



Community Health Assessment 2017-2019

Last Updated April 2, 2019

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Introduction

In May of 2001, the Nebraska Health Care Funding Act was passed. Through this bill 16 multicounty health departments were created. Periodically, these health departments conduct an assessment of the communities they serve. Two Rivers Public Health Department (TRPHD) embarked on a journey to gain a deeper understanding of the needs of the district, and to focus the efforts of the health department to meet the needs of the district. This report shows all of the data gathered and will help identify goal areas for the Two Rivers Public Health Department Community Health Improvement Plan.

What can you do?

This process is repeated by each health department every 2 to 5 years. It is important to continually reassess the needs of the district to better address changing needs. During each assessment, TRPHD asks for as much community participation as possible to gather the best data. The input given by you can help direct the actions of those working for the health department.

Thank you!

Thank you to all of you who have participated during this process. We appreciate all of your input and value your opinions.



About the District

Two Rivers Public Health Department (TRPHD) covers 7 counties in rural, south-central Nebraska. The counties are: Buffalo, Dawson, Franklin, Gosper, Harlan, Kearney, and Phelps. TRPHD serves approximately 100,000 people in the district with the bulk of the population near to Interstate Highway 80. The bulk of the population in the district is white (82%), the Hispanic population is about 13% overall, and there is a representation from African Americans, Asians, and American Indians. There are 9 hospitals in the district, with 2 hospitals each in both Dawson and Buffalo Counties.

Demographics

2016 County population by Race/Ethnicity											
Counties	Total	Whites,NH		African Americans,NH		American Indians,NH		Asians,NH		Hispanics	
		Number	%	Number	%	Number	%	Number	%	Number	%
BUFFALO	49383	42969	87.0%	520	1.1%	113	0.2%	838	1.7%	4422	9.0%
DAWSON	23640	14216	60.1%	1118	4.7%	92	0.4%	233	1.0%	7802	33.0%
FRANKLIN	3014	2889	95.9%	5	0.2%	7	0.2%	5	0.2%	72	2.4%
GOSPER	1971	1810	91.8%	14	0.7%	5	0.3%	7	0.4%	107	5.4%
HARLAN	3473	3335	96.0%	11	0.3%	15	0.4%	7	0.2%	79	2.3%
KEARNEY	6552	6046	92.3%	22	0.3%	18	0.3%	19	0.3%	405	6.2%
PHELPS	9266	8563	92.4%	34	0.4%	30	0.3%	40	0.4%	519	5.6%
TWO_RIVERS	97299	79828	82.0%	1724	1.8%	280	0.3%	1149	1.2%	13406	13.8%
Data Source: U.S. Census Bureau, Population Estimates											

SWOT

Strengths	Weaknesses
<ul style="list-style-type: none"> • Collaborative Internal Team • Diverse district area population • Comprehensive data on website • Willingness to forge new paths • Expansion of Oral Health Program • Chronic Disease Prevention Programs • Response to recent localized disease outbreaks 	<ul style="list-style-type: none"> • Follow through on projects • Grant funding leads to unsustainable activities • Lack of continued communication on program progress • Unclear objectives for some programs • Limited transitional knowledge of program key activities • Limited standardization of key program evaluation data/ process • Visibility in the community and collaborative programs TRPHD supports • Concern on overlapping services • Staff turnover
Opportunities	Threats
<ul style="list-style-type: none"> • Meeting community where they are with activities • Become a connector and collaborator across counties • Be a leader in collaboration Educations and connections as a focus • Fill the gap in mental health advocacy and support • Work collaboratively to acquire more resources 	<ul style="list-style-type: none"> • Lack of communication leads to reduced partnerships • Not taking action on priority projects minimizes future roles • Dropping the ball on requests for partnership and collaboration reduces potency • Not addressing minority and vulnerable population issues leads to poor health outcomes • Seeing other organizations that work on health-related outcomes as threats reduces effectiveness • Lack of Staff and Board diversity

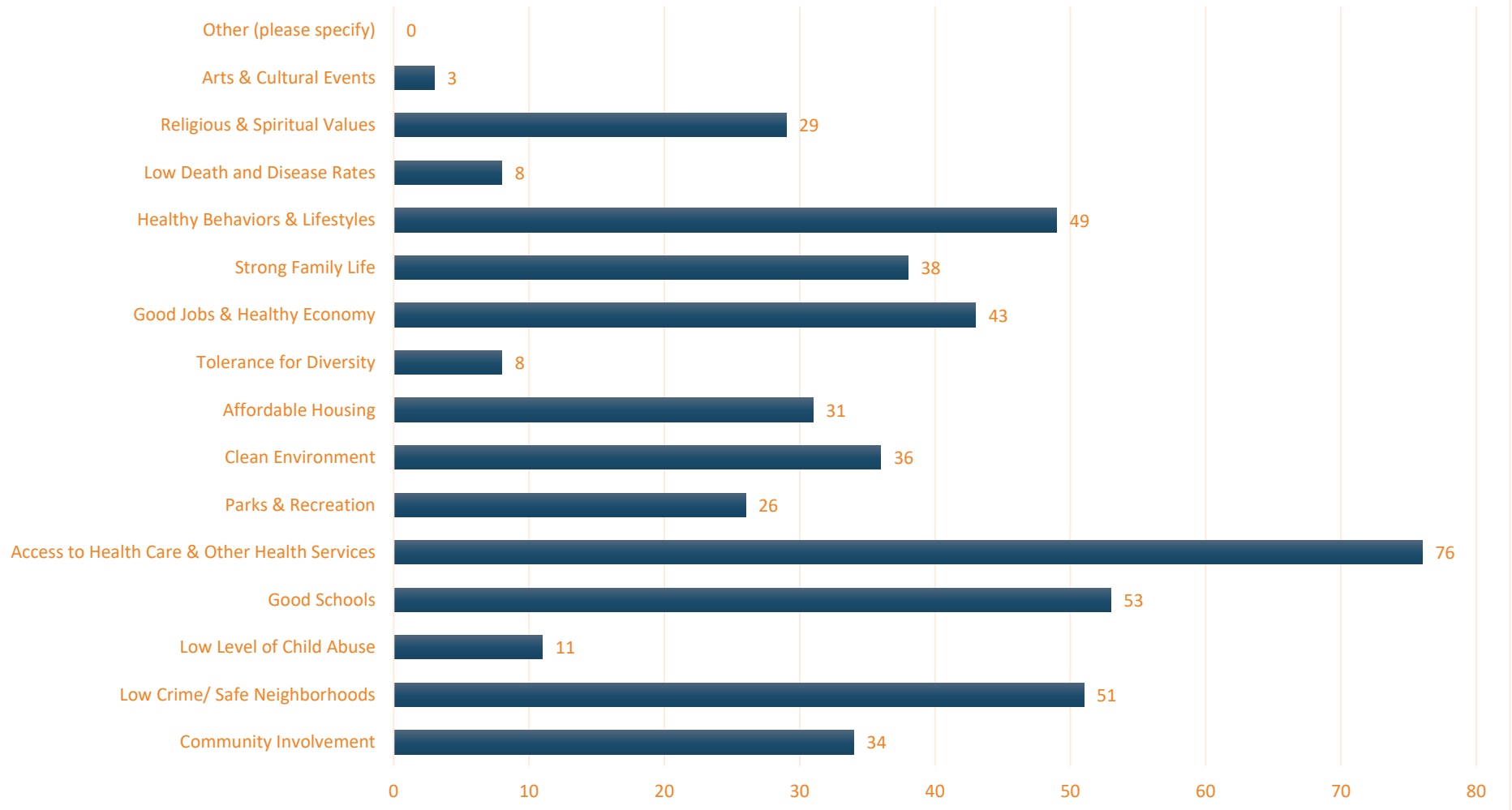
Community Health Survey Results

A survey of 159 people living in the TRPHD district was completed in September 2017. This survey was 45 questions long and asked questions about how community members access health care. This survey also gathered demographics for those who responded. All questions from this survey will be presented.

Survey Results

County of Residence	Responses	% of Responses
Buffalo	57	35.85
Dawson	42	26.42
Franklin	1	.63
Gosper	4	2.52
Harlan	5	3.14
Kearney	15	9.43
Phelps	35	22.01

Factors that define a Healthy Community

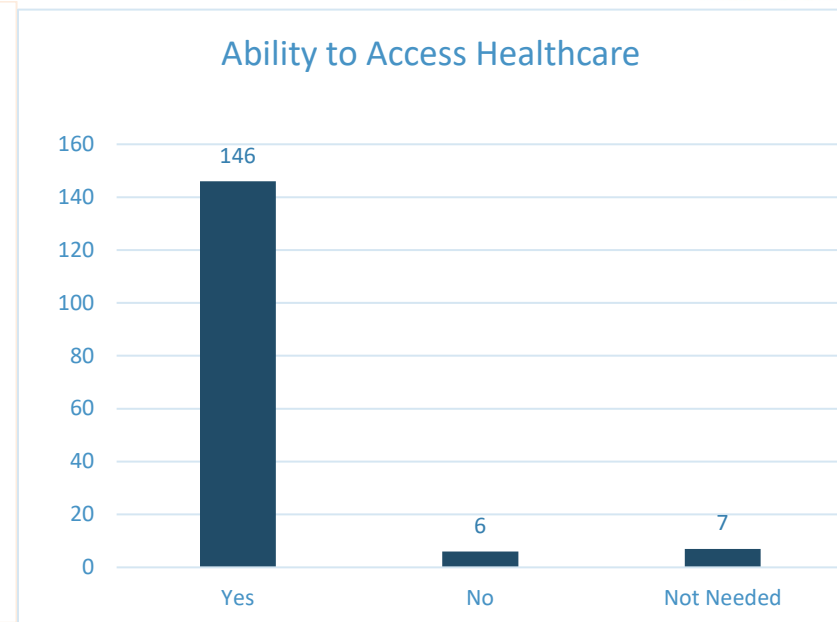
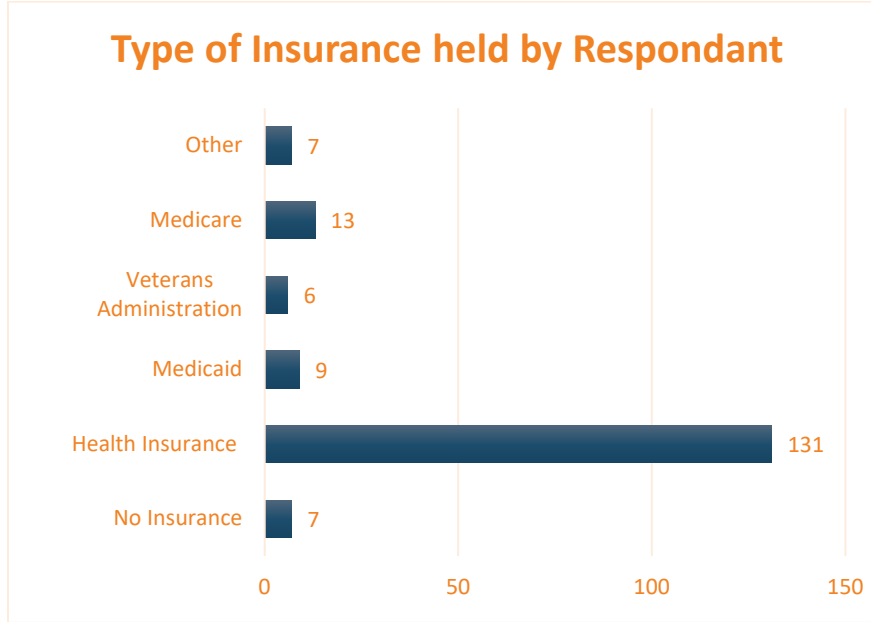


496 total answers

The 3 Most Important Health Problems	
Answer Choices	Number of Responses
Motor Vehicle Crashes	11
Sexual Assault/Rape	5
Mental Health Issues	68
Homicide	1
Child Abuse/Neglect	32
Suicide	21
Teenage Pregnancy	14
Domestic Violence	16
Firearm-related Injuries	1
Hunger/ Food Insecurity	27
Sexually Transmitted Infections	1
Infectious Diseases (Hepatitis, TB, etc.)	4
Poor Diet/Inactivity	57
Alcohol & Other Drug Abuse	75
Lack of Access to Health Care	12
Chronic Diseases	55
Aging Problems	26
Tobacco Use	26
Homelessness	8
Other	7

Survey responses rated the health of the community of the on a 1-5 scale with 1 being very unhealthy and 5 being very healthy. The weighted average of the answers is 3.35. Below are shown the distribution of the 156 responses.

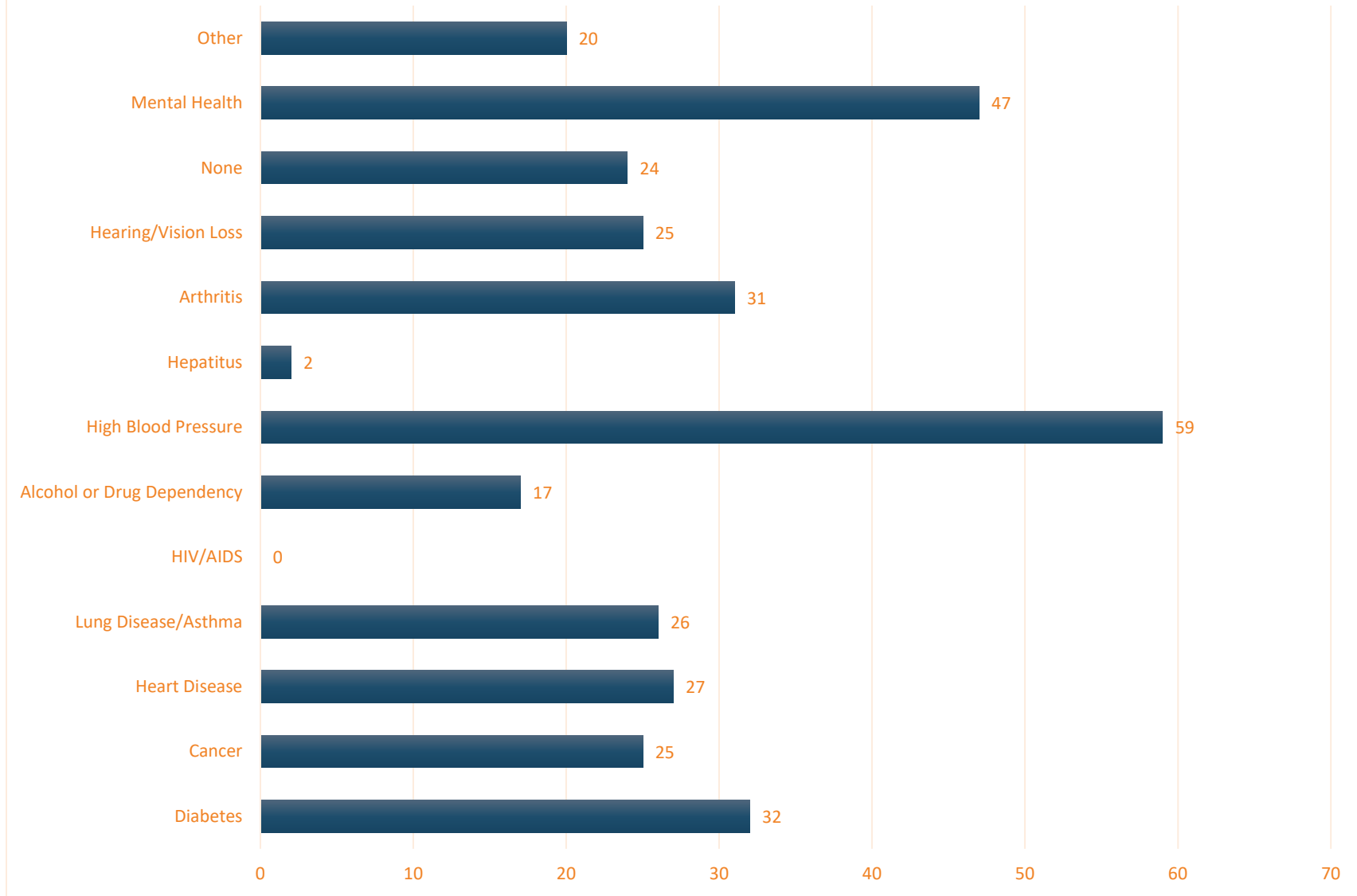
Very Unhealthy	Unhealthy	Neither Healthy Or Unhealthy	Healthy	Very Healthy
0.00%	8.33%	48.72%	42.31%	0.62%
0	13	76	66	1



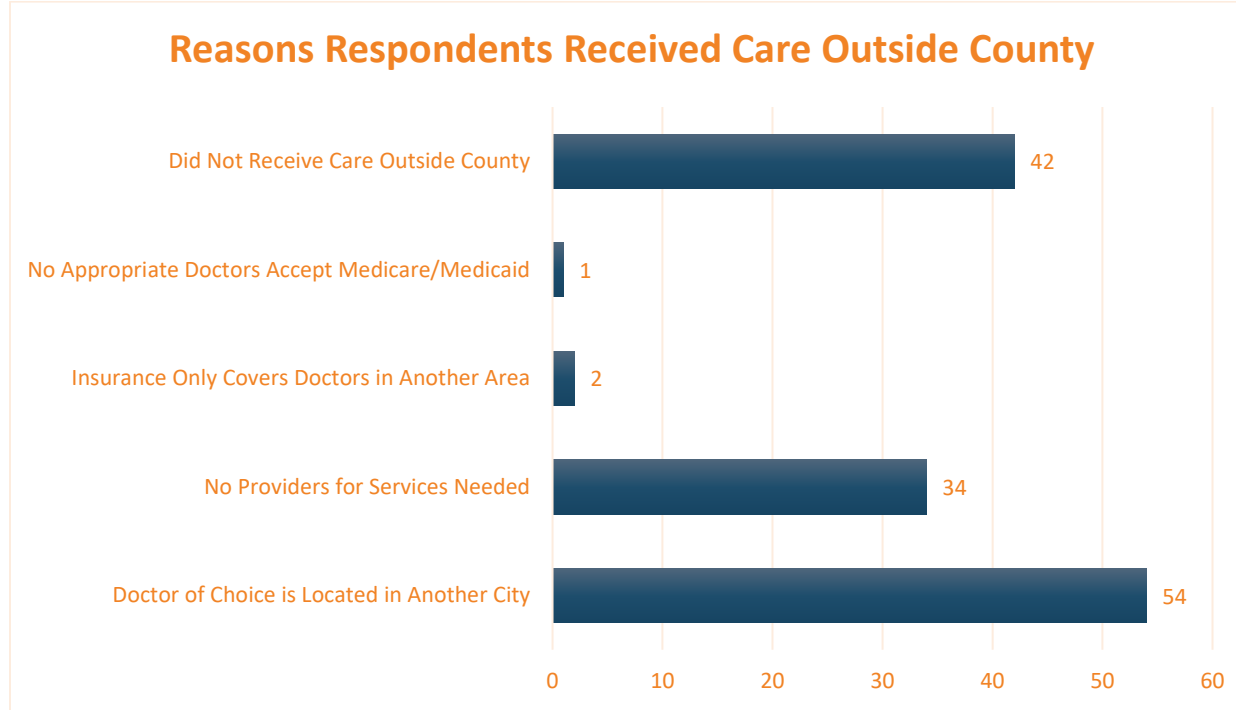
When asked to rank whether there were enough health care services available on a scale of 1-5 with 1 being strongly disagree and 5 being strongly agree, respondents averaged 4.04. The distribution of the answers is shown below.

Strongly Agree	Disagree	Neutral	Agree	Strongly Agree
2.07%	6.21%	11.72%	45.52%	34.48%
3	9	17	66	50

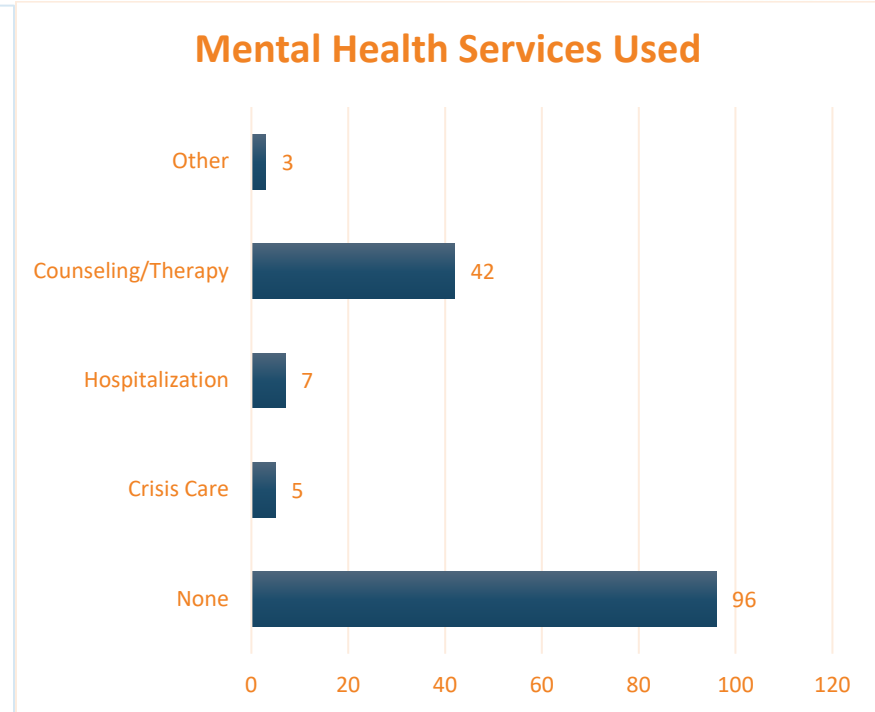
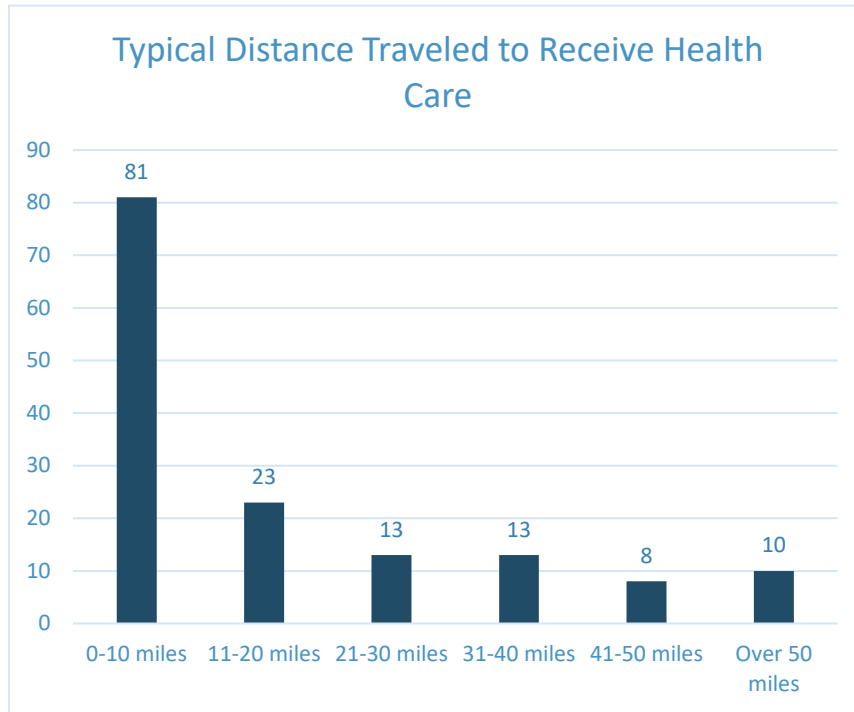
Chronic Illness Present in Respondent or Immediate Family



Health Care Services Accessed by Respondent or Immediate Family Outside of County of Residence	# of Responses
None	36
Lab Work	53
CPR Training	9
General Surgery	25
Urology Care	10
Ear, Nose, and Throat Care	14
Podiatry Care	5
X-Ray/MRI	35
Hearing Services	9
Family Planning	6
Emergency Room Service	18
Immunizations	21
General Practitioner Care	24
Mental Health Services	17
Eye Care	39
Dental Care	32
Cardiac Care	6
Orthodontia	8
Obstetrics/Gynecology	25
Other	22



Influences for choosing a health care provider		
Answer Choices	Percentage of Responses	Number of Responses
Convenience	14.86	22
Family/Friend Recommendation	12.16	18
Other Services Available in the Same Town	0.68	1
Insurance Coverage	21.62	32
Quality of Care	45.95	68
Other	4.73	7



Ability to Access Mental Health Services		
Answer Choices	Percentage of Respondents	Number of Responses
Yes	29.37	42
No	16.08	23
Not Needed	54.55	78

Usage of Social Service Benefits by Respondent and/or Immediate Family		
Answer Choices	Percentage of Respondents	Number of Responses
None	84.62	121
SNAP	8.39	12
TANF	1.40	2
Housing Assistance	5.59	8
Medicaid	6.99	10
Respite Care	2.80	4
Subsidized Child Care	2.80	4
Free/Reduced School Lunch	6.99	10
VFC	1.40	2
Other	2.10	3

Ability to Access Social Service Benefits Within Home County		
Answer Choices	Percentage of Respondents	Number of Responses
Yes	20.69	30
No	6.90	10
Not Needed	72.41	105

Respondents rated the safety of their own community with a weighted average of 4.05, the distribution of answers is shown below.

Very Unsafe	Unsafe	Neutral	Safe	Very Safe
0.00%	2.84%	14.89%	56.74%	25.53%
0	4	21	80	36

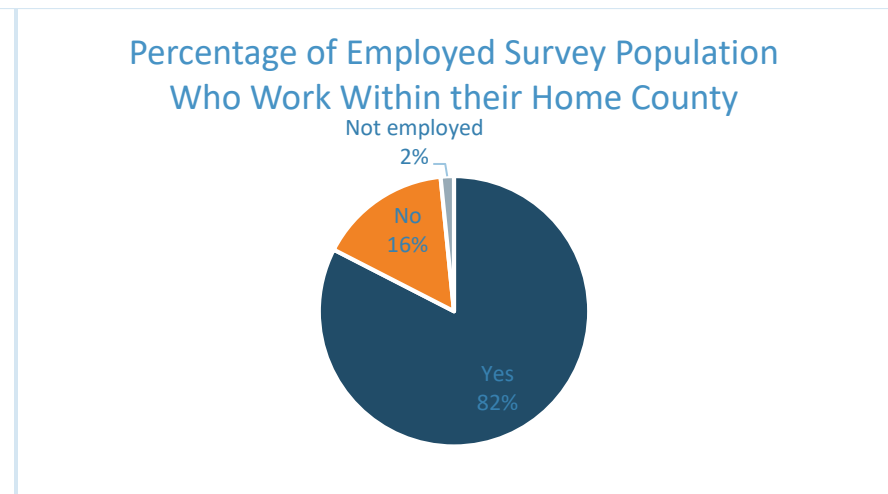
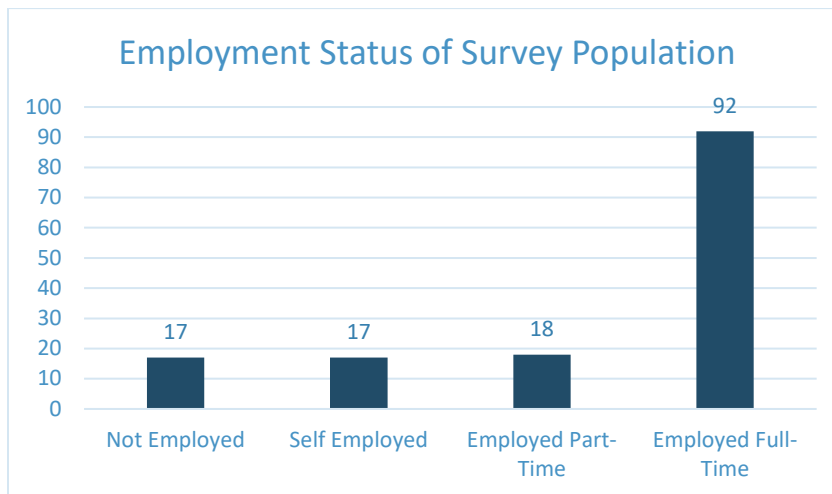
3 Most Serious Safety Problems in the Community of the Respondent	# of Responses
Unsafe Driving	70
Alcohol & Drug Use	104
Racism & Intolerance	9
Not Using Seatbelts	39
Unsafe/Unprotected Sex	15
Unsafe Roads/Sidewalk Conditions	23
Access to Fierarms by Children	5
Manufacturing of Methamphetamines	26
Growing Marijuana	4
School Violence	8
Child Abuse/ Neglect	47
Domestic Violence	31
Gang-Related Activity	7
Other	5

Access to Safe Child Care Services (Weighted average=4.05)					
Strongly Disagree (1)	Disagree (2)	Neutral (3)	Agree (4)	Strongly Agree (5)	N/A
0.70%	3.50%	10.49%	18.18%	22.38%	44.76%
1	5	15	26	32	64

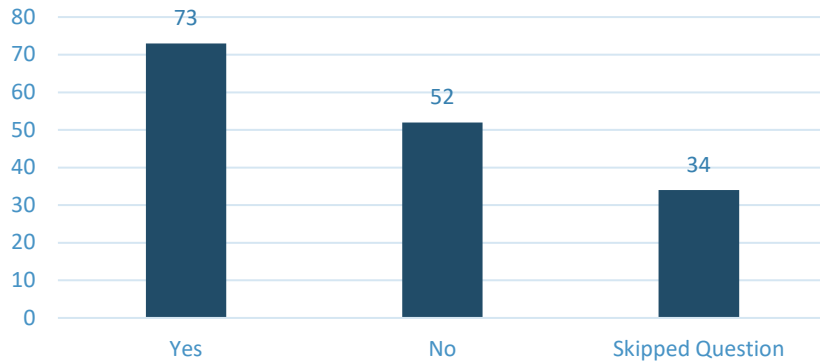
Child Care Services are Affordable (Weighted average=3.06)					
Strongly Disagree (1)	Disagree (2)	Neutral (3)	Agree (4)	Strongly Agree (5)	N/A
4.20%	13.99%	21.68%	17.48%	4.20%	38.46%
6	20	31	25	6	55

Adequate Afterschool Programs for Middle and High School Age Students (Weighted average=3.08)					
Strongly Disagree (1)	Disagree (2)	Neutral (3)	Agree (4)	Strongly Agree (5)	N/A
5.56%	17.36%	21.5%	21.53%	6.25%	27.78%
8	25	31	31	9	40

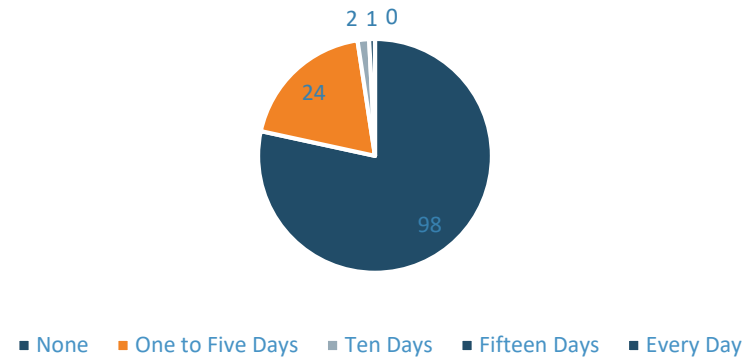
Adequate Facilities/Day Services for Adults					
Strongly Disagree (1)	Disagree (2)	Neutral (3)	Agree (4)	Strongly Agree (5)	N/A
9.66%	17.24%	24.83%	7.59%	4.14%	36.55%
14	25	36	11	6	53



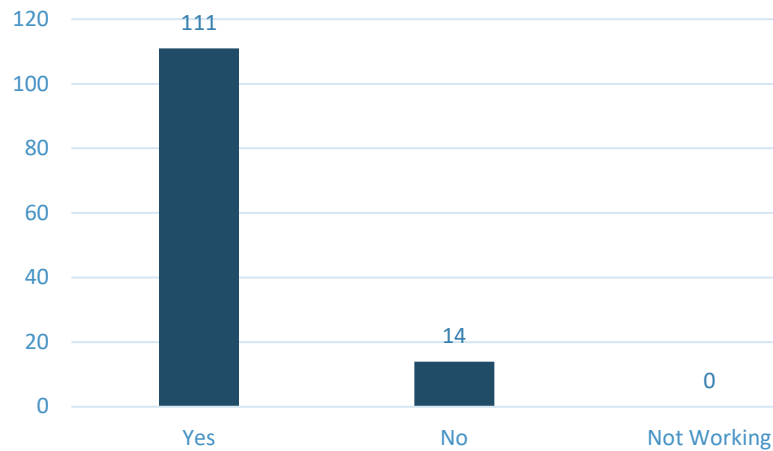
Wellness Program Offered through Employer



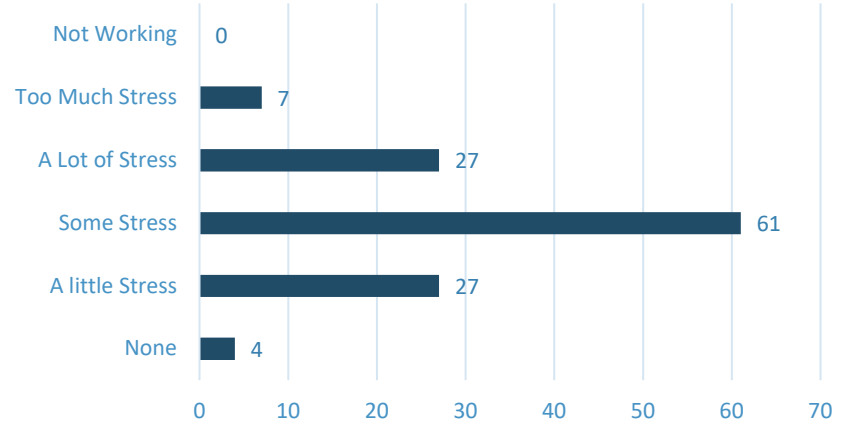
Days in the Last Month Unable to Daily Activities or Work for those Surveyed



Job Satisfaction of Those Surveyed



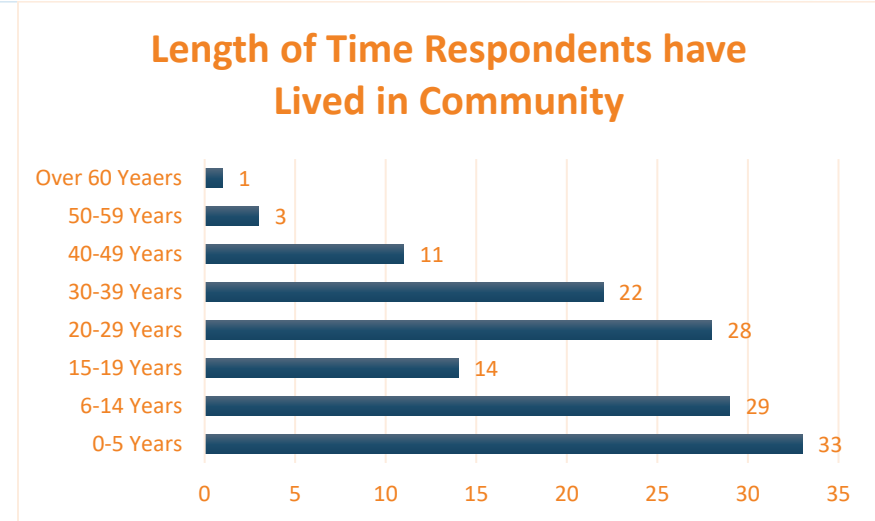
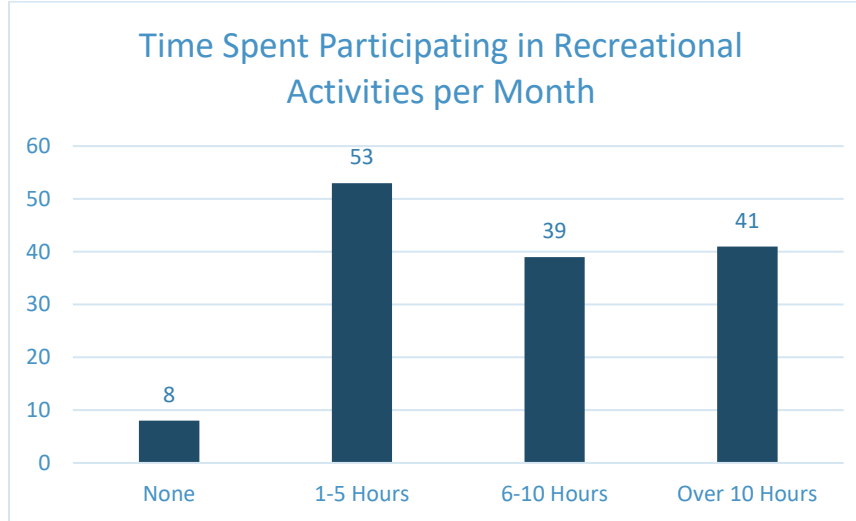
Reported Stress from Work



Reasons Given for Not Working		
Ill or Disabled	5	29.41%
Cannot Find Work	0	0%
Retired	6	35.29%
Taking Care of Family	3	17.65%
Need Training	0	0
Other	3	17.65%
Total Answers	17	

Are there Enough Jobs in the Community?				
	No	Yes	Total	Weighted Average
For Adults	53	88	141	1.62
For Youth	77	64	141	1.45

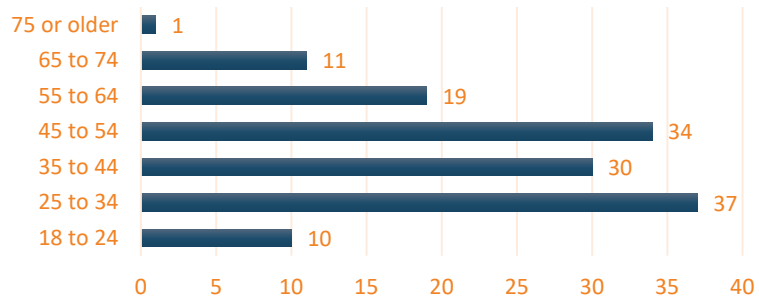
Recreational Places Where Respondents Visit Most Often	
Parks	88
Movie Theater	59
Live Theater/Concerts	14
Social Service Clubs	8
Rivers/Lakes	50
Sports Fields	28
Swimming Pool	34
Health/Fitness Clubs	29
Yoga/Tai Chi/Dance Studio	2
Church	38
Senior Center	3
Library	26
None	6
Other	8



Respondents Would Participate More in Recreational Activities If...	
There was a recreational/fitness center	30
There were club/group sanction activities	11
There was sidewalks/bike lanes	29
I'm already active	66
Other	15

Gender of Respondent	
Male	23
Female	117

Age of Respondents



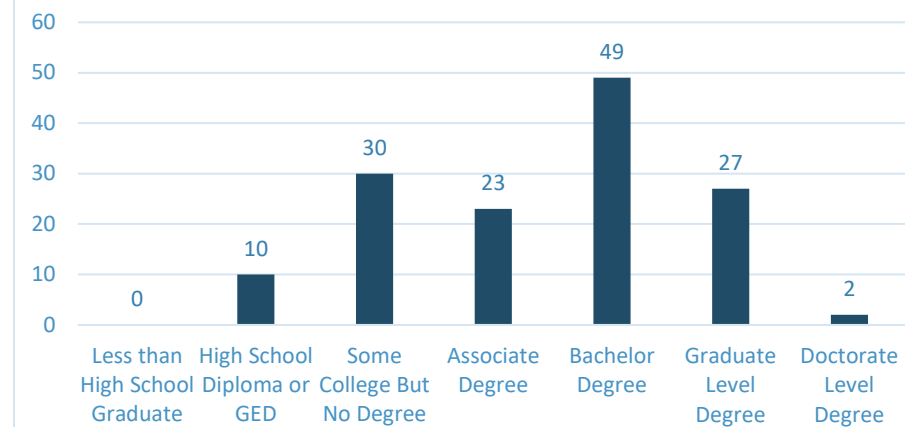
Race/Ethnicity of Respondent

American Indian or Alaskan Native	0
Asian/Pacific Islander	1
Black or African American	0
Hispanic	2
White/Caucasian	138
Multiple Ethnicity/Other	1

Number of People Living in Respondent's Household

Answer Choices	Average Number	Total Number
Adults	2	283
Children under 18	2	162

Education Level of Respondents



Two Rivers Jurisdictional Population Change

County Population Change by Race/Ethnicity 2010-2016

Counties	Total				Whites, NH				African Americans, NH			
	2010	2016	# change	%change	2010	2016	# change	%change	2010	2016	# change	%change
BUFFALO	46177	49383	3206	6.9	41210	42969	1759	4.268381	379	520	141	37.2
DAWSON	24335	23640	-695	-2.9	15401	14216	-1185	-7.69431	742	1118	376	50.7
FRANKLIN	3232	3014	-218	-6.7	3150	2889	-261	-8.28571	1	5	4	400.0
GOSPER	2044	1971	-73	-3.6	1955	1810	-145	-7.41688	8	14	6	75.0
HARLAN	3417	3473	56	1.6	3338	3335	-3	-0.08987	1	11	10	1000.0
KEARNEY	6485	6552	67	1.0	6166	6046	-120	-1.94616	11	22	11	100.0
PHELPS	9187	9266	79	0.9	8693	8563	-130	-1.49546	12	34	22	183.3
TWO_RIVERS	94877	97299	2422	2.6	79913	79828	-85	-0.10637	1154	1724	570	49.4

Data Source: U.S. Census Bureau, Population Estimates

County Population Change by Race/Ethnicity 2010-2016 continued

Counties	American Indians, NH				Asians, NH				Hispanic			
	2010	2016	# change	%change	2010	2016	# change	%change	2010	2016	# change	%change
BUFFALO	101	113	12	11.9%	602	838	236	39.2%	3458	4422	964	27.9%
DAWSON	80	92	12	15.0%	167	233	66	39.5%	7810	7802	-8	-0.1%
FRANKLIN	9	7	-2	-22.2%	4	5	1	25.0%	36	72	36	100.0%
GOSPER	2	5	3	150.0%	4	7	3	75.0%	48	107	59	122.9%
HARLAN	11	15	4	36.4%	7	7	0	0.0%	45	79	34	75.6%
KEARNEY	17	18	1	5.9%	16	19	3	18.8%	238	405	167	70.2%
PHELPS	21	30	9	42.9%	25	40	15	60.0%	378	519	141	37.3%
TWO_RIVERS	241	280	39	16.2%	825	1149	324	39.3%	12013	13406	1393	11.6%

Data Source: U.S. Census Bureau, Population Estimates

Interview Results

A series of 39 interviews were completed by TRPHD Subcontractor, S & G Endeavors, in order to understand the opinions of the stakeholders in the district. Those interviewed represent people from every walk of life from health system CEOs to people off the street. Each interviewee was asked the same series of questions and the answers to each question were gathered and analyzed by S & G Endeavors. The questions asked are listed as follows:

1. What are you doing already at your organization that Two Rivers should know about?
2. What are concerns that you see in your work that you feel Two Rivers is poised to address?
3. How can Two Rivers be the most effective partner to help you and your work?
4. What are some of the needs that we need to know from the people in your community?
5. Specific program conversations based on organization:
 - a. How can TRPHD best address mental health issues in our community?
 - b. How can TRPHD best address drug addiction in our community?
 - c. How can TRPHD best address violence related issues in our community?
 - d. How can TRPHD best help engage employers in taking care of their employees and creating a work environment that promotes employee wellness?
 - e. What are the ways that TRPHD can ensure our kids get the access they need to early-childhood education?
6. What program areas have we not discussed yet, that you feel are critical for TRPHD to be leading on?
7. What are some of the barriers for our community members to get access to some of the programs and services we discussed above?
8. What do we need to do as a health department to best address the concerns of the rural communities in our district?
9. What does TRPHD need to do to ensure that we are serving all demographics that exist in our community, specifically to ensure underserved populations are engaged and not ignored?
10. Any other feedback?

From the interviews, 5 overarching themes were identified. Given the ten essential functions of public health, these themes will be addressed through the functions of public health. The themes are: education and awareness, mental health services, access to care, resource acquisition, and collaboration. Each theme provides an overarching idea without the directing specific actions. A summary of each theme is described below:

- Education and Awareness
 - An essential public health service is to inform, educate, and empower people about health issues. This can include any health issue, and will be directed by community needs through data and input from the surveys conducted by TRPHD and our partners.
- Mental health services
 - Mental health services can be addressed through several essential public health functions such as:
 - Mobilizing community partnerships to identify and solve health problems
 - Inform, educate, and empower people about health issues

- Link people to needed personal health services and assure the provision of health care when otherwise unavailable
- Research for new insights and innovate solutions to health problems
- Develop policies and plans that support individual and community health efforts
- Access to care
 - Increasing the ability to access care can be defined as developing policies that support individual and community efforts, mobilizing community partnerships to identify and solve health problems, and linking people to needed personal health services and assuring the provision of healthcare when otherwise unavailable.
- Resource acquisition
 - Research for new insights and innovative solutions to health problems.
- Collaboration
 - The ability to mobilize community partnerships to identify and solve health problems, and link people to needed personal health services and assure the provision of health care when otherwise unavailable.

Behavioral Risk Factor Surveillance System

The Behavioral Risk Factor Surveillance System (BRFSS) is a phone interview system conducted nationwide to understand health related risk behaviors in adult populations. These interviews are conducted with over 400,000 adults each year. The information gathered can be broken down to a local level to help better understand the health needs of each community. This is a one-page summary table giving information about adults 18 and older during the 2016 phone interviews with in Buffalo, Dawson, Franklin, Gosper, Harlan, Kearney, and Phelps counties. It covers information such as general health status, cancer screening, overweight and obesity, and more.

Behavioral Risk Factor Surveillance System Data

Summary Table for Two Rivers Public Health Department Adults 18 and Older, 2016																		
Indicators	Overall						Men						Women					
	LHD			State			LHD			State			LHD			State		
	%	L %	U %	%	L %	U %	%	L %	U %	%	L %	U %	%	L %	U %	%	L %	U %
General Health Status																		
General health fair or poor health	13.6	11.0	16.7	14.7	13.8	15.6	14.8	10.9	19.7	13.8	12.6	15.1	12.5	9.3	16.5	15.5	14.3	16.8
Health Care Access																		
No health care coverage, 18-64 year olds	11.9	8.7	15.9	14.7	13.6	16.0	14.0	9.2	20.7	15.0	13.3	16.9	9.6	6.1	14.8	14.4	12.9	16.2
No personal doctor or health care provider	23.7	19.8	28.1	19.1	18.0	20.2	33.4	27.2	40.2	24.5	22.8	26.2	14.1	9.9	19.6	13.8	12.5	15.2
Needed to see a doctor but could not due to cost in past year	11.4	8.8	14.6	12.1	11.2	13.1	7.8	4.9	12.3	10.1	8.9	11.4	14.9	11.0	19.8	14.0	12.7	15.5
Chronic Disease and Clinical Risk Factors																		
Ever told they had a heart attack or coronary heart disease	6.2	4.7	8.2	5.8	5.4	6.3	8.1	5.7	11.4	6.9	6.2	7.7	4.4	2.7	6.9	4.7	4.1	5.3
Ever told they had a stroke	3.0	1.9	4.7	2.8	2.5	3.2	2.2	1.1	4.4	2.6	2.1	3.1	3.7	2.0	6.7	3.0	2.5	3.6
Ever told they have diabetes (excluding pregnancy)	8.6	6.7	11.1	8.8	8.2	9.5	7.9	5.3	11.6	8.7	7.8	9.7	9.3	6.6	12.9	8.9	8.1	9.8
Ever told they have cancer	12.8	10.5	15.6	11.2	10.6	11.9	8.9	6.3	12.4	10.1	9.3	11.1	16.7	13.0	21.3	12.3	11.3	13.3
Cancer Screening																		
Up-to-date on colon cancer screening, 50-75 year olds	67.0	60.6	72.7	66.0	64.3	67.6	68.3	58.3	76.9	65.2	62.8	67.6	65.9	57.5	73.4	66.7	64.5	68.9
Up-to-date on breast cancer screening, female 50-74 year olds	-	-	-	-	-	-	-	-	-	-	-	-	75.0	66.8	81.7	73.4	71.3	75.4
Up-to-date on cervical cancer screening, female 21-65 year olds	-	-	-	-	-	-	-	-	-	-	-	-	76.2	67.8	83.0	77.7	75.5	79.8
Overweight and Obesity																		
Obese (BMI=30+)	32.3	28.0	36.8	32.0	30.8	33.2	31.9	25.9	38.5	32.6	30.8	34.3	32.7	27.0	39.1	31.4	29.7	33.1
Overweight or Obese (BMI=25+)	68.9	64.2	73.2	68.5	67.3	69.8	75.1	68.4	80.9	74.9	73.1	76.6	62.2	55.7	68.3	61.8	59.9	63.6
High Risk Behavior																		
No leisure-time physical activity in past 30 days	22.8	19.3	26.8	22.4	21.4	23.5	19.8	15.0	25.6	20.7	19.3	22.3	25.9	20.8	31.6	24.1	22.7	25.6
Get less than 7 hours of sleep per day	27.6	23.6	31.9	29.6	28.4	30.8	27.2	21.7	33.6	29.7	27.9	31.5	27.9	22.5	33.9	29.5	27.9	31.2
Current cigarette smoking	15.8	12.6	19.5	17.0	16.0	18.1	17.2	12.6	23.1	18.6	17.1	20.3	14.3	10.4	19.4	15.4	14.1	16.8
Current smokeless tobacco use	10.4	7.7	13.8	5.7	5.1	6.2	20.6	15.5	26.8	10.5	9.5	11.7	0.4	0.1	2.1	0.9	0.6	1.3
Binge drank in past 30 days	20.2	16.6	24.4	20.0	18.9	21.1	29.4	23.5	36.1	27.2	25.4	29.0	11.2	7.6	16.4	13.1	11.9	14.4
Always wear a seatbelt when driving or riding in a car	60.0	55.4	64.5	73.8	72.7	74.9	47.6	40.9	54.4	66.8	65.0	68.5	72.1	65.9	77.6	80.6	79.2	81.8
Mental Health																		
Ever told they have depression	16.0	12.9	19.6	17.8	16.8	18.8	12.7	8.8	18.1	12.1	10.9	13.4	19.2	14.8	24.4	23.4	21.8	25.0
Frequent mental distress in past 30 days	8.1	6.0	10.9	9.5	8.7	10.4	7.6	4.7	12.0	7.0	6.0	8.1	8.6	5.8	12.7	12.0	10.8	13.3
Immunization																		
Had a flu vaccination in past year	45.3	40.8	49.8	44.4	43.1	45.7	40.1	33.7	46.8	39.4	37.5	41.3	50.4	44.2	56.5	49.3	47.6	51.1
Had a flu vaccination in past year, aged 65 years and older	64.1	57.0	70.6	62.7	60.8	64.6	62.5	51.2	72.5	62.8	59.8	65.6	65.4	56.2	73.5	62.7	60.2	65.1
Oral Health																		
Visited a dentist or dental clinic for any reason in past year	63.8	59.3	68.2	68.7	67.5	69.9	55.4	48.5	62.0	65.9	64.1	67.7	72.1	66.4	77.2	71.4	69.8	73.0

Data reflect the seven county LHD region of Buffalo, Dawson, Franklin, Gosper, Harlan, Kearney, and Phelps Counties
Notes (1) % reflects the weighted percentage for adults 18 and older; L% and U% reflect the lower and upper limits for the 95% confidence interval, respectively; (2) LHD=local/district health department; BMI=body mass index Source: Behavioral Risk Factor Surveillance System, Nebraska Department and Human Services; January 2018

County Health Rankings

The County Health Rankings & Roadmaps program is a collaboration between the Robert Wood Johnson Foundation (RWJF) and the University of Wisconsin Population Health Institute. The RWJF believes America can become a nation where getting healthy, staying healthy, and making sure our children grow up healthy are top priorities.

Annual County Health Rankings measure vital health factors to rank each county within each state. This ranking is done nationwide in order to compare counties in each state. The rankings listed below show how the counties in the Two Rivers Public Health District relate to other counties in Nebraska. The counties are listed in order of health ranking with the healthiest county listed first and the least healthy county listed last. Buffalo County is the healthiest county of the district and is rated 15th out of the 80 counties that are ranked. Kearney County falls at number 57 of the 80. There are 13 counties in Nebraska that are not ranked.

The rankings of the counties are as follows:

Buffalo: 15

Phelps: 16

Dawson: 39

Franklin: 46

Harlan: 51

Gosper: 56

Kearney: 57

Phelps

	Phelps County	Error Margin	Top U.S. Performers	Nebraska	Rank (of 80)
Health Outcomes					16
Length of Life					19
Premature death	5,500	4,500-6,800	5,300	6,000	
Poor or fair health **	13%	12-14%	12%	14%	
Poor physical health days **	2.8	2.6-3.0	3.0	3.2	
Poor mental health days **	3.0	2.8-3.2	3.1	3.2	
Low birthweight	6%	5-8%	6%	7%	
Adult smoking **	15%	14-16%	14%	17%	
Adult obesity	35%	30-40%	26%	31%	
Food environment index	8.5		8.6	8.1	
Physical inactivity	23%	19-28%	20%	23%	
Access to exercise opportunities	72%		91%	83%	
Excessive drinking **	20%	19-21%	13%	21%	
Alcohol-impaired driving deaths	56%	39-68%	13%	37%	
Sexually transmitted infections	206.8		145.1	422.9	
Teen births	20	15-28	15	25	
Uninsured	8%	7-10%	6%	9%	
Primary care physicians	1,330:1		1,030:1	1,340:1	
Dentists	1,850:1		1,280:1	1,360:1	
Mental health providers	710:1		330:1	420:1	
Preventable hospital stays	63	50-76	35	48	
Diabetes monitoring	87%	72-100%	91%	87%	
Mammography screening	59%	45-72%	71%	62%	
High school graduation			95%	87%	
Some college	72%	62-82%	72%	71%	
Unemployment	2.6%		3.2%	3.2%	
Children in poverty	12%	8-16%	12%	14%	
Income inequality	3.9	3.4-4.5	3.7	4.3	
Children in single-parent households	19%	12-26%	20%	29%	
Social associations	29.0		22.1	13.9	
Violent crime	87		62	267	
Injury deaths	63	42-90	55	58	
Air pollution - particulate matter **	8.0		6.7	8.2	
Drinking water violations	No				
Severe housing problems	7%	5-10%	9%	13%	
Driving alone to work	81%	79-84%	72%	81%	
Long commute - driving alone	14%	10-17%	15%	18%	

Buffalo

	Buffalo County	Error Margin	Top U.S. Performers	Nebraska	Rank (of 80)
Health Outcomes					15
Length of Life					15
Premature death	5,300	4,500-6,000	5,300	6,000	
Poor or fair health **	12%	12-13%	12%	14%	
Poor physical health days **	2.9	2.8-3.1	3.0	3.2	
Poor mental health days **	3.0	2.9-3.2	3.1	3.2	
Low birthweight	6%	5-7%	6%	7%	
Adult obesity	29%	27-32%	26%	31%	
Food environment index	7.8		8.6	8.1	
Physical inactivity	22%	20-24%	20%	23%	
Access to exercise opportunities	90%		91%	83%	
Excessive drinking **	23%	22-24%	13%	21%	
Alcohol-impaired driving deaths	22%	13-32%	13%	37%	
Sexually transmitted infections	418.9		145.1	422.9	
Teen births	20	17-22	15	25	
Uninsured	9%	8-11%	6%	9%	
Primary care physicians	1,110:1		1,030:1	1,340:1	
Dentists	1,370:1		1,280:1	1,360:1	
Mental health providers	310:1		330:1	420:1	
Preventable hospital stays	43	37-49	35	48	
Diabetes monitoring	89%	81-97%	91%	87%	
Mammography screening	67%	60-75%	71%	62%	
High school graduation	89%		95%	87%	
Some college	75%	70-79%	72%	71%	
Unemployment	2.6%		3.2%	3.2%	
Children in poverty	12%	8-15%	12%	14%	
Income inequality	4.2	3.8-4.5	3.7	4.3	
Children in single-parent households	25%	20-30%	20%	29%	
Social associations	15.3		22.1	13.9	
Violent crime	156		62	267	
Injury deaths	58	48-68	55	58	
Air pollution - particulate matter **	8.4		6.7	8.2	
Drinking water violations	Yes				
Severe housing problems	11%	9-13%	9%	13%	
Driving alone to work	81%	79-82%	72%	81%	
Long commute - driving alone	12%	11-14%	15%	18%	

Dawson

	Dawson County	Error Margin	Top U.S. Performers	Nebraska	Rank (of 80)
Health Outcomes					39
Length of Life					25
Premature death	5,900	4,800-7,000	5,300	6,000	
Poor or fair health **	16%	16-17%	12%	14%	
Poor physical health days **	3.3	3.1-3.4	3.0	3.2	
Poor mental health days **	3.0	2.9-3.2	3.1	3.2	
Low birthweight	6%	6-7%	6%	7%	
Adult smoking **	17%	17-18%	14%	17%	
Adult obesity	34%	30-38%	26%	31%	
Food environment index	8.2		8.6	8.1	
Physical inactivity	26%	23-30%	20%	23%	
Access to exercise opportunities	82%		91%	83%	
Excessive drinking **	17%	17-18%	13%	21%	
Alcohol-impaired driving deaths	25%	16-35%	13%	37%	
Sexually transmitted infections	273.9		145.1	422.9	
Teen births	49	43-54	15	25	
Uninsured	16%	14-18%	6%	9%	
Primary care physicians	1,840:1		1,030:1	1,340:1	
Dentists	1,690:1		1,280:1	1,360:1	
Mental health providers	1,070:1		330:1	420:1	
Preventable hospital stays	66	56-77	35	48	
Social & Economic Factors					59
High school graduation	92%		95%	87%	
Some college	48%	43-54%	72%	71%	
Unemployment	3.1%		3.2%	3.2%	
Children in poverty	17%	13-22%	12%	14%	
Income inequality	3.7	3.3-4.2	3.7	4.3	
Children in single-parent households	27%	21-33%	20%	29%	
Social associations	18.8		22.1	13.9	
Violent crime	144		62	267	
Injury deaths	59	46-75	55	58	
Physical Environment					32
Air pollution - particulate matter **	7.8		6.7	8.2	
Drinking water violations	No				
Severe housing problems	15%	13-18%	9%	13%	
Driving alone to work	75%	71-78%	72%	81%	
Long commute - driving alone	16%	13-18%	15%	18%	

Franklin

	Franklin County	Error Margin	Top U.S. Performers	Nebraska	Rank (of 80)
Health Outcomes					46
Length of Life					36
Premature death			5,300	6,000	
Poor or fair health **	14%	14-15%	12%	14%	
Poor physical health days **	3.1	2.9-3.3	3.0	3.2	
Poor mental health days **	3.1	2.9-3.3	3.1	3.2	
Low birthweight	6%		6%	7%	
Adult smoking **	15%	15-16%	14%	17%	
Adult obesity	32%	27-39%	26%	31%	
Food environment index	7.3		8.6	8.1	
Physical inactivity	26%	21-32%	20%	23%	
Access to exercise opportunities	52%		91%	83%	
Excessive drinking **	19%	18-20%	13%	21%	
Alcohol-impaired driving deaths	75%	57-86%	13%	37%	
Sexually transmitted infections	195.1		145.1	422.9	
Teen births	16		15	25	
Uninsured	10%	9-11%	6%	9%	
Primary care physicians	1,490:1		1,030:1	1,340:1	
Dentists	3,010:1		1,280:1	1,360:1	
Mental health providers	1,510:1		330:1	420:1	
Preventable hospital stays	32	17-46	35	48	
Diabetes monitoring	83%	62-100%	91%	87%	
Mammography screening	69%	48-91%	71%	62%	
High school graduation			95%	87%	
Some college	70%	59-81%	72%	71%	
Unemployment	3.1%		3.2%	3.2%	
Children in poverty	22%	15-29%	12%	14%	
Income inequality	3.4	2.9-3.9	3.7	4.3	
Children in single-parent households	23%	15-32%	20%	29%	
Social associations	16.8		22.1	13.9	
Violent crime	21		62	267	
Injury deaths	98	55-161	55	58	
Air pollution - particulate matter **	8.0		6.7	8.2	
Drinking water violations	No				

Gosper

	Gosper County	Error Margin	Top U.S. Performers	Rank (of 80)
Health Outcomes				56
Length of Life				36
Premature death			5,300	6,000
Poor or fair health **	12%	11-12%	12%	14%
Poor physical health days **	2.7	2.6-2.9	3.0	3.2
Poor mental health days **	2.8	2.7-3.0	3.1	3.2
Low birthweight	12%		6%	7%
Adult smoking **	14%	13-15%	14%	17%
Adult obesity	31%	25-38%	26%	31%
Food environment index	6.9		8.6	8.1
Physical inactivity	24%	18-32%	20%	23%
Access to exercise opportunities	31%		91%	83%
Excessive drinking **	20%	20-21%	13%	21%
Alcohol-impaired driving deaths	100%		13%	37%
Sexually transmitted infections			145.1	422.9
Teen births			15	25
Uninsured	9%	7-10%	6%	9%
Primary care physicians	1,970:0		1,030:1	1,340:1
Dentists	1,970:0		1,280:1	1,360:1
Mental health providers	1,970:1		330:1	420:1
Preventable hospital stays			35	48
Diabetes monitoring	84%	53-100%	91%	87%
Mammography screening	79%	49-100%	71%	62%
High school graduation			95%	87%
Some college	66%	50-83%	72%	71%
Unemployment	2.7%		3.2%	3.2%
Children in poverty	17%	12-22%	12%	14%
Income inequality	3.4	2.9-3.9	3.7	4.3
Children in single-parent households	17%	3-31%	20%	29%
Social associations	20.3		22.1	13.9
Violent crime	50		62	267
Injury deaths			55	58
Air pollution - particulate matter **	7.6		6.7	8.2
Drinking water violations	No			
Severe housing problems	3%	0-6%	9%	13%
Driving alone to work	80%	76-84%	72%	81%
Long commute - driving alone	21%	15-27%	15%	18%

Harlan

	Harlan County	Error Margin	Top U.S. Performers	Nebraska	Rank (of 80)
Health Outcomes					51
Length of Life					36
Premature death			5,300	6,000	
Poor or fair health **	14%	14-15%	12%	14%	
Poor physical health days **	3.3	3.1-3.5	3.0	3.2	
Poor mental health days **	3.3	3.1-3.5	3.1	3.2	
Low birthweight	5%		6%	7%	
Adult smoking **	17%	16-18%	14%	17%	
Adult obesity	36%	30-43%	26%	31%	
Food environment index	8.5		8.6	8.1	
Physical inactivity	28%	23-34%	20%	23%	
Access to exercise opportunities	56%		91%	83%	
Excessive drinking **	18%	17-18%	13%	21%	
Alcohol-impaired driving deaths	25%	2-54%	13%	37%	
Sexually transmitted infections	171.8		145.1	422.9	
Teen births	27	17-42	15	25	
Uninsured	10%	9-11%	6%	9%	
Primary care physicians	1,730:1		1,030:1	1,340:1	
Dentists	3,470:1		1,280:1	1,360:1	
Mental health providers			330:1	420:1	
Preventable hospital stays	48	30-67	35	48	
Diabetes monitoring	92%	71-100%	91%	87%	
Mammography screening	73%	52-94%	71%	62%	
High school graduation			95%	87%	
Some college	65%	53-77%	72%	71%	
Unemployment	2.6%		3.2%	3.2%	
Children in poverty	19%	13-25%	12%	14%	
Income inequality	4.2	3.6-4.9	3.7	4.3	
Children in single-parent households	24%	14-34%	20%	29%	
Social associations	17.4		22.1	13.9	
Violent crime			62	267	
Injury deaths	81	44-136	55	58	
Air pollution - particulate matter **	7.7		6.7	8.2	
Drinking water violations	No				
Severe housing problems	5%	3-8%	9%	13%	
Driving alone to work	78%	73-83%	72%	81%	
Long commute - driving alone	24%	19-29%	15%	18%	

Kearney

	Kearney County	Error Margin	Top U.S. Performers	Nebraska	Rank (of 80)
Health Outcomes					57
Length of Life					68
Premature death	8,100	6,500-10,100	5,300	6,000	
Poor or fair health **	12%	11-12%	12%	14%	
Poor physical health days **	2.8	2.6-3.0	3.0	3.2	
Poor mental health days **	3.0	2.9-3.2	3.1	3.2	
Low birthweight	7%	5-9%	6%	7%	
Health Factors					8
Health Behaviors					23
Adult smoking **	15%	14-16%	14%	17%	
Adult obesity	34%	29-39%	29%	36%	
Food environment index	8.6	8.6	8.6	8.1	
Physical inactivity	24%	19-29%	20%	23%	
Access to exercise opportunities	62%		91%	83%	
Excessive drinking **	21%	20-22%	13%	21%	
Alcohol-impaired driving deaths	50%	28-67%	13%	37%	
Sexually transmitted infections	90.3		145.1	422.9	
Teen births	18	11-26	15	25	
Clinical Care					6
Uninsured	8%	7-9%	6%	9%	
Primary care physicians	3,290:1		1,030:1	1,340:1	
Dentists	3,280:1		1,280:1	1,360:1	
Mental health providers	1,640:1		330:1	420:1	
Preventable hospital stays	40	27-54	35	48	
Diabetes monitoring	92%	72-100%	91%	87%	
Mammography screening	77%	55-99%	71%	62%	
Social & Economic Factors					17
High school graduation			95%	87%	
Some college	63%	52-74%	72%	71%	
Unemployment	2.5%		3.2%	3.2%	
Children in poverty	11%	8-14%	12%	14%	
Income inequality	3.8	3.0-4.7	3.7	4.3	
Children in single-parent households	21%	10-32%	20%	29%	
Social associations	22.8		22.1	13.9	
Violent crime	122		62	267	
Injury deaths	101	69-141	55	58	
Physical Environment					19
Air pollution - particulate matter **	8.2		6.7	8.2	
Drinking water violations	No				
Severe housing problems	9%	6-13%	9%	13%	
Driving alone to work	77%	73-82%	72%	81%	
Long commute - driving alone	21%	16-26%	15%	18%	

Mortality Data Summary 2014

Nebraska statute requires that records of birth, death, fetal death, marriage and divorce be filed with the Vital Records Office in the Division of Public Health of the Nebraska Department of Health and Human Services.

The following table summarizes the mortality rates in the Two Rivers Public Health Department's Jurisdiction during 2014. These data are helpful in determining health factors in a community by comparing the rates of specific sets of mortalities to those in the rest of the state. In some instances, like homicides, the Two Rivers jurisdiction is much lower than the rate in the rest of the state, while the mortality rates of unintentional fall related mortalities and motor-vehicle related mortalities are higher.

Mortality data for Nebraska and Two Rivers District Health Department, 2014 Death Rate per 100,000 | Population (age-adjusted, unless noted) | Source: Nebraska Vital Records

Indicator	Two Rivers		Nebraska	
	# Deaths	Rate	# Deaths	Rate
Injury fatalities	51	49.9	1,109	56.1
<i>Male</i>	32	68.7	748	80.6
<i>Female</i>	19	33.0	361	33.1
Unintentional drowning fatalities	-	-	20	1.0
<i>Male</i>	-	-	-	-
<i>Female</i>	-	-	-	-
Unintentional fall-related fatalities	12	10.0	217	9.4
<i>Male</i>	6	12.4	109	11.8
<i>Female</i>	6	8.0	108	7.4
Unintentional fire-related fatalities	-	-	17	0.8
<i>Male</i>	-	-	10	1
<i>Female</i>	-	-	7	0.6
Firearm-related fatalities	5	4.6	177	9.4
<i>Male</i>	-	-	163	17.4
<i>Female</i>	-	-	14	1.6
Homicides	0	0.0	61	3.3
<i>Male</i>	0	0.0	46	4.8
<i>Female</i>	0	0.0	15	1.7
Motor vehicle traffic fatalities	12	13.2	244	12.9
<i>Male</i>	-	-	180	19.5
<i>Female</i>	-	-	64	6.6
Poisoning fatalities	7	7.8	154	8.6
<i>Male</i>	-	-	83	9.2
<i>Female</i>	-	-	71	8.1
Poisoning: drug poisoning fatalities	7	7.8	124	7.1
<i>Male</i>	-	-	60	6.7
<i>Female</i>	-	-	49	5.4
Suicides	10	10.2	250	13.3
<i>Male</i>	-	-	201	21.6
<i>Female</i>	-	-	49	5.4
Traumatic brain injury fatalities	17	16.0	417	20.8
<i>Male</i>	11	23.1	310	32.9
<i>Female</i>	6	9.4	107	9.5

(-) Rates based on fewer than 5 cases have been suppressed. Rates based on 20 or fewer cases may be unreliable.

Hospitalization data for Nebraska and Two Rivers District Health Department, 2014 Hospitalization Rate per 100,000 | Population (age-adjusted, unless noted) | Source: Nebraska Hospital Discharge Data

Indicator	Two Rivers		Nebraska	
	# Hospitalizations	Rate	# Hospitalizations	Rate
Hospitalizations for all injuries	478	435.3	8,925	433.7
<i>Male</i>	211	433.2	4,179	444.8
<i>Female</i>	267	415.1	4,746	409.9
Drowning-related hospitalizations	-	-	11	0.6
<i>Male</i>	-	-	-	-
<i>Female</i>	-	-	-	-
Unintentional fall-related hospitalizations	262	215.5	4,747	216.0
<i>Male</i>	83	160.4	1,745	185.9
<i>Female</i>	179	249.1	3,002	234.0
Hip fracture hospitalization in 65+	99	660.8*	1,725	636.6**
<i>Male</i>	31	467.4*	514	427.8**
<i>Female</i>	68	814.5*	1,211	802.8**
Unintentional fire-related hospitalizations	-	-	34	1.7
<i>Male</i>	-	-	23	2.3
<i>Female</i>	-	-	11	1.0
Firearm-related hospitalizations	5	5.2	88	4.8
<i>Male</i>	-	-	76	8.2
<i>Female</i>	-	-	12	1.3
Assault-related hospitalizations	-	-	268	14.8
<i>Male</i>	-	-	218	23.7
<i>Female</i>	-	-	50	5.5
Motor vehicle traffic hospitalizations	53	55.0	1,054	55.5
<i>Male</i>	30	62.4	663	70.0
<i>Female</i>	23	48.0	391	41.0

Poisoning hospitalizations	28	31.2	1,151	61.6
<i>Male</i>	13	32.8	476	51.4
<i>Female</i>	15	29.1	675	72.1
Suicide attempt hospitalizations	19	21.9	777	42.5
<i>Male</i>	12	29.5	328	35.6
<i>Female</i>	7	14.4	449	49.8
Traumatic brain injury hospitalizations	70	63.1	1,563	76.8
<i>Male</i>	37	72.5	968	102.3
<i>Female</i>	33	50.9	595	52.2

(-) Rates based on fewer than 5 cases have been suppressed. Rates based on 20 or fewer cases may be unreliable.

**Hip fracture hospitalization rates are not age-adjusted

Emergency Department (ED) data for Nebraska and Two Rivers District Health Department, 2014 ED Rate per 100,000 Population (age-adjusted, unless noted)
Source: Nebraska Hospital Discharge Data

Indicator	Two Rivers		Nebraska	
	# Hospitalizations	Rate	# Hospitalizations	Rate
ED visits for all injuries	5,536	5,644.2	127,524	6,790.9
<i>Male</i>	2,903	5,998.6	64,690	6,943.3
<i>Female</i>	2,633	5,234.7	62,824	6,601.2
Drowning-related ED visits	-	-	41	2.2
<i>Male</i>	-	-	21	2.2
<i>Female</i>	-	-	20	2.1
Unintentional fall-related ED visits	1,821	1,756.7	40,505	2,072.2
<i>Male</i>	786	1,616.5	17,673	1,883.8
<i>Female</i>	1,035	1,858.4	22,828	2,234.6

Hip fracture ED visits in 65+**	52	347.1* *	503	185.6
<i>Male</i>	12	180.9* *	165	137.3
<i>Female</i>	40	479.1* *	338	224.1
Unintentional fire-related ED visits	20	23.1	354	19.2
<i>Male</i>	14	33.6	236	25.6
<i>Female</i>	6	12.4	118	12.6
Firearm-related ED visits	6	6.5	146	7.9
<i>Male</i>	-	-	127	13.6
<i>Female</i>	-	-	19	2.2
Assault-related ED visits	117	119.4	4,222	235.7
<i>Male</i>	67	130.4	2,156	235.8
<i>Female</i>	50	109.2	2,066	235.7
Motor vehicle traffic ED visits	450	461.1	12,292	666.2
<i>Male</i>	193	391.5	5,402	579.6
<i>Female</i>	257	534.7	6,889	755.7
Poisoning ED visits	147	151.9	3,232	174.2
<i>Male</i>	69	144.4	1,428	152.3
<i>Female</i>	78	157.6	1,804	196.6
Suicide attempt ED visits	63	69.1	1,617	89.0
<i>Male</i>	21	45.4	583	62.6
<i>Female</i>	42	93.4	1,034	116.6
Traumatic brain injury ED visits	392	388.0	10,656	557.2
<i>Male</i>	221	439.7	5,471	582.1
<i>Female</i>	171	335.1	5,184	528.0

(-) Rates based on fewer than 5 cases have been suppressed. Rates based on 20 or fewer cases may be unreliable. **Hip fracture ED visit rates are not age-adjusted

Health System Data

Health Systems periodically create community health needs assessments to better address the specific needs of the community that the health system serves. Kearney Regional Medical Center, CHI Good Samaritan Hospital, Phelps Memorial Health Center, Harlan County Health System, Gothenburg Health, Lexington Regional Health Center, Franklin County Memorial Hospital, Kearney County Health System, and Cozad Community Hospital fall within the Two Rivers jurisdiction. While creating this community health assessment, Two Rivers was able to review the assessments from Good Samaritan, Phelps Memorial, and Kearney County. A small summary of each community health needs assessment is included below.

CHI Good Samaritan

Catholic Health

Initiatives is a network of 15 hospitals and 2 stand-alone behavioral health facilities in Nebraska and Iowa. A community health assessment was created in 2016 with a new assessment in the works starting in the summer of 2018. The assessment identified five priority health needs for Buffalo County: high impact prevention services, eliminate health disparities, healthy eating and active living, injury-free living, healthy homes and sustainable communities. Given this data, CHI Good Samaritan created four priority goals to best address the needs of their community. Each goal was accompanied by a specific action plan.

- Violence & Injury (Injury-free living and Violence Prevention)
 - Increase preventative outreach and community resources in order to improve mental health, reduce substance abuse, and youth violence.
- Behavioral Health (Injury Free Living)
 - Increase preventative outreach, educational efforts that support the resiliency of community members who experience mental health and substance use issues.
- Access to Care (Eliminate Health Disparities)
 - Improve access and reduce barriers to healthcare for uninsured and underinsured populations in Buffalo County NE and surrounding areas.
- Nutrition, Physical Activity, & Weight Status (Health Eating & Active Lifestyle)
 - Improve weight status, healthy eating, and physical activity through education, environmental change and promotion of a coordinated system of care.

Kearney County Health System (KCHS)

Kearney County Health Services collaborated with Two Rivers to complete a community health needs assessment in 2017. Prior to 2017, an assessment had not been completed since the 1990's. Two Rivers was able to help facilitate this process by helping gather data for the survey as well as contract the Nebraska Association of Local Health Departments to complete a report and serve as facilitator.

The strategic issues identified are:

1. Promoting Healthy Lifestyles
2. Expanding Opportunities for Youth Development (0-18 years old)
3. Activating County-wide Partnerships
4. Increasing Healthcare Access
5. Developing Wellness Infrastructure

Phelps Memorial Health Center (PMHC)

Phelps Memorial Conducted their community health needs assessment in 2016 to fulfill guidelines set by the Affordable Care Act. Rather than focusing on 4 large goals, PMHC has identified 8 significant health needs for Phelps County community members. The needs were identified using similar data to that presented in the rest of this report including County Health Rankings, a survey distributed in Phelps County, demographics, and mortality data. PMHC intends to conduct another community health needs survey in 2019.

The identified health needs are as follows:

1. Cancer
2. Diabetes
3. Obesity/Overweight
4. Physical Activity
5. Mental Health
6. Accessibility/Affordability
7. Heart Disease
8. Stroke

Lexington Regional Health Center (LRHC)

LRHC completed a community health needs assessment using a Mobilizing for Action through Planning and Partnerships process (MAPP). This planning was begun in 2017. Using the previous TRPHD Community Health Improvement Plan and gathering new information LRHC identified 4 priority areas which focus groups then discussed extensively to create goals for LRHC to accomplish. The focus groups identified 6 themes that were prevalent across all four priority areas, they are; access to care, economics, education, health insurance, local healthcare resources, and stigma. The priorities set by LRHC are:

1. Chronic Conditions
2. Prenatal Care
3. Mental Health
4. Workplace Injuries

Programmatic Survey

TRPHD released a short 7 question survey through Survey Monkey through Facebook to assess the opinions of community members. A total of 89 people took the survey adding their valuable insights to the work of TRPHD. Using these insights will help identify key priority areas for the upcoming TRPHD community health improvement plan.

1. How do you rate community health?
 - a. Those taking the survey were given a scale of 1-5 with 5 being very healthy and 1 being very unhealthy. The total weighted average was 3.33 meaning the health of the district was slightly above average.
2. What is your greatest community health need?
 - a. The top three identified needs were: access to care/affordable health care, mental health, and education on health topics.
3. What is the purpose of TRPHD?
 - a. Four purposes were identified for TRPHD and are as follows:
 - i. Act as an informer/educator
 - ii. Become a community informant/liaison
 - iii. Become a public health leader
 - iv. Act as an access to care agency
4. What health resources should TRPHD offer?
 - a. Information and Education
 - b. Health Screenings, Immunizations, & Services
 - c. Community Outreach, Basic Care, Clinics
5. Where should TRPHD be located?
 - a. Three locations were offered and more than one option could be chosen. The answers were as follows:
 - i. Kearney 71%
 - ii. Holdrege 57%
 - iii. Lexington 53%
6. What can TRPHD do to meet your immunization needs?
 - a. Over 70% of those asked agreed that TRPHD should offer immunizations to the school, flu shots, and immunization education.
7. What should TRPHD be doing to protect limited natural resources and secure the future for all children in the district?
 - a. The top three answers were:
 - i. Water Quality
 - ii. Access to local healthy food
 - iii. Adequate housing (hoarding, mold, maintenance)

Partners

Thanks to all those who participated throughout our data gathering process!

Alma Family Dental:
Dr. Jesse Neal, Dentist

Lexington Regional Health Center:
Jessica Nordstrom, Infection Control

Two Rivers Board of Health:
Shelly Brenn, Phelps County
Commissioner
Brady Beecham, Physician
Wayne Anderson, Kearney County
Supervisor
Dennis Rickertsen, Dawson County
Commissioner
Patty Bader, Gosper County
Representative

Dawson County:
John Fagot, Mayor
Paul Schwarz, Policer Officer
Gladys Godinez, Minority Health
Representative

Mount Carmel Home:
Kate Johnson, DON

Phelps Memorial Health Center:
Mark Harrell, CEO

Buffalo County:
Darrin Lewis, Emergency Manager
Stanley Clouse, Mayor

Dan Lynch, Police Chief

Lexington Public Schools:
John Hakonson, Superintendent

Kearney Regional:
Bill Calhoun, CEO

Central Nebraska Local Outreach to Suicide Survivors:
Rena Zimmer, Member

Kearney Public Schools:
Kent Edwards, Superintendent

CHI-Good Samaritan:
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Kearney Area United Way:

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Kearney City Council:

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