

2019 Community Health Needs Assessment Report

Decatur County, Indiana

Prepared for:
Decatur County Memorial Hospital

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Table of Contents

Introduction	6
Project Overview	7
Project Goals	7
Methodology	8
IRS Form 990, Schedule H Compliance	15
Summary of Findings	16
Significant Health Needs of the Community	16
Summary Tables: Comparisons With Benchmark Data	19
Summary of Key Informant Perceptions	32
Community Description	33
Population Characteristics	34
Total Population	34
Urban/Rural Population	36
Age	36
Race & Ethnicity	38
Linguistic Isolation	41
Social Determinants of Health	42
Poverty	42
Education	44
Employment	46
Primary Means of Transportation	46
Housing Insecurity	47
Food Insecurity	48
Health Literacy	50
Population With Low Health Literacy	50
Understanding Health Information	51
General Health Status	53
Overall Health Status	54
Evaluation of Health Status	54
Activity Limitations	56
Caregiving	58
Mental Health	60
Evaluation of Mental Health Status	61
Depression	62
Stress	63
Suicide	65

Mental Health Treatment	65
Key Informant Input: Mental Health	67
Death, Disease & Chronic Conditions	69
Leading Causes of Death	70
Distribution of Deaths by Cause	70
Age-Adjusted Death Rates for Selected Causes	70
Cardiovascular Disease	72
Age-Adjusted Heart Disease & Stroke Deaths	72
Prevalence of Heart Disease & Stroke	74
Cardiovascular Risk Factors	75
Key Informant Input: Heart Disease & Stroke	80
Cancer	82
Age-Adjusted Cancer Deaths	82
Cancer Incidence	83
Prevalence of Cancer	84
Cancer Screenings	85
Key Informant Input: Cancer	90
Respiratory Disease	95
Age-Adjusted Respiratory Disease Deaths	96
Prevalence of Respiratory Disease	97
Key Informant Input: Respiratory Disease	99
Injury & Violence	101
Unintentional Injury	101
Intentional Injury (Violence)	106
Key Informant Input: Injury & Violence	108
Diabetes	110
Age-Adjusted Diabetes Deaths	110
Prevalence of Diabetes	111
Key Informant Input: Diabetes	113
Alzheimer's Disease	115
Age-Adjusted Alzheimer's Disease Deaths	115
Key Informant Input: Dementias, Including Alzheimer's Disease	116
Kidney Disease	118
Age-Adjusted Kidney Disease Deaths	118
Prevalence of Kidney Disease	119
Key Informant Input: Kidney Disease	119
Potentially Disabling Conditions	121
Arthritis, Osteoporosis & Chronic Back Conditions	121
Vision & Hearing Impairment	123

Multiple Chronic Conditions	125
Infectious Disease	126
Influenza & Pneumonia Vaccination	127
Flu Vaccination	127
Pneumonia Vaccination	128
HIV	129
HIV Prevalence	130
Key Informant Input: HIV/AIDS	130
Sexually Transmitted Diseases	132
Chlamydia & Gonorrhea	132
Key Informant Input: Sexually Transmitted Diseases	133
Immunization & Infectious Diseases	135
Key Informant Input: Immunization & Infectious Diseases	135
Births	136
Prenatal Care	137
Birth Outcomes & Risks	138
Low-Weight Births	138
Key Informant Input: Infant & Child Health	138
Family Planning	140
Births to Teen Mothers	140
Key Informant Input: Family Planning	141
Modifiable Health Risks	142
Nutrition	143
Daily Recommendation of Fruits/Vegetables	144
Access to Fresh Produce	144
Physical Activity	148
Leisure-Time Physical Activity	149
Activity Levels	150
Access to Physical Activity	152
Weight Status	153
Adult Weight Status	153
Key Informant Input: Nutrition, Physical Activity & Weight	156
Substance Abuse	158
Age-Adjusted Cirrhosis/Liver Disease Deaths	158
Alcohol Use	159
Opiate Use	160
Illicit Drug Use	161
Alcohol & Drug Treatment	162

Personal Impact of Substance Abuse	164
Key Informant Input: Substance Abuse	165
Tobacco Use	168
Cigarette Smoking	168
Other Tobacco Use	170
Key Informant Input: Tobacco Use	172
Access to Health Services	174
Health Insurance Coverage	175
Type of Healthcare Coverage	175
Lack of Health Insurance Coverage	175
Difficulties Accessing Healthcare	177
Difficulties Accessing Services	177
Barriers to Healthcare Access	178
Accessing Healthcare for Children	179
Key Informant Input: Access to Healthcare Services	179
Primary Care Services	181
Access to Primary Care	181
Specific Source of Ongoing Care	182
Utilization of Primary Care Services	182
Emergency Room Utilization	184
Oral Health	185
Dental Insurance	185
Dental Care	186
Key Informant Input: Oral Health	188
Vision Care	189
Other Issues	190
Local Resources	191
Perceptions of Local Healthcare Services	192
Resources Available to Address the Significant Health Needs	193
Appendix	196
Evaluation of Past Activities	197

Introduction



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Project Overview

Project Goals

This Community Health Needs Assessment is a systematic, data-driven approach to determining the health status, behaviors, and needs of residents in Decatur County, the service area of Decatur County Memorial Hospital. Subsequently, this information may be used to inform decisions and guide efforts to improve community health and wellness.

A Community Health Needs Assessment provides information so that communities may identify issues of greatest concern and decide to commit resources to those areas, thereby making the greatest possible impact on community health status. This Community Health Needs Assessment will serve as a tool toward reaching three basic goals:

- **To improve residents' health status, increase their life spans, and elevate their overall quality of life.** A healthy community is not only one where its residents suffer little from physical and mental illness, but also one where its residents enjoy a high quality of life.
- **To reduce the health disparities among residents.** By gathering demographic information along with health status and behavior data, it will be possible to identify population segments that are most at-risk for various diseases and injuries. Intervention plans aimed at targeting these individuals may then be developed to combat some of the socio-economic factors that historically have had a negative impact on residents' health.
- **To increase accessibility to preventive services for all community residents.** More accessible preventive services will prove beneficial in accomplishing the first goal (improving health status, increasing life spans, and elevating the quality of life), as well as lowering the costs associated with caring for late-stage diseases resulting from a lack of preventive care.

This assessment was conducted on behalf of Decatur County Memorial Hospital by Professional Research Consultants, Inc. (PRC). PRC is a nationally recognized healthcare consulting firm with extensive experience conducting Community Health Needs Assessments in hundreds of communities across the United States since 1994.

Methodology

This assessment incorporates data from both quantitative and qualitative sources.

Quantitative data input includes primary research (the PRC Community Health Survey) and secondary research (vital statistics and other existing health-related data); these quantitative components allow for comparison to benchmark data at the state and national levels.

Qualitative data input includes primary research gathered through an Online Key Informant Survey.

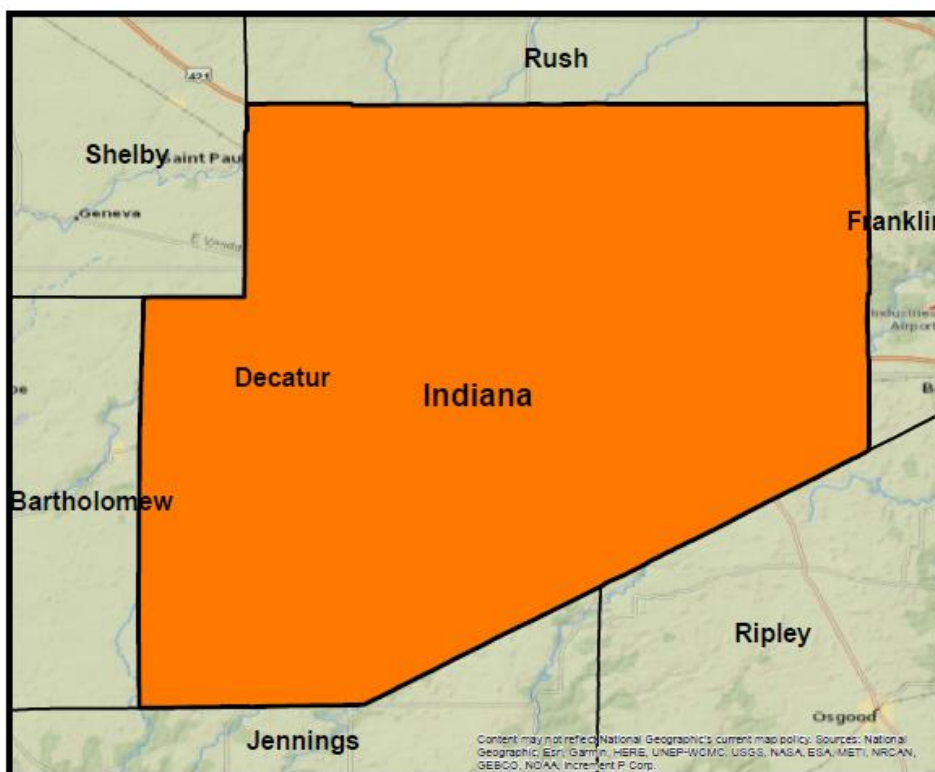
PRC Community Health Survey

Survey Instrument

The survey instrument used for this study is based largely on the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS), as well as various other public health surveys and customized questions addressing gaps in indicator data relative to health promotion and disease prevention objectives and other recognized health issues. The final survey instrument was developed by Decatur County Memorial Hospital and PRC.

Community Defined for This Assessment

Decatur County is the hospital's primary service area and includes ZIP Codes from which 77% of the hospital's registrations are derived. This community definition is illustrated in the following map.



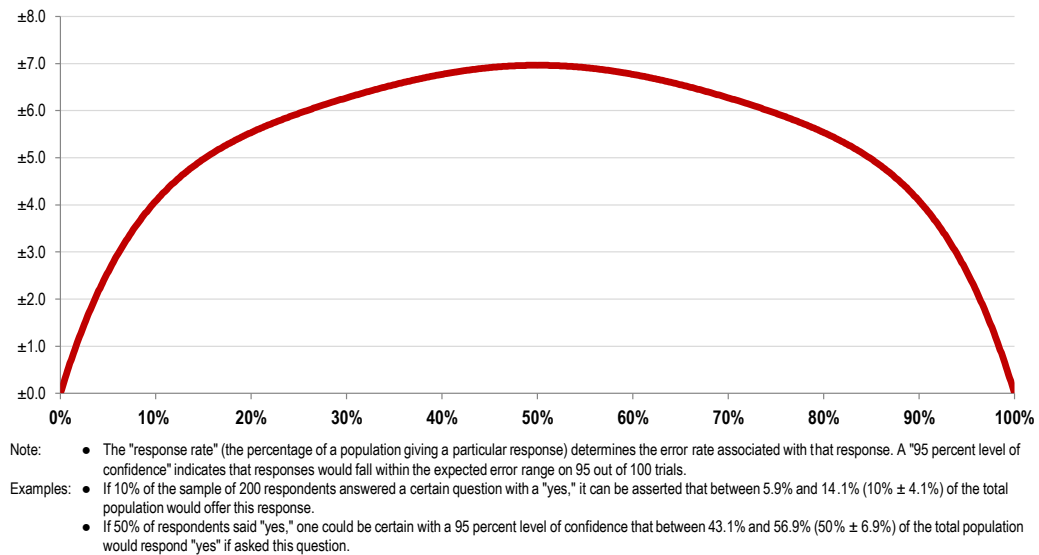
Sample Approach & Design

A precise and carefully executed methodology is critical in asserting the validity of the results gathered in the PRC Community Health Survey. Thus, to ensure the best representation of the population surveyed, a telephone interview methodology — one that incorporates both landline and cell phone interviews — was employed. The primary advantages of telephone interviewing are timeliness, efficiency, and random-selection capabilities.

The sample design used for this effort consisted of a random sample of 200 individuals age 18 and older in Decatur County. All administration of the surveys, data collection and data analysis was conducted by PRC.

For statistical purposes, the maximum rate of error associated with a sample size of 200 respondents is $\pm 6.9\%$ at the 95 percent confidence level.

Expected Error Ranges for a Sample of 200 Respondents at the 95 Percent Level of Confidence



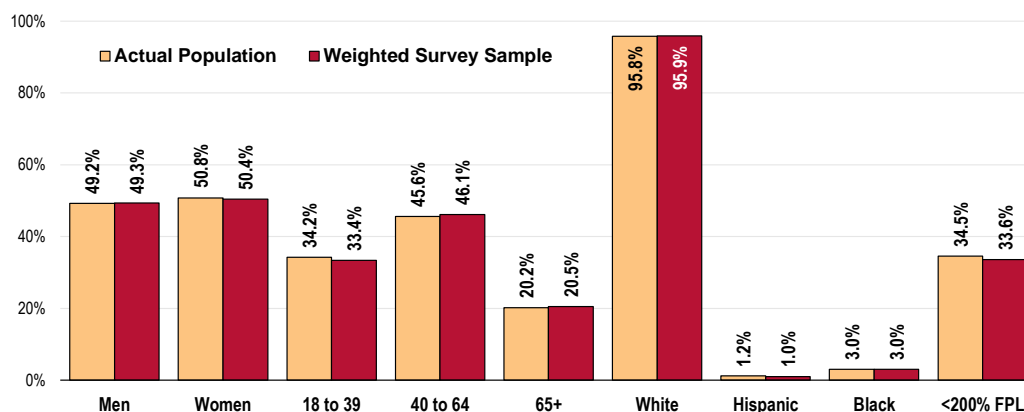
Sample Characteristics

To accurately represent the population studied, PRC strives to minimize bias through application of a proven telephone methodology and random-selection techniques. While this random sampling of the population produces a highly representative sample, it is a common and preferred practice to "weight" the raw data to improve this representativeness even further. This is accomplished by adjusting the results of a random sample to match the geographic distribution and demographic characteristics of the population surveyed (poststratification), so as to eliminate any naturally occurring bias. Specifically, once the raw data are gathered, respondents are examined by key demographic characteristics (namely sex, age, race, ethnicity, and poverty status), and a statistical application package applies

weighting variables that produce a sample which more closely matches the population for these characteristics. Thus, while the integrity of each individual's responses is maintained, one respondent's responses may contribute to the whole the same weight as, for example, 1.1 respondents. Another respondent, whose demographic characteristics may have been slightly oversampled, may contribute the same weight as 0.9 respondents.

The following chart outlines the characteristics of Decatur County sample for key demographic variables, compared to actual population characteristics revealed in census data. [Note that the sample consisted solely of area residents age 18 and older; data on children were given by proxy by the person most responsible for that child's healthcare needs, and these children are not represented demographically in this chart.]

Population & Survey Sample Characteristics
(Decatur County, 2019)



Sources: • Census 2010, Summary File 3 (SF 3). US Census Bureau.
• 2019 PRC Community Health Survey, Professional Research Consultants, Inc.

Further note that the poverty descriptions and segmentation used in this report are based on administrative poverty thresholds determined by the US Department of Health & Human Services. These guidelines define poverty status by household income level and number of persons in the household (*e.g., the 2018 guidelines place the poverty threshold for a family of four at \$25,100 annual household income or lower*). In sample segmentation: “**low income**” refers to community members living in a household with defined poverty status or living just above the poverty level, earning up to twice (<200% of) the poverty threshold; “**mid/high income**” refers to those households living on incomes which are twice or more (≥200% of) the federal poverty level.

The sample design and the quality control procedures used in the data collection ensure that the sample is representative. Thus, the findings may be generalized to the total population of community members in the defined area with a high degree of confidence.

Online Key Informant Survey

To solicit input from key informants, those individuals who have a broad interest in the health of the community, an Online Key Informant Survey also was implemented as part of this process. A list of recommended participants was provided by Decatur County Memorial Hospital; this list included names and contact information for physicians, public health representatives, other health professionals, social service providers, and a variety of other community leaders. Potential participants were chosen because of their ability to identify primary concerns of the populations with whom they work, as well as of the community overall.

Key informants were contacted by email, introducing the purpose of the survey and providing a link to take the survey online; reminder emails were sent as needed to increase participation. In all, 65 community stakeholders took part in the Online Key Informant Survey, as outlined below:

Online Key Informant Survey Participation		
Key Informant Type	Number Invited	Number Participating
Physicians	9	4
Public Health Representatives	9	5
Other Health Providers	25	14
Social Services Providers	11	7
Other Community Leaders	96	35

Final participation included representatives of the organizations outlined below.

- Anytime Fitness
- Aspen Place Health Campus
- Centerstone
- Commissioner's Office
- Court System
- Decatur County Community Foundation
- Decatur County Community Schools
- Decatur County Family YMCA
- Decatur County Health Department
- Decatur County Memorial Hospital (DCMH)
- Decatur County Primary Care
- Economic Development Corporation of Greensburg/Decatur County
- GECOM Corporation
- Girls Inc. Shelbyville/Shelby County
- Greensburg Community Schools
- Greensburg Prevention Group
- Greensburg/Decatur County Chamber of Commerce
- Greensburg-Decatur County Public Library
- Healthy Families of Decatur County
- Heritage House of Greensburg
- Indiana University School of Medicine
- Intrepid USA Home Care
- ItsDecaturCounty.com
- Morning Breeze Retirement Community and Healthcare
- Obermeyer Agri Group, Inc.
- One Community One Family
- Patient & Family Advisory Council (PFAC)

- PrimeLending, A Plains Capital Company
- Purdue Extension, Decatur County
- Town of Westport

Through this process, input was gathered from several individuals whose organizations work with low-income, minority, or other medically underserved populations.

In the online survey, key informants were asked to rate the degree to which various health issues are a problem in their own community. Follow-up questions asked them to describe why they identify problem areas as such and how these might better be addressed. Results of their ratings, as well as their verbatim comments, are included throughout this report as they relate to the various other data presented.

NOTE: These findings represent qualitative rather than quantitative data. The Online Key Informant Survey was designed to gather input regarding participants' opinions and perceptions of the health needs of the residents in the area. Thus, these findings are not necessarily based on fact.

Public Health, Vital Statistics & Other Data

A variety of existing (secondary) data sources was consulted to complement the research quality of this Community Health Needs Assessment. Data for Decatur County were obtained from the following sources (specific citations are included with the graphs throughout this report):

- Center for Applied Research and Environmental Systems (CARES)
- Centers for Disease Control & Prevention, Office of Infectious Disease, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
- Centers for Disease Control & Prevention, Office of Public Health Science Services, Center for Surveillance, Epidemiology and Laboratory Services, Division of Health Informatics and Surveillance (DHIS)
- Centers for Disease Control & Prevention, Office of Public Health Science Services, National Center for Health Statistics
- Community Commons
- ESRI ArcGIS Map Gallery
- Indiana Youth Institute, Indiana State Department of Health
- National Cancer Institute, State Cancer Profiles
- OpenStreetMap (OSM)
- US Census Bureau, American Community Survey
- US Census Bureau, County Business Patterns
- US Census Bureau, Decennial Census
- US Department of Agriculture, Economic Research Service
- US Department of Health & Human Services

- US Department of Health & Human Services, Health Resources and Services Administration (HRSA)
- US Department of Justice, Federal Bureau of Investigation
- US Department of Labor, Bureau of Labor Statistics

Benchmark Data

Indiana Risk Factor Data

Statewide risk factor data are provided where available as an additional benchmark against which to compare local survey findings; these data represent the most recent *BRFSS (Behavioral Risk Factor Surveillance System) Prevalence and Trends Data* published online by the Centers for Disease Control and Prevention. State-level vital statistics are also provided for comparison of secondary data indicators.

Nationwide Risk Factor Data

Nationwide risk factor data, which are also provided in comparison charts, are taken from the *2017 PRC National Health Survey*; the methodological approach for the national study is similar to that employed in this assessment, and these data may be generalized to the US population with a high degree of confidence. National-level vital statistics are also provided for comparison of secondary data indicators.

Healthy People 2020

Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. For three decades, Healthy People has established benchmarks and monitored progress over time in order to:



- Encourage collaborations across communities and sectors.
- Empower individuals toward making informed health decisions.
- Measure the impact of prevention activities.

Healthy People strives to:

- Identify nationwide health improvement priorities.
- Increase public awareness and understanding of the determinants of health, disease, and disability and the opportunities for progress.
- Provide measurable objectives and goals that are applicable at the national, State, and local levels.
- Engage multiple sectors to take actions to strengthen policies and improve practices that are driven by the best available evidence and knowledge.
- Identify critical research, evaluation, and data collection needs.

Determining Significance

Differences noted in this report represent those determined to be significant. For survey-derived indicators (which are subject to sampling error), statistical significance is determined based on confidence intervals (at the 95 percent confidence level), using question-specific samples and response rates. For the purpose of this report, “significance” of secondary data indicators (which do not carry sampling error but might be subject to reporting error) is determined by a 15% variation from the comparative measure.

Information Gaps

While this assessment is quite comprehensive, it cannot measure all possible aspects of health in the community, nor can it adequately represent all possible populations of interest. It must be recognized that these information gaps might in some ways limit the ability to assess all of the community’s health needs.

For example, certain population groups — such as the homeless, institutionalized persons, or those who only speak a language other than English or Spanish — are not represented in the survey data. Other population groups — for example, pregnant women, lesbian/gay/bisexual/transgender residents, undocumented residents, and members of certain racial/ethnic or immigrant groups — might not be identifiable or might not be represented in numbers sufficient for independent analyses.

In terms of content, this assessment was designed to provide a comprehensive and broad picture of the health of the overall community. However, there are certainly medical conditions that are not specifically addressed.

Public Comment

Decatur County Memorial Hospital made its prior Community Health Needs Assessment (CHNA) report publicly available through its website; through that mechanism, the hospital requested from the public written comments and feedback regarding the CHNA and implementation strategy. At the time of this writing, Decatur County Memorial Hospital had not received any written comments. However, through population surveys and key informant feedback for this assessment, input from the broader community was considered and taken into account when identifying and prioritizing the significant health needs of the community. Decatur County Memorial Hospital will continue to use its website as a tool to solicit public comments and ensure that these comments are considered in the development of future CHNAs.

IRS Form 990, Schedule H Compliance

For non-profit hospitals, a Community Health Needs Assessment (CHNA) also serves to satisfy certain requirements of tax reporting, pursuant to provisions of the Patient Protection & Affordable Care Act of 2010. To understand which elements of this report relate to those requested as part of hospitals' reporting on IRS Form 990 Schedule H, the following table cross-references related sections.

IRS Form 990, Schedule H (2017)		See Report Page
Part V Section B Line 3a <i>A definition of the community served by the hospital facility</i>		8
Part V Section B Line 3b <i>Demographics of the community</i>		34
Part V Section B Line 3c <i>Existing health care facilities and resources within the community that are available to respond to the health needs of the community</i>		193
Part V Section B Line 3d <i>How data was obtained</i>		8
Part V Section B Line 3e <i>The significant health needs of the community</i>		16
Part V Section B Line 3f <i>Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups</i>		Addressed Throughout
Part V Section B Line 3g <i>The process for identifying and prioritizing community health needs and services to meet the community health needs</i>		17
Part V Section B Line 3h <i>The process for consulting with persons representing the community's interests</i>		11
Part V Section B Line 3i <i>The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)</i>		197

Summary of Findings

Significant Health Needs of the Community

The following “Areas of Opportunity” represent the significant health needs of the community, based on the information gathered through this Community Health Needs Assessment and the guidelines set forth in Healthy People 2020. From these data, opportunities for health improvement exist in the area with regard to the following health issues (see also the summary tables presented in the following section).

The Areas of Opportunity were determined after consideration of various criteria, including: standing in comparison with benchmark data; the preponderance of significant findings within topic areas; the magnitude of the issue in terms of the number of persons affected; and the potential health impact of a given issue. These also take into account those issues of greatest concern to the community stakeholders (key informants) giving input to this process.

Areas of Opportunity Identified Through This Assessment	
Access to Healthcare Services	<ul style="list-style-type: none"> • Primary Care Physician Ratio
Cancer	<ul style="list-style-type: none"> • Cancer is a leading cause of death. • Prostate Cancer Incidence • Cancer ranked as a top concern in the Online Key Informant Survey.
Diabetes	<ul style="list-style-type: none"> • Diabetes Prevalence • Diabetes ranked as a top concern in the Online Key Informant Survey.
Family Planning	<ul style="list-style-type: none"> • Teen Births
Heart Disease & Stroke	<ul style="list-style-type: none"> • Cardiovascular disease is a leading cause of death. • Heart Disease Deaths • Overall Cardiovascular Risk • Heart Disease & Stroke ranked as a top concern in the Online Key Informant Survey.
Injury & Violence	<ul style="list-style-type: none"> • Motor Vehicle Crash Deaths
Kidney Disease	<ul style="list-style-type: none"> • Kidney Disease Deaths
Mental Health	<ul style="list-style-type: none"> • Seeking Help for Mental Health • Mental Health ranked as a top concern in the Online Key Informant Survey.

-continued on next page-

Areas of Opportunity (continued)	
Nutrition, Physical Activity, & Weight	<ul style="list-style-type: none"> • Fruit/Vegetable Consumption • Overweight & Obesity [Adults] • Medical Advice on Weight • Leisure-Time Physical Activity • Access to Recreation/Fitness Facilities • Nutrition, Physical Activity & Weight ranked as a top concern in the Online Key Informant Survey.
Respiratory Diseases	<ul style="list-style-type: none"> • Chronic Lower Respiratory Disease (CLRD) Deaths • Chronic Obstructive Pulmonary Disease (COPD) Prevalence • Pneumonia Vaccination [Age 65+]
Substance Abuse	<ul style="list-style-type: none"> • Substance Abuse ranked as a top concern in the Online Key Informant Survey.
Tobacco Use	<ul style="list-style-type: none"> • Environmental Tobacco Smoke Exposure at Home <ul style="list-style-type: none"> ◦ Including Among Households With Children • Tobacco Use ranked as a top concern in the Online Key Informant Survey.

Prioritization of Health Needs

On Monday, June 10, 2019, Decatur County Memorial Hospital convened a group of 18 internal and external community stakeholders (representing a cross-section of community-based agencies and organizations) to evaluate, discuss and prioritize health issues for community, based on findings of this Community Health Needs Assessment (CHNA). Professional Research Consultants, Inc. (PRC) began the meeting with an online presentation of key findings from the CHNA, highlighting the significant health issues identified from the research (see Areas of Opportunity above). Following the data review, PRC answered any questions.

Decatur County Memorial Hospital then facilitated a group dialogue and prioritization exercise. A “dot-voting” technique (also known as multi-voting or cumulative voting) was used for this exercise in which 12 large pieces of paper were placed on walls throughout the room, each labeled with one of the 12 Areas of Opportunity discussed. Each participant was given five “dot” stickers and asked to distribute their dots onto these pages, representing those issues they feel are most important based on the data review and discussion. Respondents were not restricted in how they distributed their dots. This process yielded the following prioritized list of community health needs:

1. **Mental Health**
2. **Nutrition, Physical Activity & Weight**
3. **Substance Abuse**
4. **Diabetes**
5. **Cancer**

Hospital Implementation Strategy

Decatur County Memorial Hospital will use the information from this Community Health Needs Assessment to develop an Implementation Strategy to address the significant health needs in the community. While the hospital will likely not implement strategies for all of the health issues listed above, the results of this prioritization exercise will be used to inform the development of the hospital's action plan to guide community health improvement efforts in the coming years.

Note: An evaluation of the hospital's past activities to address the needs identified in prior CHNAs can be found as an appendix to this report.

Summary Tables: Comparisons With Benchmark Data

The following tables provide an overview of indicators in Decatur County. These data are grouped to correspond with the Focus Areas presented in Healthy People 2020.









Reading the Summary Tables












In the following charts, Decatur County results are shown in the larger, blue column. *Tip: Indicator labels beginning with a “%” symbol are taken from the PRC Community Health Survey; the remaining indicators are taken from secondary data sources.*















The columns to the right of Decatur County column provide comparisons between county data and any available state and national findings, and Healthy People 2020 targets. Symbols indicate whether Decatur County compares favorably (☀️), unfavorably (☁️), or comparably (☔️) to these external data.
















Note that blank table cells signify that data are not available or are not reliable for that area and/or for that indicator.





















Social Determinants	Decatur County	Decatur County vs. Benchmarks		
		vs. IN	vs. US	vs. HP2020
Linguistically Isolated Population (Percent)	0.2	☀️ 1.8	☀️ 4.5	
Population in Poverty (Percent)	13.1	☁️ 15.0	☀️ 15.1	
Population Below 200% FPL (Percent)	31.8	☁️ 34.3	☁️ 33.6	
Children Below 200% FPL (Percent)	45.1	☁️ 44.8	☁️ 43.3	
No High School Diploma (Age 25+, Percent)	10.9	☁️ 11.9	☀️ 14.3	
Unemployment Rate (Age 16+, Percent)	3.0	☁️ 3.3	☀️ 4.1	
% Worry/Stress Over Rent/Mortgage in Past Year	25.4		☁️ 30.8	
% Low Health Literacy	23.5		☁️ 23.3	
		☀️ better	☁️ similar	☔️ worse






Overall Health	Decatur County	Decatur County vs. Benchmarks		
		vs. IN	vs. US	vs. HP2020
% "Fair/Poor" Overall Health	20.0	 20.6	 18.1	
% Activity Limitations	23.5	 21.2	 25.0	
% Caregiver to a Friend/Family Member	26.4		 20.8	
		 better	 similar	 worse











Access to Health Services	Decatur County	Decatur County vs. Benchmarks		
		vs. IN	vs. US	vs. HP2020
% [Age 18-64] Lack Health Insurance	10.5	 12.8	 13.7	 0.0
% Difficulty Accessing Healthcare in Past Year (Composite)	30.9		 43.2	
% Difficulty Finding Physician in Past Year	7.7		 13.4	
% Difficulty Getting Appointment in Past Year	10.7		 17.5	
% Cost Prevented Physician Visit in Past Year	5.9		 15.4	
% Transportation Hindered Dr Visit in Past Year	5.8		 8.3	
% Inconvenient Hrs Prevented Dr Visit in Past Year	12.6		 12.5	
% Language/Culture Prevented Care in Past Year	1.5		 1.2	
% Cost Prevented Getting Prescription in Past Year	9.8		 14.9	



















Access to Health Services (continued)	Decatur County	Decatur County vs. Benchmarks		
		vs. IN	vs. US	vs. HP2020
% Skipped Prescription Doses to Save Costs	12.2		 15.3	
% Difficulty Getting Child's Healthcare in Past Year	0.0		 5.6	
Primary Care Doctors per 100,000	41.5	 75.9	 87.8	
% Have a Specific Source of Ongoing Care	78.7		 74.1	 95.0
% Have Had Routine Checkup in Past Year	73.0	 68.3	 68.3	
% Child Has Had Checkup in Past Year	80.8		 87.1	
% Two or More ER Visits in Past Year	7.9		 9.3	
% Rate Local Healthcare "Fair/Poor"	7.0		 16.2	
		 better	 similar	 worse

Cancer	Decatur County	Decatur County vs. Benchmarks		
		vs. IN	vs. US	vs. HP2020
Cancer (Age-Adjusted Death Rate)	168.8	 172.9	 155.6	 161.4
Lung Cancer (Age-Adjusted Death Rate)	43.4	 48.8	 38.5	 45.5
Prostate Cancer (Age-Adjusted Death Rate)	20.0	 18.9	 18.9	 21.8
Female Breast Cancer (Age-Adjusted Death Rate)	19.6	 20.7	 20.1	 20.7
Colorectal Cancer (Age-Adjusted Death Rate)	15.7	 15.4	 13.9	 14.5








Cancer (continued)	Decatur County	Decatur County vs. Benchmarks		
		vs. IN	vs. US	vs. HP2020
Female Breast Cancer Incidence Rate	89.6	 120.1	 123.5	
Prostate Cancer Incidence Rate	115.4	 95.7	 114.8	
Lung Cancer Incidence Rate	64.1	 72.8	 61.2	
Colorectal Cancer Incidence Rate	38.6	 43.2	 39.8	
% Cancer	10.7			
% [Women 50-74] Mammogram in Past 2 Years	76.4	 72.5	 77.0	 81.1
% [Women 21-65] Pap Smear in Past 3 Years	68.2	 74.9	 73.5	 93.0
% [Age 50-75] Colorectal Cancer Screening	73.2	 64.6	 76.4	 70.5
		 better	 similar	 worse

Dementias, Including Alzheimer's Disease	Decatur County	Decatur County vs. Benchmarks		
		vs. IN	vs. US	vs. HP2020
Alzheimer's Disease (Age-Adjusted Death Rate)	31.9	 34.4	 30.2	
		 better	 similar	 worse






Diabetes	Decatur County	Decatur County vs. Benchmarks		
		vs. IN	vs. US	vs. HP2020
Diabetes (Age-Adjusted Death Rate)	25.0	 26.5	 21.3	 20.5
% Diabetes/High Blood Sugar	18.3	 11.8	 13.3	
% Borderline/Pre-Diabetes	9.5		 9.5	
% [Non-Diabetes] Blood Sugar Tested in Past 3 Years	41.8		 50.0	
		 better	 similar	 worse

Heart Disease & Stroke	Decatur County	Decatur County vs. Benchmarks		
		vs. IN	vs. US	vs. HP2020
Diseases of the Heart (Age-Adjusted Death Rate)	202.6	 182.0	 166.3	 156.9
Stroke (Age-Adjusted Death Rate)	39.3	 39.6	 37.5	 34.8
% Heart Disease (Heart Attack, Angina, Coronary Disease)	11.1		 8.0	
% Stroke	3.3	 3.6	 4.7	
% Blood Pressure Checked in Past 2 Years	94.4		 90.4	 92.6
% Told Have High Blood Pressure (Ever)	39.4	 35.2	 37.0	 26.9
% [HBP] Taking Action to Control High Blood Pressure	100.0		 93.8	
% Cholesterol Checked in Past 5 Years	89.7	 83.4	 85.1	 82.1














Heart Disease & Stroke (continued)

	Decatur County	Decatur County vs. Benchmarks		
		vs. IN	vs. US	vs. HP2020
% Told Have High Cholesterol (Ever)	36.3	 36.2	 13.5	
% [HBC] Taking Action to Control High Blood Cholesterol	95.5	 87.3		
% 1+ Cardiovascular Risk Factor	92.2	 87.2		
		 better	 similar	 worse














HIV

	Decatur County	Decatur County vs. Benchmarks		
		vs. IN	vs. US	vs. HP2020
HIV Prevalence Rate	50.8	 176.4	 353.2	
		 better	 similar	 worse


















Immunization & Infectious Diseases

	Decatur County	Decatur County vs. Benchmarks		
		vs. IN	vs. US	vs. HP2020
% [Age 65+] Flu Vaccine in Past Year	79.6	 54.5	 76.8	 70.0
% [High-Risk 18-64] Flu Vaccine in Past Year	52.1		 55.7	 70.0
% [Age 65+] Pneumonia Vaccine Ever	69.5	 73.8	 82.7	 90.0
% [High-Risk 18-64] Pneumonia Vaccine Ever	46.6		 39.9	 60.0
		 better	 similar	 worse








Infant Health & Family Planning

	Decatur County	Decatur County vs. Benchmarks		
		vs. IN	vs. US	vs. HP2020
No Prenatal Care in First Trimester (Percent)	26.2	 30.7		 22.1
Low Birthweight Births (Percent)	8.0	 8.2	 8.2	 7.8
Infant Death Rate	10.5	 7.5	 5.9	 6.0
Teen Birth Rate	48.1	 38.9	 36.6	
		 better	 similar	 worse
















Injury & Violence














































	Decatur County	Decatur County vs. Benchmarks		
		vs. IN	vs. US	vs. HP2020
Unintentional Injury (Age-Adjusted Death Rate)	37.0	 52.7	 46.7	 36.4
Motor Vehicle Crashes (Age-Adjusted Death Rate)	18.1	 12.3	 11.4	 12.4
% [Age 45+] Fell in the Past Year	39.2		 31.6	
Firearm-Related Deaths (Age-Adjusted Death Rate)	12.1	 14.3	 11.6	 9.3
Violent Crime Rate	282.1	 384.0	 379.7	
% Victim of Violent Crime in Past 5 Years	1.2		 3.7	
% Victim of Domestic Violence (Ever)	7.7		 14.2	
		 better	 similar	 worse










Kidney Disease










	Decatur County	Decatur County vs. Benchmarks		
		vs. IN	vs. US	vs. HP2020
Kidney Disease (Age-Adjusted Death Rate)	21.7	 18.6	 13.2	
% Kidney Disease	5.5	 3.2	 3.8	
		 better	 similar	 worse













Mental Health








	Decatur County	Decatur County vs. Benchmarks		
		vs. IN	vs. US	vs. HP2020
% "Fair/Poor" Mental Health	13.2		 13.0	
% Diagnosed Depression	19.5	 23.5	 21.6	
% Symptoms of Chronic Depression (2+ Years)	23.5		 31.4	
% Typical Day Is "Extremely/Very" Stressful	7.2		 13.4	
Suicide (Age-Adjusted Death Rate)	13.8	 15.4	 13.6	 10.2
% Taking Rx/Receiving Mental Health Trtmt	13.6		 13.9	
% Have Ever Sought Help for Mental Health	23.0		 30.8	
% [Those With Diagnosed Depression] Seeking Help	83.3		 87.1	
% Unable to Get Mental Health Svcs in Past Yr	2.8		 6.8	
		 better	 similar	 worse




















Nutrition, Physical Activity & Weight	Decatur County	Decatur County vs. Benchmarks		
		vs. IN	vs. US	vs. HP2020
% Food Insecure	18.7			
		27.9	27.9	27.9
% Eat 5+ Servings of Fruit or Vegetables per Day	22.1			
		33.5	33.5	33.5
% "Very/Somewhat" Difficult to Buy Fresh Produce	17.1			
		22.1	22.1	22.1
Population With Low Food Access (Percent)	13.1			
		25.3	22.4	22.4
% No Leisure-Time Physical Activity	40.3			
		29.8	26.2	32.6
% Meeting Physical Activity Guidelines	18.6			
		17.2	22.8	20.1
Recreation/Fitness Facilities per 100,000	7.8			
		9.3	11.0	11.0
% Healthy Weight (BMI 18.5-24.9)	16.9			
		30.2	30.3	33.9
% Overweight (BMI 25+)	82.1			
		68.0	67.8	67.8
% Obese (BMI 30+)	42.5			
		33.6	32.8	30.5
% [Overweights] Trying to Lose Weight	53.9			
		61.3	61.3	61.3
% Medical Advice on Weight in Past Year	17.8			
		24.2	24.2	24.2
% [Overweights] Counseled About Weight in Past Year	21.8			
		29.0	29.0	29.0
% Child [Age 2-17] Physically Active 1+ Hours per Day	47.7			
		50.5	50.5	50.5
				
		better	similar	worse












Oral Health	Decatur County	Decatur County vs. Benchmarks		
		vs. IN	vs. US	vs. HP2020
% Have Dental Insurance	61.1		 59.9	
% [Age 18+] Dental Visit in Past Year	63.3	 61.9	 59.7	 49.0
% Child [Age 2-17] Dental Visit in Past Year	78.5		 87.0	 49.0
		 better	 similar	 worse

Potentially Disabling Conditions	Decatur County	Decatur County vs. Benchmarks		
		vs. IN	vs. US	vs. HP2020
% Multiple Chronic Conditions	63.5		 56.8	
% [50+] Arthritis/Rheumatism	45.1		 38.3	
% [50+] Osteoporosis	9.9		 9.4	 5.3
% Sciatica/Chronic Back Pain	24.9		 22.9	
% Eye Exam in Past 2 Years	50.3		 55.3	
		 better	 similar	 worse

Respiratory Diseases	Decatur County	Decatur County vs. Benchmarks		
		vs. IN	vs. US	vs. HP2020
CLRD (Age-Adjusted Death Rate)	52.3	 55.1	 41.0	
Pneumonia/Influenza (Age-Adjusted Death Rate)	12.5	 13.4	 14.3	
% [Adult] Currently Has Asthma	10.4	 10.0	 11.8	
% [Child 0-17] Currently Has Asthma	5.4		 9.3	
% COPD (Lung Disease)	15.9	 8.6	 8.6	
		 better	 similar	 worse

Sexually Transmitted Diseases	Decatur County	Decatur County vs. Benchmarks		
		vs. IN	vs. US	vs. HP2020
Chlamydia Incidence Rate	163.6	 433.8	 456.1	
Gonorrhea Incidence Rate	11.4	 110.9	 110.7	
		 better	 similar	 worse

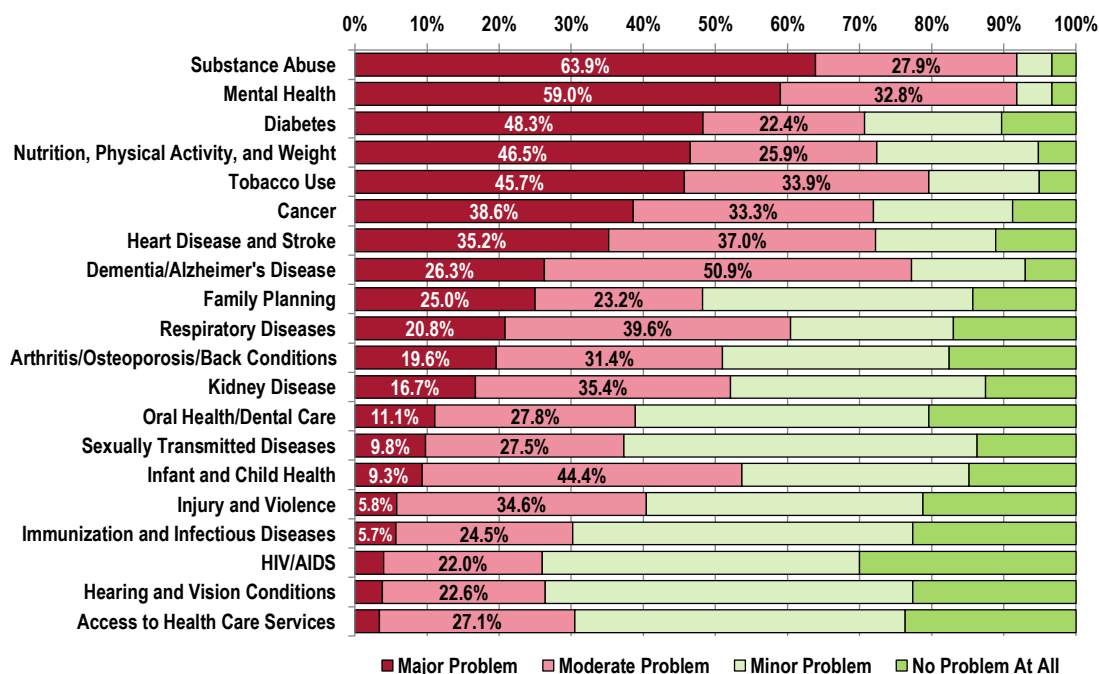
Substance Abuse	Decatur County	Decatur County vs. Benchmarks		
		vs. IN	vs. US	vs. HP2020
Cirrhosis/Liver Disease (Age-Adjusted Death Rate)	8.8	 11.4	 10.8	 8.2
% Current Drinker	48.0	 51.6	 55.0	
% Binge Drinker (Single Occasion - 5+ Drinks Men, 4+ Women)	13.3	 16.6	 20.0	 24.4
% Excessive Drinker	13.9		 22.5	 25.4
% Drinking & Driving in Past Month	2.6	 5.3	 5.2	
% Illicit Drug Use in Past Month	3.5		 2.5	 7.1
% Used Opiates/Opioids in the Past Year	23.0			
% Ever Sought Help for Alcohol or Drug Problem	3.7		 3.4	
% County Substance Abuse Services Are "Fair/Poor"	30.9			
% Life Negatively Affected by Substance Abuse	31.3		 37.3	
		 better	 similar	 worse

Tobacco Use	Decatur County	Decatur County vs. Benchmarks		
		vs. IN	vs. US	vs. HP2020
% Current Smoker	18.2	 21.1	 16.3	 12.0
% Someone Smokes at Home	19.3		 10.7	
% [Nonsmokers] Someone Smokes in the Home	7.4		 4.0	
% [Household With Children] Someone Smokes in the Home	32.4		 7.2	
% Currently Use Vaping Products	6.4	 6.0	 3.8	
		 better	 similar	 worse

Summary of Key Informant Perceptions

In the Online Key Informant Survey, community stakeholders were asked to rate the degree to which each of 20 health issues is a problem in their own community, using a scale of “major problem,” “moderate problem,” “minor problem,” or “no problem at all.” The following chart summarizes their responses; these findings also are outlined throughout this report, along with the qualitative input describing reasons for their concerns. (Note that these ratings alone do not establish priorities for this assessment; rather, they are one of several data inputs considered for the prioritization process described earlier.)

Key Informants: Relative Position of Health Topics as Problems in the Community



Community Description



Professional Research Consultants, Inc.

Population Characteristics

Total Population

Decatur County, the focus of this Community Health Needs Assessment, encompasses 372.57 square miles and houses a total population of 26,340 residents, according to latest census estimates.

Total Population
(Estimated Population, 2012-2016)

	Total Population	Total Land Area (Square Miles)	Population Density (Per Square Mile)
Decatur County	26,340	372.57	70.7
Indiana	6,589,578	35,826.63	183.93
United States	318,558,162	3,532,068.58	90.19

Sources:

- US Census Bureau American Community Survey 5-year estimates.
- Retrieved March 2019 from Community Commons at <http://www.chna.org>.

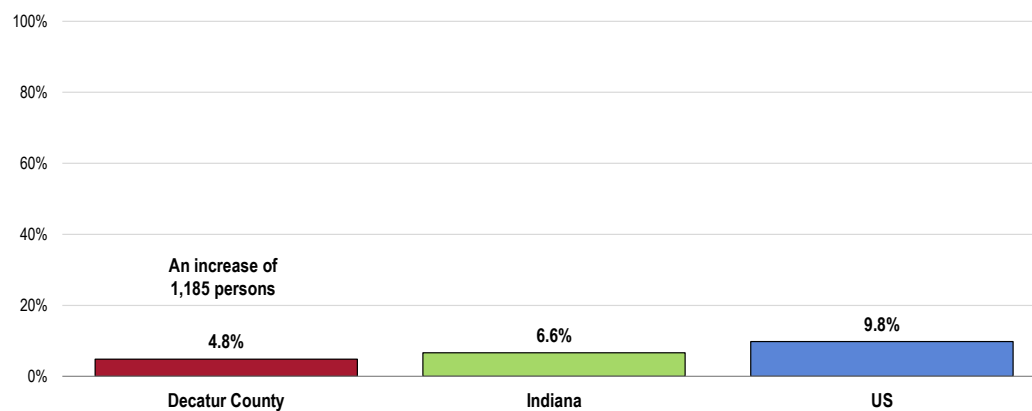
Population Change 2000-2010

A significant positive or negative shift in total population over time impacts healthcare providers and the utilization of community resources.

Between the 2000 and 2010 US Censuses, the population of Decatur County increased by 1,185 persons, or 4.8%.

- A lesser proportional increase than seen across both the state and the nation overall.

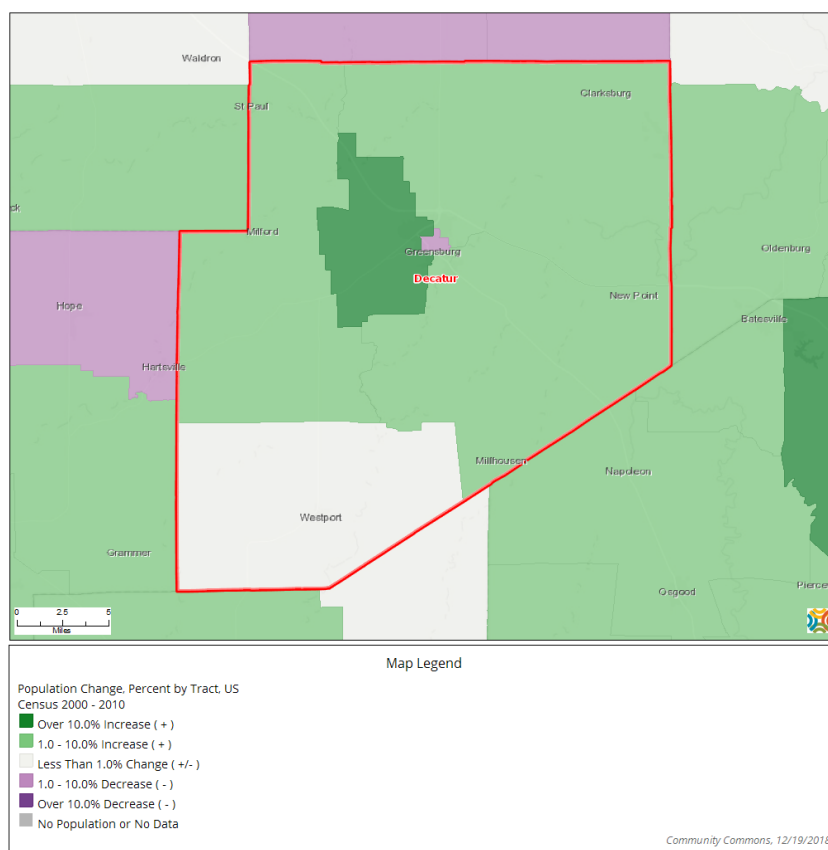
Change in Total Population (Percentage Change Between 2000 and 2010)



Sources: • Retrieved March 2019 from Community Commons at <http://www.chna.org>.
• US Census Bureau Decennial Census (2000-2010).

Notes: • A significant positive or negative shift in total population over time impacts healthcare providers and the utilization of community resources.

The greatest increases in population between 2000 and 2010 occurred in the center of the county, just to the west of Greensburg.

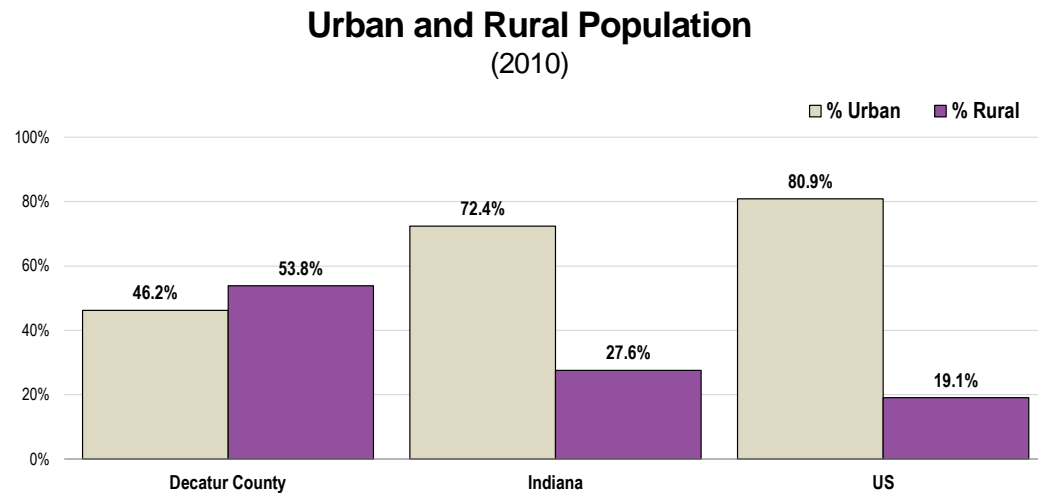


Urban/Rural Population

Urban areas are identified using population density, count, and size thresholds. Urban areas also include territory with a high degree of impervious surface (development). Rural areas are all areas that are not urban.

Decatur County is slightly more rural, with 53.8% of the population living in areas designated as rural.

- Note that at least 70% of the state and national populations live in urban areas.



Sources: • US Census Bureau Decennial Census (2010).

• Retrieved March 2019 from Community Commons at <http://www.chna.org>.

Notes: • This indicator reports the percentage of population living in urban and rural areas. Urban areas are identified using population density, count, and size thresholds. Urban areas also include territory with a high degree of impervious surface (development). Rural areas are all areas that are not urban.

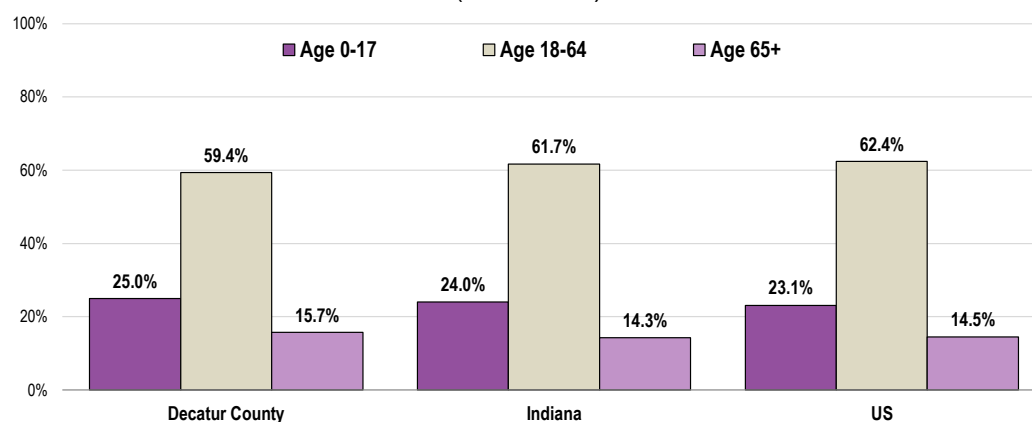
Age

It is important to understand the age distribution of the population, as different age groups have unique health needs that should be considered separately from others along the age spectrum.

In Decatur County, one-quarter (25.0%) of the population are infants, children, or adolescents (age 0-17); another 59.4% are age 18 to 64, while 15.7% are age 65 and older.

- The percentage of older adults (65+) is similar to state and US figures.

Total Population by Age Groups, Percent (2012-2016)

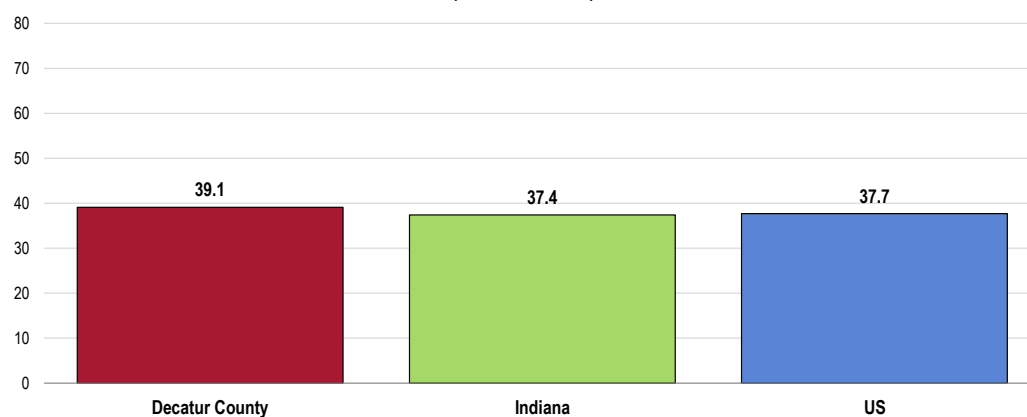


Sources: • US Census Bureau American Community Survey 5-year estimates.
• Retrieved March 2019 from Community Commons at <http://www.chna.org>.

Median Age

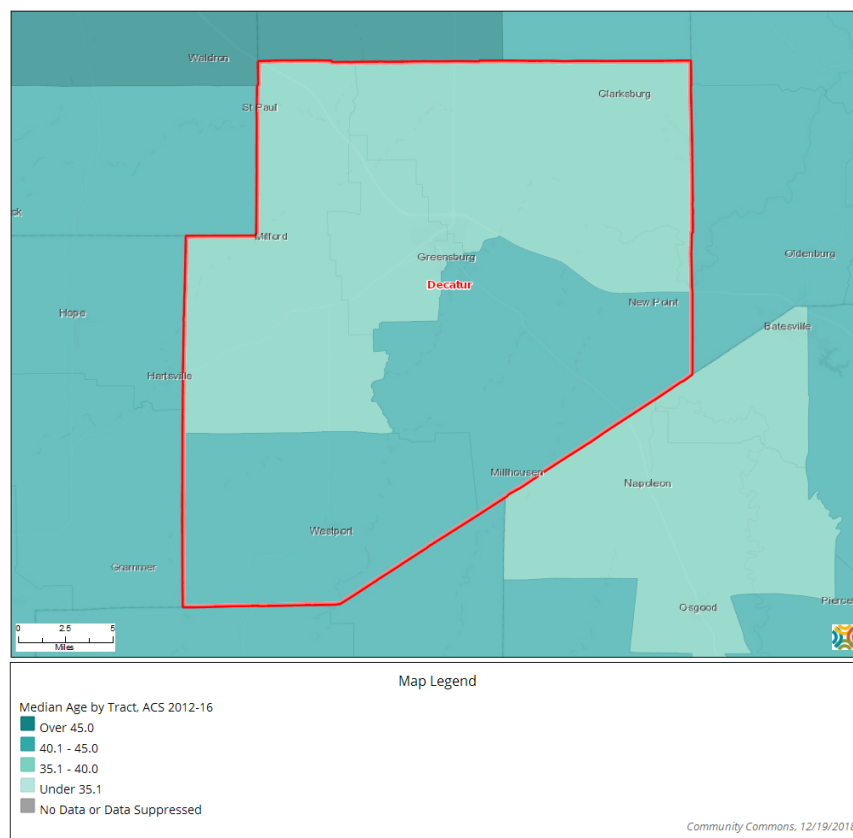
Decatur County is “older” than the state and the nation in that the median age is higher.

Median Age (2012-2016)



Sources: • US Census Bureau American Community Survey 5-year estimates.
• Retrieved March 2019 from Community Commons at <http://www.chna.org>.

- The following map provides an illustration of the median age in Decatur County, segmented by census tract.



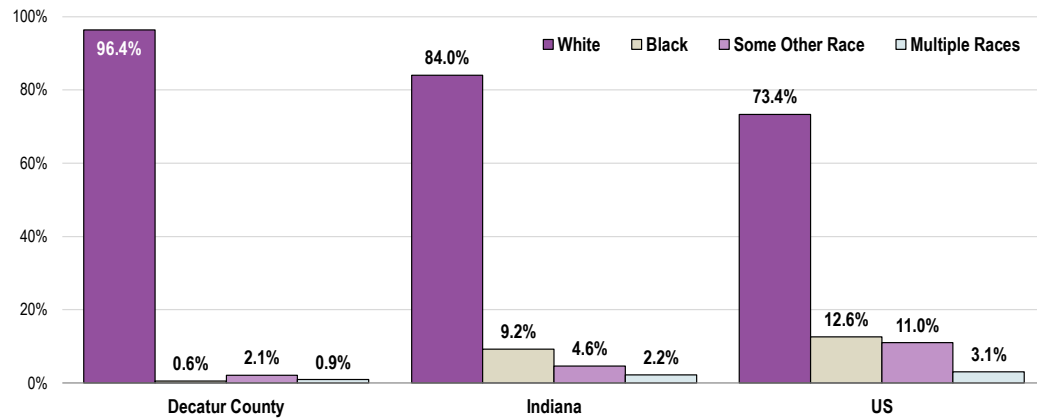
Race & Ethnicity

Race

In looking at race independent of ethnicity (Hispanic or Latino origin), 96.4% of residents of Decatur County are White and 0.6% are Black.

- This is generally similar to the White proportion seen statewide.
- Nationally, the US population is less White, more Black, and more “other” or multiple race.

Total Population by Race Alone, Percent (2012-2016)



Sources:

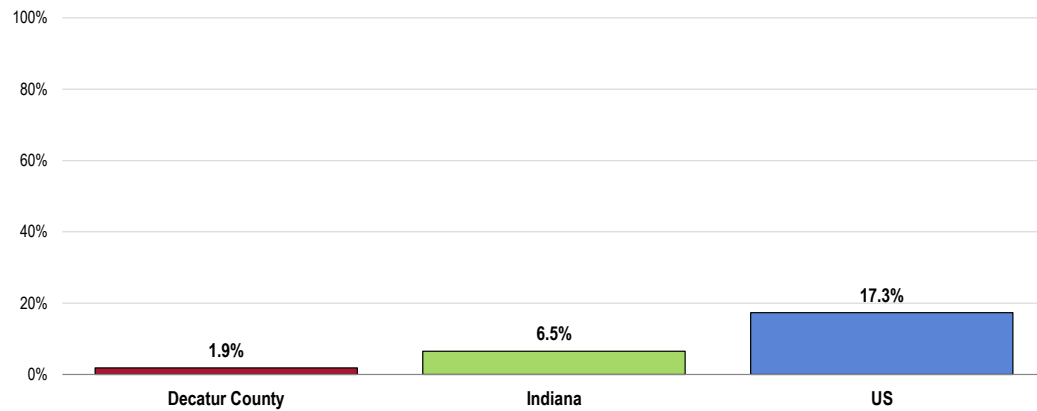
- US Census Bureau American Community Survey 5-year estimates.
- Retrieved March 2019 from Community Commons at <http://www.chna.org>.

Ethnicity

A total of 1.9% of Decatur County residents are Hispanic or Latino.

- Much lower than state and nationwide percentages.

Hispanic Population (2012-2016)



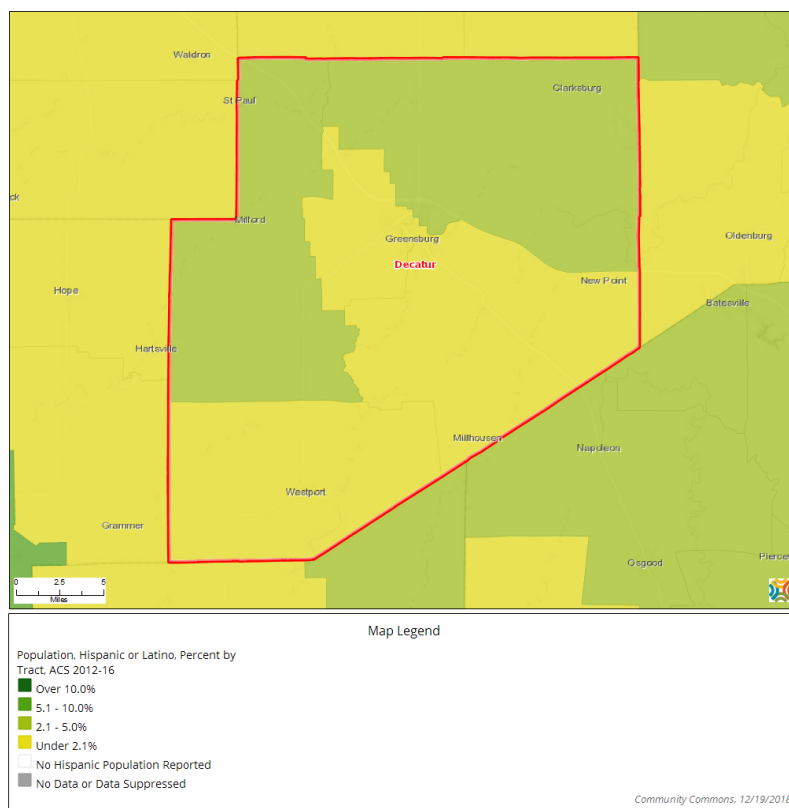
Sources:

- US Census Bureau American Community Survey 5-year estimates.
- Retrieved March 2019 from Community Commons at <http://www.chna.org>.

Notes:

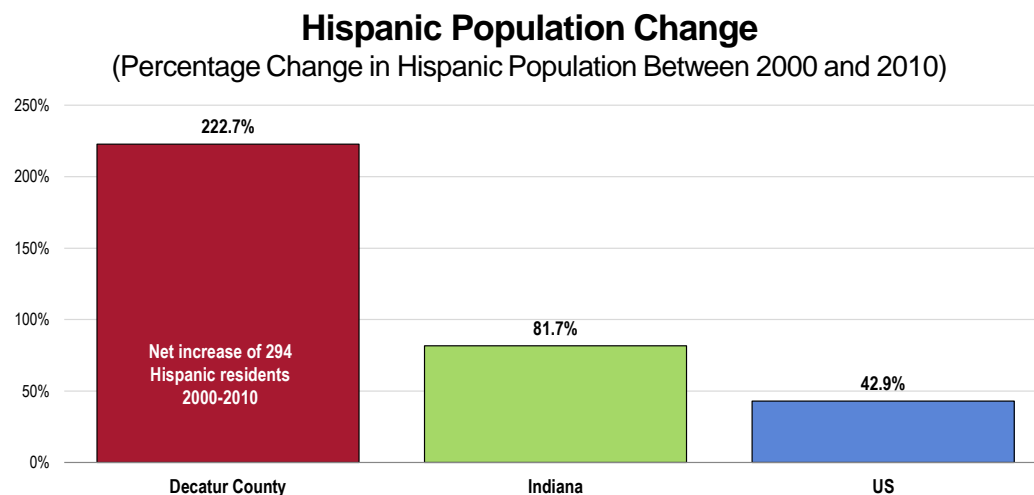
- Origin can be viewed as the heritage, nationality group, lineage, or country of birth of the person or the person's parents or ancestors before their arrival in the United States. People who identify their origin as Hispanic, Latino, or Spanish may be of any race.

- The Hispanic population appears to be most concentrated in the northern and western portions of the county.



Between 2000 and 2010, the Hispanic population in Decatur County increased by 294 or 222.7%.

- Notably higher (in terms of percentage growth) than found statewide and nationally.



Sources:

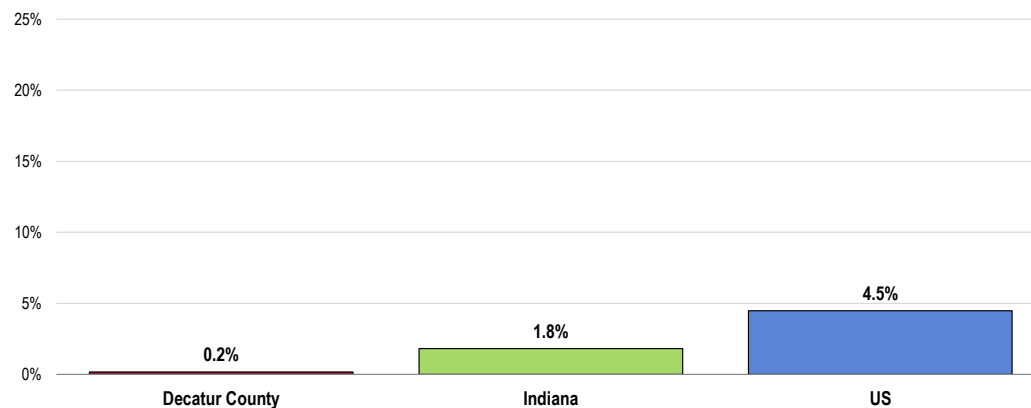
- US Census Bureau Decennial Census (2000-2010).
- Retrieved March 2019 from Community Commons at <http://www.chna.org>.

Linguistic Isolation

A total of 0.2% of the Decatur County population age 5 and older live in a home in which no person age 14 or older is proficient in English (speaking only English, or speaking English “very well”).

- Far lower than found statewide and nationally.

Linguistically Isolated Population (2012-2016)

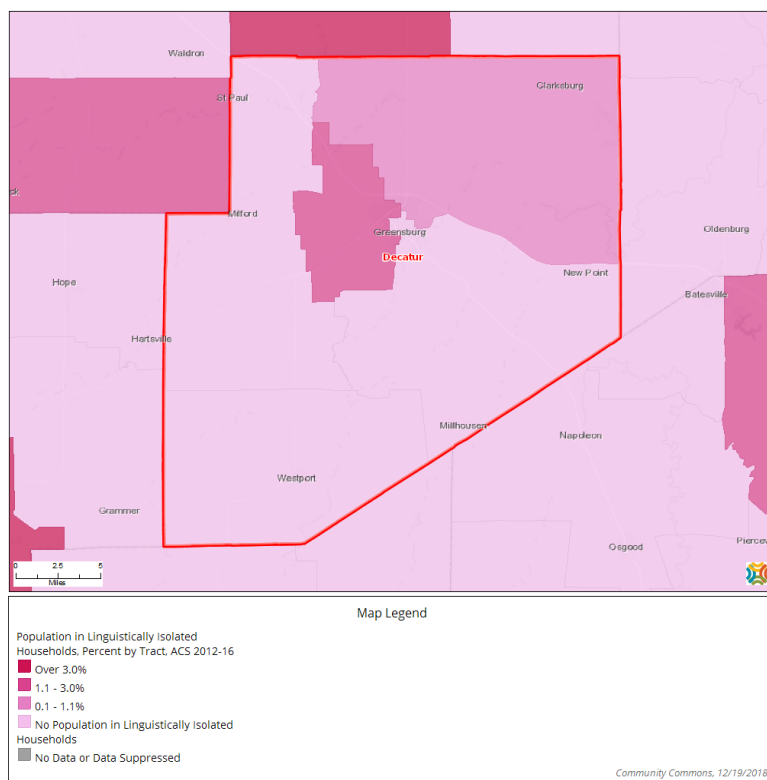


Sources: • US Census Bureau American Community Survey 5-year estimates.

• Retrieved March 2019 from Community Commons at <http://www.chna.org>.

Notes: • This indicator reports the percentage of the population age 5+ who live in a home in which no person age 14+ speaks only English, or in which no person age 14+ speak a non-English language and speak English “very well.”

- Note the following map illustrating linguistic isolation in Decatur County.



Social Determinants of Health

About Social Determinants

Health starts in our homes, schools, workplaces, neighborhoods, and communities. We know that taking care of ourselves by eating well and staying active, not smoking, getting the recommended immunizations and screening tests, and seeing a doctor when we are sick all influence our health. Our health is also determined in part by access to social and economic opportunities; the resources and supports available in our homes, neighborhoods, and communities; the quality of our schooling; the safety of our workplaces; the cleanliness of our water, food, and air; and the nature of our social interactions and relationships. The conditions in which we live explain in part why some Americans are healthier than others and why Americans more generally are not as healthy as they could be.

— Healthy People 2020 (www.healthypeople.gov)

Poverty

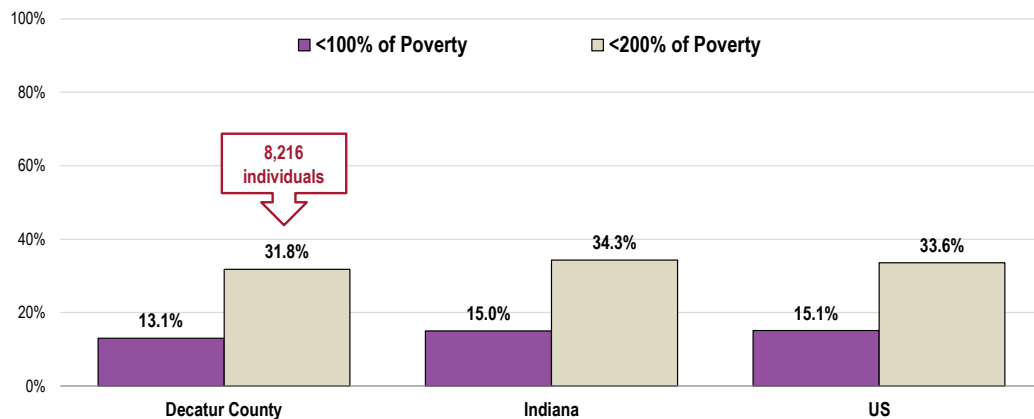
The latest census estimate shows **13.1%** of the Decatur County population living below the federal poverty level.

In all, **31.8%** of Decatur County residents (an estimated 8,216 individuals) live below 200% of the federal poverty level.

- Similar to the proportion reported statewide.
- Lower than that found nationally.

Population in Poverty

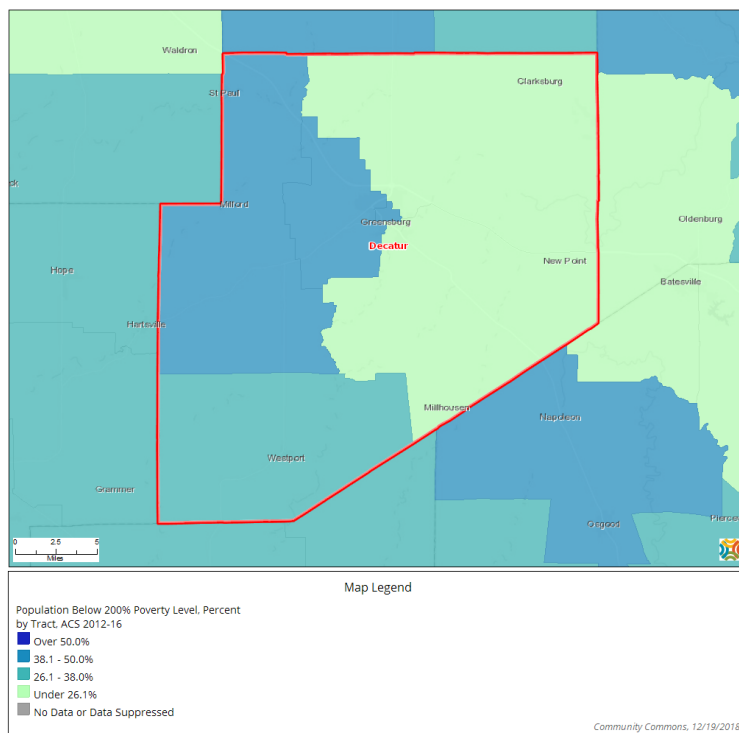
(Populations Living Below 100% and Below 200% of the Poverty Level; 2012-2016)



Sources: • US Census Bureau American Community Survey 5-year estimates.
 • Retrieved March 2019 from Community Commons at <http://www.chna.org>.

Notes: • Poverty is considered a key driver of health status. This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

- A higher concentration of persons living below the 200% poverty threshold is found in the northwestern portion of the county.

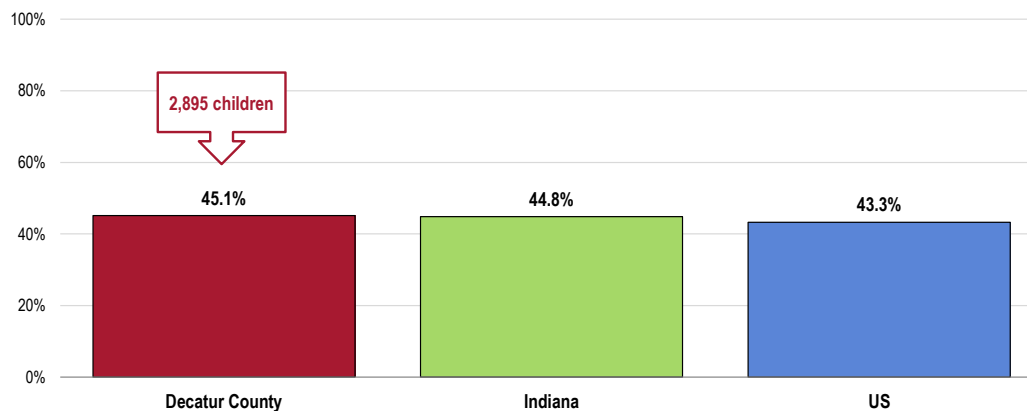


Children in Low-Income Households

Additionally, 45.1% of Decatur County children age 0-17 (representing an estimated 2,895 children) live below the 200% poverty threshold.

- Comparable to the proportions found across Indiana and the nation.

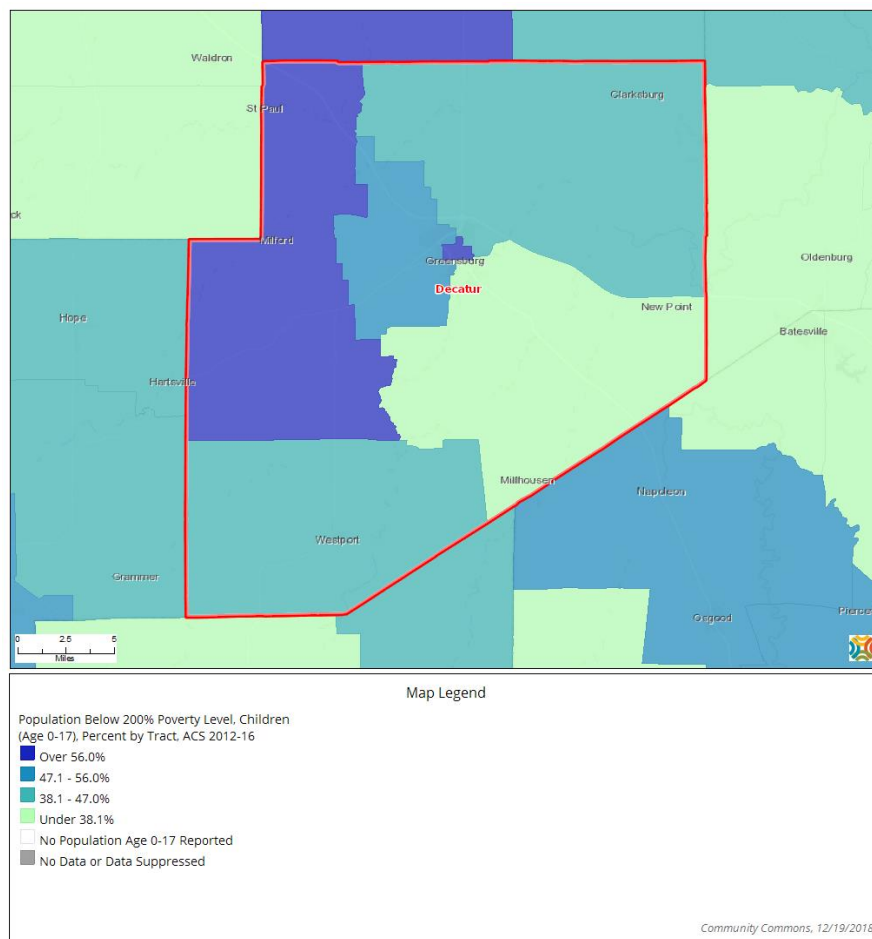
Percent of Children in Low-Income Households (Children 0-17 Living Below 200% of the Poverty Level, 2012-2016)



Sources: • US Census Bureau American Community Survey 5-year estimates.
 • Retrieved March 2019 from Community Commons at <http://www.chna.org>.

Notes: • This indicator reports the percentage of children aged 0-17 living in households with income below 200% of the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

- Geographically, a notably higher concentration of children in lower-income households is found in the northwestern portion of the county, as well as a portion just north of Greensburg.



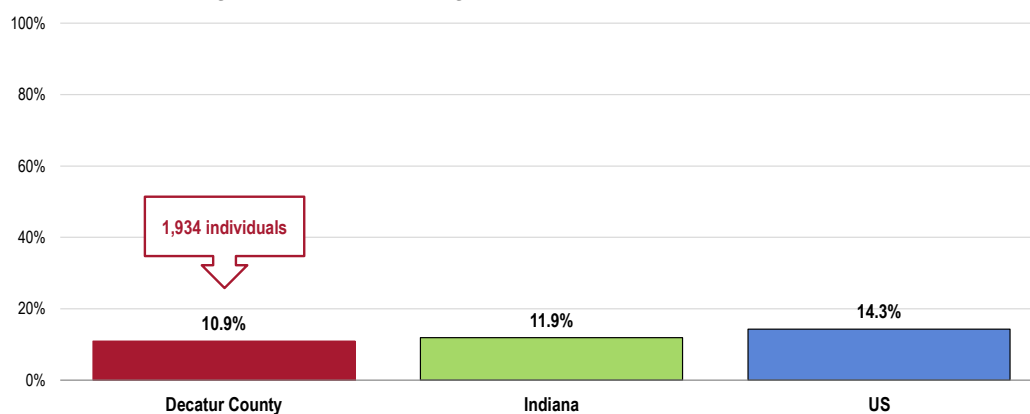
Education

Among Decatur County population age 25 and older, an estimated 10.9% (over 1,934 people) do not have a high school education.

- Similar to that found statewide.
- More favorable than found nationally.

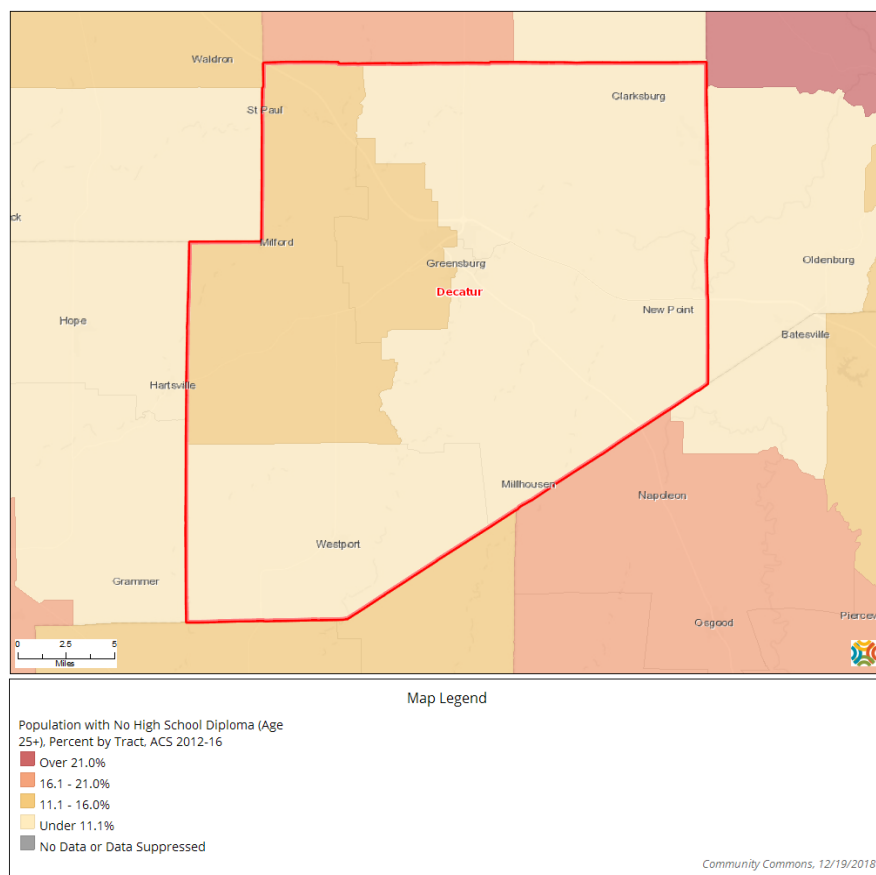
Population With No High School Diploma

(Population Age 25+ Without a High School Diploma or Equivalent, 2012-2016)



Sources: • US Census Bureau American Community Survey 5-year estimates.
 • Retrieved March 2019 from Community Commons at <http://www.chna.org>.
 Notes: • This indicator is relevant because educational attainment is linked to positive health outcomes.

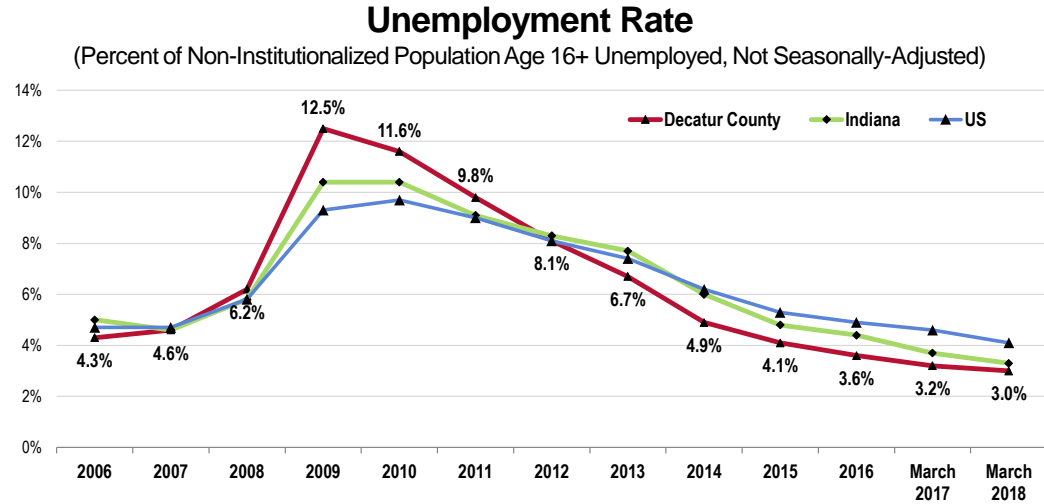
- Note the concentration of population without a high school diploma by census tract.



Employment

According to data derived from the US Department of Labor, the unemployment rate in Decatur County as of March 2018 was 3.0%.

- Comparable to the statewide unemployment rate.
- More favorable than the national unemployment rate.

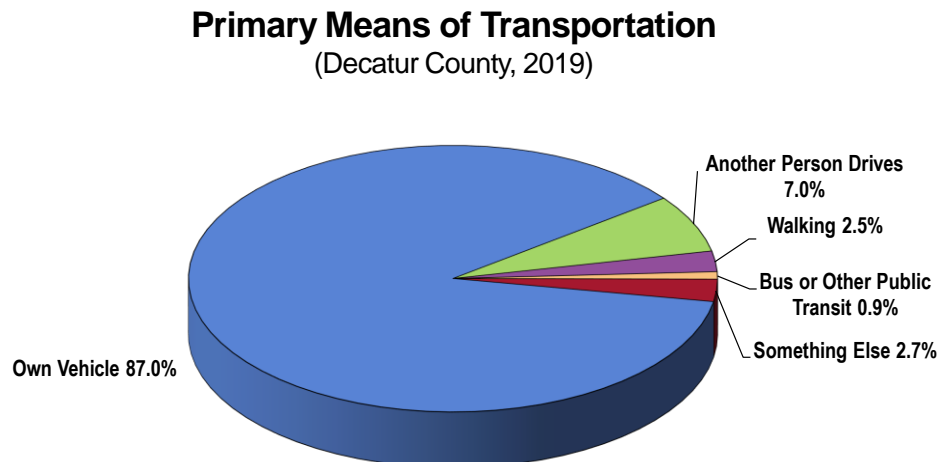


Sources: • US Department of Labor, Bureau of Labor Statistics.
 • Retrieved March 2019 from Community Commons at <http://www.chna.org>.
 Notes: • This indicator is relevant because unemployment creates financial instability and barriers to access including insurance coverage, health services, healthy food, and other necessities that contribute to poor health status.

Primary Means of Transportation

Most Decatur County adults (87.0%) rely on their own vehicle as their primary means of transportation.

- A total of 7.0% rely on **someone else to drive them**, 2.5% primarily **walk**, 0.9% use **public transportation**, and 2.7% use **something else** not specifically measured.

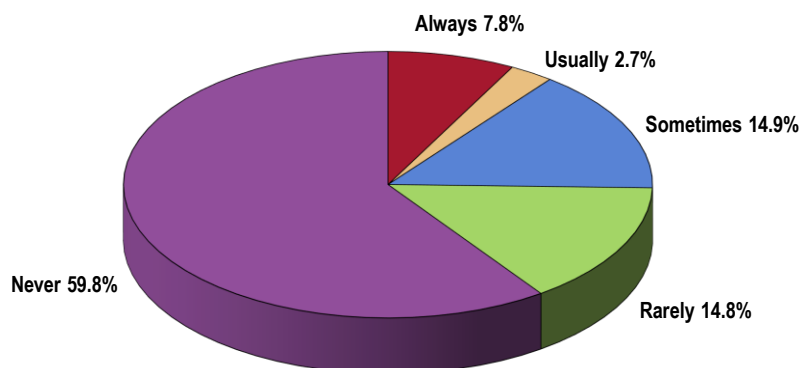


Sources: • 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 305]
 Notes: • Asked of all respondents.

Housing Insecurity

While most surveyed adults rarely, if ever, worry about the cost of housing, one-quarter (25.4%) reported that they were “sometimes,” “usually,” or “always” worried or stressed about having enough money to pay their rent or mortgage in the past year.

**Frequency of Worry or Stress
Over Paying Rent/Mortgage in the Past Year**
(Decatur County, 2019)



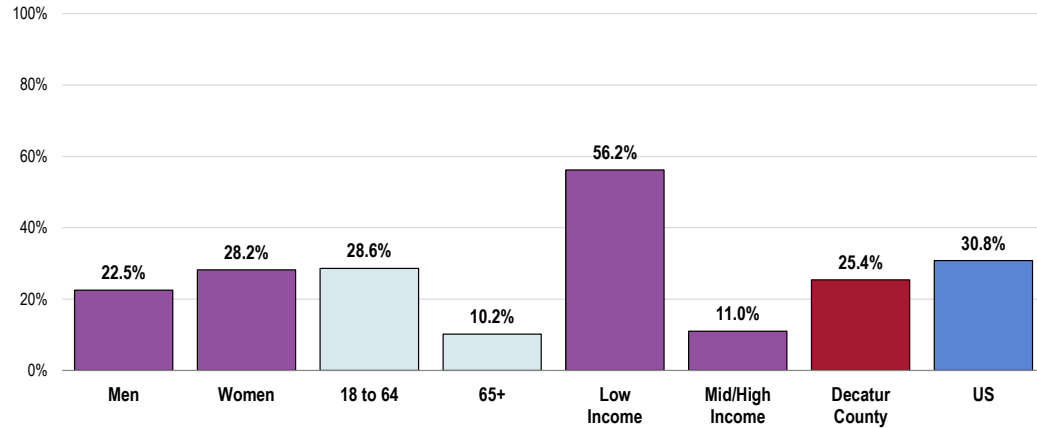
Sources: • 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 71]
Notes: • Asked of all respondents.

NOTE:

Differences noted in the text represent significant differences determined through statistical testing.

- The Decatur County proportion of adults who worried about paying for rent or mortgage in the past year is similar to the US prevalence.
- Low-income adults are notably more likely to report housing insecurity, as are adults under age 65.
- The difference by sex, as illustrated in the following chart, is not statistically significant.

“Always/Usually/Sometimes” Worried About Paying Rent/Mortgage in the Past Year (Decatur County, 2019)



Sources: • 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 71]

• 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

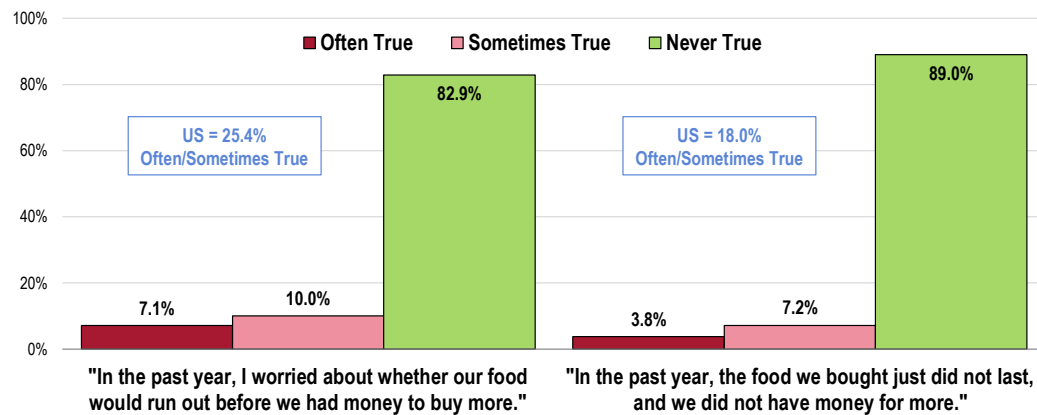
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Food Insecurity

In the past year, 17.1% of Decatur County adults “often” or “sometimes” worried about whether their food would run out before they had money to buy more.

Another 11.0% report a time in the past year (“often” or “sometimes”) when the food they bought just did not last, and they did not have money to get more.

Food Insecurity (Decatur County, 2019)



Sources: • 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 87-88]

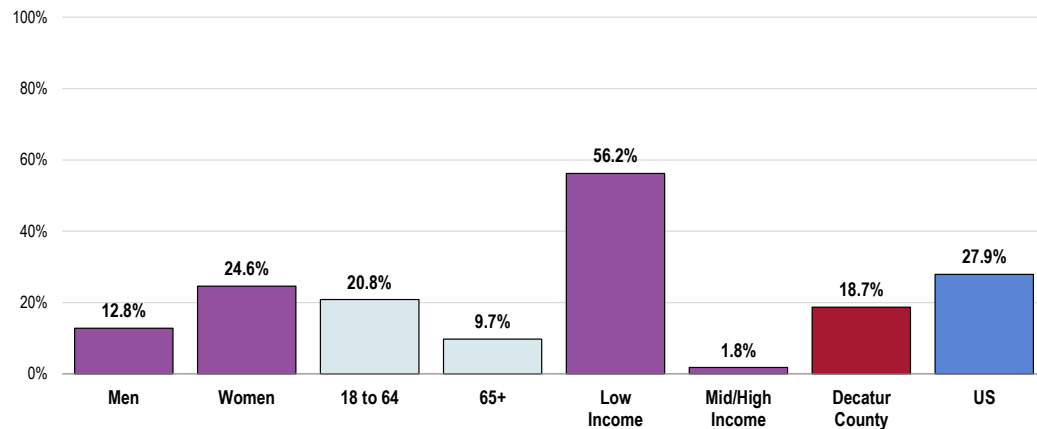
• 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Reflects the total sample of respondents.

Overall, 18.7% of community residents are determined to be “food insecure,” having run out of food in the past year and/or been worried about running out of food.

- Compared to US data, food insecurity in Decatur County is lower.
- Note the 56.2% of low-income residents reporting food insecurity (compared to 1.8% of those at higher incomes). Women and those under age 65 are also more likely to report food insecurity.

Food Insecurity (Decatur County, 2019)



Sources: • 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 149]

• 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

• Includes adults who A) ran out of food at least once in the past year and/or B) worried about running out of food in the past year.

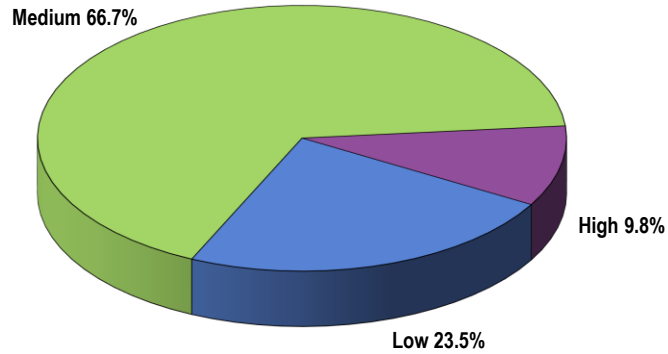
Health Literacy

Population With Low Health Literacy

A total of 23.5% Decatur County adults are found to have low health literacy.

Low health literacy is defined as those respondents who “seldom/never” find written or spoken health information easy to understand, and/or who “always/nearly always” need help reading health information, and/or who are “not at all confident” in filling out health forms.

Level of Health Literacy (Decatur County, 2019)



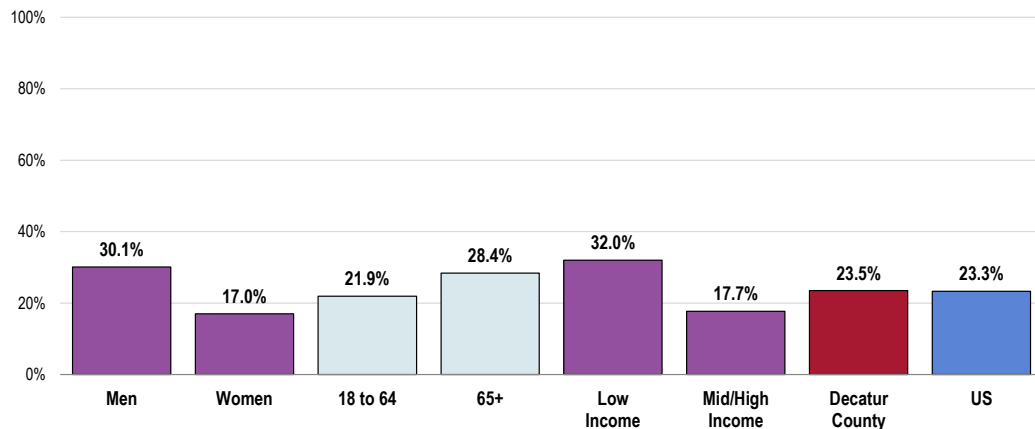
Sources: • 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 172]

Notes: • Asked of all respondents.

• Respondents with low health literacy are those who “seldom/never” find written or spoken health information easy to understand, and/or who “always/nearly always” need help reading health information, and/or who are “not at all confident” in filling out health forms.

- Comparable to national findings.
- By demographics, men are more likely to report low levels of health literacy.

Low Health Literacy (Decatur County, 2019)



Sources: • 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 172]

Notes: • 2017 PRC National Health Survey, Professional Research Consultants, Inc.

• Asked of all respondents.

• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

• Respondents with low health literacy are those who “seldom/never” find written or spoken health information easy to understand, and/or who “always/nearly always” need help reading health information, and/or who are “not at all confident” in filling out health forms.

Understanding Health Information

Respondents were read:

"You can find written health information on the internet, in newspapers and magazines, on medications, at the doctor's office, in clinics, and many other places.

How often is health information written in a way that is easy for you to understand?

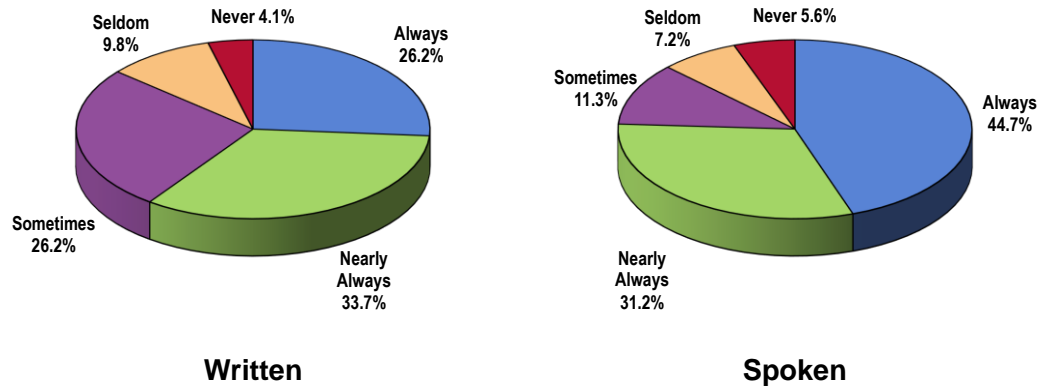
How often is health information spoken in a way that is easy for you to understand?"

The following individual measures are used to determine the health literacy levels described above.

Written & Spoken Information

While a majority of Decatur County adults generally find health information to be easy to understand, 13.9% experience considerable difficulty with written health information and 12.8% experience considerable difficulty with spoken health information (responding "seldom" or "never" easy to understand).

Frequency With Which Health Information Is _____ in a Way That is Easy to Understand (Decatur County, 2019)



Sources: • 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 74, 76]
Notes: • Asked of all respondents.

Reading Health Information & Completing Health Forms

Respondents were read:

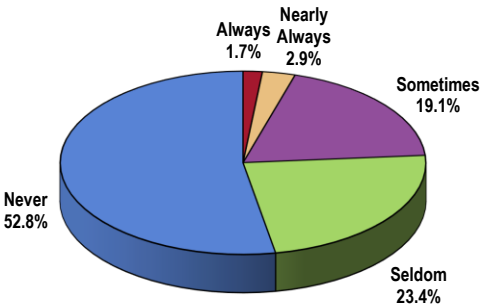
"People who might help you read health information include family members, friends, caregivers, doctors, nurses, or other health professionals. How often do you need to have someone help you read health information?"

"Health forms include insurance forms, questionnaires, doctor's office forms, and other forms related to health and health care. In general, how confident are you in your ability to fill out health forms yourself?"

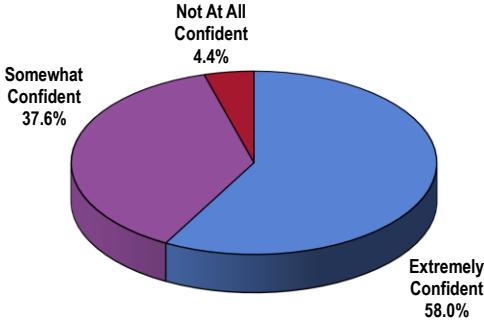
A total of 4.6% of Decatur County adults "always" or "nearly always" need to have someone help them read health information.

A total of 4.4% of adults are "not at all confident" in their ability to fill out health forms by themselves.

**Frequency of Needing Help
Reading Health Information**
(Decatur County, 2019)



**Confidence in Ability
to Fill Out Health Forms**
(Decatur County, 2019)



Sources: • 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 75, 77]
Notes: • Asked of all respondents.
• In this case, health forms include insurance forms, questionnaires, doctor's office forms, and other forms related to health and healthcare.

General Health Status



Professional Research Consultants, Inc.

Overall Health Status

Evaluation of Health Status

The initial inquiry of the PRC Community Health Survey asked respondents the following:

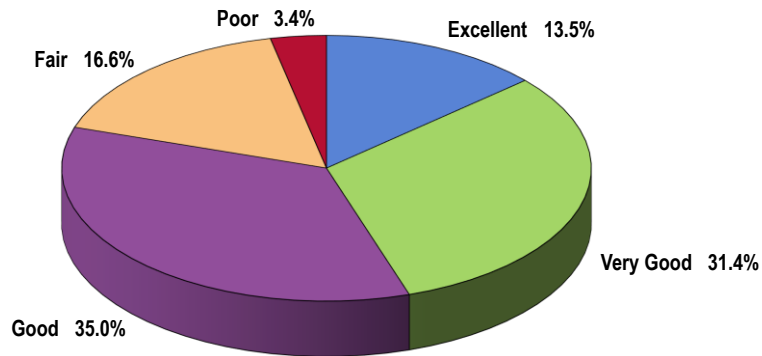
"Would you say that in general your health is: excellent, very good, good, fair, or poor?"

A total of 44.9% of Decatur County adults rate their overall health as "excellent" or "very good."

- Another 35.0% gave "good" ratings of their overall health.

Self-Reported Health Status

(Decatur County, 2019)

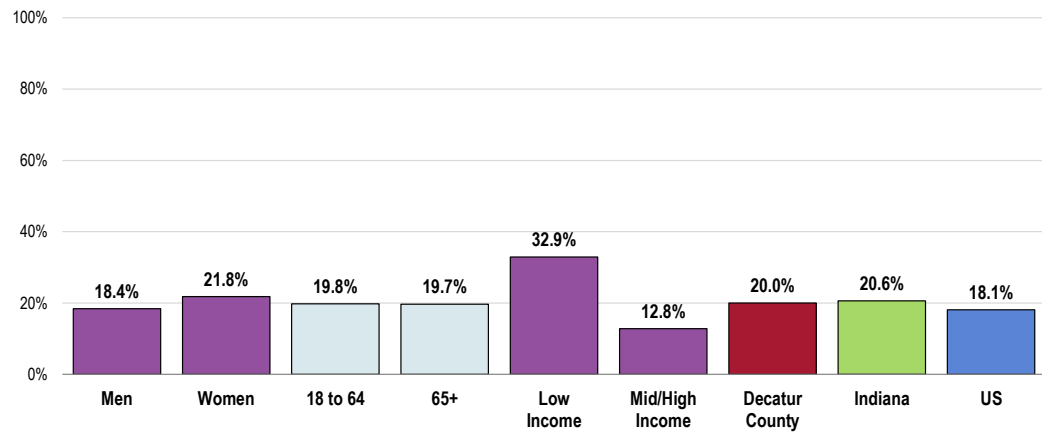


Sources: • 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]
Notes: • Asked of all respondents.

However, 20.0% of Decatur County adults believe that their overall health is "fair" or "poor."

- Comparable to statewide and national findings.
- Low-income adults are significantly more likely to report experiencing "fair" or "poor" overall health.

Experience “Fair” or “Poor” Overall Health (Decatur County, 2019)



- Sources:
- 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2017 Indiana data.
 - 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- Notes:
- Asked of all respondents.
 - Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Activity Limitations

About Disability & Health

An individual can get a disabling impairment or chronic condition at any point in life. Compared with people without disabilities, people with disabilities are more likely to:

- Experience difficulties or delays in getting the health care they need.
- Not have had an annual dental visit.
- Not have had a mammogram in past 2 years.
- Not have had a Pap test within the past 3 years.
- Not engage in fitness activities.
- Use tobacco.
- Be overweight or obese.
- Have high blood pressure.
- Experience symptoms of psychological distress.
- Receive less social-emotional support.
- Have lower employment rates.

There are many social and physical factors that influence the health of people with disabilities. The following three areas for public health action have been identified, using the International Classification of Functioning, Disability, and Health (ICF) and the three World Health Organization (WHO) principles of action for addressing health determinants.

- **Improve the conditions of daily life** by: encouraging communities to be accessible so all can live in, move through, and interact with their environment; encouraging community living; and removing barriers in the environment using both physical universal design concepts and operational policy shifts.
- **Address the inequitable distribution of resources among people with disabilities and those without disabilities** by increasing: appropriate health care for people with disabilities; education and work opportunities; social participation; and access to needed technologies and assistive supports.
- **Expand the knowledge base and raise awareness about determinants of health for people with disabilities** by increasing: the inclusion of people with disabilities in public health data collection efforts across the lifespan; the inclusion of people with disabilities in health promotion activities; and the expansion of disability and health training opportunities for public health and health care professionals.

— Healthy People 2020 (www.healthypeople.gov)

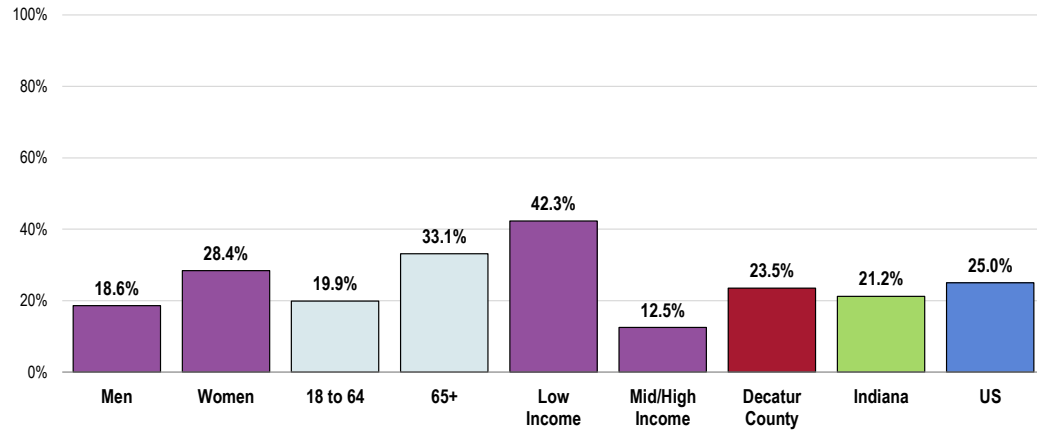
A total of 23.5% of Decatur County adults are limited in some way in some activities due to a physical, mental, or emotional problem.

- Similar to the state and national prevalence.
- Notably high among low-income residents.

RELATED ISSUE:

See also *Potentially Disabling Conditions* in the **Death, Disease & Chronic Conditions** section of this report.

Limited in Activities in Some Way Due to a Physical, Mental or Emotional Problem (Decatur County, 2019)



Sources:

- 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 109]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2015 Indiana data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

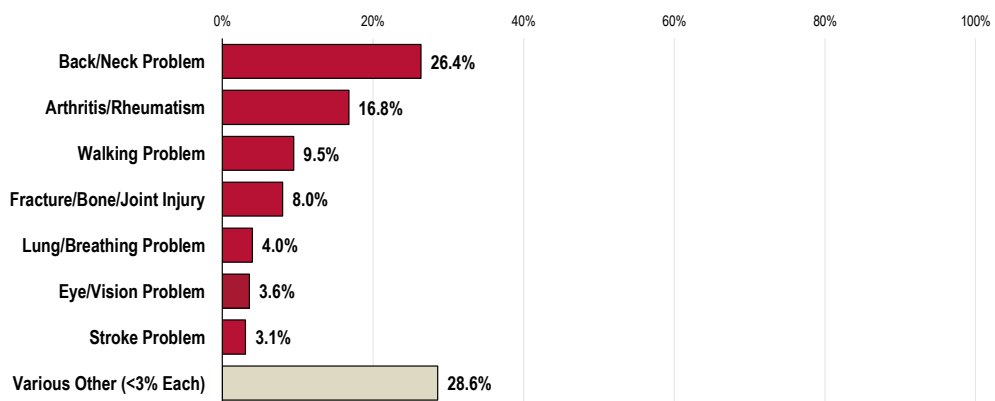
Notes:

- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Among persons reporting activity limitations, these are most often attributed to musculo-skeletal issues, such as back/neck problems, arthritis/rheumatism, difficulty walking, or fractures or bone/joint injuries.

Other limitations noted with some frequency include those lung/breathing problems, eye/vision problems, or stroke problems.

Type of Problem That Limits Activities (Among Those Reporting Activity Limitations; Decatur County, 2019)



Sources:

- 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 110]

Notes:

- Asked of those respondents reporting activity limitations.

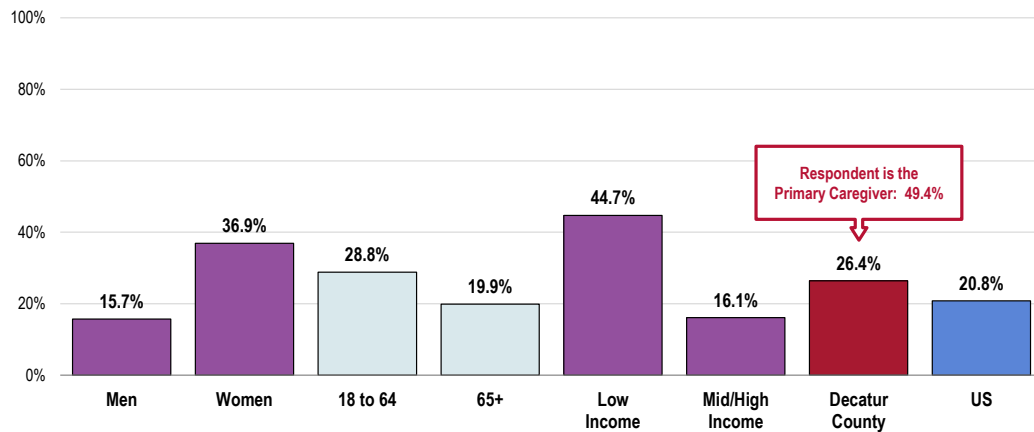
Caregiving

Over a quarter (26.4%) of Decatur County adults currently provide care or assistance to a friend or family member who has a health problem, long-term illness, or disability.

- Statistically similar to the national finding.
- Most common among low-income residents and women.

Of these adults, 49.4% are the **primary** caregiver for the individual receiving care.

Act as Caregiver to a Friend or Relative with a Health Problem, Long-Term Illness, or Disability (Decatur County, 2019)



Sources:

- 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 111, 113]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

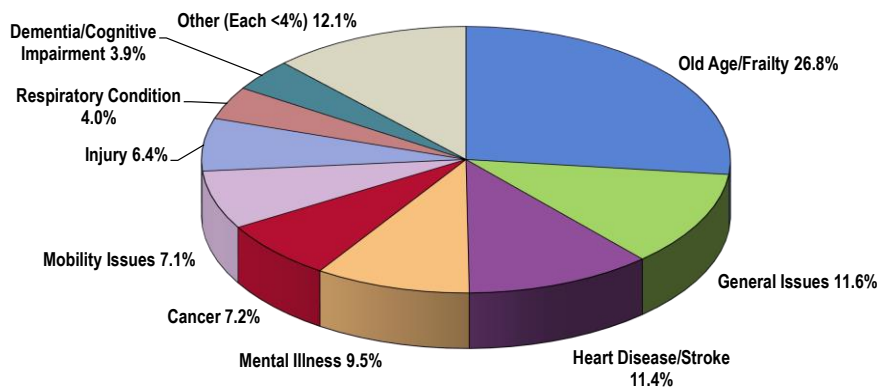
Notes:

- Asked of all respondents.

- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

For those who provide care or assistance, the top health issues affecting those receiving their care include **old age/frailty** (26.8%), **general issues** (11.6%), **heart disease/stroke** (11.4%), and **mental illness** (9.5%).

Primary Health Issue of Person Receiving Care or Assistance (Among Caregivers Providing Regular Care to a Friend/Family Member; Decatur County, 2019)



Sources: • 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 112]

Notes: • Asked of those respondents reporting providing regular care or assistance to a friend or family member with a health problem, long-term illness, or disability.

Mental Health

About Mental Health & Mental Disorders

Mental health is a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with challenges. Mental health is essential to personal well-being, family and interpersonal relationships, and the ability to contribute to community or society. Mental disorders are health conditions that are characterized by alterations in thinking, mood, and/or behavior that are associated with distress and/or impaired functioning. Mental disorders contribute to a host of problems that may include disability, pain, or death. Mental illness is the term that refers collectively to all diagnosable mental disorders. Mental disorders are among the most common causes of disability. The resulting disease burden of mental illness is among the highest of all diseases.

Mental health and physical health are closely connected. Mental health plays a major role in people's ability to maintain good physical health. Mental illnesses, such as depression and anxiety, affect people's ability to participate in health-promoting behaviors. In turn, problems with physical health, such as chronic diseases, can have a serious impact on mental health and decrease a person's ability to participate in treatment and recovery.

The existing model for understanding mental health and mental disorders emphasizes the interaction of social, environmental, and genetic factors throughout the lifespan. In behavioral health, researchers identify: **risk factors**, which predispose individuals to mental illness; and **protective factors**, which protect them from developing mental disorders. Researchers now know that the prevention of mental, emotional, and behavioral (MEB) disorders is inherently interdisciplinary and draws on a variety of different strategies. Over the past 20 years, research on the prevention of mental disorders has progressed. The major areas of progress include evidence that:

- MEB disorders are common and begin early in life.
- The greatest opportunity for prevention is among young people.
- There are multiyear effects of multiple preventive interventions on reducing substance abuse, conduct disorder, antisocial behavior, aggression, and child maltreatment.
- The incidence of depression among pregnant women and adolescents can be reduced.
- School-based violence prevention can reduce the base rate of aggressive problems in an average school by 25 to 33%.
- There are potential indicated preventive interventions for schizophrenia.
- Improving family functioning and positive parenting can have positive outcomes on mental health and can reduce poverty-related risk.
- School-based preventive interventions aimed at improving social and emotional outcomes can also improve academic outcomes.
- Interventions targeting families dealing with adversities, such as parental depression or divorce, can be effective in reducing risk for depression in children and increasing effective parenting.
- Some preventive interventions have benefits that exceed costs, with the available evidence strongest for early childhood interventions.
- Implementation is complex, and it is important that interventions be relevant to the target audiences.
- In addition to advancements in the prevention of mental disorders, there continues to be steady progress in treating mental disorders as new drugs and stronger evidence-based outcomes become available.

— Healthy People 2020 (www.healthypeople.gov)

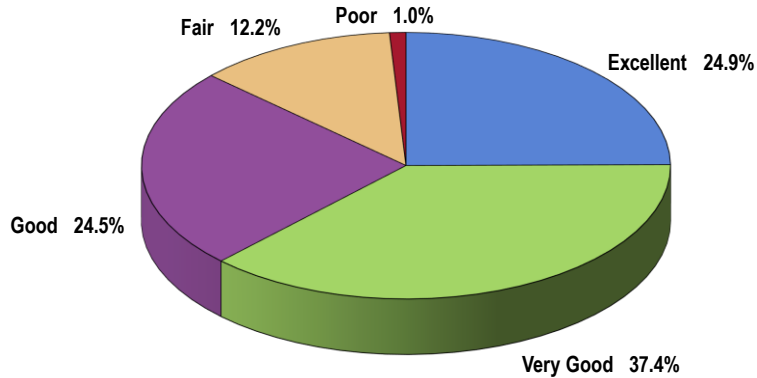
"Now thinking about your mental health, which includes stress, depression and problems with emotions, would you say that, in general, your mental health is: excellent, very good, good, fair or poor?"

Evaluation of Mental Health Status

A total of 62.3% of Decatur County adults rate their overall mental health as "excellent" or "very good."

- Another 24.5% gave "good" ratings of their own mental health status.

Self-Reported Mental Health Status (Decatur County, 2019)

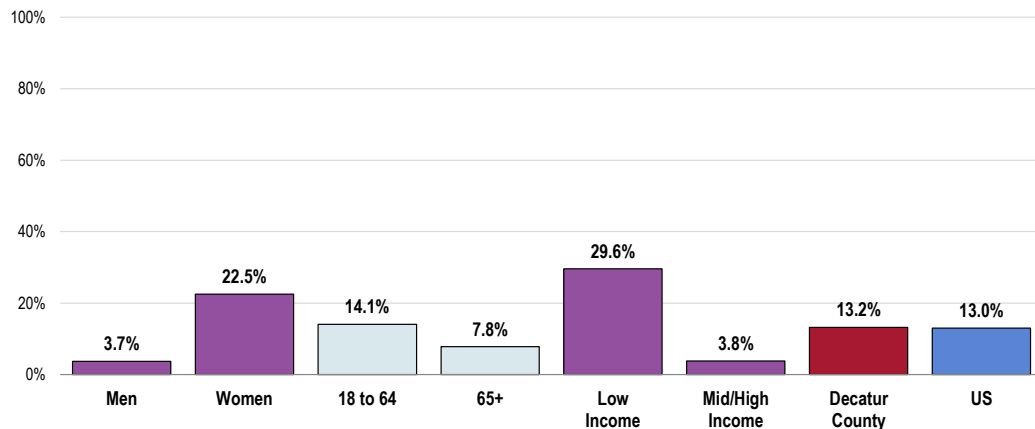


Sources: • 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 99]
Notes: • Asked of all respondents.

A total of 13.2% of Decatur County adults, however, believe that their overall mental health is "fair" or "poor."

- Similar to the "fair/poor" response reported nationally.
- "Fair/poor" ratings of mental health are highest among women and low-income adults.

Experience "Fair" or "Poor" Mental Health (Decatur County, 2019)



Sources: • 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 99]
• 2017 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

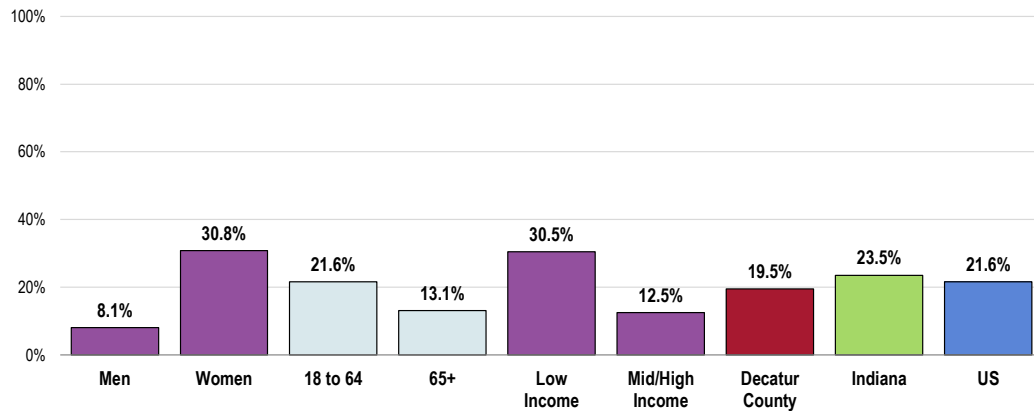
Depression

Diagnosed Depression

A total of 19.5% of Decatur County adults have been diagnosed by a physician as having a depressive disorder (such as depression, major depression, dysthymia, or minor depression).

- Similar to the state and national findings.
- Most common among women and low-income residents.

Have Been Diagnosed With a Depressive Disorder (Decatur County, 2019)



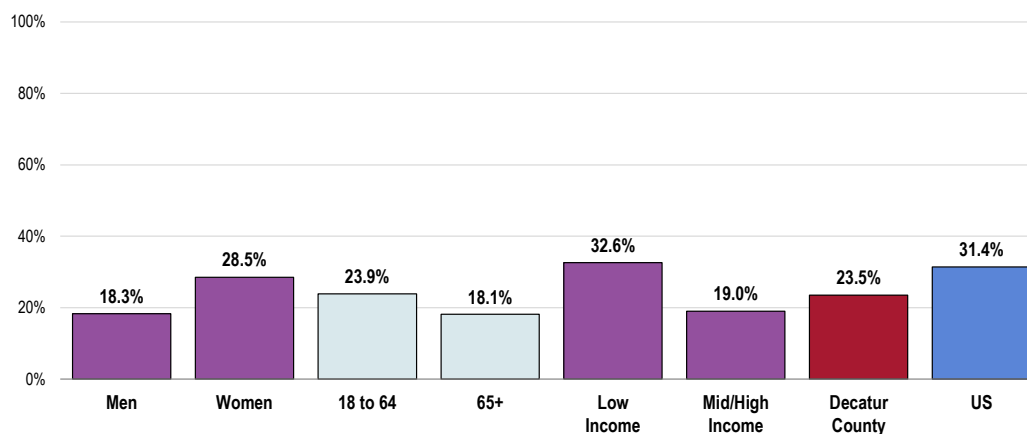
- Sources:
- 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 102]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2017 Indiana data.
 - 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- Notes:
- Asked of all respondents.
 - Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
 - Depressive disorders include depression, major depression, dysthymia, or minor depression.

Symptoms of Chronic Depression

A total of 23.5% of Decatur County adults have had two or more years in their lives when they felt depressed or sad on most days, although they may have felt okay sometimes (symptoms of chronic depression).

- More favorable than national findings.
- No significant differences by the following demographics.

Have Experienced Symptoms of Chronic Depression (Decatur County, 2019)



Sources: • 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 100]
• 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.
• Chronic depression includes periods of two or more years during which the respondent felt depressed or sad on most days, even if (s)he felt okay sometimes.
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Stress

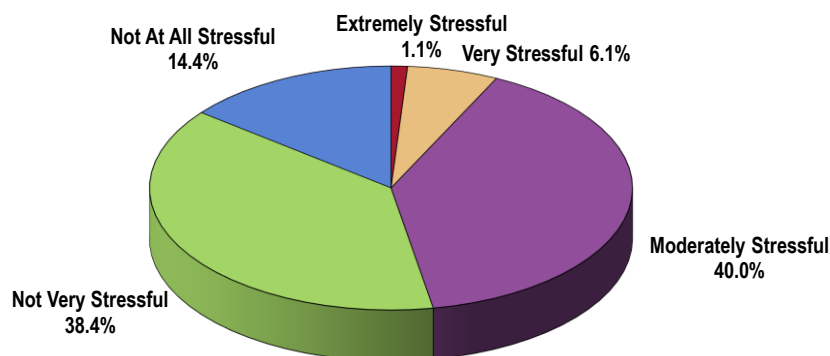
More than one-half of Decatur County adults considers a typical day to be "not very stressful" (38.4%) or "not at all stressful" (14.4%).

RELATED ISSUE:

See also *Substance Abuse* in the **Modifiable Health Risks** section of this report.

- Another 40.0% of survey respondents characterize a typical day as "moderately stressful."

Perceived Level of Stress On a Typical Day (Decatur County, 2019)

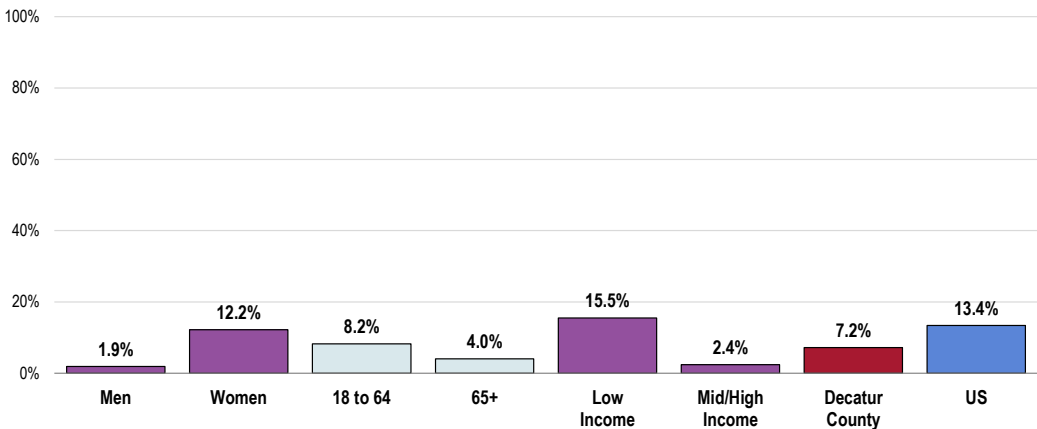


Sources: • 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 101]
Notes: • Asked of all respondents.

In contrast, 7.2% of Decatur County adults experience “very” or “extremely” stressful days on a regular basis.

- More favorable than national findings.
- Note that high stress levels are more prevalent among low-income adults and women.

Perceive Most Days as “Extremely” or “Very” Stressful
(Decatur County, 2019)



Sources:

- 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 101]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

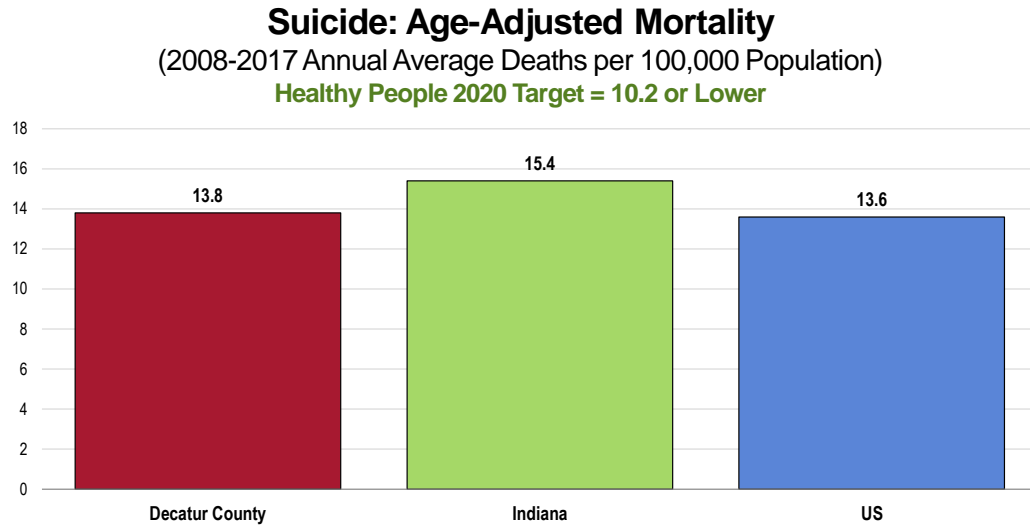
Notes:

- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Suicide

Between 2008 and 2017, there was an annual average age-adjusted suicide rate of 13.8 deaths per 100,000 population in Decatur County.

- Similar to the statewide and national rates.
- Fails to satisfy the Healthy People 2020 target of 10.2 or lower.



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2019.
• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MHMD-1]

Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

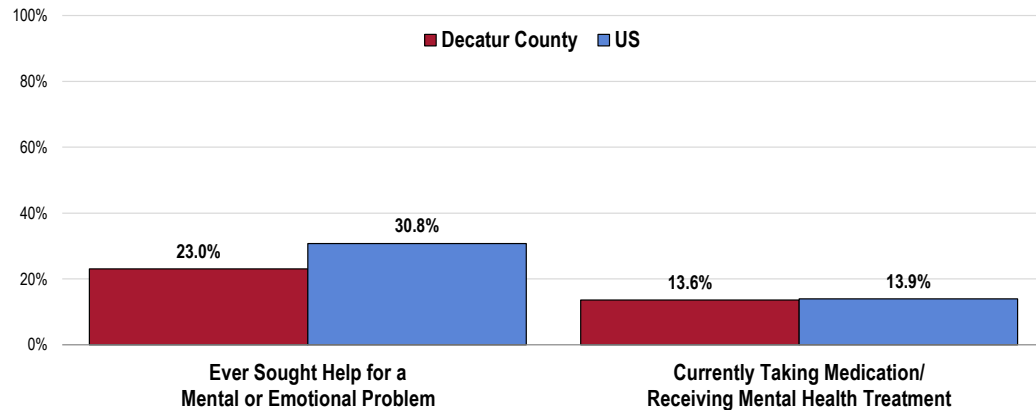
Mental Health Treatment

A total of 23.0% of Decatur County adults acknowledge having ever sought professional help for a mental or emotional problem.

A total of 13.6% are currently taking medication or receiving treatment from a doctor or other health professional for some type of mental health condition or emotional problem.

- Compared to national findings, the prevalence of Decatur County adults who have sought help for mental health issues is lower (those receiving treatment is similar to the national prevalence).

Mental Health Treatment



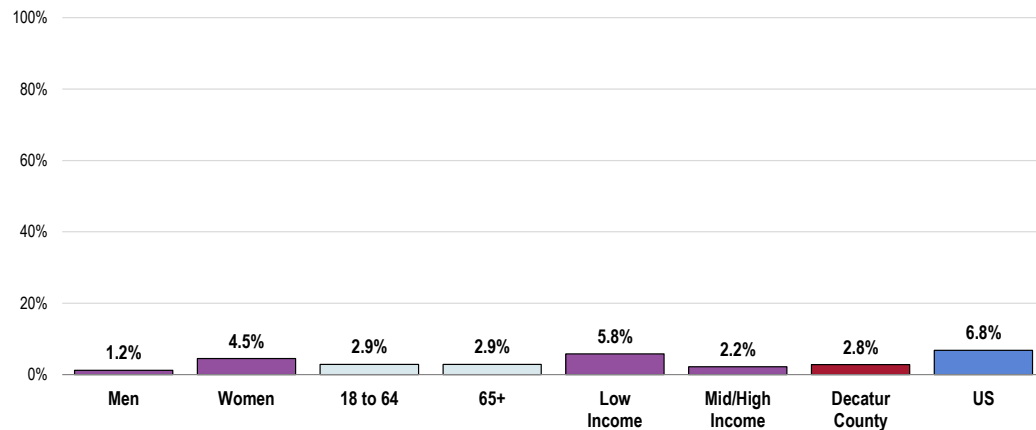
Sources: • 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 103-104]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Reflects the total sample of respondents.

Difficulty Accessing Mental Health Services

A total of 2.8% of Decatur County adults report a time in the past year when they needed mental health services, but were not able to get them.

- More favorable than the national finding.
- No significant differences by demographics.

Unable to Get Mental Health Services When Needed in the Past Year (Decatur County, 2019)



Sources: • 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 105]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Among the few persons citing difficulties accessing mental health services in the past year, the top barrier mentioned was **poor availability** (not shown).

Key Informant Input: Mental Health

Just under six in 10 key informants taking part in an online survey characterized *Mental Health* as a “major problem” in the community.

Perceptions of Mental Health as a Problem in the Community (Key Informants, 2019)

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Access to Care/Services

Treatment and access to local treatment facilities. But I also wonder how people with possible mental health issues are being diagnosed or even sought out. Are people waiting until an issue arrives before seeking help? Are officials like law enforcement recognizing mental health issues when dealing with the public? - Community Leader

Some people have trouble getting to an appt (gas money, location too far away or inconvenient), so more locations would be nice. Also the cost of some medications/treatments. Although it is improving, I think people still have a negative stigma of mental health so maybe more education would be help. I think sometimes people don't want to accept the fact that they (or even a family member, friend, etc.) have a mental illness and need help. - Other Health Provider

There are not enough care and management for mental health, and that problem exists Statewide. So many people could make a better life if there was access to resources to help them. Also, the youth especially are being underserved in this area. - Community Leader

Access to mental health services is cumbersome at times, and patients in crisis must travel a distance to access crisis services. Getting a medication management appointment requires an extensive time commitment, leaving patients who are in need of urgent services in the hands of family/internal medicine physicians who may not be the best resource for them. - Physician

We are not equipped with enough of the resources or human capital to address the problems that we see. I have also observed a noticeable trend that it is becoming a progressively bigger problem. It is concerning to think about the outcome if we do not get in the way of these conditions. - Community Leader

Lack of available services. Lack of education for those who suffer from mental health issues. The stigma of those mental health issues. Long-term treatment facilities are not available. - Social Services Provider

Access to inpatient mental health services, access to immediate care/urgent outpatient services when it isn't necessarily an emergency but approaching a crisis. - Other Health Provider

Access to care. There are very few outlets to handle these cases, and it's overloading both the schools and the jails. - Community Leader

Existing providers seem maxed, and access to service when needed (sometimes emergent) is an issue. No inpatient services. - Community Leader

Resources in the community. To get care/help have to go a distance. - Other Health Provider

Available treatment. - Community Leader

Limited access to mental health, long wait times, not enough psychiatrists. - Physician

Lack of resources or at least coordinated resources, especially for the uninsured. - Other Health Provider

Lack of Providers

There are no board-certified psychiatrists in the community. Psychiatric and mental healthcare is left to PCP's. Support groups for people with mental illness may help to alleviate preexisting stigma and provide support. - Community Leader

There are not enough counselors or therapists to meet the demand of mental health issues in the community. - Public Health Representative

No psychiatry to follow-up with. Hard to see a psychiatrist. Takes months to get in. - Physician

Access to treatment providers, lack of insurance/funds. - Community Leader

Limited mental health providers. - Other Health Provider

Not enough providers. - Community Leader

Finding a provider. - Social Services Provider

Denial/Stigma

Mental health is not only stigmatized in our community, it is discriminated against and difficult to find help when needed. - Other Health Provider

Going years undiagnosed. Denial. Taking medication as prescribed. - Community Leader

Being able to admit that they have a problem and getting help. - Community Leader

Diagnosis/Treatment

I think the biggest problem is them not seeking help/support for their mental health. I think they do not know where to go and do not believe they have a need to do anywhere anyway. - Other Health Provider

Persons with mental health issues are not easy to diagnose and treat. There aren't facilities locally that can pinpoint what issues may be going on with the patient. Mental health issues seem to be part of the homelessness issue. - Community Leader

Discovering that there is a problem. Where to go for help. - Other Health Provider

Affordable Care/Services

Not enough counseling and keeping the medical cost down. No follow-up. - Public Health Representative

Affordable access to care. - Community Leader

Alcohol/Drug Abuse

Children and adults dealing with effects of drug abuse, suicide prevention. - Community Leader

Drug use and abuse, depression. - Physician

Awareness/Education

Education and understanding are the two very large challenges in mental health care. Adequate and easily available treatment is needed. Of course, cost of mental health care is prohibitive. - Community Leader

Education of the general public on mental health and difficulty in treating both the patient and the family. - Community Leader

Children

Among youth, unless they qualify for Medicaid, they are no pathways for prevention and/or treatment for mental health issues. For many kids, they are dealing with issues at home they do not yet have the skills for. Their ability to cope is reduced to almost zero, and begins an awful, hopeless, downward spiral. - Social Services Provider

Prevalence/Incidence

We have so many people with mental health disorders, and so few resources available for them. - Community Leader

Death, Disease & Chronic Conditions



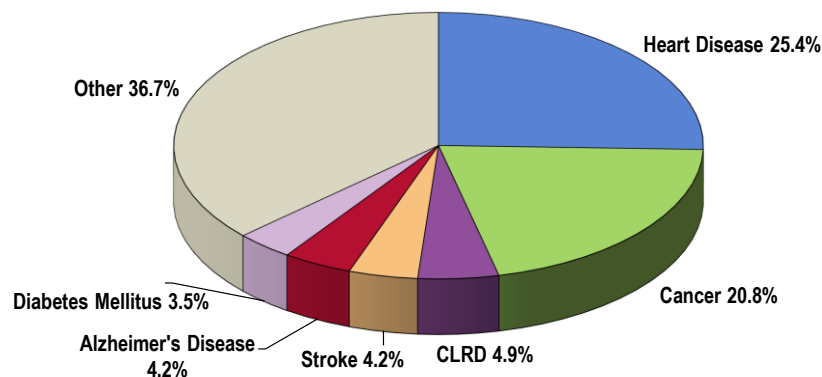
Professional Research Consultants, Inc.

Leading Causes of Death

Distribution of Deaths by Cause

Together, cardiovascular disease (heart disease and stroke) and cancers accounted for one-half of all deaths in Decatur County in 2017.

Leading Causes of Death
(Decatur County, 2017)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2019.
Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• CLRD is chronic lower respiratory disease.

Age-Adjusted Death Rates for Selected Causes

In order to compare mortality in the region with other localities (in this case, Indiana and the United States), it is necessary to look at *rates* of death — these are figures which represent the number of deaths in relation to the population size (such as deaths per 100,000 population, as is used here).

Furthermore, in order to compare localities without undue bias toward younger or older populations, the common convention is to adjust the data to some common baseline age distribution. Use of these “age-adjusted” rates provides the most valuable means of gauging mortality against benchmark data, as well as *Healthy People 2020* targets.

The following chart outlines 2015-2017 annual average age-adjusted death rates per 100,000 population for selected causes of death in Decatur County.

Each of these is discussed in greater detail in subsequent sections of this report.

Age-Adjusted Death Rates for Selected Causes (2015-2017 Deaths per 100,000 Population)

	Decatur County	Indiana	US	HP2020
Diseases of the Heart	202.6	182.0	166.3	156.9**
Malignant Neoplasms (Cancers)	168.8	172.9	155.6	161.4
Chronic Lower Respiratory Disease (CLRD)	52.3	55.1	41.0	n/a
Cerebrovascular Disease (Stroke)	39.3	39.6	37.5	34.8
Unintentional Injuries	37.0	52.7	46.7	36.4
Alzheimer's Disease	31.9	34.4	30.2	n/a
Diabetes	25.0	26.5	21.3	20.5**
Kidney Disease	21.7	18.6	13.2	n/a
Motor Vehicle Deaths*	18.1	12.3	11.4	12.4
Intentional Self-Harm (Suicide)*	13.8	15.4	13.6	10.2
Pneumonia/Influenza*	12.5	13.4	14.3	n/a
Firearm-Related*	12.1	14.3	11.6	9.3
Cirrhosis/Liver Disease*	8.8	11.4	10.8	8.2

- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2019.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov>.
- Note:
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population and coded using ICD-10 codes.
 - *These rates are for 2008-2017.
 - **The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart; the Diabetes target is adjusted to reflect only diabetes mellitus-coded deaths.

Cardiovascular Disease

About Heart Disease & Stroke

Heart disease is the leading cause of death in the United States, with stroke following as the third leading cause. Together, heart disease and stroke are among the most widespread and costly health problems facing the nation today, accounting for more than \$500 billion in healthcare expenditures and related expenses in 2010 alone. Fortunately, they are also among the most preventable.

The leading modifiable (controllable) risk factors for heart disease and stroke are:

- High blood pressure
- High cholesterol
- Cigarette smoking
- Diabetes
- Poor diet and physical inactivity
- Overweight and obesity

The risk of Americans developing and dying from cardiovascular disease would be substantially reduced if major improvements were made across the US population in diet and physical activity, control of high blood pressure and cholesterol, smoking cessation, and appropriate aspirin use.

The burden of cardiovascular disease is disproportionately distributed across the population. There are significant disparities in the following based on gender, age, race/ethnicity, geographic area, and socioeconomic status:

- Prevalence of risk factors
- Access to treatment
- Appropriate and timely treatment
- Treatment outcomes
- Mortality

Disease does not occur in isolation, and cardiovascular disease is no exception. Cardiovascular health is significantly influenced by the physical, social, and political environment, including: maternal and child health; access to educational opportunities; availability of healthy foods, physical education, and extracurricular activities in schools; opportunities for physical activity, including access to safe and walkable communities; access to healthy foods; quality of working conditions and worksite health; availability of community support and resources; and access to affordable, quality healthcare.

— Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Heart Disease & Stroke Deaths

Heart Disease Deaths

Between 2015 and 2017, there was an annual average age-adjusted heart disease mortality rate of 202.6 deaths per 100,000 population in Decatur County.

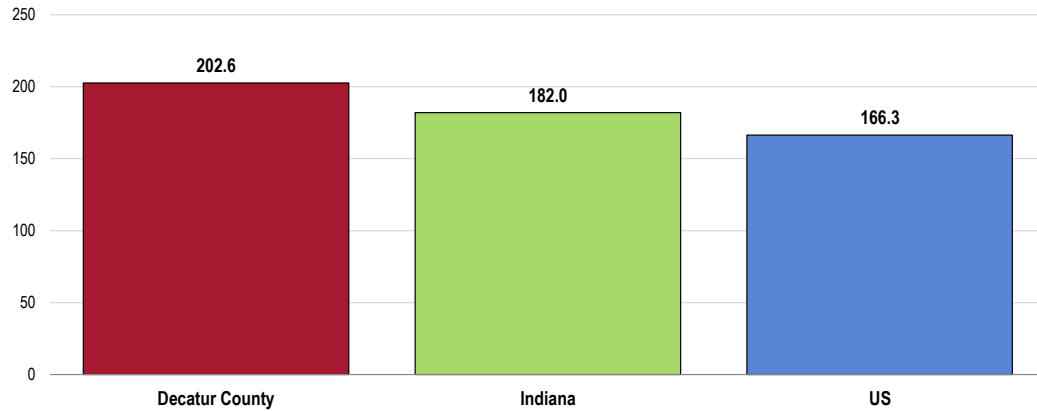
- Statistically similar to the statewide rate.
- Above the national rate.
- Fails to satisfy the Healthy People 2020 target of 156.9 or lower (as adjusted to account for all diseases of the heart).

The greatest share of cardiovascular deaths is attributed to heart disease.

Heart Disease: Age-Adjusted Mortality

(2015-2017 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 156.9 or Lower (Adjusted)



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2019.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-2]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
 - The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart.

Stroke Deaths

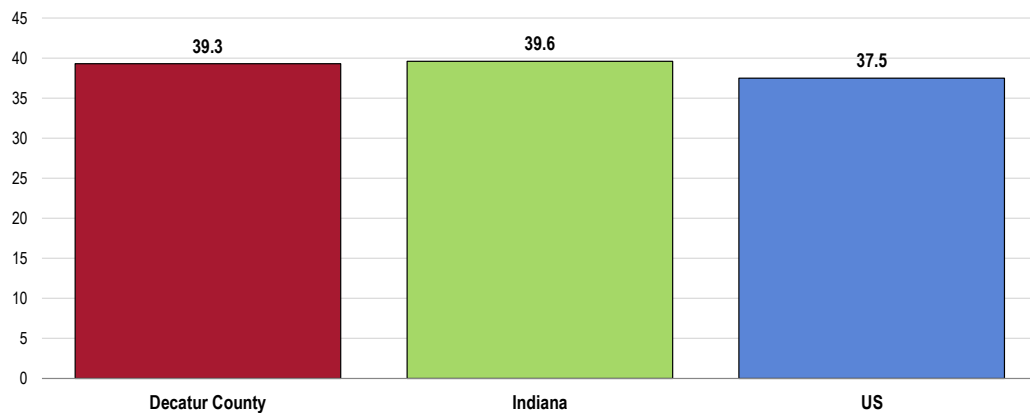
Between 2015 and 2017, there was an annual average age-adjusted stroke mortality rate of 39.3 deaths per 100,000 population in Decatur County.

- Comparable to the Indiana and national rates.
- Similar to the Healthy People 2020 target of 34.8 or lower.

Stroke: Age-Adjusted Mortality

(2015-2017 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 34.8 or Lower



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2019.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-3]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

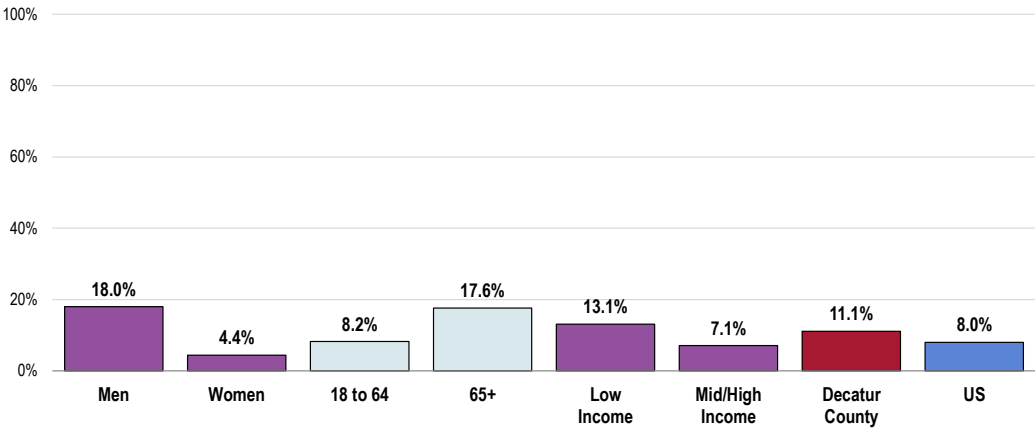
Prevalence of Heart Disease & Stroke

Prevalence of Heart Disease

A total of 11.1% of surveyed adults report that they suffer from or have been diagnosed with heart disease, such as coronary heart disease, angina, or heart attack.

- Statistically similar to the national prevalence.
- Men are more likely to have been diagnosed with chronic heart disease.

Prevalence of Heart Disease
(Decatur County, 2019)



Sources:

- 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 128]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:

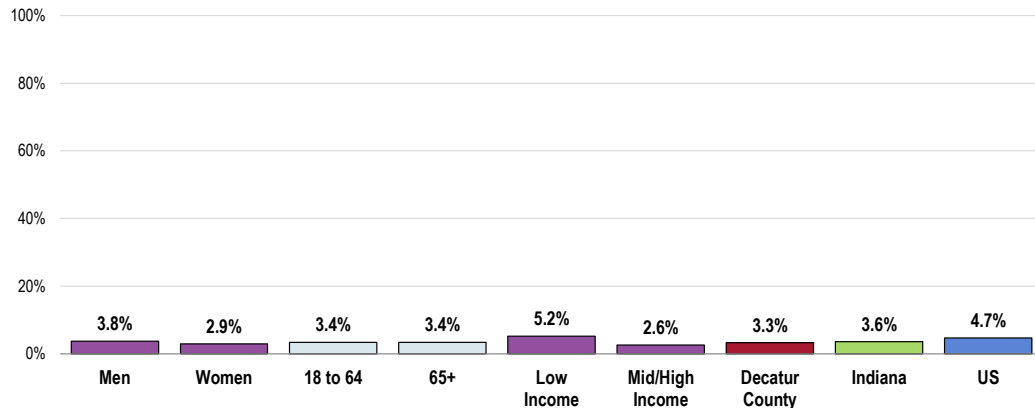
- Asked of all respondents.
- Includes diagnoses of heart attack, angina, or coronary heart disease.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Prevalence of Stroke

A total of 3.3% of surveyed adults report that they suffer from or have been diagnosed with cerebrovascular disease (a stroke).

- Similar to statewide and national findings.
- No significant differences when viewing by demographic characteristics.

Prevalence of Stroke



Sources:

- 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 33]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2017 Indiana data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:

- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Cardiovascular Risk Factors

About Cardiovascular Risk

Controlling risk factors for heart disease and stroke remains a challenge. High blood pressure and cholesterol are still major contributors to the national epidemic of cardiovascular disease. High blood pressure affects approximately 1 in 3 adults in the United States, and more than half of Americans with high blood pressure do not have it under control. High sodium intake is a known risk factor for high blood pressure and heart disease, yet about 90% of American adults exceed their recommendation for sodium intake.

— Healthy People 2020 (www.healthypeople.gov)

High Blood Pressure

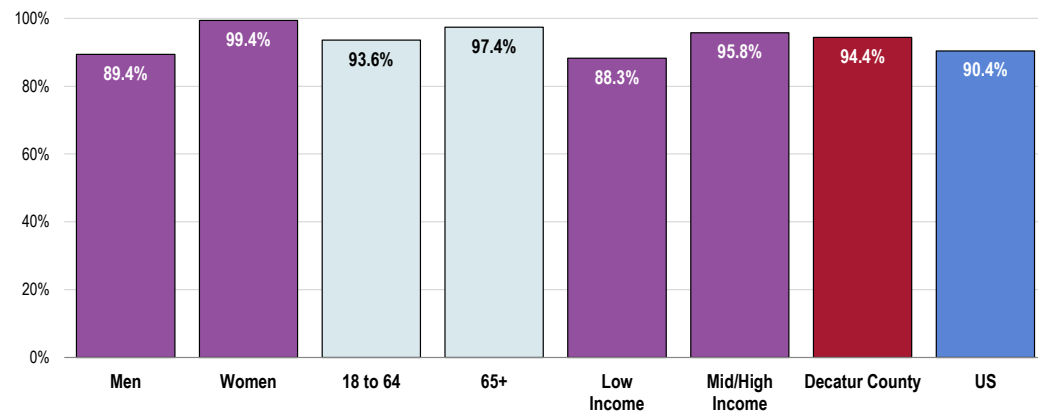
High Blood Pressure Testing

A total of 94.4% of Decatur County adults have had their blood pressure tested within the past two years.

- More favorable than national findings.
- Similar to the Healthy People 2020 target (92.6% or higher).
- Men are significantly less likely to have had their blood pressure recently tested.

Have Had Blood Pressure Checked in the Past Two Years

Healthy People 2020 Target = 92.6% or higher



- Sources:
- 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 42]
 - 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-4]
- Notes:
- Asked of all respondents.
 - Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Prevalence of High Blood Pressure

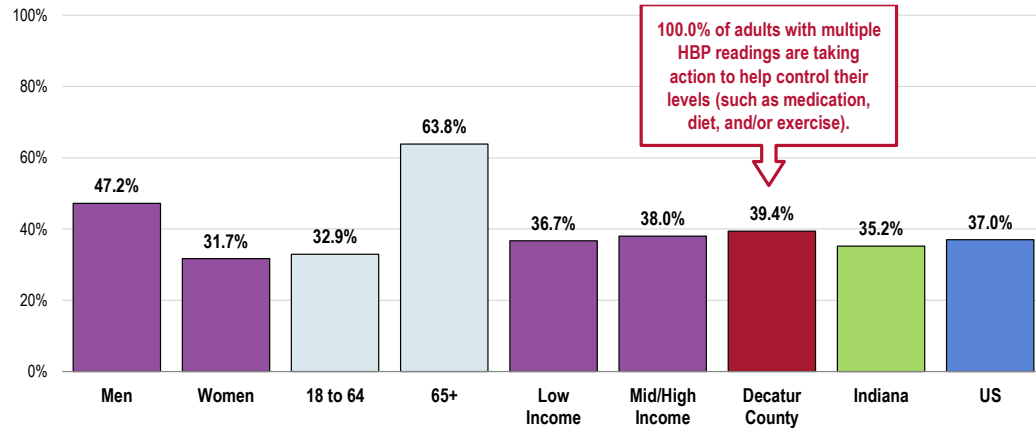
A total of 39.4% of Decatur County adults have been told at some point that their blood pressure was high.

- Similar to the Indiana and US prevalence.
- Fails to satisfy the Healthy People 2020 target (26.9% or lower).
- High blood pressure is more prevalent among older adults and men.

Among adults with multiple high blood pressure readings, all are taking action to lower their blood pressure (such as medication, change in diet, and/or exercise).

Prevalence of High Blood Pressure (Decatur County, 2019)

Healthy People 2020 Target = 26.9% or Lower



Sources:

- 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 41, 129]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2017 Indiana data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-5.1]

Notes:

- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

High Blood Cholesterol

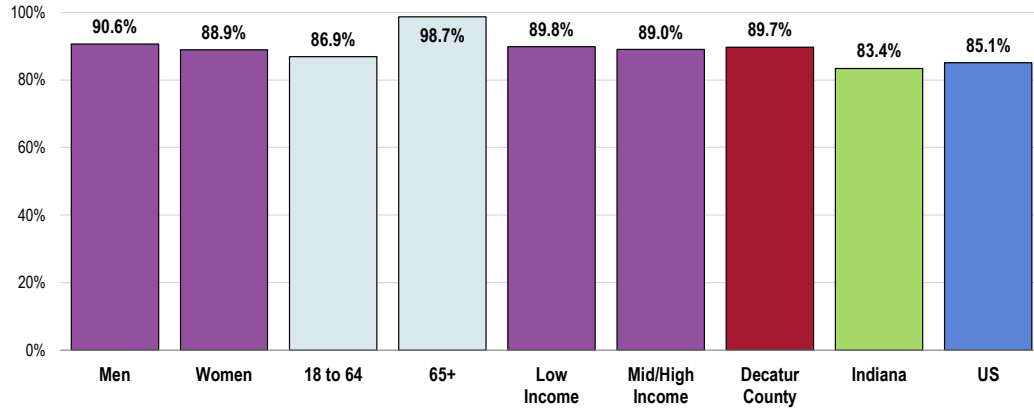
Blood Cholesterol Testing

A total of 89.7% of Decatur County adults have had their blood cholesterol checked within the past five years.

- More favorable than Indiana findings.
- Statistically similar to the national findings.
- Satisfies the Healthy People 2020 target (82.1% or higher).
- Most prevalent among older adults.

Have Had Blood Cholesterol Levels Checked in the Past Five Years

Healthy People 2020 Target = 82.1% or Higher



Sources:

- 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 45]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2017 Indiana data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-6]

Notes:

- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Prevalence of High Blood Cholesterol

A total of 36.3% of adults have been told by a health professional that their cholesterol level was high.

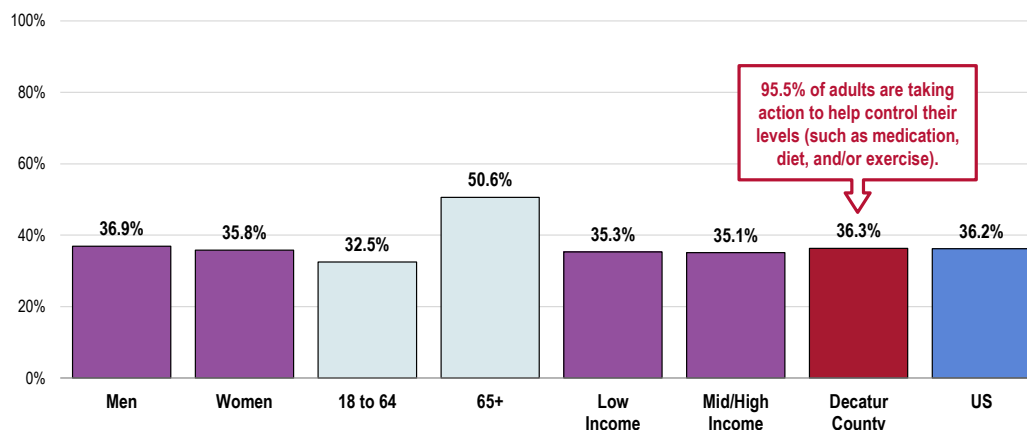
- Similar to the national prevalence.
- Far from satisfying the Healthy People 2020 target (13.5% or lower).
- Highest among older adults.

Among adults with multiple high blood cholesterol readings, 95.5% are taking action to lower their numbers (such as medication, change in diet, and/or exercise).

Prevalence of High Blood Cholesterol

(Decatur County, 2019)

Healthy People 2020 Target = 13.5% or Lower



Sources: • 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 44, 130]

• 2017 PRC National Health Survey, Professional Research Consultants, Inc.

• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-7]

Notes: • Asked of all respondents.

• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

About Cardiovascular Risk

Individual level risk factors which put people at increased risk for cardiovascular diseases include:

- High Blood Pressure
- High Blood Cholesterol
- Tobacco Use
- Physical Inactivity
- Poor Nutrition
- Overweight/Obesity
- Diabetes

— National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

Three health-related behaviors contribute markedly to cardiovascular disease:

Poor nutrition. People who are overweight have a higher risk for cardiovascular disease. Almost 60% of adults are overweight or obese. To maintain a proper body weight, experts recommend a well-balanced diet which is low in fat and high in fiber, accompanied by regular exercise.

Lack of physical activity. People who are not physically active have twice the risk for heart disease of those who are active. More than half of adults do not achieve recommended levels of physical activity.

Tobacco use. Smokers have twice the risk for heart attack of nonsmokers. Nearly one-fifth of all deaths from cardiovascular disease, or about 190,000 deaths a year nationally, are smoking-related. Every day, more than 3,000 young people become daily smokers in the US.

Modifying these behaviors is critical both for preventing and for controlling cardiovascular disease. Other steps that adults who have cardiovascular disease should take to reduce their risk of death and disability include adhering to treatment for high blood pressure and cholesterol, using aspirin as appropriate, and learning the symptoms of heart attack and stroke.

— National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

RELATED ISSUE:

See also *Nutrition, Physical Activity, Weight Status, and Tobacco Use* in the **Modifiable Health Risks** section of this report.

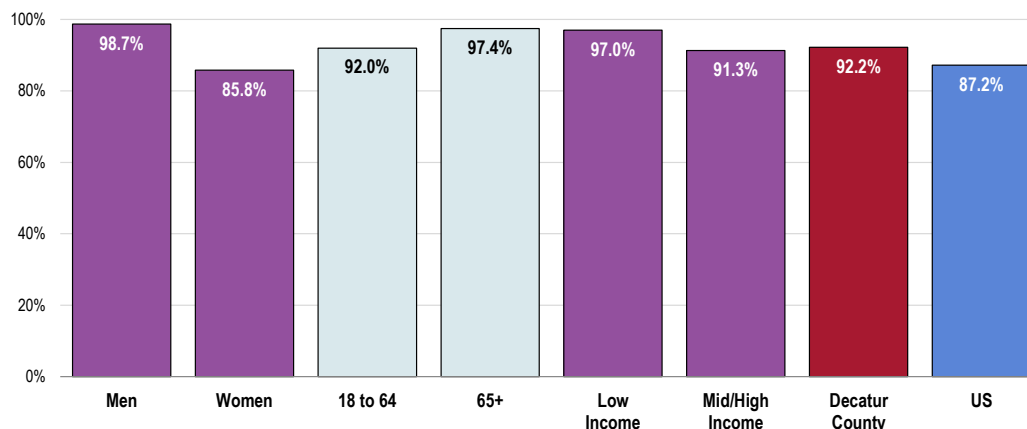
Total Cardiovascular Risk

A total of 92.2% of Decatur County adults report one or more cardiovascular risk factors, such as being overweight, smoking cigarettes, being physically inactive, or having high blood pressure or cholesterol.

- Higher than national findings.
- Men are statistically more likely to report cardiovascular risk factors.

Present One or More Cardiovascular Risks or Behaviors

(Decatur County, 2019)



Sources: • 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 131]

• 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:

• Asked of all respondents.

• Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) hypertension; 4) high blood cholesterol; and/or 5) being overweight/obese.

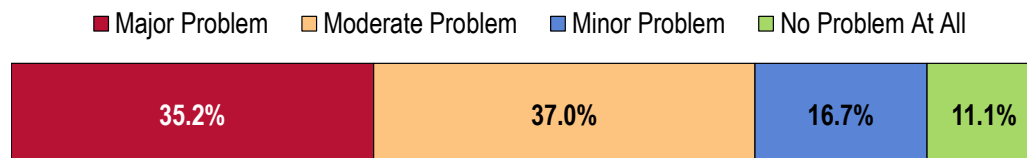
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Key Informant Input: Heart Disease & Stroke

Key informants taking part in an online survey characterized *Heart Disease & Stroke* as a "moderate problem" slightly more often than a "major problem" in the community.

Perceptions of Heart Disease and Stroke as a Problem in the Community

(Key Informants, 2019)



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Lifestyle

It starts from developing habits to get healthier, instead of habits that get us further away from being healthy. I can drive down my main street and see nothing but unhealthy places to eat every day; unhealthy food makes us tired and sluggish. When we are tired, we are less likely to have energy to exercise; when we do not exercise, we gain weight, Fat builds up in our bodies and can cause heart attacks, high blood pressure, heart disease, strokes, diabetes... and the list goes on. The easier path is to not meal prep, not exercise, sit at work and then sit at home and watch television. Two to three hours a week meal prepping can make enough meals for four or five days. Time spent in the kitchen is time earned for quality of life and could potentially add time to your life. It is worth the extra effort. - Public Health Representative

Lifestyle choices. - Community Leader

Diet, exercise, genetics related to our society. - Public Health Representative

Diets, stress, lifestyle, costs to patient. - Community Leader

Co-Occurrences

The age of our residents, the number of people that smoke, and the obesity rate of residents. - Community Leader

A number of residents are treated for the conditions and smoking and obesity are contributing factors. - Community Leader

Smoking, obesity, lack of exercise, unhealthy lifestyle. - Other Health Provider

Obesity

Overweight citizens, not being able to afford medical care. Not understanding the dangers of medical issues. - Public Health Representative

Weight gain, poor blood pressure and diabetes control. - Physician

Issues due to being overweight. - Community Leader

Prevalence/Incidence

Heart disease is everywhere, and with unhealthy eating habits and stressful lives, it has become more of a problem. - Community Leader

Decatur County is like much of the country, and we have a fair share of obesity issues, which can lead to heart disease and stroke. - Community Leader

High incidence of hypertension, obesity, smoking. - Other Health Provider

Access to Care/Services

We have many options for heart disease, but limited for stroke. - Physician

Awareness/Education

Heart disease is a silent killer. Most people do not know the risk of heart disease until it is too late. - Public Health Representative

Cancer

About Cancer

Continued advances in cancer research, detection, and treatment have resulted in a decline in both incidence and death rates for all cancers. Among people who develop cancer, more than half will be alive in five years. Yet, cancer remains a leading cause of death in the United States, second only to heart disease.

Many cancers are preventable by reducing risk factors such as: use of tobacco products; physical inactivity and poor nutrition; obesity; and ultraviolet light exposure. Other cancers can be prevented by getting vaccinated against human papillomavirus and hepatitis B virus. In the past decade, overweight and obesity have emerged as new risk factors for developing certain cancers, including colorectal, breast, uterine corpus (endometrial), and kidney cancers. The impact of the current weight trends on cancer incidence will not be fully known for several decades. Continued focus on preventing weight gain will lead to lower rates of cancer and many chronic diseases.

Screening is effective in identifying some types of cancers (see US Preventive Services Task Force [USPSTF] recommendations), including:

- Breast cancer (using mammography)
- Cervical cancer (using Pap tests)
- Colorectal cancer (using fecal occult blood testing, sigmoidoscopy, or colonoscopy)

— Healthy People 2020 (www.healthypeople.gov)

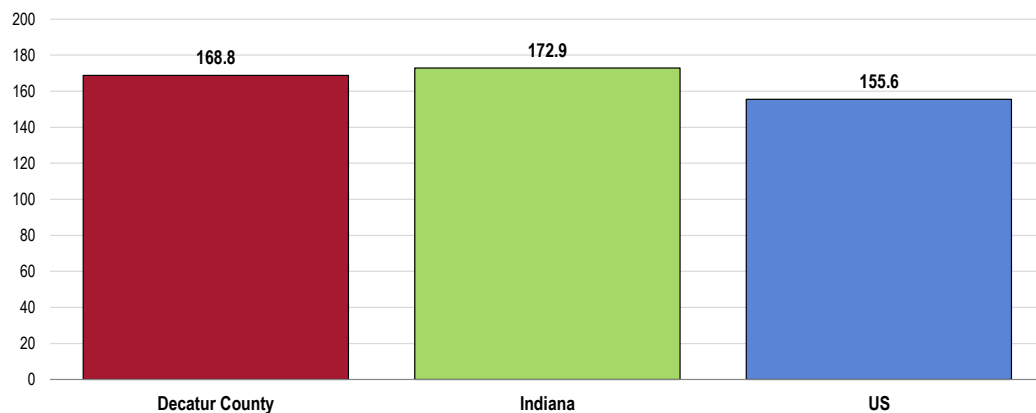
Age-Adjusted Cancer Deaths

All Cancer Deaths

Between 2015 and 2017, there was an annual average age-adjusted cancer mortality rate of 168.8 deaths per 100,000 population in Decatur County.

- Similar to the statewide and national rates.
- Similar to the Healthy People 2020 target of 161.4 or lower.

Cancer: Age-Adjusted Mortality
(2015-2017 Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 161.4 or Lower



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2019.
• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective C-1]

Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Cancer Deaths by Site

Lung cancer is by far the leading cause of cancer deaths in Decatur County.

Other leading sites include prostate cancer among men, breast cancer among women, and colorectal cancer (both sexes).

As evident in the following chart (referencing 2015-2017 annual average age-adjusted death rates), each death rate is similar to its respective state and national rates.

- Note that each of the Decatur County cancer death rates detailed in the following chart is similar to the related Healthy People 2020 target.

Age-Adjusted Cancer Death Rates by Site
(2015-2017 Annual Average Deaths per 100,000 Population)

	Decatur County	Indiana	US	HP2020
ALL CANCERS	168.8	172.9	155.6	161.4
Lung Cancer	43.4	48.8	38.5	45.5
Prostate Cancer*	20.0	18.9	18.9	21.8
Female Breast Cancer*	19.6	20.7	20.1	20.7
Colorectal Cancer*	15.7	15.4	13.9	14.5

Sources:

- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2019.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov>
- *These rates are for 2008-2017.

Cancer Incidence

Incidence rates reflect the number of newly diagnosed cases in a given population in a given year, regardless of outcome. These rates are also age-adjusted.

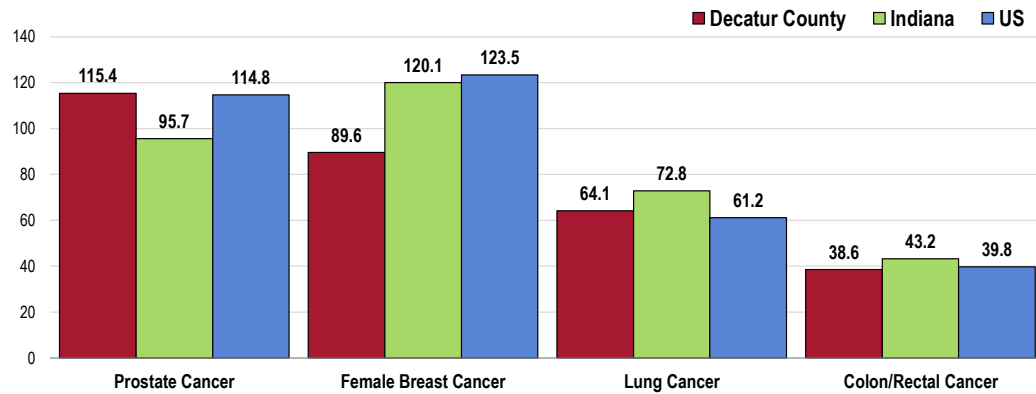
- The 2010-2014 Decatur County annual average age-adjusted cancer incidence rate for **prostate cancer** is worse than the US rate.

Incidence rate" or "case rate" is the number of new cases of a disease occurring during a given period of time.

It is usually expressed as cases per 100,000 population per year.

Cancer Incidence Rates by Site

(Annual Average Age-Adjusted Incidence per 100,000 Population, 2010-2014)



Sources:

- State Cancer Profiles.
- Retrieved March 2019 from Community Commons at <http://www.chna.org>.

Notes:

- This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of cancers, adjusted to 2000 US standard population age groups (under age 1, 1-4, 5-9, ..., 80-84, 85 and older). This indicator is relevant because cancer is a leading cause of death and it is important to identify cancers separately to better target interventions.

Prevalence of Cancer

Prevalence

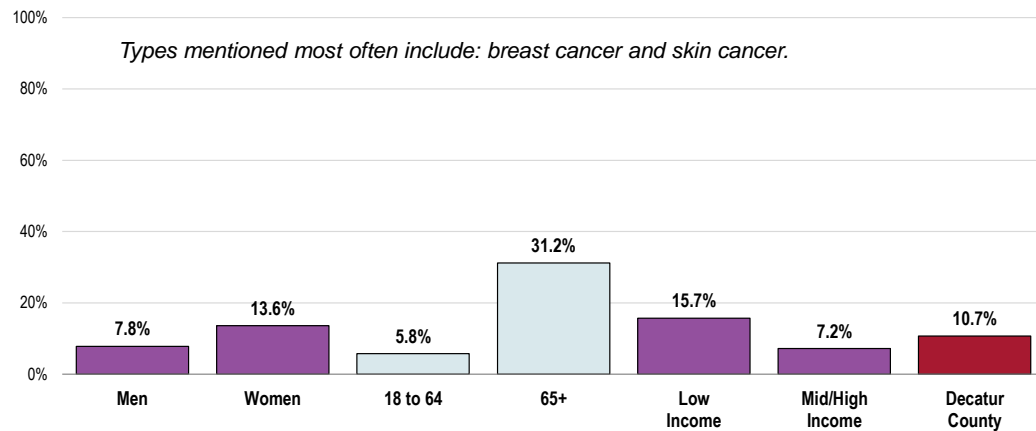
A total of 10.7% of surveyed Decatur County adults report having been diagnosed with cancer.

- Particularly high among older adults.

Among those with cancer, the top types mentioned include breast and skin cancers.

Prevalence of Cancer

(Decatur County, 2019)



Sources:

- 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 301-302]

Notes:

- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

RELATED ISSUE:

See also *Nutrition, Physical Activity, Weight Status, and Tobacco Use* in the **Modifiable Health Risks** section of this report.

Cancer Risk

About Cancer Risk

Reducing the nation's cancer burden requires reducing the prevalence of behavioral and environmental factors that increase cancer risk.

- All cancers caused by cigarette smoking could be prevented. At least one-third of cancer deaths that occur in the United States are due to cigarette smoking.
- According to the American Cancer Society, about one-third of cancer deaths that occur in the United States each year are due to nutrition and physical activity factors, including obesity.

— National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

Cancer Screenings

The American Cancer Society recommends that both men and women get a cancer-related checkup during a regular doctor's checkup. It should include examination for cancers of the thyroid, testicles, ovaries, lymph nodes, oral cavity, and skin, as well as health counseling about tobacco, sun exposure, diet and nutrition, risk factors, sexual practices, and environmental and occupational exposures.

Screening levels in the community were measured in the PRC Community Health Survey relative to three cancer sites: female breast cancer (mammography); cervical cancer (Pap smear testing); and colorectal cancer (sigmoidoscopy and fecal occult blood testing).

Female Breast Cancer Screening

About Screening for Breast Cancer

The US Preventive Services Task Force (USPSTF) recommends screening mammography, with or without clinical breast examination (CBE), every 1-2 years for women age 40 and older.

Rationale: The USPSTF found fair evidence that mammography screening every 12-33 months significantly reduces mortality from breast cancer. Evidence is strongest for women age 50-69, the age group generally included in screening trials. For women age 40-49, the evidence that screening mammography reduces mortality from breast cancer is weaker, and the absolute benefit of mammography is smaller, than it is for older women. Most, but not all, studies indicate a mortality benefit for women undergoing mammography at ages 40-49, but the delay in observed benefit in women younger than 50 makes it difficult to determine the incremental benefit of beginning screening at age 40 rather than at age 50.

The absolute benefit is smaller because the incidence of breast cancer is lower among women in their 40s than it is among older women. The USPSTF concluded that the evidence is also generalizable to women age 70 and older (who face a higher absolute risk for breast cancer) if their life expectancy is not compromised by comorbid disease. The absolute probability of benefits of regular mammography increase along a continuum with age, whereas the likelihood of harms from screening (false-positive results and unnecessary anxiety, biopsies, and cost) diminish from ages 40-70. The balance of benefits and potential harms, therefore, grows more favorable as women age. The precise age at which the potential benefits of mammography justify the possible harms is a subjective choice. The USPSTF did not find sufficient evidence to specify the optimal screening interval for women age 40-49.

— US Preventive Services Task Force, Agency for Healthcare Research and Quality, US Department of Health & Human Services

Note that other organizations (e.g., American Cancer Society, American Academy of Family Physicians, American College of Physicians, National Cancer Institute) may have slightly different screening guidelines.

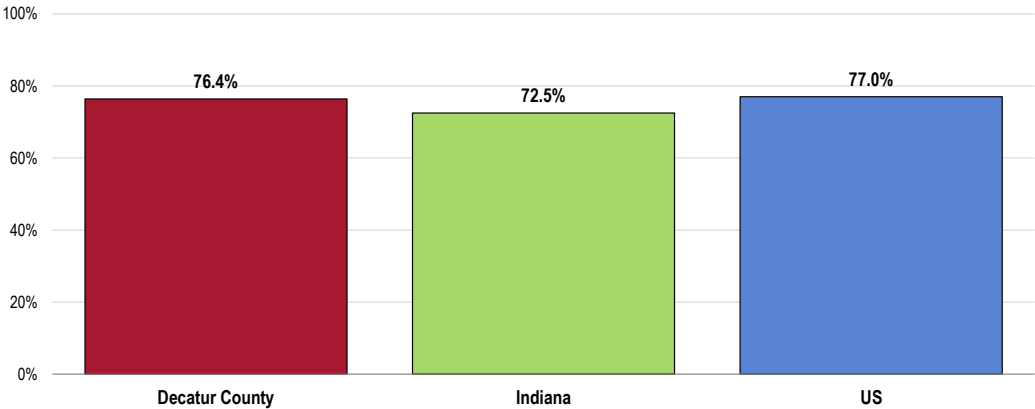
Mammography

Among women age 50-74, over three-quarters (76.4%) have had a mammogram within the past 2 years.

- Similar to statewide and national findings.
- Statistically similar to the Healthy People 2020 target (81.1% or higher).

Have Had a Mammogram in the Past Two Years
(Among Women Age 50-74)

Healthy People 2020 Target = 81.1% or Higher



Sources:

- 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 133]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2016 Indiana data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective C-17]

Notes:

- Reflects female respondents 50-74.
- The sample size for this indicator does not support demographic breakouts.

Cervical Cancer Screenings

About Screening for Cervical Cancer

The US Preventive Services Task Force (USPSTF) strongly recommends screening for cervical cancer in women who have been sexually active and have a cervix.

Rationale: The USPSTF found good evidence from multiple observational studies that screening with cervical cytology (Pap smears) reduces incidence of and mortality from cervical cancer. Direct evidence to determine the optimal starting and stopping age and interval for screening is limited. Indirect evidence suggests most of the benefit can be obtained by beginning screening within 3 years of onset of sexual activity or age 21 (whichever comes first) and screening at least every 3 years. The USPSTF concludes that the benefits of screening substantially outweigh potential harms.

The USPSTF recommends against routinely screening women older than age 65 for cervical cancer if they have had adequate recent screening with normal Pap smears and are not otherwise at high risk for cervical cancer.

Rationale: The USPSTF found limited evidence to determine the benefits of continued screening in women older than 65. The yield of screening is low in previously screened women older than 65 due to the declining incidence of high-grade cervical lesions after middle age. There is fair evidence that screening women older than 65 is associated with an increased risk for potential harms, including false-positive results and invasive procedures. The USPSTF concludes that the potential harms of screening are likely to exceed benefits among older women who have had normal results previously and who are not otherwise at high risk for cervical cancer.

The USPSTF recommends against routine Pap smear screening in women who have had a total hysterectomy for benign disease.

Rationale: The USPSTF found fair evidence that the yield of cytologic screening is very low in women after hysterectomy and poor evidence that screening to detect vaginal cancer improves health outcomes. The USPSTF concludes that potential harms of continued screening after hysterectomy are likely to exceed benefits.

— US Preventive Services Task Force, Agency for Healthcare Research and Quality, US Department of Health & Human Services

Note that other organizations (e.g., American Cancer Society, American Academy of Family Physicians, American College of Physicians, National Cancer Institute) may have slightly different screening guidelines.

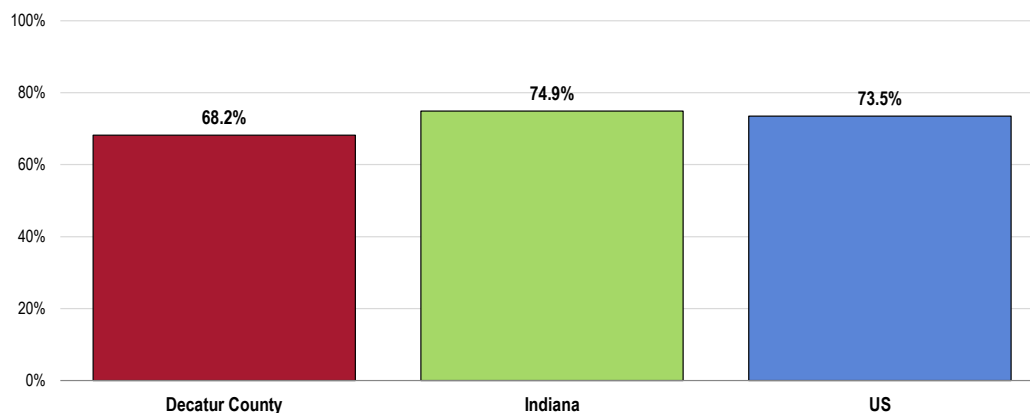
Pap Smear Testing

Among Decatur County women age 21 to 65, 68.2% have had a Pap smear within the past 3 years.

- Comparable to Indiana and US findings.
- Fails to satisfy the Healthy People 2020 target (93% or higher).

Have Had a Pap Smear in the Past Three Years (Among Women Age 21-65)

Healthy People 2020 Target = 93.0% or Higher



- Sources:
- 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 134]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2017 Indiana data.
 - 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective C-15]
- Notes:
- Reflects female respondents age 21 to 65.
 - The sample size for this indicator does not support demographic breakdowns.

Colorectal Cancer Screenings

About Screening for Colorectal Cancer

The USPSTF recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy in adults, beginning at age 50 years and continuing until age 75 years.

The evidence is convincing that screening for colorectal cancer with fecal occult blood testing, sigmoidoscopy, or colonoscopy detects early-stage cancer and adenomatous polyps. There is convincing evidence that screening with any of the three recommended tests (fecal occult blood testing, sigmoidoscopy, colonoscopy) reduces colorectal cancer mortality in adults age 50 to 75 years. Follow-up of positive screening test results requires colonoscopy regardless of the screening test used.

— US Preventive Services Task Force, Agency for Healthcare Research and Quality, US Department of Health & Human Services

Note that other organizations (e.g., American Cancer Society, American Academy of Family Physicians, American College of Physicians, National Cancer Institute) may have slightly different screening guidelines.

Colorectal Cancer Screening

Among adults age 50-75, 73.2% have had an appropriate colorectal cancer screening.

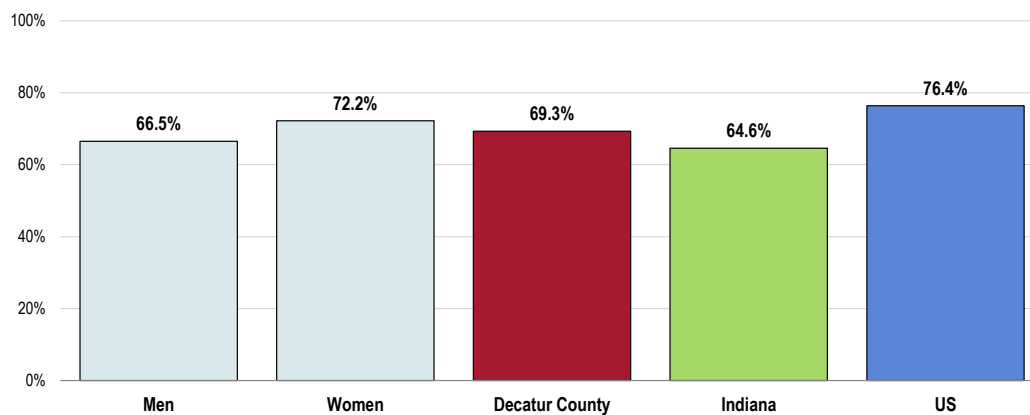
- Above state findings.
- Statistically similar to national findings.
- Similar to the Healthy People 2020 target (70.5% or higher).
- No significant differences by sex.

*Appropriate colorectal cancer screening" includes a fecal occult blood test within the past year and/or a lower endoscopy (sigmoidoscopy or colonoscopy) within the past 10 years.

Have Had a Colorectal Cancer Screening

(Among Adults Age 50-75)

Healthy People 2020 Target = 70.5% or Higher



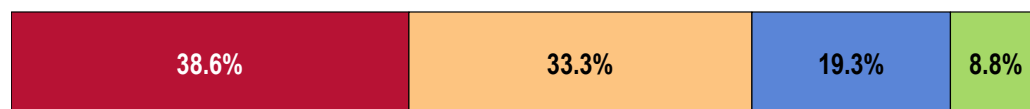
- Sources:
- 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 137]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2016 Indiana data.
 - 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective C-16]
- Notes:
- Asked of all respondents age 50 through 75.
 - In this case, the term "colorectal screening" refers to adults age 50-75 receiving a FOBT (fecal occult blood test) in the past year and/or a lower endoscopy (sigmoidoscopy/colonoscopy) in the past 10 years.
 - The sample size for this indicator does not support other demographic breakdowns.

Key Informant Input: Cancer

The greatest share of key informants taking part in an online survey characterized **Cancer** as a "major problem" in the community.

Perceptions of Cancer as a Problem in the Community (Key Informants, 2019)

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All



- Sources:
- PRC Online Key Informant Survey, Professional Research Consultants, Inc.
- Notes:
- Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem” or “moderate problem,” reasons related to the following:

Prevalence/Incidence

I believe Decatur County ranks high in specific types of cancer, and although there is a great network and service (through DCMH), I'm not sure we're addressing the issues that may cause the disease, if they are discernible. - Community Leader

I believe that cancer is a problem in all communities, not just ours. Cancer affects every family in some way. The treatment options in our community are much improved and need to be advertised better. - Community Leader

We continue to see numerous benefit events being held for people with cancer. It is difficult to go a week without learning from someone that they are being checked for cancer or someone they know in the area is being checked. - Community Leader

It appears from conversations within the community that there is a perception that the rate of cancer in Decatur County is high. I also believe that many people do not detect and treat cancers early due to the expense of care and fear. - Community Leader

The high occurrence of individuals I personally know would suggest it was a much greater problem in the community as a whole. - Community Leader

Several people in our community have cancer and/or receiving treatment for cancer. - Community Leader

Nearly every family is affected by this in this community. I believe it is the type of soils and waters we live on. - Community Leader

We do not have a large community, but we have many that are fighting cancer with more getting diagnosed every day. - Other Health Provider

Large amount of cancer diagnoses in Decatur County, mostly from preventable cancers such as smoking-related lung cancer. - Other Health Provider

Cancer is on everyone's doorstep. Every day I hear of at least one more person diagnosed with cancer. Many in this community die of cancer every year. - Community Leader

Those whom I encounter in the community are victims of cancer or have a family member or friend who has cancer. - Community Leader

Prevalence of cancer and access to higher level of care for advance treatments, radiation, surgery. - Public Health Representative

It seems most of the obituaries in the newspaper are people who have died from cancer. We had at least two people who work here, and many relatives of people who work here die from cancer this year alone. - Community Leader

From the data I have seen, we have a significant cancer diagnosis here. - Community Leader

There are people who have cancer and can't travel to get treatment. - Community Leader

There appears to be a high percentage of cancers within Decatur County. - Community Leader

High incidence, everyone knows someone who is affected. - Other Health Provider

Hear about many cancers in area which seems high for low population. - Community Leader

Cancer is a problem in every community. - Social Services Provider

Seem to affect lots of people. - Other Health Provider

High cancer rate. - Other Health Provider

Prevalence. - Other Health Provider

Access to Care/Services

Treatment frequently requires travel outside of the community, frequently is long-term. It affects more and more people as our lifespan increases and has significant impacts on the person and family/caregivers. - Community Leader

The majority of people who are diagnosed with cancer have to travel 20-50 miles in order to receive radiation and chemotherapy. When you feel that bad, traveling is not ideal. - Community Leader

Cancer touches every community, but specialized cancer care is approximately one hour away from here. - Public Health Representative

Local doctors have mis-diagnosed many people, and the community does not trust most of them, so they seek help out of the county. - Community Leader

The access to cancer treatment is limited. - Social Services Provider

Access to available technologies and innovations. - Community Leader

Most cancers can't be treated locally. - Community Leader

Lymphedema wraps. - Other Health Provider

Environment Contributors

Decatur County is surrounded by farmland and pesticides and sits low in the county. - Public Health Representative

Fertilizer. - Other Health Provider

Tobacco Use

Use of tobacco. The use of pesticides and herbicides by farmers. - Community Leader

Smoking. - Physician

Access to Radiation Treatment

DCMH could better serve if radiation treatment were available. Continue to try to educate the public. Publicize success stories of cancer survivors. - Community Leader

Improving Cancer Care

The following represent what stakeholders feel Decatur County Memorial Hospital could do to improve cancer care in the Decatur County area:

Strengthen Community Outreach

Continue to educate the public about services located at DCMH and share the many success stories from survivors, so people will continue to speak with a doctor if they believe they have a problem. - Community Leader

Additional marketing to let people know what's available locally without leaving the county. - Community Leader

Awareness and early detection are definitely the key, but what if we started or continued doing things to help prevent illnesses in the first place? Why are we waiting until we are sick to start trying? I would rather we do not fight, but if we must we want to meet it with overwhelming odds. A game plan we can easily put into place is education. People need to know how to eat better. We all know what is good for us and what is bad. This is not the issue. The issue is why don't we eat better? Why don't we exercise? Is it convenience, time, knowledge or energy? If we correct these (habits), could this help? Is it possible to be more successful? I believe yes! - Public Health Representative

Strengthen community outreach and awareness of services. Become more active in promoting prevention opportunities. Consistency in providers. - Community Leader

There should be more community outreach to make people aware of the possibilities we have locally. - Community Leader

If services are available, let the public know. Not only in the newspaper, but also on the radio. - Social Services Provider

Lead a campaign to lower the rates of smoking in the community, especially the young people. - Physician

Market the department more. Like most small critical access hospitals, I don't know if most people know that DCMH offers cancer care. - Public Health Representative

Community education regarding existing services, offer advanced treatments if indicated, ensuring overall hospital reputation regarding patient experience improves will help reputation of specialty services. - Public Health Representative

Get out more information about the different cancers. Not sure about cancer care, but I have heard good things about the hospital care in this area. - Other Health Provider

Continue to market to community, encourage prevention, more public health and awareness. - Other Health Provider

Lack of education; provide screenings for skin and oral cancer. - Other Health Provider
 Not sure of all the programs and treatment options they offer. - Community Leader
 Advertising what type of care and treatment is available might be a start. - Community Leader
 Advertising more and finding travel arrangements. - Community Leader
 Continue to advertise what cancer treatments are available. - Community Leader

More Services

While expensive, adding radiation treatment would allow patients receiving radiation therapy to remain within the community, cutting travel time, absences from work. This is true for their caretakers or family members. Additionally, advanced diagnostics that take place in other hospitals could reduce back and forth for patients. Time is not the only concern as additional doctors and medical buildings create more sources of confusion for patients. - Community Leader
 I believe having more resources to preventative options and access to professionals on-site. There are a few nurse practitioners and doctors, but we need more to assist with the importance of preventative and genetic testing. - Community Leader
 The improvements already made by adding the unit have been great. Just continued growth for that area in services needed that must now be outsourced. - Community Leader
 I personally know many individuals who drive to Batesville or Shelbyville for their cancer treatment. - Community Leader
 More pre-screening testing. More options for caring/concerning qualified doctors. Educate the public on what they have available. - Community Leader
 Make treatments for more types of cancer available. - Community Leader
 Possibly develop some support programs for people with cancer. - Community Leader
 Market, expand services. - Other Health Provider

Increase Access to Oncologists

Have more doctors available on a routine basis. Possibly add additional treatment centers. - Community Leader
 A more robust oncology program with full-time oncologist. - Other Health Provider
 Increase access to Oncology. - Physician
 More options of physicians. - Physician
 Additional specialists. - Public Health Representative

Advertise Quality of Physicians

Make it known that there are board-certified providers of hematology/oncology services that practice at DCMH. Let the community know that they do not have to travel to a tertiary care center for cancer care and treatment. - Community Leader
 Many individuals feel that DCMH doesn't have qualified individuals. The thought is the care needed must be sought out-of-town. - Community Leader
 Promotion of competency of physician team. Investment in state-of-the-art equipment/procedures. - Community Leader

Improve Access Barriers

Improve responsiveness of the lab services. Implement pain management strategies to help patients and families cope. - Community Leader
 Create a streamlined referral program for suspected cancers. Continue to aggressively promote evidence-based screening programs. - Physician
 Later hours. - Other Health Provider

Nothing

Great cancer care program! - Other Health Provider
 Doing a good job. - Other Health Provider
 I am aware that they do promote check-ups, including mammograms and prostate exams. - Community Leader

Ensure Care is Affordable

Provide lower-cost healthcare, honor more insurance companies, provide more education about cancer and cancer care. - Community Leader

Watch costs for patients and more education material. - Public Health Representative

More Active in Cancer Prevention

DCMH does a great job on its own and coordinating with other hospitals. The hospital could become more active in cancer prevention, such as advocating for an active lifestyle and healthy environment. - Community Leader

Partnerships

Partnerships. - Community Leader

Upgrade Cancer Care Facility

It would be nice to have a more elaborate cancer care facility. - Community Leader

Respiratory Disease

About Asthma & COPD

Asthma and chronic obstructive pulmonary disease (COPD) are significant public health burdens. Specific methods of detection, intervention, and treatment exist that may reduce this burden and promote health.

Asthma is a chronic inflammatory disorder of the airways characterized by episodes of reversible breathing problems due to airway narrowing and obstruction. These episodes can range in severity from mild to life threatening. Symptoms of asthma include wheezing, coughing, chest tightness, and shortness of breath. Daily preventive treatment can prevent symptoms and attacks and enable individuals who have asthma to lead active lives.

COPD is a preventable and treatable disease characterized by airflow limitation that is not fully reversible. The airflow limitation is usually progressive and associated with an abnormal inflammatory response of the lung to noxious particles or gases (typically from exposure to cigarette smoke). Treatment can lessen symptoms and improve quality of life for those with COPD.

The burden of respiratory diseases affects individuals and their families, schools, workplaces, neighborhoods, cities, and states. Because of the cost to the healthcare system, the burden of respiratory diseases also falls on society; it is paid for with higher health insurance rates, lost productivity, and tax dollars. Annual healthcare expenditures for asthma alone are estimated at \$20.7 billion.

Asthma. The prevalence of asthma has increased since 1980. However, deaths from asthma have decreased since the mid-1990s. The causes of asthma are an active area of research and involve both genetic and environmental factors.

Risk factors for asthma currently being investigated include:

- Having a parent with asthma
- Sensitization to irritants and allergens
- Respiratory infections in childhood
- Overweight

Asthma affects people of every race, sex, and age. However, significant disparities in asthma morbidity and mortality exist, in particular for low-income and minority populations. Populations with higher rates of asthma include: children; women (among adults) and boys (among children); African Americans; Puerto Ricans; people living in the Northeast United States; people living below the Federal poverty level; and employees with certain exposures in the workplace.

While there is not a cure for asthma yet, there are diagnoses and treatment guidelines that are aimed at ensuring that all people with asthma live full and active lives.

— Healthy People 2020 (www.healthypeople.gov)

[NOTE: COPD was changed to chronic lower respiratory disease (CLRD) with the introduction of ICD-10 codes. CLRD is used in vital statistics reporting, but COPD is still widely used and commonly found in surveillance reports.]

Age-Adjusted Respiratory Disease Deaths

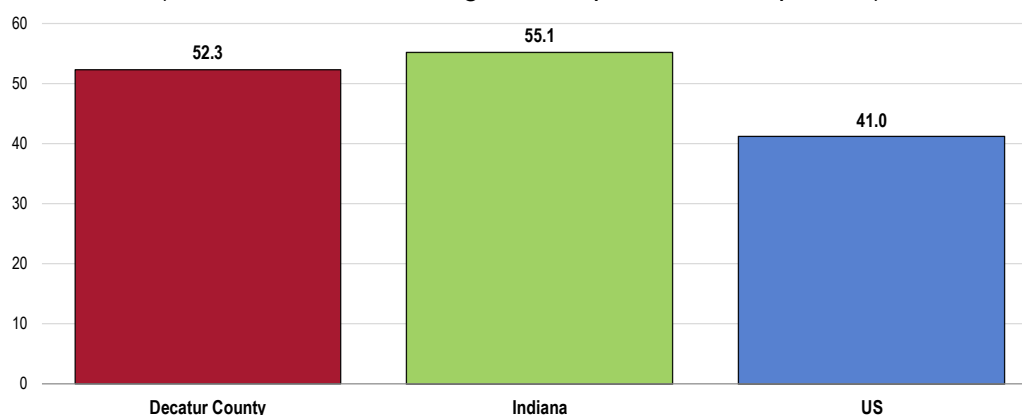
Chronic Lower Respiratory Disease Deaths (CLRD)

Between 2015 and 2017, there was an annual average age-adjusted CLRD mortality rate of 52.3 deaths per 100,000 population in Decatur County.

- Comparable to that found statewide.
- Higher than the national rate.

Note: COPD was changed to chronic lower respiratory disease (CLRD) in 1999 with the introduction of ICD-10 codes. CLRD is used in vital statistics reporting, but COPD is still widely used and commonly found in surveillance reports.

CLRD: Age-Adjusted Mortality
(2015-2017 Annual Average Deaths per 100,000 Population)



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2019.
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
 - CLRD is chronic lower respiratory disease.

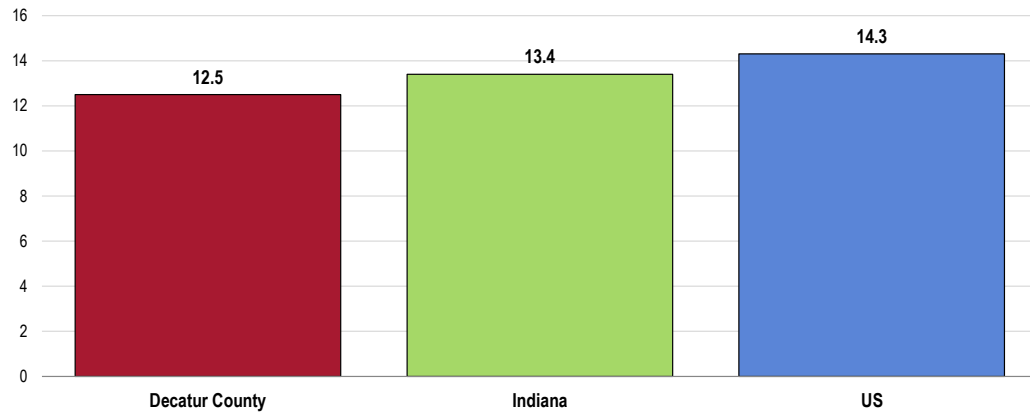
Pneumonia/Influenza Deaths

Between 2008 and 2017, Decatur County reported an annual average age-adjusted pneumonia influenza mortality rate of 12.5 deaths per 100,000 population.

- Similar to that found statewide and nationally.

For prevalence of vaccinations for pneumonia and influenza, see also *Immunization & Infectious Diseases* in the **Infectious Disease** section of this report.

Pneumonia/Influenza: Age-Adjusted Mortality (2008-2017 Annual Average Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2019.

Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Prevalence of Respiratory Disease

Asthma

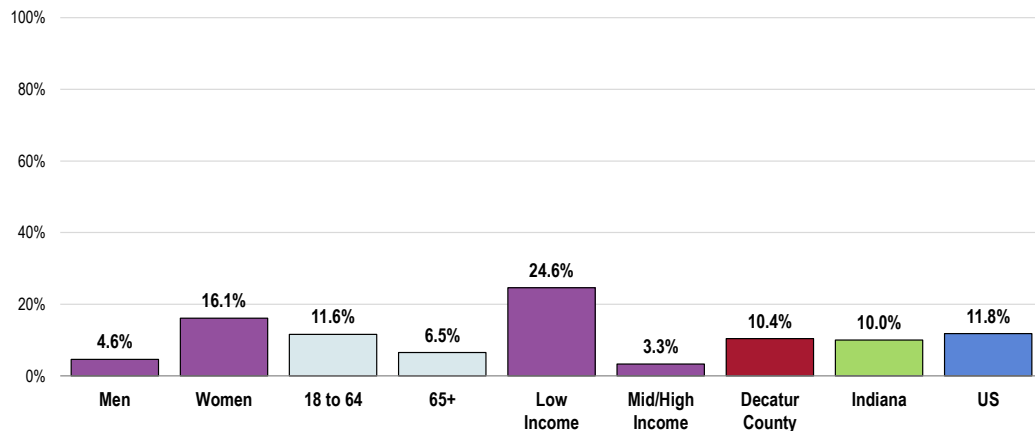
Adults

One in 10 Decatur County adults (10.4%) currently suffers from asthma.

- Similar to the statewide and national prevalence.
- Statistically more common among low-income adults and women.

Survey respondents were asked to indicate whether they suffer from or have been diagnosed with various respiratory conditions, including asthma and COPD.

Adult Asthma: Current Prevalence (Decatur County, 2019)



Sources: • 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 138]
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2017 Indiana data.
• 2017 PRC National Health Survey, Professional Research Consultants, Inc.

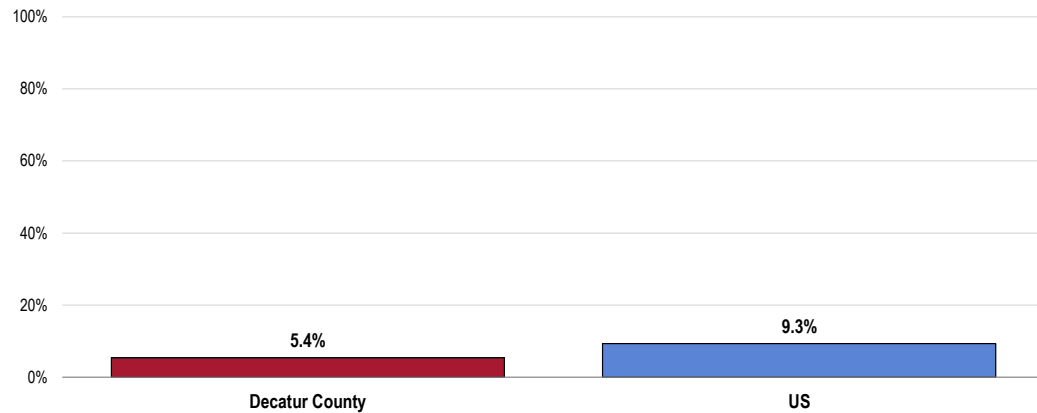
Notes: • Includes those who have ever been diagnosed with asthma, and who report that they still have asthma.
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Children

Among Decatur County children under age 18, 5.4% currently have asthma.

- Statistically similar to national findings.

Childhood Asthma: Current Prevalence (Among Parents of Children Age 0-17)



Sources: • 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 139]

• 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents with children 0 to 17 in the household.

• Includes children who have ever been diagnosed with asthma, and whom are reported to still have asthma.

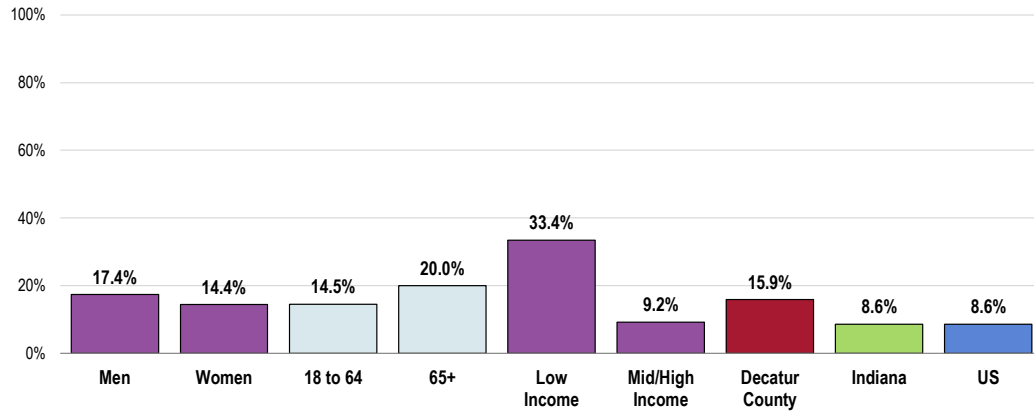
• The sample size for this indicator does not support demographic breakdowns.

Chronic Obstructive Pulmonary Disease (COPD)

A total of 15.9% of Decatur County adults suffer from chronic obstructive pulmonary disease (COPD, including emphysema and bronchitis).

- Above the state and national prevalence.
- Note that one-third of low-income residents report a COPD diagnosis, compared to 9.2% of those at higher incomes.

Prevalence of Chronic Obstructive Pulmonary Disease (COPD)



Sources:

- 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 24]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2017 Indiana data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

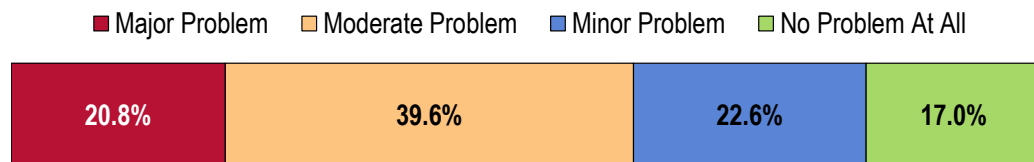
Notes:

- Asked of all respondents.
- Includes those having ever suffered from or been diagnosed with COPD or chronic obstructive pulmonary disease, including bronchitis or emphysema.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Key Informant Input: Respiratory Disease

The greatest share of key informants taking part in an online survey characterized *Respiratory Disease* as a "moderate problem" in the community.

Perceptions of Respiratory Diseases as a Problem in the Community (Key Informants, 2019)



Sources:

- PRC Online Key Informant Survey, Professional Research Consultants, Inc.

Notes:

- Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Tobacco Use

Smoking-related lung diseases, secondhand smoking-related diseases/illnesses in children. - Other Health Provider

Smoking in community. - Public Health Representative

Smokers, cancer, farmland with chemicals. - Public Health Representative

Smoking, industry. - Other Health Provider

Farming Community

We live in rural Indiana with lots of farming. I just think it has an effect on respiratory problems. Some smoke or have drug use that cause respiratory issues as well. - Other Health Provider

Rural farming community, a lot of exposure; high incidence of smoking/tobacco use, a lot of factory workers. - Other Health Provider

Prevalence/Incidence

There are a lot of smokers in the area, and I know of people with COPD and emphysema or chronic bronchitis, pulmonary hypertension and fibrosis, lung disease even lung cancer. - Community Leader

So many new people smoking. Many people have the mentality of "it will never happen to me." I support raising the age to purchase cigarettes to 21. - Community Leader

Injury & Violence

About Injury & Violence

Injuries and violence are widespread in society. Both unintentional injuries and those caused by acts of violence are among the top 15 killers for Americans of all ages. Many people accept them as “accidents,” “acts of fate,” or as “part of life.” However, most events resulting in injury, disability, or death are predictable and preventable.

Injuries are the leading cause of death for Americans ages 1 to 44, and a leading cause of disability for all ages, regardless of sex, race/ethnicity, or socioeconomic status. More than 180,000 people die from injuries each year, and approximately 1 in 10 sustains a nonfatal injury serious enough to be treated in a hospital emergency department.

Beyond their immediate health consequences, injuries and violence have a significant impact on the well-being of Americans by contributing to:

- Premature death
- Disability
- Poor mental health
- High medical costs
- Lost productivity

The effects of injuries and violence extend beyond the injured person or victim of violence to family members, friends, coworkers, employers, and communities.

Numerous factors can affect the risk of unintentional injury and violence, including individual behaviors, physical environment, access to health services (ranging from pre-hospital and acute care to rehabilitation), and social environment (from parental monitoring and supervision of youth to peer group associations, neighborhoods, and communities).

Interventions addressing these social and physical factors have the potential to prevent unintentional injuries and violence. Efforts to prevent unintentional injury may focus on:

- Modifications of the environment
- Improvements in product safety
- Legislation and enforcement
- Education and behavior change
- Technology and engineering

Efforts to prevent violence may focus on:

- Changing social norms about the acceptability of violence
- Improving problem-solving skills (for example, parenting, conflict resolution, coping)
- Changing policies to address the social and economic conditions that often give rise to violence

— Healthy People 2020 (www.healthypeople.gov)

Unintentional Injury

Age-Adjusted Unintentional Injury Deaths

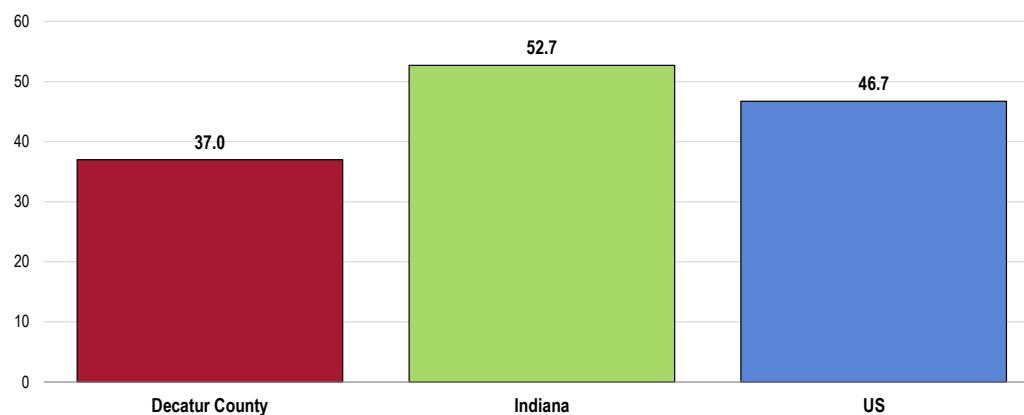
Between 2015 and 2017, there was an annual average age-adjusted unintentional injury mortality rate of 37.0 deaths per 100,000 population in Decatur County.

- More favorable than the Indiana and US rates.
- Similar to the Healthy People 2020 target (36.4 or lower).

Unintentional Injuries: Age-Adjusted Mortality

(2015-2017 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 36.4 or Lower



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2019.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IVP-11]

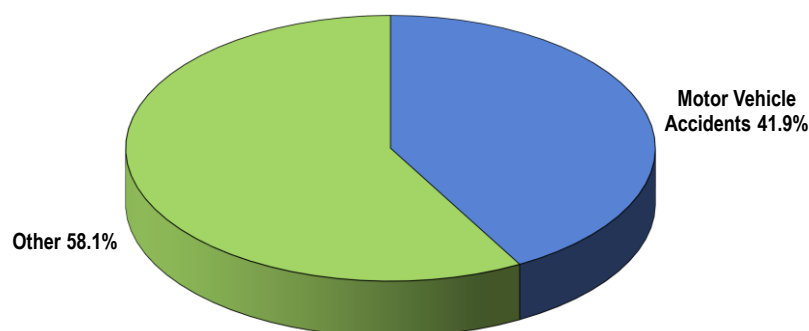
Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 • Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Motor Vehicle Crash Deaths

Motor vehicle accidents accounted for a large portion of accidental deaths in Decatur County between 2015 and 2017.

Leading Causes of Accidental Death

(Decatur County, 2015-2017)

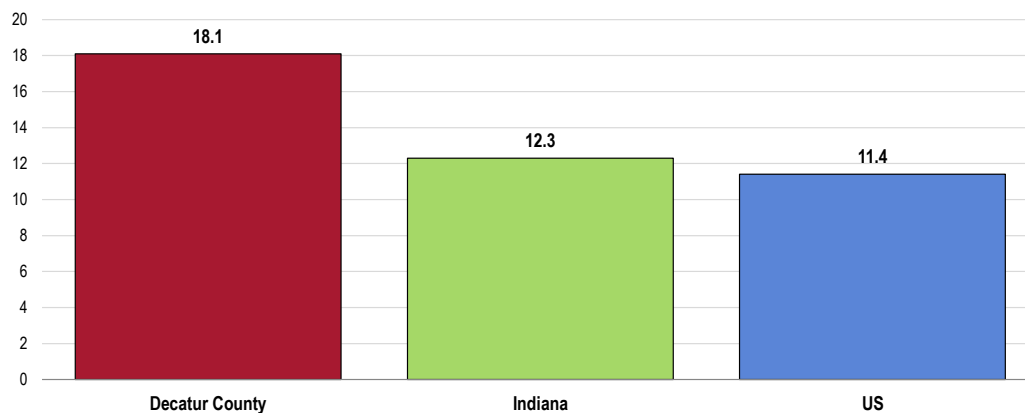


Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2019.
 Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).

The following chart outlines 2008-2017 average age-adjusted mortality for motor vehicle crashes.

- Above state and national rates.
- Fails to satisfy the Healthy People 2020 target of 12.4 or lower.

Motor Vehicle Accidents: Age-Adjusted Mortality
(2008-2017 Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 12.4 or Lower



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2019.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IVP-13.1]
 Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 • Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Falls

Falls

Each year, an estimated one-third of older adults fall, and the likelihood of falling increases substantially with advancing age. In 2005, a total of 15,802 persons age ≥65 years died as a result of injuries from falls.

Falls are the leading cause of fatal and nonfatal injuries for persons aged ≥65 years ... In 2006, approximately 1.8 million persons aged ≥65 years (nearly 5% of all persons in that age group) sustained some type of recent fall-related injury. Even when those injuries are minor, they can seriously affect older adults' quality of life by inducing a fear of falling, which can lead to self-imposed activity restrictions, social isolation, and depression.

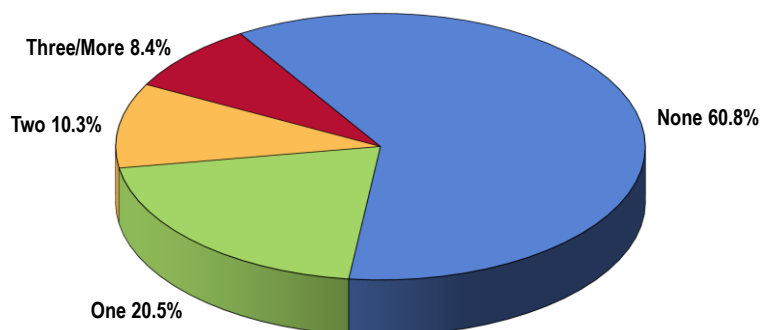
In addition, fall-related medical treatment places a burden on US healthcare services. In 2000, direct medical costs for fall-related injuries totaled approximately \$19 billion. A recent study determined that 31.8% of older adults who sustained a fall-related injury required help with activities of daily living as a result, and among them, 58.5% were expected to require help for at least 6 months.

Modifiable fall risk factors include muscle weakness, gait and balance problems, poor vision, use of psychoactive medications, and home hazards. Falls among older adults can be reduced through evidence-based fall-prevention programs that address these modifiable risk factors. Most effective interventions focus on exercise, alone or as part of a multifaceted approach that includes medication management, vision correction, and home modifications.

— Division of Unintentional Injury Prevention, National Center for Injury Prevention and Control, CDC

Among surveyed Decatur County adults age 45 and older, 39.2% fell at least once in the past year, including 8.4% who fell three or more times.

Number of Falls in Past 12 Months
(Among Adults Age 45 and Older; Decatur County, 2019)

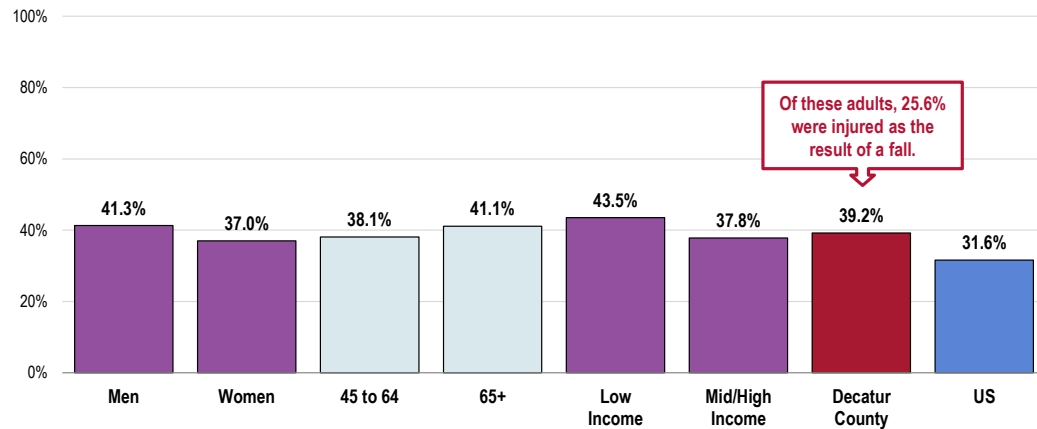


Sources: • 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 107]
Notes: • Asked of all respondents age 45+.

- The prevalence of adults age 45+ who fell at least once in the past year is similar to the national proportion.
- Differences by demographic characteristics are not significant.

Among those who fell in the past year, 25.6% were injured as a result of the fall.

Fell One or More Times in the Past Year (Among Respondents Age 45 and Older; Decatur County, 2019)



Sources: • 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 107-108]

• 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of those respondents age 45 and older.

• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Age-Adjusted Firearm-Related Deaths

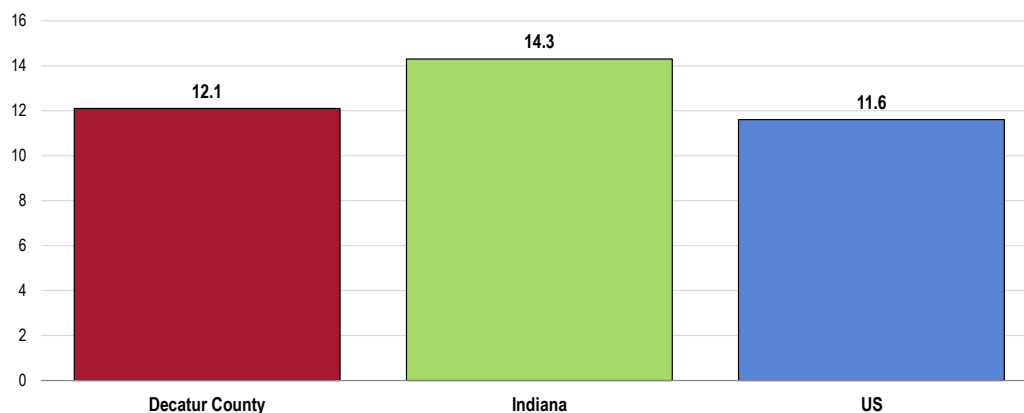
Between 2008 and 2017, firearms in Decatur County contributed to an annual average age-adjusted rate of 12.1 deaths per 100,000 population.

- Lower than found statewide.
- Similar to the nation.
- Fails to satisfy the Healthy People 2020 objective (9.3 or lower).

Firearms-Related Deaths: Age-Adjusted Mortality

(2008-2017 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 9.3 or Lower



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2019.

• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IVP-30]

Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).

• Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Intentional Injury (Violence)

Violent Crime

Violent Crime Rates

Between 2012 and 2014, there were a reported 282.1 violent crimes per 100,000 population in Decatur County.

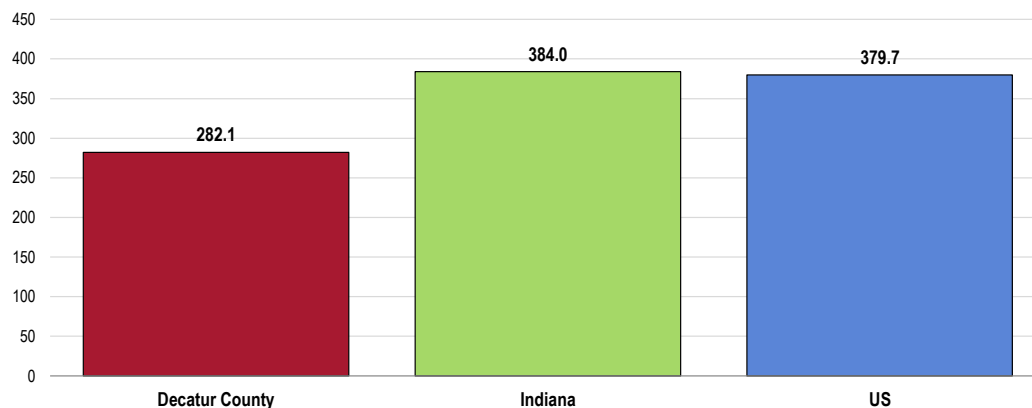
- Below the Indiana and US rates for the same period.

Violent crime is composed of four offenses (FBI Index offenses): murder and non-negligent manslaughter; forcible rape; robbery; and aggravated assault.

Note that the quality of crime data can vary widely from location to location, depending on the consistency and completeness of reporting among various jurisdictions.

Violent Crime

(Rate per 100,000 Population, 2012-2014)



Sources: • Federal Bureau of Investigation, FBI Uniform Crime Reports.

• Retrieved March 2019 from Community Commons at <http://www.ccrna.org>.

Notes: • This indicator reports the rate of violent crime offenses reported by the sheriff's office or county police department per 100,000 residents. Violent crime includes homicide, rape, robbery, and aggravated assault. This indicator is relevant because it assesses community safety.

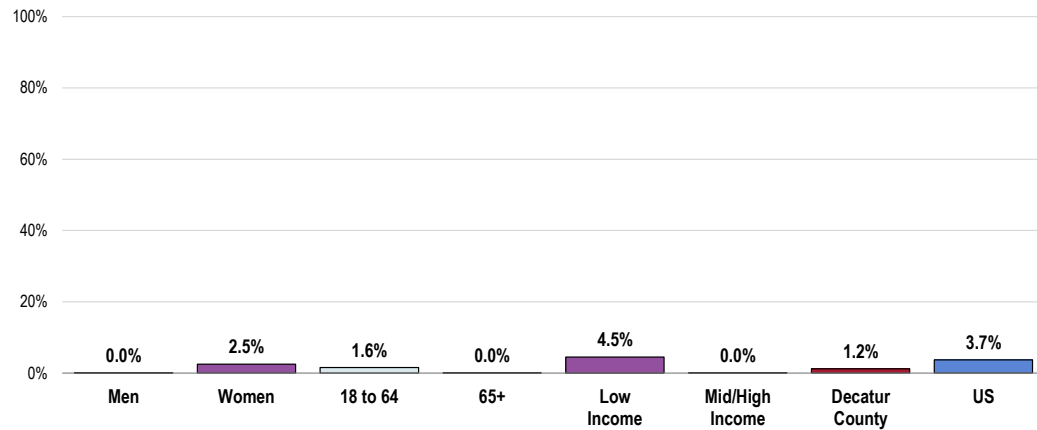
• Participation by law enforcement agencies in the UCR program is voluntary. Sub-state data do not necessarily represent an exhaustive list of crimes due to gaps in reporting. Also, some institutions of higher education have their own police departments, which handle offenses occurring within campus grounds; these offenses are not included in the violent crime statistics, but can be obtained from the Uniform Crime Reports Universities and Colleges data tables.

Community Violence

A total of 1.2% of surveyed Decatur County adults acknowledge being the victim of a violent crime in the area in the past five years.

- Lower than national findings.
- No significant differences by demographic breakouts.

Victim of a Violent Crime in the Past Five Years (Decatur County, 2019)



Sources: • 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 46]
• 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Family Violence

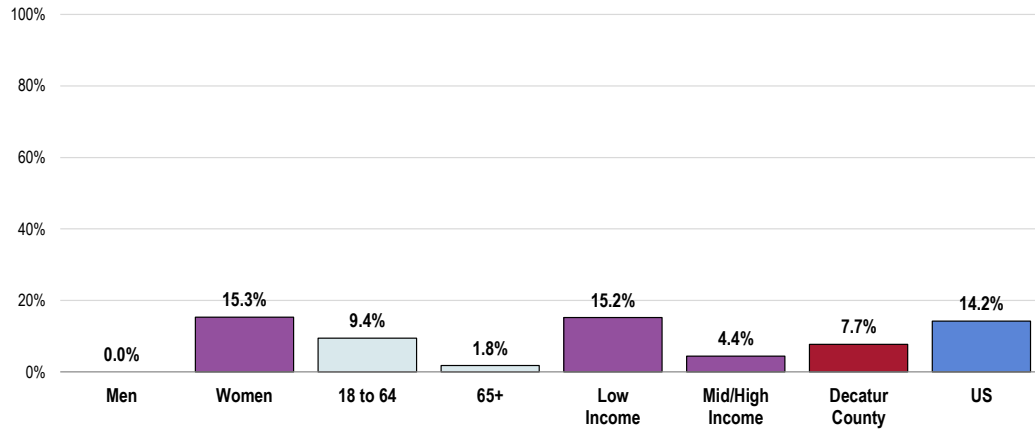
A total of 7.7% of Decatur County adults acknowledge that they have ever been hit, slapped, pushed, kicked, or otherwise hurt by an intimate partner.

- More favorable than national findings.
- Reports of domestic violence are statistically higher among women and adults under age 65.

Respondents were read:

"By an intimate partner, I mean any current or former spouse, boyfriend, or girlfriend. Someone you were dating, or romantically or sexually intimate with would also be considered an intimate partner."

Have Ever Been Hit, Slapped, Pushed, Kicked, or Hurt in Any Way by an Intimate Partner (Decatur County, 2019)



Sources: • 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 47]
• 2017 PRC National Health Survey, Professional Research Consultants, Inc.

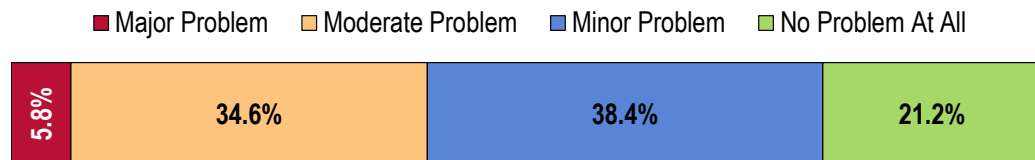
Notes: • Asked of all respondents.
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Key Informant Input: Injury & Violence

The largest share of key informants taking part in an online survey characterized *Injury & Violence* as a "minor problem" slightly more often than a "moderate problem" in the community.

Perceptions of Injury and Violence as a Problem in the Community

(Key Informants, 2019)



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Child Abuse/Domestic Violence

We seem to have domestic problem in the area. Maybe we are more aware of problems. - Other Health Provider

Many victims of child abuse and domestic violence. - Other Health Provider

Prevalence/Incidence

It is a growing problem year after year. Much of it is caused by drug and alcohol abuse. - Community Leader

Diabetes

About Diabetes

Diabetes mellitus occurs when the body cannot produce or respond appropriately to insulin. Insulin is a hormone that the body needs to absorb and use glucose (sugar) as fuel for the body's cells. Without a properly functioning insulin signaling system, blood glucose levels become elevated and other metabolic abnormalities occur, leading to the development of serious, disabling complications. Many forms of diabetes exist; the three common types are Type 1, Type 2, and gestational diabetes. Effective therapy can prevent or delay diabetic complications.

Diabetes mellitus:

- Lowers life expectancy by up to 15 years.
- Increases the risk of heart disease by 2 to 4 times.
- Is the leading cause of kidney failure, lower limb amputations, and adult-onset blindness.

The rate of diabetes mellitus continues to increase both in the United States and throughout the world. Due to the steady rise in the number of persons with diabetes mellitus, and possibly earlier onset of type 2 diabetes mellitus, there is growing concern about the possibility that the increase in the number of persons with diabetes mellitus and the complexity of their care might overwhelm existing healthcare systems.

People from minority populations are more frequently affected by type 2 diabetes. Minority groups constitute 25% of all adult patients with diabetes in the US and represent the majority of children and adolescents with type 2 diabetes.

Lifestyle change has been proven effective in preventing or delaying the onset of type 2 diabetes in high-risk individuals.

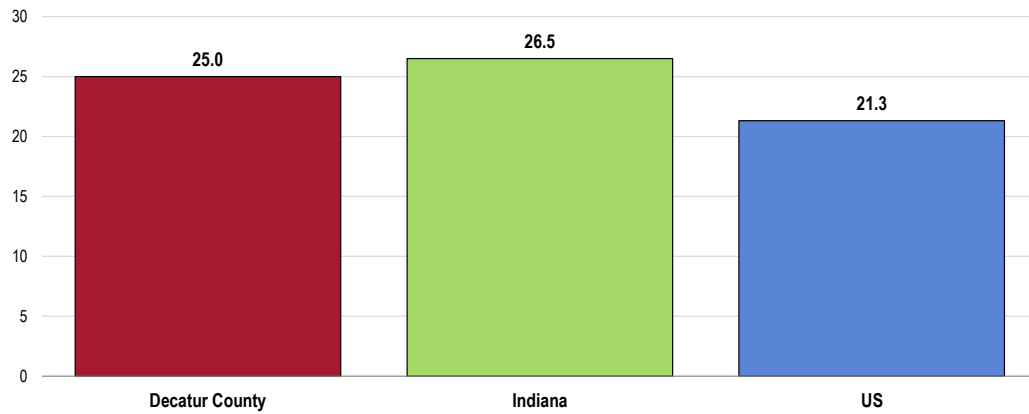
— Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Diabetes Deaths

Between 2015 and 2017, there was an annual average age-adjusted diabetes mortality rate of 25.0 deaths per 100,000 population in Decatur County.

- Similar to that found statewide or nationally.
- Fails to satisfy the Healthy People 2020 target (20.5 or lower, adjusted to account for diabetes mellitus-coded deaths).

Diabetes: Age-Adjusted Mortality (2015-2017 Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 20.5 or Lower (Adjusted)



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2019.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective D-3]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
 - The Healthy People 2020 target for Diabetes is adjusted to account for only diabetes mellitus coded deaths.

Prevalence of Diabetes

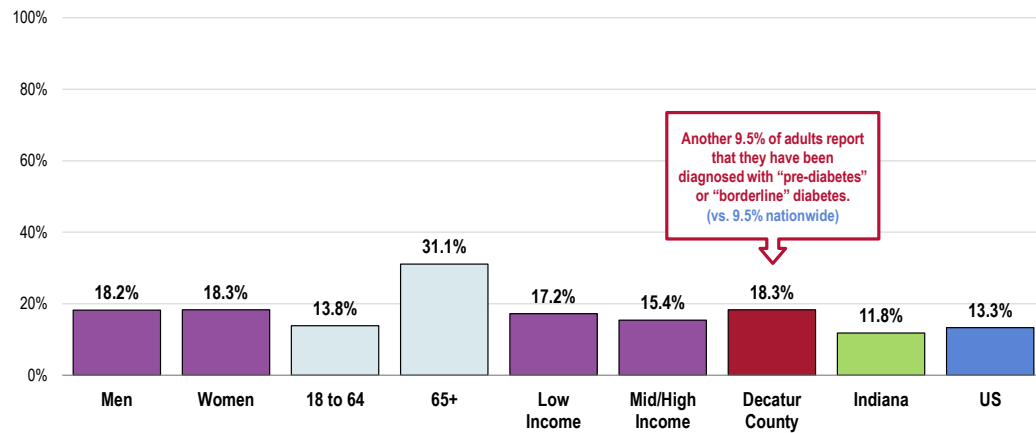
A total of 18.3% of Decatur County adults report having been diagnosed with diabetes.

- Worse than the statewide proportion.
- Statistically comparable to the national proportion.
- Notably high among older adults.

In addition to the prevalence of diagnosed diabetes referenced above, another 9.5% of Decatur County adults report that they have “pre-diabetes” or “borderline diabetes.”

- Matches the US prevalence.

Prevalence of Diabetes (Decatur County, 2019)



Sources:

- 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 140]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2017 Indiana data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:

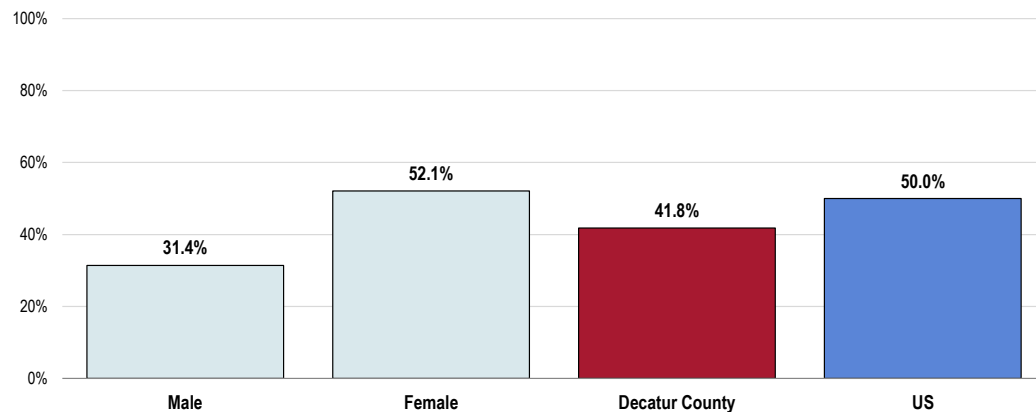
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- Excludes gestational diabetes (occurring only during pregnancy).

Diabetes Testing

Of area adults who have not been diagnosed with diabetes, 41.8% report having had their blood sugar level tested within the past three years.

- Statistically similar to the national proportion.
- Non-diabetic men are less likely to have had their blood sugar tested than non-diabetic women.

Have Had Blood Sugar Tested in the Past Three Years (Among Nondiabetics)



Sources:

- 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 37]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:

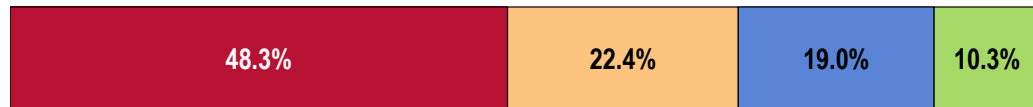
- Asked of respondents who have not been diagnosed with diabetes.
- The sample size for this indicator does not support other demographic breakdowns.

Key Informant Input: Diabetes

Just under half of key informants taking part in an online survey characterized *Diabetes* as a “major problem” in the community.

Perceptions of Diabetes as a Problem in the Community (Key Informants, 2019)

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Disease Management

I would assume management of diabetes and taking the proper steps to get it under control. Also, there needs to be a stronger, more urgent message about the dangers of diabetes and what can be done to stop it if you are in the target risk factor. - Community Leader

Many of the Decatur County physicians diagnose an individual with diabetes, but then do not spend the time with them on how to manage the condition. They don't spend enough time with them; they schedule the patient for another appointment and send them on their way. - Community Leader

There is a large knowledge gap in what it takes to maintain diabetes as a chronic illness. This gap includes knowledge related to what is diabetes in general, nutrition, and access to medication. - Public Health Representative

I believe the biggest challenge is getting people more healthy and on the right track to good health. - Community Leader

Individual compliance regarding personal lifestyle behavior, appropriate diet and exercise, education. - Public Health Representative

Help living with the condition and knowing they are not alone. - Community Leader

Getting diagnosed early and proper treatment. - Community Leader

Support in getting treatment and staying the course. - Community Leader

Navigation and support. - Community Leader

Awareness/Education

Nutritional planning outside of a physician's office or hospital setting. People may need to be educated beyond the immediate diagnosis. Low- or no-cost options for education should be available. - Community Leader

Lack of education between the relationship of food and drink and the reaction on the body. Their willingness to stay the course and accept responsibility for their health. Financial resources. - Other Health Provider

Support groups and food education. Costs of medical supplies and medications. - Other Health Provider

Understanding how debilitating this disease really is. Getting help and controlling the negative effects of this on everyone's life. - Community Leader

Lack of education related to lifestyle risks, poor nutrition, expense of healthy diet, excess fast food availability, expense of exercise facilities on fixed incomes. - Other Health Provider

Lifestyle

I see a couple of big problems. One is people are not getting enough activity. People tend to sit all day and eat foods that are easy access and are not healthy. Fast food, Vending machines. The solution is we have a form of diet/nutrition plan and moderate activity planned daily. When we are diagnosed, pre-diabetic or diabetic action should be taken immediately. Nutritional counseling and a resistance training should be put into place as part of the solution. Accountability is going to be an extremely important tool to use. We/people tend to easily forget and resort back to habits that put us to where we are in the first place. - Public Health Representative

Coping with a poor diet and an environment/culture that supports a poor diet. We also lack healthy food options, be it restaurants or groceries relative to other locations. This is particularly true with lower-income families. - Community Leader

Diet management. Everywhere you turn, there are different diets, and it is hard to know the healthiest options. - Social Services Provider

Diet control. Coaching along the way to keep them on track. - Community Leader

Obesity

Obesity and poor lifestyle choices. - Community Leader

Weight gain and obesity. – Physician

Obesity. - Other Health Provider

Affordable Medications/Supplies

The cost of insulin for the normal person who falls through the loophole. Or maybe the person's insurance has a huge deductible. Normal insulin costs for a diabetic is \$1,000 per month. Young families cannot afford this. - Community Leader

Lack of Specialists

Specialist on diabetes, understanding about diabetes and how to control the disease. - Public Health Representative

Prevalence/Incidence

Seems everyone you talk to anymore has Type 2 diabetes. Keeping their A1C's down is a major problem. - Community Leader

Alzheimer's Disease

About Dementia

Dementia is the loss of cognitive functioning—thinking, remembering, and reasoning—to such an extent that it interferes with a person's daily life. Dementia is not a disease itself, but rather a set of symptoms. Memory loss is a common symptom of dementia, although memory loss by itself does not mean a person has dementia. Alzheimer's disease is the most common cause of dementia, accounting for the majority of all diagnosed cases.

Alzheimer's disease is the 6th leading cause of death among adults age 18 years and older. Estimates vary, but experts suggest that up to 5.1 million Americans age 65 years and older have Alzheimer's disease. These numbers are predicted to more than double by 2050 unless more effective ways to treat and prevent Alzheimer's disease are found.

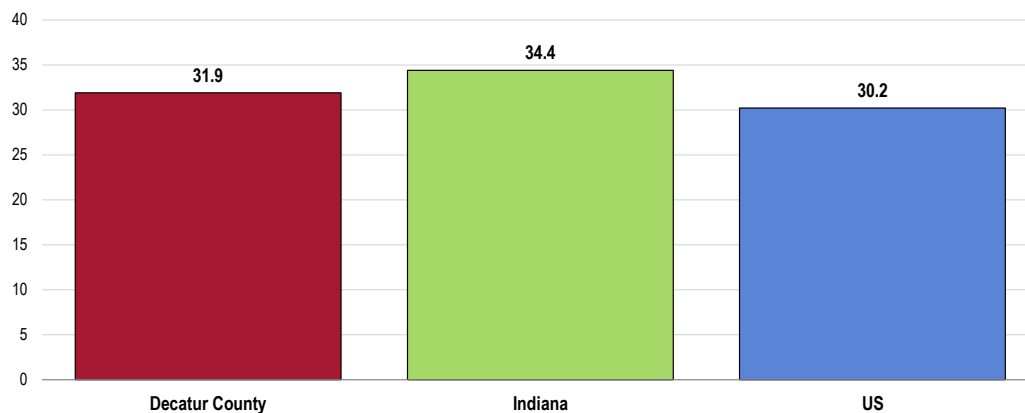
— Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Alzheimer's Disease Deaths

Between 2015 and 2017, there was an annual average age-adjusted Alzheimer's disease mortality rate of 31.9 deaths per 100,000 population in Decatur County.

- Comparable to the statewide and national rates.

Alzheimer's Disease: Age-Adjusted Mortality (2015-2017 Annual Average Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2019.

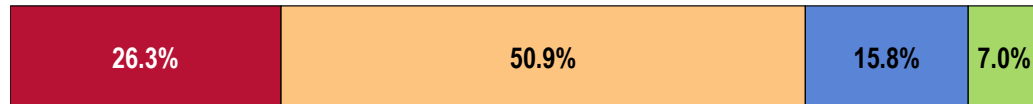
Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Key Informant Input: Dementias, Including Alzheimer's Disease

Half of key informants taking part in an online survey are most likely to consider *Dementias, Including Alzheimer's Disease* as a “moderate problem” in the community.

Perceptions of Dementia/Alzheimer's Disease as a Problem in the Community (Key Informants, 2019)

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Prevalence/Incidence

I have experienced that in our family, and it seems there is no treatment or explanation of care to prolong life or ease the stress of symptoms. - Community Leader

So many residents have been diagnosed with this disease. When I visit the nursing homes, so many people I know are there for this reason. There is a waiting list at most facilities. - Community Leader

Seems to be a great deal of families affected by a family member with the disease. - Community Leader

This disease has affected our family, and we know others in the community that have this disease. - Community Leader

It seems you hear people talking more and more about their mothers and fathers suffering from this disability. It seems to be way more common than it used to be. - Community Leader

So many people are affected by this. - Community Leader

Aging Population

We have an aging population; many persons with dementia are under-identified. Our resources for caregivers are not always well advertised or promoted. - Physician

Aging, elderly community. - Other Health Provider

Aging population with comorbidities. - Other Health Provider

Elderly population. - Public Health Representative

Lack of Qualified Providers

I believe we have adequate insurance, but expertise lacks in the treatment and care for Alzheimer and dementia patients. - Community Leader

We have very limited neurology options. – Physician

Awareness/Education

I feel that there is a lack of knowledge and understanding of this disease in the community, as well as from EMS/ER/medical surgery area. I work in long-term care, and my company is always striving to educate families/community members/emergency responders and the people that come into contact with people with these diseases. Our goal is to offer support and education for a better understanding so they can receive better care. - Other Health Provider

Diagnosis/Treatment

*Lack of proper diagnosis, because information is hard to be obtained by medical professionals. -
Community Leader*

Support for Caregivers

Caring for the caregivers. - Community Leader

Kidney Disease

About Kidney Disease

Chronic kidney disease and end-stage renal disease are significant public health problems in the United States and a major source of suffering and poor quality of life for those afflicted. They are responsible for premature death and exact a high economic price from both the private and public sectors. Nearly 25% of the Medicare budget is used to treat people with chronic kidney disease and end-stage renal disease.

Genetic determinants have a large influence on the development and progression of chronic kidney disease. It is not possible to alter a person's biology and genetic determinants; however, environmental influences and individual behaviors also have a significant influence on the development and progression of chronic kidney disease. As a result, some populations are disproportionately affected. Successful behavior modification is expected to have a positive influence on the disease.

Diabetes is the most common cause of kidney failure. The results of the Diabetes Prevention Program (DPP) funded by the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) show that moderate exercise, a healthier diet, and weight reduction can prevent development of type 2 diabetes in persons at risk.

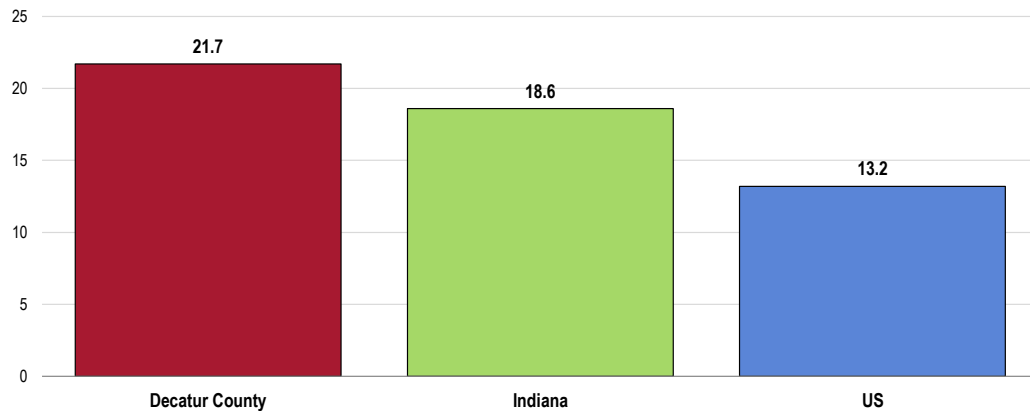
— Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Kidney Disease Deaths

Between 2015 and 2017, there was an annual average age-adjusted kidney disease mortality rate of 21.7 deaths per 100,000 population in Decatur County.

- Similar to the rate found statewide.
- Higher than the national rate.

Kidney Disease: Age-Adjusted Mortality
(2015-2017 Annual Average Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2019.

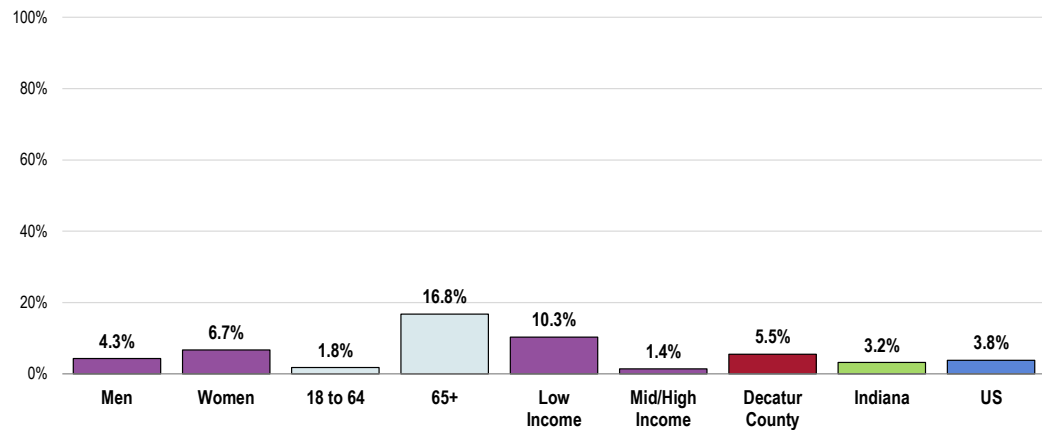
Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Prevalence of Kidney Disease

A total of 5.5% of Decatur County adults report having been diagnosed with kidney disease.

- Statistically similar to the state and national proportions.
- Notably high among older adults.

Prevalence of Kidney Disease (Decatur County, 2019)



Sources:

- 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 30]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2017 Indiana data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

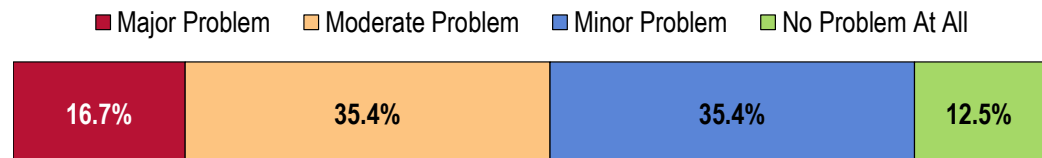
Notes:

- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Key Informant Input: Kidney Disease

Key informants taking part in an online survey characterized *Kidney Disease* as a "moderate problem" equally as often as a "minor problem" in the community.

Perceptions of Kidney Disease as a Problem in the Community (Key Informants, 2019)



Sources:

- PRC Online Key Informant Survey, Professional Research Consultants, Inc.

Notes:

- Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Comorbidities

Related to the substance abuse and smokers. - Public Health Representative

Out-of-control blood pressure and diabetes. - Physician

Heart disease, diabetes. - Other Health Provider

Prevalence/Incidence

Have dialysis centers, see patients who have chronic kidney disease. - Other Health Provider

I know of many people going through dialysis, have frequent kidney stones. - Community Leader

Awareness/Education

Continue to work to educate the public of the many different services available and lifestyle changes that can affect their health now and in the future. - Community Leader

Potentially Disabling Conditions

Arthritis, Osteoporosis & Chronic Back Conditions

About Arthritis, Osteoporosis & Chronic Back Conditions

There are more than 100 types of arthritis. Arthritis commonly occurs with other chronic conditions, such as diabetes, heart disease, and obesity. Interventions to treat the pain and reduce the functional limitations from arthritis are important, and may also enable people with these other chronic conditions to be more physically active. Arthritis affects 1 in 5 adults and continues to be the most common cause of disability. It costs more than \$128 billion per year. All of the human and economic costs are projected to increase over time as the population ages. There are interventions that can reduce arthritis pain and functional limitations, but they remain underused. These include: increased physical activity; self-management education; and weight loss among overweight/obese adults.

Osteoporosis is a disease marked by reduced bone strength leading to an increased risk of fractures (broken bones). In the United States, an estimated 5.3 million people age 50 years and older have osteoporosis. Most of these people are women, but about 0.8 million are men. Just over 34 million more people, including 12 million men, have low bone mass, which puts them at increased risk for developing osteoporosis. Half of all women and as many as 1 in 4 men age 50 years and older will have an osteoporosis-related fracture in their lifetime.

Chronic back pain is common, costly, and potentially disabling. About 80% of Americans experience low back pain in their lifetime. It is estimated that each year:

- 15%-20% of the population develop protracted back pain.
- 2-8% have chronic back pain (pain that lasts more than 3 months).
- 3-4% of the population is temporarily disabled due to back pain.
- 1% of the working-age population is disabled completely and permanently as a result of low back pain.

Americans spend at least \$50 billion each year on low back pain. Low back pain is the:

- 2nd leading cause of lost work time (after the common cold).
- 3rd most common reason to undergo a surgical procedure.
- 5th most frequent cause of hospitalization.

Arthritis, osteoporosis, and chronic back conditions all have major effects on quality of life, the ability to work, and basic activities of daily living.

— Healthy People 2020 (www.healthypeople.gov)

A total of 45.1% of Decatur County adults age 50 and older report suffering from arthritis or rheumatism.

- Similar to the national prevalence.

Nearly one in 10 Decatur County adults age 50 and older (9.9%) have osteoporosis.

- Similar to that found nationwide.
- Similar to the Healthy People 2020 target of 5.3% or lower.

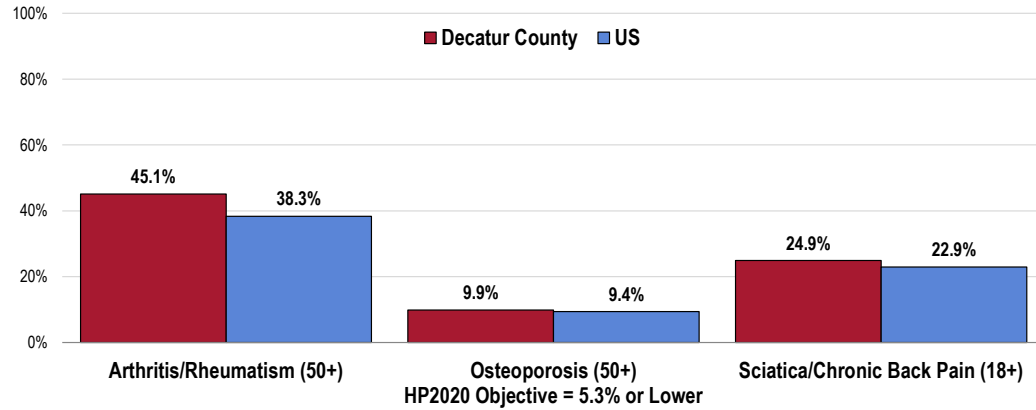
One-quarter (24.9%) of Decatur County adults (18 and older) suffer from chronic back pain or sciatica.

- Similar to the nation.

RELATED ISSUE:

See also *Overall Health Status: Activity Limitations* in the **General Health Status** section of this report.

Prevalence of Potentially Disabling Conditions



Sources: • 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 26, 141-142]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective AOCBC-10]

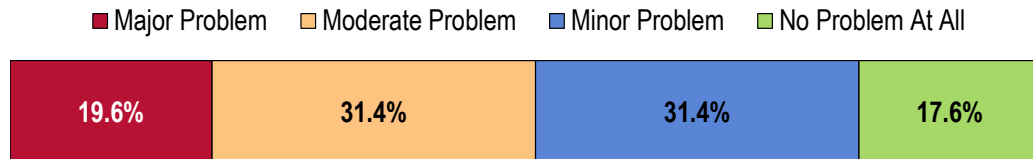
Notes: • The sciatica indicator reflects the total sample of respondents; the arthritis and osteoporosis columns reflect adults age 50+.

Key Informant Input: Arthritis, Osteoporosis & Chronic Back Conditions

Key informants taking part in an online survey characterized **Arthritis, Osteoporosis & Chronic Back Conditions** as a “moderate problem” equally as often as a “minor problem” in the community.

Perceptions of Arthritis/Osteoporosis/Back Conditions as a Problem in the Community

(Key Informants, 2019)



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Prevalence/Incidence

I feel like these conditions are a major problem because I know so many people in our community who have chronic pain from these conditions. - Community Leader

We have lots of people who suffer from back problems that work in my company. However, many of the problems existed prior to them coming to work here. - Community Leader

Many people with chronic back conditions are unable to effectively find relief for their back issues leading to opioid epidemic. - Social Services Provider

Aging Population

These conditions are more likely in an aging population. - Community Leader

Our aging community and type of agricultural community we live in. - Community Leader

Work-Related

We have a lot of people with back and arthritis issues in this county, largely work-related in many cases. We don't have a good community program other than pain management and individual therapy referrals to manage this. - Physician

Repetitive motion injuries due to factory and farm work. - Other Health Provider

Lack of Specialists

We do not have a rheumatologist. - Physician

Obesity

Most people are overweight and don't exercise. As a result, many people suffer from back problems. - Physician

Rural Area

Rural area, much farming, factory work, poor nutrition, poor exercise habits. - Other Health Provider

Vision & Hearing Impairment**About Vision**

Vision is an essential part of everyday life, influencing how Americans of all ages learn, communicate, work, play, and interact with the world. Yet millions of Americans live with visual impairment, and many more remain at risk for eye disease and preventable eye injury.

The eyes are an important, but often overlooked, part of overall health. Despite the preventable nature of some vision impairments, many people do not receive recommended screenings and exams. A visit to an eye care professional for a comprehensive dilated eye exam can help to detect common vision problems and eye diseases, including diabetic retinopathy, glaucoma, cataract, and age-related macular degeneration.

These common vision problems often have no early warning signs. If a problem is detected, an eye care professional can prescribe corrective eyewear, medicine, or surgery to minimize vision loss and help a person see his or her best.

Healthy vision can help to ensure a healthy and active lifestyle well into a person's later years. Educating and engaging families, communities, and the nation is critical to ensuring that people have the information, resources, and tools needed for good eye health.

— Healthy People 2020 (www.healthypeople.gov)

About Hearing & Other Sensory or Communication Disorders

An impaired ability to communicate with others or maintain good balance can lead many people to feel socially isolated, have unmet health needs, have limited success in school or on the job. Communication and other sensory processes contribute to our overall health and well-being. Protecting these processes is critical, particularly for people whose age, race, ethnicity, gender, occupation, genetic background, or health status places them at increased risk.

Many factors influence the numbers of Americans who are diagnosed and treated for hearing and other sensory or communication disorders, such as social determinants (social and economic standings, age of diagnosis, cost and stigma of wearing a hearing aid, and unhealthy lifestyle choices). In addition, biological causes of hearing loss and other sensory or communication disorders include: genetics; viral or bacterial infections; sensitivity to certain drugs or medications; injury; and aging.

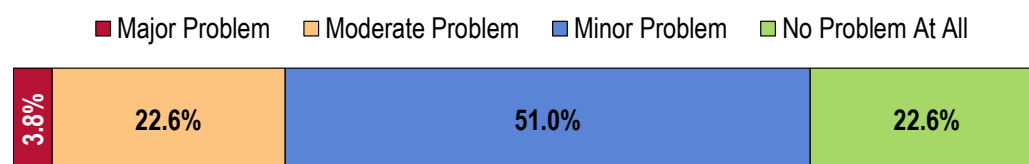
As the nation's population ages and survival rates for medically fragile infants and for people with severe injuries and acquired diseases improve, the prevalence of sensory and communication disorders is expected to rise.

— Healthy People 2020 (www.healthypeople.gov)

Key Informant Input: Vision & Hearing

Over half of key informants taking part in an online survey most often characterized *Vision & Hearing* as a “minor problem” in the community.

Perceptions of Vision and Hearing as a Problem in the Community (Key Informants, 2019)



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” the following reason was given:

Access to Care/Services

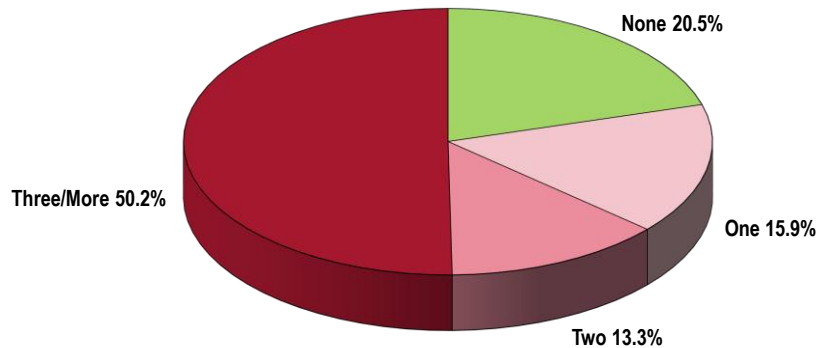
Resources are not always available to all citizens. - Community Leader

Multiple Chronic Conditions

Among Decatur County survey respondents, most report currently having at least one chronic health condition, including half (50.2%) with three or more chronic conditions.

For the purposes of this assessment, chronic conditions include lung disease, arthritis, sciatica, cancer, osteoporosis, kidney disease, heart attack, angina, stroke, asthma, hypertension, high blood cholesterol, diabetes, obesity, and/or diagnosed depression. Multiple chronic conditions are concurrent conditions.

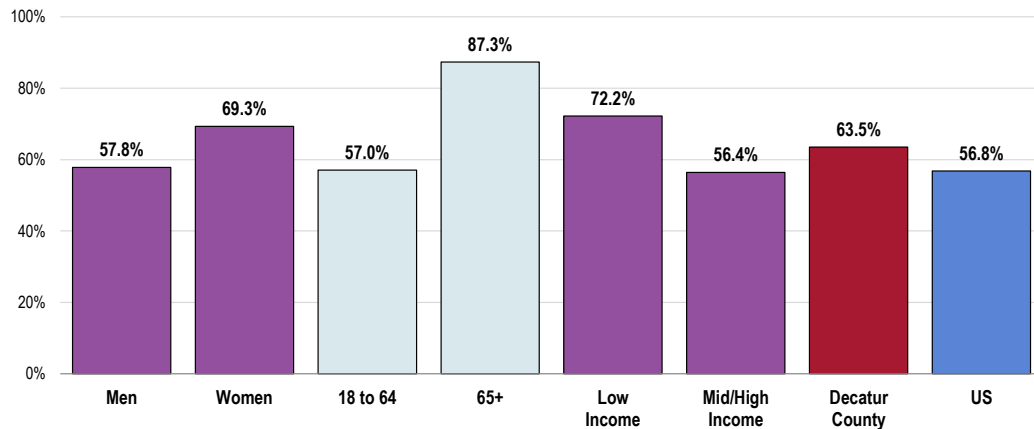
Number of Current Chronic Conditions
(Decatur County, 2019)



Sources: • 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 143]
Notes: • Asked of all respondents.
• In this case, chronic conditions include lung disease, arthritis, sciatica, cancer, osteoporosis, kidney disease, heart attack, angina, stroke, asthma, hypertension, high blood cholesterol, diabetes, obesity, and/or diagnosed depression.

- The prevalence of multiple chronic conditions among Decatur County residents (63.5%) is comparable to the US prevalence.
- Viewed by demographics, older adults and low-income residents are more likely to report suffering from multiple chronic conditions.

Currently Suffer From Multiple Chronic Conditions
(Decatur County, 2019)



Sources: • 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 143]
• 2017 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
• In this case, chronic conditions include lung disease, arthritis, sciatica, cancer, osteoporosis, kidney disease, heart attack, angina, stroke, asthma, hypertension, high blood cholesterol, diabetes, obesity, and/or diagnosed depression.

Infectious Disease



Professional Research Consultants, Inc.

Influenza & Pneumonia Vaccination

About Influenza & Pneumonia

Acute respiratory infections, including pneumonia and influenza, are the 8th leading cause of death in the nation, accounting for 56,000 deaths annually. Pneumonia mortality in children fell by 97% in the last century, but respiratory infectious diseases continue to be leading causes of pediatric hospitalization and outpatient visits in the US. On average, influenza leads to more than 200,000 hospitalizations and 36,000 deaths each year. The 2009 H1N1 influenza pandemic caused an estimated 270,000 hospitalizations and 12,270 deaths (1,270 of which were of people younger than age 18) between April 2009 and March 2010.

— Healthy People 2020 (www.healthypeople.gov)

Flu Vaccination

Among Decatur County older adults, 79.6% received a flu shot within the past year.

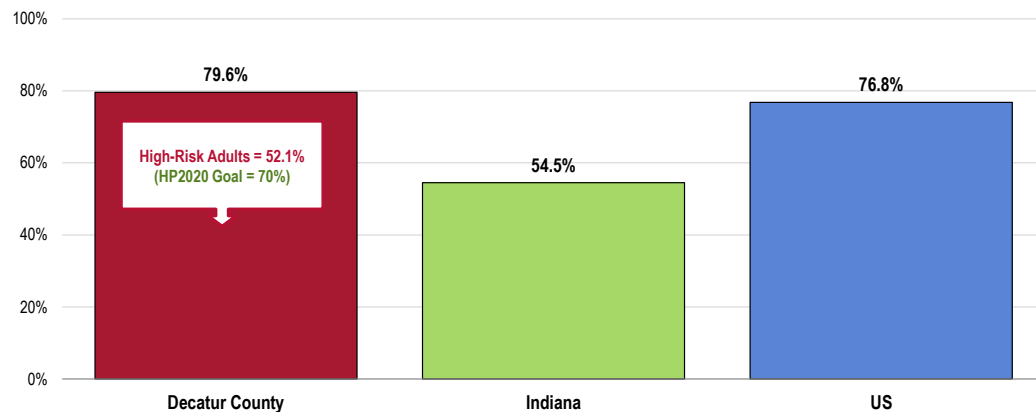
- Much more favorable than the Indiana finding.
- Similar to the national finding.
- Statistically similar to the Healthy People 2020 target (70% or higher).

"High-risk" includes adults who report having been diagnosed with heart disease, diabetes, or respiratory disease.

A total of 52.1% of high-risk adults age 18 to 64 received a flu shot within the past year.

Older Adults: Have Had a Flu Vaccination in the Past Year (Among Adults Age 65+)

Healthy People 2020 Target = 70.0% or Higher



- Sources:
- 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 144-145]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2017 Indiana data.
 - 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IID-12.12]
- Notes:
- Reflects respondents 65 and older.
 - "High-Risk" includes adults age 18 to 64 who have been diagnosed with heart disease, diabetes, or respiratory disease.
 - The sample size for this indicator does not support demographic breakdowns.

Pneumonia Vaccination

Among Decatur County adults age 65 and older, 69.5% have received a pneumonia vaccination at some point in their lives.

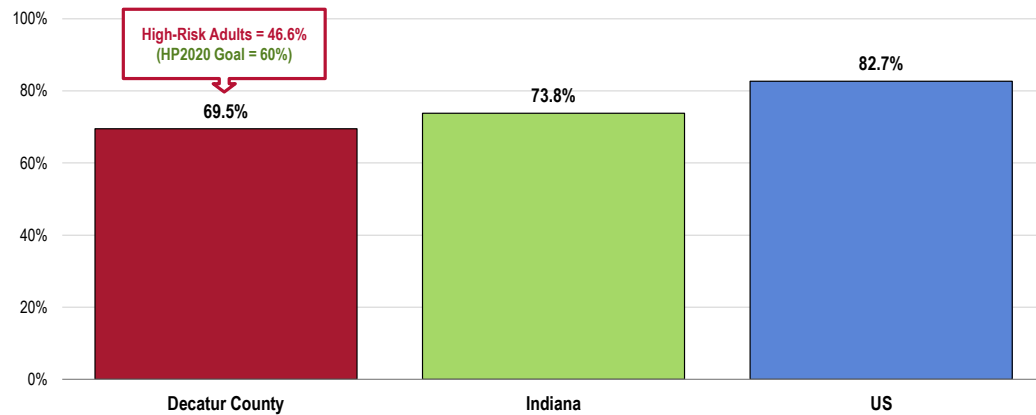
- Similar to the Indiana finding.
- Less favorable than the national finding.
- Fails to satisfy the Healthy People 2020 target of 90% or higher.

A total of 46.6% of high-risk adults age 18 to 64 have ever received a pneumonia vaccination.

Older Adults: Have Ever Had a Pneumonia Vaccine

(Among Adults Age 65+)

Healthy People 2020 Target = 90.0% or Higher



- Sources:
- 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 146-147]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2017 Indiana data.
 - 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objectives IID-13.1, IID-13.2]
- Notes:
- Reflects respondents 65 and older.
 - "High-Risk" includes adults age 18 to 64 who have been diagnosed with heart disease, diabetes or respiratory disease.
 - The sample size for this indicator does not support demographic breakdowns.

HIV

About Human Immunodeficiency Virus (HIV)

The HIV epidemic in the United States continues to be a major public health crisis. An estimated 1.1 million Americans are living with HIV, and 1 in 5 people with HIV do not know they have it. HIV continues to spread, leading to about 56,000 new HIV infections each year.

HIV is a preventable disease, and effective HIV prevention interventions have been proven to reduce HIV transmission. People who get tested for HIV and learn that they are infected can make significant behavior changes to improve their health and reduce the risk of transmitting HIV to their sex or drug-using partners. More than 50% of new HIV infections occur as a result of the 21% of people who have HIV but do not know it.

In the era of increasingly effective treatments for HIV, people with HIV are living longer, healthier, and more productive lives. Deaths from HIV infection have greatly declined in the United States since the 1990s. As the number of people living with HIV grows, it will be more important than ever to increase national HIV prevention and healthcare programs.

There are gender, race, and ethnicity disparities in new HIV infections:

- Nearly 75% of new HIV infections occur in men.
- More than half occur in gay and bisexual men, regardless of race or ethnicity.
- 45% of new HIV infections occur in African Americans, 35% in whites, and 17% in Hispanics.

Improving access to quality healthcare for populations disproportionately affected by HIV, such as persons of color and gay and bisexual men, is a fundamental public health strategy for HIV prevention. People getting care for HIV can receive:

- Antiretroviral therapy
- Screening and treatment for other diseases (such as sexually transmitted infections)
- HIV prevention interventions
- Mental health services
- Other health services

As the number of people living with HIV increases and more people become aware of their HIV status, prevention strategies that are targeted specifically for HIV-infected people are becoming more important. Prevention work with people living with HIV focuses on:

- Linking to and staying in treatment.
- Increasing the availability of ongoing HIV prevention interventions.
- Providing prevention services for their partners.

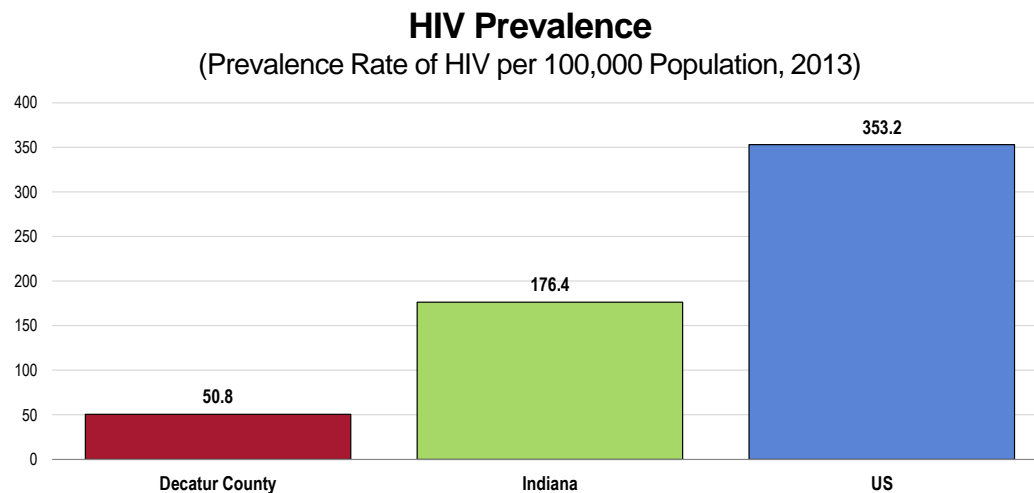
Public perception in the US about the seriousness of the HIV epidemic has declined in recent years. There is evidence that risky behaviors may be increasing among uninfected people, especially gay and bisexual men. Ongoing media and social campaigns for the general public and HIV prevention interventions for uninfected persons who engage in risky behaviors are critical.

— Healthy People 2020 (www.healthypeople.gov)

HIV Prevalence

In 2013, there was a prevalence of 50.8 HIV cases per 100,000 population in Decatur County.

- Much more favorable than the statewide and (especially) national prevalence.

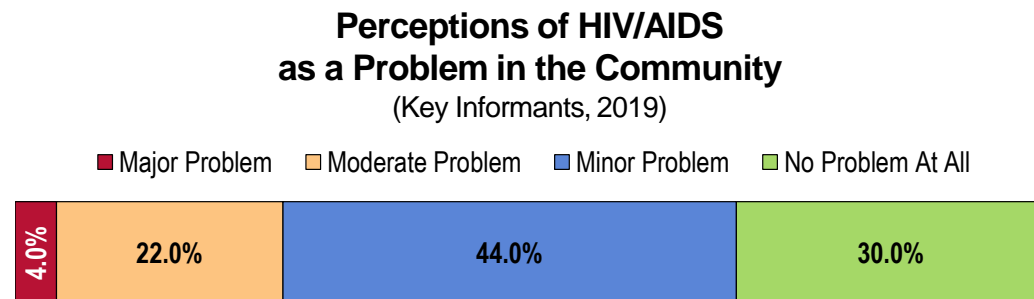


Sources: • Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
• Retrieved March 2019 from Community Commons at <http://www.chna.org>.

Notes: • This indicator is relevant because HIV is a life-threatening communicable disease that disproportionately affects minority populations and may also indicate the prevalence of unsafe sex practices.

Key Informant Input: HIV/AIDS

Key informants taking part in an online survey most often characterized *HIV/AIDS* as a “minor problem” in the community.



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Access to Care/Services

Luckily, we do not have a large population with HIV, though we have no one available to treat that population in this community. - Physician

Lifestyle

Poor lifestyle choices. - Community Leader

Sexually Transmitted Diseases

About Sexually Transmitted Diseases

STDs refer to more than 25 infectious organisms that are transmitted primarily through sexual activity. Despite their burdens, costs, and complications, and the fact that they are largely preventable, STDs remain a significant public health problem in the United States. This problem is largely unrecognized by the public, policymakers, and health care professionals. STDs cause many harmful, often irreversible, and costly clinical complications, such as: reproductive health problems; fetal and perinatal health problems; cancer; and facilitation of the sexual transmission of HIV infection.

Because many cases of STDs go undiagnosed—and some common viral infections, such as human papillomavirus (HPV) and genital herpes, are not reported to CDC at all—the reported cases of chlamydia, gonorrhea, and syphilis represent only a fraction of the true burden of STDs in the US. Untreated STDs can lead to serious long-term health consequences, especially for adolescent girls and young women. Several factors contribute to the spread of STDs.

Biological Factors. STDs are acquired during unprotected sex with an infected partner. Biological factors that affect the spread of STDs include:

- **Asymptomatic nature of STDs.** The majority of STDs either do not produce any symptoms or signs, or they produce symptoms so mild that they are unnoticed; consequently, many infected persons do not know that they need medical care.
- **Gender disparities.** Women suffer more frequent and more serious STD complications than men do. Among the most serious STD complications are pelvic inflammatory disease, ectopic pregnancy (pregnancy outside of the uterus), infertility, and chronic pelvic pain.
- **Age disparities.** Compared to older adults, sexually active adolescents ages 15 to 19 and young adults ages 20 to 24 are at higher risk for getting STDs.
- **Lag time between infection and complications.** Often, a long interval, sometimes years, occurs between acquiring an STD and recognizing a clinically significant health problem.

Social, Economic, and Behavioral Factors. The spread of STDs is directly affected by social, economic, and behavioral factors. Such factors may cause serious obstacles to STD prevention due to their influence on social and sexual networks, access to and provision of care, willingness to seek care, and social norms regarding sex and sexuality. Among certain vulnerable populations, historical experience with segregation and discrimination exacerbates these factors. Social, economic, and behavioral factors that affect the spread of STDs include: racial and ethnic disparities; poverty and marginalization; access to healthcare; substance abuse; sexuality and secrecy (stigma and discomfort discussing sex); and sexual networks (persons “linked” by sequential or concurrent sexual partners).

— Healthy People 2020 (www.healthypeople.gov)

Chlamydia & Gonorrhea

In 2014, the chlamydia incidence rate in Decatur County was 163.6 cases per 100,000 population.

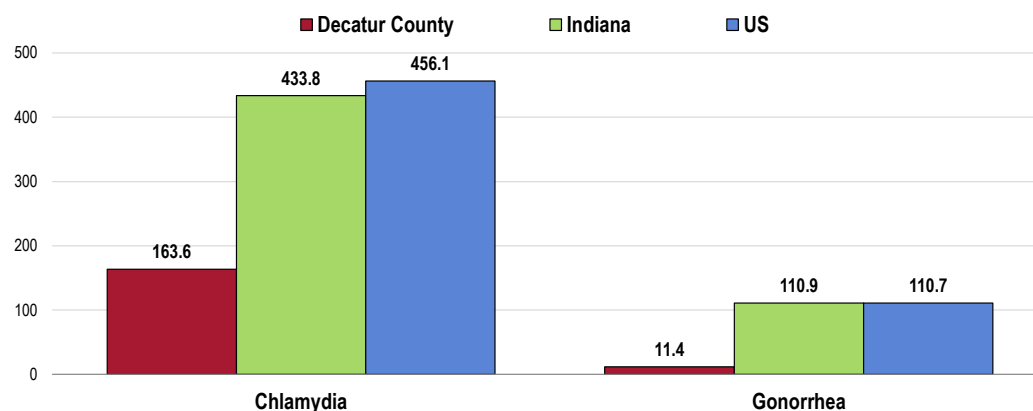
- Notably lower than the Indiana and US incidence rates.

Decatur County gonorrhea incidence rate in 2014 was 11.4 cases per 100,000 population.

- Notably lower than the Indiana and US incidence rates.

Chlamydia & Gonorrhea Incidence

(Incidence Rate per 100,000 Population, 2014)



Sources: • Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
 • Retrieved March 2019 from Community Commons at <http://www.chna.org>.

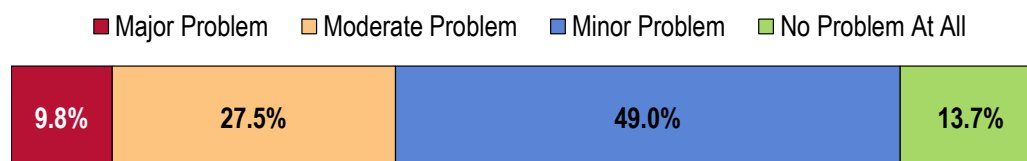
Notes: • This indicator is relevant because it is a measure of poor health status and indicates the prevalence of unsafe sex practices.

Key Informant Input: Sexually Transmitted Diseases

Just under half of key informants taking part in an online survey characterized *Sexually Transmitted Diseases* as a “minor problem” in the community.

Perceptions of Sexually Transmitted Diseases as a Problem in the Community

(Key Informants, 2019)



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Access to Care/Services

I am unaware of treatments and facilities available for people with sexually transmitted diseases. - Community Leader

Alcohol/Drug Abuse

Drugs, alcohol, people from other areas in-state and out-of-state with STDs. People not being careful with who they associate with. - Public Health Representative

Awareness/Education

Lack of education. - Other Health Provider

Prevalence/Incidence

Until I went to a Clarity fundraiser, I had no idea the number of humans in our society that have sexually transmitted diseases. - Community Leader

Immunization & Infectious Diseases

Key Informant Input: Immunization & Infectious Diseases

Key informants taking part in an online survey most often characterized *Immunization & Infectious Diseases* as a “minor problem” in the community.

Perceptions of Immunization and Infectious Diseases as a Problem in the Community

(Key Informants, 2019)

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Awareness/Education

STD's, due to lack of education on condoms. COPD due to smoking. - Physician

Lack of Providers

We do not have access to infectious disease. - Physician

Births



Professional Research Consultants, Inc.

Prenatal Care

About Infant & Child Health

Improving the well-being of mothers, infants, and children is an important public health goal for the US. Their well-being determines the health of the next generation and can help predict future public health challenges for families, communities, and the healthcare system. The risk of maternal and infant mortality and pregnancy-related complications can be reduced by increasing access to quality preconception (before pregnancy) and inter-conception (between pregnancies) care. Moreover, healthy birth outcomes and early identification and treatment of health conditions among infants can prevent death or disability and enable children to reach their full potential. Many factors can affect pregnancy and childbirth, including pre-conception health status, age, access to appropriate healthcare, and poverty.

Infant and child health are similarly influenced by socio-demographic factors, such as family income, but are also linked to the physical and mental health of parents and caregivers. There are racial and ethnic disparities in mortality and morbidity for mothers and children, particularly for African Americans. These differences are likely the result of many factors, including social determinants (such as racial and ethnic disparities in infant mortality; family income; educational attainment among household members; and health insurance coverage) and physical determinants (i.e., the health, nutrition, and behaviors of the mother during pregnancy and early childhood).

— Healthy People 2020 (www.healthypeople.gov)

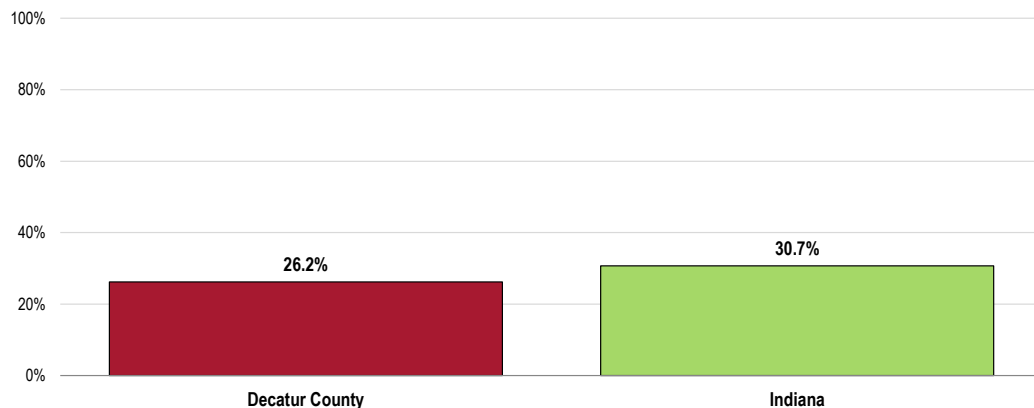
Early and continuous prenatal care is the best assurance of infant health.

In 2016, more than a quarter (26.2%) of all Decatur County births did not receive prenatal care in the first trimester of pregnancy.

- More favorable than the Indiana proportion.
- Fails to satisfy the Healthy People 2020 target (22.1% or lower).

Lack of Prenatal Care in the First Trimester (Percentage of Live Births, 2016)

Healthy People 2020 Target = 22.1% or Lower



Sources: • Indiana Youth Institute, Indiana State Department of Health, Epidemiology Resource Center, Data Analysis Team. Data retrieved from the Kids Count Data Center on March 2019 from <https://datacenter.kidscount.org/>.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MICH-10.1]
 Note: • This indicator reports the percentage of women who do not obtain prenatal care during their first trimester of pregnancy. This indicator is relevant because engaging in prenatal care decreases the likelihood of maternal and infant health risks. This indicator can also highlight a lack of access to preventive care, a lack of health, knowledge insufficient provider outreach, and/or social barriers preventing utilization of services.

Birth Outcomes & Risks

Low-Weight Births

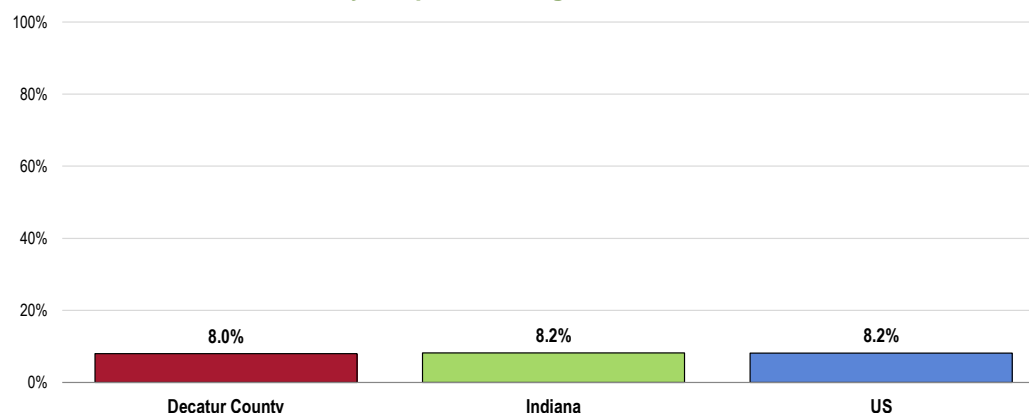
Low birthweight babies, those who weigh less than 2,500 grams (5 pounds, 8 ounces) at birth, are much more prone to illness and neonatal death than are babies of normal birthweight.

Largely a result of receiving poor or inadequate prenatal care, many low-weight births and the consequent health problems are preventable.

A total of 8.0% of 2006-2012 Decatur County births were low-weight.

- Comparable to the state and national proportions.
- Comparable to the Healthy People 2020 target (7.8% or lower).

Low-Weight Births (Percent of Live Births, 2006-2012) Healthy People 2020 Target = 7.8% or Lower



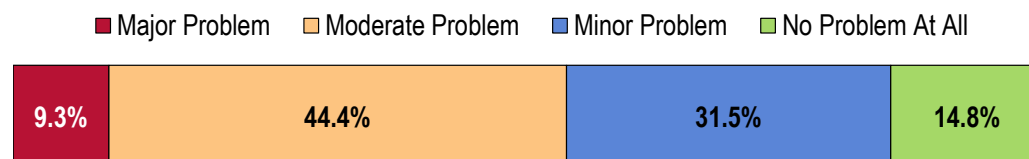
Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted March 2019.

Note: • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MICH-8.1]
• This indicator reports the percentage of total births that are low birth weight (Under 2500g). This indicator is relevant because low birth weight infants are at high risk for health problems. This indicator can also highlight the existence of health disparities.

Key Informant Input: Infant & Child Health

Key informants taking part in an online survey generally characterized *Infant & Child Health* as a “moderate problem” in the community.

Perceptions of Infant and Child Health as a Problem in the Community (Key Informants, 2019)



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Access to Care/Services

Apparently, Decatur County ranks fourth in the state for children in need of services. - Community Leader

It is becoming so expensive to take children and infants to doctor appointments that some are just not doing it now. - Community Leader

Access to care specific for pediatrics is a gap. - Public Health Representative

Autism Services

Autism services - Children need diagnosed earlier so alternative teaching methods can be used to help offset whatever problems are being caused. Addressing issues early on will help them get the life skills they need to live on their own and hold jobs, hopefully. - Community Leader

Parental Alcohol/Drug Abuse

Parents being on drugs and/or being in jail. Children and infants not being vaccinated and no other family member in charge if parents not able. Limited foster care homes. - Public Health Representative

Family Planning

Births to Teen Mothers

About Teen Births

The negative outcomes associated with unintended pregnancies are compounded for adolescents.

Teen mothers:

- Are less likely to graduate from high school or attain a GED by the time they reach age 30.
- Earn an average of approximately \$3,500 less per year, when compared with those who delay childbearing.
- Receive nearly twice as much Federal aid for nearly twice as long.

Similarly, early fatherhood is associated with lower educational attainment and lower income.

Children of teen parents are more likely to have lower cognitive attainment and exhibit more behavior problems. Sons of teen mothers are more likely to be incarcerated, and daughters are more likely to become adolescent mothers.

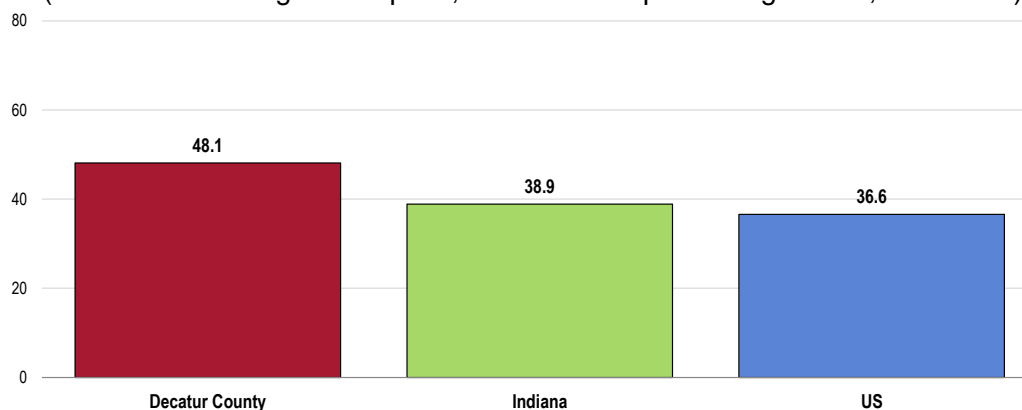
— Healthy People 2020 (www.healthypeople.gov)

Between 2006 and 2012, there were 48.1 births to women age 15 to 19 per 1,000 women age 15 to 19 in Decatur County.

- Higher than the Indiana and national rates.

Teen Birth Rate

(Births to Women Age 15-19 per 1,000 Female Population Age 15-19, 2006-2012)



Sources: • Centers for Disease Control and Prevention, National Vital Statistics System. Accessed using CDC WONDER.
 • Retrieved from Community Commons at <http://www.chna.org>.

Note: • Numbers represent the rate of total births to women age of 15-19 per 1,000 female population age 15-19.

Key Informant Input: Family Planning

Key informants taking part in an online survey generally characterized *Family Planning* as a “minor problem” in the community.

Perceptions of Family Planning as a Problem in the Community (Key Informants, 2019)

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Awareness/Education

Although teen pregnancy is down, I think there could/should be more counseling around all forms of birth control, as well as assuring young adults graduate with the life skills they need to have a successful family when the time comes. Even married couples should have access to information that helps them decide when they are ready to have children. - Community Leader

Many people not using preventative measures for family planning. No planning involved. - Physician
Education and willingness on the person to take responsibility for their actions. - Other Health Provider
All people- men and women- of childbearing must continually be reminded about family planning. - Community Leader

Family Stability

We have many children born to families without jobs or stable relationships. We also have lots of children born into households with drugs and alcohol use. I feel if these children were planned, the priorities in the household would be geared towards the children. It is very sad. - Other Health Provider

As an educator, I see many children in situations where parents are not providing even basic needs of their children. - Community Leader

There are so many babies being born and paid for by Medicaid. Young people know they can keep having child after child, and Medicaid will keep paying. - Community Leader

Access to Care/Services

Budget cuts and government choice have eliminated much of the free or low-cost family planning that has been available in the past through places like the Board of Health. Classes on all forms and choices in family planning need to be offered in a low cost, non-judgmental way. - Community Leader

Lack of programs. - Public Health Representative

Teen Pregnancies

This community has a high rate of unplanned/teen pregnancies, and access to reproductive health services especially long-acting contraception is limited. - Physician

Modifiable Health Risks



Professional Research Consultants, Inc.

Nutrition

About Healthful Diet & Healthy Weight

Strong science exists supporting the health benefits of eating a healthful diet and maintaining a healthy body weight. Efforts to change diet and weight should address individual behaviors, as well as the policies and environments that support these behaviors in settings such as schools, worksites, healthcare organizations, and communities.

The goal of promoting healthful diets and healthy weight encompasses increasing household food security and eliminating hunger.

Americans with a healthful diet:

- Consume a variety of nutrient-dense foods within and across the food groups, especially whole grains, fruits, vegetables, low-fat or fat-free milk or milk products, and lean meats and other protein sources.
- Limit the intake of saturated and trans fats, cholesterol, added sugars, sodium (salt), and alcohol.
- Limit caloric intake to meet caloric needs.

Diet and body weight are related to health status. Good nutrition is important to the growth and development of children. A healthful diet also helps Americans reduce their risks for many health conditions, including: overweight and obesity; malnutrition; iron-deficiency anemia; heart disease; high blood pressure; dyslipidemia (poor lipid profiles); type 2 diabetes; osteoporosis; oral disease; constipation; diverticular disease; and some cancers.

Diet reflects the variety of foods and beverages consumed over time and in settings such as worksites, schools, restaurants, and the home. Interventions to support a healthier diet can help ensure that:

- Individuals have the knowledge and skills to make healthier choices.
- Healthier options are available and affordable.

Social Determinants of Diet. Demographic characteristics of those with a more healthful diet vary with the nutrient or food studied. However, most Americans need to improve some aspect of their diet.

Social factors thought to influence diet include:

- Knowledge and attitudes
- Skills
- Social support
- Societal and cultural norms
- Food and agricultural policies
- Food assistance programs
- Economic price systems

Physical Determinants of Diet. Access to and availability of healthier foods can help people follow healthful diets. For example, better access to retail venues that sell healthier options may have a positive impact on a person's diet; these venues may be less available in low-income or rural neighborhoods.

The places where people eat appear to influence their diet. For example, foods eaten away from home often have more calories and are of lower nutritional quality than foods prepared at home.

Marketing also influences people's—particularly children's—food choices.

— Healthy People 2020 (www.healthypeople.gov)

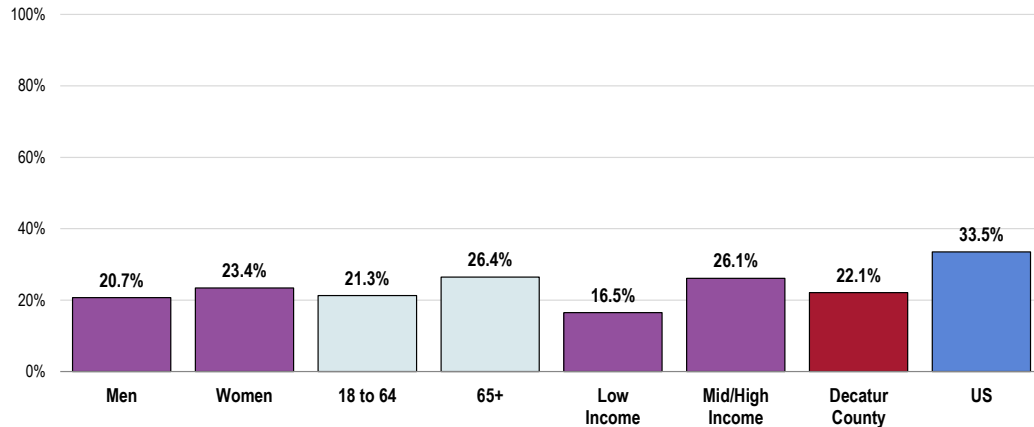
Daily Recommendation of Fruits/Vegetables

A total of 22.1% of Decatur County adults report eating five or more servings of fruits and/or vegetables per day.

- Less favorable than national findings.
- Differences by demographic characteristics are not statistically significant.

To measure fruit and vegetable consumption, survey respondents were asked multiple questions, specifically about the foods and drinks they consumed on the day prior to the interview.

Consume Five or More Servings of Fruits/Vegetables Per Day (Decatur County, 2019)



Sources: • 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 148]

• 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

• For this issue, respondents were asked to recall their food intake on the previous day.

Access to Fresh Produce

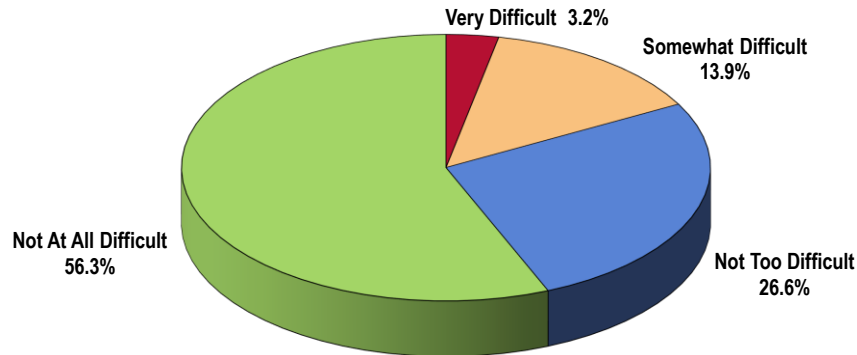
Difficulty Accessing Fresh Produce

While most report little or no difficulty, 17.1% of Decatur County adults find it "very" or "somewhat" difficult to access affordable fresh fruits and vegetables.

Respondents were asked:

"How difficult is it for you to buy fresh produce like fruits and vegetables at a price you can afford? Would you say: very difficult, somewhat difficult, not too difficult, or not at all difficult?"

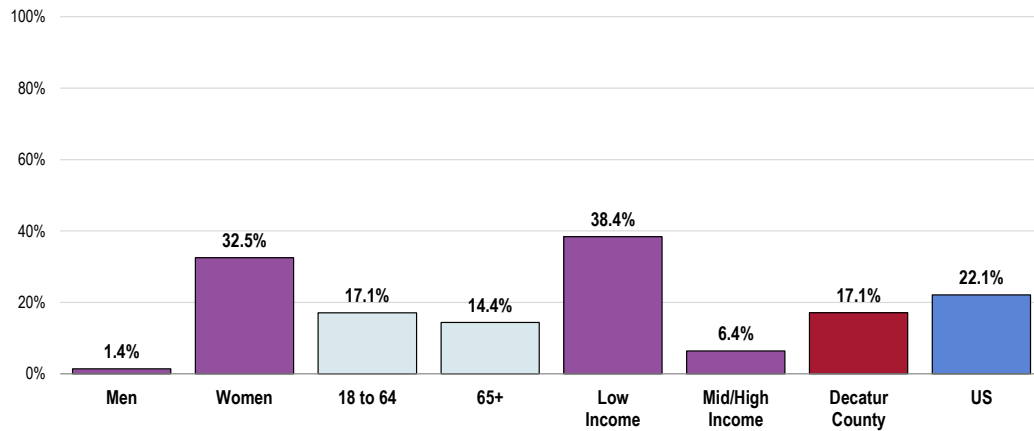
Level of Difficulty Finding Fresh Produce at an Affordable Price (Decatur County, 2019)



Sources: • 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 86]
Notes: • Asked of all respondents.

- Statistically similar to national findings.
- Low-income residents and women are notably more likely to report difficulty.

Find It “Very” or “Somewhat” Difficult to Buy Affordable Fresh Produce (Decatur County, 2019)



Sources: • 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 86]
• 2017 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

A food desert is defined as a low-income area where a significant number or share of residents is far from a supermarket, where "far" is more than 1 mile in urban areas and more than 10 miles in rural areas.

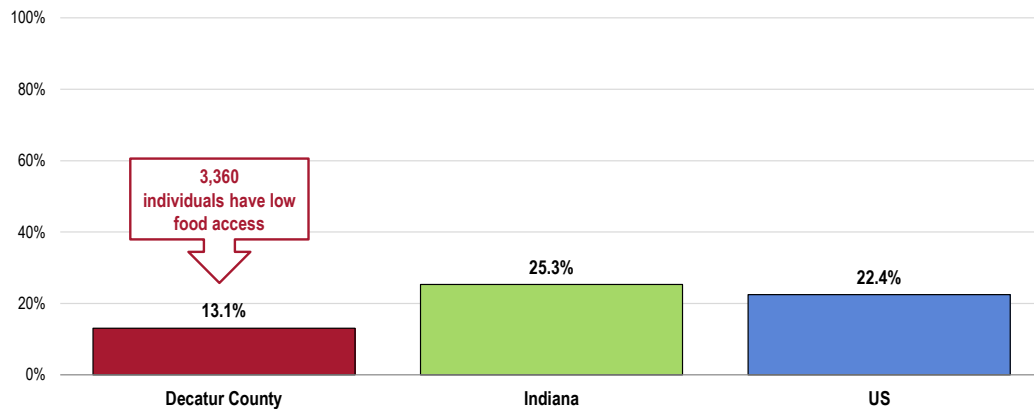
Low Food Access (Food Deserts)

US Department of Agriculture data show that 13.1% of the Decatur County population (representing 3,360 residents) have low food access or live in a "food desert," meaning that they do not live near a supermarket or large grocery store.

- More favorable than statewide and national findings.

Population With Low Food Access

(Percent of Population That Is Far From a Supermarket or Large Grocery Store, 2015)



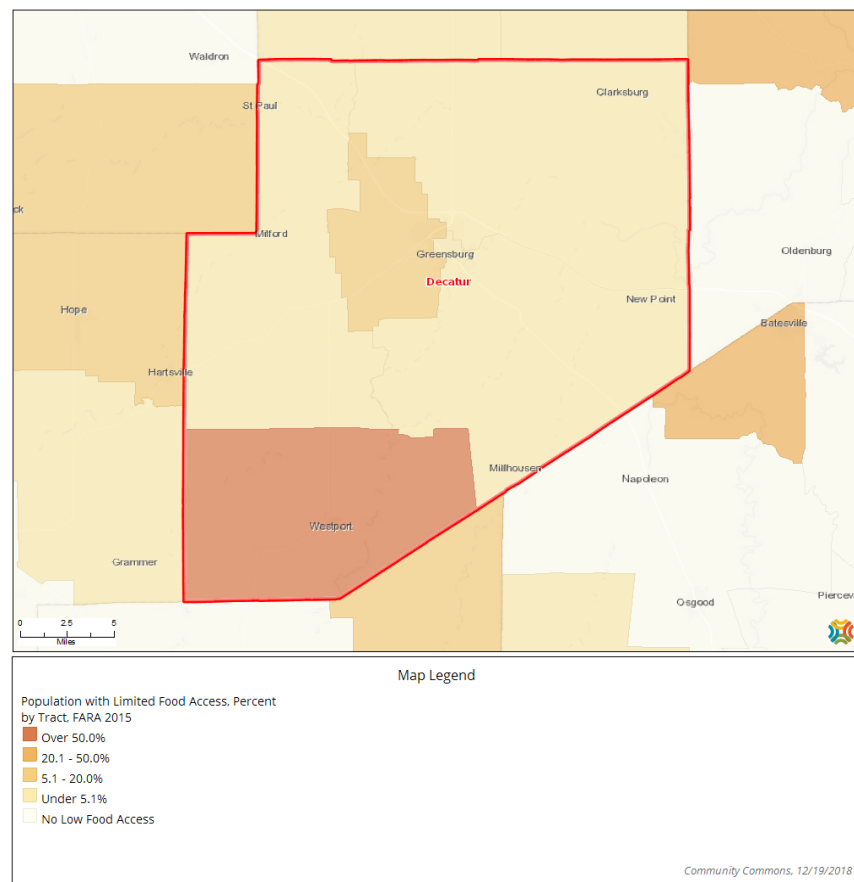
Sources:

- US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas (FARA).
- Retrieved March 2019 from Community Commons at <http://www.chna.org>.

Notes:

- This indicator reports the percentage of the population living in census tracts designated as food deserts. A food desert is defined as low-income areas where a significant number or share of residents is far from a supermarket, where "far" is more than 1 mile in urban areas and more than 10 miles in rural areas. This indicator is relevant because it highlights populations and geographies facing food insecurity.

- The following map provides an illustration of food deserts by census tract. Note the large share of residents with limited food access in the southern portion of the county.



Physical Activity

About Physical Activity

Regular physical activity can improve the health and quality of life of Americans of all ages, regardless of the presence of a chronic disease or disability. Among adults, physical activity can lower the risk of: early death; coronary heart disease; stroke; high blood pressure; type 2 diabetes; breast and colon cancer; falls; and depression. Among children and adolescents, physical activity can: improve bone health; improve cardiorespiratory and muscular fitness; decrease levels of body fat; and reduce symptoms of depression. For people who are inactive, even small increases in physical activity are associated with health benefits.

Personal, social, economic, and environmental factors all play a role in physical activity levels among youth, adults, and older adults. Understanding the barriers to and facilitators of physical activity is important to ensure the effectiveness of interventions and other actions to improve levels of physical activity.

Factors **positively** associated with adult physical activity include: postsecondary education; higher income; enjoyment of exercise; expectation of benefits; belief in ability to exercise (self-efficacy); history of activity in adulthood; social support from peers, family, or spouse; access to and satisfaction with facilities; enjoyable scenery; and safe neighborhoods.

Factors **negatively** associated with adult physical activity include: advancing age; low income; lack of time; low motivation; rural residency; perception of great effort needed for exercise; overweight or obesity; perception of poor health; and being disabled. Older adults may have additional factors that keep them from being physically active, including lack of social support, lack of transportation to facilities, fear of injury, and cost of programs.

Among children ages 4 to 12, the following factors have a positive association with physical activity: gender (boys); belief in ability to be active (self-efficacy); and parental support.

Among adolescents ages 13 to 18, the following factors have a positive association with physical activity: parental education; gender (boys); personal goals; physical education/school sports; belief in ability to be active (self-efficacy); and support of friends and family.

Environmental influences positively associated with physical activity among children and adolescents include:

- Presence of sidewalks
- Having a destination/walking to a particular place
- Access to public transportation
- Low traffic density
- Access to neighborhood or school play area and/or recreational equipment

People with disabilities may be less likely to participate in physical activity due to physical, emotional, and psychological barriers. Barriers may include the inaccessibility of facilities and the lack of staff trained in working with people with disabilities.

— Healthy People 2020 (www.healthypeople.gov)

Leisure-time physical activity includes any physical activities or exercises (such as running, calisthenics, golf, gardening, walking, etc.) which take place outside of one's line of work.

Leisure-Time Physical Activity

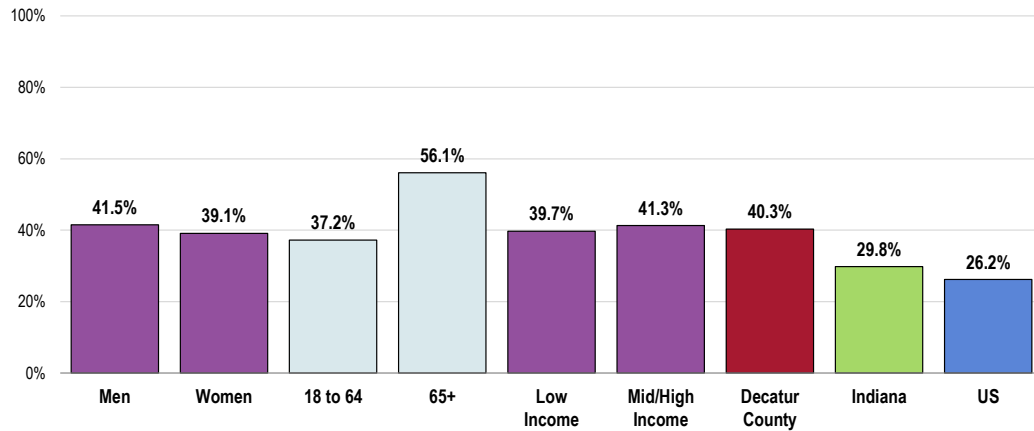
Four in 10 Decatur County adults (40.3%) report no leisure-time physical activity in the past month.

- Less favorable than statewide and national findings.
- Fails to satisfy the Healthy People 2020 target (32.6% or lower).
- Older adults are notably less likely to have leisure-time physical activity.

No Leisure-Time Physical Activity in the Past Month

(Decatur County, 2019)

Healthy People 2020 Target = 32.6% or Lower



Sources:

- 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 89]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2017 Indiana data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective PA-1]

Notes:

- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Activity Levels

Adults

Recommended Levels of Physical Activity

Adults should do 2 hours and 30 minutes a week of moderate-intensity (such as walking), or 1 hour and 15 minutes (75 minutes) a week of vigorous-intensity **aerobic** physical activity (such as jogging), or an equivalent combination of moderate- and vigorous-intensity aerobic physical activity. The guidelines also recommend that adults do **muscle-strengthening** activities, such as push-ups, sit-ups, or activities using resistance bands or weights. These activities should involve all major muscle groups and be done on two or more days per week.

The report finds that nationwide nearly 50 percent of adults are getting the recommended amounts of aerobic activity and about 30 percent are engaging in the recommended muscle-strengthening activity.

— 2013 Physical Activity Guidelines for Americans, US Department of Health and Human Services. www.cdc.gov/physicalactivity
— Learn more about CDC's efforts to promote walking by visiting <http://www.cdc.gov/vitalsigns/walking>.

Survey respondents were asked about the types of physical activities they engaged in during the past month, as well as the frequency and duration of these activities.

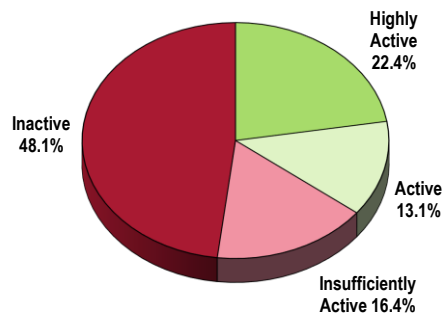
- "Inactive" includes those reporting no aerobic physical activity in the past month.
- "Insufficiently active" includes those with the equivalent of 1-150 minutes of aerobic physical activity per week.
- "Active" includes those with 150-300 minutes of weekly aerobic physical activity.
- "Highly active" includes those with >300 minutes of weekly aerobic physical activity.

Aerobic & Strengthening Physical Activity

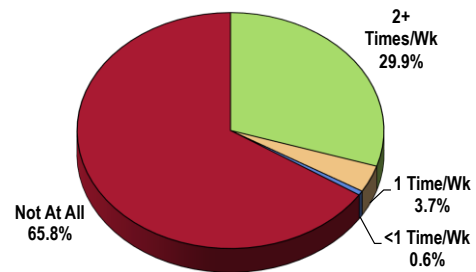
Based on reported physical activity intensity, frequency, and duration over the past month, **64.5% of Decatur County adults are found to be "insufficiently active" or "inactive."**

A total of 65.8% of Decatur County adults do not participate in any types of physical activities or exercises to strengthen their muscles.

Participation in Physical Activities (Decatur County, 2019)



Aerobic Activity



Strengthening Activity

Sources: • 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 96, 150]

Notes: • Reflects the total sample of respondents.

- In this case, "inactive" aerobic activity represents those adults participating in no aerobic activity in the past week; "insufficiently active" reflects those respondents with 1-149 minutes of aerobic activity in the past week; "active" adults are those with 150-300 minutes of aerobic activity per week; and "highly active" adults participate in 301+ minutes of aerobic activity weekly.

"Meeting physical activity recommendations" includes adequate levels of both aerobic and strengthening activities:

Aerobic activity is one of the following: at least 150 minutes per week of light to moderate activity, 75 minutes per week of vigorous activity, or an equivalent combination of both.

Strengthening activity is at least 2 sessions per week of exercise designed to strengthen muscles.

Recommended Levels of Physical Activity

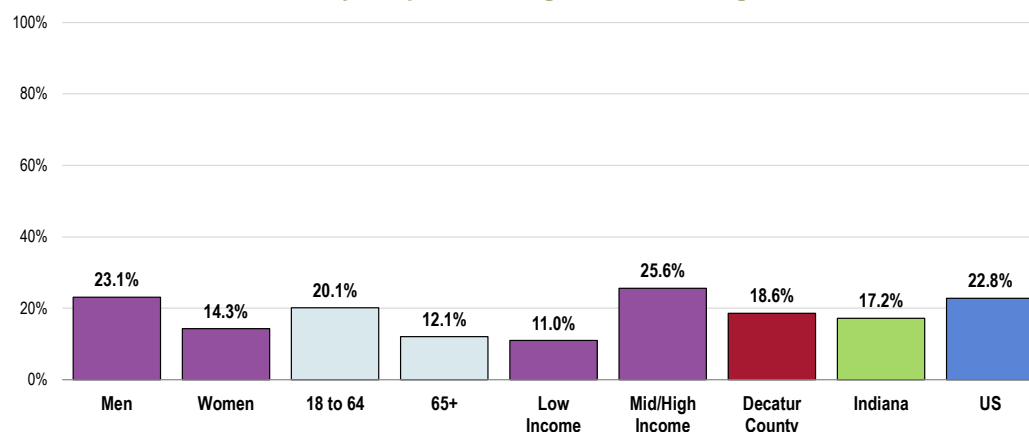
A total of 18.6% of Decatur County adults regularly participate in adequate levels of both aerobic and strengthening activities (meeting physical activity recommendations).

- Similar to state and national findings.
- Similar to the Healthy People 2020 target (20.1% or higher).
- Low-income residents are statistically less likely to meet physical activity recommendations.

Meets Physical Activity Recommendations

(Decatur County, 2019)

Healthy People 2020 Target = 20.1% or Higher



Sources: • 2019 PRC Community Health Survey, Professional Research Consultants, Inc. (Item 152)
 • Behavioral Risk Factor Surveillance System Survey Data, Atlanta, Georgia, United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2017 Indiana data.
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective PA-2.4]
 Notes: • Asked of all respondents.
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
 • Meeting both guidelines is defined as the number of persons age 18+ who report light or moderate aerobic activity for at least 150 minutes per week or who report vigorous physical activity 75 minutes per week or an equivalent combination of moderate and vigorous-intensity activity and report doing physical activities specifically designed to strengthen muscles at least twice per week.

Children

Recommended Levels of Physical Activity

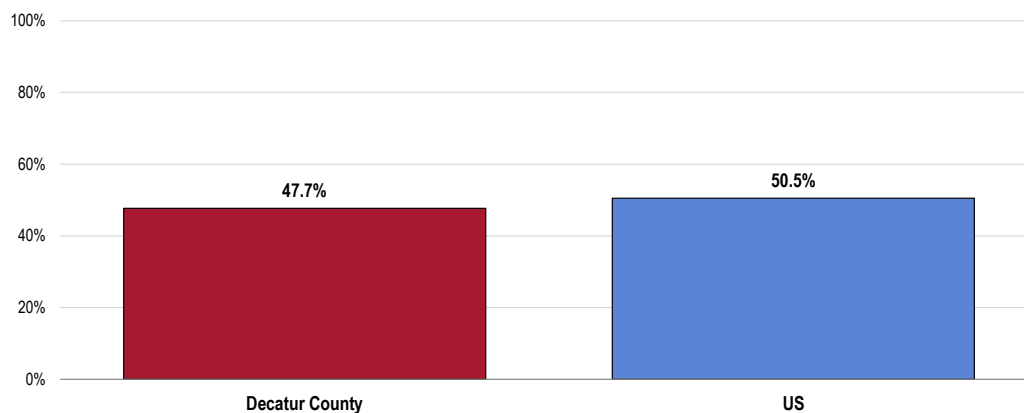
Children and adolescents should do 60 minutes (1 hour) or more of physical activity each day.

— 2013 Physical Activity Guidelines for Americans, US Department of Health and Human Services. www.cdc.gov/physicalactivity

Among Decatur County children age 2 to 17, 47.7% are reported to have had 60 minutes of physical activity on each of the seven days preceding the interview (1+ hours per day).

- Comparable to that found nationally.

Child Is Physically Active for One or More Hours per Day (Among Children Age 2-17)



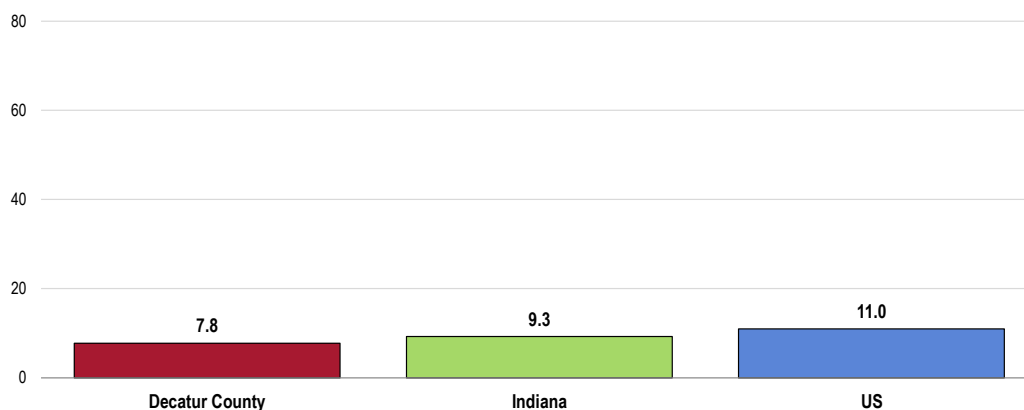
- Sources:
- 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 124]
 - 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- Notes:
- Asked of all respondents with children age 2-17 at home.
 - Includes children reported to have one or more hours of physical activity on each of the seven days preceding the survey.
 - The sample size for this indicator does not support demographic breakouts.

Access to Physical Activity

In 2016, there were 7.8 recreation/fitness facilities for every 100,000 population in Decatur County.

- Below what is found statewide and nationally.

Population With Recreation & Fitness Facility Access (Number of Recreation & Fitness Facilities per 100,000 Population, 2016)



- Sources:
- US Census Bureau, County Business Patterns. Additional data analysis by CARES.
 - Retrieved March 2019 from Community Commons at <http://www.chna.org>.
- Notes:
- Recreation and fitness facilities are defined by North American Industry Classification System (NAICS) Code 713940, which include *Establishments engaged in operating facilities which offer "exercise and other active physical fitness conditioning or recreational sports activities"*. Examples include athletic clubs, gymnasiums, dance centers, tennis clubs, and swimming pools. This indicator is relevant because access to recreation and fitness facilities encourages physical activity and other healthy behaviors.

Here, recreation/fitness facilities include establishments engaged in operating facilities which offer "exercise and other active physical fitness conditioning or recreational sports activities."

Examples include athletic clubs, gymnasiums, dance centers, tennis clubs, and swimming pools.

Weight Status

About Overweight & Obesity

Because weight is influenced by energy (calories) consumed and expended, interventions to improve weight can support changes in diet or physical activity. They can help change individuals' knowledge and skills, reduce exposure to foods low in nutritional value and high in calories, or increase opportunities for physical activity. Interventions can help prevent unhealthy weight gain or facilitate weight loss among obese people. They can be delivered in multiple settings, including healthcare settings, worksites, or schools.

The social and physical factors affecting diet and physical activity (see Physical Activity topic area) may also have an impact on weight. Obesity is a problem throughout the population. However, among adults, the prevalence is highest for middle-aged people and for non-Hispanic black and Mexican American women. Among children and adolescents, the prevalence of obesity is highest among older and Mexican American children and non-Hispanic black girls. The association of income with obesity varies by age, gender, and race/ethnicity.

— Healthy People 2020 (www.healthypeople.gov)

Body Mass Index (BMI), which describes relative weight for height, is significantly correlated with total body fat content. The BMI should be used to assess overweight and obesity and to monitor changes in body weight. In addition, measurements of body weight alone can be used to determine efficacy of weight loss therapy. BMI is calculated as weight (kg)/height squared (m^2). To estimate BMI using pounds and inches, use: $[\text{weight (pounds)}/\text{height squared (inches}^2)] \times 703$.

In this report, overweight is defined as a BMI of 25.0 to 29.9 kg/m^2 and obesity as a BMI $\geq 30 kg/m^2$. The rationale behind these definitions is based on epidemiological data that show increases in mortality with BMIs above 25 kg/m^2 . The increase in mortality, however, tends to be modest until a BMI of 30 kg/m^2 is reached. For persons with a BMI $\geq 30 kg/m^2$, mortality rates from all causes, and especially from cardiovascular disease, are generally increased by 50 to 100 percent above that of persons with BMIs in the range of 20 to 25 kg/m^2 .

— Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.

Adult Weight Status

Classification of Overweight and Obesity by BMI	BMI (kg/m^2)
Underweight	<18.5
Normal	18.5 – 24.9
Overweight	25.0 – 29.9
Obese	≥ 30.0

Source: Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.

Overweight Status

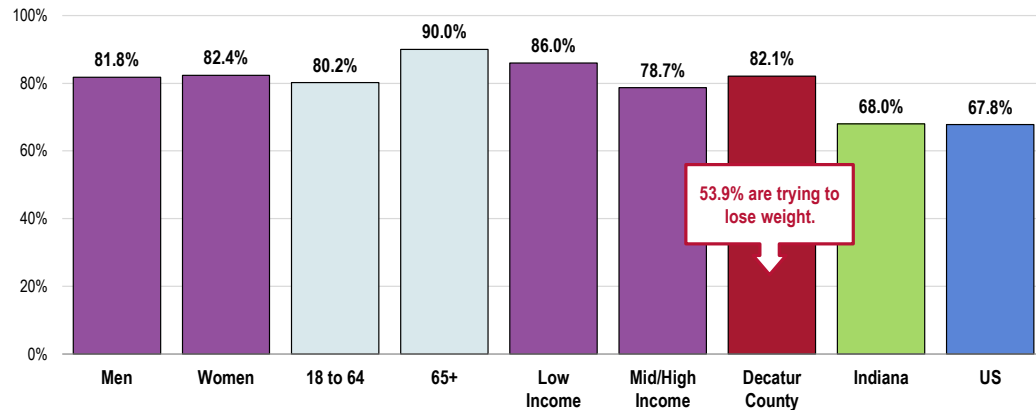
A total of eight in 10 Decatur County adults (82.1%) are overweight.

Here, "overweight" includes those respondents with a BMI value ≥ 25 .

- Less favorable than the Indiana and US overweight prevalence.
- No significant differences by demographics.

Note that 53.9% of overweight adults are currently trying to lose weight.

Prevalence of Total Overweight (Overweight or Obese) (Percent of Adults With a Body Mass Index of 25.0 or Higher)



Sources:

- 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 154-155]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2017 Indiana data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:

- Based on reported heights and weights, asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- The definition of overweight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 25.0, regardless of gender. The definition for obesity is a BMI greater than or equal to 30.0.

Further, 42.5% of Decatur County adults are obese.

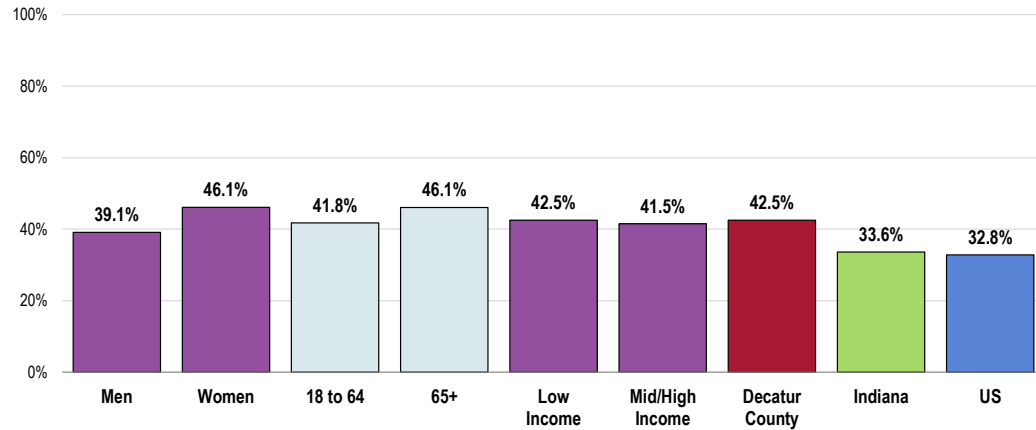
"Obese" (also included in overweight prevalence discussed previously) includes respondents with a BMI value ≥ 30 .

- Less favorable than state and national findings.
- Fails to satisfy the Healthy People 2020 target (30.5% or lower).
- No significant differences by demographics.

Prevalence of Obesity

(Percent of Adults With a BMI of 30.0 or Higher; Decatur County, 2019)

Healthy People 2020 Target = 30.5% or Lower



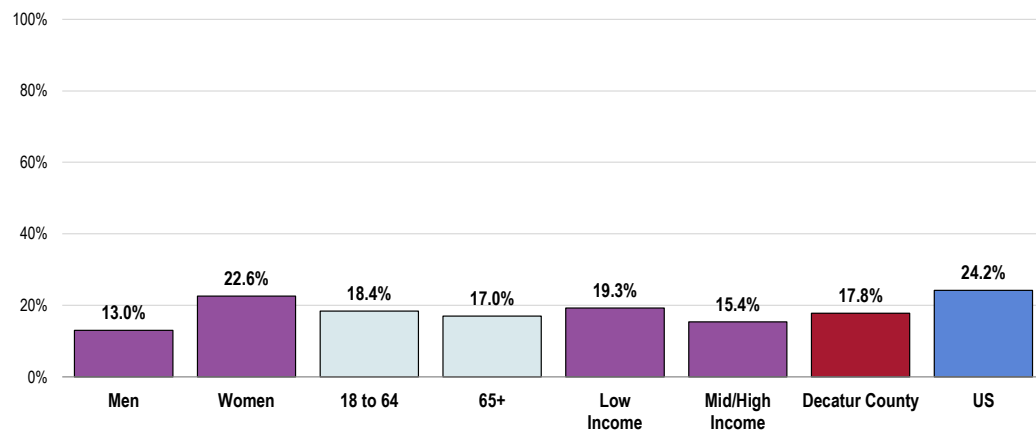
- Sources:
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2017 Indiana data.
 - 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 154]
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective NWS-9]
- Notes:
- Based on reported heights and weights, asked of all respondents.
 - Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
 - The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.

Health Advice

A total of 17.8% of adults have been given advice about their weight by a doctor, nurse, or other health professional in the past year.

- Lower than national findings.
- Differences by demographics are not statistically significant.

Have Received Advice About Weight in the Past Year From a Physician, Nurse, or Other Health Professional



- Sources:
- 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 98]
 - 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- Notes:
- Asked of all respondents.
 - Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

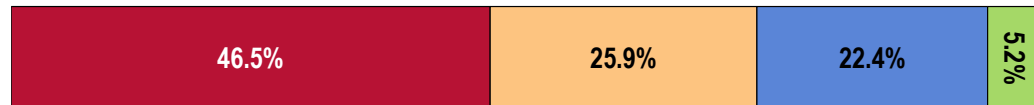
Key Informant Input: Nutrition, Physical Activity & Weight

Key informants taking part in an online survey most often characterized *Nutrition, Physical Activity & Weight* as a “major problem” in the community.

Perceptions of Nutrition, Physical Activity, and Weight as a Problem in the Community

(Key Informants, 2019)

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Access to Healthy Food

Decatur County doesn't have a wide variety of fresh healthy food options. Grocery stores do carry fresh produce, but a lot of Decatur County residents lack the knowledge of how to prepare a fresh healthy meal. There is no teaching kitchen where programs can be held to show residents how to cook and the benefits of cooking fresh whole foods. The programs could reinforce physical activity and weight within the realm of nutrition. - Public Health Representative

Nutrition- access to real food, not the processed junk that companies want you to think is healthy. Physical activity- getting people to realize how important just getting up and moving every day is. How much physical activity is good for your weight. The ramifications of being overweight. How bad do you actually feel when you are obese and how hard it is on your joints and organs. - Community Leader

When economics are at or below poverty, access to affordable, nutritional food is an issue. Similarly, knowledge about healthy eating is not a priority. Relying on cheap fast food leads to obesity, as well as nutritional deficiencies which in turn leads to illness. While we have the YMCA and other fitness facilities, this demographic is unlikely to use income to finance fitness. - Community Leader

Unfortunately, junk food is a lot cheaper than healthy food, like produce. Maybe some of it is educational. There are some places for people to exercise, but it can be expensive to join a gym. Maybe more walk trails would help. - Other Health Provider

Convenience of programming and tailored approaches. - Community Leader

Obesity

Struggle with obesity, lack of education of importance of healthy weight and nutrition beginning as toddlers. High cost of healthy food, high cost to join gym, limited incomes. - Other Health Provider

Indiana is chronically obese, and we see complications related to this every day. - Physician

Obesity is a problem in this country, and not in the world. Americans get heavier and heavier every year. I believe weight control must be a personal goal. - Community Leader

Being overweight and not eating healthy. - Community Leader

Obesity and affordable programs to help with that. Also, affordable health care for underinsured/self-insured individuals. - Community Leader

Nutrition

The challenge is making these focuses (nutrition, physical activity, and weight) a priority in everyday life. Midwest culture is one of hard work, but not one of nutrition and repeated physical activity (hard work is physical, but different). The combination of neglecting the two leads to weight gain, but if you are surrounded by obesity, it becomes less of a concern. Some qualification here: simple focus on weight is not a true measure of health. I would revisit that question. - Community Leader

Super-sized portions. Lack of physical activity, electronic devices allow for too much sitting. Expense of purchasing healthy foods. Would love to see community gardens maintained by volunteers to allow people fresh produce at no cost. - Community Leader

Lack of concern and motivation to understand the bigger picture that poor nutrition and lack of physical activity leads to weight gain and overall poor health. Financial resources. - Other Health Provider

Poor nutrition leading to obesity and obesity related complications such as diabetes, high blood pressure, etc. - Other Health Provider

Affordable Services

The YMCA is a great resource, but I have heard so many say that they can't afford the membership and then the add on prices for the extra offerings. Anytime Fitness works well for the younger people. A lot of fast food and pizza in Decatur County. - Community Leader

High cost of facilities and programs dedicated to physical fitness/weight control. Availability of education on nutrition and fitness. - Community Leader

I think lack of money and education. - Other Health Provider

Awareness/Education

Would be nice if we had more community outreach programs for obesity and weight management that did not cost so much. There are three different times in the community, though they tend to be pricey for the average person. - Physician

Knowledge, habits, willingness to invest in health. Convenience of unhealthy foods. Hiring a professional to help with eating habits or exercising programming. - Public Health Representative

Social Norms

Getting people motivated to take care of themselves. - Community Leader

Culture, busy schedules, no motivation. - Other Health Provider

Built Environment

There is a huge challenge around outdoor bike paths to connect all parts of our city. The current walking path is a great start but kids and adults who live south of town have no access to town other than by car. The availability of healthy dining is lacking as well. We have enough pizza, fast food, and Mexican restaurants. The sidewalk system in our town is in much need of repair in a lot of areas. It is extremely difficult to walk across town without having to walk in a street. I do not believe that our city, as a whole, values the benefits of access to physical activity. - Community Leader

Lifestyle

Individual behaviors, lack of community walking paths throughout city. - Public Health Representative

Substance Abuse

About Substance Abuse

Substance abuse has a major impact on individuals, families, and communities. The effects of substance abuse are cumulative, significantly contributing to costly social, physical, mental, and public health problems. These problems include:

- Teenage pregnancy
- Human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS)
- Other sexually transmitted diseases (STDs)
- Domestic violence
- Child abuse
- Motor vehicle crashes
- Physical fights
- Crime
- Homicide
- Suicide

Substance abuse refers to a set of related conditions associated with the consumption of mind- and behavior-altering substances that have negative behavioral and health outcomes. Social attitudes and political and legal responses to the consumption of alcohol and illicit drugs make substance abuse one of the most complex public health issues. In addition to the considerable health implications, substance abuse has been a flash-point in the criminal justice system and a major focal point in discussions about social values: people argue over whether substance abuse is a disease with genetic and biological foundations or a matter of personal choice.

Advances in research have led to the development of evidence-based strategies to effectively address substance abuse. Improvements in brain-imaging technologies and the development of medications that assist in treatment have gradually shifted the research community's perspective on substance abuse. There is now a deeper understanding of substance abuse as a disorder that develops in adolescence and, for some individuals, will develop into a chronic illness that will require lifelong monitoring and care.

Improved evaluation of community-level prevention has enhanced researchers' understanding of environmental and social factors that contribute to the initiation and abuse of alcohol and illicit drugs, leading to a more sophisticated understanding of how to implement evidence-based strategies in specific social and cultural settings.

A stronger emphasis on evaluation has expanded evidence-based practices for drug and alcohol treatment. Improvements have focused on the development of better clinical interventions through research and increasing the skills and qualifications of treatment providers.

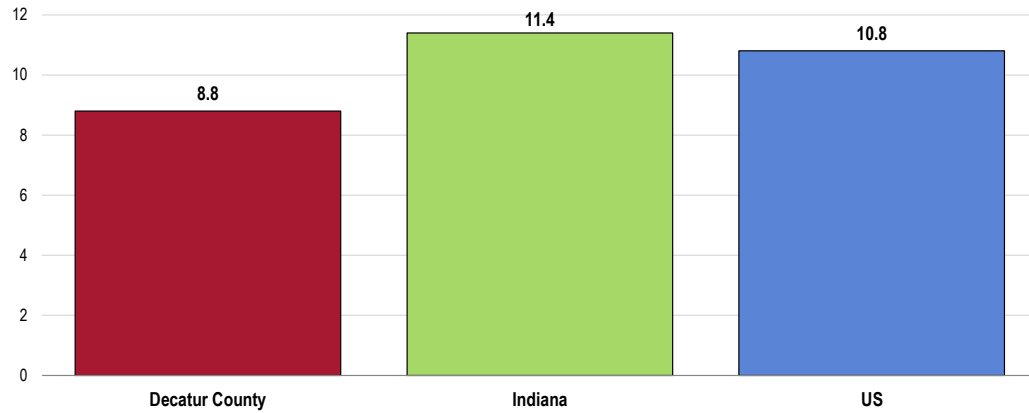
— Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Cirrhosis/Liver Disease Deaths

Between 2008 and 2017, Decatur County reported an annual average age-adjusted cirrhosis/liver disease mortality rate of 8.8 deaths per 100,000 population.

- Below state and national rates.
- Similar to the Healthy People 2020 target (8.2 or lower).

Cirrhosis/Liver Disease: Age-Adjusted Mortality (2008-2017 Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 8.2 or Lower



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2019.
• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-11]

Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Alcohol Use

Excessive Drinking

A total of 13.9% of area adults are excessive drinkers (heavy and/or binge drinkers).

"Excessive drinking" includes heavy and/or binge drinkers:

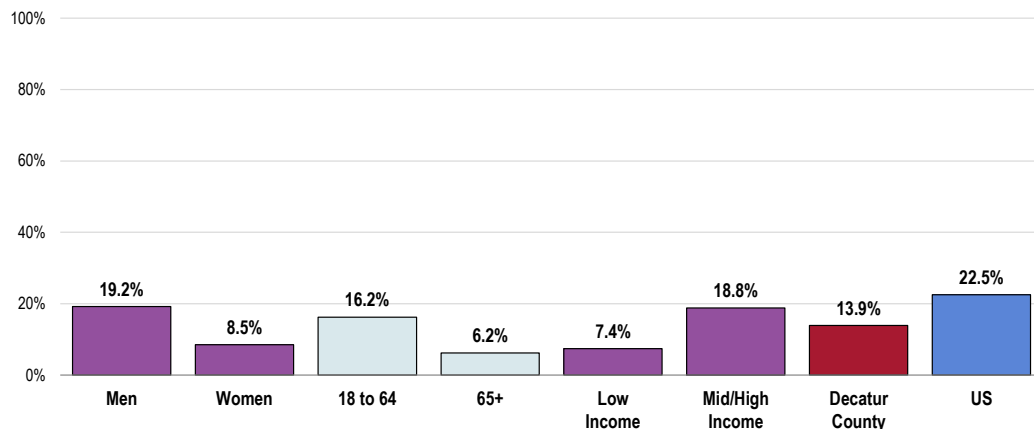
- **Heavy drinkers** include men reporting 2+ alcoholic drinks per day or women reporting 1+ alcoholic drink per day in the month preceding the interview.
- **Binge drinkers** include men reporting 5+ alcoholic drinks or women reporting 4+ alcoholic drinks on any single occasion during the past month.

- More favorable than the national proportion.
- Satisfies the Healthy People 2020 target (25.4% or lower).
- Highest among men, adults under age 65, and higher-income residents.

Excessive Drinkers

(Decatur County, 2019)

Healthy People 2020 Target = 25.4% or Lower



Sources: • 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 168]
• 2017 PRC National Health Survey, Professional Research Consultants, Inc.
• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-15]

Notes: • Asked of all respondents.
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
• Excessive drinking reflects the number of persons aged 18 years and over who drank more than two drinks per day on average (for men) or more than one drink per day on average (for women) OR who drank 5 or more drinks during a single occasion (for men) or 4 or more drinks during a single occasion (for women) during the past 30 days.

RELATED ISSUE:
See also Mental Health: *Stress*
in the **General Health Status**
section of this report.

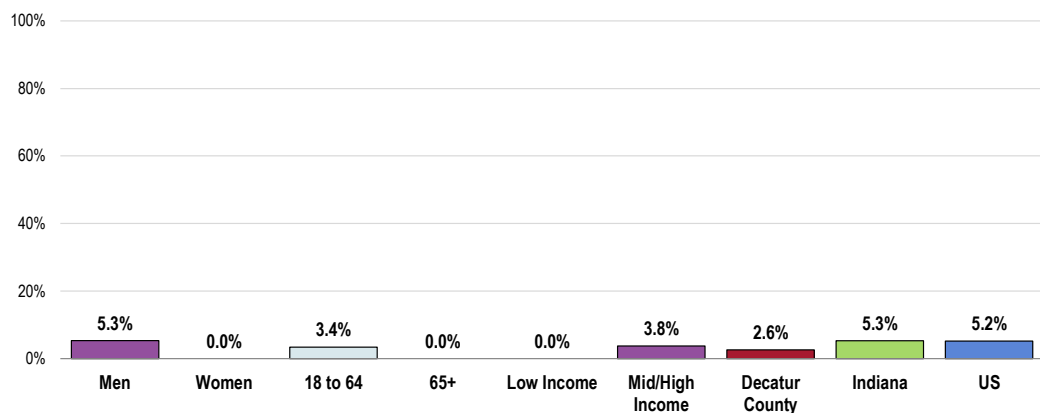
Drinking & Driving

A total of 2.6% of Decatur County adults acknowledge having driven a vehicle in the past month after they had perhaps too much to drink.

- Statistically lower than the state finding.
- Similar to the national finding.
- By demographics, more common among men, adults under age 65, and higher-income residents.

Note: As a self-reported measure – and because this indicator reflects potentially illegal behavior – it is reasonable to expect that it might be underreported, and that the actual incidence of drinking and driving in the community is likely higher.

Have Driven in the Past Month After Perhaps Having Too Much to Drink



Sources: • 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 58]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2016 Indiana data.
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Notes: • Asked of all respondents.

Opiate Use

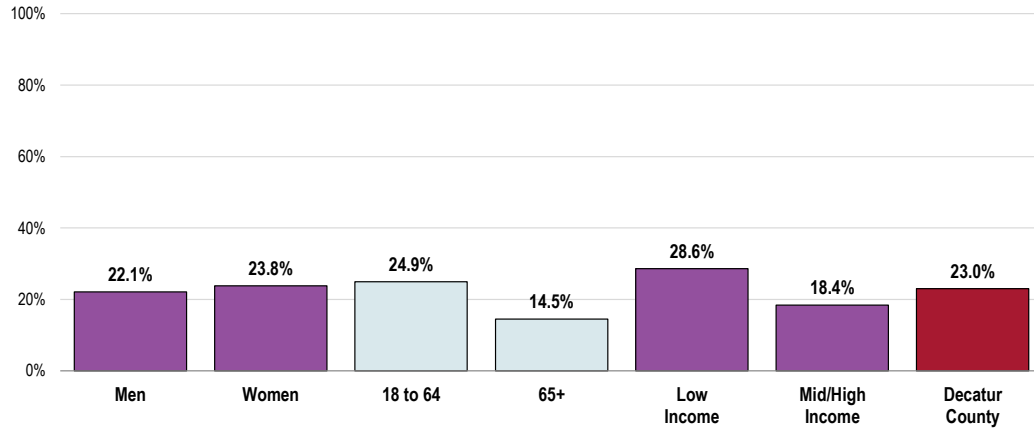
A total of 23.0% of respondents acknowledge having used an opiate or opioid in the past year, with or without a prescription.

- Differences by demographic characteristics are not statistically significant.

"Opiates or opioids are drugs that doctors prescribe to treat pain. Examples of prescription opiates include morphine, codeine, hydrocodone, oxycodone, methadone, and fentanyl.

In the past year, have you used any of these prescription opiates, whether or not a doctor had prescribed them to you?"

Used Opiates/Opioids in the Past Year (Prescribed or Not) (Decatur County, 2019)



Sources: • 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 303]

Notes: • Asked of all respondents.

• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

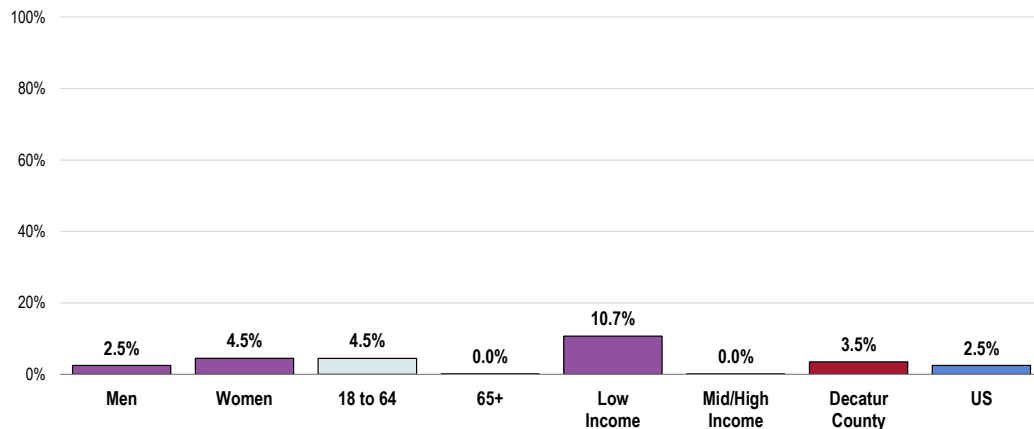
Illicit Drug Use

A total of 3.5 % of Decatur County adults acknowledge using an illicit drug in the past month.

- Similar to the proportion found nationally.
- Satisfies the Healthy People 2020 target of 7.1% or lower.
- Highest among low-income adults and those under age 65.

Illicit Drug Use in the Past Month (Decatur County, 2019)

Healthy People 2020 Target = 7.1% or Lower



Sources: • 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 59]

• 2017 PRC National Health Survey, Professional Research Consultants, Inc.

• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-13.3]

Notes: • Asked of all respondents.

• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

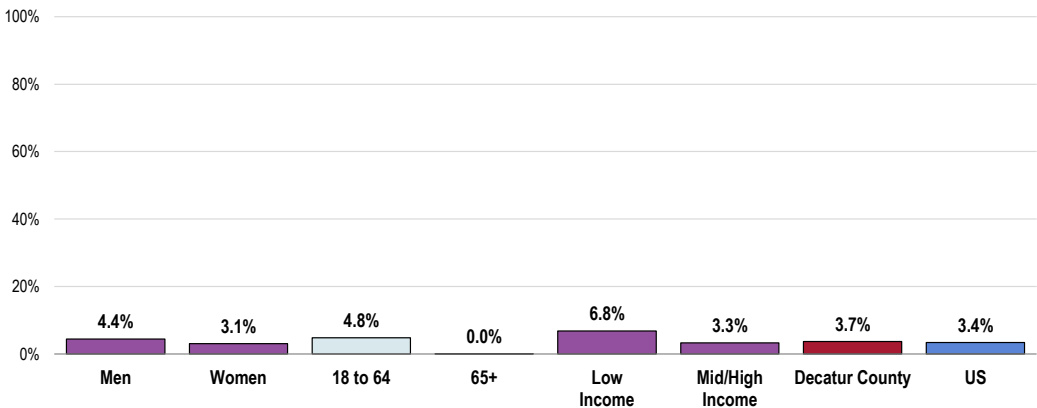
Alcohol & Drug Treatment

Seeking Help

A total of 3.7% of Decatur County adults report that they have sought professional help for an alcohol or drug problem at some point in their lives.

- Similar to national findings.
- Note that no residents age 65+ acknowledge having sought this type of help.

Have Ever Sought Professional Help
for an Alcohol/Drug-Related Problem



Sources:

- 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 60]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

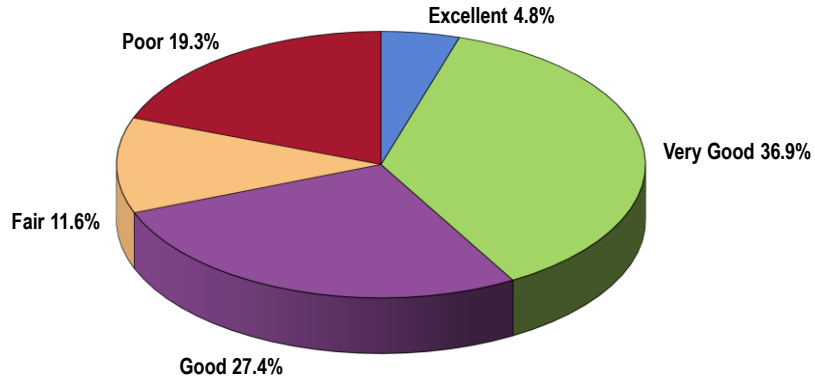
Notes:

- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Availability of Services

Most residents have favorable perceptions of the county's availability of substance abuse services (69.1% giving "excellent," "very good," or "good" ratings).

Rating The Availability of Substance Abuse Services in Decatur County
(Decatur County, 2019)

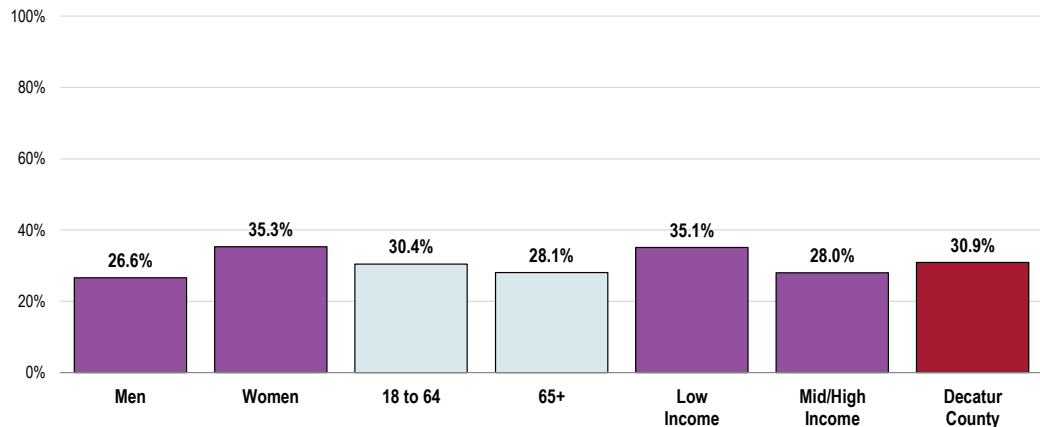


Sources: • 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 304]
Notes: • Asked of all respondents.

However, three in 10 respondents (30.9%) gave "fair" or "poor" ratings of availability.

- Differences by demographic characteristics are not significant.

Perceived "Fair/Poor" Availability of Substance Abuse Services in Decatur County
(Decatur County, 2019)



Sources: • 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 304]
Notes: • Asked of all respondents.
• Includes response of "fair" and "poor."
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

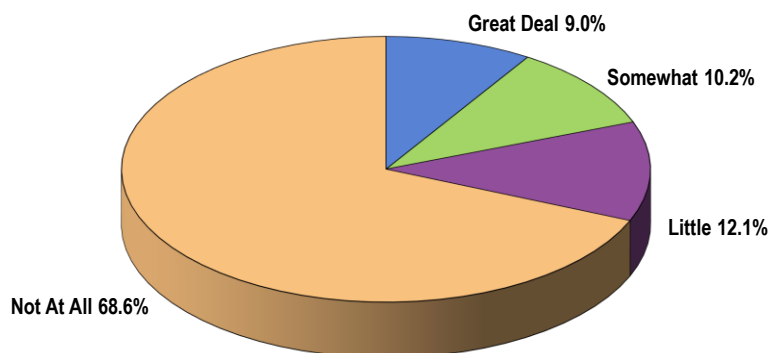
Personal Impact of Substance Abuse

Area adults were also asked to what degree their lives have been impacted by substance abuse (whether their own abuse or that of another).

In all, most respondents have not been personally impacted (68.6% “not at all” responses).

- In contrast, 31.3% of survey respondents indicate that their lives have been impacted by substance abuse, including 9.0% who report having been impacted a “great deal.”

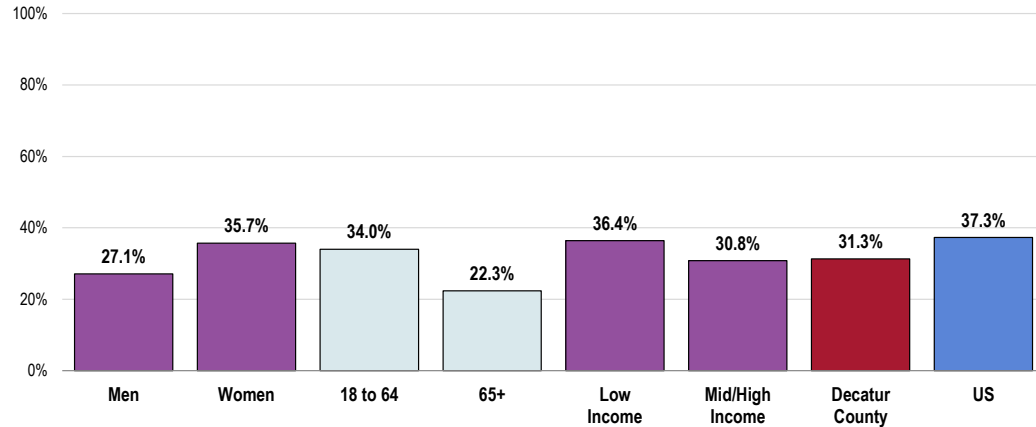
Degree to Which Life Has Been Negatively Affected by Substance Abuse (Self or Other’s)
(Decatur County, 2019)



Sources: • 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 61]
Notes: • Asked of all respondents.

- The proportions of residents impacted by substance abuse is statistically similar to the US figure.
- No significant differences by demographics.

Life Has Been Negatively Affected by Substance Abuse (by Self or Someone Else) (Decatur County, 2019)



Sources: • 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 61]
• 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.
• Includes response of "a great deal," "somewhat," and "a little."
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Key Informant Input: Substance Abuse

More than six in 10 key informants taking part in an online survey characterized *Substance Abuse* as a "major problem" in the community.

Perceptions of Substance Abuse as a Problem in the Community (Key Informants, 2019)

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Access to Care/Services

Lack of resources, especially for uninsured, lack of prevention programs. Stigma of addiction/mental health disorders, they often coincide. - Other Health Provider

The greatest barrier, in my opinion, is the availability of treatment centers. My understanding is that we one local treatment facility. - Community Leader

Drug treatment and rehabilitation. There is a serious and continuing drug use problem in Decatur County among the citizenry who have no resources to obtain treatment. - Social Services Provider

Not enough treatment options available locally. Not enough providers to work with. - Social Services Provider

More local treatment centers. Money for support of treatment centers. Medical personnel better trained in this subject. - Public Health Representative

Lack of treatment providers. No inpatient facilities. - Community Leader

Transportation to support groups and treatment programs. - Community Leader

Limited centers to work with substance abuse, have to travel out of town to get assistance. - Community Leader

Lack of access. - Social Services Provider

Ease of access. - Other Health Provider

Availability. - Community Leader

Affordable Care/Services

There really isn't a lot of availability/insurance coverage for medication-assisted treatment programs in this community. Out-of-pocket costs are problematic. Additionally, dual-diagnosis treatment programs are not easily accessible and often require reliable distance transportation. - Physician

Cost, cost of the treatment, gas getting there, etc., accessibility to treatment centers, need more locations. Lack of education or where to go if you need help. - Other Health Provider

Payment, lack of being able to pay. - Community Leader

Cost, location, stigma, education. - Community Leader

Cost, stigma. - Community Leader

Affordable programs in the community. - Community Leader

Funding

The greatest barriers are the financial investments needed to establish the services in the community. It's a high-investment upfront, with somewhat minimal payback, which makes for a challenging business model. Considering the impact substance abuse and mental health have on the community, I feel this would be an excellent use of government funds. But the population has to get past the vision of the abusers as unworthy of help due to their own choices-- it shouldn't matter, as they will have an impact on our community, regardless. - Community Leader

Funding may be number 1 with identifying those who may need treatment also in the running. Perhaps it should not be so easy for those with drug problems to be able to leave the hospital once they have been given Narcan to bring them out of their overdose state. Oftentimes, I believe they overdose, get medical treatment and relief, then go home and do the overdose again tomorrow because they know they will not suffer consequences. - Community Leader

The greatest barrier is to find funding to start these types of programs. It is such a crisis that all communities are competing for these dollars. Getting abusers to admit and attend what few we do have would be next. - Community Leader

Lack of funding and participation. Many that abuse substances are most likely not looking for help. - Other Health Provider

Lack of funds and fear of being incarcerated. - Community Leader

Lack of funding for treatment. - Public Health Representative

Awareness/Education

Educate before addicted they seem harder to get off the heroin and meth once they are hooked. - Community Leader

A centralized resource for awareness. While 211 may be able to refer many are still not aware of potential. - Community Leader

The greatest barrier is awareness of the treatments available. - Community Leader

Denial/Stigma

Truly the biggest barrier is that you cannot force someone to follow-through with treatments. Plus, the fact that you have to travel outside the county for some of the treatments is another stumbling block for persons already not taking charge of their own affairs. Someone has to drive them to their treatments and wait on them. - Community Leader

Substance abuse is epidemic in our community. It's a major problem, due to lack of understanding of the disease that it is and the years and years of being "anonymous" when battling addiction. Not enough providers are specializing in this area of treatment; difficult to convince insurance it should be covered... Getting better, but a long way from effective, long-term successful treatment - Community Leader

Admitting you have a problem. Changing the culture of treating everything with a drug. - Community Leader

Culture

Culture, poverty, mental illness. - Other Health Provider

Drug Overdoses

All of the drug overdoses and deaths from drug abuse. - Community Leader

Lifestyle

Developing positive habits and accountability processes to keep people on track. - Public Health Representative

Socioeconomic Factors

Socio-economic barriers, facilities offering appropriate treatment, cost, and perceived stigma of being an addict. - Other Health Provider

Most Problematic Substances

Key informants (who rated this as a "major problem") clearly identified

methamphetamine/other amphetamines as the most problematic substance abused in the community, followed by **heroin/other opioids, alcohol**, and **prescription medications**.

Problematic Substances as Identified by Key Informants				
	Most Problematic	Second-Most Problematic	Third-Most Problematic	Total Mentions
Methamphetamines or Other Amphetamines	46.9%	29.0%	3.2%	25
Heroin or Other Opioids	15.6%	29.0%	22.6%	21
Alcohol	15.6%	16.1%	29.0%	19
Prescription Medications	21.9%	9.7%	22.6%	17
Marijuana	0.0%	9.7%	9.7%	6
Cocaine or Crack	0.0%	0.0%	9.7%	3
Synthetic Drugs (e.g. Bath Salts, K2/Spice)	0.0%	3.2%	3.2%	2
Over-The-Counter Medications	0.0%	3.2%	0.0%	1

Tobacco Use

About Tobacco Use

Tobacco use is the single most preventable cause of death and disease in the United States. Scientific knowledge about the health effects of tobacco use has increased greatly since the first Surgeon General's report on tobacco was released in 1964.

Tobacco use causes:

- Cancer
- Heart disease
- Lung diseases (including emphysema, bronchitis, and chronic airway obstruction)
- Premature birth, low birth weight, stillbirth, and infant death

There is no risk-free level of exposure to secondhand smoke. Secondhand smoke causes heart disease and lung cancer in adults and a number of health problems in infants and children, including: severe asthma attacks; respiratory infections; ear infections; and sudden infant death syndrome (SIDS).

Smokeless tobacco causes a number of serious oral health problems, including cancer of the mouth and gums, periodontitis, and tooth loss. Cigar use causes cancer of the larynx, mouth, esophagus, and lung.

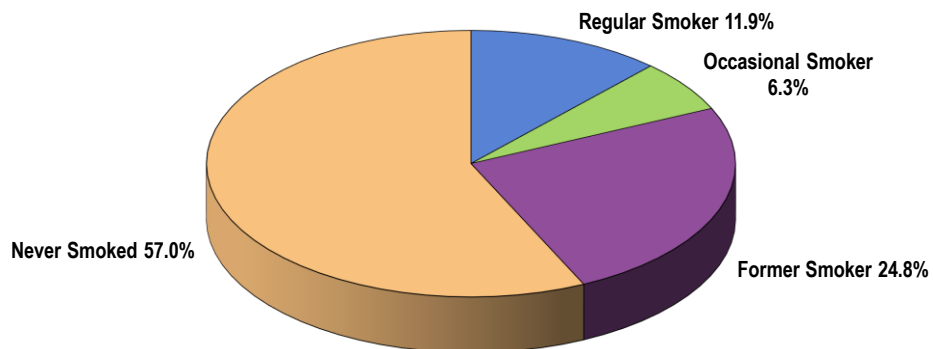
— Healthy People 2020 (www.healthypeople.gov)

Cigarette Smoking

Cigarette Smoking Prevalence

A total of 18.2% of Decatur County adults currently smoke cigarettes, either regularly (11.9% every day) or occasionally (6.3% on some days).

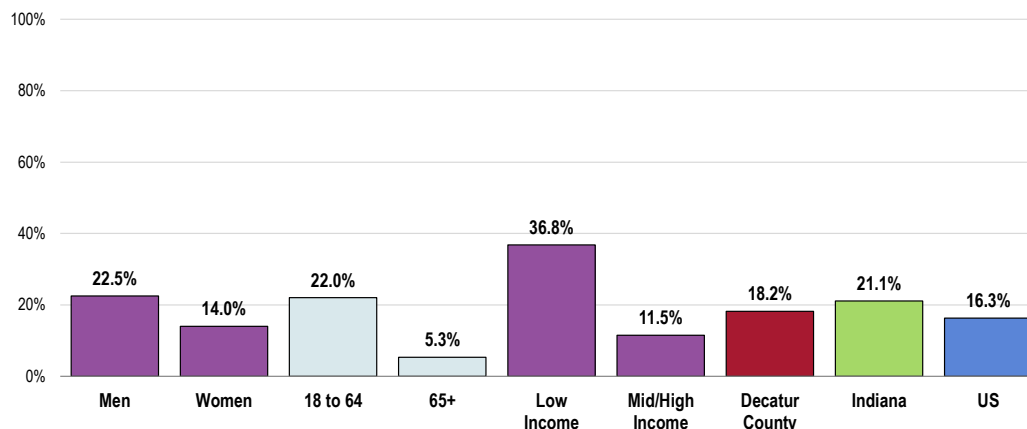
Cigarette Smoking Prevalence
(Decatur County, 2019)



Sources: • 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 159]
Notes: • Asked of all respondents.

- Similar to statewide and national findings.
- Fails to satisfy the Healthy People 2020 target (12% or lower).
- Low-income adults and those under age 65 are more likely to smoke than their demographic counterparts.

Current Smokers
(Decatur County, 2019)
Healthy People 2020 Target = 12.0% or Lower



Sources:

- 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 159]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2017 Indiana data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective TU-1.1]

Notes:

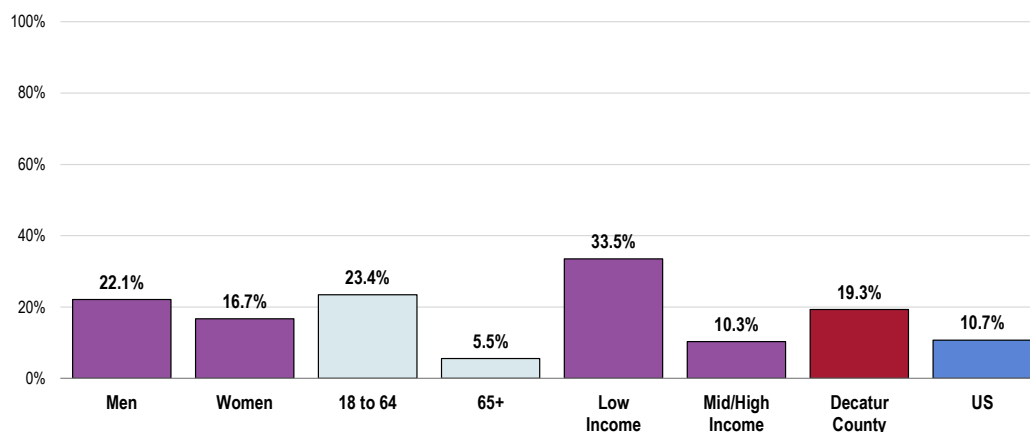
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- Includes regular and occasion smokers (every day and some days).

Environmental Tobacco Smoke

A total of 19.3% of Decatur County adults (including smokers and nonsmokers) report that a member of their household has smoked cigarettes in the home an average of 4+ times per week over the past month.

- Less favorable than national findings.
- Least favorable among low-income residents and those under age 65.

Member of Household Smokes At Home (Decatur County, 2019)



Sources: • 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 52]
• 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
• "Smokes at home" refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.

Smoking Cessation

About Reducing Tobacco Use

Preventing tobacco use and helping tobacco users quit can improve the health and quality of life for Americans of all ages. People who stop smoking greatly reduce their risk of disease and premature death. Benefits are greater for people who stop at earlier ages, but quitting tobacco use is beneficial at any age.

Many factors influence tobacco use, disease, and mortality. Risk factors include race/ethnicity, age, education, and socioeconomic status. Significant disparities in tobacco use exist geographically; such disparities typically result from differences among states in smoke-free protections, tobacco prices, and program funding for tobacco prevention.

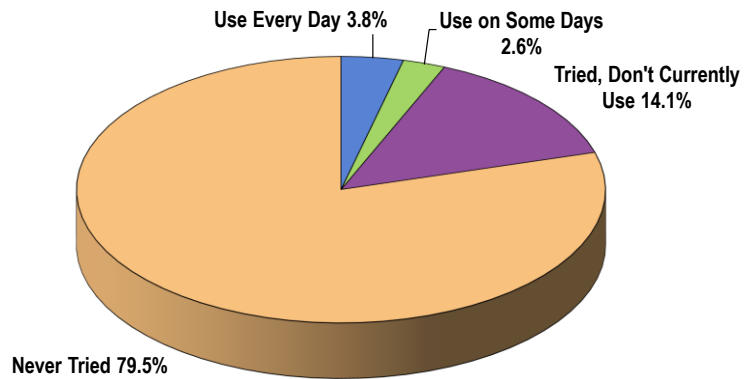
— Healthy People 2020 (www.healthypeople.gov)

Other Tobacco Use

Use of Vaping Products

A total of 6.4% of Decatur County adults currently use electronic cigarettes (e-cigarettes) or other electronic vaping products either regularly (3.8% every day) or occasionally (2.6% on some days).

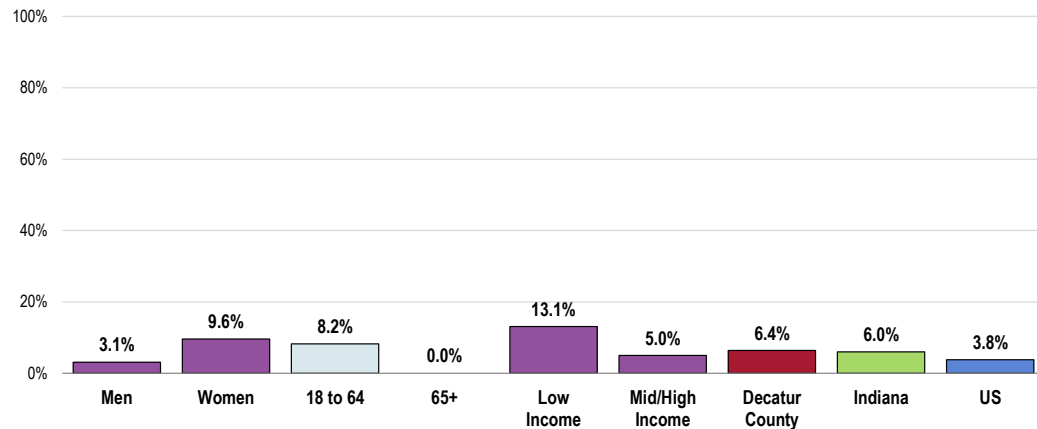
Use of Vaping Products (Decatur County, 2019)



Sources: • 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 163]
Notes: • Asked of all respondents.

- Statistically similar to state and national findings.
- By demographics, women and residents under age 65 are statistically more likely to use vaping products.

Currently Use Vaping Products (Decatur County, 2019)



Sources: • 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 163]
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2017 Indiana data.
• 2017 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
• Includes regular and occasional users (those who smoke e-cigarettes every day or on some days).

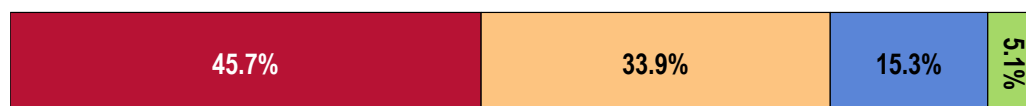
Key Informant Input: Tobacco Use

The greatest share of key informants taking part in an online survey characterized *Tobacco Use* as a “major problem” in the community.

Perceptions of Tobacco Use as a Problem in the Community

(Key Informants, 2019)

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Prevalence/Incidence

There is still way too much tobacco use in the community, and with the popularity of vaping, it's reaching a new sector of the population. - Community Leader

I see people with cigarette and electronic cigarettes everywhere. - Community Leader

Observation of use in the community. - Community Leader

Several members of the community are smokers, including the youth. Increased use of e-smoking. - Community Leader

I see the effects smoking has on my friends. They struggle to breathe. If one person smokes, it's too many. - Community Leader

Chewing, smoking, and e-cigarettes are very popular. - Community Leader

See it every day. - Community Leader

One of highest-use counties in Indiana. - Other Health Provider

Societal issues with tobacco and nicotine vaping. - Public Health Representative

Awareness/Education

I'm not sure I consider tobacco use to be a major problem in our community. Arguably, smoking is better than drug use and other issues. Of course, smoking does cause health issues and opportunities to quit should be available. - Community Leader

Lack of education. Understanding or caring that this will greatly impact your health and the health of those around you adversely. - Other Health Provider

Lack of education and stress. - Other Health Provider

Co-Occurrences

Large amount of smoking-related illness in community, smoking during pregnancy is commonplace in Decatur County. - Other Health Provider

Tobacco use is one of the major preventable causes of disability and death. Smoking is still popular in Indiana and leads to entirely preventable consequences. - Physician

A number of illnesses to which smoking is a contributor. Seems to have regained momentum in younger populations, especially through vaping. - Community Leader

Lifestyle

Despite all research to the contrary, those who smoke continue to smoke. When smokers are overtly smoking on hospital grounds as well as in other public places, I see this as an issue. - Community Leader

A habit or an addiction that is extremely difficult to quit. - Public Health Representative

Culture

Culture. - Other Health Provider

Easy Access

I believe that too many young adults and teens have to easy access to purchasing tobacco. - Community Leader

Policy

Many companies and locations have not adopted the smoke-free campus. Even some drinking establishments that are outside of city limits that allow for smoking. - Community Leader

Poverty

The majority of our population is of low or moderate income. Tobacco use is more prevalent in this socioeconomic class. I believe our schools do an OK job at an early age of warning our children. However, as our kids get older, the education of the risks of tobacco use basically stops. I believe it is socially acceptable in our community to use tobacco. - Community Leader

Teen Usage

Younger smokers learning from adult smokers, peers smoking, goes along with alcohol, causes respiratory problems, can affect new infants' health, affects appetite, overall wellness and health. - Public Health Representative

Access to Health Services



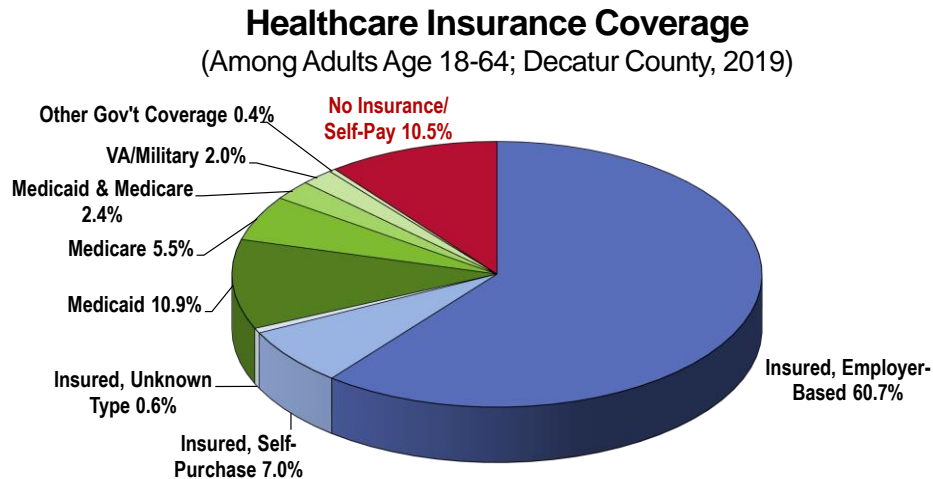
Professional Research Consultants, Inc.

Health Insurance Coverage

Type of Healthcare Coverage

A total of 68.3% of Decatur County adults age 18 to 64 report having healthcare coverage through private insurance. Another 21.2% report coverage through a government-sponsored program (e.g., Medicaid, Medicare, military benefits).

Survey respondents were asked a series of questions to determine their healthcare insurance coverage, if any, from either private or government-sponsored sources.



Sources: • 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 169]
Notes: • Reflects respondents age 18 to 64.

Lack of Health Insurance Coverage

Among adults age 18 to 64, one in 10 (10.5%) report having no insurance coverage for healthcare expenses.

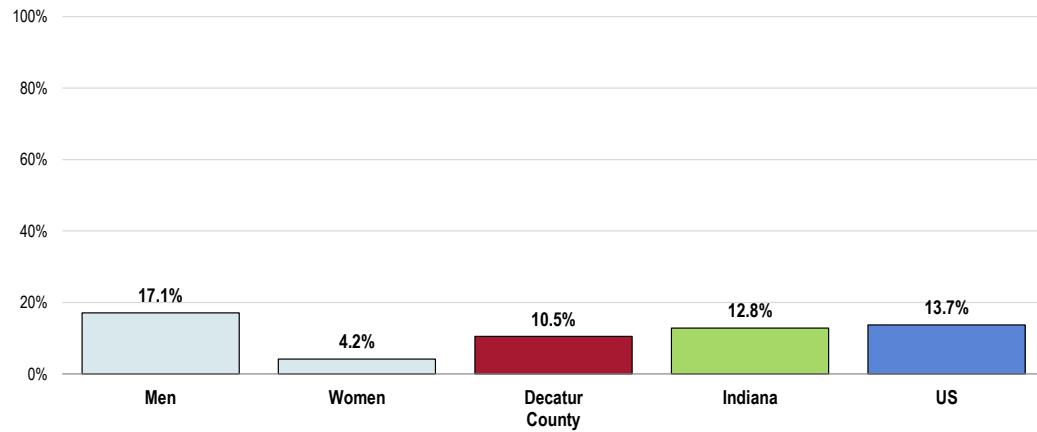
Here, lack of health insurance coverage reflects respondents age 18 to 64 (thus, excluding the Medicare population), who have no type of insurance coverage for healthcare services – neither private insurance nor government-sponsored plans (e.g., Medicaid).

- Similar to the state and national findings.
- The Healthy People 2020 target is universal coverage (0% uninsured).
- Decatur County men are far less likely to have healthcare insurance coverage than women.

Lack of Healthcare Insurance Coverage

(Among Adults Age 18-64; Decatur County, 2019)

Healthy People 2020 Target = 0.0% (Universal Coverage)



- Sources:
- 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 169]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2017 Indiana data.
 - 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective AHS-1.1]
- Notes:
- Asked of all respondents under the age of 65.
 - The sample size for this indicator does not support other demographic breakouts.

Difficulties Accessing Healthcare

About Access to Healthcare

Access to comprehensive, quality health care services is important for the achievement of health equity and for increasing the quality of a healthy life for everyone. It impacts: overall physical, social, and mental health status; prevention of disease and disability; detection and treatment of health conditions; quality of life; preventable death; and life expectancy.

Access to health services means the timely use of personal health services to achieve the best health outcomes. It requires three distinct steps: 1) Gaining entry into the health care system; 2) Accessing a health care location where needed services are provided; and 3) Finding a health care provider with whom the patient can communicate and trust.

— Healthy People 2020 (www.healthypeople.gov)

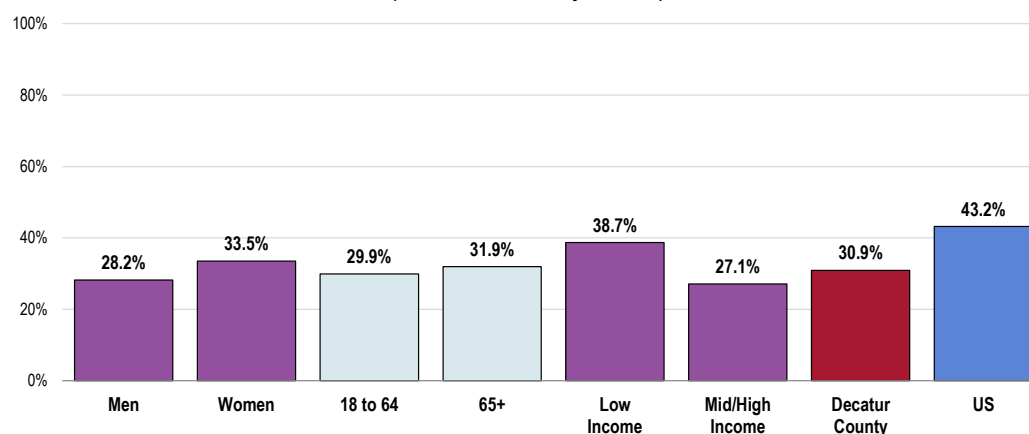
Difficulties Accessing Services

Three in 10 Decatur County adults (30.9%) report some type of difficulty or delay in obtaining healthcare services in the past year.

- More favorable than national findings.
- Statistically similar by demographics.

This indicator reflects the percentage of the total population experiencing problems accessing healthcare in the past year, regardless of whether they needed or sought care.

Experienced Difficulties or Delays of Some Kind in Receiving Needed Healthcare in the Past Year (Decatur County, 2019)



Sources: • 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 171]

• 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

• Represents the percentage of respondents experiencing one or more barriers to accessing healthcare in the past 12 months.

• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

To better understand healthcare access barriers, survey participants were asked whether any of seven types of barriers to access prevented them from seeing a physician or obtaining a needed prescription in the past year.

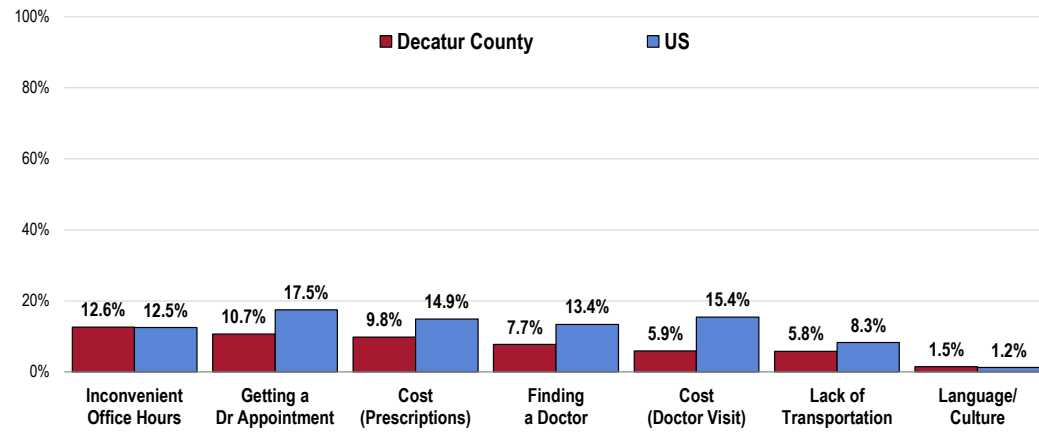
Again, these percentages reflect the total population, regardless of whether medical care was needed or sought.

Barriers to Healthcare Access

Of the tested barriers, inconvenient office hours impacted the greatest share of Decatur County adults (12.6% say that inconvenient office hours prevented them from obtaining a visit to a physician in the past year).

- The proportion of impacted Decatur County adults is statistically comparable to or better than that found nationwide for each of the tested barriers.

Barriers to Access Have Prevented Medical Care in the Past Year



Sources:

- 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 7-13]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:

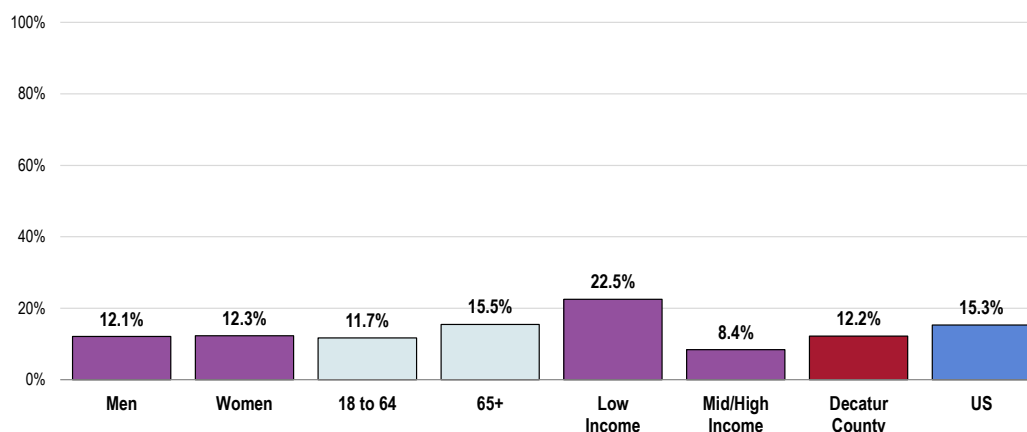
- Asked of all respondents.

Prescriptions

Among all Decatur County adults, 12.2% skipped or reduced medication doses in the past year in order to stretch a prescription and save money.

- Statistically similar to national findings.
- Most common among low-income residents.

Skipped or Reduced Prescription Doses in Order to Stretch Prescriptions and Save Money (Decatur County, 2019)



Sources: • 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 14]
• 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

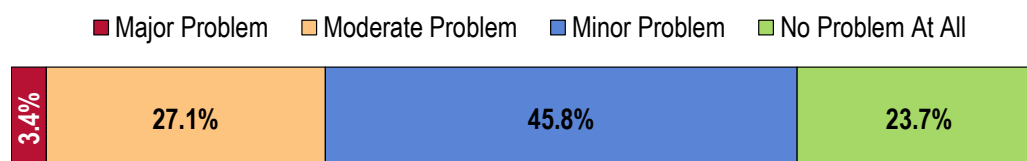
Accessing Healthcare for Children

None of the parents surveyed say there was a time in the past year when they needed medical care for their child, but were unable to get it.

Key Informant Input: Access to Healthcare Services

Key informants taking part in an online survey most often characterized *Access to Healthcare Services* as a "minor problem" in the community.

Perceptions of Access to Healthcare Services as a Problem in the Community (Key Informants, 2019)



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Behavioral Health Services

Mental health services and substance abuse treatment is extremely limited. There are not enough providers. - Community Leader

Emergency Services

I think the ED department at DCMH has made huge strides of improvement in the last few months. However, it still has a lot of opportunities! I work in long-term care, and our residents are frequently sent out to the ER several times before they can get the care they need to receive. - Other Health Provider

Lack of Providers

Enough available physicians and follow-up; medical costs and mental health care needed badly. - Public Health Representative

Non-Emergent Transport

Non-emergent transport. - Other Health Provider

Type of Care Most Difficult to Access

Key informants (who rated this as a “major problem”) most often identified **mental health care** as the most difficult to access in the community.

Medical Care Difficult to Access as Identified by Key Informants				
	Most Difficult	Second-Most Difficult	Third-Most Difficult	Total Mentions
Mental Health Care	100.0%	0.0%	0.0%	2
Substance Abuse Treatment	0.0%	100.0%	0.0%	2
Elder Care	0.0%	0.0%	50.0%	1
Urgent Care	0.0%	0.0%	50.0%	1

Primary Care Services

About Primary Care

Improving health care services depends in part on ensuring that people have a usual and ongoing source of care. People with a usual source of care have better health outcomes and fewer disparities and costs. Having a primary care provider (PCP) as the usual source of care is especially important. PCPs can develop meaningful and sustained relationships with patients and provide integrated services while practicing in the context of family and community. Having a usual PCP is associated with:

- Greater patient trust in the provider
- Good patient-provider communication
- Increased likelihood that patients will receive appropriate care

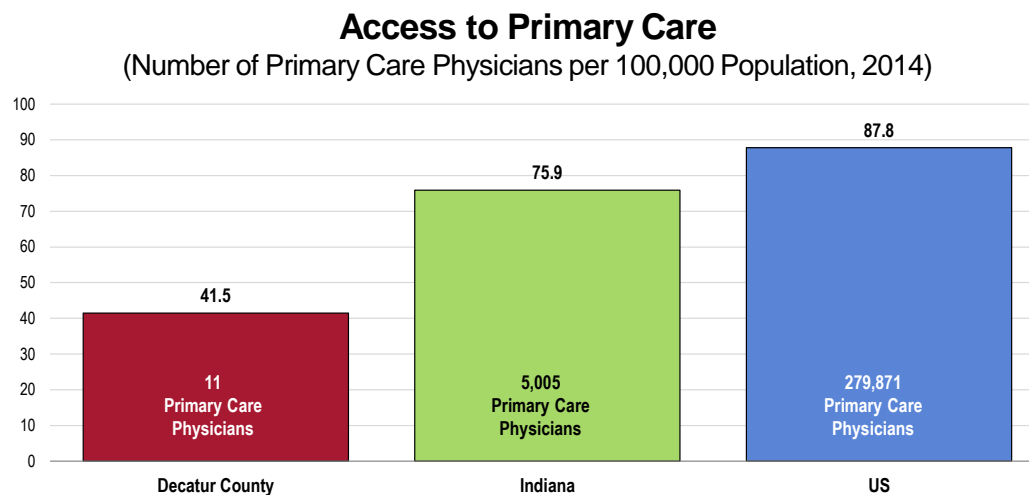
Improving health care services includes increasing access to and use of evidence-based preventive services. Clinical preventive services are services that: **prevent** illness by detecting early warning signs or symptoms before they develop into a disease (primary prevention); or **detect** a disease at an earlier, and often more treatable, stage (secondary prevention).

— Healthy People 2020 (www.healthypeople.gov)

Access to Primary Care

In Decatur County in 2014, there were 11 primary care physicians, translating to a rate of 41.5 primary care physicians per 100,000 population.

- Well below what is found statewide and nationally.



Sources: • US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File.
 • Retrieved March 2019 from Community Commons at <http://www.chna.org>.
 Notes: • This indicator is relevant because a shortage of health professionals contributes to access and health status issues.

Specific Source of Ongoing Care

A total of 78.7% of Decatur County adults were determined to have a specific source of ongoing medical care.

- Statistically similar to national findings.
- Fails to satisfy the Healthy People 2020 objective (95% or higher).
- Statistically more common among women than men.

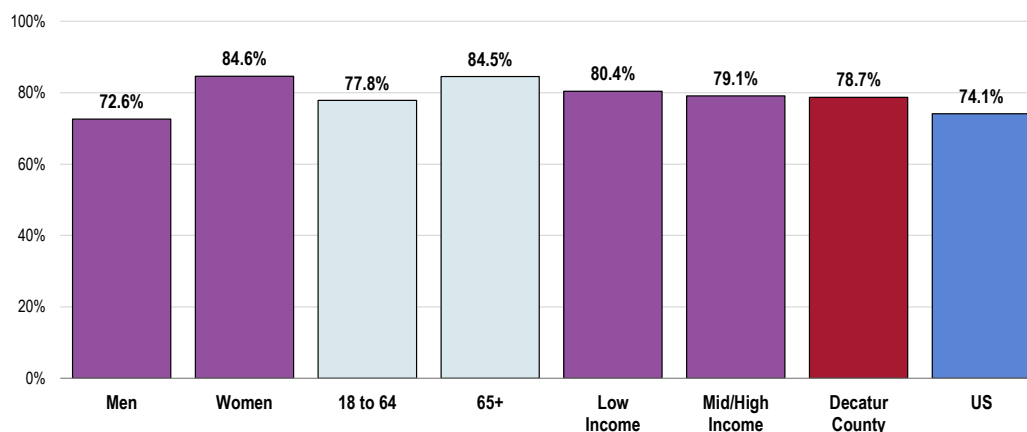
Having a specific source of ongoing care includes having a doctor's office, clinic, urgent care center, walk-in clinic, health center facility, hospital outpatient clinic, HMO or prepaid group, military/VA clinic, or some other kind of place to go if one is sick or needs advice about his or her health. This resource is crucial to the concept of "patient-centered medical homes" (PCMH).

A hospital emergency room is not considered a specific source of ongoing care in this instance.

Have a Specific Source of Ongoing Medical Care

(Decatur County, 2019)

Healthy People 2020 Target = 95.0% or Higher



Sources: • 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 170]

• 2017 PRC National Health Survey, Professional Research Consultants, Inc.

• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective AHS-5.1]

Notes:

• Asked of all respondents.

• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

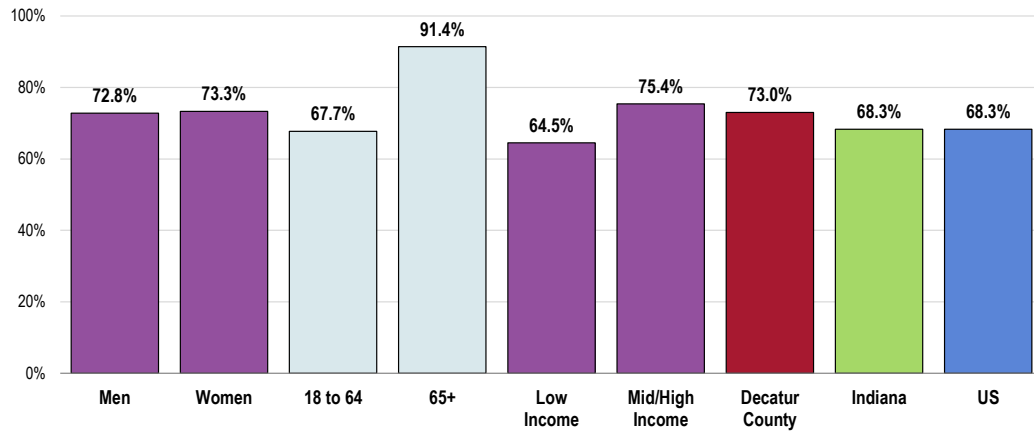
Utilization of Primary Care Services

Adults

More than seven in 10 Decatur County adults (73.0%) visited a physician for a routine checkup in the past year.

- Comparable to Indiana and US findings.
- Note the disparity in prevalence by age group.

Have Visited a Physician for a Checkup in the Past Year (Decatur County, 2019)



Sources:

- 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 18]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2017 Indiana data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:

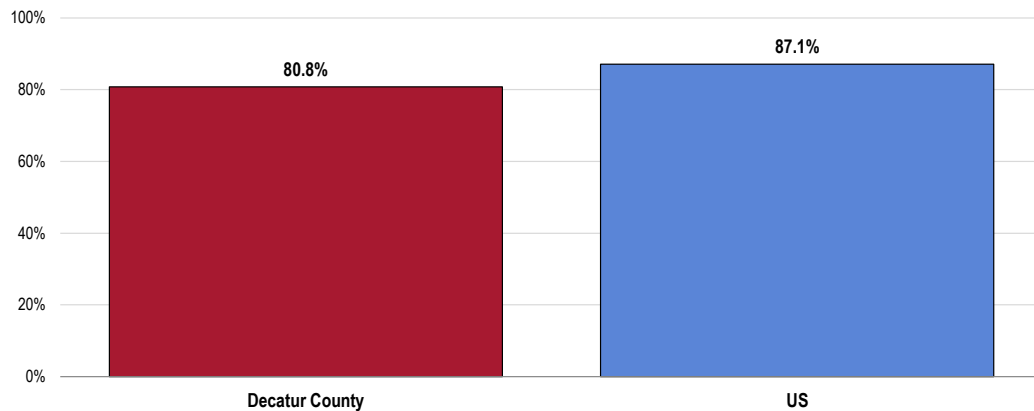
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Children

Among surveyed parents, 80.8% report that their child has had a routine checkup in the past year.

- Similar to national findings.

Child Has Visited a Physician for a Routine Checkup in the Past Year (Among Parents of Children 0-17)



Sources:

- 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 120]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:

- Asked of all respondents with children 0 to 17 in the household.
- The sample size for this indicator does not support demographic breakdowns.

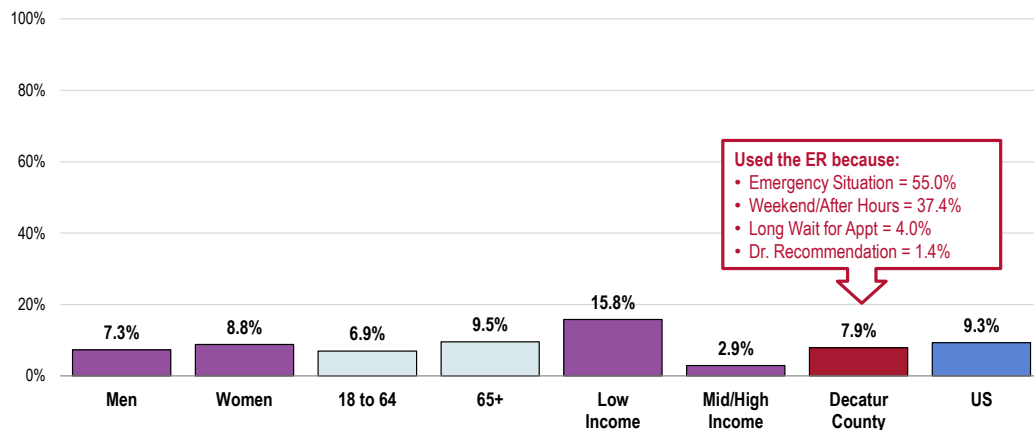
Emergency Room Utilization

A total of 7.9% of Decatur County adults have gone to a hospital emergency room more than once in the past year about their own health.

- Comparable to national findings.
- Low-income residents are much more likely to utilize an emergency room than higher-income residents.

Of those using a hospital ER, 55.0% say this was due to an **emergency or life-threatening situation**, while 37.4% indicated that the visit was during **after-hours or on the weekend**. A total of 4.0% cited **long waits for appointments**, and 1.4% had a **doctor recommendation**.

Have Used a Hospital Emergency Room More Than Once in the Past Year (Decatur County, 2019)



Sources: • 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 22-23]

• 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Oral Health

About Oral Health

Oral health is essential to overall health. Good oral health improves a person's ability to speak, smile, smell, taste, touch, chew, swallow, and make facial expressions to show feelings and emotions. However, oral diseases, from cavities to oral cancer, cause pain and disability for many Americans. Good self-care, such as brushing with fluoride toothpaste, daily flossing, and professional treatment, is key to good oral health. Health behaviors that can lead to poor oral health include: **tobacco use**; **excessive alcohol use**; and **poor dietary choices**.

The significant improvement in the oral health of Americans over the past 50 years is a public health success story. Most of the gains are a result of effective prevention and treatment efforts. One major success is community water fluoridation, which now benefits about 7 out of 10 Americans who get water through public water systems. However, some Americans do not have access to preventive programs. People who have the least access to preventive services and dental treatment have greater rates of oral diseases. A person's ability to access oral healthcare is associated with factors such as education level, income, race, and ethnicity.

Barriers that can limit a person's use of preventive interventions and treatments include: limited access to and availability of dental services; lack of awareness of the need for care; cost; and fear of dental procedures.

There are also social determinants that affect oral health. In general, people with lower levels of education and income, and people from specific racial/ethnic groups, have higher rates of disease. People with disabilities and other health conditions, like diabetes, are more likely to have poor oral health.

Potential strategies to address these issues include:

- Implementing and evaluating activities that have an impact on health behavior.
- Promoting interventions to reduce tooth decay, such as dental sealants and fluoride use.
- Evaluating and improving methods of monitoring oral diseases and conditions.
- Increasing the capacity of State dental health programs to provide preventive oral health services.
- Increasing the number of community health centers with an oral health component.

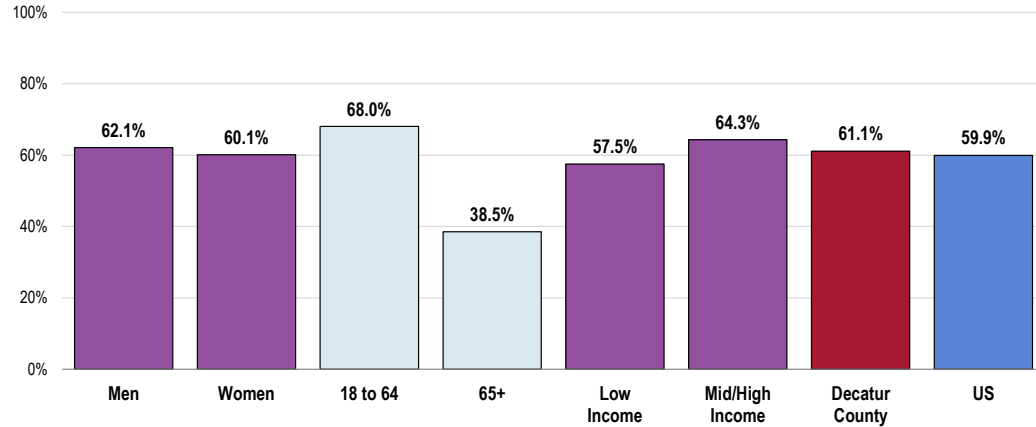
— Healthy People 2020 (www.healthypeople.gov)

Dental Insurance

Over six in 10 Decatur County adults (61.1%) have dental insurance that covers all or part of their dental care costs.

- Similar to the national finding.
- Particularly low among those age 65+.

Have Insurance Coverage That Pays All or Part of Dental Care Costs (Decatur County, 2019)



Sources: • 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 21]

• 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Dental Care

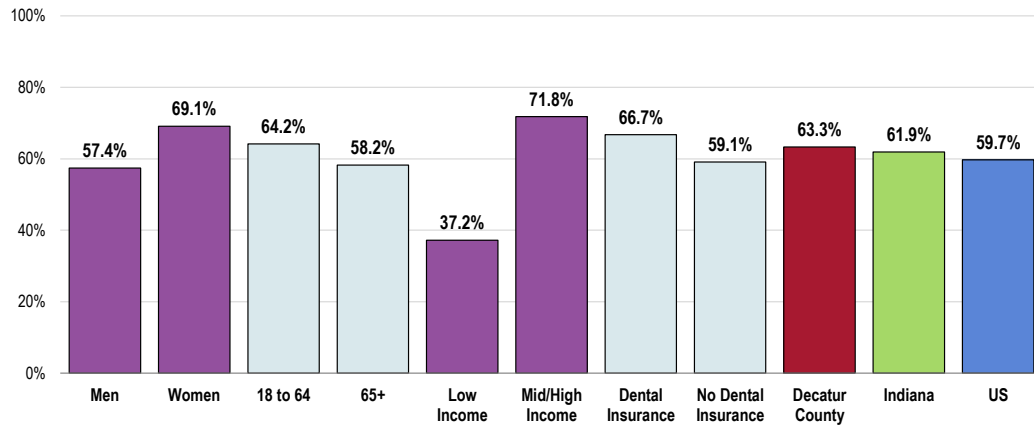
Adults

A total of 63.3% of Decatur County adults have visited a dentist or dental clinic (for any reason) in the past year.

- Similar to statewide and national findings.
- Satisfies the Healthy People 2020 target (49.0% or higher).
- Low-income residents are far less likely to have had a recent dental visit than those at higher incomes.

Dental Clinic Within the Past Year (Decatur County, 2019)

Healthy People 2020 Target = 49.0% or Higher



Sources:

- 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 20]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2016 Indiana data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective OH-7]

Notes:

- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

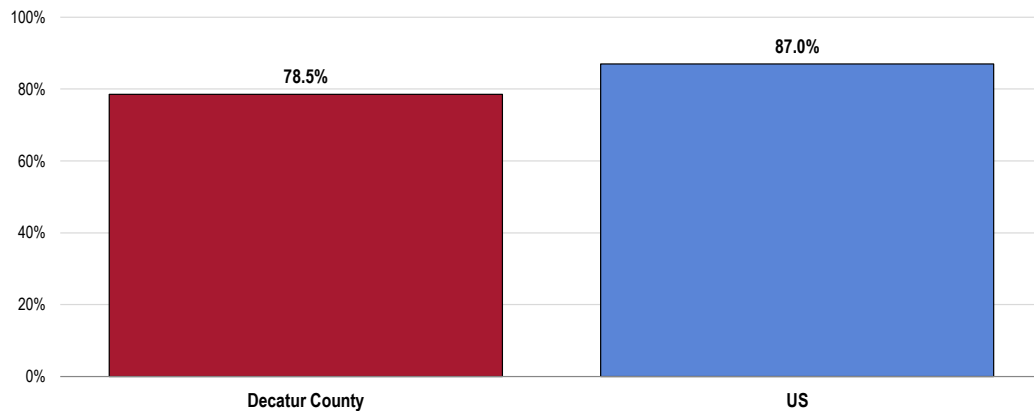
Children

A total of 78.5% of parents report that their child (age 2 to 17) has been to a dentist or dental clinic within the past year.

- Comparable to national findings.
- Satisfies the Healthy People 2020 target (49% or higher).

Child Has Visited a Dentist or Dental Clinic Within the Past Year (Among Parents of Children Age 2-17)

Healthy People 2020 Target = 49.0% or Higher



Sources:

- 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 123]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective OH-7]

Notes:

- Asked of all respondents with children age 2 through 17.
- The sample size for this indicator does not support demographic breakdowns.

Key Informant Input: Oral Health

Four in 10 key informants taking part in an online survey characterized *Oral Health* as a “minor problem” in the community.

Perceptions of Oral Health as a Problem in the Community (Key Informants, 2019)

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Affordable Care/Services

High dental costs, afraid of the dentist, afraid of needles. - Public Health Representative
Lack of money/insurance. - Other Health Provider
Cost of dental services, some drug use causing dental issues. - Other Health Provider

Access to Care

Access to dental care. The Community Clinic does a great job, but the lack of interested dentists and their teams creates a void and access is limited. - Other Health Provider
Many children and adults never go to the dentist. This carries over from generation to generation. Sometimes due to no education and sometimes it's all about the cost. - Community Leader

Vision Care

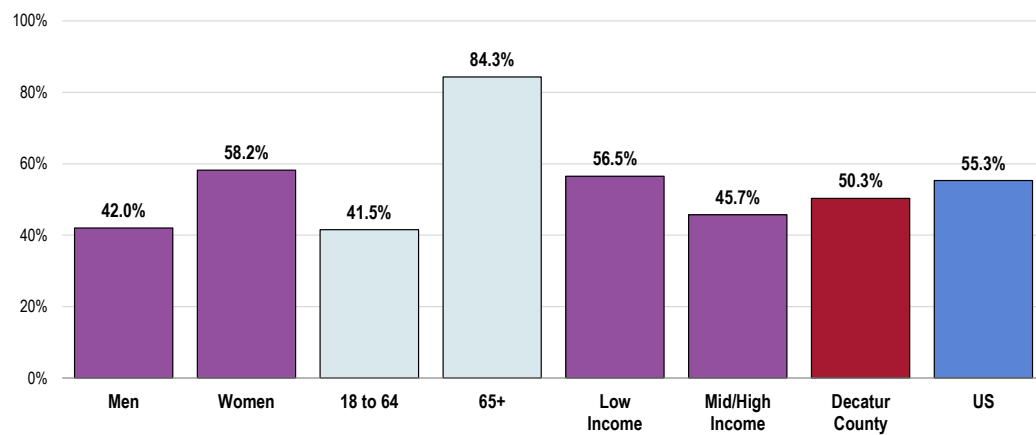
Half (50.3%) of Decatur County residents had an eye exam in the past two years during which their pupils were dilated.

RELATED ISSUE:

See also *Potentially Disabling Conditions: Vision & Hearing Impairment in the Death, Disease & Chronic Conditions* section of this report.

- Statistically comparable to national findings.
- By demographics, far more common among those age 65+, as well as among women.

Had an Eye Exam in the Past Two Years During Which the Pupils Were Dilated
(Decatur County, 2019)



Sources: • 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 19]
• 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Other Issues

Key informants

Support for Caregivers

| *Caring for the caregivers. - Community Leader*

Lymphedema Wraps

| *Lymphedema wraps. - Other Health Provider*

Local Resources



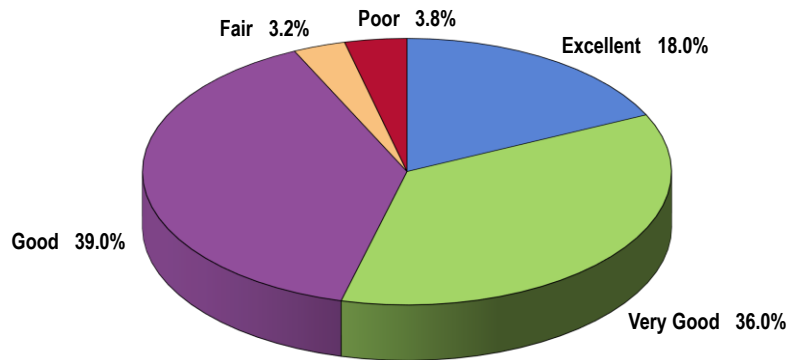
Professional Research Consultants, Inc.

Perceptions of Local Healthcare Services

Just over one-half of Decatur County adults (54.0%) rates the overall healthcare services available in their community as “excellent” or “very good.”

- Another 39.0% gave “good” ratings.

Rating of Overall Healthcare Services Available in the Community
(Decatur County, 2019)

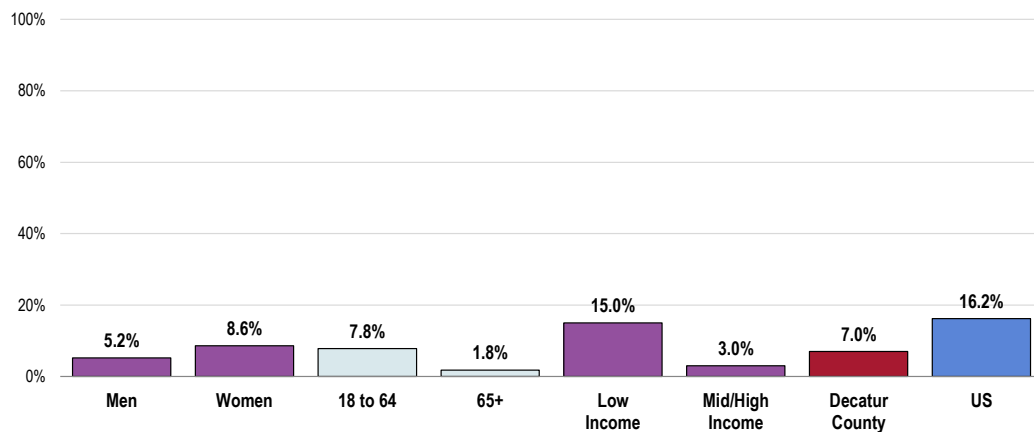


Sources: • 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 6]
Notes: • Asked of all respondents.

However, 7.0% of residents characterize local healthcare services as “fair” or “poor.”

- More favorable than reported nationally.
- Less favorable among low-income adults and residents under age 65.

Perceive Local Healthcare Services as “Fair/Poor”
(Decatur County, 2019)



Sources: • 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 6]
• 2017 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Resources Available to Address the Significant Health Needs

The following represent potential measures and resources (such as programs, organizations, and facilities in the community) identified by key informants as available to address the significant health needs identified in this report. This list only reflects input from participants in the Online Key Informant Survey and should not be considered to be exhaustive nor an all-inclusive list of available resources.

Access to Healthcare Services

- Centerstone*
- Community Health Clinic*
- Group Recover*
- Lifeline Wesleyan Church*

Arthritis, Osteoporosis & Chronic Back Conditions

- Anytime Fitness*
- Decatur County Memorial Hospital*
- Doctor's Offices*
- Hospitals*
- Massage Therapy*
- Physical Therapy*
- Tree City Medical*
- WorkWell Outreach*

Cancer

- 211*
- American Cancer Society*
- Chemotherapy Infusion Services*
- Community Health Clinic*
- Decatur County Memorial Hospital*
- Diagnostic Services*
- Dialysis Centers*
- Doctor's Offices*
- Family/Friends/Neighbors*
- Franciscan Physician Network*
- Greensburg-Decatur County Public Library*
- Hanson Center*
- Hospice*
- Hospitals*
- Mammography Programs*
- Margaret Mary Health Cancer Services*
- Our Hospice of Decatur County*
- Premier Hospice*
- Rush Memorial Hospital*

Dementias, Including Alzheimer's Disease

- Adult Day Services*
- Alzheimer's Association*
- Aspen Place*
- Decatur County Memorial Hospital*
- Doctor's Offices*
- ECFs*
- Heritage House*
- Hickory Creek*
- Home Healthcare*
- Hospice*
- Morning Breeze Retirement Center*
- Nursing Homes*
- Senior Life Solutions*

Diabetes

- American Diabetes Association*
- Anytime Fitness*
- Change Fitness*
- Cincinnati Children's*
- CVS*
- Decatur County Board of Health*
- Decatur County Health Department*
- Decatur County Memorial Hospital*
- Doctor's Offices*
- Greensburg-Decatur County Public Library*
- Hospitals*
- Laboratory Services*
- Nutrition Services*
- Pharmacies*
- Purdue Extension*
- Reclaim*
- Riley Children's Hospital*
- School System*

Family Planning

Board of Health
 Churches
 Clarity
 Decatur County Memorial Hospital
 Doctor's Offices
 Family Planning Clinic
 First Steps
 Hospitals
 Planned Parenthood
 Pregnancy Care Center
 School System
 The Villages-Healthy Family Program

Hearing & Vision

Greensburg Lions Club

Heart Disease & Stroke

American Heart Association
 Anytime Fitness
 Community Health Clinic
 Decatur County Memorial Hospital
 Diagnostic Services
 Doctor's Offices
 Health Department
 Healthy Fair
 Hospitals
 Kroger
 Needler's Fresh Market
 Nutrition Services
 Pharmacies
 Purdue Extension
 Reclaim Fitness Center
 Retail Outlet Blood Pressure Checks
 Walk With a Doc Talks
 Walmart

HIV/AIDS

Decatur County Memorial Hospital
 Healthy Fair

Infant & Child Health

Big Brothers Big Sisters
 Child Protective Services
 Cincinnati Children's
 Daisy CAC Group
 Decatur County Board of Health
 Decatur County Child Protective Services
 Decatur County Memorial Hospital
 Healthy Fair

School System
 WIC

Injury & Violence

DCFS (Department of Children & Family Services)
 Homeless Shelter
 New Directions
 Safe Passage

Kidney Disease

DaVita Dialysis
 Decatur County Memorial Hospital
 Diabetes Education
 Dialysis Centers
 Doctor's Offices
 Fresenius Kidney Care
 Hospitals

Mental Health

Agape
 Alzheimer's Society
 Celebrate Recovery
 Centerstone
 Choices CERT
 Churches
 Community Health Care Clinic of Decatur County
 Community Mental Health
 Decatur County Memorial Hospital
 Department of Child Services
 Doctor's Offices
 Girls Inc.
 Greensburg-Decatur County Public Library
 Groups
 Mental Health Services
 New Directions
 Open Beds Program
 Recovery Groups
 School System
 Senior Life Solutions
 Speranza House
 Support Groups

Nutrition, Physical Activity & Weight

Anytime Fitness
 Bread of Life
 Change Fitness
 Decatur County Memorial Hospital
 Doctor's Offices

Greensburg-Decatur County Public Library
Hospitals
Josh Hawkins Adult Swim Workout
Meals on Wheels
Parks and Recreation
Purdue Extension
Reclaim
South Decatur Elementary School (SDES)
Total Fitness
Walk With a Doc Talks
Weight Watchers

Oral Health

Community Health Clinic
Dentist's Offices
Doctor's Offices

Respiratory Diseases

American Cancer Society
Community Health Clinic
Decatur County Memorial Hospital
Diagnostic Services
Doctor's Offices
Educational Programs
Health Department
Smoking Cessation Classes

Sexually Transmitted Diseases

Birth Control
Board of Health
Clarity Pregnancy Services
Community Health Clinic
Decatur County Memorial Hospital
Doctor's Offices
Online Information
STD Prevention Information

Substance Abuse

AA/NA
Celebrate Recovery
Centerstone
Choices CERT
Churches
Community Action Coalition
Community Mental Health
Decatur County Memorial Hospital
Doctor's Offices
Fairbanks Alcohol & Drug Addiction Treatment Center

Foundations for Recovery
Greensburg Prevention Group
Greensburg-Decatur County Public Library
Group Housing Options
Group Recover
Groups
Housing/Rehab for Addictive Problems
It's a We Thing - City Hall
Job Support Programs
Law Enforcement
Lifeline Wesleyan Church
New Directions
Northstar Recovery
Probation Services
Recover Out Loud
Recovery Groups
School System
Speranza House
Substance Abuse Hotline

Tobacco Use

1-800-Quit-Now
American Lung Association
Community Health Clinic
Community Resource for Youth
Decatur County Memorial Hospital
Diagnostic Services
Doctor's Offices
Educational Programs
Health Department
Hospitals
Indiana Quit Line
Smoking Cessation Classes
Tar Wars
Tobacco Tax
Wellness Programs

Appendix



Professional Research Consultants, Inc.

Evaluation of Past Activities

A Community Health Needs Assessment was completed in 2016 which identified the areas of greatest need in our community. Results collected from community surveys and health data determined greatest areas of need are illegal drug use education and prevention, alcohol abuse education and prevention, mental health services, and parenting skills.

DCMH has developed initiatives and partnered in community programs to address these needs.

Illegal Drug Use Education and Prevention

- **Strategy #1:** Key staff members have become members of the Greensburg Prevention Group, an organization helping to decrease substance abuse and related behaviors by promoting healthy choices in Greensburg.
- **Strategy #2:** DCMH interfaces with the Indiana Scheduled Prescription Electronic Collection and Tracking (INSPECT) program, designed to address the problem of prescription drug abuse and diversion in Indiana. Physicians use this tool to assure patients have not received narcotics from multiple providers.
- **Strategy #3:** Emergency Department implemented prescribing practices which limits the number of narcotic pain medications that are sent home with patients.
- Emergency Department Medical Director Dr. Kathleen Canfield has given multiple presentations to community groups, including the Decatur County Rotary Club, to share information about the Opioid crisis happening and what precautions her department is taking to help patients.

Alcohol Abuse Education and Prevention

- **Strategy #1:** DCMH is sending referrals to both Inpatient and Outpatient treatment facilities.
- **Strategy #2:** DCMH provides a weekly meeting place for the local chapter of Alcoholic Anonymous.
- **Strategy #3:** DCMH provides key staff members to participate in the Greensburg Prevention Group, an organization helping to decrease substance abuse and related behaviors by promoting healthy choices in Greensburg.

Mental Health Services

- **Strategy #1:** The DCMH Emergency Department uses Bloomington Meadows Telepsych assessments for acute care services, as well as the inpatient nursing units. Bloomington Meadows Hospital is dedicated to helping patients restore their health and get a fresh start. With their help, DCMH is able to provide each patient with comprehensive behavioral and mental health counseling programs.

- **Strategy #2:** Decatur County Memorial Hospital's Senior Life Solutions program, an intensive outpatient group counseling program, is designed to meet the unique needs of older adults over the age of 65 struggling with symptoms of depression and anxiety often related to aging. DCMH is now able to assess and assist geriatric patients in our community with treatment and therapy.
- The program staff includes a board-certified psychiatrist, licensed social workers, a registered nurse, and other professionals dedicated to the emotional well-being of the seniors in our community. Anyone can refer an individual to the program including, family members, physicians, or other health professionals.
- **Strategy #3:** DCMH has developed a booklet for patients with additional resources in surrounding counties, including mental health services for that specific area.

Parenting Skills

- **Strategy #1:** The DCMH OB and Social Work staff members educate using the Safety Pin Program. This program teaches preventive care to families for high risk infants. The goal of this program is to reduce infant mortality.
- **Strategy #2:** Departments within the hospital participate in the Indiana Perinatal Quality Improvement Collaborative. This initiative is to emphasize perinatal care providers and hospitals have in assuring all babies born in Indiana have the best start in life.
- **Strategy #3:** DCMH offers a Child Passenger Safety program to the community. Certified Child Passenger Safety technicians are onsite to provide child seat inspections. This is a great opportunity for parents with newborns, parents with car seats and boosters, grandparents, and any caregiver that has child safety seats in their vehicle. At the inspection, caregivers will receive education and hands-on assistance with the proper use of their child safety seats and seat belts in their vehicles.
- **Strategy #4:** DCMH hosts a Mommy & Me Expo event every year. DCMH invites all expecting and experienced mommies, as well as daddies and children to attend. The idea is to educate soon-to-be-mothers or young mothers about healthy parenting skills and put them in touch with other area resources. The event includes numerous DCMH service lines, including Family Medicine, OBGYN, Pediatric Therapy, Audiology and more. Numerous free screenings are provided to those in attendance: blood pressure checks, cholesterol, vision and ear infection screenings. In addition, outside vendors such as the Greensburg Public Library, YMCA, Health Department, Decatur County 4 Kids, and more, are invited to participate and share how their services can help these young mothers during this season of life.
- **Strategy #5:** DCMH and the Social Work department has created a Parenting Resource Guide Brochure to hand out to all new parents who are in need. This information includes Public Assistance, Protective Services & Shelters, Mental Health

and Parenting Resources and Emergency Numbers.

- **Strategy #6:** DCMH has continued to partner with Decatur County 4 Kids, a chartered Prevent Child Abuse Indiana council, to provide a Family Fun Day for community parents and their children. The idea for this event is to promote spending time together as a family. Decatur County 4 Kids' primary goal is to provide education to the community and increase awareness of abuse as well as work to empower individuals to work toward solutions.

Additional Comments

-“Compared to surrounding hospitals, DCMH does very little support groups, outreach services. Margaret Mary Hospital has at least 6 Dietitians and DCMH has 1 full time? Too much emphasis on inpatient population and not enough on all the Outpatient needs in the community.”

- **Strategy #1:** DCMH offers a monthly support group for all Cancer Care survivors, patients, family members and friends. This support group focuses on courage, hope and staying positive. Confidentiality and anonymity is honored.
- **Strategy #2:** DCMH has partnered with Thrive Alliance for a Caregivers Support Group to bring long-term care planning and caregiver decision making skills. Some individuals who present at these meetings include: DCMH Senior Life Solutions, DCMH Accountable Care Organizations, attorneys and members from Thrive Alliance.

-“I would like to see more community support services for the community. Batesville hospital seems to be doing this well. They offer weight loss services, lymphedema therapy services, nutrition classes, and have even started offering exercise as part of weight loss. If DCMH offers these services, I have not seen them advertised in the paper or been able to find this on the website. The workshops I see offered seem to be the same old, same old!”

- **Strategy #3:** DCMH now offers a Weigh Beyond weight loss program. Weigh Beyond is a 10-week program that promotes healthy behavior changes that lead to weight loss and a healthy lifestyle through one-on-one coaching, weekly weigh-ins and structured exercise plans. This includes:
 - Point of Care testing via finger stick
 - A1C via finger stick
 - Measurements
 - Before/After Picture (optional)
 - One-on-one coaching with a health coach
 - Weekly Weigh-Ins
 - Access to the Decatur County YMCA
 - Weekly Walking Groups
 - Incentives throughout program

- **Strategy #4:** DCMH has now implemented a Walk with a Doc program. This initiative inspires the community through movement and conversation. A DCMH physician is invited to give a brief presentation on a health topic and then leads participants on a walk at their own pace. Walking was recently recognized by the Surgeon General of the United States of America as one of the simple most important things we can do for our health.
- **Strategy #5:** DCMH partners with Greensburg Community School Corporation for a Health and Wellness initiative between the hospital and their school system. With this new partnership, staff at Greensburg Community Schools have access to multiple benefits and wellness opportunities which include:
 - Targeted Wellness programs based on population needs
 - Fitness Classes offered to employees before/after school

The new partnership includes many health and wellness aspects that members can take advantage of, including a Complete Wellness Assessment. The assessment includes: blood pressure, glucose check, body fat %, BMI, lipid profiles, diabetic prevention and health coaching.

-“Definite need for teenage activities and more for families.”

-“I’ve lived her my entire life. We have always had to drive out of town for extended shopping (malls etc). There has been some improvement, but always room to grow. There is also a huge need for more activities for families. I’ve always driven out of town for activities for families (water parks, amusement parks, laser tag, Dave and Buster type places, nice restaurants). I know some of those activities may be too big for Greensburg, but something like that could draw more people to Greensburg.”

Strategy #1: DCMH has continued to partner with Decatur County 4 Kids, a chartered Prevent Child Abuse Indiana council, to provide a Family Fun Day for community parents and their children. The idea for this event is to promote spending time together as a family. Decatur County 4 Kids’ primary goal is to provide education to the community and increase awareness of abuse as well as work to empower individuals to work toward solutions.

- **Strategy #2:** DCMH provides an annual Healthy Fair to all community members in Decatur County. This event is free and includes multiple screenings, a free lunch, physician speakers, a blood drive, prizes, multiple kid’s activities, and more. DCMH also invites surrounding businesses, along with DCMH departments, to showcase how they can tend to all of the community’s healthcare needs. DCMH also provides a similar Health and Business Expo in Westport at the Community Center.
- **Strategy #3:** DCMH has continued to partner with the Decatur County YMCA to help sponsor their annual Healthy Kids Day. Healthy Kids Day has been an on-going tradition for the YMCA for more than 25 years to give lessons on how to live a healthy

lifestyle. It gives children an outlet for social interaction through the booths, games and the egg hunt, yet also creates learning opportunities through the Scholastic Book Fair and the Touch-a-Truck event. There are also many games for the children to partake in as well. DCMH helps promote all areas of focus in youth development, healthy living and social responsibility through the events of the day.

- **Strategy #4:** DCMH and the Daily News partner every year to welcome the Easter Bunny at the Community Easter Egg Hunt. This is in conjunction with the YMCA's Healthy Kids Day