

Executive Report

2015 Community Health Needs Assessment

Columbus Regional Hospital Service Area

Bartholomew County, IN ▪ Jennings County, IN (ZIP Code 47265)

▪ Jackson County, IN (ZIP Code 47274)

Sponsored by:

Columbus Regional Hospital

By:

Professional Research Consultants, Inc.
11326 P Street Omaha, NE 68136-2316
www.PRCCustomResearch.com

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edited to include the
hospital's selected
priorities.



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Introduction

Project Overview

Project Goals

This Community Health Needs Assessment – a follow-up to similar studies conducted in 1996, 2000, 2003, 2006, 2009, and 2012 – 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 both quantitative and qualitative sources. Quantitative data input includes primary research (the PRC Community Health Survey) and secondary research (vital statistics and other existing health-related data); these quantitative components allow for trending and comparison to benchmark data at the state and national levels. Qualitative data input includes primary research gathered through an Online Key Informant Survey.

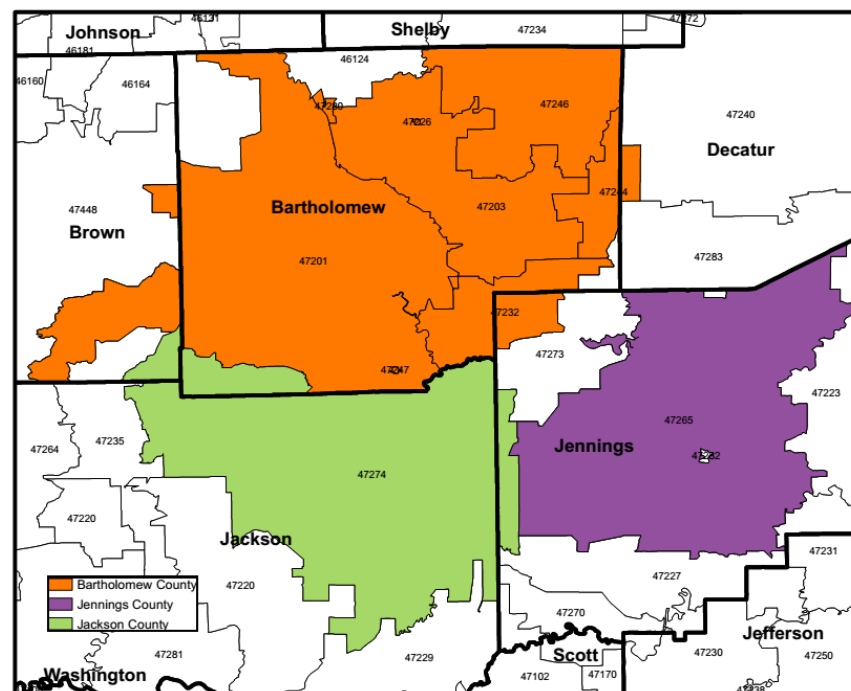
PRC Community Health Survey

Survey Instrument

The survey instrument used for this study is based largely on the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS), as well as various other public health surveys and customized questions addressing gaps in indicator data relative to health promotion and disease prevention objectives and other recognized health issues. The final survey instrument was developed by 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 Codes 47274 in Jackson County and 47265 in Jennings County. This community definition, based on the ZIP Codes of residence of recent patients of the hospital, is illustrated in the following map.



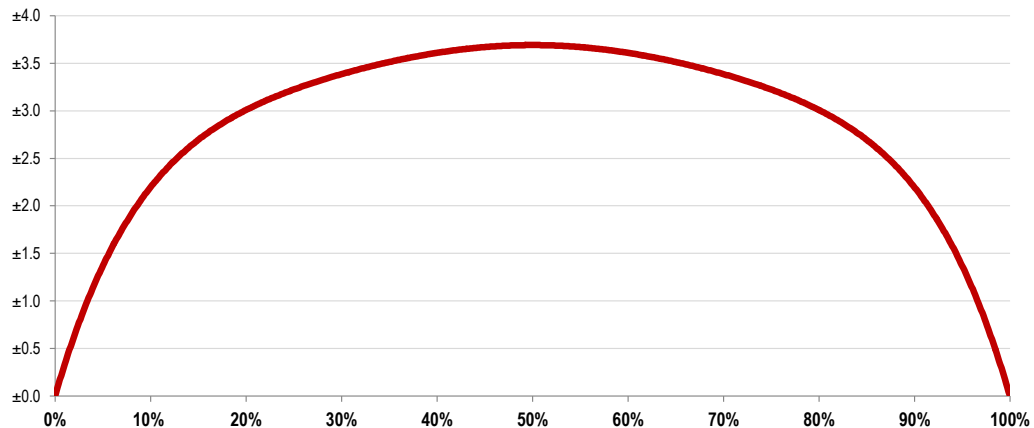
Sample Approach & Design

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 and 100 each in Jackson (ZIP Code 47274) and Jennings (ZIP Code 47265) counties. 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).

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



Note: • The "response rate" (the percentage of a population giving a particular response) determines the error rate associated with that response. A "95 percent level of confidence" indicates that responses would fall within the expected error range on 95 out of 100 trials.

Examples: • If 10% of the sample of 700 respondents answered a certain question with a "yes," it can be asserted that between 7.8% and 12.2% ($10\% \pm 2.2\%$) of the total population would offer this response.
• If 50% of respondents said "yes," one could be certain with a 95 percent level of confidence that between 46.3% and 53.7% ($50\% \pm 3.7\%$) of the total population would respond "yes" if asked this question.

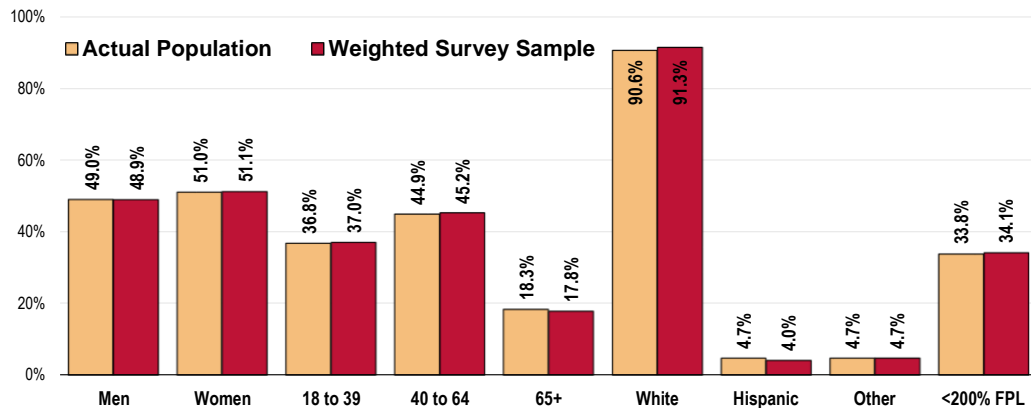
Sample Characteristics

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

The following chart outlines the characteristics of 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 & Survey Sample Characteristics (Columbus Regional Hospital Service Area, 2015)



Sources: • Census 2010, Summary File 3 (SF 3). US Census Bureau.
• 2015 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 2014 guidelines place the poverty threshold for a family of four at \$23,850 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.

Online Key Informant Survey

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

Key informants were contacted by email, introducing the purpose of the survey and providing a link to take the survey online; reminder emails were sent as needed to increase participation. In all, 104 community stakeholders took part in the Online Key Informant Survey, as outlined in the following table:

Online Key Informant Survey Participation		
Key Informant Type	Number Invited	Number Participating
Community/Business Leaders	93	40
Other Health	46	26
Physicians	15	7
Public Health	36	24
Social Services	13	7

Participants included representatives of the following organizations:

- Advocates for Children
- Bartholomew Consolidated School Corporation
- Bartholomew County Community Medication Assistance
- Bartholomew County Health Board
- Bartholomew County Health Department
- BBCMA Alliance
- BCSC
- BCSC - Clifty Creek Elementary
- BCSC Elementary School
- BCSC L.F. Smith Elementary
- Centerstone
- City of Columbus

- City of Columbus-Bartholomew County Planning Department
- CNHS
- Columbus Pediatrics
- Columbus Regional Health
- Communities That Care
- Community Education Coalition
- County Office
- Court Services
- CRH Trustees
- CRHF
- Family Service, Inc.
- Healthy Communities
- Heritage Fund-The Community Foundation of BC
- Hospital Trustee
- Housing Authority of the City of Columbus
- HSI Human Service
- Indiana Rural Health Association
- Indiana University-Purdue University Columbus
- Inspire Health Partners
- IV-D Child Support Court
- Love Chapel/Volunteers in Medicine
- MainSource Bank
- Mill Race Center
- Multi-County Health Network
- Northside Middle School
- PPO
- Registered Nurse/IBCLC/Coalition
- Sandcrest Dental Health Associates
- Sandcrest Family Medicine
- Tecumseh Capital Partners
- Thrive Alliance
- United Way of Bartholomew County
- Volunteers in Medicine
- White River Broadcasting
- Windrose Health Network
- Zen Fitness

Through this process, input was gathered from several individuals whose organizations work with low-income, minority populations, or other medically underserved populations (*including African-Americans, American Indians, Asian-Indians, Asians, children, the elderly, ex-*

convicts, Hispanics, homeless, immigrants, Indians, the LGBT population, low-income, medically underserved, multiracial, non-English speaking, other races, single parents, addicted patients with limited social support, undereducated, undocumented, uninsured/underinsured, victims of domestic violence, and young adults), or other medically underserved populations (including children, the disabled, elderly, Hispanics, homeless, LGBT community, low-income, Medicaid/Medicare, mentally ill, single parents, substance abusers, undereducated, undocumented, uninsured/underinsured, veterans, women, young adults).

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

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

Public Health, Vital Statistics & Other Data

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

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

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

Note that secondary data reflect county-level data.

Benchmark Data

Trending

A similar survey was administered in the Columbus Regional Hospital Service Area in 1996, 2000, 2003, 2006, 2009, and 2012 by PRC on behalf of Columbus Regional Hospital. Trending data, as revealed by comparison to prior survey results, are provided throughout this report whenever available. Historical data for secondary data indicators are also included for the purposes of trending.

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. State-level vital statistics are also provided for comparison of secondary data indicators.

Nationwide Risk Factor Data

Nationwide risk factor data, which are also provided in comparison charts, are taken from the *2013 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. National-level vital statistics are also provided for comparison of secondary data indicators.

Healthy People 2020

Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. 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.

Determining Significance

Differences noted in this report represent those determined to be significant. For survey-derived indicators (which are subject to sampling error), statistical significance is determined based on confidence intervals (at the 95 percent confidence level) using question-specific samples and response rates. For secondary data indicators (which do not carry sampling error, but might be subject to reporting error), “significance,” for the purpose of this report, is determined by a 5% variation from the comparative measure.

Information Gaps

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

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

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

IRS Form 990, Schedule H Compliance

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

IRS Form 990, Schedule H	See Report Page(s)
Part V Section B Line 1a <i>A definition of the community served by the hospital facility</i>	8
Part V Section B Line 1b <i>Demographics of the community</i>	42
Part V Section B Line 1c <i>Existing health care facilities and resources within the community that are available to respond to the health needs of the community</i>	Error! Bookmark not defined.
Part V Section B Line 1d <i>How data was obtained</i>	8
Part V Section B Line 1f <i>Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups</i>	Addressed Throughout
Part V Section B Line 1g <i>The process for identifying and prioritizing community health needs and services to meet the community health needs</i>	Pending
Part V Section B Line 1h <i>The process for consulting with persons representing the community's interests</i>	11
Part V Section B Line 1i <i>Information gaps that limit the hospital facility's ability to assess the community's health needs</i>	15

Summary of Findings

Significant Health Needs of the Community

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

Areas of Opportunity Identified Through This Assessment	
Access to Healthcare Services	<ul style="list-style-type: none"> • Primary Care Physician Ratio
Cancer	<ul style="list-style-type: none"> • Cancer Deaths <ul style="list-style-type: none"> ◦ Including Lung, Prostate, Female Breast and Colorectal Cancer Deaths • Cancer Incidence <ul style="list-style-type: none"> ◦ Including Lung and Cervical Cancer Incidence • Cancer Screenings <ul style="list-style-type: none"> ◦ Including Female Breast and Cervical Cancer Screening
Chronic Kidney Disease	<ul style="list-style-type: none"> • Kidney Disease Deaths
Dementia, Including Alzheimer's Disease	<ul style="list-style-type: none"> • Alzheimer's Disease Deaths
Diabetes	<ul style="list-style-type: none"> • Diabetes Prevalence • <i>Diabetes ranked #3 as a “major problem” in the Online Key Informant Survey.</i>
Heart Disease & Stroke	<ul style="list-style-type: none"> • Stroke Deaths • High Blood Pressure Prevalence • Overall Cardiovascular Risk
Infant Health & Family Planning	<ul style="list-style-type: none"> • Infant Mortality • Teen Births
Injury & Violence	<ul style="list-style-type: none"> • Unintentional Injury Deaths <ul style="list-style-type: none"> ◦ Including Motor Vehicle Crash Deaths • Bike Helmet Usage [Children] • Firearm-Related Deaths • Firearm Prevalence <ul style="list-style-type: none"> ◦ Including in Homes With Children
Mental Health	<ul style="list-style-type: none"> • “Fair/Poor” Mental Health • Depression <ul style="list-style-type: none"> ◦ Including Diagnosed Depression and Symptoms of Chronic Depression • Suicide Deaths • <i>Mental Health ranked #1 as a “major problem” in the Online Key Informant Survey.</i>

– continued on the next page –

Areas of Opportunity (continued)	
Nutrition, Physical Activity & Weight	<ul style="list-style-type: none"> • Low Food Access • Overweight & Obesity [Adults] • Vigorous Physical Activity • Perceived Difficulty in Leading Healthy Lifestyles <ul style="list-style-type: none"> ◦ Being Physically Active ◦ Improvement of School Meals • <i>Nutrition, Physical Activity & Weight ranked #4 as a “major problem” in the Online Key Informant Survey.</i>
Potentially Disabling Conditions	<ul style="list-style-type: none"> • Sciatica/Back Pain Prevalence
Respiratory Diseases	<ul style="list-style-type: none"> • Chronic Lower Respiratory Disease (CLRD) Deaths • Chronic Obstructive Pulmonary Disease (COPD) Prevalence • Asthma Prevalence
Substance Abuse	<ul style="list-style-type: none"> • Cirrhosis/Liver Disease Deaths • Drug-Induced Deaths • <i>Substance Abuse ranked #2 as a “major problem” in the Online Key Informant Survey.</i>
Tobacco Use	<ul style="list-style-type: none"> • Cigarette Smoking Prevalence • Smokeless Tobacco Prevalence • Awareness of the Indiana Tobacco Quit Line • <i>Tobacco Use ranked #5 as a “major problem” in the Online Key Informant Survey.</i>

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 communities, as well as trend data. 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 service area column] provide comparisons among the three subareas, identifying differences for each as “better than” (☀️), “worse than” (🌧️), or “similar to” (☁️) the combined opposing areas.

■ The columns to the right of the CRH Service Area column provide trending (for Bartholomew County results), as well as comparisons between local data and any available state and national findings, and Healthy People 2020 targets. Again, symbols indicate whether the service area compares favorably (☀️), unfavorably (🌧️), or comparably (☁️) to these external data.

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
















TREND SUMMARY (Current vs. Baseline Data)

Survey Data Indicators:












Trends for survey-derived indicators represent significant changes since 1996. Note that survey data reflect the ZIP Code-defined Columbus Regional Hospital Service Area.

Other (Secondary) Data










Indicators: Trends for other indicators (e.g., public health data) represent point-to-point changes between the most current reporting period and the earliest presented in this report (typically representing the span of roughly a decade). Note that secondary data reflect county-level data for the Columbus Regional Hospital Service Area.












Social Determinants	Each Sub-Area vs. Others		
	Bartholomew County	Jennings (ZIP 47265)	Jackson (ZIP 47274)
Linguistically Isolated Population (Percent)	 2.8	 0.2	 3.7
Population in Poverty (Percent)	 12.2	 16.7	 13.0
Population Below 200% FPL (Percent)	 30.1	 40.8	 36.0
Children Below 200% FPL (Percent)	 40.0	 51.8	 46.8
No High School Diploma (Age 25+, Percent)	 10.9	 14.7	 13.8
Unemployment Rate (Age 16+, Percent)			







Note: In the green section, each subarea is compared against all other areas 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			Bartholomew TREND (vs. Baseline)
	vs. IN	vs. US	vs. HP2020	
2.6	 2.0	 4.8		
13.3	 15.4	 15.4		
33.8	 34.9	 34.2		
44.2	 45.1	 43.8		
12.5	 12.8	 14.0		
4.8	 5.7	 5.4	 4.7	

 better  similar  worse



















Overall Health	Each Sub-Area vs. Others		
	Bartholomew County	Jennings (ZIP 47265)	Jackson (ZIP 47274)
% "Fair/Poor" Physical Health	 18.5	 25.5	 25.1
% Activity Limitations	 23.2	 27.1	 26.1
% 3+ Days of Poor Physical Health in the Past Month	 24.4	 25.5	 23.0
% [Employed] 3+ Workdays Missed in the Past Year	19.8		
<p>Note: In the green section, each subarea is compared against all other areas 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.</p>			















CRH Service Area	CRH Service Area vs. Benchmarks			Bartholomew TREND (vs. Baseline)
	vs. IN	vs. US	vs. HP2020	
21.1	 17.3	 15.3		 13.3
24.5	 20.4	 21.5		 19.0
24.3				 21.0
19.2				 27.2
<p> better  similar  worse</p>				

Access to Health Services	Each Sub-Area vs. Others		
	Bartholomew County	Jennings (ZIP 47265)	Jackson (ZIP 47274)
% [Age 18-64] Lack Health Insurance	 7.1	 1.9	 9.8
% [65+] With Medicare Supplement Insurance	81.0		
% [Insured] Insurance Covers Prescriptions	 94.5	 90.3	 94.9




CRH Service Area	CRH Service Area vs. Benchmarks			Bartholomew TREND (vs. Baseline)
	vs. IN	vs. US	vs. HP2020	
6.8	 20.9	 15.1	 0.0	 11.7
73.9		 68.1		 81.3
93.9		 93.6		 95.5






Access to Health Services (continued)	Each Sub-Area vs. Others			CRH Service Area	CRH Service Area vs. Benchmarks		
	Bartholomew County	Jennings (ZIP 47265)	Jackson (ZIP 47274)		vs. IN	vs. US	vs. HP2020
% [Insured] Went Without Coverage in Past Year	5.8	15.1	4.5	7.2	8.1		7.5
% Cost Prevented Getting Prescription in Past Year	10.5	12.0	6.1	9.8	15.8		8.9
% Cost Prevented Physician Visit in Past Year	10.0	12.1	2.6	8.7	18.2		7.1
% Difficulty Getting Appointment in Past Year	13.2	9.1	7.9	11.4	17.0		10.5
% Transportation Hindered Dr Visit in Past Year	5.7	5.0	6.9	5.8	9.4		
% Language/Culture Hindered Medical Care in Past Year	1.2	2.4	0.6	1.3			1.5
% Difficulty Getting Child's Healthcare in Past Year	1.4			1.3	6.0		10.0
% Know Dosage and Directions for Current Medications	83.1	82.9	77.3	81.8			
% Have Stopped Taking Meds in Past 3 Years w/o Dr's Orders	16.0	16.7	8.9	14.6			

Access to Health Services (continued)	Each Sub-Area vs. Others		
	Bartholomew County	Jennings (ZIP 47265)	Jackson (ZIP 47274)
% Have a Regular Physician or Clinic for Medical Care	 86.5	 92.6	 88.3
% Prefer My Usual Dr for Routine Care	 81.7	 73.5	 81.8
% Prefer a UCC/Walk-In Clinic for Routine Care	 18.3	 26.5	 18.2
% Aware of the Volunteers in Medicine Clinic in Columbus	 76.8	 37.6	 24.2
Primary Care Doctors per 100,000	 80.9	 49.7	 53.4
% Have Had Routine Checkup in Past Year	 71.2	 76.5	 79.3
% Child Has Had Checkup in Past Year	93.8		
<p>Note: In the green section, each subarea is compared against all other areas 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.</p>			







CRH Service Area	CRH Service Area vs. Benchmarks			Bartholomew TREND (vs. Baseline)
	vs. IN	vs. US	vs. HP2020	
88.0	 72.7	 82.6		 87.4
80.3				
19.7				
58.6				 66.4
67.2	 65.9	 74.5		
73.8	 64.7	 65.0		 68.0
94.5		 84.1		 91.0
<p> better  similar  worse</p>				



















Each Sub-Area vs. Others










































Arthritis, Osteoporosis & Chronic Back Conditions	Bartholomew County	Jennings (ZIP 47265)	Jackson (ZIP 47274)
% Sciatica/Chronic Back Pain	 20.9	 33.4	 25.1
<p>Note: In the green section, each subarea is compared against all other areas 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.</p>			

CRH Service Area	CRH Service Area vs. Benchmarks			Bartholomew TREND (vs. Baseline)
	vs. IN	vs. US	vs. HP2020	
23.9		 18.4		 16.1
<p> better  similar  worse</p>				

Each Sub-Area vs. Others

Cancer	Bartholomew County	Jennings (ZIP 47265)	Jackson (ZIP 47274)
Cancer (Age-Adjusted Death Rate)	 179.5	 194.0	 231.5
Lung Cancer (Age-Adjusted Death Rate)			
Prostate Cancer (Age-Adjusted Death Rate)			
Female Breast Cancer (Age-Adjusted Death Rate)			
Colorectal Cancer (Age-Adjusted Death Rate)			
Prostate Cancer Incidence per 100,000	 97.9	 88.1	 122.2

CRH Service Area	CRH Service Area vs. Benchmarks			Bartholomew TREND (vs. Baseline)
	vs. IN	vs. US	vs. HP2020	
196.8	 183.1	 166.2	 161.4	 207.6
62.4	 54.5	 44.7	 45.5	
23.8	 20.7	 19.8	 21.8	
22.5	 22.0	 21.3	 20.7	
16.5	 16.4	 14.9	 14.5	
103.0	 117.4	 142.3		

Cancer (continued)	Each Sub-Area vs. Others			CRH Service Area	CRH Service Area vs. Benchmarks			Bartholomew TREND (vs. Baseline)
	Bartholomew County	Jennings (ZIP 47265)	Jackson (ZIP 47274)		vs. IN	vs. US	vs. HP2020	
Female Breast Cancer Incidence per 100,000	 111.5	 111.8	 130.9	117.2	 118.5	 122.7		
Lung Cancer Incidence per 100,000	 76.4	 108.1	 77.3	82.5	 76.5	 64.9		
Colorectal Cancer Incidence per 100,000	 40.1	 34.2	 51.1	42.2	 46.3	 43.3		
Cervical Cancer Incidence per 100,000				9.0	 7.5	 7.8		
% Skin Cancer	 6.7	 6.0	 9.7	7.3	 5.2	 6.7	 6.0	
% Cancer (Other Than Skin)	 5.2	 6.4	 9.5	6.4	 6.2	 6.1	 4.4	
% [Women 50-74] Mammogram in Past 2 Years				71.5	 69.5	 83.6	 81.1	 77.8
% [Women] Know How to Perform a Breast Self-Exam	 97.5	 93.7	 86.3	94.5			 97.5	
% [Women] Clinical Breast Exam in the Past Year	 54.8	 60.1	 62.1	57.3			 56.5	

Cancer (continued)	Each Sub-Area vs. Others		
	Bartholomew County	Jennings (ZIP 47265)	Jackson (ZIP 47274)
% [Women 21-65] Pap Smear in Past 3 Years	78.0		
% [Age 50+] Sigmoid/Colonoscopy Ever	76.0	77.6	78.0
% [Age 50+] Blood Stool Test in Past 2 Years	34.8	25.2	27.2
% [Age 50-75] Colorectal Cancer Screening	73.7	71.6	74.6
<p>Note: In the green section, each subarea is compared against all other areas 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.</p>			

CRH Service Area	CRH Service Area vs. Benchmarks			Bartholomew TREND (vs. Baseline)
	vs. IN	vs. US	vs. HP2020	
79.4	73.2	83.9	93.0	86.4
76.7	62.5	75.2		53.0
31.6	14.3	36.9		54.5
73.6		75.1	70.5	71.0
<p> better similar worse</p>				







Chronic Kidney Disease	Each Sub-Area vs. Others		
	Bartholomew County	Jennings (ZIP 47265)	Jackson (ZIP 47274)
Kidney Disease (Age-Adjusted Death Rate)	20.6		13.8
<p>Note: In the green section, each subarea is compared against all other areas 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.</p>			

CRH Service Area	CRH Service Area vs. Benchmarks			Bartholomew TREND (vs. Baseline)
	vs. IN	vs. US	vs. HP2020	
18.8	18.2	13.2		21.6
<p> better similar worse</p>				










Each Sub-Area vs. Others

Dementias, Including Alzheimer's Disease	Bartholomew County	Jennings (ZIP 47265)	Jackson (ZIP 47274)
Alzheimer's Disease (Age-Adjusted Death Rate)	 23.4	 34.0	 58.0














Note: In the green section, each subarea is compared against all other areas 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			Bartholomew TREND (vs. Baseline)
	vs. IN	vs. US	vs. HP2020	
35.4	 28.5	 24.0		 40.6
	 better	 similar	 worse	

Each Sub-Area vs. Others

Diabetes	Bartholomew County	Jennings (ZIP 47265)	Jackson (ZIP 47274)
Diabetes Mellitus (Age-Adjusted Death Rate)	 15.2		 28.0
% Diabetes/High Blood Sugar	 13.7	 20.0	 18.4
% [Non-Diabetes] Blood Sugar Tested in Past 3 Years	 59.2	 73.3	 42.9
% [Diabetics] Taking Insulin/Medication	 81.2		

Note: In the green section, each subarea is compared against all other areas 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			Bartholomew TREND (vs. Baseline)
	vs. IN	vs. US	vs. HP2020	
19.8	 25.9	 21.3	 20.5	 20.2
15.8	 11.0	 11.7		 7.4
58.2		 49.2		
73.6		 80.4		 86.0
	 better	 similar	 worse	

Each Sub-Area vs. Others
















Family Planning	Bartholomew County	Jennings (ZIP 47265)	Jackson (ZIP 47274)
Teen Births per 1,000 (Age 15-19)	 50.9	 55.8	 59.8

Note: In the green section, each subarea is compared against all other areas 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 vs. Benchmarks







CRH Service Area	CRH Service Area vs. Benchmarks			Bartholomew TREND (vs. Baseline)
	vs. IN	vs. US	vs. HP2020	
54.2	 38.9	 36.6		
	 better	 similar	 worse	











Each Sub-Area vs. Others




Heart Disease & Stroke	Bartholomew County	Jennings (ZIP 47265)	Jackson (ZIP 47274)
Diseases of the Heart (Age-Adjusted Death Rate)	 173.1	 186.1	 183.7
Stroke (Age-Adjusted Death Rate)	 42.1	 59.6	 59.5
% Heart Disease (Heart Attack, Angina, Congestive Heart Failure)	 6.4	 8.7	 7.2
% Stroke	 3.5	 1.1	 3.6
% Told Have High Blood Pressure (Ever)	 38.6	 43.9	 42.4






CRH Service Area vs. Benchmarks

CRH Service Area	CRH Service Area vs. Benchmarks			Bartholomew TREND (vs. Baseline)
	vs. IN	vs. US	vs. HP2020	
178.6	 187.3	 171.3	 156.9	 223.5
49.9	 42.5	 37.0	 34.8	 61.2
7.0		 6.1		 6.4
3.1	 3.1	 3.9		 2.3
40.4	 33.5	 34.1	 26.9	 20.4

Heart Disease & Stroke (continued)	Each Sub-Area vs. Others		
	Bartholomew County	Jennings (ZIP 47265)	Jackson (ZIP 47274)
% [HBP] Taking Action to Control High Blood Pressure	92.7		
% Told Have High Cholesterol (Ever)	 30.8	 36.5	 30.0
% 1+ Cardiovascular Risk Factor	 83.6	 92.7	 94.5
<p>Note: In the green section, each subarea is compared against all other areas 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.</p>			

CRH Service Area	CRH Service Area vs. Benchmarks			Bartholomew TREND (vs. Baseline)
	vs. IN	vs. US	vs. HP2020	
91.4		 89.2		
31.6	 39.8	 29.9	 13.5	 25.3
87.5		 82.3		 84.1
<p> better  similar  worse</p>				

HIV	Each Sub-Area vs. Others		
	Bartholomew County	Jennings (ZIP 47265)	Jackson (ZIP 47274)
HIV Prevalence per 100,000	 81.6	 29.1	 83.1
<p>Note: In the green section, each subarea is compared against all other areas 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.</p>			
























CRH Service Area	CRH Service Area vs. Benchmarks			Bartholomew TREND (vs. Baseline)
	vs. IN	vs. US	vs. HP2020	
72.4	 159.4	 340.4		
<p> better  similar  worse</p>				

Immunization & Infectious Diseases	Each Sub-Area vs. Others		
	Bartholomew County	Jennings (ZIP 47265)	Jackson (ZIP 47274)
% [Age 65+] Flu Vaccine in Past Year	68.4		
% [High-Risk 18-64] Flu Vaccine in Past Year	55.8		
Note: In the green section, each subarea is compared against all other areas 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			Bartholomew TREND (vs. Baseline)
	vs. IN	vs. US	vs. HP2020	
67.5	57.6	57.5	70.0	64.5
53.6		45.9	70.0	
better similar worse				

Injury & Violence Prevention	Each Sub-Area vs. Others		
	Bartholomew County	Jennings (ZIP 47265)	Jackson (ZIP 47274)
Unintentional Injury (Age-Adjusted Death Rate)	35.9	68.8	54.2
Motor Vehicle Crashes (Age-Adjusted Death Rate)	11.9	25.4	16.9
% "Always" Wear Seat Belt	89.3	82.6	81.7
% Child [Age 0-17] "Always" Uses Seat Belt/Car Seat	92.6		

CRH Service Area	CRH Service Area vs. Benchmarks			Bartholomew TREND (vs. Baseline)
	vs. IN	vs. US	vs. HP2020	
47.1	41.7	39.2	36.4	52.7
16.0	11.5	10.7	12.4	21.9
86.5		84.8	92.0	68.3
92.1		92.2		89.4




Injury & Violence Prevention (continued)	Each Sub-Area vs. Others			CRH Service Area	CRH Service Area vs. Benchmarks			Bartholomew TREND (vs. Baseline)
	Bartholomew County	Jennings (ZIP 47265)	Jackson (ZIP 47274)		vs. IN	vs. US	vs. HP2020	
% Child [Age 5-17] "Always" Wears Bicycle Helmet	37.5			33.7		 48.7	 22.5	
% [Parents] Child Has Rec'd Instruction in Swimming/Water Safety	82.8			78.9			 78.3	
% [Parents] Have Discussed Fire Escape Plan With Child	87.6			83.8			 77.2	
Firearm-Related Deaths (Age-Adjusted Death Rate)	13.0			9.7	 11.6	 10.4	 9.3	 9.0
% Firearm in Home	45.3	 49.4	 49.4	46.9		 34.7	 43.9	
% [Homes With Children] Firearm in Home	45.8			47.9		 37.4	 43.8	
% [Homes With Firearms] Weapon(s) Unlocked & Loaded	16.0			16.7		 16.8		
Homicide (Age-Adjusted Death Rate)				2.6	 5.5	 5.7	 5.5	
Violent Crime per 100,000	 160.2	 230.5	 263.6	202.6	 359.1	 395.5		

Each Sub-Area vs. Others

Injury & Violence Prevention (continued)	Bartholomew County	Jennings (ZIP 47265)	Jackson (ZIP 47274)
% Victim of Violent Crime in Past 5 Years	 2.4	 0.0	 0.6
% Victim of Domestic Violence in the Past 3 Years	 2.0	 0.9	 0.0
% Have Been Forced into Sexual Activity in Past 3 Years	 1.1	 0.0	 2.2




Note: In the green section, each subarea is compared against all other areas 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 vs. Benchmarks

CRH Service Area	vs. IN	vs. US	vs. HP2020	Bartholomew TREND (vs. Baseline)
1.6		 2.8		 1.4
1.4				 4.2
1.1				









 better  similar  worse

Each Sub-Area vs. Others



















Maternal, Infant & Child Health	Bartholomew County	Jennings (ZIP 47265)	Jackson (ZIP 47274)
Low Birthweight Births (Percent)	 7.9	 7.2	 8.2
Infant Death Rate	 10.5		
% Child was Breastfed as an Infant	 64.5		

Note: In the green section, each subarea is compared against all other areas 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 vs. Benchmarks

CRH Service Area	vs. IN	vs. US	vs. HP2020	Bartholomew TREND (vs. Baseline)
7.8	 8.2	 8.2	 7.8	
8.9	 7.2	 6.0	 6.0	 7.5
53.0				 69.3





















































 better  similar  worse






























Mental Health & Mental Disorders	Each Sub-Area vs. Others		
	Bartholomew County	Jennings (ZIP 47265)	Jackson (ZIP 47274)
% "Fair/Poor" Mental Health	 15.1	 16.2	 16.3
% Diagnosed Depression	 25.7	 29.5	 28.2
% Symptoms of Chronic Depression (2+ Years)	 30.4	 38.9	 28.0
Suicide (Age-Adjusted Death Rate)	 16.0		
% Have Considered Suicide in the Past Year	 6.2	 8.6	 7.1
% Unable to Get Mental Health Services in the Past Year	 4.4	 4.2	 1.6
% "Fair/Poor" Ease of Obtaining Local Mental Health Services	 29.5	 42.4	 27.3
% [Those With Diagnosed Depression] Seeking Help	 82.2		







Note: In the green section, each subarea is compared against all other areas 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			Bartholomew TREND (vs. Baseline)
	vs. IN	vs. US	vs. HP2020	
15.6		 11.9		
26.9		 20.4		
31.3		 30.4		 23.6
14.4	 14.0	 12.5	 10.2	 12.7
6.8				
3.8				
31.2				
80.9		 76.6		




 better
  similar
  worse











Nutrition, Physical Activity & Weight	Each Sub-Area vs. Others			CRH Service Area	CRH Service Area vs. Benchmarks			Bartholomew TREND (vs. Baseline)
	Bartholomew County	Jennings (ZIP 47265)	Jackson (ZIP 47274)		vs. IN	vs. US	vs. HP2020	
% Ate 5+ Servings of Fruits/Vegetables Yesterday	 13.1	 7.7	 9.0	11.3				
Population With Low Food Access (Percent)	 29.2	 18.9	 30.3	27.5	 26.1	 23.6		
% Healthy Weight (BMI 18.5-24.9)	 28.9	 20.8	 13.8	24.1	 31.1	 34.4	 44.5	
% Overweight (BMI 25+)	 68.3	 79.2	 85.8	74.1	 67.2	 63.1	 52.9	
% Obese (BMI 30+)	 32.9	 47.3	 33.8	35.6	 31.8	 29.0	 16.8	
% No Leisure-Time Physical Activity	 20.7	 33.3	 18.6	22.4	 31.1	 20.7	 28.2	
% Meeting Physical Activity Guidelines	 48.7	 34.8	 52.8	47.2		 50.3	 52.3	
% Moderate Physical Activity	 31.8	 28.3	 29.4	30.7		 30.6	 25.9	
% Vigorous Physical Activity	 35.3	 22.0	 37.8	33.6		 38.0	 44.3	
Recreation/Fitness Facilities per 100,000	 13.0	 3.5	 7.1	9.5	 9.1	 9.7		

Nutrition, Physical Activity & Weight (continued)	Each Sub-Area vs. Others			CRH Service Area	CRH Service Area vs. Benchmarks		
	Bartholomew County	Jennings (ZIP 47265)	Jackson (ZIP 47274)		vs. IN	vs. US	vs. HP2020
% Eat 5+ Weekly Meals Together as a Family	 47.4	 41.9	 34.2	43.6			 46.3
% Helping Kids Make Healthy Choices is Harder Now	 8.1	 16.9	 4.8	8.9			 11.2
% Making Healthy Choices While Dining Out is Harder Now	 14.1	 24.4	 15.0	16.1			 11.6
% Making Healthy Choices at Work is Harder Now	10.5			11.4			 14.2
% Being Physically Active is Harder Now	 33.4	 48.4	 45.0	38.5			 24.7
% Community is More Supportive of Healthy Lifestyles	 90.0	 69.8	 82.1	84.8			 88.3
% Local Schools Have Improved Meals in the Past 2 Years	 79.9	 64.7	 74.2	75.6			 85.2
% [Employed] Workplace is More Supportive of Healthy Lifestyles	90.7			83.0			 84.4
% Walked to Work or Errands in the Past Year	 36.1	 33.7	 30.1	34.4			

Nutrition, Physical Activity & Weight (continued)	Each Sub-Area vs. Others		
	Bartholomew County	Jennings (ZIP 47265)	Jackson (ZIP 47274)
% Biked to Work or Errands in the Past Year	 11.0	 8.2	 15.8
% Walking/Riding a Bike to Destinations is Harder Now	 26.4	 56.0	 36.8
% Child [Age 2-17] Physically Active 1+ Hours per Day	59.2		
% Child [Age 5-17] 3+ Hours per Day of Total Screen Time	24.1		
<p>Note: In the green section, each subarea is compared against all other areas 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.</p>			

CRH Service Area	CRH Service Area vs. Benchmarks			Bartholomew TREND (vs. Baseline)
	vs. IN	vs. US	vs. HP2020	
11.6				
33.2				 25.8
61.1		 48.6		
27.6				
<p> better  similar  worse</p>				

Oral Health	Each Sub-Area vs. Others		
	Bartholomew County	Jennings (ZIP 47265)	Jackson (ZIP 47274)
% [Age 18+] Dental Visit in Past Year	 69.4	 56.7	 71.1
% Child [Age 2-17] Dental Visit in Past Year	90.0		
<p>Note: In the green section, each subarea is compared against all other areas 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.</p>			



CRH Service Area	CRH Service Area vs. Benchmarks			Bartholomew TREND (vs. Baseline)
	vs. IN	vs. US	vs. HP2020	
67.5	 62.6	 65.9	 49.0	 70.4
88.7		 81.5	 49.0	 79.8
<p> better  similar  worse</p>				

Each Sub-Area vs. Others

Quality of Life	Bartholomew County	Jennings (ZIP 47265)	Jackson (ZIP 47274)
% Agree That Bartholomew County is a Friendly Community	94.8		
% Agree That Bartholomew County Welcomes and Values Diversity	92.3		










Note: In the green section, each subarea is compared against all other areas 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 vs. Benchmarks

CRH Service Area	CRH Service Area vs. Benchmarks			Bartholomew TREND (vs. Baseline)
	vs. IN	vs. US	vs. HP2020	
94.8				 94.6
92.3				 85.6













 better  similar  worse

Each Sub-Area vs. Others

Respiratory Diseases	Bartholomew County	Jennings (ZIP 47265)	Jackson (ZIP 47274)
CLRD (Age-Adjusted Death Rate)	 67.4	 77.1	 60.0
Pneumonia/Influenza (Age-Adjusted Death Rate)	10.1		
% COPD (Lung Disease)	 11.6	 18.3	 11.2
% Adults Asthma (Ever Diagnosed)	 19.8	 15.8	 16.8







Note: In the green section, each subarea is compared against all other areas 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 vs. Benchmarks

CRH Service Area	CRH Service Area vs. Benchmarks			Bartholomew TREND (vs. Baseline)
	vs. IN	vs. US	vs. HP2020	
67.1	 57.3	 42.0		 49.9
10.9	 14.5	 15.3		 23.1
12.7	 8.0	 8.6		 7.9
18.5	 15.3	 16.4		 9.0








 better  similar  worse

Each Sub-Area vs. Others











Sexually Transmitted Diseases	Bartholomew County	Jennings (ZIP 47265)	Jackson (ZIP 47274)
Gonorrhea Incidence per 100,000	 37.2	 17.7	 16.3
Chlamydia Incidence per 100,000	 260.7	 347.6	 321.2

Note: In the green section, each subarea is compared against all other areas 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 vs. Benchmarks













CRH Service Area	CRH Service Area vs. Benchmarks			Bartholomew TREND (vs. Baseline)
	vs. IN	vs. US	vs. HP2020	
27.5	 112.6	 107.5		
294.6	 452.7	 456.7		
	 better	 similar	 worse	













Each Sub-Area vs. Others










Substance Abuse	Bartholomew County	Jennings (ZIP 47265)	Jackson (ZIP 47274)
Cirrhosis/Liver Disease (Age-Adjusted Death Rate)	9.6		 14.7
% Current Drinker	 51.7	 41.2	 42.5
% Binge Drinker (Single Occasion - 5+ Drinks Men, 4+ Women)	 11.0	 8.3	 14.2
% Excessive Drinkers	 13.1	 10.4	 17.6









CRH Service Area vs. Benchmarks










CRH Service Area	CRH Service Area vs. Benchmarks			Bartholomew TREND (vs. Baseline)
	vs. IN	vs. US	vs. HP2020	
11.8	 9.9	 9.9	 8.2	 9.6
47.9	 48.5	 56.5		 48.1
11.3	 15.0	 19.5	 24.4	 9.7
13.7		 23.2	 25.4	












Substance Abuse (continued)	Each Sub-Area vs. Others		
	Bartholomew County	Jennings (ZIP 47265)	Jackson (ZIP 47274)
% Drinking & Driving in Past Month	 0.9	 0.0	 1.1
Drug-Induced Deaths (Age-Adjusted Death Rate)	 8.5	 26.6	 21.9
% Illicit Drug Use in Past Month	 0.7	 2.9	 0.0
% Member of Family Has Had Problems with Illegal Drugs	 5.2	 8.2	 5.1
<p>Note: In the green section, each subarea is compared against all other areas 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.</p>			

CRH Service Area	CRH Service Area vs. Benchmarks			Bartholomew TREND (vs. Baseline)
	vs. IN	vs. US	vs. HP2020	
0.8		 5.0		 1.1
15.7	 16.7	 14.1	 11.3	 13.7
0.9		 4.0	 7.1	 7.1
5.7				
<p> better  similar  worse</p>				

Tobacco Use	Each Sub-Area vs. Others		
	Bartholomew County	Jennings (ZIP 47265)	Jackson (ZIP 47274)
% Current Smoker	 16.8	 27.3	 16.8
% Someone Smokes at Home	 13.6	 12.1	 12.9
% [Non-Smokers] Someone Smokes in the Home	 7.2	 6.3	 13.1

CRH Service Area	CRH Service Area vs. Benchmarks			Bartholomew TREND (vs. Baseline)
	vs. IN	vs. US	vs. HP2020	
18.6	 21.9	 14.9	 12.0	 26.4
13.2		 12.7		 29.3
8.4		 6.3		 5.2

Tobacco Use (continued)	Each Sub-Area vs. Others		
	Bartholomew County	Jennings (ZIP 47265)	Jackson (ZIP 47274)
% [Household With Children] Someone Smokes in the Home	10.7		
% Use Smokeless Tobacco	 7.1	 1.5	 8.4
% Aware of the Indiana Tobacco Quit Line	 50.8	 72.5	 53.5
% Current Users of Electronic Cigarettes	 4.3	 10.7	 1.4
<p>Note: In the green section, each subarea is compared against all other areas 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.</p>			

CRH Service Area	CRH Service Area vs. Benchmarks			Bartholomew TREND (vs. Baseline)
	vs. IN	vs. US	vs. HP2020	
10.3		 9.7		 35.2
6.5	 4.9	 4.0	 0.3	 3.9
55.0				 71.4
4.8				 3.8
<p> better  similar  worse</p>				

Community Description



Professional Research Consultants, Inc.

Population Characteristics

Total Population

The three counties containing Columbus Regional Hospital Service Area, the focus of this Community Health Needs Assessment, encompass 1,292.46 square miles and house a total population of 149,023 residents, according to latest census estimates.

Total Population
(Estimated Population, 2009-2013)

	Total Population	Total Land Area (Square Miles)	Population Density (Per Square Mile)
Bartholomew County	77,930	406.80	191.57
Jennings County	28,324	376.48	75.23
Jackson County	42,769	509.18	84.0
CRH Service Area	149,023	1,292.46	115.3
Indiana	6,514,861	35,816.65	181.89
United States	311,536,591	3,530,997.6	88.23

Sources:

- US Census Bureau American Community Survey 5-year estimates (2009-2013).
- Retrieved June 2015 from Community Commons at <http://www.chna.org>.

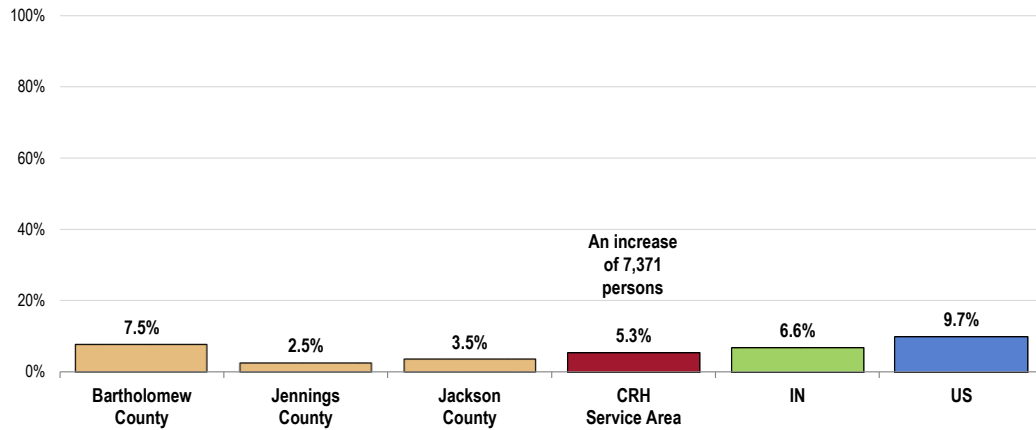
Population Change 2000-2010

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

Between the 2000 and 2010 US Censuses, the population of the service area increased by 7,371 persons, or 5.3%.

- A smaller proportional increase than seen across the state.
- A smaller proportional increase than seen nationwide.
- Note, however, the larger population increase reported for Bartholomew County (7.5%).

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



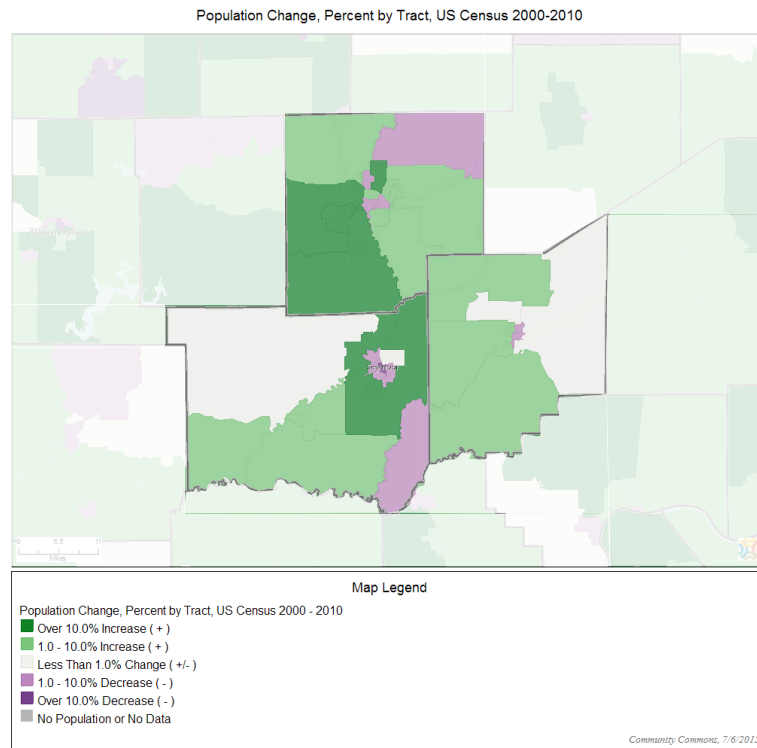
Sources:

- Retrieved June 2015 from Community Commons at <http://www.chna.org>.
- US Census Bureau Decennial Census (2000-2010).

 Notes:

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

While much of the area has experienced an increase in population, note the pockets (in purple) where the population decreased between 2000 and 2010.



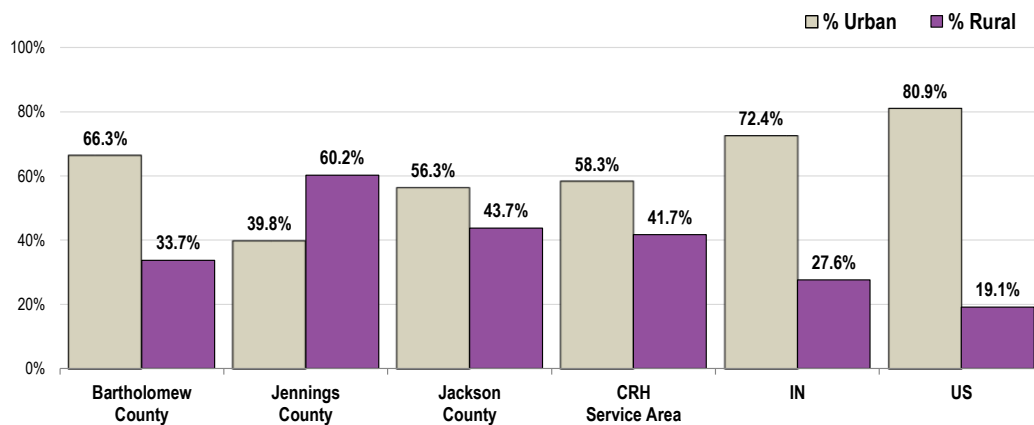
Urban/Rural Population

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

More than half of the Columbus Regional Hospital Service Area is urban (58.3% of the population lives in areas designated as urban).

- Note that at least 75% of the state and national populations live in urban areas.
- By county, Bartholomew County reports the highest proportion of urban living (66.3% of the population).

Urban and Rural Population (2010)



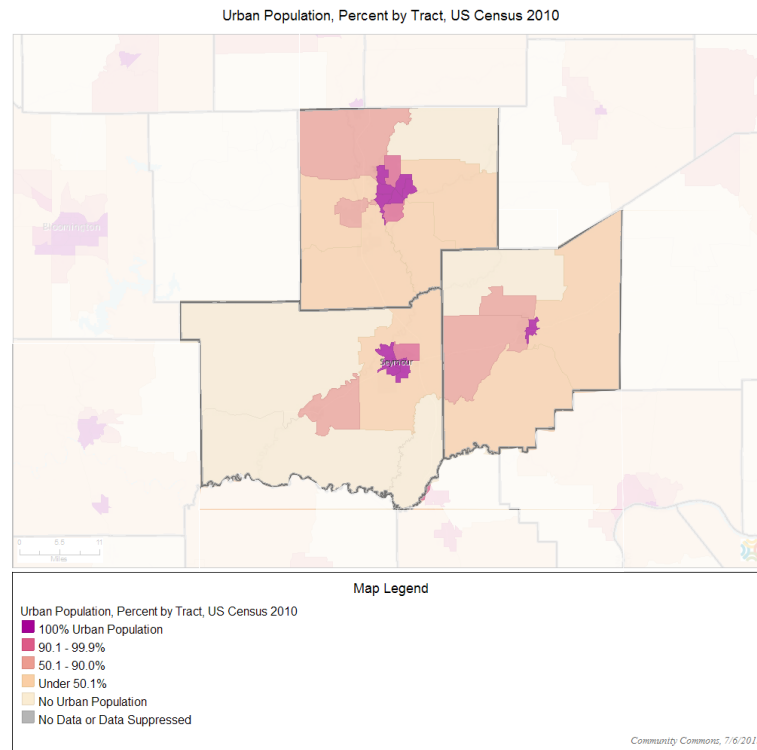
Sources:

- US Census Bureau Decennial Census (2010).
- Retrieved June 2015 from Community Commons at <http://www.chna.org>.

 Notes:

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

- Note the following map outlining the urban population in the Columbus Regional Hospital Service Area census tracts as of 2010.



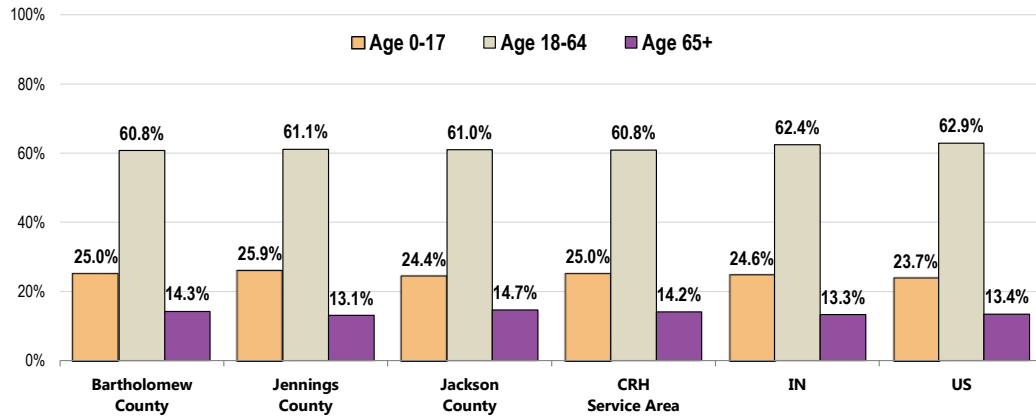
Age

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

In the Columbus Regional Hospital Service Area, 25.0% of the population are infants, children or adolescents (age 0-17); another 60.8% are age 18 to 64, while 14.2% are age 65 and older.

- The percentage of older adults (65+) is higher than that found statewide.
- The percentage of older adults (65+) is higher than the US figure.
- Viewed by county, Jackson County has the largest proportion of seniors.

Total Population by Age Groups, Percent (2009-2013)

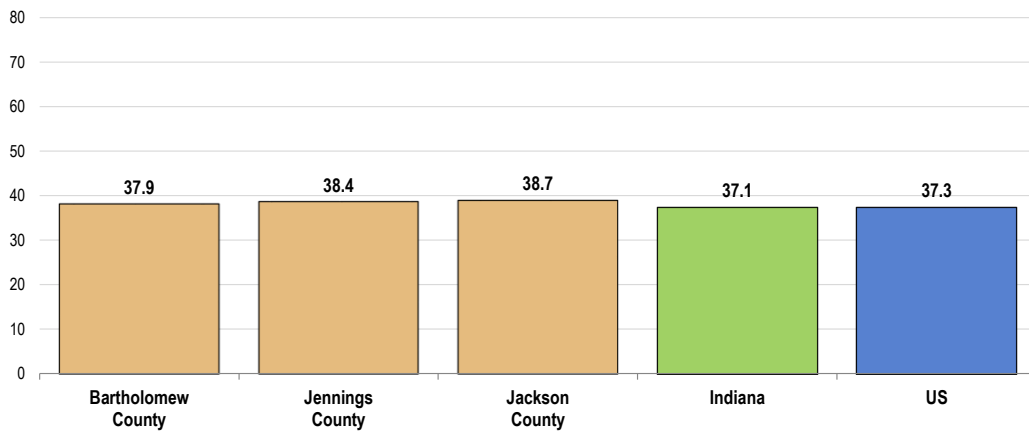


Sources: • US Census Bureau American Community Survey 5-year estimates (2009-2013).
 • Retrieved June 2015 from Community Commons at <http://www.chna.org>.

Median Age

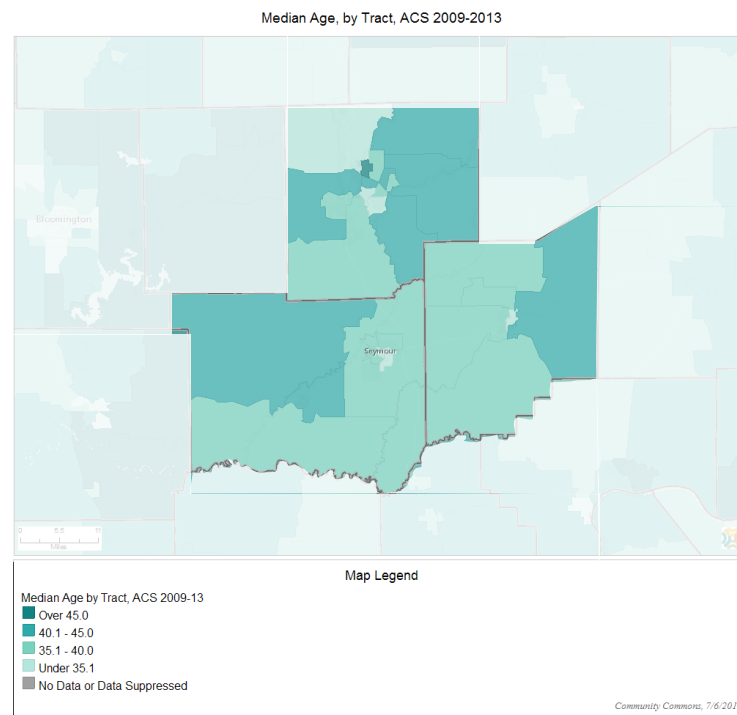
Each of the three counties in the Columbus Regional Hospital Service Area is “older” than the state and the nation in that the median age is higher.

Median Age (2009-2013)



Sources: • US Census Bureau American Community Survey 5-year estimates (2009-2013).
 • Retrieved June 2015 from Community Commons at <http://www.chna.org>.

- The following map provides an illustration of the median age in the Columbus Regional Hospital Service Area, segmented by census tract.



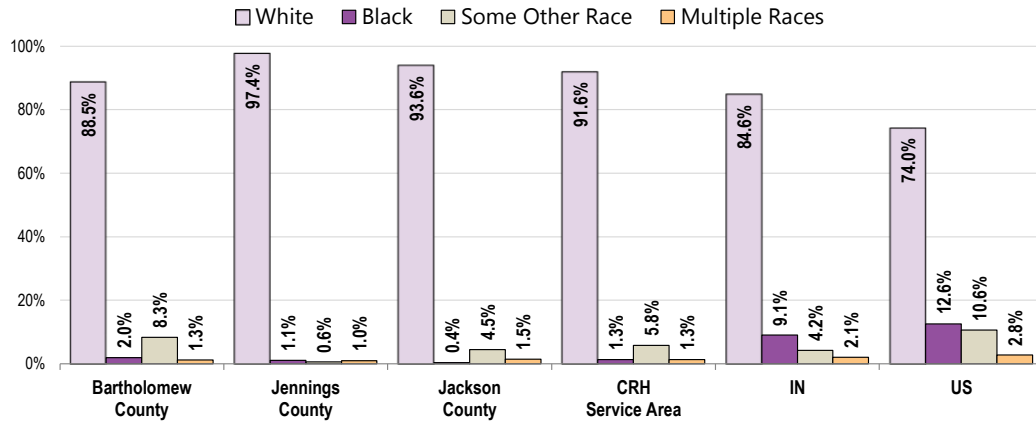
Race & Ethnicity

Race

In looking at race independent of ethnicity (Hispanic or Latino origin), 91.6% of residents of Columbus Regional Hospital Service Area are White and 1.3% are Black.

- The state population is less White, more Black, and includes more multiple-race residents.
- Nationally, the US population is less White, more Black, and includes more multiple-race residents.
- By county, Jennings is the least racially diverse.

Total Population by Race Alone, Percent (2009-2013)



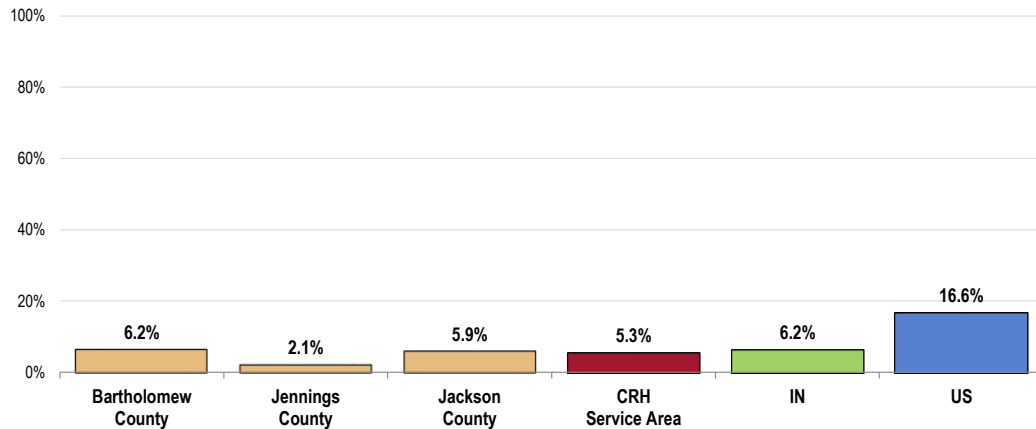
Sources: • US Census Bureau American Community Survey 5-year estimates (2009-2013).
 • Retrieved June 2015 from Community Commons at <http://www.chna.org>.

Ethnicity

A total of 5.3% of Columbus Regional Hospital Service Area residents are Hispanic or Latino.

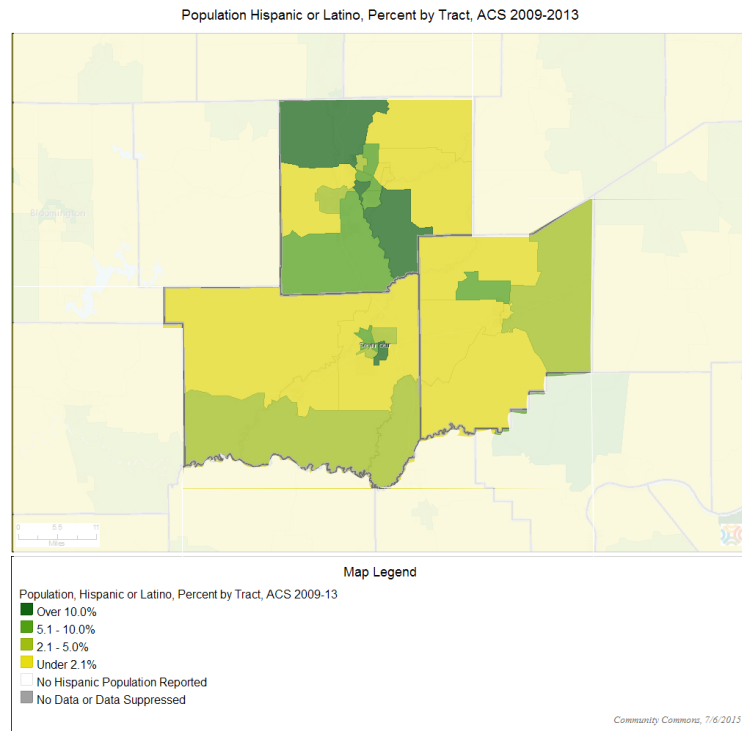
- Lower than found statewide.
- Much lower than found nationally.
- By county, Jennings houses the lowest proportion of Hispanics.

Percent Population Hispanic or Latino (2009-2013)



Sources: • US Census Bureau American Community Survey 5-year estimates (2009-2013).
 • Retrieved June 2015 from Community Commons at <http://www.chna.org>.
 Notes: • Origin can be viewed as the heritage, nationality group, lineage, or country of birth of the person or the person's parents or ancestors before their arrival in the United States. People who identify their origin as Hispanic, Latino, or Spanish may be of any race.

- The Hispanic population appears to be most concentrated in portions of Bartholomew County.

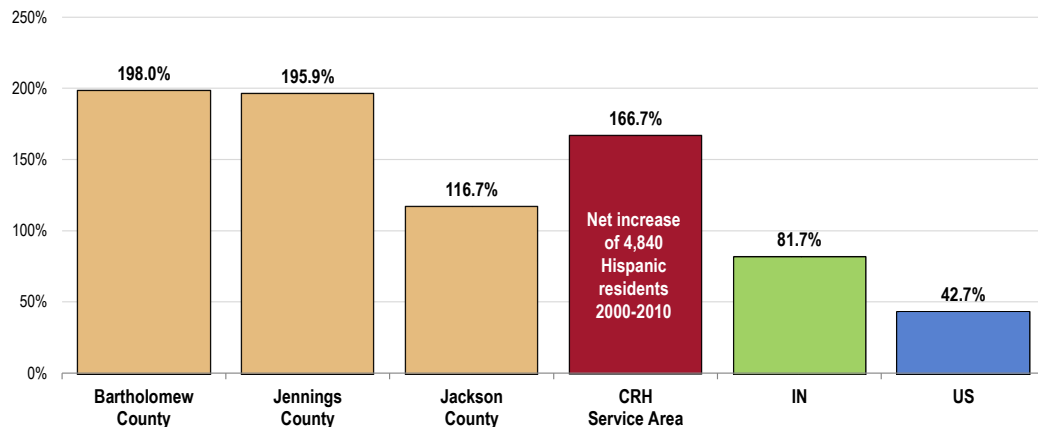


Between 2000 and 2010, the Hispanic population in the Columbus Regional Hospital Service Area increased by 4,840 people, or 166.7%.

- Twice as high (in terms of percentage growth) than found statewide.
- Nearly four times higher (in terms of percentage growth) than found nationally.

Hispanic Population Change

(Percentage Change in Hispanic Population Between 2000 and 2010)



Sources:

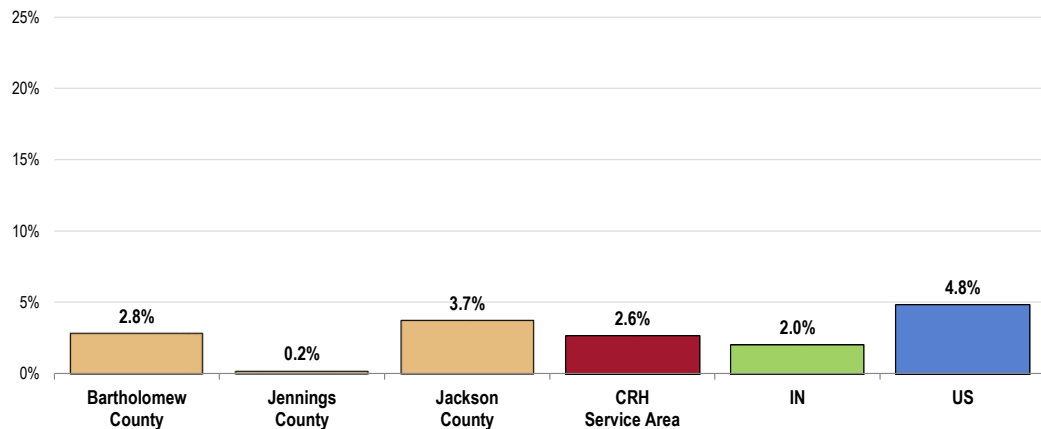
- US Census Bureau Decennial Census (2000-2010).
- Retrieved June 2015 from Community Commons at <http://www.chna.org>.

Linguistic Isolation

A total of 2.6% of the Columbus Regional Hospital Service Area population age 5 and older live in a home in which no persons age 14 or older are proficient in English (speaking only English, or speaking English “very well”).

- Higher than found statewide.
- Lower than found nationally.
- By county, the percentage decreases to almost zero in Jennings County (the percentage is highest in Jackson County).

Linguistically Isolated Population (2009-2013)



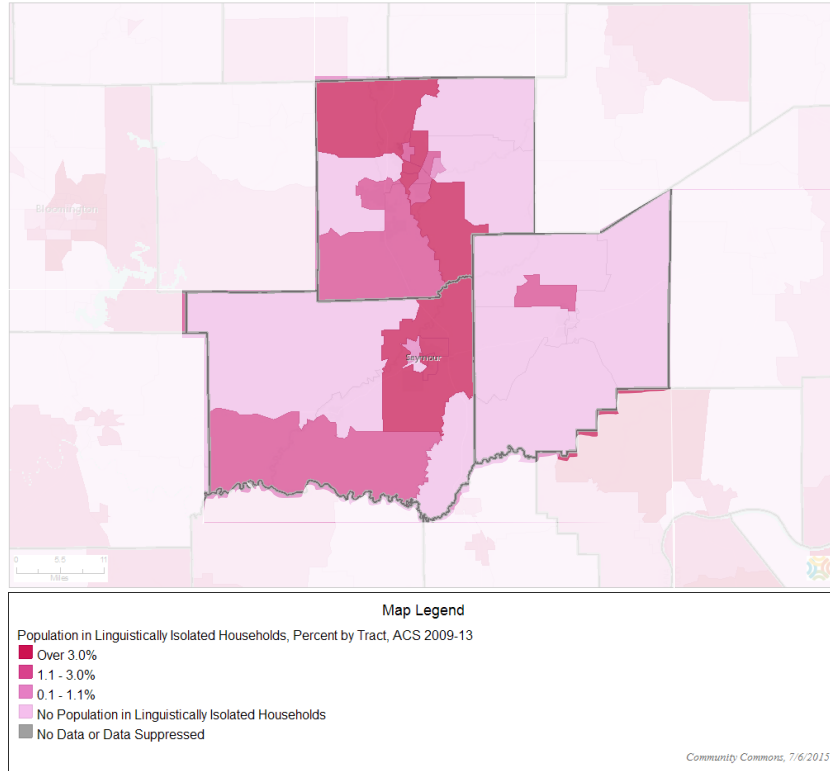
Sources: • US Census Bureau American Community Survey 5-year estimates (2009-2013).

• Retrieved June 2015 from Community Commons at <http://www.chna.org>.

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

- Note the following map illustrating linguistic isolation in the Columbus Regional Hospital Service Area.

Population in Linguistically Isolated Households, Percent by Tract, ACS 2009-2013



Social Determinants of Health

About Social Determinants

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

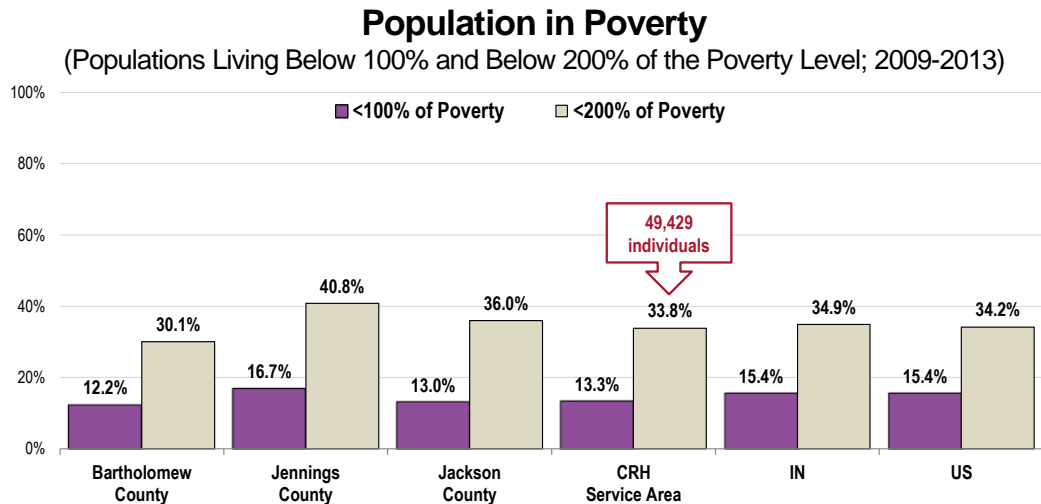
- Healthy People 2020 (www.healthypeople.gov)

Poverty

The latest census estimate shows **13.3%** of the Columbus Regional Hospital Service Area population living below the federal poverty level.

In all, **33.8%** of Columbus Regional Hospital Service Area residents (an estimated **49,429 individuals**) live below 200% of the federal poverty level.

- Comparable to the proportion reported statewide.
- Comparable to that found nationally.
- Jennings County reports the highest prevalence of residents living in poverty.



Sources:

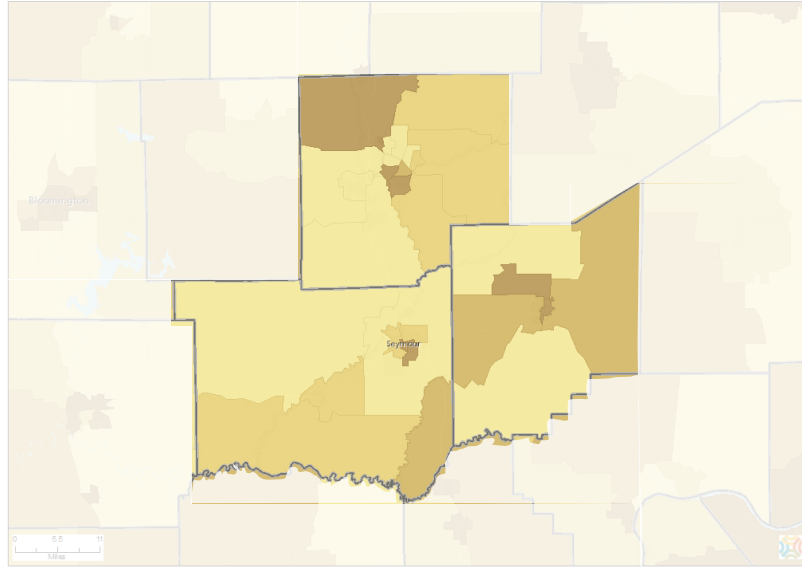
- US Census Bureau American Community Survey 5-year estimates (2009-2013).
- Retrieved June 2015 from Community Commons at <http://www.chna.org>.

Notes:

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

- The following maps provide an illustration of poverty in the service area, segmented by census tracts.

Population Below the Poverty Level, Percent by Tract, ACS 2009-2013



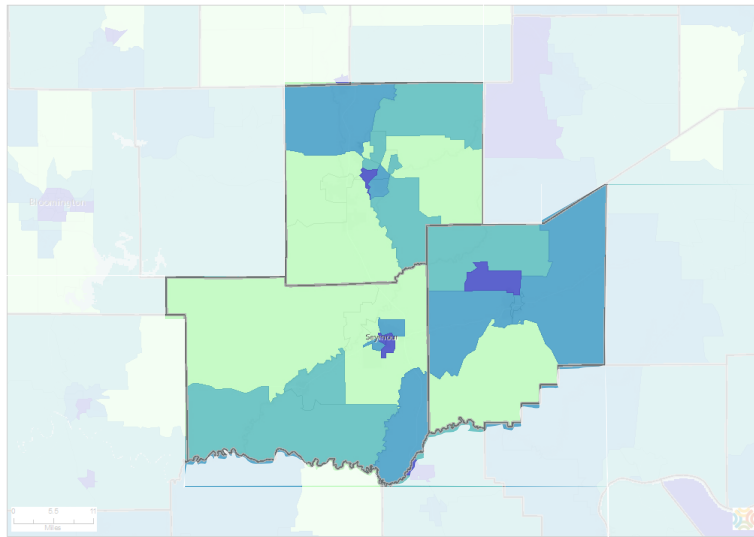
Map Legend

Population Below the Poverty Level, Percent by Tract, ACS 2009-13

- Over 20.0%
- 15.1 - 20.0%
- 10.1 - 15.0%
- Under 10.1%
- No Data or Data Suppressed

Community Commons, 7/6/2015

Population Below 200% of Poverty, Percent by Tract, ACS 2009-13



Map Legend

Population Below 200% Poverty Level, Percent by Tract, ACS 2009-13

- Over 50.0%
- 38.1 - 50.0%
- 26.1 - 38.0%
- Under 26.1%
- No Data or Data Suppressed

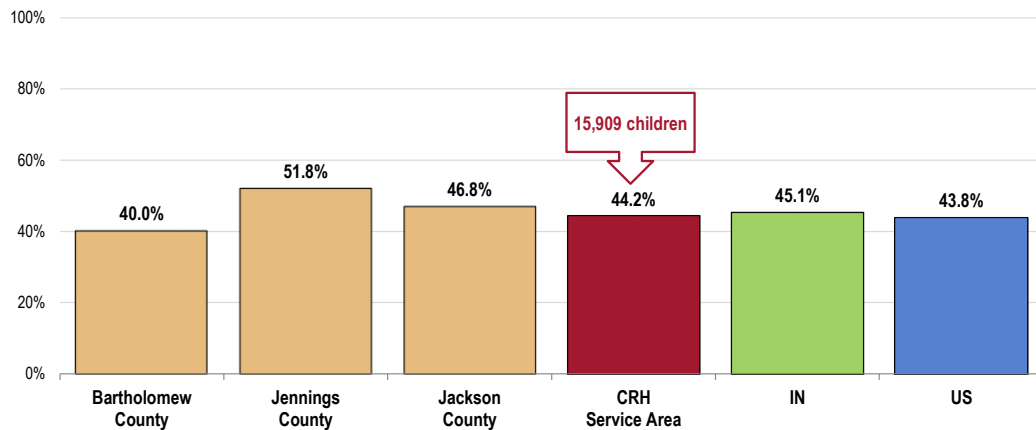
Community Commons, 7/6/2015

Children in Low-Income Households

Additionally, 44.2% of Columbus Regional Hospital Service Area children age 0-17 (representing nearly 16,000 children) live below the 200% poverty threshold.

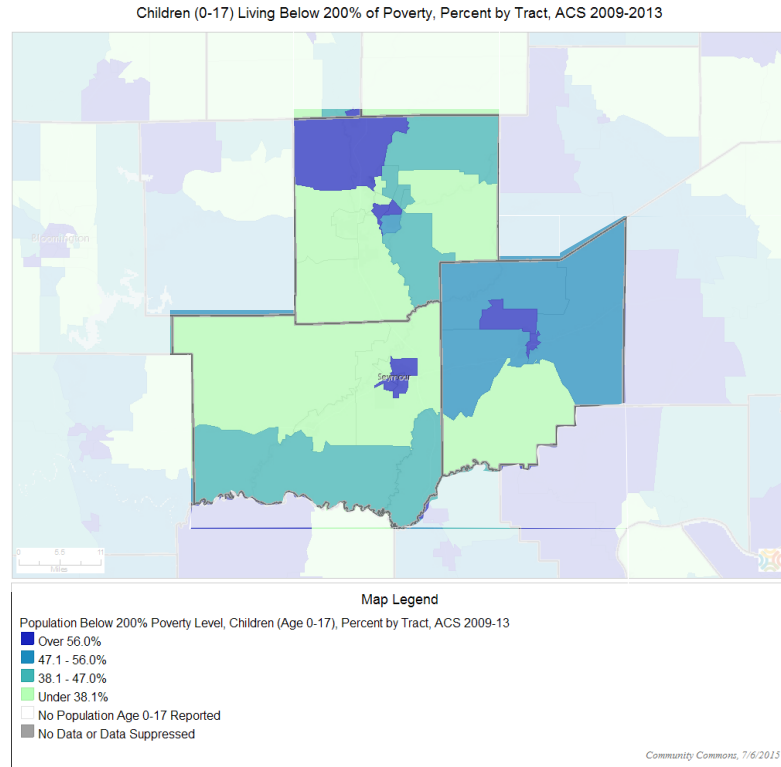
- Similar to the proportion found statewide.
- Similar to the proportion found nationally.
- Unfavorably high in Jennings County.

Percent of Children in Low-Income Households
(Children 0-17 Living Below 200% of the Poverty Level, 2009-2013)



Sources: • US Census Bureau American Community Survey 5-year estimates (2009-2013).
 • Retrieved June 2015 from Community Commons at <http://www.chna.org>.
 Notes: • This indicator reports the percentage of children aged 0-17 living in households with income below 200% of the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

- Note the various concentrations of children in lower-income households across the service area.



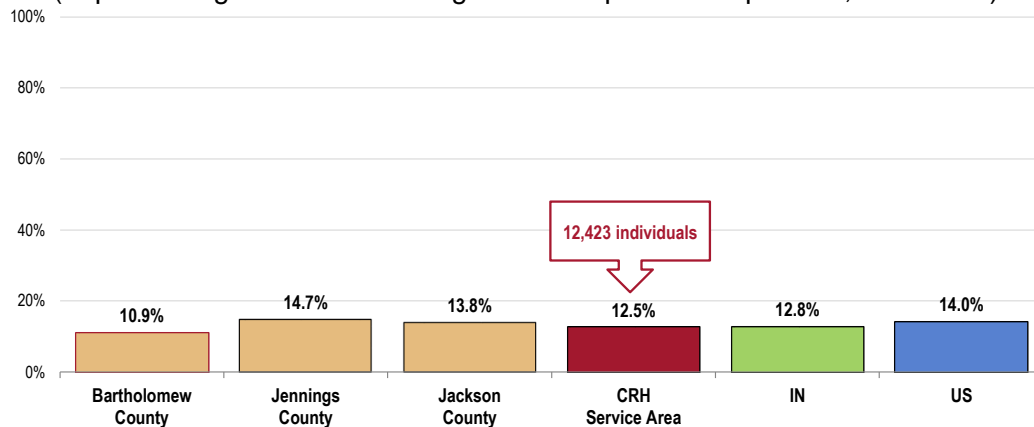
Education

Among the Columbus Regional Hospital Service Area population age 25 and older, an estimated 12.5% (over 12,400 people) do not have a high school education.

- Comparable to that found statewide.
- More favorable than found nationally.
- Highest in Jennings County, lowest in Bartholomew County.

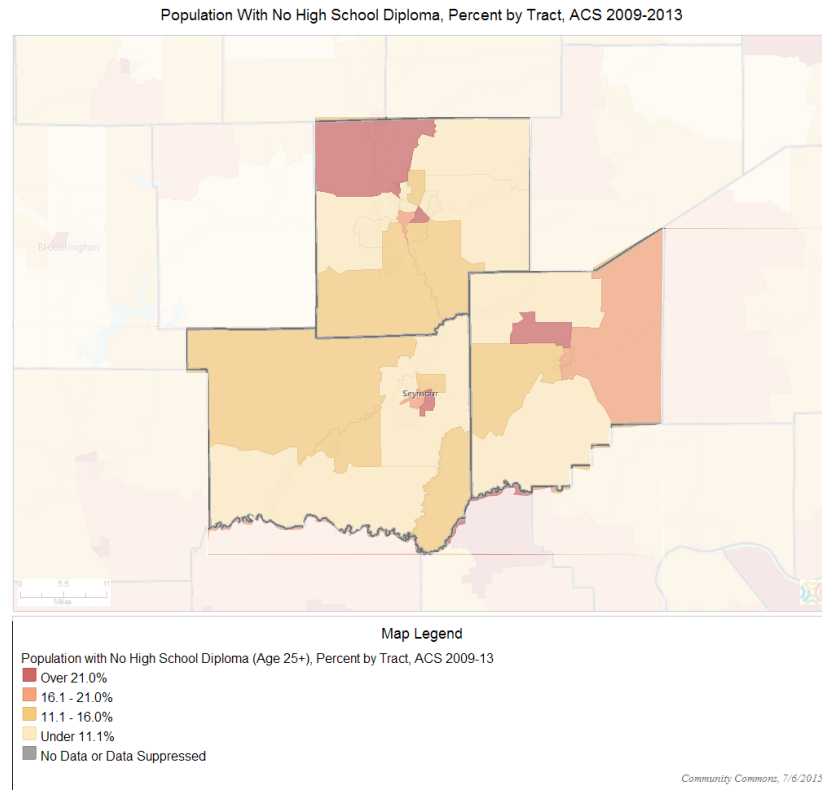
Population With No High School Diploma

(Population Age 25+ Without a High School Diploma or Equivalent, 2009-2013)



- Sources:
- US Census Bureau American Community Survey 5-year estimates (2009-2013).
 - Retrieved June 2015 from Community Commons at <http://www.chna.org>.
- Notes:
- This indicator is relevant because educational attainment is linked to positive health outcomes.

- Note that some areas depicted in the following map include populations (age 25+) where more than 21.0% are without a high school diploma.



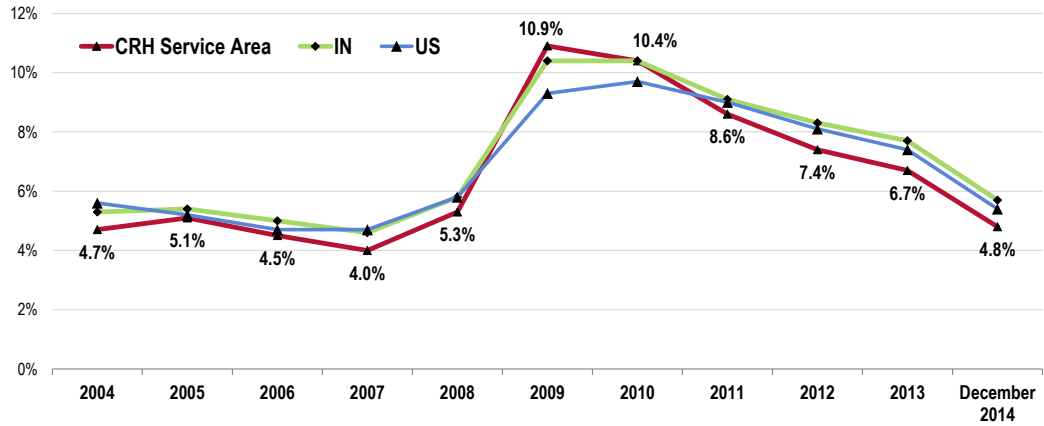
Employment

According to data derived from the US Department of Labor, the unemployment rate in the Columbus Regional Hospital Service Area at the end of December 2014 was 4.8%.

- More favorable than the statewide unemployment rate.
- More favorable than the national unemployment rate.
- TREND: Unemployment for the service area has trended downward sharply since 2009, echoing the state and national trends.

Unemployment Rate

(Percent of Non-Institutionalized Population Age 16+ Unemployed, Not Seasonally-Adjusted)



- Sources:
- US Department of Labor, Bureau of Labor Statistics.
 - Retrieved June 2015 from Community Commons at <http://www.chna.org>.
- Notes:
- This indicator is relevant because unemployment creates financial instability and barriers to access including insurance coverage, health services, healthy food, and other necessities that contribute to poor health status.

General Health Status



Professional Research Consultants, Inc.

Overall Health Status

Self-Reported Health Status

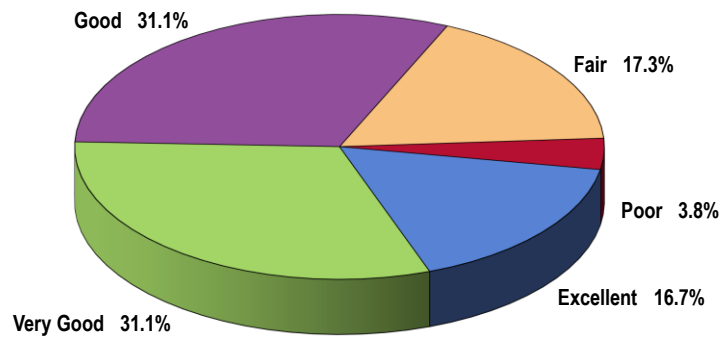
A total of 47.8% of Columbus Regional Hospital Service Area adults rate their overall health as “excellent” or “very good.”

- Another 31.1% gave “good” ratings of their overall health.

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
(Columbus Regional Hospital Service Area, 2015)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]
Notes: • Asked of all respondents.

However, 21.1% of Columbus Regional Hospital Service Area adults believe that their overall health is “fair” or “poor.”

- Higher than statewide findings.
- Higher than the national percentage.
- Statistically similar findings when viewed by county.
- TREND: The percentage marks a statistically significant increase in “fair/poor” overall health reports compared with 1996 survey findings.

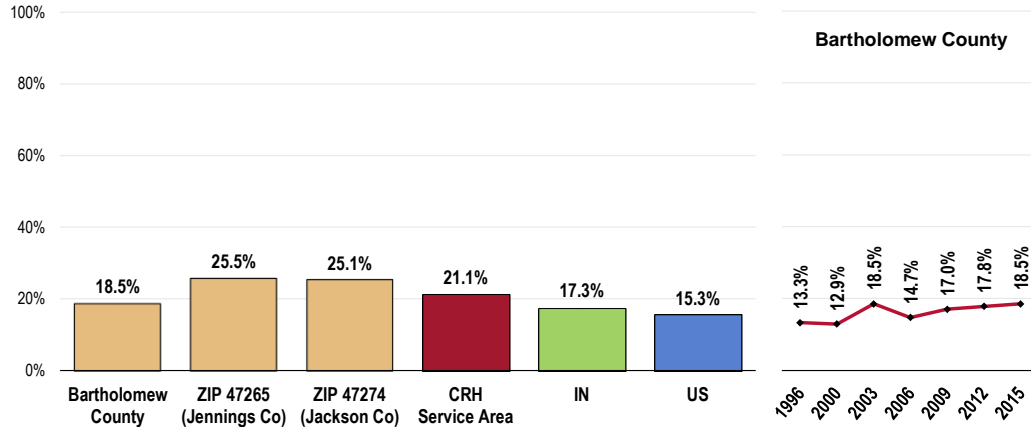
NOTE:

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

Where sample sizes permit, community-level data are provided.

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



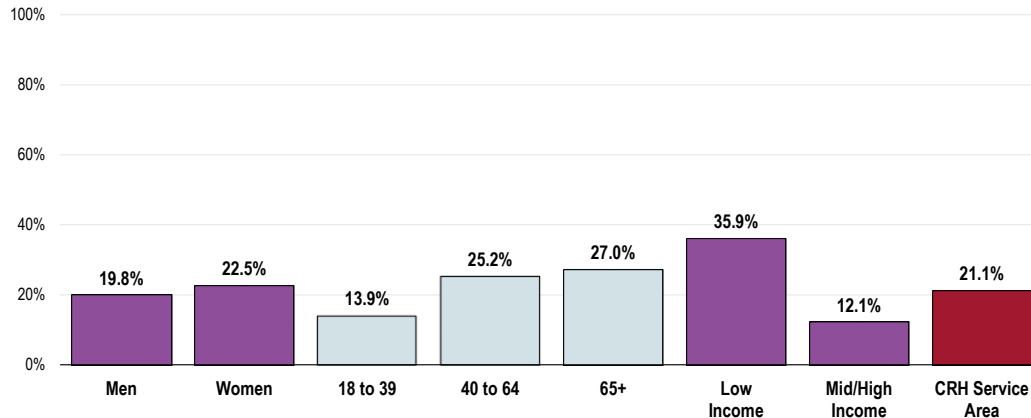
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 5]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2013 Indiana data.
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

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

- Those age 40 and older.
- 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, 2015)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White 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.

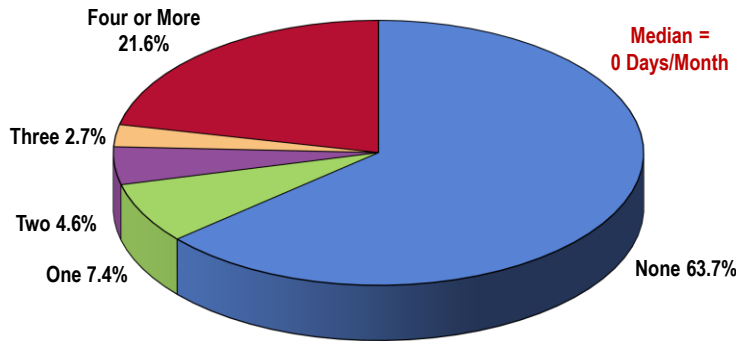
Charts throughout this report (such as that here) detail survey findings among key demographic groups – namely by gender, age groupings, income (based on poverty status), and race/ethnicity.

Average Days of Poor Physical Health

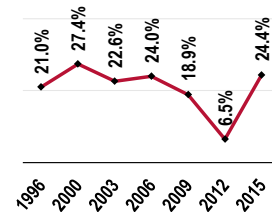
While most Columbus Regional Hospital Service Area adults (63.7%) did not experience any days of poor physical health in the past month, 24.3% report having 3+ days in the past month on which their physical health was poor.

- TREND: In Bartholomew County, the current prevalence of adults with 3+ days of poor physical health is 24.4%, comparable to the 1996 prevalence (but marking a statistically significant increase from 2012 results).

Days of Poor Physical Health in the Past Month
(CRH Service Area, 2015)



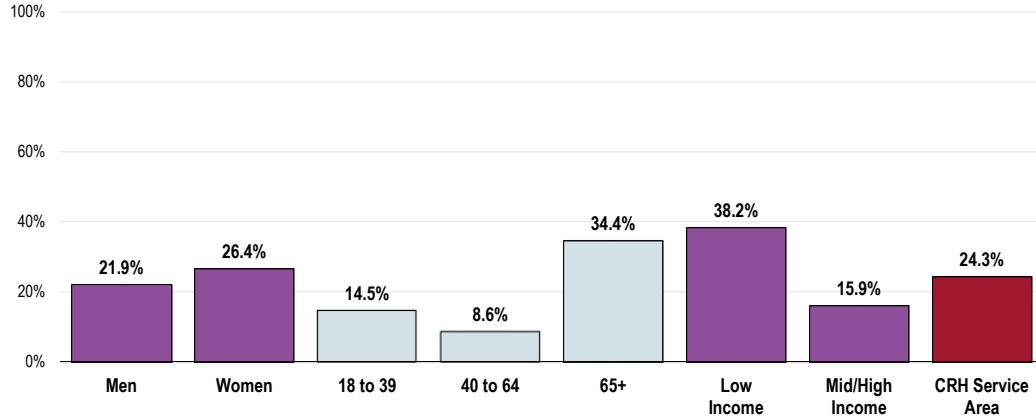
Trend: 3+ Days of Poor Physical Health in the Past Month (Bartholomew County)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 301, 362]
Notes: • Asked of all respondents.

- Viewed by demographic characteristics, seniors and adults living in low-income households are much more likely to report experiencing 3+ days of poor physical health in the past month.

Experienced 3+ Days of Poor Physical Health in the Past Month (Columbus Regional Hospital Service Area, 2015)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 362]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White 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.

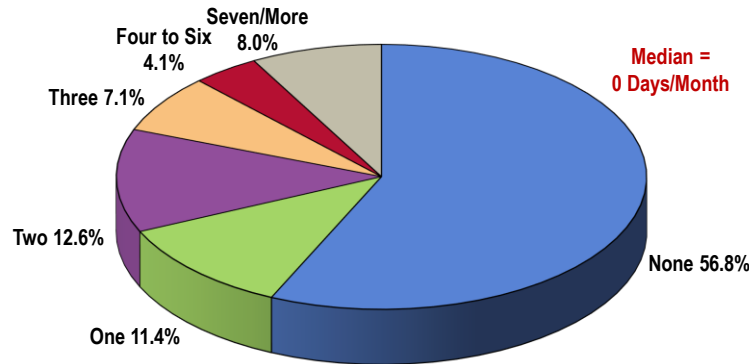
Workdays Missed

Among employed adults in the service area, most (80.8%) missed fewer than 3 workdays over the past year due to personal illness.

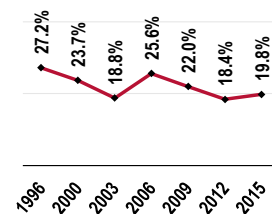
- On the other hand, 19.2% of employed survey respondents missed 3 or more workdays in the past year due to personal illness.
- TREND: In Bartholomew County, the proportion of employed adults with 3+ days of workdays missed in the past year has decreased significantly over time.

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

Workdays Missed in the Past Month Due to Personal Illness (CRH Service Area, 2015)



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



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 321, 363]
 Notes: • Asked of all respondents employed outside the home.

Activity Limitations

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

About Disability & Health

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

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

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

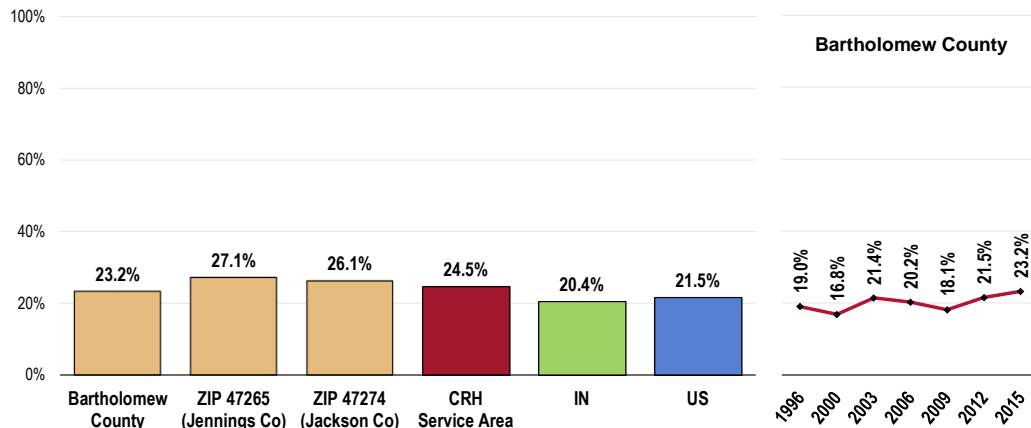
- **Improve the conditions of daily life** by: encouraging communities to be accessible so all can live in, move through, and interact with their environment; encouraging community living; and removing barriers in the environment using both physical universal design concepts and operational policy shifts.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

- Healthy People 2020 (www.healthypeople.gov)

A total of 24.5% of Columbus Regional Hospital Service Area adults are limited in some way in some activities due to a physical, mental or emotional problem.

- Less favorable than the prevalence statewide.
- Similar to the national prevalence.
- Similar findings by county.
- **TREND:** The prevalence of activity limitations is statistically unchanged over time.

Limited in Activities in Some Way Due to a Physical, Mental or Emotional Problem



Sources:

- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 105]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2013 Indiana data.
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

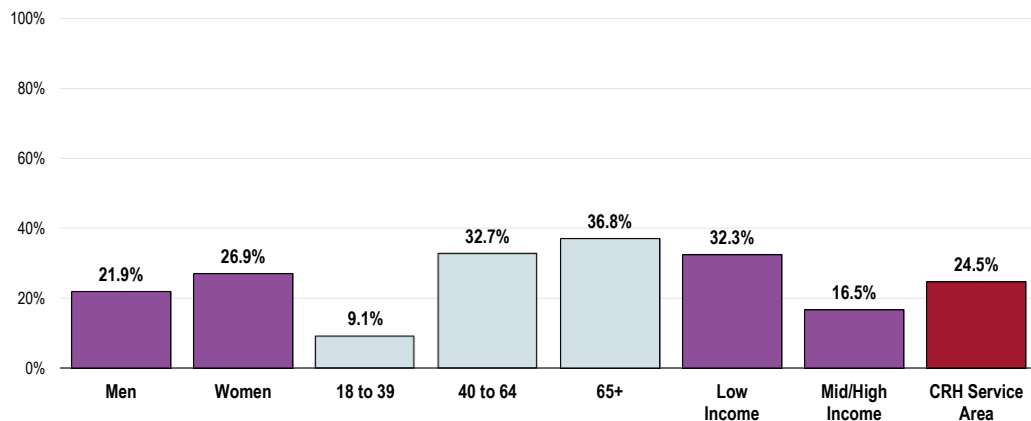
 Notes:

- 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).
- Residents in households with lower incomes are more likely than those with higher incomes to report activity limitations.

Limited in Activities in Some Way Due to a Physical, Mental or Emotional Problem (Columbus Regional Hospital Service Area, 2015)



Sources:

- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 105]

 Notes:

- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White 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

RELATED ISSUE:

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

About Mental Health & Mental Disorders

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

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

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

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

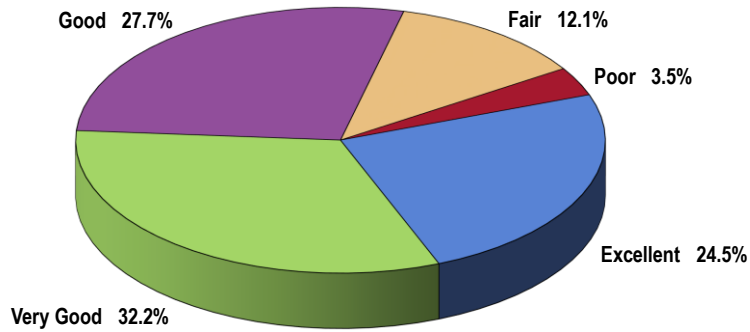
Self-Reported Mental Health Status

A total of 56.7% of Columbus Regional Hospital Service Area adults rate their overall mental health as “excellent” or “very good.”

- Another 27.7% gave “good” ratings of their own mental health status.

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

Self-Reported Mental Health Status (Columbus Regional Hospital Service Area, 2015)

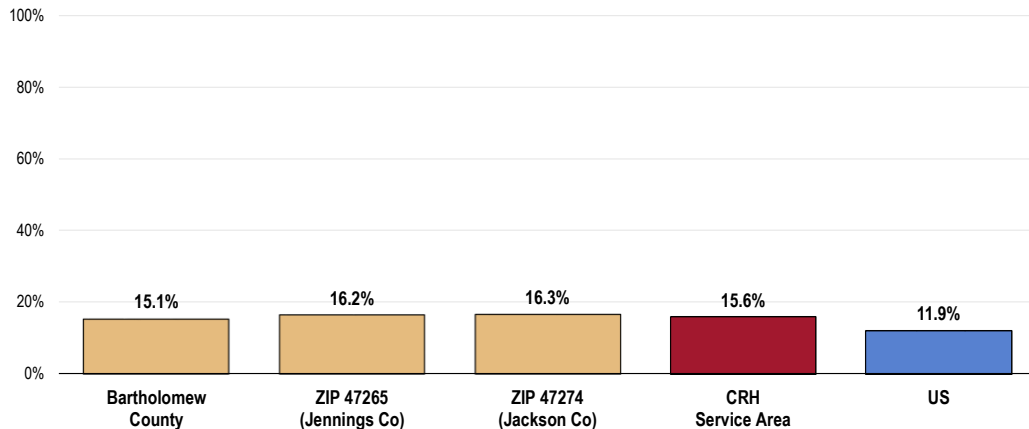


Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 100]
Notes: • Asked of all respondents.

A total of 15.6% of Columbus Regional Hospital Service Area adults, however, believe that their overall mental health is “fair” or “poor.”

- Less favorable than the “fair/poor” response reported nationally.
- Statistically comparable findings by county.

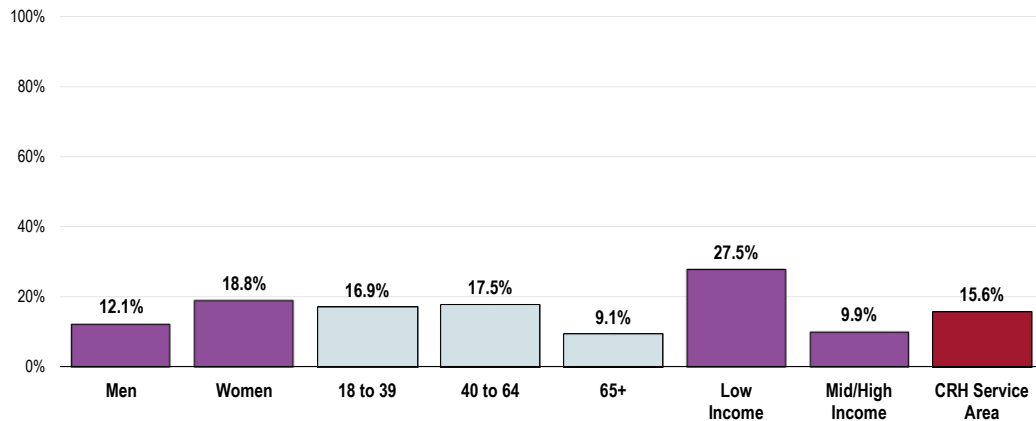
Experience “Fair” or “Poor” Mental Health



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 100]
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

- Women, adults under 65, and lower-income residents are much more likely to report experiencing “fair/poor” mental health than their demographic counterparts.

Experience “Fair” or “Poor” Mental Health (Columbus Regional Hospital Service Area, 2015)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 100]

- Notes:
- Asked of all respondents.
 - Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
 - Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

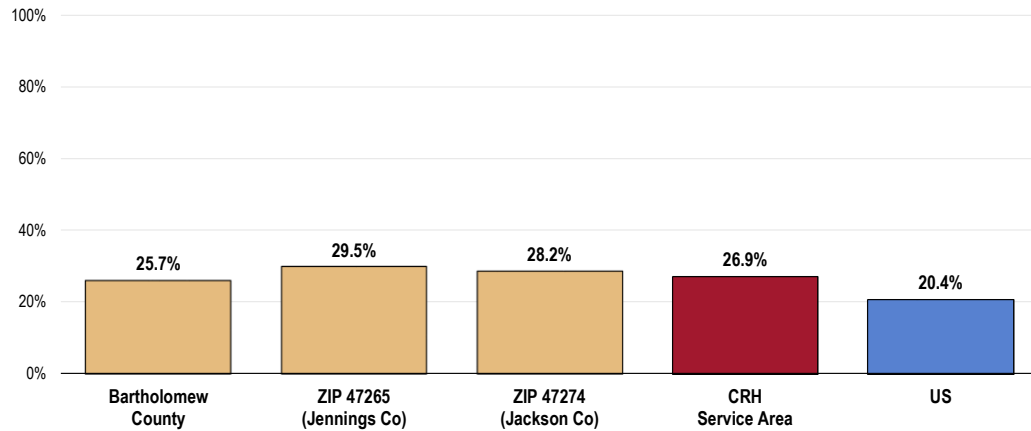
Depression

Diagnosed Depression

A total of 26.9% of Columbus Regional Hospital Service Area adults have been diagnosed by a physician as having a depressive disorder (such as depression, major depression, dysthymia, or minor depression).

- Worse than the national finding.
- Statistically similar by county.

Have Been Diagnosed With a Depressive Disorder

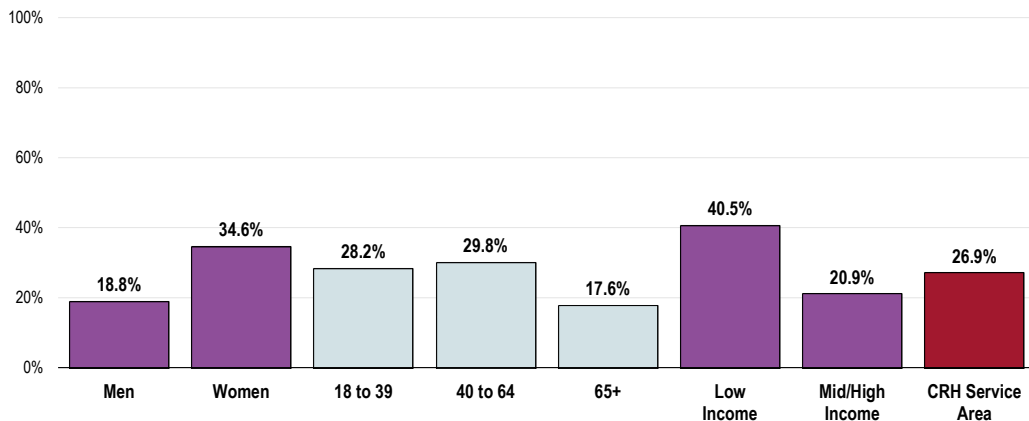


Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 103]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.
 • Depressive disorders include depression, major depression, dysthymia, or minor depression.

The prevalence of diagnosed depression is notably higher among:

- Women.
- Adults under age 65.
- Community members living at lower incomes.

Have Been Diagnosed With a Depressive Disorder (Columbus Regional Hospital Service Area, 2015)



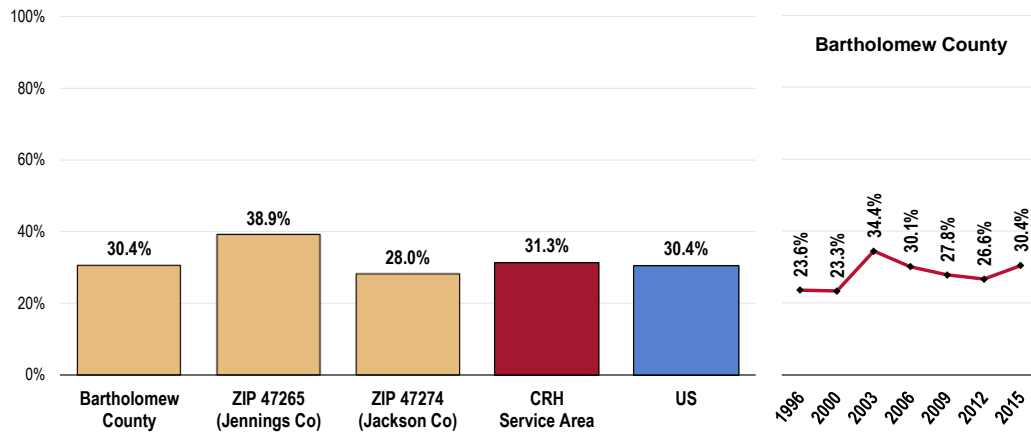
Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 103]
 Notes: • Asked of all respondents.
 • Depressive disorders include depression, major depression, dysthymia, or minor depression.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White 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.

Symptoms of Chronic Depression

A total of 31.3% of Columbus Regional Hospital Service Area adults have had two or more years in their lives when they felt depressed or sad on most days, although they may have felt okay sometimes (symptoms of chronic depression).

- Similar to national findings.
- Statistically similar findings by county.
- TREND: Denotes a statistically significant increase in the Columbus Regional Hospital Service Area since 1996.

Have Experienced Symptoms of Chronic Depression

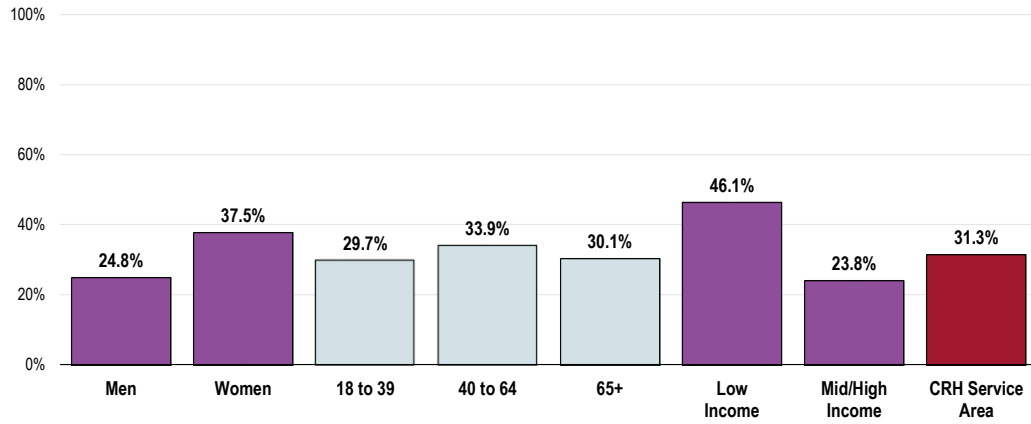


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 101]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.
 • Chronic depression includes periods of two or more years during which the respondent felt depressed or sad on most days, even if (s)he felt okay sometimes.

Note that the prevalence of chronic depression is notably higher among:

- Women.
- Adults with lower incomes.

Have Experienced Symptoms of Chronic Depression (Columbus Regional Hospital Service Area, 2015)



Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 101]

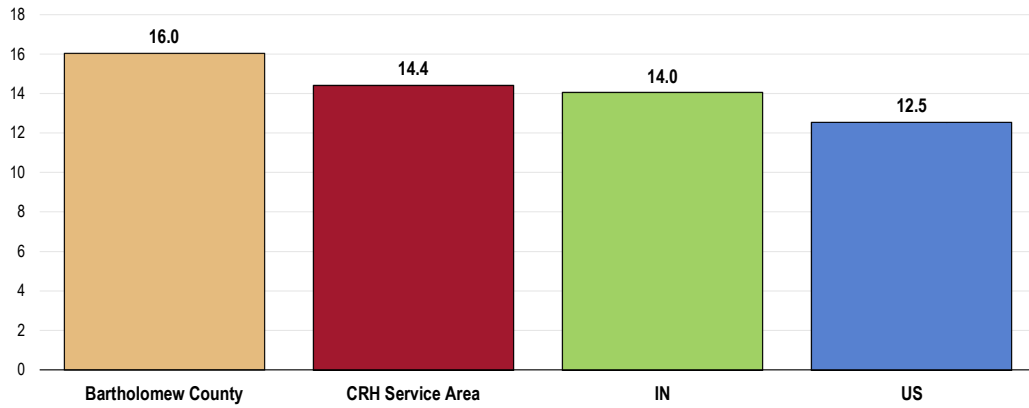
- Notes:
- Asked of all respondents.
 - Chronic depression includes periods of two or more years during which the respondent felt depressed or sad on most days, even if (s)he felt okay sometimes.
 - Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects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

Suicide

Between 2011 and 2013, there was an annual average age-adjusted suicide rate of 14.4 deaths per 100,000 population in the Columbus Regional Hospital Service Area.

- Comparable to the statewide rate.
- Higher than the national rate.
- Fails to satisfy the Healthy People 2020 target of 10.2 or lower.
- The rate was 16.0 in Bartholomew County.

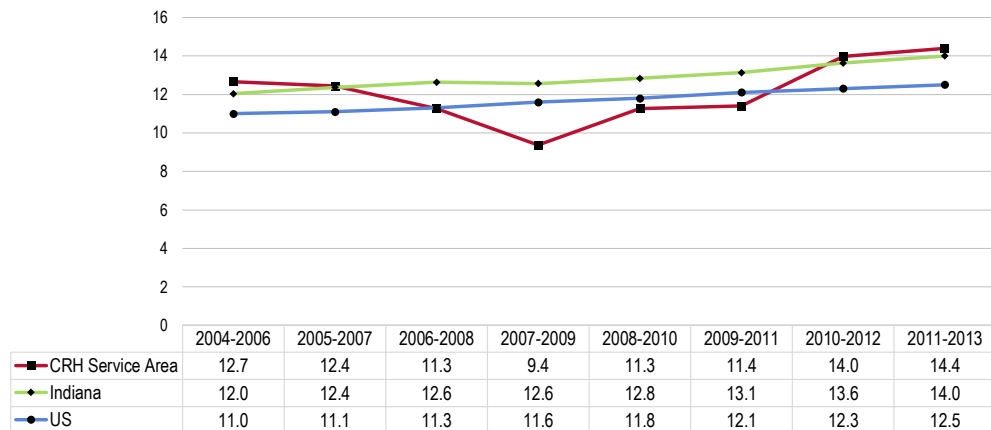
Suicide: Age-Adjusted Mortality (2011-2013 Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 10.2 or Lower



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2015.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MHMD-1]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

• TREND: The area suicide rate has trended upward in recent years.

Suicide: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 10.2 or Lower

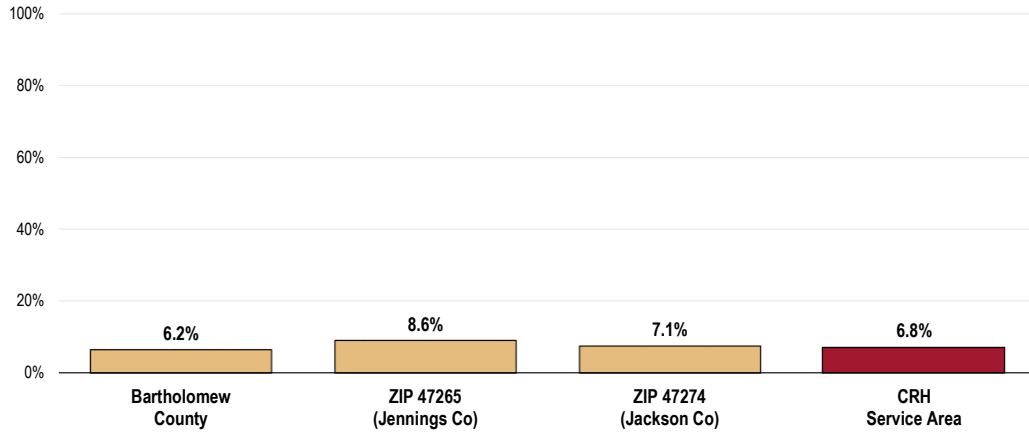


- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2015.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MHMD-1]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Among surveyed adults in the CRH Service Area, 6.8% have considered suicide in the past year.

- Statistically similar findings by county.

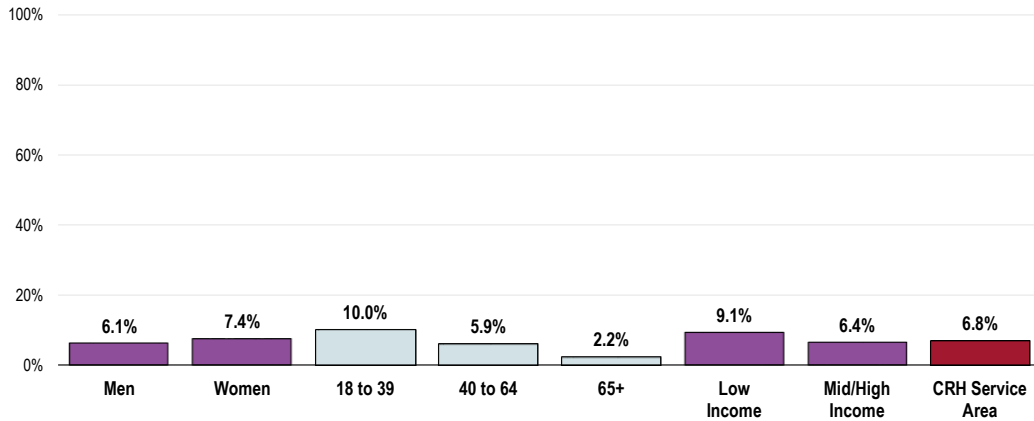
Have Considered Suicide in the Past Year



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 345]
 Notes: • Asked of all respondents.

- Note the negative correlation between age and thoughts of suicide among CRH Service Area residents.

Have Considered Suicide in the Past Year (Columbus Regional Hospital Service Area, 2015)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 345]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White 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.

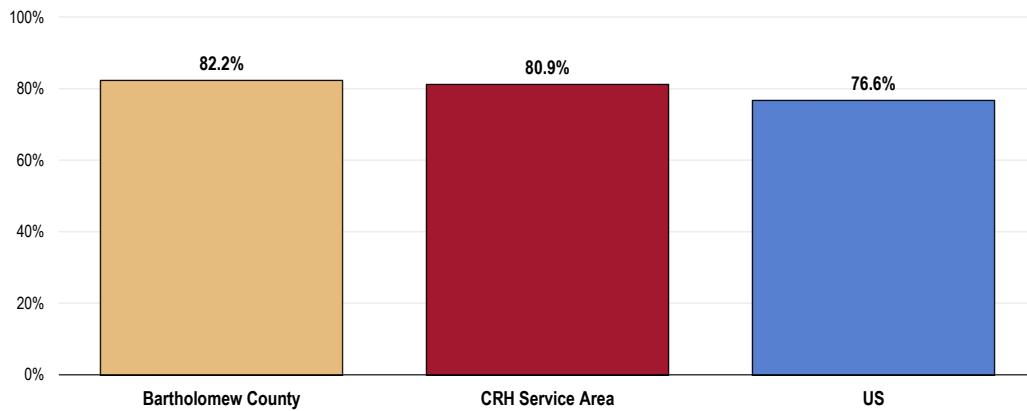
Mental Health Treatment

Among adults with a diagnosed depressive disorder, 80.9% acknowledge that they have sought professional help for a mental or emotional problem.

“Diagnosed depressive disorder” includes respondents reporting a past diagnosis of a depressive disorder by a physician (such as depression, major depression, dysthymia, or minor depression).

- Similar to national findings.
- Similar findings among Bartholomew County adults.
- Among these service area adults with depressive disorder who have sought professional help, 43.8% indicate that they sought this help in the past year.

Adults With Diagnosed Depression Who Have Ever Sought Professional Help for a Mental or Emotional Problem (Among Adults With Diagnosed Depressive Disorder)



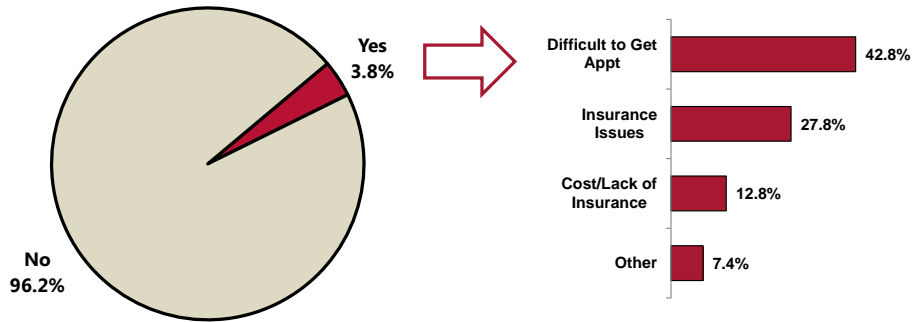
Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 123]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Reflects those respondents with a depressive disorder diagnosed by a physician (such as depression, major depression, dysthymia, or minor depression).

Difficulty Obtaining Services

In the past year, 3.8% of survey respondents tried to obtain mental health services and could not.

- Reasons included difficulty getting an **appointment** (mentioned by 42.8% of these adults), **insurance issues** (27.8%), and **cost or lack of insurance** (12.8%).

Recent Attempts to Obtain Mental Health Services (Columbus Regional Hospital Service Area, 2015)



Could Not Get Mental Health Services When Needed in the Past Year

Reason for Inability to Access Mental Health Services

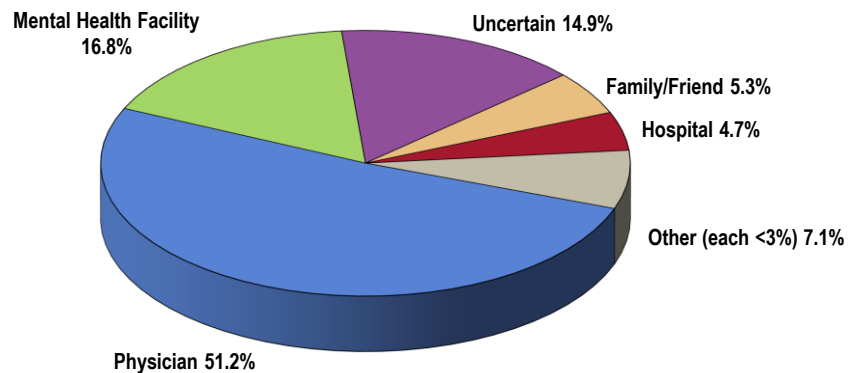
Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 346-347]
 Notes: • Asked of all respondents.

Likely Place to Seek Mental Health Treatment

If it were needed, 51.2% of adults said they would seek mental health treatment from a physician, and 16.8% would rely on a facility specifically geared toward mental health.

- Other resources for mental health care included family/friends and hospitals.

Site for Mental Health Services If Needed (Columbus Regional Hospital Service Area, 2015)



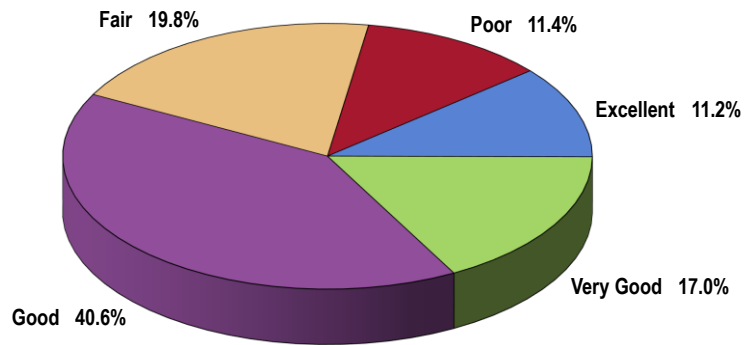
Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 349]
 Notes: • Asked of all respondents.

Perceived Ease of Obtaining Services

When asked to rate the ease with which they can get mental health services in the community, 28.2% of survey respondents gave “excellent” or “very good” ratings.

- The largest share of respondents (40.6%) gave “good” ratings.

Perceived Ease of Obtaining Local Mental Health Services (Columbus Regional Hospital Service Area, 2015)

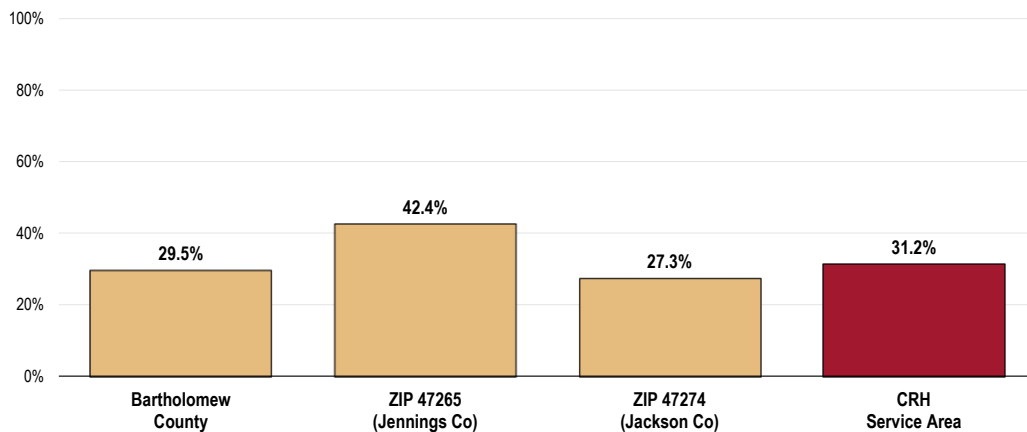


Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 344]
Notes: • Asked of all respondents.

In contrast, 31.2% of CRH Service Area residents rate the ease with which they can obtain mental health services in the community as “fair” or “poor.”

- Unfavorably high in Jennings County.

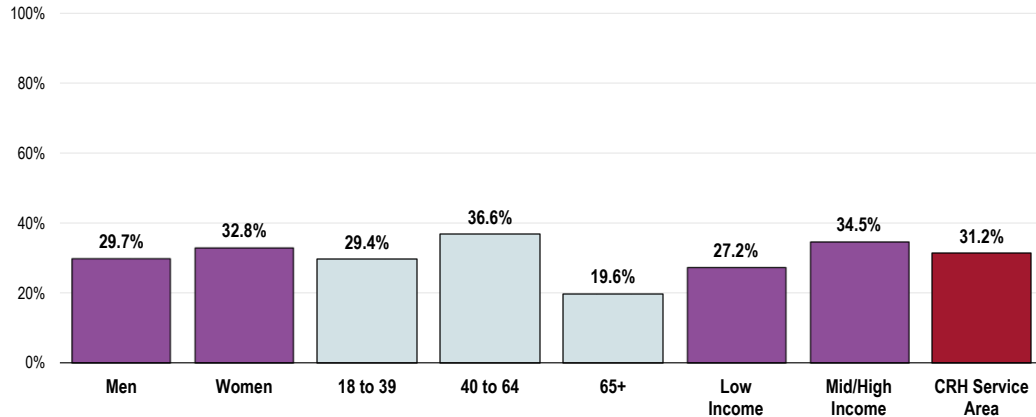
Ease of Obtaining Local Mental Health Services Is “Fair” or “Poor”



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 344]
Notes: • Asked of all respondents.

- Adults age 40 to 64 are more likely to give “fair” or “poor” ratings regarding the ease of accessing mental health services.

Ease of Obtaining Local Mental Health Services Is “Fair” or “Poor” (Columbus Regional Hospital Service Area, 2015)

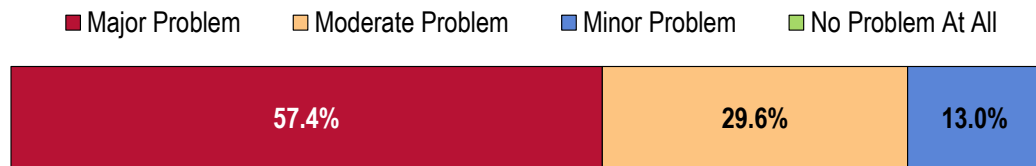


Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 344]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
 • Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

Key Informant Input: Mental Health

The greatest share of key informants taking part in an online survey characterized *Mental Health* as a “major problem” in the community.

Perceptions of Mental Health as a Problem in the Community (Key Informants, 2014)



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

Challenges

Among those rating this issue as a “major problem,” the following represent what key informants see as the main challenges for persons with mental illness:

Availability of Resources

Just seeing a doctor can be challenging. So many mental health issues and not enough doctors to treat them. Many mental health disorders not being diagnosed or treated. Many mental health

problems in the low income people yet no doctors to see that they can afford. Length of time to see a doctor for the first time is too long. – Public Health

There is only one inpatient treatment facility and one outpatient center. There are no specific treatment centers for all of the many individuals battling prescription drug addictions. – Other Health

Facilities for persons with addictions, especially young people. – Community/Business Leaders

Very few facilities and programs to address high needs. – Public Health

Lack of funding to provide comprehensive mental health services and lack of insight into the need for expanded services. – Public Health

Lack of inpatient bed space for those in need. No pediatric psychiatric services within the area. Patients are being transferred out of county. – Other Health

Lack of resources available to address it. Social stigma about discussing it. – Social Services

Very little counseling available, generally just want to prescribe medications. – Other Health

Disconnect from inpatient hospitalization and outpatient services. Large population of patients with multiple factors, limited resources. Poor patient compliance. Limited providers, resources. Community stigma of diseases. Drug abuse. – Other Health

Access to Care

Lack of access to psychiatric care. Psychiatrists can take months to get into so if you can get a referral from your mental health provider. – Other Health

Access. – Other Health

Access to mental health providers, access to effective substance abuse programs, incarceration of persons with mental illness. No other place for them to go and no on-going treatment. Social stigma keeps some from seeking help. – Physicians

Access to counselors and psychiatrists is a major hurdle in this community. Wait lists for appointments can be lengthy and with a high rate of Medicaid patients the wait can be even longer. – Physicians

Affordable access, psychiatric and psychological specialty care, timely access. – Physicians

Lack of affordable long term mental health treatment which causes a yo-yo effect. – Community/Business Leaders

Lack of affordable providers for neediest clients. – Other Health

Affordable immediate access to care. – Community/Business Leaders

Stigma

Stigma associated with MH. Needs to be integrated with Primary Care. – Other Health

Stigma. Lack of providers. Cuts in funding for those with chronic conditions. New agencies coming to the community who may be looking for profits yet there are few established guidelines for care as chronic care and home based care. – Community/Business Leaders

There is a stigma attached to mental health. People won't admit to needing help. There are limits to mental resources on most health plans. – Community/Business Leaders

After-Care Assistance

After-care assistance after diagnosis, it is just not there. Unless you have a dire emergency and go to the ER for emergency evaluation. Families work hard and struggle to find the help, it is very lacking at best. – Public Health

Reintroduction back into the pre-existing environment, outpatient community resources. – Other Health

At-Risk Populations

There appears to be a great deal of mental health issues in the at risk populations. Cost, lack of information, lack of support systems are all factors. – Community/Business Leaders

Prevalence

In my scope of practice, I have many students and members of their family who need counseling and take medications related to mental illness. – Public Health

Under-diagnoses

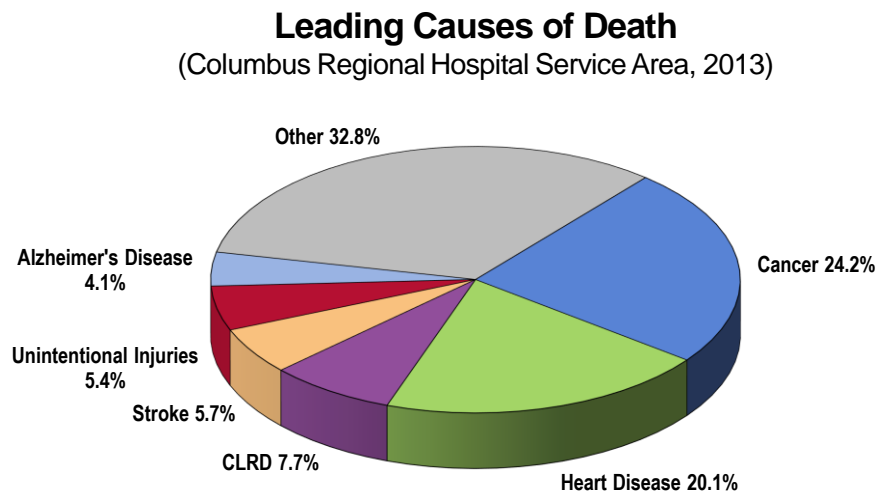
This issue tends to be one of under diagnosis or more appropriately one of not seeking the proper medical help, probably due to social stigmas attached to the mental health topics. – Community/Business Leaders

Death, Disease & Chronic Conditions

Leading Causes of Death

Distribution of Deaths by Cause

Together, cardiovascular disease (heart disease and stroke) and cancers accounted for one-half of all deaths in the service area in 2013.



- Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2015.
- Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• CLRD is chronic lower respiratory disease.

Age-Adjusted Death Rates for Selected Causes

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

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

The following chart outlines 2011-2013 annual average age-adjusted death rates per 100,000 population for selected causes of death in the Columbus Regional Hospital Service Area.

For infant mortality data, see *Birth Outcomes & Risks* in the **Births** section of this report.

Note that age-adjusted mortality rates in the service area are worse than national rates for suicide, stroke, cancer, CLRD (chronic lower respiratory disease), unintentional injuries (including motor vehicle accidents), Alzheimer’s disease, kidney disease, cirrhosis, and drug-related deaths.

Of the causes outlined in the following chart for which Healthy People 2020 objectives have been established, Columbus Regional Hospital Service Area rates fail to satisfy the related goals for suicide, stroke, cancer, unintentional injuries (including motor vehicle accidents), cirrhosis, and drug-related deaths.

Age-Adjusted Death Rates for Selected Causes (2011-2013 Deaths per 100,000 Population)

	CRH Service Area	Indiana	US	HP2020
Malignant Neoplasms (Cancers)	196.8	183.1	166.2	161.4
Diseases of the Heart	178.6	187.3	171.3	156.9*
Chronic Lower Respiratory Disease (CLRD)	67.1	57.3	42.0	n/a
Cerebrovascular Disease (Stroke)	49.9	42.5	37.0	34.8
Unintentional Injuries	47.1	41.7	39.2	36.4
Alzheimer's Disease	35.4	28.5	24.0	n/a
Diabetes Mellitus	19.8	25.9	21.3	n/a
Kidney Diseases	18.9	18.2	13.2	20.5*
Motor Vehicle Deaths	16.0	11.5	10.7	12.4
Drug-Induced	15.7	16.7	14.1	11.3
Intentional Self-Harm (Suicide)	14.4	14.0	12.5	10.2
Cirrhosis/Liver Disease	11.8	9.9	9.9	8.2
Pneumonia/Influenza	10.9	14.5	15.3	n/a
Firearm-Related	9.7	11.6	10.4	9.3
Homicide	2.6	5.5	5.7	

- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2015.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov>.
- Note:
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population and coded using ICD-10 codes.
 - *The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart; the Diabetes target is adjusted to reflect only diabetes mellitus-coded deaths.

Cardiovascular Disease

About Heart Disease & Stroke

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

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

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

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

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

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

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

- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Heart Disease & Stroke Deaths

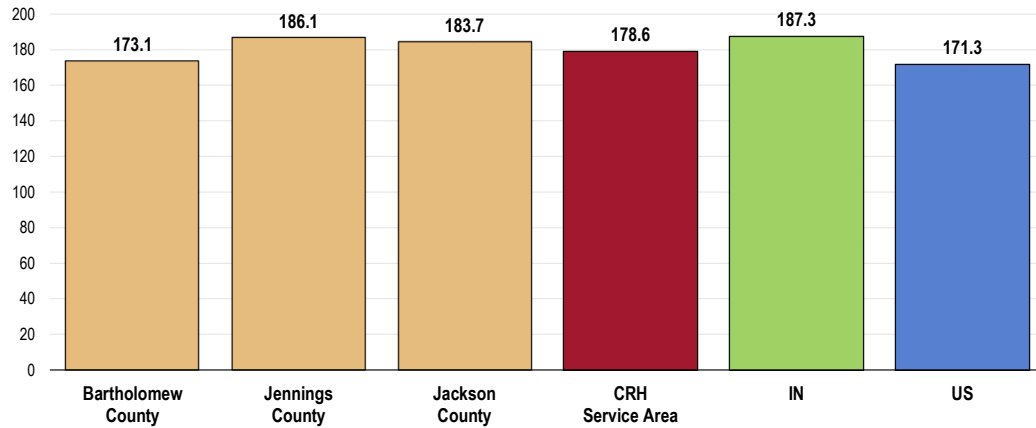
Heart Disease Deaths

Between 2011 and 2013 there was an annual average age-adjusted heart disease mortality rate of 178.6 deaths per 100,000 population in the Columbus Regional Hospital Service Area.

- Similar to the statewide rate.
- Similar to the national rate.
- Fails to satisfy the Healthy People 2020 target of 156.9 or lower (as adjusted to account for all diseases of the heart).
- Favorably low in Bartholomew County.

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

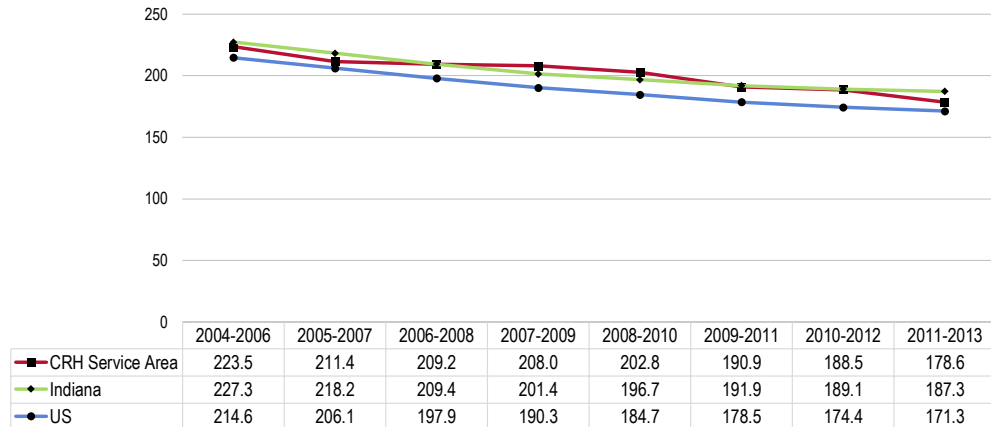
Heart Disease: Age-Adjusted Mortality (2011-2013 Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 156.9 or Lower (Adjusted)



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2015.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-2]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
 - The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart.

- **TREND:** The heart disease mortality rate has decreased in the Columbus Regional Hospital Service Area, echoing the decreasing trends across Indiana and the US overall.

Heart Disease: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 156.9 or Lower (Adjusted)



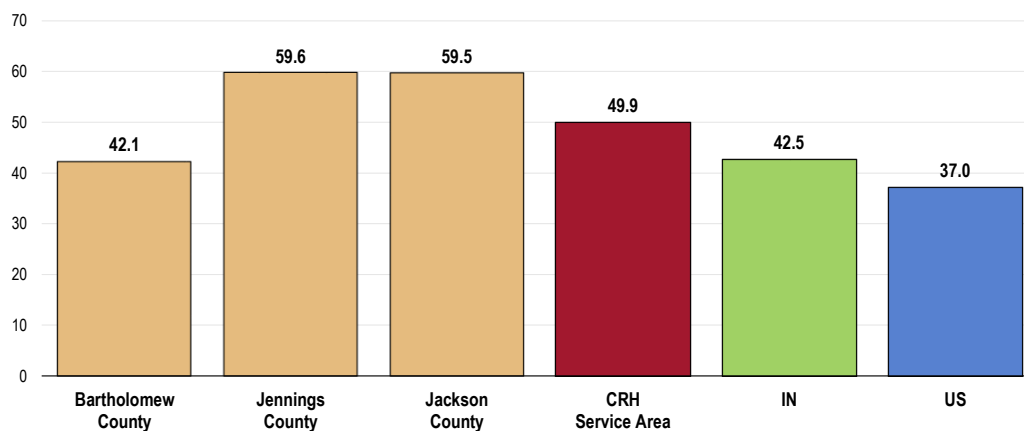
- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2015.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-2]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
 - The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart.

Stroke Deaths

Between 2011 and 2013, there was an annual average age-adjusted stroke mortality rate of 49.9 deaths per 100,000 population in the Columbus Regional Hospital Service Area.

- Less favorable than the Indiana rate.
- Less favorable than the national rate.
- Fails to satisfy the Healthy People 2020 target of 34.8 or lower.
- Lower in Bartholomew County.

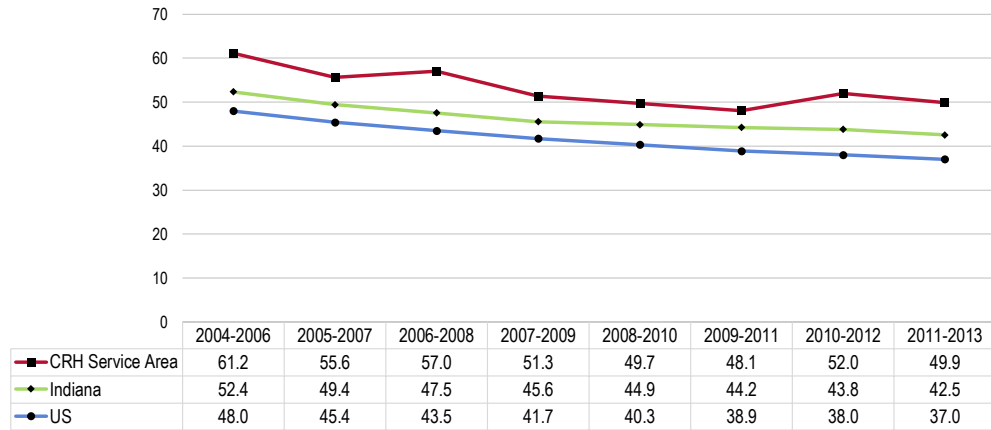
Stroke: Age-Adjusted Mortality
(2011-2013 Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 34.8 or Lower



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2015.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-3]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- **TREND:** The stroke rate has declined in recent years, echoing the trends reported across Indiana and the US overall.

Stroke: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 34.8 or Lower



Sources:

- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-3]

Notes:

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

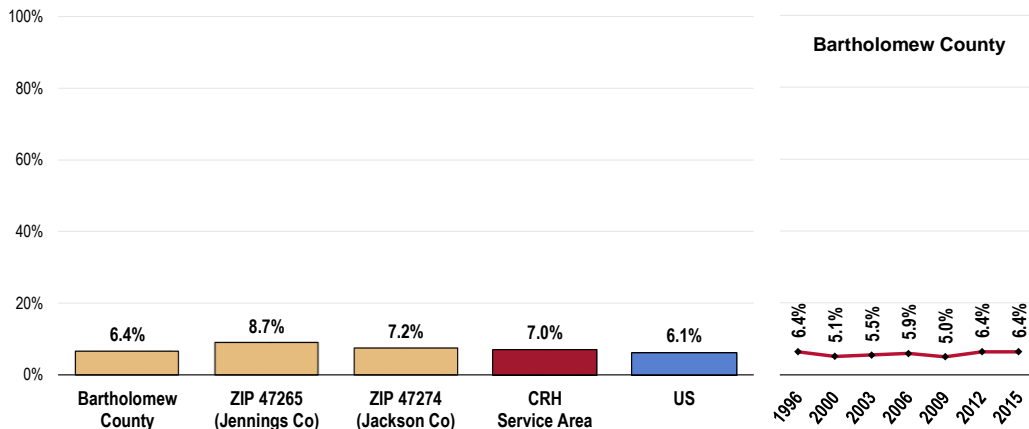
Prevalence of Heart Disease & Stroke

Prevalence of Heart Disease

A total of 7.0% of surveyed adults report that they suffer from or have been diagnosed with heart disease, such as congestive heart failure, angina, or heart attack.

- Similar to the national prevalence.
- Similar findings by county.
- TREND: Statistically unchanged since 1996.

Prevalence of Chronic Heart Disease



Sources:

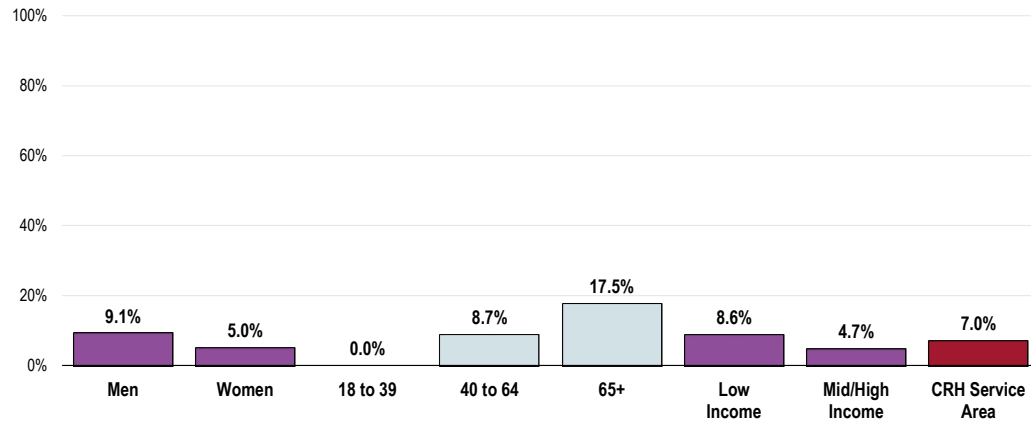
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 306]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:

- Asked of all respondents.
- Includes diagnoses of heart attack, angina, or congestive heart failure.
- US percentage reflects diagnoses of heart attack, angina, or coronary heart disease.

- Viewed by demographic characteristics, note the positive correlation with age.

Prevalence of Chronic Heart Disease (Columbus Regional Hospital Service Area, 2015)



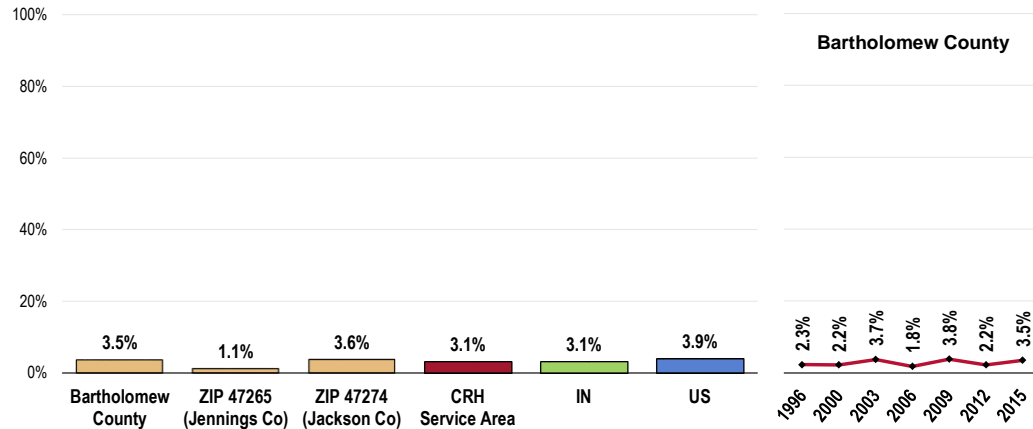
Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 306]
 Notes: • Asked of all respondents.
 • Includes diagnoses of heart attack, angina or coronary heart disease.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Prevalence of Stroke

A total of 3.1% of surveyed adults report that they suffer from or have been diagnosed with cerebrovascular disease (a stroke).

- Identical to statewide findings.
- Similar to national findings.
- Similar findings by county.
- TREND: Statistically unchanged over time.

Prevalence of Stroke



Sources:

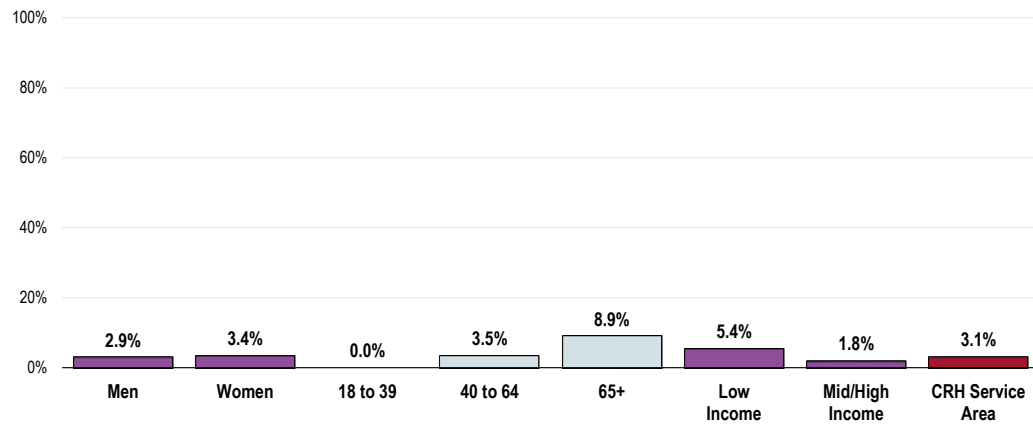
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 36]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2013 Indiana data.

 Notes:

- Asked of all respondents.

- Viewed by demographic characteristics, note the positive correlation with age.

Prevalence of Stroke (Columbus Regional Hospital Service Area, 2015)



Sources:

- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 36]

 Notes:

- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Cardiovascular Risk Factors

About Cardiovascular Risk

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

- Healthy People 2020 (www.healthypeople.gov)

Hypertension (High Blood Pressure)

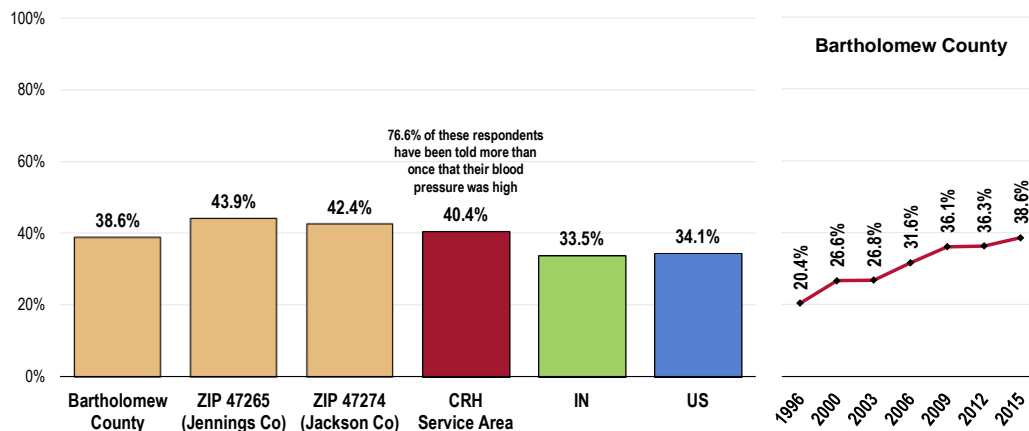
Prevalence of Hypertension

A total of 40.4% of adults have been told at some point that their blood pressure was high.

- Less favorable than the Indiana prevalence.
- Less favorable than the national prevalence.
- Far from satisfying the Healthy People 2020 target (26.9% or lower).
- Similar findings by county.
- TREND: Denotes a statistically significant increase since 1996.
- Among hypertensive adults, 76.6% have been diagnosed with high blood pressure more than once.

Prevalence of High Blood Pressure

Healthy People 2020 Target = 26.9% or Lower



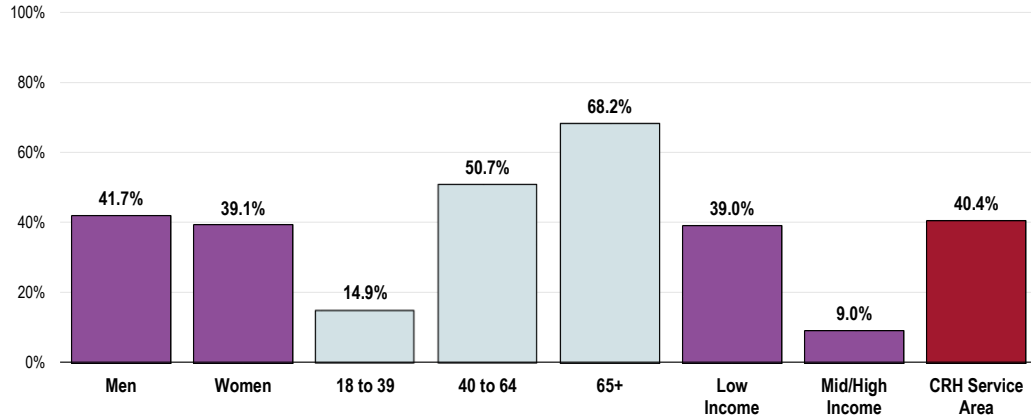
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 42-43]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Indiana data.
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-5.1]

Notes: • Asked of all respondents.

Hypertension diagnoses are higher among:

- Adults age 40 and older, and especially those age 65+ (positive correlation with age).
- Residents in low-income households.

Prevalence of High Blood Pressure
 (Columbus Regional Hospital Service Area, 2015)
 Healthy People 2020 Target = 26.9% or Lower



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 42]
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-5.1]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White 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.

Hypertension Management

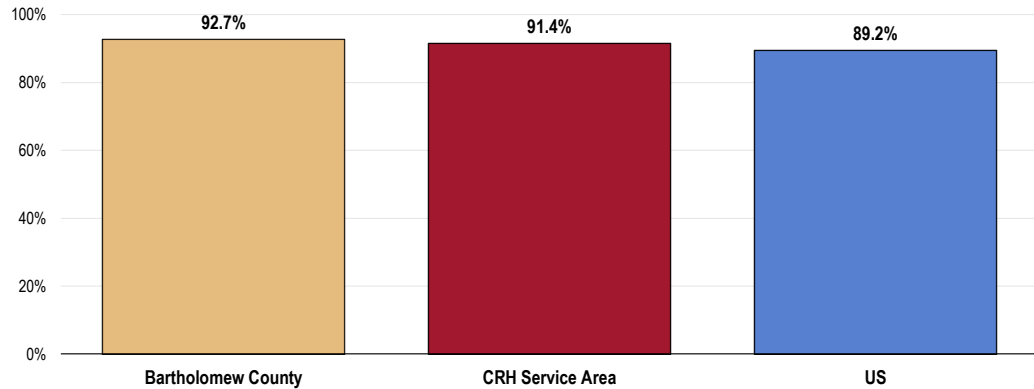
Among respondents who have been told that their blood pressure was high, 91.4% report that they are currently taking actions to control their condition.

- Similar to national findings.
- The prevalence is 92.7% in Bartholomew County.

Respondents reporting high blood pressure were further asked:

"Are you currently taking any action to help control your high blood pressure, such as taking medication, changing your diet, or exercising?"

Taking Action to Control Hypertension (Among CRH Service Area Adults With High Blood Pressure; 2015)



- Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 44]
 - 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- Notes:
- Asked of all respondents who have been diagnosed with high blood pressure.
 - In this case, the term "action" refers to medication, change in diet, and/or exercise.

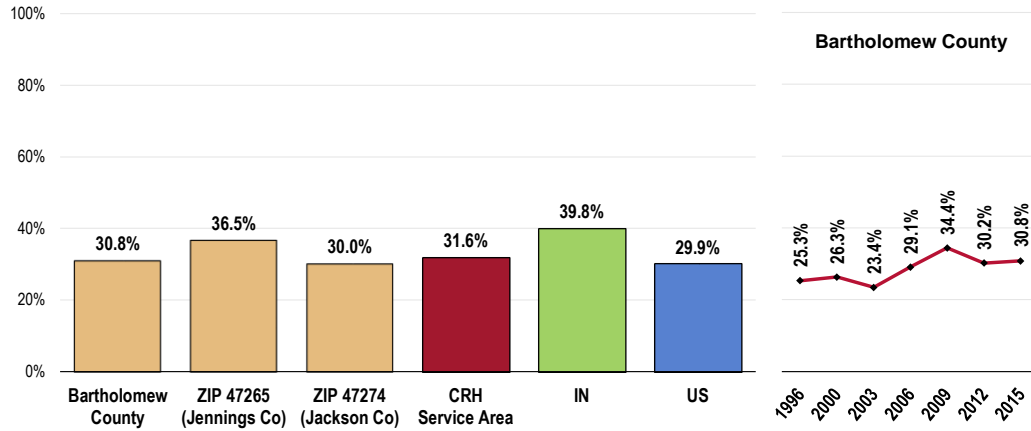
High Blood Cholesterol

Self-Reported High Blood Cholesterol

A total of 31.6% 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.
- Fails to satisfy the Healthy People 2020 target (13.5% or lower).
- Similar findings by county.
- TREND: Statistically unchanged since 1996.

Prevalence of High Blood Cholesterol Healthy People 2020 Target = 13.5% or Lower



Sources:

- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 46]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Indiana data.
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-7]

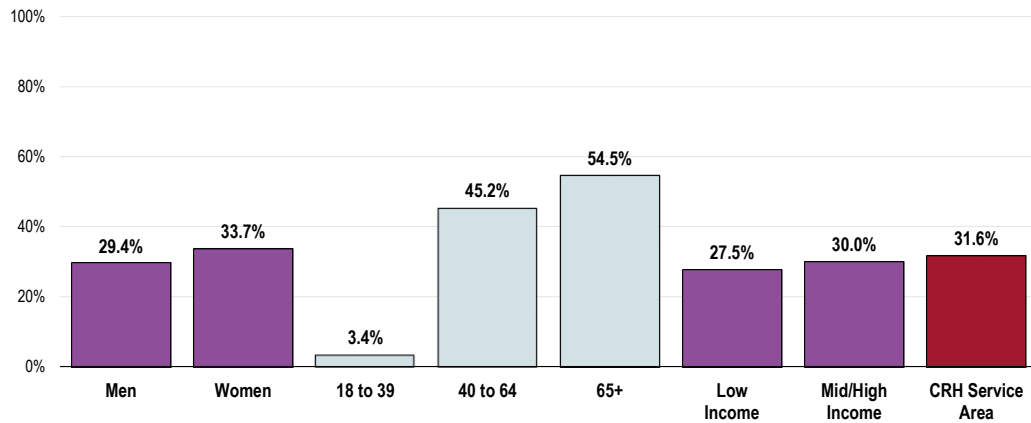
 Notes:

- Asked of all respondents.
- *The Indiana data reflects those adults who have been tested for high cholesterol and who have been diagnosed with it.

Further note the following:

- There is a positive correlation between age and high blood cholesterol.

Prevalence of High Blood Cholesterol (Columbus Regional Hospital Service Area, 2015) Healthy People 2020 Target = 13.5% or Lower



Sources:

- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 46]
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-7]

 Notes:

- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

About Cardiovascular Risk

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

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

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

Three health-related behaviors contribute markedly to cardiovascular disease:

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

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

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

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

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

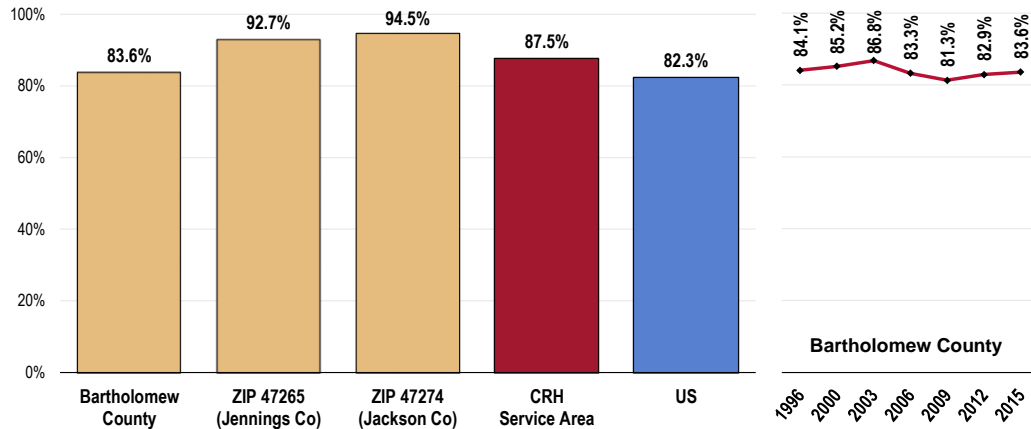
Total Cardiovascular Risk

A total of 87.5% 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.

- Higher than national findings.
- Unfavorably high in Jennings and Jackson counties.
- TREND: Statistically similar to the 1996 findings.

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

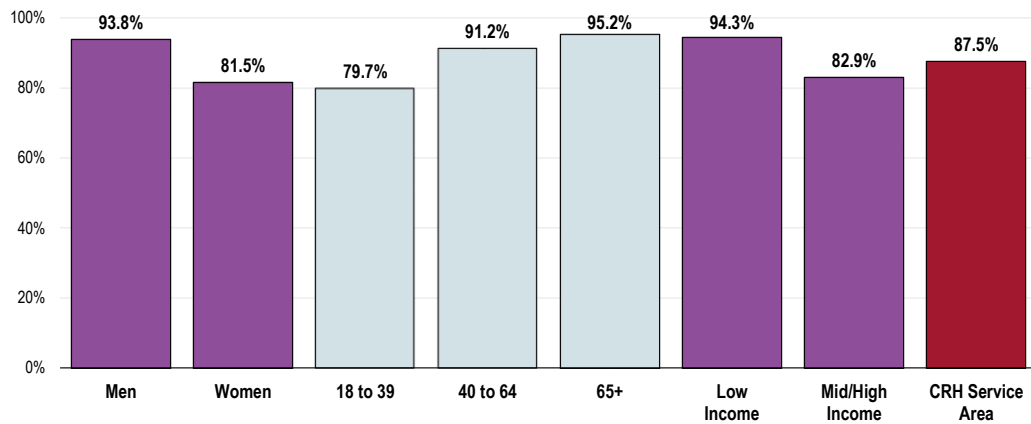


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 127]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.
 • Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time 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:

- Men.
- Adults age 40 and older, and especially seniors.
- Lower-income residents.

Present One or More Cardiovascular Risks or Behaviors (Columbus Regional Hospital Service Area, 2015)



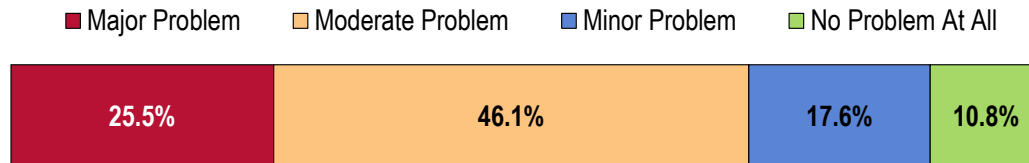
Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 127]
 Notes: • Asked of all respondents.
 • Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) hypertension; 4) high blood cholesterol; and/or 5) being overweight/obese.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Key Informant Input: Heart Disease & Stroke

The greatest share of key informants taking part in an online survey characterized **Heart Disease & Stroke** as a “moderate problem” in the community.

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

(Key Informants, 2014)



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

Top Concerns

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

Education & Early Detection

Diet and risk factors, more education is needed. – Public Health

I believe heart disease and stroke can be deadly diseases. Often early detection of cardiovascular disease is a preventative and treatment involves medication, change in nutrition, and exercise. Access to costly treatments may be a deterrent for treatment, also women may also not understand their risks and take the necessary precautions. – Community/Business Leaders

Within my scope of practice I take daily blood pressures and discuss daily cholesterol and heart medications that are taken by my faculty. I have three faculty members with confirmed diagnosis of serious heart conditions. – Public Health

Increased number of men and women having AMI's at much younger age. Education regarding the signs and symptoms of stroke. – Other Health

Due to the past life style behaviors and lack of understanding the damage tobacco and unhealthy diets could cause was not learned. The older the person the more difficult to encourage change is lifestyle and dietary habits. – Other Health

Obesity & Behavioral Risks

Indiana is one of the top ten states for tobacco use and obesity. Two huge risk factors for heart disease and stroke. Culturally, Indiana has not adopted healthy lifestyle changes. – Other Health

Large prevalence of overweight, obesity, tobacco use and inactivity. – Public Health

Heart disease and strokes may be the results of unhealthy eating and exercise habits. The average life expectancy has increased and these two illnesses impact the elderly more frequently. Do we have affordable resources for our aging population to get assistance? – Community/Business Leaders

Quality of Life

These conditions severely limit activities and quality of life. Maintenance of heart diseases is costly for many of our clients. – Social Services

Cancer

About Cancer

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

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

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

- Breast cancer (using mammography)
 - Cervical cancer (using Pap tests)
 - Colorectal cancer (using fecal occult blood testing, sigmoidoscopy, or colonoscopy)
- Healthy People 2020 (www.healthypeople.gov)

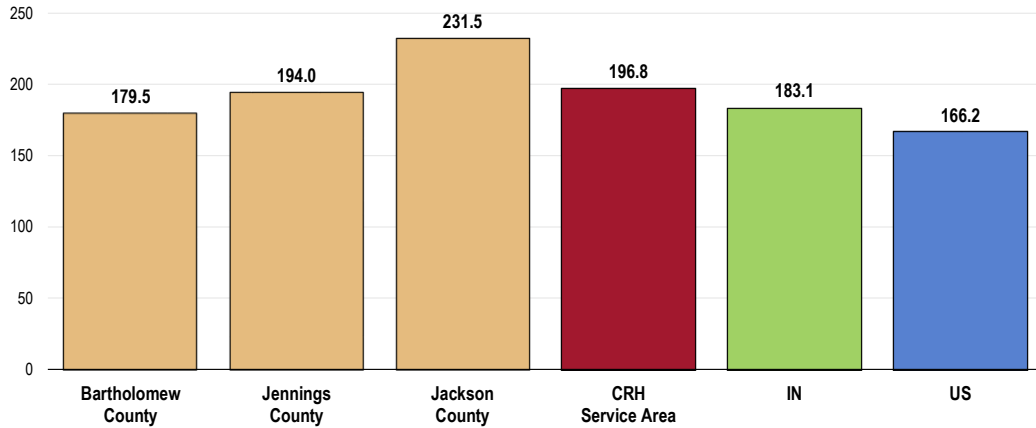
Age-Adjusted Cancer Deaths

All Cancer Deaths

Between 2011 and 2013, there was an annual average age-adjusted cancer mortality rate of 196.8 deaths per 100,000 population in the Columbus Regional Hospital Service Area.

- Worse than the statewide rate.
- Worse than the national rate.
- Fails to satisfy the Healthy People 2020 target of 161.4 or lower.
- Highest in Jackson County, lowest in Bartholomew.

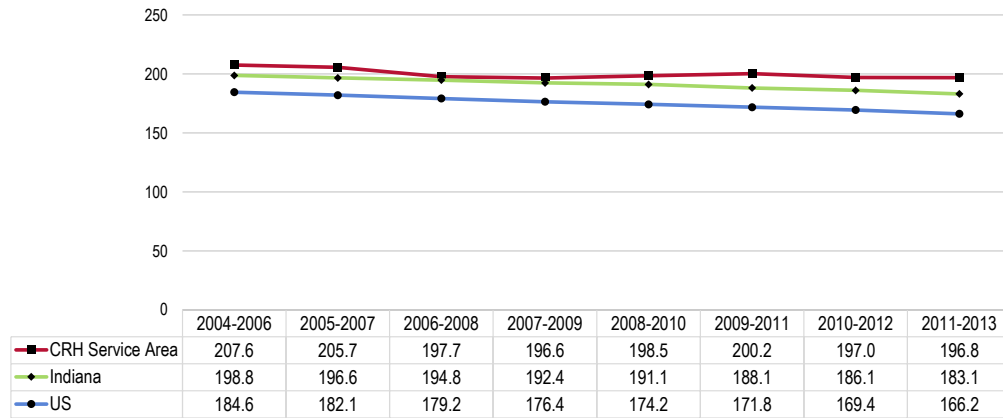
Cancer: Age-Adjusted Mortality (2011-2013 Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 161.4 or Lower



Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2015.
● US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective C-1]
Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- **TREND:** Cancer mortality has decreased slightly over the past decade in the Columbus Regional Hospital Service Area; the same trend is apparent both statewide and nationwide.

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



Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2015.
● US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective C-1]
Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Cancer Deaths by Site

Lung cancer is by far the leading cause of cancer deaths in the Columbus Regional Hospital Service Area.

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

As can be seen in the following chart (referencing 2011-2013 annual average age-adjusted death rates):

- The Columbus Regional Hospital Service Area **lung** and **prostate cancer** death rates are worse than both the state and national rates.
- The service area **female breast** and **colorectal cancer** death rates are both comparable to the Indiana rates but worse than the US rates.

Note that **each** of the Columbus Regional Hospital Service Area cancer death rates detailed below fails to satisfy the related Healthy People 2020 target.

Age-Adjusted Cancer Death Rates by Site (2011-2013 Annual Average Deaths per 100,000 Population)

	CRH Service Area	Indiana	US	HP2020
Lung Cancer	62.4	54.5	44.7	45.5
Prostate Cancer	23.8	20.7	19.8	21.8
Female Breast Cancer	22.5	22	21.3	20.7
Colorectal Cancer	16.5	16.4	14.9	14.5

Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2015.
• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov>

Cancer Incidence

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

Between 2007 and 2011, the CRH Service Area had an annual average age-adjusted incidence rate of 117.2 female breast cancer cases per 100,000 population.

- Similar to the statewide incidence rate.

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

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

- Similar to the national incidence rate.

The service area reported an annual average age-adjusted incidence rate of **prostate cancer** of 103.0 cases per 100,000 population.

- Better than the statewide incidence rate.
- Better than the national incidence rate.

The CRH Service Area reported an annual average age-adjusted incidence rate of 82.5 **lung cancer** cases per 100,000 population.

- Worse than the statewide incidence rate.
- Worse than the national incidence rate.

There was an annual average age-adjusted incidence rate of **colorectal cancer** of 42.2 cases per 100,000 in the area.

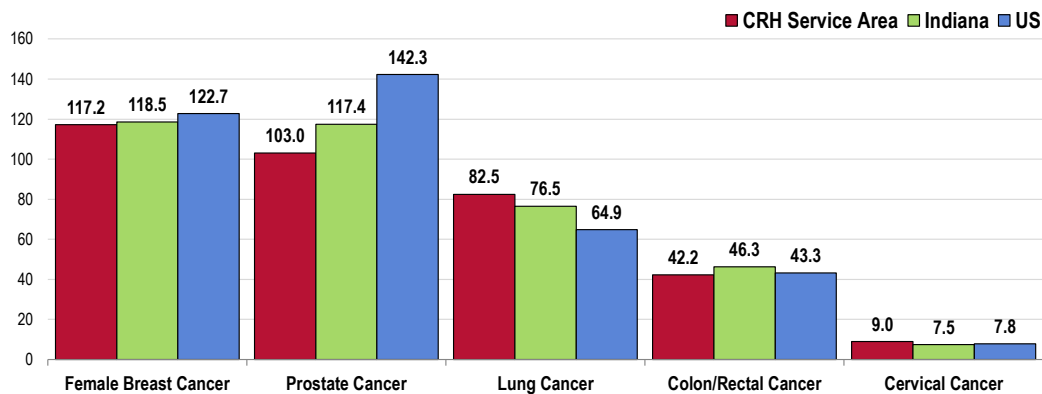
- Better than the statewide incidence rate.
- Close to the national incidence rate.

There was an annual average age-adjusted incidence rate of **cervical cancer** of 9.0 cases per 100,000 in the Columbus Regional Hospital Service Area.

- Worse than the statewide incidence rate.
- Worse than the national incidence rate.

Cancer Incidence Rates by Site

(Annual Average Age-Adjusted Incidence per 100,000 Population, 2007-2011)



Sources:

- State Cancer Profiles: 2007-11.
- Retrieved June 2015 from Community Commons at <http://www.chna.org>.

 Notes:

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

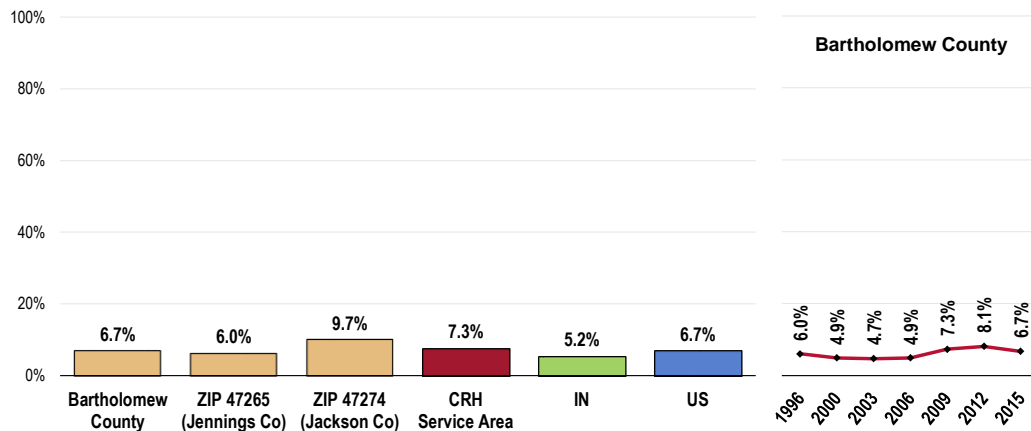
Prevalence of Cancer

Skin Cancer

A total of 7.3% of surveyed CRH Service Area adults report having been diagnosed with skin cancer.

- Similar to what is found statewide.
- Similar to the national average.
- Similar findings by county.
- TREND: The prevalence of skin cancer has remained statistically unchanged over time.

Prevalence of Skin Cancer



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 31]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Indiana data.
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.

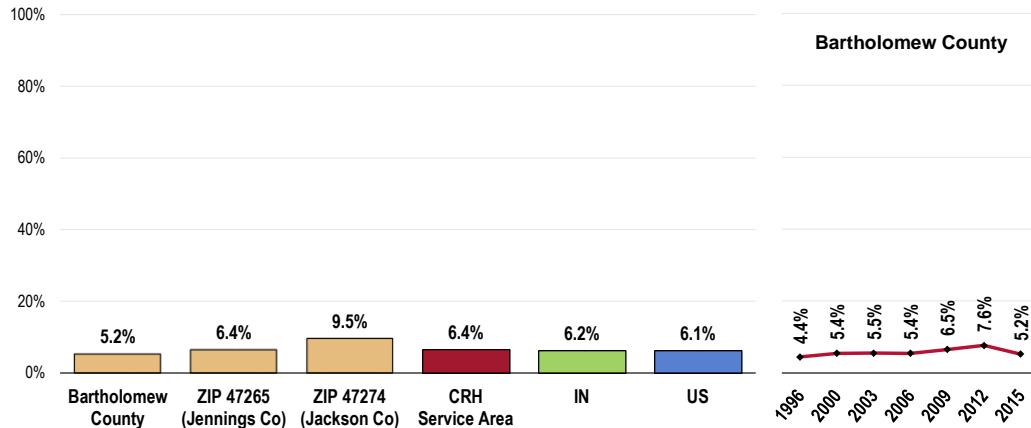
Notes: • Asked of all respondents.

Other Cancer

A total of 6.4% of respondents have been diagnosed with some type of (non-skin) cancer.

- Comparable to the statewide prevalence.
- Comparable to the national prevalence.
- Comparable findings by county.
- TREND: The prevalence of cancer has remained unchanged over time.

Prevalence of Cancer (Other Than Skin Cancer)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 30]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2013 Indiana data.
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

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

Cancer Risk

About Cancer Risk

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

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

Cancer Screenings

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

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

Female Breast Cancer Screening

About Screening for Breast Cancer

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

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

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

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

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

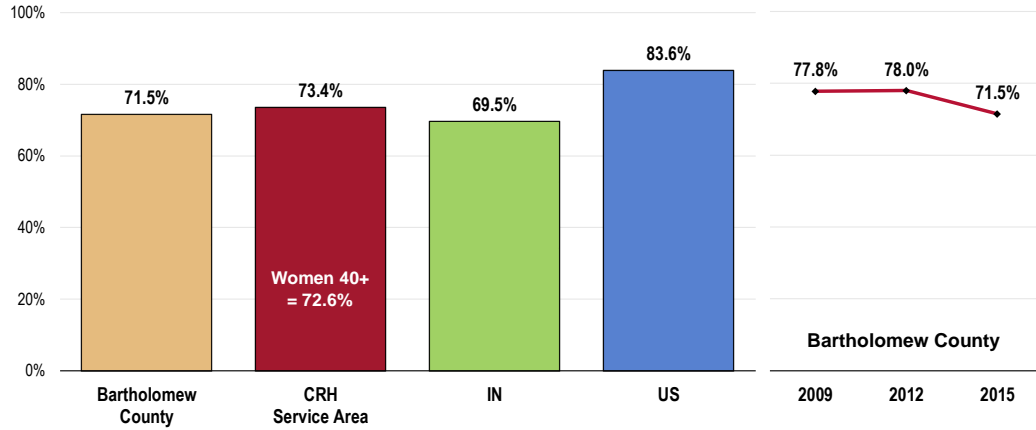
Mammography

Among women age 50-74, 73.4% have had a mammogram within the past two years.

- Similar to statewide findings (which represent all women 50+).
- Much lower than national findings.
- Fails to satisfy the Healthy People 2020 target (81.1% or higher).
- The prevalence in Bartholomew County is 71.5%.
- Among women 40+, 72.6% have had a mammogram in the past two years.
- TREND: Statistically unchanged over time.

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

Healthy People 2020 Target = 81.1% or Higher



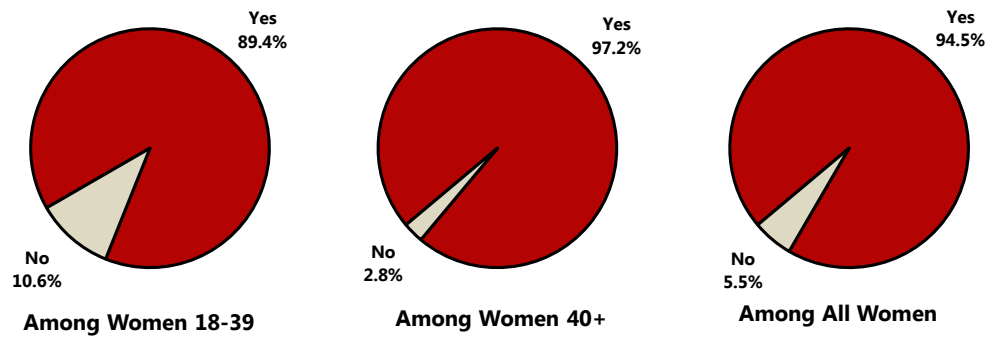
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 128-129]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2012 Indiana data.
 • 2013 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).

Breast Self-Exams

Among service area women, most (94.5%) say they know how to perform a breast self-exam.

- The proportion is higher in the 40+ age grouping than among younger women.

Know How to Perform a Breast Self-Exam (CRH Service Area Women 18+, 2015)

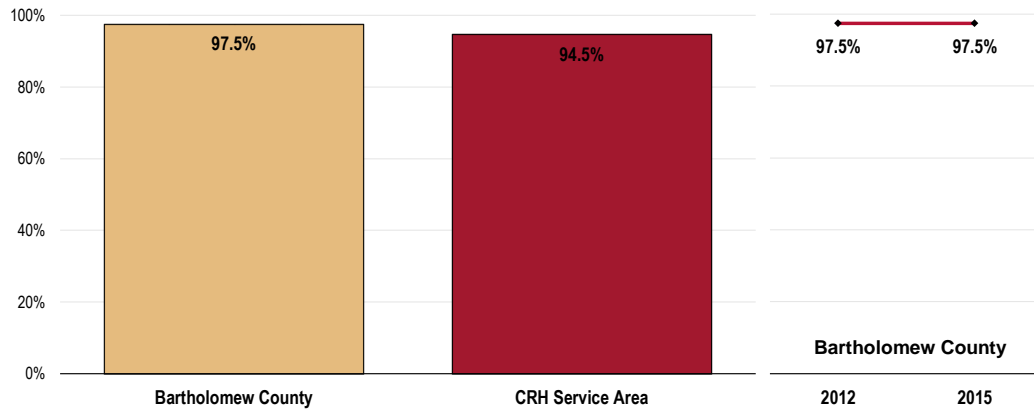


Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 325]
 Notes: • Asked of all female respondents.

In Bartholomew County, the proportion among women 18+ is higher (97.5%).

- TREND: The percentage of Bartholomew County women who know how to perform a breast self-exam has not changed over time.

Know How to Perform a Breast Self-Exam (CRH Service Area Women 18+)

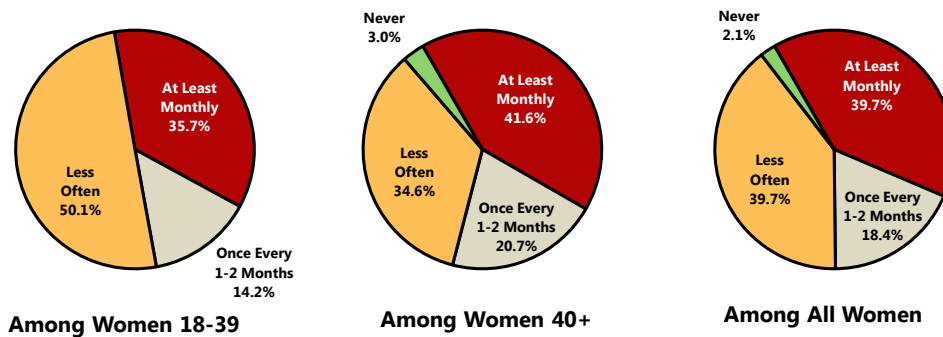


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 325]
Notes: • Asked of all female respondents.

When asked about the frequency with which they perform such breast self-exams, approximately 4 in 10 women (39.7%) do so monthly, while the remainder do so less often.

- Women age 40+ perform these self-exams more often than younger women.

Frequency of Breast Self-Exams (CRH Service Area Women Who Know How to Perform Such Exams, 2015)

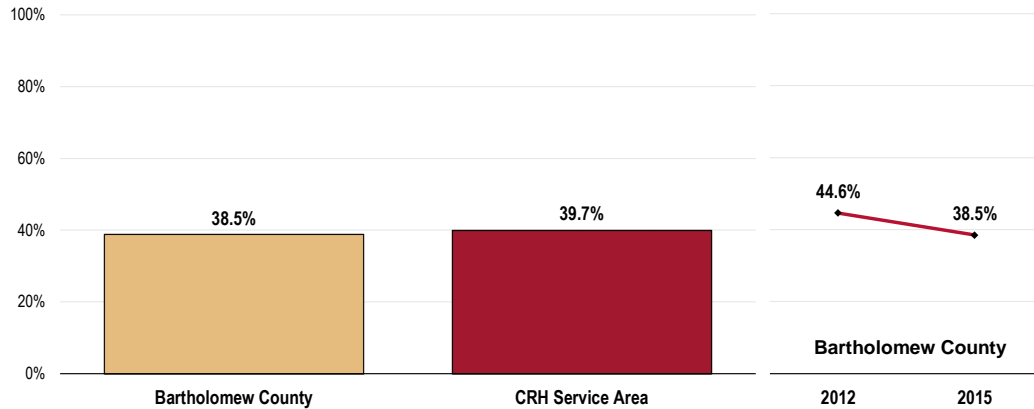


Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 326]
Notes: • Asked of all female respondents who know how to perform breast self-exams.

In Bartholomew County, 38.5% of women perform monthly breast self-exams.

- **TREND:** Among Bartholomew County women who know how to perform these exams, the prevalence is statistically unchanged over time.

Perform a Breast Self-Exam at Least Monthly
(CRH Service Area Women Who Know How to Perform Such Exams)



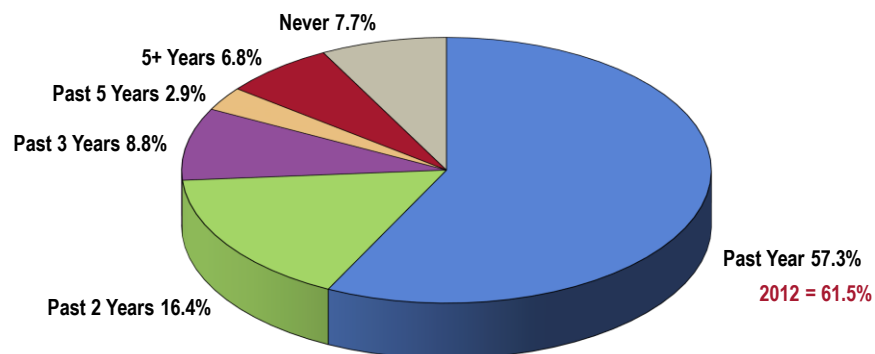
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 326]
Notes: • Asked of all female respondents who know how to perform breast self-exams.

Clinical Breast Exams

With regard to clinical breast exams, the majority of service area women (57.3%) had an exam in the past year, statistically unchanged over time.

- In contrast, note that 6.8% of CRH Service Area women had their most recent clinical breast exam 5+ years ago, and 7.7% have never had such an exam.

Most Recent Clinical Breast Exam
(CRH Service Area Women 18+, 2015)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 324]
Notes: • Asked of all female respondents.

Cervical Cancer Screenings

About Screening for Cervical Cancer

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

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

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

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

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

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

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

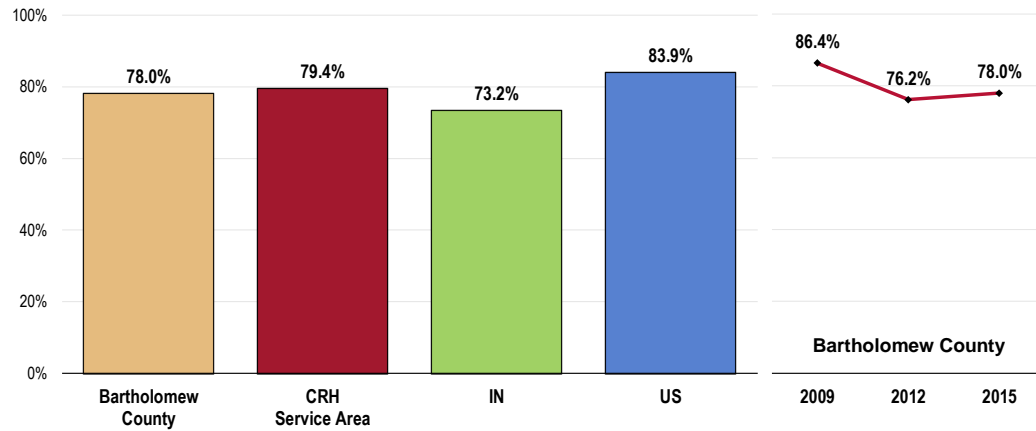
Note that other organizations (e.g., American Cancer Society, American Academy of Family Physicians, American College of Physicians, National Cancer Institute) may have slightly different screening guidelines.

Pap Smear Testing

Among women age 21 to 65, 79.4% have had a Pap smear within the past three years.

- Higher than Indiana findings (which represents all women 18+).
- Comparable to national findings.
- Fails to satisfy the Healthy People 2020 target (93% or higher).
- In Bartholomew County, the prevalence is 78.0% of women age 21-65.
- TREND: Marks a statistically significant decrease in Bartholomew County since 2009.

Have Had a Pap Smear in the Past Three Years (Among Women Age 21-65) Healthy People 2020 Target = 93.0% or Higher



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 130]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2012 Indiana data.
 • 2013 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

About Screening for Colorectal Cancer

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

The evidence is convincing that screening for colorectal cancer with fecal occult blood testing, sigmoidoscopy, or colonoscopy detects early-stage cancer and adenomatous polyps. There is convincing evidence that screening with any of the three recommended tests (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.

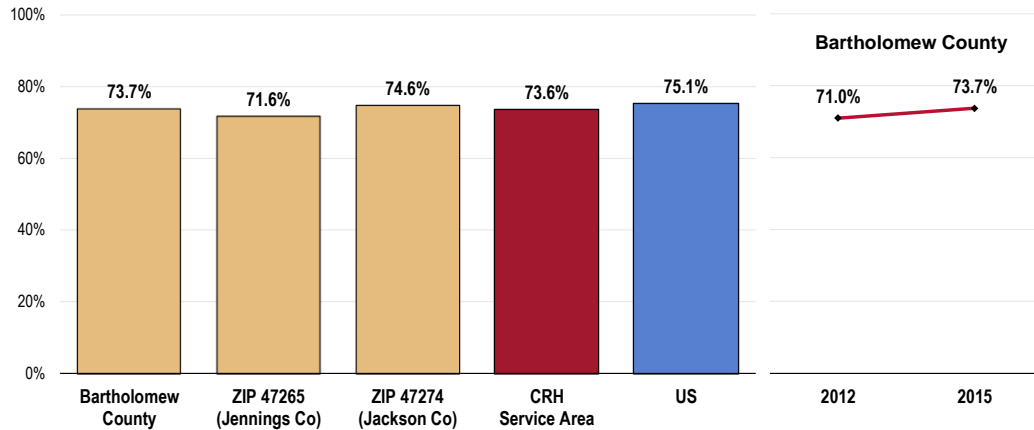
Colorectal Cancer Screening

Among adults age 50–75, 73.6% 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 national findings.
- Similar to the Healthy People 2020 target (70.5% or higher).
- Similar findings by county.
- Statistically unchanged since 2012.

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

Healthy People 2020 Target = 70.5% or Higher



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 133]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective C-16]

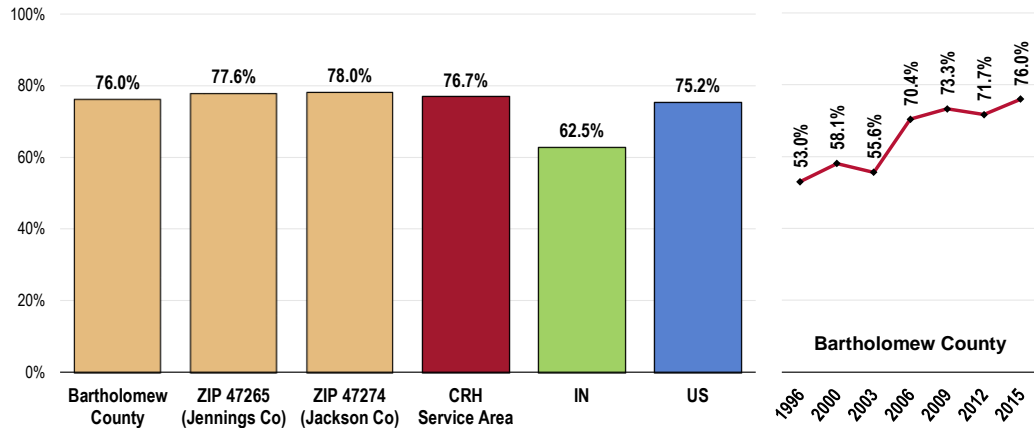
Notes: • Asked of all respondents age 50 through 75.
 • In this case, the term "colorectal screening" refers to adults age 50-75 receiving a FOBT (fecal occult blood test) in the past year and/or a lower endoscopy (sigmoidoscopy/colonoscopy) in the past 10 years.

Lower Endoscopy

Among adults age 50 and older, just over three-fourths (76.7%) have had a lower endoscopy (sigmoidoscopy or colonoscopy) at some point in their lives.

- More favorable than Indiana findings.
- Comparable to national findings.
- Comparable findings by country.
- TREND: Marks a statistically significant increase over time.

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



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 131]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2012 Indiana data.
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.

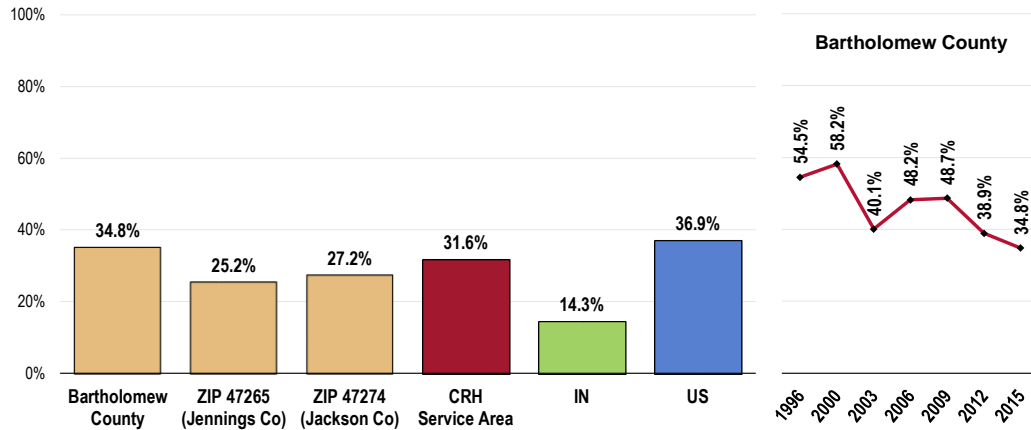
Notes: • Asked of respondents age 50 and older.
 • Lower endoscopy includes either sigmoidoscopy or colonoscopy.

Blood Stool Testing

Among adults age 50 and older, 31.6% have had a blood stool test (aka “fecal occult blood test”) within the past two years.

- Better than Indiana findings.
- Similar to national findings.
- Similar findings by county.
- TREND: Denotes a statistically significant decrease since 1996.

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



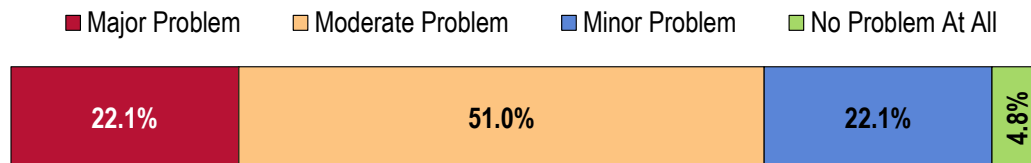
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 132]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2012 Indiana data.
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of respondents age 50 and older.
 • Lower endoscopy includes either sigmoidoscopy or colonoscopy.

Key Informant Input: Cancer

Most key informants taking part in an online survey characterized **Cancer** as a “moderate problem” in the community.

Perceptions of Cancer as a Problem in the Community
(Key Informants, 2014)



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

Top Concerns

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

Tobacco Use

Because of excessive tobacco use, especially by youth and young adults. There is significant use by the persons who work here, but we're raised in foreign countries. – Community/Business Leaders

Heavy smoking and obesity population. – Other Health

High Occurrence

More people are being treated for cancer and it is being found more often. – Community/Business Leaders

There are numerous cases of breast cancer, lung cancer and others made public by church reported by prayer requests and publicly by request for fundraising for specific cases and cancer treatment in general. – Other Health

Preventive Screenings

Cancer is an ongoing threat to all of our bodies. Routine screening can be expensive and I'm not sure how many people actually take advantage of routine prevention and screenings. New treatments are available and it is important to make sure our citizens, especially in rural areas, are aware of them and have access to the best medication possible. – Community/Business Leaders

Respiratory Disease

About Asthma & COPD

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

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

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

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

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

Risk factors for asthma currently being investigated include:

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

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

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

- Healthy People 2020 (www.healthypeople.gov)

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

Age-Adjusted Respiratory Disease Deaths

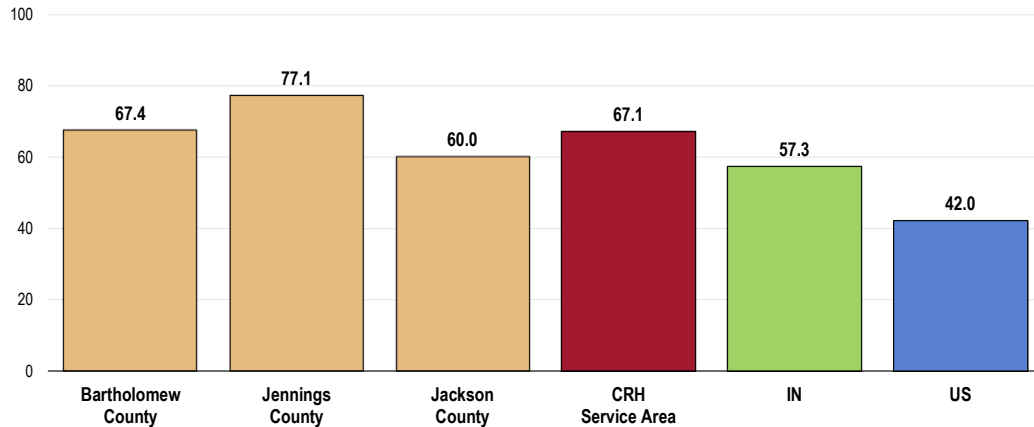
Chronic Lower Respiratory Disease Deaths (CLRD)

Between 2011 and 2013, there was an annual average age-adjusted CLRD mortality rate of 67.1 deaths per 100,000 population in the Columbus Regional Hospital Service Area.

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

- Worse than found statewide.
- Worse than the national rate.
- Highest in Jennings County, lowest in Jackson County.

CLRD: Age-Adjusted Mortality
(2011-2013 Annual Average Deaths per 100,000 Population)

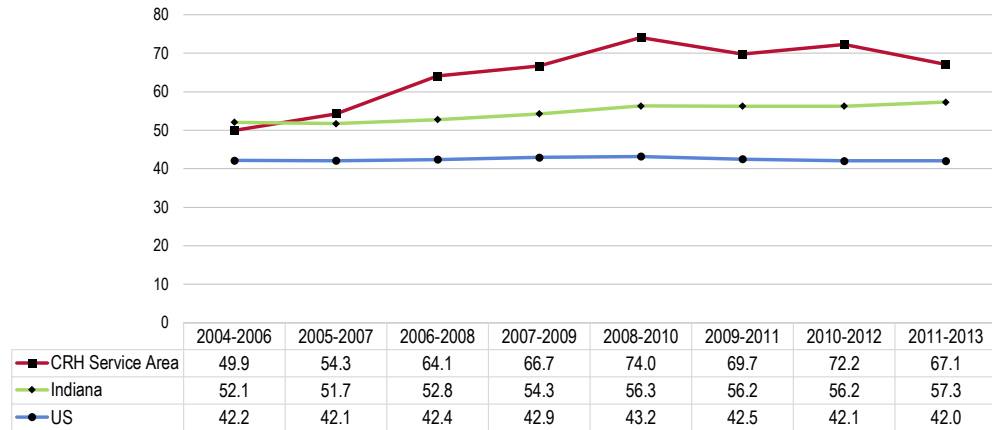


Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2015.

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

- TREND: CLRD mortality in the service area increased in the mid- to late-2000s, but has not since shown a clear trend..

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



Sources:

- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2015.

Notes:

- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- CLRD is chronic lower respiratory disease.

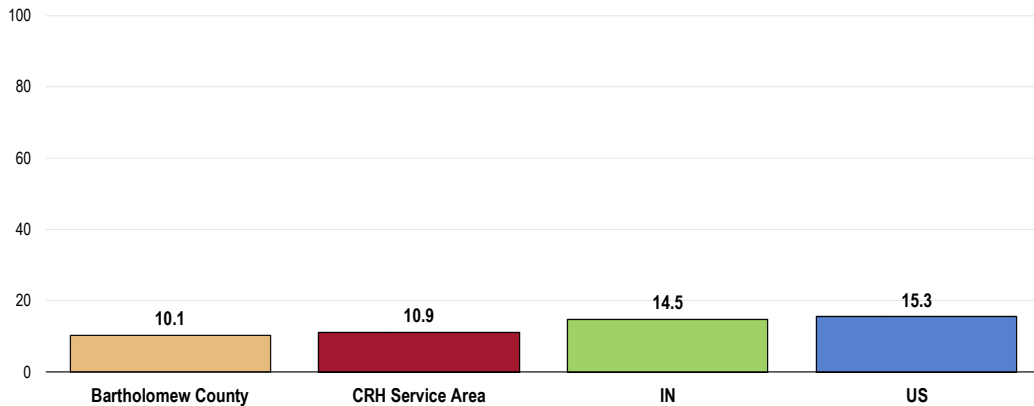
Pneumonia/Influenza Deaths

Between 2011 and 2013, there was an annual average age-adjusted pneumonia influenza mortality rate of 10.9 deaths per 100,000 population in the service area.

- Lower than found statewide.
- Lower than the national rate.
- The rate in Bartholomew County was 10.1.

For prevalence of vaccinations for pneumonia and influenza, see also *Immunization & Infectious Disease*.

Pneumonia/Influenza: Age-Adjusted Mortality (2011-2013 Annual Average Deaths per 100,000 Population)



Sources:

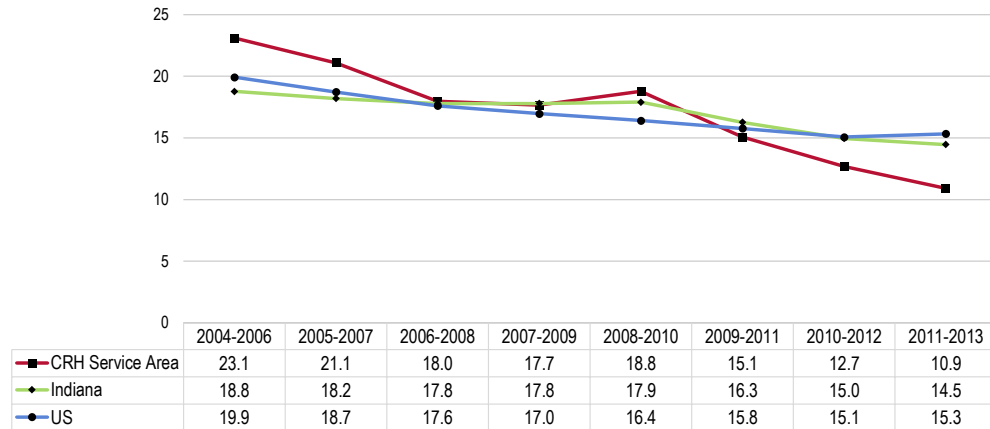
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2015.

Notes:

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

- TREND: Pneumonia/influenza mortality has decreased sharply over time.

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



Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2015.

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

Chronic Obstructive Pulmonary Disease (COPD)

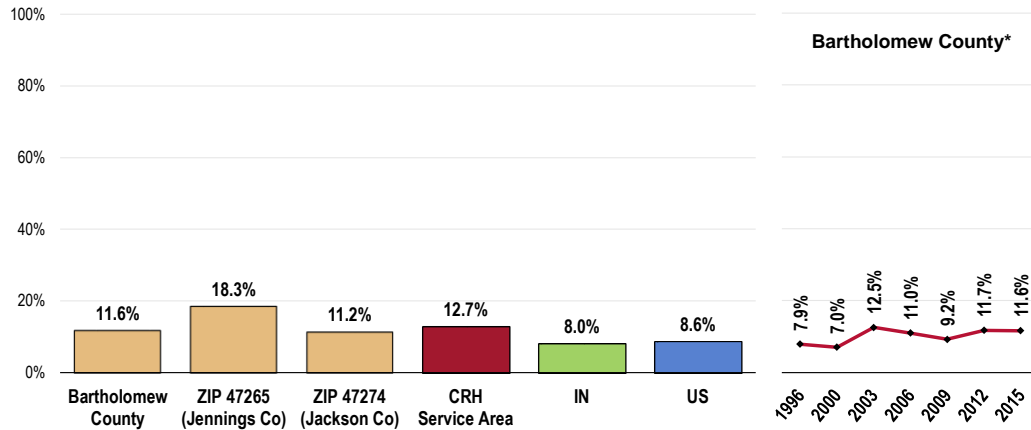
A total of 12.7% of Columbus Regional Hospital Service Area adults suffer from chronic obstructive pulmonary disease (COPD, including emphysema and bronchitis).

- Higher than the state prevalence.
- Higher than the national prevalence.
- Statistically similar findings by county.
- NOTE: in prior data, this question was asked slightly differently; respondents were asked if they had ever been diagnosed with “chronic lung disease, including bronchitis or emphysema,” rather than “COPD or chronic obstructive pulmonary disease, including bronchitis or emphysema” as is asked currently.

TREND: In comparing to 1996 data, the change in prevalence is statistically significant (an increase over time).

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

Prevalence of Chronic Obstructive Pulmonary Disease (COPD)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 25]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Indiana data.
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.
 • Includes those having ever suffered from or been diagnosed with COPD or chronic obstructive pulmonary disease, including bronchitis or emphysema.
 • In prior data, the term "chronic lung disease" was used, which also included bronchitis or emphysema.

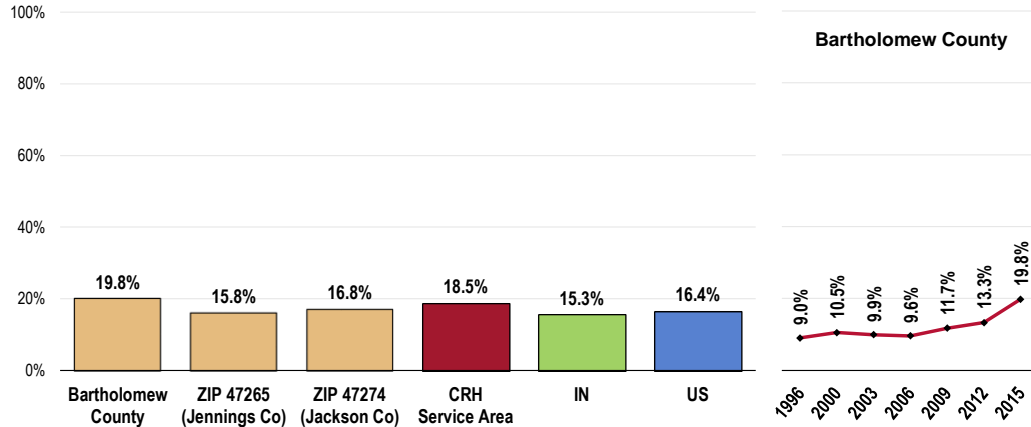
Asthma

Adults

A total of 18.5% of service area adults have been diagnosed with asthma.

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

Adult Asthma Prevalence



Sources:

- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 37]
- 2013 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); 2013 Indiana data.

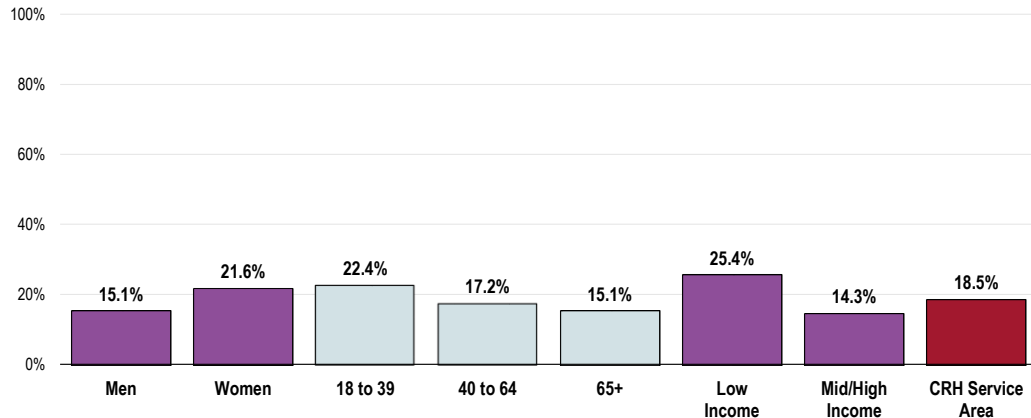
 Notes:

- Asked of all respondents.
- "Currently have asthma" includes those who have ever been diagnosed with asthma, and who report that they still have asthma.

The following adults are more likely to have been diagnosed with asthma:

- Women.
- Low-income residents.

Adult Asthma Prevalence (Columbus Regional Hospital Service Area, 2015)



Sources:

- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 37]

 Notes:

- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Key Informant Input: Respiratory Disease

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

Perceptions of Respiratory Diseases as a Problem in the Community

(Key Informants, 2014)

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



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

Top Concerns

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

High Occurrence

We have a high rate of asthma and COPD. – Physicians

Increase in number of people experiencing respiratory problems. – Community/Business Leaders

Tobacco Use

Smoking is a major factor in Respiratory health. High cost of medications is also an issue for many. Ration of these medications and continued smoking results in crisis and increased overall cost on the healthcare system. I see this across all socioeconomic groups. Another factor is limited providers in areas. – Other Health

The understanding of the damage of tobacco to our lungs was not learned until many of our senior citizens had already been smoking for many years. There may also have been environmental hazards that have caused lung disease. – Other Health

Education

High number of requests for assistance with respiratory medications. High number of clients we see with SSD secondary to COPD. – Other Health

Quality of Life

These conditions severely limit activities and quality of life. Maintenance of respiratory diseases is costly for many of our clients. – Social Services

Injury & Violence

About Injury & Violence

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

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

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

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

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

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

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

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

Efforts to prevent violence may focus on:

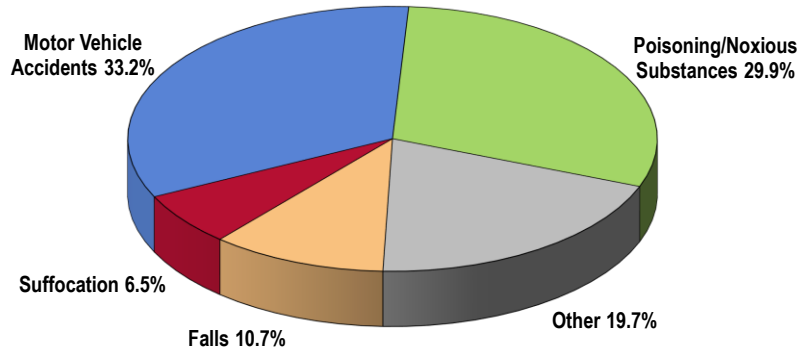
- Changing social norms about the acceptability of violence
- Improving problem-solving skills (for example, parenting, conflict resolution, coping)
- Changing policies to address the social and economic conditions that often give rise to violence

• Healthy People 2020 (www.healthypeople.gov)

Leading Causes of Accidental Death

Motor vehicle accidents, poisoning, falls, and suffocation accounted for 8 in 10 accidental deaths in the Columbus Regional Hospital Service Area between 2011 and 2013.

Leading Causes of Accidental Death (Columbus Regional Hospital Service Area, 2011-2013)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2015.
 Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).

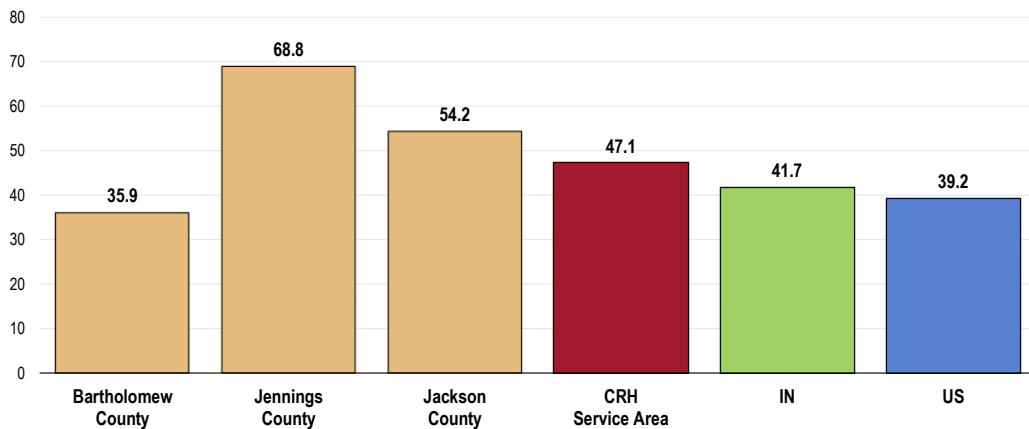
Unintentional Injury

Age-Adjusted Unintentional Injury Deaths

Between 2011 and 2013, there was an annual average age-adjusted unintentional injury mortality rate of 47.1 deaths per 100,000 population in the service area.

- Less favorable than the Indiana rate.
- Less favorable than the national rate.
- Fails to satisfy the Healthy People 2020 target (36.4 or lower).
- Dramatically higher in Jennings County than in Bartholomew.

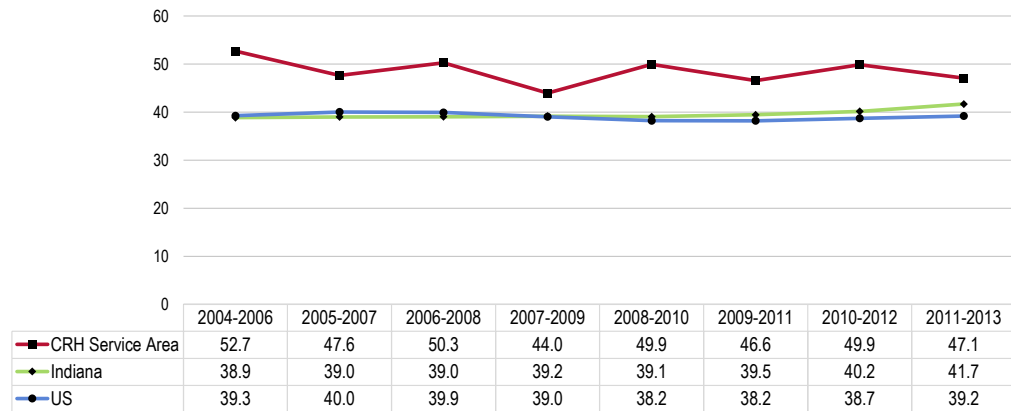
Unintentional Injuries: Age-Adjusted Mortality (2011-2013 Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 36.4 or Lower



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2015.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IVP-11]
 Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 • Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- TREND: Despite fluctuations, the service area’s unintentional injury mortality rate appears to have declined over the past decade.

Unintentional Injuries: Age-Adjusted Mortality Trends
 (Annual Average Deaths per 100,000 Population)
 Healthy People 2020 Target = 36.4 or Lower



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2015.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IVP-11]

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

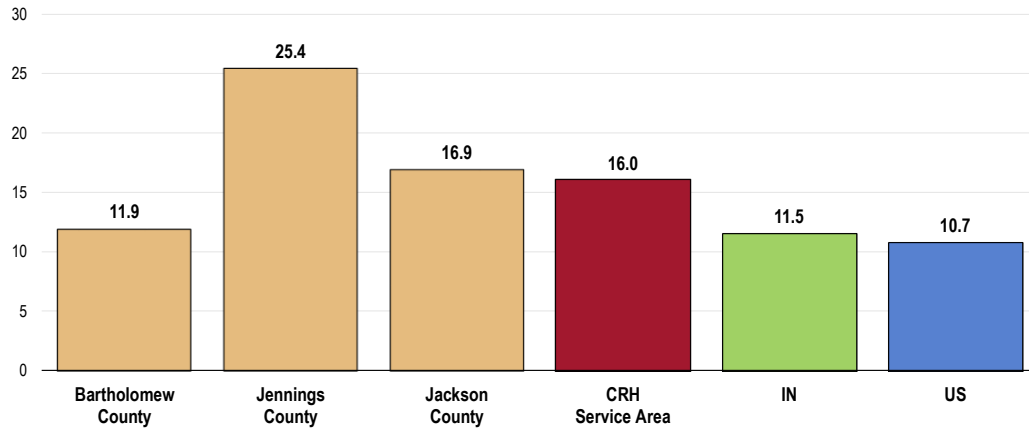
Motor Vehicle Safety

Age-Adjusted Motor-Vehicle Related Deaths

Between 2011 and 2013, there was an annual average age-adjusted motor vehicle crash mortality rate of 16.0 deaths per 100,000 population in the Columbus Regional Hospital Service Area.

- Higher than found statewide.
- Higher than found nationally.
- Fails to satisfy the Healthy People 2020 target (12.4 or lower).
- Much higher in Jennings County than in Bartholomew.

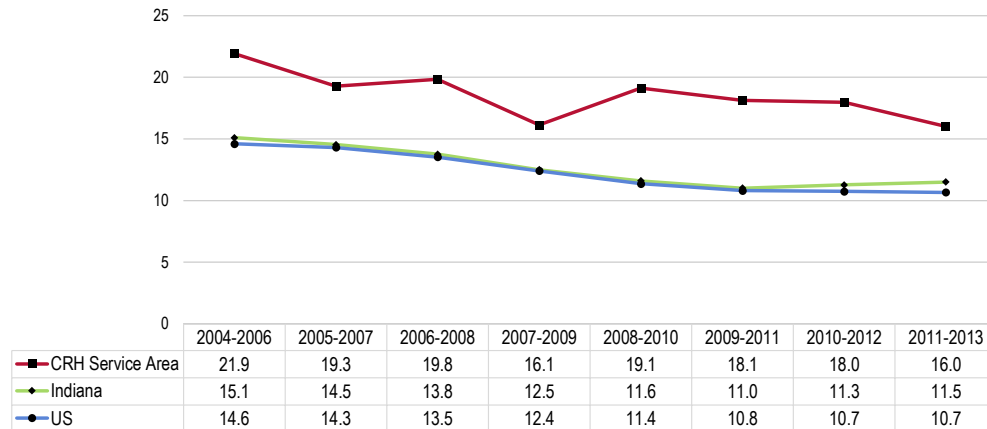
Motor Vehicle Crashes: Age-Adjusted Mortality (2011-2013 Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 12.4 or Lower



Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2015.
● US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IVP-13.1]
Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

● TREND: Motor vehicular mortality has decreased over time.

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



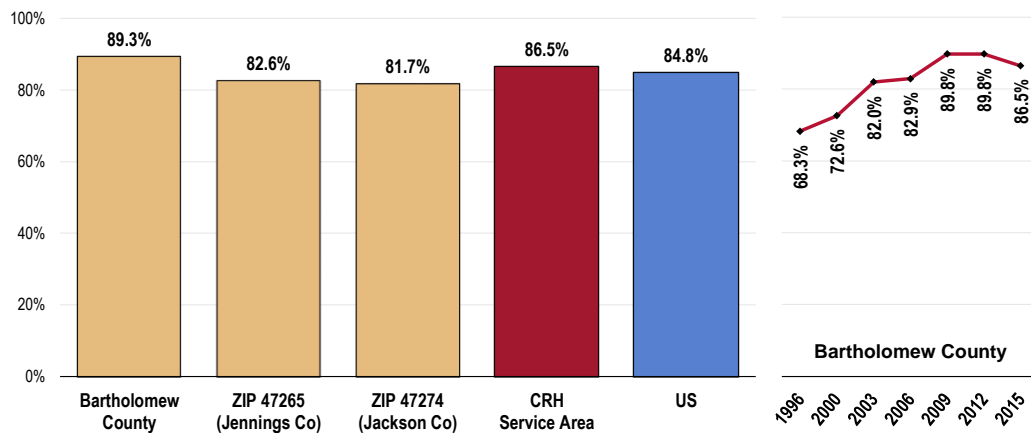
Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2015.
● US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IVP-13.1]
Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Seat Belt Usage - Adults

Most Columbus Regional Hospital Service Area adults (86.5%) report “always” wearing a seat belt when driving or riding in a vehicle.

- Comparable to the percentage found nationally.
- Fails to satisfy the Healthy People 2020 target of 92.0% or higher.
- Favorably high in Bartholomew County.
- TREND: In Bartholomew County, marks a statistically significant increase over time.

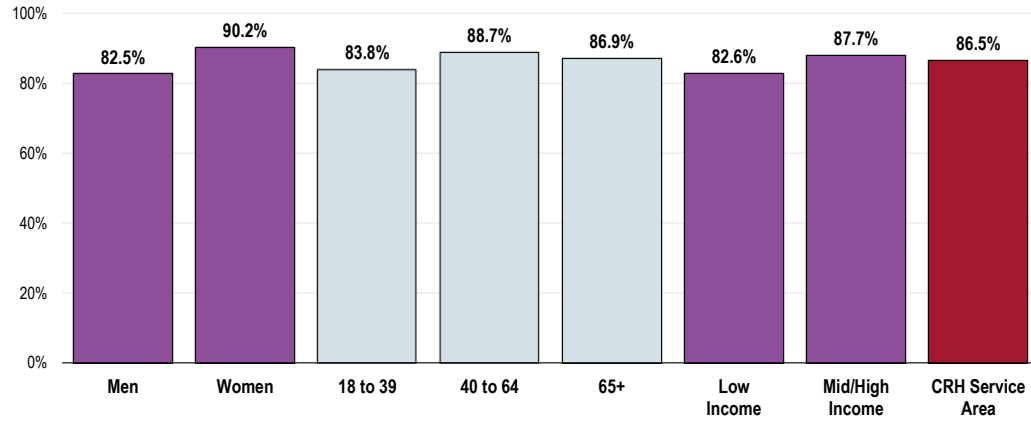
**“Always” Wear a Seat Belt
When Driving or Riding in a Vehicle**
Healthy People 2020 Target = 92.0% or Higher



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 49]
 • 2013 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 IVP-15]
 Notes: • Asked of all respondents.

- Men in the service area are less likely to report consistent seat belt usage.

**“Always” Wear a Seat Belt
When Driving or Riding in a Vehicle**
(Columbus Regional Hospital Service Area, 2015)
Healthy People 2020 Target = 92.0% or Higher



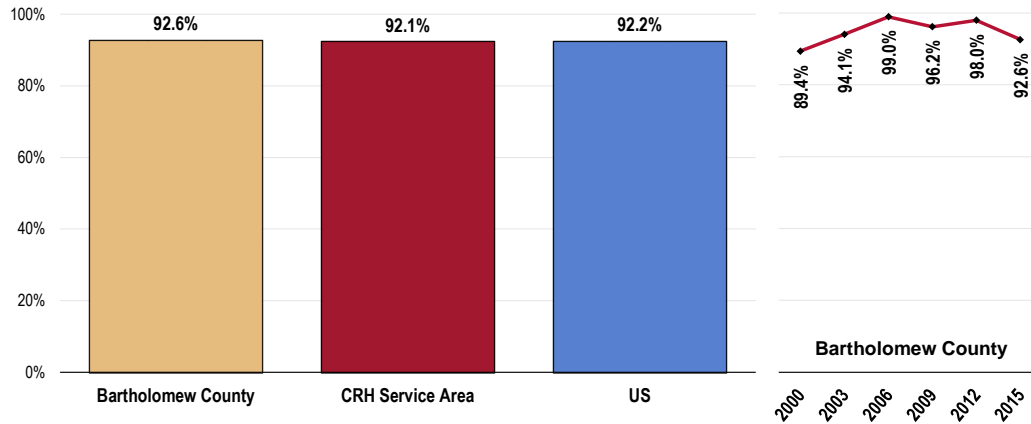
- Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 49]
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IVP-15]
- Notes:
- Asked of all respondents.
 - Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White 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.

Seat Belt Usage - Children

A full 92.1% 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.

- Almost identical to what is found nationally.
- The Bartholomew County prevalence is similar (92.6%).
- TREND: Statistically unchanged since 2000.

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



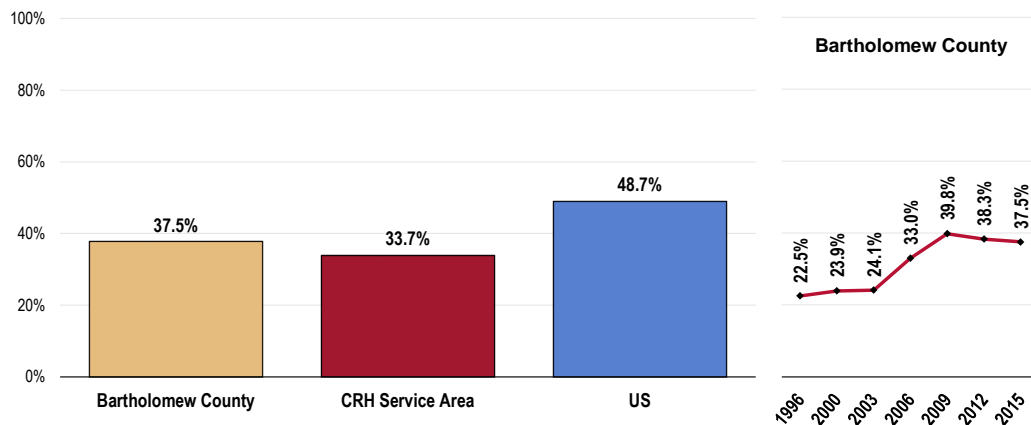
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 122]
 ● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: ● Asked of all respondents with children 0 to 17 in the household.

Bicycle Safety

One-third of Columbus Regional Hospital Service Area children age 5 to 17 (33.7%) are reported to “always” wear a helmet when riding a bicycle.

- Much lower than the national prevalence.
- The Bartholomew County prevalence is 37.5%.
- TREND: Marks a statistically significant increase over time.

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



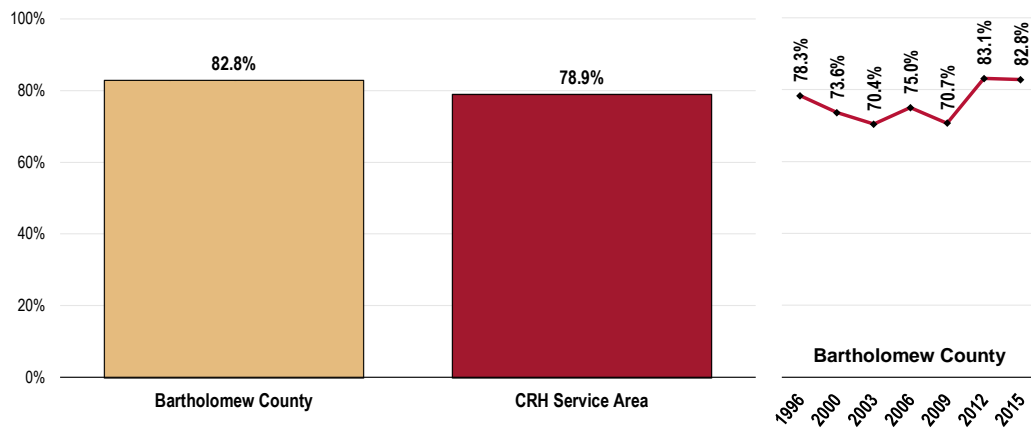
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 121]
 ● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: ● Asked of all respondents with children age 5 to 17 at home.

Water Safety

A total of 78.9% of service area children under 18 have received instruction in swimming or water safety.

- The prevalence is 82.8% in Bartholomew County.
- TREND: In Bartholomew County, statistically unchanged from baseline survey results.

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



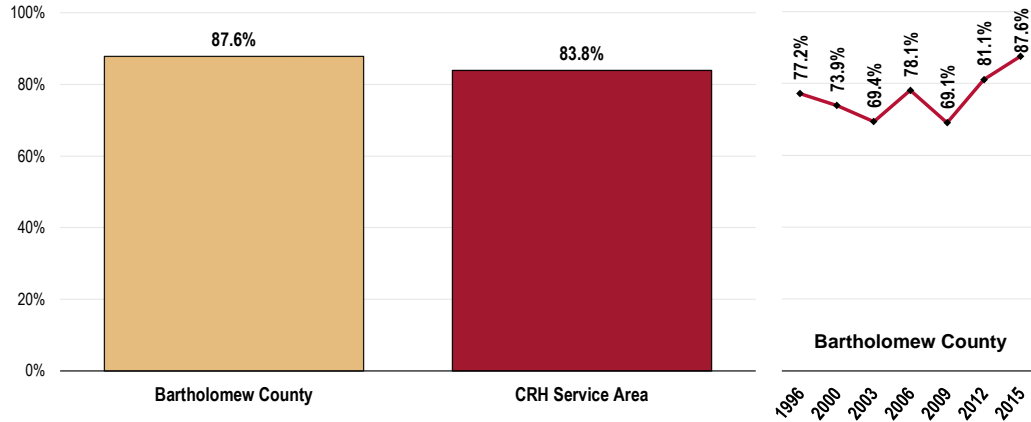
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 359]
 Notes: • Asked of all respondents with children under 18 at home.

Fire Safety

More than 8 in 10 area parents (83.8%) have discussed a fire escape plan with their child.

- The prevalence is 87.6% in Bartholomew County.
- TREND: In Bartholomew County, marks a statistically significant increase over time.

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



Sources: • PRC Community Health Surveys. Professional Research Consultants, Inc. [Item 360]
 Notes: • Asked of all respondents with children under 18 at home.

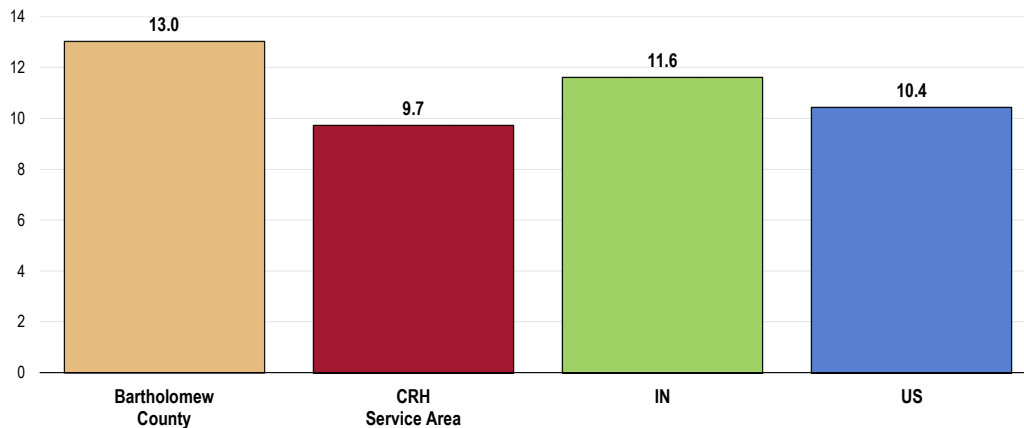
Firearm Safety

Age-Adjusted Firearm-Related Deaths

Between 2011 and 2013, the service area reported an annual average age-adjusted rate of 9.7 deaths per 100,000 population due to firearms.

- Better than found statewide.
- Better than found nationally.
- Similar to the Healthy People 2020 objective (9.3 or lower).
- The Bartholomew County rate was higher (13.0).

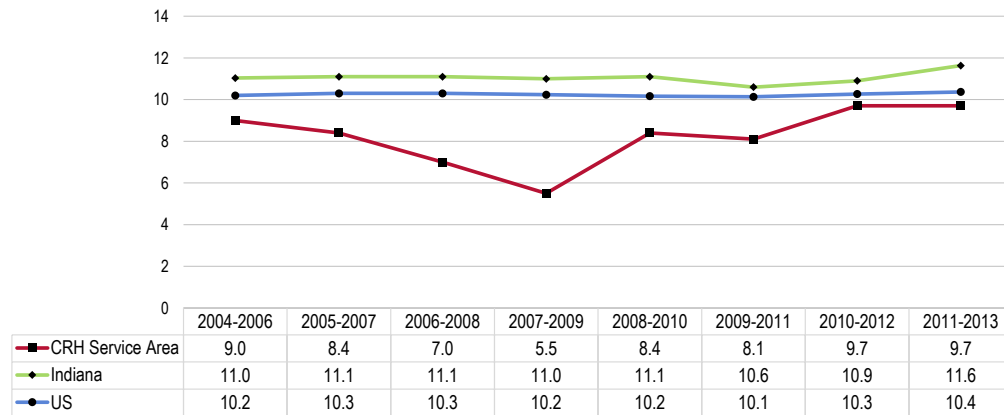
Firearms-Related Deaths: Age-Adjusted Mortality (2011-2013 Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 9.3 or Lower



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2015.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IVP-30]
 Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 • Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- TREND: The service area mortality rate has increased in recent years, following a decrease in the late 2000s.

Firearms-Related Deaths: Age-Adjusted Mortality Trends
 (Annual Average Deaths per 100,000 Population)
 Healthy People 2020 Target = 9.3 or Lower



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2015.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IVP-30]
 Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 • Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Presence of Firearms in Homes

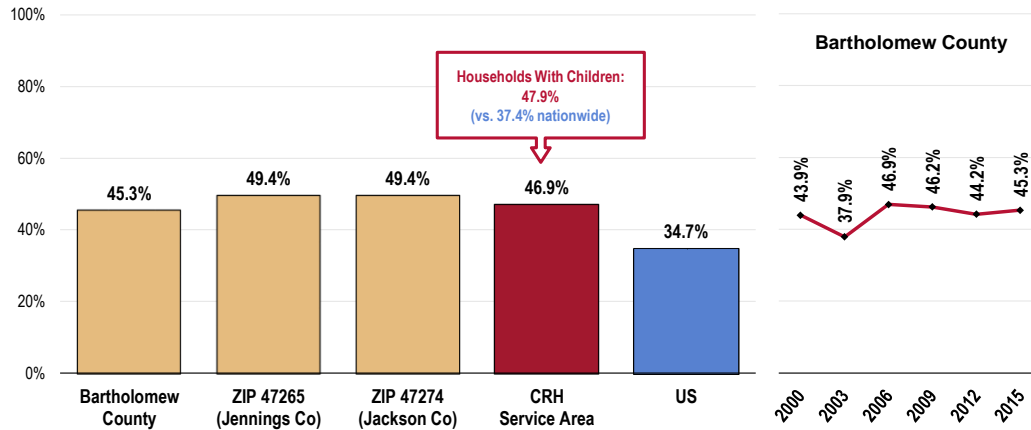
Survey respondents were further asked about the presence of weapons in the home:

“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.”

Overall, more than 4 in 10 service area adults (46.9%) have a firearm kept in or around their home.

- Higher than the national prevalence.
- Similar findings by county.
- TREND: Similar to that reported in 1996.
- Among Columbus Regional Hospital Service Area households with children, 47.9% have a firearm kept in or around the house (less favorable than reported nationally).
- TREND: The prevalence of firearms in households with children has not changed significantly over time (not shown).

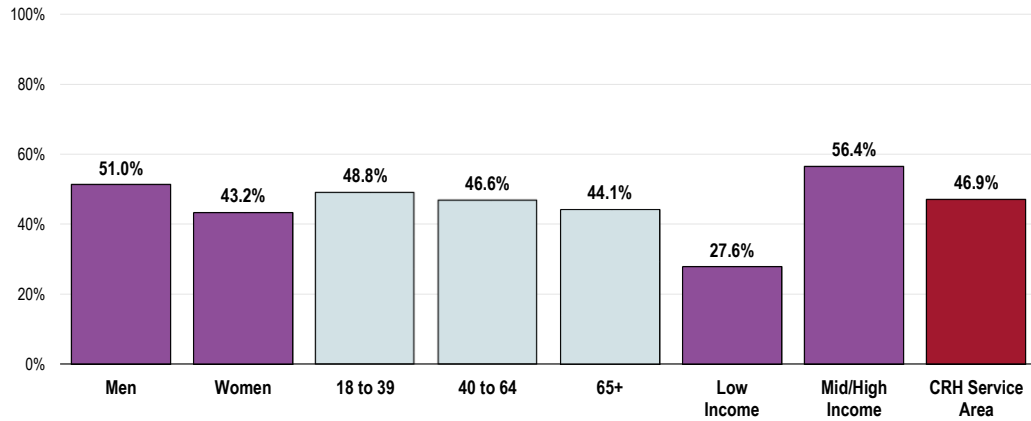
Have a Firearm Kept in or Around the Home



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 52, 137]
 • 2013 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.

- Higher-income households report a greater prevalence of firearms in or around the home.

Have a Firearm Kept in or Around the House (Columbus Regional Hospital Service Area, 2015)

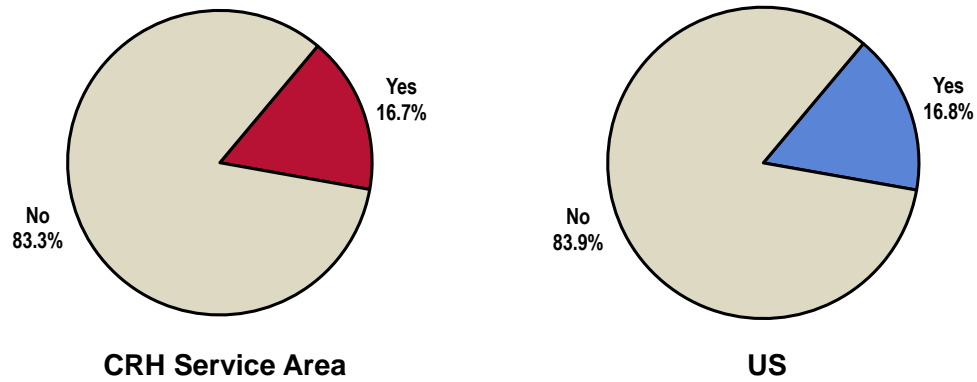


Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 52]
 Notes: • Asked of all respondents.
 • In this case, firearms include pistols, shotguns, rifles, and other types of guns; this does not include starter pistols, BB guns, or guns that cannot fire.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Among Columbus Regional Hospital Service Area households with firearms, 16.7% report that there is at least one weapon that is kept unlocked and loaded.

- Almost identical to that found nationally.

Household Has An Unlocked, Loaded Firearm (Among Respondents Reporting a Firearm in or Around the Home)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 138]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents with a firearm in or around the home.
 • 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.

Intentional Injury (Violence)

Age-Adjusted Homicide Deaths

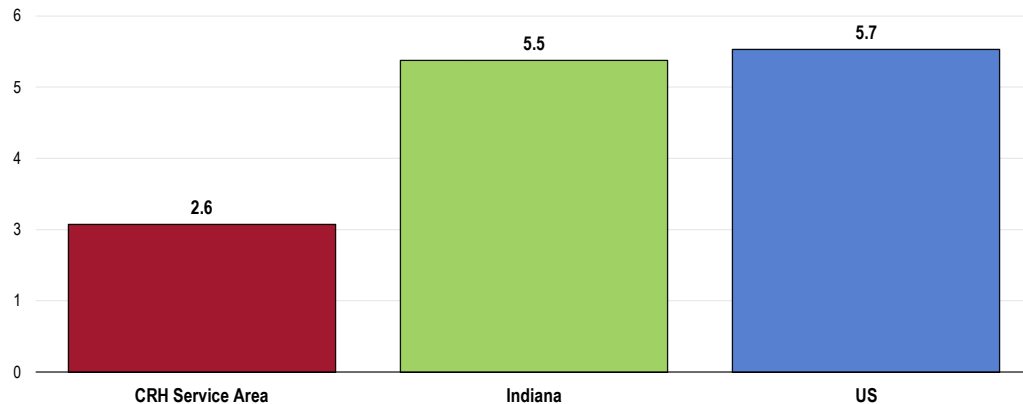
Between 2011 and 2013, there was an annual average age-adjusted homicide rate of 2.6 deaths per 100,000 population in the Columbus Regional Hospital Service Area.

- More favorable than the rate found statewide.
- More favorable than the national rate.
- Satisfies the Healthy People 2020 target of 5.5 or lower.

RELATED ISSUE:

See also *Suicide* in the **Mental Health** section of this report.

Homicide: Age-Adjusted Mortality (2011-2013 Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 5.5 or Lower



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2015.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IVP-29]
 Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 • Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Violent Crime

Violent Crime Rates

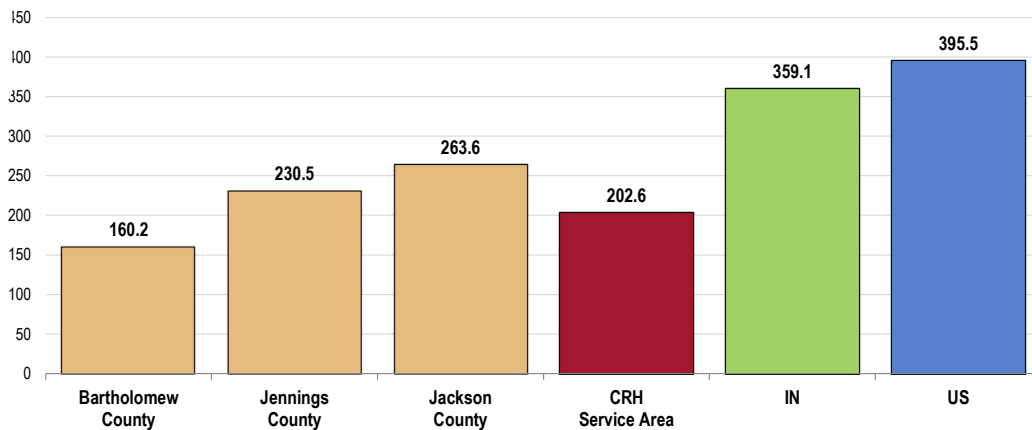
Violent crime is composed of four offenses (FBI Index offenses): murder and non-negligent manslaughter; forcible rape; robbery; and aggravated assault.

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

In 2012, there were a reported 202.6 violent crimes per 100,000 population in the service area.

- Well below the Indiana rate for the same period.
- Well below the national rate.
- Unfavorably high in Jackson County; lowest in Bartholomew.

Violent Crime
(Rate per 100,000 Population, 2012)



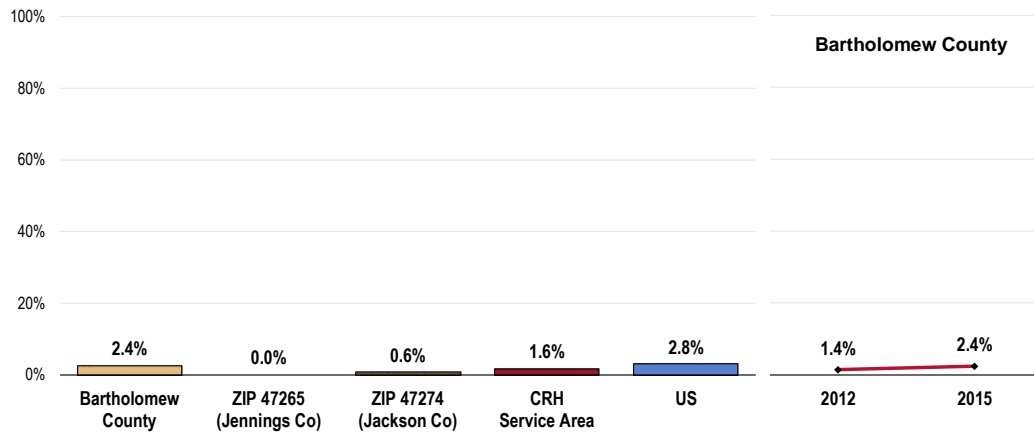
Sources: • Federal Bureau of Investigation, FBI Uniform Crime Reports: 2012.
 • Retrieved June 2015 from Community Commons at <http://www.chna.org>.
 Notes: • This indicator reports the rate of violent crime offenses reported by the sheriff's office or county police department per 100,000 residents. Violent crime includes homicide, rape, robbery, and aggravated assault. This indicator is relevant because it assesses community safety.
 • Participation by law enforcement agencies in the UCR program is voluntary. Sub-state data do not necessarily represent an exhaustive list of crimes due to gaps in reporting. Also, some institutions of higher education have their own police departments, which handle offenses occurring within campus grounds; these offenses are not included in the violent crime statistics, but can be obtained from the Uniform Crime Reports Universities and Colleges data tables.

Victimization

A total of 1.6% of Columbus Regional Hospital Service Area adults acknowledge being the victim of a violent crime in the past five years.

- Statistically similar to national findings.
- Highest in Bartholomew County, lowest (0.0%) in Jennings.
- TREND: Statistically unchanged since 2012.

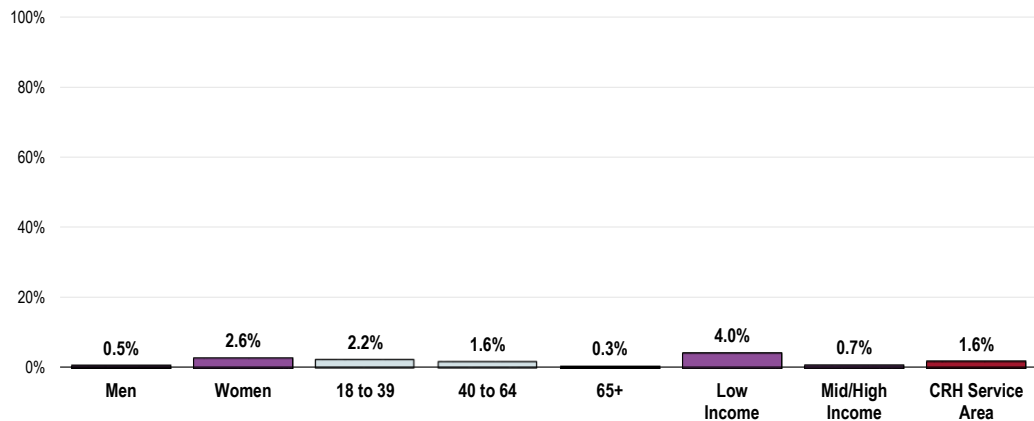
Victim of a Violent Crime in the Past Five Years



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 50]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

- Reports of violence are notably higher among women and residents living in the lower income category.

Victim of a Violent Crime in the Past Five Years (Columbus Regional Hospital Service Area, 2015)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 50]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White 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

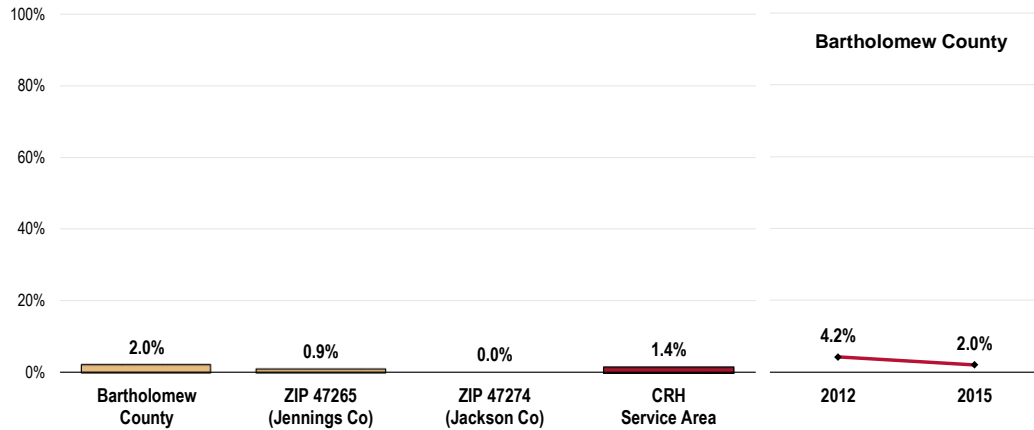
A total of 1.4% of respondents acknowledge that they have been hit, slapped, pushed, kicked, or otherwise hurt by an intimate partner in the past 3 years.

Respondents were told:

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

- Unfavorably high in Bartholomew County, lowest (0.0%) in Jackson.
- TREND: Marks a statistically significant decrease over time.

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

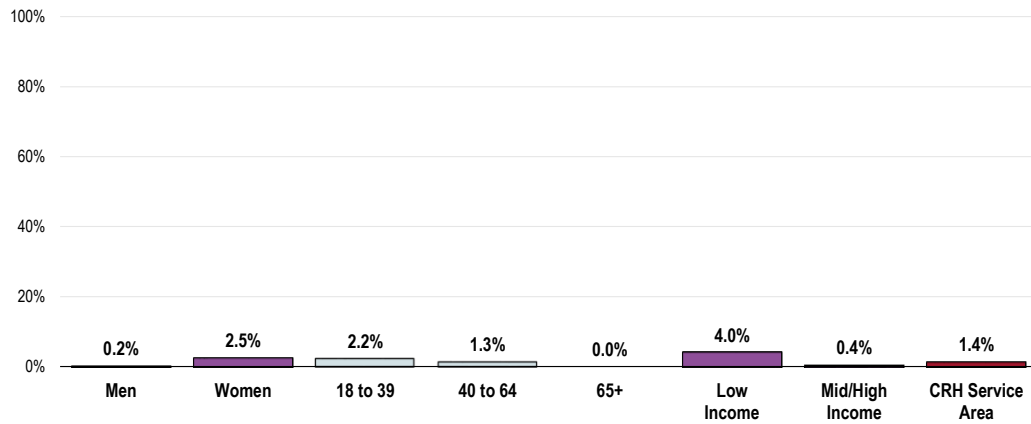


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 51]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

Reports of domestic violence are also notably higher among:

- Women.
- Adults under age 65 (negative correlation with age).
- Those in households with lower incomes.

Have Ever Been Hit, Slapped, Pushed, Kicked, or Hurt in Any Way by an Intimate Partner in the Past 3 Years (Columbus Regional Hospital Service Area, 2015)

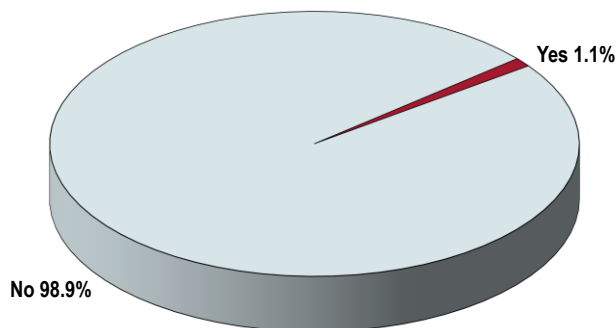


Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 51]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect 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.

Sexual Violence

Note also that 1.1% of survey respondents report being forced into some type of sexual activity in the past 3 years.

Have Been Forced Into Sexual Activity in the Past 3 Years (Columbus Regional Hospital Service Area, 2015)

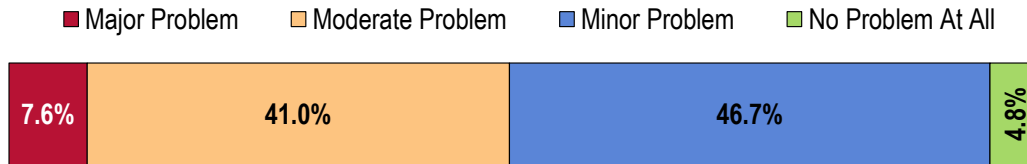


Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 310]
 Notes: • Asked of all respondents.

Key Informant Input: Injury & Violence

The largest share of key informants taking part in an online survey characterized *Injury & Violence* as a “minor problem” in the community.

Perceptions of Injury and Violence as a Problem in the Community (Key Informants, 2014)



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

Top Concerns

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

Bullying & Family Violence

There is bullying at the schools, step-father and boyfriend abuse of children, domestic violence and violent crime committed while people are under the influence of drugs. – Community/Business Leaders

In my scope of practice, I encounter families that need the support of Child Protective Services related to violence in the home and injuries that are sustained by persons in the home. – Public Health

We hear about violence at home from students at school. We hear about violence in the media. – Public Health

Addictions & Violence

Both are preventable and yet we may not be recognizing the need for safety in our community. As our community grows the threat of violence related to addictions may also be increasing. – Community/Business Leaders

Diabetes

About Diabetes

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

Diabetes mellitus:

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

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

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

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

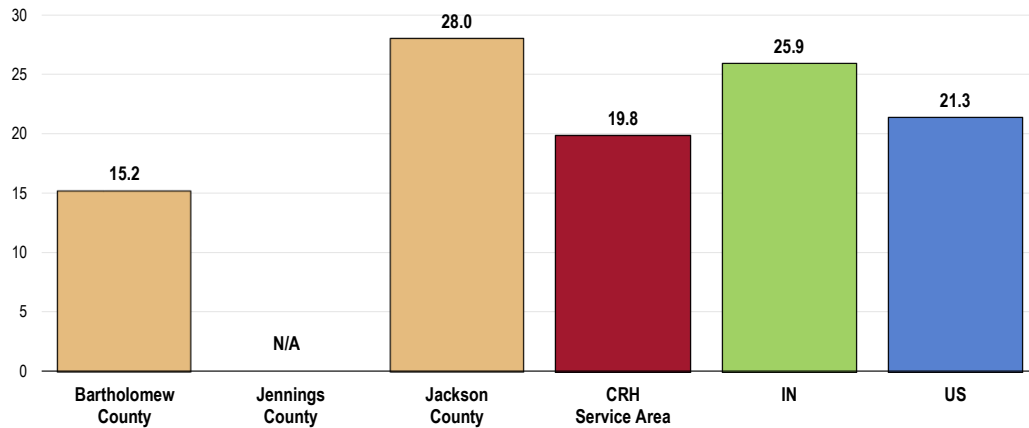
- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Diabetes Deaths

Between 2011 and 2013, there was an annual average age-adjusted diabetes mortality rate of 19.8 deaths per 100,000 population in the service area.

- Much more favorable than that found statewide.
- More favorable than the national rate.
- Close to the Healthy People 2020 target (20.5 or lower, adjusted to account for diabetes mellitus-coded deaths).
- Unfavorably high in Jackson County.

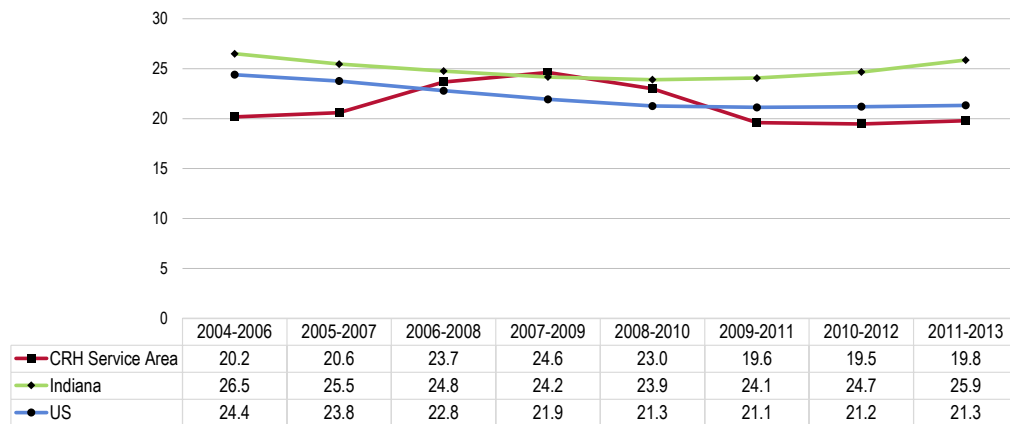
Diabetes: Age-Adjusted Mortality (2011-2013 Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 20.5 or Lower (Adjusted)



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2015.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective D-3]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
 - The Healthy People 2020 target for Diabetes is adjusted to account for only diabetes mellitus coded deaths.

- **TREND:** No clear diabetes mortality trend is apparent in the Columbus Regional Hospital Service Area, although the recent rate is slightly below baseline data.

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



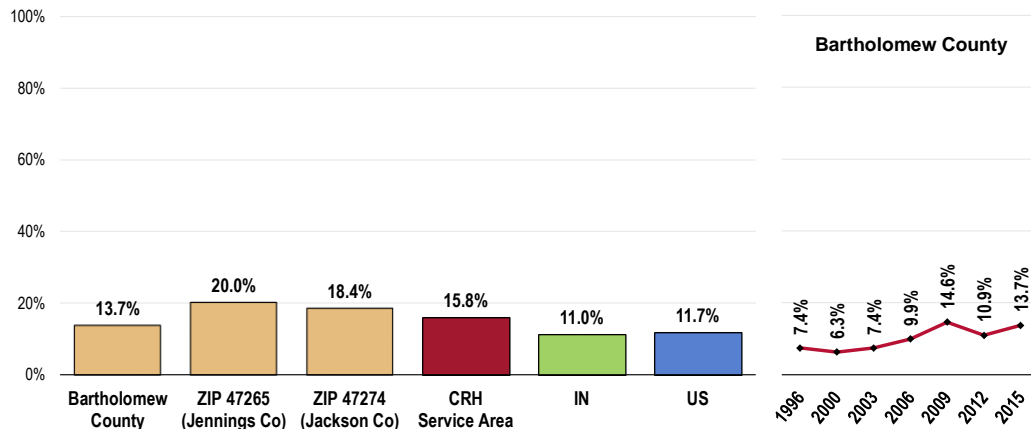
- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2015.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective D-3]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
 - The Healthy People 2020 target for Diabetes is adjusted to account for only diabetes mellitus coded deaths.

Prevalence of Diabetes

A total of 15.8% of Columbus Regional Hospital Service Area adults report having been diagnosed with diabetes.

- Worse than the statewide proportion.
- Worse than the national proportion.
- Statistically similar by county.
- TREND: Marks a statistically significant increase in diabetes prevalence since 1996.

Prevalence of Diabetes



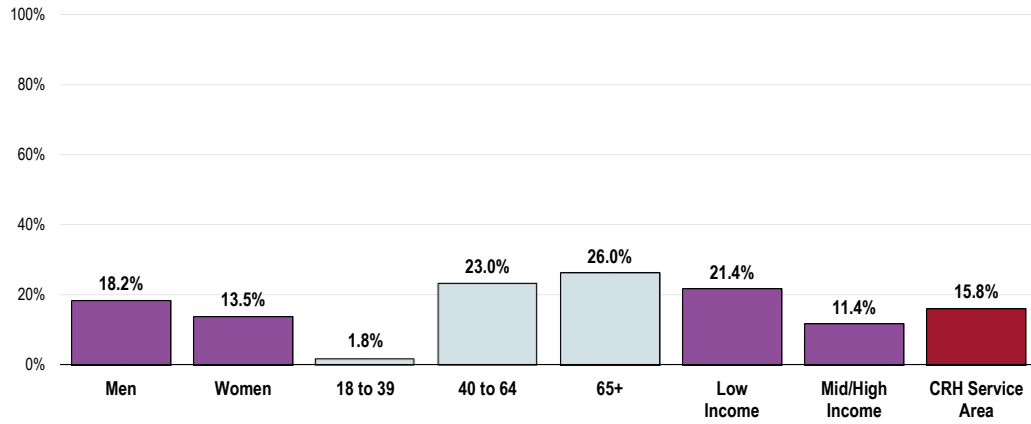
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 39]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2013 Indiana data.

Notes: • Asked of all respondents.
 • Local and national data exclude gestation diabetes (occurring only during pregnancy).

A higher prevalence of diagnosed diabetes (excluding pre-diabetes or borderline diabetes) is reported among:

- Residents age 40 and older.
- Those in lower-income households.

Prevalence of Diabetes (Columbus Regional Hospital Service Area, 2015)



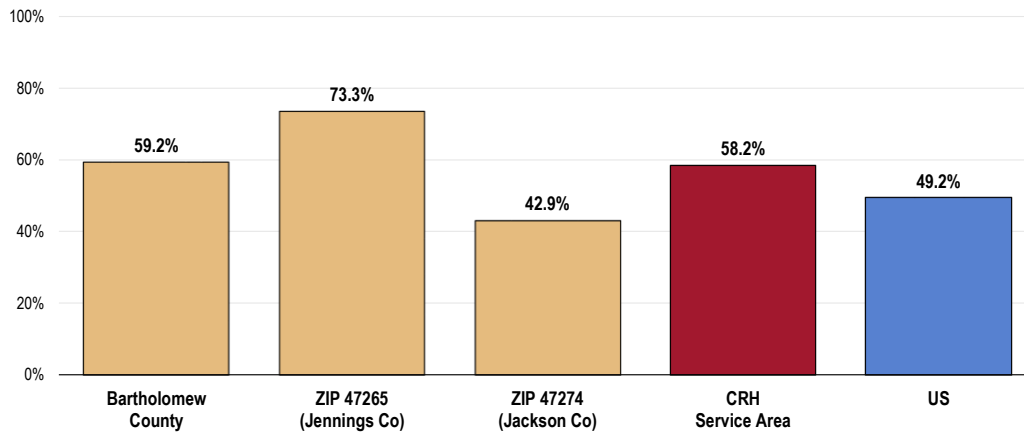
Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 39]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect 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 Testing

Of Columbus Regional Hospital Service Area adults who have **not** been diagnosed with diabetes, 58.2% report having had their blood sugar level tested within the past three years.

- Higher than the national proportion.
- Unfavorably high in Jennings County; lowest in Jackson.

Have Had Blood Sugar Tested in the Past Three Years (Among Non-Diabetics)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 40]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of respondents who have not been diagnosed with diabetes.

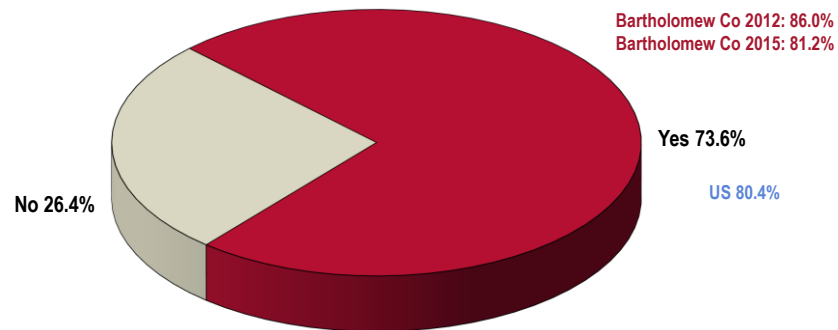
Diabetes Management

Insulin & Other Medication

Among adults with diabetes, most (73.6%) are currently taking insulin or some type of medication to manage their condition.

- Comparable to the national prevalence.
- In Bartholomew County, the prevalence is 81.2% among diabetics.
- TREND: Statistically unchanged over time.

Taking Insulin or Other Medication for Diabetes (Among Columbus Regional Hospital Service Area Diabetics)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 307]
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.

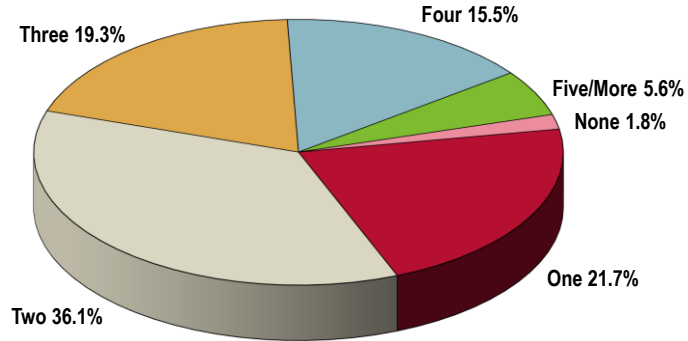
Notes: • Asked of all diabetic respondents.

A1C Checks

When asked how many A1C checks they had by a medical professional in the past year, 21.7% of service area diabetics reported having one check and 36.1% had two A1C checks.

- While 1.8% of area diabetics did not have any A1C checks in the past year, 5.6% had 5+ checks.

**Number of A1C Checks
by a Medical Professional in the Past Year**
(Among Columbus Regional Hospital Service Area Diabetics)

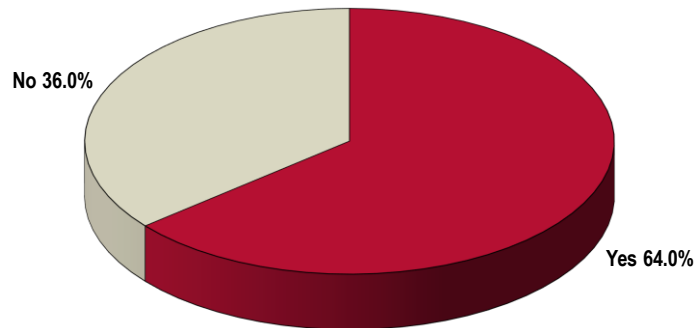


Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 308]
Notes: • Asked of all diabetic respondents.

Annual Foot Exams

Among area adults with diabetes, 64.0% indicate that a physician performed an annual foot exam on them in the past year.

Physician Performed Annual Foot Exam in the Past Year
(Among Columbus Regional Hospital Service Area Diabetics)



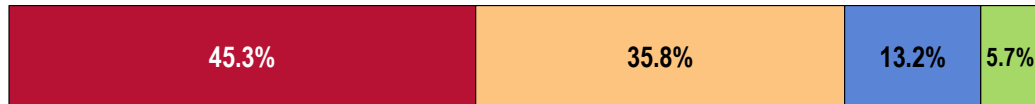
Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 309]
Notes: • Asked of all diabetic respondents.

Key Informant Input: Diabetes

A high percentage of key informants taking part in an online survey characterized *Diabetes* as a “major problem” in the community.

Perceptions of Diabetes as a Problem in the Community (Key Informants, 2014)

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



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

Challenges

Among those rating this issue as a “major problem,” the biggest challenges for people with diabetes are seen as:

Lack of Education

I believe as the best treatments of diabetes improve it can be difficult to educate those elders with diabetes. – Other Health

Educating parents of juvenile diabetics, we need more local options. – Public Health

Controlling diabetes. Appropriate education. Many calls to 911 for diabetic reactions. – Other Health

Information about how to manage the disease. Access to medicine that is affordable. Overall the increase in the number of people affected. – Community/Business Leaders

Obesity & Behavioral Risk

Obesity is a real problem in the community. – Other Health

Culture of fast foods and pre-prepared food, lack of exercise. – Physicians

Recognition that diet and physical activity play into control of the disease. – Community/Business Leaders

Lack of healthy environment to support healthy choices. – Public Health

Inability to control eating habits, exercise, and weight. – Public Health

High Occurrence

With increasing obesity in our population it is important to be aware of the increasing rates of dx and compliance with medication. From personal experience, I'm aware of family members who have difficulty meeting their co-pay for their insulin. – Community/Business Leaders

There seems to be a growing number of cases of diabetes, especially as it pertains to school aged children. Food insecurity might just be the biggest challenge. Healthy foods cost more and don't seem to be as readily available as higher fat and sugar foods. – Community/Business Leaders

Working in the schools, it appears and the data would support that we are seeing more students being diagnosed with this disease. So the biggest challenge would be that we are seeing more and more youth diagnosed with diabetes. – Community/Business Leaders

Access to Care

The high cost of diabetic medications. The difficulty with accessing a primary care physician and or an

endocrinologist again due to acceptance or not of insurance or no insurance at all. – Other Health

Access to care for proper management of the disease. – Other Health

Access to insulin, due to the high cost of insulin and ever decreasing insurance coverage for many.

Many diabetics are rationing their medications or going without to treat their diabetes. Poor understanding of disease and obesity also contribute to this ranking a major problem. – Other Health

Disease Management

Being able to manage their condition so it doesn't create additional health issues. – Social Services

Maintenance of healthy blood sugars, exercise, health food choices, financial reserves to pay for food and supplies. – Other Health

Alzheimer's Disease

About Dementia

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

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

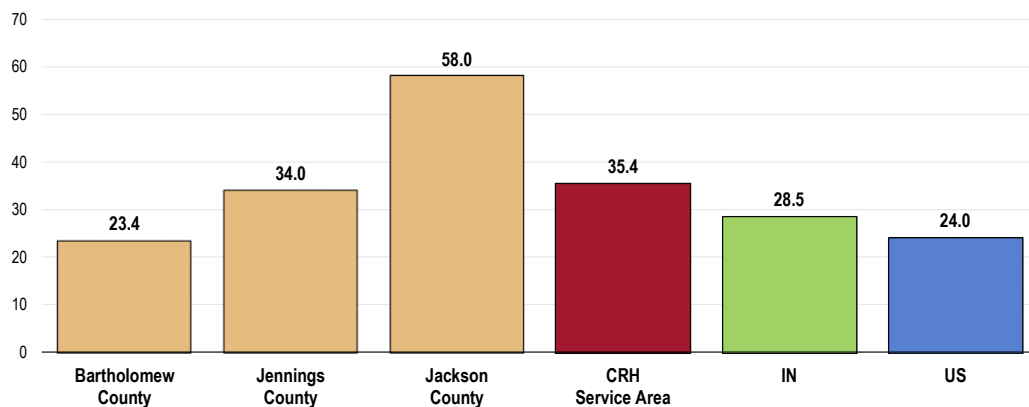
- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Alzheimer's Disease Deaths

Between 2011 and 2013, there was an annual average age-adjusted Alzheimer's disease mortality rate of 35.4 deaths per 100,000 population in the service area.

- Less favorable than the statewide rate.
- Less favorable than the national rate.
- Unfavorably high in Jackson County; lowest in Bartholomew.

Alzheimer's Disease: Age-Adjusted Mortality (2011-2013 Annual Average Deaths per 100,000 Population)

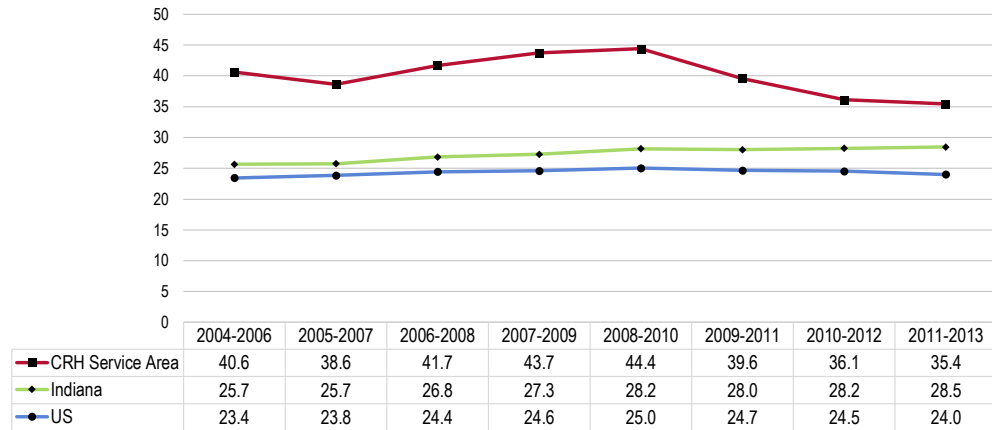


Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2015.

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

- **TREND:** Alzheimer’s disease mortality has decreased in recent years in the CRH Service Area. Across Indiana and the US, rates are lower, but have increased over time.

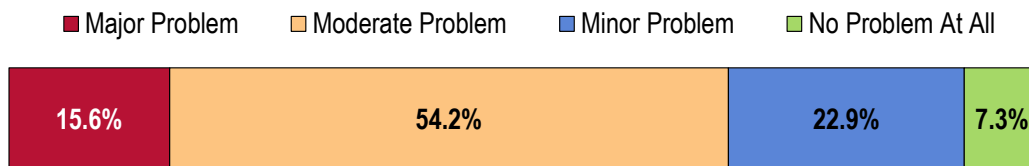
Alzheimer's Disease: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2015.
 Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 • Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Key Informant Input: Dementias, Including Alzheimer’s Disease
 Key informants taking part in an online survey are most likely to consider *Dementias, Including Alzheimer’s Disease* as a “moderate problem” in the community.

Perceptions of Dementia/Alzheimer's Disease as a Problem in the Community (Key Informants, 2014)



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

Top Concerns

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

Longer Lifespans

As people are living longer, we seem to be seeing more cases of dementia, Alzheimer. I may be more in tuned with this as I am seeing many of my friends and co-workers dealing with their parents who have display these conditions. Also my sister works in an assisted living facility where she works with nothing but dementia, Alzheimer's patients. So again, I might be a bit more sensitive to this topic. – Community/Business Leaders

As our community ages and survives, dementia will continue to increase in occurrences. – Other Health

High Occurrence

The incidence of dementia is increasing and is causing significant problems for families in the community. There are limited resources available to plan for and treat the progression of this disease. – Public Health

Kidney Disease

About Chronic Kidney Disease

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

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

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

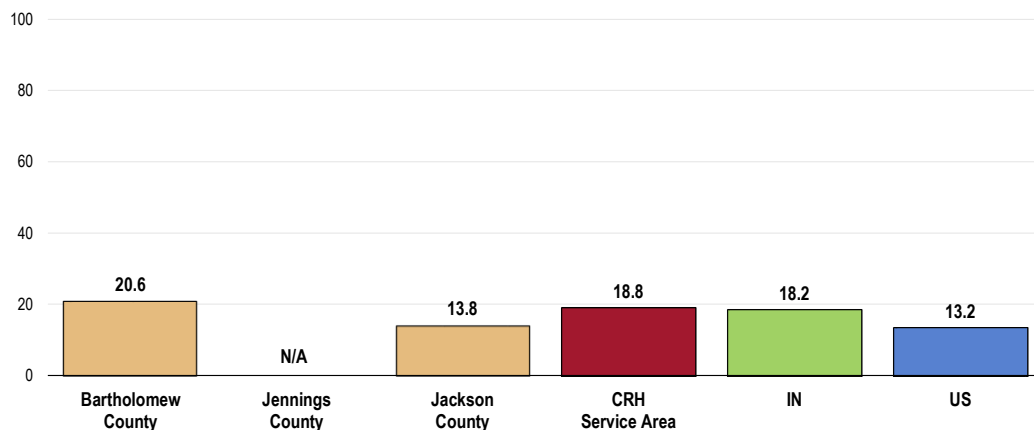
- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Kidney Disease Deaths

Between 2011 and 2013 there was an annual average age-adjusted kidney disease mortality rate of 18.8 deaths per 100,000 population in the Columbus Regional Hospital Service Area.

- Comparable to the rate found statewide.
- Less favorable than the national rate.
- Much higher in Bartholomew County than in Jackson.

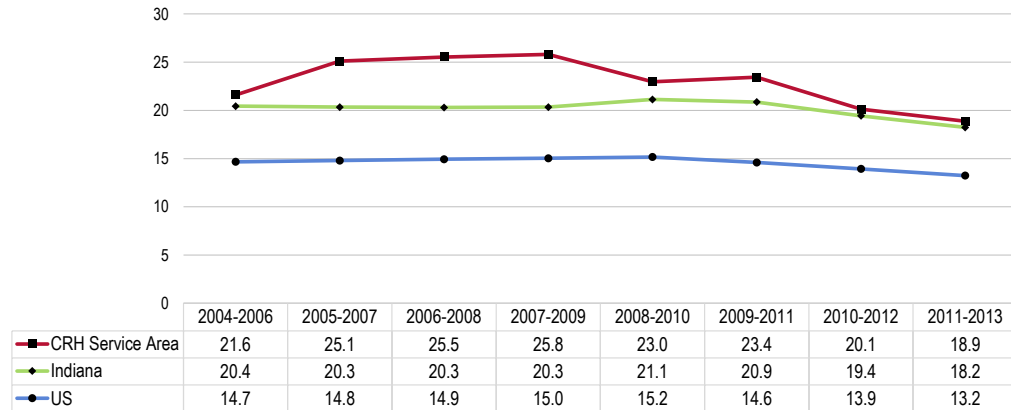
Kidney Disease: Age-Adjusted Mortality (2011-2013 Annual Average Deaths per 100,000 Population)



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2015.
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- **TREND:** The death rate has decreased over the past several years in the Columbus Regional Hospital Service Area, echoing the state and national trends.

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

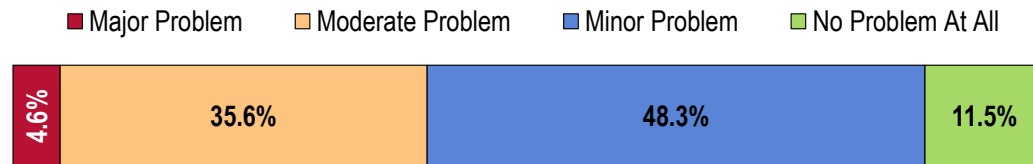


Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2015.
 Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 • Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Key Informant Input: Chronic Kidney Disease

Key informants taking part in an online survey are most likely to consider *Dementias*, including *Alzheimer’s Disease* as a “minor problem” in the community.

Perceptions of Chronic Kidney Disease as a Problem in the Community (Key Informants, 2014)



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

Potentially Disabling Conditions

About Arthritis, Osteoporosis & Chronic Back Conditions

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

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

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

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

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

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

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

- Healthy People 2020 (www.healthypeople.gov)

Sciatica/Chronic Back Pain

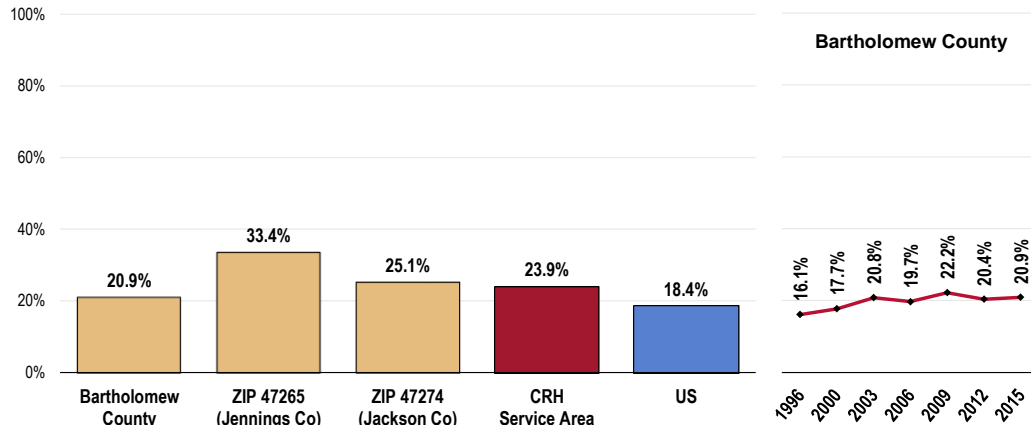
A total of 23.9% of survey respondents suffer from chronic back pain or sciatica.

- Less favorable than that found nationwide.
- Highest in Jennings County; lowest in Bartholomew.
- TREND: Denotes a statistically significant increase since 1996.

RELATED ISSUE:

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

Prevalence of Sciatica/Chronic Back Pain

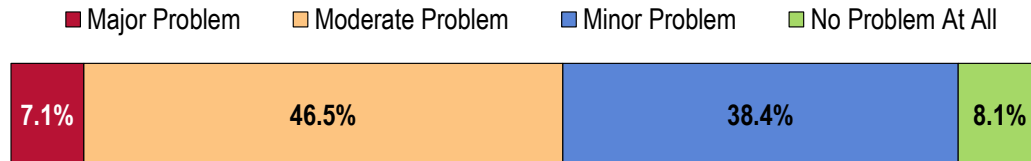


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 29]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

Key Informant Input: Arthritis, Osteoporosis & Chronic Back Conditions

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

Perceptions of Arthritis/Osteoporosis/Back Conditions as a Problem in the Community (Key Informants, 2014)



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

Top Concerns

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

Aging Population

As our population grows older these conditions prevalence rates increase. Stress factors and lower mobility also increase these conditions. There are limited specialists for arthritis, Rheumatology in our community. – Community/Business Leaders

Chronic Pain Epidemic

Part of the hidden problem of the chronic pain epidemic. – Physicians

Quality of Life

We receive many calls from people with these conditions and they significantly impair and limit their quality of life. – Social Services

Vision & Hearing Impairment

About Vision

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

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

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

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

- Healthy People 2020 (www.healthypeople.gov)

Hearing Trouble

About Hearing & Other Sensory or Communication Disorders

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

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

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

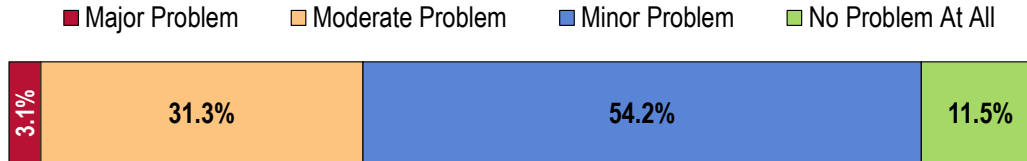
- Healthy People 2020 (www.healthypeople.gov)

Key Informant Input: Vision & Hearing

A majority of key informants taking part in an online survey characterized *Vision & Hearing* as a “minor problem” in the community.

Perceptions of Hearing and Vision as a Problem in the Community

(Key Informants, 2014)



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

Top Concerns

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

Cost of Care

Cost of access to care. Medicare does not cover cost of these services. – Social Services

Aging Population

Increase in the average age of members of the community. Lack of affordable insurance coverage for vision and hearing aids. Cost for these services prohibits people from seeking help. – Community/Business Leaders

Infectious Disease



Professional Research Consultants, Inc.

Influenza & Pneumonia Vaccination

About Influenza & Pneumonia

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

- Healthy People 2020 (www.healthypeople.gov)

Flu Vaccinations

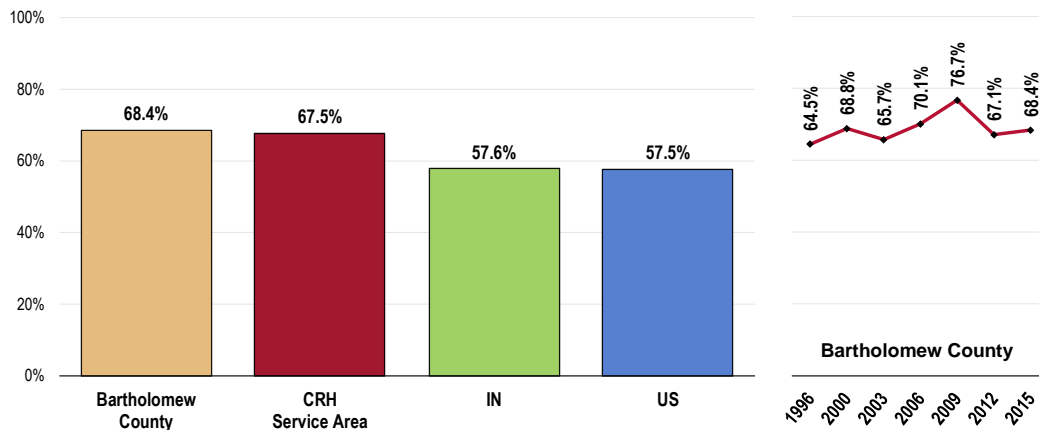
FluMist® is a vaccine that is sprayed into the nose to help protect against influenza; it is an alternative to traditional flu shots.

Among Columbus Regional Hospital Service Area seniors, 67.5% received a flu shot (or FluMist®) within the past year.

- More favorable than the Indiana finding.
- More favorable than the national finding.
- Similar to the Healthy People 2020 target (70% or higher).
- The Bartholomew County prevalence is 68.4%.
- TREND: Statistically unchanged since 1996.

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

Healthy People 2020 Target = 70.0% or Higher



- Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 141]
 - 2013 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); 2013 Indiana data.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IID-12.12]
- Notes:
- Reflects respondents 65 and older.
 - Includes FluMist as a form of vaccination.

High-Risk Adults

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

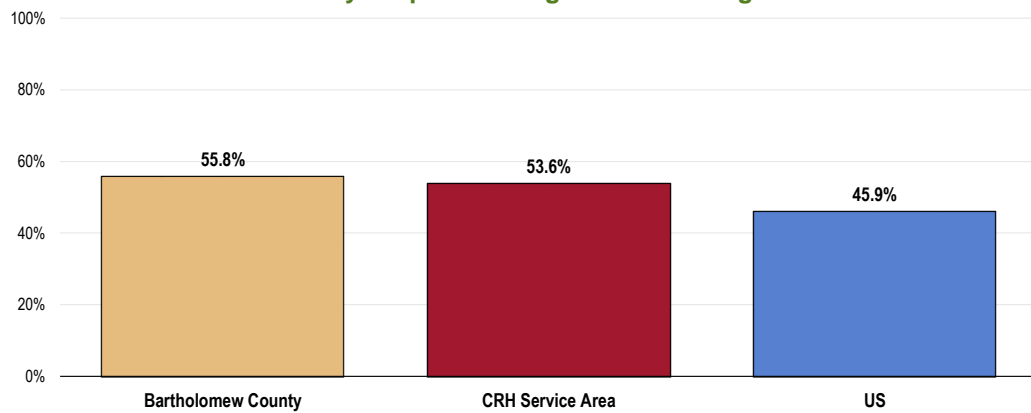
A total of 53.6% of high-risk adults age 18 to 64 received a flu vaccination (flu shot or FluMist®) within the past year.

- Similar to national findings.
- Fails to satisfy the Healthy People 2020 target (70% or higher).
- The Bartholomew County prevalence is 55.8%.

High-Risk Adults: Have Had a Flu Vaccination in the Past Year

(Among High-Risk Adults Age 18-64)

Healthy People 2020 Target = 70.0% or Higher



- Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 142]
 - 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IID-12.12]
- Notes:
- Reflects high-risk respondents age 18-64.
 - “High-Risk” includes adults age 18 to 64 who have been diagnosed with heart disease, diabetes or respiratory disease.
 - Includes FluMist as a form of vaccination.

HIV

About HIV

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

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

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

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

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

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

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

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

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

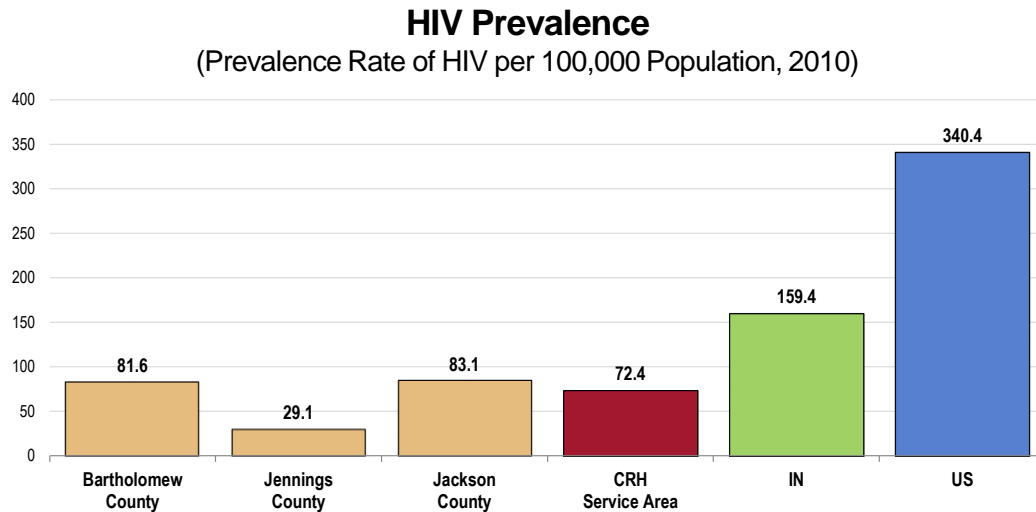
Public perception in the US about the seriousness of the HIV epidemic has declined in recent years. There is evidence that risky behaviors may be increasing among uninfected people, especially gay and bisexual men. Ongoing media and social campaigns for the general public and HIV prevention interventions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

- Healthy People 2020 (www.healthypeople.gov)

HIV Prevalence

In 2010, there was a prevalence of 72.4 HIV cases per 100,000 population in the Columbus Regional Hospital Service Area.

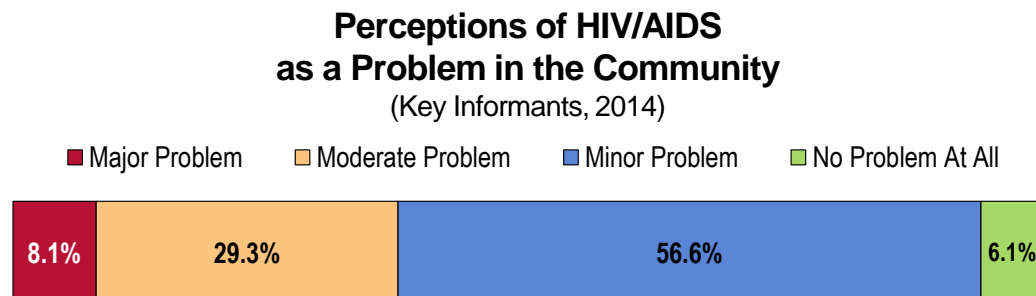
- More favorable than the statewide prevalence.
- Much more favorable than the national prevalence.
- Favorably low in Jennings County.



Sources: • Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention: 2010.
 • Retrieved June 2015 from Community Commons at <http://www.chna.org>.
 Notes: • This indicator is relevant because HIV is a life-threatening communicable disease that disproportionately affects minority populations and may also indicate the prevalence of unsafe sex practices.

Key Informant Input: HIV/AIDS

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



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

Sexually Transmitted Diseases

About Sexually Transmitted Diseases

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

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

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

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

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

- Healthy People 2020 (www.healthypeople.gov)

Chlamydia & Gonorrhea

In 2011, the chlamydia incidence rate in the Columbus Regional Hospital Service Area was 294.6 cases per 100,000 population.

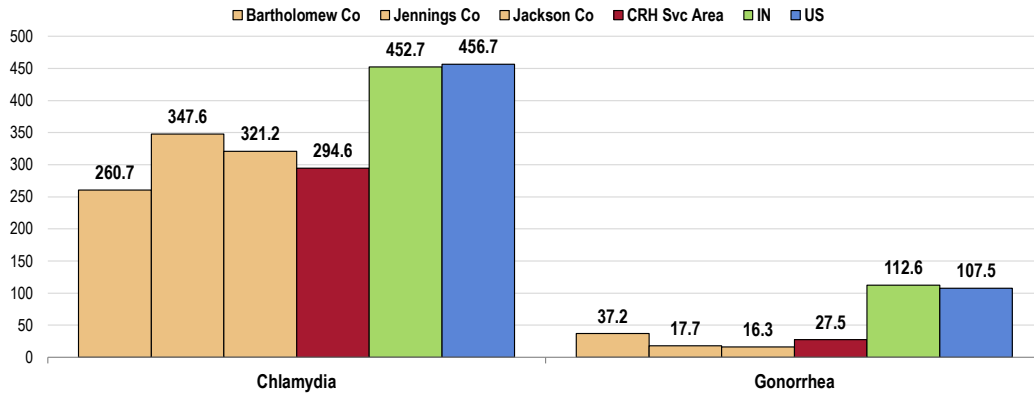
- Notably lower than the Indiana incidence rate.
- Notably lower than the national incidence rate.
- Highest in Jennings County, lowest in Bartholomew.

The service area reported a 2011 gonorrhea incidence rate of 27.5 cases per 100,000 population in 2011.

- Notably lower than the Indiana incidence rate.

- Notably lower than the national incidence rate.
- Highest in Bartholomew County.

Chlamydia & Gonorrhea Incidence (Incidence Rate per 100,000 Population, 2011)



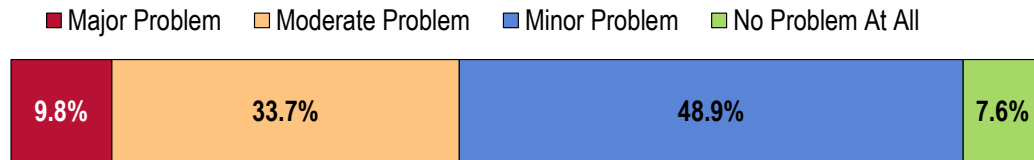
Sources: • Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention: 2011.
 • Retrieved June 2015 from Community Commons at <http://www.chna.org>.

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

Key Informant Input: Sexually Transmitted Diseases

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

Perceptions of Sexually Transmitted Diseases as a Problem in the Community (Key Informants, 2014)



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

Notes: • Asked of all respondents.

Top Concerns

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

Upward Trend

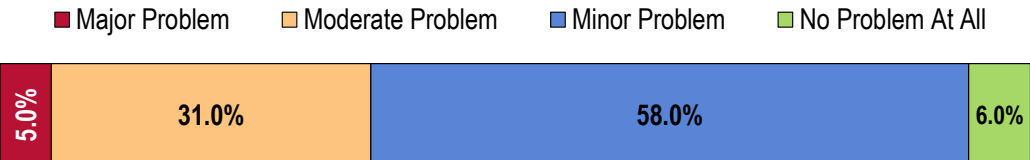
↑ Rise in AIDS in neighboring counties, possibly due to drug use versus sex. – Other Health

Key Informant Input: Immunization & Infectious Diseases

A majority of key informants taking part in an online survey characterized *Immunization & Infectious Diseases* as a “minor problem” in the community.

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

(Key Informants, 2014)



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

Top Concerns

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

Childhood Vaccinations

We are seeing more parents who are not vaccinating their children out of choice and although it has not become a severe problem in our area. National trends could catch up here locally at some point. – Community/Business Leaders

Births



Professional Research Consultants, Inc.

Birth Outcomes & Risks

Low-Weight Births

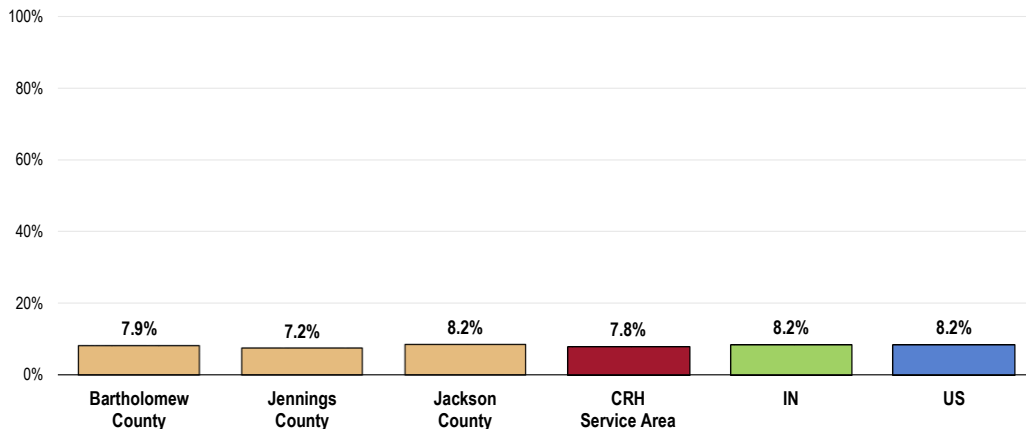
Low birthweight babies, those who weigh less than 2,500 grams (5 pounds, 8 ounces) at birth, are much more prone to illness and neonatal death than are babies of normal birthweight.

Largely a result of receiving poor or inadequate prenatal care, many low-weight births and the consequent health problems are preventable.

A total of 7.8% of 2006-2012 Columbus Regional Hospital Service Area births were low-weight.

- Better than the Indiana proportion.
- Better than the national proportion.
- Similar to the Healthy People 2020 target (7.8% or lower).
- Lowest in Jennings County.

Low-Weight Births
(Percent of Live Births, 2006-2012)
Healthy People 2020 Target = 7.8% or Lower



Sources: • Centers for Disease Control and Prevention, National Vital Statistics System: 2006-12. Accessed using CDC WONDER.
 • Retrieved June 2015 from Community Commons at <http://www.chna.org>.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MICH-8.1]
 Note: • This indicator reports the percentage of total births that are low birth weight (Under 2500g). This indicator is relevant because low birth weight infants are at high risk for health problems. This indicator can also highlight the existence of health disparities.

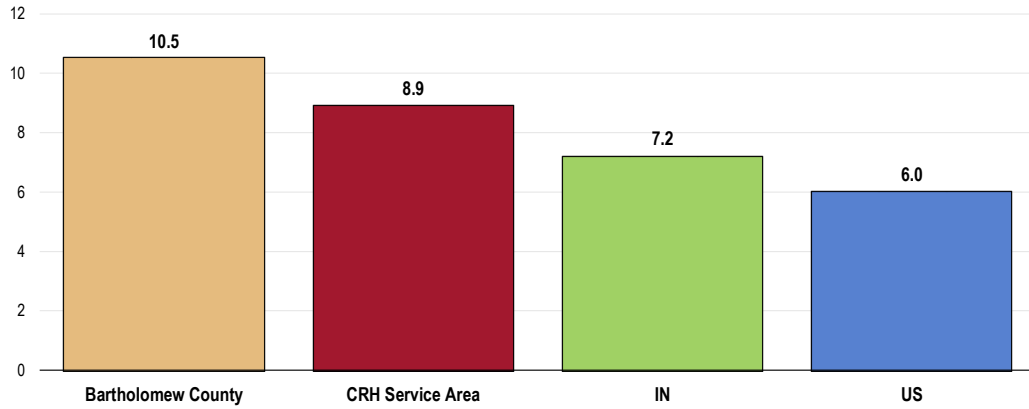
Infant Mortality

Between 2011 and 2013, there was an annual average of 8.9 infant deaths per 1,000 live births in the CRH Service Area.

Infant mortality rates reflect deaths of children less than one year old per 1,000 live births.

- Worse than the Indiana rate.
- Worse than the national rate.
- Fails to satisfy the Healthy People 2020 target of 6.0 per 1,000 live births.
- The Bartholomew County mortality rate was 10.5.

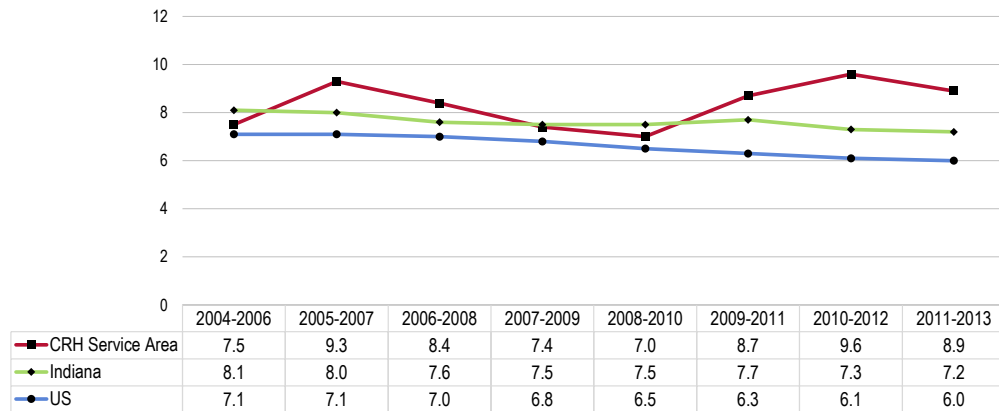
Infant Mortality Rate (Annual Average Infant Deaths per 1,000 Live Births, 2011-2013) Healthy People 2020 Target = 6.0 or Lower



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2015.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MICH-1.3]
- Notes:
- Infant deaths include deaths of children under 1 year old.
 - This indicator is relevant because high rates of infant mortality indicate the existence of broader issues pertaining to access to care and maternal and child health.

- **TREND:** The infant mortality rate has increased over baseline data (mid-2000s), although no obvious trend is apparent.

Infant Mortality Rate (Annual Average Infant Deaths per 1,000 Live Births) Healthy People 2020 Target = 6.0 or Lower

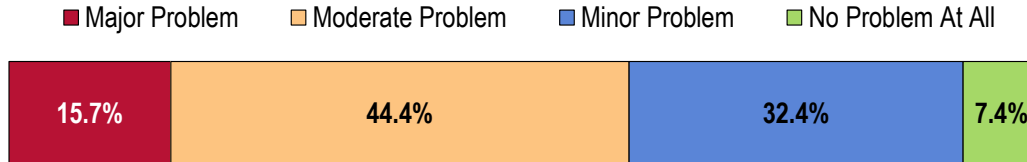


- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2015.
 - Centers for Disease Control and Prevention, National Center for Health Statistics.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MICH-1.3]
- Notes:
- Rates are three-year averages of deaths of children under 1 year old per 1,000 live births.

Key Informant Input: Infant & Child Health

Key informants taking part in an online survey generally characterized *Infant & Child Health* as a “moderate problem” in the community.

Perceptions of Infant and Child Health as a Problem in the Community (Key Informants, 2014)



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

Top Concerns

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

Cost/Lack of Coverage

Number of households that do not have insurance that can cover their dependents. – Community/Business Leaders

Lower income families need resources for infant and child health that are free to them and accessible to them. – Public Health

Teen Parents

Increase in number of teen parents. – Community/Business Leaders

The teen parents don't know where to take their child for affordable care. If the person has insurance the child seems to be taken care of. – Public Health

Prenatal Care

Many women do not receive early prenatal care. Adult smoking rates are high. Too few mothers breastfeed. High percentage of teen mothers. – Physicians

Lack of Prevention

Much focus on sick care and not on well care. – Public Health

Breastfeeding

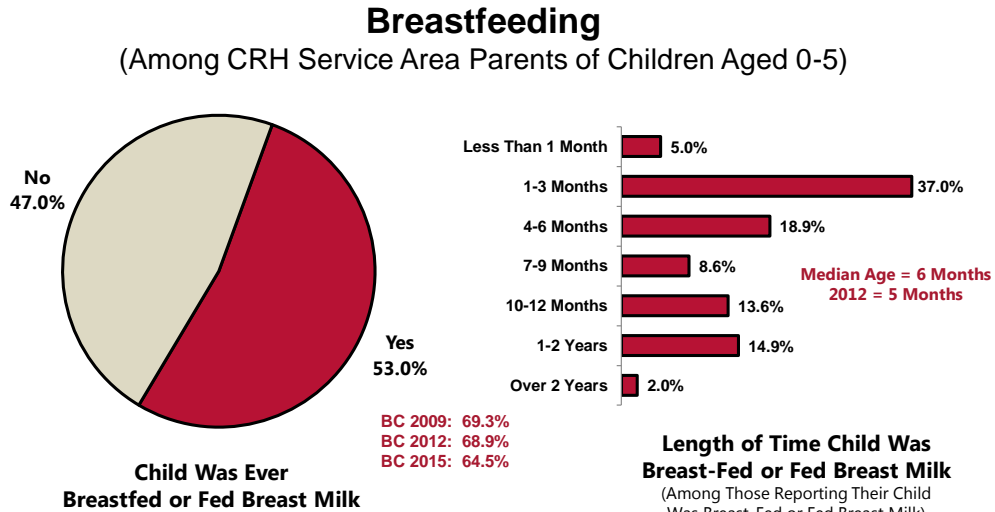
Prevalence of Breastfeeding

Just over one-half (53.0%) of service area parents with children under 6 report that their child was breastfed or fed breast milk during infancy.

- TREND: In Bartholomew County, statistically unchanged from the 2009 survey findings.

Among parents with breastfed children, the largest share (37.0%) report that their child was breastfed or fed breast milk for one to three months. Note that 16.9% of parents with breastfed children report that the child was breastfed or fed breast milk for one year or longer.

- The median response for age of child when breastfeeding ended was 6 months (up from 5 months reported in 2012).



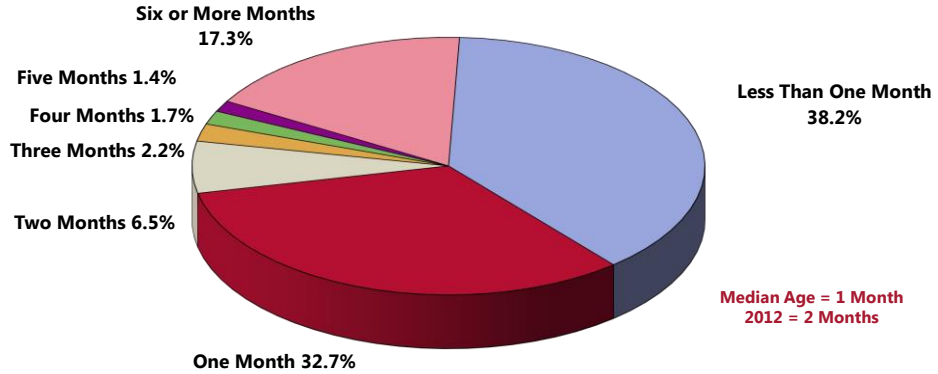
Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 352-353]
Notes: • Asked of respondents with a child aged 0 to 5 years old.

Asked why the child was eventually weaned, responses from parents of breastfed children included “*mother’s choice*,” “*low milk supply*,” and “*self-weaned*,” to name a few.

Among service area parents of children under 6, 79.6% report feeding their child something other than breastmilk at some point before the age of four months, with the median age being one month.

- In 2012, the median age was two months.

Age at Which Child Was Fed Something Other Than Breastmilk (Among CRH Service Area Parents of Breastfed Children; 2015)

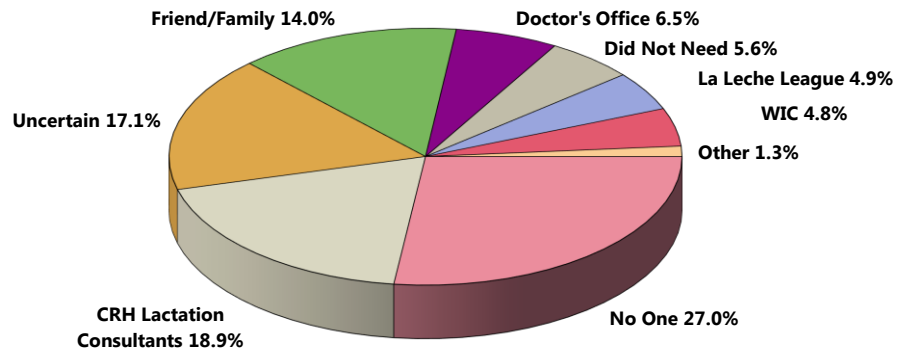


Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 357]
Notes: • Asked of all respondents whose child was breastfed.

Breastfeeding Support

While 27.0% of parents with breastfed children reportedly had no one for breastfeeding support, 18.9% mentioned **CRH Lactation Consultants**, 14.0% mentioned **friends or family**, 6.5% mentioned a **doctor's office**, and 4.9% relied on **La Leche League** for support. **WIC** was also mentioned by 4.8%.

Source for Breastfeeding Support (Among CRH Service Area Parents of Breastfed Children; 2015)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 355]
Notes: • Asked of all respondents whose child was breastfed.

In a follow-up inquiry, 3.8% of these respondents reported that there was a time when someone in the household needed breastfeeding support but didn't know who to contact.

Family Planning

Births to Teen Mothers

About Teen Births

The negative outcomes associated with unintended pregnancies are compounded for adolescents. Teen mothers:

- Are less likely to graduate from high school or attain a GED by the time they reach age 30.
- Earn an average of approximately \$3,500 less per year, when compared with those who delay childbearing.
- Receive nearly twice as much Federal aid for nearly twice as long.

Similarly, early fatherhood is associated with lower educational attainment and lower income. Children of teen parents are more likely to have lower cognitive attainment and exhibit more behavior problems. Sons of teen mothers are more likely to be incarcerated, and daughters are more likely to become adolescent mothers.

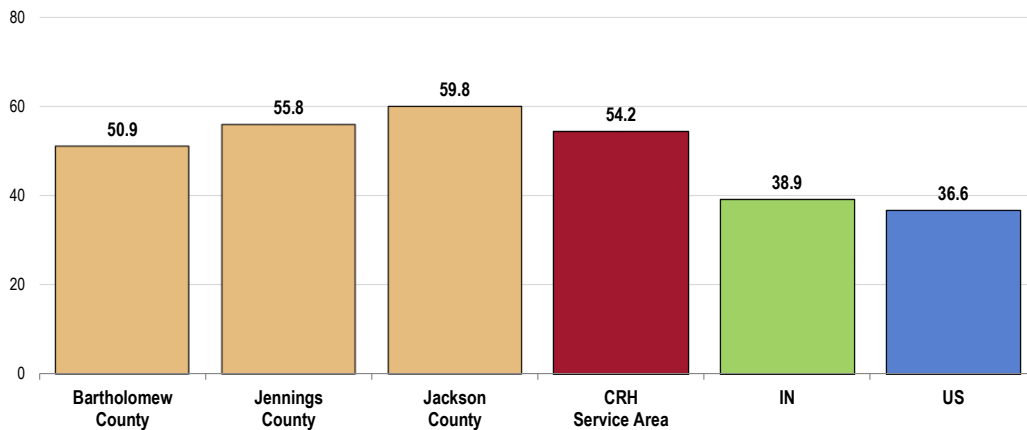
- Healthy People 2020 (www.healthypeople.gov)

Between 2006 and 2012, there was an annual average of 54.2 births to women age 15-19 per 1,000 population in that age group.

- Higher than the Indiana proportion.
- Higher than the national proportion.
- Unfavorably high in Jackson County.

Teen Birth Rate

(Births to Women Age 15-19 Per 1,000 Female Population Age 15-19, 2006-2012)



Sources: • Centers for Disease Control and Prevention, National Vital Statistics System: 2006-2012. Accessed using CDC WONDER.
 • Retrieved June 2015 from Community Commons at <http://www.chna.org>.

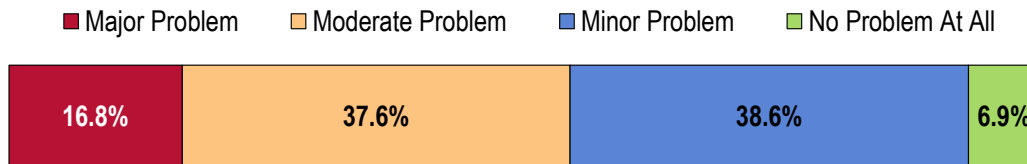
Notes: • This indicator reports the rate of total births to women under the age of 15 - 19 per 1,000 female population age 15 - 19. This indicator is relevant because in many cases, teen parents have unique social, economic, and health support services. Additionally, high rates of teen pregnancy may indicate the prevalence of unsafe sex practices.

Key Informant Input: Family Planning

Key informants taking part in an online survey largely characterized *Family Planning* as a “minor problem” in the community (with “moderate problem” receiving a nearly identical proportion of responses).

Perceptions of Family Planning as a Problem in the Community

(Key Informants, 2014)



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

Top Concerns

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

Teen Pregnancy

Too many teenage pregnancies. Too many students attending school without the proper preparation from home. Too many children getting a slow start to life. – Community/Business Leaders

The rate of teen pregnancy. They don't seem to know where to get care, how the care is provided and when they need it. – Public Health

Young adults having children who are not financially stable to do so. – Public Health

See many young women who are having children without resources, which continue in the cycle of dependence on the system rather than independence. Poor health habits which are passed on the children. – Other Health

Education & Information

Access to information about family planning that is unbiased or nonjudgmental is lacking. Availability for affordable birth control is limited. Number of teenage parents is increasing. – Community/Business Leaders

Our community does not discuss it. It is perceived to be too politically charged. Thus, there is a lack of information for those who need it. – Social Services

Modifiable Health Risks



Professional Research Consultants, Inc.

Actual Causes of Death

About Contributors to Mortality

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.

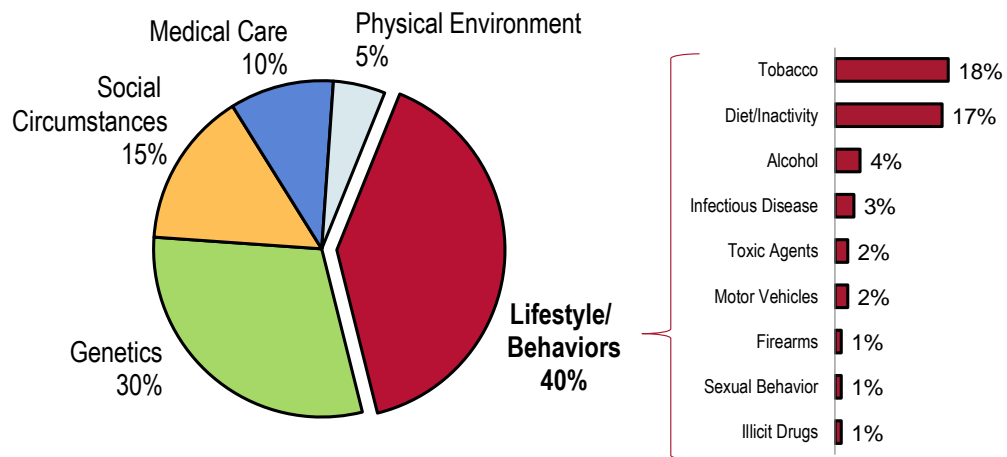
The most prominent contributors to mortality in the United States in 2000 were **tobacco** (an estimated 435,000 deaths), **diet and activity** patterns (400,000), **alcohol** (85,000), **microbial agents** (75,000), **toxic agents** (55,000), **motor vehicles** (43,000), **firearms** (29,000), **sexual 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, MSc; 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.

Factors Contributing to Premature Deaths in the United States



Sources: • "The Case For More Active Policy Attention to Health Promotion"; (McGinnis, Williams-Russo, Knickman) Health Affairs. Vol. 32. 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, MSc; Julie L. Gerberding, MD, MPH.) JAMA. 291 (2000) 1238-1245.

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

Nutrition

About Healthful Diet & Healthy Weight

Strong science exists supporting the health benefits of eating a healthful diet and maintaining a healthy body weight. Efforts to change diet and weight should address individual behaviors, as well as the policies and environments that support these behaviors in settings such as schools, worksites, healthcare organizations, and communities.

The goal of promoting healthful diets and healthy weight encompasses increasing household food security and eliminating hunger.

Americans with a healthful diet:

- Consume a variety of nutrient-dense foods within and across the food groups, especially whole grains, fruits, vegetables, low-fat or fat-free milk or milk products, and lean meats and other protein sources.
- Limit the intake of saturated and trans fats, cholesterol, added sugars, sodium (salt), and alcohol.
- Limit caloric intake to meet caloric needs.

Diet and body weight are related to health status. Good nutrition is important to the growth and development of children. A healthful diet also helps Americans reduce their risks for many health conditions, including: overweight and obesity; malnutrition; iron-deficiency anemia; heart disease; high blood pressure; dyslipidemia (poor lipid profiles); type 2 diabetes; osteoporosis; oral disease; constipation; diverticular disease; and some cancers.

Diet reflects the variety of foods and beverages consumed over time and in settings such as worksites, schools, restaurants, and the home. Interventions to support a healthier diet can help ensure that:

- Individuals have the knowledge and skills to make healthier choices.
- Healthier options are available and affordable.

Social Determinants of Diet. Demographic characteristics of those with a more healthful diet vary with the nutrient or food studied. However, most Americans need to improve some aspect of their diet.

Social factors thought to influence diet include:

- Knowledge and attitudes
- Skills
- Social support
- Societal and cultural norms
- Food and agricultural policies
- Food assistance programs
- Economic price systems

Physical Determinants of Diet. Access to and availability of healthier foods can help people follow healthful diets. For example, better access to retail venues that sell healthier options may have a positive impact on a person's diet; these venues may be less available in low-income or rural neighborhoods.

The places where people eat appear to influence their diet. For example, foods eaten away from home often have more calories and are of lower nutritional quality than foods prepared at home.

Marketing also influences people's—particularly children's—food choices.

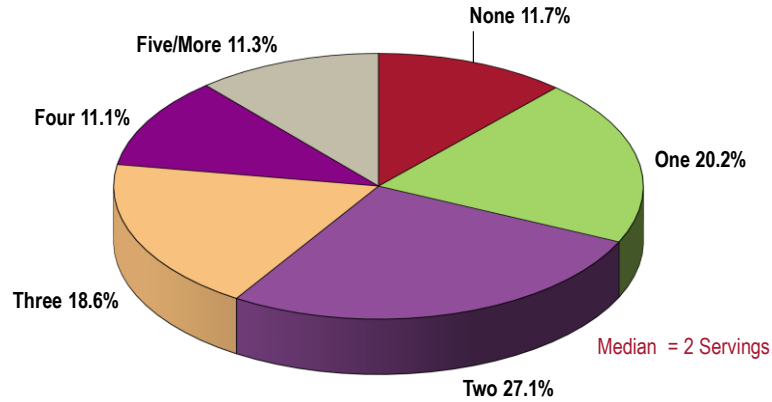
- Healthy People 2020 (www.healthypeople.gov)

Fruit & Vegetable Consumption

While 11.7% of survey respondents did not have any fruits or vegetables during the day preceding the interview and 20.2% report eating just one fruit or vegetable on that day, a total of 11.3% report eating 5+ fruits/vegetables the day before the interview.

To measure fruit and vegetable consumption, survey respondents were asked about the foods they consumed on the day prior to the interview.

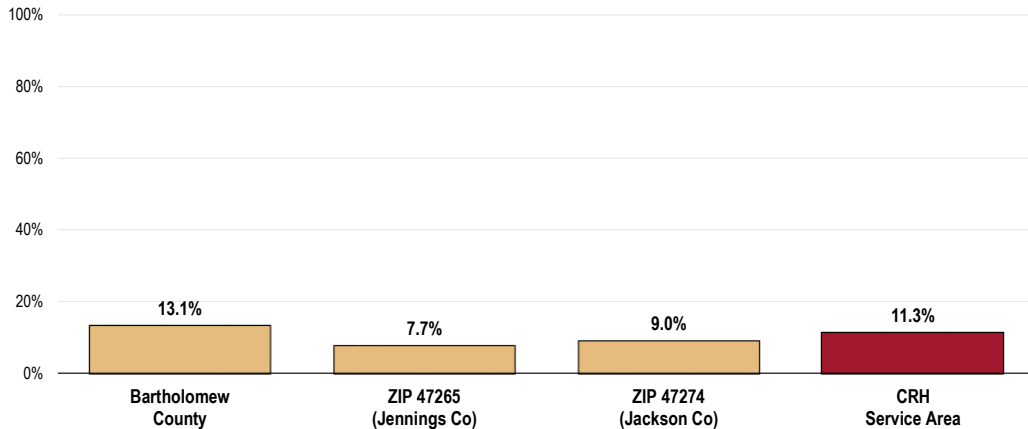
Servings of Fruits and Vegetables Eaten Yesterday (CRH Service Area, 2015)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 327]
 Notes: • Asked of all respondents.

- The prevalence of adults eating 5+ servings of produce yesterday does not vary significantly by county.

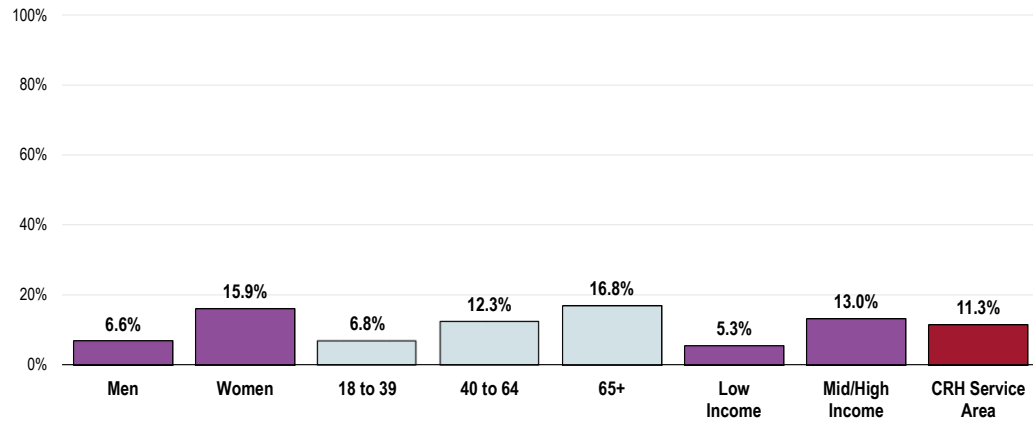
Ate 5+ Servings of Fruits and Vegetables Yesterday



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 327]
 Notes: • Asked of all respondents.
 • For this issue, respondents were asked to recall their food intake on the previous day.

- Area men are less likely to have eaten 5+ fruits/vegetables yesterday, as are young adults (positive correlation with age) and low-income residents.

Ate 5+ Fruits and Vegetables Yesterday (Columbus Regional Hospital Service Area, 2015)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 327]

- Notes:
- Asked of all respondents.
 - Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 - Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
 - For this issue, respondents were asked to recall their food intake on the previous day.

Low Food Access (Food Deserts)

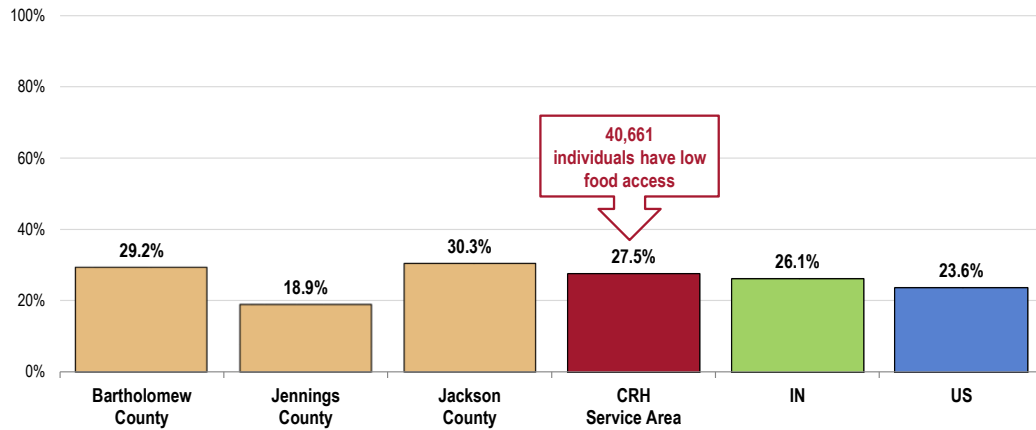
US Department of Agriculture data show that 27.5% of the CRH Service Area population (representing over 40,000 residents) have low food access or live in a "food desert," meaning that they do not live near a supermarket or large grocery store.

- Less favorable than statewide findings.
- Less favorable than national findings.
- Favorably low in Jennings County.

A food desert is defined as a low-income area where a significant number or share of residents is far from a supermarket, where "far" is more than 1 mile in urban areas and more than 10 miles in rural areas.

Population With Low Food Access

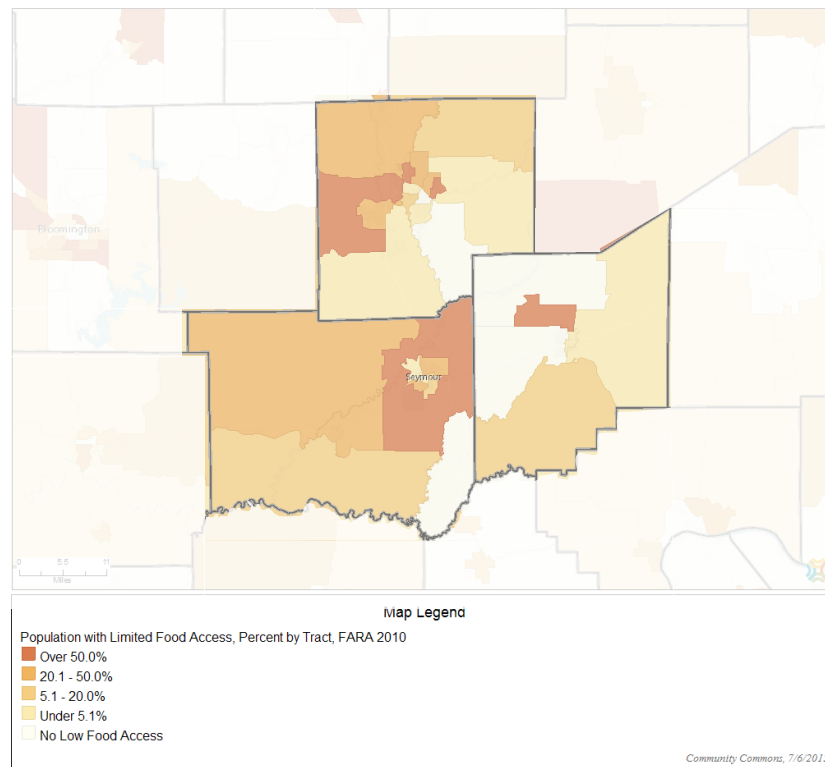
(Percent of Population That Is Far From a Supermarket or Large Grocery Store, 2010)



- Sources:
- US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas (FARA): 2010.
 - Retrieved June 2015 from Community Commons at <http://www.chna.org>.
- Notes:
- This indicator reports the percentage of the population living in census tracts designated as food deserts. A food desert is defined as low-income areas where a significant number or share of residents is far from a supermarket, where "far" is more than 1 mile in urban areas and more than 10 miles in rural areas. This indicator is relevant because it highlights populations and geographies facing food insecurity.

- The following map provides an illustration of food deserts by census tract. Note the pockets of darker color where large shares of residents have limited food access.

Population With Limited Food Access, Percent by Tract, FARA 2010



Family Meals

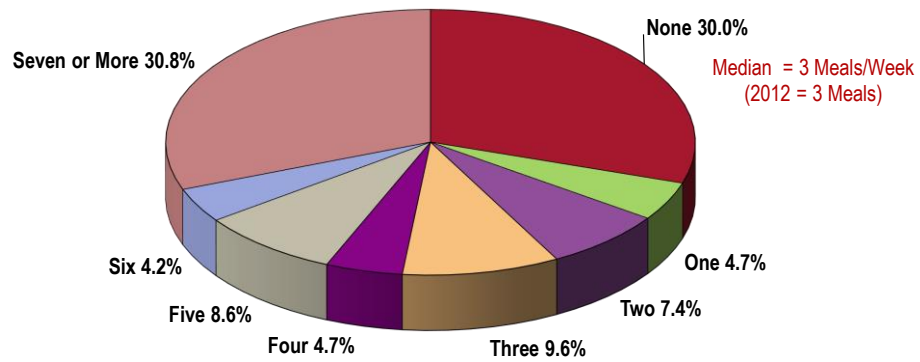
While 3 in 10 survey respondents (30.0%) do not share any family meals without the TV on during a routine week, another 3 in 10 (30.8%) do so at least daily.

Respondents were asked:

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

- The median number of weekly family meals among survey respondents was 3 meals per week (unchanged from the 2012 survey findings).

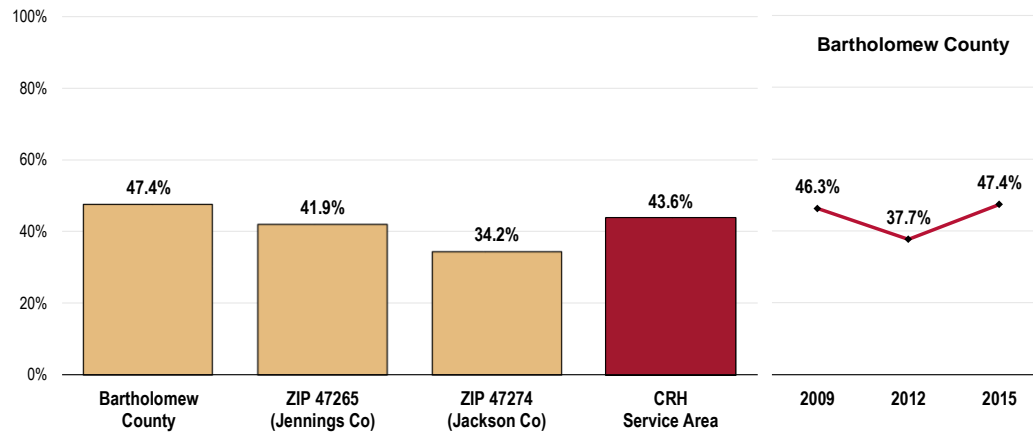
Number of Meals per Week Eaten Together as a Family
(CRH Service Area, 2015)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 328]
Notes: • Asked of all respondents.

- The proportion of CRH Service Area residents who eat 5+ meals together as a family without television each week is highest in Bartholomew County, lowest in Jackson.
- TREND: Has not changed significantly from 2009 survey results.

Eat 5+ Meals per Week Together as a Family

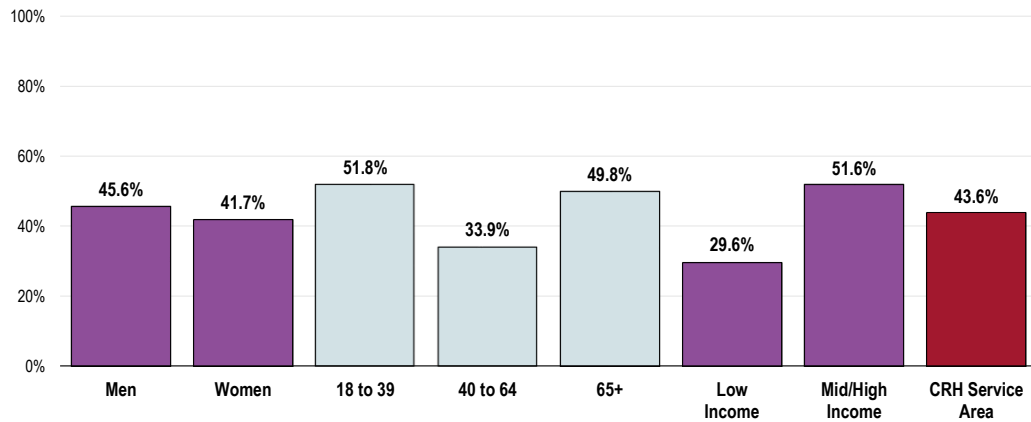


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 364]
Notes: • Asked of all respondents.
• Does not include meals during which the television is on.

Those less likely to report that their family shares 5+ meals per week without the television set on include:

- Residents age 40 to 64.
- Lower-income residents.

Eat 5+ Meals per Week Together as a Family (Columbus Regional Hospital Service Area, 2015)



- Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 364]
- Notes:
- Asked of all respondents.
 - Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White 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.
 - Does not include meals during which the television is on.

Physical Activity

About Physical Activity

Regular physical activity can improve the health and quality of life of Americans of all ages, regardless of the presence of a chronic disease or disability. Among adults 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); and parental support.

Among adolescents ages 13 to 18, the following factors have a positive association with physical activity: parental education; gender (boys); personal goals; physical education/school sports; belief in ability to be active (self-efficacy); and support of friends and family.

Environmental influences positively associated with physical activity among children and adolescents include:

- Presence of sidewalks
- Having a destination/walking to a particular place
- Access to public transportation
- Low traffic density
- Access to neighborhood or school play area and/or recreational equipment

People with disabilities may be less likely to participate in physical activity due to physical, emotional, and psychological barriers. Barriers may include the inaccessibility of facilities and the lack of staff trained in working with people with disabilities.

- Healthy People 2020 (www.healthypeople.gov)

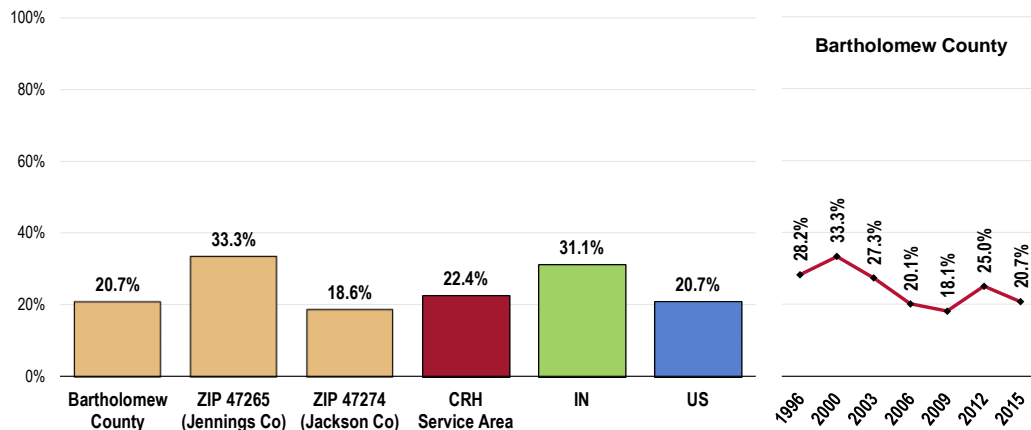
Leisure-Time Physical Activity

A total of 22.4% of Columbus Regional Hospital Service Area adults report no leisure-time physical activity in the past month.

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.

- More favorable than statewide findings.
- Similar to national findings.
- Satisfies the Healthy People 2020 target (32.6% or lower).
- Unfavorably high in Jennings County.
- TREND: Marks a statistically significant improvement since 1996.

No Leisure-Time Physical Activity in the Past Month Healthy People 2020 Target = 32.6% or Lower

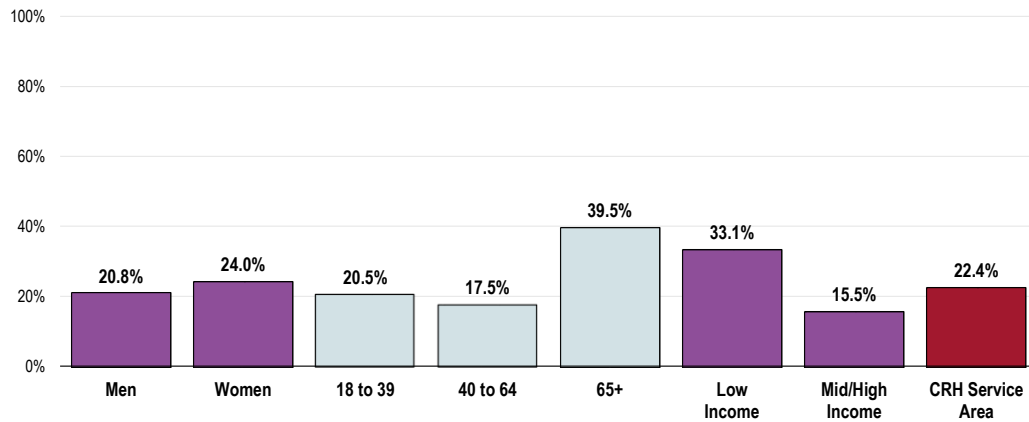


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 92]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2013 Indiana data.
 • 2013 PRC 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:

- Seniors.
- Lower-income residents.

No Leisure-Time Physical Activity in the Past Month (Columbus Regional Hospital Service Area, 2015) Healthy People 2020 Target = 32.6% or Lower



- Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 92]
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective PA-1]
- Notes:
- Asked of all respondents.
 - Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White 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

Recommended Levels of Physical Activity

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.

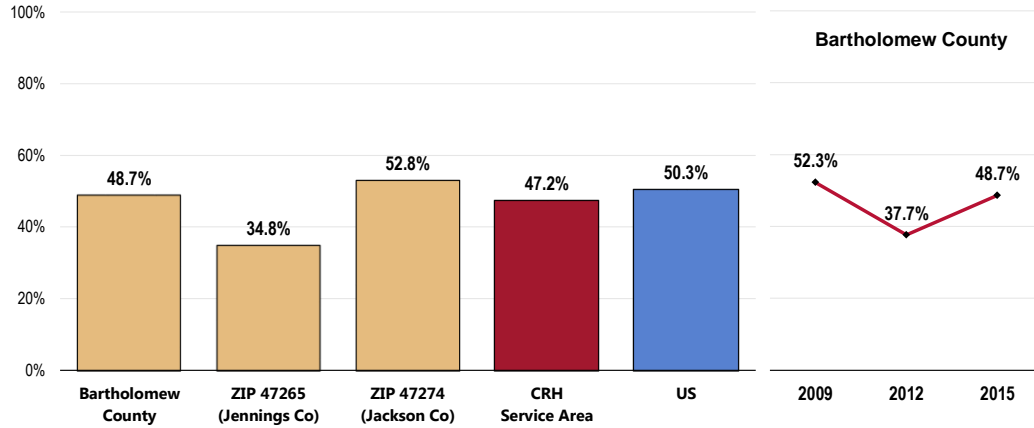
- 2008 Physical Activity Guidelines for Americans, U.S. Department of Health and Human Services. www.health.gov/PAGuidelines

Recommended Levels of Physical Activity

A total of 47.2% of Columbus Regional Hospital Service Area adults participate in regular, sustained moderate or vigorous physical activity (meeting physical activity recommendations).

- Comparable to national findings.
- Unfavorably low in Jennings County.
- TREND: Statistically unchanged from 2009 survey findings.

Meets Physical Activity Recommendations

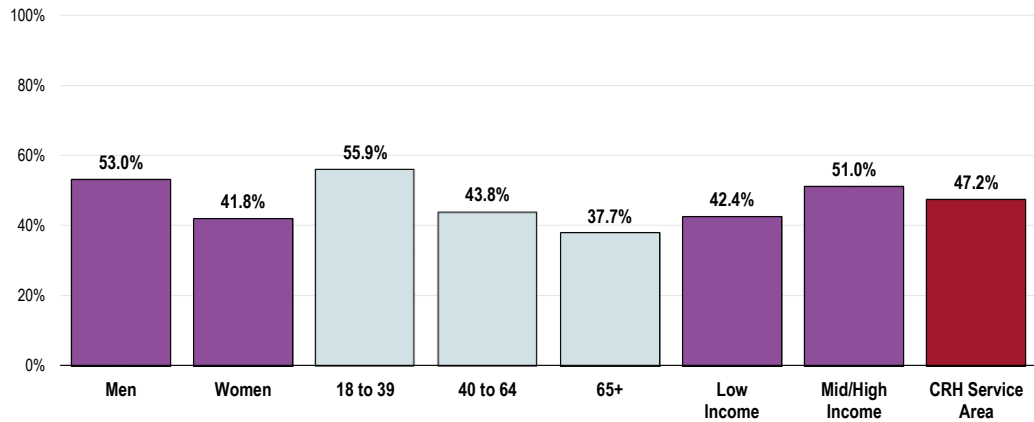


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 147]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.
 • In this case the term "meets physical activity recommendations" refers to participation in moderate 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.

Those less likely to meet physical activity requirements include:

- Women.
- Seniors (note the negative correlation with age).

Meets Physical Activity Recommendations (Columbus Regional Hospital Service Area, 2015)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 147]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White 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.

Moderate & Vigorous Physical Activity

In the past month:

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

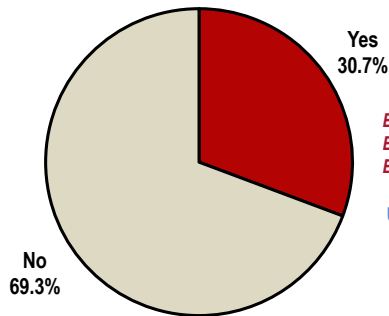
A total of 30.7% of adults participated in moderate physical activity (5 times a week, 30 minutes at a time).

- Almost identical to the national level.
- Similar findings by county (not shown)
- TREND: Denotes a statistically significant increase since 2009.

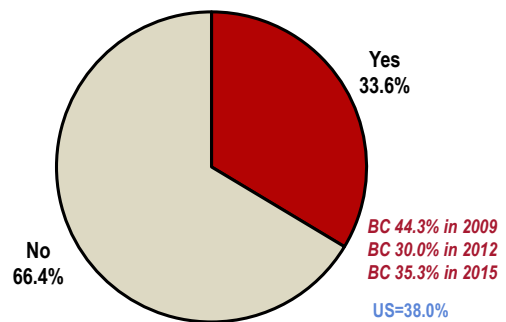
A total of 33.6% participated in vigorous physical activity (3 times a week, 20 minutes at a time).

- Less favorable than the nationwide figure.
- Unfavorably low in Jennings County (not shown).
- TREND: Marks a statistically significant decrease over time.

Moderate & Vigorous Physical Activity (Columbus Regional Hospital Service Area, 2015)



Moderate Physical Activity



Vigorous Physical Activity

Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 148-149]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.

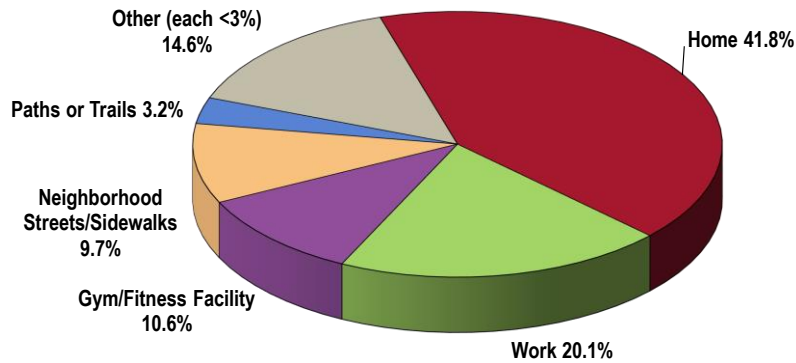
Notes: • Asked of all respondents.
 • Moderate Physical Activity: Takes part in exercise that produces only light sweating or a slight to moderate increase in breathing or heart rate at least 5 times per week for at least 30 minutes per time.
 • Vigorous Physical Activity: Takes part in activities that cause heavy sweating or large increases in breathing or heart rate at least 3 times per week for at least 20 minutes per time.

Source of Most Physical Activity

When asked how they get the majority of their physical activity, 41.8% of survey respondents indicated that they exercise at home, followed by 20.1% who get their exercise at work.

- Other sources for exercise included gym/fitness facilities (mentioned by 10.6%), neighborhood streets and sidewalks (9.7%), and local paths or trails (3.2%).

Source of Physical Activity (Columbus Regional Hospital Service Area, 2015)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 332]
 Notes: • Asked of all respondents.

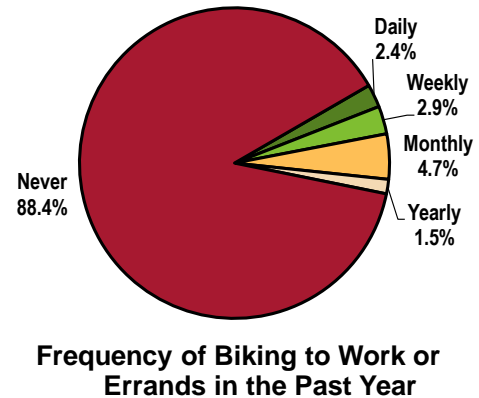
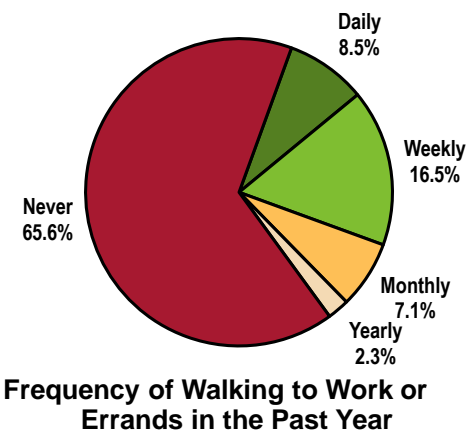
Commuting

Walking & Biking to Errands and Work

Over the past year, almost 2 in 3 survey respondents (65.6%) indicate they “never” walked to errands or work; in contrast, 16.5% did so at least weekly, and 8.5% walked to errands and/or work daily over the past year.

- Survey respondents were less likely to indicate biking to errands or work over the past year.

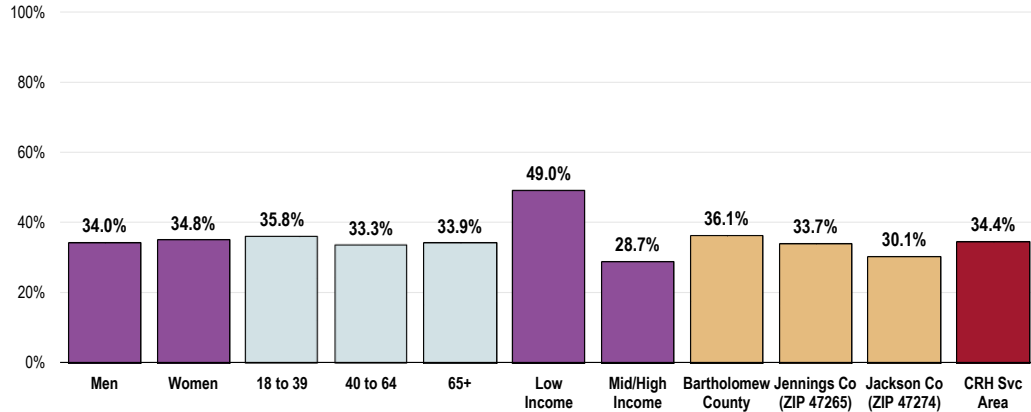
Walking and Biking to Errands and Work in the Past Year (Columbus Regional Hospital Service Area, 2015)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 329-330]
 Notes: • Asked of all respondents.

- By demographic characteristics, upper-income residents were least likely to mention walking to work or errands in the past year.
- Findings are statistically similar by county.

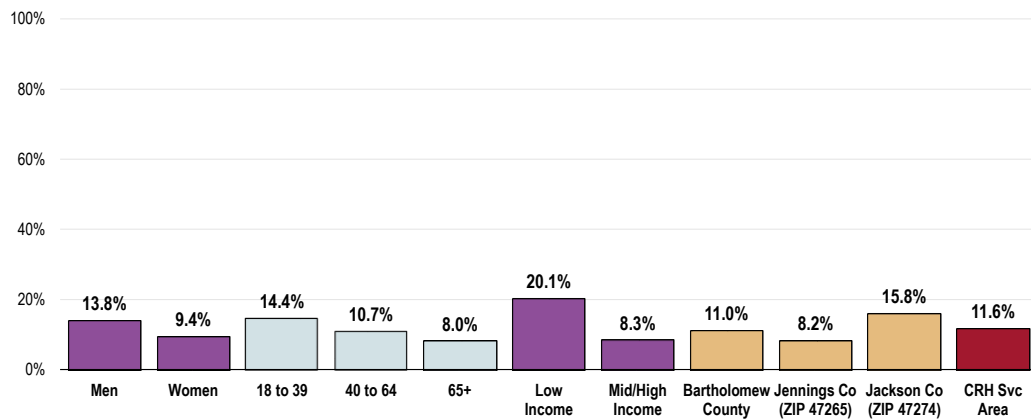
Walked to Work or Errands in the Past Year (Columbus Regional Hospital Service Area, 2015)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 329]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White 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.

- By demographic characteristics: residents in low-income households are more likely to have biked to work or errands in the past year.
- Findings are statistically similar by county.

Biked to Work or Errands in the Past Year (Columbus Regional Hospital Service Area, 2015)



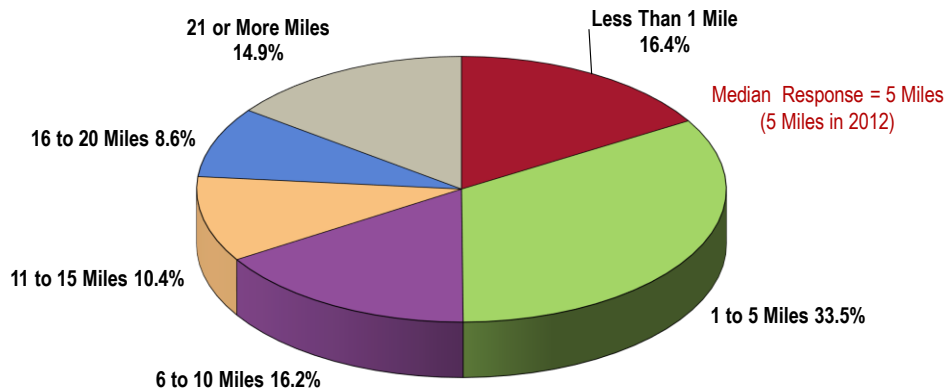
Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 330]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect 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.

Distance of Daily Commute

Among employed CRH Service Area residents who work outside the home, half (49.9%) work within 5 miles of home.

- In contrast, 14.9% of these residents commute **21 miles or more** each way for work.
- The median response to the inquiry was **5 miles** (unchanged over time).

Number of Miles Between Home and Work
(Among CRH Service Area Respondents Who Work Outside the Home, 2015)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 331]
Notes: • Asked of those respondents who work outside the home.

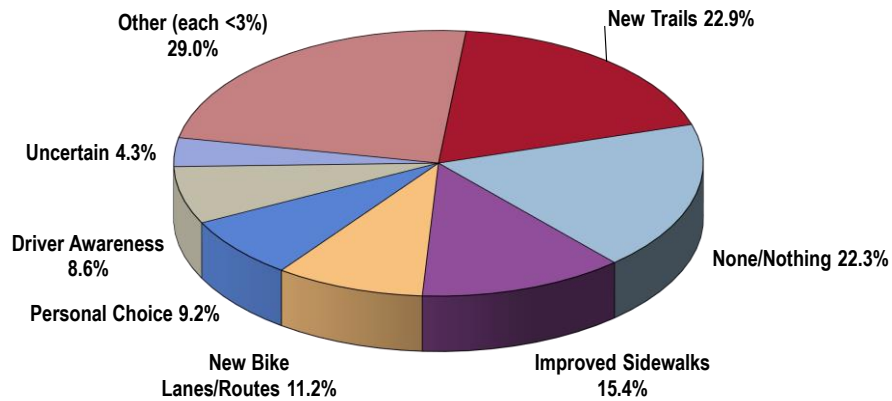
Access to Physical Activity

Community Features & Barriers

When asked about community features which help them to be more active, the largest share of respondents (22.9%) mentioned new trails, while 22.3% of respondents do not think any local features help them to be more active, and 15.4% feel that improved sidewalks help.

- Other features mentioned included bike lanes/routes, personal choice, and driver awareness.

Community Features Which Help to Stay More Active (Columbus Regional Hospital Service Area, 2015)

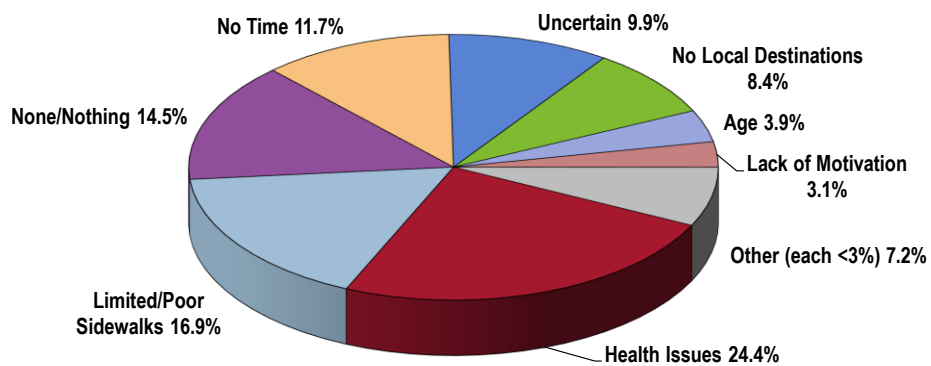


Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 338]
 Notes: • Asked of all respondents.

With regard to barriers in the community which prevent respondents from being more active, 24.4% of survey respondents cited their own health issues as their primary barriers, while 16.9% mentioned limited or poor-quality sidewalks.

- Another 14.5% of respondents do not feel there are any community barriers to being more physically active, while 11.7% do not feel they have enough time to exercise, and 8.4% do not think there are enough local destinations for physical activity.
- Other barriers included age and a lack of motivation.

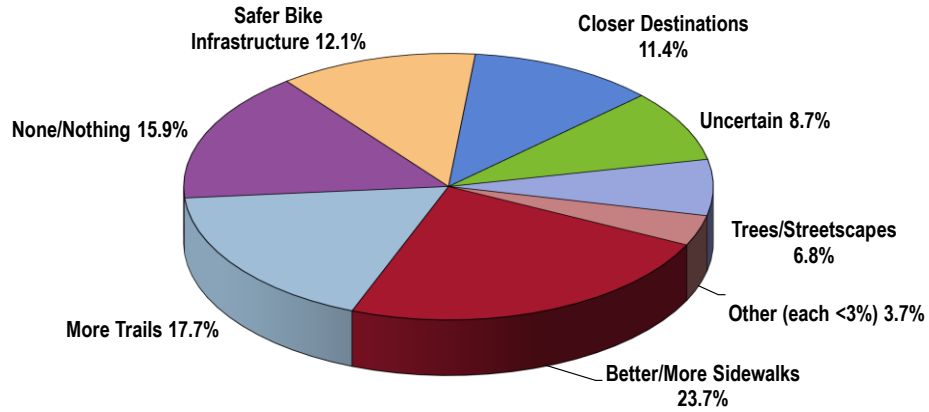
Community Barriers to Being More Active (Columbus Regional Hospital Service Area, 2015)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 339]
 Notes: • Asked of all respondents.

Discussing those community features which, if improved, would increase physical activity among residents, survey respondents were likely to mention sidewalks, trails, safer bike infrastructure, closer destinations, and trees/streetscapes.

Community Feature That Would Increase Activity if Improved (Columbus Regional Hospital Service Area, 2015)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 340]
Notes: • Asked of all respondents.

Access to Recreation & Fitness Facilities

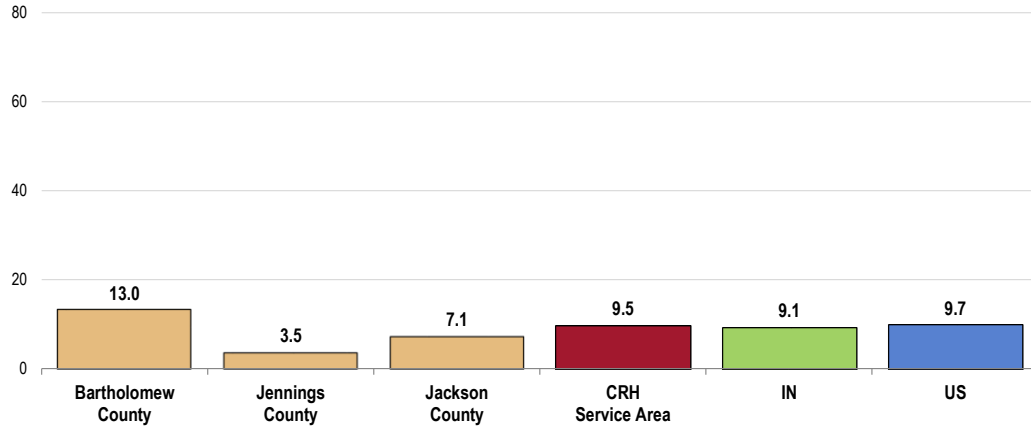
In 2011, there were 9.5 recreation/fitness facilities for every 100,000 population in the Columbus Regional Hospital Service Area.

- Similar to what is found statewide.
- Similar to what is found nationally.
- The rate is unfavorably low in Jennings County.

Here, recreation/fitness facilities include establishments engaged in operating facilities which offer “exercise and other active physical fitness conditioning or recreational sports activities.”

Examples include athletic clubs, gymnasiums, dance centers, tennis clubs, and swimming pools.

Population With Recreation & Fitness Facility Access (Number of Recreation & Fitness Facilities per 100,000 Population, 2011)



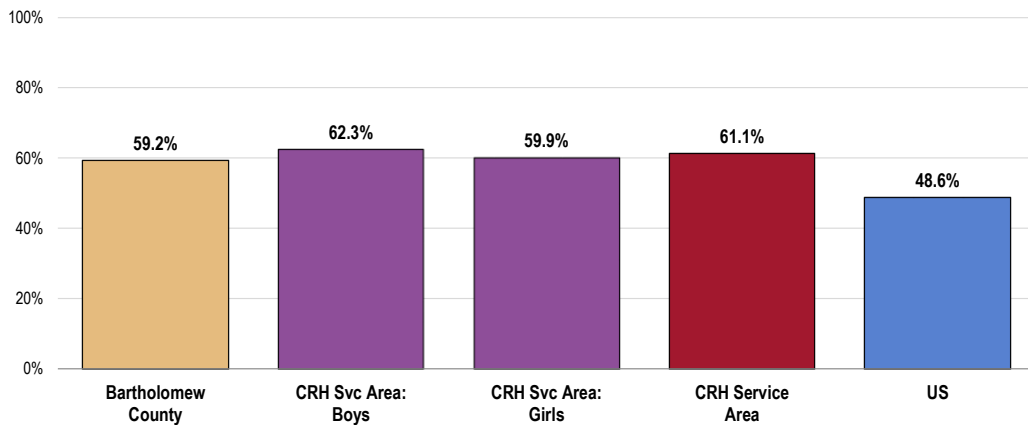
Sources: • US Census Bureau, County Business Patterns: 2011. Additional data analysis by CARES.
 • Retrieved June 2015 from Community Commons at <http://www.chna.org>.
 Notes: • Recreation and fitness facilities are defined by North American Industry Classification System (NAICS) Code 713940, which include Establishments engaged in operating facilities which offer "exercise and other active physical fitness conditioning or recreational sports activities". Examples include athletic clubs, gymnasiums, dance centers, tennis clubs, and swimming pools. This indicator is relevant because access to recreation and fitness facilities encourages physical activity and other healthy behaviors.

Children’s Physical Activity

Among Columbus Regional Hospital Service Area children age 2 to 17, 61.1% are reported to have had 60 minutes of physical activity on each of the seven days preceding the interview (1+ hours per day).

- More favorable than found nationally.
- The Bartholomew County prevalence is 59.2%.
- Comparable findings by gender.

Child Is Physically Active for One or More Hours per Day (Among Children Age 2-17)



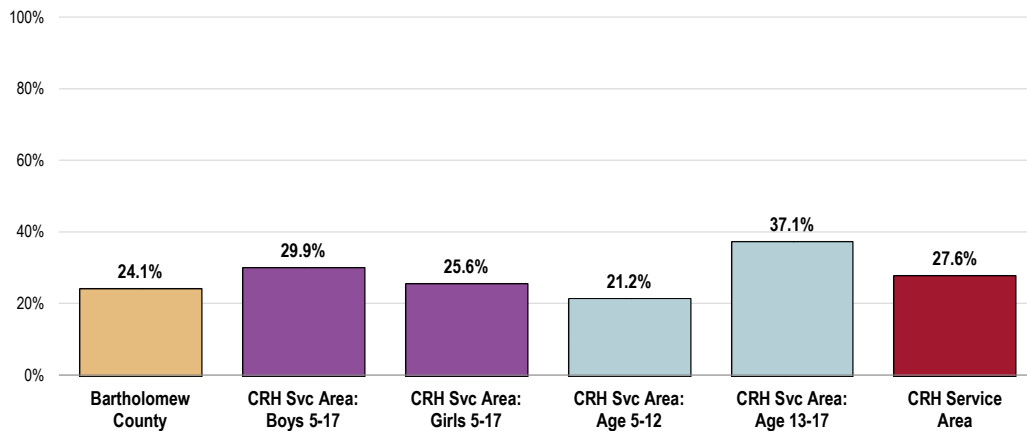
Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 117]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents with children age 2-17 at home.
 • Includes children reported to have one or more hours of physical activity on each of the seven days preceding the survey.

Screen Time

Among CRH Service Area children aged 5 to 17, 27.6% spend three or more hours on screen time (whether television or computer, Internet, video games, etc.) per day.

- In Bartholomew County, the prevalence is 24.1%.
- Similar findings by gender; significantly higher among teens than younger children.

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



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 358]

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.

Choices for Healthy Living

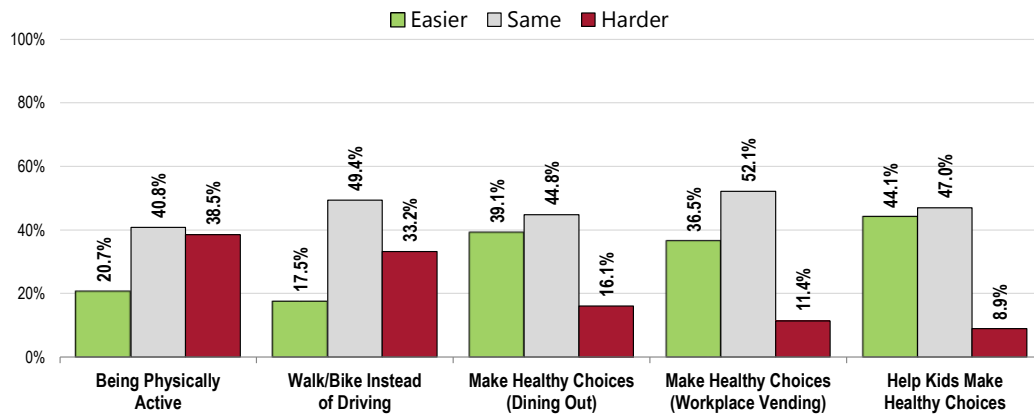
Ease in Making Healthier Choices

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 being physically active, followed by walking or biking instead of driving.

- The majority of adults gave “easier” or “same” responses for each of the choices listed, especially helping kids make healthy choices and making healthy choices in a workplace vending environment.

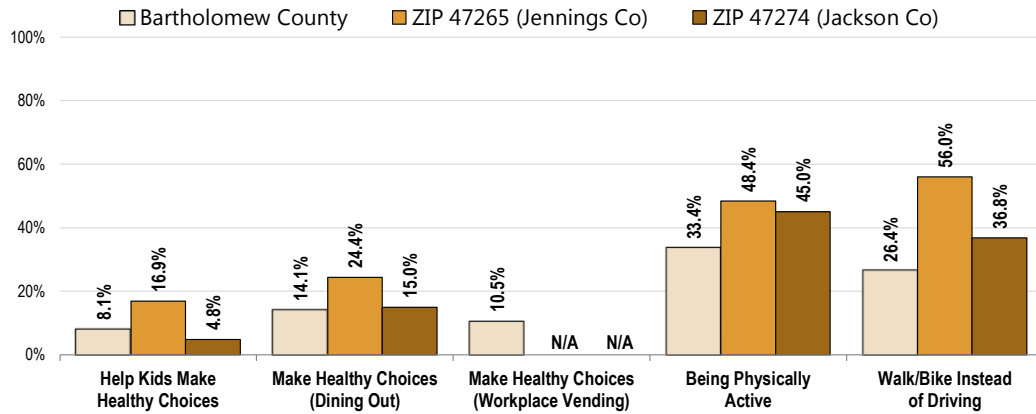
Perceived Ease in Making Healthier Lifestyle Choices Over the Past 2 Years
(Columbus Regional Hospital Service Area, 2015)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 333-337]
Notes: • Asked of all respondents.

- Viewed by county, residents of Jennings County are more likely to feel that these lifestyle choices have become more difficult over the past 2 years.

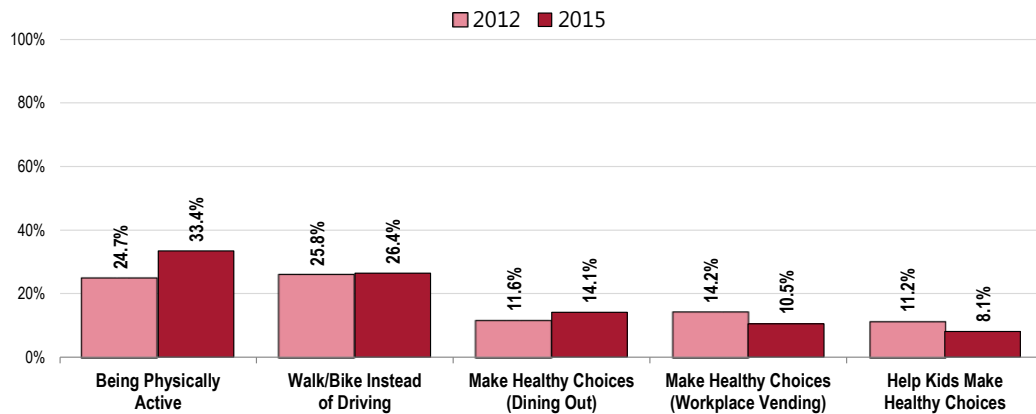
Making Healthier Lifestyle Choices Over the Past 2 Years Has Become Harder (By County; CRH Service Area, 2015)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 333-337]
 Notes: • Asked of all respondents.

- TREND: Bartholomew County residents are statistically more likely to perceive being physically active as more difficult now than it was 2 years ago.

Making Healthier Lifestyle Choices Over the Past 2 Years Has Become Harder (Bartholomew County)

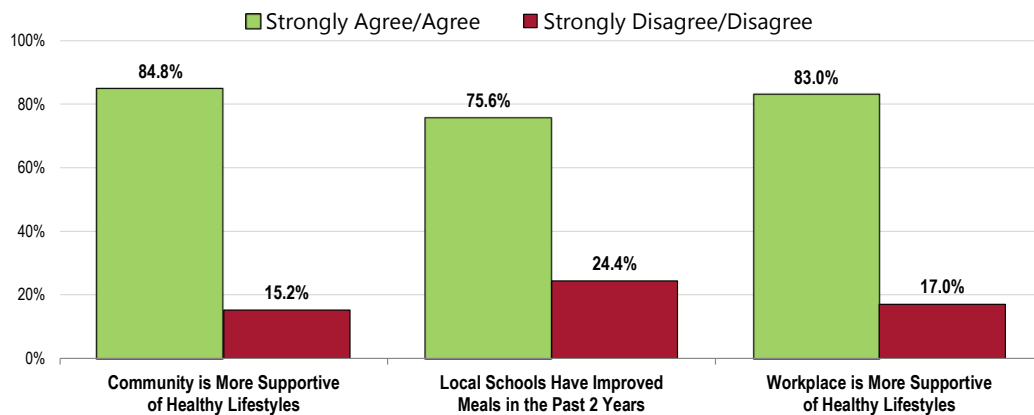


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 333-337]
 Notes: • Asked of all respondents.
 • Percentages represent "harder" responses.

Efforts in Community Health Improvement

Clear majorities of 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 (among employed adults).

Agreement With Recent Efforts in Community Health Improvement (Columbus Regional Hospital Service Area, 2015)

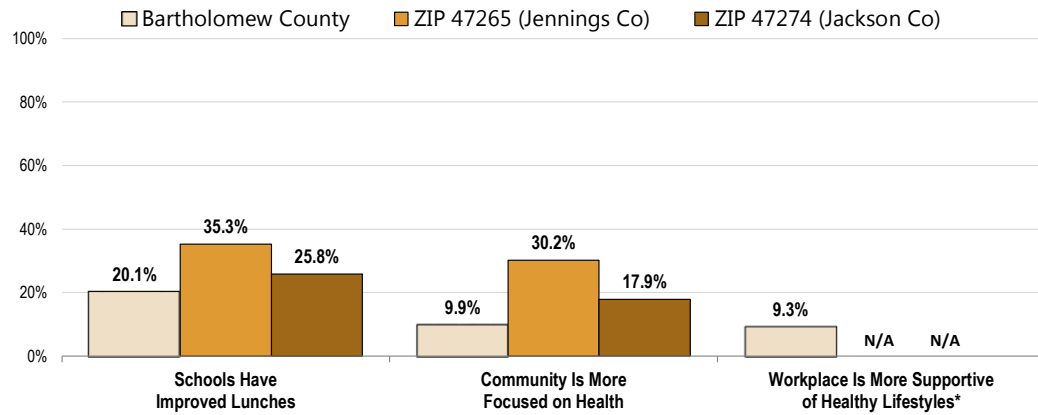


Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 341-343]
 Notes: • Asked of all respondents.

- Residents of Jennings County are more likely to disagree that local schools have improved lunches for children or that the community is more supportive of healthy lifestyles now than in the past.

Disagree That Community Health Improvements Have Occurred

(By County; CRH Service Area, 2015)

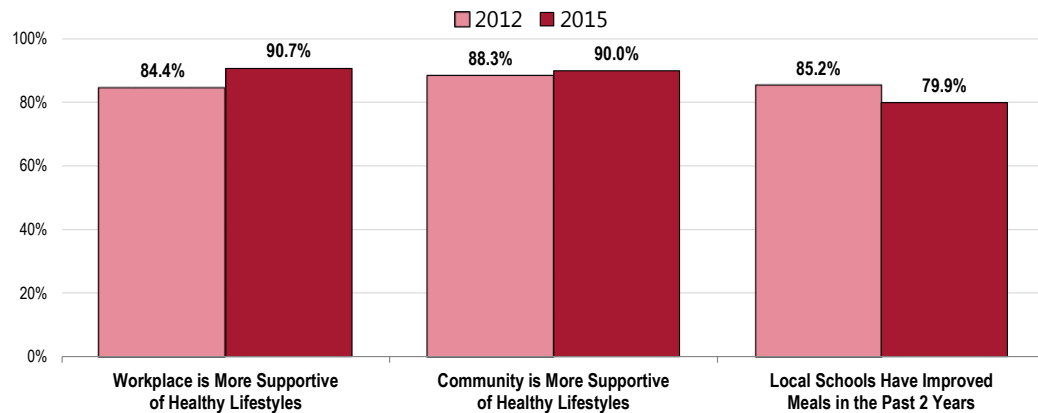


Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 341-343]
 Notes: • Asked of all respondents.
 • Percentages represent combined "disagree" and "strongly disagree" responses.
 • *The sample sizes within Jennings and Jackson county ZIP Codes were too small to be shown.

- **TREND:** Over time, Bartholomew County residents are significantly more likely to agree that their workplace is more supportive of healthy lifestyles but significantly less likely to agree that local schools have improved meals.

Agree/Strongly Agree With Recent Efforts in Community Health Improvement

(Bartholomew County)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 341-343]
 Notes: • Asked of all respondents.
 • Percentages represent combined "agree" and "strongly agree" responses.

Weight Status

About Overweight & Obesity

Because weight is influenced by energy (calories) consumed and expended, interventions to improve weight can support changes in diet or physical activity. They can help change individuals' knowledge and skills, reduce exposure to foods low in nutritional value and high in calories, or increase opportunities for physical activity. Interventions can help prevent unhealthy weight gain or facilitate weight loss among obese people. They can be delivered in multiple settings, including healthcare settings, worksites, or schools.

The social and physical factors affecting diet and physical activity (see Physical Activity topic area) may also have an impact on weight. Obesity is a problem throughout the population. However, among adults, the prevalence is highest for middle-aged people and for non-Hispanic black and Mexican American women. Among children and adolescents, the prevalence of obesity is highest among older and Mexican American children and non-Hispanic black girls. The association of income with obesity varies by age, gender, and race/ethnicity.

- Healthy People 2020 (www.healthypeople.gov)

Body Mass Index (BMI), which describes relative weight for height, is significantly correlated with total body fat content. The BMI should be used to assess overweight and obesity and to monitor changes in body weight. In addition, measurements of body weight alone can be used to determine efficacy of weight loss therapy. BMI is calculated as weight (kg)/height squared (m^2). To estimate BMI using pounds and inches, use: $[\text{weight (pounds)}/\text{height squared (inches}^2)] \times 703$.

In this report, overweight is defined as a BMI of 25.0 to 29.9 kg/m^2 and obesity as a BMI $\geq 30 kg/m^2$. The rationale behind these definitions is based on epidemiological data that show increases in mortality with BMIs above 25 kg/m^2 . The increase in mortality, however, tends to be modest until a BMI of 30 kg/m^2 is reached. For persons with a BMI $\geq 30 kg/m^2$, mortality rates from all causes, and especially from cardiovascular disease, are generally increased by 50 to 100 percent above that of persons with BMIs in the range of 20 to 25 kg/m^2 .

- Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.

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.

Adult Weight Status

Healthy Weight

Based on self-reported heights and weights, 24.1% of Columbus Regional Hospital Service Area adults are at a healthy weight.

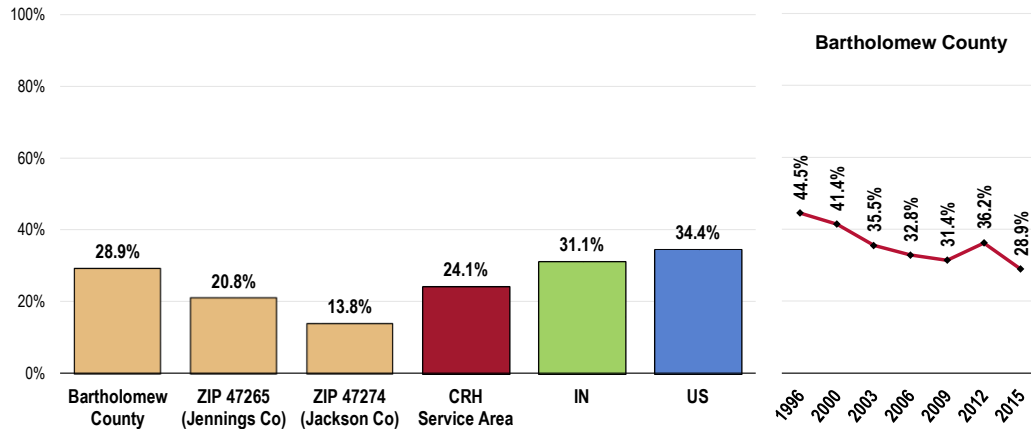
“Healthy weight” means neither underweight, nor overweight (BMI = 18.5-24.9).

- Worse than the Indiana proportion.
- Worse than the national proportion.
- Fails to satisfy the Healthy People 2020 target (33.9% or higher).
- Most favorable in Bartholomew County; least favorable in Jackson.
- TREND: Denotes a statistically significant decrease in healthy weight since 1996.

Healthy Weight

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

Healthy People 2020 Target = 33.9% or Higher



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 151]
 • 2013 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); 2013 Indiana data.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective NWS-8]

Notes: • Based on reported heights and weights, asked of all respondents.
 • 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.

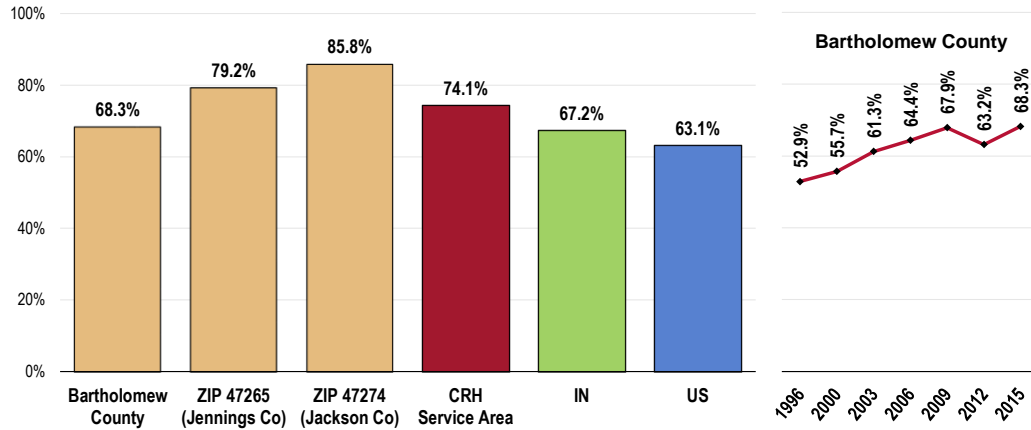
Overweight Status

A total of 74.1% of Columbus Regional Hospital Service Area adults are overweight.

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

- Higher than the Indiana prevalence.
- Higher than the US overweight prevalence.
- Least favorable in Jackson County.
- TREND: Marks a statistically significant increase in overweight since 1996.

Prevalence of Total Overweight (Percent of Adults With a Body Mass Index of 25.0 or Higher)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 151]
 • 2013 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); 2013 Indiana data.

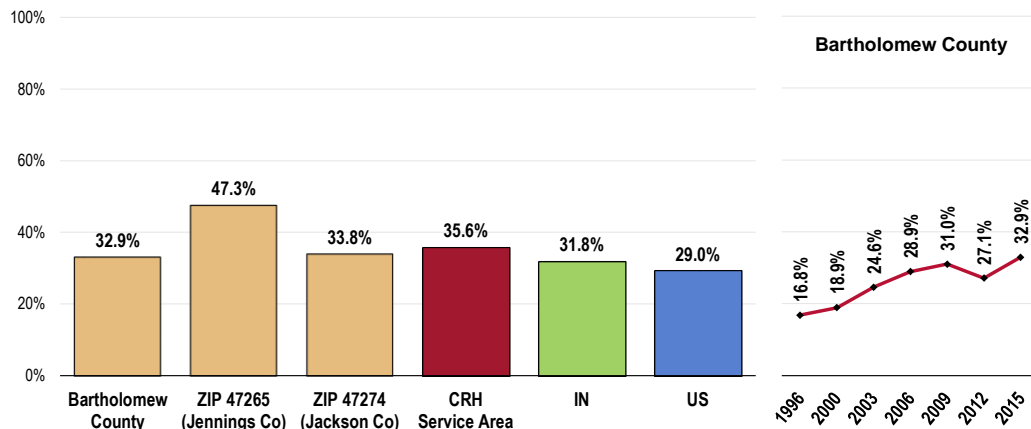
Notes: • Based on reported heights and weights, asked of all respondents.
 • The definition of overweight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 25.0, regardless of gender. The definition for obesity is a BMI greater than or equal to 30.0.

Further, 35.6% of Columbus Regional Hospital Service Area adults are obese.

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

- Comparable to Indiana findings.
- Less favorable than US findings.
- Fails to satisfy the Healthy People 2020 target (30.5% or lower).
- Least favorable in Jennings County.
- TREND: Denotes a statistically significant increase in obesity since 1996.

Prevalence of Obesity (Percent of Adults With a Body Mass Index of 30.0 or Higher) Healthy People 2020 Target = 30.5% or Lower



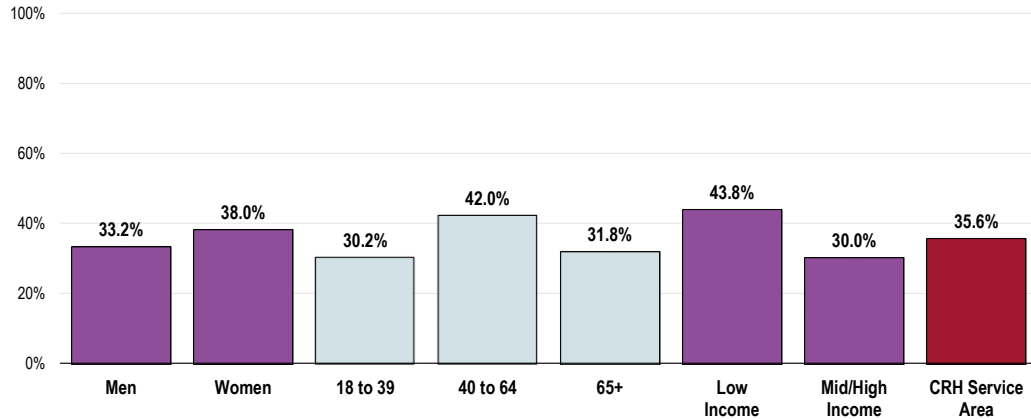
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 151]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective NWS-9]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2013 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:

- Those between the ages of 40 and 64.
- Adults in households with lower incomes.

Prevalence of Obesity
 (BMI of 30.0 or Higher; Columbus Regional Hospital Service Area, 2015)
Healthy People 2020 Target = 30.5% or Lower



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 151]
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective NWS-9]
 Notes: • Based on reported heights and weights, asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
 • The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.

Relationship of Overweight With Other Health Issues

Overweight and obese adults are more likely to report a number of adverse health conditions.

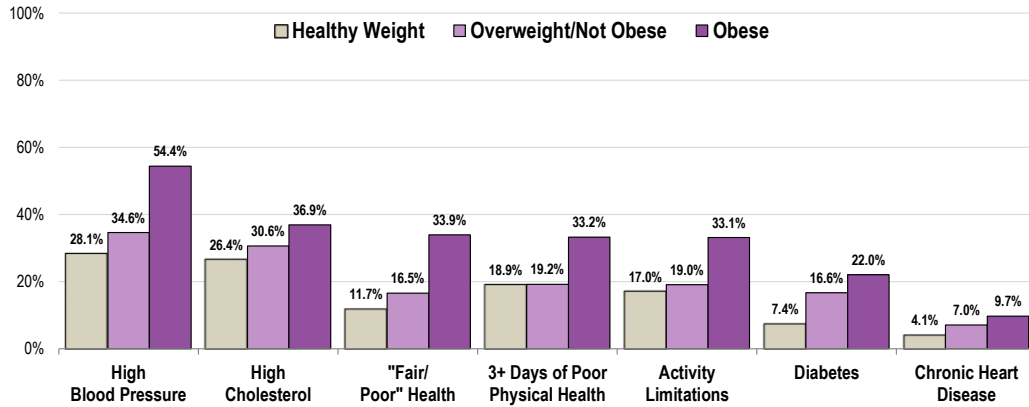
Among these are:

- Hypertension (high blood pressure).
- High cholesterol.
- "Fair" or "poor" physical health.
- 3+ days of poor physical health.
- Activity limitations.
- Diabetes.
- Chronic heart disease.

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

Relationship of Overweight With Other Health Issues

(By Weight Classification; Columbus Regional Hospital Service Area, 2015)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 5, 39, 42, 46, 105, 306, 362]
 Notes: • Based on reported heights and weights, asked of all respondents.

Key Informant Input: Nutrition, Physical Activity & Weight

A majority of key informants taking part in an online survey characterized *Nutrition, Physical Activity & Weight* as a “moderate problem” in the community.

Perceptions of Nutrition, Physical Activity, and Weight as a Problem in the Community

(Key Informants, 2014)

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



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

Top Concerns

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

Nutrition & Lifestyle Changes

Fast food and the amount or volume of sugar filled soft drinks that are consumed. – Community/Business Leaders

On-going access to and prevalence of junk foods, not all communities have safe places to walk and bike. – Public Health

This one is tough. I believe our community has made great strides in this area, but citizens are reluctant to change their lifestyles to take advantage of the opportunities. – Community/Business Leaders

This is largely a cultural problem. We are a community of fast foods and convenience foods. The built environment does not encourage walking for biking. – Physicians

Affordable Healthy Options

In my scope of practice, there are families who are struggling to work and provide for their families. They tend to eat fast food or filler food that is loaded with fat and carbs. Depression plays a part in their inactivity which passes down a sedentary pattern to their children. – Public Health

Indiana culture, farming culture, financial resources to buy healthy food choices. – Other Health

Awareness & Education

I see nutrition or more specific the lack of education around good nutrition from newborn to adult, age 18 or so. It needs to start at preconception with the parent and be supported throughout the growing years. – Other Health

Lack of ability, desire to control eating and exercise. – Public Health

Some areas are making great strides in this area. In our lower income population however there is a need for improved physical health. Many programs are not reaching this population, which effects other areas of major concern: diabetes, family planning, mental health. Efforts continue to need to be made to engage those with limited resources become more active and have better health habits. – Other Health

Prevalence

Obesity is a very big issue in our community. – Other Health

Substance Abuse

About Substance Abuse

Substance abuse has a major impact on individuals, families, and communities. The effects of substance abuse are cumulative, significantly contributing to costly social, physical, mental, and public health problems. These problems include:

- Teenage pregnancy
- Human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS)
- Other sexually transmitted diseases (STDs)
- Domestic violence
- Child abuse
- Motor vehicle crashes
- Physical fights
- Crime
- Homicide
- Suicide

Substance abuse refers to a set of related conditions associated with the consumption of mind- and behavior-altering substances that have negative behavioral and health outcomes. Social attitudes and political and legal responses to the consumption of alcohol and illicit drugs make substance abuse one of the most complex public health issues. In addition to the considerable health implications, substance abuse has been a flash-point in the criminal justice system and a major focal point in discussions about social values: people argue over whether substance abuse is a disease with genetic and biological foundations or a matter of personal choice.

Advances in research have led to the development of evidence-based strategies to effectively address substance abuse. Improvements in brain-imaging technologies and the development of medications that assist in treatment have gradually shifted the research community's perspective on substance abuse. There is now a deeper understanding of substance abuse as a disorder that develops in adolescence and, for some individuals, will develop into a chronic illness that will require lifelong monitoring and care.

Improved evaluation of community-level prevention has enhanced researchers' understanding of environmental and social factors that contribute to the initiation and abuse of alcohol and illicit drugs, leading to a more sophisticated understanding of how to implement evidence-based strategies in specific social and cultural settings.

A stronger emphasis on evaluation has expanded evidence-based practices for drug and alcohol treatment. Improvements have focused on the development of better clinical interventions through research and increasing the skills and qualifications of treatment providers.

- Healthy People 2020 (www.healthypeople.gov)

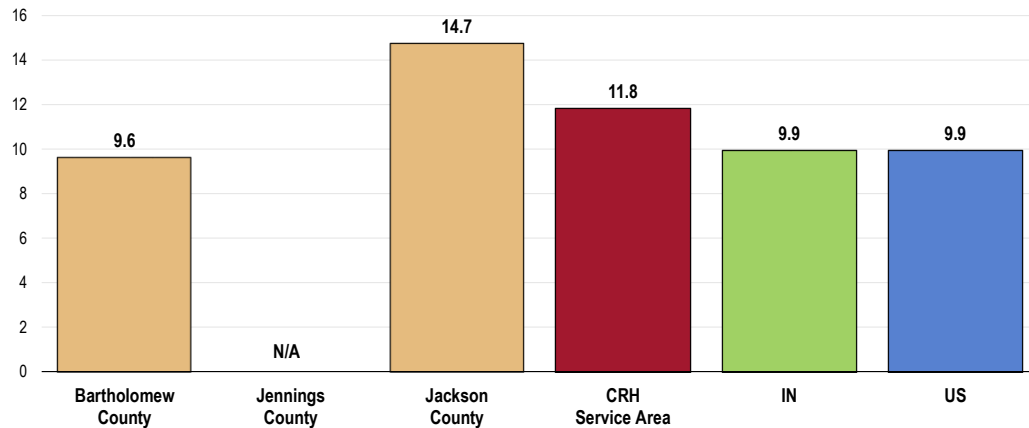
Age-Adjusted Cirrhosis/Liver Disease Deaths

Between 2011 and 2013, there was an annual average age-adjusted cirrhosis/liver disease mortality rate of 11.8 deaths per 100,000 population in the Columbus Regional Hospital Service Area.

- Worse than the statewide rate.
- Worse than the national rate.
- Fails to satisfy the Healthy People 2020 target (8.2 or lower).
- Much higher in Jackson County.

Cirrhosis/Liver Disease: Age-Adjusted Mortality (2011-2013 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 8.2 or Lower

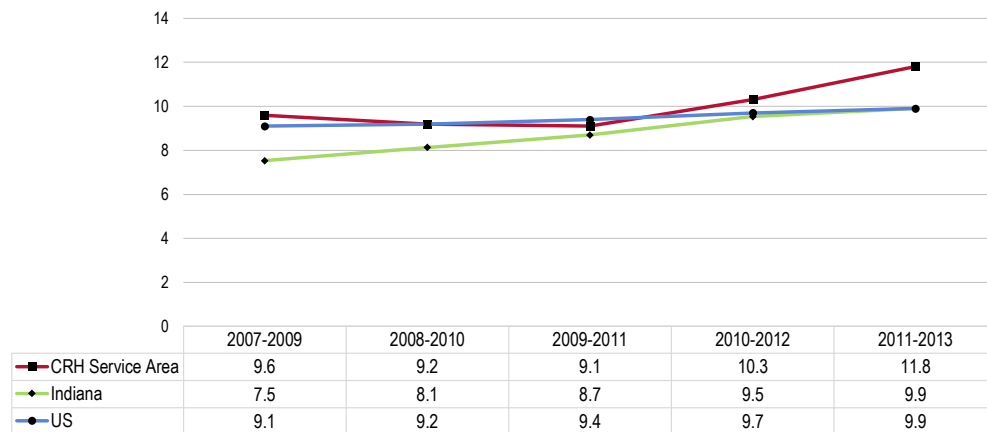


- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2015.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-11]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

• TREND: The mortality rate has increased over time.

Cirrhosis/Liver Disease: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 8.2 or Lower



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2015.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-11]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

High-Risk Alcohol Use

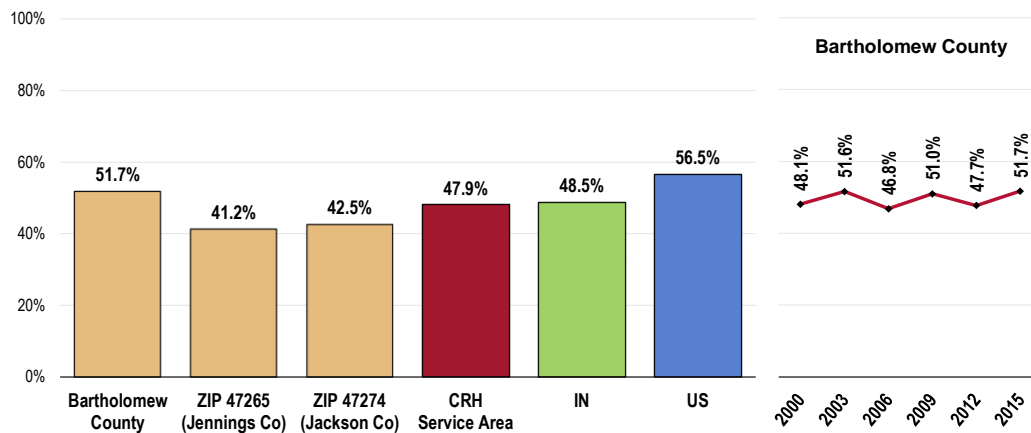
Current Drinking

A total of 47.9% of area adults had at least one drink of alcohol in the past month (current drinkers).

“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.

- Similar to the statewide proportion.
- More favorable than the national proportion.
- Unfavorably high in Bartholomew County.
- TREND: Statistically unchanged since 2000.

Current Drinkers

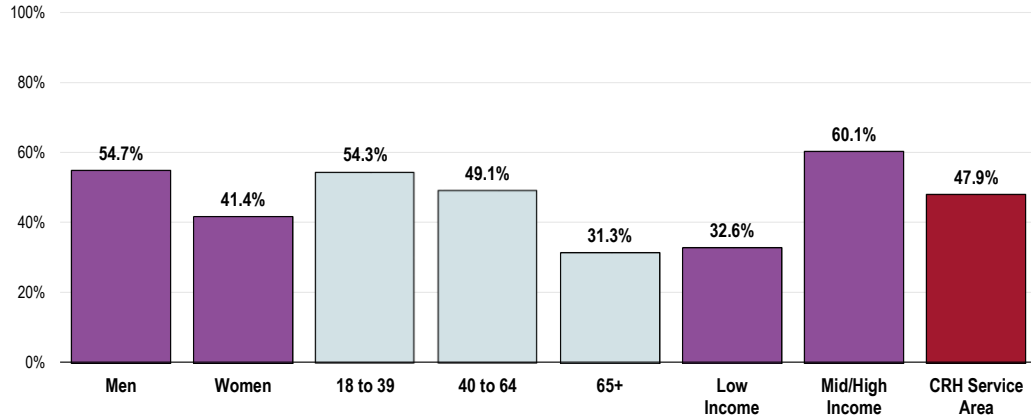


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 160]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2013 Indiana data.
 • 2013 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 upper-income residents.

Current Drinkers (Columbus Regional Hospital Service Area, 2015)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 160]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White 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.
 • Current drinkers had at least one alcoholic drink in the past month.

Heavy & Binge Drinking

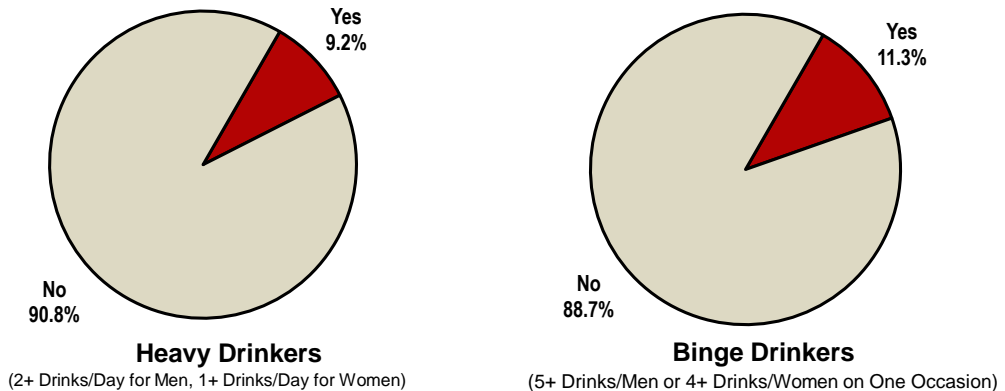
A total of 9.2% of Columbus Regional Hospital Service Area adults are heavy drinkers (men reporting 2+ alcoholic drinks per day or women reporting 1+ alcoholic drink per day on the month preceding the interview); **another 11.3% of service area adults are binge drinkers** (men reporting 5+ alcoholic drinks or women reporting 4+ alcoholic drinks on any single occasion during the past month).

Heavy drinkers include men reporting 2+ alcoholic drinks per day or women reporting 1+ alcoholic drink per day in the month preceding the interview; and

Binge drinkers include men reporting 5+ alcoholic drinks or women reporting 4+ alcoholic drinks on any single occasion during the past month.

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

Heavy and Binge Drinking (Columbus Regional Hospital Service Area, 2015)



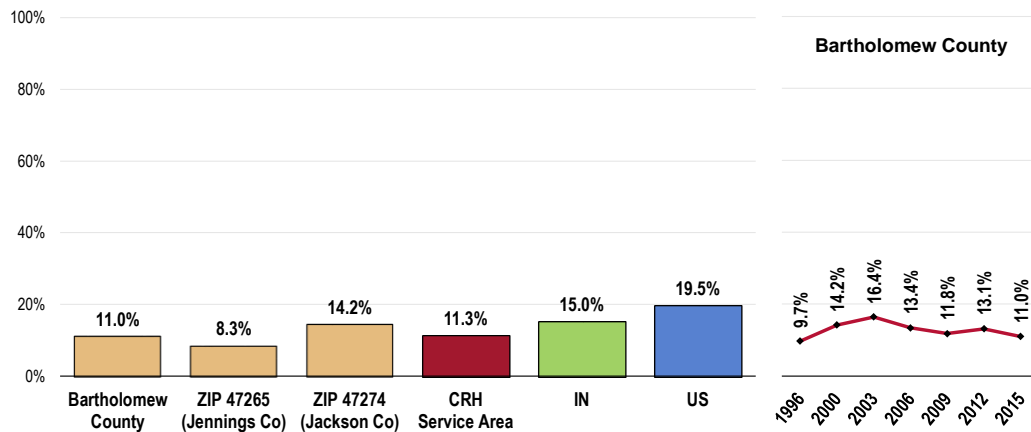
Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 161-162]
 Notes: • Asked of all respondents.
 • Heavy drinkers are defined as adults who drank more than two drinks per day on average (for men) or more than one drink per day on average (for women) or who drank 5 or more drinks during a single occasion (for men) or 4 or more drinks during a single occasion (for women) during the past 30 days.
 • Binge drinkers are defined as men having 5+ alcoholic drinks on any one occasion or women consuming 4+ drinks on any one occasion in the past 30 days.

Binge drinking in the service area:

- Better than Indiana findings.
- Better than national findings.
- Satisfies the Healthy People 2020 target (24.4% or lower).
- Statistically similar by county.
- TREND: Statistically unchanged from the 1996 percentage (note, however, that the previous definition for binge drinking was five or more drinks, regardless of gender).

Binge Drinkers

Healthy People 2020 Target = 24.4% or Lower



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 162]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Indiana data.
 • 2013 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]

Notes: • Asked 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 in the past 30 days.

Excessive Drinking

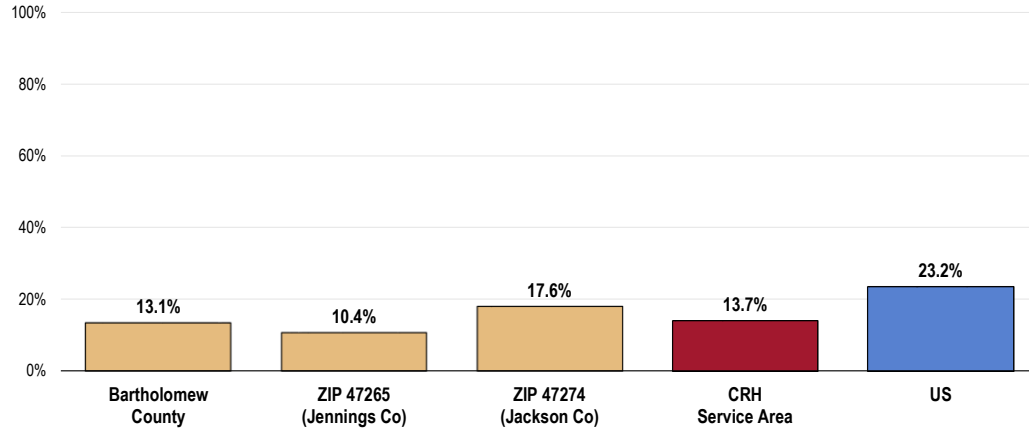
A total of 13.7% of area adults are excessive drinkers (heavy and/or binge drinkers).

- More favorable than the national proportion.
- Comparable proportions by county.
- Satisfies the Healthy People 2020 target (25.4% or lower).

“Excessive drinking” includes heavy and/or binge drinkers (see previous page for definitions).

Excessive Drinkers

Healthy People 2020 Target = 25.4% or Lower



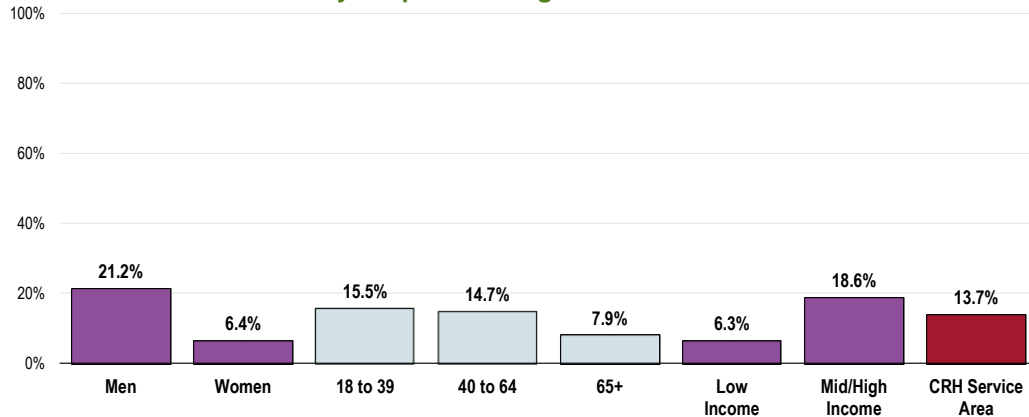
- Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 164]
 - 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-15]
- Notes:
- Asked of all respondents.
 - Excessive drinking reflects the number of persons aged 18 years and over who drank more than two drinks per day on average (for men) or more than one drink per day on average (for women) OR who drank 5 or more drinks during a single occasion (for men) or 4 or more drinks during a single occasion (for women) during the past 30 days.

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

Excessive Drinkers

(Total Area, 2015)

Healthy People 2020 Target = 25.4% or Lower



- Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 164]
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-15]
- Notes:
- Asked of all respondents.
 - Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "NH White" reflects non-Hispanic White respondents).
 - Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes less than 100% of the federal poverty level; "Low Income" includes households with incomes from 100–199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
 - Excessive drinking reflects the number of persons aged 18 years and over who drank more than two drinks per day on average (for men) or more than one drink per day on average (for women) OR who drank 5 or more drinks during a single occasion (for men) or 4 or more drinks during a single occasion (for women) during the past 30 days.

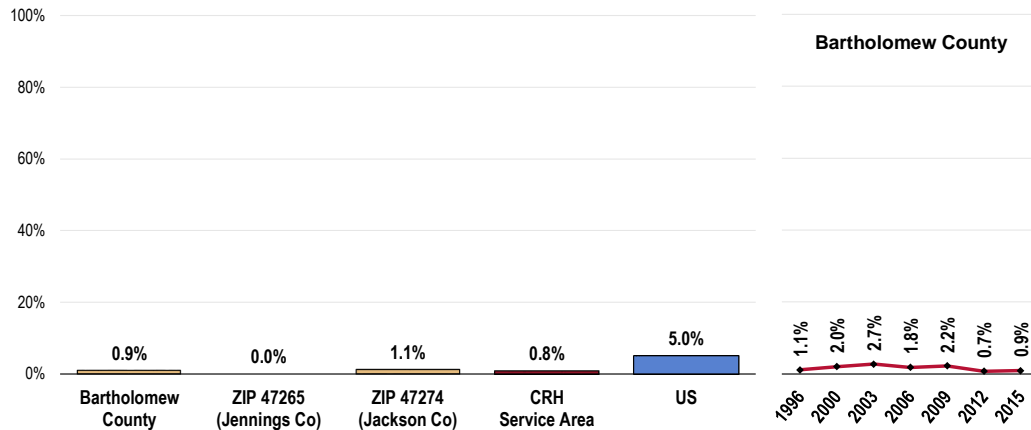
Drinking & Driving

Less than one percent of Columbus Regional Hospital Service Area adults (0.8%) acknowledges having driven a vehicle in the past month after they had perhaps too much to drink.

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.

- Below the national findings.
- Most favorable in Jennings County (0.0%).
- TREND: The drinking and driving prevalence has not changed significantly since 1996.

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



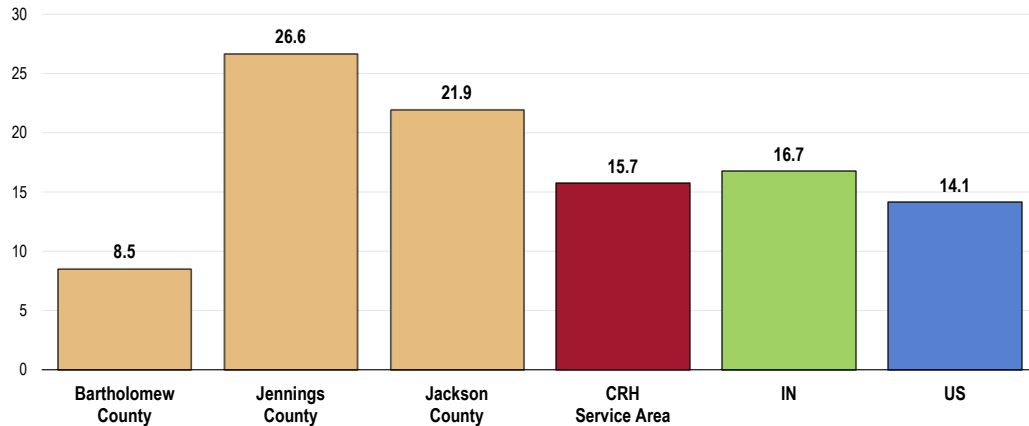
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 65]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

Age-Adjusted Drug-Induced Deaths

Between 2011 and 2013, there was an annual average age-adjusted drug-induced mortality rate of 15.7 deaths per 100,000 population in the Columbus Regional Hospital Service Area.

- Better than the statewide rate.
- Worse than the national rate.
- Fails to satisfy the Healthy People 2020 target (11.3 or lower).
- Unfavorably high in Jennings County.

Drug-Induced Deaths: Age-Adjusted Mortality (2011-2013 Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 11.3 or Lower



Sources:

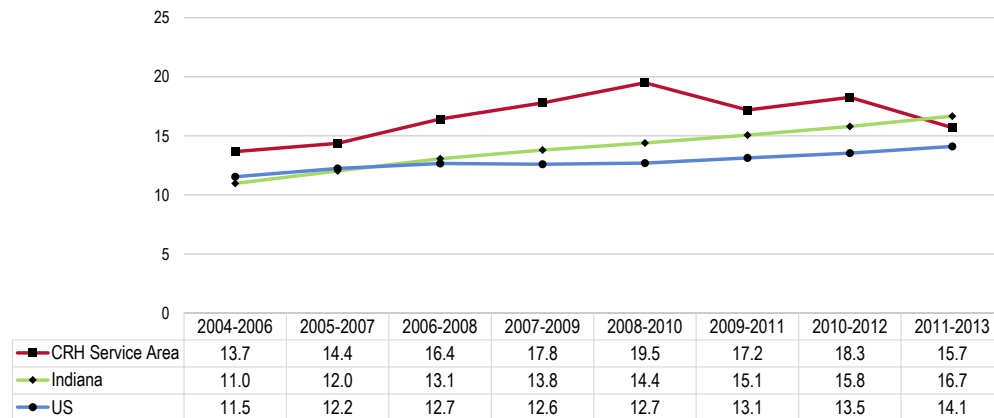
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-12]

Notes:

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

- **TREND:** Although decreasing in recent years, the mortality rate has overall trended upward in the past decade.

Drug-Induced Deaths: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 11.3 or Lower



Sources:

- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2015.
- UD Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-12].

Notes:

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

Illicit Drug Use

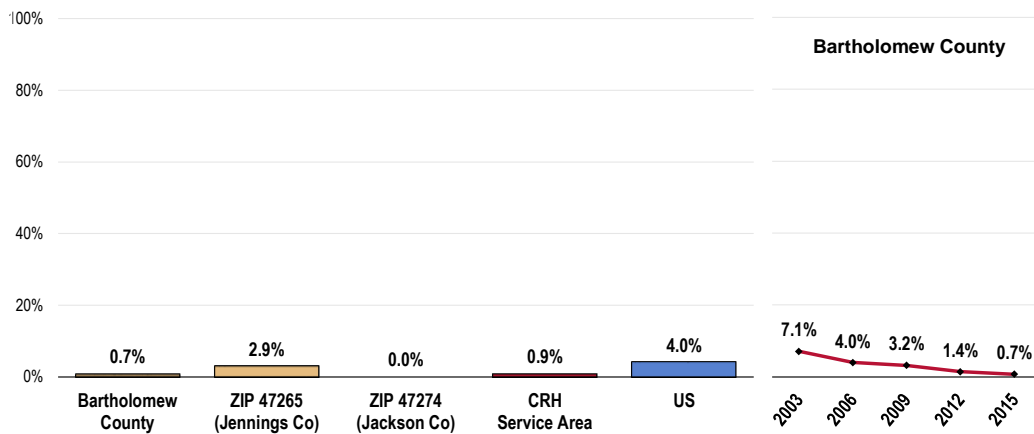
A total of 0.9% of Columbus Regional Hospital Service Area adults acknowledge using an illicit drug in the past month.

For the purposes of this survey, "illicit drug use" includes use of illegal substances or of prescription drugs taken without a physician's order.

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 actual illicit drug use in the community is likely higher.

- Well below the proportion found nationally.
- Easily satisfies the Healthy People 2020 target of 7.1% or lower.
- Lowest in Jackson County.
- TREND: Marks a statistically significant decrease over time.

Illicit Drug Use in the Past Month Healthy People 2020 Target = 7.1% or Lower



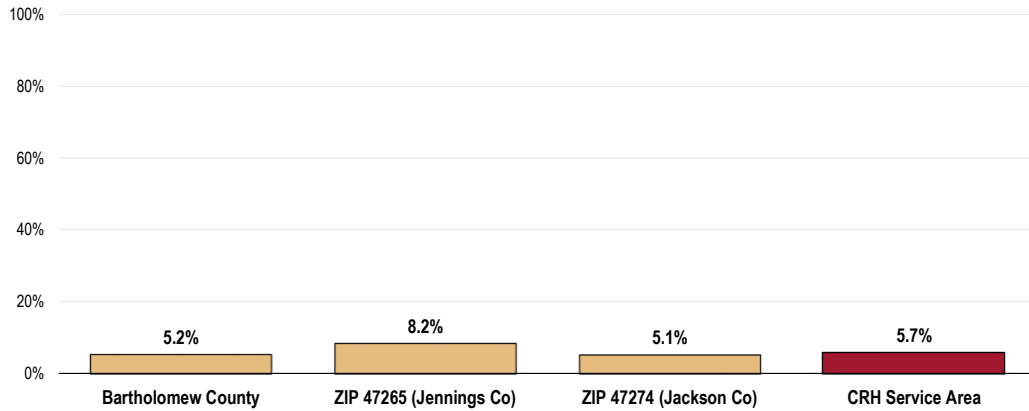
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 66]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-13.3]
 Notes: • Asked of all respondents.

Problems With Substance Abuse

Among surveyed residents, 5.7% indicate that they (or a member of their immediate family) have faced problems associated with illegal drug use (such as methamphetamine, heroin, or other narcotic drugs).

- Comparable findings by county.

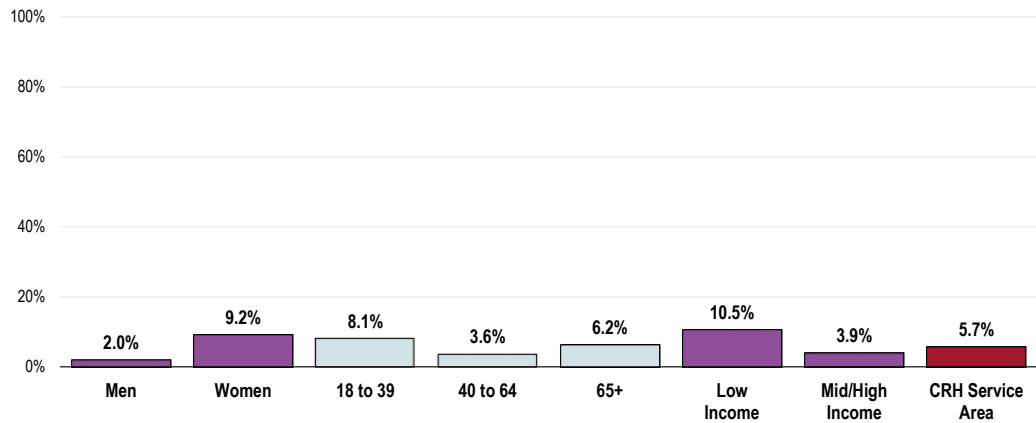
Respondent or Member of Immediate Family Has Faced Problems Associated with Illegal Drug Use



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 315]
 Notes: • Asked of all respondents.
 • Such drug use might involve methamphetamine, heroin, or other narcotic drugs.

- The prevalence is highest among women and low-income residents.

Respondent or Member of Immediate Family Has Faced Problems Associated with Illegal Drug Use (Columbus Regional Hospital Service Area, 2015)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 315]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White 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.
 • Such drug use might involve methamphetamine, heroin, or other narcotic drugs.

Key Informant Input: Substance Abuse

The greatest share of key informants taking part in an online survey characterized *Substance Abuse* as a “major problem” in the community.

Perceptions of Substance Abuse as a Problem in the Community

(Key Informants, 2014)

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



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

Barriers to Treatment

Among those rating this issue as a “major problem,” the greatest barriers to accessing substance abuse treatment are viewed as:

Access & Lack of Resources

Proximity of treatment centers. – Other Health

The need for treatment far exceeds the facilities available and people’s use of personal agency is clouded by the substance abuse. – Community/Business Leaders

Lack of a local facility. Lack of beds available regionally. – Social Services

Expense, minimal providers. – Community/Business Leaders

Lack of affordable treatment and a local mental health facility which needs an external audit to help it understand its shortcomings. – Community/Business Leaders

Insurance and accepting facilities. – Public Health

Lack of treatment options, lack of knowledge about availability of programs. – Public Health

Limited options for people who are uninsured or underinsured. No residential programs. – Other Health

Where to go, who to see. People don’t acknowledge they have a problem. How to get away from the substance abuse way of life. – Public Health

Most programs are outpatient and are cost prohibitive. – Physicians

Hard to know if and what services, hard to find affordable services. Hard to assist patients to motivate for activation and to reduce harm. – Physicians

Availability and affordability. – Community/Business Leaders

Disconnect between the inpatient treatment and outpatient treatment. Client commitment to change, recovery. Limited resources and connect with the current available resources. – Other Health

Motivation to Seek Treatment

This has been an issue for the ages and continues to be even as the drugs of choice change due to the availability and economic environment of the time. Denial by the user and enabling by close associates are the biggest barriers in my opinion. – Community/Business Leaders

Lack of desire to be treated; cost of treatment. – Other Health

I feel that people develop physical dependence and mental and physical habits that prevent them from seeking help to stop addiction. – Public Health

Often it is a form of self-medication, so there is reluctance to seek treatment. Lack of resources, no insurance or inadequate insurance, social stigma. – Physicians

Hopelessness, using and selling to maintain some cash flow for necessities. – Other Health

Desire for self-indulgence. People don't want treatment and won't get it unless and until they have to. – Public Health

Meth is escalating in our community. Lack of motivation to control personal substance abuse is key. Users rarely seek help without outside pressures forcing the issue. – Community/Business Leaders

Stigma

Our community still prefers not to acknowledge that we have issues in this area and we do not have enough specialized facilities to treat individuals. – Other Health

Pride, money, and the fear of getting into legal trouble. – Public Health

High Prevalence

Big drug problem, meth, in our area. – Other Health

Most Problematic Substances

Key informants (who rated this as a “major problem”) most often identified alcohol, methamphetamines, and heroin as the most problematic substances abused in the community.

Most Problematic Substances Abused in the Community
(Among Key Informants Rating Substance Abuse as a "Major Problem," 2015)

	Most Problematic	Second-Most Problematic	Third-Most Problematic	Total Mentions
Alcohol	29.8%	22.8%	26.8%	45
Methamphetamines or Other Amphetamines	40.4%	22.8%	10.7%	42
Heroin or Other Opioids	15.8%	29.8%	21.4%	38
Prescription Medications	10.5%	14.0%	19.6%	25
Marijuana	1.8%	3.5%	7.1%	7
Synthetic Drugs (e.g. Bath Salts, K2/Spice)	0.0%	1.8%	8.9%	6
Cocaine or Crack	1.8%	3.5%	3.6%	5
Over-The-Counter Medications	0.0%	1.8%	1.8%	2

Tobacco Use

About Tobacco Use

Tobacco use is the single most preventable cause of death and disease in the United States. Scientific knowledge about the health effects of tobacco use has increased greatly since the first Surgeon General's report on tobacco was released in 1964.

Tobacco use causes:

- Cancer
- Heart disease
- Lung diseases (including emphysema, bronchitis, and chronic airway obstruction)
- Premature birth, low birth weight, stillbirth, and infant death

There is no risk-free level of exposure to secondhand smoke. Secondhand smoke causes heart disease and lung cancer in adults and a number of health problems in infants and children, including: severe asthma attacks; respiratory infections; ear infections; and sudden infant death syndrome (SIDS).

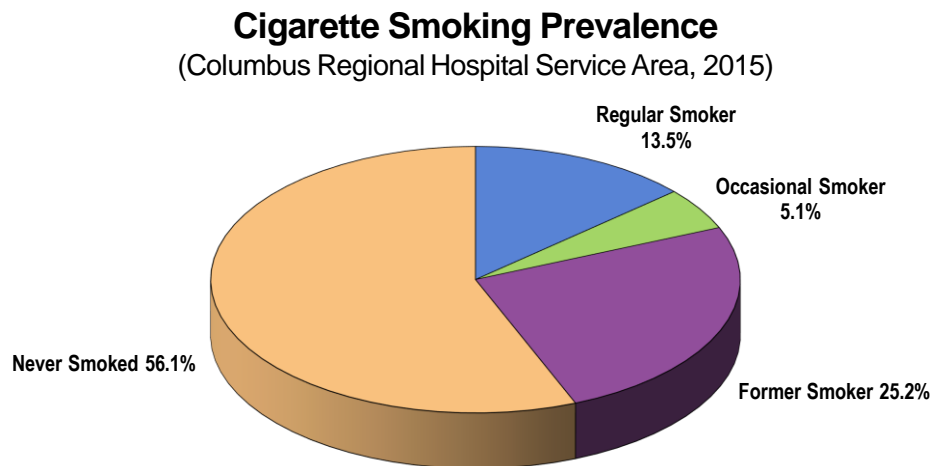
Smokeless tobacco causes a number of serious oral health problems, including cancer of the mouth and gums, periodontitis, and tooth loss. Cigar use causes cancer of the larynx, mouth, esophagus, and lung.

- Healthy People 2020 (www.healthypeople.gov)

Cigarette Smoking

Cigarette Smoking Prevalence

A total of 18.6% of Columbus Regional Hospital Service Area adults currently smoke cigarettes, either regularly (13.5% every day) or occasionally (5.1% on some days).



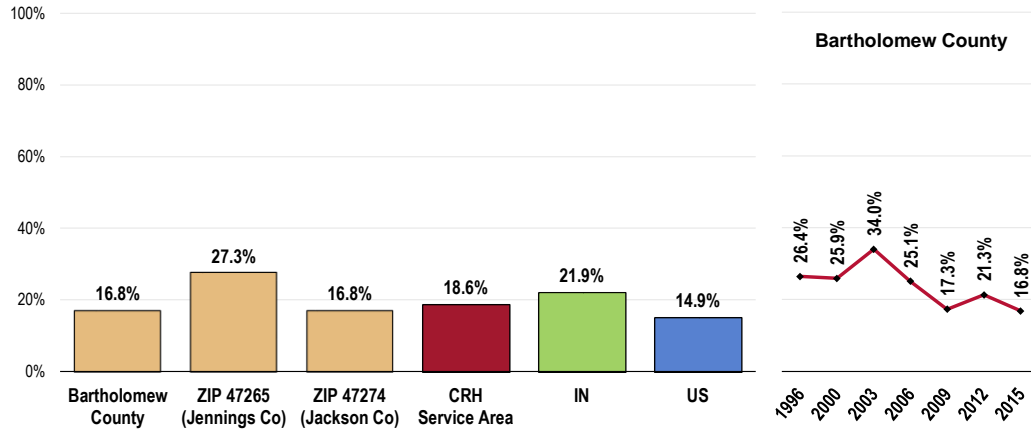
Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 156]
Notes: • Asked of all respondents.

- Similar to statewide findings.
- Less favorable than national findings.
- Fails to satisfy the Healthy People 2020 target (12% or lower).
- Least favorable in Jennings County.

- TREND: The current smoking percentage marks a statistically significant decrease since 1996.

Current Smokers

Healthy People 2020 Target = 12.0% or Lower



Sources:

- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 156]
- 2013 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); 2013 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 (those who smoke cigarettes everyday or on some days).

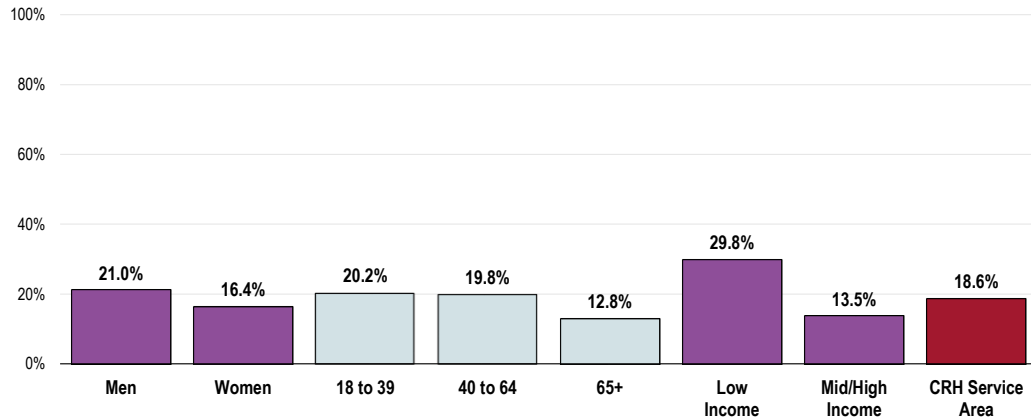
Cigarette smoking is more prevalent among:

- Adults under 65.
- Lower-income residents.

Current Smokers

(Columbus Regional Hospital Service Area, 2015)

Healthy People 2020 Target = 12.0% or Lower



Sources:

- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 156]
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective TU-1.1]

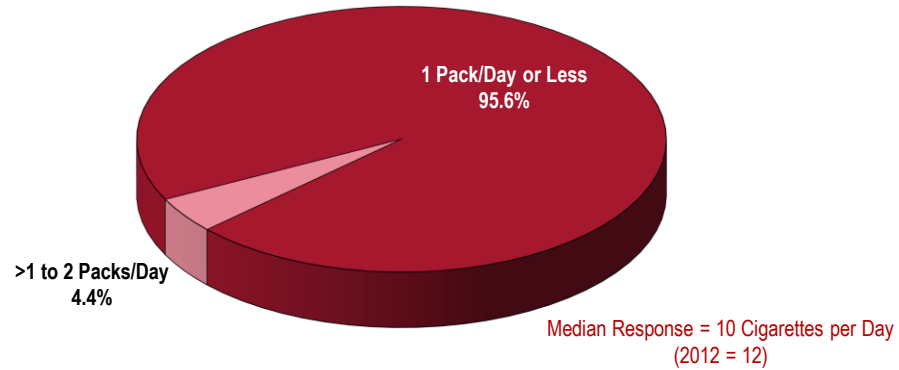
 Notes:

- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- Includes regular and occasion smokers (everyday and some days).

Among current smokers, the vast majority (95.6%) smokes less than one pack per day.

- TREND: The median number of daily cigarettes smoked among current CRH Service Area smokers is 10 (the 2012 median was 12 cigarettes).

Average Number of Cigarettes Smoked per Day (CRH Service Area Former Smokers, 2015)



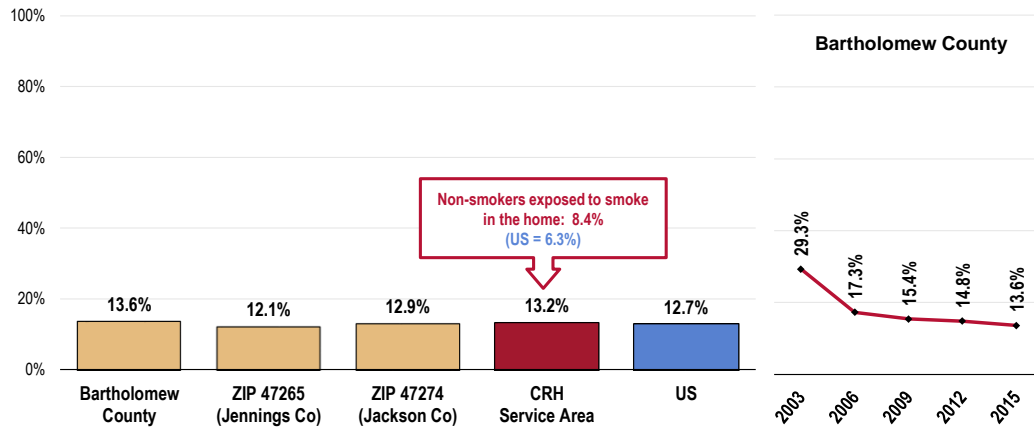
Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 312]
Notes: • Asked of all current smokers.
• One pack = 20 cigarettes.

Environmental Tobacco Smoke

A total of 13.2% 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.

- Comparable to national findings.
- Comparable findings by county.
- TREND: Marks a statistically significant decrease over time.
- Note that 8.4% of Columbus Regional Hospital Service Area non-smokers are exposed to cigarette smoke at home, similar to what is found nationally.

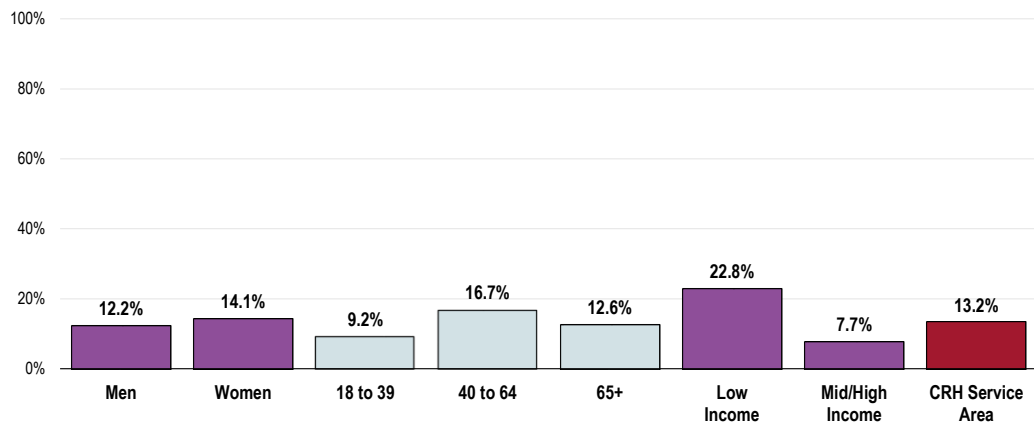
Member of Household Smokes at Home



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 59, 158]
 • 2013 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 residents age 40 to 64 and those with lower incomes.

Member of Household Smokes At Home (Columbus Regional Hospital Service Area, 2015)

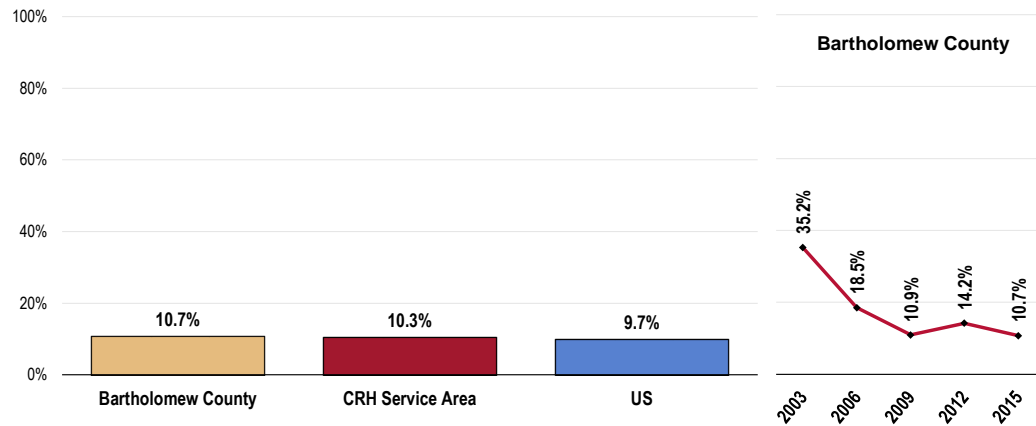


Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 59]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
 • "Smokes at home" refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.

Among households with children, 10.3% have someone who smokes cigarettes in the home.

- Similar to national findings.
- The Bartholomew County prevalence is 10.7%.
- TREND: Marks a statistically significant decrease over time.

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



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 159]
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Reflects respondents with children 0 to 17 in the household.

• "Smokes at home" refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.

Smoking Cessation

About Reducing Tobacco Use

Preventing tobacco use and helping tobacco users quit can improve the health and quality of life for Americans of all ages. People who stop smoking greatly reduce their risk of disease and premature death. Benefits are greater for people who stop at earlier ages, but quitting tobacco use is beneficial at any age.

Many factors influence tobacco use, disease, and mortality. Risk factors include race/ethnicity, age, education, and socioeconomic status. Significant disparities in tobacco use exist geographically; such disparities typically result from differences among states in smoke-free protections, tobacco prices, and program funding for tobacco prevention.

- Healthy People 2020 (www.healthypeople.gov)

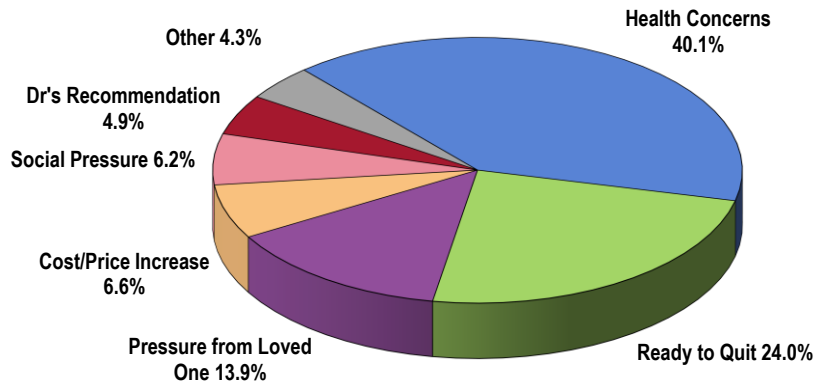
Former Smokers

Former smokers in the service area were asked to report on the factors which prompted them to quit smoking altogether.

The largest share of former smokers (40.1%) cited health concerns as their impetus for smoking cessation, followed by references to being "ready to quit" (24.0%) and pressure from loved ones (13.9%).

- Other factors mentioned with less frequency included the cost/price increase of cigarettes, social pressure, and a physician's recommendation.

Factors Prompting Smoking Cessation (CRH Service Area Former Smokers, 2015)



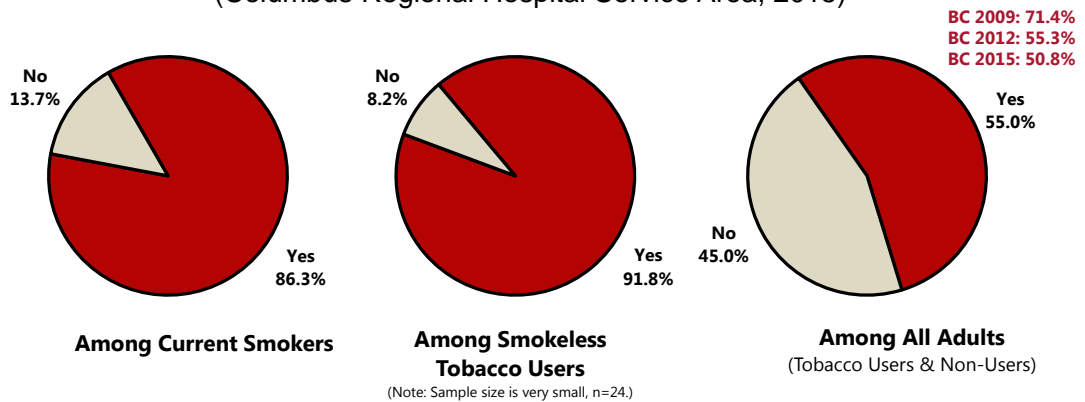
Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 311]
 Notes: • Asked of those respondents who were previous smokers.

Awareness of the Indiana Tobacco Quit Line

More than one-half of CRH Service Area adults (55.0%) are aware of the Indiana Tobacco Quit Line (1-800-QUIT-NOW).

- Awareness is reported among 86.3% of current smokers and 91.8% of smokeless tobacco users (this sample size is quite small).
- TREND: In Bartholomew County, awareness has decreased significantly over time.

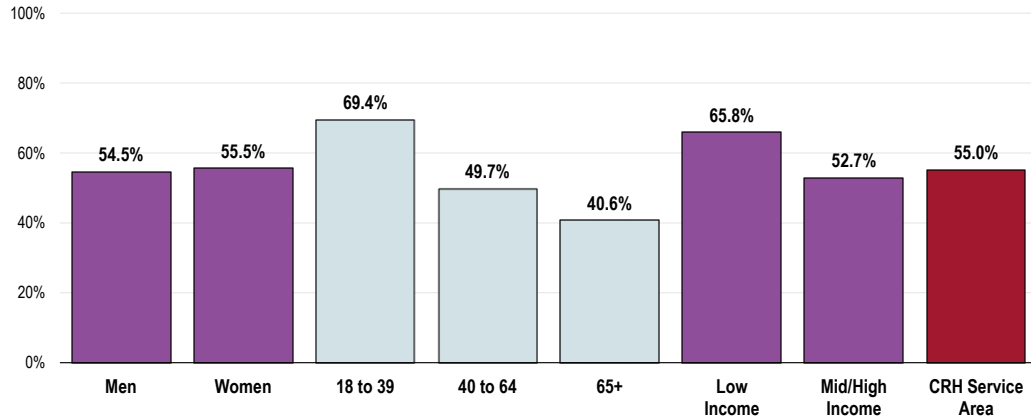
Aware of the Indiana Tobacco Quit Line: 1-800-QUIT-NOW (Columbus Regional Hospital Service Area, 2015)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 313]
 Notes: • Asked of all respondents.

- Note the negative correlation between quit-line awareness and age in the service area.

Aware of the Indiana Tobacco Quit Line: 1-800-QUIT-NOW
(Columbus Regional Hospital Service Area, 2015)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 313]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
 • "Smokes at home" refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.

Other Tobacco Use

Smokeless Tobacco

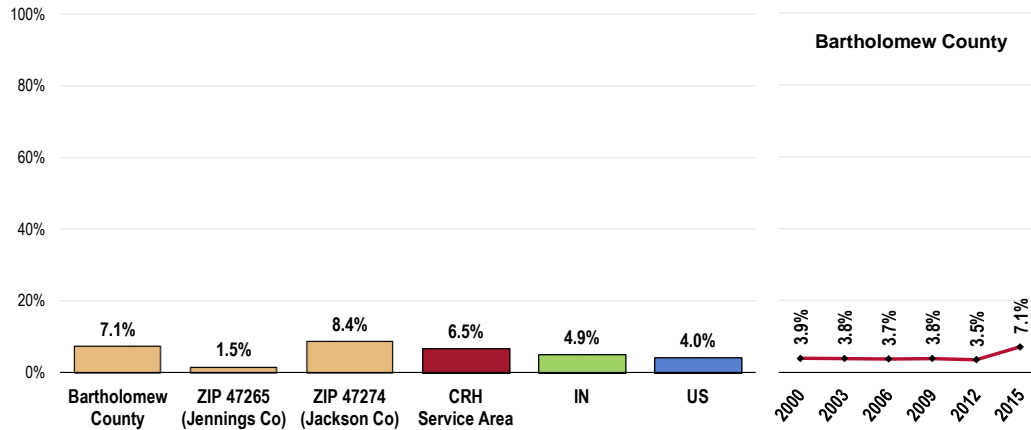
A total of 6.5% of Columbus Regional Hospital Service Area adults use some type of smokeless tobacco every day or on some days.

Examples of smokeless tobacco include chewing tobacco, snuff, or "snus."

- Comparable to the state percentage.
- Worse than the national percentage.
- Fails to satisfy the Healthy People 2020 target (0.3% or lower).
- Favorably low in Jennings County.
- TREND: Marks a statistically significant increase since 2000.

Use of Smokeless Tobacco

Healthy People 2020 Target = 0.3% or Lower



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 60]
 • 2013 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): 2013 Indiana data.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective TU-1.2]

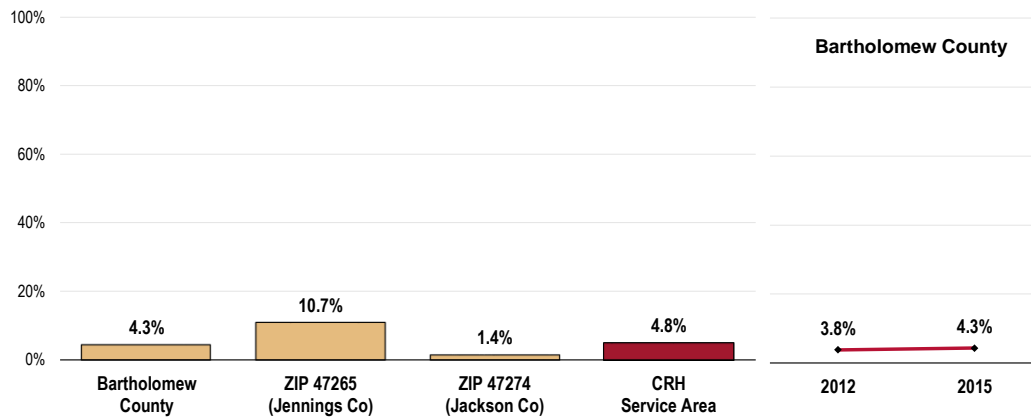
Notes: • Asked of all respondents.
 • Smokeless tobacco includes chewing tobacco or snuff.

Electronic Cigarettes (E-Cigarettes)

Electronic cigarettes (or “e-cigarettes”) are used among 4.8% of service area adults.

- Use is highest in Jennings County, lowest in Jackson.
- TREND: No statistically significant change since 2012.

Current Users of Electronic Cigarettes (“E-Cigarettes”)

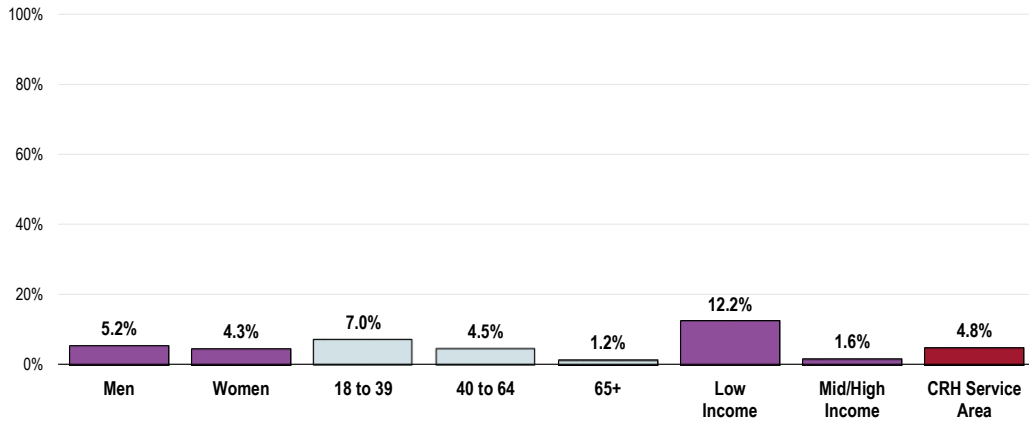


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 314]
 Notes: • Asked of all respondents.

These CRH Service Area adults are more likely to be e-cigarette users:

- Adults under age 65 (negative correlation with age).
- Low-income residents.

Current Users of Electronic Cigarettes (“E-Cigarettes”) (Columbus Regional Hospital Service Area, 2015)

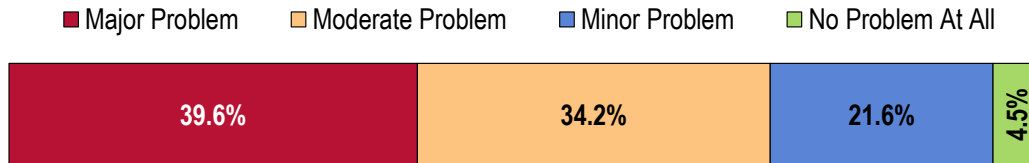


Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 314]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
 • Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

Key Informant Input: Tobacco Use

The greatest share of key informants taking part in an online survey characterized *Tobacco Use* as a “major problem” in the community.

Perceptions of Tobacco Use as a Problem in the Community (Key Informants, 2014)



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

Top Concerns

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

Prevalence of Tobacco Use

We still have high rates of tobacco use. – Public Health

In my scope of practice, many of the adults that I interact with use tobacco. – Public Health

High percentage of smokers. – Other Health

A high percentage of the patients who use volunteers in Medicine Clinic are smokers. – Other Health

Rates of tobacco use in Indiana, especially in southern IN, are still above the national average. Many parents smoke and therefore teens have access to tobacco. – Physicians

Indiana has a very high rate of tobacco use. – Physicians

State statistics, cancer incidence rates, lung cancer mortality and morbidity. – Other Health

High smoking rates, high rate of cultural acceptance of tobacco use. – Other Health

Major in the low income population. – Public Health

There are ongoing programs in our community to battle the high level of tobacco use. However, we still continue to have high smoking rates among low-income, low education. We need affordable tobacco cessation clinics in all the large industries. Additionally, we need accountability on the smoker's if they expect to receive health insurance from their employers. The issue has to stay on our radar screen before we will see a decline. – Community/Business Leaders

Teen Smokers

Although the rate of smoking has decreased significantly, still an issue with the adolescent population. – Other Health

The amount of students I see smoking and their parents leads me to believe that there is still an issue with smoking. It is not just children of smokers that are smoking either. – Public Health

It is getting slightly better, but there are a number of smokers congregating outside businesses and restaurants. Also, a number of students can be seen just off high school grounds smoking and vaping. High school students seem to think vaping is not a problem. – Physicians

Comorbidities

Smoking has a major impact on overall health and affects other factors for many. The cost alone is an issue as well as the cost of treating the conditions as a result of smoking. The treatment for these conditions is costly and chronic. Second hand smoke in homes is also a concern. Often financial resources go to this when they could be diverted to other costs. – Other Health

High number of clients we see with smoking related COPD. Students seen to be smoking just off the high school campuses. – Other Health

Access to Health Services



Professional Research Consultants, Inc.

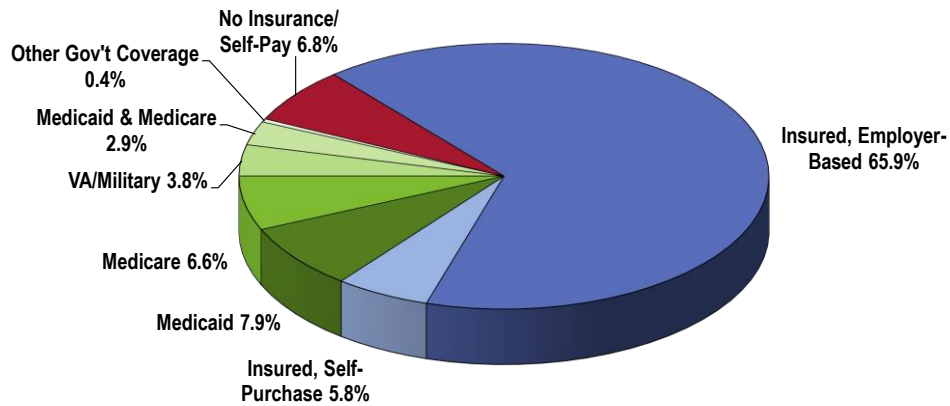
Health Insurance Coverage

Type of Healthcare Coverage

A total of 71.7% of Columbus Regional Hospital Service Area adults age 18 to 64 report having healthcare coverage through private insurance. Another 21.6% report coverage through a government-sponsored program (e.g., Medicaid, Medicare, military benefits).

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

Healthcare Insurance Coverage
(Among Adults Age 18-64; Columbus Regional Hospital Service Area, 2015)



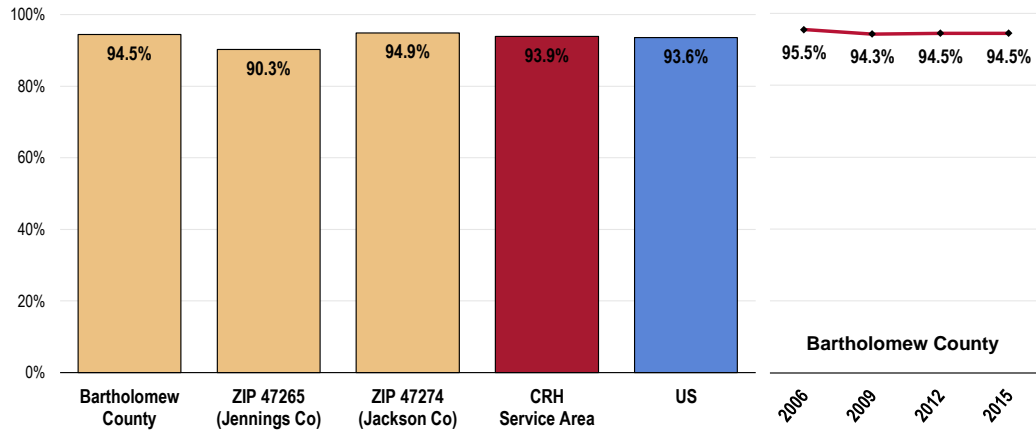
Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 165]
Notes: • Reflects respondents age 18 to 64.

Prescription Drug Coverage

Among insured adults, 93.9% report having prescription coverage as part of their insurance plan.

- Almost identical to the national prevalence.
- Statistically comparable findings by county.
- TREND: Statistically unchanged over time.

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



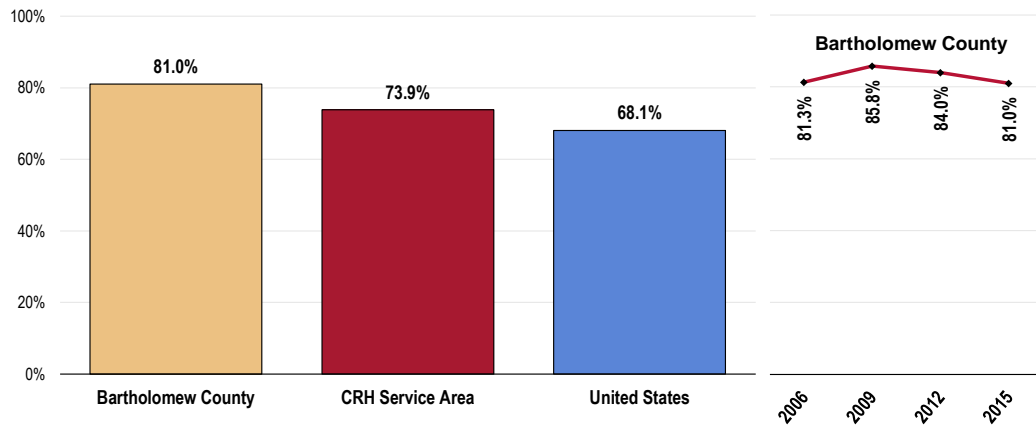
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 323]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents with healthcare insurance coverage.

Supplemental Coverage

Among Medicare recipients, the majority (73.9%) has additional, supplemental healthcare coverage.

- Comparable to that reported among Medicare recipients nationwide.
- The Bartholomew County prevalence is 81.0%.
- TREND: Statistically similar to the proportion reported in 2006.

Have Supplemental Coverage in Addition to Medicare (Among Adults Age 65+)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 322]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of respondents age 65+.

Lack of Health Insurance Coverage

Among adults age 18 to 64, 6.8% report having no insurance coverage for healthcare expenses.

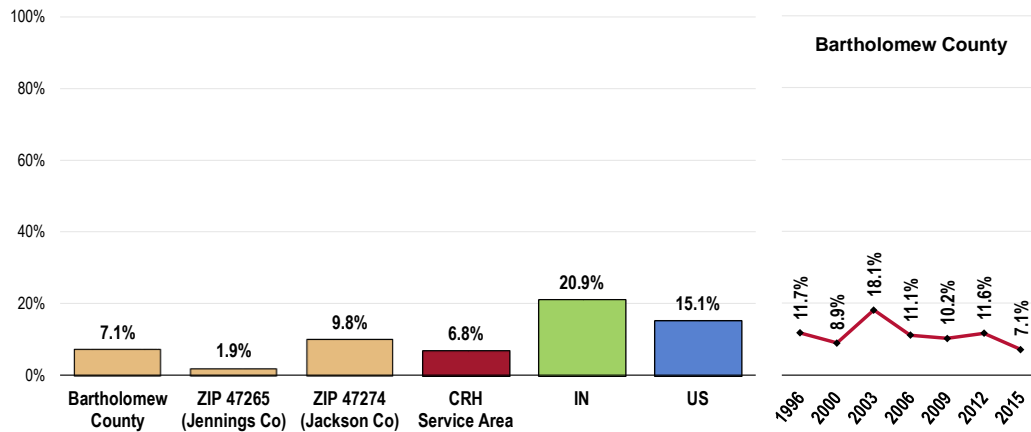
Here, lack of health insurance coverage reflects respondents age 18 to 64 (thus, excluding the Medicare population) who have no type of insurance coverage for healthcare services – neither private insurance nor government-sponsored plans (e.g., Medicaid).

- Well below the state finding.
- Well below the national finding.
- The Healthy People 2020 target is universal coverage (0% uninsured).
- Favorably low in Jennings County.
- TREND: Marks a statistically significant decrease over time.

Lack of Healthcare Insurance Coverage

(Among Adults Age 18-64)

Healthy People 2020 Target = 0.0% (Universal Coverage)



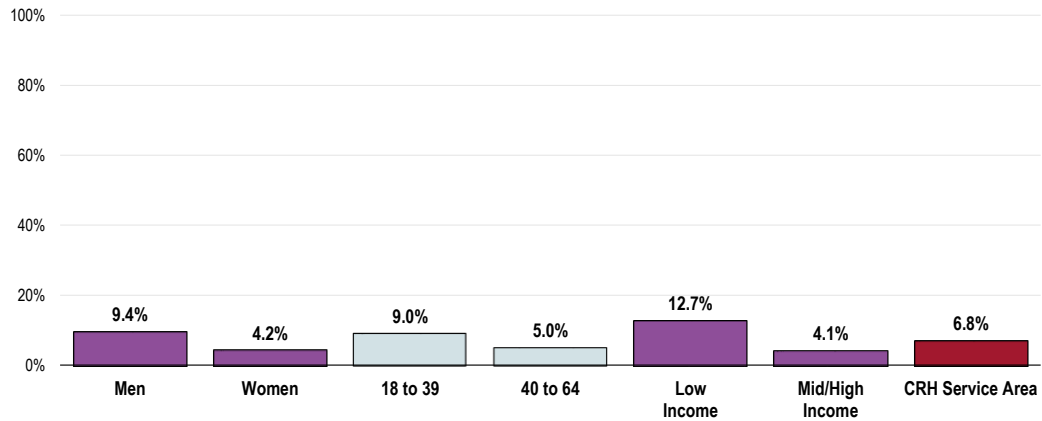
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 165]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2013 Indiana data.
 • 2013 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 (age 18-64) are more likely to be without healthcare insurance coverage:

- Men.
- Residents living at lower incomes.

Lack of Healthcare Insurance Coverage

(Among Adults Age 18-64; Columbus Regional Hospital Service Area, 2015)
Healthy People 2020 Target = 0.0% (Universal Coverage)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 165]
 • 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.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White 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.

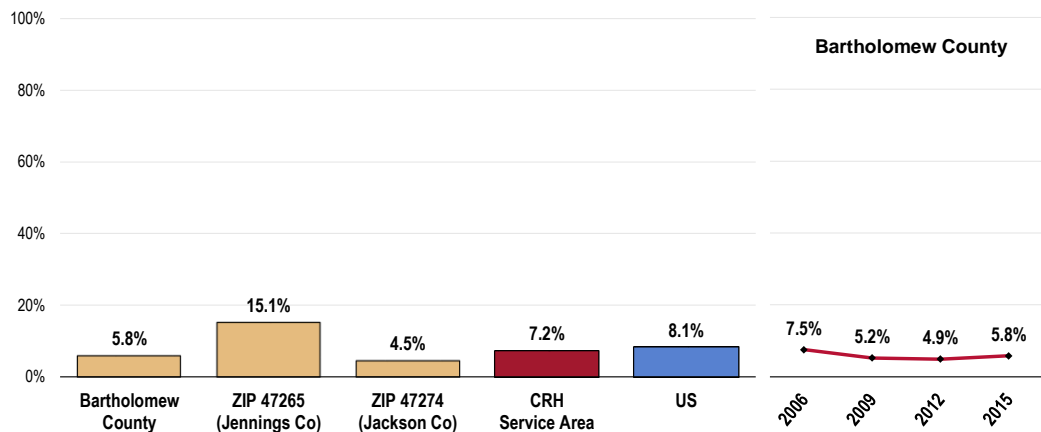
Recent Lack of Coverage

Among currently insured adults in the Columbus Regional Hospital Service Area, 7.2% report that they were without healthcare coverage at some point in the past year.

- Similar to US findings.
- Unfavorably high in Jennings County.
- TREND: Statistically unchanged over time.

Went Without Healthcare Insurance Coverage At Some Point in the Past Year

(Among Insured Adults)

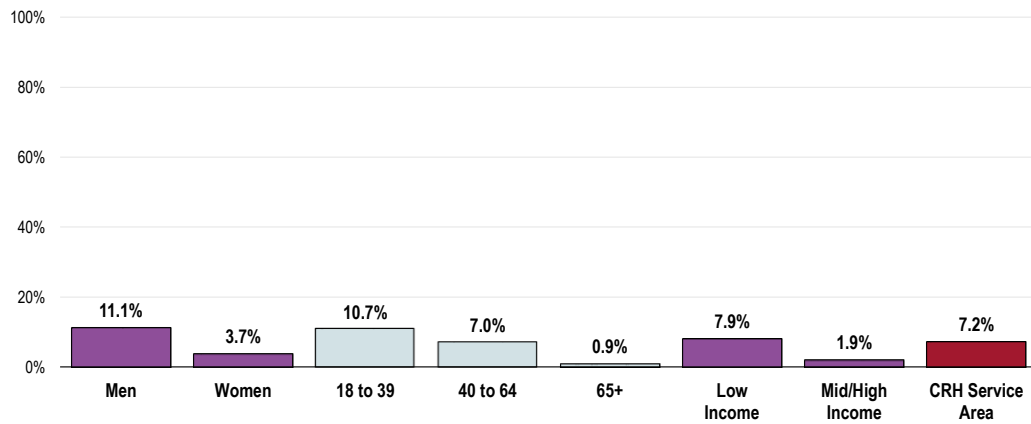


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 79]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all insured respondents.

Among insured adults, the following segments are more likely to have gone without healthcare insurance coverage at some point in the past year:

- Men.
- Adults under age 65 (negative correlation with age).
- Lower-income residents.

Went Without Healthcare Insurance Coverage At Some Point in the Past Year
 (Among Insured Adults; Columbus Regional Hospital Service Area, 2015)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 79]
 Notes: • Asked of all insured respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White 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

About Access to Healthcare

Access to comprehensive, quality health care services is important for the achievement of health equity and for increasing the quality of a healthy life for everyone. It impacts: overall physical, social, and mental health status; prevention of disease and disability; detection and treatment of health conditions; quality of life; preventable death; and life expectancy.

Access to health services means the timely use of personal health services to achieve the best health outcomes. It requires three distinct steps: 1) Gaining entry into the health care system; 2) Accessing a health care location where needed services are provided; and 3) Finding a health care provider with whom the patient can communicate and trust.

- Healthy People 2020 (www.healthypeople.gov)

Barriers to Healthcare Access

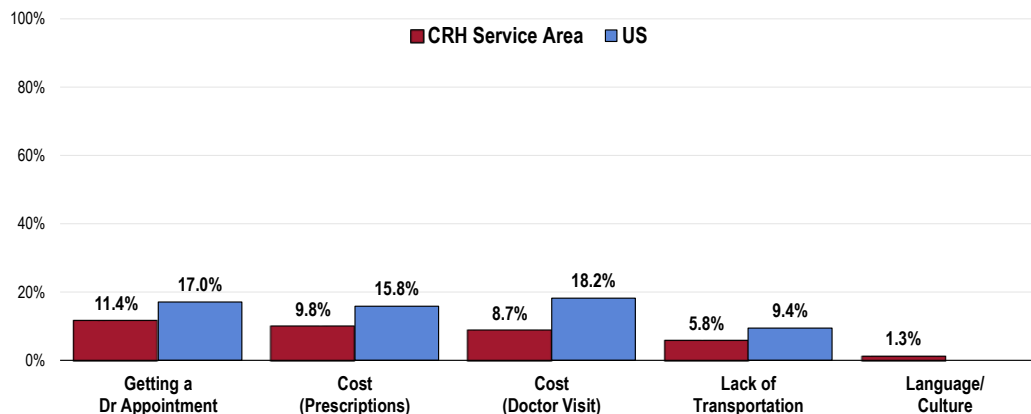
Of the tested barriers, obtaining a medical appointment impacted the greatest share of Columbus Regional Hospital Service Area adults.

- The proportion of Columbus Regional Hospital Service Area adults impacted was statistically better than that found nationwide for each of the tested barriers.

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.

Barriers to Access Have Prevented Medical Care in the Past Year



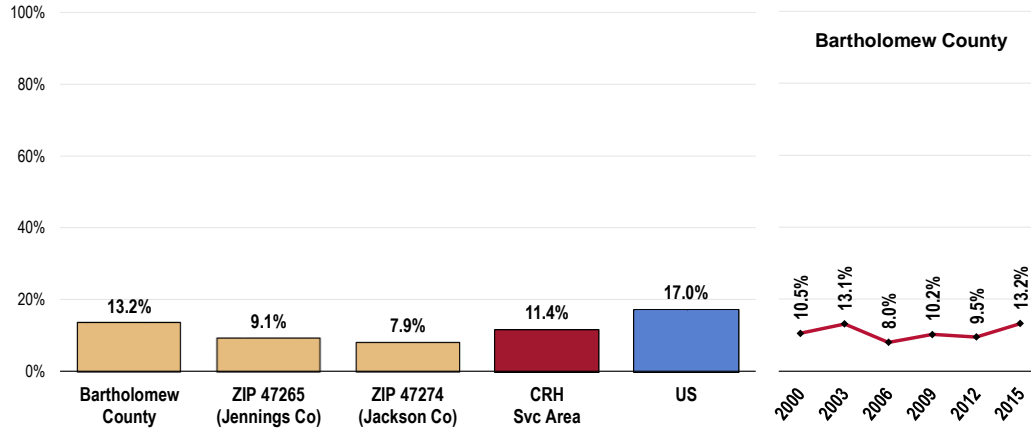
- Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 8-10, 12, 302]
 - 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- Notes:
- Asked of all respondents.

Obtaining Medical Appointments

Among service area residents, 11.4% indicate that difficulty obtaining a medical appointment prevented them from accessing care in the past year.

- More favorable than national findings.
- Comparable findings by county.
- TREND: Statistically similar to 2000 findings.

Difficulty Obtaining a Medical Appointment in the Past Year



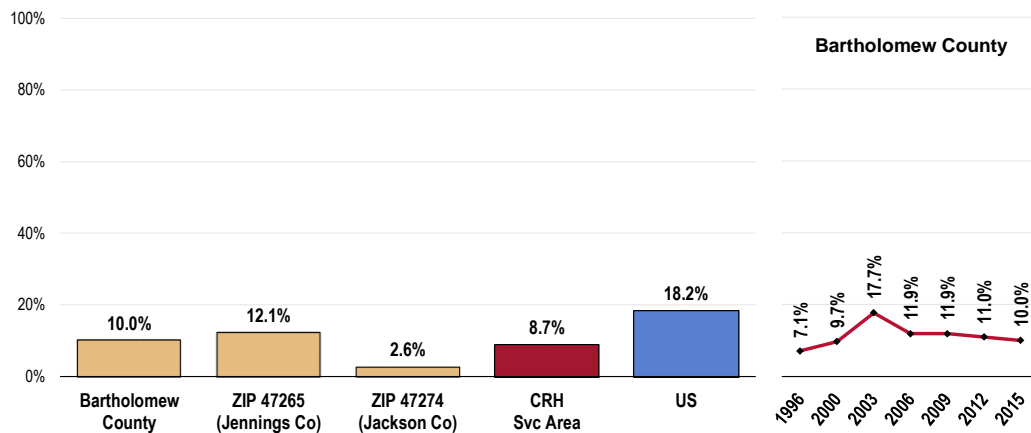
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 8]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

Cost of Doctor Visits

A total of 8.7% of CRH Service Area residents report that the cost of a physician visit was prohibitive to accessing care in the past year.

- Well below national findings.
- Favorably low in Jackson County.
- TREND: Statistically similar to 1996 findings.

Cost Prevented a Doctor Visit in the Past Year



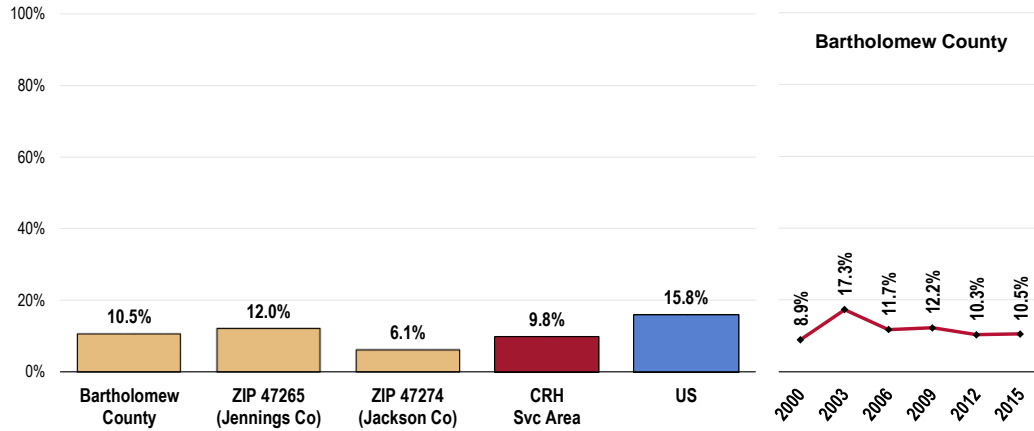
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 9]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

Cost of Prescription Medications

A total of 9.8% of survey respondents indicate that cost prevented them from obtaining a needed prescription in the past year.

- More favorable than national findings.
- Similar findings by county.
- TREND: Statistically similar to 2000 survey findings.

Cost Prevented a Prescription Medication in the Past Year



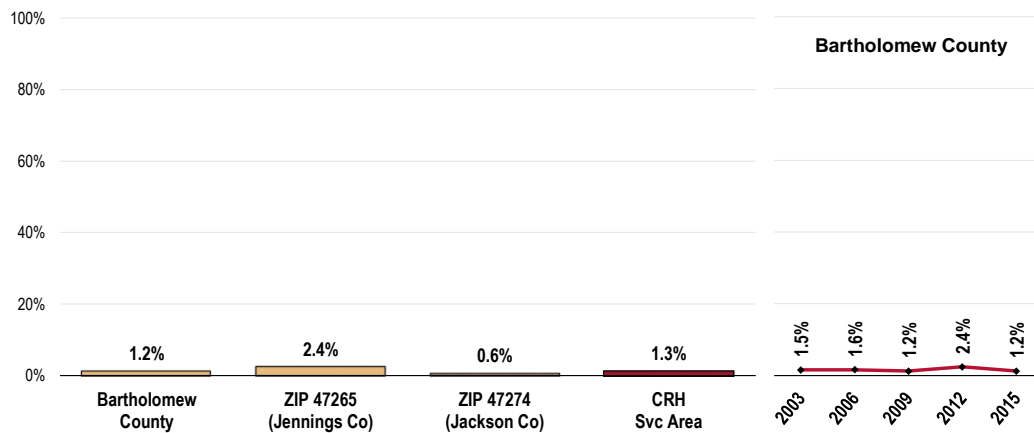
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 12]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

Language/Cultural Barriers

Just 1.3% of survey respondents experienced language or culture to be a barrier to medical care in the past year.

- Statistically similar by service area.
- TREND: Statistically similar to 2003 findings.

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



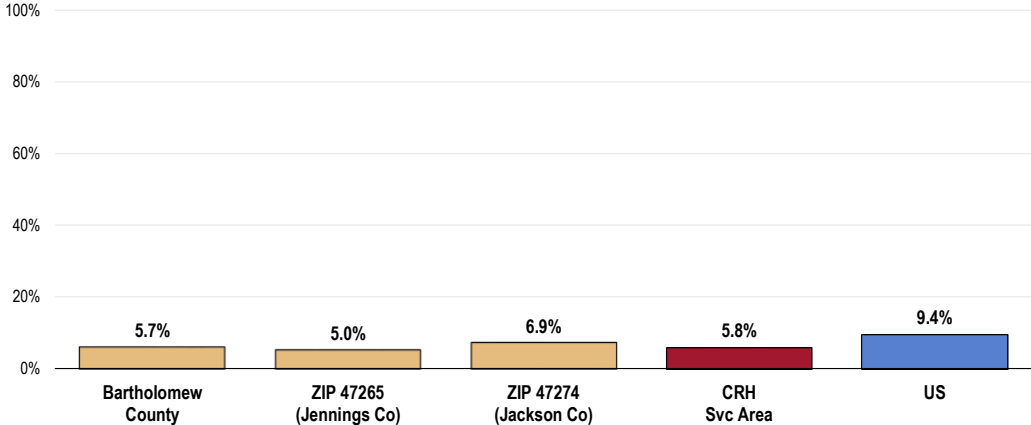
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 302]
 Notes: • Asked of all respondents.

Lack of Transportation

Among service area residents, 5.8% indicate that a lack of transportation prevented them from accessing medical care in the past year.

- More favorable than national findings.
- Similar findings by county.

Lack of Transportation Prevented a Doctor Visit in the Past Year



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 10]
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

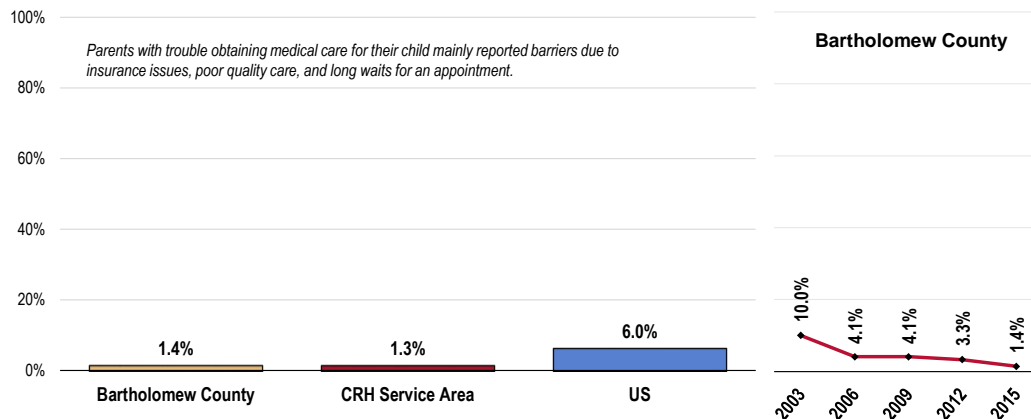
Accessing Healthcare for Children

A total of 1.3% 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.

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.

- Well below the proportion reported nationwide.
- The Bartholomew County prevalence is 1.4%.
- TREND: Denotes a statistically significant decrease since 2003.

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 111-112]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents with children 0 to 17 in the household.

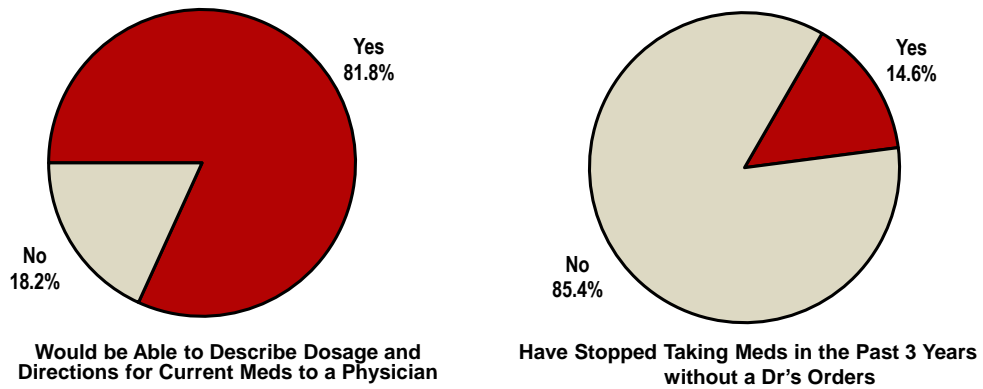
Among the parents experiencing difficulties, the majority cited **insurance issues** as the primary reason; others cited poor quality care and long waits for appointments.

Prescriptions

Among all Columbus Regional Hospital Service Area adults, 81.8% report that they would be able to describe the dosage and directions for any prescriptions they might have if asked by a medical physician.

A much lower percentage of CRH Service Area residents (14.6%) report that they have stopped taking a prescription medication in the past 3 years without a doctor's order.

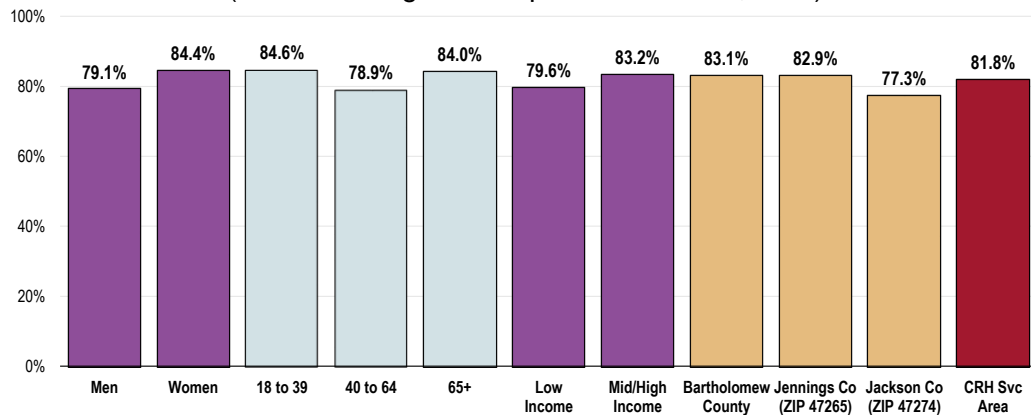
Prescription Medication Use (Columbus Regional Hospital Service Area, 2015)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 303-304]
 Notes: • Asked of all respondents.

- With regard to respondents' knowledge of medication dosage and directions, no statistically significant differences in findings when viewed by demographics or county of residence.

Would be Able to Describe Dosage and Directions for Current Medications to a Medical Doctor (Columbus Regional Hospital Service Area, 2015)

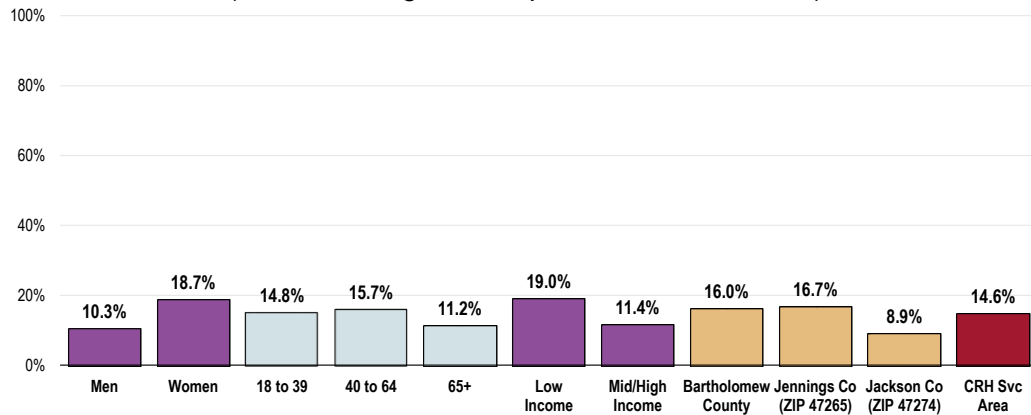


Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 303]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect 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.

Survey respondents more likely to have stopped a prescription without a physician's orders at some point in the past 3 years include:

- Women.
- Respondents with lower incomes.
- By county: favorably lower in Jackson County.

Have Stopped Taking Medication in the Past 3 Years without a Physician's Orders (Columbus Regional Hospital Service Area, 2015)

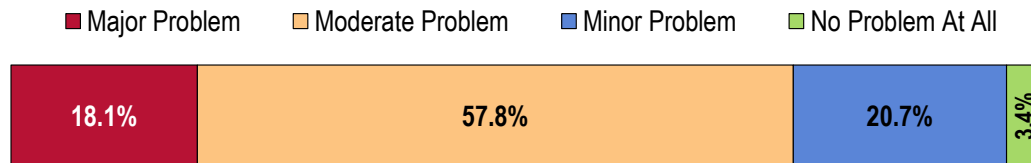


Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 304]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Key Informant Input: Access to Healthcare Services

Key informants taking part in an online survey most often characterized **Access to Healthcare Services** as a "moderate problem" in the community.

Perceptions of Access to Healthcare Services as a Problem in the Community (Key Informants, 2014)



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

Top Concerns

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

Access to Care

Having access to primary and specialty medical care within 48 hours of seeking an appointment. Appointment times that vary according to schedules needed by people who work traditional hours. – Community/Business Leaders

New HIP people, growing Medicare demographic, increased needs and demands to deliver what is now considered quality care to all people. – Physicians

Undocumented immigrants and those who fall in the Medicaid Expansion gap and cannot afford the premiums. – Social Services

Students and their families don't know where to get health care services, don't have the funds for health care or are afraid they will be deported if they do go get help. – Public Health

Primary care access is an issue in this community. Many are seeking alternatives such as Employer Clinics, Minute Clinics. That is a very uncoordinated way to deliver healthcare. Access needs to be addressed. – Other Health

Lack of Providers

Not enough providers who accept government assisted health plans. People who do not understand the requirements of their particular insurance plan such as premium, deductible, co-pay. Participants who do not keep their information current with DFR and lose their coverage for several months. The high cost of in demand medications such as insulin, mental health medicines and respiratory medicine. – Other Health

Not enough primary care providers for persons eligible for Medicaid and the Indiana plan. No insurance for undocumented residents. – Physicians

We are short family practice physicians and our practices are full. – Other Health

Type of Care Most Difficult to Access

Key informants (who rated this as a “major problem”) most often identified primary care, mental health care, substance abuse treatment and chronic disease care as the most difficult to access in the community.

	Most Difficult to Access	Second-Most Difficult to Access	Third-Most Difficult to Access	Total Mentions
Primary Care	27.8%	12.5%	18.8%	10
Mental Health Care	16.7%	31.3%	12.5%	10
Substance Abuse Treatment	16.7%	12.5%	6.3%	6
Chronic Disease Care	11.1%	18.8%	6.3%	6
Dental Care	11.1%	0.0%	18.8%	5
Pain Management	5.6%	12.5%	12.5%	5
Prenatal Care	5.6%	6.3%	6.3%	3
Elder Care	0.0%	6.3%	6.3%	2
Specialty Care	0.0%	0.0%	12.5%	2
Hospice Care	5.6%	0.0%	0.0%	1

Primary Care Services

About Primary Care

Improving health care services depends in part on ensuring that people have a usual and ongoing source of care. People with a usual source of care have better health outcomes and fewer disparities and costs. Having a primary care provider (PCP) as the usual source of care is especially important. PCPs can develop meaningful and sustained relationships with patients and provide integrated services while practicing in the context of family and community. Having a usual PCP is associated with:

- Greater patient trust in the provider
- Good patient-provider communication
- Increased likelihood that patients will receive appropriate care

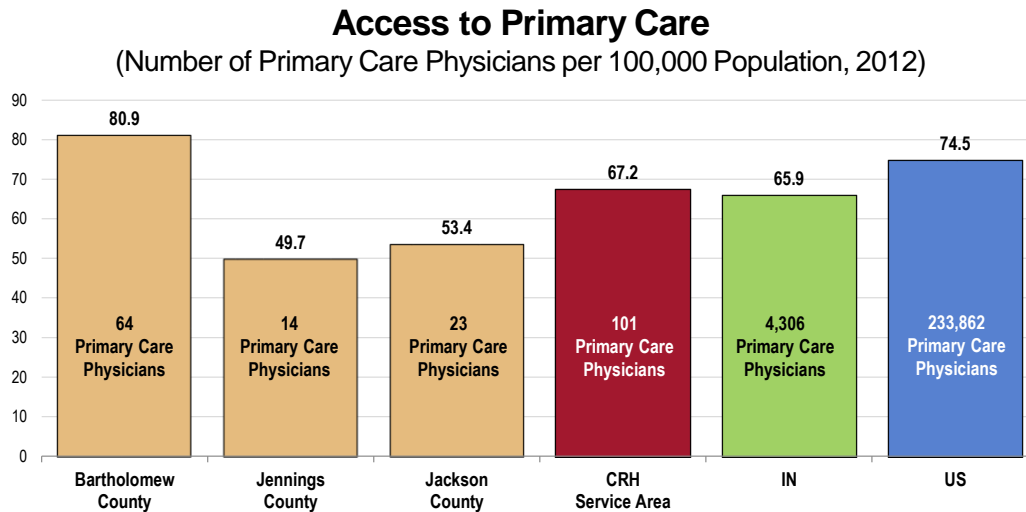
Improving health care services includes increasing access to and use of evidence-based preventive services. Clinical preventive services are services that: **prevent** illness by detecting early warning signs or symptoms before they develop into a disease (primary prevention); or **detect** a disease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

- Healthy People 2020 (www.healthypeople.gov)

Access to Primary Care

In the Columbus Regional Hospital Service Area in 2012, there were 101 primary care physicians, translating to a rate of 67.2 primary care physicians per 100,000 population.

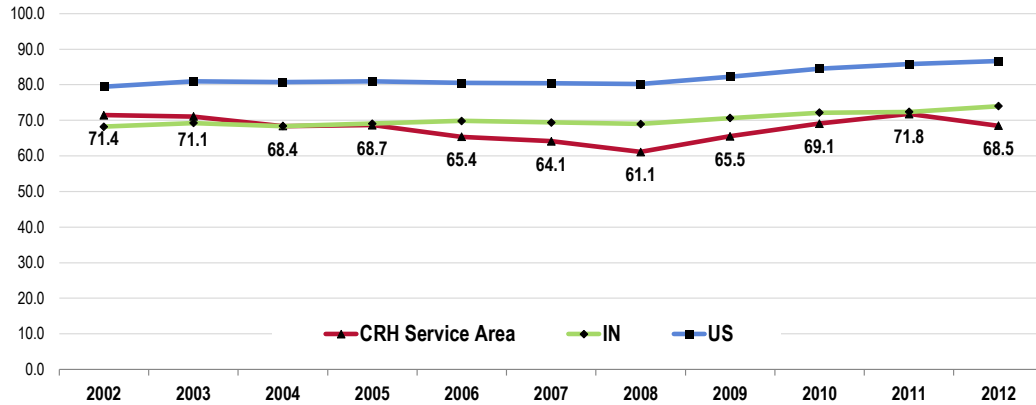
- Similar to the primary care physician-to-population ratio found statewide.
- Lower than the ratio found nationally.
- Much higher in Bartholomew County than in Jennings and Jackson counties.



- Sources:
- US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File: 2011.
 - Retrieved June 2015 from Community Commons at <http://www.chna.org>.
- Notes:
- This indicator is relevant because a shortage of health professionals contributes to access and health status issues.

- **TREND:** Access to primary care (in terms of the ratio of primary care physicians to population) has ranged from 61.1 to 71.8 over the past decade in the service area.

Trends in Access to Primary Care (Number of Primary Care Physicians per 100,000 Population)



Sources:

- US Department of Labor, Bureau of Labor Statistics: 2013.
- Retrieved June 2015 from Community Commons at <http://www.chna.org>.

Notes:

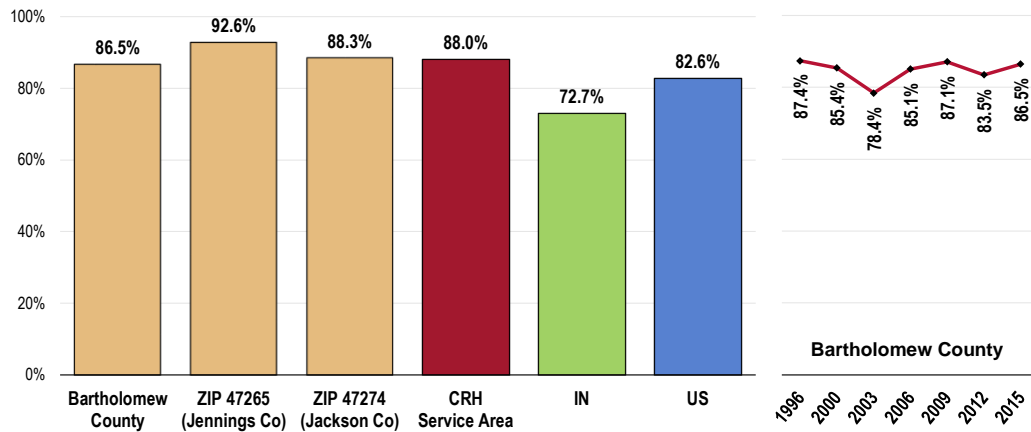
- This indicator is relevant because unemployment creates financial instability and barriers to access including insurance coverage, health services, healthy food, and other necessities that contribute to poor health status.
- These figures represent all primary care physicians practicing patient care, including hospital residents. In counties with teaching hospitals, this figure may differ from the rate reported in the previous chart.

Regular Site for Medical Care

A total of 88.0% of Columbus Regional Hospital Service Area adults have a regular physician or clinic where they go for their medical care.

- Higher than the state proportion.
- Higher than the US proportion.
- Statistically comparable by county.
- TREND: Statistically unchanged from baseline 1996 data.

Have a Regular Physician or Clinic for Medical Care



Sources:

- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 15]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Indiana data.
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

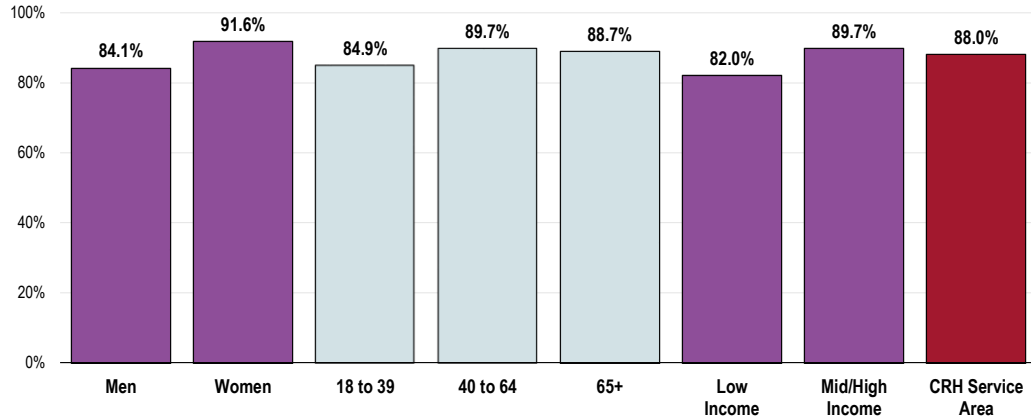
Notes:

- Asked of all respondents.

When viewed by demographic characteristics, the following population segments are less likely to have a regular physician or clinic for care:

- Men.
- Lower-income adults.

Have a Regular Physician or Clinic for Medical Care (Columbus Regional Hospital Service Area, 2015)

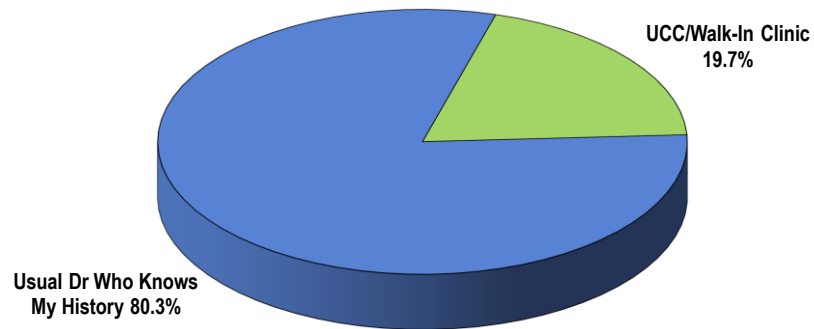


Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 15]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect 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.

Type of Place Preferred for Medical Care

When asked whether they prefer to see their usual physician who knows their medical history or to utilize a walk-in or urgent-care clinic for their medical care, most CRH Service Area adults (80.3%) would prefer their usual physician.

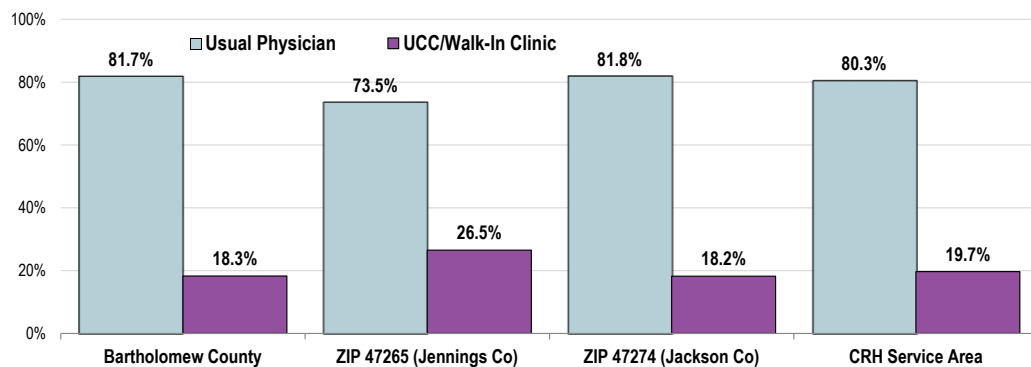
Site Preferred for Routine Medical Care (Columbus Regional Hospital Service Area, 2015)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 305]
 Notes: • Asked of all respondents.

- The preference for physicians or clinics does not vary significantly by county in the CRH Service Area.

Site Preferred for Routine Medical Care (Columbus Regional Hospital Service Area, 2015)

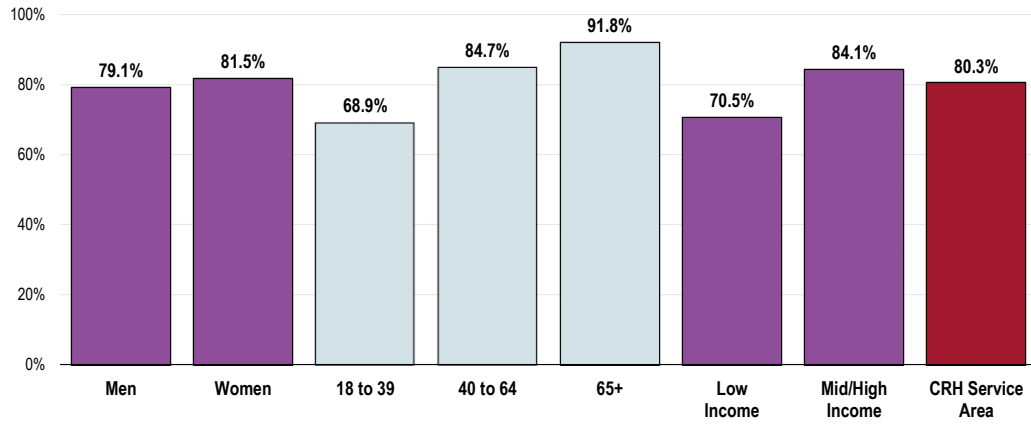


Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 305]
 Notes: • Asked of all respondents.

When viewed by demographic characteristics, the following population segments are more likely to prefer their usual physician for their medical care:

- Adults age 40 and older (positive correlation with age).
- Upper-income residents.

Prefer My Usual Physician for Routine Medical Care (Columbus Regional Hospital Service Area, 2015)

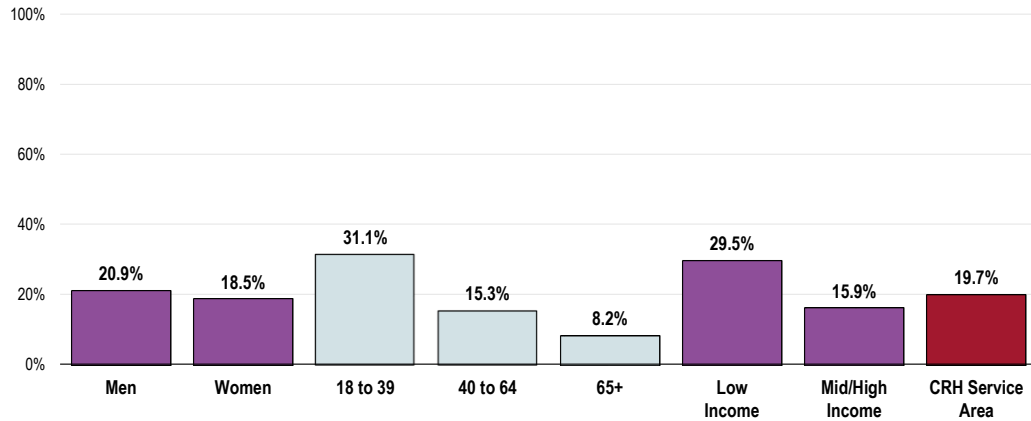


Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 305]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect 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 contrast, these adults are more likely to prefer an urgent-care or walk-in clinic for their medical care:

- Young adults.
- Lower-income adults.

Prefer an Urgent-Care or Walk-In Clinic for Routine Medical Care (Columbus Regional Hospital Service Area, 2015)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 305]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

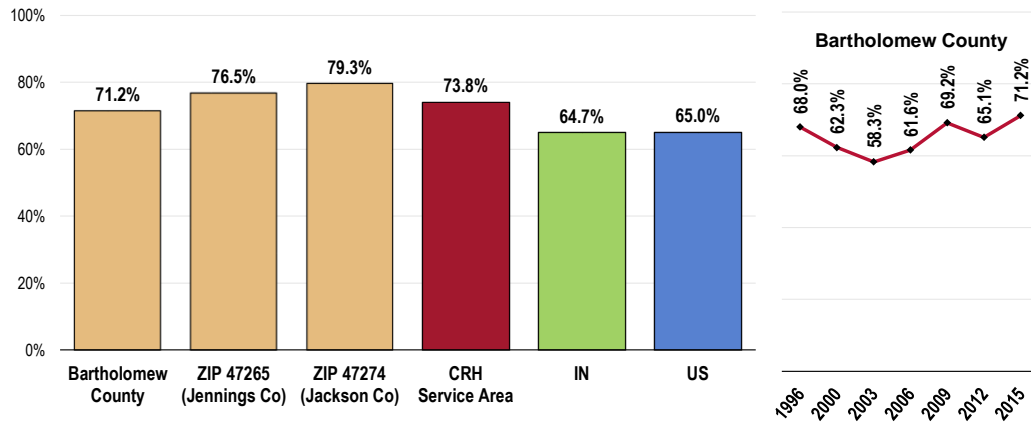
Utilization of Primary Care Services

Adults

Nearly 3 in 4 adults (73.8%) visited a physician for a routine checkup in the past year.

- Higher than state findings.
- Higher than national findings.
- Comparable by county.
- TREND: Statistically similar to 1996 findings.

Have Visited a Physician for a Checkup in the Past Year

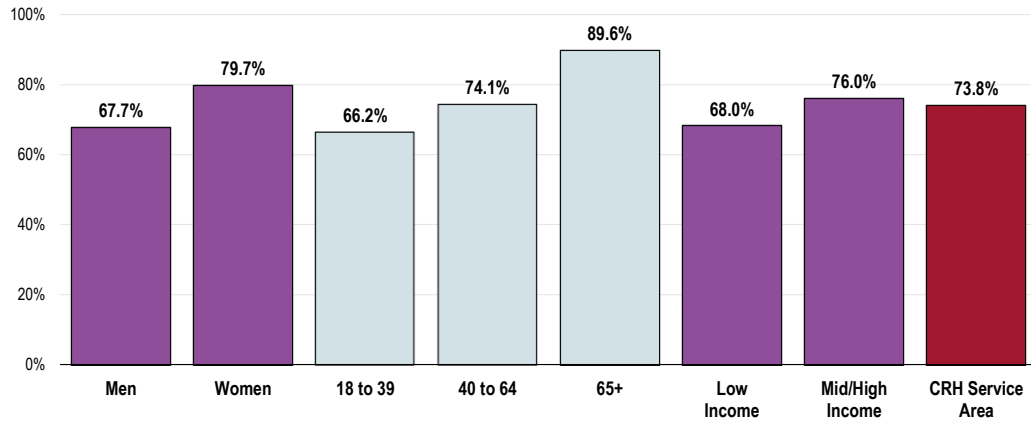


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 17]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2013 Indiana data.
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

- Men are much less likely than women to have received a routine checkup in the past year.
- Adults under age 40 are less likely to have received routine care in the past year (note the positive correlation with age).

Have Visited a Physician for a Checkup in the Past Year (Columbus Regional Hospital Service Area, 2015)



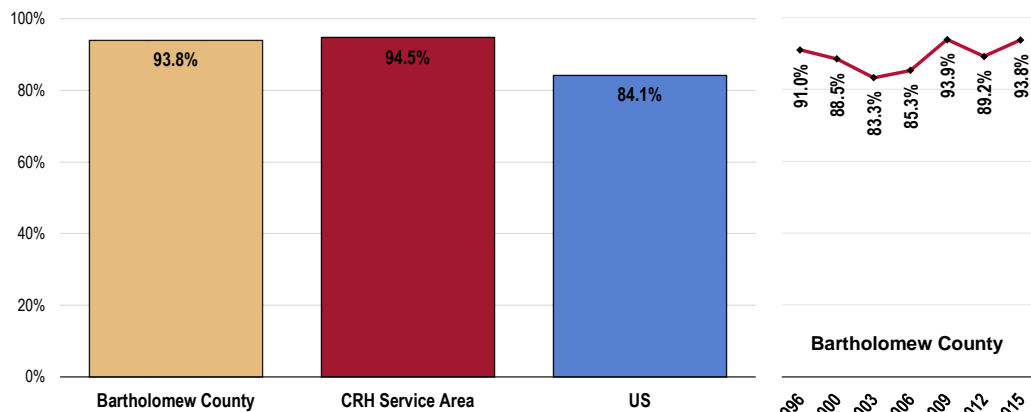
Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 17]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Children

Among surveyed parents, 94.5% report that their child has had a routine checkup in the past year.

- Well above the national proportion.
- The Bartholomew County prevalence is 93.8%.
- TREND: Statistically similar to 1996 findings.

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



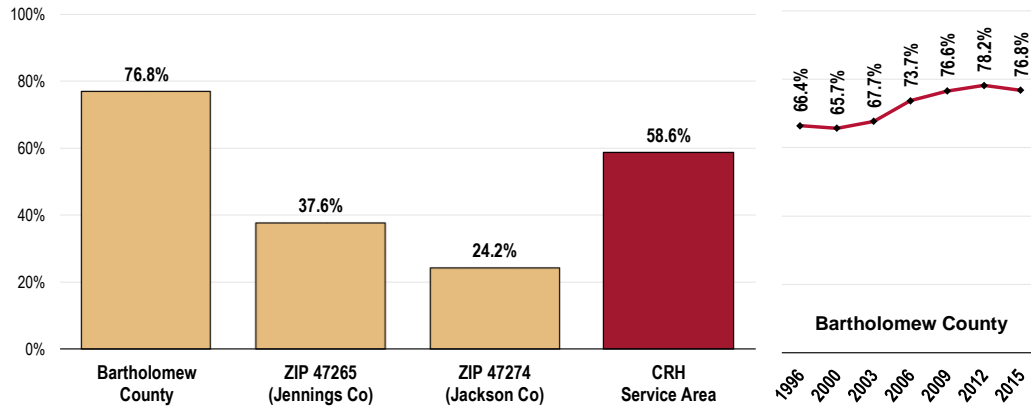
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 113]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents with children 0 to 17 in the household.

Awareness of Volunteers in Medicine

A total of 58.6% of Columbus Regional Hospital Service Area adults are aware of the Volunteers in Medicine clinic located in Columbus.

- Awareness is considerably higher within Bartholomew County.
- TREND: In Bartholomew County, awareness has increased significantly over time.

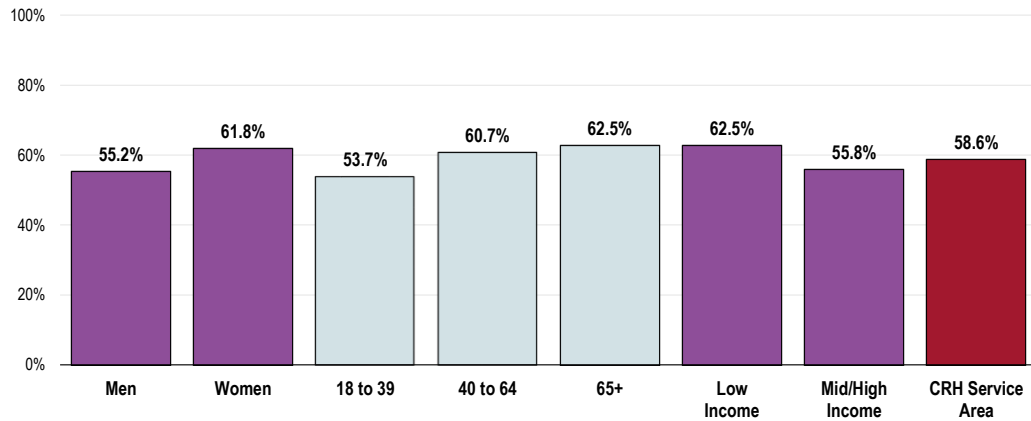
Aware of the Volunteers in Medicine Clinic in Columbus



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 351]
 Notes: • Asked of all respondents.

Awareness of the clinic does not vary significantly by demographic characteristics.

Aware of the Volunteers in Medicine Clinic in Columbus (Columbus Regional Hospital Service Area, 2015)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 351]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Oral Health

About Oral Health

Oral health is essential to overall health. Good oral health improves a person's ability to speak, smile, smell, taste, touch, chew, swallow, and make facial expressions to show feelings and emotions. However, oral diseases, from cavities to oral cancer, cause pain and disability for many Americans. Good self-care, such as brushing with fluoride toothpaste, daily flossing, and professional treatment, is key to good oral health. Health behaviors that can lead to poor oral health include: **tobacco use**; **excessive alcohol use**; and **poor dietary choices**.

The significant improvement in the oral health of Americans over the past 50 years is a public health success story. Most of the gains are a result of effective prevention and treatment efforts. One major success is community water fluoridation, which now benefits about 7 out of 10 Americans who get water through public water systems. However, some Americans do not have access to preventive programs. People who have the least access to preventive services and dental treatment have greater rates of oral diseases. A person's ability to access oral healthcare is associated with factors such as education level, income, race, and ethnicity.

Barriers that can limit a person's use of preventive interventions and treatments include: limited access to and availability of dental services; lack of awareness of the need for care; cost; and fear of dental procedures.

There are also social determinants that affect oral health. In general, people with lower levels of education and income, and people from specific racial/ethnic groups, have higher rates of disease. People with disabilities and other health conditions, like diabetes, are more likely to have poor oral health.

Potential strategies to address these issues include:

- Implementing and evaluating activities that have an impact on health behavior.
- Promoting interventions to reduce tooth decay, such as dental sealants and fluoride use.
- Evaluating and improving methods of monitoring oral diseases and conditions.
- Increasing the capacity of State dental health programs to provide preventive oral health services.
- Increasing the number of community health centers with an oral health component.

- Healthy People 2020 (www.healthypeople.gov)

Dental Care

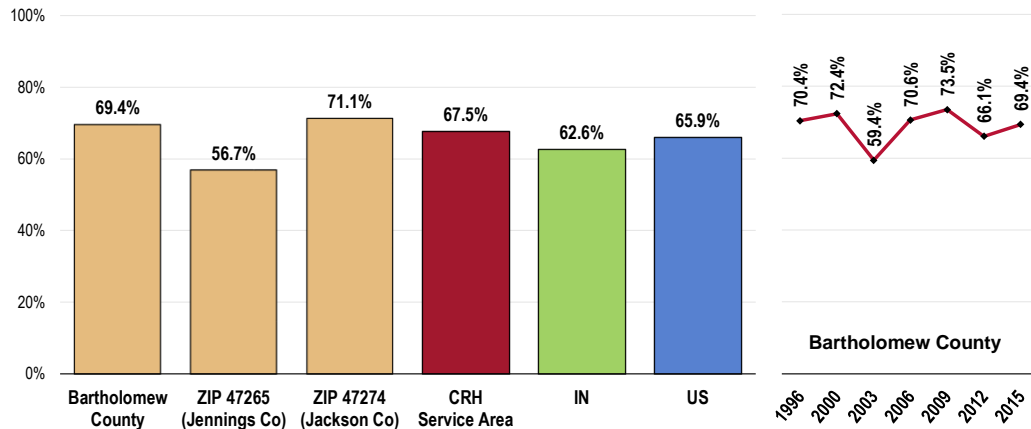
Adults

A total of 67.5% of Columbus Regional Hospital Service Area adults have visited a dentist or dental clinic (for any reason) in the past year.

- Higher than statewide findings.
- Comparable to national findings.
- Satisfies the Healthy People 2020 target (49% or higher).
- Lower in Jennings County.
- TREND: Statistically unchanged from the 1996 percentage.

Have Visited a Dentist or Dental Clinic Within the Past Year

Healthy People 2020 Target = 49.0% or Higher



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 21]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective OH-7]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2013 Indiana data.

Notes: • Asked of all respondents.

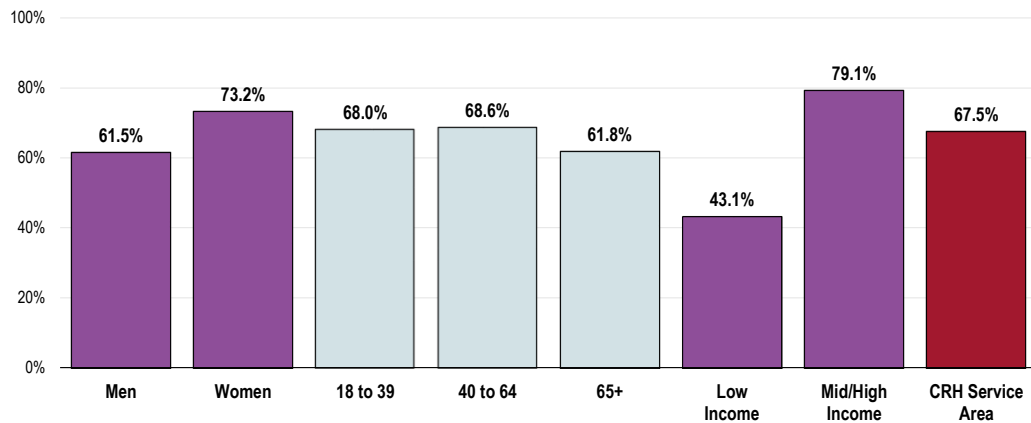
These adults are less likely to have received dental care in the past year:

- Men.
- Persons living in the lower income category (low-income adults fail to satisfy the Healthy People 2020 target).

Have Visited a Dentist or Dental Clinic Within the Past Year

(Columbus Regional Hospital Service Area, 2015)

Healthy People 2020 Target = 49.0% or Higher



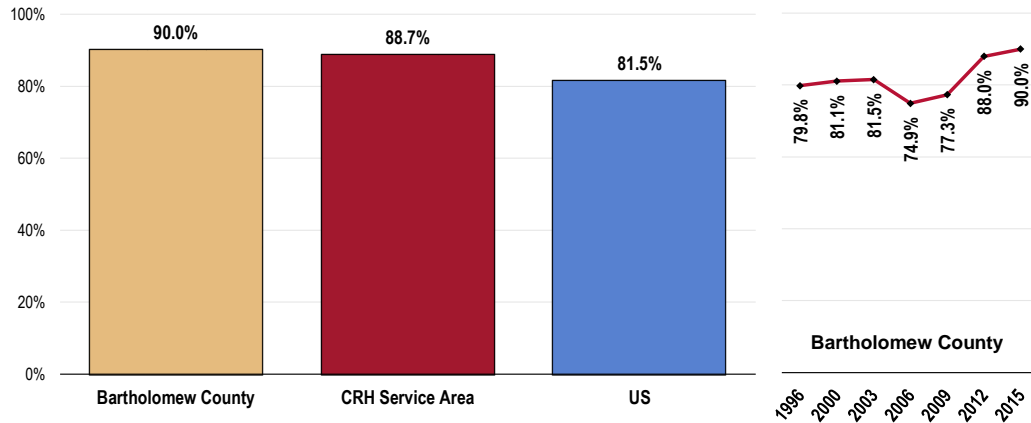
Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 21]
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective OH-7]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Children

A total of 88.7% of parents report that their child (age 2 to 17) has been to a dentist or dental clinic within the past year.

- More favorable than national findings.
- Satisfies the Healthy People 2020 target (49% or higher).
- In Bartholomew County, the prevalence is 90.0%.
- TREND: Marks a statistically significant increase in children’s dental care since 1996.

Child Has Visited a Dentist or Dental Clinic Within the Past Year (Among Parents of Children Age 2-17) Healthy People 2020 Target = 49.0% or Higher

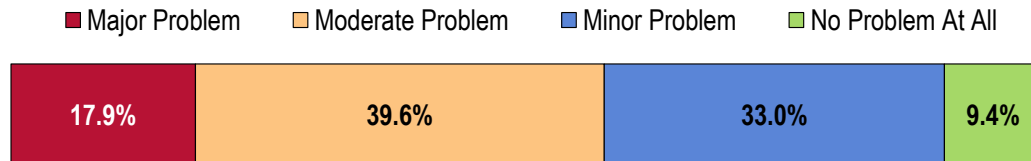


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 116]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective OH-7]
 Notes: • Asked of all respondents with children age 2 through 17.

Key Informant Input: Oral Health

Key informants taking part in an online survey most often characterized *Oral Health* as a “moderate problem” in the community.

Perceptions of Oral Health as a Problem in the Community (Key Informants, 2014)



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

Top Concerns

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

Insurance Coverage & Access to Care

Many do not have insurance, and even with insurance sometimes co-pays seem too much for people to take on. Also, there is a lot of fear that keeps parents from seeking care for their children. – Physicians

Dental care has improved greatly over the last decade, however insurances doesn't typically keep up with adequate coverage to meet the rising costs. I am concerned that parents and adults do not keep up with dental care and may increase the need for extensive care. – Community/Business Leaders

Major problem to our low-income population. Many children with dental cavities and broken teeth in elementary. Many children have never seen the dentist. Many tooth aches in this population. Parents of these children have poor dental health as well. – Public Health

Few people have dental insurance, so many do not receive regular preventative care. Poor diet and oral hygiene compound the problem. – Physicians

This may well be addressed to some degree with the institution of the new HIP 2.0. Access to services has been an issue and cost for those with limited resources. Poor diet and health habits are also contributing factors so this could be address with the nutrition issues. Drug abuse also is a factor for this area. Many are going to the dentist less, like seeing their primary care provider with the reduction of coverage, increase in deductibles and copays. I think we are just beginning to see the impact of changes in health coverage for middle class in all areas. – Other Health

Lack of Preventive Care

Lack of preventive dental care. – Social Services

Healthcare Resources

Resources Available to Address the Significant Health Needs

The following represent potential measures and resources (such as programs, organizations, and facilities in the community) available to address the significant health needs identified in this report. This list is not exhaustive, but rather outlines those resources identified in the course of conducting this Community Health Needs Assessment.

Access to Healthcare Services

- 211
- Clinic at Hope
- Columbus Regional Health
- Community Medication Assistance Program
- Employer Clinics
- Healthy Communities
- Inspire Health Partners
- Medicaid Clinics
- Medwise
- PPO
- Primary Care Physicians
- Prompt Med
- St. Francis Clinic
- Thrive-Alliance Aging and Disability Resource
- Volunteers in Medicine

Arthritis, Osteoporosis & Chronic Back Conditions

- Alternative and Complementary Providers
- Columbus Regional Health
- Mental Health Providers
- Pain Clinic
- PPO
- Primary Care Doctors
- Surgical and Rehabilitation Specialists
- Thrive Alliance

Cancer

- American Cancer Society
- Columbus Regional Health
- Healthy Communities
- School Education
- Tobacco Action Team

Dementias, Including Alzheimer's Disease

- APS Program

- Assisted Living Facilities
- Keepsake Village
- Local Association for Alzheimer's and Dementia
- Mill Race Center
- Nursing Home

Diabetes

- Bartholomew County on the Move
- Columbus Regional Health
- Community Medication Assistance Program
- Diabetes Coach
- Diabetic Counselor
- Diabetic Education
- Dining With Diabetes
- Doctor's Office
- Endocrinologist
- Fresenius
- Gyms
- Health Coaches
- Healthy Community Programs
- Hospital
- Inspire Health Partners
- Mental Health Providers
- Mill Race Center
- Nutritionist
- Patient Centered Medical Home
- Pharmacist
- PPO
- Private Employer
- Purdue Extension
- Schools
- Thrive Alliance
- United Way
- Volunteers in Medicine

Family Planning

- Churches
- Doctor's Offices
- Family Planning Doctors of Columbus
- Health Department
- Hospital
- OB/GYNs

- School
- Volunteers in Medicine
- WIC

Hearing & Vision

- Lion's Club
- Primary Care Doctors
- Schools
- Volunteers in Medicine

Heart Disease & Stroke

- American Heart Association
- Columbus Regional Health
- Community Fitness Centers
- Home Health Agencies
- Hospitals
- Jennings Hospital
- Marr Road - Senior Center
- Mill Race Center
- Primary Care Physicians
- Schneck Medical Center
- Support Groups
- Thrive Alliance

Immunization & Infectious Diseases

- Physicians
- School Nurses
- Volunteers in Medicine

Infant & Child Health

- CRH Prenatal Program
- Healthy Communities Breastfeeding Program
- Pediatricians
- Public Health
- Windrose

Injury & Violence

- Anti-Bullying Curriculum at the Schools
- Child Protective Services
- Columbus Hospital Emergency Room
- Columbus Police Department
- Domestic Violence Action Team
- Family Service With Anger Management Classes
- Independent Mental Health Providers
- Police
- Turning Point

Mental Health

- AA/NA Groups
- Adult and Child
- Adult and Child Home Based Services
- Adult and Child Psychiatry
- Bartholomew County Jail
- BCSC Substance Abuse Counselor
- Bridges
- Centerstone
- Columbus Behavioral Center
- Columbus Regional Health
- Community Church of Columbus
- Community Treatment Centers
- Cornerstone
- Criminal Justice System
- Doctor's Office
- Emergency Room
- Employee Assistance Programs
- Healthy Communities
- Hospital
- Indiana Department of Corrections
- Inspire Health Partners
- Ireland Services
- Love Chapel
- Mental Health Physicians
- Mental Health/Substance Abuse Council
- Milestone
- PCMH Transformation
- Private Counselors
- Quinco
- School Counselors
- School Nurses
- Southern Indiana Stress Center
- United Way
- Volunteers in Medicine

Nutrition, Physical Activity & Weight

- Bariatric Center
- Bartholomew Consolidated School Corporation
- Bartholomew County on the Move
- Centerstone

- Columbus Regional Health
- Community Clinics
- Cummins CHIP
- Doctor's Offices
- Farmer's Market
- FFY
- Food Bank
- Girls, Inc.
- Health Department
- Healthy Communities
- Local Gym
- Mill Race Center
- Nutritionists
- Parks and Recreation
- People Trails
- REACH Healthy Communities
- School
- SNAP
- Well Connect
- Wellness Program

Oral Health

- Dentists
- Health Department
- Medicaid
- Public Health
- School
- Sealant Program
- Volunteers in Medicine

Respiratory Diseases

- Community Clinics
- Community Support Groups
- County Health Department
- Healthy Communities Tobacco Awareness Program
- Hospitals
- Medication Assistance Programs
- Mill Race Center
- Private Providers
- Public Health
- Pulmonary Rehab at Columbus Regional Hospital
- School System

- United Way
- Volunteers in Medicine

Sexually Transmitted Diseases

- Pregnancy Care Center

Substance Abuse

- AA/NA
- Addiction Recovery Center
- Adult and Child
- Behavioral Health
- Centerstone
- Church
- Columbus Behavioral Center
- Columbus Regional Health
- Community Church of Columbus
- Community Clinics
- Community Connections
- Cornerstone
- Court System
- Doctors
- Employee Assistance Program
- Family
- Family Services
- Homeless Shelters/Agencies
- Law Enforcement
- Mental Health
- Out of Town Referrals
- Outpatient Treatment Center
- PCMH/Substance Abuse Counseling
- Probation Department
- Recovery Coaches
- School
- Student Assistance Program
- Substance Abuse Council
- Tara Treatment Center
- Treatment Program
- Valley Vista
- Volunteers in Medicine

Tobacco Use

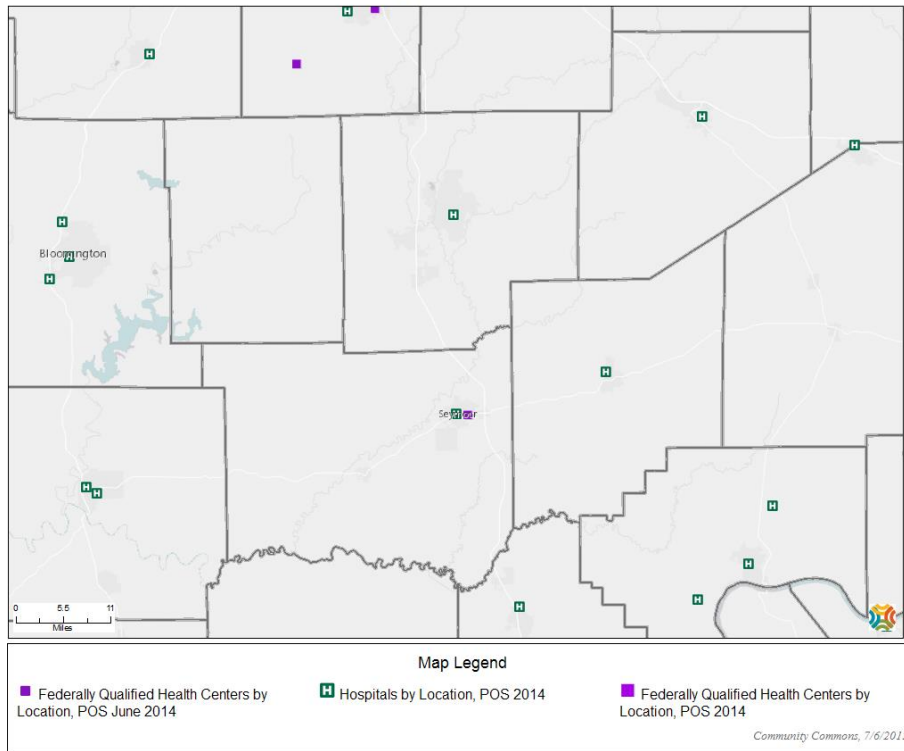
- American Lung Association
- Columbus Regional Hospital

- Community Service Agencies
- DARE
- Health Department
- Healthy Communities
- Indiana Quit Line
- JC Health Department
- PCMH Transformation
- Primary Care Physicians
- Public Health
- Quit Line
- Quit Now Program
- Reach Healthy Communities
- Smoking Cessation Classes
- State Smoke Stoppers Hotline
- Tobacco Awareness Action Team
- Volunteers in Medicine
- Wellness Programs

Hospitals & Federally Qualified Health Centers (FQHCs)

The following map provides a visual depiction of the hospitals and Federally Qualified Health Centers (FQHCs) within the Columbus Regional Hospital Service Area as of 2014.

Hospitals and Federally Qualified Health Centers, POS 2014



Healthcare Information



Professional Research Consultants, Inc.

Primary Source of Healthcare Information

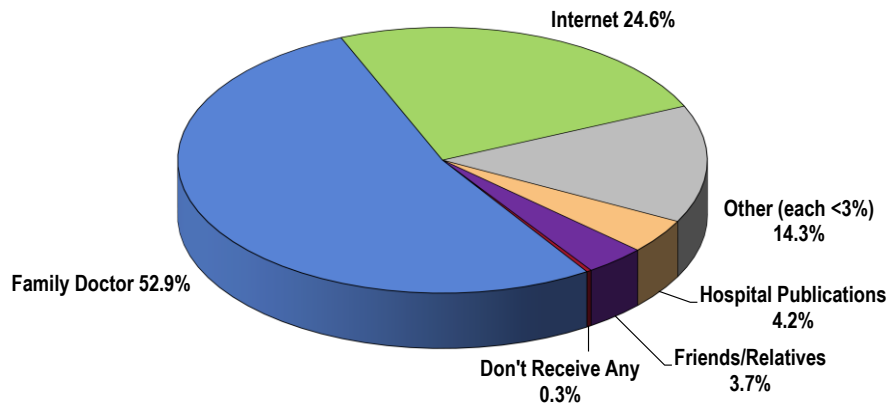
Family physicians and the Internet are residents' primary sources of healthcare information.

- 52.9% 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 24.6%.

Other sources mentioned include hospital publications (mentioned by 4.2%) and friends and relatives (3.7%).

- Just 0.3% of survey respondents say that they do not receive any healthcare information.

Primary Source of Healthcare Information
(Columbus Regional Hospital Service Area, 2015)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 350]
Notes: • Asked of all respondents.

Quality of Life in Bartholomew County



Professional Research Consultants, Inc.

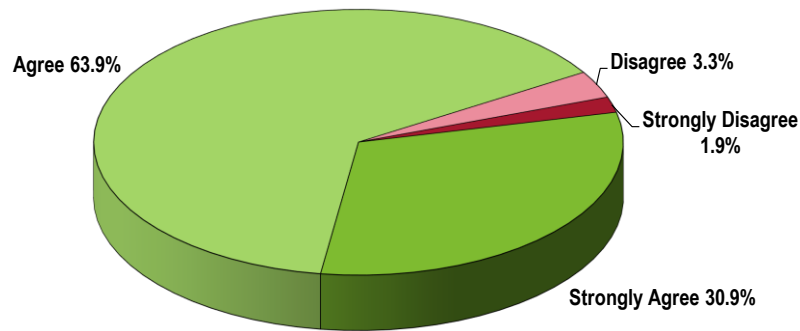
Friendliness

“Bartholomew County is generally a friendly community.”

Most Bartholomew County residents consider the county to be a generally friendly community (63.9% “agree” and 30.9% “strongly agree”).

- In contrast, just 5.2% disagree with the statement.

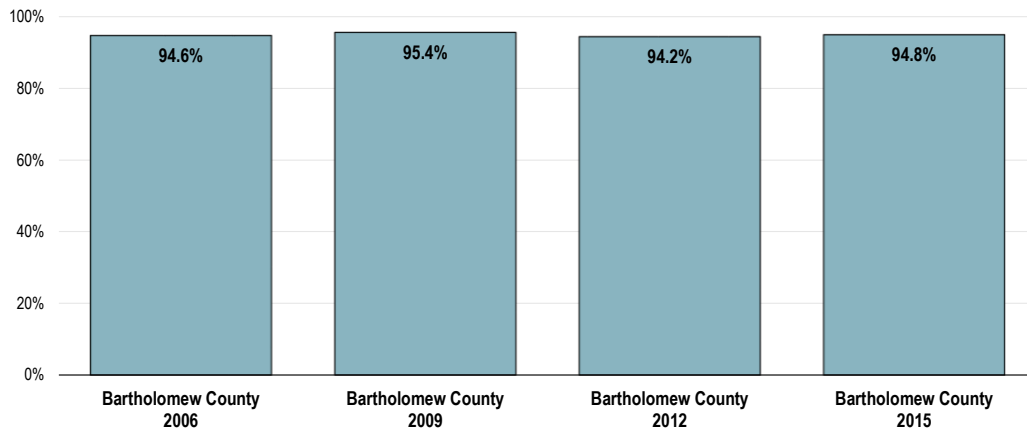
Agreement With the Statement “Bartholomew County is generally a friendly community.” (Bartholomew County Respondents, 2015)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 318]
Notes: • Asked of all Bartholomew County respondents.

- TREND: Agreement that the county is a friendly community has not changed significantly over time.

Agree That Bartholomew County is a Friendly Community (Bartholomew County Respondents)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 318]
Notes: • Asked of all Bartholomew County respondents.

Valuing Diversity

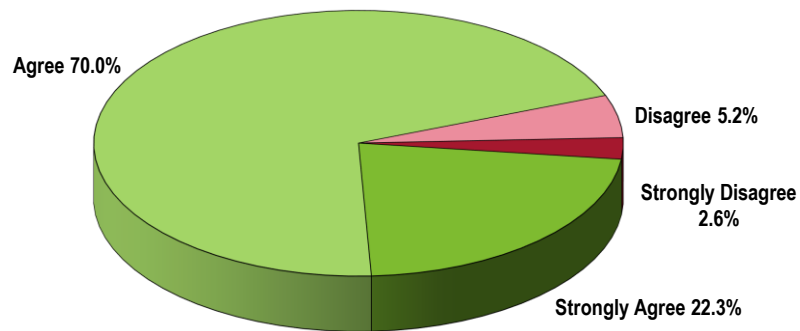
“In Bartholomew County, diversity is generally welcomed and valued.”

More than 9 in 10 Bartholomew County respondents consider the county to welcome and value diversity (70.0% “agree” and 22.3% “strongly agree”).

- In contrast, 7.8% disagree with the statement.

Agreement With the Statement *“In Bartholomew County, diversity is generally welcomed and valued.”*

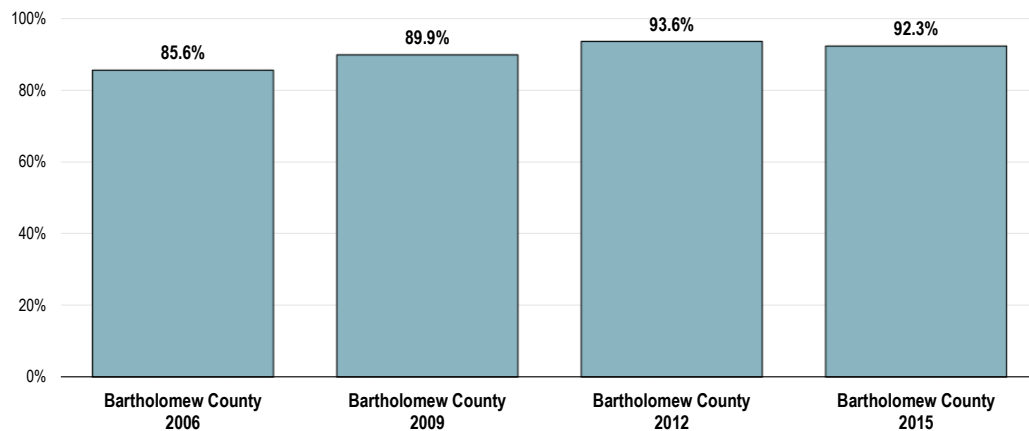
(Columbus Regional Hospital Service Area, 2015)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 319]
 Notes: • Asked of all Bartholomew County respondents.

- **TREND:** The prevalence marks a statistically significant increase in agreement over time.

Agree That Bartholomew County Welcomes and Values Diversity (Bartholomew County Respondents)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 319]
 Notes: • Asked of all Bartholomew County respondents.