



Community Health Needs Assessment

August 2013

**Columbus Regional Hospital
Community Health Needs Assessment
August 2013**

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Introduction

IRC Section 501(r) requires health care organizations to assess the health needs of their communities and adopt implementation strategies to address identified needs. Per IRC Section 501(r), a byproduct of the *Affordable Care Act*, to comply with federal tax-exemption requirements, a tax-exempt hospital facility must:

- Conduct a community health needs assessment every three years.
- Adopt an implementation strategy to meet the community health needs identified through the assessment.
- Report how it is addressing the needs identified in the community health needs assessment and a description of needs that are not being addressed with the reasons why such needs are not being addressed.

The community health needs assessment must take into account input from persons who represent the broad interest of the community served by the hospital facility, including those with special knowledge of or expertise in public health. The hospital facility must make the community health needs assessment widely available to the public.

This community health needs assessment, which describes both a process and a document, is intended to document Columbus Regional Hospital's (Hospital) compliance with IRC Section 501(r). Health needs of the community have been identified and prioritized so that Columbus Regional Hospital may adopt an implementation strategy to address specific needs of the community.

The *process* involved:

- Collection and analysis of a large range of data, including demographic, socioeconomic and health statistics and health care resources.
- Interviews with key informants who represent: a) broad interests of the community, b) populations of need or c) persons with specialized knowledge in public health.
- Reviewing results from a community health survey conducted as part of the *2012 PRC Community Health Needs Assessment Report*.

This *document* is a summary of all the available evidence collected during the initial cycle of community health needs assessments required by the IRS. It will serve as a compliance document as well as a resource until the next assessment cycle.

Both the process and document serve as the basis for prioritizing the community's health needs and will aid in planning to meet those needs.



Summary of Community Health Needs Assessment

The purpose of the community health needs assessment is to document compliance with new federal laws outlined in the Introduction above.

The Hospital engaged **BKD, LLP** to conduct a formal community health needs assessment.

BKD, LLP is one of the largest CPA and advisory firms in the United States, with approximately 2,000 partners and employees in 30 offices. BKD serves more than 900 hospitals and health care systems across the country. The Hospital's CHNA was completed in August 2013.

Based on current literature and other guidance from the treasury and the IRS, the following steps were conducted as part of the Hospital's community health needs assessment:

- The “community” served by the Hospital was defined by utilizing inpatient and outpatient data regarding patient origin. This process is further described in *Community Served by the Hospital*.
- Population demographics and socioeconomic characteristics of the community were gathered and reported utilizing various third parties (see references in Appendices). The health status of the community was then reviewed. Information on the leading causes of death and morbidity information was analyzed in conjunction with health outcomes and factors reported for the community by CountyHealthrankings.org. Health factors with significant opportunity for improvement were noted.
- An inventory of health care facilities and resources was prepared and evaluated to unmet needs.
- Community input was provided through the following:
 - A community health survey was conducted by Professional Research Consultants, Inc. (PRC). The community health survey was completed by 700 individuals. Results and findings are described in the 2012 PRC Community Health Survey section of this report.
 - Input received by the Healthy Communities Initiative which is a collaborative effort between Columbus Regional Hospital, schools, businesses, local government, churches, and others working together to address identified health needs. Additional information is included in the Healthy Communities section of this report.
- Information gathered in the steps above was analyzed and reviewed to identify health issues of uninsured persons, low-income persons and minority groups and the community as a whole. Health issues were ranked utilizing a weighting method that weighs: 1) the size of the problem, 2) the seriousness of the problem, 3) the prevalence of common themes, 4) the impact of the issue on vulnerable populations and 5) how important the issue is to the community.
- Recommendations based on this assessment have been communicated to Hospital management.



General Description of the Hospital

Columbus Regional Health is a regional health system serving a 10-county region in southeastern Indiana. Columbus Regional Hospital, the system's flagship facility, is a 225-bed facility providing emergency and surgical services and comprehensive care in numerous specialty areas, with 1,650 employees, 225 physicians on medical staff and 250 volunteers. Columbus Regional Hospital Physicians offers a network of primary and specialty care physicians, working closely with the hospital and outpatient locations.



Columbus Regional Hospital is nationally recognized for quality patient care, winning the American Hospital Association's Quest for Quality Prize, the highest quality honor awarded by the hospital industry. Other recognitions include Becker's Hospital Review 100 Great Community Hospitals and being named a top hospital by US News & World Report. Columbus Regional Hospital was Indiana's first Magnet designated hospital for outstanding nursing care.

At Columbus Regional Hospital we are not content to be a top Indiana healthcare provider. Our team is redefining what it means to provide the best in healthcare, both at a regional and national level. And, our culture inspires us to stay abreast of the newest medical technologies and procedures, and to strive for constant improvements.

Columbus Regional Hospital offers high quality specialty care including:

- Birthing Center
- Breast Health Center
- Cancer Center
- Endoscopy Center
- Heart and Vascular Center
- Joint and Spine Center
- Wound Center
- Lung Institute
- Rehabilitation Services
- Sleep Diagnostic Center
- Surgical Services
- Wellness Center

Mission: Improve the health and well-being of the people we serve

Vision: Be the best in the country at everything we do.



Community Served by the Hospital

Identification and Description of Geographical Community

Columbus Regional Hospital is located in the city of Columbus, Indiana in Bartholomew County. As of 2011, Columbus had a population of 44,119. Columbus is centrally located between Indianapolis, Louisville and Cincinnati and is just minutes from Interstate 65.

Defined Community

A community is defined as the geographic area from which a significant number of the patients utilizing Hospital services reside. While the community health needs assessment considers other types of health care providers, the Hospital is the single largest provider of acute care services. For this reason, the utilization of Hospital services provides the clearest definition of the community.

Columbus Regional Hospital defines its service area for this community health needs assessment based on where the majority of its inpatients reside. Based on the patient origin of inpatient discharges and outpatient procedures from fiscal year 2011, management has identified the community as listed on *Exhibit 1* representing patient origin of the top zip codes in its community. It is followed by a map showing the Hospital's geographic location and the footprint of the community identified in *Exhibit 1* which includes the city of Columbus in Bartholomew County, as well as the counties Jackson and Jennings. The map displays the Hospital's defined community, identifies the zip codes that comprise this community and illustrates its geographic relationship to surrounding counties, significant roads and highways. A demographic snapshot for these zip codes is provided in *Exhibit 2* and these zip codes are listed with additional corresponding demographic information in *Exhibits 3* through *8*.

When specific information is not available by zip code, this community health needs assessment relies on county-level data. County-level data will be analyzed for Bartholomew, Jennings and Jackson Counties.

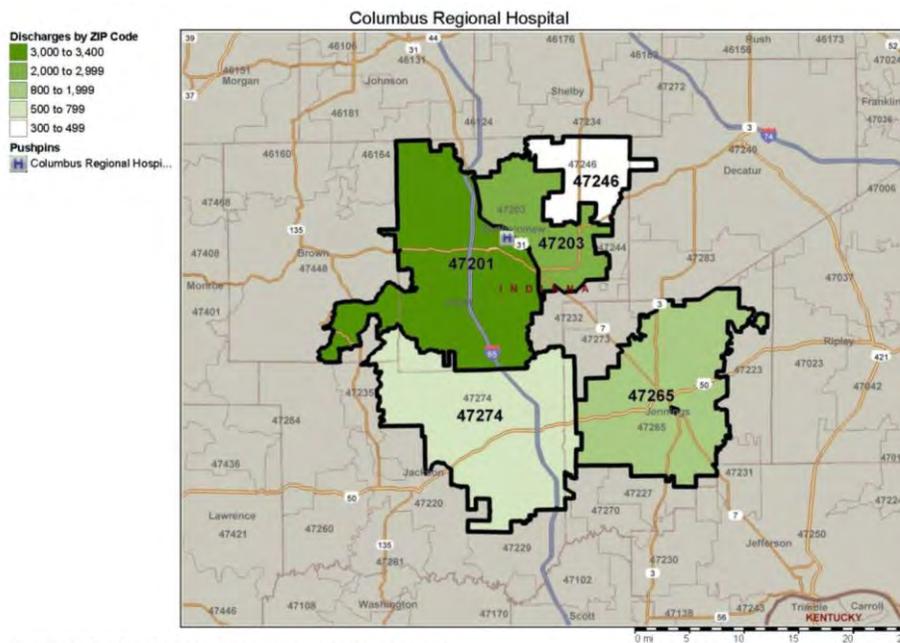


Community Health Needs Assessment 2013

Exhibit 1.1
Columbus Regional Hospital CHNA Community
Summary of Inpatient Discharges by Zip Code
1/1/2011 to 12/31/2011

Zip Code	City/State	Discharges	Percent of Total Discharges
Bartholomew County:			
47201	Columbus, IN	3,308	33.1%
47203	Columbus, IN	2,215	22.2%
47246	Hope, IN	341	3.4%
	Other Bartholomew	268	2.7%
	Total Bartholomew	6,132	61.4%
Jennings County:			
47265	North Vernon, IN	899	9.0%
	Other Jennings	219	2.2%
	Total Jennings	1,118	11.2%
Jackson County:			
47274	Seymour, IN	519	5.2%
	Other Jackson	200	2.0%
	Total Jackson	719	7.2%
All other		2,019	20.2%
		9,988	100.0%

Source: Columbus Regional Hospital



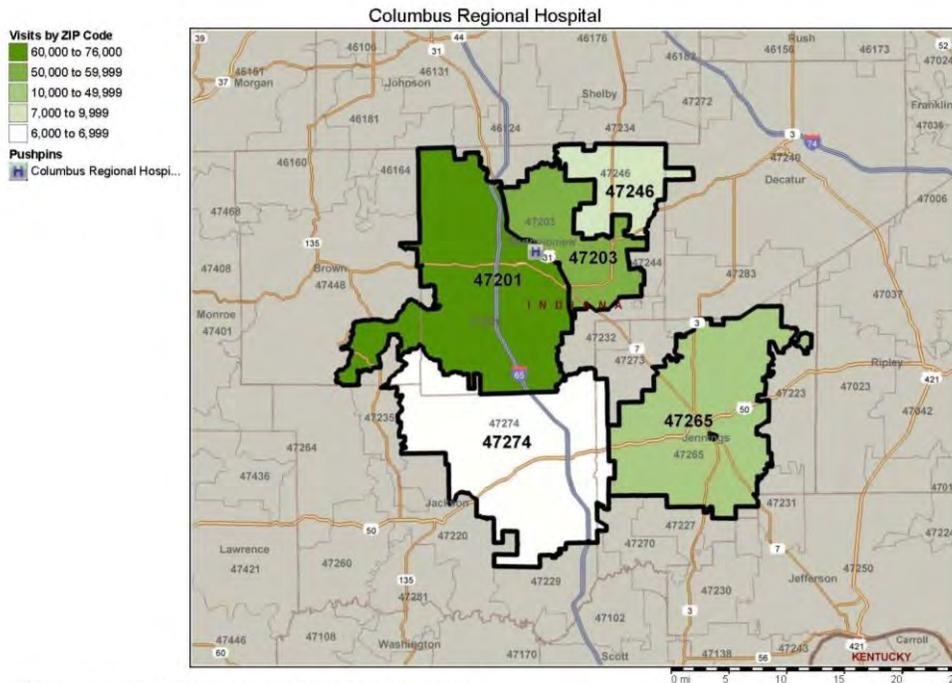


Community Health Needs Assessment 2013

Exhibit 1.2
Columbus Regional Hospital CHNA Community
Summary of Outpatient Discharges by Zip Code
1/1/2011 to 12/31/2011

Zip Code	City/State	Discharges	Percent of Total Discharges
Bartholomew County:			
47201	Columbus, IN	75,323	38.0%
47203	Columbus, IN	51,359	25.9%
47246	Hope, IN	7,488	3.8%
	Other Bartholomew	8,391	4.2%
	Total Bartholomew	142,561	71.9%
Jennings County:			
47265	North Vernon, IN	11,783	5.9%
	Other Jennings	4,158	2.1%
	Total Jennings	15,941	8.0%
Jackson County:			
47274	Seymour, IN	6,245	3.2%
	Other Jackson	2,298	1.2%
	Total Jackson	8,543	4.3%
All other		31,205	15.7%
		198,250	100.0%

Source: Columbus Regional Hospital





Community Health Needs Assessment 2013

Exhibit 2 2013 Demographic Snapshot Columbus Regional Hospital CHNA Community

DEMOGRAPHIC CHARACTERISTICS

	Selected Area		USA		2013	2018	% Change
	Area	USA					
2000 Total Population	140,323	281,421,942		Total Male Population	74,708	76,769	2.76%
2013 Total Population	150,568	314,861,807		Total Female Population	75,860	78,088	2.94%
2018 Total Population (est)	154,857	325,322,277					
% Change 2013 - 2018	2.85%	3.32%					
Average Household Income 2013	51,770	69,637					

POPULATION DISTRIBUTION

Age Group	Age Distribution				
	2013	% of Total	2018	% of Total	USA 2013 % of Total
0 -14	30,771	20.44%	31,199	20.15%	19.63%
15 - 17	6,628	4.40%	6,546	4.23%	4.11%
18 - 24	13,017	8.65%	14,032	9.06%	9.96%
25 - 34	17,734	11.78%	17,884	11.55%	13.08%
35 - 54	41,142	27.32%	39,336	25.40%	26.93%
55 - 64	18,979	12.60%	20,240	13.07%	12.37%
65+	22,297	14.81%	25,620	16.54%	13.93%
Total	150,568	100.00%	154,857	100.00%	100.01%

HOUSEHOLD INCOME DISTRIBUTION

2013 Household Income	Income Distribution		
	HH Count	% of Total	USA 2013 % of Total
<\$15K	8,156	14.01%	13.81%
\$15 - 25K	8,411	14.45%	11.58%
\$25 - 50K	18,428	31.66%	25.29%
\$50 - 75K	11,301	19.42%	18.11%
\$75 - 100K	6,092	10.47%	11.73%
Over \$100k	5,811	9.98%	19.48%
Total	58,199	100.00%	100.00%

RACE/ETHNICITY

Race/Ethnicity	Race/Ethnicity Distribution		
	2013 Pop.	% of Total	USA % of Total
White Non-Hispanic	133,913	88.94%	62.31%
Black Non-Hispanic	1,869	1.24%	12.28%
Hispanic	9,125	6.06%	17.33%
Asian & Pacific Island Non-Hispanic	3,473	2.31%	5.13%
All Others	2,188	1.45%	2.94%
Total	150,568	100.00%	100.00%

Includes: Select zip codes from the Indiana Counties of Bartholomew, Jennings and Jackson.

Source: The Nielsen Company



Community Details

Community Population and Demographics

Columbus Regional Hospital’s CHNA community consists of zip codes in three counties: Bartholomew, Jackson and Jennings. Nearly 62 percent of the Hospital’s inpatient discharges and 72 percent of outpatient procedures originated in Bartholomew County.

The U.S. Census Bureau has compiled population and demographic data based on the 2010 census. The Nielsen Company, a firm specializing in the analysis of demographic data, has extrapolated this data to estimate population trends from 2013 through 2018.

Exhibit 3 illustrates that the overall population is projected to increase slightly over a five-year period from 124,850 in 2013 to 128,840, a 3.2 percent increase. However, the people who utilize health care services the most, those ages 65 years and over, are projected to increase 15.1 percent from 18,274 to 21,024. The projected change to the composition of the total community of males and females is projected to remain approximately the same over the five-year period.

**Exhibit 3
Columbus Regional Hospital CHNA Community**

Zip Code	City	County	Under 15 years	15-44 years	45-64 years	65 years and over	Total	Median Age of Total Population		
								Male	Female	
Estimated 2013 Population										
47201	Columbus, IN	Bartholomew	9,074	17,058	11,190	5,679	43,001	37.2	21,465	21,536
47203	Columbus, IN	Bartholomew	5,448	9,671	7,293	4,816	27,228	40.5	13,138	14,090
47265	North Vernon, IN	Jennings	4,272	7,790	5,447	2,786	20,295	37.7	10,089	10,206
47274	Seymour, IN	Jackson	6,148	11,479	7,878	4,351	29,856	38.2	14,742	15,114
47246	Hope, IN	Bartholomew	889	1,698	1,241	642	4,470	38.6	2,231	2,239
PROVIDER SERVICE AREA			25,831	47,696	33,049	18,274	124,850		61,665	63,185
Projected 2018 Population										
47201	Columbus, IN	Bartholomew	9,554	17,260	11,609	6,735	45,158	37.9	22,523	22,635
47203	Columbus, IN	Bartholomew	5,540	9,868	7,333	5,415	28,156	40.8	13,604	14,552
47265	North Vernon, IN	Jennings	4,064	7,403	5,231	3,098	19,796	37.9	9,836	9,960
47274	Seymour, IN	Jackson	6,394	11,670	8,098	5,034	31,196	38.9	15,405	15,791
47246	Hope, IN	Bartholomew	864	1,694	1,234	742	4,534	39.2	2,252	2,282
PROVIDER SERVICE AREA			26,416	47,895	33,505	21,024	128,840		63,620	65,220

Source: The Nielsen Company

Exhibit 4 shows the population of the community by race by illustrating three different categories: white, black and other residents. A review of specific zip code areas shows the population of black and other residents to be lower than state and national averages.



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Exhibit 4
Columbus Regional Hospital CHNA Community
Estimated 2013 Population vs. Projected 2018 Population with Percent Difference

Zip Code	City	County	Estimated 2013				Projected 2018				Percent Total		
			White	Black	Other	Total	White	Black	Other	Total	White	Black	Other
47201	Columbus, IN	Bartholomew	37,565	904	4,532	43,001	38,638	954	5,566	45,158	85.6%	2.1%	12.3%
47203	Columbus, IN	Bartholomew	24,249	481	2,498	27,228	24,761	471	2,924	28,156	87.9%	1.7%	10.4%
47265	North Vernon, IN	Jennings	19,490	193	612	20,295	18,965	185	646	19,796	95.8%	0.9%	3.3%
47274	Seymour, IN	Jackson	27,574	287	1,995	29,856	28,559	313	2,324	31,196	91.5%	1.0%	7.4%
47246	Hope, IN	Bartholomew	4,314	29	127	4,470	4,357	30	147	4,534	96.1%	0.7%	3.2%
PROVIDER SERVICE AREA			<u>113,192</u>	<u>1,894</u>	<u>9,764</u>	<u>124,850</u>	<u>115,280</u>	<u>1,953</u>	<u>11,607</u>	<u>128,840</u>	<u>89.5%</u>	<u>1.5%</u>	<u>9.0%</u>
Indiana (1,000s)			5,473	611	470	6,554	5,487	641	539	6,667	82.3%	9.6%	8.1%
U.S. (1,000s)			225,086	40,007	49,768	314,862	228,212	41,797	55,313	325,322	70.1%	12.8%	17.0%

Source: The Nielsen Company



Socioeconomic Characteristics of the Community

The socioeconomic characteristics of a geographic area influence the way residents access health care services and perceive the need for them. The economic status of an area may be assessed by examining multiple variables within the community. The following exhibits are a compilation of data that includes household income, poverty, unemployment rates and educational attainment for the community served by the hospital. These standard measures will be used to compare the socioeconomic status of the counties served internally as well as to the state.

Income, Poverty and Unemployment

Exhibit 5 presents the median household income and median age in each zip code. Median household incomes range from \$40,000 to \$44,078. Poverty rates for the Hospital’s CHNA community are favorable compared to state and national averages. Unemployment rates for Bartholomew County are favorable to state and national averages. However, unemployment rates in Jackson and Jennings counties are less favorable to state and national averages.

Exhibit 5
Columbus Regional Hospital CHNA Community
Median Household Income and Age of Community

Zip Code	City	County	Estimated 2013		
			Median Household Income	Population in Poverty	Unemployment Rate
47201	Columbus, IN	Bartholomew	\$ 40,014	14.00%	8.20%
47203	Columbus, IN	Bartholomew	\$ 41,172	7.50%	5.20%
47265	North Vernon, IN	Jennings	\$ 40,655	12.70%	14.70%
47274	Seymour, IN	Jackson	\$ 44,078	13.40%	10.00%
47246	Hope, IN	Bartholomew	\$ 42,803	13.30%	5.10%
	Indiana		\$ 46,438	14.10%	8.50%
	United States		\$ 49,297	14.30%	7.50%

Median household income below 2012 Federal Poverty Level for a family of two adults and two children.

Source: The Nielsen Company/US Census Bureau/Department of Numbers

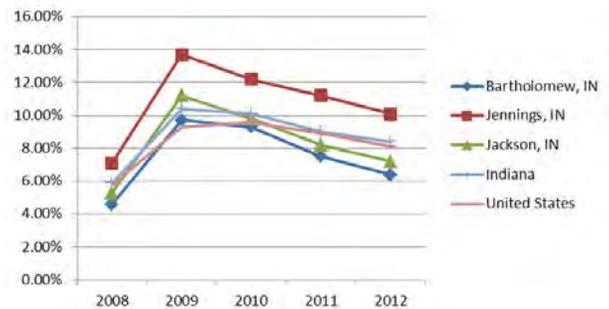


Exhibit 6 presents the average annual resident unemployment rates for counties in Columbus Regional Hospital’s defined CHNA community illustrating that unemployment rates for all counties have risen in recent years but have been trending down since 2011. Most of the counties are similar to Indiana’s state average which is slightly less favorable than national averages.

Exhibit 6
Columbus Regional Hospital CHNA Community
Unemployment Rates (%)
2008-2012

County	2008	2009	2010	2011	2012
Bartholomew, IN	4.6%	9.7%	9.3%	7.5%	6.4%
Jennings, IN	7.1%	13.7%	12.2%	11.2%	10.1%
Jackson, IN	5.3%	11.2%	9.8%	8.2%	7.2%
Indiana	5.9%	10.4%	10.1%	9.0%	8.4%
United States	5.8%	9.3%	9.6%	8.9%	8.1%

Source: FDIC



Uninsured Status

Exhibit 7 presents health insurance coverage status by age (under 65 years) and income (at or below 400 percent of poverty) for each county compared to the state of Indiana.

Exhibit 7
Columbus Regional Hospital CHNA Community
Health Insurance Coverage Status by Age (Under 65 years) and Income (At or Below 400%) of Poverty
2010

County	All Income Levels				At or Below 400% of FPL			
	Under 65 Uninsured	Percent Uninsured	Under 65 Insured	Percent Insured	Under 65 Uninsured	Percent Uninsured	Under 65 Insured	Percent Insured
Bartholomew, IN	10,396	16.0%	54,689	84.0%	9,434	21.9%	33,617	78.1%
Jennings, IN	4,310	17.4%	20,435	82.6%	4,001	20.1%	15,873	79.9%
Jackson, IN	6,722	18.6%	29,426	81.4%	6,186	23.0%	20,663	77.0%
Indiana	929,589	17.0%	4,549,446	83.0%	840,066	22.2%	2,948,889	77.8%

Source: U.S. Census Bureau, SAHIE/ State and County by Demographic and Income Characteristics



Education

The educational attainment of community residents may impact the local economy. Higher levels of education generally lead to higher wages, less unemployment and job stability. These factors may indirectly influence community health. *Exhibit 8* indicates Bartholomew County resident’s graduate high school at higher rates greater than state and national averages. Bartholomew County also obtains a bachelor’s degree or higher at higher rates compared to the average for the state of Indiana.

Exhibit 8
Columbus Regional Hospital CHNA Community
Educational Attainment by County - Ages 25 and Over

County/State	High School Graduates	Bachelor's Degree or Higher
Bartholomew, IN	89.00%	27.20%
Jennings, IN	84.10%	8.10%
Jackson, IN	85.00%	13.40%
Indiana	86.60%	22.70%
United States	85.40%	28.20%

Source: U.S. Census Bureau, Current Population Survey



Health Status of the Community

This section of the assessment reviews the health status of Columbus Regional Hospital’s CHNA Community’s residents. As in the previous section, comparisons are provided with the state of Indiana and the United States. This in-depth assessment of the mortality and morbidity data, health outcomes, health factors and mental health indicators of the residents that make up the community will enable Columbus Regional Hospital to identify priority health issues related to the health status of its residents.

Good health can be defined as a state of physical, mental, and social well-being, rather than the absence of disease or infirmity. According to *Healthy People 2020*, the national health objectives released by the U.S. Department of Health and Human Services, individual health is closely linked to community health. Community health, which includes both the physical and social environment in which individuals live, work and play, is profoundly affected by the collective behaviors, attitudes and beliefs of everyone who lives in the community. Healthy people are among a community’s most essential resources.

Numerous factors have a significant impact on an individual’s health status: lifestyle and behavior, human biology, environmental and socioeconomic conditions, as well as access to adequate and appropriate health care and medical services. Studies by the American Society of Internal Medicine conclude that up to 70 percent of an individual’s health status is directly attributable to personal lifestyle decisions and attitudes. People who do not smoke, who drink in moderation (if at all), use automobile seat belts (car seats for infants and small children), maintain a nutritious low-fat, high-fiber diet, reduce excess stress in daily living and exercise regularly have a significantly greater potential of avoiding debilitating diseases, infirmities and premature death.

The interrelationship among lifestyle/behavior, personal health attitude and poor health status is gaining recognition and acceptance by both the general public and health care providers. Some examples of lifestyle/behavior and related health care problems include the following:

Lifestyle/Behavior	Primary Disease Factor
Smoking	Lung cancer Cardiovascular disease Emphysema Chronic bronchitis
Alcohol/Drug Abuse	Cirrhosis of liver Motor vehicle crashes Unintentional injuries Malnutrition Mental illness Suicide
Poor Nutrition	Obesity Digestive disease Depression
Driving at Excessive Speeds	Trauma Motor vehicle crashes
Lack of Exercise	Cardiovascular disease Depression
Overstressed	Mental illness Alcohol/Drug abuse Cardiovascular disease



Health problems should be examined in terms of morbidity as well as mortality. Morbidity is defined as the incidence of illness or injury and mortality is defined as the incidence of death. However, the law does not require reporting the incidence of a particular disease, except when the public health is potentially endangered.

Due to limited morbidity data, this health assessment relies heavily on death and death rate statistics for leading causes in death. Such information provides useful indicators of health status trends and permits an assessment of the impact of changes in health services on a resident population during an established period of time. Community attention and health care resources may then be directed to those areas of greatest impact and concern.

Leading Causes of Death

Exhibit 9 reflects leading causes of death for each county and compares the rates, per thousand, to the state and U.S. rates, per thousand.

**Exhibit 9
Columbus Regional Hospital CHNA Community
Leading Causes of Resident Deaths: By County
2007**

	Bartholomew Rate	Jennings Rate	Jackson Rate	IN Rate	US Rate
Cause of Death - All Ages (Rate)					
All causes	868.2	821.9	1,040.7	849.2	760.2
Diseases of Heart	211.4	167.2	282.1	216.1	190.9
Malignant Neoplasms	198.0	188.6	232.3	200.9	178.4
Chronic Lower Respiratory Disease	49.5	81.8	61.6	49.1	40.8
Cerebrovascular Diseases	57.5	42.7*	75.9	47.3	42.2
Alzheimer's Disease	46.8	14.2*	33.2*	26.1	22.7
Diabetes Mellitus	24.1*	14.2*	49.8	24.7	22.5
Intentional Self Harm (Suicide)	12.0*	7.1*	7.1*	12.4	11.3
Influenza and Pneumonia	6.7*	32.0*	21.3*	17.3	16.2
Nephritis, Nephrotic Syndrome & Nephrosis	26.8	32.0*	40.3*	20.4	14.5

□ Age-adjusted rates are per 100,000 population.

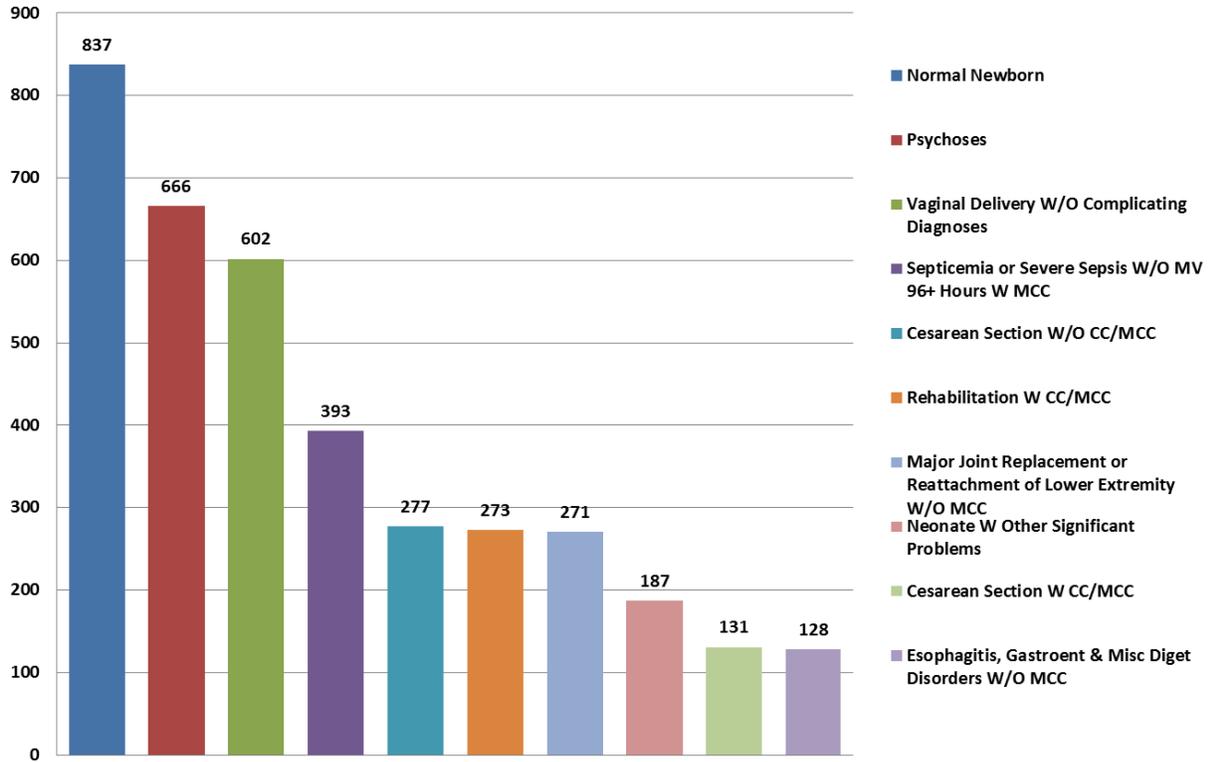
*Rate is unstable because it is based on fewer than 20 births

Source: <http://www.stats.indiana.edu/vitals/>



Primary Health Conditions Responsible for Inpatient Hospitalization

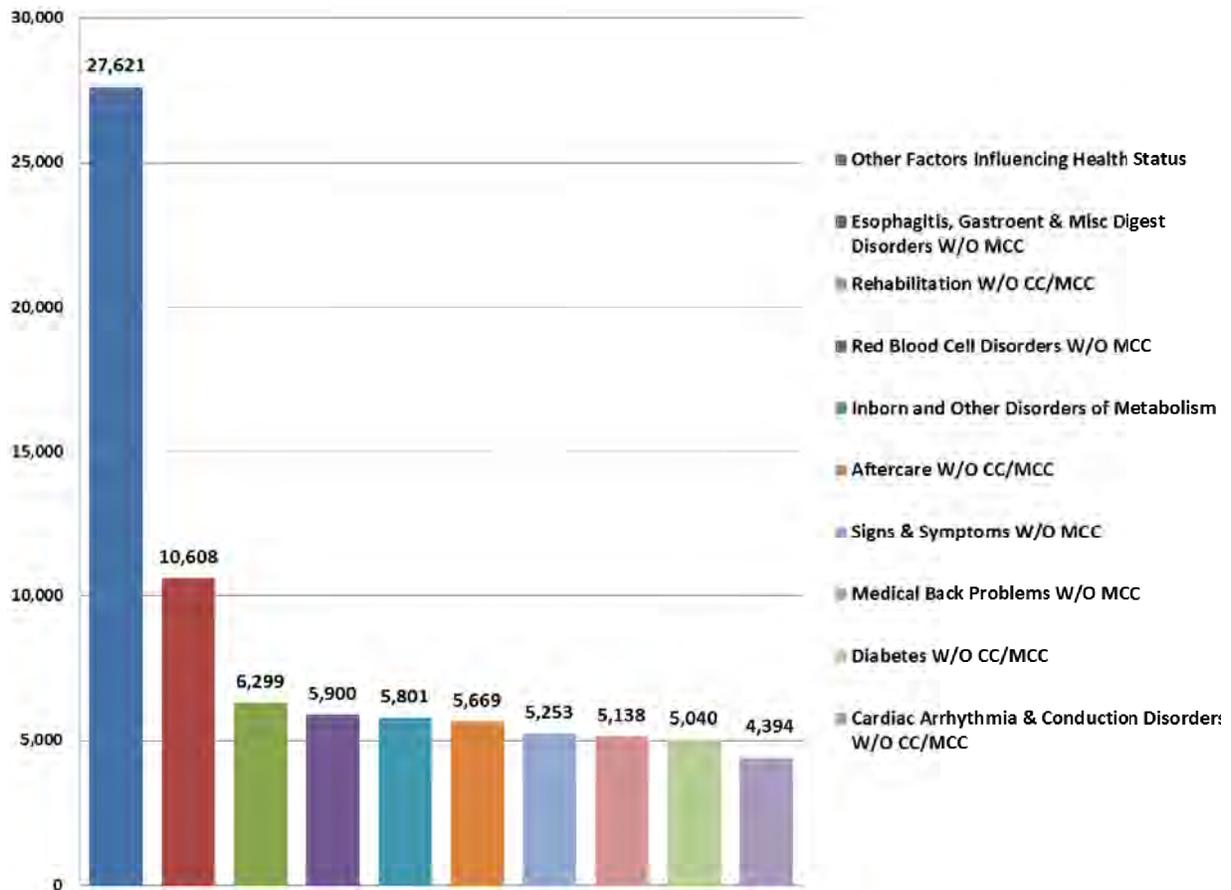
According to Hospital data, the leading causes for inpatient hospitalization by diagnoses related group code are as follows:





Primary Health Conditions Responsible for Outpatient Services

According to Hospital data, the leading causes of use for outpatient services by diagnoses related group are as follows:





Health Outcomes and Factors

An analysis of various health outcomes and factors for a particular community can, if improved, help make that community a healthier place to live, learn, work and play. A better understanding of the factors that affect the health of the community will assist with how to improve the community's habits, culture and environment. This portion of the community health needs assessment utilizes information from County Health Rankings, a key component of the Mobilizing Action Toward Community Health (MATCH) project, a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute.

The County Health Rankings model is grounded in the belief that programs and policies implemented at the local, state and federal levels have an impact on the variety of factors that, in turn, determine the health outcomes for communities across the nation. The model provides a ranking method that ranks all 50 states and the counties within each state, based on the measurement of two types of health outcomes for each county: how long people live (mortality) and how healthy people feel (morbidity). These outcomes are the result of a collection of health factors and are influenced by programs and policies at the local, state and federal levels.

Counties in each of the 50 states are ranked according to summaries of a variety of health measures. Those having high ranks, *e.g.* 1 or 2, are considered to be the "healthiest". Counties are ranked relative to the health of other counties in the same state on the following summary measures:

- Health Outcomes--rankings are based on an equal weighting of one length of life (mortality) measure and four quality of life (morbidity) measures.
- Health Factors--rankings are based on weighted scores of four types of factors:
 - Health behaviors (seven measures)
 - Clinical care (six measures)
 - Social and economic (seven measures)
 - Physical environment (five measures)

A more detailed discussion about the ranking system, data sources and measures, data quality and calculating scores and ranks can be found at the website for County Health Rankings (www.countyhealthrankings.org).

As part of the analysis of the needs assessment for the community, the three counties that comprise the majority of the community will be used to compare the relative health status of Bartholomew, Jennings and Jackson Counties to the state of Indiana as well as to a national benchmark. A better understanding of the factors that affect the health of the community will assist with how to improve the community's habits, culture and environment.



The following tables, from County Health Rankings, summarize the 2013 health outcomes for Bartholomew, Jennings and Jackson Counties. Each measure is described and includes a confidence interval or error margin surrounding it. If a measure is above the state average and the state average is beyond the error margin for the county (these measures are highlighted in *Exhibits 10* and *11*), then further investigation is recommended.

Exhibit 10
Columbus Regional Hospital CHNA Community
Health Outcomes (2013)

	Bartholomew County	Jennings County	Jackson County	IN	National Benchmark [⊠]
Mortality	*	38	88	64	
Premature death - Years of potential life lost before age 75 per 100,000 population (age-adjusted)	7,136	10,175	8,404	7,520	5,317
Morbidity	*	35	77	52	
Poor or fair health - Percent of adults reporting fair or poor health (age-adjusted)	14%	19%	20%	16%	10%
Poor physical health days - Average number of physically unhealthy days reported in past 30 days (age-adjusted)	3.8	5.1	4.2	3.6	2.6
Poor mental health days - Average number of mentally unhealthy days reported in past 30 days (age-adjusted)	3.2	5.0	3.9	3.6	2.3
Low birthweight - Percent of live births with low birthweight (<2500 grams)	7.8%	7.8%	7.5%	8.3%	6.0%

⊠ 90th percentile, i.e., only 10% are better

* County health ranking out of 92 Indiana counties

Source: Countyhealthrankings.org

Health Outcomes—With the exception of poor physical health days, Bartholomew County ranks favorably compared to state averages. Jennings and Jackson Counties rank unfavorably in all factors, with the exception of low birth weight, when compared to state averages.

A number of different health factors shape a community’s health outcomes. The County Health Rankings model includes four types of health factors: health behaviors, clinical care, social and economic and the physical environment.

Exhibit 11 summarizes the health factors for the four counties included in Columbus Regional Hospital’s primary service area.



Community Health Needs Assessment 2013

Exhibit 11
Columbus Regional Hospital CHNA Community
Health Factors (2013)

	Bartholomew County	Jennings County	Jackson County	IN	National Benchmark
<i>Health Behaviors</i> *					
Adult smoking - Percent of adults that report smoking at least 100 cigarettes and that they currently smoke	30	89	66		
	22.0%	37.0%	25.0%	24.0%	13.0%
Adult obesity - Percent of adults that report a BMI >= 30	31.0%	30.0%	31.0%	31.0%	25.0%
Physical inactivity - Percent of adults aged 20 and over reporting no leisure time physical activity	27.0%	29.0%	33.0%	27.0%	21.0%
Excessive drinking - Percent of adults that report excessive drinking in the past 30 days	14.0%	15.0%	15.0%	16.0%	7.0%
Motor vehicle crash death rate - Motor vehicle deaths per 100K population	17.0	30.0	16.0	13.0	10.0
Sexually transmitted infections - Chlamydia rate per 100K population	208.0	165.0	307.0	351.0	92.0
Teen birth rate - Per 1,000 female population, ages 15-19	54.0	69.0	58.0	41.0	21.0
<i>Clinical Care</i> *					
Uninsured adults - Percent of population under age 65 without health insurance	11	74	24		
	16.0%	17.0%	19.0%	17.0%	11.0%
Primary care physicians - Ratio of population to primary care physicians	1,202:1	2,373:1	1,775:1	1,557:1	1,067:1
Dentists - Ratio of population to dentists	2,054:1	7,194:1	1,799:1	2,165:1	1,516:1
Preventable hospital stays - Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees	57.0	83.0	65.0	76.0	47.0
Diabetic screening - Percent of diabetic Medicare enrollees that receive HbA1c screening	82.0%	79.0%	82.0%	83.0%	90.0%
Mammography screening - Percent of female Medicare enrollees that receive mammography screening	66.0%	58.0%	66.0%	64.0%	73.0%
<i>Social & Economic Factors</i> *					
High school graduation - Percent of ninth grade cohort that graduates in 4 years	26	84	34		
	81.0%	82.0%	92.0%	86.0%	N/A
Some college - Percent of adults aged 25-44 years with some post-secondary education	63.0%	43.0%	48.0%	59.0%	70.0%
Unemployment - Percent of population age 16+ unemployed but seeking work	7.4%	11.0%	8.2%	9.0%	5.0%
Children in poverty - Percent of children under age 18 in poverty	20.0%	22.0%	20.0%	23.0%	14.0%
Inadequate social support - Percent of adults without social/emotional support	17.0%	27.0%	N/A	20.0%	14.0%
Children in single-parent households - Percent of children that live in household headed by single parent	31.0%	36.0%	26.0%	32.0%	20.0%
Violent Crime Rate - Violent crime rate per 100,000 population (age-adjusted)	114.0	195.0	280.0	327.0	66.0
<i>Physical Environment</i> *					
Daily fine particulate matter - The average daily measure of fine particulate matter in micrograms per cubic meter (PM2.5) in a county	69	81	79		
	13.3	13.3	13.3	13.0	8.8
Drinking water safety - Percentage of population exposed to water exceeding a violation limit during the past year	0.0%	0.0%	0.0%	2.0%	0.0%
Access to recreational facilities - Rate of recreational facilities per 100,000 population	10.0	4.0	7.0	9.0	16.0
Limited access to healthy foods - Percent of population who are low-income and do not live close to a grocery store	6.0%	8.0%	5.0%	6.0%	1.0%
Fast Food Restaurants - Percent of all restaurants that are fast-food establishments	53.0%	48.0%	63.0%	50.0%	27.0%

□ 90th percentile, i.e., only 10% are better
 Note: X indicates unreliable or missing data
 * County health ranking out of 92 Indiana counties

Source: Countyhealthrankings.org



Community Input – 2012 PRC Community Health Needs Assessment

During 2012, the Hospital contracted with Professional Research Consultants to conduct a Community Health Needs Assessment. The 2012 PRC Community Health Needs Assessment was a follow-up to similar studies conducted in Bartholomew County in 1996, 2000, 2003, 2006 and 2009. The assessment is a systematic, data-driven approach to determining the health status, behaviors and needs of residents in the service area of Columbus Regional Hospital. Subsequently, this information may be used to inform decisions and guide efforts to improve community health and wellness.

The 2012 PRC Community Health Needs Assessment was conducted to meet three particular 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 which have historically 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 and reducing care needed for late-stage diseases resulting from a lack of preventative care).

The following “health priorities” were identified by Professional Research Consultants, Inc. as recommended areas of intervention, based on the information gathered through the Community Health Needs Assessment and the guidelines set forth in Healthy People 2020.

Access to Health Services	<ul style="list-style-type: none"> • Cost of Physician Visits
Cancer	<ul style="list-style-type: none"> • Cancer Prevalence • Cervical Cancer Screening
General Health Status	<ul style="list-style-type: none"> • “Fair” or “Poor” Physical Health • Activity Limitations
Heart Disease & Stroke	<ul style="list-style-type: none"> • Hypertension
Injury & Violence Prevention	<ul style="list-style-type: none"> • Homes With Firearms (Including Homes With Children)
Mental Health & Mental Disorders	<ul style="list-style-type: none"> • Symptoms of Chronic Depression
Nutrition, Physical Activity & Weight Status	<ul style="list-style-type: none"> • Fruit & Vegetable Consumption • Eating Meals as a Family • Moderate & Vigorous Physical Activity • Overweight & Obesity Prevalence
Respiratory Diseases	<ul style="list-style-type: none"> • Chronic Lung Disease • Asthma
Tobacco Use	<ul style="list-style-type: none"> • Current Smokers • Awareness of the Indiana Quit Line • Smoking in the Home (Including Homes With Children) • Perceptions of Secondhand Smoke as Dangerous



Community Input – 2012 PRC Community Health Survey

The 2012 Community Health Needs Assessment included the Community Health Survey conducted by PRC.

Survey Instrument

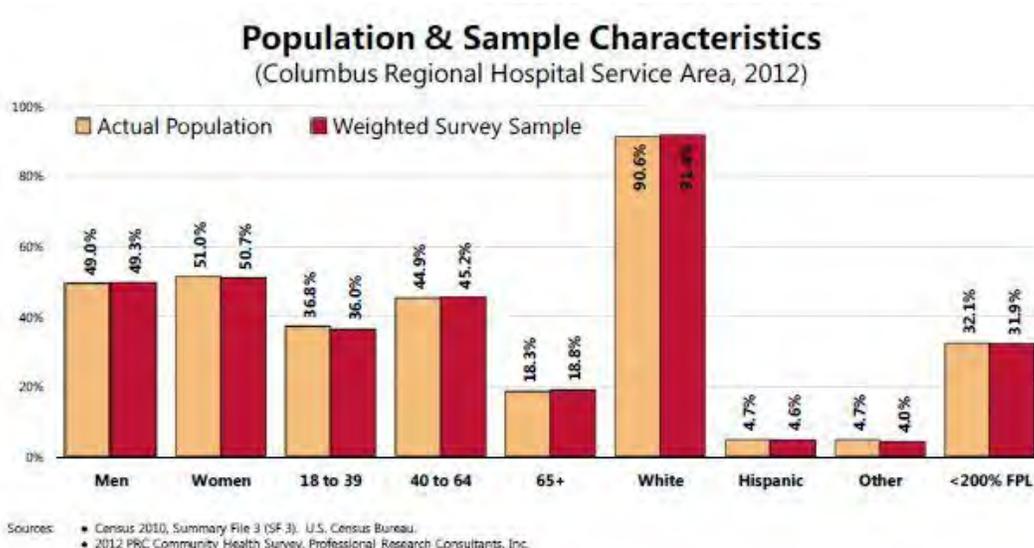
The survey instrument used for the study was based largely on the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS), as well as various other public health surveys and customized questions addressing gaps in indicator data relative to health promotion and disease prevention objectives and other recognized health issues. The survey questions were developed as a collaboration between the Hospital and Healthy Communities together. The final survey instrument was developed by Columbus Regional Hospital and PRC, and is similar to the previous surveys used in the region, allowing for data trending.

Sample Approach and 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 stratified random sample of 700 individuals age 18 and older in the Columbus Regional Hospital Service Area, including 500 in Bartholomew County, 100 in Jennings County (ZIP 47274) and 100 in Jackson County (ZIP 47265). Once the interviews were completed, these were weighted in proportion to the actual population distribution so as to appropriately represent the Columbus Regional Hospital Service Area as a whole. All administration of the surveys, data collection and data analysis was conducted by Professional Research Consultants, Inc. (PRC).

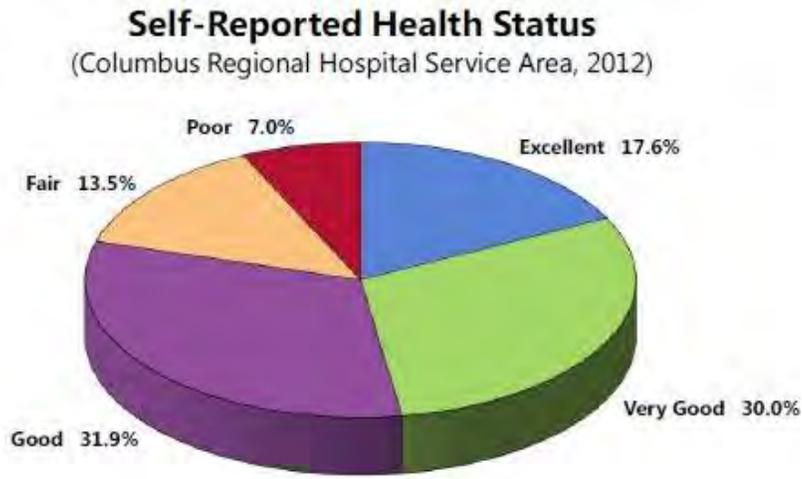
Sample Characteristics



Select Survey Results

Overall Health Status

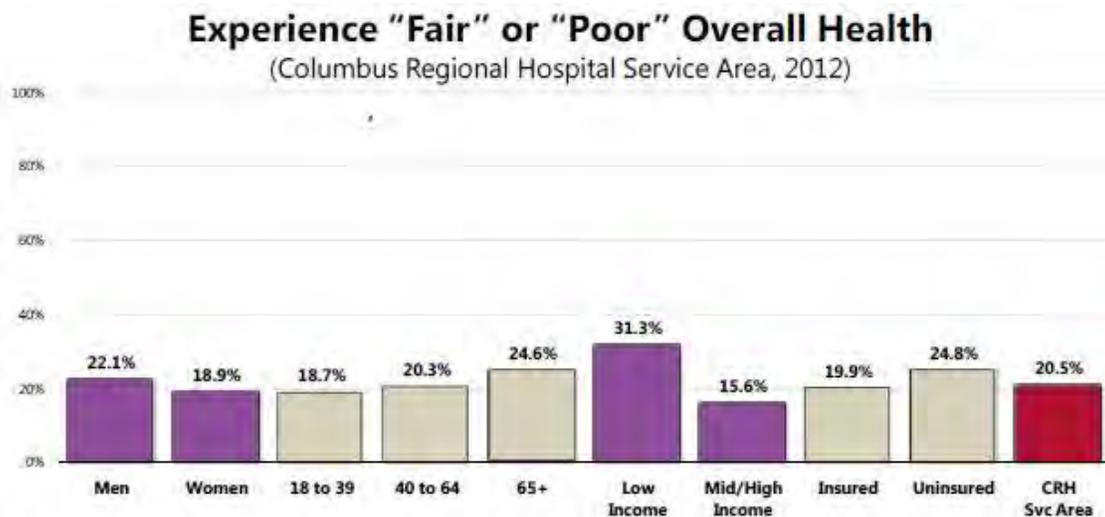
“Would you say that in general your health is: excellent, very good, good, fair or poor?”



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. (Item 5)
Notes: • Asked of all respondents.

Adults more likely to report experiencing “fair” or “poor” overall health include:

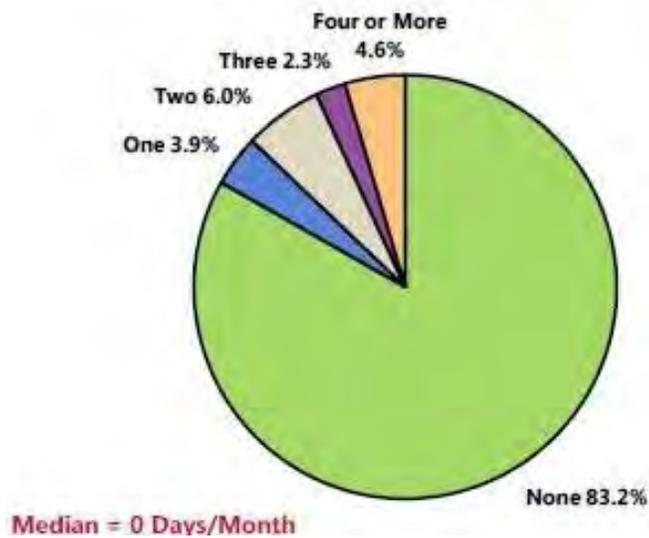
- Residents living at lower incomes.
- Other differences within demographic groups, as illustrated in the following chart, are not statistically significant.



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. (Item 5)
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 how many days during the past 30 days was your physical health not good?”

Days of Poor Physical Health in the Past Month
(CRH Service Area, 2012)

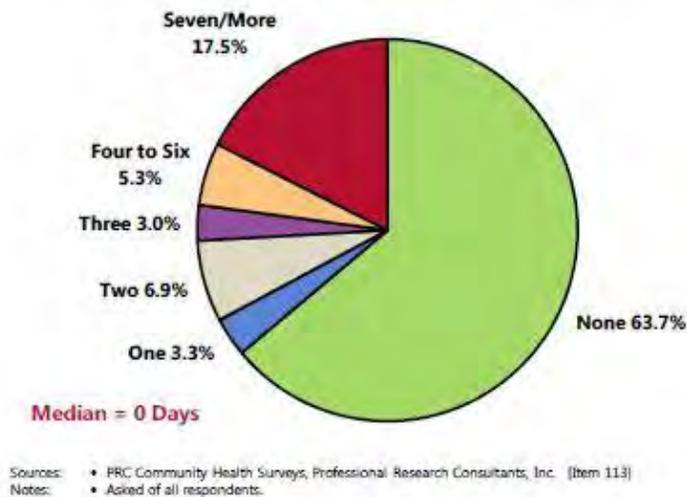


While most (83.2 percent) Columbus Regional Hospital Service Area adults did not experience any days of poor physical health in the past month, 6.9 percent report having 3+ days in the past month on which their physical health was poor.

Mental Health Status

“Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?”

**Days in the Past Month on Which
Mental Health Was Not Good**
(CRH Service Area, 2012)



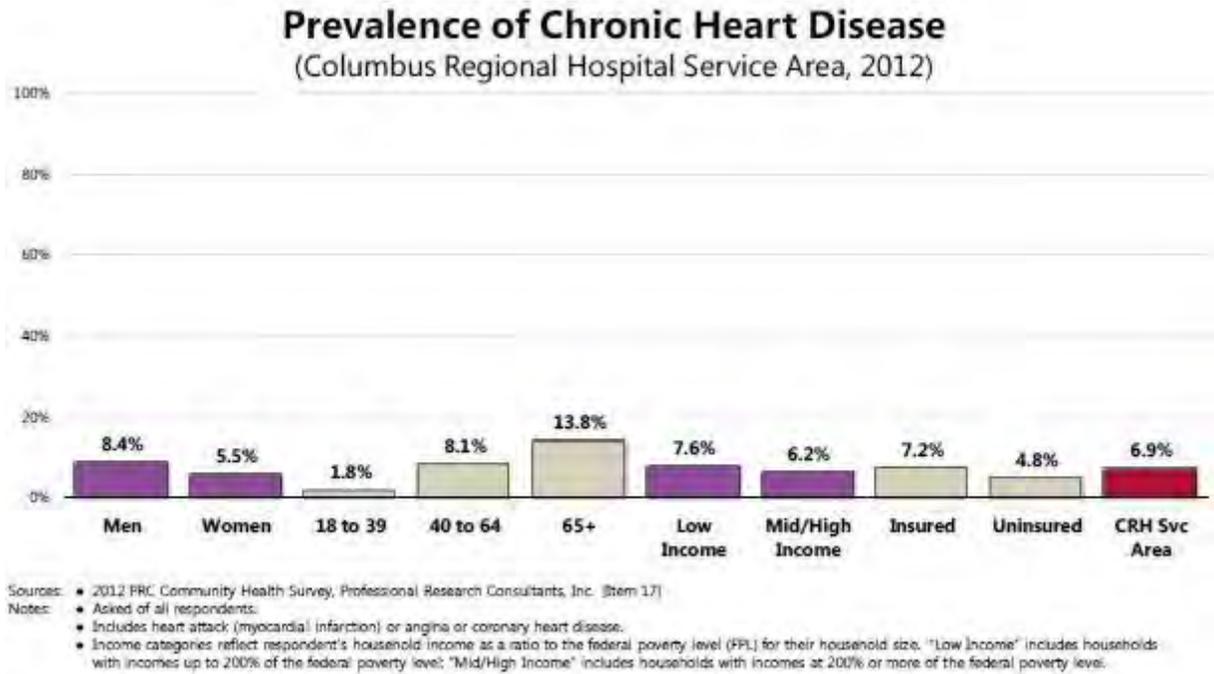
While most (63.7 percent) Columbus Regional Hospital Service Area adults did not experience any days of poor mental health in the past month, 25.8 percent report having 3+ days in the past month on which their mental health was poor.

Among surveyed respondents with symptoms of chronic depression, 56 percent acknowledge that they have sought professional help for a mental or emotional problem.

When asked where they would go if in need of professional mental health services, nearly one-half (48.9 percent) of survey respondents mentioned a doctor’s office, followed by reference to a mental health facility (mentioned by 13.1 percent).



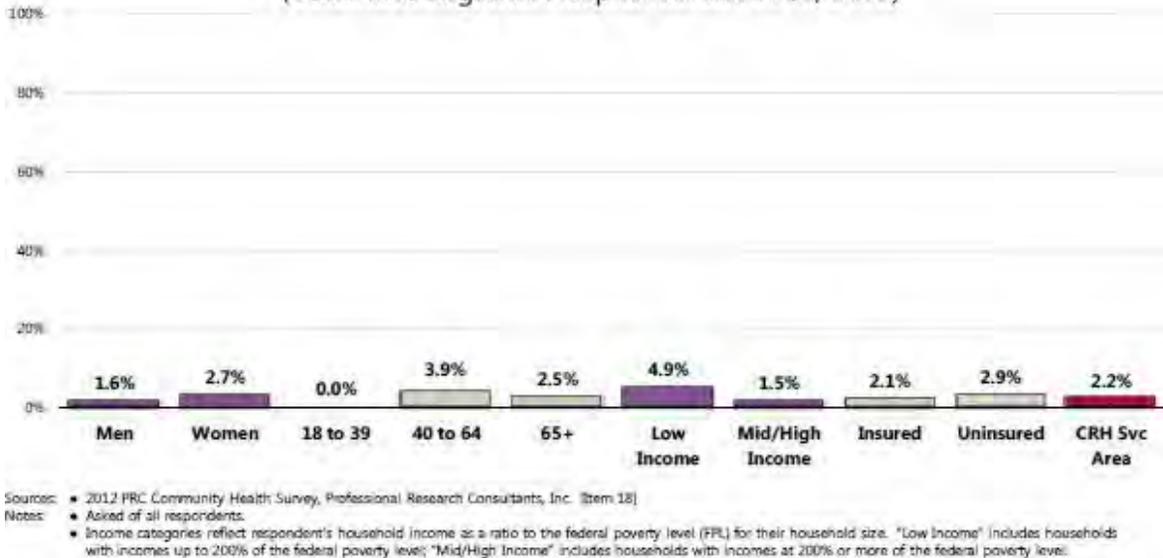
Death, Disease and Chronic Conditions



A total of 6.9 percent of surveyed adult’s report that they suffer from or have been diagnosed with heart disease, such as coronary heart disease, angina or heart attack.

When asked to name a symptom which might indicate a heart attack, the largest share of respondents (41.6 percent) mentioned chest pain or discomfort, followed by pain or discomfort in one or both arms (32.5 percent).

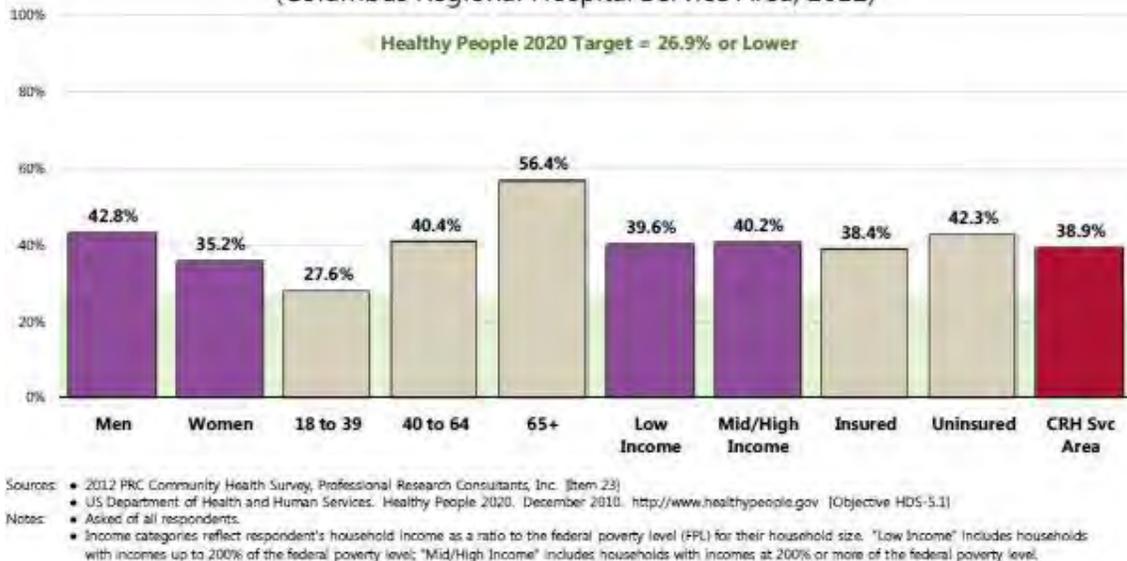
Prevalence of Stroke (Columbus Regional Hospital Service Area, 2012)



A total of 2.2 percent of surveyed adult's report that they suffer from or have been diagnosed with cerebrovascular disease (a stroke).

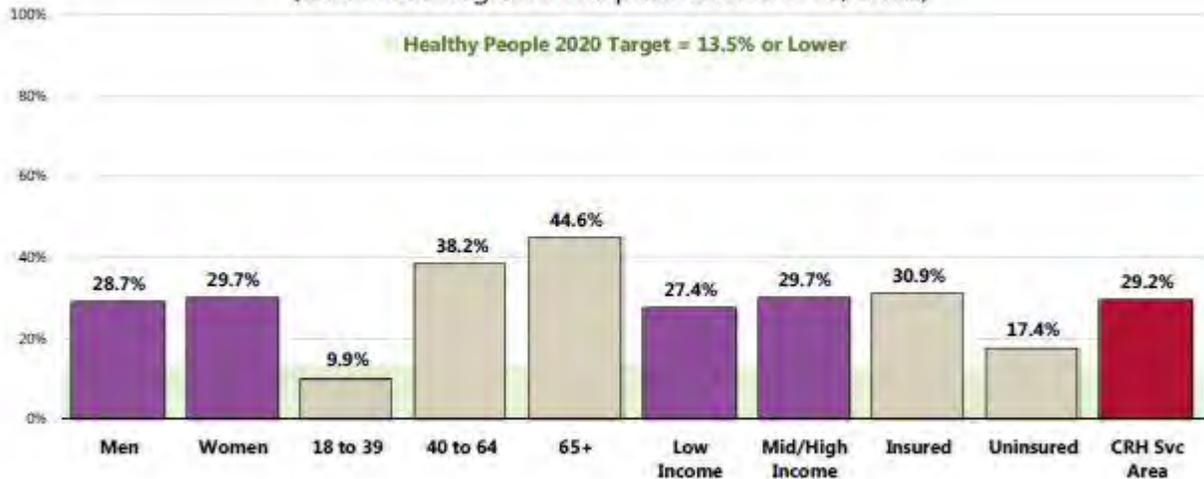
When asked to name a symptom which might indicate a stroke, the largest share of respondents (30.6 percent) mentioned sudden confusion or trouble speaking/understanding, followed by sudden numbness or weakness on one side (24.4 percent).

Prevalence of High Blood Pressure (Columbus Regional Hospital Service Area, 2012)



A total of 38.9 percent of adults have been told at some point that their blood pressure was high.

Prevalence of High Blood Cholesterol (Columbus Regional Hospital Service Area, 2012)

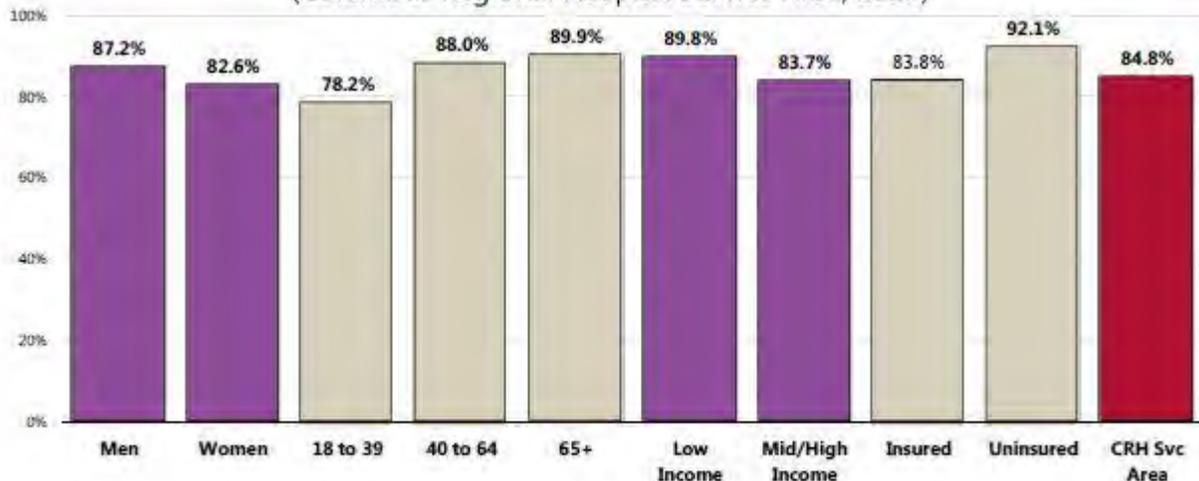


Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 25, 154]
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-7]

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.

A total of 29.2 percent of adults have been told by a health professional that their cholesterol level was high.

Present One or More Cardiovascular Risks or Behaviors (Columbus Regional Hospital Service Area, 2012)



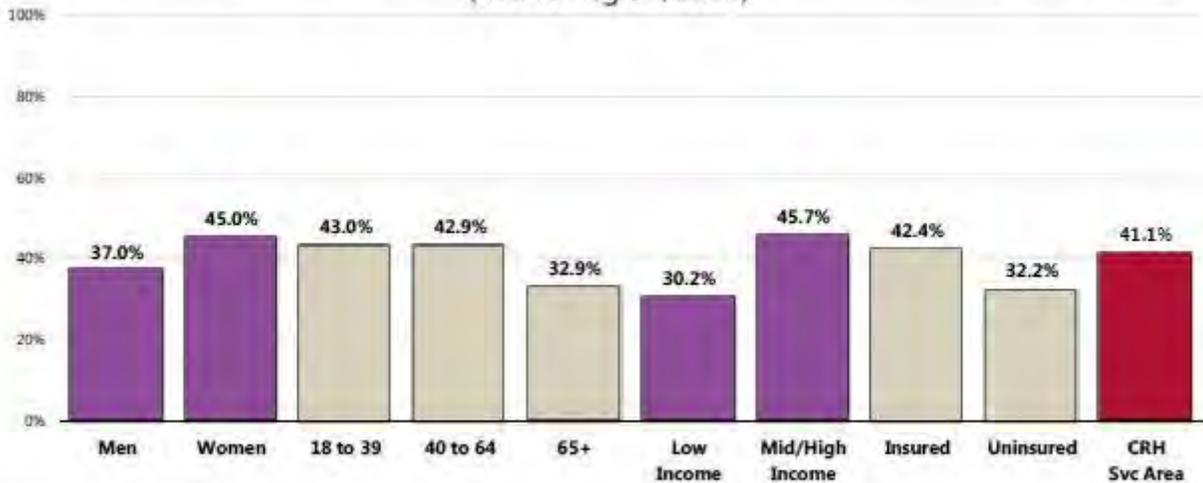
Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 155]

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.

A total of 84.8 percent of Columbus Regional Hospital Service Area adults report one or more cardiovascular risk factors, such as being overweight, smoking cigarettes, being physically inactive or having high blood pressure or cholesterol.

Nutrition and Activity Levels

Consume Five or More Servings of Fruits/Vegetables Per Day
(MCHC Region, 2012)



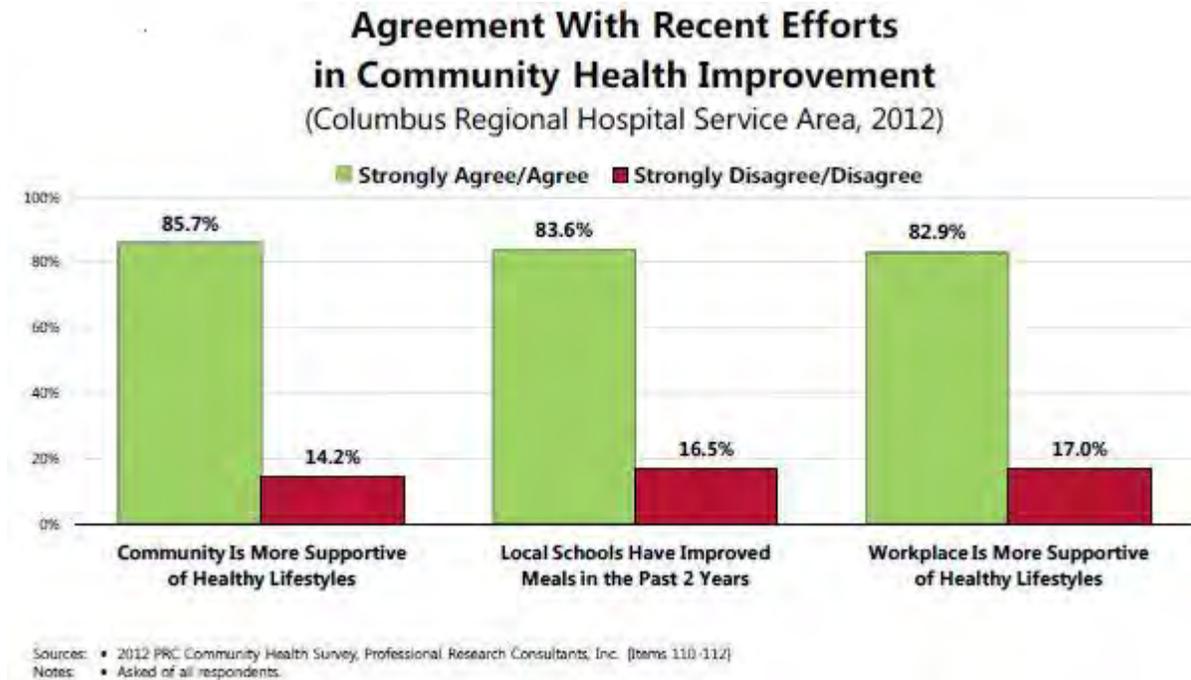
Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. (Item 169)
 Notes: • Asked of all respondents.
 • Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size. "Very Low Income" includes households living in a household with defined poverty status; "Low Income" refers to households with incomes just above the federal poverty level, earning up to twice the poverty threshold; and "Mid/High Income" refers to households living on incomes which are twice or more the federal poverty level.
 • For this issue, respondents were asked to recall their food intake on the previous day.

A total of 41.1 percent of Columbus Regional Hospital Service Area adults report eating five or more servings of fruits and/or vegetables per day. Area men are less likely to get the recommended servings of daily fruits/vegetables, as are seniors and low-income adults.

**Perceive Healthier Lifestyle Choices
To Have Become Harder Over the Past 2 Years**
(By County; Columbus Regional Hospital Service Area, 2012)

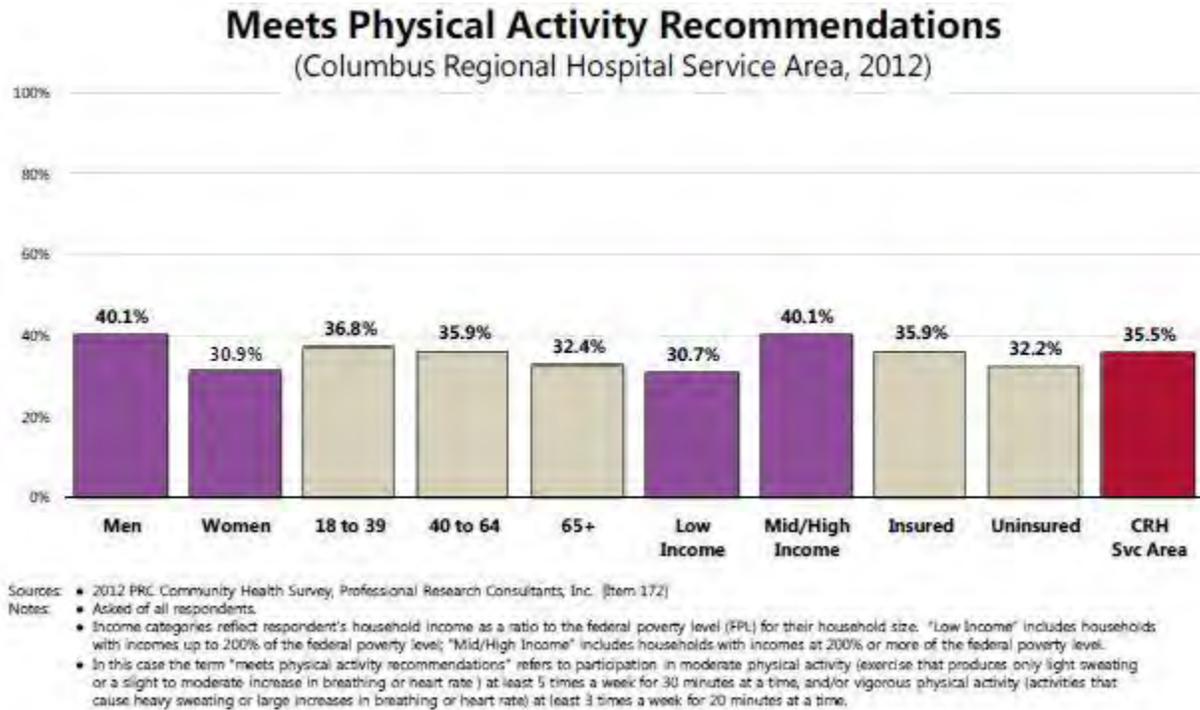


Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. (Items 105-109)
 Notes: • Asked of all respondents.



More than 8 in 10 residents agree that over the past two years, the community has made improvements in various aspects of community health, including improved school meals, support for healthy lifestyles and healthier workplaces (asked of employed adults).

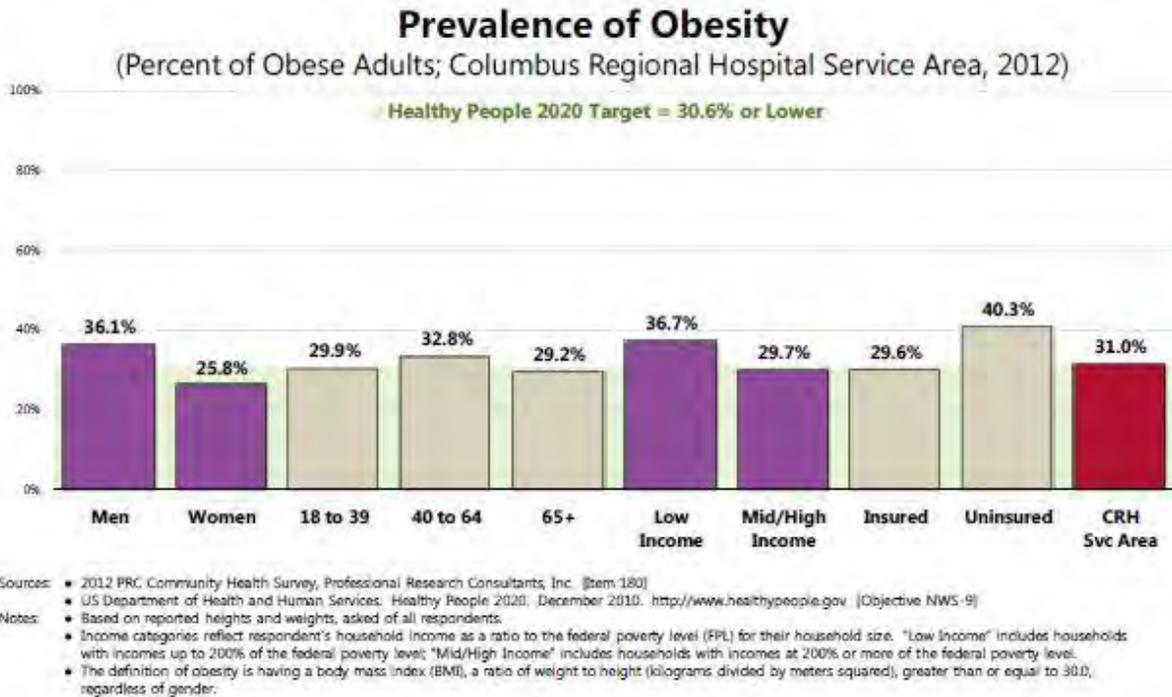
Physical Activity



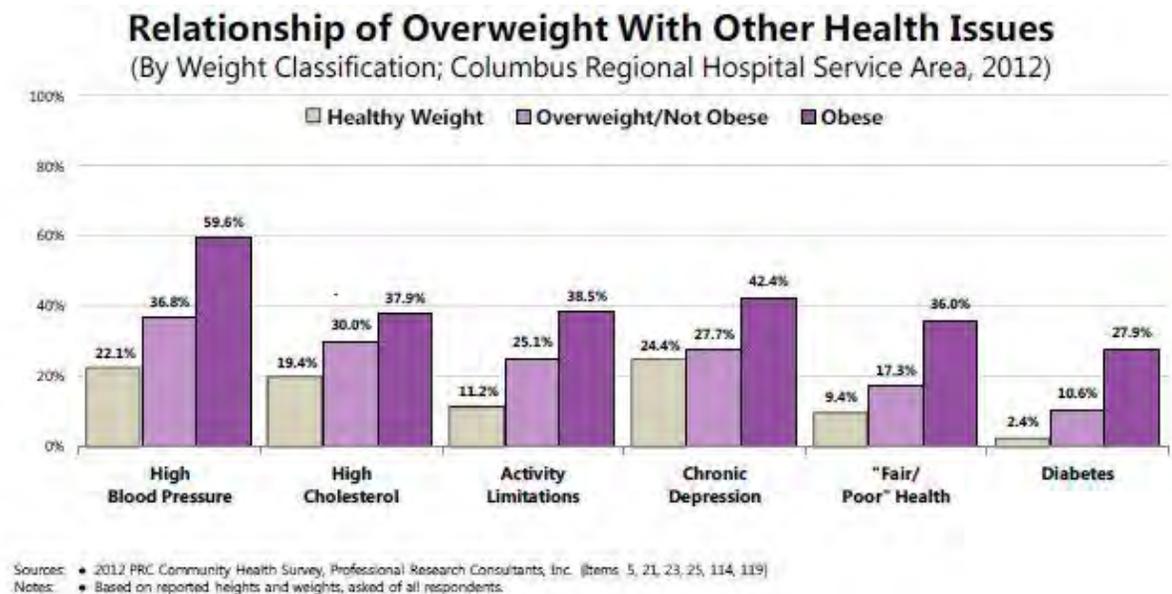
A total of 35.5 percent of Columbus Regional Hospital Service Area adults participate in regular, sustained moderate or vigorous physical activity (meeting physical activity recommendations). In the past month (at the time of the survey), a total of 17.6 percent of adults participated in moderate physical activity (five times a week, 30 minutes at a time). A total of 27.5 percent participated in vigorous physical activity (three times a week, 20 minutes at a time).

Among children aged five through 17, 10.3 percent are reported to watch three or more hours of television per day; 11.4 percent are reported to spend three or more hours on other types of screen time for entertainment (video games, Internet, etc.).

Risky Behaviors

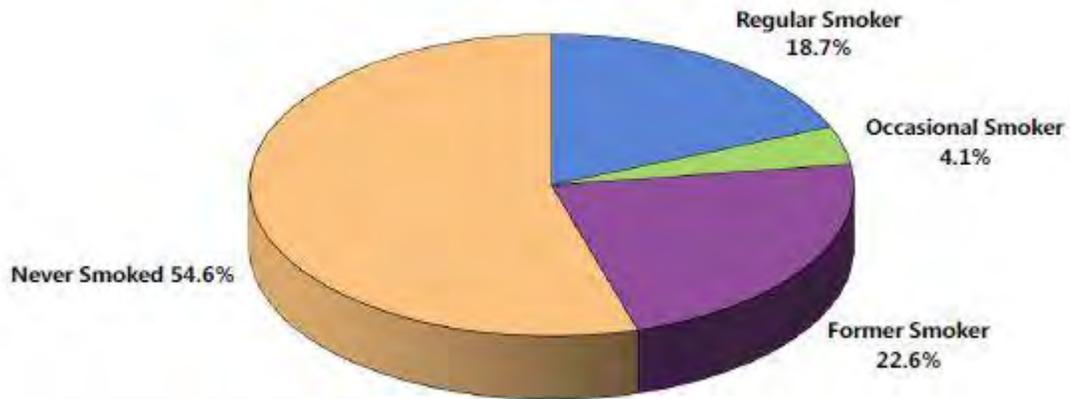


Just over two in three Columbus Regional Hospital Service Area adults (67.8 percent) are overweight, with 31 percent being obese.



Obese (and often overweight) adults are more likely to report a number of adverse health conditions including hypertension, high cholesterol, activity limitations, chronic depression, "fair" to "poor" physical health and diabetes.

Cigarette Smoking Prevalence (Columbus Regional Hospital Service Area, 2012)



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 182]
Notes: • Asked of all respondents.

When former smokers were asked what prompted them to quit smoking, more than half referenced health concerns and a large proportion reported that they just didn't want to smoke anymore. Other motivators included children/grandchildren/pressure from loved ones and the increased cost of cigarettes.

A total of 63.5 percent of smokers say that a doctor, nurse or other health professional has recommended in the past year that they quit smoking.

A total of 18.1 percent of Columbus Regional Hospital Service Area 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.

A total of 63.7 percent of Columbus Regional Hospital Service Area residents would be in favor of expanding the current smoke-free law to include all workplaces (including bars and membership clubs).



Community Input – Healthy Communities Initiative

The Healthy Communities Initiative began in 1994 with the goal of improving the health and quality of life of all residents of Bartholomew County. A collaborative effort from its inception, Healthy Communities has grown to reflect the entire spectrum of the community involving Columbus Regional Hospital, schools, businesses, local government, churches, and others working together to address identified health needs.

The Healthy Communities Initiative is governed by the Healthy Communities Council. The Healthy Community Council members are listed below:

- Julie Abedian, Columbus Regional Hospital Foundation
- David Barker, S.I.H.O.
- Jim Bickel, Columbus Regional Hospital
- Mayor Kristen Brown, City of Columbus
- John M. Burnett, Columbus Education Coalition
- Margie Campbell, APRN, Columbus Regional Hospital
- Steve Champion, MD, Emergency Physicians Inc. of Columbus
- Rob Craig, First Presbyterian Church
- Dr. Sheryl Elston
- Gary Felsten, Ph.D., IUPUC
- John Foster, White River Broadcasting
- Jacqueline Franz, community member
- Sherman Franz, MD, community member
- Olivia Gilmore, Student, Columbus East High School
- Richard Gold, Simon Skjodt, Inc.
- Kathy Griffey, Ph.D., Flat Rock-Hawcreek School Corp.
- Steve Heimann, Bartholomew Circuit Court
- Jack B. Hess, Columbus Area Chamber of Commerce
- Laura Hurt, R.N., Columbus Regional Hospital
- Jenny Johnson, Community Member
- Carl Lienhoop, Bartholomew County Commissioner
- Elizabeth Morris, LCSW, Healthy Communities Initiative
- Brian Niedbalski, MD, Doctors Park Family Medicine/Bartholomew County Health Officer
- Robert Pitman, Senior Center Services
- John Quick, Ph.D., Bartholomew Consolidated School Corporation
- David Rau, MD, Rau Family Medicine, co-chair
- John Sawin, DDS
- Robert Siegmann, Centerstone
- Karen Sloan, Cummins, Inc.
- Tom Sonderman, MD, Columbus Regional Hospital
- Tracy Souza, Heritage Fund
- Sherry Stark, Community Member
- Rich Stenner, Multi-County Health Network, co-chair
- Mark Stewart, United Way
- Peggy Voelz, Community Member
- Marwan Wafa, Ph.D., IUPUC
- Ben Wagner, Parks and Recreation
- Keith Weedman, Volunteers in Medicine
- Gwen Wiggins, NAACP



The Healthy Communities Initiative is working to make a difference in the health of Bartholomew County through the work of action teams. The driving force behind these groups is a commitment to a vision of Bartholomew County as a healthy community where each member is valued and shares in the responsibility of making a difference. The eight action teams of the Healthy Communities Initiative are:

- Community Medication Assistance Program
- Caring Parents
- Domestic Violence
- Breastfeeding Coalition of Bartholomew County
- Proyecto Salud
- Healthy Lifestyles
- Tobacco Awareness
- Volunteers in Medicine clinic (VIM)

Columbus Regional Hospital financially supports the Bartholomew County Healthy Communities Initiative by providing a full-time director. Additionally, members of Columbus Regional Hospital serve on the Healthy Communities Council. This direct involvement with the Healthy Communities Initiatives provides collaborative opportunities for the Hospital to address community health needs and provides constant community input regarding strategies to address identified health needs. The Hospital also subsidizes the Volunteers in Medicine Clinic by providing all diagnostic tests for patients of the clinic without charge.

The Healthy Communities Initiative Council has considered the results of the 2012 Community Health Assessment three separate times, at meetings on November 1, 2012; February 7, 2013 and May 30, 2013. The Council is continuing to compare the results of the latest assessment with work that is already underway. Of the 18 areas of opportunity that were identified by Professional Research Consultants, Healthy Communities already has initiatives that directly or indirectly address 13 of them. The Council has directed the teams with responsibility for these areas to review the assessment results and make recommendations on how they might strengthen their approach in order to continue making progress. At the latest meeting on May 30, 2013, the Council attempted to determine what the root causes of the 18 areas of opportunity might be as a way to more directly focus on the causes rather than the symptoms. The Council has also directed leadership staff to work with the community collaboration formed by the Mayor of Columbus to pursue improved response to mental health issues and substance abuse.

Since the Spanish-speaking population in Bartholomew County is the population that is most likely to be under-represented in the participant pool, special effort was made to speak with health and social service providers to this community to ensure the needs of that population are taken into account when determining priorities. The results of that activity indicated that the absence of prenatal care providers for undocumented pregnant women is the greatest barrier to access at the present time.



Health Care Resources

The availability of health resources is a critical component to the health of a county’s residents and a measure of the soundness of the area’s health care delivery system. An adequate number of health care facilities and health care providers are vital for sustaining a community’s health status. Fewer health care facilities and health care providers can impact the timely delivery of services. A limited supply of health resources, especially providers, results in the limited capacity of the health care delivery system to absorb charity and indigent care as there are fewer providers upon which to distribute the burden of indigent care. This section will address the availability of health care resources to the residents of the Hospital’s community.

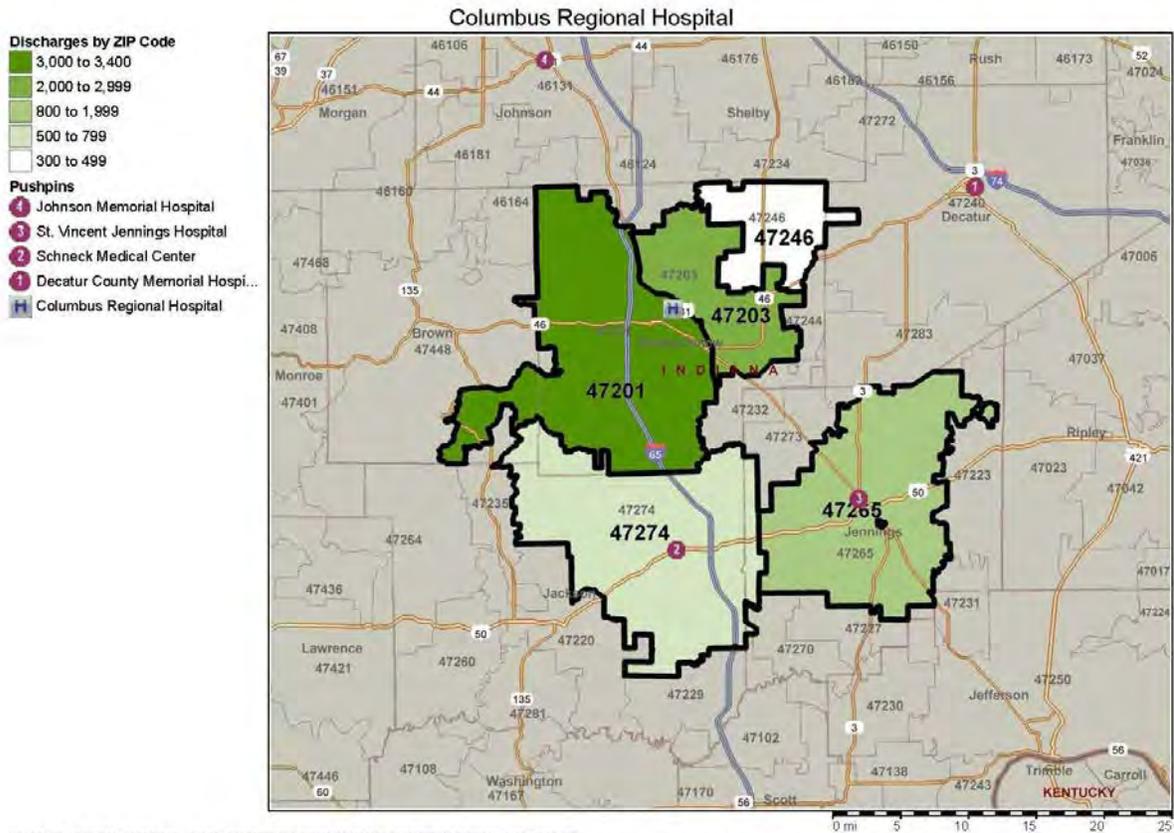
Hospitals and Health Centers

There are four other short term acute care hospitals in Columbus Regional Hospital’s service area with 386 licensed acute care beds and nearly \$1 billion in patient revenue. *Exhibit 12* summarizes hospital services available to the residents of Columbus Regional Hospital’s service area. The information shown below was obtained from each respective facilities most recent Medicare cost report as reported on www.costreportdata.com; which were for the year ended December 31, 2012, for all facilities with the exception of St. Vincent Jennings Hospital, for which the cost report for the year ended June 30, 2012, was used.

Exhibit 12
Columbus Regional Hospital CHNA Community
Summary of Area Hospitals

Facility	Address	Miles from CRH	Facility Type	Acute Beds	Annual Discharges	Patient Revenue
X Columbus Regional Hospital	2400 17th Street, Columbus, IN 47201		Short Term Acute Care	150	8,507	\$ 412,656,672
1 Decatur County Memorial Hospital	720 N Lincoln Street, Greensburg, IN 47240	27.1	Critical Access	25	1,159	\$ 87,345,400
2 Schneck Medical Center	411 W Tipton Street, Seymour, IN 47274	22.3	Short Term Acute Care	100	3,523	\$ 260,193,792
3 St. Vincent Jennings Hospital	301 Henry Street, North Vernon, IN 47265	20.6	Critical Access	25	336	\$ 48,539,696
4 Johnson Memorial Hospital	1125 W Jefferson Street, Franklin, IN 46131	22.7	Short Term Acute Care	86	2,559	\$ 177,373,760
				<u>386</u>	<u>16,084</u>	<u>\$ 986,109,320</u>

Source: costreportdata.com





Ambulatory Surgical Centers

The Indiana State Department of Health (ISDH) reports seven ambulatory surgical centers in the Hospital’s community. According to the ISDH there are a total of 126 ambulatory surgical centers in the entire state with those in the Hospital’s community representing less than six percent of the states total ambulatory care clinics.

**Exhibit 13
Columbus Regional Hospital CHNA Community
Summary of Ambulatory Care Clinics**

	County	Facility Type
Columbus Pain Institute	Bartholomew	Ambulatory Care Clinic
Columbus Specialty Surgery Center, LLC	Bartholomew	Ambulatory Care Clinic
Columbus Surgery Center. LLC	Bartholomew	Ambulatory Care Clinic
Pankratz Eye Institute LLC	Bartholomew	Ambulatory Care Clinic

Source: www.in.gov/isdh/reports/QAMIS/ascdir.com

Other Licensed Facilities

There are licensed facilities other than hospitals and ambulatory care clinics in the Hospital’s service area. These facilities include home health, hospice, rural health clinics, rehabilitation agencies and private duty nursing providers. A complete inventory may be obtained through the Indiana State Department of Health at <http://www.state.in.us/isdh/20111.htm>.

Health Departments

There are several county health departments located within Columbus Regional Hospital’s CHNA community: Bartholomew County Health Department, Jennings County Health Department and Jackson County Health Department.



Health Issues of Uninsured Persons, Low-Income Persons and Minority Groups and Vulnerable Populations

The community health survey conducted by PRC segmented survey results by gender, age, income level and insurance status, for many of the indicators. Based on information obtained through the community health survey, the following chronic diseases and health disparities were identified:

- Uninsured/low income population
 - ✓ Higher Prevalence of Stroke and Obesity
 - ✓ Increased Poor Health Days
 - ✓ Unhealthy Nutrition
 - ✓ More likely to smoke
 - ✓ Experience more depression

- Hispanic population
 - ✓ Absence of Prenatal Care

- Elderly population
 - ✓ Higher prevalence of Heart Disease, High Blood Pressure and Cholesterol
 - ✓ Unhealthy nutrition



Prioritization of Identified Health Needs

Using findings obtained through the community survey and collection of primary and secondary data, Columbus Regional Hospital completed an analysis of these inputs (see *Appendices*) to identify community health needs. The following data was analyzed to identify health needs for the community:

Leading Causes of Death

Leading causes of death for the community were reviewed and the death rates for the leading causes of death for each county within the Columbus Regional Hospital CHNA community were compared to U.S. adjusted death rates. Causes of death in which the county rate compared unfavorably (by greater than 30 percent of the national benchmark) to the U.S. Adjusted death rate resulted in a health need for the Columbus Regional Hospital CHNA Community.

Health Outcomes and Factors

An analysis of the County Health Rankings health outcomes and factors data was prepared for each county within the Columbus Regional Hospital CHNA Community. County rates and measurements for health behaviors, clinical care, social and economic factors and the physical environment were compared to national benchmarks. County rankings in which the county rate compared unfavorably (by greater than 30 percent of the national benchmark) resulted in an identified health need.

Primary Data

Health needs identified through community surveys were included as health needs. Needs for vulnerable populations were separately reported on the analysis in order to facilitate the prioritization process.

As a result, the following list of significant health needs was identified.



Exhibit 14
Columbus Regional Hospital
Prioritization of Health Needs

	How many people are affected by the issue?	What are the consequences of not addressing this problem?	What is the impact on vulnerable populations?	Are CRH and partners addressing the issue?	How many sources identified the need?	Total Score
Obesity	5	5	5	5	4	24
Lack of Healthy Nutrition	5	4	5	5	4	23
Uninsured Adults	4	5	5	5	4	23
Adult Smoking	4	4	5	5	4	22
High Blood Pressure	5	5	5	3	3	21
Access to Health Services-Cost	3	4	5	5	3	20
Heart Disease	2	5	5	3	4	19
Lack of Physical Activity	5	4	0	5	3	17
Stroke/Cerebrovascular Disease	1	4	5	3	4	17
Mental Health and Mental Disorders	5	4	5	0	2	16
Cancer	2	5	0	4	3	14
Chronic Lower Respiratory Disease	3	4	0	3	3	13
Absence of Prenatal Care	1	3	5	0	2	11
Violence Prevention	1	2	0	5	2	10
Lack of Dentists	4	4	0	0	1	9

*Highest potential score = 25



To facilitate prioritization of identified health needs, a ranking and prioritization process was used. Health needs were ranked based on the following five factors. Each factor received a score between 0 and 5.

- 1) **How many people are affected by the issue or size of the issue?** For this factor ratings were based on the percentage of the community who are impacted by the identified need. The following scale was utilized. >25% of the community= 5; >15% and <25%=4; >10% and <15%=3; >5% and <10%=2 and <5%=1.
- 2) **What are the consequences of not addressing this problem?** Identified health needs which have a high death rate or have a high impact on chronic diseases received a higher rating for this factor. A ranking of 5 is linked to the top leading causes of death while a 4 ranking is linked to lifestyle behaviors that lead to causes of death. Rankings of 3 and under consist of lifestyle behaviors of a smaller population that do not typically result in death.
- 3) **The impact of the problem on vulnerable populations.** Needs identified which pertained to vulnerable populations were rated for this factor. Refer to page 38.
- 4) **Whether or not Columbus Regional Hospital and partners are addressing the issue.** Needs which the Healthy Community Initiative are addressing were rated for this factor. A ranking of 5 was made if there was an Action Team with collaborative efforts already addressing the need. A ranking of 3-4 was made if the needs were impacted through an Action Team indirectly.
- 5) **Prevalence of common themes.** The rating for this factor was determined by how many sources of data identified the need (Leading Causes of Death, Primary Causes for Inpatient Hospitalization, Health Outcomes and Factors, Vulnerable Populations, Needs Identified through the 2012 Community Health Needs Assessment and Needs being addressed by the Healthy Communities Initiative).



Community Health Needs Assessment 2013

Hospital management reviewed the identified needs reported in *Exhibit 14*. Through discussion and debate, Hospital management agreed on priorities Columbus Regional Hospital should focus on for fiscal years 2014-2016. As a result of the analysis above the following areas were identified as priority areas on which Columbus Regional Hospital will focus, whether through Hospital programs or through its partnership with Bartholomew County Healthy Communities Initiative.

1. Obesity
2. Uninsured adults and access to health services
3. Heart disease and stroke
4. Adult Smoking
5. Violence prevention
6. Mental health
7. Access to Prenatal Care
8. Cancer

Columbus Regional Hospital will prepare an Implementation Strategy which will be adopted by the governing board by May 15, 2014.



APPENDICES



ANALYSIS OF DATA

**Columbus Regional Hospital
Analysis of CHNA Data**

Analysis of Health Status-Leading Causes of Death

	(A)		(B)	
	U.S. Age Adjusted Death Rates	30% of U.S. Adjusted Death Rate	County Rate	County Rate Less U.S. Adjusted Death Rate If (B)>(A), then "Health Need"
<u>Bartholomew County</u>				
Cancer	178.4	53.5	198.0	19.6
Heart Disease	190.9	57.3	211.4	20.5
Chronic Lower Respiratory Disease	40.8	12.2	49.5	8.7
Stroke/Cerebrovascular Disease			57.5	15.3 Health Need
<u>Jennings County</u>				
Cancer	178.4	53.5	188.6	10.2
Heart Disease	190.9	57.3	167.2	-23.7
Chronic Lower Respiratory Disease	40.8	12.2	81.8	41.0 Health Need
Stroke/Cerebrovascular Disease	42.2	12.7	42.7	0.5
<u>Jackson County</u>				
Cancer	178.4	53.5	232.3	53.9 Health Need
Heart Disease	190.9	57.3	282.1	91.2 Health Need
Chronic Lower Respiratory Disease	40.8	12.2	61.6	20.8 Health Need
Stroke/Cerebrovascular Disease	42.2	12.7	75.9	33.7 Health Need

Analysis of Health Status-Primary Health Conditions Responsible for Inpatient Hospitalization

- Newborn Deliveries
- Psychoses
- Septicemia(Infections)
- Major Joint Replacement

Analysis of Health Outcomes and Factors

	(A)		(B)	
	National Benchmark	30% of National Benchmark	County Rate	County Rate Less National Benchmark If (B)>(A), then "Health Need"
Bartholomew County				
Adult Smoking	13.00%	3.90%	22.00%	9.00% Health Need
Adult Obesity	25.00%	7.50%	31.00%	6.00%
Physical Inactivity	21.00%	6.30%	27.00%	6.00%
Excessive Drinking *	7.00%	2.10%	14.00%	7.00% Health Need
Motor Vehicle Crash Death rate *	10.0	3.00	17.00	7.00 Health Need
Sexually Transmitted Infections *	92.0	27.60	208.00	116.00 Health Need
Teen Birth Rate *	21.0	6.30	54.00	33.00 Health Need
Uninsured Adults	11.00%	3.30%	16.00%	5.00% Health Need
Primary Care Physicians	1067.0	320.10	1202.00	135.00
Dentists	1516.0	454.80	2054.00	538.00 Health Need
Diabetic Screening	90.00%	27.00%	82.00%	8.00%
Mammography Screening	73.00%	21.90%	66.00%	7.00%
Fast Food Restaurants	27.00%	8.10%	53.00%	26.00% Health Need
Jennings County				
Adult Smoking	13.00%	3.90%	37.00%	24.00% Health Need
Adult Obesity	25.00%	7.50%	30.00%	5.00%
Physical Inactivity	21.00%	6.30%	29.00%	8.00% Health Need
Excessive Drinking *	7.00%	2.10%	15.00%	8.00% Health Need
Motor Vehicle Crash Death rate *	10.0	3.00	30.00	20.00 Health Need
Sexually Transmitted Infections *	92.0	27.60	165.00	73.00 Health Need
Teen Birth Rate *	21.0	6.30	69.00	48.00 Health Need
Uninsured Adults	11.00%	3.30%	17.00%	6.00% Health Need
Primary Care Physicians	1067.0	320.10	2373.00	1306.00 Health Need
Dentists	1516.0	454.80	7194.00	5678.00 Health Need
Diabetic Screening	90.00%	27.00%	79.00%	11.00%
Mammography Screening	73.00%	21.90%	58.00%	15.00%
Fast Food Restaurants	27.00%	8.10%	48.00%	21.00% Health Need
Jackson County				
Adult Smoking	13.00%	3.90%	25.00%	12.00% Health Need
Adult Obesity	25.00%	7.50%	31.00%	6.00%
Physical Inactivity	21.00%	6.30%	33.00%	12.00% Health Need
Excessive Drinking *	7.00%	2.10%	15.00%	8.00% Health Need
Motor Vehicle Crash Death rate *	10.0	3.00	16.00	6.00 Health Need
Sexually Transmitted Infections *	92.0	27.60	307.00	215.00 Health Need
Teen Birth Rate *	21.0	6.30	58.00	37.00 Health Need
Uninsured Adults	11.00%	3.30%	19.00%	8.00% Health Need
Primary Care Physicians	1067.0	320.10	1775.00	708.00 Health Need
Dentists	1516.0	454.80	1799.00	283.00
Diabetic Screening	90.00%	27.00%	82.00%	8.00%
Mammography Screening	73.00%	21.90%	66.00%	7.00%
Fast Food Restaurants	27.00%	8.10%	48.00%	21.00% Health Need

Issues Identified through Primary Data

- Access to Health Services-Cost of Physician Visits
- Cancer
- Heart Disease
- Stroke
- Violence Prevention
- Mental Health and Mental Disorders
- Lack of Healthy Nutrition
- Obesity
- COPD
- Tobacco Use
- Hypertension
- Lack of Physical Activity

Issues of Uninsured Persons, Low-Income Persons and Minority Groups

- Stroke
- Obesity
- Lack of Healthy Nutrition
- Absence of Prenatal Care
- Hypertension
- Depression
- Smoking
- Heart Disease

*These needs scored less than 9 from the rating and ranking process conducted by hospital management. These needs are not included in the most significant health needs reported on Exhibit 14.

2012 PRC Community Health Needs Assessment Report

2012 PRC Community Health Needs Assessment Report

Columbus Regional Hospital Service Area

Bartholomew County, Indiana • Jennings County (ZIP 47265) •
Jackson County (ZIP 47274)

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COLUMBUS REGIONAL HOSPITAL



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INTRODUCTION



Project Overview

Project Goals

This Community Health Needs Assessment, a follow-up to similar studies conducted in Bartholomew County in 1996, 2000, 2003, 2006 and 2009, is a systematic, data-driven approach to determining the health status, behaviors and needs of residents in the service area of Columbus Regional 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 which have historically 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 Columbus Regional Hospital by Professional Research Consultants, Inc. (PRC). PRC is a nationally-recognized healthcare consulting firm with extensive experience conducting Community Health Needs Assessments such as this in hundreds of communities across the United States since 1994.

Methodology

This assessment incorporates data from primary research (the PRC Community Health Survey) and secondary research (vital statistics and other existing health-related data). It also allows for trending and comparison to benchmark data at the state and national levels.

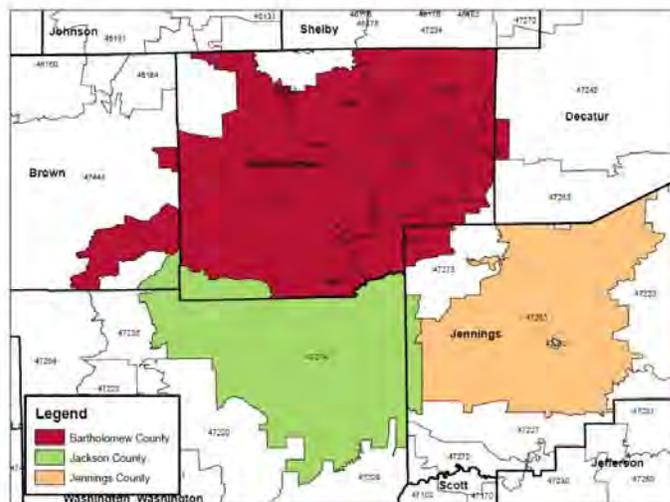
PRC Community Health Survey

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 the Columbus Regional Hospital and PRC, and is similar to the previous surveys used in the region, allowing for data trending.

Community Defined for This Assessment

The study area for the survey effort (referred to as the "Columbus Regional Hospital Service Area" or "CRH Service Area" in this report) includes each of the residential ZIP Codes primarily associated with Bartholomew County, Indiana, as well as ZIP Code 47274 in Jackson County and ZIP Code 47265 in Jennings County. A geographic description 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.

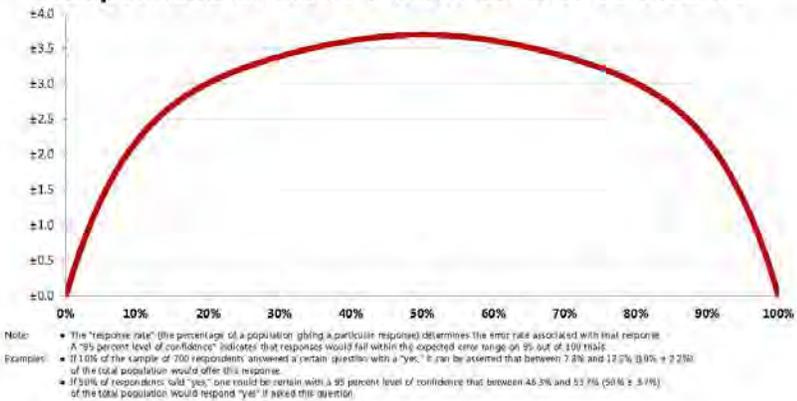
The sample design used for this effort consisted of a stratified random sample of 700 individuals age 18 and older in the Columbus Regional Hospital Service Area, including 500 in Bartholomew County, 100 in Jennings County (ZIP 47274), and 100 in Jackson County (ZIP 47265). Once the interviews were completed, these were weighted in

proportion to the actual population distribution so as to appropriately represent the Columbus Regional Hospital Service Area as a whole. All administration of the surveys, data collection and data analysis was conducted by Professional Research Consultants, Inc. (PRC).

Sampling Error

For statistical purposes, the maximum rate of error associated with a sample size of 700 respondents is $\pm 3.7\%$ at the 95 percent level of confidence.

Expected Error Ranges for a Sample of 700 Respondents at the 95 Percent Level of Confidence



Sample Characteristics

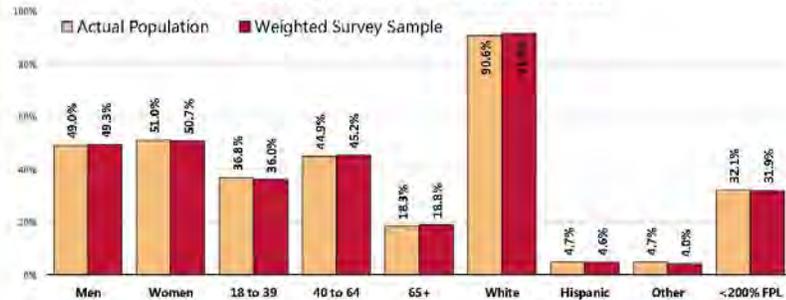
To accurately represent the population studied, PRC strives to minimize bias through application of a proven telephone methodology and random selection techniques. And, while this random sampling of the population produces a highly representative sample, it is a common and preferred practice to "weight" 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 gender, age 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 the Columbus Regional Hospital Service Area 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 & Sample Characteristics

(Columbus Regional Hospital Service Area, 2012)



Sources: • Census 2010, Summary File 1 (SF 1), U.S. Census Bureau
 • 2012 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 2012 guidelines place the poverty threshold for a family of four at \$23,050 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 the poverty threshold; "mid/high income" refers to those households living on incomes which are twice or more 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.

Benchmark Data

Trending

Similar surveys were administered in Bartholomew County in 1996, 2000, 2003, 2006 and 2009 by PRC on behalf of Columbus Regional Hospital. Trending data for the county, as revealed by comparison to prior survey results, are provided throughout this report whenever available.

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 are reported in the most recent BRFSS (Behavioral Risk Factor Surveillance System) Prevalence and Trend Data published by the Centers for Disease Control and Prevention and the US Department of Health & Human Services.

Nationwide Risk Factor Data

Nationwide risk factor data, which are also provided in comparison charts, are taken from the *2011 PRC National Health Survey*; the methodological approach for the national study is identical to that employed in this assessment, and these data may be generalized to the US population with a high degree of confidence.

Healthy People 2020



Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. The Healthy People initiative is grounded in the principle that setting national objectives and monitoring progress can motivate action. For three decades, Healthy People has established benchmarks and monitored progress over time in order to:

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

Healthy People 2020 is the product of an extensive stakeholder feedback process that is unparalleled in government and health. It integrates input from public health and prevention experts, a wide range of federal, state and local government officials, a consortium of more than 2,000 organizations, and perhaps most importantly, the public. More than 8,000 comments were considered in drafting a comprehensive set of Healthy People 2020 objectives.

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 addition, this assessment does not include secondary data from existing sources which can provide relevant data collected through death certificates, birth certificates, or notifications of infectious disease cases in the community.

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 a great number of medical conditions that are not specifically addressed.

Summary of Findings

Areas of Opportunity for Community Health Improvement

The following "health priorities" represent recommended areas of intervention, 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 region with regard to the following health areas (see also the summary tables presented in the following section).

These areas of concern are subject to the discretion of area providers, the steering committee, or other local organizations and community leaders as to actionability and priority. A prioritization process will be pursued by Columbus Regional Hospital, and the prioritized description of community health needs, as well as a description of the process and criteria used in prioritizing, will be shared with community members.

Areas of Opportunity Identified Through This Assessment	
Access to Health Services	<ul style="list-style-type: none"> • Cost of Physician Visits
Cancer	<ul style="list-style-type: none"> • Cancer Prevalence • Cervical Cancer Screening
General Health Status	<ul style="list-style-type: none"> • "Fair" or "Poor" Physical Health • Activity Limitations
Heart Disease & Stroke	<ul style="list-style-type: none"> • Hypertension
Injury & Violence Prevention	<ul style="list-style-type: none"> • Homes With Firearms (Including Homes With Children)
Mental Health & Mental Disorders	<ul style="list-style-type: none"> • Symptoms of Chronic Depression
Nutrition, Physical Activity & Weight Status	<ul style="list-style-type: none"> • Fruit & Vegetable Consumption • Eating Meals as a Family • Moderate & Vigorous Physical Activity • Overweight & Obesity Prevalence
Respiratory Diseases	<ul style="list-style-type: none"> • Chronic Lung Disease • Asthma
Tobacco Use	<ul style="list-style-type: none"> • Current Smokers • Awareness of the Indiana Quit Line • Smoking in the Home (Including Homes With Children) • Perceptions of Secondhand Smoke as Dangerous

Summary Tables: Comparisons With Benchmark Data

The following tables provide an overview of indicators in the Columbus Regional Hospital Service Area, including comparisons among the individual areas, as well as trend data for Bartholomew County. These data are grouped to correspond with the Focus Areas presented in Healthy People 2020.

Reading the Summary Tables

- In the following charts, Columbus Regional Hospital Service Area results are shown in the larger, blue column.
- The green columns [to the left of the Columbus Regional Hospital Service Area column] provide comparisons among the three counties, identifying differences for each as "better than" (⊕), "worse than" (⊖), or "similar to" (↔) the combined opposing areas.
- The columns immediately to the right of the Columbus Regional Hospital Service Area column provide comparisons between the Columbus Regional Hospital Service Area and any available state and national findings, and Healthy People 2020 targets. Symbols indicate whether the Service Area compares favorably (⊕), unfavorably (⊖), or comparably (↔) to these external data.
- The column to the far right provides trending comparisons specifically for Bartholomew County. Here, symbols indicate whether the difference from baseline survey data represents a favorable change (⊕), an unfavorable change (⊖), or no significant change (↔).

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

TREND SUMMARY

Trends for survey-derived indicators represent significant changes among Bartholomew County residents since 1996 (or earliest available data).

Access to Health Services	Each Sub-Area vs. Others			CRH Service Area	CRH Service Area vs. Benchmarks			
	Bartholomew County	Jennings (ZIP 47265)	Jackson (ZIP 47214)		vs. IN	vs. US	vs. HP2020	TREND (Bartholomew Co)
% [Age 18-64] Lack Health Insurance	11.6	23.9	19.8	15.5	23.6	14.9	0.0	11.7
% [65+] With Medicare Supplement Insurance	84.0			79.8		75.5		81.3
% [Insured] Insurance Covers Prescriptions	94.5	91.6	91.2	93.3		93.9		95.5
% [Insured] Went Without Coverage in Past Year	4.9	5.8	4.4	4.9		4.8		7.5
% Cost Prevented Getting Prescription in Past Year	10.3	12.6	16.7	12.1		15.0		8.9
% Cost Prevented Physician Visit in Past Year	11.0	10.3	19.0	12.7		14.0		7.1
% Difficulty Getting Appointment in Past Year	9.5	10.4	7.0	9.1	16.5			10.5
% Language/Cultural Barrier	2.4	0.7	1.0	1.8				1.5
% Difficulty Getting Child's Healthcare in Past Year	3.3			3.2		1.9		10.0
% Have a Regular Physician or Clinic for Medical Care	83.5	86.5	86.0	84.6		82.5		87.4
% Have Had Routine Checkup in Past Year	65.1	65.2	67.9	65.8		67.3		68.0
% Child Has Had Checkup in Past Year	89.2			89.8		87.0		91.0

DK

Access to Health Services (continued)	Each Sub-Area vs. Others			CRH Service Area vs. Benchmarks				
	Bartholomew County	Jennings (ZIP 47285)	Jackson (ZIP 47274)	CRH Service Area	vs. IN	vs. US	vs. HP2020	TREND (Bartholomew Co)
% Aware of the Volunteers in Medicine Clinic	78.2	39.2	25.5	59.7				66.4
<small>Note: In the green section, each county is compared against the others combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</small>				better similar worse				

Arthritis, Osteoporosis & Chronic Back Conditions	Each Sub-Area vs. Others			CRH Service Area vs. Benchmarks				
	Bartholomew County	Jennings (ZIP 47285)	Jackson (ZIP 47274)	CRH Service Area	vs. IN	vs. US	vs. HP2020	TREND (Bartholomew Co)
% Sciatica/Chronic Back Pain	20.4	26.4	20.5	21.4		21.5		16.1
<small>Note: In the green section, each county is compared against the others combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</small>				better similar worse				

Cancer	Each Sub-Area vs. Others			CRH Service Area vs. Benchmarks				
	Bartholomew County	Jennings (ZIP 47285)	Jackson (ZIP 47274)	CRH Service Area	vs. IN	vs. US	vs. HP2020	TREND (Bartholomew Co)
% Skin Cancer	8.1	8.2	7.3	7.9	5.4	8.1		6.0
% Cancer (Other Than Skin)	7.6	8.7	5.8	7.4	6.3	5.5		4.4
% [Women 18+] Know How to Perform a Breast Self-Exam	97.5	96.7	94.0	96.6				
% [Women 18+] Mother/Sister Diagnosed w/Breast Cancer	14.1	12.1	14.1	13.8				9.0
% [Women 50-74] Mammogram in Past 2 Years	78.0			74.3	74.7	79.9	81.1	77.8



Cancer (continued)	Each Sub-Area vs. Others		
	Bartholomew County	Jennings (ZIP 47285)	Jackson (ZIP 47274)
% [Women 21-65] Pap Smear in Past 3 Years	76.2	76.7	81.9
% [Age 50+] Sigmoid/Colonoscopy Ever	71.7	65.6	72.7
% [Age 50+] Blood Stool Test in Past 2 Years	38.9	51.8	29.6
% [Age 50-75] Colorectal Cancer Screening	71.0	67.0	74.4
% [Men 18+] Father/Brother Diagnosed w/Prostate Cancer	9.0		
% [Men 18+] Have Had a Testicular Exam by a Dr	65.7		
% [Men 18+] Know How to Perform a Testicular Self-Exam	57.4		

Note: In the green section, each county is compared against the others contained. Throughout these tables, a blank or empty cell indicates that data are not available for the indicator or that sample sizes are too small to provide meaningful results.

CRH Service Area	CRH Service Area vs. Benchmarks			TREND (Bartholomew Co)
	vs. IN	vs. US	vs. HP2020	
77.6	80.2	84.7	93.0	86.4
71.0	62.8	72.0		53.0
38.8	15.8	28.3		54.5
71.2			70.5	
7.3				9.9
59.6				63.8
51.8				37.9

Legend: better (yellow), similar (grey), worse (purple)

Diabetes	Each Sub-Area vs. Others		
	Bartholomew County	Jennings (ZIP 47285)	Jackson (ZIP 47274)
% Diabetes/High Blood Sugar	10.9	19.6	13.9

Note: In the green section, each county is compared against the others contained. Throughout these tables, a blank or empty cell indicates that data are not available for the indicator or that sample sizes are too small to provide meaningful results.

CRH Service Area	CRH Service Area vs. Benchmarks			TREND (Bartholomew Co)
	vs. IN	vs. US	vs. HP2020	
13.0	10.2	10.1		7.4

Legend: better (yellow), similar (grey), worse (purple)



General Health Status	Each Sub-Area vs. Others		
	Bartholomew County	Jennings (ZIP 47285)	Jackson (ZIP 47274)
% "Fair/Poor" Physical Health	17.8	28.0	22.3
% Activity Limitations	21.5	31.3	28.1
% 3+ Days of Poor Physical Health	6.5	6.9	8.1
% [Employed] 3+ Workdays Missed in the Past Yr	18.4	10.8	21.4

Note: In the green section, each county is compared against the others combined. Throughout these tables, a blank or empty cell indicates that data are not available for the indicator or that sample sizes are too small to provide meaningful results.

CRH Service Area	CRH Service Area vs. Benchmarks			TREND (Bartholomew Co)
	vs. IN	vs. US	vs. HP2020	
20.5	18.9	16.8	13.3	
24.7	24.4	17.0	19.0	
6.9			21.0	
18.0			27.2	

Legend: better, similar, worse

Heart Disease & Stroke	Each Sub-Area vs. Others		
	Bartholomew County	Jennings (ZIP 47285)	Jackson (ZIP 47274)
% Heart Disease (Heart Attack, Angina, Coronary Disease)	6.4	8.7	6.9
% Stroke	2.2	2.9	1.7
% Told Have High Blood Pressure (Ever)	36.3	44.3	41.9
% Told Have High Cholesterol (Ever)	30.2	28.0	27.3
% 1+ Cardiovascular Risk Factor	82.9	89.3	86.8

Note: In the green section, each county is compared against the others combined. Throughout these tables, a blank or empty cell indicates that data are not available for the indicator or that sample sizes are too small to provide meaningful results.

CRH Service Area	CRH Service Area vs. Benchmarks			TREND (Bartholomew Co)
	vs. IN	vs. US	vs. HP2020	
6.9		6.1	6.4	
2.2	3.4	2.7	2.3	
38.9	32.8	34.3	26.9	
29.2	39.0	31.4	13.5	
84.8		86.3	84.1	

Legend: better, similar, worse



Immunization & Infectious Diseases	Each Sub-Area vs. Others		
	Bartholomew County	Jennings (ZIP 47285)	Jackson (ZIP 47274)
% [Age 65+] Flu Shot in Past Year	67.1		
<small>Note: In the green section, each county is compared against the others combined. Throughout these tables, a blank or empty cell indicates that data are not available for the indicator or that sample sizes are too small to provide meaningful results.</small>			

CRH Service Area	CRH Service Area vs. Benchmarks			TREND (Bartholomew Co)
	vs. IN	vs. US	vs. HP2020	
62.6				
	60.6	71.6	90.0	64.5
	better	similar	worse	

Injury & Violence Prevention	Each Sub-Area vs. Others		
	Bartholomew County	Jennings (ZIP 47285)	Jackson (ZIP 47274)
% *Always* Wear Seat Belt	89.8	92.5	78.1
% Child [Age 0-17] *Always* Uses Seat Belt/Car Seat	98.0		
% Child [Age 5-17] *Always* Wears Bicycle Helmet	38.3		
% Firearm in Home	44.2	56.5	56.1
% [Homes With Children] Firearm in Home	43.8		
% Can Swim or Tread Deep Water for 5+ Minutes	80.9	69.8	83.0
% Child Has Had Swimming Instruction (1-17)	83.1		
% [Parents] Discussed Fire Escape Plan w/Child	81.1		
% Victim of Violent Crime in the Past 3 Years	1.4	3.1	2.8

CRH Service Area	CRH Service Area vs. Benchmarks			TREND (Bartholomew Co)
	vs. IN	vs. US	vs. HP2020	
87.5				
	93.9	85.3	92.4	68.3
96.5				
		91.6		89.4
31.3				
		35.3		22.5
48.9				
		37.9		43.9
51.4				
		34.4		
79.5				
				74.2
76.8				
				78.3
83.3				
				77.2
2.0				



Injury & Violence Prevention (continued)	Each Sub-Area vs. Others		
	Bartholomew County	Jennings (ZIP 47265)	Jackson (ZIP 47274)
% Victim of Domestic Violence in the Past 3 Years	4.2	4.9	2.7
<small>Note: In the green section, each county is compared against the others combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</small>			

CRH Service Area	CRH Service Area vs. Benchmarks			TREND (Bartholomew Co)
	vs. IN	vs. US	vs. HP2020	
3.9				
<small>better similar worse</small>				

Mental Health & Mental Disorders	Each Sub-Area vs. Others		
	Bartholomew County	Jennings (ZIP 47265)	Jackson (ZIP 47274)
% 3+ Days of Poor Mental Health	23.8	30.2	29.1
% Symptoms of Chronic Depression (2+ Years)	26.6	34.0	44.8
% [Symptoms of Chronic Depression] Seeking Help	61.5		
% [Parents] Stress Causes Harsh Actions	27.8		
% [Parents] Friends/Family Share Problems	96.5		
<small>Note: In the green section, each county is compared against the others combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</small>			

CRH Service Area	CRH Service Area vs. Benchmarks			TREND (Bartholomew Co)
	vs. IN	vs. US	vs. HP2020	
25.8				21.9
32.0		26.5		23.6
56.0		52.5		59.5
28.7				44.9
96.6				92.9
<small>better similar worse</small>				



Nutrition & Weight Status	Each Sub-Area vs. Others		
	Bartholomew County	Jennings (ZIP 47285)	Jackson (ZIP 47274)
% Eat 5+ Servings of Fruit or Vegetables per Day	45.3	44.4	27.6
% Healthy Weight (BMI 18.5-24.9)	36.2	21.4	24.2
% Overweight	63.2	78.1	73.1
% Obese	27.1	37.6	37.0
% Use Food Labels When Making Grocery Selections	62.9	56.3	58.8
% Eat 5+ Weekly Meals as a Family	37.7	30.9	36.6
% Child was Breastfed as an Infant	68.9		

Note: In the green section, each county is compared against the others combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

CRH Service Area	CRH Service Area vs. Benchmarks			TREND (Bartholomew Co)
	vs. IN	vs. US	vs. HP2020	
41.1		48.8		
31.2		31.7	33.9	44.5
67.8	65.6	66.9		52.9
31.0	30.8	28.5	30.6	16.8
60.9				66.3
36.4				48.3
67.6				

Legend: better, similar, worse

Oral Health	Each Sub-Area vs. Others		
	Bartholomew County	Jennings (ZIP 47285)	Jackson (ZIP 47274)
% [Age 18+] Dental Visit in Past Year	66.1	61.3	55.6
% Child [Age 2-17] Dental Visit in Past Year	88.0		

Note: In the green section, each county is compared against the others combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

CRH Service Area	CRH Service Area vs. Benchmarks			TREND (Bartholomew Co)
	vs. IN	vs. US	vs. HP2020	
62.9	68.8	66.9	49.0	70.4
88.2		79.2	49.0	79.8

Legend: better, similar, worse



Physical Activity	Each Sub-Area vs. Others		
	Bartholomew County	Jennings (ZIP 47265)	Jackson (ZIP 47274)
% No Leisure-Time Physical Activity	☹️ 25.0	☹️ 31.1	☹️ 30.9
% Meeting Physical Activity Guidelines	☹️ 37.7	☹️ 33.4	☹️ 31.0
% Moderate Physical Activity	☹️ 17.0	☹️ 19.3	☹️ 17.7
% Vigorous Physical Activity	☹️ 30.0	☹️ 21.4	☹️ 25.4
% Ran Errands Without a Car 12+ Times/Past Year	☹️ 11.6	☹️ 15.0	☹️ 6.3
% Child [Age 5-17] Watches TV 3+ Hours per Day	☹️ 12.9		
% Child [Age 5-17] Uses Computer 3+ Hours per Day	☹️ 8.5		
% Child [Age 5-17] 3+ Hours per Day of Total Screen Time	☹️ 38.2		

Note: In the green section, each county is compared against the others combined. Throughout these tables, a blank or empty cell indicates that data are not available for the indicator or that sample sizes are too small to provide meaningful results.

CRH Service Area	CRH Service Area vs. Benchmarks			TREND (Bartholomew Co)
	vs. IN	vs. US	vs. HP2020	
27.4	☹️ 29.2	☹️ 28.7	☀️ 32.6	☹️ 28.2
35.5	☹️ 48.0	☹️ 42.7		☹️ 52.3
17.6		☹️ 23.9		☹️ 25.9
27.5	☹️ 28.2	☹️ 34.8		☹️ 44.3
10.9				
10.3		☀️ 19.7		
11.4		☹️ 9.9		
43.4		☹️ 43.4		

☀️ better ☹️ similar ☹️ worse

Respiratory Diseases	Each Sub-Area vs. Others		
	Bartholomew County	Jennings (ZIP 47265)	Jackson (ZIP 47274)
% Chronic Lung Disease	☹️ 11.7	☹️ 16.7	☹️ 10.2
% Adults Asthma (Ever Diagnosed)	☹️ 13.3	☹️ 10.4	☹️ 12.6

Note: In the green section, each county is compared against the others combined. Throughout these tables, a blank or empty cell indicates that data are not available for the indicator or that sample sizes are too small to provide meaningful results.

CRH Service Area	CRH Service Area vs. Benchmarks			TREND (Bartholomew Co)
	vs. IN	vs. US	vs. HP2020	
12.2		☹️ 8.4		☹️ 7.9
12.7	☹️ 14.2	☹️ 11.9		☹️ 9.0

☀️ better ☹️ similar ☹️ worse



Substance Abuse	Each Sub-Area vs. Others		
	Bartholomew County	Jennings (ZIP 47265)	Jackson (ZIP 47274)
% Current Drinker	47.7	43.3	48.8
% Chronic Drinker (Average 2+ Drinks/Day)	4.8	1.9	7.5
% Binge Drinker (Single Occasion - 5+ Drinks Men, 4+ Women)	13.1	11.5	17.3
% Drinking & Driving in Past Month	0.7	1.2	0.9
% Illicit Drug Use in Past Month	1.4	5.2	0.7
% Family Member Faced Problems w/Meth Use	2.4	5.4	4.4

Note: In the green section, each county is compared against the others combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that surprise scores are too small to provide meaningful results.

CRH Service Area	CRH Service Area vs. Benchmarks			TREND (Bartholomew Co)
	vs. IN	vs. US	vs. HP2020	
47.2	51.6	58.8		48.1
4.9	6.0	5.6		3.5
13.8	17.8	16.7	24.3	9.7
0.9		3.5		1.1
1.9		1.7	7.1	7.1
3.3				5.1

better similar worse

DK

Tobacco Use	Each Sub-Area vs. Others		
	Bartholomew County	Jennings (ZIP 47295)	Jackson (ZIP 47274)
% Current Smoker	21.3	27.6	23.4
% Someone Smokes at Home	14.8	29.0	19.0
% [Non-Smokers] Someone Smokes in the Home	5.2	12.5	7.8
% [Household With Children] Someone Smokes in the Home	14.2		
% [Smokers] Received Advice to Quit Smoking	59.7		
% [Smokers] Quit Tobacco for 1+ Week/Past Year	44.8		
% [Smokers] Thought About Quitting/Workplace Law	27.2		
% Use Smokeless Tobacco	3.5	2.4	6.6
% Use E-Cigarettes (Electronic Cigarettes)	3.8	4.9	0.6
% Aware of Indiana Tobacco Quit Line (1-800-QUIT-NOW)	55.3	54.7	44.2
% Believe that Secondhand Smoke is Dangerous	92.3	89.5	91.0
% Favor Expanding Smoking Ban to Bars and Clubs	64.9	59.0	64.3

Note: In the green column, each county is compared against the others combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

CRH Service Area	CRH Service Area vs. Benchmarks			TREND (Bartholomew Co)
	vs. IN	vs. US	vs. HP2020	
22.8	25.6	16.6	12.0	26.4
18.1		13.6		29.3
6.9		5.7		
19.9		12.1		35.2
63.5		63.7		63.6
38.2				35.2
36.2				35.2
4.0	2.8	0.3		3.9
3.2				
52.7				71.4
91.5				95.9
63.7				63.8

 better
  similar
  worse



Quality of Life	Each Sub-Area vs. Others		
	Bartholomew County	Jennings (ZIP 47285)	Jackson (ZIP 47274)
% Agree That Bartholomew County is Friendly	 94.2		
% Agree That Diversity is Welcome in Bartholomew Co	 93.6		
% Volunteered Time to a Charity in the Past Year	 60.7	 50.9	 51.6
<small>Note: In the green header, each county is compared against the others contained. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that multiple data are too small to provide meaningful results.</small>			

CRH Service Area	CRH Service Area vs. Benchmarks			TREND (Bartholomew Co)
	vs. IN	vs. US	vs. HP2020	
57.0				 94.6
				 85.6
				 57.9
 better  similar  worse				

DK

GENERAL HEALTH STATUS



Overall Health Status

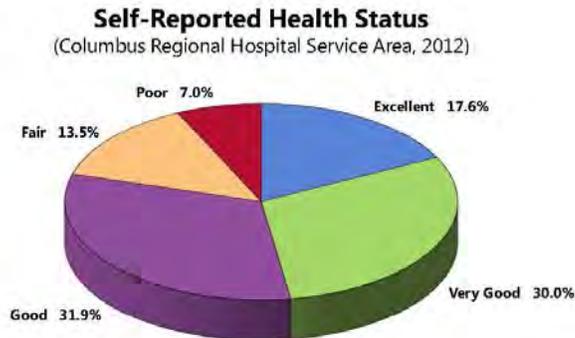
The initial inquiry of the PRC Community Health Survey asked respondents the following:

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

Self-Reported Health Status

A total of 47.6% of Columbus Regional Hospital Service Area adults rate their overall health as "excellent" or "very good."

- Another 31.9% gave "good" ratings of their overall health.



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. (Item 5)
Notes: • Asked of all respondents.

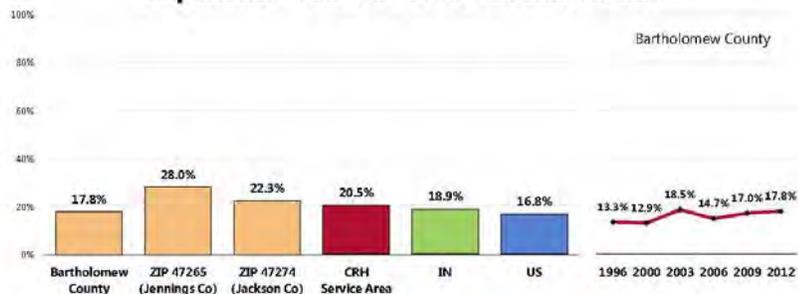
However, 20.5% of Columbus Regional Hospital Service Area adults believe that their overall health is "fair" or "poor."

- Statistically comparable to statewide findings.
- Statistically comparable to the national percentage.
- The difference by county is not statistically significant.
- ▣ Marks a significant increase among Bartholomew County residents over time.

NOTE:

- Differences noted in the text represent significant differences determined through statistical testing.
- Where sample sizes permit, county-level data are provided.
- ▣ Bartholomew County trends are measured against baseline data – i.e., the earliest year that data are available or that is presented in this report.

Experience "Fair" or "Poor" Overall Health

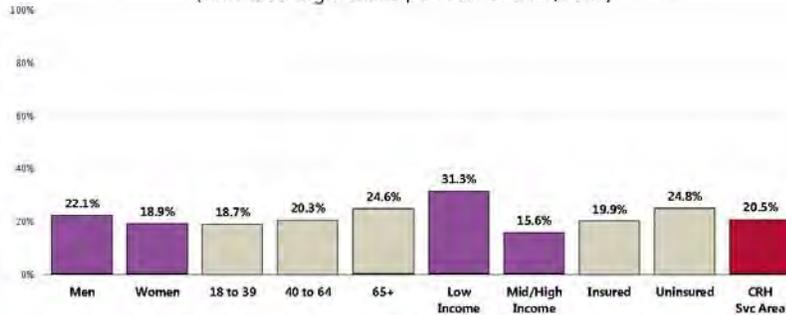


Sources: • PRC Community Health Survey, Professional Research Consultants, Inc. (Item 5)
• Behavioral Risk Factor Surveillance System Survey Data, Atlanta, Georgia: United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2011 Indiana data.
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Adults more likely to report experiencing "fair" or "poor" overall health include:

- Residents living at lower incomes.
- Other differences within demographic groups, as illustrated in the following chart, are not statistically significant.

Experience "Fair" or "Poor" Overall Health (Columbus Regional Hospital Service Area, 2012)



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. (Item 5)
 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.

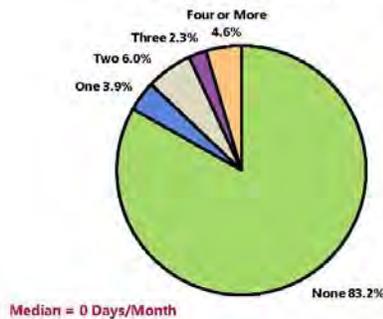
Average Days of Poor Physical Health

While most (83.2%) Columbus Regional Hospital Service Area adults did not experience any days of poor physical health in the past month, 6.9% report having 3+ days in the past month on which their physical health was poor.

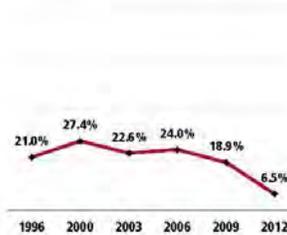
- In Bartholomew County, the current prevalence of adults with 3+ days of poor physical health is 6.5%, down significantly from the baseline 1996 survey findings.

"For how many days during the past 30 days was your physical health not good?"

Days of Poor Physical Health in the Past Month (CRH Service Area, 2012)



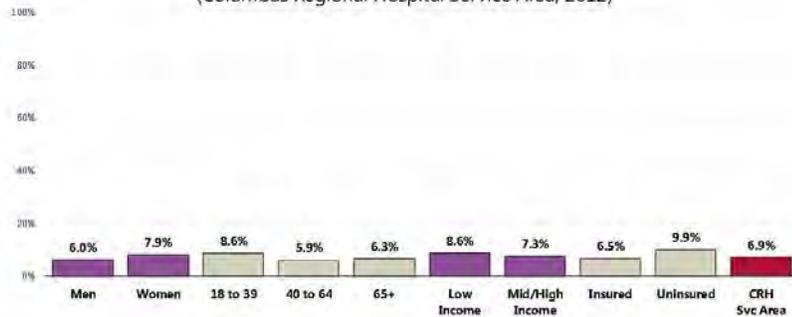
Trend Data: 3+ Days of Poor Physical Health in the Past Month (Bartholomew County)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. (Item 6)
 Notes: • Asked of all respondents.

Viewed by demographic characteristics, no significant differences to report.

Experienced 3+ Days of Poor Physical Health in the Past Month (Columbus Regional Hospital Service Area, 2012)



Sources: 2012 PRC Community Health Survey, Professional Research Consultants, Inc. (Item 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.

"In the past year, how many days have you missed from work due to personal illness?"

Workdays Missed

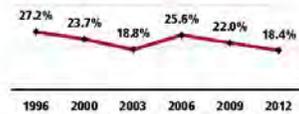
Among employed adults in the Service Area, most (82.0%) missed fewer than 3 workdays over the past year due to personal illness.

- On the other hand, 18.0% of employed survey respondents missed 3 or more workdays in the past year due to personal illness.
- In Bartholomew County, the proportion of employed adults with 3+ days of workdays missed in the past year has decreased significantly over time.

Workdays Missed in the Past Year Due to Personal Illness (CRH Service Area, 2012)



Trend Data: Missed 3+ Workdays Due to Personal Illness in Past Year (Bartholomew County)



Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. (Item 67)
 Notes: Asked of all respondents employed outside the home

Activity Limitations

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.

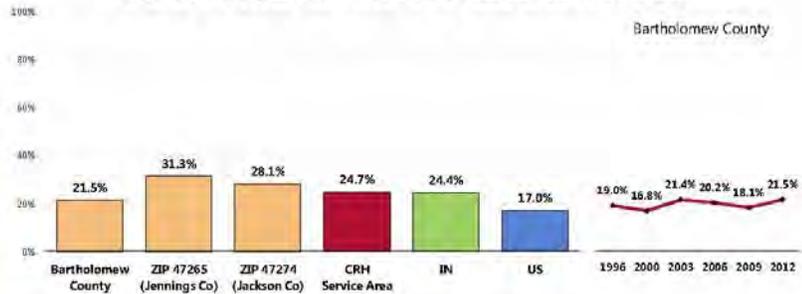
— Healthy People 2020 (www.healthypeople.gov)

One in four (24.7%) Columbus Regional Hospital Service Area adults is limited in some way in some activities due to a physical, mental or emotional problem.

- Almost identical to the prevalence statewide.
- Less favorable than the national prevalence.
- Favorably low in Bartholomew County.
- Statistically unchanged over time among Bartholomew County 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

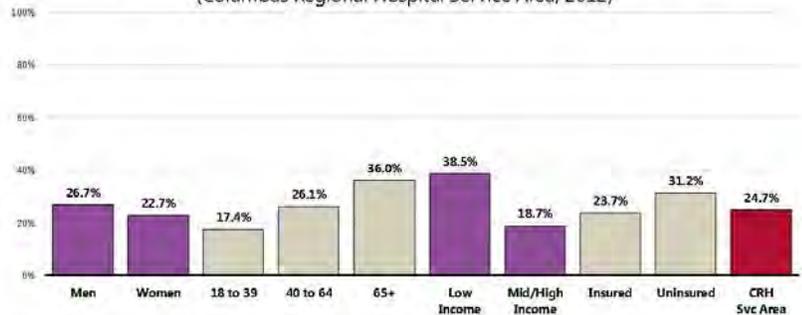


Sources: • PRC Community Health Survey, Professional Research Consultants, Inc. (Item 114)
• Behavioral Risk Factor Surveillance System Survey Data, Atlanta, Georgia: United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC), 2011 Indiana data
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

In looking at responses by key demographic characteristics, note the following:

- Adults age 40 and older are much more often limited in activities (note the positive correlation with age).
- Lower income residents are twice as likely to report some type of activity limitation as adults in the higher income segment.

Limited in Activities in Some Way Due to a Physical, Mental or Emotional Problem (Columbus Regional Hospital Service Area, 2012)



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. (Item 119)
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.

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. According to the National Institute of Mental Health (NIMH), in any given year, an estimated 13 million American adults (approximately 1 in 17) have a seriously debilitating mental illness. Mental health disorders are the leading cause of disability in the United States and Canada, accounting for 25% of all years of life lost to disability and premature mortality. Moreover, suicide is the 11th leading cause of death in the United States, accounting for the deaths of approximately 30,000 Americans each year.

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 understanding of how the brain functions under normal conditions and in response to stressors, combined with knowledge of how the brain develops over time, has been essential to that progress. 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 among 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, for how many days during the past 30 days was your mental health not good?"

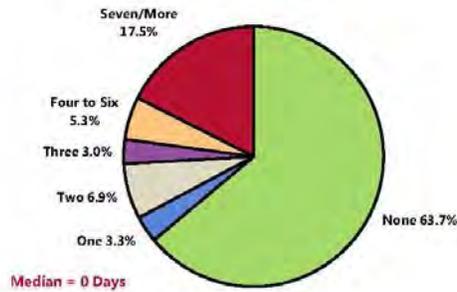
Average Days of Poor Physical Health

While most (63.7%) Columbus Regional Hospital Service Area adults did not experience any days of poor mental health in the past month, 25.8% report having 3+ days in the past month on which their mental health was poor.

- ☒ In Bartholomew County, the current prevalence of adults with 3+ days of poor mental health is statistically unchanged from baseline 1996 survey findings.

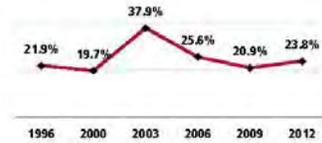
Days in the Past Month on Which Mental Health Was Not Good

(CRH Service Area, 2012)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. (Item 113)
Notes: • Asked of all respondents.

Trend Data: 3+ Days in the Past Month on Which Mental Health Was Not Good (Bartholomew County)



Depression

Symptoms of Chronic Depression

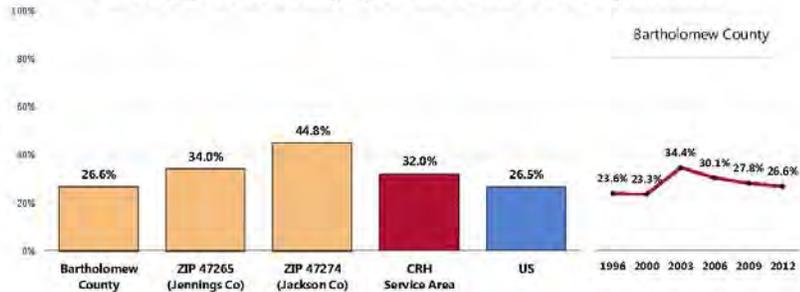
A total of 32.0% of Columbus Regional Hospital Service Area adults have had 2 or more years in their lives when they felt depressed or sad on most days, although they may have felt okay sometimes (chronic depression).

- Less favorable than national findings.
- Highest in Jackson County (ZIP 47274); lowest in Bartholomew County.
- ☒ In Bartholomew County, the prevalence is statistically unchanged from baseline survey findings (although percentages have fluctuated considerably since 1996).

Adults with "symptoms of chronic depression" are those who have experienced 2+ years during which they felt sad or depressed on most days, although they may have felt okay at times.

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

Have Experienced Symptoms of Chronic Depression

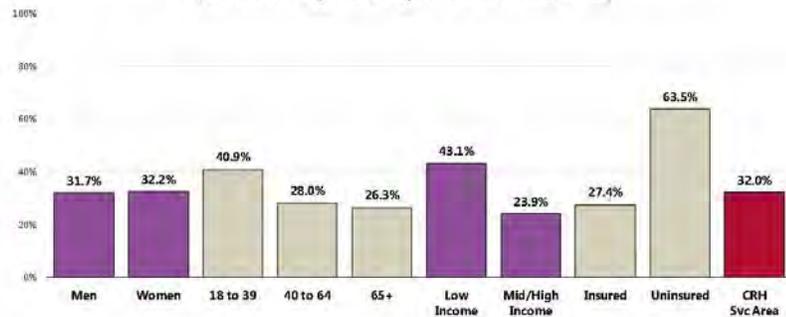


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 114]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents

Symptoms of chronic depression are statistically higher among:

- Young adults (those under 40).
- Adults with lower incomes.
- Uninsured respondents.

Have Experienced Symptoms of Chronic Depression (Columbus Regional Hospital Service Area, 2012)



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 114]
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

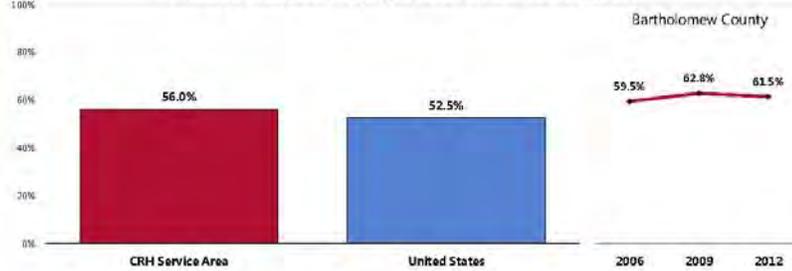
Mental Health Treatment

Among surveyed respondents with symptoms of chronic depression, 56.0% acknowledge that they have sought professional help for a mental or emotional problem.

- Similar to the national proportion among adults with symptoms of chronic depression.
- There has been no statistically significant change over time among Bartholomew County adults with symptoms of chronic depression.

Adults with "symptoms of chronic depression" are those who have experienced 2+ years during which they felt sad or depressed on most days, although they may have felt okay at times.

Have Sought Professional Help for a Mental or Emotional Problem (Among Those With Symptoms of Chronic Depression)

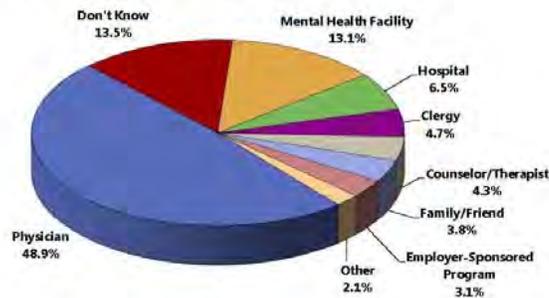


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. (Item 115)
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of those respondents with symptoms of chronic depression.

When asked where they would go if in need of professional mental health services, nearly one-half (48.9%) of survey respondents mentioned a doctor's office, followed by reference to a mental health facility (mentioned by 13.1%).

- Other sources for mental health services included hospitals, clergy, counselors/therapists, family/friend, and employer-sponsored programs.

Place Where Respondent Would Seek Help for a Mental Health Problem (Columbus Regional Hospital Service Area, 2012)



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. (Item 116)
 Notes: • Asked of all respondents.

Stress Among Service Area Parents

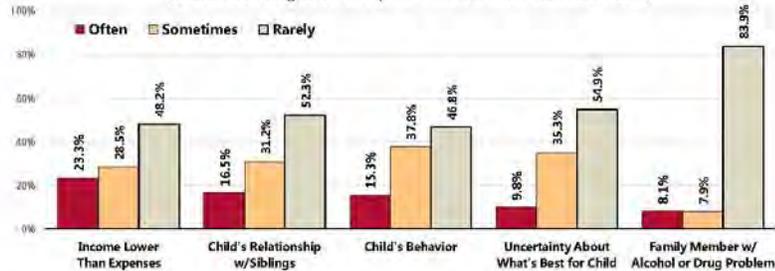
Service Area parents of children under 18 were given a series of life stressors and asked to indicate whether they experience them "often," "sometimes" or "rarely."

Adults with "symptoms of chronic depression" are those who have experienced 2+ years during which they felt sad or depressed on most days, although they may have felt okay at times.

- The largest "often" response was for parents' income being lower than their expenses (23.3% "often" stress about this), followed by a child's relationship with his/her siblings (16.5%) and a child's behavior (15.3%).
- In contrast, most (83.9%) area adults "rarely" stress about a family member with an alcohol or drug problem.

Stressors for Local Parents

(Columbus Regional Hospital Service Area Parents, 2012)



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. (Items 147-148)
 260641 • Asked of parents with children under 18

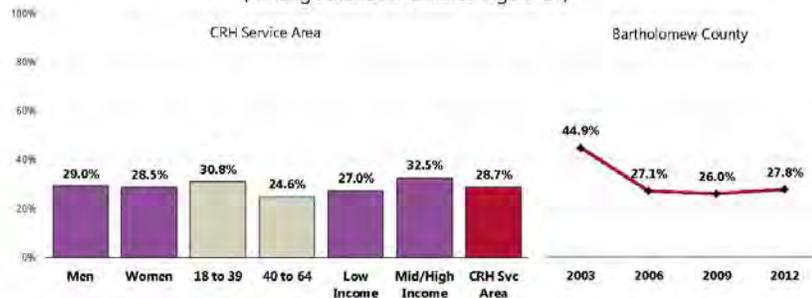
Stress Among Service Area Parents

When asked how often stress causes them to act more harshly toward their child than they would like, 5.1% of Service Area parents said "often" and 23.6% said "sometimes" (71.3% said "rarely").

- Viewed by demographic characteristics, the prevalence of area parents who "often/sometimes" act more harshly toward their child due to stress does not vary significantly.
- Of Bartholomew County parents, the proportion has decreased since 2003.

Parents' Stress "Often/Sometimes" Causes Harsher Actions Towards Child Than Parent Would Like

(Among Parents of Children Age 0-17)

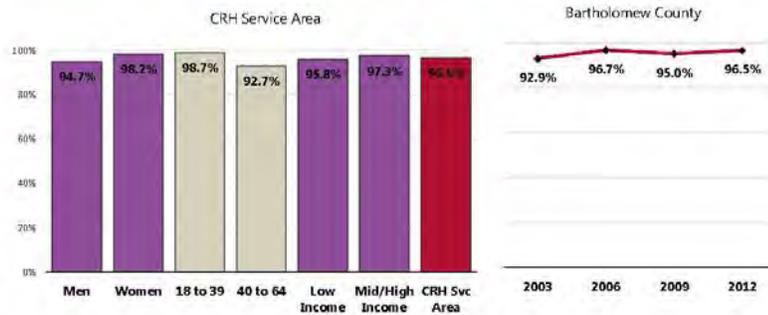


Sources: • PRC Community Health Survey, Professional Research Consultants, Inc. (Item 147)
 Notes: • Asked of respondents with children under age 18 at home
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" 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

When asked whether they have friends and/or family with whom they can talk about their problems, the vast majority (96.6%) of Columbus Regional Hospital Service Area parents responded affirmatively.

- Viewed by demographic characteristics, the prevalence of area parents with friends/family to share problems is statistically low among those aged 40 to 64.
- Among Bartholomew County parents, the proportion has not changed significantly over time.

Have Friends or Family to Talk to About Problems (Among Parents of Children Age 0-17)



Source: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 148]
 Notes: Asked of respondents with children under age 18 at home.
 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.

DEATH, DISEASE &
CHRONIC CONDITIONS



Cardiovascular Disease

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)

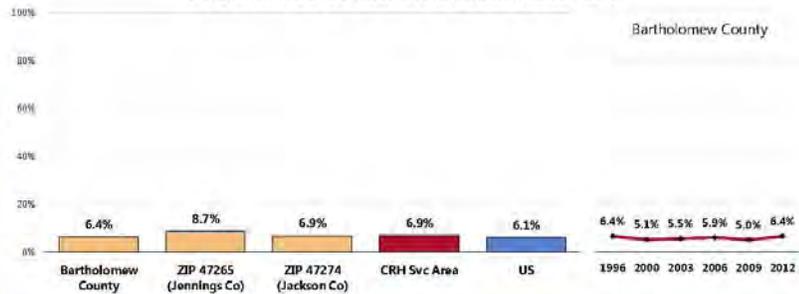
Prevalence of Heart Disease & Stroke

Prevalence of Heart Disease

A total of 6.9% of surveyed adults report that they suffer from or have been diagnosed with heart disease, such as coronary heart disease, angina or heart attack.

- Similar to the national prevalence.
- Similar by county.
- Unchanged since 1996.

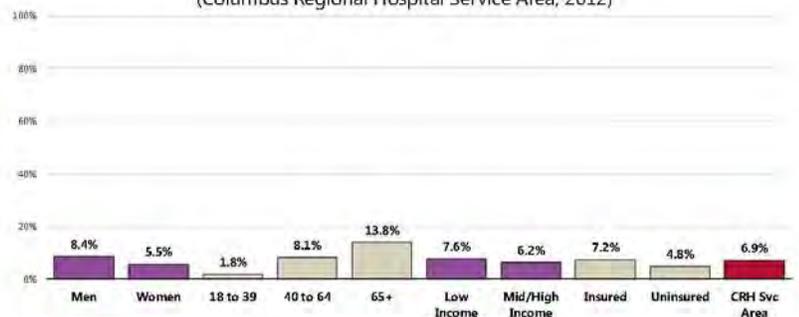
Prevalence of Chronic Heart Disease



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. (Item 17)
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.
 Note: • Aged of all respondents
 • Includes heart attack (myocardial infarction) or angina or coronary heart disease.

📈 Note the positive correlation between age and prevalence of chronic heart disease.

Prevalence of Chronic Heart Disease (Columbus Regional Hospital Service Area, 2012)

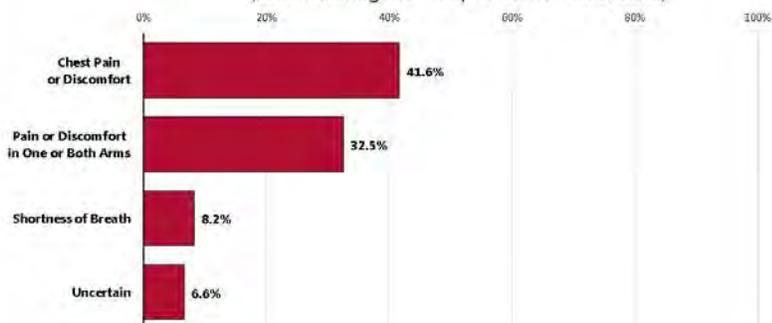


Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. (Item 17)
 Note: • Aged of all respondents
 • Includes heart attack (myocardial infarction) or angina or coronary heart disease.
 • Income categories reflect respondent's household income as a ratio to the federal poverty 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.

When asked to name a symptom which might indicate a heart attack, the largest share of respondents (41.6%) mentioned chest pain or discomfort, followed by pain or discomfort in one or both arms (32.5%).

- A much smaller percentage of respondents (8.2%) believe **shortness of breath** to be a sign of a possible heart attack.
- Note that 6.6% of respondents were uncertain or could not provide an answer.

Symptoms Perceived as Possible Signs of a Heart Attack (Columbus Regional Hospital Service Area, 2012)



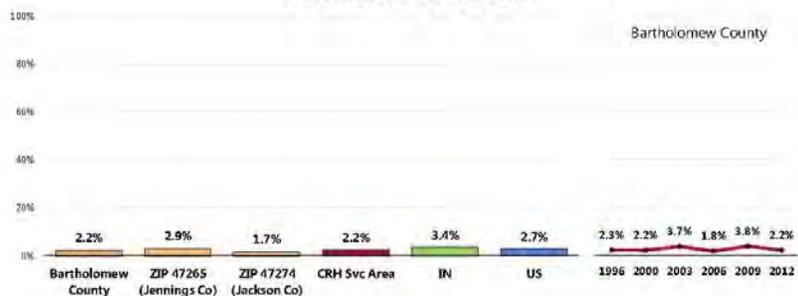
Sources: 2012 PRC Community Health Survey, Professional Research Consultants, Inc. (Item 26)
Notes: Asked of all respondents.

Prevalence of Stroke

A total of 2.2% of surveyed adults report that they suffer from or have been diagnosed with cerebrovascular disease (a stroke).

- Lower than statewide findings.
- Similar to national findings.
- Similar by county.
- ▣ No change in stroke prevalence over time.

Prevalence of Stroke



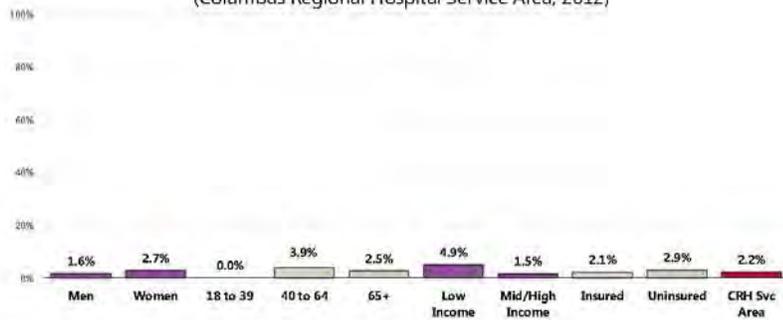
Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. (Item 18)
2011 PRC National Health Survey, Professional Research Consultants, Inc.
Behavioral Risk Factor Surveillance System Survey Data - Atlanta, Georgia - United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2011 Indiana data.
Notes: Asked of all respondents.

Adults more likely to have been diagnosed with stroke include:

- ▣ Those age 40 to 64.
- ▣ Lower-income residents.

Prevalence of Stroke

(Columbus Regional Hospital Service Area, 2012)



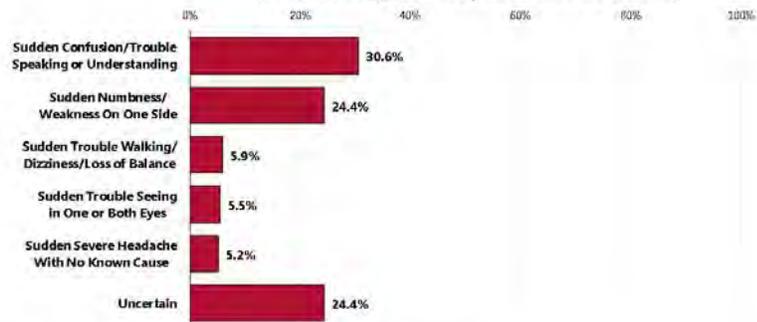
Source: 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 18]
 Notes: Asked of all respondents.
 Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

When asked to name a symptom which might indicate a stroke, the largest share of respondents (30.6%) mentioned sudden confusion or trouble speaking/understanding, followed by sudden numbness or weakness on one side (24.4%).

- Far fewer respondents mentioned sudden trouble walking/dizziness or loss of balance; sudden vision trouble; or sudden severe headache with no known cause.
- Note that 24.4% of respondents were uncertain or could not provide an answer.

Symptoms Perceived as Possible Signs of a Stroke

(Columbus Regional Hospital Service Area, 2012)

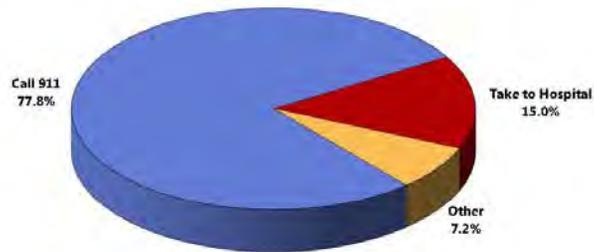


Source: 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 27]
 Notes: Asked of all respondents.

In a related inquiry, survey respondents were asked to report what they would do if they suspected someone near them was having a heart attack or stroke.

As shown, most (77.8%) respondents would call 911, while 15.0% would take the person to a hospital.

Self-Reported Action Taken if Respondent Suspected Someone Was Having a Heart Attack/Stroke (Columbus Regional Hospital Service Area, 2012)



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 28]
Notes: • Asked of all respondents.

Cardiovascular Risk Factors

Hypertension (High Blood Pressure)

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.

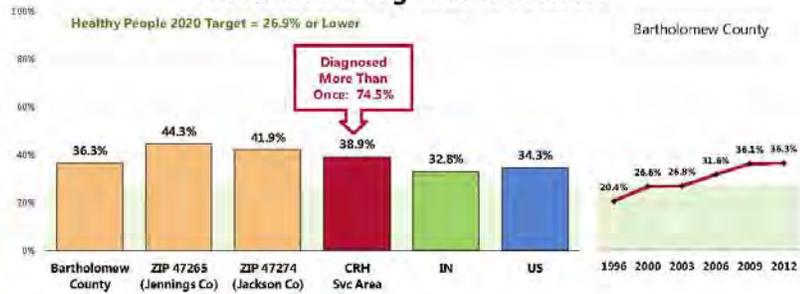
— Healthy People 2020 (www.healthypeople.gov)

Prevalence of Hypertension

A total of 38.9% of adults have been told at some point that their blood pressure was high.

- Less favorable than the Indiana prevalence.
- Statistically similar to the national prevalence.
- Fails to satisfy the Healthy People 2020 target (26.9% or lower).
- No difference by county.
- ▣ Marks a significant increase in hypertension over time.
- ▤ Among hypertensive adults in the Service Area, 3 in 4 have been diagnosed with high blood pressure more than once (74.5%).

Prevalence of High Blood Pressure



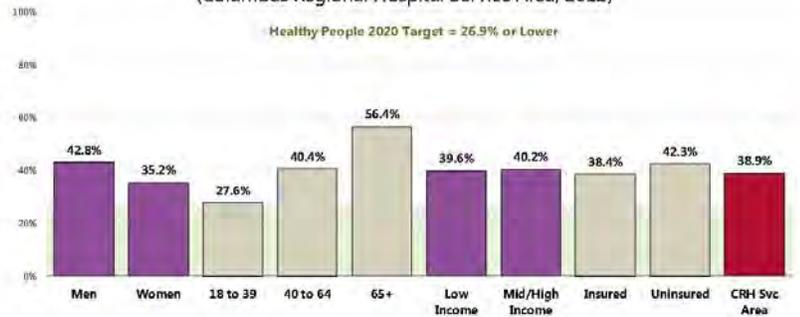
Sources: • PRC Community Health Survey, Professional Research Consultants, Inc. [Item 23-24, 153]
 • Behavioral Risk Factor Surveillance System Survey Data, Atlanta, Georgia, United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC) 2011 Indiana data.
 • 2011 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 H05-5.1]

Notes: • Asked of all respondents

Hypertension diagnoses are higher among:

- 👤 Men.
- 👤 Adults age 40 and older, and especially those age 65+.

Prevalence of High Blood Pressure (Columbus Regional Hospital Service Area, 2012)



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 23]
 • US Department of Health and Human Services, Healthy People 2020, December 2010. <http://www.healthypeople.gov> [Objective H05-5.1]

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.

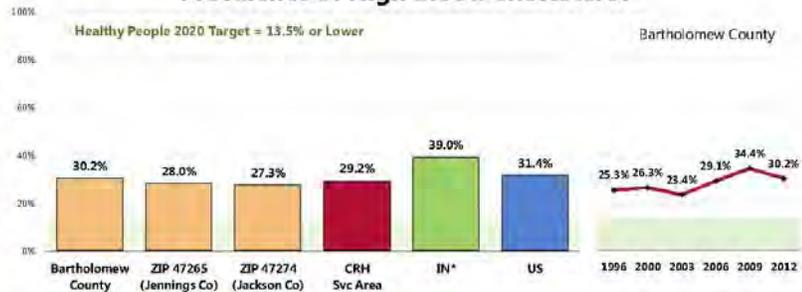
High Blood Cholesterol

Self-Reported High Blood Cholesterol

A total of 29.2% of adults have been told by a health professional that their cholesterol level was high.

- More favorable than the Indiana findings.
- Similar to the national prevalence.
- More than twice the Healthy People 2020 target (13.5% or lower).
- Similar by county.
- ▨ Fluctuating over time but statistically similar to 1996 baseline findings.

Prevalence of High Blood Cholesterol

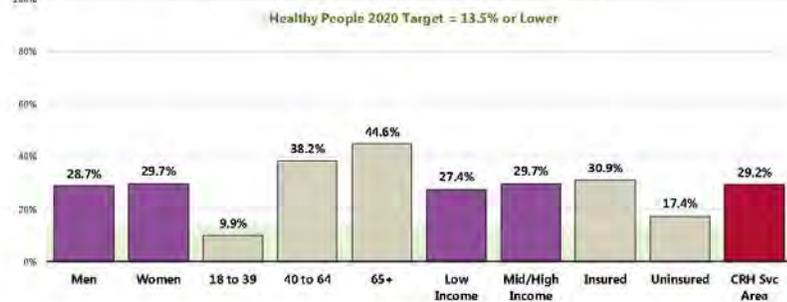


Sources: ■ PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 25, 154]
 ■ Behavioral Risk Factor Surveillance System Survey Data - Atlanta, Georgia - United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC) 2011 Indiana data
 ■ 2011 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 HD5-7]
 Notes: ■ Aged of all respondents.
 ■ *The Indiana data reflects those adults who have been tested for high cholesterol and who have been diagnosed with it.

- ▨ High blood cholesterol diagnoses are much higher among adults 40+.
- ▨ Note the higher prevalence among adults without healthcare coverage.

Prevalence of High Blood Cholesterol

(Columbus Regional Hospital Service Area, 2012)



Sources: ■ 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 25, 154]
 ■ US Department of Health and Human Services - Healthy People 2020 - December 2010. <http://www.healthypeople.gov> [Objective HD5-7]
 Notes: ■ Aged 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.

Total 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.

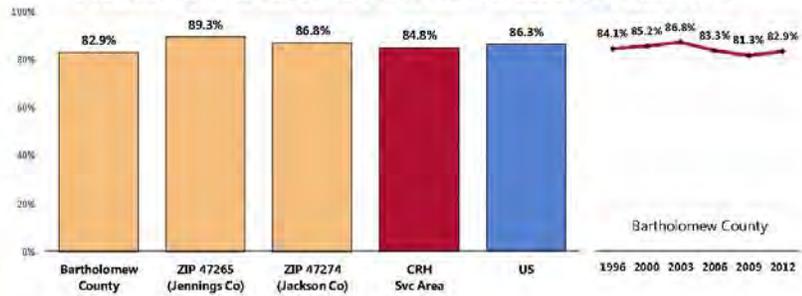
— National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

A total of 84.8% of Columbus Regional Hospital Service Area adults report one or more cardiovascular risk factors, such as being overweight, smoking cigarettes, being physically inactive, or having high blood pressure or cholesterol.

- Comparable to national findings.
- Comparable by county.
- ▣ Statistically comparable to the 1996 findings among Bartholomew County respondents.

RELATED ISSUE:
See also
Nutrition & Overweight,
Physical Activity & Fitness
and *Tobacco Use* in the
Modifiable Health Risk
section of this report.

Present One or More Cardiovascular Risks or Behaviors

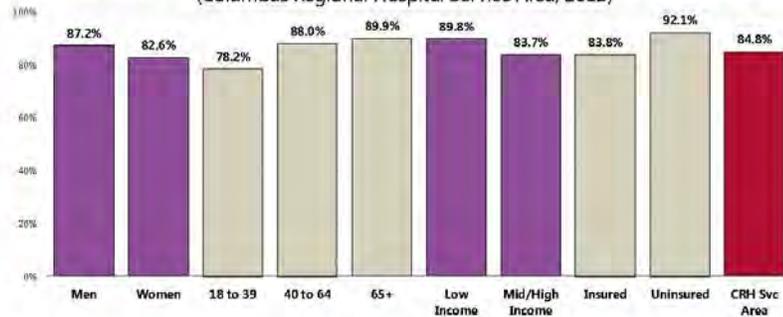


Sources: • PRC Community Health Survey, Professional Research Consultants, Inc. (Item 155)
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.
 • Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) hypertension; 4) high blood cholesterol; and/or 5) being overweight/obese.

Adults more likely to exhibit cardiovascular risk factors include:

- 👤 Adults age 40 and older.
- 👤 Lower-income residents.
- 👤 The uninsured.

Present One or More Cardiovascular Risks or Behaviors (Columbus Regional Hospital Service Area, 2012)



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. (Item 155)
 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.

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)

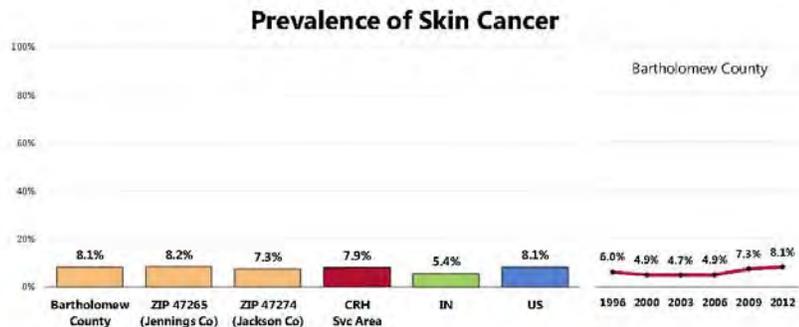
— Healthy People 2020 (www.healthypeople.gov)

Prevalence of Cancer

Skin Cancer

A total of 7.9% of surveyed Columbus Regional Hospital Service Area adults report having been diagnosed with skin cancer.

- Less favorable than the Indiana proportion.
- Similar to the national average.
- No difference by county.
- ▨ The prevalence is statistically unchanged over time in Bartholomew County.



Sources:

- PRC Community Health Surveys, 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); 2011 Indiana data.
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:

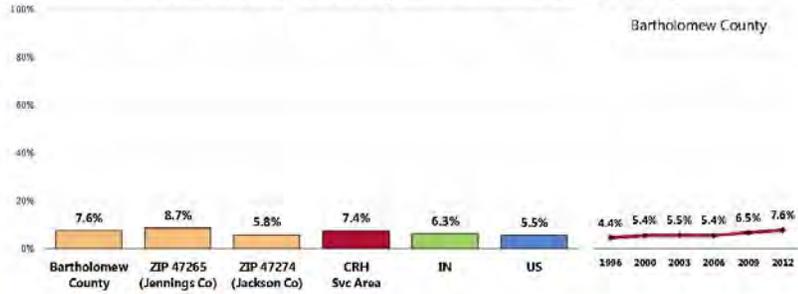
- Asked of all respondents

Other Cancer

A total of 7.4% of respondents have been diagnosed with some type of (non-skin) cancer.

- Similar to the statewide prevalence.
- Similar to the national prevalence.
- Statistically similar by county.
- ▣ Marks a statistical increase over time in Bartholomew County.

Prevalence of Cancer (Other Than Skin Cancer)



Sources:

- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 19]
- Behavioral Risk Factor Surveillance System Survey Data, Atlanta, Georgia: United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2011 Indiana data
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

 Notes:

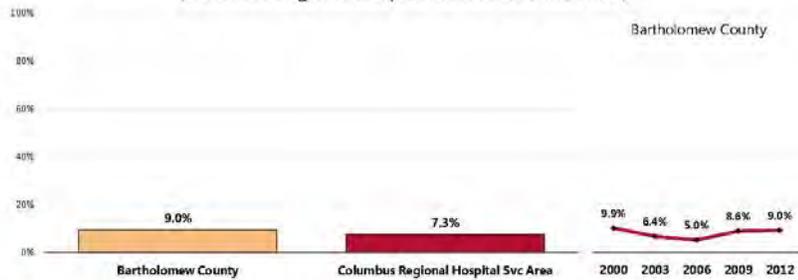
- Asked of all respondents

Prostate and Testicular Cancer

Among Service Area men, 7.3% have a father or brother who was diagnosed and/or treated for prostate cancer.

- ▣ Among Bartholomew County men, the proportion is unchanged since 1996.

Father or Brother Has Been Diagnosed With and/or Treated for Prostate Cancer (Columbus Regional Hospital Service Area Men 18+)



Sources:

- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 31]

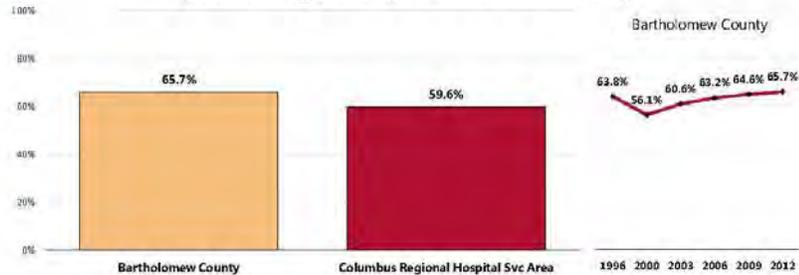
 Notes:

- Asked of all male respondents

A total of 6 in 10 Service Area men (59.6%) have had a testicular exam by a physician.

Among Bartholomew County men, the proportion has fluctuated over time but is similar to the baseline 1996 survey findings.

Have Ever Had a Testicular Exam by a Physician (Columbus Regional Hospital Service Area Men 18+)

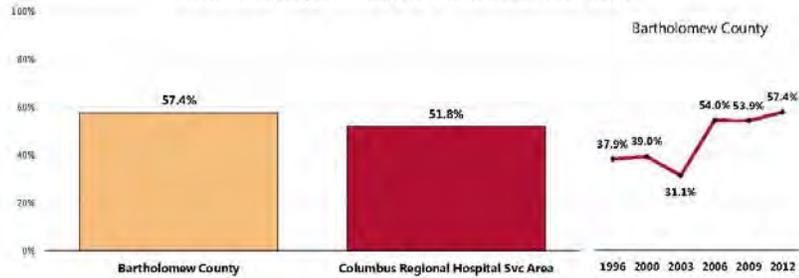


Source: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 82]
 Notes: Asked of all male respondents.
 The sample sizes within Jennings and Jackson county ZIP Codes were too small to be shown.

Among Service Area men, 51.8% know how to perform a testicular self-exam.

Marks a significant increase over time among Bartholomew County men.

Know How to Perform a Testicular Self-Exam (Columbus Regional Hospital Service Area Men 18+)

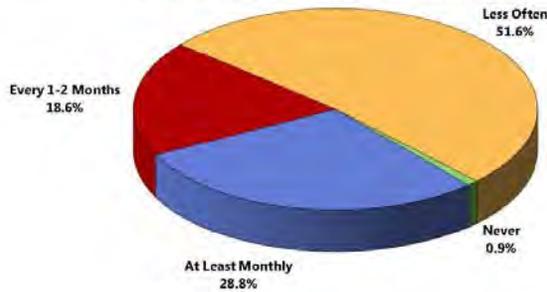


Source: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 82]
 Notes: Asked of all male respondents.
 The sample sizes within Jennings and Jackson county ZIP Codes were too small to be shown.

Among Service Area men who know how to perform a testicular self-exam, 28.8% perform a monthly self-exam and 18.6% report performing a self-exam every 1-2 months.

- Just over one-half (51.6%) performs a testicular self-exam less often.

Frequency of Performing a Testicular Self-Exam
(Among Men 18+ Who Know How to Perform a Testicular Self-Exam;
Columbus Regional Hospital Service Area 2012)



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. (Item 84)
Notes: • Asked of male respondents who know how to perform a testicular self-exam.

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).

RELATED ISSUE:
See also
*Nutrition & Overweight,
Physical Activity &
Fitness and Tobacco Use*
in the **Modifiable
Health Risk** section of
this report.

Female Breast Cancer Screening

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.

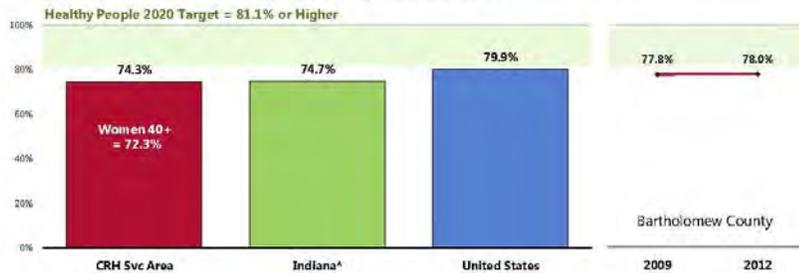
Note that other organizations (e.g., American Cancer Society, American Academy of Family Physicians, American College of Physicians, National Cancer Institute) may have slightly different screening guidelines.

Mammography

Among women age 50-74, 74.3% had a mammogram within the past two years.

- Similar to statewide findings (which represent all women 50+).
- Similar to national findings.
- Fails to satisfy the Healthy People 2020 target (81.1% or higher).
- ▣ Statistically unchanged in Bartholomew County.
- 👤 Among women 40+, 72.3% had a mammogram in the past two years.

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



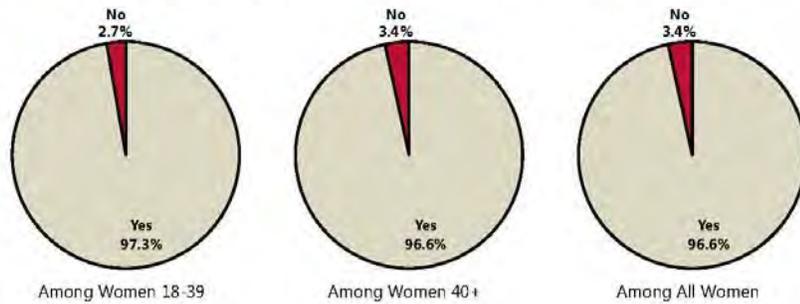
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 156-157]
 ● Behavioral Risk Factor Surveillance System Survey Data, Atlanta, Georgia, United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC), 2011 Indiana data.
 ● 2011 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.
 ● *Note that state data reflects all women 50 and older (vs. women 50-74 in local, US and Healthy People data)
 ● The sample sizes within females and Jackson county ZIP codes were too small to be shown.

Breast Cancer

Among Service Area women, most (96.6%) know how to perform a breast self-exam.

The proportion is similar between the 18-39 and 40+ age groupings.

Know How to Perform a Breast Self-Exam
(Among Women; Columbus Regional Hospital Service Area, 2012)



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. (Item 77)
Notes: • Asked of female respondents

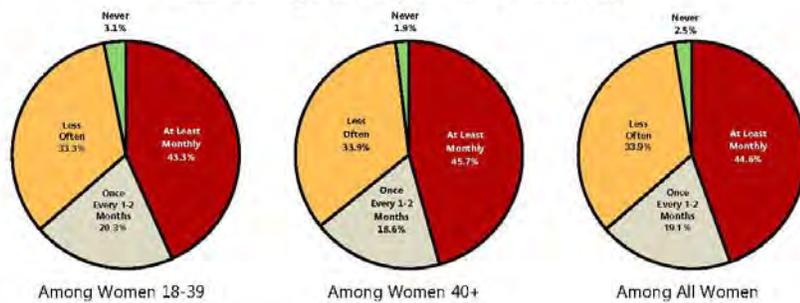
Among Service Area women who know how to perform breast self-exams, 44.6% perform one at least monthly and 19.1% report performing a self-exam every 1-2 months.

Note that 33.9% of these women perform a self-exam less often, and 2.5% reportedly "never" perform a breast self-exam.

Numbers do not vary significantly by age grouping.

Frequency of Breast Self-Exams

(Among Women Who Know How to Perform Breast Self-Exams; Columbus Regional Hospital Service Area, 2012)

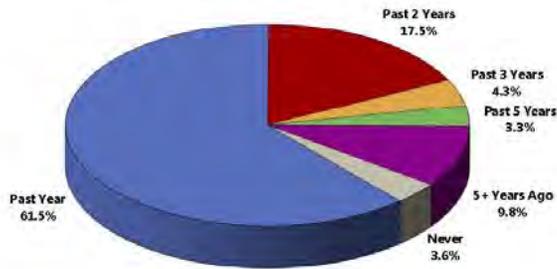


Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. (Item 78)
Notes: • Asked of those female respondents who know how to perform a breast self-exam

Of Columbus Regional Hospital Service Area women, 61.5% had a clinical breast exam within the past year, and 17.5% had one within the past two years.

- On the other hand, 9.8% have not had a clinical breast exam in the past five years, and 3.6% have never had one.

Most Recent Clinical Breast Exam (CRH Service Area Women 18+, 2012)

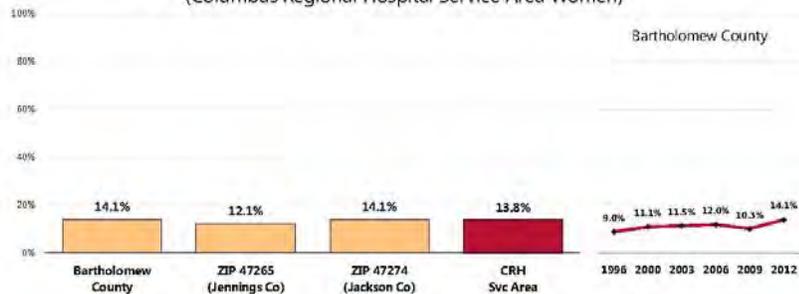


Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. (Item 76)
Notes: • Asked of all female respondents.

A total of 13.8% of surveyed Columbus Regional Hospital Service Area women report that their mother or sister has been diagnosed with and/or treated for breast cancer.

- Similar by county.
- The prevalence among Bartholomew County women has remained statistically unchanged over time.

Mother or Sister Has Been Diagnosed With and/or Treated for Breast Cancer (Columbus Regional Hospital Service Area Women)



Sources: • PRC Community Health Survey, Professional Research Consultants, Inc. (Item 79)
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all female respondents.

Cervical Cancer Screenings

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.

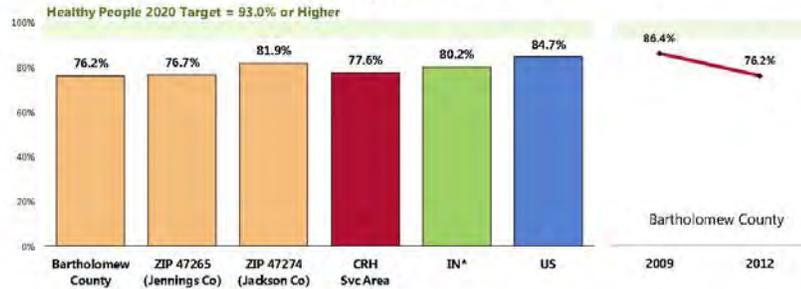
Note that other organizations (e.g., American Cancer Society, American Academy of Family Physicians, American College of Physicians, National Cancer Institute) may have slightly different screening guidelines.

Pap Smear Testing

Among women age 21 to 65, 77.6% had a Pap smear within the past 3 years.

- Comparable to Indiana findings (which represents all women 18+).
- Less favorable than national findings.
- Fails to satisfy the Healthy People 2020 target (93% or higher).
- Comparable by county.
- ▣ Marks a significant decrease from 2009 Bartholomew County survey findings.

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



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. (Item 158)
 • Behavioral Risk Factor Surveillance System Survey Data, Atlanta, Georgia, United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC) 2011 Indiana data
 • 2011 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.
 • *Note that the Indiana percentage represents all women age 18 and older.

Colorectal Cancer Screenings

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 (FOBT, 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, 71.2% have had an appropriate colorectal cancer screening (fecal occult blood testing within the past year and/or sigmoidoscopy/colonoscopy [lower endoscopy] within the past 10 years).

- Similar to the Healthy People 2020 target (70.5% or higher).
- Similar by county.

Have Had a Colorectal Cancer Screening (Among Adults 50-75; 2012)



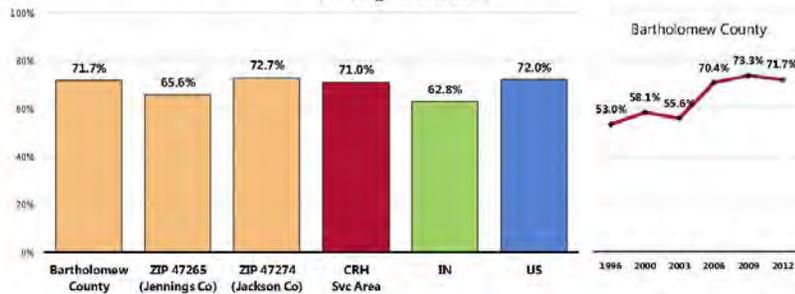
Sources: • 2012 PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 161]
 • US Department of Health and Human Services, Healthy People 2020, December 2010. <http://www.healthypeople.gov> [Objective C-16]
 Notes: • Asked of all respondents age 50 through 75.
 • In this case, the 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.

Lower Endoscopy

Among adults age 50 and older, just over 7 in 10 (71.0%) have had a lower endoscopy (sigmoidoscopy or colonoscopy) at some point in their lives.

- More favorable than Indiana findings.
- Similar to national findings.
- Similar by county.
- ▣ Denotes a significant increase over time in Bartholomew County.

Have Ever Had a Lower Endoscopy Exam (Among Adults 50+)



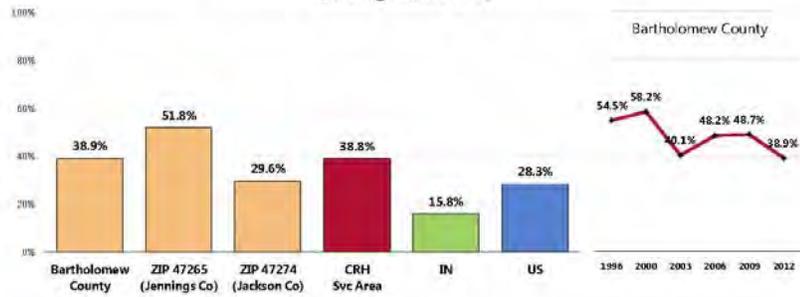
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 160]
 • Behavioral Risk Factor Surveillance System Survey Data - Atlanta, Georgia - United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC) 2011 Indiana data.
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.
 Note: • Asked of all respondents 50+.
 • Lower endoscopy includes either sigmoidoscopy or colonoscopy.

Blood Stool Testing

Among adults age 50 and older, 38.8% have had a blood stool test (aka “fecal occult blood test”) within the past two years.

- More favorable than Indiana findings.
 - More favorable than national findings.
 - Highest in Jennings County (ZIP 47265).
- ▣ Marks a significant decrease over time in Bartholomew County.

Have Had a Blood Stool Test in the Past Two Years (Among Adults 50+)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. (Item 161)
• Behavioral Risk Factor Surveillance System Survey Data, Atlanta, Georgia, United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC), 2011 Indiana data
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents 50+.

Respiratory Disease

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.

Several additional respiratory conditions and respiratory hazards, including infectious agents and occupational and environmental exposures, are covered in other areas of Healthy People 2020. Examples include tuberculosis, lung cancer, acquired immunodeficiency syndrome (AIDS), pneumonia, occupational lung disease, and smoking. Sleep Health is now a separate topic area of Healthy People 2020.

Currently in the United States, more than 23 million people have asthma. Approximately 13.6 million adults have been diagnosed with COPD, and an approximately equal number have not yet been diagnosed. 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.]

Survey respondents were next asked to indicate whether they suffer from or have been diagnosed with asthma and/or chronic lung disease.

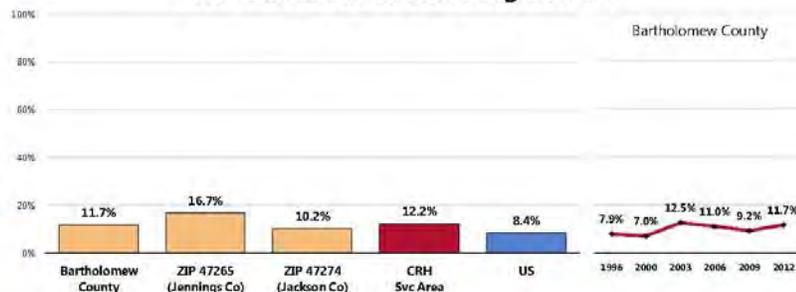
Prevalence of Respiratory Conditions

Chronic Lung Disease

A total of 12.2% of Columbus Regional Hospital Service Area adults suffer from chronic lung disease.

- Higher than the national prevalence.
- Statistically similar by county.
- ☒ Marks a significant increase over time in Bartholomew County.

Prevalence of Chronic Lung Disease



Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. (Item 14)
 ● 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: ● Asked of all respondents.

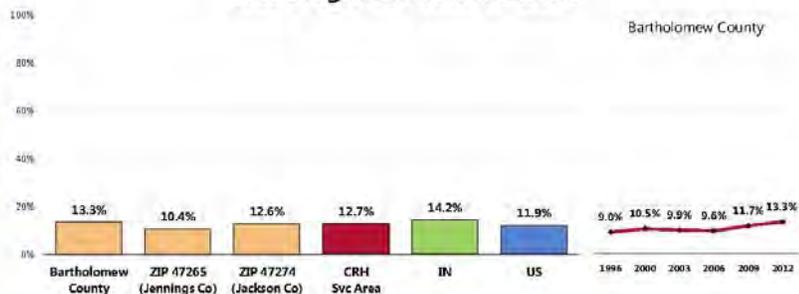
Asthma

Adults

A total of 12.7% of Columbus Regional Hospital Service Area adults have ever been diagnosed with asthma.

- Similar to the statewide prevalence.
- Similar to the national prevalence.
- Statistically similar by county.
- ☒ The prevalence of Bartholomew County adults who have been diagnosed with asthma has increased significantly since 1996.

Ever Diagnosed With Asthma



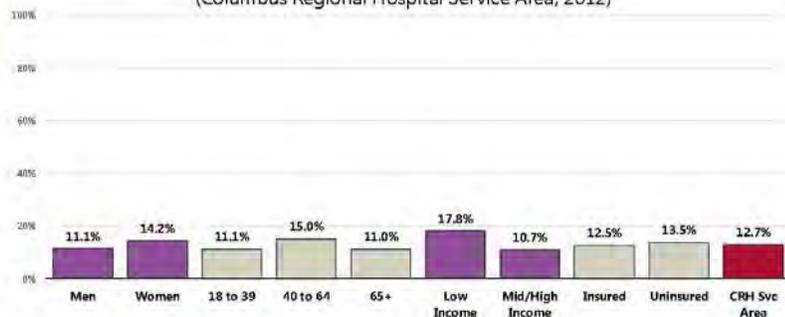
Sources: PRC Community Health Survey, Professional Research Consultants, Inc. (Item 15)
 2011 PRC National Health Survey, Professional Research Consultants, Inc.
 Behavioral Risk Factor Surveillance System Survey Data - Atlanta, Georgia - United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC) 2010 Indiana data.

Notes: Asked of all respondents.

The following adults are more likely to suffer from asthma:

- Low-income residents.

Ever Diagnosed With Asthma (Columbus Regional Hospital Service Area, 2012)



Sources: 2012 PRC Community Health Survey, Professional Research Consultants, Inc. (Item 15)
 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.

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

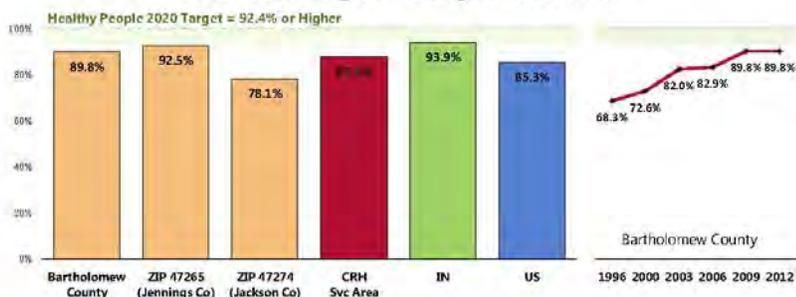
- Healthy People 2020 (www.healthypeople.gov)

Seat Belt Usage - Adults

Most Columbus Regional Hospital Service Area adults (87.5%) report “always” wearing a seat belt when driving or riding in a vehicle.

- Lower than the Indiana percentage.
- Similar to the percentage found nationally.
- Fails to satisfy the Healthy People 2020 target of 92.4% or higher.
- Unfavorably low in Jackson County (ZIP 47274).
- Marks a significant increase from 1996 Bartholomew County findings.

“Always” Wear a Seat Belt When Driving or Riding in a Vehicle



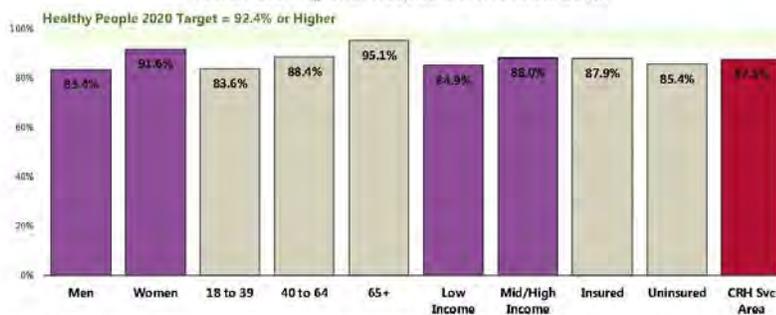
Sources: ■ PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 29]
 ■ Behavioral Risk Factor Surveillance System Survey Data, Atlanta, Georgia: United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2011 Indiana data.
 ■ 2011 PRC National Health Survey, Professional Research Consultants, Inc.
 ■ US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IPV-15]

Notes: ■ Asked of all respondents.

These population segments are less likely to report consistent seat belt usage:

- Men.
- Adults under age 65.

“Always” Wear a Seat Belt When Driving or Riding in a Vehicle
 (Columbus Regional Hospital Service Area, 2012)



Sources: ■ 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 29]
 ■ US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IPV-15]

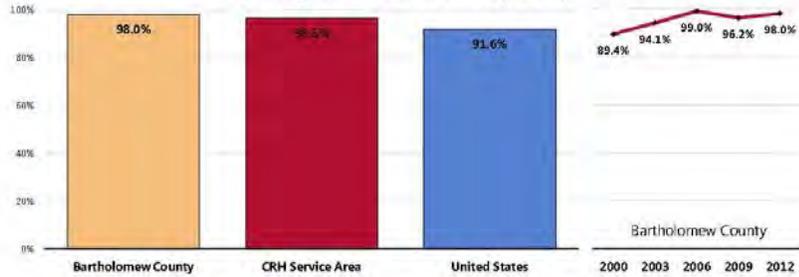
Notes: ■ Asked of all respondents.
 ■ Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with income up to 200% of the federal poverty level; "Mid/High Income" includes households with income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

Seat Belt Usage - Children

A full 96.5% of Columbus Regional Hospital Service Area parents report that their child (age 0 to 17) “always” wears a seat belt (or appropriate car seat for younger children) when riding in a vehicle.

- Better than what is found nationally.
- ▣ Marks a significant *increase* over time among Bartholomew County children.

Child “Always” Wears a Seat Belt or Appropriate Restraint When Riding in a Vehicle
(Among Parents of Children Age 0-17)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. (Item 140)
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.

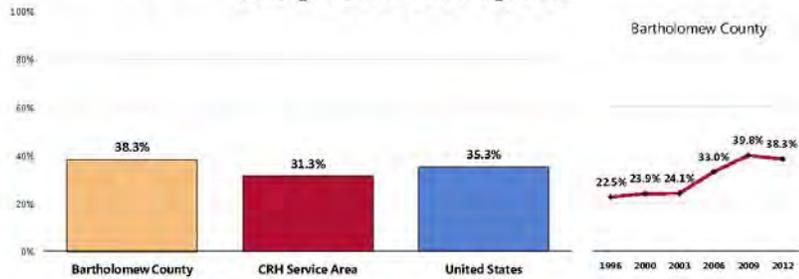
Note: • Asked of all respondents with children 0 to 17 in the household.

Bicycle Safety

A total of 31.3% of Columbus Regional Hospital Service Area children age 5 to 17 are reported to “always” wear a helmet when riding a bicycle.

- Comparable to the national prevalence.
- ▣ Marks a significant *increase* in helmet usage over time in Bartholomew County.

Child “Always” Wears a Helmet When Riding a Bicycle
(Among Parents of Children Age 5-17)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. (Item 141)
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.

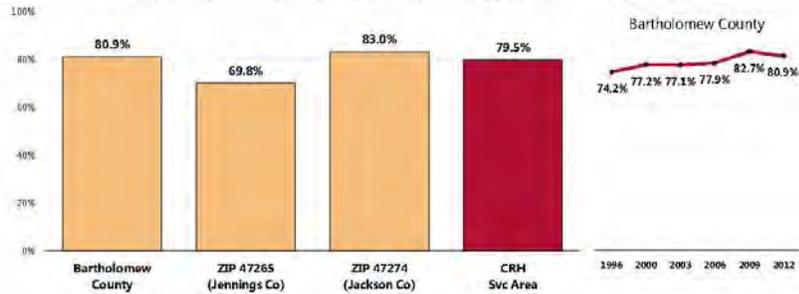
Note: • Asked of all respondents with children age 5 to 17 in the household.

Water Safety

A total of 79.5% of surveyed Columbus Regional Hospital Service Area adults report having been diagnosed with skin cancer.

- Particularly low in Jennings County (ZIP 47265).
- ▣ Marks a significant increase among Bartholomew County residents over time.

Can Swim or Tread Deep Water for Five Minutes

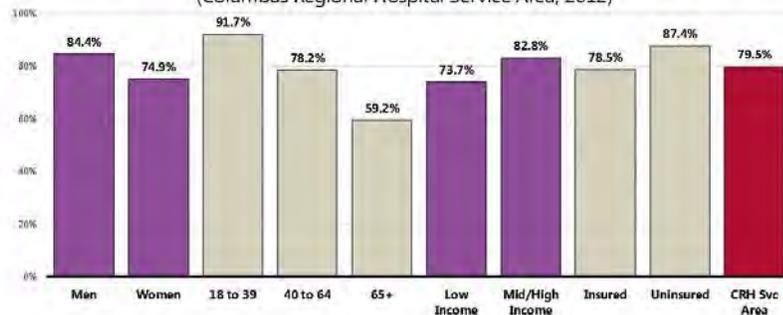


Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 30]
 Notes: ● Asked of all respondents.

Adults less likely to be able to swim or tread deep water for at least 5 minutes include:

- ♀ Women.
- ♀ Those age 40+ (note the negative correlation with age).
- ♀ Lower-income residents.

Can Swim or Tread Deep Water for Five Minutes (Columbus Regional Hospital Service Area, 2012)

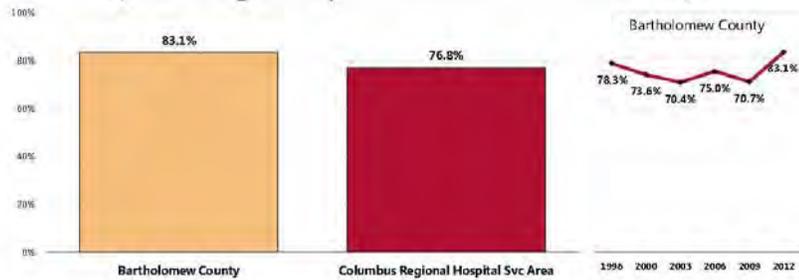


Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 30]
 Notes: ● Asked of all respondents.
 ● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes 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 total of 76.8% of surveyed parents report that their child has received instruction in swimming or water safety.

- The percentage is statistically unchanged from 1996 survey findings among Bartholomew County children (although the prevalence has fluctuated considerably).

Child Has Received Instruction in Swimming or Water Safety (Columbus Regional Hospital Service Area Parents of Children <18)



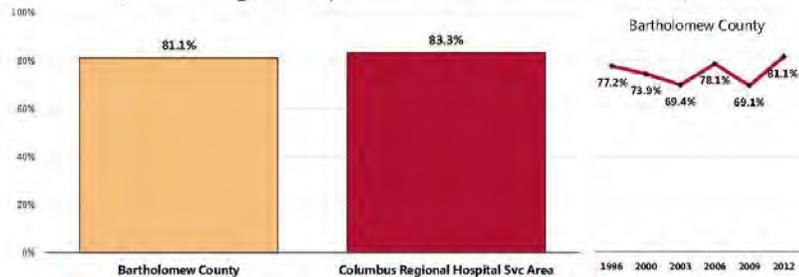
Sources: ■ PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 125]
 Notes: ■ Asked of all respondents with children under 18 at home
 ■ The sample sizes within Jennings and Jackson county ZIP Codes were too small to be shown

Fire Safety

Most (83.3%) Service Area parents have discussed a fire escape plan with their child.

- The prevalence is statistically unchanged over time in Bartholomew County.

Have Discussed Fire Escape Plan With Child (Columbus Regional Hospital Service Area Parents of Children <18)



Sources: ■ PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 126]
 Notes: ■ Asked of all respondents with children under 18 at home
 ■ The sample sizes within Jennings and Jackson county ZIP Codes were too small to be shown

Survey respondents were further asked about the presence of weapons in the home:

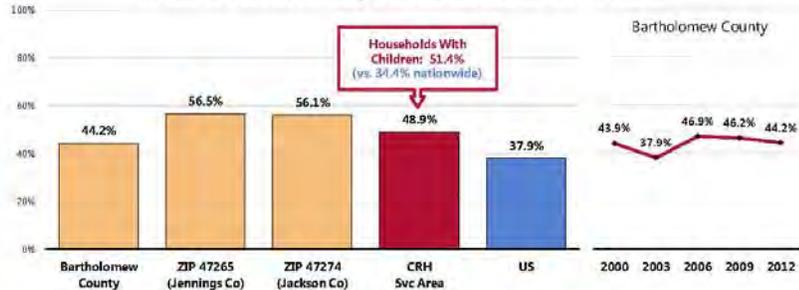
"Are there any firearms now kept in or around your home, including those kept in a garage, outdoor storage area, truck, or car? For the purposes of this inquiry, 'firearms' include pistols, shotguns, rifles, and other types of guns, but do NOT include starter pistols, BB guns, or guns that cannot fire."

Presence of Firearms in Homes

Overall, nearly one-half (48.9%) of Columbus Regional Hospital Service Area adults has a firearm kept in or around their home.

- Much higher than the national prevalence.
- Favorably low in Bartholomew County.
- ▣ Similar to that reported in 1996.
- 👤 Among Columbus Regional Hospital Service Area households with children, 51.4% have a firearm kept in or around the house (less favorable than reported nationally).

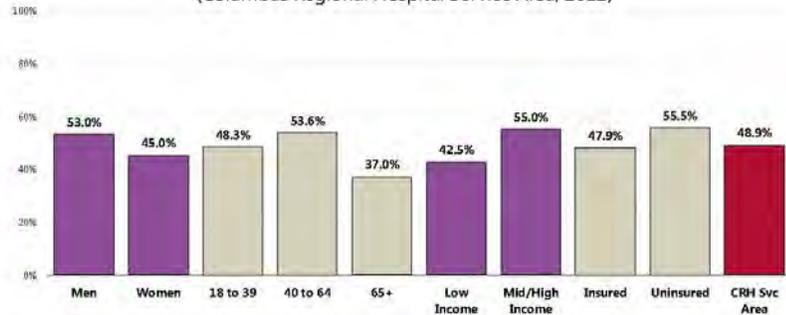
Have a Firearm Kept in or Around the Home



Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. (Items 33, 104)
 ● 2011 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: ● Asked of all respondents.
 ● In this case, firearms include pistols, shotguns, rifles, and other types of guns; this does not include starter pistols, BB guns, or guns that cannot fire.

- 👤 Reports of firearms in or around the home are more prevalent among men, residents age 40-64, and upper-income households.

Have a Firearm Kept in or Around the House (Columbus Regional Hospital Service Area, 2012)



Sources: ● 2012 PRC Community Health Surveys, Professional Research Consultants, Inc. (Item 33)
 ● Asked of all respondents.
 Notes: ● In this case, firearms include pistols, shotguns, rifles, and other types of guns; this does not include starter pistols, BB guns, or guns that cannot fire.
 ● 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.

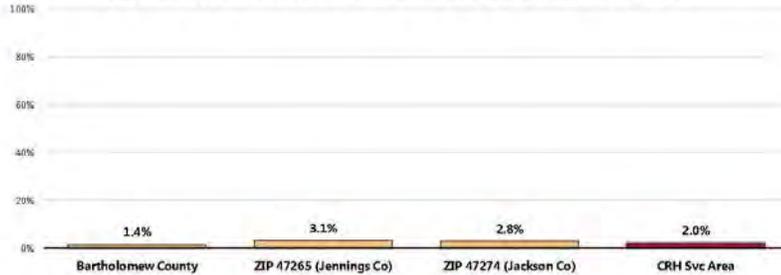
Self-Reported Violence

Violent Crime

A total of 2.0% of Columbus Regional Hospital Service Area adults acknowledge being the victim of a violent crime in the past three years.

- Similar by county.

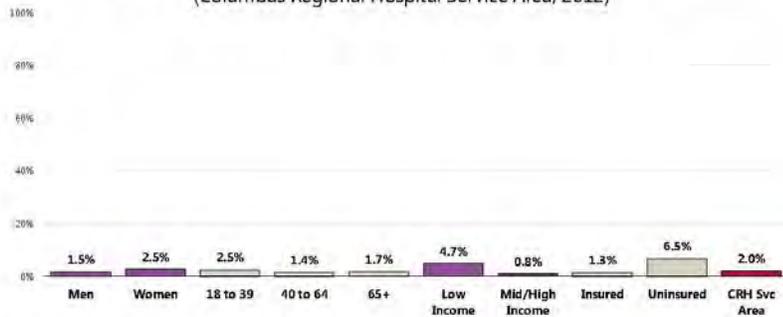
Victim of a Violent Crime in the Past Three Years



Sources: 2012 PRC Community Health Survey, Professional Research Consultants, Inc. (Item 31)
 Notes: Asked of all respondents.

- Reports of violence are statistically higher among residents living in the lower income category.

Victim of a Violent Crime in the Past Three Years (Columbus Regional Hospital Service Area, 2012)



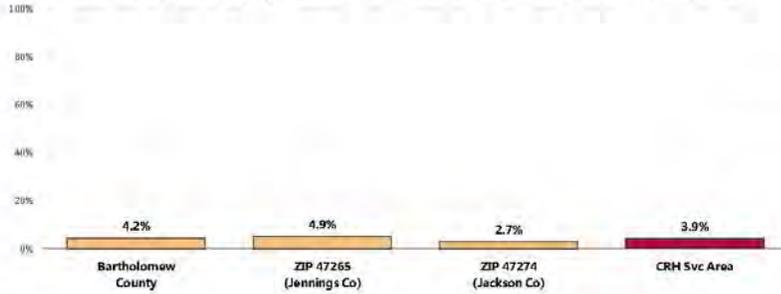
Sources: 2012 PRC Community Health Survey, Professional Research Consultants, Inc. (Item 31)
 Notes: Asked of all respondents.
 Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes 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 3.9% of respondents acknowledge that they have been hit, slapped, pushed, kicked, or otherwise hurt by an intimate partner in the past 3 years.

- Statistically similar by county.

Have Been Hit, Slapped, Pushed, Kicked, or Hurt in Any Way by an Intimate Partner in the Past 3 Years



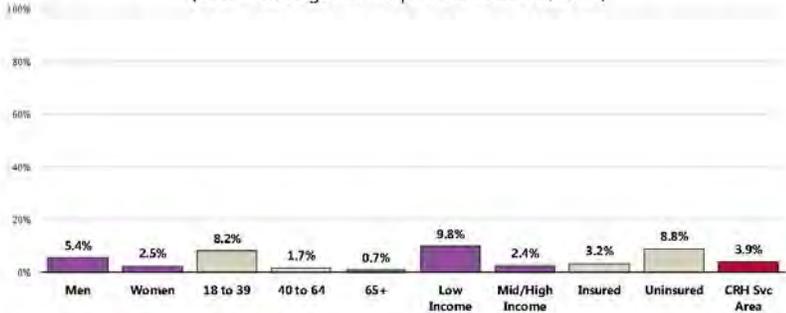
Sources: 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 32]

Notes: Asked of all respondents.

Reports of domestic violence are also notably higher among:

- Young adults.
- Those with lower incomes.

Have Been Hit, Slapped, Pushed, Kicked, or Hurt in Any Way by an Intimate Partner in the Past 3 Years
(Columbus Regional Hospital Service Area, 2012)



Sources: 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 32]

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.

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. However, almost 25% of Americans with diabetes mellitus are undiagnosed, and another 57 million Americans have blood glucose levels that greatly increase their risk of developing diabetes mellitus in the next several years. Few people receive effective preventative care, which makes diabetes mellitus an immense and complex public health challenge.

Diabetes mellitus affects an estimated 23.6 million people in the United States and is the 7th leading cause of death. 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.

In addition to these human costs, the estimated total financial cost of diabetes mellitus in the US in 2007 was \$174 billion, which includes the costs of medical care, disability, and premature death.

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.

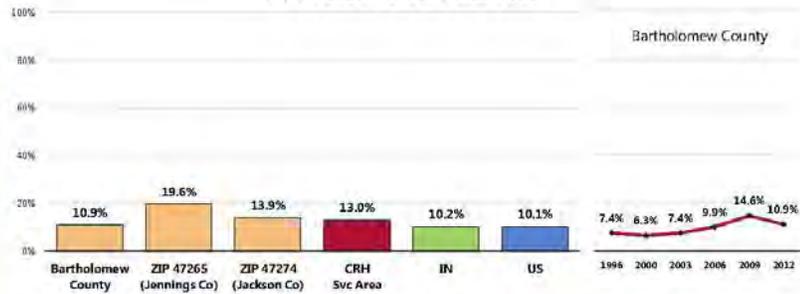
— Healthy People 2020 (www.healthypeople.gov)

Prevalence of Diabetes

A total of 13.0% of Columbus Regional Hospital Service Area adults report having been diagnosed with diabetes.

- Less favorable than the proportion statewide.
- Statistically similar to the national proportion.
- Similar by county.
- ▣ Statistically unchanged from baseline 1996 findings in Bartholomew County.

Prevalence of Diabetes

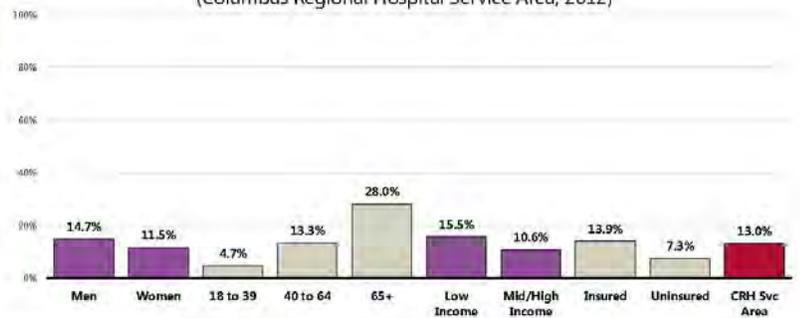


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 21]
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.
 • Behavioral Risk Factor Surveillance System Survey Data, Atlanta, Georgia: United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC), 2011 Indiana data.
 Notes: • Asked of all respondents.
 • Local and national data exclude gestation diabetes (occurring only during pregnancy).

Note also the positive correlation between diabetes and age (with 28.0% of seniors with diabetes).

Prevalence of Diabetes

(Columbus Regional Hospital Service Area, 2012)

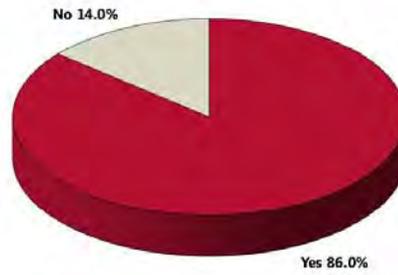


Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 21]
 Notes: • Asked of all respondents.
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes 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 gestation diabetes (occurring only during pregnancy).

Diabetes Treatment

Among adults with diabetes, most (86.0%) are currently taking insulin or some type of medication to manage their condition.

Taking Insulin or Other Medication for Diabetes (Among CRH Service Area Diabetics)



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 22]
Notes: • Asked of all diabetic respondents.

Potentially Disabling 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.

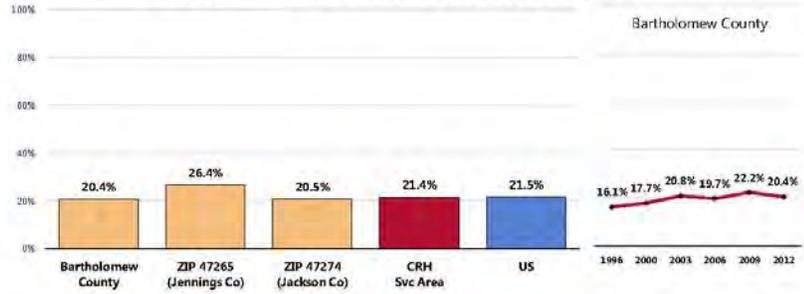
- Healthy People 2020 (www.healthypeople.gov)

Prevalence of Sciatica/Chronic Back Pain

A total of 21.4% of survey respondents suffer from chronic back pain or sciatica.

- Nearly identical to that found nationwide.
- Comparable by county.
- The increase over time in Bartholomew County is not significant.

Prevalence of Sciatica/Chronic Back Pain



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. (Item 18)
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents

Influenza Vaccination

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.

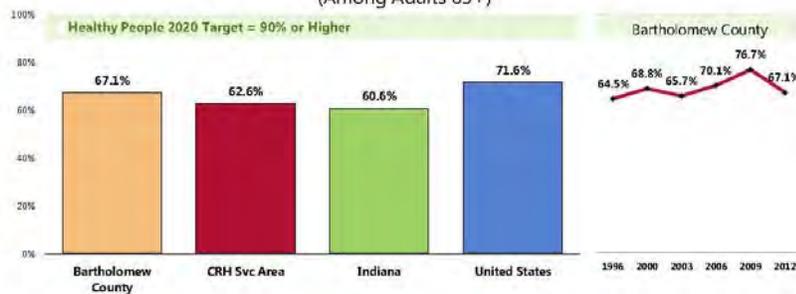
— Healthy People 2020 (www.healthypeople.gov)

FluMist® is a vaccine that is sprayed into the nose to help protect against influenza; it is an alternative to traditional flu shots.

Among Columbus Regional Hospital Service Area seniors, 62.6% received a flu shot (or FluMist®) within the past year.

- Similar to the Indiana finding.
- Similar to the national finding.
- Fails to satisfy the Healthy People 2020 target (90% or higher).
- ▣ Among Bartholomew County seniors, statistically unchanged from the 1996 proportion.

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



Source: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 167]
 ● 2011 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) 2011 Indiana data.
 ● US Department of Health and Human Services, Healthy People 2020, December 2010. <http://www.healthypeople.gov> (Objective ID-127)

Notes: ● Reflects respondents 65 and older
 ● Includes FluMist as a form of vaccination.

MODIFIABLE HEALTH RISKS



Actual Causes Of Death

A 1999 study (an update to a landmark 1993 study), estimated that as many as 40% of premature deaths in the United States are attributed to behavioral factors. This study found that behavior patterns represent the single-most prominent domain of influence over health prospects in the United States. The daily choices we make with respect to diet, physical activity, and sex; the substance abuse and addictions to which we fall prey; our approach to safety; and our coping strategies in confronting stress are all important determinants of health.

The most prominent contributors to mortality in the United States in 2000 were tobacco (an estimated 435,000 deaths), diet and activity patterns (400,000), alcohol (85,000), microbial agents (75,000), toxic agents (55,000), motor vehicles (43,000), firearms (29,000), sexual behavior (20,000), and illicit use of drugs (17,000). Socioeconomic status and access to medical care are also important contributors, but difficult to quantify independent of the other factors cited. Because the studies reviewed used different approaches to derive estimates, the stated numbers should be viewed as first approximations.

These analyses show that smoking remains the leading cause of mortality. However, poor diet and physical inactivity may soon overtake tobacco as the leading cause of death. These findings, along with escalating healthcare costs and aging population, argue persuasively that the need to establish a more preventive orientation in the US healthcare and public health systems has become more urgent.

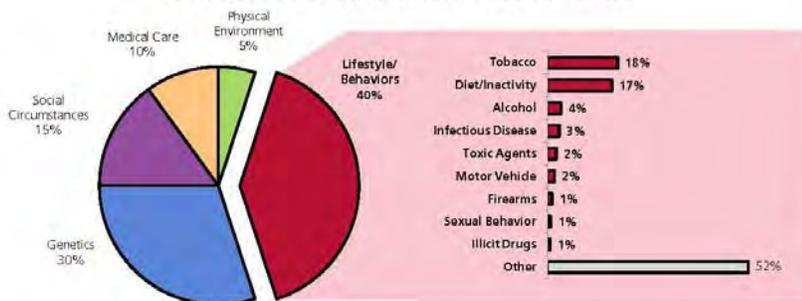
— Ali H. Mokdad, PhD; James S. Marks, MD, MPH; Donna F. Stroup, PhD, MS; Julie L. Gerberding, MD, MPH, "Actual Causes of Death in the United States," JAMA, 291(2004):1238-1245.

While causes of death are typically described as the diseases or injuries immediately precipitating the end of life, a few important studies have shown that the actual causes of premature death (reflecting underlying risk factors) are often preventable.

Leading Causes of Death	Underlying Risk Factors (Actual Causes of Death)	
Cardiovascular disease	Tobacco use Elevated serum cholesterol High blood pressure	Obesity Diabetes Sedentary lifestyle
Cancer	Tobacco use Improper diet	Alcohol Occupational/environmental exposures
Cerebrovascular disease	High blood pressure Tobacco use	Elevated serum cholesterol
Accidental injuries	Safety belt noncompliance Alcohol/substance abuse Reckless driving	Occupational hazards Stress/fatigue
Chronic lung disease	Tobacco use	Occupational/environmental exposures

Source: National Center for Health Statistics/US Department of Health and Human Services, Health United States: 1987. DHHS Pub. No. (PHS) 88-1232.

Factors Contributing to Premature Deaths in the United States



Source: "The Case for More Active Policy Attention to Health Promotion," (Mokdad, Williams-Kirato, conference) Health Affairs, Vol. 21, No. 2, March/April 2002.
 "Actual Causes of Death in the United States," (Ali H. Mokdad, PhD; James S. Marks, MD, MPH; Donna F. Stroup, PhD, MS; Julie L. Gerberding, MD, MPH).
 JAMA, 291(2004):1238-1245.

Nutrition

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)

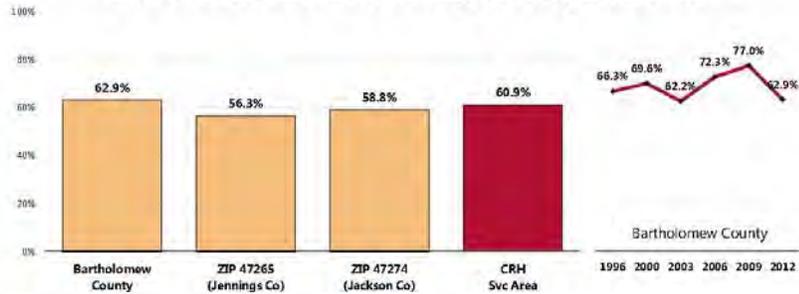
"Generally speaking, do you use food labels to help you make decisions about which foods to select?"

Use of Food Labels

A total of 6 in 10 (60.9%) Columbus Regional Hospital Service Area adults report that they generally use food labels when making grocery selections.

- Statistically similar among the three counties.
- In Bartholomew County: fluctuating over time but similar to baseline 1996 survey findings.

Use Food Labels When Making Grocery Selections

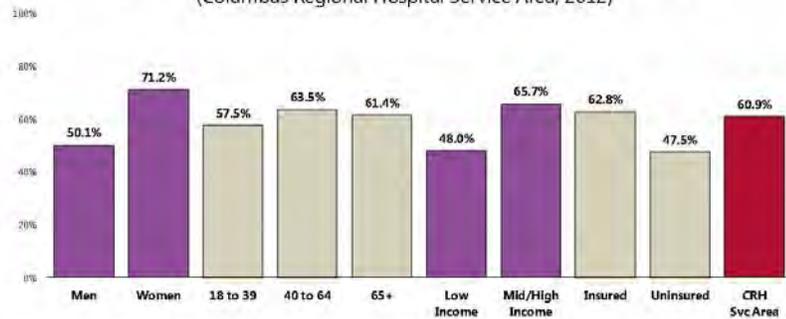


Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. (Item 91)
 Notes: ● Asked of all respondents.
 ● For this issue, respondents were asked to recall their food intake on the previous day.

Adults less likely to consider food labels at the grocery store include the following:

- Men.
- Residents from lower-income households.
- The uninsured.

Use Food Labels When Making Grocery Selections (Columbus Regional Hospital Service Area, 2012)



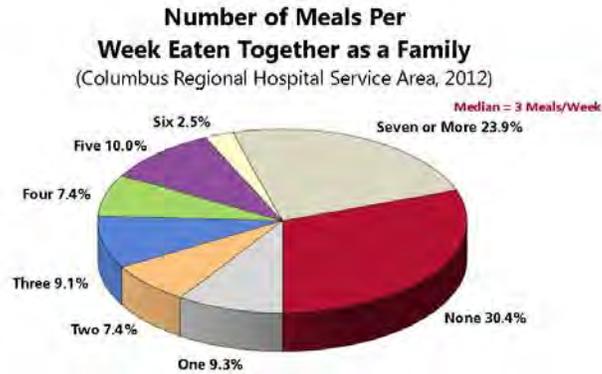
Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. (Item 91)
 Notes: ● Asked of all respondents.
 ● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level. "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

"How many meals per week does your entire household sit down together, without the television on, for a family meal?"

Meals Shared as a Family

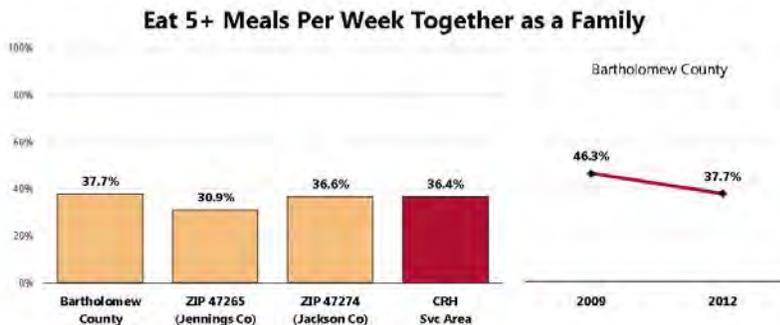
Columbus Regional Hospital Service Area respondents average three meals per week shared as a family without the television on.

- Note that 23.9% of surveyed adults report 7+ shared family meals per week; in contrast, 30.4% of respondents do not have any family meals in a week's time.



Sources: 2012 PRC Community Health Survey, Professional Research Consultants, Inc. (Item 57)
Notes: Asked of all respondents.
Does not include meals during which the television is on.

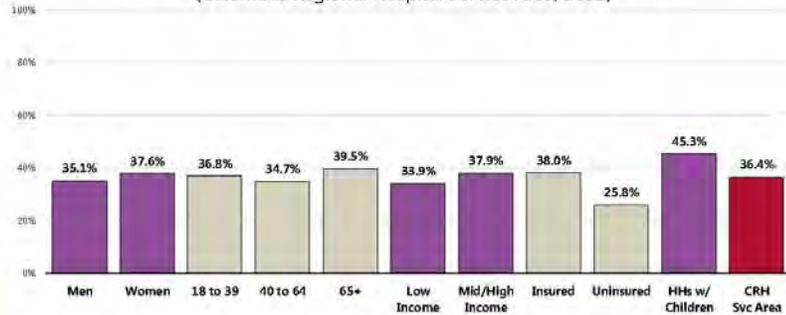
- The proportion of area adults with 5+ family meals per week is similar by county.
- In Bartholomew County, the percentage has decreased significantly since 2009.



Sources: PRC Community Health Survey, Professional Research Consultants, Inc. (Item 92)
Notes: Asked of all respondents.
Does not include meals during which the television is on.

- The proportion is unfavorably low in the uninsured population.
- Note the higher percentage (45.3%) among households with children under 18 at home.

Eat 5+ Meals Per Week Together as a Family (Columbus Regional Hospital Service Area, 2012)



Sources: 2012 PRC Community Health Survey, Professional Research Consultants, Inc. (Item 92)
 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.

Ease in Making Healthier Choices

Survey respondents were next given a series of lifestyle choices and asked whether these choices are easier, harder or the same to implement than they were two years ago.

As shown, the largest share of responses for choices being more difficult was for walking and biking instead of driving ("walkability"), followed by being physically active and making healthy choices in the workplace.

- The majority of adults gave "easier" or "same" responses for each of the choices listed, especially helping kids to make healthy choices and making healthy choices when dining out.

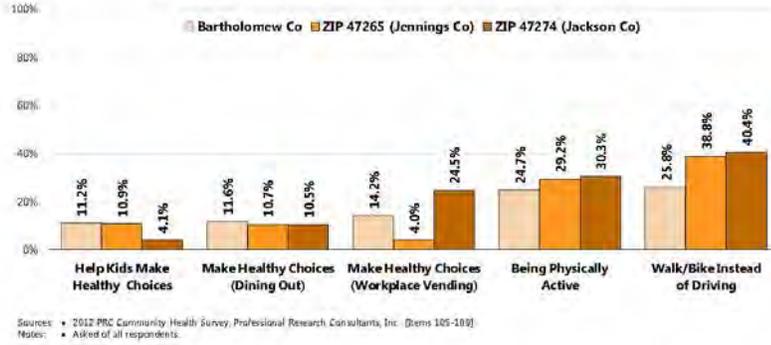
Perceived Ease in Making Healthier Lifestyle Choices Over the Past 2 Years (Columbus Regional Hospital Service Area, 2012)



Sources: 2012 PRC Community Health Survey, Professional Research Consultants, Inc. (Items 109-110)
 Notes: Asked of all respondents.

- Viewed by county, residents in Jennings and Jackson counties are more likely to consider **walking or biking** to be more difficult now; in contrast, Jackson County (ZIP 47274) adults are less likely to consider helping **kids make healthy choices** to be harder. Jennings County (ZIP 47265) respondents are least likely to consider **making healthy choices in the workplace** to be harder now than in the past.

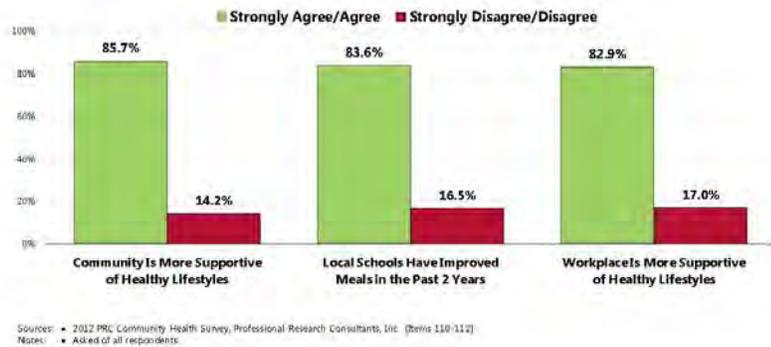
**Perceive Healthier Lifestyle Choices
To Have Become Harder Over the Past 2 Years**
(By County; Columbus Regional Hospital Service Area, 2012)



Efforts in Community Health Improvement

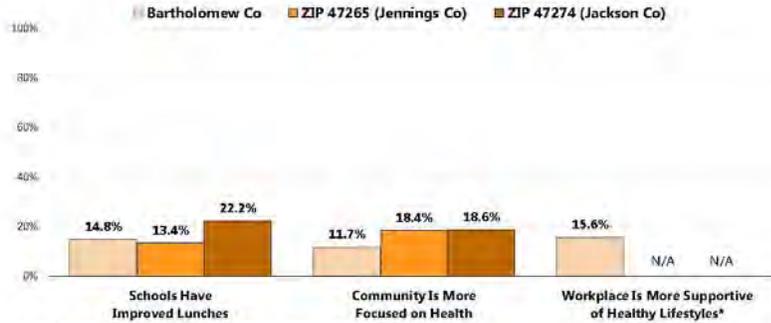
More than 8 in 10 residents agree that over the past two years, the community has made improvements in various aspects of community health, including improved school meals, support for healthy lifestyles, and healthier workplaces (asked of employed adults).

**Agreement With Recent Efforts
in Community Health Improvement**
(Columbus Regional Hospital Service Area, 2012)



- Differences in disagreement about community health improvements are not significant by county.

Disagree That Community Health Improvements Have Occurred (By County; Columbus Regional Hospital Service Area, 2012)



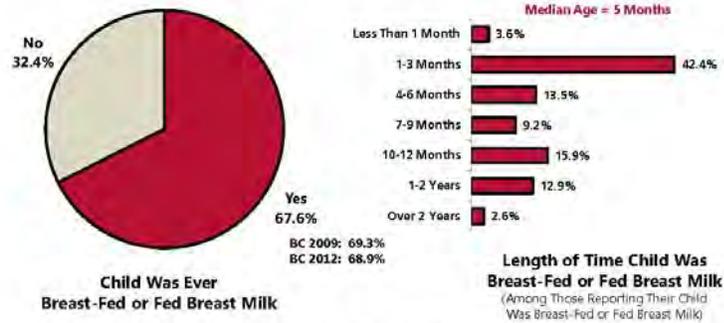
Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. (Items 110-112)
 Notes: • Asked of all respondents.
 • Percentages represent combined "disagree" and "strongly disagree" responses.
 • *The sample sizes within Jennings and Jackson county ZIP Codes were too small to be shown.

Breastfeeding

Two in three Service Area parents of children age 0-5 (67.6%) report that their child was breastfed or fed breast milk during infancy.

- In Bartholomew County, unchanged from 2009 survey findings.
- Among parents with breastfed children, the largest share (42.4%) report that their child was breastfed or fed breast milk for one to three months. Note that 15.5% of parents with breastfed children report that the child was breastfed or fed breast milk for one year or longer.

Breast-Feeding (Among CRH Service Area Parents of Children Aged 0-5)



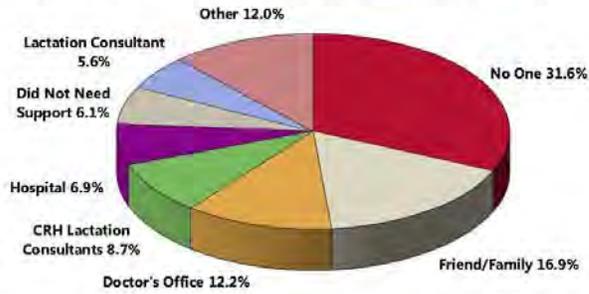
Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. (Items 131-132)
 Notes: • Asked of respondents with a child aged 0 to 5 years old

Asked why the child was eventually weaned, responses from parents of breastfed children included "mother's choice," "low milk supply," and "convenience," to name a few.

- While 31.6% of parents with breastfed children reportedly had **no one** for breastfeeding support, 16.9% mentioned **friends or family**, 14.3% mentioned a **lactation consultant** and 12.2% relied on a **doctor's office** for support.

Source for Breastfeeding Support

(Among CRH Service Area Parents of Breastfed Children; 2012)



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. (Item 134)
 Note: • Asked of all respondents whose child was breastfed

Among Columbus Regional Hospital Service Area parents of children age 0-5, two-thirds (66.5%) report feeding their child formula at some point before the age of four months, with the median age being two months.

- ☞ When examining the age of the child when he or she was first fed something other than breast milk or formula, the largest share of responses (35.8%) was for those age **four to six months**.
- ☞ Note, however, that 24.4% of these parents fed their child something other than breast milk or formula at **one to three months** of age, and 13.0% did so even **earlier**.

Infant Feeding

(Among CRH Service Area Parents of Children Aged 0-5)



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. (Items 136-137)
 Note: • Asked of respondents with a child aged 0 to 5 years old

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 and older 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)
- 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)
- 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)

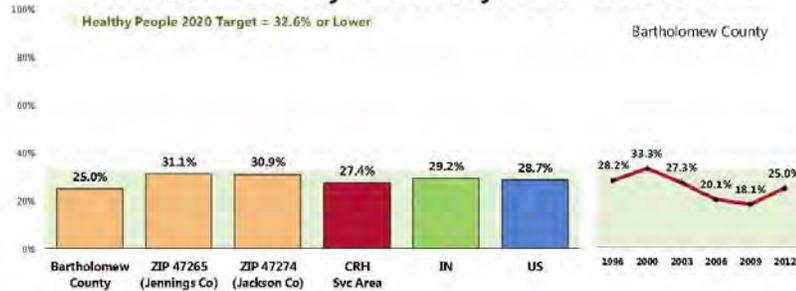
Leisure-time physical activity includes any physical activities or exercises (such as running, calisthenics, golf, gardening, walking, etc.) which take place outside of one's line of work.

Leisure-Time Physical Activity

A total of 27.4% of Columbus Regional Hospital Service Area adults report no leisure-time physical activity in the past month.

- Comparable to statewide findings.
- Comparable to national findings.
- Satisfies the Healthy People 2020 target (32.6% or lower).
- Similar by county.
- Fluctuating over time but similar to the 1996 proportion in Bartholomew County.

No Leisure-Time Physical Activity in the Past Month



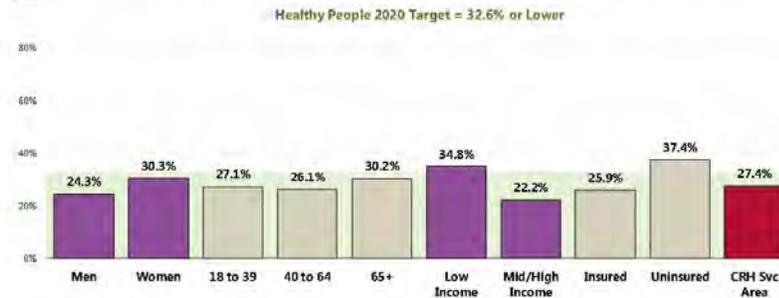
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 93]
 • Behavioral Risk Factor Surveillance System Survey Data - Atlanta, Georgia, United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC) 2011 Indiana data.
 • 2011 PRC 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.

Lack of leisure-time physical activity in the area is higher among:

- Lower-income residents.

No Leisure-Time Physical Activity in the Past Month (Columbus Regional Hospital Service Area, 2012)



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 93]
 • 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 (age 18–64) should do 2 hours and 30 minutes a week of moderate-intensity, or 1 hour and 15 minutes (75 minutes) a week of vigorous-intensity aerobic physical activity, or an equivalent combination of moderate- and vigorous-intensity aerobic physical activity. Aerobic activity should be performed in episodes of at least 10 minutes, preferably spread throughout the week.

Additional health benefits are provided by increasing to 5 hours (300 minutes) a week of moderate-intensity aerobic physical activity, or 2 hours and 30 minutes a week of vigorous-intensity physical activity, or an equivalent combination of both.

Older adults (age 65 and older) should follow the adult guidelines. If this is not possible due to limiting chronic conditions, older adults should be as physically active as their abilities allow. They should avoid inactivity. Older adults should do exercises that maintain or improve balance if they are at risk of falling.

For all individuals, some activity is better than none. Physical activity is safe for almost everyone, and the health benefits of physical activity far outweigh the risks.

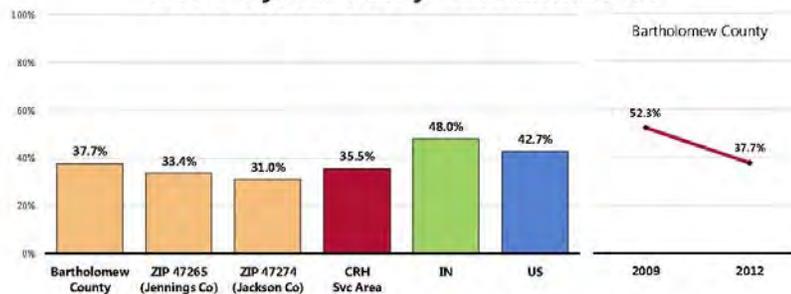
– 2008 Physical Activity Guidelines for Americans, U.S. Department of Health and Human Services. www.health.gov/PAGuidelines

Recommended Levels of Physical Activity

A total of 35.5% of Columbus Regional Hospital Service Area adults participate in regular, sustained moderate or vigorous physical activity (meeting physical activity recommendations).

- Less favorable than statewide findings.
- Less favorable than national findings.
- Similar by county.
- ▣ Marks a significant decrease from 2009 findings.

Meets Physical Activity Recommendations



Sources:

- PRC Community Health Surveys, Professional Research Consultants, Inc. (Item 172)
- 2011 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), 2011 Indiana data
- Asked of all respondents.

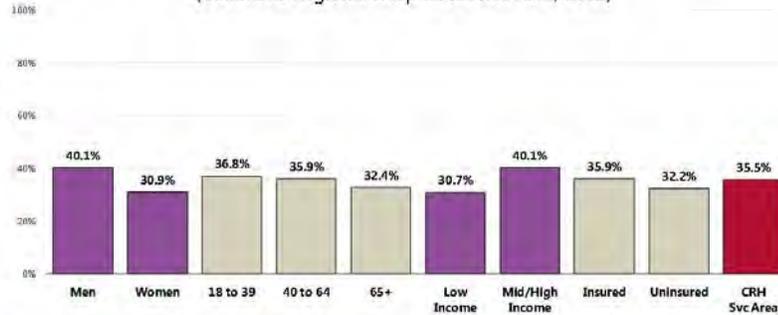
Notes:

- In this case the term "meets physical activity recommendation" refers to participation in moderate physical activity (exercise that produces only light sweating or a slight to moderate increase in breathing or heart rate) at least 5 times a week for 30 minutes at a time, and/or vigorous physical activity (activities that cause heavy sweating or large increases in breathing or heart rate) at least 3 times a week for 20 minutes at a time.

Those less likely to meet physical activity requirements include:

-  Women.
-  Lower-income residents.

Meets Physical Activity Recommendations (Columbus Regional Hospital Service Area, 2012)



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. (Item 172)
 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 the term "meets physical activity recommendations" refers to participation in moderate physical activity (exercise that produces only light sweating or a slight to moderate increase in breathing or heart rate) at least 5 times a week for 30 minutes at a time, and/or vigorous physical activity (activities that cause heavy sweating or large increases in breathing or heart rate) at least 3 times a week for 20 minutes at a time.

The individual indicators of moderate and vigorous physical activity are shown here.

Moderate & Vigorous Physical Activity

In the past month:

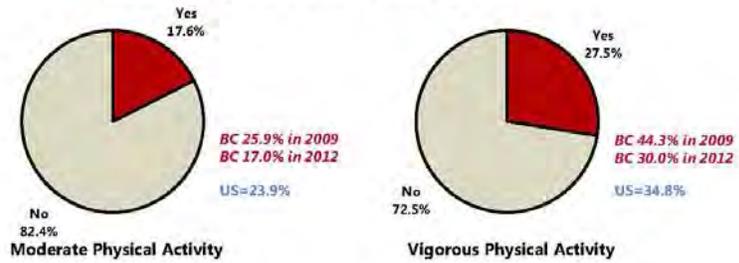
A total of 17.6% of adults participated in moderate physical activity (5 times a week, 30 minutes at a time).

-  Less favorable than the national level.
-  Similar by county.
-  Marks a significant decrease over time.

A total of 27.5% participated in vigorous physical activity (3 times a week, 20 minutes at a time).

-  Similar to the statewide figure.
-  Less favorable than the nationwide figure.
-  Similar by county.
-  Marks a significant decrease over time.

Moderate & Vigorous Physical Activity (Columbus Regional Hospital Service Area, 2012)



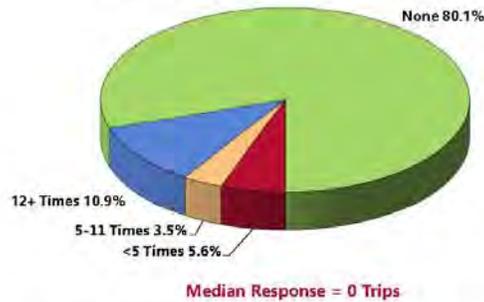
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 174-175]
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.
 • Moderate Physical Activity: Takes part in exercise that produces only light sweating or a slight to moderate increase in breathing or heart rate at least 5 times per week for at least 30 minutes per time.
 • Vigorous Physical Activity: Takes part in activities that cause heavy sweating or large increases in breathing or heart rate at least 3 times per week for at least 20 minutes per time.

Running Errands Without a Vehicle

Most (80.1%) Columbus Regional Hospital Service Area adults did not use any means other than a car for their errands in the past year.

- On the other hand, 10.9% of area residents ran errands by means other than a car at least monthly over the past year.

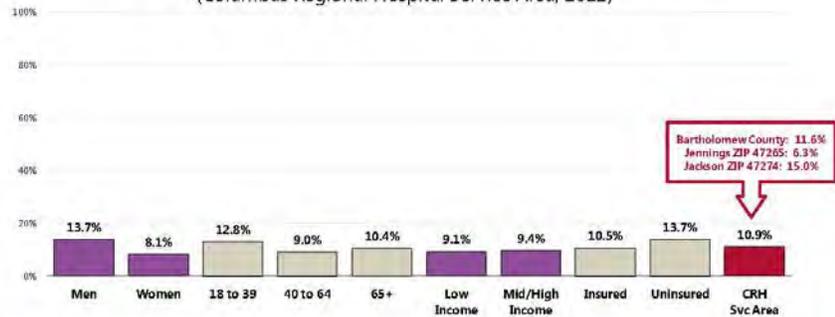
Frequency of Errands by Means Other Than a Car in the Past Year (Columbus Regional Hospital Service Area, 2012)



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 80]
 Notes: • Asked of all respondents.

- By county, residents of Jackson County (ZIP 47274) are much less likely to have run errands without a car at least monthly over the past year.
- Area men are statistically more likely to have run errands at least monthly without a car over the past year.

Went On Errands 12+ Times in the Past Year by Means Other Than a Car (Columbus Regional Hospital Service Area, 2012)

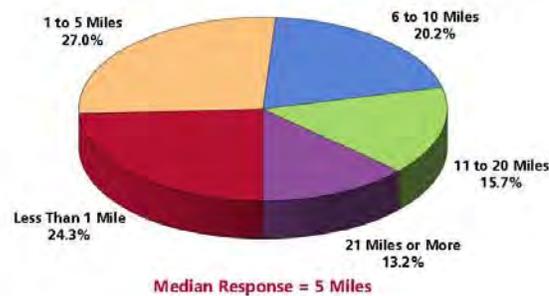


Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. (Item 98)
Notes: • Asked of all respondents.
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Commuting

Among respondents who work outside the home, the average distance between home and work is 5 miles, with 51.3% of employed respondents working within 5 miles of home but 28.9% reporting a commute of more than 10 miles.

Number of Miles Between Home and Work (Among Respondents Who Work Outside the Home)



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. (Item 99)
Notes: • Asked of all respondents.
• Excludes respondents who work from home.

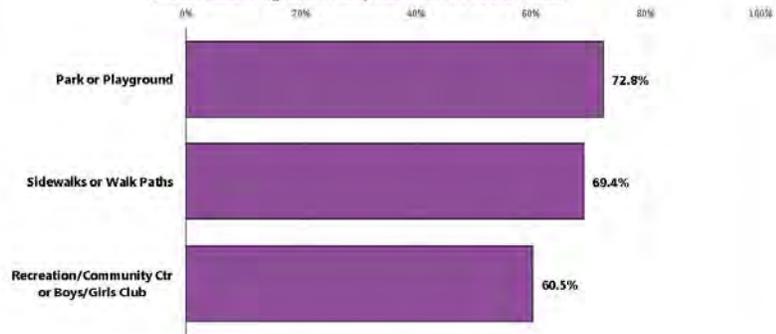
Awareness of Local Amenities

When asked whether their neighborhood has any of three amenities surveyed (including a park or playground, sidewalks or walking paths, and/or a recreational/community center or a boys and girls club), the largest share of affirmative responses was for parks and playgrounds (72.8% response).

- Another 69.4% of adults have sidewalks or walking paths in their neighborhood, and 60.5% report having some type of recreational center, community center or boys/girls club.

Availability of Neighborhood Amenities

(Columbus Regional Hospital Service Area, 2012)



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. (Items 102-104)
Notes: • Asked of all respondents

Children's Screen Time

Television Watching & Other Screen Time

Among children aged 5 through 17, 10.3% are reported to watch 3 or more hours of television per day; 11.4% are reported to spend 3 or more hours on other types of screen time for entertainment (video games, Internet, etc.).

- The proportion of children watching 3+ hours of television is more favorable than found nationally; the proportion of those spending 3+ hours on non-TV screen time is similar.

Children's Screen Time

(Among Parents of Children Ages 5-17; Columbus Regional Hospital Service Area, 2012)



Hours per Day of Television



Hours per Day of Other Screen Time
(i.e., video games, computer/Internet entertainment)

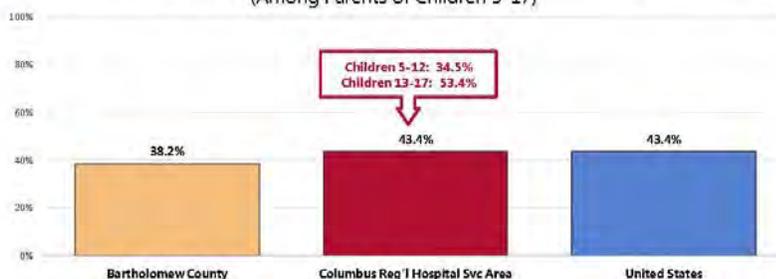
Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. (Items 128-129, 176-177)
Notes: • Asked of respondents with a child aged 5 to 17 in the household

Total Screen Time

When combined, 43.4% of Columbus Regional Hospital Service Area children aged 5 to 17 spend 3 or more hours on screen time (whether television or computer, Internet, video games, etc.) per day.

- Identical to the national prevalence.
- The prevalence is 38.2% in Bartholomew County.
-  Teens are more likely than children 5-12 to report 3+ hours of daily screen time.

Children With Three or More Hours per School Day of Total Screen Time [TV, Computer, Video Games, Etc. for Entertainment] (Among Parents of Children 5-17)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. (Item 178)
Notes: • Asked of all respondents with children 5-17 at home.
• For this issue, respondents with children who are not in school were asked about "weekdays," while parents of children in school were asked about typical "school days."
• "Three or more hours" includes reported screen time of 180 minutes or more per day.
• The sample sizes within Jennings and Jackson county ZIP codes were too small to be shown.

Weight Status

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 (m²). To estimate BMI using pounds and inches, use: [weight (pounds)/height squared (inches²)] x 703.

In this report, overweight is defined as a BMI of 25.0 to 29.9 kg/m² and obesity as a BMI ≥30 kg/m². The rationale behind these definitions is based on epidemiological data that show increases in mortality with BMIs above 25 kg/m². The increase in mortality, however, tends to be modest until a BMI of 30 kg/m² is reached. For persons with a BMI ≥30 kg/m², 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/m².

— 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.

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.

Healthy Weight

“Healthy weight” means neither underweight, nor overweight (BMI = 18.5-24.9).

Based on self-reported heights and weights, 31.2% of Columbus Regional Hospital Service Area adults are at a healthy weight.

- Nearly identical to national findings.
- Comparable to the Healthy People 2020 target (33.9% or higher).
- Lowest in Jennings County (ZIP 47265); highest in Bartholomew County.
- ▣ Marks a significant decrease in healthy weight over time among Bartholomew County residents.

Healthy Weight

(Percent of Adults With a Body Mass Index Between 18.5 and 24.9)



Sources: PRC Community Health Survey, Professional Research Consultants, Inc. (Item 180)
 2011 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: Based on reported heights and weights, asked of all respondents.
 US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective NWS-0]
 The definition of healthy weight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), between 18.5 and 24.9.

Overweight & Obesity

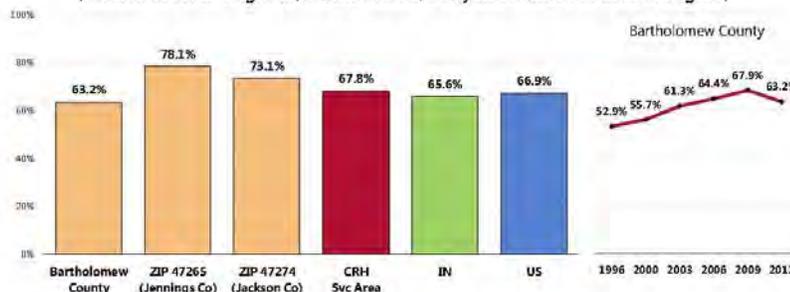
Here, "overweight" includes those respondents with a BMI value ≥ 25 .

Just over two in three Columbus Regional Hospital Service Area adults (67.8%) are overweight.

- Comparable to the Indiana prevalence.
- Comparable to the US overweight prevalence.
- Highest in Jennings County (ZIP 47265), lowest in Bartholomew County.
- ▨ Marks a significant increase from baseline Bartholomew County 1996 findings.

Prevalence of Total Overweight

(Percent of Overweight or/Obese Adults; Body Mass Index of 25.0 or Higher)

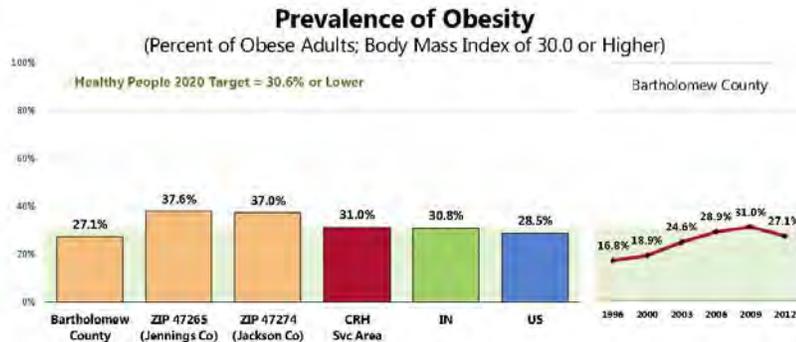


Sources: PRC Community Health Survey, Professional Research Consultants, Inc. (Item 180)
 2011 PRC National Health Survey, Professional Research Consultants, Inc.
 Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: United States Department of Health and Human Services, Centers for Disease Control and Prevention. (CDC) 2011 Indiana data.
 Notes: Based on reported heights and weights, asked of all respondents.
 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.

"Obese" (also included in overweight prevalence discussed previously) includes respondents with a BMI value ≥ 30 .

Further, 31.0% of Columbus Regional Hospital Service Area adults are obese.

- Almost identical to Indiana findings.
 - Statistically similar to US findings.
 - Similar to the Healthy People 2020 target (30.6% or lower).
 - Favorably low in Bartholomew County.
- In Bartholomew County, denotes a statistically significant increase in obesity since 1996.



Sources:

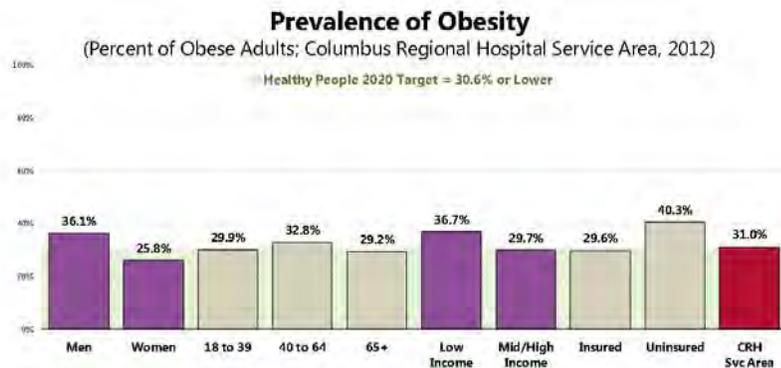
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 180]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective #W05-8]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2011. Indiana data.

 Notes:

- Based on reported heights and weights, asked of all respondents.
- 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.

Obesity is notably more prevalent among:

- Service Area men.



Sources:

- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 180]
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective #W05-8]

 Notes:

- Based on reported heights and weights, asked of all respondents.
- Income categories reflect respondents' 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.

The correlation between overweight and various health issues cannot be disputed.

Relationship of Overweight With Other Health Issues

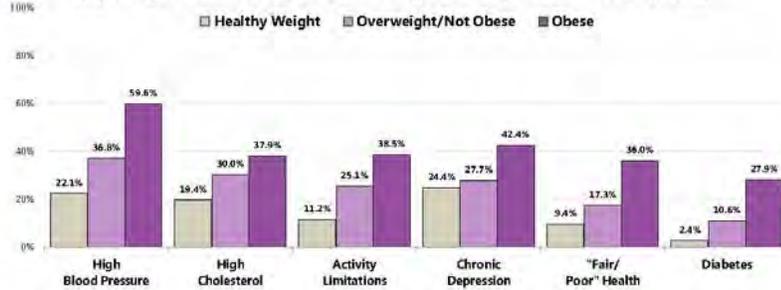
Obese (and often overweight) adults are more likely to report a number of adverse health conditions.

Among these are:

- Hypertension (high blood pressure).
- High cholesterol.
- Activity limitations.
- Chronic depression.
- "Fair" or "poor" physical health.
- Diabetes.

Relationship of Overweight With Other Health Issues

(By Weight Classification; Columbus Regional Hospital Service Area, 2012)



Sources: ■ 2012 PRC Community Health Survey, Professional Research Consultants, Inc. (Items 5, 21, 23, 25, 114, 119)
 Notes: ■ Based on reported heights and weights, asked of all respondents

Substance Abuse

In 2005, an estimated 22 million Americans struggled with a drug or alcohol problem. Almost 95% of people with substance use problems are considered unaware of their problem. Of those who recognize their problem, 273,000 have made an unsuccessful effort to obtain treatment. These estimates highlight the importance of increasing prevention efforts and improving access to treatment for substance abuse and co-occurring disorders.

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

The field has made progress in addressing substance abuse, particularly among youth. According to data from the national Institute of Drug Abuse (NIDA) Monitoring the Future (MTF) survey, which is an ongoing study of the behaviors and values of America's youth between 2004 and 2009, a drop in drug use (including amphetamines, methamphetamine, cocaine, hallucinogens, and LSD) was reported among students in 8th, 10th, and 12th grades. Note that, despite a decreasing trend in marijuana use which began in the mid-1990s, the trend has stalled in recent years among these youth. Use of alcohol among students in these three grades also decreased during this time.

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)

High-Risk Alcohol Use

Current Drinking

"Current drinkers" include survey respondents who had at least one drink of alcohol in the month preceding the interview. For the purposes of this study, a "drink" is considered one can or bottle of beer, one glass of wine, one can or bottle of wine cooler, one cocktail, or one shot of liquor.

A total of 47.2% of Columbus Regional Hospital Service Area adults had at least one drink of alcohol in the past month (current drinkers).

- Better than the statewide proportion.
- Better than the national proportion.
- Similar by county.
- The Bartholomew County prevalence is statistically unchanged over time.

Current Drinkers



Sources:

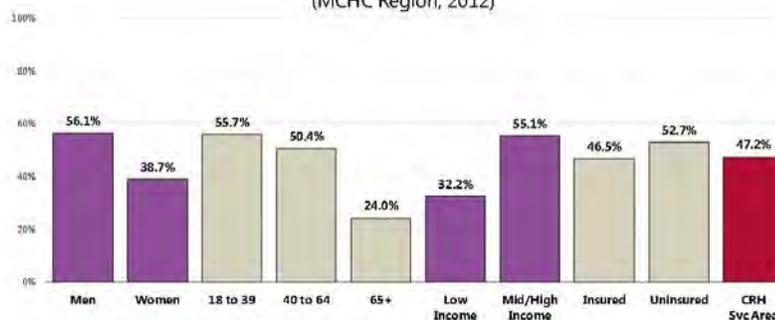
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 188]
- Behavioral Risk Factor Surveillance System Survey Data, Atlanta, Georgia, United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC) 2011 Indiana data.
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

 Notes:

- Asked of all respondents.
- Current drinkers had at least one alcoholic drink in the past month.

- Current drinking is more prevalent among men, adults under 65, and residents from upper-income households.

Current Drinkers (MCHC Region, 2012)



Sources:

- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 188]

 Notes:

- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size. "Very Low Income" includes households living in a household with defined poverty status; "Low Income" refers to households with incomes just above the federal poverty level, earning up to twice the poverty threshold; and "Mid/High Income" refers to households living on incomes which are twice or more the federal poverty level.
- Current drinkers had at least one alcoholic drink in the past month.

Chronic Drinking

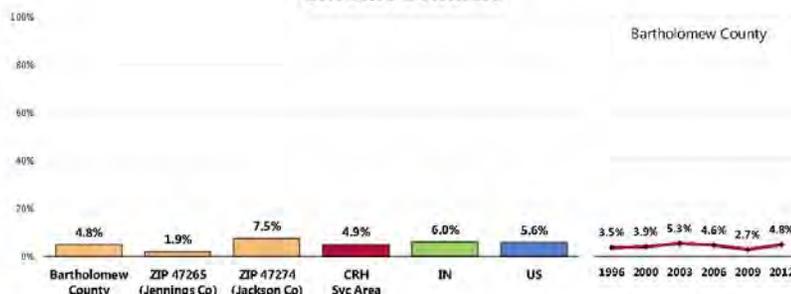
A total of 4.9% of area adults averaged two or more drinks of alcohol per day in the past month (chronic drinkers).

- Similar to the statewide proportion.
- Similar to the national proportion.
- Favorably low in Jennings County (ZIP 47265).
- Statistically unchanged since 1996 in Bartholomew County.

RELATED ISSUE:
See also *Stress* in the **Mental Health & Mental Disorders** section of this report.

“Chronic drinkers” include survey respondents reporting 60 or more drinks of alcohol in the month preceding the interview.

Chronic Drinkers



Sources:

- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 187]
- Behavioral Risk Factor Surveillance System Survey Data, Atlanta, Georgia: United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC), 2011 Indiana data.
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

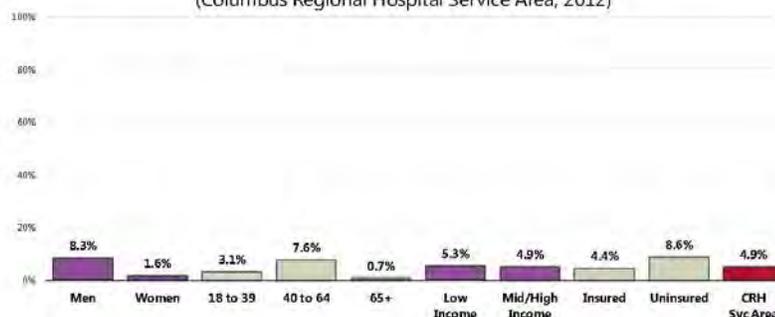
Notes:

- Asked of all respondents.
- Chronic drinkers are defined as having 60+ alcoholic drinks in the past month.
- The state definition for chronic drinkers is males consuming 2+ drinks per day and females consuming 1+ drink per day.

■ Chronic drinking is more prevalent among men and adults age 40-64.

Chronic Drinkers

(Columbus Regional Hospital Service Area, 2012)



Sources:

- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 187]
- Asked of all respondents.
- Income categories reflect respondents' 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.
- Chronic drinkers are defined as those having 60+ alcoholic drinks in the past month.

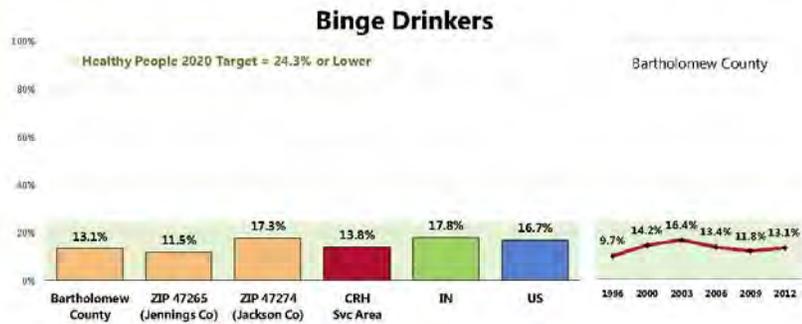
"Binge drinkers" include:

- 1) MEN who report drinking 5 or more alcoholic drinks on any single occasion during the past month; and
- 2) WOMEN who report drinking 4 or more alcoholic drinks on any single occasion during the past month.

Binge Drinking

A total of 13.8% of Service Area adults are binge drinkers.

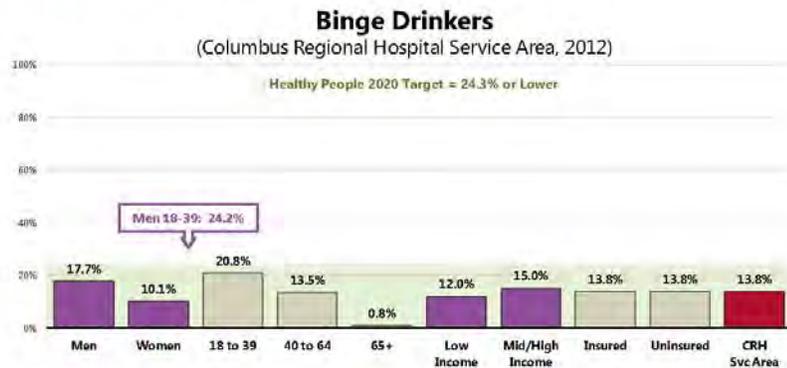
- Similar to Indiana findings.
- Similar to national findings.
- Satisfies the Healthy People 2020 target (24.3% or lower).
- Statistically similar by county.
- ▣ Statistically unchanged over time in Bartholomew County (note, however, that the earlier definition for binge drinking was 5+ drinks, regardless of gender).



Sources: • PRC Community Health Survey, Professional Research Consultants, Inc. [Item 128]
 • Behavioral Risk Factor Surveillance System Survey Data, Atlanta, Georgia: United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC) 2011 Indiana data
 • 2011 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-14.3)
 • Added of all respondents
 • Binge drinkers are defined as men having 5+ alcoholic drinks on any one occasion or women consuming 4+ drinks on any one occasion.

Binge drinking is more prevalent among:

- Men (especially those under age 40).
- Adults under age 65 (note the negative correlation with age).



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 128]
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> (Objective SA-14.3)
 • Added 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.
 • Binge drinkers are defined as men having 5+ alcoholic drinks on any one occasion or women consuming 4+ drinks on any one occasion.

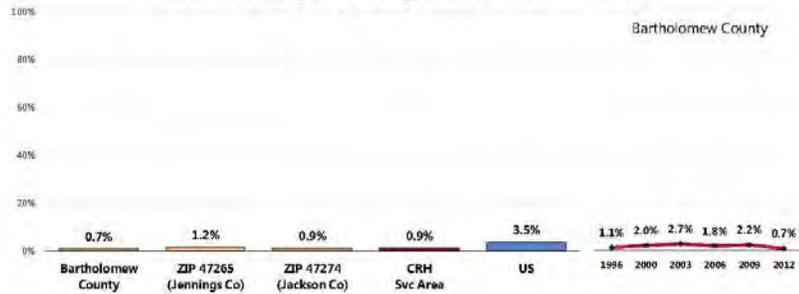
Note: As a self-reported measure – and because this indicator reflects potentially illegal behavior – it is reasonable to expect that it might be underreported, and that the actual incidence of drinking and driving in the community is likely higher.

Drinking & Driving

Just 0.9% of Columbus Regional Hospital Service Area adults acknowledge having driven a vehicle in the past month after they had perhaps too much to drink.

- Much lower than the national findings.
- No difference by county.
- ▣ The Bartholomew County prevalence has not changed significantly over time.

Have Driven in the Past Month After Perhaps Having Too Much to Drink



Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 50]
 ● 2011 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: ● Asked of all respondents.

Illicit Drug Use

A total of 1.9% of area adults acknowledges using an illicit drug in the past month.

- Similar to the proportion found nationally.
- Easily satisfies the Healthy People 2020 target of 7.1% or lower.
- Statistically similar by county.
- ▣ Marks a statistically significant decrease over time in Bartholomew County.

Illicit Drug Use in the Past Month



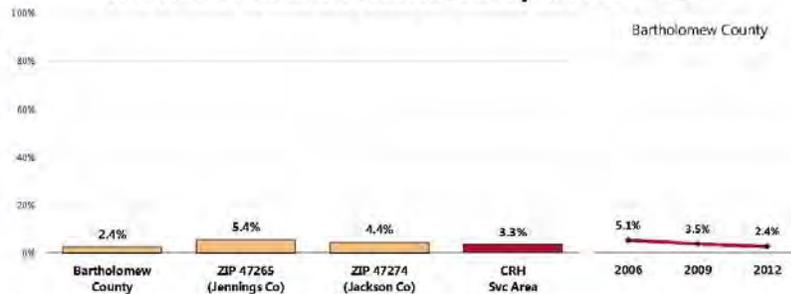
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 51]
 ● 2011 PRC National Health Survey, Professional Research Consultants, Inc.
 ● US Department of Health and Human Services, Healthy People 2020, December 2010. <http://www.healthypeople.gov> [Objective SA-13.3]
 Notes: ● Asked of all respondents.

Methamphetamine's Impact on Area Families

A total of 3.3% of Columbus Regional Hospital Service Area adults indicate that a member of their family has faced problems related to methamphetamine use in the past 3 years.

- Similar by county.
- ▨ Denotes a significant decrease over time in Bartholomew County.

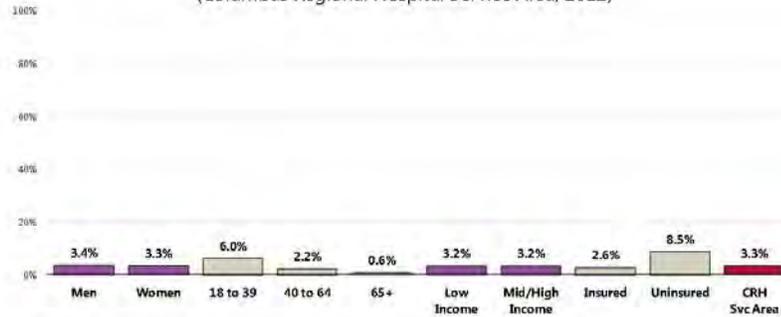
Immediate Family Member Has Faced Problems With Methamphetamine Use



Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. (Item 52)
 Notes: Asked of all respondents.

- ▨ Young adults and the uninsured are more likely to indicate that a member of their family has faced meth-related problems in the past 3 years.

Immediate Family Member Has Faced Problems With Methamphetamine Use (Columbus Regional Hospital Service Area, 2012)



Sources: 2012 PRC Community Health Survey, Professional Research Consultants, Inc. (Item 52)
 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.

Tobacco Use

Tobacco use is the single most preventable cause of death and disease in the United States. Each year, approximately 443,000 Americans die from tobacco-related illnesses. For every person who dies from tobacco use, 20 more people suffer with at least one serious tobacco-related illness. In addition, tobacco use costs the US \$193 billion annually in direct medical expenses and lost productivity.

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.

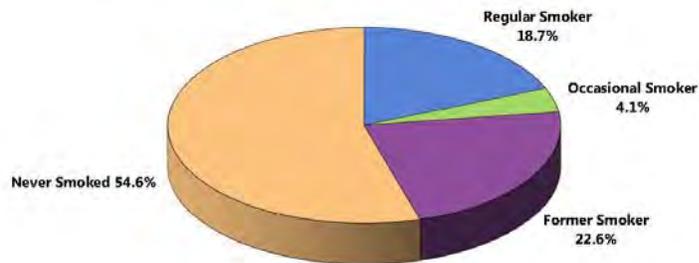
— Healthy People 2020 (www.healthypeople.gov)

Cigarette Smoking

Cigarette Smoking Prevalence

A total of 22.8% of Columbus Regional Hospital Service Area adults currently smoke cigarettes, either regularly (18.7% every day) or occasionally (4.1% on some days).

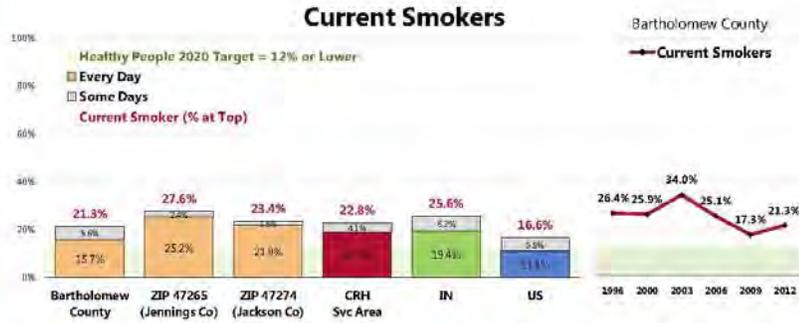
Cigarette Smoking Prevalence
(Columbus Regional Hospital Service Area, 2012)



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. (Item 182)
Notes: • Asked of all respondents.

When former smokers were asked what prompted them to quit smoking, more than half referenced health concerns and a large proportion reported that they just didn't want to smoke anymore. Other motivators included children/grandchildren/pressure from loved ones, and the increased cost of cigarettes.

- The prevalence of current smokers is similar to statewide findings.
- Less favorable than national findings.
- Fails to satisfy the Healthy People 2020 target (12% or lower).
- Statistically similar by county.
- The current Bartholomew County smoking percentage is statistically unchanged since 1996.



Sources: ■ PRC Community Health Survey, Professional Research Consultants, Inc. [Items 182]

■ 2011 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) 2011 Indiana data.

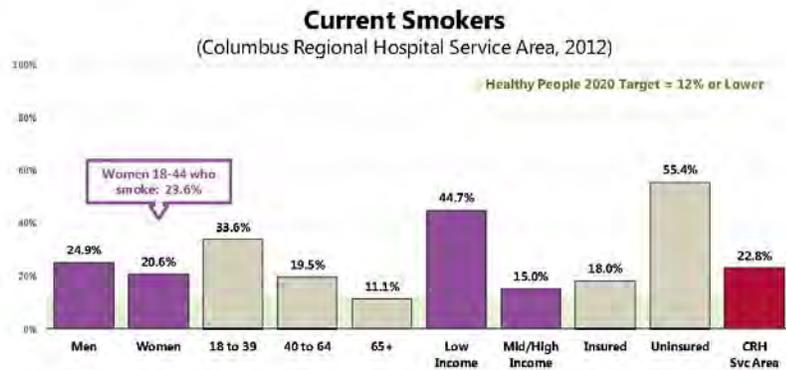
■ US Department of Health and Human Services, Healthy People 2020, December 2010. <http://www.healthypeople.gov> [Objective TU-1.1]

Notes: ■ Asked of all respondents

■ Includes regular and occasional smokers (everyday and some days)

Cigarette smoking is more prevalent among:

- Adults under 40, lower-income residents and the uninsured population.
- Note also that 23.6% of women of child-bearing age (ages 18 to 44) currently smoke. This is notable given that tobacco use increases the risk of infertility, as well as the risks for miscarriage, stillbirth and low birthweight for women who smoke during pregnancy.



Sources: ■ 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 182-183]

■ 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

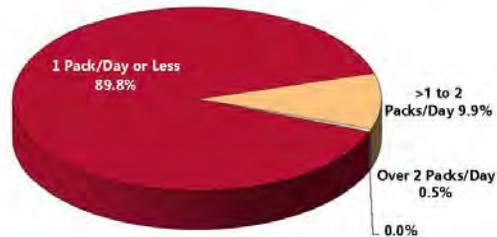
■ Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty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

■ Includes regular and occasional smokers (everyday and some days)

Among current smokers, the vast majority (89.8%) smokes less than one pack per day.

Average Number of Cigarettes Smoked per Day

(Among Current Smokers; CRH Service Area, 2012)



Median Response = 12 Cigarettes per Day

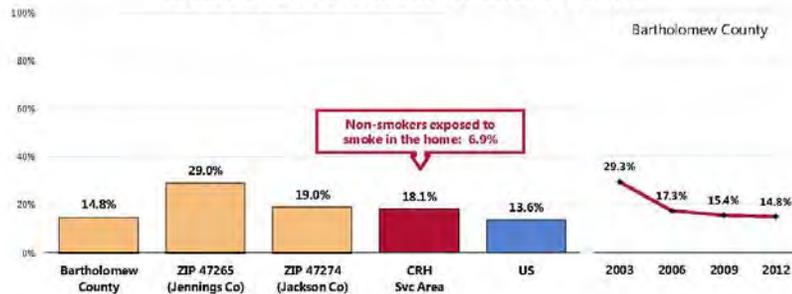
Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 37]
 Notes: • Asked of all current smokers
 • 1 pack = 20 cigarettes.

Environmental Tobacco Smoke

A total of 18.1% of Columbus Regional Hospital Service Area adults (including smokers and non-smokers) 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.
- Highest in Jennings County (ZIP 47265).
- ▨ Marks a statistically significant decrease over time in Bartholomew County.
- ▨ Note that 6.9% of Columbus Regional Hospital Service Area non-smokers are exposed to cigarette smoke at home.

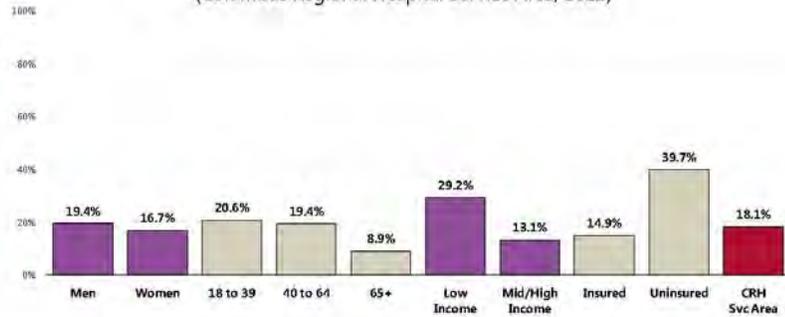
Member of Household Smokes at Home



Sources: • PRC Community Health Survey, Professional Research Consultants, Inc. [Items 43, 184]
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents
 • "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.

☞ Notably higher among adults under 65, residents with lower incomes, and the uninsured.

Member of Household Smokes At Home (Columbus Regional Hospital Service Area, 2012)



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. (Item 43)
 • Asked of all respondents.
 Notes: • 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.

Among households with children, 19.9% have someone who smokes cigarettes in the home.

- Less favorable than national findings.
- ☞ Marks a significant decrease over time in Bartholomew County.

Percentage of Households With Children In Which Someone Smokes in the Home



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. (Item 105)
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.
 • "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

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.

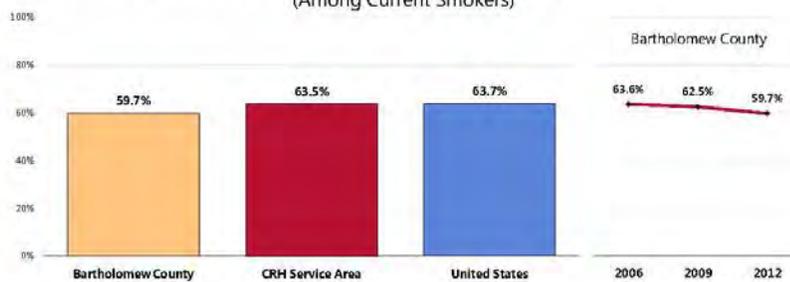
— Healthy People 2020 (www.healthypeople.gov)

Health Advice About Smoking Cessation

A total of 63.5% of smokers say that a doctor, nurse or other health professional has recommended in the past year that they quit smoking.

- Nearly identical to the national percentage.
- ▣ No statistically significant change among Bartholomew County smokers since 2006.

Advised by a Healthcare Professional in the Past Year to Quit Smoking (Among Current Smokers)



Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 41]
● 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: ● Asked of all current smokers

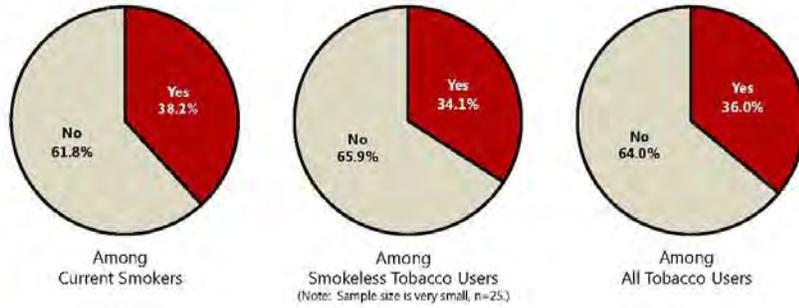
Smoking Cessation Attempts

When asked if they have stopped using tobacco products for at least one week over the past year in an attempt to quit using, 36.0% of tobacco users responded affirmatively.

- ▣ Among current smokers, the prevalence is 38.2%.
- ▣ Among users of smokeless tobacco, the prevalence is 34.1% (keep in mind the very small sample size which this represents).

Have Stopped Using Tobacco Products for One Week or Longer in the Past Year in an Attempt to Quit

(Among Tobacco Users; CRH Service Area, 2012)

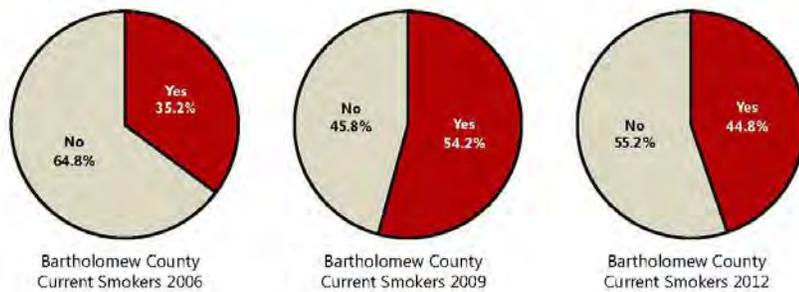


Sources: • PRC Community Health Surveys; Professional Research Consultants, Inc. [Item 42]
 Notes: • Asked of all cigarette smokers and users of smokeless tobacco products.

- ▣ Among Bartholomew County current smokers, the change over time is not significant.

Have Stopped Using Tobacco Products for One Week or Longer in the Past Year in an Attempt to Quit

(Among Bartholomew County Current Smokers)

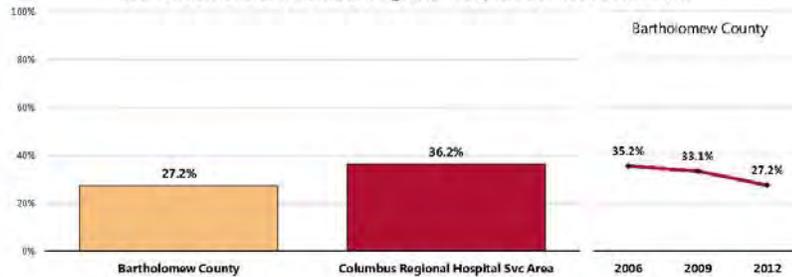


Sources: • PRC Community Health Surveys; Professional Research Consultants, Inc. [Item 42]
 Notes: • Asked of current cigarette smokers.

When asked whether working in a smoke-free workplace has caused them to consider quitting smoking, 36.2% of current smokers who work outside the home responded affirmatively.

▣ The decrease over time in Bartholomew County is not significant.

Have Thought About Quitting Due to the Smoke-Free Workplace Law (Current Smokers; Columbus Regional Hospital Service Area, 2012)



Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. (Item 38)
 Notes: Asked of all current smokers.
 The sample sizes within Jennings and Jackson county ZIP Codes were too small to be shown.

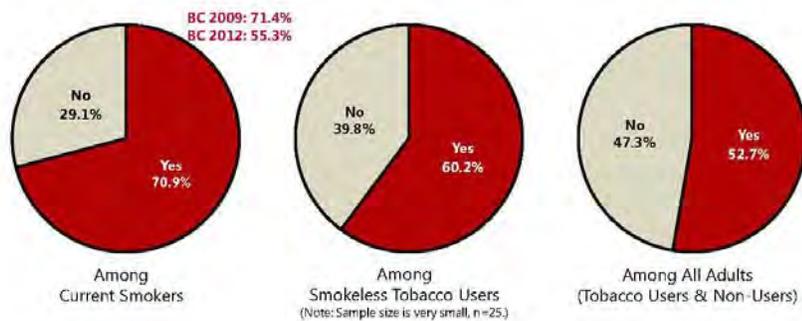
Awareness of the Indiana Tobacco Quit Line

More than one-half (52.7%) of Columbus Regional Hospital Service Area adults are aware of the Indiana Tobacco Quit Line (1-800-QUIT-NOW).

▣ Awareness is noted among 70.9% of current smokers and 60.2% of smokeless tobacco users (this sample size is quite small).

▣ In Bartholomew County, awareness has decreased significantly since 2009.

Aware of the Indiana Tobacco Quit Line: 1-800-QUIT-NOW (Columbus Regional Hospital Service Area, 2012)

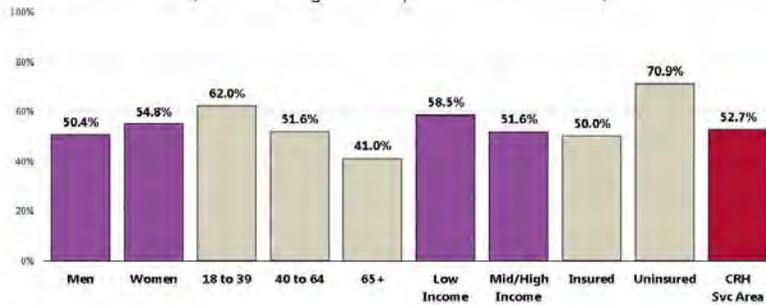


Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. (Item 44)
 Notes: Asked of all respondents.

Awareness of the Indiana Tobacco Quit Line is statistically lower among:

- ☞ Residents age 40+ (note the negative correlation with age).
- ☞ Insured residents.

**Aware of the
Indiana Tobacco Quit Line: 1-800-QUIT-NOW**
(Columbus Regional Hospital Service Area, 2012)



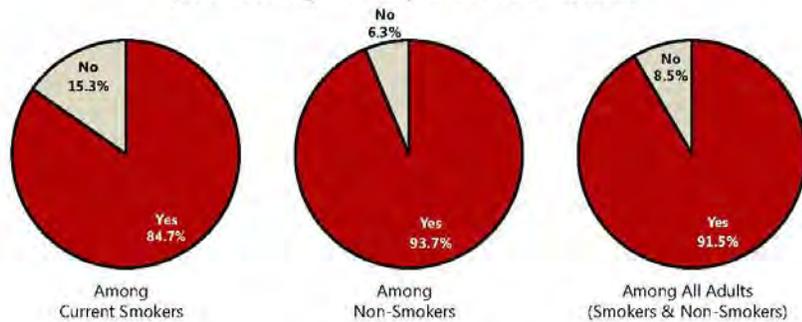
Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. (Item 44)
Notes: • Asked of all respondents.
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Perceptions of Secondhand Smoke

Most (91.5%) area adults believe that secondhand smoke is dangerous to the health of the smoker as well as that of others, including unborn children.

- ☞ The proportion is lower (84.7%) among current smokers.
- ☞ Marks a significant decrease over time among Bartholomew County smokers.

**Believe Secondhand Smoke Is Dangerous to the
Health of Self and Others, Including Unborn Children**
(Columbus Regional Hospital Service Area, 2012)



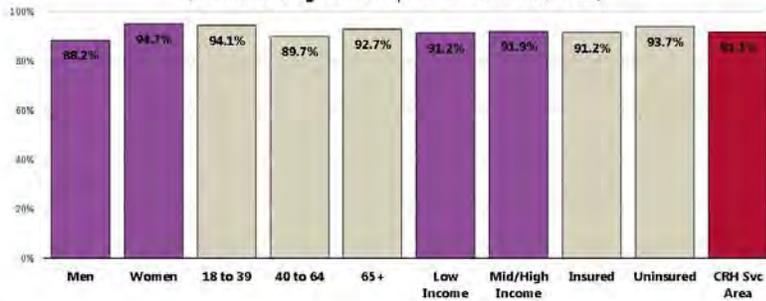
Sources: • PRC Community Health Survey, Professional Research Consultants, Inc. (Item 45)
Notes: • Asked of all respondents.

Bartholomew County
2009: 95.9%
2012: 92.3%

☞ Service Area men are least likely to consider secondhand smoke to be dangerous.

Believe Secondhand Smoke Is Dangerous to the Health of Self and Others, Including Unborn Children

(Columbus Regional Hospital Service Area, 2012)



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. (Item 45)
 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.

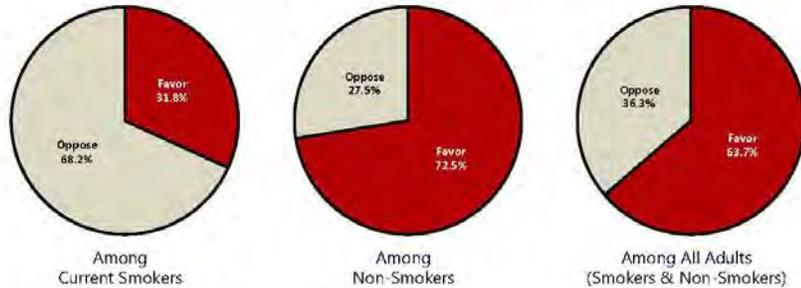
Support for Expanded Smoking Ban

A total of 63.7% of Columbus Regional Hospital Service Area residents would be in favor of expanding the current smoke-free law to include all workplaces (including bars and membership clubs).

- ☞ Support has not changed over time in Bartholomew County.
- ☞ As may be expected, support among smokers is much lower than that reported among non-smokers (31.8% vs. 72.5%, respectively).

Support for Expanding Current Smoke-Free Law to Include Bars & Membership Clubs

(Columbus Regional Hospital Service Area, 2012)



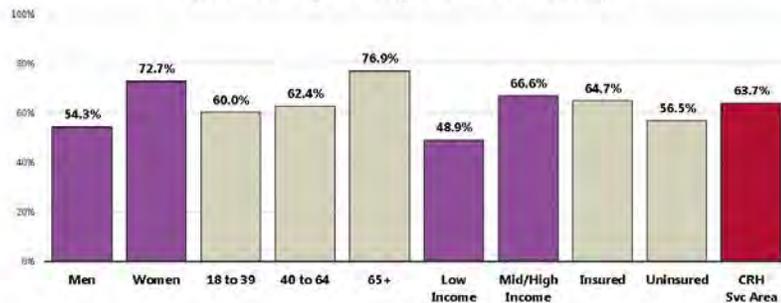
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. (Item 46)
 Notes: • Asked of all respondents.

Bartholomew County
 2009: 63.8%
 2012: 64.9%

Support for expanding the current smoke-free law to include bars and membership clubs is lower among the following populations:

- Men.
- Adults under 65.
- Lower-income residents.

In Favor of Expanding Current Smoke-Free Law to Include Bars & Membership Clubs (Columbus Regional Hospital Service Area, 2012)



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 46]
 Notes: • Asked of all respondents.
 • Income categories reflect respondents' 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.

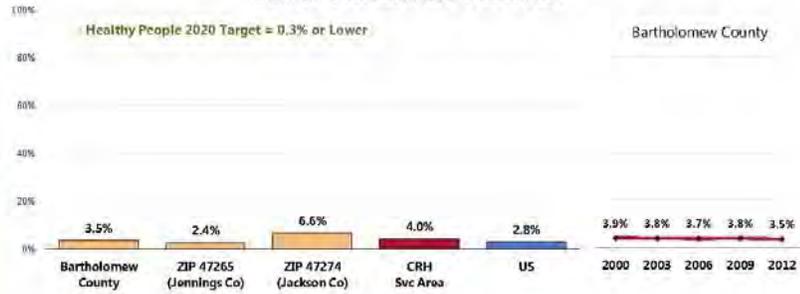
Other Tobacco Use

Smokeless Tobacco

A total of 4.0% of Columbus Regional Hospital Service Area adults use some type of smokeless tobacco every day or on some days.

- Comparable to the national percentage.
- Fails to satisfy the Healthy People 2020 target (0.3% or lower).
- Comparable by county.
- Unchanged over time in Bartholomew County.

Use of Smokeless Tobacco

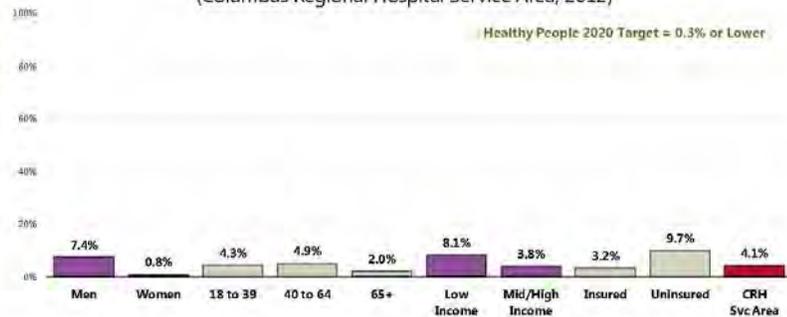


Sources: PRC Community Health Survey, Professional Research Consultants, Inc. [Item 39]
 2011 PRC National Health Survey, Professional Research Consultants, Inc.
 US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective TU-1.2]

Notes: Asked of all respondents.
 Smokeless tobacco includes chewing tobacco or snuff.

☞ Smokeless tobacco use is statistically high among Service Area men.

Current Users of Smokeless Tobacco (Columbus Regional Hospital Service Area, 2012)



Sources: 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 39]
 US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective TU-1.2]

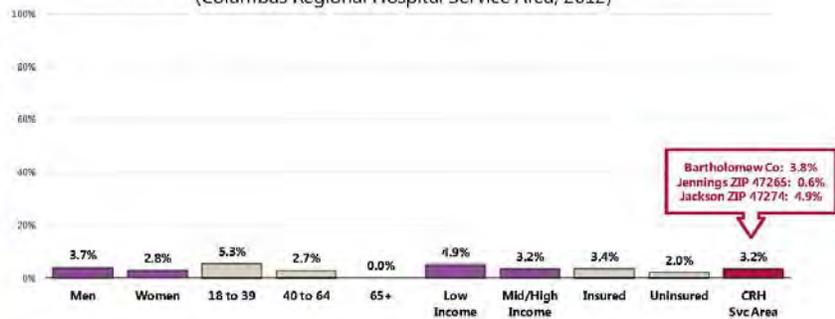
Notes: Asked of all respondents.
 Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with income up to 200% of the federal poverty level; "Mid/High Income" includes households with income at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

Use of Electronic Cigarettes (E-Cigarettes)

Electronic cigarettes (or “e-cigarettes”) are used among 3.2% of Columbus Regional Hospital Service Area adults.

- Notably low in Jennings County (ZIP 47265).
- Highest among the young adult population (note the negative correlation with age).

Current Users of Electronic Cigarettes (“E-Cigarettes”) (Columbus Regional Hospital Service Area, 2012)



Sources:

- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. (Item 40)
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective TU-1.1]

Notes:

- Added 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.

ACCESS TO HEALTH SERVICES



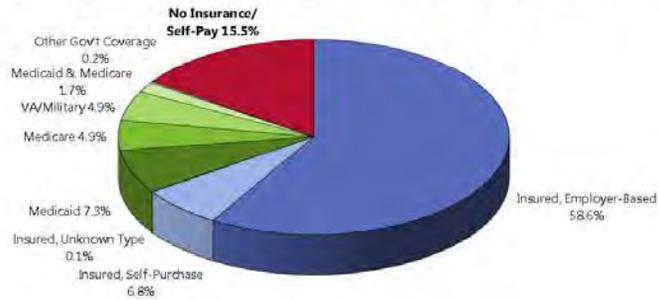
Health Insurance Coverage

Survey respondents were asked a series of questions to determine their healthcare insurance coverage, if any, from either private or government-sponsored sources.

Type of Healthcare Coverage

A total of 65.5% of Service Area adults age 18 to 64 report having healthcare coverage through private insurance. Another 19.0% report coverage through a government-sponsored program (e.g., Medicaid, Medicare, military benefits).

Healthcare Insurance Coverage
(Among Adults 18-64; Columbus Regional Hospital Service Area, 2012)



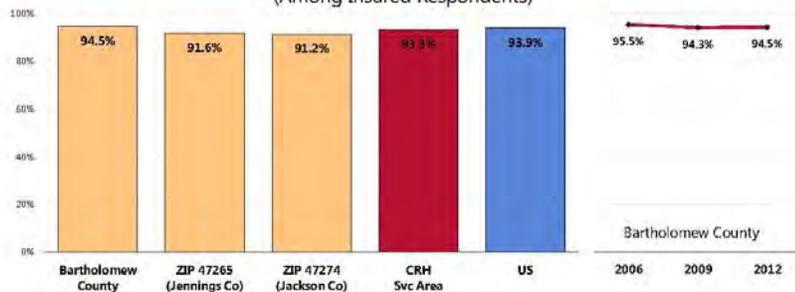
Source: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 100]
Notes: • Reflects respondents age 18 to 64

Prescription Drug Coverage

Among insured adults, 93.3% report having prescription coverage as part of their insurance plan.

- Similar to the national prevalence.
- Similar by county.
- No change over time among insured Bartholomew County residents.

Health Insurance Covers Prescriptions at Least in Part
(Among Insured Respondents)

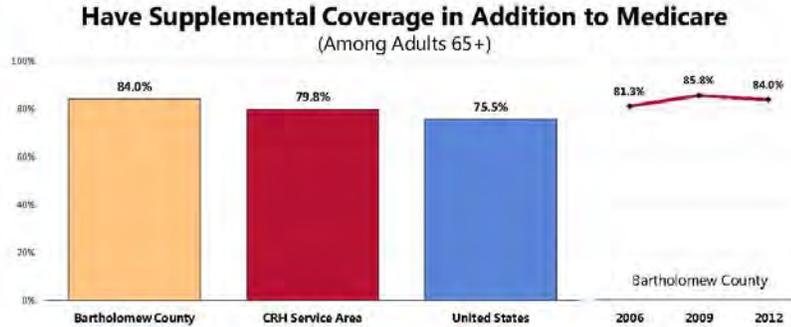


Source: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 71]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents with healthcare insurance coverage

Supplemental Coverage

Among Medicare recipients, a total of 8 in 10 (79.8%) have additional, supplemental healthcare coverage.

- Comparable to that reported among Medicare recipients nationwide.
- ▨ Statistically similar to the Bartholomew County proportion reported in 2006.



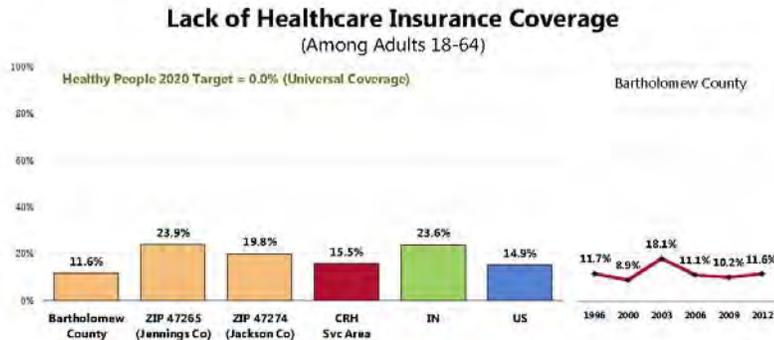
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. (Item 70)
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of respondents age 65+

Lack of Health Insurance Coverage

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).

Among adults age 18 to 64, 15.5% report having no insurance coverage for healthcare expenses.

- Better than the state finding.
- Similar to the national finding.
- The Healthy People 2020 target is universal coverage (0% uninsured).
- Highest in Jennings County (ZIP 47265), lowest in Bartholomew County.
- ▨ In Bartholomew County, no change from 1996 survey results.

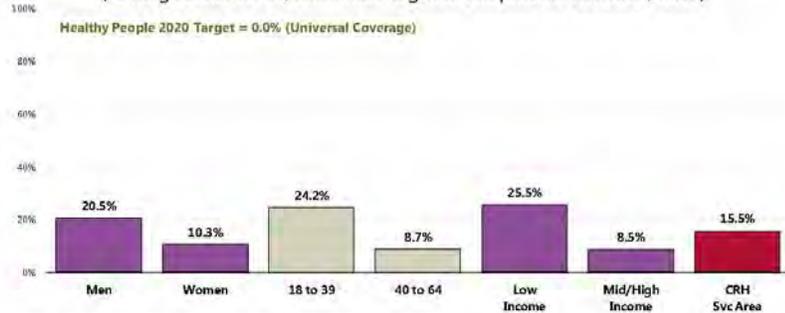


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. (Item 100)
• Behavioral Risk Factor Surveillance System Survey Data, Atlanta, Georgia: United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC), 2011, Indiana data.
• 2011 PRC 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]
Notes: • Asked of all respondents under the age of 65.

The following population segments are more likely to be without healthcare insurance coverage:

- Men.
- Young adults.
- Residents living at lower incomes.

Lack of Healthcare Insurance Coverage (Among Adults 18-64; Columbus Regional Hospital Service Area, 2012)



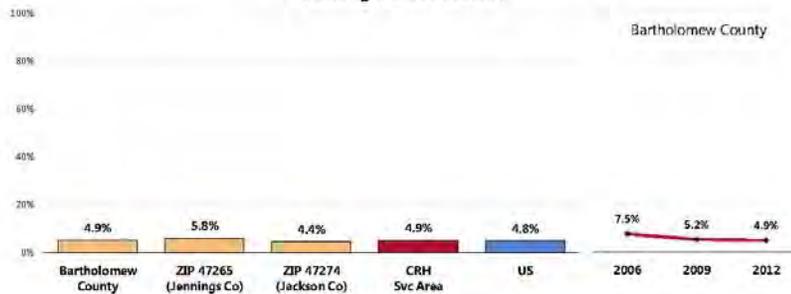
Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 100]
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective AH5-1]
 Notes: • Asked of all respondents under the age of 65.
 • Income categories 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.

Recent Lack of Coverage (Insurance Instability)

Among currently insured adults in Columbus Regional Hospital Service Area, 4.9% report that they were without healthcare coverage at some point in the past year.

- Almost identical to US findings.
- Similar by county.
- No significant change over time in Bartholomew County insurance instability.

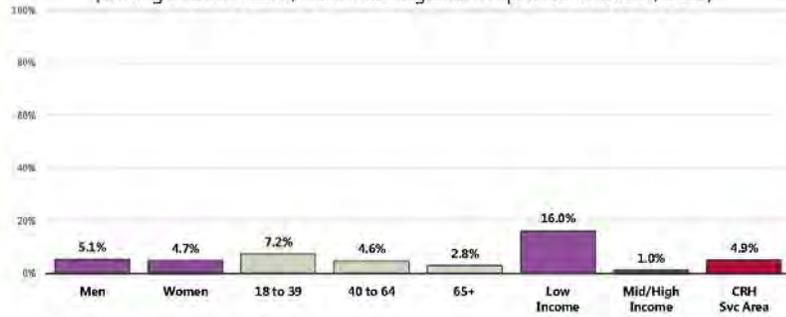
Went Without Healthcare Insurance Coverage At Some Point in the Past Year (Among Insured Adults)



Sources: • PRC Community Health Survey, Professional Research Consultants, Inc. [Item 72]
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all insured respondents.

Among insured adults, low-income residents are statistically more likely to have gone without healthcare insurance coverage at some point in the past year:

Went Without Healthcare Insurance Coverage At Some Point in the Past Year (Among Insured Adults; Columbus Regional Hospital Service Area, 2012)



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. (Item 72)
Notes: • Asked of all insured 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.

Difficulties Accessing 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)

Barriers to Healthcare Access

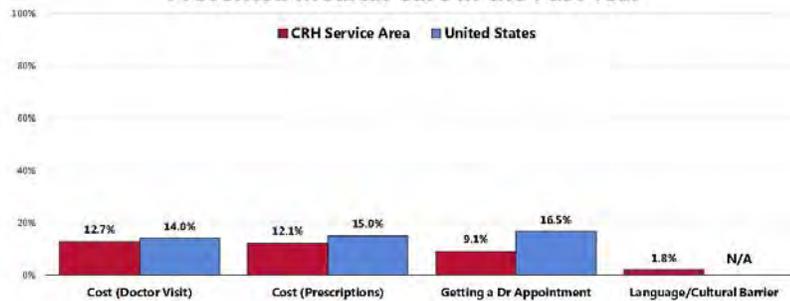
To better understand healthcare access barriers, survey participants were asked whether any of six types of barriers to access prevented them from seeing a physician or obtaining a needed prescription in the past year.

Again, these percentages reflect the total population, regardless of whether medical care was needed or sought.

Of the tested barriers, cost of a physician visit impacted the greatest share of Columbus Regional Hospital Service Area adults (12.7% say that cost prevented them from obtaining a visit to a physician in the past year).

- The proportion of Columbus Regional Hospital Service Area adults impacted was statistically comparable to or better than that found nationwide for each of the tested barriers (with the exception of language or culture as a barrier, for which there is no US benchmark).

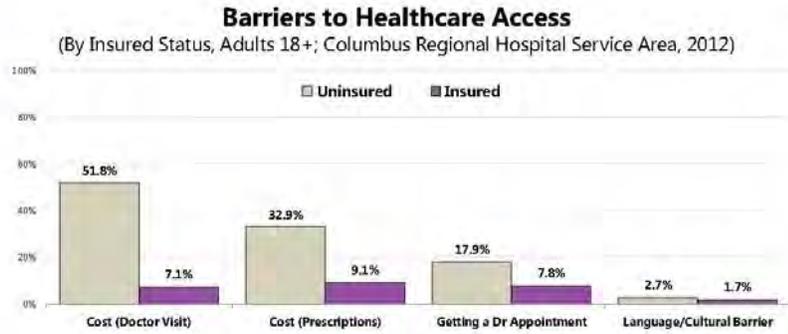
Barriers to Access Have Prevented Medical Care in the Past Year



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 7-10]
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

As might be expected, Columbus Regional Hospital Service Area adults without health insurance are much more likely to report access barriers when compared to the insured population, particularly those related to cost.



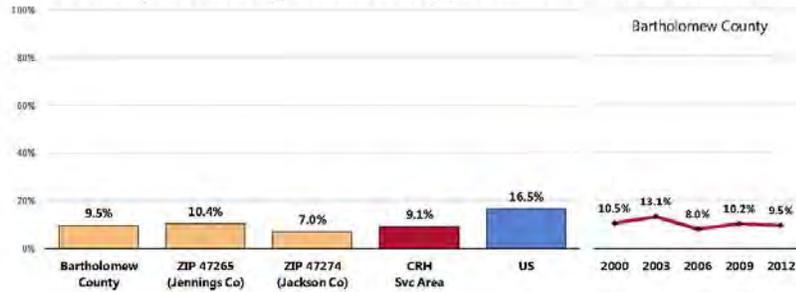
Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. (Items 7-10)
 Notes: • Asked of all respondents

Difficulty Obtaining a Medical Appointment

Among all Columbus Regional Hospital Service Area adults, 9.1% report having difficulty obtaining a medical appointment in the past year.

- More favorable than national findings.
- Statistically similar by county.
- Statistically similar to 1996 Bartholomew County findings.

Difficulty Obtaining a Medical Appointment in the Past Year



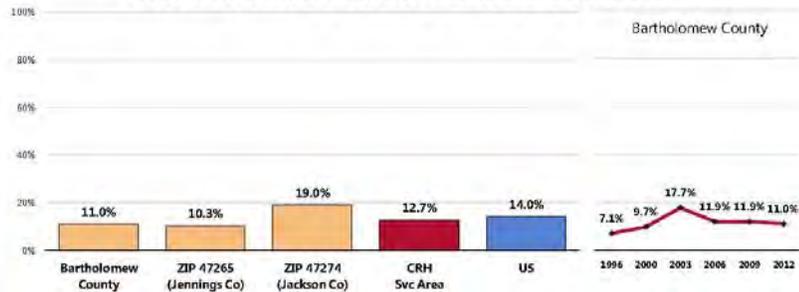
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. (Item 7)
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents

Cost of a Physician Visit

A total of 12.7% of Service Area respondents report that cost prevented them from a doctor visit at some point in the past year.

- Similar to national findings.
- Unfavorably high in Jackson County (ZIP 47274).
- ▣ Marks a significant increase over time in Bartholomew County.

Cost Prevented a Doctor Visit in the Past Year



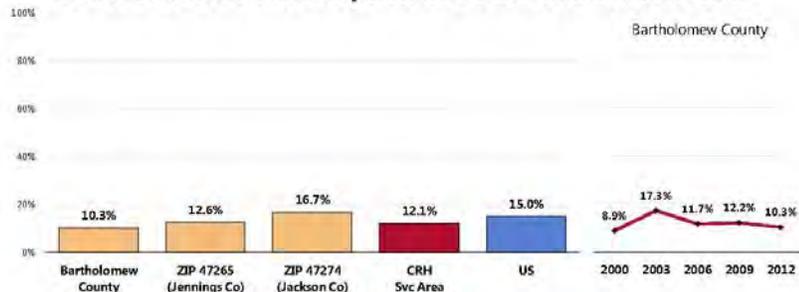
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 8]
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents

Cost of Prescription Medications

A total of 12.1% of area residents report that cost prevented them from obtaining a prescription medication in the past year.

- Similar to national findings.
- Similar by county.
- ▣ In Bartholomew County, statistically unchanged from baseline findings.

Cost Prevented a Prescription Medication in the Past Year



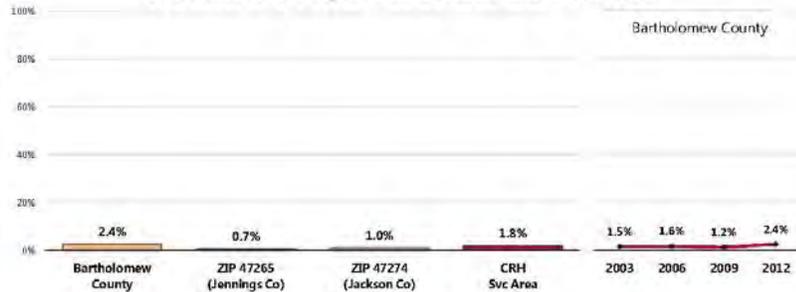
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 10]
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents

Language or Cultural Barriers

Among all Columbus Regional Hospital Service Area adults, 1.8% reports that their language or culture was a barrier to medical care at some point in the past year.

- Similar by county.
- ▣ Unchanged over time in Bartholomew County.

Language/Cultural Barrier Prevented a Physician Visit in the Past Year



Sources: ■ PRC Community Health Surveys, Professional Research Consultants, Inc. (Item 9)
 Notes: ■ Asked of all respondents

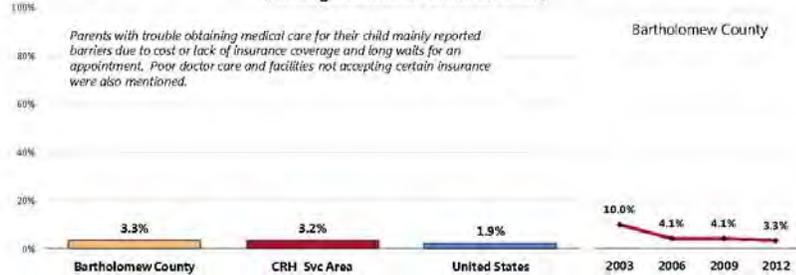
Accessing Healthcare for Children

Surveyed parents were also asked if, within the past year, they experienced any trouble receiving medical care for a randomly selected child in their household.

A total of 3.2% of parents say there was a time in the past year when they needed medical care for their child, but were unable to get it.

- Statistically similar to what is reported nationwide.
- ▣ Marks a significant decrease among parents in Bartholomew County.

Had Trouble Obtaining Medical Care for Child in the Past Year (Among Parents of Children 0-17)



Sources: ■ PRC Community Health Surveys, Professional Research Consultants, Inc. (Items 127-128)
 ■ 2011 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: ■ Asked of all respondents with children 0 to 17 in the household.
 ■ The sample sizes within Jennings and Jackson county ZIP Codes were too small to be shown.

Among the parents experiencing difficulties, the majority cited **cost or a lack of insurance** or **long waits** for appointments as the primary reason.

Primary Care Services

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

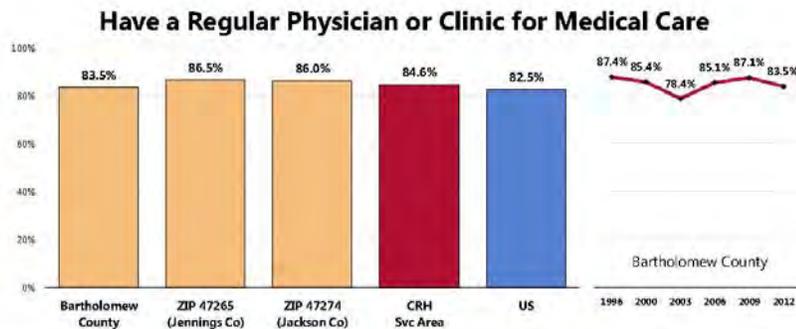
Improving health care services includes increasing access to and use of evidence-based preventive services. Clinical preventive services are services that: **prevent** illness by detecting early warning signs or symptoms before they develop into a disease (primary prevention); or **detect** a disease at an earlier, and often more treatable, stage (secondary prevention).

— Healthy People 2020 (www.healthypeople.gov)

Regular Source of Ongoing Care

A total of 84.6% of Columbus Regional Hospital Service Area adults report having a regular source of ongoing medical care (a “medical home”).

- Similar to the national proportion.
- Similar by county.
- ▣ No significant change in Bartholomew County from baseline 1996 findings.



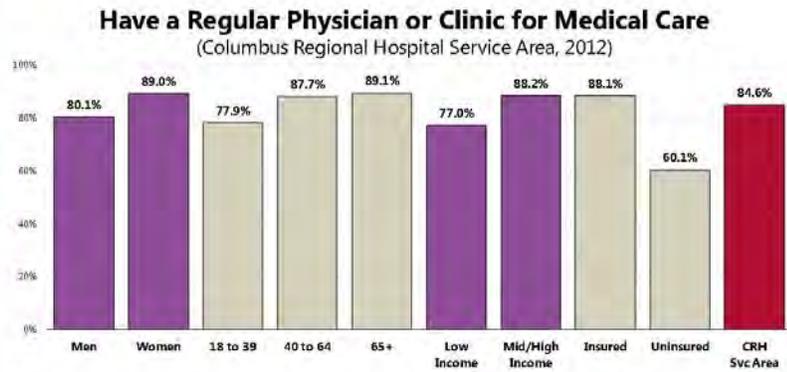
Sources: ■ PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 11]
 ■ 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: ■ Asked of all respondents.

When viewed by demographic characteristics, the following population segments are less likely to have a specific source of care:

- 👤 Women.
- 👤 Adults under age 40.
- 👤 Lower-income adults.

 The uninsured (note that 39.9% do not have a regular source for care).



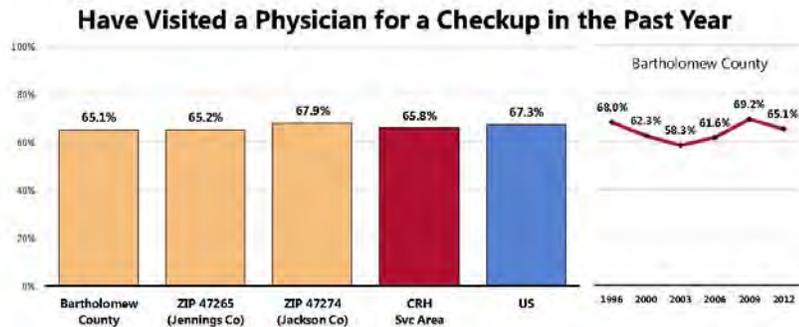
Sources:  2012 PRC Community Health Survey, Professional Research Consultants, Inc. (Item 11)
 Notes:  Asked of all respondents.
 Income categories reflect respondents' household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes 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

Just under two-thirds (65.8%) of adults visited a physician for a routine checkup in the past year.

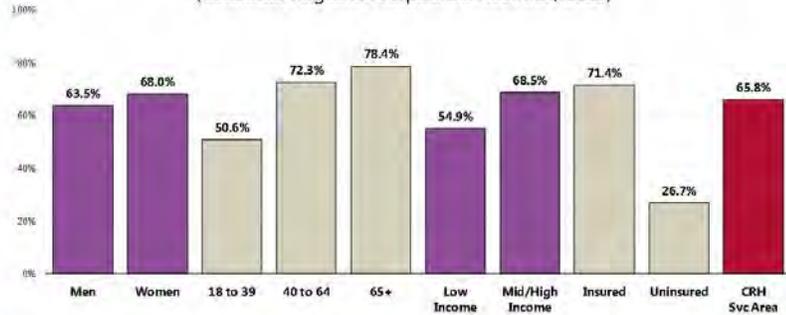
-  Comparable to national findings.
-  Comparable by county.
-  Fluctuating over time but comparable to the 1996 figure reported in Bartholomew County.



Sources:  PRC Community Health Surveys, Professional Research Consultants, Inc. (Item 12)
 2011 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes:  Asked of all respondents.

Adults under age 40 are less likely to have received routine care in the past year (note the positive correlation with age), as are residents from lower-income households and the uninsured population (note the 26.7% prevalence).

Have Visited a Physician for a Checkup in the Past Year (Columbus Regional Hospital Service Area, 2012)



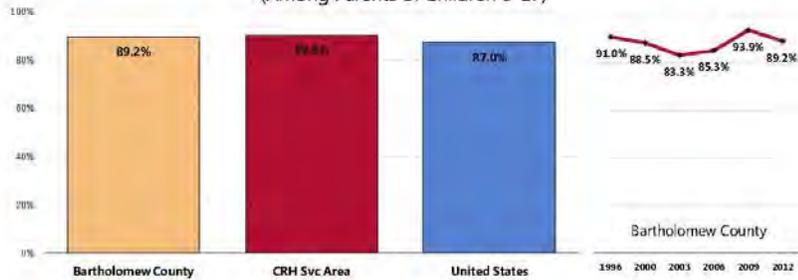
Source: 2012 PRC Community Health Survey, Professional Research Consultants, Inc. (Item 12)
 Notes: Asked of all respondents. Income categories reflect respondents' household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up 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, 89.8% report that their child has had a routine checkup in the past year.

- Similar to national findings.
- In Bartholomew County, statistically similar to 1996 findings.

Child Has Visited a Physician for a Routine Checkup in the Past Year (Among Parents of Children 0-17)



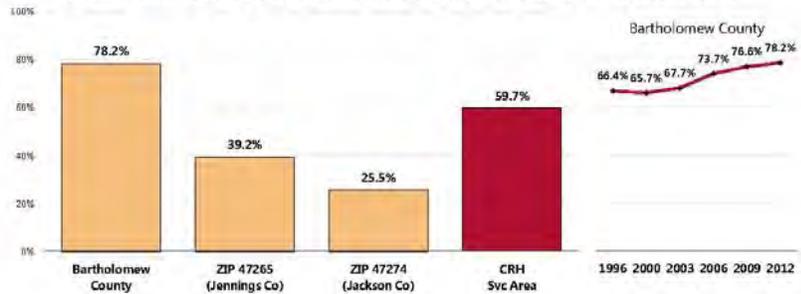
Source: PRC Community Health Surveys, Professional Research Consultants, Inc. (Item 129); 2011 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: Asked of all respondents with children 0 to 17 in the household. The sample sizes within Jennings and Jackson county ZIP codes were too small to be shown.

Awareness of Volunteers in Medicine

A total of 59.7% of Columbus Regional Hospital Service Area adults are aware of the Volunteers in Medicine clinic located in Columbus.

- Notably higher in Bartholomew County than in Jennings and Jackson counties.
- In Bartholomew County, awareness has increased significantly over time.

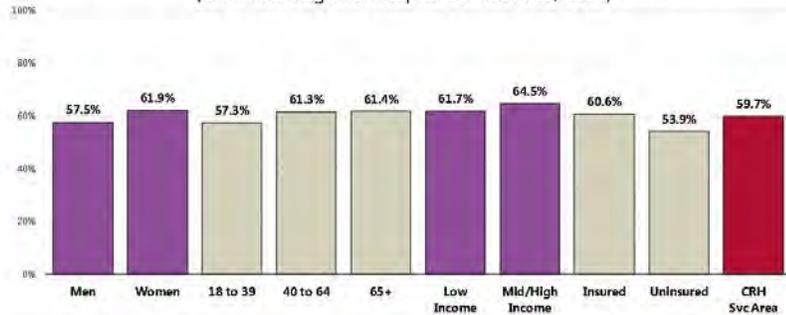
Aware of the Volunteers in Medicine Clinic in Columbus



Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 121]
 Notes: Asked of all respondents.

- No statistical differences in awareness when viewed by demographic characteristics.

Aware of the Volunteers in Medicine Clinic in Columbus (Columbus Regional Hospital Service Area, 2012)



Sources: 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 121]
 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

The health of the mouth and surrounding craniofacial (skull and face) structures is central to a person's overall health and well-being. Oral and craniofacial diseases and conditions include: dental caries (tooth decay); periodontal (gum) diseases; cleft lip and palate; oral and facial pain; and oral and pharyngeal (mouth and throat) cancers.

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.

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
- Poor dietary choices

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
- 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.

Community water fluoridation and school-based dental sealant programs are 2 leading evidence-based interventions to prevent tooth decay.

Major improvements have occurred in the nation's oral health, but some challenges remain and new concerns have emerged. One important emerging oral health issue is the increase of tooth decay in preschool children. A recent CDC publication reported that, over the past decade, dental caries (tooth decay) in children ages 2 to 5 have increased.

Lack of access to dental care for all ages remains a public health challenge. This issue was highlighted in a 2008 Government Accountability Office (GAO) report that described difficulties in accessing dental care for low-income children. In addition, the Institute of Medicine (IOM) has convened an expert panel to evaluate factors that influence access to dental care.

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.

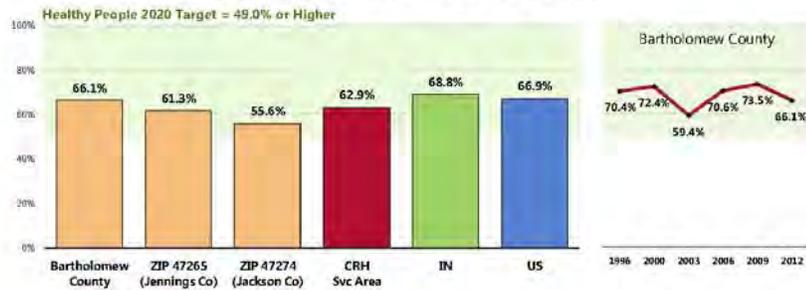
— Healthy People 2020 (www.healthypeople.gov)

Adult Dental Care

Just over 6 in 10 Columbus Regional Hospital Service Area adults (62.9%) have visited a dentist or dental clinic (for any reason) in the past year.

- Lower than statewide findings.
- Comparable to national findings.
- Satisfies the Healthy People 2020 target (49% or higher).
- Favorably high in Bartholomew County.
- The Bartholomew County proportion has fluctuated over time but is similar to 1996 baseline survey findings.

Have Visited a Dentist or Dental Clinic Within the Past Year



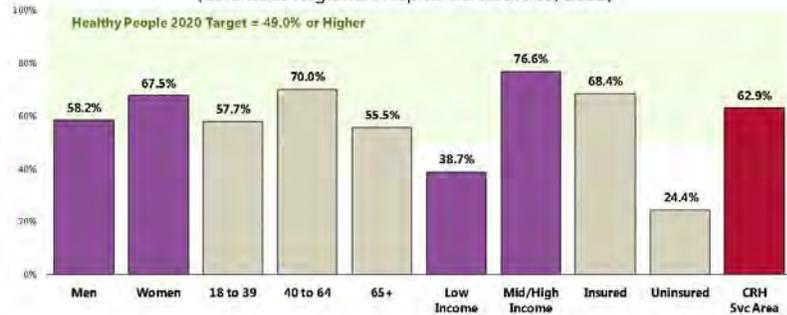
Sources: ■ PRC Community Health Survey, Professional Research Consultants, Inc. (Item 13)
 ■ 2011 PRC National Health Survey, Professional Research Consultants, Inc.
 ■ US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective DH-7]
 ■ Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2011. Indiana data.

Note: ■ Asked of all respondents.

The following population segments are less likely to report a recent dental visit:

- Men, young adults (18-39) and seniors (age 65+).
- Persons living in the higher income categories report much higher utilization of oral health services (low-income adults fail to satisfy the Healthy People 2020 target).
- As might be expected, persons without dental insurance report much lower utilization of oral health services than those with dental coverage (note the 24.4% prevalence).

Have Visited a Dentist or Dental Clinic Within the Past Year (Columbus Regional Hospital Service Area, 2012)



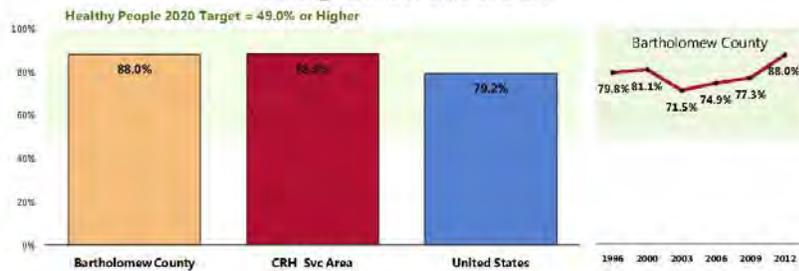
Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 13]
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective CH-7]
 Notes: • Asked of all respondents.
 • Income categories reflect respondent's 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.

Child Dental Care

A total of 88.2% of parents report that their child (age 2 to 17) has been to a dentist or dental clinic within the past year.

- Better than national findings.
- Satisfies the Healthy People 2020 target (49% or higher).
- ▣ Marks a statistically significant increase in Bartholomew County children's dental care since 1996, and especially since 2003.

Child Has Visited a Dentist or Dental Clinic Within the Past Year (Among Parents of Children 2-17)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 130]
 • 2011 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 DH-7]
 Notes: • Asked of all respondents with children age 2 through 17.
 • The sample sizes within Jennings and Jackson county ZIP Codes were too small to be shown.

HEALTH EDUCATION & OUTREACH

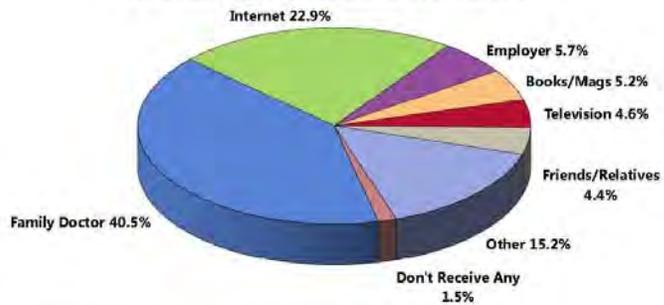


Healthcare Information Sources

Family physicians and the Internet are residents' primary sources of healthcare information.

- 40.5% of Columbus Regional Hospital Service Area adults cited their **family physician** as their primary source of healthcare information.
- The **Internet** received the second-highest response, with 22.9%.
 - Other sources mentioned include employers (mentioned by 5.7%), books and magazines (5.2%), television (4.6%), and friends or relatives (4.4%).
- Just 1.5% of survey respondents say that they do not receive any healthcare information.

Primary Source of Healthcare Information
(Columbus Regional Hospital Service Area, 2012)



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 120]
Notes: • Added of all respondents.

QUALITY OF LIFE



Community Perceptions of Bartholomew County

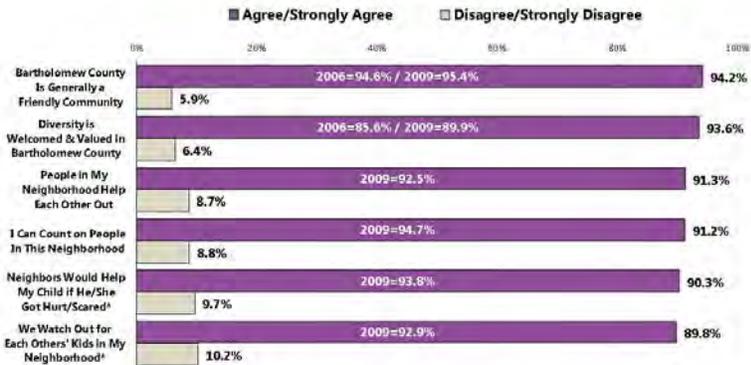
Most Bartholomew County respondents (94.2%) consider Bartholomew County to be a friendly community.

- This perception is statistically unchanged since 2006.

Additional findings:

- 93.6% of Bartholomew County adults feel that diversity is welcomed and valued in Bartholomew County (marking a significant increase from the 85.6% reported in 2006).
- 91.3% feel that people in their neighborhood help each other out (similar to the 2009 figure).
- 91.2% feel they can count on people in their own neighborhood (a significant decrease in Bartholomew County since 2009).
- 90.3% of Bartholomew County parents believe that their neighbors would help their child if he/she were hurt or scared (no significant change from 2009).
- 89.8% of Bartholomew County parents believe that people in the neighborhood collectively watch out for each other's children (no significant change from 2009).

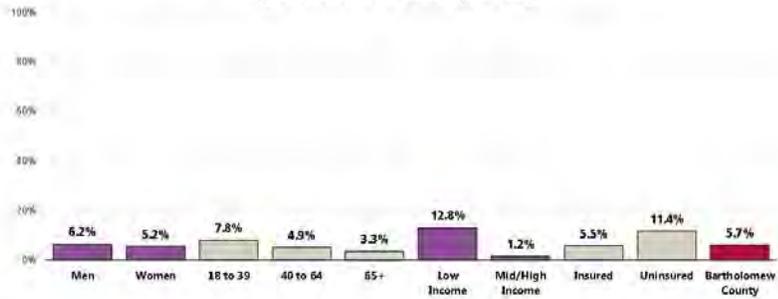
Perceptions of Bartholomew County
(Bartholomew County Residents, 2012)



Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. (Items 61-64; 149-156)
Notes: * Asked of all Bartholomew County respondents; those marked with an "*" were asked only of Bartholomew County respondents with children age 0-17.

Bartholomew County residents in lower-income households are most likely to disagree that Bartholomew County is **generally a friendly community**.

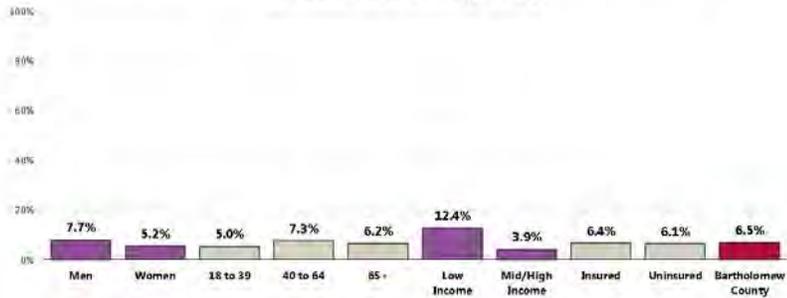
“Disagree/Strongly Disagree” That Bartholomew County Is Generally a Friendly Community
(Bartholomew County, 2012)



Source: 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 61]
 Notes: Asked of Bartholomew County 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.

Adults living in lower-income households are most likely to disagree that **diversity is generally welcomed and valued** in Bartholomew County.

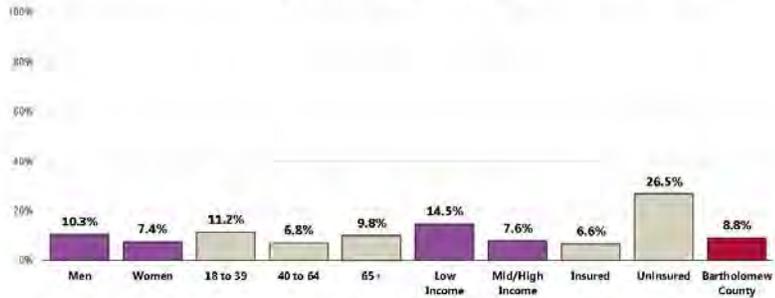
“Disagree/Strongly Disagree” That Diversity Is Generally Welcomed & Valued in Bartholomew County
(Bartholomew County, 2012)



Source: 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 62]
 Healthy People 2010, 2nd Edition. US Department of Health & Human Services. Washington, DC: US Government Printing Office, November 2000. [Objective 7-12]
 Notes: Asked of Bartholomew County 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.

Adults more like to disagree that people in their neighborhood **help each other out** include residents from lower-income households and the uninsured.

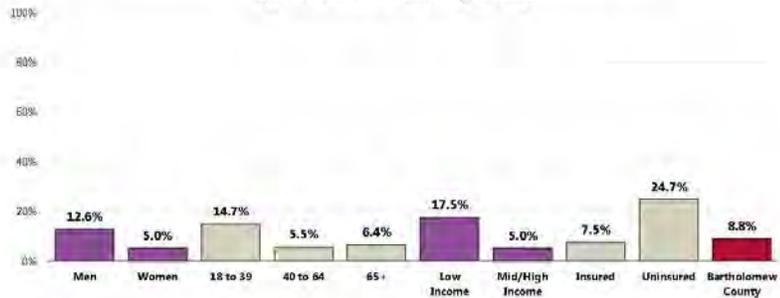
“Disagree/Strongly Disagree” That People in My Neighborhood Help Each Other Out
(Bartholomew County, 2012)



Sources: 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 63]
 Notes: Asked of Bartholomew County 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.

Adults more likely to disagree that they can **count on the people in their neighborhood** include men, young adults, residents from lower-income households, and the uninsured.

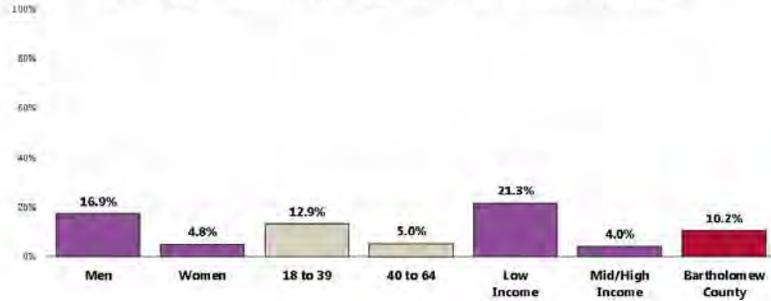
“Disagree/Strongly Disagree” That I Can Count on People in My Neighborhood
(Bartholomew County, 2012)



Sources: 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 64]
 Notes: Asked of Bartholomew County 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.

Men and lower-income parents are more likely to disagree that neighbors watch out for each others' children.

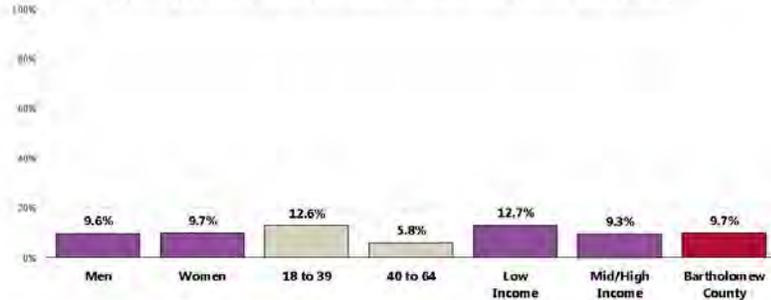
"Disagree/Strongly Disagree" That People Watch Out for Each Others' Children in My Neighborhood
(Among Bartholomew Co. Respondents With Children 0-17, 2012)



Source: 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 149]
 Notes: Asked of Bartholomew County respondents with children ages 0-17.
 Income categories reflect respondents' 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 Service Area parents, no statistical difference in disagreement that neighbors would help their child if he/she were hurt or scared.

"Disagree/Strongly Disagree" That Neighbors Would Help My Child if He/She Were Hurt or Scared
(Among Bartholomew Co. Respondents With Children 0-17, 2012)



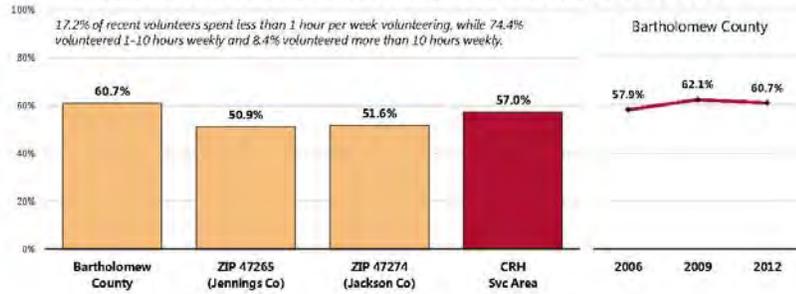
Source: 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 150]
 Notes: Asked of Bartholomew County respondents with children ages 0-17.
 Income categories reflect respondents' household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" 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.

Volunteerism

More than one-half (57.0%) of Columbus Regional Hospital Service Area adults volunteered their time to a charitable cause at some point in the past year.

- Favorably high in Bartholomew County.
- ▣ In Bartholomew County, statistically unchanged over time.

Volunteered Time to Charitable Causes in the Past Year



Sources: ■ PRC Community Health Surveys, Professional Research Consultants, Inc. (Items 11.7.118)
 Notes: ■ Asked of all respondents

SOURCES

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Sources

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