in favor of a third party against the Owner or the Architect. The Architect (LeeDavies Architecture) liability and exposure on this project is limited to the amount of this contract.

The Architect nor the owner have control over the cost of labor, materials, or equipment. The contractors' methods of determining bid prices or the contractors' means or methods of construction. Accordingly, the Architect cannot and does not warrant or represent that bid or negotiated prices will vary from the owner's budget or the Architects estimated cost of construction.

This Agreement shall commence on the date it has been Approved and Accepted by Owner and Architect. This Agreement may be terminated by either party after not less than seven days' notice. In the event of termination not the fault of the Architect, the Architect shall be compensated for the services performed prior to the termination as noted above.

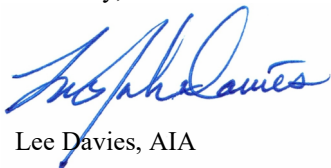
All documents produced by LeeDavies Architecture under this agreement shall remain the property of LeeDavies Architecture and may not be used for any other endeavors without the consent of LeeDavies Architecture.

If the terms and conditions of this Agreement are acceptable to you, please indicate your approval indicated below.

Any questions regarding this agreement, please give me a call.

Thank you for the opportunity to be of service to you. I look forward to working with you.

Sincerely,

A handwritten signature in blue ink that reads 'Joseph Davies'. Below the signature, the text 'Lee Davies, AIA' is printed in a black, sans-serif font.

**APPROVED AND ACCEPTED:**

**OWNERS:**

\_\_\_\_\_  
Owners Signature

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Printed Name

**ARCHITECT:**

A handwritten signature in blue ink that reads 'Joseph Davies'. Below the signature, the text 'Lee Davies, LeeDavies Architecture' is printed in a black, sans-serif font.

\_\_\_\_\_  
Lee Davies, LeeDavies Architecture

\_\_\_\_\_  
June 22, 2026

\_\_\_\_\_  
Date:



23 June 2026

Jessica Davies, MPH – Health Director  
Panhandle Public Health District  
18 W 16<sup>th</sup> Street  
Scottsbluff, NE 69361

RE: Panhandle Public Health District Office Renovation  
Scottsbluff, NE

Dear Ms. Davies:

Thank you for the opportunity to provide you a fee proposal for the Panhandle Public Health District Office Renovation in Scottsbluff, NE. Based on previous conversations, we are pleased to offer the following design fee:

- Lump Sum Fee for Archtiectural and Engineering Design: \$74,750.00
- Bidding and Construction Administration Services will be handed on an Hourly basis.

Based on our current workload, we are anticipating a September / October 2026 start date for design services. Depending on how involved the project becomes, particularly related to insulating and conditioning the warehouse / storage spaces, we are likely looking at a 2–3-month design schedule, followed by bidding and construction.

Should you find the above fee and schedule favorable, we will prepare a formal Letter Agreement further outlining the Scope of Work and our Terms and Conditions, both of which will serve as our Design Contract. Please let me know if you have any questions or clarifications that I can address. Thank you!

Sincerely,

A handwritten signature in black ink, appearing to read 'Ryan Hier'.

Ryan Hier, AIA – *Architect / Project Manager*

RGH  
Enclosures

cc: Jack Baker



Megan Hayward  
Trails West Architecture  
818 S. Beltline HWY E, Suite C  
Scottsbluff, Nebraska, 69361  
[Megan@trailsware.com](mailto:Megan@trailsware.com)  
(402)707-9451

June 24, 2026

Jessica Davies, Health Director  
Panhandle Public Health District  
808 Box Butte Ave  
Alliance, Nebraska, 69301  
(308) 487-3600  
[Jdavies@pphd.ne.gov](mailto:Jdavies@pphd.ne.gov)

**Proposal for Professional Design Services for PPHD Office Projects at 18 W16th Street, Scottsbluff**

Ms. Davies,

Thank you for allowing us the opportunity to provide you with a proposal for professional design services for schematic design, design development, construction documents, and construction administration for the combination of projects at the Panhandle Public Health District Office in Scottsbluff, to be combined and bid a single project. Our understanding is that there are basically four projects in one, which we have further explained each project below. We will note them as 1) the renovation of the exam room, 2) the renovation of the storage space, 3) the renovation of the storage building, and 4) the cover structure for the mobile clinic.

The main building is approximately 8,000 SF and is believed to be made of 2 different construction types; the north side appears to be a metal building with some type of frame out and a stucco finish, and the south side is believed to be concrete block with wood framed trusses and an attic space. The exterior of the south portion of the building has painted exposed concrete block on the west side, lap siding on the south portion, and framed out stucco on the east side.

**1. The Renovation of the Exam Room:**

Our understanding is you would like to renovate the current 'vaccine room/ exam room' into a dental exam room. This room is located in the main building. This will include removing casework, install new casework, and installing new plumbing at the casework including a sink. The sink will be used by patients for spitting. There will also be a sanitizer installed in the casework. The exam dental chair for this room is a portable chair and doesn't have suction or water tied to the chair. No power or lighting modifications will need to be made in this room.

**2. The Renovation of the Storage Space:**

Our understanding is you would like to renovate the south storage area to provide 3 offices, if possible, on the east side with storage above the offices and storage on the west side of the building. You would like specifications for storage shelving and a play showing the layout of the storage shelving. Storage will be for PPE such as gowns, gloves, masks, etc. that are part of the Strategic National Stockpile program.

This portion of the building is currently unconditioned space and will need to have insulation added to the roof and wall assemblies and a new HVAC unit added to service these spaces. This may result in additional electrical and or gas capacity being added to the building. You plan to purchase a electric fork lift for use in this space, allowing you to lift units up to a mezzanine or second floor storage area.

### 3. Renovation of the Storage Building.

The storage building is a concrete block building with wood framed roof. Approximately 1,000 SF are for storage and 4,000 SF are for open vehicle parking. This building is currently unconditioned space and will need to have insulation added to the roof and wall assemblies and a new HVAC unit added to service these spaces. This may result in additional electrical and or gas capacity being added to the building.

You would like specifications for storage shelving and a plan showing the layout of the storage shelving. Storage will be for PPE such as gowns, gloves, masks, etc. that are part of the Strategic National Stockpile program. There is a wall in the middle of the enclosed building that could be removed if necessary to improve the layout of the storage. If the lighting needs revised that could also be done.

A generator will be a part of this scope. The generator will be to run climate control of the space and if there are any specific stockpile items (like medicine, etc.) that have temperature specifications requiring refrigeration or freezing. The owner will need to confirm the length of time the generator will need to be capable of running and overall area of coverage. It may just be for the storage building only, but an additional generator may also be needed for the renovated storage area in the main building.

### 4. The Cover Structure of the Mobile Clinic:

The Cover structure shall be an open air structure, not a garage. The mobile clinic unit may be 28' feet to 37' long. There may be a gate at one or both ends. A clearance height of 14' feet would be planned for this structure unless directed to be less by the owner. Conduit (no wire) may be provided for locations of security cameras. The actual security system would need to be designed and provided under a separate contract. Outlets may be provided for electrical needs for the mobile clinic.

Our services under this proposal would not include the following:

- Our design does not include civil design, surveying, replatting, geotech boring(s) and report, or any other services typically covered under a civil scope.
- Our Design does not include Fire suppression. If fire suppression is deemed necessary this would be considered an additional service.
- Our design is limited in structural engineering, to the scope explained above. If additional structural engineering is required our scope of services and fee will need revised. If additional services becomes necessary, we will notify the owner prior to proceeding further to establish the scope and fee.
- Our design is limited in mechanical engineering for the plumbing scope, to the scope explained above. If additional mechanical engineering is required our scope of services and fee will need revised. If additional services becomes necessary, we will notify the owner prior to proceeding further to establish the scope and fee.
- Our design does not include security cameras or security systems.
- Material testing is not included.
- Investigation or handling of hazardous materials is not included.
- The requirement to meet the Buy American has been noted. No additional requirements that are required by federal or public-funded projects are included. If additional requirements beyond the building codes are required, they must be provided prior to the contract, or they may be considered an additional service.

Our professional design services will include architectural, structural, mechanical, and electrical, for all phases of the project, including schematic design, design development, construction documents, bidding, and construction administration. The architect will perform a one-year follow-up. We can provide these professional design services, further explained below, for a **price of \$60,650.00**.

The schematic design phase of our services will include as-built drawings as required for the projects, code reviews, conversations with local code officials as necessary to establish code-required modifications, preliminary stipulations by engineering consultants, and review of the floor plans. At the

end of the schematic design phase, we will review the plans with the owner. If it is believed that any revisions are needed for the scope of services being provided by the design team due to the scope of the projects changing, the changes shall be done during this phase. Once the schematic design documents are approved by the owner we will move on to the design development phase.

The design development phase of our services will include final layout of floor plans, final reflected ceiling plans, interior elevations, preliminary building sections, preliminary 3D images, coordination with all the engineers, and HVAC, plumbing, and electrical selections will be made and represented on the plans. Preliminary color schemes will be provided to the owner for finalizing the schemes. At the end of the design development phase, we will review the plans with the owner.

Once the design development phase is approved by the owner we will provide the construction documents phase of the project. The construction documents phase of our services will include final floor plans, reflected ceiling plan, interior elevations, building sections, wall sections, schedules, structural foundation plans, and final plans and schedules for all consulting engineers. Procurement and Contracting Specifications will be provided in a manual with the remaining specifications provided on the plan sheets. If printed submittals are required for the city fire marshal and city code reviews, these costs will be billed as a direct reimbursable expense.

Once the construction documents are complete and the owner has approved, then we can assist with bidding. A pre-bid meeting can be held and the architect can attend and lead the pre-bid meeting, if desired.

Once construction begins, we can provide construction administration services. Construction administrative services will include the architect visiting the project site on average of at least once every other week, the design team reviewing contractor submittals including shop drawings for the various items of the project, processing the contractor's pay requests, and the architect and the mechanical engineer visiting the completed project to perform a walkthrough to assemble a punch list and verify that visible portions of the building were installed per the plans and specifications.

If you wish to proceed, please let us know and we will get a standard AIA B101 modified contract completed. We look forward to hearing from you and hopefully working with you. If you have any questions or would like to discuss our services further, please don't hesitate to reach out to us. Thank you again for the opportunity to provide you with a proposal for professional services for your project.

Sincerely,

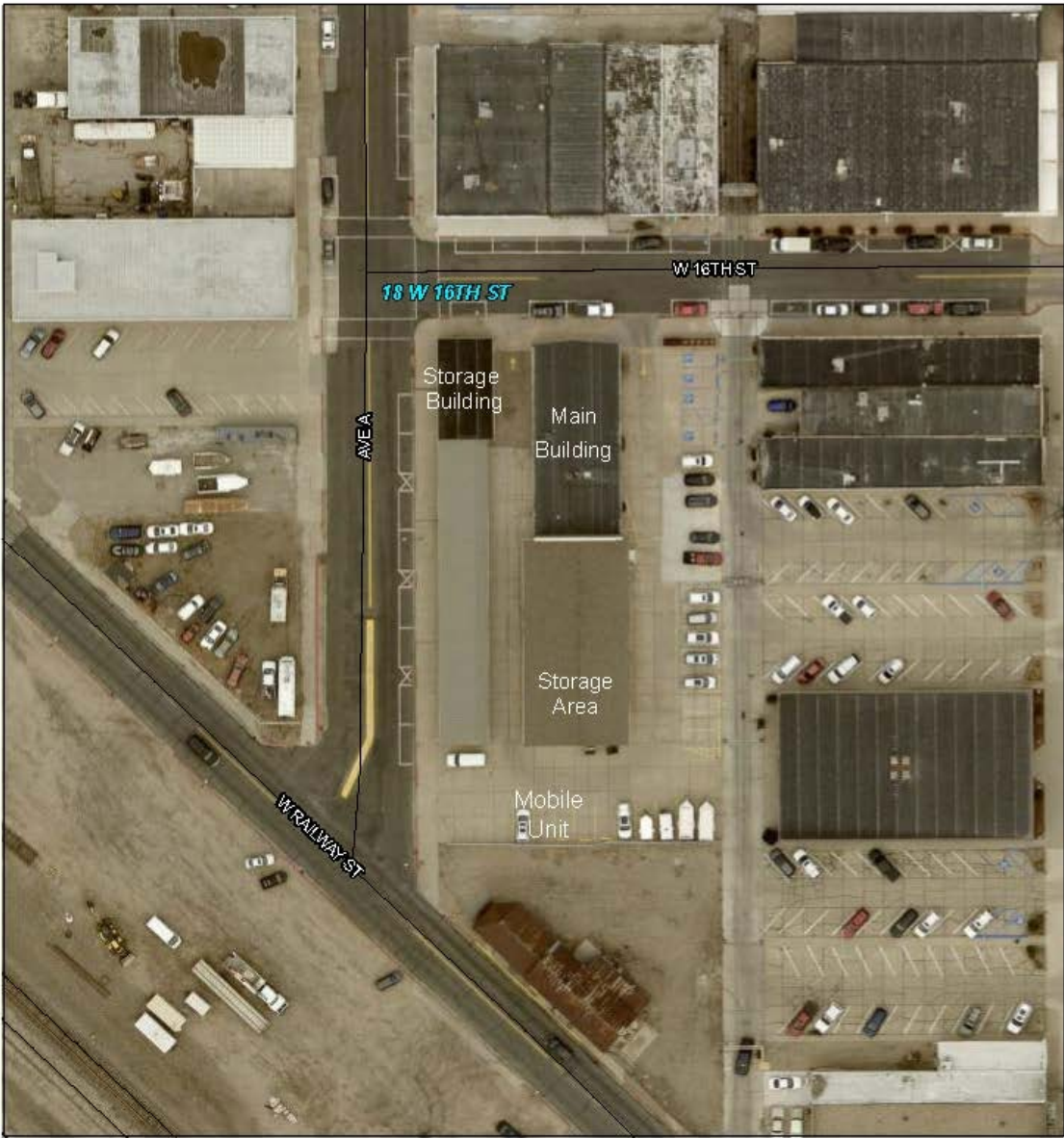
A handwritten signature in black ink that reads "Megan Hayward". The signature is written in a cursive, flowing style.

Megan Hayward  
Trails West Architecture

Attachments:

Site Plan showing different project locations

PPHD- SCOTTSBLUFF



Project Location: 18 W16th Street, Scottsbluff