



Community Health Assessment (CHA)

Butler, Polk, Seward and York Counties

September 2024

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Introduction

The 2024 Four Corners Health Department (FCHD) Community Health Assessment (CHA) serves as a comprehensive evaluation of the health status and needs of the residents in Butler, Polk, Seward, and York counties. This assessment, carried out every three years, provides valuable insights into the current state of health, identifies emerging issues, and informs strategic planning for improving community well-being.

Covering a largely rural population with a total of 45,411 residents, FCHD continues to experience shifts in demographics, including an aging population and a significant representation of minorities, particularly Hispanic/Latino groups. Through a combination of community surveys, health data analysis, and consultations with local stakeholders, the CHA highlights critical health concerns and risk behaviors prevalent in the region. These include mental health challenges, cancer, poverty, and increasing rates of chronic diseases such as heart disease and stroke.

The CHA also addresses the social determinants of health, such as poverty, education, and access to healthcare, and provides actionable recommendations for improving health outcomes in the community. FCHD remains committed to addressing these challenges through collaborative efforts with local partners, ensuring equitable access to healthcare resources, and promoting preventive measures to foster healthier communities.

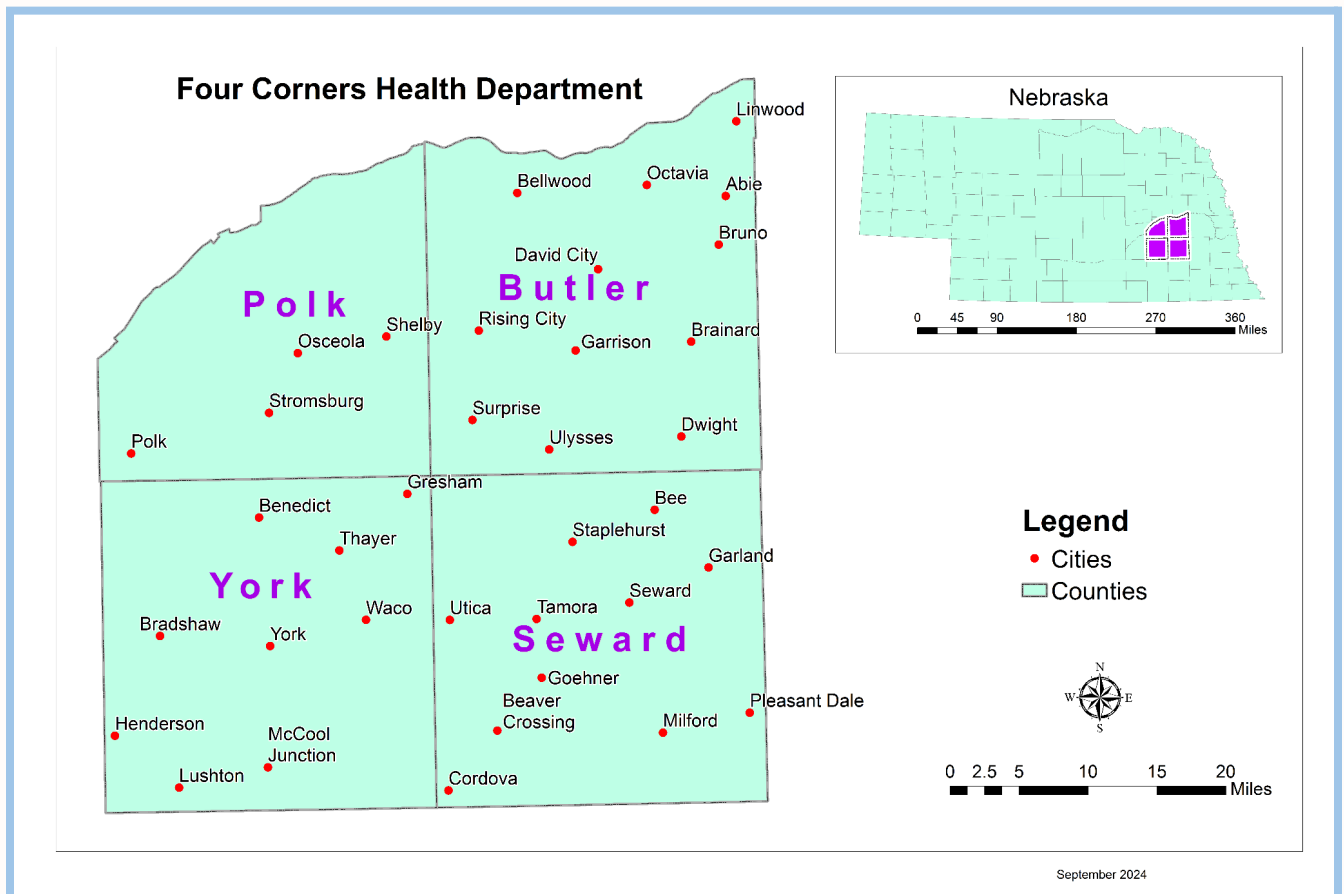
Demographics

Population

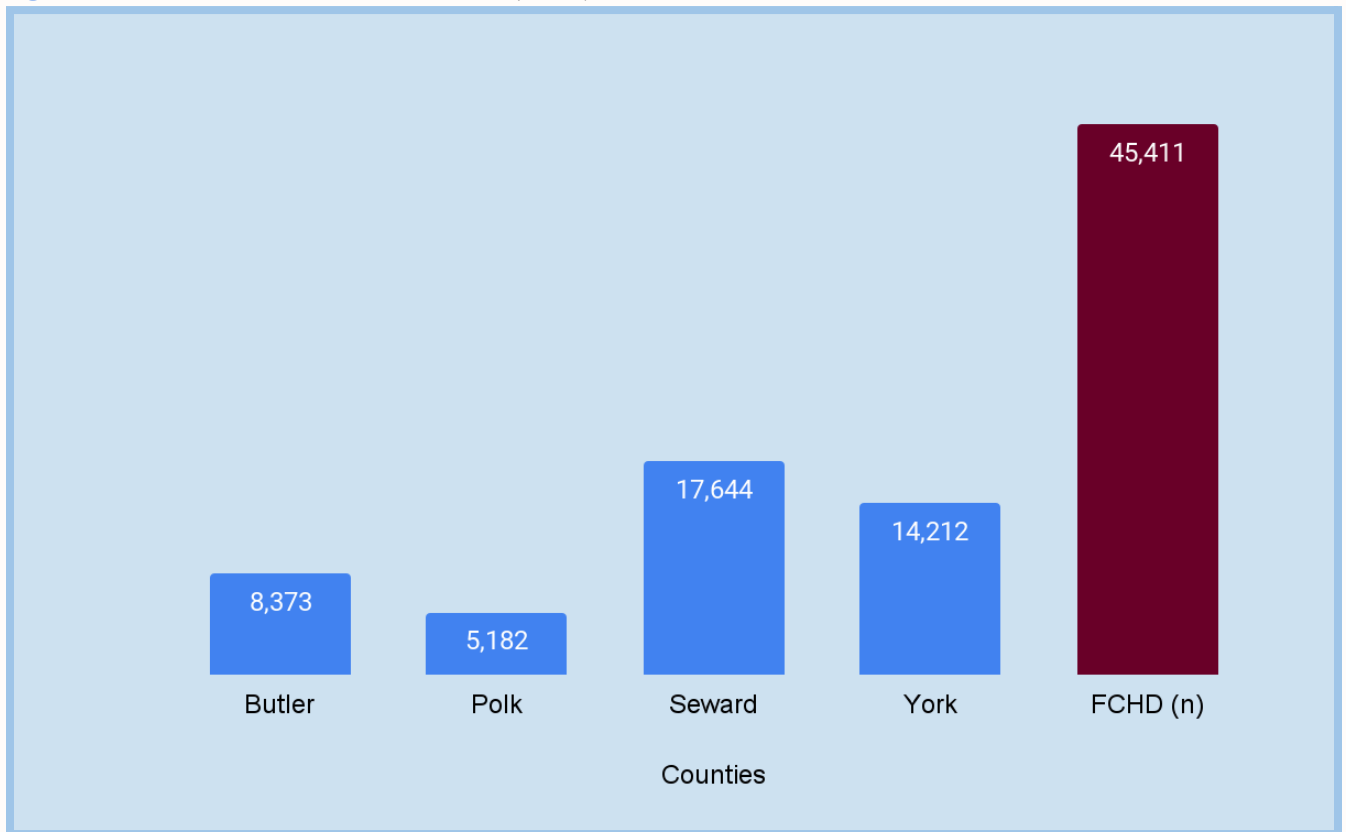
The Four Corners Health Department (FCHD) encompasses Butler, Polk, Seward, and York counties. There are a total of 36 cities within FCHD, 32 out of them have a population lower than 2,500 people, which is considered “rural”, and half of all towns have fewer than 229 residents. Only 6 out of 36 towns (16.7%) have more than 1,000 residents, emphasizing the rural character of the region. York (8,180), Seward (7,672), and David City (3,024) are the largest cities in these counties. [Figure 1](#).

This region has a diverse population, with various racial and ethnic groups represented. According to the U.S. Census Bureau, there were 45,411 persons living in FCHD in 2022 (ACS, 2022, 5-year estimates). Seward County had the largest population (17,644), followed by York County (14,212), Butler County (8,373), and Polk County (5,182). [Figure 2](#).

Figure 1. Geographic distribution of counties in cities within FCHD.



Data source: US. Census Bureau. GIS analysis.

Figure 2. Population by county, FCHD (2022)

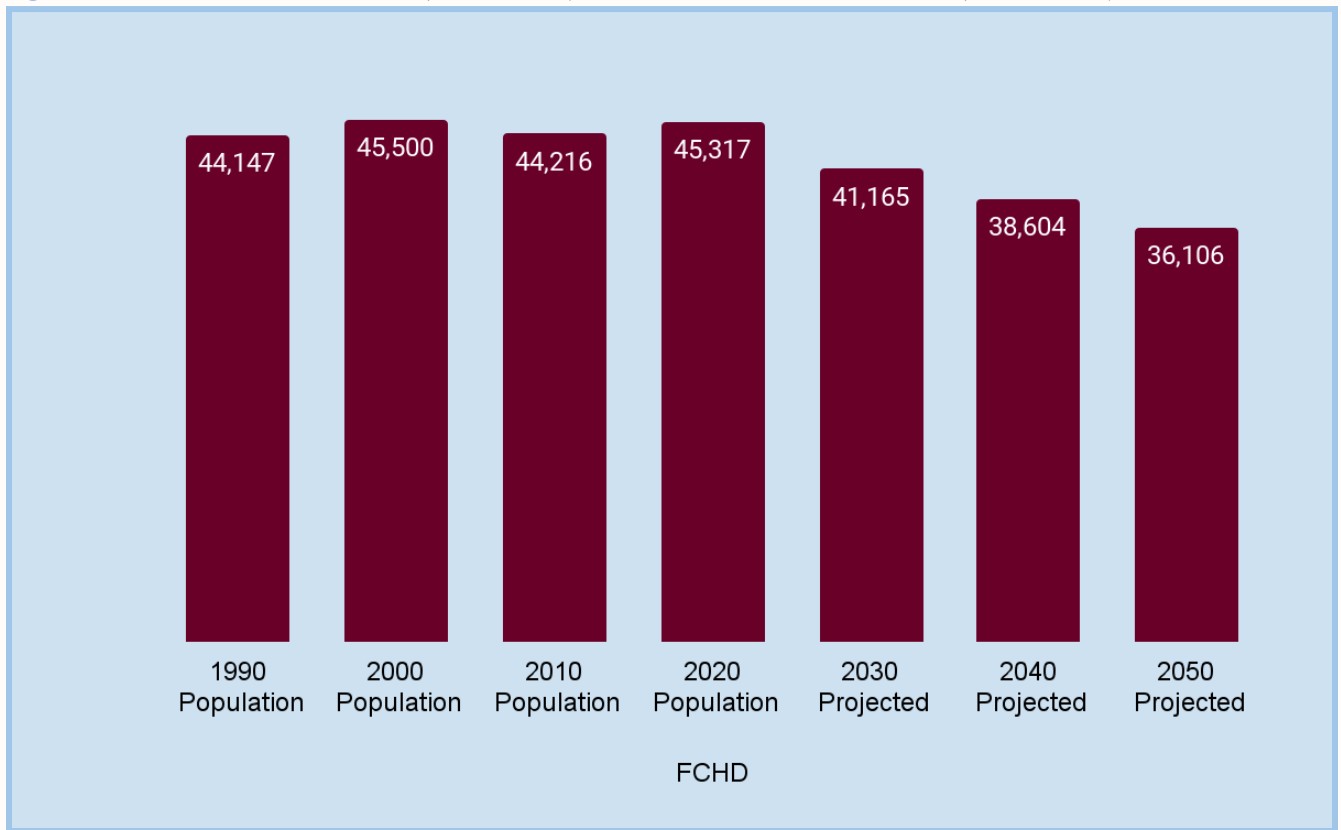
Data source: U.S. Census Bureau. [ACS 5-Year Estimates Data Profiles, Table DP05, 2022](#)

Decennial population (1990-2020) and population projections (2030-2050) for FCHD

Overall trends:

- The population of FCHD has remained relatively stable over the past three decades, fluctuating between 44,147 in 1990 and 45,317 in 2020 (U.S. Census Bureau, 1990, 2000, 2010, and 2020).
- The population is projected to decline steadily over the next few decades. By 2030, the population is expected to decrease to 41,165, a drop of about 9% from the 2020 population.
- The decline continues into 2040 and 2050, with the population projected to be 38,604 and 36,106, respectively. This represents a total decrease of approximately 20% from 2020 to the projected 2050 population ([Center for Public Affairs Research, University of Nebraska at Omaha 2015](#)). **Figure 3.**

Figure 3. Decennial population (1990-2020) and population projections (2030-2050) for FCHD



Data source: Center for Public Affairs Research, University of Nebraska at Omaha 2015. Nebraska County Population Projections: 2010 to 2050. <https://digitalcommons.unomaha.edu/cparpublications/258>.

Race/Ethnicity

The Four Corners Health Department region is predominantly White (92%), with minorities making up 8.0% of the population. The Hispanic or Latino population, at 4.3%, is the largest minority group. York County has the highest percentage of minorities (10.2%), while Seward County has the lowest (5.6%). [Table 1](#).

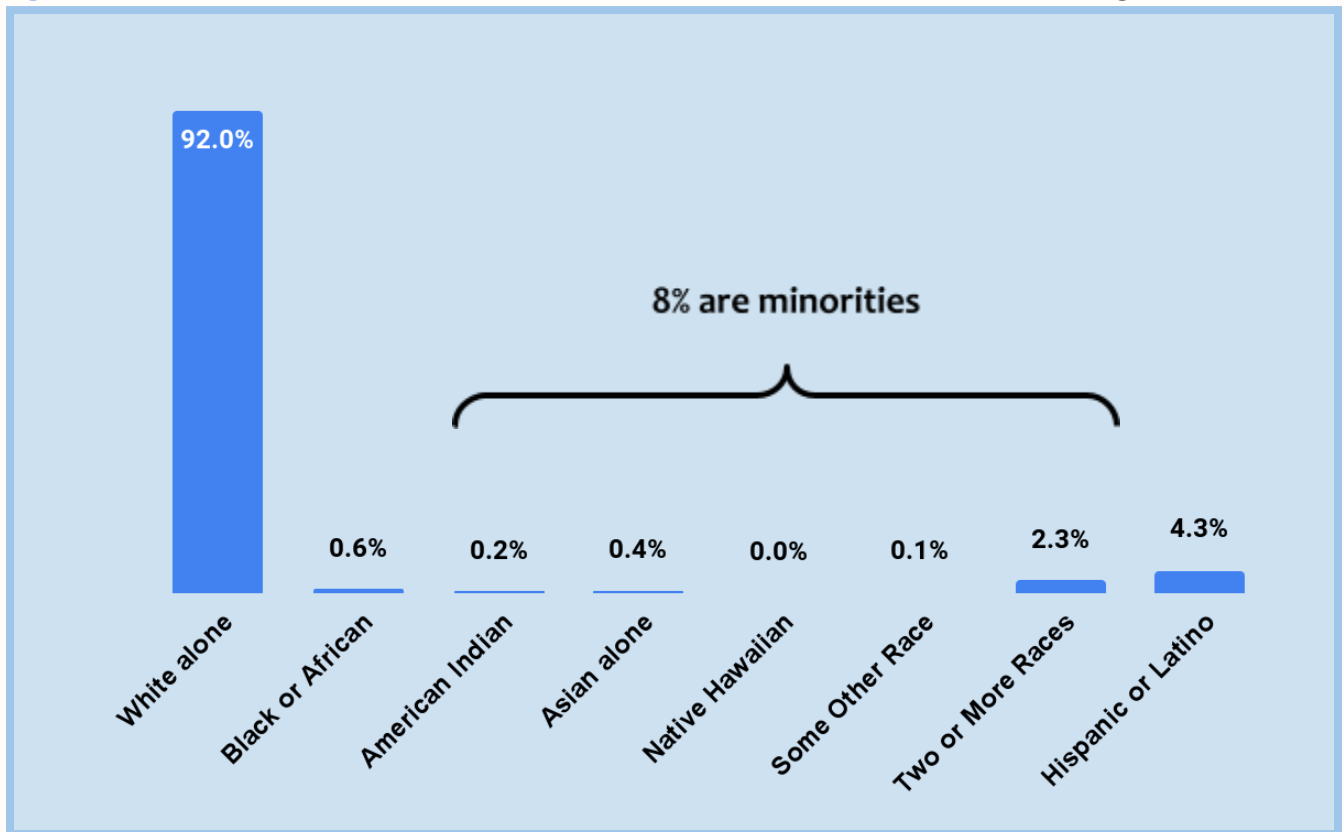
Table 1. Race/Ethnic Distribution and Minority Representation in the Four Corners Health Department Region (Butler, Polk, Seward, and York Counties) (2022).

| Counties | Butler | Polk | Seward | York | FCHD (n) | FCHD (%) |
|--------------------------------------------------|--------------|--------------|---------------|---------------|---------------|----------|
| White alone | 7,651 | 4,700 | 16,657 | 12,759 | 41,767 | 92.0% |
| Black or African American alone | 10 | 8 | 117 | 157 | 292 | 0.6% |
| American Indian and Alaska Native alone | 23 | 8 | 18 | 60 | 109 | 0.2% |
| Asian alone | 6 | 0 | 60 | 93 | 159 | 0.4% |
| Native Hawaiian and Other Pacific Islander alone | 0 | 0 | 16 | 0 | 16 | 0.0% |
| Some Other Race alone | 7 | 2 | 0 | 53 | 62 | 0.1% |
| Two or More Races | 266 | 143 | 301 | 341 | 1,051 | 2.3% |
| Not Hispanic or Latino | 7,963 | 4,861 | 17,169 | 13,463 | 43,456 | 95.7% |
| Hispanic or Latino (of any race) | 410 | 321 | 475 | 749 | 1,955 | 4.3% |
| Total FCHD | 8,373 | 5,182 | 17,644 | 14,212 | 45,411 | |
| Minorities (n) | 722 | 482 | 987 | 1453 | 3,644 | |
| Minorities (%) | 8.6% | 9.3% | 5.6% | 10.2% | 8.0% | |

Data source: U.S. Census Bureau. [ACS 5-Year Estimates Data Profiles, Table DP05, 2022](#)

Figure 4 shows the racial/ethnic distribution of the population in FCHD.

Figure 4. Racial and Ethnic Composition of the Four Corners Health Department Region



Data source: U.S. Census Bureau. [ACS 5-Year Estimates Data Profiles, Table DP05, 2022](#)

Age Distribution (2022)

Median Age Comparison:

- **Polk County** has the highest median age, at 43.4, followed by **Butler County**, at 43. These counties have older populations on average compared to the state of Nebraska, where the median age is 37.4. [Table 2](#).
- **Seward County** has the youngest median age, 37.5, which is closest to the state average (37.4).

Older Population (65 years and older):

- **Polk County** has the highest percentage of older adults (22.4%), indicating a more aging population compared to the other counties and the state average (17.0%).
- **Seward County** has the lowest percentage of older adults at 17.5%, closer to the Nebraska average (17%).

Children (Under 18 years old):

- **Nebraska** as a whole has a slightly higher proportion of children (24.1%) compared to the individual FCHD counties, except for **Butler County** which has the highest proportion of children at 23.5%.
- **Polk County** has the lowest percentage of children (22.7%), which may indicate a more aging population compared to other counties and the state average.
- **Aging Population in Polk and Butler Counties:** Both counties have higher median ages and larger proportions of older adults, indicating that these counties are aging more rapidly than others in the region. This may have implications for healthcare, social services, and community planning.

Table 2. Age Distribution and Demographic Trends in Counties of the Four Corners Health Department Region and Nebraska

| County | Median Age | Older Population (65 years and older) | Children (under 18 years old) |
|------------------------|-------------|---------------------------------------|-------------------------------|
| Butler | 43 | 20.5% | 23.5% |
| Polk | 43.4 | 22.4% | 22.7% |
| Seward | 37.5 | 17.5% | 23.4% |
| York | 39.5 | 20.3% | 23.3% |
| Nebraska | 37.4 | 17.0% | 24.1% |

Data source: U.S. Census Bureau. <https://data.census.gov/profile>. Note: Individual demographic profiles are available for each county.

Population Pyramid

A population pyramid is a graphical representation of the age and gender distribution of a population. In this population pyramid, cyan bars represent the male population, while orange bars represent the female population. Each bar's length corresponds to the population's size within a specific age group. By examining the shape and structure of the pyramid, it is possible to gain insights into the population's age distribution, gender balance, and potential future demographic trends. The following are the key insights of the population pyramid for FCHD.

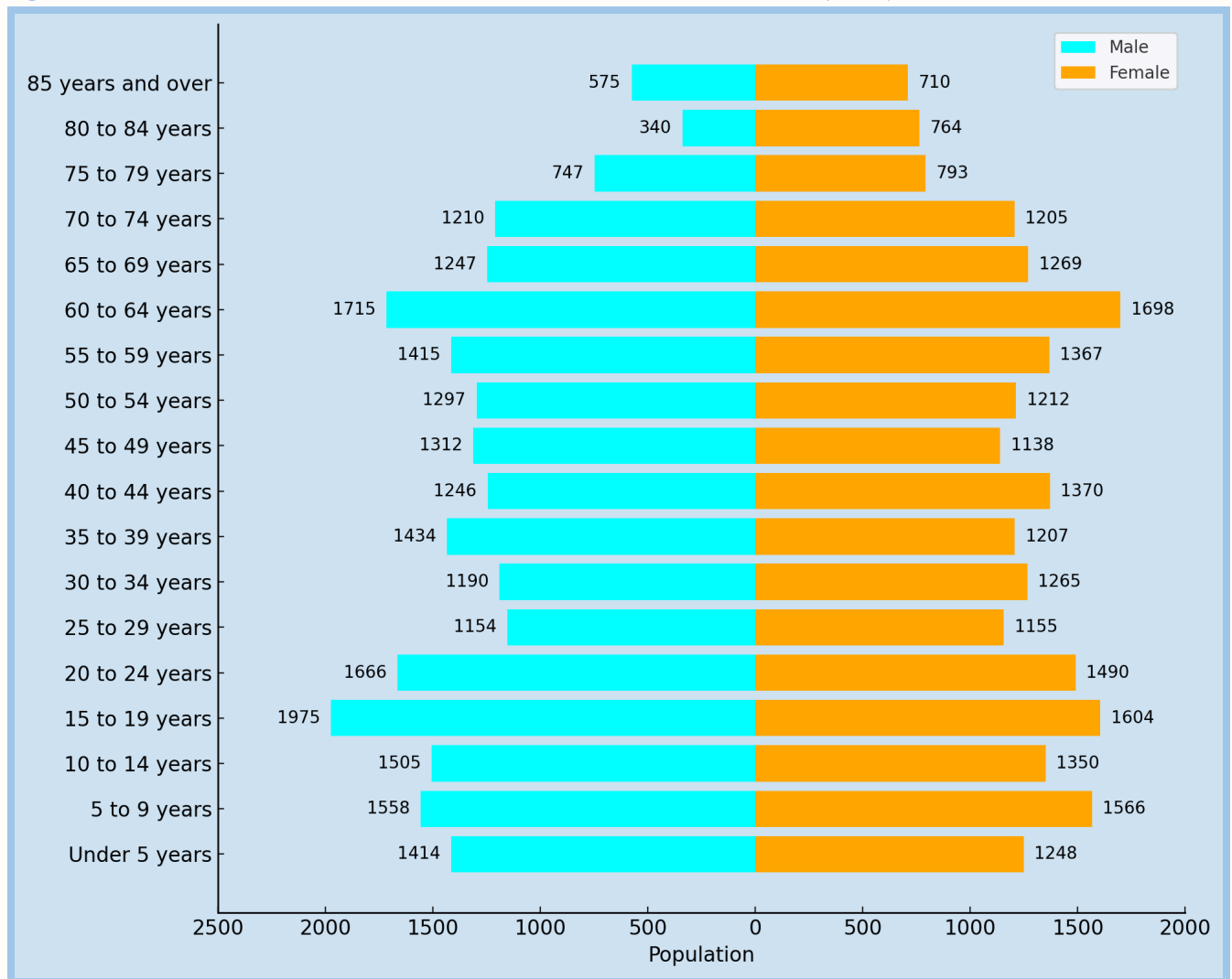
Figure 5.

- **Youth Population:** The base of the pyramid (younger age groups) is relatively narrow, particularly in the "Under 5 years" and "5 to 9 years" categories. This suggests a smaller proportion of young children, indicating potentially lower birth rates in recent years.
- **Middle-Aged Population:** The 30-44 age group is moderately sized. The gender balance in these groups suggests stability in this working-age population.

- **Aging Population:** The pyramid shows a noticeable bulge in the older age groups, particularly between 55 and 64 years. The high numbers in these age groups indicate an aging population, with many nearing retirement age.
- **Elderly Population:** The elderly population (75 years and over) is substantial, especially among females. The "80 to 84 years" and "85 years and over" categories show a marked difference between males and females, with females outnumbering males. This reflects women's longer life expectancy.
- **Gender Imbalance in Older Age Groups:** As the population ages, a clear gender imbalance emerges. Females significantly outnumber males in the 75 years and older categories, consistent with the general trend of women living longer than men.
- **Potential Future Implications:** The population pyramid suggests that FCHD might face challenges related to aging, such as increased demand for healthcare services and retirement support. The relatively smaller younger population also raises concerns about the future workforce's size and its ability to support the aging population.

These insights indicate that the population is aging, with a relatively stable middle-aged group and a smaller youth base. The growing elderly population, particularly among women, may require focused attention on healthcare, social support, and policies to manage the demographic transition.

Figure 5. Population Pyramid for Four Corners Health Department (2022)



Data sources:

Butler County: <https://data.census.gov/vizwidget?g=050XX00US31023&infoSection=Age and Sex>

Polk County: <https://data.census.gov/vizwidget?g=050XX00US31143&infoSection=Age and Sex>

Seward County: <https://data.census.gov/vizwidget?g=050XX00US31159&infoSection=Age and Sex>

York County: <https://data.census.gov/vizwidget?g=050XX00US31185&infoSection=Age and Sex>

Older Population (65 years and older): 2012-2022

Overall Trends 2012-2022

Ageing Population Trend: All counties in FCHD and the state of Nebraska experienced an increase in the percentage of older residents, reflecting a broader trend of an aging population. [Figure 6.](#)

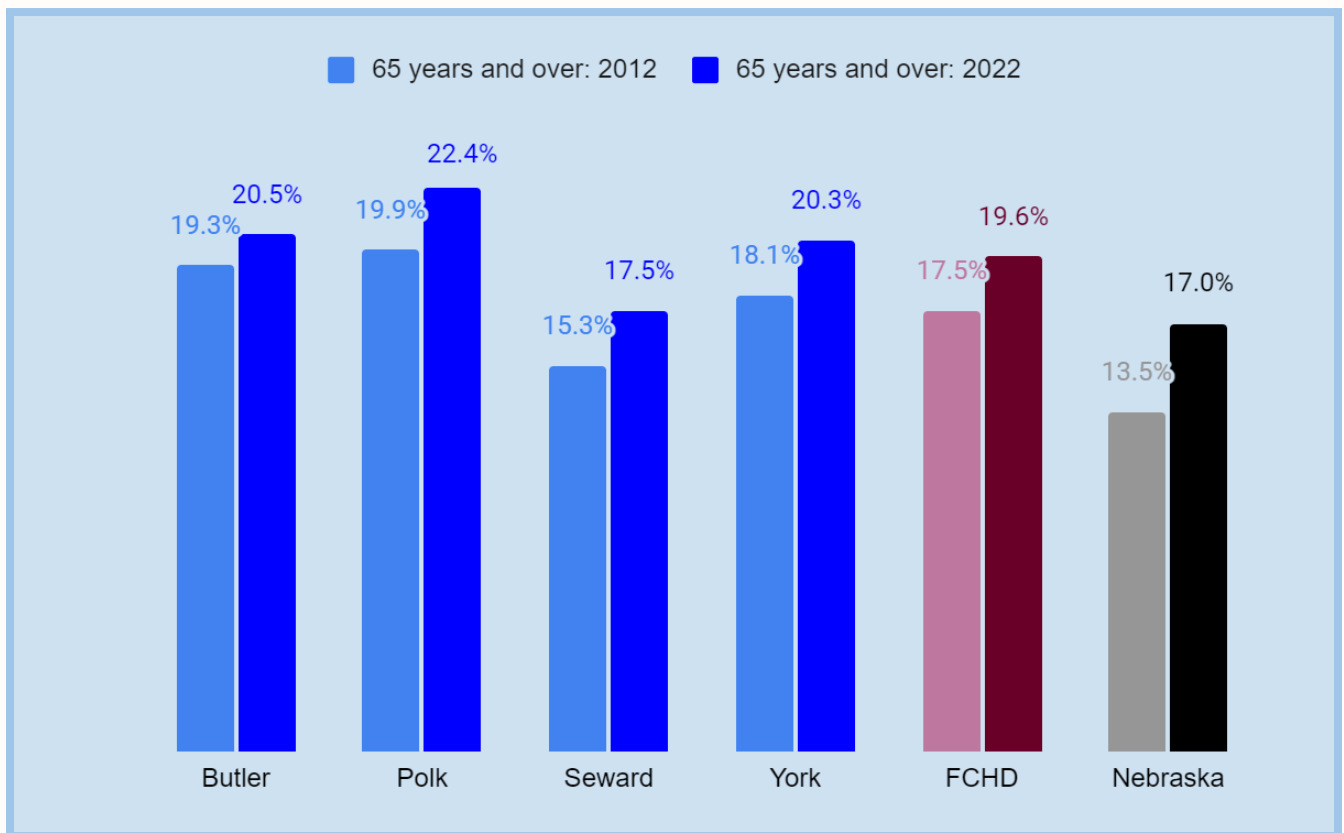
FCHD's Older Population: The FCHD region has a higher percentage of older adults than the state average, indicating a potential need for enhanced services and infrastructure to support an aging population.

Statewide Trend: Nebraska's older population increased from 13.5% to 17.0%, a rise of 3.5 percentage points.

Comparison with FCHD: The increase in the older population within the FCHD (2.1 percentage points) was smaller than the statewide increase, but the overall percentage of older individuals (19.6%) was higher than the state average of 17.0%.

Polk County's Significant Increase: Polk County had the highest increase in the percentage of older residents (+2.5%), from 19.9% in 2012 to 22.4% in 2022.

Figure 6. Trends in Older Population (65+) by County, FCHD, and in Nebraska: 2008-2012 vs. 2018-2022



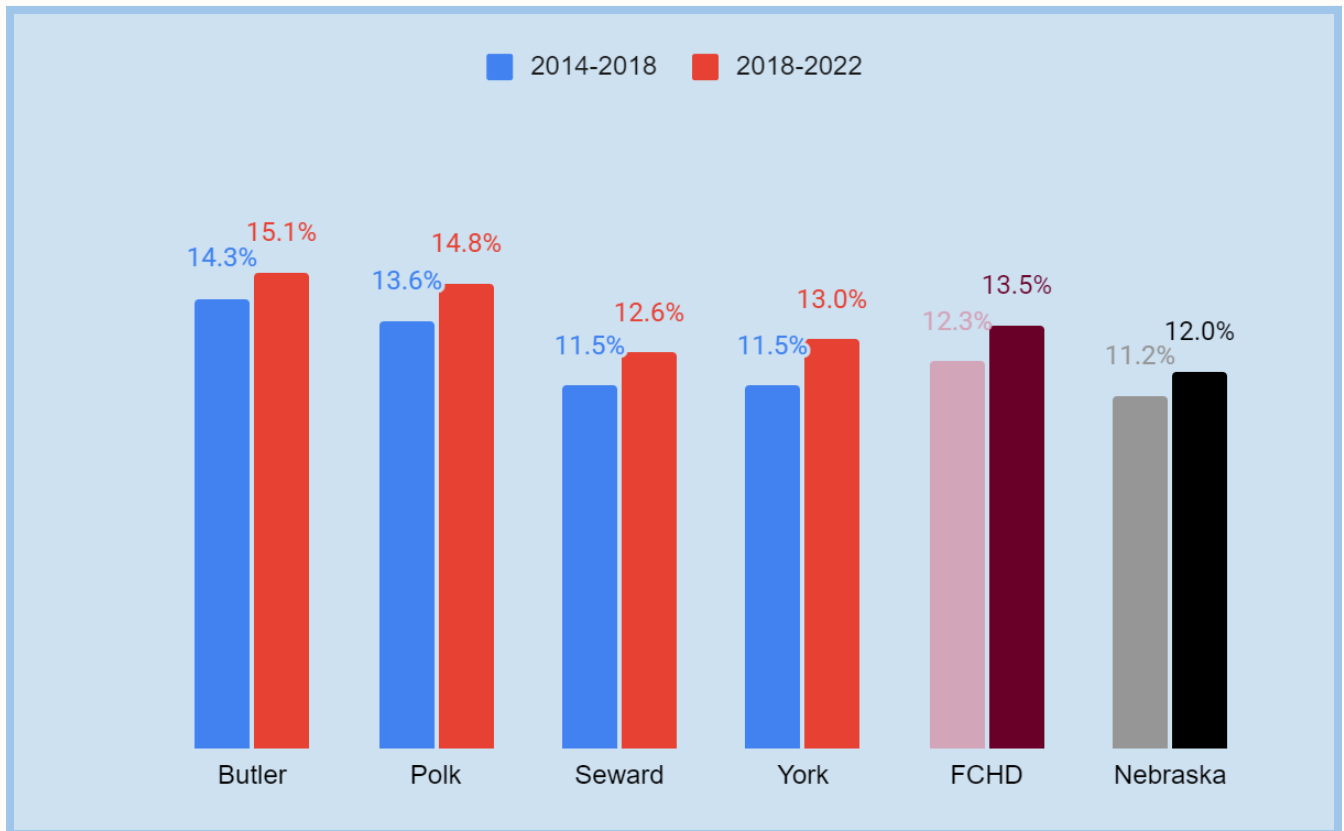
Data sources: [S0101 AGE AND SEX](#) (2012 ACS 5-year estimates). [S0101 AGE AND SEX](#) (2022 ACS 5-year estimates).

Seniors Age 65+ Living Alone (2014-2018 vs. 2018-2022)

Overall trends

- There was a noticeable increase in the percentage of households with seniors aged 65+ living alone across all regions (county, FCHD, and state levels) from 2014-2018 to 2018-2022. [Figure 7](#).
- Butler County had the highest percentage of seniors living alone, increasing from 14.3% to 15.1% during the study period.
- York County showed the highest increase (1.5%), from 11.5% to 13.0% during the study period.
- Both Seward and York Counties had similar percentages in 2014-2018 (11.5%) but increased to 12.6% and 13.0%, respectively, by 2018-2022.

Figure 7. Trends in Households with Seniors Aged 65+ Living Alone (2014-2022): Comparison by County, FCHD, and State



Data sources: Households with Seniors (Age 65+) Living Alone, ACS 2014-18 and ACS 2018-2022

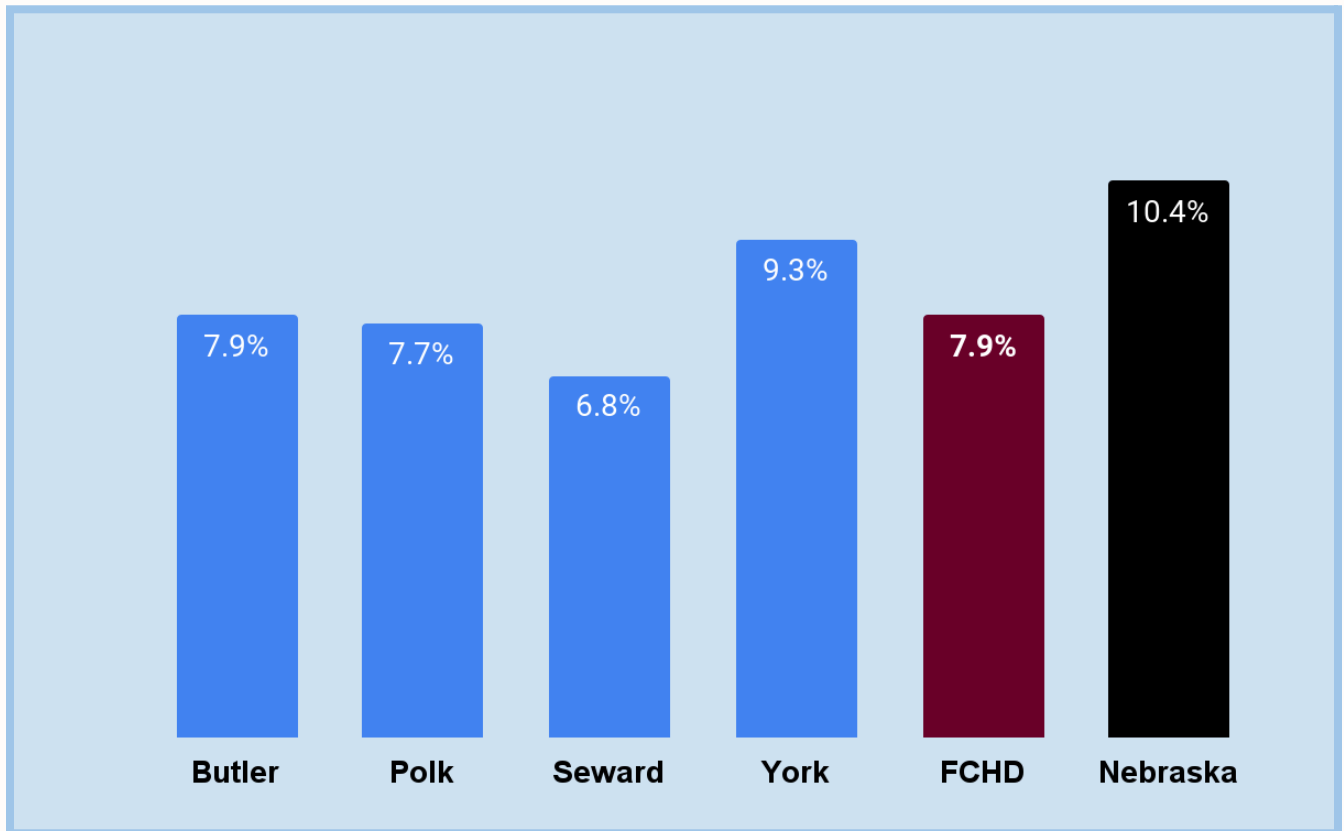
Social Determinants of Health (SDOH)

Poverty (2022)

Key Findings:

- The Four Corners Health Department (FCHD) region, as a whole, had a poverty rate of 7.9%, which is lower than the statewide poverty rate of 10.4%.
- Within the FCHD region, poverty rates vary, with Seward County having the lowest poverty rate (6.8%) and York County having the highest (9.3%). [Figure 8.](#)

Figure 8. Poverty Rates by County within the Four Corners Health Department Region and Comparison with Nebraska Statewide Average (2018-2022)



Data source: U.S. Census Bureau. "Poverty Status in the Past 12 Months." American Community Survey, ACS 5-Year Estimates Subject Tables, Table S1701, 2022, [https://data.census.gov/table/ACSST5Y2022.S1701?t=Income and Poverty&g=040XX00US31\\$0500000&moe=false](https://data.census.gov/table/ACSST5Y2022.S1701?t=Income and Poverty&g=040XX00US31$0500000&moe=false). Accessed on June 18, 2024.

Gender-Based Poverty Differences

Key disparities

Female Poverty Rates: Across all counties, as well as the entire FCHD region and the state of Nebraska, poverty rates among females were consistently higher than those among males. The highest female poverty rate was observed in York County (10.9%), followed by Polk County (9.5%)

Male Poverty Rates: Male poverty rates were generally lower compared to female poverty rates across all regions. **York County** had the highest male poverty rate (7.8%), followed closely by **Butler County** (7.5%).

Difference in Poverty Rates (Male vs. Female): The largest difference in poverty rates between males and females was observed in Polk County, where the female poverty rate was 3.4% higher than the male poverty rate. This was followed by York County with a difference of 3.2%. [Table 3](#).

Table 3. Gender-Based Poverty Rates and Disparities in the Four Corners Health Department Region and Nebraska

| County | Male Pop. | Male poverty | Female pop. | Female poverty | Male poverty % | Female poverty % | Difference (Female - Male) |
|-----------------|----------------|---------------|----------------|----------------|----------------|------------------|----------------------------|
| Butler | 4,115 | 309 | 4,087 | 338 | 7.5% | 8.3% | 0.8% |
| Polk | 2,543 | 153 | 2,539 | 240 | 6.0% | 9.5% | 3.4% |
| Seward | 8,404 | 495 | 7,905 | 609 | 5.9% | 7.7% | 1.8% |
| York | 6,845 | 532 | 6,492 | 710 | 7.8% | 10.9% | 3.2% |
| FCHD | 21,907 | 1,489 | 21,023 | 1,897 | 6.8% | 9.0% | 2.2% |
| Nebraska | 957,388 | 89,118 | 951,225 | 109,348 | 9.3% | 11.5% | 2.2% |

Data source: U.S. Census Bureau. "Poverty Status in the Past 12 Months." American Community Survey, ACS 5-Year Estimates Subject Tables, Table S1701, 2022, [https://data.census.gov/table/ACSST5Y2022.S1701?t=Income and Poverty&g=040XX00US31\\$0500000&moe=false](https://data.census.gov/table/ACSST5Y2022.S1701?t=Income and Poverty&g=040XX00US31$0500000&moe=false). Accessed on June 18, 2024.

Racial and Ethnic Disparities in Poverty Rates within FCHD and Nebraska (2022)

Key Findings (see [Table 4](#) for details):

Significant Variability in Poverty Rates Across Races: There was significant variability in poverty rates across different racial and ethnic groups within the FCHD region and its counties. Some groups, mainly American Indian/Alaska Native alone and Asian alone, experience much higher poverty rates in certain counties compared to others.

Counties with Extreme Poverty Rates: **Polk County** had an exceptionally high poverty rate for Black or African American alone (42.9%), while **York County** exhibited high poverty rates for

American Indian and Alaska Native alone (73.9%) and those identifying as two or more races (22.3%).

Comparison with State Averages: In general, the poverty rates within the FCHD region for White alone, Some Other Race alone, and Hispanic or Latino origin were lower than the state average. However, certain racial and ethnic groups, such as American Indian/Alaska Native alone and Asian alone, reported significantly higher poverty rates in specific counties compared to the state average.

Poverty in Hispanic or Latino Populations: Hispanic or Latino populations faced relatively high poverty rates across all counties, with rates ranging from 10.9% to 13.6%, which, while lower than the state average, still reflect significant economic challenges.

Table 4. Racial and Ethnic Disparities in Poverty Rates within the Four Corners Health Department Region and Nebraska

| County | White alone | Black or African American alone | American Indian and Alaska Native alone | Asian alone | Native Hawaiian and Other Pacific Islander alone | Some other race alone | Two or more races | Hispanic or Latino origin (of any race) |
|-----------------|-------------|---------------------------------|-----------------------------------------|--------------|--------------------------------------------------|-----------------------|-------------------|-----------------------------------------|
| Butler | 8.2% | n.a. | 8.6% | 0.0% | n.a. | 5.7% | 1.8% | 10.9% |
| Polk | 7.5% | 42.9% | 0.0% | n.a. | n.a. | 11.9% | 9.1% | 10.9% |
| Seward | 6.6% | 0.0% | 33.3% | 65.3% | 0.0% | 0.0% | 8.2% | 11.9% |
| York | 8.7% | 0.0% | 73.9% | 3.4% | n.a. | 0.0% | 22.3% | 13.6% |
| FCHD | 7.6% | 2.1% | 26.4% | 30.1% | 0.0% | 6.5% | 12.6% | 12.1% |
| Nebraska | 8.9% | 23.3% | 23% | 10.3% | 21.8% | 18% | 14.7% | 17.1% |

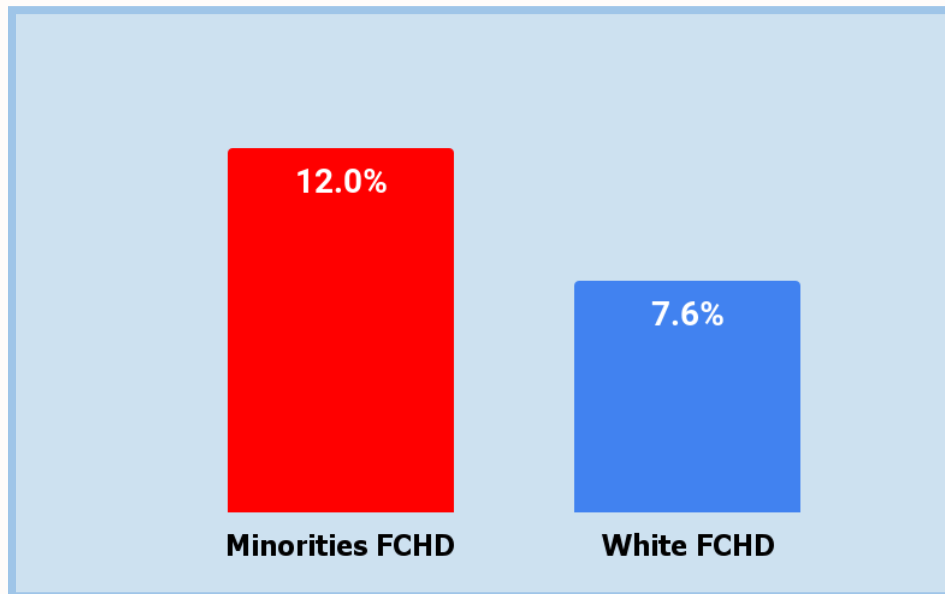
Data source: U.S. Census Bureau. "Poverty Status in the Past 12 Months." American Community Survey, ACS 5-Year Estimates Subject Tables, Table S1701, 2022, [https://data.census.gov/table/ACSST5Y2022.S1701?t=Income and Poverty&g=040XX00US31\\$0500000&moe=false](https://data.census.gov/table/ACSST5Y2022.S1701?t=Income and Poverty&g=040XX00US31$0500000&moe=false). Accessed on June 18, 2024.

Poverty rates between Minorities and the White population in FCHD (2022)

Key disparity

- The poverty rate for minorities was **1.6 times higher** than that of the White population (12.0% compared to 7.6%). This relative disparity represents the unequal distribution of economic resources and opportunities across different racial and ethnic groups within the FCHD region. [Figure 9](#).

Figure 9. Racial and Ethnic Disparities in Poverty Rates within the Four Corners Health Department Region and Nebraska



Data source: U.S. Census Bureau. (2022). Poverty Status in the Past 12 Months. American Community Survey, ACS 5-Year Estimates Subject Tables, Table S1701. Retrieved August 20, 2024, from [https://data.census.gov/table/ACSST5Y2022.S1701?t=Income and Poverty&g=040XX00US31,31\\$0500000&moe=false](https://data.census.gov/table/ACSST5Y2022.S1701?t=Income and Poverty&g=040XX00US31,31$0500000&moe=false).

Poverty Rates among Children (2022)

Overall Trends:

- Across the FCHD region, child poverty rates were consistently lower than the state averages, particularly for white and Hispanic children. [Table 5](#).
- Hispanic children in the FCHD region experienced the highest poverty rate (12.5%) among the reported ethnic groups, though this is still lower than the state average (20.1%). Butler County had the highest rate (19.2%), while Seward had the lowest (5.1%).
- White Children: The percentage of white children in poverty was lower in the FCHD region (7.2%) compared to the state average (9.1%). Among the counties, Butler had the highest rate (14%), while Polk has the lowest (5.2%).
- American Indian/Alaska Native (AIAN) Children: The FCHD region reported a child poverty rate of 7.7% for AIAN children, significantly lower than the state average of 25%. York County had a similar rate (9.7%), while the other counties report no data (0%).

- Overall, 10.8% of minority children in the FCHD region reported living below poverty rate, **1.5 times higher** compared to the White children population (7.2%).

Table 5. Child Poverty Rates by Race/Ethnicity in Four Corners Health Department (FCHD) Counties Compared to Nebraska Statewide Averages (2022)

| County | Children percentage poverty level | % children in poverty - White | % Children in Poverty (AIAN) | % Children in Poverty (Asian) | % Children in Poverty (Black) | % Children in Poverty (Hispanic) |
|-----------------|-----------------------------------|-------------------------------|------------------------------|-------------------------------|-------------------------------|----------------------------------|
| York | 12.9 | 5.4 | 9.7 | 0 | 0 | 18.8 |
| Butler | 10.5 | 14 | 0 | 0 | 0 | 19.2 |
| Polk | 9.7 | 5.2 | 0 | 0 | 0 | 15 |
| Seward | 7.3 | 8.6 | 0 | 0 | 0 | 5.1 |
| FCHD | 9.9% | 7.2% | 7.7% | 0.0% | 0.0% | 12.5% |
| Nebraska | 13.5% | 9.1% | 25.0% | 11.7% | 39.2% | 20.1% |

Data sources: 2024 Nebraska County Health Rankings: Small Area Income and Poverty Estimates; American Community Survey, 5-year estimates (2018-2022). US. Census Bureau, [Table C1700A-1](#) (Poverty Status in the Past 12 Months by Sex by Age). 2022: ACS 1-Year Estimates.

Education

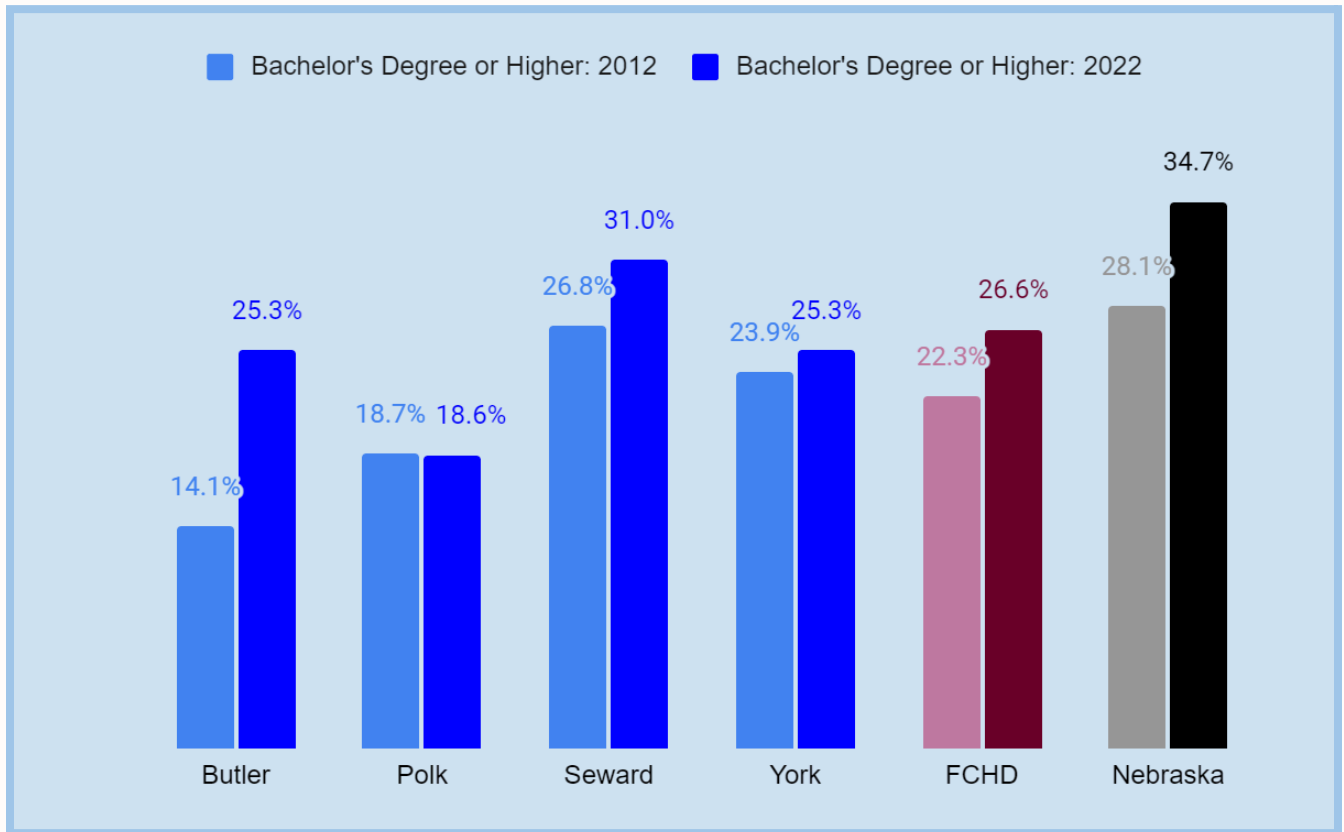
Overall Trends 2012 - 2022 for the population 25 years old and older by bachelor’s degree or higher by county, FCHD, and Nebraska.

Significant Growth in Butler County: Butler County experienced the most significant growth in educational attainment, from 14.1% in 2012 to 25.3% in 2022, marking an increase of 11.2 percentage points (ACS, 5-year estimates, 2008-2012 and 2018-2022, respectively). [Figure 10](#).

Polk County Stagnation: Polk County's slight decrease from 18.7% in 2012 to 18.6% in 2022 suggests challenges in increasing educational attainment, which might require targeted educational initiatives.

FCHD's Overall Growth: While FCHD showed a moderate increase in educational attainment between 2012 and 2022, it still lags behind the state average in 2022 (26.6% vs. 34.7%, respectively).

Figure 10. Change in Educational Attainment: Bachelor's Degree or Higher among the population 25 years and older (2008-2012 vs 2018-2022) by county, FHCD, and Nebraska



Data sources: U.S. Census Bureau. (2012). EDUCATIONAL ATTAINMENT. American Community Survey, ACS 5-Year Estimates Subject Tables, Table S1501. Retrieved August 24, 2024, from [https://data.census.gov/table/ACSST5Y2012.S1501?t=Educational Attainment&g=040XX00US31](https://data.census.gov/table/ACSST5Y2012.S1501?t=Educational+Attainment&g=040XX00US31). U.S. Census Bureau. (2022). Educational Attainment. American Community Survey, ACS 5-Year Estimates Subject Tables, Table S1501. Retrieved August 24, 2024, from [https://data.census.gov/table/ACSST5Y2022.S1501?t=Educational Attainment&g=050XX00US31023,31143,31159,31185&moe=false](https://data.census.gov/table/ACSST5Y2022.S1501?t=Educational+Attainment&g=050XX00US31023,31143,31159,31185&moe=false).

Median Household Income (2012-2022)

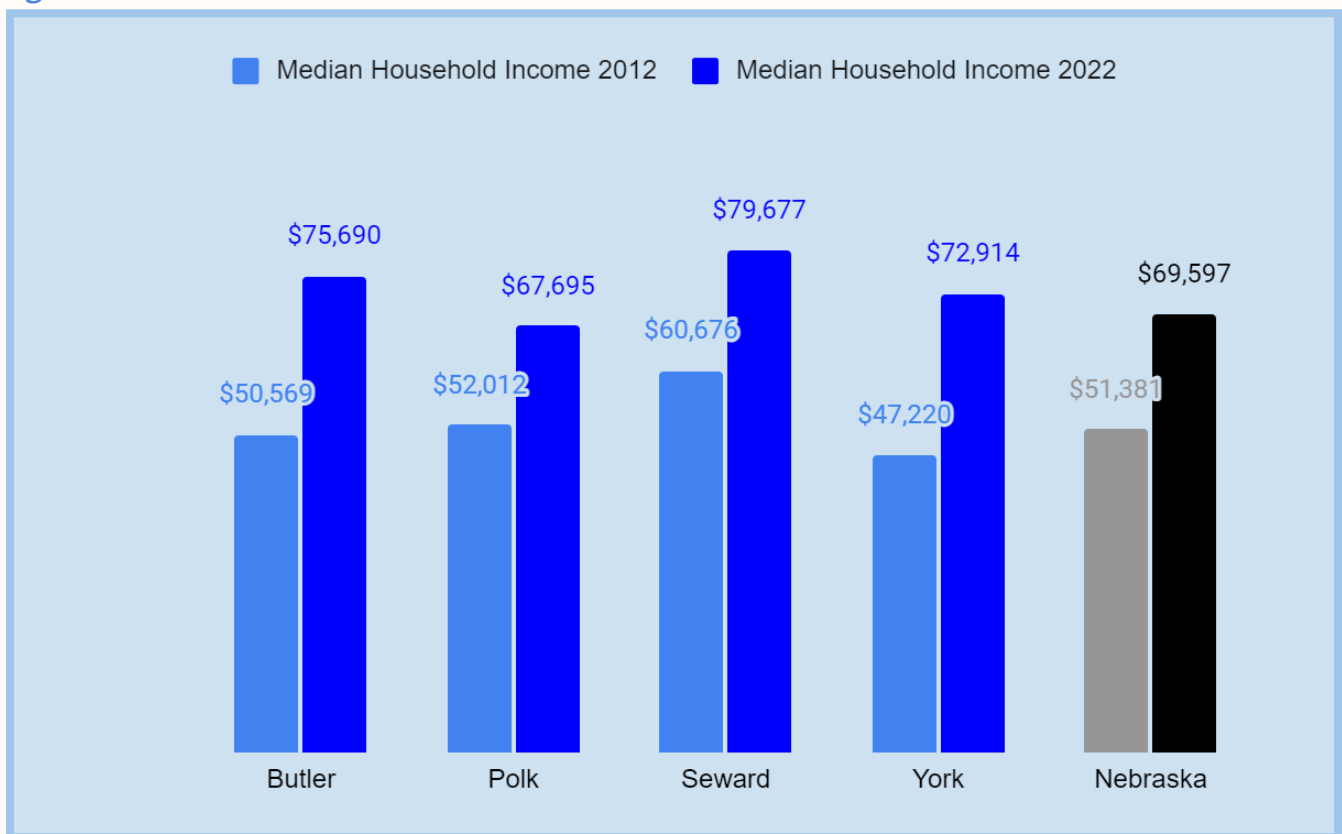
Overall Trends:

- **Overall Positive Trend:** All counties in FCHD and the state of Nebraska showed significant increases in median household income over the decade (2012 to 2022). [Figure 11](#).
- **Statewide Trend:** Nebraska's median household income increased from \$51,381 in 2012 to \$69,597 in 2022, a 35.5% increase.

Comparison with Counties:

- Butler and York counties experienced growth rates higher than the state average (35.5%), with York County showing the most significant increase (49.7% and 54.4%, respectively).
- Polk and Seward counties had growth rates slightly below the state average (30.2% and 31.3%, respectively, compared to 35.5%).
- **Significant Growth in York and Butler Counties:** Both counties outpaced the state average in terms of income growth, suggesting positive economic developments or shifts in the local economy that may have contributed to increased household earnings.
- **Below-Average Growth in Polk and Seward Counties:** While these counties still experienced substantial increases in median household income, their growth rates were below the state average, indicating potential areas for economic improvement or investment.

Figure 11. Median Household Income Growth in Four Corners Counties and Nebraska: 2012-2022



Data sources: [S1901 INCOME IN THE PAST 12 MONTHS](#) (IN 2012 INFLATION-ADJUSTED DOLLARS). S1901 | [Income in the Past 12 Months](#) (in 2022 Inflation-Adjusted Dollars).

Severe Housing Cost Burden

Severely Cost-Burdened Households are defined as those households that spend more than 50% of their income on housing costs. This classification is used to indicate a significant financial strain on households due to housing expenses, which can include rent, mortgage payments, utilities, and other housing-related costs. The concept is part of a broader measure of housing affordability, where a household is considered "cost-burdened" if it spends more than 30% of its income on housing.

Key Findings:

The FCHD region had an average of 7.6% housing units where housing costs exceed 50% of the household budget. This is lower than the state average for Nebraska, which stands at 10.6%.

[Figure 12](#).

Within the FCHD region, there were variations among counties:

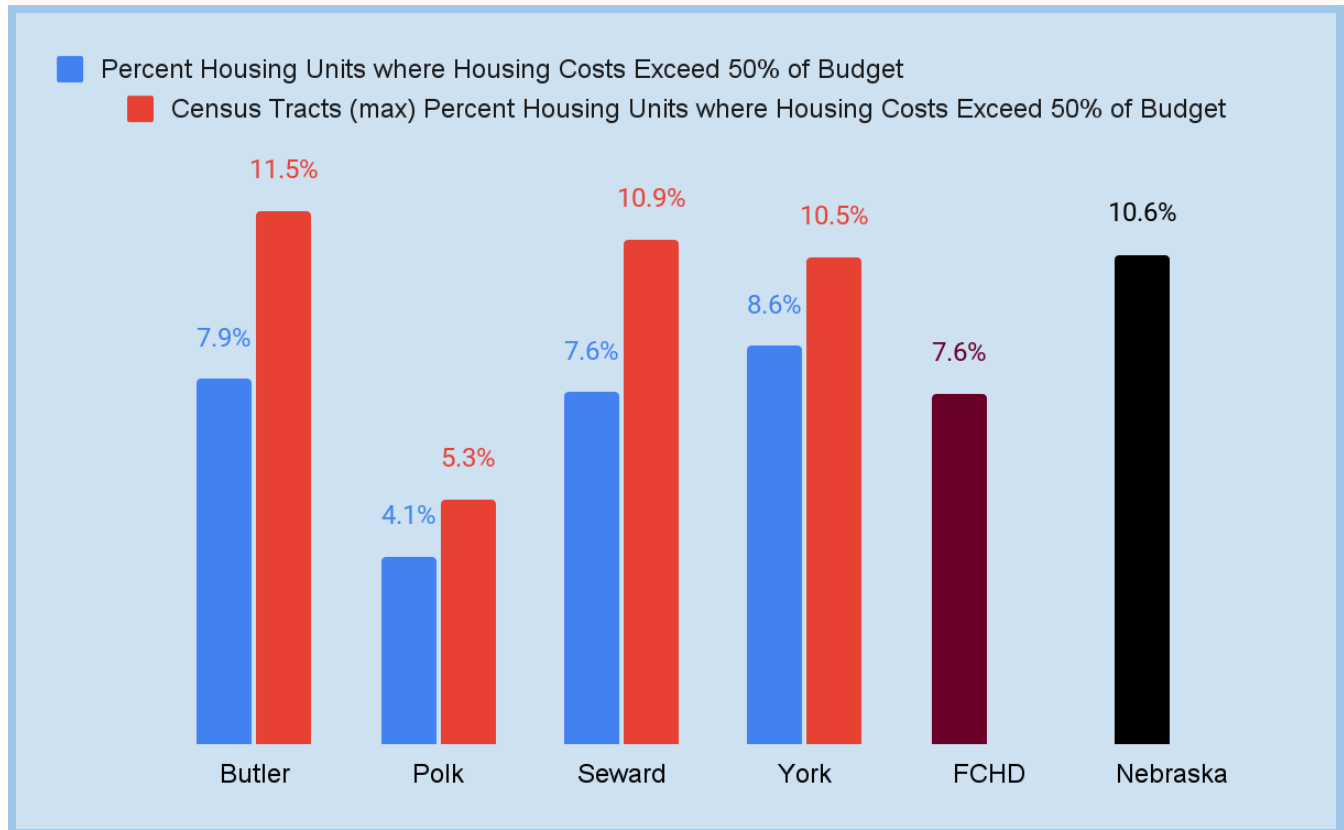
- Polk County had the lowest percentage of housing cost-burdened units at 4.1%.
- York County had the highest percentage at 8.6%, which is above the overall FCHD region average (7.6%).
- Seward and Butler Counties were close in percentage, at 7.6% and 7.9% respectively, indicating a similar level of housing cost burden in these areas.

High-Burden Census Tracts:

[Figure 12](#) also highlights the maximum percentage of housing units within census tracts where costs exceed 50% of the budget:

- Butler County showed the highest maximum at 11.5% in a single census tract, indicating localized areas of severe housing cost burden.
- Seward County followed with a maximum of 10.9%, and York County at 10.5%.
- Polk County had the lowest maximum at 5.3%.

Figure 12. Housing Cost Burden in the Four Corners Health Department Region Compared to Nebraska Average (2018-2022)



Data source: [US Census Bureau, American Community Survey](#): 2018-22

Area Deprivation Index (ADI)

Living in a disadvantaged neighborhood has been linked to several healthcare outcomes, including higher rates of diabetes and cardiovascular disease, increased utilization of health services, and earlier death. The Area Deprivation Index¹ (ADI, 2022) was used in FCHD to identify neighborhoods classified by their socioeconomic disadvantages. ADI classifies neighborhoods from 1 (lowest disadvantages) to 10 (highest disadvantages).

Definition: ADI focuses on identifying socioeconomic deprivation at the neighborhood level to inform program planning, health delivery, and policy. For more details about the ADI, visit the [Neighborhood Atlas](#).

Geographic Scale: ADI is applied to census block groups (neighborhood) level, providing more granular data.

¹ [Rollings et al. \(2023\)](#) found that the Social Vulnerability Index (SVI) and the Area Deprivation Index (ADI) were not interchangeable measures.

Key ADI Indicators

The indicators used in the ADI calculation include measures related to income, education, employment, housing quality, and other socioeconomic factors. It does not consider race or language. Some key indicators are:

- Median family income
- Percent of the population below the federal poverty level
- Percent of households receiving public assistance
- Percent of single-parent households
- Percent of the population with less than a high school education
- Percent of housing units without a vehicle
- Percent of housing units with more than one person per room (overcrowding)
- Percent of housing units without complete plumbing

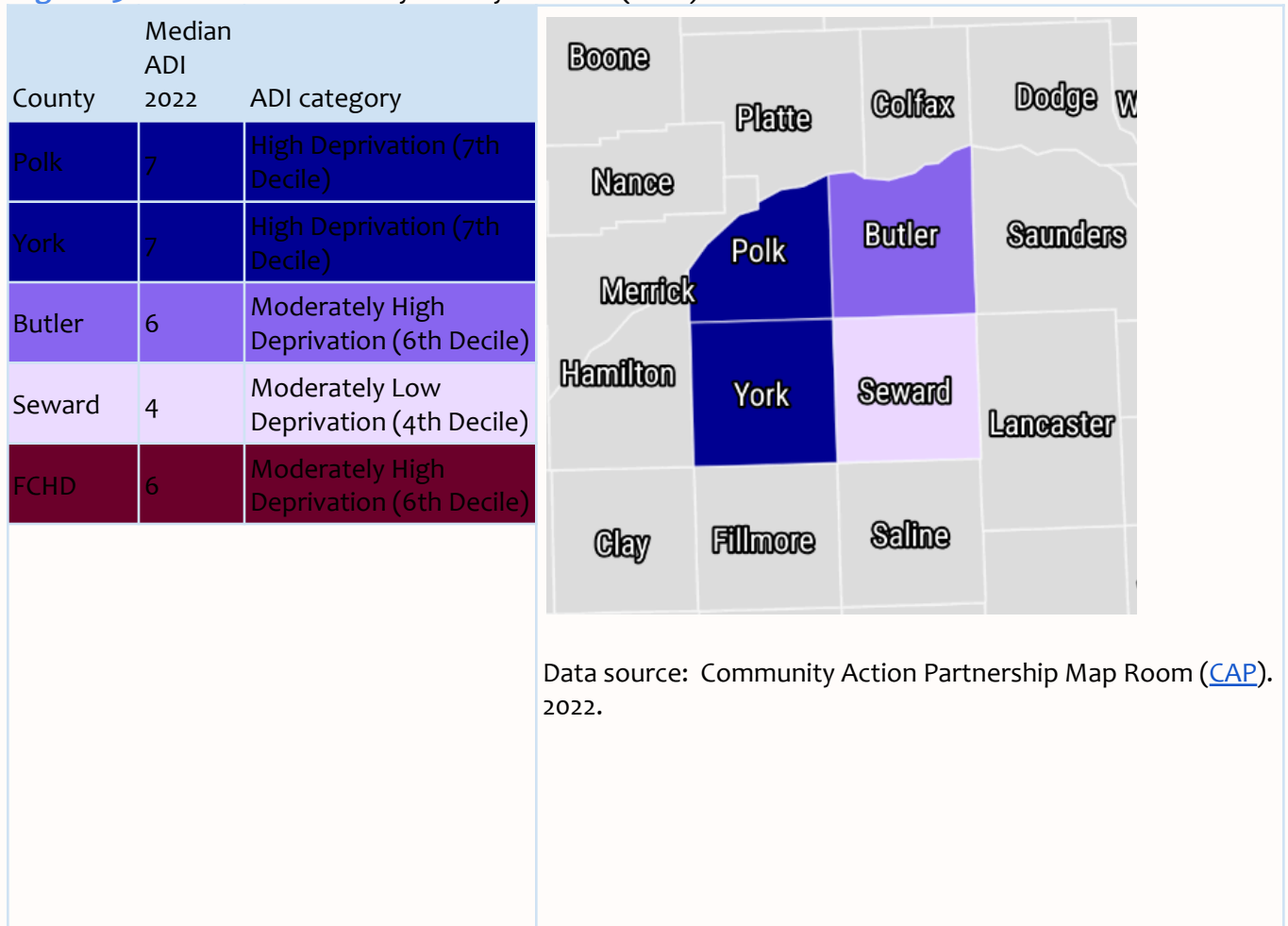
Methods

ADI scores for each county in FCHD were estimated by calculating the median values for the block groups that belong to each county. ADI block group data for all the counties of FCHD (n = 35 block groups) were obtained from the Community Action Partnership Map Room ([CAP](#)), downloaded as a csv file, spatially joined with demographic data from the 2020 census block groups ([Nebraska Maps](#)) through the GEOCODE field, and then created a GIS map using ArcMap (v.5.5).

Results

The ADI median value for FCHD was estimated to be 6 (moderately high deprivation - 6th decile). ADI median values for each county were ranked from highest (7 - high deprivation - 7th decile), which included Polk and York Counties, to the lowest (4 - moderately low deprivation), which included Seward County. [Figure 13](#).

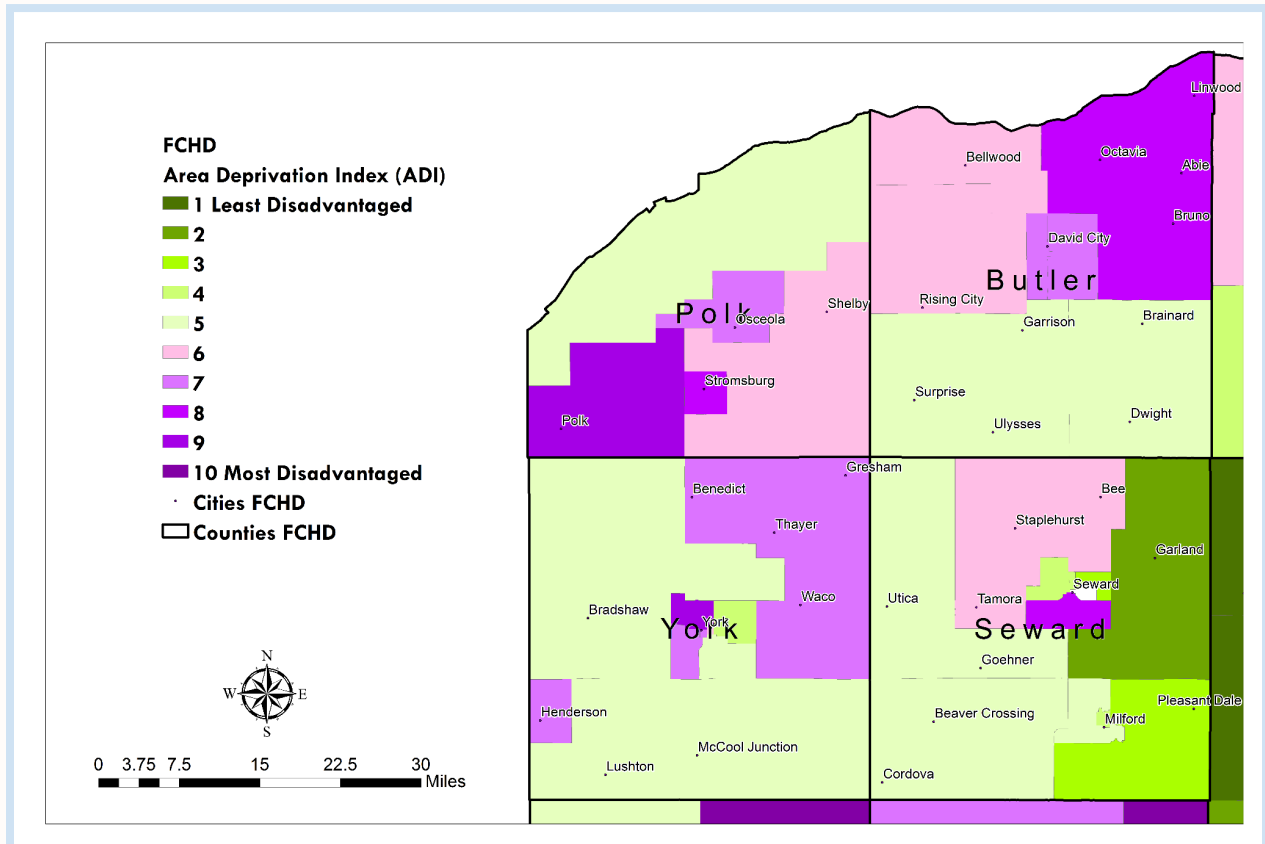
Figure 13. ADI median values by county in FCHD (2022)



ADI by census block groups

Over one-third, (37.1%, 13 out of 35) of the census block groups were ranked between 7 and 9 as the most disadvantaged neighborhoods in FCHD (highlighted in purple on the map below. Note: No ADI ranked ten was found in FCHD census block groups). Nine census block groups ranked 7 and 9 as the most disadvantaged in Polk and York counties. [Figure 14](#).

Figure 14. ADI values by census block groups in FCHD



Data source: [Center for Health Disparities Research. University of Wisconsin. School of Medicine and Public Health.](#) (ADI, 2022).

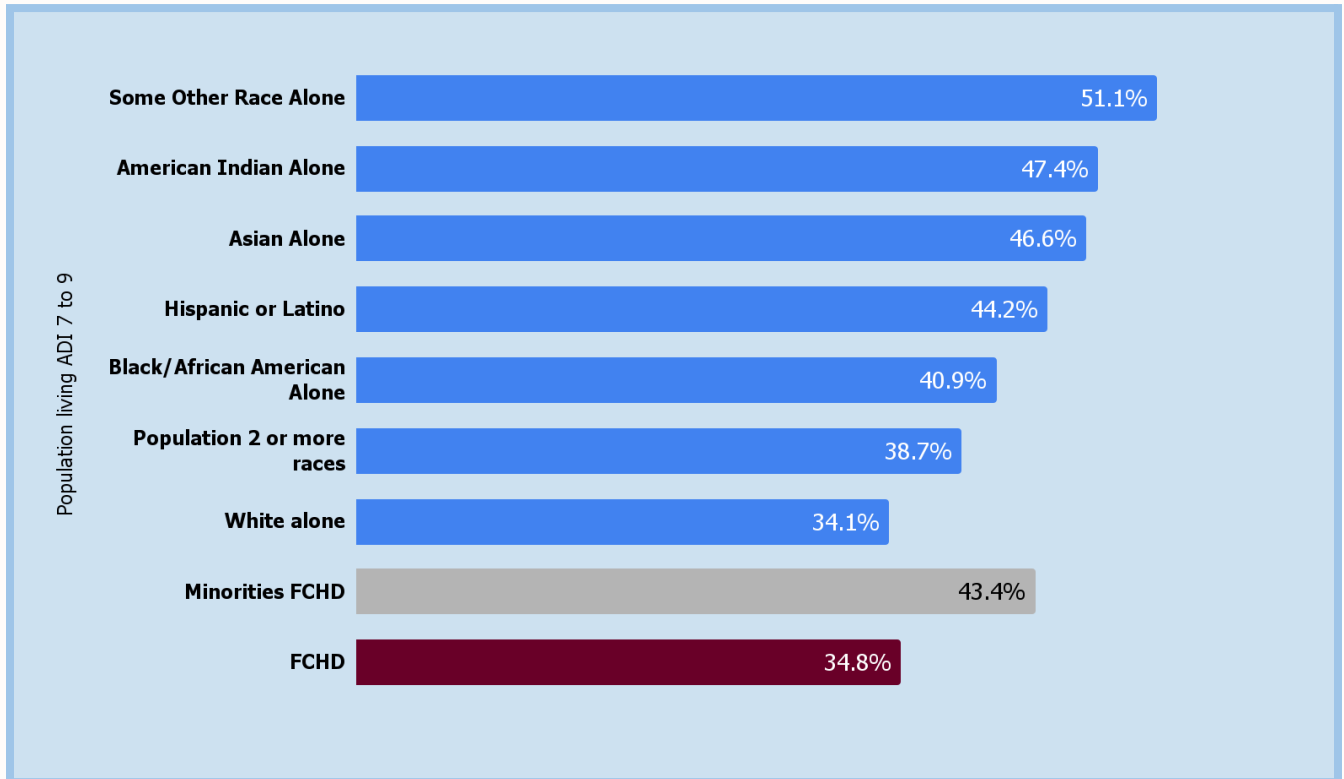
ADI values between 7 and 9 (most disadvantageous neighborhoods) by race/ethnicity in FCHD

ADI values between 7 and 9 (most disadvantageous neighborhoods) were matched with their respective census block groups and tabulated by race/ethnic information. Overall, 43.4% of minorities live in the most disadvantageous neighborhoods compared to 34.1% of the White population in FCHD.

Key disparities by race/ethnicity: Results show that Some Other Races² are the most likely to live in disadvantageous neighborhoods in FCHD (51.1%), followed by American Indians (47.4%) and Asians (46.6%). [Figure 15.](#)

² The Native Hawaiian Other Pacific Islander group was not considered for analysis due to small sample size.

Figure 15. Race/ethnic Distribution of the Population Living in ADI between 7 and 9 in FCHD (2022).



Data sources: ADI [Center for Health Disparities Research. University of Wisconsin. School of Medicine and Public Health.](#) (ADI, 2022). Nebraska Census Block Group 2020. [Nebraska Maps](#) (data updated July 25, 2024).

Community Health Survey Results (2021 & 2024)

Summary

The Community Health Assessment/Survey was conducted in 2021 and 2024 across the four counties of FCHD: York, Butler, Polk, and Seward. These surveys aimed to identify each county's top **health concerns** and **risky behaviors** to inform grant writing, community planning, and trend analysis. The 2021 survey had a higher response rate, possibly due to using both paper and electronic formats, while the 2024 survey was conducted electronically.

1,284 surveys were received in 2021, and 509 surveys in 2024. [Table 6](#).

Table 6. Number of responses by county in 2021 and 2024

| County | Number of Responses (2021) | Number of Responses (2024) |
|-------------|----------------------------|----------------------------|
| York | 524 | 187 |
| Butler | 126 | 14 |
| Polk | 139 | 46 |
| Seward | 495 | 262 |
| FCHD | 1,284 | 509 |

Results

Across the counties, while some health concerns and risky behaviors remained consistent, new issues such as drug abuse and heart disease/stroke have emerged. [Appendix A](#) provides a summary of all health concerns and risky behaviors, number of survey responses by county, along with changes between 2021 and 2024 by county.

Health Concerns

The table below shows the frequency and specific counties for each health concern. The most common health concerns across the four counties in both 2021 and 2024 were **Mental Health** and

Cancer, each occurring in all four counties both years. Poverty was the third most common health concern in two counties yearly. [Table 7](#).

Table 7. Health concerns between 2021 and 2024 in FCHD by county

| Health Concern | 2021 Count | 2024 Count | 2021 Counties | 2024 Counties |
|----------------------|------------|------------|----------------------------|----------------------------|
| Mental Health | 4 | 4 | York, Butler, Polk, Seward | York, Butler, Polk, Seward |
| Cancer | 4 | 4 | York, Butler, Polk, Seward | York, Butler, Polk, Seward |
| Poverty | 2 | 2 | York, Butler | York, Seward |
| Aging | 2 | 1 | Polk, Seward | Polk |
| Heart Disease/Stroke | 0 | 1 | | Butler |

Risky Behavior

The table below shows the frequency and specific counties for each risky behavior in 2021 and 2024. The analysis reveals that while **alcohol abuse** and **overweight** were consistently high-risk behaviors across both years, there was a notable increase in **drug abuse** reported in 2024. The concern about too much screen time decreased significantly in 2024. [Table 8](#).

Table 8. Risky behaviors between 2021 and 2024 in FCHD by county

| Risky Behavior | 2021 Count | 2024 Count | 2021 Counties | 2024 Counties |
|----------------------|------------|------------|----------------------------|----------------------------|
| Alcohol Abuse | 4 | 4 | York, Butler, Polk, Seward | York, Butler, Polk, Seward |
| Overweight | 4 | 4 | York, Butler, Polk, Seward | York, Butler, Polk, Seward |
| Drug Abuse | 1 | 3 | York | York, Polk, Seward |
| Too much screen time | 3 | 1 | Butler, Polk, Seward | Butler |

Trends and Changes

York County

- Risky Behaviors: No change from 2021 to 2024. The top three risky behaviors remain drug abuse, alcohol abuse, and being overweight.
- Health Concerns: No change from 2021 to 2024. The top three health concerns remain mental health, cancer, and poverty.

Butler County

- Risky Behaviors: No change from 2021 to 2024. The top three risky behaviors are alcohol abuse, too much screen time, and being overweight.
- Health Concerns: Slight change. In 2024, heart disease/stroke replaced poverty as a top health concern, alongside mental health and cancer.

Polk County

- Risky Behaviors: Change observed. In 2024, drug abuse replaced too much screen time as a top risky behavior, alongside alcohol abuse and being overweight.
- Health Concerns: There was no change from 2021 to 2024. The top three health concerns remain mental health, cancer, and aging problems.

Seward County

- Risky Behaviors: Change observed. In 2024, drug abuse replaced too much screen time as a top risky behavior, alongside alcohol abuse and being overweight.
- Health Concerns: Slight change. In 2024, poverty replaced aging problems as a top health concern, alongside mental health and cancer.

Recommendations

York County: Maintain ongoing mental health, cancer, and poverty programs.

Strategies

- Continue focusing on interventions for drug and alcohol abuse and obesity prevention programs.
- Maintain efforts in addressing mental health, cancer, and poverty through targeted health services and community support programs.

Butler County: Focus on heart disease/stroke alongside ongoing mental health and cancer programs.

Strategies:

- Develop initiatives to reduce alcohol abuse and screen time and promote healthy weight management.
- Introduce programs to address heart disease and stroke prevention alongside existing mental health and cancer support services.

Polk County: Introduce new programs targeting drug abuse in addition to existing ones for alcohol abuse and overweight issues.

Continue efforts on mental health, cancer, and aging concerns.

Strategies

- Implement strategies to combat drug and alcohol abuse and promote healthy lifestyle choices to manage weight.
- Continue support for mental health and cancer services, and introduce more resources for aging-related health issues.

Seward County: Develop initiatives to tackle the emerging issue of drug abuse.

Maintain focus on mental health, cancer, and now poverty.

Strategies

- Focus on reducing drug and alcohol abuse and managing obesity through community health initiatives.
- Enhance mental health and cancer care services and introduce measures to alleviate poverty-related health issues.

Four Corners Community Youth Mental Health Assessments (2022 & 2024)

Summary

The comparison of the 2022 and 2024 Four Corners **Youth Mental Health Assessments**³ reveals progress in community concern and awareness regarding youth suicide and mental health issues. However, significant challenges remain, particularly in the availability, accessibility, and affordability of mental health resources.

Data Sources

Common Data Sources: Both assessments used data from the U.S. Census Bureau, the Nebraska Department of Health and Human Services, and other state and federal resources (Centers for Disease Control and Prevention WISQARS™ Injury Data, the Nebraska Risk and Protective Factors School Survey (NRPFS)).

Specific Surveys: The 2022 report includes data from the Four Corners Community Youth Mental Health Survey and focus groups, while the 2024 report updates these with a new survey conducted from February to May 2024 .

Key Findings and Community Perceptions

- **Youth Suicide Concern:** Concern about youth suicide increased from 67.9% in 2022 to 89.8% in 2024 .
- **Resource Despite the heightened concern,** respondents indicated difficulties in accessing mental health services. In 2024, 68.1% found it difficult to access services, up from 61.8% in 2022 .
- **Community Awareness:** There was an improvement in community awareness regarding mental health resources, with 28.7% in 2024 believing their community knew how to access these resources, compared to 22.6% in 2022 .

Barriers to Access

- **Stigma and Awareness:** Both reports identified stigma and a lack of awareness as significant barriers to accessing mental health services. The 2024 report highlighted the continued need for cultural shifts and more robust services .

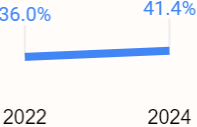
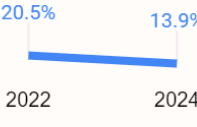
³ Both reports were prepared for FCHD by the University of Nebraska Public Policy Center

- **Affordability:** The perception of affordable mental health services decreased from 20.5% in 2022 to 13.9% in 2024, indicating growing concerns about the financial accessibility of care .

Table 9 shows these indicators and their percent changes between 2022 and 2024. Based on the data available in both reports, the significance of the differences between two independent proportions was applied to these values to identify statistically significant differences ($\alpha = .05$). Significant differences are highlighted in red.

Table 9. Key mental health indicators for youth in FCHD (2022 vs. 2024)

| Indicator | Change (2022 - 2024) | z-value | p-value |
|--------------------------------------------------------------------------------------|-------------------------------------|---------|------------------|
| Community concern for youth suicide | <p>67.9% (2022) to 89.8% (2024)</p> | -4.015 | <.0002 |
| Wide range of mental health resources for youth | <p>27.8% (2022) to 39.4% (2024)</p> | -1.949 | 0.0513 |
| Parents concerned about child/teenager's mental health | <p>82.4% (2022) to 64.8% (2024)</p> | 2.06 | 0.0394 |
| Difficulty in accessing mental health services in the past year (found it difficult) | <p>61.8% (2022) to 68.1% (2024)</p> | -0.696 | 0.4864 |
| People in my community know where to go or who to call in a mental health crisis | <p>21.2% (2022) to 33.0% (2024)</p> | -2.029 | 0.0425 |
| Community awareness of how to access mental health resources | <p>22.6% (2022) to 28.7% (2024)</p> | -1.069 | 0.2851 |

| | | | |
|------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|---------------|---------------|
| <p>There are resources and services available in my community for youth experiencing a mental health crisis</p> |  <p>36.0% 41.4%</p> <p>2022 2024</p> | <p>-0.869</p> | <p>0.3848</p> |
| <p>Affordability of mental health services (considered affordable)</p> |  <p>20.5% 13.9%</p> <p>2022 2024</p> | <p>1.325</p> | <p>0.1852</p> |

Data sources: 2022 and 2024 FCHD Community Youth Mental Health Assessments. Own elaboration.

Mental Health Steering Committee

- A FCHD Mental Health Steering Committee was formed in July 2022 to focus on the following:
 - Strengthen access to youth mental health services
 - Continue access to services in the summer
 - Identify needs for staffing and funding
 - Reduce cultural mental health stigma
 - Improve awareness of available services

Forces of Change Assessment

The "Forces of Change Assessment" by the Four Corners Health Department in March 2024 responded to the following question: ***What is occurring or might occur that affects the health of the community or the local public health system?*** Several key issues that affect the community's health and the local public health system were identified. These insights were categorized into various themes (see Appendix B for details of the responses):

Health Awareness and Prevention

- **Increased Awareness of Prevention:** There is a growing focus on prevention over treatment, emphasizing proactive health measures such as oral health and chronic disease prevention.
- **Wellness Initiatives:** Communities are improving their efforts to promote wellness through trail systems, wellness centers, and community gardens, but there is a need to increase access to low-cost wellness activities.

Economic Factors

- **Ag Economy Changes:** The shift from family farms to corporate farming and high production costs are significant changes in the agricultural economy.
- **Inflation and Economy:** Rising costs of living and increased disparities are notable economic challenges.

Public Health and Trust

- **Mistrust in Public Health:** Post-COVID, public perception is poor, leading to low trust in public health authorities and communication and program implementation challenges.
- **Telemedicine:** Telemedicine has become more available and utilized, especially for mental health services.

Communicable Diseases

- **Resistant and New Diseases:** The emergence of new and re-emerging communicable diseases, including food-borne illnesses and outbreaks, is a concern.
- **Vaccine Hesitancy:** There is significant vaccine hesitancy affecting public health efforts.

Social and Behavioral Health

- **Behavioral and Mental Health:** High-stress levels, anxiety, depression, substance use disorders, and social isolation are prevalent issues. There is a need for better coping skills education and supportive care teams.

- **Access to Care:** Challenges include inadequate healthcare coverage, lack of transportation, and limited access to quality healthcare and testing.

Civil and Social Issues

- **Civil Issues:** There is less tolerance of differing views, more division on social issues, and a general distrust of government.

Technological and Social Media Influence

- **Influence of Social Media and Technology:** Social media and technology have changed communication methods and increased cyberbullying, affecting behavioral and mental health.

Family and Community Dynamics

- **Diversity of Family Structure:** The increasing diversity in family structures, including single-parent and multi-generational households, impacts community health dynamics.
- **Childcare and Education:** There are significant needs for childcare, and more educational responsibilities are placed on schools.

Community Health Status Assessment

Introduction

The 2024 Community Health Status Assessment for the Four Corners Health Department (FCHD) provides a comprehensive overview of the health status and challenges faced by the residents of Butler, Polk, Seward, and York Counties in Nebraska.

This section includes data on leading causes of death, health resource availability, quality of life, social and mental health, health improvement strategies, motor vehicle crashes and deaths, cancer screenings, tobacco and alcohol use, infectious diseases, youth-related data, and substance use. The following are the key findings for each one of these categories:

Leading Causes of Death

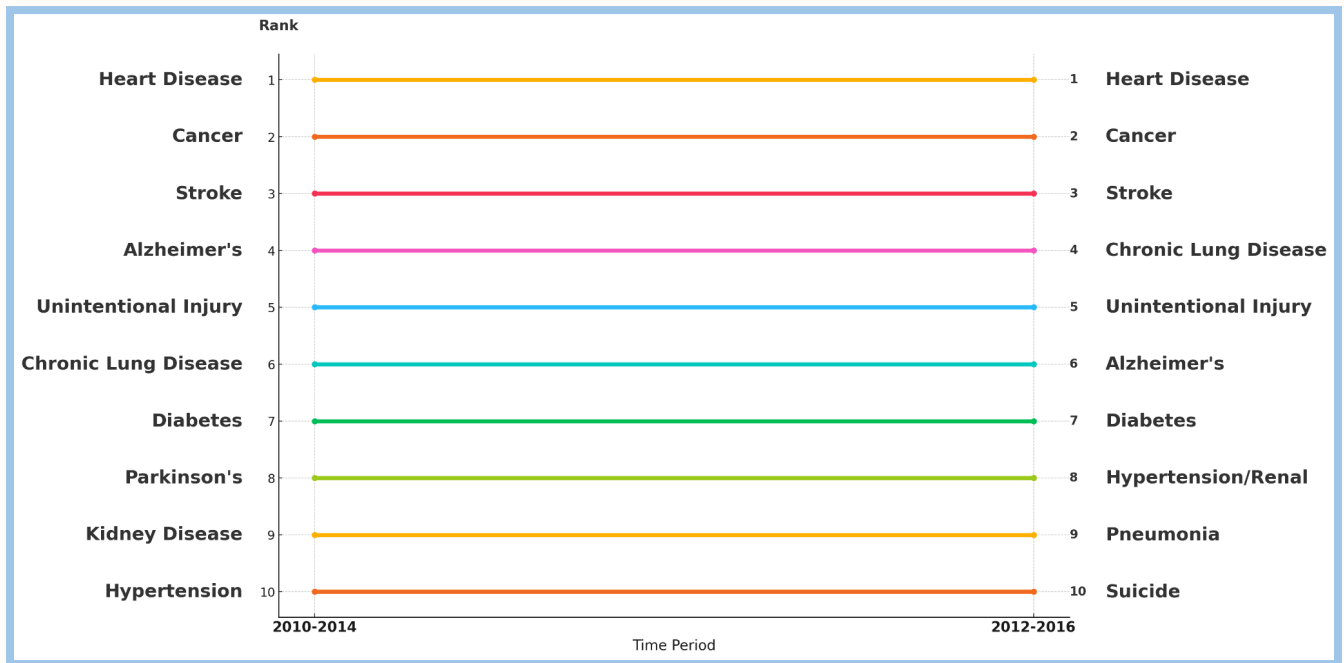
Source: Nebraska Vital Records

Changes in leading cause of death between 2010-2014 and 2012-2016 combined years.

Overall Trends:

- Heart Disease and Cancer remained the top two causes of death in both periods.
- Stroke maintained its position as the third leading cause of death.
- Chronic Lung Disease moved up from 6th place to 4th place.
- Alzheimer's Disease dropped from 4th place to 6th place.
- Unintentional Injury remained in the 5th position.
- Diabetes stayed constant at 7th place.
- Hypertension/Renal appeared in the top 10 in the 2012-2016 period, replacing Parkinson's.
- **Pneumonia and Suicide** entered the top 10 in the 2012-2016 period, replacing Kidney Disease and Hypertension. [Figure 16](#).

Figure 16. Changes in Ranking of Leading Causes of Death (2010-2014 vs. 2012-2016) in FCHD



Data source: Nebraska Vital Records (2010-2014 and 2012-2016).

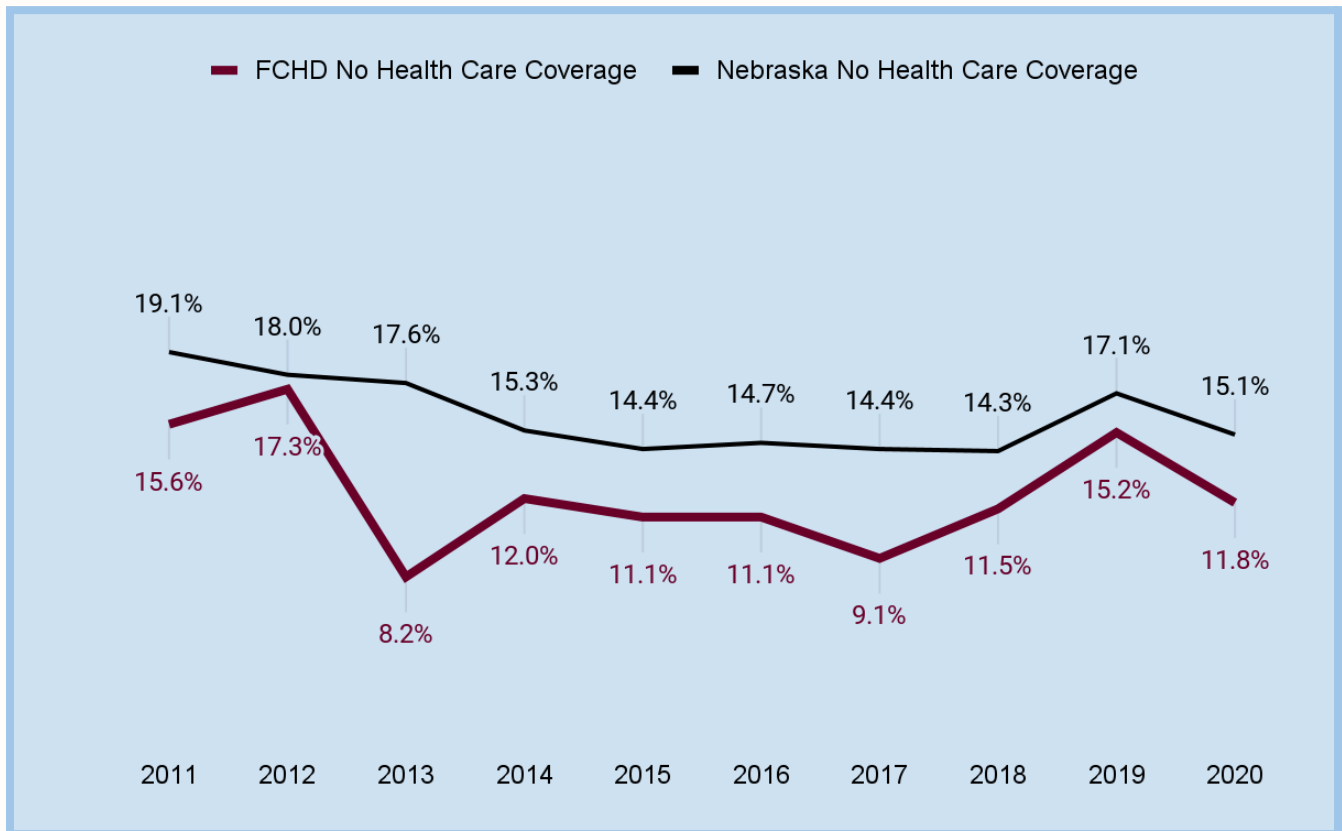
Health Resource Availability

Healthcare Coverage

Overall Trends:

- The percentage of adults without healthcare coverage in FCHD has been lower than the state average, with fluctuations over the years.
- Nebraska showed a more consistent decline in the percentage of adults without health care coverage.
- Both the FCHD region and the state of Nebraska showed overall improvements in health care coverage from 2011 to 2020, despite some fluctuations in the middle years. [Figure 17.](#)

Figure 17. No Health Care Coverage Statistics for Four Corners Health Department and State of Nebraska (2011-2020)



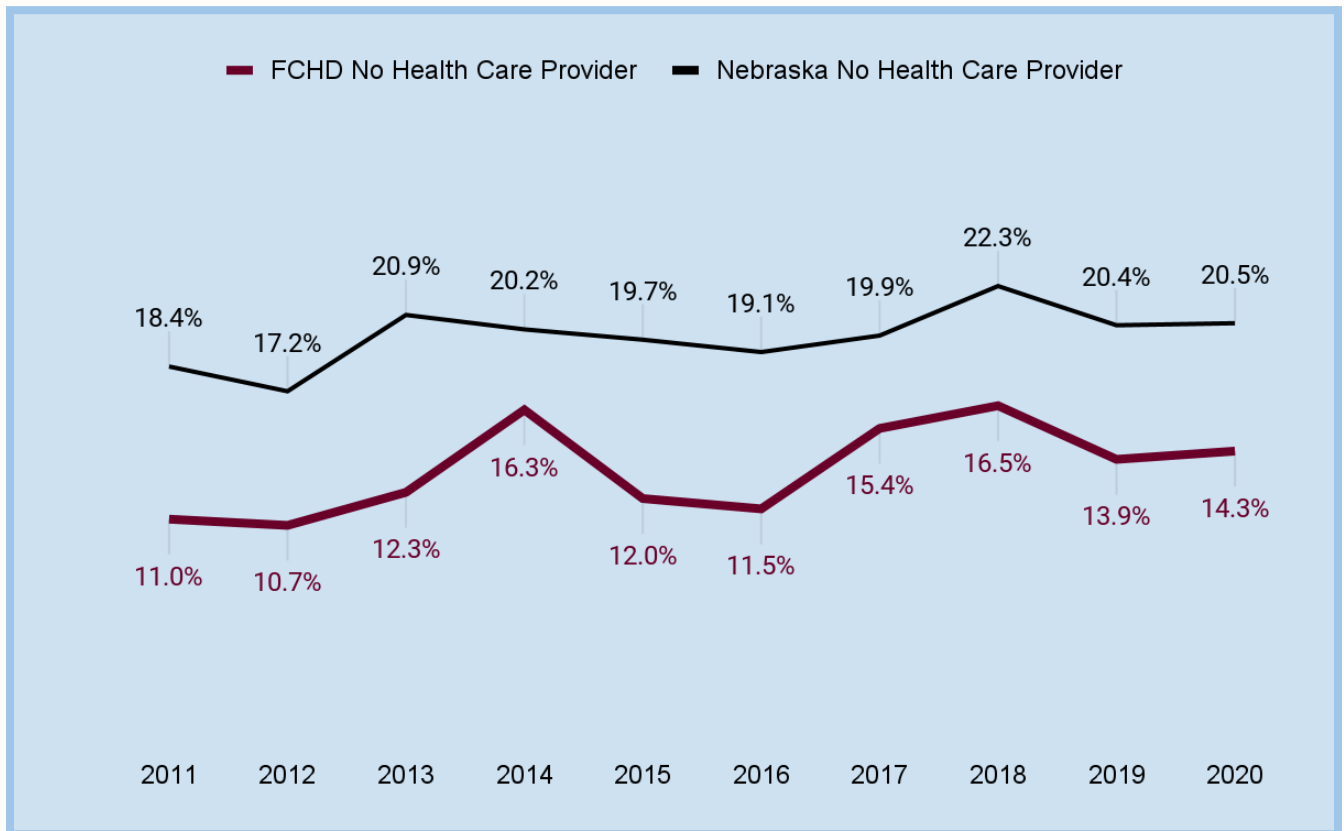
Data Source: Nebraska Behavioral Risk Factor Surveillance System (BRFSS), 2011-2020. Percentage of Adults 18-64 years old who report that they do not have any kind of health care coverage for Four Corners Health Department (FCHD) and Nebraska. <https://atlas-dhhs.ne.gov/Atlas/BRFSS>

Access to Healthcare Providers

Overall Trends:

- The data indicates that access to health care providers was generally better in FCHD compared to Nebraska as a whole.
- Both regions experienced their highest percentages in 2018 (FCHD: 16.5%, Nebraska: 22.3%).
- The trends for both regions were somewhat similar, with increases in the middle of the decade and slight decreases towards the end.
- By 2020, both regions showed slight improvements compared to their peak years, but the percentages remained higher than at the beginning of the decade. [Figure 18](#).

Figure 18. No Health Care Provider Statistics for Four Corners Health Department and State of Nebraska (2011-2020)



Data Source: Nebraska Behavioral Risk Factor Surveillance System (BRFSS), 2011-2020. Percentage of Adults 18 and older who report that they do not have a personal doctor or health care provider for Four Corners Health Department (FCHD) and Nebraska. <https://atlas-dhhs.ne.gov/Atlas/BRFSS>

Care Coordination in York and Seward Counties

In cooperation with York Medical Clinic and Memorial Health Care Systems, patients complete screening forms for possible assistance with social needs. These needs include health care access and quality, neighborhood and built environment, social and community context, economic stability, food insecurity, transportation access, and education access and quality. Results of this initiative are as follow:

- Over 1000 people reported needing assistance with at least one social determinant of health.
- 22% indicated that they did not have access to enough food, or receive enough assistance to cover food costs.
- 35% indicated that they had trouble with transportation.

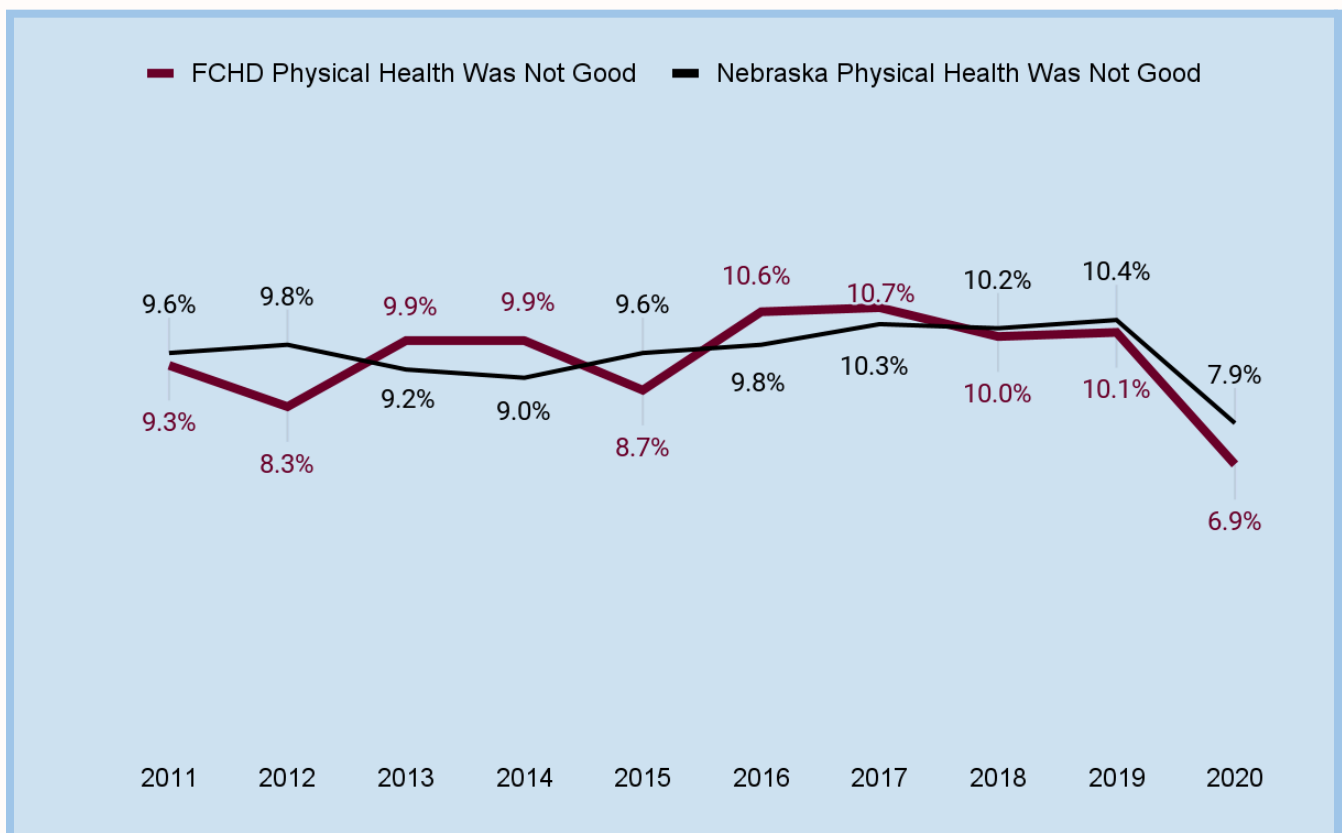
Quality of Life

Physical Health

Overall Trends:

- The percentage of adults reporting poor physical health on 14 or more days in the past 30 days has varied, sometimes exceeding state averages, and with a notable decrease in 2020. [Figure 19](#).
- In 2011, Nebraska had a higher percentage of poor physical health days (9.6%) compared to FCHD (9.3%).
- By 2020, both regions showed a significant decline, with FCHD at 6.9% and Nebraska at 7.9%, indicating an overall improvement in reported physical health.
- On average, Nebraska had a slightly higher percentage (9.6%) of people reporting poor physical health compared to FCHD (9.4%) over the ten-year period.

Figure 19. Trends in Reported Poor Physical Health: FCHD vs. Nebraska (2011-2020)



Data Source: Nebraska Behavioral Risk Factor Surveillance System (BRFSS), 2011-2020. Percentage of Adults 18 and older who report that their physical health (including physical illness and injury) was not good on 14 or more of the previous 30 days for Four Corners Health Department (FCHD) and Nebraska. <https://atlas-dhhs.ne.gov/Atlas/BRFSS>

Mental Health

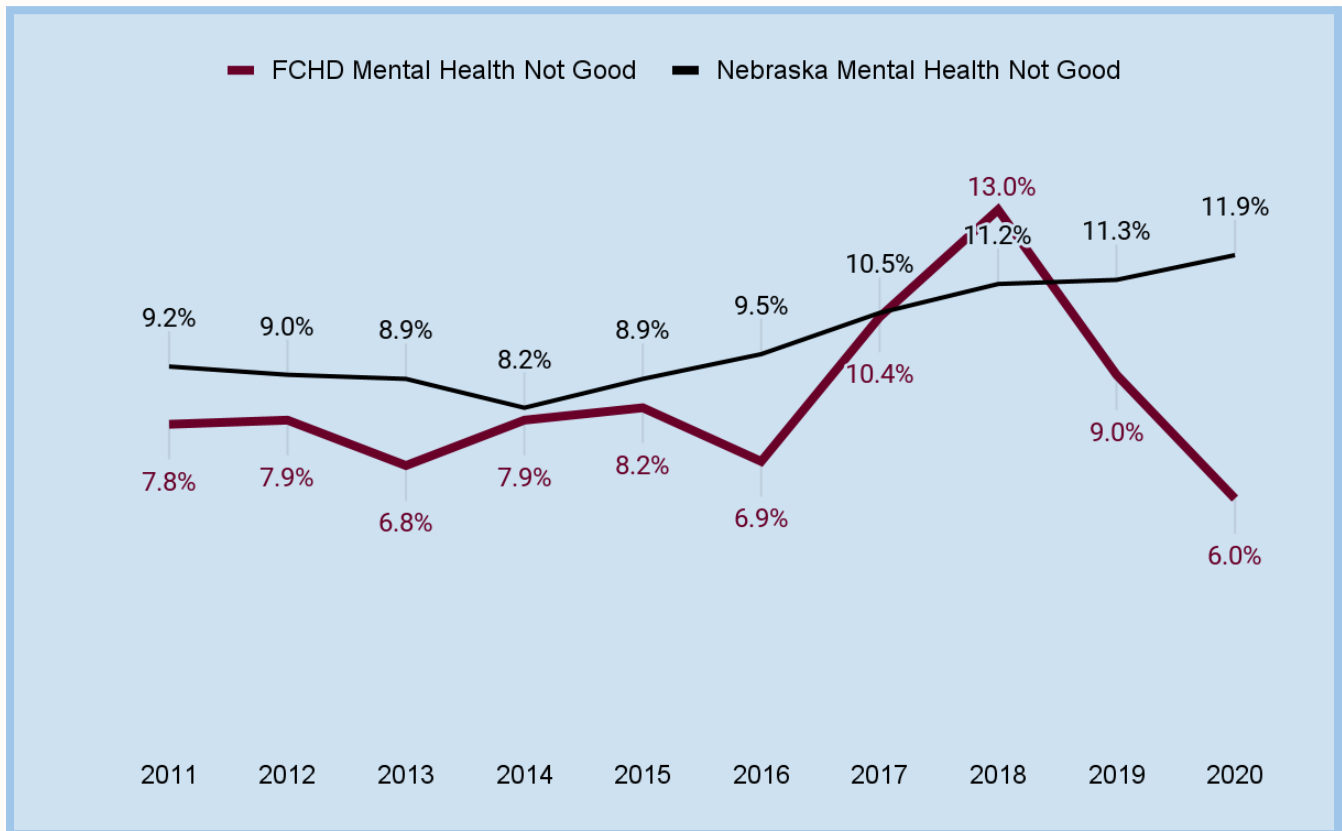
Frequent Mental Distress

Overall Trends:

- FCHD experienced more variability in its mental health trends compared to Nebraska. The percentage for FCHD reached its peak at 13% in 2018, which was the highest point across the entire period shown. However, by 2020, FCHD experienced a sharp decline, dropping to its lowest point of 6%.
- The relationship between FCHD and Nebraska's trends shifted over time. FCHD started below Nebraska's levels in the earlier years but surpassed the state's percentage in 2017 and 2018. By 2020, however, the gap between the two widened significantly, with Nebraska at 11.9% and FCHD much lower at 6%.
- [Figure 20](#) shows that while both regions experienced challenges with mental health, their trajectories differed, with FCHD showing more variability and Nebraska displaying a more consistent increase over time.

The sharp decline in mental distress rates in the Four Corners Health Department after 2018 could reflect effective local interventions or other regional factors.

Figure 20. Percentage of Poor Mental Health Was Not Good on 14 or more of the previous 30 days: FCHD vs Nebraska (2011-2020)



Data Source: Nebraska Behavioral Risk Factor Surveillance System (BRFSS), 2011-2020. Percentage of adults 18 and older who report that their mental health (including stress, depression, and problems with emotions) was not good on 14 or more of the previous 30 days for Four Corners Health Department (FCHD) and Nebraska.

<https://atlas-dhhs.ne.gov/Atlas/BRFSS>

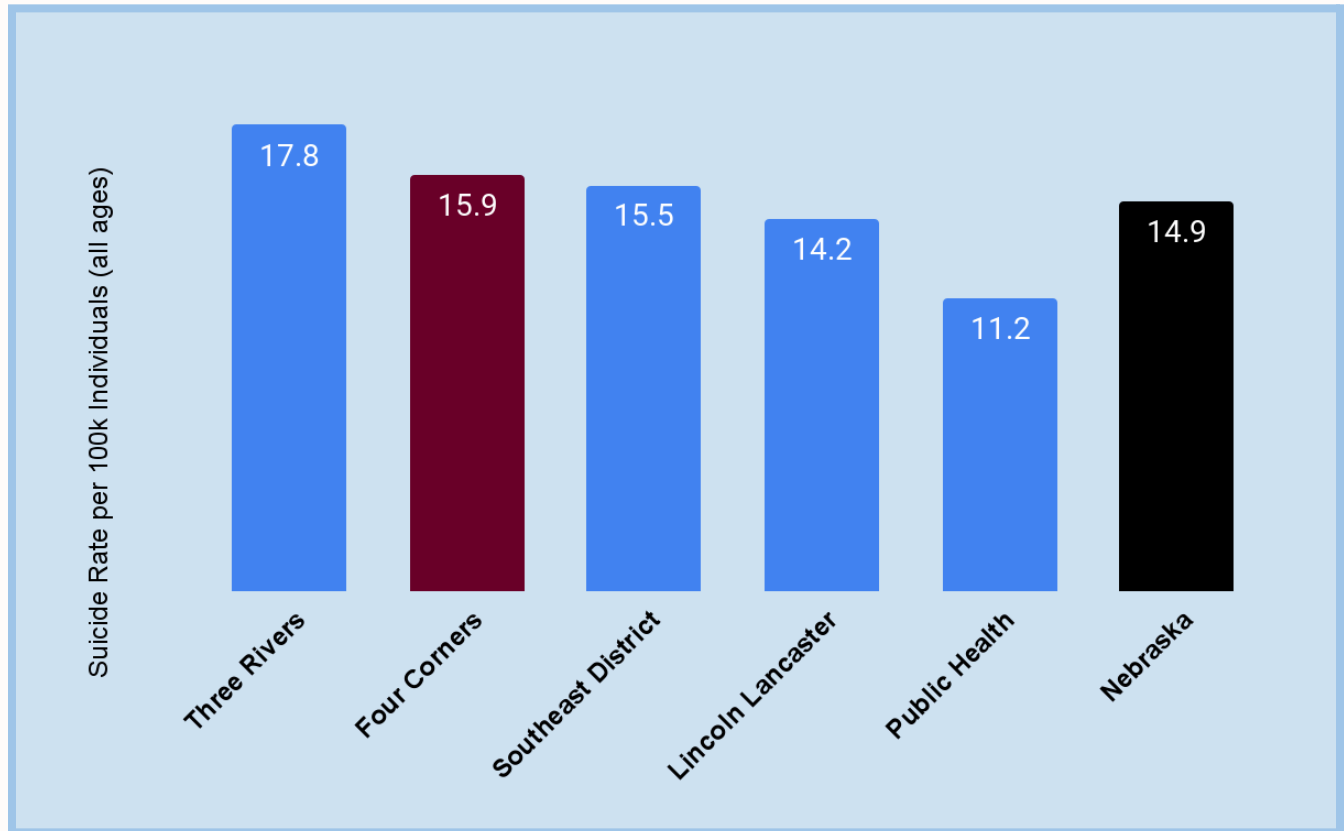
Suicide Rates (per 100k individuals). 2020

Key Findings:

- **Suicide Rate:** The Four Corners Health Department had a suicide rate of 15.9 per 100,000 individuals in 2020. This rate was higher than the overall Nebraska rate of 14.9 per 100,000 individuals. [Figure 21](#).
- **Comparison with Other LHDs:** Among the LHDs listed, Four Corners Health Department's rate was higher than the Southeast District Health Department (15.5) and Lincoln Lancaster County Health Department (14.2) but lower than the Three Rivers Public Health Department (17.8).

- The data indicates that the Four Corners Health Department region faces a significant challenge, with suicide rates being higher than the state average and several other neighboring health departments.

Figure 21. Suicide Rates per 100,000 Individuals by Health Department in Region V, Nebraska (2020)



Data Source: Nebraska Department of Health and Human Services, Centers for Disease Control and Prevention WISQARS™ Injury Data, U.S. Census Bureau.

Suicide rate changes between 2011-2016 and 2016-2020 combined years

Suicide Rate Change (per 100K people): The suicide rate in the Four Corners Health Department increased from 12.7 (2011-2016) to 13.6 (2016-2020). This represents an increase of 0.9 per 100K people in the suicide rate. The Four Corners Health Department's rise in suicide rates is relatively moderate compared to other LHDs within Region V Systems, like Southeast and Three Rivers, which experienced much more significant increases. The overall trend in Nebraska showed a substantial increase in suicide rates between 2011-2016 and 2016-2020 combined years. [Table 10.](#)

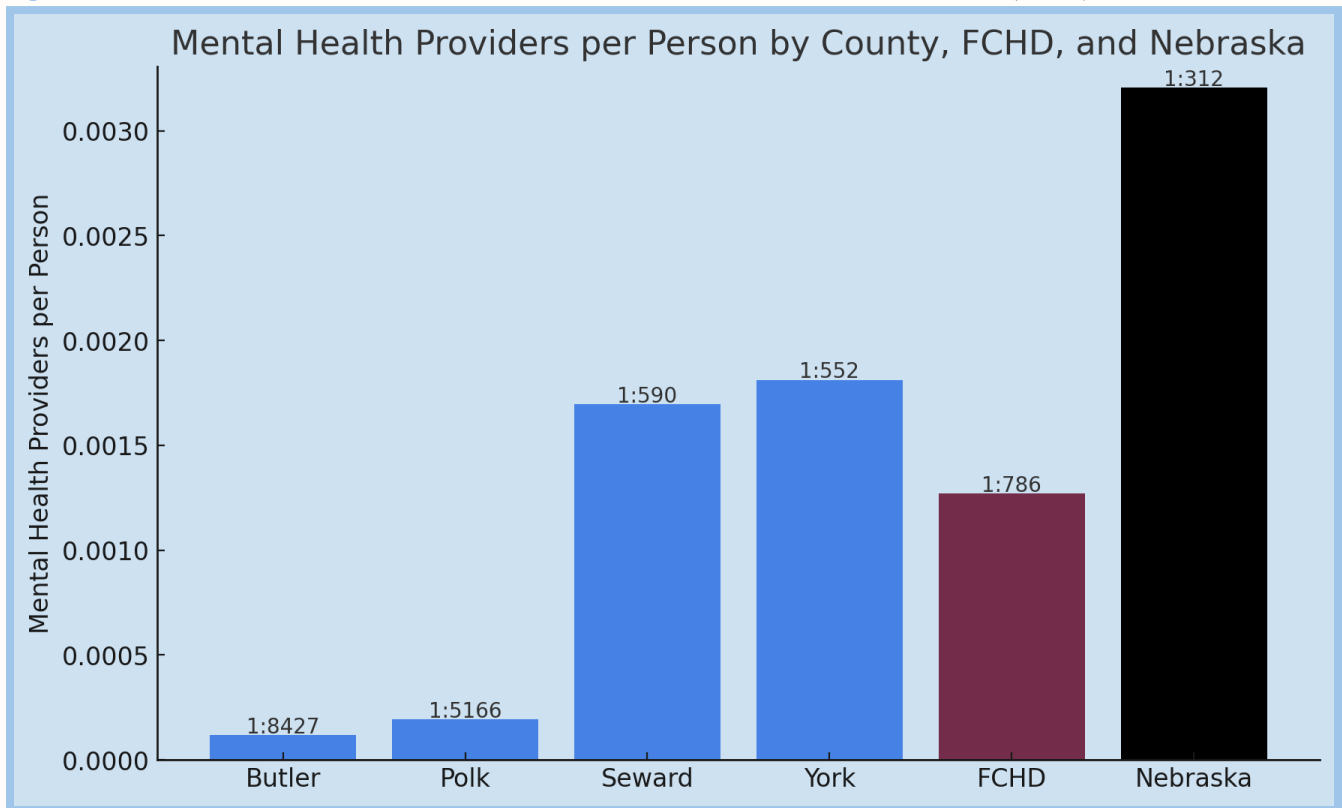
Table 10. Suicide Rates (per 100K people) by Local Health Departments in Region V compared to Nebraska: 2011-2016 and 2016-2020 combined years.

| Local Health Departments in Region V | 2011-2016 | 2016-2020 |
|--------------------------------------|-----------|-----------|
| Southeast | 11.5 | 19.7 |
| Public Health Solutions | 20.2 | 16.1 |
| Three Rivers | 8.9 | 15 |
| Four Corners | 12.7 | 13.6 |
| Lancaster | 10 | 13.6 |
| Nebraska | 9.9 | 14.4 |

Data Source: Nebraska Department of Health and Human Services, Centers for Disease Control and Prevention WISQARS™ Injury Data, U.S. Census Bureau.

Mental Health Providers

- The FCHD region, as a whole, has a ratio of one mental health provider per 786 individuals (1:786), which is considerably lower than the state's ratio of one mental health provider per 312 individuals (1:312). On average, FCHD residents are **2.5 times less likely** to get access to a mental health provider than the average Nebraskan.
- Butler County has the second lowest mental health provider ratio in the state, with one provider for every 8,427 individuals (1:8,427), after Colfax county (1:10,444). [Figure 22](#).

Figure 22. Ratio of mental health providers, Counties, FCHD, and Nebraska (2023)

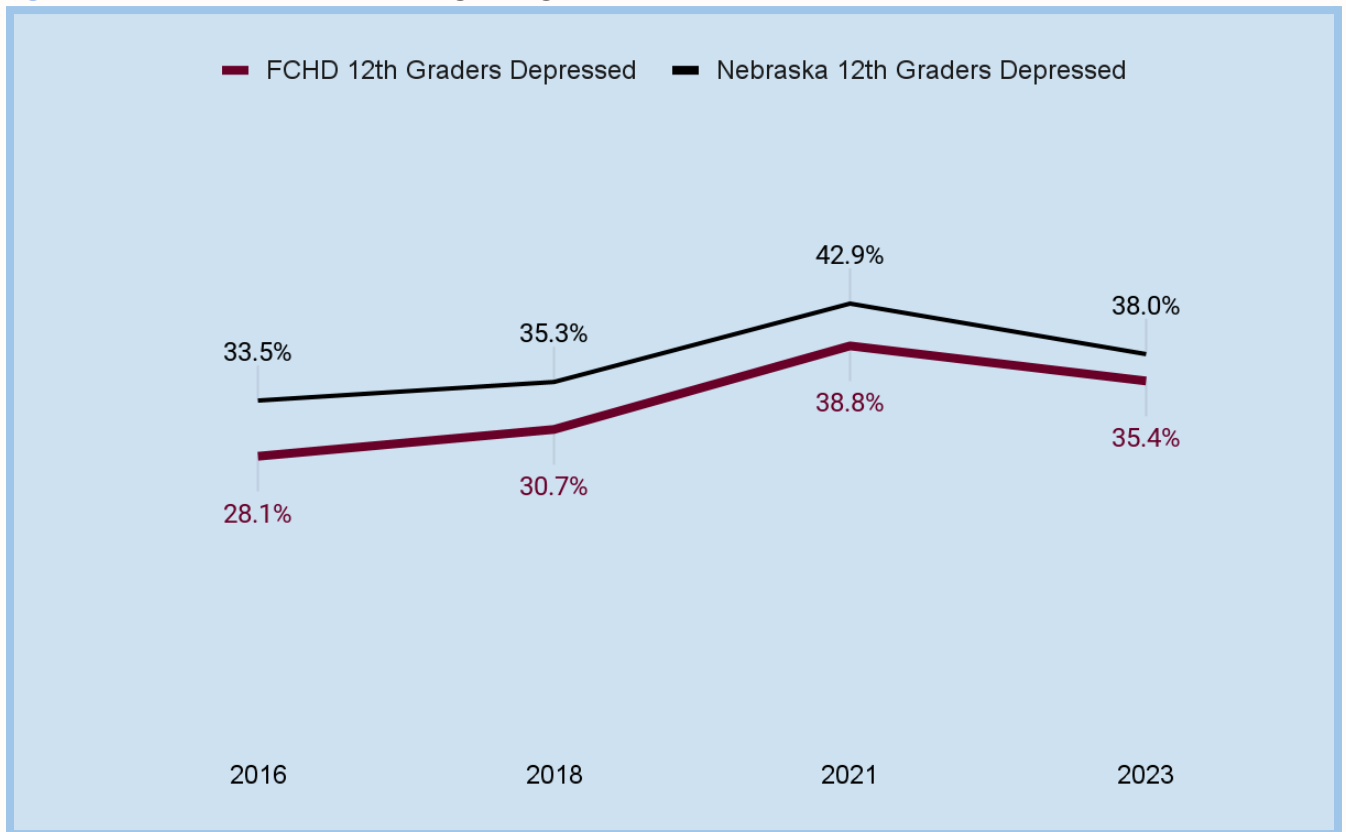
Data source: CMS, National Provider Identification, 2023

Depression among 12th graders: 2016-2023

Overall Trends:

- Depression rates increased significantly in FCHD among 12th graders, from 28.1% in 2016 to 38.8% in 2021, before slightly decreasing to 35.4% in 2023.
- A similar trend was observed at the state level, with an increase from 33.5% in 2016 to 42.9% in 2021, followed by a drop to 38.0% in 2023. [Figure 23](#).

The rise in reported depression rates over these years is concerning and may reflect growing mental health challenges among adolescents, possibly exacerbated by external factors like social media, academic pressures, or even the COVID-19 pandemic. The slight decline in 2023 might indicate some improvement or better coping mechanisms, but the rates remain high.

Figure 23. Depression rates among 12th graders in FCHD and State: 2016-2023

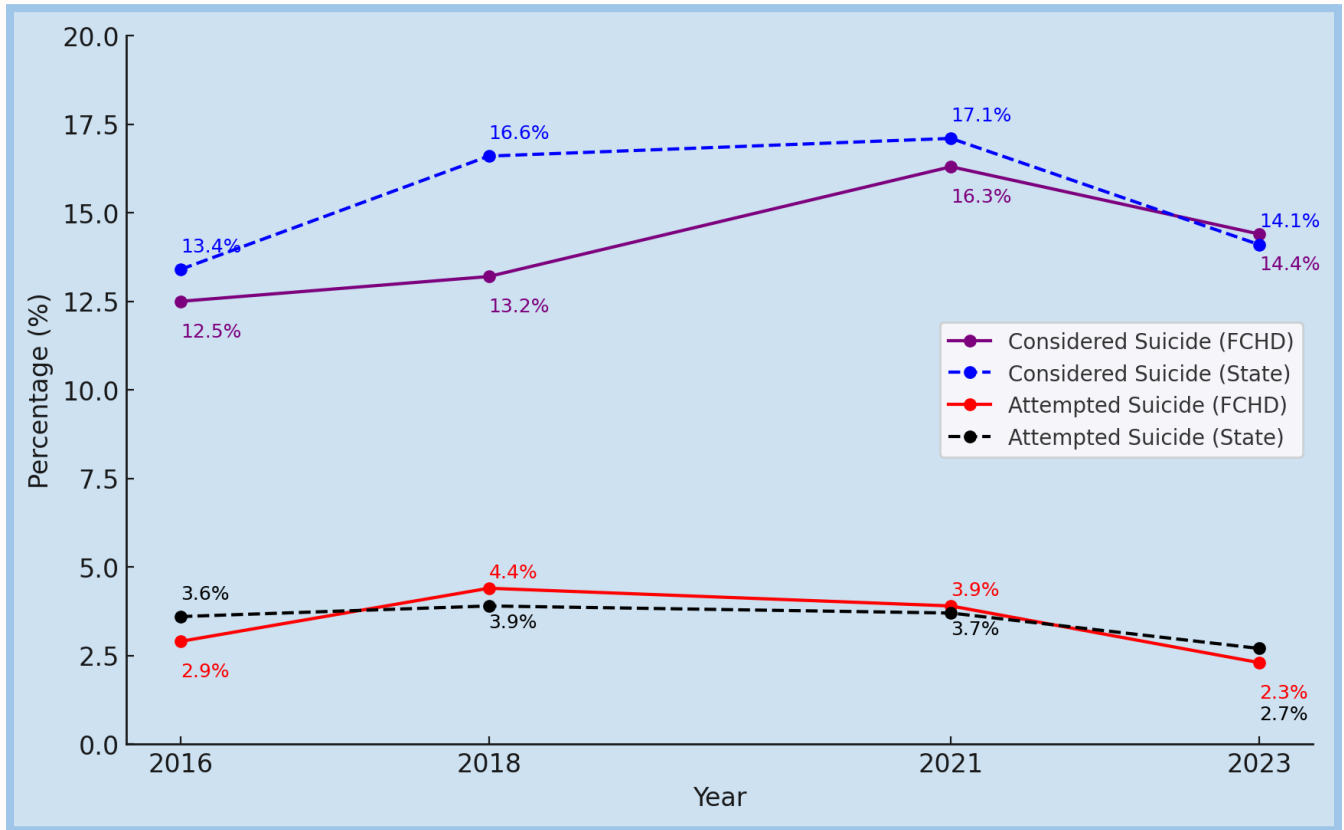
Data source: Bureau of Sociological Research (BOSR) at the University of Nebraska-Lincoln. Nebraska Risk and Protective Factor Student Survey Results for 2023. [Profile Report for Four Corners Health Department](#).

Trends In Suicidal Thoughts and Attempts Among 12th Graders: 2016-2023

Figure 24 shows the increase in students considering suicide until 2021, followed by a decline in 2023. Similarly, attempted suicide rates showed a peak in 2018 before gradually decreasing.

- **Considered Attempting Suicide:** There was an increase in students considering suicide from 2016 to 2021, with the rate rising from 12.5% to 16.3% in FCHD and from 13.4% to 17.1% at the state level. While there was a decrease in 2023, the rates remain higher than in 2016.
- **Attempted Suicide:** There was an increase in suicide attempts in 2018, with rates reaching 4.4% at FCHD and 3.9% at the state level. By 2023, these rates had decreased to 2.3% and 2.7% respectively, lower than the 2016 levels.

Figure 24. Trends in suicidal thoughts and attempts among 12th graders (FCHD vs. state): 2016-2023



Data source: Bureau of Sociological Research (BOSR) at the University of Nebraska-Lincoln. Nebraska Risk and Protective Factor Student Survey Results for 2023. [Profile Report for Four Corners Health Department](#).

Healthy Lifestyles

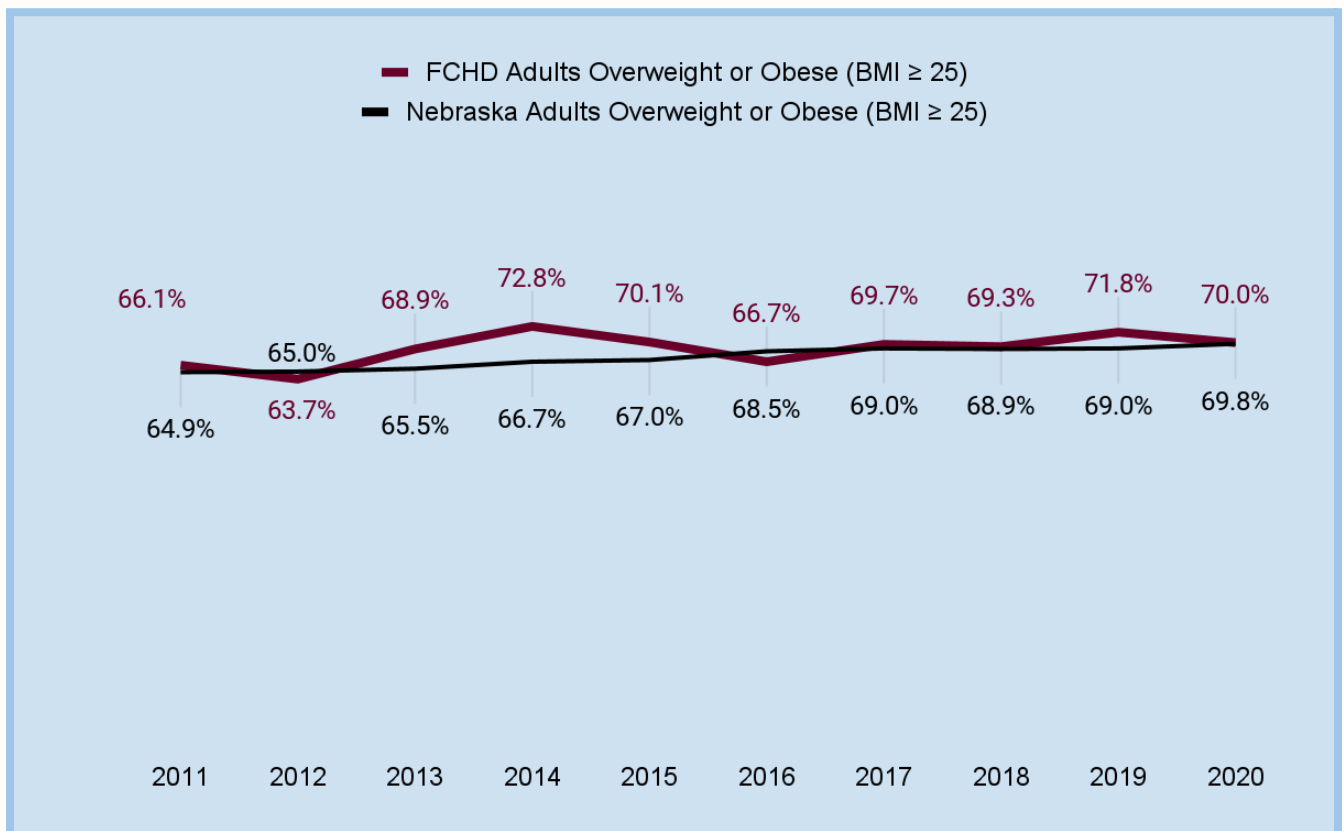
Obesity

Overweight or Obese Adults (BMI ≥ 25)

Overall Trends:

- FCHD and Nebraska showed an upward trend over the years, indicating an increase in the percentage of overweight or obese adults.
- FCHD consistently had a higher percentage of overweight or obese adults compared to the state average for Nebraska.
- The gap between FCHD and Nebraska was most noticeable in 2014, when FCHD peaked at 72.8%, while Nebraska was at 66.7%. [Figure 25](#).

Figure 25. Percentage of Overweight or Obese Adults (BMI ≥ 25) in FCHD vs. Nebraska, 2011-2020



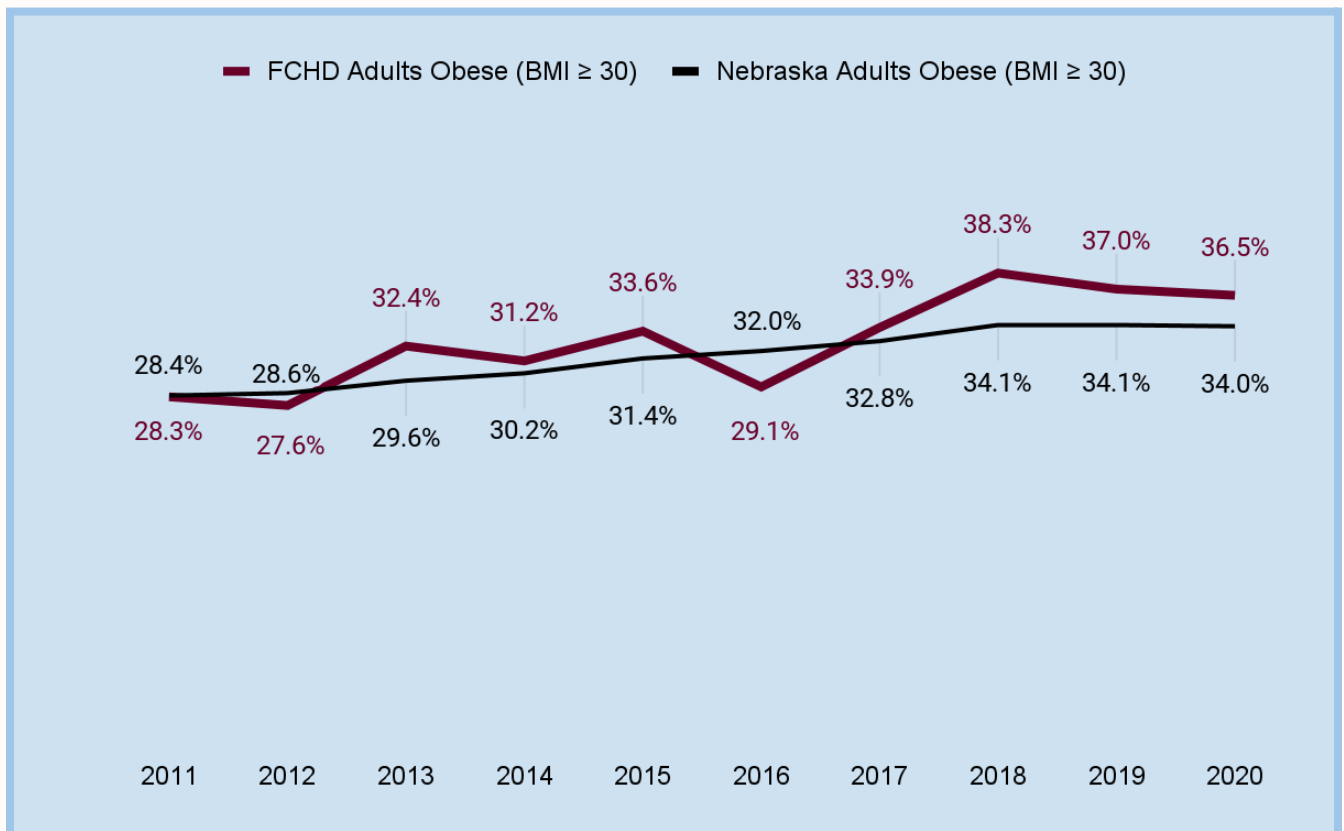
Data Source: Nebraska Behavioral Risk Factor Surveillance System (BRFSS), 2011-2020. Percentage of Adults 18 and older with a body mass index (BMI) of 25 or greater, based on self-reported height and weight for Four Corners Health Department (FCHD) and Nebraska. <https://atlas-dhhs.ne.gov/Atlas/BRFSS>

Obese Adults (BMI = 30+)

Overall Trends:

- FCHD and Nebraska showed an upward trend in obesity rates over the decade. [Figure 26](#).
- FCHD consistently had higher obesity rates than Nebraska, with the gap widening significantly after 2016.
- The difference was most pronounced in 2018 when FCHD reached 38.3%, while Nebraska was 34.1%.

Figure 26. Percentage of Obese Adults (BMI = 30+) in FCHD vs. Nebraska, 2011-2020



Data Source: Nebraska Behavioral Risk Factor Surveillance System (BRFSS), 2011-2020. Percentage of adults 18 and older with a body mass index (BMI) of 30.0 or greater, based on self-reported height and weight for Four Corners Health Department (FCHD) and Nebraska. <https://atlas-dhhs.ne.gov/Atlas/BRFSS>

Physical Activity and Nutrition

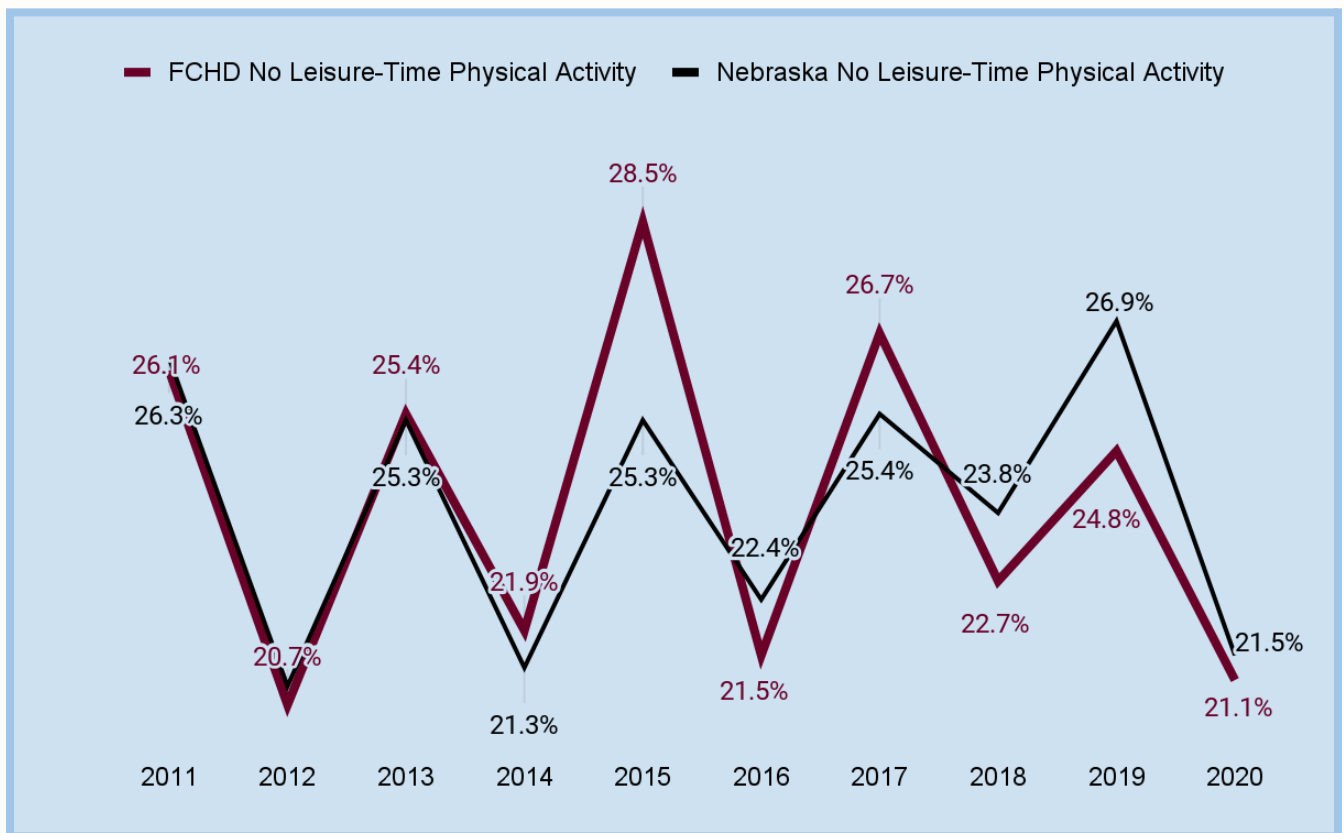
Concerns about the low percentage of adults engaging in physical activity and consuming fruits and vegetables.

Physical activity

Overall Trends:

- FCHD and Nebraska showed fluctuations in the percentage of people who do not engage in leisure-time physical activity over the years. [Figure 27](#).
- FCHD generally had higher percentages than Nebraska, indicating a greater prevalence of inactivity in the FCHD region.
- Both regions showed a decrease in inactivity rates in 2020, indicating an improvement or external influence affecting physical activity levels.

Figure 27. Trends in No Leisure-Time Physical Activity: FCHD vs. Nebraska (2011-2020)



Data Source: Nebraska Behavioral Risk Factor Surveillance System (BRFSS), 2011-2020. No leisure-time physical activity in past 30 days, adults 18 and older for Four Corners Health Department (FCHD) and Nebraska.

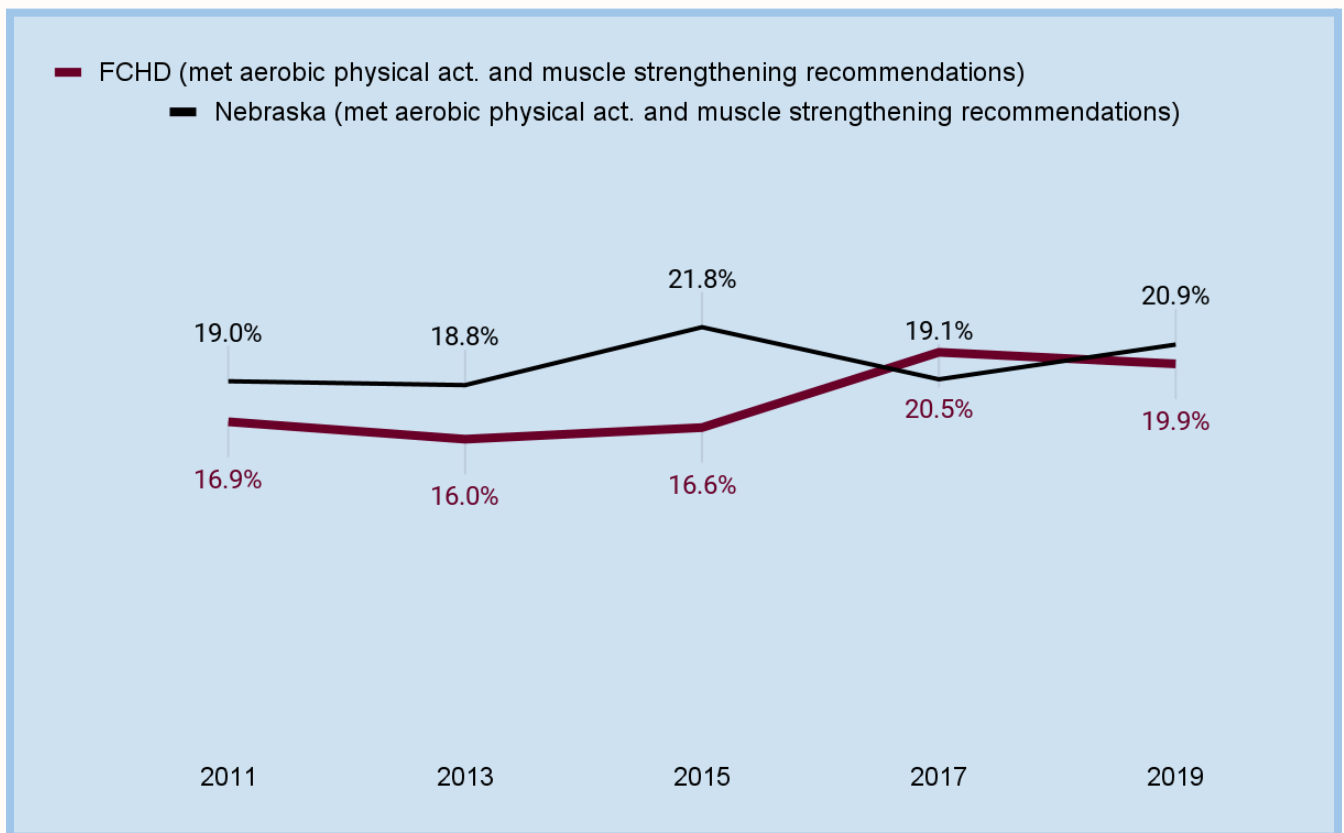
<https://atlas-dhhs.ne.gov/Atlas/BRFSS>

Met both aerobic physical activity and muscle strengthening recommendations

Overall Trends:

- Overall, the State of Nebraska consistently had a higher percentage of adults meeting physical activity recommendations than the Four Corners Health Department. However, the gap has narrowed over the years. [Figure 28](#).
- Both regions showed an overall upward trend from 2011 to 2017, followed by a slight decline or stabilization by 2019.

Figure 28. Trends in Meeting Aerobic Physical Activity and Muscle-Strengthening Recommendations (2011-2019): Four Corners Health Department vs. State of Nebraska



Data Source: Nebraska Behavioral Risk Factor Surveillance System (BRFSS), 2011-2020. Met both aerobic physical activity and muscle strengthening recommendations, adults 18 and older for Four Corners Health Department (FCHD) and Nebraska. <https://atlas-dhhs.ne.gov/Atlas/BRFSS>

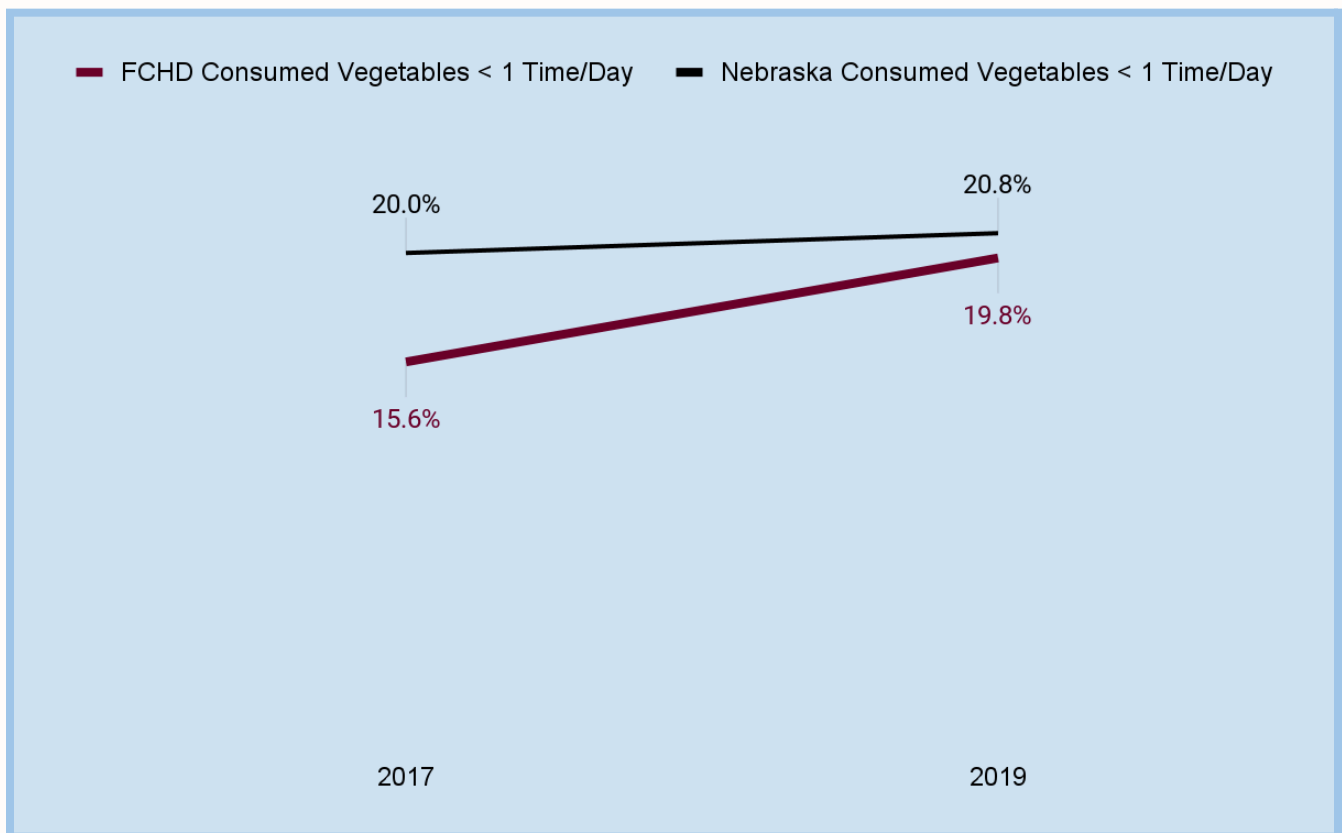
Vegetable and Fruit Consumption

Low Vegetable Consumption

Overall Trends:

- Increasing Trend in Low Vegetable Consumption: The percentage of adults consuming vegetables less than once per day in FCHD increased from 15.6% in 2017 to 19.8% in 2019. Similarly, in Nebraska the percentage increased from 20.0% in 2017 to 20.8% in 2019. [Figure 29](#)
- In 2017, the State of Nebraska had a higher percentage (20.0%) of adults consuming vegetables less than once per day compared to the Four Corners Health Department (15.6%).
- By 2019, the gap narrowed slightly, with the Four Corners Health Department at 19.8% and the State of Nebraska at 20.8%, showing that both regions have similar levels of low vegetable consumption.

Figure 29. Trends in Low Vegetable Consumption (Less Than Once Per Day) Among Adults (2017-2019): Four Corners Health Department vs. State of Nebraska



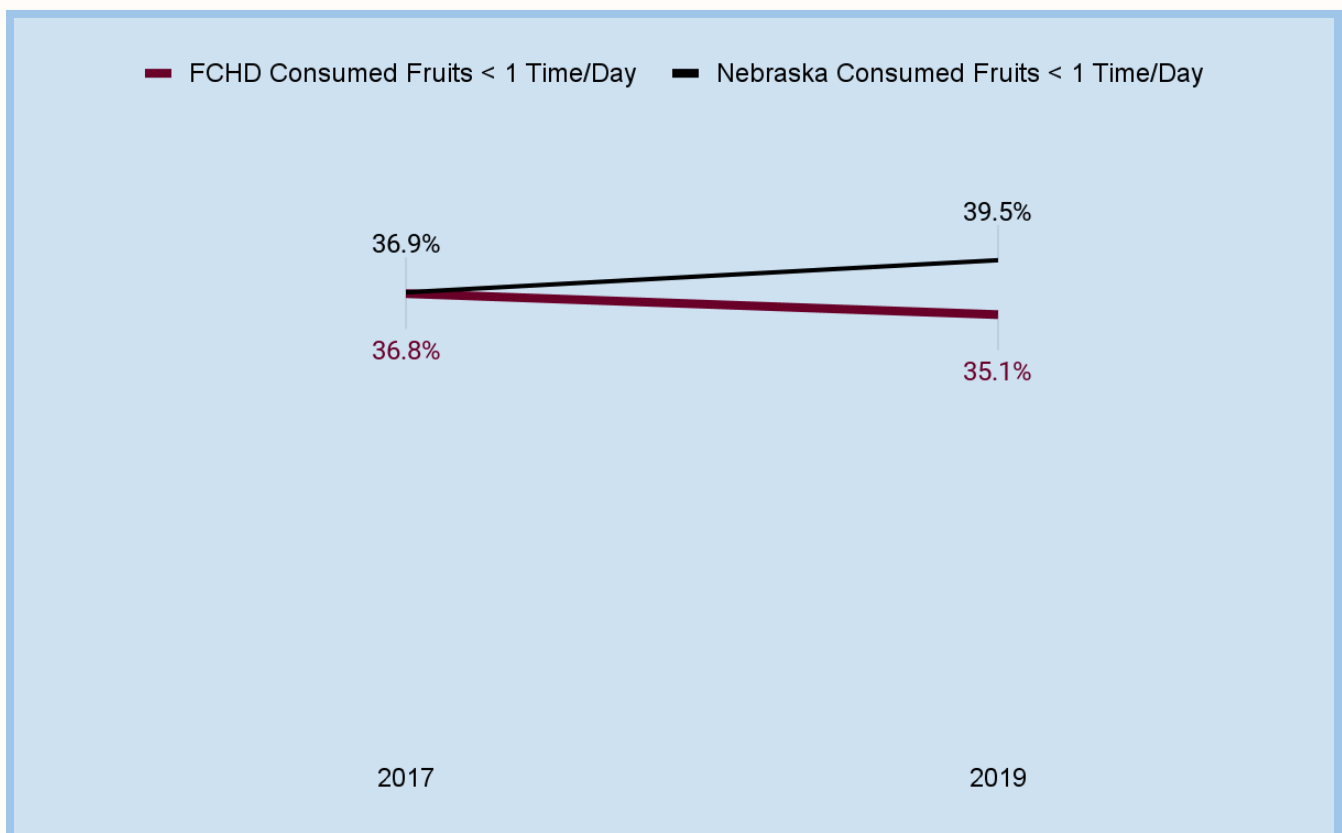
Data Source: Nebraska Behavioral Risk Factor Surveillance System (BRFSS), 2011-2020. Percentage of adults 18 and older who report consuming vegetables an average of less than one time per day during the past month for Four Corners Health Department (FCHD) and Nebraska. <https://atlas-dhhs.ne.gov/Atlas/BRFSS>

Low Fruit Consumption

Overall Trends:

- In 2017, the State of Nebraska and the Four Corners Health Department had nearly identical percentages of adults consuming fruits less than once per day, with Nebraska at 36.9% and the Four Corners Health Department at 36.8%.
- By 2019, the State of Nebraska had a higher percentage (39.5%) than the Four Corners Health Department (35.1%), indicating a worsening trend in low fruit consumption at the state level, while the Four Corners Health Department showed a slight improvement.
- Despite the minor improvements in the Four Corners area, both regions continue to have a significant percentage of adults consuming fruits less than once per day, highlighting an ongoing public health challenge. [Figure 30](#).

Figure 30. Trends in Low Fruit Consumption (Less Than Once Per Day) Among Adults (2017-2019): Four Corners Health Department vs. State of Nebraska



Data Source: Nebraska Behavioral Risk Factor Surveillance System (BRFSS), 2011-2020. Percentage of adults 18 and older who report consuming fruit or 100% fruit juice an average of less than one time per day during the past month for Four Corners Health Department (FCHD) and Nebraska. <https://atlas-dhhs.ne.gov/Atlas/BRFSS>

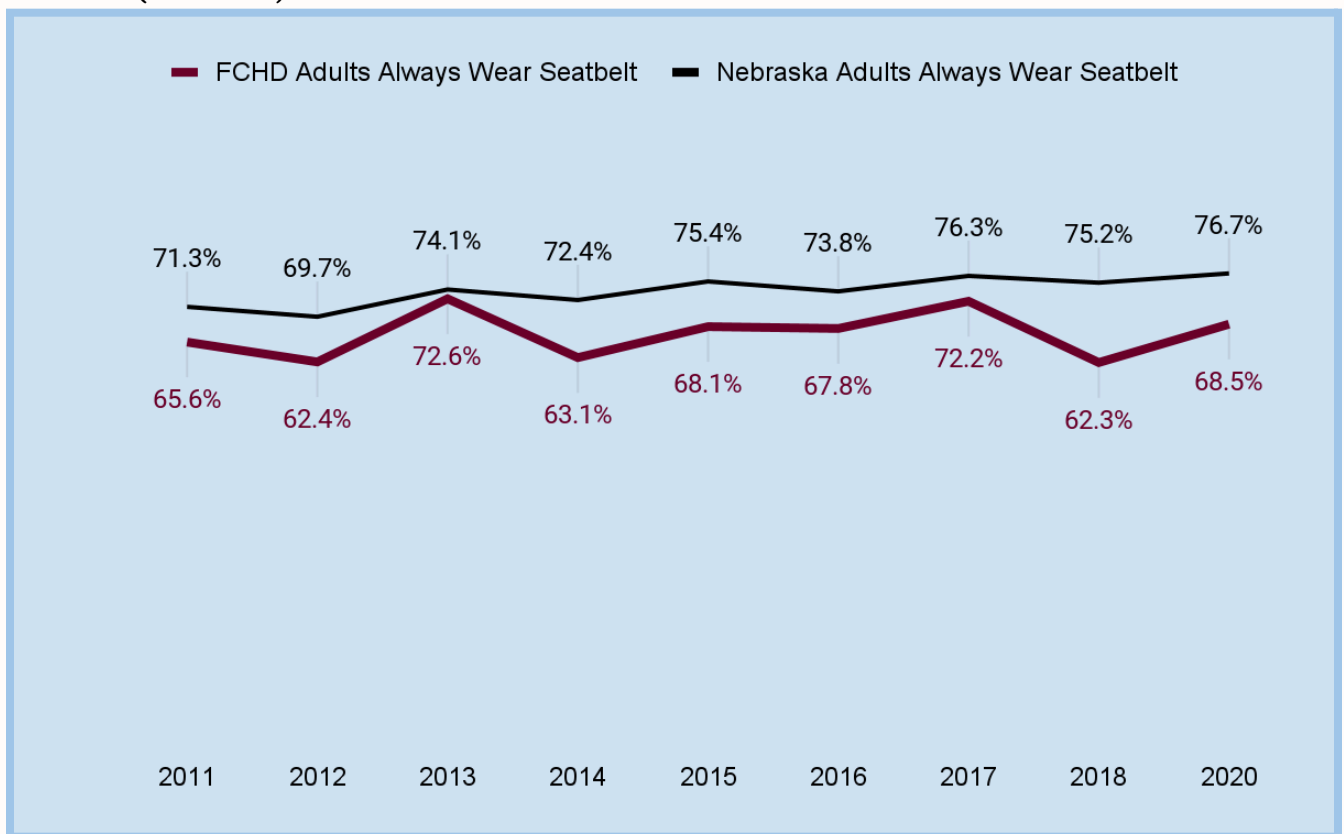
Injury Prevention and Safety

Seatbelt Usage

Overall Trends:

- Since 2011, the percentage of Nebraska adults who always wear seatbelts has been higher than that of FCHD adults. **Figure 31.**
- The gap between Nebraska and the FCHD widened over the years. By 2020, Nebraska's percentage (76.7%) was noticeably higher than the FCHD's (68.5%), indicating that while both regions improved, Nebraska consistently maintained higher seatbelt usage rates.

Figure 31. Trends in Seatbelt Usage Among Adults: Four Corners Health Department vs. State of Nebraska (2011-2020)



Data Source: Nebraska Behavioral Risk Factor Surveillance System (BRFSS), 2011-2020. Percentage of adults 18 and older who report that they always use a seatbelt when driving or riding in a car for Four Corners Health Department (FCHD) and Nebraska. <https://atlas-dhhs.ne.gov/Atlas/BRFSS>

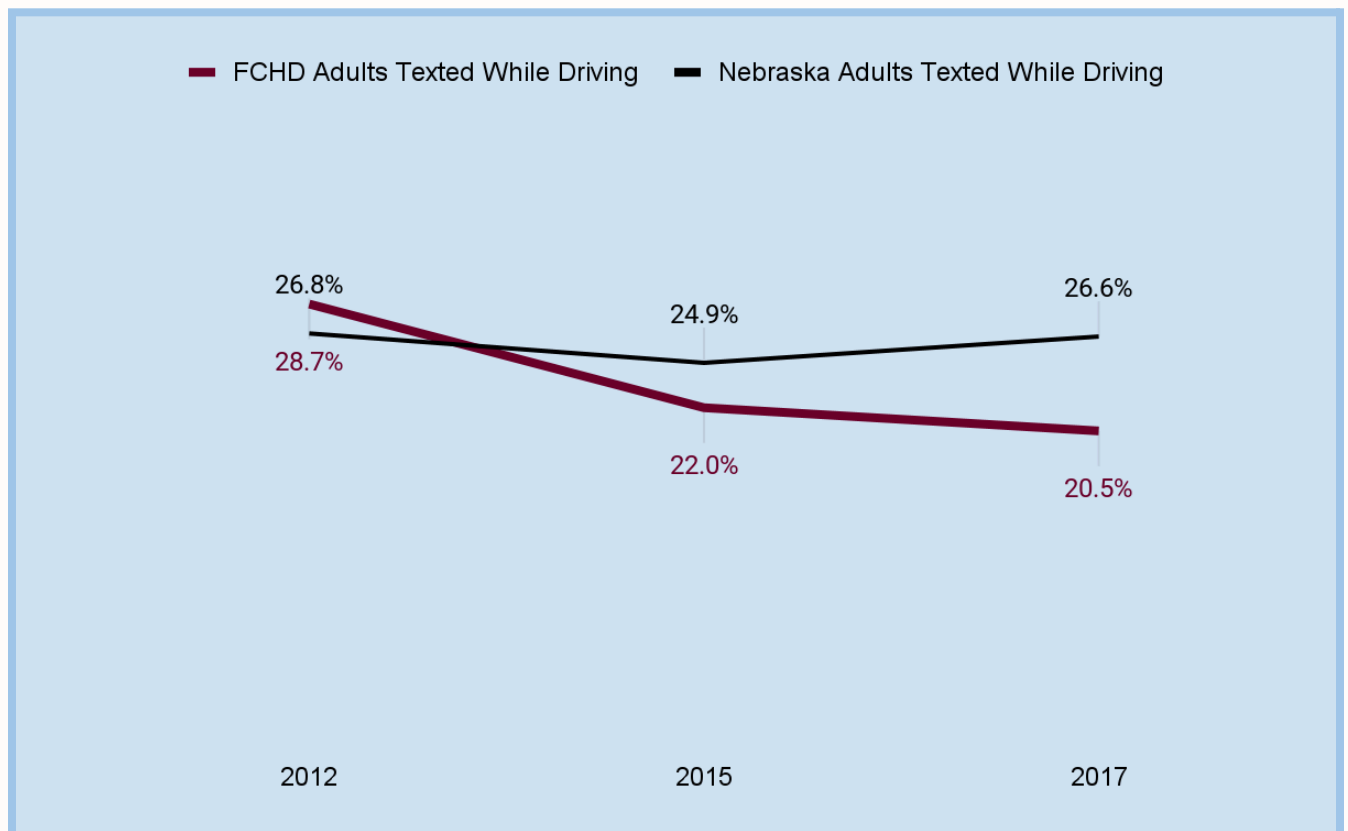
Distracted Driving

Texted while driving

Overall Trends:

- The percentage of adults who texted while driving in FCHD decreased over time. It started at 28.7% in 2012, dropped to 22.0% in 2015, and decreased to 20.5% in 2017. [Figure 32](#).
- In 2012, the Four Corners Health Department had a higher percentage (28.7%) of adults who texted while driving compared to the State of Nebraska (26.8%).
- By 2017, the trend reversed, with the State of Nebraska (26.6%) having a higher percentage than the Four Corners Health Department (20.5%).

Figure 32. Trends in Texting While Driving Among Adults (2012-2017): Four Corners Health Department vs. State of Nebraska

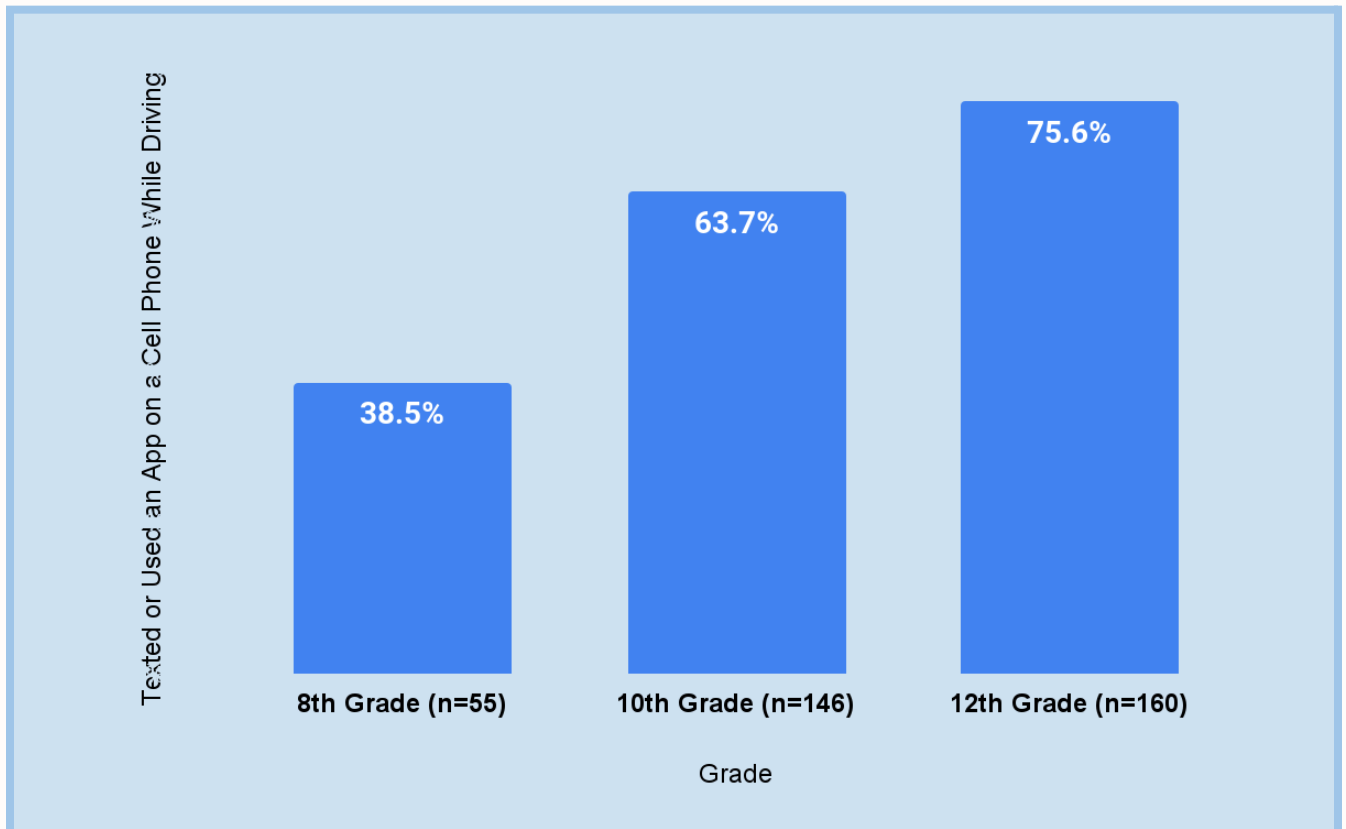


Data Source: Nebraska Behavioral Risk Factor Surveillance System (BRFSS), 2011-2020. Percentage of adults 18 and older who report that they texted or e-mailed while driving a car or other vehicle on one or more of the past 30 days for Four Corners Health Department (FCHD) and Nebraska. <https://atlas-dhhs.ne.gov/Atlas/BRFSS>

Texted or used an app on a cell phone while driving (students, 2023)

As students age and become more experienced drivers, they are more likely to engage in distracted driving behaviors. This trend suggests a growing need for targeted interventions, particularly among older students, to reduce the risks associated with distracted driving. [Figure 33](#).

Figure 33. Percentage of Students Texting or Using an App While Driving by Grade, 2023



Data source: Bureau of Sociological Research. (2023). 2023 NRPFS Report: Four Corners Health Department [Data set]. University of Nebraska-Lincoln. Retrieved from https://bosr.unl.edu/sites/unl.edu.cas.sociology.bureau-of-sociological-research/files/media/file/2023%20NRPFS%20Report_Four%20Corners%20Health%20Department_final.pdf

Talked on the phone while driving

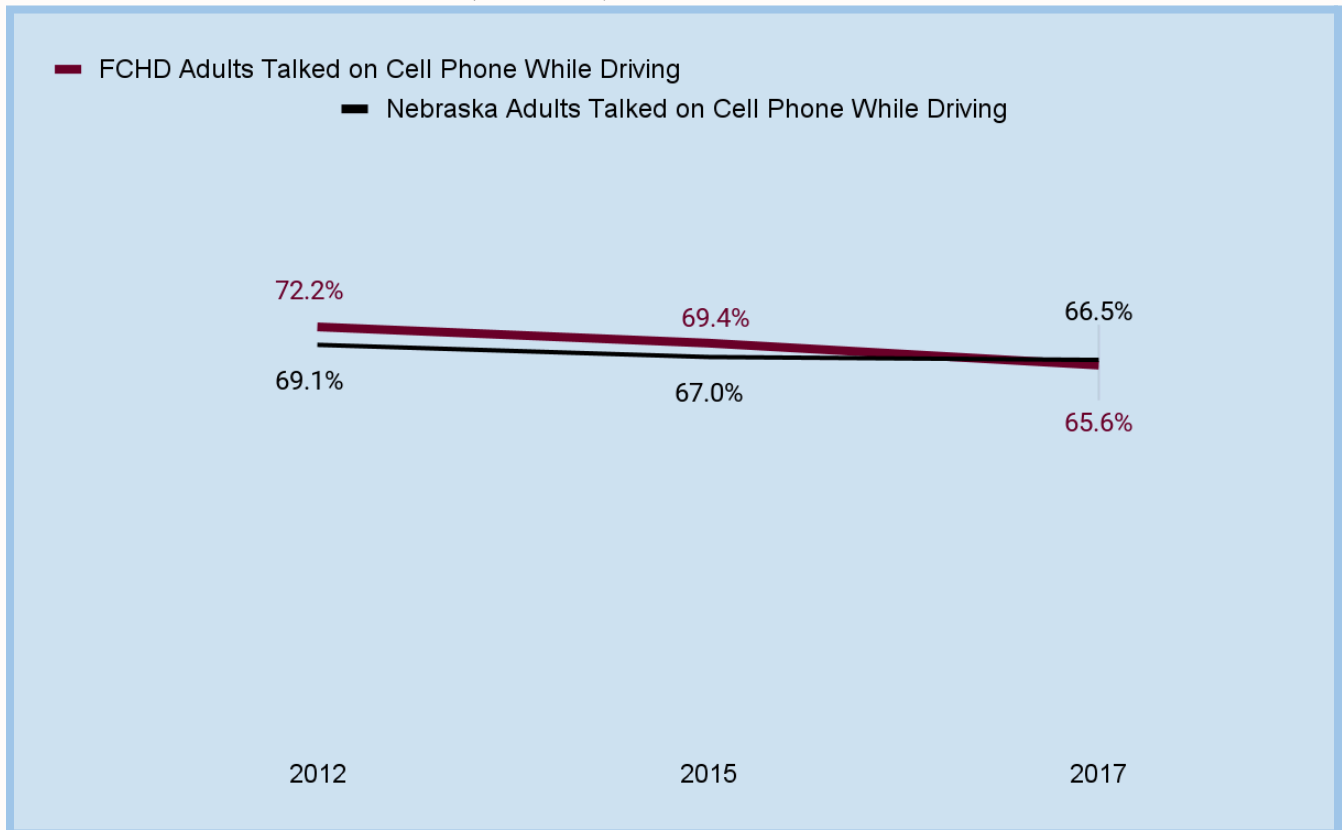
Overall Trends:

- Both the Four Corners Health Department (FCHD) and Nebraska show a declining trend in the percentage of adults who talked on a cell phone while driving from 2012 to 2017. In the

FCHD region, the percentage decreased from 72.2% in 2012 to 65.6% in 2017. Similarly, in Nebraska, the percentage dropped from 69.1% in 2012 to 66.5% in 2017. **Figure 34.**

- **Rate of Decline:** The rate of decline in the FCHD region is more pronounced than in Nebraska. The FCHD region showed a decrease of 6.6 percentage points over the five years, while Nebraska experienced a decrease of 2.6 percentage points.

Figure 34. Trends in Adults Talking on a Cell Phone While Driving: Four Corners Health Department vs. State of Nebraska (2012-2017)



Data Source: Nebraska Behavioral Risk Factor Surveillance System (BRFSS), 2011-2020. Percentage of adults 18 and older who report that they talked on a cell phone while driving a car or other vehicle on one or more of the past 30 days for Four Corners Health Department (FCHD) and Nebraska. <https://atlas-dhhs.ne.gov/Atlas/BRFSS>

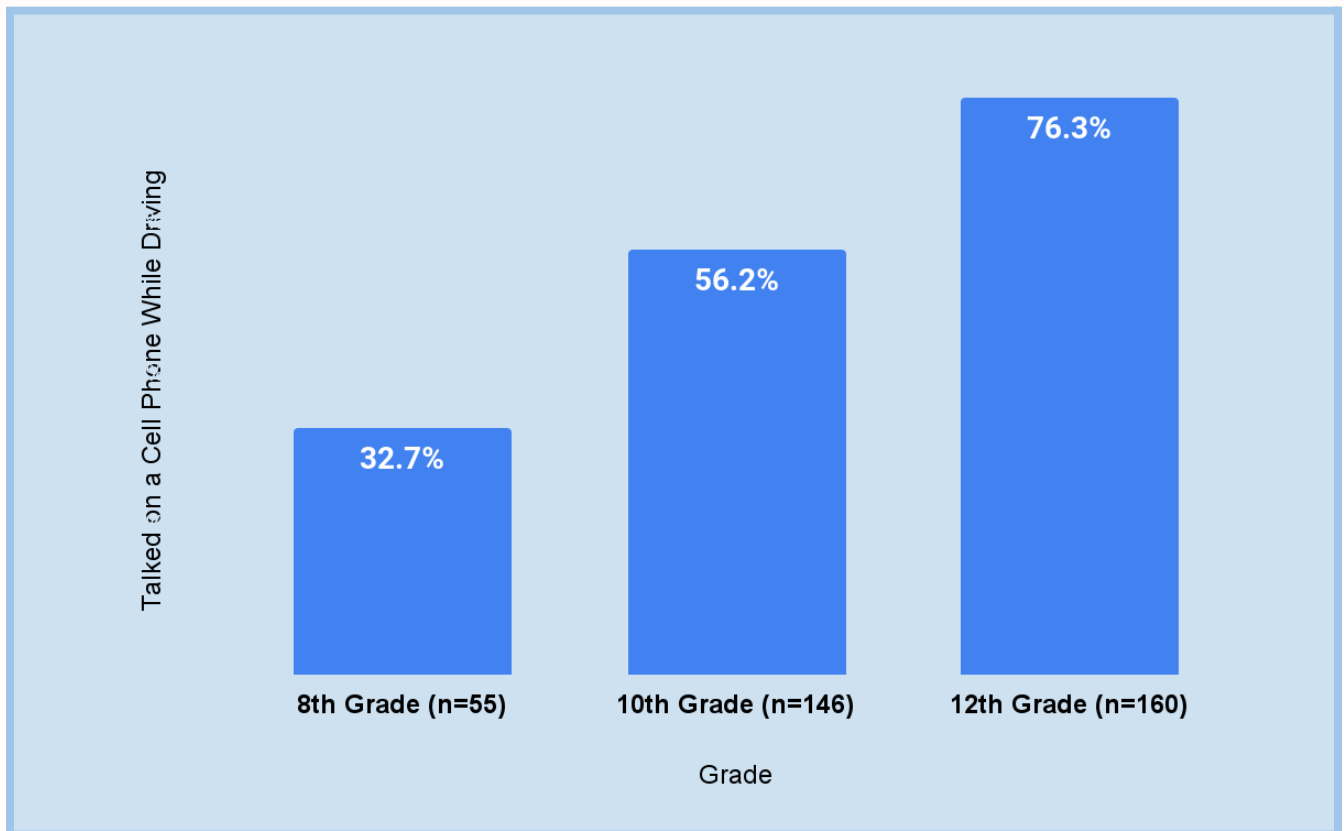
Talked on a cell phone while driving (students, 2023)

Overall Trends:

- The sharp increase in talking on a cell phone while driving from 8th to 12th grade (32.7% to 76.3%) indicates that as students get older and gain more driving experience, they are more likely to engage in distracted driving by talking on a cell phone. **Figure 35.**

- The data highlights the need for targeted educational programs and awareness campaigns to address distracted driving, particularly among older students who are most likely to talk on a cell phone while driving.
- The significant jump from 8th to 10th grade suggests early interventions could reduce this behavior as students begin driving.

Figure 35. Percentage of Students Talking on a Cell Phone While Driving by Grade, 2023



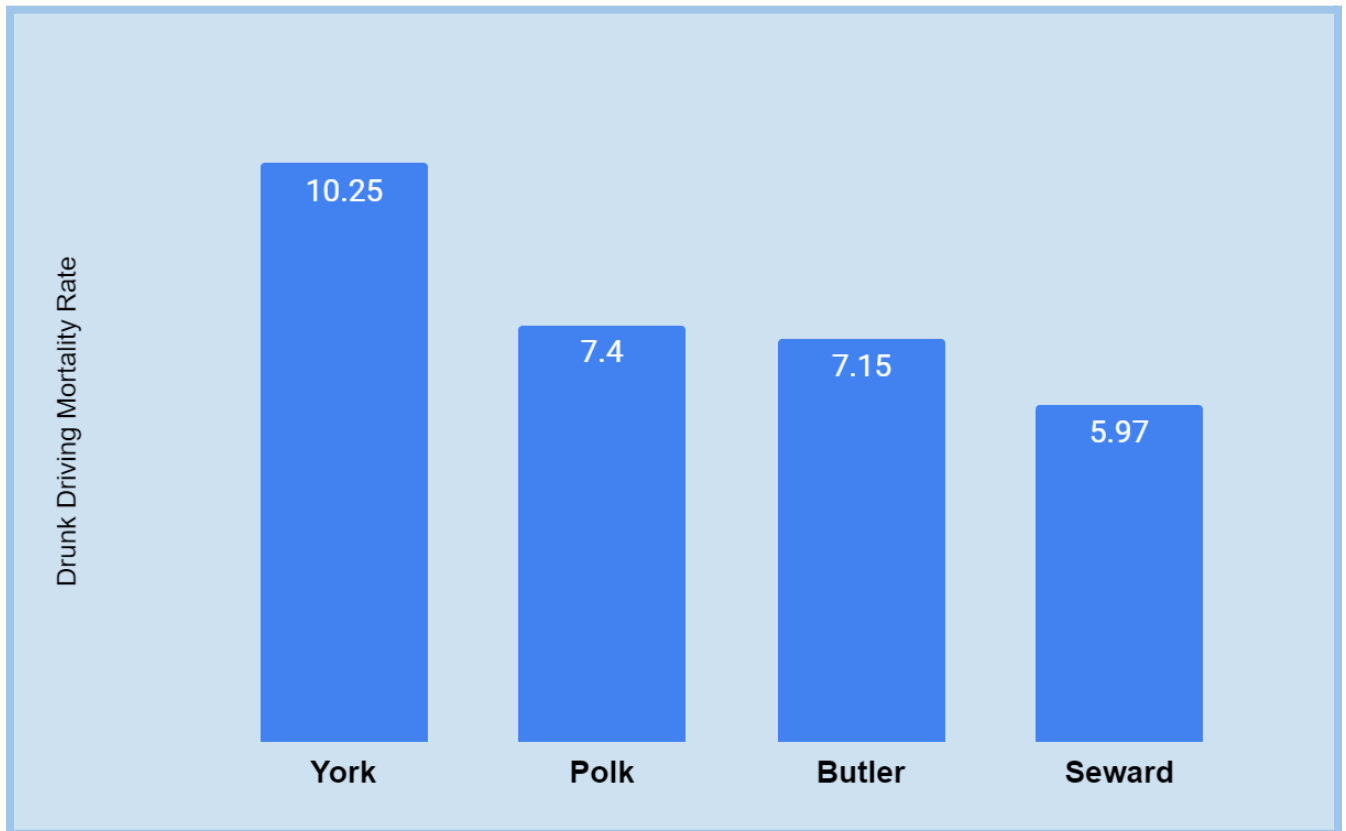
Data source: Bureau of Sociological Research. (2023). 2023 NRPFS Report: Four Corners Health Department [Data set]. University of Nebraska-Lincoln. Retrieved from https://bosr.unl.edu/sites/unl.edu.cas.sociology.bureau-of-sociological-research/files/media/file/2023%20NRPFS%20Report_Four%20Corners%20Health%20Department_final.pdf

Alcohol-Related Motor Vehicle Crashes Mortality, Rate (Per 100,000 Pop.): 2017-2021

Key Findings:

- According to the National Highway Traffic Safety Administration (NHTSA) Fatality Analysis Reporting System (FARS)⁴, 17 fatalities were attributed to drunk driving across the four counties of Butler, Polk, Seward, and York.
- York County had the highest Drunk Driving Mortality Rate per 100K population (10.25) and Seward County had the lowest Drunk Driving Mortality Rate (5.97) in FCHD. [Figure 36](#).
- During the study period (2017-2021), York County had the highest alcohol-related motor vehicle crashes mortality rate among counties in the eastern part of the state.

Figure 36. Alcohol-Related Motor Vehicle Crashes Mortality Rate (per 100K) by County, NHTSA 2017-2021



Data source: National Highway Traffic Safety Administration (NHTSA) Fatality Analysis Reporting System (FARS). Reported data represent a 5-year period (eg. 2017-2021).

⁴ FARS is a census of fatal motor vehicle crashes with a set of data files documenting all qualifying fatalities that occurred within the 50 States, the District of Columbia, and Puerto Rico since 1975. To qualify as a FARS case, the crash had to involve a motor vehicle traveling on a trafficway customarily open to the public, and must have resulted in the death of a motorist or a non-motorist within 30 days of the crash.

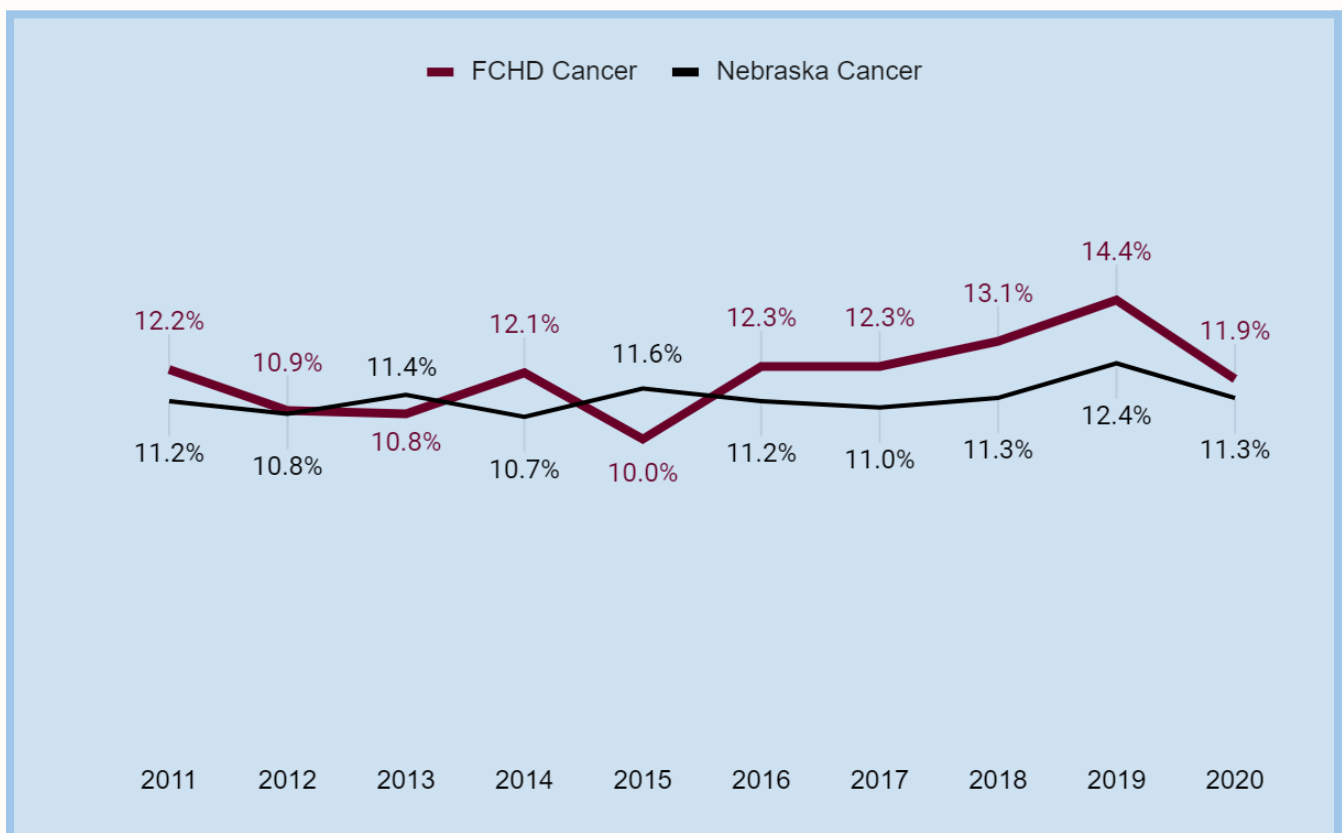
Chronic Diseases

Cancer

Overall Trends:

- The prevalence of cancer in FCHD has fluctuated over the years. The rate started at 12.2% in 2011, decreased to a low of 10.0% in 2015, and then increased steadily, peaking at 14.4% in 2019 before dropping to 11.9% in 2020. This shows a period of increasing cancer prevalence from 2015 to 2019, followed by a decline in 2020.
- From 2016 onwards, FCHD consistently reported higher cancer prevalence rates compared to Nebraska, particularly in 2019, where FCHD had a rate of 14.4%, significantly higher than Nebraska's 12.4%. [Figure 37](#).
- The rising trend in cancer prevalence, especially from 2016 to 2019, highlights the need for targeted public health interventions, such as enhanced screening programs, cancer prevention initiatives, and healthcare resource allocation in this region.

Figure 37. Cancer prevalence (in any form, adults 18 and older, FCHD, Nebraska (2011-2020)).



Data Source: Nebraska Behavioral Risk Factor Surveillance System (BRFSS), 2011-2020. Percentage of adults 18 and older who report that they have ever been told by a doctor, nurse, or other health professional that they have skin cancer or any other type of cancer for Four Corners Health Department (FCHD) and Nebraska.

<https://atlas-dhhs.ne.gov/Atlas/BRFSS>

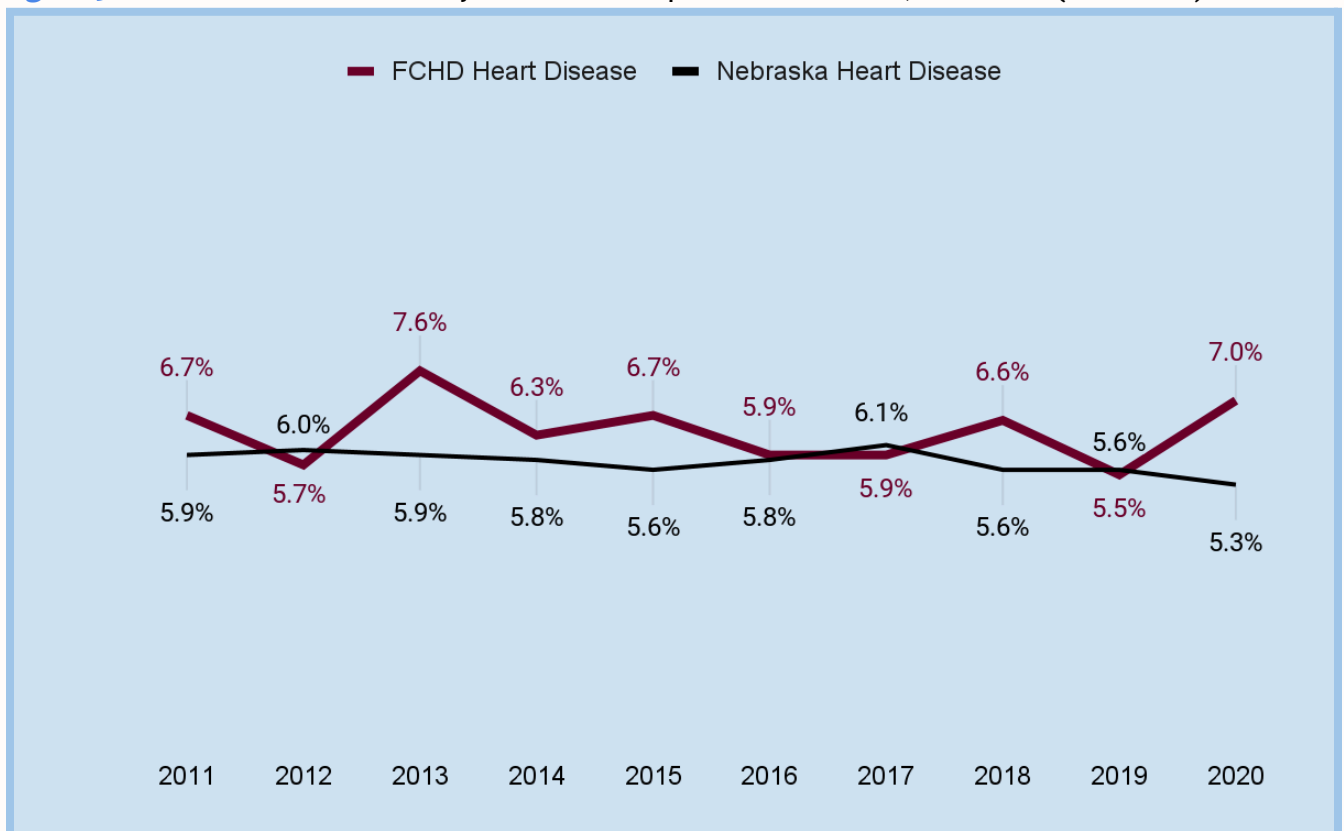
Heart Disease and Stroke

Heart attack or coronary heart disease

Overall Trends:

- The prevalence of heart disease in FCHD fluctuated over the years, ranging from a low of 5.5% in 2019 to a high of 7.6% in 2013. Unlike FCHD, Nebraska did not experience significant spikes in prevalence rates. **Figure 38**.
- FCHD consistently had higher or comparable heart disease prevalence rates than Nebraska throughout the decade.
- During the early years (2011-2015), FCHD had higher prevalence rates than Nebraska in most years, particularly in 2013 (7.6% in FCHD vs. 5.9% in Nebraska).
- From 2016 onwards, FCHD and Nebraska's prevalence rates became more comparable, with Nebraska sometimes having slightly higher rates (e.g., in 2017, Nebraska had 6.1% vs. 5.9% in FCHD). However, by 2020, FCHD again showed a higher prevalence (7.0%) than Nebraska (5.3%).

Figure 38. Heart attack or coronary heart disease prevalence. FCHD, Nebraska (2011-2020).



Data Source: Nebraska Behavioral Risk Factor Surveillance System (BRFSS), 2011-2020. Percentage of adults 18 and older who report that they have ever been told by a doctor, nurse, or other health professional that they had a heart attack or myocardial infarction or have angina or coronary heart disease for Four Corners Health Department (FCHD) and Nebraska. <https://atlas-dhhs.ne.gov/Atlas/BRFSS>

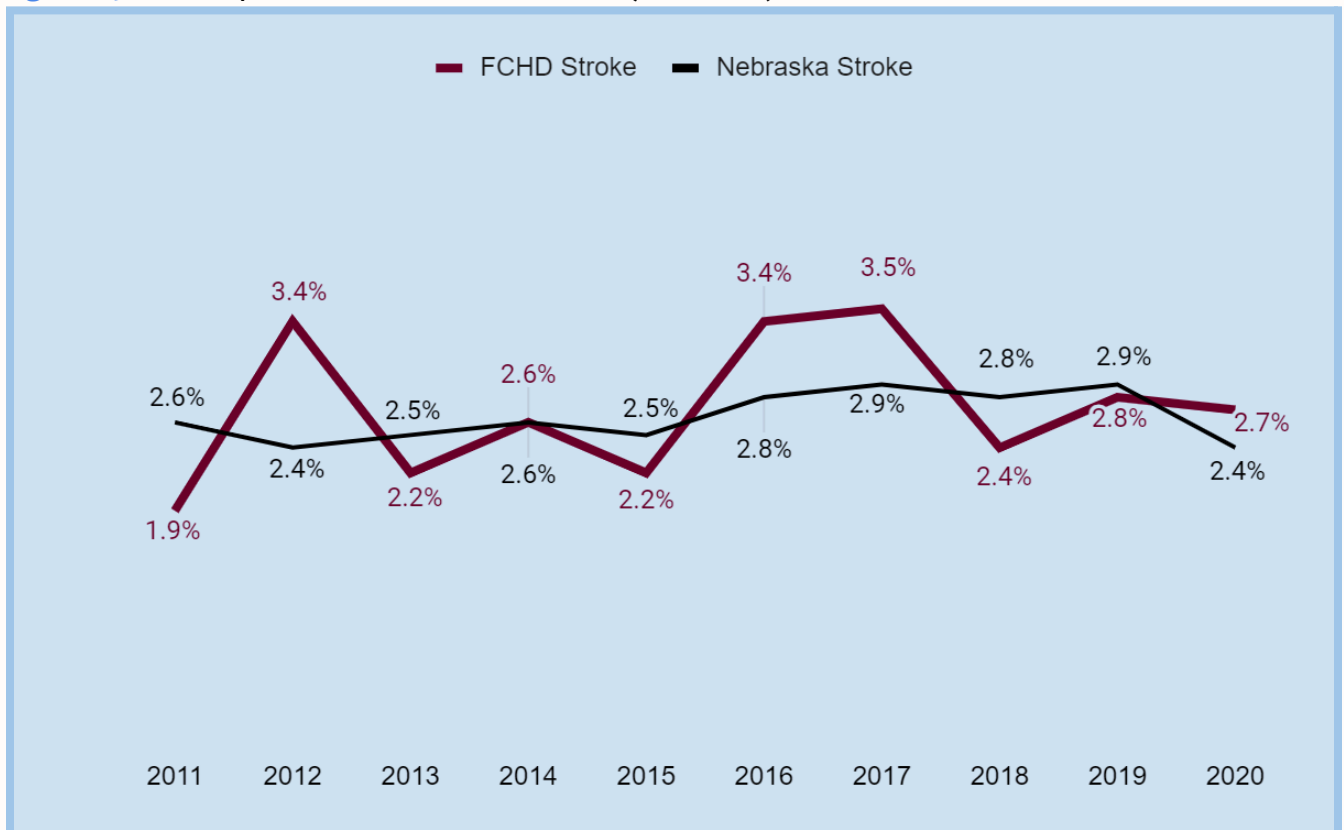
Stroke

Overall Trends:

- FCHD showed higher stroke prevalence rates in specific years compared to Nebraska, particularly in 2012, 2016, and 2017. The most significant difference was in 2012, where FCHD had a stroke prevalence rate of 3.4% compared to Nebraska’s 2.4%
- FCHD showed fluctuations in stroke prevalence over the years. There were notable increases in 2012 (3.4%) and 2016-2017 (3.4% and 3.5%). However, after 2017, there was a slight decline, with rates dropping to 2.7% by 2020. [Figure 39](#).

The higher and more variable stroke prevalence in FCHD compared to Nebraska suggests that targeted interventions may be needed in this region.

Figure 39. Stroke prevalence. FCHD, Nebraska (2011-2020).



Data Source: Nebraska Behavioral Risk Factor Surveillance System (BRFSS), 2011-2020. Percentage of adults 18 and older who report that they have ever been told by a doctor, nurse, or other health professional that they had a stroke for Four Corners Health Department (FCHD) and Nebraska. <https://atlas-dhhs.ne.gov/Atlas/BRFSS>

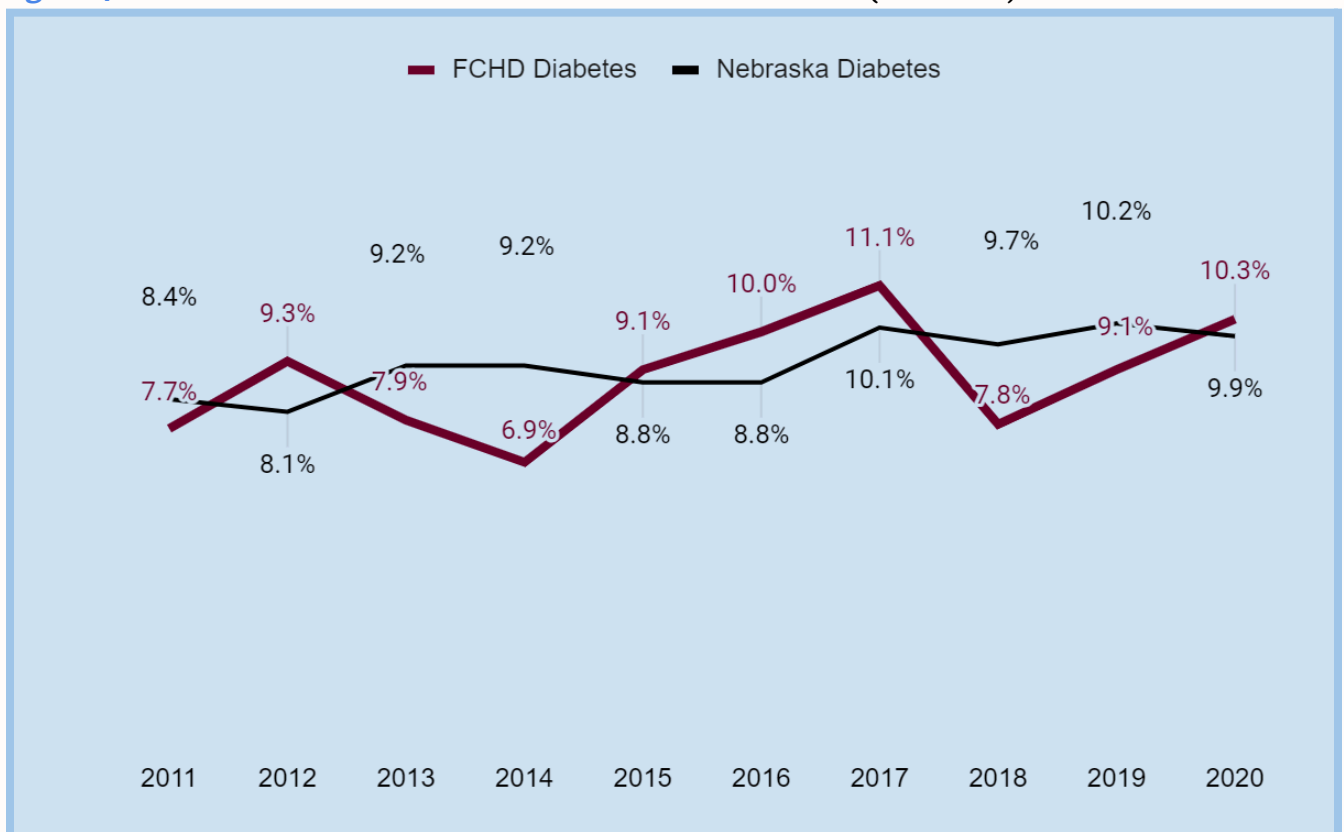
Diabetes

Overall Trends:

The data indicates that while Nebraska has maintained relatively stable diabetes rates, FCHD has seen more variability, with concerning increases in recent years. [Figure 40](#).

- In the early years (2011-20215), Nebraska generally had higher diabetes prevalence rates compared to FCHD, especially in 2011 (8.4% vs. 7.7%) and 2013-2014, where Nebraska maintained a rate of 9.2%.
- From 2016 onwards, FCHD generally had comparable or higher diabetes rates than Nebraska. For example, in 2017, FCHD’s rate reached 11.1%, which was higher than Nebraska’s 10.1%.

Figure 40. Trends in Diabetes Prevalence in FCHD and Nebraska (2011-2020)



Data Source: Nebraska Behavioral Risk Factor Surveillance System (BRFSS), 2011-2020. Percentage of adults 18 and older who report that they have ever been told by a doctor, nurse, or other health professional that they have diabetes (excluding pregnancy) for Four Corners Health Department (FCHD) and Nebraska.

<https://atlas-dhhs.ne.gov/Atlas/BRFSS>

Behavioral Health

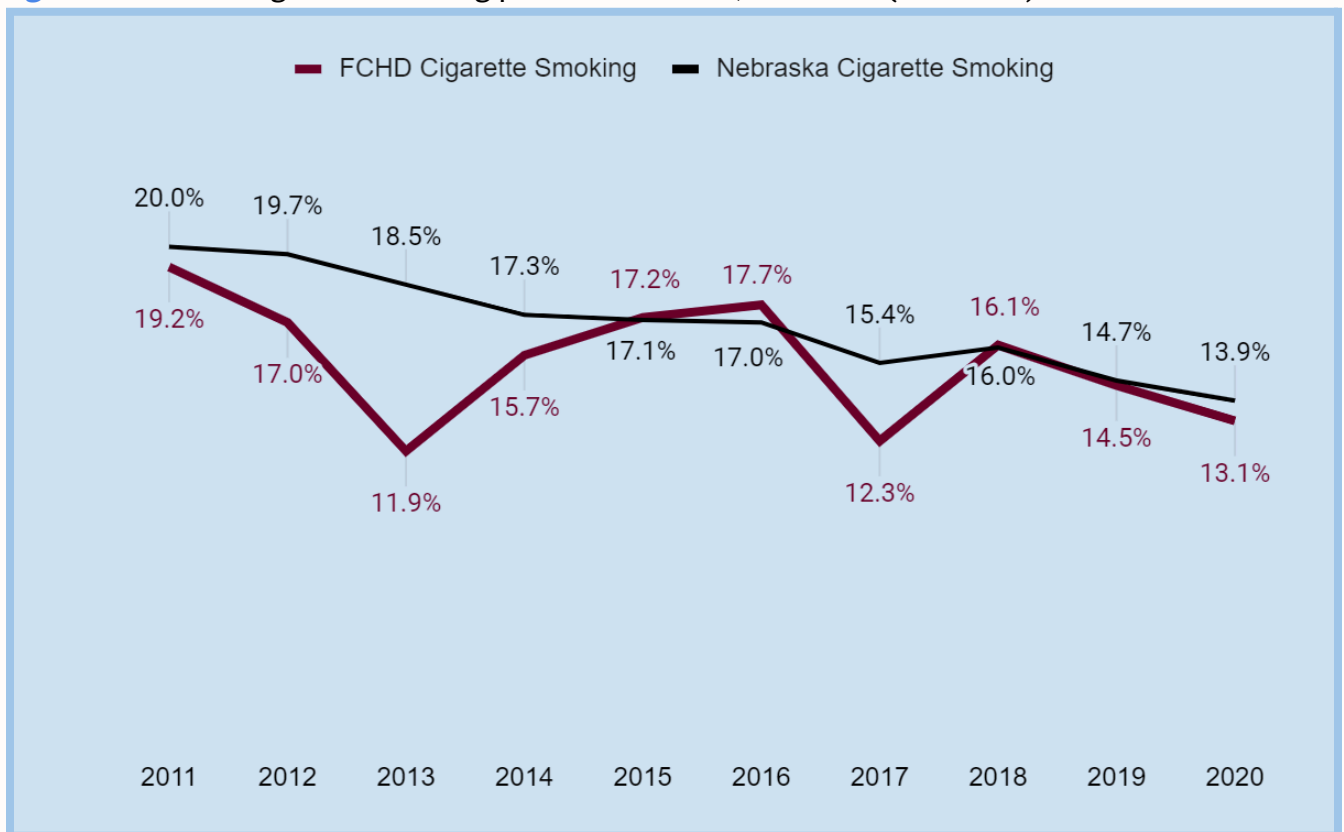
Tobacco and Alcohol Use

Current Cigarette Smoking

Overall Trends:

- Cigarette smoking prevalence in FCHD shows fluctuations over the years, starting at 19.2% in 2011 and declining to 13.1% in 2020. [Figure 41](#).
- There was a notable decrease in cigarette smoking in FCHD from 2011 (19.2%) to 2013 (11.9%), followed by an increase in 2015 (17.2%) and 2016 (17.7%), before gradually declining again in the following years.
- FCHD and Nebraska showed a decline in smoking prevalence over time, but Nebraska maintained a higher rate until around 2017 when the trends became more comparable.

Figure 41. Current cigarette smoking prevalence. FCHD, Nebraska (2011-2020)



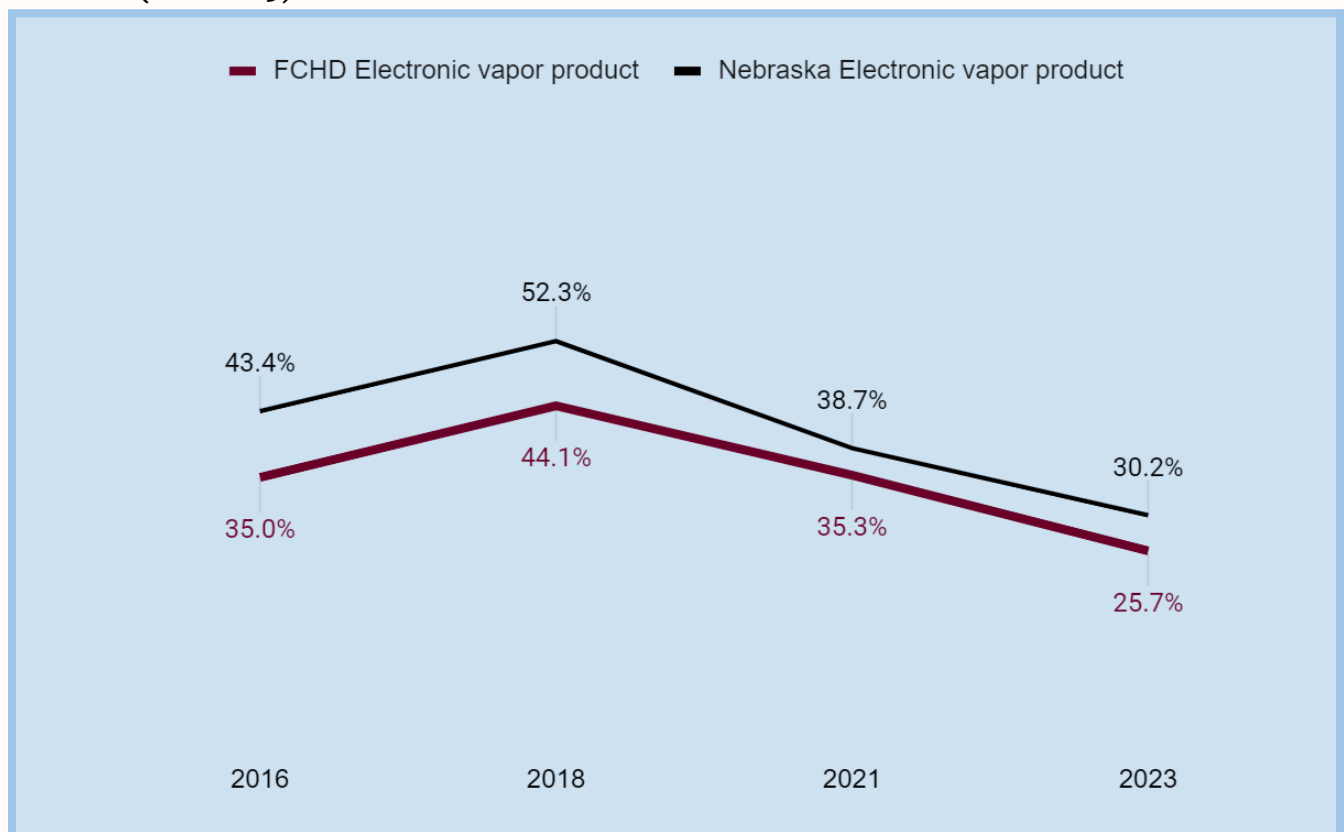
Data Source: Nebraska Behavioral Risk Factor Surveillance System (BRFSS), 2011-2020. Percentage of adults 18 and older who report that they currently smoke cigarettes either every day or on some days for Four Corners Health Department (FCHD) and Nebraska. <https://atlas-dhhs.ne.gov/Atlas/BRFSS>

Electronic Vapor Product Use Among Students (12th graders)

Overall Trends:

- Throughout the observed period, state-level usage of Electronic Vapor Products was consistently higher than FCHD-level usage. [Figure 42](#).
- Electronic vapor product use surged in FCHD from 35.0% in 2016 to 44.1% in 2018, but then declined to 25.7% in 2023. The initial rise could be attributed to the growing popularity of vaping among youth, while the recent decline might reflect increasing awareness of its health risks or the impact of regulations and public health campaigns.
- Initially, the gap between state-level and FCHD-level usage was substantial, but it narrowed over time. By 2023, the difference had reduced to 4.5% (25.7% FCHD-level vs. 30.2% state-level), compared to an 8.4% difference in 2016.
- Similar trends have been found at the national level: From 2022 to 2023, current e-cigarette use among high school students in the U.S. declined from 14.1% to 10.0% ([National Youth Tobacco Survey, United States, 2023](#)).

Figure 42. Comparative Trends in Electronic Vapor Product Use Among 12th Graders, FCHD vs. Nebraska (2016-2023)



Data source: Bureau of Sociological Research (BOSR) at the University of Nebraska-Lincoln. Nebraska Risk and Protective Factor Student Survey Results for 2023. [Profile Report for Four Corners Health Department](#).

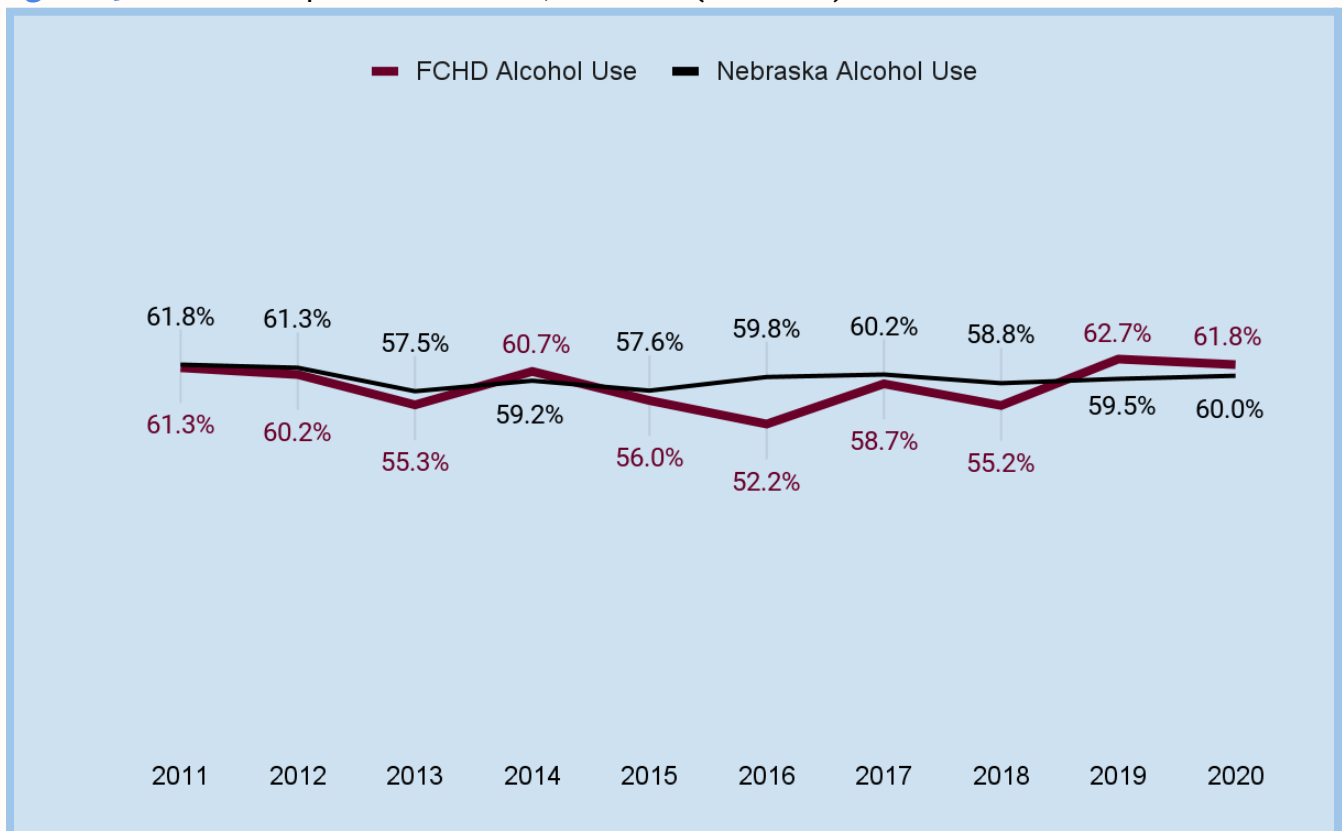
Alcohol Use

Any alcohol consumption in past 30 days (adults)

Overall Trends:

- Alcohol use prevalence in FCHD showed fluctuations over the years, starting at 61.3% in 2011 and ending at 61.8% in 2020, indicating a relatively stable trend with some variations in between. [Figure 43](#).
- The lowest prevalence in the decade was 52.2% in 2016, suggesting a temporary decline in alcohol use during that period. After 2016, there was a noticeable rebound in alcohol use, with rates increasing to 62.7% in 2019, the highest in the decade, before slightly decreasing to 61.8% in 2020.
- In the early years (2011-2014), FCHD and Nebraska had similar alcohol use rates, with both regions fluctuating around 60%. From 2015 onwards, FCHD showed more variability in alcohol use prevalence compared to Nebraska. In 2019, FCHD surpassed Nebraska with a significant increase to 62.7%, while Nebraska's rate remained steady at 59.5%. By 2020, both regions had nearly converged again, with FCHD at 61.8% and Nebraska at 60.0%. [Figure 43](#).

Figure 43. Alcohol use prevalence. FCHD, Nebraska (2011-2020)



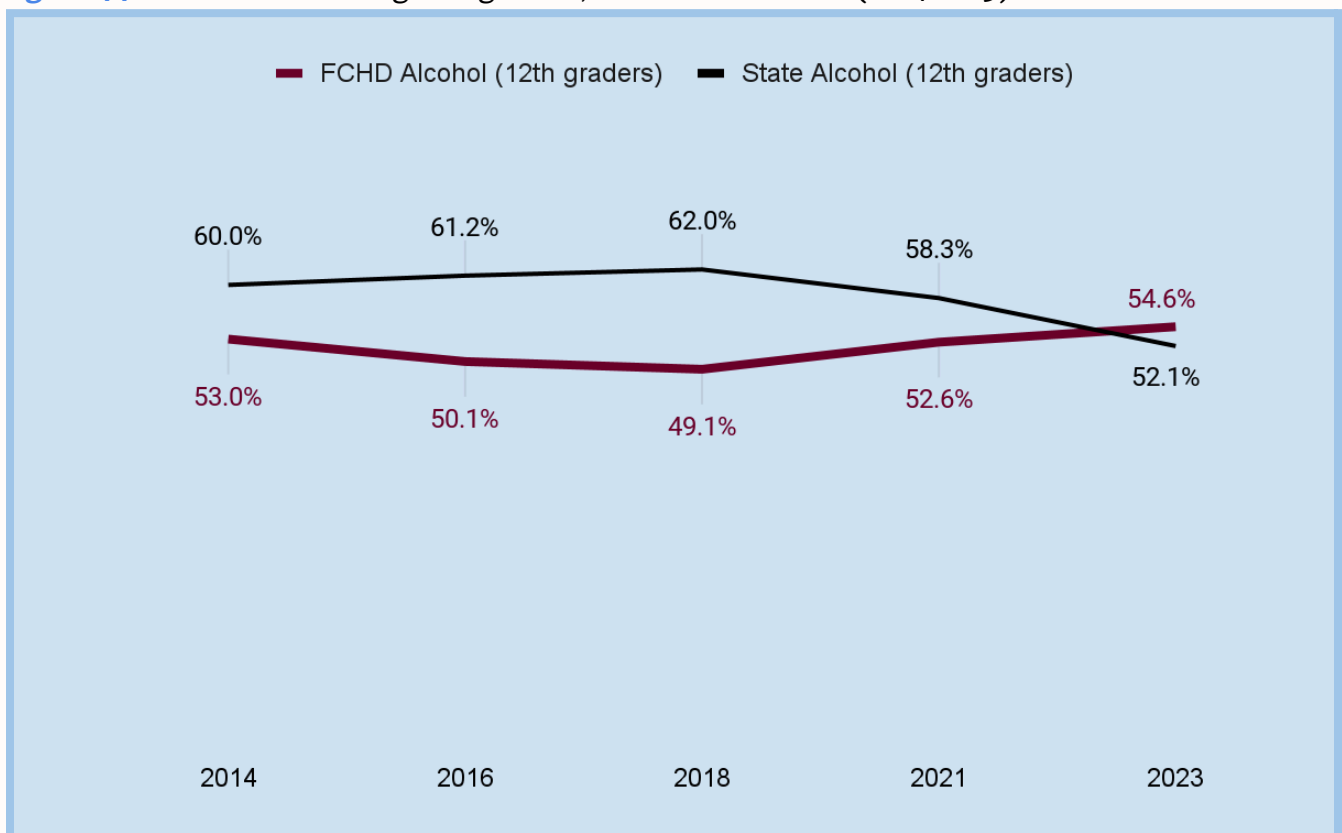
Data Source: Nebraska Behavioral Risk Factor Surveillance System (BRFSS), 2011-2020. Percentage of adults 18 and older who report having at least one alcoholic beverage during the past 30 days for Four Corners Health Department (FCHD) and Nebraska. <https://atlas-dhhs.ne.gov/Atlas/BRFSS>

Alcohol use (12th graders)

Overall Trends:

- Nebraska experienced a steeper decline in alcohol use from 2018 to 2023, dropping from 62.0% to 52.1%. In contrast, FCHD's alcohol use increased during this period, rising from 49.1% to 54.6%. [Figure 44](#).
- In 2014, there was a 7 percentage point difference between FCHD (53.0%) and state (60.0%) alcohol use among 12th graders.
- In 2023, for the first time in the dataset, FCHD's percentage (54.6%) surpassed the state's percentage (52.1%).

Figure 44. Alcohol use among 12th graders, FCHD vs. Nebraska (2014-2023)



Data source: Bureau of Sociological Research (BOSR) at the University of Nebraska-Lincoln. Nebraska Risk and Protective Factor Student Survey Results for 2023. [Profile Report for Four Corners Health Department](#).

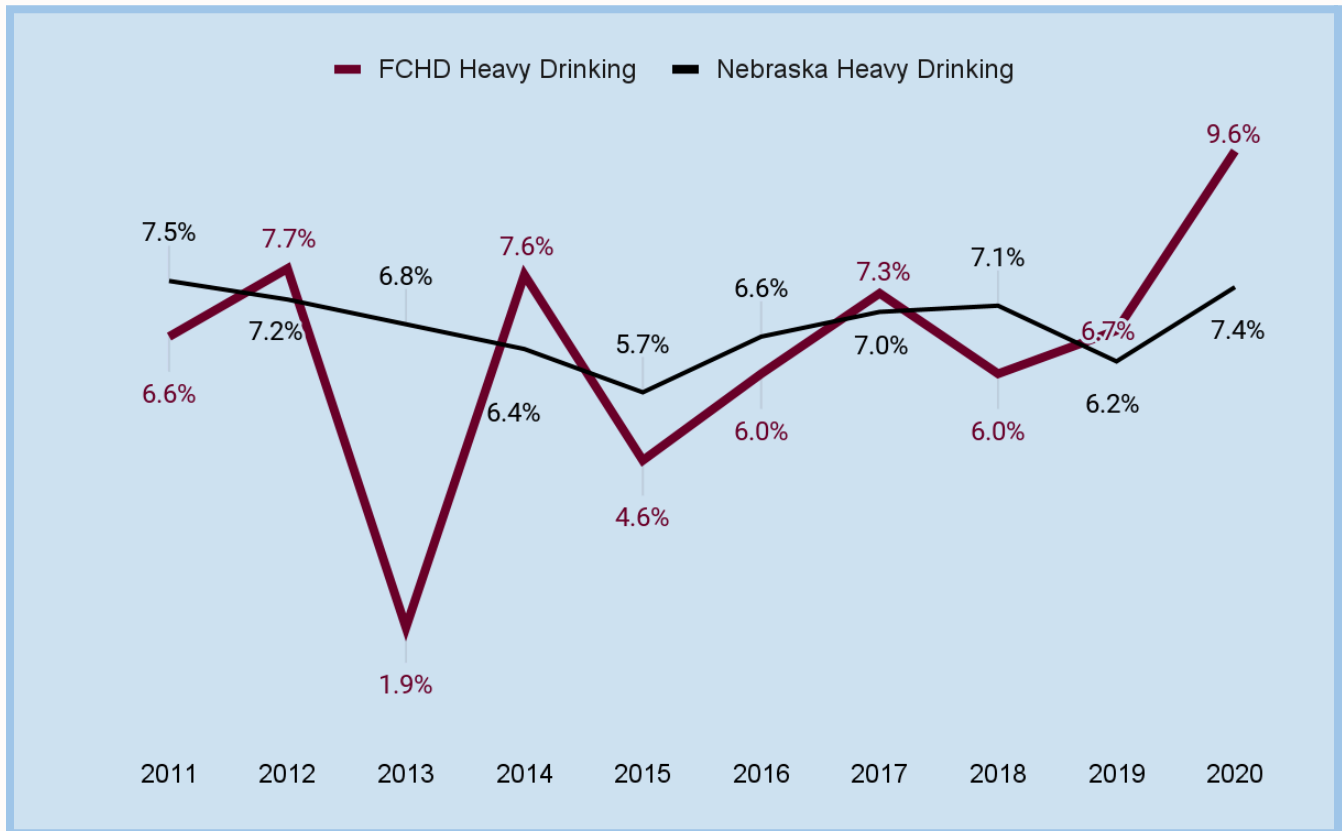
Heavy drinking in past 30 days (adults)

Overall Trends:

- Heavy drinking rates in FCHD fluctuated significantly over the decade, ranging from a low of 1.9% in 2013 to a high of 9.6% in 2020. [Figure 45](#).

- From 2016 onward, the rates generally increased, peaking at 9.6% in 2020, suggesting a growing concern about heavy drinking in recent years.

Figure 45. Heavy drinking (adults). FCHD, Nebraska (2011-2020)



Data Source: Nebraska Behavioral Risk Factor Surveillance System (BRFSS), 2011-2020. Percentage of men 18 and older who report drinking more than 60 alcoholic drinks (an average of more than two drinks per day) during the past 30 days and the percentage of women 18 and older who report drinking more than 30 alcoholic drinks (an average of more than one drink per day) during the past 30 days for Four Corners Health Department (FCHD) and Nebraska. <https://atlas-dhhs.ne.gov/Atlas/BRFSS>. Note: 2016 data for FCHD is considered unstable. Use with caution.

Impaired Driving (2012-2020)

Overall Trends:

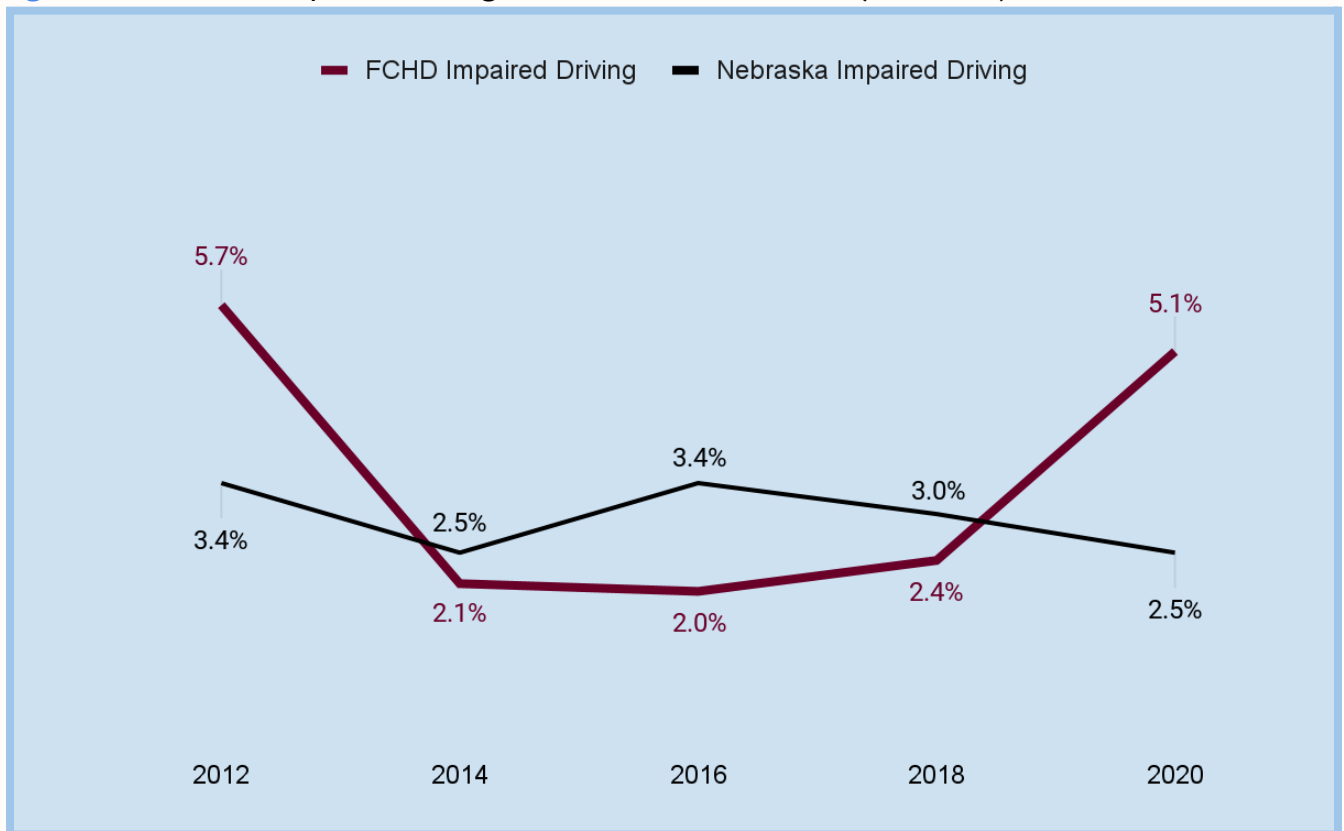
FCHD's impaired driving percentages showed significant fluctuations over the years:

- The highest rates were observed in 2012 (5.7%) and 2020 (5.1%).
- There was a sharp decline from 2012 to 2014, dropping from 5.7% to 2.1%.
- The rates remained relatively stable and low from 2014 to 2018, ranging between 2.0% and 2.4%.

- FCHD experienced a substantial increase in impaired driving from 2018 to 2020, rising from 2.4% to 5.1%, while Nebraska's rate decreased during the same period, from 3.0% to 2.5%.
- FCHD showed more extreme fluctuations, while Nebraska's rates remained more consistent. [Figure 46](#).

These trends indicate that while the FCHD region had success in reducing impaired driving rates significantly after 2012, recent years have shown a resurgence in this issue, contrasting with the more stable trends at the state level.

Figure 46. Trends in Impaired Driving Rates: FCHD vs. Nebraska (2012-2020)



Data Source: Nebraska Behavioral Risk Factor Surveillance System (BRFSS), 2011-2020. Percentage of adults 18 and older who report driving after having had perhaps too much to drink during the past 30 days for Four Corners Health Department (FCHD) and Nebraska. <https://atlas-dhhs.ne.gov/Atlas/BRFSS>. **Note:** 2016 data for FCHD is considered unstable. Use with caution.

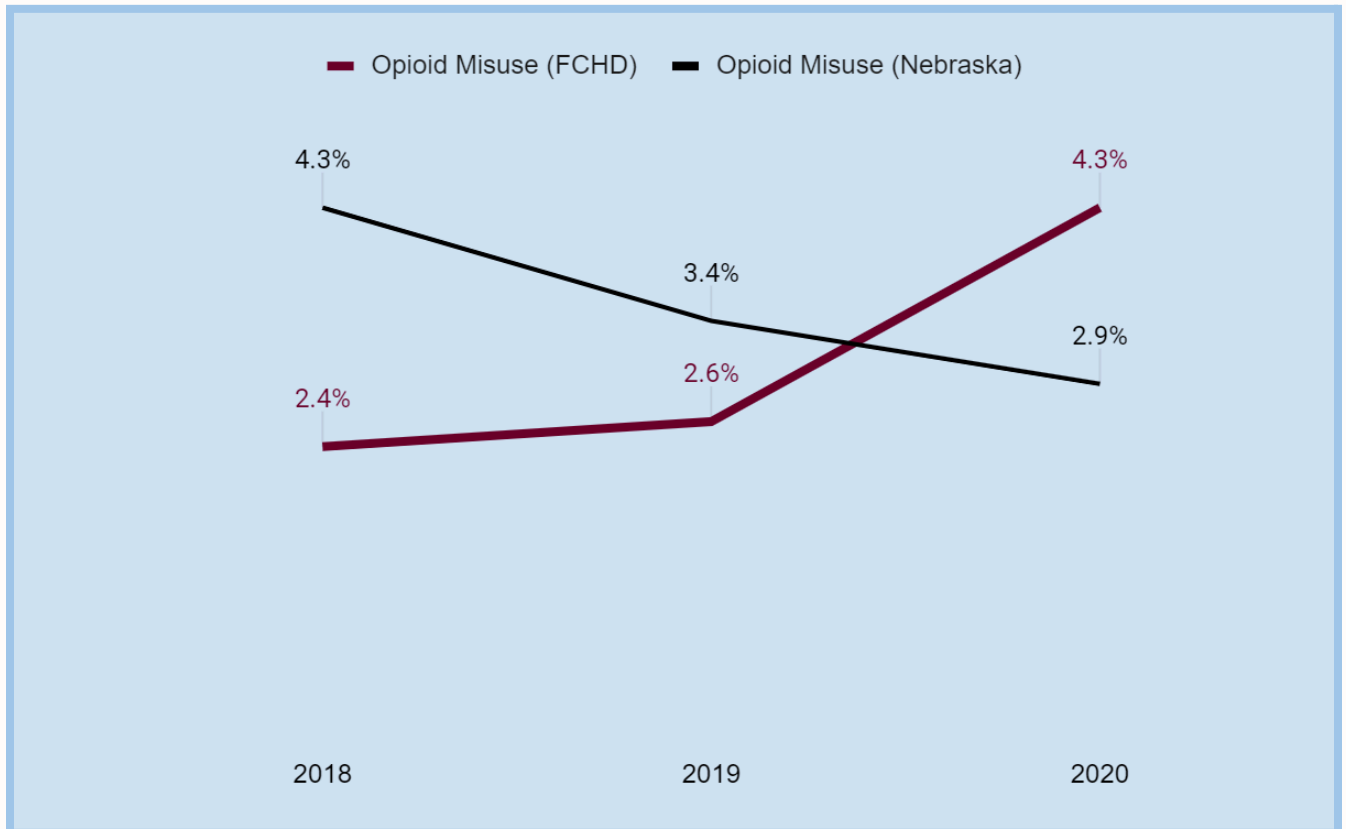
Drug use

Opioid misuse

Overall Trends:

- The percentage of people within the FCHD region reporting opioid misuse increased significantly from 2.4% in 2018 to 4.3% in 2020.
- In contrast to the FCHD region, the percentage of people reporting opioid misuse in the State of Nebraska decreased from 4.3% in 2018 to 2.9% in 2020. [Figure 47](#).

Figure 47. Trends in Opioid Misuse: Comparison of Four Corners Health Department Region and the State of Nebraska (2018-2020)



Data Source: Nebraska Behavioral Risk Factor Surveillance System (BRFSS), 2011-2020. Percentage of adults 18 and older who report that they used opioid pain medication more frequently or in higher doses than directed by a doctor during their last filled prescription or used opioid pain medication not prescribed to them, during the past 12 months for Four Corners Health Department (FCHD) and Nebraska. <https://atlas-dhhs.ne.gov/Atlas/BRFSS>

Unintentional and Undetermined Intent Drug Overdose Deaths (SUDORS data): Region V

This [factsheet](#) developed by the Centers for Disease Control and Prevention (CDC) presents data on drug overdose deaths in Region V of Nebraska for the years 2020 and 2021, collected through the State Unintentional Drug Overdose Reporting System (SUDORS).

Key Findings:

Demographics

- 70% of overdose deaths were among males
- 77% of the deceased were white, non-Hispanic individuals
- White males with a high school education between the ages 30-39 most frequently died from unintentional or undetermined drug overdose. Black people were disproportionately impacted by unintentional or undetermined drug overdose in Region V

Overdose Characteristics

- 85% of overdose deaths took place in a residence
- 40% of total victims had a bystander during the overdose death
- 59% of deaths involved opioids

Health and Substance Use History

- 36% of total victims had a history of alcohol abuse
- 37% of total victims had a history of mental illness
- 32% had previously experienced a non-fatal overdose

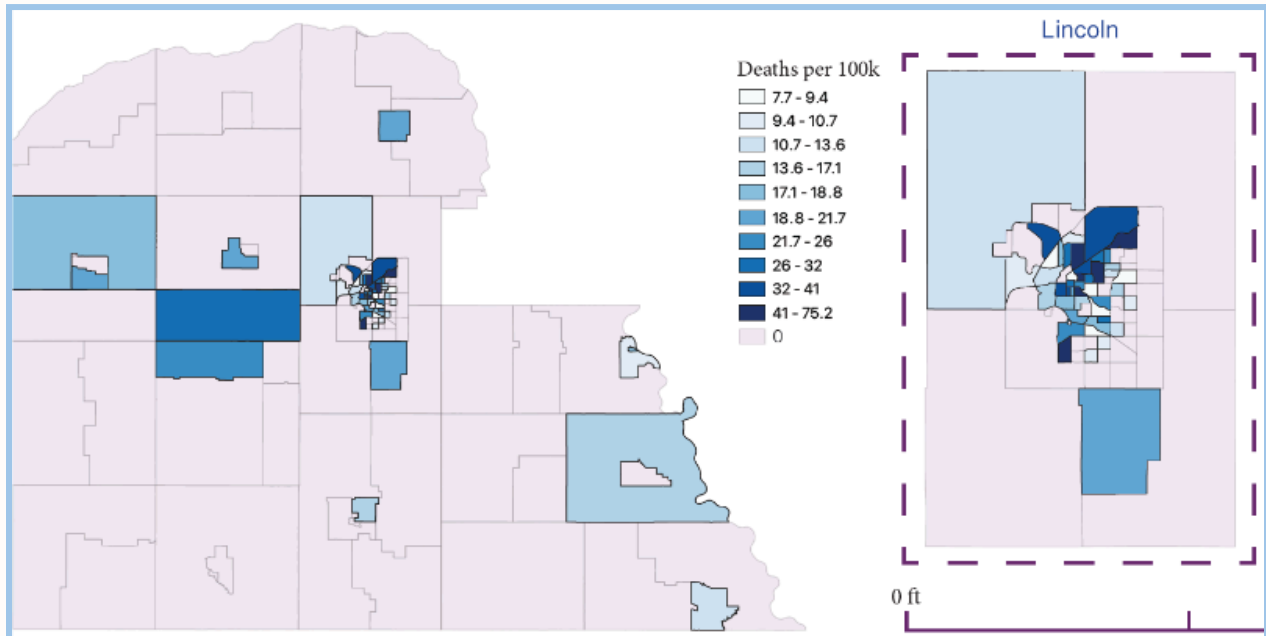
Interventions and Prevention

- 19% of individuals had received mental health treatment at some point in their lives
- 19% of total victims were currently under pain treatment

Death rates

- Unintentional and Undetermined Intent Drug Overdose Deaths in Region V ranged from 7.7 to 75.2 per 100K persons. There were 96 total deaths (10 per 100K population).
- [Figure 48](#) shows the drug overdose death rate by census tracts in Region V (SUDORS, 2020-2021). The darker blue areas represent the highest rate of unintentional or undetermined intent drug overdose death by census tracts in Region V in 2020 and 2021.

Figure 48. Death Rate by Census Tracts (SUDORS, 2020-2021) in Region V

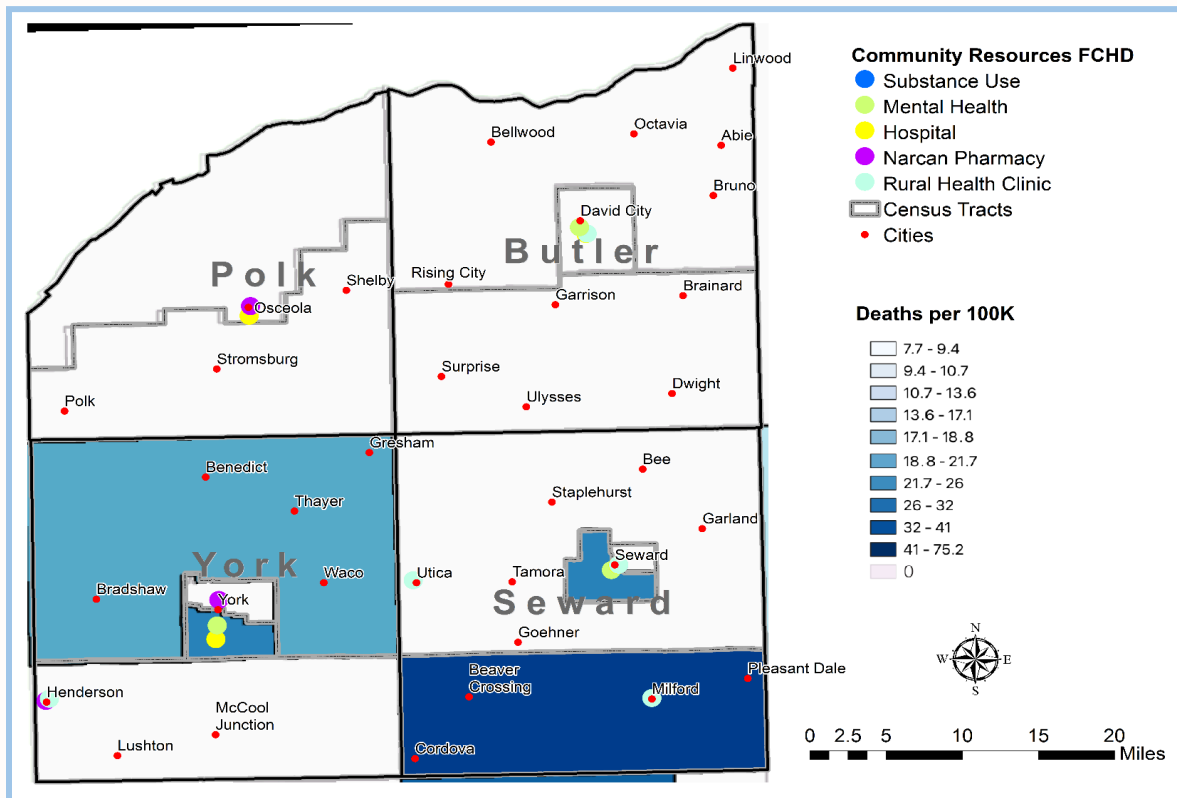


Data source: CDC State Unintentional Drug Overdose Reporting System (SUDORS) - 2020 & 2021. Unintentional and Undetermined Intent Drug Overdose Deaths in Nebraska - Behavioral Health Region 5. [Factsheet](#).

SUDORS data related to FCHD

- Drug overdose death rates ranged between 17.1 (York County) to 41 per 100K people (Seward County) in Four Corners Health Department (2020-2021). [Figure 49](#).

Figure 49. Unintentional and Undetermined Intent Drug Overdose Deaths by Census Tracts in FCHD (SUDORS, 2020-2021) & Location of community resources in FCHD.



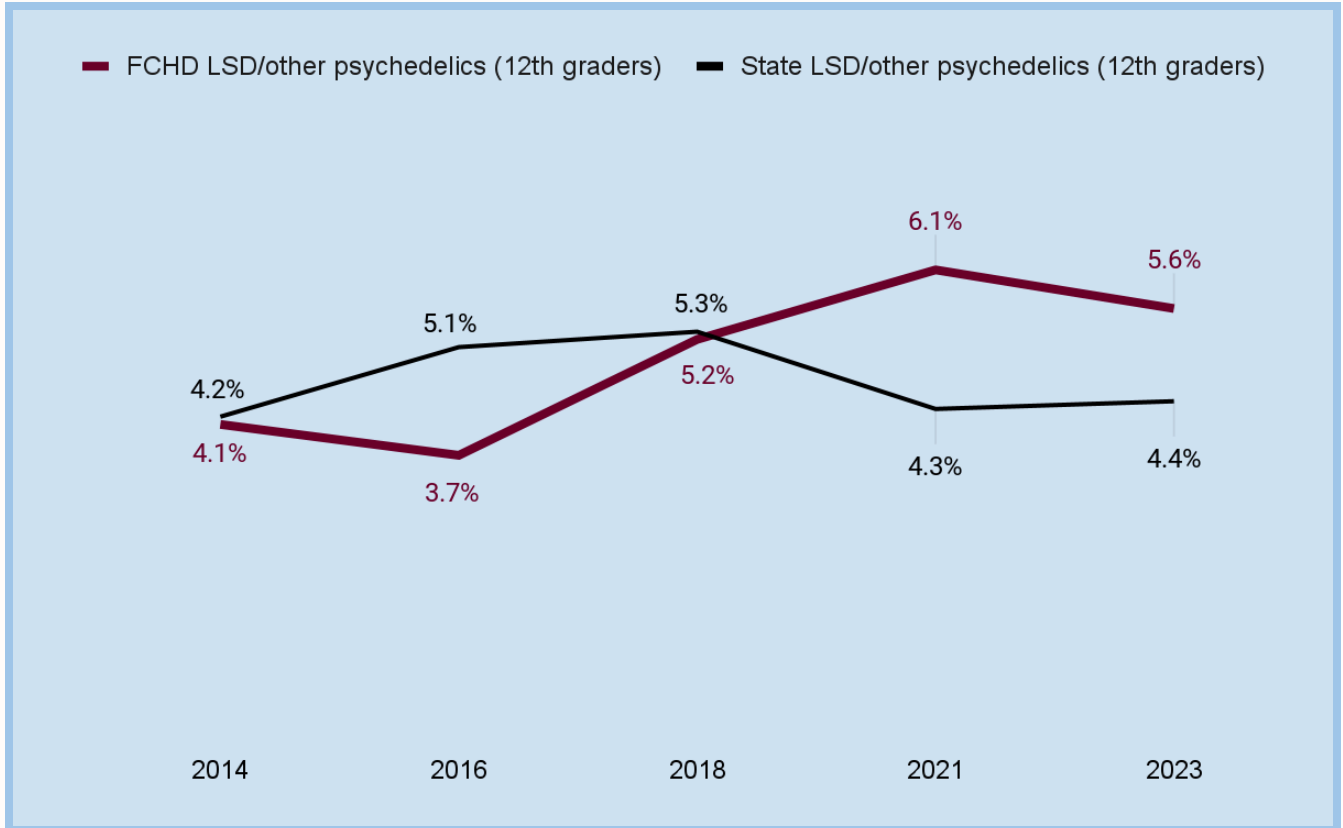
Data Source: CDC State Unintentional Drug Overdose Reporting System (SUDORS) - 2020 & 2021. Unintentional and Undetermined Intent Drug Overdose Deaths in Nebraska - Behavioral Health Region 5. Technical note: Image from SUDORS [factsheet](#) was georeferenced using ArcMap 5.5 software and then geographically overlapped with a layer of community resources.

LSD/other psychedelics Use (12th graders)

Overall Trends:

- There was a general upward trend in FCHD LSD/psychedelics use rates among 12th graders from 2014 to 2023. The percentage increased from 4.1% in 2014 to 5.6% in 2023.. [Figure 50](#).
- FCHD experienced a noticeable spike in 2021, with 6.1% of 12th graders reporting LSD/psychedelics use. This was the highest rate in FCHD during the period.
- Nebraska, by contrast, showed a decrease in LSD/psychedelics use from 5.3% in 2018 to 4.3% in 2021.
- Around 2018, both FCHD and state usage rates were nearly identical at about 5.2-5.3%. After this point, the trends diverged significantly.

Figure 50. LSD/psychedelics use rates among 12th graders, FCHD vs. Nebraska (2014-2023)



Data source: Bureau of Sociological Research (BOSR) at the University of Nebraska-Lincoln. Nebraska Risk and Protective Factor Student Survey Results for 2023. [Profile Report for Four Corners Health Department](#).

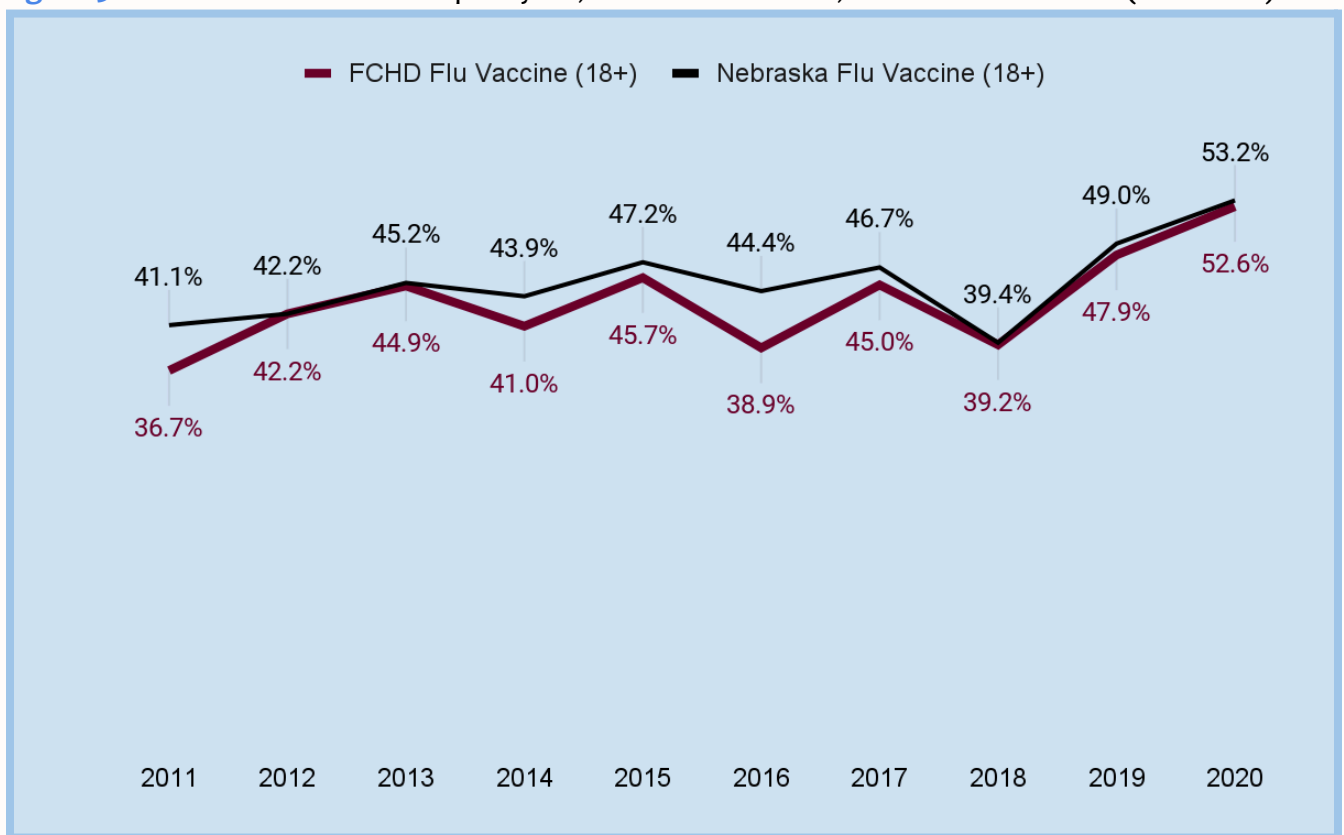
Immunization and Infectious Diseases

Flu Vaccination (adults 18 and older)

Overall Trends:

- Nebraska consistently had higher flu vaccination rates than FCHD, but the gap narrowed toward 2020. [Figure 51](#).
- Both FCHD and Nebraska showed an upward trend in flu vaccine uptake from 2011 to 2020.
- Both regions showed a significant increase in flu vaccine rates from 2019 to 2020, with FCHD increasing by 4.7 percentage points and Nebraska increasing by 4.2 percentage points. This could indicate that increased awareness or public health efforts during these years were effective, potentially influenced by the COVID-19 pandemic.

Figure 51. Had a flu vaccination in past year, adults 18 and over, FCHD and Nebraska (2011-2020)



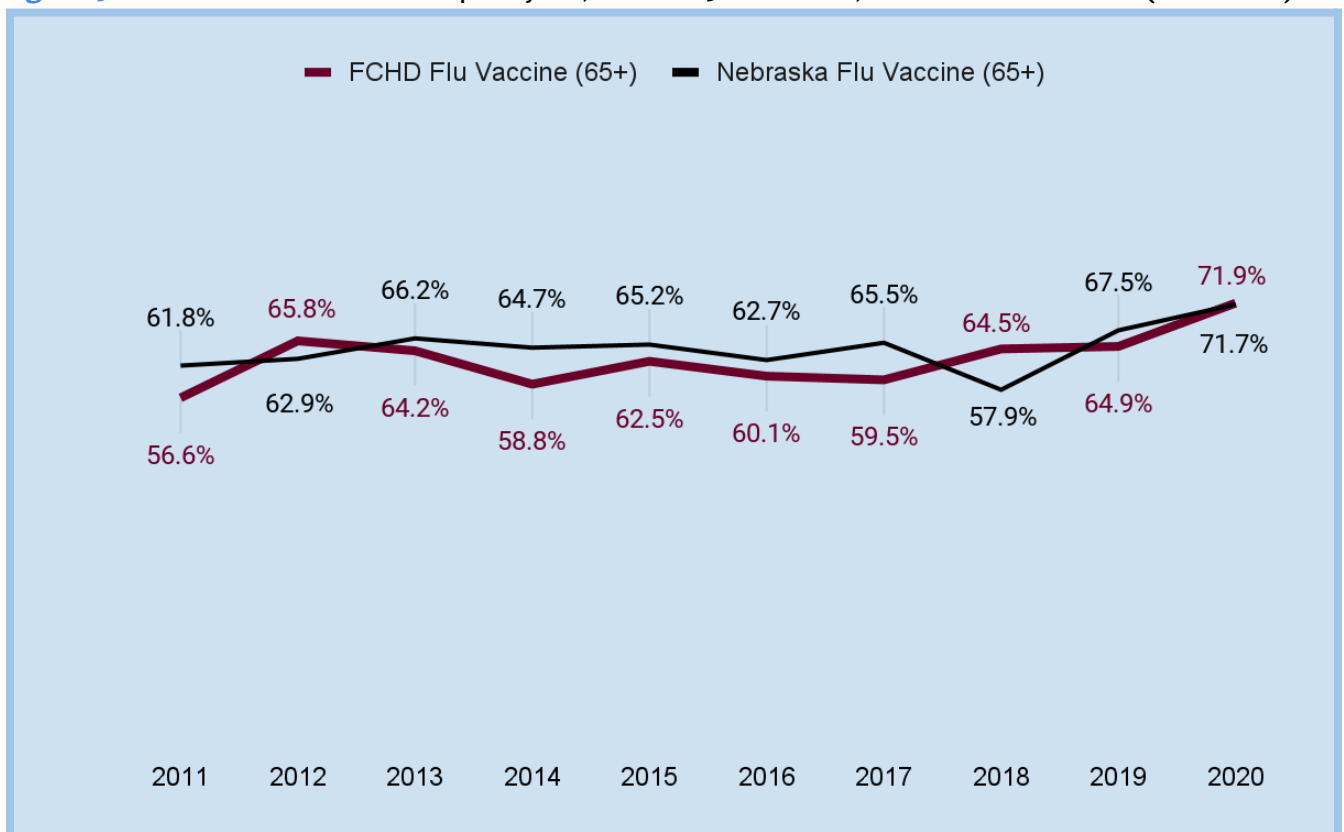
Data Source: Nebraska Behavioral Risk Factor Surveillance System (BRFSS), 2011-2020. Percentage of adults 18 and older who report that they received an influenza vaccination during the past 12 months for Four Corners Health Department (FCHD) and Nebraska. <https://atlas-dhhs.ne.gov/Atlas/BRFSS>

Flu Vaccination (adults 65 and older)

Overall Trends:

- Both FCHD and Nebraska exhibited fluctuating but generally increasing trends in flu vaccination rates for the 65+ age group between 2011 and 2020. [Figure 52](#).
- Nebraska consistently had higher flu vaccination rates than FCHD from 2011 to 2017, with FCHD surpassing Nebraska in 2018 and maintaining similar levels in 2019 and 2020.
- Both FCHD and Nebraska reported significant increases in flu vaccination rates from 2019 to 2020.

Figure 52. Had a flu vaccination in past year, adults 65 and older, FCHD and Nebraska (2011-2020)



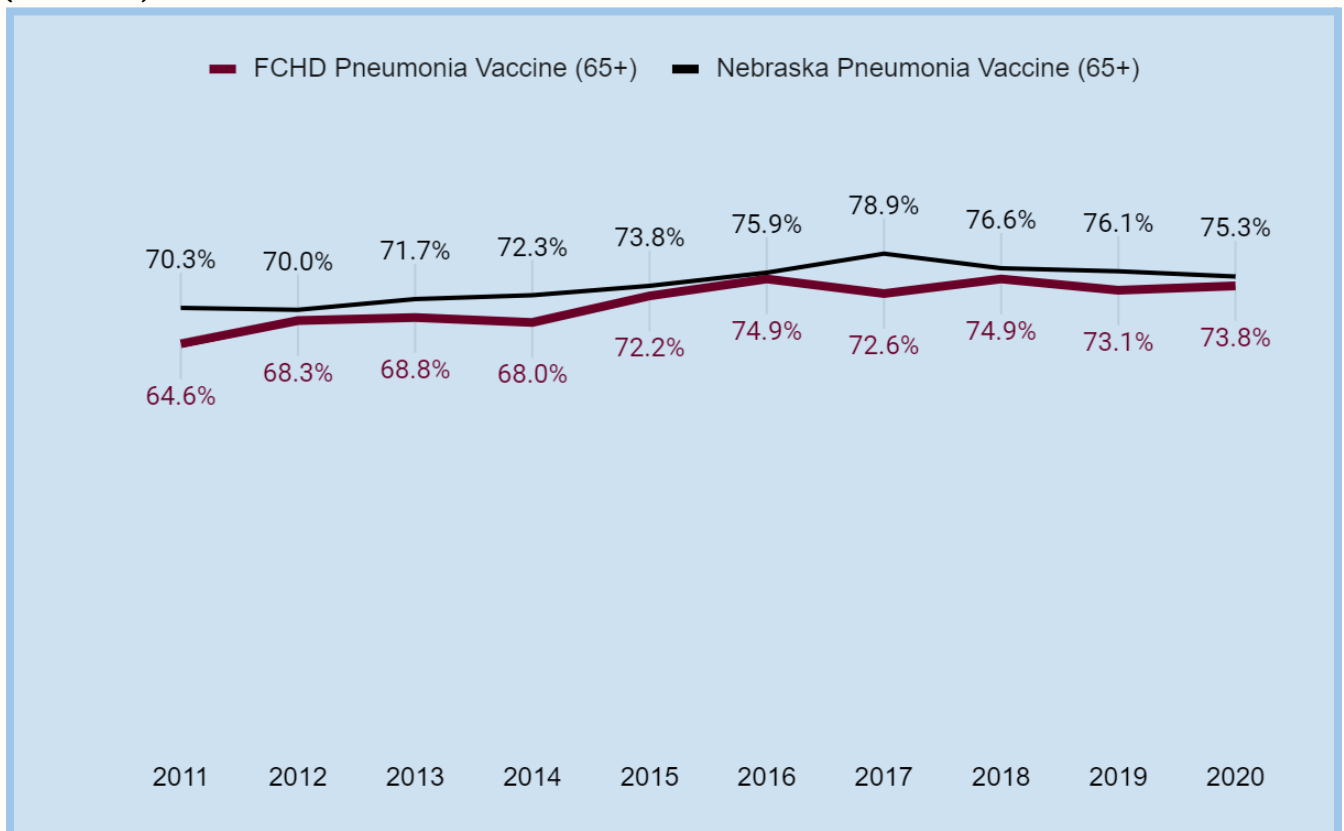
Data Source: Nebraska Behavioral Risk Factor Surveillance System (BRFSS), 2011-2020. Percentage of adults 65 and older who report that they received an influenza vaccination during the past 12 months for Four Corners Health Department (FCHD) and Nebraska. <https://atlas-dhhs.ne.gov/Atlas/BRFSS>

Pneumonia Vaccination (adults 65 and older)

Overall Trends:

- Both FCHD and Nebraska showed an upward trend in pneumonia vaccination rates from 2011 to 2016.
- Nebraska consistently had higher vaccination rates than FCHD from 2011 to 2017. However, the gap between the two regions narrowed significantly by 2018 and later. By 2020, both regions had nearly comparable vaccination rates, indicating that FCHD had made substantial progress in improving vaccination coverage for older adults. [Figure 53](#).
- FCHD experienced more consistent growth over the years compared to Nebraska, particularly between 2011 and 2016, where the vaccination rate increased by over 10 percentage points (from 64.6% in 2011 to 74.9% in 2016).
- While Nebraska also grew during this period, FCHD’s improvement rate was faster, which allowed it to narrow the gap.

Figure 53. Had a pneumonia vaccination in past year, adults 65 and older, FCHD and Nebraska (2011-2020)



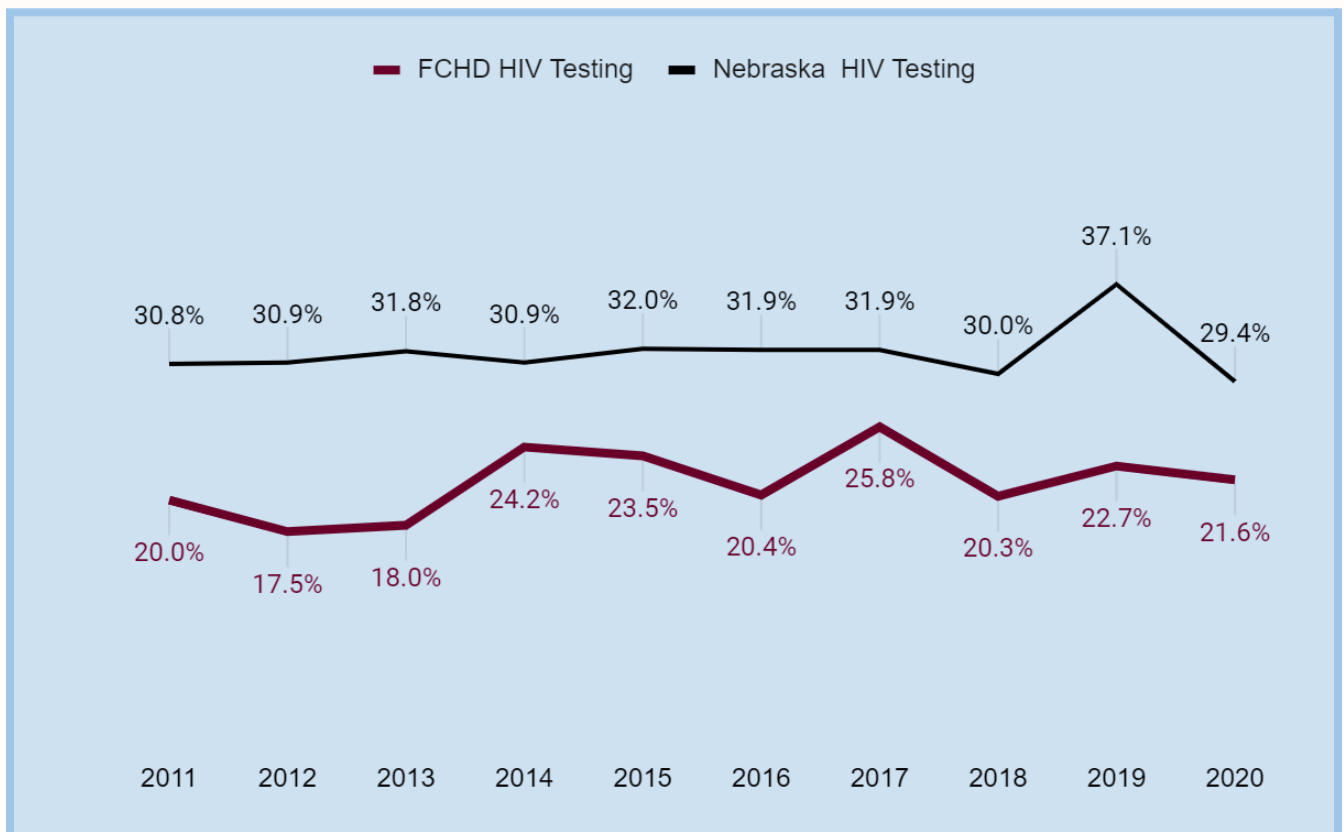
Data Source: Nebraska Behavioral Risk Factor Surveillance System (BRFSS), 2011-2020. Percentage of adults 65 and older who report that they have ever received a pneumonia vaccination for Four Corners Health Department (FCHD) and Nebraska. <https://atlas-dhhs.ne.gov/Atlas/BRFSS>

HIV testing

Overall Trends:

- Throughout the entire period, Nebraska consistently had higher HIV testing rates compared to FCHD. [Figure 54](#).
- FCHD's HIV testing rates fluctuated significantly over the years. For example, testing rates increased from 18.0% in 2013 to 24.2% in 2014, and then decreased to 20.4% in 2016, before peaking at 25.8% in 2017.
- Despite increases in HIV testing rates in certain years, FCHD's testing rates consistently remained lower than Nebraska's, and the gap between the two regions never closed completely.

Figure 54. Ever been tested for HIV (excluding blood donation), adults 18-64 years old, FCHD and Nebraska (2011-2020)



Data Source: Nebraska Behavioral Risk Factor Surveillance System (BRFSS), 2011-2020. Percentage of adults 18-64 year old who report that they have ever been tested for HIV/AIDS for Four Corners Health Department (FCHD) and Nebraska. <https://atlas-dhhs.ne.gov/Atlas/BRFSS>

References

- Birdsey, J., Cornelius, M., Jamal, A., Park-Lee, E., Cooper, M., Wang, J., Sawdey, M. D., Cullen, K. A., & Neff, L. (2023). Tobacco product use among U.S. middle and high school students — National Youth Tobacco Survey, 2023. *Morbidity and Mortality Weekly Report*, 72(44), 1173-1182. <https://www.cdc.gov/mmwr/volumes/72/wr/pdfs/mm7244a1-H.pdf> and <https://www.cdc.gov/mmwr/volumes/72/wr/mm7244a1.htm>
- Bureau of Sociological Research. (2023). *2023 NRPFS Report: Four Corners Health Department*. University of Nebraska-Lincoln. Retrieved from https://bosr.unl.edu/sites/unl.edu.cas.sociology.bureau-of-sociological-research/files/media/file/2023%20NRPFS%20Report_Four%20Corners%20Health%20Department_final.pdf
- CDC State Unintentional Drug Overdose Reporting System (SUDORS) - 2020 and 2021 Summary of Unintentional and Undetermined Intent Drug Overdose Deaths in Nebraska Behavioral Health Region 5. Retrieved September 1, 2024, from <https://dhhs.ne.gov/Documents/2020-and-2021-Nebraska-Behavioral-Health-Region-5-SUDORS-Factsheet.pdf>
- Drozd, David, "Nebraska County Population Projections: 2010 to 2050" (2015). Past Publications. 258. <https://digitalcommons.unomaha.edu/cparpublications/258>
- University of Wisconsin Population Health Institute. County Health Rankings & Roadmaps 2024. Nebraska data: www.countyhealthrankings.org

Appendix

Appendix A. Risky Behaviors and Health Concerns by County (2021 & 2024)

| County | Risky Behaviors 2021 | Health Concerns 2021 | Responses 2021 | Risky Behaviors 2024 | Health Concerns 2024 | Responses 2024 | Changes |
|--------------|-------------------------------------------------|---------------------------------------|----------------|-------------------------------------------------|---------------------------------------------|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| York | Drug Abuse, Alcohol Abuse, Overweight | Mental Health, Cancer, Poverty | 524 | Drug Abuse, Alcohol Abuse, Overweight | Mental health, Cancer, Poverty | 187 | Risky Behaviors: No Change. Health Concerns: Changed from Mental Health, Cancer, Poverty to Mental health, and Cancer |
| Butler | Alcohol Abuse, Too much screen time, Overweight | Mental Health, Cancer, Poverty | 126 | Alcohol Abuse, Too much screen time, Overweight | Heart disease/stroke, Mental health, Cancer | 14 | Risky Behaviors: No Change. Health Concerns: Changed from Mental Health, Cancer, Poverty to Heart disease/stroke, Mental health, and Cancer |
| Polk | Alcohol Abuse, Too much screen time, Overweight | Cancer, Mental Health, Aging | 139 | Alcohol Abuse, Drug Abuse, Overweight | Mental health, Cancer, Aging problems | 46 | Risky Behaviors: Changed from Alcohol Abuse, Too much screen time, Overweight to Alcohol Abuse, Drug Abuse, and Overweight. Health Concerns: Changed from Cancer, Mental Health, Aging to Mental health, Cancer, and Aging problems |
| Seward | Alcohol Abuse, Too much screen time, Overweight | Mental health, Cancer, Aging problems | 495 | Alcohol Abuse, Drug Abuse, Overweight | Mental health, Cancer, Poverty | 262 | Risky Behaviors: Changed from Alcohol Abuse, Too much screen time, and Overweight to Alcohol Abuse, Drug Abuse, and Overweight. Health Concerns: Changed from Mental health, Cancer, and Aging problems to Mental health, Cancer, and Poverty |
| TOTAL | | | 1284 | | | 509 | -60% |

Appendix B: Forces of Change Assessment

Four Corners Health Department

March 2024

What is occurring or might occur that affects the health of the community or the local public health system?

| Increased Awareness of Prevention | Ag Economy Changes | Partnerships Across District | Care Coordination | Inflation and Economy | Mistrust in Public Health & Our Leaders | Telemedicine | Resistant and New Communicable Diseases | Wellness – Physical Activity & Nutrition |
|-------------------------------------------------------------------|--------------------------------------------|----------------------------------------------------------|-------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------|-------------------------------------------------|--------------------------------------------------|--------------------------------------------------------------------------------------------------|
| Prevention vs. treatment | Moving from family farm to corporations | Positive | Interoperability | Increases disparities | Post-COVID public perception is poor | Available across our District | Re-emerging diseases | Communities are getting better at promoting trail systems, Wellness Centers, & Community Gardens |
| Proactive vs. reactive | High farm production costs | We rely on the strengths of each other and work together | Everyone is communicating – patient, provider, community | Cost of living increases | Trust is low – hurts communication and running programs | Used for health care and mental health services | Food-borne illnesses, outbreaks and transmission | Need to increase access to low-cost wellness activities |
| Focus on prevention in programming – oral health, chronic disease | Security for the Ag Economy ebbs and flows | | Getting people connected to services – some gaps in communication | Increased prices, lead to many insecurities – families make choices | Distribution of Misinformation | Utilized more post-COVID | Vaccine Hesitancy | |

Forces of Change Assessment (continued)

| Increased Disparities | COVID Prevention | More Requirements on Schools | Influence of Social Media & Technology | Policy | Diversity of Family Structure |
|------------------------------------------------|---------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|-----------------------------|------------------------------------------------|
| Transportation Needs | Has influenced everything, how we live our day to day lives | Responsible to teach more things that should be taught at home | Bullying by Social Media | Increased awareness | Single Parent or Multi-Generational Households |
| Birth – Age 5 is critical to reach youth | Health care system responding to new variants | Tools are there to help parents, but they choose not to participate | Communication methods have changed | Transgender Issues | Division of parenting styles |
| Childcare Needs | Long-haul COVID patients | Parent Apathy | Technology is more scientific | Women’s Reproductive Health | Who makes the decisions? |
| Low-income housing availability | Increased social isolation | School personnel burnout & staff turnover | Cybersecurity is an issue | | Nontraditional parenting |
| Public transportation for the elderly and kids | Workforce changes. Early retirements and workers shifting from at home work to office work. | | Increased device usage by youth and adults, negatively influencing behavioral and mental health | | Lack of traditional family structures |
| Veterans and their families feel isolated | Testing continues | | Parent/Child Disengagement | | Parents need the skills to find what they need |
| Food Access | Handwashing | | | | Care for Aging Parents |

