



Three Rivers Public Health Department
MAPP Draft CHIP
March 2016

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Introduction

The purpose of the Community Health Improvement Plan (CHIP) is to identify how to strategically and collaboratively address community priority areas to improve the health and well-being of the community. Community members utilized the assessment process to formulate a community health improvement plan aimed at striving to provide effective, quality health services, and an environment that enables community members to reach their full health potential through assessment, leadership, and partnerships.

Three Rivers Public Health Department (3RPHD) works to protect, preserve, and improve the health of the 77,709 residents of Dodge, Saunders, and Washington Counties (Figure 1).

Figure 1	Population (2013)			
	Dodge County	Saunders County	Washington County	Three Rivers
	36,675	20,800	20,234	77,709

As a whole, the Three Rivers District is 91.7% White non-Hispanic. There is a significant minority population in Dodge County (Figure 2).

Figure 2	Race/Ethnicity (2013)				
	Dodge County	Saunders County	Washington County	Three Rivers Total	Nebraska
White (non-Hispanic)	87.1%	96.0%	95.7%	91.7%	81.7%
Minority	12.9%	4.0%	4.3%	8.3%	18.3%

Each of the three counties in the Three Rivers District has a median age of over 40 years, which is higher than the median age of 36.3 years for the state (Figure 3).

Figure 3	Median age (2013)			
Dodge County	Saunders County	Washington County	Three Rivers	Nebraska
40.1	41.8	40.8	40.7	36.3

Among the three counties in the Three Rivers District, Dodge County has the highest percentage of the population that is age 65 or older at 18.6%. As a whole, 16.9% of the Three Rivers District is 65 or older (compared to 13.7% for the state) (Figure 4).

Figure 4	Number and percentage of the population age 65 and over (2013)			
Dodge County	Saunders County	Washington County	Three Rivers	Nebraska
6,833 (18.6%)	3,327 (16.0%)	2,944 (14.5%)	13,104 (16.9%)	252,585 (13.7%)

Just under one-fourth (24.3%) of the Three Rivers population is under the age of 18 (Figure 5).

Figure 5	Number and percentage of the population under the age of 18 (2013)			
Dodge County	Saunders County	Washington County	Three Rivers	Nebraska
8,624 (23.5%)	5,349 (25.7%)	4,890 (24.2%)	18,863 (24.3%)	460,116 (25.0%)

Our Mission:

Three Rivers Public Health Department's Mission is to empower and educate families while promoting healthy living for the improvement of our communities.

Our Vision:

Three Rivers Public Health Department's Vision is that in cooperation with our communities, we will always be compassionate and respectful in all of our public health endeavors.

Staff List

3RPHD Staff	Title
Terra Uhing	Executive Director
Sofia Toben	Manager of Operations
Nicole Loseke	Manager of Clinical Services
Alison Shanahan	Manager of Nursing Services
Melissa Poessnecker	Emergency Response Coordinator
Celeste Reker	Disease Surveillance Coordinator
Evelyn Martinez	Medical Assistant
Cinthia Ravanales	Receptionist
Karmen Dickes	Health Educator
Coartney DiGiorgio	Health Educator

Board Member List

Board Member	Role	Representation
Ryan Bojanski	Board chair	Dodge County
Dr. Angela Sukstorf	Physician	Dodge County
Dr. Adam Lamprecht	Dentist	Dodge County
Dan Weddle	Dodge County Board Representative	Dodge County
Mary Specht	Public-Spirited Individual	Saunders County
Kim Homes	Public-Spirited Individual	Saunders County
Scott Sukstorf	Saunders County Board Supervisor	Saunders County
Mary Le Arneal	Public-Spirited Individual	Dodge County
Linda Wardell	Vice Chairperson	Washington County
Ron Hineline	Washington County Board Supervisor	Washington County
Cathi Sampson	Secretary	Washington County

Current 3RPHD Programs

3RPHD is dedicated to improving the health and quality of life for our residents by offering programs which promote healthy life choices, wellness for children, disease control, environmental safety, and more. Our current programs and services are outlined below:

Department	Program
Health Education	<ul style="list-style-type: none"> • Child Passenger Safety • Colon Cancer • Distracted Driving/Countdown2Drive • General Health Education • Healthy Kids Healthy Bodies • VetSET
Health Services	<ul style="list-style-type: none"> • Adult Immunizations • Men's & Women's Reproductive Health Services • Private Vaccinations • Tuberculosis (TB) Screening • Vaccines for Children
Emergency Preparedness	<ul style="list-style-type: none"> • Bioterrorism • Cities Readiness Initiative • Disease Surveillance • Ebola
Environmental	<ul style="list-style-type: none"> • General Environmental Education • Radon • West Nile

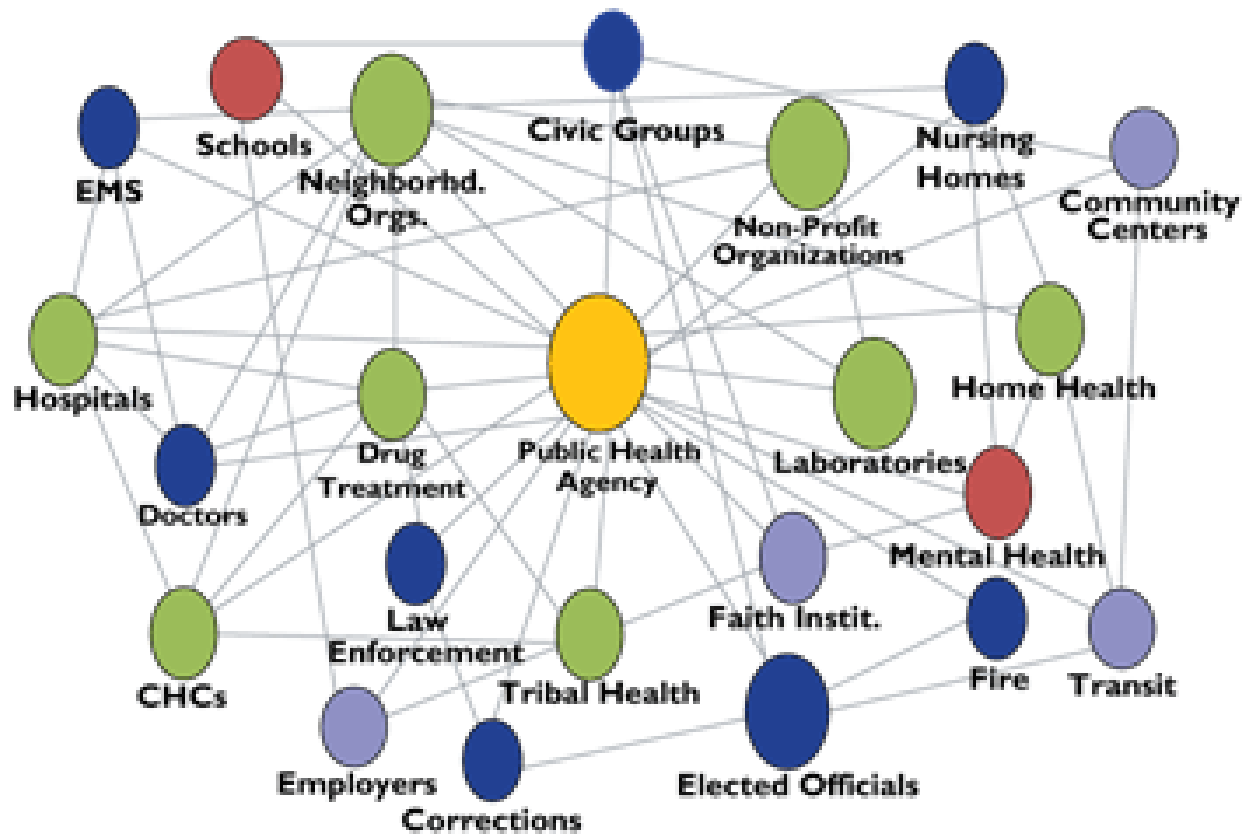
2016 Core Team Members

- ❖ Fremont Health
- ❖ Saunders Medical Center
- ❖ Memorial Community Hospital & Health System
- ❖ Schmeeckle Research
- ❖ Facilitated Resources – Deb Burnight



The development of this community health improvement plan was led by core team members, which would not have been possible without input and guidance from community members and partners identified in the Community Health Assessment.

Figure 6: Local Public Health System



Strategic Process Summary

Under the direction of the Three Rivers Public Health Department (3RPHD), Schmeeckle Research of Lincoln, NE assembled the 2015 *Community Health Needs Assessment* for the three counties in the 3RPHD District (Dodge, Saunders, and Washington Counties in Nebraska). This assessment is the basis for the Community Health Improvement Plan (CHIP). The assessment will also serve as a reference document for the non-profit hospitals in the district to assist in strategic planning. It is the purpose of the assessment to inform all interested parties about the health status of the population within the district and to provide community resources to improve the health of the population.

Data for the report was gathered from a broad array of sources including:

- Behavioral Risk Factor Surveillance System (BRFSS)
- County Health Rankings
- Nebraska Crime Commission
- Nebraska Department of Education
- Nebraska Department of Health and Human Services (DHHS)
- Nebraska Risk and Protective Factor Student Survey (NRPFS)
- U.S. Census/American Community Survey

Once the assessment was complete, the local community hospitals agreed to host the community focus groups and also print the post card invitations. The invitations were sent out on February 10, 2016 by 3RPHD to a variety of non-profit organizations, businesses, community members, medical providers, etc. A total of 100 invitations were sent out for the Dodge County focus group, 72 invitations for Saunders County, and 52 for Washington County. Prior to the day of the focus groups, Dodge County had a total of 45 RSVPs, Saunders County had 24 RSVPs, and Washington County had 39 RSVPs.

Residents and others concerned with the health and well-being of the 3RPHD district met in three, half-day facilitated sessions on February 24th & 25th, 2016. Dodge County had a total of 56 participants, Saunders County had 28 participants, and Washington County had 42 participants.

The overarching question guiding discussion was:

“Based on our community assessments, what will we choose to focus on over the next three to five years to improve the health of all who live, work, and play in our communities?”

The agenda for the three sessions was:

- Welcome and context
- Data sharing
- Forces of Change workshop
- Strategic Issue confirmation
- Debrief

Terra Uhing, Executive Director for 3RPHD, welcomed each group and thanked the host hospitals helping to hold these events: Fremont Health (Fremont, NE), Saunders Medical Center (Wahoo, NE), and Memorial Community Hospital (Blair, NE). Will Schmeeckle, of Schmeeckle Research, provided health data relevant to strengths and challenges of each county.

Following the health data presentation, a Forces of Change exercise was facilitated in order to identify key trends, events and factors currently impacting the health and well-being of 3RPHD residents. The Forces of Change Assessment is designed to help communities answer the following questions:

- “What is occurring or might occur that affects the health of our community and/or the local public health system?”
- “What specific threats or opportunities are generated by these occurrences?”

Forces of Change include trends, events, and factors that are or will be influencing the health and quality of life and or the work of the public health system.

Based on the Forces of Change Assessments, participants then prioritized key strategic focus issues that can guide decisions over the next 3-5 years.

Once the key strategic issues were decided, each county developed their own set criteria for choosing strategic issues. Some of the criteria included, but was not limited to:

- Measureable outcomes
- Potential for financial support
- Ability to collaborate on issues
- Return on investment
- Quality of care
- Potential for early intervention
- Sustainability
- Potential support from key stakeholders

The process guiding the work of the group was based on the Technology of Participation facilitation methods developed by the Institute of Cultural Affairs.

Each county proved to be unique as far as the strategic issues identified to address in their communities. However, there were three priority issues that were outlined by all three counties individually. These issues included preventative health education, mental health, and obesity.

In the following pages the top priority issues along with justification for these issues, goals, and strategies have been proposed to address these priority areas in the next 3-5 years.

Dodge County

Demographic Profile: Dodge County

Population: 36,675

% White (non-Hispanic): 87.1%

% minority: 12.9%

Median age: 40.1

Median Household Income: \$59,038

% at or below Poverty: 10.7%

% with High School Degree/GED/Equivalent or higher (age 25 and over): 86.0%

Community Health Strengths

The primary purpose of this document is to present community health needs that were identified in the Three Rivers Community Health Needs Assessment Report. However, it is also important to focus on community health strengths. Some positive indicators of community health in Dodge County include:

- A low rate of violent crimes
- A high percentage of the population with adequate access to locations for physical activity
- A low rate of deaths due to Coronary Heart Disease
- A low rate of children born with low birth weight
- A low rate of Chlamydia cases

Figure 7: Indicators of Community Health Needs for Dodge County

Indicator/Area of Community Health Need	Rationale for Selection
➤ Aging Population	<ul style="list-style-type: none"> • The median age in Dodge County is 40.1 (state comparison: 36.3). • 18.6% of the Dodge County population is age 65 and over (state comparison: 13.7%).
➤ Poverty	<ul style="list-style-type: none"> • Although just 10.7% of the Dodge County population is in poverty (compared to 12.8% for the state). • The median household income in Dodge County is \$59,038 (state comparison: \$67,023). • In 2012-2013, 51.7% of children were eligible for free and reduced lunch in Dodge County (state comparison: 44.2%). • In 2013, 40.2% of children in Dodge County were enrolled in Medicaid or the Children's Health Insurance Plan (CHIP) (state comparison: 35.5%).
➤ Births to Unmarried Mothers	<ul style="list-style-type: none"> • From 2009 to 2013 there were 976 births to unmarried mothers in Dodge County, accounting for 40.8% of all births (state comparison: 33.6%). • Poverty rates for single mother families in Dodge County are at 26.7%, compared to 6.3% for married couple families.
➤ Access to Health Services	<ul style="list-style-type: none"> • In a survey conducted from 2011 to 2014, there was a statistically significant difference between White (non-Hispanic) individuals and minorities in terms of access to health care services across the entire Three Rivers district: 42.5% of minorities age 18-64 reported having no health care coverage (compared to 15.2% for White non-Hispanics), 37.1% of minorities reported having no personal doctor or health care provider (compared to 15.3% for White non-Hispanics), and 26.9% of minorities reported needing to see a doctor but could not due to cost in the past year (compared to 11.9% for White non-Hispanics). • In 2013, an estimated 6.5% of the Dodge County population under 18 was without health insurance (state comparison: 5.9%). • In 2012, an estimated 13.8% of the Dodge County population under 65 was without health insurance (state comparison: 12.9%). • In Dodge County, there are higher ratios of the population to primary care physicians, dentists, and mental health providers compared to the state.
➤ Tobacco-related Deaths	<ul style="list-style-type: none"> • From 2009 to 2013 there were 316 tobacco-related deaths in Dodge County, accounting for an age-adjusted rate of 114.5 per 100,000 population (state comparison: 106.5 per 100,000).
➤ Motor Vehicle Deaths	<ul style="list-style-type: none"> • From 2009 to 2013 there were 34 motor vehicle deaths in Dodge County, accounting for an age-adjusted rate of 19.3 per 100,000 population (state comparison: 12.2 per 100,000).
➤ Unintentional Injury Deaths	<ul style="list-style-type: none"> • From 2009 to 2013 there were 99 unintentional injury deaths in Dodge County, accounting for an age-adjusted rate of 42.7 per 100,000 population (state comparison: 35.9 per 100,000).

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➤ Child Abuse/Neglect and Children in Foster Care	<ul style="list-style-type: none"> • In 2014, there were 55 substantiated cases of child abuse and neglect in Dodge County, accounting for a rate of 6.1 per 1,000 (state comparison: 5.2 per 1,000). • In 2014, there were 101 children in foster care in Dodge County, accounting for a rate of 11.2 per 1,000 (state comparison: 6.2 per 1,000).
➤ Educational Attainment	<ul style="list-style-type: none"> • In 2013, an estimated 86.0% of the 25 and over population in Dodge County had at least a high school diploma or equivalent (state comparison: 90.5%), and 18.7% of the Dodge County population age 25 and over had a Bachelor's Degree (state comparison: 28.5%).
➤ Cancer	<ul style="list-style-type: none"> • From 2009 to 2013 there were 470 deaths due to cancer in Dodge County, accounting for an age-adjusted rate of 178.7 per 100,000 population (state comparison: 165.1 per 100,000). • In 2014, 13.6% of the Three Rivers district population reported that they have ever been told by a doctor that they have cancer in any form (state comparison: 10.7%).
➤ Deaths due to Stroke	<ul style="list-style-type: none"> • From 2009 to 2013 there were 140 deaths due to Stroke in Dodge County, accounting for an age-adjusted rate of 44.8 per 100,000 population (state comparison: 37.9 per 100,000).
➤ Respiratory and Pulmonary Illnesses	<ul style="list-style-type: none"> • From 2009 to 2013 there were 154 deaths due to COPD in Dodge County, accounting for an age-adjusted rate of 54.1 per 100,000 population (state comparison: 49.2 per 100,000). • From 2009-2013 there were 142 deaths due to Chronic Lung Disease in Dodge County, accounting for an age-adjusted rate of 50.2 per 100,000 population (state comparison: 44.8 per 100,000).
➤ Birth Defects	<ul style="list-style-type: none"> • From 2009 to 2013 there were 164 cases of birth defects in Dodge County, accounting for 6.8% of all births (state comparison: 6.0%).
➤ Births to Teen Mothers	<ul style="list-style-type: none"> • From 2009 to 2013 there were 207 births to teen mothers in Dodge County, accounting for 8.6% of all births (state comparison: 7.1%).
➤ Youth Marijuana and Prescription Drug Use	<ul style="list-style-type: none"> • 10th and 12th grade students across the Three Rivers district have consistently reported higher rates of past 30-day marijuana and prescription drug use compared to their peers across the state.
➤ Obesity/Overweight	<ul style="list-style-type: none"> • In 2014, an estimated 44.1% of the entire Three Rivers district adult population was obese (state comparison: 40.6%), and 69.4% of the adult population was overweight or obese (state comparison: 66.7%). The percentage of adults who are obese and/or overweight has been increasing in the Three Rivers district.

Figure 8:

**What trends, factors and events are or will be influencing the health and quality of life in our communities
and/or the work of our public health system? (CHA Work Group Results)**

Need for sustainable & affordable transportation system	Substance abuse issues	Need for quality housing	Need to embrace cultural diversity	Need for education and workforce development	Increase in community collaboration	Access to health and well being	Poverty	Increased youth at risk	Divided philosophies around policy and funding	Aging population
<ul style="list-style-type: none"> •Lack of transportation •Access to public transport 	<ul style="list-style-type: none"> •Easy access to drugs, tobacco, and/or alcohol •25% fail rate on job AP screens •Increase tobacco tax 	<ul style="list-style-type: none"> •Housing (safe, quality, & affordable) •Appropriate housing related to median income •Affordable housing - easy commute competition •Quality of housing (buying & renting) 	<ul style="list-style-type: none"> •Minority population •Language barriers •Unwillingness to adapt & change: embrace cultural differences •Immigrant population increase •Need for health educator for minorities 	<ul style="list-style-type: none"> •Cost of health care & education vs. rate of pay •Lack of employment opportunities •Employment - type, benefits, & availability •Potential major company closes/ opens •Quality jobs/ wages •Building access to skilled licensed professionals •Increase discussion of employers investing in employees (pay for training) 	<ul style="list-style-type: none"> •Community Response •Alternative Response •Partnerships & collaboration on increase •We are treating symptoms, rather than causes •Need for more quality & quantity of direct services workers •Taking ownership of our communities •Lack of comprehensive sex education •Community agency collaboration •Enhancing education and coordination of available resources 	<ul style="list-style-type: none"> •Community health clinic •Good Neighbor Fremont •Access to affordable healthcare •Nutrition exercise education •Opportunity for affordable health care •Unreported domestic violence •Opening of mental health facility •Substance abuse recovery homes •Behavioral health access at FH 	<ul style="list-style-type: none"> •Entitlement mentality and accountability (personal) •Bridges out of poverty •“The Cliff” •Emerging population of youth (18-24) in poverty 	<ul style="list-style-type: none"> •Education (Prevention, early intervention, foundation) •Social media impact on children in schools •Youth systems - education drug use, welfare •Need for health education in schools 	<ul style="list-style-type: none"> •2016 Presidential election •Politics •Affordable Care Act •Decrease in funding to community •Entitlement mentality and accountability (personal) 	<ul style="list-style-type: none"> •Aging population •Increase in aging population •Increasing older adult population
Proximity to Omaha										

Priority Area #1: Affordable Housing

Justification: Dodge County has a lower median household income and per capita income as compared to the state (U.S. Census/American Community Survey 5-year Estimates, 2013).

In 2013, 24.1% of Three Rivers* adults reported they were always, usually, or sometimes worried or stressed about having enough money to pay their rent or mortgage (BRFSS, 2014).

*County-specific data not available.

Goal: Increase knowledge of and access to affordable housing options across Dodge County.

Strategies:

- Collaborate to increase knowledge of and access to affordable housing options in Dodge County.
- Coordinate central housing quality center for the county.
- Pursue available funding to increase affordable housing options in the county.

Priority Area #2: Access to Health/Well Being – Knowledge, Awareness, etc.

Justification: Prevention is the most cost-effective way to lessen the chances of acquiring a preventable disease or injury.

Dodge County currently experiences high rates of preventable illnesses and injuries including but not limited to:

- From 2009-2013, Dodge County had higher rates of age-adjusted tobacco-related deaths than the other counties in the 3RPHD district and the state as a whole (NE DHHS Vital Records, 2013).
- From 2009-2013, Dodge County had higher rates of age-adjusted motor vehicle deaths than the other counties in the 3RPHD district and the state as a whole (NE DHHS Vital Records, 2013).
- From 2009-2013, Dodge County had the highest rates of age-adjusted unintentional injury deaths in the 3RPHD district; a rate higher than the state average (NE DHHS Vital Records, 2013).
- Dodge County continues to have higher rates of age-adjusted deaths due to Colorectal Cancer, stroke, Chronic Obstructive Pulmonary Disease, and Chronic Lung Disease than the state (NE DHHS, 2013).
- The percentage of births to teen mothers was higher in Dodge County than the state average (NE DHHS Vital Records, 2013).

Goal: Increase awareness, implementation, and utilization of preventative services in Dodge County.

Strategies:

- Increase health fairs screenings across the county.
- Enhance public knowledge of resources available in Dodge County.
- Pursue available funding for prevention programs.
- Increase coordination for injury prevention activities throughout the county.
- Increase comprehensive health education available in schools.
- Support efforts to improve community health literacy.
- Enroll community partners in implementing tobacco-free indoor workplaces.
- Implement evidence-based programs to decrease youth initiation of tobacco and alcohol products.

Priority Area #3: Poverty and Better Workforce Education

Justification: Dodge County has higher rates of poverty among total population, families, and individuals under 18 compared to the other counties in the 3RPHD district (U.S. Census/American Community Survey 5-year Estimates, 2013).

Dodge County also has a higher percentage of children eligible for free and reduced school meals than the rest of the 3RPHD district and the state as a whole (Nebraska Department of Education, contained in Kids Count, 2015).

Goal: Decrease percentage of Dodge County residents living in poverty by increasing workforce development throughout the county.

Strategies:

- Increase incentives for businesses to create quality jobs within the county.
- Continue training professionals about poverty through the Bridges out of Poverty workshops.
- Collaborate to address the emerging population of youth in poverty.
- Increase opportunities for employers to invest in employees through paid trainings.
- Pursue available funding for expanding the community capability of reducing generational poverty through evidence-based programs.
- Promote post-secondary education or technical training to high school students.
- Promote economic growth and employment opportunities.
- Pursue opportunities for career counseling and/or job shadowing.
- Increase independent living classes to high school students.
- Increase knowledge of financial aid and scholarship opportunities for higher education to high school students and their families.

Improve the community-based support structure for those on the brink of poverty.

Saunders County

Demographic Profile: Saunders County

Population: 20,800

% White (non-Hispanic): 96.0%

% minority: 4.0%

Median age: 41.8

Median Household Income: \$75,270

% at or below Poverty: 8.0%

% with High School Degree/GED/Equivalent or higher (age 25 and over): 93.3%

Community Health Strengths

The primary purpose of this document is to present community health needs that were identified in the Three Rivers Community Health Needs Assessment Report. However, it is also important to focus on community health strengths. Some positive indicators of community health in Saunders County include:

- Low poverty rates for the overall and under 18 population
- A low rate of children living in single parent households
- A low rate of births to unmarried mothers
- A fairly low percentage of the under 65 population without health insurance
- A low rate of arrests
- A low rate of children in foster care
- A high rate of high school graduation
- A low rate of deaths due to Stroke
- A low rate of deaths due to Chronic Obstructive Pulmonary Disease (COPD)
- A low rate of deaths due to Chronic Lung Disease
- A low rate of births to teen mothers
- A low rate of Chlamydia cases
- A low rate of deaths due to Alzheimer's Disease
- A relatively low rate of tobacco-related deaths

Figure 9: Indicators of Community Health Needs for Saunders County

Indicator/Area of Community Health Need	Rationale for Selection
➤ Aging Population	<ul style="list-style-type: none"> • The median age in Saunders County is 41.8 (state comparison: 36.3). • 16.0% of the Saunders County population is age 65 and over (state comparison: 13.7%).
➤ Health Care Professionals	<ul style="list-style-type: none"> • In Saunders County, there are higher ratios of the population to primary care physicians, dentists, and mental health providers compared to the state.
➤ Suicide	<ul style="list-style-type: none"> • From 2009 to 2013 there were 19 suicides in Saunders County, accounting for an age-adjusted rate of 18.9 per 100,000 population (state comparison: 10.7 per 100,000).
➤ Motor Vehicle Deaths	<ul style="list-style-type: none"> • From 2009 to 2013 there were 17 motor vehicle deaths in Saunders County, accounting for an age-adjusted rate of 16.5 per 100,000 population (state comparison: 12.2 per 100,000).
➤ Access to Locations for Physical Activity	<ul style="list-style-type: none"> • An estimated 52.8% of the population in Saunders County has adequate access to locations for physical activity (state comparison: 81.4%).
➤ Cancer	<ul style="list-style-type: none"> • From 2009 to 2013 there were 237 deaths due to cancer in Saunders County, accounting for an age-adjusted rate of 177.1 per 100,000 population (state comparison: 165.1 per 100,000). • In 2014, 13.6% of the Three Rivers district population reported that they have ever been told by a doctor that they have cancer in any form (state comparison: 10.7%).
➤ Diabetes	<ul style="list-style-type: none"> • From 2009 to 2013 there were 124 deaths due to diabetes in Saunders County, accounting for an age-adjusted rate of 92.0 per 100,000 population (state comparison: 81.6 per 100,000). • In 2014, 10.0% of the Three Rivers district population reported that they have ever been told by a doctor that they have diabetes (state comparison: 9.2%).
➤ Child and Adolescent Mortality	<ul style="list-style-type: none"> • From 2009 to 2013 there were 9 deaths to children age 1 to 19 in Saunders County, accounting for a rate of 32.2 per 100,000 population (state comparison: 25.7 per 100,000).
➤ Premature Births	<ul style="list-style-type: none"> • From 2009 to 2013 there were 123 premature births in Saunders County, accounting for 9.7% of all births (state comparison: 9.3%).
➤ Birth Defects	<ul style="list-style-type: none"> • From 2009 to 2013 there were 92 cases of birth defects in Saunders County, accounting for 7.2% of all births (state comparison: 6.0%).
➤ Community Water Systems	<ul style="list-style-type: none"> • In 2012, 64.2% of the population in Saunders County was served by community water systems (state comparison: 85.9%) • In 2012, 21.8% of the population in Saunders County was receiving optimally fluoridated water (state comparison: 71.6%).

➤ Youth Marijuana and Prescription Drug Use	<ul style="list-style-type: none">• 10th and 12th grade students across the Three Rivers district have consistently reported higher rates of past 30-day marijuana and prescription drug use compared to their peers across the state.
➤ Obesity/Overweight	<ul style="list-style-type: none">• In 2014, an estimated 44.1% of the entire Three Rivers district adult population was obese (state comparison: 40.6%), and 69.4% of the adult population was overweight or obese (state comparison: 66.7%). The percentage of adults who are obese and/or overweight has been increasing in the Three Rivers district.

Figure 10:
What trends, factors, and events are or will be influencing the health and quality of life in our communities and/or the work of our public health system? (CHA Work Group Results)

Access to mental health services	Shortage of skilled health care workers	Access to affordable insurance	Proximity between two large urban areas	Health education and responsibility	Use and abuse of technology	Transportation issues
<ul style="list-style-type: none"> • Lack of mental health access • Mental health 	<ul style="list-style-type: none"> • Lack of jobs - skilled training • Lack of health care workers • Shortage of medical providers • Lack of clarity of EMS's role 	<ul style="list-style-type: none"> • Affordable health insurance (premiums increasing) • Election process • Shift of provider pay • New president • Are the insured getting healthcare? • High medical insurance deductibles 	<ul style="list-style-type: none"> • Bypass population shift • Location equidistant from major hubs of population • Access to activities/options • Limited OBGYN - birthing hospitals • Economic Haves & Have Nots • Proximity to Omaha and Lincoln • Increased populations in the county • Migration from outer areas 	<ul style="list-style-type: none"> • Lack of health knowledge • Utilization of care • Personal fear of medicine, truth, procedures • Obesity • High radon/cancer connection • Decreasing religious faith • Increased recreational opportunities • Personal responsibility 	<ul style="list-style-type: none"> • Technology good and bad • Social media (false information) • Too much automation • Cyber bullying, etc. - bullying • Conflicting screening guidelines, i.e. mammograms • Aging population • Information access technology 	<ul style="list-style-type: none"> • Lack of transportation • Aging population
New Medical Center						

Priority Area #1: Mental Health (Particularly as it relates to suicide)

Justification: From 2009-2013 age-adjusted death rate due to suicide in Saunders County was higher than the state rate, 18.9 deaths per 100,000 and 10.7 deaths per 100,000, respectively (NE DHHS, Vital Records, 2013).

In 2014, 8.3% of adults in the 3RPHD district reported their mental health was not good on 14 or more of the past 30 days (i.e. frequent mental distress)* (BRFSS, 2014).

Reported bullying among 8th, 10th, and 12th graders in the 3RPHD district was higher than that of the state average in 2014 (either on school property, away from school property, or electronically) * (NE Risk and Protective Factors Student Survey, 2014).

*County-specific data not available.

Goal: Improve the mental health and emotional well-being of Saunders County residents by increasing the quality, availability, and effectiveness of community based mental health programs.

Strategies:

- Enhance public knowledge of resources within Saunders County.
- Pursue available funding sources to add behavioral and/or mental health related programs into Saunders County.
- Work with existing mental health providers to enhance collaboration across Saunders County.
- Reduce mental health stigma.
- Support education efforts to increase mental health literacy.

Priority Area #2: Health Education/Responsibility

Justification: Prevention is the most cost-effective way to lessen the chance of acquiring a preventable disease, illness, or injury.

Saunders County currently experiences higher rates of preventable illnesses and injuries including but not limited to:

- In Saunders County, the number of tobacco-related deaths from 2009-2013 was 129 deaths (NE DHHS, Vital Records 2013). Furthermore, deaths due to lung cancer in Saunders County was 64 deaths (NE DHHS, Vital Records, 2013).
- In 2014, only 77.9% of women age 50 to 74 years old in the 3RPHD district reported being up to date on breast cancer screening (BRFSS, 2014). In Saunders County, the number of deaths from 2009-2013 due to breast cancer was 16 deaths (NE DHHS, Vital Records 2013).
- In 2014, only 66.1% of adults age 50-75 years old in the 3RPHD district reported being up to date on colon cancer screening (BRFSS, 2014). In Saunders County, the number of deaths from 2009-2013 due to colorectal cancer was 23 deaths (NE DHHS, Vital Records, 2013).
- In Saunders County, the number of deaths due to unintentional injury from 2009-2013 was 41 deaths (NE DHHS, Vital Records, 2013).
- In Saunders County, the number of motor vehicles deaths from 2009-2013 was 17 deaths (NE DHHS, Vital Records, 2013). Furthermore, in 2014, only 72.8% of adults in the 3RPHD district reported always wearing a seatbelt when driving or riding in a vehicle (BRFSS, 2014).

Goal: Increase awareness, implementation, and utilization of preventative services in Saunders County.

Strategies:

- Increase health screenings in Saunders County.
- Enhance public knowledge of resources available in the community.
- Pursue available funding for evidence-based prevention programs.
- Increase the coordination for illness and injury prevention activities throughout Saunders County.
- Support efforts to improve community health literacy.
- Support efforts to improve community readiness to take action and maintain healthy behaviors.

Priority Area #3: Shortage of Skilled Workers

Justification: High school graduation rate in 2013 for Saunders County was 93.3%, however, only 24.4% of Saunders County residents 25 years and over have a Bachelor's degree or higher (U.S. Census/American Community Survey 5-year Estimates, 2013).

In 2013, 1,648 individuals in Saunders County live in poverty. Furthermore, poverty among female householder families with children in Saunders County is 29% (U.S. Census/American Community Survey 5-year Estimates, 2013).

Goal: Create a culture supportive of post-secondary education or technical training to promote skilled workers in Saunders County.

Strategies:

- Promote post-secondary education or technical training to high school students.
- Increase incentives for businesses to create quality jobs within the county.
- Promote economic growth and employment opportunities.
- Pursue opportunities for career counseling and/or job shadowing.
- Increase independent living classes to high school students.

Increase knowledge of financial aid and scholarship opportunities for higher education to high school students and their families.

Priority Area #4: Obesity

Justification: In 2014, 44.1% of adults 18 years and older in 3RPHD district reported a height and weight that computed to a body mass index (BMI) of 30 or higher, and thus are considered obese* (BRFSS, 2014).

Only 52.9% of adults 18 years and over in the 3RPHD district met aerobic physical activity recommendations in the past 30 days for 2013* (BRFSS, 2014).

Saunders County population has access to fewer locations for physical activity than the average Nebraskan (52.8% and 81.4%, respectively) (County Health Rankings, 2015).

*County-specific data not available.

Goals:

- Increase physical activity in Saunders County residents.
- Increase percentage of Saunders County residents who eat a balanced diet.
- Increase the number of breastfed infants in Saunders County.

Strategies:

- Increase the participation of schools and businesses to provide healthy vending options.
- School policy development limiting candy/unhealthy foods being used as rewards.
- Implementation of evidence-based worksite wellness programs.
- Enhance access to physical activity opportunities, including physical education in schools and childcare facilities.
- Enhance community planning and design practices through built environments to improve physical activity in Saunders County (i.e. walking trails, safe sidewalks).
- Enhance public knowledge of resources available in the community.
- Increase support for breastfeeding in workplaces.
- Increase support for breastfeeding mother through the childcare settings.

Washington County

Demographic Profile: Washington County

Population: 20,234

% White (non-Hispanic): 95.7%

% minority: 4.3%

Median age: 40.8

Median Household Income: \$76,170

% at or below Poverty: 7.7%

% with High School Degree/GED/Equivalent or higher (age 25 and over): 95.0%

Community Health Strengths

The primary purpose of this document is to present community health needs that were identified in the Three Rivers Community Health Needs Assessment Report. However, it is also important to focus on community health strengths. Some positive indicators of community health in Washington County include:

- High rankings in both Health Outcomes and Health Factors from County Health Rankings
- A relatively low rate of premature deaths (deaths under age 75)
- Low poverty rates for the total and under 18 populations
- A low rate of children living in single parent households
- A low rate of the under 65 population without health insurance
- A low rate of arrests
- A low rate of substantiated cases of child abuse and neglect
- A low rate of children in foster care
- A high rate of high school graduation
- A relatively low rate of deaths due to cancer
- A low rate of premature births
- A low rate of birth to teen mothers
- A low rate of Chlamydia cases

Figure 11: Indicators of Community Health Needs for Washington County

Indicator/Area of Community Health Need	Rationale for Selection
➤ Aging Population	<ul style="list-style-type: none"> The median age in Washington County is 40.8 (state comparison: 36.3). 14.5% of the Washington County population is age 65 and over (state comparison: 13.7%).
➤ Health Care Professionals	<ul style="list-style-type: none"> In Washington County, there are higher ratios of the population to primary care physicians, dentists, and mental health providers compared to the state.
➤ Motor Vehicle Deaths	<ul style="list-style-type: none"> From 2009 to 2013 there were 18 motor vehicle deaths in Washington County, accounting for an age-adjusted rate of 17.5 per 100,000 population (state comparison: 12.2 per 100,000).
➤ Access to Locations for Physical Activity	<ul style="list-style-type: none"> An estimated 48.0% of the population in Washington County has adequate access to locations for physical activity (state comparison: 81.4%).
➤ Deaths due to Coronary Heart Disease	<ul style="list-style-type: none"> From 2009 to 2013 there were 117 deaths due to coronary heart disease in Washington County, accounting for an age-adjusted rate of 90.3 per 100,000 population (state comparison: 80.6 per 100,000).
➤ Diabetes	<ul style="list-style-type: none"> From 2009 to 2013 there were 145 deaths due to diabetes in Washington County, accounting for an age-adjusted rate of 117.9 per 100,000 population (state comparison: 81.6 per 100,000). In 2014, 10.0% of the Three Rivers district population reported that they have ever been told by a doctor that they have diabetes (state comparison: 9.2%).
➤ Birth Defects	<ul style="list-style-type: none"> From 2009 to 2013 there were 80 cases of birth defects in Washington County, accounting for 7.7% of all births (state comparison: 6.0%).
➤ Deaths due to Alzheimer's Disease	<ul style="list-style-type: none"> From 2009 to 2013 there were 49 deaths due to Alzheimer's Disease in Washington County, accounting for an age-adjusted rate of 37.1 per 100,000 population (state comparison: 24.3 per 100,000).
➤ Community Water Systems	<ul style="list-style-type: none"> In 2012, 72.5% of the population in Washington County was served by community water systems (state comparison: 85.9%) In 2012, 63.2% of the population in Washington County was receiving optimally fluoridated water (state comparison: 71.6%).
➤ Youth Marijuana and Prescription Drug Use	<ul style="list-style-type: none"> 10th and 12th grade students across the Three Rivers district have consistently reported higher rates of past 30-day marijuana and prescription drug use compared to their peers across the state.
➤ Obesity/Overweight	<ul style="list-style-type: none"> In 2014, an estimated 44.1% of the entire Three Rivers district adult population was obese (state comparison: 40.6%), and 69.4% of the adult population was overweight or obese (state comparison: 66.7%). The percentage of adults who are obese and/or overweight has been increasing in the Three Rivers district.

Figure 12:

What trends, factors, and events are or will be influencing the health and quality of life in our communities and/or the work of our public health system? (CHA Work Group Results)

Need for mental health services	Aging population	Risks of increased technology	Urban encroachment	Lack of education and awareness	Accessibility and availability to affordable healthcare	Transportation safety	Drug use and abuse	Obesity	Outside influences to our community
<ul style="list-style-type: none"> • Mental health access • Low numbers of behavioral health professionals • Limited access to mental health 	<ul style="list-style-type: none"> • Aging population behaviors • Aging population • Aging population 	<ul style="list-style-type: none"> • Dr. Google • Social media impact • Increased technology • Cell phones "Texting" • Lack of technical education 	<ul style="list-style-type: none"> • "Bedroom" community • Population growth in rural • School option enrollment (OPS, etc.) • Business closures (pharmacy) metro, DANA • EMS - lengthy response times • HWY 133 • Close proximity to Omaha 	<ul style="list-style-type: none"> • Wellness trends • Limited community awareness (need for education, participation) • Children's lifestyle education • Prenatal services and education • Lack of motivation for education (healthy living) • Lack of reportable child abuse/neglect cases • Serious health concerns • Vaccinations 	<ul style="list-style-type: none"> • Difficulty affording healthcare coverage • Limited support services • High-deduct/co-pay plans • Cost of healthcare • Limited public transportation • Misconception that care is better in a larger city • Access to all health care services • New pediatrician • Aging health care professionals 	<ul style="list-style-type: none"> • Seatbelts - lack of use • Helmets - lack of use • Dangers of county roads • School permits/ young age drivers • Farm equipment on roads • Increased elderly drivers • Highway - speed is higher • Highway construction 133 (4 lanes) 	<ul style="list-style-type: none"> • Rx abuse among teens • LB471 (prescription drug monitor.) • Influence of marijuana legalization • Depending on drugs "Quick Fix" • Nicotine abuse 	<ul style="list-style-type: none"> • Increase in obesity and related problems • Obesity: Easy fix society • Fear of exercise 	<ul style="list-style-type: none"> • Communicable diseases • Presidential election • Changes to Medicaid/health care reform

Priority Area #1: Education/Awareness/Participation/Motivation

Justification: Prevention is the most cost-effective way to lessen the chances of acquiring a preventable disease or injury.

Washington County currently experiences high rates of preventable illnesses and injuries including but not limited to:

- The age-adjusted motor vehicle death rate (per 100,000) is higher in Washington County than the state average (17.5 vs 12.2, respectively) (NE DHHS Vital Records, 2013).
- In Washington County, unintentional injury deaths occur at a rate of 36.3 per 100,000; whereas the state average is 35.9 deaths per 100,000 (NE DHHS Vital Records, 2013).
- Only 48.0% of Washington County residents have adequate access to locations for physical activity, compared to 81.4% of all Nebraskans (County Health Rankings, 2015).
- Washington County has higher rates of lung cancer deaths, breast cancer deaths, prostate cancer deaths, melanoma deaths, and leukemia deaths than the state (NE DHHS Vital Records, 2013).
- Washington County has higher rates of deaths due to Coronary Heart Disease, Stroke, and Diabetes than the state (NE DHHS Vital Records, 2013).

Goal: Increase awareness, implementation, and utilization of preventative services.

Strategies:

- Increase health fair screenings across Washington County.
- Enhance public knowledge of resources available in the community.
- Pursue available funding for prevention programs.
- Increase the coordination for injury prevention activities throughout the county.
- Support efforts to improve community health literacy.

Priority Area #2: Mental Health/Behavioral Health/Substance Abuse

Justification:

In 2014, 8.3% of adults in the 3RPHD district reported their mental health was not good on 14 or more of the past 30 days (i.e., frequent mental distress) * (BRFSS, 2014).

Reported bullying among 8th, 10th, and 12th graders in the 3RPHD district was higher than that of the state average in 2014 (either on school property, away from school property, or electronically) * (NE Risk and Protective Factors Student Survey, 2014).

*County-specific data not available.

Goal: Improve the mental health and emotional well-being of 3RPHD's residents by increasing the quality, availability, and effectiveness of community based mental health programs.

Strategies:

- Enhance public knowledge of resources available within the 3RPHD district.
- Pursue available funding sources to add behavioral and/or mental health related programs into the 3RPHD district.
- Work with existing mental health providers to enhance collaboration across the 3RPHD district.
- Reduce mental health stigma.
- Support education efforts to increase community mental health literacy.

Priority Area #3: Obesity/Cardiovascular Disease/Diabetes

Justification: In 2014, 44.1% of adults 18 years and older in 3RPHD district reported a height and weight computing to a body mass index of 30 or higher compared to a state average of 40.6%* (BRFSS, 2014).

*County-specific data not available.

Goals:

- Increase physical activity.
- Increase percentage of residents who eat a balanced diet.
- Increase the number of breastfed infants.

Strategies:

- Increase the participation of schools and business to provide healthy vending options.
- School policy development limiting candy/unhealthy foods being used as rewards.
- Implementation of evidence-based worksite wellness programs.
- Enhance access to physical activity opportunities, including physical education in Washington County schools and childcare facilities.
- Enhance community planning and design practices through built environments to improve physical activity in Washington County communities (i.e. walking trails, etc.)
- Enhance public knowledge of resources available in the community.
- Increase support for breastfeeding in workplaces.
- Increase support for breastfeeding mothers through the childcare setting.

3RPHD Strategic Issues

After reviewing the priority areas for each county, 3RPHD has chosen two strategic issues to work on impacting from the local health department level for the next 3-5 years. The process in which these issues were chosen was based on the recurrence of specific issues in all three counties of the 3RPHD district. The strategic issues along with their objectives are listed below.

PRIORITY AREA 1: Access to Health/Well-being - Knowledge, Awareness, etc.
GOAL: Increase awareness, implementation, & utilization of preventative services in the 3RPHD district to minimize health risks, prevent chronic disease, and support healthy lifestyles.

Objective 1A: Decrease prevalence of obesity in adults 18 years & over		
Baseline: 44.1% in adults (BRFSS, 2014)		
Target: 39.7% (Healthy People 2020 goal is 30.6%, but the recommended target for improvement is by a 10% decrease)		
PERFORMANCE MEASURES		
How We Will Know We Are Making a Difference?		
Short Term Indicators	Year	Anticipated Result
Conduct initial meeting for Health Partnership Committee & review CHIP	1	Education
Promote physical activity in the workforce	2	Worksite Wellness
Convene coalition to inform jurisdiction members of health status	2, 3	Education

Objective 1B: For children ages 2-18, evaluate prevalence of obesity.		
PERFORMANCE MEASURES		
How We Will Know We Are Making a Difference?		
Short Term Indicators	Year	Anticipated Result
Conduct initial meeting for Health Partnership Committee & review CHIP	1	Education
Establish a baseline by implementing a school-based BMI collection based on CDC recommendations	2	Data collection, education
Educate stakeholders of prevalence of childhood obesity	2, 3	Education

Objective 2: Reduce teen pregnancy. (Specific to Dodge County)		
Baseline: 8.6% (NE DHHS Vital Records, 2013)		
Target: 7.1% which is the Nebraska state average		
PERFORMANCE MEASURES		
How We Will Know We Are Making a Difference?		
Short Term Indicators	Year	Anticipated Result
Conduct initial meeting for Health Partnership Committee & review CHIP	1	Education
Increase comprehensive sex education in schools and community settings	1	Education

Objective 3: Reduce annual number of new cases of diagnosed Diabetes in the population.		
PERFORMANCE MEASURES		
How We Will Know We Are Making a Difference?		
Short Term Indicators	Year	Anticipated Result
Conduct initial meeting for Health Partnership Committee & review CHIP	1	Education
Increase prevention behaviors in persons at high risk for diabetes with prediabetes	1	Education
Reduced diabetes death rates	3	Education

Objective 4: Reduce death rate from Cardiovascular Disease. (Specific to Washington County)		
Baseline: 72.5 deaths per 100,000 3RPHD population		
Target: 65.3 deaths per 100,000 3RPHD population (10% decrease)		
PERFORMANCE MEASURES		
How We Will Know We Are Making a Difference?		
Short Term Indicators	Year	Anticipated Result
Conduct initial meeting for Health Partnership Committee & review CHIP	1	Education

PRIORITY AREA 2: Mental Health

GOAL: To improve the mental health and emotional well-being of 3RPHD residents by increasing the quality, availability, and effectiveness of community-based mental health programs.

Objective 1: Increase primary care facilities that provide mental health treatment onsite or by paid referral.

Baseline: In the 3RPHD district, the ratio of residents to mental health providers is 1194:1 (County Health Rankings, 2015)

PERFORMANCE MEASURES

How We Will Know We Are Making a Difference?

Short Term Indicators	Year	Anticipated Result
Conduct initial meeting for Health Partnership Committee & review CHIP	1	Education
Provide behavioral health support and educational programs for parents within 3RPHD jurisdiction in schools.	1	Education

Objective 2: Reduce suicide rate (specific to Saunders County).

Baseline: 18.9 age-adjusted deaths due to suicide per 100,000 population

Target: Nebraska average of 10.7 age-adjusted deaths due to suicide per 100,000 population

PERFORMANCE MEASURES

How We Will Know We Are Making a Difference?

Short Term Indicators	Year	Anticipated Result
Conduct initial meeting for Health Partnership Committee & review CHIP	1	Education
Increase access to early interventions through education and partnerships.	3	