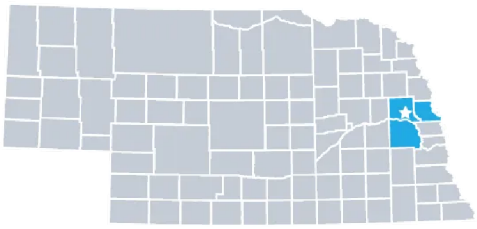
Three Rivers Public Health Department
Dodge, Saunders & Washington Counties

AUGUST 2026

THREE RIVERS PUBLIC HEALTH DEPARTMENT

Community Health Assessment 2026



81,505 RESIDENTS 3 COUNTIES

1 DISTRICT

Dodge, Saunders & Washington Counties, Nebraska

IN PARTNERSHIP WITH

Methodist Fremont Health

Be Well. Saunders Medical Center

Memorial Community Hospital & Health System
Blair • Fort Calhoun • Tekamah

FACILITATED BY

UNMC BREAKTHROUGHS FOR LIFE.

UNMC College of Public Health, Office of Public Health Practice

OUR PRIORITIES FOR THE 2026–2030 COMMUNITY HEALTH IMPROVEMENT PLAN

PRIORITY 1

Mental Health

The #1 concern residents named in the survey. Nearly 1 in 3 carry stress from a family member's substance use or health.

PRIORITY 2

Access to Care

Cost is the top health worry. Nearly 1 in 4 went without care in the past year because they couldn't afford it.

Both stood out in every data source we used: the live dashboard, 886 surveys, three county forums and focus groups with youth and Spanish-speaking residents.

01 · A MESSAGE FROM OUR DIRECTOR

We wanted more than a report that checks a box.

Dear partners and residents,

We set out this cycle to build more than a Community Health Assessment that checks a box. We began with a new vision: to rethink, together with our partners, how Three Rivers Public Health Department listens to, learns from and understands the health of our communities.

Our past assessments were long printed reports that were out of date soon after they were printed. This time, working with the UNMC College of Public Health, we built a live mySidewalk dashboard so anyone can explore current local data at any time.

We also listened more widely than ever: 886 surveys, 131 forum participants, 31 youth, and Spanish-speaking residents in their own language. For the first time in my 15 years at Three Rivers Public Health Department, our hospital partners also invested directly in this work.

This work is personal for me. Behind every number in this report are our neighbors, families and friends. I am proud of what we learned together, and even more hopeful about what we will do next.

What we heard points clearly to two priorities: **Mental Health** and **Access to Care**. Thank you for being part of this work. I invite you to join us as we turn these findings into action through the 2026–2030 CHIP.

Dr. Terra Uhing, EdD

Executive Director, Three Rivers Public Health Department

> **Health issues take decades to change. This assessment is built for the long view, and for everyone who will use it.**
>
> The idea behind the 2026 CHA



Three hospitals, a university and a health department, working as one.



02 · ABOUT THE ASSESSMENT

What is a Community Health Assessment?

> **The Public Health Accreditation Board defines community health assessment (or CHA) as a comprehensive picture of a community's current health status, factors contributing to higher health risks or poorer health outcomes, and community resources available to improve health. Community health assessments are comprised of data and information from multiple sources, which describe the community's demographics; health status; morbidity and mortality; socioeconomic characteristics; quality of life; community resources; behavioral factors; the environment (including the built environment); and other social and structural determinants of health status.**
>
> Public Health Accreditation Board, Standards & Measures for Initial Accreditation, Version 2022, October 2022

How this CHA covers each PHAB element

PHAB ELEMENT	WHERE IT APPEARS IN THIS CHA
Demographics and socioeconomic characteristics	mySidewalk dashboard; survey respondent profile
Health status, morbidity and mortality	mySidewalk dashboard (chronic disease, cancer screening, leading causes of death)

PHAB ELEMENT	WHERE IT APPEARS IN THIS CHA
Behavioral factors	Dashboard health behaviors; survey; youth focus groups on vaping and technology
Quality of life	Survey hardship questions on cost of care, food, housing and stress
Environment, including the built environment	Dashboard environmental data; survey concerns about air and water quality, parks and trails
Community resources	Forum discussions of existing assets and programs; issue briefs
Social and structural determinants of health	Survey and Spanish-language focus group findings on cost, transportation, housing and working conditions

Purpose and approach

Through a live data dashboard, a community survey, county forums and focus groups, Three Rivers Public Health Department heard directly from residents and partners. They told us about their health concerns, the barriers they face and what would make their communities healthier. The people who live in Dodge, Saunders and Washington Counties are the true experts on what their communities need.

The CHA serves two purposes. It identifies the most pressing health needs across our district. It also lays the foundation for the Community Health Improvement Plan, guiding where we and our partners focus programs, partnerships and resources.

> **By grounding our priorities in the voices and experiences of our communities, we make sure our shared work reflects what matters most to the people we serve.**

Mental health and access to care stood out in every source.

The assessment ran from August 2025 to June 2026 facilitated by UNMC College of Public Health's Office of Public Health Practice, using mixed methods from live data to youth focus groups.

886	131	31	15
surveys completed, Jan–Apr 2026	partners and residents at 3 county forums	youth voices in 3 focus groups	Steering Committee members, 5 meetings

Five health issues emerged

The dashboard's secondary data pointed to five issues, which the forums, survey and focus groups then explored.

1. **Access to care**
2. **Mental health**
3. **Chronic disease**
4. **Housing**
5. **Youth well-being**

What stood out

- **Mental health** was the top concern in the survey, with more than 600 mentions. Nearly one in three respondents (32.1%) reported stress from their own or a family member's alcohol use, drug use or health.
- **Cost** was the most common health worry. Nearly one in four respondents (23.0%) went without care for financial reasons in the past year.
- **Dodge County** reported the highest hardship on every measure: skipped care, food insecurity, housing worries and stress.
- **Youth** described stress, vaping, social media and a shortage of trusted adults.

04 · REIMAGINING OUR PROCESS

From a snapshot to a continuous process.

We used to treat the CHA as a snapshot every three to five years. The issues our communities face take decades to change, so we changed how we think about the CHA.

Mental health, access to care, chronic disease and housing come back cycle after cycle. That is not failure. It is how community health works. Real change comes from steady, shared effort over many years.

~~A report~~ → A continuous process

The mySidewalk dashboard lets us and our partners follow the data every year, not just at assessment time.

~~Short-term fixes~~ → A long view

Partners set priorities with a 10-year horizon in mind. The 2026–2030 CHIP is the first stage of that longer work.

~~One-time input~~ →

Lasting partnership

Hospitals, UNMC COPH, the Steering Committee and residents are partners in the work over time, not only contributors to one report.

~~Checking a box~~ →

Building capacity

Our staff now own the dashboard, know how to lead focus groups and can keep the assessment going between cycles.

What changed since 2022

Our 2022 CHA was a thorough 98-page report, but its data tables were out of date soon after printing, and some groups were hard to reach. After NACCHO's MAPP training in April 2025, we asked a different question: what would make this assessment something our communities actually use?

	2022 CHA	2026 CHA
Data	Static tables in a printed report	**Live mySidewalk dashboard that updates automatically**
Partners	Led by 3RPHD	**Co-designed with UNMC COPH; hospitals invested directly**
Community input	Survey and focus groups with low turnout	**131 forum participants, 886 surveys, 31 youth, Spanish-language group**
Engagement	Listening sessions	**Interactive stations and a $5,000 participatory budgeting exercise**
Who we heard from	Survey sample did not match the region	**Survey closely matched the region's racial and ethnic makeup**
Choosing priorities	Broad set of issues	**Issue briefs, partner ranking on need and capacity, two focused priorities**

What made it thoughtful

Data people can use

Plain-language narratives explain what each number means and why it matters.

Going where people are

Staff took paper surveys to grocery stores, churches, senior centers, food banks and fish fries.

Trusted messengers

Spanish-speaking residents were recruited through relationships, not just flyers.

Youth at the table

Young people spoke for themselves about mental health, vaping and trusted adults.

Fewer, sharper priorities

Two priorities give partners a clear place to focus and measure progress.

Built to last

3RPHD now owns the dashboard and can update it between assessment cycles.

A one-year journey

From kickoff in August 2025 to final documents in August 2026.

AUG 2025

Kicked off the process and convened the Steering Committee

SEPT 2025

Restructured our CHA format; Board of Health selected UNMC COPH

OCT 2025

Began working with UNMC COPH

JAN–APR 2026

Community survey (886 responses); county forums in February

JUNE 2026

Partners ranked priorities; Steering Committee selected two

AUG 2026

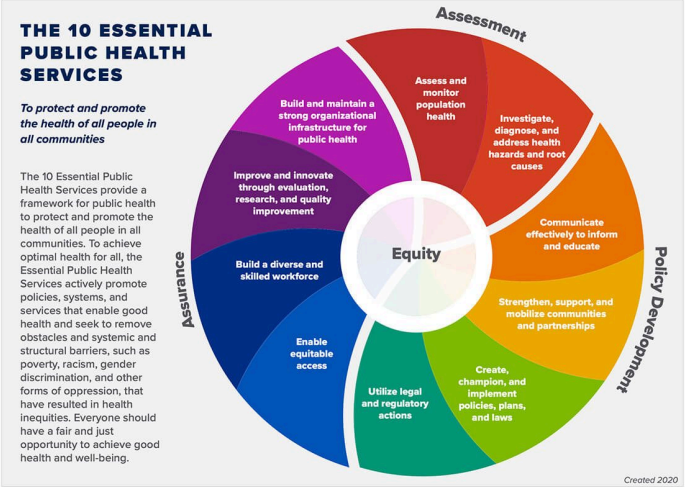
Received final assessment documents



Our road map: one year from kickoff to final assessment, and the road ahead to the 2026–2030 CHIP.

The 10 Essential Public Health Services

The national framework that guides every public health department, with equity at its center. The 2026 CHA put seven of the ten services into practice.



The 10 Essential Public Health Services (2020). Source: CDC and the Public Health National Center for Innovations.

Equity at the center. The CHA reached Spanish-speaking residents, youth and rural communities, and reported hardship by county to show where need is greatest.

ASSESSMENT

1. **Assess and monitor population health**
   mySidewalk dashboard, community survey, forums and focus groups
2. **Investigate, diagnose and address health hazards and root causes**

POLICY DEVELOPMENT

3. **Communicate effectively to inform and educate**
   Public dashboard launch, press release, issue briefs and this report
4. **Strengthen, support and mobilize communities and partnerships**
   Steering Committee, hospital co-investment, 131 forum participants
5. **Create, champion and implement policies, plans and laws**
   Priorities that lead into the 2026–2030 CHIP
6. **Utilize legal and regulatory actions**

ASSURANCE

7. **Enable equitable access**
   Access to Care selected as a CHIP priority
8. **Build a diverse and skilled workforce**
   UNMC COPH trained 3RPHD Community Health Workers to lead focus groups
9. **Improve and innovate through evaluation, research and quality improvement**
   A reimagined, continuous CHA process
10. **Build and maintain a strong organizational infrastructure**

05 · REIMAGINING OUR DATA

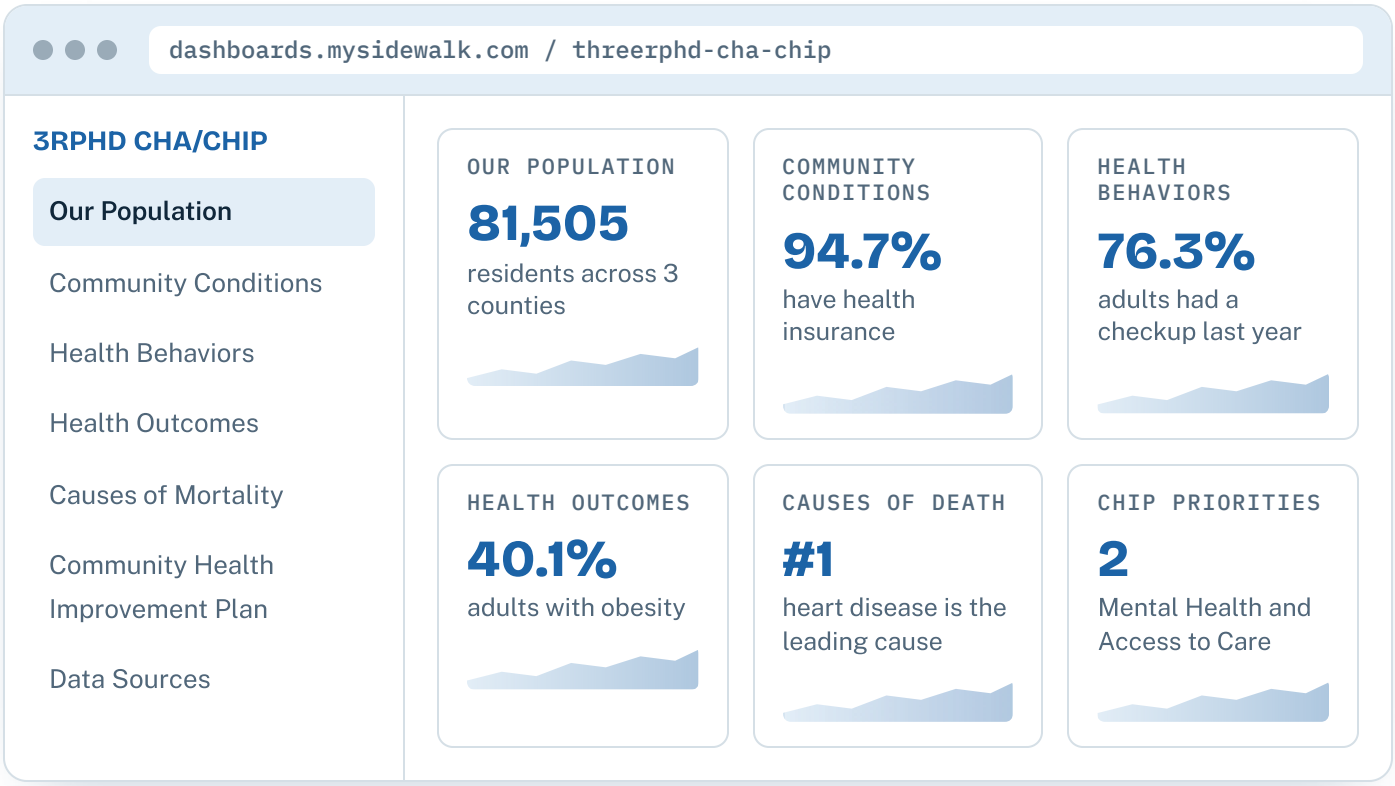
Our health tells a story.

Where we live, what we have access to and the choices available to us all shape our health. Our new mySidewalk dashboard lets anyone read that story, any day of the year.

Explore the live dashboard anytime

Launched March 18, 2026. Also on threeriverspublichealth.org under "2026 Community Health Assessment Data."

Open the dashboard ↗



What's inside: the dashboard's main topics, with a sample indicator from each. Illustration only; open the live dashboard for current data.

The 3RPHD CHA/CHIP Dashboard replaces the long printed data sections of past CHAs with live data that updates automatically. Dr. Anne Rogers, PhD, of UNMC COPH built it with the Nebraska Association of Local Health Directors, drawing on about 100 local, state and federal datasets from sources such as the U.S. Census Bureau, CDC, EPA and the Nebraska Risk and Protective Factor Student Survey.

Dr. Rogers picked the top indicators for each county and wrote plain-language narratives for each one: what the data means, what patterns to notice and why it matters. 3RPHD staff now own the dashboard and can add local data and new topics as needs change.

Who can use it, and how

- **Residents:** learn about health in their own county
- **Hospitals and clinics:** support needs assessments, service planning and outreach
- **Schools and youth programs:** follow youth well-being and substance use trends
- **Nonprofits and funders:** build grant applications and target resources
- **City and county leaders:** inform policy, budget and planning decisions
- **CHIP workgroups:** set baselines and measure progress

Save any chart as a PDF, CSV, PNG, SVG or GeoJSON, or embed a live chart on your own website.

See your county

Pick a county to compare it with Nebraska. Bars are scaled within each indicator.

Three Rivers is home to 81,505 people, up about 4% since 2012. Residents are slightly older than Nebraska overall, and the Hispanic/Latino population has grown about 58% since 2012.

WHO WE ARE	THREE RIVERS	NEBRASKA	DODGE	SAUNDERS	WASHINGTON
Population	81,505	1,978,707	37,351	23,048	21,106
Median age (years)	41.1	37.1	38.9	40.4	42.6
Ages 0–17	24.8%	24.5%	25.2%	24.8%	24%

WHO WE ARE	THREE RIVERS	NEBRASKA	DODGE	SAUNDERS	WASHINGTON
Ages 65+	19%	16.7%	19.1%	18.5%	19.2%
Hispanic or Latino	9.9%	12.7%	18%	2.8%	3.3%
Black, Indigenous and People of Color	14.4%	24.7%	22.5%	7.8%	7.1%
Limited English proficiency (ages 5+)	3.5%	5.4%	6.9%	1%	0.4%
Living with a disability	12.1%	12.3%	13.9%	10.5%	10.7%
Veterans (civilians 18+)	7.8%	6.9%	8.4%	7.5%	7%
WHERE WE LIVE	**THREE RIVERS**	**NEBRASKA**	**DODGE**	**SAUNDERS**	**WASHINGTON**
Median household income	$88,102	$76,475	$74,329	$94,066	$94,396
Unemployment rate	2.8%	3%	3.4%	2.5%	1.8%
Uninsured adults 19–64	8%	10.1%	10.2%	6.8%	5.5%
Food insecurity (2023)	—	14.5%	14.6%	12.1%	11.7%
Low access to healthy food (2019)	45.7%	54.2%	57.4%	32.1%	38.3%
Households receiving SNAP	6.3%	8.2%	8.2%	4.6%	4.7%

WHERE WE LIVE	THREE RIVERS	NEBRASKA	DODGE	SAUNDERS	WASHINGTON
Housing costs 30%+ of income	21.9%	26.1%	20.7%	21.9%	24.3%
Renters with housing costs 30%+	35.7%	41.9%	31.9%	37.2%	47%
Bachelor's degree or higher (25+)	28%	34%	22%	30%	37%
Walkability index (1–20)	7	9.2	8.3	6.2	5.7
HOW WE LIVE	**THREE RIVERS**	**NEBRASKA**	**DODGE**	**SAUNDERS**	**WASHINGTON**
Adults who smoke	13.8%	13.6%	15%	12.8%	12.2%
Adults who binge drink	20.3%	19.7%	19.7%	21.2%	20.9%
Adults with a checkup in the past year	76.3%	75.8%	75.6%	76%	77.5%
Men 65+ up to date on core preventive services	50.9%	49.3%	49.4%	48.4%	57%

Sources: U.S. Census Bureau ACS 5-year 2020–2024; CDC PLACES 2023; Feeding America Map the Meal Gap 2023; USDA ERS 2019; EPA 2021; NaNDA 2018. Dashboard narratives updated April 2026.

More about where we live

- **Providers:** fewer primary care physicians per resident than Nebraska for years, lowest in Saunders County. Saunders and Washington have more people per mental health provider and per dentist.
- **Preventable hospital stays:** Dodge County's Medicare rate was higher than the state in

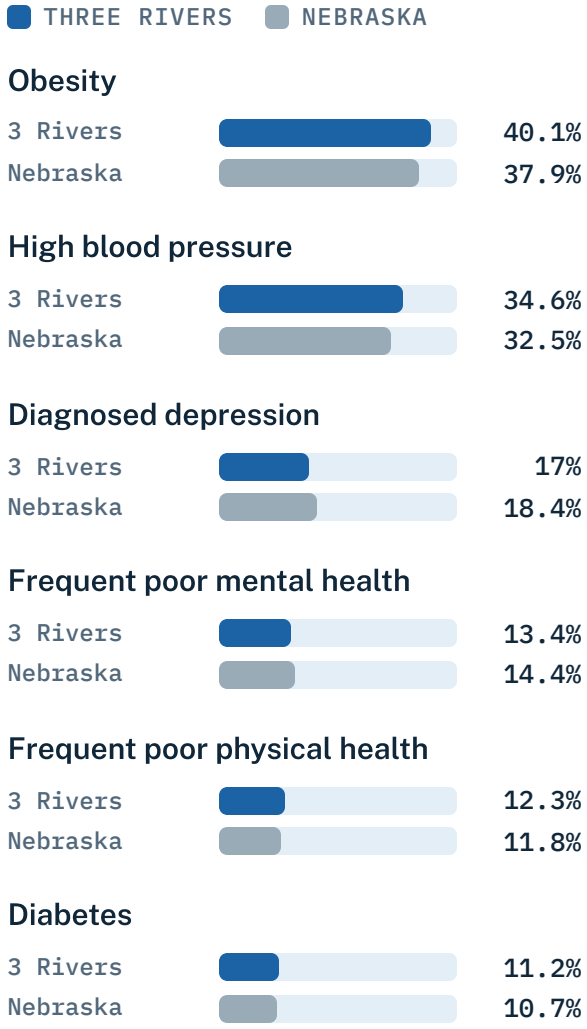
More about how we live

- **Physical activity:** about 1 in 4 adults gets none outside of work; only 20% meet both aerobic and strength guidelines.
- **Healthy eating:** about 4 in 10 adults eat fruit less than once a day (BRFSS 2021).
- **Seniors:** only about 40% of women 65+ are up to date on core preventive services.

2023, suggesting outpatient care may be harder to reach.

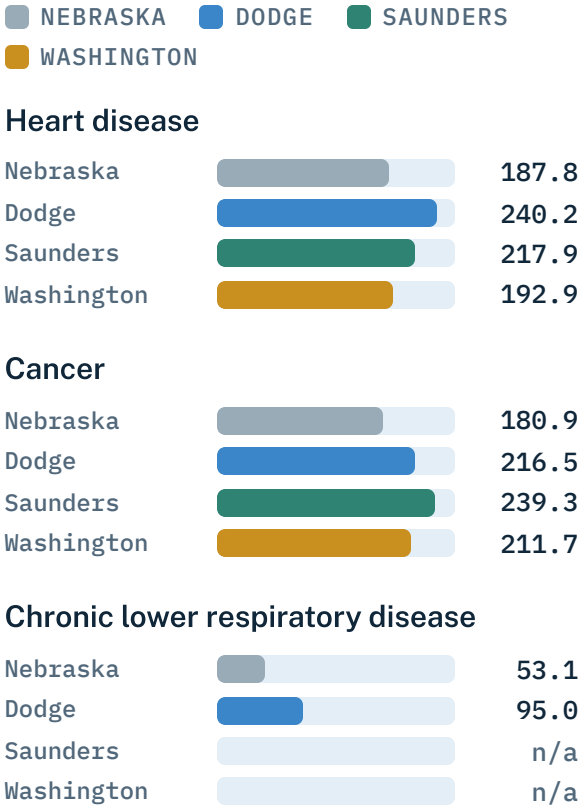
- **Insurance gaps:** about 70% of American Indian and Alaska Native residents had coverage, the lowest of any group.
- **Housing:** more than 1 in 3 renters spend 30%+ of income on housing, rising to 47% in Washington County.
- **Youth:** 29.5% of 12th graders drank alcohol in the past 30 days vs. 26.0% statewide; 8.6% used tobacco vs. 6.8% (NRPFSS 2023).

Adult health conditions, 2023



Share of adults. "Frequent" = 14+ of the past 30 days. CDC PLACES 2023.

Leading causes of death, 2024



Crude deaths per 100,000 (not age-adjusted; older counties run higher). Respiratory rates suppressed for Saunders and Washington. CDC WONDER 2024.

Obesity (about 40% of adults) and high blood pressure (about 35%) are the most common chronic conditions, both above Nebraska. Adult obesity has risen since 2018 and exceeds the Healthy

People 2030 target of 36%. About 17% of adults have been diagnosed with depression, and about 30% get too little sleep.

- **Births:** about 1 in 10 babies was born preterm and 1 in 15 at low birth weight in 2024, highest in Dodge County. About 74% of births had first-trimester prenatal care, lowest among Hispanic mothers.
- **Suicide:** 13 to 17 deaths per 100,000 across the counties, similar to Nebraska's 15 (2019–2023).
- **Drug overdose:** slightly below the state but trending upward in all three counties.
- **Child deaths:** Dodge County had 80 deaths per 100,000 children and youth under 20, compared with 50 statewide (2020–2023).

06 · COMMUNITY VOICES

The people who live here are the experts.

County forums, a regional survey and focus groups with youth and Spanish-speaking residents.

Community partner forums

One forum in each county, co-hosted with UNMC COPH. Participants reviewed the data, joined small-group stations for each health issue and discussed what is working and what should change. Residents joined a drop-in hour to add their ideas.

COUNTY	DATE	ATTENDEES
Saunders	Feb. 23, 2026	33
Dodge	Feb. 26, 2026	57
Washington	Feb. 27, 2026	41

If you had $5,000 to invest...

Each participant split five $1,000 play bills among the five issues. Here is how every $5,000 was spent on average.



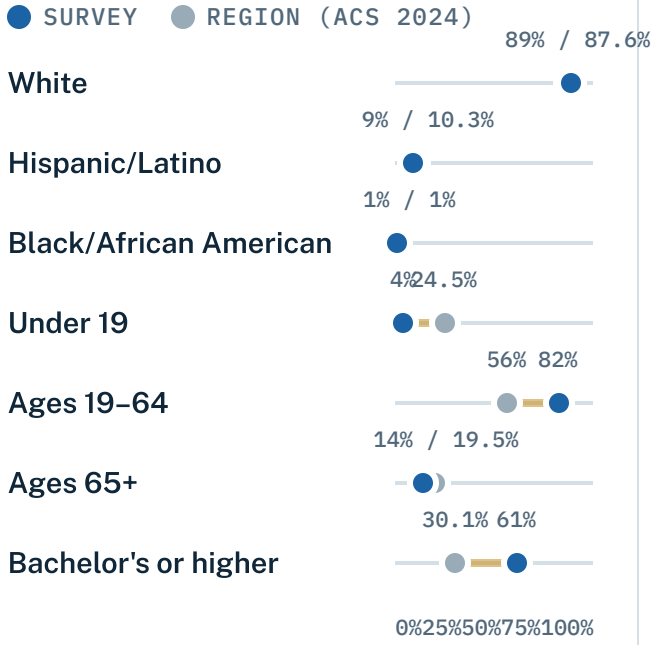
Each block = $100. Shares: 23%, 23%, 23%, 16%, 15%.

Discussions pointed to four opportunities: affordable health care and mental health services, help with transportation and housing, stronger prevention, and support for youth well-being.

Community Health Survey

886 residents completed the 16-question survey between Jan. 14 and April 21, 2026, online and on paper, in English and Spanish. That is up from 815 responses in 2022. A March staff challenge and promotional video helped raise completed surveys from about 500 to 886.

Who responded



Respondents matched the region's racial and ethnic makeup closely. Working-age adults and college graduates were overrepresented. n=886.

Hardships in the past 12 months

REGION DODGE SAUNDERS WASHINGTON

Stress from substance use or health

Region	32.1%
Dodge	35.1%
Saunders	28.5%
Washington	n/a

Skipped care due to cost

Region	23%
Dodge	27.5%
Saunders	22.2%
Washington	19.1%

Worried about food

Region	13.8%
Dodge	20.3%
Saunders	10.9%
Washington	9.9%

Worried about safe housing

Region	7.6%
Dodge	13.1%
Saunders	5.5%
Washington	4%

Share who agreed. Region weighted equally by county. Washington stress rate not reported separately.

What residents told us

Top three health concerns	Behavioral/mental health 611 · Access to care 307 · Chronic disease 290 · Unhealthy lifestyles 289
Biggest health worry	Cost of health care 172 · Cancer 74 · Nothing 67 · Mental health 51
Last major health issue	Heart and lung disease 108 · Cancer 95 · Infectious disease 79 · Mental health 50
What would make the community healthier	Recreation spaces and activities 175 · Healthier food choices 106 · Mental health resources 40 · Affordable care 28
What I do to be healthy	Exercise 453 · Nutrition 344 · Mental health practices 49 · Routine medical care 22

Number of mentions in open-ended answers, including the Spanish-language focus group.

"A doctor's visit will run an individual $300+ for just one visit. People can't afford that when it could go toward rent, utilities or groceries."

SURVEY RESPONDENT

"[I have a] kidney infection because at work we don't get a chance to go to the bathroom, and when we ask, they say there's no time and that we can go during our break."

SPANISH-LANGUAGE FOCUS GROUP PARTICIPANT (TRANSLATED)

Spanish-language focus group

Held entirely in Spanish in Dodge County, where about 1 in 5 residents is Latino. A bilingual Community Health Worker and an interpreter led it. Recruitment relied on trusted messengers: word of mouth, the Spanish Networking Group and Minority Health Coalition, flyers at Hispanic-owned businesses and an outreach table at Lincoln Premium Poultry.

Minority Health Initiative

Funded by Nebraska DHHS, the initiative built outreach into every step so groups often missed by standard methods were heard: Spanish-speaking residents, youth, rural communities, and hardship questions reported by county. It worked. Hispanic/Latino residents made up 9% of survey respondents, close to their share of the region.

Youth focus groups

Thirty-one middle and high school students took part: Dodge (10), Saunders (14) and Washington (7). Two 3RPHD Community Health Workers, trained by UNMC COPH, led all three groups.

Community

They value small-town connection, schools, churches and pools. Asked the worst thing about growing up locally: "It's drugs… by a lot."

Mental health

Stress comes from schoolwork, social media and bullying. Asked how peers get help, most said "they don't."

Substance use

Vaping, including THC, is more common than alcohol. Youth say it usually starts with an adult.

Trusted adults

Many struggled to name an adult they could turn to. "Does my dog count?"

Technology

Phones help them connect but hurt focus and enable bullying. Students want phone rules enforced consistently.

What youth need

Mentors and trusted adults, safe recreation spaces, mental health education that reduces stigma, and consistent school policies on phones and vaping.



07 · FINDINGS AND PRIORITIES

Two priorities, backed by every source.

On June 22, 2026, the Steering Committee selected Mental Health and Access to Care for the 2026–2030 CHIP.

Findings across sources

HEALTH ISSUE	FORUMS	SURVEY	FOCUS GROUPS
Mental health PRIORITY	23% of investment	#1 concern (611 mentions); 32.1% report substance- or health-related stress	Youth stress, stigma, not knowing where to get help
Access to care PRIORITY	23% of investment	#1 worry is cost (172); 23.0% skipped care for cost	Workplace barriers for Spanish-speaking workers
Youth well-being	23% of investment	Recreation spaces top "healthier community" ideas (175)	Vaping, technology, few trusted adults
Chronic disease	16% of investment	290 concern mentions, plus 289 for unhealthy lifestyles	—
Housing	15% of investment	7.6% worried about safe housing (13.1% in Dodge)	—

All five were top issues in the mySidewalk dashboard data.

PRIORITY 1

Mental Health

- **Data:** 17% of adults diagnosed with depression; 13% with frequent poor mental health; suicide rate 13–17 per 100,000; overdose deaths rising
- **Residents:** top survey concern (611 mentions); 32% stressed by a family member's substance use or health
- **Greatest need:** youth, who describe stigma and not knowing where to get help

PRIORITY 2

Access to Care

- **Data:** fewer primary care doctors per resident than the state; fewer mental health providers and dentists in Saunders and Washington; 8% of working-age adults uninsured
- **Residents:** cost was the top health worry; 23% skipped care because of cost
- **Greatest need:** Dodge County on cost and hospital stays; Saunders and Washington on provider availability

How priorities were chosen

All forum participants were invited to a partner webinar on June 9, 2026. Beforehand, each received an issue brief for all five health issues, combining dashboard data, survey and focus group findings, forum themes and existing community assets.

Partners then ranked the five issues on two criteria, and the Steering Committee chose the two with substantial need across multiple data sources and real capacity for progress.

CRITERION 1

The data show it is a problem.

CRITERION 2

The region has the capacity to address it.

08 · WITH GRATITUDE

This is what partnership looks like.

This assessment belongs to the many people who gave their time, expertise and trust.

A personal thank-you to our hospital partners

To **Methodist Fremont Health**, **Saunders Medical Center** and **Memorial Community Hospital & Health System**: this assessment would not have been possible without your support and expertise.

In my 15 years at Three Rivers, I had never asked our hospital partners to invest directly in the CHA/CHIP. This year I did, and all three of you said yes. Your investment made the UNMC partnership and the mySidewalk dashboard possible. Your staff brought clinical and community expertise to the Steering Committee, and your networks helped us hear from residents in every county.

This is what partnership looks like: three hospitals and a public health department coming together for the good of our communities. Thank you for standing with us now and in the work ahead on Mental Health and Access to Care.

Dr. Terra Uhing, EdD, Executive Director

METHODIST FREMONT HEALTH

Dodge County · Steering Committee: Alli Greene, Jill Gossett

Be Well. Saunders Medical Center

Saunders County · Steering Committee: Stacie Sabatka

Memorial Community Hospital & Health System
Blair • Fort Calhoun • Tekamah

Washington County · Steering Committee: Coartney DiGiorgio, Paige Knauss

University of Nebraska Medical Center College of Public Health

When we set out to reimagine our CHA, we needed a partner who could help us think differently, not just run a survey. UNMC COPH's Office of Public Health Practice was that partner. Together we held eight planning meetings and redesigned every step: the survey, the forums, the focus groups and how priorities were chosen.

UNMC COPH also trained our Community Health Workers to lead focus groups, analyzed the survey and focus group data, and wrote the issue briefs partners used to set priorities. Our staff are stronger for it.

Thank you to the UNMC COPH team

We are grateful to every member of the team for their expertise, time and commitment to our communities.

- Celeste Ehrenberg, MS, CHES
- Colleen Svoboda, MPH
- Dr. Katie Brandert, PhD, MPH
- Dr. Anne Rogers, PhD, MPH
- Dr. Brian Sims, PhD, MA
- Dr. Natalia Santos, PhD, MPH

CHA Steering Committee

The committee guided the assessment using NACCHO's MAPP framework: planning the approach, promoting the survey and forums, and selecting the CHIP priorities. It met five times between August 2025 and June 2026.

Coartney DiGiorgio
Memorial Community Hospital & Health System

Paige Knauss
Memorial Community Hospital & Health System

Alli Greene
Methodist Fremont Health

Jill Gossett
Methodist Fremont Health

Stacie Sabatka
Saunders Medical Center

Melissa Diers
Fremont Area Community Foundation

Shayla Linn
United Way

Theresa Klein
Wahoo Chamber

Scott Jensen
Fremont Public Schools

Kristen Fagan
Dodge County Head Start

Amber Pelan
Saunders County Youth Services

Denise Cada
Washington County Food Pantry

Mary Von Seggern
University of Nebraska–Lincoln

Anne Garinger
Three Rivers Public Health Department

Robert Ball
Three Rivers Public Health Department

Additional thanks

- The Nebraska Association of Local Health Directors, for the mySidewalk partnership and the community survey model
- Lincoln-Lancaster County Health Department, which developed the community survey instrument
- The Nebraska DHHS Division of Public Health, which funds the Accreditation Grant that helped pay for this assessment, and the Minority Health Initiative (MHI) that supported our outreach to Spanish-speaking residents, youth and rural communities
- The Three Rivers Board of Health
- 3RPHD staff and Community Health Workers, who collected surveys and facilitated focus groups
- Every resident, young person and partner who shared their experience

09 · LIMITATIONS AND NEXT STEPS

The work continues.

Next steps

3RPHD will convene community workgroups for Mental Health and Access to Care. They will build the 2026–2030 CHIP with shared strategies and measurable goals, and the mySidewalk dashboard will track progress between assessment cycles.

Limitations

The survey relied mostly on online, voluntary participation. Residents facing housing instability, limited internet, language or literacy barriers, or transportation challenges may be underrepresented. Youth under 19 and adults 65+ were underrepresented, and respondents had more formal education than the region. Low hardship rates should not be read to mean these problems are rare. Survey results should be read alongside the dashboard, forums and focus groups.

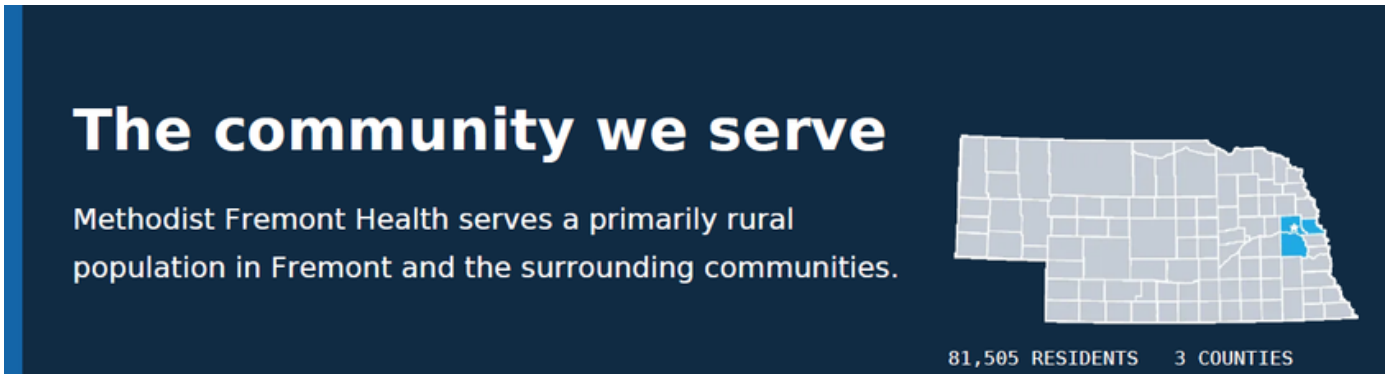
Supporting documents

- 3RPHD CHA/CHIP Dashboard (mySidewalk)
- Community Health Assessment Report, UNMC COPH
- 2026 Community Health Survey Results
- 2026 Youth Focus Groups Results
- Community Partner Forum Documentation

Three Rivers Public Health Department

2400 N. Lincoln Avenue, Fremont, NE 68025 · threeriverspublichealth.org

2026 Community Health Assessment · August 2026



For purposes of this Community Health Needs Assessment, the hospital's primary service area was defined as Dodge County, Washington County, and Saunders County, Nebraska. These counties represent the geographic area from which the hospital draws a significant proportion of its patients and reflect the broader community in which Methodist Fremont Health operates and partners to address health needs.

The community was determined based on the hospital's patient service area, geographic proximity, population characteristics, and patterns of healthcare utilization. The assessment also considered the similar social, economic, and healthcare environments across the three-county area. Including the surrounding counties recognizes that residents frequently cross county boundaries to access healthcare, employment, education, and community resources.



Note: MFH has not received any written comments on the previously conducted Community Health Assessment or Implementation Strategy

Mental Health

The Fremont-area community has a variety of resources available to address mental health needs, including outpatient behavioral health and primary care providers, school-based counseling and student support services, crisis services, and community organizations. Local behavioral health providers including Lutheran Family Services, offer counseling, therapy, psychiatric services, medication management, and other supports, while organizations such as Region 6 Behavioral Healthcare and Fremont Area United Way help connect individuals with appropriate services and resources. Local schools, faith-based organizations, senior-serving organizations, and other nonprofit and community organizations also provide social connection, support, and referrals that can help address factors contributing to mental health concerns. These resources play an important role in helping community members navigate barriers such as cost, insurance coverage, transportation, and availability of services.

Since the prior CHNA, Methodist Fremont Health and community partners have continued to address mental health through increased awareness, screening, referral, and collaboration. Mental health remains a priority within community health improvement planning, with MFH staff participating in community workgroups and task forces focused on behavioral health and strengthening connections between healthcare and community-based resources. Despite these efforts, mental health continues to be a significant community need, particularly due to ongoing demand for behavioral health services and challenges related to provider availability, timely access, and affordability. Continued collaboration among healthcare providers, schools, community organizations, and behavioral health partners will be important to improving access to appropriate support and addressing mental health needs across the Fremont-area community.

Current State

Resources addressing access to care include Methodist Fremont Health, local primary and specialty care providers, Good Neighbor Community Health Center, federally qualified/community health resources, pharmacies, the public health department, and organizations that help residents navigate financial, transportation, insurance, and other barriers to healthcare. Three Rivers Public Health Department provides community-based health services, education, prevention programs, and connections to healthcare and social service resources. Fremont Area United Way, Fremont Family Coalition, and other community organizations assist individuals in identifying and accessing available health and human services.

Additional resources include dental and vision providers and organizations providing transportation or other social supports. Healthcare financial assistance programs, insurance enrollment assistance, and charitable resources can also help reduce financial barriers to care. Community partnerships and referral networks further support residents who may have difficulty navigating the healthcare system or accessing services independently. Care Corps' Lifehouse, Salvation Army, and Heartland Workers Center work to guide and connect the often medically underserved in the community. Various agencies in the community also offer scholarships to students with a desire to pursue a healthcare career. While not an immediate solution to the workforce and access shortage, this will develop a pipeline of the future of healthcare.

Access to Care

2023 - 2026

The community told us that the most important health problems were:

- Mental Health Problems 34.7%
- Alcohol Abuse 29.3%
- Lack of Physical Activity 25.2%
- Aging Problems 23.2%
- Cancers 21.9%

Methodist Fremont Health prioritized:

1. Behavioral Health
2. Cancer
3. Women & Children

1. Since the 2022 Community Health Needs Assessment, Methodist Fremont Health and community partners have continued to strengthen behavioral health awareness, screening, referral, and collaboration. MFH staff have remained engaged in community behavioral health workgroups and efforts to connect individuals with appropriate services. Increased attention to early identification and connection to community resources has helped strengthen the continuum of support available to area residents, while continued collaboration is helping address ongoing challenges related to access and provider availability.

2. Cancer services have experienced significant growth since the 2022 assessment, with millions of dollars invested in expanding specialty services, technology, screening, diagnostics, and treatment capabilities. This investment has substantially increased the cancer care available locally, allowing nearly all cancer-related screenings and treatments to be completed in Fremont and reducing the need for patients to travel outside the community for care. The service area also performs above the Nebraska average for recommended colorectal, cervical, and breast cancer screenings, demonstrating strong engagement in preventive cancer care. The service area also exceeds the Nebraska average for residents receiving a routine checkup within the past year, supporting continued emphasis on preventive care.

3. MFH has made meaningful progress in strengthening services for women and children, with particular emphasis on maternal mental health, care coordination, and community education. The nurse navigator team supporting the OB service line has been significantly strengthened, and progress has been made in EPDS screening at multiple points throughout the perinatal period, including prior to 28 weeks of pregnancy, during the inpatient stay, and at six weeks postpartum. MFH and community partners have also made meaningful efforts to engage youth through health education and outreach, with a particular focus on reaching minority communities and providing accessible education on basic health and wellness.

Overall, MFH and its community partners have made meaningful progress since the 2022 CHNA, with expanded services, increased investment, stronger community partnerships, and measurable improvements in prevention and early identification. This progress provides a strong foundation and positive momentum as the community moves into the next cycle of Community Health Improvement Planning. Building on these successes while continuing to address remaining gaps will be central to the work ahead.

Executive Summary

The 2026 Community Health Assessment provides an overview of the health needs, challenges, and resources within the three-county service area of Dodge, Washington, and Saunders Counties in Nebraska. Conducted by Three Rivers Public Health Department in partnership with the University of Nebraska Medical Center College of Public Health, the assessment incorporated community health data, 886 resident surveys, county forums, and focus groups with youth and Spanish-speaking residents. Findings identified five key health concerns: access to care, mental health, chronic disease, housing, and youth well-being. Across the data and community feedback, mental health and access to care emerged as the two highest priorities for the region. Mental health was the most frequently identified health concern, with residents highlighting stress, substance use, stigma, and challenges connecting individuals with appropriate support. Access to care was also a significant concern, particularly the cost of healthcare, provider availability, and barriers related to transportation, insurance coverage, and access to affordable services. The assessment further identified concerns related to chronic conditions, including obesity and high blood pressure, as well as opportunities to strengthen prevention, youth support, and overall community well-being.

For Methodist Fremont Health, these findings reinforce the importance of continued investment in accessible, high-quality healthcare and collaboration with community partners to address the needs of the populations served. Since the 2022 Community Health Assessment, MFH has made meaningful progress in its previously identified priorities of behavioral health, cancer, and women and children's services. Efforts have included strengthening behavioral health services, referral and community partnerships; expanding local cancer screening, diagnostic, and treatment capabilities; and enhancing maternal mental health screening, care coordination, and health education for women, children, and families. The service area also performs above Nebraska averages for routine annual checkups and recommended colorectal, cervical, and breast cancer screenings. Despite this progress, the current assessment highlights continued opportunities to improve timely and affordable access to care, strengthen mental health resources, and address barriers that affect health outcomes across the community. These findings will help guide MFH's Community Health Improvement Plan, building on existing strengths and partnerships while focusing resources on the health needs identified by residents and supported by community data.