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Methodist Fremont Health

2023 Community Health Needs Assessment

METHODIST FREMONT HEALTH

Report prepared by Schmeeckle Research in conjunction with the Three Rivers Public Health Department

August, 2022

Partners

Every three years, Three River Public Health Department (3RPHD) in collaboration with its local healthcare partners Methodist Fremont Health, Memorial Community Hospital & Health System and Saunders Medical Center completes a Community Health Needs Assessment (CHNA) which then informs a Community Health Improvement Plan (CHIP) for Dodge, Washington, and Saunders Counties in eastern Nebraska. This project was made possible through grant funding from the State of Nebraska Department of Health and Service, Division of Public Health, Community Health and Performance Management and Region 6 Behavioral Health Care. A special thank you to the steering committee members below who have been an integral part of this process.

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Introduction & Background

Background

Under the direction of Three Rivers Public Health Department, the 2022 *Community Health Needs Assessment* has been created for the three counties in the Three Rivers Health District (**Dodge, Saunders, and Washington Counties** in Nebraska). This assessment is the basis for the Community Health Improvement Plan (CHIP). This assessment also serves as a reference document for the non-profit hospitals in the district to assist in strategic planning. It is the purpose of this assessment to inform all interested parties about the health status of the population within the district and to provide community partners with a wide array of data that can be used to educate and mobilize the community and its resources to improve the health of the population.

The *Community Health Needs Assessment* process is collaborative and is intended to serve as a single data report for multiple coalitions, organizations, and hospitals in the three-county region unified by the Three Rivers Public Health Department. It is the goal of the *Community Health Needs Assessment* to describe the health status of the population and identify areas for health improvement, with the hope that the data from this report will be used to target strategic initiatives focused on the areas of highest public health need in the Three Rivers District. This assessment will be updated and revised every three years, thus providing communities with up-to-date data to evaluate progress made towards identified health priorities, and for the selection of new ones.

COVID-19 Disclaimer

Some of the secondary data used in this report has not been updated due to the COVID-19 pandemic—specifically data relating to birth and mortality. Please keep this in mind while reviewing the findings.

Social Determinants of Health

The social determinants of health (SDOH) characterize the areas in which we live, work, and play, and affect our entire lives. Oftentimes as individuals, we don't have control over these factors, especially as children. SDOH are typically grouped into 5 primary categories: Economic Stability, Education Access and Quality, Health Care Access and Quality, Neighborhood and Built Environment, and Social and Community Context [1]. Data has consistently demonstrated that areas with poor SDOH also have poor health outcomes. Identifying gaps within the social determinants of health is key to improving health equity across the Three Rivers Public Health Department district. This report will begin with a high-level approach and consider the overarching forces that may be positively or negatively affecting the public health system. A closer look at the opportunities and strengths surrounding the social determinants of health in the health district will be demonstrated through focus group discussions, a community health status assessment, and a community health needs assessment survey.

Examples of Social Determinants

- Safe housing, transportation, and neighborhoods
- Racism, discrimination, and violence
- Education, job opportunities, and income
- Access to nutritious foods and physical activity opportunities
- Polluted air and water
- Language and literacy skills[1]

Mobilizing for Action through Planning and Partnerships

Mobilizing for Action through Planning and Partnerships (MAPP) is a strategic planning process that has proven to be beneficial in bettering the health of a community. This effort is facilitated by Three Rivers Public Health Department in collaboration with local hospital systems, the board of health, the steering committee, and most importantly, the community. The MAPP process consists of 4 primary assessments which together aim to provide a well-rounded perspective of the celebrations and opportunities of health improvement within Dodge, Saunders, and Washington counties. Utilizing these assessments will allow our public health system to utilize both quantitative and qualitative data to effectively make decisions.
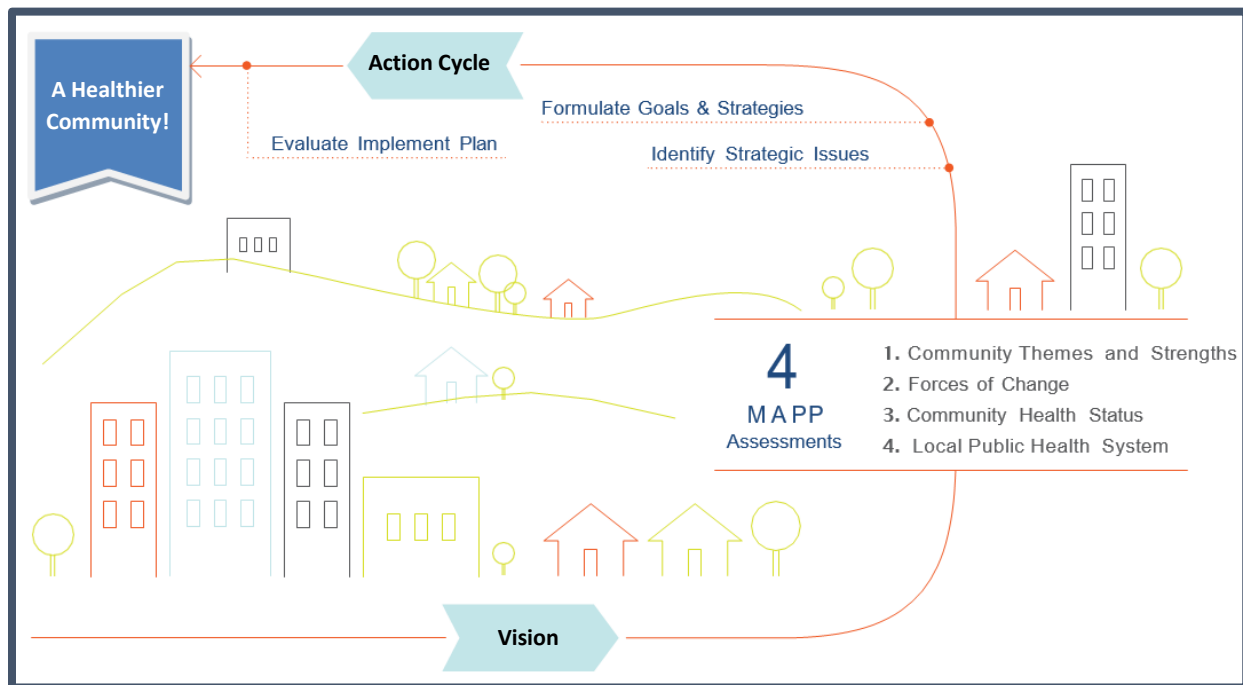
Source: Healthy Gallatin (2012)

Included Assessments

1. Forces of Change Assessment
2. Local Public Health System Assessment
3. Community Themes and Strengths Assessment
4. Community Health Status Assessment

MAPP is a way of bringing people together. Our combined forces are the best way to bring assets and resources together in one place. We can improve the health of our community together!

Forces of Change Assessment

A Forces of Change Assessment is used to assess the overarching forces that may be creating threats or the potential for new opportunities within the public health system. The forces can be categorized into the following:

- Economic Forces
- Political Forces
- Social Forces
- Technological Forces

- Environmental Forces
- Scientific Forces
- Ethical Forces
- Legal Forces

Methodology

The Forces of Change Assessment was conducted on May 23, 2022, at the initial CHNA Steering Committee held at Three Rivers Public Health Department (3RPHD). The Steering Committee consists of several members across the 3RPHD health district that are involved in different capacities within their communities. This provided a great opportunity to capture data that is well-rounded and representative of the forces that may be positively or negatively impacting the health district's public health system.

The following questions were asked via Qualtrics Survey:

Forces of Change Assessment Questions
1. Select the statement the best represents your current situation. The 3RPHD Health District includes Dodge, Saunders, and Washington counties.
2. What county or counties within the 3RPHD District are you representing?
3. Please list all forces of change, outside of your control, that affect the local public health system or community that has occurred recently or may occur in the future. What forces, trends, and/or characteristics are occurring locally in the 3RPHD Health District? In Nebraska? Nationally? Globally?
4. Please rank your identified forces: 1= Greatest Impact 2= Second Greatest Impact 3= Third Greatest Impact, and so on.
5. Of the top three ranked forces you identified, what threats are posed with each force? (subjective)
6. Of the top three ranked forces you identified, what opportunities may arise with each force? (subjective)
7. Please explain if any of the forces that you ranked will impact (positively or negatively) equal opportunity for health and access to care based on race, ethnicity, gender, age, sexual orientation, socioeconomic status, and/or education level. (subjective)

Summary of Results

Q1 - Select the statement that best represents your current situation. The 3RPHD Health District includes Dodge, Saunders, and Washington counties.

	%	Count
I live and work in the 3RPHD Health District.	78.57%	11
I work in the 3RPHD Health District.	21.43%	3
I live in the 3RPHD Health District.	0.00%	0
I do not live or work in the 3RPHD Health District.	0.00%	0
Total	100%	14

- Interpretation: 79% of the Forces of Change Assessment participants live and work in the 3RPHD health district. 21% exclusively work within the health district.

Q2 - What county or counties within the 3RPHD District are you representing?

	%
Dodge	64.29%
Saunders	28.57%
Washington	14.29%

- Interpretation: Percentages are representative of the 14 total respondents. Participants were able to select more than one option. 64% of participants represent Dodge County, 29% Saunders County, and 14% represent Washington County.

Q3 - Please list all forces of change, outside of your control, that affect the local public health system or community that has occurred recently or may occur in the future. What forces, trends, and/or characteristics are occurring locally in the 3RPHD Health District? In Nebraska? Nationally? Globally?

	%
Economic Forces	100.00%
Political Forces	100.00%
Social Forces	76.92%
Technological Forces	53.85%
Environmental Forces	46.15%
Scientific Forces	46.15%
Ethical Forces	38.46%
Legal Forces	30.77%

- Interpretation: Percentages are representative of the 13 total respondents. Participants were able to select more than one option. When given the option to select from all the forces above, economic and political forces were selected most often (100%), followed by social forces (77%), technological forces (54%), environmental and scientific forces (46%), ethical forces (38%), and legal forces (31%). Participants were able to select more than one option.

Q4 - Please rank your identified forces: 1= Greatest Impact 2= Second Greatest Impact 3= Third Greatest Impact, and so on.
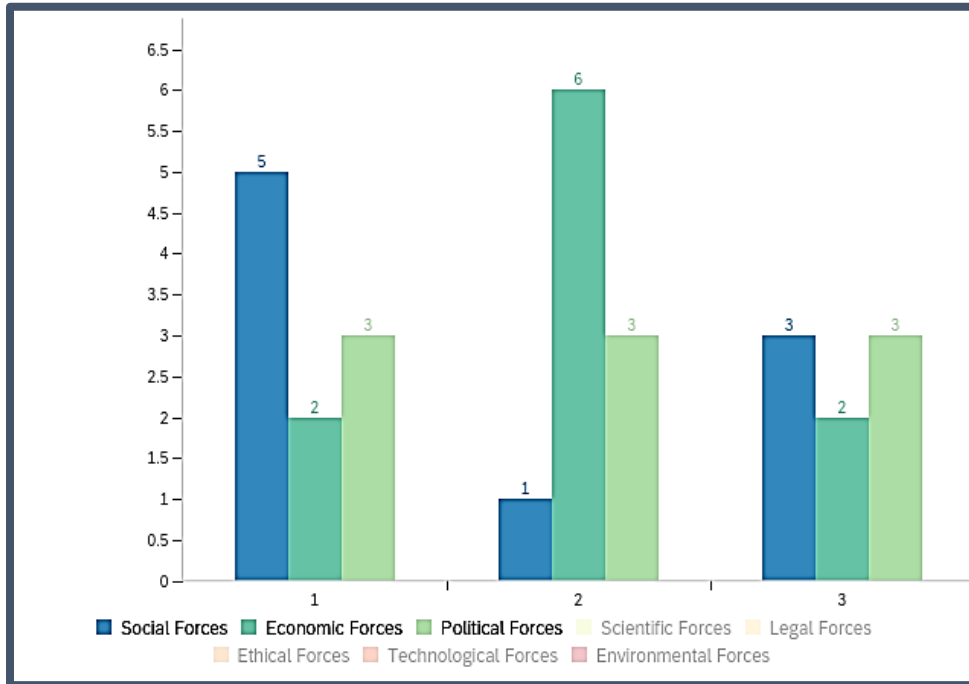
- Interpretation: Participants were then able to rank their selected forces in order of importance from question 3 above. Social forces were often ranked #1, economic forces were most often ranked #2, and social and political forces were tied for #3.

Q5-7 – Subjective Questions Graphic: Opportunities and threats of top 3 forces.

Social impacts are influenced by political decisions.

Increasing partnerships.

Harmful/deliberate misinformation— Deep deceptiveness.
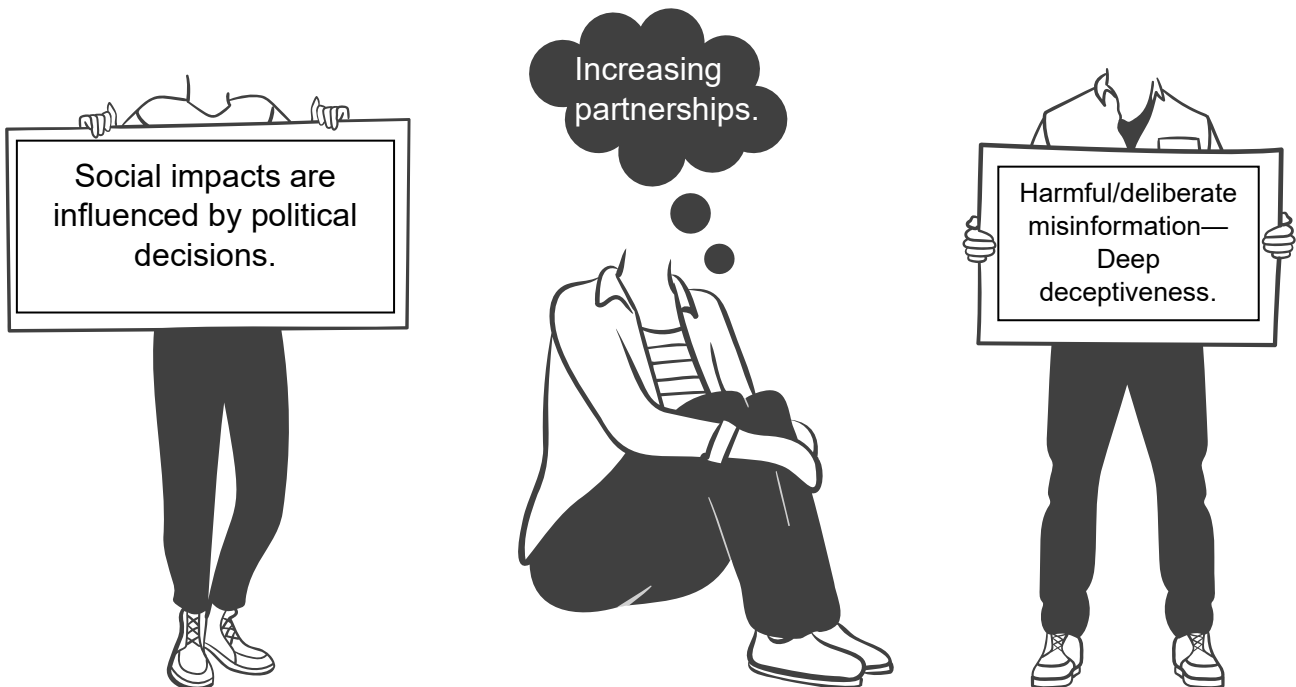
Local Public Health Systems Assessment

A Local Public Health Systems Assessment (LPHSA) is a tool used to evaluate the capacity and effectiveness of the local public health system. The assessment represents the interwoven partnerships we share across the health district and allows for a deeper understanding of the strengths and opportunities that exist within the system. Completing this assessment will answer the following questions[2]:

- What are the components, activities, competencies, and capacities of our public health system?
- How well are the 10 Essential Public Health Services being provided in our system?

Source: https://www.apha.org/what-is-public-health/10-essential-public-health-services

<u>10 Essential Public Health Services</u>[3]**:**

1. **Assess and monitor** population health.
2. **Investigate, diagnose, and address** health hazards and root causes.
3. **Communicate effectively** to inform and educate.
4. **Strengthen, support, and mobilize** communities and partnerships.
5. **Create, champion, and implement** policies, plans and laws.
6. **Utilize legal and regulatory actions.**
7. **Enable equitable access**.
8. **Build a diverse and skilled** workforce.
9. **Improve and innovate** through evaluation, research and quality improvement.
10. **Build and maintain** a strong organizational infrastructure for public health.

Benefits of Conducting the Assessment [2]**:**

- Identification of partners in the local public health system.
- Improved communication between community members and partners.
- Identification of local public health system strengths and weaknesses.
- Strengthened local public health system.

Methodology

This assessment was conducted on June 15th, 2022, and June 16th, 2022, with local hospital systems and the 3RPHD Board of Health. The 3 hospital systems (Memorial Community Hospital and Health Center, Methodist Fremont Health, and Saunders Medical Center) were chosen because they connect with patients and members of the community each day in addition to being some of 3RPHD's most beneficial partners. The Board of Health was chosen because it consists of individuals across Dodge, Saunders, and Washington counties who have unique and diversified connections across the health district.

The following questions were asked during the conduct of this assessment:

Local Public Health Systems Assessment Questions
1. What does the public health system mean to you?
2. What do you view as strengths of our Public Health System? What resources currently exist that help us better serve the health, wellness and safety of our communities?
3. What are the gaps in our Public Health System? In what areas are we lacking? What resources are lacking in any given area?
4. What are the changes that have occurred in our Public Health System due to the COVID-19 pandemic?
5. What opportunities exist to strengthen our Public Health System? What collaborative opportunities or partnerships can we utilize?

Summary of Results

Q1- What does the public health system mean to you?

Q2- What do you view as strengths of our Public Health System? What resources currently exist that help us better serve the health, wellness and safety of our communities?

- Collaboration within the health care system, amongst providers, and teams.
- Keeping school nurses informed.
- The use of a variety of communication methods such as social media.
- Informational updates between the public health system.
- COVID-19 vaccination collaboration between the health department and partners.
- The collaboration between schools and the health department.
- Regional behavioral health.
- Dodge and Washington County YMCA and parks/recreation.
- Communities that Care Program within Washington County

Q3- What are the gaps in our Public Health System? In what areas are we lacking? What resources are lacking in any given area?

- Public and low-cost transportation across the health district.
- The lack of senior centers within the communities.
- Lack of behavioral and mental health providers.
- The need of a public health coalition to increase knowledge of local resources and events.
- Neglect on other programs since the COVID-19 pandemic.
- Staffing and employment within all three hospital systems.

Q4- What are the changes that have occurred in our Public Health System due to the COVID-19 pandemic?

Positive	Negative
-Communication	-Lack of trust in healthcare
-Collaboration	-Neglect of other programs
-New partnerships	-Economic impact
-Networking	-Mental health issues
-Innovation	-Fear of the unknown
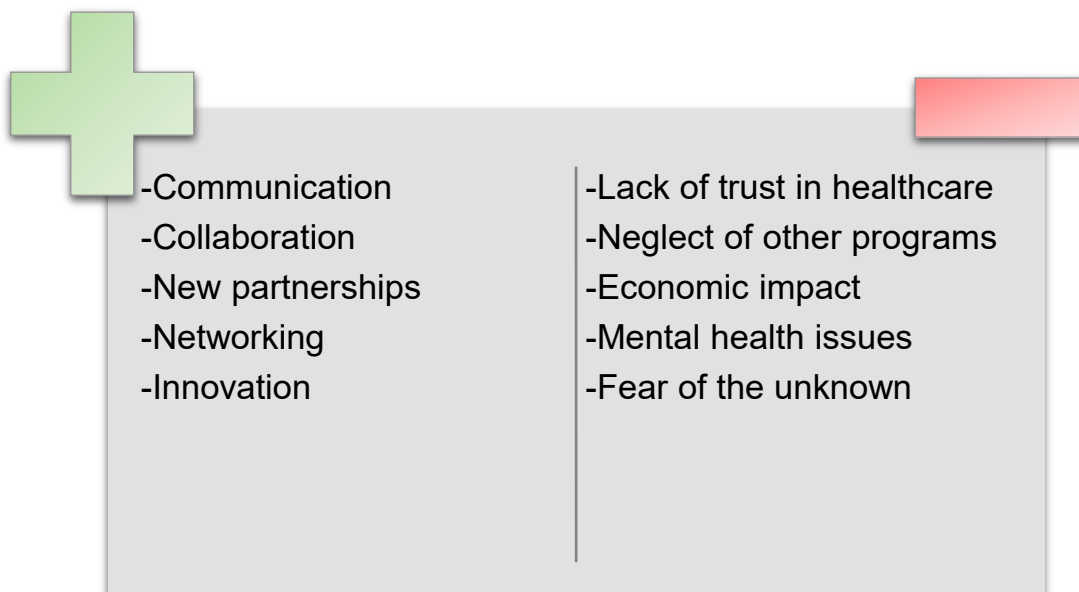
"There is so much more anxiety, depression, and anger post-pandemic."

Q5- What opportunities exist to strengthen our Public Health System? What collaborative opportunities or partnerships can we utilize?

- Coordination with rural communities and towns.
- Inclusion of rural EMTs and county supervisors.
- Public health coalition.
- Emergency planning.
- Partnerships instead of duplication of efforts.

Community Themes and Strengths Assessment

The Community Themes and Strengths Assessment (CTSA) is a tool used to create discussion between the public health system and the community. This assessment provides valuable insight into what the residents of the health district believe are important to their quality of life. We can assess how well the community members feel that their needs are being met and what the public health system can do to bring a better quality of life to the community.

This assessment answers the following questions[4]:

1. What is important to our community?
2. How is quality of life perceived in our community?
3. What assets do we have that can be used to improve community health?

Methodology

Three Rivers Public Health Department (3RPHD) coordinated a community focus group discussion within each of the 3RPHD counties on the following dates and locations:

1. Dodge County
   a. Fremont City Auditorium, 6pm-8pm on June 14, 2022
2. Saunders County
   a. Wahoo Public Library, 6pm-8pm on June 20, 2022
3. Washington County
   a. Blair Public Library, 6pm-8pm on June 15, 2022

Meeting locations, dates, and times were promoted through social media, press releases, and printed advertisements. These focus group events were intended to be highly discussion based and the questions below serve as prompts to initiate the conversation.

Community Themes and Strengths Assessment Questions

1. What do you consider to be the most positive aspects of your community?
2. What do you consider to be the most negative aspects of your community?
3. What factors make up a healthy community?
4. What health problems exist in your community?
5. What resources do you use in your community to stay healthy?
6. What resources are missing?
7. What prevents you or your family from caring for their health, accessing community health programs, or going to doctor's appointments?
8. How does the cost of your healthcare influence decisions that your or your family make regarding your health?
9. Do you feel like your community is a good place to raise kids or grow old?
10. What are your feelings toward the health care systems within your community?
11. Regarding job access/growth and affordable housing, where does your community stand?

12. Do you have any suggestions as to how the problems we discussed today can be addressed or fixed in order to improve health in the community?

Summary of Results

One weakness and limitation with this assessment is the limited participation at these focus group discussions. No individuals came to the events held in Saunders or Washington County. The results below are based off the Dodge County focus group event where there were 4 community member attendees.

Community Themes and Strengths Assessment Questions	Responses
1. What do you consider to be the most positive aspects of your community?	- Library renovation. - Several good schools, including both public and private options. - The number of physicians. - The State Lakes.
2. What do you consider to be the most negative aspects of your community?	- Poor storm drain maintenance. - The need for more turning lights at major intersections. - Loss of some main-stay business that then cause individuals to travel out of town for a particular service.
3. What factors make up a healthy community?	- Safety. - Convenience. - Farm-to-table businesses. - Farmer's markers. - Policies and incentives to curtail polluting industries.
4. What health problems exist in your community?	- Runoff pollution for large agricultural industries. - Obesity and diabetes. - Too many fast-food restaurants. - Decreased patience across community members. - Mental health issues. - Tobacco/vaping use and storefronts. - Language barriers. - Inability to pay for medications and receive health care.
5. What resources do you use in your community to stay healthy?	- YMCA - Walking around town. - Book clubs and libraries. - Churches and church groups. - Non-profit and volunteer organizations.
6. What resources are missing?	- Cross-cultural events. - Public transportation. - Lack of entertainment facilities to bring people into the community. - Highschool and college team have to share a football field.
7. What prevents you or your family from caring for their health, accessing community health programs, or going to doctor's appointments?	- Cumbersome to get a doctor appointment. - Smaller communities still have to travel to Fremont for care. - Lack of behavioral health and child psychiatrists in the area.

		• Lack of home health care and supportive health for aging families.
8.	How does the cost of your healthcare influence decisions that your or your family make regarding your health?	• Care can be cheaper in Omaha, so sometimes worth traveling out of town for. • Delayed healthcare due to high deductibles. • Private health insurance for farming families is expensive.
9.	Do you feel like your community is a good place to raise kids or grow old?	• Yes, sense of small community and resources needed. • No, all resources needed are on one side of town which can be challenging for older or disabled community members. • Yes, drivability is good and there is low traffic. • No, not a walkable community as you age.
10.	What are your feelings toward the health care systems within your community?	• General care is great overall but still need to travel out of town for specialists.
11.	Regarding job access/growth and affordable housing, where does your community stand?	• Very low unemployment rate so hard to find people to work when help is needed. • It is challenging for employers to remain competitive with larger corporations. • There are few positions in the area that require advanced degrees, which can be challenging to keep young adults and families in rural communities. • Need more middle-class housing opportunities.
12.	Do you have any suggestions as to how the problems we discussed today can be addressed or fixed in order to improve health in the community?	• Multicultural events. • Better low cost or public transportation. • Increased assistance for local owned businesses. • Better community planning and maintenance.

"In my experience, I have never encountered a time where what I needed was not here."

Community Health Status Assessment

The Community Health Status Assessment (CHSA) contains two main components to capture data from both primary and secondary sources. The first component is a community health assessment survey. The survey was conducted to supplement the Community Themes and Strengths Assessment as it could be easily accessed online at any time during the collection period. Members of the community could provide insight and perspective into the current or recent health of our communities. The second component of the CHSA is the compilation of secondary data pieces. The secondary data pieces are important for navigating what the health in our communities has looked like over the past several years and how the 3RPHD health district compares with the rest of the state. These components complement each other to tell a well-rounded story of the quality of life and overall health of the citizens who live, work, and play in Dodge, Saunders, and Washington Counties.

Community Health Assessment Survey

Methodology

The community health assessment survey was open from May 24, 2022, through June 24, 2022. The survey was promoted through press releases and social media. The Qualtrics survey link was sent to local school administrators and city chambers.   Paper copies of the survey were also printed and delivered across the health district to several local restaurants, banks, health clinics, gas stations, and senior centers. The surveys were then collected and entered in the system for analysis. Demographic information was requested in the survey, but only provided on a voluntary basis. If individuals felt comfortable providing contact information, they were entered into a random drawing for a gift card. Participants were required to attest that they were at least 19 years of age and had the opportunity to take the survey in English or in Spanish.

The following questions were asked in the community health assessment survey:

Community Health Assessment Survey Questions
1. In the following list, what do you think are the three (3) most important factors for a "Healthy Community"? (Those factors which most improve the quality of life in a community.)
2. In the following list, what do you think are the three (3) most important "health problems" in our community? (Those factors which have the greatest impact on overall community health.)
3. What is needed to improve the health of your family and neighbors? (Check all that apply)
4. What health screenings or education/information services are needed in your community? (Check all that apply)
5. How would you rate the Three Rivers Public Health Department area as a "Healthy Community"?
6. Describe what a healthier community would look like to you.
7. How would you rate your own personal health?
8. Where do you and your family get most of your health information? (Check all that apply)
9. If you or someone in your family were ill and required medical care, where would you go? (Select one)
10. Where do you receive your health care? (Select all that apply)
11. Please mark the extent to which you agree with the following statements. • I am satisfied with the quality of life in our community. (Consider your sense of safety, well-being, participation in community life and associations, etc.) • I am satisfied with the health care system in this community. (Consider access, cost, availability, quality, options in health care, etc.) • This community is a good place to raise children. (Consider school quality, day care, after school programs, recreation, etc.) • This community is a good place to grow old. (Consider elder-friendly housing, transportation to medical services, churches, shopping, adult day care, social support for those living alone, meals on wheels, etc.)

- There is economic opportunity in the community. (Consider locally owned and operated businesses, jobs with career growth, job training/higher education opportunities, affordable housing, reasonable commute, etc.)
- This community is a safe place to live. (Consider residents perceptions of safety in the home, the workplace, schools, playgrounds, parks, the mall. Do neighbors know and trust one another? Do they look out for one another?)
- There are networks of support for individuals and families. (neighbors, support groups, faith community outreach, agencies, organizations) during times of stress and need.
- All residents believe that they, individually or collectively, can make the community a better place to live.

12. In which Three River's Public Health Department county or counties do you live, work, or play?
13. What is your zip code? (voluntary)
14. Which category below includes your age? (voluntary)
15. With what gender do you identify? (voluntary)
16. With what racial/ethnic group do you identify? (Select all that apply) (voluntary)
17. What is your highest level of education? (voluntary)
18. What is your estimated annual household income? (voluntary)
19. How many children less than 18 years of age live in your household? (voluntary)
20. What is your marital status? (voluntary)
21. Have you or anyone in your family served in the military? Mark all that apply. (voluntary)

Because demographic questions are voluntary, they may not be the most representative of those who participated in the survey.

Summary of Results

A total of 815 complete responses were recorded.

Language

Answer	%	Count
English	98.28%	801
Spanish	1.72%	14
Total	100%	815

- Interpretation: 98% of the individuals took the survey in English, while 2% took the survey in Spanish.

County Representation

In which Three River's Public Health Department county or counties do you live, work, or play?	Percentage
Dodge	33.13%
Saunders	34.85%
Washington	42.82%

- Interpretation: Percentages are representative of the 815 total respondents. Participants were able to select more than one option. There was relatively similar representation from all three of the 3RPHD counties.

Age Representation
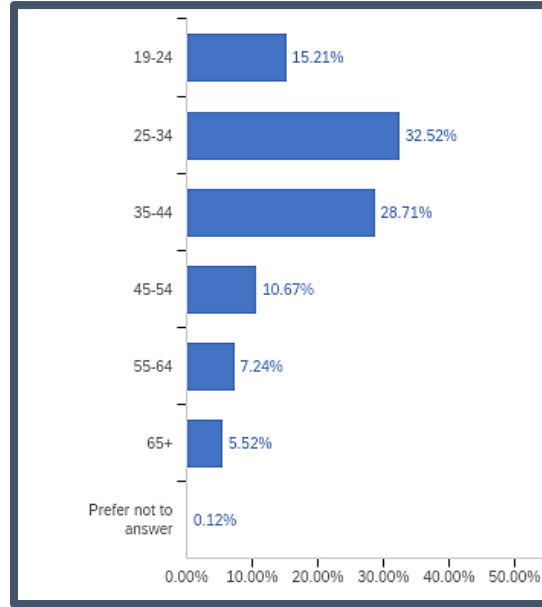
- Interpretation: The majority of those who took the survey were between the ages of 25-34 (33%) and 35-44 (29%).

Gender Representation

With what gender do you identify?	Percentage
Female	54.11%
Male	44.91%
Prefer not to answer	0.74%
Other (please specify)	0.25%
Total	100%

- Interpretation: 55% of survey respondents are female, 45% are male, 0.25% are other, and the remainder preferred not to answer.

Racial and Ethnic Representation

With what racial/ethnic group do you identify? (Select all that apply)	Percentage
White or Caucasian	71.04%
Black or African American	15.58%
Hispanic or Latino	12.02%
Asian or Asian American	5.64%
American Indian or Alaska Native	4.42%
Native Hawaiian or other Pacific Islander	2.09%
Prefer not to answer	1.60%
Other (please specify)	0.12%

- Interpretation: Percentages are representative of the 815 total respondents. Participants were able to select more than one option. 63% are White, 14% are Black, 11% are Hispanic, 5% are Asian, 4% are American Indian or Alaska Native, 2% are Native Hawaiian or other Pacific Islander, and the remainder chose not to answer or identified with a different race.

Education Representation

What is your highest level of education?	Percentage
Some high school	4.91%
High school graduate or GED	17.06%
Graduate school	12.76%
College graduate	45.52%
Technical school	17.67%
Prefer not to answer	1.60%
Other	0.49%
Total	100%

Interpretation: Of those who took the survey, 5% have some high school experience, 17% are high school graduates or equivalent, 46% are college graduates, 13% have a graduate degree, 18% attended technical school, 2% preferred not to answer, and the remainder were classified as "other" if which the majority described having some college experience.

Socioeconomic Representation

What is your estimated annual household income?	Percentage
Under $15,000	6.99%
Between $15,000 and $29,999	18.16%
Between $30,000 and $49,999	21.72%
Between $50,000 and $74,999	23.31%
Between $75,000 and $99,999	9.82%
Between $100,000 and $150,000	10.67%
Over $150,000	5.28%
Prefer not to answer	4.05%
Total	100%

Interpretation: The majority of those taking the survey have an annual household income between $30,000 and $74,999 (45%).

Marital Representation

What is your marital status?	Percentage
Married	64.29%
Divorced	8.71%
Widowed	3.68%
Separated	1.84%
Never married	16.07%
Choose not to answer	5.40%
Total	100%

Interpretation: 64% of survey respondents are married, while 16% have never been married. 9% are divorced, 4% are widowed, and 2% are separated.

Military Representation

Have you or anyone in your family served in the military? Mark all that apply.	Percentage
I served in the military.	37.64%
My husband, wife or significant other served in the military.	24.02%
My child(ren) served in the military.	10.85%
My parent(s) served in the military.	27.48%
Total	100%

Interpretation: Of those who had some connection to the military, 38% served in the military, 24% had a spouse or significant other in the military, 11% had children that served in the military, and 27% had parents that served in the military.

Results by Survey Question

Q1- In the following list, what do you think are the three (3) most important factors for a "Healthy Community"? (Those factors which most improve the quality of life in a community.)

Answer	%
Access to health care (e.g., family doctor)	41.23%
Low crime / safe neighborhoods	34.97%
Healthy behaviors and lifestyles	31.90%
Affordable housing	30.06%
Good jobs and healthy economy	28.71%
Clean environment	19.75%
Excellent race relations	15.58%
Low adult death and disease rates	14.23%
Arts and cultural events	13.87%
Religious or spiritual values	11.66%
Parks and recreations	10.92%
Good schools	10.55%
Low infant deaths	10.18%
Good place to raise children	9.08%
Strong family life	9.08%
Low level of child abuse	7.61%
Other (please specify)	0.61%

Interpretation: Percentages are representative of the 815 total respondents. Participants were able to select more than one option. The top 3 most selected factors for a healthy community are access to healthcare (41%), safe neighborhoods (35%), and healthy behaviors/lifestyles (32%).

Q2- In the following list, what do you think are the three (3) most important "health problems" in our community? (Those factors which have the greatest impact on overall community health.)

Answer	Percentage
Mental health problems	34.72%
Alcohol abuse	29.33%
Lack of physical activity	25.15%
Aging problems (e.g., arthritis, hearing/vision loss, etc.)	23.19%
Cancers	21.96%
Low vaccination rates	21.84%
Infectious Diseases (e.g., hepatitis, TB, etc.)	19.26%
Overweight/obesity	17.91%
Drug abuse	15.95%
Child abuse / neglect	13.50%
Racism	12.15%
Poor eating habits	9.20%
Motor vehicle crash injuries	8.71%
Firearm-related injuries	7.36%
Diabetes	7.12%
Domestic Violence	6.75%
Tobacco use (including e-cigarettes and alternative nicotine products)	6.26%
Dental problems	6.13%
Heart disease and stroke	2.94%
Rape / sexual assault	1.84%
High blood pressure	1.84%
Respiratory / lung disease	1.60%
Sexually Transmitted Diseases (STDs)	1.23%
Suicide	0.98%

HIV/ AIDS	0.74%
Homicide	0.74%
Infant Death	0.25%
Teenage pregnancy	0.25%

Interpretation: Percentages are representative of the 815 total respondents. Participants were able to select more than one option. The top 3 most selected health problems in the community are mental health problems (35%), alcohol abuse (29%), and lack of physical activity (25%).

Q3- What is needed to improve the health of your family and neighbors? (Check all that apply)
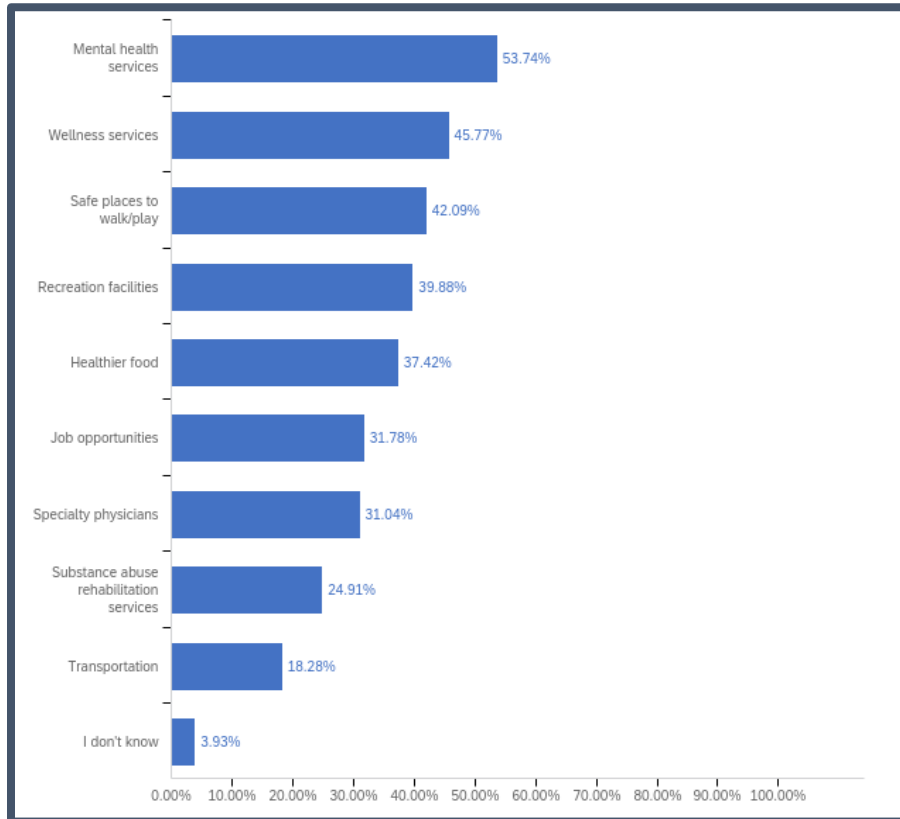
Interpretation: Percentages are representative of the 815 total respondents. Participants were able to select more than one option. When asked what items would help improve the health of family and neighbors, 54% selected mental health services, 46% selected wellness services, and 42% selected safe places to work/play.

Q4 - What health screenings or education/information services are needed in your community? (Check all that apply)

What health screenings or education/information services are needed in your community? (Check all that apply) - Selected Choice	Percentage
Mental health	44.54%
Exercise/physical activity	33.13%
Cancer	27.61%
HIV/ sexually transmitted diseases	27.36%
Heart disease	27.24%
Nutrition	27.12%
Diabetes	26.38%
Dental screenings	25.89%
Cholesterol	25.64%

Disease outbreaks	25.28%
Blood pressure	24.66%
Substance abuse	24.42%
Emergency preparedness	19.88%
Vaccination/ immunizations	17.18%
Falls prevention	16.93%
Eating disorders	16.07%
Prenatal care	13.01%

Interpretation: Percentages are representative of the 815 total respondents. Participants were able to select more than one option. The most commonly requested health screenings or education/materials are for mental health (45%), exercise/physical activity (33%), and cancer (28%).

Q5 - How would you rate the Three Rivers Public Health Department area as a "Healthy Community"?

Interpretation: Percentages are representative of the 815 total respondents. The majority of those rated their community as healthy (44%), followed by somewhat healthy (38%).

Q6 - Describe what a healthier community would look like to you.

Q7 - How would you rate your own personal health?

Interpretation: Percentages are representative of the 815 total respondents. Like the community question, the majority of survey participants rated their own health as healthy (53%), followed by somewhat healthy (28%). 15% of participants felts that they were very healthy.

Q8- Where do you and your family get most of your health information? (Check all that apply)

Answer	Percentage
Doctor/health professional	48.47%
Internet	44.29%
Hospital	39.75%
Health Department	32.39%
Social Media	29.20%
Family or friends	26.13%
Television	22.09%
Newspaper/magazines	20.25%
Library	16.93%
Radio	11.66%
Religious organization	9.69%
School	3.80%

Interpretation: Percentages are representative of the 815 total respondents. Participants were able to select more than one option. The majority of individuals receive their health information from a doctor/healthy professional (48%), the internet (44%), the hospital (40%), and the health department (32%).

Q9- If you or someone in your family were ill and required medical care, where would you go? (Select one)

Answer	Percentage
Doctor's office	37.55%
Clinic	24.05%
Hospital emergency department	13.62%
Walk-in clinic	8.71%
Urgent Care	8.10%

Health department	3.56%
Quick Care Clinic (Hy-Vee, Walgreens, CVS clinic)	3.44%
Other (please specify)	0.61%
Would not seek care	0.37%

Interpretation: Percentages are representative of the 815 total respondents. The majority of individuals receive their healthcare from a doctor's office (38%), clinic (24%), and the hospital ED (14%).

Q10 - Where do you receive your health care? (Select all that apply)
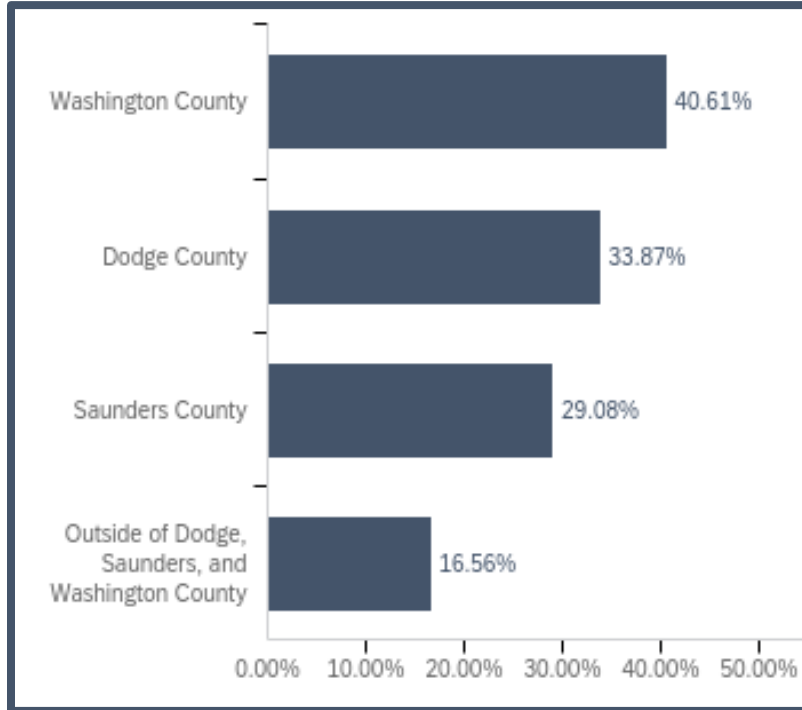
Interpretation: Percentages are representative of the 815 total respondents. Individuals were able to select more than one option. There is relatively equal representation of where individuals receive their healthcare, taking into account the county representation of the survey respondents. 17% receive care outside of the 3RPHD jurisdiction.

Q11 - Please mark the extent to which you agree with the following statements.

Question	Strongly Disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Total
I am satisfied with the quality of life in our community. (Consider your sense of safety, well-being, participation in community life and associations, etc.)	0.99%	4.57%	16.56%	46.35%	31.52%	100%
I am satisfied with the health care system in this community. (Consider access, cost, availability, quality, options in health care, etc.)	1.16%	8.89%	20.23%	45.88%	23.84%	100%
This community is a good place to raise children. (Consider school quality, day care, after school programs, recreation, etc.)	0.64%	5.74%	17.22%	47.19%	29.21%	100%

This community is a good place to grow old. (Consider elder-friendly housing, transportation to medical services, churches, shopping, adult day care, social support for those living alone, meals on wheels, etc.)	1.54%	8.75%	18.53%	42.73%	28.44%	100%
There is economic opportunity in the community. (Consider locally owned and operated businesses, jobs with career growth, job training/higher education opportunities, affordable housing, reasonable commute, etc.)	1.88%	10.93%	20.98%	42.21%	23.99%	100%
This community is a safe place to live. (Consider residents perceptions of safety in the home, the workplace, schools, playgrounds, parks, the mall. Do neighbors know and trust one another? Do they look out for one another?)	1.42%	4.14%	16.56%	50.19%	27.68%	100%
There are networks of support for individuals and families. (neighbors, support groups, faith community outreach, agencies, organizations) during times of stress and need.	1.13%	5.55%	22.70%	45.15%	25.47%	100%
All residents believe that they, individually or collectively, can make the community a better place to live.	1.40%	8.03%	25.73%	40.51%	24.33%	100%

Interpretation: Percentages are representative of the 815 total respondents. For all statements above, the majority of individuals selected "Agree" or "Strongly Agree". However, 9% disagreed with "I am satisfied with the health care system in this community." and "This community is a good place to grow old." 11% disagreed with the statement "There is economic opportunity in the community."

Secondary Data

Community Health Status Indicators

Data Source	Description
Behavioral Risk Factor Surveillance System (BRFSS)	- A comprehensive, annual health survey of adults ages 18 and over on risk factors such as alcohol use, tobacco use, obesity, physical activity, health screening, economic stresses, access to health care, mental health, physical health, cancer, diabetes, and many other areas impacting public health. **Note that all BRFSS data are age-adjusted, except for indicators keying on specific age groups. The data are also weighted by other demographic variables according to an algorithm defined by the CDC.**
County Health Rankings	- A wide array of data from multiple sources combined to give an overall picture of health in a county. Examples of data include premature deaths, access to locations for physical activity, ratio of population to health care professionals, violent crimes, and many other indicators. County Health Rankings provides health outcomes and health factors rankings for 80 counties in Nebraska.
Nebraska Crime Commission	- Annual counts on arrests (adult and juvenile) by type submitted voluntarily by local and State-level police departments.
Nebraska Department of Education	- Data contained in Nebraska's annual State of the Schools Report, including graduation and dropout rates, student characteristics, and student achievement scores.
Nebraska Department of Health and Human Services (DHHS)	- A wide array of data around births, mortality, child abuse and neglect, health professionals, and other areas. **Note that all mortality data are age-adjusted and are based on the place of residence and not the occurrence of death.**
Nebraska Risk and Protective Factor Student Survey (NRPFSS)	- A survey of youth in grades 8, 10, and 12 on risk factors such as alcohol, tobacco, and drug use, and bullying. **Note that NRPFSS data are not considered to be representative of the entire State of Nebraska due to issues with the sampling methodology. Therefore, use caution when comparing Three Rivers to the State.**
U.S. Census/American Community Survey	- U.S. Census Bureau estimates on demographic elements such as population, age, race/ethnicity, household income, poverty, health insurance, single parent families, and educational attainment. Annual estimates are available through the American Community Survey.

Demographics

Population (2020)

Dodge County	Saunders County	Washington County	Three Rivers
36,565	21,356	20,546	78,467

Source: U.S. Census/American Community Survey 5-Year Estimates (2020). Table DP05.

Race/Ethnicity (2020)

	Dodge County	Saunders County	Washington County	Three Rivers Total	Nebraska
White (non-Hispanic)	83.1%	94.9%	94.2%	90.7%	78.3%
Minority	16.9%	5.1%	5.8%	9.3%	21.7%

Source: U.S. Census/American Community Survey 5-Year Estimates (2020). Table DP05.

Median age (2020)

Dodge County	Saunders County	Washington County	Three Rivers*	Nebraska
39.2	41.1	40.9	40.4	36.6

*An average weighted by the population in each county. **Source**: U.S. Census/American Community Survey 5-Year Estimates (2020). Table DP05.

Number and percentage of the 65 and over population (2020)

Dodge County	Saunders County	Washington County	Three Rivers	Nebraska
7,003 (19.2%)	3,944 (18.5%)	3,704 (18.0%)	14,651 (18.7%)	302,031 (15.7%)

Source: U.S. Census/American Community Survey 5-Year Estimates (2020). Table DP05.

Number and percentage of the under 18 population (2020)

Dodge County	Saunders County	Washington County	Three Rivers	Nebraska
8,851 (24.2%)	5,175 (24.2%)	5,017 (24.4%)	19,043 (24.3%)	475,103 (24.7%)

Source: U.S. Census/American Community Survey 5-Year Estimates (2020). Table DP05.

Number of births and birth rate per 1,000 population

	2013-2017
Dodge County	2,480 (13.6)
Saunders County	1,214 (11.6)
Washington County	1,107 (10.9)
Three Rivers	4,801 (12.4)
Nebraska	131,993 (13.9)

Income (2020)

	Dodge County	Saunders County	Washington County	Three Rivers*	Nebraska
Median household income	**$58,439**	$70,414	$71,505	$66,789	$63,015
Per capita income	**$29,619**	$34,532	$36,834	$33,661	$33,205

*An average weighted by the population in each county. **Source**: U.S. Census/American Community Survey 5-Year Estimates (2020). Tables S1901 & DP03.

Number and percentage of rural population (2010)

	Population	# Rural	% Rural
Dodge County	36,565	9,220	25.2%
Saunders County	21,356	13,816	**64.7%**
Washington County	20,546	12,390	**60.3%**
Three Rivers	78,467	35,426	**45.1%**
Nebraska	1,923,826	490,655	25.5%

Source: Census Population Estimates (2010). Table PCT2.

Key Findings: Demographics
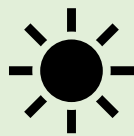
- Higher median age compared to the state.
- Greater percentage of people <65 years of age compared to the state.
- Lesser percentage of people <18 years of age compared to the state.
- Lower birth rate compared to the state.
- Lower median household income compared to the state.

Veterans

Veterans (2020)

	Dodge County	Saunders County	Washington County	Three Rivers	Nebraska
Number of veterans	2,349	1,381	1,532	5,262	113,567
Veterans as percentage of total population age 18 years and over	**8.5%**	**8.6%**	**9.9%**	**9.0%**	7.9%

Source: U.S. Census/American Community Survey 5-Year Estimates (2020). Table S2101.

Age of veterans (2020)

	Dodge County	Saunders County	Washington County	Three Rivers*	Nebraska
18 to 34 years	4.0%	6.7%	6.5%	5.7%	8.7%
35 to 54 years	27.5%	23.5%	25.8%	25.6%	24.2%
55 to 64 years	11.7%	11.6%	13.3%	12.2%	16.9%
65 to 74 years	28.0%	30.2%	33.0%	30.4%	25.9%
75 years and over	28.9%	28.0%	21.5%	26.1%	24.2%

*An average weighted by the population in each county. **Source**: U.S. Census/American Community Survey 5-Year Estimates (2020). Table S2101.

Poverty rates: veterans and non-veterans (2020)

	Dodge County	Saunders County	Washington County	Three Rivers*	Nebraska
Veterans in poverty	4.7%	3.7%	**6.5%**	5.0%	6.1%
Non-veterans in poverty	**10.7%**	6.5%	6.8%	8.0%	10.1%

*An average weighted by the population in each county. **Source**: U.S. Census/American Community Survey 5-Year Estimates (2020). Table S2101.

Percent of Veterans in Poverty, Three Rivers District and Nebraska: 2016 to 2020

	2016	2018	2020
Three Rivers	6.4%	6.2%	5.0%
Nebraska	5.9%	5.7%	6.1%

Source: U.S. Census/American Community Survey 5-Year Estimates (2020). Table S2101.

Poverty Rate Trends among Veterans by County: 2016-2020
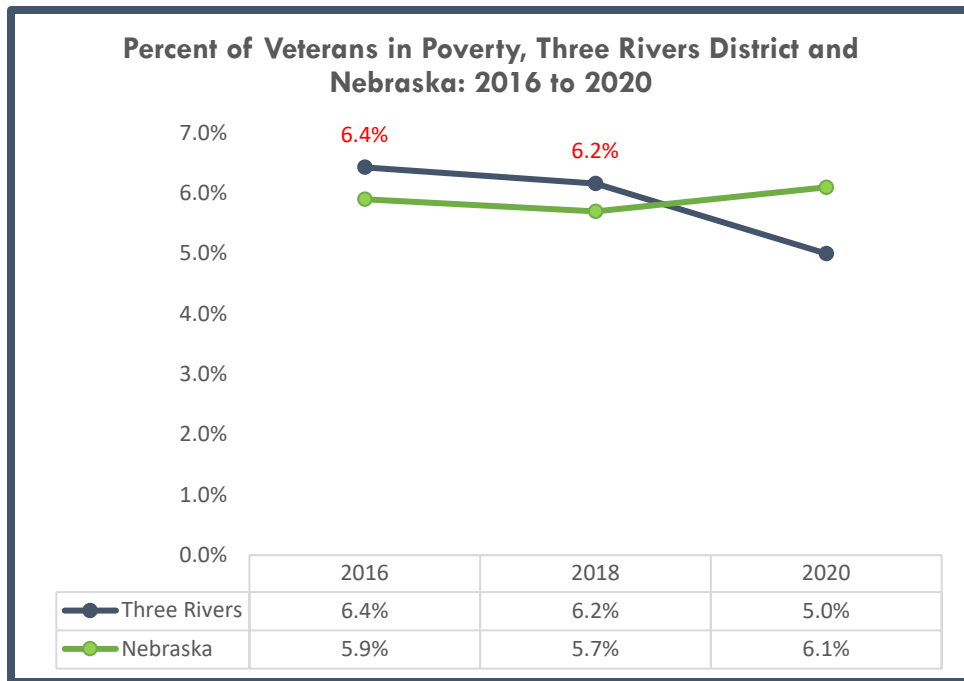
	2016	2018	2020
Dodge	8.6%	6.5%	4.7%
Saunders	4.7%	4.8%	3.7%
Washington	6.0%	7.2%	6.5%
Nebraska	5.9%	5.7%	6.1%
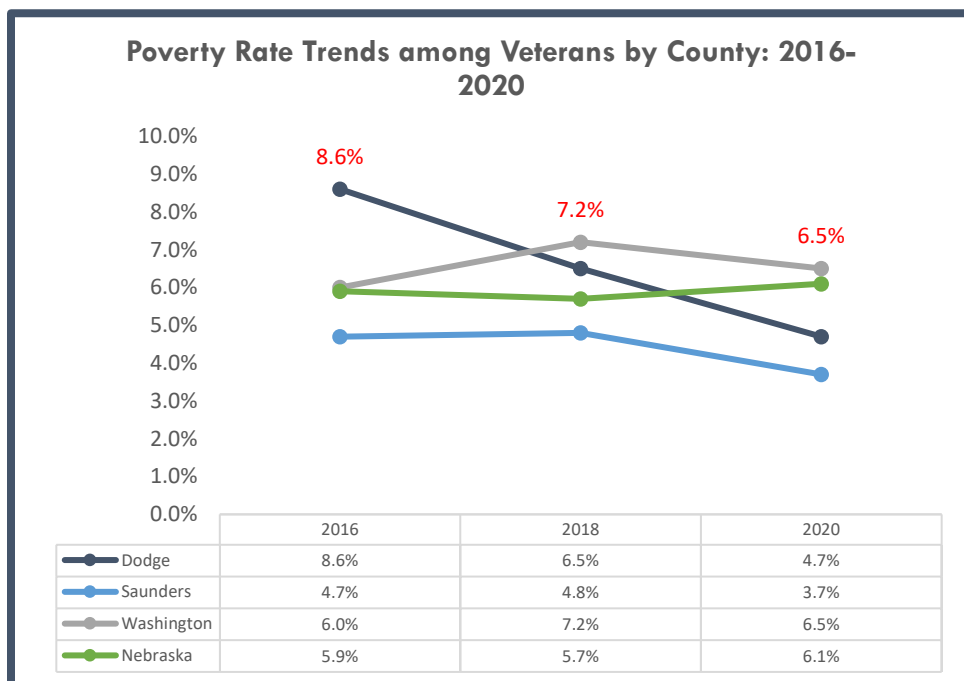
Source: U.S. Census/American Community Survey 5-Year Estimates (2016, 2018 and 2020). Table S2101.

Disability status (2020)

	Dodge County	Saunders County	Washington County	Three Rivers*	Nebraska
Veterans with a disability	**34.2%**	**35.0%**	24.8%	**31.3%**	29.3%

Non-veterans with a disability	**14.8%**	**13.6%**	**13.3%**	**13.9%**	13.1%

*An average weighted by the population in each county. **Source**: U.S. Census/American Community Survey 5-Year Estimates (2020). Table S2101.

Veterans with a Disability, Three Rivers District and Nebraska: 2016 to 2020

	2016	2018	2020
Three Rivers	32.2%	33.9%	31.3%
Nebraska	28.4%	29.2%	29.3%

Source: U.S. Census/American Community Survey 5-Year Estimates (2016, 2018 and 2020). Table S2101.

Disability Rates trends among Veterans by County: 2016-2020
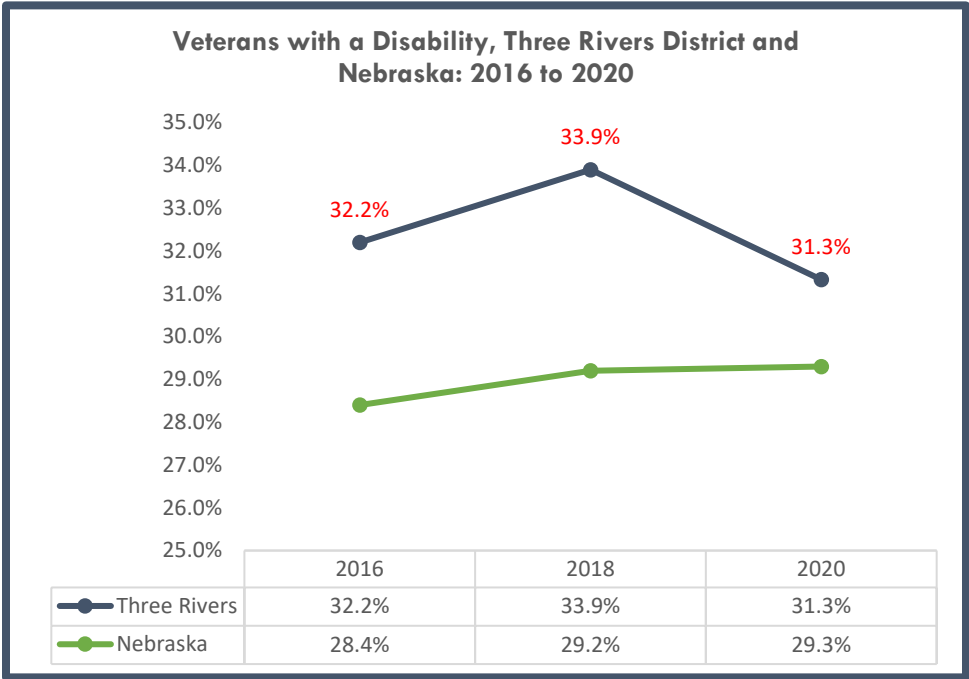
	2016	2018	2020
Dodge	33.2%	34.2%	34.2%
Saunders	32.4%	39.0%	35.0%
Washington	31.0%	28.5%	24.8%
Nebraska	28.4%	29.2%	29.3%
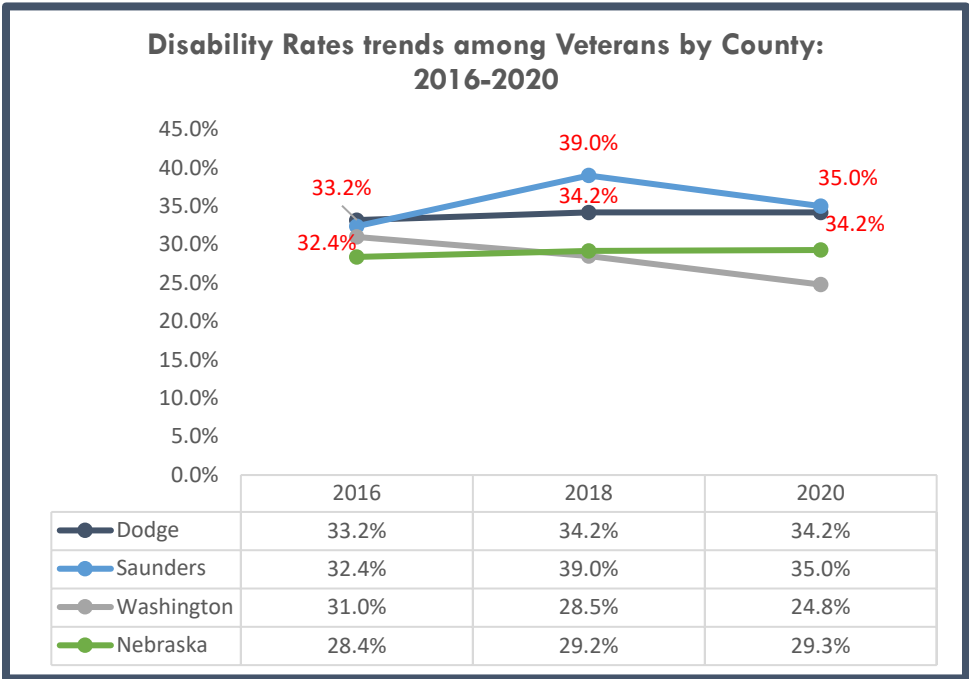
Source: U.S. Census/American Community Survey 5-Year Estimates (2016, 2018 and 2020). Table S2101.

Key Findings: Veterans
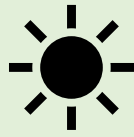
☀	⛈
• Higher percentage of veterans.	• Greater percentage of disabled veterans.
• Low percentage of impoverished veterans.	

Poverty

Percent of Individuals in Poverty by County, District and State, 2016-2020

	Dodge	Saunders	Washington	Three Rivers	Nebraska
2016	11.8%	9.2%	9.2%	10.1%	12.4%
2020	11.2%	6.2%	7.4%	8.3%	10.4%
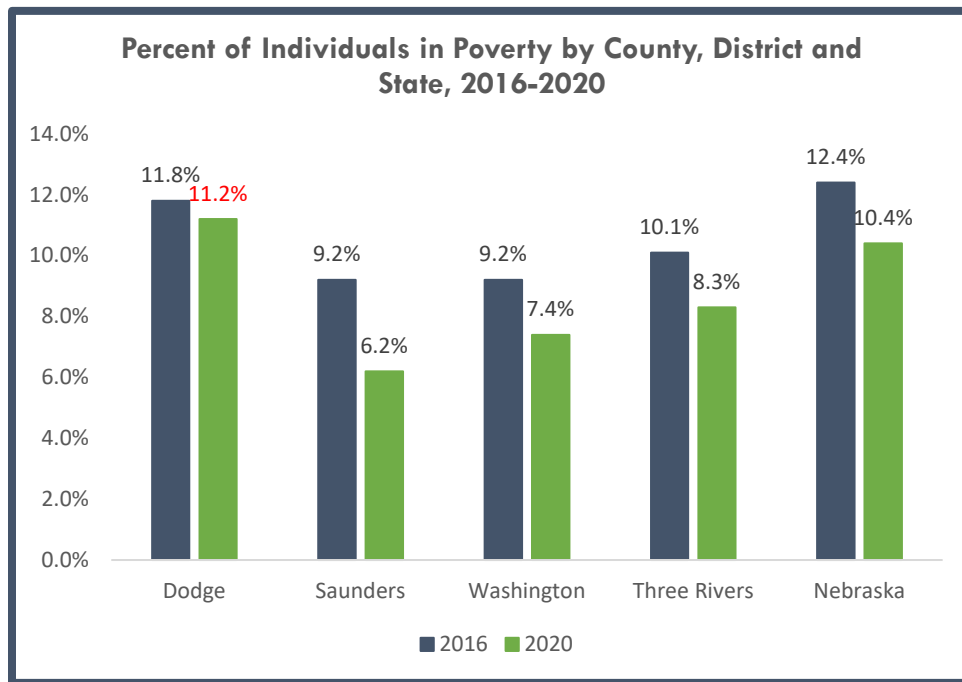
Source: U.S. Census/American Community Survey 5-Year Estimates (2016 and 2020). Table S1701.

Number of individuals in poverty and percent change (2016 and 2020)

	2016	2020	% Change 2016-2020
Dodge County	4,192	3,959	-5.5%
Saunders County	1,897	1,316	-30.6%
Washington County	1,834	1,509	-17.7%
Three Rivers	7,923	6,784	-14.4%
Nebraska	227,021	193,820	-14.6%

Source: U.S. Census/American Community Survey 5-Year Estimates (2016 and 2020). Table S1701.

Percent of Individuals Under 18 years of Age in Poverty by County, District and State, 2016-2020

	Dodge	Saunders	Washington	Three Rivers	Nebraska
2016	16.2%	14.5%	13.3%	14.7%	16.4%
2020	14.3%	6.4%	9.6%	10.1%	12.2%
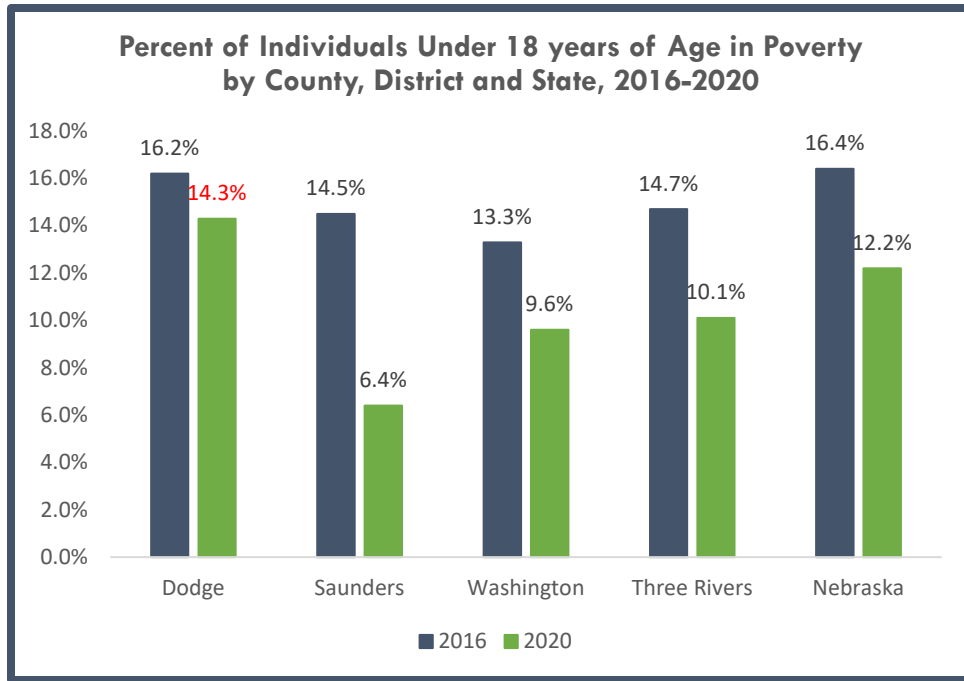
Source: U.S. Census/American Community Survey 5-Year Estimates (2016 and 2020). Table S1701.

Figure 23: Number of individuals under 18 years of age in poverty and percent change (2016 and 2020)

	2016	2020	% Change 2016-2020
Dodge County	1,361	1,244	**-8.60%**
Saunders County	762	327	**-57.09%**
Washington County	647	481	**-25.66%**
Three Rivers	2,770	2,052	**-25.92%**
Nebraska	75,250	56,828	**-24.48%**

Source: U.S. Census/American Community Survey 5-Year Estimates (2016 and 2020). Table S1701.

Key Findings: Poverty
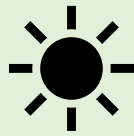
- Lower poverty rates compared to the state.

- Decreasing rates of poverty in individuals under 18 across the state.

- Greater percent of individuals under 18 in poverty in Dodge County compared to the state (2020).

Unemployment

County, Three Rivers, and State Unemployment Rates (May 2022)

County	Unemployed	Labor Force	% Unemployed
Dodge	380	20,471	1.9%
Saunders	198	11,694	1.7%
Washington	210	11,645	1.8%
Three Rivers	788	43,810	1.8%
Nebraska	20,754	1,044,592	1.9%

Source: Nebraska Department of Labor, Labor Market Information, Local Area Unemployment Statistics.

Three Rivers unemployment rates 2012 – 2021 (Annual)

County:	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	Change 2012-2021
Dodge	4.4	4.1	3.6	3.2	3.1	2.8	2.8	2.9	3.4	2.4	**-2.0%**
Saunders	4.1	3.9	3.5	3.1	3.1	2.8	2.8	2.8	3.6	2.2	**-1.9%**
Washington	3.7	3.6	3.2	3.0	3.2	3.1	2.9	2.9	3.6	2.3	**-1.4%**

Source: Unemployment rates 2012-2021: Bureau of Labor Statistics, Local Area Unemployment Statistics (LAUS) data.

Number and percentage of children eligible for free and reduced school meals

	2019-2020	2020-2021	2021-2022
Dodge County	3,539 (51.4%)	3,388 (49.5%)	3,266 (46.6%)
Saunders County	1,140 (29.2%)	1,139 (28.9%)	910 (22.2%)
Washington County	852 (22.2%)	839 (22.4%)	876 (22.7%)
Three Rivers	5,531 (37.8%)	5,366 (36.9%)	5,052 (33.8%)
Nebraska	154,144 (42.0%)	152,532 (42.4%)	136,915 (37.7%)

Source: Nebraska Dept. of Education (https://www.education.ne.gov/dataservices/data-reports/).

Number and percentage of children enrolled in Medicaid or CHIP

	2009	2013	2016
Dodge County	3,051 (36.0%)	3,505 (40.2%)	3,625 (37.7%)
Saunders County	941 (18.4%)	1,174 (22.1%)	1,145 (20.0%)
Washington County	774 (15.4%)	803 (16.2%)	869 (15.7%)
Three Rivers	*4,766 (25.6%)*	*5,482 (28.9%)*	*5,639 (27.0%)*
Nebraska	*140,281 (31.5%)*	*161,729 (35.5%)*	*161,530 (31.0%)*

Source: Nebraska DHHS, Financial & Program Services, contained in Kids Count (2016). * From previous CHA.
https://datacenter.kidscount.org/data/tables/2049-medicaid-and-schip-eligible-children?loc=29&loct=5#detailed/5/4346,4397,4408/true/870/any/4302
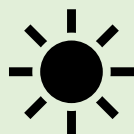
☀	⛈
• Low unemployment rates across the state.	• Increased qualification of free and reduced lunches in Dodge County.
• Fewer children who qualify for free and reduced lunches in Saunders and Washington counties.	• Increased percentage of children enrolled in Medicaid and CHIP in Dodge County.

Food and Housing Insecurity

Housing insecurity* in the past year among those who own or rent their home

30.7%

	2012	2013	2015
●━ Three Rivers	30.7%	24.1%	25.9%
●━ Nebraska	26.6%	28.8%	28.5%
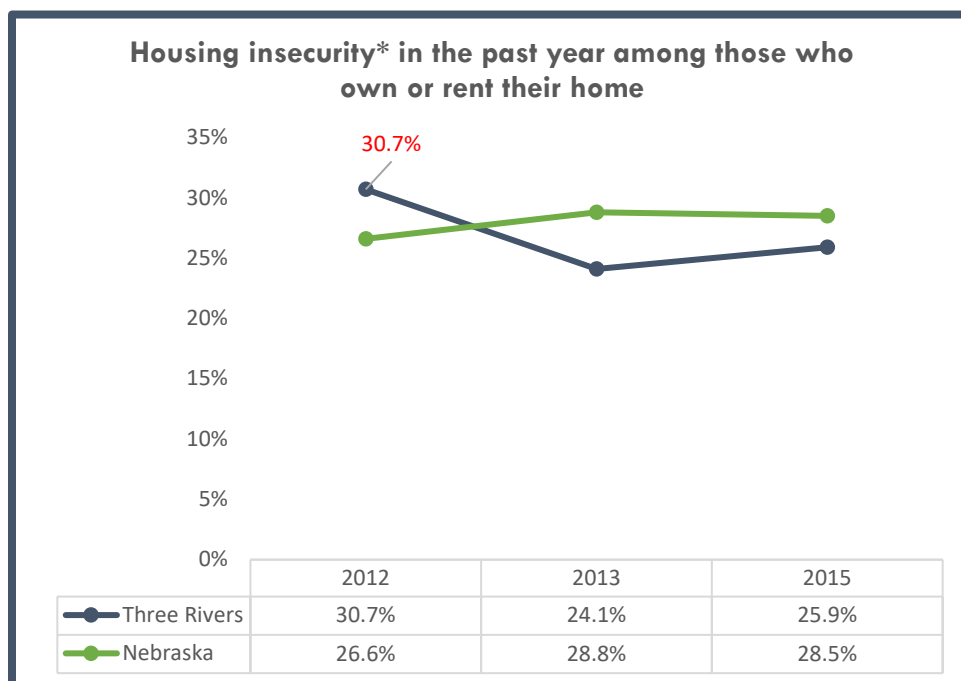
*Percentage who report they were always, usually, or sometimes worried or stressed about having enough money to pay their rent or mortgage. **Source**: Behavioral Risk Factors Surveillance System (2020).

Food insecurity* in the past year among adults 18 and over

20.2%

	2012	2013	2015
Three Rivers	20.2%	17.7%	17.5%
Nebraska	17.6%	19.0%	21.0%
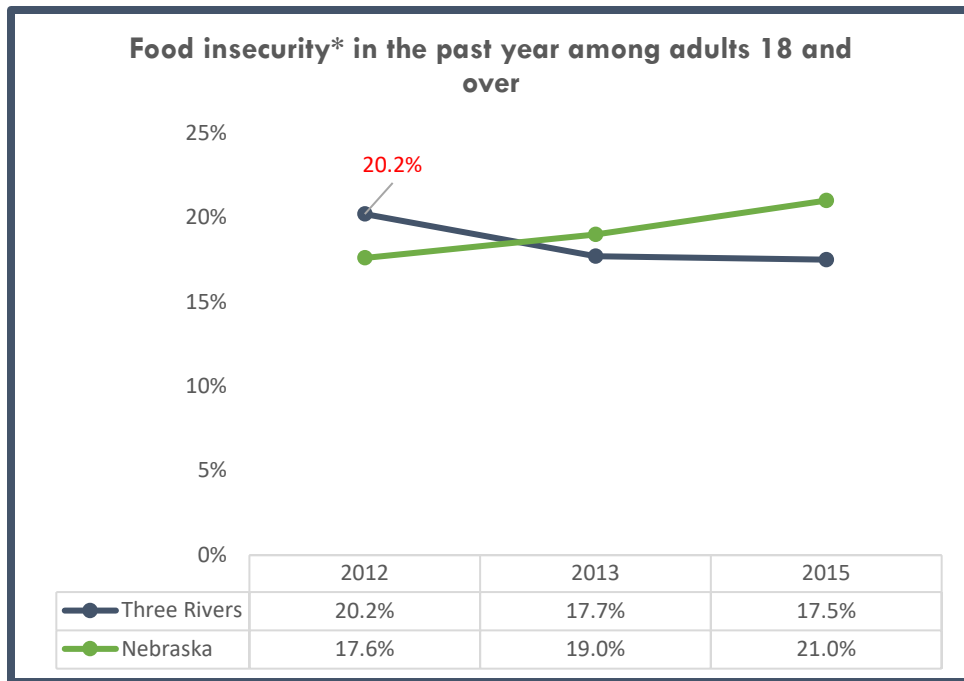
*Percentage who report that they were always, usually, or sometimes worried or stressed about having enough money to buy nutritious meals. **Source**: Behavioral Risk Factors Surveillance System (2020).

Key Findings: Food and Housing Insecurity
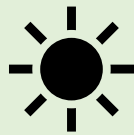
- Lower rates of housing insecurity compared to the state.
- Lower rates of food insecurity compared to the state.

Single Parent Families

Percentage of children living in single parent households* (2014 & 2018)

	Dodge	Saunders	Washington	Three Rivers	Nebraska
■ 2014	30%	17%	20%	24%	29%
■ 2018	33%	22%	13%	25%	28%

■ 2014   ■ 2018
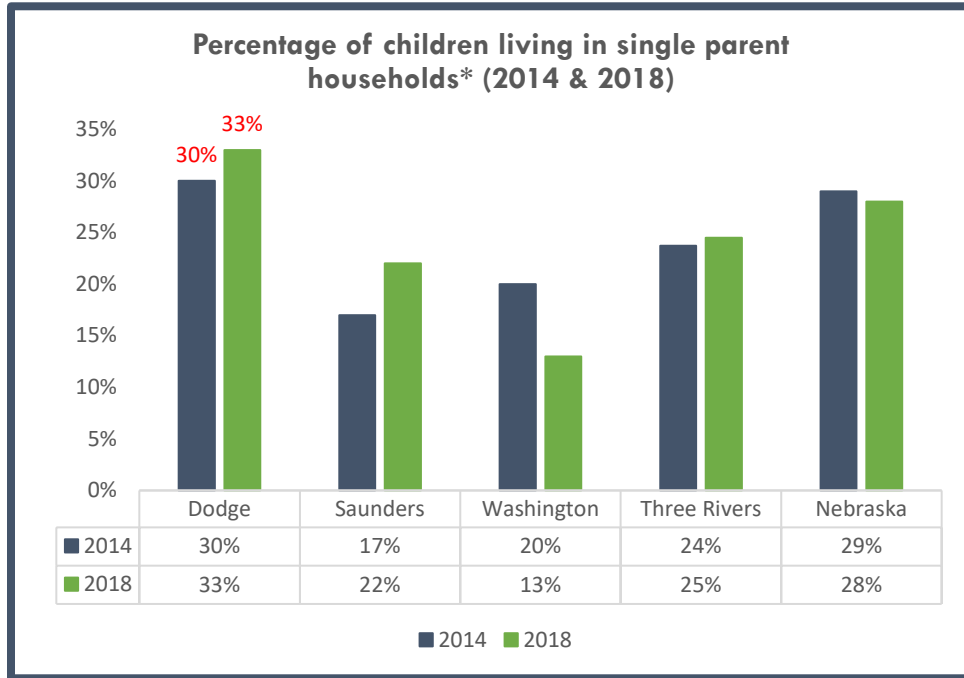
*Children living in either female householder, no husband present, families or male householder, no wife present, families, as a percentage of all children living in family households. **Source**: U.S. Census/American Community Survey 5-Year Estimates (2014 and 2018). Table B09008.

ALL FAMILIES

Dodge 13.1% / 11.9%; Saunders 10.4% / 4.5%; Washington 9.6% / 9.9%; Three Rivers 11.0% / 9.0%; Nebraska 13.9% / 10.6%

■ 2016 ■ 2020

MARRIED COUPLE FAMILIES

Dodge 5.9% / 5.2%; Saunders 4.1% / 1.0%; Washington 3.6% / 1.6%; Three Rivers 5.0% / 3.0%; Nebraska 5.9% / 4.2%

■ 2016 ■ 2020

SINGLE MOTHER FAMILIES

Dodge 33.7% / 33.4%; Saunders 43.6% / 18.1%; Washington 40.8% / 52.3%; Three Rivers 39.0% / 34.0%; Nebraska 36.9% / 30.1%

■ 2016 ■ 2020
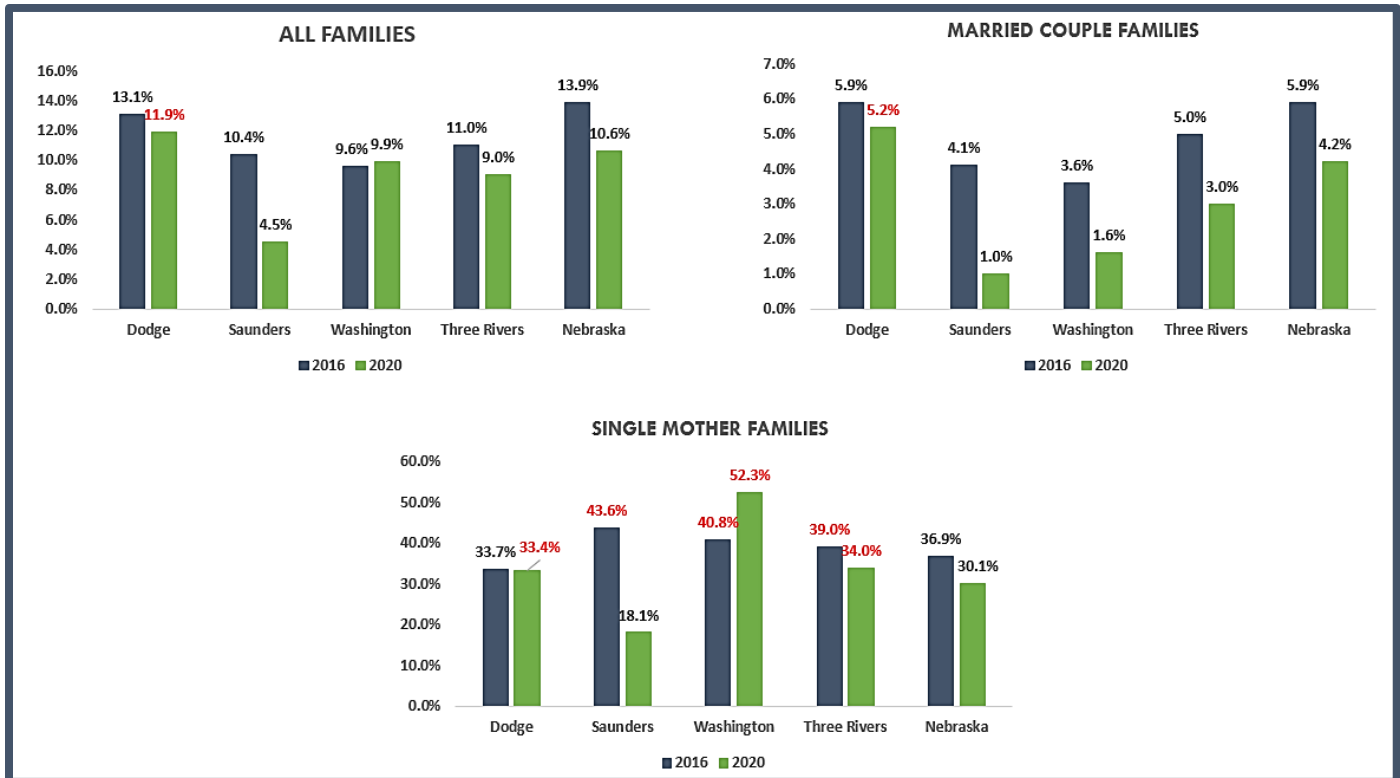
Source: U.S. Census/American Community Survey 5-Year Estimates (2016 and 2020). Table S1702.

Number and percentage of births to unmarried mothers

	2006-2010	2007-2011	2008-2012	2009-2013	2012-2016
Dodge County	968 (38.9%)	964 (40.0%)	990 (40.6%)	976 (40.8%)	1,095 (43.5%)
Saunders County	274 (21.1%)	286 (21.7%)	288 (22.4%)	274 (21.6%)	245 (20.5%)
Washington County	260 (24.1%)	263 (24.8%)	255 (25.0%)	269 (25.8%)	288 (26.9%)
Three Rivers	1,502 (30.9%)	1,513 (31.4%)	1,533 (32.3%)	1,519 (32.2%)	1,628 (34.0%)
Nebraska	44,729 (33.5%)	44,658 (33.7%)	44,305 (33.7%)	43,854 (33.6%)	43,530 (33.0%)

Source: Nebraska DHHS, Vital Records (2013 and 2018). * From previous CHA.

Key Findings: Single Parent Families
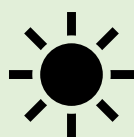
• Lower percentage of births to unmarried mothers in Saunders and Washington counties compared to the state.	• Greater number of single-parent household in Dodge County compared to the state.
	• Greater percentage of births to unmarried mothers in Dodge County compared to the state.

Minority Populations

Minorities (2020)

	Hispanic/ Latino	Black/ African-American NH	Asian NH	American Indian/ Alaskan Native NH	Native Hawaiian/ Pacific Islander NH	Two or More Races NH	Other NH	Total Minorities
Dodge County	4,953	328	234	120	66	468	20	**6,189**
Saunders County	499	136	74	37	0	304	27	**1,077**
Washington County	597	95	68	0	34	345	9	**1,148**
Three Rivers	**6,049**	**559**	**376**	**157**	**100**	**1,117**	**56**	**8,414**

Note: NH=non-Hispanic. **Source**: U.S. Census/American Community Survey 5-Year Estimates (2020). Table DP05.

Foreign-born population (2020)

	Total foreign-born population	Naturalized U.S. citizen	Not a U.S. citizen

Dodge County	2,509	730 (29%)	1,779 (71%)
Saunders County	219	157 (72%)	62 (28%)
Washington County	303	111 (37%)	192 (63%)
Three Rivers	**2,912**	**998 (34%)**	**2,033 (66%)**
Nebraska	**142,616**	**56,117 (39%)**	**86,499 (61%)**

Source: U.S. Census/American Community Survey 5-Year Estimates (2020). Table B05001.

Percentage of the population age 5 and over speaking a language other than English at home

Location	Percentage
Dodge	12.1%
Saunders	2.4%
Washington	2.9%
Three Rivers	7.1%
Nebraska	11.8%
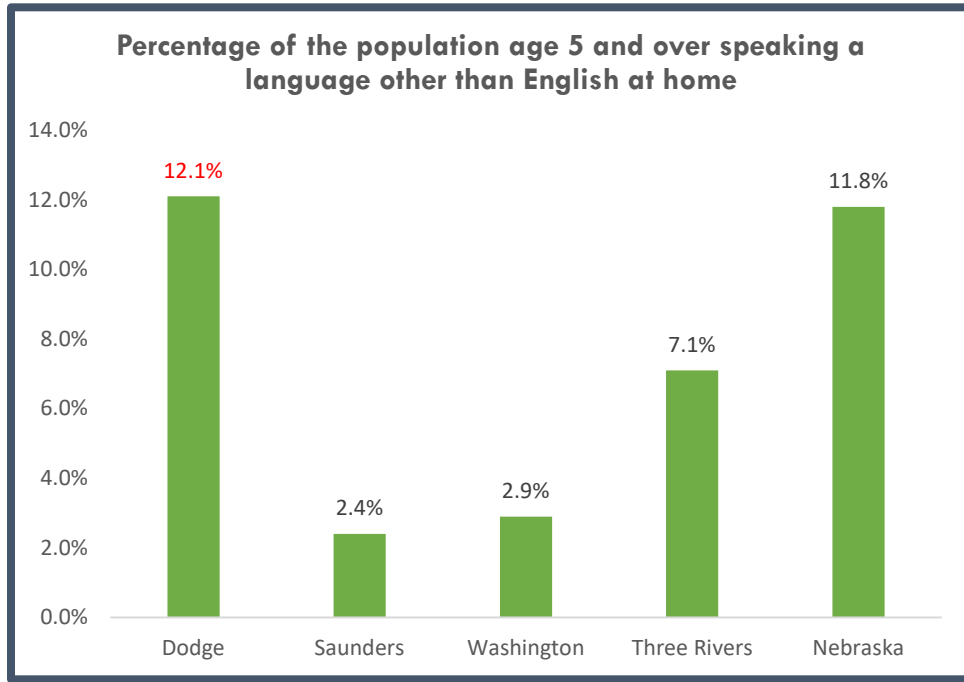
Source: U.S. Census/American Community Survey 5-Year Estimates (2020). Table S1601.

Key Findings: Minority Populations

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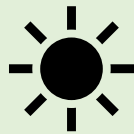
Access to Health Services

Percentage of the population under 19 without health insurance coverage (2020)

Dodge County	Saunders County	Washington County	Three Rivers	Nebraska
3.6%	2.1%	1.6%	2.6%	5.2%

Source: U.S. Census/American Community Survey 5-Year Estimates (2020). Table S2701.

Percentage of the population 19-64 without health insurance

	2018	2019	2020
Dodge County	15.1%	14.9%	13.7%
Saunders County	7.2%	6.7%	6.1%
Washington County	6.9%	7.7%	7.5%
Three Rivers	10.8%	10.8%	10.0%
Nebraska	11.9%	11.5%	11.5%

Source: U.S. and Census/American Community Survey 5-Year Estimates. Table S2701.

No health care coverage among adults 18-64

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Three Rivers	17.6%	21.4%	16.0%	14.7%	10.5%	11.8%	14.8%	10.6%	16.0%	16.1%
Nebraska	19.1%	18.0%	17.6%	15.3%	14.4%	14.7%	14.4%	14.3%	17.1%	15.1%

Source: Behavioral Risk Factors Surveillance System (2020).

No doctor or personal health care provider among adults 18 and over

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Three Rivers	16.1%	13.8%	14.9%	17.4%	15.5%	15.9%	20.1%	15.5%	15.7%	20.8%
Nebraska	18.4%	17.2%	20.9%	20.2%	19.7%	19.1%	19.9%	22.3%	20.4%	20.5%

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Had a routine checkup in the past year among adults 18 and over

	2011*	2012	2013*	2014*	2015	2016	2017	2018	2019	2020
Three Rivers	63.0%	62.5%	68.8%	68.4%	67.3%	68.0%	68.2%	75.7%	75.8%	71.2%
Nebraska	57.7%	60.4%	61.6%	63.3%	63.9%	65.4%	66.7%	72.4%	72.9%	72.8%

■ Three Rivers ■ Nebraska

*Statistically significant difference between Three Rivers and the State. **Source**: Behavioral Risk Factors Surveillance System (2020).

Needed to see a doctor but could not due to cost in the past year among adults 18 and over

12.8% 12.9% 12.5% 12.7%

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020

■ Three Rivers ■ Nebraska

Source: Behavioral Risk Factors Surveillance System (2020).

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Ratio of population to health care professionals: Two dates comparison.

	Ratio of population to PRIMARY CARE PHYSICIANS		Ratio of population to DENTISTS		Ratio of population to MENTAL HEALTH PROVIDERS	
	2018	**2019**	**2019**	**2020**	**2020**	**2021**
Dodge County	1,530:1	1,590:1	1,590:1	1,570:1	660:1	580:1
Saunders County	2,130:1	2,160:1	3,080:1	3,130:1	3,080:1	3,130:1
Washington County	2,070:1	2,300:1	3,450:1	2,990:1	1,880:1	2,090:1
Nebraska	1,310:1	1,310:1	1,270:1	1,260:1	360:1	340:1

Source: CHR Analytic Data file, contained in County Health Rankings (2021-2022).

Key Findings: Access to Health Services
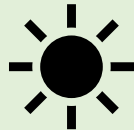
- Fewer uninsured individuals under 19 compared to the state.

- Greater percentage of uninsured individuals between the ages of 18-24 in Dodge County.
- Higher percent of individuals who don't have a PCP
- High ratio of population to all providers.

Mental Health
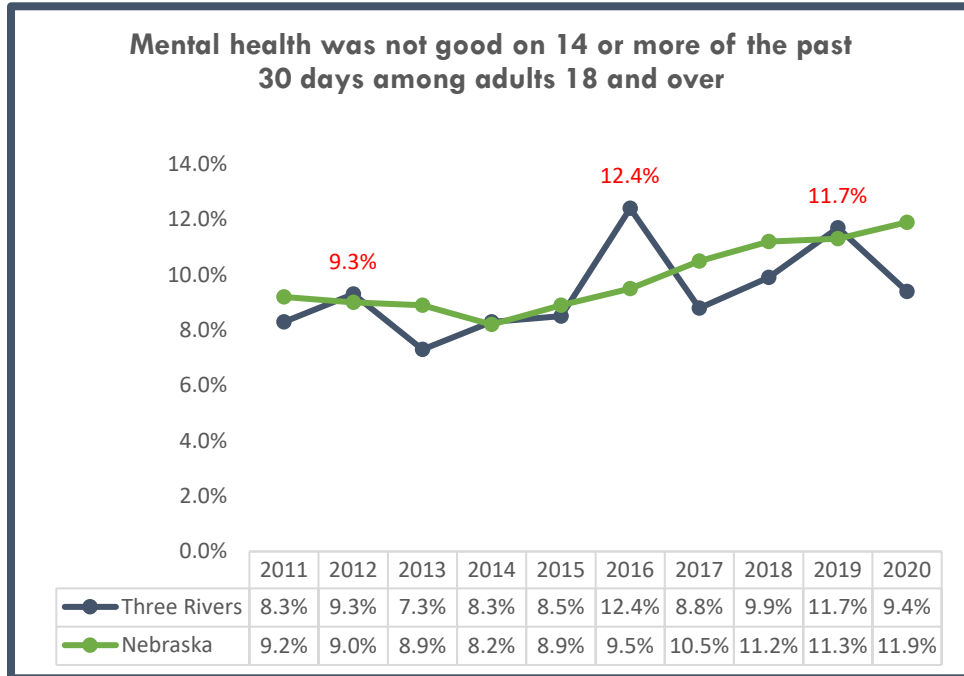
Mental health was not good on 14 or more of the past 30 days among adults 18 and over

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Three Rivers	8.3%	9.3%	7.3%	8.3%	8.5%	12.4%	8.8%	9.9%	11.7%	9.4%
Nebraska	9.2%	9.0%	8.9%	8.2%	8.9%	9.5%	10.5%	11.2%	11.3%	11.9%

Source: Behavioral Risk Factors Surveillance System (2020).

Ever told they have depression among adults 18 and over

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Three Rivers	16.2%	14.2%	17.3%	17.7%	16.5%	20.1%	18.1%	15.9%	16.0%	15.6%
Nebraska	16.8%	16.7%	18.2%	17.7%	17.5%	17.8%	19.4%	17.3%	16.2%	16.8%
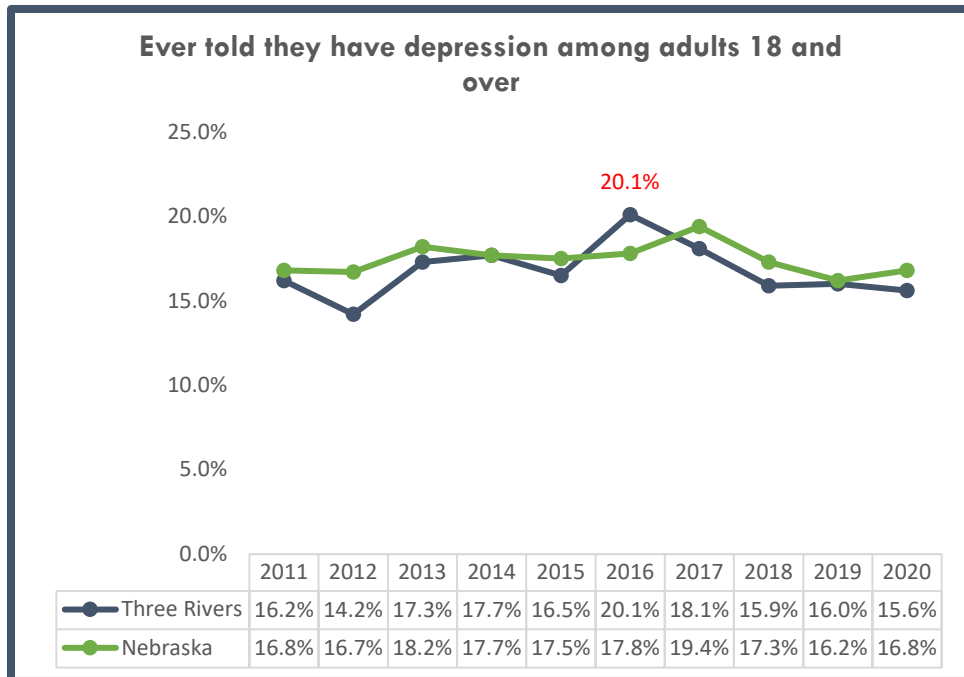
Source: Behavioral Risk Factors Surveillance System (2020).

Mental health indicators among adults 18 and over (2012) *

	Three Rivers	Nebraska
Currently taking medication or receiving treatment for a mental health condition	10.9%	11.0%
Symptoms of serious mental health illness in past 30 days**	3.9%	3.2%

*No additional data has been updated since 2012. **Percentage reporting answers to six questions measuring risk for serious psychological distress during the past 30 days based on the Kessler 6 (KS) instrument that generate a score of 13 or higher, suggesting serious mental illness. **Source**: Behavioral Risk Factors Surveillance System (2020).

Death rate due to suicide per 100,000 (age-adjusted)

■2007-2011 ■2009-2013 ■2013-2017

	Dodge County	Saunders County	Washington County	Three Rivers	Nebraska
■2007-2011	11.8	13.4	7.5	11.2	10.1
■2009-2013	10.5	18.9	7.4	12.0	10.7
■2013-2017	15.3	13.5	8.9	13.3	12.9
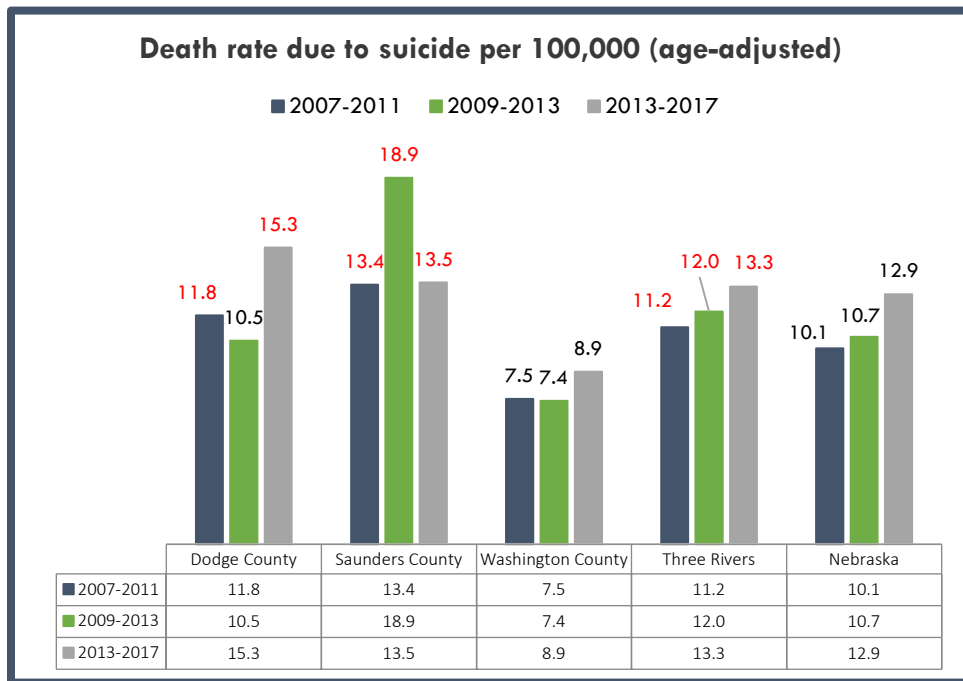
Source: Nebraska DHHS, Vital Records (2017). *From previous CHA.

Key Findings: Mental Health
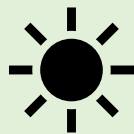
- Generally better mental health rates compared to the state.
- Depression rates are consistent with the state.

- Death rates due to suicide were greater in Dodge and Saunders County compared to the state (2007-2017).

Bullying

Bullying among 8th, 10th, and 12th graders in the past year (2016 and 2018)

		8th			10th			12th		
		2016	2018	Δ	2016	2018	Δ	2016	2018	Δ
Any bullying	**Three Rivers**	**64.4%**	**66.9%**	-	64.3%	**50.5%**	�	57.6%	**46.9%**	�
	Nebraska	65.1%	62.8%		59.6%	54.6%		51.0%	48.1%	
Physically	**Three Rivers**	**27.4%**	**30.1%**	-	24.4%	**15.9%**	�	12.9%	**10.3%**	-
	Nebraska	27.8%	26.8%		19.9%	17.2%		12.2%	11.8%	
Verbally	**Three Rivers**	**54.5%**	**56.3%**	-	55.2%	**44.9%**	�	48.9%	**38.1%**	�
	Nebraska	55.7%	52.9%		50.9%	45.8%		42.3%	39.6%	
Socially	**Three Rivers**	**45.4%**	**49.7%**	-	47.6%	**40.5%**	�	45.6%	**38.4%**	�
	Nebraska	47.0%	45.3%		45.2%	43.0%		40.1%	39.5%	
Electronically	**Three Rivers**	**22.1%**	**25.6%**	-	27.8%	**22.3%**	�উ	25.4%	**21.3%**	-
	Nebraska	22.2%	20.0%		23.4%	21.3%		20.1%	19.3%	

Source: Nebraska Risk and Protective Factors Student Survey (2016 and 2018). The symbol Δ compares percent of change between 2016 and 2018. The symbol �উ represents that the percentage change in the Three Rivers District was statistically significant between years 2016 and 2018. The symbol – indicates that the change was not statistically significant between those same years.

ANY BULLYING

	8th Grade 2016	8th Grade 2018	10th Grade 2016	10th Grade 2018	12th Grade 2016	12th Grade 2018
Three Rivers	64.4%	66.9%	64.3%	50.5%	57.6%	46.9%
Nebraska	65.1%	62.8%	59.6%	54.4%	51.0%	48.1%

BULLIED VERBALLY

	8th Grade 2016	8th Grade 2018	10th Grade 2016	10th Grade 2018	12th Grade 2016	12th Grade 2018
Three Rivers	54.5%	56.3%	55.2%	44.9%	48.9%	38.1%
Nebraska	55.7%	52.9%	50.9%	45.8%	42.3%	39.6%

BULLIED PHYSICALLY

	8th Grade 2016	8th Grade 2018	10th Grade 2016	10th Grade 2018	12th Grade 2016	12th Grade 2018
Three Rivers	27.4%	30.1%	24.4%	15.9%	12.9%	10.3%
Nebraska	27.8%	26.8%	19.9%	17.2%	12.2%	11.8%

BULLIED SOCIALLY

	8th Grade 2016	8th Grade 2018	10th Grade 2016	10th Grade 2018	12th Grade 2016	12th Grade 2018
Three Rivers	45.4%	49.7%	47.6%	40.5%	45.6%	38.4%
Nebraska	47.0%	45.3%	45.2%	43.0%	40.1%	39.5%

BULLIED ELECTRONICALLY

	8th Grade 2016	8th Grade 2018	10th Grade 2016	10th Grade 2018	12th Grade 2016	12th Grade 2018
Three Rivers	22.1%	25.6%	27.8%	22.3%	25.4%	21.3%
Nebraska	22.2%	20.0%	23.4%	21.3%	20.1%	19.3%

Source: Nebraska Risk and Protective Factors Student Survey (2016 and 2018).

Key Findings: Bullying
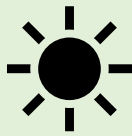
- Decreased bullying rates in 10th graders from 2016-2018.
- Decreased bullying rates in 12th graders from 2016-2018.

- Increased bullying rates in 8th graders from 2016-2018.

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Youth Substance Abuse

Past 30-day alcohol use among 8th, 10th, and 12th graders

	8th Grade					10th Grade					12th Grade				
	2010	2012	2014	2016	2018	2010	2012	2014	2016	2018	2010	2012	2014	2016	2018
Three Rivers	7.5%	5.4%	4.5%	7.1%	8.3%	20.7%	19.7%	17.4%	22.6%	19.2%	31.7%	29.7%	31.1%	34.4%	34.1%
Nebraska	7.9%	6.3%	4.4%	7.3%	9.8%	21.0%	18.4%	15.9%	20.0%	20.1%	34.7%	31.4%	29.6%	34.4%	34.3%

Source: Nebraska Risk and Protective Factors Student Survey (2018).

Past 30-day cigarette use among 8th, 10th, and 12th graders

	8th Grade					10th Grade					12th Grade				
	2010	2012	2014	2016	2018	2010	2012	2014	2016	2018	2010	2012	2014	2016	2018
Three Rivers	5.9%	4.1%	3.6%	3.5%	2.0%	13.7%	8.1%	8.5%	7.7%	5.5%	20.9%	17.6%	16.8%	14.0%	7.8%
Nebraska	4.8%	3.3%	2.9%	2.3%	2.0%	11.7%	9.3%	7.6%	6.7%	4.1%	20.9%	18.8%	15.8%	11.9%	8.7%

Source: Nebraska Risk and Protective Factors Student Survey (2018).

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Past 30-day electronic vapor use among 8th, 10th, and 12th graders

	8th Grade		10th Grade		12th Grade	
	2016	2018	2016	2018	2016	2018
Three Rivers	6.9%	10.4%	13.4%	25.6%	20.0%	40.5%
Nebraska	6.0%	10.4%	12.3%	24.7%	18.7%	37.3%

Source: Nebraska Risk and Protective Factors Student Survey (2018).

Past 30-day marijuana use among 8th, 10th, and 12th graders

	8th Grade					10th Grade					12th Grade				
	2010	2012	2014	2016	2018	2010	2012	2014	2016	2018	2010	2012	2014	2016	2018
Three Rivers	2.4%	2.4%	2.7%	4.4%	2.3%	8.9%	9.5%	8.8%	11.1%	10.0%	15.5%	13.3%	17.6%	16.2%	19.3%
Nebraska	2.4%	2.3%	2.3%	2.8%	3.1%	8.0%	8.6%	7.6%	8.8%	7.3%	11.8%	11.7%	12.7%	15.7%	13.9%

Source: Nebraska Risk and Protective Factors Student Survey (2018).

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Past 30-day prescription drug use among 8th, 10th, and 12th graders

	2010	2012	2014	2016	2018	2010	2012	2014	2016	2018	2010	2012	2014	2016	2018
			8th Grade					10th Grade					12th Grade		
Three Rivers	1.5%	1.0%	0.8%	0.7%	1.1%	3.7%	2.3%	2.6%	2.1%	1.7%	5.6%	4.6%	5.2%	3.4%	3.0%
Nebraska	1.1%	0.7%	0.6%	0.5%	1.0%	2.8%	2.4%	2.2%	2.6%	1.4%	4.2%	3.8%	3.3%	3.4%	2.2%

Source: Nebraska Risk and Protective Factors Student Survey (2018).

Key Findings: Youth Substance Abuse
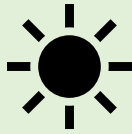
- Higher rates of electronic vapor use in 8th, 10th, and 12th graders.
- Higher rates of marijuana use in 8th, 10th, and 12th graders.
- Higher rates of prescription drug use in 8th, 10th, and 12th graders.

Adult Alcohol and Tobacco Use

Currently smoke cigarettes among adults 18 and over

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Three Rivers	22.2%	22.1%	16.5%	17.9%	16.9%	15.7%	15.6%	17.8%	17.2%	18.6%
Nebraska	20.0%	19.7%	18.5%	17.3%	17.1%	17.0%	15.4%	16.0%	14.7%	13.9%

Source: Behavioral Risk Factors Surveillance System (2020).

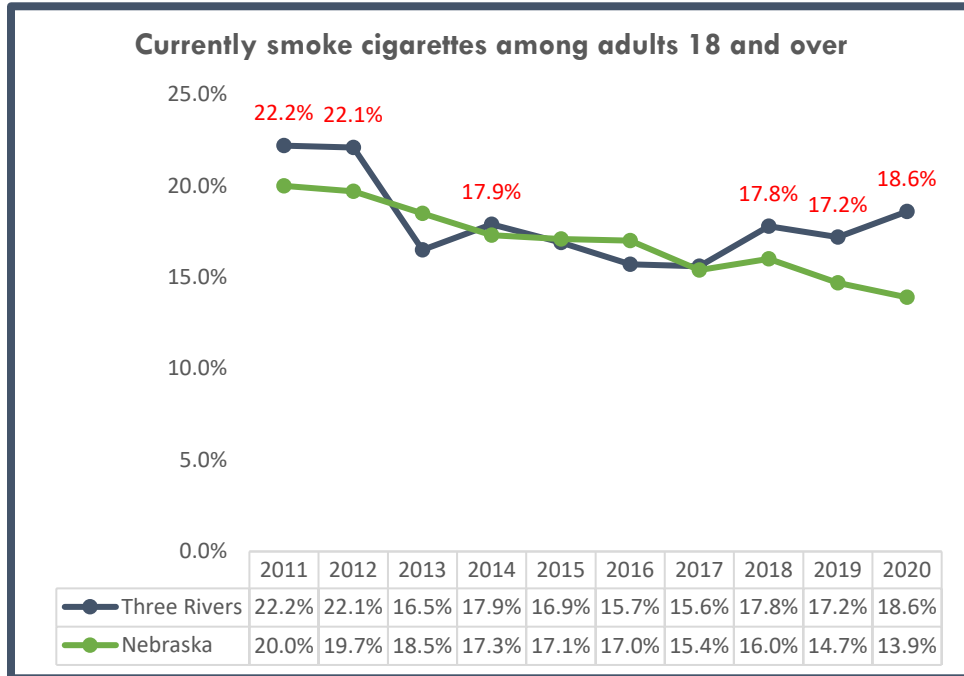**Current smokeless tobacco use among adults 18 and over**

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Three Rivers	8.1%	4.2%	5.1%	4.5%	3.9%	6.8%	7.3%	4.2%	5.4%	3.5%
Nebraska	5.6%	5.1%	5.3%	4.7%	5.5%	5.7%	5.3%	5.2%	5.3%	5.2%

Source: Behavioral Risk Factors Surveillance System (2020).

Current e-cigarette use among adults 18 and over

	2016	2017	2018	2019	2020
Three Rivers	3.6%	2.9%	3.5%	6.3%	4.9%
Nebraska	4.9%	3.8%	5.6%	5.9%	5.9%

Source: Behavioral Risk Factors Surveillance System (2020).

Binge drank (5 or more drinks in one occassion for men, 4 for women) in the past 30 days among adults 18 and over

	2011	2012	2013	2014*	2015	2016	2017	2018	2019	2020
Three Rivers	21.3%	20.3%	18.5%	15.7%	22.7%	19.4%	22.0%	21.5%	22.0%	20.7%
Nebraska	22.7%	22.1%	20.0%	20.3%	19.5%	20.0%	20.6%	21.2%	20.9%	20.4%

*Statistically significant difference between Three Rivers and the State. **Source**: Behavioral Risk Factors Surveillance System (2020).

Heavy drinking in the past 30 days among adults 18 and over

|	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Three Rivers	7.1%	7.6%	5.2%	4.3%	3.9%	7.5%	7.2%	8.3%	8.5%	6.1%
Nebraska	7.5%	7.2%	6.8%	6.4%	5.7%	6.6%	7.0%	7.1%	6.2%	7.4%

*Percentage of men who report drinking more than 60 alcoholic drinks during the past 30 days and percentage of women who report drinking more than 30 alcoholic drinks in the past 30 days. **Source**: Behavioral Risk Factors Surveillance System (2020).
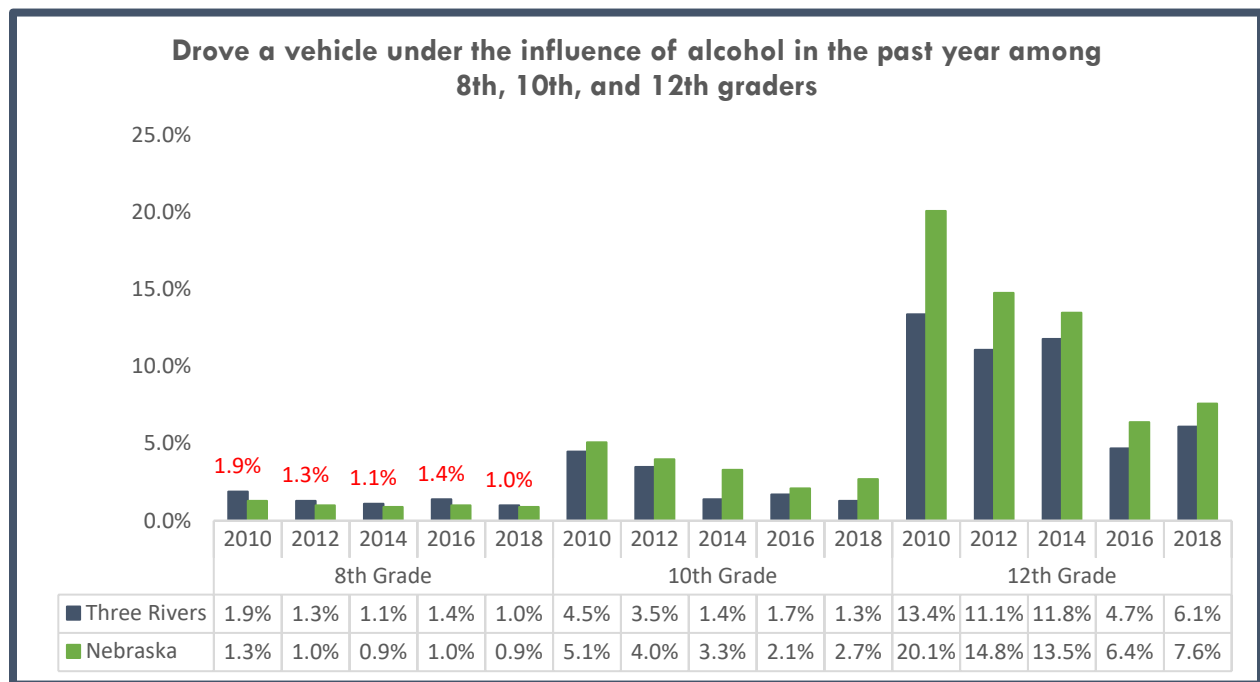
Key Findings: Adult Alcohol and Tobacco Use
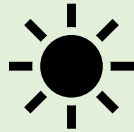
- Overall lower e-cigarette use compared to the state.

- Greater smoking rates in adults compared to the state.
- Historically higher rates of heavy drinking in adults compared to the state.
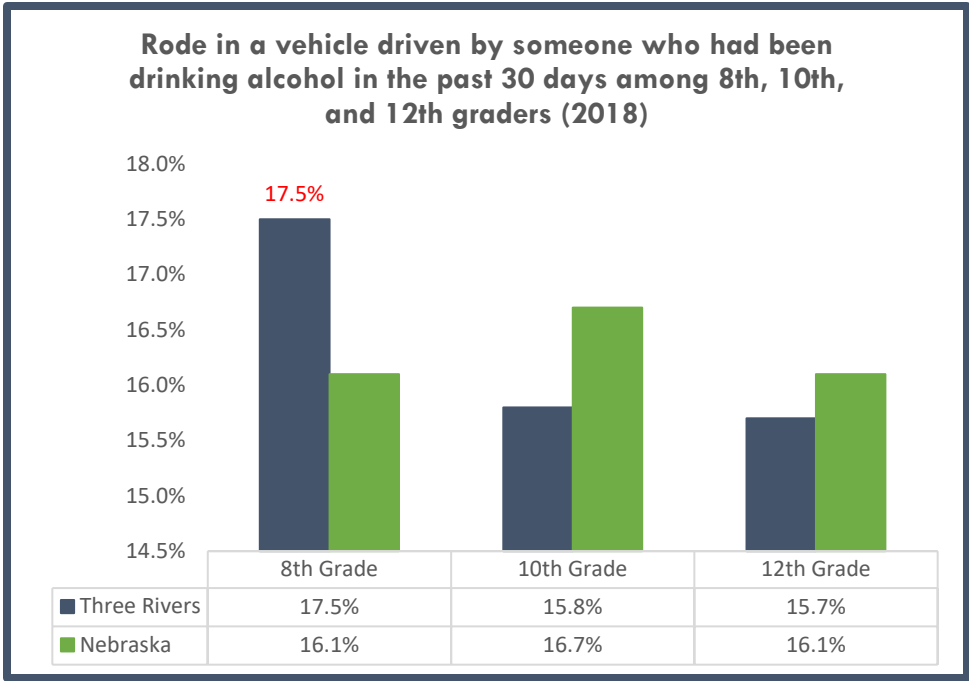
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Alcohol Impaired Driving

Alcohol-impaired driving deaths (2016-2020)

	Number of alcohol-impaired driving deaths	Number of driving deaths	Alcohol-impaired driving deaths as a percentage of all driving deaths
Dodge County	8	29	28%
Saunders County	1	21	5%
Washington County	1	10	10%
Three Rivers	**10**	**60**	**17%**
Nebraska	**384**	**1,157**	**33%**

Fatality Analysis Reporting System, contained in County Health Rankings (2022).

Drove a vehicle under the influence of alcohol in the past year among 8th, 10th, and 12th graders

	8th Grade					10th Grade					12th Grade				
	2010	2012	2014	2016	2018	2010	2012	2014	2016	2018	2010	2012	2014	2016	2018
Three Rivers	1.9%	1.3%	1.1%	1.4%	1.0%	4.5%	3.5%	1.4%	1.7%	1.3%	13.4%	11.1%	11.8%	4.7%	6.1%
Nebraska	1.3%	1.0%	0.9%	1.0%	0.9%	5.1%	4.0%	3.3%	2.1%	2.7%	20.1%	14.8%	13.5%	6.4%	7.6%

Source: Nebraska Risk and Protective Factors Student Survey (2018).

Rode in a vehicle driven by someone who had been drinking alcohol in the past 30 days among 8th, 10th, and 12th graders (2018)

	8th Grade	10th Grade	12th Grade
Three Rivers	17.5%	15.8%	15.7%
Nebraska	16.1%	16.7%	16.1%

Source: Nebraska Risk and Protective Factors Student Survey (2018).

Alcohol impaired driving in the past 30 days among adults 18 and over

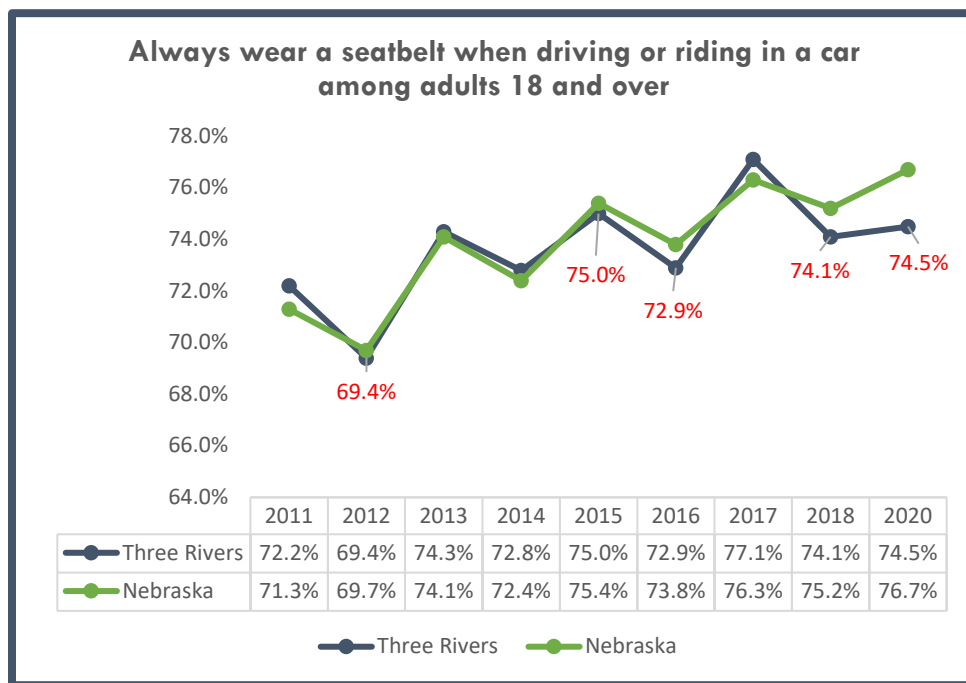|	2012	2014*	2016	2018	2020
Three Rivers	3.3%	0.9%	3.4%	1.9%	2.2%
Nebraska	3.4%	2.5%	3.4%	3.0%	2.5%
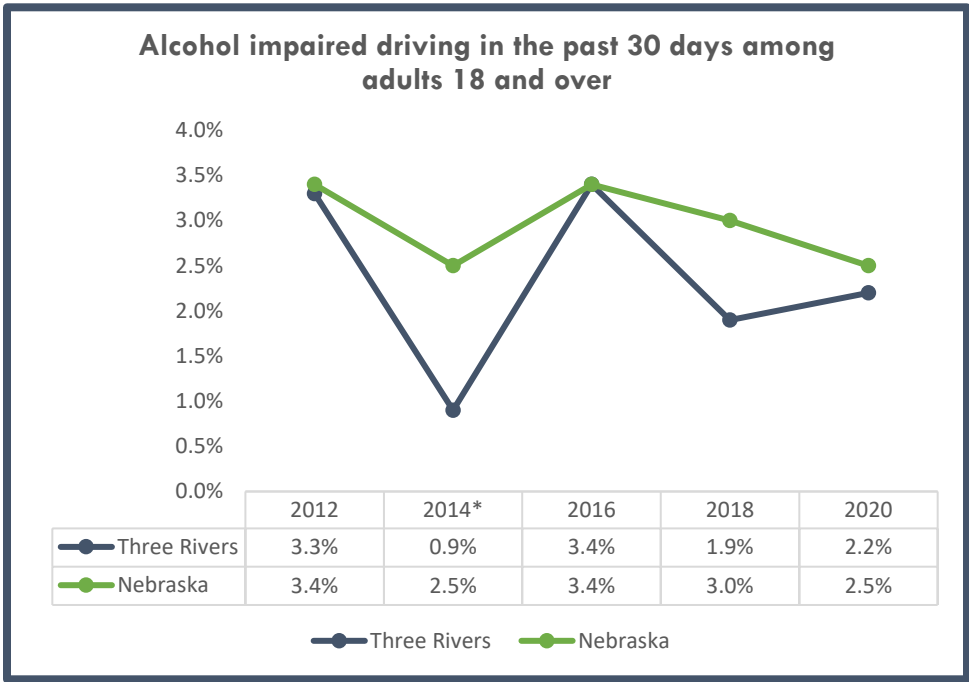
*Statistically significant difference between Three Rivers and the State. **Source**: Behavioral Risk Factors Surveillance System (2020).

Key Findings: Alcohol Impaired Driving
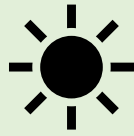
|	
☀	⛈
• Lower rates of impaired driving deaths compared to the state. • Overall lower rates of impaired driving compared to the state.	• Greater percent of riding with an impaired driver for 8th graders.

Motor Vehicle Safety

Always wear a seatbelt when driving or riding in a car among adults 18 and over

	2011	2012	2013	2014	2015	2016	2017	2018	2020
Three Rivers	72.2%	69.4%	74.3%	72.8%	75.0%	72.9%	77.1%	74.1%	74.5%
Nebraska	71.3%	69.7%	74.1%	72.4%	75.4%	73.8%	76.3%	75.2%	76.7%

Source: Behavioral Risk Factors Surveillance System (2020).

Indicators of distracted driving among adults 18 and over (2017)

	Three Rivers	Nebraska
Texted on a cell phone while driving in the past 30 days	**27.2%**	26.6%
Talked on a cell phone while driving in the past 30 days	**68.4%**	66.5%

Source: Behavioral Risk Factors Surveillance System (2020).

Key Findings: Motor Vehicle Safety
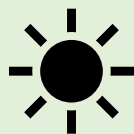
- Decreased seatbelt wearing compared to the state.
- Increased distracted driving compared to the state.

Unintentional Injury

Number of deaths per 100,000 people due to unintentional injury (2016-2020)

| Dodge County	Saunders County	Washington County	Nebraska
75	60	48	61

Source: National Center for Health Statistics - Mortality Files contained in County Health Rankings (2022).

Falls among adults 45 and over (2020)

	Three Rivers	Nebraska
Had a fall in the past year	24.2%	23.7%
Injured due to a fall in the past year	6.1%	8.0%

Source: Behavioral Risk Factors Surveillance System (2020).

Key Findings: Unintentional Injury
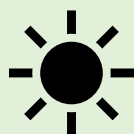
- Greater rates of death due to unintentional injury in Dodge County compared to the state.

Crime

Number and rate of <u>total</u> arrests per 1,000 population

	2019	**2020**	**2021**
Dodge County	1,164 (31.76)	**1,182 (32.49)**	**1,189 (32.62)**
Saunders County	203 (9.55)	193 (8.95)	197 (8.87)
Washington County	309 (14.95)	212 (10.23)	242 (11.44)
Three Rivers	**1,676 (21.32)**	**1,587 (20.18)**	**1,628 (20.40)**
Nebraska	62,719 (32.42)	54,510 (28.13)	35,734 (18.20)

These data are unreliable as law enforcement agencies are not required to submit arrest data, and some agencies choose not to. **Source**: Nebraska Crime Commission (2022).

Rate of <u>juvenile</u> arrests per 1,000 population

|	**2017**	**2018**	**2019**
Dodge County	**28**	**26**	**23**
Saunders County	8	6	13
Washington County	21	16	8
Three Rivers	**20**	**18**	**16**
Nebraska	27	25	21

Source: Easy Access to State and County Juvenile Court Case Counts contained in County Health Rankings (2019).

Number of violent crimes and rate per 100,000

	2008-2010	**2009-2011**	**2010-2012**	**2014-2016**
Dodge County	54 (152.7)	51 (140.7)	46 (126.5)	72 (196.8)
Saunders County	14 (68.7)	14 (67.9)	13 (60.6)	13 (61.9)
Washington County	7 (37.4)	5 (22.3)	4 (19.6)	15 (71.7)
Three Rivers	75 (100.4)	70 (88.3)	63 (80.5)	100 (127.7)
Nebraska	5,239 (290.7)	4,939 (270.9)	4,857 (263.6)	5,413 (285.7)

Source: Uniform Crime Reporting - FBI, contained in County Health Rankings (2019).

Key Findings: Crime
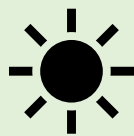
- Lower rate of arrests per 1,000 people in Saunders and Washington County.
- Decreased rate of juvenile arrests per 1,000 people in Saunders and Washington County.

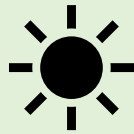- Increased rate of arrests per 1,000 people in Dodge County.
- Increased rate of juvenile arrests per 1,000 people in Dodge County.

Child Abuse and Neglect

Number of substantiated cases of child abuse and neglect

	2015	2016	2017	2018	2019	2020	2021
Dodge County	44	61	50	51	35	61	88
Saunders County	18	14	17	15	12	23	17
Washington County	13	8	14	13	12	9	6
Three Rivers	**75**	**83**	**81**	**79**	**59**	**93**	**111**
Nebraska	**2,223**	**2,174**	**2,169**	**2,048**	**2,019**	**1,903**	**2,080**

Source: Nebraska DHHS Child Abuse and Neglect Reports (2021).

Key Findings: Abuse and Neglect

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Education
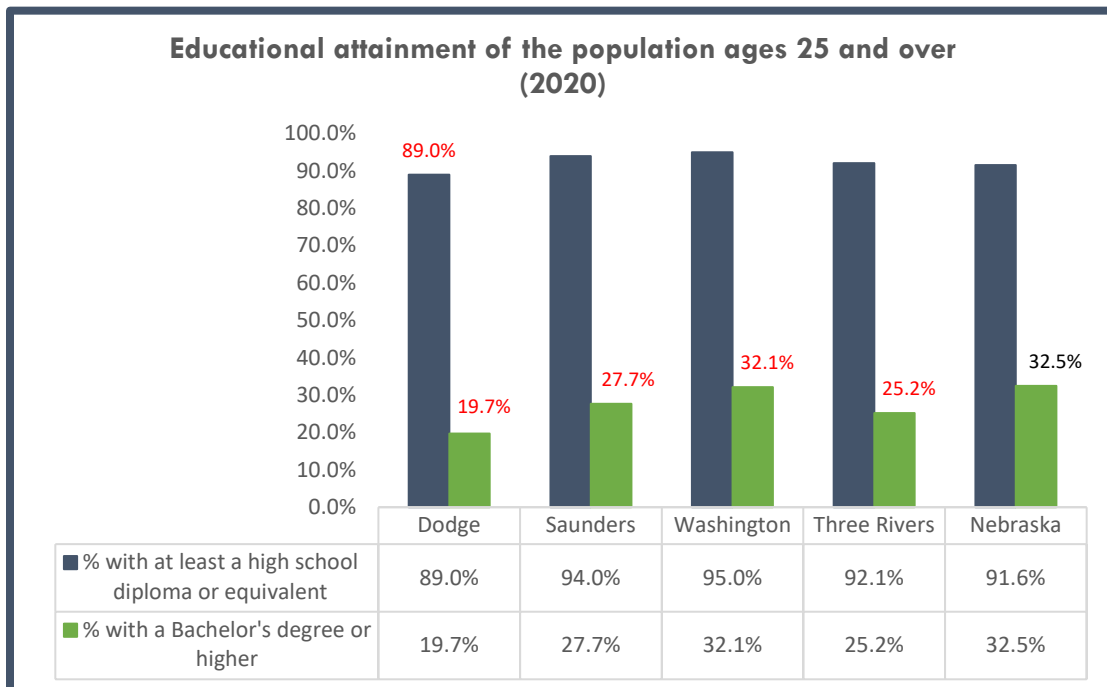
Source: U.S. Census/American Community Survey 5-Year Estimates (2020). Table S1501.

High School Graduation Rate (2018-2019)

District	Graduation Rate
Dodge	88.0%
Saunders	90.0%
Washington	97.0%
Nebraska	87.0%
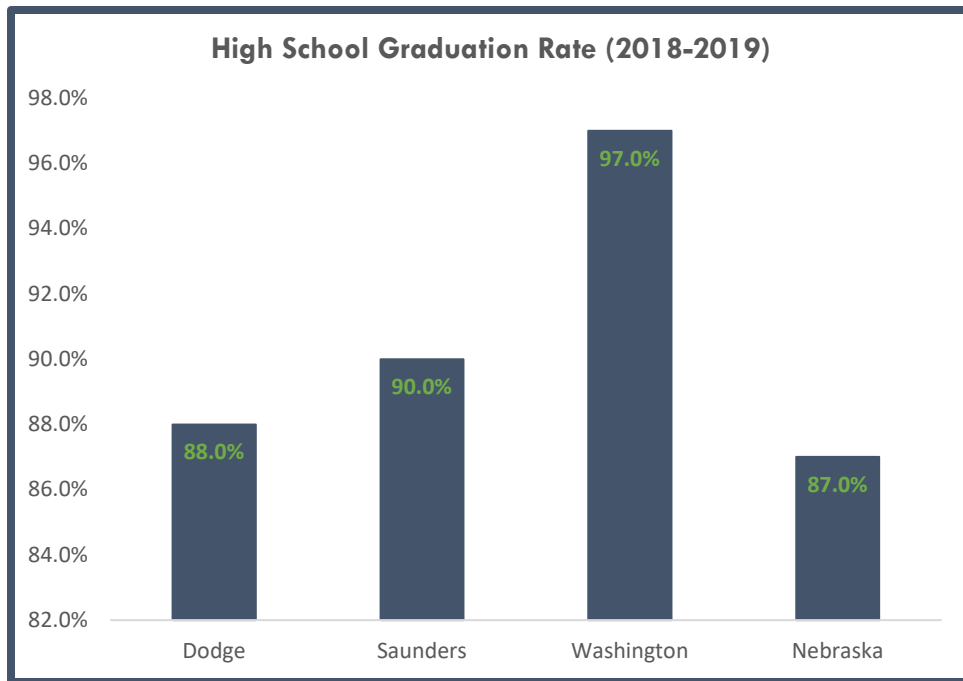
Source: EDFacts contained in County Health Rankings (2019).

Education Statistics for Public Schools Districts in DODGE COUNTY (2018-2019)

		Fremont Public Schools	Logan View Public Schools	North Bend Central Public Schools	Scribner-Snyder Community Schools	Nebraska Public Schools
Nebraska Accountability Scores	% Proficient in English Language Arts	34%	58%	62%	57%	52%
	% Proficient in Mathematics	41%	66%	62%	61%	52%
	% Proficient in Science	66%	78%	76%	62%	66%
Student Characteristics	Enrollment	4,732	547	611	204	325,984
	% Receiving free/reduced lunch	61%	37%	29%	64%	45%
	% of ELL students	13%	3%	*	*	7%
	% School mobility rate	7%	5%	6%	14%	5%
	% of Students in special education	19%	16%	11%	19%	15%

*Data has been masked to protect the identity of students if there are fewer than 10 students in a group. **Source**: Nebraska Department of Education (2018-2019).

Four-Year Graduation Rates for Public Schools Districts in DODGE COUNTY (2018-2021)

	2018	2019	2020	2021
Fremont Public Schools	84.44%	86.38%	87.51%	85.08%
Logan View Public Schools	97.62%	93.75%	97.67%	90%
North Bend Central Public Schools	100%	100%	97.67%	100%
Scribner-Snyder Community Schools	100%	100%	*	*
Nebraska Public Schools	89.03%	88.42%	87.51%	87.56%

*Data has been masked to protect the identity of students. **Source**: Nebraska Department of Education (2018-2021).

Education Statistics for Public Schools Districts in SAUNDERS COUNTY (2018-2019)

		Ashland-Greenwood Public Schools	Cedar Bluffs Public Schools	Mead Public Schools	Wahoo Public Schools	Yutan Public Schools	Nebraska Public Schools
Nebraska Accountability Scores	**% Proficient in English Language Arts**	59%	**47%**	55%	56%	63%	52%
	% Proficient in Mathematics	60%	**51%**	**50%**	70%	59%	52%
	% Proficient in Science	75%	**50%**	**59%**	81%	**63%**	66%
Student Characteristics	**Enrollment**	964	428	267	1,043	457	325,984
	% Receiving free/reduced lunch	32%	**56%**	36%	32%	25%	45%
	% of ELL students	*	*	*	1%	*	7%
	% School mobility rate	5%	11%	3%	4%	5%	5%
	% of Students in special education	**21%**	**16%**	13%	**21%**	**19%**	15%

*Data has been masked to protect the identity of students if there are fewer than 10 students in a group. **Source**: Nebraska Department of Education (2018-2019).

Four-Year Graduation Rates for Public Schools Districts in SAUNDERS COUNTY (2018-2021)

	2018	2019	2020	2021
Ashland-Greenwood Public Schools	93.22%	91.94%	94.37%	97.40%
Cedar Bluffs Public Schools	94.12%	**75.00%**	88.89%	95.24%
Mead Public Schools	100.0%	**86.67%**	92.31%	95.24%
Wahoo Public Schools	93.98%	94.74%	92.68%	94.59%
Yutan Public Schools	100.0%	89.66%	97.37%	96.15%
Nebraska Public Schools	89.03%	88.42%	87.51%	87.56%

*Data has been masked to protect the identity of students. **Source**: Nebraska Department of Education (2018-2021).

Education Statistics for Public Schools Districts in WASHINGTON COUNTY (2018-2019)

|		Arlington Public Schools	Blair Community Schools	Fort Calhoun Community Schools	Nebraska Public Schools
Nebraska Accountability Scores	**% Proficient in English Language Arts**	60%	58%	71%	52%
	% Proficient in mathematics	59%	60%	72%	52%
	% Proficient in science	84%	78%	90%	66%
Student Characteristics	**Enrollment**	700	2,294	719	325,984
	% Receiving free/reduced lunch	24%	25%	18%	45%
	% of ELL students	1%	1%	*	7%
	% School mobility rate	4%	3%	1%	5%
	% of Students in special education	14%	15%	**16%**	15%

*Data has been masked to protect the identity of students if there are fewer than 10 students in a group. **Source**: Nebraska Department of Education (2018-2019).

Four-Year Graduation Rates for Public Schools Districts in WASHINGTON COUNTY (2018-2021)

	2018	**2019**	**2020**	**2021**
Arlington Public Schools	98.11%	97.78%	100.0%	97.78%
Blair Community Schools	96.20%	96.02%	94.90%	94.74%
Fort Calhoun Community Schools	100.0%	100.0%	97.96%	96.43%
Nebraska Public Schools	89.03%	88.42%	87.51%	87.56%

*Data has been masked to protect the identity of students. **Source**: Nebraska Department of Education (2018-2021).

Key Findings: Education
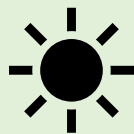
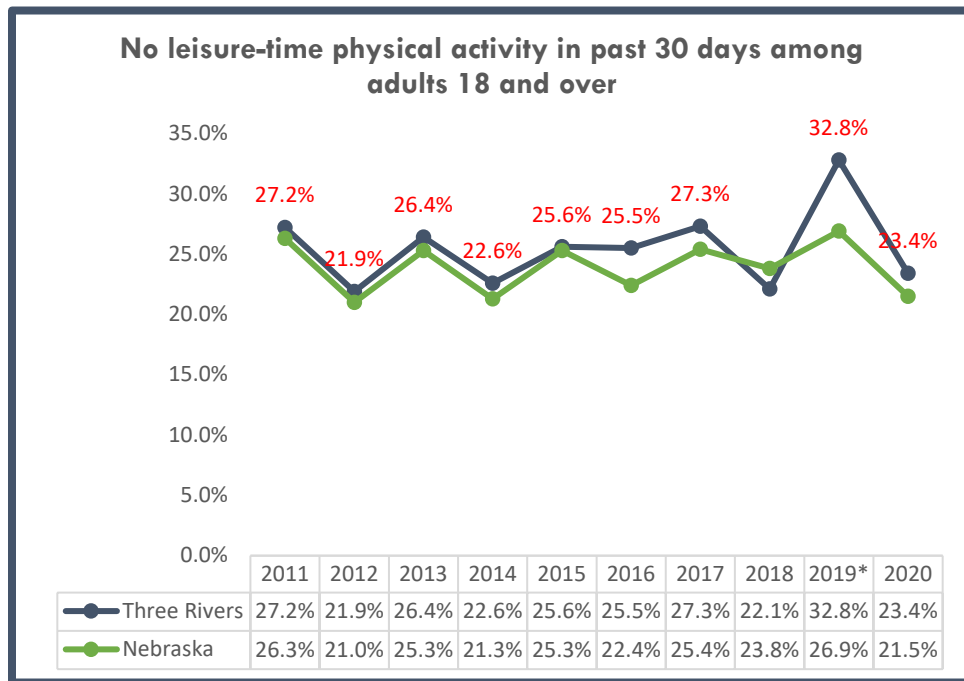- Overall higher high school graduation rates compared to the state.

- Lower percentage of individuals with Bachelor's degrees compared to the state.
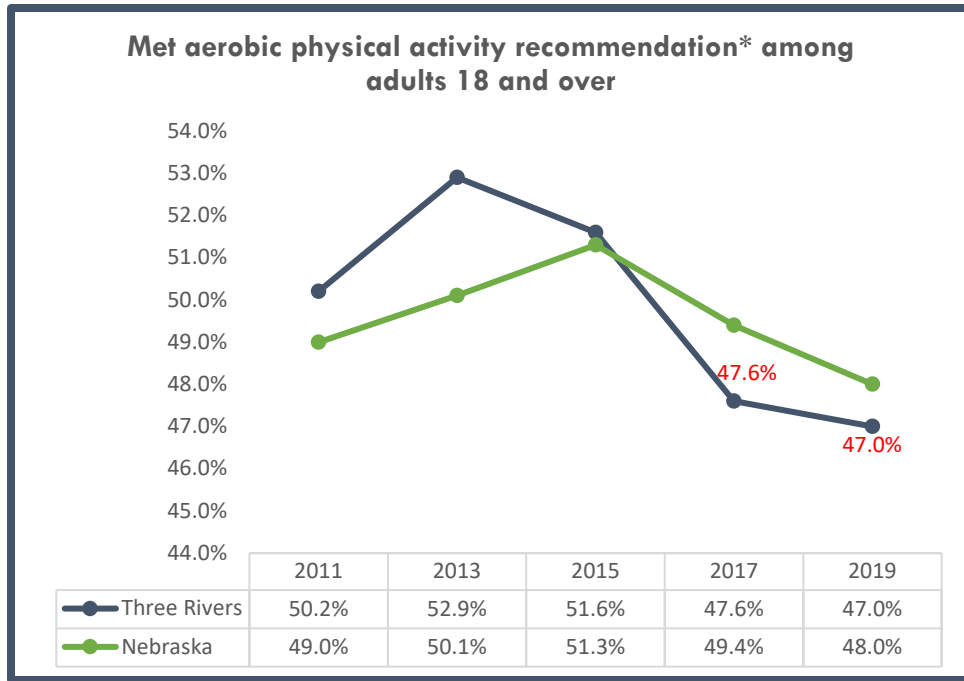
Physical Activity and Nutrition

Percentage of the population with adequate access to locations for physical activity

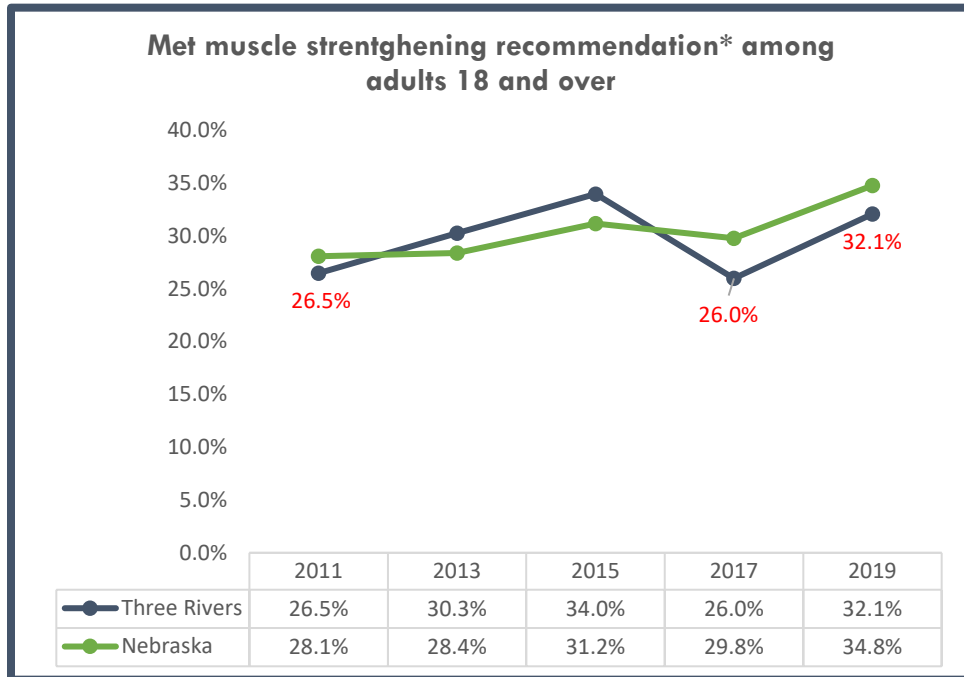|	2010 & 2018	2010 & 2021
Dodge County	90%	86%
Saunders County	53%	36%
Washington County	49%	45%
Nebraska	84%	78%

Source: Business Analyst, Delorme map data, ESRI, and US Census Tigerline Files, contained in County Health Rankings (2021).

No leisure-time physical activity in past 30 days among adults 18 and over

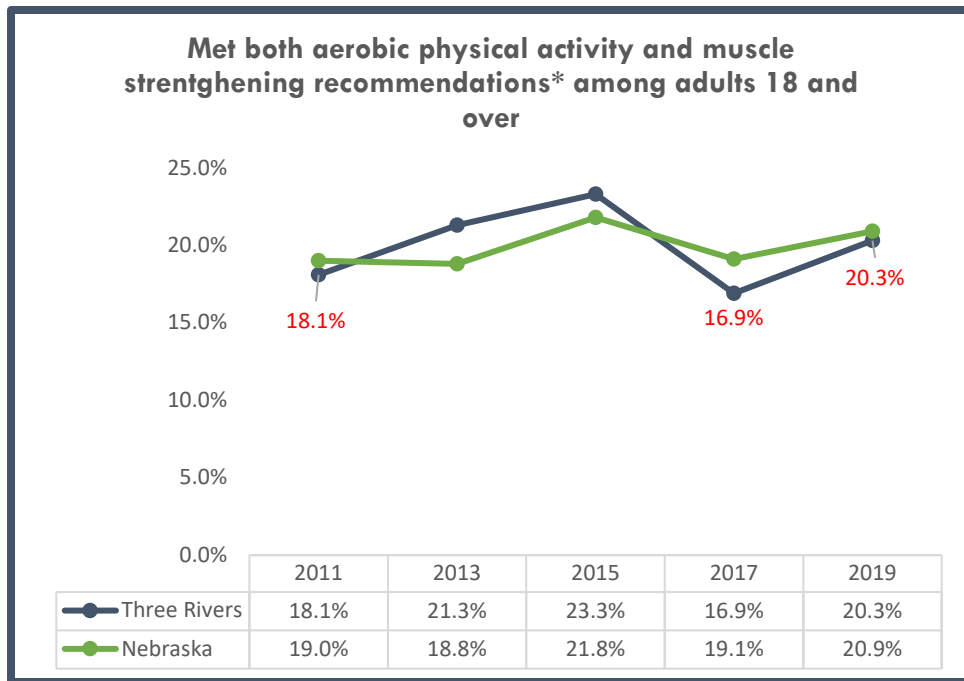|	2011	2012	2013	2014	2015	2016	2017	2018	2019*	2020
Three Rivers	27.2%	21.9%	26.4%	22.6%	25.6%	25.5%	27.3%	22.1%	32.8%	23.4%
Nebraska	26.3%	21.0%	25.3%	21.3%	25.3%	22.4%	25.4%	23.8%	26.9%	21.5%

*Statistically significant difference between Three Rivers and the State. **Source**: Behavioral Risk Factors Surveillance System (2020).

Met aerobic physical activity recommendation* among adults 18 and over

	2011	2013	2015	2017	2019
Three Rivers	50.2%	52.9%	51.6%	47.6%	47.0%
Nebraska	49.0%	50.1%	51.3%	49.4%	48.0%

*At least 150 minutes of moderate-intensity physical activity, or at least 75 minutes of vigorous-intensity physical activity, or an equivalent combination of moderate and vigorous-intensity aerobic activity per week during the past month.
Source: Behavioral Risk Factors Surveillance System (2020).

Met muscle strentghening recommendation* among adults 18 and over

	2011	2013	2015	2017	2019
Three Rivers	26.5%	30.3%	34.0%	26.0%	32.1%
Nebraska	28.1%	28.4%	31.2%	29.8%	34.8%

*Engaged in physical activities or exercises to strengthen their muscles two or more times per week during the past month. **Source**: Behavioral Risk Factors Surveillance System (2020).

Met both aerobic physical activity and muscle strentghening recommendations* among adults 18 and over

|	2011	2013	2015	2017	2019
Three Rivers	18.1%	21.3%	23.3%	16.9%	20.3%
Nebraska	19.0%	18.8%	21.8%	19.1%	20.9%

*At least 150 minutes of moderate-intensity physical activity, or at least 75 minutes of vigorous-intensity physical activity, or an equivalent combination of moderate and vigorous-intensity aerobic activity per week during the past month and engaged in physical activities or exercises to strengthen their muscles two or more times per week during the past month. **Source**: Behavioral Risk Factors Surveillance System (2020).

Nutrition indicators among adults 18 and over (2013, 2019)

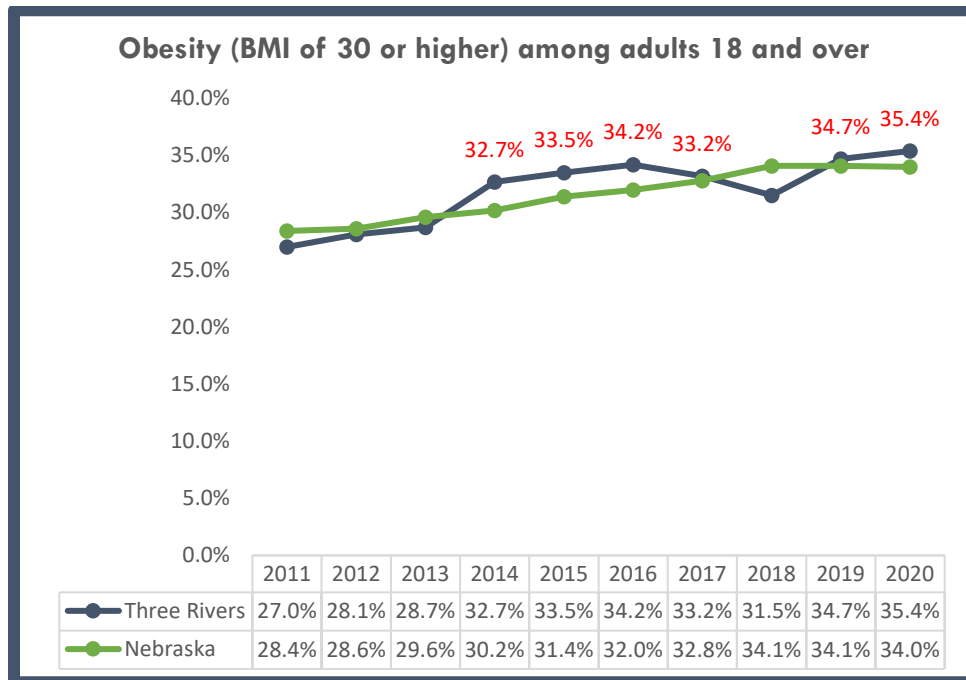|	Three Rivers	Nebraska
Consumed sugar-sweetened beverages 1 or more times per day in past 30 days (2013)	23.5%	28.5%
Currently watching or reducing sodium or salt intake (2019)	43.0%	40.4%
Consumed fruits less than 1 time per day in past 30 days (2019)	44.3%	39.5%
Consumed vegetables less than 1 time per day in past 30 days (2019)*	26.7%	20.8%

*Statistically significant difference between Three Rivers and the State. **Source**: Behavioral Risk Factors Surveillance System (2020).

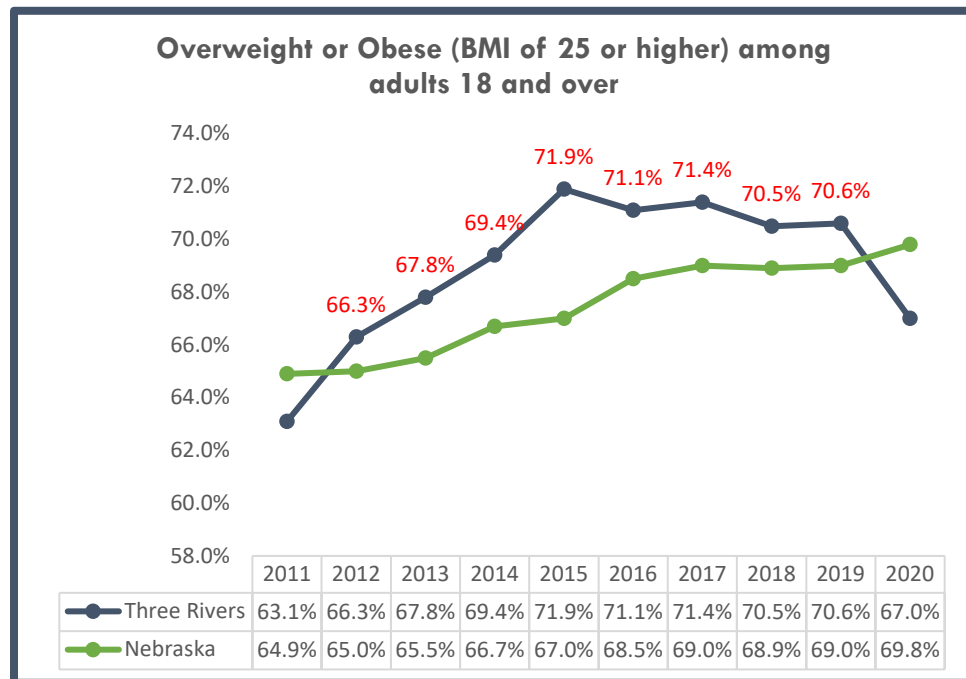**Key Findings: Physical Activity and Nutrition**
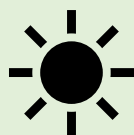
- Consuming less sugar-sweetened beverages compared to the state.

- Overall lower percentage of physical activity compared to the state.
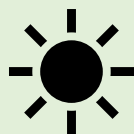- Lower vegetable and fruit consumption compared to the state.

Obesity

Obesity (BMI of 30 or higher) among adults 18 and over

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Three Rivers	27.0%	28.1%	28.7%	32.7%	33.5%	34.2%	33.2%	31.5%	34.7%	35.4%
Nebraska	28.4%	28.6%	29.6%	30.2%	31.4%	32.0%	32.8%	34.1%	34.1%	34.0%

Source: Behavioral Risk Factors Surveillance System (2020).

Overweight or Obese (BMI of 25 or higher) among adults 18 and over

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Three Rivers	63.1%	66.3%	67.8%	69.4%	71.9%	71.1%	71.4%	70.5%	70.6%	67.0%
Nebraska	64.9%	65.0%	65.5%	66.7%	67.0%	68.5%	69.0%	68.9%	69.0%	69.8%

Source: Behavioral Risk Factors Surveillance System (2020).

Key Findings: Obesity

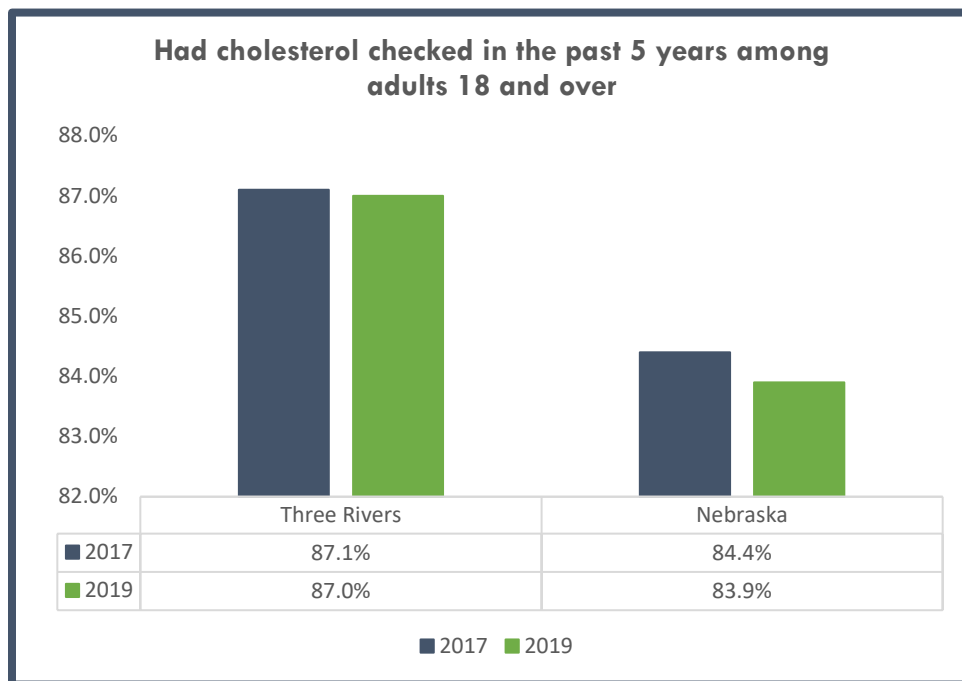|			
☀	• Decreased percentage of obese or overweight people compared to the state in 2020.	⛈	• Higher percentage of obese and overweight individuals compared to the state.

Health Screening

Had blood pressure checked in the past year among adults 18 and over (2017)

Three Rivers	88.8%
Nebraska	86.3%

Source: Behavioral Risk Factors Surveillance System (2020).

Had cholesterol checked in the past 5 years among adults 18 and over

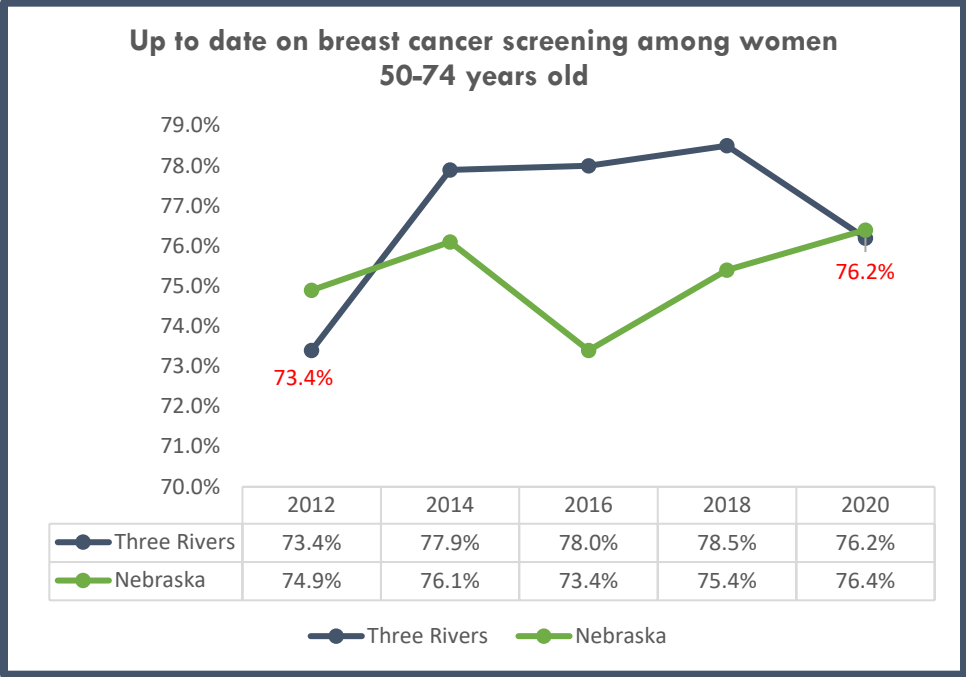|	Three Rivers	Nebraska
■ 2017	87.1%	84.4%
■ 2019	87.0%	83.9%

■ 2017   ■ 2019

Source: Behavioral Risk Factors Surveillance System (2020).

Up-to-date on colon cancer screening, 50-75 year olds (2020)

Three Rivers	78.8%
Nebraska	72.5%

Source: Behavioral Risk Factors Surveillance System (2020).

Up to date on breast cancer screening among women 50-74 years old

73.4%

76.2%

	2012	2014	2016	2018	2020
Three Rivers	73.4%	77.9%	78.0%	78.5%	76.2%
Nebraska	74.9%	76.1%	73.4%	75.4%	76.4%

Three Rivers   Nebraska

Source: Behavioral Risk Factors Surveillance System (2020).

Up to date on cervical cancer screening among women 21-65 years old

82.1%

79.0%

71.3%

	2012	2014	2016	2018	2020
Three Rivers	82.1%	85.5%	78.5%	79.0%	71.3%
Nebraska	83.9%	81.7%	77.7%	80.9%	77.7%

Three Rivers   Nebraska
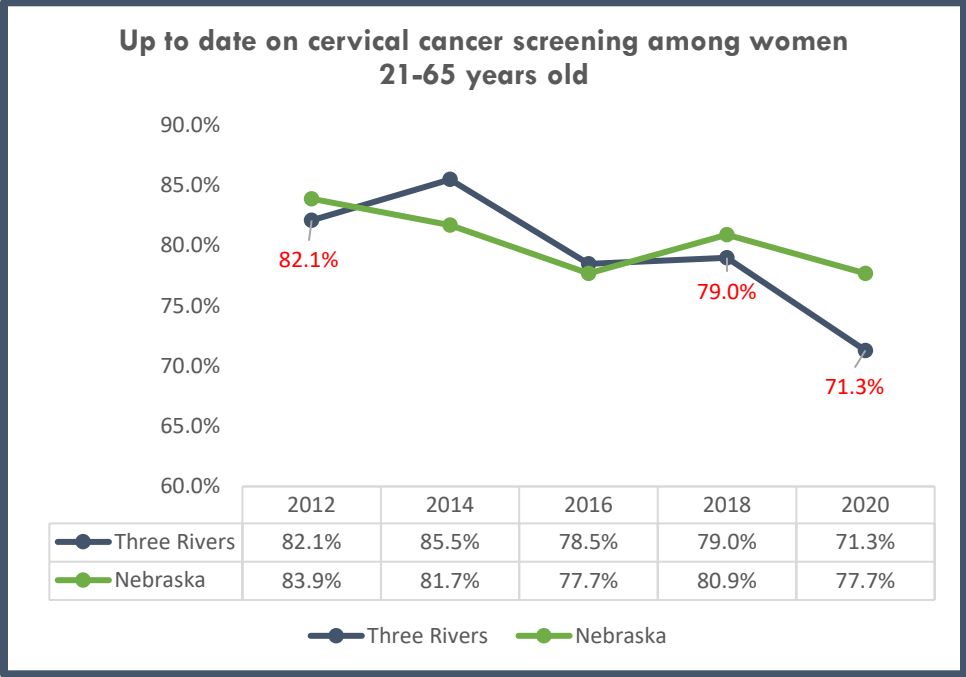
Source: Behavioral Risk Factors Surveillance System (2020).

Key Findings: Health Screenings
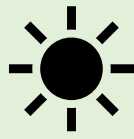
• Generally higher rates of preventative screenings compared to the state.	• Lower cervical cancer screenings compared to the state.

General Health Metrics

HEALTH OUTCOMES (length and quality of life) County Health Rankings

	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Dodge County	60	45	47	50	47	58	71	72	59	73
Saunders County	43	34	36	42	14	12	10	14	23	13
Washington County	3	7	8	6	5	3	8	6	5	4
Total Counties Ranked	79	79	79	78	78	78	80	79	80	79

Source: County Health Rankings (2022).

HEALTH FACTORS (health behaviors, clinical care, social and economic factors, and the physical environment) County Health Rankings
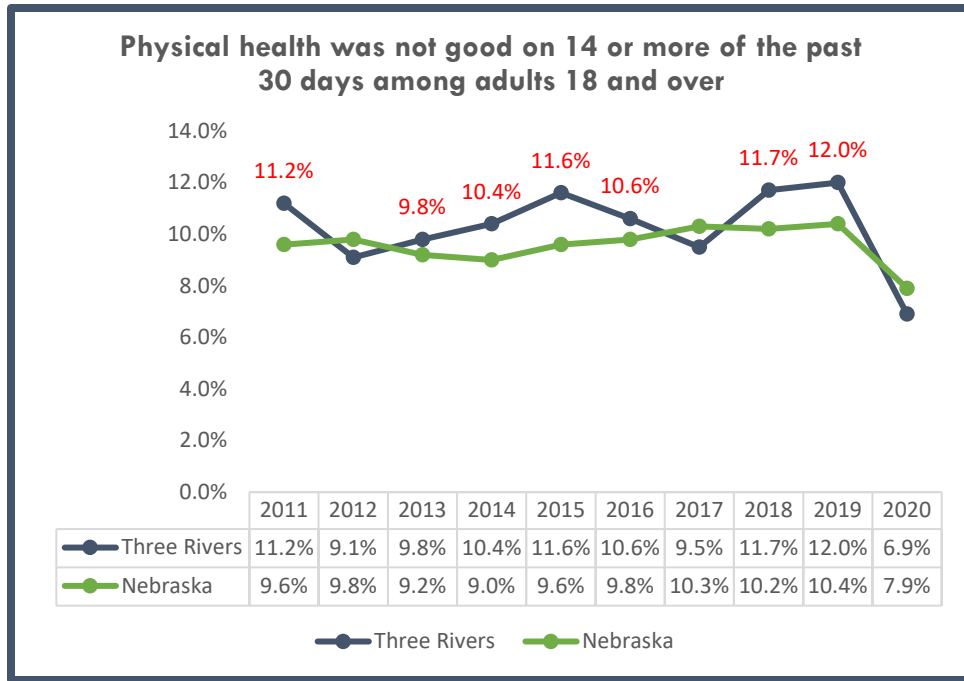
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Dodge County	63	60	59	50	56	63	67	67	68	47
Saunders County	20	25	21	33	20	18	17	18	22	15
Washington County	9	9	5	10	4	12	4	4	4	4
Total Counties Ranked	63	60	59	50	56	63	67	67	80	79

Source: County Health Rankings (2022).

Premature deaths (deaths under age 75) and years of potential life lost (YPLL) per 100,000 population (age-adjusted)

	2010-2012		2013-2015		2015-2017		2017-2019	
	Number of deaths under 75	YPLL	Number of deaths under 75	YPLL	Number of deaths under 75	YPLL	Number of deaths under 75	YPLL
Dodge County	410	6,261	456	7,378	470	7,094	500	7,700
Saunders County	234	6,169	248	5,459	254	6,008	259	5,200
Washington County	170	4,844	194	4,879	197	4,726	190	4,400
Nebraska	17,223	5,792	19,065	6,017	19,520	6,060	19,063	6,100

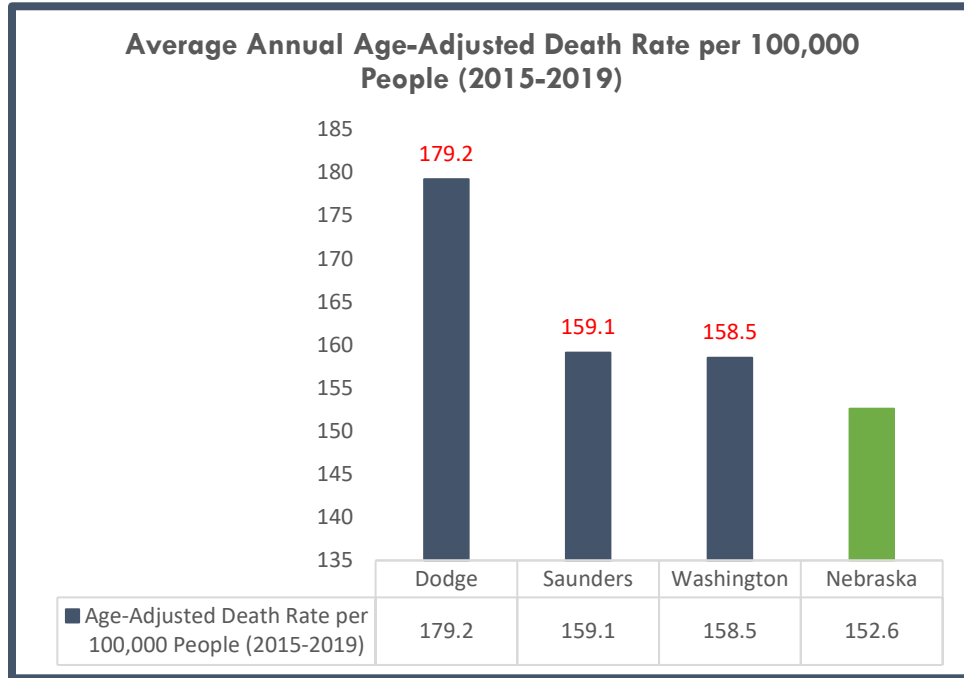Source: National Center for Health Statistics, contained in County Health Rankings (2019)

Physical health was not good on 14 or more of the past 30 days among adults 18 and over

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Three Rivers	11.2%	9.1%	9.8%	10.4%	11.6%	10.6%	9.5%	11.7%	12.0%	6.9%
Nebraska	9.6%	9.8%	9.2%	9.0%	9.6%	9.8%	10.3%	10.2%	10.4%	7.9%

Source: Behavioral Risk Factors Surveillance System (2020).

Key Findings: General Health Metrics
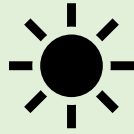
- Rates of poor physical health improved from 2019 to 2020.

- Higher rates of premature deaths in individuals under 75 in Dodge County compared to the state.
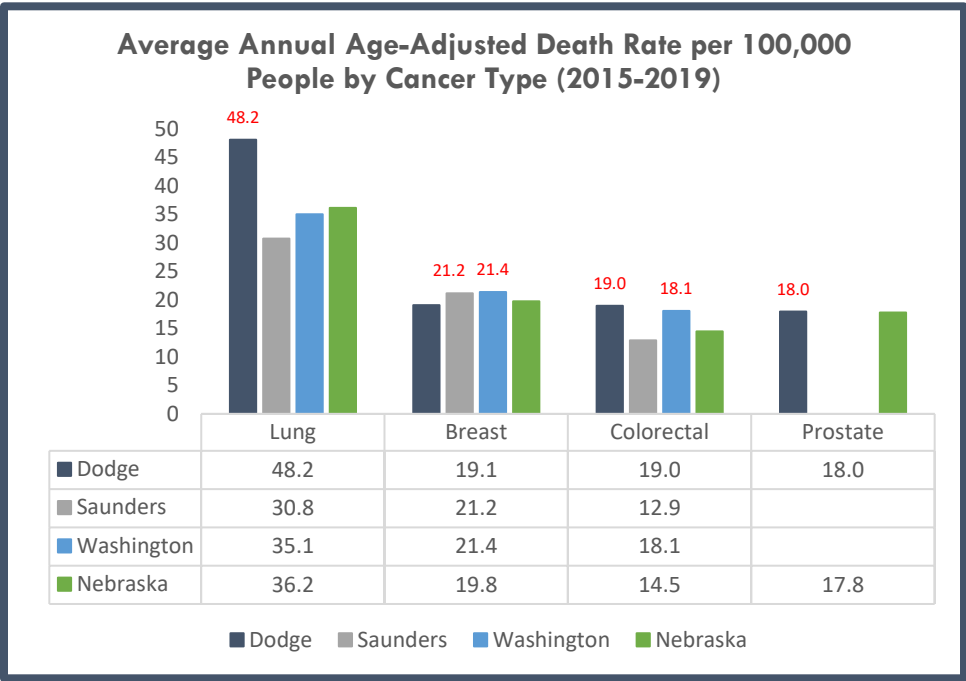- Overall poorer physical health compared to the state.

Cancer

Average Annual Age-Adjusted Death Rate per 100,000 People (2015-2019)

	Dodge	Saunders	Washington	Nebraska
Age-Adjusted Death Rate per 100,000 People (2015-2019)	179.2	159.1	158.5	152.6

Source: State Cancer Profile Registries (2022).

Average annual deaths due to cancer (2015-2019)

	Dodge County	Saunders County	Washington County	Nebraska
Lung Cancer	25	10	10	831
Female Breast Cancer	6	*	*	244
Cervical Cancer	*	*	*	23
Colon Cancer	19	4	5	332
Prostate Cancer	4	*	*	173
Melanoma	*	*	*	57
Oral Cancer	*	*	*	58
All types of cancer	507	230	218	3,498

*Suppressed if 3 or fewer. **Source**: State Cancer Profile Registries (2022).

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Average Annual Age-Adjusted Death Rate per 100,000 People by Cancer Type (2015-2019)

	Lung	Breast	Colorectal	Prostate
Dodge	48.2	19.1	19.0	18.0
Saunders	30.8	21.2	12.9	
Washington	35.1	21.4	18.1	
Nebraska	36.2	19.8	14.5	17.8

Source: State Cancer Profile Registries (2022).

Ever told they have cancer of the skin among adults 18 and over

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Three Rivers	5.2%	4.1%	7.0%	6.8%	6.5%	5.8%	4.6%	6.0%	6.2%	7.9%
Nebraska	5.6%	5.6%	5.9%	5.7%	6.0%	5.5%	5.6%	5.6%	6.7%	5.9%

Source: Behavioral Risk Factors Surveillance System (2020).

Ever told they have cancer other than skin cancer among adults 18 and over

	2011	2012	2013	2014*	2015	2016	2017	2018	2019	2020
Three Rivers	7.7%	6.4%	7.0%	8.8%	9.1%	7.4%	7.4%	8.3%	8.4%	8.6%
Nebraska	6.6%	6.5%	6.8%	6.1%	6.9%	6.9%	6.6%	7.1%	7.0%	6.6%

*Statistically significant difference between Three Rivers and the State. **Source**: Behavioral Risk Factors Surveillance System (2020).

Ever told they have cancer in any form among adults 18 and over

	2011	2012	2013	2014*	2015	2016	2017	2018	2019	2020*
Three Rivers	12.1%	9.7%	12.8%	13.6%	14.6%	12.3%	10.8%	13.2%	13.4%	15.1%
Nebraska	11.2%	10.8%	11.4%	10.7%	11.6%	11.2%	11.0%	11.3%	12.4%	11.3%

*Statistically significant difference between Three Rivers and the State. **Source**: Behavioral Risk Factors Surveillance System (2020).
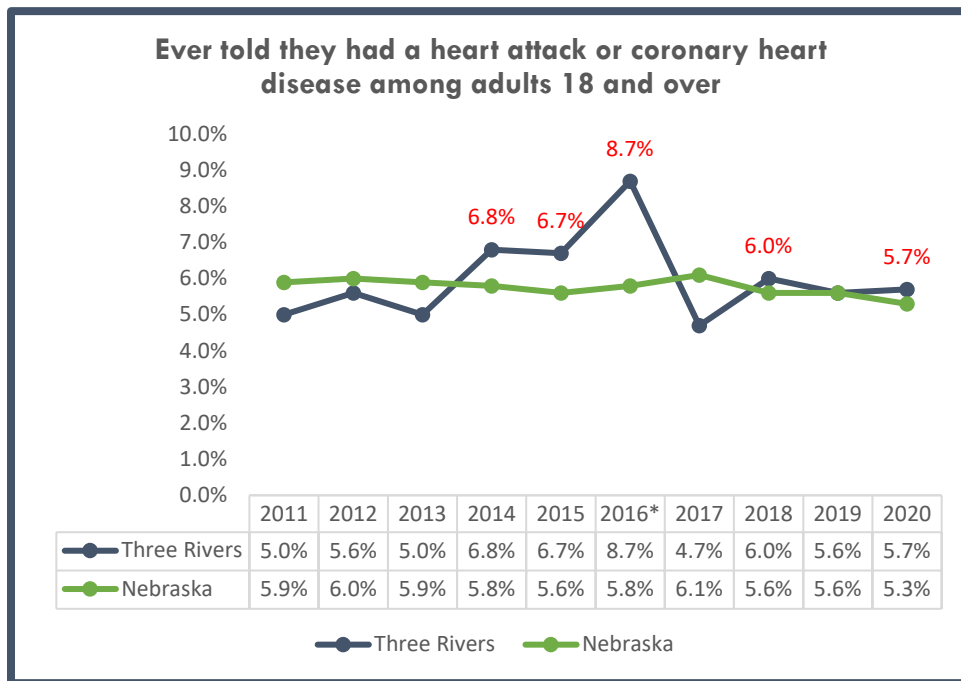
Key Findings: Cancer
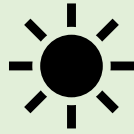
- Overall higher annual age-adjusted death rate per 100,000 compared to the state.
- Higher rates of cancer diagnoses compared to the state.

Heart Disease

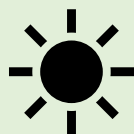**Death rates per 100,000 population due to heart disease in individuals 35 and older (2017-2019)**

Dodge County	Saunders County	Washington County	Nebraska
264	270	259	284

Source: CDC Division for Heart Disease and Stroke Prevention (2017-2019): https://www.cdc.gov/dhdsp/maps/hds-widget.htm

Ever told they had a heart attack or coronary heart disease among adults 18 and over

	2011	2012	2013	2014	2015	2016*	2017	2018	2019	2020
Three Rivers	5.0%	5.6%	5.0%	6.8%	6.7%	8.7%	4.7%	6.0%	5.6%	5.7%
Nebraska	5.9%	6.0%	5.9%	5.8%	5.6%	5.8%	6.1%	5.6%	5.6%	5.3%

*Statistically significant difference between Three Rivers and the State. **Source**: Behavioral Risk Factors Surveillance System (2020).

Key Findings: Heart Disease

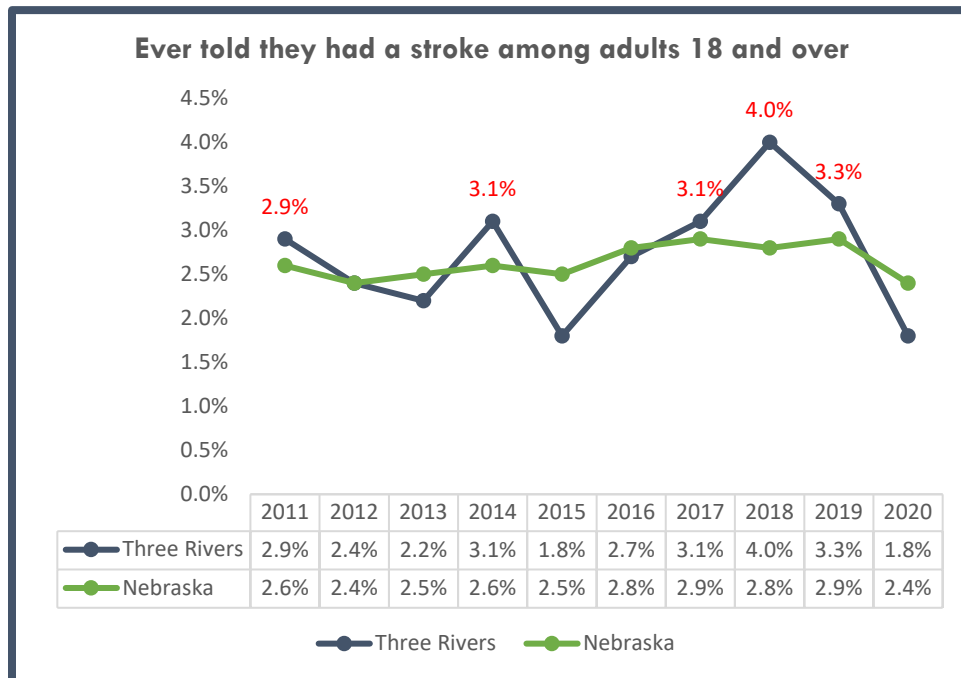|	
• Lower death rates per 100,000 people due to CHD compared to the state.	• Higher percentage of individuals who have experience heart attack or CHD compared to the state.

Stroke

Death rates per 100,000 population due to stroke in individuals 35 and older (2017-2019)

Dodge County	Saunders County	Washington County	Nebraska
65	65	65	61

Source: CDC Division for Heart Disease and Stroke Prevention (2017-2019): https://www.cdc.gov/dhdsp/maps/hds-widget.htm

Ever told they had a stroke among adults 18 and over

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Three Rivers	2.9%	2.4%	2.2%	3.1%	1.8%	2.7%	3.1%	4.0%	3.3%	1.8%
Nebraska	2.6%	2.4%	2.5%	2.6%	2.5%	2.8%	2.9%	2.8%	2.9%	2.4%

Source: Behavioral Risk Factors Surveillance System (2020).
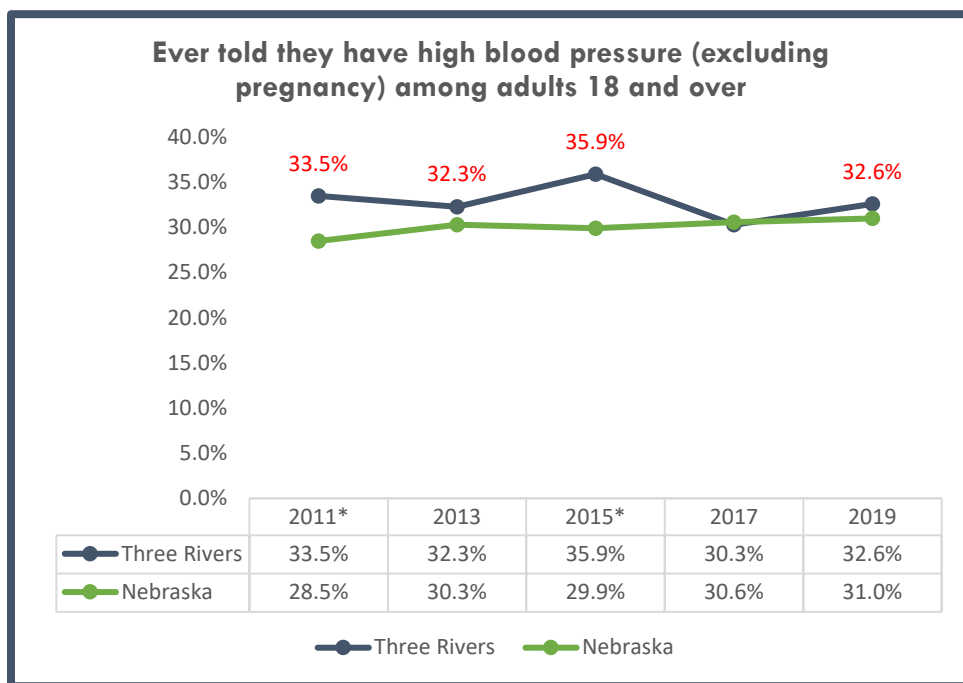
Key Findings: Stroke
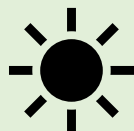
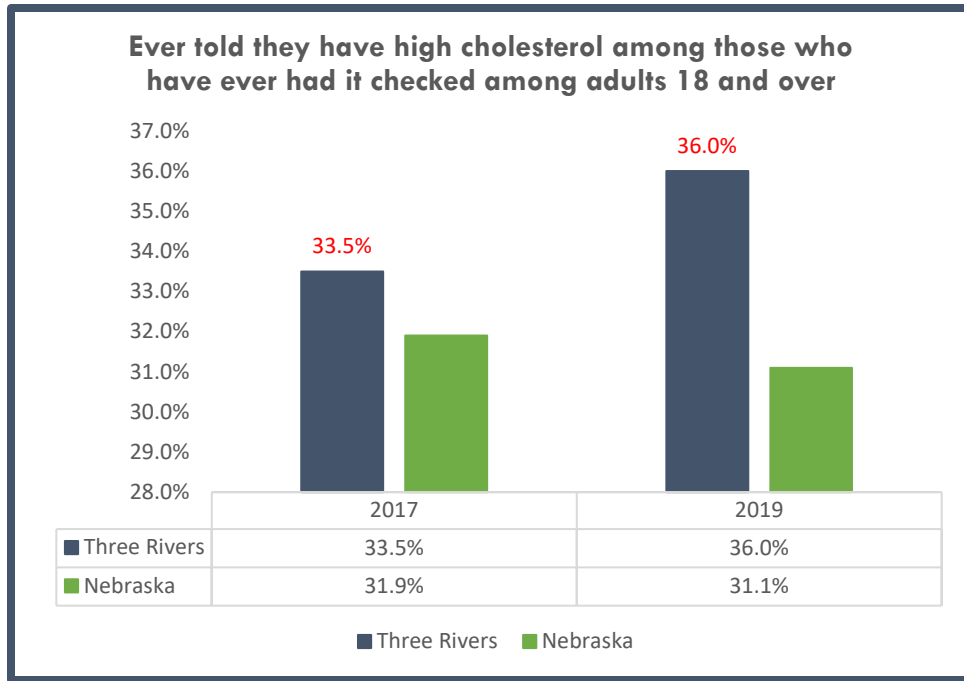|	
• Decreased percentage of individuals who have experienced stroke from 2019-2020.	• Higher death rates due to stroke compared to the state.
	• Higher percentage of individuals who have experienced stroke compared to the state.

High Blood Pressure and Cholesterol

Ever told they have high blood pressure (excluding pregnancy) among adults 18 and over

	2011*	2013	2015*	2017	2019
Three Rivers	33.5%	32.3%	35.9%	30.3%	32.6%
Nebraska	28.5%	30.3%	29.9%	30.6%	31.0%

*Statistically significant difference between Three Rivers and the State. **Source**: Behavioral Risk Factors Surveillance System (2020).

Ever told they have high cholesterol among those who have ever had it checked among adults 18 and over

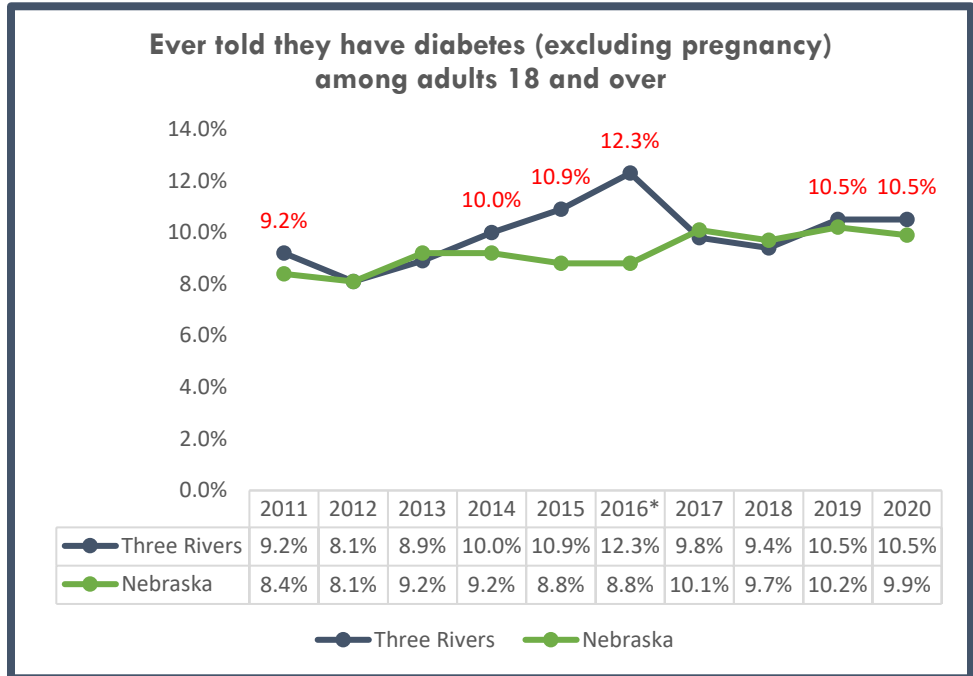|	2017	2019
Three Rivers	33.5%	36.0%
Nebraska	31.9%	31.1%

Three Rivers ■ Nebraska

Source: Behavioral Risk Factors Surveillance System (2020).
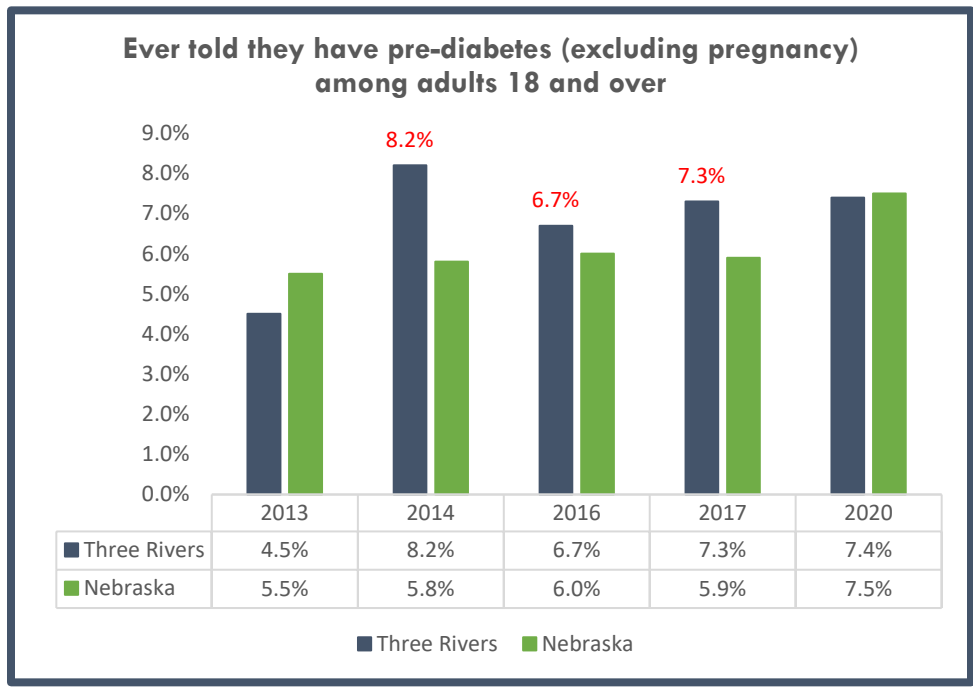
Key Findings: High Blood Pressure and Cholesterol
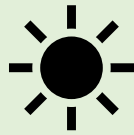
- Higher percentage of individuals with high blood pressure compared to the state.
- Higher percentage of individuals with high cholesterol compared to the state.
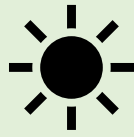
Diabetes

Ever told they have diabetes (excluding pregnancy) among adults 18 and over

	2011	2012	2013	2014	2015	2016*	2017	2018	2019	2020
Three Rivers	9.2%	8.1%	8.9%	10.0%	10.9%	12.3%	9.8%	9.4%	10.5%	10.5%
Nebraska	8.4%	8.1%	9.2%	9.2%	8.8%	8.8%	10.1%	9.7%	10.2%	9.9%

*Differences were statistically significant. **Source**: Behavioral Risk Factors Surveillance System (2020).

Ever told they have pre-diabetes (excluding pregnancy) among adults 18 and over

	2013	2014	2016	2017	2020
Three Rivers	4.5%	8.2%	6.7%	7.3%	7.4%
Nebraska	5.5%	5.8%	6.0%	5.9%	7.5%

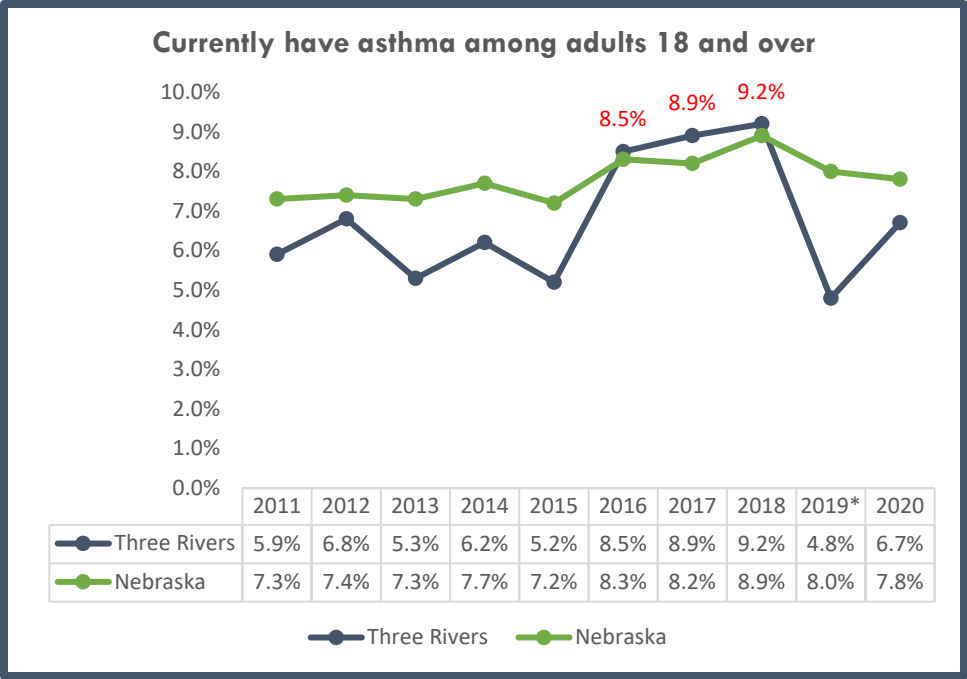**Source**: Behavioral Risk Factors Surveillance System (2020).

Key Findings: Diabetes

- Diabetes rates are slightly elevated but remain consistent with the state.

Respiratory and Pulmonary Illnesses
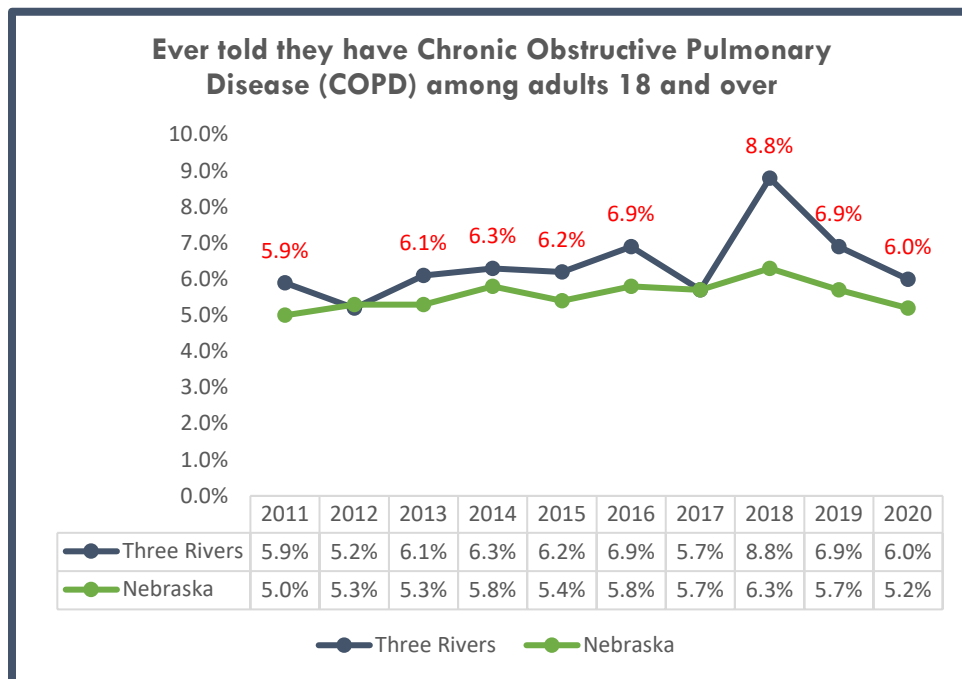
Ever told they have Chronic Obstructive Pulmonary Disease (COPD) among adults 18 and over

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Three Rivers	5.9%	5.2%	6.1%	6.3%	6.2%	6.9%	5.7%	8.8%	6.9%	6.0%
Nebraska	5.0%	5.3%	5.3%	5.8%	5.4%	5.8%	5.7%	6.3%	5.7%	5.2%

Source: Behavioral Risk Factors Surveillance System (2020).

Currently have asthma among adults 18 and over

	2011	2012	2013	2014	2015	2016	2017	2018	2019*	2020
Three Rivers	5.9%	6.8%	5.3%	6.2%	5.2%	8.5%	8.9%	9.2%	4.8%	6.7%
Nebraska	7.3%	7.4%	7.3%	7.7%	7.2%	8.3%	8.2%	8.9%	8.0%	7.8%

Source: Behavioral Risk Factors Surveillance System (2020).

Key Findings: Respiratory and Pulmonary Illness
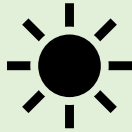
- Decreased percentage of individuals with asthma from 2018-2020.

- Higher percentage of individuals with COPD compared to the state.

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Maternal and Infant Health

% of Mothers Who Received Inadequate Prenatal Care (2018)

	Dodge	Saunders	Washington	Nebraska
% of Mothers Who Received Inadequate Prenatal Care (2018)	17.2%	10.5%	9.3%	15.0%
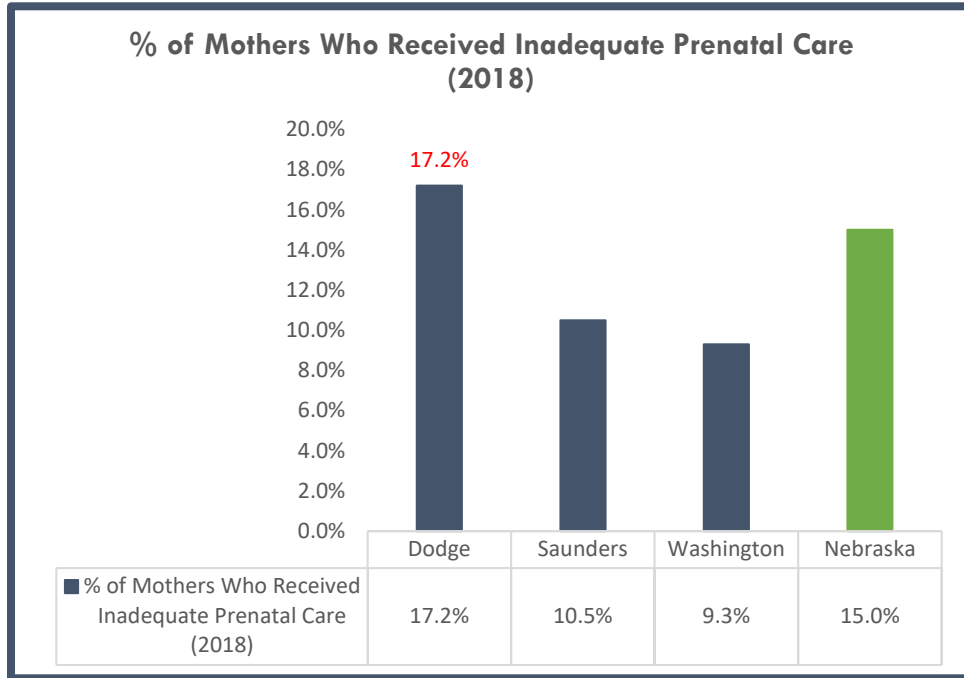
Source: Voices for Children in Nebraska contained in Kid's Count (2018).

% of low birth weights*

	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Dodge	7.10%	5.50%	4.50%	5.60%	5.00%	6.90%	8.10%	8.60%	7.00%	6.70%
Saunders	5.10%	4.80%	6.50%	6.40%	4.00%	5.90%	8.70%	7.60%	6.30%	7.50%
Washington	7.00%	3.80%	8.00%	3.30%	5.40%	6.40%	10.00%	6.40%	6.40%	4.10%
Nebraska	7.10%	7.10%	7.10%	6.70%	6.50%	6.70%	7.10%	7.00%	7.50%	7.60%

*Less than 2,500 grams (~5.5 pounds). **Source**: Voices for Children in Nebraska contained in Kid's Count (2018).

Key Findings: Maternal and Infant Health
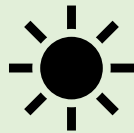
- Lower percentage of mothers who receive inadequate prenatal care in Saunders and Washington counties compared to the state.

- Higher percentage of mothers who receive inadequate prenatal care in Dodge County compared to the state.

- Historically higher percentage of babies with low birth weight in Dodge County compared to the state.

Teen Pregnancy

% of teen births by age group

Location	Age group	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Dodge	**Ages 18-19**	**6.5%**	**7.1%**	**5.2%**	3.8%	**6.1%**	**4.8%**	**5.4%**	**3.9%**	**4.5%**	**5.3%**
	Ages 10-17	**3.3%**	**3.1%**	**2.2%**	**1.9%**	**1.9%**	**1.9%**	**1.4%**	**1.7%**	0.4%	**1.5%**
Saunders	**Ages 18-19**	3.7%	1.5%	4.3%	2.7%	4.5%	1.6%	1.5%	0.8%	1.7%	1.2%
	Ages 10-17	1.1%	0.4%	1.3%	0.9%	0.9%	0.0%	0.8%	0.4%	0.4%	0.4%
Washington	**Ages 18-19**	3.8%	1.4%	3.3%	2.9%	3.7%	5.7%	1.8%	1.4%	3.1%	0.9%
	Ages 10-17	**2.4%**	0.5%	0.5%	0.4%	0.9%	1.4%	0.0%	0.0%	0.5%	0.9%
Nebraska	**Ages 18-19**	5.5%	4.7%	4.7%	4.4%	5.3%	3.8%	3.4%	3.4%	3.2%	3.0%
	Ages 10-17	2.2%	1.8%	1.8%	1.6%	1.4%	1.4%	1.2%	1.2%	1.0%	1.1%

Source: Voices for Children in Nebraska contained in Kid's Count (2018).
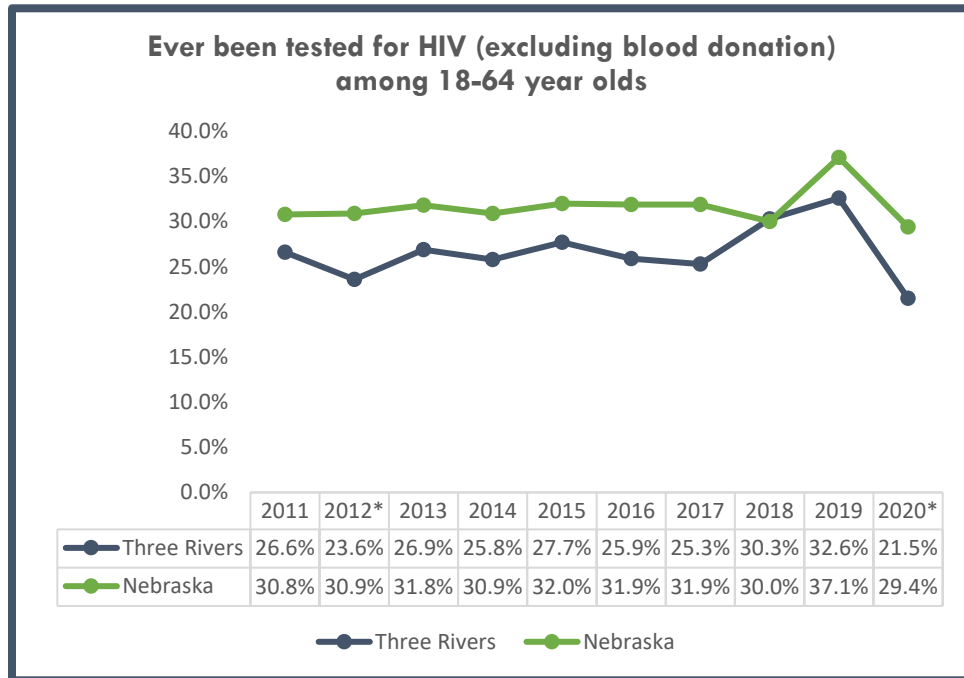
Key Findings: Teen Pregnancy
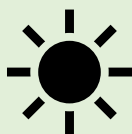
- Lower rates of teenage pregnancy in Saunders and Washington counties compared to the state.

- Higher rates of teenage pregnancy in Dodge County compared to the state.

Sexually Transmitted Disease

Ever been tested for HIV (excluding blood donation) among 18-64 year olds

	2011	2012*	2013	2014	2015	2016	2017	2018	2019	2020*
Three Rivers	26.6%	23.6%	26.9%	25.8%	27.7%	25.9%	25.3%	30.3%	32.6%	21.5%
Nebraska	30.8%	30.9%	31.8%	30.9%	32.0%	31.9%	31.9%	30.0%	37.1%	29.4%

*Statistically significant difference between Three Rivers and the State. **Source**: Behavioral Risk Factors Surveillance System (2020).

Rate of newly diagnosed Chlamydia cases per 100,000 by year

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Dodge	211.2	292.4	342.5	325.0	429.3	343.5	445.8	340.4	399.3	366.5
Saunders	105.6	163.5	191.6	187.0	219.6	176.3	161.7	173.9	194.6	166.8
Washington	115.5	135.3	241.8	215.8	150.6	262.2	186.9	194.0	246.0	255.7
Nebraska	**368.3**	**364.1**	**391.4**	**399.0**	**420.7**	**430.1**	**448.6**	**416.8**	**480.3**	**457.2**

Source: National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, contained in NCHHSTP Atlas (2022).

Rate of newly diagnosed Gonorrhea cases per 100,000 by year

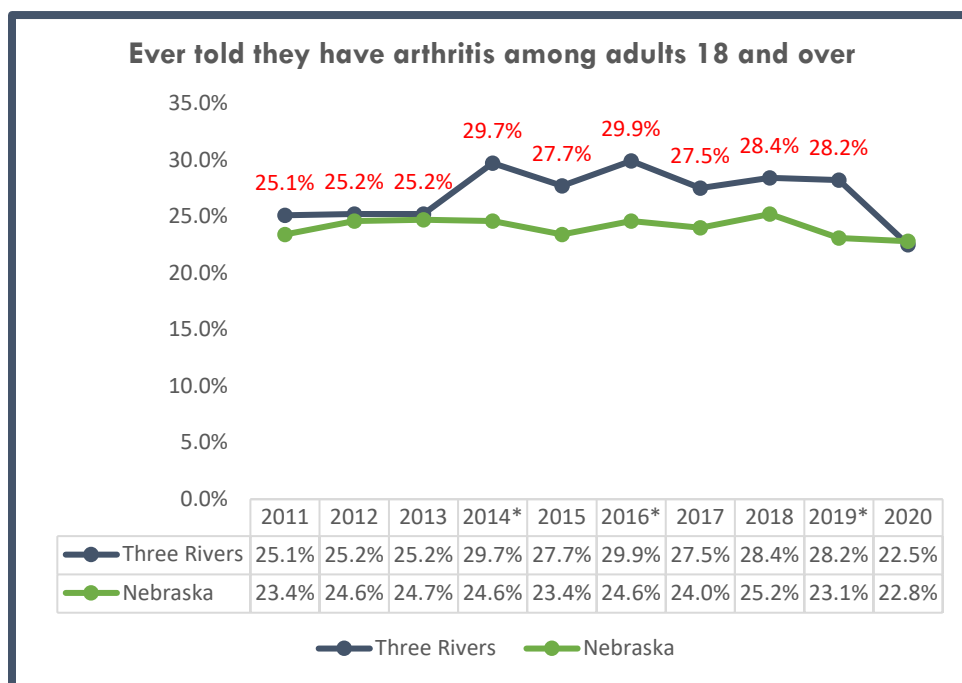|	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Dodge	24.4	21.9	43.8	24.6	49.2	30	68	35.4	65.6	68.4
Saunders	0	0	14.4	19.2	28.6	28.6	47.5	42.3	51	23.2
Washington	30.1	40.1	35.3	30.1	15.1	49.5	34.4	24.3	33.8	67.5
Nebraska	**73.5**	**77.1**	**74.3**	**77.6**	**90**	**113.1**	**138.5**	**140**	**153.4**	**177.5**

Source: National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, contained in NCHHSTP Atlas (2022).

Key Findings: Sexually Transmitted Disease
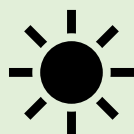
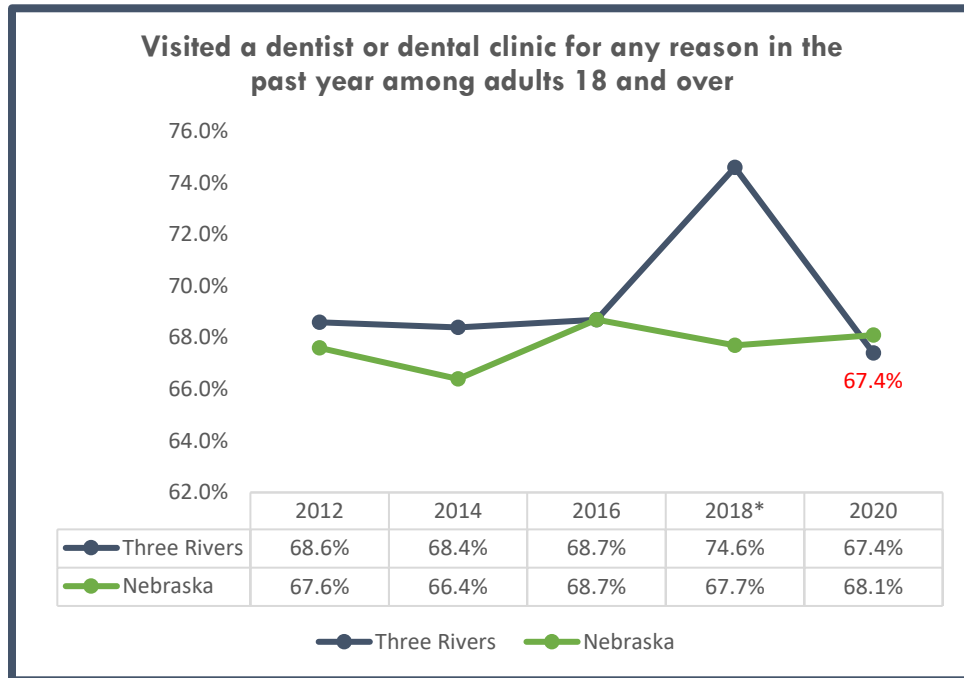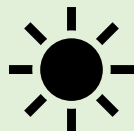- Lower rates of STIs compared to the state.

Arthritis

Ever told they have arthritis among adults 18 and over

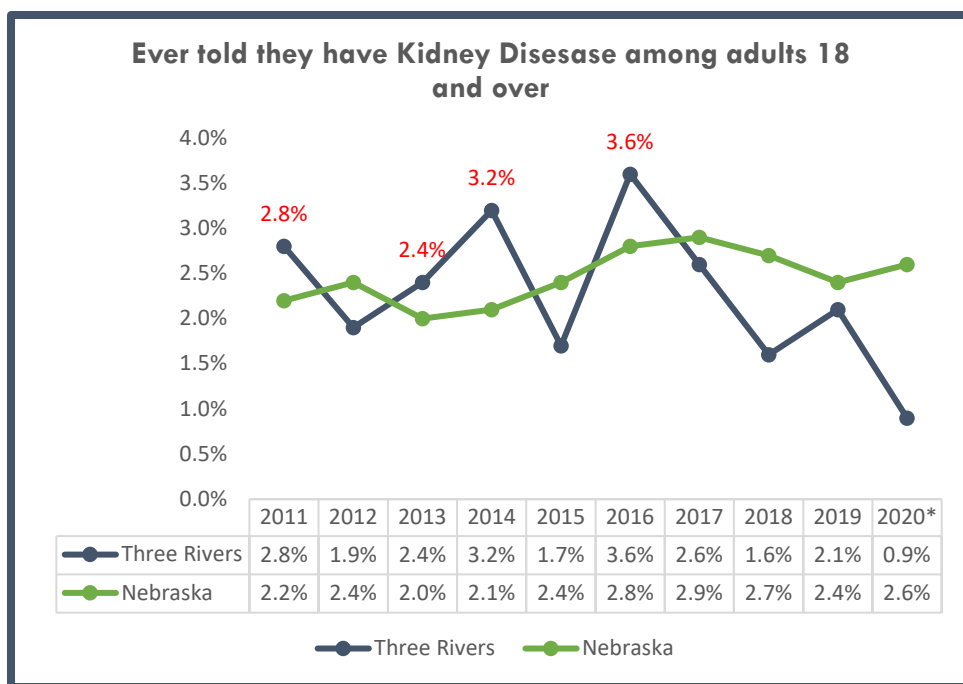|	2011	2012	2013	2014*	2015	2016*	2017	2018	2019*	2020
Three Rivers	25.1%	25.2%	25.2%	29.7%	27.7%	29.9%	27.5%	28.4%	28.2%	22.5%
Nebraska	23.4%	24.6%	24.7%	24.6%	23.4%	24.6%	24.0%	25.2%	23.1%	22.8%

*Statistically significant difference between Three Rivers and the State. **Source**: Behavioral Risk Factors Surveillance System (2020).
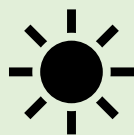
Key Findings: Arthritis
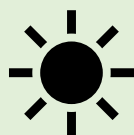
- Higher percentage of individuals with arthritis compared to the state.

Oral Health

Visited a dentist or dental clinic for any reason in the past year among adults 18 and over

	2012	2014	2016	2018*	2020
Three Rivers	68.6%	68.4%	68.7%	74.6%	67.4%
Nebraska	67.6%	66.4%	68.7%	67.7%	68.1%

*Statistically significant difference between Three Rivers and the State. **Source**: Behavioral Risk Factors Surveillance System (2020).

Dental health indicators among adults 18 and over (2020)

	Three Rivers	Nebraska
*Had any permanent teeth extracted due to tooth decay or gum disease among 45-64 year olds	55.9%	41.4%
Had all permanent teeth extracted due to tooth decay or gum disease among adults 65 and over	7.2%	10.6%
Had all permanent teeth extracted due to tooth decay or gum disease among 65-74 year olds	4.9%	7.6%

*Statistically significant difference between Three Rivers and the State. **Source**: Behavioral Risk Factors Surveillance System (2020).

Key Findings: Oral Health

- Higher rates of teeth extraction in 45-64 year olds compared to the state.

Kidney Disease

Ever told they have Kidney Disesase among adults 18 and over

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020*
Three Rivers	2.8%	1.9%	2.4%	3.2%	1.7%	3.6%	2.6%	1.6%	2.1%	0.9%
Nebraska	2.2%	2.4%	2.0%	2.1%	2.4%	2.8%	2.9%	2.7%	2.4%	2.6%

Source: Behavioral Risk Factors Surveillance System (2020).

Key Findings: Kidney Disease

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Flu and Pneumonia Vaccination

Had a flu vaccination in the past year among adults 18 and over

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Three Rivers	42.9%	46.2%	50.1%	46.0%	50.2%	46.6%	47.4%	40.0%	52.5%	54.9%
Nebraska	41.1%	42.2%	45.2%	43.9%	47.2%	44.4%	46.7%	39.4%	49.0%	53.2%

Source: Behavioral Risk Factors Surveillance System (2020).

Had a flu vaccination in the past year among adults 65 and over

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Three Rivers	66.1%	66.2%	63.9%	70.3%	67.8%	62.0%	63.2%	53.8%	70.8%	71.3%
Nebraska	61.8%	62.9%	66.2%	64.7%	65.2%	62.7%	65.5%	57.9%	67.5%	71.7%

Source: Behavioral Risk Factors Surveillance System (2020).

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Ever had a pneumonia vaccination in the past year among adults 65 and over

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Three Rivers	71.7%	75.1%	74.8%	74.6%	72.1%	73.4%	74.9%	80.3%	79.5%	80.0%
Nebraska	70.3%	70.0%	71.7%	72.3%	73.8%	75.9%	78.9%	76.6%	76.1%	75.3%

Three Rivers   Nebraska

Source: Behavioral Risk Factors Surveillance System (2020).

Key Findings: Flu and Pneumonia Vaccination
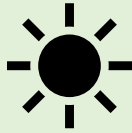
- Higher percentage of individuals 65 and older receiving the pneumonia vaccine compared to the state (2018-2020).

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Child Immunization

Figure 169. Kindergarten students immunized* for the 2018-2019 school year (number and percentage)

|	Dodge	Saunders	Washington	Three Rivers	Nebraska
DTaP/DTP/DT/Td (more than 3 doses)	401 (97.1%)	271 (98.5%)	245 (96.5%)	917 (97.3%)	27,850 (97.4%)
Polio (more than 3 doses)	405 (98.1%)	268 (97.5%)	245 (96.5%)	918 (97.5%)	25,948 (97.7%)
MMR (2 doses)	398 (96.4%)	269 (97.8%)	245 (96.5%)	912 (96.8%)	25,735 (96.9%)
Hepatitis B (3 doses)	404 (97.8%)	268 (97.5%)	247 (97.2%)	919 (97.6%)	25,874 (97.5%)
Varicella (2 doses)	392 (94.9%)	268 (97.5%)	246 (96.9%)	906 (96.2%)	25,466 (95.9%)

*Those receiving medical, religious, or provisional/military exemptions are counted as <u>not</u> being immunized. There were 16 religious exemptions, and 13 provisional/military exemptions among Three Rivers Kindergarten students. **Source**: Three Rivers Public Health Department. School Immunization Survey, 2018. *From previous CHA.

Figure 170. Seventh grade students immunized* for the 2018-2019 school year (number and percentage)

	Dodge	Saunders	Washington	Three Rivers	Nebraska
Tdap (1 dose)	449 (98.0%)	261 (95.3%)	287 (97.0%)	997 (97.0%)	25,209 (96.5%)
MMR (2 doses)	452 (98.7%)	268 (97.8%)	289 (97.6%)	1,009 (98.2%)	25,733 (98.5%)
Hep B (3 doses)	452 (98.7%)	270 (98.5%)	293 (99.0%)	1,015 (98.7%)	25,757 (98.6%)
Varicella (2 doses)	447 (97.6%)	269 (98.2%)	290 (98.0%)	1006 (97.9%)	25,355 (97.1%)

*Those receiving medical, religious, or provisional/military exemptions are counted as <u>not</u> being immunized. There were 18 religious exemptions, and eight provisional/military exemptions among Three Rivers 7th grade students. **Source**: Three Rivers Public Health Department. School Immunization Survey, 2018. *From previous CHA.

Figure 171. Out-of-State transfer students immunized* for the 2018-2019 school year (number and percentage)

	Dodge	Saunders	Washington	Three Rivers	Nebraska
MMR (2 doses)	71 (93.4%)	21 (95.5%)	38 (97.4%)	130 (94.9%)	6,176 (93.9%)
Hep B (3 doses)	61 (80.3%)	21 (95.5%)	37 (94.9%)	119 (86.9%)	6,071 (92.3%)
Varicella (2 doses)	61 (80.3%)	21 (95.5%)	35 (89.7%)	117 (85.4%)	5,810 (88.4%)

*Those receiving medical, religious, or provisional/military exemptions are counted as <u>not</u> being immunized. There were 15 provisional/military exemptions among Three Rivers out-of-State transfer students. **Source**: Three Rivers Public Health Department. School Immunization Survey, 2018. *From previous CHA.
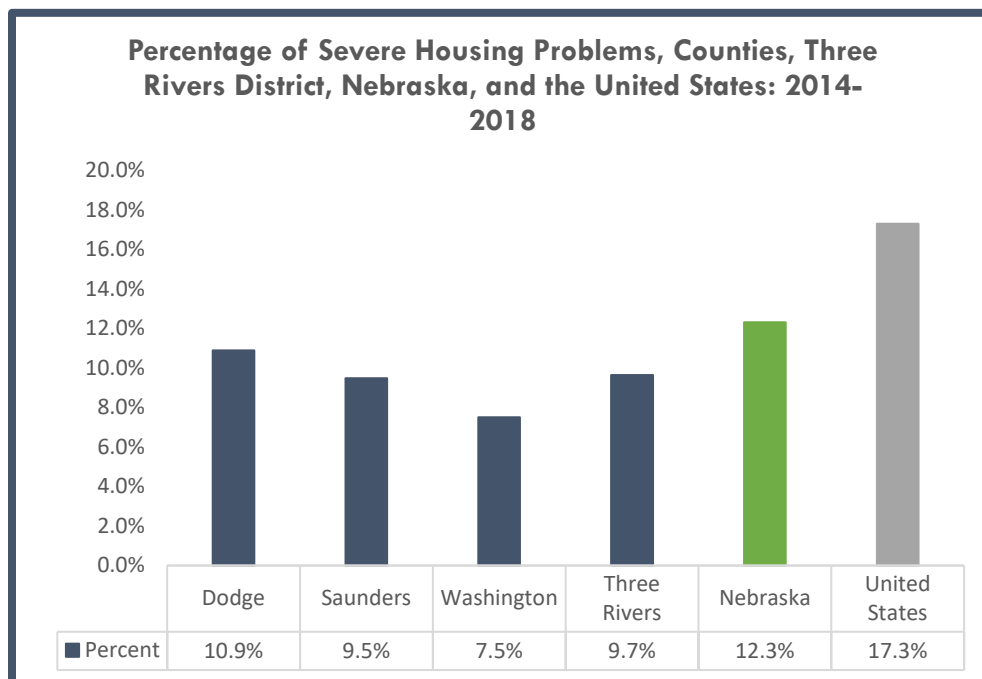
Key Findings: Child Immunization
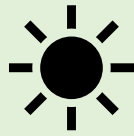
- Slightly lower percentage of children receiving school-aged vaccinations compared to the state.

Environmental Health

Severe housing problems are classified as households with at least 1 of 4 housing problems: The four severe housing problems are: 1) incomplete kitchen facilities, 2) incomplete plumbing facilities, 3) more than 1.5 persons per room, and 4) cost burden greater than 50%.

Percentage of Severe Housing Problems, Counties, Three Rivers District, Nebraska, and the United States: 2014-2018

	Dodge	Saunders	Washington	Three Rivers	Nebraska	United States
■ Percent	10.9%	9.5%	7.5%	9.7%	12.3%	17.3%

Source: Comprehensive Housing Affordability Strategy (CHAS) data, 2014-2018.
https://www.huduser.gov/portal/datasets/cp.html

Key Findings: Environmental Health
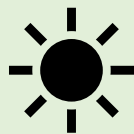
- Lower percentage of homes with severe housing problems compared to the state.

Minority Health Initiative Assessment

The Minority Health Initiative Assessment was conducted between March and April of 2022 for the Minority Health Initiative grant application. While not a standard piece of the CHNA, it is valuable to include as much of our service area consists of minority communities. Through the 4 primary assessments of the CHNA, there was little representation of members of the minority community within Dodge, Saunders, and Washington counties. Pieces of the minority health assessment are provided below to assist in filling in those gaps.

Minority Health Assessment Survey

3RPHD disseminated a minority health assessment survey through Qualtrics to individuals within Dodge, Saunders, and Washington County between March 21, 2022, and April 12, 2022. The survey consisted of 11 questions which can be found in Table 4 below. There was a total of 360 respondents. Incomplete surveys were removed, which left a total of 339 surveys for analysis. Due to the subjective nature, questions 1, 2, 4, and 5 were removed from analysis and were further addressed during focus group discussions. Approximately 66 percent of respondents are female, 33 percent are male, and 1 percent chose not to answer (Table 5). The majority (50 percent) identified their race as White, followed by some other race (43 percent), Asian (4 percent), Black or African American (2 percent), American Indian or Alaska Native (0.6 percent), and Native Hawaiian or Pacific Islander (0.6 percent) (Table 6). Of those who marked "Some other race", the responses included Hispanic, Latino, Mestiza, Mexican, and Peruvian. Regarding ethnicity, 83 percent identified as Hispanic or Latino and 17 percent are Non-Hispanic or Latino (Table 7). The top 5 health concerns within the 3RPHD district include the following: Access to healthcare, diabetes, mental health, cancer, and alcohol, drugs, and tobacco use.   This data provides valuable insight into the health concerns that individuals of minority communities have within the 3RPHD health district.

List of questions asked in the Minority Health Assessment Survey to 3RPHD Residents	
1	What was the last major health issue you or your family experienced?
2	What worries you most about your health or the health of your family?
3	The following are health concerns in the Three Rivers Public Health Department District (including Dodge, Saunders, and Washington counties). In your experience, what are the top 3 health concerns? Pick 3 from the list below.
4	What is something you do to be healthy?
5	What would make your neighborhood a healthier place for you or your family?
6	What is your zip code?
7	What is your gender?
8	What is your race? - Selected Choice
9	What is your race? - Some other race (please list) - Text
10	Are you of Hispanic or Latino origin?
11	What year were you born?

Frequency of respondents by gender		
Gender	%	Count
Female	65.78%	223
Male	33.33%	113
Choose not to answer	0.88%	3
Total	**100%**	**339**

Frequency of respondents by race		

Race	%	Count
White	50.46%	166
Some other race	42.55%	140
Asian	3.65%	12
Black or African American	2.13%	7
American Indian or Alaska Native	0.61%	2
Native Hawaiian or Pacific Islander	0.61%	2
Total	**100%**	**329**

Frequency of respondents by ethnicity

Ethnicity	%	Count
Hispanic/Latino	83.19%	282
Non-Hispanic	16.81%	57
Total	**100%**	**339**

Frequency of responses by health concern

Health Concerns	%	Count
Access to healthcare (for example: access to a doctor)	33.44%	104
Diabetes	31.51%	98
Mental Health (for example: Depression, anxiety, post-traumatic stress, suicide, etc.)	29.26%	91
Cancer	25.40%	79
Alcohol, Drugs and Tobacco Use	16.72%	52
Getting enough exercise	16.08%	50
Heart Disease (for example: high blood pressure and stroke, etc.)	15.76%	49
Oral health (for example: access to a dentist)	14.79%	46
Challenges getting healthy and affordable food	14.15%	44
COVID-19 testing and/or vaccination	13.18%	41
Access to transportation	12.86%	40
Injury from accidents (for example: falls, car crash, burns)	10.93%	34
Asthma	10.29%	32
Getting around town safely (driving, walking and riding)	8.04%	25
Chronic Lung Disease (like asthma, COPD)	8.04%	25
Access to parks and playgrounds	7.40%	23
Total		**311**

Minority Health Focus Group Discussions

To initiate conversations with the minority populations that live within the 3RPHD health district, a total of four focus group events were conducted between April 1, 2022 and April 10, 2022. Because much of the minority population is located in Dodge County, all four events were held in Fremont, Nebraska at the Washington Elementary School and St. Patrick's Catholic Church. Washington Elementary School was chosen as an optimal location for focus group discussions because it is located on the south side of town, which is home to many individuals who belong to one or more minority groups. One of the largest mobile home communities in Fremont is nearby, and large manufacturing and processing facilities such as Wholestone Farms, Fremont Beef, and Lincoln Premium Poultry which employ a significant percentage of the minority population are in the vicinity. The school has been used for many years, and it is considered a "safe space" where open, honest communication is welcomed. St. Patrick's Catholic Church was chosen as a second location because it is the largest church in Fremont. Similarly to Washington Elementary School, it is a location where individuals of minority communities feel safe to speak freely. The focus group discussions were prompted by the questions in Table 9 below. These are essentially the same questions asked in the minority health assessment survey but differ slightly to allow for more open-ended discussion about relevant health topics and concerns within the

community. All focus group discussions were facilitated by 3RPHD's community health worker, Evelyn Martinez. Evelyn is a major contributor to this assessment because of the relationships she has built between the health department and the minority populations within the health district.

Focus Group Discussion Questions	
1	What was the last major health issue you or your family experienced?
2	What worries you most about your health or the health of your family?
3	What is something you do to be healthy?
4	What would make your neighborhood a healthier place for you or your family?

Focus Group #1 Summary

The first focus group was held on April 1, 2022 at Washington Elementary School in Fremont, Nebraska. The group consisted of nine attendees, all of whom were Hispanic females. The women in this group described diabetes, cancer, addiction, and mental health issues as some of the more recent health issues they've experienced as individuals or within their families. When the group was asked to look into the future and discuss what health concerns they had for themselves or their families, many mentioned the lack of inconsistent or absent health insurance. Others described the stress that accompanies being a parent in a multi-child household when an illness comes through. Participants were then asked what they do to be healthy. Many described regular exercise and a healthy diet. Others took more unique approaches to a healthy lifestyle that may include Zumba class, or book clubs. In order to make their communities healthier, the attendees suggested a more accessible YMCA through better scholarship programs, exercise facilities in the parks, access to public transportation, and later clinic hours.

Focus Group #2 Summary

The second focus group was held at St. Patrick's Catholic Church on April 3, 2022. The discussion consisted of six Hispanic attendees with equal gender representation. While describing recent individual or familial health issues, attendees mentioned COVID-19, dental health, addiction, and heart problems. The group's concerns for their future health surrounded the consequences of contracting COVID-19, the lack of medical information, and the overall lack of interest in their health. In addition to exercise and a good diet, individuals in this focus group discussed the use of yoga, meditation, and prayers as tools they use to remain healthy and feel good. Focus group participants felt that the community's health could benefit from free, outdoor fitness classes and more health fairs geared toward minority communities.

Focus Group #3 Summary

The third focus group was held again at Washington Elementary School on April 8, 2022. There were 25 attendees, fifteen females and ten males. All individuals were (or identified as) Hispanic. When asked about which major health issues their families had recently experienced, the overwhelming majority mentioned the COVID-19 pandemic. When asked to dig deeper, the participants described health issues related to mental well-being, obesity, diabetes, and dental and vision problems. When discussing future concerns related to individual and familial health, the group felt worried about access to health insurance/health care and the development of the youth population. The attendees felt that there could be more education about drug use in adolescent and young adult populations within the community. The individuals at this focus group reported using the following mechanisms to be healthy or maintain health: Eating and sleeping well, managing stress and anxiety, meditation, prayer, and talking to someone you trust. When the focus group participants were asked about solutions to make their communities and neighborhood healthy, they expressed the need for improved medical understanding, clinic accessibility, interpreters, and more collaboration between

independent health centers as well as health centers and the community. They would like to see more collaboration with OneWorld Health Center in Omaha.

<p align="center">**Focus Group #4 Summary**</p>

The final focus group was held at St. Patrick's Catholic Church on April 10, 2022. All group participants were/identified as Hispanic. Thirteen females and ten males attended the focus group discussion. Individuals were asked to describe the most recent health issue they or their family experienced. The participants responded with poor health experiences attributed to diabetes, accidents, and mental health—especially in the youth populations. Attendees were most concerned about contracting COVID-19 a second time or a more severe variant in the future. Others had heard concern of the recent avian flu and were worried that it could affect their families. Members of this focus group discussion felt that they contributed to living a healthy life by eating well, exercising, managing stress through music and reading, and walking outside. When asked how they felt the community's health could be improved, they expressed the need for a clinic like OneWorld, affordable dentists, racial inclusion courses, parenting classes, and exercise equipment in parks.

Focus Group Quotes

"Los doctores no se toman el tiempo para explicar bien que es la enfermedad y como tomar los medicamentos y aparte to entendemos por que nos hablan en ingles.

"Doctors don't take the time to explain well what the disease is and how to take the medication. We don't understand what they are telling us because it is in English. (Female, Hispanic, Age 37)

"La clinica the el buen vecino no atiende bien. El servicio no es bueno. Cobran mucho. Mejor nos vamos a Omaha alla si te escuchan y no cobran tanto y te ayudan con las medicinas."

"The clinic of the Good Neighbor does not serve well. The medical attention is not good. They charge a lot. We rather go to Omaha where they listen to you, don't charge so much, and they help you with the medicines." (Female, Hispanic, Age 33)

"Nesecitamos que la clinica de el buen vecino mejore su atencion medica preferimos manejas a omah y atendernos en oneworld que ir al buen vecino."

"We need the clinic of the Good Neighbor to improve its medical care. We prefer to drive to Omaha and receive treatment at OneWorld." (Female, Hispanic, Age 45)

Personal Stories

"Mi esposo lo acaban de diagnosticar cáncer de colon el mes pasado. Nos sentimos confundidos y sin apoyo. Ya que el es el sustento de la familia. Cuando nos dieron la noticia nos tradujo un muchacho por medio de un interprete por teléfono. Ni entendimos muy bien el proceso que temos que seguir. pero le hacemos la lucha de seguir adelante. No sabemos a donde ir si necesitamos recursos. Mi esposo no tiene aseguransa medica y no sabemos como le vamos hacer para pagar los costos médicos. Mi esposo me mantiene a mi, mi madre y padre que ya están mayor. Nos gustaría que se hubieran tomado mas tiempo en explicarnos que es lo que va a suceder con mi esposo, como debemos prepararnos y cuidarlo. También que nos explicaran si hay recursos que nos puedan ayudar."

"My husband was just diagnosed with colon cancer last month. We feel confused and without support. He is the breadwinner of the family. When they gave us the news, a boy translated for us through an interpreter on the phone. We did not understand the process that we must follow, but we make him fight to move on. We don't know where to go if we need resources. My husband does not have health insurance and we do not know

how we are going to pay the medical costs. My husband supports me, and my mother and father, who are older. We wish they had taken more time to explain to us what is going to happen with my husband—How we should prepare and take care of him. Also to explain to us if there are resources that can help us." (Female, Hispanic, Age 47)

"Mi niña y yo apenas acababas de llegar a Nebraska no temos mucho tiempo aquí. No tenemos seguro medico. Yo tengo mas de 6 anos que no me hago un chequeo medico. desde que nació mi hija. Ella solo tiene unas cuantas vacunas y le hacen falta varias para poder entrar a la escuela el ano que bien. También tiene problemas con sus dientes se le están pudriendo. Ella necita atención medica y dental."

"My daughter and I had just arrived in Nebraska and we don't have much time here. We do not have health insurance. It has been more than 6 years since I had a medical check-up—Since my daughter was born. She only has a few shots, and she needs several to be able to enter school next year. She also has problems with her teeth rotting. She needs medical and dental attention." (Female, Hispanic, Age 28)

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