Community Health Needs Assessment

2022

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COMMUNITY HEALTH NEEDS ASSESSMENT
At a Glance

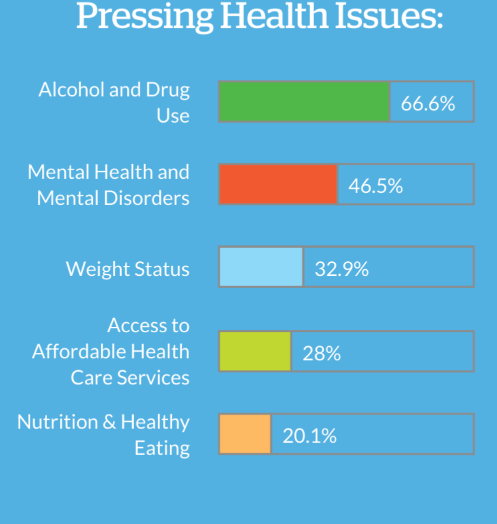
Reid Health

Secondary Data

Primary Data/Community Input

Community Survey, Key Informant Interviews, Focus Group Discussions

Pressing Health Issues:



Quality of Life Factors:

Health Equity

Health equity focuses on the fair and just distribution of health determinants, outcomes, and resources across communities.

Systemic racism
Poverty
Gender discrimination

Poorer health outcomes for groups such as people of color, indigenous communities, people experiencing poverty, and LGBTQ+ communities

REID HEALTH PRIORITY HEALTH NEEDS

Mental Health & Substance Misuse

Mental Health & Mental Disorders

Themes from Community Input:

- Mental health care resources, appointments and available providers are disproportionate to community need
- One of the most pressing health concerns to be addressed from survey; impacts everyone (46.5%)
- Vulnerable Populations: Children, Latino/Hispanic, Female Veterans, Older Populations

Warning Indicators:

- Poor Mental Health: 14+ Days
- Poor Mental Health: Average Number of Days
- Adults Ever Diagnosed with Depression
- Mental Health Provider Rate

Substance Misuse (Alcohol & Drug Use, Tobacco Use)

Themes from Community Input:

- Need for free counseling services, harm reduction strategies, and more education / prevention resources
- The stigma of getting help
- Ranked by 66.6% of survey respondents as the top pressing health issue
- Vulnerable populations: teens, young adults, people leaving recovery and/or prison, veterans, minority populations
- Isolation, anxiety, paranoia- Covid-19 Impact

Warning Indicators:

- Adults who Binge Drink
- Non-Fatal Emergency Department Visits due to Opioid Overdoses
- Adults who Smoke
- Adults Who Used Electronic Cigarettes: Past 30 Days
- Adults Who Used Smokeless Tobacco: Past 30 Days

Maternal, Fetal & Children's Health

Maternal, Fetal & Infant Health

Themes from Community Input:

- Ranked by survey respondents as the third most pressing health concern (33.3%)
- Stress, anxiety, and childhood trauma cited as contributing factors

Warning Indicators:

- Mothers who Smoked During Pregnancy
- Teen Birth Rate
- Mothers who Received Early Prenatal Care
- Infant Mortality Rate
- Babies with Low Birth Weight

Children's Health

Themes from Community Input:

- Challenges with Students receiving mental health care in schools
- Poor Dental Hygiene
- Improper/Poor Nutrition

Physical Activity, Nutrition & Weight Status

Themes from Community Input:

- Need for nutrition education and educators
- Lack of exercise (unsafe to access exercise facilities during COVID) 32.9% of respondents described Weight Status as one of the most pressing concerns in the community
- 20.1% of respondents described Nutrition and Healthy eating as an important health concern in the community
- Built environment: Not having access to fresh/healthy foods. Easier access to unhealthy foods. (Doesn't support access to healthy foods)

Warning Indicators:

- Workers who Walk to Work
- Access to Exercise Opportunities
- Adults who Follow a Regular Exercise Routine
- Adult Sugar-Sweetened Beverage Consumption: Past 7 Days

Executive Summary

The purpose of this Community Health Needs Assessment (CHNA) is to identify and prioritize significant health needs of the communities served by Reid Health. The priorities identified in this report help to guide the hospital's community health improvement programs and community benefit activities, as well as its collaborative efforts with other organizations that share a mission to improve health. This CHNA report meets requirements of the Patient Protection and Affordable Care Act that nonprofit hospitals conduct a community health needs assessment at least once every three years.

Reid Health Mission, Vision and Values

The hospital's dedication to engaging with the community, assessing priority needs, and helping to address them with community health program activities is in keeping with its:

CHNA Collaborators

Reid Health commissioned Conduent Healthy Communities Institute (HCI) to conduct the 2023-2025 Community Health Needs Assessment.

Methods for Identifying Community Needs

Secondary data used in this assessment consisted of community health indicators, while primary data consisted of key informant interviews, focus group discussions, and an online community survey. Findings from all these data sources were analyzed to identify the significant health needs of the communities served by Reid Health.

Secondary Data

The secondary data used in this assessment were obtained and analyzed from a community indicator database developed by Conduent Healthy Communities Institute. The database includes over 150 community health and quality of life indicators, spanning at least 24 topics, that are primarily derived from state and national public data sources. Indicator values for eight counties were compared to other counties in Ohio, Indiana, and the U.S., trends over time and Healthy People 2030 targets to assess relative areas of need. HCI's Data Scoring Tool systematically summarizes these comparisons, ranking indicators based on the highest need. Each indicator is assigned a score from 0 to 3, where 0 indicates the best outcome and 3 indicates the worst outcome. Indicators are grouped into broader topic areas for a higher-level ranking of community health needs. Topic scores also range from 0 to 3, with 0 indicating the best outcome and 3 indicating the worst outcome. Topics receiving a secondary data score of 1.50 or higher were identified as a significant health need.

Primary Data

The primary data used in this assessment included an online community survey and qualitative data in the form of key informant interviews and a focus group discussions. Key informants invited to participate in these interviews were recognized as having expertise in public health, special knowledge of community health needs, representing the broad interests of the community served by the hospital, and/or being able to speak to the needs of medically underserved or vulnerable populations.

Summary of Findings

Health needs were determined to be significant if they met the following criteria:

- Secondary data analysis: topic score of 1.50 or higher
- Survey analysis: identified by 20% or more of respondents as a priority issue
- Qualitative analysis: frequency topic was discussed within/across interviews and the focus group

Through this criteria, eleven needs emerged as significant. Figure 1 illustrates the final 11 significant health needs, listed in alphabetical order, that were included for prioritization based on the findings of all forms of data collected for the Reid Health 2023-2025 CHNA.

FIGURE 1. SIGNIFICANT HEALTH NEEDS

Children's Health	Mental Health & Mental Disorders
Diabetes	Older Adults
Education	Substance Misuse (Alcohol & Drug Use, Tobacco Use)
Health Care Access & Quality including Transportation	Support for families with Children (childcare, parenting support)
Heart Disease & Stroke	Weight Status, Physical Activity & Nutrition
Maternal, Fetal & Infant Health	

Prioritization

Reid Health convened a group of community leaders to participate in a presentation of data on the 11 significant health needs. Following the presentation, participants engaged in a discussion and were asked to complete a prioritization activity.

Process and Criteria

The online prioritization activity included two criteria for prioritization:

- Magnitude of the Issue
- Ability to Impact

Participants assigned a score of 1-3 to each health topic and criterion, with a higher score indicating a greater need for that topic to be prioritized. Numerical scores for the two criteria were then combined and averaged to produce an aggregate score and ranking for each health topic.

FIGURE 2. RANKED ORDER OF HEALTH NEEDS

1. **Mental Health & Mental Disorders**
2. **Children's Health**
3. **Substance Misuse**
4. **Maternal, Fetal & Infant Health**
5. **Weight Status/Physical Activity/Nutrition**
6. **Education**
7. **Health Care Access & Quality, including Transportation**
8. **Support for Families with Children**
9. **Diabetes**
10. **Older Adults**
11. **Heart Disease & Stroke**

Prioritization Results

The list of significant health needs in Figure 2 is provided in the rank order that resulted from the prioritization process. The needs are listed in order of highest priority to lowest priority.

Prioritized Areas

The prioritized list of significant health needs was presented to the hospital's Community Well-Being Committee and reviewed the scoring results of the prioritization activity in conjunction with the full list of health needs that were identified as significant across all eight counties of Reid Health system. A decision was made to combine the prioritized health areas of Mental Health & Mental Disorders with Substance Misuse. Similarly, Maternal, Fetal & Infant Health with Children's Health and move forward with the significant health needs that were trending across the system level. This process resulted in a final selection of three priority health areas that will be considered for subsequent implementation planning. The three priority health needs are shown in Table 1.

TABLE 1. PRIORITIZED HEALTH
Mental Health & Substance Misuse
Physical Activity, Nutrition & Weight
Maternal, Fetal & Children's Health

Report Availability and Comments

The report is widely available to the public on the hospital's website: www.reidhealth.org/about/community-benefit and www.reidcommunities.org. Paper copies are also available for inspection upon request at Reid Health. Written comments on this report can be submitted through the online Assessment Feedback form: CommunityBenefit@ReidHealth.org

Conclusion

This report describes the process and findings of a comprehensive Community Health Needs Assessment (CHNA) for the communities served by Reid Health. The prioritization of the identified significant health needs will guide the community health improvement efforts of the hospital. Following this process, Reid Health will outline how it plans to address the prioritized health needs.

Introduction & Purpose

Reid Health is pleased to present its fiscal year 2023-2025 Community Health Needs Assessment (CHNA).

CHNA Purpose

The purpose of this CHNA report is to identify and prioritize significant health needs of the communities served by Reid Health. The priorities identified in this report help to guide the hospital's community health improvement programs and community benefit activities, as well as its collaborative efforts with other organizations that share a mission to improve health. This CHNA report meets requirements of the Patient Protection and Affordable Care Act that nonprofit hospitals conduct a community health needs assessment at least once every three years.

This report includes a description of:

- The community demographics and population served;
- The process and methods used to obtain, analyze and synthesize primary and secondary data;
- The significant health needs in the community, taking into account the needs of uninsured, low-income, and marginalized groups;
- The process and criteria used in identifying certain health needs as significant and prioritizing those significant community needs.

Reid Health

Reid Health, located in Richmond, Indiana is a non-profit 271-bed regional referral medical center serving east central Indiana and west central Ohio. Reid Health's service area is home to about 285,000 people spanning eight counties across two states. Though a new hospital was opened in 2008, Reid Hospital originated in 1905 when Daniel G. Reid financed construction for the hospital in memory of his wife and son. Through the years, Reid Health has grown to employ over 3,500 people and has the support of nearly 150 volunteers. Major service lines within the organization include: Heart & Vascular Services, Cancer Center, Women's Health, Orthopedics & Spine, Rehab Services, and Psychiatric Care.

Community Well-Being Leadership and Team

The Community Well-Being Board Committee is the decision-making entity for Reid Health Community Benefit activities. The board committee is comprised of:

- Robin Henry, Community Well-Being Board Committee Chair & Reid Health Governing Board Member

- Tom Hilkert, Community Well-Being Board Committee Member & Reid Health Governing Board Chair
- Karen Clark, Community Well-Being Board Committee Member & Reid Health Governing Board Member
- Kathy Girten, Community Well-Being Board Committee Member & Reid Health Governing Board Member
- Morgan Howard, Community Well-Being Committee Member & Reid Health Governing Board Member
- Denise Retz, Community Well-Being Board Committee Member & Reid Health Governing Board Member
- Jim Tanner, Community Well-Being Board Committee Member & Reid Health Governing Board Member
- Aleasia Stewart, Community Well-Being Board Committee Member
- Nicole Stults, Community Well-Being Board Committee Member
- Bob Warfel, Community Well-Being Board Committee Member
- Craig Kinyon, President and Chief Executive Officer, Reid Health
- Billie Kester, Vice President, Continuum of Care, Reid Health
- Jason Troutwine, Vice President, Reid Health
- Daniel Wegg, MD, Community Well-Being Board Committee Member, RHPA Medical Director
- Angela Cline, Director, Community Benefit, Reid Health
- Brian Schleeper, Community Benefit Specialist, Reid Health
- Megan Broeker, Director, Reid Foundation, Reid Health
- Judi Willett, Director, Marketing and Community Relations, Reid Health

Acknowledgements

Consultant

Reid Health commissioned Conduent Healthy Communities Institute (HCI) to support report development for Reid Health's 2023-2025 Community Health Needs Assessment. HCI works with clients across the nation to drive community health outcomes by assessing needs, developing focused strategies, identifying appropriate intervention programs, establishing monitoring systems, and implementing performance evaluation processes. Report authors from HCI include Era Chaudhry, MBA, MPH, Public Health Senior Analyst; Olivia Dunn, Research Lead; Courtney Wiggins, Project Coordinator. To learn more about Conduent Healthy Communities Institute, please visit https://www.conduent.com/community-health/.

External Stakeholders

Reid Health gratefully acknowledges the participation of a dedicated group of external stakeholders that gave generously of their time and expertise to help guide this CHNA report.

- Neal Adams, Randolph Eastern School Corporation
- Tonya Addington, Reid Health
- Tracy Amyx, Indiana University East
- CeAnn Bales, Randolph County EDC
- Amanda Bowman, Henry County Systems of Care and Meridian Health Services
- Tamara Brinkman, United Way-Whitewater Valley
- Leslie Collins, City of Eaton Community Development Specialist
- Cindy Cox, Neighborhood Health Center
- Katrina Davis, Eaton Family Care & State Line Family Medicine
- Claudia Edwards, Preble Arts
- Lisa Felsman, Centerstone Systems of Care
- Pam Ferguson, Winchester Area Churches and Community Food Pantry
- Clayton Genth, Home Is the Foundation
- Katherine Good, Connersville Parks Department
- Sharrie Harlin-Davis, Reid Health
- Erin Harris, Ohio Means Jobs
- Hanna Hensel, Reid Health
- Misty Hollis, Richmond YMCA
- Candace Hunt, Reid Health
- Lisa Jennings, Randolph County Foundation
- Brayton Johns, Fayette County Community Voices
- Myreta Killen, Reid Health
- Karla Kuhn, Reid Health
- Katie Lash, East Central Educational Service Center
- Amy Leedy, Miami Valley Career Technology Center
- Kaylynn Marcum, NATCO Community Empowerment Center
- Becky Marvel, Purdue Extension-Fayette, Franklin, Union Counties
- Jim McCormick, Independent Living Center of Eastern Indiana
- Christy Millhouse, Ohio State University Extension
- Sarah Mitchell, Economic Development Corporation of Wayne County
- Maria Morgan, Preble County Board of Developmental Disabilities
- Jonathan Nicholson, Lynn Fire Department
- Julie Northcutt, Randolph Central Schools
- Alicia Painter, Boys & Girls Clubs of Wayne County
- Alexandra Pflug, Fayette County Foundation
- Tim Pierson, Bridges for Life and Drug Free Wayne County Partnership
- Shelly Price, Randolph County YMCA
- Sarah Rathburn, Family Services and Prevention Programs
- Shelly Ratliff, Preble County Council on Aging
- Amy Raynes, Preble County Mental Health and Recovery Board
- Denise Retz, Richmond Parks and Recreation
- Jennifer Reynolds, New Castle Primary & Specialty Care
- Zoe Robinson, Randolph County Purdue Extension
- Paul Schreiber, Preble County YMCA

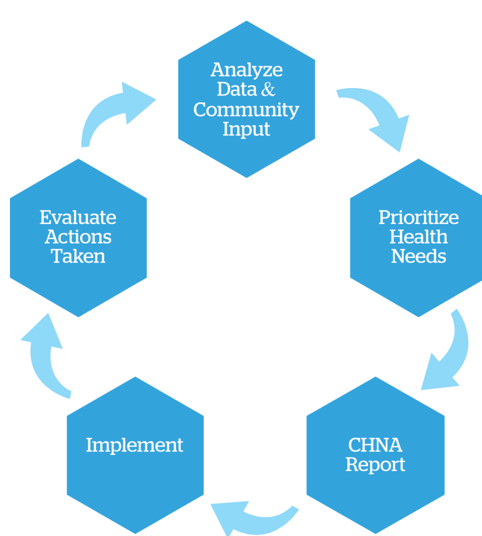
- Dana Sinclair, NATCO Community Empowerment Center
- Eldon Solomon, The Journey Home Veteran's Shelter
- Acacia St. John, Forward Wayne County
- Jerri Lynn Stanley, Recovery & Wellness Center of Midwest Ohio
- Paul Stanley, Richmond State Hospital
- Anne Taylor, Monroe Central School Corporation
- Dr. Wegg, Randolph Medical Center, Population Health Committee-Reid Health
- Ashley Werner, Reid Health
- Judi Willett, Reid Health
- Jessica Williams, NP, New Castle Primary & Specialty Care
- Alison Zajdel, Stamm Koechlein Family Foundation

Look Back: Evaluation of Progress Since Prior CHNA

Reid Health completes its CHNA every three years. An important piece of this three-year cycle includes the ongoing review of progress made on priority health topics set forth in the preceding CHNA and Implementation Strategy (Figure 3). By reviewing the actions taken to address priority health issues and evaluating the impact those actions have made in the community, it is possible to better target resources and efforts during the next assessment.

Priority Health Needs from Preceding CHNA

FIGURE 3. THE CHNA CYCLE



Reid Health's priority health areas for fiscal year 2020-2022 were:

- Mental Health and Substance Misuse
- Physical Activity, Nutrition & Weight
- Adverse Childhood Experiences

A detailed impact report outlining the goals, objectives and status of each strategy is provided in Appendix G.

Community Feedback

Reid Health's preceding Community Health Needs Assessment and Implementation Strategy were made available to the public via the websites www.reidhealth.org/about/community-benefit and www.reidcommunities.org. In order to collect comments or feedback, a special email address was used: communitybenefit@reidhealth.org. No written comments had been received on the preceding CHNA at the time this report was written.

Defining the Community

Defining the community is a key component of the CHNA process as it determines the scope of the assessment and implementation strategy.

Reid Health Service Area

The community served by Reid Health consists of eight counties in Indiana and Ohio. The geographical boundary of the hospital's service area is defined by Wayne, Randolph, Fayette, Union, Franklin and Henry counties in Indiana and Preble and Darke counties in Ohio are colored in blue in the map below. The service area is home to an estimated 285,000 residents. Figure 4a and 4b show the Reid Health service area by county and zip codes, respectively. As indicated by the blue "H", Reid Health is geographically located in the center of its service area.

FIGURE 4A: REID HEALTH SERVICE AREA BY COUNTY

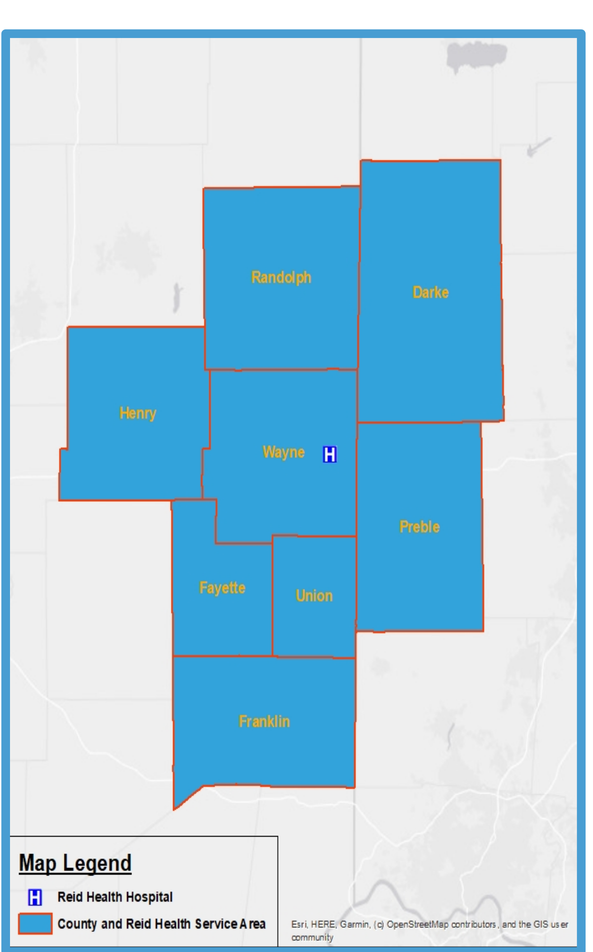
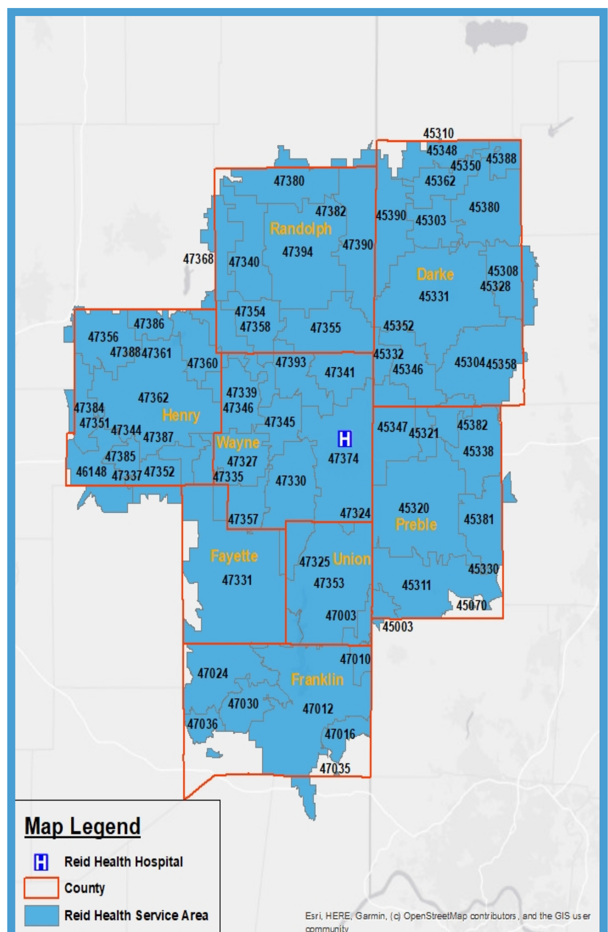


FIGURE 4B: REID HEALTH SERVICE AREA BY ZIP CODE



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Demographics of the Reid Health Service Area

The demographics of a community significantly impact its health profile. Different racial, ethnic, age, and socioeconomic groups may have unique needs and require varied approaches to health improvement efforts. The following section explores the demographic profile of the community residing in the Reid Health Service Area.

Geography and Data Sources

Data in this section is presented at various geographic levels including the eight counties in the service area (Darke, Fayette, Franklin, Henry, Preble, Randolph, Union and Wayne) and/or the Reid Health Service Area value. Comparisons to the state and national value are also provided when available. All demographic estimates are sourced from U.S. Census Bureau[1] (2019) American Community Survey[2] one-year (2019) or five-year (2016-2020) estimates unless otherwise indicated.

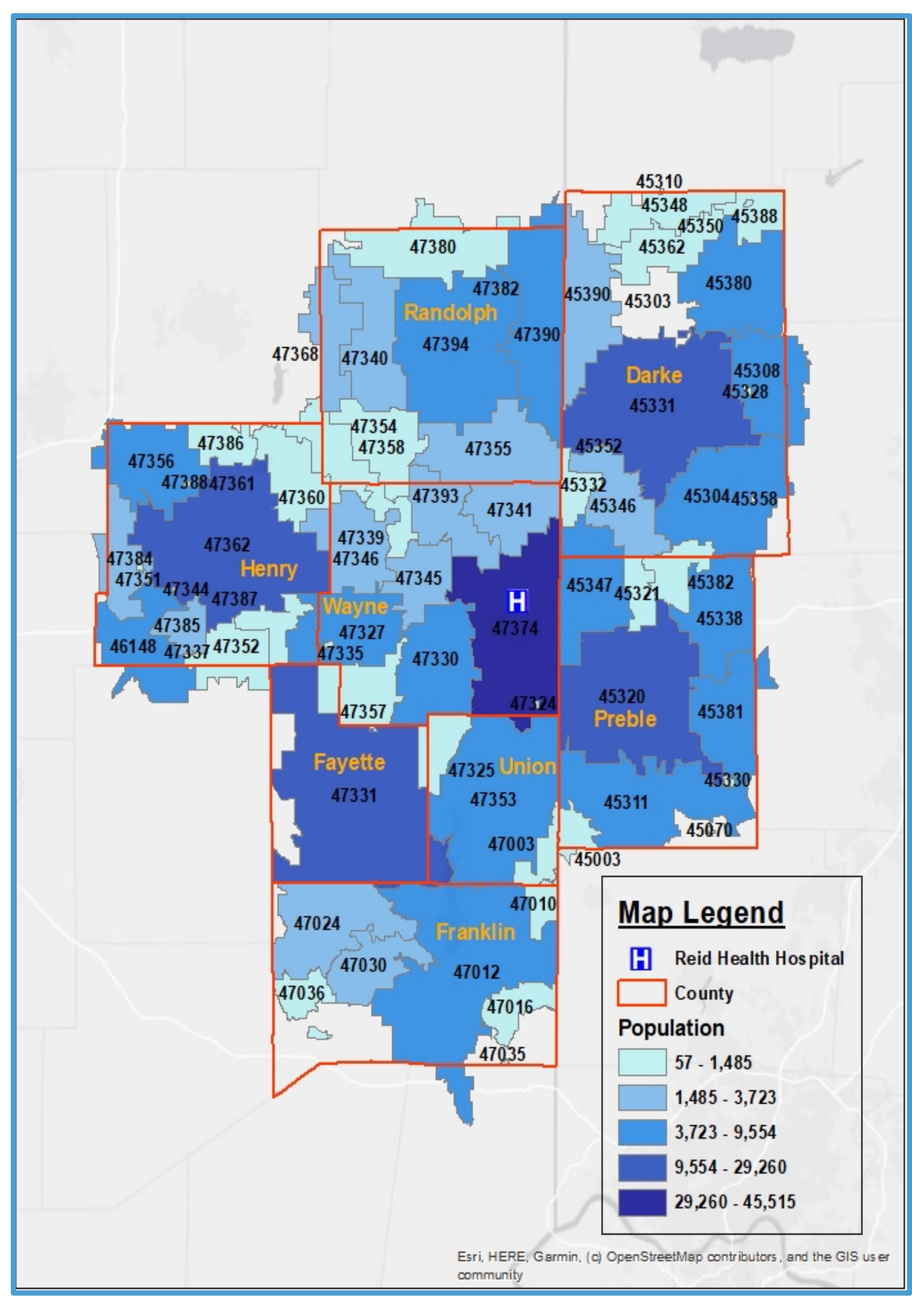
Population

According to the 2019 U.S. Census Bureau population estimates, the Reid Health Service Area has an estimated population of 283,430 persons. Figure 5 shows the population size by each ZIP code, with the darkest blue representing the ZIP codes with the largest population. Appendix A provides the actual population estimates for each ZIP code. The most populated ZIP code area within the service area is ZIP code 47374 (Wayne County) with a population of 45,515 persons. Wayne County is also the largest county with 65,884 persons while Union County is the smallest with a population of 7,054 persons.

[1] U.S. Census Bureau. https://www.census.gov/quickfacts/fact/table/US/PST045221

[2] American Community Survey. https://www.census.gov/programs-surveys/acs

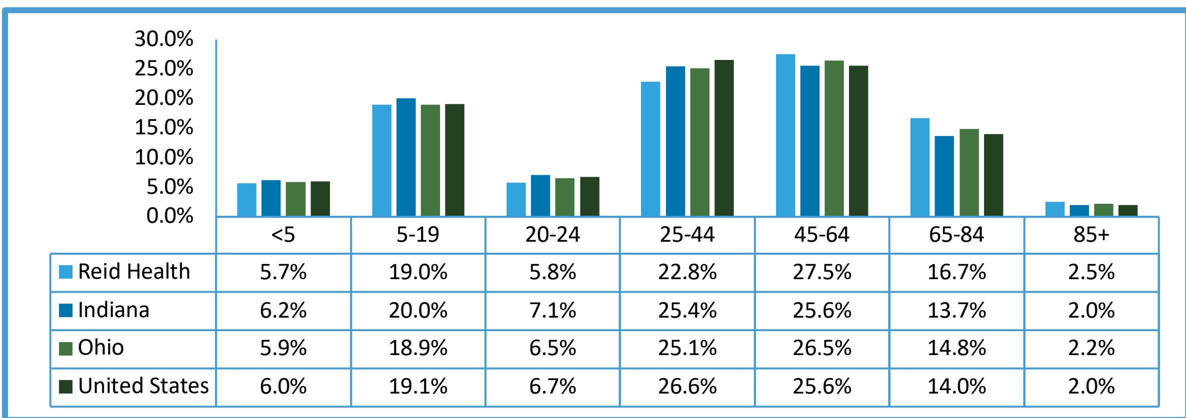
FIGURE 5: REID HEALTH SERVICE AREA POPULATION BY ZIP CODE



Age

Children under five-years comprised 5.7% of the population in the Reid Health Service Area. When compared to Indiana (6.2%) and Ohio (5.9%), the service area has a lower proportion of children under the age of five. The Reid Health Service area has a higher proportion of residents 85+ (2.5%) as compared to Indiana (2%), Ohio (2.2%) and the United States (2%). Figure 6 shows a further breakdown of age categories.

FIGURE 6: POPULATION BY AGE: STATE AND NATIONAL COMPARISONS



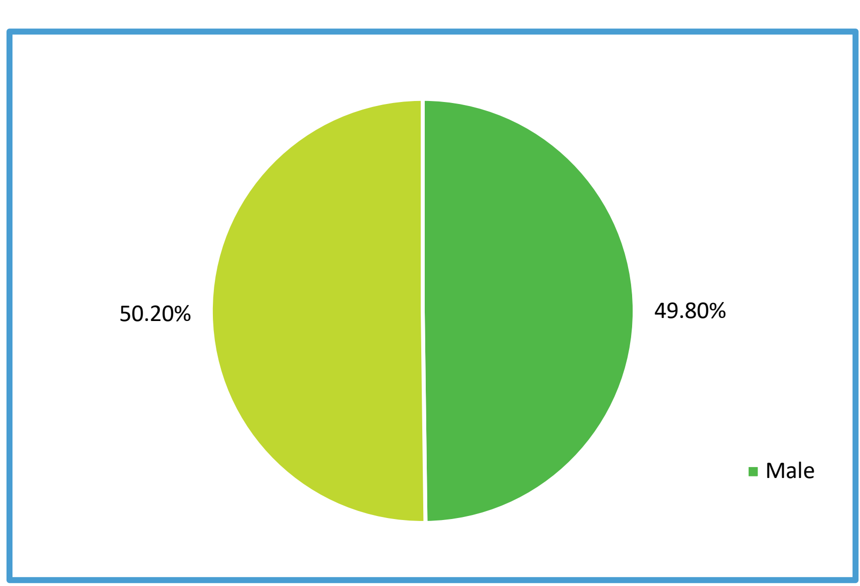
	<5	5-19	20-24	25-44	45-64	65-84	85+
Reid Health	5.7%	19.0%	5.8%	22.8%	27.5%	16.7%	2.5%
Indiana	6.2%	20.0%	7.1%	25.4%	25.6%	13.7%	2.0%
Ohio	5.9%	18.9%	6.5%	25.1%	26.5%	14.8%	2.2%
United States	6.0%	19.1%	6.7%	26.6%	25.6%	14.0%	2.0%

Source: American Community Survey, 2016-2020

Sex

Figure 7 shows the population of the Reid Health service area by sex. In the Reid Health service area, males comprise 49.8% of the population, whereas females comprise 50.2%of the population.

FIGURE 7: PERCENTAGE OF POPULATION BY SEX



Source: American Community Survey, 2016-2020

Race and Ethnicity

The racial and ethnic composition of a population is important in planning for future community needs, particularly for schools, businesses, community centers, health care, and childcare. Analysis of health and social determinants of health data by race/ethnicity can also help identify disparities in housing, employment, income, and poverty.

The racial makeup of the Reid Health service area shows 94.4% of the population identify as White, as indicated in Figure 8. This is higher than the percent of White community members in Indiana (84.8%) and Ohio (81.7%). Hispanic community members represent 2.3% of the Reid Health service area, which is lower than the percent of Hispanic community members in the states of Indiana (7.3%) and Ohio (4%).

FIGURE 8: POPULATION BY RACE/ETHNICITY: REID HEALTH AND STATE COMPARISONS

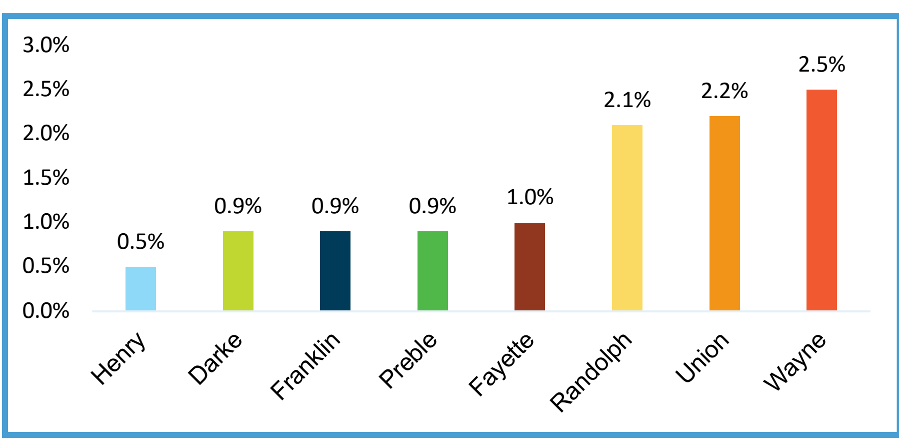
	Reid Health	Indiana	Ohio
American Indian/Alaska Native	0.2%	0.4%	0.3%
Asian	0.6%	2.6%	2.5%
Black/African American	2.1%	9.9%	13.1%
Native Hawaiian/Pacific Islander	0.0%	0.1%	0.1%
Two or More Races	2.1%	2.2%	2.4%
White	94.4%	84.8%	81.7%
Hispanic	2.3%	7.3%	4.0%

Source: American Community Survey, 2016-2020

Language and Immigration

Understanding countries of origin and language spoken at home can help inform the cultural and linguistic context for the health and public health system. According to the American Community Survey, 2.5% of residents in Wayne County were born outside the U.S., whereas only 0.5% of residents in Henry County are foreign born (Figure 9).

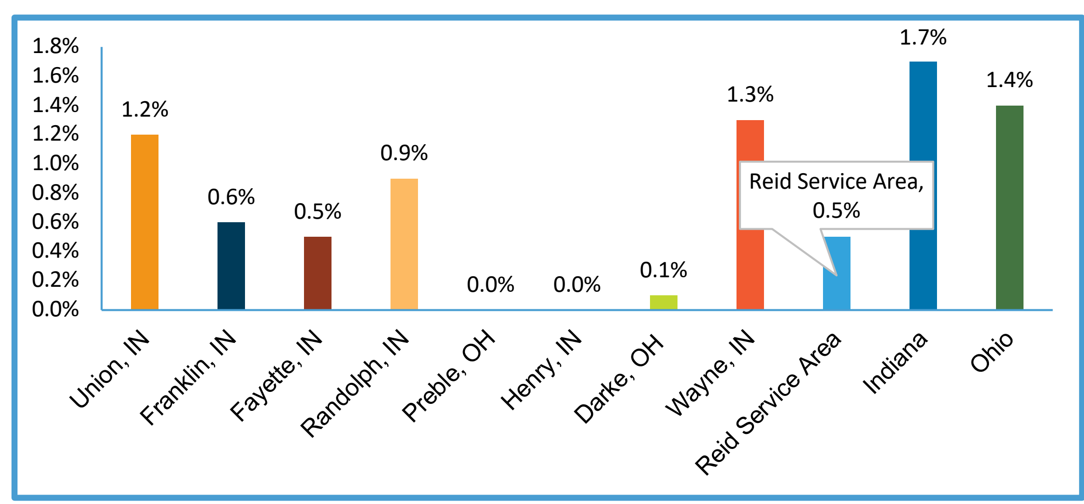
FIGURE 9: FOREIGN BORN PERSONS: REID HEALTH COUNTIES



Source: American Community Survey, 2016-2020

Linguistic Isolation measures the percent of households in which every member aged 14 years or older has some difficulty speaking English. In the Reid Health service area, 0.5% of households have difficulty speaking English. A larger proportion of residents in Indiana struggle speaking English (1.7%), and residents in Ohio (1.4%) as well. Wayne County has the highest percentage of households finding it difficult to speak English compared to all counties in the service area (1.3%).

FIGURE 10: LINGUISTIC ISOLATION: COUNTY, SERVICE AREA, AND STATE COMPARISONS



Source: American Community Survey, 2016-2020

Social & Economic Determinants of Health

This section explores the economic, environmental, and social determinants of health impacting the Reid Health service area. Social Determinants of Health (SDOH) are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. The Social Determinants of Health can be grouped into five domains. Figure 11 shows the Healthy People 2030 Social Determinants of Health domains (Healthy People 2030, 2022).

FIGURE 11: HEALTHY PEOPLE 2030 SOCIAL DETERMINANTS OF HEALTH DOMAINS

Geography and Data Sources

Data in this section are presented at various geographic levels (ZIP code, county, service area) depending on data availability. When available, comparisons to county, state, and/or national values are provided. It should be noted that county level data can sometimes mask what could be going on at the ZIP code level in many communities. While indicators may be strong when examined at a higher level, ZIP code level analysis can reveal disparities. All demographic estimates are sourced from U.S. Census Bureau[3] (2019) American Community Survey[4] one-year (2019) or five-year (2016-2020) estimates unless otherwise indicated.

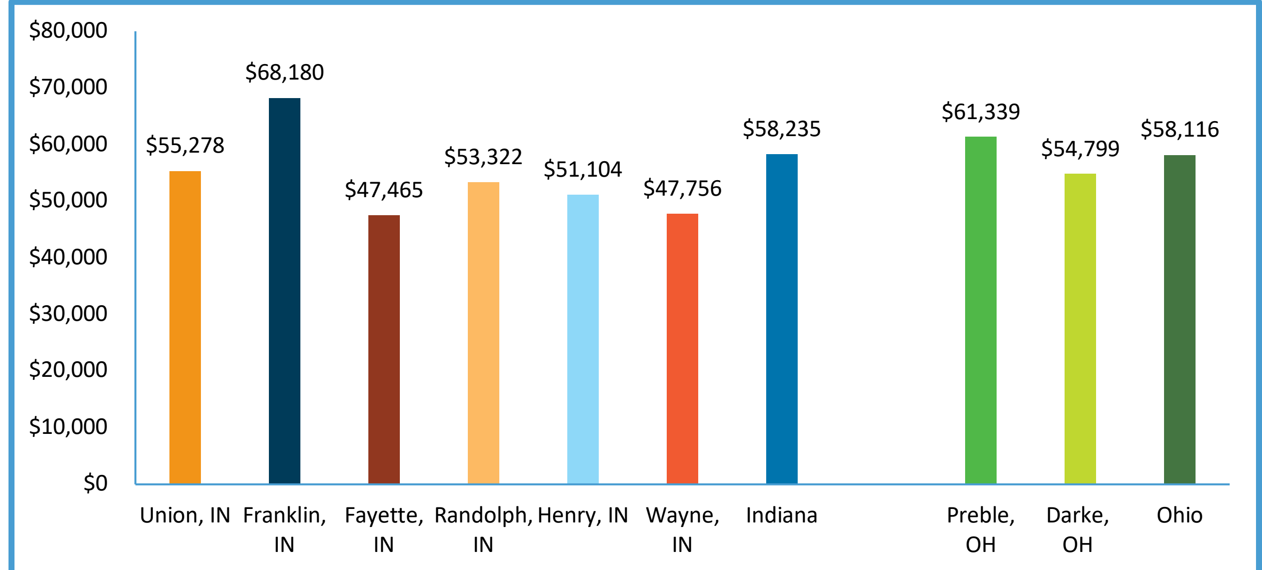
[3] U.S. Census Bureau. https://www.census.gov/quickfacts/fact/table/US/PST045221
[4] American Community Survey. https://www.census.gov/programs-surveys/acs

Income

Income has been shown to be strongly associated with morbidity and mortality, influencing health through various clinical, behavioral, social, and environmental factors. Those with greater wealth are more likely to have higher life expectancy and reduced risk of health conditions including heart disease, diabetes, obesity, and stroke. Poor health can also contribute to reduced income by limiting one's ability to work.[5]

Figure 12 shows the median household income for all counties in the service area as well as Indiana and Ohio. Franklin County has the highest median household income in the service area ($68,180) and Fayette County has the lowest median household income ($47,465).

FIGURE 12: MEDIAN HOUSEHOLD INCOME: COUNTY AND STATE COMPARISONS



Source: American Community Survey, 2016-2020

The median household income Indiana is $58,235 and $58,116 in Ohio. Preble has the second highest median household income in the service area ($61,339).

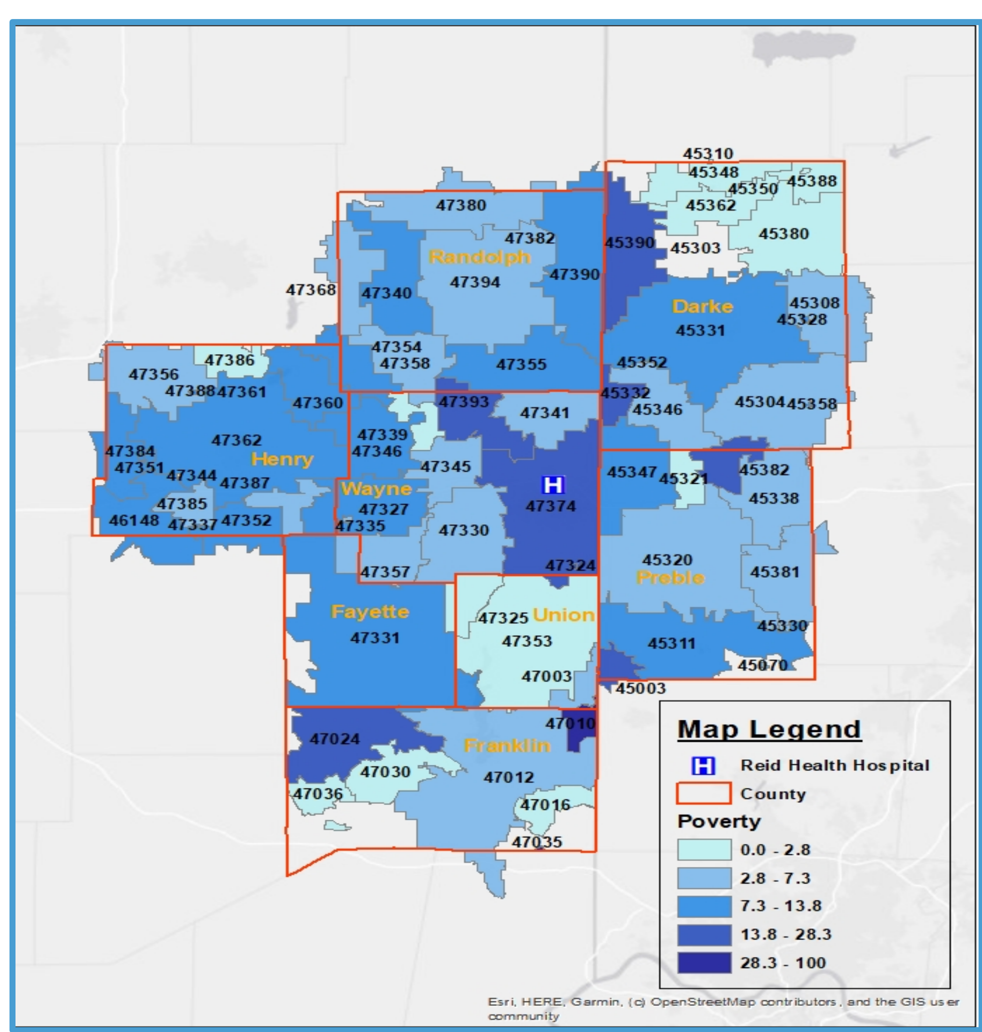
[5] Robert Wood Johnson Foundation. Health, Income, and Poverty. https://www.rwjf.org/en/library/research/2018/10/health--income-and-poverty-where-we-are-and-what-could-help.html

Poverty

Federal poverty thresholds are set every year by the Census Bureau and vary by size of family and ages of family members. People living in poverty are less likely to have access to health care, healthy food, stable housing, and opportunities for physical activity. These disparities mean people living in poverty are more likely to experience poorer health outcomes and premature death from preventable diseases.[6]

Figure 13 shows the percentage of families living below the poverty level by ZIP code. The darker blue colors represent a higher percentage of families living below the poverty level, with ZIP codes 47010 (Franklin County) and 47035 (Franklin County) having the highest percentages at (100%) and (79%). Overall, 9.5% of families in the Reid Health Service Area live below the poverty level, which is higher than the Indiana state value of 8.9% and lower than the Ohio state value of 9.6%. The percentage of families living below poverty for each ZIP code in the Reid Health service area is provided in Appendix A.

FIGURE 13: FAMILIES LIVING BELOW POVERTY LEVEL: REID HEALTH SERVICE AREA



[6] U.S. Department of Health and Human Services, Healthy People 2030. https://health.gov/healthypeople/objectives-and-data/browse-objectives/economic-stability/reduce-proportion-people-living-poverty-sdoh-01

Employment

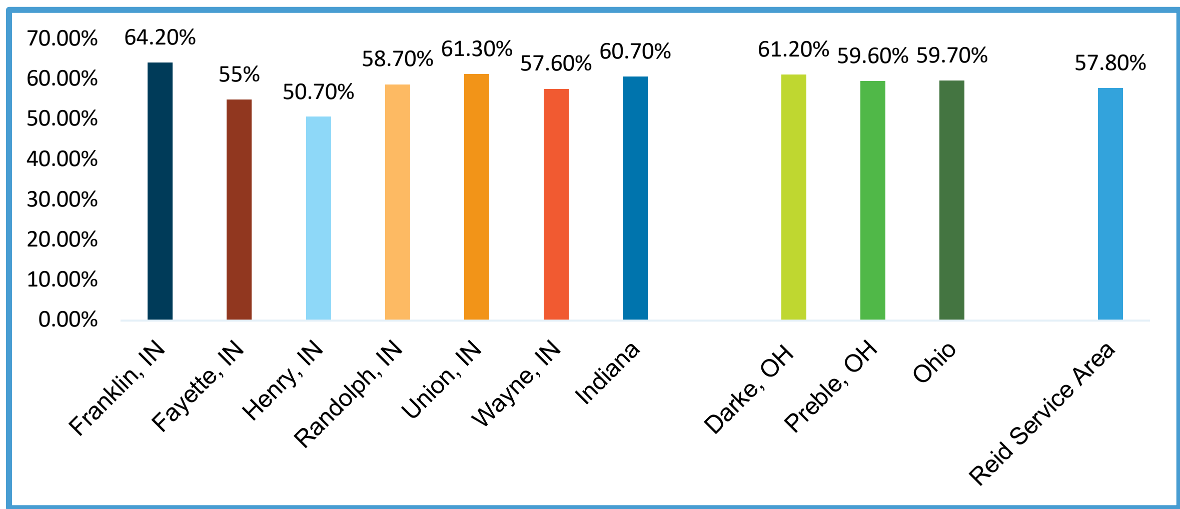
A community's employment rate is a key indicator of the local economy. An individual's type and level of employment impacts access to health care, work environment, health behaviors, and health outcomes. Stable employment can help provide benefits and conditions for maintaining good health. In contrast, poor or unstable work and working conditions are linked to poor physical and mental health outcomes. [7]

Unemployment and underemployment can limit access to health insurance coverage and preventive care services. Underemployment is described as involuntary part-time employment, poverty-wage employment, and insecure employment.[7]

Type of employment and working conditions can also have significant impacts on health. Work-related stress, injury, and exposure to harmful chemicals are examples of ways employment can lead to poorer health.[7]

Figure 14 shows non-institutionalized persons in the civilian labor force who are classified as employed or unemployed as a percent of the population aged 16 years and over. Franklin County has the highest percentage of their population over 16 in the labor force (64.2%) whereas Henry County has the lowest (50.7%).

FIGURE 14: POPULATION AGE 16+ IN CIVILIAN LABOR FORCE



Source: American Community Survey, 2016-2020

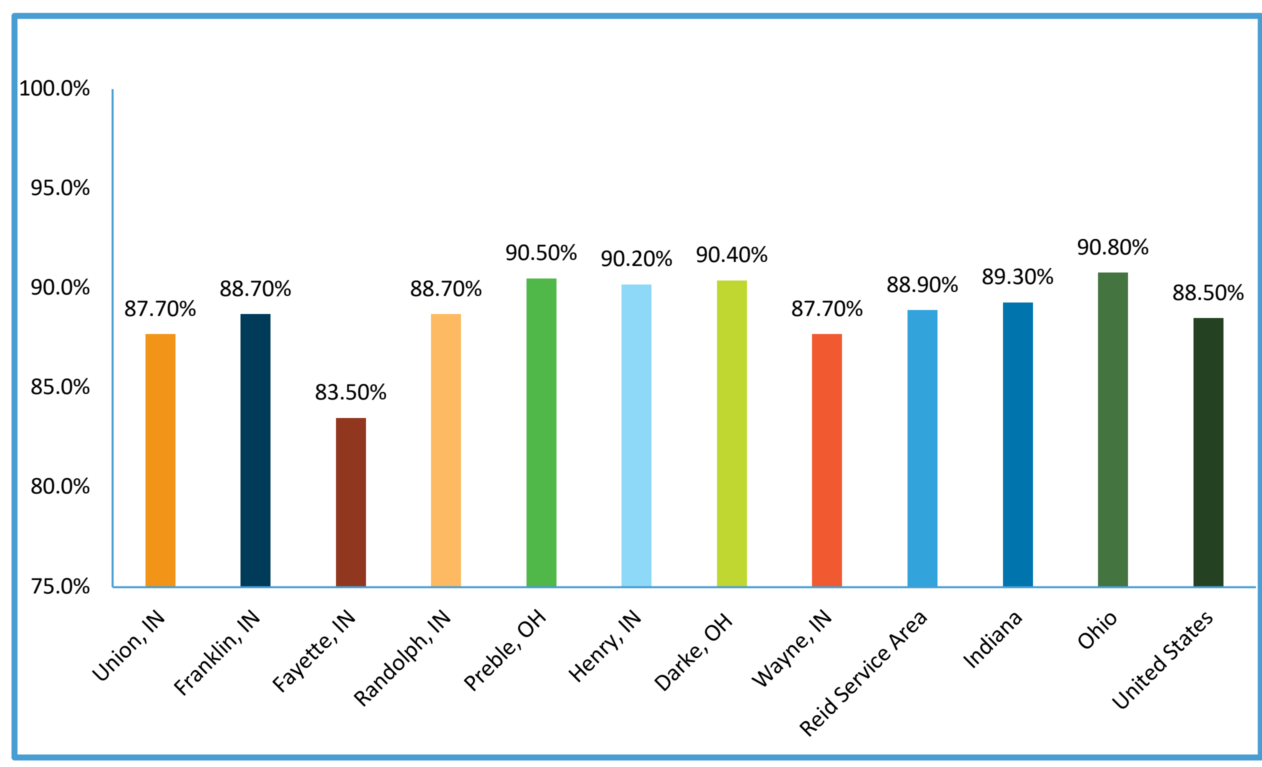
[7] U.S. Department of Health and Human Services, Healthy People 2030. https://health.gov/healthypeople/objectives-and-data/social-determinants-health/literature-summaries/employment

Education

Education is an important indicator for health and wellbeing. Education can lead to improved health by increasing health knowledge, providing better job opportunities and higher income, and improving social and psychological factors linked to health. People with higher levels of education are likely to live longer, to experience better health outcomes, and practice health-promoting behaviors.[8]

Figure 15 shows the percentage of the population 25 years or older with a high school degree or higher. A high school diploma is a requirement for many employment opportunities and for higher education. Not graduating high school is linked to a variety of negative health impacts, including limited employment prospects, low wages, and poverty.[9] Preble County has the highest percentage of the population over 25 with a high school degree or higher (90.5%) while Fayette County has the lowest (83.5%). The Reid Health service area has a percentage of 88.9% of residents over 25 with at least a high school degree, which is lower than both the Indiana state value (89.3%) and Ohio state value (90.8%) but higher than the U.S. value (88.5%).

FIGURE 15: POPULATION AGE 25+ WITH A HIGH SCHOOL DEGREE OR HIGHER



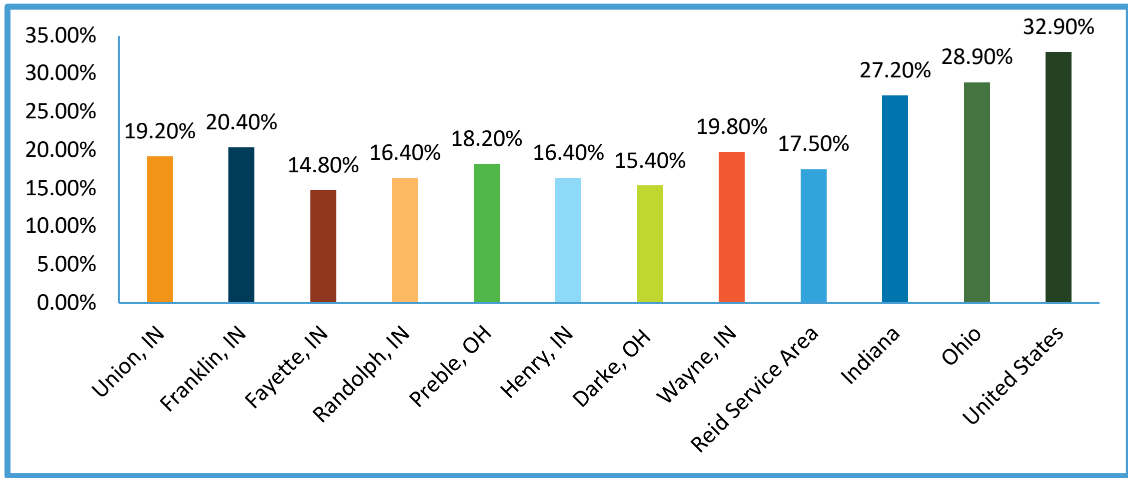
Source: American Community Survey, 2016-2020

[8] Robert Wood Johnson Foundation, Education and Health. https://www.rwjf.org/en/library/research/2011/05/education-matters-for-health.html

[9] U.S. Department of Health and Human Services, Healthy People 2030. https://health.gov/healthypeople/objectives-and-data/social-determinants-health/literature-summaries/high-school-graduation

Figure 16 shows the percentage of the population age 25+ with a bachelor's degree or Higher. Franklin County has the highest percentage of residents over 25 with at least a bachelor's degree (20.4%) while Fayette County has the lowest percentage (14.8%). The Reid Health service area has a percentage of 17.5% of the population over 25 with a bachelor's degree, which is lower than the Indiana state (27.2%), Ohio state (28.9%) and U.S. (32.9%) value.

FIGURE 16: POPULATION AGE 25+ WITH A BACHELOR'S DEGREE OR HIGHER

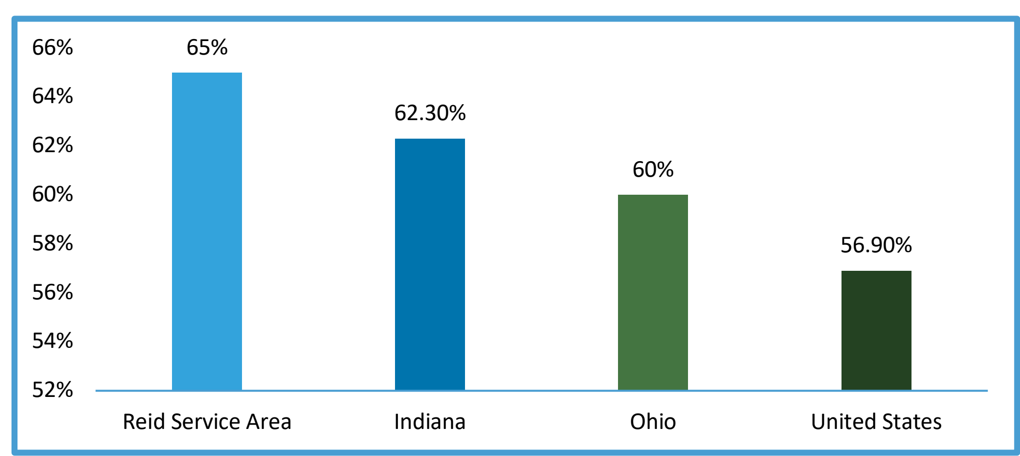


Source: American Community Survey, 2016-2020

Housing

Figure 17 the percentage of all housing units (i.e. occupied and unoccupied) that are occupied by homeowners. In the Reid Health service area, 65% of all housing units are occupied by homeowners, which is higher than the Indiana state value (62.3%), Ohio state value (60%), and the U.S. value (56.9%).

FIGURE 17: HOMEOWNERSHIP

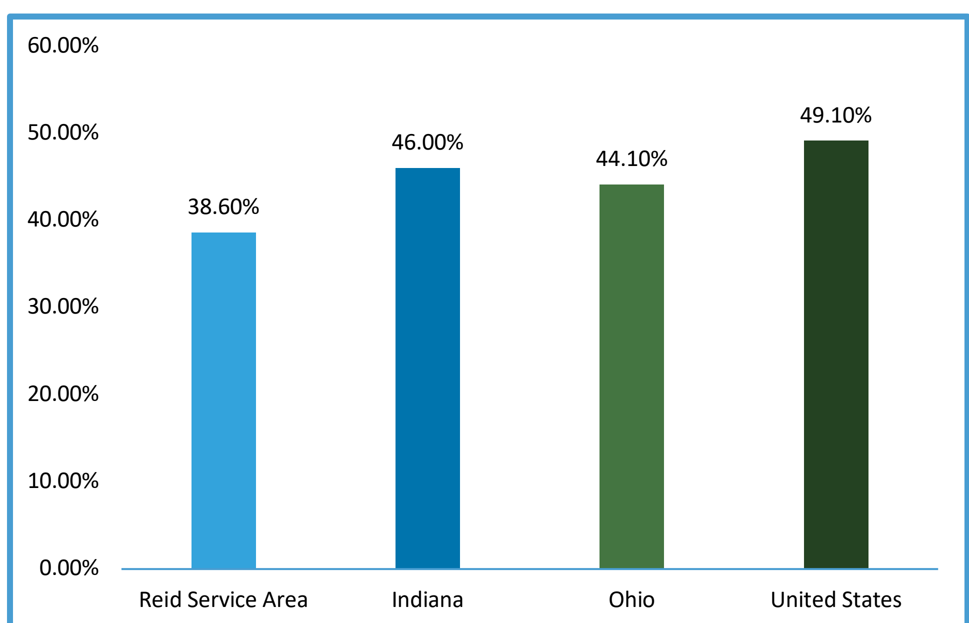


Source: American Community Survey, 2016-2020

When families must spend a large portion of their income on housing, they may not have enough money to pay for things like healthy foods or health care. This is linked to increased stress, mental health problems, and an increased risk of disease.[10]

Figure 18 shows the percentage of renters who are spending 30% or more of their household income on rent. The value in the Reid Health service area, (38.6%), is lower than the Indiana state value (46%), Ohio state value (44.1%), and U.S. value (49.1%).

FIGURE 18: RENTERS SPENDING 30% OR MORE OF HOUSEHOLD INCOME ON RENT



Neighborhood and Built Environment

Internet access is essential for basic health care access, including making appointments with providers, getting test results, and accessing medical records. Access to the internet is also increasingly essential for obtaining home-based telemedicine services.[11]

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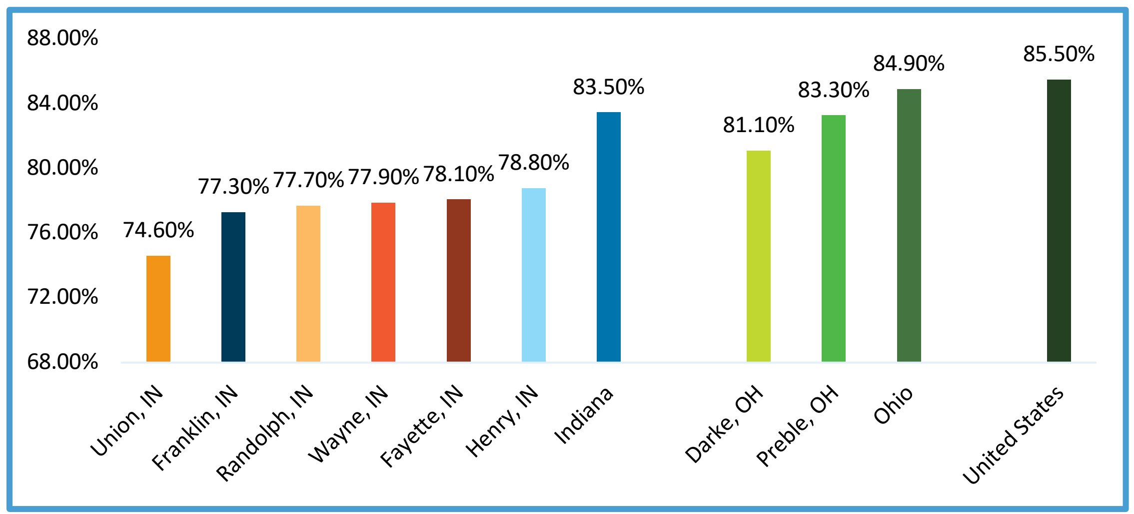
[10] U.S. Department of Health and Human Services, Healthy People 2030. https://health.gov/healthypeople/objectives-and-data/browse-objectives/housing-and-homes/reduce-proportion-families-spend-more-30-percent-income-housing-sdoh-04

[11] U.S. Department of Health and Human Services, Healthy People 2030. https://health.gov/healthypeople/objectives-and-data/browse-objectives/neighborhood-and-built-environment/increase-proportion-adults-broadband-internet-hchit-05

Internet access may also help individuals seek employment opportunities, conduct remote work, and participate in online educational activities.[11]

Figure 19 shows the percentage of households that have an internet subscription. The rate in Preble County, 83.3%, is the highest among all counties in the service area. Union County (74.6%) has the lowest percentage of households with an internet subscription.

FIGURE 19: HOUSEHOLDS WITH AN INTERNET SUBSCRIPTION: COUNTY, STATE AND U.S. COMPARISON



Source: American Community Survey, 2016-2020

Secondary Data

Community health disparities were assessed in the secondary data using the Index of Disparity[12] analysis, which identifies disparities based on how far each subgroup (by race, ethnicity, or gender) is from the overall county value. For more detailed methodology related to the Index of Disparity, see Appendix B.

Table 2 below identifies secondary data indicators with a statistically significant race, ethnicity, or gender disparity for each county in the service area, based on the Index of Disparity.

TABLE 2: INDICTORS WITH SIGNIFICANT RACE, ETHNICITY OR GENDER DISPARITIES

Health Indicator	Group Negatively Impacted
People Living Below Poverty Level	Black/African American (Wayne), Native Hawaiian/Pacific Islander (Preble)
Workers who Walk to Work	Hispanic/Latino (Wayne)
Children Living Below Poverty Level	Hispanic/Latino (Union, Randolph, Darke), Black/African American (Fayette), Two or More Races (Randolph, Darke)
Young Children Living Below Poverty Level	Two or More Races (Randolph, Franklin), Hispanic/Latino (Randolph, Darke), Asian (Henry), Black/African American (Henry)
People 65+ Living Below Poverty Level	Black/African American (Wayne), Two or More races (Preble), Hispanic/Latino (Henry, Franklin)
Families Living Below Poverty Level	Other Race (Wayne), Black/African American (Henry, Fayette), Two or More Races (Henry, Union)
Age-Adjusted Death Rate due to Coronary Heart Disease	Male (Darke)
People 25+ with a Bachelor's Degree or Higher	Hispanic/Latino (Darke)
People 25+ with a High School Degree or Higher	Hispanic/Latino (Darke), Two or More Races (Darke), Asian (Union), Other Race (Preble)

[12] Pearcy, J. & Keppel, K. (2002). A Summary Measure of Health Disparity. Public Health Reports, 117, 273-280.

The Index of Disparity analysis for the Reid Health service area reveals that the Black/African American and Hispanic/Latino populations are disproportionately impacted for several poverty-related indicators, including Children Living Below Poverty Level and Families Living Below Poverty Level. Furthermore, Hispanic/Latino populations are disproportionately impacted in both People 25+ with a Bachelor's Degree or Higher and People 25+ with a High School Degree or Higher.

Geographic Disparities

In addition to disparities by race, ethnicity, age, and gender, this assessment also identified specific ZIP codes/municipalities with differences in outcomes related to health and social determinants of health. Geographic disparities were identified using the Health Equity Index, Food Insecurity Index, and Mental Health Index. These indices have been developed by Conduent Healthy Communities Institute to easily identify areas of high socioeconomic need, food insecurity, and mental health need. Conduent's Health Equity Index estimates areas of highest socioeconomic need correlated with poor health outcomes. Conduent's Food Insecurity Index estimates areas of low food accessibility correlated with social and economic hardship. Conduent's Mental Health Index (MHI) is a measure of socioeconomic and health factors correlated with self-reported poor mental health. For all indices, counties, ZIP codes, and census tracts with a population over 300 are assigned index values ranging from 0 to 100, with higher values indicating greater need. Understanding where there are communities with higher need is critical to targeting prevention and outreach activities.

Health Equity Index

Conduent's Health Equity Index estimates areas of high socioeconomic need, which are correlated with poor health outcomes. ZIP codes are ranked based on their index value to identify relative levels of need, as illustrated by the map in Figure 20. The following ZIP codes in the Reid Health service area had the highest level of socioeconomic need (as indicated by the darkest shades of blue): 47390 (Randolph County) and 45390 (Darke County) with index values of 89.7 and 85.9, respectively. Appendix A provides the index values for each ZIP code.

FIGURE 20: HEALTH EQUITY INDEX

Map Legend

Reid Health Hospital

County

Health Equity Index

16.9 - 29.1

29.1 - 44.4

44.4 - 56.2

56.2 - 69.1

69.1 - 89.7

Esri, HERE, Garmin, (c) OpenStreetMap contributors, and the GIS user community

Food Insecurity Index

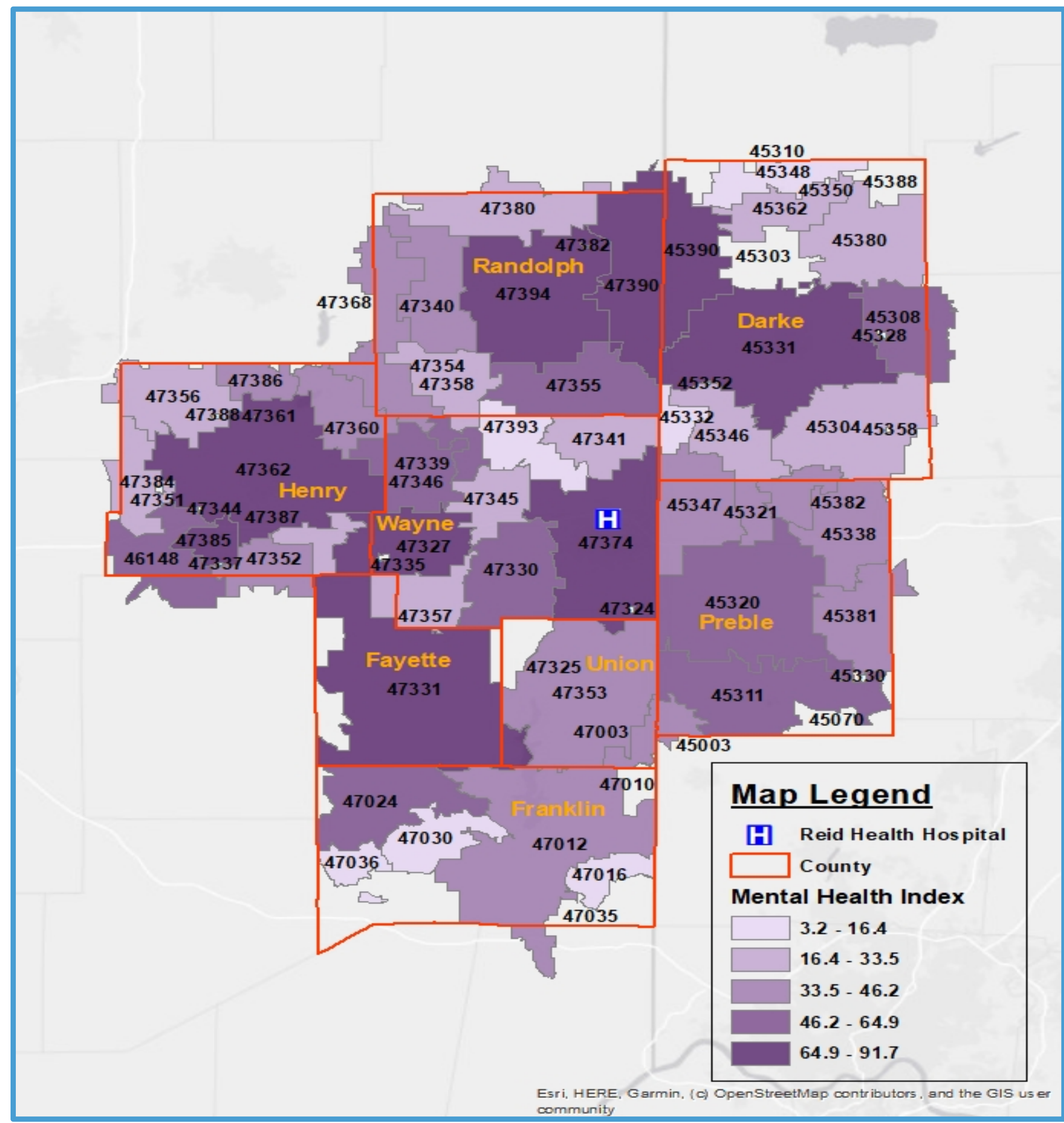
Conduent's Food Insecurity Index estimates areas of low food accessibility correlated with social and economic hardship. ZIP codes are ranked based on their index value to identify relative levels of need, as illustrated by the map in Figure 21. The following ZIP codes had the highest level of food insecurity (as indicated by the darkest shades of green): 47003 (Union County) and 47390 (Randolph County) with index values of 95 and 90, respectively. Appendix A provides the index values for each ZIP code.

FIGURE 21: FOOD INSECURITY INDEX

Mental Health Index

Conduent's Mental Health Index (MHI) is a measure of socioeconomic and health factors correlated with self-reported poor mental health. The MHI ZIP codes were ranked based on their index value to identify the relative levels of need, as illustrated by the map in Figure 22. The following two ZIP codes are estimated to have the highest need (as indicated by the darkest shades of purple): 47390 (Randolph County) and 47374 (Wayne County) with index values of 91.7 and 89.8, respectively. Appendix A provides the index values for high needs ZIP codes.

FIGURE 22: MENTAL HEALTH INDEX



Future Considerations

While disparities in health outcomes by race, ethnicity, gender, age, and geography are critical components in assessing the needs of a community, it is equally important to understand the social determinants of health and other upstream factors that influence a community's health. The challenges and barriers faced by a community must be balanced by identifying practical, community-driven solutions. Together, these factors come together to inform and focus strategies to positively impact a community's health and mitigate the disparities faced along gender, racial, ethnic, or geographic lines in the community served by Reid Health.

Primary & Secondary Data Methodology and Key Findings

Overview

Multiple types of data were collected and analyzed to inform this Community Health Needs Assessment. Primary data consisted of key informant interviews, focus group discussions and a community survey, while secondary data included indicators spanning health outcomes, health behaviors and social determinants of health. The methods used to analyze each type of data are outlined below. The findings from each data source were then synthesized and organized by health topic to present a comprehensive overview of the health needs in Reid Health's service area consists of eight counties — Wayne, Randolph, Fayette, Union, Franklin, and Henry counties in Indiana, and Preble and Darke counties in Ohio.

Secondary Data Sources & Analysis

Secondary data used for this assessment were collected and analyzed from a community indicator database developed by Conduent Healthy Communities Institute (HCI). The database, maintained by researchers and analysts at HCI, includes over 300 community indicators, spanning at least 24 topics in the areas of health, determinants of health, and quality of life. The data are primarily derived from state and national public secondary data sources. The value for each of these indicators is compared to other communities, national targets, and to previous time periods.

FIGURE 23. SECONDARY DATA

HCI's Data Scoring Tool systematically summarizes multiple comparisons and ranks indicators based on the highest need. For each indicator, the Indiana and Ohio Counties' value was compared to a distribution of state and U.S. counties, state and national values, Healthy People 2030 targets, and significant trends, as shown in Figure 23. Each indicator was then given a score based on the available comparisons. These scores range from 0 to 3, where 0 indicates the best outcome and 3 indicates the worst outcome. Availability of each type of comparison varies by indicator and is dependent upon the data source, comparability with data collected from other communities, and changes in methodology over time. These indicators were grouped into topic areas for a higher-level ranking of community health needs.

Because Reid Health's service area includes eight counties, data scoring results for each individual county were collated to determine the top health needs for the entire service area. Health topics for each county were characterized by the frequency of occurrence as a top health issue across the service area, as well as by rank order.

Table 3 shows the health and quality of life topic scoring results for Reid Health service area, with Tobacco Use as the poorest performing topic area, followed by Prevention & Safety, and Heart

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Disease & Stroke. Topics that received a score of 1.50 or higher were considered significant health needs. Eighteen topics scored at or above the threshold. Topic areas with fewer than three indicators were considered a data gap.

TABLE 3. TOPIC SCORING RESULTS: REID HEALTH SERVICE AREA

Topic Area
Tobacco Use
Prevention & Safety
Heart Disease & Stroke
Mental Health & Mental Disorders
Wellness & Lifestyle
Other Conditions
Older Adults
Women's Health
Maternal Fetal & Infant Health
Alcohol & Drug Use
Respiratory Diseases
Diabetes
Oral Health
Health Care Access & Quality
Nutrition & Healthy Eating
Cancer
Children's Health
Physical Activity

Table 3 shows only those topic areas that met the threshold of 1.50 to be considered a significant health need. Please see Appendix A for the full list of health and quality of life topics, including the list of national and state indicators that are categorized into and included in the secondary data analysis for each topic area. Further details on the quantitative data scoring methodology are also available in Appendix A.

Primary Data Collection & Analysis

To ensure the perspectives of community members were considered, input was collected from residents of the community served by Reid Health. Primary data used in this assessment consisted of key informant interviews, focus group discussions, and an online community survey. These findings expanded upon information gathered from the secondary data analysis to inform this Community Health Needs Assessment.

Community Survey

Reid Health gathered community input from an online survey to inform its Community Health Needs Assessment. The survey was promoted across the eight primary counties served by Reid Health: Wayne, Randolph, Fayette, Union, Franklin, and Henry counties in Indiana, and Preble and Darke counties in Ohio. Responses were collected from April 11, 2022, to May 13, 2022. Both

an English and Spanish version of the survey were made available. A paper survey was also developed and distributed. The survey consisted of 42 questions related to top health needs in the community, individuals' perception of their overall health, individuals' access to health care services, as well as social and economic determinants of health. The list of survey questions is available in Appendix E.

Survey marketing and outreach efforts included distribution of flyers at community events and coalitions, email invitations, social media and other marketing efforts through Reid Health and its partner organizations. A total of 1,051 responses were collected for the entire survey target area, which included all eight counties: Wayne, Randolph, Fayette, Union, Franklin, and Henry counties in Indiana, and Preble and Darke counties in Ohio.

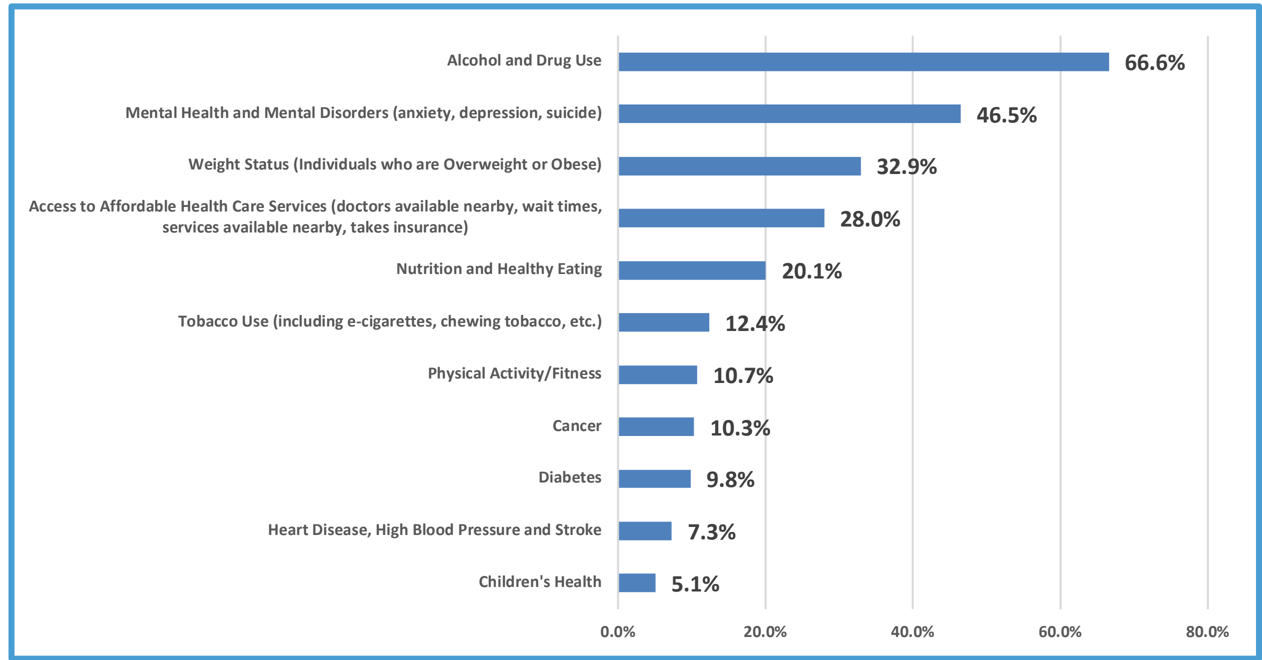
Demographic Profile of Survey Respondents

Survey respondents were more likely to be educated, have a higher income, identify as female, identify as White, identify as Non-Hispanic/Latino, and between 24-54 years old when compared to the actual population estimates reflected in the demographic data for the Reid Health Service Area. See Appendix C for additional details on the demographic profile of survey respondents.

Community Survey Analysis Results

Survey participants were asked about the most important health issues and which quality of life issues they would most like to see addressed in the community. The top responses for these questions are shown in Figures 24 and 25 below.

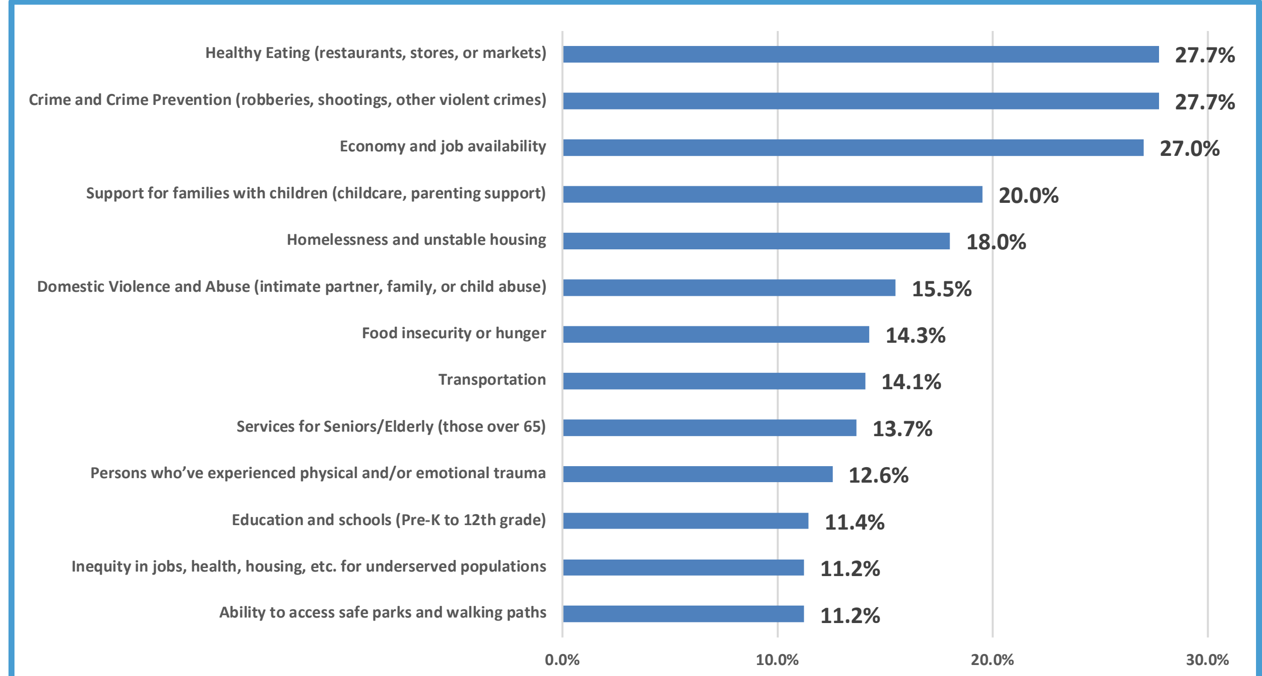
FIGURE 24. MOST IMPORTANT COMMUNITY HEALTH ISSUES AMONG SURVEY RESPONDENTS



As shown in Figure 24, the most important community health issues identified by survey respondents were Alcohol & Drug Use (66.6% of respondents), Mental Health & Mental Disorders (46.5%), Weight Status (Overweight/Obesity) (32.9%), Access to Affordable Care (28%) and

Nutrition and Healthy Eating (20.1%). A health topic was considered to be a significant need if at least 20% of survey respondents identified it as a top health issue.

FIGURE 25. MOST IMPORTANT QUALITY OF LIFE ISSUES AMONG SURVEY RESPONDENTS



As shown in Figure 25, Healthy Eating Options (at restaurants, stores and markets) and Crime and Crime Prevention were identified by survey respondents as the most pressing quality of life issues (27.7% of respondents), followed by Economy and Job Availability (27.0%), and Support for Families with Children (childcare, parenting support) (20.0%). Similar to the health topics, a quality of life topic was considered to be a significant need if at least 20% of survey respondents identified it as a pressing issue.

Qualitative Data: Key Informant Interviews & Focus Group Discussions

Twenty-Five key informant interviews and five focus group discussions were conducted to gain a deeper understanding of health issues impacting the residents of the community served by Reid Health. Community members invited to participate were recognized as having expertise in public health, special knowledge of community health needs, representing the broad interests of the community served by the hospital, and/or being able to speak to the needs of medically underserved or vulnerable populations.

A total of 17 different organizations participated in the process, including the local health department, social service organizations, local businesses, and representatives from the education sector. (See External Stakeholder section)

These discussions took place between April 2022 and May 2022. Each of 25 key informant interview discussion was conducted virtually by phone. There were 5 focus groups. 1 for Preble and Darke county held in Preble county, 1 for Fayette, Union, and Franklin counties held in Fayette county, 1 for Randolph county held in Randolph county, 1 for Wayne county held in Wayne county, and 1 for Henry county and additional Wayne county representation that was held

in Wayne county. A questionnaire was developed to guide each interview and focus group discussions. Discussions on topics included the (1) biggest perceived health needs in the community, (2) barriers of concern, and (3) the impact of health issues on vulnerable populations. Interviewees were also asked about their knowledge around health topics where there were data gaps in the secondary data. Additionally, questions were included to get feedback about the impact of COVID-19 on the community (see COVID-19 Impact Snapshot in Appendix D). The list of questions included in the key informant interviews and focus group discussions can be found in Appendix E.

Key Informant & Focus Group Analysis Results

The project team captured detailed transcripts of the key informant interviews and focus group discussions. The text from these transcripts were analyzed using the qualitative analysis tool Dedoose®[13]. Text was coded using a pre-designed codebook, organized by themes, and analyzed for significant observations. Figure 26 summarizes the main themes and topics that emerged from these discussions.

FIGURE 26. KEY THEMES FROM QUALITATIVE DATA

Top Health Concerns/Issues	Most Negatively Impacted Populations	Barriers to Care
• Health Care Access & Quality • Mental Health & Mental Disorders • Nutrition and Healthy Eating • Children's Health • Physical Activity • Substance Abuse (Tobacco Use, Alcohol & Drug Use) • Diabetes • Food Insecurity	• Low Income • Minorities • Homeless • Active Military/Veteran Status • Younger Adults • Older Adults	• Awareness • Cost • Fear or stigma • Lack of Mental Health Providers • Language barriers • Navigating the health care system • Office Hours • Transportation

The findings from the qualitative analysis were combined with findings from the secondary data and survey analysis, and are incorporated throughout this report in more detail (see Prioritized Health Needs, Barriers to Care and Appendix D: COVID-19 Impact Snapshot sections of this report).

[13] Dedoose Version 8.0.35, web application for managing, analyzing, and presenting qualitative and mixed method research data (2018). Los Angeles, CA: Sociocultural Research Consultants, LLC www.dedoose.com

Data Considerations

A key part of any data collection and analysis process is recognizing potential limitations within the data considered. Each data source used in this assessment was evaluated based on its strengths and limitations during data synthesis and should be kept in mind when reviewing this report.

For both primary and secondary data, immense efforts were made to include as wide a range of community health indicators, key informant experts, focus group participants and survey respondents as possible. Although the topics by which data are organized cover a wide range of health and quality of life areas, within each topic there is a varying scope and depth of secondary data indicators and primary data findings.

Secondary data were limited by the availability of data, with some health topics having a robust set of indicators, while others were more limited. Population health and demographic data are often delayed in their release, so data is presented for the most recent years available for any given data source. There is also variability in the geographic level at which data sets are available, ranging from census tract or zip code to statewide or national geographies. Whenever possible, the most relevant localized data is reported. Due to variations in geographic boundaries, population sizes, and data collection techniques for different locations (hospital service areas, zip codes, and counties), some datasets are not available for the same time spans or at the same level of localization. The Index of Disparity[14], used to analyze disparities for the secondary data, is also limited by data availability – some secondary data sources do not include subpopulation data and others only display values for a select number of race/ethnic groups. Finally, persistent gaps in data systems exist for certain community health issues.

For the primary data, the breadth of findings is dependent upon who was selected to be a key informant or who self-selected to participate in the focus group discussions. Additionally, the community survey was a convenience sample, which means results may be vulnerable to selection bias and make the findings less generalizable.

[14] Pearcy, J. & Keppel, K. (2002). A Summary Measure of Health Disparity. Public Health Reports, 117, 273-280.

Identification of Significant Health Needs

Secondary data used in this assessment consisted of community health indicators, while primary data consisted of key informant interviews, focus group discussions, and an online community survey. Findings from all these data sources were analyzed and combined to identify the significant health needs for the community served by Reid Health.

Criteria for Significant Health Needs

Health needs were determined to be significant if they met certain criteria in at least one of the three data sources: a secondary data score of 1.50 or higher, frequency by which the topic was discussed within/across interviews and the focus group, and identification as a priority issue by 20% or more of survey respondents. Figure 27 summarizes these criteria.

FIGURE 27. CRITERIA USED TO DETERMINE SIGNIFICANT HEALTH NEEDS

Secondary Data

Topic score of 1.50 or higher

Interview & Focus Groups

Frequency topic was discussed within interviews & focus groups

Community Survey

Selected by 20% or more of respondents as a priority health issue

Significant Health Needs

Based on the criteria shown in Figure 27, eleven needs emerged as significant. Figure 28 illustrates the final 11 significant health needs, listed in alphabetical order, that were included for prioritization based on the findings of all forms of data collected for the Reid Health 2023-2025 CHNA.

FIGURE 28: SIGNIFICANT HEALTH NEEDS

- Children's Health
- Diabetes
- Education
- Health Care Access & Quality including Transportation
- Heart Disease & Stroke
- Maternal, Fetal & Infant Health
- Mental Health & Mental Disorders
- Older Adults
- Substance Misuse (Alcohol & Drug Use, Tobacco Use)
- Support for families with Children (childcare, parenting support)
- Weight Status, Physical Activity & Nutrition

Data Synthesis

To gain a comprehensive understanding of the significant health needs, the findings from all three data sources were analyzed for areas of overlap.

Overlapping Evidence of Need

Table 4 outlines the 11 significant health needs (in alphabetical order) alongside the corresponding data sets that identified the need as significant. Secondary data identified nine needs as significant. Discussions with key informants and focus group participants identified ten topic areas of greater need, and the community survey identified five needs as significant.

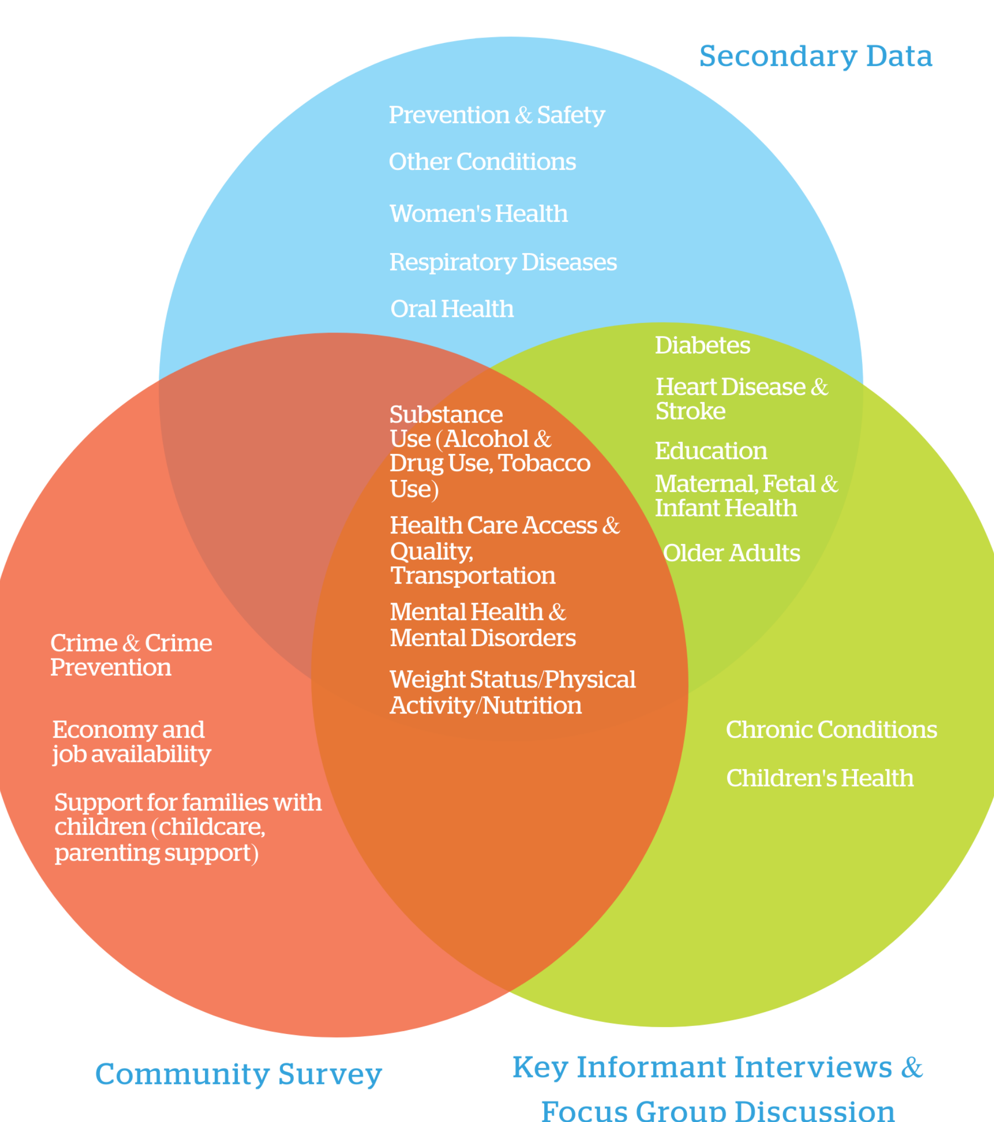
TABLE 4. OVERLAPPING EVIDENCE OF NEED

Health Topics	Data Sources
Children's Health	Qualitative Data
Diabetes	Secondary Data, Qualitative Data
Education	Secondary Data, Qualitative Data
Health Care Access & Quality including Transportation	Secondary Data, Community Survey, Qualitative data
Heart Disease & Stroke	Secondary Data, Qualitative Survey
Maternal Fetal & Infant Health	Secondary Data, Qualitative Survey
Mental Health & Mental Disorders	Secondary Data, Community Survey, Qualitative data
Older Adults	Secondary Data, Qualitative Survey
Substance Misuse (Alcohol & Drug Use, Tobacco Use)	Secondary Data, Community Survey, Qualitative data
Support for families with Children (childcare, parenting support)	Community Survey
Weight Status / Physical Activity / Nutrition	Secondary Data, Community Survey, Qualitative data

Significant Needs Identified For Reid Health

The Venn Diagram in Figure 29 visually displays the results of the primary and secondary data synthesis. Four topics were considered significant across all 3 data sources – Substance Misuse, Health Care Access & Quality, Mental Health & Mental Disorders & Weight Status/Physical Activity/ Nutrition. An additional five topics were considered significant across two data sources. These topics include Heart Disease & Stroke, Diabetes, Maternal, Fetal & Infant Health, Education, Older Adults, all of which were identified as significant needs through both the secondary and qualitative data. For all other topic areas, the evidence was present in just one source of data. It should be noted, however, that this may be reflective of the strength and limitations of each type of data that was considered in this process.

FIGURE 29. DATA SYNTHESIS RESULTS



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Prioritization

To better target activities to address the most pressing health needs in the community, Reid Health convened a group of community leaders to participate in a presentation of data on significant health needs facilitated by HCI. Following the presentation and question session, participants were given access to an online link to complete a scoring exercise to assign a score to each significant health need based on a set of criteria.

Reid Health Community Well-Being Committee reviewed the scoring results of the significant community needs alongside additional supporting evidence and identified three priority areas to be considered for subsequent implementation planning.

Process

An invitation to participate in the Reid Health CHNA data synthesis presentation and in-person prioritization activity was sent out in the weeks preceding the meeting held on July 21st, 2022. a total of 22 individuals representing local law enforcement, education, veteran services, health and fitness organizations, senior services, health clinics, and community mental health centers attended this in person presentation and of those fifteen completed the online prioritization activity.

During the July 21st meeting, the group reviewed and discussed the results of HCI's primary and secondary data analyses leading to the significant health needs shown in Figure 1. A one-page handout called a "Prioritization Cheat Sheet" (see Appendix F) was provided to participants to support the prioritization activity. From there, participants were given time to access an online link and assign a score to each of the significant health needs based on how well they met the criteria set forth by the hospital. The group also agreed that root causes, disparities, and social determinants of health would be considered for all prioritized health topics resulting from the online prioritization activity.

The criteria for prioritization included:

1. Magnitude of the Issue
    - How many people in the community are or will be impacted?
    - How does the identified need impact health and quality of life?
    - Has the need changed over time?

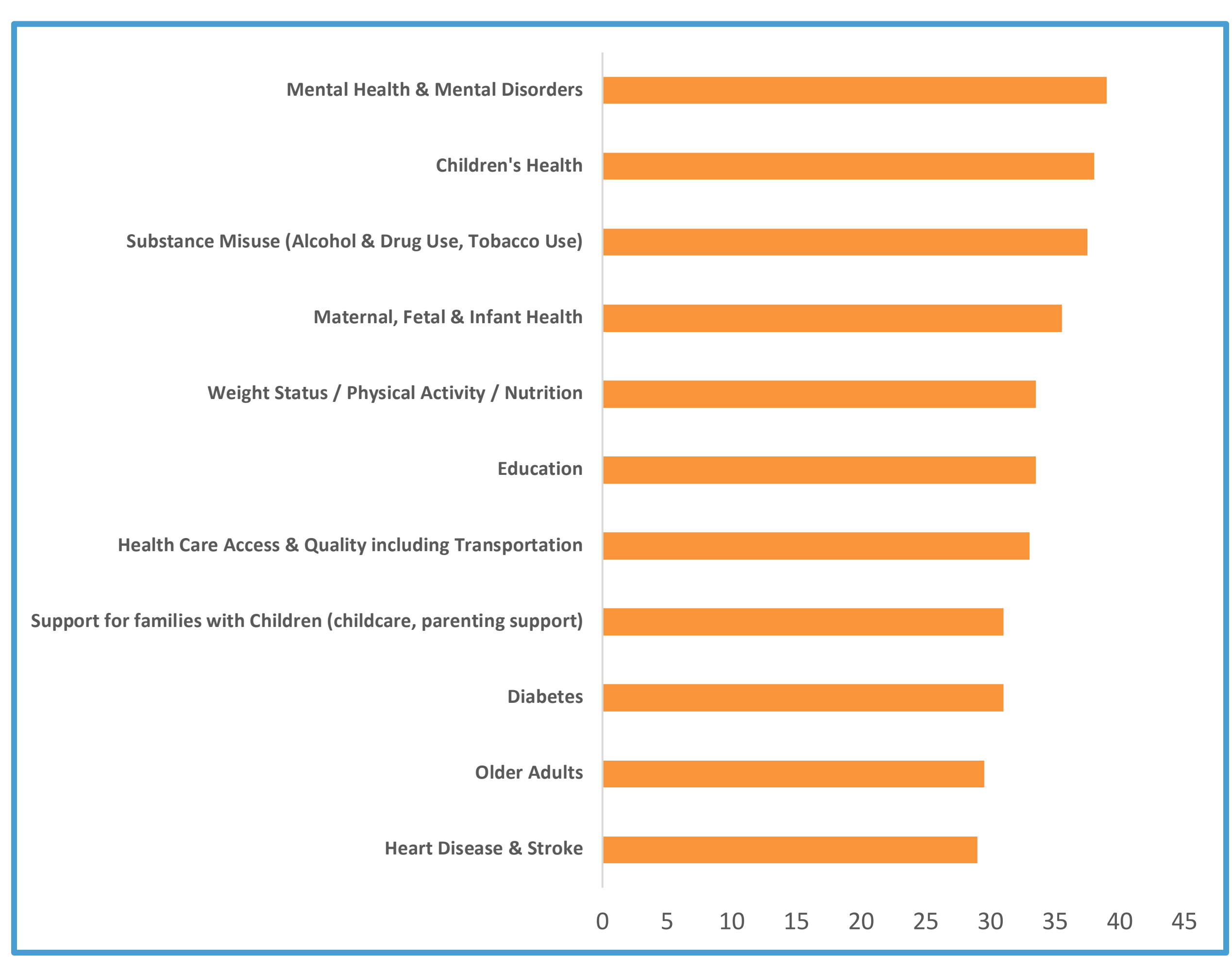
2. Ability to Impact
    - Can actionable and measurable goals be defined to address the health need? Are those goals achievable in a reasonable time frame?
    - Does the hospital or health system have the expertise or resources to address the identified health need?
    - Can the need be addressed in collaboration with community partners? Are organizations already addressing the health issue?

Participants assigned a score of 1-3 to each health topic and criterion, with a higher score indicating a greater need for that topic to be prioritized. For example, participants assigned a

score of 1-3 to each topic based on whether the magnitude was (1) least concerning, (2) somewhat concerning or (3) most concerning. Along a similar line, participants assigned a score of 1-3 to each topic based on (1) least ability to impact (2) some ability to impact or (3) most ability to impact. In addition to considering the data presented by HCI in the presentation and on the prioritization cheat sheet, participants were encouraged to use their own judgment and knowledge of the community in considering how well a health topic met the criteria.

Completion of the online exercise resulted in a numerical score for each health topic and criterion. Numerical scores for the two criteria were equally weighted and averaged to produce an aggregate score and overall ranking for each health topic. The aggregate ranking can be seen in Figure 30 below. For those topics with identical scores, the health needs are listed in alphabetical order.

FIGURE 30. AGGREGRATE RESULTS OF ONLINE PRIORITIZATION ACTIVITY



Prioritized Significant Health Needs

The ranked order of significant health needs that resulted from the prioritization process were presented to Reid Health Community Well-Being Committee. The committee reviewed the scoring results of the online prioritization activity for Reid Health. While Weight Status, Physical Activity & Nutrition did not score as high as Alcohol & Drug Use and Mental Health & Mental Disorders in the online prioritization activity for Reid Health (Figure 30), the committee ultimately decided to prioritize the three health needs that were identified as significant: Mental Health & Substance Misuse, Physical Activity, Nutrition & Weight Status and Maternal-Fetal & Children's Health (Table 5).

A decision was made to combine the prioritized health areas of Substance Misuse with Mental Health & Mental Disorders and Children's Health with Maternal-Fetal & Infant Health resulting in a final selection of three priority health areas that will be considered for subsequent implementation planning (Table 5). The three health needs shown in Table 5 were identified as a priority for Reid Health Hospital.

TABLE 5. PRIORITIZED HEALTH NEEDS

Mental Health & Substance Misuse
Physical Activity, Nutrition & Weight
Maternal, Fetal & Children's Health

Many of these health topics are consistent with the priority areas that emerged from the previous CHNA process for Reid Health. The Reid Health Community Well-Being committee strategically selected the topics shown in Table 5 as the final prioritized health needs for all eight counties to allow for consistency across the service area, resulting in a larger footprint and more substantial impact. By selecting these overlapping health needs, Reid Health has positioned itself to achieve greater collective impact through means of a common agenda, shared goals/objectives, and mutually reinforcing activities, all of which will be outlined in hospital's upcoming implementation plan. Reid Health plans to build upon efforts that emerged from its previous CHNA process, collaborating with other facilities and community partners, to address the three priority health needs outlined in Table 5.

A deeper dive into the primary and secondary data for each of these priority health topics is provided in the next section of the report. This information highlights how each topic became a high priority health need for Reid Health.

Prioritized Significant Health Needs

The following section provides a detailed description of each prioritized health need. An overview is provided for each health topic, followed by a table highlighting the poorest performing indicators and a description of key themes that emerged from primary data. The three prioritized health needs are presented in alphabetical order.

Geographic Level of Analysis

As discussed previously in the Methodology section, the data scoring technique is only available at the county level.

Prioritized Health Topic #1: Mental Health & Substance Misuse

Mental Health Overview

Mental Health & Mental Disorders was identified as a significant health need through three data sources, the secondary data, community survey and qualitative data. (see Data Synthesis, Table 4 and Figure 29).

Mental Health & Mental Disorders

Key Themes from Community Input

- Mental health care resources, appointments and available providers are disproportionate to community need
- One of the top health needs to be addressed from survey; impacts everyone (46.5%)
- Vulnerable Populations: Children, Latino/Hispanic, Female Veterans, Older Populations

Warning Indicators

- Poor Mental Health: 14+ Days
- Poor Mental Health: Average Number of Days
- Adults Ever Diagnosed with Depression
- Mental Health Provider Rate

Secondary Data

From the secondary data scoring results, Mental Health & Mental Disorders had the fourth highest data score of all topic areas in the Reid Health service area, with a score of 1.86. The table below specifies the county score and value for each indicator under the Mental Health & Mental Disorders topic area and each county in the Reid Health service area.

	County			County Value compared to:			
Indicator	**Name**	**Values**	**Data Score**	**State value (OH or IN)**	**U.S. value**	**HP2030 Target**	**Trend over time***
Adults Ever Diagnosed with Depression, 2019	**Darke**	22.1	**1.75**	-	18.8	-	-
	Preble	22.2	**1.75**	-	18.8	-	-
	Fayette	24.5	**2.25**	-	18.8	-	-
	Franklin	21.8	**1.59**	-	18.8		-
	Henry	23.1	**1.92**	-	18.8		-
	Randolph	22.4	**1.76**	-	18.8		-
	Union	23.1	**1.94**	-	18.8		-
	Wayne	22.8	**1.92**	-	18.8	-	-
Poor Mental Health: 14+ Days, 2019	**Darke**	16.8	**1.92**	-	13.6	-	-
	Preble	16.3	**1.75**	-	13.6	-	-
	Fayette	17	**2.25**	-	13.6	-	-
	Franklin	15	**1.59**	-	13.6	-	-
	Henry	16.1	**1.92**	-	13.6	-	-
	Randolph	15.9	**1.94**	-	13.6	-	-
	Union	15.6	**1.94**	-	13.6	-	-
	Wayne	16.4	**2.08**	-	13.6	-	-
Source: Centers for Disease Control and Prevention - Places							
Age-Adjusted Death Rate due to Alzheimer's Disease, 2018-2020	**Darke**	48.3	**2.64**	35.5	31	-	Increasing, Non-Significant
	Preble	31	**0.69**	35.5	31	-	Decreasing, Significant
	Fayette	53.9	**2.64**	33.1	31	-	Increasing, Non-Significant
	Franklin	24.1	**0.00**	33.1	31	-	Decreasing, Significant
	Henry	40.5	**2.47**	33.1	31	-	Increasing, Significant
	Randolph	35.5	**2.29**	33.1	31	-	Increasing, Non-Significant
	Union	-	-	-	-	-	-
	Wayne	40.6	**2.75**	33.1	31	-	Decreasing, Non-Significant
Age-Adjusted Death Rate due to Suicide, 2018-2020	**Darke**	14.4	**1.28**	14.7	13.9	-	Increasing, Non-Significant
	Preble	18	**2.39**	14.7	13.9	-	-
	Fayette	-	-	-	-	-	-
	Franklin	-	-	-	-	-	-
	Henry	19.8	**2.31**	15.1	13.9	-	Decreasing, Non-Significant
	Randolph	-	-	-	-	-	-
	Union	-	-	-	-	-	-

	Wayne	19.3	**2.03**	15.1	13.9	-	Increasing, Significant
Source: Centers for Disease Control and Prevention							
Mental Health Provider Rate, 2021	**Darke**	74.2	**1.67**	289.2	-	-	Increasing, Significant
	Preble	90.6	**1.67**	289.2	-	-	Increasing, Significant
	Fayette	91.7	**1.33**	179.2	-	-	Increasing, Significant
	Franklin	30.8	**2.44**	179.2	-	-	Increasing, Significant
	Henry	97.9	**1.33**	179.2	-	-	Increasing, Significant
	Randolph	37.2	**1.85**	179.2	-	-	Increasing, Significant
	Union	-	-	-	-	-	-
	Wayne	486.5	**0.33**	179.2	-	-	Increasing, Non-Significant
Poor Mental Health: Average Number of Days, 2019	**Darke**	5.5	**2.17**	5.2	4.5	-	-
	Preble	5.4	**1.83**	5.2	4.5	-	-
	Fayette	5.6	**2.50**	4.8	4.5	-	-
	Franklin	5.1	**2.03**	4.8	4.5	-	-
	Henry	5.3	**2.17**	4.8	4.5	-	-
	Randolph	5.3	**2.38**	4.8	4.5	-	-
	Union	5.2	**2.03**	4.8	4.5	-	-
	Wayne	5.4	**2.33**	4.8	4.5	-	-
Source: County Health Rankings							
Alzheimer's Disease or Dementia: Medicare Population, 2018	**Darke**	8.9	**0.36**	10.4	10.8	-	Decreasing, Non-Significant
	Preble	9.9	**1.31**	10.4	10.8	-	Decreasing, Non-Significant
	Fayette	11.1	**2.14**	11	10.8	-	Increasing, Significant
	Franklin	8.8	**0.59**	11	10.8	-	Increasing, Non-Significant
	Henry	10.4	**1.47**	11	10.8	-	Increasing, Significant
	Randolph	10.5	**1.76**	11	10.8	-	Increasing, Significant
	Union	13.8	**1.91**	-	-	9.4	-
	Wayne	11.5	**2.31**	11	10.8	-	Increasing, Significant
Depression: Medicare Population, 2018	**Darke**	17.4	**0.83**	20.4	18.4	-	Increasing, Significant
	Preble	20.6	**2.31**	20.4	18.4	-	Increasing, Significant
	Fayette	25	**2.92**	21.1	18.4	-	Increasing, Significant
	Franklin	17.3	**0.79**	21.1	18.4	-	Increasing, Significant
	Henry	23.8	**2.50**	21.1	18.4	-	Increasing, Significant
	Randolph	21.4	**2.65**	21.1	18.4	-	Increasing, Significant
	Union	13.8	**1.91**	-	-	9.4	-
	Wayne	25	**2.92**	21.1	18.4	-	Increasing, Significant
Source: Centers for Medicare & Medicaid Services							

*The Mann-Kendall statistical test for trend over time was used to assess whether the county value is increasing over time or decreasing over time, and whether the trend is statistically significant. The trend analysis was calculated for indicators with four or more time periods. For more information, see Appendix A.

The data shows Depression: Medicare Population is a major area of concern for Wayne and Fayette Counties where 25% of Medicare beneficiaries in both counties have been treated for depression. Additionally, Age-Adjusted Death Rate due to Alzheimer's is also an area of concern for Wayne, Fayette and Darke. In Fayette and Darke Counties, the death rate due to Alzheimer's is also increasing.

Every county in the Reid Health service area scored over the 1.50 threshold, indicating a significant health need, in the categories of Poor Mental Health: Average Number of Days, Poor Mental Health: 14+Days, and Adults Ever Diagnosed with Depression.

Primary Data

Mental health was ranked as the second most pressing health problem among survey respondents, with 46.5% of respondents identifying mental health as a second top priority in Reid Service Area (Figure 24). While mental health has always been a concern, key informants pointed out that the COVID-19 pandemic has instilled even more fear, stress, and anxiety within community members due to economic duress and social isolation.

Access to mental health services was a common theme among key informants and survey respondents, with 14.5% of survey respondents reporting that they did not receive necessary mental health services in the past year. The top reasons cited for not receiving mental health services/treatment included cost, not knowing where to go, operating hours that did not fit the patient's schedule and negative stigma associated with mental health. One of the focus group discussions pointed to the cultural belief and negative stigma associated with mental health as a major barrier to receiving care.

Another key informant pointed to a lack of mental health services, stating that providers are "overwhelmed and overworked." Several key informants also emphasized the relationship between drugs/addiction and mental health, with stress, anxiety and childhood trauma cited as some of the major factors for mental health issues.

> There are several issues related to mental health care including stigma, education, lack of transportation, and not enough providers available. Cost is also a barrier. There is a cultural belief that we can solve problems ourselves. There is a stigma to asking for help, primarily in the rural population and the older population.
>
> - Focus Group Participant

Substance Misuse Overview

Substance Misuse was identified as a significant health need through three data sources, the secondary data, community survey and qualitative data. (see Data Synthesis, Table 4 and Figure 29). This health topic was named by combining Alcohol & Drug Use and Tobacco Use health topics.

Substance Misuse (Alcohol & Drug Use, Tobacco Use)

Key Themes from Community Input

- Need for free counseling services, harm reduction strategies, and more education / prevention resources
- The stigma of getting help
- Ranked by 66.6% of survey respondents as the top pressing health issue
- Vulnerable populations: teens, young adults, people leaving recovery and/or prison, veterans, minority populations
- Isolation, anxiety, paranoia- Covid-19 Impact

Warning Indicators

- Adults who Binge Drink
- Non-Fatal Emergency Department Visits due to Opioid Overdoses
- Adults who Smoke
- Adults Who Used Electronic Cigarettes: Past 30 Days
- Adults Who Used Smokeless Tobacco: Past 30 Days

Secondary Data

From the secondary data scoring results, Tobacco Use had the highest data score of all topic areas in the Reid Health service area, with a score of 2.12, and Alcohol & Drug Use was the tenth highest data score at 1.68. The table below specifies the county score and value for each indicator under the Tobacco Use and Alcohol & Drug Use topic areas and each county in the Reid Health service area.

Tobacco Use

	County			County Value compared to:			
Indicator	Name	Values	Data Score	State value (OH or IN)	U.S. value	HP2030 Target	Trend over time
Adults who Smoke, 2019	Darke	24.1	2.42	21.8	16	5	-
	Preble	23.4	2.08	21.8	16	5	-
	Fayette	26.1	2.58	19.9	16	5	-
	Franklin	22.3	2.03	19.9	16	5	-
	Henry	23.9	2.58	19.9	16	5	-
	Randolph	-	-	-	-	-	-
	Union	22.9	2.21	19.9	16	5	-
	Wayne	24.8	2.58	19.9	16	5	-
Source: County Health Rankings							
	Darke	4.6	2.00	4.3	4.1	-	-

Adults Who Used Electronic Cigarettes: Past 30 Days, 2021	**Preble**	4.7	**2.00**	4.3	4.1	-	-
	Fayette	4.8	**2.00**	4.5	4.1	-	-
	Franklin	4.5	**1.32**	4.5	4.1	-	-
	Henry	4.5	**1.33**	4.5	4.1	-	-
	Randolph	4.9	**2.03**	4.5	4.1	-	-
	Union	5	**2.56**	4.5	4.1	-	-
	Wayne	4.6	**1.67**	4.5	4.1	-	-
Adults Who Used Smokeless Tobacco: Past 30 Days, 2021	**Darke**	3.5	**2.00**	2.2	2	-	-
	Preble	3.7	**2.33**	2.2	2	-	-
	Fayette	3.2	**1.83**	2.6	2	-	-
	Franklin	3.7	**2.21**	2.6	2	-	-
	Henry	3.2	**1.83**	2.6	2	-	-
	Randolph	3.9	**2.38**	2.6	2	-	-
	Union	4.3	**2.56**	2.6	2	-	-
	Wayne	2.9	**1.83**	2.6	2	-	-
Source: Claritas Consumer Profiles							

*The Mann-Kendall statistical test for trend over time was used to assess whether the county value is increasing over time or decreasing over time, and whether the trend is statistically significant. The trend analysis was calculated for indicators with four or more time periods. For more information, see Appendix A.

From the secondary data results, Fayette, Henry and Wayne counties fare worse than all other counties for the indicator Adults who Smoke. 26.1% of adults in Fayette County currently smoke cigarettes, 24.8% of adults in Wayne County currently smoke cigarettes and 23.9% of adults in Henry County currently smoke cigarettes. Franklin County has the lowest percent of residents currently smoking cigarettes at 22.3%, however, this is still much higher than the Healthy People 2030 target value of 5% of adults.

Union County has the highest percent of residents using alternative forms of tobacco such as electronic cigarettes and smokeless tobacco, at 5% and 4.3%, respectively.

According to the Centers for Disease Control and Prevention[15], tobacco use brings premature death to almost half a million Americans each year, and it contributes to profound disability and pain in many others. The World Health Organization[16] states that approximately one-third of all tobacco users in this country will die prematurely because of their dependence on tobacco.

Alcohol & Drug Use

	County	County Value compared to:

[15] https://www.cdc.gov/
[16] https://www.who.int/

Indicator	Name	Values	Data Score	State value (OH or IN)	U.S. value	HP2030 Target	Trend over time*
Adults who Binge Drink, 2019	Darke	15.9	1.25	-	16.7	-	-
	Preble	16.9	1.75	-	16.7	-	-
	Fayette	14.4	0.92	-	16.7	-	-
	Franklin	15.9	1.41	-	16.7	-	-
	Henry	15.8	1.42	-	16.7	-	-
	Randolph	14.9	0.88	-	16.7	-	-
	Union	15.1	1.24	-	16.7	-	-
	Wayne	14.1	0.92	-	16.7	-	-
Source: Centers for Disease Control and Prevention - Places							
Age-Adjusted Drug and Opioid-Involved Overdose Death Rate, 2018-2020	Darke	33.2	1.50	40.4	23.5	-	-
	Preble	43	2.17	40.4	23.5	-	-
	Fayette	89.8	2.50	29.6	23.5	-	-
	Franklin	44.5	2.56	29.6	23.5	-	-
	Henry	20.6	0.67	29.6	23.5	-	-
	Randolph	45.7	2.56	29.6	23.5	-	-
	Union	-	-	-	-	-	-
	Wayne	80.4	2.50	29.6	23.5	-	-
Source: Centers for Disease Control and Prevention							
Adults who Drink Excessively, 2019	Darke	18.9	1.17	20.7	20	-	-
	Preble	20	1.67	20.7	20	-	-
	Fayette	17	0.83	17.7	20	-	-
	Franklin	19.7	2.03	17.7	20	-	-
	Henry	18.2	1.50	17.7	20	-	-
	Randolph	17.9	1.15	17.7	20	-	-
	Union	17.9	1.15	17.7	20	-	-
	Wayne	16.8	0.83	17.7	20	-	-
Alcohol-Impaired Driving Deaths, 2016-2020	Darke	35.1	2.56	32.5	27	28.3	Increasing, Significant
	Preble	18.2	0.00	32.5	27	28.3	Decreasing, Significant
	Fayette	10.5	0.44	19	27	28.3	Decreasing, Non-Significant
	Franklin	21.1	1.35	19	27	28.3	Decreasing, Significant
	Henry	10	0.28	19	27	28.3	Increasing, Significant
	Randolph	3.6	0.00	19	27	28.3	Decreasing, Significant
	Union	0	0.44	19	27	28.3	Decreasing, Significant
	Wayne	18.4	1.22	19	27	28.3	Decreasing, Non-Significant
Death Rate due to Drug Poisoning, 2018-2020	Darke	30.6	1.36	38.3	23	-	Increasing, Significant
	Preble	38.3	1.58	38.3	23	-	Increasing, Significant
	Fayette	82.6	2.92	28	23	-	Increasing, Significant

	Franklin	39.6	**2.71**	28	23	-	Increasing, Significant
	Henry	18.7	**0.81**	28	23	-	Decreasing, Significant
	Randolph	38	**2.41**	28	23	-	Increasing, Significant
	Union	47.2	**2.56**	28	23	-	No Change
	Wayne	68.8	**2.64**	28	23	-	Increasing, Significant
Health Behaviors Ranking, 2022	**Darke**	42	**1.42**	-	-	-	-
	Preble	35	**1.42**	-	-	-	-
	Fayette	92	**1.75**	-	-	-	-
	Franklin	29	**1.41**	-	-	-	-
	Henry	68	**1.58**	-	-	-	-
	Randolph	63	**1.59**	-	-	-	-
	Union	34	**1.41**	-	-	-	-
	Wayne	84	**1.75**	-	-	-	-
Source: County Health Rankings							
Non-Fatal Emergency Department Visits due to Opioid Overdoses, 2019	**Darke**	-	-	-	-	-	-
	Preble	-	-	-	-	-	-
	Fayette	-	-	-	-	-	-
	Franklin	-	-	-	-	-	-
	Henry	-	-	-	-	-	-
	Randolph	109.5	**1.59**	75.2	-	-	Decreasing, Significant
	Union	-	-	-	-	-	-
	Wayne	183.7	**1.86**	75.2	-	-	Increasing, Non-Significant
Source: Indiana State Department of Health							
Mothers who Smoked During Pregnancy, 2020 (OH) and 2019 (IN)	**Darke**	11.8	**1.69**	11.5	5.5	4.3	Decreasing, Significant
	Preble	18.1	**2.31**	11.5	5.5	4.3	Decreasing, Significant
	Fayette	22.4	**2.19**	11.8	5.9	4.3	Decreasing, Significant
	Franklin	17.7	**2.26**	11.8	5.9	4.3	Decreasing, Significant
	Henry	22.2	**2.19**	11.8	5.9	4.3	Decreasing, Significant
	Randolph	22.6	**2.15**	11.8	5.9	4.3	Decreasing, Significant
	Union	20.2	**1.97**	11.8	5.9	4.3	Increasing, Non-Significant
	Wayne	17.7	**2.31**	11.8	5.9	4.3	Decreasing, Non-Significant
Source: Ohio Department of Health, Vital Statistics; Indiana State Department of Health							
Liquor Store Density, 2020	**Darke**	7.7	**1.36**	5.7	10.5	-	Decreasing, Non-Significant
	Preble	7.3	**1.64**	5.7	10.5	-	Increasing, Non-Significant
	Fayette	-	-	-	-	-	-
	Franklin	17.6	**2.38**	12.2	10.5	-	Increasing, Non-Significant
	Henry	16.4	**2.19**	12.2	10.5	-	Increasing, Significant
	Randolph	16.4	**2.53**	12.2	10.5	-	Decreasing, Non-Significant

CONDUENT

	Union	-	-	-	-	-	-
	Wayne	19.6	**2.50**	12.2	10.5	-	Decreasing, Non-Significant
Source: U.S. Census - County Business Patterns							

*The Mann-Kendall statistical test for trend over time was used to assess whether the county value is increasing over time or decreasing over time, and whether the trend is statistically significant. The trend analysis was calculated for indicators with four or more time periods. For more information, see Appendix A.

Age-Adjusted Drug and Opioid-Involved Overdose Death Rate and Death Rate due to Drug Poisoning are the worst performing indicators under Alcohol & Drug Use in the service area. Specifically, according to the secondary data, Fayette County has the highest rate of death due to drug poisoning at 82.6 deaths per 100,000 population. Randolph and Franklin Counties have the highest rates of drug and opioid involved overdose death rates at 45.7 and 44.5 deaths per 100,000 population, respectively.

Liquor Store Density is another area of concern for the counties in the Reid Health service area with Preble, Franklin, Henry, Randolph and Wayne Counties scoring above 1.50. Liquor Store Density measures the number of liquor stores per 100,000 population. A liquor store is defined as a business that primarily sells packaged alcoholic beverages, such as beer, wine, and spirits.[17]

Primary Data

Alcohol & Drug Use

Alcohol & Drug Use ranked as the most pressing health problem among survey respondents, with 66.6% of respondents identifying Alcohol & Drug Use as a top priority in Reid Health service area (Figure 24). Nearly every key informant and focus group participant emphasized concern with the growing drug problem. Key informants pointed to poverty, homelessness, stigma, lack of access to mental health services leading the individuals to substance misuse. Specifically, teens, young adults, people leaving recovery and/or prison, veterans and minority populations are most disproportionately impacted. Stigma was identified as a major barrier to care, with one key informant suggesting that it can be difficult to speak up about drug dependency issues. Lack of education, generational drug / alcohol use and family dynamics were cited as some of the major factors for substance use. Focus groups and key informant discussions suggested the need for more free counseling services, harm reduction strategies, and prevention education programs within schools and health clinics.

Tobacco Use

Tobacco Use was ranked as the sixth most pressing health issue among survey respondents, with 12.4% of respondents identifying Tobacco Use as a top priority in the community (Figure 24). Key informants and focus group participants discussed the high rates of vaping, particularly among youth. One key informant noted that many people do not realize the negative impacts of vaping – they think it's a safer alternative to smoking. Education, cultural issues, and lifestyle choices were cited as major factors for tobacco use. Key informants also emphasized the THC/marijuana usage is "rampant". Another key informant explained that education and prevention are crucial.

[17] https://www.census.gov/programs-surveys/cbp.html

> People with substance misuse issues are often at a disadvantage in health care because of a lack of treatment services, lack of funding for treatment, and stigma. The lack of mental health care often leads to issues including substance misuse, crime, violence, suicide, and overdoses.
>
> \- Key Informant

Prioritized Health Topic #2: Physical Activity, Nutrition & Weight

Overview

Weight Status, Physical Activity & Nutrition was identified as a significant health need through three data sources: secondary data, community survey and qualitative data (see Data Synthesis, Table 4 and Figure 29).

Physical Activity, Nutrition & Weight Status

Key Themes from Community Input

- Need for nutrition education and educators
- Lack of exercise (unsafe to access exercise facilities during COVID) 32.9% respondents responded Weight Status as top health need in the community
- 20.1% of respondents described Nutrition and Healthy eating as an important health problem in the community
- Built environment: Not having access to fresh/healthy foods. Easier access to unhealthy foods. (Doesn't support access to healthy foods)

Warning Indicators

- Workers who Walk to Work
- Access to Exercise Opportunities
- Adults who Follow a Regular Exercise Routine
- Adult Sugar-Sweetened Beverage Consumption: Past 7 Days

Secondary Data

Nutrition & Healthy Eating had the 15th highest data score of all topic areas in the Reid Health service area with a score of 1.58 while Physical Activity was the 18th highest data score at 1.50. The table below specifies the county score and value for each indicator under the Nutrition & Healthy Eating and Physical Activity topic areas and each county in the Reid Health service area.

Nutrition & Healthy Eating

	County			County Value compared to:			
Indicator	Name	Values	Data Score	State value (OH or IN)	U.S. value	HP2030 Target	Trend over time*
Adult Sugar-Sweetened Beverage Consumption: Past 7 Days, 2021	Darke	82	1.83	80.9	80.4	-	-
	Preble	82.4	1.83	80.9	80.4	-	-
	Fayette	82.4	1.83	81.6	80.4	-	-
	Franklin	81.9	1.68	81.6	80.4	-	-
	Henry	82.2	1.67	81.6	80.4	-	-
	Randolph	82.4	1.85	81.6	80.4	-	-
	Union	82.2	1.68	81.6	80.4	-	-
	Wayne	81.9	1.67	81.6	80.4	-	-
	Darke	32.5	1.92	34.2	34.4	-	-

CONDUENT

Adults who Frequently Cook Meals at Home, 2021	Preble	32.8	1.75	34.2	34.4	-	-
	Fayette	32.1	1.92	33.6	34.4	-	-
	Franklin	33.1	1.59	33.6	34.4	-	-
	Henry	32.9	1.75	33.6	34.4	-	-
	Randolph	32.9	1.76	33.6	34.4	-	-
	Union	33	1.59	33.6	34.4	-	-
	Wayne	33.4	1.42	33.6	34.4	-	-
Adults Who Frequently Used Quick Service Restaurants: Past 30 Days, 2021	Darke	41.3	1.50	41.5	41.2	-	-
	Preble	40.9	1.33	41.5	41.2	-	-
	Fayette	42.5	2.17	42.3	41.2	-	-
	Franklin	40.2	0.97	42.3	41.2	-	-
	Henry	41.6	1.67	42.3	41.2	-	-
	Randolph	40.7	1.32	42.3	41.2	-	-
	Union	40.1	0.97	42.3	41.2	-	-
	Wayne	41.3	1.50	42.3	41.2	-	-
Source: Claritas Consumer Profiles							
WIC Certified Stores, 2016	Darke	0.2	1.50	-	-	-	-
	Preble	0.1	1.50	-	-	-	-
	Fayette	0.1	1.50	-	-	-	-
	Franklin	0.3	0.97	-	-	-	-
	Henry	0.1	1.50	-	-	-	-
	Randolph	0.1	2.03	-	-	-	-
	Union	0.3	0.97	-	-	-	-
	Wayne	0.1	1.50	-	-	-	-
Source: U.S. Department of Agriculture - Food Environment Atlas							

*The Mann-Kendall statistical test for trend over time was used to assess whether the county value is increasing over time or decreasing over time, and whether the trend is statistically significant. The trend analysis was calculated for indicators with four or more time periods. For more information, see Appendix A.

Adult Sugar-Sweetened Beverage Consumption: Past 7 Days and Adults who Frequently Cook Meals at Home are the worst performing indicators overall in the Nutrition & Healthy Eating topic area with almost every county in the service area scoring above 1.50.

Adults who Frequently Used Quick Service Restaurants: Past 30 Days is an area of concern for Fayette County with 42.5% of adults using a quick service restaurant 6 times or more in the past 30 days which is higher than both the Indiana and United States value.

Physical Activity

Indicator	County			County Value compared to:			
Indicator	Name	Values	Data Score	State value (OH or IN)	U.S. value	HP2030 Target	Trend over time*
Adults 20+ Who Are Obese, 2019	Darke	30.2	1.11	-	-	36	Increasing, Non-Significant
	Preble	31.5	1.56	-	-	36	Decreasing, Non-Significant
	Fayette	30.5	1.44	-	-	36	Increasing, Non-Significant
	Franklin	28.6	1.06	-	-	36	Increasing, Non-Significant
	Henry	30.4	1.58	-	-	36	Decreasing, Non-Significant
	Randolph	28	1.18	-	-	36	Decreasing, Non-Significant
	Union	25.1	1.15	-	-	36	Decreasing, Significant
	Wayne	33.8	1.56	-	-	36	Increasing, Significant
Adults 20+ who are Sedentary, 2019	Darke	24.3	1.36	-	-	-	Decreasing, Significant
	Preble	24.7	1.36	-	-	-	Decreasing, Significant
	Fayette	25.6	1.83	-	-	-	Decreasing, Significant
	Franklin	22.1	0.71	-	-		Decreasing, Non-Significant
	Henry	26.3	1.97	-	-		Decreasing, Non-Significant
	Randolph	25.3	1.68	-	-		Decreasing, Significant
	Union	19.3	1.82	-	-		Decreasing, Significant
	Wayne	27.7	1.86	-	-	-	Increasing, Non-Significant
Source: Centers for Disease Control and Prevention							
Adult Sugar-Sweetened Beverage Consumption: Past 7 Days, 2021	Darke	82	1.83	80.9	80.4	-	-
	Preble	82.4	1.83	80.9	80.4	-	-
	Fayette	82.4	1.83	81.6	80.4	-	-
	Franklin	81.9	1.68	81.6	80.4	-	-
	Henry	82.2	1.67	81.6	80.4	-	-
	Randolph	82.4	1.85	81.6	80.4	-	-
	Union	82.2	1.68	81.6	80.4	-	-
	Wayne	81.9	1.67	81.6	80.4	-	-
Adults who Follow a Regular Exercise Routine, 2021	Darke	18.2	2.08	22.2	23.3	-	-
	Preble	17.7	2.25	22.2	23.3	-	-
	Fayette	18.2	2.08	21.2	23.3	-	-
	Franklin	18.5	1.94	21.2	23.3	-	-
	Henry	18.8	1.92	21.2	23.3	-	-
	Randolph	17.6	2.29	21.2	23.3	-	-
	Union	17.2	2.29	21.2	23.3	-	-
	Wayne	19.7	1.75	21.2	23.3	-	-
Source: Claritas Consumer Profiles							
	Darke	43.8	2.47	77.2	80	-	Decreasing, Non-Significant

Access to Exercise Opportunities, 2022	**Preble**	35.6	**2.64**	77.2	80	-	Decreasing, Non-Significant
	Fayette	63.9	**2.08**	68.4	80	-	Decreasing, Significant
	Franklin	44	**2.35**	68.4	80		Decreasing, Non-Significant
	Henry	41.5	**2.31**	68.4	80		Decreasing, Non-Significant
	Randolph	-	-	-	-	-	-
	Union	52.9	**2.06**	68.4	80		Increasing, Non-Significant
	Wayne	56.6	**2.42**	68.4	80	-	Decreasing, Significant
Food Environment Index, 2022	**Darke**	8.1	**0.97**	6.8	7.8	-	Increasing, Non-Significant
	Preble	8.2	**1.08**	6.8	7.8	-	Decreasing, Non-Significant
	Fayette	6.8	**2.14**	6.6	7.8	-	Increasing, Non-Significant
	Franklin	8.5	**0.47**	6.6	7.8		Increasing, Significant
	Henry	7.4	**1.81**	6.6	7.8		Increasing, Non-Significant
	Randolph	7.3	**2.12**	6.6	7.8		Increasing, Non-Significant
	Union	8.3	**0.59**	7.2	7.3		Decreasing, Non-Significant
	Wayne	6.2	**2.47**	6.6	7.8	-	Increasing, Non-Significant
Health Behaviors Ranking, 2022	**Darke**	42	**1.42**	-	-	-	-
	Preble	35	**1.42**	-	-	-	-
	Fayette	92	**1.75**	-	-	-	-
	Franklin	29	**1.41**	-	-	-	-
	Henry	68	**1.58**	-	-	-	-
	Randolph	63	**1.59**	-	-	-	-
	Union	34	**1.41**	-	-	-	-
	Wayne	84	**1.75**	-	-	-	-
Source: County Health Rankings							
Children with Low Access to a Grocery Store, 2015	**Darke**	1.3	**1.00**	-	-	-	-
	Preble	0.1	**1.00**	-	-	-	-
	Fayette	5.1	**1.67**	-	-	-	-
	Franklin	2.6	**1.32**	-	-	-	-
	Henry	0.8	**1.00**	-	-	-	-
	Randolph	3.7	**1.50**	-	-	-	-
	Union	-	-	-	-	-	-
	Wayne	3.4	**1.33**	-	-	-	-
Farmers Market Density, 2018	**Darke**	0	**1.83**	-	-	-	Increasing, Non-Significant
	Preble	0	**1.33**	-	-	-	Increasing, Non-Significant
	Fayette	0	**1.33**	-	-	-	No Change
	Franklin	0	**1.32**	-	-	-	Increasing, Non-Significant
	Henry	0	**1.33**	-	-	-	Increasing, Non-Significant
	Randolph	0	**1.32**	-	-	-	Increasing, Non-Significant
	Union	0	**1.85**	-	-	-	No Change
	Wayne	0	**1.50**	-	-	-	No Change

Fast Food Restaurant Density, 2016	Darke	0.5	1.03	-	-	-	Decreasing, Significant
	Preble	0.6	1.31	-	-	-	Increasing, Non-Significant
	Fayette	1	2.14	-	-	-	Increasing, Non-Significant
	Franklin	0.6	1.50	-	-	-	Increasing, Non-Significant
	Henry	0.6	1.47	-	-	-	Decreasing, Non-Significant
	Randolph	0.4	1.12	-	-	-	Increasing, Non-Significant
	Union	0.6	1.18	-	-	-	Decreasing, Non-Significant
	Wayne	0.7	1.53	-	-	-	Decreasing, Non-Significant
Grocery Store Density, 2016	Darke	0.2	1.33	-	-	-	Increasing, Non-Significant
	Preble	0.1	2.00	-	-	-	Increasing, Non-Significant
	Fayette	0.1	1.97	-	-	-	Decreasing, Non-Significant
	Franklin	0.3	1.29	-	-	-	Decreasing, Significant
	Henry	0.1	1.81	-	-	-	Decreasing, Non-Significant
	Randolph	0.2	1.35	-	-	-	Decreasing, Non-Significant
	Union	0.1	1.68	-	-	-	Increasing, Non-Significant
	Wayne	0.1	1.97	-	-	-	Decreasing, Significant
Households with No Car and Low Access to a Grocery Store, 2015	Darke	2.3	1.33	-	-	-	-
	Preble	2.3	1.33	-	-	-	-
	Fayette	3.2	1.83	-	-	-	-
	Franklin	2.2	1.32	-	-	-	-
	Henry	1.2	1.00	-	-	-	-
	Randolph	4.2	2.03	-	-	-	-
	Union	1.5	0.97	-	-	-	-
	Wayne	2.3	1.33	-	-	-	-
Low-Income and Low Access to a Grocery Store, 2015	Darke	2.4	1.00	-	-	-	-
	Preble	0.2	1.00	-	-	-	-
	Fayette	8.3	1.83	-	-	-	-
	Franklin	4.5	1.32	-	-	-	-
	Henry	1.4	1.00	-	-	-	-
	Randolph	7	1.68	-	-	-	-
	Union	-	-	-	-	-	-
	Wayne	6.6	1.67	-	-	-	-
People 65+ with Low Access to a Grocery Store, 2015	Darke	1.2	1.00	-	-	-	-
	Preble	0.2	1.00	-	-	-	-
	Fayette	4	1.83	-	-	-	-
	Franklin	1	1.15	-	-	-	-
	Henry	0.9	1.17	-	-	-	-
	Randolph	2.5	1.50	-	-	-	-
	Union	-	-	-	-	-	-
	Wayne	2.5	1.50	-	-	-	-

People with Low Access to a Grocery Store, 2015	**Darke**	5.9	**1.00**	-	-	-	-
	Preble	0.7	**1.00**	-	-	-	-
	Fayette	21.4	**1.67**	-	-	-	-
	Franklin	9.1	**1.15**	-	-		-
	Henry	3.7	**1.00**	-	-		-
	Randolph	14.3	**1.32**	-	-		-
	Union	-	-	-	-	-	-
	Wayne	14.5	**1.50**	-	-	-	-
Recreation and Fitness Facilities, 2016	**Darke**	0.1	**1.00**	-	-	-	Increasing, Non-Significant
	Preble	0	**1.83**	-	-	-	Decreasing, Non-Significant
	Fayette	0.1	**1.33**	-	-	-	Decreasing, Non-Significant
	Franklin	0.1	**1.12**	-	-		Increasing, Non-Significant
	Henry	0.1	**1.33**	-	-		Decreasing, Non-Significant
	Randolph	0.1	**0.97**	-	-		Increasing, Non-Significant
	Union	0	**1.85**	-	-		No Change
	Wayne	0.1	**1.19**	-	-	-	Decreasing, Non-Significant
SNAP Certified Stores, 2017	**Darke**	0.4	**2.14**	-	-	-	Decreasing, Non-Significant
	Preble	0.7	**1.69**	-	-	-	Increasing, Non-Significant
	Fayette	0.8	**1.53**	-	-	-	Increasing, Non-Significant
	Franklin	0.8	**1.53**	-	-		Increasing, Non-Significant
	Henry	0.9	**1.03**	-	-		Increasing, Non-Significant
	Randolph	0.9	**1.65**	-	-		Increasing, Non-Significant
	Union	1	**1.00**	-	-		Increasing, Significant
	Wayne	1	**1.03**	-	-	-	Increasing, Non-Significant
Source: U.S. Department of Agriculture - Food Environment Atlas							
Workers who Walk to Work, 2016-2020	**Darke**	1.8	**2.14**	2.2	2.6	-	Increasing, Non-Significant
	Preble	1.7	**2.31**	2.2	2.6	-	Decreasing, Significant
	Fayette	1.7	**2.03**	2.1	2.6	-	Decreasing, Non-Significant
	Franklin	1.7	**2.06**	2.1	2.6		Decreasing, Significant
	Henry	1	**2.64**	2.1	2.6		Decreasing, Non-Significant
	Randolph	1.7	**2.06**	2.1	2.6		Decreasing, Significant
	Union	2.3	**1.35**	2.1	2.6		Increasing, Non-Significant
	Wayne	3.1	**0.67**	2.1	2.6	-	Increasing, Significant
Source: American Community Survey							

*The Mann-Kendall statistical test for trend over time was used to assess whether the county value is increasing over time or decreasing over time, and whether the trend is statistically significant. The trend analysis was calculated for indicators with four or more time periods. For more information, see Appendix A.

According to the secondary data, Darke and Preble Counties have the lowest access to exercise opportunities in the service area with 43.8% and 35.6% of residents living reasonably close to a park or recreational activity, respectively. Proximity to exercise opportunities, such as parks and

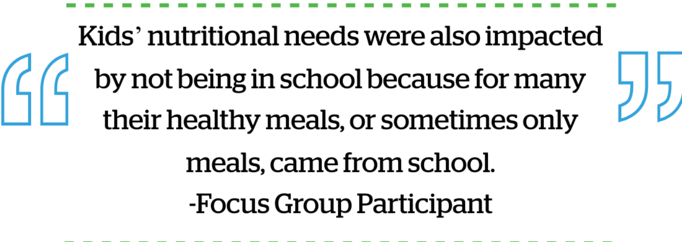
recreation facilities, has been linked to an increase in physical activity among residents. Regular physical activity has a wide array of health benefits including weight control, muscle and bone strengthening, improved mental health and mood, and improved life expectancy.[18]

Randolph and Union Counties have the lowest rates of adults who follow a regular exercise routine (17.6% and 17.2%), while Wayne County has the highest at 19.7%.

Primary Data

More than one-third (32.9%) of survey respondents rated Weight Status as a pressing health issue, and it ranked as the third most important health problem overall (Figure 24). Nutrition & Healthy Eating ranked as the fifth most important health issue (20.1%, Figure 24), while Physical Activity ranked as the seventh most important health issue (10.7%, Figure 24).

Obesity and its contribution to chronic disease was a topic of concern among key informants. Insights from qualitative data point to a lack of exercise, busy lifestyles, lack of nutritional foods and learned behaviors through multiple generations as being key contributors to obesity. Several key informants emphasized the need for more improved education about health and wellbeing, with a specific focus on education within the school system.

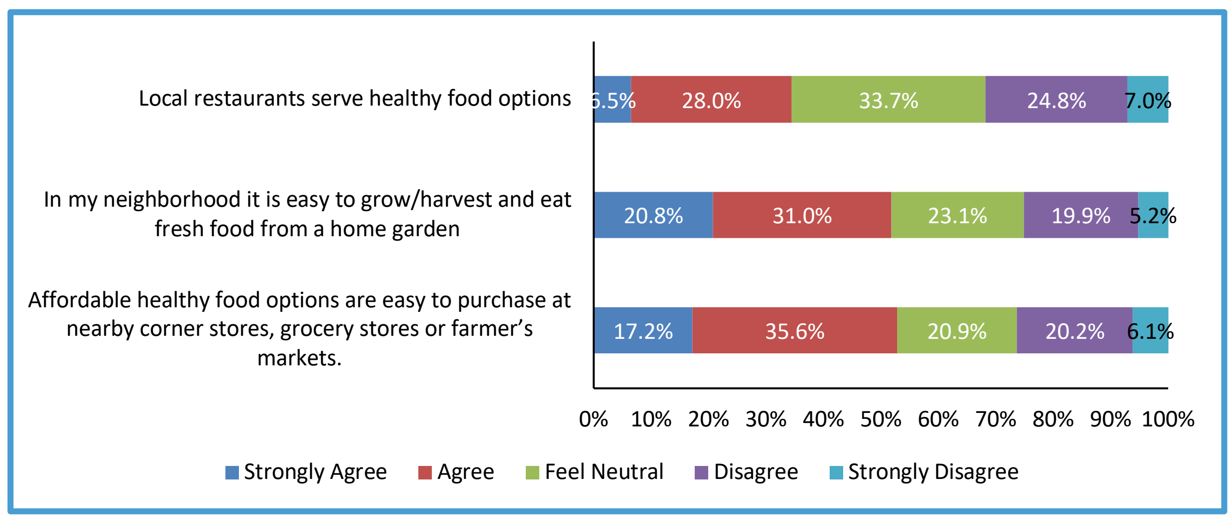


Ability to access safe parks and walking paths were rated by 11.2% of survey respondents as a priority issue, while another 8.3% of survey respondents would like to see more and/or improved bike lanes in the community. Using a Likert scale, a five-point scale used to allow the individual to express how much they agree or disagree with a particular statement, 22.6% of survey respondents disagreed or strongly disagreed that the community has good sidewalks/trails for walking safely, and another 15.5% of survey respondents disagreed or strongly disagreed that the community has good parks and recreational facilities.

The secondary data indicators that point to an unhealthy food environment are corroborated with results from the community survey. Healthy eating options at restaurants, stores, and markets was ranked by survey respondents as the most pressing quality of life issue (27.7% of respondents, Figure 25). Survey respondents were also asked to answer a few questions about access to food in their community. Based on a five-point Likert scale, 31.8% of survey respondents disagreed or strongly disagreed that local restaurants serve healthy food options, 25.1% of respondents disagreed or strongly disagreed that it is easy to grow/harvest and eat fresh food from a home garden in their neighborhood, and 26.3% of survey respondents disagreed or strongly disagreed that affordable, healthy food options are easy to purchase at nearby corner stores, grocery stores or farmers markets (Figure 31).

[18] https://www.countyhealthrankings.org/

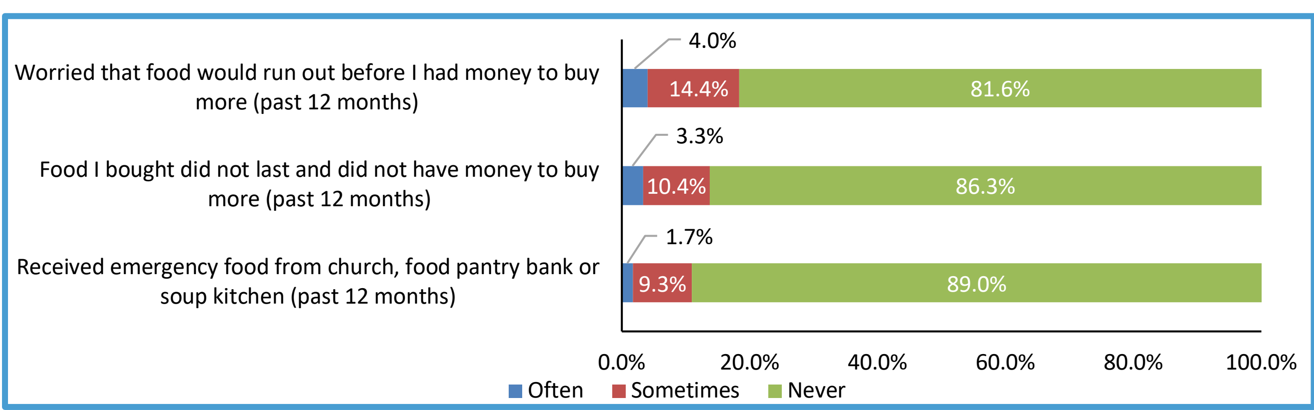
FIGURE 31. SURVEY RESPONDENTS' PERCEPTION OF ACCESS TO FOOD IN THE COMMUNITY



Key informants also pointed to the need for a healthier food environment. One key informant claimed that eating fast food is "matter of convenience to most families" while a focus group participant pointed to fast food and drive-thru restaurants as contributing to the unhealthy food environment.

More than a quarter (27.7%) of survey respondents rated healthy eating as a top quality of life issue they would like to see addressed in the community, and it ranked as the most pressing quality of life issue overall (Figure 25). Among survey respondents, 18.4% reported they "sometimes" or "often" worried that their food would run out before they had money to buy more (Figure 32). Another 13.7% of survey respondents reported there was a time in the past 12 months when the food they bought just did not last, and they did not have money to buy more (Figure 31). Finally, 11% of survey respondents reported receiving emergency food from a church or food pantry in the past 12 months (Figure 32). Key informants and focus group participants spoke of food insecurity as an issue that needs to be addressed in the community. One informant pointed to a dramatic increase in the need for food at the height of the COVID-19 pandemic, while another informant cited the community's high poverty rate, adding that many people rely on Supplemental Nutrition Assistance Program (SNAP).

FIGURE 32. FOOD INSECURITY AMONG SURVEY RESPONDENTS



Prioritized Health Topic #3: Maternal, Fetal & Children's Health

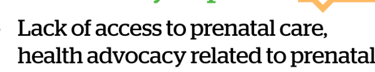
Maternal, Fetal & Infant Health topic was combined with Children's Health as a significant health need through three data sources: secondary data, and qualitative data (see Data Synthesis, Table 4 and Figure 29).

Maternal Fetal & Infant Health Overview

Maternal, Fetal & Infant Health

Secondary Data Score: 1.69

Key Themes from Community Input



- Lack of access to prenatal care, health advocacy related to prenatal care
- High risk of Infant Mortality Rate
- Lack of knowledge and education related to women's issues

Warning Indicators

- Mothers who Smoked During Pregnancy
- Teen Birth Rate
- Mothers who Received Early Prenatal Care
- Infant Mortality Rate
- Babies with Low Birth Weight

Secondary Data

Maternal, Fetal & Infant Health had the ninth highest data score of all topic areas in the Reid Health service area with a score of 1.69. The table below specifies the county score and value for each indicator under the Maternal, Fetal & Infant Health topic area and each county in the Reid Health service area.

	County			County Value compared to:			
Indicator	Name	Values	Data Score	State value (OH or IN)	U.S. value	HP2030 Target	Trend over time*
WIC Certified Stores, 2016	Darke	0.2	1.50	-	-	-	-
	Preble	0.1	1.50	-	-	-	-
	Fayette	0.1	1.50	-	-	-	-
	Franklin	0.3	0.97	-	-	-	-
	Henry	0.1	1.50	-	-	-	-
	Randolph	0.1	2.03	-	-	-	-
	Union	0.3	0.97	-	-	-	-
	Wayne	0.1	1.50	-	-	-	-
Source: U.S. Department of Agriculture - Food Environment Atlas							
Teen Birth Rate: 15-19, 2019	Darke	-	-	-	-	-	-
	Preble	-	-	-	-	-	-
	Fayette	45.8	2.67	20.7	16.7	-	Decreasing, Non-Significant

CONDUENT

	Franklin	-	-	-	-	-	-
	Henry	23.1	**1.78**	20.7	16.7	-	Decreasing, Significant
	Randolph	-	-	-	-	-	-
	Union	-	-	-	-	-	-
	Wayne	28.6	**2.39**	20.7	16.7	-	Decreasing, Significant
Source: Indiana State Department of Health							
Babies with Low Birth Weight, 2020 (OH) and 2019 (IN)	**Darke**	3.7	**0.61**	8.5	8.2	-	-
	Preble	7.2	**0.78**	8.5	8.2	-	-
	Fayette	-	-	-	-	-	-
	Franklin	11	**2.44**	8.2	8.3	-	-
	Henry	8.3	**1.58**	8.2	8.3	-	Increasing, Non-Significant
	Randolph	8.2	**1.26**	8.2	8.3	-	Increasing, Non-Significant
	Union	-	-	-	-	-	-
	Wayne	9.6	**2.39**	8.2	8.3	-	Increasing, Non-Significant
Infant Mortality Rate, 2019 (OH) and 2014-2018 (IN)	**Darke**	1.6	**0.92**	6.9	-	-	Increasing, Non-Significant
	Preble	9.4	**2.22**	6.9	-	-	Decreasing, Non-Significant
	Fayette	13.5	**2.47**	7.2	5.8	-	-
	Franklin	-	-	-	-	-	-
	Henry	7.2	**1.97**	7.2	5.8	-	Decreasing, Significant
	Randolph	-	-	-	-	-	-
	Union	-	-	-	-	-	-
	Wayne	-	-	-	-	-	-
Mothers who Received Early Prenatal Care, 2020 (OH) and IN (2019)	**Darke**	71.5	**1.28**	68.9	76.1	-	Increasing, Non-Significant
	Preble	65.3	**2.06**	68.9	76.1	-	Increasing, Non-Significant
	Fayette	58.8	**2.25**	68.9	75.8	-	Decreasing, Non-Significant
	Franklin	77.6	**1.21**	68.9	75.8	-	Decreasing, Non-Significant
	Henry	77.6	**0.94**	68.9	75.8	-	Decreasing, Non-Significant
	Randolph	69.3	**1.59**	68.9	75.8	-	Decreasing, Non-Significant
	Union	66.7	**1.97**	68.9	75.8	-	Decreasing, Non-Significant
	Wayne	66.2	**1.67**	68.9	75.8	-	Decreasing, Non-Significant
Mothers who Smoked During Pregnancy, 2020 (OH) and IN (2019)	**Darke**	11.8	**1.69**	11.5	5.5	4.3	Decreasing, Significant
	Preble	18.1	**2.31**	11.5	5.5	4.3	Decreasing, Significant
	Fayette	22.4	**2.19**	11.8	5.9	4.3	Decreasing, Significant
	Franklin	17.7	**2.26**	11.8	5.9	4.3	Decreasing, Significant
	Henry	22.2	**2.19**	11.8	5.9	4.3	Decreasing, Significant
	Randolph	22.6	**2.15**	11.8	5.9	4.3	Decreasing, Significant
	Union	20.2	**1.97**	11.8	5.9	4.3	Increasing, Non-Significant
	Wayne	17.7	**2.31**	11.8	5.9	4.3	Decreasing, Non-Significant
Preterm Births,	**Darke**	8.5	**0.97**	10.3	-	9.4	Increasing, Non-Significant
	Preble	10.2	**1.53**	10.3	-	9.4	Increasing, Non-Significant

CONDUENT

2020 (OH) and IN (2019)	**Fayette**	9	**1.00**	10.1	-	9.4	Decreasing, Non-Significant
	Franklin	14.3	**2.18**	10.1	-	9.4	Increasing, Non-Significant
	Henry	10.7	**1.75**	10.1	-	9.4	Increasing, Non-Significant
	Randolph	9.7	**1.18**	10.1	-	9.4	Decreasing, Non-Significant
	Union	-	-	-	-	-	-
	Wayne	13.5	**2.22**	10.1	-	9.4	Increasing, Non-Significant
Source: Ohio Department of Health, Vital Statistics; Indiana State Department of Health							

*The Mann-Kendall statistical test for trend over time was used to assess whether the county value is increasing over time or decreasing over time, and whether the trend is statistically significant. The trend analysis was calculated for indicators with four or more time periods. For more information, see Appendix A.

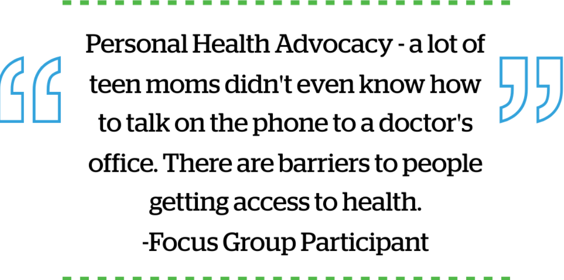
Mothers who Smoked During Pregnancy is an area of concern for both Preble and Wayne Counties. Fortunately, the rates are decreasing in both counties.

Fayette County has scored highest in the following indicators: Infant Mortality Rate, Mothers who Received Early Prenatal Care and Teen Birth Rate:15-19. While Wayne County has scored highest in Preterm Births and Mothers who Smoked During Pregnancy. The trend of preterm births in Wayne County is increasing.

Primary Data

Improving the well-being of mothers, infants, and children is an important public health goal for the United States. Their well-being determines the health of the next generation and can help predict future public health challenges for families, communities, and the health care system. The purpose of the Maternal, Infant, and Child Health topic area address a wide range of conditions, health behaviors, and health systems indicators that affect the health, wellness, and quality of life of women, children, and families.[19]

Focus group participants mentioned lack of access to prenatal care in Reid Health service areas. Lack of knowledge related to women's health, shortage of gynecological care, and lack of transportation were considered as the main contributors to the high risk of infant mortality rates in the community. Several key informants emphasized the need for more health advocacy and coaching for women and young girls in order to address the barriers to care, with particular focus on education within the school system.



[19] Healthy People.gov https://www.healthypeople.gov/2020/topics-objectives/topic/maternal-infant-and-child-health

Children's Health

Secondary Data Score: 1.50

Key Themes from Community Input

- Challenges with Students receiving mental health care in schools
- Poor Dental Hygiene
- Improper/Poor Nutrition

Secondary Data

According to the secondary data results, Children's Health had the 17th highest data score of all topic areas in the Reid Health service area with a score of 1.50. The table below specifies the county score and value for each indicator under the Children's Health topic area and each county in the Reid Health service area.

	County			County Value compared to:			
Indicator	Name	Values	Data Score	State value (OH or IN)	U.S. value	HP2030 Target	Trend over time*
Child Abuse Rate, 2020 (OH) and 2017 (IN)	**Darke**	2.7	**0.50**	6.8	-	8.7	Increasing, Non-Significant
	Preble	9.4	**2.00**	6.8	-	8.7	Decreasing, Non-Significant
	Fayette	32.5	**2.25**	20.8	-	-	Increasing, Significant
	Franklin	25	**1.82**	20.8	-	-	Increasing, Significant
	Henry	23.4	**1.81**	20.8	-	-	Increasing, Non-Significant
	Randolph	45.5	**2.47**	20.8	-	-	Increasing, Significant
	Union	36	**2.00**	20.8	-	-	Increasing, Non-Significant
	Wayne	27.6	**2.25**	20.8	-	-	Increasing, Significant
Source: Annie E. Casey Foundation							
Child Food Insecurity Rate, 2019	**Darke**	15.3	**1.17**	17.4	14.6	-	-
	Preble	15	**1.17**	17.4	14.6	-	-
	Fayette	22.1	**2.50**	15.3	14.6	-	-
	Franklin	13.4	**0.62**	15.3	14.6	-	-

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	Henry	18.3	**2.33**	15.3	14.6	-	-
	Randolph	18	**2.21**	15.3	14.6	-	-
	Union	12.2	**0.44**	15.3	14.6	-	-
	Wayne	20.3	**2.33**	15.3	14.6	-	-
Projected Child Food Insecurity Rate, 2021	**Darke**	16	**1.08**	18.5	-	-	-
	Preble	15.7	**1.08**	18.5	-	-	-
	Fayette	24.5	**2.25**	16.6	-	-	-
	Franklin	14.2	**0.71**	16.6	-	-	-
	Henry	19.9	**2.08**	16.6	-	-	-
	Randolph	19.1	**1.94**	16.6	-	-	-
	Union	12.6	**0.71**	16.6	-	-	-
	Wayne	22.3	**2.08**	16.6	-	-	-
Food Insecure Children Likely Ineligible for Assistance, 2019	**Darke**	10	**0.50**	32	23	-	-
	Preble	30	**2.00**	32	23	-	-
	Fayette	17	**0.83**	28	23	-	-
	Franklin	33	**2.38**	28	23	-	-
	Henry	14	**0.50**	28	23	-	-
	Randolph	17	**0.79**	28	23	-	-
	Union	9	**0.44**	28	23	-	-
	Wayne	21	**1.17**	28	23	-	-
Source: Feeding America							
Children with Health Insurance, 2019	**Darke**	94.3	**1.72**	95.1	-	-	Increasing, Significant
	Preble	94.9	**1.56**	95.1	-	-	Increasing, Significant
	Fayette	93.6	**1.56**	93	-	-	Increasing, Significant
	Franklin	92.5	**1.76**	93	-	-	Increasing, Significant
	Henry	94.4	**1.22**	93	-	-	Increasing, Significant

	Randolph	91.8	**2.09**	93	-	-	Increasing, Significant
	Union	91.9	**2.09**	93	-	-	Increasing, Significant
	Wayne	92.5	**1.75**	93	-	-	Increasing, Significant
Source: U.S. Census Bureau - Small Area Health Insurance Estimates							
Children with Low Access to a Grocery Store, 2015	**Darke**	1.3	**1.00**	-	-	-	-
	Preble	0.1	**1.00**	-	-	-	-
	Fayette	5.1	**1.67**	-	-	-	-
	Franklin	2.6	**1.32**	-	-	-	-
	Henry	0.8	**1.00**	-	-	-	-
	Randolph	3.7	**1.50**	-	-	-	-
	Union	-	-	-	-	-	-
	Wayne	3.4	**1.33**	-	-	-	-
Source: U.S. Department of Agriculture - Food Environment Atlas							

*The Mann-Kendall statistical test for trend over time was used to assess whether the county value is increasing over time or decreasing over time, and whether the trend is statistically significant. The trend analysis was calculated for indicators with four or more time periods. For more information, see Appendix A.

22.1% of children (under 18 years of age) in Fayette County lived in households that experienced food insecurity at some point during 2019 which is higher than the Indiana (15.3%) and U.S. (14.6%) value.

According to the U.S. Census Bureau- Small Area Health Insurance Estimates, the percentage of children with health insurance is increasing significantly in all counties in the service area. As of 2019, Fayette and Henry Counties are the only counties performing better than their state of Indiana which has a child with health insurance rate of 93% (Fayette County: 93.6%, Henry County: 94.4%).

Primary Data

More than one-third (36.1%) of survey respondents responded to living with children in their household, and 5.1% of survey respondents ranked Children's Health as a health need in the community (Figure 24).

Many key informants emphasized that there are challenges with students receiving mental health care in school. Some parents would not let providers in their homes, so providers try to see kids at school. Schools allow providers but it takes kids out of their classes. Key informants also pointed out the need to expand mental health insurance as certain payer sources cover school visits by a mental health provider but not primary insurance.

Improper and poor nutrition was one of the concerns related to children's health mentioned in focus group discussions. There are barriers in access to affordable healthy food options in the Reid service area and people living on "convenience food', not able to provide healthy food to children at home.

Additionally, poor dental care was mentioned by key informants. Children that have rotten teeth poses health and developmental issues. There have been increased cases of children not being able to access dental care. As per one of the key informants, "some children don't even have toothbrushes and toothpaste, and during COVID a lot of the parents just gave the kids sugary, easy things, drinks."

Lastly, there also has been a significant learning loss in children, which has been exacerbated exaggerated by a lack of broadband and/or transportation issues in more rural areas. The schools are seeing a large increase in behavioral and social issues, more so than educational issues in children.

> There has been a significant learning loss in children, which has been exacerbated by a lack of broadband and transportation issues in more rural areas. The schools see a large increase in behavioral and social problems, more so than educational issues.
>
> \- Key Informant

Non-Prioritized Significant Health Needs

The following significant health needs, presented in alphabetical order, emerged from a review of the primary and secondary data. However, Reid Health will not focus on these topics in their Implementation Strategy.

Key themes from community input are included where relevant for each non-prioritized health need along with the secondary data score and warning indicators.

Non-Prioritized Health Need #1: Education

Education

Secondary Data Score: **1.50**

Key Themes from Community Input

- Mental health problems, and fear of being in a bigger group after things are getting to the normal routine
- The education of younger children (K-2) is being impacted due to distance learning
- Children have less attention span and feelings of isolation

Warning Indicators

- People 25+ with a Bachelor's Degree or Higher
- Student-to-Teacher Ratio

> Risky behaviors such as substance abuse are seen due to lack of education and unemployment.
> - Key Informant

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Non-Prioritized Health Need #2: Health Care Access & Quality including Transportation

Health Care Access & Quality including Transportation

Secondary Data Score: 1.60

Key Themes from Community Input

- Lack of trust in healthcare services and/or providers
- Long wait times to see a provider or specialist
- The top priority from the community survey (28%)
- Barriers to navigating the system because of language
- Lack of transportation
- Hours of operation did not fit in schedule

Warning Indicators

- Adults who Visited a Dentist
- Adults who have had a Routine Checkup
- Primary Care Provider Rate
- Dentist Rate

> Fear of access to care, the community needs to promote preventative health in general. During the Covid-19 pandemic, people avoided preventive care appointments (PCP, vaccination, dental appointments) which are surfacing now, and need to be addressed.
>
> - Key Informant

Non-Prioritized Health Need #3: Support for families with Children (Childcare, parenting support)

Support for Families with Children

Secondary Data Score: N/A

Key Themes from Community Input

- 20% of survey respondents would like to address the lack of support for families with children

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Non-Prioritized Health Need #4: Diabetes

Diabetes

Secondary Data Score: 1.65

Key Themes from Community Input

- Lifestyle choices including poor nutrition, lack of exercise
- Vulnerable populations: Children due to lack of exercise and healthy behaviors, and Older Adults
- 9.8% survey respondents thinks Diabetes as a one of the health concerns

Warning Indicators

- Age-Adjusted Death Rate due to Diabetes
- Diabetes: Medicare Population

> "Diabetes is difficult to overcome due to the need for lifestyle changes that are often overwhelming to some. A lack of physical activity contributes to these health issues and there are not a lot of opportunities for physical activity in the area. Lack of nutritious foods and knowledge of healthy eating is also difficult."
>
> \- Key Informant

Non-Prioritized Health Need #5: Older Adults

Older Adults

Secondary Data Score: 1.75

Key Themes from Community Input

- Access to food due to lack of transportation
- Difficulty in navigating the system because of lack of knowledge on how to access information
- Transportation is barrier in order to get to the treatment centers
- Fear and loneliness due to isolation-Covid-19 Impact

Warning Indicators

- Adults 65+ who Received Recommended Preventive Services: Males
- Depression: Medicare Population

> "The senior population often has higher health risks and higher health needs. Mental health is a really big factor. Transportation can be a barrier for this group. Also just knowing how to navigate the system is difficult for this population."
>
> \- Key Informant

Non-Prioritized Health Need #6: Heart Disease & Stroke

Heart Disease & Stroke

Secondary Data Score: 1.89

Key Themes from Community Input

- Lack of management and resources related to hypertension, and cardiovascular conditions
- 7.3% of survey respondents responded as health concern

Warning Indicators

- Heart Failure: Medicare Population
- Age-Adjusted Death Rate due to Coronary Heart Disease
- Ischemic Heart Disease: Medicare Population

> "High Blood pressure, many people in the region suffer from high BP, but the concern is that many may not even know they have high BP."
>
> \- Focus Group Participant

Barriers to Care

A critical component in assessing the needs of a community includes identifying barriers to health care and social services, which can inform and focus strategies for addressing the prioritized health needs. Survey respondents, key informants and focus group participants were asked to identify any barriers to health care observed or experienced in the community. The following section explores those barriers that were identified through the primary data collection.

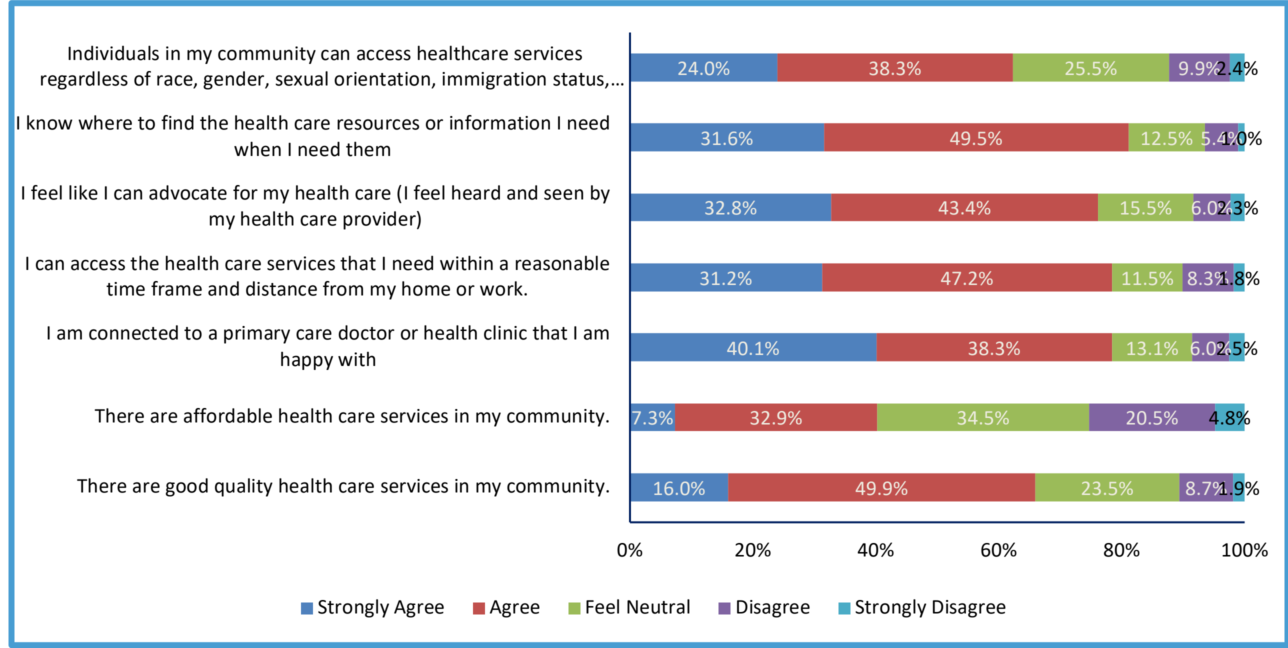
Transportation

The spread of the population throughout rural towns within eight counties of Reid Health's service area creates difficulties for many of those in need of care. Key informants and focus group participants frequently mentioned transportation when discussing barriers to care, with an emphasis on rural communities and elderly populations. One key informant stated that "people without transportation cannot have access to get groceries or doctor's appointments." Another key informant mentioned that access to specialty care can be challenging, further magnifying the transportation issue. Using a five-point Likert scale, 33.2% of survey respondents in Reid Health's service area disagreed or strongly disagreed that public transportation is easy to access. Indicators of concern from the secondary data analysis include Age-Adjusted Death Rate due to Motor Vehicle Collisions, Workers who Walk to Work, Workers Commuting by Public Transportation and Households with No Car and Low Access to a Grocery Store. Additional details for these indicators can be found in Appendix A.

Cost, Lack of Insurance, Cost of Insurance

Access to affordable health care ranked as the fourth most pressing health problem among survey respondents, with 28% of respondents identifying affordable health care as a top priority in Reid Health service area (Figure 24). Based on a five-point Likert scale, 25.3% of survey respondents disagreed or strongly disagreed that there are affordable health care services in the community (Figure 33).

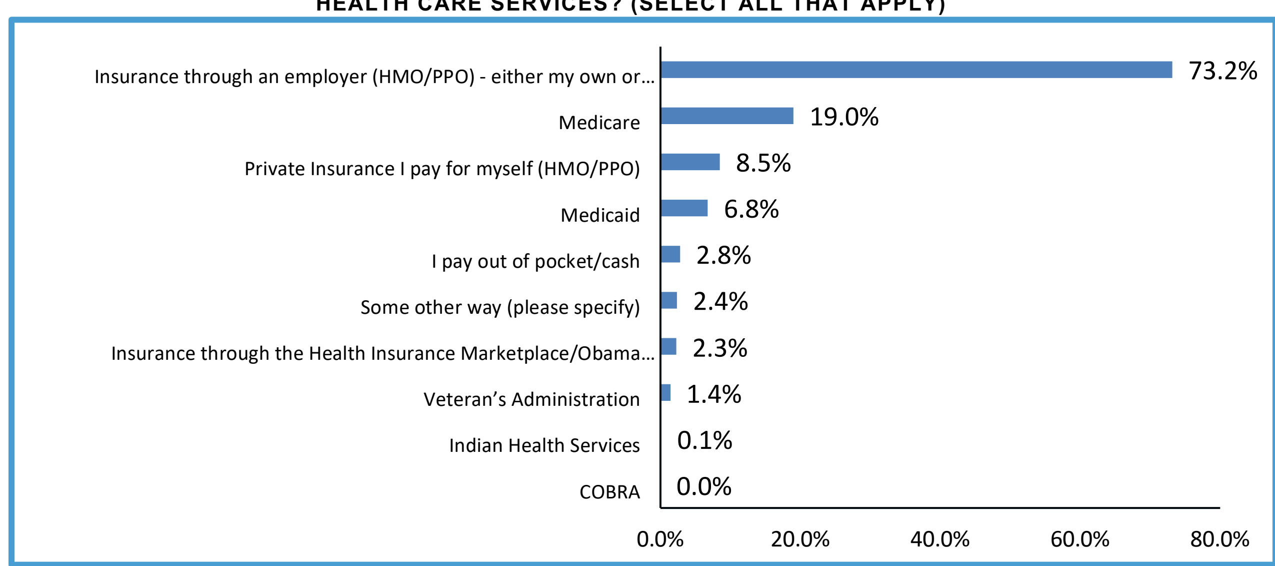
FIGURE 33. SURVEY RESPONDENTS' PERCEPTION OF HEALTH CARE SERVICES IN THEIR COMMUNITY



Among key informants and focus group participants, the most common barriers cited to accessing health care were related to overall cost, lack of insurance or underinsurance. One key informant emphasized that even with health coverage, many people choose to bypass necessary health care services because the out-of-pocket costs are so expensive. In addition, those with health insurance may still lack dental or vision coverage.

Nearly 95% of survey respondents reported having health coverage, with respondents reporting the following types of health plan(s) used to pay for health care services: health coverage through an employer (73.2%), Medicaid (6.8%), Medicare (19.0%), private insurance (8.5%) and services paid out of pocket/cash (2.8%) (Figure 34).

FIGURE 34. SURVEY RESPONDENTS: WHAT TYPE OF HEALTH PLAN(S) DO YOU USE TO PAY FOR YOUR HEALTH CARE SERVICES? (SELECT ALL THAT APPLY)



The economic secondary data further support the primary data findings around cost and access. The median household income of the seven counties except Franklin, is markedly lower than the Indiana ($58,235), Ohio ($58,116) values and the U.S. value ($64,994). (see Social & Economic Determinants of Health, Figures 12, for more details).

Awareness, Access to Information and Navigating the System

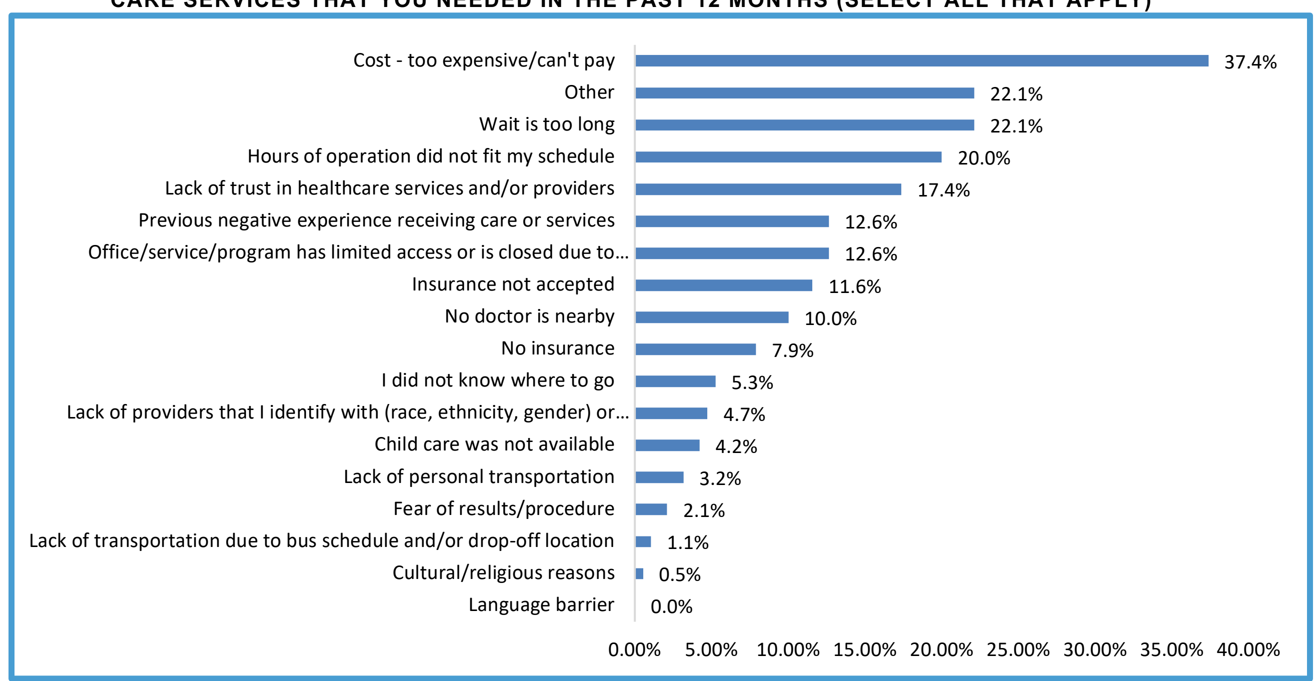
Knowledge of available resources and the ability to access information is another barrier to care, especially for those who don't have broadband or internet access. Findings from the secondary data indicate that 79.3% of households in Reid Health's service area had an internet subscription in 2016-2020 (Figure 19), which is lower than both the state values (IN: 83.5%, OH: 84.9%) and national value (85.5%). One focus group participant mentioned that many people in the community do not have access to computers, phones, or internet service, and even those that do can sometimes lack the education on how to use them.

Key informants also noted health system knowledge/navigation as a barrier for accessing care and pointed to a need for more outreach and consistent messaging about services and resources available to the community. Key informants spoke about the wonderful programs available within the community but added that the public often isn't aware of all the services and resources available to residents.

Fear, Discrimination, Language & Culture

Nearly one-quarter (20.2%) of survey respondents reported they were unable to get necessary health care services at least once in the past 12 months. For community survey respondents that did not receive the care they needed, 17.4% reported lack of trust in health care services and/or providers and 12.6% reported a previous negative experience receiving care or services. (Figure 35).

FIGURE 35. SURVEY RESPONDENTS: SELECT THE TOP REASONS YOU DID NOT RECEIVE THE HEALTH CARE SERVICES THAT YOU NEEDED IN THE PAST 12 MONTHS (SELECT ALL THAT APPLY)



As shown earlier in Figure 33, 8.3% of survey respondents disagreed or strongly disagreed with the statement: “I feel like I can advocate for my health care (I feel heard and seen by my health care provider),” while another 12.3% of survey respondents disagreed or strongly disagreed that people in the community can access health care services regardless of race, gender, sexual orientation, or immigration status.

Lack of trust continues to be a big issue. One key informant described the refusal to seek medical care and/or see a doctor as people do not feel they need a doctor and believe they can take care of themselves. Although the community is primarily English-speaking, one key informant pointed to language barriers as a potential issue, especially within the Hispanic/Latino population. The stigma of seeking mental health treatment also continues to be a concern, with one informant describing “a rural community, where everyone knows you and your family members.”

Conclusion

This Community Health Needs Assessment (CHNA), conducted for Reid Health, helps the hospital meet the federal requirement for charitable hospital organizations to conduct a community health needs assessment every three years [IRS Section 501(r) (3)]. Reid Health partnered with Conduent Healthy Communities Institute to develop this 2023-2025 CHNA.

This assessment used a comprehensive set of secondary and primary data to determine the 11 significant health needs in the community served by Reid Health. The prioritization process identified three priorities below to be considered for subsequent implementation planning:

- Mental Health & Substance Misuse
- Physical Activity, Nutrition & Weight
- Maternal, Fetal & Children's Health

The findings in this report will be used to guide the development of the Reid Health Implementation Strategy, which will outline strategies to address identified priorities and improve the health of the community.

Please use this online form to send any comments or feedback about this CHNA: communitybenefit@reidhealth.org. Feedback received will be incorporated into the next CHNA process.

Appendices Summary

The following support documents are shared in the appendix section.

A. Secondary Data Methodology, Data Scoring Tables, and SocioNeeds Index Suite

A description of the Conduent HCI data scoring methodology, including a list of secondary data sources used in the analysis and county-level topic indicator scoring results, and HCI Indices.

B. Index of Disparity

A description of the methods used to identify disparities within the secondary data by race, ethnicity, and gender.

C. Demographic Profile of Survey Respondents

A series of charts illustrating the demographics of community survey respondents.

D. COVID-19 Impact Snapshot

A summary of the impact of the COVID-19 pandemic, including findings from the community survey, key informants, and focus group participants.

E. Community Input Assessment Tools

Data collection tools that were vital in capturing community feedback, including the community survey, key informant questions and focus group guide.

F. Prioritization Toolkit

A one-page cheat sheet provided to participants to help guide the virtual prioritization activity.

G. Impact Report

A detailed progress report on the hospital's prioritized health needs from its prior CHNA and Implementation Strategy (2020-2022). Goals, objectives, strategies, target population and status are outlined in a detailed framework.

H. Community Well-Being Committee

A list of members serving on the Community Well-Being Committee at Reid Health.

I. Resources Available to Address Needs

A list of community resources available to organizations and individuals that live in the community.

Community Health Needs Assessment 2022

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Appendix A. Secondary Data Methodology

Secondary Data Sources

The following table provides a list of data sources used in the secondary data analysis of Indiana counties (Fayette, Franklin, Henry, Randolph, Union and Wayne).

Key	Data Source
1	American Community Survey
2	Annie E. Casey Foundation
3	CDC - PLACES
4	Centers for Disease Control and Prevention
5	Centers for Medicare & Medicaid Services
6	Claritas Consumer Profiles
7	County Health Rankings
8	Feeding America
9	Healthy Communities Institute
10	Indiana Department of Correction
11	Indiana Secretary of State
12	Indiana State Department of Health
13	Indiana University Center for Health Policy
14	National Cancer Institute
15	National Center for Education Statistics
16	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
17	National Environmental Public Health Tracking Network
18	U.S. Bureau of Labor Statistics
19	U.S. Census - County Business Patterns
20	U.S. Census Bureau - Small Area Health Insurance Estimates
21	U.S. Department of Agriculture - Food Environment Atlas
22	U.S. Environmental Protection Agency
23	United For ALICE

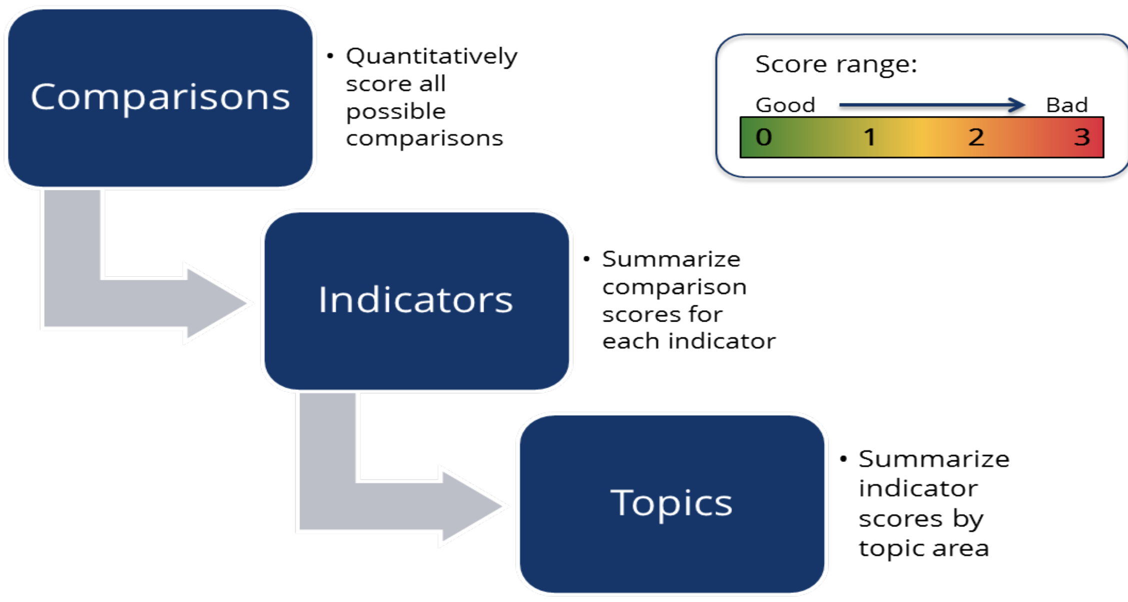
The following table provides a list of data sources used in the secondary data analysis of Ohio counties (Darke and Preble).

Key	Data Source
1	American Community Survey
2	Annie E. Casey Foundation
3	CDC - PLACES
4	Centers for Disease Control and Prevention
5	Centers for Medicare & Medicaid Services
6	Claritas Consumer Profiles
7	County Health Rankings
8	Feeding America
9	Healthy Communities Institute
10	National Cancer Institute
11	National Center for Education Statistics
12	National Environmental Public Health Tracking Network
13	Ohio Department of Education
14	Ohio Department of Health, Infectious Diseases
15	Ohio Department of Health, Vital Statistics
16	Ohio Department of Public Safety, Office of Criminal Justice Services
17	Ohio Secretary of State
18	U.S. Bureau of Labor Statistics
19	U.S. Census - County Business Patterns
20	U.S. Census Bureau - Small Area Health Insurance Estimates
21	U.S. Department of Agriculture - Food Environment Atlas
22	U.S. Environmental Protection Agency
23	United For ALICE

Secondary Data Scoring

Secondary Data Scoring Detailed Methodology

Data Scoring is done in three stages:



For each indicator, each county is assigned a score based on its comparison to other communities, whether health targets have been met, and the trend of the indicator value over time. These comparison scores range from 0-3, where 0 indicates the best outcome and 3 the worst. Availability of each type of comparison varies by indicator and is dependent upon the data source, comparability with data collected for other communities, and changes in methodology over time.

Indicators are categorized into topic areas and each topic area receives a score. Indicators may be categorized in more than one topic area. Topic scores are determined by the comparisons of all indicators within the topic.

Comparison to a Distribution of County Values: Within State and Nation

For ease of interpretation and analysis, indicator data is visually represented as a green-yellow-red gauge showing how the community is faring against a distribution of counties in the state or the United States. A distribution is created by taking all county values within the state or nation, ordering them from low to high, and dividing them into three groups (green, yellow, red) based on their order. Indicators with the poorest comparisons ("in the red") scored high, whereas indicators with good comparisons ("in the green") scored low.

Comparison to Values: State, National, and Targets

The county is compared to the state value, the national value, and target values. Target values include the nation-wide Healthy People 2030 (HP2030) goals. Healthy People 2030 goals are

national objectives for improving the health of the nation set by the Department of Health and Human Services' (DHHS) Healthy People Initiative. For all value comparisons, the scoring depends on whether the county value is better or worse than the comparison value, as well as how close the county value is to the target value.

Trend Over Time

The Mann-Kendall statistical test for trend was used to assess whether the county value is increasing over time or decreasing over time, and whether the trend is statistically significant. The trend comparison uses the four most recent comparable values for the county, and statistical significance is determined at the 90% confidence level. For each indicator with values available for four time periods, scoring was determined by direction of the trend and statistical significance.

Missing Values

Indicator scores are calculated using the comparison scores, availability of which depends on the data source. If the comparison type is possible for an adequate proportion of indicators, it will be included in the indicator score. After exclusion of comparison types with inadequate availability, all missing comparisons are substituted with a neutral score for the purposes of calculating the indicator's weighted average. When information is unknown due to lack of comparable data, the neutral value assumes that the missing comparison score is neither good nor bad.

Indicator Scoring

Indicator scores are calculated as a weighted average of all included comparison scores. If none of the included comparison types are possible for an indicator, no score is calculated, and the indicator is excluded from the data scoring results.

Topic Scoring

Indicator scores are averaged by topic area to calculate topic scores. Each indicator may be included in up to three topic areas if appropriate. Resulting scores range from 0-3, where a higher score indicates a greater level of need as evidenced by the data. A topic score is only calculated if it includes at least three indicators.

Reid Health Service Area Counties Data Scoring Results

Darke County Topic Scores

Health and Quality of Life Topics	Score
Tobacco Use	2.14
Heart Disease & Stroke	1.97
Prevention & Safety	1.79
Wellness & Lifestyle	1.78
Alcohol & Drug Use	1.74
Nutrition & Healthy Eating	1.69
Older Adults	1.67
Other Conditions	1.66
Health Care Access & Quality	1.63
Respiratory Diseases	1.59
Mental Health & Mental Disorders	1.54
Diabetes	1.53
County Health Rankings	1.47
Immunizations & Infectious Diseases	1.46
Physical Activity	1.42
Environmental Health	1.39
Women's Health	1.38
Education	1.35
Oral Health	1.33
Community	1.30
Cancer	1.25
Economy	1.17
Maternal, Fetal & Infant Health	1.10
Sexually Transmitted Infections	1.01
Children's Health	1.00

Preble County Topic Scores

Health and Quality of Life Topics	Score
Tobacco Use	2.25
Other Conditions	2.00
Heart Disease & Stroke	1.87
Women's Health	1.80
Older Adults	1.76
Diabetes	1.76
Prevention & Safety	1.76
Respiratory Diseases	1.74
Wellness & Lifestyle	1.74
Mental Health & Mental Disorders	1.73
Cancer	1.70
Alcohol & Drug Use	1.70
Health Care Access & Quality	1.67
Nutrition & Healthy Eating	1.60
Oral Health	1.54
Physical Activity	1.53
County Health Rankings	1.50
Children's Health	1.47
Maternal, Fetal & Infant Health	1.42
Environmental Health	1.41
Education	1.41
Community	1.30
Sexually Transmitted Infections	1.21
Immunizations & Infectious Diseases	1.15
Economy	1.03

Fayette County Topic Scores

Health and Quality of Life Topics	Score
Prevention & Safety	2.55
Mental Health & Mental Disorders	2.30
Tobacco Use	2.14
Other Conditions	2.13
Wellness & Lifestyle	2.11
Heart Disease & Stroke	2.05
Maternal, Fetal & Infant Health	1.86
Older Adults	1.86
Nutrition & Healthy Eating	1.86
Children's Health	1.84
Women's Health	1.84
Respiratory Diseases	1.83
Economy	1.78
Physical Activity	1.78
Cancer	1.77
Community	1.74
County Health Rankings	1.69
Oral Health	1.65
Environmental Health	1.60
Alcohol & Drug Use	1.58
Education	1.56
Health Care Access & Quality	1.55
Diabetes	1.45
Immunizations & Infectious Diseases	1.36

Franklin County Topic Scores

Health and Quality of Life Topics	Score
Prevention & Safety	2.55
Mental Health & Mental Disorders	2.30
Tobacco Use	2.14
Other Conditions	2.13
Wellness & Lifestyle	2.11
Heart Disease & Stroke	2.05
Maternal, Fetal & Infant Health	1.86
Older Adults	1.86
Nutrition & Healthy Eating	1.86
Children's Health	1.84
Women's Health	1.84
Respiratory Diseases	1.83
Economy	1.78
Physical Activity	1.78
Cancer	1.77
Community	1.74
County Health Rankings	1.69
Oral Health	1.65
Environmental Health	1.60
Alcohol & Drug Use	1.58
Education	1.56
Health Care Access & Quality	1.55
Diabetes	1.45
Immunizations & Infectious Diseases	1.36

Henry County Topic Scores

Health and Quality of Life Topics	Score
Mental Health & Mental Disorders	2.00
Women's Health	1.98
Heart Disease & Stroke	1.96
Wellness & Lifestyle	1.89
Tobacco Use	1.86
Oral Health	1.83
Older Adults	1.80
Cancer	1.79
Respiratory Diseases	1.78
Maternal, Fetal & Infant Health	1.69
Nutrition & Healthy Eating	1.65
Economy	1.58
Other Conditions	1.57
Community	1.52
County Health Rankings	1.50
Children's Health	1.49
Diabetes	1.49
Environmental Health	1.49
Physical Activity	1.48
Health Care Access & Quality	1.46
Alcohol & Drug Use	1.45
Immunizations & Infectious Diseases	1.41
Education	1.37
Prevention & Safety	1.30

Randolph County Topic Scores

Health and Quality of Life Topics	Score
Tobacco Use	2.32
Other Conditions	2.27
Heart Disease & Stroke	2.25
Older Adults	2.16
Mental Health & Mental Disorders	2.04
Diabetes	2.02
Prevention & Safety	2.00
Wellness & Lifestyle	1.96
Children's Health	1.83
Health Care Access & Quality	1.83
Education	1.82
Nutrition & Healthy Eating	1.74
Respiratory Diseases	1.71
Alcohol & Drug Use	1.71
County Health Rankings	1.67
Physical Activity	1.64
Women's Health	1.63
Maternal, Fetal & Infant Health	1.61
Environmental Health	1.58
Community	1.53
Economy	1.52
Oral Health	1.42
Cancer	1.36
Immunizations & Infectious Diseases	1.20

Union County Topic Scores

Health and Quality of Life Topics	Score
Tobacco Use	2.50
Oral Health	2.06
Mental Health & Mental Disorders	1.97
Health Care Access & Quality	1.95
Prevention & Safety	1.93
Heart Disease & Stroke	1.75
Other Conditions	1.75
Wellness & Lifestyle	1.74
Maternal, Fetal & Infant Health	1.71
Women's Health	1.70
Respiratory Diseases	1.67
Cancer	1.65
Older Adults	1.60
County Health Rankings	1.53
Alcohol & Drug Use	1.52
Environmental Health	1.43
Education	1.41
Community	1.40
Nutrition & Healthy Eating	1.30
Physical Activity	1.29
Immunizations & Infectious Diseases	1.18
Children's Health	1.11
Economy	1.04

Wayne County Topic Scores

Health and Quality of Life Topics	Score
Other Conditions	**2.21**
Diabetes	**2.17**
Maternal, Fetal & Infant Health	**2.12**
Mental Health & Mental Disorders	**2.10**
Prevention & Safety	**2.07**
Tobacco Use	**1.97**
Older Adults	**1.96**
Wellness & Lifestyle	**1.93**
Heart Disease & Stroke	**1.92**
Alcohol & Drug Use	**1.91**
Respiratory Diseases	**1.89**
Children's Health	**1.83**
Economy	**1.68**
County Health Rankings	**1.67**
Community	**1.60**
Environmental Health	**1.60**
Women's Health	**1.58**
Education	**1.58**
Cancer	**1.53**
Nutrition & Healthy Eating	**1.52**
Physical Activity	**1.51**
Oral Health	**1.42**
Immunizations & Infectious Diseases	**1.37**
Health Care Access & Quality	**1.36**

Darke County Indicator Scores

SCORE	**ALCOHOL & DRUG USE**	UNITS	DARKE COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.72	Alcohol-Impaired Driving Deaths	*percent of driving deaths with alcohol involvement*	41	28.3	32.2	27	*2015-2019*		7
2.14	Death Rate due to Drug Poisoning	*deaths/ 100,000 population*	37		38.1	21	*2017-2019*		7
1.69	Mothers who Smoked During Pregnancy	*percent*	11.8	4.3	11.5	5.5	*2020*		15
1.58	Health Behaviors Ranking		48				*2021*		7
1.53	Liquor Store Density	*stores/ 100,000 population*	7.8		5.6	10.5	*2019*		19
1.50	Adults who Drink Excessively	*percent*	18.7		18.5	19	*2018*		7
1.50	Age-Adjusted Drug and Opioid-Involved Overdose Death Rate	*Deaths per 100,000 population*	33.2		40.4	23.5	*2018-2020*		4
1.25	Adults who Binge Drink	*percent*	15.9			16.7	*2019*		3
SCORE	**CANCER**	UNITS	DARKE COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source

2.11	Age-Adjusted Death Rate due to Colorectal Cancer	*deaths/ 100,000 population*	17.7	8.9	14.8	13.4	*2015-2019*		10
2.08	Adults with Cancer	*percent*	8.7			7.1	*2019*		3
1.94	Age-Adjusted Death Rate due to Cancer	*deaths/ 100,000 population*	180.8	122.7	169.4	152.4	*2015-2019*		10
1.94	Mammogram in Past 2 Years: 50-74	*percent*	70.8	77.1		74.8	*2018*		3
1.86	Colorectal Cancer Incidence Rate	*cases/ 100,000 population*	44.6		41.3	38	*2014-2018*		10
1.83	Colon Cancer Screening	*percent*	62.4	74.4		66.4	*2018*		3
1.78	Age-Adjusted Death Rate due to Lung Cancer	*deaths/ 100,000 population*	46.5	25.1	45	36.7	*2015-2019*		10
1.61	Cervical Cancer Screening: 21-65	*Percent*	83.8	84.3		84.7	*2018*		3
1.42	Age-Adjusted Death Rate due to Breast Cancer	*deaths/ 100,000 females*	20.3	15.3	21.6	19.9	*2015-2019*		10
1.06	Age-Adjusted Death Rate due to Prostate Cancer	*deaths/ 100,000 males*	18.4	16.9	19.4	18.9	*2015-2019*		10
0.81	Cancer: Medicare Population	*percent*	7		8.4	8.4	*2018*		5
0.53	Breast Cancer Incidence Rate	*cases/ 100,000 females*	109.3		129.6	126.8	*2014-2018*		10

0.50	Oral Cavity and Pharynx Cancer Incidence Rate	*cases/ 100,000 population*	9.6		12.2	11.9	*2014-2018*		10
0.25	All Cancer Incidence Rate	*cases/ 100,000 population*	409.3		467.5	448.6	*2014-2018*		10
0.25	Lung and Bronchus Cancer Incidence Rate	*cases/ 100,000 population*	51.9		67.3	57.3	*2014-2018*		10
0.08	Prostate Cancer Incidence Rate	*cases/ 100,000 males*	61.3		107.2	106.2	*2014-2018*		10
SCORE	**CHILDREN'S HEALTH**	UNITS	DARKE COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
1.72	Children with Health Insurance	*percent*	94.3		95.1		*2019*		20
1.17	Child Food Insecurity Rate	*percent*	15.3		17.4	14.6	*2019*		8
1.08	Projected Child Food Insecurity Rate	*percent*	16		18.5		*2021*		8
1.00	Children with Low Access to a Grocery Store	*percent*	1.3				*2015*		21
0.50	Child Abuse Rate (HP2020)	*cases/ 1,000 children*	2.7	8.7	6.8		*2020*		2
0.50	Food Insecure Children Likely	*percent*	10		32	23	*2019*		8

	Ineligible for Assistance								
SCORE	**COMMUNITY**	UNITS	DARKE COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.72	Alcohol-Impaired Driving Deaths	*percent of driving deaths with alcohol involvement*	41	28.3	32.2	27	*2015-2019*		7
2.56	Age-Adjusted Death Rate due to Motor Vehicle Traffic Collisions	*deaths/ 100,000 population*	18.9	10.1	10.3	11.4	*2018-2020*		4
2.56	Workers Commuting by Public Transportation	*percent*	0.1	5.3	1.4	4.6	*2016-2020*	Black (2) White (0.1) Asian (0) AIAN (0) Mult (0) Other (0) Hisp (0)	1
2.47	People 65+ Living Alone	*percent*	32		29.4	26.3	*2016-2020*		1
2.19	People 25+ with a Bachelor's Degree or Higher	*percent*	15.4		28.9	32.9	*2016-2020*		1
2.14	Workers who Walk to Work	*percent*	1.8		2.2	2.6	*2016-2020*	Black (2) White (1.6) Asian (0) AIAN (18.5)	1

								Mult (1.1) Other (0) Hisp (7)	
1.75	Persons with Health Insurance	*percent*	91.8	92.1	92.1		*2019*		20
1.69	Households with One or More Types of Computing Devices	*percent*	86.8		90.7	91.9	*2016-2020*		1
1.69	Median Household Income	*dollars*	54799		58116	64994	*2016-2020*		1
1.67	Households with a Smartphone	*percent*	77.3		80.5	81.9	*2021*		6
1.67	Households with Wireless Phone Service	*percent*	95.6		96.8	97	*2020*		6
1.67	Median Housing Unit Value	*dollars*	124700		151400	229800	*2016-2020*		1
1.64	Female Population 16+ in Civilian Labor Force	*percent*	57.4		58.9	58.4	*2016-2020*		1
1.64	People 65+ Living Alone (Count)	*people*	3208				*2016-2020*		1
1.42	Per Capita Income	*dollars*	28639		32465	35384	*2016-2020*		1
1.42	Social and Economic Factors Ranking		27				*2021*		7

1.42	Workers who Drive Alone to Work	*percent*	83.4		81.5	74.9	*2016-2020*		1
1.33	Households with No Car and Low Access to a Grocery Store	*percent*	2.3				*2015*		21
1.33	Mortgaged Owners Median Monthly Household Costs	*dollars*	1088		1286	1621	*2016-2020*		1
1.25	Households with an Internet Subscription	*percent*	81.1		84.9	85.5	*2016-2020*		1
1.19	People 25+ with a High School Degree or Higher	*percent*	90.4		90.8	88.5	*2016-2020*		1
1.14	Solo Drivers with a Long Commute	*percent*	31.1		31.1	37	*2015-2019*		7
1.08	Persons with an Internet Subscription	*percent*	86.4		88.3	88.5	*2016-2020*		1
1.06	Median Monthly Owner Costs for Households without a Mortgage	*dollars*	403		480	509	*2016-2020*		1
1.03	Voter Turnout: Presidential Election	*percent*	78.9		74		*2020*		17

1.00	Children Living Below Poverty Level	*percent*	15.8		19.1	17.5	*2016-2020*	Black (0.9) White (14.5) Asian (100) AIAN (100) Mult (37.5) Other (0) Hisp (44.4)	1
0.97	Homeownership	*percent*	65.2		60	56.9	*2016-2020*		1
0.97	Population 16+ in Civilian Labor Force	*percent*	61.2		59.7	59.6	*2016-2020*		1
0.92	People Living Below Poverty Level	*percent*	11	8	13.6	12.8	*2016-2020*		1
0.89	Median Household Gross Rent	*dollars*	665		825	1096	*2016-2020*		1
0.86	Mean Travel Time to Work	*minutes*	22.9		23.7	26.9	*2016-2020*		1
0.83	Young Children Living Below Poverty Level	*percent*	16.6		21.8	19.1	*2016-2020*	White (14.9) Mult (32.1) Hisp (56.5)	1
0.78	Violent Crime Rate	*crimes/ 100,000 population*	104.7		303.5	394	*2017*		16
0.69	Single-Parent Households	*percent*	19.4		26.9	25.3	*2016-2020*		1
0.64	Social Associations	*membership associations/*	17		11	9.3	*2018*		7

		10,000 population							
0.50	Child Abuse Rate (HP2020)	*cases/ 1,000 children*	2.7	8.7	6.8		*2020*		2
0.50	Linguistic Isolation	*percent*	0.1		1.4	4.3	*2016-2020*		1
0.42	Youth not in School or Working	*percent*	1.2		1.9	1.8	*2016-2020*		1
0.25	Households without a Vehicle	*percent*	4.5		7.8	8.5	*2016-2020*		1
0.08	Total Employment Change	*percent*	3.4		0.8	1.6	*2018-2019*		19
SCORE	**COUNTY HEALTH RANKINGS**	UNITS	DARKE COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
1.58	Clinical Care Ranking		48				*2021*		7
1.58	Health Behaviors Ranking		48				*2021*		7
1.58	Mortality Ranking		55				*2021*		7
1.42	Physical Environment Ranking		38				*2021*		7
1.42	Social and Economic Factors Ranking		27				*2021*		7
1.25	Morbidity Ranking		12				*2021*		7
SCORE	**DIABETES**	UNITS	DARKE COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source

1.97	Adults 20+ with Diabetes	*percent*	10.7				*2019*		4
1.31	Age-Adjusted Death Rate due to Diabetes	*deaths/ 100,000 population*	23.9		26.4	22.6	*2018-2020*		4
1.31	Diabetes: Medicare Population	*percent*	26.8		27.2	27	*2018*		5
SCORE	**ECONOMY**	UNITS	DARKE COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.14	SNAP Certified Stores	*stores/ 1,000 population*	0.4				*2017*		21
2.08	Households that Used Check Cashing, Cash Advance, or Title Loan Shops	*percent*	7		6.2	6	*2021*		6
1.92	Households with a 401k Plan	*percent*	33.6		37	39.2	*2021*		6
1.92	People 65+ Living Below Poverty Level (Count)	*people*	789				*2016-2020*		1
1.69	Median Household Income	*dollars*	54799		58116	64994	*2016-2020*		1
1.67	Households that are Asset Limited, Income Constrained, Employed (ALICE)	*percent*	25.4		24.5		*2018*		23

1.67	Median Housing Unit Value	*dollars*	124700		151400	229800	*2016-2020*		1
1.64	Female Population 16+ in Civilian Labor Force	*percent*	57.4		58.9	58.4	*2016-2020*		1
1.58	People 65+ Living Below Poverty Level	*percent*	8.2		8.2	9.3	*2016-2020*		1
1.53	People Living 200% Above Poverty Level	*percent*	67.3		69.5	70.2	*2016-2020*		1
1.50	Food Insecurity Rate	*percent*	12.3		13.2	10.9	*2019*		8
1.50	Households with a Savings Account	*percent*	67.2		68.8	70.2	*2021*		6
1.47	Students Eligible for the Free Lunch Program	*percent*	25.4		20.2	43.1	*2019-2020*		11
1.42	Per Capita Income	*dollars*	28639		32465	35384	*2016-2020*		1
1.42	Social and Economic Factors Ranking		27				*2021*		7
1.33	Households that are Above the Asset Limited, Income Constrained, Employed (ALICE) Threshold	*percent*	64.6		61.6		*2018*		23

1.33	Mortgaged Owners Median Monthly Household Costs	*dollars*	1088		1286	1621	*2016-2020*		1
1.31	Households with Cash Public Assistance Income	*percent*	2.3		2.8	2.4	*2016-2020*		1
1.31	Overcrowded Households	*percent of households*	1.2		1.4		*2016-2020*		1
1.25	Projected Food Insecurity Rate	*percent*	12.9		14.1		*2021*		8
1.17	Child Food Insecurity Rate	*percent*	15.3		17.4	14.6	*2019*		8
1.17	Homeowner Vacancy Rate	*percent*	1.3		1.3	1.4	*2016-2020*		1
1.08	Projected Child Food Insecurity Rate	*percent*	16		18.5		*2021*		8
1.08	Size of Labor Force	*persons*	25380				*November 2021*		18
1.06	Median Monthly Owner Costs for Households without a Mortgage	*dollars*	403		480	509	*2016-2020*		1
1.03	Persons with Disability Living in Poverty (5-year)	*percent*	25.8		29.2	25.4	*2016-2020*		1
1.00	Children Living Below Poverty Level	*percent*	15.8		19.1	17.5	*2016-2020*	Black (0.9) White (14.5)	1

								Asian (100) AIAN (100) Mult (37.5) Other (0) Hisp (44.4)	
1.00	Households that are Below the Federal Poverty Level	*percent*	10		13.8		*2018*		23
1.00	Income Inequality		0.4		0.5	0.5	*2016-2020*		1
1.00	Low-Income and Low Access to a Grocery Store	*percent*	2.4				*2015*		21
0.97	Families Living Below Poverty Level	*percent*	7.6		9.6	9.1	*2016-2020*		1
0.97	Homeownership	*percent*	65.2		60	56.9	*2016-2020*		1
0.97	Population 16+ in Civilian Labor Force	*percent*	61.2		59.7	59.6	*2016-2020*		1
0.92	Households with Student Loans Debt	*percent*	8.5		10.5	11.1	*2021*		6
0.92	People Living Below Poverty Level	*percent*	11	8	13.6	12.8	*2016-2020*		1
0.89	Median Household Gross Rent	*dollars*	665		825	1096	*2016-2020*		1

0.83	Adults who Feel Overwhelmed by Financial Burdens	*percent*	14		14.6	14.4	*2021*		6
0.83	Young Children Living Below Poverty Level	*percent*	16.6		21.8	19.1	*2016-2020*	White (14.9) Mult (32.1) Hisp (56.5)	1
0.69	Severe Housing Problems	*percent*	10.9		13.7	18	*2013-2017*		7
0.50	Food Insecure Children Likely Ineligible for Assistance	*percent*	10		32	23	*2019*		8
0.42	Youth not in School or Working	*percent*	1.2		1.9	1.8	*2016-2020*		1
0.25	Unemployed Workers in Civilian Labor Force	*percent*	2.7		3.4	3.9	*November 2021*		18
0.08	Renters Spending 30% or More of Household Income on Rent	*percent*	34		44.1	49.1	*2016-2020*		1
0.08	Total Employment Change	*percent*	3.4		0.8	1.6	*2018-2019*		19

SCORE	**EDUCATION**	UNITS	DARKE COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.19	People 25+ with a Bachelor's Degree or Higher	*percent*	15.4		28.9	32.9	*2016-2020*		1

1.86	Student-to-Teacher Ratio	*students/ teacher*	17.2		16.3	16.3	*2020-2021*		11
1.72	High School Graduation	*percent*	94.5	90.7	92		*2019-2020*		13
1.19	People 25+ with a High School Degree or Higher	*percent*	90.4		90.8	88.5	*2016-2020*		1
1.00	4th Grade Students Proficient in English/Language Arts	*percent*	71.8		56		*2020-2021*		13
1.00	4th Grade Students Proficient in Math	*percent*	77		59.4		*2020-2021*		13
1.00	8th Grade Students Proficient in Math	*percent*	64.7		42.6		*2020-2021*		13
0.86	8th Grade Students Proficient in English/Language Arts	*percent*	64		52.7		*2020-2021*		13
SCORE	**ENVIRONMENTAL HEALTH**	UNITS	DARKE COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.36	Houses Built Prior to 1950	*percent*	39.4		26	17.2	*2016-2020*		1
2.33	Access to Exercise Opportunities	*percent*	50.4		83.9	84	*2020*		7

2.14	SNAP Certified Stores	*stores/ 1,000 population*	0.4				*2017*		21
1.92	Recognized Carcinogens Released into Air	*pounds*	13175				*2020*		22
1.83	Farmers Market Density	*markets/ 1,000 population*	0				*2018*		21
1.75	Adults with Current Asthma	*percent*	10			8.9	*2019*		3
1.64	Number of Extreme Heat Events	*events*	14				*2019*		12
1.64	Weeks of Moderate Drought or Worse	*weeks per year*	0				*2020*		12
1.53	Liquor Store Density	*stores/ 100,000 population*	7.8		5.6	10.5	*2019*		19
1.50	WIC Certified Stores	*stores/ 1,000 population*	0.2				*2016*		21
1.42	Physical Environment Ranking		38				*2021*		7
1.36	Number of Extreme Heat Days	*days*	21				*2019*		12
1.36	Number of Extreme Precipitation Days	*days*	25				*2019*		12
1.36	PBT Released	*pounds*	1.1				*2020*		22

1.33	Grocery Store Density	*stores/ 1,000 population*	0.2				*2016*		21
1.33	Households with No Car and Low Access to a Grocery Store	*percent*	2.3				*2015*		21
1.31	Overcrowded Households	*percent of households*	1.2		1.4		*2016-2020*		1
1.03	Fast Food Restaurant Density	*restaurants/ 1,000 population*	0.5				*2016*		21
1.00	Children with Low Access to a Grocery Store	*percent*	1.3				*2015*		21
1.00	Low-Income and Low Access to a Grocery Store	*percent*	2.4				*2015*		21
1.00	People 65+ with Low Access to a Grocery Store	*percent*	1.2				*2015*		21
1.00	People with Low Access to a Grocery Store	*percent*	5.9				*2015*		21
1.00	Recreation and Fitness Facilities	*facilities/ 1,000 population*	0.1				*2016*		21
0.69	Asthma: Medicare Population	*percent*	4.1		4.8	5	*2018*		5
0.69	Severe Housing Problems	*percent*	10.9		13.7	18	*2013-2017*		7

0.53	Food Environment Index		8.3		6.8	7.8	*2021*		7
SCORE	**HEALTH CARE ACCESS & QUALITY**	UNITS	DARKE COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
1.83	Non-Physician Primary Care Provider Rate	*providers/ 100,000 population*	37.2		108.9		*2020*		7
1.75	Persons with Health Insurance	*percent*	91.8	92.1	92.1		*2019*		20
1.72	Children with Health Insurance	*percent*	94.3		95.1		*2019*		20
1.72	Primary Care Provider Rate	*providers/ 100,000 population*	48.7		76.7		*2018*		7
1.67	Mental Health Provider Rate	*providers/ 100,000 population*	72.4		261.3		*2020*		7
1.58	Adults who Visited a Dentist	*percent*	61.9			66.5	*2018*		3
1.58	Clinical Care Ranking		48				*2021*		7
1.56	Adults with Health Insurance: 18-64	*percent*	90.7		90.9		*2019*		20
1.50	Dentist Rate	*dentists/ 100,000 population*	41.1		64.2		*2019*		7

1.42	Adults who have had a Routine Checkup	*percent*	77.7			76.6	*2019*		3
SCORE	**HEART DISEASE & STROKE**	UNITS	DARKE COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
3.00	Age-Adjusted Death Rate due to Coronary Heart Disease	*deaths/ 100,000 population*	145.3	71.1	101.9	90.2	*2018-2020*		4
2.92	Heart Failure: Medicare Population	*percent*	17.1		14.7	14	*2018*		5
2.75	Hypertension: Medicare Population	*percent*	63.4		59.5	57.2	*2018*		5
2.64	Atrial Fibrillation: Medicare Population	*percent*	10.2		9	8.4	*2018*		5
2.33	Hyperlipidemia: Medicare Population	*percent*	53.5		49.4	47.7	*2018*		5
1.92	Adults who Experienced a Stroke	*percent*	4.1			3.4	*2019*		3
1.92	Adults who Experienced Coronary Heart Disease	*percent*	8.6			6.2	*2019*		3

1.86	Age-Adjusted Death Rate due to Heart Attack	*deaths/ 100,000 population 35+ years*	76.5		55.4		*2019*		12
1.86	Ischemic Heart Disease: Medicare Population	*percent*	29.9		27.5	26.8	*2018*		5
1.83	High Blood Pressure Prevalence	*percent*	36.8	27.7		32.6	*2019*		3
1.75	High Cholesterol Prevalence: Adults 18+	*percent*	35.5			33.6	*2019*		3
1.72	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	*deaths/ 100,000 population*	40.5	33.4	43.4	37.6	*2018-2020*		4
1.58	Cholesterol Test History	*percent*	85			87.6	*2019*		3
1.08	Adults who Have Taken Medications for High Blood Pressure	*percent*	79.5			76.2	*2019*		3
0.36	Stroke: Medicare Population	*percent*	2.7		3.8	3.8	*2018*		5
SCORE	**IMMUNIZATIONS & INFECTIOUS DISEASES**	UNITS	DARKE COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source

2.64	COVID-19 Daily Average Case-Fatality Rate	*deaths per 100 cases*	20		8.3	8.1	*April 15 2022*		9
2.03	Age-Adjusted Death Rate due to Influenza and Pneumonia	*deaths/ 100,000 population*	15.3		13.9	13.4	*2018-2020*		4
1.92	Salmonella Infection Incidence Rate	*cases/ 100,000 population*	19.6	11.1	13.7		*2019*		14
1.86	Persons Fully Vaccinated Against COVID-19	*percent*	39.2				*March 25 2022*		4
1.50	Adults who Agree Vaccine Benefits Outweigh Possible Risks	*Percent*	47.6		48.6	49.4	*2021*		6
1.31	Chlamydia Incidence Rate	*cases/ 100,000 population*	217.2		504.8		*2020*		14
1.31	Overcrowded Households	*percent of households*	1.2		1.4		*2016-2020*		1
1.14	Syphilis Incidence Rate	*cases/ 100,000 population*	0		9.2		*2020*		14
1.06	Tuberculosis Incidence Rate	*cases/ 100,000 population*	0	1.4	1.1		*2020*		14

0.69	COVID-19 Daily Average Incidence Rate	*cases per 100,000 population*	2.8		3.5	6.5	*April 15 2022*		9
0.58	Gonorrhea Incidence Rate	*cases/ 100,000 population*	41.1		262.6		*2020*		14
SCORE	**MATERNAL, FETAL & INFANT HEALTH**	UNITS	DARKE COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
1.69	Mothers who Smoked During Pregnancy	*percent*	11.8	4.3	11.5	5.5	*2020*		15
1.50	Teen Birth Rate: 15-17	*live births/ 1,000 females aged 15-17*	6.7		6.8		*2020*		15
1.50	WIC Certified Stores	*stores/ 1,000 population*	0.2				*2016*		21
1.28	Mothers who Received Early Prenatal Care	*percent*	71.5		68.9	76.1	*2020*		15
0.97	Preterm Births	*percent*	8.5	9.4	10.3		*2020*		15
0.92	Infant Mortality Rate	*deaths/ 1,000 live births*	1.6	5	6.9		*2019*		15
0.86	Teen Pregnancy Rate	*pregnancies/ 1,000 females aged 15-17*	13.3		19.5		*2016*		15

0.61	Babies with Low Birth Weight	*percent*	3.7		8.5	8.2	*2020*	Black (0) AIAN (0) API (0) Hisp (0)	15
0.61	Babies with Very Low Birth Weight	*percent*	0.3		1.4	1.3	*2020*	Black (0) AIAN (0) API (0) Hisp (0)	15
SCORE	**MENTAL HEALTH & MENTAL DISORDERS**	UNITS	DARKE COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.64	Age-Adjusted Death Rate due to Alzheimer's Disease	*deaths/ 100,000 population*	48.3		35.5	31	*2018-2020*		4
1.92	Poor Mental Health: 14+ Days	*percent*	16.8			13.6	*2019*		3
1.83	Poor Mental Health: Average Number of Days	*days*	5		4.8	4.1	*2018*		7
1.75	Adults Ever Diagnosed with Depression	*percent*	22.1			18.8	*2019*		3
1.67	Mental Health Provider Rate	*providers/ 100,000 population*	72.4		261.3		*2020*		7
1.28	Age-Adjusted Death Rate due to Suicide	*deaths/ 100,000 population*	14.4	12.8	14.7	13.9	*2018-2020*		4

0.83	Depression: Medicare Population	*percent*	17.4		20.4	18.4	*2018*		5
0.36	Alzheimer's Disease or Dementia: Medicare Population	*percent*	8.9		10.4	10.8	*2018*		5
SCORE	**NUTRITION & HEALTHY EATING**	UNITS	DARKE COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
1.92	Adults who Frequently Cook Meals at Home	*Percent*	32.5		34.2	34.4	*2021*		6
1.83	Adult Sugar-Sweetened Beverage Consumption: Past 7 Days	*percent*	82		80.9	80.4	*2021*		6
1.50	Adults Who Frequently Used Quick Service Restaurants: Past 30 Days	*Percent*	41.3		41.5	41.2	*2021*		6
1.50	WIC Certified Stores	*stores/ 1,000 population*	0.2				*2016*		21
SCORE	**OLDER ADULTS**	UNITS	DARKE COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source

2.92	Heart Failure: Medicare Population	*percent*	17.1		14.7	14	*2018*		5
2.75	Hypertension: Medicare Population	*percent*	63.4		59.5	57.2	*2018*		5
2.64	Age-Adjusted Death Rate due to Alzheimer's Disease	*deaths/ 100,000 population*	48.3		35.5	31	*2018-2020*		4
2.64	Atrial Fibrillation: Medicare Population	*percent*	10.2		9	8.4	*2018*		5
2.50	Age-Adjusted Death Rate due to Falls	*deaths/ 100,000 population*	17.2		10.8	9.8	*2018-2020*		4
2.47	People 65+ Living Alone	*percent*	32		29.4	26.3	*2016-2020*		1
2.33	Hyperlipidemia: Medicare Population	*percent*	53.5		49.4	47.7	*2018*		5
1.92	Chronic Kidney Disease: Medicare Population	*percent*	25		25.3	24.5	*2018*		5
1.92	People 65+ Living Below Poverty Level (Count)	*people*	789				*2016-2020*		1
1.86	Ischemic Heart Disease: Medicare Population	*percent*	29.9		27.5	26.8	*2018*		5

1.83	Colon Cancer Screening	*percent*	62.4	74.4		66.4	*2018*		3
1.81	COPD: Medicare Population	*percent*	12.7		13.2	11.5	*2018*		5
1.75	Adults 65+ with Total Tooth Loss	*percent*	16.9			13.5	*2018*		3
1.75	Adults with Arthritis	*percent*	31.7			25.1	*2019*		3
1.64	People 65+ Living Alone (Count)	*people*	3208				*2016-2020*		1
1.58	Adults 65+ who Received Recommended Preventive Services: Females	*percent*	30.2			28.4	*2018*		3
1.58	Adults 65+ who Received Recommended Preventive Services: Males	*percent*	31.3			32.4	*2018*		3
1.58	People 65+ Living Below Poverty Level	*percent*	8.2		8.2	9.3	*2016-2020*		1
1.31	Diabetes: Medicare Population	*percent*	26.8		27.2	27	*2018*		5
1.25	Rheumatoid Arthritis or Osteoarthritis:	*percent*	32.3		36.1	33.5	*2018*		5

	Medicare Population								
1.00	People 65+ with Low Access to a Grocery Store	*percent*	1.2				*2015*		21
0.97	Osteoporosis: Medicare Population	*percent*	5.3		6.2	6.6	*2018*		5
0.83	Depression: Medicare Population	*percent*	17.4		20.4	18.4	*2018*		5
0.81	Cancer: Medicare Population	*percent*	7		8.4	8.4	*2018*		5
0.69	Asthma: Medicare Population	*percent*	4.1		4.8	5	*2018*		5
0.36	Alzheimer's Disease or Dementia: Medicare Population	*percent*	8.9		10.4	10.8	*2018*		5
0.36	Stroke: Medicare Population	*percent*	2.7		3.8	3.8	*2018*		5
SCORE	**ORAL HEALTH**	UNITS	DARKE COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
1.75	Adults 65+ with Total Tooth Loss	*percent*	16.9			13.5	*2018*		3
1.58	Adults who Visited a Dentist	*percent*	61.9			66.5	*2018*		3

SCORE		UNITS	DARKE COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
1.50	Dentist Rate	*dentists/ 100,000 population*	41.1		64.2		*2019*		7
0.50	Oral Cavity and Pharynx Cancer Incidence Rate	*cases/ 100,000 population*	9.6		12.2	11.9	*2014-2018*		10
SCORE	**OTHER CONDITIONS**	UNITS	DARKE COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.47	Age-Adjusted Death Rate due to Kidney Disease	*deaths/ 100,000 population*	17.7		14.2	12.8	*2018-2020*		4
1.92	Chronic Kidney Disease: Medicare Population	*percent*	25		25.3	24.5	*2018*		5
1.75	Adults with Arthritis	*percent*	31.7			25.1	*2019*		3
1.58	Adults with Kidney Disease	*Percent of adults*	3.4			3.1	*2019*		3
1.25	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	*percent*	32.3		36.1	33.5	*2018*		5
0.97	Osteoporosis: Medicare Population	*percent*	5.3		6.2	6.6	*2018*		5
SCORE	**PHYSICAL ACTIVITY**	UNITS	DARKE COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source

2.33	Access to Exercise Opportunities	*percent*	50.4		83.9	84	*2020*		7
2.14	SNAP Certified Stores	*stores/ 1,000 population*	0.4				*2017*		21
2.14	Workers who Walk to Work	*percent*	1.8		2.2	2.6	*2016-2020*	Black (2) White (1.6) Asian (0) AIAN (18.5) Mult (1.1) Other (0) Hisp (7)	1
2.08	Adults who Follow a Regular Exercise Routine	*Percent*	18.2		22.2	23.3	*2021*		6
1.83	Adult Sugar-Sweetened Beverage Consumption: Past 7 Days	*percent*	82		80.9	80.4	*2021*		6
1.83	Farmers Market Density	*markets/ 1,000 population*	0				*2018*		21
1.58	Health Behaviors Ranking		48				*2021*		7
1.36	Adults 20+ who are Sedentary	*percent*	24.3				*2019*		4
1.33	Grocery Store Density	*stores/ 1,000 population*	0.2				*2016*		21
1.33	Households with No Car and Low	*percent*	2.3				*2015*		21

	Access to a Grocery Store								
1.11	Adults 20+ Who Are Obese	*percent*	30.2	36			*2019*		4
1.03	Fast Food Restaurant Density	*restaurants/ 1,000 population*	0.5				*2016*		21
1.00	Children with Low Access to a Grocery Store	*percent*	1.3				*2015*		21
1.00	Low-Income and Low Access to a Grocery Store	*percent*	2.4				*2015*		21
1.00	People 65+ with Low Access to a Grocery Store	*percent*	1.2				*2015*		21
1.00	People with Low Access to a Grocery Store	*percent*	5.9				*2015*		21
1.00	Recreation and Fitness Facilities	*facilities/ 1,000 population*	0.1				*2016*		21
0.53	Food Environment Index		8.3		6.8	7.8	*2021*		7
SCORE	**PREVENTION & SAFETY**	UNITS	DARKE COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.50	Age-Adjusted Death Rate due to Falls	*deaths/ 100,000 population*	17.2		10.8	9.8	*2018-2020*		4

2.28	Age-Adjusted Death Rate due to Unintentional Injuries	*deaths/ 100,000 population*	82.7	43.2	69.9	51.6	*2018-2020*		4
2.14	Death Rate due to Drug Poisoning	*deaths/ 100,000 population*	37		38.1	21	*2017-2019*		7
1.36	Age-Adjusted Death Rate due to Unintentional Poisonings	*deaths/ 100,000 population*	33.2		40.5	23.5	*2018-2020*		4
0.69	Severe Housing Problems	*percent*	10.9		13.7	18	*2013-2017*		7
SCORE	**RESPIRATORY DISEASES**	UNITS	DARKE COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.64	COVID-19 Daily Average Case-Fatality Rate	*deaths per 100 cases*	20		8.3	8.1	*April 15 2022*		9
2.42	Adults who Smoke	*percent*	24.3	5	21.4	17	*2018*		7
2.08	Adults with COPD	*Percent of adults*	10.8			6.6	*2019*		3
2.03	Age-Adjusted Death Rate due to Influenza and Pneumonia	*deaths/ 100,000 population*	15.3		13.9	13.4	*2018-2020*		4
2.00	Adults Who Used Electronic Cigarettes: Past 30 Days	*percent*	4.6		4.3	4.1	*2021*		6

2.00	Adults Who Used Smokeless Tobacco: Past 30 Days	*percent*	3.5		2.2	2	*2021*		6
1.81	COPD: Medicare Population	*percent*	12.7		13.2	11.5	*2018*		5
1.78	Age-Adjusted Death Rate due to Lung Cancer	*deaths/ 100,000 population*	46.5	25.1	45	36.7	*2015-2019*		10
1.75	Adults with Current Asthma	*percent*	10			8.9	*2019*		3
1.06	Tuberculosis Incidence Rate	*cases/ 100,000 population*	0	1.4	1.1		*2020*		14
1.00	Age-Adjusted Death Rate due to Chronic Lower Respiratory Diseases	*deaths/ 100,000 population*	39		46.5	38.1	*2018-2020*		4
0.69	Asthma: Medicare Population	*percent*	4.1		4.8	5	*2018*		5
0.69	COVID-19 Daily Average Incidence Rate	*cases per 100,000 population*	2.8		3.5	6.5	*April 15 2022*		9
0.25	Lung and Bronchus Cancer Incidence Rate	*cases/ 100,000 population*	51.9		67.3	57.3	*2014-2018*		10

SCORE	**SEXUALLY TRANSMITTED INFECTIONS**	UNITS	DARKE COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
1.31	Chlamydia Incidence Rate	*cases/ 100,000 population*	217.2		504.8		*2020*		14
1.14	Syphilis Incidence Rate	*cases/ 100,000 population*	0		9.2		*2020*		14
0.58	Gonorrhea Incidence Rate	*cases/ 100,000 population*	41.1		262.6		*2020*		14
SCORE	**TOBACCO USE**	UNITS	DARKE COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.42	Adults who Smoke	*percent*	24.3	5	21.4	17	*2018*		7
2.00	Adults Who Used Electronic Cigarettes: Past 30 Days	*percent*	4.6		4.3	4.1	*2021*		6
2.00	Adults Who Used Smokeless Tobacco: Past 30 Days	*percent*	3.5		2.2	2	*2021*		6
SCORE	**WELLNESS & LIFESTYLE**	UNITS	DARKE COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.08	Adults who Follow a Regular Exercise Routine	*Percent*	18.2		22.2	23.3	*2021*		6

2.08	Insufficient Sleep	*percent*	40.4	31.4	40.6	35	*2018*		7
1.92	Adults who Frequently Cook Meals at Home	*Percent*	32.5		34.2	34.4	*2021*		6
1.92	Poor Physical Health: 14+ Days	*percent*	15.5			12.5	*2019*		3
1.92	Self-Reported General Health Assessment: Poor or Fair	*percent*	21.9			18.6	*2019*		3
1.83	Adult Sugar-Sweetened Beverage Consumption: Past 7 Days	*percent*	82		80.9	80.4	*2021*		6
1.83	High Blood Pressure Prevalence	*percent*	36.8	27.7		32.6	*2019*		3
1.83	Life Expectancy	*years*	76.5		77	79.2	*2017-2019*		7
1.67	Poor Physical Health: Average Number of Days	*days*	4.3		4.1	3.7	*2018*		7
1.50	Adults who Agree Vaccine Benefits Outweigh Possible Risks	*Percent*	47.6		48.6	49.4	*2021*		6
1.50	Adults Who Frequently Used Quick Service	*Percent*	41.3		41.5	41.2	*2021*		6

	Restaurants: Past 30 Days								
1.25	Morbidity Ranking		12				*2021*		7
SCORE	**WOMEN'S HEALTH**	UNITS	DARKE COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
1.94	Mammogram in Past 2 Years: 50-74	*percent*	70.8	77.1		74.8	*2018*		3
1.61	Cervical Cancer Screening: 21-65	*Percent*	83.8	84.3		84.7	*2018*		3
1.42	Age-Adjusted Death Rate due to Breast Cancer	*deaths/ 100,000 females*	20.3	15.3	21.6	19.9	*2015-2019*		10
0.53	Breast Cancer Incidence Rate	*cases/ 100,000 females*	109.3		129.6	126.8	*2014-2018*		10

Fayette County Indicator Scores

SCORE	ALCOHOL & DRUG USE	UNITS	FAYETTE COUNTY	HP2030	Indiana	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.92	Death Rate due to Drug Poisoning	*deaths/ 100,000 population*	80.7		25.8	21	*2017-2019*		7
2.50	Age-Adjusted Drug and Opioid-Involved Overdose Death Rate	*Deaths per 100,000 population*	89.8		29.6	23.5	*2018-2020*		4
2.19	Mothers who Smoked During Pregnancy	*percent*	22.4	4.3	11.8	5.9	*2019*		12
1.86	Non-Fatal Emergency Department Visits due to Opioid Overdoses	*Rate per 100,000 population*	117.2		87		*2018*		12
1.75	Health Behaviors Ranking		91				*2021*		7
0.92	Adults who Binge Drink	*percent*	14.4			16.7	*2019*		3
0.83	Adults who Drink Excessively	*percent*	16.9		18.7	19	*2018*		7
0.81	Liquor Store Density	*stores/ 100,000 population*	8.6		12.5	10.5	*2016*		19
0.42	Alcohol-Impaired Driving Deaths	*percent of driving deaths with*	9.5	28.3	18.8	27	*2015-2019*		7

		alcohol involvement							
SCORE	**CANCER**	UNITS	FAYETTE COUNTY	HP2030	Texas	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.92	Colorectal Cancer Incidence Rate	*cases/ 100,000 population*	51.1		41.7	38	*2014-2018*		14
2.72	Age-Adjusted Death Rate due to Colorectal Cancer	*deaths/ 100,000 population*	20.7	8.9	14.9	13.4	*2015-2019*		14
2.56	Age-Adjusted Death Rate due to Breast Cancer	*deaths/ 100,000 females*	23.5	15.3	20.4	19.9	*2015-2019*		14
2.28	Age-Adjusted Death Rate due to Lung Cancer	*deaths/ 100,000 population*	55.1	25.1	46.7	36.7	*2015-2019*		14
2.19	Lung and Bronchus Cancer Incidence Rate	*cases/ 100,000 population*	77.3		69.9	57.3	*2014-2018*		14
2.11	Age-Adjusted Death Rate due to Cancer	*deaths/ 100,000 population*	184.5	122.7	169.6	152.4	*2015-2019*		14
2.11	Age-Adjusted Death Rate due to Prostate Cancer	*deaths/ 100,000 males*	22.5	16.9	20	19.2	*2012-2016*		14
2.08	Adults with Cancer	*percent*	8.5			7.1	*2019*		3
2.00	Colon Cancer Screening	*percent*	61	74.4		66.4	*2018*		3

1.94	Cervical Cancer Screening: 21-65	*Percent*	82.2	84.3		84.7	*2018*		3
1.61	Mammogram in Past 2 Years: 50-74	*percent*	70.2	77.1		74.8	*2018*		3
1.58	All Cancer Incidence Rate	*cases/ 100,000 population*	437.3		457.9	448.6	*2014-2018*		14
1.25	Breast Cancer Incidence Rate	*cases/ 100,000 females*	110		124.5	126.8	*2014-2018*		14
0.50	Oral Cavity and Pharynx Cancer Incidence Rate	*cases/ 100,000 population*	10.1		12	11.6	*2011-2015*		14
0.36	Cancer: Medicare Population	*percent*	6.2		8	8.4	*2018*		5
0.08	Prostate Cancer Incidence Rate	*cases/ 100,000 males*	64.6		96.5	106.2	*2014-2018*		14
SCORE	**CHILDREN'S HEALTH**	UNITS	FAYETTE COUNTY	HP2030	Indiana	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.50	Child Food Insecurity Rate	*percent*	22.1		15.3	14.6	*2019*		8
2.25	Child Abuse Rate	*cases/ 1,000 children*	32.5		20.8		*2017*		2
2.25	Projected Child Food Insecurity Rate	*percent*	24.5		16.6		*2021*		8

SCORE	COMMUNITY	UNITS	FAYETTE COUNTY	HP2030	Indiana	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
1.67	Children with Low Access to a Grocery Store	*percent*	5.1				*2015*		21
1.56	Children with Health Insurance	*percent*	93.6		93		*2019*		20
0.83	Food Insecure Children Likely Ineligible for Assistance	*percent*	17		28	23	*2019*		8
SCORE	**COMMUNITY**	UNITS	FAYETTE COUNTY	HP2030	Indiana	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.72	People Living Below Poverty Level	*percent*	18.2	8	12.9	12.8	*2016-2020*		1
2.64	Children Living Below Poverty Level	*percent*	25.3		17.6	17.5	*2016-2020*	Black (93.7) White (22.7) Mult (16.8) Other (0) Hisp (54.2)	1
2.64	Youth not in School or Working	*percent*	3.6		1.9	1.8	*2016-2020*		1
2.47	Mean Travel Time to Work	*minutes*	27.9		23.9	26.9	*2016-2020*		1
2.47	Workers who Drive Alone to Work	*percent*	85.5		81.3	74.9	*2016-2020*		1
2.42	Age-Adjusted Death Rate due to Motor Vehicle Traffic Collisions	*deaths/ 100,000 population*	22.3	10.1	12	11.1	*2014-2018*		4

2.39	Workers Commuting by Public Transportation	*percent*	0.2	5.3	0.9	4.6	*2016-2020*	Black (4.2) White (0.1) Asian (0) Mult (0) Other (0) Hisp (0)	1
2.36	Per Capita Income	*dollars*	23839		30693	3538 4	*2016-2020*		1
2.36	Young Children Living Below Poverty Level	*percent*	29.3		19.9	19.1	*2016-2020*		1
2.25	Child Abuse Rate	*cases/ 1,000 children*	32.5		20.8		*2017*		2
2.17	Total Employment Change	*percent*	-1.1		0.6	1.6	*2018-2019*		19
2.14	Solo Drivers with a Long Commute	*percent*	37.3		31.7	37	*2015-2019*		7
2.11	Median Housing Unit Value	*dollars*	84000		148900	2298 00	*2016-2020*		1
2.08	Single-Parent Households	*percent*	37.2		24.9	25.3	*2016-2020*		1
2.03	People 25+ with a High School Degree or Higher	*percent*	83.5		89.3	88.5	*2016-2020*		1
2.03	Workers who Walk to Work	*percent*	1.7		2.1	2.6	*2016-2020*		1
2.00	Households with a Smartphone	*percent*	75.6		81.1	81.9	*2021*		6
2.00	Population 16+ in Civilian Labor Force	*percent*	55		60.7	59.6	*2016-2020*		1

1.92	Female Population 16+ in Civilian Labor Force	*percent*	52.4		59	58.4	*2016-2020*		1
1.92	Median Household Income	*dollars*	47465		58235	64994	*2016-2020*		1
1.92	People 25+ with a Bachelor's Degree or Higher	*percent*	14.8		27.2	32.9	*2016-2020*		1
1.83	Households with No Car and Low Access to a Grocery Store	*percent*	3.2				*2015*		21
1.75	Social and Economic Factors Ranking		91				*2021*		7
1.69	Voter Turnout: Presidential Election	*percent*	63		65		*2020*		11
1.67	Households with Wireless Phone Service	*percent*	95.6		96.9	97	*2020*		6
1.64	Average Daily Jail Population	*offenders*	6				*2021*		10
1.42	Households with an Internet Subscription	*percent*	78.1		83.5	85.5	*2016-2020*		1
1.42	Persons with an Internet Subscription	*percent*	82.2		86.9	88.5	*2016-2020*		1

1.36	Adults Admitted into Correctional Facilities	*adults*	53				*2021*		10
1.36	Homeownership	*percent*	61.8		62.3	56.9	*2016-2020*		1
1.36	Households without a Vehicle	*percent*	6.6		6.3	8.5	*2016-2020*		1
1.36	Juveniles Admitted into Correctional Facilities	*juveniles*	0				*2021*		10
1.28	Persons with Health Insurance	*percent*	90.2	92.1	89.7		*2019*		20
1.25	Households with One or More Types of Computing Devices	*percent*	88.3		90.3	91.9	*2016-2020*		1
1.06	Median Household Gross Rent	*dollars*	701		844	1096	*2016-2020*		1
0.97	Linguistic Isolation	*percent*	0.5		1.7	4.3	*2016-2020*		1
0.92	Social Associations	*membership associations/ 10,000 population*	14.8		12.3	9.3	*2018*		7
0.69	People 65+ Living Alone	*percent*	24.7		28.3	26.3	*2016-2020*		1
0.61	Median Monthly Owner Costs for Households without a Mortgage	*dollars*	350		416	509	*2016-2020*		1

0.42	Alcohol-Impaired Driving Deaths	*percent of driving deaths with alcohol involvement*	9.5	28.3	18.8	27	*2015-2019*		7
0.33	Mortgaged Owners Median Monthly Household Costs	*dollars*	888		1155	1621	*2016-2020*		1
SCORE	**COUNTY HEALTH RANKINGS**	UNITS	FAYETTE COUNTY	HP2030	Texas	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
1.75	Health Behaviors Ranking		91				*2021*		7
1.75	Morbidity Ranking		86				*2021*		7
1.75	Mortality Ranking		92				*2021*		7
1.75	Social and Economic Factors Ranking		91				*2021*		7
1.58	Clinical Care Ranking		49				*2021*		7
1.58	Physical Environment Ranking		64				*2021*		7
SCORE	**DIABETES**	UNITS	FAYETTE COUNTY	HP2030	Indiana	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.25	Diabetes: Medicare Population	*percent*	28.5		27.8	27	*2018*		5
1.53	Adults 20+ with Diabetes	*percent*	9.2				*2019*		4

SCORE		UNITS	FAYETTE COUNTY	HP2030	Texas	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
0.58	Age-Adjusted Death Rate due to Diabetes	*deaths/ 100,000 population*	22.6		26.9	22.6	*2018-2020*		4
SCORE	**ECONOMY**	UNITS	FAYETTE COUNTY	HP2030	Texas	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.72	People Living Below Poverty Level	*percent*	18.2	8	12.9	12.8	*2016-2020*		1
2.64	Children Living Below Poverty Level	*percent*	25.3		17.6	17.5	*2016-2020*	Black (93.7) White (22.7) Mult (16.8) Other (0) Hisp (54.2)	1
2.64	Youth not in School or Working	*percent*	3.6		1.9	1.8	*2016-2020*		1
2.50	Child Food Insecurity Rate	*percent*	22.1		15.3	14.6	*2019*		8
2.50	Food Insecurity Rate	*percent*	16.6		12.4	10.9	*2019*		8
2.36	Families Living Below Poverty Level	*percent*	13.4		8.9	9.1	*2016-2020*	Black (70.6) White (12.8) AIAN (0) Mult (3.2) Other (0) Hisp (17.6)	1
2.36	Per Capita Income	*dollars*	23839		30693	3538 4	*2016-2020*		1
2.36	Persons with Disability Living in Poverty (5-year)	*percent*	36.1		26.3	25.4	*2016-2020*		1

2.36	Young Children Living Below Poverty Level	*percent*	29.3		19.9	19.1	*2016-2020*		1
2.25	Households with a 401k Plan	*percent*	30.1		37.5	39.2	*2021*		6
2.25	Projected Child Food Insecurity Rate	*percent*	24.5		16.6		*2021*		8
2.25	Projected Food Insecurity Rate	*percent*	18.2		13.3		*2021*		8
2.19	Households with Cash Public Assistance Income	*percent*	2.9		1.7	2.4	*2016-2020*		1
2.19	People Living 200% Above Poverty Level	*percent*	61.3		69.4	70.2	*2016-2020*		1
2.19	Students Eligible for the Free Lunch Program	*percent*	55.1		41.8	38.5	*2020-2021*		15
2.17	Total Employment Change	*percent*	-1.1		0.6	1.6	*2018-2019*		19
2.11	Median Housing Unit Value	*dollars*	84000		148900	229800	*2016-2020*		1
2.08	Households that Used Check Cashing, Cash Advance, or Title Loan Shops	*percent*	7.1		6.3	6	*2021*		6

2.00	Households that are Above the Asset Limited, Income Constrained, Employed (ALICE) Threshold	*percent*	55.9		63		*2018*		23
2.00	Households that are Below the Federal Poverty Level	*percent*	18		13		*2018*		23
2.00	Households with a Savings Account	*percent*	63.7		68.8	70.2	*2021*		6
2.00	Population 16+ in Civilian Labor Force	*percent*	55		60.7	59.6	*2016-2020*		1
1.92	Female Population 16+ in Civilian Labor Force	*percent*	52.4		59	58.4	*2016-2020*		1
1.92	Median Household Income	*dollars*	47465		58235	64994	*2016-2020*		1
1.83	Adults who Feel Overwhelmed by Financial Burdens	*percent*	14.8		14.7	14.4	*2021*		6
1.83	Households that are Asset Limited, Income Constrained, Employed (ALICE)	*percent*	26.1		24		*2018*		23
1.83	Low-Income and Low Access to a Grocery Store	*percent*	8.3				*2015*		21

1.75	Social and Economic Factors Ranking		91				*2021*		7
1.69	Renters Spending 30% or More of Household Income on Rent	*percent*	48.6		46	49.1	*2016-2020*		1
1.58	Homeowner Vacancy Rate	*percent*	1.5		1.3	1.4	*2016-2020*		1
1.53	SNAP Certified Stores	*stores/ 1,000 population*	0.8				*2017*		21
1.36	Homeownership	*percent*	61.8		62.3	56.9	*2016-2020*		1
1.36	Severe Housing Problems	*percent*	12.9		12.9	18	*2013-2017*		7
1.25	Unemployed Workers in Civilian Labor Force	*percent*	2.8		2.1	3.9	*November 2021*		18
1.08	People 65+ Living Below Poverty Level (Count)	*people*	311				*2016-2020*		1
1.06	Median Household Gross Rent	*dollars*	701		844	1096	*2016-2020*		1
1.03	Overcrowded Households	*percent of households*	1.4		1.6		*2016-2020*		1
0.83	Food Insecure Children Likely Ineligible for Assistance	*percent*	17		28	23	*2019*		8
0.75	Households with Student Loans Debt	*percent*	7.9		10.9	11.1	*2021*		6

0.61	Median Monthly Owner Costs for Households without a Mortgage	*dollars*	350		416	509	*2016-2020*		1
0.58	People 65+ Living Below Poverty Level	*percent*	7.2		7.4	9.3	*2016-2020*		1
0.50	Income Inequality		0.4		0.5	0.5	*2016-2020*		1
0.33	Mortgaged Owners Median Monthly Household Costs	*dollars*	888		1155	1621	*2016-2020*		1
SCORE	**EDUCATION**	UNITS	FAYETTE COUNTY	HP2030	Indiana	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.03	People 25+ with a High School Degree or Higher	*percent*	83.5		89.3	88.5	*2016-2020*		1
2.03	Student-to-Teacher Ratio	*students/ teacher*	16.9		15.7	16.3	*2020-2021*		15
1.92	People 25+ with a Bachelor's Degree or Higher	*percent*	14.8		27.2	32.9	*2016-2020*		1
1.47	8th Grade Students Proficient in English/Language Arts	*percent*	62.4		60.7		*2017*		2
1.47	8th Grade Students Proficient in Math	*percent*	59.4		54.4		*2017*		2

SCORE	ENVIRONMENTAL HEALTH	UNITS	FAYETTE COUNTY	HP2030	Texas	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
1.39	High School Graduation	*percent*	91.8	90.7	88.7	84.6	*2017*		2
1.14	4th Grade Students Proficient in English/Language Arts	*percent*	72.7		64.9		*2017*		2
1.00	4th Grade Students Proficient in Math	*percent*	70.1		61.2		*2017*		2
SCORE	**ENVIRONMENTAL HEALTH**	UNITS	FAYETTE COUNTY	HP2030	Texas	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.64	Houses Built Prior to 1950	*percent*	33.2		22.5	17.2	*2016-2020*		1
2.31	Food Environment Index		6.9		7	7.8	*2021*		7
2.25	Adults with Current Asthma	*percent*	10.6			8.9	*2019*		3
2.14	Fast Food Restaurant Density	*restaurants/ 1,000 population*	1				*2016*		21
1.97	Grocery Store Density	*stores/ 1,000 population*	0.1				*2016*		21
1.83	Households with No Car and Low Access to a Grocery Store	*percent*	3.2				*2015*		21
1.83	Low-Income and Low Access to a Grocery Store	*percent*	8.3				*2015*		21

1.83	People 65+ with Low Access to a Grocery Store	*percent*	4				*2015*		21
1.67	Access to Exercise Opportunities	*percent*	69.6		75.2	84	*2020*		7
1.67	Children with Low Access to a Grocery Store	*percent*	5.1				*2015*		21
1.67	People with Low Access to a Grocery Store	*percent*	21.4				*2015*		21
1.64	Number of Extreme Heat Events	*events*	19				*2019*		17
1.64	PBT Released	*pounds*	17450.3				*2020*		22
1.64	Weeks of Moderate Drought or Worse	*weeks per year*	4				*2020*		17
1.58	Physical Environment Ranking		64				*2021*		7
1.53	SNAP Certified Stores	*stores/ 1,000 population*	0.8				*2017*		21
1.50	WIC Certified Stores	*stores/ 1,000 population*	0.1				*2016*		21
1.36	Number of Extreme Heat Days	*days*	23				*2019*		17
1.36	Number of Extreme Precipitation Days	*days*	27				*2019*		17
1.36	Recognized Carcinogens Released into Air	*pounds*	329.1				*2020*		22

1.36	Severe Housing Problems	*percent*	12.9		12.9	18	*2013-2017*		7
1.33	Farmers Market Density	*markets/ 1,000 population*	0				*2018*		21
1.33	Recreation and Fitness Facilities	*facilities/ 1,000 population*	0.1				*2016*		21
1.03	Overcrowded Households	*percent of households*	1.4		1.6		*2016-2020*		1
0.81	Liquor Store Density	*stores/ 100,000 population*	8.6		12.5	10.5	*2016*		19
0.42	Asthma: Medicare Population	*percent*	4		4.9	5	*2018*		5
SCORE	**HEALTH CARE ACCESS & QUALITY**	UNITS	FAYETTE COUNTY	HP2030	Indiana	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.08	Adults who Visited a Dentist	*percent*	56.2			66.5	*2018*		3
1.92	Adults who have had a Routine Checkup	*percent*	76.2			76.6	*2019*		3
1.78	Dentist Rate	*dentists/ 100,000 population*	39		57.1		*2019*		7
1.78	Non-Physician Primary Care Provider Rate	*providers/ 100,000 population*	56.3		100.6		*2020*		7

1.58	Clinical Care Ranking		49				*2021*		7
1.56	Children with Health Insurance	*percent*	93.6		93		*2019*		20
1.33	Mental Health Provider Rate	*providers/ 100,000 population*	82.2		168.3		*2020*		7
1.28	Persons with Health Insurance	*percent*	90.2	92.1	89.7		*2019*		20
1.11	Adults with Health Insurance: 18-64	*percent*	88.9		88.3		*2019*		20
1.11	Primary Care Provider Rate	*providers/ 100,000 population*	60.8		66.8		*2018*		7
SCORE	**HEART DISEASE & STROKE**	UNITS	FAYETTE COUNTY	HP2030	Indiana	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.92	Heart Failure: Medicare Population	*percent*	20.3		15.1	14	*2018*		5
2.92	Ischemic Heart Disease: Medicare Population	*percent*	34.2		28.3	26.8	*2018*		5
2.58	Age-Adjusted Death Rate due to Coronary Heart Disease	*deaths/ 100,000 population*	152.6	71.1	95.8	90.2	*2018-2020*		4
2.33	High Blood Pressure Prevalence	*percent*	41.3	27.7		32.6	*2019*		3

2.25	Adults who Experienced a Stroke	*percent*	4.7			3.4	*2019*		3
2.25	Adults who Experienced Coronary Heart Disease	*percent*	9.2			6.2	*2019*		3
2.14	Hypertension: Medicare Population	*percent*	62.5		59.6	57.2	*2018*		5
1.94	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	*deaths/ 100,000 population*	42	33.4	40.4	37.6	*2018-2020*		4
1.92	Cholesterol Test History	*percent*	84.2			87.6	*2019*		3
1.92	High Cholesterol Prevalence: Adults 18+	*percent*	36.9			33.6	*2019*		3
1.86	Age-Adjusted Death Rate due to Heart Attack	*deaths/ 100,000 population 35+ years*	114.6		62.5		*2019*		17
1.67	Hyperlipidemia: Medicare Population	*percent*	47.9		47.9	47.7	*2018*		5
1.64	Stroke: Medicare Population	*percent*	3.4		3.7	3.8	*2018*		5
1.25	Adults who Have Taken Medications	*percent*	79.2			76.2	*2019*		3

	for High Blood Pressure								
1.19	Atrial Fibrillation: Medicare Population	*percent*	8.3		8.5	8.4	*2018*		5
SCORE	**IMMUNIZATIONS & INFECTIOUS DISEASES**	UNITS	FAYETTE COUNTY	HP2030	Indiana	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.33	Age-Adjusted Death Rate due to Influenza and Pneumonia	*deaths/ 100,000 population*	20.4		13.1	13.8	*2017-2019*		4
2.17	Adults who Agree Vaccine Benefits Outweigh Possible Risks	*Percent*	46		48.2	49.4	*2021*		6
1.58	Gonorrhea Incidence Rate	*cases/ 100,000 population*	116.9		177.1	187.8	*2019*		16
1.58	Hepatitis C Prevalence	*Rate per 100,000 population*	175.2		72.6		*2020*		12
1.58	Persons Fully Vaccinated Against COVID-19	*percent*	39.8				*April 1 2022*		4
1.31	Chlamydia Incidence Rate	*cases/ 100,000 population*	342		526.3	551	*2019*		16

1.03	Overcrowded Households	*percent of households*	1.4		1.6		*2016-2020*		1
0.92	Salmonella Infection Incidence Rate	*cases/ 100,000 population*	0	11.1	11.9		*2018*		12
0.69	COVID-19 Daily Average Incidence Rate	*cases per 100,000 population*	0.6		1.3	6.5	*April 15 2022*		9
0.36	COVID-19 Daily Average Case-Fatality Rate	*deaths per 100 cases*	0		2.2	8.1	*April 15 2022*		9
SCORE	**MATERNAL, FETAL & INFANT HEALTH**	UNITS	FAYETTE COUNTY	HP2030	Indiana	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.67	Teen Birth Rate: 15-19	*live births/ 1,000 females aged 15-19*	45.8		20.7	16.7	*2019*		12
2.47	Infant Mortality Rate	*deaths/ 1,000 live births*	13.5	5	7.2	5.8	*2014-2018*		12
2.25	Mothers who Received Early Prenatal Care	*percent*	58.8		68.9	75.8	*2019*		12
2.19	Mothers who Smoked During Pregnancy	*percent*	22.4	4.3	11.8	5.9	*2019*		12
2.06	Babies with Low Birth Weight	*percent*	8.8		8.1	8.3	*2018*		12

1.50	WIC Certified Stores	*stores/ 1,000 population*	0.1				*2016*		21
1.00	Preterm Births	*percent*	9	9.4	10.1		*2019*		12
0.75	Preterm Births (OE)	*percent*	9	9.4	10.1	10	*2019*		12
SCORE	**MENTAL HEALTH & MENTAL DISORDERS**	UNITS	FAYETTE COUNTY	HP2030	Indiana	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.92	Depression: Medicare Population	*percent*	25		21.1	18.4	*2018*		5
2.64	Age-Adjusted Death Rate due to Alzheimer's Disease	*deaths/ 100,000 population*	53.9		33.1	31	*2018-2020*		4
2.50	Poor Mental Health: Average Number of Days	*days*	5.4		4.7	4.1	*2018*		7
2.33	Age-Adjusted Death Rate due to Suicide	*deaths/ 100,000 population*	29.3	12.8	14	12.5	*2011-2013*		4
2.25	Adults Ever Diagnosed with Depression	*percent*	24.5			18.8	*2019*		3
2.25	Poor Mental Health: 14+ Days	*percent*	17			13.6	*2019*		3
2.14	Alzheimer's Disease or Dementia: Medicare Population	*percent*	11.1		11	10.8	*2018*		5

1.33	Mental Health Provider Rate	*providers/ 100,000 population*	82.2		168.3		*2020*		7
SCORE	**NUTRITION & HEALTHY EATING**	UNITS	FAYETTE COUNTY	HP2030	Indiana	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.17	Adults Who Frequently Used Quick Service Restaurants: Past 30 Days	*Percent*	42.5		42.3	41.2	*2021*		6
1.92	Adults who Frequently Cook Meals at Home	*Percent*	32.1		33.6	34.4	*2021*		6
1.83	Adult Sugar-Sweetened Beverage Consumption: Past 7 Days	*percent*	82.4		81.6	80.4	*2021*		6
1.50	WIC Certified Stores	*stores/ 1,000 population*	0.1				*2016*		21
SCORE	**OLDER ADULTS**	UNITS	FAYETTE COUNTY	HP2030	Texas	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.92	Chronic Kidney Disease: Medicare Population	*percent*	30.2		25.5	24.5	*2018*		5
2.92	Depression: Medicare Population	*percent*	25		21.1	18.4	*2018*		5

2.92	Heart Failure: Medicare Population	*percent*	20.3		15.1	14	*2018*		5
2.92	Ischemic Heart Disease: Medicare Population	*percent*	34.2		28.3	26.8	*2018*		5
2.64	Age-Adjusted Death Rate due to Alzheimer's Disease	*deaths/ 100,000 population*	53.9		33.1	31	*2018-2020*		4
2.47	Osteoporosis: Medicare Population	*percent*	7		6.3	6.6	*2018*		5
2.31	COPD: Medicare Population	*percent*	15.5		14.3	11.5	*2018*		5
2.25	Adults 65+ who Received Recommended Preventive Services: Males	*percent*	24.4			32.4	*2018*		3
2.25	Adults 65+ with Total Tooth Loss	*percent*	22.2			13.5	*2018*		3
2.25	Diabetes: Medicare Population	*percent*	28.5		27.8	27	*2018*		5
2.14	Alzheimer's Disease or Dementia: Medicare Population	*percent*	11.1		11	10.8	*2018*		5
2.14	Hypertension: Medicare Population	*percent*	62.5		59.6	57.2	*2018*		5

2.08	Adults with Arthritis	*percent*	31.9			25.1	*2019*		3
2.00	Colon Cancer Screening	*percent*	61	74.4		66.4	*2018*		3
1.92	Adults 65+ who Received Recommended Preventive Services: Females	*percent*	25.6			28.4	*2018*		3
1.83	People 65+ with Low Access to a Grocery Store	*percent*	4				*2015*		21
1.67	Hyperlipidemia: Medicare Population	*percent*	47.9		47.9	47.7	*2018*		5
1.64	Stroke: Medicare Population	*percent*	3.4		3.7	3.8	*2018*		5
1.19	Atrial Fibrillation: Medicare Population	*percent*	8.3		8.5	8.4	*2018*		5
1.08	People 65+ Living Below Poverty Level (Count)	*people*	311				*2016-2020*		1
0.86	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	*percent*	31.8		35	33.5	*2018*		5
0.69	People 65+ Living Alone	*percent*	24.7		28.3	26.3	*2016-2020*		1

0.58	People 65+ Living Below Poverty Level	*percent*	7.2		7.4	9.3	*2016-2020*		1
0.42	Asthma: Medicare Population	*percent*	4		4.9	5	*2018*		5
0.36	Cancer: Medicare Population	*percent*	6.2		8	8.4	*2018*		5
SCORE	**ORAL HEALTH**	UNITS	FAYETTE COUNTY	HP2030	Indiana	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.25	Adults 65+ with Total Tooth Loss	*percent*	22.2			13.5	*2018*		3
2.08	Adults who Visited a Dentist	*percent*	56.2			66.5	*2018*		3
1.78	Dentist Rate	*dentists/ 100,000 population*	39		57.1		*2019*		7
0.50	Oral Cavity and Pharynx Cancer Incidence Rate	*cases/ 100,000 population*	10.1		12	11.6	*2011-2015*		14
SCORE	**OTHER CONDITIONS**	UNITS	FAYETTE COUNTY	HP2030	Indiana	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.92	Chronic Kidney Disease: Medicare Population	*percent*	30.2		25.5	24.5	*2018*		5
2.47	Osteoporosis: Medicare Population	*percent*	7		6.3	6.6	*2018*		5

2.36	Age-Adjusted Death Rate due to Kidney Disease	*deaths/ 100,000 population*	20.7		17.4	12.8	*2018-2020*		4
2.08	Adults with Arthritis	*percent*	31.9			25.1	*2019*		3
2.08	Adults with Kidney Disease	*Percent of adults*	3.7			3.1	*2019*		3
0.86	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	*percent*	31.8		35	33.5	*2018*		5
SCORE	**PHYSICAL ACTIVITY**	UNITS	FAYETTE COUNTY	HP2030	Indiana	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.31	Food Environment Index		6.9		7	7.8	*2021*		7
2.14	Fast Food Restaurant Density	*restaurants/ 1,000 population*	1				*2016*		21
2.08	Adults who Follow a Regular Exercise Routine	*Percent*	18.2		21.2	23.3	*2021*		6
2.03	Workers who Walk to Work	*percent*	1.7		2.1	2.6	*2016-2020*		1
1.97	Grocery Store Density	*stores/ 1,000 population*	0.1				*2016*		21
1.83	Adult Sugar-Sweetened Beverage	*percent*	82.4		81.6	80.4	*2021*		6

	Consumption: Past 7 Days								
1.83	Adults 20+ who are Sedentary	*percent*	25.6				*2019*		4
1.83	Households with No Car and Low Access to a Grocery Store	*percent*	3.2				*2015*		21
1.83	Low-Income and Low Access to a Grocery Store	*percent*	8.3				*2015*		21
1.83	People 65+ with Low Access to a Grocery Store	*percent*	4				*2015*		21
1.75	Health Behaviors Ranking		91				*2021*		7
1.67	Access to Exercise Opportunities	*percent*	69.6		75.2	84	*2020*		7
1.67	Children with Low Access to a Grocery Store	*percent*	5.1				*2015*		21
1.67	People with Low Access to a Grocery Store	*percent*	21.4				*2015*		21
1.53	SNAP Certified Stores	*stores/ 1,000 population*	0.8				*2017*		21
1.44	Adults 20+ Who Are Obese	*percent*	30.5	36			*2019*		4

1.33	Farmers Market Density	*markets/ 1,000 population*	0				*2018*		21
1.33	Recreation and Fitness Facilities	*facilities/ 1,000 population*	0.1				*2016*		21
SCORE	**PREVENTION & SAFETY**	UNITS	FAYETTE COUNTY	HP2030	Indiana	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
3.00	Age-Adjusted Death Rate due to Unintentional Injuries	*deaths/ 100,000 population*	130.2	43.2	59.4	51.6	*2018-2020*		4
2.92	Age-Adjusted Death Rate due to Unintentional Poisonings	*deaths/ 100,000 population*	89.8		29.6	23.5	*2018-2020*		4
2.92	Death Rate due to Drug Poisoning	*deaths/ 100,000 population*	80.7		25.8	21	*2017-2019*		7
1.36	Severe Housing Problems	*percent*	12.9		12.9	18	*2013-2017*		7
SCORE	**RESPIRATORY DISEASES**	UNITS	FAYETTE COUNTY	HP2030	Indiana	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.58	Adults who Smoke	*percent*	28.4	5	21.7	17	*2018*		7
2.33	Age-Adjusted Death Rate due to Influenza and Pneumonia	*deaths/ 100,000 population*	20.4		13.1	13.8	*2017-2019*		4

2.31	Age-Adjusted Death Rate due to Chronic Lower Respiratory Diseases	*deaths/ 100,000 population*	62.4		55.6	38.1	*2018-2020*		4
2.31	COPD: Medicare Population	*percent*	15.5		14.3	11.5	*2018*		5
2.28	Age-Adjusted Death Rate due to Lung Cancer	*deaths/ 100,000 population*	55.1	25.1	46.7	36.7	*2015-2019*		14
2.25	Adults with COPD	*Percent of adults*	11.8			6.6	*2019*		3
2.25	Adults with Current Asthma	*percent*	10.6			8.9	*2019*		3
2.19	Lung and Bronchus Cancer Incidence Rate	*cases/ 100,000 population*	77.3		69.9	57.3	*2014-2018*		14
2.00	Adults Who Used Electronic Cigarettes: Past 30 Days	*percent*	4.8		4.5	4.1	*2021*		6
1.83	Adults Who Used Smokeless Tobacco: Past 30 Days	*percent*	3.2		2.6	2	*2021*		6
0.69	COVID-19 Daily Average Incidence Rate	*cases per 100,000 population*	0.6		1.3	6.5	*April 15 2022*		9
0.42	Asthma: Medicare Population	*percent*	4		4.9	5	*2018*		5

SCORE		UNITS	FAYETTE COUNTY	HP2030	Indiana	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
0.36	COVID-19 Daily Average Case-Fatality Rate	*deaths per 100 cases*	0		2.2	8.1	*April 15 2022*		9
SCORE	**TOBACCO USE**	UNITS	FAYETTE COUNTY	HP2030	Indiana	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.58	Adults who Smoke	*percent*	28.4	5	21.7	17	*2018*		7
2.00	Adults Who Used Electronic Cigarettes: Past 30 Days	*percent*	4.8		4.5	4.1	*2021*		6
1.83	Adults Who Used Smokeless Tobacco: Past 30 Days	*percent*	3.2		2.6	2	*2021*		6
SCORE	**WELLNESS & LIFESTYLE**	UNITS	FAYETTE COUNTY	HP2030	Indiana	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.33	High Blood Pressure Prevalence	*percent*	41.3	27.7		32.6	*2019*		3
2.33	Poor Physical Health: Average Number of Days	*days*	4.8		4	3.7	*2018*		7
2.25	Insufficient Sleep	*percent*	39.2	31.4	38	35	*2018*		7
2.25	Poor Physical Health: 14+ Days	*percent*	17.7			12.5	*2019*		3
2.17	Adults who Agree Vaccine Benefits	*Percent*	46		48.2	49.4	*2021*		6

	Outweigh Possible Risks								
2.17	Adults Who Frequently Used Quick Service Restaurants: Past 30 Days	*Percent*	42.5		42.3	41.2	*2021*		6
2.17	Life Expectancy	*years*	73		77.1	79.2	*2017-2019*		7
2.08	Adults who Follow a Regular Exercise Routine	*Percent*	18.2		21.2	23.3	*2021*		6
2.08	Self-Reported General Health Assessment: Poor or Fair	*percent*	25.5			18.6	*2019*		3
1.92	Adults who Frequently Cook Meals at Home	*Percent*	32.1		33.6	34.4	*2021*		6
1.83	Adult Sugar-Sweetened Beverage Consumption: Past 7 Days	*percent*	82.4		81.6	80.4	*2021*		6
1.75	Morbidity Ranking		86				*2021*		7
SCORE	**WOMEN'S HEALTH**	UNITS	FAYETTE COUNTY	HP2030	Indiana	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.56	Age-Adjusted Death Rate due to Breast Cancer	*deaths/ 100,000 females*	23.5	15.3	20.4	19.9	*2015-2019*		14

1.94	Cervical Cancer Screening: 21-65	*Percent*	82.2	84.3		84.7	*2018*		3
1.61	Mammogram in Past 2 Years: 50-74	*percent*	70.2	77.1		74.8	*2018*		3
1.25	Breast Cancer Incidence Rate	*cases/ 100,000 females*	110		124.5	126.8	*2014-2018*		14

Franklin County Indicator Scores

SCORE	ALCOHOL & DRUG USE	UNITS	FRANKLIN COUNTY	HP2030	Indiana	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.56	Age-Adjusted Drug and Opioid-Involved Overdose Death Rate	*Deaths per 100,000 population*	44.5		29.6	23.5	*2018-2020*		4
2.53	Death Rate due to Drug Poisoning	*deaths/ 100,000 population*	30.8		25.8	21	*2017-2019*		7
2.38	Liquor Store Density	*stores/ 100,000 population*	17.6		12.2	10.5	*2019*		19
2.26	Mothers who Smoked During Pregnancy	*percent*	17.7	4.3	11.8	5.9	*2019*		12
2.03	Adults who Drink Excessively	*percent*	19.1		18.7	19	*2018*		7
1.41	Adults who Binge Drink	*percent*	15.9			16.7	*2019*		3
1.41	Health Behaviors Ranking		37				*2021*		7

0.18	Alcohol-Impaired Driving Deaths	*percent of driving deaths with alcohol involvement*	16.7	28.3	18.8	27	*2015-2019*		7
SCORE	**CANCER**	UNITS	FRANKLIN COUNTY	HP2030	Indiana	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.56	Oral Cavity and Pharynx Cancer Incidence Rate	*cases/ 100,000 population*	16.8		12.8	11.9	*2014-2018*		14
2.41	Age-Adjusted Death Rate due to Prostate Cancer	*deaths/ 100,000 males*	29.4	16.9	19.8	19.1	*2014-2018*		14
2.18	Breast Cancer Incidence Rate	*cases/ 100,000 females*	128.7		124.5	126.8	*2014-2018*		14
1.94	Adults with Cancer	*percent*	8.4			7.1	*2019*		3
1.76	Colon Cancer Screening	*percent*	62.8	74.4		66.4	*2018*		3
1.76	Mammogram in Past 2 Years: 50-74	*percent*	68.8	77.1		74.8	*2018*		3
1.71	Age-Adjusted Death Rate	*deaths/ 100,000 females*	21.8	15.3	20.4	19.9	*2015-2019*		14

	due to Breast Cancer								
1.71	Age-Adjusted Death Rate due to Cancer	*deaths/ 100,000 population*	171.2	122.7	169.6	152.4	*2015-2019*		14
1.41	Cervical Cancer Screening: 21-65	*Percent*	83.8	84.3		84.7	*2018*		3
1.35	Lung and Bronchus Cancer Incidence Rate	*cases/ 100,000 population*	66.2		69.9	57.3	*2014-2018*		14
1.18	Age-Adjusted Death Rate due to Lung Cancer	*deaths/ 100,000 population*	42.1	25.1	46.7	36.7	*2015-2019*		14
1.18	Colorectal Cancer Incidence Rate	*cases/ 100,000 population*	40.5		41.7	38	*2014-2018*		14
1.15	Age-Adjusted Death Rate due to Colorectal Cancer	*deaths/ 100,000 population*	13.6	8.9	14.9	13.4	*2015-2019*		14
1.00	All Cancer Incidence Rate	*cases/ 100,000 population*	438.3		457.9	448.6	*2014-2018*		14

0.76	Cancer: Medicare Population	*percent*	7		8	8.4	*2018*		5
0.47	Prostate Cancer Incidence Rate	*cases/ 100,000 males*	83		96.5	106.2	*2014-2018*		14
SCORE	**CHILDREN'S HEALTH**	UNITS	FRANKLIN COUNTY	HP2030	Indiana	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.38	Food Insecure Children Likely Ineligible for Assistance	*percent*	33		28	23	*2019*		8
1.82	Child Abuse Rate	*cases/ 1,000 children*	25		20.8		*2017*		2
1.76	Children with Health Insurance	*percent*	92.5		93		*2019*		20
1.32	Children with Low Access to a Grocery Store	*percent*	2.6				*2015*		21
0.71	Projected Child Food Insecurity Rate	*percent*	14.2		16.6		*2021*		8
0.62	Child Food Insecurity Rate	*percent*	13.4		15.3	14.6	*2019*		8

SCORE	**COMMUNITY**	UNITS	FRANKLIN COUNTY	HP2030	Indiana	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.71	Mean Travel Time to Work	*minutes*	32.8		23.9	26.9	*2016-2020*		1
2.71	Social Associations	*membership associations/ 10,000 population*	7.5		12.3	9.3	*2018*		7
2.47	People 65+ Living Alone	*percent*	29.7		28.3	26.3	*2016-2020*		1
2.21	Mortgaged Owners Median Monthly Household Costs	*dollars*	1319		1155	1621	*2016-2020*		1
2.12	Solo Drivers with a Long Commute	*percent*	46		31.7	37	*2015-2019*		7
2.06	Workers Commuting by Public Transportatio n	*percent*	0.2	5.3	0.9	4.6	*2016-2020*		1
2.06	Workers who Walk to Work	*percent*	1.7		2.1	2.6	*2016-2020*	Black (0) White (1.6) Asian (0) AIAN (100) Mult (9.3)	1

								Other (4.5) Hisp (13)	
2.03	Total Employment Change	*percent*	0.1		0.6	1.6	*2018-2019*		19
1.94	People 65+ Living Alone (Count)	*people*	1232				*2016-2020*		1
1.82	Child Abuse Rate	*cases/ 1,000 children*	25		20.8		*2017*		2
1.76	Households without a Vehicle	*percent*	5.8		6.3	8.5	*2016-2020*		1
1.76	Workers who Drive Alone to Work	*percent*	84.3		81.3	74.9	*2016-2020*		1
1.71	People 25+ with a Bachelor's Degree or Higher	*percent*	20.4		27.2	32.9	*2016-2020*		1
1.68	Median Monthly Owner Costs for Households without a Mortgage	*dollars*	404		416	509	*2016-2020*		1
1.65	Average Daily Jail Population	*offenders*	2				*2021*		10

1.59	Households with an Internet Subscription	*percent*	77.3		83.5	85.5	*2016-2020*		1
1.59	Households with One or More Types of Computing Devices	*percent*	85.8		90.3	91.9	*2016-2020*		1
1.59	Social and Economic Factors Ranking		56				*2021*		7
1.53	People 25+ with a High School Degree or Higher	*percent*	88.7		89.3	88.5	*2016-2020*		1
1.50	Households with a Smartphone	*percent*	79.3		81.1	81.9	*2021*		6
1.50	Households with Wireless Phone Service	*percent*	95.9		96.9	97	*2020*		6
1.35	Adults Admitted into Correctional Facilities	*adults*	16				*2021*		10
1.35	Juveniles Admitted into Correctional Facilities	*juveniles*	1				*2019*		10

1.32	Households with No Car and Low Access to a Grocery Store	*percent*	2.2				*2015*		21
1.24	Linguistic Isolation	*percent*	0.6		1.7	4.3	*2016-2020*		1
1.24	Persons with an Internet Subscription	*percent*	84.8		86.9	88.5	*2016-2020*		1
1.24	Persons with Health Insurance	*percent*	90.7	92.1	89.7		*2019*		20
1.09	Median Housing Unit Value	*dollars*	167200		148900	229800	*2016-2020*		1
1.00	Voter Turnout: Presidential Election	*percent*	70		65		*2020*		11
0.94	Young Children Living Below Poverty Level	*percent*	15		19.9	19.1	*2016-2020*	White (10.2) Mult (96) Hisp (0)	1
0.79	Female Population 16+ in Civilian Labor Force	*percent*	59.7		59	58.4	*2016-2020*		1
0.79	Population 16+ in Civilian Labor Force	*percent*	64.2		60.7	59.6	*2016-2020*		1

0.71	Per Capita Income	*dollars*	32095		30693	35384	*2016-2020*		1
0.65	Single-Parent Households	*percent*	19.7		24.9	25.3	*2016-2020*		1
0.59	Children Living Below Poverty Level	*percent*	11.3		17.6	17.5	*2016-2020*		1
0.56	Median Household Gross Rent	*dollars*	634		844	1096	*2016-2020*		1
0.29	Homeownership	*percent*	73.7		62.3	56.9	*2016-2020*		1
0.29	People Living Below Poverty Level	*percent*	8	8	12.9	12.8	*2016-2020*		1
0.26	Violent Crime Rate	*crimes/ 100,000 population*	36.3		385.1	386.5	*2014-2016*		7
0.18	Alcohol-Impaired Driving Deaths	*percent of driving deaths with alcohol involvement*	16.7	28.3	18.8	27	*2015-2019*		7
0.18	Median Household Income	*dollars*	68180		58235	64994	*2016-2020*		1
0.00	Youth not in School or Working	*percent*	0.2		1.9	1.8	*2016-2020*		1

SCORE	**COUNTY HEALTH RANKINGS**	UNITS	FRANKLIN COUNTY	HP2030	Indiana	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
1.59	Physical Environment Ranking		54				*2021*		7
1.59	Social and Economic Factors Ranking		56				*2021*		7
1.41	Clinical Care Ranking		29				*2021*		7
1.41	Health Behaviors Ranking		37				*2021*		7
1.41	Morbidity Ranking		29				*2021*		7
1.41	Mortality Ranking		27				*2021*		7
SCORE	**DIABETES**	UNITS	FRANKLIN COUNTY	HP2030	Indiana	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
1.88	Age-Adjusted Death Rate due to Diabetes	*deaths/ 100,000 population*	27.8		25.9	21.5	*2017-2019*		4
0.82	Adults 20+ with Diabetes	*percent*	7.5				*2019*		4

0.65	Diabetes: Medicare Population	*percent*	24.6		27.8	27	*2018*		5
SCORE	**ECONOMY**	UNITS	FRANKLIN COUNTY	HP2030	Indiana	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.41	Homeowner Vacancy Rate	*percent*	2.7		1.3	1.4	*2016-2020*		1
2.38	Food Insecure Children Likely Ineligible for Assistance	*percent*	33		28	23	*2019*		8
2.29	Overcrowded Households	*percent of households*	2.2		1.6		*2016-2020*		1
2.21	Mortgaged Owners Median Monthly Household Costs	*dollars*	1319		1155	1621	*2016-2020*		1
2.03	Total Employment Change	*percent*	0.1		0.6	1.6	*2018-2019*		19
1.76	Households that Used Check Cashing, Cash Advance, or Title Loan Shops	*percent*	6.7		6.3	6	*2021*		6

1.68	Households that are Asset Limited, Income Constrained, Employed (ALICE)	*percent*	24.9		24		*2018*		23
1.68	Median Monthly Owner Costs for Households without a Mortgage	*dollars*	404		416	509	*2016-2020*		1
1.65	Size of Labor Force	*persons*	11283				*November 2021*		18
1.59	Social and Economic Factors Ranking		56				*2021*		7
1.53	SNAP Certified Stores	*stores/ 1,000 population*	0.8				*2017*		21
1.41	Households with a 401k Plan	*percent*	36.8		37.5	39.2	*2021*		6
1.35	People 65+ Living Below Poverty Level	*percent*	8.2		7.4	9.3	*2016-2020*	White (8) Hisp (50)	1
1.35	People 65+ Living Below	*people*	334				*2016-2020*		1

	Poverty Level (Count)								
1.32	Households that are Above the Asset Limited, Income Constrained, Employed (ALICE) Threshold	*percent*	66.3		63		*2018*		23
1.32	Low-Income and Low Access to a Grocery Store	*percent*	4.5				*2015*		21
1.09	Median Housing Unit Value	*dollars*	167200		148900	2298 00	*2016-2020*		1
1.06	Households with Student Loans Debt	*percent*	9.1		10.9	11.1	*2021*		6
0.97	Households that are Below the Federal Poverty Level	*percent*	8.8		13		*2018*		23
0.97	Households with a Savings Account	*percent*	69.5		68.8	70.2	*2021*		6

0.94	Young Children Living Below Poverty Level	*percent*	15		19.9	19.1	*2016-2020*	White (10.2) Mult (96) Hisp (0)	1
0.79	Adults who Feel Overwhelmed by Financial Burdens	*percent*	13.8		14.7	14.4	*2021*		6
0.79	Female Population 16+ in Civilian Labor Force	*percent*	59.7		59	58.4	*2016-2020*		1
0.79	Food Insecurity Rate	*percent*	10.6		12.4	10.9	*2019*		8
0.79	Income Inequality		0.4		0.5	0.5	*2016-2020*		1
0.79	Population 16+ in Civilian Labor Force	*percent*	64.2		60.7	59.6	*2016-2020*		1
0.71	Per Capita Income	*dollars*	32095		30693	35384	*2016-2020*		1
0.71	Projected Child Food Insecurity Rate	*percent*	14.2		16.6		*2021*		8
0.71	Projected Food Insecurity Rate	*percent*	11.3		13.3		*2021*		8

0.62	Child Food Insecurity Rate	*percent*	13.4		15.3	14.6	*2019*		8
0.62	Students Eligible for the Free Lunch Program	*percent*	32.3		41.8	38.5	*2020-2021*		15
0.59	Children Living Below Poverty Level	*percent*	11.3		17.6	17.5	*2016-2020*		1
0.56	Median Household Gross Rent	*dollars*	634		844	1096	*2016-2020*		1
0.47	Households with Cash Public Assistance Income	*percent*	1.4		1.7	2.4	*2016-2020*		1
0.47	People Living 200% Above Poverty Level	*percent*	76.9		69.4	70.2	*2016-2020*		1
0.29	Families Living Below Poverty Level	*percent*	6.2		8.9	9.1	*2016-2020*		1
0.29	Homeownership	*percent*	73.7		62.3	56.9	*2016-2020*		1
0.29	People Living Below Poverty Level	*percent*	8	8	12.9	12.8	*2016-2020*		1

0.29	Renters Spending 30% or More of Household Income on Rent	*percent*	24.1		46	49.1	*2016-2020*		1
0.18	Median Household Income	*dollars*	68180		58235	64994	*2016-2020*		1
0.00	Persons with Disability Living in Poverty (5-year)	*percent*	11.8		26.3	25.4	*2016-2020*		1
0.00	Severe Housing Problems	*percent*	8		12.9	18	*2013-2017*		7
0.00	Unemployed Workers in Civilian Labor Force	*percent*	1.6		2.1	3.9	*November 2021*		18
0.00	Youth not in School or Working	*percent*	0.2		1.9	1.8	*2016-2020*		1
SCORE	**EDUCATION**	UNITS	FRANKLIN COUNTY	HP2030	Indiana	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.18	8th Grade Students	*percent*	44.5		54.4		*2017*		2

	Proficient in Math								
2.00	8th Grade Students Proficient in English/Language Arts	*percent*	55		60.7		*2017*		2
1.71	People 25+ with a Bachelor's Degree or Higher	*percent*	20.4		27.2	32.9	*2016-2020*		1
1.53	People 25+ with a High School Degree or Higher	*percent*	88.7		89.3	88.5	*2016-2020*		1
1.47	4th Grade Students Proficient in English/Language Arts	*percent*	66.8		64.9		*2017*		2
1.18	Student-to-Teacher Ratio	*students/ teacher*	14.9		15.7	16.3	*2020-2021*		15
0.88	High School Graduation	*percent*	96.9	90.7	88.7	84.6	*2017*		2
0.82	4th Grade Students Proficient in Math	*percent*	77.6		61.2		*2017*		2

SCORE	ENVIRONMENTAL HEALTH	UNITS	FRANKLIN COUNTY	HP2030	Indiana	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.38	Liquor Store Density	*stores/ 100,000 population*	17.6		12.2	10.5	*2019*		19
2.29	Overcrowded Households	*percent of households*	2.2		1.6		*2016-2020*		1
2.21	Access to Exercise Opportunities	*percent*	53		75.2	84	*2020*		7
1.76	Adults with Current Asthma	*percent*	9.9			8.9	*2019*		3
1.65	Number of Extreme Heat Days	*days*	25				*2019*		17
1.65	Number of Extreme Heat Events	*events*	21				*2019*		17
1.65	PBT Released	*pounds*	132.7				*2020*		22
1.65	Weeks of Moderate Drought or Worse	*weeks per year*	1				*2020*		17
1.59	Physical Environment Ranking		54				*2021*		7
1.53	SNAP Certified Stores	*stores/ 1,000 population*	0.8				*2017*		21

1.50	Fast Food Restaurant Density	*restaurants/ 1,000 population*	0.6				*2016*		21
1.35	Number of Extreme Precipitation Days	*days*	31				*2019*		17
1.35	Recognized Carcinogens Released into Air	*pounds*	11.7				*2020*		22
1.32	Children with Low Access to a Grocery Store	*percent*	2.6				*2015*		21
1.32	Farmers Market Density	*markets/ 1,000 population*	0				*2018*		21
1.32	Households with No Car and Low Access to a Grocery Store	*percent*	2.2				*2015*		21
1.32	Low-Income and Low Access to a Grocery Store	*percent*	4.5				*2015*		21
1.29	Grocery Store Density	*stores/ 1,000 population*	0.3				*2016*		21
1.24	Houses Built Prior to 1950	*percent*	21		22.5	17.2	*2016-2020*		1

1.15	People 65+ with Low Access to a Grocery Store	*percent*	1				*2015*		21
1.15	People with Low Access to a Grocery Store	*percent*	9.1				*2015*		21
1.12	Recreation and Fitness Facilities	*facilities/ 1,000 population*	0.1				*2016*		21
0.97	WIC Certified Stores	*stores/ 1,000 population*	0.3				*2016*		21
0.47	Food Environment Index		8.3		7	7.8	*2021*		7
0.29	Asthma: Medicare Population	*percent*	3.4		4.9	5	*2018*		5
0.00	Severe Housing Problems	*percent*	8		12.9	18	*2013-2017*		7
SCORE	**HEALTH CARE ACCESS & QUALITY**	UNITS	FRANKLIN COUNTY	HP2030	Indiana	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.15	Mental Health Provider Rate	*providers/ 100,000 population*	35.2		168.3		*2020*		7

1.85	Non-Physician Primary Care Provider Rate	*providers/ 100,000 population*	39.6		100.6		*2020*		7
1.76	Children with Health Insurance	*percent*	92.5		93		*2019*		20
1.41	Adults who Visited a Dentist	*percent*	61.6			66.5	*2018*		3
1.41	Clinical Care Ranking		29				*2021*		7
1.38	Adults with Health Insurance: 18-64	*percent*	89.9		88.3		*2019*		20
1.24	Adults who have had a Routine Checkup	*percent*	77.3			76.6	*2019*		3
1.24	Persons with Health Insurance	*percent*	90.7	92.1	89.7		*2019*		20
0.56	Dentist Rate	*dentists/ 100,000 population*	65.9		57.1		*2019*		7
0.56	Primary Care Provider Rate	*providers/ 100,000 population*	79.2		66.8		*2018*		7

SCORE	**HEART DISEASE & STROKE**	UNITS	FRANKLIN COUNTY	HP2030	Indiana	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.18	Age-Adjusted Death Rate due to Heart Attack	*deaths/ 100,000 population 35+ years*	86		67.8		*2018*		17
1.94	Heart Failure: Medicare Population	*percent*	14.8		15.1	14	*2018*		5
1.76	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	*deaths/ 100,000 population*	38.7	33.4	40.4	37.6	*2018-2020*		4
1.76	High Blood Pressure Prevalence	*percent*	37	27.7		32.6	*2019*		3
1.59	Adults who Experienced a Stroke	*percent*	3.8			3.4	*2019*		3
1.59	Adults who Experienced Coronary Heart Disease	*percent*	7.7			6.2	*2019*		3
1.47	Hypertension: Medicare Population	*percent*	58		59.6	57.2	*2018*		5

1.41	High Cholesterol Prevalence: Adults 18+	*percent*	34.9			33.6	*2019*		3
1.24	Cholesterol Test History	*percent*	85.8			87.6	*2019*		3
1.18	Age-Adjusted Death Rate due to Coronary Heart Disease	*deaths/ 100,000 population*	93.1	71.1	95.8	90.2	*2018-2020*		4
1.18	Atrial Fibrillation: Medicare Population	*percent*	8.3		8.5	8.4	*2018*		5
0.97	Hyperlipidemia: Medicare Population	*percent*	43.7		47.9	47.7	*2018*		5
0.94	Ischemic Heart Disease: Medicare Population	*percent*	24.6		28.3	26.8	*2018*		5
0.88	Adults who Have Taken Medications for High Blood Pressure	*percent*	80			76.2	*2019*		3
0.47	Stroke: Medicare Population	*percent*	3.1		3.7	3.8	*2018*		5

SCORE	IMMUNIZATIONS & INFECTIOUS DISEASES	UNITS	FRANKLIN COUNTY	HP2030	Indiana	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.29	Overcrowded Households	*percent of households*	2.2		1.6		*2016-2020*		1
1.88	Persons Fully Vaccinated Against COVID-19	*percent*	37.5				*April 1 2022*		4
1.53	Hepatitis C Prevalence	*Rate per 100,000 population*	96.7		90		*2019*		12
1.15	Adults who Agree Vaccine Benefits Outweigh Possible Risks	*Percent*	48.8		48.2	49.4	*2021*		6
0.82	Salmonella Infection Incidence Rate	*cases/ 100,000 population*	0	11.1	11.9		*2018*		12
0.59	Chlamydia Incidence Rate	*cases/ 100,000 population*	118.6		526.3	551	*2019*		16
0.59	COVID-19 Daily Average Case-Fatality Rate	*deaths per 100 cases*	0		5.6	7.7	*April 8 2022*		9

0.59	Gonorrhea Incidence Rate	*cases/ 100,000 population*	22		177.1	187.8	*2019*		16
0.29	COVID-19 Daily Average Incidence Rate	*cases per 100,000 population*	0		1.3	6.5	*April 15 2022*		9
SCORE	**MATERNAL, FETAL & INFANT HEALTH**	UNITS	FRANKLIN COUNTY	HP2030	Indiana	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.44	Babies with Low Birth Weight	*percent*	11		8.2	8.3	*2019*		12
2.44	Preterm Births (OE)	*percent*	14.3	9.4	10.1	10	*2019*		12
2.44	Teen Birth Rate: 15-19	*live births/ 1,000 females aged 15-19*	35.7		22.8	18.8	*2017*		12
2.26	Mothers who Smoked During Pregnancy	*percent*	17.7	4.3	11.8	5.9	*2019*		12
2.18	Preterm Births	*percent*	14.3	9.4	10.1		*2019*		12
1.21	Mothers who Received Early Prenatal Care	*percent*	77.6		68.9	75.8	*2019*		12

0.97	WIC Certified Stores	*stores/ 1,000 population*	0.3				*2016*		21
SCORE	**MENTAL HEALTH & MENTAL DISORDERS**	UNITS	FRANKLIN COUNTY	HP2030	Indiana	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.15	Mental Health Provider Rate	*providers/ 100,000 population*	35.2		168.3		*2020*		7
1.85	Poor Mental Health: Average Number of Days	*days*	4.9		4.7	4.1	*2018*		7
1.59	Adults Ever Diagnosed with Depression	*percent*	21.8			18.8	*2019*		3
1.59	Poor Mental Health: 14+ Days	*percent*	15			13.6	*2019*		3
0.79	Depression: Medicare Population	*percent*	17.3		21.1	18.4	*2018*		5
0.59	Alzheimer's Disease or Dementia: Medicare Population	*percent*	8.8		11	10.8	*2018*		5

0.00	Age-Adjusted Death Rate due to Alzheimer's Disease	*deaths/ 100,000 population*	24.1		33.1	31	*2018-2020*		4
SCORE	**NUTRITION & HEALTHY EATING**	UNITS	FRANKLIN COUNTY	HP2030	Indiana	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
1.68	Adult Sugar-Sweetened Beverage Consumption: Past 7 Days	*percent*	81.9		81.6	80.4	*2021*		6
1.59	Adults who Frequently Cook Meals at Home	*Percent*	33.1		33.6	34.4	*2021*		6
0.97	Adults Who Frequently Used Quick Service Restaurants: Past 30 Days	*Percent*	40.2		42.3	41.2	*2021*		6
0.97	WIC Certified Stores	*stores/ 1,000 population*	0.3				*2016*		21
SCORE	**OLDER ADULTS**	UNITS	FRANKLIN COUNTY	HP2030	Indiana	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source

2.47	People 65+ Living Alone	*percent*	29.7		28.3	26.3	*2016-2020*		1
2.29	Adults 65+ who Received Recommended Preventive Services: Males	*percent*	24.7			32.4	*2018*		3
1.94	Adults 65+ who Received Recommended Preventive Services: Females	*percent*	25.6			28.4	*2018*		3
1.94	Heart Failure: Medicare Population	*percent*	14.8		15.1	14	*2018*		5
1.94	People 65+ Living Alone (Count)	*people*	1232				*2016-2020*		1
1.76	Adults 65+ with Total Tooth Loss	*percent*	16.7			13.5	*2018*		3
1.76	Adults with Arthritis	*percent*	28.7			25.1	*2019*		3
1.76	Colon Cancer Screening	*percent*	62.8	74.4		66.4	*2018*		3
1.47	Hypertension: Medicare Population	*percent*	58		59.6	57.2	*2018*		5

1.35	People 65+ Living Below Poverty Level	*percent*	8.2		7.4	9.3	*2016-2020*	White (8) Hisp (50)	1
1.35	People 65+ Living Below Poverty Level (Count)	*people*	334				*2016-2020*		1
1.18	Atrial Fibrillation: Medicare Population	*percent*	8.3		8.5	8.4	*2018*		5
1.15	People 65+ with Low Access to a Grocery Store	*percent*	1				*2015*		21
0.97	Hyperlipidemia: Medicare Population	*percent*	43.7		47.9	47.7	*2018*		5
0.94	Ischemic Heart Disease: Medicare Population	*percent*	24.6		28.3	26.8	*2018*		5
0.79	Depression: Medicare Population	*percent*	17.3		21.1	18.4	*2018*		5
0.79	Osteoporosis: Medicare Population	*percent*	5.3		6.3	6.6	*2018*		5
0.76	Cancer: Medicare Population	*percent*	7		8	8.4	*2018*		5

0.65	COPD: Medicare Population	*percent*	10.3		14.3	11.5	*2018*		5
0.65	Diabetes: Medicare Population	*percent*	24.6		27.8	27	*2018*		5
0.59	Alzheimer's Disease or Dementia: Medicare Population	*percent*	8.8		11	10.8	*2018*		5
0.59	Chronic Kidney Disease: Medicare Population	*percent*	19.8		25.5	24.5	*2018*		5
0.59	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	*percent*	28.8		35	33.5	*2018*		5
0.47	Stroke: Medicare Population	*percent*	3.1		3.7	3.8	*2018*		5
0.29	Asthma: Medicare Population	*percent*	3.4		4.9	5	*2018*		5
0.00	Age-Adjusted Death Rate due to	*deaths/ 100,000 population*	24.1		33.1	31	*2018-2020*		4

SCORE		UNITS	FRANKLIN COUNTY	HP2030	Indiana	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
	Alzheimer's Disease								
SCORE	**ORAL HEALTH**	UNITS	FRANKLIN COUNTY	HP2030	Indiana	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.56	Oral Cavity and Pharynx Cancer Incidence Rate	*cases/ 100,000 population*	16.8		12.8	11.9	*2014-2018*		14
1.76	Adults 65+ with Total Tooth Loss	*percent*	16.7			13.5	*2018*		3
1.41	Adults who Visited a Dentist	*percent*	61.6			66.5	*2018*		3
0.56	Dentist Rate	*dentists/ 100,000 population*	65.9		57.1		*2019*		7
SCORE	**OTHER CONDITIONS**	UNITS	FRANKLIN COUNTY	HP2030	Indiana	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
1.76	Adults with Arthritis	*percent*	28.7			25.1	*2019*		3
1.41	Adults with Kidney Disease	*Percent of adults*	3.2			3.1	*2019*		3
0.79	Osteoporosis: Medicare Population	*percent*	5.3		6.3	6.6	*2018*		5

0.59	Chronic Kidney Disease: Medicare Population	*percent*	19.8		25.5	24.5	*2018*		5
0.59	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	*percent*	28.8		35	33.5	*2018*		5
SCORE	**PHYSICAL ACTIVITY**	UNITS	FRANKLIN COUNTY	HP2030	Indiana	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.21	Access to Exercise Opportunities	*percent*	53		75.2	84	*2020*		7
2.06	Workers who Walk to Work	*percent*	1.7		2.1	2.6	*2016-2020*	Black (0) White (1.6) Asian (0) AIAN (100) Mult (9.3) Other (4.5) Hisp (13)	1
1.94	Adults who Follow a Regular Exercise Routine	*Percent*	18.5		21.2	23.3	*2021*		6
1.68	Adult Sugar-Sweetened	*percent*	81.9		81.6	80.4	*2021*		6

	Beverage Consumption: Past 7 Days								
1.53	SNAP Certified Stores	*stores/ 1,000 population*	0.8				*2017*		21
1.50	Fast Food Restaurant Density	*restaurants/ 1,000 population*	0.6				*2016*		21
1.41	Health Behaviors Ranking		37				*2021*		7
1.32	Children with Low Access to a Grocery Store	*percent*	2.6				*2015*		21
1.32	Farmers Market Density	*markets/ 1,000 population*	0				*2018*		21
1.32	Households with No Car and Low Access to a Grocery Store	*percent*	2.2				*2015*		21
1.32	Low-Income and Low Access to a Grocery Store	*percent*	4.5				*2015*		21
1.29	Grocery Store Density	*stores/ 1,000 population*	0.3				*2016*		21

1.15	People 65+ with Low Access to a Grocery Store	*percent*	1				*2015*		21
1.15	People with Low Access to a Grocery Store	*percent*	9.1				*2015*		21
1.12	Recreation and Fitness Facilities	*facilities/ 1,000 population*	0.1				*2016*		21
1.06	Adults 20+ Who Are Obese	*percent*	28.6	36			*2019*		4
0.71	Adults 20+ who are Sedentary	*percent*	22.1				*2019*		4
0.47	Food Environment Index		8.3		7	7.8	*2021*		7
SCORE	**PREVENTION & SAFETY**	UNITS	FRANKLIN COUNTY	HP2030	Indiana	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
3.00	Age-Adjusted Death Rate due to Unintentional Injuries	*deaths/ 100,000 population*	84.3	43.2	59.4	51.6	*2018-2020*		4

2.56	Age-Adjusted Death Rate due to Unintentional Poisonings	*deaths/ 100,000 population*	44.5		29.6	23.5	*2018-2020*		4
2.53	Death Rate due to Drug Poisoning	*deaths/ 100,000 population*	30.8		25.8	21	*2017-2019*		7
0.00	Severe Housing Problems	*percent*	8		12.9	18	*2013-2017*		7
SCORE	**RESPIRATORY DISEASES**	UNITS	FRANKLIN COUNTY	HP2030	Indiana	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.21	Adults Who Used Smokeless Tobacco: Past 30 Days	*percent*	3.7		2.6	2	*2021*		6
1.85	Adults who Smoke	*percent*	23.8	5	21.7	17	*2018*		7
1.76	Adults with COPD	*Percent of adults*	9.6			6.6	*2019*		3
1.76	Adults with Current Asthma	*percent*	9.9			8.9	*2019*		3
1.35	Lung and Bronchus Cancer	*cases/ 100,000 population*	66.2		69.9	57.3	*2014-2018*		14

	Incidence Rate								
1.32	Adults Who Used Electronic Cigarettes: Past 30 Days	*percent*	4.5		4.5	4.1	*2021*		6
1.18	Age-Adjusted Death Rate due to Lung Cancer	*deaths/ 100,000 population*	42.1	25.1	46.7	36.7	*2015-2019*		14
1.00	Age-Adjusted Death Rate due to Chronic Lower Respiratory Diseases	*deaths/ 100,000 population*	47		55.6	38.1	*2018-2020*		4
0.65	COPD: Medicare Population	*percent*	10.3		14.3	11.5	*2018*		5
0.59	COVID-19 Daily Average Case-Fatality Rate	*deaths per 100 cases*	0		5.6	7.7	*April 8 2022*		9
0.29	Asthma: Medicare Population	*percent*	3.4		4.9	5	*2018*		5
0.29	COVID-19 Daily Average	*cases per 100,000 population*	0		1.3	6.5	*April 15 2022*		9

	Incidence Rate								
SCORE	**TOBACCO USE**	UNITS	FRANKLIN COUNTY	HP2030	Indiana	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.21	Adults Who Used Smokeless Tobacco: Past 30 Days	*percent*	3.7		2.6	2	*2021*		6
1.85	Adults who Smoke	*percent*	23.8	5	21.7	17	*2018*		7
1.32	Adults Who Used Electronic Cigarettes: Past 30 Days	*percent*	4.5		4.5	4.1	*2021*		6
SCORE	**WELLNESS & LIFESTYLE**	UNITS	FRANKLIN COUNTY	HP2030	Indiana	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
1.94	Adults who Follow a Regular Exercise Routine	*Percent*	18.5		21.2	23.3	*2021*		6
1.76	High Blood Pressure Prevalence	*percent*	37	27.7		32.6	*2019*		3

1.76	Poor Physical Health: 14+ Days	*percent*	14.7			12.5	*2019*		3
1.68	Adult Sugar-Sweetened Beverage Consumption: Past 7 Days	*percent*	81.9		81.6	80.4	*2021*		6
1.68	Insufficient Sleep	*percent*	37.3	31.4	38	35	*2018*		7
1.68	Poor Physical Health: Average Number of Days	*days*	4.2		4	3.7	*2018*		7
1.59	Adults who Frequently Cook Meals at Home	*Percent*	33.1		33.6	34.4	*2021*		6
1.59	Self-Reported General Health Assessment: Poor or Fair	*percent*	20.9			18.6	*2019*		3
1.41	Morbidity Ranking		29				*2021*		7
1.15	Adults who Agree Vaccine Benefits Outweigh Possible Risks	*Percent*	48.8		48.2	49.4	*2021*		6

1.15	Life Expectancy	*years*	78.9		77.1	79.2	*2017-2019*		7
0.97	Adults Who Frequently Used Quick Service Restaurants: Past 30 Days	*Percent*	40.2		42.3	41.2	*2021*		6
SCORE	**WOMEN'S HEALTH**	UNITS	FRANKLIN COUNTY	HP2030	Indiana	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.18	Breast Cancer Incidence Rate	*cases/ 100,000 females*	128.7		124.5	126. 8	*2014-2018*		14
1.76	Mammogram in Past 2 Years: 50-74	*percent*	68.8	77.1		74.8	*2018*		3
1.71	Age-Adjusted Death Rate due to Breast Cancer	*deaths/ 100,000 females*	21.8	15.3	20.4	19.9	*2015-2019*		14
1.41	Cervical Cancer Screening: 21-65	*Percent*	83.8	84.3		84.7	*2018*		3

Henry County Indicator Scores

SCORE	ALCOHOL & DRUG USE	UNITS	HENRY COUNTY	HP2030	Indiana	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.47	Liquor Store Density	*stores/ 100,000 population*	18.8		12.2	10.5	*2019*		20
2.19	Mothers who Smoked During Pregnancy	*percent*	22.2	4.3	11.8	5.9	*2019*		13
1.47	Non-Fatal Emergency Department Visits due to Opioid Overdoses	*Rate per 100,000 population*	72.5		87		*2018*		13
1.42	Adults who Binge Drink	*percent*	15.8			16.7	*2019*		4
1.42	Health Behaviors Ranking		38				*2021*		8
1.31	Death Rate due to Drug Poisoning	*deaths/ 100,000 population*	20		25.8	21	*2017-2019*		8
1.17	Adults who Drink Excessively	*percent*	17.8		18.7	19	*2018*		8
0.89	Alcohol-Impaired	*percent of driving deaths with*	18	28.3	18.8	27	*2015-2019*		8

SCORE		UNITS	HENRY COUNTY	HP2030	Indiana	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
	Driving Deaths	*alcohol involvement*							
0.67	Age-Adjusted Drug and Opioid-Involved Overdose Death Rate	*Deaths per 100,000 population*	20.6		29.6	23.5	*2018-2020*		5
SCORE	**CANCER**	UNITS	HENRY COUNTY	HP2030	Indiana	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.72	Age-Adjusted Death Rate due to Cancer	*deaths/ 100,000 population*	193.2	122.7	169.6	152.4	*2015-2019*		15
2.44	Age-Adjusted Death Rate due to Breast Cancer	*deaths/ 100,000 females*	24.7	15.3	20.4	19.9	*2015-2019*		15
2.36	Lung and Bronchus Cancer Incidence Rate	*cases/ 100,000 population*	78.7		69.9	57.3	*2014-2018*		15
2.28	Age-Adjusted Death Rate due to Lung Cancer	*deaths/ 100,000 population*	52.5	25.1	46.7	36.7	*2015-2019*		15

2.25	Breast Cancer Incidence Rate	*cases/ 100,000 females*	127		124.5	126.8	*2014-2018*		15
2.06	Age-Adjusted Death Rate due to Colorectal Cancer	*deaths/ 100,000 population*	15.5	8.9	14.9	13.4	*2015-2019*		15
1.97	All Cancer Incidence Rate	*cases/ 100,000 population*	471.4		457.9	448.6	*2014-2018*		15
1.92	Adults with Cancer	*percent*	8.3			7.1	*2019*		4
1.86	Oral Cavity and Pharynx Cancer Incidence Rate	*cases/ 100,000 population*	13.4		12.8	11.9	*2014-2018*		15
1.67	Colon Cancer Screening	*percent*	63	74.4		66.4	*2018*		4
1.61	Cervical Cancer Screening: 21-65	*Percent*	83.5	84.3		84.7	*2018*		4
1.61	Mammogram in Past 2 Years: 50-74	*percent*	70.4	77.1		74.8	*2018*		4
1.47	Cancer: Medicare Population	*percent*	7.6		8	8.4	*2018*		6

1.19	Colorectal Cancer Incidence Rate	*cases/ 100,000 population*	40.8		41.7	38	*2014-2018*		15
0.67	Prostate Cancer Incidence Rate	*cases/ 100,000 males*	85.1		96.5	106.2	*2014-2018*		15
0.56	Age-Adjusted Death Rate due to Prostate Cancer	*deaths/ 100,000 males*	14.6	16.9	19.4	18.9	*2015-2019*		15
SCORE	**CHILDREN'S HEALTH**	UNITS	HENRY COUNTY	HP2030	Indiana	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.33	Child Food Insecurity Rate	*percent*	18.3		15.3	14.6	*2019*		9
2.08	Projected Child Food Insecurity Rate	*percent*	19.9		16.6		*2021*		9
1.81	Child Abuse Rate	*cases/ 1,000 children*	23.4		20.8		*2017*		3
1.22	Children with Health Insurance	*percent*	94.4		93		*2019*		21
1.00	Children with Low Access	*percent*	0.8				*2015*		22

	to a Grocery Store								
0.50	Food Insecure Children Likely Ineligible for Assistance	*percent*	14		28	23	*2019*		9
SCORE	**COMMUNITY**	UNITS	HENRY COUNTY	HP2030	Indiana	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.64	Workers who Walk to Work	*percent*	1		2.1	2.6	*2016-2020*		1
2.64	Youth not in School or Working	*percent*	3.8		1.9	1.8	*2016-2020*		1
2.58	Age-Adjusted Death Rate due to Motor Vehicle Traffic Collisions	*deaths/ 100,000 population*	22	10.1	12.6	11.4	*2018-2020*		5
2.47	Population 16+ in Civilian Labor Force	*percent*	50.7		60.7	59.6	*2016-2020*		1
2.31	People 25+ with a Bachelor's	*percent*	16.4		27.2	32.9	*2016-2020*		1

	Degree or Higher								
2.03	Young Children Living Below Poverty Level	*percent*	23.4		19.9	19.1	*2016-2020*	Black (100) White (19.8) Asian (100) Mult (55.7) Hisp (14.7)	1
1.97	Mean Travel Time to Work	*minutes*	26.8		23.9	26.9	*2016-2020*		1
1.92	Median Household Income	*dollars*	51104		58235	64994	*2016-2020*		1
1.92	Per Capita Income	*dollars*	25417		30693	35384	*2016-2020*		1
1.86	Female Population 16+ in Civilian Labor Force	*percent*	53.3		59	58.4	*2016-2020*		1
1.86	Solo Drivers with a Long Commute	*percent*	38.4		31.7	37	*2015-2019*		8
1.83	Median Housing Unit Value	*dollars*	101800		148900	229800	*2016-2020*		1
1.83	People 65+ Living Alone	*percent*	28.6		28.3	26.3	*2016-2020*		1

1.81	Child Abuse Rate	*cases/ 1,000 children*	23.4		20.8		*2017*		3
1.78	Workers Commuting by Public Transportation	*percent*	0.3	5.3	0.9	4.6	*2016-2020*	Black (0.6) White (0.3) Asian (0) AIAN (0) NHPI (0) Mult (0) Other (0) Hisp (0)	1
1.75	Workers who Drive Alone to Work	*percent*	84.4		81.3	74.9	*2016-2020*		1
1.67	Households with a Smartphone	*percent*	76.8		81.1	81.9	*2021*		7
1.67	Households with Wireless Phone Service	*percent*	95.8		96.9	97	*2020*		7
1.64	Average Daily Jail Population	*offenders*	2				*2021*		11
1.58	Children Living Below Poverty Level	*percent*	19.3		17.6	17.5	*2016-2020*		1
1.58	Social and Economic Factors Ranking		52				*2021*		8

1.50	Median Monthly Owner Costs for Households without a Mortgage	*dollars*	386		416	509	*2016-2020*		1
1.50	People Living Below Poverty Level	*percent*	13.9	8	12.9	12.8	*2016-2020*		1
1.42	Households with an Internet Subscription	*percent*	78.8		83.5	85.5	*2016-2020*		1
1.42	Households with One or More Types of Computing Devices	*percent*	87.6		90.3	91.9	*2016-2020*		1
1.42	Persons with an Internet Subscription	*percent*	81.8		86.9	88.5	*2016-2020*		1
1.42	Persons with Health Insurance	*percent*	91	92.1	89.7		*2019*		21
1.36	Adults Admitted into Correctional Facilities	*adults*	66				*2021*		11

1.36	Juveniles Admitted into Correctional Facilities	*juveniles*	0				*2021*		11
1.33	Voter Turnout: Presidential Election	*percent*	68		65		*2020*		12
1.25	Social Associations	*membership associations / 10,000 population*	13.9		12.3	9.3	*2018*		8
1.06	Median Household Gross Rent	*dollars*	697		844	1096	*2016-2020*		1
1.03	People 25+ with a High School Degree or Higher	*percent*	90.2		89.3	88.5	*2016-2020*		1
1.00	Households with No Car and Low Access to a Grocery Store	*percent*	1.2				*2015*		22
0.97	Total Employment Change	*percent*	1.8		0.6	1.6	*2018-2019*		20

0.89	Alcohol-Impaired Driving Deaths	*percent of driving deaths with alcohol involvement*	18	28.3	18.8	27	*2015-2019*		8
0.86	Homeownership	*percent*	64.5		62.3	56.9	*2016-2020*		1
0.61	Mortgaged Owners Median Monthly Household Costs	*dollars*	932		1155	1621	*2016-2020*		1
0.61	Violent Crime Rate	*crimes/ 100,000 population*	15.9		385.1	386.5	*2014-2016*		8
0.53	Households without a Vehicle	*percent*	3.9		6.3	8.5	*2016-2020*		1
0.42	Single-Parent Households	*percent*	19.8		24.9	25.3	*2016-2020*		1
0.36	Linguistic Isolation	*percent*	0		1.7	4.3	*2016-2020*		1
SCORE	**COUNTY HEALTH RANKINGS**	UNITS	HENRY COUNTY	HP2030	Indiana	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
1.58	Clinical Care Ranking		69				*2021*		8

1.58	Morbidity Ranking		52				*2021*		8
1.58	Mortality Ranking		58				*2021*		8
1.58	Social and Economic Factors Ranking		52				*2021*		8
1.42	Health Behaviors Ranking		38				*2021*		8
1.25	Physical Environment Ranking		4				*2021*		8
SCORE	**DIABETES**	UNITS	HENRY COUNTY	HP2030	Indiana	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.03	Age-Adjusted Death Rate due to Diabetes	*deaths/ 100,000 population*	31.7		26.9	22.6	*2018-2020*		5
1.69	Diabetes: Medicare Population	*percent*	28.2		27.8	27	*2018*		6
0.75	Adults 20+ with Diabetes	*percent*	8				*2019*		5
SCORE	**ECONOMY**	UNITS	HENRY COUNTY	HP2030	Indiana	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source

2.75	Households with Cash Public Assistance Income	*percent*	2.9		1.7	2.4	*2016-2020*		1
2.64	Youth not in School or Working	*percent*	3.8		1.9	1.8	*2016-2020*		1
2.47	Population 16+ in Civilian Labor Force	*percent*	50.7		60.7	59.6	*2016-2020*		1
2.33	Child Food Insecurity Rate	*percent*	18.3		15.3	14.6	*2019*		9
2.33	Food Insecurity Rate	*percent*	14.4		12.4	10.9	*2019*		9
2.08	Homeowner Vacancy Rate	*percent*	2.4		1.3	1.4	*2016-2020*		1
2.08	Households with a 401k Plan	*percent*	32.1		37.5	39.2	*2021*		7
2.08	Projected Child Food Insecurity Rate	*percent*	19.9		16.6		*2021*		9
2.08	Projected Food Insecurity Rate	*percent*	15.4		13.3		*2021*		9

2.03	Young Children Living Below Poverty Level	*percent*	23.4		19.9	19.1	*2016-2020*	Black (100) White (19.8) Asian (100) Mult (55.7) Hisp (14.7)	1
1.92	Households that Used Check Cashing, Cash Advance, or Title Loan Shops	*percent*	6.9		6.3	6	*2021*		7
1.92	Median Household Income	*dollars*	51104		58235	64994	*2016-2020*		1
1.92	Overcrowded Households	*percent of households*	1.6		1.6		*2016-2020*		1
1.92	Per Capita Income	*dollars*	25417		30693	35384	*2016-2020*		1
1.92	Size of Labor Force	*persons*	21523				*November 2021*		19
1.86	Female Population 16+ in Civilian Labor Force	*percent*	53.3		59	58.4	*2016-2020*		1

1.83	Households that are Below the Federal Poverty Level	*percent*	14.2		13		*2018*		24
1.83	Median Housing Unit Value	*dollars*	101800		148900	229800	*2016-2020*		1
1.81	People 65+ Living Below Poverty Level	*percent*	8.5		7.4	9.3	*2016-2020*	Black (0) White (8.6) AIAN (0) Mult (0) Other (0) Hisp (16.2)	1
1.75	Families Living Below Poverty Level	*percent*	10.6		8.9	9.1	*2016-2020*	Black (35.6) White (10.2) Asian (0) AIAN (0) Mult (40.5) Other (0) Hisp (37.5)	1
1.69	People Living 200% Above Poverty Level	*percent*	65.5		69.4	70.2	*2016-2020*		1
1.67	Households that are Above the Asset Limited,	*percent*	61.3		63		*2018*		24

	Income Constrained, Employed (ALICE) Threshold								
1.67	Households that are Asset Limited, Income Constrained, Employed (ALICE)	*percent*	24.5		24		*2018*		24
1.67	Households with a Savings Account	*percent*	65.5		68.8	70.2	*2021*		7
1.64	People 65+ Living Below Poverty Level (Count)	*people*	734				*2016-2020*		1
1.58	Children Living Below Poverty Level	*percent*	19.3		17.6	17.5	*2016-2020*		1
1.58	Social and Economic Factors Ranking		52				*2021*		8
1.50	Median Monthly Owner Costs	*dollars*	386		416	509	*2016-2020*		1

	for Households without a Mortgage								
1.50	People Living Below Poverty Level	*percent*	13.9	8	12.9	12.8	*2016-2020*		1
1.33	Adults who Feel Overwhelmed by Financial Burdens	*percent*	14.4		14.7	14.4	*2021*		7
1.25	Students Eligible for the Free Lunch Program	*percent*	41.8		41.8	38.5	*2020-2021*		16
1.06	Median Household Gross Rent	*dollars*	697		844	1096	*2016-2020*		1
1.03	Persons with Disability Living in Poverty (5-year)	*percent*	25.2		26.3	25.4	*2016-2020*		1
1.03	SNAP Certified Stores	*stores/ 1,000 population*	0.9				*2017*		22
1.00	Income Inequality		0.4		0.5	0.5	*2016-2020*		1

1.00	Low-Income and Low Access to a Grocery Store	*percent*	1.4				*2015*		22
0.97	Total Employment Change	*percent*	1.8		0.6	1.6	*2018-2019*		20
0.92	Households with Student Loans Debt	*percent*	8.4		10.9	11.1	*2021*		7
0.86	Homeownership	*percent*	64.5		62.3	56.9	*2016-2020*		1
0.86	Renters Spending 30% or More of Household Income on Rent	*percent*	41.5		46	49.1	*2016-2020*		1
0.61	Mortgaged Owners Median Monthly Household Costs	*dollars*	932		1155	1621	*2016-2020*		1
0.58	Severe Housing Problems	*percent*	11.3		12.9	18	*2013-2017*		8
0.58	Unemployed Workers in	*percent*	2.1		2.1	3.9	*November 2021*		19

	Civilian Labor Force								
0.50	Food Insecure Children Likely Ineligible for Assistance	*percent*	14		28	23	*2019*		9
SCORE	**EDUCATION**	UNITS	HENRY COUNTY	HP2030	Indiana	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.31	People 25+ with a Bachelor's Degree or Higher	*percent*	16.4		27.2	32.9	*2016-2020*		1
1.81	8th Grade Students Proficient in Math	*percent*	52.4		54.4		*2017*		3
1.47	4th Grade Students Proficient in Math	*percent*	65.3		61.2		*2017*		3
1.47	8th Grade Students Proficient in English/Language Arts	*percent*	63.3		60.7		*2017*		3

1.31	4th Grade Students Proficient in English/Language Arts	*percent*	71.3		64.9		*2017*		3
1.06	High School Graduation	*percent*	93.6	90.7	88.7	84.6	*2017*		3
1.03	People 25+ with a High School Degree or Higher	*percent*	90.2		89.3	88.5	*2016-2020*		1
0.53	Student-to-Teacher Ratio	*students/ teacher*	13.7		15.7	16.3	*2020-2021*		16
SCORE	**ENVIRONMENTAL HEALTH**	UNITS	HENRY COUNTY	HP2030	Indiana	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.92	Houses Built Prior to 1950	*percent*	38.9		22.5	17.2	*2016-2020*		1
2.47	Liquor Store Density	*stores/ 100,000 population*	18.8		12.2	10.5	*2019*		20
2.17	Access to Exercise Opportunities	*percent*	63.3		75.2	84	*2020*		8

2.00	Asthma: Medicare Population	*percent*	4.9		4.9	5	*2018*		6
1.92	Adults with Current Asthma	*percent*	10.1			8.9	*2019*		4
1.92	Overcrowde d Households	*percent of households*	1.6		1.6		*2016-2020*		1
1.81	Grocery Store Density	*stores/ 1,000 population*	0.1				*2016*		22
1.72	Annual Particle Pollution		B				*2017-2019*		2
1.64	Number of Extreme Heat Events	*events*	16				*2019*		18
1.64	Weeks of Moderate Drought or Worse	*weeks per year*	2				*2020*		18
1.50	WIC Certified Stores	*stores/ 1,000 population*	0.1				*2016*		22
1.47	Fast Food Restaurant Density	*restaurants/ 1,000 population*	0.6				*2016*		22

1.36	Number of Extreme Heat Days	*days*	21				*2019*		18
1.36	Number of Extreme Precipitation Days	*days*	28				*2019*		18
1.36	Recognized Carcinogens Released into Air	*pounds*	139.9				*2020*		23
1.33	Farmers Market Density	*markets/ 1,000 population*	0				*2018*		22
1.33	Recreation and Fitness Facilities	*facilities/ 1,000 population*	0.1				*2016*		22
1.25	Physical Environment Ranking		4				*2021*		8
1.17	People 65+ with Low Access to a Grocery Store	*percent*	0.9				*2015*		22
1.14	Food Environment Index		7.9		7	7.8	*2021*		8
1.08	PBT Released	*pounds*	2547.9				*2020*		23

1.03	SNAP Certified Stores	*stores/ 1,000 population*	0.9				*2017*		22
1.00	Children with Low Access to a Grocery Store	*percent*	0.8				*2015*		22
1.00	Households with No Car and Low Access to a Grocery Store	*percent*	1.2				*2015*		22
1.00	Low-Income and Low Access to a Grocery Store	*percent*	1.4				*2015*		22
1.00	People with Low Access to a Grocery Store	*percent*	3.7				*2015*		22
0.58	Severe Housing Problems	*percent*	11.3		12.9	18	*2013-2017*		8
SCORE	**HEALTH CARE ACCESS & QUALITY**	UNITS	HENRY COUNTY	HP2030	Indiana	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source

1.78	Dentist Rate	*dentists/ 100,000 population*	37.5		57.1		*2019*		8
1.78	Primary Care Provider Rate	*providers/ 100,000 population*	39.4		66.8		*2018*		8
1.75	Adults who Visited a Dentist	*percent*	60.4			66.5	*2018*		4
1.61	Mental Health Provider Rate	*providers/ 100,000 population*	87.6		168.3		*2020*		8
1.58	Clinical Care Ranking		69				*2021*		8
1.42	Persons with Health Insurance	*percent*	91	92.1	89.7		*2019*		21
1.39	Adults with Health Insurance: 18-64	*percent*	89.7		88.3		*2019*		21
1.25	Adults who have had a Routine Checkup	*percent*	77.5			76.6	*2019*		4
1.22	Children with Health Insurance	*percent*	94.4		93		*2019*		21

0.83	Non-Physician Primary Care Provider Rate	*providers/ 100,000 population*	93.8		100.6		*2020*		8
SCORE	**HEART DISEASE & STROKE**	UNITS	HENRY COUNTY	HP2030	Indiana	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.64	Atrial Fibrillation: Medicare Population	*percent*	9.4		8.5	8.4	*2018*		6
2.25	Ischemic Heart Disease: Medicare Population	*percent*	28.9		28.3	26.8	*2018*		6
2.19	Stroke: Medicare Population	*percent*	4.1		3.7	3.8	*2018*		6
2.17	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	*deaths/ 100,000 population*	52.4	33.4	40.4	37.6	*2018-2020*		5
2.17	High Blood Pressure Prevalence	*percent*	39.4	27.7		32.6	*2019*		4

2.08	Adults who Experienced Coronary Heart Disease	*percent*	8.3			6.2	*2019*		4
1.94	Age-Adjusted Death Rate due to Coronary Heart Disease	*deaths/ 100,000 population*	102.6	71.1	95.8	90.2	*2018-2020*		5
1.92	Adults who Experienced a Stroke	*percent*	4.1			3.4	*2019*		4
1.92	High Cholesterol Prevalence: Adults 18+	*percent*	36.6			33.6	*2019*		4
1.86	Age-Adjusted Death Rate due to Heart Attack	*deaths/ 100,000 population 35+ years*	85.5		62.5		*2019*		18
1.83	Hyperlipidemia: Medicare Population	*percent*	49.7		47.9	47.7	*2018*		6
1.75	Cholesterol Test History	*percent*	84.9			87.6	*2019*		4
1.69	Hypertension: Medicare Population	*percent*	60.4		59.6	57.2	*2018*		6

1.64	Heart Failure: Medicare Population	*percent*	14.5		15.1	14	*2018*		6
1.42	Adults who Have Taken Medications for High Blood Pressure	*percent*	78.7			76.2	*2019*		4
SCORE	**IMMUNIZATIONS & INFECTIOUS DISEASES**	UNITS	HENRY COUNTY	HP2030	Indiana	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
1.92	Overcrowded Households	*percent of households*	1.6		1.6		*2016-2020*		1
1.92	Salmonella Infection Incidence Rate	*cases/ 100,000 population*	14.5	11.1	11.9		*2018*		13
1.83	Adults who Agree Vaccine Benefits Outweigh Possible Risks	*Percent*	46.9		48.2	49.4	*2021*		7

1.58	Gonorrhea Incidence Rate	*cases/ 100,000 population*	112.6		177.1	187.8	*2019*		17
1.58	Hepatitis C Prevalence	*Rate per 100,000 population*	108.4		72.6		*2020*		13
1.53	COVID-19 Daily Average Incidence Rate	*cases per 100,000 population*	2.7		1.3	6.5	*April 15 2022*		10
1.25	Age-Adjusted Death Rate due to Influenza and Pneumonia	*deaths/ 100,000 population*	14.4		12.7	13.4	*2018-2020*		5
1.19	Persons Fully Vaccinated Against COVID-19	*percent*	52				*April 1 2022*		5
0.97	Chlamydia Incidence Rate	*cases/ 100,000 population*	233.5		526.3	551	*2019*		17
0.36	COVID-19 Daily Average Case-Fatality Rate	*deaths per 100 cases*	0		2.2	8.1	*April 15 2022*		10

SCORE	MATERNAL, FETAL & INFANT HEALTH	UNITS	HENRY COUNTY	HP2030	Indiana	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.19	Mothers who Smoked During Pregnancy	*percent*	22.2	4.3	11.8	5.9	*2019*		13
1.97	Infant Mortality Rate	*deaths/ 1,000 live births*	7.2	5	7.2	5.8	*2014-2018*		13
1.83	Preterm Births (OE)	*percent*	10.7	9.4	10.1	10	*2019*		13
1.78	Teen Birth Rate: 15-19	*live births/ 1,000 females aged 15-19*	23.1		20.7	16.7	*2019*		13
1.75	Preterm Births	*percent*	10.7	9.4	10.1		*2019*		13
1.58	Babies with Low Birth Weight	*percent*	8.3		8.2	8.3	*2019*		13
1.50	WIC Certified Stores	*stores/ 1,000 population*	0.1				*2016*		22
0.94	Mothers who Received Early Prenatal Care	*percent*	77.6		68.9	75.8	*2019*		13

SCORE	**MENTAL HEALTH & MENTAL DISORDERS**	UNITS	HENRY COUNTY	HP2030	Indiana	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.50	Depression: Medicare Population	*percent*	23.8		21.1	18.4	*2018*		6
2.47	Age-Adjusted Death Rate due to Alzheimer's Disease	*deaths/ 100,000 population*	40.5		33.1	31	*2018-2020*		5
2.31	Age-Adjusted Death Rate due to Suicide	*deaths/ 100,000 population*	19.8	12.8	15.1	13.9	*2018-2020*		5
1.92	Adults Ever Diagnosed with Depression	*percent*	23.1			18.8	*2019*		4
1.92	Poor Mental Health: 14+ Days	*percent*	16.1			13.6	*2019*		4
1.83	Poor Mental Health: Average Number of Days	*days*	4.9		4.7	4.1	*2018*		8

1.61	Mental Health Provider Rate	*providers/ 100,000 population*	87.6		168.3		*2020*		8
1.47	Alzheimer's Disease or Dementia: Medicare Population	*percent*	10.4		11	10.8	*2018*		6
SCORE	**NUTRITION & HEALTHY EATING**	UNITS	HENRY COUNTY	HP2030	Indiana	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
1.75	Adults who Frequently Cook Meals at Home	*Percent*	32.9		33.6	34.4	*2021*		7
1.67	Adult Sugar-Sweetened Beverage Consumption: Past 7 Days	*percent*	82.2		81.6	80.4	*2021*		7
1.67	Adults Who Frequently Used Quick Service Restaurants: Past 30 Days	*Percent*	41.6		42.3	41.2	*2021*		7

1.50	WIC Certified Stores	*stores/ 1,000 population*	0.1				*2016*		22
SCORE	**OLDER ADULTS**	UNITS	HENRY COUNTY	HP2030	Indiana	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.64	Atrial Fibrillation: Medicare Population	*percent*	9.4		8.5	8.4	*2018*		6
2.50	Depression: Medicare Population	*percent*	23.8		21.1	18.4	*2018*		6
2.47	Age-Adjusted Death Rate due to Alzheimer's Disease	*deaths/ 100,000 population*	40.5		33.1	31	*2018-2020*		5
2.25	Ischemic Heart Disease: Medicare Population	*percent*	28.9		28.3	26.8	*2018*		6
2.19	Stroke: Medicare Population	*percent*	4.1		3.7	3.8	*2018*		6
2.08	Adults 65+ who Received Recommend	*percent*	25.8			32.4	*2018*		4

	ed Preventive Services: Males								
2.08	Adults with Arthritis	*percent*	30.3			25.1	*2019*		4
2.00	Asthma: Medicare Population	*percent*	4.9		4.9	5	*2018*		6
1.92	Adults 65+ with Total Tooth Loss	*percent*	19.1			13.5	*2018*		4
1.83	Hyperlipidemia: Medicare Population	*percent*	49.7		47.9	47.7	*2018*		6
1.83	People 65+ Living Alone	*percent*	28.6		28.3	26.3	*2016-2020*		1
1.81	People 65+ Living Below Poverty Level	*percent*	8.5		7.4	9.3	*2016-2020*	Black (0) White (8.6) AIAN (0) Mult (0) Other (0) Hisp (16.2)	1
1.69	Diabetes: Medicare Population	*percent*	28.2		27.8	27	*2018*		6
1.69	Hypertension: Medicare Population	*percent*	60.4		59.6	57.2	*2018*		6

1.67	Colon Cancer Screening	*percent*	63	74.4		66.4	*2018*		4
1.64	Heart Failure: Medicare Population	*percent*	14.5		15.1	14	*2018*		6
1.64	Osteoporosis : Medicare Population	*percent*	6.1		6.3	6.6	*2018*		6
1.64	People 65+ Living Below Poverty Level (Count)	*people*	734				*2016-2020*		1
1.64	Rheumatoid Arthritis or Osteoarthriti s: Medicare Population	*percent*	34.4		35	33.5	*2018*		6
1.53	COPD: Medicare Population	*percent*	14.1		14.3	11.5	*2018*		6
1.47	Alzheimer's Disease or Dementia: Medicare Population	*percent*	10.4		11	10.8	*2018*		6
1.47	Cancer: Medicare Population	*percent*	7.6		8	8.4	*2018*		6

1.25	Adults 65+ who Received Recommended Preventive Services: Females	*percent*	29.6			28.4	*2018*		4
1.17	People 65+ with Low Access to a Grocery Store	*percent*	0.9				*2015*		22
0.97	Chronic Kidney Disease: Medicare Population	*percent*	22.4		25.5	24.5	*2018*		6

SCORE	**ORAL HEALTH**	UNITS	HENRY COUNTY	HP2030	Indiana	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
1.92	Adults 65+ with Total Tooth Loss	*percent*	19.1			13.5	*2018*		4
1.86	Oral Cavity and Pharynx Cancer Incidence Rate	*cases/ 100,000 population*	13.4		12.8	11.9	*2014-2018*		15

1.78	Dentist Rate	*dentists/ 100,000 population*	37.5		57.1		*2019*		8
1.75	Adults who Visited a Dentist	*percent*	60.4			66.5	*2018*		4
SCORE	**OTHER CONDITIONS**	UNITS	HENRY COUNTY	HP2030	Indiana	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.08	Adults with Arthritis	*percent*	30.3			25.1	*2019*		4
1.64	Osteoporosis: Medicare Population	*percent*	6.1		6.3	6.6	*2018*		6
1.64	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	*percent*	34.4		35	33.5	*2018*		6
1.58	Adults with Kidney Disease	*Percent of adults*	3.4			3.1	*2019*		4
1.53	Age-Adjusted Death Rate due to Kidney Disease	*deaths/ 100,000 population*	17.2		17.4	12.8	*2018-2020*		5
0.97	Chronic Kidney Disease:	*percent*	22.4		25.5	24.5	*2018*		6

SCORE	Medicare Population								
SCORE	**PHYSICAL ACTIVITY**	UNITS	HENRY COUNTY	HP2030	Indiana	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.64	Workers who Walk to Work	*percent*	1		2.1	2.6	*2016-2020*		1
2.17	Access to Exercise Opportunitie s	*percent*	63.3		75.2	84	*2020*		8
1.97	Adults 20+ who are Sedentary	*percent*	26.3				*2019*		5
1.92	Adults who Follow a Regular Exercise Routine	*Percent*	18.8		21.2	23.3	*2021*		7
1.81	Grocery Store Density	*stores/ 1,000 population*	0.1				*2016*		22
1.67	Adult Sugar-Sweetened Beverage Consumption : Past 7 Days	*percent*	82.2		81.6	80.4	*2021*		7

1.58	Adults 20+ Who Are Obese	*percent*	30.4	36			*2019*		5
1.47	Fast Food Restaurant Density	*restaurants/ 1,000 population*	0.6				*2016*		22
1.42	Health Behaviors Ranking		38				*2021*		8
1.33	Farmers Market Density	*markets/ 1,000 population*	0				*2018*		22
1.33	Recreation and Fitness Facilities	*facilities/ 1,000 population*	0.1				*2016*		22
1.17	People 65+ with Low Access to a Grocery Store	*percent*	0.9				*2015*		22
1.14	Food Environment Index		7.9		7	7.8	*2021*		8
1.03	SNAP Certified Stores	*stores/ 1,000 population*	0.9				*2017*		22
1.00	Children with Low Access to a Grocery Store	*percent*	0.8				*2015*		22

1.00	Households with No Car and Low Access to a Grocery Store	*percent*	1.2				*2015*		22
1.00	Low-Income and Low Access to a Grocery Store	*percent*	1.4				*2015*		22
1.00	People with Low Access to a Grocery Store	*percent*	3.7				*2015*		22
SCORE	**PREVENTION & SAFETY**	UNITS	HENRY COUNTY	HP2030	Indiana	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.50	Age-Adjusted Death Rate due to Unintentional Injuries	*deaths/ 100,000 population*	63.9	43.2	59.4	51.6	*2018-2020*		5
1.31	Death Rate due to Drug Poisoning	*deaths/ 100,000 population*	20		25.8	21	*2017-2019*		8
0.81	Age-Adjusted Death Rate due to	*deaths/ 100,000 population*	20.6		29.6	23.5	*2018-2020*		5

	Unintentional Poisonings								
0.58	Severe Housing Problems	*percent*	11.3		12.9	18	*2013-2017*		8
SCORE	**RESPIRATORY DISEASES**	UNITS	HENRY COUNTY	HP2030	Indiana	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.42	Adults who Smoke	*percent*	24.9	5	21.7	17	*2018*		8
2.36	Lung and Bronchus Cancer Incidence Rate	*cases/ 100,000 population*	78.7		69.9	57.3	*2014-2018*		15
2.28	Age-Adjusted Death Rate due to Lung Cancer	*deaths/ 100,000 population*	52.5	25.1	46.7	36.7	*2015-2019*		15
2.19	Age-Adjusted Death Rate due to Chronic Lower Respiratory Diseases	*deaths/ 100,000 population*	66.4		55.6	38.1	*2018-2020*		5
2.08	Adults with COPD	*Percent of adults*	10.3			6.6	*2019*		4

2.00	Asthma: Medicare Population	*percent*	4.9		4.9	5	*2018*		6
1.92	Adults with Current Asthma	*percent*	10.1			8.9	*2019*		4
1.83	Adults Who Used Smokeless Tobacco: Past 30 Days	*percent*	3.2		2.6	2	*2021*		7
1.53	COPD: Medicare Population	*percent*	14.1		14.3	11.5	*2018*		6
1.53	COVID-19 Daily Average Incidence Rate	*cases per 100,000 population*	2.7		1.3	6.5	*April 15 2022*		10
1.33	Adults Who Used Electronic Cigarettes: Past 30 Days	*percent*	4.5		4.5	4.1	*2021*		7
1.25	Age-Adjusted Death Rate due to Influenza and Pneumonia	*deaths/ 100,000 population*	14.4		12.7	13.4	*2018-2020*		5

0.36	COVID-19 Daily Average Case-Fatality Rate	*deaths per 100 cases*	0		2.2	8.1	*April 15 2022*		10
SCORE	**TOBACCO USE**	UNITS	HENRY COUNTY	HP2030	Indiana	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.42	Adults who Smoke	*percent*	24.9	5	21.7	17	*2018*		8
1.83	Adults Who Used Smokeless Tobacco: Past 30 Days	*percent*	3.2		2.6	2	*2021*		7
1.33	Adults Who Used Electronic Cigarettes: Past 30 Days	*percent*	4.5		4.5	4.1	*2021*		7
SCORE	**WELLNESS & LIFESTYLE**	UNITS	HENRY COUNTY	HP2030	Indiana	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.17	High Blood Pressure Prevalence	*percent*	39.4	27.7		32.6	*2019*		4
2.17	Poor Physical Health: Average	*days*	4.4		4	3.7	*2018*		8

	Number of Days								
2.08	Insufficient Sleep	*percent*	38.4	31.4	38	35	*2018*		8
2.00	Life Expectancy	*years*	75.8		77.1	79.2	*2017-2019*		8
1.92	Adults who Follow a Regular Exercise Routine	*Percent*	18.8		21.2	23.3	*2021*		7
1.92	Poor Physical Health: 14+ Days	*percent*	15.8			12.5	*2019*		4
1.92	Self-Reported General Health Assessment: Poor or Fair	*percent*	22.6			18.6	*2019*		4
1.83	Adults who Agree Vaccine Benefits Outweigh Possible Risks	*Percent*	46.9		48.2	49.4	*2021*		7
1.75	Adults who Frequently	*Percent*	32.9		33.6	34.4	*2021*		7

	Cook Meals at Home								
1.67	Adult Sugar-Sweetened Beverage Consumption: Past 7 Days	*percent*	82.2		81.6	80.4	*2021*		7
1.67	Adults Who Frequently Used Quick Service Restaurants: Past 30 Days	*Percent*	41.6		42.3	41.2	*2021*		7
1.58	Morbidity Ranking		52				*2021*		8
SCORE	**WOMEN'S HEALTH**	UNITS	HENRY COUNTY	HP2030	Indiana	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.44	Age-Adjusted Death Rate due to Breast Cancer	*deaths/ 100,000 females*	24.7	15.3	20.4	19.9	*2015-2019*		15
2.25	Breast Cancer Incidence Rate	*cases/ 100,000 females*	127		124.5	126.8	*2014-2018*		15
1.61	Cervical Cancer Screening: 21-65	*Percent*	83.5	84.3		84.7	*2018*		4

1.61	Mammogram in Past 2 Years: 50-74	*percent*	70.4	77.1		74.8	*2018*		4

Preble County Indicator Scores

SCORE	**ALCOHOL & DRUG USE**	UNITS	PREBLE COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.50	Death Rate due to Drug Poisoning	*deaths/ 100,000 population*	46.3		38.1	21	*2017-2019*		8
2.31	Mothers who Smoked During Pregnancy	*percent*	18.1	4.3	11.5	5.5	*2020*		16
2.17	Age-Adjusted Drug and Opioid-Involved Overdose Death Rate	*Deaths per 100,000 population*	43		40.4	23.5	*2018-2020*		5
2.00	Adults who Drink Excessively	*percent*	19.6		18.5	19	*2018*		8
1.75	Adults who Binge Drink	*percent*	16.9			16.7	*2019*		4
1.47	Liquor Store Density	*stores/ 100,000 population*	7.3		6.1	10.6	*2017*		20
1.42	Health Behaviors Ranking		37				*2021*		8
0.00	Alcohol-Impaired Driving Deaths	*percent of driving deaths with alcohol*	18.5	28.3	32.2	27	*2015-2019*		8

SCORE	CANCER	UNITS	PREBLE COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
		involvement							
2.92	Lung and Bronchus Cancer Incidence Rate	*cases/ 100,000 population*	90.2		67.3	57.3	*2014-2018*		11
2.75	All Cancer Incidence Rate	*cases/ 100,000 population*	493.7		467.5	448.6	*2014-2018*		11
2.72	Age-Adjusted Death Rate due to Breast Cancer	*deaths/ 100,000 females*	28.2	15.3	21.6	19.9	*2015-2019*		11
2.56	Age-Adjusted Death Rate due to Lung Cancer	*deaths/ 100,000 population*	52.7	25.1	45	36.7	*2015-2019*		11
2.28	Age-Adjusted Death Rate due to Cancer	*deaths/ 100,000 population*	184.9	122.7	169.4	152.4	*2015-2019*		11
2.25	Age-Adjusted Death Rate due to Colorectal Cancer	*deaths/ 100,000 population*	16.8	8.9	14.8	13.4	*2015-2019*		11
2.08	Adults with Cancer	*percent*	8.6			7.1	*2019*		4
1.64	Breast Cancer Incidence Rate	*cases/ 100,000 females*	123.9		129.6	126.8	*2014-2018*		11
1.61	Mammogram in Past 2 Years: 50-74	*percent*	72.4	77.1		74.8	*2018*		4

1.50	Colon Cancer Screening	*percent*	64.4	74.4		66.4	*2018*		4
1.22	Cervical Cancer Screening: 21-65	*Percent*	84.5	84.3		84.7	*2018*		4
1.14	Cancer: Medicare Population	*percent*	7.5		8.4	8.4	*2018*		6
1.06	Age-Adjusted Death Rate due to Prostate Cancer	*deaths/ 100,000 males*	18	16.9	19.4	18.9	*2015-2019*		11
0.92	Colorectal Cancer Incidence Rate	*cases/ 100,000 population*	41.3		41.3	38	*2014-2018*		11
0.53	Oral Cavity and Pharynx Cancer Incidence Rate	*cases/ 100,000 population*	10.8		12.2	11.9	*2014-2018*		11
0.08	Prostate Cancer Incidence Rate	*cases/ 100,000 males*	85.6		107.2	106.2	*2014-2018*		11
SCORE	**CHILDREN'S HEALTH**	UNITS	PREBLE COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.00	Child Abuse Rate (HP2020)	*cases/ 1,000 children*	9.4	8.7	6.8		*2020*		3
2.00	Food Insecure Children Likely Ineligible for Assistance	*percent*	30		32	23	*2019*		9
1.56	Children with Health Insurance	*percent*	94.9		95.1		*2019*		21

1.17	Child Food Insecurity Rate	*percent*	15		17.4	14.6	*2019*		9
1.08	Projected Child Food Insecurity Rate	*percent*	15.7		18.5		*2021*		9
1.00	Children with Low Access to a Grocery Store	*percent*	0.1				*2015*		22
SCORE	**COMMUNITY**	UNITS	PREBLE COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.75	Workers who Drive Alone to Work	*percent*	86.9		81.5	74.9	*2016-2020*		1
2.64	Solo Drivers with a Long Commute	*percent*	41.3		31.1	37	*2015-2019*		8
2.56	Workers Commuting by Public Transportation	*percent*	0	5.3	1.4	4.6	*2016-2020*		1
2.31	Workers who Walk to Work	*percent*	1.7		2.2	2.6	*2016-2020*	Black (0) White (1.5) Asian (0) AIAN (0) Mult (6.3) Other (0) Hisp (7.5)	1
2.28	Age-Adjusted Death Rate due to Motor Vehicle Traffic Collisions	*deaths/ 100,000 population*	21.9	10.1	10.3	11.4	*2018-2020*		5
2.19	Social Associations	*membershi p*	8.3		11	9.3	*2018*		8

		associations/ 10,000 population							
2.03	Youth not in School or Working	*percent*	2.3		1.9	1.8	*2016-2020*		1
2.00	Child Abuse Rate (HP2020)	*cases/ 1,000 children*	9.4	8.7	6.8		*2020*		3
1.97	Mean Travel Time to Work	*minutes*	26.8		23.7	26.9	*2016-2020*		1
1.92	People 65+ Living Alone (Count)	*people*	1937				*2016-2020*		1
1.81	Female Population 16+ in Civilian Labor Force	*percent*	55.4		58.9	58.4	*2016-2020*		1
1.67	Households with a Smartphone	*percent*	78.3		80.5	81.9	*2021*		7
1.67	Households with Wireless Phone Service	*percent*	95.8		96.8	97	*2020*		7
1.58	People 25+ with a Bachelor's Degree or Higher	*percent*	18.2		28.9	32.9	*2016-2020*		1
1.50	Median Housing Unit Value	*dollars*	133900		151400	229800	*2016-2020*		1
1.47	Population 16+ in Civilian Labor Force	*percent*	59.6		59.7	59.6	*2016-2020*		1
1.42	Social and Economic Factors Ranking		31				*2021*		8

1.36	Persons with Health Insurance	*percent*	92.1	92.1	92.1		*2019*		21
1.33	Households with No Car and Low Access to a Grocery Store	*percent*	2.3				*2015*		22
1.25	Households with One or More Types of Computing Devices	*percent*	89.4		90.7	91.9	*2016-2020*		1
1.25	People 65+ Living Alone	*percent*	24.7		29.4	26.3	*2016-2020*		1
1.25	Per Capita Income	*dollars*	29769		32465	35384	*2016-2020*		1
1.22	Median Household Gross Rent	*dollars*	736		825	1096	*2016-2020*		1
1.19	People 25+ with a High School Degree or Higher	*percent*	90.5		90.8	88.5	*2016-2020*		1
1.08	Households with an Internet Subscription	*percent*	83.3		84.9	85.5	*2016-2020*		1
1.08	Persons with an Internet Subscription	*percent*	87.3		88.3	88.5	*2016-2020*		1
1.06	Mortgaged Owners Median Monthly Household Costs	*dollars*	1107		1286	1621	*2016-2020*		1
1.03	Voter Turnout: Presidential Election	*percent*	76.7		74		*2020*		18

0.92	Median Household Income	*dollars*	61339		58116	64994	*2016-2020*		1
0.92	Violent Crime Rate	*crimes/ 100,000 population*	80		303.5	394	*2017*		17
0.78	Median Monthly Owner Costs for Households without a Mortgage	*dollars*	426		480	509	*2016-2020*		1
0.69	Households without a Vehicle	*percent*	4.9		7.8	8.5	*2016-2020*		1
0.50	Total Employment Change	*percent*	3.5		0.8	1.6	*2018-2019*		20
0.36	Linguistic Isolation	*percent*	0		1.4	4.3	*2016-2020*		1
0.36	Single-Parent Households	*percent*	14.3		26.9	25.3	*2016-2020*		1
0.25	Young Children Living Below Poverty Level	*percent*	14.4		21.8	19.1	*2016-2020*		1
0.17	People Living Below Poverty Level	*percent*	9.2	8	13.6	12.8	*2016-2020*	Black (10.7) White (9.2) Asian (5.5) AIAN (0) NHPI (100) Mult (10) Other (0) Hisp (4.5)	1
0.08	Children Living Below Poverty Level	*percent*	12		19.1	17.5	*2016-2020*		1
0.08	Homeownership	*percent*	71.5		60	56.9	*2016-2020*		1

0.00	Alcohol-Impaired Driving Deaths	*percent of driving deaths with alcohol involvement*	18.5	28.3	32.2	27	*2015-2019*		8
SCORE	**COUNTY HEALTH RANKINGS**	UNITS	PREBLE COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
1.75	Mortality Ranking		68				*2021*		8
1.58	Clinical Care Ranking		63				*2021*		8
1.58	Morbidity Ranking		52				*2021*		8
1.42	Health Behaviors Ranking		37				*2021*		8
1.42	Social and Economic Factors Ranking		31				*2021*		8
1.25	Physical Environment Ranking		5				*2021*		8
SCORE	**DIABETES**	UNITS	PREBLE COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.42	Diabetes: Medicare Population	*percent*	29.8		27.2	27	*2018*		6
1.50	Age-Adjusted Death Rate due to Diabetes	*deaths/ 100,000 population*	26.2		26.4	22.6	*2018-2020*		5
1.36	Adults 20+ with Diabetes	*percent*	8.7				*2019*		5

SCORE	**ECONOMY**	UNITS	PREBLE COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.08	Households that Used Check Cashing, Cash Advance, or Title Loan Shops	*percent*	7		6.2	6	*2021*		7
2.03	Youth not in School or Working	*percent*	2.3		1.9	1.8	*2016-2020*		1
2.00	Food Insecure Children Likely Ineligible for Assistance	*percent*	30		32	23	*2019*		9
1.81	Female Population 16+ in Civilian Labor Force	*percent*	55.4		58.9	58.4	*2016-2020*		1
1.75	Households with a 401k Plan	*percent*	34.5		37	39.2	*2021*		7
1.69	SNAP Certified Stores	*stores/ 1,000 population*	0.7				*2017*		22
1.67	Students Eligible for the Free Lunch Program	*percent*	32		20.2	43.1	*2019-2020*		12
1.64	People 65+ Living Below Poverty Level (Count)	*people*	505				*2016-2020*		1
1.50	Food Insecurity Rate	*percent*	12.2		13.2	10.9	*2019*		9
1.50	Households with a Savings Account	*percent*	68.1		68.8	70.2	*2021*		7

1.50	Median Housing Unit Value	*dollars*	133900		151400	229800	*2016-2020*		1
1.47	Population 16+ in Civilian Labor Force	*percent*	59.6		59.7	59.6	*2016-2020*		1
1.42	Social and Economic Factors Ranking		31				*2021*		8
1.25	Per Capita Income	*dollars*	29769		32465	35384	*2016-2020*		1
1.25	Projected Food Insecurity Rate	*percent*	12.8		14.1		*2021*		9
1.22	Median Household Gross Rent	*dollars*	736		825	1096	*2016-2020*		1
1.17	Child Food Insecurity Rate	*percent*	15		17.4	14.6	*2019*		9
1.17	Households that are Below the Federal Poverty Level	*percent*	12		13.8		*2018*		23
1.08	Projected Child Food Insecurity Rate	*percent*	15.7		18.5		*2021*		9
1.08	Size of Labor Force	*persons*	21307				*44501*		19
1.06	Mortgaged Owners Median Monthly Household Costs	*dollars*	1107		1286	1621	*2016-2020*		1
1.03	Overcrowded Households	*percent of households*	1.1		1.4		*2016-2020*		1
1.00	Households that are Above the Asset Limited, Income Constrained,	*percent*	67.9		61.6		*2018*		23

	Employed (ALICE) Threshold								
1.00	Households that are Asset Limited, Income Constrained, Employed (ALICE)	*percent*	20.1		24.5		*2018*		23
1.00	Low-Income and Low Access to a Grocery Store	*percent*	0.2				*2015*		22
0.92	Households with Student Loans Debt	*percent*	8.6		10.5	11.1	*2021*		7
0.92	Median Household Income	*dollars*	61339		58116	64994	*2016-2020*		1
0.86	Homeowner Vacancy Rate	*percent*	1.2		1.3	1.4	*2016-2020*		1
0.86	Households with Cash Public Assistance Income	*percent*	2.1		2.8	2.4	*2016-2020*		1
0.86	Persons with Disability Living in Poverty (5-year)	*percent*	23		29.2	25.4	*2016-2020*		1
0.83	Adults who Feel Overwhelmed by Financial Burdens	*percent*	13.8		14.6	14.4	*2021*		7
0.81	People 65+ Living Below Poverty Level	*percent*	6.6		8.2	9.3	*2016-2020*		1
0.78	Median Monthly Owner Costs for	*dollars*	426		480	509	*2016-2020*		1

	Households without a Mortgage								
0.50	Income Inequality		0.4		0.5	0.5	*2016-2020*		1
0.50	Total Employment Change	*percent*	3.5		0.8	1.6	*2018-2019*		20
0.42	Families Living Below Poverty Level	*percent*	7.3		9.6	9.1	*2016-2020*		1
0.42	People Living 200% Above Poverty Level	*percent*	75.1		69.5	70.2	*2016-2020*		1
0.36	Severe Housing Problems	*percent*	10.3		13.7	18	*2013-2017*		8
0.25	Unemployed Workers in Civilian Labor Force	*percent*	2.8		3.4	3.9	*November 2021*		19
0.25	Young Children Living Below Poverty Level	*percent*	14.4		21.8	19.1	*2016-2020*		1
0.17	People Living Below Poverty Level	*percent*	9.2	8	13.6	12.8	*2016-2020*	Black (10.7) White (9.2) Asian (5.5) AIAN (0) NHPI (100) Mult (10) Other (0) Hisp (4.5)	1
0.08	Children Living Below Poverty Level	*percent*	12		19.1	17.5	*2016-2020*		1
0.08	Homeownership	*percent*	71.5		60	56.9	*2016-2020*		1
0.08	Renters Spending 30% or More of	*percent*	34.3		44.1	49.1	*2016-2020*		1

	Household Income on Rent								
SCORE	**EDUCATION**	UNITS	PREBLE COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
1.64	4th Grade Students Proficient in English/Language Arts	*percent*	58.6		56		*2020-2021*		14
1.58	People 25+ with a Bachelor's Degree or Higher	*percent*	18.2		28.9	32.9	*2016-2020*		1
1.50	8th Grade Students Proficient in Math	*percent*	46.1		42.6		*2020-2021*		14
1.47	8th Grade Students Proficient in English/Language Arts	*percent*	55.2		52.7		*2020-2021*		14
1.42	Student-to-Teacher Ratio	*students/ teacher*	16.4		16.3	16.3	*2020-2021*		12
1.31	4th Grade Students Proficient in Math	*percent*	68.4		59.4		*2020-2021*		14
1.19	People 25+ with a High School Degree or Higher	*percent*	90.5		90.8	88.5	*2016-2020*		1
1.17	High School Graduation	*percent*	94.5	90.7	92		*2019-2020*		14
SCORE	**ENVIRONMENTAL HEALTH**	UNITS	PREBLE COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source

2.50	Access to Exercise Opportunities	*percent*	41.8		83.9	84	*2020*		8
2.33	Houses Built Prior to 1950	*percent*	31.2		26	17.2	*2016-2020*		1
2.00	Grocery Store Density	*stores/ 1,000 population*	0.1				*2016*		22
1.83	Recreation and Fitness Facilities	*facilities/ 1,000 population*	0				*2016*		22
1.75	Adults with Current Asthma	*percent*	10.1			8.9	*2019*		4
1.72	Annual Particle Pollution	*grade*	B				*2017-2019*		2
1.69	SNAP Certified Stores	*stores/ 1,000 population*	0.7				*2017*		22
1.64	Number of Extreme Heat Events	*events*	20				*2019*		13
1.64	Weeks of Moderate Drought or Worse	*weeks per year*	2				*2020*		13
1.50	WIC Certified Stores	*stores/ 1,000 population*	0.1				*2016*		22
1.47	Liquor Store Density	*stores/ 100,000 population*	7.3		6.1	10.6	*2017*		20
1.36	Number of Extreme Heat Days	*days*	24				*2019*		13

1.36	Number of Extreme Precipitation Days	*days*	25				*2019*		13
1.33	Farmers Market Density	*markets/ 1,000 population*	0				*2018*		22
1.33	Households with No Car and Low Access to a Grocery Store	*percent*	2.3				*2015*		22
1.31	Fast Food Restaurant Density	*restaurants / 1,000 population*	0.6				*2016*		22
1.28	Annual Ozone Air Quality	*grade*	B				*2017-2019*		2
1.25	Physical Environment Ranking		5				*2021*		8
1.19	Asthma: Medicare Population	*percent*	4.6		4.8	5	*2018*		6
1.03	Overcrowded Households	*percent of households*	1.1		1.4		*2016-2020*		1
1.00	Children with Low Access to a Grocery Store	*percent*	0.1				*2015*		22
1.00	Low-Income and Low Access to a Grocery Store	*percent*	0.2				*2015*		22
1.00	People 65+ with Low Access to a Grocery Store	*percent*	0.2				*2015*		22

1.00	People with Low Access to a Grocery Store	*percent*	0.7				*2015*		22
0.81	Food Environment Index		8.3		6.8	7.8	*2021*		8
0.36	Severe Housing Problems	*percent*	10.3		13.7	18	*2013-2017*		8
SCORE	**HEALTH CARE ACCESS & QUALITY**	UNITS	PREBLE COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.39	Primary Care Provider Rate	*providers/ 100,000 population*	17.1		76.7		*2018*		8
2.11	Dentist Rate	*dentists/ 100,000 population*	17.1		64.2		*2019*		8
1.83	Non-Physician Primary Care Provider Rate	*providers/ 100,000 population*	48.9		108.9		*2020*		8
1.67	Mental Health Provider Rate	*providers/ 100,000 population*	78.3		261.3		*2020*		8
1.58	Adults who Visited a Dentist	*percent*	62.7			66.5	*2018*		4
1.58	Clinical Care Ranking		63				*2021*		8
1.56	Children with Health Insurance	*percent*	94.9		95.1		*2019*		21
1.39	Adults with Health Insurance: 18-64	*percent*	91		90.9		*2019*		21

1.36	Persons with Health Insurance	*percent*	92.1	92.1	92.1		*2019*		21
1.25	Adults who have had a Routine Checkup	*percent*	78.7			76.6	*2019*		4
SCORE	**HEART DISEASE & STROKE**	UNITS	PREBLE COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
3.00	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	*deaths/ 100,000 population*	62.5	33.4	43.4	37.6	*2018-2020*		5
2.92	Heart Failure: Medicare Population	*percent*	19.5		14.7	14	*2018*		6
2.47	Ischemic Heart Disease: Medicare Population	*percent*	30.5		27.5	26.8	*2018*		6
1.97	Hyperlipidemia: Medicare Population	*percent*	50.4		49.4	47.7	*2018*		6
1.92	Atrial Fibrillation: Medicare Population	*percent*	8.9		9	8.4	*2018*		6
1.81	Hypertension: Medicare Population	*percent*	59.7		59.5	57.2	*2018*		6
1.81	Stroke: Medicare Population	*percent*	3.8		3.8	3.8	*2018*		6

1.75	Adults who Experienced Coronary Heart Disease	*percent*	8			6.2	*2019*		4
1.69	Age-Adjusted Death Rate due to Heart Attack	*deaths/ 100,000 population 35+ years*	65.1		55.4		*2019*		13
1.67	High Blood Pressure Prevalence	*percent*	35.9	27.7		32.6	*2019*		4
1.58	Adults who Experienced a Stroke	*percent*	3.9			3.4	*2019*		4
1.58	High Cholesterol Prevalence: Adults 18+	*percent*	34.7			33.6	*2019*		4
1.42	Cholesterol Test History	*percent*	85.4			87.6	*2019*		4
1.28	Age-Adjusted Death Rate due to Coronary Heart Disease	*deaths/ 100,000 population*	95.1	71.1	101.9	90.2	*2018-2020*		5
1.25	Adults who Have Taken Medications for High Blood Pressure	*percent*	78.9			76.2	*2019*		4
SCORE	**IMMUNIZATIONS & INFECTIOUS DISEASES**	UNITS	PREBLE COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source

2.03	Age-Adjusted Death Rate due to Influenza and Pneumonia	*deaths/ 100,000 population*	15.6		13.9	13.4	*2018-2020*		5
1.69	Persons Fully Vaccinated Against COVID-19	*percent*	42.9				*April 1 2022*		5
1.50	Adults who Agree Vaccine Benefits Outweigh Possible Risks	*Percent*	47.8		48.6	49.4	*2021*		7
1.47	Syphilis Incidence Rate	*cases/ 100,000 population*	4.9		9.2		*2020*		15
1.14	Chlamydia Incidence Rate	*cases/ 100,000 population*	178.6		504.8		*2020*		15
1.03	Gonorrhea Incidence Rate	*cases/ 100,000 population*	61.2		262.6		*2020*		15
1.03	Overcrowded Households	*percent of households*	1.1		1.4		*2016-2020*		1
0.92	Tuberculosis Incidence Rate	*cases/ 100,000 population*	0	1.4	1.1		*2020*		15
0.78	Salmonella Infection Incidence Rate	*cases/ 100,000 population*	7.3	11.1	13.7		*2019*		15

0.53	COVID-19 Daily Average Incidence Rate	*cases per 100,000 population*	0.7		3.5	6.5	*April 15 2022*		10
0.50	COVID-19 Daily Average Case-Fatality Rate	*deaths per 100 cases*	0		8.3	8.1	*April 15 2022*		10
SCORE	**MATERNAL, FETAL & INFANT HEALTH**	UNITS	PREBLE COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.31	Mothers who Smoked During Pregnancy	*percent*	18.1	4.3	11.5	5.5	*2020*		16
2.22	Infant Mortality Rate	*deaths/ 1,000 live births*	9.4	5	6.9		*2019*		16
2.06	Mothers who Received Early Prenatal Care	*percent*	65.3		68.9	76.1	*2020*		16
1.53	Preterm Births	*percent*	10.2	9.4	10.3		*2020*	White (10.2) AIAN (0) API (0) Hisp (0)	16
1.50	WIC Certified Stores	*stores/ 1,000 population*	0.1				*2016*		22
0.92	Teen Pregnancy Rate	*pregnancies/ 1,000 females aged 15-17*	17.9		19.5		*2016*		16
0.86	Teen Birth Rate: 15-17	*live births/ 1,000*	2.3		6.8		*2020*		16

		females aged 15-17							
0.78	Babies with Low Birth Weight	*percent*	7.2		8.5	8.2	*2020*	White (7.2) AIAN (0) API (0) Hisp (0)	16
0.61	Babies with Very Low Birth Weight	*percent*	0.7		1.4	1.3	*2020*	AIAN (0) API (0) Hisp (0)	16
SCORE	**MENTAL HEALTH & MENTAL DISORDERS**	UNITS	PREBLE COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.39	Age-Adjusted Death Rate due to Suicide	*deaths/ 100,000 population*	18	12.8	14.7	13.9	*2018-2020*		5
2.31	Depression: Medicare Population	*percent*	20.6		20.4	18.4	*2018*		6
2.00	Poor Mental Health: Average Number of Days	*days*	5.1		4.8	4.1	*2018*		8
1.75	Adults Ever Diagnosed with Depression	*percent*	22.2			18.8	*2019*		4
1.75	Poor Mental Health: 14+ Days	*percent*	16.3			13.6	*2019*		4
1.67	Mental Health Provider Rate	*providers/ 100,000 population*	78.3		261.3		*2020*		8
1.31	Alzheimer's Disease or Dementia:	*percent*	9.9		10.4	10.8	*2018*		6

	Medicare Population								
0.69	Age-Adjusted Death Rate due to Alzheimer's Disease	*deaths/ 100,000 population*	31		35.5	31	*2018-2020*		5
SCORE	**NUTRITION & HEALTHY EATING**	UNITS	PREBLE COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
1.83	Adult Sugar-Sweetened Beverage Consumption: Past 7 Days	*percent*	82.4		80.9	80.4	*2021*		7
1.75	Adults who Frequently Cook Meals at Home	*Percent*	32.8		34.2	34.4	*2021*		7
1.50	WIC Certified Stores	*stores/ 1,000 population*	0.1				*2016*		22
1.33	Adults Who Frequently Used Quick Service Restaurants: Past 30 Days	*Percent*	40.9		41.5	41.2	*2021*		7
SCORE	**OLDER ADULTS**	UNITS	PREBLE COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.92	Chronic Kidney Disease: Medicare Population	*percent*	28.9		25.3	24.5	*2018*		6

2.92	Heart Failure: Medicare Population	*percent*	19.5		14.7	14	*2018*		6
2.47	Ischemic Heart Disease: Medicare Population	*percent*	30.5		27.5	26.8	*2018*		6
2.42	Diabetes: Medicare Population	*percent*	29.8		27.2	27	*2018*		6
2.31	Depression: Medicare Population	*percent*	20.6		20.4	18.4	*2018*		6
2.25	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	*percent*	36.2		36.1	33.5	*2018*		6
2.17	Age-Adjusted Death Rate due to Falls	*deaths/ 100,000 population*	12.3		10.8	9.8	*2018-2020*		5
2.08	Adults with Arthritis	*percent*	33			25.1	*2019*		4
1.97	Hyperlipidemia: Medicare Population	*percent*	50.4		49.4	47.7	*2018*		6
1.92	Adults 65+ with Total Tooth Loss	*percent*	17.4			13.5	*2018*		4
1.92	Atrial Fibrillation: Medicare Population	*percent*	8.9		9	8.4	*2018*		6
1.92	People 65+ Living Alone (Count)	*people*	1937				*2016-2020*		1

1.83	COPD: Medicare Population	*percent*	13.4		13.2	11.5	*2018*		6
1.81	Hypertension: Medicare Population	*percent*	59.7		59.5	57.2	*2018*		6
1.81	Stroke: Medicare Population	*percent*	3.8		3.8	3.8	*2018*		6
1.64	Osteoporosis: Medicare Population	*percent*	5.9		6.2	6.6	*2018*		6
1.64	People 65+ Living Below Poverty Level (Count)	*people*	505				*2016-2020*		1
1.50	Colon Cancer Screening	*percent*	64.4	74.4		66.4	*2018*		4
1.42	Adults 65+ who Received Recommended Preventive Services: Females	*percent*	30.7			28.4	*2018*		4
1.31	Alzheimer's Disease or Dementia: Medicare Population	*percent*	9.9		10.4	10.8	*2018*		6
1.25	Adults 65+ who Received Recommended Preventive Services: Males	*percent*	32.8			32.4	*2018*		4

1.25	People 65+ Living Alone	*percent*	24.7		29.4	26.3	*2016-2020*		1
1.19	Asthma: Medicare Population	*percent*	4.6		4.8	5	*2018*		6
1.14	Cancer: Medicare Population	*percent*	7.5		8.4	8.4	*2018*		6
1.00	People 65+ with Low Access to a Grocery Store	*percent*	0.2				*2015*		22
0.81	People 65+ Living Below Poverty Level	*percent*	6.6		8.2	9.3	*2016-2020*		1
0.69	Age-Adjusted Death Rate due to Alzheimer's Disease	*deaths/ 100,000 population*	31		35.5	31	*2018-2020*		5
SCORE	**ORAL HEALTH**	UNITS	PREBLE COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.11	Dentist Rate	*dentists/ 100,000 population*	17.1		64.2		*2019*		8
1.92	Adults 65+ with Total Tooth Loss	*percent*	17.4			13.5	*2018*		4
1.58	Adults who Visited a Dentist	*percent*	62.7			66.5	*2018*		4
0.53	Oral Cavity and Pharynx Cancer Incidence Rate	*cases/ 100,000 population*	10.8		12.2	11.9	*2014-2018*		11
SCORE	**OTHER CONDITIONS**	UNITS	PREBLE COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source

2.92	Chronic Kidney Disease: Medicare Population	*percent*	28.9		25.3	24.5	*2018*		6
2.25	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	*percent*	36.2		36.1	33.5	*2018*		6
2.08	Adults with Arthritis	*percent*	33			25.1	*2019*		4
1.69	Age-Adjusted Death Rate due to Kidney Disease	*deaths/ 100,000 population*	15.5		14.2	12.8	*2018-2020*		5
1.64	Osteoporosis: Medicare Population	*percent*	5.9		6.2	6.6	*2018*		6
1.42	Adults with Kidney Disease	*Percent of adults*	3.2			3.1	*2019*		4
SCORE	**PHYSICAL ACTIVITY**	UNITS	PREBLE COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.50	Access to Exercise Opportunities	*percent*	41.8		83.9	84	*2020*		8
2.31	Workers who Walk to Work	*percent*	1.7		2.2	2.6	*2016-2020*	Black (0) White (1.5) Asian (0) AIAN (0) Mult (6.3) Other (0) Hisp (7.5)	1

2.25	Adults who Follow a Regular Exercise Routine	*Percent*	17.7		22.2	23.3	*2021*		7
2.00	Grocery Store Density	*stores/ 1,000 population*	0.1				*2016*		22
1.83	Adult Sugar-Sweetened Beverage Consumption: Past 7 Days	*percent*	82.4		80.9	80.4	*2021*		7
1.83	Recreation and Fitness Facilities	*facilities/ 1,000 population*	0				*2016*		22
1.69	SNAP Certified Stores	*stores/ 1,000 population*	0.7				*2017*		22
1.56	Adults 20+ Who Are Obese	*percent*	31.5	36			*2019*		5
1.42	Health Behaviors Ranking		37				*2021*		8
1.36	Adults 20+ who are Sedentary	*percent*	24.7				*2019*		5
1.33	Farmers Market Density	*markets/ 1,000 population*	0				*2018*		22
1.33	Households with No Car and Low Access to a Grocery Store	*percent*	2.3				*2015*		22

1.31	Fast Food Restaurant Density	*restaurants / 1,000 population*	0.6				*2016*		22
1.00	Children with Low Access to a Grocery Store	*percent*	0.1				*2015*		22
1.00	Low-Income and Low Access to a Grocery Store	*percent*	0.2				*2015*		22
1.00	People 65+ with Low Access to a Grocery Store	*percent*	0.2				*2015*		22
1.00	People with Low Access to a Grocery Store	*percent*	0.7				*2015*		22
0.81	Food Environment Index		8.3		6.8	7.8	*2021*		8
SCORE	**PREVENTION & SAFETY**	UNITS	PREBLE COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.50	Death Rate due to Drug Poisoning	*deaths/ 100,000 population*	46.3		38.1	21	*2017-2019*		8
2.17	Age-Adjusted Death Rate due to Falls	*deaths/ 100,000 population*	12.3		10.8	9.8	*2018-2020*		5
2.00	Age-Adjusted Death Rate due to Unintentional Injuries	*deaths/ 100,000 population*	78.1	43.2	69.9	51.6	*2018-2020*		5

1.75	Age-Adjusted Death Rate due to Unintentional Poisonings	*deaths/ 100,000 population*	43		40.5	23.5	*2018-2020*		5
0.36	Severe Housing Problems	*percent*	10.3		13.7	18	*2013-2017*		8
SCORE	**RESPIRATORY DISEASES**	UNITS	PREBLE COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.92	Lung and Bronchus Cancer Incidence Rate	*cases/ 100,000 population*	90.2		67.3	57.3	*2014-2018*		11
2.56	Age-Adjusted Death Rate due to Lung Cancer	*deaths/ 100,000 population*	52.7	25.1	45	36.7	*2015-2019*		11
2.42	Adults who Smoke	*percent*	24.3	5	21.4	17	*2018*		8
2.33	Adults Who Used Smokeless Tobacco: Past 30 Days	*percent*	3.7		2.2	2	*2021*		7
2.03	Age-Adjusted Death Rate due to Influenza and Pneumonia	*deaths/ 100,000 population*	15.6		13.9	13.4	*2018-2020*		5
2.00	Adults Who Used Electronic Cigarettes: Past 30 Days	*percent*	4.7		4.3	4.1	*2021*		7
1.83	COPD: Medicare Population	*percent*	13.4		13.2	11.5	*2018*		6

1.75	Adults with COPD	*Percent of adults*	10			6.6	*2019*		4
1.75	Adults with Current Asthma	*percent*	10.1			8.9	*2019*		4
1.69	Age-Adjusted Death Rate due to Chronic Lower Respiratory Diseases	*deaths/ 100,000 population*	50.9		46.5	38.1	*2018-2020*		5
1.19	Asthma: Medicare Population	*percent*	4.6		4.8	5	*2018*		6
0.92	Tuberculosis Incidence Rate	*cases/ 100,000 population*	0	1.4	1.1		*2020*		15
0.53	COVID-19 Daily Average Incidence Rate	*cases per 100,000 population*	0.7		3.5	6.5	*April 15 2022*		10
0.50	COVID-19 Daily Average Case-Fatality Rate	*deaths per 100 cases*	0		8.3	8.1	*April 15 2022*		10

SCORE	**SEXUALLY TRANSMITTED INFECTIONS**	UNITS	PREBLE COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
1.47	Syphilis Incidence Rate	*cases/ 100,000 population*	4.9		9.2		*2020*		15
1.14	Chlamydia Incidence Rate	*cases/ 100,000 population*	178.6		504.8		*2020*		15

SCORE		UNITS	PREBLE COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
1.03	Gonorrhea Incidence Rate	*cases/ 100,000 population*	61.2		262.6		*2020*		15
SCORE	**TOBACCO USE**	UNITS	PREBLE COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.42	Adults who Smoke	*percent*	24.3	5	21.4	17	*2018*		8
2.33	Adults Who Used Smokeless Tobacco: Past 30 Days	*percent*	3.7		2.2	2	*2021*		7
2.00	Adults Who Used Electronic Cigarettes: Past 30 Days	*percent*	4.7		4.3	4.1	*2021*		7
SCORE	**WELLNESS & LIFESTYLE**	UNITS	PREBLE COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.25	Adults who Follow a Regular Exercise Routine	*Percent*	17.7		22.2	23.3	*2021*		7
2.17	Life Expectancy	*years*	75.5		77	79.2	*2017-2019*		8
2.00	Poor Physical Health: Average Number of Days	*days*	4.4		4.1	3.7	*2018*		8
1.83	Adult Sugar-Sweetened Beverage Consumption: Past 7 Days	*percent*	82.4		80.9	80.4	*2021*		7

1.75	Adults who Frequently Cook Meals at Home	*Percent*	32.8		34.2	34.4	*2021*		7
1.75	Poor Physical Health: 14+ Days	*percent*	14.8			12.5	*2019*		4
1.67	High Blood Pressure Prevalence	*percent*	35.9	27.7		32.6	*2019*		4
1.58	Insufficient Sleep	*percent*	38.8	31.4	40.6	35	*2018*		8
1.58	Morbidity Ranking		52				*2021*		8
1.50	Adults who Agree Vaccine Benefits Outweigh Possible Risks	*Percent*	47.8		48.6	49.4	*2021*		7
1.42	Self-Reported General Health Assessment: Poor or Fair	*percent*	20.3			18.6	*2019*		4
1.33	Adults Who Frequently Used Quick Service Restaurants: Past 30 Days	*Percent*	40.9		41.5	41.2	*2021*		7
SCORE	**WOMEN'S HEALTH**	UNITS	PREBLE COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.72	Age-Adjusted Death Rate due to Breast Cancer	*deaths/ 100,000 females*	28.2	15.3	21.6	19.9	*2015-2019*		11

1.64	Breast Cancer Incidence Rate	*cases/ 100,000 females*	123.9		129.6	126.8	*2014-2018*		11
1.61	Mammogram in Past 2 Years: 50-74	*percent*	72.4	77.1		74.8	*2018*		4
1.22	Cervical Cancer Screening: 21-65	*Percent*	84.5	84.3		84.7	*2018*		4

Randolph County Indicator Scores

SCORE	**ALCOHOL & DRUG USE**	UNITS	RANDOLPH COUNTY	HP2030	Indiana	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.71	Death Rate due to Drug Poisoning	*deaths/ 100,000 population*	45.7		25.8	21	*2017-2019*		7
2.56	Age-Adjusted Drug and Opioid-Involved Overdose Death Rate	*Deaths per 100,000 population*	45.7		29.6	23.5	*2018-2020*		4
2.56	Liquor Store Density	*stores/ 100,000 population*	20.3		12.2	10.5	*2019*		19
2.15	Mothers who Smoked During Pregnancy	*percent*	22.6	4.3	11.8	5.9	*2019*		12
1.59	Health Behaviors Ranking		56				*2021*		7
1.59	Non-Fatal Emergency Department Visits due to	*Rate per 100,000 population*	109.5		75.2		*2019*		12

	Opioid Overdoses								
1.32	Adults who Drink Excessively	*percent*	17.9		18.7	19	*2018*		7
0.88	Adults who Binge Drink	*percent*	14.9			16.7	*2019*		3
0.00	Alcohol-Impaired Driving Deaths	*percent of driving deaths with alcohol involvement*	6.3	28.3	18.8	27	*2015-2019*		7
SCORE	**CANCER**	UNITS	RANDOLPH COUNTY	HP2030	Indiana	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.35	Age-Adjusted Death Rate due to Breast Cancer	*deaths/ 100,000 females*	22.6	15.3	20.4	19.9	*2015-2019*		14
2.12	Adults with Cancer	*percent*	8.6			7.1	*2019*		3
2.00	Colorectal Cancer Incidence Rate	*cases/ 100,000 population*	43.3		41.7	38	*2014-2018*		14

1.94	Cervical Cancer Screening: 21-65	*Percent*	81.9	84.3		84.7	*2018*		3
1.94	Mammogram in Past 2 Years: 50-74	*percent*	68.5	77.1		74.8	*2018*		3
1.76	Colon Cancer Screening	*percent*	62.1	74.4		66.4	*2018*		3
1.71	Age-Adjusted Death Rate due to Prostate Cancer	*deaths/ 100,000 males*	20.3	16.9	19.4	18.9	*2015-2019*		14
1.65	Cancer: Medicare Population	*percent*	7.8		8	8.4	*2018*		5
1.35	Age-Adjusted Death Rate due to Lung Cancer	*deaths/ 100,000 population*	43.6	25.1	46.7	36.7	*2015-2019*		14
1.24	Lung and Bronchus Cancer Incidence Rate	*cases/ 100,000 population*	69.7		69.9	57.3	*2014-2018*		14

1.18	Age-Adjusted Death Rate due to Cancer	*deaths/ 100,000 population*	163.7	122.7	169.6	152.4	*2015-2019*		14
1.00	Prostate Cancer Incidence Rate	*cases/ 100,000 males*	95		96.5	106.2	*2014-2018*		14
0.53	All Cancer Incidence Rate	*cases/ 100,000 population*	432.7		457.9	448.6	*2014-2018*		14
0.47	Oral Cavity and Pharynx Cancer Incidence Rate	*cases/ 100,000 population*	10.8		12.8	11.9	*2014-2018*		14
0.29	Age-Adjusted Death Rate due to Colorectal Cancer	*deaths/ 100,000 population*	9.9	8.9	14.9	13.4	*2015-2019*		14
0.29	Breast Cancer Incidence Rate	*cases/ 100,000 females*	102.6		124.5	126.8	*2014-2018*		14

SCORE	**CHILDREN'S HEALTH**	UNITS	RANDOLPH COUNTY	HP2030	Indiana	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.47	Child Abuse Rate	*cases/ 1,000 children*	45.5		20.8		*2017*		2
2.21	Child Food Insecurity Rate	*percent*	18		15.3	14.6	*2019*		8
2.09	Children with Health Insurance	*percent*	91.8		93		*2019*		20
1.94	Projected Child Food Insecurity Rate	*percent*	19.1		16.6		*2021*		8
1.50	Children with Low Access to a Grocery Store	*percent*	3.7				*2015*		21
0.79	Food Insecure Children Likely Ineligible for Assistance	*percent*	17		28	23	*2019*		8

SCORE	COMMUNITY	UNITS	RANDOLPH COUNTY	HP2030	Indiana	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.47	Child Abuse Rate	*cases/ 1,000 children*	45.5		20.8		*2017*		2
2.41	Single-Parent Households	*percent*	29.6		24.9	25.3	*2016-2020*		1
2.35	Youth not in School or Working	*percent*	2.2		1.9	1.8	*2016-2020*		1
2.29	Age-Adjusted Death Rate due to Motor Vehicle Traffic Collisions	*deaths/ 100,000 population*	27.9	10.1	12.3	11.4	*2015-2017*		4
2.18	People 65+ Living Alone	*percent*	29.8		28.3	26.3	*2016-2020*		1
2.18	Workers who Drive Alone to Work	*percent*	83.1		81.3	74.9	*2016-2020*		1
2.12	Mean Travel Time to Work	*minutes*	25.4		23.9	26.9	*2016-2020*		1

2.09	Persons with Health Insurance	*percent*	88.3	92.1	89.7		*2019*		20
2.06	People 25+ with a Bachelor's Degree or Higher	*percent*	16.4		27.2	32.9	*2016-2020*		1
2.06	Workers who Walk to Work	*percent*	1.7		2.1	2.6	*2016-2020*	Black (63) White (1.3) Asian (0) AIAN (0) Mult (4.4) Other (0) Hisp (0)	1
2.03	Households with a Smartphone	*percent*	74.4		81.1	81.9	*2021*		6
2.03	Households with No Car and Low Access to a Grocery Store	*percent*	4.2				*2015*		21
2.03	Households with Wireless Phone Service	*percent*	95		96.9	97	*2020*		6
2.00	Workers Commuting by Public	*percent*	0.3	5.3	0.9	4.6	*2016-2020*	Black (0) White (0.2) Asian (0) AIAN (0) Mult	1

	Transportation							(0) Other (3.5) Hisp (2.2)	
1.94	Total Employment Change	*percent*	-1.5		0.6	1.6	*2018-2019*		19
1.85	Median Housing Unit Value	*dollars*	83700		148900	229800	*2016-2020*		1
1.76	Per Capita Income	*dollars*	26960		30693	35384	*2016-2020*		1
1.76	Social and Economic Factors Ranking		74				*2021*		7
1.68	Population 16+ in Civilian Labor Force	*percent*	58.7		60.7	59.6	*2016-2020*		1
1.65	Adults Admitted into Correctional Facilities	*adults*	13				*2021*		10
1.65	Average Daily Jail Population	*offenders*	2				*2021*		10
1.65	People 65+ Living Alone (Count)	*people*	1478				*2016-2020*		1

1.59	Persons with an Internet Subscription	*percent*	81.5		86.9	88.5	*2016-2020*		1
1.50	Solo Drivers with a Long Commute	*percent*	33.5		31.7	37	*2015-2019*		7
1.41	Households with an Internet Subscription	*percent*	77.7		83.5	85.5	*2016-2020*		1
1.41	Median Household Income	*dollars*	53322		58235	64994	*2016-2020*		1
1.35	Juveniles Admitted into Correctional Facilities	*juveniles*	0				*2021*		10
1.32	Median Household Gross Rent	*dollars*	693		844	1096	*2016-2020*		1
1.24	Households with One or More Types of Computing Devices	*percent*	88.5		90.3	91.9	*2016-2020*		1
1.24	People 25+ with a High School	*percent*	88.7		89.3	88.5	*2016-2020*		1

	Degree or Higher								
1.18	Female Population 16+ in Civilian Labor Force	*percent*	58.7		59	58.4	*2016-2020*		1
1.18	Voter Turnout: Presidential Election	*percent*	67		65		*2020*		11
1.15	Mortgaged Owners Median Monthly Household Costs	*dollars*	946		1155	1621	*2016-2020*		1
1.06	Social Associations	*membership associations/ 10,000 population*	14.5		12.3	9.3	*2018*		7
1.00	Linguistic Isolation	*percent*	0.9		1.7	4.3	*2016-2020*		1
0.88	Children Living Below Poverty Level	*percent*	17.4		17.6	17.5	*2016-2020*	Black (0) White (15.6) Asian (0) AIAN (0) Mult (46.7) Other (0) Hisp (47.7)	1

0.88	People Living Below Poverty Level	*percent*	12.1	8	12.9	12.8	*2016-2020*		1
0.85	Median Monthly Owner Costs for Households without a Mortgage	*dollars*	363		416	509	*2016-2020*		1
0.82	Violent Crime Rate	*crimes/ 100,000 population*	27.9		356.2		*2012-2014*		7
0.65	Households without a Vehicle	*percent*	4.5		6.3	8.5	*2016-2020*		1
0.47	Homeowner ship	*percent*	69.5		62.3	56.9	*2016-2020*		1
0.35	Young Children Living Below Poverty Level	*percent*	15.9		19.9	19.1	*2016-2020*	White (13.3) Mult (67.5) Other (0) Hisp (54.5)	1
0.00	Alcohol-Impaired Driving Deaths	*percent of driving deaths with alcohol involvemen t*	6.3	28.3	18.8	27	*2015-2019*		7

SCORE	**COUNTY HEALTH RANKINGS**	UNITS	RANDOLPH COUNTY	HP2030	Indiana	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
1.76	Clinical Care Ranking		77				*2021*		7
1.76	Morbidity Ranking		83				*2021*		7
1.76	Mortality Ranking		84				*2021*		7
1.76	Social and Economic Factors Ranking		74				*2021*		7
1.59	Health Behaviors Ranking		56				*2021*		7
1.41	Physical Environment Ranking		35				*2021*		7
SCORE	**DIABETES**	UNITS	RANDOLPH COUNTY	HP2030	Indiana	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.71	Diabetes: Medicare Population	*percent*	30.6		27.8	27	*2018*		5

2.65	Age-Adjusted Death Rate due to Diabetes	*deaths/ 100,000 population*	32.7		26.9	22.6	*2018-2020*		4
0.71	Adults 20+ with Diabetes	*percent*	8.2				*2019*		4
SCORE	**ECONOMY**	UNITS	RANDOLPH COUNTY	HP2030	Indiana	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.71	Homeowner Vacancy Rate	*percent*	2.4		1.3	1.4	*2016-2020*		1
2.53	Students Eligible for the Free Lunch Program	*percent*	57.1		41.8	38.5	*2020-2021*		15
2.38	Food Insecurity Rate	*percent*	14.1		12.4	10.9	*2019*		8
2.35	Youth not in School or Working	*percent*	2.2		1.9	1.8	*2016-2020*		1
2.29	Households that Used Check	*percent*	7.5		6.3	6	*2021*		6

	Cashing, Cash Advance, or Title Loan Shops								
2.29	Households with a 401k Plan	*percent*	29.3		37.5	39.2	*2021*		6
2.21	Child Food Insecurity Rate	*percent*	18		15.3	14.6	*2019*		8
2.18	Households with Cash Public Assistance Income	*percent*	2.3		1.7	2.4	*2016-2020*		1
2.12	Projected Food Insecurity Rate	*percent*	15		13.3		*2021*		8
2.06	People 65+ Living Below Poverty Level	*percent*	9.5		7.4	9.3	*2016-2020*		1
2.03	Adults who Feel Overwhelmed by Financial Burdens	*percent*	15.1		14.7	14.4	*2021*		6

2.03	Households that are Below the Federal Poverty Level	*percent*	15.6		13		*2018*		23
2.03	Households with a Savings Account	*percent*	63.4		68.8	70.2	*2021*		6
1.94	Projected Child Food Insecurity Rate	*percent*	19.1		16.6		*2021*		8
1.94	Total Employment Change	*percent*	-1.5		0.6	1.6	*2018-2019*		19
1.85	Median Housing Unit Value	*dollars*	83700		148900	229800	*2016-2020*		1
1.82	Overcrowded Households	*percent of households*	1.7		1.6		*2016-2020*		1
1.76	Per Capita Income	*dollars*	26960		30693	35384	*2016-2020*		1
1.76	Social and Economic Factors Ranking		74				*2021*		7

1.68	Households that are Above the Asset Limited, Income Constrained, Employed (ALICE) Threshold	*percent*	62.7		63		*2018*		23
1.68	Low-Income and Low Access to a Grocery Store	*percent*	7				*2015*		21
1.68	Population 16+ in Civilian Labor Force	*percent*	58.7		60.7	59.6	*2016-2020*		1
1.65	SNAP Certified Stores	*stores/ 1,000 population*	0.9				*2017*		21
1.41	Median Household Income	*dollars*	53322		58235	64994	*2016-2020*		1
1.35	Persons with Disability Living in Poverty (5-year)	*percent*	26.1		26.3	25.4	*2016-2020*		1

1.35	Size of Labor Force	*persons*	11947				*November 2021*		18
1.32	Median Household Gross Rent	*dollars*	693		844	1096	*2016-2020*		1
1.24	People Living 200% Above Poverty Level	*percent*	66.9		69.4	70.2	*2016-2020*		1
1.18	Female Population 16+ in Civilian Labor Force	*percent*	58.7		59	58.4	*2016-2020*		1
1.15	Households that are Asset Limited, Income Constrained , Employed (ALICE)	*percent*	21.7		24		*2018*		23
1.15	Mortgaged Owners Median Monthly Household Costs	*dollars*	946		1155	1621	*2016-2020*		1

1.12	Renters Spending 30% or More of Household Income on Rent	*percent*	41.6		46	49.1	*2016-2020*		1
0.88	Children Living Below Poverty Level	*percent*	17.4		17.6	17.5	*2016-2020*	Black (0) White (15.6) Asian (0) AIAN (0) Mult (46.7) Other (0) Hisp (47.7)	1
0.88	People Living Below Poverty Level	*percent*	12.1	8	12.9	12.8	*2016-2020*		1
0.85	Median Monthly Owner Costs for Households without a Mortgage	*dollars*	363		416	509	*2016-2020*		1
0.79	Food Insecure Children Likely Ineligible for Assistance	*percent*	17		28	23	*2019*		8
0.79	Income Inequality		0.4		0.5	0.5	*2016-2020*		1

0.71	Households with Student Loans Debt	*percent*	7.6		10.9	11.1	*2021*		6
0.65	Families Living Below Poverty Level	*percent*	8		8.9	9.1	*2016-2020*		1
0.47	Homeownership	*percent*	69.5		62.3	56.9	*2016-2020*		1
0.47	Severe Housing Problems	*percent*	10.6		12.9	18	*2013-2017*		7
0.35	Young Children Living Below Poverty Level	*percent*	15.9		19.9	19.1	*2016-2020*	White (13.3) Mult (67.5) Other (0) Hisp (54.5)	1
0.18	Unemployed Workers in Civilian Labor Force	*percent*	1.7		2.1	3.9	*November 2021*		18
SCORE	**EDUCATION**	UNITS	RANDOLPH COUNTY	HP2030	Indiana	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.71	Student-to-Teacher Ratio	*students/ teacher*	18.1		15.7	16.3	*2020-2021*		15

2.18	8th Grade Students Proficient in English/Language Arts	*percent*	54.1		60.7		*2017*		2
2.18	8th Grade Students Proficient in Math	*percent*	40.1		54.4		*2017*		2
2.06	People 25+ with a Bachelor's Degree or Higher	*percent*	16.4		27.2	32.9	*2016-2020*		1
1.56	High School Graduation	*percent*	90.7	90.7	88.7	84.6	*2017*		2
1.47	4th Grade Students Proficient in English/Language Arts	*percent*	70.2		64.9		*2017*		2
1.24	People 25+ with a High School Degree or Higher	*percent*	88.7		89.3	88.5	*2016-2020*		1
1.12	4th Grade Students Proficient in Math	*percent*	69.2		61.2		*2017*		2

SCORE	**ENVIRONMENTAL HEALTH**	UNITS	RANDOLPH COUNTY	HP2030	Indiana	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.71	Houses Built Prior to 1950	*percent*	48.5		22.5	17.2	*2016-2020*		1
2.56	Liquor Store Density	*stores/ 100,000 population*	20.3		12.2	10.5	*2019*		19
2.38	Access to Exercise Opportunities	*percent*	49.4		75.2	84	*2020*		7
2.03	Households with No Car and Low Access to a Grocery Store	*percent*	4.2				*2015*		21
2.03	WIC Certified Stores	*stores/ 1,000 population*	0.1				*2016*		21
2.00	Food Environment Index		7.4		7	7.8	*2021*		7
1.94	Adults with Current Asthma	*percent*	10			8.9	*2019*		3

1.82	Overcrowded Households	*percent of households*	1.7		1.6		*2016-2020*		1
1.68	Low-Income and Low Access to a Grocery Store	*percent*	7				*2015*		21
1.65	Number of Extreme Heat Events	*events*	14				*2019*		17
1.65	Recognized Carcinogens Released into Air	*pounds*	12880.2				*2020*		22
1.65	SNAP Certified Stores	*stores/ 1,000 population*	0.9				*2017*		21
1.65	Weeks of Moderate Drought or Worse	*weeks per year*	0				*2020*		17
1.50	Children with Low Access to a Grocery Store	*percent*	3.7				*2015*		21
1.50	People 65+ with Low Access to a	*percent*	2.5				*2015*		21

	Grocery Store								
1.41	Physical Environment Ranking		35				*2021*		7
1.35	Grocery Store Density	*stores/ 1,000 population*	0.2				*2016*		21
1.35	Number of Extreme Heat Days	*days*	20				*2019*		17
1.35	Number of Extreme Precipitation Days	*days*	23				*2019*		17
1.35	PBT Released	*pounds*	423.8				*2020*		22
1.32	Farmers Market Density	*markets/ 1,000 population*	0				*2018*		21
1.32	People with Low Access to a Grocery Store	*percent*	14.3				*2015*		21
1.12	Fast Food Restaurant Density	*restaurants / 1,000 population*	0.4				*2016*		21
0.97	Recreation and Fitness Facilities	*facilities/ 1,000 population*	0.1				*2016*		21

0.47	Severe Housing Problems	*percent*	10.6		12.9	18	*2013-2017*		7
0.35	Asthma: Medicare Population	*percent*	3.8		4.9	5	*2018*		5
SCORE	**HEALTH CARE ACCESS & QUALITY**	UNITS	RANDOLPH COUNTY	HP2030	Indiana	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.15	Primary Care Provider Rate	*providers/ 100,000 population*	20.1		66.8		*2018*		7
2.09	Adults with Health Insurance: 18-64	*percent*	87		88.3		*2019*		20
2.09	Children with Health Insurance	*percent*	91.8		93		*2019*		20
2.09	Persons with Health Insurance	*percent*	88.3	92.1	89.7		*2019*		20
1.85	Mental Health Provider Rate	*providers/ 100,000 population*	36.5		168.3		*2020*		7

1.79	Non-Physician Primary Care Provider Rate	*providers/ 100,000 population*	60.8		100.6		*2020*		7
1.76	Adults who Visited a Dentist	*percent*	60.3			66.5	*2018*		3
1.76	Clinical Care Ranking		77				*2021*		7
1.50	Dentist Rate	*dentists/ 100,000 population*	28.4		57.1		*2019*		7
1.24	Adults who have had a Routine Checkup	*percent*	77.3			76.6	*2019*		3
SCORE	**HEART DISEASE & STROKE**	UNITS	RANDOLPH COUNTY	HP2030	Indiana	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
3.00	Heart Failure: Medicare Population	*percent*	19.1		15.1	14	*2018*		5
3.00	Ischemic Heart Disease:	*percent*	31.6		28.3	26.8	*2018*		5

	Medicare Population								
2.82	Hypertension: Medicare Population	*percent*	63.5		59.6	57.2	*2018*		5
2.71	Hyperlipidemia: Medicare Population	*percent*	52.9		47.9	47.7	*2018*		5
2.56	Age-Adjusted Death Rate due to Coronary Heart Disease	*deaths/ 100,000 population*	132.3	71.1	95.8	90.2	*2018-2020*		4
2.53	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	*deaths/ 100,000 population*	46.9	33.4	40.4	37.6	*2018-2020*		4
2.47	Atrial Fibrillation: Medicare Population	*percent*	9.1		8.5	8.4	*2018*		5
2.12	Adults who Experienced a Stroke	*percent*	4.3			3.4	*2019*		3

2.12	Adults who Experienced Coronary Heart Disease	*percent*	8.6			6.2	*2019*		3
2.12	High Blood Pressure Prevalence	*percent*	39.2	27.7		32.6	*2019*		3
1.94	High Cholesterol Prevalence: Adults 18+	*percent*	36.8			33.6	*2019*		3
1.94	Stroke: Medicare Population	*percent*	3.5		3.7	3.8	*2018*		5
1.88	Age-Adjusted Death Rate due to Heart Attack	*deaths/ 100,000 population 35+ years*	98.9		62.5		*2019*		17
1.59	Cholesterol Test History	*percent*	85.1			87.6	*2019*		3
0.88	Adults who Have Taken Medications for High Blood Pressure	*percent*	80.4			76.2	*2019*		3

SCORE	IMMUNIZATIONS & INFECTIOUS DISEASES	UNITS	RANDOLPH COUNTY	HP2030	Indiana	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.71	Age-Adjusted Death Rate due to Influenza and Pneumonia	*deaths/ 100,000 population*	23.5		12.7	13.4	*2018-2020*		4
2.03	Adults who Agree Vaccine Benefits Outweigh Possible Risks	*Percent*	46.5		48.2	49.4	*2021*		6
1.88	Hepatitis C Prevalence	*Rate per 100,000 population*	151		72.6		*2020*		12
1.82	Overcrowded Households	*percent of households*	1.7		1.6		*2016-2020*		1
1.24	Persons Fully Vaccinated Against COVID-19	*percent*	45.3				*April 1 2022*		4

0.82	Salmonella Infection Incidence Rate	*cases/ 100,000 population*	0	11.1	11.9		*2018*		12
0.65	COVID-19 Daily Average Incidence Rate	*cases per 100,000 population*	0.6		1.3	6.5	*April 15 2022*		9
0.29	Chlamydia Incidence Rate	*cases/ 100,000 population*	166.2		526.3	551	*2019*		16
0.29	COVID-19 Daily Average Case-Fatality Rate	*deaths per 100 cases*	0		2.2	8.1	*April 15 2022*		9
0.29	Gonorrhea Incidence Rate	*cases/ 100,000 population*	16.2		177.1	187.8	*2019*		16
SCORE	**MATERNAL, FETAL & INFANT HEALTH**	UNITS	RANDOLPH COUNTY	HP2030	Indiana	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.15	Mothers who Smoked During Pregnancy	*percent*	22.6	4.3	11.8	5.9	*2019*		12

2.03	WIC Certified Stores	*stores/ 1,000 population*	0.1				*2016*		21
1.97	Teen Birth Rate: 15-19	*live births/ 1,000 females aged 15-19*	24.5		21.6	17.4	*2018*		12
1.59	Mothers who Received Early Prenatal Care	*percent*	69.3		68.9	75.8	*2019*		12
1.26	Babies with Low Birth Weight	*percent*	8.2		8.2	8.3	*2019*		12
1.18	Preterm Births	*percent*	9.7	9.4	10.1		*2019*		12
1.09	Preterm Births (OE)	*percent*	9.7	9.4	10.1	10	*2019*		12
SCORE	**MENTAL HEALTH & MENTAL DISORDERS**	UNITS	RANDOLPH COUNTY	HP2030	Indiana	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.65	Depression: Medicare Population	*percent*	21.4		21.1	18.4	*2018*		5

2.29	Age-Adjusted Death Rate due to Alzheimer's Disease	*deaths/ 100,000 population*	35.5		33.1	31	*2018-2020*		4
2.03	Poor Mental Health: Average Number of Days	*days*	5		4.7	4.1	*2018*		7
1.94	Poor Mental Health: 14+ Days	*percent*	15.9			13.6	*2019*		3
1.85	Mental Health Provider Rate	*providers/ 100,000 population*	36.5		168.3		*2020*		7
1.76	Adults Ever Diagnosed with Depression	*percent*	22.4			18.8	*2019*		3
1.76	Alzheimer's Disease or Dementia: Medicare Population	*percent*	10.5		11	10.8	*2018*		5

SCORE	**NUTRITION & HEALTHY EATING**	UNITS	RANDOLPH COUNTY	HP2030	Indiana	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.03	WIC Certified Stores	*stores/ 1,000 population*	0.1				*2016*		21
1.85	Adult Sugar-Sweetened Beverage Consumption: Past 7 Days	*percent*	82.4		81.6	80.4	*2021*		6
1.76	Adults who Frequently Cook Meals at Home	*Percent*	32.9		33.6	34.4	*2021*		6
1.32	Adults Who Frequently Used Quick Service Restaurants: Past 30 Days	*Percent*	40.7		42.3	41.2	*2021*		6
SCORE	**OLDER ADULTS**	UNITS	RANDOLPH COUNTY	HP2030	Indiana	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source

3.00	Heart Failure: Medicare Population	*percent*	19.1		15.1	14	*2018*		5
3.00	Ischemic Heart Disease: Medicare Population	*percent*	31.6		28.3	26.8	*2018*		5
2.82	Chronic Kidney Disease: Medicare Population	*percent*	27.3		25.5	24.5	*2018*		5
2.82	Hypertension: Medicare Population	*percent*	63.5		59.6	57.2	*2018*		5
2.71	Diabetes: Medicare Population	*percent*	30.6		27.8	27	*2018*		5
2.71	Hyperlipidemia: Medicare Population	*percent*	52.9		47.9	47.7	*2018*		5
2.65	Depression: Medicare Population	*percent*	21.4		21.1	18.4	*2018*		5
2.47	Atrial Fibrillation: Medicare Population	*percent*	9.1		8.5	8.4	*2018*		5

2.47	COPD: Medicare Population	*percent*	14.9		14.3	11.5	*2018*		5
2.29	Age-Adjusted Death Rate due to Alzheimer's Disease	*deaths/ 100,000 population*	35.5		33.1	31	*2018-2020*		4
2.18	People 65+ Living Alone	*percent*	29.8		28.3	26.3	*2016-2020*		1
2.12	Adults 65+ who Received Recommended Preventive Services: Females	*percent*	25.5			28.4	*2018*		3
2.12	Adults 65+ who Received Recommended Preventive Services: Males	*percent*	25.1			32.4	*2018*		3
2.12	Adults with Arthritis	*percent*	30.5			25.1	*2019*		3
2.06	People 65+ Living Below	*percent*	9.5		7.4	9.3	*2016-2020*		1

	Poverty Level								
2.00	Osteoporosis: Medicare Population	*percent*	6.5		6.3	6.6	*2018*		5
2.00	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	*percent*	35		35	33.5	*2018*		5
1.94	Adults 65+ with Total Tooth Loss	*percent*	19.3			13.5	*2018*		3
1.94	Stroke: Medicare Population	*percent*	3.5		3.7	3.8	*2018*		5
1.76	Alzheimer's Disease or Dementia: Medicare Population	*percent*	10.5		11	10.8	*2018*		5
1.76	Colon Cancer Screening	*percent*	62.1	74.4		66.4	*2018*		3
1.65	Cancer: Medicare Population	*percent*	7.8		8	8.4	*2018*		5
1.65	People 65+ Living Alone (Count)	*people*	1478				*2016-2020*		1

1.50	People 65+ with Low Access to a Grocery Store	*percent*	2.5				*2015*		21
0.35	Asthma: Medicare Population	*percent*	3.8		4.9	5	*2018*		5
SCORE	**ORAL HEALTH**	UNITS	RANDOLPH COUNTY	HP2030	Indiana	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
1.94	Adults 65+ with Total Tooth Loss	*percent*	19.3			13.5	*2018*		3
1.76	Adults who Visited a Dentist	*percent*	60.3			66.5	*2018*		3
1.50	Dentist Rate	*dentists/ 100,000 population*	28.4		57.1		*2019*		7
0.47	Oral Cavity and Pharynx Cancer Incidence Rate	*cases/ 100,000 population*	10.8		12.8	11.9	*2014-2018*		14

SCORE	OTHER CONDITIONS	UNITS	RANDOLPH COUNTY	HP2030	Indiana	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.82	Chronic Kidney Disease: Medicare Population	*percent*	27.3		25.5	24.5	*2018*		5
2.53	Age-Adjusted Death Rate due to Kidney Disease	*deaths/ 100,000 population*	23.3		18.7	13.3	*2013-2015*		4
2.12	Adults with Arthritis	*percent*	30.5			25.1	*2019*		3
2.12	Adults with Kidney Disease	*Percent of adults*	3.6			3.1	*2019*		3
2.00	Osteoporosis: Medicare Population	*percent*	6.5		6.3	6.6	*2018*		5
2.00	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	*percent*	35		35	33.5	*2018*		5

SCORE	**PHYSICAL ACTIVITY**	UNITS	RANDOLPH COUNTY	HP2030	Indiana	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.38	Access to Exercise Opportunities	*percent*	49.4		75.2	84	*2020*		7
2.29	Adults who Follow a Regular Exercise Routine	*Percent*	17.6		21.2	23.3	*2021*		6
2.06	Workers who Walk to Work	*percent*	1.7		2.1	2.6	*2016-2020*	Black (63) White (1.3) Asian (0) AIAN (0) Mult (4.4) Other (0) Hisp (0)	1
2.03	Households with No Car and Low Access to a Grocery Store	*percent*	4.2				*2015*		21
2.00	Food Environment Index		7.4		7	7.8	*2021*		7
1.85	Adult Sugar-Sweetened	*percent*	82.4		81.6	80.4	*2021*		6

	Beverage Consumption: Past 7 Days								
1.68	Adults 20+ who are Sedentary	*percent*	25.3				*2019*		4
1.68	Low-Income and Low Access to a Grocery Store	*percent*	7				*2015*		21
1.65	SNAP Certified Stores	*stores/ 1,000 population*	0.9				*2017*		21
1.59	Health Behaviors Ranking		56				*2021*		7
1.50	Children with Low Access to a Grocery Store	*percent*	3.7				*2015*		21
1.50	People 65+ with Low Access to a Grocery Store	*percent*	2.5				*2015*		21
1.35	Grocery Store Density	*stores/ 1,000 population*	0.2				*2016*		21

1.32	Farmers Market Density	*markets/ 1,000 population*	0				*2018*		21
1.32	People with Low Access to a Grocery Store	*percent*	14.3				*2015*		21
1.18	Adults 20+ Who Are Obese	*percent*	28	36			*2019*		4
1.12	Fast Food Restaurant Density	*restaurants / 1,000 population*	0.4				*2016*		21
0.97	Recreation and Fitness Facilities	*facilities/ 1,000 population*	0.1				*2016*		21
SCORE	**PREVENTION & SAFETY**	UNITS	RANDOLPH COUNTY	HP2030	Indiana	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.71	Death Rate due to Drug Poisoning	*deaths/ 100,000 population*	45.7		25.8	21	*2017-2019*		7
2.41	Age-Adjusted Death Rate due to Unintentional Injuries	*deaths/ 100,000 population*	74.4	43.2	59.4	51.6	*2018-2020*		4

2.41	Age-Adjusted Death Rate due to Unintentional Poisonings	*deaths/ 100,000 population*	45.7		29.6	23.5	*2018-2020*		4
0.47	Severe Housing Problems	*percent*	10.6		12.9	18	*2013-2017*		7
SCORE	**RESPIRATORY DISEASES**	UNITS	RANDOLPH COUNTY	HP2030	Indiana	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.71	Age-Adjusted Death Rate due to Influenza and Pneumonia	*deaths/ 100,000 population*	23.5		12.7	13.4	*2018-2020*		4
2.56	Adults who Smoke	*percent*	25.8	5	21.7	17	*2018*		7
2.47	COPD: Medicare Population	*percent*	14.9		14.3	11.5	*2018*		5
2.38	Adults Who Used Smokeless	*percent*	3.9		2.6	2	*2021*		6

	Tobacco: Past 30 Days								
2.29	Adults with COPD	*Percent of adults*	10.6			6.6	*2019*		3
2.03	Adults Who Used Electronic Cigarettes: Past 30 Days	*percent*	4.9		4.5	4.1	*2021*		6
2.00	Age-Adjusted Death Rate due to Chronic Lower Respiratory Diseases	*deaths/ 100,000 population*	56.5		55.6	38.1	*2018-2020*		4
1.94	Adults with Current Asthma	*percent*	10			8.9	*2019*		3
1.35	Age-Adjusted Death Rate due to Lung Cancer	*deaths/ 100,000 population*	43.6	25.1	46.7	36.7	*2015-2019*		14
1.24	Lung and Bronchus Cancer	*cases/ 100,000 population*	69.7		69.9	57.3	*2014-2018*		14

	Incidence Rate								
0.65	COVID-19 Daily Average Incidence Rate	*cases per 100,000 population*	0.6		1.3	6.5	*April 15 2022*		9
0.35	Asthma: Medicare Population	*percent*	3.8		4.9	5	*2018*		5
0.29	COVID-19 Daily Average Case-Fatality Rate	*deaths per 100 cases*	0		2.2	8.1	*April 15 2022*		9
SCORE	**TOBACCO USE**	UNITS	RANDOLPH COUNTY	HP2030	Indiana	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.56	Adults who Smoke	*percent*	25.8	5	21.7	17	*2018*		7
2.38	Adults Who Used Smokeless Tobacco: Past 30 Days	*percent*	3.9		2.6	2	*2021*		6
2.03	Adults Who Used	*percent*	4.9		4.5	4.1	*2021*		6

	Electronic Cigarettes: Past 30 Days								
SCORE	**WELLNESS & LIFESTYLE**	UNITS	RANDOLPH COUNTY	HP2030	Indiana	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.29	Adults who Follow a Regular Exercise Routine	*Percent*	17.6		21.2	23.3	*2021*		6
2.21	Life Expectancy	*years*	75		77.1	79.2	*2017-2019*		7
2.21	Poor Physical Health: Average Number of Days	*days*	4.4		4	3.7	*2018*		7
2.12	High Blood Pressure Prevalence	*percent*	39.2	27.7		32.6	*2019*		3
2.12	Poor Physical Health: 14+ Days	*percent*	16.1			12.5	*2019*		3

2.12	Self-Reported General Health Assessment: Poor or Fair	*percent*	23.2			18.6	*2019*		3
2.03	Adults who Agree Vaccine Benefits Outweigh Possible Risks	*Percent*	46.5		48.2	49.4	*2021*		6
1.85	Adult Sugar-Sweetened Beverage Consumption: Past 7 Days	*percent*	82.4		81.6	80.4	*2021*		6
1.76	Adults who Frequently Cook Meals at Home	*Percent*	32.9		33.6	34.4	*2021*		6
1.76	Morbidity Ranking		83				*2021*		7
1.68	Insufficient Sleep	*percent*	37.6	31.4	38	35	*2018*		7
1.32	Adults Who Frequently Used Quick Service	*Percent*	40.7		42.3	41.2	*2021*		6

	Restaurants: Past 30 Days								
SCORE	**WOMEN'S HEALTH**	UNITS	RANDOLPH COUNTY	HP2030	Indiana	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.35	Age-Adjusted Death Rate due to Breast Cancer	*deaths/ 100,000 females*	22.6	15.3	20.4	19.9	*2015-2019*		14
1.94	Cervical Cancer Screening: 21-65	*Percent*	81.9	84.3		84.7	*2018*		3
1.94	Mammogram in Past 2 Years: 50-74	*percent*	68.5	77.1		74.8	*2018*		3
0.29	Breast Cancer Incidence Rate	*cases/ 100,000 females*	102.6		124.5	126.8	*2014-2018*		14

Union County Indicator Scores

SCORE	**ALCOHOL & DRUG USE**	UNITS	UNION COUNTY	HP2030	Indiana	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.56	Death Rate due to Drug Poisoning	*deaths/ 100,000 population*	65.8		25.8	21	*2017-2019*		7
2.06	Liquor Store Density	*stores/ 100,000 population*	13.7		12	10.4	*2013*		19
1.97	Mothers who Smoked During Pregnancy	*percent*	20.2	4.3	11.8	5.9	*2019*		12
1.24	Adults who Binge Drink	*percent*	15.1			16.7	*2019*		3
1.24	Health Behaviors Ranking		13				*2021*		7
1.15	Adults who Drink Excessively	*percent*	17.8		18.7	19	*2018*		7
0.44	Alcohol-Impaired Driving Deaths	*percent of driving deaths with alcohol involvement*	0	28.3	18.8	27	*2015-2019*		7
SCORE	**CANCER**	UNITS	UNION COUNTY	HP2030	Indiana	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.71	Age-Adjusted Death Rate due to Cancer	*deaths/ 100,000 population*	190	122.7	169.6	152.4	*2015-2019*		14

2.47	All Cancer Incidence Rate	*cases/ 100,000 population*	483.7		457.9	448.6	*2014-2018*		14
2.29	Age-Adjusted Death Rate due to Colorectal Cancer	*deaths/ 100,000 population*	41	8.9	18.1		*2005-2009*		14
1.94	Adults with Cancer	*percent*	8.3			7.1	*2019*		3
1.76	Cervical Cancer Screening: 21-65	*Percent*	83.1	84.3		84.7	*2018*		3
1.76	Mammogram in Past 2 Years: 50-74	*percent*	69.4	77.1		74.8	*2018*		3
1.59	Breast Cancer Incidence Rate	*cases/ 100,000 females*	115.8		124.5	126.8	*2014-2018*		14
1.59	Colon Cancer Screening	*percent*	63.5	74.4		66.4	*2018*		3
1.35	Prostate Cancer Incidence Rate	*cases/ 100,000 males*	99.2		96.5	106.2	*2014-2018*		14
1.32	Cancer: Medicare Population	*percent*	7.6		8	8.4	*2018*		5
1.29	Age-Adjusted Death Rate due to Lung Cancer	*deaths/ 100,000 population*	41.2	25.1	46.7	36.7	*2015-2019*		14
1.00	Colorectal Cancer Incidence Rate	*cases/ 100,000 population*	39.4		42.7	38.7	*2012-2016*		14

0.44	Lung and Bronchus Cancer Incidence Rate	*cases/ 100,000 population*	50.3		69.9	57.3	*2014-2018*		14
SCORE	**CHILDREN'S HEALTH**	UNITS	UNION COUNTY	HP2030	Indiana	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.09	Children with Health Insurance	*percent*	91.9		93		*2019*		20
2.00	Child Abuse Rate	*cases/ 1,000 children*	36		20.8		*2017*		2
0.97	Children with Low Access to a Grocery Store	*percent*	0				*2010*		21
0.71	Projected Child Food Insecurity Rate	*percent*	12.6		16.6		*2021*		8
0.44	Child Food Insecurity Rate	*percent*	12.2		15.3	14.6	*2019*		8
0.44	Food Insecure Children Likely Ineligible for Assistance	*percent*	9		28	23	*2019*		8
SCORE	**COMMUNITY**	UNITS	UNION COUNTY	HP2030	Indiana	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.71	Social Associations	*membership associations/ 10,000 population*	5.7		12.3	9.3	*2018*		7

2.71	Youth not in School or Working	*percent*	6.1		1.9	1.8	*2016-2020*		1
2.53	Workers Commuting by Public Transportation	*percent*	0	5.3	0.9	4.6	*2016-2020*		1
2.53	Workers who Drive Alone to Work	*percent*	84.8		81.3	74.9	*2016-2020*		1
2.12	Persons with an Internet Subscription	*percent*	76.9		86.9	88.5	*2016-2020*		1
2.03	Households with a Smartphone	*percent*	74.7		81.1	81.9	*2021*		6
2.03	Households with Wireless Phone Service	*percent*	95		96.9	97	*2020*		6
2.00	Child Abuse Rate	*cases/ 1,000 children*	36		20.8		*2017*		2
2.00	People 25+ with a High School Degree or Higher	*percent*	87.7		89.3	88.5	*2016-2020*		1
1.94	Households with an Internet Subscription	*percent*	74.6		83.5	85.5	*2016-2020*		1
1.88	People 25+ with a Bachelor's Degree or Higher	*percent*	19.2		27.2	32.9	*2016-2020*	Black (0) White (18.6) Asian (25.3) Mult (0)	1

								Other (0) Hisp (55.2)	
1.85	Solo Drivers with a Long Commute	*percent*	35.3		31.7	37	*2015-2019*		7
1.74	Persons with Health Insurance	*percent*	89.3	92.1	89.7		*2019*		20
1.68	Median Housing Unit Value	*dollars*	128200		148900	229800	*2016-2020*		1
1.65	Mean Travel Time to Work	*minutes*	24.3		23.9	26.9	*2016-2020*		1
1.59	Median Monthly Owner Costs for Households without a Mortgage	*dollars*	436		416	509	*2016-2020*		1
1.59	Social and Economic Factors Ranking		61				*2021*		7
1.56	Median Household Gross Rent	*dollars*	825		844	1096	*2016-2020*		1
1.41	Median Household Income	*dollars*	55278		58235	64994	*2016-2020*		1
1.35	Adults Admitted into Correctional Facilities	*adults*	4				*2021*		10
1.35	People 65+ Living Alone (Count)	*people*	320				*2016-2020*		1

1.35	Workers who Walk to Work	*percent*	2.3		2.1	2.6	*2016-2020*	Black (0) White (2.2) Asian (0) Other (100) Hisp (33.3)	1
1.29	Linguistic Isolation	*percent*	1.2		1.7	4.3	*2016-2020*		1
1.24	Households with One or More Types of Computing Devices	*percent*	88.6		90.3	91.9	*2016-2020*		1
1.24	Per Capita Income	*dollars*	28820		30693	3538 4	*2016-2020*		1
1.18	Voter Turnout: Presidential Election	*percent*	67		65		*2020*		11
1.12	Households without a Vehicle	*percent*	5.2		6.3	8.5	*2016-2020*		1
1.06	Single-Parent Households	*percent*	23.4		24.9	25.3	*2016-2020*		1
1.03	Mortgaged Owners Median Monthly Household Costs	*dollars*	1036		1155	1621	*2016-2020*		1
0.97	Households with No Car and Low Access to a Grocery Store	*percent*	1.5				*2015*		21

SCORE	COUNTY HEALTH RANKINGS	UNITS	UNION COUNTY	HP2030	Indiana	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
0.82	Population 16+ in Civilian Labor Force	*percent*	61.3		60.7	59.6	*2016-2020*		1
0.65	Female Population 16+ in Civilian Labor Force	*percent*	60.8		59	58.4	*2016-2020*		1
0.65	Homeownership	*percent*	66.6		62.3	56.9	*2016-2020*		1
0.44	Alcohol-Impaired Driving Deaths	*percent of driving deaths with alcohol involvement*	0	28.3	18.8	27	*2015-2019*		7
0.29	Children Living Below Poverty Level	*percent*	3.2		17.6	17.5	*2016-2020*	Black (0) White (2.6) Asian (0) Mult (0) Hisp (17.6)	1
0.29	People 65+ Living Alone	*percent*	22.9		28.3	26.3	*2016-2020*		1
0.29	People Living Below Poverty Level	*percent*	5.9	8	12.9	12.8	*2016-2020*		1
0.29	Total Employment Change	*percent*	7.8		0.6	1.6	*2018-2019*		19
0.29	Young Children Living Below Poverty Level	*percent*	4		19.9	19.1	*2016-2020*		1

1.76	Clinical Care Ranking		80				*2021*		7
1.76	Mortality Ranking		83				*2021*		7
1.59	Social and Economic Factors Ranking		61				*2021*		7
1.41	Morbidity Ranking		37				*2021*		7
1.41	Physical Environment Ranking		46				*2021*		7
1.24	Health Behaviors Ranking		13				*2021*		7
SCORE	**ECONOMY**	UNITS	UNION COUNTY	HP2030	Indiana	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.71	Youth not in School or Working	*percent*	6.1		1.9	1.8	*2016-2020*		1
2.29	Households that Used Check Cashing, Cash Advance, or Title Loan Shops	*percent*	7.8		6.3	6	*2021*		6
2.29	Households with a 401k Plan	*percent*	29.6		37.5	39.2	*2021*		6
2.03	Adults who Feel Overwhelmed by Financial Burdens	*percent*	15.3		14.7	14.4	*2021*		6
2.03	Households that are Asset Limited, Income	*percent*	30.3		24		*2018*		23

	Constrained, Employed (ALICE)								
2.03	Households with a Savings Account	*percent*	63.8		68.8	70.2	*2021*		6
1.82	Students Eligible for the Free Lunch Program	*percent*	41.8		41.8	38.5	*2020-2021*		15
1.68	Households that are Above the Asset Limited, Income Constrained, Employed (ALICE) Threshold	*percent*	60.9		63		*2018*		23
1.68	Median Housing Unit Value	*dollars*	128200		148900	229800	*2016-2020*		1
1.65	Overcrowded Households	*percent of households*	1.5		1.6		*2016-2020*		1
1.65	Size of Labor Force	*persons*	3471				*44501*		18
1.59	Median Monthly Owner Costs for Households without a Mortgage	*dollars*	436		416	509	*2016-2020*		1
1.59	Social and Economic Factors Ranking		61				*2021*		7

1.56	Median Household Gross Rent	*dollars*	825		844	1096	*2016-2020*		1
1.41	Median Household Income	*dollars*	55278		58235	64994	*2016-2020*		1
1.32	Food Insecurity Rate	*percent*	11.6		12.4	10.9	*2019*		8
1.24	Per Capita Income	*dollars*	28820		30693	35384	*2016-2020*		1
1.06	Projected Food Insecurity Rate	*percent*	12		13.3		*2021*		8
1.03	Mortgaged Owners Median Monthly Household Costs	*dollars*	1036		1155	1621	*2016-2020*		1
1.00	SNAP Certified Stores	*stores/ 1,000 population*	1				*2017*		21
0.97	Households that are Below the Federal Poverty Level	*percent*	8.8		13		*2018*		23
0.97	Low-Income and Low Access to a Grocery Store	*percent*	0				*2010*		21
0.97	People 65+ Living Below Poverty Level	*percent*	7.2		7.4	9.3	*2016-2020*		1

0.82	Population 16+ in Civilian Labor Force	*percent*	61.3		60.7	59.6	*2016-2020*		1
0.82	Severe Housing Problems	*percent*	11		12.9	18	*2013-2017*		7
0.71	Households with Student Loans Debt	*percent*	7.6		10.9	11.1	*2021*		6
0.71	Projected Child Food Insecurity Rate	*percent*	12.6		16.6		*2021*		8
0.65	Female Population 16+ in Civilian Labor Force	*percent*	60.8		59	58.4	*2016-2020*		1
0.65	Homeownership	*percent*	66.6		62.3	56.9	*2016-2020*		1
0.53	People Living 200% Above Poverty Level	*percent*	72.8		69.4	70.2	*2016-2020*		1
0.44	Child Food Insecurity Rate	*percent*	12.2		15.3	14.6	*2019*		8
0.44	Food Insecure Children Likely Ineligible for Assistance	*percent*	9		28	23	*2019*		8
0.44	Income Inequality		0.4		0.5	0.5	*2016-2020*		1
0.29	Children Living Below Poverty Level	*percent*	3.2		17.6	17.5	*2016-2020*	Black (0) White (2.6) Asian (0) Mult (0) Hisp (17.6)	1

0.29	Families Living Below Poverty Level	*percent*	2.8		8.9	9.1	*2016-2020*	White (2.6) Asian (0) Mult (100) Hisp (4.4)	1
0.29	Homeowner Vacancy Rate	*percent*	0.9		1.3	1.4	*2016-2020*		1
0.29	Households with Cash Public Assistance Income	*percent*	0.5		1.7	2.4	*2016-2020*		1
0.29	People Living Below Poverty Level	*percent*	5.9	8	12.9	12.8	*2016-2020*		1
0.29	Total Employment Change	*percent*	7.8		0.6	1.6	*2018-2019*		19
0.29	Young Children Living Below Poverty Level	*percent*	4		19.9	19.1	*2016-2020*		1
0.00	Persons with Disability Living in Poverty (5-year)	*percent*	13		26.3	25.4	*2016-2020*		1
0.00	Renters Spending 30% or More of Household Income on Rent	*percent*	33.4		46	49.1	*2016-2020*		1
0.00	Unemployed Workers in Civilian Labor Force	*percent*	1.3		2.1	3.9	*November 2021*		18
SCORE	**EDUCATION**	UNITS	UNION COUNTY	HP2030	Indiana	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source

2.00	People 25+ with a High School Degree or Higher	*percent*	87.7		89.3	88.5	*2016-2020*		1
1.88	People 25+ with a Bachelor's Degree or Higher	*percent*	19.2		27.2	32.9	*2016-2020*	Black (0) White (18.6) Asian (25.3) Mult (0) Other (0) Hisp (55.2)	1
1.76	4th Grade Students Proficient in Math	*percent*	65.9		61.2		*2017*		2
1.26	High School Graduation	*percent*	91.8	90.7	88.7	84.6	*2017*		2
1.15	Student-to-Teacher Ratio	*students/ teacher*	14.6		15.7	16.3	*2020-2021*		15
1.12	4th Grade Students Proficient in English/Language Arts	*percent*	81.3		64.9		*2017*		2
1.12	8th Grade Students Proficient in English/Language Arts	*percent*	68		60.7		*2017*		2
0.97	8th Grade Students Proficient in Math	*percent*	69.7		54.4		*2017*		2

SCORE	**ENVIRONMENTAL HEALTH**	UNITS	UNION COUNTY	HP2030	Indiana	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.56	Houses Built Prior to 1950	*percent*	36.4		22.5	17.2	*2016-2020*		1
2.06	Liquor Store Density	*stores/ 100,000 population*	13.7		12	10.4	*2013*		19
1.94	Adults with Current Asthma	*percent*	10.1			8.9	*2019*		3
1.94	Number of Extreme Heat Events	*events*	21				*2019*		17
1.85	Farmers Market Density	*markets/ 1,000 population*	0				*2018*		21
1.85	Recreation and Fitness Facilities	*facilities/ 1,000 population*	0				*2016*		21
1.68	Access to Exercise Opportunities	*percent*	70.2		75.2	84	*2020*		7
1.68	Asthma: Medicare Population	*percent*	4.9		4.9	5	*2018*		5
1.68	Grocery Store Density	*stores/ 1,000 population*	0.1				*2016*		21
1.65	Overcrowded Households	*percent of households*	1.5		1.6		*2016-2020*		1
1.65	Recognized Carcinogens Released into Air	*pounds*	2983				*2020*		22

1.65	Weeks of Moderate Drought or Worse	*weeks per year*	3				*2020*		17
1.41	Physical Environment Ranking		46				*2021*		7
1.35	Number of Extreme Precipitation Days	*days*	26				*2019*		17
1.18	Fast Food Restaurant Density	*restaurants/ 1,000 population*	0.6				*2016*		21
1.00	SNAP Certified Stores	*stores/ 1,000 population*	1				*2017*		21
0.97	Children with Low Access to a Grocery Store	*percent*	0				*2010*		21
0.97	Households with No Car and Low Access to a Grocery Store	*percent*	1.5				*2015*		21
0.97	Low-Income and Low Access to a Grocery Store	*percent*	0				*2010*		21
0.97	People 65+ with Low Access to a Grocery Store	*percent*	0				*2010*		21
0.97	People with Low Access to a Grocery Store	*percent*	0				*2010*		21

0.97	WIC Certified Stores	*stores/ 1,000 population*	0.3				*2016*		21
0.82	Severe Housing Problems	*percent*	11		12.9	18	*2013-2017*		7
0.59	Food Environment Index		8.3		7.2	7.3	*2017*		7
SCORE	**HEALTH CARE ACCESS & QUALITY**	UNITS	UNION COUNTY	HP2030	Indiana	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Sour ce
2.44	Primary Care Provider Rate	*providers/ 100,000 population*	14.2		66.8		*2018*		7
2.29	Dentist Rate	*dentists/ 100,000 population*	13.2		46.2		*2010*		7
2.29	Mental Health Provider Rate	*providers/ 100,000 population*	13.8		140		*2015*		7
2.09	Children with Health Insurance	*percent*	91.9		93		*2019*		20
1.97	Non-Physician Primary Care Provider Rate	*providers/ 100,000 population*	42.5		100.6		*2020*		7
1.94	Adults who Visited a Dentist	*percent*	59.5			66.5	*2018*		3
1.76	Clinical Care Ranking		80				*2021*		7
1.74	Persons with Health Insurance	*percent*	89.3	92.1	89.7		*2019*		20

1.56	Adults with Health Insurance: 18-64	*percent*	88.3		88.3		*2019*		20
1.41	Adults who have had a Routine Checkup	*percent*	77			76.6	*2019*		3
SCORE	**HEART DISEASE & STROKE**	UNITS	UNION COUNTY	HP2030	Indiana	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
3.00	Heart Failure: Medicare Population	*percent*	19.9		15.1	14	*2018*		5
2.35	Ischemic Heart Disease: Medicare Population	*percent*	30.9		28.3	26.8	*2018*		5
2.18	Age-Adjusted Death Rate due to Heart Attack	*deaths/ 100,000 population 35+ years*	158.4		74		*2017*		17
2.06	Age-Adjusted Death Rate due to Coronary Heart Disease	*deaths/ 100,000 population*	113.5	71.1	95.8	90.2	*2018-2020*		4
2.00	Hypertension: Medicare Population	*percent*	60.1		59.6	57.2	*2018*		5
1.94	Adults who Experienced Coronary Heart Disease	*percent*	8			6.2	*2019*		3

1.94	High Blood Pressure Prevalence	*percent*	37.4	27.7		32.6	*2019*		3
1.76	Adults who Experienced a Stroke	*percent*	4			3.4	*2019*		3
1.76	High Cholesterol Prevalence: Adults 18+	*percent*	36.2			33.6	*2019*		3
1.59	Cholesterol Test History	*percent*	85.4			87.6	*2019*		3
1.29	Hyperlipidemia: Medicare Population	*percent*	45.4		47.9	47.7	*2018*		5
1.12	Atrial Fibrillation: Medicare Population	*percent*	7.9		8.5	8.4	*2018*		5
0.88	Adults who Have Taken Medications for High Blood Pressure	*percent*	80.1			76.2	*2019*		3
0.65	Stroke: Medicare Population	*percent*	3.3		3.7	3.8	*2018*		5
SCORE	**IMMUNIZATIONS & INFECTIOUS DISEASES**	UNITS	UNION COUNTY	HP2030	Indiana	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Sour ce
2.03	Adults who Agree Vaccine Benefits	*Percent*	46.4		48.2	49.4	*2021*		6

	Outweigh Possible Risks								
1.65	Overcrowded Households	*percent of households*	1.5		1.6		*2016-2020*		1
1.59	Gonorrhea Incidence Rate	*cases/ 100,000 population*	99.2		177.1	187.8	*2019*		16
1.12	Chlamydia Incidence Rate	*cases/ 100,000 population*	269.4		526.3	551	*2019*		16
1.06	Persons Fully Vaccinated Against COVID-19	*percent*	49.5				*44652*		4
0.97	Salmonella Infection Incidence Rate	*cases/ 100,000 population*	0	11.1	11.9		*2018*		12
0.59	COVID-19 Daily Average Incidence Rate	*cases per 100,000 population*	0		1.3	6.5	*44666*		9
0.44	COVID-19 Daily Average Case-Fatality Rate	*deaths per 100 cases*	0		5.6	7.7	*44659*		9
SCORE	**MATERNAL, FETAL & INFANT HEALTH**	UNITS	UNION COUNTY	HP2030	Indiana	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
1.97	Mothers who Received Early Prenatal Care	*percent*	66.7		68.9	75.8	*2019*		12

1.97	Mothers who Smoked During Pregnancy	*percent*	20.2	4.3	11.8	5.9	*2019*		12
1.91	Preterm Births (OE)	*percent*	13.8	9.4			*2008*		12
0.97	WIC Certified Stores	*stores/ 1,000 population*	0.3				*2016*		21
SCORE	**MENTAL HEALTH & MENTAL DISORDERS**	UNITS	UNION COUNTY	HP2030	Indiana	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.65	Depression: Medicare Population	*percent*	21.7		21.1	18.4	*2018*		5
2.29	Mental Health Provider Rate	*providers/ 100,000 population*	13.8		140		*2015*		7
2.21	Poor Mental Health: Average Number of Days	*days*	5		4.7	4.1	*2018*		7
1.94	Adults Ever Diagnosed with Depression	*percent*	23.1			18.8	*2019*		3
1.94	Poor Mental Health: 14+ Days	*percent*	15.6			13.6	*2019*		3
0.76	Alzheimer's Disease or Dementia: Medicare Population	*percent*	9.6		11	10.8	*2018*		5

SCORE	**MORTALITY DATA**	UNITS	UNION COUNTY	HP2030	Indiana	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
3.00	Premature Death	*years/ 100,000 population*	10832.8		8251.6	6900	*2017-2019*		7
2.71	Age-Adjusted Death Rate due to Cancer	*deaths/ 100,000 population*	190	122.7	169.6	152.4	*2015-2019*		14
2.56	Death Rate due to Drug Poisoning	*deaths/ 100,000 population*	65.8		25.8	21	*2017-2019*		7
2.41	Age-Adjusted Death Rate due to Unintentional Injuries	*deaths/ 100,000 population*	88.5	43.2	59.4	51.6	*2018-2020*		4
2.38	Age-Adjusted Death Rate due to Chronic Lower Respiratory Diseases	*deaths/ 100,000 population*	67.7		55.6	38.1	*2018-2020*		4
2.29	Age-Adjusted Death Rate due to Colorectal Cancer	*deaths/ 100,000 population*	41	8.9	18.1		*2005-2009*		14
2.18	Age-Adjusted Death Rate due to Heart Attack	*deaths/ 100,000 population 35+ years*	158.4		74		*2017*		17

2.06	Age-Adjusted Death Rate due to Coronary Heart Disease	*deaths/ 100,000 population*	113.5	71.1	95.8	90.2	*2018-2020*		4
1.85	Life Expectancy	*years*	76.1		77.1	79.2	*2017-2019*		7
1.76	Mortality Ranking		83				*2021*		7
1.29	Age-Adjusted Death Rate due to Lung Cancer	*deaths/ 100,000 population*	41.2	25.1	46.7	36.7	*2015-2019*		14
0.44	Alcohol-Impaired Driving Deaths	*percent of driving deaths with alcohol involvement*	0	28.3	18.8	27	*2015-2019*		7
SCORE	**NUTRITION & HEALTHY EATING**	UNITS	UNION COUNTY	HP2030	Indiana	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
1.68	Adult Sugar-Sweetened Beverage Consumption: Past 7 Days	*percent*	82.2		81.6	80.4	*2021*		6
1.59	Adults who Frequently Cook Meals at Home	*Percent*	33		33.6	34.4	*2021*		6
0.97	Adults Who Frequently Used Quick Service Restaurants: Past 30 Days	*Percent*	40.1		42.3	41.2	*2021*		6

0.97	WIC Certified Stores	*stores/ 1,000 population*	0.3				*2016*		21
SCORE	**OLDER ADULTS**	UNITS	UNION COUNTY	HP2030	Indiana	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
3.00	Heart Failure: Medicare Population	*percent*	19.9		15.1	14	*2018*		5
2.82	Chronic Kidney Disease: Medicare Population	*percent*	27.3		25.5	24.5	*2018*		5
2.65	Depression: Medicare Population	*percent*	21.7		21.1	18.4	*2018*		5
2.35	Ischemic Heart Disease: Medicare Population	*percent*	30.9		28.3	26.8	*2018*		5
2.00	Hypertension: Medicare Population	*percent*	60.1		59.6	57.2	*2018*		5
1.94	Adults 65+ who Received Recommended Preventive Services: Females	*percent*	25.8			28.4	*2018*		3
1.94	Adults 65+ who Received Recommended Preventive Services: Males	*percent*	26.6			32.4	*2018*		3

1.94	Adults 65+ with Total Tooth Loss	*percent*	18.5			13.5	*2018*		3
1.82	COPD: Medicare Population	*percent*	13.9		14.3	11.5	*2018*		5
1.76	Adults with Arthritis	*percent*	29			25.1	*2019*		3
1.76	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	*percent*	33.5		35	33.5	*2018*		5
1.68	Asthma: Medicare Population	*percent*	4.9		4.9	5	*2018*		5
1.59	Colon Cancer Screening	*percent*	63.5	74.4		66.4	*2018*		3
1.59	Diabetes: Medicare Population	*percent*	26.6		27.8	27	*2018*		5
1.35	People 65+ Living Alone (Count)	*people*	320				*2016-2020*		1
1.32	Cancer: Medicare Population	*percent*	7.6		8	8.4	*2018*		5
1.29	Hyperlipidemia: Medicare Population	*percent*	45.4		47.9	47.7	*2018*		5
1.12	Atrial Fibrillation: Medicare Population	*percent*	7.9		8.5	8.4	*2018*		5

0.97	People 65+ Living Below Poverty Level	*percent*	7.2		7.4	9.3	*2016-2020*		1
0.97	People 65+ with Low Access to a Grocery Store	*percent*	0				*2010*		21
0.82	Osteoporosis: Medicare Population	*percent*	5.6		6.3	6.6	*2018*		5
0.76	Alzheimer's Disease or Dementia: Medicare Population	*percent*	9.6		11	10.8	*2018*		5
0.65	Stroke: Medicare Population	*percent*	3.3		3.7	3.8	*2018*		5
0.29	People 65+ Living Alone	*percent*	22.9		28.3	26.3	*2016-2020*		1
SCORE	**ORAL HEALTH**	UNITS	UNION COUNTY	HP2030	Indiana	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Sour ce
2.29	Dentist Rate	*dentists/ 100,000 population*	13.2		46.2		*2010*		7
1.94	Adults 65+ with Total Tooth Loss	*percent*	18.5			13.5	*2018*		3
1.94	Adults who Visited a Dentist	*percent*	59.5			66.5	*2018*		3

SCORE	**OTHER CONDITIONS**	UNITS	UNION COUNTY	HP2030	Indiana	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.82	Chronic Kidney Disease: Medicare Population	*percent*	27.3		25.5	24.5	*2018*		5
1.76	Adults with Arthritis	*percent*	29			25.1	*2019*		3
1.76	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	*percent*	33.5		35	33.5	*2018*		5
1.59	Adults with Kidney Disease	*Percent of adults*	3.3			3.1	*2019*		3
0.82	Osteoporosis: Medicare Population	*percent*	5.6		6.3	6.6	*2018*		5
SCORE	**PHYSICAL ACTIVITY**	UNITS	UNION COUNTY	HP2030	Indiana	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.29	Adults who Follow a Regular Exercise Routine	*Percent*	17.2		21.2	23.3	*2021*		6
1.85	Farmers Market Density	*markets/ 1,000 population*	0				*2018*		21
1.85	Recreation and Fitness Facilities	*facilities/ 1,000 population*	0				*2016*		21

1.68	Access to Exercise Opportunities	*percent*	70.2		75.2	84	*2020*		7
1.68	Adult Sugar-Sweetened Beverage Consumption: Past 7 Days	*percent*	82.2		81.6	80.4	*2021*		6
1.68	Grocery Store Density	*stores/ 1,000 population*	0.1				*2016*		21
1.35	Workers who Walk to Work	*percent*	2.3		2.1	2.6	*2016-2020*	Black (0) White (2.2) Asian (0) Other (100) Hisp (33.3)	1
1.24	Health Behaviors Ranking		13				*2021*		7
1.18	Fast Food Restaurant Density	*restaurants/ 1,000 population*	0.6				*2016*		21
1.15	Adults 20+ Who Are Obese	*percent*	25.1	36			*2019*		4
1.00	SNAP Certified Stores	*stores/ 1,000 population*	1				*2017*		21
0.97	Children with Low Access to a Grocery Store	*percent*	0				*2010*		21
0.97	Households with No Car and Low Access to a Grocery Store	*percent*	1.5				*2015*		21

0.97	Low-Income and Low Access to a Grocery Store	*percent*	0				*2010*		21
0.97	People 65+ with Low Access to a Grocery Store	*percent*	0				*2010*		21
0.97	People with Low Access to a Grocery Store	*percent*	0				*2010*		21
0.82	Adults 20+ who are Sedentary	*percent*	19.3				*2019*		4
0.59	Food Environment Index		8.3		7.2	7.3	*2017*		7
SCORE	**PREVENTION & SAFETY**	UNITS	UNION COUNTY	HP2030	Indiana	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.56	Death Rate due to Drug Poisoning	*deaths/ 100,000 population*	65.8		25.8	21	*2017-2019*		7
2.41	Age-Adjusted Death Rate due to Unintentional Injuries	*deaths/ 100,000 population*	88.5	43.2	59.4	51.6	*2018-2020*		4
0.82	Severe Housing Problems	*percent*	11		12.9	18	*2013-2017*		7
SCORE	**RESPIRATORY DISEASES**	UNITS	UNION COUNTY	HP2030	Indiana	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.56	Adults Who Used Electronic	*percent*	5		4.5	4.1	*2021*		6

	Cigarettes: Past 30 Days								
2.56	Adults Who Used Smokeless Tobacco: Past 30 Days	*percent*	4.3		2.6	2	*2021*		6
2.38	Adults who Smoke	*percent*	24.6	5	21.7	17	*2018*		7
2.38	Age-Adjusted Death Rate due to Chronic Lower Respiratory Diseases	*deaths/ 100,000 population*	67.7		55.6	38.1	*2018-2020*		4
1.94	Adults with COPD	*Percent of adults*	10.1			6.6	*2019*		3
1.94	Adults with Current Asthma	*percent*	10.1			8.9	*2019*		3
1.82	COPD: Medicare Population	*percent*	13.9		14.3	11.5	*2018*		5
1.68	Asthma: Medicare Population	*percent*	4.9		4.9	5	*2018*		5
1.29	Age-Adjusted Death Rate due to Lung Cancer	*deaths/ 100,000 population*	41.2	25.1	46.7	36.7	*2015-2019*		14
0.59	COVID-19 Daily Average Incidence Rate	*cases per 100,000 population*	0		1.3	6.5	*44666*		9
0.44	COVID-19 Daily Average Case-Fatality Rate	*deaths per 100 cases*	0		5.6	7.7	*44659*		9

SCORE		UNITS	UNION COUNTY	HP2030	Indiana	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
0.44	Lung and Bronchus Cancer Incidence Rate	*cases/ 100,000 population*	50.3		69.9	57.3	*2014-2018*		14
SCORE	**TOBACCO USE**	UNITS	UNION COUNTY	HP2030	Indiana	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.56	Adults Who Used Electronic Cigarettes: Past 30 Days	*percent*	5		4.5	4.1	*2021*		6
2.56	Adults Who Used Smokeless Tobacco: Past 30 Days	*percent*	4.3		2.6	2	*2021*		6
2.38	Adults who Smoke	*percent*	24.6	5	21.7	17	*2018*		7
SCORE	**WELLNESS & LIFESTYLE**	UNITS	UNION COUNTY	HP2030	Indiana	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.29	Adults who Follow a Regular Exercise Routine	*Percent*	17.2		21.2	23.3	*2021*		6
2.03	Adults who Agree Vaccine Benefits Outweigh Possible Risks	*Percent*	46.4		48.2	49.4	*2021*		6
1.94	High Blood Pressure Prevalence	*percent*	37.4	27.7		32.6	*2019*		3
1.94	Poor Physical Health: 14+ Days	*percent*	15.4			12.5	*2019*		3

1.94	Self-Reported General Health Assessment: Poor or Fair	*percent*	21.8			18.6	*2019*		3
1.85	Life Expectancy	*years*	76.1		77.1	79.2	*2017-2019*		7
1.68	Adult Sugar-Sweetened Beverage Consumption: Past 7 Days	*percent*	82.2		81.6	80.4	*2021*		6
1.68	Poor Physical Health: Average Number of Days	*days*	4.3		4	3.7	*2018*		7
1.59	Adults who Frequently Cook Meals at Home	*Percent*	33		33.6	34.4	*2021*		6
1.50	Insufficient Sleep	*percent*	37.1	31.4	38	35	*2018*		7
1.41	Morbidity Ranking		37				*2021*		7
0.97	Adults Who Frequently Used Quick Service Restaurants: Past 30 Days	*Percent*	40.1		42.3	41.2	*2021*		6
SCORE	**WOMEN'S HEALTH**	UNITS	UNION COUNTY	HP2030	Indiana	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
1.76	Cervical Cancer Screening: 21-65	*Percent*	83.1	84.3		84.7	*2018*		3

1.76	Mammogram in Past 2 Years: 50-74	*percent*	69.4	77.1		74.8	*2018*		3
1.59	Breast Cancer Incidence Rate	*cases/ 100,000 females*	115.8		124.5	126.8	*2014-2018*		14

Wayne County Indicator Scores

SCORE	ALCOHOL & DRUG USE	UNITS	WAYNE COUNTY	HP2030	Indiana	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY	Source
3.00	Death Rate due to Drug Poisoning	*deaths/ 100,000 population*	78.8		25.8	21	*2017-2019*		7
2.56	Age-Adjusted Drug and Opioid-Involved Overdose Death Rate	*Deaths per 100,000 population*	80.4		29.6	23.5	*2018-2020*		4
2.26	Mothers who Smoked During Pregnancy	*percent*	17.7	4.3	11.8	5.9	*2019*		12
2.24	Liquor Store Density	*stores/ 100,000 population*	18.2		12.2	10.5	*2019*		19
1.88	Non-Fatal Emergency Department Visits due to Opioid Overdoses	*Rate per 100,000 population*	183.7		75.2		*2019*		12
1.76	Health Behaviors Ranking		80				*2021*		7

1.68	Adults who Drink Excessively	percent	18.9		18.7	19	2018		7
0.97	Alcohol-Impaired Driving Deaths	percent of driving deaths with alcohol involvement	18.2	28.3	18.8	27	2015-2019		7
0.88	Adults who Binge Drink	percent	14.1			16.7	2019		3
SCORE	**CANCER**	UNITS	WAYNE COUNTY	HP2030	Indiana	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.74	Cervical Cancer Incidence Rate	cases/ 100,000 females	17		8.3	7.7	2014-2018		14
2.71	Age-Adjusted Death Rate due to Prostate Cancer	deaths/ 100,000 males	22.9	16.9	19.4	18.9	2015-2019		14
2.18	Age-Adjusted Death Rate due to Colorectal Cancer	deaths/ 100,000 population	16.3	8.9	14.9	13.4	2015-2019		14
1.94	Adults with Cancer	percent	8.1			7.1	2019		3

1.88	Age-Adjusted Death Rate due to Cancer	*deaths/ 100,000 population*	176.4	122.7	169.6	152.4	*2015-2019*		14
1.88	Age-Adjusted Death Rate due to Lung Cancer	*deaths/ 100,000 population*	49.6	25.1	46.7	36.7	*2015-2019*		14
1.88	Lung and Bronchus Cancer Incidence Rate	*cases/ 100,000 population*	72.4		69.9	57.3	*2014-2018*		14
1.76	Cervical Cancer Screening: 21-65	*Percent*	83.1	84.3		84.7	*2018*		3
1.71	Colorectal Cancer Incidence Rate	*cases/ 100,000 population*	42.6		41.7	38	*2014-2018*		14
1.59	Mammogram in Past 2 Years: 50-74	*percent*	70.8	77.1		74.8	*2018*		3
1.24	Colon Cancer Screening	*percent*	65	74.4		66.4	*2018*		3
1.00	Age-Adjusted Death Rate due to Breast Cancer	*deaths/ 100,000 females*	19.2	15.3	20.4	19.9	*2015-2019*		14
1.00	Prostate Cancer Incidence Rate	*cases/ 100,000 males*	92.6		96.5	106.2	*2014-2018*		14

0.82	Breast Cancer Incidence Rate	*cases/ 100,000 females*	114.1		124.5	126.8	*2014-2018*		14
0.71	All Cancer Incidence Rate	*cases/ 100,000 population*	448		457.9	448.6	*2014-2018*		14
0.71	Oral Cavity and Pharynx Cancer Incidence Rate	*cases/ 100,000 population*	11.7		12.8	11.9	*2014-2018*		14
0.29	Cancer: Medicare Population	*percent*	6.7		8	8.4	*2018*		5
SCORE	**CHILDREN'S HEALTH**	UNITS	WAYNE COUNTY	HP2030	Indiana	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.38	Child Food Insecurity Rate	*percent*	20.3		15.3	14.6	*2019*		8
2.29	Child Abuse Rate	*cases/ 1,000 children*	27.6		20.8		*2017*		2
2.12	Projected Child Food Insecurity Rate	*percent*	22.3		16.6		*2021*		8
1.76	Blood Lead Levels in Children (>=5	*percent*	3.2		2.4		*2014*		17

	micrograms per deciliter)								
1.76	Children with Health Insurance	*percent*	92.5		93		*2019*		20
1.32	Children with Low Access to a Grocery Store	*percent*	3.4				*2015*		21
1.15	Food Insecure Children Likely Ineligible for Assistance	*percent*	21		28	23	*2019*		8

SCORE	**COMMUNITY**	UNITS	WAYNE COUNTY	HP2030	Indiana	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.71	Young Children Living Below Poverty Level	*percent*	33.6		19.9	19.1	*2016-2020*		1
2.53	People 65+ Living Alone	*percent*	30.6		28.3	26.3	*2016-2020*		1
2.41	Children Living Below Poverty Level	*percent*	25.2		17.6	17.5	*2016-2020*		1
2.38	Age-Adjusted Death Rate due to Motor Vehicle Traffic Collisions	*deaths/ 100,000 population*	14.1	10.1	12.6	11.4	*2018-2020*		4

2.38	People Living Below Poverty Level	*percent*	16.8	8	12.9	12.8	*2016-2020*	Black (32.2) White (15) Asian (29.6) AIAN (15.6) NHPI (0) Mult (23.9) Other (51.3) Hisp (25)	1
2.29	Child Abuse Rate	*cases/ 1,000 children*	27.6		20.8		*2017*		2
2.06	Total Employment Change	*percent*	-0.7		0.6	1.6	*2018-2019*		19
1.94	Median Household Income	*dollars*	47756		58235	64994	*2016-2020*		1
1.94	Persons with Health Insurance	*percent*	88.6	92.1	89.7		*2019*		20
1.88	People 25+ with a Bachelor's Degree or Higher	*percent*	19.8		27.2	32.9	*2016-2020*		1
1.88	Single-Parent Households	*percent*	26.7		24.9	25.3	*2016-2020*		1

1.85	Households with a Smartphone	*percent*	76.2		81.1	81.9	*2021*		6
1.85	Median Housing Unit Value	*dollars*	102400		148900	229800	*2016-2020*		1
1.76	Per Capita Income	*dollars*	26605		30693	35384	*2016-2020*		1
1.76	Social and Economic Factors Ranking		82				*2021*		7
1.71	Homeownership	*percent*	58.3		62.3	56.9	*2016-2020*		1
1.71	People 25+ with a High School Degree or Higher	*percent*	87.8		89.3	88.5	*2016-2020*		1
1.68	Population 16+ in Civilian Labor Force	*percent*	57.6		60.7	59.6	*2016-2020*		1
1.68	Violent Crime Rate	*crimes/ 100,000 population*	282.7		333.7	393.1	*2010-2012*		7
1.65	Average Daily Jail Population	*offenders*	14				*2021*		10
1.65	People 65+ Living Alone (Count)	*people*	3842				*2016-2020*		1

1.59	Households without a Vehicle	*percent*	7.5		6.3	8.5	*2016-2020*		1
1.59	Linguistic Isolation	*percent*	1.3		1.7	4.3	*2016-2020*		1
1.59	Persons with an Internet Subscription	*percent*	80.6		86.9	88.5	*2016-2020*		1
1.53	Workers Commuting by Public Transportation	*percent*	0.4	5.3	0.9	4.6	*2016-2020*	Black (6.2) White (0.1) Asian (0) AIAN (0) NHPI (100) Mult (0) Other (0) Hisp (0)	1
1.50	Households with Wireless Phone Service	*percent*	96		96.9	97	*2020*		6
1.50	Median Monthly Owner Costs for Households without a Mortgage	*dollars*	379		416	509	*2016-2020*		1
1.41	Households with an Internet Subscription	*percent*	77.9		83.5	85.5	*2016-2020*		1

1.41	Households with One or More Types of Computing Devices	*percent*	88.2		90.3	91.9	*2016-2020*		1
1.41	Voter Turnout: Presidential Election	*percent*	64		65		*2020*		11
1.35	Adults Admitted into Correctional Facilities	*adults*	76				*2021*		10
1.35	Female Population 16+ in Civilian Labor Force	*percent*	56.5		59	58.4	*2016-2020*		1
1.35	Juveniles Admitted into Correctional Facilities	*juveniles*	2				*2021*		10
1.32	Households with No Car and Low Access to a Grocery Store	*percent*	2.3				*2015*		21
1.32	Median Household Gross Rent	*dollars*	704		844	1096	*2016-2020*		1
1.06	Mean Travel Time to Work	*minutes*	20.6		23.9	26.9	*2016-2020*		1

0.97	Alcohol-Impaired Driving Deaths	*percent of driving deaths with alcohol involvement*	18.2	28.3	18.8	27	*2015-2019*		7
0.94	Social Associations	*membership associations/ 10,000 population*	14.3		12.3	9.3	*2018*		7
0.88	Solo Drivers with a Long Commute	*percent*	21.3		31.7	37	*2015-2019*		7
0.88	Workers who Drive Alone to Work	*percent*	80.2		81.3	74.9	*2016-2020*		1
0.85	Mortgaged Owners Median Monthly Household Costs	*dollars*	948		1155	1621	*2016-2020*		1
0.71	Youth not in School or Working	*percent*	1.7		1.9	1.8	*2016-2020*		1
0.62	Workers who Walk to Work	*percent*	3.1		2.1	2.6	*2016-2020*	Black (10.7) White (2.5) Asian (20.8) AIAN	1

								(7.3) NHPI (0) Mult (5.8) Other (0) Hisp (0.5)	
SCORE	**COUNTY HEALTH RANKINGS**	UNITS	WAYNE COUNTY	HP2030	Indiana	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
1.76	Health Behaviors Ranking		80				*2021*		7
1.76	Morbidity Ranking		75				*2021*		7
1.76	Mortality Ranking		91				*2021*		7
1.76	Social and Economic Factors Ranking		82				*2021*		7
1.59	Clinical Care Ranking		59				*2021*		7
1.41	Physical Environment Ranking		41				*2021*		7
SCORE	**DIABETES**	UNITS	WAYNE COUNTY	HP2030	Indiana	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source

2.35	Age-Adjusted Death Rate due to Diabetes	*deaths/ 100,000 population*	33.4		26.9	22.6	*2018-2020*		4
2.29	Diabetes: Medicare Population	*percent*	28.1		27.8	27	*2018*		5
1.88	Adults 20+ with Diabetes	*percent*	10.4				*2019*		4
SCORE	**ECONOMY**	UNITS	WAYNE COUNTY	HP2030	Indiana	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.71	Young Children Living Below Poverty Level	*percent*	33.6		19.9	19.1	*2016-2020*		1
2.41	Children Living Below Poverty Level	*percent*	25.2		17.6	17.5	*2016-2020*		1
2.38	Child Food Insecurity Rate	*percent*	20.3		15.3	14.6	*2019*		8
2.38	Food Insecurity Rate	*percent*	15.2		12.4	10.9	*2019*		8
2.38	People Living Below Poverty Level	*percent*	16.8	8	12.9	12.8	*2016-2020*	Black (32.2) White (15) Asian (29.6) AIAN	1

								(15.6) NHPI (0) Mult (23.9) Other (51.3) Hisp (25)	
2.29	Households with a 401k Plan	*percent*	30.8		37.5	39.2	*2021*		6
2.29	Persons with Disability Living in Poverty	*percent*	29.9		25.6	25	*2019*		1
2.24	Families Living Below Poverty Level	*percent*	12.8		8.9	9.1	*2016-2020*	Black (23.7) White (11.9) Asian (25.3) AIAN (25) Mult (6.5) Other (44.3) Hisp (27.7)	1
2.24	Students Eligible for the Free Lunch Program	*percent*	50.5		41.8	38.5	*2020-2021*		15
2.12	Households that Used Check Cashing, Cash	*percent*	7		6.3	6	*2021*		6

	Advance, or Title Loan Shops								
2.12	Projected Child Food Insecurity Rate	*percent*	22.3		16.6		*2021*		8
2.12	Projected Food Insecurity Rate	*percent*	16.5		13.3		*2021*		8
2.06	Total Employment Change	*percent*	-0.7		0.6	1.6	*2018-2019*		19
2.03	Adults who Feel Overwhelmed by Financial Burdens	*percent*	15.1		14.7	14.4	*2021*		6
2.03	Households that are Below the Federal Poverty Level	*percent*	15.4		13		*2018*		23
2.03	Households with a Savings Account	*percent*	64		68.8	70.2	*2021*		6
1.94	Median Household Income	*dollars*	47756		58235	64994	*2016-2020*		1

1.94	People Living 200% Above Poverty Level	*percent*	62.1		69.4	70.2	*2016-2020*		1
1.88	Households with Cash Public Assistance Income	*percent*	2.3		1.7	2.4	*2016-2020*		1
1.85	Median Housing Unit Value	*dollars*	102400		148900	229800	*2016-2020*		1
1.85	Persons with Disability Living in Poverty (5-year)	*percent*	27.6		26.3	25.4	*2016-2020*		1
1.76	Homeowner Vacancy Rate	*percent*	1.6		1.3	1.4	*2016-2020*		1
1.76	Per Capita Income	*dollars*	26605		30693	35384	*2016-2020*		1
1.76	Social and Economic Factors Ranking		82				*2021*		7
1.71	Homeownership	*percent*	58.3		62.3	56.9	*2016-2020*		1
1.68	Households that are Above the Asset Limited, Income	*percent*	62		63		*2018*		23

	Constrained, Employed (ALICE) Threshold								
1.68	Income Inequality		0.5		0.5	0.5	*2016-2020*		1
1.68	Low-Income and Low Access to a Grocery Store	*percent*	6.6				*2015*		21
1.68	Population 16+ in Civilian Labor Force	*percent*	57.6		60.7	59.6	*2016-2020*		1
1.50	Median Monthly Owner Costs for Households without a Mortgage	*dollars*	379		416	509	*2016-2020*		1
1.35	Female Population 16+ in Civilian Labor Force	*percent*	56.5		59	58.4	*2016-2020*		1
1.35	People 65+ Living Below Poverty Level	*percent*	8.2		7.4	9.3	*2016-2020*	Black (21.9) White (7.7) Asian (0) Mult (13.4) Hisp (0)	1

1.35	People 65+ Living Below Poverty Level (Count)	*people*	972				*2016-2020*		1
1.32	Households that are Asset Limited, Income Constrained, Employed (ALICE)	*percent*	22.6		24		*2018*		23
1.32	Median Household Gross Rent	*dollars*	704		844	1096	*2016-2020*		1
1.15	Food Insecure Children Likely Ineligible for Assistance	*percent*	21		28	23	*2019*		8
1.00	SNAP Certified Stores	*stores/ 1,000 population*	1				*2017*		21
0.88	Households with Student Loans Debt	*percent*	8.6		10.9	11.1	*2021*		6
0.88	Severe Housing Problems	*percent*	12.7		12.9	18	*2013-2017*		7
0.85	Mortgaged Owners Median Monthly	*dollars*	948		1155	1621	*2016-2020*		1

	Household Costs								
0.82	Overcrowded Households	*percent of households*	1.1		1.6		*2016-2020*		1
0.74	Mortgaged Owners Spending 30% or More of Household Income on Housing	*percent*	18		18.7	26.5	*2019*		1
0.71	Unemployed Workers in Civilian Labor Force	*percent*	2.2		2.1	3.9	*November 2021*		18
0.71	Youth not in School or Working	*percent*	1.7		1.9	1.8	*2016-2020*		1
0.65	Renters Spending 30% or More of Household Income on Rent	*percent*	40.7		46	49.1	*2016-2020*		1

SCORE	**EDUCATION**	UNITS	WAYNE COUNTY	HP2030	Indiana	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.18	8th Grade Students	*percent*	41.9		54.4		*2017*		2

	Proficient in Math								
2.00	4th Grade Students Proficient in Math	*percent*	56.2		61.2		*2017*		2
1.88	People 25+ with a Bachelor's Degree or Higher	*percent*	19.8		27.2	32.9	*2016-2020*		1
1.71	People 25+ with a High School Degree or Higher	*percent*	87.8		89.3	88.5	*2016-2020*		1
1.65	4th Grade Students Proficient in English/Language Arts	*percent*	65.2		64.9		*2017*		2
1.47	8th Grade Students Proficient in English/Language Arts	*percent*	61.5		60.7		*2017*		2
1.00	Student-to-Teacher Ratio	*students/ teacher*	14.6		15.7	16.3	*2020-2021*		15
0.74	High School Graduation	*percent*	96.3	90.7	88.7	84.6	*2017*		2

SCORE	**ENVIRONMENTAL HEALTH**	UNITS	WAYNE COUNTY	HP2030	Indiana	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.41	Asthma: Medicare Population	*percent*	5.5		4.9	5	*2018*		5
2.41	Houses Built Prior to 1950	*percent*	36.4		22.5	17.2	*2016-2020*		1
2.29	Adults with Current Asthma	*percent*	10.4			8.9	*2019*		3
2.24	Liquor Store Density	*stores/ 100,000 population*	18.2		12.2	10.5	*2019*		19
2.00	Grocery Store Density	*stores/ 1,000 population*	0.1				*2016*		21
1.94	Recognized Carcinogens Released into Air	*pounds*	726.2				*2020*		22
1.76	Blood Lead Levels in Children (>=5 micrograms per deciliter)	*percent*	3.2		2.4		*2014*		17
1.71	Food Environment Index		7.3		7	7.8	*2021*		7

1.68	Access to Exercise Opportunities	*percent*	71.6		75.2	84	*2020*		7
1.68	Low-Income and Low Access to a Grocery Store	*percent*	6.6				*2015*		21
1.65	Number of Extreme Heat Events	*events*	20				*2019*		17
1.65	Weeks of Moderate Drought or Worse	*weeks per year*	3				*2020*		17
1.53	Fast Food Restaurant Density	*restaurants / 1,000 population*	0.7				*2016*		21
1.50	Farmers Market Density	*markets/ 1,000 population*	0				*2018*		21
1.50	People 65+ with Low Access to a Grocery Store	*percent*	2.5				*2015*		21
1.50	People with Low Access to a Grocery Store	*percent*	14.5				*2015*		21
1.50	WIC Certified Stores	*stores/ 1,000 population*	0.1				*2016*		21

1.41	Physical Environment Ranking		41				*2021*		7
1.35	Number of Extreme Heat Days	*days*	23				*2019*		17
1.35	Number of Extreme Precipitation Days	*days*	27				*2019*		17
1.32	Children with Low Access to a Grocery Store	*percent*	3.4				*2015*		21
1.32	Households with No Car and Low Access to a Grocery Store	*percent*	2.3				*2015*		21
1.18	Recreation and Fitness Facilities	*facilities/ 1,000 population*	0.1				*2016*		21
1.00	SNAP Certified Stores	*stores/ 1,000 population*	1				*2017*		21
0.88	Severe Housing Problems	*percent*	12.7		12.9	18	*2013-2017*		7
0.82	Overcrowded Households	*percent of households*	1.1		1.6		*2016-2020*		1

SCORE	**HEALTH CARE ACCESS & QUALITY**	UNITS	WAYNE COUNTY	HP2030	Indiana	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.12	Adults who Visited a Dentist	*percent*	57.3			66.5	*2018*		3
1.94	Persons with Health Insurance	*percent*	88.6	92.1	89.7		*2019*		20
1.79	Adults with Health Insurance: 18-64	*percent*	87.1		88.3		*2019*		20
1.76	Children with Health Insurance	*percent*	92.5		93		*2019*		20
1.59	Clinical Care Ranking		59				*2021*		7
1.59	Primary Care Provider Rate	*providers/ 100,000 population*	57.6		66.8		*2018*		7
1.06	Adults who have had a Routine Checkup	*percent*	77.7			76.6	*2019*		3
0.91	Dentist Rate	*dentists/ 100,000 population*	57.7		57.1		*2019*		7

0.56	Mental Health Provider Rate	*providers/ 100,000 population*	482.7		168.3		*2020*		7
0.26	Non-Physician Primary Care Provider Rate	*providers/ 100,000 population*	145.7		100.6		*2020*		7
SCORE	**HEART DISEASE & STROKE**	UNITS	WAYNE COUNTY	HP2030	Indiana	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
3.00	Heart Failure: Medicare Population	*percent*	23.4		15.1	14	*2018*		5
3.00	Ischemic Heart Disease: Medicare Population	*percent*	35		28.3	26.8	*2018*		5
2.56	Age-Adjusted Death Rate due to Coronary Heart Disease	*deaths/ 100,000 population*	174.9	71.1	95.8	90.2	*2018-2020*		4
2.29	Hypertension: Medicare Population	*percent*	61.6		59.6	57.2	*2018*		5
2.12	Adults who Experienced a Stroke	*percent*	4.3			3.4	*2019*		3
2.12	Adults who Experienced	*percent*	8.4			6.2	*2019*		3

	Coronary Heart Disease								
2.03	Age-Adjusted Death Rate due to Heart Attack	*deaths/ 100,000 population 35+ years*	107		62.5		*2019*		17
2.00	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	*deaths/ 100,000 population*	41.1	33.4	40.4	37.6	*2018-2020*		4
1.94	High Blood Pressure Prevalence	*percent*	38	27.7		32.6	*2019*		3
1.76	Cholesterol Test History	*percent*	84.7			87.6	*2019*		3
1.47	Atrial Fibrillation: Medicare Population	*percent*	8.2		8.5	8.4	*2018*		5
1.47	Hyperlipidemia: Medicare Population	*percent*	47.5		47.9	47.7	*2018*		5
1.41	High Cholesterol Prevalence: Adults 18+	*percent*	35.3			33.6	*2019*		3
0.88	Adults who Have Taken	*percent*	80.5			76.2	*2019*		3

	Medications for High Blood Pressure								
0.82	Stroke: Medicare Population	*percent*	3.4		3.7	3.8	*2018*		5
SCORE	**IMUNIZATIONS & INFECTIOUS DISEASES**	**UNITS**	**WAYNE COUNTY**	**HP2030**	**Indiana**	**U.S.**	**MEASUREMENT PERIOD**	**HIGH DISPARITY**	**Source**
2.35	Age-Adjusted Death Rate due to Influenza and Pneumonia	*deaths/ 100,000 population*	17.6		12.7	13.4	*2018-2020*		4
2.03	Adults who Agree Vaccine Benefits Outweigh Possible Risks	*Percent*	46.7		48.2	49.4	*2021*		6
2.00	Salmonella Infection Incidence Rate	*cases/ 100,000 population*	13.6	11.1	11.9		*2018*		12
1.59	Hepatitis C Prevalence	*Rate per 100,000 population*	123.2		72.6		*2020*		12
1.47	Chlamydia Incidence Rate	*cases/ 100,000 population*	441.7		526.3	551	*2019*		16

1.47	Gonorrhea Incidence Rate	*cases/ 100,000 population*	145.7		177.1	187.8	*2019*		16
1.06	Persons Fully Vaccinated Against COVID-19	*percent*	49.6				*April 1 2022*		4
0.82	Overcrowded Households	*percent of households*	1.1		1.6		*2016-2020*		1
0.65	COVID-19 Daily Average Incidence Rate	*cases per 100,000 population*	0.7		1.3	6.5	*April 15 2022*		9
0.29	COVID-19 Daily Average Case-Fatality Rate	*deaths per 100 cases*	0		2.2	8.1	*April 15 2022*		9
SCORE	**MATERNAL, FETAL & INFANT HEALTH**	UNITS	WAYNE COUNTY	HP2030	Indiana	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.44	Babies with Low Birth Weight	*percent*	9.6		8.2	8.3	*2019*		12
2.44	Preterm Births (OE)	*percent*	13.5	9.4	10.1	10	*2019*		12
2.44	Teen Birth Rate: 15-19	*live births/ 1,000 females aged 15-19*	28.6		20.7	16.7	*2019*		12

2.26	Mothers who Smoked During Pregnancy	*percent*	17.7	4.3	11.8	5.9	*2019*		12
2.18	Preterm Births	*percent*	13.5	9.4	10.1		*2019*		12
2.00	Infant Mortality Rate	*deaths/ 1,000 live births*	7.8	5	7.3	5.9	*2013-2017*		12
1.68	Mothers who Received Early Prenatal Care	*percent*	66.2		68.9	75.8	*2019*		12
1.50	WIC Certified Stores	*stores/ 1,000 population*	0.1				*2016*		21
SCORE	**MENTAL HEALTH & MENTAL DISORDERS**	**UNITS**	**WAYNE COUNTY**	**HP2030**	**Indiana**	**U.S.**	**MEASUREMENT PERIOD**	**HIGH DISPARITY**	**Source**
3.00	Depression: Medicare Population	*percent*	25		21.1	18.4	*2018*		5
2.82	Age-Adjusted Death Rate due to Alzheimer's Disease	*deaths/ 100,000 population*	40.6		33.1	31	*2018-2020*		4
2.35	Alzheimer's Disease or Dementia:	*percent*	11.5		11	10.8	*2018*		5

	Medicare Population								
2.12	Poor Mental Health: 14+ Days	*percent*	16.4			13.6	*2019*		3
2.03	Poor Mental Health: Average Number of Days	*days*	5		4.7	4.1	*2018*		7
1.97	Age-Adjusted Death Rate due to Suicide	*deaths/ 100,000 population*	19.3	12.8	15.1	13.9	*2018-2020*		4
1.94	Adults Ever Diagnosed with Depression	*percent*	22.8			18.8	*2019*		3
0.56	Mental Health Provider Rate	*providers/ 100,000 population*	482.7		168.3		*2020*		7
SCORE	**NUTRITION & HEALTHY EATING**	UNITS	WAYNE COUNTY	HP2030	Indiana	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
1.68	Adult Sugar-Sweetened Beverage Consumption: Past 7 Days	*percent*	81.9		81.6	80.4	*2021*		6

1.50	Adults Who Frequently Used Quick Service Restaurants: Past 30 Days	*Percent*	41.3		42.3	41.2	*2021*		6
1.50	WIC Certified Stores	*stores/ 1,000 population*	0.1				*2016*		21
1.41	Adults who Frequently Cook Meals at Home	*Percent*	33.4		33.6	34.4	*2021*		6
SCORE	**OLDER ADULTS**	UNITS	WAYNE COUNTY	HP2030	Indiana	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
3.00	Chronic Kidney Disease: Medicare Population	*percent*	31.8		25.5	24.5	*2018*		5
3.00	Depression: Medicare Population	*percent*	25		21.1	18.4	*2018*		5
3.00	Heart Failure: Medicare Population	*percent*	23.4		15.1	14	*2018*		5
3.00	Ischemic Heart Disease:	*percent*	35		28.3	26.8	*2018*		5

	Medicare Population								
2.82	Age-Adjusted Death Rate due to Alzheimer's Disease	*deaths/ 100,000 population*	40.6		33.1	31	*2018-2020*		4
2.56	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	*percent*	38.6		35	33.5	*2018*		5
2.53	People 65+ Living Alone	*percent*	30.6		28.3	26.3	*2016-2020*		1
2.41	Asthma: Medicare Population	*percent*	5.5		4.9	5	*2018*		5
2.35	Alzheimer's Disease or Dementia: Medicare Population	*percent*	11.5		11	10.8	*2018*		5
2.29	Diabetes: Medicare Population	*percent*	28.1		27.8	27	*2018*		5
2.29	Hypertension: Medicare Population	*percent*	61.6		59.6	57.2	*2018*		5

2.12	Adults 65+ who Received Recommended Preventive Services: Males	*percent*	25.9			32.4	*2018*		3
2.12	Adults with Arthritis	*percent*	30.1			25.1	*2019*		3
2.00	COPD: Medicare Population	*percent*	14.4		14.3	11.5	*2018*		5
1.94	Adults 65+ with Total Tooth Loss	*percent*	19.5			13.5	*2018*		3
1.76	Osteoporosis: Medicare Population	*percent*	6.9		6.3	6.6	*2018*		5
1.65	People 65+ Living Alone (Count)	*people*	3842				*2016-2020*		1
1.59	Adults 65+ who Received Recommended Preventive Services: Females	*percent*	27.1			28.4	*2018*		3
1.50	People 65+ with Low Access to a Grocery Store	*percent*	2.5				*2015*		21

1.47	Atrial Fibrillation: Medicare Population	*percent*	8.2		8.5	8.4	*2018*		5
1.47	Hyperlipidemia: Medicare Population	*percent*	47.5		47.9	47.7	*2018*		5
1.35	People 65+ Living Below Poverty Level	*percent*	8.2		7.4	9.3	*2016-2020*	Black (21.9) White (7.7) Asian (0) Mult (13.4) Hisp (0)	1
1.35	People 65+ Living Below Poverty Level (Count)	*people*	972				*2016-2020*		1
1.24	Colon Cancer Screening	*percent*	65	74.4		66.4	*2018*		3
1.06	Age-Adjusted Death Rate due to Falls	*deaths/ 100,000 population*	7.4		6.9	9.5	*2017-2019*		4
0.82	Stroke: Medicare Population	*percent*	3.4		3.7	3.8	*2018*		5
0.29	Cancer: Medicare Population	*percent*	6.7		8	8.4	*2018*		5

SCORE	**ORAL HEALTH**	UNITS	WAYNE COUNTY	HP2030	Indiana	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.12	Adults who Visited a Dentist	*percent*	57.3			66.5	*2018*		3
1.94	Adults 65+ with Total Tooth Loss	*percent*	19.5			13.5	*2018*		3
0.91	Dentist Rate	*dentists/ 100,000 population*	57.7		57.1		*2019*		7
0.71	Oral Cavity and Pharynx Cancer Incidence Rate	*cases/ 100,000 population*	11.7		12.8	11.9	*2014-2018*		14
SCORE	**OTHER CONDITIONS**	UNITS	WAYNE COUNTY	HP2030	Indiana	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
3.00	Chronic Kidney Disease: Medicare Population	*percent*	31.8		25.5	24.5	*2018*		5
2.56	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	*percent*	38.6		35	33.5	*2018*		5
2.12	Adults with Arthritis	*percent*	30.1			25.1	*2019*		3

2.12	Adults with Kidney Disease	*Percent of adults*	3.5			3.1	*2019*		3
1.76	Osteoporosis: Medicare Population	*percent*	6.9		6.3	6.6	*2018*		5
1.68	Age-Adjusted Death Rate due to Kidney Disease	*deaths/ 100,000 population*	16.3		17.4	12.8	*2018-2020*		4
SCORE	**PHYSICAL ACTIVITY**	UNITS	WAYNE COUNTY	HP2030	Indiana	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.00	Grocery Store Density	*stores/ 1,000 population*	0.1				*2016*		21
1.88	Adults 20+ who are Sedentary	*percent*	27.7				*2019*		4
1.76	Adults who Follow a Regular Exercise Routine	*Percent*	19.7		21.2	23.3	*2021*		6
1.76	Health Behaviors Ranking		80				*2021*		7
1.71	Food Environment Index		7.3		7	7.8	*2021*		7

1.68	Access to Exercise Opportunities	*percent*	71.6		75.2	84	*2020*		7
1.68	Adult Sugar-Sweetened Beverage Consumption: Past 7 Days	*percent*	81.9		81.6	80.4	*2021*		6
1.68	Low-Income and Low Access to a Grocery Store	*percent*	6.6				*2015*		21
1.59	Adults 20+ Who Are Obese	*percent*	33.8	36			*2019*		4
1.53	Fast Food Restaurant Density	*restaurants / 1,000 population*	0.7				*2016*		21
1.50	Farmers Market Density	*markets/ 1,000 population*	0				*2018*		21
1.50	People 65+ with Low Access to a Grocery Store	*percent*	2.5				*2015*		21
1.50	People with Low Access to a Grocery Store	*percent*	14.5				*2015*		21

1.32	Children with Low Access to a Grocery Store	*percent*	3.4				*2015*		21
1.32	Households with No Car and Low Access to a Grocery Store	*percent*	2.3				*2015*		21
1.18	Recreation and Fitness Facilities	*facilities/ 1,000 population*	0.1				*2016*		21
1.00	SNAP Certified Stores	*stores/ 1,000 population*	1				*2017*		21
0.62	Workers who Walk to Work	*percent*	3.1		2.1	2.6	*2016-2020*	Black (10.7) White (2.5) Asian (20.8) AIAN (7.3) NHPI (0) Mult (5.8) Other (0) Hisp (0.5)	1
SCORE	**PREVENTION & SAFETY**	UNITS	WAYNE COUNTY	HP2030	Indiana	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source

3.00	Death Rate due to Drug Poisoning	*deaths/ 100,000 population*	78.8		25.8	21	*2017-2019*		7
2.71	Age-Adjusted Death Rate due to Unintentional Injuries	*deaths/ 100,000 population*	118.9	43.2	59.4	51.6	*2018-2020*		4
2.71	Age-Adjusted Death Rate due to Unintentional Poisonings	*deaths/ 100,000 population*	80.4		29.6	23.5	*2018-2020*		4
1.06	Age-Adjusted Death Rate due to Falls	*deaths/ 100,000 population*	7.4		6.9	9.5	*2017-2019*		4
0.88	Severe Housing Problems	*percent*	12.7		12.9	18	*2013-2017*		7
SCORE	**RESPIRATORY DISEASES**	UNITS	WAYNE COUNTY	HP2030	Indiana	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.82	Age-Adjusted Death Rate due to Chronic Lower Respiratory Diseases	*deaths/ 100,000 population*	65.3		55.6	38.1	*2018-2020*		4

2.41	Asthma: Medicare Population	*percent*	5.5		4.9	5	*2018*		5
2.38	Adults who Smoke	*percent*	25.3	5	21.7	17	*2018*		7
2.35	Age-Adjusted Death Rate due to Influenza and Pneumonia	*deaths/ 100,000 population*	17.6		12.7	13.4	*2018-2020*		4
2.29	Adults with Current Asthma	*percent*	10.4			8.9	*2019*		3
2.12	Adults with COPD	*Percent of adults*	10.3			6.6	*2019*		3
2.00	COPD: Medicare Population	*percent*	14.4		14.3	11.5	*2018*		5
1.88	Age-Adjusted Death Rate due to Lung Cancer	*deaths/ 100,000 population*	49.6	25.1	46.7	36.7	*2015-2019*		14
1.88	Lung and Bronchus Cancer Incidence Rate	*cases/ 100,000 population*	72.4		69.9	57.3	*2014-2018*		14
1.85	Adults Who Used Smokeless Tobacco: Past 30 Days	*percent*	2.9		2.6	2	*2021*		6

SCORE		UNITS	WAYNE COUNTY	HP2030	Indiana	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
1.68	Adults Who Used Electronic Cigarettes: Past 30 Days	*percent*	4.6		4.5	4.1	*2021*		6
0.65	COVID-19 Daily Average Incidence Rate	*cases per 100,000 population*	0.7		1.3	6.5	*April 15 2022*		9
0.29	COVID-19 Daily Average Case-Fatality Rate	*deaths per 100 cases*	0		2.2	8.1	*April 15 2022*		9
SCORE	**TOBACCO USE**	UNITS	WAYNE COUNTY	HP2030	Indiana	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.38	Adults who Smoke	*percent*	25.3	5	21.7	17	*2018*		7
1.85	Adults Who Used Smokeless Tobacco: Past 30 Days	*percent*	2.9		2.6	2	*2021*		6
1.68	Adults Who Used Electronic Cigarettes: Past 30 Days	*percent*	4.6		4.5	4.1	*2021*		6
SCORE	**WELLNESS & LIFESTYLE**	UNITS	WAYNE COUNTY	HP2030	Indiana	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source

2.38	Poor Physical Health: Average Number of Days	*days*	4.6		4	3.7	*2018*		7
2.21	Insufficient Sleep	*percent*	38.6	31.4	38	35	*2018*		7
2.21	Life Expectancy	*years*	73.3		77.1	79.2	*2017-2019*		7
2.12	Poor Physical Health: 14+ Days	*percent*	16.2			12.5	*2019*		3
2.12	Self-Reported General Health Assessment: Poor or Fair	*percent*	23.5			18.6	*2019*		3
2.03	Adults who Agree Vaccine Benefits Outweigh Possible Risks	*Percent*	46.7		48.2	49.4	*2021*		6
1.94	High Blood Pressure Prevalence	*percent*	38	27.7		32.6	*2019*		3
1.76	Adults who Follow a Regular Exercise Routine	*Percent*	19.7		21.2	23.3	*2021*		6

1.76	Morbidity Ranking		75				*2021*		7
1.68	Adult Sugar-Sweetened Beverage Consumption: Past 7 Days	*percent*	81.9		81.6	80.4	*2021*		6
1.50	Adults Who Frequently Used Quick Service Restaurants: Past 30 Days	*Percent*	41.3		42.3	41.2	*2021*		6
1.41	Adults who Frequently Cook Meals at Home	*Percent*	33.4		33.6	34.4	*2021*		6
SCORE	**WOMEN'S HEALTH**	UNITS	WAYNE COUNTY	HP2030	Indiana	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.74	Cervical Cancer Incidence Rate	*cases/ 100,000 females*	17		8.3	7.7	*2014-2018*		14
1.76	Cervical Cancer Screening: 21-65	*Percent*	83.1	84.3		84.7	*2018*		3
1.59	Mammogram in Past 2 Years: 50-74	*percent*	70.8	77.1		74.8	*2018*		3

1.00	Age-Adjusted Death Rate due to Breast Cancer	*deaths/ 100,000 females*	19.2	15.3	20.4	19.9	*2015-2019*		14
0.82	Breast Cancer Incidence Rate	*cases/ 100,000 females*	114.1		124.5	126.8	*2014-2018*		14

Population Estimates of Reid Health Service Area

Zip Code	County	Population
47374	Wayne	45515
47362	Henry	29260
47331	Fayette	22535
45331	Darke	22205
45320	Preble	15304
47012	Franklin	9554
47394	Randolph	7823
45304	Darke	7073
45311	Preble	6283
45381	Preble	5532
47356	Henry	5477
45380	Darke	5476
46148	Henry	5464
47353	Union	5360
47390	Randolph	5246
47330	Wayne	5051
45338	Preble	4762
45308	Darke	4563
47327	Wayne	4277
45347	Preble	4270
47346	Wayne	3723
47024	Franklin	3612
45390	Darke	3235
47340	Randolph	3175
47355	Randolph	3027
47341	Wayne	2494
47030	Franklin	2411
47368	Randolph	2230
45346	Darke	2210
47384	Henry	2040
47393	Wayne	1828
47385	Henry	1691
47345	Wayne	1625
47380	Randolph	1485
47360	Henry	1259
47354	Randolph	1241
47386	Henry	1233
45362	Darke	1187

45382	Preble	1187
47003	Union	1027
45321	Preble	1018
47358	Randolph	985
47036	Franklin	900
47335	Wayne	893
45348	Darke	883
47352	Henry	820
45330	Preble	800
45332	Darke	784
47387	Henry	745
45388	Darke	730
47016	Franklin	707
47325	Union	705
47357	Wayne	678
47351	Henry	663
45328	Darke	653
47339	Wayne	514
45003	Preble	497
45378	Preble	458
47388	Henry	409
45352	Darke	252
45310	Darke	249
45358	Darke	247
47382	Randolph	226
45351	Darke	220
47361	Henry	205
47035	Franklin	202
47344	Henry	165
47324	Wayne	160
47337	Henry	158
45070	Preble	116
45350	Darke	60
47010	Franklin	57

Percentage of Families Living Below Poverty in the Reid Health Service Area

Zip Code	County	Percentage Below Poverty
47010	Franklin	100
47035	Franklin	79
47324	Wayne	28.3
45390	Darke	22.1
45382	Preble	19.8
45003	Preble	18.2
45332	Darke	18
47024	Franklin	16.4
47361	Henry	15.9
47393	Wayne	15.3
47374	Wayne	14.9
47331	Fayette	13.8
47327	Wayne	13.4
47362	Henry	13.1
45347	Preble	12.8
47388	Henry	12.6
45358	Darke	10.8
47352	Henry	10.8
45311	Preble	10.7
47355	Randolph	10.5
47351	Henry	10.3
47390	Randolph	9.5
47340	Randolph	9.1
46148	Henry	9
47337	Henry	8.9
47354	Randolph	8.4
47346	Wayne	8.2
45328	Darke	8.1
45331	Darke	8
47384	Henry	7.8
47360	Henry	7.7
47394	Randolph	7.3
47330	Wayne	7.2
45308	Darke	7
47382	Randolph	6.3
47356	Henry	6.1
45381	Preble	6.1

45320	Preble	6
45338	Preble	5.7
47387	Henry	5.5
47003	Union	5.5
47345	Wayne	5.1
47341	Wayne	4.9
45346	Darke	4.5
45304	Darke	4.4
47012	Franklin	4.4
47380	Randolph	4.3
47357	Wayne	4.2
45378	Preble	3.9
47358	Randolph	3.9
47385	Henry	3.8
45070	Preble	3.7
47335	Wayne	3.6
47368	Randolph	3.3
45330	Preble	3.2
45362	Darke	2.8
47339	Wayne	2.7
47353	Union	2.6
47016	Franklin	2.5
45380	Darke	2.4
45352	Darke	2.2
47030	Franklin	1.6
47386	Henry	1.6
45310	Darke	1.3
45348	Darke	0.5
45321	Preble	0.4
45350	Darke	0
45351	Darke	0
45388	Darke	0
47036	Franklin	0
47344	Henry	0
47325	Union	0

SocioNeeds Index Suite

Health Equity Index

ZIP Code	County	Index Value
47390	Randolph	89.7
45390	Darke	85.9
47024	Franklin	85.6
47331	Fayette	80.3
47362	Henry	75.3
47327	Wayne	73.4
47374	Wayne	72.8
45382	Preble	69.1
45347	Preble	66.6
47355	Randolph	65.4
47394	Randolph	65.3
47380	Randolph	61.2
47330	Wayne	60.6
47368	Randolph	60.5
45331	Darke	59.2
47387	Henry	56.2
46148	Henry	56.1
47358	Randolph	55.2
45311	Preble	55
47030	Franklin	53.6
47357	Wayne	53.6
47003	Union	53.1
47354	Randolph	52.9
47352	Henry	52
47341	Wayne	51.4
45308	Darke	51.2
47353	Union	51.2
47393	Wayne	51.2
45320	Preble	50.5
47345	Wayne	49.4
47384	Henry	49
47360	Henry	48.7
45381	Preble	48.4
45338	Preble	47.9
47339	Wayne	47.8
47385	Henry	47.2
47346	Wayne	46.6
47340	Randolph	46.3
45346	Darke	44.4
47325	Union	41.9
47012	Franklin	41.5
47010	Franklin	40.2
45321	Preble	40.2

47356	Henry	40
45003	Preble	36.3
45332	Darke	36
45362	Darke	32.8
45304	Darke	29.1
45348	Darke	28
47036	Franklin	27.2
47386	Henry	27
47016	Franklin	24.4
45380	Darke	22.7
45388	Darke	16.9

Food Insecurity Index

ZIP Code	County	Index Value
47003	Union	95
47390	Randolph	90
47394	Randolph	83.8
47327	Wayne	83.3
47368	Randolph	80.1
45390	Darke	77.8
47340	Randolph	77.7
47330	Wayne	77.3
47374	Wayne	76.8
47353	Union	76.4
47380	Randolph	76.1
47341	Wayne	74.6
47355	Randolph	74
47024	Franklin	72.5
47331	Fayette	72.1
47362	Henry	71.1
45347	Preble	70.2
46148	Henry	63.3
47358	Randolph	61.7
45331	Darke	60.2
47356	Henry	58.9
47346	Wayne	57.8
47393	Wayne	57.5
47357	Wayne	57.2
47354	Randolph	54.1
47339	Wayne	53.1
45332	Darke	52.4
45311	Preble	52
45308	Darke	51.3
47012	Franklin	49.9

45320	Preble	49.4
47352	Henry	49.1
47345	Wayne	49.1
45382	Preble	49
45338	Preble	48.6
45346	Darke	48.5
47010	Franklin	48.4
47384	Henry	47.3
47387	Henry	47.1
47360	Henry	46.5
47325	Union	44.4
47385	Henry	44.3
47030	Franklin	42.4
45381	Preble	40.2
45304	Darke	39.2
47016	Franklin	34.2
45362	Darke	33.2
45380	Darke	32.1
47386	Henry	31.6
45321	Preble	30.7
45348	Darke	28.6
45003	Preble	24.6
47036	Franklin	22.2
45388	Darke	16.2

Mental Health Index

ZIP Code	County	Index Value
47390	Randolph	91.7
47374	Wayne	89.8
47331	Fayette	86.7
45331	Darke	86.5
47362	Henry	86.2
45390	Darke	72
47327	Wayne	71.2
47394	Randolph	70.2
47385	Henry	69.1
45320	Preble	64.9
47355	Randolph	59
45311	Preble	55.9
47330	Wayne	53.4
47382	Randolph	53.2
47024	Franklin	52.5

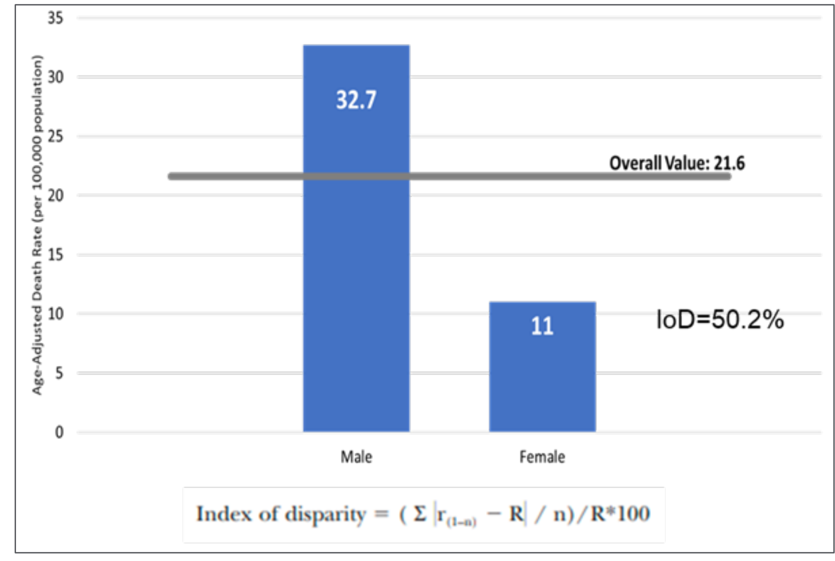
46148	Henry	52
45308	Darke	51.6
47339	Wayne	48.9
47346	Wayne	48.6
47386	Henry	46.2
45321	Preble	46
47353	Union	45.7
47360	Henry	44.8
47003	Union	43.9
47012	Franklin	43.7
45381	Preble	43.5
47354	Randolph	43.2
45338	Preble	41.6
47352	Henry	39.9
45347	Preble	39.5
47368	Randolph	39.1
45382	Preble	38.2
45003	Preble	38
47340	Randolph	37.1
47356	Henry	33.5
47345	Wayne	33.5
47358	Randolph	31.6
47384	Henry	30.6
47380	Randolph	29.7
47357	Wayne	25.8
45380	Darke	25.2
45362	Darke	25.1
47387	Henry	24.3
45304	Darke	23.1
45346	Darke	21.6
47341	Wayne	19.2
45332	Darke	16.4
47393	Wayne	15.2
45348	Darke	10.8
47036	Franklin	6.7
47016	Franklin	4.1
47030	Franklin	3.2

Appendix B. Index of Disparity

Index of Disparity Methodology

The Index of Disparity (IoD) identified large disparities based on how far each subgroup (by race/ethnicity or gender) is from the overall county value. This analysis provides a percent value, based on the absolute difference from the overall value for each breakout category in a subgroup, which is a summary of how different each subgroup is from the overall value. For example, Figure B1 shows an example of Age-Adjusted Death Rate due to Suicide by Gender. Most often, gender (the subgroup) has two breakout categories: male and female. First, the IoD sums the absolute difference between the male value and the overall county value and the difference between the female value and the overall value, divided by the overall county value to get a percent. In this case, the IoD is 50.2% for gender. This would be completed for race/ethnicity, which typically has more breakout categories available. Finally, those IoD values for gender and race/ethnicity can be compared to see where disparities may exist, and which groups are driving those disparities. When available, the IoD value can be used to show if progress has been made in addressing disparities over time.

FIGURE B1. AGE-ADJUSTED DEATH RATE DUE TO SUICIDE, BY GENDER



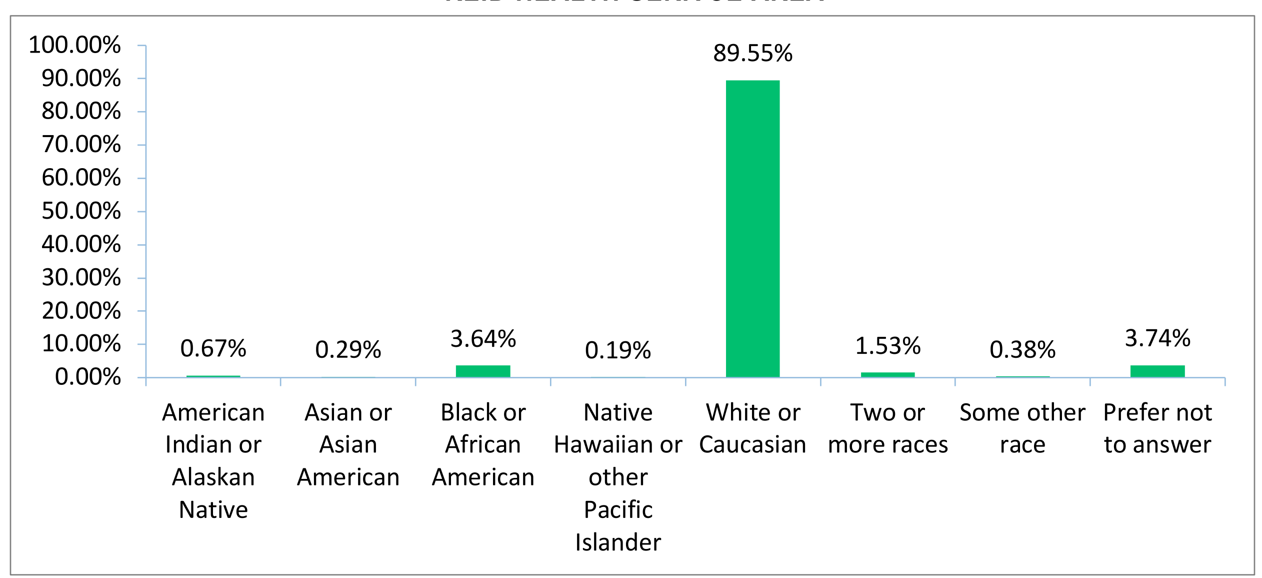
For this analysis, indicators with a high disparity were identified. This means that the IoD values for either race or gender for the indicator were in the top twenty-five percent of all index values for all available indicators. IoD values were tracked over time, when available, for indicators within the top health needs identified with the Data Scoring Tool. These findings are shown alongside relevant secondary data throughout this report.

Appendix C. Demographic Profile of Survey Respondents

The following charts and graphs illustrate the demographics of community survey respondents residing in the Reid Health service area.

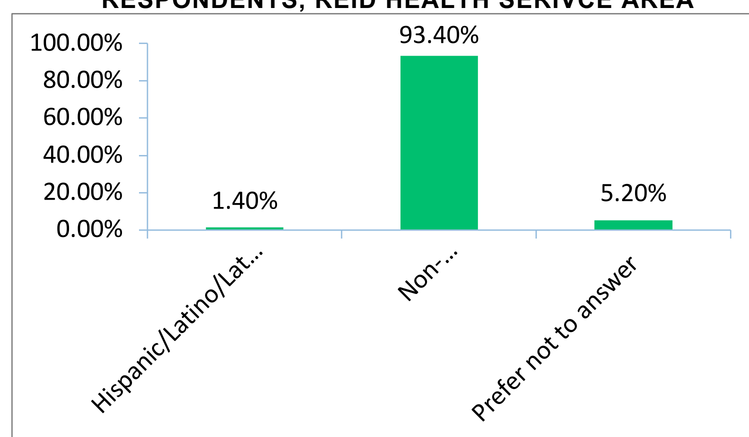
Race

FIGURE C1. RACE OF COMMUNITY SURVEY RESPONDENTS, REID HEALTH SERIVCE AREA



As shown in Figure C1, White community members comprised the largest percentage of survey respondents at 89.6%, which is lower than the proportion of White community members represented by the demographics of the actual population in the service area (94.4%, Figure 8, CHNA report). Black/African American community members comprised the second largest percentage of survey respondents at 3.64%, which is higher than the proportion of Black/African American community members represented by the actual population estimates in the service area (2.1%, Figure 8, CHNA report).

FIGURE C2. ETHNICITY OF COMMUNITY SURVEY RESPONDENTS, REID HEALTH SERIVCE AREA



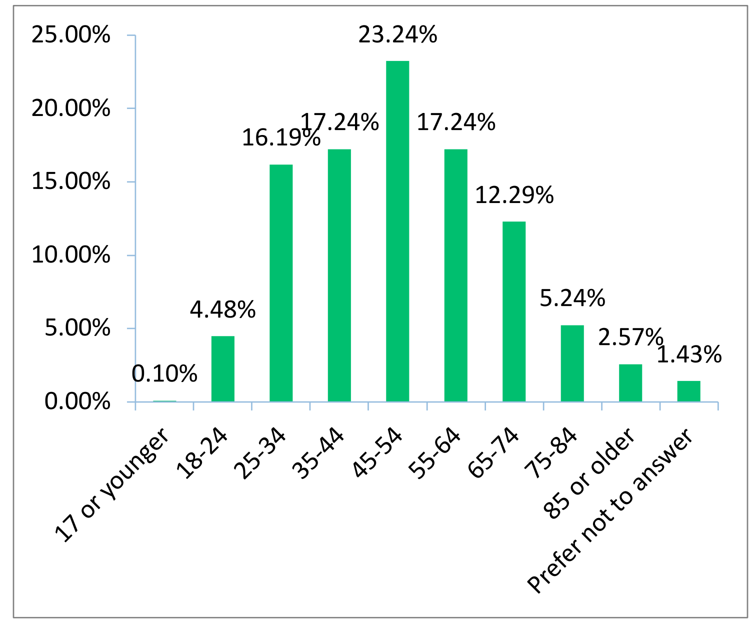
Ethnicity

Figure C2 shows that 1.4% of survey respondents identified as Hispanic/Latino, which is lower than the proportion of Hispanic/Latino community members represented by the actual population estimates in the Reid Health service area (2.3%, Figure 8, CHNA report).

Age

Figure C3 shows the age breakdown of survey respondents. The 45-54 age group comprised the largest portion of survey respondents, at 23.24%.

FIGURE C3. AGE OF COMMUNITY SURVEY RESPONDENTS, REID HEALTH SERIVCE AREA



Sex

Survey respondents skewed female, with 81.3% of survey respondents identifying as female and 16.4% identifying as male, as shown in Figure C4.

FIGURE C4. SEX OF COMMUNITY SURVEY RESPONDENTS, REID HEALTH SERIVCE AREA

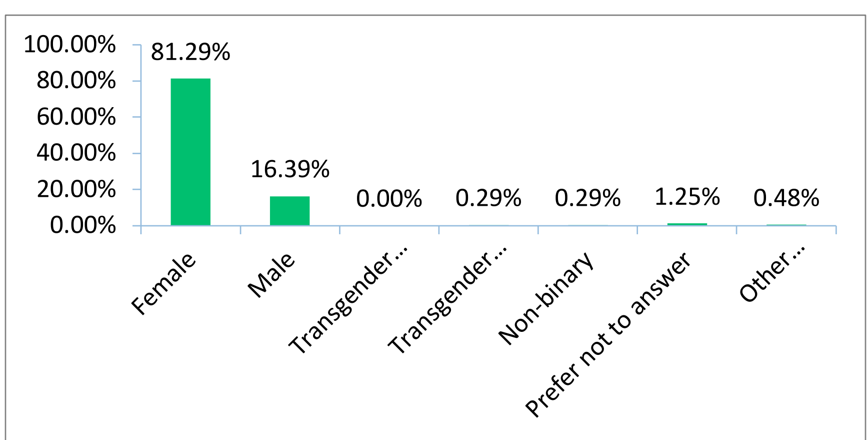


FIGURE C5. EDUCATION OF COMMUNITY SURVEY RESPONDENTS, REID HEALTH SERIVCE AREA

Education	Percent
Graduate or Advanced Degree	22.99%
Bachelor's Degree	25.96%
Associate's Degree	15.33%
Some college or Technical Certificate	22.13%
High School graduate (includes equivalency)	12.16%
Some High School	1.34%
Did not attend school	0.10%

0% 5% 10% 15% 20% 25% 30%

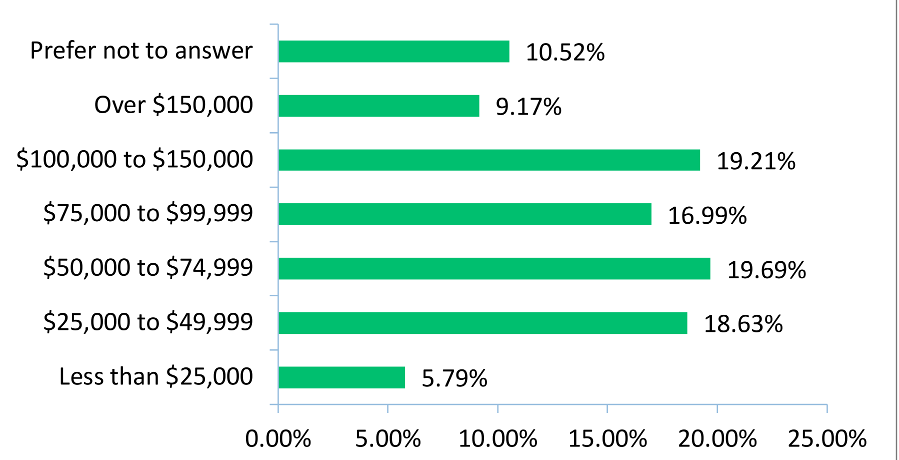
Education

As shown in Figure C5, more than 48% of survey respondents have a bachelor's degree or higher. This indicates that survey respondents were more educated when compared to the demographics of the actual population in the service area, where only 17.5% of residents had a bachelor's degree or higher (Figure 16, CHNA report).

Income

Figure C6 shows the household income of community survey respondents. The $50,000 to $74,999 income bracket made up the largest proportion of survey respondents at 19.7%.

FIGURE C6. INCOME OF COMMUNITY SURVEY RESPONDENTS, REID HEALTH SERIVCE AREA



Appendix D. COVID-19 Impact Snapshot

Pandemic Overview

On March 13, 2020, a U.S. national emergency was declared over the novel coronavirus outbreak first reported in Wuhan in the Hubei Province of China in December 2019. Officially named COVID-19 by the World Health Organization (WHO), WHO declared COVID-19 a pandemic on March 11, 2020.

Community Insights

The CHNA project team looked for additional sources of secondary data and gathered primary data to provide a snapshot of the impact of COVID-19 on the Reid Health Service Area. This data was collected in April and May of 2022. Findings are reported below.

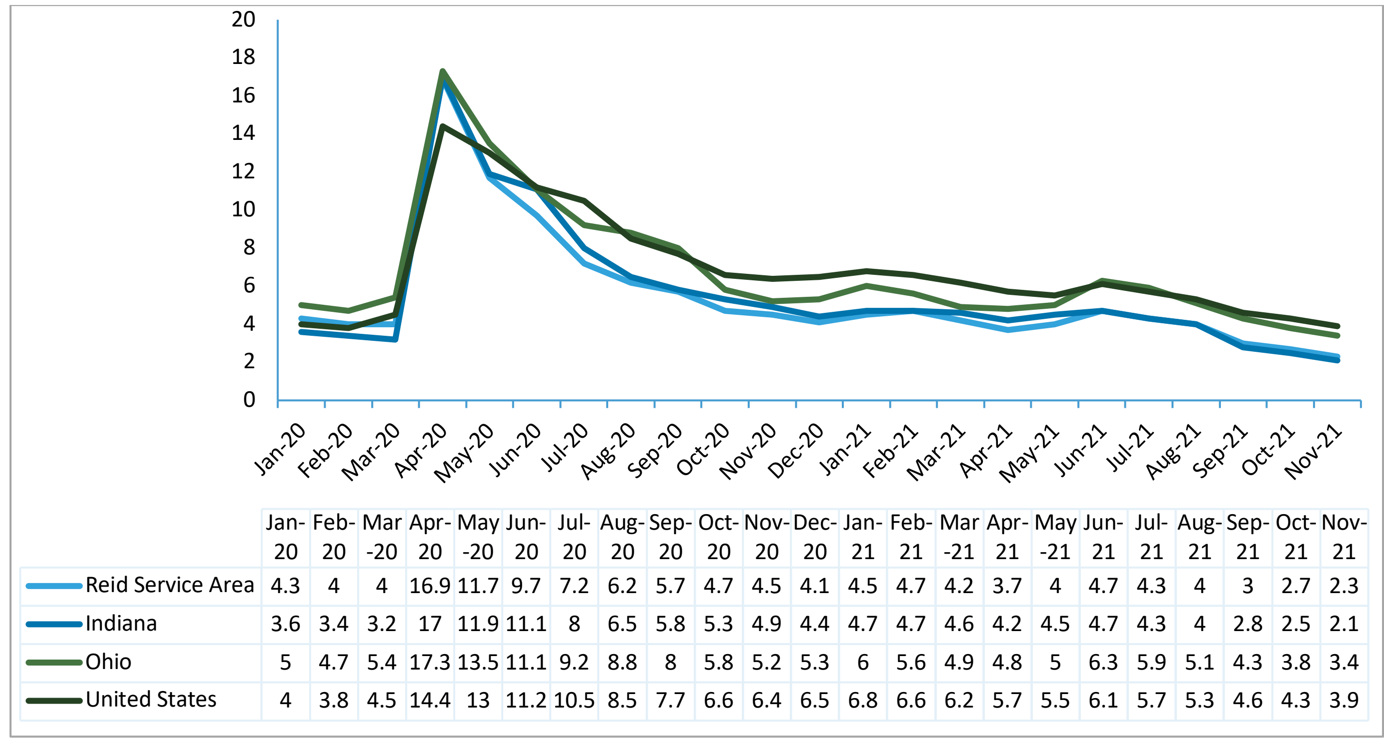
COVID-19 Cases and Deaths in Indiana and Ohio

For current cases and deaths due to COVID-19, visit the Indiana Government website at https://www.coronavirus.in.gov/public-resources/ or the Ohio Government website at https://coronavirus.ohio.gov.

Reid Health Service Area Unemployment Rates

As expected, the Reid Health service area's unemployment rate rose when stay at home orders were first in place. As illustrated in Figure D2 below, the unemployment rate rose from 4% in March 2020 to 16.9% in April 2020. As the states and counties slowly began reopening some businesses, the unemployment rate went down, and by August 2020, the unemployment rate had dropped to 6.2%. As of November 2021, the service area's unemployment rate was 2.3%, lower than the unemployment rate before the onset of the pandemic.

FIGURE D2. UNEMPLOYED WORKERS IN CIVILIAN LABOR FORCE, REID HEALTH SERVICE AREA



	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21
Reid Service Area	4.3	4	4	16.9	11.7	9.7	7.2	6.2	5.7	4.7	4.5	4.1	4.5	4.7	4.2	3.7	4	4.7	4.3	4	3	2.7	2.3
Indiana	3.6	3.4	3.2	17	11.9	11.1	8	6.5	5.8	5.3	4.9	4.4	4.7	4.7	4.6	4.2	4.5	4.7	4.3	4	2.8	2.5	2.1
Ohio	5	4.7	5.4	17.3	13.5	11.1	9.2	8.8	8	5.8	5.2	5.3	6	5.6	4.9	4.8	5	6.3	5.9	5.1	4.3	3.8	3.4
United States	4	3.8	4.5	14.4	13	11.2	10.5	8.5	7.7	6.6	6.4	6.5	6.8	6.6	6.2	5.7	5.5	6.1	5.7	5.3	4.6	4.3	3.9

Community Feedback on COVID-19

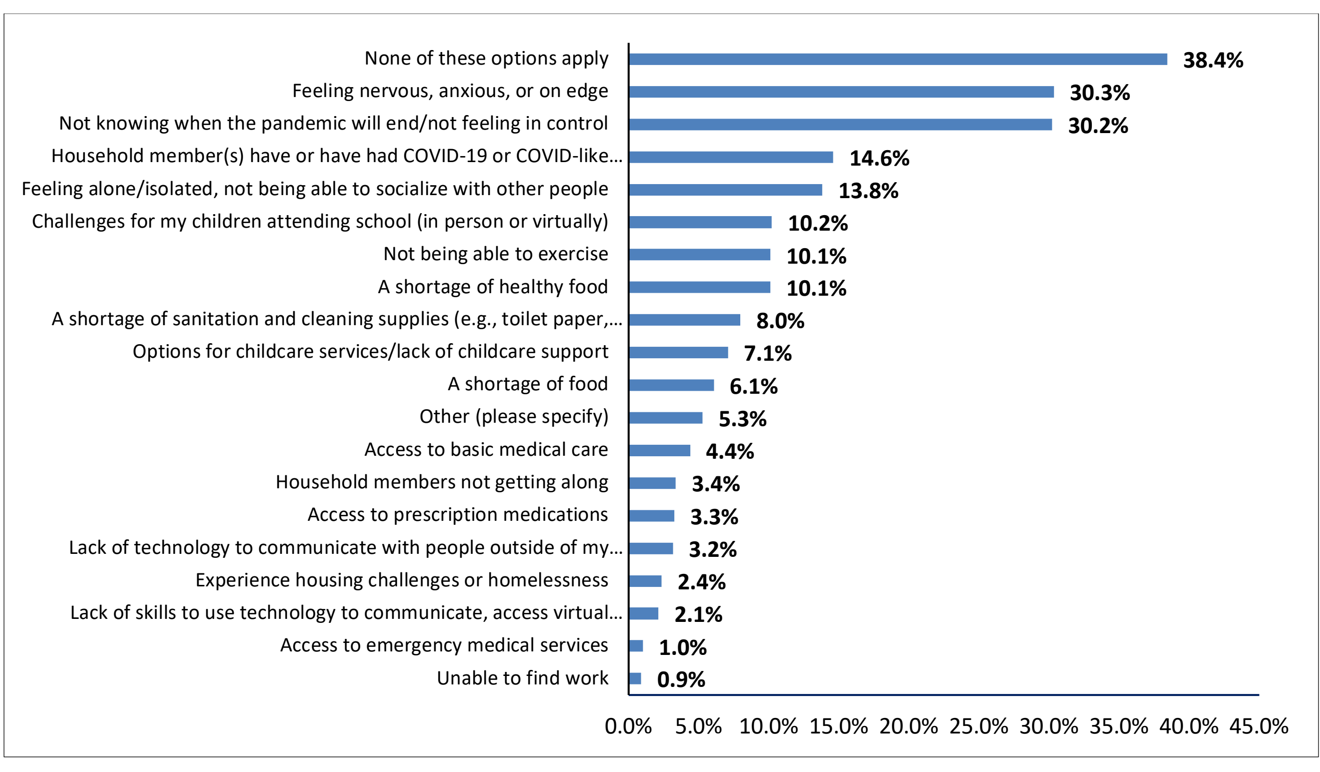
Both the online community survey and qualitative data tools included questions to assess the impact of COVID-19 on the community served by Reid Health.

Community Survey Insights

Community survey respondents were asked to identify those issues that are currently the biggest challenge for their households due to the COVID-19 pandemic. Data were collected between April and May 2022. Figure D3 shows a summary of the results. The top challenges faced by survey respondents include:

1) Feeling nervous, anxious, or on edge (30.3%)
2) Lack of control and uncertainty about when the pandemic will end (30.2%)
3) Household member(s) have or have had COVID-19 or COVID-like symptoms (fever, shortness of breath, dry cough) (14.6%)
4) Feeling alone/isolated, not being able to socialize with other people (13.8%)
5) Challenges with children attending school (10.2%)

FIGURE D3. BIGGEST CHALLENGES FOR YOUR HOUSEHOLD AS A RESULT OF THE COVID-19 PANDEMIC



Key Informant & Focus Group Insights

Key informants and focus group participants were asked to speak about the biggest challenges in the community as a result of the COVID-19 pandemic. The following list summarizes the key themes that emerged from these discussions, which were conducted in April of 2022.

- Fear of catching COVID, especially among older adults
- Avoidance or delay of routine check-ups and medical care (including mental health and substance abuse services)
- Lack of exercise and/or ability to exercise
- Increased food insecurity
- Loss of employment, staffing challenges
- Misinformation and inconsistent messaging
- Barriers to getting vaccinated (fear, lack of internet access, lack of transportation)
- Underreporting of child abuse and/or youth in troubled home situations
- Pandemic fatigue – people not listening, fed-up with shutdowns and mandates
- Small businesses closing doors
- Increased mental health issues, including social isolation (especially among older adults) and increased need for mental health services/providers
- Housing concerns, especially for homeless persons

Appendix E. Community Input Assessment Tools

Community input tools include the community survey (English and Spanish versions), Key Informant Questionnaire and Focus Group Guide.

Community Health Survey

English Language Version

REID HEALTH
2022 COMMUNITY HEALTH SURVEY

Welcome to the Reid Health Community Benefit community health survey. Reid Health is conducting a Community Health Needs Assessment for its service area. The information collected in this survey will allow community organizations across our region to better understand the health needs in our community. The knowledge gained will be used to implement programs that will benefit everyone in the community. We can better understand community needs by gathering the voices of community members like you to tell us about the issues that you feel are the most important.

REMINDER: You must be 18 years old or older to complete this survey. We estimate that it will take 10 minutes to complete. Survey results will be available and shared broadly in the community within the next year. The responses that you provide will remain anonymous and not be attributed to you personally in any way. Your participation in this survey is completely voluntary. If you have any questions, please contact Reid Health Community Benefit by email at CommunityBenefit@reidhealth.org. Thank you very much for your input and your time!

Demographics

Please answer a few questions about yourself so that we can see how different types of people feel about local health issues.

Q1 - In what zip code do you live? Please write in your five-digit zip code in the box below.

ZIP Code: ________________________________

Q2 – In what county do you live? Select one.

- ❍ Darke
- ❍ Fayette
- ❍ Franklin
- ❍ Henry
- ❍ Preble
- ❍ Randolph
- ❍ Union
- ❍ Wayne

❍ Other (please specify)

____

Q3 – What is your profession?

- ❍ Agriculture
- ❍ Arts, entertainment, recreation, hospitality and food services
- ❍ Construction
- ❍ Currently unemployed
- ❍ Education
- ❍ Finance, insurance, and real estate
- ❍ Healthcare
- ❍ Homemaker
- ❍ Information Technology
- ❍ Manufacturing
- ❍ Retail/Service industry
- ❍ Transportation and Utilities
- ❍ Law enforcement and First Responders
- ❍ Government services
- ❍ Other (please specify)

____

Q4 – Are you of Hispanic or Latino origin or descent? Select one.

- ❍ Hispanic/Latino/Latinx
- ❍ Non-Hispanic/Latino/Latinx
- ❍ Prefer not to answer

Q5 – Which of the following best describes you? Select one.

- ❍ American Indian or Alaskan Native
- ❍ Asian or Asian American
- ❍ Black or African American
- ❍ Native Hawaiian or other Pacific Islander
- ❍ White or Caucasian
- ❍ Two or more races
- ❍ Some other race
- ❍ Prefer not to answer

Q6 - What is your age? Select one.

- ❍ 17 or younger
- ❍ 18-24
- ❍ 25-34
- ❍ 35-44
- ❍ 45-54
- ❍ 55-64
- ❍ 65-74
- ❍ 75-84
- ❍ 85 or older
- ❍ Prefer not to answer

Q7 – To which gender identity do you most identify? Select one.

- ❍ Female
- ❍ Male
- ❍ Transgender Female/Male-to-Female
- ❍ Transgender Male/Female-to-Male
- ❍ Non-binary
- ❍ Prefer not to answer
- ❍ Other identification (optional): If you feel comfortable doing so, please indicate what other gender identity you most identify with:

Q8 - Please consider sharing your sexual orientation with us. Do you think of yourself as (select one):

- ❍ Straight (not lesbian or gay)
- ❍ Gay
- ❍ Lesbian
- ❍ Bisexual

- ❍ Pansexual
- ❍ Asexual
- ❍ Don't know
- ❍ Prefer not to answer

❍ Other orientation (optional): If you feel comfortable doing so, please indicate what other sexual orientation you think of yourself as:

____

Q9 - What is the highest level of education you have completed? Select one.

- ❍ Did not attend school
- ❍ Some High School
- ❍ High School Graduate (includes equivalency)
- ❍ Some college or Technical certificate
- ❍ Associate's Degree
- ❍ Bachelor's Degree
- ❍ Graduate or Advanced Degree

Q10 - How much total combined money did all members of your household earn in the previous year? Select one.

- ❍ Less than $25,000
- ❍ $25,000 to $49,999
- ❍ $50,000 to $74,999
- ❍ $35,000 to $49,999
- ❍ $75,000 to $99,999
- ❍ $100,000 to $150,000
- ❍ Over $150,000
- ❍ Prefer not to answer

Q11 – Is English the primary language spoken in your home?

- ❍ Yes
- ❍ No – if no, please specify the primary language spoken in your home

____

Q12 - Do you identify with any of the following statements? Select all that apply.

- ❑ I have a disability
- ❑ I am active duty Military
- ❑ I am retired Military
- ❑ I am a Veteran
- ❑ I am an immigrant or refugee
- ❑ Prefer not to answer
- ❑ I do not identify with any of these

Q13 – Including yourself, how many people currently live in your household?

- ❍ 1
- ❍ 2
- ❍ 3
- ❍ 4
- ❍ 5
- ❍ 6 or more (please specify number)

____

Q14 – Are there any children (persons younger than age 18) in your household? If yes, please enter the number of children below

❍ No
❍ Yes (please specify number of children) ________________

Community Health

In this survey, “community” refers to the primary areas where you live, shop, play, work, and get services.

Q15 - How would you rate your community as a healthy place to live? Select one.

❍ Very Unhealthy ❍ Unhealthy ❍ Somewhat Healthy ❍ Healthy ❍ Very Healthy

Q16 - In the following list, what do you think are the three most important “health problems” in your community? (Those problems that have the greatest impact on overall community health.) <u>Select up to 3.</u>

❑ Access to Affordable Health Care Services (doctors available nearby, wait times, services available nearby, takes insurance)

❑ Alcohol and Drug Use

❑ Auto-Immune Diseases (multiple sclerosis, Crohn's disease, etc.)

❑ Cancer

❑ Children's Health

❑ Chronic Pain

❑ Diabetes

❑ Family planning services (birth control)

❑ Heart Disease, High Blood Pressure and Stroke

❑ Injury and Violence

❑ Maternal and Infant Health

❑ Men’s Health (ex. prostate exam, prostate health)

❑ Mental Health and Mental Disorders (anxiety, depression, suicide)

❑ Nutrition and Healthy Eating

❑ Older Adult Health (hearing/vision loss, arthritis, etc.)

❑ Oral Health and Access to Dental Services (dentists available nearby)

❑ People living with disabilities

❑ Physical Activity/Fitness

❑ Quality of Health Care Services Available

❑ Respiratory/Lung Diseases (asthma, COPD, etc.)

❑ Sexually transmitted diseases/infections (STDs/STIs)

❑ Teen and Adolescent Health

❑ Tobacco Use (including e-cigarettes, chewing tobacco, etc.)

❑ Weight Status (Individuals who are Overweight or Obese)

❑ Women’s Health (ex. mammogram, pap exam)

❑ Other (please specify)

____

Q17 - In your opinion, which of the following would you most like to see addressed in your community? Select up to 3.

- ❑ Access to higher education (2-year or 4-year degrees)
- ❑ Accessible sidewalks and other structures for those living with disabilities
- ❑ Ability to access safe parks and walking paths
- ❑ Crime and Crime Prevention (robberies, shootings, other violent crimes)
- ❑ Discrimination or inequity based on race/ethnicity, gender, age, sex
- ❑ Domestic Violence and Abuse (intimate partner, family, or child abuse)
- ❑ Economy and job availability
- ❑ Education and schools (Pre-K to 12th grade)
- ❑ Emergency Preparedness
- ❑ Inequity in jobs, health, housing, etc. for underserved populations
- ❑ Food insecurity or hunger
- ❑ Healthy Eating (restaurants, stores, or markets)
- ❑ Homelessness and unstable housing
- ❑ Injury Prevention (traffic safety, drownings, bicycling and pedestrian accidents)
- ❑ Neighborhood Safety
- ❑ Persons who've experienced physical and/or emotional trauma
- ❑ Safe air and water quality
- ❑ Safe housing
- ❑ Services for Seniors/Elderly (those over 65)
- ❑ Social isolation/feeling lonely
- ❑ Support for families with children (childcare, parenting support)
- ❑ Transportation
- ❑ Other (please specify) ____________________

Q18 - Below are some statements about health care services in your community. Please rate how much you agree or disagree with each statement. Select an option for your response in each row below.

	Strongly Agree	Agree	Feel Neutral	Disagree	Strongly Disagree
There are good quality health care services in my community.					
There are affordable health care services in my community.					
I am connected to a primary care doctor or health clinic that I am happy with					
I can access the health care services that I need within a reasonable time frame and distance from my home or work					
I feel like I can advocate for my health care (I feel heard and seen by my health care provider)					

	Strongly Agree	Agree	Feel Neutral	Disagree	Strongly Disagree
I know where to find the health care resources or information I need when I need them					
Individuals in my community can access healthcare services regardless of race, gender, sexual orientation, immigration status, etc.					

Q19 - Where do you get most of your health information? (Select all that apply.)

❍ Church or church group
❍ Community organization/agency
❍ Doctor or healthcare provider
❍ Facebook
❍ Twitter
❍ TikTok
❍ Instagram
❍ YouTube
❍ Family or friends
❍ Health Department
❍ Hospital
❍ Internet/Google
❍ Library
❍ Newspaper/Magazine
❍ Radio
❍ School or college
❍ Local TV (WCTV, TV3, KISSTV
❍ National TV
❍ Workplace
❍ 211 Resource Service
❍ Other (please specify) ____________

Q20 – How would you rate your own personal health in the past 12 months? Select one.

❍ Very Unhealthy
❍ Unhealthy
❍ Somewhat Healthy
❍ Healthy
❍ Very Healthy

Q21 - Do you currently have a health insurance plan/health coverage? Select one.

❍ Yes – PLEASE ANSWER Q22 NEXT
❍ No – SKIP TO Q23
❍ I don't know – SKIP TO Q23

Q22 - Which type(s) of health plan(s) do you use to pay for your health care services? Select all that apply.

❑ Medicaid
❑ Medicare
❑ Insurance through an employer (HMO/PPO) - either my own or partner/spouse/parent

- ❑ Insurance through the Health Insurance Marketplace/Obama Care/Affordable Care Act (ACA)
- ❑ Private Insurance I pay for myself (HMO/PPO)
- ❑ Indian Health Services
- ❑ Veteran's Administration
- ❑ COBRA
- ❑ I pay out of pocket/cash
- ❑ Some other way (please specify)

____

Q23 – Where do you go for routine healthcare? Select all that apply.

- ❑ Physician's Office
- ❑ Health Department
- ❑ Emergency Dept
- ❑ Urgent Care Clinic
- ❑ Clinic in grocery or drug store
- ❑ Telehealth
- ❑ I do not receive routine healthcare
- ❑ Other (please specify)

____

Q24 - In the past 12 months, was there a time that you needed health care services but did not get the care that you needed? Select one.

- ❍ Yes – PLEASE ANSWER Q25 NEXT
- ❍ No, I got the services that I needed – SKIP TO Q26
- ❍ Does not apply, I did not need health care services in the past year – SKIP TO Q26

Q25 - Select the top reason(s) that you did not receive the health care services that you needed in the past 12 months. Select all that apply.

- ❑ Cost - too expensive/can't pay
- ❑ No insurance
- ❑ Insurance not accepted
- ❑ Lack of personal transportation
- ❑ Lack of transportation due to bus schedule and/or drop-off location
- ❑ Hours of operation did not fit my schedule
- ❑ Childcare was not available
- ❑ Wait is too long
- ❑ No doctor is nearby
- ❑ I did not know where to go
- ❑ Office/service/program has limited access or is closed due to COVID-19
- ❑ Language barrier
- ❑ Cultural/religious reasons
- ❑ Lack of trust in healthcare services and/or provider
- ❑ Previous negative experience receiving care or services
- ❑ Lack of providers that I identify with (race, ethnicity, gender) or have training specific to my needs
- ❑ Fear of results/procedure
- ❑ Other (please specify)

____

Q26 - In the past 12 months, was there a time that you needed dental or oral health services but did not get the care that you needed? Select one.

- ❍ Yes – PLEASE ANSWER Q27
- ❍ No, I got the services that I needed – SKIP TO Q28
- ❍ Does not apply, I did not need dental/oral health services in the past year – SKIP TO Q28

Q27 - Select the top reason(s) that you did not receive the dental or oral health services that you needed in the past 12 months. Select all that apply.

❑ Cost - too expensive/can't pay
❑ No insurance
❑ Insurance not accepted
❑ Lack of personal transportation
❑ Lack of transportation due to bus schedule and/or drop-off location
❑ Hours of operation did not fit my schedule
❑ Childcare was not available
❑ Wait is too long
❑ No doctor is nearby
❑ I did not know where to go
❑ ____ Office/service/program has limited access or is closed due to COVID-19
❑ Language barrier
❑ Cultural/religious reasons
❑ Lack of trust in healthcare services and/or providers
❑ Previous negative experience receiving care or services
❑ Lack of providers that I identify with (race, ethnicity, gender) or have training specific to my needs
❑ Fear of results/procedure
❑ Other (please specify)

____

Q28 - In the past 12 months, was there a time that you needed or considered seeking mental health services or alcohol/substance abuse treatment but did not get services? Select one.

❍ Yes – PLEASE ANSWER Q29
❍ No, I got the services that I needed – SKIP TO Q30
❍ Does not apply, I did not need services in the past year – SKIP TO Q30

Q29 - Select the top reason(s) that you did not receive mental health services or alcohol/substance use treatment. Select all that apply.

❑ Cost - too expensive/can't pay
❑ No insurance
❑ Insurance not accepted
❑ Lack of personal transportation
❑ Lack of transportation due to bus schedule and/or drop-off location
❑ Hours of operation did not fit my schedule
❑ Childcare was not available
❑ Wait is too long
❑ No doctor is nearby
❑ I did not know where to go
❑ ____ Office/service/program has limited access or is closed due to COVID-19
❑ Language barrier
❑ Cultural/religious reasons
❑ Lack of trust in healthcare services and/or providers
❑ Previous negative experience receiving care or services
❑ Lack of providers that I identify with (race, ethnicity, gender) or have training specific to my needs
❑ Fear of results/procedure
❑ Other (please specify)

____

Q30 - In the past 12 months, did you go to a hospital Emergency Department (ED)? Select one.

❍ Yes – PLEASE ANSWER Q31 AND Q32
❍ No, I have not gone to the hospital ED – SKIP TO Q33

Q31 - Please select the number of times you have gone to the ED in the past 12 months. Select one.

❍ 1 ❍ 2 ❍ 3 ❍ 4 ❍ 5 ❍ 6 or more

Q32 - What were the main reasons that you went to the Emergency Department (ED) instead of a doctor's office or clinic? Select all that apply.

❑ After clinic hours/weekend
❑ Concerns about cost or co-pays
❑ Don't have a regular doctor/clinic
❑ Don't have health insurance
❑ Emergency/Life-threatening situation
❑ Feel more comfortable accessing my care in the Emergency Department instead of at a doctor's office or clinic
❑ Long wait for an appointment with my regular doctor
❑ Needed food, shelter, or other resources
❑ Other (please specify)

____

Housing and Transportation

Q33 - Below are some statements about housing, transportation, and safety in your community. Please rate how much you agree or disagree with each statement. <u>Place an X for your response in each row below.</u>

	Strongly Agree	Agree	Feel Neutral	Disagree	Strongly Disagree
There are affordable places to live in my community					
Streets in my community are typically clean and buildings are well maintained					
I feel safe in my own neighborhood					
Crime is not a major issue in my neighborhood					
There is a feeling of trust in Law Enforcement in my community					
Transportation is easy to get to if I need it					

Q34 - What transportation do you use most often to go places? Select one.

❍ Drive my own car
❍ Hitchhike
❍ Walk
❍ Ride a bicycle
❍ Ride a scooter
❍ Take a bus
❍ Take a taxi or ride share service (Uber/Lyft)
❍ Use medical transportation/specialty van transport
❍ Use senior transportation
❍ Someone drives me
❍ Other (please specify)

____

Q35 - Which of the following categories best reflects your current living situation? Select one.

❍ Live alone in a home (house, apartment, condo, trailer, etc.)
❍ Live in a home with another person such as a partner, sibling(s), or roommate(s)
❍ Live in a home that includes a spouse or partner AND a child/children under age 25
❍ Live in a multi-generational home (home includes grandparents or adult children age 25+)
❍ Live in a home with more than one family (more than one family lives in the home)
❍ Live in an assisted living facility or adult foster care
❍ Long-term care/nursing home
❍ Temporarily staying with a relative or friend
❍ Staying in a shelter, a tent or are experiencing homelessness (living on the street)

❍ Living in a recreational vehicle (RV), or couch-surfing
❍ Hotel/motel (long-term stay)
❍ Other (please specify) ____

Access to Healthy Food and Community Resources

Q36 - Below are some statements about access to food and resources in your community. Please rate how much you agree or disagree with each statement. <u>Place an X for your response in each row below.</u>

	Strongly Agree	Agree	Feel Neutral	Disagree	Strongly Disagree
I am not able to prepare my own food					
I can get to a grocery store when I need food or other household supplies					
Affordable healthy food options are easy to purchase at nearby corner stores, grocery stores or farmer's markets					
In my neighborhood it is easy to grow/harvest and eat fresh food from a home garden					
Local restaurants serve healthy food options					
We have good parks and recreational facilities					
There are good sidewalks or trails for walking safely					
It is easy for people to get around regardless of abilities					
Air and water quality are safe in my community					

Q37 - In the past 12 months, did you worry about whether your food would run out before you got money to buy more? Select one.

❍ Often
❍ Sometimes
❍ Never

Q38 - In the past 12 months, was there a time when the food that you bought just did not last, and you did not have money to get more? Select one.

❍ Often
❍ Sometimes
❍ Never

Q39 - In the past 12 months, did you or someone living in your home receive emergency food from a church, a food pantry, or a food bank, or eat in a soup kitchen? Select one.

❍ Often
❍ Sometimes
❍ Never

COVID-19

During this time, we understand that COVID-19 has impacted everyone's lives, directly and indirectly. We would like to know how these events have impacted you and your household to better understand how our community has been affected overall.

REMINDER: This is an anonymous survey. If you or anyone in your household has questions or concerns related to COVID-19, information is available at your local health department. If you need assistance finding local resources and support services, please call 211.

Q40 - We know the COVID-19 pandemic is challenging in many ways. Please select from the following list the issues that are the biggest challenges for your household right now. Select all that apply.

❑ Access to basic medical care

❑ Access to emergency medical services

❑ Access to prescription medications

❑ A shortage of food

❑ A shortage of healthy food

❑ A shortage of sanitation and cleaning supplies (e.g., toilet paper, disinfectants, etc.)

❑ After clinic hours/weekend

❑ Feeling alone/isolated, not being able to socialize with other people

❑ Feeling nervous, anxious, or on edge

❑ Household members not getting along

❑ Household member(s) have or have had COVID-19 or COVID-like symptoms (fever, shortness of breath, dry cough)

❑ Lack of technology to communicate with people outside of my household,

❑ Lack of skills to use technology to communicate, access virtual school, or work remotely from home

❑ Not being able to exercise

❑ Not knowing when the pandemic will end/not feeling in control

❑ Options for childcare services/lack of childcare support

❑ Unable to find work

❑ None of the following apply

❑ Other (please specify)

____

- [ ] Challenges for my children attending school (in person or virtually)
- [ ] Experience housing challenges or homelessness

access virtual school, or work remotely from home (e.g. internet access, computer, tablet, etc.)

Q41 – What is your COVID-19 Vaccine status?

- ❍ I am vaccinated- SKIP Q42! END OF SURVEY
- ❍ I plan to get vaccinated - PLEASE ANSWER Q42
- ❍ I do not plan to get vaccinated – PLEASE ANSWER Q42
- ❍ Prefer not to say

Q42 – Which of the following contributes to your vaccine decision? Select all that apply.

- [ ] I have just not scheduled my appointment
- [ ] Uncertain about the safety or side-effects of the vaccine
- [ ] Challenges getting a vaccine appointment
- [ ] Not able to take off work for an appointment
- [ ] Hours of operation did not fit my schedule
- [ ] Lack of transportation
- [ ] Language barrier
- [ ] Wait is too long
- [ ] No vaccine site is nearby
- [ ] I am worried that others would judge me
- [ ] Cultural or religious reasons
- [ ] Lack of trust in healthcare services and/or providers
- [ ] Previous negative experience receiving care or services
- [ ] I do not believe the vaccine is safe for me
- [ ] I have a pre-existing condition that makes me ineligible
- [ ] Other (please specify) ___________________

Thank you for taking the time to participate in this community survey. Your feedback and insight are vital as we work to improve and address issues impacting our community's health.

END OF SURVEY

Community Health Survey

Spanish Language Version

REID HEALTH
ENCUESTA DE SALUD COMUNITARIA 2022

INSTITUTO DE COMUNIDADES SALUDABLES DE CONDUENT
ENCUESTA DE SALUD COMUNITARIA

Le damos la bienvenida a la encuesta de salud comunitaria de Beneficio Comunitario de Reid Health. Reid Health está realizando una evaluación de necesidades sanitarias de la comunidad para su área de servicio. La información recopilada en esta encuesta ayudará a las organizaciones comunitarias de la región a entender mejor las necesidades sanitarias de su comunidad. La información obtenida se utilizará para implementar programas que beneficien a todos los miembros de la comunidad. Podemos entender mejor las necesidades de la comunidad a través de las perspectivas de los miembros de la comunidad, como usted, quienes nos pueden indicar los temas que consideran más importantes.

RECORDATORIO: Es obligatorio tener 18 años o más para completar esta encuesta. Estimamos que le tomará 10 minutos completarla. Los resultados de la encuesta estarán disponibles y se compartirán de forma generalizada en la comunidad dentro del próximo año. Las respuestas que proporcione usted serán anónimas y no se le atribuirán personalmente de ninguna manera. Su participación en esta encuesta es completamente voluntaria. Si tiene alguna pregunta, póngase en contacto con Beneficio Comunitario de Reid Health por correo electrónico en CommunityBenefit@reidhealth.org. ¡Muchas gracias por su perspectiva y su tiempo!

I. Por favor, conteste algunas preguntas sobre sí mismo para que podamos ver cómo se sienten diferentes tipos de personas sobre los temas de salud local.

P1: ¿En qué código postal vive? Escriba su código postal de cinco dígitos en el casillero abajo.
Código postal: ______________________________

P2: ¿En qué condado vive?

- o Darke
- o Fayette
- o Franklin
- o Henry
- o Preble
- o Randolph
- o Union
- o Wayne
- o Otros (especifique)______________
_

P3 : ¿Cuál es su profesión?

- ❍ Agricultura
- ❍ Artes, entretenimiento, recreación, hospitalidad y servicios alimenticios
- ❍ Construcción
- ❍ Actualmente desempleado
- ❍ Educación
- ❍ Finanzas, seguros y bienes raíces
- ❍ Atención médica
- ❍ Ama de casa
- ❍ Tecnología de la información
- ❍ Fabricación
- ❍ Industria de servicios/minorista
- ❍ Transporte y servicios públicos
- ❍ Fuerzas de seguridad y socorristas
- ❍ Servicios gubernamentales
- ❍ Otros (especifique)

  ____

P4: ¿Es usted de origen o ascendencia Hispana o Latina? Seleccione una opción.

❍ Hispano/latino/latinx ❍ No hispano/latino/latinx ❍ Prefiero no contestar

P5 : ¿Cuál de las siguientes opciones le describe mejor? Seleccione una opción.

- ❍ Indígena americano o nativo de Alaska
- ❍ Asiático o asiático-americano
- ❍ Negro o afroamericano
- ❍ Nativo de Hawái o de otras islas del Pacífico
- ❍ Blanco o caucásico
- ❍ Dos o más razas
- ❍ Alguna otra raza
- ❍ Prefiero no contestar

P6 : ¿Qué edad tiene? Seleccione una opción.

- ❍ Menor de 17 años
- ❍ 18-24
- ❍ 25-34
- ❍ 35-44
- ❍ 45-54
- ❍ 55-64
- ❍ 65-74
- ❍ 75-84
- ❍ 85 años o más
- ❍ Prefiero no contestar

P7 : ¿ Con cuál identidad de género se identifica más? Seleccione una opción.

- ❍ Mujer
- ❍ Hombre
- ❍ Mujer transgénero/hombre a mujer
- ❍ Hombre transgénero/mujer a hombre
- ❍ No binario
- ❍ Prefiero no contester
- ❍ Otra identificación (opcional)

Si desee, indique con qué otra identidad de género se identifica más:

P8 : Por favor, considere compartir su orientación sexual con nosotros. Se considera a sí mismo como (seleccione una opción):

❍ Heterosexual (ni lesbiana ni gay) ❍ Gay ❍ Lesbiana ❍ Bisexual ❍ Pansexual ❍ Asexual	❍ No sé ❍ Prefiero no contestar ❍ Otra orientación (opcional) Si desee, indique con qué otra orientación sexual se identifica: ______________________________

P9: ¿Cuál es el nivel más alto de educación que usted ha terminado? Seleccione una opción.

❍ No asistí a la escuela
❍ Algunos estudios, sin terminar la escuela secundaria
❍ Graduado de la escuela secundaria (incluye equivalencia)
❍ Algún certificado técnico universitario
❍ Graduado de universidad intermedia, o de grado asociado
❍ Graduado de universidad, o licenciatura
❍ Maestría o título superior

P10: ¿Cuánto dinero en total ganaron todos los miembros de su hogar en el año anterior? Seleccione una opción.

❍ Menos de $25.000
❍ $25.000 a $49.999
❍ $50.000 a $74.999
❍ $75.000 a $99.000
❍ $100.000 a $150.000
❍ Más de $150.000
❍ Prefiero no contestar

P11: ¿Es el inglés el idioma que habla la mayoría del tiempo en su hogar?

❍ Sí
❍ No. Si responde que no, por favor especifique el idioma que se habla la mayoría del tiempo en su hogar.

P12: ¿Usted se identifica con alguna de las siguientes afirmaciones? Seleccione todas las opciones que correspondan.

_____ Tengo una discapacidad

_____ Soy militar en servicio activo

_____ Soy militar retirado

_____ Soy un veterano

_____ Soy inmigrante o refugiado

_____ Prefiero no contestar

_____ No me identifico con ninguno de estas

P13: Con usted incluido, ¿cuántas personas viven actualmente en su hogar?

❍ 1
❍ 2
❍ 3
❍ 4
❍ 5
❍ 6 o más (especifique un número) _______________

P14: ¿Hay niños (menores de 18 años) en su hogar? Si responde que sí, por favor escribe el número de niños más abajo.

❍ No
❍ Sí (especifique un número de niños)

II. En esta encuesta, el término "comunidad" refiere a las áreas principales donde usted vive, va de compras, se goza o pasa tiempo, trabaja y obtiene servicios.

P15: ¿Cómo calificaría a su comunidad como un lugar saludable para vivir? Seleccione una opción.

❍ Muy poco saludable
❍ Poco saludable
❍ Algo saludable
❍ Saludable
❍ Muy saludable

P16: En la siguiente lista, ¿cuáles cree que son los tres "problemas de salud" más importantes en su comunidad? (Aquellos problemas que tienen el mayor impacto en la salud general de la comunidad). Seleccione hasta 3.

____ Acceso a servicios de atención médica asequibles (médicos disponibles y cercanos , tiempos de espera, servicios disponibles cercanos , se acepta seguro médico)

____ Consumo de alcohol y drogas

____ Enfermedades autoinmunes (esclerosis múltiple, enfermedad de Crohn, etc.)

____ Cáncer

____ Salud infantil

____ Dolor crónico

____ Salud maternoinfantil

____ Salud del hombre (por ejemplo: examen de próstata, salud de la próstata)

____ Salud mental y trastornos mentales (ansiedad, depresión, suicidio)

____ Nutrición y alimentación saludable

____ Salud de los adultos mayores (pérdida de audición/visión, artritis, etc.)

____ Salud oral y acceso a servicios de odontología

____ Calidad de los servicios de atención médica disponibles

____ Enfermedades respiratorias/pulmonares (asma, EPOC, etc.)

____ Enfermedades/infecciones de transmisión sexual (ETS/ITS)

____ Salud de jóvenes y adolescentes

____ Consumo de tabaco (incluidos los cigarrillos electrónicos, el tabaco para masticar, etc.)

____ Diabetes

____ Servicios de planificación familiar (métodos anticonceptivos)

____ Enfermedad cardíaca, hipertensión (alta presión sanguínea) y accidente cerebrovascular (derrame cerebral)

____ Lesiones y violencia

(odontólogos disponibles cercanos)

____ Personas con discapacidades

____ Actividad física

____ Estado de peso (personas con sobrepeso u obesidad)

____ Salud de la mujer (por ejemplo: mamografía, examen de Papanicolaou)

____ Otros (especifique) ________________________

P17: En su opinión, ¿cuáles de las siguientes opciones le gustaría más que se abordara en su comunidad? Seleccione hasta 3.

____ Acceso a la educación superior (títulos universitarios de 2 o 4 años)

____ Aceras y otras estructuras accesibles para las personas que viven con discapacidades

____ Accesibilidad de parques seguros y senderos para caminar

____ Delincuencia y prevención del delito (robos, tiroteos, otros delitos violentos)

____ Discriminación o desigualdad por motivos de raza/etnia, género, edad o sexo

____ Violencia doméstica y abuso (abuso entre parejas, familias o a niños)

____ Economía y disponibilidad de empleo

____ Educación y escuelas (de preescolar al 12.º grado)

____ Preparación ante emergencias

____ Inequidad de empleo, salud, vivienda, etc. para las poblaciones desatendidas

____ Inseguridad alimentaria o hambre

____ Alimentación saludable (restaurantes, tiendas o mercados)

____ Personas sin hogar y viviendas inestables

____ Prevención de lesiones (seguridad vial, ahogamientos, accidentes de ciclistas y peatones)

____ Seguridad de los vecindarios

____ Personas que han sufrido traumas físicos o emocionales

____ Calidad segura del aire y del agua

____ Vivienda segura

____ Servicios para la tercera edad (mayores de 65 años)

____ Aislamiento social/sentimiento de soledad

____ Apoyo a las familias con hijos (guardería, apoyo a la crianza)

____ Transporte

____ Otros (especifique) _____________

P18: A continuación, encontrará algunas afirmaciones sobre los servicios de atención médica en su comunidad. Por favor, califique cuánto está de acuerdo o en desacuerdo con cada afirmación. Seleccione una opción para su respuesta en cada fila abajo.

	Totalmente de acuerdo	De acuerdo	Me siento neutral	En desacuerdo	Totalmente en desacuerdo
Hay servicios de atención médica de buena calidad en mi comunidad.					
Hay servicios de atención médica asequibles en mi comunidad.					
Estoy en contacto con un médico de atención primaria o con una clínica de salud con lo que estoy contento.					
Puedo acceder a los servicios de atención médica que necesito dentro de un tiempo y a una distancia razonable de mi casa o trabajo.					
Siento que puedo abogar por mi atención médica (siento que mi proveedor de atención médica me escucha y me presta atención).					
Sé dónde encontrar recursos médicos o información sobre atención médica que necesito cuando los necesito.					
Las personas de mi comunidad pueden acceder a los servicios de atención médica sin importancia dado a su raza, sexo, orientación sexual, estado de inmigración, etc.					

P19: ¿Dónde busca la mayoría de su información de salud? Seleccione todas las opciones que correspondan.

____ Iglesia o grupo religioso

____ Organización/agencia comunitaria

____ Médico o proveedor de atención médica

____ Facebook

____ Twitter

____ Tik Tok

____ Instagram

____ YouTube

____ Familiares o amigos

____ Departamento de salud

____ Hospital

____ Internet/Google

____ Biblioteca

____ Periódico/revista

____ Radio

____ Escuela o colegio

____ TV local (WCTV, TV3, KISSTV)

____ TV nacional

____ Lugar donde trabaja usted

____ Servicio de recursos 211

____ Otros (especifique) ____________

P20: ¿Cómo calificaría su propia salud personal en los últimos 12 meses? Seleccione una opción.

❍ Muy poco saludable
❍ Poco saludable
❍ Algo saludable
❍ Saludable
❍ Muy saludable

P21: ¿Tiene actualmente un plan de seguro médico/cobertura médica? Seleccione una opción.

❍ Sí. POR FAVOR, RESPONDA LA P20 A CONTINUACIÓN
❍ No. SIGA A LA P21
❍ No sé. SIGA A LA P21

P22: ¿Qué tipo de plan(es) de salud utiliza para pagar por sus servicios de atención médica? Seleccione todas las opciones que correspondan.

❑ Medicaid
❑ Medicare
❑ Seguro a través de un empleador (HMO/PPO); ya sea el mío propio o el de mi pareja/cónyuge/padre/madre
❑ Seguro a través del mercado de seguros de salud/Obama Care/Ley de Cuidado de Salud a Bajo Precio (ACA)
❑ Seguro privado que pago por mí mismo (HMO/PPO)
❑ Servicio de Salud Indígena
❑ Administración de Veteranos
❑ COBRA
❑ Pago del bolsillo/en efectivo
❑ Otra manera (especifique)____________

P23: ¿A dónde va para recibir atención médica de rutina? *(Seleccione todas las opciones que correspondan)*.

- ❑ Consultorio médico
- ❑ Departamento de salud
- ❑ Departamento de emergencias
- ❑ Clínica de atención de urgencia
- ❑ Clínica en un supermercado o farmacia
- ❑ Telesalud
- ❑ No recibo atención médica de rutina
- ❑ Otros (especifique)

P24: En los últimos 12 meses, ¿hubo algún momento en que usted necesitaba atención médica pero que no la recibió? Seleccione una opción.

- ❍ Sí. POR FAVOR, RESPONDA LA P25 A CONTINUACIÓN.
- ❍ No, obtuve los servicios que necesitaba. SIGA A LA P26
- ❍ No aplica; no he necesitado atención médica en el último año. SIGA A LA P26

P25: Seleccione la(s) razón(es) principal(es) por la(s) que no recibió la atención médica que necesitaba en los últimos 12 meses. Seleccione todas las opciones que correspondan.

_____ Costo: demasiado costoso/no puedo pagarlo

_____ Sin seguro medico

_____ No se aceptaba mi seguro medico

_____ Falta de transporte personal

_____ Falta de transporte debido a los horarios de los autobuses o a la ubicación del destino

_____ El horario de atención no se ajustaba a mis horarios

_____ No se disponía de servicio de guardería

_____ La espera es demasiada larga

_____ No hay ningún médico cerca

_____ No sabía adónde ir

_____ El consultorio, servicio o programa tiene acceso limitado o está cerrado debido al COVID-19

_____ Barrera por el idioma

_____ Razones culturales/religiosas

_____ Falta de confianza en los servicios o los proveedores de atención médica

_____ Experiencia anterior negativa al recibir atención o servicios

_____ Falta de proveedores con los que me identifique (raza, etnia, género) o que tengan formación específica para mis necesidades

_____ Miedo de los resultados/procedimientos

_____ Otros (especifique) _____________

P26: En los últimos 12 meses, ¿hubo algún momento en que usted necesitaba servicios odontológicos o de salud oral pero no los recibió? Seleccione una opción.

❍ Sí. POR FAVOR, RESPONDA LA P27
❍ No, obtuve los servicios que necesitaba. SIGA A LA P28
❍ No aplica; no he necesitado servicios de salud dental/oral en el último año. SIGA A LA P28

P27: Seleccione la(s) razón(es) principal(es) por la(s) que no recibió los servicios odontológicos o de salud oral que necesitaba en los últimos 12 meses. Seleccione todas las opciones que correspondan.

____ Costo: demasiado costoso/no puedo pagarlo

____ Sin seguro médico

____ No se aceptaba mi seguro médico

____ Falta de transporte personal

____ Falta de transporte debido a los horarios de los autobuses o a la ubicación de destino

____ El horario de atención no se ajustaba a mis horarios

____ No se disponía de servicio de guardería

____ La espera es demasiada larga

____ No hay ningún médico cerca

____ No sabía adónde ir

____ El consultorio, servicio o programa tiene acceso limitado o está cerrado debido al COVID-19

____ Barrera por el idioma

____ Razones culturales/religiosas

____ Falta de confianza en los servicios o los proveedores de atención médica

____ Experiencia anterior negativa al recibir atención o servicios

____ Falta de proveedores con los que me identifique (raza, etnia, género) o que tengan formación

específica para mis necesidades

____ Miedo de los resultados/procedimientos

____ Otros (especifique) ____________

P28: En los últimos 12 meses, ¿hubo algún momento en que usted necesitaba o pensaba en buscar servicios de salud mental o tratamiento contra el alcoholismo o la drogadicción, pero no los pudo acceder? Seleccione una opción.

❍ Sí. POR FAVOR, RESPONDA LA P29
❍ No, obtuve los servicios que necesitaba. SIGA A LA P30
❍ No aplica; no he necesitado servicios en el último año. SIGA A LA P30

P29: Seleccione la(s) razón(es) principal(es) por la(s) que no recibió servicios de salud mental o tratamiento por alcoholismo o drogadicción. Seleccione todas las opciones que correspondan.

____ Costo: demasiado costoso/no puedo pagarlo

____ Sin seguro médico

____ No se aceptaba mi seguro médico

____ Falta de transporte personal

____ Falta de transporte debido a los horarios de los autobuses o a la ubicación de destino

____ El horario de atención no se ajustaba a mis horarios

____ No se disponía de servicio de guardería

____ La espera es demasiada larga

____ No hay ningún médico cerca

____ No sabía adónde ir

____ El consultorio, servicio o programa tiene acceso limitado o está cerrado debido al COVID-19

____ No sabía cómo funcionaría el tratamiento

____ Me preocupaba que los demás me juzgaran

____ Barrera por el idioma

____ Razones culturales/religiosas

____ Falta de confianza en los servicios o los proveedores de atención médica

____ Experiencia anterior negativa al recibir atención o servicios

____ Falta de proveedores con los que me identifique (raza, etnia, género) o que tengan formación específica para mis necesidades

____ No sentía que el problema fuera suficientemente significativo como para buscar tratamiento

____ Otros (especifique) ____________

P30: En los últimos 12 meses, ¿usted ha ido a un departamento de urgencias (ED) de un hospital? Seleccione una opción.

❍ Sí. POR FAVOR, RESPONDA LAS P31 Y P32
❍ No, no he ido al ED de un hospital. SIGA A LA P33

P31: Seleccione el número de veces que usted ha ido al ED en los últimos 12 meses. Seleccione una opción.

❍ 1
❍ 2
❍ 3
❍ 4
❍ 5
❍ 6 o más

P32: ¿Cuáles fueron las razones principales por las que usted fue al departamento de urgencias (ED) en vez de ir a un consultorio médico o a una clínica? Seleccione todas las opciones que correspondan.

____Fue después del horario de la clínica/por el fin de semana

____ No tengo un médico o una clínica habitual

____ No tengo seguro médico

____ Me siento más cómodo encontrar mi atención médica en el ED en vez de buscarla en un

consultorio médica o clínica

____ Preocupaciones por el costo o los copagos

____ Situación de emergencia o de peligro para la vida

____ Larga espera para conseguir una cita con mi médico habitual

____ Necesitaba comida, refugio u otros recursos

____ Mi médico (u otro proveedor) me dijo que fuera

____ Otros (especifique) ____________

P33: A continuación, se presentan algunas afirmaciones sobre la vivienda, el transporte y la seguridad en su comunidad. Por favor, califique cuánto está de acuerdo o en desacuerdo con cada afirmación. <u>Coloque una X para su respuesta en cada fila abajo.</u>

	Totalmente de acuerdo	De acuerdo	Me siento neutral	En desacuerdo	Totalmente en desacuerdo
Hay lugares económicos para vivir en mi comunidad					
Las calles de mi comunidad suelen estar limpias y los edificios están en buen estado de mantenimiento					
Me siento seguro en mi propio vecindario					
La delincuencia no es un problema principal en mi vecindario					
Hay un sentimiento de confianza en las fuerzas de seguridad (la policía) en mi comunidad					
El transporte es fácil de conseguir si lo necesito					

P34: ¿Qué transporte usa con más frecuencia? Seleccione una opción.

❍ Conduzco mi propio vehículo
❍ Hago autostop/dedo
❍ Camino
❍ Ando en bicicleta
❍ Monto un scooter
❍ Tomo un autobús
❍ Tomo un taxi o un servicio de transporte compartido (Uber/Lyft)

❍ Utilizo el transporte médico/transporte en furgoneta especializada
❍ Utilizo el transporte para personas mayores
❍ Alguien me lleva
❍ Otros (especifique)______________

P35: ¿Cuál de las siguientes categorías refleja mejor su situación de vida actual? Seleccione una opción.

❍ Vivo solo en una casa (casa, apartamento, condominio, remolque, etc.)
❍ Vivo en un hogar con otra(s) persona(s), como mi pareja, hermano(s) o compañeros de piso
❍ Vivo en un hogar que incluye un cónyuge o pareja Y hijo(s) menores de 25 años
❍ Vivo en un hogar multigeneracional (el hogar incluye abuelos o hijos adultos mayores de 25 años)
❍ Vivo en un hogar con más de una familia (más de una familia vive en el hogar)
❍ Vivo en una residencia asistida o en un centro de acogida para adultos mayores
❍ Instalación de cuidados de larga duración/hogar de ancianos
❍ Me alojo temporalmente en casa de un familiar o amigo
❍ Me alojo en un refugio, una tienda de campaña o no tengo hogar (vivo en la calle)
❍ Vivo en un vehículo recreativo (RV) o por sofá cama entre varias casas
❍ Hotel/motel (estancia de larga duración)
❍ Otros (especifique)___________________________

P36: A continuación, se presentan algunas afirmaciones sobre el acceso a los alimentos y los recursos en su comunidad. Por favor, califique cuánto está de acuerdo o en desacuerdo con cada afirmación. <u>Coloque una X para su respuesta en cada fila a continuación.</u>

	Totalmente de acuerdo	De acuerdo	Me siento neutral	En desacuerdo	Totalmente en desacuerdo
No soy capaz de preparar mi propia comida.					
Puedo ir a una tienda de comestibles cuando necesito comida u otros suministros para el hogar.					
Opciones de alimentos saludables y económicos son fáciles de encontrar en las tiendas de mi barrio, los supermercados o los mercados agrícolas cercanos.					
En mi barrio, es fácil cultivar/cosechar y comer alimentos frescos de un jardín particular.					

	Totalmente de acuerdo	De acuerdo	Me siento neutral	En desacuerdo	Totalmente en desacuerdo
Los restaurantes locales ofrecen opciones de comida saludable.					
Tenemos buenos parques e instalaciones recreativas.					
Hay buenas aceras o senderos para caminar seguramente y sin peligro .					
Es fácil para la gente desplazarse sin importar sus capacidades.					
La calidad del aire y del agua es segura en mi comunidad.					

P37: En los últimos 12 meses, ¿se preocupaba que se le acabara la comida antes de obtener dinero para poder comprar más? Seleccione una opción.

❍ Frecuentemente
❍ A veces
❍ Nunca

P38: En los últimos 12 meses, ¿hubo un momento en que la comida que compró simplemente no duró lo suficiente, y no tuvo dinero para comprar más? Seleccione una opción.

❍ Frecuentemente
❍ A veces
❍ Nunca

P39: En los últimos 12 meses, ¿usted o alguien que vive en su hogar ha recibido alimentos de emergencia de una iglesia o de una despensa de alimentos, o ha comido en un comedor público y gratuito? Seleccione una opción.

❍ Frecuentemente ❍ A veces ❍ Nunca

III. Durante este tiempo, entendemos que el COVID-19 ha impactado la vida de todos, directamente e indirectamente. Nos gustaría saber cómo estos acontecimientos le han afectado a usted y a su hogar para entender mejor cómo se ha impactado nuestra comunidad en general.

RECORDATORIO: esta es una encuesta anónima. Si usted o alguien en su hogar tiene preguntas o inquietudes relacionadas con el COVID-19, hay información disponible en www.healthdepartment.com. Si necesita ayuda para encontrar recursos locales y servicios de

apoyo, favor de llamar al 211.

P40: Sabemos que la pandemia de COVID-19 es un desafío en muchos sentidos. Seleccione de la siguiente lista los problemas que presentan el desafío más impactante para su hogar ahora mismo. <u>Seleccione todas las opciones que le correspondan.</u>

____ Acceso a la atención médica básica

____ Acceso a los servicios médicos de urgencia

____ Acceso a medicamentos recetados

____ Escasez de alimentos

____ Escasez de alimentos saludables

____ Escasez de suministros de higiene y limpieza (por ejemplo, papel higiénico, desinfectantes, etc.)

____ Dificultades para mis hijos que van a la escuela (de forma presencial o virtual)

____ Experimento problemas de vivienda o de perder donde vivo (de estar sin hogar)

____Me siento solo/aislado, no puedo socializar con otras personas

____ Me siento nervios, ansiedad o tensión

____ Los miembros del hogar no se llevan bien

____ Los miembros del hogar tienen o han tenido síntomas de COVID-19 o síntomas similares a las de COVID (fiebre, dificultad para respirar, tos seca)

____ Falta de tecnología para comunicarme con personas fuera de mi hogar, acceder a la escuela de forma virtual o trabajar de forma remota desde casa (por ejemplo, acceso a Internet, computadora, tableta, etc.)

____ Falta de habilidades para utilizar la tecnología para comunicarme, acceder a la escuela de forma virtual o trabajar de forma remota desde casa

____ No puedo hacer ejercicio

____ No sé cuándo terminará la pandemia/no me siento en control

____ Opciones de servicios de cuidado de niños/falta de apoyo al cuidado de niños

____ Imposibilidad de encontrar trabajo

____ No corresponde ninguna de las siguientes opciones

____ Otros (especifique) ____________

P41: ¿Cuál es su estado de vacunación contra el COVID-19?

❍ Estoy vacunado. POR FAVOR, PASE AL FINAL DE LA ENCUESTA
❍ Planeo vacunarme. POR FAVOR, RESPONDA LA P42
❍ No planeo vacunarme. POR FAVOR, RESPONDA LA P42

P42: ¿Cuál de los siguientes factores contribuye a su decisión sobre vacunarse? Seleccione todas las opciones que correspondan.

__ Simplemente no he programado mi cita

____ Incertidumbre sobre la seguridad o los efectos secundarios de la vacuna

____ Dificultad para conseguir una cita para vacunarse

____ No puedo ausentarme del trabajo para una cita

____ Falta de transporte

____ El horario de atención no se ajustaba a mis horarios

____ Barrera por el idioma

____ No hay ningún centro de vacunación cercano

____ La espera es demasiada larga

____ Me preocupa que los demás me juzguen

____ Razones culturales o religiosas

____ Falta de confianza en los servicios o los proveedores de atención médica

____ Experiencia anterior negativa al recibir atención o servicios

____ No creo que la vacuna está segura para mí

____ Tengo una enfermedad preexistente que hace que no cumpla con los requisitos

____ Otros (especifique) __________

Gracias por tomarse el tiempo para participar en esta encuesta de la comunidad. Sus comentarios y opiniones son vitales para mejorar y abordar los problemas que afectan la salud de nuestra comunidad.

FIN DE LA ENCUESTA

Key Informant Interview Questionnaire

KEY INFORMANT INTERVIEW QUESTIONS
REID HEALTH
2022 COMMUNITY HEALTH NEEDS ASSESSMENT

1. **To begin, could you please tell us a little about the organization you work for and the geographic location it serves?**

2. **COVID-19 has significantly impacted everyone's lives. Through that lens, what have you seen as the biggest challenges in Darke/Fayette/Franklin/Henry/Preble/Randolph/Union/Wayne County during the pandemic?**

3. **Now, we would appreciate your perspective on the current health needs or issues faced by people living in Darke/Fayette/Franklin/Henry/Preble/Randolph/Union/Wayne County. In your opinion, what are the top health issues affecting residents of your community?**

4. **What do you think are the leading factors that contribute to these health issues?**

5. **Which groups (or populations) in your community seem to struggle the most with the health issues that you've identified?**
    a. *Are there specific challenges that impact low-income, under-served/uninsured, racial or ethnic groups, age or gender groups in the community?*
    b. *How does it impact their lives?*

6. **What geographic parts of the county/community have greater health or social need?**
    a. **Which neighborhoods in your community need additional support services or outreach?**

7. **What barriers or challenges might prevent someone in the community from accessing health care or social services?**

8. **Could you tell us about some of the strengths and resources in your community that address these issues, such as groups, partnerships/initiatives, services, or programs?**

9. **What services or programs could potentially have an impact on the needs that you've identified, if not yet in place?**
    a. *What services or programs could potentially have an impact on the needs that you've identified, if not yet in place?*

10. **Is there anything additional that should be considered for assessing the needs of the community?**

Focus Group Guide

OPENING SCRIPT: Thank you for taking the time to speak with us to support the Reid Health Community Health Needs Assessment. We anticipate that this discussion will last no more than 60 minutes. You have been invited to take part in this focus group because of your experience living and/or working in one of the Reid Health service area counties. The focus of our Community Health Needs Assessment is how to improve health in the community and understand what challenges residents are facing. We are going to ask a series of questions related to health issues in the community. We hope to get through as many questions as possible and hear each of your perspectives as much as time allows.

For this discussion group, I will invite you to share as much or little as you feel comfortable sharing with the others in the group. The results of this assessment will be made available to the public. We will be taking notes on your responses, but your names will not be associated with any direct quotes. Your identity will be kept confidential, so please share your honest opinions.

It is important that everyone has a chance to be heard, so we ask that only one person talk at a time (most important ground rule for today). Your insights will be lost if you are only sharing them with the person next to you. We also ask that you think about broader community needs and not just the health topic that you and your organization focus on. Please respect the opinions of others, as the point of the focus group is to collect various points of view.

Okay, let's get started by going around and introducing ourselves. Please tell everyone your first name, what community you live in, and if you are interested in sharing, your involvement in the community (could be your job or volunteer work for example).

Thank you for introducing yourselves. Now we will get started with our discussion.

COVID-19 QUESTION

1. **We know that COVID-19 has significantly impacted everyone's lives. What have you seen as the biggest challenges in your County during the pandemic?**
   [Probe 1: Which groups of people are having the hardest time right now?]
   [Probe 2: How have you seen these challenges being addressed, if at all?]
   [Probe 3: What are some of the positives? What has worked?]

GENERAL HEALTH QUESTIONS

2. **What is the top health related problem that residents are facing in your community that you would change or improve?**
   [*Probe 1: Why do you think this is the most important health issue?]*

3. **What do you think is the cause of this problem in your community?**
   [Probe 1: What would you do to address this problem? What is needed to address this problem?]

4. **From the health issues and challenges we've just discussed, which do you think are the hardest to overcome?**

[Probe: Are some of these issues more urgent or important than others? If so, why?]

5. **Are there groups in your community that are facing particular health issues or challenges? Which groups are these?**
   [*Probe: Are these health challenges different if the person is a particular age, or gender, race or ethnicity? Or lives in a certain part of the county for example?]*

6. **What do you think causes residents to be healthy or unhealthy in your community?**
   [*Probe 1: What types of things influence their health, to make it better or worse?]*
   [*Probe 2: What might prevent someone from accessing care for these health challenges? Examples could include lack of transportation, lack of health insurance coverage, doctor's office hours, language or cultural barriers, etc.]*

7. **What resources are available for residents in your community?**
   [Probe 1: Are there specific community organizations or agencies that you see taking a strong leadership role for improving the health of particular groups in your community?]
   [*Probe 2: Do you see residents taking advantage of them? Why or why not?]*
   [*Probe 3: What additional programs and resources do you think are needed to best meet the needs of residents in your County?]*

CLOSING QUESTION

8. **Can you think of any other ways we could improve the health of residents in the community that we have not already talked about today?**
   [Probe: Is there anything else you would like to add that we haven't discussed?]

CLOSURE SCRIPT: Thank you very much for your time and willingness to share your experiences with us today. We will include your comments in our data to describe how health can be improved for residents in your community. Please remember, your name will not be connected to any of the comments you made today. Please let us know if you have any questions or concerns about this.

I also wanted to let you know that we are currently conducting an online Reid Health Community Health Survey that is a part of the Community Health Needs Assessment process. If you would be interested in participating in the survey or willing to help share the link with your organization, community partners, friends, or family who live, work, or play in your County, it would be greatly appreciated. We will send you a follow-up email thanking you for your participation today and will include more information about the community survey with a link.

Appendix F. Prioritization Toolkit

The handout shown in Figure F1 was provided to participants to support the virtual prioritization activity. The actual prioritization process was completed online using a web-based survey tool.

FIGURE F1. PRIORITIZATION CHEAT SHEET

Prioritization Cheat Sheet: Reid Health

For this activity, we will prioritize 11 significant health needs, considering the following two criteria: (1) magnitude of the issue and (2) ability to impact. Please review the considerations for each of these criteria below, then assign a score of 1-3 to each health topic and criterion. To complete this activity online, go to https://www.research.net/r/ReidHealth.

Considerations: MAGNITUDE

How many people in the community are or will be impacted?

How does the identified need impact health and quality of life?

Has the need changed over time?

Considerations: ABILITY TO IMPACT

Can actionable and measurable goals be defined to address the health need? Are those goals achievable in a reasonable time frame?

Does the hospital or health system have the expertise or resources to address the identified health need?

Can the need be addressed in collaboration with community partners? Are organizations already addressing the health issue?

*The health needs in the table below are listed in alphabetical order (not by order of importance)

Health Need*	Magnitude of the Issue Assign a score of 1 to 3: 1 – Least Concerning 2 – Somewhat Concerning 3 – Most Concerning	Ability to Impact Assign a score of 1 to 3: 1 – Least Ability to Impact 2 – Some Ability to Impact 3 – Most Ability to Impact
Children's Health		
Diabetes		
Education		
Health Care Access & Quality including Transportation		
Heart Disease & Stroke		
Maternal Fetal & Infant Health		
Mental Health & Mental Disorders		
Older Adults		
Substance Misuse (Alcohol & Drug Use, Tobacco Use)		
Support for families with Children (childcare, parenting support)		
Weight Status / Physical Activity / Nutrition		

Appendix G. Reid Health Impact Report

FY 2020 – 2022 CHNA Implementation Plan Outcomes

Priority Health Need: Mental Health & Substance Misuse

Goal:

Objective(s):				
	Activities Implemented	**Results**	**Implementation Plan**	**Implementation Plan Strategy**
Mental Health & Substance	Drug Free Wayne County Partnership (DFWCP)-This coalition works to promote, support, and encourage the prevention, education, treatment, and law enforcement of substance misuse and substance misuse related health issues. Reid Community Benefit acts as the healthcare sector representative for this coalition, provides lunch to all monthly attendees, and provides support for events and initiatives of this coalition.	Drug Free Wayne County Partnership provided education, resources, community events, and collaborative work that benefitted 7,650 people from 2020-2022	Yes	"#1 Reduce stigma associated with mental health and substance misuse #3 Develop and partner with programs that build family support #4 Build a stronger sense of community support surrounding mental health and substance misuse"

	Reach All Randolph County (RARC)-The goal of this coalition is to provide a group approach to decrease substance misuse in Randolph County. This group has active participation from the school superintendents, local not for profit organizations, law enforcement, and healthcare. Reid Community Benefit has provided support and resources for the prevention initiatives outlined by this coalition.	During this assessment period, 2020-2022, RARC used the books Be The Best You Can Be as a guide for substance use prevention for all 4th graders in Randolph County schools. Reid Community Benefit covered the cost of these supplies and presented the information along with superintendents for each school system. In 2020, 302 students were served by this project with 350 students served in 2021. (this project has not been completed yet for 2022)	Yes	"#1 Reduce stigma associated with mental health and substance misuse
	Fayette County Harm Reduction Alliance-Syringe Support Services. Beginning in 2021 and every year since, Reid Health Community Benefit has provided this group with $20,000 to be used toward staffing and supplies to support this harm reduction effort. This program accepts and disposes of used syringes, offers testing, treatment education and resources along with new syringes for those struggling with substance use.	From 2021 when this program began, until now, 1,633 people have received services from this program.	Yes	"#1 Reduce stigma associated with mental health and substance misuse
	Wayne County Syringe Support Services-This is a partnership between the Wayne County Health Dept, Centerstone, and Reid Health to provide safe supplies, testing, treatment education and resources to those struggling with substance use disorder. In 2020 Reid provided $25,000 toward supplies and as the need grew so did the contribution. In 2021 and in 2022 Reid provided $30,000 each year toward supplies to support this harm reduction effort.	Over the course of this assessment period, 2020-2022, this program served 3,167 people.	Yes	"#1 Reduce stigma associated with mental health and substance misuse

	Fayette County Drug Coalition-This coalition works to eliminate substance misuse in Fayette County by promoting, supporting, and facilitating prevention education, treatment, and alternative activities for living a sober lifestyle. Reid Community Benefit acts as the healthcare sector representative for this coalition, provides breakfast to all monthly attendees, and provides support for the events and initiatives of this coalition.	Reid Community Benefit joined this coalition in June 2021 and since that time 205 people have attended these coalition meetings.	Yes	"#1 Reduce stigma associated with mental health and substance misuse
	Recharge: Mental Health Series. This 3 session series was a partnership between Reid and Purdue Extension-Randolph County to provide education, support, and resources for mental wellness during Mental Health Awareness Month.	This was a series provided every Thursday evening for 3 weeks in May 20220 5/12/22 14 the topic was "Mental Health 101"--12 people attended. 5/19/22 the topic was "Stimulating Your Senses"--7 people attended. 5/26/22 the topic was "Food and Your Mood"--9 people attended.	Yes	"#1 Reduce stigma associated with mental health and substance misuse
	Drug Take Back Day-These events are intended as a way for local residents to dispose of any unused medications and substances with no fee or question of how they were obtained. Reid Community Benefit has participated in these events in Wayne, Fayette, and Franklin Counties in partnership with local law enforcement, Drug Free Wayne County Partnership, Fayette County Drug Coalition, and Fayette County Harm Reduction Alliance. Removing these meds/substances from the community reduces the risk of overdose and accidental poisoning.	Reid has participated in Drug Take Back Days held on: 10/23/21; 4/25/21; 2/25/2021; 10/24/20; 10/07/20. Dispose Rx packets were also provided to attendees of these events.	Yes	#4 Build a stronger sense of community support surrounding mental health and substance misuse

	Narcan Distribution-This program supplies emergency/first responders in Reid Health's service area with the overdose reversing medication-Narcan. This product is provided to police depts, fire depts, ambulance providers and first responders. This is an effort to combat the high overdose rates in our communities by quicker access to a needed emergency medication, and as a result, fewer deaths due to overdose.	During this assessment period, 2020-2022, 547 doses of Narcan have been provided to first responders in Reid's service area.	Yes	"#1 Reduce stigma associated with mental health and substance misuse
	Mindwise-In May 2020 Reid Health Community Benefit launched MindWise, mental health and substance misuse screenings. This service provides 13 different screenings to anyone who may be concerned about their current behavioral and mental well-being. These screenings are free, anonymous, and provide individuals with instant feedback and next steps including links to local mental health and substance misuse providers and resources.	2,143 people have taken screenings and 62% of those said they would seek treatment. In 2021 2,000 post card sized resources with the website info and QR were created to pass out to community members throughout Reid's 8 county service area to eliminate barriers to taking mental health screenings.	Yes	"#1 Reduce stigma associated with mental health and substance misuse

	National Drug & Alcohol Facts Week-This special week was observed in Fayette County March 28 – April 2nd, 2022. The activities that week included the "Imagine if..." poster contest for elementary students, National Drug & Alcohol Facts Week Bingo, Videos created by teens with myths and answers about drugs, and a drug and alcohol Kahoot Quiz for all. Then the week culminated with a Family Fun Event on 4/2/22 at the National Guard Armory from 12-3pm. This event included activities for families including carnival style games, a rock wall, and the Hidden In Plain Sight trailer offering caregivers (adults) the opportunity to learn about current substance use trends and about what may be hiding in your child's room, which was provided by Reid Community Benefit.	The family event on Sat was attended by 55 people, but many more participated in the activities throughout the week.	Yes	"#1 Reduce stigma associated with mental health and substance misuse
	Perinatal Bereavement & Perinatal Loss Support Group-Reid staff specially trained in Resolve Through Sharing (RTS) bereavement support provide this service. Staff provide individual sessions and monthly support group. This service is open to the community and provided at no cost to attendees.	During this assessment period, 2020-2022, 283 people received individual perinatal bereavement services and 13 people attended the perinatal loss support group.	Yes	"#2 Increase access to mental health and addiction services

Mental Health & Substance Misuse				
	Amos Lemon Burkhart-Mental Health Exhibit-Community Benefit provided $10,000 to the Richmond Art Museum for the Amos Lemon Burkhart exhibit “You Miss 90% of the Shots You Don’t Take.” The exhibit ran from February 12-April 2,2022. Amos was an active artist who completed several hundred pieces of work between the ages of 15-19 before tragically passing away due to an accident at the age of 19 as a result of alcohol and drug misuse. The show displays a variety of his works at the gallery as well as other locations in Richmond.	**The art pieces are interactive and was experienced by over 2,400 students and community members. Local mental health and substance misuse resources were also available on site.**	**Yes**	**"#1 Reduce stigma associated with mental health and substance misuse**
	100 Miles to Redemption-On the evening of Oct 27th, 2021, Reid Community Benefit partnered with Centerstone to bring a screening of the film “100 Miles to Redemption” to this area. Held at St Paul’s Lutheran Church, attendees were able to watch a screening of the film and after talk with the subject—Shawn Livingston about his journey from someone struggling with addiction issues to an accomplished ultra-marathon runner, as shown through the documentary. Shawn and his mother traveled from Texas to be here for the screening and to answer audience questions after the film.	This event was attended by 75 people.	Yes	"#1 Reduce stigma associated with mental health and substance misuse
	Out of the Darkness Walk-This is an annual event facilitated by the American Foundation for Suicide Prevention to bring suicide awareness, prevention and education to Wayne County. Reid Community Benefit supported these efforts in 2020 and 2021 and intends support in 2022 as well. The last two years it has been held at the Wayne County Fairgrounds, and provides awareness, education, stigma reduction, and support for those impacted directly or indirectly by suicide. Reid Health Community Benefit was a sponsor of the event hosted by the American Foundation for Suicide Prevention, and staff participated in the walk as well.	At the Oct 19, 2021, event 148 people participated in the walk. At the Oct 10, 2020, event 68 people participated.	Yes	"#1 Reduce stigma associated with mental health and substance misuse

	Dispose Rx-This is a medication disposal product designed to reduce the misuse of leftover medications which can be the source of addiction, overdoses and accidental poisonings. These are distributed at community events, to organizations working to decrease substance misuse, available at Reid pharmacy, and accessible from the HME store to anyone, free of charge.	During this assessment period, 2020-2022, 2,865 Dispose Rx packets have been distributed in our communities.	Yes	#4 Build a stronger sense of community support surrounding mental health and substance misuse
	Mental Health Education-Susan Ream, LCSW and director of Inpatient Behavioral Services at Reid Health, provided an educational presentation to students at Earlham College on 9/30/21, titled, "Mental Health Crisis"	12 people attended this educational presentation.	Yes	"#1 Reduce stigma associated with mental health and substance misuse
	First Responder Trauma and Resiliency Training-In July 2021, Reid Health hosted a trauma training for first responders. There has been an increasing need for mental health support for first responders and tragically 2 first responders in Wayne County completed suicide over the last 2 years. EMS/Trauma Services was interested in getting an expert that could provide trauma intervention with first responders including EMS and Fire Depts in Reid's service area. Community Benefit supported this initiative. The presenter was Tania Glenn, an LCSW from Texas that works with first responders in her practice.	Three sessions were provided in Lingle Hall at Reid Health and one session at Richmond Fire Department, with 76 people attending in person. This presentation was recorded and was available at no charge to 500+ first responders in the region.	Yes	"#1 Reduce stigma associated with mental health and substance misuse

	Overdose Awareness Day-Reid Community Benefit supported events in both Wayne County and Fayette County on this day. The event in Fayette allowed community members to gather in remembrance of those lost to overdose, individuals shared their stories of how overdoses has impacted them, and the event concluded with a luminary send-off after a short group walk to Smalley Pond. The Wayne event was held at First United Methodist Church where there was a tribute to the 51 people who lost their lives to overdose in 2020, demonstrated by 51 empty chairs. Families were able to fill out a card with their loved ones name and place it on a chair in their memory. There were many speakers from recovery organizations as well as personal stories from those currently in recovery. There was also live music, refreshments, and resources available. Reid provided staffing, supplies, and resources for these events.	These events were held on Aug 31, 2021 in both counties and 165 people attended the two events.	Yes	"#1 Reduce stigma associated with mental health and substance misuse
	First Responders Dodgeball Tournament-This event was hosted at Richmond High School football field. Participants included teams from RPD, Wayne Co Sheriff's Dept and RFD. Each of the 5 teams represented a charity of their choice and collected donations during the event. This event was particularly important to provide First Responders with a pro-social activity after a challenging year. Community Benefit provided staffing support along with bottled water, fresh fruit, granola bars and trail mix to attendees.	Over 100 people (including participants) attended this event for first responders.	Yes	#4 Build a stronger sense of community support surrounding mental health and substance misuse
	Empowering YOU event-On Aug 20,2021 the NATCO Empowerment Center hosted Empower YOU, a resource fair with information to support, encourage, educate, and provide resources to individuals and families in our community. Reid Health was represented by Wellness, Human Resources, and Physician Referral Line. Community Benefit discussed the Stop The Stigma campaign and Reidmindwise.org. Community Benefit also provided refreshments for the event including 300 individual cookies and 300 bottles of water. All attendees received complimentary lunch.	This event was attended by 67 individuals (not counting the resource booth attendees)	Yes	"#3 Develop and partner with programs that build family support

	Living Through Grief-This is a bereavement support group for those who share the recent death of a loved one. This group is led by Reid Health chaplains and meets twice a month.	During this assessment period 2020-2022, 57 people have been served by this program.	Yes	"#2 Increase access to mental health and addiction services
	Medical Mondays-This is a monthly luncheon facilitated by Reid Health and held at Central United Methodist Church in Wayne County. Each month offers an expert speaker with a different health focus. In Aug, 2021 the staff of Reid Health Outpatient Behavioral Services presented on the topic of "States of Change" how our mental health changes over the course of our lives.	30 community members attended this presentation	Yes	#4 Build a stronger sense of community support surrounding mental health and substance misuse
	Thriving Thursdays-This is a monthly luncheon facilitated by Reid Health and held at the Fayette County Senior Center in Connersville. Each month offers an expert speaker with a different health focus. In Aug 2021 the staff of Reid Health Outpatient Behavioral Services presented on the topic of "States of Change" how our mental health changes over the course of our lives.	40 community members attended this presentation	Yes	#4 Build a stronger sense of community support surrounding mental health and substance misuse

	Connection Café Ribbon Cutting-This was the opening of the Connection Café in Fayette County, which is a community center that houses the Harm Reduction Alliance Syringe Support Services and hosts sober activities multiple days per week. The cafe is coffee shop style but also has resource information, shower facilities available, a clothing closet, and hosts many community meetings. Reid Community Benefit provided staffing and supplies to support this event.	100 people attended this event and learned about the services and resources available through the Connection Café.	Yes	"#1 Reduce stigma associated with mental health and substance misuse
	Communities That Care-Medication Dropbox Event-On June 2nd Communities That Care (CTC) provided a dedicated medication drop box used to discard unused medications to the Turtle Creek Apartment complex in Connersville. This lockbox is maintained by the Connersville Police Department including collection and destruction of medications at the Connersville Police Station with a medication incinerator funded by CTC. Reid Health Community Benefit was on hand to provide support and refreshments at this dedication celebration.	This event was attended by 55 people.	Yes	#4 Build a stronger sense of community support surrounding mental health and substance misuse
	Family Funday Sundays-Family Funday Sundays were held June-Aug 2021 at the Heap/Hofer Aquatic Center in Brookville. These events allowed the first 300 individuals into the pool for free and was a collaboration between United Way and Stayin Alive (Franklin County Drug Coalition). As families left the pool they received a Reid Health Community Benefit bag filled with information about local resources. This included information about local organizations and programs that work to strengthened families as well as Stop The Stigma cards and Mindwise mental health screenings.	This initiative served 300 people.	Yes	"#2 Increase access to mental health and addiction services
	TI-Rosc Rapid Improvement Event-Wayne County-On July 30, 2021 Reid Health Community Benefit partnered with Purdue Extension in Wayne County to support the Community Workgroup to Transform Recovery Systems for Substance Use. This group continues working to create a more robust support system that is recovery-oriented, trauma-informed, and person-centered for individuals with substance use disorder.	This event was attended by 15 people.	Yes	"#2 Increase access to mental health and addiction services

	TI-Rosc Rapid Improvement Event- Fayette-On April 27, 2021 the Choices CERT Team conducted a rapid improvement event that focused on recovery support and wellness in Fayette County. Community members as well as professionals were encouraged to participate in open dialogue about existing resources and current opportunities for growth regarding substance misuse recovery and wellness. The goal was to create a roadmap to recovery to better serve individuals in substance misuse recovery from entry through treatment. This event brought local law enforcement, health care, community mental health centers and recovery groups together to strengthen recovery. Reid Health Community Benefit participated and provided catering and staff assistance.	This event was attended by 60 people.	Yes	"#2 Increase access to mental health and addiction services
	DFWCP-Jr.Youth Coalition-Kindness Rocks Event-The DFWCP Junior Youth Coalition (3rd-6th grades) has been working on a way to improve our community by spreading kindness. On March 13,2021 they gathered in Jack Elstro plaza to display kindness rocks that they, along with community members, painted with positive, motivating messages. These were then provided to attendees to distribute in all areas of Wayne County. Reid Community Benefit provided kindness themed refreshments for this event and family resources.	This event was held on 3/1/3/21 and 60 people participated.	Yes	"#4 Build a stronger sense of community support surrounding mental health and substance misuse
	DFWCP-Jr. Youth Coalition Meetings-This is youth group (3rd-6th grade) created to empower youth to encourage their peers and their community to avoid substances. This group was established by Drug Free Wayne County Partnership as part of their Drug Free Communities grant. Reid Community Benefit assists with supporting this group.	At the Jan 20, 2021 meeting 15 kids participated. At the Feb 27, 2021 meeting 10 kids participated.	Yes	"#4 Build a stronger sense of community support surrounding mental health and substance misuse

	Depression and Anxiety Support Group-This group was initiated to provide support to those suffering with depression and/or anxiety and for families that need support. It is free and open to the public. This group meets at Union County Public Library and has also met at Reid O/P Behavioral Services office in Fayette County.	This support group served 6 people through 2020-2022. This group was on hold during much of this time due to the pandemic.	Yes	"#2 Increase access to mental health and addiction services
	House of Ruth Support Groups-The House of Ruth coordinates a weekly support group for Children ages 7-12, Teens 13-19 and adults struggling with family members or close friends with substance use disorder. These groups are held at St. Gabriel church located in Connersville (Fayette County). These groups are open to the public and provide supports to many local residents.	During this assessment period 2020-2022, almost 800 people participated in these support groups.	Yes	"#2 Increase access to mental health and addiction services
	Jeffery's Elves-The Fayette County Harm Reduction Alliance coordinated an event that provided stockings with gifts to children who have been impacted by substance misuse. Reid Health Community Benefit assisted with the event on Dec 22, 2020 and provided refreshments.	This event was attended by 50 people.	Yes	"#1 Reduce stigma associated with mental health and substance misuse
	Medical Mondays-This is a monthly luncheon facilitated by Reid Health and held at Central United Methodist Church in Wayne County. Each month offers an expert speaker with a different health focus. In June 2020 Patrick Ripberger provided a training, "Raw Coping Power".	This was a two part training with the first part offered on 5/11/20 and the second part the following monthly meeting of 6/15/20. In total, 40 people attended this virtual training.	Yes	"#4 Build a stronger sense of community support surrounding mental health and substance misuse

	"Raw Coping Power" training was presented by Patrick Ripberger in coordination with Ivy Tech Community College. This virtual training was free and open to staff, students, and community members.	This training was offered on 4/23/20 and 30 people attended virtually.	Yes	"#4 Build a stronger sense of community support surrounding mental health and substance misuse
	Stop The Stigma Campaign-In Reid Health's most recent CHNA and Implementation Plan, the community identified a Stigma-Free Pledge as a needed asset. In collaboration with the Drug Free Wayne County Partnership-Stigma Workgroup and the Fayette County Harm Reduction Alliance, we designed a "Stop The Stigma Community Pledge". This is more than just signing a banner though; this is an interactive tool to reduce stigma in the communities we serve. After scanning the QR code and taking the pledge, individuals are directed to a landing page that offers them resources focused on Person-First Language such as videos, articles, and infographics to assist them in reducing stigmatizing language in their own lives.	During this assessment period 2020-2022, 4,000 pledge cards have been distributed over our 8 county service area.	Yes	"#1 Reduce stigma associated with mental health and substance misuse
	Hope House-This donation was made by Administration to Hope House to assist with their relocation and expansion. This will be a multi year gift: $20,000 in 2021, $20,000 in 2022, and $10,000 in 2023 totaling $50,000, per pledge.	The relocation and expansion of this facility will allow Hope House to better serve the community. This is the only men's shelter in Wayne County meeting this need.	Yes	"#2 Increase access to mental health and addiction services

	Better Breathers-This is a monthly group for people struggling with chronic respiratory issues. This event is free and open to the public and lunch is provided. Candace Hunt from the Reid Wellness Dept presented about Vaping and Smoking Cessation.	10 people attended this free presentation.	Yes	"#4 Build a stronger sense of community support surrounding mental health and substance misuse
	Richmond High School-Tobacco Prevention and Cessation. Candace Hunt from the Reid Wellness dept provided an educational presentation to the health class students at Richmond High School.	139 students participated in this free presentation on 2/12/20	Yes	"#4 Build a stronger sense of community support surrounding mental health and substance misuse
	"DFWCP Youth Coalition Dodgeball Tournament-On April 25, 2021 Drug Free Wayne County Partnership's Youth Coalition hosted a dodgeball tournament at Glen Miller Park in Richmond. This was an opportunity for youth to engage with local law enforcement, juvenile probation, service providers, local faith-based leaders, and socialize with peers in a positive environment. Reid Health Community Benefit supported this event by providing the following refreshments: 9 cases of water, 120 bags of trail mix, 90 muffins (individually wrapped) 120 granola bars, and 75 pieces of fresh fruit (apples and bananas)."	This event was attended by 70 kids and many adult volunteers.	Yes	"#4 Build a stronger sense of community support surrounding mental health and substance misuse

	"Department of Children's Services- Provider Education-Raw Coping Power-On Oct 29, 2020 Reid Health Community Benefit partnered with NATCO Empowerment Center, Richmond State Hospital, and the Children's Bureau to virtually deliver a double feature of Raw Coping Power, a work-place recovery program. These sessions were offered to the DCS Region 12 teams.	These were virtual events offered to the DCS Region 12 employees at no cost, but it is unknown how many participated due to the nature of the virtual set up.	Yes	"#4 Build a stronger sense of community support surrounding mental health and substance misuse
	NASW Conference-On March 9, 2020 Reid Community Benefit partnered with Indiana Region 5 of the National Association of Social Workers to bring the SOCIAL WORKERS: GENERATIONS STRONG conference to Reid Health's service area. The sessions offered during the conference included the focus areas of: Pre K Clients, Children and Adolescent Clients, Ethics, Geriatric Clients, and Adults and Addicted Clients.	This in person event was attended by 45 people.	Yes	"#4 Build a stronger sense of community support surrounding mental health and substance misuse

Priority Health Need: Adverse Childhood Experiences

Goal:

Objective(S):				
	Activities Implemented	Results	Implementation Plan	Implementation Plan Strategy
Adverse Childhood Experiences	The Reid Health Community Benefit team including Angela Cline, Billie Kester, and Patrick Ripberger attended training with Dr. Rob Anda, the co-principle investigator or the original Adverse Childhood Experiences(ACE) study. Dr. Anda along with his colleagues Laura Porter and Kathy Adams provided insight into ACEs from the science of neurology and epigenetics to what the ACE score really means. This training awarded each of us certifications and the titles of ACE Interface Master Trainers. With this, the team has the ability to educate the communities that we serve about ACEs from both a scientific and community action-focused approach. We are now part of the first 100 trained in the cohort for the Indiana ACEs Coalition.	In 2020 and 2021, Reid Community Benefit staff provided education to 39 individuals, which was less than planned, due to the pandemic. Of these 39 individuals 100% reported they "plan to share what they've learned about ACEs with others" and 93% reported that they "plan to incorporate their knowledge of ACEs into action."	Yes	"#2 Provide community based training on ACEs #3 Develop an ACEs Task Force "

	WTHR ACEs Campaign-Reid Community Benefit partnered with WTHR Channel 13 for an ACEs media campaign, made up of 30 second and 15 second commercials running on WTHR in a time frame targeting parents and caregivers, as well as full social media messaging with the intention to forward people to Reid's ACEs landing page with educational videos, articles, infographics, and resources on the topic of ACEs. The focus the first year was educating the public about what ACEs are and the impact they have on each of us. The second year the focus was on resilience, and the third year was about protective factors and how you can combat ACEs by strengthening your protective factors, as an individual and as a community.	"During this assessment period, 2020-2022, we have had 19,884 people visit our ACEs landing page and on average visitors stayed over 2 minutes. 2020 10,085 people 2021 6,634 people 2022 3,165 through April"	Yes	"#1 Conduct an ACEs awareness campaign #2 Provide community-based training on ACEs"
	Union County Community Baby Shower-This event was held on May 11, 2022. Reid Community Benefit educated attendees on Parent Cafes, ACEs, and asked participants to participate in the CHNA community survey. Present were also representatives from 14 organizations such as WIC, Anthem, Centerstone, Neighborhood Health Center, Wayne County Health Department, Union County Library, Firefly, CASY, St. Vincent DePaul, Healthy Families.	This event was held on 5/11/22 and 8 people attended	Yes	"#1 Conduct an ACEs awareness campaign #2 Provide community-based training on ACEs #5 Expand existing programs that support resilience"
	Parent Cafes-Parent Cafes are a supportive place to share the joys and challenges of parenting. Through individual self-reflection and peer-to-peer learning, participants explore their strengths, learn about the protective factors, and create strategies from their own wisdom and experiences to help strengthen their families. Reid Community Benefit has partnered with Birth to Five, Healthy Start, Centerstone, and Bridges for Life to provide Parent Cafe.	Over the last three years, 2020-2022, 220 people have attended Parent Cafes. Of those participants, 98% report that they learned information about child development, 98% said they learned how to identify protective factors in their own life, and 100% said they would recommend parent cafes to others.	Yes	"#2 Provide community-based training on ACEs #4 Implement Parent Cafes #5 Expand existing programs that support resilience"

	Prevent Child Abuse Awareness Month-Reid Community Benefit partners with the Prevent Child Abuse coalitions in each respective Indiana county yearly to lend support for their Prevent Child Abuse Events in April which is Child Abuse Awareness Month. The type of support provided for each event differs from county to county based on their community needs, sometimes supplies and refreshments are provided, and at each event Reid shares information regarding Parent Cafes, ACEs information, and Mindwise mental health screenings.	In 2022, 1,178 people were served by these events in Wayne, Randolph, Fayette, Union, and Franklin counties. In 2021 2,500 people were served by these events in all 6 of the counties in Reid's service area. In 2020 the April events were cancelled due to the pandemic.	Yes	"#1 Conduct an ACEs awareness campaign #2 Provide community-based training on ACEs #5 Expand existing programs that support resilience"
	Family Resiliency Support Group--Reid Community Benefit teamed up with Early Head Start, Centerstone, and the Dwyer Center to provide a monthly Family Resiliency Support Group. Early Head Start facilitates the meetings the last Tues of every month 11:30am-1:00pm at the Dwyer Center and at Head Start. They have a different topic each month--examples include: Stress Management Techniques, Budgeting, Healthy Relationships, Mental Health First Aid, and Child Development. Reid Health provides the boxed lunches each month.	This initiative began in 2022 and since that time 30 people have participated in the groups.	Yes	"#1 Conduct an ACEs awareness campaign #2 Provide community-based training on ACEs #5 Expand existing programs that support resilience"
	Baby Care Basics-This class is offered to pregnant families and provides information and resources for newborn care at no cost. The course curriculum covers diapering, bathing, swaddling, normal infant behaviors, when to call baby's health care provider, nutrition, safe sleep practices, and car seat safety.	During this assessment period, 2020-2022, this program served 45 people.	Yes	#5 Expand existing programs that support resilience
	Childbirth Class-These classes are free and open to the public, and provide education about the childbirth process. The class is designed for mothers to be and their "coaches". The class curriculum includes coping measures, how to provide support, relaxation and breathing techniques, and education about medications commonly used during the birthing process.	During this assessment period 2020-2022, 155 people attended this class.	Yes	#5 Expand existing programs that support resilience

	Car Seats-Reid Community Benefit provides infant seats, specialty infant seats for babies under 4 pounds, toddler seats, and booster seats, to those in need in any Reid Health setting, as well as to community members in need.	"During this assessment period, 2020-2022, 234 car seats have been provided to those in need. 2020: 121 car seats 2021: 92 car seats 2022: 21 car seats (through April)"	Yes	#5 Expand existing programs that support resilience
	Hope Center Clinic Support-This free clinic in Fayette County provides free pregnancy tests, STI testing, and resources for pregnant and parenting women and their families. This clinic also provides nutrition education and support and parenting classes. Reid Health covers the malpractice insurance for this clinic and processes all labs for STI testing at no charge.	During this assessment period 2020-2022 this program has provided 484 people with free lab testing for sexually transmitted infections, and covered the cost of the medical malpractice insurance each year (2022 $1,767; 2021 $1,767; 2020 $1,518)	Yes	#5 Expand existing programs that support resilience
	JACY House Support-This organization in conjunction with law enforcement, provides forensic interviews and assessment services to children suspected of being sexually abused. Reid Health supports these efforts by providing 2 buildings, overhead, and maintenance services for this organization. JACY House also provides body safety/prevention education to children and adults throughout Reid's service area.	For this assessment period, 2020-2022, over 15,000 kids have received prevention education and on site services.	Yes	"#1 Conduct an ACEs awareness campaign #2 Provide community-based training on ACEs #5 Expand existing programs that support resilience"
	Fayette County Community Baby Shower-On Mar 23rd, Reid Community Benefit partnered with Fayette County Community Action for Maternal and Infant Health for a community wide baby shower. Representatives from CareSource, Anthem, CASY, and Centerstone Healthy Start presented on health topics of interest to expectant mothers, and also provided resources. Community Benefit provided face masks, hand sanitizers, refreshments and shared information on ACEs and Parent Cafes.	This event was held on 3/23/22 and 15 people attended.	Yes	"#1 Conduct an ACEs awareness campaign #2 Provide community-based training on ACEs #5 Expand existing programs that support resilience"

	Police Toy Distribution-Connersville-On Dec 17th, Reid Police along with Connersville and State Police, held a toy distribution event for youth in Connersville. Reid provided holiday treats for attendees and families got to interact with former Pacers players, and current cheerleaders and mascots from the Pacers and Fever teams. Over 100 kids received some holiday cheer.	This event was held on 12/17/21 and 300 people attended (100 children)	Yes	#5 Expand existing programs that support resilience
	Centerstone Children's Trauma Advisory Board-Reid Health Community Benefit is the health care sector representative for Centerstone's Children's Trauma Advisory Board. Centerstone received federal grant funding for trauma programming for youth and the advisory board is a component of those grant funds and meets quarterly. For the last meeting in 2021 Reid Community Benefit provided lunch to attendees.	The final meeting of the year was held on 12/14/21 and 16 people attended.	Yes	"#1 Conduct an ACEs awareness campaign #2 Provide community-based training on ACEs #3 Develop an ACEs Task Force #5 Expand existing programs that support resilience"
	Wayne County Community Baby Shower-On Nov 5th Reid Community Benefit partnered with the Dwyer Center and the Wayne Township Trustee to provide a baby shower for expecting moms in the community. This event provides an opportunity for mothers to become familiar with local resources, receive education, and receive some free gifts to help with their new baby. The resources that were available on site were: Birth to Five, Birthright, Early Head Start, Neighborhood Health, CASY (Chances and Services for Youth). 53 mothers attended this event. This event helps build protective factors to combat ACEs. Reid CB provided refreshments-- parfait cups of fruit salad, granola bars, and bottled water	This event was held on 11/05/21 and 53 people attended		"#2 Provide community-based training on ACEs #3 Develop an ACEs Task Force #4 Implement Parent Cafes #5 Expand existing programs that support resilience"

	Wayne County Cares-Wayne County Cares is a collaboration of local health care, academic, government, law enforcement, and youth serving organizations that are focused on creating a trauma-informed community. On June 9th Reid Health Community Benefit hosted the first community meeting for this initiative in Lingle Auditorium. On July 29th, WCC hosted their second event focused on providing more education about trauma in the community at all ages. Over 80 participants joined this second meeting, held at Civic Hall. Reid Health Community Benefit attended and provided catering for the event and resources for the Stop The Stigma Pledge, Reid Mindwise, and moreacesinfo.org	The event on 7/29/2021 was held at Richmond Civic Hall and 120 people attended. The initial community event was held on 6/09/21 at Reid Health Lingle Auditorium and 86 people attended.	Yes	"#1 Conduct an ACEs awareness campaign #2 Provide community-based training on ACEs #3 Develop an ACEs Task Force #4 Implement Parent Cafes #5 Expand existing programs that support resilience"
	Opening With Optimism Event-On July 26th Steve Gross, founder and chief playmaker for the Life is Good Foundation presented "Opening with Optimism: Returning to School After Covid 19." This presentation provided encouragement to teachers, school administrators and staff as they all prepared to return to school after a difficult year. This event was supported by Reid Health Community Benefit and included staff from Centerstone as well as Wayne and Union County schools. All attendees received a free "Life Is Good" book as well.	This event was held on 7/26/21 and 100 people attended.		"#1 Conduct an ACEs awareness campaign #2 Provide community-based training on ACEs #3 Develop an ACEs Task Force #4 Implement Parent Cafes #5 Expand existing programs that support resilience"
	Indiana Kids Belong Event-Indiana Kids Belong is a non-profit organization affiliated with DCS that assists children who are leaving the foster care system and seeking adoption. This event held on June 8th, 2021, at Central United Methodist Church intended to promote adoption. Reid Community Benefit was a partner of this event.	This event was held on 6/08/21 and 45 people attended	Yes	#5 Expand existing programs that support resilience

	Third Grade Reading Academy-This is an initiative facilitated by Richmond Community Schools, Every Child Can Read, and Third Grade Reading Academy. This is a summer program for students that are performing below grade level in reading at the end of their second grade school year. This program provides them with remedial reading instruction in order to increase their skills and increase their ability to pass the standardized reading test administered to all third graders. A passing grade is required for them to move on to the next grade level. Reid Community Benefit has provided support for this initiative in the form of a location, meals, and back packs for students.	"2021 175 kids were served by this program. 2020 100 kids were served by this program. "	Yes	#5 Expand existing programs that support resilience
	Junior Achievement-Reid employees participate as classroom business educators and mentors for Junior Achievement locally.	In 2021 80 kids were served by this program. No programming was held in 2020 due to the pandemic.	Yes	#5 Expand existing programs that support resilience
	Photography for Social Change-Reid Community Benefit supported Wayne County Purdue Extension's spring break youth workshop "Photography for Social Change". The youth who attended the 5-day workshop had the opportunity to learn about taking photos that captivate attention and how to use photography to "do things that matter". This activity aligned with Reid Health Community Benefit strategy to expand existing programs that support resilience with a focus on mentoring programs for youth.	This full day event was held on 3/26/2021 and 10 students participated.	Yes	#5 Expand existing programs that support resilience
	Early College Bridgeway Celebration-Reid Community Benefit supports this initiative facilitated by Richmond Community Schools. This is a program that identifies students that would be first generation college bound, and provides guidance and direction for students and their parents/caregivers to be college ready. The College Bridgeway Ceremony is held at the end of their 8th grade year and puts them on track for college prep courses for high school.	In May 2021, 100 people participated in this event. In April 2020, 75 people participated in this event.	Yes	#5 Expand existing programs that support resilience

	"Systems of Care-Fayette and Wayne Counties-Beginning in January of 2020 Reid Health Connersville began hosting Systems of Care (SOC) meetings. SOC exist in all 92 counties in Indiana. SOCs are groups of people who are passionate about child, youth, and family health, coming together to increase access to supports and resources. These gatherings promote collaboration and convergence of health services to strengthen frameworks of care within the community. "	This initiative began in person at Reid Health Connersville in Jan 2020. These are monthly meetings that were facilitated by Centerstone and Reid Community Benefit hosted in person. Due to the pandemic, this group only met in person for two months before meetings went virtual. During those two months 60 people were served by this meeting. Since that time Centerstone has hosted them virtually.	Yes	"#1 Conduct an ACEs awareness campaign #2 Provide community-based training on ACEs #4 Implement Parent Cafes #5 Expand existing programs that support resilience"
	Shared Beginnings-This program is free to expectant families and offers education and instruction on lactation support, pregnancy massage, and infant massage.	During this assessment period 2020-2022, 387 people attended this program.	Yes	#5 Expand existing programs that support resilience
	Sibling Classes-This class is free and open to all soon-to-be BIG siblings ages 3-8 years old. This is a fun, creative way to address kid's questions and concerns about the new addition to the family. Parents also benefit from seeing things from the older siblings perspective.	This class had very limited offerings during this assessment period, 2020-2022 due to the pandemic. During this time 10 people attended this program.	Yes	#5 Expand existing programs that support resilience
	Post Partum Support Group-This group seeks to provide support and information about perinatal mood and anxiety disorders. It is designed to help new moms with the challenges that often come after having a baby. This program is provided by Reid Family Birthing Center staff and is free and open to the public.	During this assessment period, 2020-2022, 58 people have been served by this program.	Yes	#5 Expand existing programs that support resilience

Priority Health Need: Physical Activity, Nutrition & Weight Status

Goal:

Objective(s):

Physical Activity, Nutrition & Weight Status	Activities Implemented	Results	Implementation Plan	Implementation Plan Strategy
	In past years, Reid Health partnered with area schools to host sports physical nights where local athletes could complete their physical and the nominal fee went directly to the student's school. These funds were helpful in providing access to sports physicals while also supporting local athletic departments. In the last 2 years, Reid also provided low cost sports physicals at Urgent Care offices and Reid Ready Care. This has become the preferred locations for the community and attendance at the Reid sports physical nights saw a significant decrease in attendance, leading to discontinuing these offerings. Given the pandemic challenges and waivers for sports physicals in 2020, it was the perfect time to make a transition.	Beginning in 2020, financial support was provided to all the schools that use Reid Athletic Training services, and funds were provided at a rate of appx $4 per student athlete, which was based off the total budget last year of $8000. These funds were restricted to cover the cost of supplies needed for athlete use through the athletic training program. Athletic trainers obtained W9s, delivered the checks and award letter to the schools they represent. In 2020 the total cost of supplies donated was $8000 and served 1,823 students, in 2021 $8,000 provided and 1,987 students served, budget for 2022 remains $8,000 but the number of students that will serve is unknown at this time.	Yes	"#2 Promote current resources and programs which support PANW
	Reid Healthier Club-This wellness club offered by Reid Health free of charge to community members utilizes a portal that members can use to track their healthy activities such as screenings, educational programs, and physical activity challenges. Members earn points for these activities that can be redeemed for gift cards from retailers of their choice.	Over the last three years, 2020-2022, 65,863 people have been served by this initiative.	Yes	"#2 Promote current resources and programs which support PANW

	Boston Run-Reid Health Community Benefit partnered with Richmond Community Schools in 2021 and 2022 for the Boston Run. This physical activity challenge is offered to all 3rd and 4th grade students corporation wide, with the championship race held in May at Crestdale Elementary. Reid Health was able to provide support to cover t-shirts for all students and adult volunteers.	"In 2021, 306 kids participated in this event held on May 13th.		Boston Run-Reid Health Community Benefit partnered with Richmond Community Schools in 2021 and 2022 for the Boston Run. This physical activity challenge is offered to all 3rd and 4th grade students corporation wide, with the championship race held in May at Crestdale Elementary. Reid Health was able to provide support to cover t-shirts for all students and adult volunteers.
	Wayne County Food Council-The Wayne County Food Council is working to increase access and use of nutritious foods, advocate for better policies and systems that strengthen quality and equality in the local food system, with a goal to end hunger in our communities. This coalition is comprised of representatives from food pantries, farmers, farmer's market, Purdue Extension, local faith leaders, and other not for profit organizations working to alleviate food disparities in Wayne County. This group initially met quarterly and had trouble with attendance. The group made some changes to meet monthly alternating day and evening meetings and providing lunch/dinner for attendees to help increase participation. Reid Community Benefit also provides support for the coalitions events/initiatives as needed.	This coalition was meeting monthly with good attendance and participation in initiatives until the pandemic, when this group halted meetings and began assisting with pantry transitions and pandemic food distributions. Most meetings since that time, and in this assessment period 2020-2022 have been virtual accept the following: 2/06/20 31 people attended; 3/04/20 30 people attended; 6/30/21 21 people attended; 3/31/22 15 people attended; 4/27/22 13 people attended; 3/31/22	Yes	"#1 Increase access to fresh and nutritious foods

	Rock Solid Ministries Meal-This organization provides a meal every Sunday to 150 people in downtown Richmond. Local churches along with Reid Health rotate providing and serving the meals. Community Benefit covers the cost of the meal and nursing provides the staff to serve the meal, once per month.	During this assessment period, 2020-2022, over 5,400 people have been served by this monthly meal provided by Reid Health.	Yes	"#1 Increase access to fresh and nutritious foods
	Prenatal Breastfeeding Class-These classes are offered monthly to quarterly depending on need. The curriculum used is "Your Guide to Breastfeeding" and is taught by a nurse from Reid Family Birthing Center. These classes are free and open to the community.	During this assessment period, 2020-2022, 82 people attended these classes. The offerings were very limited due to the pandemic.	Yes	"#1 Increase access to fresh and nutritious foods
	Circle U Milk--This initiative began from a community request. Circle U director reached out because Smith Dairy, that provided their small school carton sized milk, was not going to be making that size any more and they had been donating it to them for their home delivered meals. Circle U was hoping Reid might be able to donate them to fill this need. This was discussed with Kris Ankeny- FNS director and Reid's new provider of that size Prairie Farms (checked to see if they could donate direct but they could not), it was determined that Reid could order 350 extra for each week from Prairie Farms and donate to Circle U (Circle U will pick up from Reid weekly). This would be a cost to Reid of appx $88 per week, per Kris Ankeny. We were notified later by Eric Weiss that they were able to get Kroger to donate one week per month, so they would now only need 3 weeks donated by Reid. This donation is 1,050 cartons of milk per month.	During the assessment period of 2020-2022, 37,800 cartons of milk were provided for this initiative.	Yes	"#1 Increase access to fresh and nutritious foods
	Higi Health Kiosks-Reid Health provides health kiosks for people to monitor their weight, BMI, blood pressure, and take a diabetes screening, throughout the 8 county service area. These machines are free and accessible to the public in community centers, schools, fitness centers, and government offices.	The Higi Health Kiosks provided 15,449 sessions in 2020, 13,659 sessions in 2021, and 2,895 so far in 2022. This totals 32,003 people being served by this initiative in our 3 year assessment period.	Yes	#2 Promote current resources and programs which support physical activity, nutrition, and weight
	Lactation Outreach-Family Birthing Center provides lactation support services to any mother needing instruction and education regarding breastfeeding. These are one on one sessions with a trained staff member. These sessions are free and available to anyone, they are not limited to current or past Reid Health patients.	During this assessment period, 2020-2022, 456 people received this service.	Yes	"#1 Increase access to fresh and nutritious foods

	Milk Matters Support Group-This group provides mother to mother peer support regarding breastfeeding with lactation expertise available as well . This group is hosted by Reid Family Birthing Center and the Wayne County Breastfeeding Coalition.	During this assessment period, 2020-2022, 5 people attended this support group, but this support group paused a couple months into 2020 and has not resumed this support group yet in 2022.	Yes	"#1 Increase access to fresh and nutritious foods
	Corporate Wellness Challenge- In an effort to provide workplace fitness opportunities, the Reid Wellness dept facilitated a Corporate Wellness Challenge by inviting businesses to register teams to compete against each other in 4 different fitness challenges. A trophy travels to the business location of the winner of each challenge.	In 2020, there were 13 teams that participated and 40 people participated each of the 4 weeks in the challenges. The winning team had 10 participants and each person received a Reid Health bag containing: a Versa Fit Bit, $25 Dicks Sporting Goods gift card, a shaker bottle, and exercise band. In 2021 Over 40 individuals participated each week from 9 different teams representing local businesses and the City of Richmond government. The winner was a single person team from Belden. She received a Fitbit, Dick's Sporting Goods gift card, water bottle, along with some other Reid SWAG.	Yes	"#2 Promote current resources and programs which support physical activity, nutrition, and weight
	School Step Challenge-Wellness dept initiated a School Step Challenge by inviting Randolph County school faculty and staff to register teams to compete against each other in a walking/step competition.	There were 24 teams consisting of 203 people that participated in this challenge and the winning team was a 3 person team. Each team member received a $50 Dicks Sporting Goods gift card. This school step challenge is planned again for 2022 and Fayette County schools will be invited to participate as well.	Yes	"#2 Promote current resources and programs which support physical activity, nutrition, and weight

	Reid Health has partnered with Richmond Parks & Recreation each year, 2020-2022 to support programming for kids and adults initiated by Reid's Implementation Plan. Some of these programs/initiatives included: Kid’s Triathlon, Walking Club, Summer Sports Camp, Frostbite 5k, Fit For The Family, Richmond Farmer's Market, JUKO (Just Us Kids Outdoors), Farmer's Market, Industrial League, Senior Center Classes (Yoga and Cooking Classes), Fitness Fridays, Mother/Son Walk, Father/Daughter Walk, Bike Park Events, Back to School Splash Bash, Middlefork Family Day, Richmond Rose Pedal biking events.	"During each of the years of this assessment period, 2020-2022, thousands of kids and adults benefitted from these programs and initiatives. Funding provided for these initiatives:		Reid Health has partnered with Richmond Parks & Recreation each year, 2020-2022 to support programming for kids and adults initiated by Reid's Implementation Plan. Some of these programs/initiatives included: Kid’s Triathlon, Walking Club, Summer Sports Camp, Frostbite 5k, Fit For The Family, Richmond Farmer's Market, JUKO (Just Us Kids Outdoors), Farmer's Market, Industrial League, Senior Center Classes (Yoga and Cooking Classes), Fitness Fridays, Mother/Son Walk, Father/Daughter Walk, Bike Park Events, Back to School Splash Bash, Middlefork

				Family Day, Richmond Rose Pedal biking events.
	Holiday Hams-Each year during the holidays Reid Health provides spiral sliced hams to all employees and a portion of those go unclaimed. The remaining hams are provided to organizations in Reid's service area and then distributed to individuals in need in the community.	In 2021, 290 Hams were provided to Cross Road-23, Rock Solid Ministries-80, The Journey Home-39, Genesis-12, Vaccine Clinic/Richmond-36, Connersville Salvation Army-15, Saved By Grace Ministries & Homeless Shelter-15, and Connersville Crosspoint Church-70. In 2020, 327 hams were provided to Head Start-169, Early Head Start-45, The Journey Home - 77, Cross point Church-36.	Yes	"#1 Increase access to fresh and nutritious foods
	Holiday Baskets- Preble County Council on Aging provides a holiday gift bag to their senior center patrons and each year for the last two years, Reid Community Benefit was able to add a nutritional component to the gift bag. Each of the seniors received a loaf of bread, a dozen eggs, milk, and 4 pieces of fresh fruit, compliments of Reid Health Community Benefit. These were distributed each year in mid Dec to the senior's homes.	2021 182 community members received baskets; 2020 200 community members received baskets	Yes	"#1 Increase access to fresh and nutritious foods
	Circle U Thanksgiving-Throughout the year, Circle U is an active meal site and food pantry for local residents in need. On Thanksgiving each year Circle U provides a meal on site to all community members, free of charge. They also deliver Thanksgiving meals to residents in need that are home bound and are unable to celebrate the day with family. Every year during this assessment period, Reid Health has prepared, cooked, and provided the turkey and rolls needed to feed the community for this initiative.	During this assessment period, 2020-2022, 600 meals were served each year to meet this need.	Yes	"#1 Increase access to fresh and nutritious foods

	Rock Solid Ministries Thanksgiving Event-Rock Solid Ministries hosts a Thanksgiving dinner basket distribution each year. Historically about 150 families participate and are able to select items they need from stations filled with items for a Thanksgiving dinner and some additional holiday supplies. During this assessment period 2020-2022, the event pivoted to drive thru style and the bags were pre-filled with items needed to prepare a holiday meal and included: vegetables, fruit, instant mashed potatoes, stuffing, mac and cheese, gravy mix, dinner rolls, pumpkin pie, and a frozen turkey. The amounts of each item vary by family size.	180 people were served by this program in 2021; 504 people were served by this program in 2020.	Yes	"#1 Increase access to fresh and nutritious foods
	Kids Running Program-The Council for Rural Service Programs in Darke County has a running group for students in their alternative learning program and summer learning program to encourage more physical activity. The large majority of kids that participate in this running group have no previous experience when they started and are mentored and empowered to set small goals and stay determined. The students in this program received a pair of properly fitted running shoes. The group ends the summer with a 5k that they participate in together. Reid provided this group with water bottles to help support hydration during their summer running program.	50 water bottles were provided to the students participating in this program in 2021.	Yes	"#2 Promote current resources and programs which support physical activity, nutrition, and weight
	Girl Inc Summer Meal Program-Girls Inc is a local youth center focused on empowering girls to lead fulfilling and productive lives, break the cycle of poverty, and become role models in their community. This is done through education, mentorship, and evidenced based programming. The summer program provides breakfast, lunch, and a snack to all attendees each day. That program seeks reimbursement from the state meal program but even with that reimbursement they fall short due to estimated counts that are not reimbursed by the state program. Reid Community Benefit covers that cost of the meals they plan for and have available, but are not reimbursed for if a student is absent that day.	In 2021 this support totaled $3,588 and in 2020 it was $1,655	Yes	"#1 Increase access to fresh and nutritious foods

	National Farmer's Market Week-August 7th, the Sat of Farmer's Market Week, Reid Health Community Benefit partnered with Birth To Five to offer education about how to pack a healthy lunch along with expandable lunch containers to attendees of the Richmond Farmer's Market. Birth to Five offered games for kids and information about services and programs provided through Birth to Five. Community Benefit also provided fresh fruit available for attendees, at the booth.	This event held on Aug 7, 2021 had 200 people attend.	Yes	"#1 Increase access to fresh and nutritious foods
	Medical Mondays-This is a monthly luncheon facilitated by Reid Health and held at Central United Methodist Church in Wayne County. Each month offers an expert speaker with a different health focus. In July 2021 the staff of Reid Health Wellness presented on the topic of "Creating a Healthier Lifestyle with Reid Healthier Club" and in March 2022 they presented "Wellness and Medical Fitness".	At the presentation in July 2021, 30 people attended, and in March 2022 40 people attended this presentation.	Yes	"#1 Increase access to fresh and nutritious foods
	Fresh Up Bucks-Discover Connersville is the fiscal agent for the Connersville Farmer's Market. In 2020 Reid CB provided $6000 of funding toward their "Fresh Up Bucks" program, which doubles the purchasing power for SNAP beneficiaries at the market. These funds can also be used for P-EBT cards for students as well. This is a great program because it provides locally grown, fresh produce and vegetable plants to SNAP recipients at a lower cost, and it helps the local farmers in selling more of their product.	The Fayette County Farmer's Market is a summer market only. They have utilized $6,000 each year in order to double the SNAP purchases, totaling $18,000 during this assessment period 2020-2022.	Yes	"#1 Increase access to fresh and nutritious foods
	Healthier On the Go-Reid Health Wellness/Healthworks provided a traveling exercise class to various outdoor locations in Darke, Randolph, Wayne, and Fayette counties.	This traveling fitness series was attended by 200 people.	Yes	"#2 Promote current resources and programs which support physical activity, nutrition, and weight
	Outdoor Classrooms-On May 25th,26th,27th, Fayette County Purdue Extension in partnership with Reid Community Benefit, offered an Outdoor Classroom experience for preschoolers and kindergarteners. These free lessons included instructions on nutritious meal prep, healthy snacks, how to stay physically active as a family and lessons on growing your own fresh produce. Healthy snacks including trail mix, fresh fruit, and bottled water were also provided for this three day event.	This event was attended by 25 kids and their parents/caregivers.	Yes	"#1 Increase access to fresh and nutritious foods

	"Nutrition Classes-In a partnership with Fayette County Purdue Extension, these research-based nutrition classes provided participants with education on how to plan nutritious meals, read nutritional labels, be active, handle food safely, spend food dollars wisely and improve food purchasing and preparation skills. The program targeted adults that qualify for SNAP benefits. Participants that attended all 4 sessions received a crockpot or electric skillet as an incentive to promote nutrition. The goal was to reach 40 participants in Fayette, Union, and Franklin county.	This nutrition education series was attended in full by 22 people and they received a crock pot or electric skillet of their choice.	Yes	"#2 Promote current resources and programs which support physical activity, nutrition, and weight
	Fresh Fruit Distribution-Every year Lifestream provides Angel Wish bags to seniors through out their service area, and for many years, Reid provided a shelf stable food item to be included in those bags. In 2020 they changed this initiative from providing a variety of items to seniors, they would instead provide a blanket to each senior to minimize contact due to the pandemic. In an effort to continue to support nutrition to seniors, Reid arranged with Lifestream to have a fresh fruit gift bag provided to each of their clients in their home meals program. These bags were distributed the week of Dec 14th, 2020 to a total of 375 seniors.	In 2020 375 home bound seniors received fresh fruit delivered to their homes.	Yes	"#1 Increase access to fresh and nutritious foods
	Richmond Farmer's Market- Virtual Market-Just after the onset of the Covid19 pandemic in March/April 2020, the Richmond Farmer's Market had to pivot their in person markets to an on line market. They received funding from United Way to help with costs to transition the market for 6 months (May-Oct). The market was able to return to providing some in person markets, but in order to continue to reach the most vulnerable populations with an online market, they would need additional funding to extend. The Double Dollars program, funding by Reid CB, doubles the SNAP and P-EBT, and is able to accessed in person or with the online market.	In an effort to support this virtual Farmer's Market program on line, Reid Community Benefit provided $2,400, which extended the online market for another 6 months (Nov-April). This effort provided 20 vendors the ability to continue their products by ordering on line.	Yes	"#1 Increase access to fresh and nutritious foods
	Fayette County Food Distribution-Reid Health Community Benefit staff worked at the Fayette County food distribution event, coordinated by Fayette Co Food Council and Purdue Extension. Reid also provided donated bottled water to the volunteers working at the food distribution event.	There were 30 bottles of water were provided to volunteers of the Fayette County Food Distribution	Yes	"#1 Increase access to fresh and nutritious foods

	City Fit-In 2021 City Fit went virtual and included a DIY 5K color run. Meridian Health Services coordinated this event and held a City Fit Packet Pickup day on May 22, 2020 . Reid Health Community Benefit attended as supporting sponsors and provided reusable meal prep containers, handouts to educate on how to pack a healthy lunch, and Reid's Mission, Vision, Values information to all participants. Reid Health Wellness team also attended to assist in signing up community members for the Reid Healthier Wellness Club.	This event held on 5/6/2020 served 250 people through the drive through event. City Fit was postponed in 2021 due to the pandemic.	Yes	"#2 Promote current resources and programs which support physical activity, nutrition, and weight
	Fitness Classes in the Park-In a partnership with the Connersville Parks Dept, 3 different series of fitness classes were provided in their parks in summer and fall. These classes were provided free of charge for the community and were meeting a strategy on the Community Benefit Implementation Plan for "Provide Affordable Fitness Opportunities".	Due to the pandemic these classes were provided over the summer of 2020 and 2021. Reid Community Benefit provided $1,800 to support these classes. Due to the extended offerings due to the pandemic, Connersville Parks was not able to provide how many people attended these classes each year.	Yes	"#2 Promote current resources and programs which support physical activity, nutrition, and weight
	Teen Cuisine-In April and May, Community Benefit partnered with Purdue Extension to provide cooking classes to teens in grades 6-12 in Fayette and Franklin Counties. Participants learned how to plan and prepare healthy, affordable meals. By completing 4 of the 6 classes in this series, participants earned a cutting board, set of measuring cups, and a chef's knife.	There were 2 classes of Teen Cuisine taught. The Fayette County series had 4 girls enrolled--16 and 17 years old. All completed the series. The second class was at the Watch Center/ New Horizons in Franklin County. The Watch Center is a day program for developmentally challenged youth and adults. That class of 8 youth ranged in age from 12 to 20 years old and were eager learners excited to be learning some basic kitchen skills. In this class they covered basic measuring techniques and knife skills/safety. All participants in this class completed the series. The Teen Cuisine series was attended by 12 people.	Yes	"#2 Promote current resources and programs which support physical activity, nutrition, and weight
	Wayne County Vegetable Plant Distribution-On April 9th WCFC distributed 350 vegetable plants and care instructions to attendees of the Gleaner's mobile market in 10th Street Park in Wayne County. Reid Community Benefit purchased the plants from Ivy Tech Greenhouse to be distributed to the community at this event.	All 350 vegetable plants were provided to community members at this event.	Yes	"#1 Increase access to fresh and nutritious foods

	Whatcha' Fixin-Reid Health Community Benefit provided support to Fayette County Purdue Extension to launch the TV show Whatcha Fixin' on Connersville's TV3 public access station. This program intended to educate the community on how to prepare food from local food pantries while offering additional education on portion size, meal planning, and understanding nutrition labels. The show featured a "guest chef" each month.	Each month a new show aired, and each show aired multiple times in the month it was released. The viewing area for TV3 is primarily Fayette County.	Yes	"#2 Promote current resources and programs which support physical activity, nutrition, and weight
	Better Breathers-Audrey Bennett from the Reid Wellness presented on the benefits of utilizing the Reid Healthier Club, to the Better Breathers monthly group that serves community members suffering with chronic respiratory issues.			
	Community Clean Up Day-On April 22, 2021 Fayette County Harm Reduction Alliance and Discover Connersville coordinated a community clean up in Fayette County. The locations focused on included parks, green spaces, and areas that promote walkability throughout the community.	This initiative was attended by 96 people and Reid Community Benefit provided 4 cases water for attendees.	Yes	#4 Encourage organizational partnerships to support physical activity, nutrition, and weight

Reid Health Covid-19 Response

Objective(s):			
Activities Implemented	**Results**	**Implementation Plan**	**Implementation Plan Strategy**

"Quarantine Package Project-Reid Health Community Benefit provided Bridges For Life with the following items for their quarantine care package project. - 150 thermometers - 150 exercise bands - 150 Reid Health cloth face masks - 150 stock up flyers created by Reid Health wellness that highlights what foods to stock up on and how to stay physically active while in your home. Each quarantine care package includes 1. Food Supply (70+ food items) 2. Toiletry/Household items (10-12 items) 3. Family support and activity items (12-15 items)"	150 quarantine packages were provided to families that experienced challenges being able to quarantine safely. These packages provided some much needed supplies to help them be able to stay home as recommended.	No	
Share Your Story Wayne County-In January Reid Health Community Benefit assisted county government and other community partners with creating content, planning, and promoting the Share Your Story Campaign with the goal of reducing COVID-19 in Wayne County. The Share Your Story campaign highlights locals who have been impacted by COVID-19 and promoted hand washing, social distancing, wearing face masks, and getting vaccinated.	This was a Wayne County community initiatives. Reid Health assisted in planning, providing content, story-telling, and distributing the messages through social media.	No	
Gateway Hunger Relief Center Food Distribution-The Gateway Hunger Relief Center was chosen by the USDA Farmers to Families program to receive 500 boxes containing meat, dairy, and produce weekly. Gateway needed a location large enough to accommodate the traffic associated with a distribution of that size. Reid Health was pleased to host them here at our main campus. These distributions began in Feb and were hosted every Friday from 2-4 pm through the end of April.	During this 13 week distribution, 6,500 USDA food boxes were provided to community members.	No	
Mobile Food Pantries- During the pandemic, mobile food pantry support has been a priority for many of our communities. Through 2020 and 2021 Reid Health Community Benefit supported mobile food pantries in Fayette and Wayne Counties. These events were organized and made possible by each counties' local food councils.	Reid Community Benefit provided staff support for multiple food distributions in Wayne and Fayette County.	No	
Face Mask Distribution-Reid Community Benefit distributed 20,000 reusable face masks to our 8 county service area. These masks were delivered to food pantries, chambers, and organizations serving vulnerable populations.	Facemasks were distributed to 37 different locations in the 8 county service area.	No	

Ask The Doctors-In an effort to provide the community with accurate, timely information regarding the Covid-19 virus and necessary safety measures, Reid Health partnered with WCTV for Ask The Doctors. This program aired every Friday at 2pm, and the community could ask questions live through social media. In order to provide in-studio safety measures and produce the best program possible, some additional equipment was needed at the WCTV studio, and Community Benefit covered that cost.	These programs began on 3/27/20 and concluded 6/18/21 for a total of 64 shows. These programs were also provided on Facebook Live where they were viewed 76,115 times. Some of the shows are available on YouTube and have been viewed 648 times. There are 14,000 homes that receive WCTV stations through their cable provider. All of the Ask The Doctors programs were also provided to TV3 in Connersville to air on their local stations.	No	
USDA Food Distribution-From May 25th to June 30th Reid Health Community Benefit partnered with GFS and local organizations to provide a pass through for food supplies made available by the USDA as a direct response to COVID-19. Phase 2 of the USDA/GFS food distribution was July 6th-Aug 31st. This partnership between Reid Health Community Benefit, GFS, and the USDA provided meat and produce to organizations in need in Reid's service area.	Between Phase 1 and Phase 2, Reid distributed 1,290 boxes of food.	No	
WTHR Vaccine Campaign-Reid Health partnered with WTHR Channel 13 to develop 30 second and 15 second commercials as well as a social media campaign, to encourage individuals to get vaccinated.	This campaign had 6.5 million impressions, which conservatively would be the equivalent of 50% of the adult population in Reid's service area seeing it 13 times over a 4 month period of time.	No	
Thermometers were provided to community members through the remote patient monitoring program	1,500 thermometers were provided to community members in need during the pandemic	No	

Appendix H. Community Well-Being Committee

The Community Well-Being Board Committee is the decision-making entity for Reid Health Community Benefit activities. The board committee is comprised of:

TABLE H1. COMMUNITY WELL-BEING COMMITTEE AT REID HEALTH

- Robin Henry, Community Well-Being Board Committee Chair & Reid Health Governing Board Member
- Tom Hilkert, Community Well-Being Board Committee Member & Reid Health Governing Board Chair
- Karen Clark, Community Well-Being Board Committee Member & Reid Health Governing Board Member
- Kathy Girten, Community Well-Being Board Committee Member & Reid Health Governing Board Member
- Morgan Howard, Community Well-Being Committee Member & Reid Health Governing Board Member
- Denise Retz, Community Well-Being Board Committee Member & Reid Health Governing Board Member
- Jim Tanner, Community Well-Being Board Committee Member & Reid Health Governing Board Member
- Aleasia Stewart, Community Well-Being Board Committee Member
- Nicole Stults, Community Well-Being Board Committee Member
- Bob Warfel, Community Well-Being Board Committee Member
- Craig Kinyon, President and Chief Executive Officer, Reid Health
- Billie Kester, Vice President, Continuum of Care, Reid Health
- Jason Troutwine, Vice President, Reid Health
- Daniel Wegg, MD, Community Well-Being Board Committee Member, RHPA Medical Director
- Angela Cline, Director, Community Benefit, Reid Health
- Brian Schleeper, Community Benefit Specialist, Reid Health
- Megan Broeker, Director, Reid Foundation, Reid Health
- Judi Willett, Director, Marketing and Community Relations, Reid Health

Appendix I. Resources Available to Address Needs

The following is a list of all community resources mentioned by community input participants.

- Amigos Latino Center
- Boys & Girls Club of Wayne County
- Bridges for Life
- Centerstone-Children's Trauma Program
- Centerstone-Systems of Care
- Communities In Schools
- Connection Café
- Connersville Parks and Recreation Dept
- Connersville Police Dept
- Connersville Schools
- Cope Environmental Center
- Cross Road Christian Recovery Center
- Darke County Health Dept
- Darke County United Way
- Darke County YMCA
- Discover Connersville
- Drug Free Wayne County Partnership
- Dwyer Center
- East Central Educational Service Center
- Eaton Schools
- Economic Development Corporation of Wayne County
- Family Services and Prevention Programming
- Fayette County Community Voices
- Fayette County Food Council
- Fayette County Foundation
- Fayette County Harm Reduction Alliance
- Fayette County Health Dept
- Firefly
- Forward Wayne County
- Franklin County Drug Coalition/Stayin' Alive
- Franklin County Health Dept
- Future Achievers
- Gateway Hunger Relief Center
- Gleaners Food Bank
- Healthy Communities of Henry County
- Henry County Chamber
- Henry County Community Foundation
- Henry County Health Dept

- Henry County Hospital
- Henry County System of Care
- HIT Foundation
- Hope Center Clinic
- House of Ruth
- Independent Living Center of Eastern Indiana
- IU East
- Ivy Tech Community College
- Job and Family Services
- LifeStream Services
- Lynn Fire Dept
- Meridian Health Services
- Mezzo Solutions
- Miami Valley Career Technology Center
- Monroe Central School Corporation
- NAACP
- Natco Community Empowerment Center
- Neighborhood Health Center
- New Castle Primary and Specialty Care
- Ohio Extension Education
- Ohio Means Jobs
- Open Arms Ministries
- PACE Center
- Preble Arts
- Preble County Board of Development Disabilities
- Preble County Council on Aging
- Preble County Educational Service Center
- Preble County Health Dept
- Preble County YMCA
- Purdue Extension-Fayette, Franklin, Union, Wayne, Randolph
- Randolph Central Schools
- Randolph County EDC
- Randolph County Foundation
- Randolph County Health Dept
- Randolph County Medical Center
- Randolph County YMCA
- Randolph Eastern School Corp
- Reach All Randolph County
- Recovery & Wellness Center of Midwest Ohio
- Refuge of Hope Shelter
- Reid Health-Administration
- Reid Health-Behavioral Services
- Reid Health-Community Benefit
- Reid Health-Community Outreach
- Reid Health-Marketing and Community Relations
- Reid Health-Transition Coaching Program

- Reid Health-Wellness
- Richmond Community Schools
- Richmond Family YMCA
- Richmond Housing Authority
- Richmond Parks and Recreation Department
- Richmond Police Dept
- Richmond State Hospital
- "Rock Solid Ministries"
- Siloam Clinic
- Stamm Koechlein Family Foundation
- The Journey Home Veteran's Shelter
- The Shelter
- Union County Health Dept
- Union County Library
- United Way of Whitewater Valley
- Wayne County Trustee
- Wayne County Chamber
- Wayne County Foundation
- Wayne County Probation
- Wayne County Sheriff’s Dept
- Western Wayne Schools
- Winchester Area Churches and Community Food Pantry