

SOUTHEAST DISTRICT HEALTH DEPARTMENT
BOARD OF HEALTH
QUARTERLY MEETING

May 27, 2026

**SOUTHEAST DISTRICT HEALTH DEPARTMENT
BOARD OF HEALTH MEETING
AGENDA**

**Southeast District Health Department Conference Room
2511 Schneider Ave, Auburn, NE 68305
May 27, 2026 – 6 PM**

- 1. Call to Order Regular Meeting of Southeast District Health Department Board of Health**
- 2. Notification of Open Meeting Law**
- 3. Consent Agenda**

Any member of the Board of Health may request that any item on the consent agenda be removed from the consent agenda and be considered and voted on separately.

 - 3.1. Approval of Agenda**

The Board of Health reserves the right to add items to this agenda that are emergency in nature as described in Nebraska Revised Statute § 84-1411.
 - 3.2. Approval of Previous Board Meeting Minutes**
 - 3.2.1.** January 28, 2026 – Regular meeting **Page 4-6**
 - 3.3. Approval of Financial Report**
 - 3.3.1.** 3rd Quarter (January -March 2026) financials **Page 7-15**
- 4. Public Comments**

This is an opportunity for members of the audience to be heard at this time for a maximum of 5 minutes regarding any topic not on the agenda and as it relates to the Board of Health.
- 5. Discussion and Approval of Action Items**
 - 5.1.** Appointment of new Board of Health member – Felicia Martin, Member at Large
 - 5.2.** Discussion on financial trends and FY27 budget forecast **Page 16-23**
 - 5.3.** Discussion on NALHD 2026 Impact Report **Page 24-36**
 - 5.4.** Discussion and consideration of Department policy – Policy on Policies **Page 37-45**
 - 5.5.** Discussion and consideration of Department policy 120.1 – Vacation Leave **Page 46-49**
 - 5.6.** Discussion and consideration of Department policy 120.2 – Medical Leave **Page 50-52**
 - 5.7.** Discussion on adoption of pool inspection rules and regulations and fee schedule **Page 53-58**
 - 5.8.** Discussion on Rural Health Transportation Program **Page 59-60**
- 6. Committee Reports**
 - 6.1.** Building and Infrastructure Committee
- 7. Directors Report** **Page 61**
- 8. Executive Session**

This Board reserves the right to enter Executive Session in order to protect the public interest with respect to discussion regarding litigation, personnel, and other matters listed in Nebraska Revised Statute § 84-1410.

 - 8.1.** Executive Director employment agreement
- 9. Approval to Adjourn**

The next Board of Health meeting is tentatively scheduled for Wednesday, September 9, 2026, at 6:00 PM

This meeting is open to the public as directed by the open meeting laws of Nebraska. A current agenda may be viewed in the Directors office of the Southeast District Health Department, 2511 Schneider Ave., Auburn, NE.



**Southeast District Health Department
Board of Health Meeting Minutes**

**Southeast District Health Department Conference Room
2511 Schneider Ave, Auburn, NE 68305
January 28th, 2026 – 6PM**

Notice of meeting was published in the Nebraska City News Press, Nemaha County Herald, Tecumseh Chieftain, Falls City Journal, and Pawnee Republican. The agenda for the meeting was kept continuously current and was available for public inspection at the Southeast District Health Department, 2511 Schneider Ave, Auburn, NE during normal business hours. The agenda was held open until one business day prior to the meeting. The Board of Health reserves the right to add items to the agenda that are emergency in nature as described in Nebraska Revised Statute § 84-1411.

1. Call to Order Regular Meeting of BOH

Meeting was called to order at 6:00 PM and notice of the Open Meetings Act was made by Karly Black, Board President.

2. Roll Call

Members	Present	Absent
Karly Black	X	
Marvin Bohling	X	
Bob Campbell		X
John Groathouse	X	
Mike Hall	X	
Gina Kerner	X	
Jan Lang		X
James Parsons		X
Beth Vonderschmidt	X	
Tim Weber		X
Dr. Michael Zaruba		X

Staff Present: Grant Brueggemann, Executive Director; Courtney Gerdes, Office Manager; Chris Eltiste, Public Health Nurse

Others Present: Dr. Jon Kolman

3. Consent Agenda

Mike Hall made a motion to approve the consent agenda as submitted, a second was made by Marvin Bohling. The motion carried with all in favor.

4. Public Comments

None

5. Approval of Action Items

The Board had a discussion regarding the election of officers. John Groathouse made a motion to nominate the current officers as the board officers for 2026, a second was made by Gina Kerner. The motion carried with all in favor.

- President: Karly Black
- Vice President: John Groathouse
- Secretary: Gina Kerner
- Treasurer: Marvin Bohling

Grant introduced proposed Board Veterinarian, Dr. Jon Kolman. Dr. Jon Kolman gave a brief introduction about himself. Marvin Bohling made a motion to approve Dr. Jon Kolman as the Board Veterinarian, a second was made by Mike Hall. The motion carried with all in favor.

Chris Eltiste led a discussion about SEDHD's chronic disease programs.

Grant led a discussion regarding the FY25 Department Audit. John Groathouse made a motion to approve the FY25 Department Audit as submitted, a second was made by Beth Vonderschmidt. The motion carried with all in favor.

Grant led a discussion regarding the FY25 Annual Report. Beth Vonderschmidt made a motion to approve the FY25 Annual Report as submitted, a second was made by Gina Kerner. The motion carried with all in favor.

Grant led a discussion regarding the Tecumseh office siding repair project. Marvin Bohling made a motion to approve the bid from Kingery as submitted, a second was made by Mike Hall. The motion carried with all in favor.

Grant led a discussion regarding purchasing Narcan vending machines. Marvin Bohling made a motion to approve the purchase of the quote from AED professionals as submitted, a second was made by Beth Vonderschmidt. The motion carried with all in favor.

Grant led a discussion regarding the Department AIDS fund account. John Groathouse made a motion to close the account and to deposit the funds into the SEDHD general operating funds. A second was made by Marvin Bohling. The motion carried with all in favor.

Karly Black led a discussion regarding the Let's Talk Cancer event.

Grant led a discussion regarding legislation introduced in the Nebraska Legislature. Various bills have been introduced that are relevant to public health and local health departments.

6. Committee Reports

- a. Building Infrastructure Committee
No updates

7. Director's Report

Attached

8. Executive Session

This Board reserves the right to enter Executive Session in order to protect the public interest with respect to discussion regarding litigation, personnel, and other matters listed in Nebraska Revised Statute § 84-1410.

Beth Vonderschmidt made a motion to enter executive session to discuss the executive director's performance evaluation, a second was made by John Groathouse. The motion carried with all in favor. The board entered executive session at 7:18PM.

Mike Hall made a motion to exit executive session, a second was made by John Groathouse. The motion carried with all in favor. The board exited executive session at 7:48PM.

9. Approval to Adjourn

The meeting adjourned at 7:48PM.

ATTEST:

Karly Black, President

Courtney Gerdes, Acting Recorder



Financial Report

For the period ended March 31, 2026

Prepared on
April 27, 2026

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Balance Sheet

As of March 31, 2026

	As of Mar 31, 2026	As of Mar 31, 2025 (PY)	Total
ASSETS			
Current Assets			
Bank Accounts			
1000 Checking	897,939.54		1,641,991.18
1025 NPAIT #23302-101 General	1,072,085.37		544,554.60
1050 Certificates of Deposit			
CD - Auburn State - #21000	51,515.28		49,105.29
CD - Countryside - #101864	37,864.69		36,114.49
CD - Table Rock - #301494	37,018.06		35,171.45
CD - Tecumseh Fed -#01-15129391	227,999.63		219,081.85
CD - Union Bank - #973156	70,901.81		67,685.12
Total 1050 Certificates of Deposit	425,299.47		407,158.20
1100 AIDS Savings #62349 -Auburn St	0.00		2,244.16
Total Bank Accounts	2,395,324.38		2,595,948.14
Accounts Receivable			
11000 Accounts Receivable	181,380.53		153,874.55
Total Accounts Receivable	181,380.53		153,874.55
Other Current Assets			
14000 Prepaid Expenses			
Asana	2,380.00		
Firespring	996.00		
Hayes & Associates - Audit	8,941.71		13,250.00
NALHD - Annual Dues	1,593.76		0.00
NALHD - Qualitrics	0.00		2,333.38
RAS - Workers Comp	679.00		627.00
Relias LLC - training	826.31		834.68
Rippling	4,497.60		
SBS Insurance - Auto Insurance	1,438.50		
State Farm - Malibu (deleted)	0.00		366.34
The Cincinnati Insurance Co - Liability	9,482.70		3,867.54
UNICO General Liability	4,009.57		3,823.38
UNICO Directors and Officers	2,386.62		2,350.20
Zoom	714.72		1,007.18
Total 14000 Prepaid Expenses	37,946.49		28,459.70
Total Other Current Assets	37,946.49		28,459.70
Total Current Assets	2,614,651.40		2,778,282.39
Fixed Assets			
15000 Buildings - 292 Broadway St Tecumseh	187,563.25		187,563.25
16000 Buildings - 1010 Central Ave Nebraska City	322,459.62		

	Total	
	As of Mar 31, 2026	As of Mar 31, 2025 (PY)
Total Fixed Assets	510,022.87	187,563.25
TOTAL ASSETS	\$3,124,674.27	\$2,965,845.64
LIABILITIES AND EQUITY		
Liabilities		
Current Liabilities		
Accounts Payable		
24005 A/P Payroll Liabilities	42,573.78	40,530.57
Total Accounts Payable	42,573.78	40,530.57
Credit Cards		
1850 Chase Card Grant	12,200.10	-3,571.54
1855 Chase Card Courtney	4,727.01	12,735.34
Total Credit Cards	16,927.11	9,163.80
Other Current Liabilities		
24010 Accrued Vacation Payroll Liabilities		
24010.02 Accrued Vacation Gross	48,902.96	40,928.33
24010.04 Accrued Vacation PR Tax Employer	3,741.15	3,131.07
24010.06 Accrued Vacation Retirement Employer	3,300.97	2,762.68
Total 24010 Accrued Vacation Payroll Liabilities	55,945.08	46,822.08
24020 CHI Funding - GGK (deleted)	0.00	17,696.19
Total Other Current Liabilities	55,945.08	64,518.27
Total Current Liabilities	115,445.97	114,212.64
Total Liabilities	115,445.97	114,212.64
Equity		
32000 Unreserved Fund Balance	2,665,484.05	2,266,174.26
Net Income	343,744.25	585,458.74
Total Equity	3,009,228.30	2,851,633.00
TOTAL LIABILITIES AND EQUITY	\$3,124,674.27	\$2,965,845.64

Profit and Loss

January - March, 2026

	Jan - Mar, 2026	Jan - Mar, 2025 (PY)	Total
INCOME			
4000 Federal Receipts			
4000.4008.10 Bioterrorism	26,817.64		25,432.15
4000.4009.10 CDC Expansion Project			6,828.16
4000.4013.10 West Nile	457.94		
4000.4015.10 Accreditation	3,484.66		10,428.51
4000.4017.10 Oral Health	6,965.81		7,982.91
4000.4020.10 Radon	1,962.00		2,129.05
4000.4029.10 Lead	3,010.66		4,799.86
4000.4031.10 Opioid	4,290.70		8,035.25
4000.4033.10 MIECHV	93,425.37		90,193.48
4000.4033.20 N-Focus - FFPSA	8,350.89		4,744.04
4000.4050.10 Chronic Disease Learning Collaborative	3,291.66		675.09
4000.4059.10 COVID Vaccine Clinics			206,322.18
4000.4062.10 COVID Equity			22,310.79
4000.4064.10 CDC Infrastructure	17,111.18		19,789.35
4000.4067.10 DHHS Infrastructure			60,698.71
Total 4000 Federal Receipts	169,168.51		470,369.53
4010 State Receipts - LB 71-1628.08			
4010.4010.10 Surveillance LB1060			33,761.46
4010.4014.10 General Funds LB1008	40,253.40		41,666.67
4010.4014.20 Infrastructure Funding (692)	27,777.75		27,777.78
4010.4014.30 Per Capita Funding (692)	16,229.91		15,928.08
4010.4014.40 Opioid Settlement	6,944.43		6,944.43
Total 4010 State Receipts - LB 71-1628.08	91,205.49		126,078.42
4020 State Receipts - Other			
4020.4027.10 Minority Health Initiative	7,847.42		10,290.28
4020.4050.15 Obesity	17,649.98		
Total 4020 State Receipts - Other	25,497.40		10,290.28
4030 Local Receipts - Other			
4030.4007.20 VFC Insurance Payments	157.74		
4030.4012.20 Clinical Donations			175.00
4030.4012.30 Immunization Insurance payments	5,697.99		870.74
4030.4014.30 Interest Income	10,453.38		7,320.41
4030.4014.40 Other Income	453.70		8,836.35
4030.4014.60 Services	77,613.47		47,942.21
4030.4014.70 Rental Income	5,550.00		
4030.4017.10 Oral Health Donations	5.00		45.00

		Total
	Jan - Mar, 2026	Jan - Mar, 2025 (PY)
4030.4017.20 Oral Health MCNA	1,226.45	1,481.33
4030.4033.10 MIECHV CHI	35,264.89	24,111.73
4030.4051.10 American Heart Association		14,000.00
Total 4030 Local Receipts - Other	136,422.62	104,782.77
Total Income	422,294.02	711,521.00
GROSS PROFIT	422,294.02	711,521.00
EXPENSES		
6001 Auditor	5,949.98	2,650.00
6010 Print Media/Marketing	2,118.40	694.00
6025 Building Fund		
6025.01 Capital Improvements	140.92	98,571.81
6025.03 Garbage	588.88	258.00
6025.04 Maintenance	1,504.82	1,490.00
6025.05 Janitorial Supplies/Service	1,927.78	360.00
6025.06 Mowing/Snow Removal	179.19	600.00
6025.07 Telephone/Internet	3,448.17	2,617.10
6025.08 Electric utilities	5,741.00	5,325.21
Total 6025 Building Fund	13,530.76	109,222.12
6040 Information Technology Fund		
6040.01 Network & Phone Mgmt	5,276.93	5,365.58
6040.02 Copier & Fax	1,667.59	1,702.78
6040.03 Video Conferencing	909.66	1,007.18
6040.04 Payroll Processing Fees		166.62
6040.05 Building Security System	877.44	2,240.42
6040.06 Software & Apps	9,948.03	21,427.91
6040.07 Equipment, Accessories, Repairs	187.20	2,506.00
Total 6040 Information Technology Fund	18,866.85	34,416.49
6145 Travel & Conferences		
6145.01 Staff Mileage Reimbursement	3,754.17	1,652.71
6145.02 Vehicle Expense	718.73	596.25
6145.03 Workshop Fees & Expenses	4,828.00	2,270.00
6145.04 Travel in State	1,992.52	519.62
6145.05 Travel out State		502.09
Total 6145 Travel & Conferences	11,293.42	5,540.67
6150 Contract Services	731.28	1,225.09
6155 Legal & Professional Fees	1,680.00	547.00
6300 Dues	12,835.24	2,467.12
6330 Equipment	505.56	380.93
6345 Medical Supplies		582.32
6355 Auto Insurance	2,157.75	2,270.01
6370 Liability Insurance	8,861.13	6,287.82

		Total
	Jan - Mar, 2026	Jan - Mar, 2025 (PY)
6380 Cyber Security Insurance	332.31	
6420 Workman's Comp	509.25	470.25
6430 Life Insurance		314.00
6480 Board/Mileage Expenses	391.71	298.70
6530 Office Furniture	359.99	16,776.00
6535 Business/Office Supplies	1,147.41	2,747.72
6710 Postage	156.00	194.23
6740 Building Rent	840.00	6,340.00
6775 Department Wages & Taxes		
6775.02 Payroll Tax Expense	11,683.30	13,145.96
6775.04 Retirement Expense	10,977.85	12,383.70
6775.06 Medical Insurance Expense	24,756.88	14,774.53
Total 6775 Department Wages & Taxes	47,418.03	40,304.19
6780 Employee Wages & Taxes		
6780.02 Net Pay	120,106.46	133,685.63
6780.04 Payroll Tax Expense	24,683.80	28,128.48
6780.06 Retirement Expense	7,137.57	8,193.51
6780.08 Medical Insurance	8,999.29	9,802.93
6780.10 Supplemental Insurance	1,685.83	1,911.04
6780.12 Garnishment		945.48
Total 6780 Employee Wages & Taxes	162,612.95	182,667.07
6870 Team Building	639.20	925.27
6885 Programing Fund		
6885.01 Supplies	25,776.39	7,064.30
6885.03 Educational Material	339.00	-567.08
6885.04 Marketing	2,140.18	3,008.60
6885.05 Family Engagement	500.50	537.99
6885.06 Incentives	2,305.30	3,186.99
Total 6885 Programing Fund	31,061.37	13,230.80
7030 Insurance to Split	0.00	-314.00
8020 Miscellaneous expense	193.00	46.00
8040 Admin Cost Pool Expense	64,504.12	56,820.97
Bank Charges		3.75
Total Expenses	388,695.71	487,108.52
NET OPERATING INCOME	33,598.31	224,412.48
NET INCOME	\$33,598.31	\$224,412.48

Statement of Cash Flows

January - March, 2026

	Total
OPERATING ACTIVITIES	
Net Income	33,598.31
Adjustments to reconcile Net Income to Net Cash provided by operations:	
11000 Accounts Receivable	-81,562.15
Prepaid Expenses:Asana	1,785.00
Prepaid Expenses:Firespring	498.00
Prepaid Expenses:Hayes & Associates - Audit	5,949.98
Prepaid Expenses:NALHD - Annual Dues	-1,593.76
Prepaid Expenses:RAS - Workers Comp	509.25
Prepaid Expenses:Relias LLC - training	413.16
Prepaid Expenses:Rippling	2,248.80
Prepaid Expenses:SBS Insurance - Auto Insurance	2,157.75
Prepaid Expenses:The Cincinnati Insurance Co - Liability	4,063.98
Prepaid Expenses:UNICO General Liability	3,007.14
Prepaid Expenses:UNICO Cyber Insurance	332.31
Prepaid Expenses:UNICO Directors and Officers	1,790.01
Prepaid Expenses:Zoom	714.66
24005 A/P Payroll Liabilities	4,623.02
1850 Chase Card Grant	7,918.53
1855 Chase Card Courtney	-7,619.67
24010.02 Accrued Vacation Payroll Liabilities:Accrued Vacation Gross	3,366.59
24010.04 Accrued Vacation Payroll Liabilities:Accrued Vacation PR Tax Employer	257.55
24010.06 Accrued Vacation Payroll Liabilities:Accrued Vacation Retirement Employer	227.24
Total Adjustments to reconcile Net Income to Net Cash provided by operations:	-50,912.61
Net cash provided by operating activities	-17,314.30
NET CASH INCREASE FOR PERIOD	-17,314.30
Cash at beginning of period	2,412,638.68
CASH AT END OF PERIOD	\$2,395,324.38

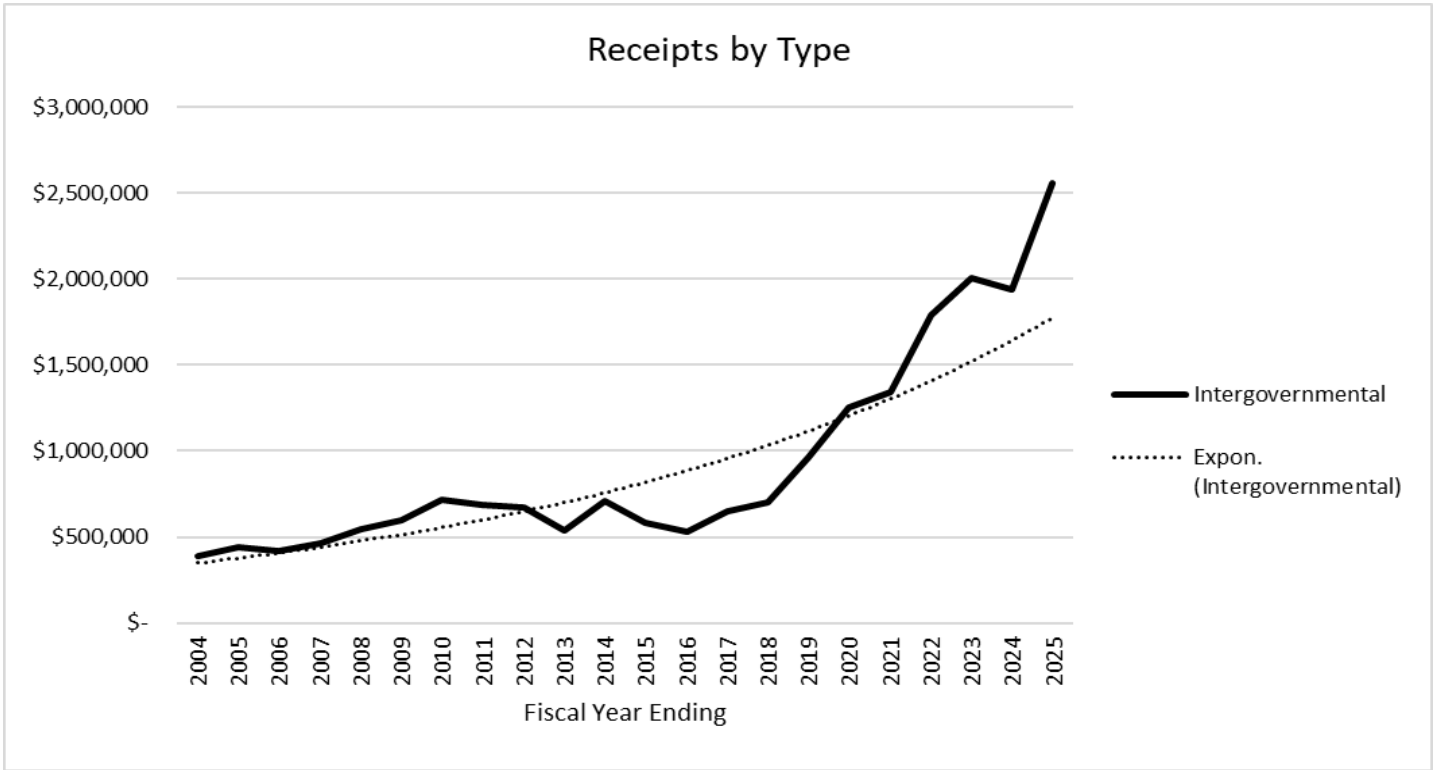
A/R Aging Detail

All Dates

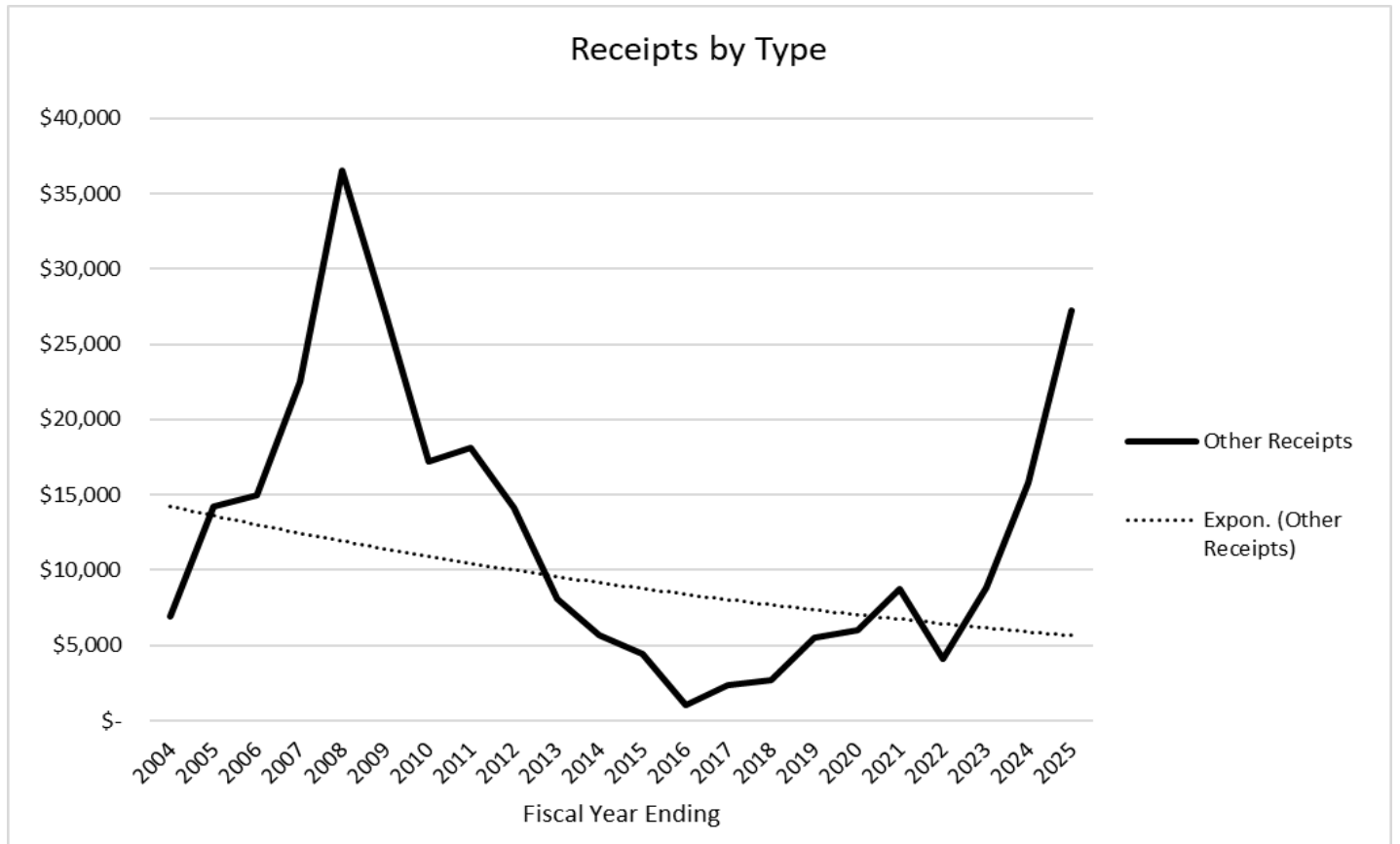
Date	Transaction Type	Num	Customer	Due Date	Amount	Open Balance
91 or more days past due						
07/18/2025	Invoice	357	4067 - DHHS Infrastructure	08/17/2025	76,522.56	76,522.56
Total for 91 or more days past due					\$76,522.56	\$76,522.56
61 - 90 days past due						
01/13/2026	Invoice	385	4017 - Oral Health	02/12/2026	6,965.81	6,965.81
01/15/2026	Invoice	388	Jonesbrook Estates, LLC	02/14/2026	48.47	48.47
01/19/2026	Invoice	390	Region V	02/18/2026	1,000.00	1,000.00
01/26/2026	Invoice	391	4033 - MEICHV CHI	02/25/2026	35,264.89	35,264.89
Total for 61 - 90 days past due					\$43,279.17	\$43,279.17
1 - 30 days past due						
03/16/2026	Invoice	398	4064 - CDC Infrastructure	04/15/2026	17,111.18	17,111.18
03/18/2026	Invoice	399	4050.15 - Obesity	04/17/2026	17,649.98	17,649.98
Total for 1 - 30 days past due					\$34,761.16	\$34,761.16
Current						
04/13/2026	Invoice	401	4007 - Vaccine for Children (VFC)	05/13/2026	11,788.57	11,788.57
04/13/2026	Invoice	402	4050 - CVH Learning Collaborative	05/13/2026	2,575.24	2,575.24
04/14/2026	Invoice	403	4017 - Oral Health	05/14/2026	6,144.25	6,144.25
04/15/2026	Invoice	404	4015 - Accreditation	05/15/2026	4,219.89	4,219.89
04/17/2026	Invoice	405	4029 - LEAD	05/17/2026	3,061.69	3,061.69
04/21/2026	Invoice	406	4025 - Safe Kids	05/21/2026	8,841.61	8,841.61
Total for Current					\$36,631.25	\$36,631.25
TOTAL					\$191,194.14	\$191,194.14

SEDHD FINANCIAL TRENDS

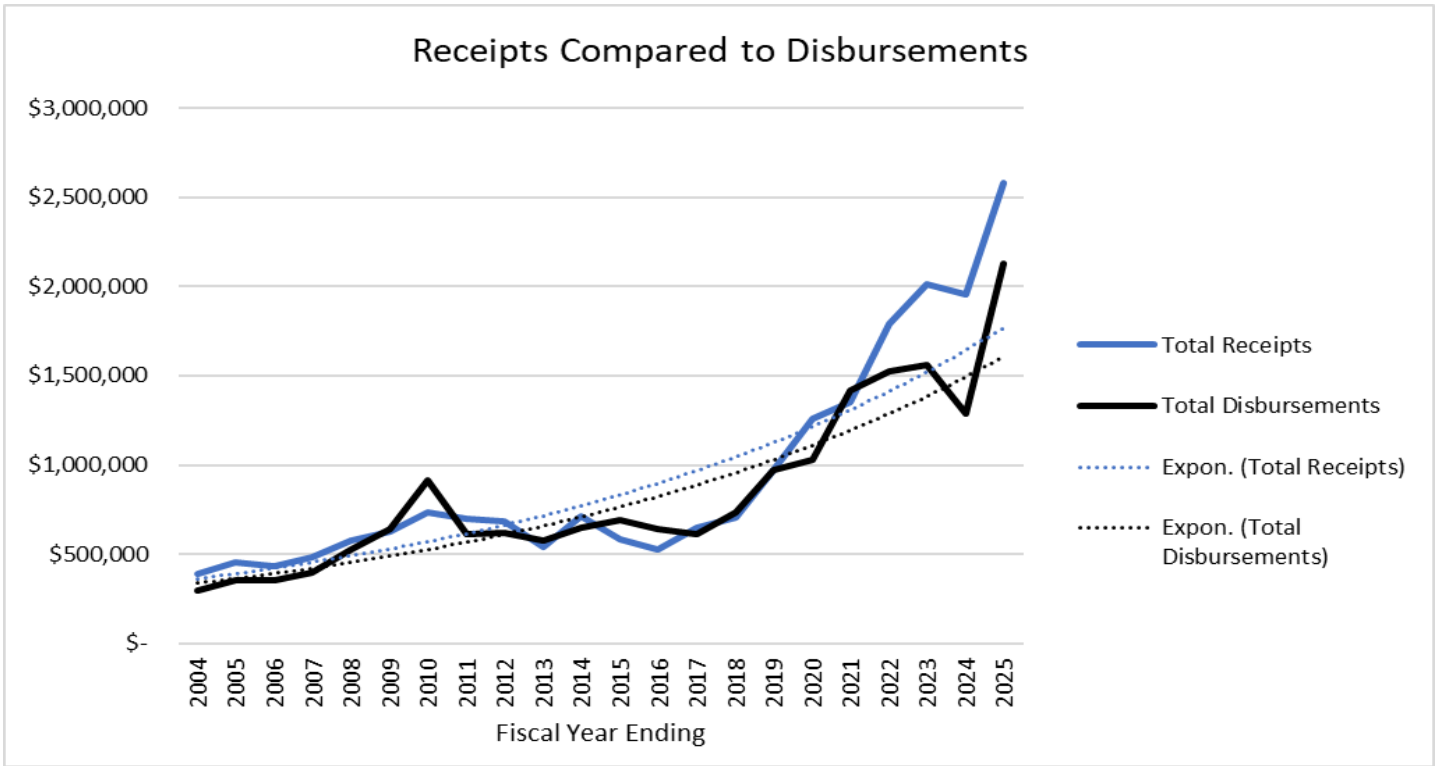
RECEIPTS - GOVERNMENTAL



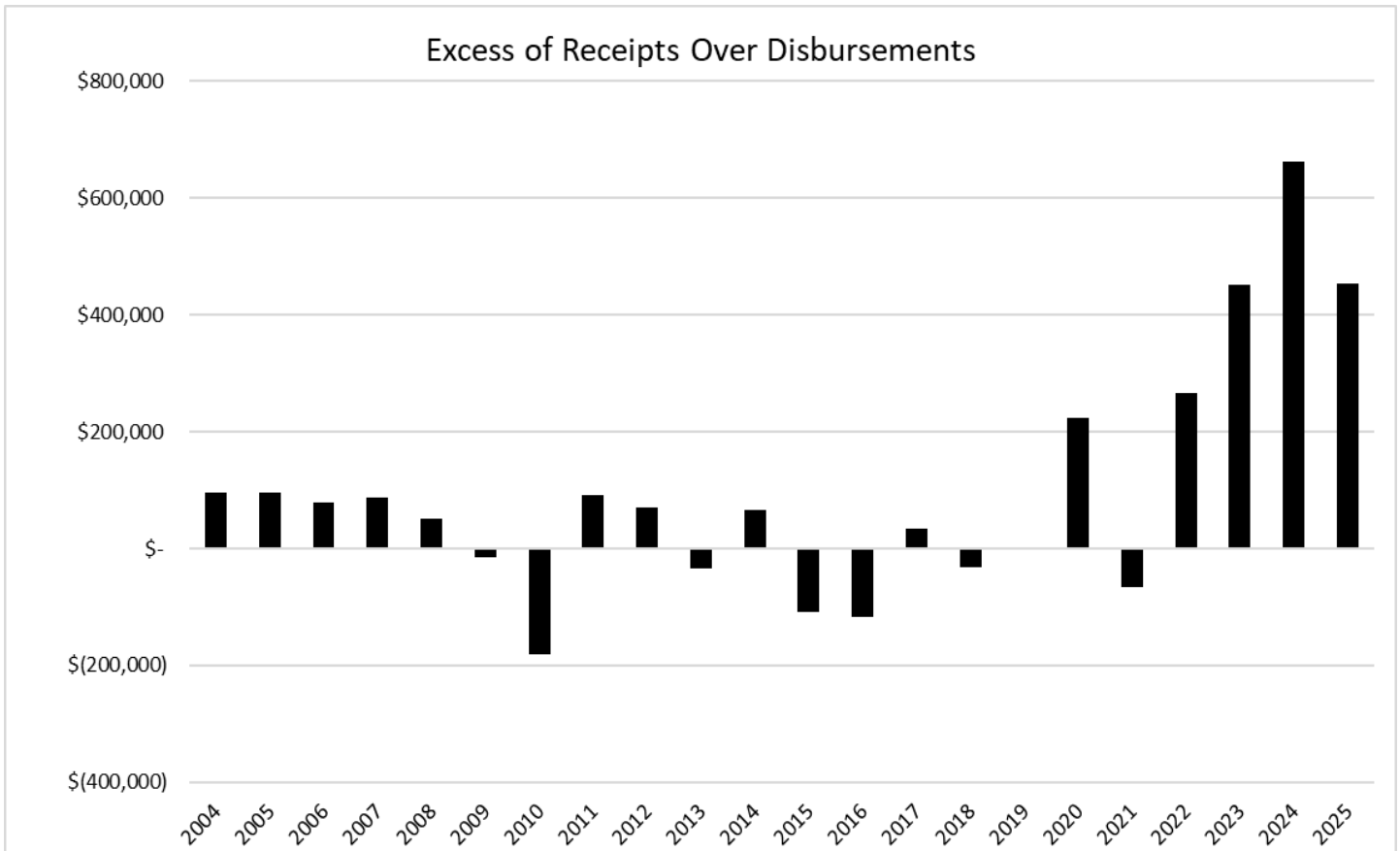
RECEIPTS – OTHER



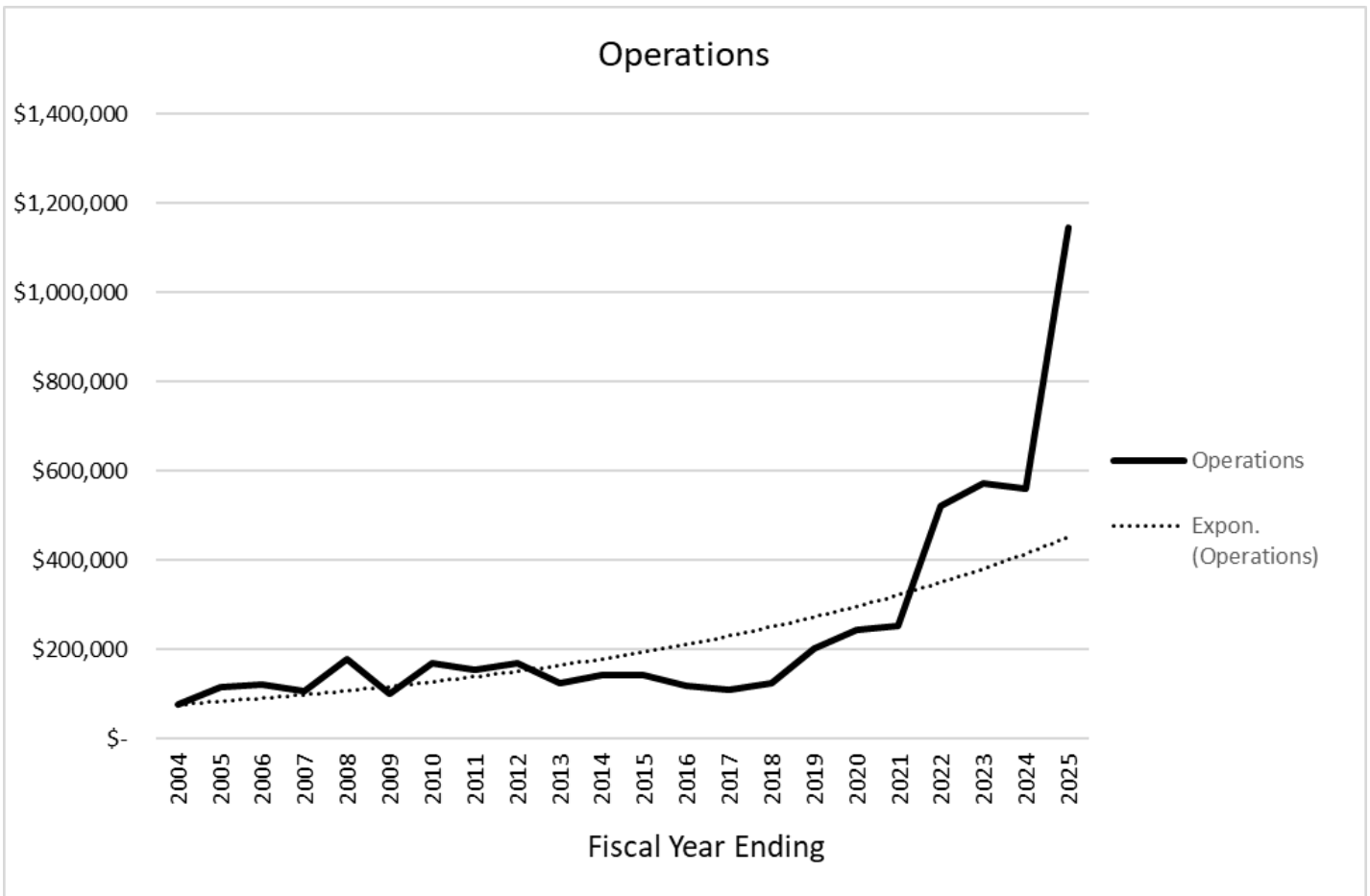
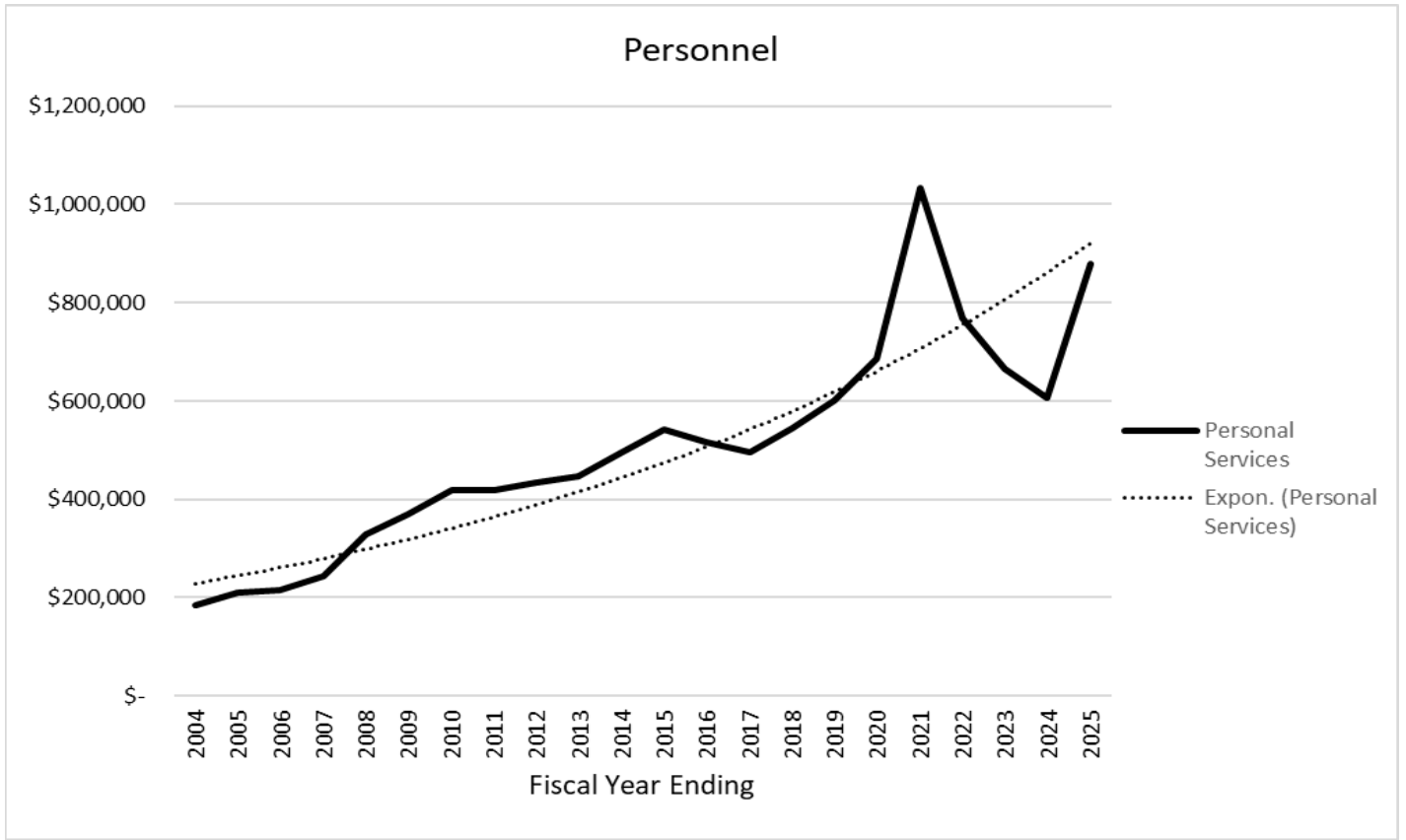
RECEIPTS COMPARED TO DISBURSEMENTS



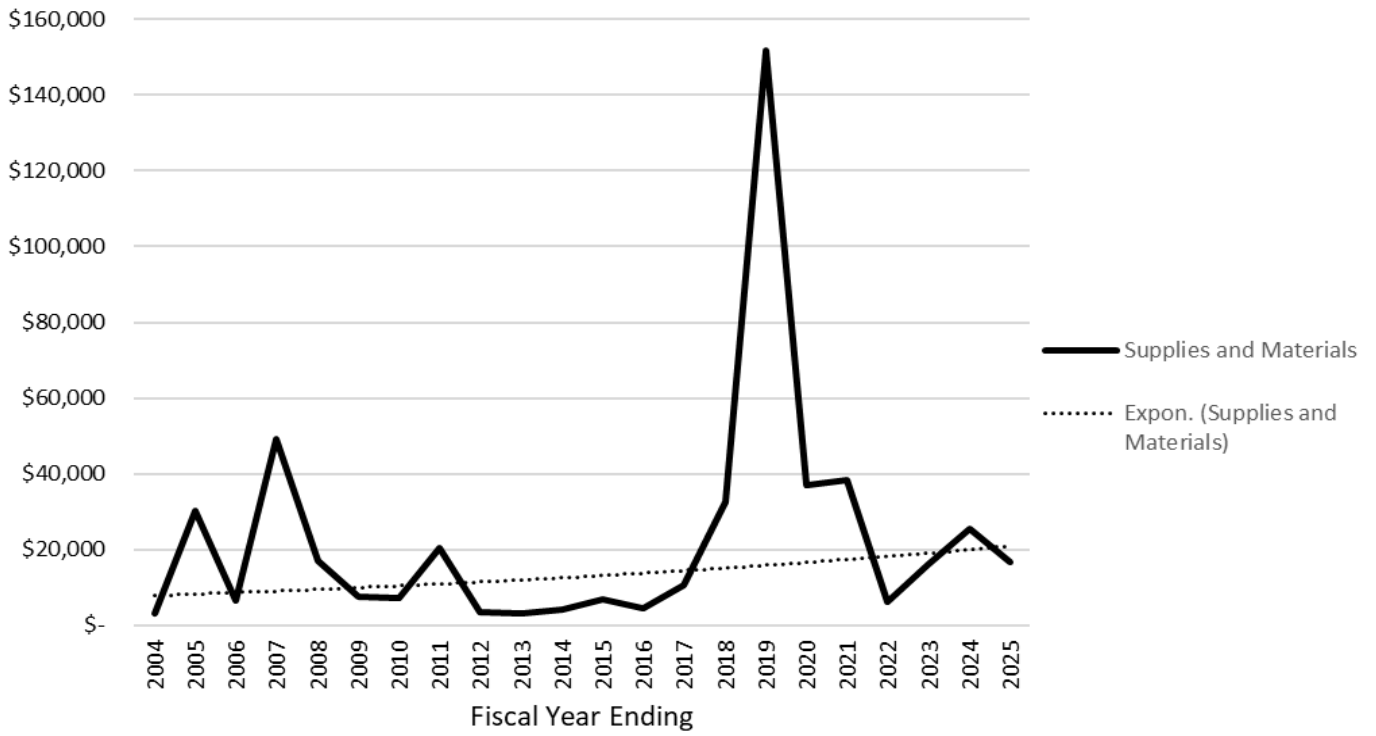
EXCESS OF RECEIPTS OVER DISBURSEMENTS



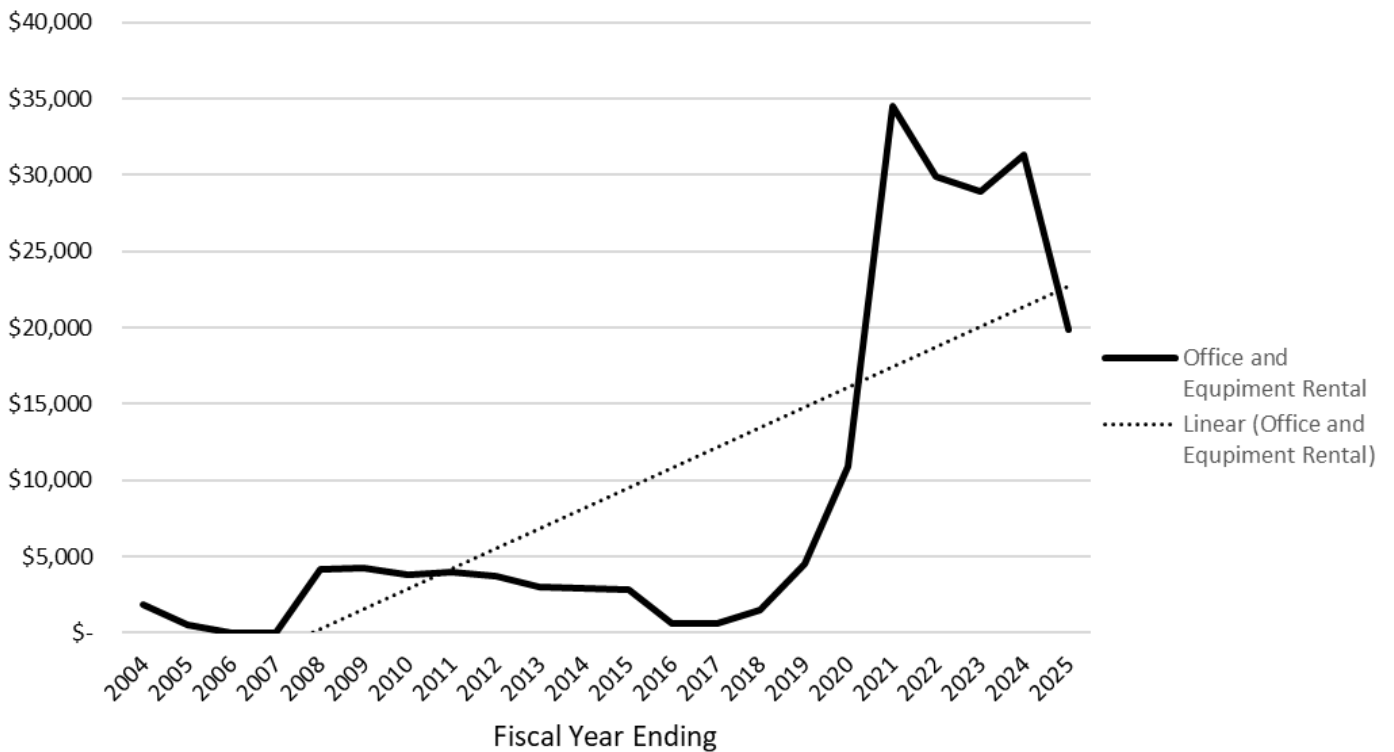
DISBURSEMENTS BY TYPE

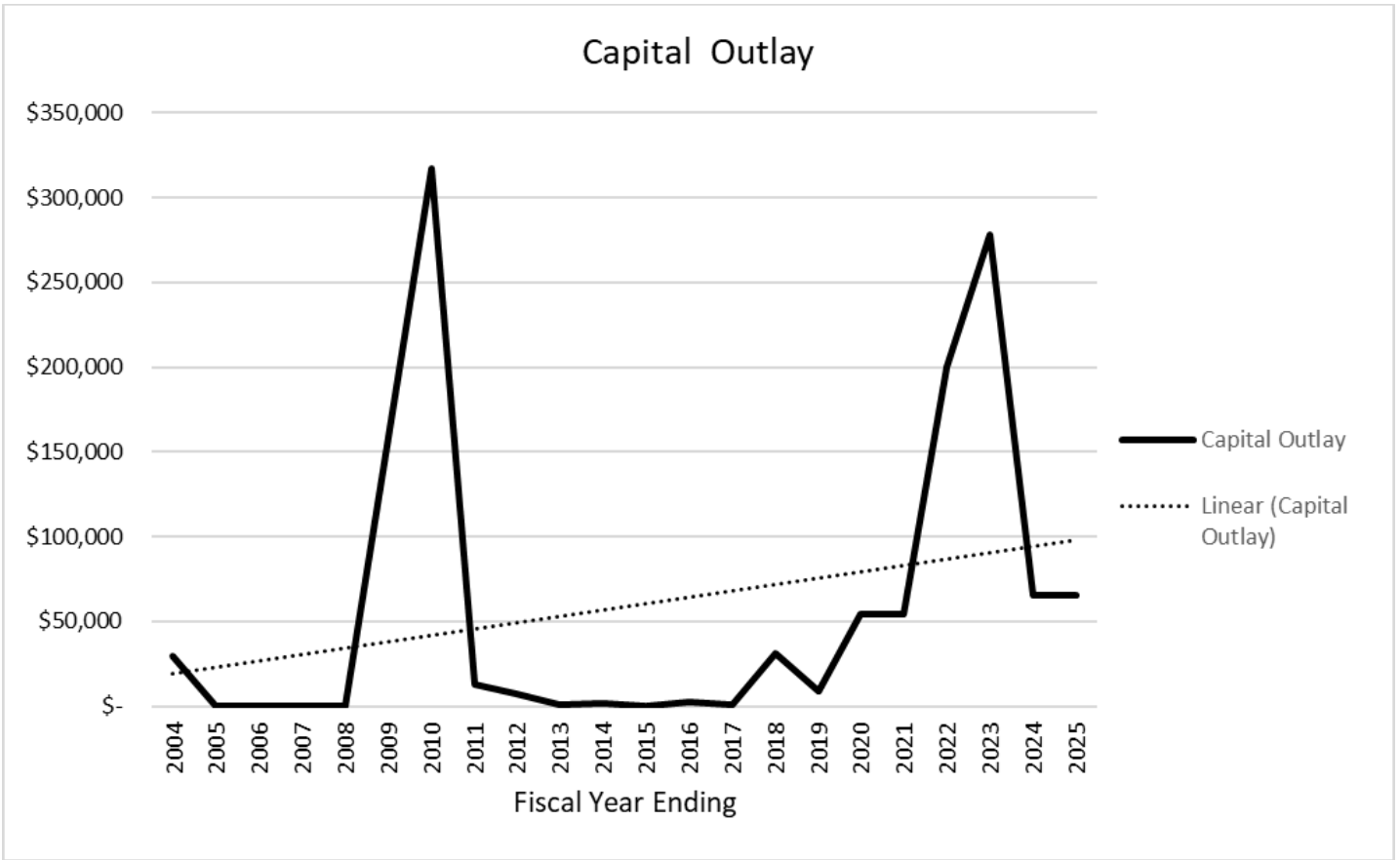


Supplies and Materials

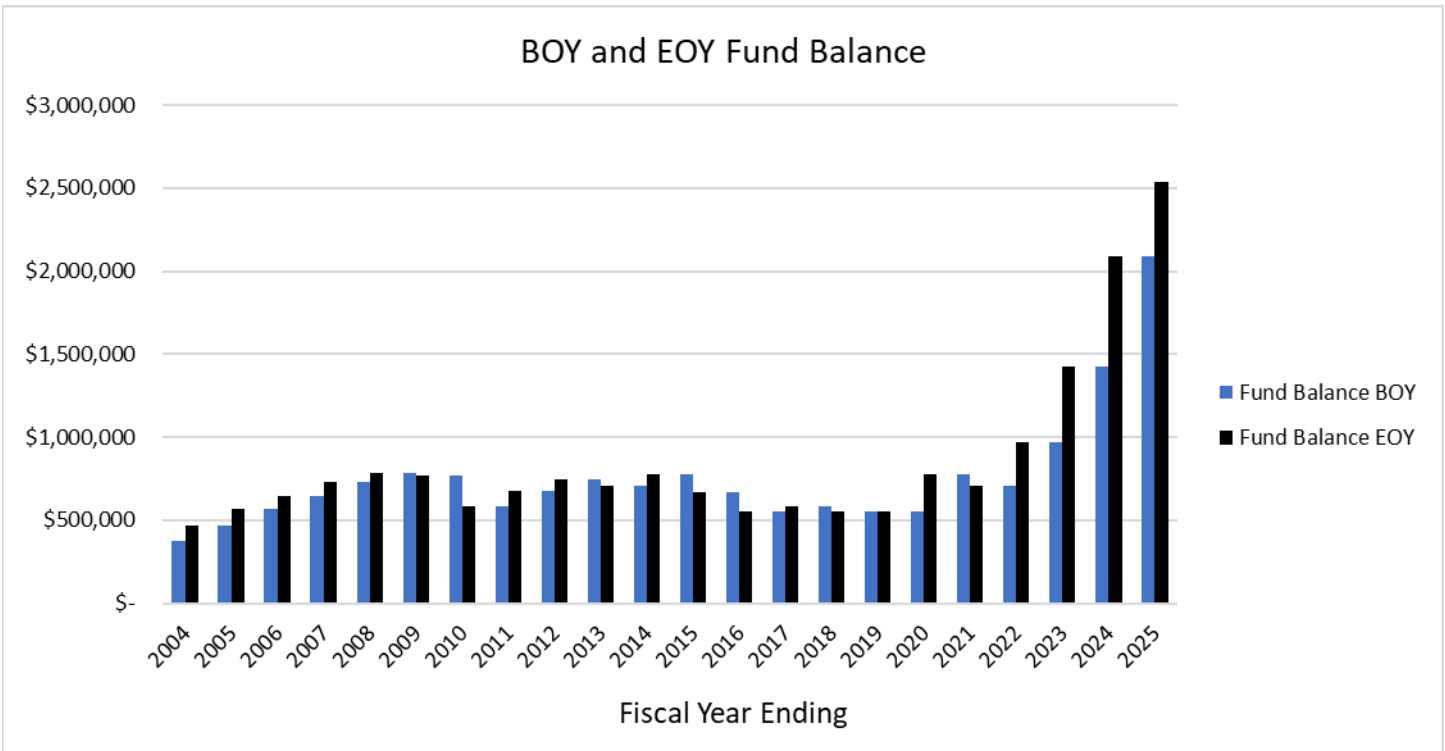


Office and Equipment Rental

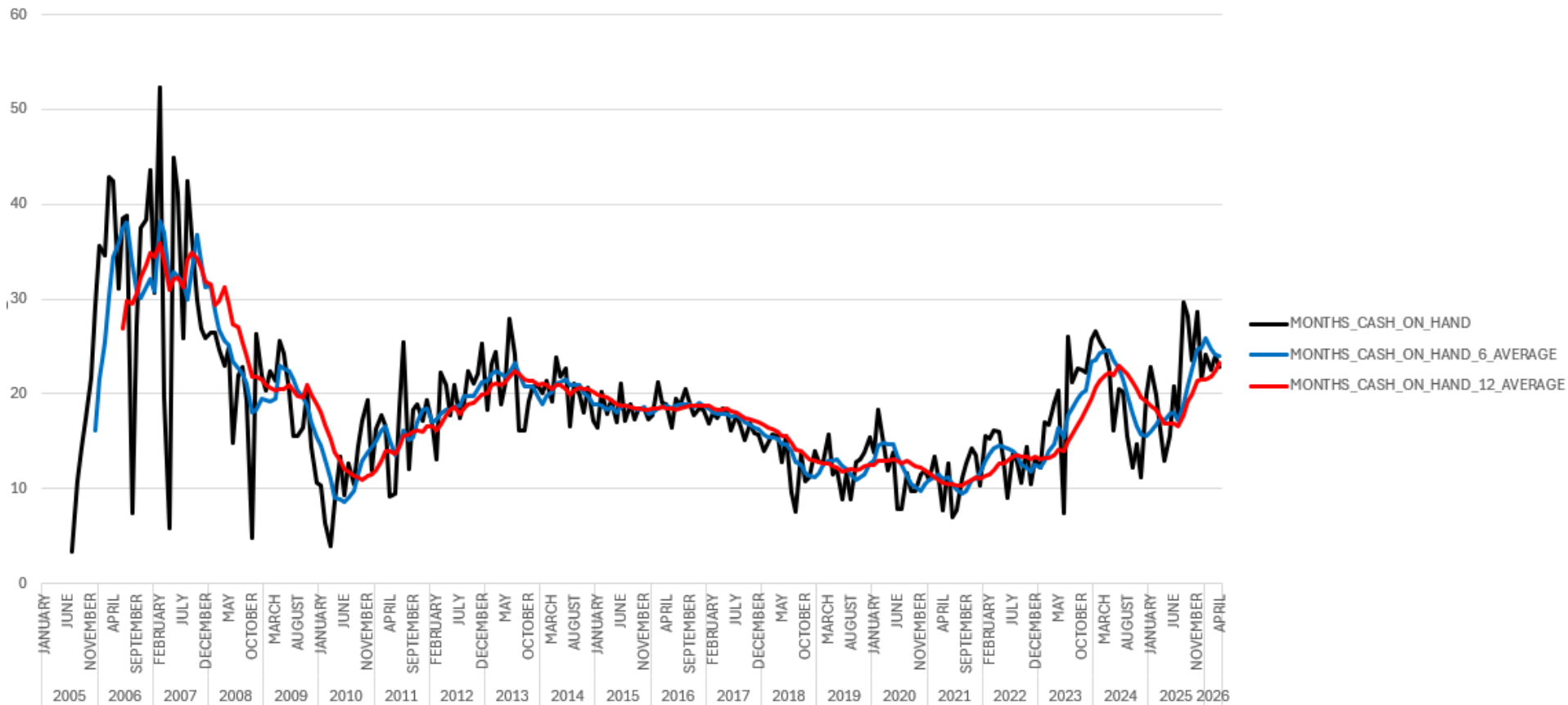




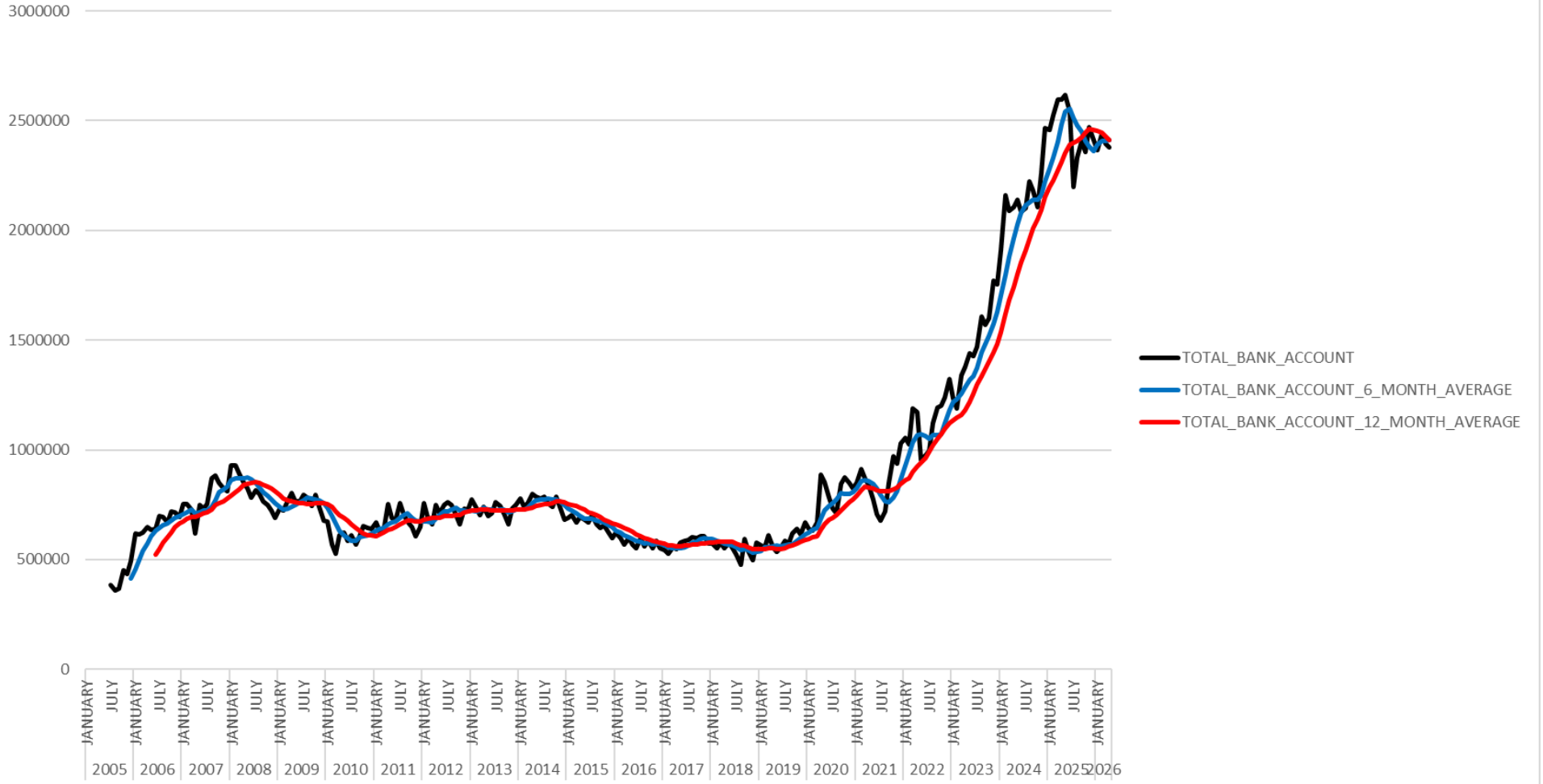
BEGINNING OF YEAR BALANCE COMPARED TO END OF YEAR BALANCE



Monthly Cash on Hand with 6 and 12-Month Rolling Averages Accrual Basis



Total Bank Account
with 6 and 12-Month Rolling Averages
Accural Basis



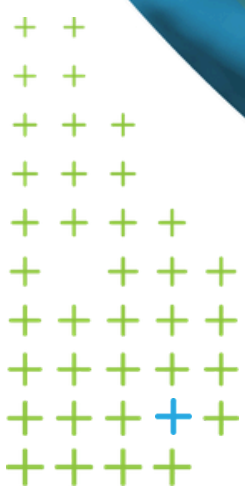
FY2027 Budget Projection

Balance	FY 24-25 Budget	FY 25-26 Budget	FY 25-26 YTD - 3rd QTR	FY 26-27 Projected
Receipts	\$ 2,578,980.50	\$ 1,589,041.80	\$ 1,471,161.88	\$ 2,824,703.78
Expenses	\$ 3,642,365.91	\$ 2,909,249.38	\$ 1,127,417.63	\$ 3,700,000.00 ~44%
	\$ (1,063,385.41)	\$ (1,320,207.58)	\$ 343,744.25	\$ (875,296.22)

www.nalhd.org

2026 Impact Report

NALHD
Nebraska Association *of*
Local Health Directors



NALHD makes it easier for Nebraska's local health departments to learn, act, and move forward together.



2026 Impact Report



800 S 13th St. #100
Lincoln, NE 68508
(402) 904-7946
nalhd.org



The Impact



Letter from NALHD's Director

**Built by local public health.
Working for every Nebraskan.**

What happens when local public health works together?

- + More resources reaching more communities.
- + More capacity, tools, & people working together.
- + More support for the services Nebraskans rely on.

Moving forward, together.

- + 2026 Legislative Session
- + 2026 Nebraska Public Health Conference

Letter from NALHD's Director

Dear Friends,

Nebraska's public health leaders are carrying extraordinary responsibility in an increasingly difficult environment. They are expected to protect community wellbeing, respond to emerging threats, navigate political pressure, and keep systems functioning—often with limited resources and little margin for error.

At NALHD, our role is simple to say and hard to do: make it easier for local public health leaders to do their jobs well.

In a moment when public health work is often misunderstood—or mischaracterized—we focus relentlessly on what actually helps: strong relationships, shared infrastructure, trusted communication, and steady advocacy for the conditions local leaders need to succeed. We believe public health works best when it is practical, collaborative, and grounded in local reality.

The impact described in this report is not about NALHD alone—it reflects what happens when funders, policymakers, and system partners strategically support the public health system, so that individual public health leaders are not left to shoulder growing demands alone. The result: Nebraska's public health system remains strong, practical, and responsive.

Thank you for the big and small ways you support NALHD's work in our local public health system.

Sincerely,



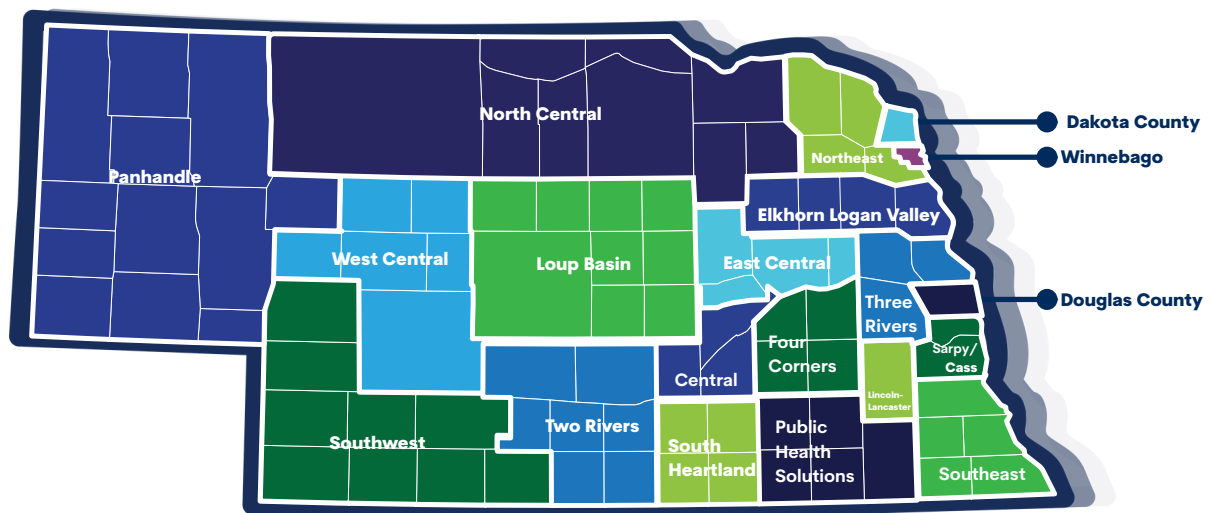
Susan Bockrath, MPH, CHES

Executive Director

Nebraska Association of Local Health Directors



Built by local public health. Working for every Nebraskan.



Nebraska’s governmental public health system works differently from most states. Here, nineteen local health districts (LHDs) cover the state, serving between 1 and 12 counties each. They support kids and families, foster healthy communities, and strengthen the conditions that help Nebraskans thrive and be well.



Local health departments understand their communities better than anyone—but many challenges are too complex to tackle alone. The local public health system needed a neutral entity to bring in funding that health departments might not access individually, build shared capacity through people and tools, and speak with one voice on public health issues.

To meet that need, **local public health directors created NALHD**. We connect leaders with the partnerships, resources, and coordination that boost their work to reach farther and to strengthen public health across the entire state.

Today, **NALHD is a trusted convener, connector, and problem solver within the local public health system**. We help health departments coordinate efforts, share tools, and act together on statewide issues while staying grounded in the needs of their own communities.

93 Counties

Public health services reach all 93 counties in Nebraska.

NALHD members deliver prevention, protection, and access to care through programs shaped by community needs.

15 Years

NALHD brings 15 years of organizational excellence.

Made possible through consistent partnership across Nebraska's public health system.

20 Members

NALHD includes 19 local & 1 tribal health departments.

Each department responds to the needs of its communities while contributing to a stronger statewide public health system.

1 Statewide Voice

NALHD is the state association for local public health.

As the state's only association of its kind, we represent shared priorities in statewide and national conversations.

What happens when local public health works together?

+ More resources reaching more communities.

When local health departments (LHDs) act together, they gain access to funding that simply doesn't exist for them individually. NALHD helps bring those resources into Nebraska and out into communities, so local teams have what they need to plan, respond, and grow.

\$11.5 million

++++
+ + + +

in multi-year contributions passed through to LHDs since 2022

\$1.5 million

++
+ + +

in direct federal awards secured and passed through to LHDs between 2022 and 2025

\$2.44 million

++++
+ + + +

of NALHD's budget will be directly passed through to LHDs in 2026

+ More Capacity, Tools, & People Working Together.

Public health is powered by people and the tools they rely on. NALHD helps local teams build networks, share best practices and tools, and remain effective whether through shared learning, statewide coordination, or access to systems they couldn't maintain on their own.

15+ Communities of Practice

Communities of Practice connect professionals to share resources, solve problems, and learn together. NALHD convenes these groups to help keep Nebraska's public health workforce supported, especially as teams navigate heavier workloads with fewer staff.



161+ LHD Staff access data tools

NALHD provides tools such as Qualtrics and mySidewalk that simplify data collection, management, analysis, and visualization. Our efforts support a more consistent, coordinated use of data across public health partners.



1.6M Nebraskans reached

NALHD supports communication across the state by offering shared media tools, design and translation support, and coordinated campaigns. Our Public Health is For You campaign reached 1.6 million Nebraskans and generated 9.7 million impressions.



"The partnership and access these tools provide are huge for local health departments like ours. They strengthen our ability to listen to our communities, evaluate our work, and make informed decisions that improve public health."

-Terra Uhing, Executive Director
Three Rivers Public Health Department



+ More Support for the Services Nebraskans Rely On

Nebraska's public health services are strongest when local teams are supported by a coordinated system. When local health departments, state partners, and academic institutions are aligned, essential programs don't just continue — they grow, adapt, and reach more families.

By serving as a trusted partner and fiscal conduit, **NALHD enables local health departments to access funding and infrastructure that would be difficult—or even impossible—to secure on their own.** This collective approach has helped sustain core services like oral health and community health worker programs, ensuring they remain available, connected, and responsive across Nebraska.

63% of Nebraskans believe that the entire community benefits from public health.*

*From NALHD's Public Health is For You campaign research (2024)

Oral Health Services

Local health departments delivered oral health screenings through school and community-based programs, supported by NALHD and by multi-year federal grants to the state. These services reached more than 80% of Nebraska's counties.



75,700+

oral health screenings delivered by NALHD-funded LHDs, in schools and community settings statewide



"NALHD enables my rural health department to seek funding, pursue innovative opportunities, and engage in partnerships that improve health outcomes while reducing long-term costs. NALHD also provides training and resources to strengthen my team's skills to better protect and promote the well-being of all Nebraskans."

-Heidi Kuklis, MPH, Executive Director
North Central District Health Department



Community Health Workers

Fifty-one Community Health Workers (CHWs) in 14 local and tribal health departments (83%) have completed NALHD's skill-building series based on national standards, strengthening the local workforce that helps families navigate resources, connect to care, and address the social and behavioral needs affecting health. We are also working to establish a training endorsement for CHWs to help Nebraska communities unlock federal dollars for local providers and stabilize and grow local talent in public health and health care.

83%

of CHW workforce at LHDs, statewide, strengthened through NALHD training



Environmental Health Services

Under NALHD's coordination, environmental health staff are better trained and more aligned in responding to lead exposure, air quality concerns, and safe drinking water so families get consistent support across the state.



\$14.9M

in HUD funding secured by LHDs engaged in NALHD's environmental health training and support

Moving Forward, Together

Advocacy in Action

Each of Nebraska’s legislative sessions bring new opportunities to protect foundational public health services and to strengthen the partnership between local health departments and statewide decision-makers. NALHD will continue to support directors as they align on shared priorities, prepare clear, consistent messages, and speak with a unified voice on issues that shape the health and well-being of Nebraskans. By elevating local expertise, we help ensure policies reflect the realities, needs, and strengths of communities across the state.

NALHD’s advocacy focuses on ensuring Nebraskans are served by a consistently funded, strong local public health system.

In the 2026 session, we are highlighting the first 25 years of the Health Care Cash Fund—Nebraska’s wise approach to investing the state’s share of Tobacco Master Settlement dollars into improving the health of Nebraskans.



“Through NALHD, our local health department has a meaningful voice in statewide decision-making and the development of sound public health policy. Membership ensures we are connected to a strong, collaborative network of partners across Nebraska.”

—Laura McDougall, MS, Executive Director
Four Corners Health Department



Nebraska's Annual Public Health Conference

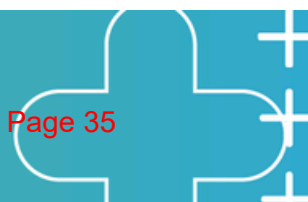
NALHD hosts the Nebraska Public Health Conference (NEPHC), which continues to grow as a hub for learning, partnership, and innovation. This annual event brings together 400+ statewide partners and public health professionals to learn together and shape solutions that support Nebraskan families and communities.



2X Nebraska Public Health Conference (NEPHC) participation has doubled since 2019

The work of public health doesn't end here. As Nebraska moves into a new legislative session, a new year of statewide collaboration, and a new year of opportunities (including as part of Nebraska's implementation of the **Rural Health Transformation Program**), NALHD will continue elevating local voices and ensuring that public health leaders have a seat at every table where decisions are made.

We invite partners, funders, and community members to stay connected with us as we work together to protect essential services and strengthen the system that serves all Nebraskans. Together, we'll keep building a system where communities are heard, essential services thrive, and every Nebraskan benefits.





POLICY SECTION	Administrative		
POLICY TITLE	Policy on Policies		
POLICY NUMBER	XXX	REVISION NUMBER	0
EFFECTIVE DATE	XX/XX/XXXX	DATE REVIEWED	New policy
CROSS REFERENCE	None		

1. POLICY STATEMENT

- 1.1. The Southeast District Health Department is committed to maintaining a clear, consistent, and well-documented system of policies that guide operations, support compliance with applicable laws and regulations, and promote effective administration. All policies shall be developed, reviewed, approved, revised, and decommissioned in a standardized and transparent manner to ensure accuracy, accountability, and organizational consistency.

2. PURPOSE

- 2.1. The purpose of this policy is to establish the standards and procedures governing the creation, approval, revision, organization, interpretation, and archiving of department policies. This policy ensures that all departmental policies are properly structured, regularly reviewed, and consistently applied to support effective governance and operational integrity.

3. SCOPE

- 3.1. This policy applies to all department policies and to all employees involved in the development, review, approval, implementation, interpretation, revision, or decommissioning of such policies. It governs the full lifecycle of departmental policies, including those related to administrative functions, operations, financial management, records, and other organizational matters.

4. DEFINITIONS

- 4.1. None.

5. POLICY

5.1. General Requirements

- 5.1.1. All department policies shall be developed, approved, revised, decommissioned, and archived in accordance with this policy.

5.2. Policy Sections

- 5.2.1. The department utilizes a policy organizational structure to allow for efficient management and organization of policies. The current policy structure is detailed below:

- 100 – Administrative policies
 - 100.1 – 100.9 Employment
 - 110.1 – 110.9 Compensation and Payroll
 - 120.1 – 120.9 Leave
 - 130.1 – 130.9 Insurance
 - 140.1 – 140.9 Retirement
 - 150.1 – 150.9 Employee Professional Development and Continuing Education
 - 160.1 – 160.9 Employee Performance
 - 170.1 – 170.9 Employee Conduct and Expectations
 - 180.1 – 180.9 Employee Expenses
 - 190.1 – 190.9 Other Administrative Matters
- 200 – Department Operations, Property, and Business
 - 200.1 – 200.9 Department Operations
 - 210.1 – 210.9 Department Property
 - 220.1 – 220.9 Information Technology
 - 230.1 – 230.9 Department Business
- 300 – Department Financial Management
 - 300.1 – 300.9 Financial Management
- 400 – Department Records and Information
 - 400.1 – 400.9 Records Maintenance
 - 410.1 – 410.9 Records Confinedity

5.2.2. All new department policies will be assigned a number in sequential order within the appropriate location within the policy structure as part of the overall department taxonomy. Policies that are officially decommissioned and archived may have their identification number recycled to be available for future policies.

5.3. Policy Development

5.3.1. New policies are developed at the discretion of the Executive Director and may incorporate feedback from other department employees. Employees may propose a new policy or revision of an existing policy and submit a draft to the Executive Director for review. The Executive Director may also assign policy development to department staff to ensure subject matter expertise is included.

5.3.2. Policies involving primarily legal subject matter may be referred to the Department’s legal counsel for review and guidance.

5.3.3. All new policies shall be developed using Attachment XX – Policy Template.

5.4. Policy Review and Approval

5.4.1. All department policies shall be reviewed at least every three (3) years, or sooner if required due to legal or regulatory changes, Board of Health guidance, or operational needs.

5.4.2. All new policies shall be approved by the Executive Director and the Board of Health. The Executive Director may approve and implement policies without prior Board approval in urgent or emergency situations requiring prompt action to maintain operations or comply with applicable laws or regulations. In such cases, the policy shall be presented to the Board of Health for review at the next scheduled meeting.

5.4.3. All reviews shall be documented on Attachment XX – Policy Review and Revision Table.

5.5. Policy Revisions

5.5.1. Policy revisions may be initiated on an as-needed basis. Department staff may submit proposed revisions to the Executive Director for consideration. The following revision types apply:

5.5.1.1. **Editorial Revision:** Includes modifications related to spelling, grammar, format, updates to hyperlinks or URLs, contact information, references, attachments, and titles of individuals and organizations. Editorial revisions are completed at the discretion of the Executive Director and do not require Board of Health approval.

5.5.1.2. **Non-Substantive Revision:** Includes modifications intended to enhance clarity without altering the intent of the policy, such as adding or modifying definitions, rearranging or re-wording text without changing meaning or the policy’s requirements for compliance. Non-substantive revisions are completed at the discretion of the Executive Director and do not require Board of Health approval.

5.5.1.3. **Substantive Revision:** Includes significant modifications that affect the intent, scope, requirements, or principles of the policy. Substantive revisions require Board of Health approval.

5.5.2. All revisions shall be documented on Attachment XX – Policy Review and Revision Table.

5.6. Policy Interpretation

5.6.1. When interpreting policies, and in the instance that there is a conflicting opinion between staff, authority is delegated to the Executive Director to make the final

interpretation of the policy. The Executive Director may seek legal advice as needed to resolve policy conflicts.

5.7. Decommissioning and Archiving

5.7.1. When a policy is no longer active, needed, or current, it shall be decommissioned.

5.7.2. Decommissioned policies shall be archived in the appropriate storage location and clearly labeled as “Archived – Not for Use.” Archived policies shall be saved using a title that includes the date of archiving.

5.8. Noncompliance

5.8.1. Employees who violate any department policy may be subject to discipline, up to and including termination.

6. PROCEDURE

6.1. None.

7. ATTACHMENTS

7.1. Attachment XX – Policy Template

7.2. Attachment XX – Policy Review and Revision Table



POLICY SECTION	Section Name		
POLICY TITLE	Policy Title		
POLICY NUMBER	Number	REVISION NUMBER	Number
EFFECTIVE DATE	XX/XX/XXXX	DATE REVIEWED	XX/XX/XXXX
CROSS REFERENCE	List policies or procedures referenced or related to this policy		

1. POLICY STATEMENT (Style: Heading 1, Times New Romans, 12 pt, ALL Caps)

The policy statement should be a brief statement of ‘what’ the policy is intended to accomplish, what the compliance expectations are, and how broadly the policy is to be applied. It should be no more than three sentences and should not include procedural steps.

Provide a brief statement of the Department’s intent regarding the policy’s subject matter and an indication of how broadly the policy applies.

1.1. State the policy here (Style: Normal, Times New Romans, 12 pt).

2. PURPOSE (Style: Heading 1, Times New Romans, 12 pt, ALL Caps)

This section indicates the rationale for the policy, including any legal or regulatory requirements that the policy aims to address.

2.1. Section text (Style: Normal, Times New Romans, 12 pt).

3. SCOPE (Style: Heading 1, Times New Romans, 12 pt, ALL Caps)

This section indicates who are the individuals, departments, and entities the policy will affect and how (if needed, provide examples to help illustrate applicability).

3.1. Section text (Style: Normal, Times New Romans, 12 pt).

4. DEFINITIONS

Define any terms used in the policy that have specialized or significant meaning. Use bulleted list for terms.

4.1. Term – Definition (Style: Normal, Times New Romans, 12 pt).

5. POLICY (Style: Heading 1, Times New Romans, 12 pt, ALL Caps)

Explain the means by which the policy will be carried out, using subheadings where appropriate. Where a particular entity or position is responsible for a task, that entity or position should be clearly designated.

Detailed steps for policy implementation may be developed in a separate procedures document. Procedures need not follow the same steps for approval and adoption that are applicable to policies, but they should be developed in consultation with the Associate Director of Policy Management and the Policy Review Committee.]

The policy should:

- *have broad application.*
- *enhance the Department's mission and values.*
- *provide clear guidance that mandates certain actions or constraints.*
- *establish boundaries for conduct.*
- *help to ensure compliance with applicable laws, regulations, and or Department standards.*
- *serve to reduce risk.*
- *require infrequent updates or revisions.*
- *be as concise and direct as possible.*
- *use the document numbering/lettering format above and below as a guide*

5.1. Main heading, insert text (Style: Normal, Times New Romans, 12 pt).

5.2. Main heading, insert text (Style: Normal, Times New Romans, 12 pt)

5.2.1. Sub-heading, insert text (Style: Normal, Times New Romans, 12 pt)

5.2.2. Sub-heading, insert text (Style: Normal, Times New Romans, 12 pt)

5.2.3. Sub-heading, insert text (Style: Normal, Times New Romans, 12 pt). Example of sequential list format. Use a sequential list when order matters, outlining step-by-step information or procedure or lists have inherent dependencies.

A. [FIRST LIST ITEM]

B. [SECOND LIST ITEM]

C. [THIRD LIST ITEM]

5.2.4. Sub-heading, insert text (Style: Normal, Times New Romans, 12 pt). Example of sequential list format. Use a nonsequential list when order doesn't matter, not outlining step-by-step information or procedure or the list doesn't have an inherent dependency.

- List item
- List item
- List item

6. PROCEDURE

If applicable, provide the reader with an organized, step-by-step guide of all the actions necessary to comply with the policy. Link or explain any relevant procedures here and organize by table or narrative.

If the Procedures contain subsections, please use the Outline Format below. If the Procedures contain a list, please use the Bulleted List Format below.

6.1. Main heading, insert text (Style: Normal, Times New Romans, 12 pt).

6.2. Main heading, insert text (Style: Normal, Times New Romans, 12 pt)

6.2.1. Sub-heading, insert text (Style: Normal, Times New Romans, 12 pt)

6.2.2. Sub-heading, insert text (Style: Normal, Times New Romans, 12 pt)

6.2.3. Sub-heading, insert text (Style: Normal, Times New Romans, 12 pt). Example of sequential list format. Use a sequential list when order matters, outlining step-by-step information or procedure or lists have inherent dependencies.

D. [FIRST LIST ITEM]

E. [SECOND LIST ITEM]

F. [THIRD LIST ITEM]

6.2.4. Sub-heading, insert text (Style: Normal, Times New Romans, 12 pt). Example of sequential list format. Use a nonsequential list when order doesn't matter, not outlining step-by-step information or procedure or the list doesn't have an inherent dependency.

- List item
- List item
- List item

7. ATTACHMENTS

If applicable, use this section to list any forms, tools, or other resources related to the policy. Attachment title nomenclature is as follows: "Attachment [INSERT POLICY NUMBER] [INSERT SEQUENTIAL LETTERS STARTING WITH "A"] – ATTACHMENT TITLE. Actual attachments should be on separate pages of the policy.

ATTACHMENT [POLICY NUMBER] A – ATTACHMENT TITLE (Style: Heading 1, Times New Romans 12 pt)

ATTACHMENT [POLICY NUMBER] B – ATTACHMENT TITLE (Style: Heading 1, Times New Romans 12 pt)

8. REVISIONS

Revision	Date Approved	Description
0		



8. REVISIONS

Revision	Date Approved	Description
1		New policy template. Removed language regarding new employee’s use of vacation leave during probationary period. Changed employee vacation leave credit from beginning of the month to end of the month to ensure workflow efficiency with HR platform.

POLICY SECTION	Administrative		
POLICY TITLE	Vacation Leave		
POLICY NUMBER	120.1	REVISION NUMBER	1
EFFECTIVE DATE	XX/XX/XXXX	DATE REVIEWED	XX/XX/XXXX
CROSS REFERENCE	None		

1. POLICY STATEMENT

1.1. The Southeast District Health Department recognizes the importance of providing employees with paid vacation leave to support rest, personal well-being, and work-life balance. SEDHD is committed to administering vacation leave in a fair, and consistent manner that supports employee wellness while maintaining continuity of departmental operations and public health services. Vacation leave benefits shall be administered in accordance with established accrual schedules, operational needs, and applicable employment policies.

2. PURPOSE

2.1. The purpose of this policy is to establish a consistent framework for the accrual, use, scheduling, and payout of vacation leave for eligible employees of the Southeast District Health Department. This policy is intended to provide clear guidance regarding vacation benefits, promote responsible leave management practices, support workforce planning, and ensure consistent administration of paid time off across the organization.

3. SCOPE

3.1. This policy applies to all full-time and part-time employees regularly scheduled to work more than twenty (20) hours per week.

4. DEFINITIONS

4.1. None.

5. POLICY

5.1. Vacation leave accrual rates for full-time and part-time employees are outlined in Table 1 and Table 2. Employees become eligible for increased accrual rates on their employment anniversary date based on completed years of service.

5.1.1. Table 1. Vacation Accrual Rates for Full-Time Employees

Years of Employment	Months of Employment	Hours Accrued/Month	Hours Accrued/Year	Max Hours Allowed
1 – 5	1 – 60	8	96	144
6 – 10	61 - 120	12	144	216

11 – 15	121 – 180	16	192	288
16 – 20	181 – 240	20	240	360
21 +	241 – 300	24	288	432

5.1.2. Table 2. Vacation Accrual Rates for Part-Time Employees

Years of Employment	Months of Employment	Hours Accrued/Month	Hours Accrued/Year	Max Hours Allowed
1 – 5	1 – 60	4	48	72
6 – 10	61 - 120	6	72	108
11 – 15	121 – 180	8	96	144
16 – 20	181 – 240	10	120	180
21 +	241 – 300	12	144	216

- 5.2. Eligible employees begin accruing vacation leave on their first day of employment. ~~Accrued vacation leave may not be used until the employee has successfully completed the initial probationary period.~~
- 5.3. Vacation leave hours are credited to employee leave balances on the last day ~~first day~~ of each month for leave earned during that month.
- 5.4. Recognized department holidays that occur during an approved vacation period shall not be charged against an employee’s vacation leave balance.
- 5.5. Vacation leave is not considered hours worked for purposes of overtime calculation.
- 5.6. Employees may not receive vacation pay while simultaneously performing work duties.
- 5.7. Employees requesting vacation leave shall submit requests through the department’s approved leave request process at least two (2) weeks in advance whenever possible. Vacation requests for leave occurring during the months of November and December must be submitted at least thirty (30) days in advance.
- 5.8. All vacation leave requests are subject to approval by the Executive Director or designee and will be evaluated based on departmental operational needs. When multiple employees request overlapping vacation periods that cannot all be accommodated, consideration will be given to the following factors:
 - Order in which requests were received;
 - Employee seniority;

- Department operational needs; and
- Prior leave usage patterns, including equitable scheduling during peak holiday periods.

5.9. Employees may carry over vacation leave up to one and one-half (1.5) times their annual accrual maximum. Employees who reach the maximum allowable accrual will cease accruing additional vacation leave until their balance falls below the established limit.

5.10. Upon separation from employment, employees will be compensated for all accrued and unused vacation leave balances in accordance with applicable law and department payroll procedures.

6. PROCEDURE

6.1. None.

7. ATTACHMENTS

7.1. None.

8. REVISIONS

Revision	Date Approved	Description
1		New policy template. Removed language regarding new employee's use of vacation leave during probationary period. Changed employee vacation leave credit from beginning of the month to end of the month to ensure workflow efficiency with HR platform.

POLICY SECTION	Administrative		
POLICY TITLE	Medical Leave		
POLICY NUMBER	120.2	REVISION NUMBER	1
EFFECTIVE DATE	XX/XX/XXX	DATE REVIEWED	XX/XX/XXXX
CROSS REFERENCE	None		

1. POLICY STATEMENT

1.1. The Southeast District Health Department provides medical leave benefits to eligible full-time employees to support time away from work due to personal illness, injury, or the illness of immediate family members. Medical leave is intended to promote employee health and well-being while maintaining continuity of operations.

2. PURPOSE

2.1. The purpose of this policy is to establish a standardized system for the accrual, use, and administration of medical leave. This policy is designed to provide employees with protection against loss of income due to illness or injury, while defining eligibility, accrual limits, and conditions for use to ensure consistent application across the organization.

3. SCOPE

3.1. This policy applies to all full-time employees of the Southeast District Health Department.

4. DEFINITIONS

4.1. None.

5. POLICY

5.1. Medical leave may be used for an employee’s personal illness, injury, preventive care, and medical or dental appointments. Medical leave may also be used to care for immediate family members, including a spouse, children, mother, and father, for illness or preventive care.

5.2. Eligible employees accrue eight (8) hours of medical leave per month.

5.3. Eligible employees begin accruing medical leave on their first day of employment. ~~Employees shall complete their initial probationary period before being able to use accumulated medical leave.~~ Newly hired full-time employees shall receive an initial credit of eight (8) medical leave hours on their first day of employment.

5.4. Medical leave hours are credited to employee leave balances on the ~~last day~~ first day of each month for leave earned during that month.

- 5.5. Accrued medical leave shall not exceed nine hundred and sixty (960) hours. Employees who reach the maximum allowable accrual will cease accruing additional medical leave until their balance falls below the established limit.
- 5.6. If an employee exhausts available medical leave, accrued vacation leave shall be used, if available.
- 5.7. Medical leave shall not accrue during periods of unpaid leave, including unpaid leave of absence, medical leave, disability leave, or suspension.
- 5.8. Holidays occurring during a medical leave absence will not be counted as medical leave used.
- 5.9. Medical leave will not be paid for any absence covered by workers' compensation benefits.
- 5.10. Medical leave is not considered hours worked for purposes of overtime calculation.
- 5.11. Employees shall notify their supervisor or the Executive Director by telephone within one hour of their scheduled start time when reporting an absence due to illness or injury to be eligible for paid medical leave. In the event of an unexpected absence due to personal or family illness, the employee should notify their supervisor or the Executive Director as soon as reasonably possible.
- 5.12. Employees absent for more than three (3) consecutive workdays may be required to provide medical documentation supporting the absence.
- 5.13. Unused medical leave is not paid out upon termination of employment. Upon retirement, full-time employees will be compensated at twenty-five percent (25%) of their unused accumulated medical leave balance.

6. PROCEDURE

- 6.1. None.

7. ATTACHMENTS

- 7.1. None

8. REVISIONS

Revision	Date Approved	Description
1		New policy template. Removed language regarding new employee's use of medical leave during probationary period. Changed employee medical leave credit from beginning of the month to end of the month to ensure workflow efficiency with HR platform.

Changes to statute regarding swimming pools

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

4 **Sec. 27.** Section 81-15,265, Reissue Revised Statutes of Nebraska, is
5 amended to read:

6 81-15,265 (1) The department shall ~~prepare,~~ adopt, and have
7 available minimum sanitary and safety requirements in the form of
8 regulations for the design, construction, equipment, and operation of
9 swimming pools and bather preparation facilities. Such regulations
10 requirements shall include, but not be limited to, provisions for waiver
11 or variance of design standards and the circumstances under which such
12 waiver or variance may be granted. No swimming pool shall be constructed
13 until plans and specifications have been approved by the department.

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

- Section 28 concerns pool designed and built prior to 1970

1 **Sec. 29.** Section 81-15,268, Reissue Revised Statutes of Nebraska, is
2 amended to read:

3 **81-15,268 (1)** The local government which exercises jurisdiction over
4 a swimming pool shall inspect such department shall make at least one
5 inspection every year of each swimming pool to determine that such
6 swimming pool complies with the minimum sanitary and safety requirements
7 established by the local government.

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

11 **(3)** ~~(2)~~ The owner and operator of any swimming pool shall operate
12 such swimming pool in compliance with minimum sanitary and safety
13 requirements established by the local government which exercises
14 jurisdiction over such swimming pool. The owner or operator of any
15 swimming pool shall retain for three years submit such operation and
16 analytical records as may be requested at any time by the department to
17 determine the sanitary and safety condition of the swimming pool and
18 shall make such records available to the local government upon request.

1 **81-15,270** Any owner or operator of a swimming pool failing to
2 maintain a certificate of competency as required by section 81-15,268 or
3 failing to comply with the minimum sanitary and safety requirements
4 established by the local government exercising jurisdiction over such
5 swimming pool any of the provisions of sections 81-15,264 to 81-15,270
6 shall be subject to enforcement, penalties, or other remedies as
7 established by such local government. guilty of maintaining a public
8 nuisance, and it shall be the duty of the county attorney of the county
9 in which such swimming pool is located to act as provided by law for the
10 abatement of public nuisances.

Changes to statute regarding recreational parks

12 81-15,275 A local government may by resolution, ordinance, or
13 regulation adopt minimum health and safety requirements to protect the
14 health and safety of persons in attendance at recreation camps. ~~(1)~~The

Changes to statute regarding mobile home parks

 81-15,288 ~~(1)~~ A local government may by resolution, ordinance, or
regulation adopt minimum requirements for the establishment, operation,
and maintenance of mobile home parks.

Pools

Pool/Spa Name	Street	City	County	Municipality Pursing Regs (Y/N/Undecided)	Municipality Contact Nam	Contact Email
Tecumseh Aquatic Center Outdoor Pool	169 S 8th St	Tecumseh	Johnson	No	Janelle Moran	jmoran@tecumsehne.com
Auburn Municipal Outdoor Pool	1020 H St	Auburn	Nemaha	No	Crystal Dunekacke	crystald@auburn.ne.gov
Auburn Municipal Outdoor Wading Pool	1020 H St	Auburn	Nemaha	No	Crystal Dunekacke	crystald@auburn.ne.gov
Catron Camp & Retreat Center Outdoor Pool	609 N 60th Rd	Nebraska City	Otoe	No	Perry Mader	pmader@nebraskacityne.gov
Syracuse Municipal Outdoor Pool	1180 Chestnut St	Syracuse	Otoe	No	Jessica Meyer	
Lied Lodge & Conference Center Indoor Pool	2700 Sylvan Rd	Nebraska City	Otoe	No	Perry Mader	pmader@nebraskacityne.gov
Ambassador Wellness Center Indoor Pool	1240 N 19th St	Nebraska City	Otoe	No	Perry Mader	pmader@nebraskacityne.gov
Best Western Nebraska City Indoor Pool	2515 S 11th St	Nebraska City	Otoe	No	Perry Mader	pmader@nebraskacityne.gov
Best Western Nebraska City Indoor Spa	2515 S 11th St	Nebraska City	Otoe	No	Perry Mader	pmader@nebraskacityne.gov
Ambassador Wellness Center Indoor Spa	1240 N 19th St	Nebraska City	Otoe	No	Perry Mader	pmader@nebraskacityne.gov
Lied Lodge & Conference Center Indoor Spa	2700 Sylvan Rd	Nebraska City	Otoe	No	Perry Mader	pmader@nebraskacityne.gov
Steinhart Aquatic Center Zero Depth Outdoor Pool	121 S Steinhart Park Rd	Nebraska City	Otoe	No	Perry Mader	pmader@nebraskacityne.gov
Holiday Inn Express & Suites Nebraska City Indoor Pool	801 Highway 2	Nebraska City	Otoe	No	Perry Mader	pmader@nebraskacityne.gov
Pawnee City Municipal Outdoor Pool	425 14th St	Pawnee City	Pawnee	No	City Clerk - Unknown name	pcityhall@pcityhall.org
Humboldt Municipal Outdoor Pool	607 Park Ave	Humboldt	Richardson			
Camp Cornhusker BSA Outdoor Pool	63375 703 Trl	Du Bois	Richardson			
Falls City Aquatic Center Outdoor Pool	3002 Old Hwy 73	Falls City	Richardson	Undecided	Briar Burr	b.burr@fallscityne.us
Humboldt Municipal Outdoor Wading Pool	607 Park Ave	Humboldt	Richardson			

Mobile Home Parks

Facility	Program	Mobile Home Park Name	Street	City	State	Zip Code	Zip +	County	Local Health Department
118358	MHP000675	Boone's Court & Apartments	981 Clay St	Tecumseh	NE	68450	2283	Johnson	Southeast
116879	MHP000917	Harbour East	999 Webster St	Tecumseh	NE	68450	2520	Johnson	Southeast
117135	MHP000326	Southside Mobile Home Park	Jct 26th St & Highway 75	Auburn	NE	68305		Nemaha	Southeast
116935	MHP000932	Huntington Acres	1405 26th St	Auburn	NE	68305	3121	Nemaha	Southeast
83843	MHP000933	638th Ave, LLC	72872 638 Ave	Auburn	NE	68305	8050	Nemaha	Southeast
117038	MHP000784	CountrySide Court LLC	Jct 2nd & Mohawk Sts	Syracuse	NE	68446		Otoe	Southeast
116790	MHP000963	Richardson Trailer Court	844 K St	Pawnee City	NE	68420	2504	Pawnee	Southeast
117083	MHP000760	Falls City Mobile Home Park	800 Reavis St	Falls City	NE	68355		Richardson	Southeast

Recreational Camps

Facility ID	Program ID	Recreational Camp Name	Street	City	State	Zip Code	Zip +4	County	Local Health Department
66076	RC000011	Camp Catron	609 N 60th Rd	Nebraska City	NE	68410	6151	Otoe	Southeast
84434	RC000048	Camp Cornhusker	63375 703 Trl	Du Bois	NE	68345	5032	Richardson	Southeast

Rural Health Transformation Program

The Department has applied for various initiatives of the Rural Health Transformation Program (RHTP). Status of applications, funding amounts, and intent of each initiative are listed below. Also included is where each initiative aligns with various Department strategic priorities documented in the 2024-2028 Strategic Plan and Community Health Improvement Plans (2022 and 2025).

Initiative 1.5b – Community-Based Nutrition and Physical Activity Programming

Intent: Build upon existing nutrition and physical activity programming within communities that encourage Nebraskans of all ages to engage in healthy eating and active living. Funds are expected to support community partnerships (e.g. food banks, senior centers, worksites, walkable communities, etc.), be used primarily for program implementation, and leverage Community Health Worker infrastructure where available.

Application Status: Approved. Letter of Intent to Award has been received.

Funding Amount: \$39,157.30

Department Strategic Priority Crosswalk:

Initiative	Strategic Plan	Community Health Improvement Plans
Initiative 1.5b	Strategic Priority 2 - Objective 2.1 Strategic Priority 7 - Objective 7.1	2022 Goal 2: Preventative Care and Screening

Initiative 2.3 – Rural Health Hubs and Community Health Worker Networks

Intent: Build network of Community Health Workers (CHWs) across rural Nebraska to bridge gaps between various levels of health care and the community. This initiative is solely focused on providing Local Health Departments with the opportunity and necessary funding to hire, train, and operationalize CHWs within their respective districts.

Application Status: Approved. Letter of Intent to Award has been received.

Funding Amount: \$842,424.75

Department Strategic Priority Crosswalk:

Initiative	Strategic Plan	Community Health Improvement Plans
Initiative 2.3	Strategic Priority 2 - Objective 2.1 Strategic Priority 2 - Objective 2.3 Strategic Priority 7 - Objective 7.1	2022 Goal 1: Behavioral Health 2022 Goal 2: Preventative Care and Screening 2022 Goal 3: Social Determinants of Health 2025 Goal 1: Behavioral Health 2025 Goal 2: Transportation

Initiative 4.2a – Nebraska Teeth Forever (NTF) and Emergency Department Diversion.

Intent: Fund Nebraska Teeth Forever Program (NTFP) at participating Local Health Departments and expand to additional departments. Also, expand mobile dental services utilizing dental colleges and other partners.

Application Status: Approved. Letter of Intent to Award has been received.

Funding Amount: \$58,333.00

Department Strategic Priority Crosswalk:

Initiative	Strategic Plan	Community Health Improvement Plans
Initiative 4.2a	Strategic Priority 2 - Objective 2.1 Strategic Priority 7 - Objective 7.1	2022 Goal 2: Preventative Care and Screening 2002 Goal 3: Social Determinants of Health

Initiative 4.4a – Chronic Disease Management Navigation and Education Initiative

Intent: Expand community-based education, care navigation, and self-management support for individuals living with chronic conditions such as diabetes, cardiovascular disease, asthma, and other long-term health challenges. Projects should improve health outcomes by helping individuals understand their conditions, navigate complex health systems, and access timely, community responsive resources. Through structured education, one-on-one navigation support, and partnerships with healthcare providers and community organizations, participants gain the knowledge and skills needed to manage their conditions, reduce preventable complications, and improve quality of life.

Application Status: Approved. Letter of Intent to Award has been received.

Funding Amount: \$195,746.93

Department Strategic Priority Crosswalk:

Initiative	Strategic Plan	Community Health Improvement Plans
Initiative 4.4a	Strategic Priority 2 - Objective 2.1 Strategic Priority 2 - Objective 2.3 Strategic Priority 7 - Objective 7.1	2022 Goal 2: Preventative Care and Screening

Directors Report
SEDHD Board of Health Meeting
May 27, 2026

Funding Updates

The Department has secured various awards through the Rural Health Transformation Program and was awarded another grant through the Sherwood Foundation. These additional awards will increase the Department's total available revenues by an additional 1.2 million dollars.

State and Federal Legislative Update

The second session of the 109th Legislature ended in April. This session's budget bill, LB1071, passed and maintained LHD funding levels. Bills of public health importance that were passed this session are listed below.

- LB1071 – Biennial Budget and Appropriations Bill
- LB912 – Community Health Worker Training Endorsement Act
- LB760 – Nebraska Environmental Safety Act: Local Regulations of Pools, Camps, and Mobile Home Parks (amended into LB759).
- LB203 – Changes to LHD Authority Decision Making.

With the passage of LB759, the Board of Health will have to consider implementing rules and regulations for the inspection of swimming pools, mobile home parks, and recreational camps.

Additionally, LB203 changed processes and authority related to directed health measures, isolation, and quarantine rules and regulations. The Department is waiting for a legal review by DHHS to determine what revisions are needed to the Department's control and prevention of infectious disease rules and regulations. Once DHHS completes their review, the Department will work with legal counsel to revise the rules and regulations.

Staffing/Personnel Update

The Department has various positions posted and will continue to post positions as they relate to the Rural Health Transformation Program. The Department has the potential to increase to an additional 10 staff.

Accreditation Update

Track 1 resubmission is due June 1st. Resubmitted material addresses feedback provided by PHAB. The Department will host a PHAB site visit as a part of the final submission process.

Strategic Plan Update

Due to shifts at the Federal and State level, and changes in staffing, the strategic plan is being reviewed to align with the current realities of the state of local health departments. Shifts in the plan are expected as the Department navigates through changes in priorities.

Other Business

None