



Community Health Needs Assessment

2024



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About Two Rivers Public Health Department

The Two Rivers Public Health Department (TRPHD) serves a vital role in promoting and protecting the health of communities in Nebraska. Covering a diverse geographical area, the department focuses on improving public health through various initiatives, education, and services aimed at preventing disease and enhancing quality of life.

TRPHD emphasizes community engagement and collaboration, working with local organizations, healthcare providers, and residents to address public health challenges. Health department services include immunization programs, health education, disease prevention initiatives, and emergency preparedness planning. TRPHD also focus on issues such as nutrition, physical activity, and tobacco cessation, striving to create healthier environments and empower individuals to make informed health choices.

In addition to direct health services, the department conducts community assessments to identify public health needs and priorities, ensuring that programs are aligned with the specific challenges faced by the populations served. By fostering a proactive approach to public health, TRPHD plays a crucial role in enhancing the well-being of the communities in its jurisdiction.



Mission

Two Rivers Public Health Department engages collaborative partners, community leaders, and the public to promote healthy lifestyles, provide preventative education, assure environmental quality, and create more healthy and safe communities for all who live within the district.

Vision

Two Rivers Public Health Department envisions a health district where all are able to safely and actively live, learn, work, and play in their communities. Two Rivers Public Health Department facilitates collaboratives, partnerships, and unique approaches that educate, empower, and engage local community partners, health providers, political decision-makers, community leadership, and the public.

Strategic Goals

- **Strengthen collaboration and increase service availability**
- **Improved access to care for underserved populations**
- **Enable sustainable organizational systems and infrastructure**
- **Become a trusted resource for local data**

COMMUNITY HEALTH ASSESSMENT PROCESS

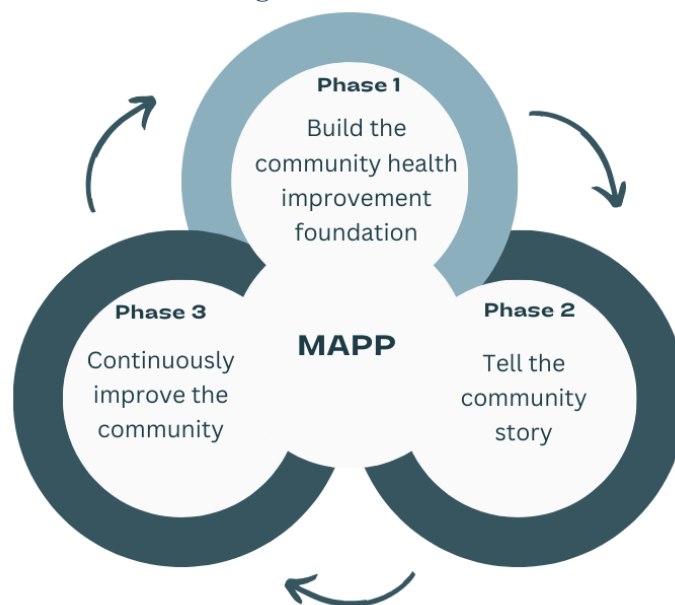


Two Rivers Public Health Department partnered with CHI Health Good Samaritan and Bryan Health Kearney Regional Medical Center (KRMC) to complete a Community Health Needs Assessment (CHNA) and a Community Health Improvement Process (CHIP) in May of 2024. This partnership expanded to include Kearney County Health Systems, Gothenburg Memorial Health, Harlan County Health System, Buffalo County Community Partners, and Kearney YMCA.

The planning team used the Mobilizing for Action through Planning and Partnerships Process (MAPP). The MAPP process uses 3 phases and 6 steps to gain an understanding for the community.

This 6 step process is:

- Form the assessment design team
- Design the assessment implementation process
- Conduct the three assessments (previously 4)
 - Community Partner Assessment
 - Community Status Assessment
 - Community Context Assessment
- Triangulate the data, identify themes, and develop issue statements
- Develop issue profiles through root cause analysis
- Disseminate CHNA findings



COMMUNITY SERVED

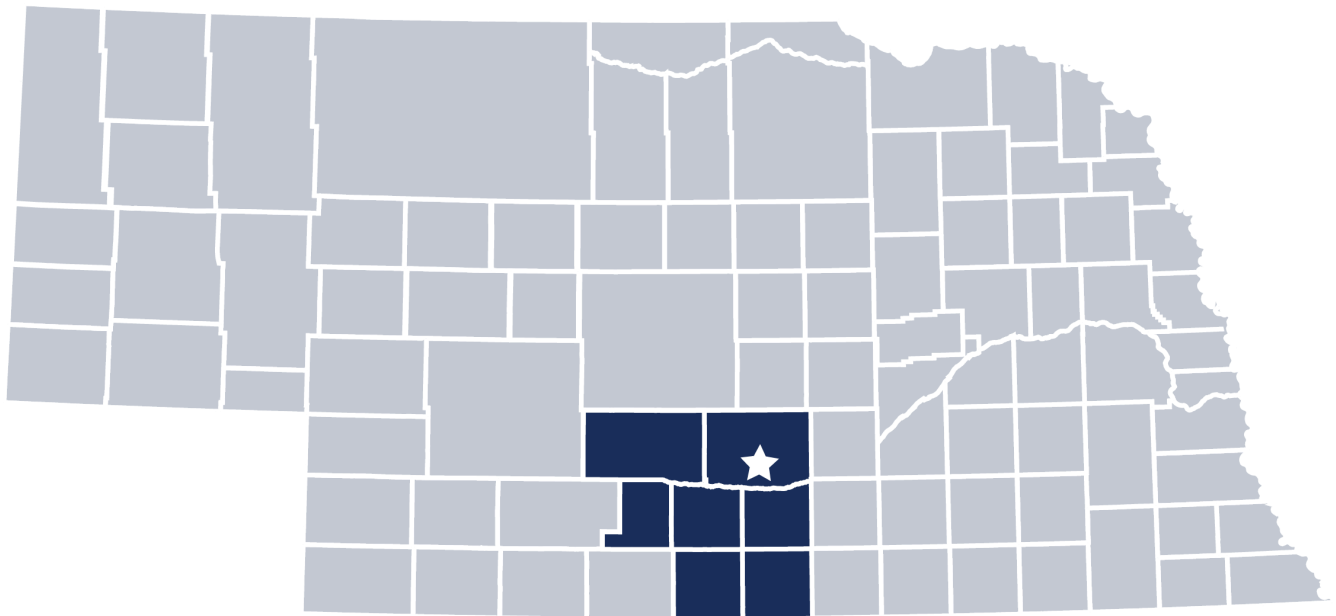


Two Rivers Public Health Department serves the counties of Buffalo, Dawson, Franklin, Gosper, Harlan, Kearney, and Phelps in south-central Nebraska.

Geography: The district encompasses around 4,663 square miles. The Republican River flows through the southern part of the region, while the Platte River runs along the northern area. The central part of the district is primarily agricultural land, with both the northern and southern areas typically utilized as grazing land for cattle.

Within the Two Rivers Public Health District, there are nine health systems. Seven of these are critical access hospitals, and two are short-term acute care hospitals, both situated in Kearney.

The majority of the population resides near the I-80 corridor. The largest urban areas include Holdrege, Lexington, and Kearney. The total population of the district is nearly 100,000.



EXECUTIVE SUMMARY

Two Rivers Health Department collaborated with regional healthcare, academic, and nonprofit organizations to develop and operationalize the community health assessment (CHA) survey 2024. The CHA is intended to help understand healthcare knowledge, attitudes, and behaviors among adults in Buffalo, Dawson, Franklin, Gosper, Harlan, Kearney and Phelps Counties.

To operationalize the survey, TRPHD formed partnerships with the biology department at the University of Nebraska Kearney (UNK) and four of the nine hospital systems in the district. These were Kearney County Health Services in Minden, Gothenburg Health in Gothenburg, CHI Health Good Samaritan and Kearney Regional Medical Center in Kearney. These collaborations were critical in creating the survey instrument, distributing the questionnaire, recruiting participants, and conducting interviews both in-person and online via Qualtrics, a cloud-based platform that allows users to create, distribute, and analyze surveys.

Approximately 92% of survey questions remained consistent across all administrations, ensuring consistent data collection for the CHA while also accommodating partner focus areas. Out of the 2,382 respondents from 44 different cities, 2,021 completed more than half of the survey. The majority of respondents came from Buffalo (40%), Dawson (22%) and Kearney (14%) counties, with smaller proportions from Gosper, Franklin, Harlan and Phelps counties.

Over 43% of respondents were aged less than 40 years, about 2/3rds were women, about 58% had associates degrees or more education and 34% identified as non-white or Hispanic. 17% said they had not suffered from any illness in the past 6 months: among those reporting, mental health problems (like depression, anxiety) and autoimmune disorders (like arthritis) were the most common ailments followed by chronic respiratory issues (COPD), injuries (falls) and metabolic disorders (diabetes), accounting for 50% of responses.

Over 2/3rds sought treatment at a hospital or clinic for their condition. Although 44% of respondents had utilized telemedicine services at some point of time, less than 5% saw it as their primary mode of accessing healthcare. This was also reflected in key health concerns in the region – over a quarter felt that mental health issues and substance abuse were the most pressing health concerns, followed by lack of lifestyle options like exercise and healthy eating habits, altogether accounting for over half of all responses.

Respondents were also more likely to list practices addressing mental health and metabolic disease as the most important preventive health behaviors they were likely to indulge in. Over half of responses listed addressing mental health and substance abuse and participating in regular exercise and healthy eating to be the most important interventions for maintaining good health. Among non health-related issues, housing and childcare were seen as most challenging by both men and women although slightly higher among women. By contrast, men were more concerned with issues of public safety and lack of employment opportunities in the region as compared to women. Less than half of all respondents had received their COVID vaccination and at least one follow-up booster shot. Men were significantly more likely than women to never have received COVID vaccine or to be incompletely vaccinated (incomplete vaccine dose or lack of uptake of booster doses).

Most respondents relied on their physicians for accessing health information, followed closely by legacy media outlets and television. Close to half of all respondents identified social media, friends, family and co-workers as their primary source of health information. Health institutions like the CDC, NIH, WHO or work experience and training accounted for less than an eighth of responses; men were far more likely than women to rely on their friends and social networks over their physicians for health information, although both men and women placed lesser trust in institutional bodies like state and local health departments.

TRPHD's Community Health Assessment survey describes a population with clear opinions about health and lifestyle challenges in the region. Mental health issues and metabolic lifestyle disorders received the most attention, and respondents addressed these issues through their lifestyle choices and behaviors. However, the uptake of health system mediated preventive behaviors (like regular vaccination against common infectious diseases) received less attention. Although physicians still remain an important source of health information, trust in federal state and local health agencies is significantly lower than informal networks like friends, family and social media.

Buffalo County Key Findings

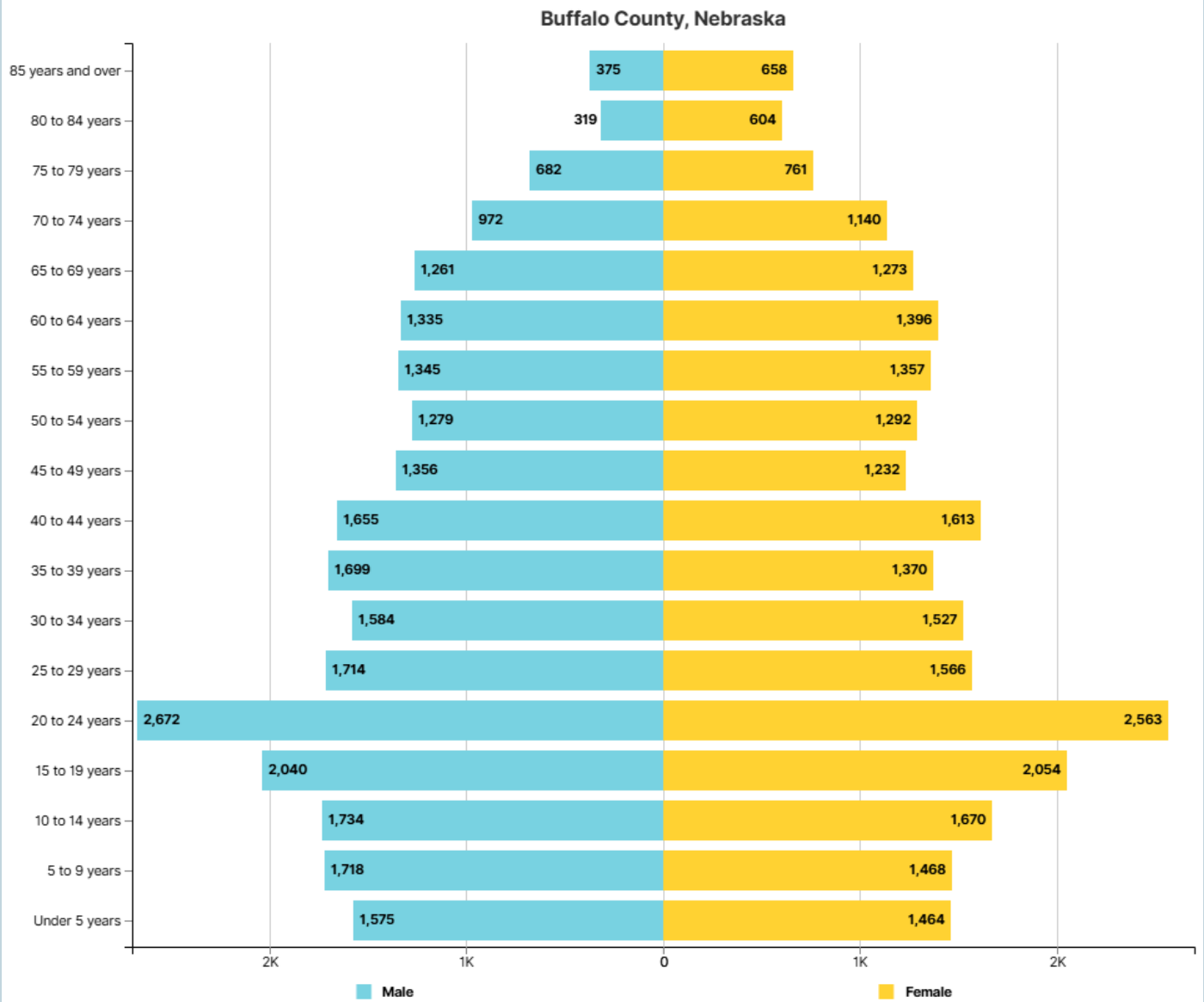
Indicator/Area of Community Health Need	Rationale for Selection
Poverty	<ul style="list-style-type: none"> In 2022, 11.8% of the Buffalo County population had an income below the poverty level (TRPHD comparison: 12.3%; State comparison: 10.4%)
Severe Housing Problems	<ul style="list-style-type: none"> In 2020, Buffalo County was the second highest percentage (25.9%) of households with severe housing problems (TRPHD comparison: 24.2%; State comparison: 24.9%)
Unemployment	<ul style="list-style-type: none"> In 2023, Buffalo County had a lower employment rate (1.8%) than the TRPHD rate (2.0%) (State comparison: 2.3%).
Deaths	<ul style="list-style-type: none"> From 2018-2022, Buffalo County had the lowest death rate (8.3 per 1,000 population) of all TRPHD counties (State comparison: 9.3 per 1,000 population)
Life Expectancy	<ul style="list-style-type: none"> In 2020, the life expectancy of Buffalo County residents was 81.1 years (State comparison: 79.6 years).
Shortages of Specialty Care	<ul style="list-style-type: none"> Buffalo County reported a shortage of specialty care professionals in the following specialty areas: <ul style="list-style-type: none"> Psychiatry and Mental Health Dental Care and Primary Care were the only specialties with no reported shortages in Buffalo County.
Heart Disease	<ul style="list-style-type: none"> From 2019-2021, Buffalo County had the highest heart disease hospitalization rate (37.3 per 1,000 Medicare beneficiaries, 65+ of all TRPHD counties (TRPHD comparison: 28.2 per 1,000 Medicare beneficiaries, 65+; State comparison:

Buffalo County Key Findings

Indicator/Area of Community Health Need	Rationale for Selection
Stroke	<ul style="list-style-type: none"> In 2019-2021, Buffalo County had the second lowest stroke death rate (24.8 per 100,000 population; State comparison: 34.7 per 100,000 population). Although the stroke death rate in Buffalo County was the second highest of all TRPHD counties, the stroke hospitalization rate (9 per 1,000 Medicare Beneficiaries, 65+).
High Blood Pressure	<ul style="list-style-type: none"> From 2019-2021, Buffalo County had the highest high blood pressure hospitalization rate (13.1 per 1,000 Medicare Beneficiaries, 65+; State comparison: 9.5 per 1,000 Medicare Beneficiaries, 65+).
Unintentional Injury Death Rate	<ul style="list-style-type: none"> In 2022, the unintentional injury death rate in Buffalo County was 31.6 per 100,000 population (State comparison: 50.3 per 100,000 population).
Suicide	<ul style="list-style-type: none"> From 2018-2022, the suicide death rate was 12.8 per 100,000 population in Buffalo County (State comparison: 15 per 100,000 population).

Buffalo County Demographic Data

Population Pyramid: Population by Age and Sex in Buffalo County, Nebraska



Source: 2023 ACS 5-Year Estimates. Population Pyramid: Population by Age and Sex in Buffalo County, Nebraska.
<https://data.census.gov/vizwidget?g=050XX00US31019&infoSection=Age and Sex>

Population Background

- The largest age cohort is 20-24 years, with males (2,672) slightly outnumbering females (2,563). This likely reflects a concentration of young adults due to the presence of the University of Nebraska at Kearney.
- In older age groups (75+ years), females consistently outnumber males, reflecting typical patterns of higher life expectancy for females.
- The population is relatively balanced between males and females in the middle age groups (35-54 years).

Buffalo County Demographic Data

Comparison of Social Determinants of Health and Health/Nutrition Disparities in Buffalo County

	Buffalo County	Nebraska	United States
General Health and Nutrition			
% of adults reporting poor or fair Health ¹	13%	13%	14%
Average # of poor physical health days in the past 30 days	2.9	2.9	3.0
Average # of poor mental health days in the past 30 days	4.2	4.3	4.8
Average # of years people are expected to live	80.0	78.4	77.6
% of adults reporting 14 or more days of poor physical health per month	9%	9%	10%
% of adults who are current smokers	15%	14%	15%
% of adults with obesity (BMI >30kg/m ²)	40%	36%	34%
% of adults reporting no leisure-time physical activity	24%	24%	23%
% of pop. with adequate access to locations for physical activity	84%	84%	84%
% of adults reporting binge or heavy drinking	22%	22%	18%

¹Adults refer to individuals ≥18 years or older.

General Health and Nutrition

- When compared to the state and national records, Buffalo County residents are at a higher risk of adult obesity although having the same amount of opportunities to exercise due to smaller distances between housing and parks/recreational centers.

Buffalo County Demographic Data

Social Determinants of Health

Residents of Buffalo County experience lower levels of unemployment and poverty compared to the rest of Nebraska, but also have a lower median household income to the state and nation. Despite having a lower percentage of households with severe housing problems when compared nationwide, Buffalo county has a higher percentage than Nebraska.

Comparison of Social Determinants of Health and Health/Nutrition Disparities in Buffalo County			
	Buffalo County	Nebraska	United States
Social Determinants of Health			
Median Household Income	\$67,800	\$69,800	\$74,800
% of pop. (≥ 16 years) unemployed	2.0%	2.3%	3.7%
% of children (< 18 years) in poverty	13.0%	14.0%	16.0%
% of children enrolled in public schools eligible for free/reduced price lunch	35.0%	41.0%	51.0%
% of households with severe housing problems*	13.0%	12.0%	17.0%

*Severe housing problems refers to households with at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing

Buffalo County Demographic Data

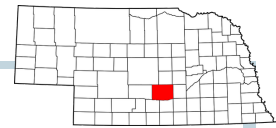
Comparison of Healthcare and Preventative Measures in Buffalo County			
	Buffalo County	Nebraska	United States
Healthcare and Prevention			
% of pop. <65 years without health insurance ¹	8%	8%	10%
Ratio of pop. to primary care physicians ⁵	1,140:1	1,340:1	1,330:1
Ratio of pop. to dentists	1,180:1	1,220:1	1,360:1
Ratio of pop. to mental health providers	230:1	310:1	320:1
Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees	2,342	2,249	2,681
% of female Medicare enrollees ages 65-74 who received an annual mammography screening	50%	50%	43%
% of fee-for-services Medicare enrollees who had an annual flu vaccination	58%	49%	46%
Communicable and Non-communicable Illnesses			
% of driving deaths with alcohol involvement	24.0%	32.0%	26%
% of adults (≥ 20 years) with diagnosed diabetes	9%	9%	10%
# of newly diagnosed chlamydia cases per 100,000 pop.	409.2	453.1	495.5

Healthcare Providers

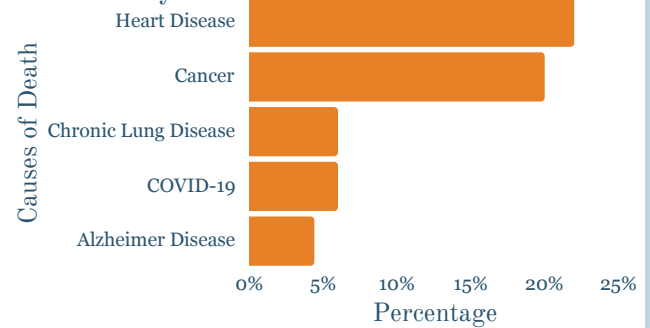
- Buffalo County beats the state and national average need for healthcare providers (Physicians, Dentists, and Mental Health Providers).
- Buffalo County displays a 9% increase in flu vaccinations when compared to the state.
- The top three leading causes of death in Buffalo County are heart disease, malignant neoplasms, and chronic lower respiratory diseases.

Buffalo County Data Summary

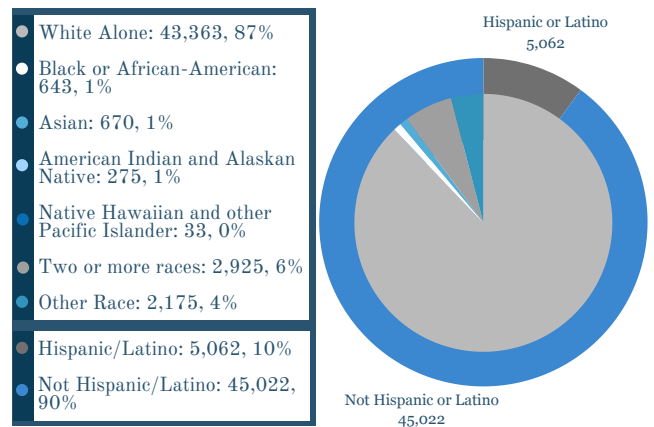
Ranked the **20th** healthiest county in Nebraska



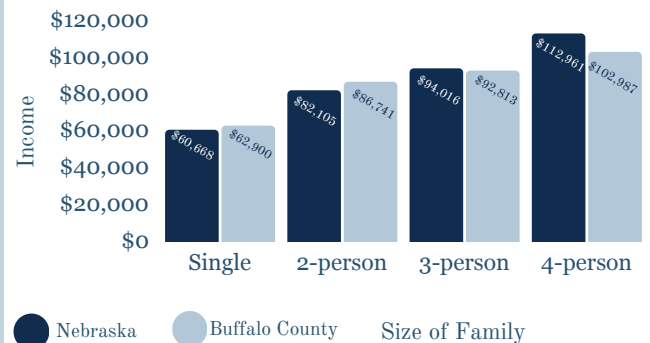
Top Five Causes of Death in Buffalo County



Population of Buffalo County, by Race/Ethnicity



Median Income, per Family Size



Annual Weighted Poverty Threshold for Nebraska

Size of Household	1	2	4	6
Annual Income	\$15,060	\$20,440	\$31,200	\$41,960

County Information

Buffalo is the 2nd most populous county in Nebraska outside the Lincoln-Omaha region and home to the University of Nebraska Kearney campus. The proportion of people with a high school or college degree in Buffalo County is comparable to that of the whole state. Buffalo is also the 4th youngest county in Nebraska with a median age of 33.8 years. Yet, Buffalo is also home to the third highest number of assisted living/ long term care facilities in Nebraska, after Douglas and Lancaster counties. The 3 largest cities in Buffalo County are Kearney (county seat), Gibbon and Ravenna.

Background

	Buffalo Co.	NE
Total Area	975 sq mi	772,358 sq mi
Population	50,586	1,961,504
Median Age The median value of ages among all residents of a location.	34 Years	37 Years
Average Household Size Average # of people per household.	2.46	2.46
Average Family Size Average # of people per family.	3.02	3.09
Life Expectancy (at birth) Average # of years a person can expect to live at birth.	80 Years	79 Years
High School Completion Percentage of adults ages 25 and over with a high school diploma or equivalent.	93%	92%
Some College Completion Percentage of the population ages 25-44 with some post-secondary education, such as enrollment in vocational/technical school, junior college, or 4-year college.	72%	72%
Unemployment Percentage of the populations' civilian labor force, ages 16 and older that is unemployed but still seeking work.	2.0%	2.3%
Children in Poverty Percentage of people under age 18 living in a household whose income is below the poverty level.	13%	14%
Children in Single Parent Household Percentage of children (under 18 years of age) living in households that are headed by a single parent.	21%	20%
Adult Smoking Percentage of the adult population who both report that they currently smoke every day or some days and have smoked at least 100 cigarettes in their lifetime.	15%	14%
Adult Obesity Percentage of the adult population (ages 18 and older) that reports a BMI greater than or equal to 30 kg/m2.	40%	36%
Physical Inactivity Percentage of adults ages 18 and over reporting no leisure-time physical activity in the past month.	24%	24%
Alcohol-Impaired Driving Deaths Percentage of driving deaths with alcohol involvement	30%	33%
STI Rate Number of newly diagnosed chlamydia cases per 100,000 populations.	409.2	453.1

Dawson County Key Findings

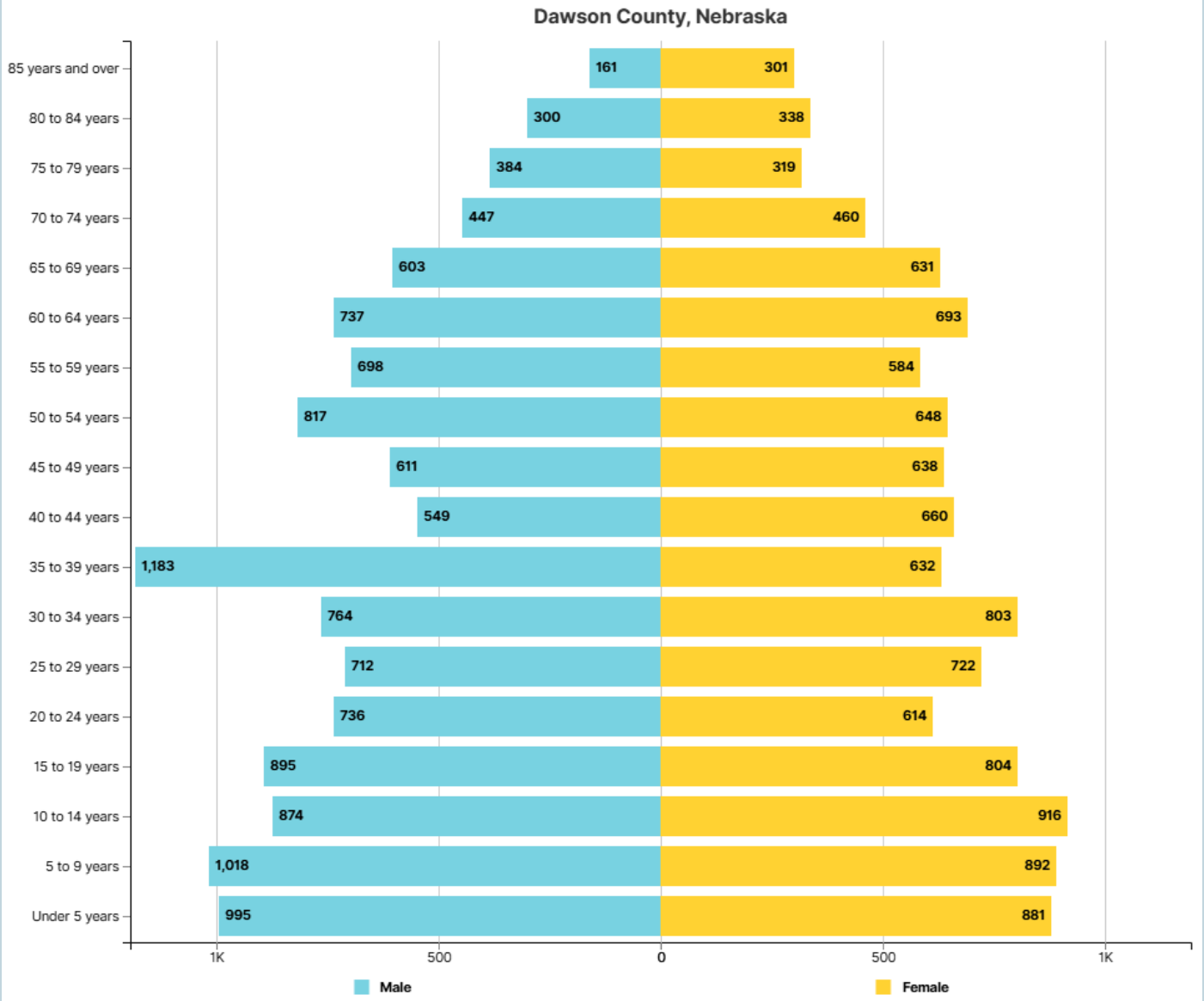
Indicator/Area of Community Health Need	Rationale for Selection
Poverty	<ul style="list-style-type: none"> In 2023, 13% of the Dawson County Population under 18 years old live in poverty (State comparison: 14.8%). The poverty percentage for individuals under 18 years old has been steadily decreasing since 2011.
Severe Housing Problems	<ul style="list-style-type: none"> In 2023, 13% of Dawson County households had severe housing problems (State comparison: 12%).
Births	<ul style="list-style-type: none"> In 2023, Dawson County had the highest birth rate (15.4 births per 1,000 population) of all TRPHD counties (State comparison: 12.3 births per 1,000 population).
Life Expectancy	<ul style="list-style-type: none"> In 2023, Dawson County had the third lowest life expectancy (78.3) in TRPHD (State Comparison: 79 years).
Shortages of Specialty Care	<ul style="list-style-type: none"> Dawson County reported shortage of specialty care professionals in the following specialty areas: <ul style="list-style-type: none"> Psychiatry and Mental Health Dental Health Primary Care reported no shortages of specialty care professionals in Dawson County
Heart Disease	<ul style="list-style-type: none"> From 2018 to 2022, the heart disease death rate in Dawson county was 206.5 deaths per 100,000 population. (State comparison: 149.8 deaths per 100,000 population).
High Blood Pressure	<ul style="list-style-type: none"> From 2018 to 2022, the high blood pressure death rate in Dawson County was 18.6 deaths per 100,000 population (State comparison: 18.4 deaths per 100,000 population).

Dawson County Key Findings

Indicator/Area of Community Health Need	Rationale for Selection
Diabetes	<ul style="list-style-type: none">From 2018 to 2022, the diabetes mortality rate was 37.9 per 100,000 population (State comparison: 29.6 deaths per 100,000 population).
Motor Vehicle Crashes	<ul style="list-style-type: none">From 2018 to 2022, the motor vehicle crash death rate was 17.7 per 100,000 population (State comparison: 13.2 per 100,000 population).
Unintentional Fall Death Rate	<ul style="list-style-type: none">From 2018 to 2022, Dawson County had the highest unintentional fall mortality rate (20.2 per 100,000 population) of all TRPHD counties (State comparison: 12.5 per 100,000 population).

Dawson County Demographic Data

Population Pyramid: Population by Age and Sex in Dawson County, Nebraska



Source: 2023 ACS 5-Year Estimates. Population Pyramid: Population by Age and Sex in Dawson County, Nebraska.
<https://data.census.gov/vizwidget?g=050XX00US31047&infoSection=Age and Sex>

Population Background

- The 35-39 age group shows a significant male majority with 1,183 males compared to 803 females.
- There is a noticeable decrease in the population size for those aged 70 years and older, with females outnumbering males in the highest age brackets.
- The population under 10 years shows relative balance and size, indicating steady birth rates.

Dawson County Demographic Data

Comparison of Social Determinants of Health and Health/Nutrition Disparities in Dawson County			
	Dawson County	Nebraska	United States
General Health and Nutrition			
% of adults reporting poor or fair Health ¹	17%	13%	14%
Average # of poor physical health days in the past 30 days	3.3	2.9	3.0
Average # of poor mental health days in the past 30 days	4.2	4.3	4.8
Average # of years people are expected to live	77.5	78.4	77.6
% of adults reporting 14 or more days of poor physical health per month	11%	9%	10%
% of adults who are current smokers	18%	14%	15%
% of adults with obesity (BMI >30kg/m ²)	43%	36%	34%
% of adults reporting no leisure-time physical activity	30%	24%	23%
% of pop. with adequate access to locations for physical activity	86%	84%	84%
% of adults reporting binge or heavy drinking	18%	22%	18%

*Adults refer to individuals ≥ 18 years or older.

General Health and Nutrition

- When compared to the state and national records, Dawson County residents are at a higher risk of adult obesity although having the same amount of opportunities to exercise due to smaller distances between housing and parks/recreational centers.

Dawson County Demographic Data

Social Determinants of Health

Residents of Dawson County experience higher levels of unemployment and poverty compared to the rest of Nebraska, but also have a lower median household income to the state and nation. Despite having a lower percentage of households with severe housing problems when compared nationwide, Dawson County has a higher percentage than Nebraska.

Comparison of Social Determinants of Health and Health/Nutrition Disparities in Dawson County

	Dawson County	Nebraska	United States
Social Determinants of Health			
Median Household Income	\$62,100	\$69,800	\$74,800
% of pop. (≥ 16 years) unemployed	2.5%	2.3%	3.7%
% of children (< 18 years) in poverty	16%	14%	16%
% of children enrolled in public schools eligible for free/reduced price lunch	54%	41%	51%
% of households with severe housing problems*	14%	12%	17%

*Severe housing problems refers to households with at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing

Dawson County Demographic Data

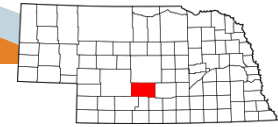
Comparison of Healthcare and Preventative Measures in Dawson County			
	Dawson County	Nebraska	United States
Healthcare and Prevention			
% of pop. <65 years without health insurance ¹	14%	8%	10%
Ratio of pop. to primary care physicians ⁵	1,840:1	1,340:1	1,330:1
Ratio of pop. to dentists	1,710:1	1,220:1	1,360:1
Ratio of pop. to mental health providers	630:1	310:1	320:1
Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees	2,875	2,249	2,681
% of female Medicare enrollees ages 65-74 who received an annual mammography screening	40%	50%	43%
% of fee-for-services Medicare enrollees who had an annual flu vaccination	29%	49%	46%
Communicable and Non-communicable Illnesses			
% of driving deaths with alcohol involvement	39%	32%	26%
% of adults (≥ 20 years) with diagnosed diabetes	10%	9%	10%
# of newly diagnosed chlamydia cases per 100,000 pop.	372.4	453.1	495.5

Healthcare Providers

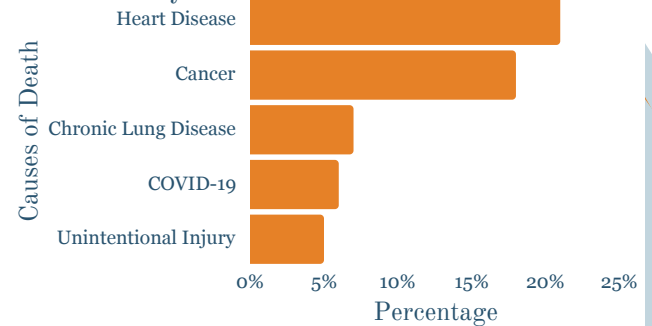
- Dawson County faces significant healthcare access challenges compared to the state and nation, with a higher uninsured population under 65, and higher population-to-provider ratios.
- Preventative healthcare measures are lower in Dawson County, where only 40.0% of Medicare enrollees (ages 65-74) received annual mammograms, and 29.0% of Medicare enrollees receiving a flu vaccination. Both significantly below state and national averages.
- The top three leading causes of death in Dawson County are heart disease, malignant neoplasms, and chronic lower respiratory diseases.

Dawson County Data Summary

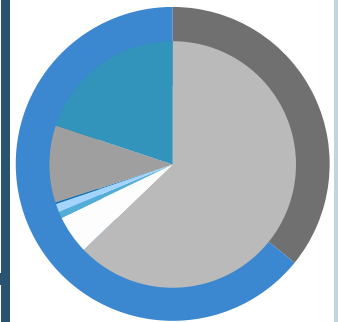
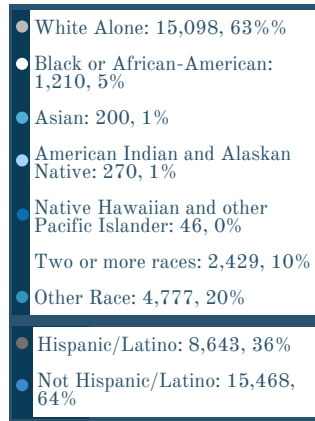
Ranked the 57th healthiest county in Nebraska



Top Five Causes of Death in Dawson County



Population of Dawson County, by Race/Ethnicity



Median Income, per Family Size



● Nebraska ● Dawson County Size of Family

Annual Weighted Poverty Threshold for Nebraska

Size of Household	1	2	4	6
Annual Income	\$15,060	\$20,440	\$31,200	\$41,960

County Information

Dawson County is the 15th largest county in Nebraska, covering over 1000 square miles, and has the 5th largest Hispanic population among Nebraska counties. Almost a third of Dawson County residents identify as Hispanic or Latino, over 40% as either Hispanic or African-American. Dawson is among the top 50 counties in the US (and 4th highest in Nebraska) in terms of agricultural products by market value. The 3 largest cities are Lexington (County seat), Gothenburg and Cozad.

Background

	Dawson Co.	NE
Total Area	1,019 sq mi	772,358 sq mi
Population	24,111	1,961,504
Median Age The median value of ages among all residents of a location.	36 Years	37 Years
Average Household Size Average # of people per household.	2.69	2.46
Average Family Size Average # of people per family.	3.23	3.09
Life Expectancy (at birth) Average # of years a person can expect to live at birth.	78 Years	79 Years
High School Completion Percentage of adults ages 25 and over with a high school diploma or equivalent.	79%	92%
Some College Completion Percentage of the population ages 25-44 with some post-secondary education, such as enrollment in vocational/technical school, junior college, or 4-year college.	50%	72%
Unemployment Percentage of the populations' civilian labor force, ages 16 and older that is unemployed but still seeking work.	2.5%	2.3%
Children in Poverty Percentage of people under age 18 living in a household whose income is below the poverty level.	16%	14%
Children in Single Parent Household Percentage of children (under 18 years of age) living in households that are headed by a single parent.	24%	20%
Adult Smoking Percentage of the adult population who both report that they currently smoke every day or some days and have smoked at least 100 cigarettes in their lifetime.	18%	14%
Adult Obesity Percentage of the adult population (ages 18 and older) that reports a BMI greater than or equal to 30 kg/m2.	43%	36%
Physical Inactivity Percentage of adults ages 18 and over reporting no leisure-time physical activity in the past month.	30%	24%
Alcohol-Impaired Driving Deaths Percentage of driving deaths with alcohol involvement	39%	33%
STI Rate Number of newly diagnosed chlamydia cases per 100,000 populations.	372	453

Franklin County Key Findings

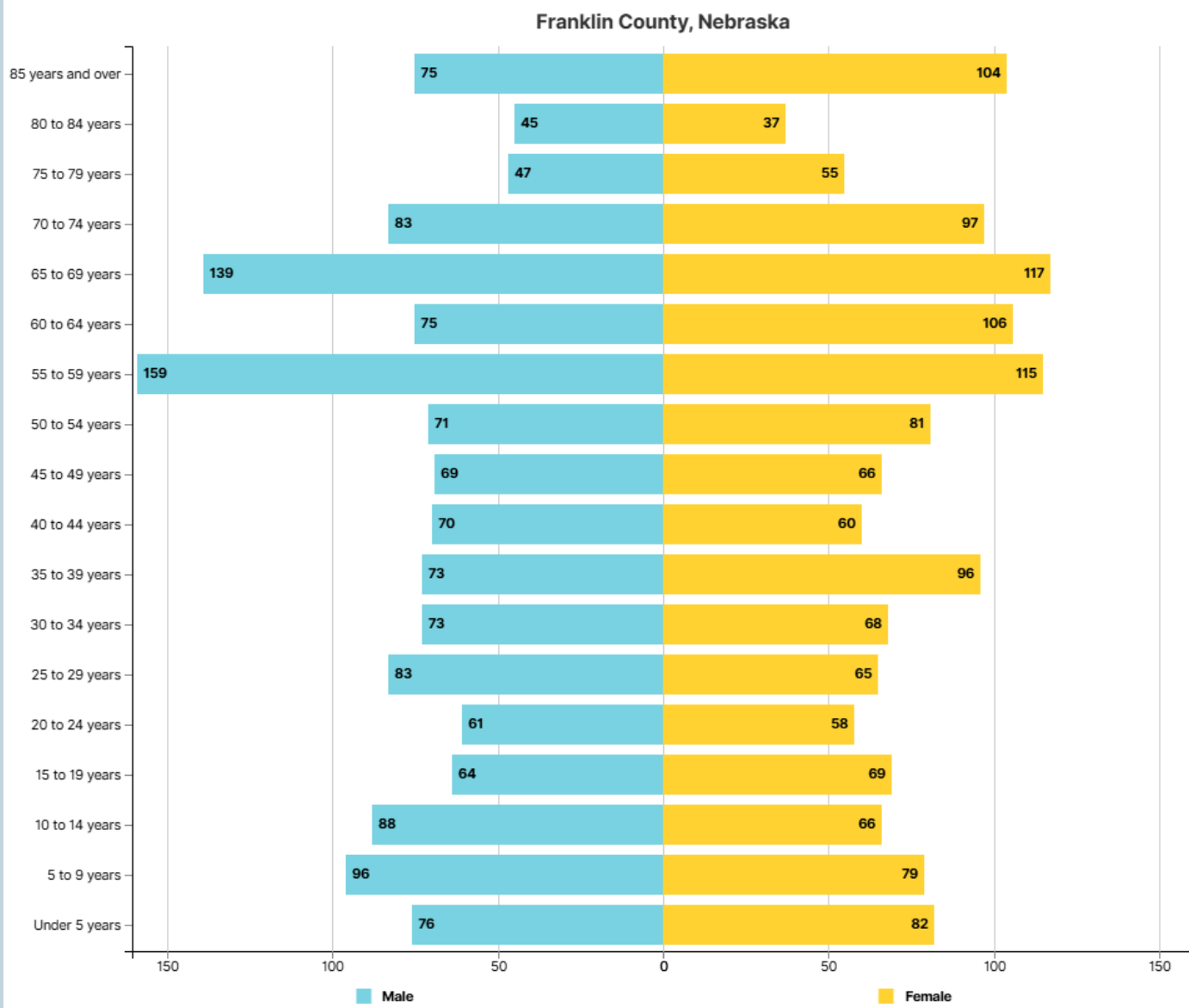
Indicator/Area of Community Health Need	Rationale for Selection
Socioeconomic Status	<ul style="list-style-type: none"> In 2023, the median household income in Franklin County was \$54,200 (State comparison: \$69,800).
Poverty	<ul style="list-style-type: none"> In 2023, 19% of the Franklin County population under 18 years old lived in poverty (State comparison: 12%). The poverty percentage for individuals for individuals under 18 years old has increased by 2.% from 2022 to 2023 (State comparison: +2.%).
Births	<ul style="list-style-type: none"> In 2023, Franklin County had the lowest birth rate (8.6 per 1,000 population) of all TRPHD counties (State comparison: 12.3 per 1,000 population).
Shortages of Specialty Care	<ul style="list-style-type: none"> Franklin County reported a shortage of specialty care professionals in the following specialty areas: <ul style="list-style-type: none"> Dental Health Mental Health Primary Care
Heart Disease	<ul style="list-style-type: none"> From 2018 to 2022, Franklin County had the highest heart disease death rate per 100,000 population (346.5) of all TRPHD counties (State comparison: 149.8 per 100,000 population).
Stroke	<ul style="list-style-type: none"> In 2019-2021, Franklin County had the third highest age-adjusted stroke death rate (28.5 per 100,000 population; State comparison: 34.7 per 100,000 population). Although the stroke death rate was the third highest of all TRPHD counties, the stroke hospitalization rate was the fourth lowest in TRPHD (7.9 per 1,000 Medicare Beneficiaries, 65+).
High Blood Pressure	<ul style="list-style-type: none"> From 2019-2021, Franklin County had the third highest high blood pressure mortality rate (128.1 per 100,000 population; State comparison: 170.9 deaths per 100,000 population).

Franklin County Key Findings

Indicator/Area of Community Health Need	Rationale for Selection
Diabetes	<ul style="list-style-type: none"> From 2018 to 2022, Franklin County had no diabetes deaths (0 per 100,000 population) (State comparison: 29.6 deaths per 100,000 population).
Unintentional Injury Death Rate	<ul style="list-style-type: none"> From 2018 to 2022, Franklin County had the third highest unintentional injury death rate (67.9 deaths per 100,000 population) (State comparison: 45.7 deaths per 100,000 population).
Motor Vehicle Crashes	<ul style="list-style-type: none"> From 2018 to 2022, Franklin County had no (0 per 100,000 population) motor vehicle crash deaths (State Comparison: 13.2 per 100,000 population).
Unintentional Fall Death Rate	<ul style="list-style-type: none"> From 2018 to 2022, Franklin County had no (0 per 100,000 population) unintentional fall deaths (State Comparison: 12.5 per 100,000 population).

Franklin County Demographic Data

Population Pyramid: Population by Age and Sex in Franklin County, Nebraska



Source: 2023 ACS 5-Year Estimates. Population Pyramid: Population by Age and Sex in Franklin County, Nebraska. <https://data.census.gov/vizwidget?g=050XX00US31019&infoSection=Age and Sex>

Population Background

- The 55-64 age groups are relatively large, especially among females, indicating an aging population in Franklin County.
- Females outnumber males significantly in the 85+ age group, consistent with longer life expectancy for women.
- The younger age groups, particularly those under 20 years, have smaller populations compared to middle-aged groups, suggesting either declining birth rates or outmigration of young families.

Franklin County Demographic Data

Comparison of Social Determinants of Health and Health/Nutrition Disparities in Franklin County			
	Franklin County	Nebraska	United States
General Health and Nutrition			
% of adults reporting poor or fair Health ¹	15%	13%	14%
Average # of poor physical health days in the past 30 days	3.4	2.9	3.0
Average # of poor mental health days in the past 30 days	4.6	4.3	4.8
Average # of years people are expected to live	73.3	78.4	77.6
% of adults reporting 14 or more days of poor physical health per month	11%	9%	10%
% of adults who are current smokers	20%	14%	15%
% of adults with obesity (BMI >30kg/m ²)	44%	36%	34%
% of adults reporting no leisure-time physical activity	30%	24%	23%
% of pop. with adequate access to locations for physical activity	39%	84%	84%
% of adults reporting binge or heavy drinking	16%	22%	18%

*Adults refer to individuals ≥ 18 years or older.

General Health and Nutrition

- When compared to the state and national records, Franklin County residents are at a higher risk of adult obesity, and have less amount of opportunities to exercise due to larger distances between recreational facilities.

Franklin County Demographic Data

Social Determinants of Health

Residents of Franklin County follow the same proportion of those unemployed as the state, but less than the nation. Franklin County also have a lower median household income to the state and nation. Franklin County has a lower proportion of the community who report severe housing problems than the state and nation.

Comparison of Social Determinants of Health and Health/Nutrition Disparities in Franklin County

	Franklin County	Nebraska	United States
Social Determinants of Health			
Median Household Income	\$59,400	\$69,800	\$74,800
% of pop. (≥ 16 years) unemployed	2.3%	2.3%	3.7%
% of children (< 18 years) in poverty	17%	14%	16%
% of children enrolled in public schools eligible for free/reduced price lunch	42%	41.0%	51%
% of households with severe housing problems*	10%	12%	17%

*Severe housing problems refers to households with at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing

Franklin County Demographic Data

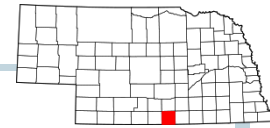
Comparison of Healthcare and Preventative Measures in Franklin County			
	Franklin County	Nebraska	United States
Healthcare and Prevention			
% of pop. <65 years without health insurance ¹	8%	8%	10%
Ratio of pop. to primary care physicians ⁵	1,450:1	1,340:1	1,330:1
Ratio of pop. to dentists	2,879:1	1,220:1	1,360:1
Ratio of pop. to mental health providers	1,440:1	310:1	320:1
Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees	1,751	2,249	2,681
% of female Medicare enrollees ages 65-74 who received an annual mammography screening	40%	50%	43%
% of fee-for-services Medicare enrollees who had an annual flu vaccination	24%	49%	46%
Communicable and Non-communicable Illnesses			
% of driving deaths with alcohol involvement	0%	32%	26%
% of adults (≥20 years) with diagnosed diabetes	10%	9%	10.0%
# of newly diagnosed chlamydia cases per 100,000 pop.	172.2	453.1	495.5

Healthcare Providers

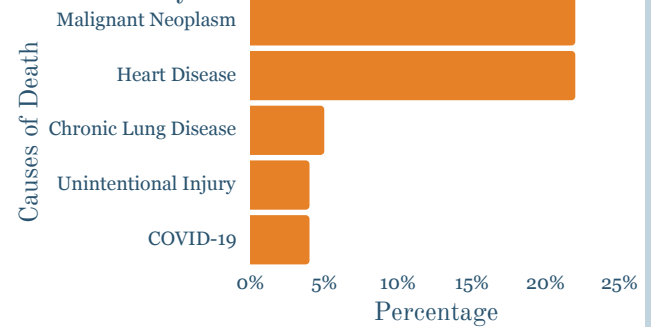
- Franklin County has a similar uninsured rate for the population under 65 (8.0%) compared to Nebraska(8.0%), but faces higher ratios of population to primary care physicians (1,450:1) and dentists (2,879:1) compared to both the state and nation.
- Preventative healthcare in Franklin County lags behind the state and national averages, with only 40.0% of female Medicare enrollees (ages 65-74) receiving annual mammograms and 24.0% receiving the annual flu vaccination, both below the state.
- Franklin County reports a low percentage (0.0%) of driving deaths with alcohol involvement, as well as the county's rate of newly diagnosed chlamydia cases (172.2 per 100,000 population) being significantly lower than the state and nation.

Franklin County Data Summary

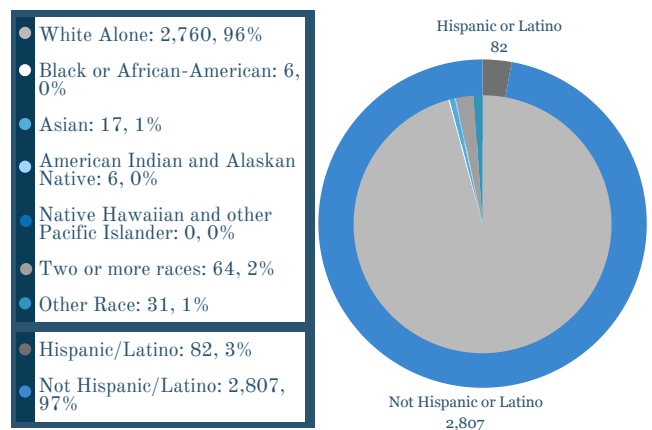
Ranked the 52nd healthiest county in Nebraska



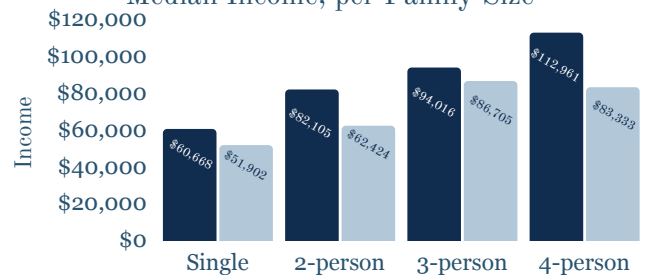
Top Five Causes of Death in Franklin County



Population of Franklin County, by Race/Ethnicity



Median Income, per Family Size



● Nebraska ● Franklin County Size of Family

Annual Weighted Poverty Threshold for Nebraska

Size of Household	1	2	4	6
Annual Income	\$15,060	\$20,440	\$31,200	\$41,960

County Information

Franklin County has the 4th highest median age in Nebraska, at 50.6 years. Between 1910 and 2010, Franklin county's population shrunk from 10,000 to 2,000 residents. Currently, the individual median income is the 13th lowest statewide, over 16% of the County is below the poverty level. Bordered by Kansas to the south, Franklin County is divided by the Republic River into a more fertile upper 2/3rd and a drier lower 1/3rd. The 3 largest cities care Franklin (County seat), Hildreth and Campbell.

Background

	Franklin Co.	NE
Total Area	576 sq mi	772,358 sq mi
Population	2,940	1,961,504
Median Age The median value of ages among all residents of a location.	50 Years	37 Years
Average Household Size Average # of people per household.	2.25	2.46
Average Family Size Average # of people per family.	2.75	3.09
Life Expectancy (at birth) Average # of years a person can expect to live at birth.	73 Years	79 Years
High School Completion Percentage of adults ages 25 and over with a high school diploma or equivalent.	93%	92%
Some College Completion Percentage of the population ages 25-44 with some post-secondary education, such as enrollment in vocational/technical school, junior college, or 4-year college.	71%	72%
Unemployment Percentage of the populations' civilian labor force, ages 16 and older that is unemployed but still seeking work.	2.3%	2.3%
Children in Poverty Percentage of people under age 18 living in a household whose income is below the poverty level.	17%	14%
Children in Single Parent Household Percentage of children (under 18 years of age) living in households that are headed by a single parent.	21%	20%
Adult Smoking Percentage of the adult population who both report that they currently smoke every day or some days and have smoked at least 100 cigarettes in their lifetime.	20%	14%
Adult Obesity Percentage of the adult population (ages 18 and older) that reports a BMI greater than or equal to 30 kg/m2.	44%	36%
Physical Inactivity Percentage of adults ages 18 and over reporting no leisure-time physical activity in the past month.	30%	24%
Alcohol-Impaired Driving Deaths Percentage of driving deaths with alcohol involvement	0%	33%
STI Rate Number of newly diagnosed chlamydia cases per 100,000 populations.	172	453

Gosper County Key Findings

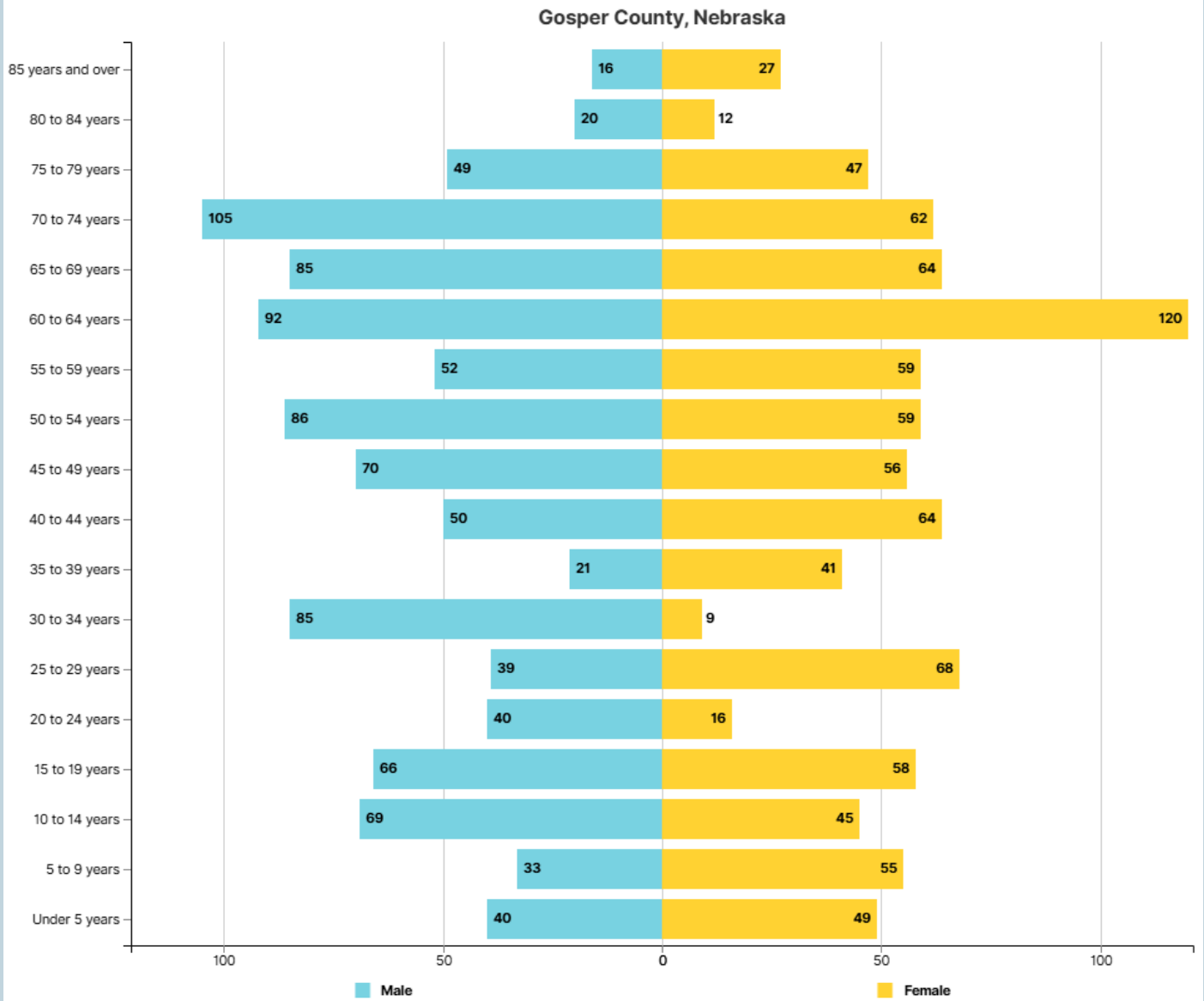
Indicator/Area of Community Health Need	Rationale for Selection
Socioeconomic Status	<ul style="list-style-type: none"> In 2023, the median household income in Gosper County was \$67,700 (State comparison: \$69,800).
Poverty	<ul style="list-style-type: none"> In 2023, 7% of the Gosper County population lived in poverty; the second lowest in TRPHD (State comparison: 10.3%). In 2023, 8.3% of the Gosper County population under 18 years old lived in poverty (State Comparison: 12%)
Severe Housing Problems	<ul style="list-style-type: none"> In 2023, Gosper County had the second lowest percentage (8%) of households with severe housing problems in TRPHD (Statewide Comparison: 12%).
Health Care Professionals	<ul style="list-style-type: none"> In 2023, Gosper had the least primary care physicians (0) of all TRPHD counties. In 2023, Gosper County had the least dentists (0) of all TRPHD counties. In 2023, Gosper County had the second lowest amount of mental health providers (1) of all of the TRPHD counties.
Shortages of Specialty Care	<ul style="list-style-type: none"> Gosper County reported a shortage of specialty care professionals in the following specialty areas: <ul style="list-style-type: none"> Psychiatry and Mental Health. Primary Care. Dental Health reported no shortages of specialty care professionals in Gosper County.
Stroke	<ul style="list-style-type: none"> In 2019-2021, Gosper County had the highest age-adjusted stroke death rate (34.8 per 100,000 population; State comparison: 34.7 per 100,000 population). Although the stroke death rate was the highest of all TRPHD counties, the stroke hospitalization rate was the second lowest in TRPHD (7.3 per 1,000 Medicare Beneficiaries, 65+)

Gosper County Key Findings

Indicator/Area of Community Health Need	Rationale for Selection
High Blood Pressure	<ul style="list-style-type: none"> From 2019-2021, Gosper County had the second highest high blood pressure mortality rate (147.9 per 100,000 population; State comparison: 170.9 deaths per 100,000 population).
Cancer	<ul style="list-style-type: none"> From 2018 to 2022, Gosper County had the third highest cancer death rate (239.5 per 100,000 population; State Comparison: 180.9).
Motor Vehicle Crashes	<ul style="list-style-type: none"> From 2018 to 2022, Gosper County had no deaths (0 per 100,000 population) caused by motor vehicle crashes (State Comparison: 13.2 per 100,000 population).
Unintentional Fall Death Rate	<ul style="list-style-type: none"> From 2018 to 2022, Gosper County had no (0 per 100,000 population) unintentional fall deaths (State Comparison: 12.5 per 100,000 population).

Gosper County Demographic Data

Population Pyramid: Population by Age and Sex in Gosper County, Nebraska



Source: 2023 ACS 5-Year Estimates. Population Pyramid: Population by Age and Sex in Gosper County, Nebraska.
<https://data.census.gov/vizwidget?g=050XX00US31073&infoSection=Age and Sex>

Population Background

- Gosper County has a larger proportion of older adults, particularly females in the 70-74 and 65-69 age groups, indicating an aging population.
- There is a noticeable gender imbalance in older age groups, with significantly more females than males in the 70-74 and 85+ age groups.
- The younger age groups (under 20 years) are smaller in size compared to the older age groups, suggesting a potential decline in younger population over time.

Gosper County Demographic Data

Comparison of Social Determinants of Health and Health/Nutrition Disparities in Gosper County

	Gosper County	Nebraska	United States
General Health and Nutrition			
% of adults reporting poor or fair Health ¹	12%	13%	14%
Average # of poor physical health days in the past 30 days	2.8	2.9	3.0
Average # of poor mental health days in the past 30 days	4.3	4.3	4.8
Average # of years people are expected to live	75.8	78.4	77.6
% of adults reporting 14 or more days of poor physical health per month	9%	9%	10%
% of adults who are current smokers	15%	14%	15%
% of adults with obesity (BMI >30kg/m ²)	40%	36%	34%
% of adults reporting no leisure-time physical activity	23%	24%	23%
% of pop. with adequate access to locations for physical activity	27%	84%	84%
% of adults reporting binge or heavy drinking	19%	22%	18%

*Adults refer to individuals ≥ 18 years or older.

General Health and Nutrition

- When compared to the state and national records, Gosper County residents are at a higher risk of adult obesity, and have less amount of opportunities to exercise due to larger distances between recreational facilities.

Gosper County Demographic Data

Social Determinants of Health

Residents of Gosper County follow the same follow a negative trend, of having a lower proportion of individuals who are unemployed than the state and nation, while having more children who live in poverty. Gosper County also have a lower median household income to the state and nation. Gosper County has a lower proportion of the community who report severe housing problems than the state and nation.

Comparison of Social Determinants of Health and Health/Nutrition Disparities in Gosper County			
	Gosper County	Nebraska	United States
Social Determinants of Health			
Median Household Income	\$67,700	\$69,800	\$74,800
% of pop. (≥ 16 years) unemployed	2.0%	2.3%	3.7%
% of children (< 18 years) in poverty	17%	14%	16%
% of children enrolled in public schools eligible for free/reduced price lunch	33%	41%	51%
% of households with severe housing problems*	7%	12%	17%

*Severe housing problems refers to households with at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing

Gosper County Demographic Data

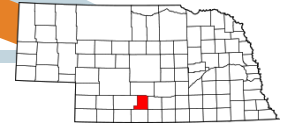
Comparison of Healthcare and Preventative Measures in Gosper County			
	Gosper County	Nebraska	United States
Healthcare and Prevention			
% of pop. <65 years without health insurance ¹	10%	8%	10%
Ratio of pop. to primary care physicians ⁵	1,820:1	1,340:1	1,330:1
Ratio of pop. to dentists	1,810:1	1,220:1	1,360:1
Ratio of pop. to mental health providers	1,810:1	310:1	320:1
Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees	2,230	2,249	2,681
% of female Medicare enrollees ages 65-74 who received an annual mammography screening	56%	50.0%	43.0%
% of fee-for-services Medicare enrollees who had an annual flu vaccination	38%	49.0%	46.0%
Communicable and Non-communicable Illnesses			
% of driving deaths with alcohol involvement	33%	32.0%	26.0%
% of adults (≥ 20 years) with diagnosed diabetes	8%	9.0%	10.0
# of newly diagnosed chlamydia cases per 100,000 pop.	N/A	453.1	495.5

Healthcare Providers

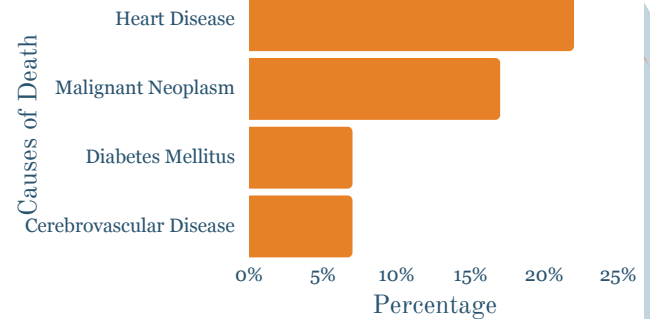
- Gosper County faces challenges in access to healthcare, with higher population-to-provider ratios for primary care physicians (1,820:1), dentists (1,810:1), and mental health providers (1,810:1) compared to the state and nation.
- While Gosper County outperforms state and national averages in mammography screenings, flu vaccination rates among Medicare enrollees remain lower than both the state and nation.
- Gosper County's percentage of driving deaths with alcohol involvement (33%) is slightly higher than the state (32%) and significantly above the nation (26%).

Gosper County Data Summary

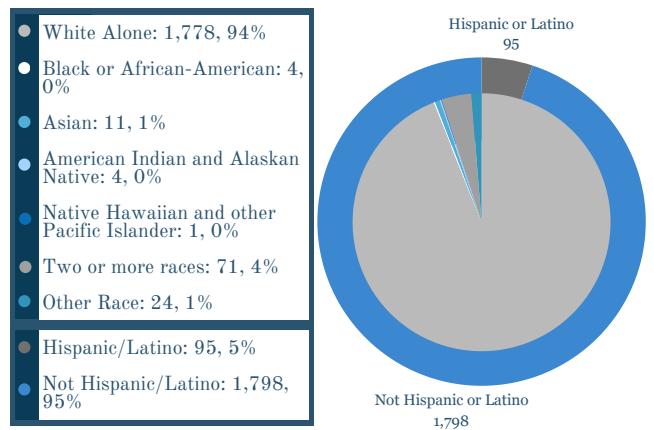
Ranked the 52nd healthiest county in Nebraska



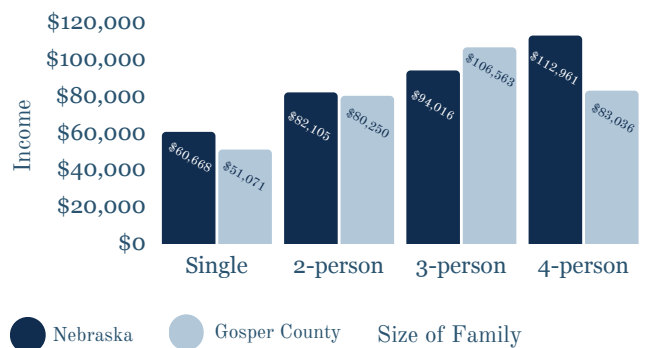
Top Four Causes of Death in Gosper County



Population of Franklin County, by Race/Ethnicity



Median Income, per Family Size



Annual Weighted Poverty Threshold for Nebraska

Size of Household	1	2	4	6
Annual Income	\$15,060	\$20,440	\$31,200	\$41,960

County Information

With a median age of 50 years, Gosper is tied for the oldest County in Nebraska. With less than 2000 residents, it is also the 8th smallest County in Nebraska. The largest cities are Elwood (county seat) and Smithfield. Johnson Lake, one of the largest recreational lake areas in the State is partly within Gosper County. Residential communities around Johnson Lake often consist of a sizeable population that may live for part of the year in Gosper County.

Background

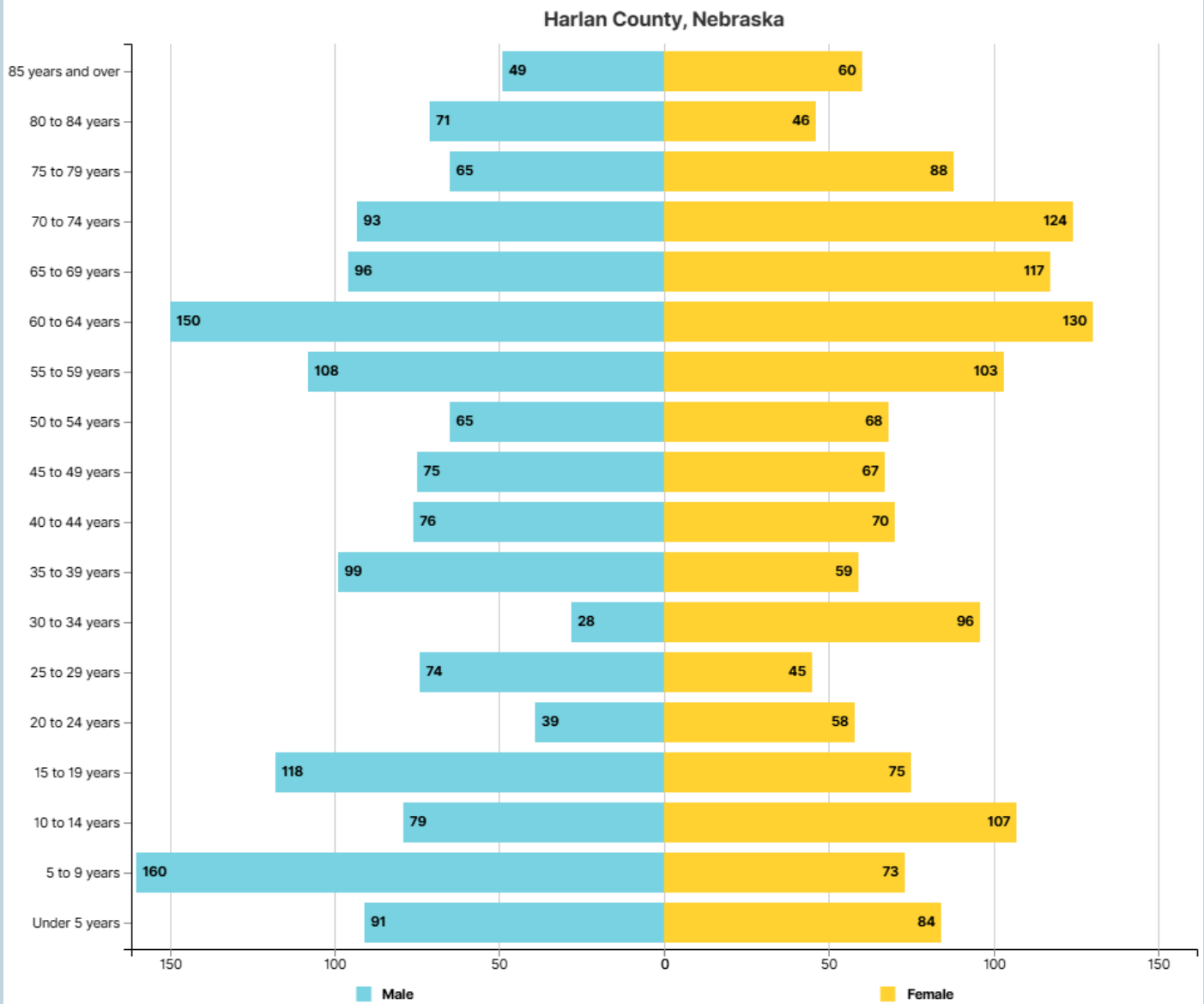
	Gosper Co.	NE
Total Area	463 sq mi	772,358 sq mi
Population	1,893	1,961,504
Median Age The median value of ages among all residents of a location.	50 Years	37 Years
Average Household Size Average # of people per household.	2.45	2.46
Average Family Size Average # of people per family.	2.95	3.09
Life Expectancy (at birth) Average # of years a person can expect to live at birth.	76 Years	79 Years
High School Completion Percentage of adults ages 25 and over with a high school diploma or equivalent.	94%	92%
Some College Completion Percentage of the population ages 25-44 with some post-secondary education, such as enrollment in vocational/technical school, junior college, or 4-year college.	60%	72%
Unemployment Percentage of the populations' civilian labor force, ages 16 and older that is unemployed but still seeking work.	2.0%	2.3%
Children in Poverty Percentage of people under age 18 living in a household whose income is below the poverty level.	17%	14%
Children in Single Parent Household Percentage of children (under 18 years of age) living in households that are headed by a single parent.	4%	20%
Adult Smoking Percentage of the adult population who both report that they currently smoke every day or some days and have smoked at least 100 cigarettes in their lifetime.	15%	14%
Adult Obesity Percentage of the adult population (ages 18 and older) that reports a BMI greater than or equal to 30 kg/m2.	40%	36%
Physical Inactivity Percentage of adults ages 18 and over reporting no leisure-time physical activity in the past month.	23%	24%
Alcohol-Impaired Driving Deaths Percentage of driving deaths with alcohol involvement	33%	33%
STI Rate Number of newly diagnosed chlamydia cases per 100,000 populations.	N/A	453

Harlan County Key Findings

Indicator/Area of Community Health Need	Rationale for Selection
Poverty	<ul style="list-style-type: none"> In 2023, 13% of the Harlan County population under 18 years old live in poverty (State comparison: 14.8%).
Deaths	<ul style="list-style-type: none"> In 2022, Harlan County had the highest death rate (17.0 deaths per 1,000 population) of all TRPHD counties (State Comparison: 9.3 deaths per 1,000 population).
Shortages of Specialty Care	<ul style="list-style-type: none"> Harlan County reported a shortage of specialty care professionals in the following specialty areas: <ul style="list-style-type: none"> Psychiatry and Mental Health Dental health and primary care reported no shortages of specialty care professionals in Harlan County.
Heart Disease	<ul style="list-style-type: none"> From 2019 to 2021, Harlan County has the second highest heart disease death rate (157.9 per 100,000 population) of all TRPHD counties.
High Blood Pressure	<ul style="list-style-type: none"> From 2019 to 2021, Harlan County has the third lowest death rate (125.6 per 100,000 population) attributed to high blood pressure (State Comparison: 170.9 per 100,000 population).
Cancer	<ul style="list-style-type: none"> From 2018 to 2022, Harlan county had the second highest cancer death rate (320.3 per 100,000 population) of all TRPHD counties (State Comparison: 188.3 per 100,000 population).
Obesity	<ul style="list-style-type: none"> In 2023, obesity had a 9% increase change in obesity rate from 27% in 2013 to 36% in 2023.

Harlan County Demographic Data

Population Pyramid: Population by Age and Sex in Harlan County, Nebraska



Source: 2023 ACS 5-Year Estimates. Population Pyramid: Population by Age and Sex in Harlan County, Nebraska.
<https://data.census.gov/vizwidget?g=050XX00US31083&infoSection=Age and Sex>

Population Background

- Females outnumber males in older age groups (70-79 and above), indicating a longer life expectancy for females.
- The younger age groups (under 10 years) are more prominent compared to middle-aged groups, suggesting a strong presence of families with young children in the county.

Harlan County Demographic Data

Comparison of Social Determinants of Health and Health/Nutrition Disparities in Harlan County

	Harlan County	Nebraska	United States
General Health and Nutrition			
% of adults reporting poor or fair Health ¹	10%	13%	14%
Average # of poor physical health days in the past 30 days	2.6	2.9	3.0
Average # of poor mental health days in the past 30 days	3.9	4.3	4.8
Average # of years people are expected to live	81.4	78.4	77.6
% of adults reporting 14 or more days of poor physical health per month	8%	9%	10%
% of adults who are current smokers	17%	14%	15%
% of adults with obesity (BMI >30kg/m ²)	36%	36%	34%
% of adults reporting no leisure-time physical activity	22%	24%	23%
% of pop. with adequate access to locations for physical activity	40%	84%	84%
% of adults reporting binge or heavy drinking	23%	22%	18%

*Adults refer to individuals ≥ 18 years or older.

General Health and Nutrition

- When compared to the state and national records, Harlan County residents have an equal risk of adult obesity to the state. Harlan County residents report having less amount of opportunities to exercise due to larger distances between recreational facilities.

Harlan County Demographic Data

Social Determinants of Health

Residents of Harlan County follow the same follow a negative trend, of having a lower proportion of individuals who are unemployed than the state and nation, while having less children who live in poverty. Harlan County also have a lower median household income to the state and nation. Harlan County has a lower proportion of the community who report severe housing problems than the state and nation.

Comparison of Social Determinants of Health and Health/Nutrition Disparities in Harlan County			
	Harlan County	Nebraska	United States
Social Determinants of Health			
Median Household Income	\$58,900	\$69,800	\$74,800
% of pop. (≥ 16 years) unemployed	1.9%	2.3%	3.7%
% of children (< 18 years) in poverty	13%	14%	16%
% of children enrolled in public schools eligible for free/reduced price lunch	37%	41%	51%
% of households with severe housing problems*	10%	12%	17%

*Severe housing problems refers to households with at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing

Harlan County Demographic Data

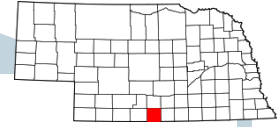
Comparison of Healthcare and Preventative Measures in Harlan County			
	Harlan County	Nebraska	United States
Healthcare and Prevention			
% of pop. <65 years without health insurance ¹	10%	8%	10%
Ratio of pop. to primary care physicians ⁵	1,550:1	1,340:1	1,330:1
Ratio of pop. to dentists	3,050:1	1,220:1	1,360:1
Ratio of pop. to mental health providers	N/A	310:1	320:1
Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees	1,722	2,249	2,681
% of female Medicare enrollees ages 65-74 who received an annual mammography screening	40%	50%	43%
% of fee-for-services Medicare enrollees who had an annual flu vaccination	23%	49%	46%
Communicable and Non-communicable Illnesses			
% of driving deaths with alcohol involvement	75%	32%	26%
% of adults (≥ 20 years) with diagnosed diabetes	8%	9%	10%
# of newly diagnosed chlamydia cases per 100,000 pop.	N/A	453.1	495.5

Healthcare Providers

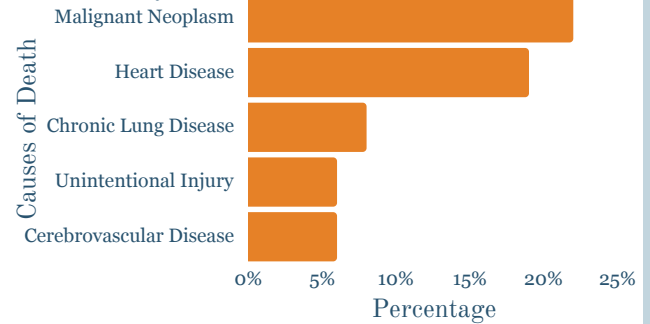
- Harlan County faces significant provider shortages, with a population-to-dentist ratio of 3,050:1, much higher than the state (1,220:1) and the nation (1,260:1), and lacks a mental health provider.
- Only 40% of female Medicare enrollees (ages 65-74) receive annual mammograms, and just 23% receive a flue vaccination.
- Harlan County reports a high percentage of driving deaths with alcohol involvement (75%), significantly exceeding both the state (32%) and nation (26%), while maintaining a lower diabetes prevalence (8%).

Harlan County Data Summary

Ranked the 51st healthiest county in Nebraska

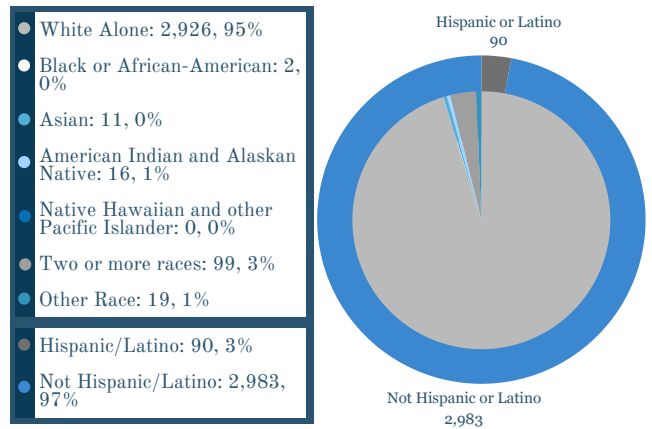


Top Five Causes of Death in Harlan County

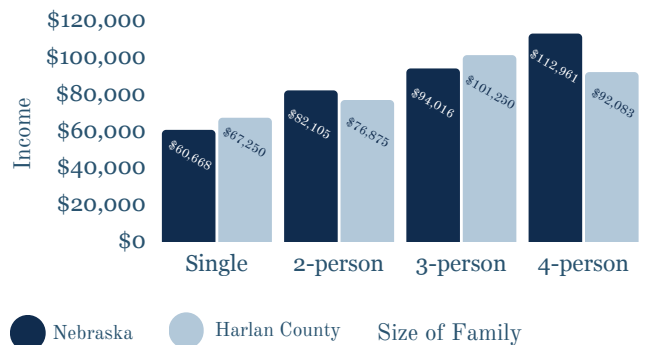


Background		
	Harlan Co.	NE
Total Area	574 sq mi	772,358 sq mi
Population	3,073	1,961,504
Median Age The median value of ages among all residents of a location.	48 Years	37 Years
Average Household Size Average # of people per household.	2.49	2.46
Average Family Size Average # of people per family.	3.29	3.09
Life Expectancy (at birth) Average # of years a person can expect to live at birth.	78 Years	79 Years
High School Completion Percentage of adults ages 25 and over with a high school diploma or equivalent.	93%	92%
Some College Completion Percentage of the population ages 25-44 with some post-secondary education, such as enrollment in vocational/technical school, junior college, or 4-year college.	74%	72%
Unemployment Percentage of the populations' civilian labor force, ages 16 and older that is unemployed but still seeking work.	1.9%	2.3%
Children in Poverty Percentage of people under age 18 living in a household whose income is below the poverty level.	15%	14%
Children in Single Parent Household Percentage of children (under 18 years of age) living in households that are headed by a single parent.	13%	20%
Adult Smoking Percentage of the adult population who both report that they currently smoke every day or some days and have smoked at least 100 cigarettes in their lifetime.	15%	14%
Adult Obesity Percentage of the adult population (ages 18 and older) that reports a BMI greater than or equal to 30 kg/m2.	36%	36%
Physical Inactivity Percentage of adults ages 18 and over reporting no leisure-time physical activity in the past month.	23%	24%
Alcohol-Impaired Driving Deaths Percentage of driving deaths with alcohol involvement	75%	33%
STI Rate Number of newly diagnosed chlamydia cases per 100,000 populations.	N/A	453

Population of Harlan County, by Race/Ethnicity



Median Income, per Family Size



Annual Weighted Poverty Threshold for Nebraska				
Size of Household	1	2	4	6
Annual Income	\$15,060	\$20,440	\$31,200	\$41,960

County Information

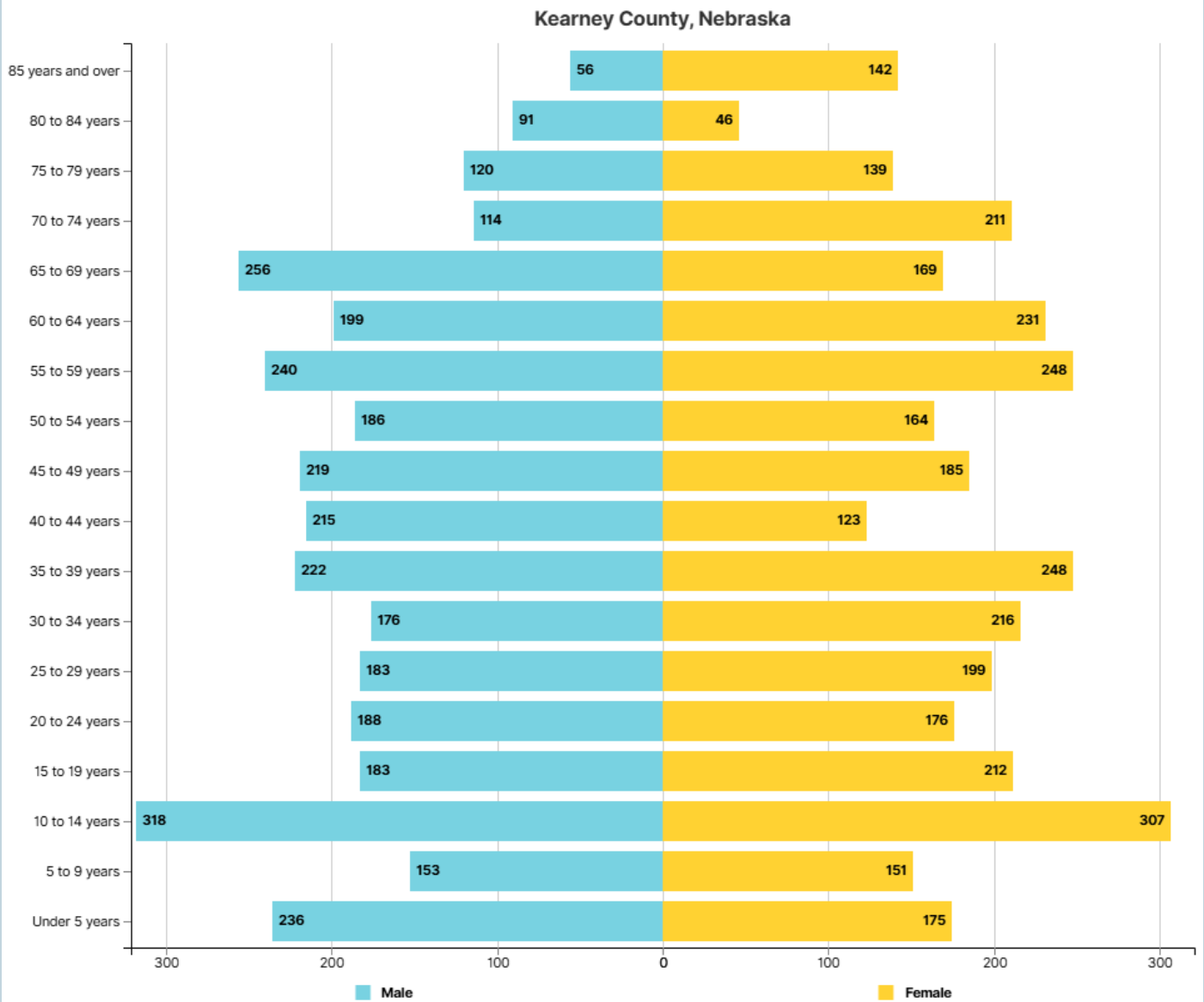
Underscored by the Republican river in the southeastern corner, Harlan County is home to a predominantly agricultural community involved in both farming as well as livestock cultivation. Almost all of Harlan County residents were born in the US, the third highest proportion of native-born residents among all Nebraska counties. The 3 largest cities are Alma (County seat), Orleans, and Stamford.

Kearney County Key Findings

Indicator/Area of Community Health Need	Rationale for Selection
Increase in Population	<ul style="list-style-type: none"> In 2020, the Kearney County population increased 4.3% from the 2010 population (State Comparison: 7.4%)
Unemployment	<ul style="list-style-type: none"> In 2023, the proportion of Kearney County residents who were unemployed was 1.8% (State Comparison: 2.5%).
Sleep	<ul style="list-style-type: none"> In 2023, 29% of Kearney County adults reported getting less than 7 hours of sleep per day (State Comparison: 29%).
General Health “Fair” or “Poor”	<ul style="list-style-type: none"> In 2023, 11% of Kearney County residents reported their general health as “fair” or “poor” (State Comparison: 10%).
Uninsured	<ul style="list-style-type: none"> In 2023, 8% of Kearney County residents under the age of 65 reported having no health insurance (State Comparison: 9%).
Shortages of Specialty Care	<ul style="list-style-type: none"> Kearney County reported a shortage of specialty care professionals in the following specialty areas: <ul style="list-style-type: none"> Psychiatry and Mental Health General Dentistry Primary Care
Heart Disease	<ul style="list-style-type: none"> From 2019 to 2021, Kearney County has a heart disease death rate of 155.5 per 100,000 population. (State Comparison: 185.9).
Cancer	<ul style="list-style-type: none"> From 2018 to 2022, Kearney County had the third lowest death rate (193.6 per 100,000 population) attributed to cancer (State Comparison: 180.9).

Kearney County Demographic Data

Population Pyramid: Population by Age and Sex in Kearney County, Nebraska



Source: 2023 ACS 5-Year Estimates. Population Pyramid: Population by Age and Sex in Kearney County, Nebraska.
<https://data.census.gov/viz/widget?g=050XX00US31099&infoSection=Age and Sex>

Population Background

- Males significantly outnumber females in younger age groups, particularly in the 10-14 age bracket.
- The middle-aged population (30-54 years) shows a relatively balanced distribution between males and females.
- Females outnumber males in the older age brackets (70 years and above), reflecting a common pattern of longer life expectancy for females.

Kearney County Demographic Data

Comparison of Social Determinants of Health and Health/Nutrition Disparities in Kearney County			
	Kearney County	Nebraska	United States
General Health and Nutrition			
% of adults reporting poor or fair Health ¹	13%	13%	14%
Average # of poor physical health days in the past 30 days	3.0	2.9	3.0
Average # of poor mental health days in the past 30 days	4.1	4.3	4.8
Average # of years people are expected to live	80.1	78.4	77.6
% of adults reporting 14 or more days of poor physical health per month	9%	9%	10%
% of adults who are current smokers	16%	14%	15%
% of adults with obesity (BMI >30kg/m ²)	36%	36%	34%
% of adults reporting no leisure-time physical activity	25%	24%	23%
% of pop. with adequate access to locations for physical activity	61%	84%	84%
% of adults reporting binge or heavy drinking	20%	22%	18%

*Adults refer to individuals ≥ 18 years or older.

General Health and Nutrition

- When compared to the state and national records, Kearney County residents have an equal risk of adult obesity to the state. Kearney County residents report having less amount of opportunities to adequately access location for physical activity.

Kearney County Demographic Data

Social Determinants of Health

Residents of Kearney County follow the same trend, of having a lower proportion of individuals who are unemployed than the state and nation, while having less children who live in poverty. Kearney County also has a higher median household income to the state and nation. Kearney County has a lower proportion of the community who report severe housing problems than the state and nation.

Comparison of Social Determinants of Health and Health/Nutrition Disparities in Kearney County

	Kearney County	Nebraska	United States
Social Determinants of Health			
Median Household Income	\$74,700	\$69,800	\$74,800
% of pop. (≥ 16 years) unemployed	1.9%	2.3%	3.7%
% of children (< 18 years) in poverty	11%	14%	16%
% of children enrolled in public schools eligible for free/reduced price lunch	32%	41%	51%
% of households with severe housing problems*	10%	12%	17%

*Severe housing problems refers to households with at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing

Kearney County Demographic Data

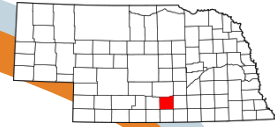
Comparison of Healthcare and Preventative Measures in Kearney County			
	Kearney County	Nebraska	United States
Healthcare and Prevention			
% of pop. <65 years without health insurance ¹	7%	8%	10%
Ratio of pop. to primary care physicians ⁵	3,340:1	1,340:1	1,330:1
Ratio of pop. to dentists	2,230:1	1,220:1	1,360:1
Ratio of pop. to mental health providers	2,230:1	310:1	320:1
Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees	2,915	2,249	2,681
% of female Medicare enrollees ages 65-74 who received an annual mammography screening	53%	50%	43%
% of fee-for-services Medicare enrollees who had an annual flu vaccination	38%	49%	46%
Communicable and Non-communicable Illnesses			
% of driving deaths with alcohol involvement	29%	32%	26%
% of adults (≥20 years) with diagnosed diabetes	9%	9%	10%
# of newly diagnosed chlamydia cases per 100,000 pop.	104.9	453.1	495.5

Healthcare Providers

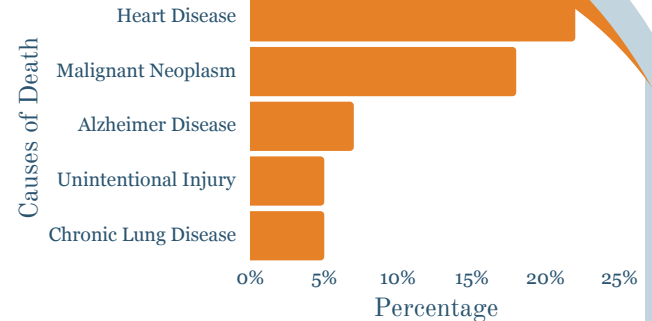
- Kearney County faces significant provider shortages, with a population-to-primary care physician ratio of 3,340:1, and a population-to-mental health provider ratio of 2,230:1, both far exceeding the state and nation.
- While Kearney County outperforms the state and nation in mammograph screenings, its flu vaccination rate (38%) remains lower than both the state and nation..
- Kearney County reports a low rate of newly diagnosed chlamydia cases (104.9 per 100,000 population), and a slightly lower percentage of driving deaths with alcohol involvement (29%) compared to the state.

Kearney County Data Summary

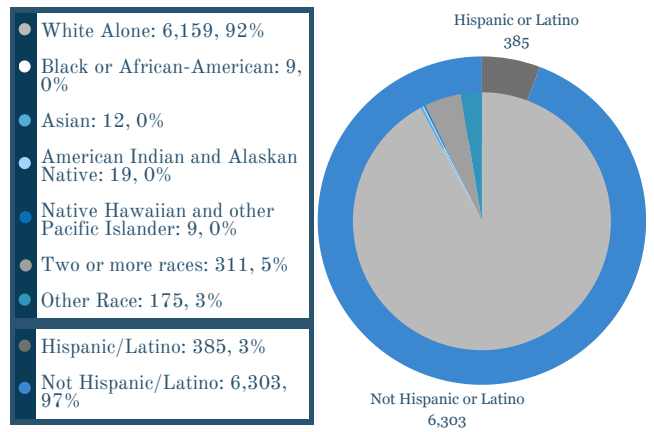
Ranked the 46th healthiest county in Nebraska



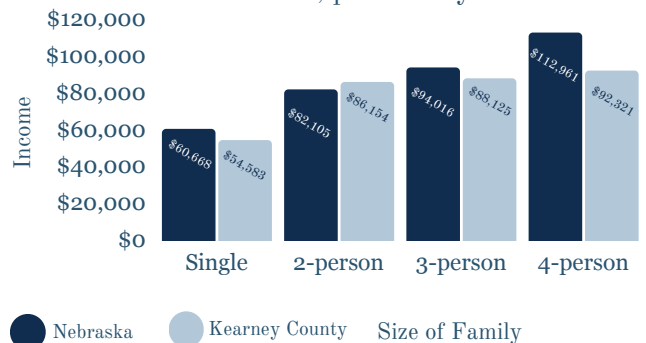
Top Five Causes of Death in Kearney County



Population of Kearney County, by Race/Ethnicity



Median Income, per Family Size



Annual Weighted Poverty Threshold for Nebraska

Size of Household	1	2	4	6
Annual Income	\$15,060	\$20,440	\$31,200	\$41,960

County Information

Kearney County is home to a predominantly agricultural community in South Central Nebraska. With a population just under 7000 people, Kearney's per-capita income is the 10th highest in the state. Almost 2/3rd of the County is farmland, and Kearney is 13th among Nebraska counties with respect to agricultural output through sales. The 3 largest cities are Minden (County seat), Axtell and Wilcox. Kearney County is home to specialized facilities that offer in-patient mental health treatment and support, including the first certified autism center in Nebraska.

Background

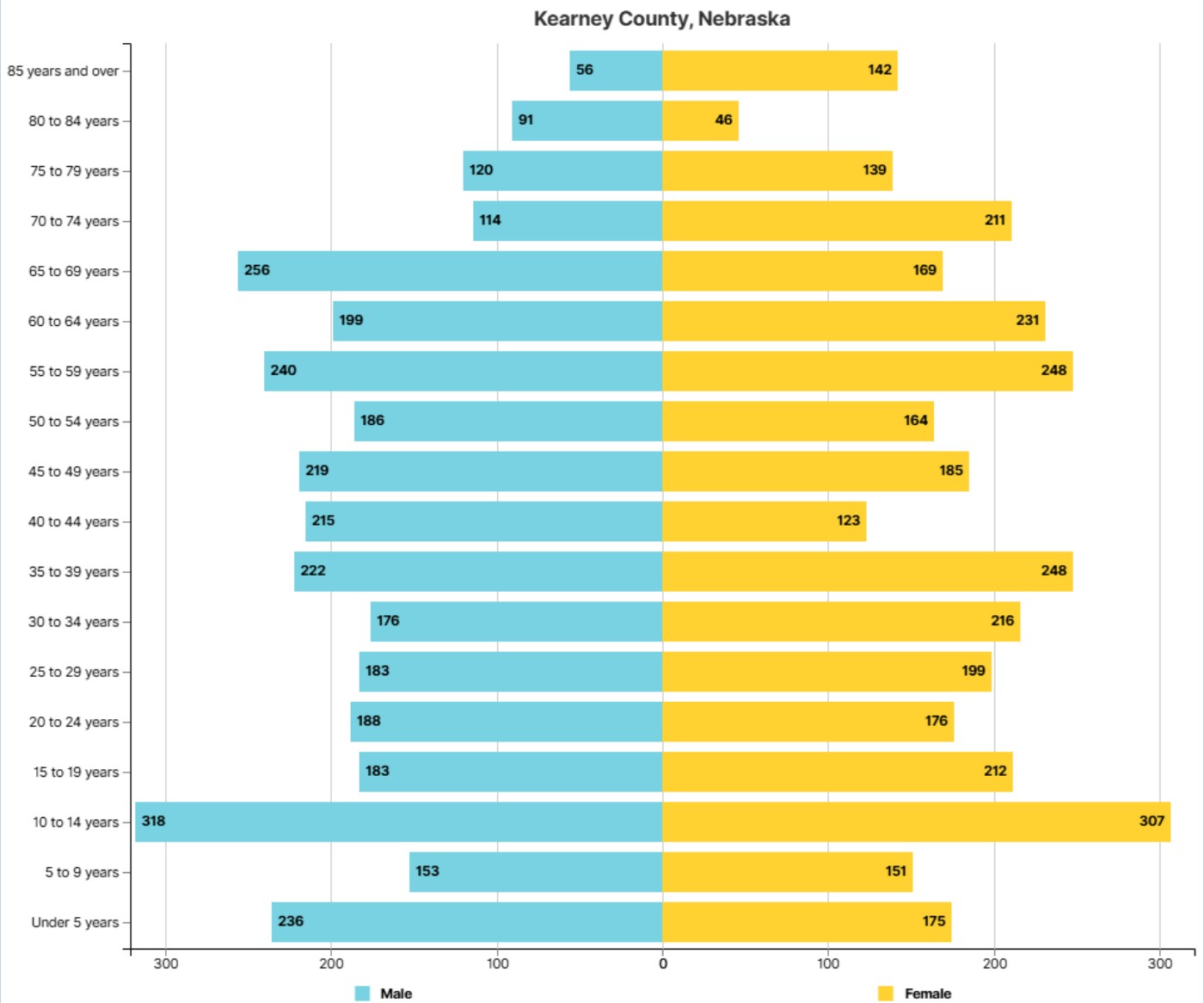
	Kearney Co.	NE
Total Area	516 sq mi	772,358 sq mi
Population	6,688	1,961,504
Median Age The median value of ages among all residents of a location.	38 Years	37 Years
Average Household Size Average # of people per household.	2.46	2.46
Average Family Size Average # of people per family.	2.98	3.09
Life Expectancy (at birth) Average # of years a person can expect to live at birth.	80 Years	79 Years
High School Completion Percentage of adults ages 25 and over with a high school diploma or equivalent.	94%	92%
Some College Completion Percentage of the population ages 25-44 with some post-secondary education, such as enrollment in vocational/technical school, junior college, or 4-year college.	64%	72%
Unemployment Percentage of the populations' civilian labor force, ages 16 and older that is unemployed but still seeking work.	1.9%	2.3%
Children in Poverty Percentage of people under age 18 living in a household whose income is below the poverty level.	11%	14%
Children in Single Parent Household Percentage of children (under 18 years of age) living in households that are headed by a single parent.	17%	20%
Adult Smoking Percentage of the adult population who both report that they currently smoke every day or some days and have smoked at least 100 cigarettes in their lifetime.	16%	14%
Adult Obesity Percentage of the adult population (ages 18 and older) that reports a BMI greater than or equal to 30 kg/m2.	36%	36%
Physical Inactivity Percentage of adults ages 18 and over reporting no leisure-time physical activity in the past month.	25%	24%
Alcohol-Impaired Driving Deaths Percentage of driving deaths with alcohol involvement	29%	33%
STI Rate Number of newly diagnosed chlamydia cases per 100,000 populations.	105	453

Phelps County Key Findings

Indicator/Area of Community Health Need	Rationale for Selection
Poverty	<ul style="list-style-type: none"> In 2023, 13.6% of Phelps County population was below the poverty level (State Comparison: 10.3%)
Shortages of Specialty Care	<ul style="list-style-type: none"> Phelps County reported a shortage of specialty care professionals in the following specialty areas: <ul style="list-style-type: none"> Psychiatry and Mental Health General dentistry and Primary Care reported no shortages of specialty care professionals in Phelps County.
Heart Disease	<ul style="list-style-type: none"> In 2022, Phelps County had a heart disease death rate of 166.9 deaths per 100,000 population (State comparison: 193.3).
Stroke	<ul style="list-style-type: none"> From 2019 to 2021, Phelps County's stroke death rate was 28.5 deaths per 100,000 population (State Comparison: 24.4 per 100,000 population).
Diabetes	<ul style="list-style-type: none"> From 2018 to 2022, the diabetes death rate in Phelps County was 46.7 per 100,000 population (State Comparison: 29.6).
Cancer	<ul style="list-style-type: none"> In 2022, the cancer death rate in Phelps county was 244.8 per 100,000 population (State Comparison: 177.3 per 100,000 population).
Unintentional Injury Death Rate	<ul style="list-style-type: none"> In 2022, the unintentional injury death rate in Phelps County was 111.3 per 100,000 population (State Comparison: 50.3).

Phelps County Demographic Data

Population Pyramid: Population by Age and Sex in Kearney County, Nebraska



Source: 2023 ACS 5-Year Estimates. Population Pyramid: Population by Age and Sex in Phelps County, Nebraska.
<https://data.census.gov/viz/widget?g=050XX00US31137&infoSection=Age and Sex>

Population Background

- There are a relatively balanced number of males and females across most age groups, with minor differences in older age groups such as more females in the 85+ category.
- The younger age groups (under 5 years to 19 years) have higher population counts.
- There is a noticeable decline in population numbers starting from the 55-59 age group and higher.

Phelps County Demographic Data

Comparison of Social Determinants of Health and Health/Nutrition Disparities in Phelps County

	Phelps County	Nebraska	United States
General Health and Nutrition			
% of adults reporting poor or fair Health ¹	13%	13%	14%
Average # of poor physical health days in the past 30 days	3.0	2.9	3.0
Average # of poor mental health days in the past 30 days	4.3	4.3	4.8
Average # of years people are expected to live	78.1	78.4	77.6
% of adults reporting 14 or more days of poor physical health per month	9%	9%	10%
% of adults who are current smokers	16%	14%	15%
% of adults with obesity (BMI >30kg/m ²)	42%	36%	34%
% of adults reporting no leisure-time physical activity	24%	24%	23%
% of pop. with adequate access to locations for physical activity	75%	84%	84%
% of adults reporting binge or heavy drinking	19%	22%	18%

¹Adults refer to individuals ≥18 years or older.

General Health and Nutrition

- Despite having almost the same proportion of residents with adequate access to physical activity as the state and nation, Phelps County residents have a slightly increased risk of adult obesity.

Phelps County Demographic Data

Social Determinants of Health

Residents of Phelps County follow the same trend, of having a lower proportion of individuals who are unemployed than the state and nation, while having less children who live in poverty. Kearney County also has a slightly lower median household income to the state. Phelps County has a lower proportion of the community who report severe housing problems than the nation, but more than the state.

Comparison of Social Determinants of Health and Health/Nutrition Disparities in Phelps County

	Phelps County	Nebraska	United States
Social Determinants of Health			
Median Household Income	\$66,300	\$69,800	\$74,800
% of pop. (≥ 16 years) unemployed	2.0%	2.3%	3.7%
% of children (< 18 years) in poverty	11%	14%	16%
% of children enrolled in public schools eligible for free/reduced price lunch	34%	41%	51%
% of households with severe housing problems*	13%	12%	17%

*Severe housing problems refers to households with at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing

Phelps County Demographic Data

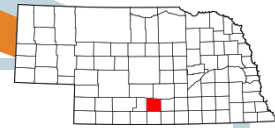
Comparison of Healthcare and Preventative Measures in Phelps County			
	Phelps County	Nebraska	United States
Healthcare and Prevention			
% of pop. <65 years without health insurance ¹	8%	8%	10%
Ratio of pop. to primary care physicians ⁵	990:1	1,340:1	1,330:1
Ratio of pop. to dentists	1,500:1	1,220:1	1,360:1
Ratio of pop. to mental health providers	600:1	310:1	320:1
Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees	2,399	2,249	2,681
% of female Medicare enrollees ages 65-74 who received an annual mammography screening	48%	50%	43%
% of fee-for-services Medicare enrollees who had an annual flu vaccination	43%	49%	46%
Communicable and Non-communicable Illnesses			
% of driving deaths with alcohol involvement	60%	32%	26%
% of adults (≥ 20 years) with diagnosed diabetes	9%	9%	10%
# of newly diagnosed chlamydia cases per 100,000 pop.	212.6	453.1	495.5

Healthcare Providers

- Phelps County has a favorable population-to-primary care physician ratio (990:1) compared to the state and nation, but a higher population-to-dentist ratio (1,500:1), indicating some challenges in dental care access.
- Preventive care in Phelps County follows similar state and nation trends in mammography screenings and vaccination rates.
- Phelps County reports a high proportion of driving deaths involving alcohol (60%), significantly exceeding both the state and nation, but newly diagnosed chlamydia cases (212.6 per 100,000 population) is much lower than both the state and nation.

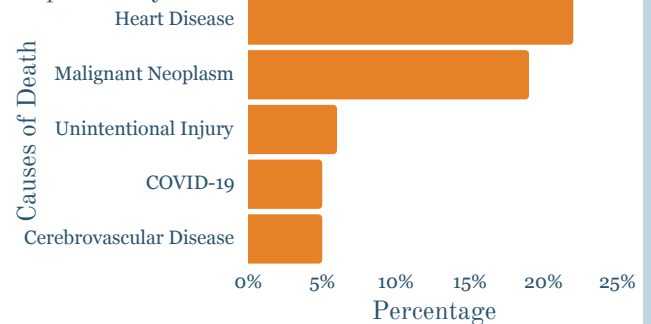
Phelps County Data Summary

Ranked the **9th** healthiest county in Nebraska

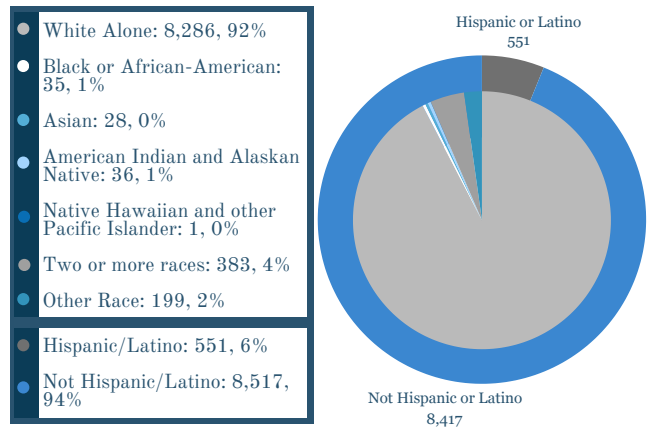


Background		
	Phelps Co.	NE
Total Area	541 sq mi	772,358 sq mi
Population	8,968	1,961,504
Median Age The median value of ages among all residents of a location.	40 Years	37 Years
Average Household Size Average # of people per household.	2.29	2.46
Average Family Size Average # of people per family.	2.94	3.09
Life Expectancy (at birth) Average # of years a person can expect to live at birth.	78 Years	79 Years
High School Completion Percentage of adults ages 25 and over with a high school diploma or equivalent.	92%	92%
Some College Completion Percentage of the population ages 25-44 with some post-secondary education, such as enrollment in vocational/technical school, junior college, or 4-year college.	76%	72%
Unemployment Percentage of the populations' civilian labor force, ages 16 and older that is unemployed but still seeking work.	2.0%	2.3%
Children in Poverty Percentage of people under age 18 living in a household whose income is below the poverty level.	11%	14%
Children in Single Parent Household Percentage of children (under 18 years of age) living in households that are headed by a single parent.	12%	20%
Adult Smoking Percentage of the adult population who both report that they currently smoke every day or some days and have smoked at least 100 cigarettes in their lifetime.	16%	14%
Adult Obesity Percentage of the adult population (ages 18 and older) that reports a BMI greater than or equal to 30 kg/m2.	42%	36%
Physical Inactivity Percentage of adults ages 18 and over reporting no leisure-time physical activity in the past month.	24%	24%
Alcohol-Impaired Driving Deaths Percentage of driving deaths with alcohol involvement	60%	33%
STI Rate Number of newly diagnosed chlamydia cases per 100,000 populations.	213	453

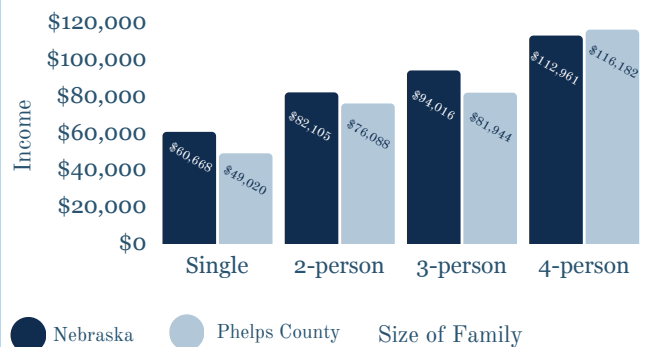
Top Five Causes of Death in Phelps County



Population of Phelps County, by Race/Ethnicity



Median Income, per Family Size



Annual Weighted Poverty Threshold for Nebraska

Size of Household	1	2	4	6
Annual Income	\$15,060	\$20,440	\$31,200	\$41,960

County Information

Phelps County is a predominantly agricultural County in South-Central Nebraska that is home to just over 10,000 people. Over 2/3rd of the County is farmland, and Phelps has the 6th largest agricultural output among counties in Nebraska, mainly grain, vegetables and cattle raised for meat. The 3 biggest cities are Holdrege (County seat), Bertrand and Loomis.

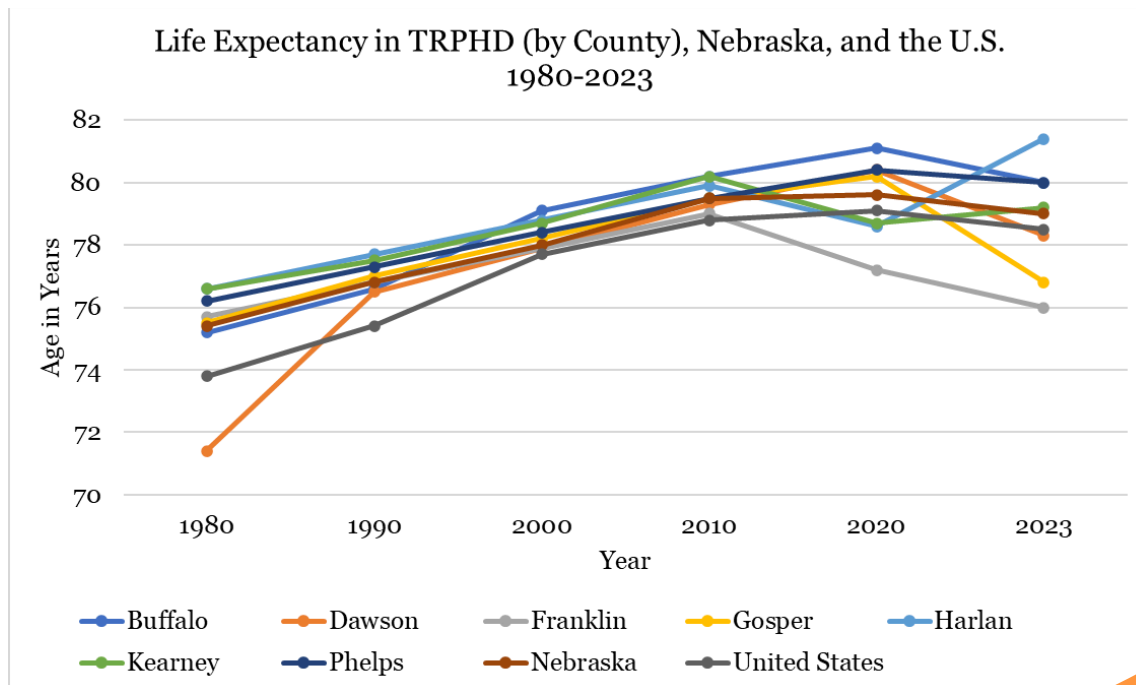
Life Expectancy

Life Expectancy in TRPHD (by County), Nebraska, and the U.S. 1980-2023

	Life Expectancy by Year						Change in Life Expectancy 1980-2024 (years)
	1980	1990	2000	2010	2020	2023	
Buffalo	75.2	76.6	79.1	80.2	81.1	80.0	+4.8
Dawson	71.4	76.5	77.9	79.3	80.4	78.3	+6.9
Franklin	75.7	76.8	77.9	79.0	77.2	76	+0.3
Gosper	75.5	77.0	78.2	79.5	80.2	76.8	+1.3
Harlan	76.6	77.7	78.8	79.9	78.6	81.4	+4.8
Kearney	76.6	77.5	78.7	80.2	78.7	79.2	+2.6
Phelps	76.2	77.3	78.4	79.5	80.4	80.0	+3.8
Nebraska	75.4	76.8	78.0	79.5	79.6	79.0	+3.6
United States	73.8	75.4	77.7	78.8	79.1	78.5	+4.7

Life Expectancy

- Life expectancy in most counties show an increase in life expectancy from 1980 to 2023, with Dawson County experiencing the largest gain (+6.9 years).
- Franklin County exhibits only a small increase in life expectancy (+0.3 years).
- Smaller counties (e.g., Gosper, Franklin) tend to show slower gains or minimal changes in life expectancy across 43 years.



Health Survey Distribution

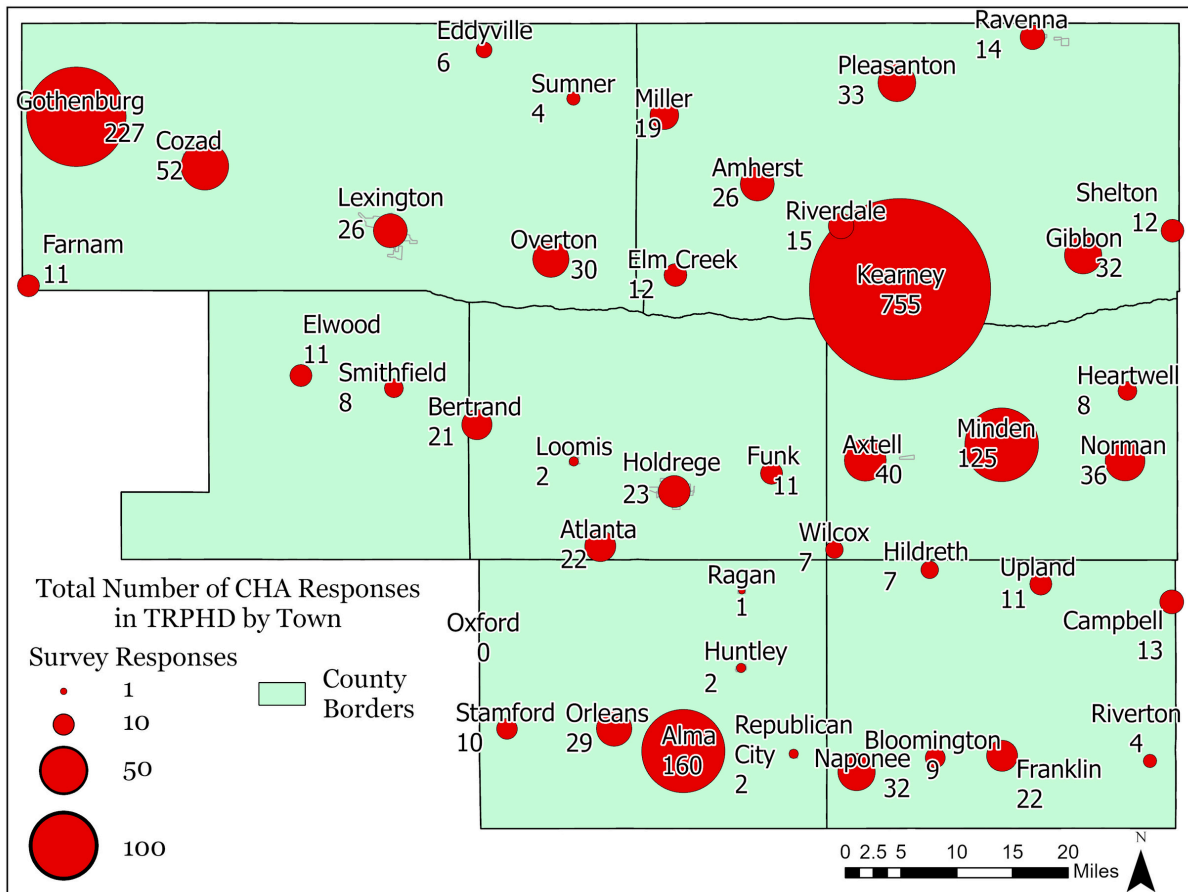
The Two Rivers Public Health Department (TRPHD) developed and distributed a community health assessment survey to gather input from community members on various health-related topics. The survey was reviewed by CHI Health Good Samaritan, Kearney Regional Medical Center, Buffalo County Community Partners, Gothenburg Memorial Health, and Kearney County Health Services, and was then edited based on their feedback.

TRPHD prepared links and QR codes for distribution, and community members were encouraged to participate through in-person interviews, flyers with QR codes in hospital and clinic waiting rooms, online surveys shared via social media and community websites, as well as links in hospital newsletters. Additionally, local organizations and leaders were engaged to help spread the word about the survey. The goal was to collect a comprehensive and diverse range of responses that accurately represent the health needs and priorities of the community.

The image displays four distinct QR code flyers arranged horizontally. Each flyer features a unique color scheme and logo for its respective organization. From left to right: 1. Two Rivers Public Health Department (orange and white) with a 'SCAN HERE' button in a dark blue rounded rectangle. 2. Kearney Regional Medical Center (blue and white) with a 'SCAN HERE' button in a blue rounded rectangle. 3. CHI Health (green and white) with a 'SCAN HERE' button in a green rounded rectangle. 4. Buffalo County Community Partners (blue and white) with a 'SCAN HERE' button in a blue rounded rectangle. Each flyer contains a QR code and a small text block at the bottom stating: 'Please scan this QR code to complete a survey. Completed surveys will be entered for a drawing to win gift cards worth \$50. Weekly drawings!'.

Health Survey Distribution

Out of the initial 2,429 responses, 395 surveys with a completion rate below 50% were excluded from analysis, resulting in a total sample size of 2,034. Of those who responded when asked about what county they currently live in, 40% were from Buffalo, 22% from Dawson, 5% from Franklin, 4% from Gosper, 6% from Harlan, 14% from Kearney, and 4% from Phelps County. The remaining 5% were outside of TRPHD. The top three locations with the highest proportion of responses were Kearney with 38%, 11% from Gothenburg, and 8% from Alma.



Health Survey: Respondent Background

- The most represented age category in the CHNA is those who are 20-24 years old, with 322 respondents (15.7%), indicating that younger adults are the most engaged demographic within the survey.
- Respondents who are 25-35 years represent a significant proportion of the sample, accounting for 17.6%.
- The frequency of survey participation decreases steadily as age increases beyond 35-39 years.
- Those who are 65 years and older collectively make up only 8.4% of respondents.
- 22.2% of participants did not provide their age, representing the largest single “category”. This suggests a potential gap in demographic data collection, or reluctance to share personal information.

In summary, the survey data appears to be skewed toward younger and middle-aged adults, particularly individuals aged 20-44 years (47.4%).

Respondents by Age Category

Age Category	Frequency	%
0-17 years	10	0.5%
18-19 years	30	1.5%
20-24 years	322	15.7%
25-29 years	196	9.7%
30-34 years	163	8.0%
35-39 years	157	7.8%
40-44 years	127	6.2%
45-49 years	124	6.1%
50-54 years	106	5.2%
55-59 years	86	4.2%
60-64 years	88	4.3%
65-69 years	62	3.0%
70-74 years	45	2.2%
75-79 years	36	1.8%
80-84 years	17	0.8%
85-89 years	8	0.4%
90+ years	5	0.2%
No Response Given	452	22.2%
Total:	2,034	100.0%

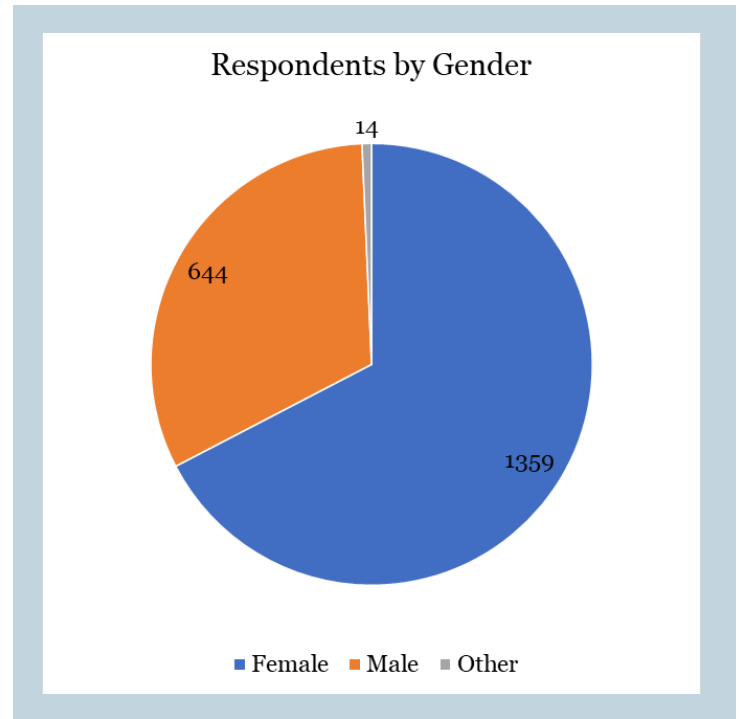
Health Survey: Respondent Background

Gender Breakup

- Females make up the largest proportion of respondents, making up 67.4% of the sample while males make up 31.9%.
- 0.7% of respondents identified as something other than male or female.

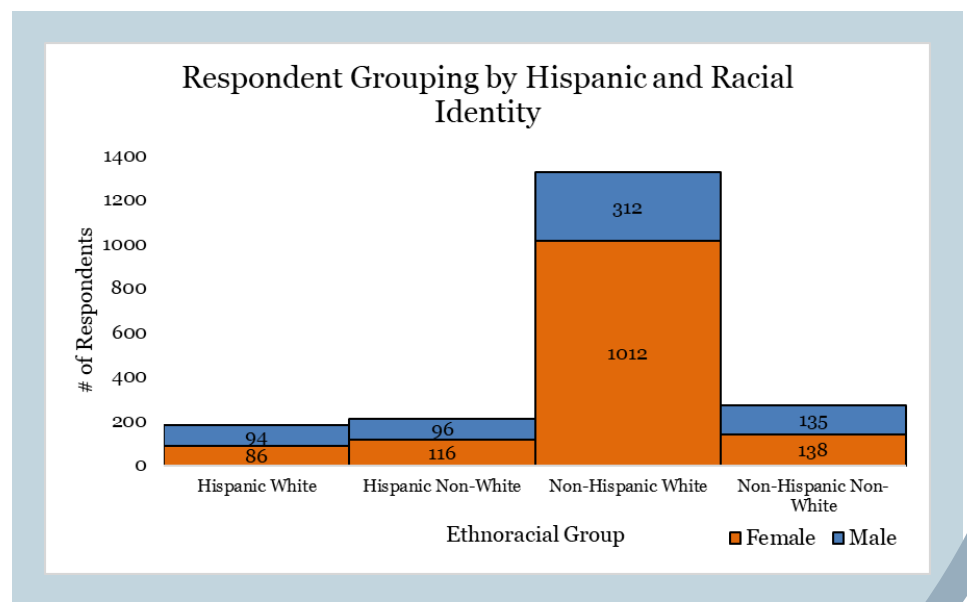
Race and Ethnicity

- 74.9% of the sample identified as white, followed by 7.9% as Black or African American, and Asian 4.0%.
- Smaller representations are seen among Native Hawaiian or Pacific Islander (4.4%), American Indian or Alaska Native (5.3%), and Two or more Races (1.7%).



Ethnoracial Breakup

- A majority (66.7%) of respondents identified as being a non-Hispanic white.
- The group that was least represented in the survey were those who identified as Hispanic white (9.0%).

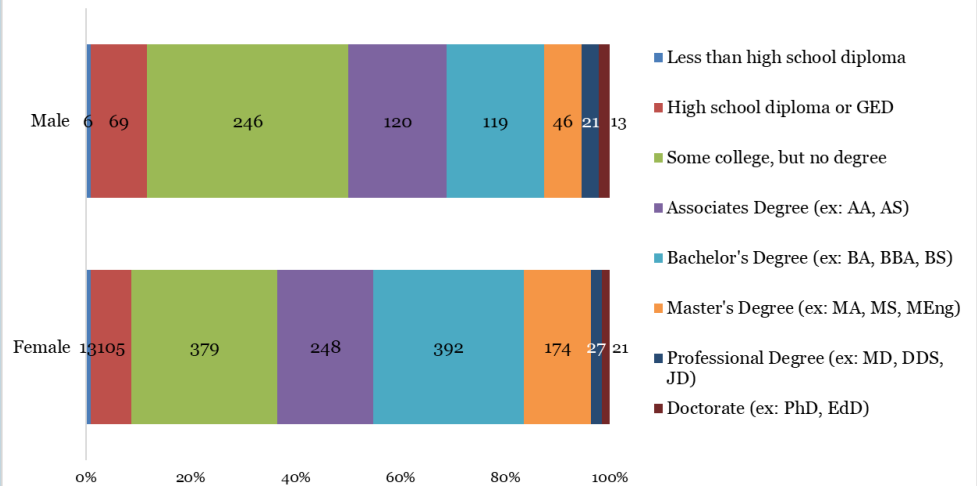


Health Survey: Education & Employment

- 58.5% (1,189) of respondents stated their highest level of education was a 2-year degree or higher. Close to 40% stated that they had completed a 4-year college degree or higher.
- Only 9.7% (196) of respondents stated that they had a high-school degree or less.
- A majority (70.5%) of respondents were currently employed, comparable to the nationwide rate in the US, although below the Nebraska average.
- 10.5% of the sample identified themselves as students.
- About 8% of the sample had either retired from active employment or were homemakers/stay-at-home parents.

In summary, a majority of survey respondents had at least some college education completed and either identified as being employed for wages or a student.

What is the highest degree or level of school you have completed?



What is your current employment status?

Employment status	Frequency	%
Employed for wages	1,434	70.5%
A student	214	10.5%
Retired	132	6.5%
Self-employed	120	5.9%
Out of work for 1 year or more	35	1.7%
A homemaker/stay-at-home parent	31	1.5%
Out of work for less than a year	24	1.2%
Unable to work	12	0.6%
Other	11	0.5%
Prefer not to answer	1	0.0%
No Response Given	20	1.0%
Total:	2,034	100%

Health Survey: Health Status

Health Issues in the Community

- Residents report the highest prevalence of Mental Health Disorders (Depression, anxiety disorder, etc.) (14.5%), Arthritis/Other Autoimmune Disorders (14.1%), and Asthma/COPD/Other chronic respiratory illness (8.7%).
- About a fifth of the sample said they did not suffer from any diseases in the past year; 15.9% of female and 20.7% of male respondents did not currently suffer from any diseases.

In the last 1 year, have you suffered from any of the following conditions?

Ailment	Frequency	%
Mental health disorders (Depression, anxiety disorder, etc.)	594	14.5%
Arthritis/Other autoimmune disorders	577	14.1%
Asthma/COPD/Other chronic respiratory illness	357	8.7%
Injuries, falls, accidents	249	6.1%
Diabetes/Thyroid disease/Other endocrinological disorders	243	5.9%
Infectious Respiratory Illness	176	4.3%
Oral disease/Poor oral health	151	3.7%
Heart disease (Aortic disease, coronary heart disease, etc.)	125	3.0%
Cancer/Tumor (including skin cancers)	108	2.6%
Pregnancy/Childbirth	70	1.7%
Other	736	17.9%
I do not suffer from any of the following illnesses	703	17.1%
Prefer not to say	17	0.4%
Total:	4,106	100%

- Mental health problems (like depression, anxiety) and autoimmune disorders (like arthritis) were the most common ailments reported followed by chronic respiratory issues (COPD), injuries (falls) and metabolic disorders (diabetes). These conditions accounted for over 50% of responses.
- 66% of respondents sought treatment at a hospital or clinic for their condition

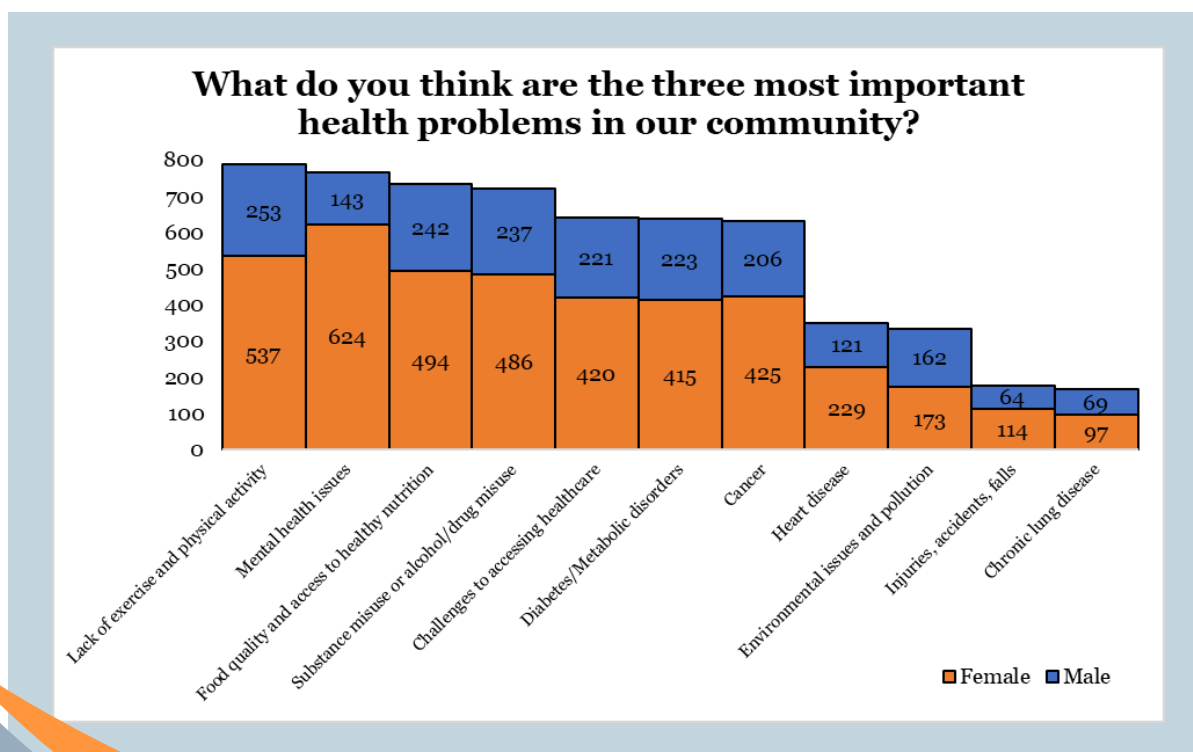
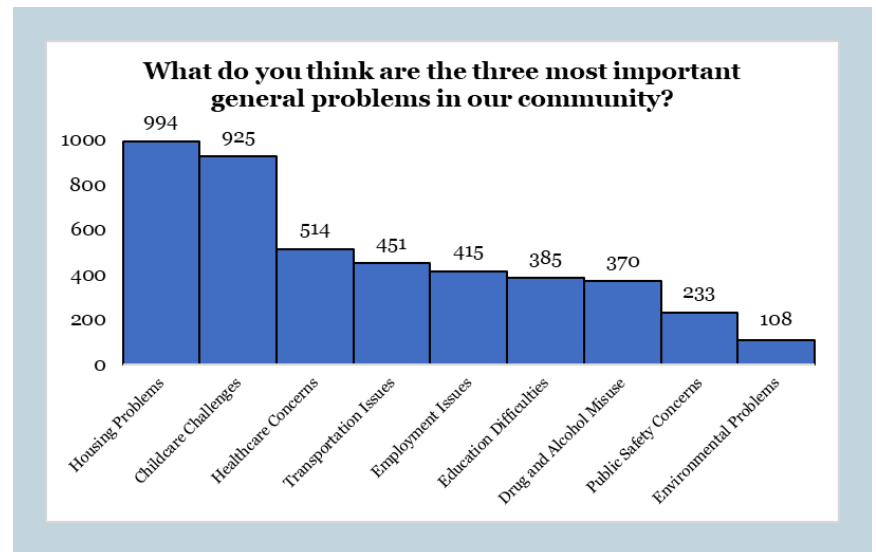
Health Survey: Problems in the Community

General Problems in the Community

When asked to select the top three most important general problems in the community, the top concern (22.6%) of respondents was housing problems (note enough affordable or quality housing options available). Following this was childcare challenges (limited access to affordable, high-quality childcare services) (21.0%), and healthcare concerns (hard to access medical/mental healthcare, poor quality, or expensive)(11.7%). Environmental Problems (pollution and lack of conservation efforts) was picked the least at 2.8%. There was little difference between choices amongst males and females.

Health Problems in the Community

When asked about the top three health problems in the community, the top concern was lack of exercise and physical activity (13.3%), followed by mental health issues (12.9%), and food quality and access to healthy nutrition (12.4%). 15.5% of women stated that mental health issues was a concern in the community with only 7.4% of men agreeing. The leading health concern in men was the lack of exercise and physical activity (13.0%).

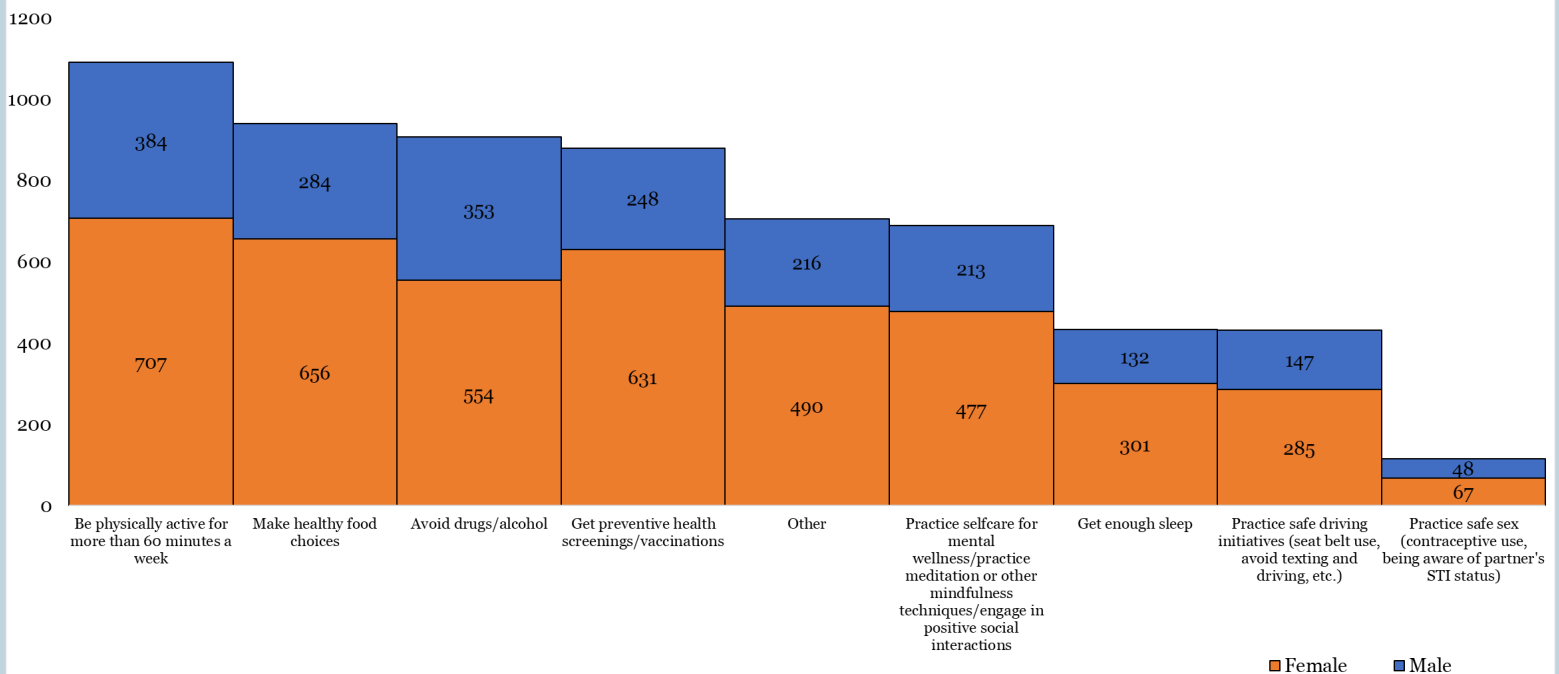


Health Survey: Preventive Health Behaviors

The top three health behaviors that residents partake in include being physically active for more than 60 minutes a week (17.6%), make healthy food choices (15.2%), and avoid drugs/alcohol (14.7%).

- Being physically active for more than 60 minutes a week was the most reported behavior, with 17.0% of women and 19.0% of men participating.
- Practicing safe sex (contraceptive use, being away of partner's STI status) was the least chosen, with only 1.6% of women and 2.4% of men.

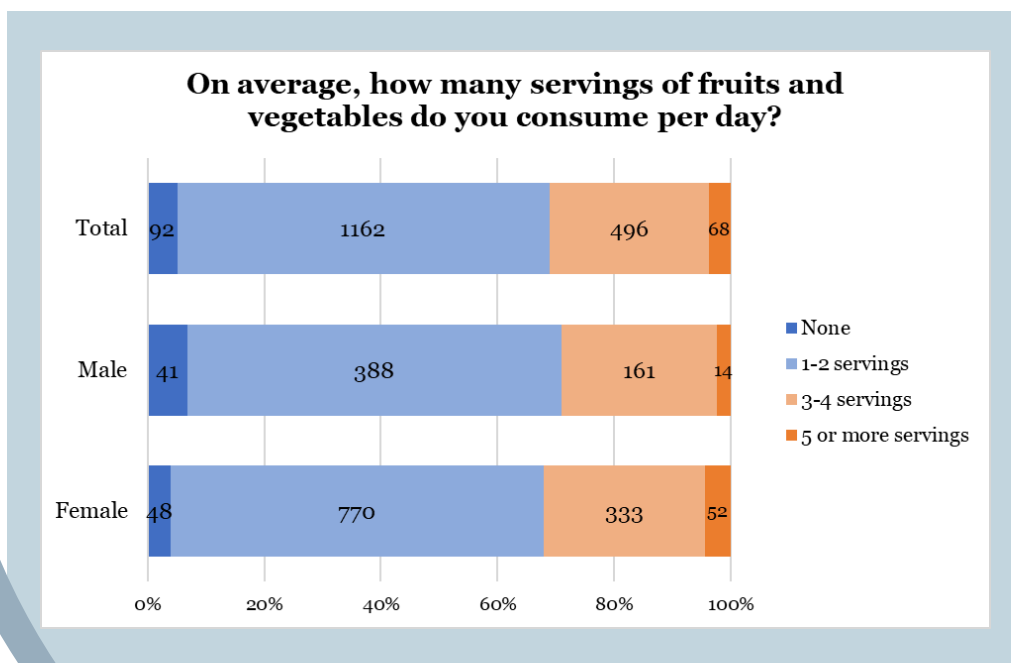
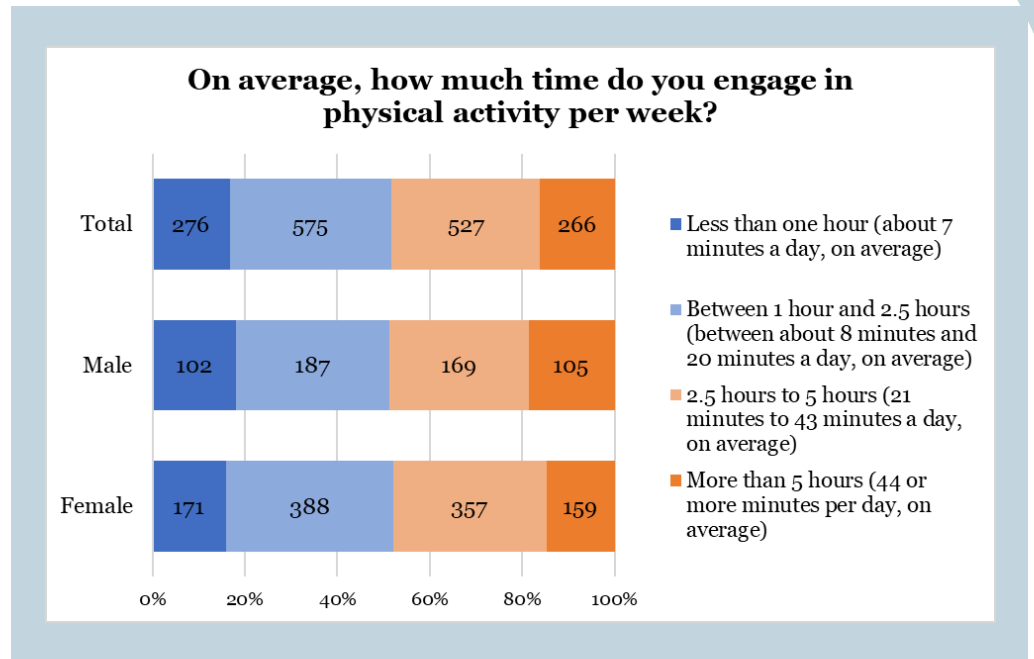
What are your top three preventive health behaviors you have engaged in the last year?



Health Survey: Exercise & Food Habits

Exercise Habits

- 87.2% of respondents stated that they participate in physical exercise outside of a regular job.
 - Of this proportion, 83.3% state that they exercise for an hour or more a week. There was little variation between men and women.



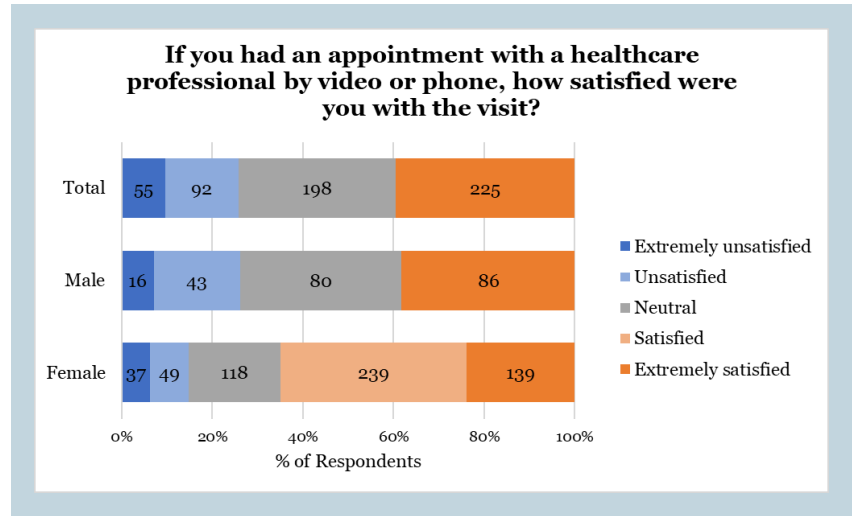
Eating Habits

- A majority (57.1%) of respondents stated that they eat 1-2 servings of fruits and vegetables per day.
 - Men (6.4%) were more likely than women (3.5%) to not consume any fruits or vegetables per day.

Health Survey: Health Communication

Telehealth Services

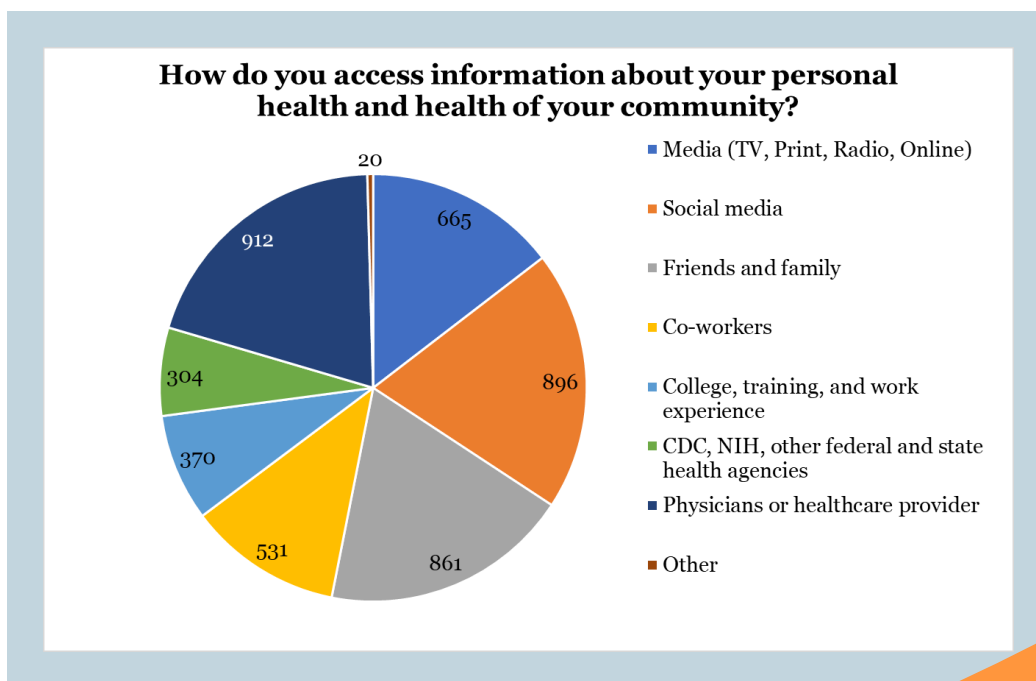
When asked about telehealth services, 43.9% of all respondents stated that they have had at least one appointment with a healthcare professional by video or phone. Men were slightly more likely to utilize this service (47.5%) compared to women (42.9%), but had higher reports of being unsatisfied or extremely unsatisfied after the event (19.4%) than women (14.8%). Women were more likely to report being satisfied or extremely satisfied after the visit (65.0%) than men (54.3%).



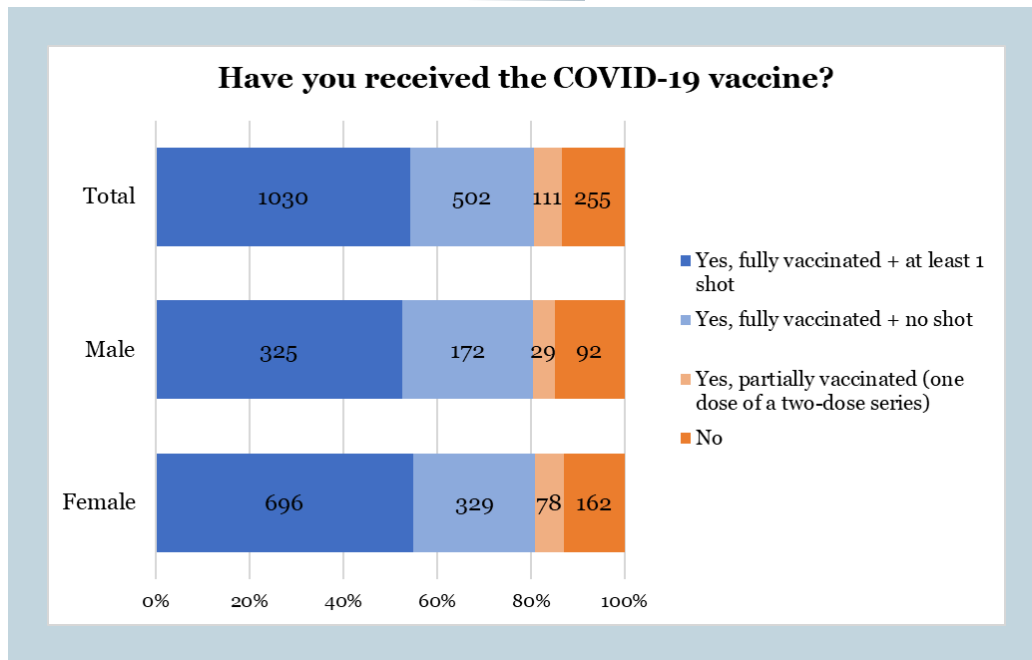
Health Information Access

A majority of respondents state that they access information about their personal health and health of their community from physicians or healthcare providers (19.5%), followed by social media (19.2%), and friends and family (18.5%).

- Women were most likely (21.3%) to gather health information from physicians or healthcare providers (15.2% for men), while men were most likely (22.2%) to use social media (18.3%) for women.
- Amongst both groups, only 6.5% of respondents utilize the CDC, NIH, or other federal state health agencies to access health information.



Health Survey: COVID-19



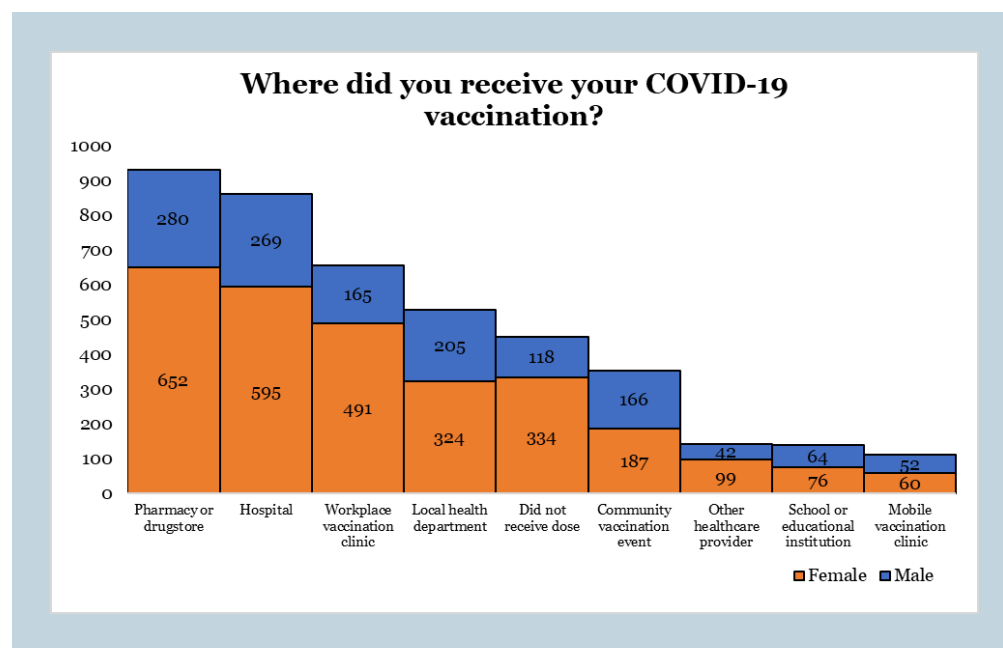
COVID Vaccine Behaviors

The CHNA explored COVID-19 vaccination behavior to gauge the population response to a widely accepted public health intervention that was applicable to all adults.

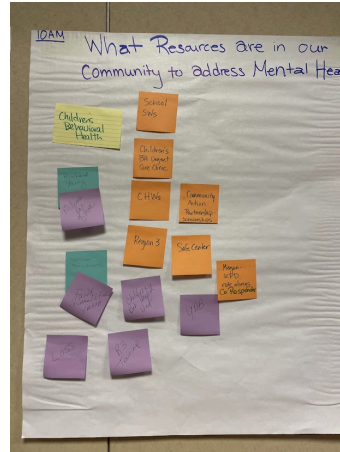
- 53.2% of all respondents had taken the full vaccination series along with at least one follow-up dose.
 - This contrasted with about 25.9% of respondents who had completed the full vaccination series, but did not take follow-up ‘booster’ doses, indicating vaccine hesitancy among already-vaccinated persons. 13.2% of the sample had never been vaccinated

COVID Vaccine Access

- Overall, men and women and women had roughly similar rates of COVID vaccine uptake.
 - Both men and women were most likely to receive their vaccine through a pharmacy or drugstore.
 - Men (15.1%) were more likely to utilize a local health department than women (11.5%) to receive a vaccination.



Community Focus Groups



The Community Health Assessment Team facilitated 3 focus groups. Facilitated discussions were conducted by splitting participants into a small, diverse group of individuals for discussion about 6 questions. The small groups were brought to participate in a guided discussion about the topics addressed in regards to the health of our community. The purpose was to gather insights, opinions, and perceptions from the participants regarding the topic under consideration.

Our facilitators encouraged open dialogue and interaction among the participants. The insights derived from these focus groups can help organizations make informed decisions and develop strategies based on a deeper understanding of the targeted audience.

Participants represented a wide-range of groups including: professionals working in community-based organizations, non-profits, governmental organizations, and individuals solicited through the local senior center, those participating in health department programs, and the community.

- Participants were asked:
- What resources are in your community to address mental health?
- What resources are in the community that lead to a healthy lifestyle?
- Where do you get reliable, relevant healthcare information in the community?
- What barriers to a safe environment are in your community?
- What are the top 3 mental health concerns in your community?
- What are the top 3 physical health concerns in your community?

Community Focus Groups

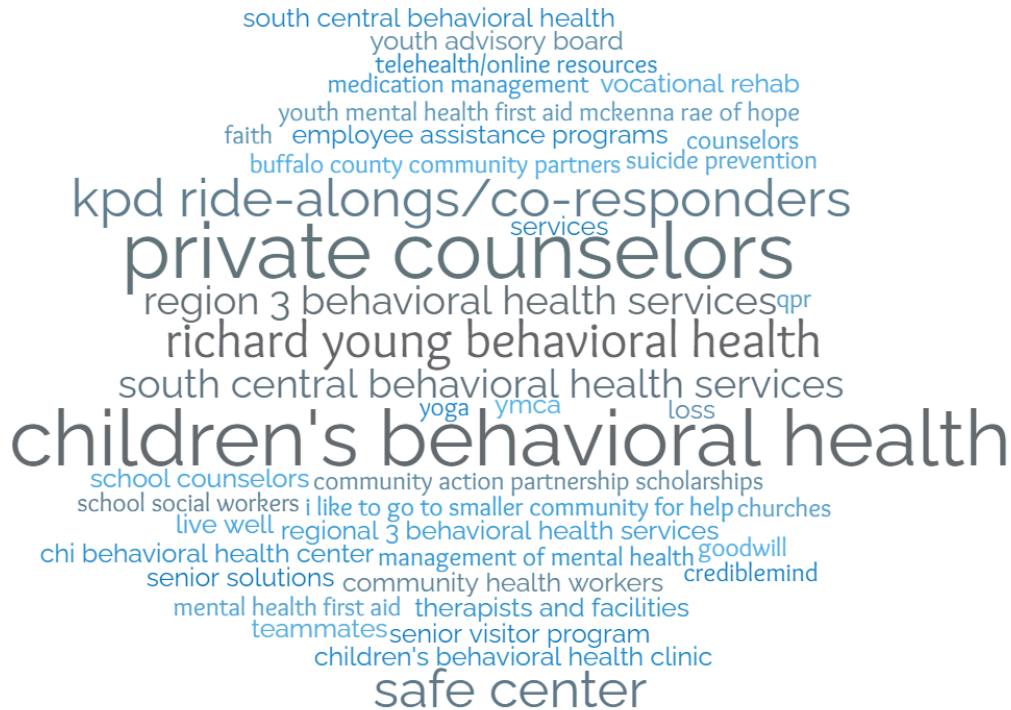
Focus Group Time	Number in Attendance	Number not associated with organizations
10 AM	15	4
1 PM	17	4
5 PM	19	18

Partners Providing Input

Buffalo County Community Partners
Buffalo County Emergency Management Agency
CHI Health Good Samaritan Hospital
Kearney Regional Medical Center
Monroe Meyer Institute -University of Nebraska Medical Center
Salvation Army
S.A.F.E Center
South Central Nebraska Area Agency on Aging
Two Rivers Public Health Department
YMCA

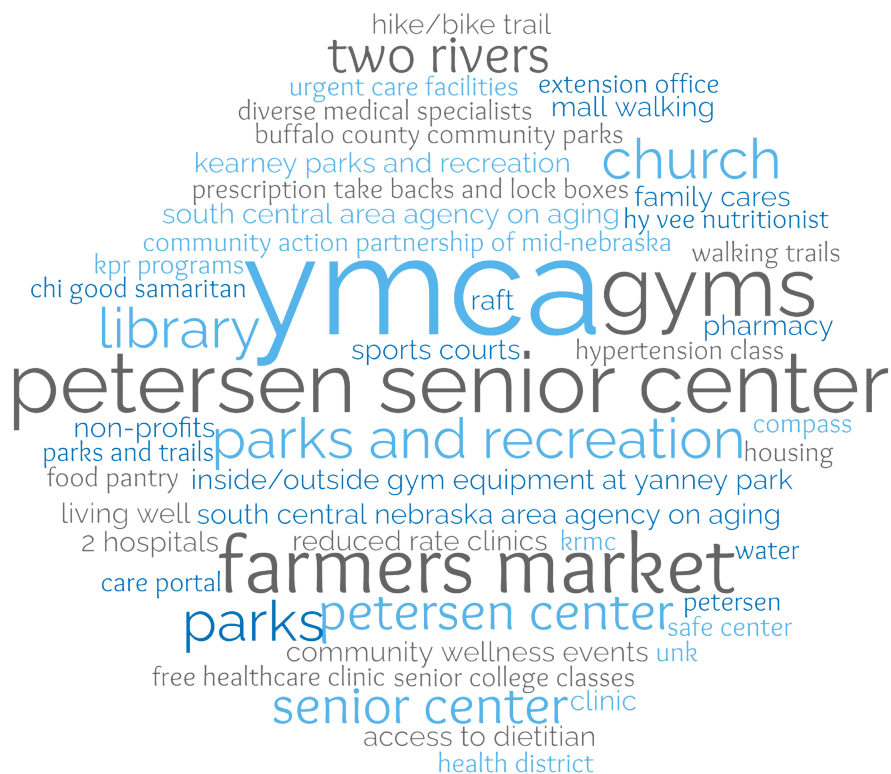
Community Focus Groups

Community Resources for Mental Health



A word cloud of mental health resources. The most prominent words are 'private counselors', 'children's behavioral health', and 'safe center'. Other visible terms include 'south central behavioral health', 'youth advisory board', 'telehealth/online resources', 'medication management', 'vocational rehab', 'youth mental health first aid', 'mckenna rae of hope', 'faith', 'employee assistance programs', 'counselors', 'buffalo county community partners', 'suicide prevention', 'kpd ride-alongs/co-responders', 'services', 'region 3 behavioral health services', 'richard young behavioral health', 'south central behavioral health services', 'yoga', 'ymca', 'loss', 'school counselors', 'community action partnership', 'scholarships', 'school social workers', 'i like to go to smaller community for help', 'churches', 'live well regional 3 behavioral health services', 'chi behavioral health center', 'management of mental health', 'goodwill', 'senior solutions', 'community health workers', 'credibility', 'mental health first aid', 'therapists and facilities', 'teammates', 'senior visitor program', 'children's behavioral health clinic', and 'south central behavioral health services'.

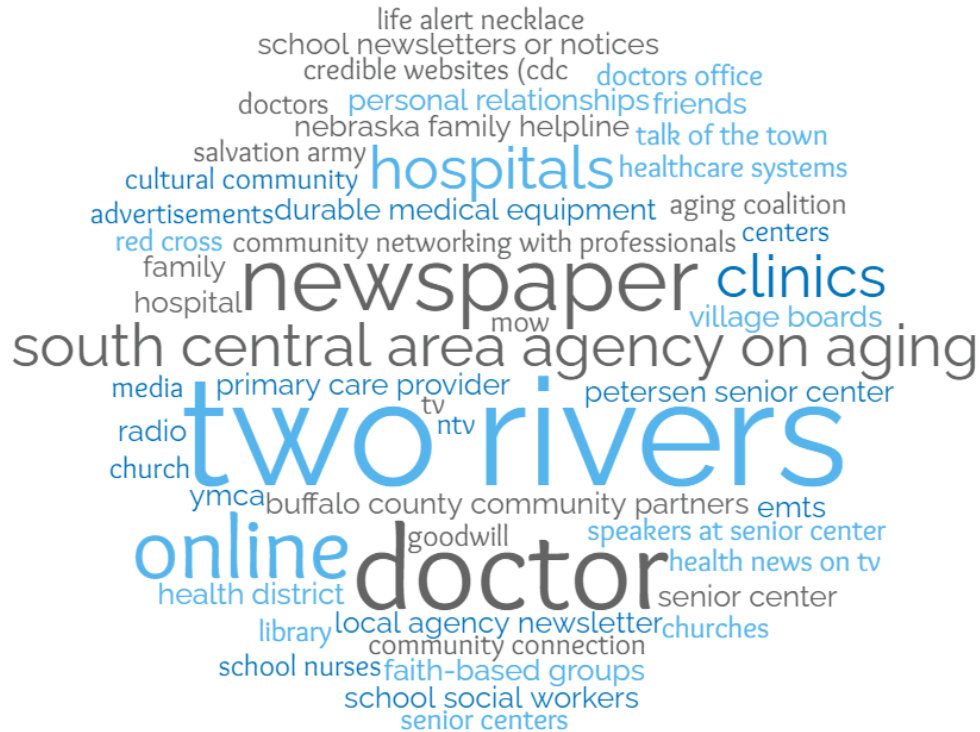
Community Resources for that lead to a healthy lifestyle



A word cloud of resources for a healthy lifestyle. The most prominent words are 'ymca', 'gyms', 'petersen senior center', 'farmers market', and 'senior center'. Other visible terms include 'hike/bike trail', 'two rivers', 'urgent care facilities', 'extension office', 'diverse medical specialists', 'mall walking', 'buffalo county community parks', 'kearney parks and recreation', 'church', 'prescription take backs and lock boxes', 'family cares', 'south central area agency on aging', 'hy vee nutritionist', 'community action partnership of mid-nebraska', 'walking trails', 'kpr programs', 'chi good samaritan', 'library', 'raft', 'sports courts', 'hypertension class', 'pharmacy', 'non-profits', 'parks and trails', 'compass', 'housing', 'food pantry', 'inside/outside gym equipment at yanney park', 'living well south central nebraska area agency on aging', '2 hospitals', 'reduced rate clinics', 'krmc', 'water', 'care portal', 'petersen safe center', 'community wellness events', 'unk', 'free healthcare clinic', 'senior college classes', 'senior center clinic', 'access to dietitian', and 'health district'.

Community Focus Groups

Where people access reliable health information

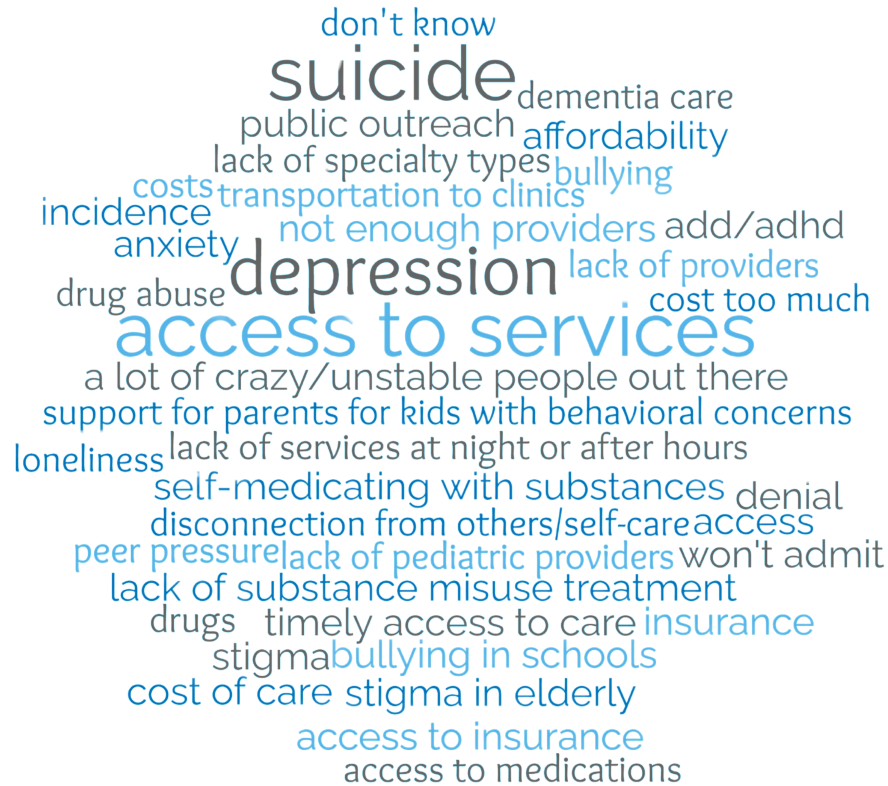


Barriers to a safe environment



Community Focus Groups

Top 3 Mental Health Concerns



Top 3 Physical Health Concerns



Community Focus Group- Lexington

The Community Health Assessment Team facilitated an additional focus group. Following the initial focus groups, TRPHD identified a gap in knowledge from individuals who had lived experience of access to care issues. TRPHD solicited Spanish-speaking individuals from Dawson County to speak to lived experiences. This focus group was conducted entirely in Spanish by TRPHD employees.

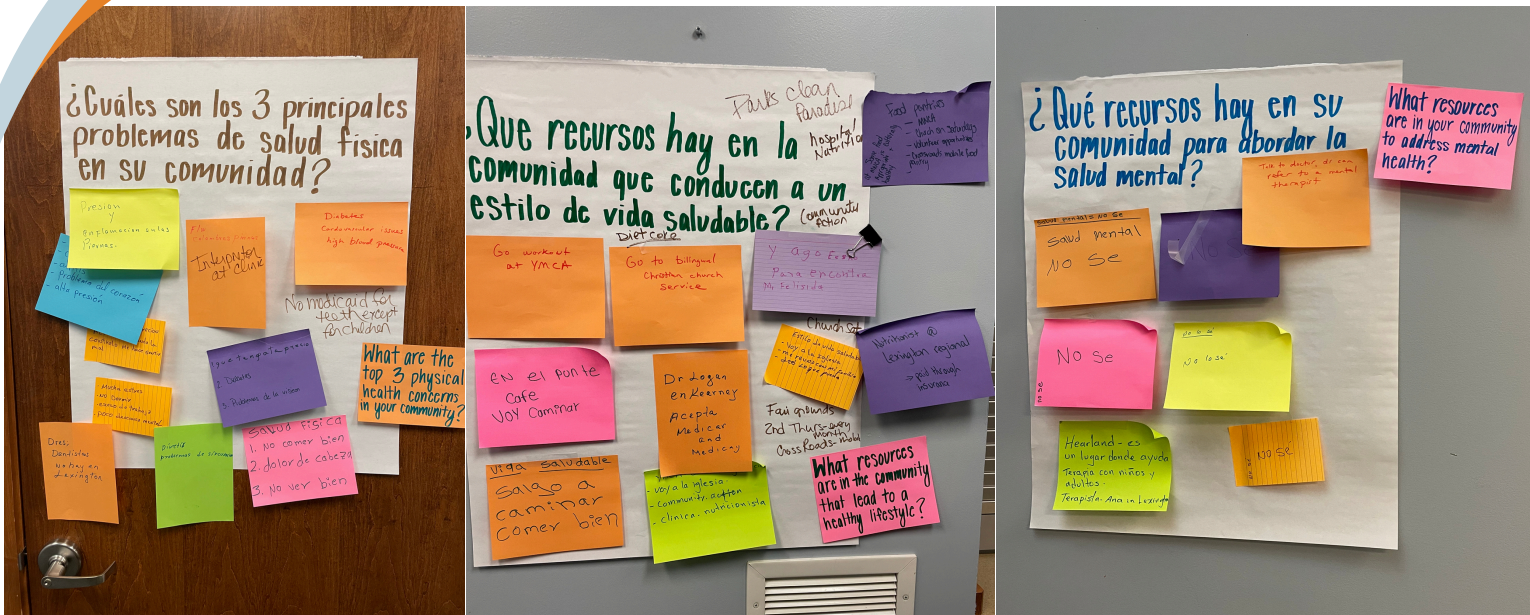
Our facilitators encouraged open dialogue and interaction among the participants. The insights derived from these focus groups can help organizations make informed decisions and develop strategies based on a deeper understanding of the targeted audience.

- Participants were asked:
- What resources are in your community to address mental health?
- What resources are in the community that lead to a healthy lifestyle?
- Where do you get reliable, relevant healthcare information in the community?
- What barriers to a safe environment are in your community?
- What are the top 3 mental health concerns in your community?
- What are the top 3 physical health concerns in your community?

The meeting focused on community health and mental health issues, emphasizing the need for accessible resources and support. Key points included the importance of understanding mental health, the challenges of obtaining healthcare services, and the barriers to a healthy lifestyle.

Specific issues discussed were the lack of dentists accepting Medicaid, the need for culturally appropriate healthcare information, and the impact of snow removal on accessibility. The conversation also highlighted the role of local organizations in providing resources and support, such as food pantries and transportation services. The meeting concluded with a call to action for better community engagement and resource allocation.

Community Focus Group- Lexington



The conversation underscored the crucial role transportation plays in enabling individuals to access healthcare services, as well as the significant hurdles encountered by those who lack reliable means of transportation. TRPHD employees shared a poignant personal anecdotes regarding the difficulties of locating healthcare providers that accept Medicaid, illustrating how these obstacles directly impact accessibility and, ultimately, health outcomes.

The dialogue further delved into the necessity for improved communication surrounding healthcare access issues, emphasizing the importance of understanding these challenges within the community.

In a related discussion about community information and resources, TRPHD employees emphasized the vital need for relevant and reliable information tailored to the community's specific needs. They explore the challenges that arise from obtaining trustworthy information, especially when it comes to ensuring that it is culturally appropriate and easily accessible.

TRPHD employees and participants recounted personal experiences in navigating the healthcare landscape, shedding light on how these challenges can affect overall community health. The discussion also highlighted the essential role of community engagement, bringing attention to the contributions of local organizations in disseminating information and resources that empower the community to navigate healthcare effectively.

Community Focus Group- Lexington

Traffic Safety and Cultural Adaptation

Participants discussed the significance of traffic safety and the challenges faced by new immigrants in adapting to traffic laws. The conversation emphasized the need for enhanced education and training for newcomers regarding traffic regulations and safety. Participants shared personal experiences related to traffic safety issues and their impact on community health. They also discuss the role of local organizations in offering traffic safety education and the importance of engaging the community.

Community Engagement and Volunteerism

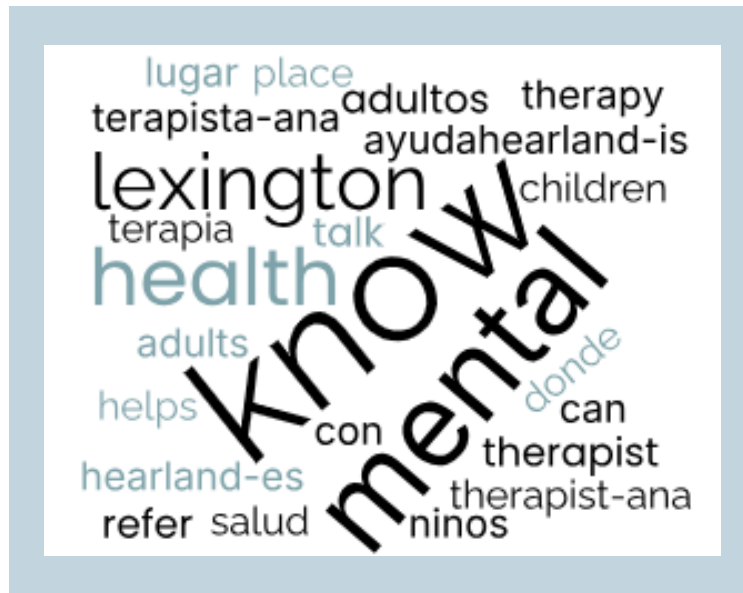
In another part of the discussion, participants addressed the importance of community engagement and volunteerism in enhancing community health. The conversation highlighted how local organizations create volunteer opportunities and the positive effects of these activities on community well-being. They also emphasize the necessity for culturally appropriate volunteer opportunities and the need for improved communication and understanding within the community.

Final Thoughts and Next Steps

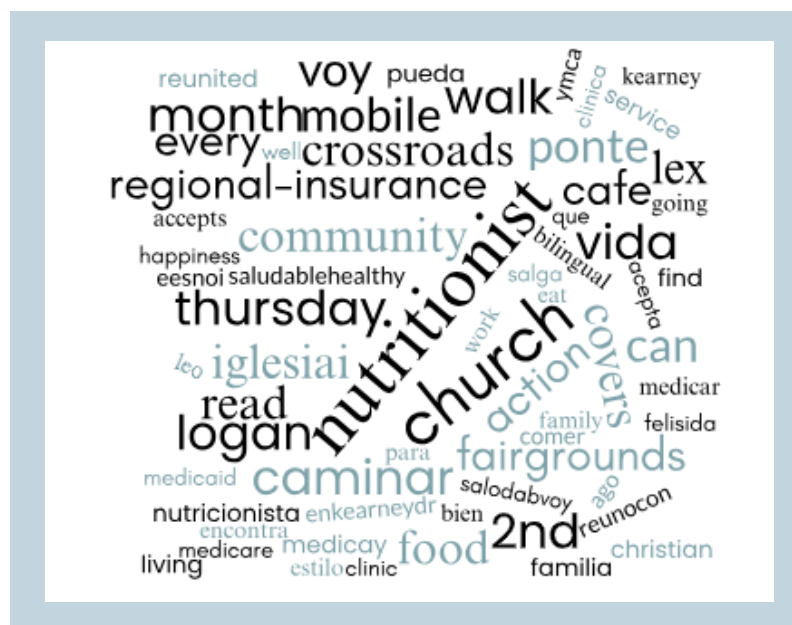
Lastly, TRPHD employees discussed the importance of continuing the conversation and taking action on the issues raised. They stressed the need for better communication and understanding regarding community health issues. The discussion concludes with a focus on the importance of community involvement and the role of local organizations in providing support and resources.

Community Focus Group-Lexington

Community Resources for Mental Health



Community Resources for that lead to a healthy lifestyle



Community Health Assessment Planning Team



Resources

- U.S. Census Bureau (2023), ACS 5-Year Est, [S1701|Poverty Status in the Past 12 Months](#)
- HUD USER (2020), ACS 5-Year Est, [Consolidated Planning/Comprehensive Housing Affordability Strategy Data](#)
- U.S. Bureau of Labor Statistics (2023), [Unemployment](#)
- Rural Health Info (2024), [Health Professional Shortage Areas](#)
- Centers for Disease Control and Prevention (CDC) (2021), [Interactive Atlas of Heart Disease and Stroke](#)
- CDC (2022), Wonder, [Underlying Cause of Death](#)
- CDC (2021), [Behavioral Risk Factor Surveillance System](#)
- National Center for Health Statistics (2021), Census Population Estimates Program, [Nativity and Mortality Files](#)
- ArcGIS Business Analyst and ArcGIS Online (2023), [US Census TIGER/Line Shapefile](#)
- U.S. Census Bureau (2023), ACS 5-Year Est, [Small Area Income and Poverty Estimates](#)
- National Center for Education Statistics (2023), [Free/Reduced Price Lunch](#)
- U.S. Census Bureau (2023), ACS, [Small Area Health Insurance Estimates](#)
- Health Resources & Services Administration (2023), [Area Health Resource File & American Medical Association](#)
- Health Resources & Services Administration (2023), [Area Health Resource File & National Provider Identifier Downloadable File](#)
- Centers for Medicare & Medicaid Services (CMS) (2024), [National Provider Identification](#)
- CMS (2024), [Mapping Medicare Disparities Tool](#)
- National Highway Traffic Safety Administration (2022), [Driving Deaths with Alcohol Involvement](#)
- CDC (2024), [National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention](#)
- U.S. Census Bureau (2023), ACS 5-Year Est, [S1501|Educational Attainment](#)
- U.S. Census Bureau (2023), ACS 5-Year Est, [S1101|Households and Families](#)
- U.S. Census Bureau (2023), ACS 5-Year Est, [S1810|Disability Characteristics](#)
- U.S. Census Bureau (2023), ACS 5-Year Est, [S2701|Selected Characteristics of Health Insurance Coverage in the United States](#)



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