

**Three Rivers Public Health Department**  
**2022 Minority Health Assessment**  
**April 29, 2022**

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## Background

Three Rivers Public Health Department (3RPHD) is located in Northeastern Nebraska and provides public health services to the 80,310 residents in Dodge, Saunders, and Washington Counties. The majority of the district's residents are in Dodge County (37,167), followed by Saunders County (22,278), and Washington County (20,865)<sup>1</sup>. The largest cities within the health district include Fremont, Wahoo, and Blair, which together, make up nearly 50 percent of the 3RPHD population. Three Rivers Public Health Department's main office is located in Fremont, with a satellite office located in Wahoo. While there is no official office located in Washington County, the 3RPHD team regularly hosts events and provides services in conjunction with First Lutheran Church located in Blair.

Racial and ethnic diversity is unique within the 3RPHD district. On average, 96 percent of the 3RPHD population identifies as White (both Hispanic and Non-Hispanic), 0.9 percent are Black/African American, 0.9 percent are American Indian/Alaska Natives, 0.5 percent are Asian, and <0.5 percent are Native Hawaiian or Other Pacific Islanders. While the racial and ethnic diversity of the 3RPHD district appears narrow, it is noteworthy that 18 percent of Dodge County's population identifies as something other than exclusively White or Caucasian. An estimated 14 percent of residents in Dodge County are of Hispanic/Latino ethnicity, followed by 3 percent in Washington County, and 2.4 percent in Saunders County. In addition, just under 7 percent of the population in Dodge County between the years of 2016 and 2020 were foreign-born<sup>2</sup>.

The higher percentage of minority populations within Dodge County is likely attributable to the increased number of meat processing and manufacturing facilities located in the Fremont area. Fremont has 3 major meat processing facilities: Wholystone Farms, Fremont Beef, and Lincoln Premium Poultry. Together, these manufacturing facilities employ 2,700 people, employing a large percentage of 3RPHD's minority community.

Minority communities within the 3RPHD health district have faced unique challenges over the past decade. In 2014, a housing ordinance was passed in Fremont, Nebraska that required all home renters to possess an occupancy license<sup>3</sup>. To obtain an occupancy license, an individual is required to fill out an application that requests information about an individual's citizenship. The overarching goal of the ordinance was to detect renters who are not legal citizens by running the citizenship information through the Systematic Alien Verification for Entitlements (SAVE) Program. Since the enactment of the ordinance, the city has been unable to gain access to the SAVE Program from the federal government. The occupancy license applications are currently being stored at the city level with no further action by the state or federal government<sup>4</sup>. While no additional measures are currently being taken, this ordinance

made it more challenging for members of the 3RPHD minority community to feel comfortable living and working in the area. Since the enactment of the ordinance, the 3RPHD has continued to work toward the rebuilding of trust and confidence of the minority population within the health district.

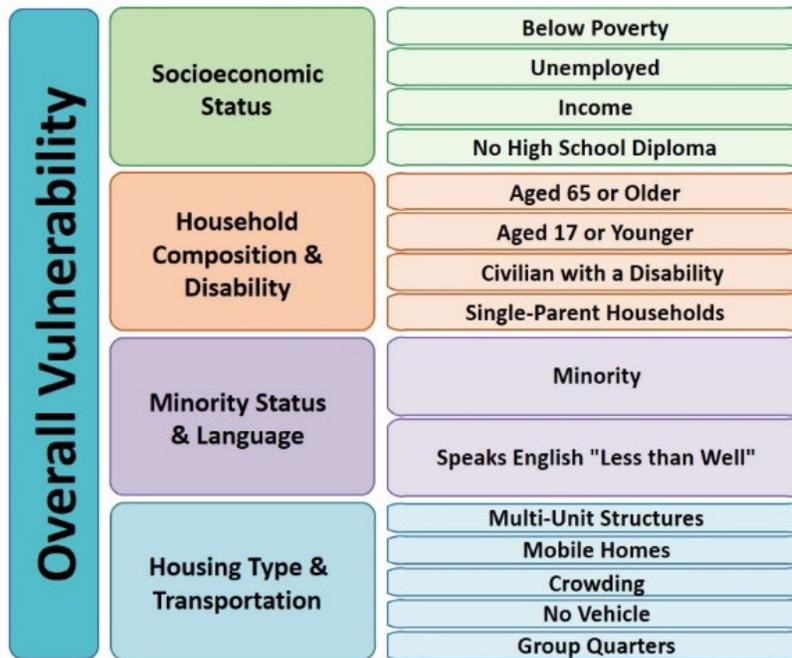
To help address the needs of the minority populations within Dodge, Saunders, and Washington Counties, 3RPHD has conducted a minority health assessment, which allows for the recognition of areas where there is a lack of service to minority communities. Focus group discussions provided a unique opportunity to openly discuss what challenges the minority populations face regarding their health and wellness. The goal of this minority health assessment is to secure funding that would further assist in the betterment of the health and well-being of the minority communities located within the 3RPHD Health District.

### **Social Vulnerability Index**

The American Community Survey (ACS) is disseminated randomly to a small sample of the population each year. The survey aims to provide up-to-date information about social and economic needs within a geographical region. Established by the CDC, the Social Vulnerability Index (SVI) is a tool to quantify the level of social vulnerabilities within communities across the United States using data gathered from the ACS<sup>5</sup>. Figure 1 demonstrates how 15 of the data points collected in the ACS survey are grouped into themes and further reported through the SVI. Higher SVI scores indicate increased vulnerability, while lower scores indicate decreased vulnerability. The four themes that are used to assess Overall Vulnerability include the following: Socioeconomic Status, Household Composition and Disability, Minority Status and Language, and Housing Type and Transportation. Theme-related and overall vulnerability scores from 2018 are shown in Table 1. Overall SVI scores are 0.57, 0.04, and 0.04 for Dodge, Saunders, and Washington Counties, respectively<sup>6</sup>. Unlike Saunders or Washington County, Dodge County has increased vulnerability scores within each of the four themes. The highest scored theme for Dodge County is Minority Status and Language, which has a score of 0.74. After further investigating the Minority Status and Language theme, the data demonstrate that 15.65 percent of Dodge County are classified as a minority, defined as individuals who identify as any race/ethnicity except for Non-Hispanic White. In addition, 3.69 percent of Dodge County's population in 2018 consisted of individuals greater than 5 years of age who spoke English "less than well" (Table 2). We can conclude from this data that of the 3 counties in the 3RPHD area, Dodge County has the greatest percentage of minority populations, and a large percent of them do not speak English well. Without services in place to help the minority communities within the 3RPHD area, the vulnerability and inequity for the

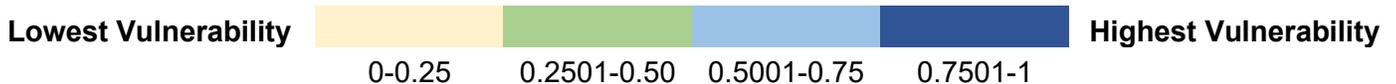
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minority populations increase. For a closer look at the geographical distribution of the social vulnerability index within each county, refer to Supplemental Figures 1-3.



**Figure 1:** American Community Survey—Social vulnerability themes and sub-categories. Source: [https://svi.cdc.gov/Documents/Data/2018\\_SVI\\_Data/SVI2018Documentation.pdf](https://svi.cdc.gov/Documents/Data/2018_SVI_Data/SVI2018Documentation.pdf)

<b>2018 Social Vulnerability Index</b>			
	<b>Dodge</b>	<b>Saunders</b>	<b>Washington</b>
<b>Theme 1: Socioeconomic Status</b>	0.38	0.05	0.02
<b>Theme 2: Household Composition and Disability</b>	0.69	0.43	0.26
<b>Theme 3: Minority Status and Language</b>	0.74	0.24	0.20
<b>Theme 4: Housing Type and Transportation</b>	0.57	0.03	0.10
<b>Overall SVI Score</b>	0.57	0.04	0.04



**Table 1:** 2018 Social Vulnerability Index estimates for Dodge, Saunders, and Washington Counties.

	<b>Dodge</b>	<b>Saunders</b>	<b>Washington</b>
<b>Proportion of population identified as minority</b>	15.64%	4.49%	4.89%
<b>Proportion of population aged 5+ who speak English "less than well"</b>	3.69%	<1%	<1%

*Table 2: Proportions of the 3RPHD population in 2018 that identified as a minority and proportion of the 3RPHD population aged 5+ who spoke English "less than well".*

### 2020 Census Results – Race and Ethnicity

Initial data from the 2020 Census<sup>1</sup> describes race and ethnicity at the county level across the United States. From Table 3, it is clear that the proportion of racial minority populations varies widely between Dodge, Saunders, and Washington Counties. For example, the average percentage of Hispanic persons within the 3RPHD health district is 9%. However, when the data is broken up by county, it is discovered that 16% of Dodge County is Hispanic, followed by 3% of Saunders County, and 3% of Washington County. Of the 80,310 individuals within the health district, just over 7,000 do not fit into a single race category, but may be members of multiple racial groups, or even multiple minority groups. Establishing where these individuals reside is important to ensure that adequate care is being provided to the most susceptible populations.

	<b>Dodge</b>	<b>Saunders</b>	<b>Washington</b>	<b>3RPHD</b>
<b>Ethnicity</b>				
Hispanic or Latino	6,083	585	619	7,287
%	16%	3%	3%	9%
Non-Hispanic or Latino	31,084	21,693	20,246	73,023
%	84%	97%	97%	91%
<b>Total</b>	<b>37,167</b>	<b>22,278</b>	<b>20,865</b>	<b>80,310</b>
<b>Race</b>				
White	29,501	20,703	19,359	69,563
%	79%	93%	93%	87%
Black or African American	215	72	70	357
%	1%	0%	0%	0%
Asian	183	86	100	369
%	0%	0%	0%	0%
Hawaiian or Other Pacific Islander	12	5	1	18

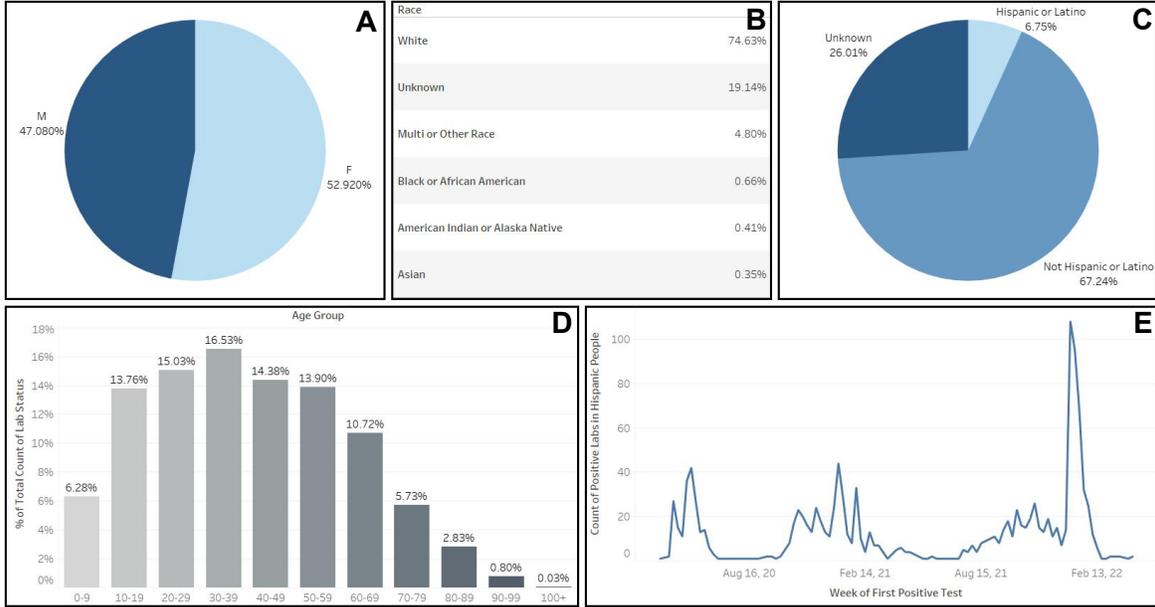
%	0%	0%	0%	0%
American Indian or Alaska Native	133	77	25	235
%	0%	0%	0%	0%
Some other race	93	71	42	206
%	0%	0%	0%	0%
<b>Total</b>	<b>31,084</b>	<b>21,693</b>	<b>20,246</b>	<b>73,023</b>
2 or more races	947	679	649	2,275
%	3%	3%	3%	3%
<b>Total</b>	<b>947</b>	<b>679</b>	<b>649</b>	<b>2,275</b>

*Table 3: Racial and ethnic proportions in the 3RPHD health district per the 2020 Decennial Census.*

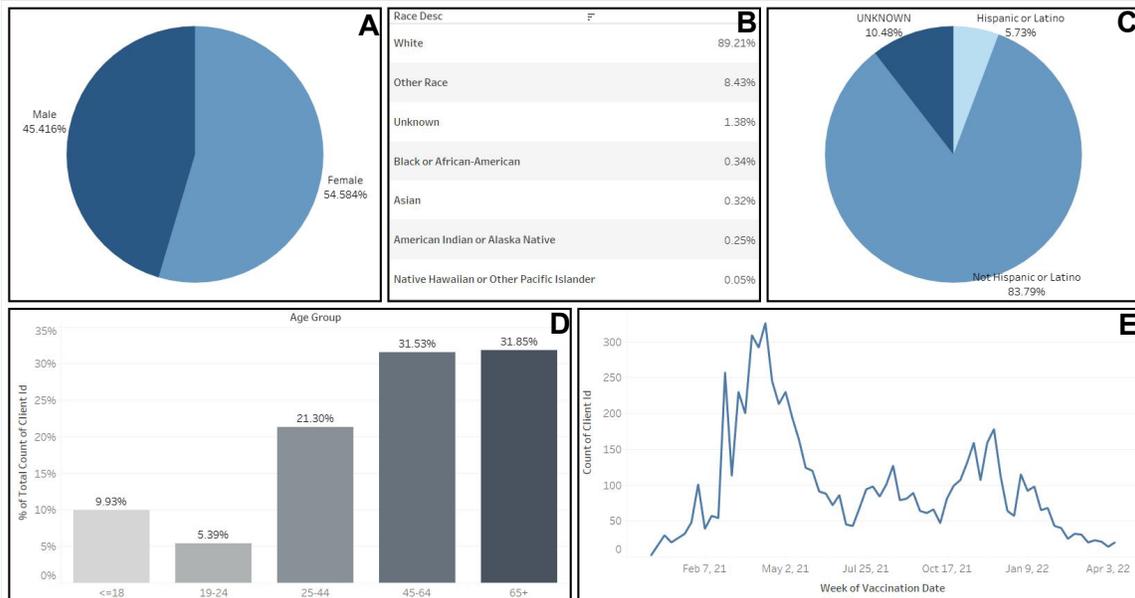
### COVID-19 Pandemic

3RPHD's first case of COVID-19 was detected in Blair, Nebraska near the end of March 2020. Since that time, the health district has identified over 18,700 individuals who have tested positive for the virus. Figure 2 demonstrates the number of individuals who have tested positive by gender (Panel A), race (Panel B), ethnicity (Panel C), and age group (Panel D). Panel E is representative of the number of positive Hispanic persons by week. It is evident when there were outbreaks earlier in the pandemic within some of the meat processing facilities, as an increased number of Hispanic persons would test positive. When the COVID-19 vaccine became available at the end of 2020, those who worked in manufacturing facilities were among the first to be vaccinated, alongside elderly and immunocompromised individuals. Figure 3 illustrates the number of COVID-19 vaccines administered to individuals within the health district by gender (Panel A), race (Panel B), ethnicity (Panel C), and age group (Panel D). Panel E demonstrates the number of vaccine doses administered to Hispanic persons by week. Again, those who worked in meat processing facilities were prioritized for vaccination within the first few months of 2021, and it shows within the data. The below data was generated using Tableau Software<sup>7</sup> with the use of data generated from the National Electronic Disease Surveillance System (NEDSS)<sup>8</sup>.

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**Figure 2:** COVID-19 positive case distribution between gender, race, ethnicity, age group. Positive cases by week in Hispanic persons.



**Figure 3:** COVID-19 vaccine distribution between gender, race, ethnicity, age group. Vaccinations by week in Hispanic persons. Includes all doses.

### Minority Health Assessment Survey

3RPHD disseminated a minority health assessment survey through Qualtrics<sup>9</sup> to individuals within Dodge, Saunders, and Washington County between March 21, 2022 and April 12, 2022. The survey consisted of 11 questions which can be found in Table 4 below. There was a total of 360 respondents. Incomplete surveys were removed, which left a total of 339 surveys for analysis. Due to the subjective nature, questions 1, 2, 4, and 5 were removed from analysis and were further addressed during focus group discussions. Approximately 66 percent of respondents are female, 33 percent are male, and 1 percent chose not to answer (Table 5). The majority (50 percent) identified their race as White, followed by some other race (43 percent), Asian (4 percent), Black or African-American (2 percent), American Indian or Alaska Native (0.6 percent), and Native Hawaiian or Pacific Islander (0.6 percent) (Table 6). Of those who marked “Some other race”, the responses included Hispanic, Latino, Mestiza, Mexican, and Peruvian. Regarding ethnicity, 83 percent identified as Hispanic or Latino and 17 percent are Non-Hispanic or Latino (Table 7). The top 5 health concerns within the 3RPHD district include the following: Access to healthcare, diabetes, mental health, cancer, and alcohol, drugs and tobacco use. This data provides valuable insight into the health concerns that individuals of minority communities have within the 3RPHD health district. To gain a better understanding of the subjective survey responses of questions 1, 4, and 5, word cloud visualizations are provided in Supplemental Figures 4-6.

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

**Table 4:** List of questions asked in the Minority Health Assessment Survey to 3RPHD Residents.

Gender	%	Count
Female	65.78%	223
Male	33.33%	113
Choose not to answer	0.88%	3
<b>Total</b>	<b>100%</b>	<b>339</b>

*Table 5: Frequency of respondents by gender.*

Race	%	Count
White	50.46%	166
Some other race (please list)	42.55%	140
Asian	3.65%	12
Black or African American	2.13%	7
American Indian or Alaska Native	0.61%	2
Native Hawaiian or Pacific Islander	0.61%	2
<b>Total</b>	<b>100%</b>	<b>329</b>

*Table 6: Frequency of respondents by race.*

Ethnicity	%	Count
Hispanic/Latino	83.19%	282
Non-Hispanic	16.81%	57
<b>Total</b>	<b>100%</b>	<b>339</b>

*Table 7: Frequency of respondents by ethnicity.*

Health Concerns	%	Count
Access to healthcare (for example: access to a doctor)	12.26%	104
Diabetes	11.56%	98
Mental Health (for example: Depression, anxiety, post-traumatic stress, suicide, etc.)	10.73%	91
Cancer	9.32%	79
Alcohol, Drugs and Tobacco Use	6.13%	52
Getting enough exercise	5.90%	50
Heart Disease (for example: high blood pressure and stroke, etc.)	5.78%	49
Oral health (for example: access to a dentist)	5.42%	46
Challenges getting healthy and affordable food	5.19%	44
COVID-19 testing and/or vaccination	4.83%	41
Access to transportation	4.72%	40

Injury from accidents (for example: falls, car crash, burns)	4.01%	34
Asthma	3.77%	32
Getting around town safely (driving, walking and riding)	2.95%	25
Chronic Lung Disease (like asthma, COPD)	2.95%	25
Access to parks and playgrounds	2.71%	23
<b>Total</b>	<b>100%</b>	<b>848</b>

**Table 8:** Frequency of responses by health concern.

### Minority Health Focus Group Discussions

To initiate conversations within the minority populations that are within the 3RPHD health district, a total of four focus group events were conducted between April 1, 2022 and April 10, 2022. Because much of the minority population is located in Dodge County, all four events were held in Fremont, Nebraska at the Washington Elementary School and St. Patrick’s Catholic Church. Washington Elementary School was chosen as an optimal location for focus group discussions because it is located on the South side of the town, which is home to many individuals who belong to one or more minority groups. One of the largest trailer homes in Fremont is nearby, and large manufacturing and processing facilities such as Wholstone Farms, Fremont Beef, and Lincoln Premium Poultry are in the vicinity. The school has been used for many years, and it is considered a “safe space” where open, honest communication is welcomed. St. Patrick’s Catholic Church was chosen as a second location because it is the largest church in Fremont. Like Washington Elementary Schools, it is a location in the community where individuals of minority communities feel the safe to speak freely. The focus group discussions were prompted by the questions in Table 9 below. These are the same questions asked in the minority health assessment survey but altered to allow for more open-ended discussion about relevant health topics and concerns within the community. All focus group discussions were facilitated by 3RPHD’s community health worker, Evelyn Martinez. Evelyn is a major contributor to this assessment because of the relationships she has built between the health department and the minority populations within the health district.

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

**Table 9:** List of questions asked at focus group discussions.

### Focus Group #1 Summary

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

### Focus Group #2 Summary

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

### Focus Group #3 Summary

The third focus group was again held at Washington Elementary School on April 8, 2022. There were 25 attendees, fifteen females and ten males. All individuals were Hispanic. When asked about some of the last major health issues their families experienced, the overwhelming majority mentioned the COVID-19 pandemic. When asked to dig deeper, the participants described health issues related to mental well-being, obesity, diabetes, and dental and vision problems. When discussing future concerns related to individual and familial health, the group felt worried about access to health insurance/health care and the development of the youth population. The attendees felt that there could be more education about drug use in adolescent and young adult populations within the community. The individuals at this focus group

expressed using the following mechanisms to be healthy or maintain health: Eat and sleep well, manage stress and anxiety, meditation, prayer, and talk to someone you trust. When the focus group participants were asked about solutions to making their communities and neighborhood healthy, they expressed the need for improved medical understanding, clinic accessibility, interpreters, and more collaboration between independent health centers as well as health centers and the community. They would like to see more collaboration with OneWorld Health Center in Omaha.

#### Focus Group #4 Summary

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

#### Focus Group Quotes

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

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

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

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

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

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

### Personal Stories

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

“My husband was just diagnosed with colon cancer last month. We feel confused and without support. He is the breadwinner of the family. When they gave us the news, a boy translated for us through an interpreter on the phone. We did not understand the process that we must follow, but we make him fight to move on. We don't know where to go if we need resources. My husband does not have health insurance and we do not know how we are going to pay the medical costs. My husband supports me, and my mother and father, who are older. We wish they had taken more time to explain to us what is going to happen with my husband—How we should prepare and take care of him. Also to explain to us if there are resources that can help us.” (Female, Hispanic, Age 47)

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

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

## Discussion & Conclusions

This multi-faceted minority health assessment has been instrumental in learning more about the needs of the minority communities within the 3RPHD health district. Not surprisingly, the majority of the 3RPHD minority population is located in Dodge County—specifically in Fremont, Nebraska. The presence of meat packing plant and processing facilities makes the area a favored place to live and work for many individuals who belong to a minority group. All the meat processing plants, and the majority of other manufacturing facilities are located on the South side of the Fremont. As demonstrated in Supplemental Figure 1, that particular area of the 3RPHD region also has the highest social vulnerability index, meaning that the area consists of residents that are of the most vulnerable. Contributors to vulnerability may include characteristics related to socioeconomic status, race, native language, disability, and housing types<sup>5</sup>. One of the highest-rated (most vulnerable) indicators of the social vulnerability index in Dodge County is minority status and language, implying that some of the most vulnerable individuals in respect to their race and ethnicity live and work within the 3RPHD health district. It is important that 3RPHD strives to best meet the needs of individuals who belong to a minority population within Dodge, Saunders, and Washington County.

In an effort to learn more about the minority communities within the health district, 3RPHD disseminated a minority health assessment survey and learned that the primary concerns of the minority population related to their health were centered around access to healthcare, diabetes, mental health, cancer, and alcohol, drugs and tobacco use. In addition to the survey, 3RPHD’s community health worker, Evelyn Martinez, hosted 4 focus group discussions. The focus groups were conducted at locations within the community that have been deemed a safe space to have open, honest conversations with members of the minority community. One of the major topics of discussion was COVID-19, which has led to other burdens such as barriers in accessing care and a negative impact on mental health. Attendees also frequently had fears of future diabetes, cancer, or heart disease diagnoses that may impact them or a loved one. Comorbidities such as these are more prevalent in minority groups compared to those who are Non-Hispanic Whites. A recent study demonstrated that nearly 15 percent of American Indians/Alaska Natives, 12.5 percent of Hispanics, and 12% of African-American adults have diabetes, compared to only 7.5% in Non-Hispanic Whites<sup>10</sup>. Individuals at the focus group discussions suggested implementing a better FQHC in the area or making the YMCA more financially accessible. The addition of more walking trails and fitness equipment in the parks would also be welcomed by this community. In conclusion, these efforts were successful at generating an action agenda, and Three



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Rivers Public Health Department is ready to continue to better the health and well-being of all residents, particularly those who are the most vulnerable.

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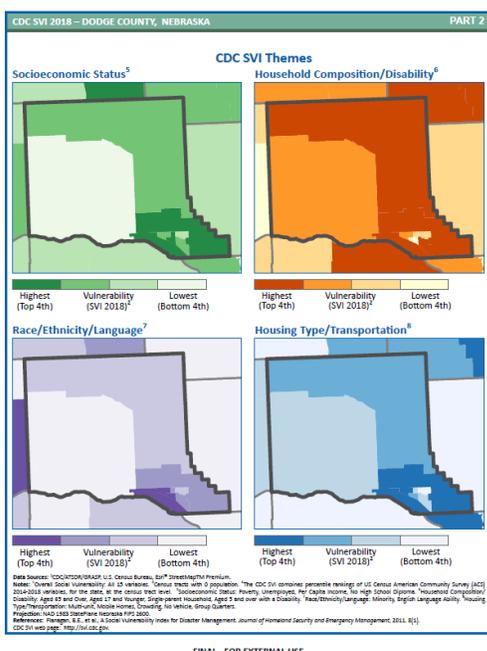
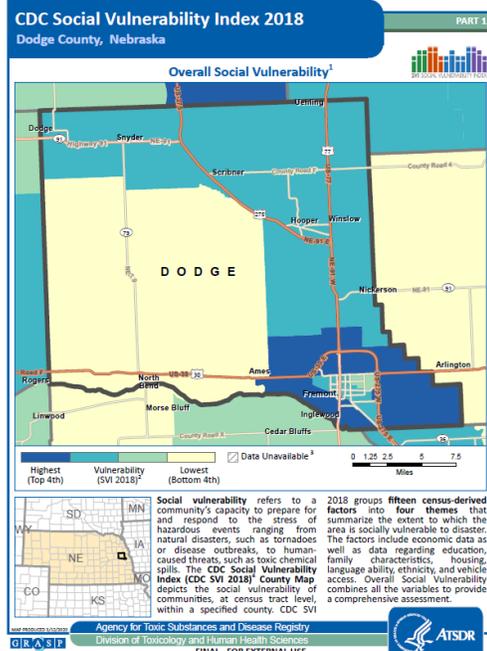
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# THREE RIVERS

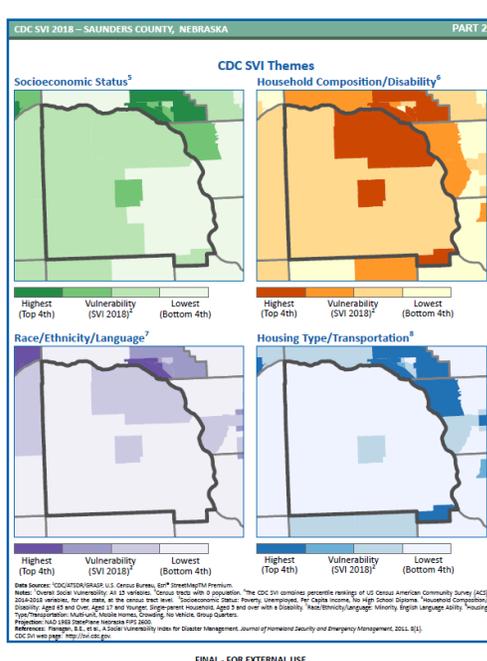
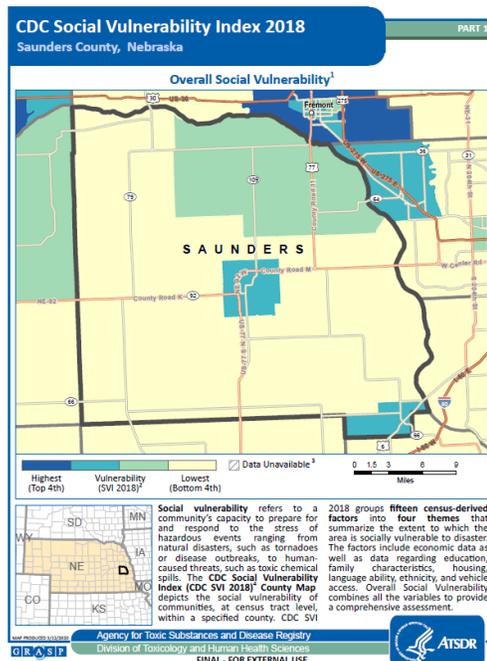
## PUBLIC HEALTH DEPARTMENT

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### Supplemental Figures



Supplemental Figure 1: SVI Map of Dodge County<sup>6</sup>.



Supplemental Figure 2: SVI Map of Saunders County<sup>6</sup>.





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**Supplemental Figure 5:** Minority Health Assessment Survey Responses to “What is something you do to be healthy?”



**Supplemental Figure 6:** Minority Health Assessment Survey Responses to “What would make your neighborhood a healthier place for you or your family?”