2013 PRC Community Health Needs Assessment Report

MMH Service Area

Sponsored by
Margaret Mary Health

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Professional Research Consultants, Inc.

INTRODUCTION

Project Overview

Project Goals

This Community Health Needs Assessment, a follow-up to a similar 2008 study conducted in Ripley County, is a systematic, data-driven approach to determining the health status, behaviors and needs of residents in the service area of Margaret Mary Health. 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 Margaret Mary Health 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 a set of Key Informant Focus Groups.

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 Margaret Mary Health and PRC, and is similar to the previous survey used in the region, allowing for data trending.

Community Defined for This Assessment

The study area for the survey effort (referred to as the "MMH Service Area" in this report) is defined as each of the residential ZIP Codes predominantly associated with Franklin and Ripley counties in Indiana. This community definition, determined based on the ZIP Codes of residence of recent patients of Margaret Mary Health, is illustrated in the following map.
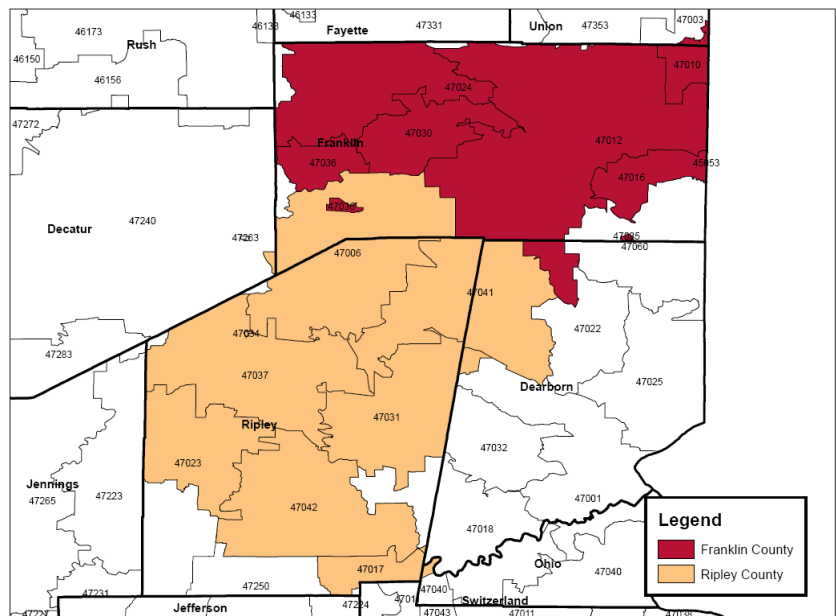
Sample Approach & Design

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 800 individuals age 18 and older in the MMH Service Area, including 400 in Franklin County and 400 in Ripley County. Once the interviews were completed, these were weighted in proportion to the actual population distribution so as to appropriately represent MMH Service Area as a whole. All administration of the surveys, data collection and data analysis was conducted by Professional Research Consultants, Inc. (PRC).

Sampling Error

For statistical purposes, the maximum rate of error associated with a sample size of 800 respondents is ±3.5% at the 95 percent level of confidence.

Expected Error Ranges for a Sample of 800 Respondents at the 95 Percent Level of Confidence
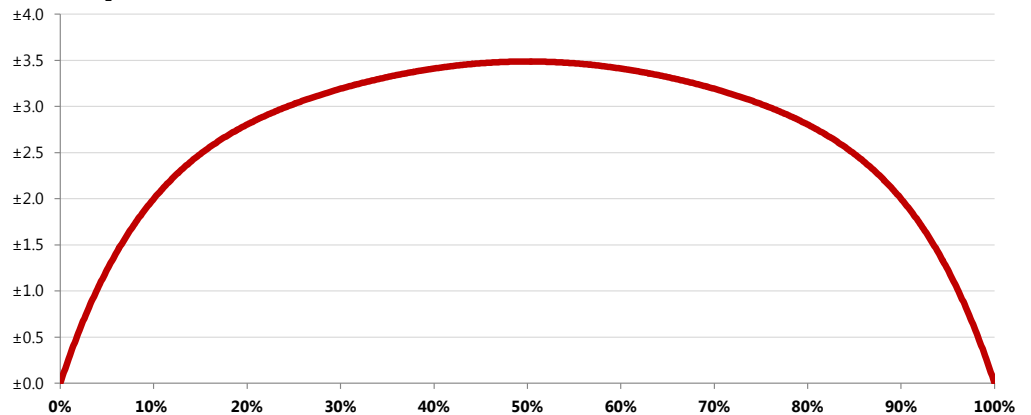
Note: • The "response rate" (the percentage of a population giving a particular response) determines the error rate associated with that response. A "95 percent level of confidence" indicates that responses would fall within the expected error range on 95 out of 100 trials.

Examples: • If 10% of the sample of 500 respondents answered a certain question with a "yes," it can be asserted that between 8.0% and 12.0% (10% ± 2.0%) 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 46.5% and 53.5% (50% ± 3.5%) 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 charts outline the characteristics of the MMH 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
(MMH Service Area, 2013)

	Men	Women	18 to 39	40 to 64	65+	White	<200% FPL
Actual Population	48.9%	51.1%	33.2%	47.1%	19.7%	97.8%	32.9%
Weighted Survey Sample	48.4%	51.6%	33.4%	46.8%	19.8%	97.6%	32.9%
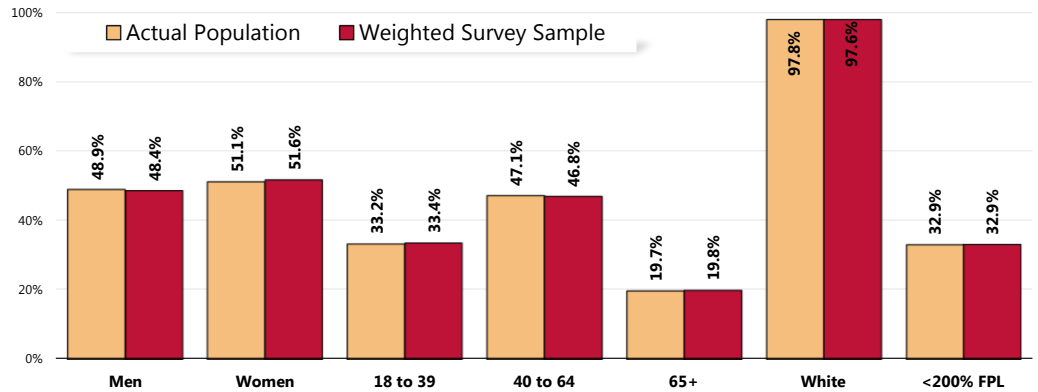
Sources:
- Census 2010, Summary File 3 (SF 3). U.S. Census Bureau.
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc.

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 2013 guidelines place the poverty threshold for a family of four at $23,550 annual household income or lower)*. In sample segmentation: "**low income**" refers to community members living in a household with defined poverty status <u>or</u> 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.

Key Informant Focus Groups

As part of this Community Health Needs Assessment, two focus groups were held on July 16, 2013. Focus group participants included 24 local key informants: physicians, a public health representative, other health professionals, social service providers, business leaders, and other community leaders.

A list of recommended participants for the focus groups was provided by Margaret Mary Health. 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. Focus group candidates were first contacted by letter to request their participation. Follow-up phone calls were then made to ascertain whether or not they would be able to attend. Confirmation calls were placed the day before the groups were scheduled to insure a reasonable turnout.

Final participation included representatives of the organizations outlined below. Through this process, input was gathered from a representative of public health as well as several individuals whose organizations work with low-income, minority (including Hispanic), or other medically underserved populations (young adults, elderly, disabled, the uninsured/ underinsured, and Medicaid/Medicare recipients).

Focus Group: Ripley County Key Informants	Populations Served		
Tuesday, July 16th, 7:30 to 9:30 AM	Medically Underserved	Low-Income Residents	Minority Populations
Organization			
Southeast Indiana YMCA	X	X	X
Margaret Mary Health	X	X	X
Family Connections	X	X	X
Lifetime Resources, Inc.	X	X	X
The Waters of Batesville	X	X	X
Milan School Corp.	X	X	
Ripley Crossing	X	X	X
Ripley County Commissioner			
Ripley County Council			
Drug Free Coalition	X	X	X
City of Batesville	X	X	X
St. Maurice Catholic Church	X	X	
Ripley County Health Department		X	X
Batesville Schools		X	X
Ripley County		X	X

Focus Group: Franklin County Key Informants	Populations Served		
Tuesday, July 16th, Noon to 2:00 PM	Medically Underserved	Low-Income Residents	Minority Populations
Organization			
Turning Point Fitness Center	X	X	X
Franklin County Health Department	X	X	X
Batesville Tool & Die			
Brookville Family Dentistry	X	X	X
Brookville Healthcare Center			
Franklin County Community Foundation	X	X	X
Community Mental Health Center, Inc.	X	X	X
George's Pharmacy	X	X	X

Audio from the focus groups sessions was recorded, from which verbatim comments in this report are taken. There are no names connected with the comments, as participants were asked to speak candidly and assured of confidentiality.

NOTE: These findings represent qualitative rather than quantitative data. The groups were 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 MMH Service Area were obtained from the following sources (specific citations are included with the graphs throughout this report):

- Centers for Disease Control & Prevention
- National Center for Health Statistics
- Indiana Department of Child Services
- Indiana State Department of Health
- US Census Bureau
- US Department of Health and Human Services
- US Department of Justice, Federal Bureau of Investigation

Note that secondary data reflect county-level data.

Benchmark Data

Trending

A similar survey was administered in Ripley County in 2008 by PRC on behalf of Margaret Mary Health. Trending data, as revealed by comparison to prior survey results, are provided throughout this report whenever available. Historical data for secondary data indicators (for Ripley County) 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 *2011 PRC National Health Survey*; the methodological approach for the national study is identical to that employed in this assessment, and these data may be generalized to the US population with a high degree of confidence. National-level vital statistics are also provided for comparison of secondary data indicators.

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

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

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

Information Gaps

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

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

In 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.

Part V Section B Line 1a .... See Page 7
A definition of the community served by the hospital facility

Part V Section B Line 1b... See Page 9
Demographics of the community

Part V Section B Line 1c .... See Page 174
Existing health care facilities and resources within the community
that are available to respond to the health needs of the community

Part V Section B Line 1d... See Page 6
How data was obtained

Part V Section B Line 1e .... See Page 14
The health needs of the community

Part V Section B Line 1f... Addressed Throughout
Primary and chronic disease needs and other health issues of
uninsured persons, low-income persons, and minority groups

Part V Section B Line 1g...Pending
The process for identifying and prioritizing community health
needs and services to meet the community health needs

Part V Section B Line 1h .... See Page 9
The process for consulting with persons
representing the community's interests

Part V Section B Line 1i .... See Page 12
Information gaps that limit the hospital facility's
ability to assess the community's health needs

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 Health Services	• *Ranked as #1 top concern among focus group participants; they emphasized:*
	  o Barriers to Access (Including Office Hours and Transportation)
	  o Low-Income Population
	  o Insurance/Medicaid Issues

Cancer	• Cancer Deaths (Including Lung, Prostate, and Colorectal Cancer Deaths) • Preventive Screenings (Mammograms & Colorectal Exams)
Dementias, Including Alzheimer's Disease	• Alzheimer's Disease Deaths o *Particularly high in Franklin County*
Diabetes	• Diabetes Mellitus Deaths o *Particularly high in Franklin County*
Heart Disease & Stroke	• Stroke Deaths o *Particularly high in Ripley County* • Hypertension
Injury & Violence Prevention	• Unintentional Injury Deaths (Including Motor Vehicle Accidents) • Use of Bike Helmets (Children)
Mental Health & Mental Disorders	• Suicide o *Particularly high in Franklin County* • Seeking Professional Help

Nutrition, Physical Activity & Weight	• Medical Advice About Nutrition & Exercise
	• *Obesity Ranked as #3 top concern among focus group participants; they emphasized:*
	  o Poor Nutrition
	  o Lack of Education
	  o Hunger Issues

Oral Health	• Dental Insurance Coverage
Respiratory Diseases	• Chronic Lower Respiratory Disease Deaths o *Particularly high in Ripley County* • Pneumonia/Influenza Deaths

Areas of Opportunity (continued)	
Substance Abuse	• Drug-Induced Deaths • Seeking Professional Help • *Ranked as #2 top concern among focus group participants; they emphasized:* o Co-Occurrence With Mental Health Issues o High Prevalence in the Community o Inadequate Resources
Tobacco Use	• Use of Smokeless Tobacco

Summary Tables: Comparisons With Benchmark Data

The following tables provide an overview of indicators in the MMH Service Area, including comparisons between the two counties, as well as trend data for Ripley County. These data are grouped to correspond with the Focus Areas presented in Healthy People 2020.

Reading the Summary Tables

■ In the following charts, MMH Service Area results are shown in the larger, blue column.

■ The green columns [to the left of the MMH Service Area column] provide comparisons between the two counties, identifying differences for each as "better than" (☀), "worse than" (☁), or "similar to" (☁) the opposing county.

■ The orange columns to the right of the MMH Service Area column provide comparisons between the MMH Service Area 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.

■ The pink column to the far right provides a trending comparison for Ripley County between 2008 and 2013, with symbols indicating whether results for the county have changed favorably (☀), unfavorably (☁), or remained stable (☁) over time.

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

General Health Status

General Health Status	Each County vs. Other		MMH Svc Area	MMH Svc Area vs. Benchmarks			TREND (Ripley Co.)
	Franklin Co	Ripley Co		vs. IN	vs. US	vs. HP2020	
% "Fair/Poor" Physical Health	similar 14.7	similar 14.2	14.3	better 18.9	similar 15.3		similar 15.7
% Activity Limitations	similar 14.2	similar 17.2	16.2	better 24.4	better 21.5		similar 17.6

Note: In the green section, each county is compared against the other. 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.

better = ☀️ (sun) similar = ☁️ (cloud) worse = 🌧️ (rain)

Access to Health Services

Access to Health Services	Each County vs. Other		MMH Svc Area	MMH Svc Area vs. Benchmarks			TREND (Ripley Co.)
	Franklin Co	Ripley Co		vs. IN	vs. US	vs. HP2020	
% [Age 18-64] Lack Health Insurance	similar 9.3	similar 9.8	9.6	better 23.6	better 15.1	worse 0.0	similar 9.0
% [Insured] Went Without Coverage in Past Year	similar 4.5	similar 3.6	3.9		better 8.1		better 7.0
% Difficulty Accessing Healthcare in Past Year (Composite)	similar 36.6	similar 36.4	36.5		similar 39.9		similar 35.3
% Inconvenient Hrs Prevented Dr Visit in Past Year	similar 18.1	similar 18.0	18.0		similar 15.4		similar 14.6
% Cost Prevented Getting Prescription in Past Year	similar 10.6	similar 8.7	9.4		better 15.8		better 14.2
% Cost Prevented Physician Visit in Past Year	similar 10.5	similar 9.1	9.6		better 18.2		similar 13.1
% Difficulty Getting Appointment in Past Year	similar 12.8	similar 15.5	14.6		similar 17.0		similar 13.9
% Difficulty Finding Physician in Past Year	similar 8.1	similar 9.0	8.7		similar 11.0		similar 7.0
% Transportation Hindered Dr Visit in Past Year	similar 5.1	similar 3.4	4.0		better 9.4		better 7.1
% Skipped Prescription Doses to Save Costs	similar 13.8	similar 12.2	12.8		similar 15.3		better 17.8
% Difficulty Getting Child's Healthcare in Past Year	similar 2.2	similar 1.2	1.5		better 6.0		similar 4.4
% [Age 18+] Have a Specific Source of Ongoing Care	similar 76.9	similar 76.0	76.3		similar 76.3	worse 95.0	similar 80.4

Access to Health Services (continued)

Access to Health Services (continued)	Each County vs. Other		MMH Svc Area	MMH Svc Area vs. Benchmarks			
	Franklin Co	Ripley Co		vs. IN	vs. US	vs. HP2020	TREND (Ripley Co.)
% [Age 18-64] Have a Specific Source of Ongoing Care	similar 75.0	similar 75.6	75.4		similar 75.6	worse 89.4	
% [Age 65+] Have a Specific Source of Ongoing Care	similar 83.8	similar 78.1	80.1		similar 80.0	worse 100.0	
% Have Had Routine Checkup in Past Year	similar 68.2	similar 69.3	68.9		similar 65.0		similar 63.8
% Child Has Had Checkup in Past Year	similar 81.9	similar 89.3	86.9		similar 84.1		similar 86.2
% Two or More ER Visits in Past Year	similar 3.8	similar 6.8	5.8		better 8.9		similar 6.3
% Rate Local Healthcare "Fair/Poor"	similar 9.1	similar 8.4	8.6		better 16.5		better 14.7

Note: In the green section, each county is compared against the other. 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.

Legend: ☀ better ☁ similar 🌧 worse

Arthritis, Osteoporosis & Chronic Back Conditions

Arthritis, Osteoporosis & Chronic Back Conditions	Each County vs. Other		MMH Svc Area	MMH Svc Area vs. Benchmarks			
	Franklin Co	Ripley Co		vs. IN	vs. US	vs. HP2020	TREND (Ripley Co.)
% [50+] Arthritis/Rheumatism	similar 35.5	similar 39.5	38.2		similar 37.3		similar 43.1
% [50+] Osteoporosis	similar 9.1	similar 11.7	10.8		similar 13.5	worse 5.3	similar 11.3
% Sciatica/Chronic Back Pain	similar 19.0	similar 18.4	18.6		similar 18.4		similar 19.1

Note: In the green section, each county is compared against the other. 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.

Legend: ☀ better ☁ similar 🌧 worse

Cancer

Cancer	Each County vs. Other		MMH Svc Area	MMH Svc Area vs. Benchmarks			
	Franklin Co	Ripley Co		vs. IN	vs. US	vs. HP2020	TREND (Ripley Co.)
Cancer (Age-Adjusted Death Rate)	similar 200.5	similar 197.6	198.2	worse 168.1	worse 173.8	worse 160.6	worse 182.8
Lung Cancer (Age-Adjusted Death Rate)			62.0	similar 59.9	worse 48.5	worse 45.5	
Prostate Cancer (Age-Adjusted Death Rate)			29.7	worse 22.5	worse 22.3	worse 21.2	

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Cancer

Cancer	Each County vs. Other		MMH Svc Area	MMH Svc Area vs. Benchmarks			
	Franklin Co	Ripley Co		vs. IN	vs. US	vs. HP2020	TREND (Ripley Co.)
Female Breast Cancer (Age-Adjusted Death Rate)			22.7	similar 23.4	similar 22.3	worse 20.6	
Colorectal Cancer (Age-Adjusted Death Rate)			21.3	worse 17.0	worse 16.1	worse 14.5	
% Skin Cancer	similar 8.0	similar 6.8	7.2	similar 5.4	similar 6.7		similar 6.0
% Cancer (Other Than Skin)	better 5.0	worse 9.4	7.9	similar 6.3	similar 6.1		similar 6.4
% [Men 50+] Prostate Exam in Past 2 Years	similar 63.5	similar 61.2	62.0		worse 75.0		worse 75.7
% [Women 50-74] Mammogram in Past 2 Years	similar 69.7	similar 78.3	75.5	similar 74.7	worse 83.6	worse 81.1	similar 70.8
% [Women 21-65] Pap Smear in Past 3 Years	similar 79.8	similar 78.5	78.9	similar 80.2	similar 83.9	worse 93.0	similar 81.4
% [Age 50+] Sigmoid/Colonoscopy Ever	similar 67.3	similar 65.6	66.2	similar 62.8	worse 75.2		similar 57.5
% [Age 50+] Blood Stool Test in Past 2 Years	similar 25.4	similar 26.1	25.9	better 15.8	worse 36.9		similar 25.5
% [Age 50-75] Colorectal Cancer Screening	similar 66.8	similar 69.0	68.3		worse 75.1	similar 70.5	

Note: In the green section, each county is compared against the other. 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.

Legend: ☀️ better ☁️ similar 🌧️ worse

Chronic Kidney Disease

Chronic Kidney Disease	Each County vs. Other		MMH Svc Area	MMH Svc Area vs. Benchmarks			
	Franklin Co	Ripley Co		vs. IN	vs. US	vs. HP2020	TREND (Ripley Co.)
Kidney Disease (Age-Adjusted Death Rate)			12.8	better 20.8	better 15.0		
% Kidney Disease	similar 2.2	similar 3.2	2.9		similar 3.0		

Note: In the green section, each county is compared against the other. 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.

Legend: ☀️ better ☁️ similar 🌧️ worse

Diabetes

Diabetes	Each County vs. Other		MMH Svc Area	MMH Svc Area vs. Benchmarks			
	Franklin Co	Ripley Co		vs. IN	vs. US	vs. HP2020	TREND (Ripley Co.)
Diabetes Mellitus (Age-Adjusted Death Rate)	☔ 33.5	☀ 24.0	28.4	☔ 23.8	☔ 21.2	☔ 20.5	☁ 24.5
% Diabetes/High Blood Sugar	☁ 8.4	☁ 10.9	10.0	☁ 10.2	☁ 11.7		☁ 9.5
% Borderline/Pre-Diabetes	☁ 6.5	☁ 4.4	5.1		☁ 5.1		
% [Non-Diabetes] Blood Sugar Tested in Past 3 Years	☁ 51.4	☁ 49.9	50.4		☁ 49.2		

Note: In the green section, each county is compared against the other. 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.

☀ better ☁ similar ☔ worse

Dementias, Including Alzheimer's Disease

Dementias, Including Alzheimer's Disease	Each County vs. Other		MMH Svc Area	MMH Svc Area vs. Benchmarks			
	Franklin Co	Ripley Co		vs. IN	vs. US	vs. HP2020	TREND (Ripley Co.)
Alzheimer's Disease (Age-Adjusted Death Rate)	☔ 42.5	☀ 34.7	37.2	☔ 27.6	☔ 24.3		☔ 14.0

Note: In the green section, each county is compared against the other. 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.

☀ better ☁ similar ☔ worse

Environmental Health

Environmental Health	Each County vs. Other		MMH Svc Area	MMH Svc Area vs. Benchmarks			
	Franklin Co	Ripley Co		vs. IN	vs. US	vs. HP2020	TREND (Ripley Co.)
% Illness Caused by Indoor Contaminants	☁ 13.0	☁ 12.0	12.3				☁ 12.7
% Mold in the Home	☁ 3.7	☁ 2.2	2.7				☀ 5.0

Note: In the green section, each county is compared against the other. 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.

☀ better ☁ similar ☔ worse

Family Planning

Family Planning	Each County vs. Other		MMH Svc Area	MMH Svc Area vs. Benchmarks			
	Franklin Co	Ripley Co		vs. IN	vs. US	vs. HP2020	TREND (Ripley Co.)
% of Births to Unwed Mothers	☀ 32.7	☔ 39.5	37.0	☀ 43.4	☀ 40.8		☔ 22.5
% Births to Teenagers	☀ 9.1	☔ 10.9	10.3	☀ 14.5	☁ 9.9		☀ 12.8

Note: In the green section, each county is compared against the other. 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.

☀ better ☁ similar ☔ worse

Hearing & Other Sensory or Communication Disorders

Hearing & Other Sensory or Communication Disorders	Each County vs. Other		MMH Svc Area	vs. IN	vs. US	vs. HP2020	TREND (Ripley Co.)
	Franklin Co	Ripley Co					
% Deafness/Trouble Hearing	(similar) 11.2	(similar) 9.6	10.1		(similar) 10.3		(similar) 13.4

Note: In the green section, each county is compared against the other. 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.

☀ better   ☁ similar   🌧 worse

Heart Disease & Stroke

Heart Disease & Stroke	Each County vs. Other		MMH Svc Area	vs. IN	vs. US	vs. HP2020	TREND (Ripley Co.)
	Franklin Co	Ripley Co					
Diseases of the Heart (Age-Adjusted Death Rate)	(better) 149.9	(worse) 180.2	167.7	(better) 195.1	(better) 181.9	(worse) 158.9	(better) 248.5
Stroke (Age-Adjusted Death Rate)	(better) 36.0	(worse) 50.7	44.6	(similar) 44.4	(worse) 39.6	(worse) 33.8	(better) 73.1
% Heart Disease (Heart Attack, Angina, Coronary Disease)	(similar) 6.9	(similar) 6.5	6.6		(similar) 6.1		(similar) 7.0
% Stroke	(similar) 1.7	(similar) 3.1	2.6	(similar) 3.4	(similar) 3.9		(similar) 3.1
% Blood Pressure Checked in Past 2 Years	(similar) 94.0	(similar) 95.5	95.0		(better) 91.0	(better) 92.6	(similar) 95.4
% Told Have High Blood Pressure (Ever)	(similar) 37.4	(similar) 41.1	39.9	(worse) 32.8	(worse) 34.1	(worse) 26.9	(worse) 32.2
% [HBP] Taking Action to Control High Blood Pressure	(similar) 88.8	(similar) 92.8	91.5		(similar) 89.2		(similar) 90.8
% Cholesterol Checked in Past 5 Years	(worse) 87.5	(better) 92.1	90.5	(better) 72.8	(better) 86.6	(better) 82.1	(better) 84.2
% Told Have High Cholesterol (Ever)	(similar) 34.1	(similar) 31.2	32.2	(better) 39.0	(similar) 29.9	(worse) 13.5	(similar) 32.1
% [HBC] Taking Action to Control High Blood Cholesterol	(worse) 82.9	(better) 94.8	90.5		(better) 81.4		(better) 85.7
% 1+ Cardiovascular Risk Factor	(worse) 90.0	(better) 80.5	83.8		(similar) 82.3		(similar) 85.2

Note: In the green section, each county is compared against the other. 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.

☀ better   ☁ similar   🌧 worse

Immunization & Infectious Diseases

Immunization & Infectious Diseases	Each County vs. Other		MMH Svc Area	MMH Svc Area vs. Benchmarks			
	Franklin Co	Ripley Co		vs. IN	vs. US	vs. HP2020	TREND (Ripley Co.)
% [Age 65+] Flu Vaccine in Past Year	(similar) 61.3	(similar) 69.9	67.0	(similar) 60.6	(better) 57.5	(worse) 90.0	(similar) 63.4
% [High-Risk 18-64] Flu Vaccine in Past Year	(similar) 39.5	(similar) 55.2	50.7		(similar) 45.9	(worse) 90.0	(similar) 52.3
% [Age 65+] Pneumonia Vaccine Ever	(similar) 63.1	(similar) 62.5	62.7	(worse) 70.5	(similar) 68.4	(worse) 90.0	(similar) 58.3
% [High-Risk 18-64] Pneumonia Vaccine Ever	(similar) 31.3	(similar) 41.3	38.4		(similar) 41.9	(worse) 60.0	(better) 23.4
% Completed the Hepatitis B Vaccination Series	(worse) 32.9	(better) 44.6	40.8		(similar) 44.7		(better) 31.6

Note: In the green section, each county is compared against the other. 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.

Legend: ☀ better ☁ similar 🌧 worse

Injury & Violence Prevention

Injury & Violence Prevention	Each County vs. Other		MMH Svc Area	MMH Svc Area vs. Benchmarks			
	Franklin Co	Ripley Co		vs. IN	vs. US	vs. HP2020	TREND (Ripley Co.)
Unintentional Injury (Age-Adjusted Death Rate)	(similar) 43.4	(similar) 45.1	45.1	(worse) 39.0	(worse) 38.0	(worse) 36.0	(worse) 32.1
Motor Vehicle Crashes (Age-Adjusted Death Rate)			14.1	(worse) 12.2	(worse) 12.0	(worse) 12.4	
% "Always" Wear Seat Belt	(similar) 83.3	(similar) 85.8	85.0	(worse) 93.9	(similar) 84.8	(worse) 92.0	(better) 75.7
% Child [Age 5-17] Healthy Weight	(similar) 58.8	(similar) 60.0	59.6		(similar) 56.7		
% Child [Age 0-17] "Always" Uses Seat Belt/Car Seat	(similar) 95.4	(similar) 98.0	97.1		(better) 92.2		(similar) 96.7
% Child [Age 5-17] "Always" Wears Bicycle Helmet	(similar) 17.7	(similar) 26.5	23.3		(worse) 48.7		(similar) 31.9
Firearm-Related Deaths (Age-Adjusted Death Rate)			9.2	(better) 11.1	(better) 10.2	(similar) 9.2	
% Victim of Domestic Violence (Ever)	(better) 3.4	(worse) 7.2	5.9		(better) 15.0		(similar) 10.7

Note: In the green section, each county is compared against the other. 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.

Legend: ☀ better ☁ similar 🌧 worse

Maternal, Infant & Child Health

	Each County vs. Other — Franklin Co	Each County vs. Other — Ripley Co	MMH Svc Area	MMH Svc Area vs. Benchmarks — vs. IN	vs. US	vs. HP2020	TREND (Ripley Co.)
% No Prenatal Care in First Trimester	☀ better 26.1	🌧 worse 31.1	29.3	☀ better 32.9		🌧 worse 22.1	🌧 worse 21.1
% of Low Birthweight Births	☁ similar 6.4	☁ similar 6.9	6.7	☀ better 8.2	☀ better 8.2	☀ better 7.8	☀ better 7.5
Infant Death Rate	☁ similar 5.8	☁ similar 5.4	5.6	☀ better 7.8	☀ better 6.9	☀ better 6.0	☁ similar 5.3

Note: In the green section, each county is compared against the other. 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.

☀ better   ☁ similar   🌧 worse

Mental Health & Mental Disorders

	Each County vs. Other — Franklin Co	Each County vs. Other — Ripley Co	MMH Svc Area	MMH Svc Area vs. Benchmarks — vs. IN	vs. US	vs. HP2020	TREND (Ripley Co.)
% "Fair/Poor" Mental Health	☁ similar 9.2	☁ similar 9.8	9.6		☁ similar 11.9		☁ similar 9.5
% Diagnosed Depression	☁ similar 14.4	☁ similar 17.8	16.6		☀ better 20.4		
% Symptoms of Chronic Depression (2+ Years)	☁ similar 26.3	☁ similar 25.0	25.5		☀ better 30.4		☁ similar 21.7
Suicide (Age-Adjusted Death Rate)	🌧 worse 12.6	☀ better 10.8	11.8	☁ similar 12.3	🌧 worse 11.2	🌧 worse 10.2	☁ similar 10.3
% Have Ever Sought Help for Mental Health	☁ similar 15.5	☁ similar 18.4	17.4		🌧 worse 23.7		
% [Those With Diagnosed Depression] Seeking Help	☁ similar 71.5	☁ similar 80.9	78.1		☁ similar 76.6		
% Typical Day Is "Extremely/Very" Stressful	☁ similar 8.6	☁ similar 8.4	8.5		☀ better 11.9		☁ similar 12.2

Note: In the green section, each county is compared against the other. 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.

☀ better   ☁ similar   🌧 worse

Nutrition & Weight Status	Each County vs. Other		MMH Svc Area	MMH Svc Area vs. Benchmarks			
	Franklin Co	Ripley Co		vs. IN	vs. US	vs. HP2020	TREND (Ripley Co.)
% Eat 5+ Servings of Fruit or Vegetables per Day	☁ 32.0	☁ 37.2	35.4		☁ 39.5		☁ 42.8
% "Very/Somewhat" Difficult to Buy Fresh Produce	☁ 23.1	☁ 22.3	22.6		☁ 24.4		
% Medical Advice on Nutrition in Past Year	☁ 31.5	☁ 31.5	31.5		🌧 39.2		☁ 34.3
% Healthy Weight (BMI 18.5-24.9)	🌧 28.1	☀ 36.6	33.7		☁ 34.4	☁ 33.9	☁ 32.8
% Overweight (BMI 25+)	🌧 70.6	☀ 62.4	65.2	☁ 65.6	☁ 63.1		☁ 65.6
% Obese (BMI 30+)	🌧 35.9	☀ 25.6	29.1	☁ 30.8	☁ 29.0	☁ 30.5	☀ 31.6
% Medical Advice on Weight in Past Year	☁ 23.7	☁ 20.6	21.7		☁ 23.7		☁ 21.2
% [Overweights] Counseled About Weight in Past Year	☁ 32.1	☁ 25.5	27.9		☁ 31.8		☁ 28.8
% [Obese Adults] Counseled About Weight in Past Year	☁ 46.2	☁ 38.2	41.6		☁ 48.3		
% [Overweights] Trying to Lose Weight Both Diet/Exercise	☁ 39.1	☁ 37.4	38.0		☁ 39.5		🌧 56.0
% Children [Age 5-17] Overweight (85th Percentile)	☁ 27.8	☁ 34.0	31.9		☁ 31.5		☁ 29.8
% Children [Age 5-17] Obese (95th Percentile)	☁ 9.1	☁ 17.0	14.4		☁ 14.8	☁ 14.5	☁ 14.4

Note: In the green section, each county is compared against the other. 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.

☀ better ☁ similar 🌧 worse

Oral Health

Oral Health	Each County vs. Other		MMH Svc Area	MMH Svc Area vs. Benchmarks			
	Franklin Co	Ripley Co		vs. IN	vs. US	vs. HP2020	TREND (Ripley Co.)
% [Age 18+] Dental Visit in Past Year	☁ 60.1	☁ 65.2	63.5	🌧 68.8	☁ 65.9	☀ 49.0	☁ 63.9
% Child [Age 2-17] Dental Visit in Past Year	☁ 86.3	☁ 91.3	89.7		☀ 81.5	☀ 49.0	☀ 82.3
% Have Dental Insurance	🌧 55.9	☀ 62.7	60.4		🌧 65.6		☁ 59.6

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
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
Physical Activity

Physical Activity	Each County vs. Other		MMH Svc Area	MMH Svc Area vs. Benchmarks			
	Franklin Co	Ripley Co		vs. IN	vs. US	vs. HP2020	TREND (Ripley Co.)
% No Leisure-Time Physical Activity	☁ 25.5	☁ 22.1	23.3	☀ 29.2	☁ 20.7	☀ 32.6	☁ 24.7
% Meeting Physical Activity Guidelines	☁ 44.0	☁ 48.5	47.0		☁ 50.3		☁ 42.7
% Moderate Physical Activity	☁ 27.7	☁ 31.1	29.9		☁ 30.6		☁ 27.1
% Vigorous Physical Activity	☁ 31.9	☁ 36.5	34.9		☁ 38.0		☁ 32.1
% Medical Advice on Physical Activity in Past Year	☀ 42.5	🌧 33.4	36.5		🌧 44.0		☁ 37.0
% Child [Age 2-17] Physically Active 1+ Hours per Day	☁ 55.1	☁ 57.2	56.5		☁ 48.6		
% Availability of Recreation for Seniors is "Fair/Poor"	🌧 42.0	☀ 32.8	36.1				
% Availability of Recreation for Teens is "Fair/Poor"	☁ 42.5	☁ 37.4	39.1				
% Availability of Recreation for Young Children is "Fair/Poor"	🌧 41.7	☀ 31.9	35.2				

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
☀ better ☁ similar 🌧 worse

Respiratory Diseases

Each County vs. Other | **MMH Svc Area vs. Benchmarks**

Respiratory Diseases	Franklin Co	Ripley Co	MMH Svc Area	vs. IN	vs. US	vs. HP2020	TREND (Ripley Co.)
CLRD (Age-Adjusted Death Rate)	better 42.4	worse 62.8	54.0	similar 56.1	worse 42.8		worse 36.0
Pneumonia/Influenza (Age-Adjusted Death Rate)			17.4	similar 17.6	worse 16.1		
% COPD (Lung Disease)	similar 6.4	similar 7.6	7.2		similar 8.6		similar 7.8
% [Adult] Currently Has Asthma	similar 6.6	similar 6.3	6.4	better 9.6	better 9.4		similar 6.0
% [Child 0-17] Currently Has Asthma	similar 7.9	similar 6.2	6.8		similar 7.1		similar 8.1

Note: In the green section, each county is compared against the other. 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.

Legend: better (sun), similar (cloud), worse (rain)

Substance Abuse

Each County vs. Other | **MMH Svc Area vs. Benchmarks**

Substance Abuse	Franklin Co	Ripley Co	MMH Svc Area	vs. IN	vs. US	vs. HP2020	TREND (Ripley Co.)
Cirrhosis/Liver Disease (Age-Adjusted Death Rate)			8.2	similar 7.9	better 9.1	similar 8.2	
% Current Drinker	similar 55.3	similar 54.7	54.9	similar 51.6	similar 56.5		similar 55.1
% Chronic Drinker (Average 2+ Drinks/Day)	similar 7.7	similar 5.5	6.3		similar 5.2		similar 6.4
% Binge Drinker (Single Occasion - 5+ Drinks Men, 4+ Women)	similar 20.8	similar 22.1	21.7	worse 17.8	similar 19.5	similar 24.4	similar 18.9
% Drinking & Driving in Past Month	similar 5.5	similar 3.6	4.2		similar 5.0		similar 3.9
Drug-Induced Deaths (Age-Adjusted Death Rate)			16.4	worse 14.4	worse 12.7	worse 11.3	
% Illicit Drug Use in Past Month	similar 0.4	similar 1.2	1.0		better 4.0	better 7.1	similar 1.5
% Ever Sought Help for Alcohol or Drug Problem	worse 0.5	better 2.9	2.1		worse 4.9		similar 2.4

Note: In the green section, each county is compared against the other. 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.

Legend: better (sun), similar (cloud), worse (rain)
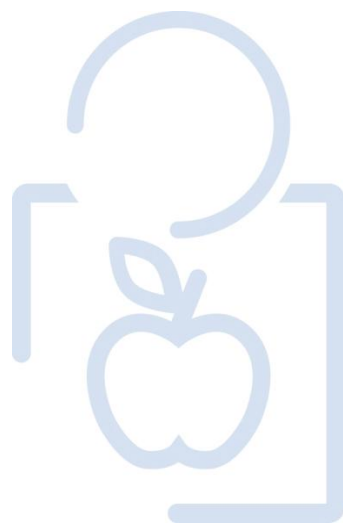
Tobacco Use

Tobacco Use	Each County vs. Other — Franklin Co	Each County vs. Other — Ripley Co	MMH Svc Area	vs. IN	vs. US	vs. HP2020	TREND (Ripley Co.)
% Current Smoker	☂ worse 19.3	☀ better 13.5	15.5	☀ better 25.6	☁ similar 14.9	☂ worse 12.0	☀ better 21.7
% Someone Smokes at Home	☂ worse 14.5	☀ better 9.0	10.9		☁ similar 12.7	☁ similar 13.0	☀ better 18.1
% [Non-Smokers] Someone Smokes in the Home	☁ similar 4.1	☁ similar 3.3	3.5		☀ better 6.3		☁ similar 5.9
% [Household With Children] Someone Smokes in the Home	☁ similar 12.1	☁ similar 5.7	7.8		☁ similar 9.7		☀ better 18.4
% [Smokers] Received Advice to Quit Smoking	☂ worse 60.0	☀ better 81.9	72.6		☁ similar 67.8		☀ better 57.3
% [Smokers] Have Quit Smoking 1+ Days in Past Year	☁ similar 47.3	☁ similar 43.6	45.2		☁ similar 55.9	☂ worse 80.0	☁ similar 49.5
% Smoke Cigars	☁ similar 0.9	☁ similar 2.4	1.9		☀ better 4.1	☂ worse 0.2	☁ similar 2.8
% Use Smokeless Tobacco	☁ similar 7.1	☁ similar 7.7	7.5		☂ worse 4.0	☂ worse 0.3	☁ similar 5.0

Legend: ☀ better ☁ similar ☂ worse

Vision

Vision	Each County vs. Other — Franklin Co	Each County vs. Other — Ripley Co	MMH Svc Area	vs. IN	vs. US	vs. HP2020	TREND (Ripley Co.)
% Blindness/Trouble Seeing	☁ similar 8.1	☁ similar 8.4	8.3		☁ similar 8.5		☁ similar 7.6
% Eye Exam in Past 2 Years	☁ similar 55.2	☁ similar 59.1	57.8		☁ similar 56.8		☁ similar 61.7

Legend: ☀ better ☁ similar ☂ worse

GENERAL HEALTH STATUS

Self-Reported Health Status

A total of 50.9% of MMH Service Area adults rate their overall health as "excellent" or "very good."

- Another 34.7% gave "good" ratings of their overall health.

Self-Reported Health Status
(MMH Service Area, 2013)
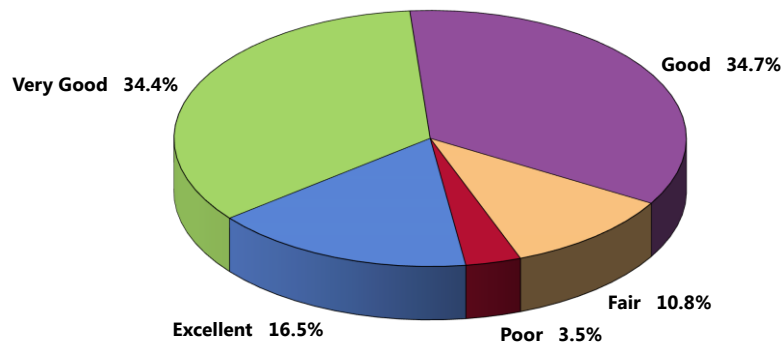
Very Good 34.4%

Good 34.7%

Excellent 16.5%

Poor 3.5%

Fair 10.8%

Sources: ● 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]
Notes: ● Asked of all respondents.

However, 14.3% say that their overall health is "fair" or "poor."

- Much better than statewide findings.
- Comparable to the national percentage.
- Similar findings by county.
- No statistically significant change has occurred when comparing Ripley County "fair/poor" overall health reports to previous county results.

Experience "Fair" or "Poor" Overall Health

Franklin County	Ripley County	MMH Svc Area	IN	US	Ripley County 2008	Ripley County 2013
14.7%	14.2%	14.3%	18.9%	15.3%	15.7%	14.2%
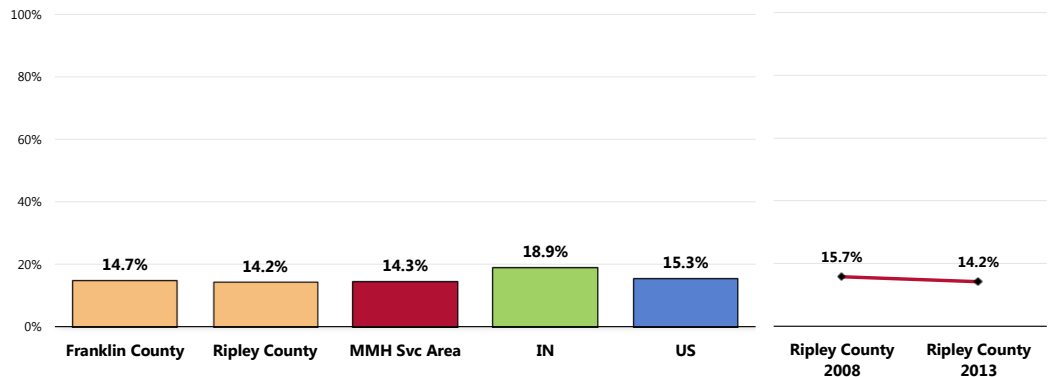
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 5]
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): Indiana 2011 data.
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Adults <u>more</u> likely to report experiencing "fair" or "poor" overall health include:

- 🏃 Men.

- 🏃 Residents age 40 and older (note the positive correlation with age).

- 🏃 Residents living at lower incomes.

Experience "Fair" or "Poor" Overall Health
(MMH Service Area, 2013)
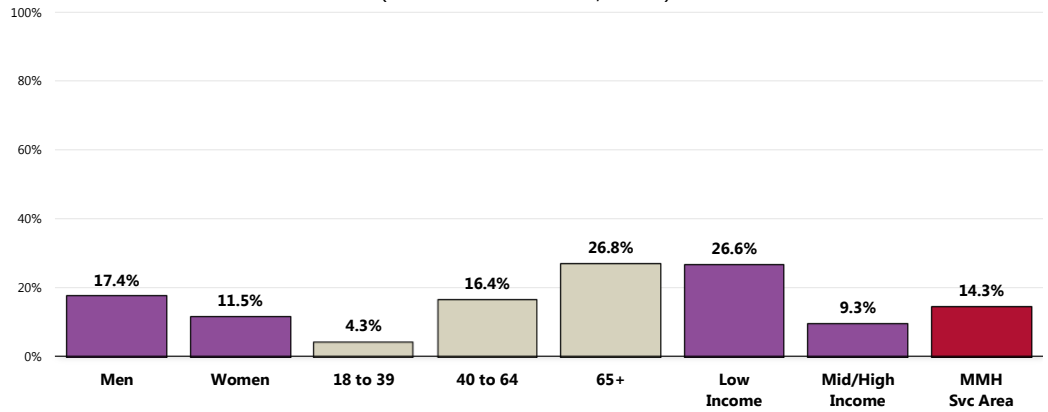
Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	MMH Svc Area
17.4%	11.5%	4.3%	16.4%	26.8%	26.6%	9.3%	14.3%

Sources: ● 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]
Notes: ● Asked of all respondents.
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Activity Limitations

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

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

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

- **Improve the conditions of daily life** by: encouraging communities to be accessible so all can live in, move through, and interact with their environment; encouraging community living; and removing barriers in the environment using both physical universal design concepts and operational policy shifts.

- **Address the inequitable distribution of resources among people with disabilities and those without disabilities** by increasing: appropriate health care for people with disabilities; education and work opportunities; social participation; and access to needed technologies and assistive supports.

- **Expand the knowledge base and raise awareness about determinants of health for people with disabilities** by increasing: the inclusion of people with disabilities in public health data collection efforts across the lifespan; the inclusion of people with disabilities in health promotion activities; and the expansion of disability and health training opportunities for public health and health care professionals.

  – Healthy People 2020 (www.healthypeople.gov)

    A total of 16.2% of MMH Service Area adults are limited in some way in some activities due to a physical, mental or emotional problem.

- More favorable than the prevalence statewide.
- More favorable than the national prevalence.
- Statistically similar by county.
- Ripley County: unchanged over time.

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

Franklin County	Ripley County	MMH Svc Area	IN	US	Ripley County 2008	Ripley County 2013
14.2%	17.2%	16.2%	24.4%	21.5%	17.6%	17.2%
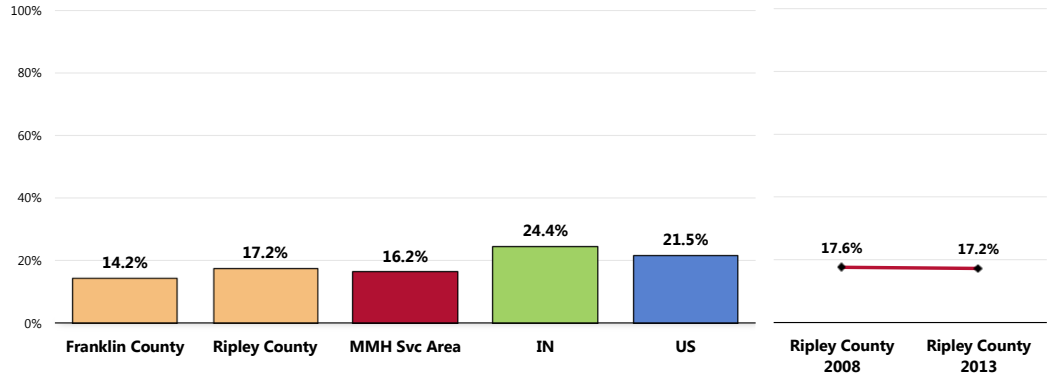
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 106]
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): Indiana 2011 data.
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

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

- Men, low-income residents, and adults age 40 and older are much more often limited in activities (note the positive correlation with age).

Limited in Activities in Some Way
Due to a Physical, Mental or Emotional Problem
(MMH Service Area, 2013)

Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	MMH Svc Area
19.7%	13.0%	6.5%	20.0%	24.2%	26.5%	10.4%	16.2%

Sources: ● 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 106]
Notes: ● Asked of all respondents.
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Among persons reporting activity limitations, these are most often attributed to musculoskeletal issues, such as back/neck problems, arthritis/rheumatism, or difficulty walking.

A considerable number of residents, however, noted problems with depression or mental health.

Type of Problem That Limits Activities
(Among Those Reporting Activity Limitations; MMH Service Area, 2013)

Category	Percentage
Back/Neck Problem	26.6%
Arthritis/Rheumatism	12.8%
Walking Problem	6.7%
Depression/Anxiety/Mental	4.3%
Various Other (<3% Each)	49.6%
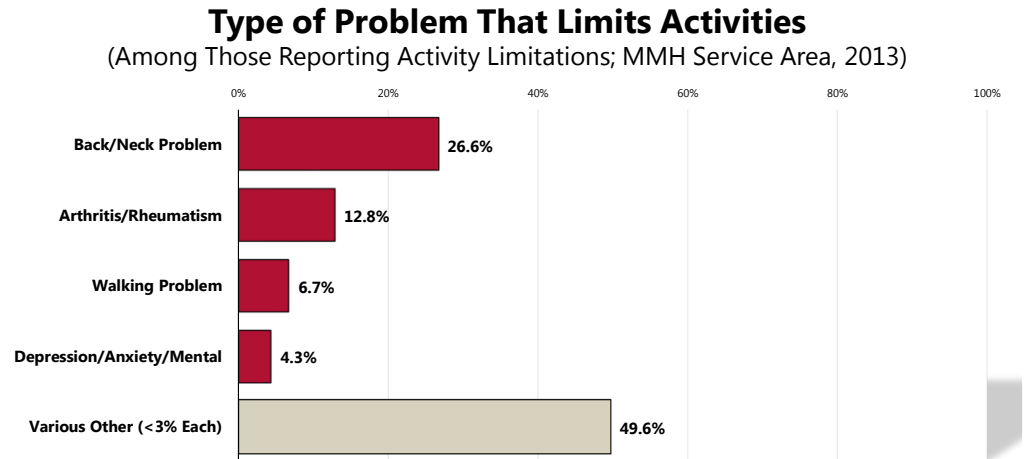
Sources: ● 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 107]
Notes: ● Asked of those respondents reporting activity limitations.

Mental Health & Mental Disorders

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

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

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

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

- MEB disorders are common and begin early in life.

- The greatest opportunity for prevention is among young people.

- There are multiyear effects of multiple preventive interventions on reducing substance abuse, conduct disorder, antisocial behavior, aggression, and child maltreatment.

- The incidence of depression among pregnant women and adolescents can be reduced.

- School-based violence prevention can reduce the base rate of aggressive problems in an average school by 25 to 33%.

- There are potential indicated preventive interventions for schizophrenia.

- Improving family functioning and positive parenting can have positive outcomes on mental health and can reduce poverty-related risk.

- School-based preventive interventions aimed at improving social and emotional outcomes can also improve academic outcomes.

- Interventions targeting families dealing with adversities, such as parental depression or divorce, can be effective in reducing risk for depression among children and increasing effective parenting.

- Some preventive interventions have benefits that exceed costs, with the available evidence strongest for early childhood interventions.

- Implementation is complex, and it is important that interventions be relevant to the target audiences.

In addition to advancements in the prevention of mental disorders, there continues to be steady progress in treating mental disorders as new drugs and stronger evidence-based outcomes become available.

– Healthy People 2020 (www.healthypeople.gov)

Menta| Health Status

Self-Reported Mental Health Status

A total of 62.9% of MMH Service Area adults rate their overall mental health as "excellent" or "very good."

- Another 27.5% gave "good" ratings of their own mental health status.

Self-Reported Mental Health Status
(MMH Service Area, 2013)
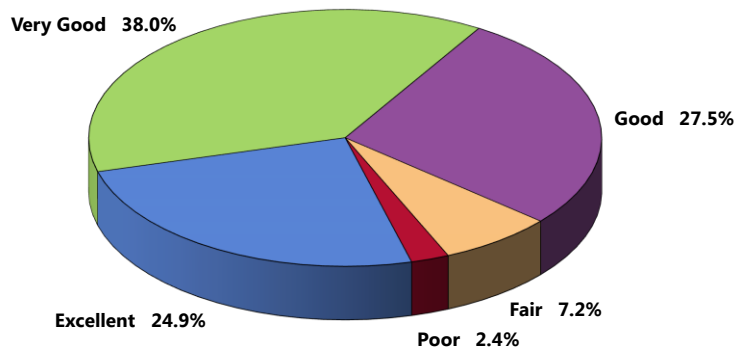
Very Good 38.0%

Good 27.5%

Excellent 24.9%

Fair 7.2%

Poor 2.4%

Sources: ● 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 101]
Notes: ● Asked of all respondents.

A total of 9.6% of MMH Service Area adults, however, believe that their overall mental health is "fair" or "poor."

- Similar to the "fair/poor" response reported nationally.

- Similar by county.

- Unchanged over time in Ripley County.

Experience "Fair" or "Poor" Mental Health

	Franklin County	Ripley County	MMH Svc Area	US	Ripley County 2008	Ripley County 2013
	9.2%	9.8%	9.6%	11.9%	9.5%	9.8%
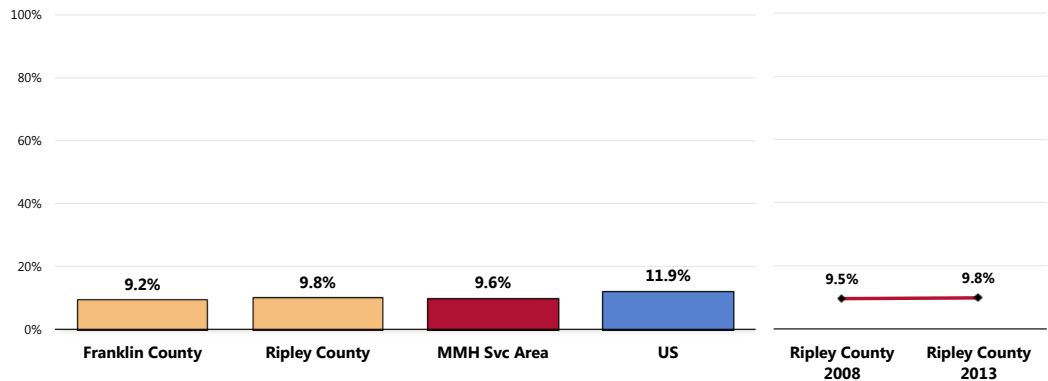
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 101]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

💏 Note the <u>negative</u> correlation between poor mental health and income.

💏 Other differences within demographic groups, as illustrated in the following chart, are <u>not</u> statistically significant.

Experience "Fair" or "Poor" Mental Health
(MMH Service Area, 2013)
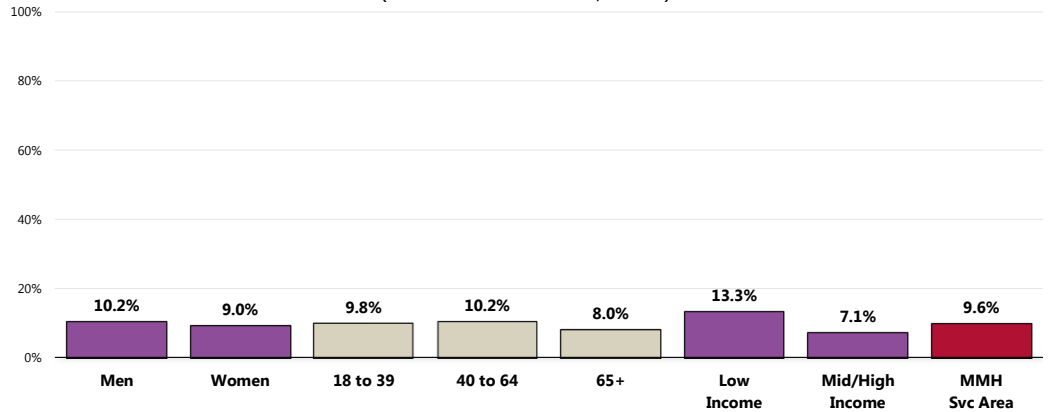
Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	MMH Svc Area
10.2%	9.0%	9.8%	10.2%	8.0%	13.3%	7.1%	9.6%

Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 101]
Notes: • Asked of all respondents.
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Depression

Diagnosed Depression

A total of 16.6% of MMH Service Area adults have been diagnosed by a physician as having a depressive disorder (such as depression, major depression, dysthymia, or minor depression).

● Better than the national finding.

● Statistically similar by county.

Have Been Diagnosed With a Depressive Disorder
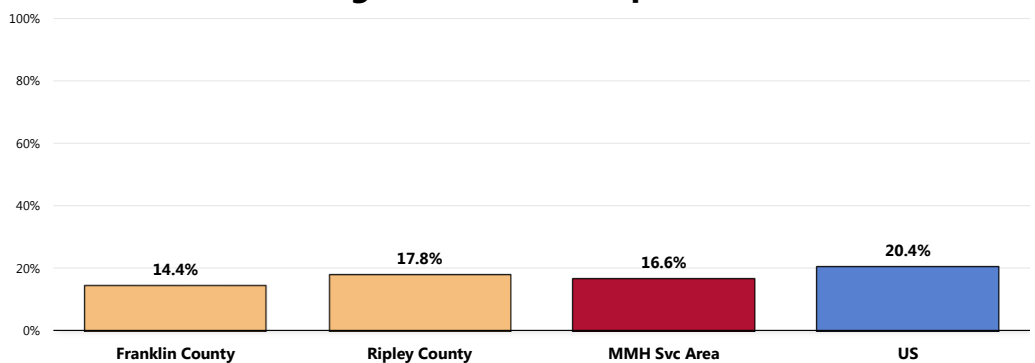
Franklin County	Ripley County	MMH Svc Area	US
14.4%	17.8%	16.6%	20.4%

Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 104]
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.
• Depressive disorder includes depression, major depression, dysthymia, or minor depression.

The prevalence of diagnosed depression is notably higher among:

👪 Women.

👪 Adults under the age of 65.

👪 Community members living at lower incomes.

Have Been Diagnosed With a Depressive Disorder
(MMH Service Area, 2013)

	Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	MMH Svc Area
%	12.0%	21.0%	17.1%	19.2%	9.9%	22.2%	14.2%	16.6%

Sources: ● 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 104]
Notes: ● Asked of all respondents.
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
● Depressive disorder includes depression, major depression, dysthymia, or minor depression.

Symptoms of Chronic Depression

A total of 25.5% of MMH 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 (chronic depression).

● More favorable than national findings.

● No statistical difference by county.

📈 Similar to that reported in Ripley County in 2008.

Have Experienced Symptoms of Chronic Depression

Franklin County	Ripley County	MMH Svc Area	US	Ripley County 2008	Ripley County 2013
26.3%	25.0%	25.5%	30.4%	21.7%	25.0%
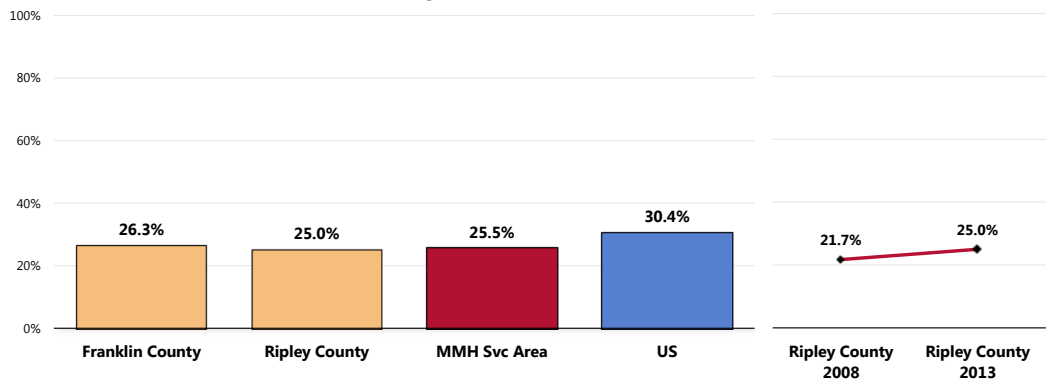
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 102]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

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

👪 Adults with lower incomes.

Have Experienced Symptoms of Chronic Depression
(MMH Service Area, 2013)
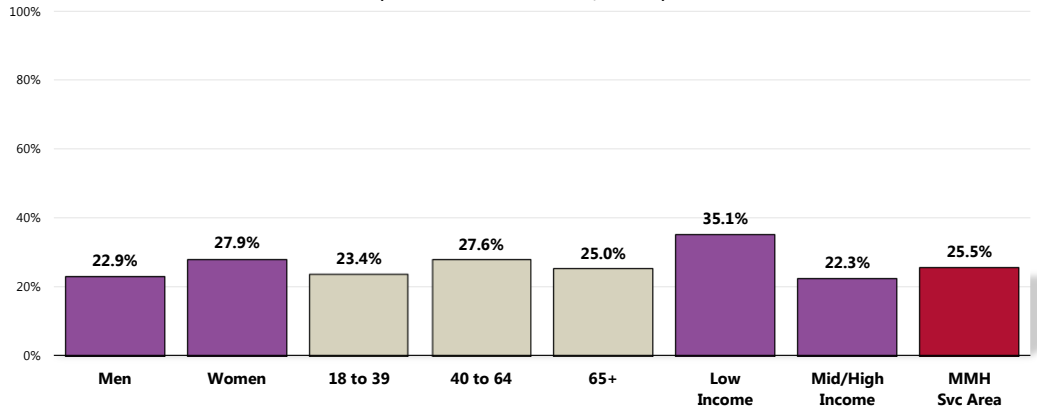
Category	Percentage
Men	22.9%
Women	27.9%
18 to 39	23.4%
40 to 64	27.6%
65+	25.0%
Low Income	35.1%
Mid/High Income	22.3%
MMH Svc Area	25.5%

Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 102]
Notes: • Asked of all respondents.
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Stress

More than 4 in 10 MMH Service Area adults consider their typical day to be "not very stressful" (31.8%) or "not at all stressful" (9.8%).

● Another one-half (49.9%) of survey respondents characterizes a typical day as "moderately stressful."

Perceived Level of Stress On a Typical Day
(MMH Service Area, 2013)
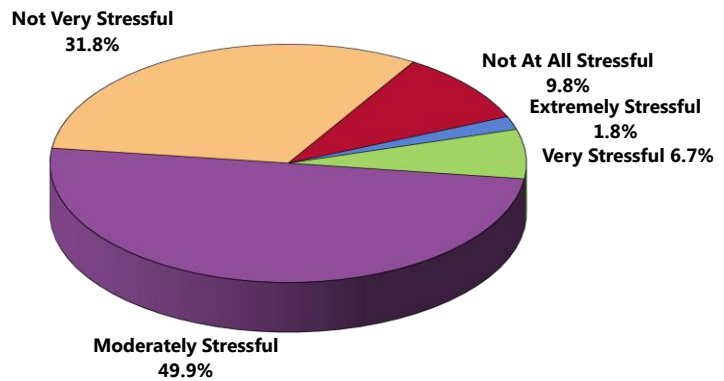
Not Very Stressful 31.8%
Not At All Stressful 9.8%
Extremely Stressful 1.8%
Very Stressful 6.7%
Moderately Stressful 49.9%

Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 103]
Notes: • Asked of all respondents.

In contrast, 8.5% of MMH Service Area adults experience "very" or "extremely" stressful days on a regular basis.

- More favorable than national findings.
- Comparable findings by county.
- Ripley County: statistically similar to the 2008 findings.

Perceive Most Days As "Extremely" or "Very" Stressful

	Franklin County	Ripley County	MMH Svc Area	US	Ripley County 2008	Ripley County 2013
	8.6%	8.4%	8.5%	11.9%	12.2%	8.4%
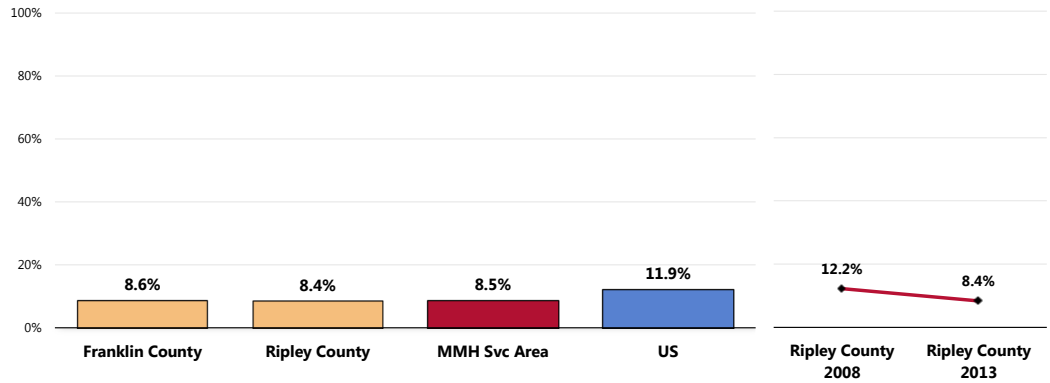
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 103]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

- Note that high stress levels are more prevalent among adults age 40 to 64.

Perceive Most Days as "Extremely" or "Very" Stressful
(MMH Service Area, 2013)
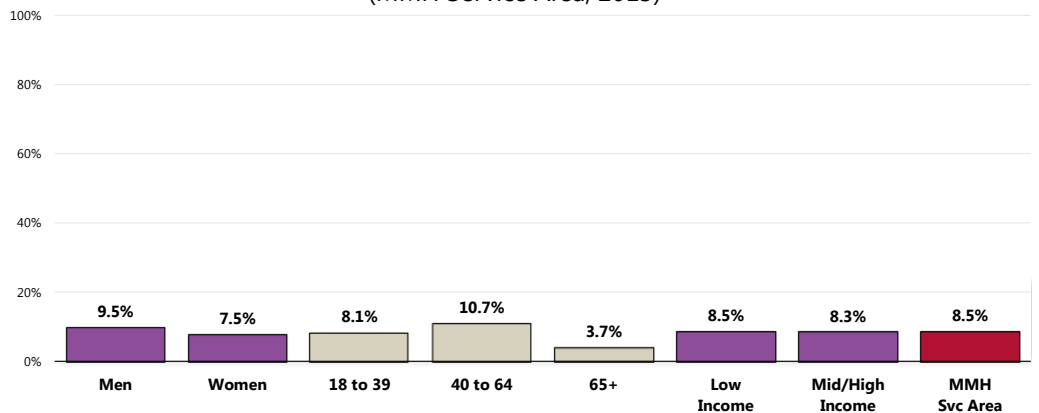
Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	MMH Svc Area
9.5%	7.5%	8.1%	10.7%	3.7%	8.5%	8.3%	8.5%

Sources: ● 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 103]
Notes: ● Asked of all respondents.
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Suicide

Between 2001 and 2010, there was an annual average age-adjusted suicide rate of 11.8 deaths per 100,000 population in the MMH Service Area.

- Similar to the statewide rate.
- Higher than the national rate.
- Fails to satisfy the Healthy People 2020 target of 10.2 or lower.
- Higher in Franklin County.
- Note that because suicide counts are generally low, a relatively wide time frame is required for these data (2001-2010). Because of this, trend data are not presented here.
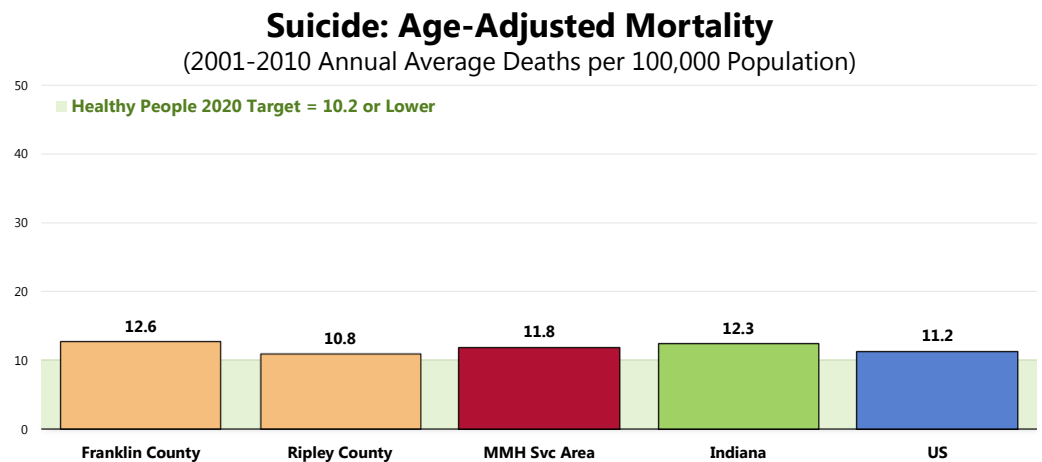
Suicide: Age-Adjusted Mortality
(2001-2010 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 10.2 or Lower

Franklin County	Ripley County	MMH Svc Area	Indiana	US
12.6	10.8	11.8	12.3	11.2

Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2013.
• 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 U.S. Standard Population.
• Local, state and national data are simple three-year averages.

Mental Health Treatment

"Diagnosed depression" includes respondents reporting a past diagnosis of depression, major depression, dysthymia, or minor depression by a physician.

Among adults with diagnosed depression, 78.1% acknowledge that they have sought professional help for a mental or emotional problem.

- Similar to national findings.
- County findings are statistically similar.

Adults With Diagnosed Depression Who Have Ever Sought Professional Help for a Mental or Emotional Problem

(Among Adults With Diagnosed Depression)

Franklin County	Ripley County	MMH Svc Area	US
71.5%	80.9%	78.1%	76.6%
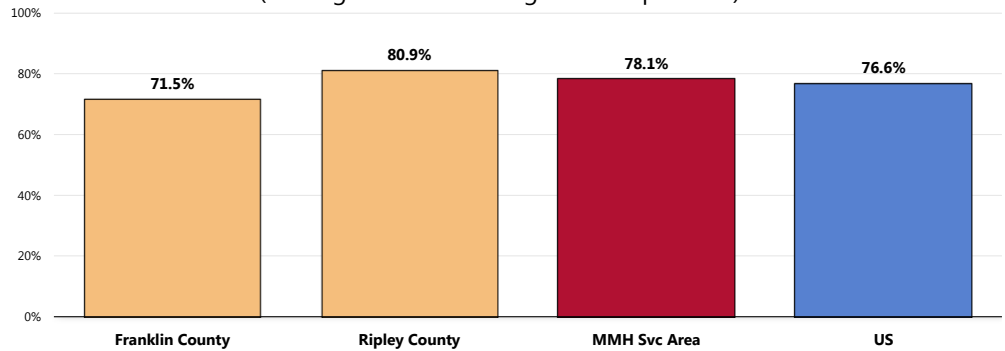
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 124]
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Reflects those respondents with a depressive disorder diagnosed by a physician.

Related Focus Group Findings: Mental Health

Focus group participants spent time discussing mental health in the community. The main issues include:

- Limited number of behavioral health providers and services
- Community Mental Health Center
- Stigma
- Cost

During the focus group, issues surrounding mental illness and mental healthcare coverage arose several times. Key informants feel that the community suffers due to the **limited number of behavioral health providers and services** available. The closest inpatient facility is in Lawrenceburg, so residents must travel for this level of care. The **Community Mental Health Center** represents the main outpatient behavioral health option for residents; however, the clinics struggle to keep up with the high demand. Many times, patients needing to see a psychiatrist have waiting periods of several months, but counselors are available. A respondent explains:

> *"There's always a wait list and unfortunately with mental health there's that need today. You may still be suffering from it in a week or two weeks or two months, but today is really when you need to be seen, and a majority of the time, unfortunately, again, based on the wait list, or in order for someone that's degreed enough to do the assessment, you have to go in to the office, which, again, then takes into the transportation." — Ripley County Key Informant*

Stigma and cost may also impede a community member's ability to access mental health services. For those residents *with* insurance, behavioral healthcare is not always covered.

The Community Mental Health Center does partner with the local schools but lacks the capacity to support the true need for the adolescent population.

DEATH, DISEASE & CHRONIC CONDITIONS
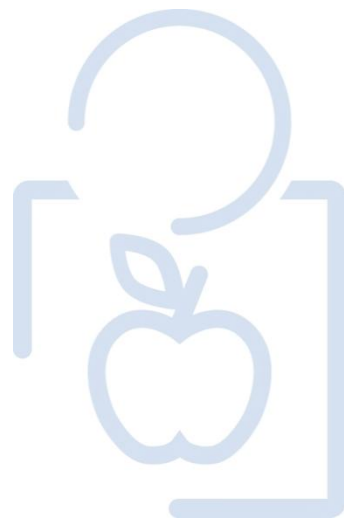
Leading Causes of Death

Distribution of Deaths by Cause

Together, cardiovascular disease (heart disease and stroke) and cancers accounted for over one-half of all deaths in the MMH Service Area in 2010.
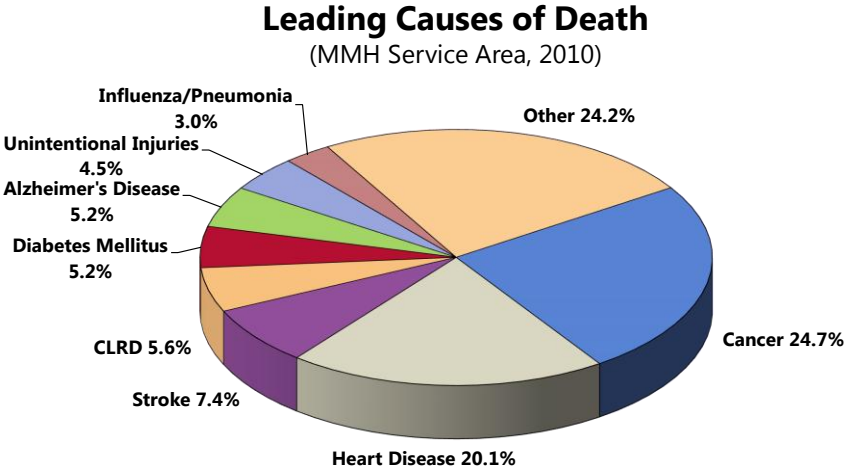
Leading Causes of Death
(MMH Service Area, 2010)

Influenza/Pneumonia 3.0%
Unintentional Injuries 4.5%
Alzheimer's Disease 5.2%
Diabetes Mellitus 5.2%
CLRD 5.6%
Stroke 7.4%
Heart Disease 20.1%
Other 24.2%
Cancer 24.7%

Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics.
            Data extracted September 2013.
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 2008-2010 annual average age-adjusted death rates per 100,000 population for selected causes of death in the MMH Service Area.

Age-adjusted mortality rates in the MMH Service Area are worse than national rates for deaths caused by suicide, stroke, cancer, CLRD, pneumonia/influenza, unintentional injuries (including motor vehicle accidents), diabetes mellitus, Alzheimer's disease, and drugs.

Of the causes outlined in the following chart for which Healthy People 2020 objectives have been established, MMH Service Area rates fail to satisfy the related goals for **each**, with the exceptions of cirrhosis and firearms (both rates were similar to the related goals).

Age-Adjusted Death Rates for Selected Causes
(2008-2010* Deaths per 100,000)

	MMH Service Area	Indiana	US	HP2020
Malignant Neoplasms (Cancers)	198.2	168.1	173.8	160.6
Diseases of the Heart	167.7	195.1	181.9	158.9**
Chronic Lower Respiratory Disease (CLRD)	54.0	56.1	42.8	n/a
Unintentional Injuries	45.1	39.0	38.0	36.0
Cerebrovascular Disease (Stroke)	44.6	44.4	39.6	33.8
Alzheimer's Disease	37.2	27.6	24.3	20.5**
Diabetes Mellitus	28.4	23.8	21.2	n/a
Pneumonia/Influenza	17.4	17.6	16.1	n/a
Drug-Induced	16.4	14.4	12.7	11.3
Motor Vehicle Deaths	14.1	12.2	12.0	12.4
Kidney Disease*	12.8	20.8	15.0	n/a
Intentional Self-Harm (Suicide)*	11.8	12.3	11.2	10.2
Firearm-Related *	9.2	11.1	10.2	9.2
Cirrhosis/Liver Disease *	8.2	7.9	9.1	8.2

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2013.
● 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.
● * Note that rates for kidney disease, firearm-related deaths, and liver disease are 2006-2010 rates; the suicide rate is a 2001-2010 rate.
● **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.
● Local, state and national data are simple three-year averages.

Cardiovascular Disease

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

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

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

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

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

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

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

  – Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Heart Disease & Stroke Deaths

Heart Disease Deaths

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

Between 2008 and 2010 there was an annual average age-adjusted heart disease mortality rate of 167.7 deaths per 100,000 population in the MMH Service Area.

- Lower than the statewide rate.
- Lower than the national rate.
- Fails to satisfy the Healthy People 2020 target (as adjusted to account for all diseases of the heart).
- Much higher in Ripley County.

Heart Disease: Age-Adjusted Mortality
(2008-2010 Annual Average Deaths per 100,000 Population)

■ Healthy People 2020 Target = 158.9 or Lower (Adjusted)

	Franklin County	Ripley County	MMH Svc Area	Indiana	US
	149.9	180.2	167.7	195.1	181.9

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2013.
   ● 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 U.S. Standard Population.
   ● Local, state and national data are simple three-year averages.
   ● The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart.

⊞ The heart disease mortality rate has <u>decreased</u> in the MMH 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)

	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010
Healthy People 2020 (Adjusted)	158.9	158.9	158.9	158.9	158.9	158.9	158.9	158.9
MMH Svc Area	236.5	229.7	217.2	209.2	211.2	200.5	190.0	167.7
Indiana	250.9	240.9	232.2	222.5	214.2	206.2	198.8	195.1
United States	240.0	230.0	220.1	209.4	200.7	192.5	185.8	181.9

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2013.
   ● 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 U.S. Standard Population.
   ● Local, state and national data are simple three-year averages.
   ● The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart.

Between 2008 and 2010, there was an annual average age-adjusted stroke mortality rate of 44.6 deaths per 100,000 population in the MMH Service Area.

- Almost identical to the Indiana rate.

- Less favorable than the national rate.

- Fails to satisfy the Healthy People 2020 target of 33.8 or lower.

- Much higher in Ripley County.

Stroke: Age-Adjusted Mortality
(2008-2010 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 33.8 or Lower

	Franklin County	Ripley County	MMH Svc Area	Indiana	US
	36.0	50.7	44.6	44.4	39.6

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2013.
- 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 U.S. Standard Population.
- Local, state and national data are simple three-year averages.

The service area stroke rate has fluctuated over the past decade, decreasing overall. Across Indiana and the US overall, rates have decreased steadily over time.

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

	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010
Healthy People 2020	33.8	33.8	33.8	33.8	33.8	33.8	33.8	33.8
MMH Svc Area	49.8	47.8	48.3	40.0	34.7	37.3	37.9	44.6
Indiana	60.5	57.2	53.9	51.0	48.4	46.6	44.8	44.4
United States	55.8	53.2	50.0	46.7	44.1	42.2	40.6	39.6

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2013.
- 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 U.S. Standard Population.
- Local, state and national data are simple three-year averages.

Prevalence of Heart Disease & Stroke

Prevalence of Heart Disease

A total of 6.6% of surveyed adults report that they suffer from or have been diagnosed with heart disease, such as coronary heart disease, angina or heart attack.

- Similar to the national prevalence.
- Similar findings by county.
- Statistically unchanged in Ripley County since 2008.

Prevalence of Heart Disease

Franklin County	Ripley County	MMH Svc Area	US	Ripley County 2008	Ripley County 2013
6.9%	6.5%	6.6%	6.1%	7.0%	6.5%
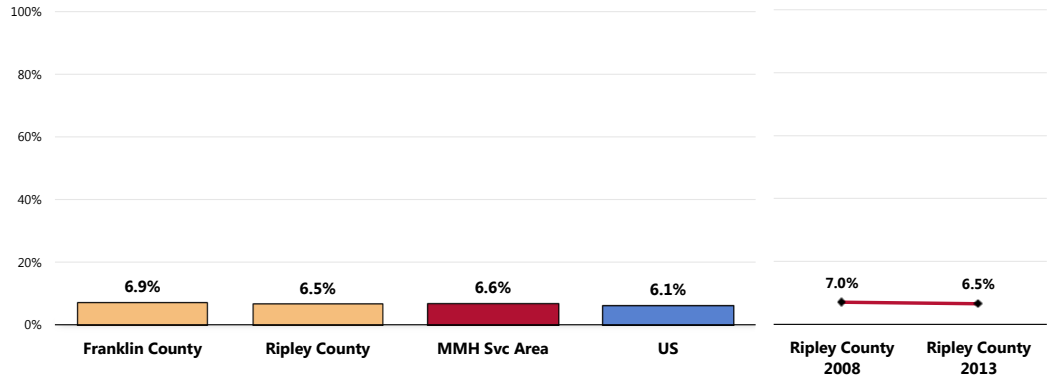
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 125]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.
● Includes diagnoses of heart attack, angina or coronary heart disease.

Adults more likely to have been diagnosed with chronic heart disease include:

- Residents age 40 and older (positive correlation with age).
- Those in households with lower incomes.

Prevalence of Heart Disease
(MMH Service Area, 2013)
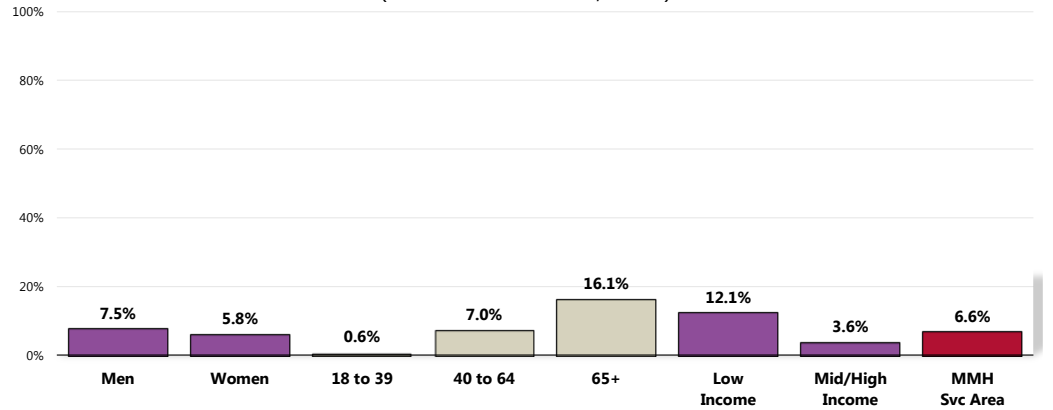
Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	MMH Svc Area
7.5%	5.8%	0.6%	7.0%	16.1%	12.1%	3.6%	6.6%

Sources: ● 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 125]
Notes: ● Asked of all respondents.
● Includes diagnoses of heart attack, angina or coronary heart disease.
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

A total of 2.6% of surveyed adults report that they suffer from or have been diagnosed with cerebrovascular disease (a stroke).

- Similar to statewide findings.
- Similar to national findings.
- Similar findings by county.
- Ripley County: identical to 2008 survey results.

Prevalence of Stroke

Franklin County	Ripley County	MMH Svc Area	IN	US	Ripley County 2008	Ripley County 2013
1.7%	3.1%	2.6%	3.4%	3.9%	3.1%	3.1%
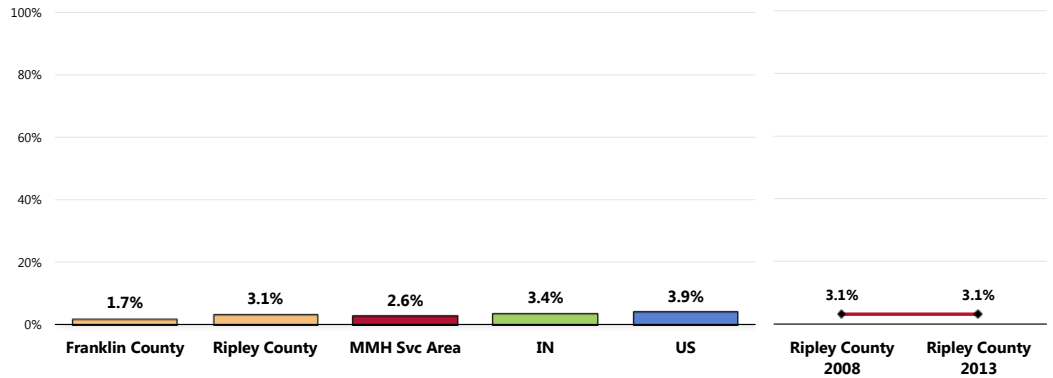
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 36]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): Indiana 2011 data.

Notes:
- Asked of all respondents.

Seniors (age 65+) are more likely to have been diagnosed with stroke.

Prevalence of Stroke
(MMH Service Area, 2013)

Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	MMH Svc Area
3.3%	2.0%	0.0%	2.2%	8.2%	3.3%	1.9%	2.6%
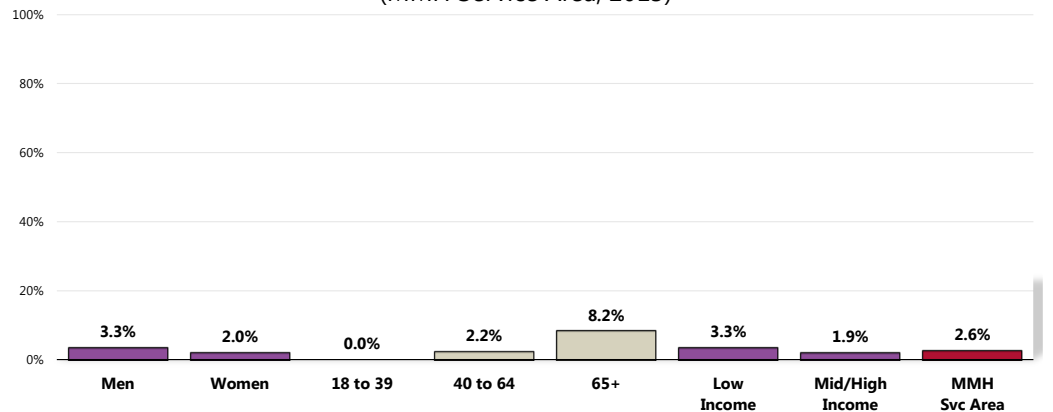
Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 36]

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

Cardiovascular Risk Factors

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)

High Blood Pressure Testing

A total of 95.0% of MMH Service Area adults have had their blood pressure tested within the past two years.

- Higher than national findings.

- Satisfies the Healthy People 2020 target (94.9% or higher).

- Similar by county.

- Statistically unchanged since 2008 in Ripley County.

Have Had Blood Pressure Checked in the Past Two Years

Healthy People 2020 Target = 92.6% or Higher

Franklin County	Ripley County	MMH Svc Area	US	Ripley County 2008	Ripley County 2013
94.0%	95.5%	95.0%	91.0%	95.4%	95.5%
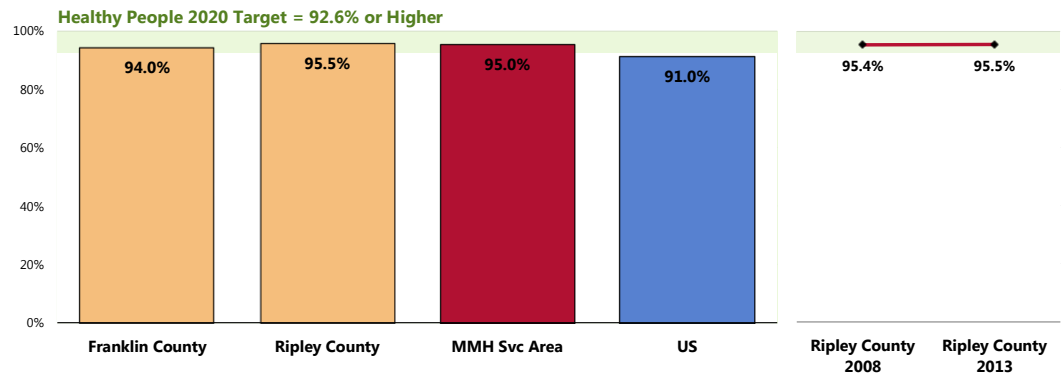
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 45]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
● US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-4]
Notes: ● Asked of all respondents.

Prevalence of Hypertension

A total of 39.9% 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.

- Fails to satisfy the Healthy People 2020 target (26.9% or lower).

- Similar findings by county.

- Marks a significant <u>increase</u> over time in Ripley County.

- Among hypertensive adults, 73.3% have been diagnosed with high blood pressure more than once.

Prevalence of High Blood Pressure

Healthy People 2020 Target = 26.9% or Lower

Diagnosed More Than Once: 73.3%

	Franklin County	Ripley County	MMH Svc Area	Indiana	US	Ripley County 2008	Ripley County 2013
	37.4%	41.1%	39.9%	32.8%	34.1%	32.2%	41.1%

Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 43, 126]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): Indiana 2011 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+.

Prevalence of High Blood Pressure
(MMH Service Area, 2013)

Healthy People 2020 Target = 26.9% or Lower

	Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	MMH Svc Area
	41.2%	38.7%	18.6%	42.4%	69.3%	43.5%	36.2%	39.9%
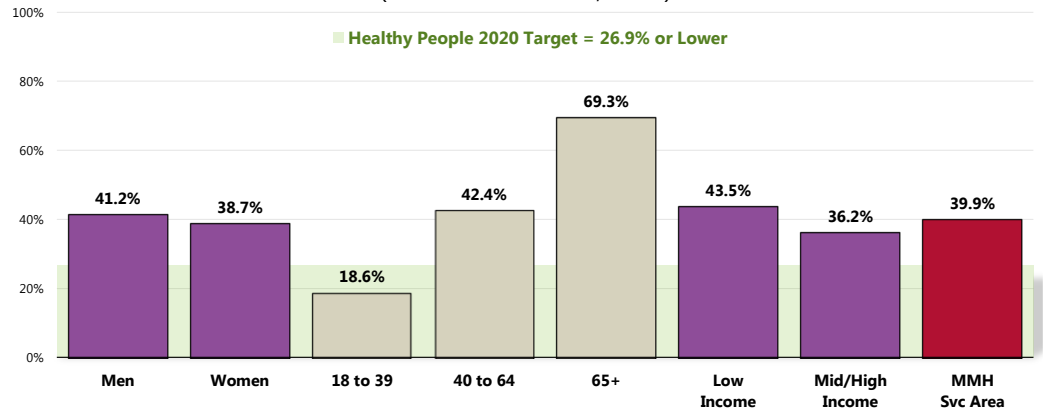
Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 126]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-5.1]

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

Hypertension Management

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?"

Among respondents who have been told that their blood pressure was high, 91.5% report that they are currently taking actions to control their condition.

- Similar to national findings.
- County findings are similar.
- Statistically unchanged since 2008 among hypertensive adults in Ripley County.

Taking Action to Control Hypertension
(Among Adults With High Blood Pressure)

Franklin County	Ripley County	MMH Svc Area	US	Ripley County 2008	Ripley County 2013
88.8%	92.8%	91.5%	89.2%	90.8%	92.8%
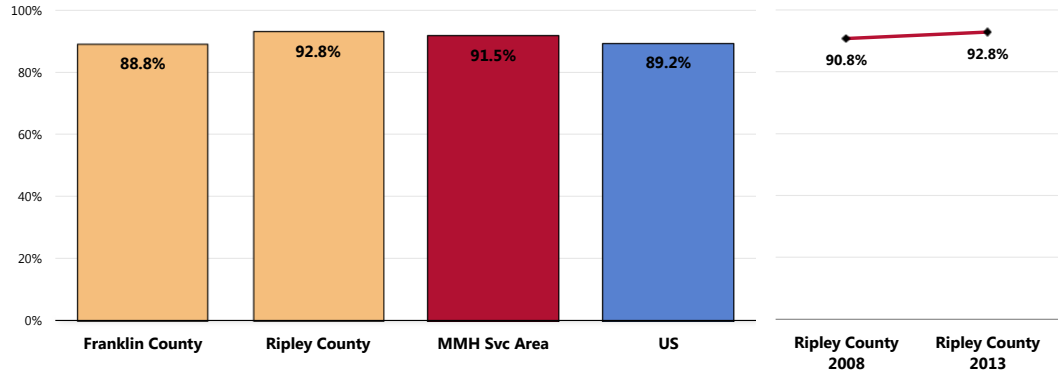
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 44]
　　　　 ● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents who have been diagnosed with high blood pressure.
　　　　 ● In this case, the term "action" refers to medication, change in diet, and/or exercise.

High Blood Cholesterol

Blood Cholesterol Testing

A total of 90.5% of MMH Service Area adults have had their blood cholesterol checked within the past five years.

- More favorable than Indiana findings.

- More favorable than national findings.

- Satisfies the Healthy People 2020 target (82.1% or higher).

- Lower in Franklin County.

- Ripley County: denotes a statistically significant <u>increase</u> over time.

Have Had Blood
Cholesterol Levels Checked in the Past Five Years

Healthy People 2020 Target = 82.1% or Higher

Franklin County	Ripley County	MMH Svc Area	IN	US	Ripley County 2008	Ripley County 2013
87.5%	92.1%	90.5%	72.8%	86.6%	84.2%	92.1%
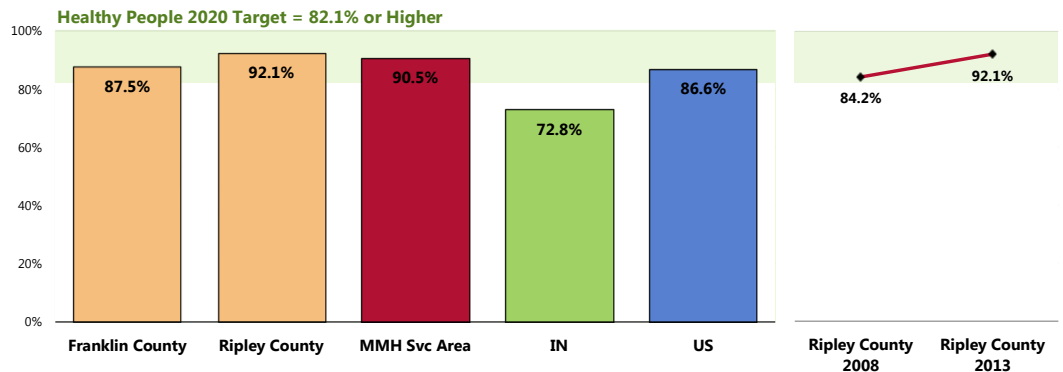
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 48]
　　　　 ● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): Indiana 2011 data.
　　　　 ● 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-6]
Notes: ● Asked of all respondents.

The following demographic segments report <u>lower</u> screening levels:

🏃 Young adults (those under 40; note the positive correlation with age).

🏃 Residents with lower incomes.

Have Had Blood
Cholesterol Levels Checked in the Past Five Years
(MMH Service Area, 2013)

Healthy People 2020 Target = 82.1% or Higher

Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	MMH Svc Area
90.2%	90.9%	83.4%	92.8%	95.9%	85.4%	92.7%	90.5%
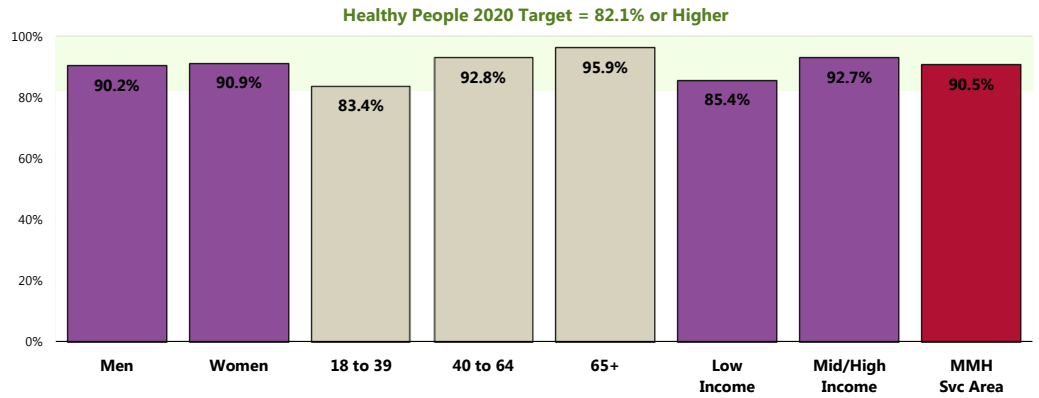
Sources: ● 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 48]
● US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-6]
Notes: ● Asked of all respondents.
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Self-Reported High Blood Cholesterol

A total of 32.2% of adults have been told by a health professional that their cholesterol level was high.

● More favorable than the Indiana findings.

● Similar to the national prevalence.

● More than twice the Healthy People 2020 target (13.5% or lower).

● Similar findings by county.

🔲 Statistically unchanged since 2008 in Ripley County.

Prevalence of High Blood Cholesterol

Healthy People 2020 Target = 13.5% or Lower

Franklin County	Ripley County	MMH Svc Area	Indiana	US	Ripley County 2008	Ripley County 2013
34.1%	31.2%	32.2%	39.0%	29.9%	32.1%	31.2%
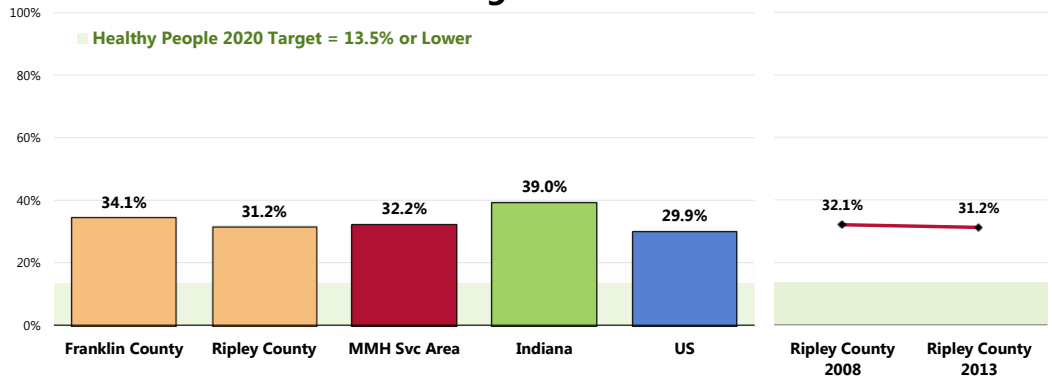
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 127]
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): Indiana 2011 data.
● 2013 PRC 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 <u>and</u> who have been diagnosed with it.

Note that 15.6% of MMH Service Area adults report not having high blood cholesterol, but: 1) have never had their blood cholesterol levels tested; 2) have not been screened in the past 5 years; or 3) do not recall when their last screening was. For these individuals, current prevalence is unknown.

- Note the positive correlation between age and high blood cholesterol.

- Keep in mind that "unknowns" are relatively high in young adults and lower-income residents.

Prevalence of High Blood Cholesterol
(MMH Service Area, 2013)
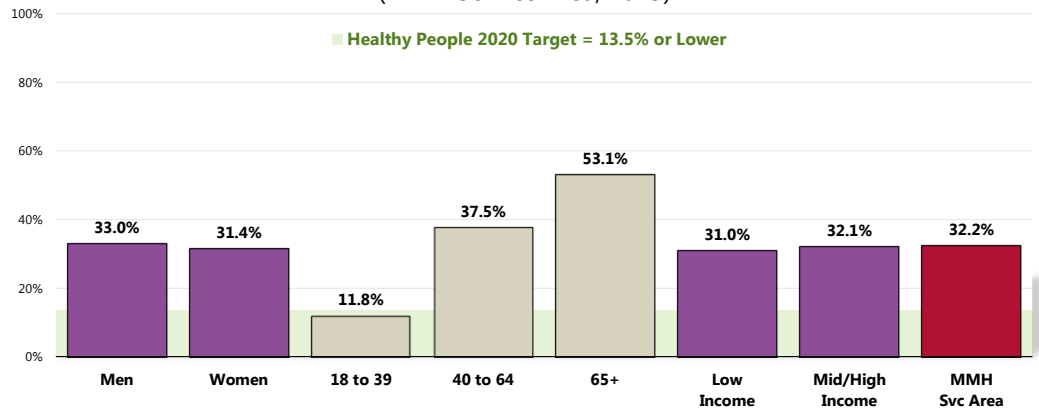
Healthy People 2020 Target = 13.5% or Lower

Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	MMH Svc Area
33.0%	31.4%	11.8%	37.5%	53.1%	31.0%	32.1%	32.2%

Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 127]
• US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-7]
Notes: • Asked of all respondents.
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

High Cholesterol Management

Among adults who have been told that their blood cholesterol was high, 90.5% report that they are currently taking actions to control their cholesterol levels.

- More favorable than found nationwide.

- Much higher in Ripley County.

- Ripley County: marks a statistically significant increase since 2008.

Respondents reporting high cholesterol were further asked:

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

Taking Action to Control High Blood Cholesterol Levels
(Among Adults With High Cholesterol)

Franklin County	Ripley County	MMH Svc Area	US	Ripley County 2008	Ripley County 2013
82.9%	94.8%	90.5%	81.4%	85.7%	94.8%
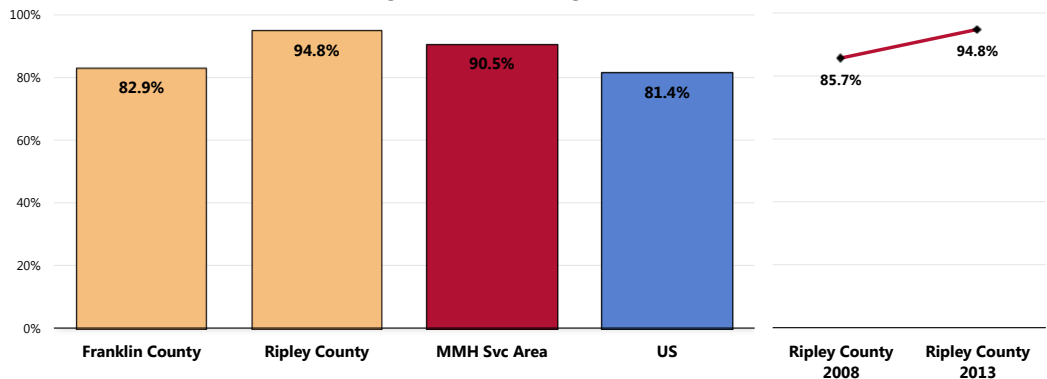
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 47]
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents who have been diagnosed with high blood cholesterol levels.
• In this case, the term "action" refers to medication, change in diet, and/or exercise.

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 83.8% of MMH Service Area adults report one or more cardiovascular risk factors, such as being overweight, smoking cigarettes, being physically inactive, or having high blood pressure or cholesterol.

- Comparable to national findings.

- Higher in Franklin County.

- Unchanged over time in Ripley County.

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

Franklin County	Ripley County	MMH Svc Area	US	Ripley County 2008	Ripley County 2013
90.0%	80.5%	83.8%	82.3%	85.2%	80.5%
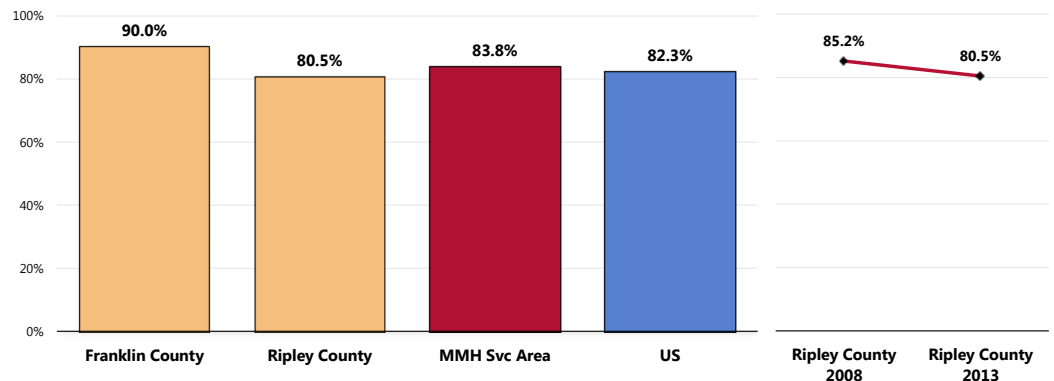
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 128]
          • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.
          • Cardiovascular risk is defined as exhibiting one or more of the following: 1) 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:

👥 Adults age 40 and older, and especially seniors.

👥 Residents in lower-income households.

Present One or More Cardiovascular Risks or Behaviors
(MMH Service Area, 2013)
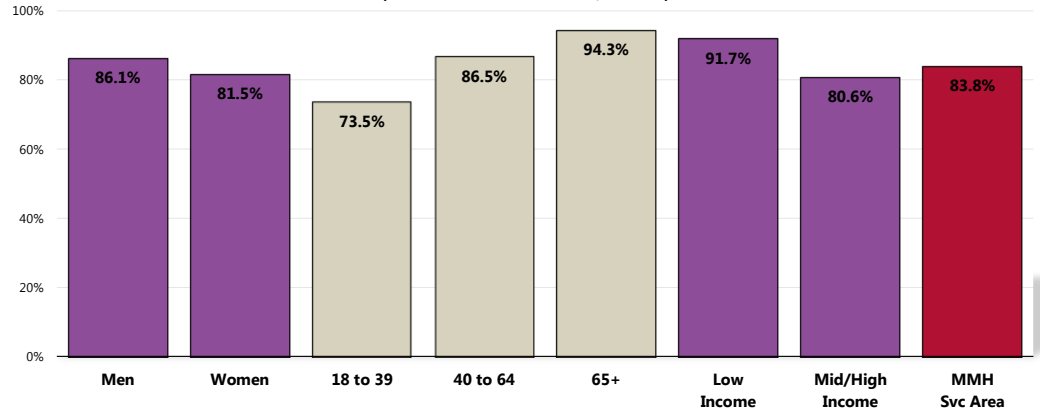
Category	Percentage
Men	86.1%
Women	81.5%
18 to 39	73.5%
40 to 64	86.5%
65+	94.3%
Low Income	91.7%
Mid/High Income	80.6%
MMH Svc Area	83.8%

Sources: ● 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 128]
Notes: ● Asked of all respondents.
● Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) hypertension; 4) high blood cholesterol; and/or 5) being overweight/obese.
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Cancer

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

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

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

- Breast cancer (using mammography)

- Cervical cancer (using Pap tests)

- Colorectal cancer (using fecal occult blood testing, sigmoidoscopy, or colonoscopy)

– Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Cancer Deaths

All Cancer Deaths

Between 2008 and 2010, there was an annual average age-adjusted cancer mortality rate of 198.2 deaths per 100,000 population in the MMH Service Area.

- Less favorable than the statewide rate.

- Less favorable than the national rate.

- Fails to meet the Healthy People 2020 target of 160.6 or lower.

- Similar rates by county.
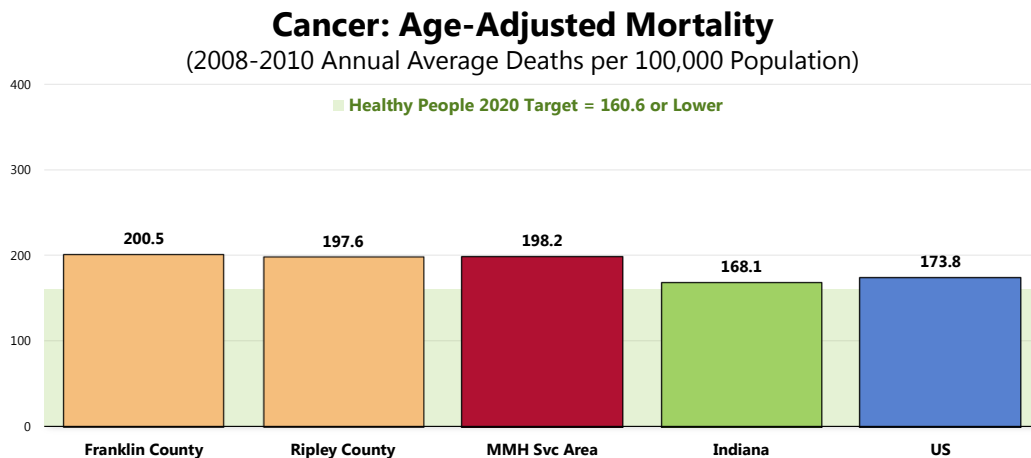
Cancer: Age-Adjusted Mortality
(2008-2010 Annual Average Deaths per 100,000 Population)

■ Healthy People 2020 Target = 160.6 or Lower

	Franklin County	Ripley County	MMH Svc Area	Indiana	US
Rate	200.5	197.6	198.2	168.1	173.8

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2013.
- 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 U.S. Standard Population.
- Local, state and national data are simple three-year averages.

▨ Cancer mortality has <u>decreased</u> slightly over the past decade in the MMH Service Area; the same trend is apparent both statewide and nationwide.

Cancer: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)
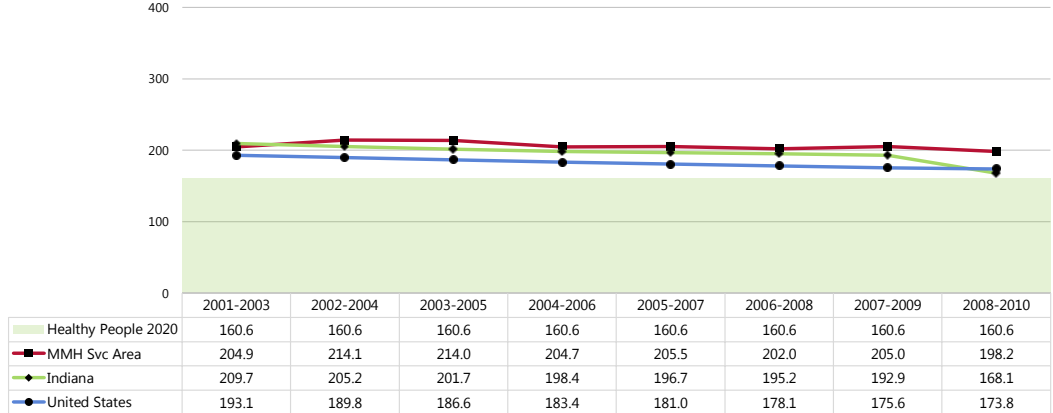
	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010
Healthy People 2020	160.6	160.6	160.6	160.6	160.6	160.6	160.6	160.6
MMH Svc Area	204.9	214.1	214.0	204.7	205.5	202.0	205.0	198.2
Indiana	209.7	205.2	201.7	198.4	196.7	195.2	192.9	168.1
United States	193.1	189.8	186.6	183.4	181.0	178.1	175.6	173.8

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2013.
- 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 U.S. Standard Population.
- State and national data are simple three-year averages.

Cancer Deaths by Site

Lung cancer is by far the leading cause of cancer deaths in the MMH 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 2008-2010 annual average age-adjusted death rates):

- The MMH Service Area **lung cancer** death rate is <u>similar</u> to the state rate but less favorable than the national rate.

- The MMH Service Area **prostate cancer** death rate is <u>higher</u> than both the state and national rates.

- The MMH Service Area **female breast cancer** death rate is <u>similar</u> to both the Indiana and US rates.

- The MMH Service Area **colorectal cancer** death rate is <u>higher</u> than both the state and national rates.

Note that **each** of the MMH Service Area cancer death rates detailed below <u>fails</u> to satisfy the related Healthy People 2020 target.

Age-Adjusted Cancer Death Rates by Site
(2008-2010 Annual Average Deaths per 100,000 Population)

	MMH Service Area	Indiana	US	HP2020
Lung Cancer	62.0	59.9	48.5	45.5
Prostate Cancer	29.7	22.5	22.3	21.2
Female Breast Cancer	22.7	23.4	22.3	20.6
Colorectal Cancer	21.3	17.0	16.1	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 September 2013.
         ● US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov

Prevalence of Cancer

Skin Cancer

A total of 7.2% of surveyed MMH Service Area adults report having been diagnosed with skin cancer.

- Comparable to the national average.
- Comparable findings by county.
- The prevalence of skin cancer has remained statistically unchanged over time in Ripley County.

Prevalence of Skin Cancer

	Franklin County	Ripley County	MMH Svc Area	IN	US	Ripley County 2008	Ripley County 2013
	8.0%	6.8%	7.2%	5.4%	6.7%	6.0%	6.8%
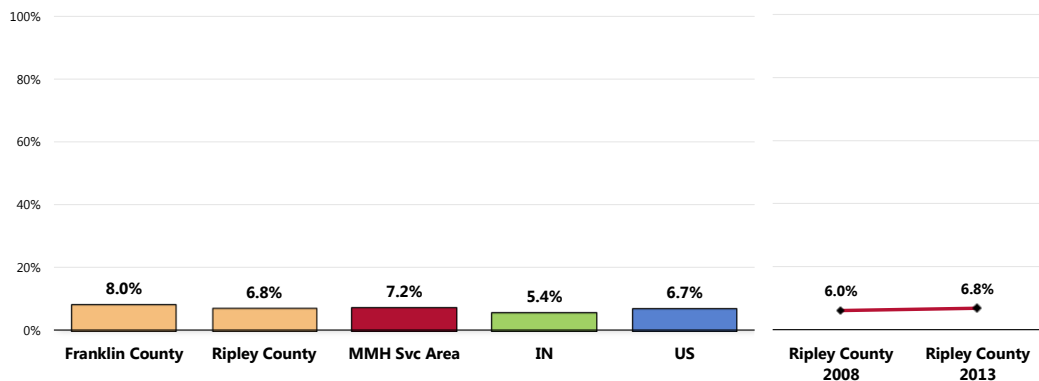
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 31]
         ● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control
           and Prevention (CDC): Indiana 2011 data.
         ● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

A total of 7.9% of respondents have been diagnosed with some type of (non-skin) cancer.

- Similar to the national prevalence.

- Particularly high in Ripley County.

- Ripley County: the prevalence of cancer has remained unchanged over time.

Prevalence of Cancer (Other Than Skin Cancer)

Franklin County	Ripley County	MMH Svc Area	IN	US	Ripley County 2008	Ripley County 2013
5.0%	9.4%	7.9%	6.3%	6.1%	6.4%	9.4%
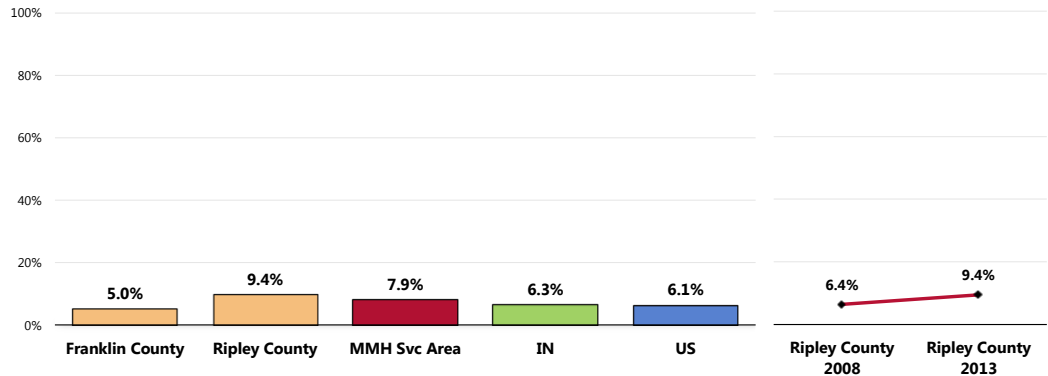
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 30]
    • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control
       and Prevention (CDC): Indiana 2011 data.
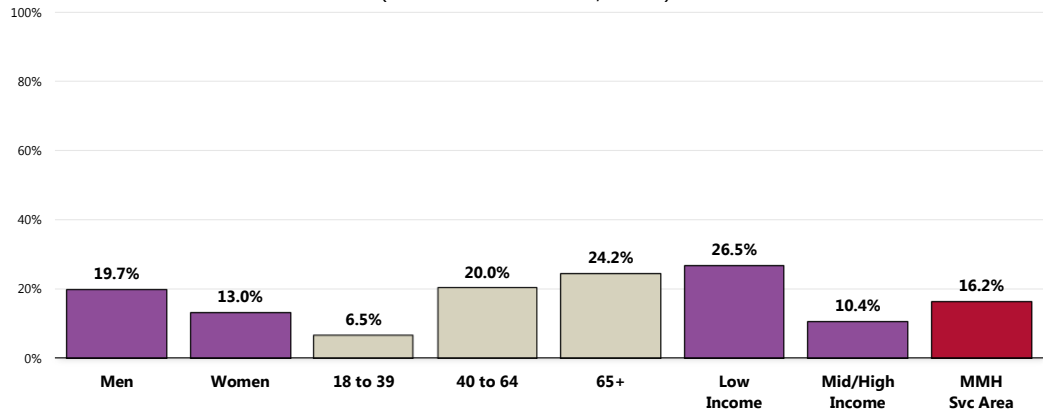   • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

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

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

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 four cancer sites: male prostate cancer (PSA exam); female breast cancer (mammography); cervical cancer (Pap smear testing); and colorectal cancer (sigmoidoscopy and fecal occult blood testing).

Prostate Cancer Screenings

The US Preventive Services Task Force (USPSTF) concludes that the current evidence is <u>insufficient</u> to assess the balance of benefits and harms of prostate cancer screening in men younger than age 75 years.

Rationale: Prostate cancer is the most common nonskin cancer and the second-leading cause of cancer death in men in the United States. The USPSTF found convincing evidence that prostate-specific antigen (PSA) screening can detect some cases of prostate cancer.

In men younger than age 75 years, the USPSTF found inadequate evidence to determine whether treatment for prostate cancer detected by screening improves health outcomes compared with treatment after clinical detection.

The USPSTF found convincing evidence that treatment for prostate cancer detected by screening causes moderate-to-substantial harms, such as erectile dysfunction, urinary incontinence, bowel dysfunction, and death. These harms are especially important because some men with prostate cancer who are treated would never have developed symptoms related to cancer during their lifetime.

There is also adequate evidence that the screening process produces at least small harms, including pain and discomfort associated with prostate biopsy and psychological effects of false-positive test results.

The USPSTF recommends against screening for prostate cancer in men age 75 years or older.

Rationale: In men age 75 years or older, the USPSTF found adequate evidence that the incremental benefits of treatment for prostate cancer detected by screening are small to none.

Given the uncertainties and controversy surrounding prostate cancer screening in men younger than age 75 years, a clinician should not order the PSA test without first discussing with the patient the potential but uncertain benefits and the known harms of prostate cancer screening and treatment. Men should be informed of the gaps in the evidence and should be assisted in considering their personal preferences before deciding whether to be tested.

– 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.

PSA Testing and/or Digital Rectal Examination

Note: Since 2008 changes in clinical recommendations against routine PSA testing, most communities are seeing prevalence decline.

Among men age 50+, 62.0% have had a PSA (prostate-specific antigen) test and/or a digital rectal examination for prostate problems within the past two years.

- ● Well below national findings.
- ● Similar findings by county.
- ⊞ Denotes a significant <u>decrease</u> among Ripley County men (50+) since 2008.

Have Had a Prostate Screening in the Past Two Years
(Among Men Ages 50 and Older)

	Franklin Co	Ripley Co	MMH Svc Area	US	Ripley County 2008	Ripley County 2013
	63.5%	61.2%	62.0%	75.0%	75.7%	61.2%
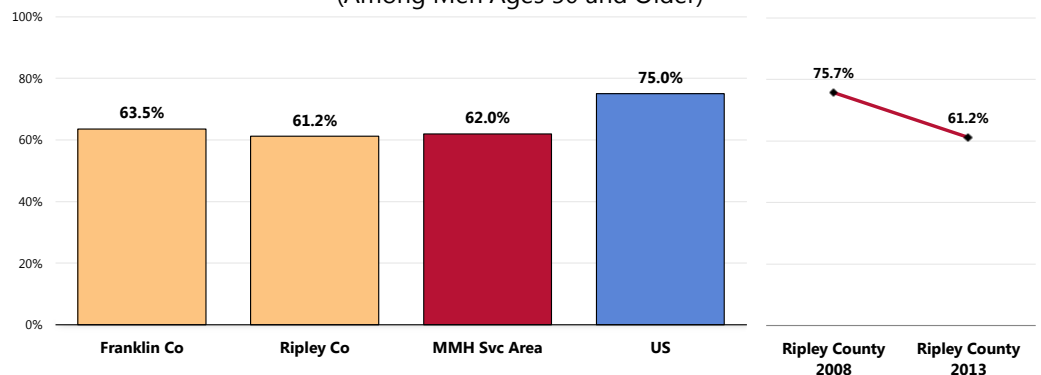
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 184]
         ● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all male respondents age 50 and older.

Female Breast Cancer Screening

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

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

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

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

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

Mammography

Among women age 50-74, 75.5% had a mammogram within the past two years.

- Similar to statewide findings (which represent all women 50+).
- Lower than national findings.
- Fails to satisfy the Healthy People 2020 target (81.1% or higher).
- Statistically similar by county.
- In Ripley County, statistically unchanged over time.
- Among women 40+, 72.1% had a mammogram in the past two years.

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

Healthy People 2020 Target = 81.1% or Higher

Franklin Co	Ripley Co	MMH Svc Area	Indiana *	US	Ripley County 2008	Ripley County 2013
69.7%	78.3%	75.5%	74.7%	83.6%	70.8%	78.3%

Women 40+ = 72.1%
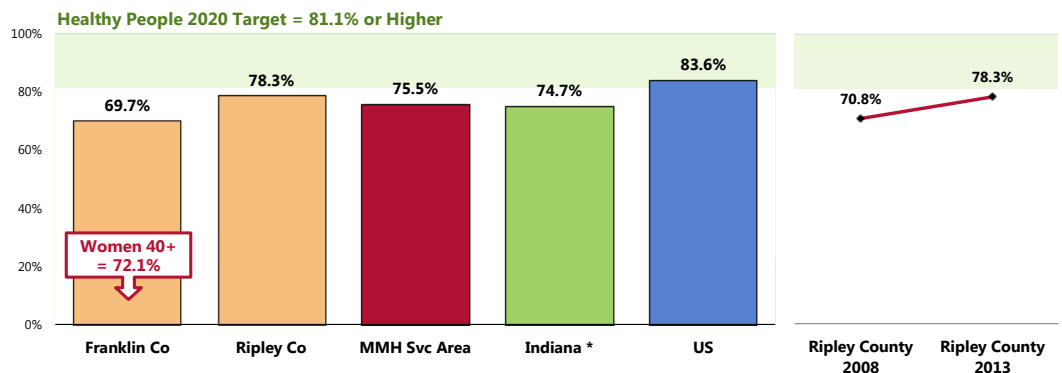
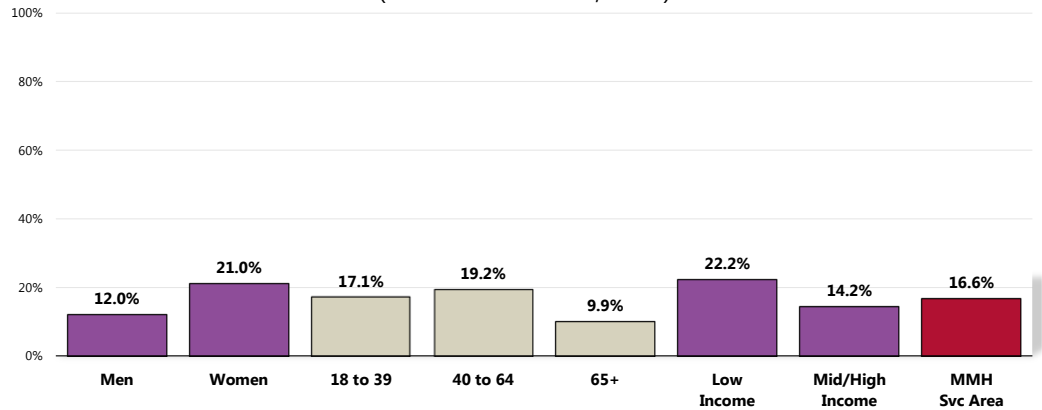Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 129-130]
   ● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): Indiana 2011 data.
   ● 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).

Cervical Cancer Screenings

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

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

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

Rationale: The USPSTF found limited evidence to determine the benefits of continued screening in women older than 65. The yield of screening is low in previously screened women older than 65 due to the declining incidence of high-grade cervical lesions after middle age. There is fair evidence that screening women older than 65 is associated with an increased risk for potential harms, including false-positive results and invasive procedures. The USPSTF concludes that 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 likely 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, 78.9% had a Pap smear within the past three years.

- Comparable to Indiana findings (which represents all women 18+).
- Comparable to national findings.
- Fails to satisfy the Healthy People 2020 target (93% or higher).
- Comparable findings by county.
- Ripley County: statistically unchanged since 2008.

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

Healthy People 2020 Target = 93.0% or Higher

Franklin Co	Ripley Co	MMH Svc Area	Indiana*	US	Ripley County 2008	Ripley County 2013
79.8%	78.5%	78.9%	80.2%	83.9%	81.4%	78.5%
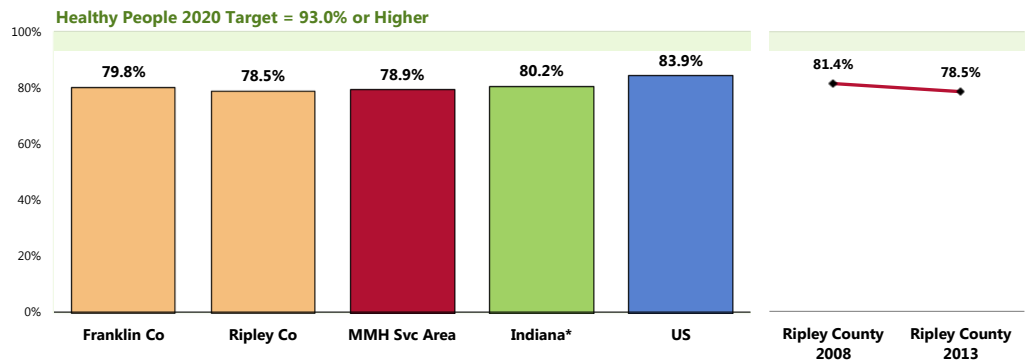
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 131]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): Indiana 2011 data.
- 2013 PRC 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

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, 68.3% 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).

- Lower than the US prevalence.
- Similar to the Healthy People 2020 target (70.5% or higher).
- Similar findings by county.

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

Healthy People 2020 Target = 70.5% or Higher

Franklin County	Ripley County	MMH Svc Area	US
66.8%	69.0%	68.3%	75.1%
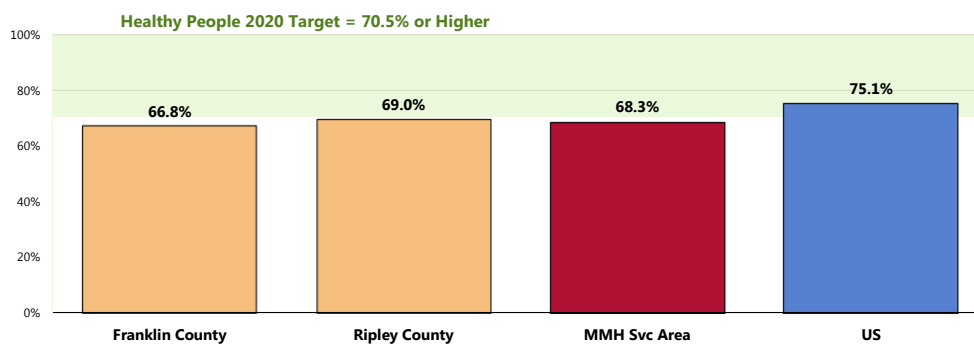
Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 134]
            • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
            • US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [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, two in three (66.2%) have had a lower endoscopy (sigmoidoscopy or colonoscopy) at some point in their lives.

- Comparable to the Indiana percentage.
- Less favorable than national findings.
- Similar by county.
- Statistically similar to the 2008 Ripley County findings.

Have Ever Had a Lower Endoscopy Exam
(Among Adults Age 50 and Older)

Franklin Co: 67.3%
Ripley Co: 65.6%
MMH Svc Area: 66.2%
Indiana: 62.8%
US: 75.2%

Ripley County 2008: 57.5%
Ripley County 2013: 65.6%
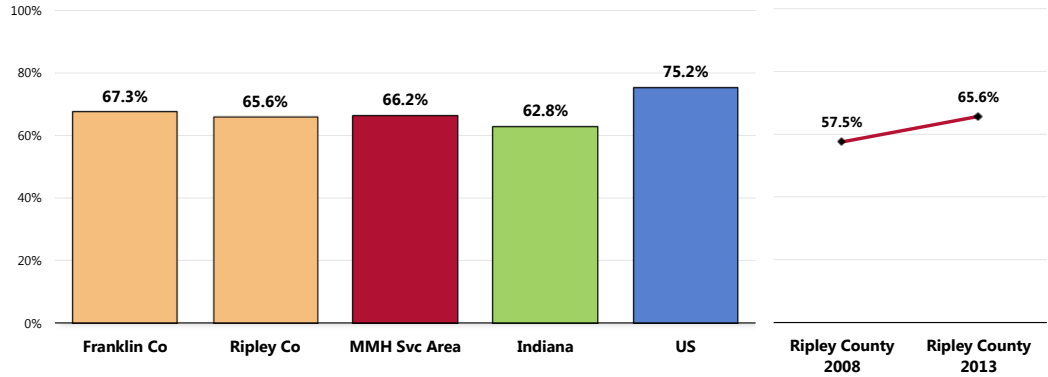
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 132]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): Indiana 2011 data.
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

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

Blood Stool Testing

Among adults age 50 and older, 25.9% have had a blood stool test (aka "fecal occult blood test") within the past two years.

- Better than Indiana findings.
- Worse than national findings.
- No difference in survey findings by county.
- Statistically unchanged over time in Ripley County.

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

Franklin Co: 25.4%
Ripley Co: 26.1%
MMH Svc Area: 25.9%
Indiana: 15.8%
US: 36.9%

Ripley County 2008: 25.5%
Ripley County 2013: 26.1%
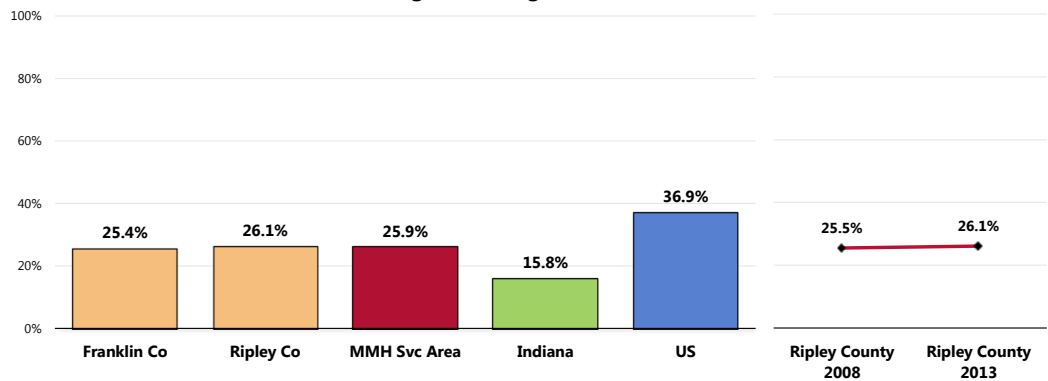
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 133]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): Indiana 2011 data.
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents age 50 and older.

Respiratory Disease

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

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

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

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

Currently in the United States, more than 23 million people have asthma. Approximately 13.6 million adults have been diagnosed with COPD, and an approximately equal number have not yet been diagnosed. The burden of respiratory diseases affects individuals and their families, schools, workplaces, neighborhoods, cities, and states. Because of the cost to the healthcare system, the burden of respiratory diseases also falls on society; it is paid for with higher health insurance rates, lost productivity, and tax dollars. Annual healthcare expenditures for asthma alone are estimated at $20.7 billion.

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

Risk factors for asthma currently being investigated include:

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

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

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

– Healthy People 2020 (www.healthypeople.gov)

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

Age-Adjusted Respiratory Disease Deaths

Chronic Lower Respiratory Disease Deaths (CLRD)

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.
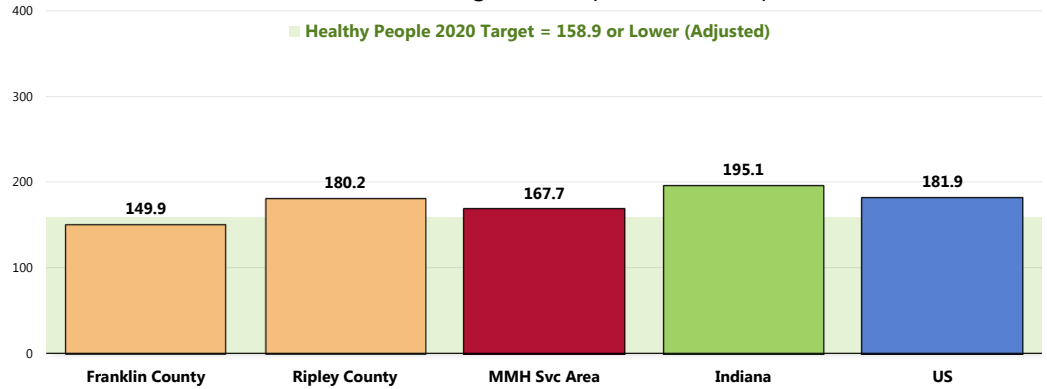
Between 2008 and 2010, there was an annual average age-adjusted CLRD mortality rate of 54.0 deaths per 100,000 population in the MMH Service Area.

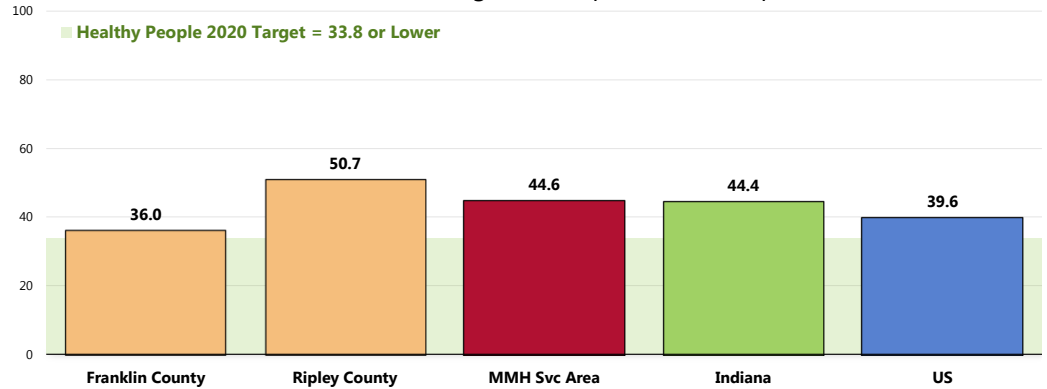- Comparable to that found statewide.

- Higher than the national rate.

- Higher in Ripley County.

CLRD: Age-Adjusted Mortality
(2008-2010 Annual Average Deaths per 100,000 Population)

Franklin County	Ripley County	MMH Svc Area	Indiana	US
42.4	62.8	54.0	56.1	42.8

Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2013.
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 U.S. Standard Population.
• Local, state and national data are simple three-year averages.
• CLRD is chronic lower respiratory disease.

⊞ Despite fluctuations, CLRD mortality in the MMH Service Area has generally increased over time. Across Indiana, the rate has increased, although less dramatically, while the national rate was stable over the past decade.

CLRD: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)
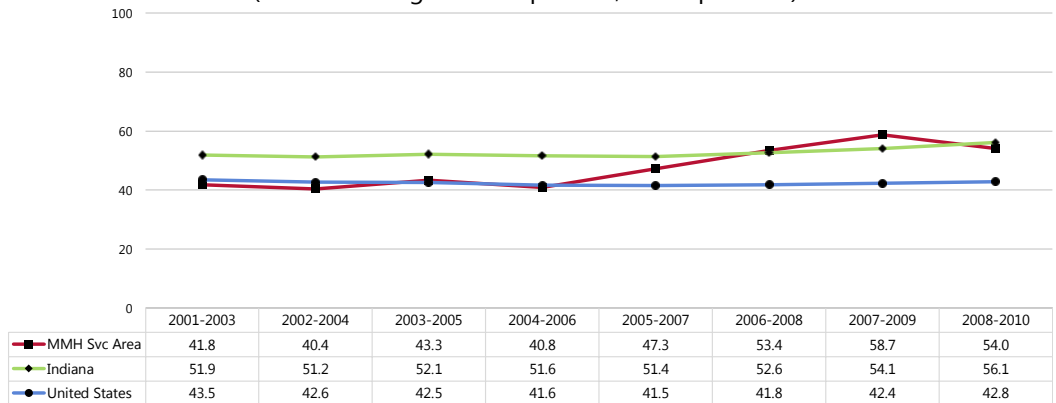
	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010
MMH Svc Area	41.8	40.4	43.3	40.8	47.3	53.4	58.7	54.0
Indiana	51.9	51.2	52.1	51.6	51.4	52.6	54.1	56.1
United States	43.5	42.6	42.5	41.6	41.5	41.8	42.4	42.8

Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2013.
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 U.S. Standard Population.
• State and national data are simple three-year averages.
• CLRD is chronic lower respiratory disease.

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

Between 2008 and 2010, there was an annual average age-adjusted pneumonia influenza mortality rate of 17.4 deaths per 100,000 population in the MMH Service Area.

● Almost identical to that found statewide.

● Above the national rate.

Pneumonia/Influenza: Age-Adjusted Mortality
(2008-2010 Annual Average Deaths per 100,000 Population)

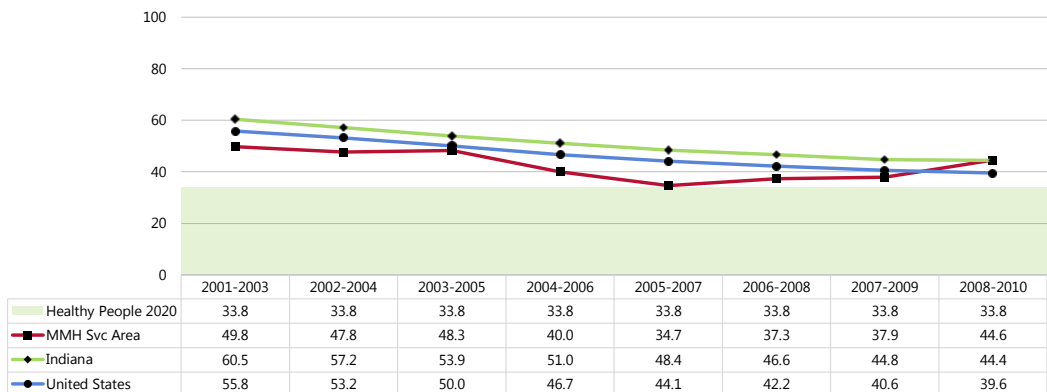| MMH Svc Area	Indiana	United States
17.4	17.6	16.1

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2013.
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 U.S. Standard Population.
● Local, state and national data are simple three-year averages.

⊞ The MMH Service Area pneumonia/influenza mortality rate has <u>decreased</u> over time, in keeping with state and national trends.

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

	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010
MMH Svc Area	24.0	26.0	23.0	15.0	13.9	12.3	15.9	17.4
Indiana	21.0	20.3	19.7	18.2	17.7	17.4	17.4	17.6
United States	22.2	21.5	20.7	19.3	18.1	17.0	16.4	16.1

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2013.
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 U.S. Standard Population.
● State and national data are simple three-year averages.

Prevalence of Respiratory Conditions

Chronic Obstructive Pulmonary Disease (COPD)

A total of 7.2% of MMH Service Area adults suffer from chronic obstructive pulmonary disease (COPD, including emphysema and bronchitis)**.**

- Similar to the national prevalence.
- Similar findings by county.
- No change over time in Ripley County.

Prevalence of Chronic Obstructive Pulmonary Disease (COPD)

|	Franklin County	Ripley County	MMH Svc Area	US		Ripley County 2008	Ripley County 2013
	6.4%	7.6%	7.2%	8.6%		7.8%	7.6%
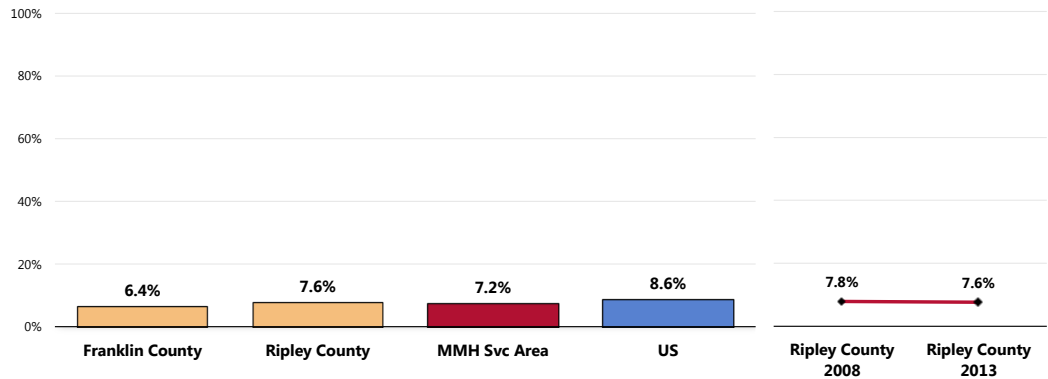
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 25]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

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 6.4% of MMH Service Area adults currently suffer from asthma.

- Lower than the statewide prevalence.
- Lower than the national prevalence.
- Statistically similar by county.
- No change in Ripley County survey findings since 2008.

Adult Asthma: Current Prevalence
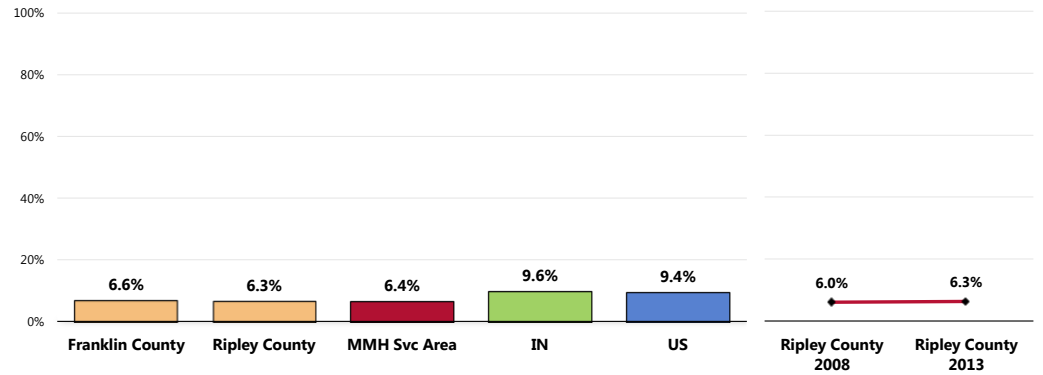
6.6%	6.3%	6.4%	9.6%	9.4%	6.0%	6.3%
Franklin County	Ripley County	MMH Svc Area	IN	US	Ripley County 2008	Ripley County 2013

The following adults are more likely to suffer from asthma:

- 👪 Women.

- 👪 Low-income residents.

Currently Have Asthma
(MMH Service Area, 2013)
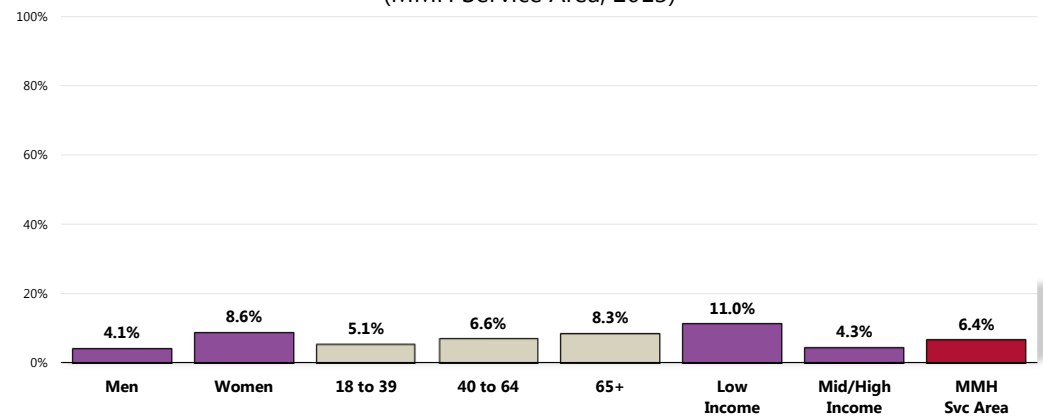
4.1%	8.6%	5.1%	6.6%	8.3%	11.0%	4.3%	6.4%
Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	MMH Svc Area

Among MMH Service Area children under age 18, 6.8% currently have asthma.

- Comparable to national findings.
- Comparable by county.
- In Ripley County, the prevalence is unchanged over time.

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

Franklin County	7.9%	
Ripley County	6.2%	
MMH Svc Area	6.8%	
US	7.1%	
Ripley County 2008	8.1%	
Ripley County 2013	6.2%	
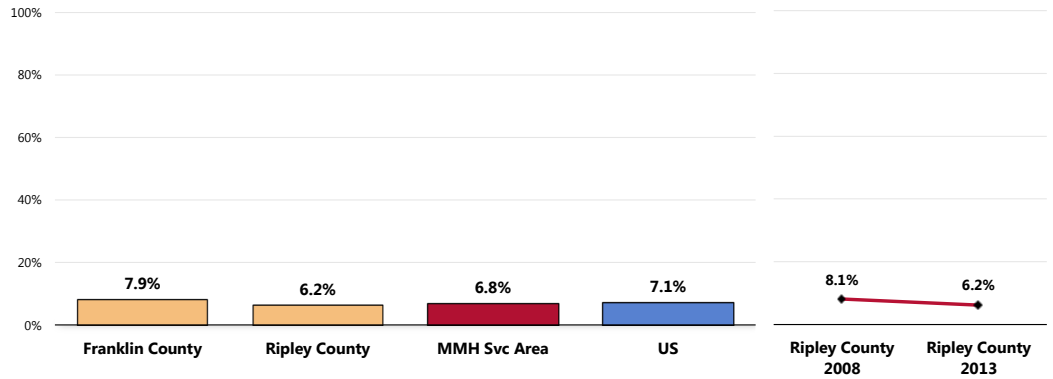
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 136]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents with children 0 to 17 in the household.
● Includes children who have ever been diagnosed with asthma, and whom are reported to still have asthma.

Injury & Violence

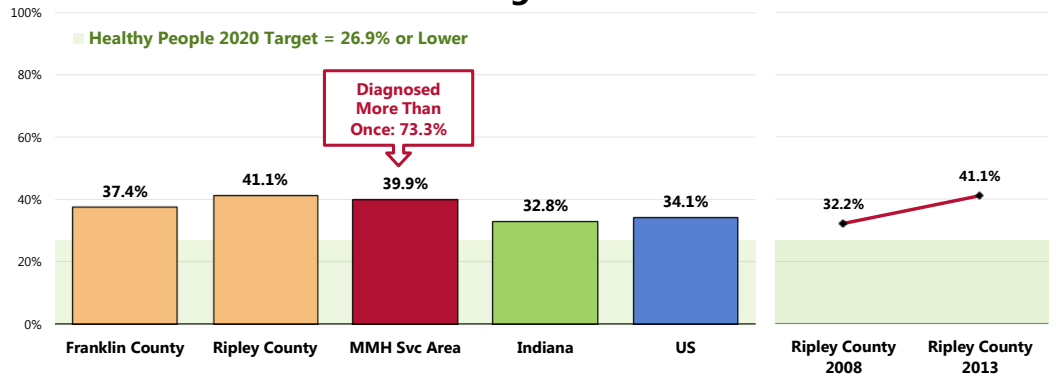Injuries and violence are widespread in society. Both unintentional injuries and those caused by acts of violence are among the top 15 killers for Americans of all ages. Many people accept them as "accidents," "acts of fate," or as "part of life." However, most events resulting in injury, disability, 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 and poisoning accounted for nearly 6 in 10 accidental deaths in the MMH Service Area between 2008 and 2010.

Leading Causes of Accidental Death
(MMH Service Area, 2008-2010)
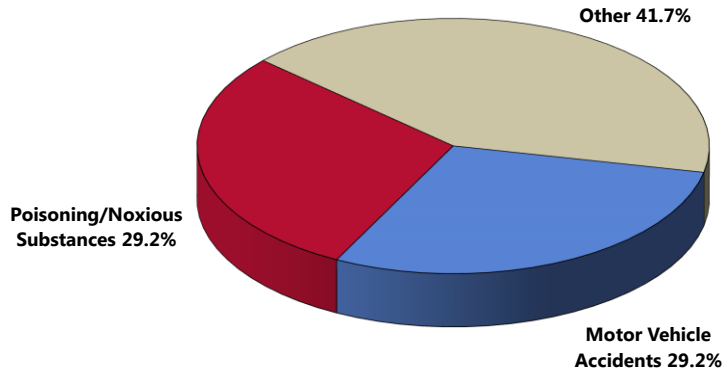
Other 41.7%

Poisoning/Noxious Substances 29.2%

Motor Vehicle Accidents 29.2%

Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics.
Data extracted September 2013.
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 2008 and 2010, the service area reported an annual average age-adjusted unintentional injury mortality rate of 45.1 deaths per 100,000 population.

- Less favorable than the Indiana rate.

- Less favorable than the national rate.

- Fails to satisfy the Healthy People 2020 target (36.0 or lower).

- No difference by county.

Unintentional Injuries: Age-Adjusted Mortality
(2008-2010 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 36.0 or Lower

43.4	45.1	45.1	39.0	38.0
Franklin County	Ripley County	MMH Svc Area	Indiana	US

Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics.
Data extracted September 2013.
• 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 U.S. Standard Population.
• Local, state and national data are simple three-year averages.

⊞ Despite fluctuations, there is an overall upward trend in the unintentional injury mortality rate in the MMH Service Area, echoing the slowly increasing trends reported in the Indiana and the US overall.

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

	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010
Healthy People 2020	36.0	36.0	36.0	36.0	36.0	36.0	36.0	36.0
MMH Svc Area	38.1	39.0	39.4	42.4	49.9	51.4	48.0	45.1
Indiana	35.3	36.0	37.4	38.5	38.8	38.9	39.1	39.0
United States	36.6	37.3	38.0	38.9	39.6	39.5	38.7	38.0

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2013.
● 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 U.S. Standard Population.
● Local, state and national data are simple three-year averages.

Motor Vehicle Safety

Age-Adjusted Motor-Vehicle Related Deaths

Between 2008 and 2010, there was an annual average age-adjusted motor vehicle crash mortality rate of 14.1 deaths per 100,000 population in the MMH Service Area.

- Higher than found statewide.

- Higher than found nationally.

- Fails to satisfy the Healthy People 2020 target (12.4 or lower).

Motor Vehicle Crashes: Age-Adjusted Mortality
(2008-2010 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 12.4 or Lower

MMH Svc Area	Indiana	United States
14.1	12.2	12.0

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2013.
● 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 U.S. Standard Population.
● Local, state and national data are simple three-year averages.

⊞ Motor vehicle mortality rates generally decreased over the past decade.

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

	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010
Healthy People 2020	12.4	12.4	12.4	12.4	12.4	12.4	12.4	12.4
MMH Svc Area	21.3	21.2	18.1	17.3	21.9	22.3	18.0	14.1
Indiana	15.5	15.6	15.5	15.5	15.1	14.5	13.2	12.2
United States	15.4	15.4	15.2	15.1	14.9	14.1	13.0	12.0

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2013.
● 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 U.S. Standard Population.
● Local, state and national data are simple three-year averages.

Seat Belt Usage - Adults

Most MMH Service Area adults (85.0%) report "always" wearing a seat belt when driving or riding in a vehicle.

● Almost identical to the percentage found nationally.

● Fails to satisfy the Healthy People 2020 target of 92.4% or higher.

● No difference by county.

⊞ In Ripley County, marks a significant <u>increase</u> over time.

"Always" Wear a Seat Belt
When Driving or Riding in a Vehicle

Healthy People 2020 Target = 92.0% or Higher

Franklin County	Ripley County	MMH Svc Area	IN	US		Ripley County 2008	Ripley County 2013
83.3%	85.8%	85.0%	93.9%	84.8%		75.7%	85.8%
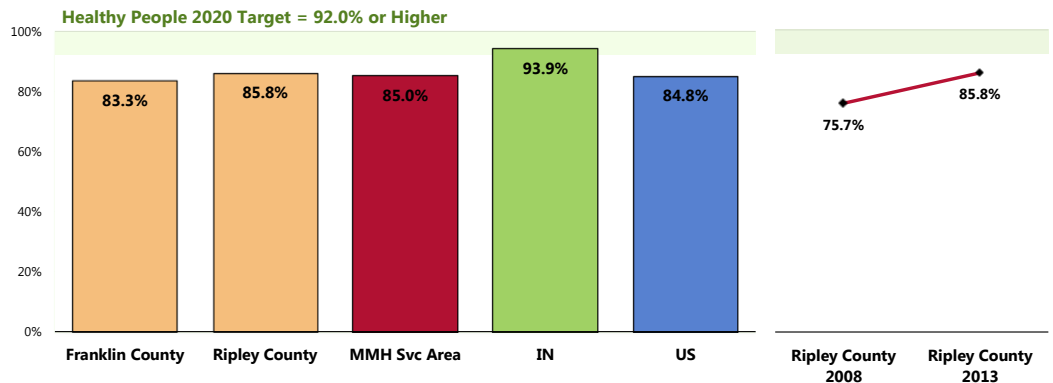
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 51]
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): Indiana 2011 data.
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
● US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IPV-15]
Notes: ● Asked of all respondents.

These population segments are <u>less</u> likely to report consistent seat belt usage:

- 👥 Men.
- 👥 Young adults (those under 40).

"Always" Wear a Seat Belt
When Driving or Riding in a Vehicle
(MMH Service Area, 2013)

Healthy People 2020 Target = 92.0% or Higher

Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	MMH Svc Area
77.6%	91.9%	79.5%	86.6%	90.5%	80.7%	84.0%	85.0%

Seat Belt Usage - Children

A full 97.1% of MMH 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.

- 🔵 More favorable than what is found nationally.
- 🟢 Statistically similar by county.
- 🔲 Statistically unchanged since 2008 (Ripley County).

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

Franklin County	Ripley County	MMH Svc Area	US	Ripley County 2008	Ripley County 2013
95.4%	98.0%	97.1%	92.2%	96.7%	98.0%

A total of 23.3% of MMH Service Area children age 5 to 17 are reported to "always" wear a helmet when riding a bicycle.

- Much lower than the national prevalence.
- Statistically comparable by county.
- Statistically unchanged over time in Ripley County.

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

Franklin County	17.7%		
Ripley County	26.5%		
MMH Svc Area	23.3%		
US	48.7%		

Ripley County 2008	Ripley County 2013
31.9%	26.5%

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 age 5 to 17 at home.

Firearm Safety

Age-Adjusted Firearm-Related Deaths

Between 2006 and 2010, there was an annual average age-adjusted rate of 9.2 deaths per 100,000 population due to firearms in the MMH Service Area.

- Lower than found statewide.
- Lower than found nationally.
- Similar to the Healthy People 2020 objective (9.2 or lower).

Firearms-Related Deaths: Age-Adjusted Mortality
(2006-2010 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 9.2 or Lower

MMH Svc Area	Indiana	United States
9.2	11.1	10.2

Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2013.
• 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.
• Local, state and national data are simple three-year averages.

Intentional Injury (Violence)

Self-Reported Family Violence

A total of 5.9% of respondents acknowledge that they have ever been hit, slapped, pushed, kicked, or otherwise hurt by an intimate partner.

- Well below the national prevalence.

- The prevalence is twice as high in Ripley County as in Franklin County.

- Ripley County: the decrease over time is not statistically significant.

Have Ever Been Hit, Slapped, Pushed, Kicked, or Hurt in Any Way by an Intimate Partner

Franklin County	Ripley County	MMH Svc Area	US	Ripley County 2008	Ripley County 2013
3.4%	7.2%	5.9%	15.0%	10.7%	7.2%
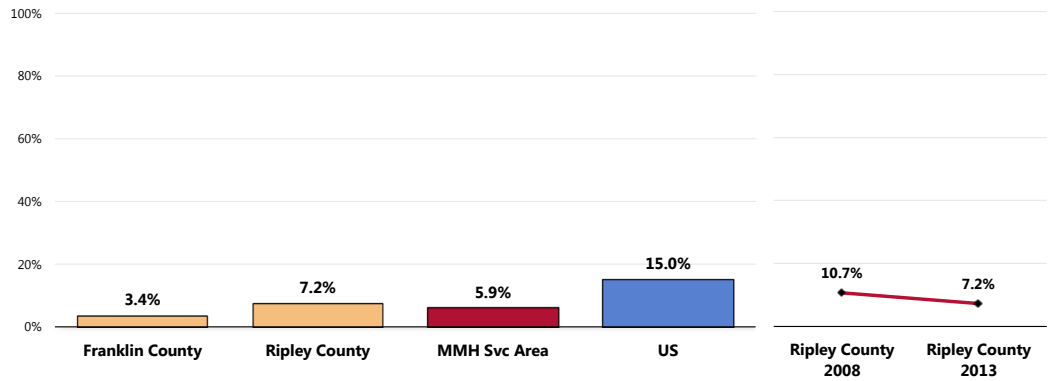
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 52]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Reports of domestic violence are also notably higher among:

- Women.

- Adults in households with lower incomes.

Have Ever Been Hit, Slapped, Pushed, Kicked, or Hurt in Any Way by an Intimate Partner
(MMH Service Area, 2013)

Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	MMH Svc Area
3.6%	8.2%	5.4%	7.1%	4.1%	9.3%	4.3%	5.9%
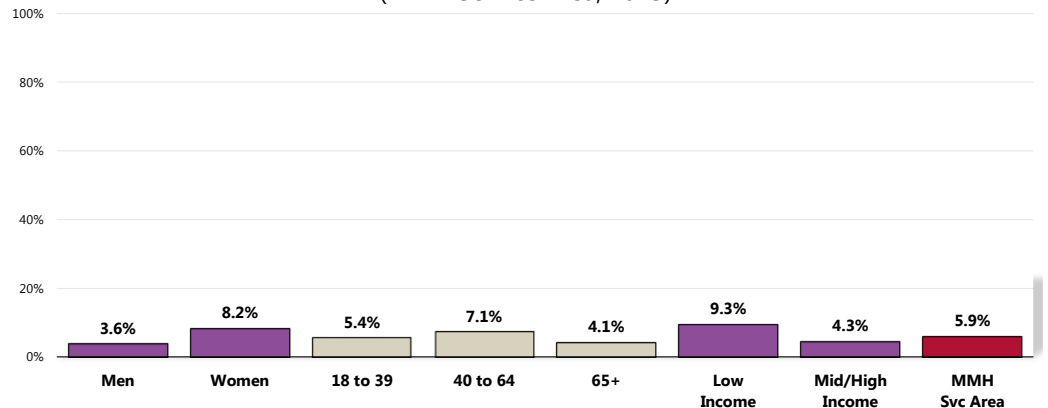
Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 52]

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

Between 2008 and 2010, there was an annual average child abuse offense rate of 14.5 offenses per 1,000 children in Franklin County and 17.0 in Ripley County.

- Higher than the Indiana rate for the same period.

- Higher than the national rate.

Reported Child Abuse Rates
(2008-2010 Annual Average Offenses per 1,000 Children)
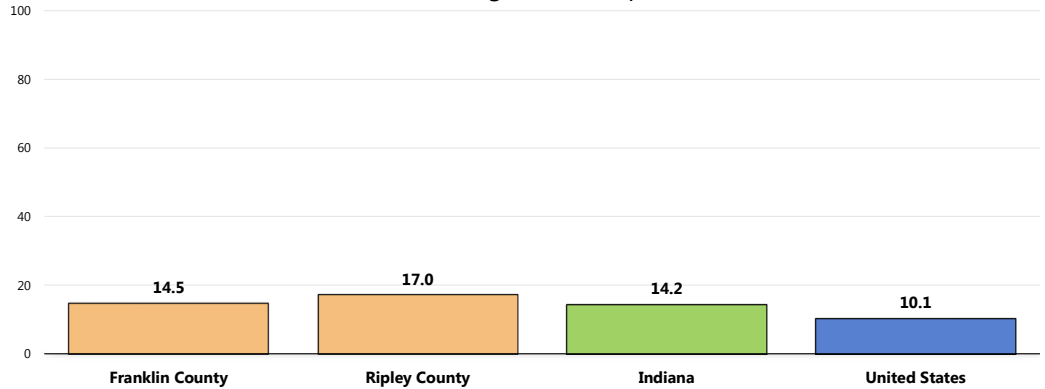
	Franklin County	Ripley County	Indiana	United States
	14.5	17.0	14.2	10.1

Sources: • Indiana Department of Child Services.
              • Administration for Children and Families, National Child Abuse and Neglect Data System.
Notes: • Rates are reports of child abuse per 1,000 children.

⌁ The reported child abuse rates have increased over time in both counties, similar to what is seen statewide. Across the US, the child abuse rate has decreased in recent years.

Reported Child Abuse Rates
(Annual Average Offenses per 1,000 Children)
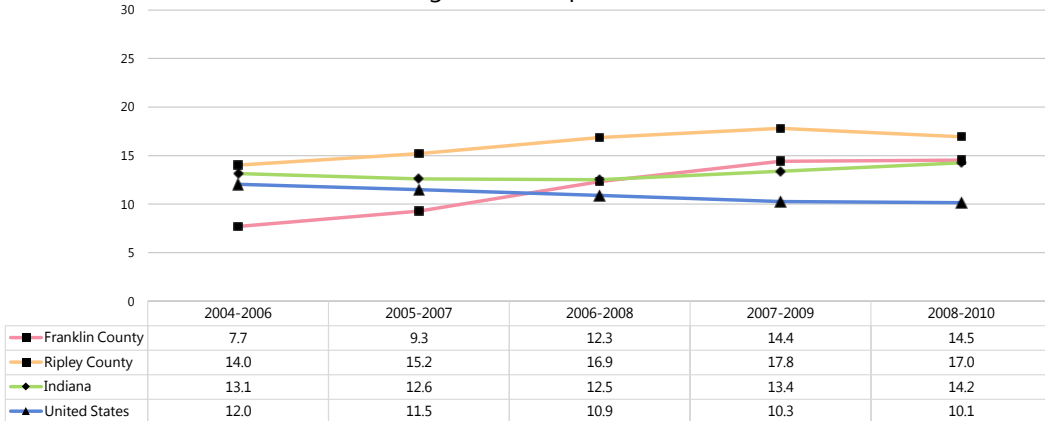
	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010
Franklin County	7.7	9.3	12.3	14.4	14.5
Ripley County	14.0	15.2	16.9	17.8	17.0
Indiana	13.1	12.6	12.5	13.4	14.2
United States	12.0	11.5	10.9	10.3	10.1

Sources: • Indiana Department of Child Services.
              • Administration for Children and Families, National Child Abuse and Neglect Data System.
Notes: • Rates are reports of child abuse per 1,000 children.

Diabetes

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

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

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

- Lowers life expectancy by up to 15 years.

- Increases the risk of heart disease by 2 to 4 times.

- Is the leading cause of kidney failure, lower limb amputations, and adult-onset blindness.

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

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

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

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

- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Diabetes Deaths

Between 2008 and 2010, there was an annual average age-adjusted diabetes mortality rate of 28.4 deaths per 100,000 population in the MMH Service Area.

- Less favorable than that found statewide.

- Less favorable than the national rate.

- Fails to satisfy the Healthy People 2020 target (19.6 or lower).

- Higher in Franklin County.

Diabetes: Age-Adjusted Mortality
(2008-2010 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 20.5 or Lower (Adjusted)

Franklin County	Ripley County	MMH Svc Area	Indiana	United States
33.5	24.0	28.4	23.8	21.2

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2013.
● 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 U.S. Standard Population.
● Local, state and national data are simple three-year averages.
● The Healthy People 2020 target for Diabetes is adjusted to account for only diabetes mellitus coded deaths.

🔁 The area's diabetes mellitus mortality rate has decreased since the 2002-2004 reporting period, echoing the state and national trends.

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

	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010
HP 2020 (Adjusted)	20.5	20.5	20.5	20.5	20.5	20.5	20.5	20.5
MMH Svc Area	23.0	32.4	31.9	32.0	30.7	29.3	27.9	28.4
Indiana	27.6	27.2	26.9	26.3	25.3	24.7	24.1	23.8
United States	25.3	25.1	24.8	24.1	23.5	22.5	21.7	21.2

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2013.
● 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 U.S. Standard Population.
● Local, state and national data are simple three-year averages.
● The Healthy People 2020 target for Diabetes is adjusted to account for only diabetes mellitus coded deaths.

Prevalence of Diabetes

A total of 10.0% of MMH Service Area adults report having been diagnosed with diabetes.

- Similar to the proportion statewide.

- Similar to the national proportion.

- Statistically similar by county.

- In Ripley County, statistically unchanged since 2008.

- Note that 4.5% of MMH Service Area adults report having pre-diabetes or being borderline diabetic (not included in the overall diabetes prevalence identified above).

Prevalence of Diabetes

Another 4.5% of adults report that they have been diagnosed with "pre-diabetes" or "borderline" diabetes (vs. 5.1% nationwide)

Franklin County	8.4%	
Ripley County	10.9%	
MMH Svc Area	10.0%	
IN	10.2%	
US	11.7%	
Ripley County 2008	9.5%	
Ripley County 2013	10.9%	
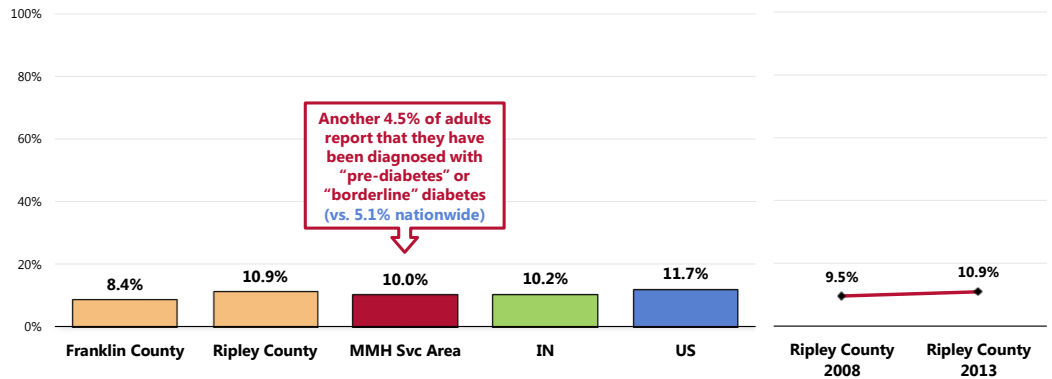
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 183]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): Indiana 2011 data.

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

- Note the positive correlation between diabetes and age (with nearly 1 in 5 seniors with diabetes).

Prevalence of Diabetes
(MMH Service Area, 2013)

Men	12.0%	
Women	8.2%	
18 to 39	1.8%	
40 to 64	12.5%	
65+	18.5%	
Low Income	11.8%	
Mid/High Income	10.0%	
MMH Svc Area	10.0%	
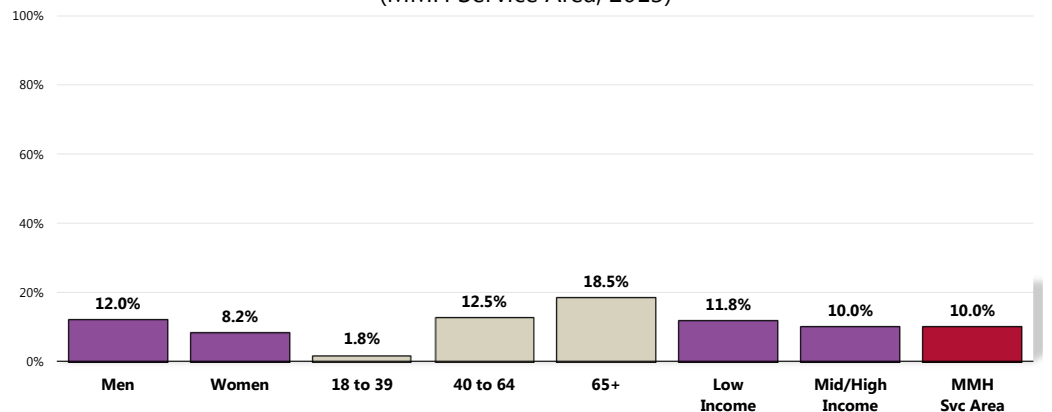
Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 39]

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

Of MMH Service Area adults who have <u>not</u> been diagnosed with diabetes, one-half (50.4%) report having had their blood sugar level tested within the past three years.

- Similar to the national proportion.
- Comparable findings by county.

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

	Franklin County	Ripley County	MMH Svc Area	US
	51.4%	49.9%	50.4%	49.2%
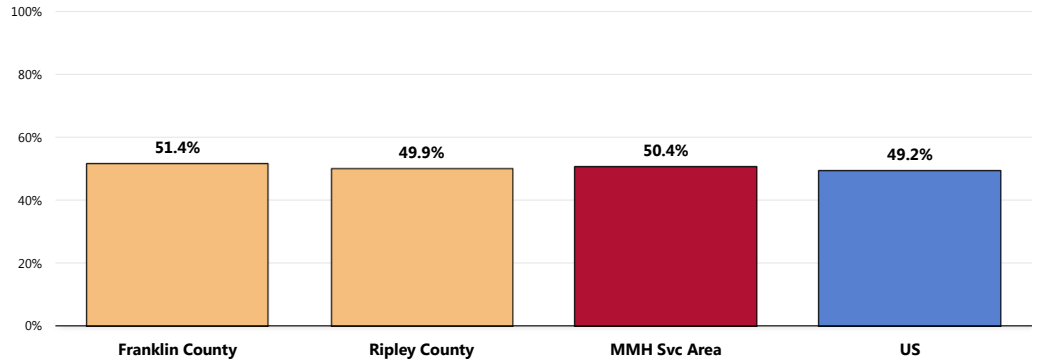
Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 40]
  • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of respondents who have not been diagnosed with diabetes.

Alzheimer's Disease

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 2008 and 2010, there was an annual average age-adjusted Alzheimer's disease mortality rate of 37.2 deaths per 100,000 population in the MMH Service Area.

- Less favorable than the statewide rate.
- Less favorable than the national rate.
- Much higher in Franklin County.

Alzheimer's Disease: Age-Adjusted Mortality
(2008-2010 Annual Average Deaths per 100,000 Population)

	Franklin County	Ripley County	MMH Svc Area	Indiana	United States
Rate	42.5	34.7	37.2	27.6	24.3

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2013.
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 U.S. Standard Population.
● Local, state and national data are simple three-year averages.

⊠ Alzheimer's disease mortality has increased over time in the MMH Service Area, in keeping with the Indiana and US trends.

Alzheimer's Disease: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)
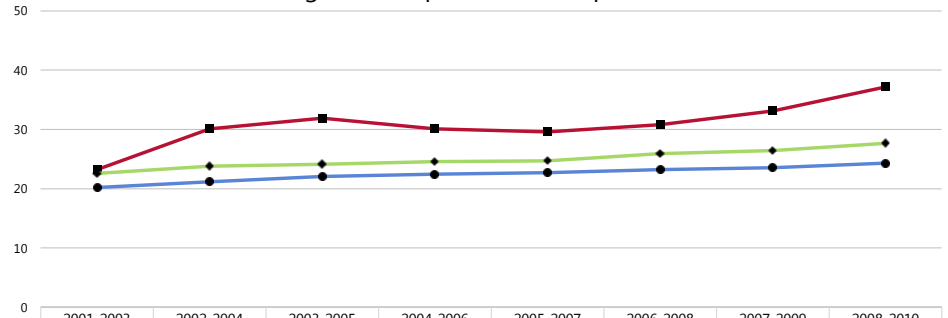
	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010
■ MMH Svc Area	23.2	30.1	31.9	30.1	29.6	30.8	33.1	37.2
◆ Indiana	22.6	23.8	24.1	24.6	24.7	25.9	26.4	27.6
● United States	20.2	21.1	22.0	22.4	22.7	23.2	23.5	24.3

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2013.
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 U.S. Standard Population.

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 2006 and 2010 there was an annual average age-adjusted kidney disease mortality rate of 12.8 deaths per 100,000 population in the MMH Service Area.

- Well below the rate found statewide.

- Lower than the national rate.
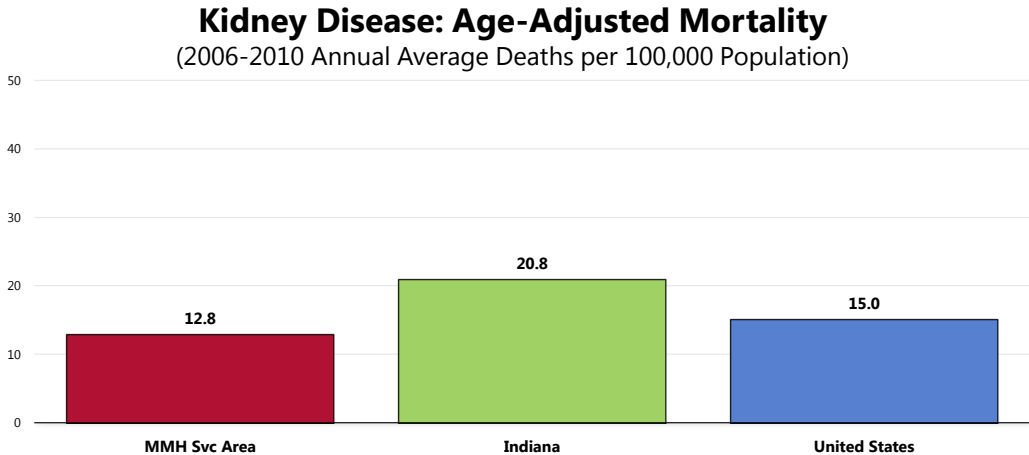
Kidney Disease: Age-Adjusted Mortality
(2006-2010 Annual Average Deaths per 100,000 Population)

Category	Rate
MMH Svc Area	12.8
Indiana	20.8
United States	15.0

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2013.

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 U.S. Standard Population.
- Local, state and national data are simple three-year averages.

Prevalence of Kidney Disease

A total of 2.9% of MMH Service Area adults report having been diagnosed with kidney disease.

● Nearly identical to the national proportion.

● Statistically similar by county.

Prevalence of Kidney Disease
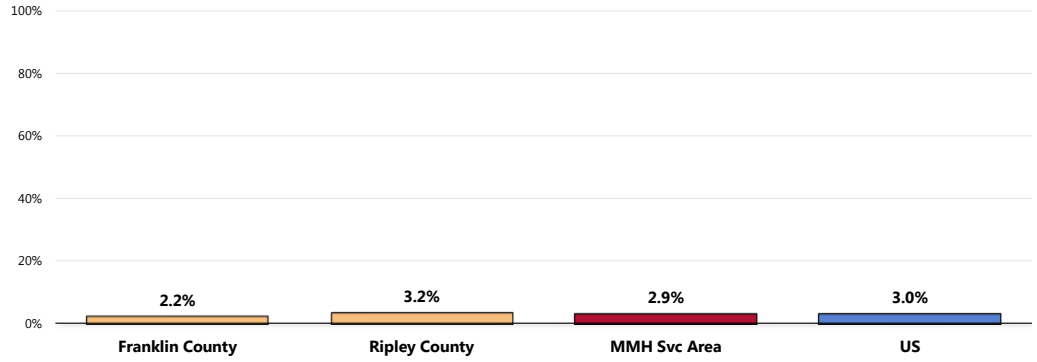
	Franklin County	Ripley County	MMH Svc Area	US
	2.2%	3.2%	2.9%	3.0%

No difference by demographic characteristics.

Prevalence of Kidney Disease
(MMH Service Area, 2013)
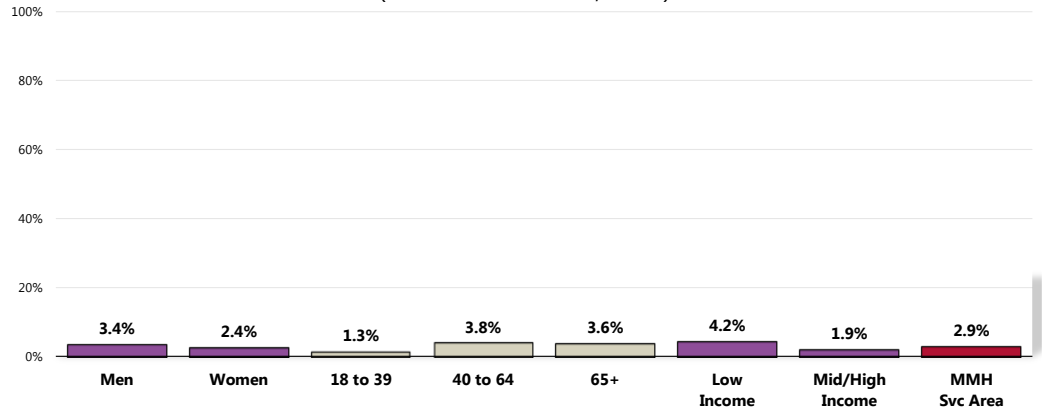
Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	MMH Svc Area
3.4%	2.4%	1.3%	3.8%	3.6%	4.2%	1.9%	2.9%

Potentially Disabling Conditions

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

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

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

- 15%-20% of the population develop protracted back pain.

- 2-8% have chronic back pain (pain that lasts more than 3 months).

- 3-4% of the population is temporarily disabled due to back pain.

- 1% of the working-age population is disabled completely and permanently as a result of low back pain.

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

- 2nd leading cause of lost work time (after the common cold).

- 3rd most common reason to undergo a surgical procedure.

- 5th most frequent cause of hospitalization.

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

‒ Healthy People 2020 (www.healthypeople.gov)

Arthritis, Osteoporosis, & Chronic Pain

Prevalence of Arthritis/Rheumatism

Nearly 4 in 10 (38.2%) MMH Service Area adults age 50 and older report suffering from arthritis or rheumatism.

- Comparable to that found nationwide.

- Comparable survey findings by county.

- The prevalence of arthritis/rheumatism in Ripley County is similar to that reported in 2008.

Prevalence of Arthritis/Rheumatism
(Among Adults Age 50 and Older)

Franklin County: 35.5%
Ripley County: 39.5%
MMH Svc Area: 38.2%
US: 37.3%
Ripley County 2008: 43.1%
Ripley County 2013: 39.5%
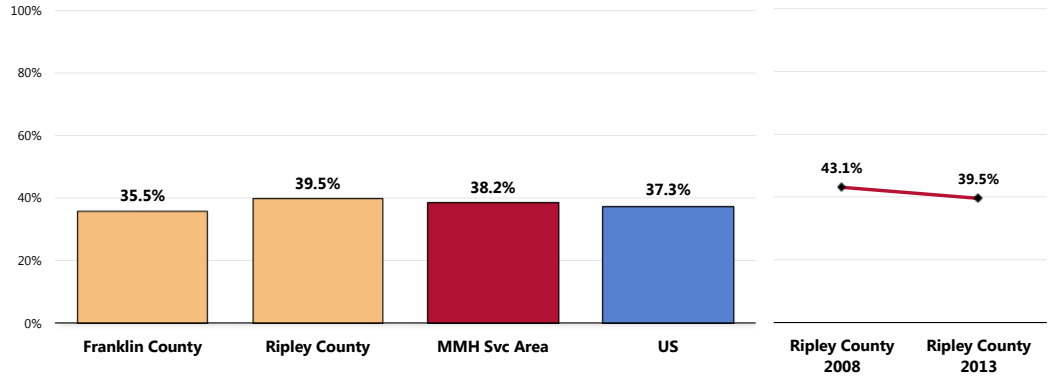
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 139]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Reflects respondents age 50 and older.

Prevalence of Osteoporosis

A total of 10.8% of survey respondents age 50 and older have osteoporosis.

- Similar to that found nationwide.
- Twice the Healthy People 2020 target of 5.3% or lower.
- No significant differences by county.
- In Ripley County, statistically unchanged over time.

Prevalence of Osteoporosis
(Among Adults Age 50 and Older)

Healthy People 2020 Target = 5.3% or Lower

Franklin County: 9.1%
Ripley County: 11.7%
MMH Svc Area: 10.8%
US: 13.5%
Ripley County 2008: 11.3%
Ripley County 2013: 11.7%
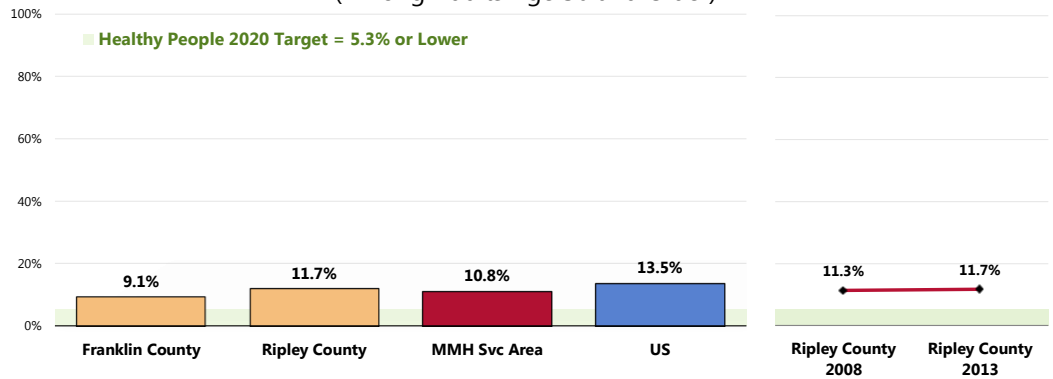
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 140]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
● US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective AOCBC-10]
Notes: ● Reflects respondents age 50 and older.

A total of 18.6% of survey respondents suffer from chronic back pain or sciatica.

- Almost identical to that found nationwide.
- No difference by county of residence.
- Statistically unchanged over time in Ripley County.

Prevalence of Sciatica/Chronic Back Pain

Franklin County 19.0% | Ripley County 18.4% | MMH Svc Area 18.6% | US 18.4% | MMH Svc Area 2008 19.1% | MMH Svc Area 2013 18.4%
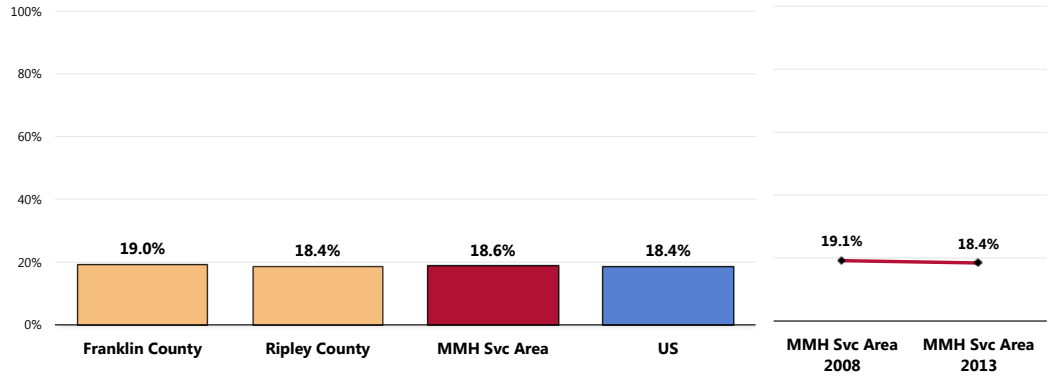
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 29]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Vision & Hearing Impairment

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)

Vision Trouble

A total of 8.3% of MMH Service Area adults are blind, or have trouble seeing even when wearing corrective lenses.

- Similar to the US prevalence.
- Similar findings by county.
- In Ripley County, statistically unchanged over time.
- Among MMH Service Area adults age 65 and older, 12.0% have vision trouble.

Prevalence of Blindness/Trouble Seeing

Franklin County	Ripley County	MMH Svc Area	US	Ripley County 2008	Ripley County 2013
8.1%	8.4%	8.3%	8.5%	7.6%	8.4%

Among 65+: 12.0%
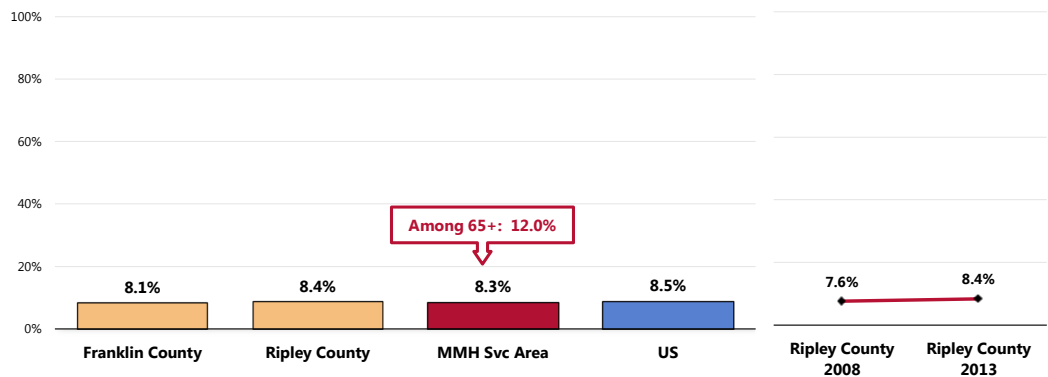
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 26]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Hearing Trouble

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 a 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)

In all, 10.1% of MMH Service Area adults report being deaf or having difficulty hearing.

- Similar to that found nationwide.

- Similar by county.

- Unchanged over time in Ripley County.

- Among MMH Service Area adults age 65 and older, 27.9% have partial or complete hearing loss.

Prevalence of Deafness/Trouble Hearing

|					Ripley County 2008	Ripley County 2013
Franklin County	Ripley County	MMH Svc Area	US		13.4%	9.6%
11.2%	9.6%	10.1%	10.3%			

Among 65+: 27.9%
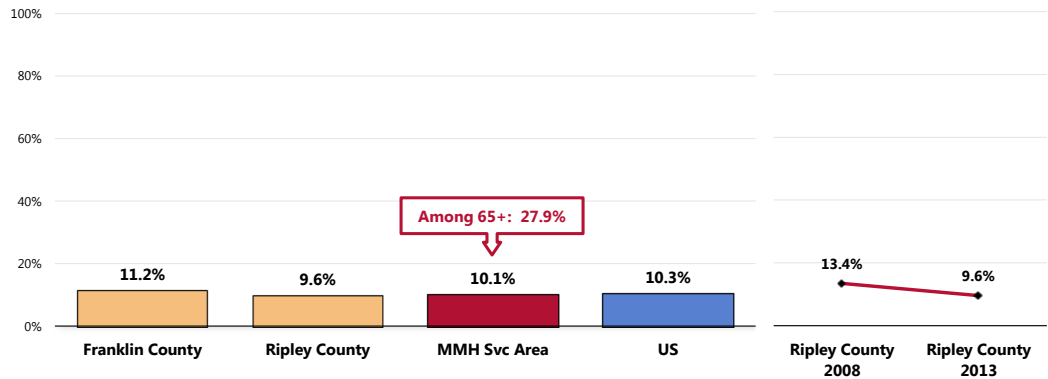
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 27]
          • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Environmental Health

Indoor Contaminants

A total of 12.3% of MMH Service Area adults had an illness or symptoms in the past year believed to be caused by indoor contaminants (such as dust, mold, smoke, and chemicals).

- Statistically similar by county.
- No change over time in Ripley County.
- Unfavorably high among adults in households with lower incomes.

Had an Illness or Symptoms in the Past
Year Believed to be Caused by Indoor Contaminants
(MMH Service Area, 2013)

Franklin County: 13.0%
Ripley County: 12.0%

Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	MMH Svc Area	Ripley County 2008	Ripley County 2013
12.8%	11.9%	14.1%	12.5%	8.9%	17.5%	9.1%	12.3%	12.7%	12.0%

Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 49]
Notes: ● Asked of all respondents.
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Mold in the Home

Of all survey respondents, 2.7% have an area of mold in the home greater than the size of a dollar bill.

- No difference by county of residence.
- Marks a significant decrease over time in Ripley County.
- Notably high in low-income adults.

Have an Area of Mold in the
Home Greater Than the Size of a Dollar Bill

(MMH Service Area, 2013)

Franklin County: 3.7%
Ripley County: 2.2%

1.9%	3.4%	3.3%	1.7%	4.3%	7.3%	1.5%	2.7%	5.0%	2.2%
Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	MMH Svc Area	Ripley County 2008	Ripley County 2013

Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 50]
Notes: • Asked of all respondents.
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

INFECTIOUS DISEASE
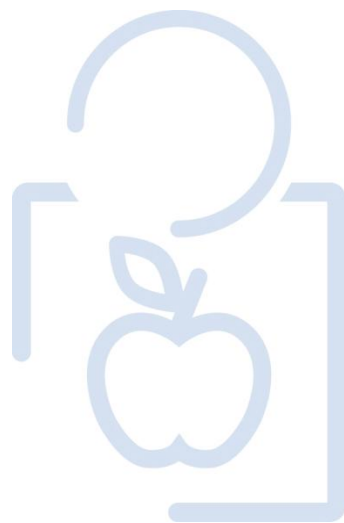
Influenza & Pneumonia Vaccination

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

– Healthy People 2020 (www.healthypeople.gov)

Flu Vaccinations

Among MMH Service Area seniors, 67.0% received a flu shot (or FluMist®) within the past year.

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

- Statistically comparable to the Indiana finding.

- More favorable than the national finding.

- Fails to satisfy the Healthy People 2020 target (90% or higher).

- Statistically comparable by county.

- Ripley County: statistically unchanged since 2008.

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

Healthy People 2020 Target = 90% or Higher

	Franklin County	Ripley County	MMH Svc Area	Indiana	US		Ripley County 2008	Ripley County 2013
	61.3%	69.9%	67.0%	60.6%	57.5%		63.4%	69.9%
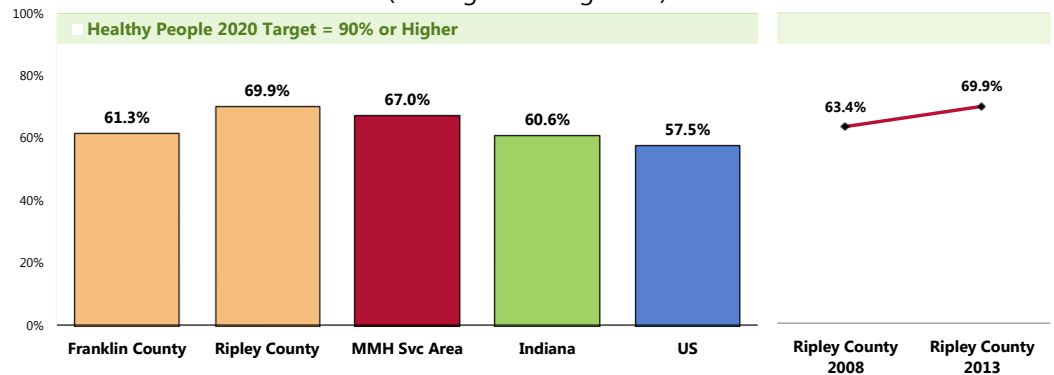
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 141]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): Indiana 2011 data.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IID-12.7]

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.

One-half (50.7%) 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 (90% or higher).

- Statistically comparable by county.

⊞ No change over time in Ripley County.

High-Risk Adults: Have Had a Flu Vaccination in the Past Year
(Among High-Risk Adults Age 18-64)

Healthy People 2020 Target = 90% or Higher

	Franklin County	Ripley County	MMH Svc Area	US		Ripley County 2008	Ripley County 2013
	39.5%	55.2%	50.7%	45.9%		52.3%	55.2%
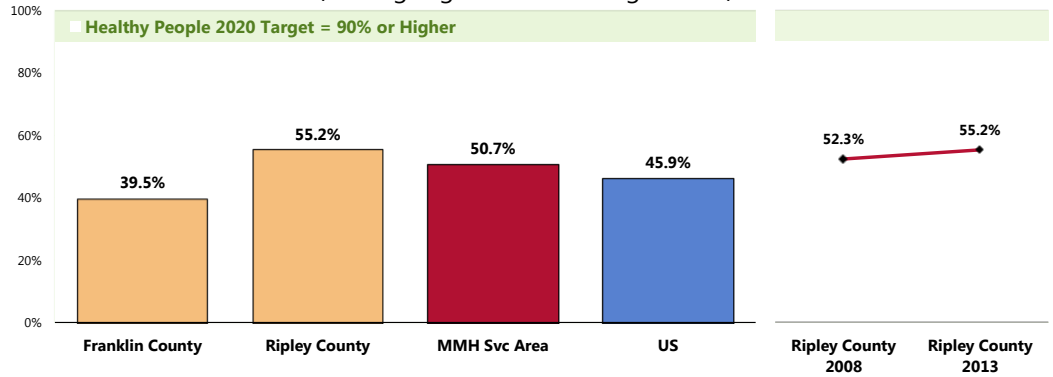
Sources:
● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 142]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
● US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IID-12.6]
Notes:
● 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.

Pneumonia Vaccination

Among adults age 65 and older, 62.7% have received a pneumonia vaccination at some point in their lives.

● Lower than the Indiana finding.

● Comparable to the national finding.

● Fails to satisfy the Healthy People 2020 target of 90% or higher.

● Statistically similar by county.

⊞ Statistically unchanged over time among Ripley County seniors.

Older Adults: Have Ever Had a Pneumonia Vaccine
(Among Adults Age 65+)

Healthy People 2020 Target = 90% or Higher

	Franklin County	Ripley County	MMH Svc Area	Indiana	US		Ripley County 2008	Ripley County 2013
	63.1%	62.5%	62.7%	70.5%	68.4%		58.3%	62.5%

Sources:
● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 143]
● 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): Indiana 2011 data.
● US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IID-13.1]
Notes:
● Reflects respondents 65 and older.

A total of 38.4% of high-risk adults age 18 to 64 have ever received a pneumonia vaccination.

- Similar to national findings.

- Fails to satisfy the Healthy People 2020 target (60% or higher).

- Similar findings by county.

- Marks a significant <u>increase</u> over time in Ripley County.

High-Risk Adults: Have Ever Had a Pneumonia Vaccine
(Among High-Risk Adults Age 18-64)

Healthy People 2020 Target = 60% or Higher

Franklin County	Ripley County	MMH Svc Area	US
31.3%	41.3%	38.4%	41.9%

Ripley County 2008	Ripley County 2013
23.4%	38.4%
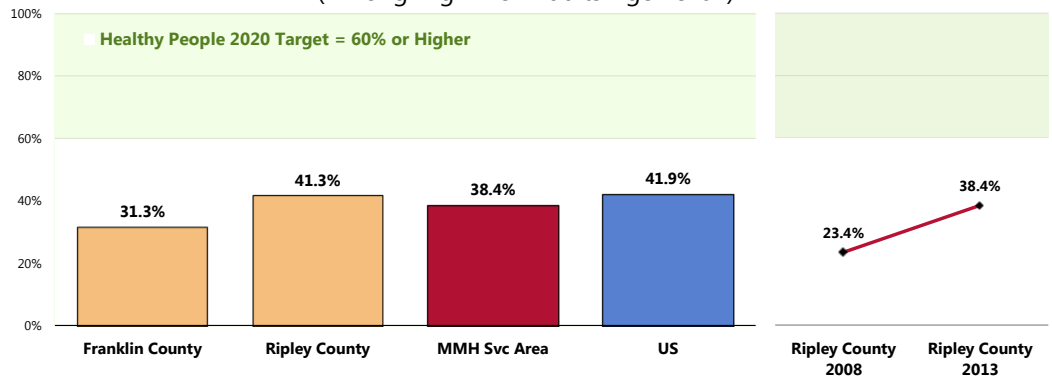
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 144]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IID-13.2]

Notes:
- Asked of all high-risk respondents under 65.
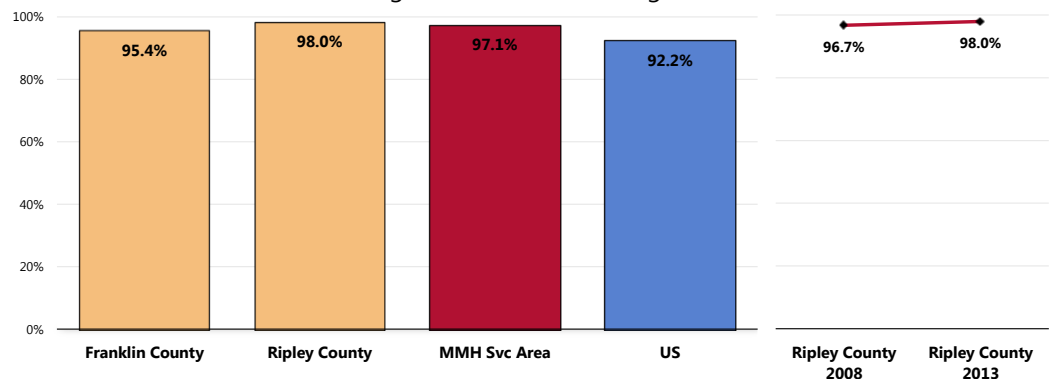- "High-Risk" includes adults age 18 to 64 who have been diagnosed with heart disease, diabetes or respiratory disease.

Hepatitis B Vaccination

Based on survey data, 4 in 10 (40.8%) residents report completing the hepatitis B vaccination series.

- Similar to what is reported nationwide.
- Lower in Franklin County.
- ⊞ Marks a significant increase over time in Ripley County.

Have Completed the Hepatitis B Vaccination Series

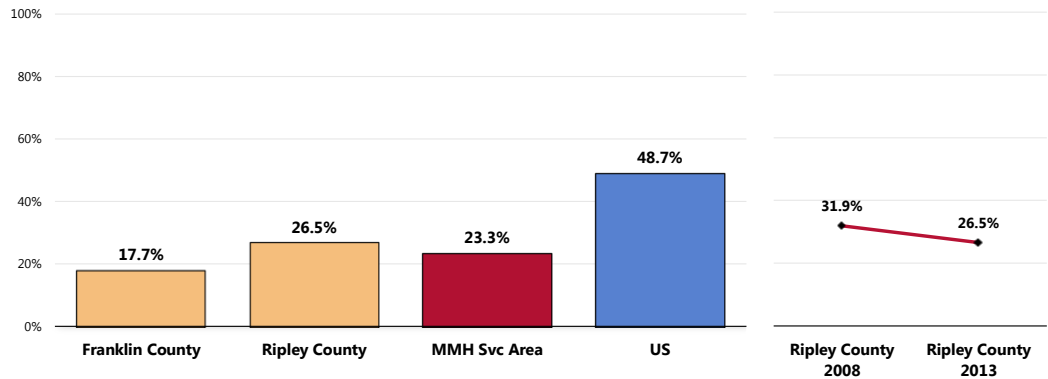|	Franklin County	Ripley County	MMH Svc Area	US	Ripley County 2008	Ripley County 2013
	32.9%	44.6%	40.8%	44.7%	31.6%	40.8%
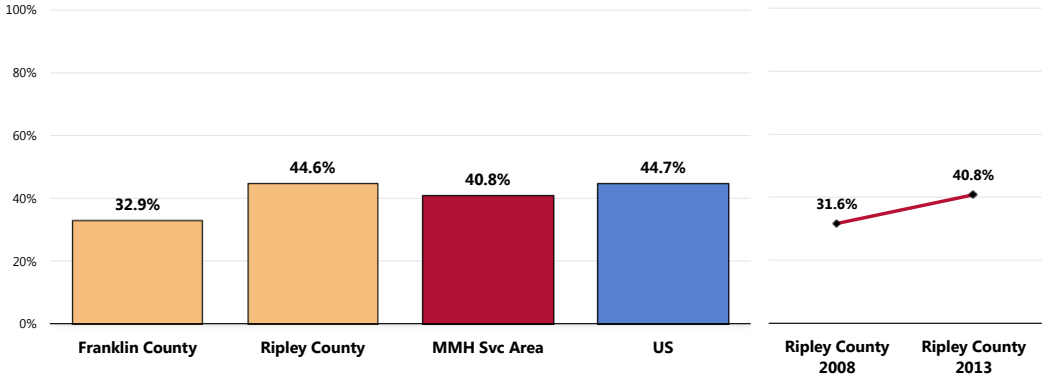
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 68]
　　　　 ● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

- 👫 Men are less likely than women in the service area to have completed the hepatitis B vaccination series.
- 👫 Note the negative correlation between age and hepatitis B vaccinations.

Have Completed the Hepatitis B Vaccination Series
(MMH Service Area, 2013)

Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	MMH Svc Area
36.9%	44.2%	62.2%	39.2%	11.7%	39.7%	42.5%	40.8%
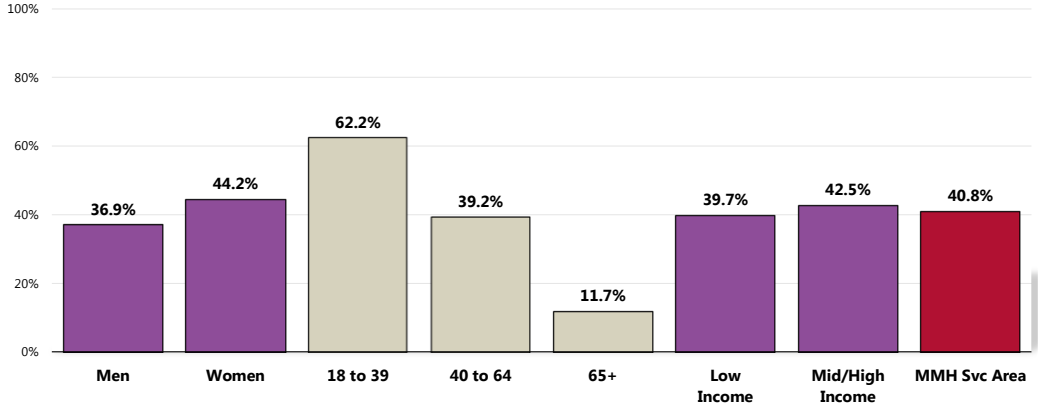
Sources: ● 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 68]
Notes: ● Asked of all respondents.
　　　　 ● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

BIRTHS
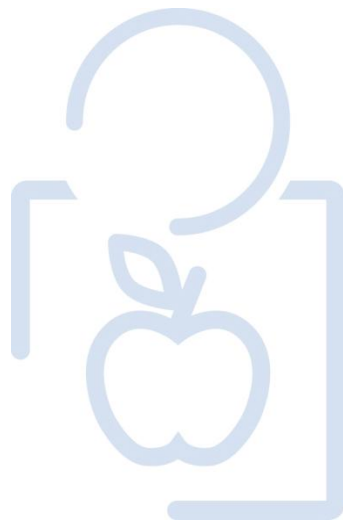
Prenatal Care

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

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

– Healthy People 2020 (www.healthypeople.gov)

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

Between 2008 and 2010, 29.3% of all MMH Service Area births did <u>not</u> receive prenatal care in the first trimester of pregnancy.

- Better than the Indiana proportion.
- Fails to satisfy the Healthy People 2020 target (22.1% or lower).
- Higher in Ripley County.

Lack of Prenatal Care in the First Trimester
(Percentage of Live Births, 2008-2010)

Healthy People 2020 Target = 22.1% or Lower

Franklin County	Ripley County	MMH Svc Area	Indiana
26.1%	31.1%	29.3%	32.9%

Sources:
- Indiana State Department of Health.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-10.1]
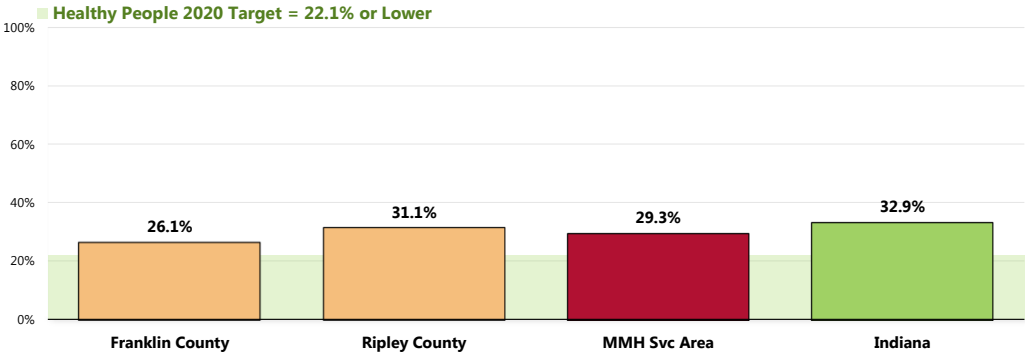
Note:
- Numbers are a percentage of all live births within each population.

⊠ Lack of prenatal care has worsened over time in the MMH Service Area, echoing the statewide trend.

Lack of Prenatal Care in the First Trimester
(Percentage of Live Births)
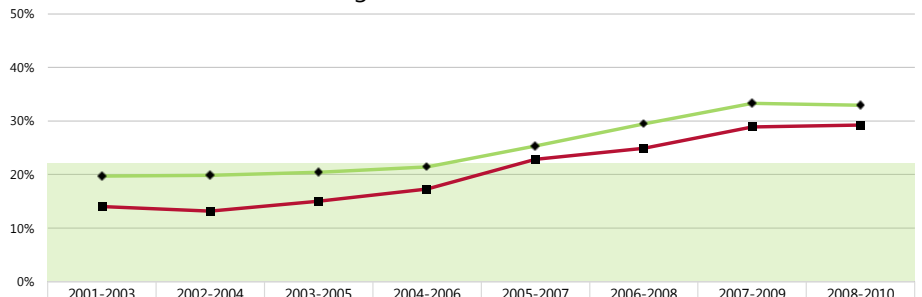
	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010
Healthy People 2020	22.1%	22.1%	22.1%	22.1%	22.1%	22.1%	22.1%	22.1%
MMH Svc Area	14.0%	13.2%	15.0%	17.3%	22.9%	24.9%	28.9%	29.3%
Indiana	19.7%	19.9%	20.4%	21.4%	25.3%	29.4%	33.3%	32.9%

Sources: ● Indiana State Department of Health.
● US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-10.1]
Note: ● Numbers are a percentage of all live births within each population.

Birth Outcomes & Risks

Low-Weight Births

A total of 6.7% of 2008-2010 MMH Service Area births were low-weight.

- Better than the Indiana proportion.
- Better than the national proportion.
- Satisfies the Healthy People 2020 target (7.8% or lower).
- No difference by county.
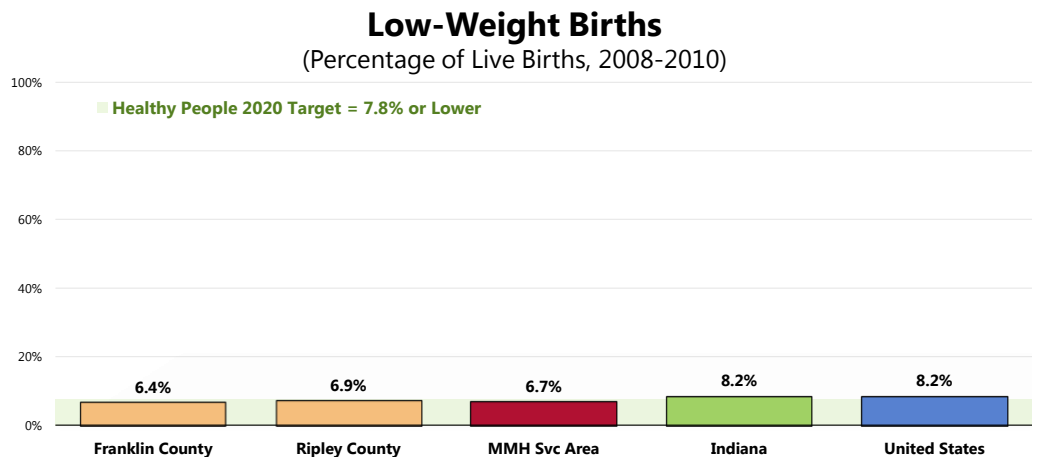
Low-Weight Births
(Percentage of Live Births, 2008-2010)

Healthy People 2020 Target = 7.8% or Lower

Franklin County	Ripley County	MMH Svc Area	Indiana	United States
6.4%	6.9%	6.7%	8.2%	8.2%

Sources:
- Indiana State Department of Health.
- Centers for Disease Control and Prevention, National Vital Statistics System.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-8.1]

Note:
- Numbers are a percentage of all live births within each population.
- Defined as an infant born weighing less than 5.5 pounds (2,500 grams) regardless of gestational age.

The proportion of low-weight births decreased over the past decade in the MMH Service Area in recent years; in contrast, rates increased across Indiana and the US overall.
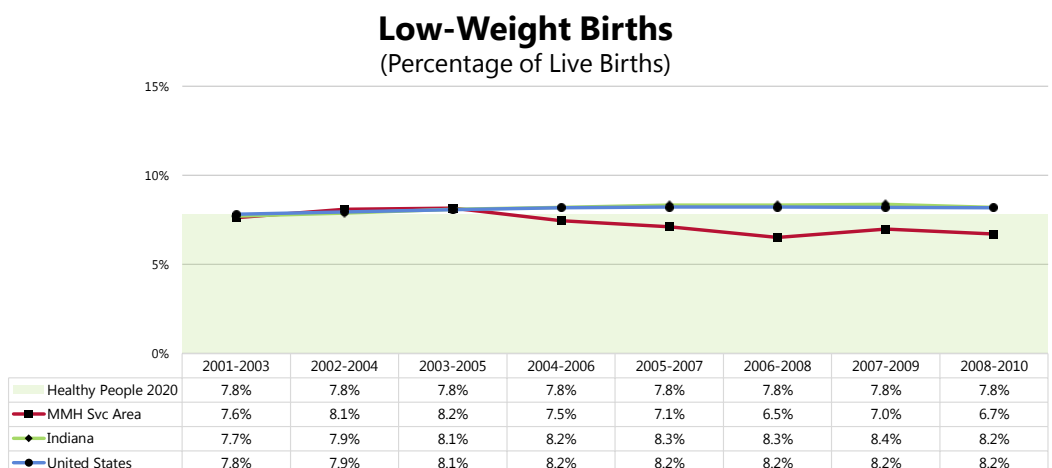
Low-Weight Births
(Percentage of Live Births)

	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010
Healthy People 2020	7.8%	7.8%	7.8%	7.8%	7.8%	7.8%	7.8%	7.8%
MMH Svc Area	7.6%	8.1%	8.2%	7.5%	7.1%	6.5%	7.0%	6.7%
Indiana	7.7%	7.9%	8.1%	8.2%	8.3%	8.3%	8.4%	8.2%
United States	7.8%	7.9%	8.1%	8.2%	8.2%	8.2%	8.2%	8.2%

Sources:
- Indiana State Department of Health.
- Centers for Disease Control and Prevention, National Vital Statistics System.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-8.1]

Note:
- Numbers are a percentage of all live births within each population.
- Defined as an infant born weighing less than 5.5 pounds (2,500 grams) regardless of gestational age.

Infant Mortality

Between 2001 and 2010, there was an annual average of 5.6 infant deaths per 1,000 live births.

- More favorable than the Indiana rate.
- More favorable than the national rate.
- Satisfies the Healthy People 2020 target of 6.0 per 1,000 live births.
- Similar by county.

Infant Mortality Rate
(2001-2010 Annual Average Infant Deaths per 1,000 Live Births)
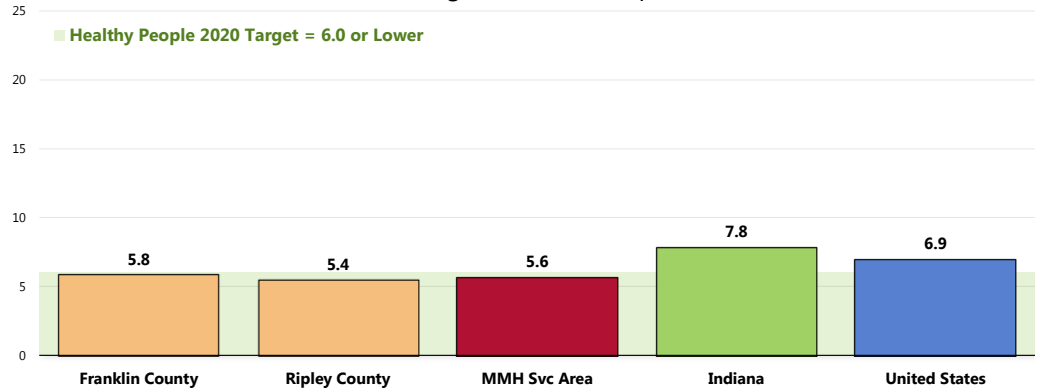
Healthy People 2020 Target = 6.0 or Lower

5.8	5.4	5.6	7.8	6.9
Franklin County	Ripley County	MMH Svc Area	Indiana	United States

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2013.
- 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.

Family Planning

Family planning is one of the 10 great public health achievements of the 20th century. The availability of family planning services allows individuals to achieve desired birth spacing and family size and contributes to improved health outcomes for infants, children, and women. Family planning services include contraceptive and broader reproductive health services (patient education and counseling), breast and pelvic examinations, breast and cervical cancer screening, sexually transmitted infection (STI) and HIV prevention education/counseling/testing/referral, and pregnancy diagnosis and counseling. For many women, a family planning clinic is their entry point into the healthcare system and is considered to be their usual source of care. This is especially true for women with incomes below the poverty level, women who are uninsured, Hispanic women, and Black women.

Unintended pregnancies (those reported by women as being mistimed or unwanted) are associated with many negative health and economic outcomes. In 2001, almost one-half of all pregnancies in the US were unintended. For women, negative outcomes associated with unintended pregnancy include:

- Delays in initiating prenatal care

- Reduced likelihood of breastfeeding

- Poor maternal mental health

- Lower mother-child relationship quality

- Increased risk of physical violence during pregnancy

Children born as a result of an unintended pregnancy are more likely to experience poor mental and physical health during childhood and poor educational and behavioral outcomes.

 – Healthy People 2020 (www.healthypeople.gov)

Births to Unwed Mothers

According to the CDC, an unintended pregnancy is a pregnancy that is either mistimed or unwanted at the time of conception. It is a core concept in understanding the fertility of populations and the unmet need for contraception. Unintended pregnancy is associated with an increased risk of morbidity for women, and with health behaviors during pregnancy that are associated with adverse effects. For example, women with an unintended pregnancy may delay prenatal care, which may affect the health of the infant. Women of all ages may have unintended pregnancies, but some groups, such as teens, are at a higher risk.

Because it is impossible to measure the true incidence of unintended pregnancy in the US, the following indicator looks at births occurring among unmarried mothers as a proxy measure for pregnancies that are not intended (knowing that this is not always the case).

More than one in three (37.0%) 2008-2010 births were to unwed mothers.

- Lower than the percentage reported statewide.
- Lower than that found nationally.
- Higher in Ripley County.

Births to Unwed Mothers
(Percentage of Live Births, 2008-2010)
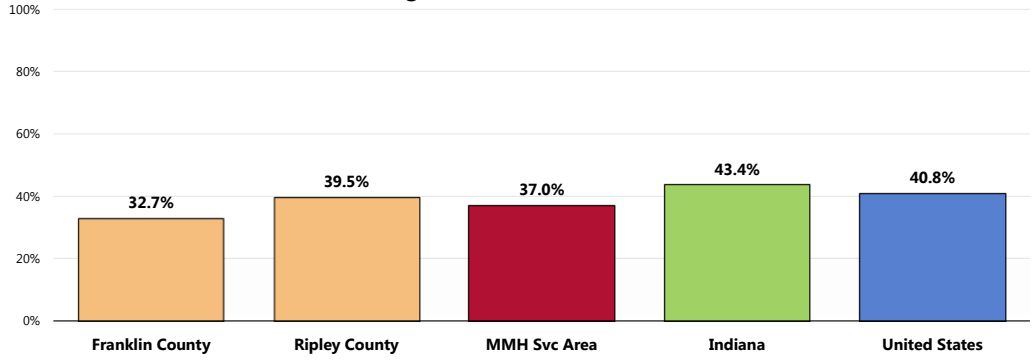
	Franklin County	Ripley County	MMH Svc Area	Indiana	United States
	32.7%	39.5%	37.0%	43.4%	40.8%

Sources: • Indiana State Department of Health.
• Centers for Disease Control and Prevention, National Vital Statistics System.
Note: • Numbers are a percentage of all live births within each population.
• US percentage reflects 2004-2006 data.

⊞ The percentage of births to unwed mothers in the MMH Service Area increased steadily over the past decade, echoing the state and national trends.

Births to Unwed Mothers
(Percentage of Live Births)
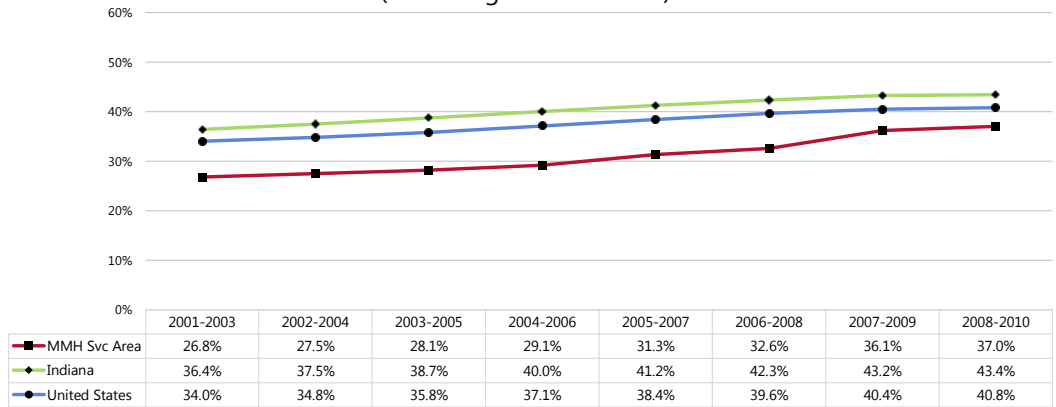
	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010
MMH Svc Area	26.8%	27.5%	28.1%	29.1%	31.3%	32.6%	36.1%	37.0%
Indiana	36.4%	37.5%	38.7%	40.0%	41.2%	42.3%	43.2%	43.4%
United States	34.0%	34.8%	35.8%	37.1%	38.4%	39.6%	40.4%	40.8%

Sources: • Indiana State Department of Health.
• Centers for Disease Control and Prevention, National Vital Statistics System.
Note: • Numbers are a percentage of all live births within each population.

Births to Teen Mothers

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)

A total of 10.3% of 2008-2010 MMH Service Area births were to teenage mothers.

● Better than the Indiana proportion.

● Comparable to the national proportion.

● Higher in Ripley County.

Births to Teen Mothers (Under 20)
(Percentage of Live Births, 2008-2010)
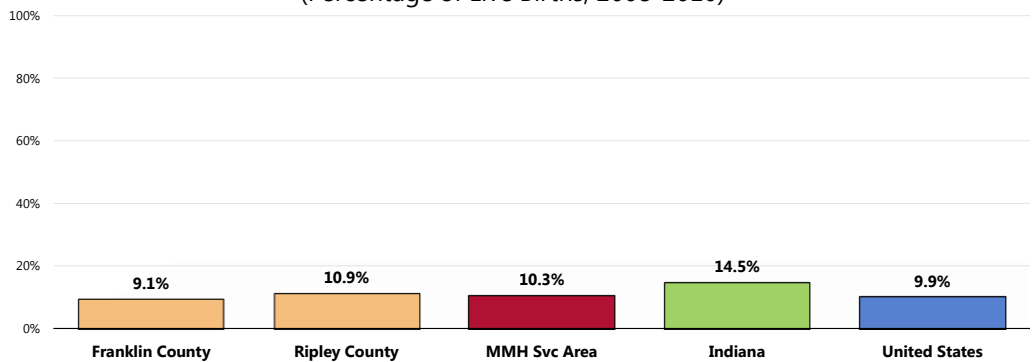
	Franklin County	Ripley County	MMH Svc Area	Indiana	United States
	9.1%	10.9%	10.3%	14.5%	9.9%

Sources: ● Indiana State Department of Health.
          ● Centers for Disease Control and Prevention, National Vital Statistics System.
Note: ● Numbers are a percentage of all live births within each population.

⊠ This percentage fluctuated over the past decade in the service area, decreasing somewhat in Indiana and the US overall.

Births to Teen Mothers (Under 20)
(Percentage of Live Births)
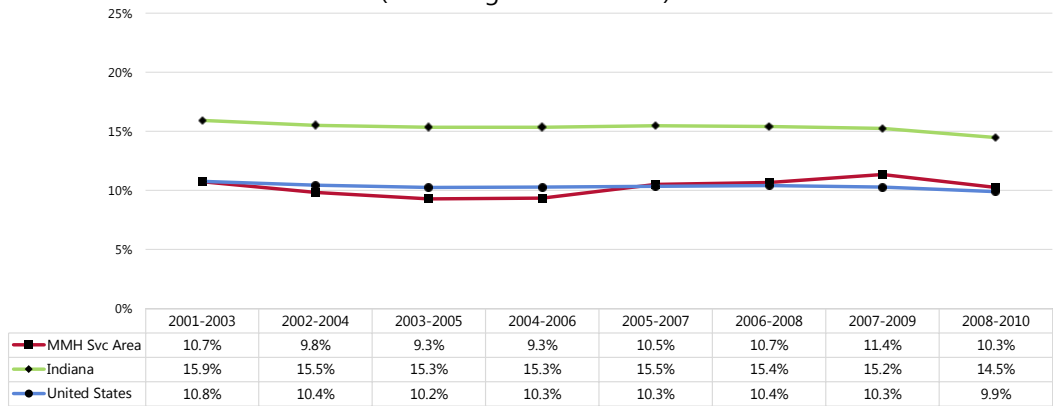
	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010
MMH Svc Area	10.7%	9.8%	9.3%	9.3%	10.5%	10.7%	11.4%	10.3%
Indiana	15.9%	15.5%	15.3%	15.3%	15.5%	15.4%	15.2%	14.5%
United States	10.8%	10.4%	10.2%	10.3%	10.3%	10.4%	10.3%	9.9%

Sources: • Indiana State Department of Health.
• Centers for Disease Control and Prevention, National Vital Statistics System.
Note: • Numbers are a percentage of all live births within each population.

MODIFIABLE HEALTH RISKS
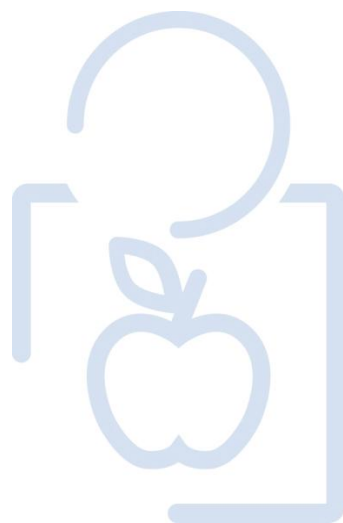
Actual Causes Of Death

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

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

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

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

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

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

Medical Care 10%
Physical Environment 5%
Social Circumstances 15%
Genetics 30%
Lifestyle/ Behaviors 40%

Tobacco	18%
Diet/Inactivity	17%
Alcohol	4%
Infectious Disease	3%
Toxic Agents	2%
Motor Vehicle	2%
Firearms	1%
Sexual Behavior	1%
Illicit Drugs	1%
Other	52%
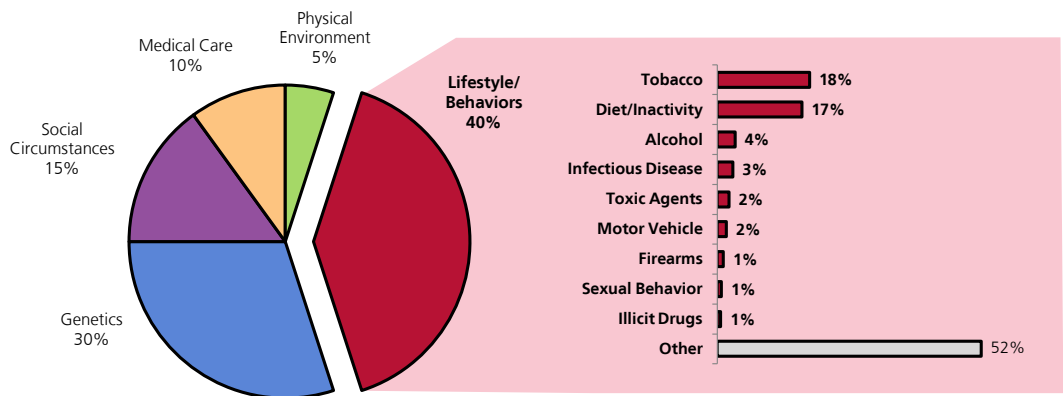
Sources: "The Case For More Active Policy Attention to Health Promotion"; (McGinnis, Williams-Russo, Knickman) Health Affairs, Vol. 21, No. 2, March/April 2002.
"Actual Causes of Death in the United States"; (Ali H. Mokdad, PhD; James S. Marks, MD, MPH; Donna F. Stroup, Phd, MSc; Julie L. Gerberding, MD, MPH) JAMA, 291(2000):1238-1245.

Nutrition

Strong science exists supporting the health benefits of eating a healthful diet and maintaining a healthy body weight. Efforts to change diet and weight should address individual behaviors, as well as the policies and environments that support these behaviors in settings such as schools, worksites, healthcare organizations, and communities.

The goal of promoting healthful diets and healthy weight encompasses increasing household food security and eliminating hunger.

Americans with a healthful diet:

- Consume a variety of nutrient-dense foods within and across the food groups, especially whole grains, fruits, vegetables, low-fat or fat-free milk or milk products, and lean meats and other protein sources.

- Limit the intake of saturated and trans fats, cholesterol, added sugars, sodium (salt), and alcohol.

- Limit caloric intake to meet caloric needs.

Diet and body weight are related to health status. Good nutrition is important to the growth and development of children. A healthful diet also helps Americans reduce their risks for many health conditions, including: overweight and obesity; malnutrition; iron-deficiency anemia; heart disease; high blood pressure; dyslipidemia (poor lipid profiles); type 2 diabetes; osteoporosis; oral disease; constipation; diverticular disease; and some cancers.

Diet reflects the variety of foods and beverages consumed over time and in settings such as worksites, schools, restaurants, and the home. Interventions to support a healthier diet can help ensure that:

- Individuals have the knowledge and skills to make healthier choices.

- Healthier options are available and affordable.

Social Determinants of Diet. Demographic characteristics of those with a more healthful diet vary with the nutrient or food studied. However, most Americans need to improve some aspect of their diet.

Social factors thought to influence diet include:

- Knowledge and attitudes

- Skills

- Social support

- Societal and cultural norms

- Food and agricultural policies

- Food assistance programs

- Economic price systems

Physical Determinants of Diet. Access to and availability of healthier foods can help people follow healthful diets. For example, better access to retail venues that sell healthier options may have a positive impact on a person's diet; these venues may be less available in low-income or rural neighborhoods.

The places where people eat appear to influence their diet. For example, foods eaten away from home often have more calories and are of lower nutritional quality than foods prepared at home.

Marketing also influences people's—particularly children's—food choices.

– Healthy People 2020 (www.healthypeople.gov)

Daily Recommendation of Fruits/Vegetables

A total of 35.4% of MMH Service Area adults report eating five or more servings of fruits and/or vegetables per day.

To measure fruit and vegetable consumption, survey respondents were asked multiple questions, specifically about the foods and drinks they consumed on the day prior to the interview.

- Comparable to national findings.
- Comparable findings by county.
- In Ripley County, fruit/vegetable consumption has not changed significantly since 2008.

Consume Five or More Servings of Fruits/Vegetables Per Day

Franklin County	Ripley County	MMH Svc Area	US	Ripley County 2008	Ripley County 2013
32.0%	37.2%	35.4%	39.5%	42.8%	37.2%
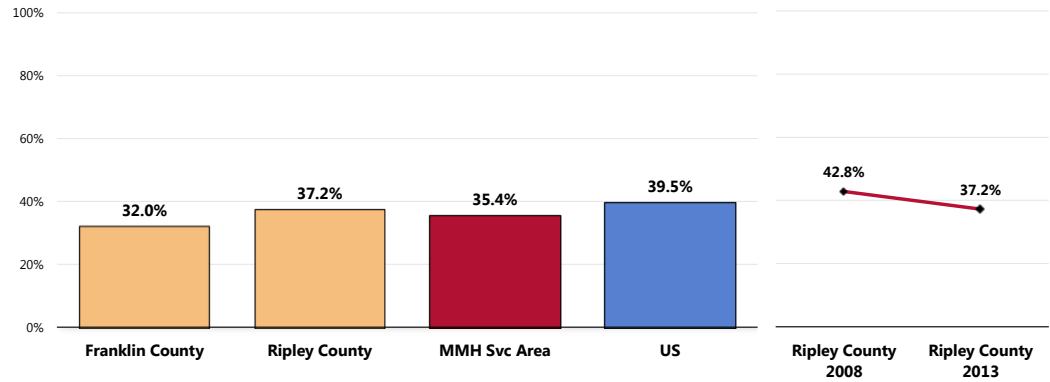
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 149]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.
● For this issue, respondents were asked to recall their food intake on the previous day.

- Area men are <u>less</u> likely to get the recommended servings of daily fruits/vegetables.

Consume Five or More Servings of Fruits/Vegetables Per Day
(MMH Service Area, 2013)
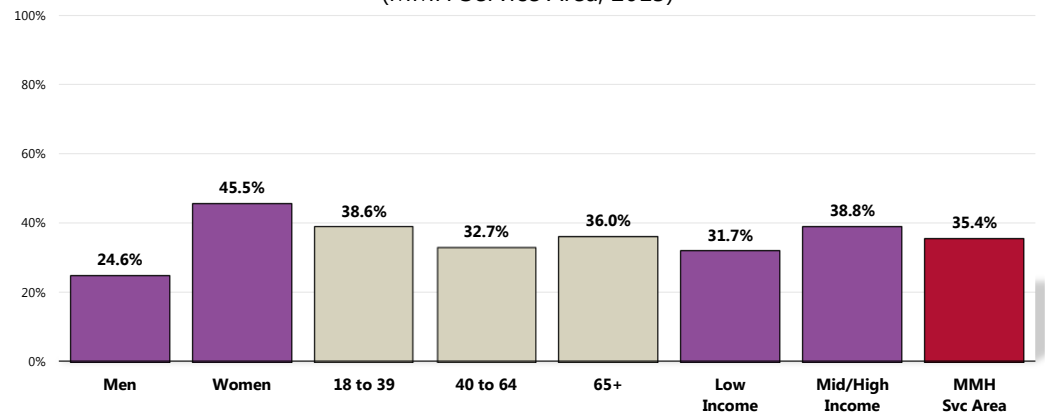
Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	MMH Svc Area
24.6%	45.5%	38.6%	32.7%	36.0%	31.7%	38.8%	35.4%

Sources: ● 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 149]
Notes: ● Asked of all respondents.
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
● For this issue, respondents were asked to recall their food intake on the previous day.

Access to Fresh Produce

A total of 22.6% of MMH Service Area adults report that it is "very" or "somewhat" difficult for them to access affordable, fresh fruits and vegetables.

- The majority of residents, on the other hand, do not find it difficult to find fresh produce locally at an affordable price.

Level of Difficulty Finding Fresh Produce at an Affordable Price

(MMH Service Area, 2013)
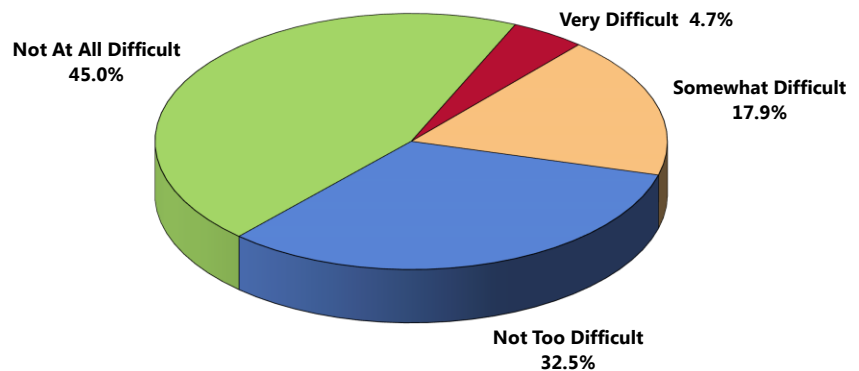
Very Difficult 4.7%
Somewhat Difficult 17.9%
Not Too Difficult 32.5%
Not At All Difficult 45.0%

Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 88]
Notes: • Asked of all respondents.

- The prevalence of MMH adults who find it difficult to buy affordable produce locally is similar to national findings.

- Similar findings by county.

Find It "Very" or "Somewhat" Difficult to Buy Affordable Fresh Produce

	Franklin County	Ripley County	MMH Svc Area	US
	23.1%	22.3%	22.6%	24.4%
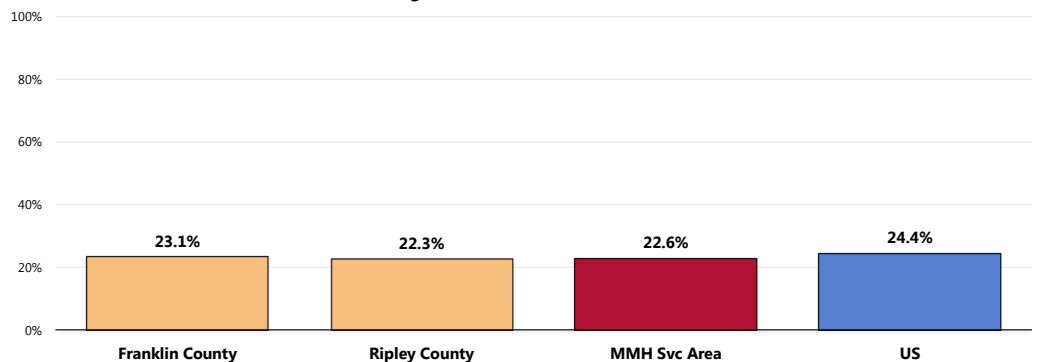
Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 88]
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.
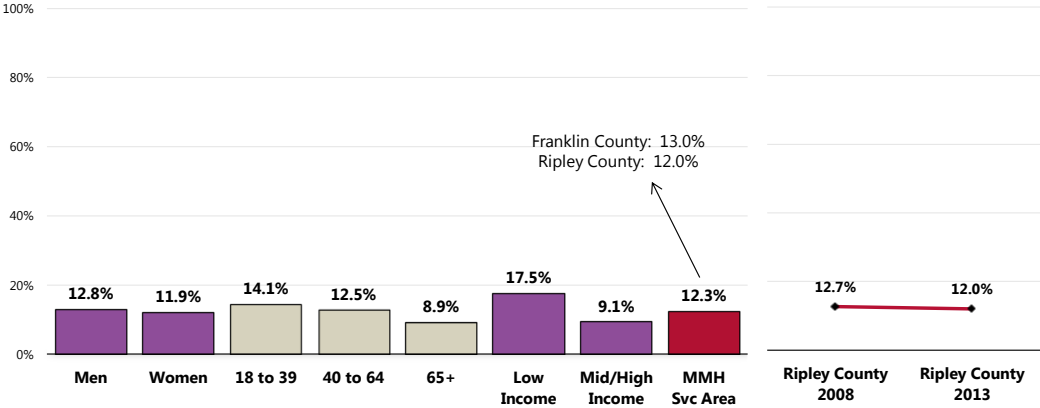Notes: • Asked of all respondents.

Those more likely to report difficulty getting fresh fruits and vegetables include:

- Women.

- Adults under 40.

- Lower-income residents (note the 41.9% prevalence).

Find It "Very" or "Somewhat" Difficult to Buy Affordable Fresh Produce
(MMH Service Area, 2013)

Category	Percentage
Men	19.1%
Women	25.7%
18 to 39	28.1%
40 to 64	20.0%
65+	18.3%
Low Income	41.9%
Mid/High Income	13.6%
MMH Svc Area	22.6%

Sources: ● 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 88]
Notes: ● Asked of all respondents.
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
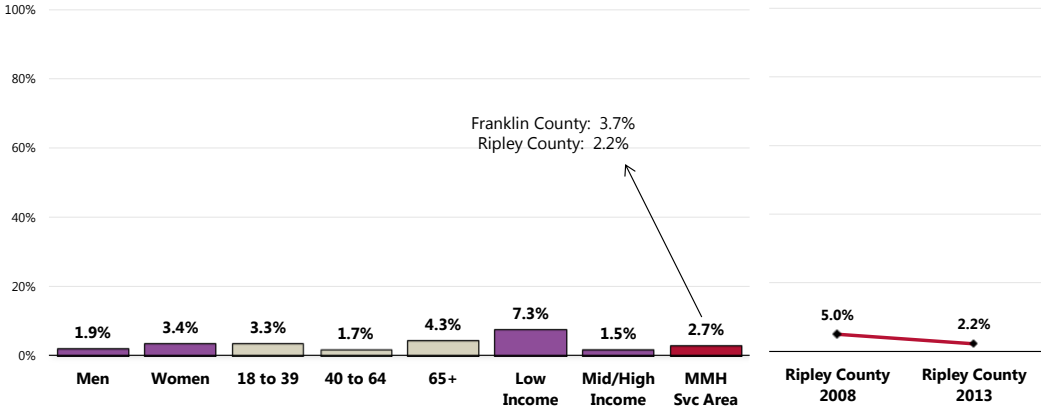
Health Advice About Diet & Nutrition

A total of 31.5% of survey respondents acknowledge that a physician counseled them about diet and nutrition in the past year.

- Lower than the US prevalence.

- Identical survey findings by county (not shown).

- Ripley County: statistically unchanged since 2008.

- Note: Among overweight/obese respondents, 35.2% report receiving diet/nutrition advice (meaning that over 6 in 10 did not).

Have Received Advice About Diet and Nutrition in the Past Year From a Physician, Nurse, or Other Health Professional
(By Weight Classification)

Category	Percentage
MMH Svc Area: Healthy Weight	22.2%
MMH Svc Area: Overweight or Obese	35.2%
MMH Svc Area: All Adults	31.5%
US: All Adults	39.2%
Ripley County 2008	34.3%
Ripley County 2013	31.5%
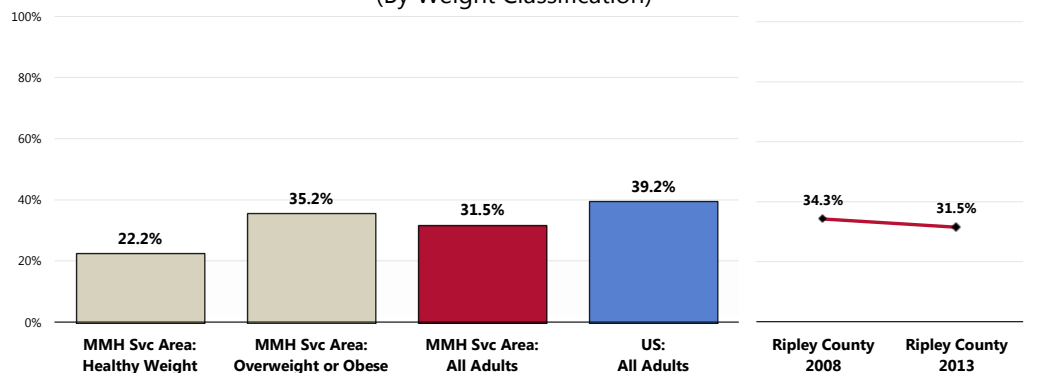
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 18]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Many focus group participants discussed nutrition and its relationship to obesity, with the following main themes:

- Poor nutrition habits leading to obesity
- Fast food establishments
- Nutrition education
- Hunger concerns

Focus group attendees believe that residents have **poor nutrition habits** which contribute to the high pervasiveness of **obesity** in the community. Participants worry about the prevalence of childhood obesity as well. Key informants agree that poor nutrition stems from a variety of sources in the community. Many community members rely on **fast food establishments** because of their busy lifestyles. Fast food represents the quick, convenient option for families without time to make dinner.

> *"I hear that from the girls at work. I mean, they're constantly going through drive-thru, drive-thru, drive-thrus because you don't have the time to go home. You know, you just rush from work to a baseball game or a basketball game or whatever is going on because there's nobody at home to cook the meal because everybody's working." — Franklin County Key Informant*

For low-income families, fast food is also the cheap option and these residents may not be able to afford healthy choices.

The community also lacks knowledge about nutrition and making healthy choices. **Nutrition education** is critical for families because habits are ingrained at an early age, as respondent describes:

> *"Once they develop that habit of first tee ball game at age three going to the concession stand, it's hard to break that cycle. And then they feel that that's the way it was. I have to have that candy. I have to bring my $3.00 and get all this junk food and junk drinks." — Ripley County Key Informant*

Nutrition education targeting food stamp recipients could also help this at-risk population. Currently, many low-income residents do not know how to afford or cook healthy meals.

> *"I also serve low-income populations of mothers and children under the age of three, and many of this population are on food stamps and WIC vouchers. And often they do not know how to go out and buy good, healthy food with that because they are second and third generation poverty and they have grown up on Kraft Macaroni and Cheese and hot dogs and baloney sandwiches. And to try to change that culture is difficult because you can stretch those dollars a lot more with that than you can with buying fresh fruits and vegetables and good, quality meats." — Ripley County Key Informant*

On the other side of the obesity epidemic are **hunger concerns**. Many children throughout Ripley and Franklin counties receive free or reduced-cost lunches. Local elementary schools also have backpack programs, so the children will have food for the weekend. Focus group members feel that food pantries can do a better job of coordinating with one another to eliminate any waste and better serve the community.

Physical Activity

Regular physical activity can improve the health and quality of life of Americans of all ages, regardless of the presence of a chronic disease or disability. Among adults and older adults, physical activity can lower the risk of: early death; coronary heart disease; stroke; high blood pressure; type 2 diabetes; breast and colon cancer; falls; and depression. Among children and adolescents, physical activity can: improve bone health; improve cardiorespiratory and muscular fitness; decrease levels of body fat; and reduce symptoms of depression. For people who are inactive, even small increases in physical activity are associated with health benefits.

Personal, social, economic, and environmental factors all play a role in physical activity levels among youth, adults, and older adults. Understanding the barriers to and facilitators of physical activity is important to ensure the effectiveness of interventions and other actions to improve levels of physical activity.

Factors **positively** associated with adult physical activity include: postsecondary education; higher income; enjoyment of exercise; expectation of benefits; belief in ability to exercise (self-efficacy); history of activity in adulthood; social support from peers, family, or spouse; access to and satisfaction with facilities; enjoyable scenery; and safe neighborhoods.

Factors **negatively** associated with adult physical activity include: advancing age; low income; lack of time; low motivation; rural residency; perception of great effort needed for exercise; overweight or obesity; perception of poor health; and being disabled. Older adults may have additional factors that keep them from being physically active, including lack of social support, lack of transportation to facilities, fear of injury, and cost of programs.

Among children ages 4 to 12, the following factors have a positive association with physical activity:

- Gender (boys)
- Belief in ability to be active (self-efficacy)
- Parental support

Among adolescents ages 13 to 18, the following factors have a positive association with physical activity:

- Parental education
- Gender (boys)
- Personal goals
- Physical education/school sports
- Belief in ability to be active (self-efficacy)
- Support of friends and family

Environmental influences positively associated with physical activity among children and adolescents include:

- Presence of sidewalks
- Having a destination/walking to a particular place
- Access to public transportation
- Low traffic density
- Access to neighborhood or school play area and/or recreational equipment

People with disabilities may be less likely to participate in physical activity due to physical, emotional, and psychological barriers. Barriers may include the inaccessibility of facilities and the lack of staff trained in working with people with disabilities.

- Healthy People 2020 (www.healthypeople.gov)

Leisure-Time Physical Activity

A total of 23.3% of MMH Service Area adults report no leisure-time physical activity in the past month.

- More favorable than statewide findings.

- Similar to the national findings.

- Satisfies the Healthy People 2020 target (32.6% or lower).

- No difference by county of residents.

- In Ripley County, no change over time.

No Leisure-Time Physical Activity in the Past Month

Healthy People 2020 Target = 32.6% or Lower

Franklin County	Ripley County	MMH Svc Area	Indiana	US	Ripley County 2008	Ripley County 2013
25.5%	22.1%	23.3%	29.2%	20.7%	24.7%	22.1%
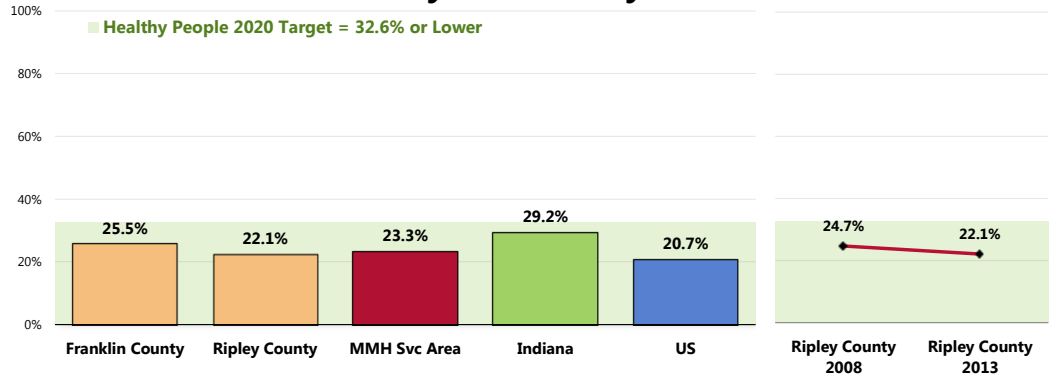
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 89]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): Indiana 2011 data.
- 2013 PRC 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 (note the positive correlation with age).

- Lower-income residents.

No Leisure-Time Physical Activity in the Past Month
(MMH Service Area, 2013)

Healthy People 2020 Target = 32.6% or Lower

Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	MMH Svc Area
25.2%	21.5%	17.2%	23.9%	32.3%	34.5%	16.8%	23.3%
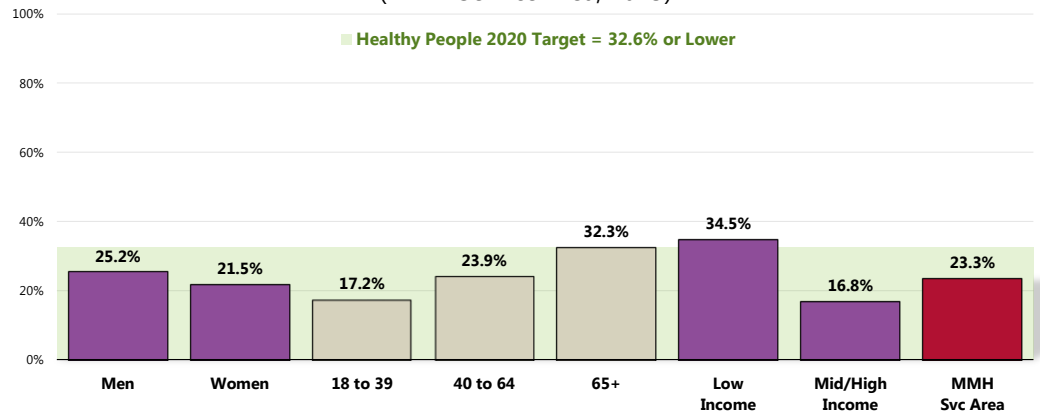
Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 89]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective PA-1]

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

Activity Levels

Adults (age 18–64) should do 2 hours and 30 minutes a week of moderate-intensity, or 1 hour and 15 minutes (75 minutes) a week of vigorous-intensity aerobic physical activity, or an equivalent combination of moderate- and vigorous-intensity aerobic physical activity. Aerobic activity should be performed in episodes of at least 10 minutes, preferably spread throughout the week.

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

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

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

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

Recommended Levels of Physical Activity

A total of 47.0% of MMH Service Area adults participate in regular, sustained moderate or vigorous physical activity (meeting physical activity recommendations).

- Comparable to national findings.
- No significant difference by county.
- Statistically unchanged since 2008 in Ripley County.

Meets Physical Activity Recommendations

	Franklin County	Ripley County	MMH Svc Area	US	Ripley County 2008	Ripley County 2013
	44.0%	48.5%	47.0%	50.3%	42.7%	47.0%
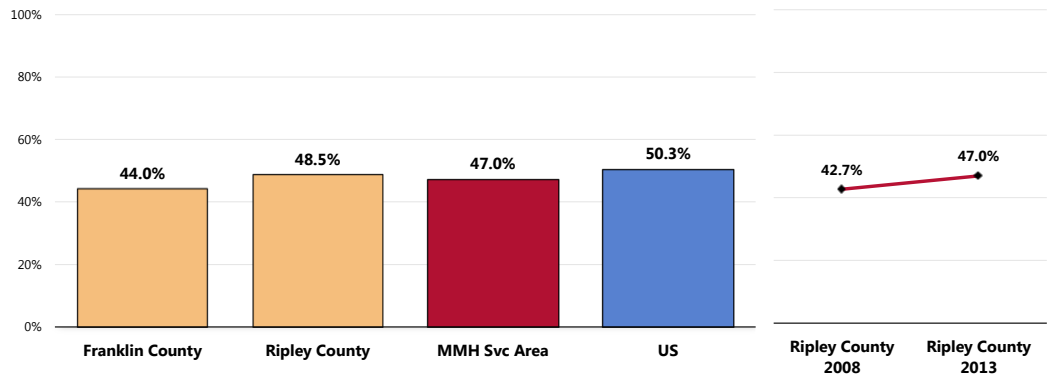
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 150]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

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:

- Seniors (65+).
- Residents in lower-income households.

Meets Physical Activity Recommendations
(MMH Service Area, 2013)

Category	Percentage
Men	47.6%
Women	46.3%
18 to 39	52.4%
40 to 64	47.2%
65+	36.7%
Low Income	40.1%
Mid/High Income	52.5%
MMH Svc Area	47.0%

Sources: ● 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 150]
Notes: ● Asked of all respondents.
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
● In this case the term "meets physical activity recommendations" refers to participation in moderate physical activity (exercise that produces only light sweating or a slight to moderate increase in breathing or heart rate) at least 5 times a week for 30 minutes at a time, and/or vigorous physical activity (activities that cause heavy sweating or large increases in breathing or heart rate) at least 3 times a week for 20 minutes at a time.

Moderate & Vigorous Physical Activity

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

In the past month:

A total of 29.9% of adults participated in moderate physical activity (5 times a week, 30 minutes at a time).

- Similar to the national prevalence.
- Similar survey findings by county (not shown).
- In Ripley County, statistically unchanged since 2008 (not shown).

A total of 34.9% participated in vigorous physical activity (3 times a week, 20 minutes at a time).

- Comparable to the nationwide figure.
- Statistically similar by county (not shown).
- Unchanged in Ripley County since 2008 (not shown).

Moderate & Vigorous Physical Activity
(MMH Service Area, 2013)
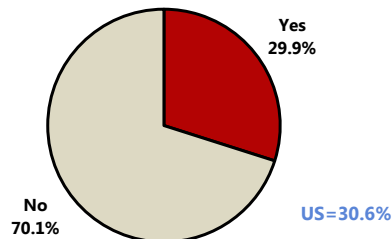
Moderate Physical Activity
- Yes 29.9%
- No 70.1%
- US=30.6%
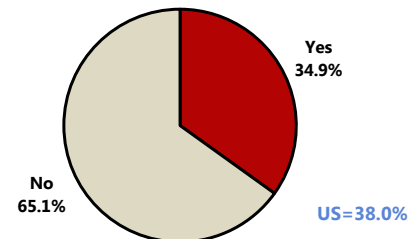
Vigorous Physical Activity
- Yes 34.9%
- No 65.1%
- US=38.0%

Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 151-152]
● 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.

Site for Physical Activity

When asked where they receive most of their physical activity, the largest share of responses (38.1%) was for exercising at home, followed by the outdoors (30.9%).

- Other places for exercise mentioned include the workplace (mentioned by 15.0%), a gym (6.7%), and the YMCA (4.4%).

Site for Most Physical Activity
(MMH Service Area, 2013)

Outdoors 30.9%
Workplace 15.0%
Gym 6.7%
Other 4.9%
YMCA 4.4%
Home 38.1%
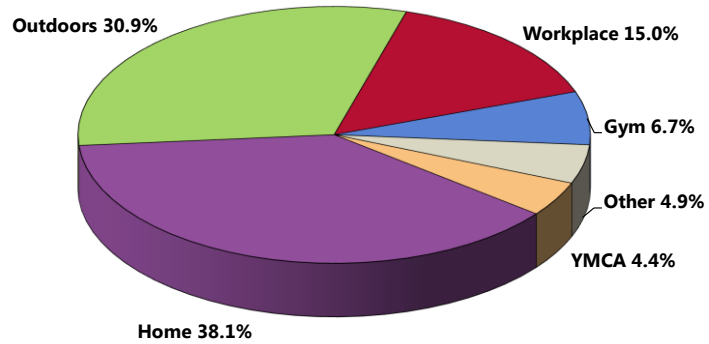
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 95]
Notes: ● Asked of all respondents.

Health Advice About Physical Activity & Exercise

A total of 36.5% of MMH Service Area adults report that their physician has asked about or given advice to them about physical activity in the past year.

- Less favorable than the national average.

- Much higher in Franklin County (not shown).

- Ripley County: unchanged from the 2008 survey findings.

- Note: 41.1% of overweight/obese respondents say that they have talked with their doctor about physical activity/exercise in the past year.

Have Received Advice About Exercise in the Past Year From a Physician, Nurse, or Other Health Professional
(By Weight Classification)

MMH Svc Area: Healthy Weight	24.9%
MMH Svc Area: Overweight or Obese	41.1%
MMH Svc Area: All Adults	36.5%
US: All Adults	44.0%
Ripley County 2008	37.0%
Ripley County 2013	33.4%
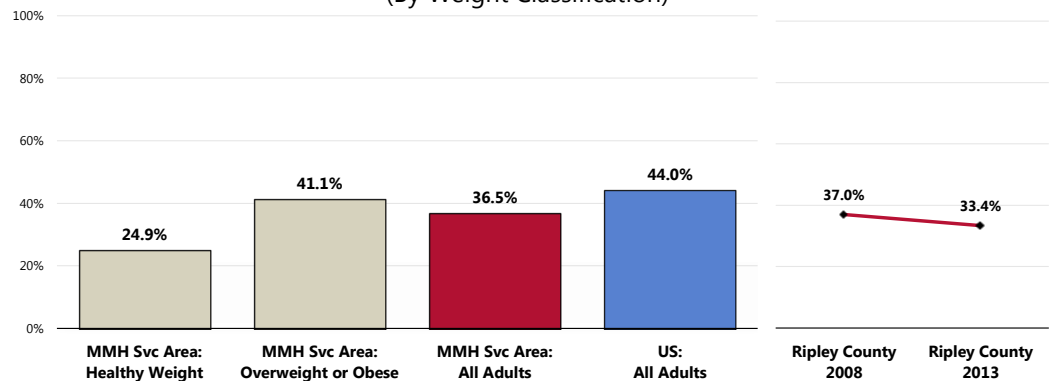
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 19]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Children's Physical Activity

Among MMH Service Area children age 2 to 17, 56.5% are reported to have had 60 minutes of physical activity on <u>each</u> of the seven days preceding the interview (1+ hours per day)**.**

- Statistically comparable to that found nationally.
- Similar by county.
- Lower in girls than in boys.

Child Is Physically Active for One or More Hours per Day
(Among Children Ages 2-17)

60.1%	52.5%	55.1%	57.2%	56.5%	48.6%
MMH Svc Area: Boys	MMH Svc Area: Girls	Franklin Co	Ripley Co	MMH Svc Area	US

Sources: ● 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 118]
         ● 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.

Availability of Recreational Facilities

When asked to evaluate the availability of recreational facilities, activities, and programs in the community designed specifically for seniors, teens, and young children, more than 1 in 4 adults gave "excellent/very good" responses.

- Specifically, 28.7% gave "excellent/very good" ratings for the recreational options for <u>young children</u>, followed by options for <u>seniors</u> (28.3%) and <u>teens</u> (25.8%).

Rating of the Availability of Recreational Facilities, Activity, and Programs in the Community

Legend: ■ Excellent/Very Good ■ Good ■ Fair/Poor

	Excellent/Very Good	Good	Fair/Poor
Designed for Seniors	28.3%	35.7%	36.1%
Designed for Teens	25.8%	35.1%	39.1%
Designed for Young Children	28.7%	36.1%	35.2%
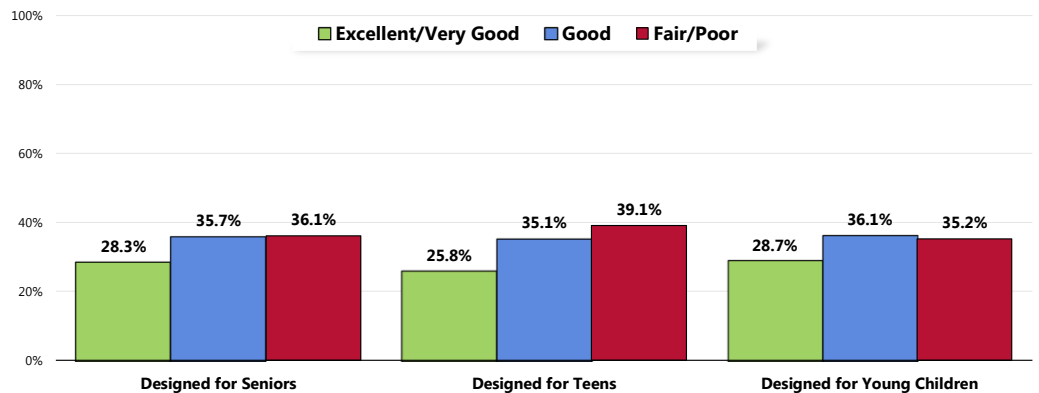
Sources: ● 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 92-94]
Notes: ● Asked of all respondents.

On the other hand, adults more likely to give low ratings ("fair/poor" responses) to local recreational options for seniors include:

- Women.

- Residents age 40 to 64.

- Note also the higher "fair/poor" response prevalence in Franklin County.

Availability of Recreational Facilities, Activities, and Programs for <u>Seniors</u> is "Fair/Poor"
(MMH Service Area, 2013)

Franklin County: 42.0%
Ripley County: 32.8%

Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	MMH Svc Area
31.0%	40.6%	31.0%	45.5%	22.0%	38.9%	33.7%	36.1%
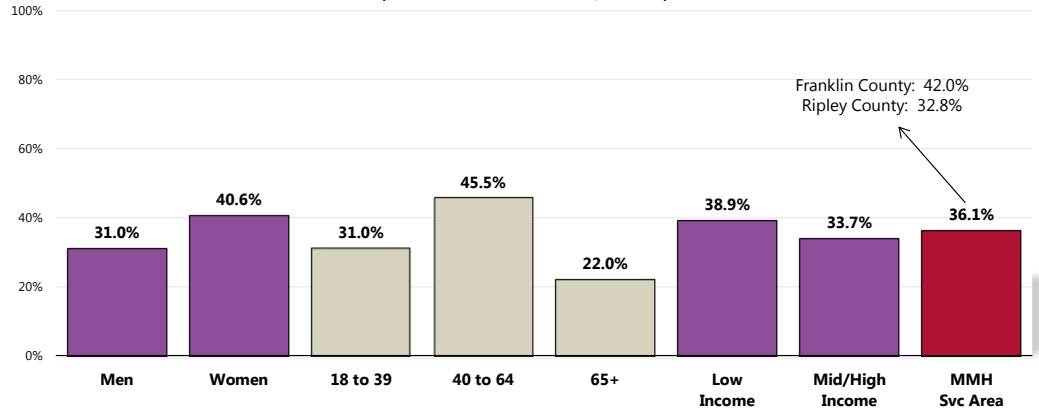
Sources: ● 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 92]
Notes: ● Asked of all respondents.
  ● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Teens

Adults more likely to give low ratings to local recreational options for teens include:

- Residents age 40 to 64.

- The prevalence of low ratings is statistically similar by county of residence.

Availability of Recreational Facilities, Activities, and Programs for <u>Teens</u> is "Fair/Poor"
(MMH Service Area, 2013)

Franklin County: 42.5%
Ripley County: 37.4%

Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	MMH Svc Area
36.4%	41.8%	34.3%	46.2%	29.6%	40.4%	38.8%	39.1%
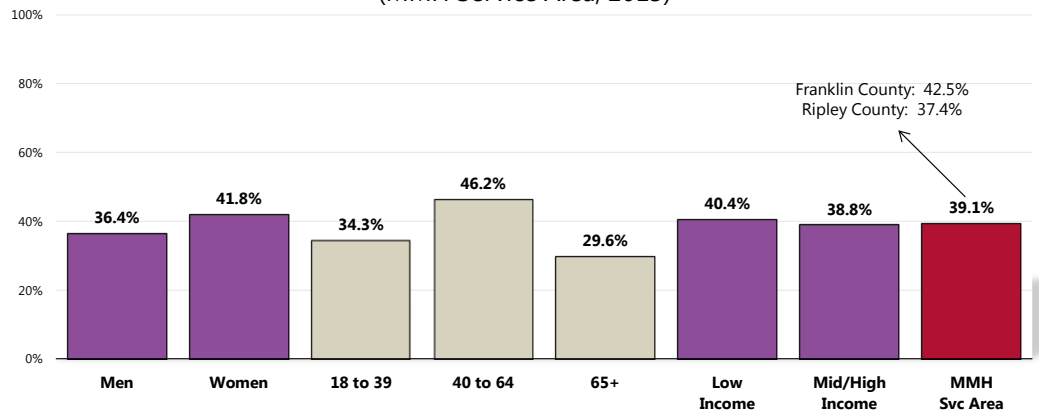
Sources: ● 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 93]
Notes: ● Asked of all respondents.
  ● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

👪 Adults under 65 were more likely o give "fair/poor" ratings of the availability of recreational options designed for young children in the community.

● Note the higher prevalence in Franklin County.

Availability of Recreational Facilities, Activities, and Programs for <u>Young Children</u> is "Fair/Poor"
(MMH Service Area, 2013)

Franklin County: 41.7%
Ripley County: 31.9%

Category	Value
Men	32.7%
Women	37.7%
18 to 39	34.3%
40 to 64	39.3%
65+	24.0%
Low Income	37.8%
Mid/High Income	35.6%
MMH Svc Area	35.2%
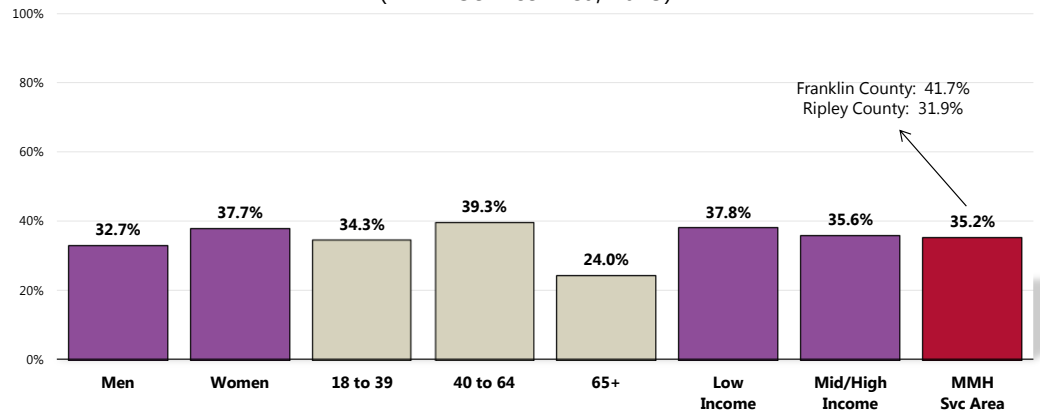
Sources: ● 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 94]
Notes: ● Asked of all respondents.
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Related Focus Group Findings: Physical Activity

Many focus group participants talked about physical activity in the community, discussing these points:

● Sedentary lifestyle

  o *Technology*

  o *Rural communities*

Many residents lead **sedentary lifestyles** and the large amount of time spent in front of the **television, computer, or video games** worries attendees. Focus group attendees feel that residents have limited opportunities to participate in physical activity because of the **area's rural nature**. Transportation for extracurricular activities can also be a challenge because the counties are very large and getting to activities can be a burden on families.

However, the Batesville YMCA continues to grow and participants remain hopeful that this organization will continue its positive impact on the community.

Weight Status

Because weight is influenced by energy (calories) consumed and expended, interventions to improve weight can support changes in diet or physical activity. They can help change individuals' knowledge and skills, reduce exposure to foods low in nutritional value and high in calories, or increase opportunities for physical activity. Interventions can help prevent unhealthy weight gain or facilitate weight loss among obese people. They can be delivered in multiple settings, including healthcare settings, worksites, or schools.

The social and physical factors affecting diet and physical activity (see Physical Activity topic area) may also have an impact on weight. Obesity is a problem throughout the population. However, among adults, the prevalence is highest for middle-aged people and for non-Hispanic black and Mexican American women. Among children and adolescents, the prevalence of obesity is highest among older and Mexican American children and non-Hispanic black girls. The association of income with obesity varies by age, gender, and race/ethnicity.

  – Healthy People 2020 (www.healthypeople.gov)

Body Mass Index (BMI), which describes relative weight for height, is significantly correlated with total body fat content. The BMI should be used to assess overweight and obesity and to monitor changes in body weight. In addition, measurements of body weight alone can be used to determine efficacy of weight loss therapy. BMI is calculated as weight (kg)/height squared (m^2). To estimate BMI using pounds and inches, use: [weight (pounds)/height squared (inches^2)] x 703.

In this report, overweight is defined as a BMI of 25.0 to 29.9 kg/m^2 and obesity as a BMI ≥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 ≥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

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

Based on self-reported heights and weights, one in three (33.7%) MMH Service Area adults is at a healthy weight.

- Comparable to the national prevalence.
- Nearly identical to the Healthy People 2020 target (33.9% or higher).
- Less favorable among Franklin County residents.
- In Ripley County, statistically unchanged over time.

Healthy Weight
(Percent of Adults With a Body Mass Index Between 18.5 and 24.9)
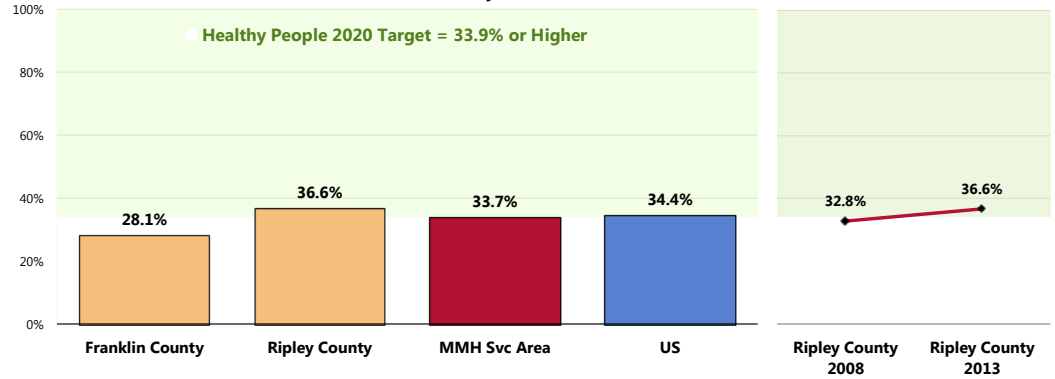
Healthy People 2020 Target = 33.9% or Higher

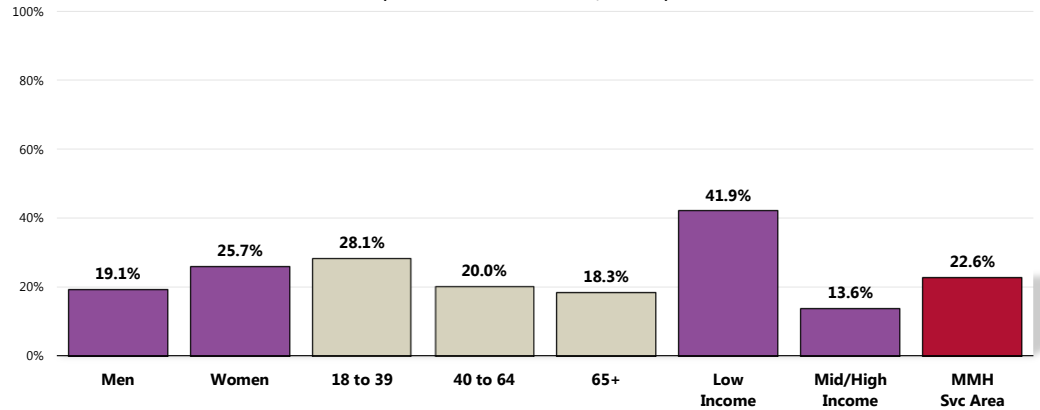| Franklin County	Ripley County	MMH Svc Area	US	Ripley County 2008	Ripley County 2013
28.1%	36.6%	33.7%	34.4%	32.8%	36.6%

Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 157]
• 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-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

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

Nearly 2 in 3 MMH Service Area adults (65.2%) are overweight.

- Almost identical to the Indiana prevalence.
- Similar to the US overweight prevalence.
- Less favorable in Franklin County.
- Ripley County: statistically unchanged since 2008.

Prevalence of Total Overweight
(Percent of Adults With a Body Mass Index of 25.0 or Higher)

Franklin County	Ripley County	MMH Svc Area	Indiana	US	Ripley County 2008	Ripley County 2013
70.6%	62.4%	65.2%	65.6%	63.1%	65.6%	62.4%

Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 157]
• 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): Indiana 2011 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, 29.1% of MMH Service Area adults are obese.

- Comparable to the state prevalence.
- Comparable to the US prevalence.
- Similar to the Healthy People 2020 target (30.6% or lower).
- Less favorable in Franklin County.
- ⊞ Denotes a statistically significant <u>decrease</u> in Ripley County obesity since 2008.

Prevalence of Obesity
(Percent of Adults With a Body Mass Index of 30.0 or Higher)

Healthy People 2020 Target = 30.5% or Lower

Franklin County	35.9%
Ripley County	25.6%
MMH Svc Area	29.1%
Indiana	30.8%
US	29.0%
Ripley County 2008	31.6%
Ripley County 2013	25.6%

Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 157]
• 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): Indiana 2011 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.
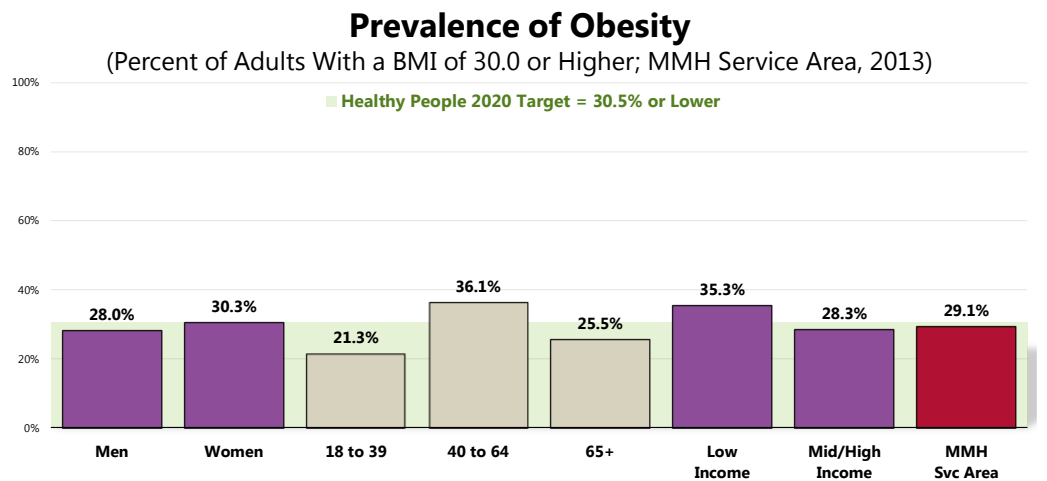
Prevalence of Obesity
(Percent of Adults With a BMI of 30.0 or Higher; MMH Service Area, 2013)

Healthy People 2020 Target = 30.5% or Lower

Men	28.0%
Women	30.3%
18 to 39	21.3%
40 to 64	36.1%
65+	25.5%
Low Income	35.3%
Mid/High Income	28.3%
MMH Svc Area	29.1%

Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 157]
• US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective NWS-9]
Notes: • Based on reported heights and weights, asked of all respondents.
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
• The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.

Actual vs. Perceived Body Weight

A total of 3.7% of obese adults and 40.1% of overweight (but not obese) adults feel that their current weight is "about right."

- 56.1% of <u>overweight</u> (but not obese) adults see themselves as "<u>somewhat</u> overweight."

- 28.6% of <u>obese</u> adults see themselves as "<u>very</u> overweight."

Actual vs. Perceived Weight Status
(Among Overweight/Obese Adults Based on BMI; MMH Service Area, 2013)
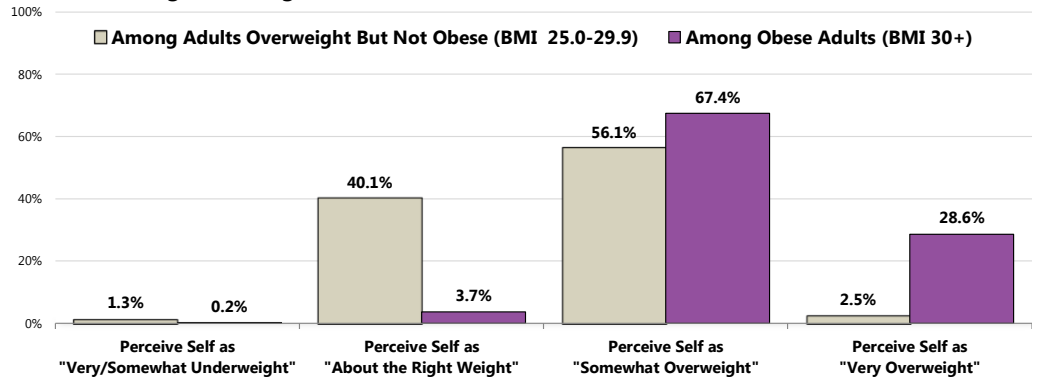
Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 100]
Notes: • BMI is based on reported heights and weights, asked of all respondents.
• The definition of overweight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 25.0, regardless of gender. The definition for obesity is a BMI greater than or equal to 30.0.

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.

- Arthritis/rheumatism.

- Sciatica/chronic back pain.

- Asthma.

- Heart disease.

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

Relationship of Overweight With Other Health Issues
(By Weight Classification; MMH Service Area, 2013)

Legend: ☐ Healthy Weight ☐ Overweight/Not Obese ■ Obese

	Healthy Weight	Overweight/Not Obese	Obese
High Blood Pressure	26.9%	41.2%	53.4%
High Cholesterol	19.5%	36.9%	41.8%
Arthritis/Rheumatism	15.3%	18.6%	32.2%
Sciatica/Chronic Back Pain	9.8%	21.7%	23.6%
Asthma	3.2%	5.2%	11.0%
Heart Disease	4.3%	7.3%	9.0%
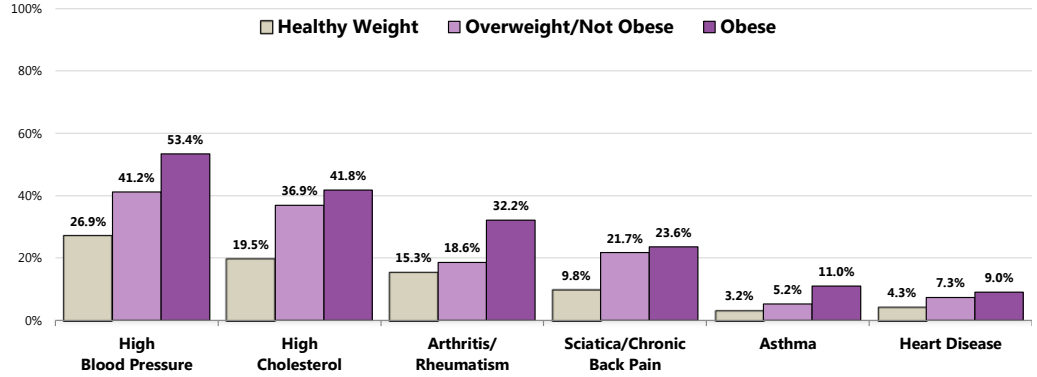
Sources: ● 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 28-29, 125-127, 135]
Notes: ● Based on reported heights and weights, asked of all respondents.

Weight Management

Health Advice

A total of 21.7% of adults have been given advice about their weight by a doctor, nurse or other health professional in the past year.

● Statistically similar to the national findings.

⊞ Statistically unchanged from that reported in Ripley County in 2008.

👫 Note that 27.9% of <u>overweight/obese</u> adults have been given advice about their weight by a health professional in the past year (while over 7 in 10 have not).

Have Received Advice About Weight in the Past Year From a Physician, Nurse, or Other Health Professional
(By Weight Classification)

MMH Svc Area: Healthy Weight	MMH Svc Area: Overweight or Obese	MMH Svc Area: All Adults	US: All Adults	Ripley County 2008	Ripley County 2013
7.9%	27.9%	21.7%	23.7%	21.2%	20.6%
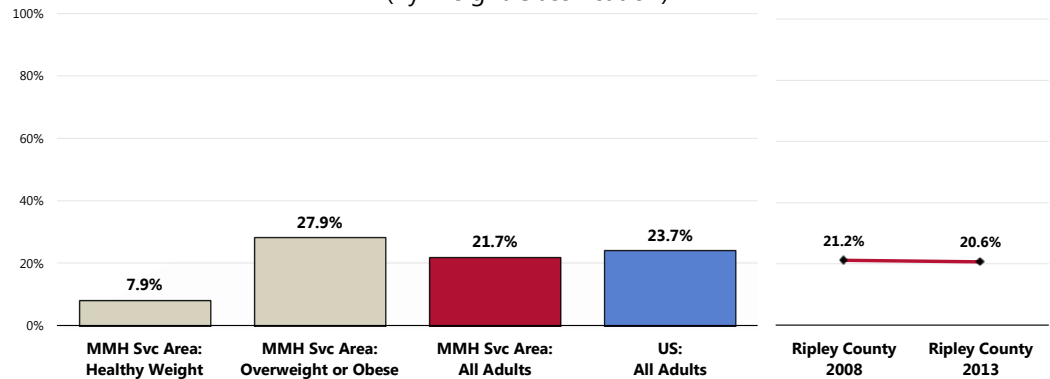
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 99, 160]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
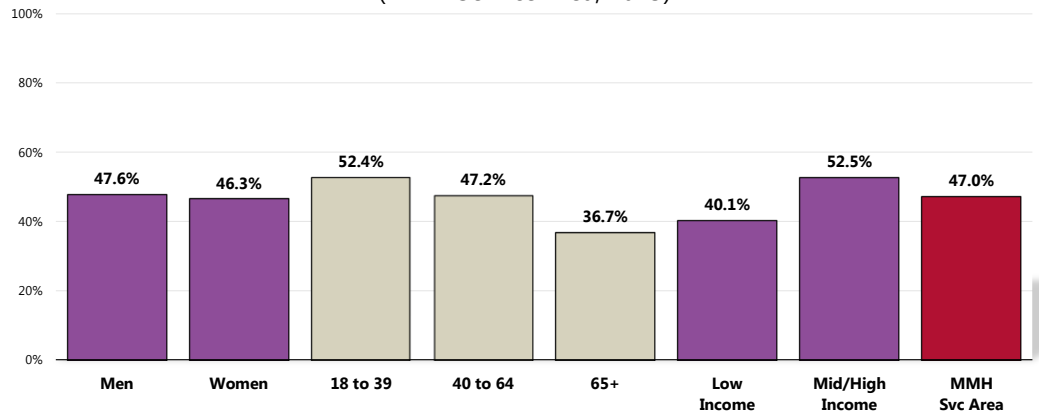Notes: ● Asked of all respondents.

Weight Control

Individuals who are at a healthy weight are less likely to:

- Develop chronic disease risk factors, such as high blood pressure and dyslipidemia.

- Develop chronic diseases, such as type 2 diabetes, heart disease, osteoarthritis, and some cancers.

- Experience complications during pregnancy.

- Die at an earlier age.

All Americans should avoid unhealthy weight gain, and those whose weight is too high may also need to lose weight.

- Healthy People 2020 (www.healthypeople.gov)

A total of 38.0% of MMH Service Area adults who are overweight say that they are both modifying their diet and increasing their physical activity to try to lose weight.

- Similar to national findings.

- Similar findings by county.

- Marks a significant <u>decrease</u> over time in Ripley County.

Trying to Lose Weight by Both
Modifying Diet and Increasing Physical Activity
(Among Overweight or Obese Respondents)

	Franklin County	Ripley County	MMH Svc Area	US	Ripley County 2008	Ripley County 2013
	39.1%	37.4%	38.0%	39.5%	56.0%	37.4%
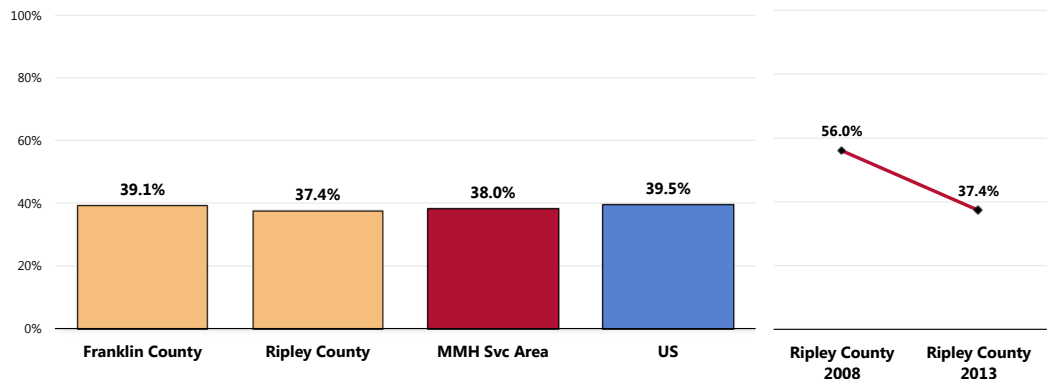
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 158]
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Reflects respondents who are overweight or obese based on reported heights and weights.

Childhood Overweight & Obesity

In children and teens, body mass index (BMI) is used to assess weight status – underweight, healthy weight, overweight, or obese. After BMI is calculated for children and teens, the BMI number is plotted on the CDC BMI-for-age growth charts (for either girls or boys) to obtain a percentile ranking. Percentiles are the most commonly used indicator to assess the size and growth patterns of individual children in the United States. The percentile indicates the relative position of the child's BMI number among children of the same sex and age.

BMI-for-age weight status categories and the corresponding percentiles are shown below:

- Underweight   <5th percentile

- Healthy Weight   ≥5th and <85th percentile

- Overweight   ≥85th and <95th percentile

- Obese   ≥95th percentile

- Centers for Disease Control and Prevention.

Based on the heights/weights reported by surveyed parents, 31.9% of MMH Service Area children age 5 to 17 are overweight or obese (≥85th percentile).

- Almost identical to that found nationally.
- Statistically similar by county.
- Statistically unchanged since 2008 in Ripley County.
- Statistically higher in boys (age 5-17) and children age 5-12.

Child Total Overweight Prevalence
(Percent of Children 5-17 Who Are Overweight/Obese; BMI in the 85th Percentile or Higher)
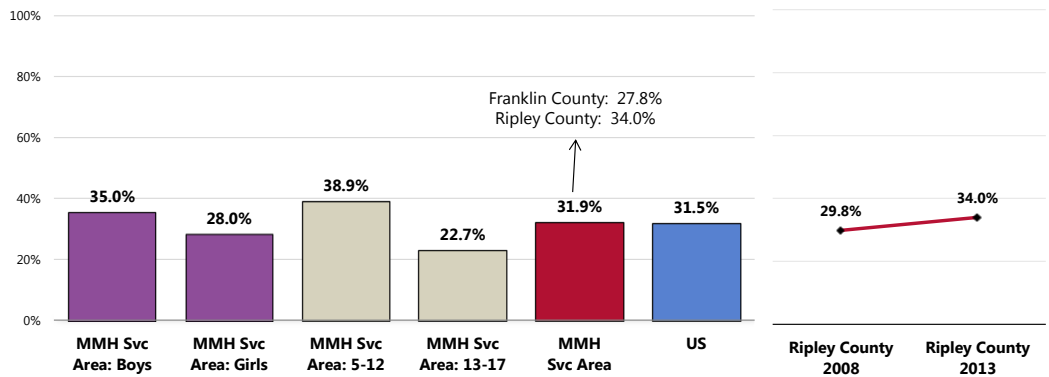
Franklin County: 27.8%
Ripley County: 34.0%

MMH Svc Area: Boys	MMH Svc Area: Girls	MMH Svc Area: 5-12	MMH Svc Area: 13-17	MMH Svc Area	US	Ripley County 2008	Ripley County 2013
35.0%	28.0%	38.9%	22.7%	31.9%	31.5%	29.8%	34.0%

Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 161]
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents with children age 5-17 at home.
• Overweight among children is determined by children's Body Mass Index status at or above the 85th percentile of US growth charts by gender and age.

Further, 14.4% of area children age 5 to 17 are obese (≥95th percentile).

- Similar to the national percentage.
- Almost identical to the 2020 target (14.5% or lower for children age 2-19).
- Statistically similar by county.
- Ripley County: statistically unchanged since 2008.
- Statistically similar by gender, higher in children age 5-12.

Child Obesity Prevalence
(Percent of Children 5-17 Who Are Obese; BMI in the 95th Percentile or Higher)

■ **Healthy People 2020 Target = 14.5% or Lower**

Franklin County: 9.1%
Ripley County: 17.0%

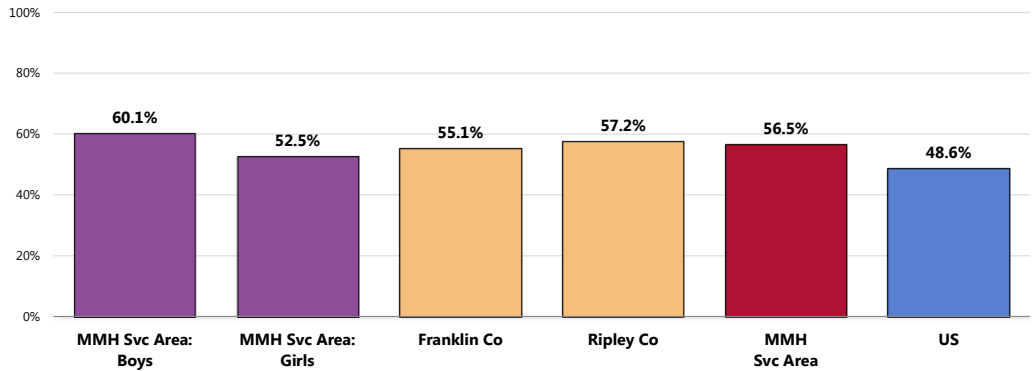| MMH Svc Area: Boys	MMH Svc Area: Girls	MMH Svc Area: 5-12	MMH Svc Area: 13-17	MMH Svc Area	US	Ripley County 2008	Ripley County 2013
14.9%	13.7%	17.8%	9.8%	14.4%	14.8%	14.4%	17.0%

Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 161]
• 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-10.4]
Notes: • Asked of all respondents with children age 5-17 at home.
• Obesity among children is determined by children's Body Mass Index status equal to or above the 95th percentile of US growth charts by gender and age.

Substance Abuse

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

Substance abuse has a major impact on individuals, families, and communities. The effects of substance abuse are cumulative, significantly contributing to costly social, physical, mental, and public health problems. These problems include:

- Teenage pregnancy
- Human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS)
- Other sexually transmitted diseases (STDs)
- Domestic violence
- Child abuse
- Motor vehicle crashes
- Physical fights
- Crime
- Homicide
- Suicide

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

Substance abuse refers to a set of related conditions associated with the consumption of mind- and behavior-altering substances that have negative behavioral and health outcomes. Social attitudes and political and legal responses to the consumption of alcohol and illicit drugs make substance abuse one of the most complex public health issues. In addition to the considerable health implications, substance abuse has been a flash-point in the criminal justice system and a major focal point in discussions about social values: people argue over whether substance abuse is a disease with genetic and biological foundations or a matter of personal choice.

Advances in research have led to the development of evidence-based strategies to effectively address substance abuse. Improvements in brain-imaging technologies and the development of medications that assist in treatment have gradually shifted the research community's perspective on substance abuse. There is now a deeper understanding of substance abuse as a disorder that develops in adolescence and, for some individuals, will develop into a chronic illness that will require lifelong monitoring and care.

Improved evaluation of community-level prevention has enhanced researchers' understanding of environmental and social factors that contribute to the initiation and abuse of alcohol and illicit drugs, leading to a more sophisticated understanding of how to implement evidence-based strategies in specific social and cultural settings.

A stronger emphasis on evaluation has expanded evidence-based practices for drug and alcohol treatment. Improvements have focused on the development of better clinical interventions through research and increasing the skills and qualifications of treatment providers.

– Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Cirrhosis/Liver Disease Deaths

Between 2006 and 2010, there was an annual average age-adjusted cirrhosis/liver disease mortality rate of 8.2 deaths per 100,000 population in the MMH Service Area.

- Similar to the statewide rate.

- Lower than the national rate.

- Similar to the Healthy People 2020 target (8.2 or lower).

Cirrhosis/Liver Disease: Age-Adjusted Mortality
(2006-2010 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 8.2 or Lower

MMH Service Area	Indiana	United States
8.2	7.9	9.1
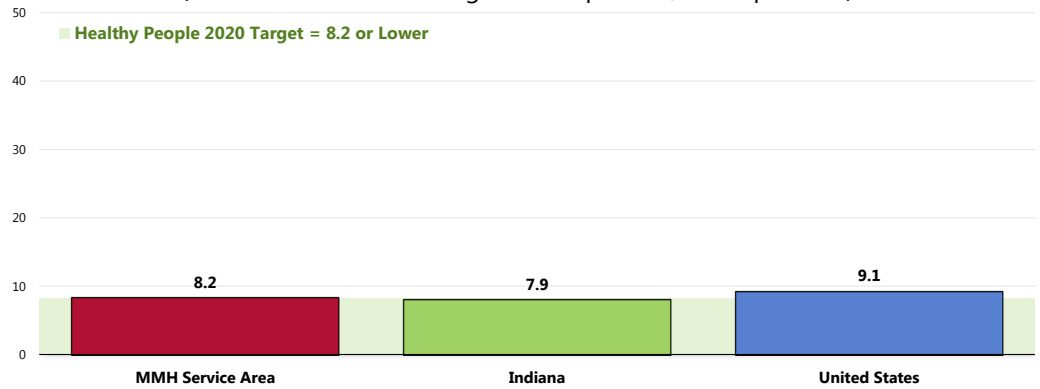
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2013.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [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 U.S. Standard Population.
- Local, state and national data are simple three-year averages.

Current Drinking

A total of 54.9% of area adults had at least one drink of alcohol in the past month (current drinkers).

- Similar to the statewide proportion.

- Similar to the national proportion.

- Similar findings by county.

- Statistically unchanged over time in Ripley County.

Current Drinkers

Franklin County	Ripley County	MMH Svc Area	Indiana	US		Ripley County 2008	Ripley County 2013
55.3%	54.7%	54.9%	51.6%	56.5%		55.1%	54.7%
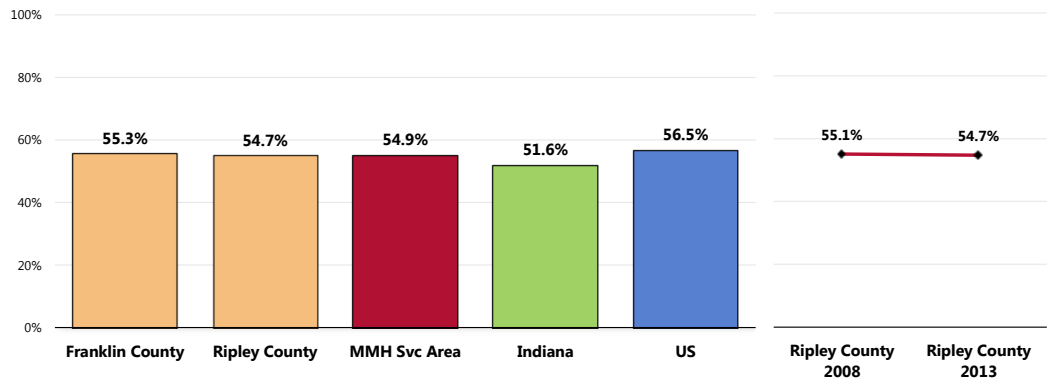
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 166]
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): Indiana 2011 data.
• 2013 PRC 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, young adults, and upper-income residents.

Current Drinkers
(MMH Service Area, 2013)
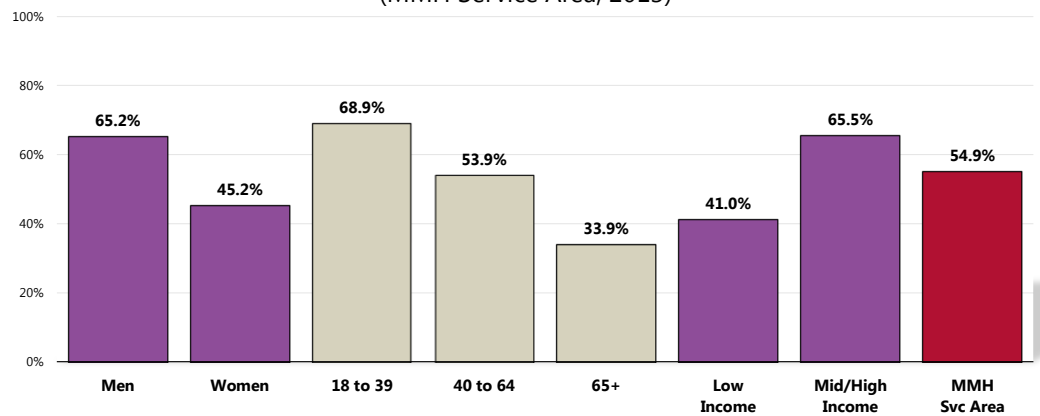
Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	MMH Svc Area
65.2%	45.2%	68.9%	53.9%	33.9%	41.0%	65.5%	54.9%

Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 166]
Notes: • Asked of all respondents.
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
• Current drinkers had at least one alcoholic drink in the past month.

A total of 6.3% of area adults averaged two or more drinks of alcohol per day in the past month (chronic drinkers).

- Similar to the national proportion.

- Similar findings by county.

- In Ripley County, statistically unchanged since 2008.

Chronic Drinkers

Franklin County	Ripley County	MMH Svc Area	US		Ripley County 2008	Ripley County 2013
7.7%	5.5%	6.3%	5.2%		6.4%	5.5%
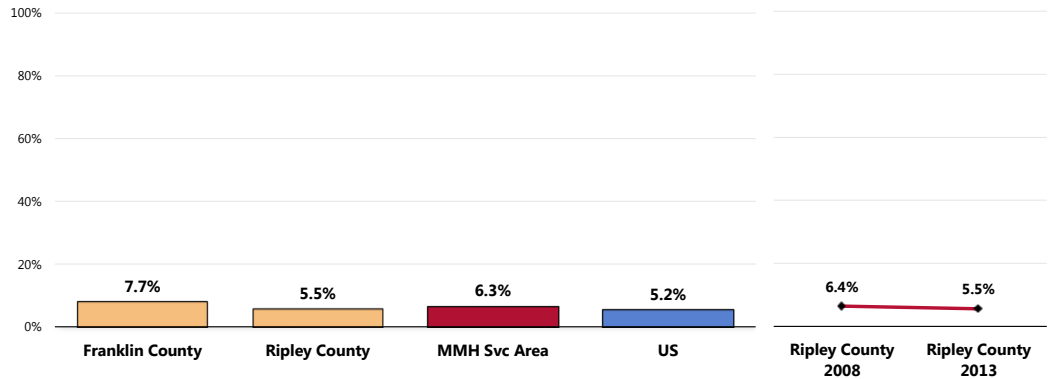
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 167]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.
● Chronic drinkers are defined as having 60+ alcoholic drinks in the past month.

- Chronic drinking is more prevalent among men and adults in upper-income households.

Chronic Drinkers
(MMH Service Area, 2013)
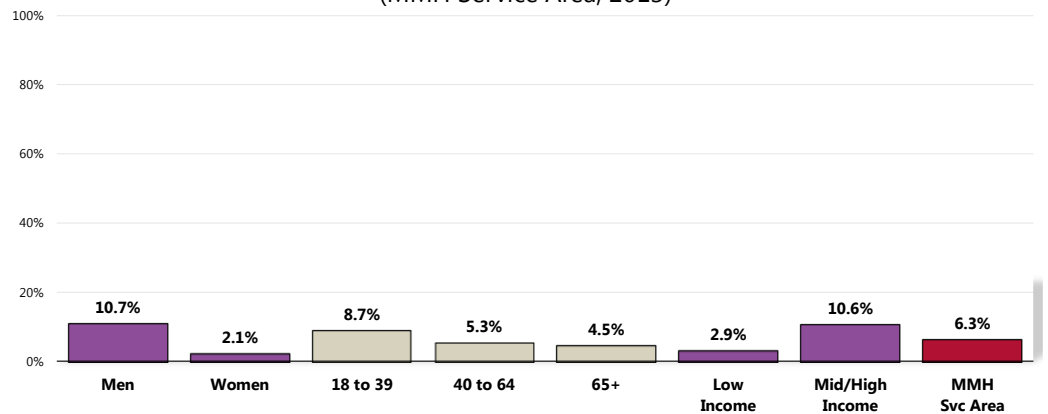
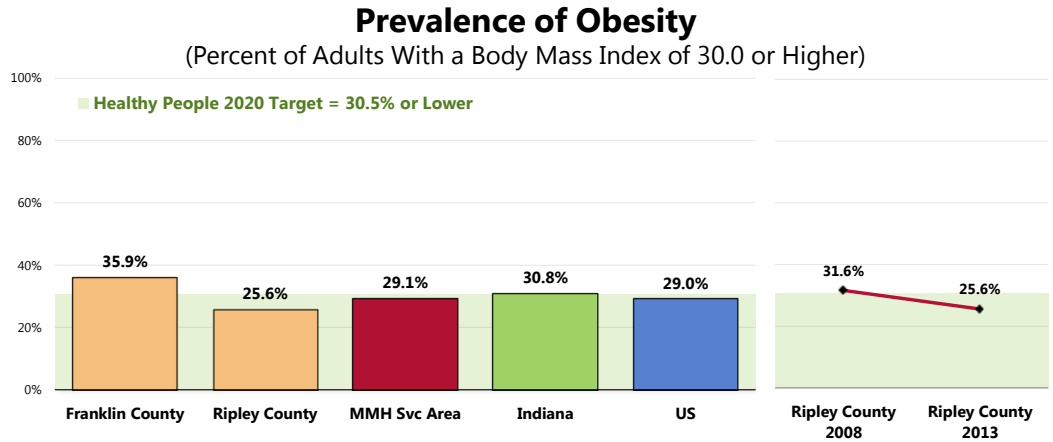| Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	MMH Svc Area
10.7%	2.1%	8.7%	5.3%	4.5%	2.9%	10.6%	6.3%

Sources: ● 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 167]
Notes: ● Asked of all respondents.
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
● Chronic drinkers are defined as those having 60+ alcoholic drinks in the past month.

"Binge drinkers" include:

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

2) WOMEN who report drinking 4 or more alcoholic drinks on any single occasion during the past month.

A total of 21.7% of MMH Service Area adults are binge drinkers.

- Worse than Indiana findings.

- Similar to national findings.

- Similar to the Healthy People 2020 target (24.3% or lower).

- Statistically similar by county.

- In Ripley County, unchanged over time (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

Franklin County	Ripley County	MMH Svc Area	Indiana	US	Ripley County 2008	Ripley County 2013
20.8%	22.1%	21.7%	17.8%	19.5%	18.9%	22.1%
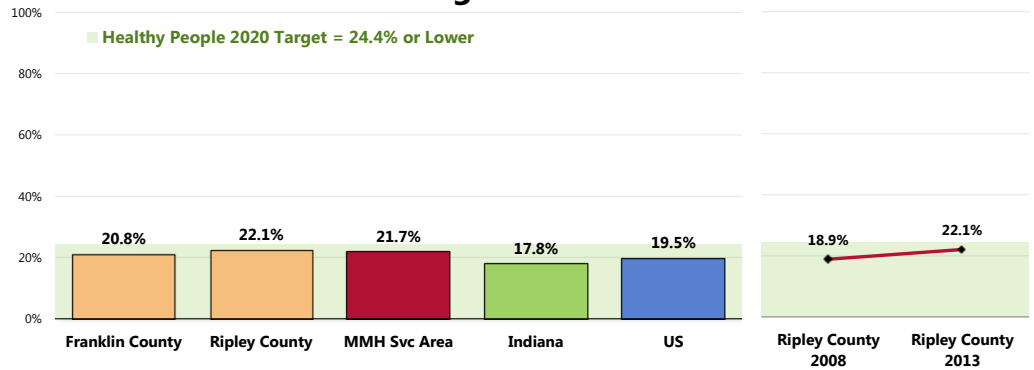
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 168]
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): Indiana 2011 data.
● 2013 PRC 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.

Binge drinking is more prevalent among:

- Men (especially those under age 40).

- Adults under age 40.

- Upper-income residents.

Binge Drinkers
(MMH Service Area, 2013)

Healthy People 2020 Target = 24.4% or Lower

Men 18-39: 48.5%

Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	MMH Svc Area
30.5%	13.4%	36.7%	17.6%	6.3%	15.0%	27.8%	21.7%

Sources: ● 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 168-169]
● 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.
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
● Binge drinkers are defined as men having 5+ alcoholic drinks on any one occasion or women consuming 4+ drinks on any one occasion

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

A total of 4.2% of MMH Service Area adults acknowledge having driven a vehicle in the past month after they had perhaps too much to drink.

- Similar to the national findings.
- Similar by county.
- Drinking and driving has not changed significantly over time in Ripley County.

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

	Franklin County	Ripley County	MMH Svc Area	US	Ripley County 2008	Ripley County 2013
	5.5%	3.6%	4.2%	5.0%	3.9%	3.6%
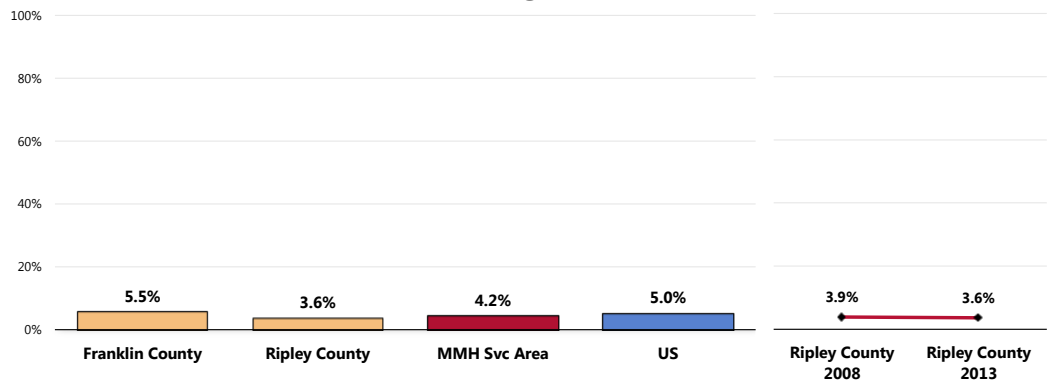
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 63]
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Age-Adjusted Drug-Induced Deaths

Between 2008 and 2010, there was an annual average age-adjusted drug-induced mortality rate of 16.4 deaths per 100,000 population in the MMH Service Area.

- Higher than the statewide rate.
- Higher than the national rate.
- Fails to satisfy the Healthy People 2020 target (11.3 or lower).

Drug-Induced Deaths: Age-Adjusted Mortality
(2008-2010 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 11.3 or Lower

MMH Svc Area	Indiana	United States
16.4	14.4	12.7

Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2013.
• 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.
• Local, state and national data are simple three-year averages.

⊞ The mortality rate has fluctuated in the service area, showing no clear trend. The state rate has increased, as has the US rate (although less notably).

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

	2005-2007	2006-2008	2007-2009	2008-2010
Healthy People 2020	11.3	11.3	11.3	11.3
MMH Svc Area	18.3	21.3	22.0	16.4
Indiana	12.0	13.0	13.8	14.4
United States	12.2	12.6	12.6	12.7

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2013.
● 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.
● County, state and national data are simple three-year averages.

Illicit Drug Use

For the purposes of this survey, "illicit drug use" includes use of illegal substances or of prescription drugs taken without a physician's order.

A total of 1.0% of MMH Service Area adults acknowledge using an illicit drug in the past month.

● Better than the proportion found nationally.

● Easily satisfies the Healthy People 2020 target of 7.1% or lower.

● No significant difference by county.

⊞ Statistically unchanged over time in Ripley County.

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.

Illicit Drug Use in the Past Month

Healthy People 2020 Target = 7.1% or Lower

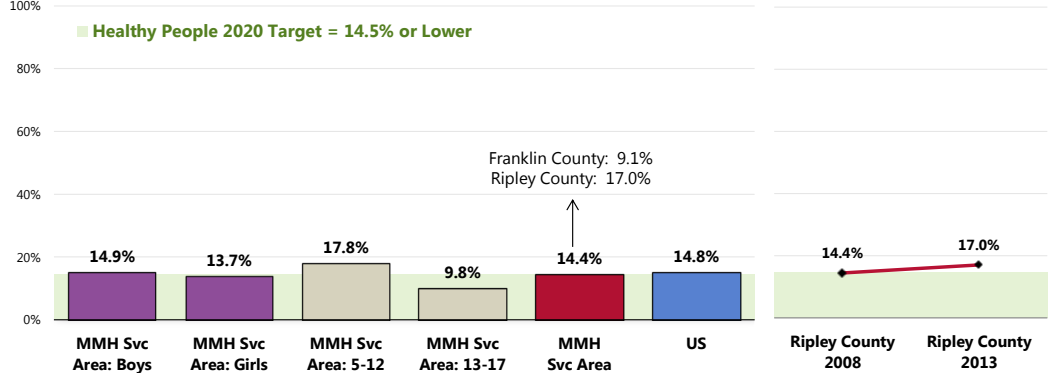| Franklin County	Ripley County	MMH Svc Area	US	Ripley County 2008	Ripley County 2013
0.4%	1.2%	1.0%	4.0%	1.5%	1.2%
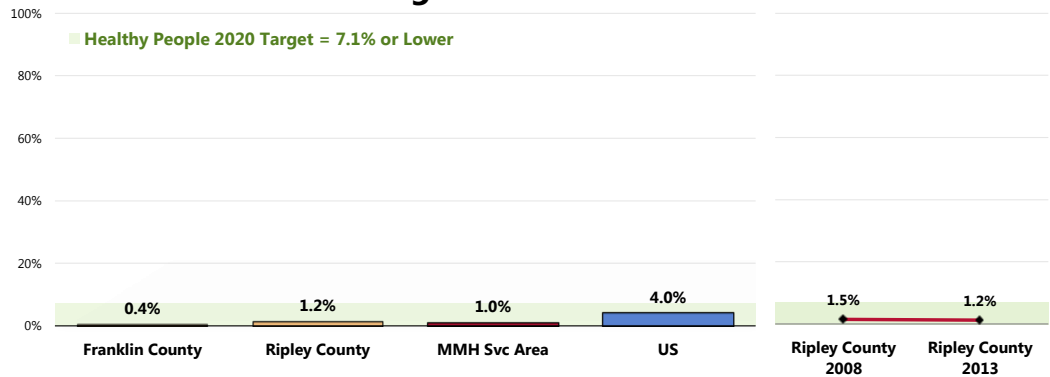
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 64]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
● US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-13.3]
Notes: ● Asked of all respondents.

Alcohol & Drug Treatment

A total of 2.1% of MMH Service Area adults report that they have sought professional help for an alcohol or drug problem at some point in their lives.

- Lower than national findings.
- Much lower in Franklin County.
- Statistically unchanged over time among Ripley County adults.

Have Ever Sought Professional Help for an Alcohol/Drug-Related Problem

Franklin County	Ripley County	MMH Svc Area	US		Ripley County 2008	Ripley County 2013
0.5%	2.9%	2.1%	4.9%		2.4%	2.9%
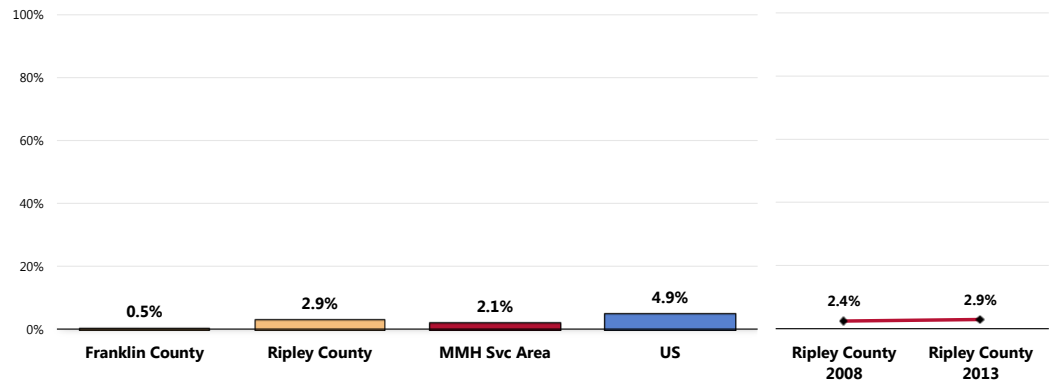
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 65]
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Related Focus Group Findings: Substance Abuse

A number of focus group participants are concerned with substance abuse in the community. The main issues discussed include:

- Co-occurring with mental health issues
- Prevalence of substance use and abuse
- Learned behavior
- Prescription drug misuse
- Inadequate number of substance abuse treatment facilities

During the focus groups, issues surrounding substance abuse arose several times. Respondents worry because many community members who struggle with addictions may also have a **co-occurring mental health issue**; these individuals self-medicate with drugs or alcohol.

A number of focus group participants expressed concern with the **prevalence of substance use** in the community because it negatively impacts many aspects of an individual's life and contributes to higher crime and violence rates. Respondents describe specific concerns about methamphetamines, heroin, alcohol abuse, opiates, and prescription drugs. Group participants believe that drug use disproportionately impacts older adolescents and young adults. Other key informants believe that drug use is a **learned behavior** and that young children see their parents using drugs and copy the

behavior.

> *"I think a lot of that goes back to that awareness piece. Mom and Dad both drink and it's no big deal or I would have events as a child and there's alcohol, so it can't be bad, right? So I think it's just that unawareness of how it really impacts you long-term."* — *Ripley County Key Informant*

Prescription drug misuse also greatly concerns respondents. Attendees think that physicians over-prescribe narcotics to their patients. Key informants believe that physicians need to pay more attention to abuse of narcotics and identify these patients during the appointment.

The community has a **limited number of substance abuse treatment facilities** and most residents must travel for those services. There are no free (and very few reduced-cost) outpatient options, so for some residents the cost of treatment may be a barrier.

In Ripley County, the Drug Free Coalition represents a prevention effort underway to combat drug use and abuse. The area also lacks support services for families of addicts, but the recent formation of the Drug and Alcohol Response Team (DART) hopes to change this. A key informant describes DART and its services:

> *"Our chief of police kind of had this vision. And so we actually have a team of probably ten people. Some of them are from Community Mental Health Center. We have parents. We have people in recovery themselves, law enforcement officers. There's someone from the faith-based community that sits on it. And if – because what the law enforcement agency specifically was seeing the exact same thing. They would call and say, 'I think my child or my grandchild or my neighbor's using.' And you can obviously give them options of what they can do for that person. But then what happens to the family or the kids in that situation. So it's kind of like a response team just to be able to talk. And then what our chief, has done has kind of then reached out to those people on the team and said, 'Hey, I have this family dealing with this. Would you be willing to talk to them' so that those parents or those people in recovery can say this is the route I took; not that that's the best route for your family, but this is what we tried and this is what didn't work for us."* — *Ripley County Key Informant*

Tobacco Use

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

Scientific knowledge about the health effects of tobacco use has increased greatly since the first Surgeon General's report on tobacco was released in 1964.

Tobacco use causes:

- Cancer
- Heart disease
- Lung diseases (including emphysema, bronchitis, and chronic airway obstruction)
- Premature birth, low birth weight, stillbirth, and infant death

There is no risk-free level of exposure to secondhand smoke. Secondhand smoke causes heart disease and lung cancer in adults and a number of health problems in infants and children, including: severe asthma attacks; respiratory infections; ear infections; and sudden infant death syndrome (SIDS).

Smokeless tobacco causes a number of serious oral health problems, including cancer of the mouth and gums, periodontitis, and tooth loss. Cigar use causes cancer of the larynx, mouth, esophagus, and lung.

– Healthy People 2020 (www.healthypeople.gov)

Cigarette Smoking

Cigarette Smoking Prevalence

A total of 15.5% of MMH Service Area adults currently smoke cigarettes, either regularly (13.3% every day) or occasionally (2.2% on some days).
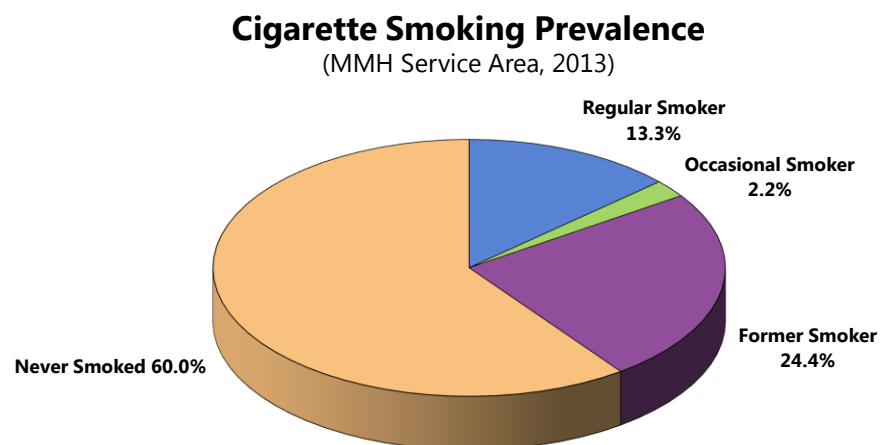
Cigarette Smoking Prevalence
(MMH Service Area, 2013)

Regular Smoker 13.3%
Occasional Smoker 2.2%
Former Smoker 24.4%
Never Smoked 60.0%

Sources: ● 2013 PRC Community Health Survey, Professional Research Consultants, Inc.   [Item 162]
Notes: ● Asked of all respondents.

- Lower than statewide findings.
- Comparable to national findings.
- Fails to satisfy the Healthy People 2020 target (12% or lower).
- Less favorable in Franklin County.

- The Ripley County current smoking percentage has <u>decreased</u> significantly over time.

Current Smokers

Healthy People 2020 Target = 12.0% or Lower

Franklin County	Ripley County	MMH Svc Area	Indiana	US		Ripley County 2008	Ripley County 2013
19.3%	13.5%	15.5%	25.6%	14.9%		21.7%	13.5%
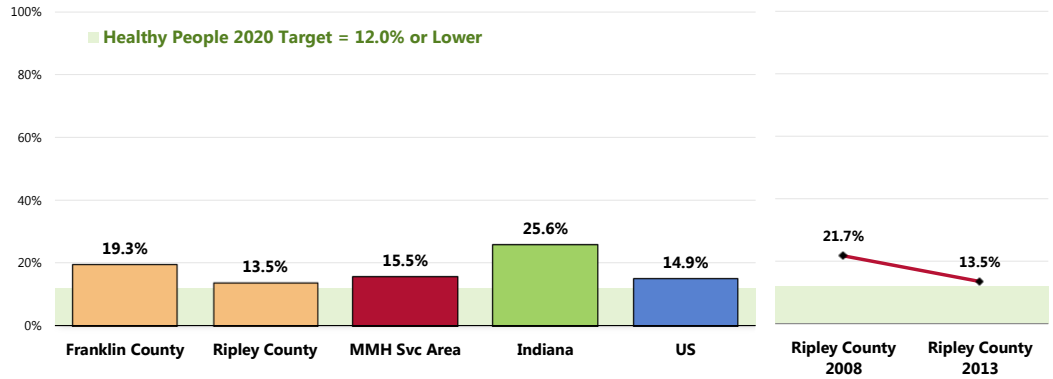
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 162]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): Indiana 2011 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.

Note also:

- 18.9% of women of child-bearing age (ages 18 to 44) currently smoke. This is notable given that tobacco use increases the risk of infertility, as well as the risks for miscarriage, stillbirth and low birthweight for women who smoke during pregnancy.

Current Smokers
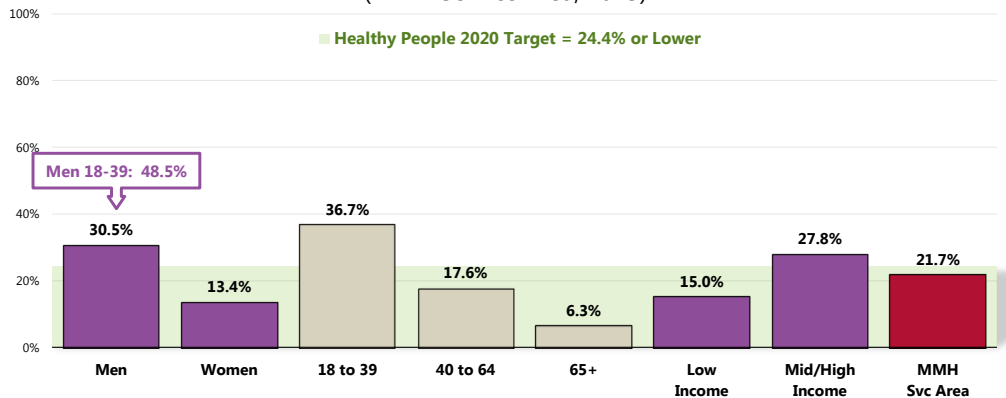### (MMH Service Area, 2013)
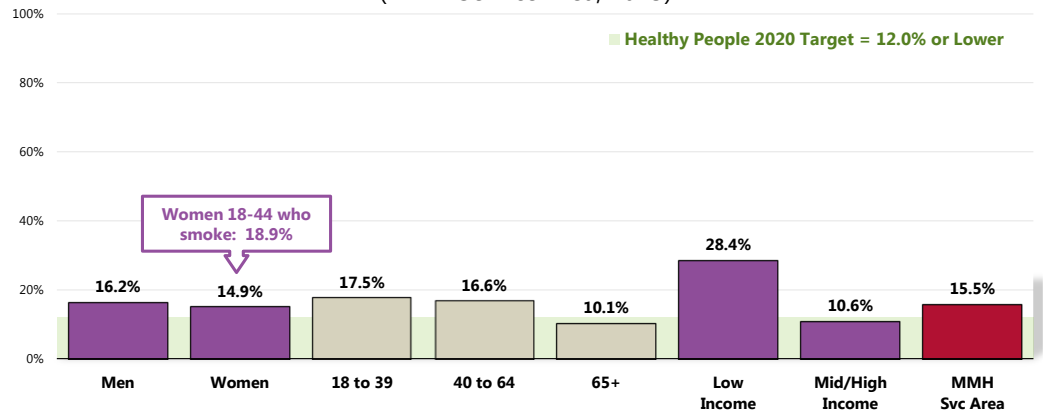
Healthy People 2020 Target = 12.0% or Lower

Women 18-44 who smoke: 18.9%

Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	MMH Svc Area
16.2%	14.9%	17.5%	16.6%	10.1%	28.4%	10.6%	15.5%

Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 162-163]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective TU-1.1]

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

A total of 10.9% of MMH 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.

- Less favorable in Franklin County.

- ⊞ Marks a statistically significant <u>decrease</u> over time in Ripley County.

- ♦♦♦ Note that 3.5% of MMH Service Area non-smokers are exposed to cigarette smoke at home.

Member of Household Smokes at Home

Healthy People 2020 Target = 13.0% or Lower

Non-smokers exposed to smoke in the home: 3.5% (US = 6.3%)

Franklin County	Ripley County	MMH Svc Area	US	Ripley County 2008	Ripley County 2013
14.5%	9.0%	10.9%	12.7%	18.1%	9.0%

Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 57, 164]
- 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.
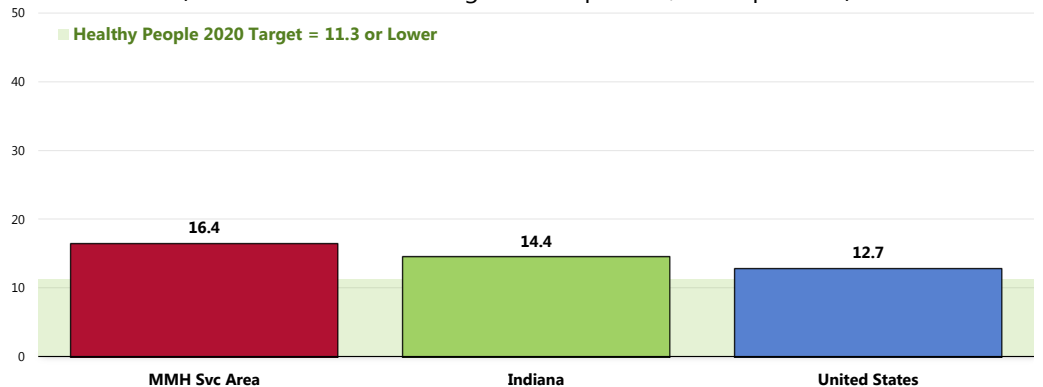
- ♦♦♦ Notably higher among residents with lower incomes.

Member of Household Smokes At Home
(MMH Service Area, 2013)

Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	MMH Svc Area
11.5%	10.3%	9.2%	12.3%	10.7%	17.9%	7.8%	10.9%

Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 57]

Notes:
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- "Smokes at home" refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.

Among households with children, 7.8% have someone who smokes cigarettes in the home.

- Similar to the national prevalence.
- Statistically similar by county.
- Ripley County: marks a statistically significant <u>decrease</u> over time.

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

Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 165]
- 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.

Smoking Cessation

Preventing tobacco use and helping tobacco users quit can improve the health and quality of life for Americans of all ages. People who stop smoking greatly reduce their risk of disease and premature death. Benefits are greater for people who stop at earlier ages, but quitting tobacco use is beneficial at any age.

Many factors influence tobacco use, disease, and mortality. Risk factors include race/ethnicity, age, education, and socioeconomic status. Significant disparities in tobacco use exist geographically; such disparities typically result from differences among states in smoke-free protections, tobacco prices, and program funding for tobacco prevention.

– Healthy People 2020 (www.healthypeople.gov)

Health Advice About Smoking Cessation

A total of 72.6% of smokers say that a doctor, nurse or other health professional has recommended in the past year that they quit smoking.

- Comparable to the national percentage.
- Higher in Ripley County.
- Denotes a significant <u>increase</u> over time in Ripley County.

Advised by a Healthcare
Professional in the Past Year to Quit Smoking
(Among Current Smokers)
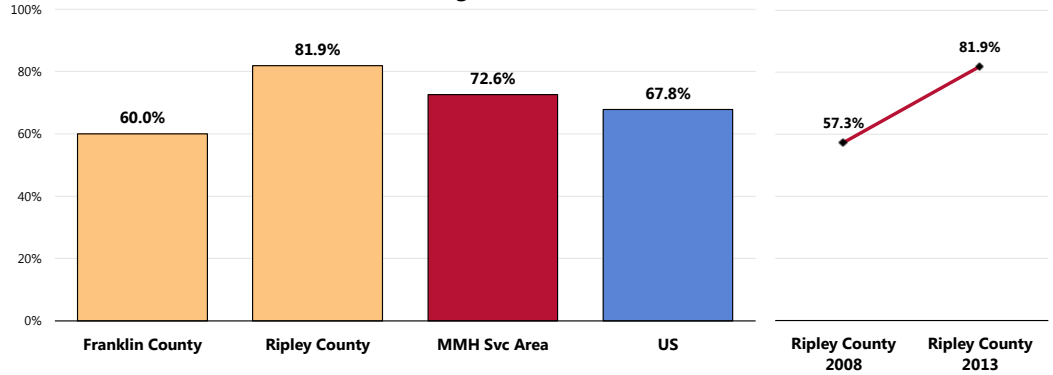
Franklin County: 60.0%
Ripley County: 81.9%
MMH Svc Area: 72.6%
US: 67.8%

Ripley County 2008: 57.3%
Ripley County 2013: 81.9%

Smoking Cessation Attempts

Less than one-half (45.2%) of regular smokers went without smoking for one day or longer in the past year because they were trying to quit smoking.

- Similar to the national percentage.

- Fails to satisfy the Healthy People 2020 target (80% or higher).

- Similar percentages among smokers in both counties.

- Statistically unchanged over time in Ripley County.

Have Stopped Smoking for One Day or Longer
in the Past Year in an Attempt to Quit Smoking
(Among Everyday Smokers)

Healthy People 2020 Target = 80% or Higher

Franklin County: 47.3%
Ripley County: 43.6%
MMH Svc Area: 45.2%
US: 55.9%

Ripley County 2008: 49.5%
Ripley County 2013: 45.2%

Other Tobacco Use

Cigars

A total of 1.9% of MMH Service Area adults use cigars every day or on some days.

- Better than the national percentage.

- Fails to satisfy the Healthy People 2020 target (0.2% or lower).

- Similar by county.

- Statistically unchanged since 2008 in Ripley County.

Examples of smokeless tobacco include chewing tobacco, snuff, or "snus."

Use of Cigars

Healthy People 2020 Target = 0.2% or Lower

Franklin County	Ripley County	MMH Svc Area	US		Ripley County 2008	Ripley County 2013
0.9%	2.4%	1.9%	4.1%		2.8%	2.4%
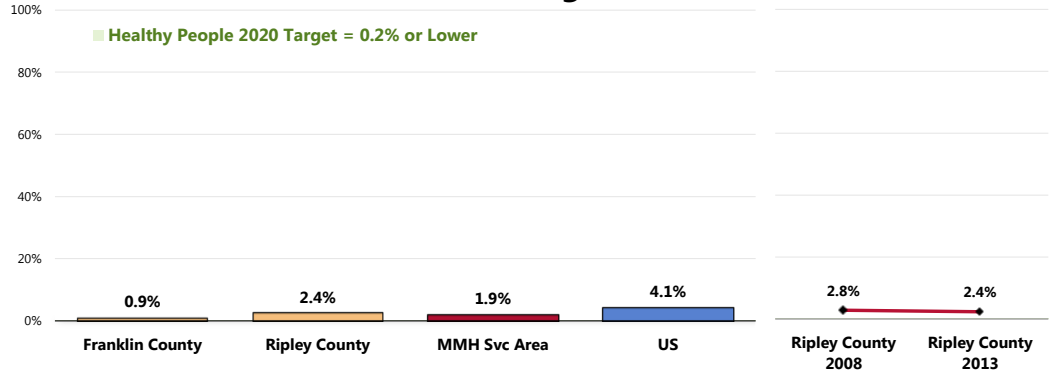
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 59]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective TU-1.3]

Notes:
- Asked of all respondents.

Smokeless Tobacco

A total of 7.5% of area adults use some type of smokeless tobacco every day or on some days.

- Nearly twice the national percentage.

- Fails to satisfy the Healthy People 2020 target (0.3% or lower).

- No significant difference by county.

- Similar to 2008 Ripley County findings.

Use of Smokeless Tobacco

Healthy People 2020 Target = 0.3% or Lower

Franklin County	Ripley County	MMH Svc Area	US		Ripley County 2008	Ripley County 2013
7.1%	7.7%	7.5%	4.0%		5.0%	7.7%
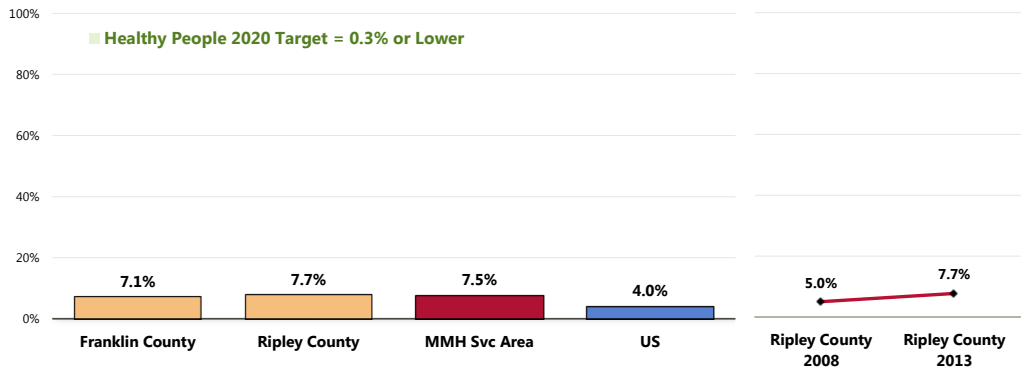
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 58]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective TU-1.2]

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

Many participants are concerned with tobacco use in the community, discussing these main issues:

- Prevalence across the counties
- Addictive nature of tobacco

Participants believe that tobacco use is **prevalent across the counties** and worry about the negative health consequences of tobacco and secondhand smoke inhalation. Key informants feel that the number of smokers continues to rise, but even more concerning for is the perception among teenagers that chewing tobacco is a less harmful alternative.

Several local agencies provide smoking cessation resources, including the Franklin County Staying Alive Chapter and the Mental Health Center. However, attendees recognize the **addictive nature of tobacco** products and the challenges encountered when attempting to quit.

> *"They say you only need to smoke three days to get addicted, or three cigarettes, something like that. I used to smoke. It was the hardest thing I ever did to quit. It really was and I feel bad for people who are trying to quit. It's very addictive."* — *Franklin County Key Informant*

ACCESS TO HEALTH SERVICES

Health Insurance Coverage

Type of Healthcare Coverage

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

A total of 77.6% of MMH Service Area adults age 18 to 64 report having healthcare coverage through private insurance. Another 12.7% report coverage through a government-sponsored program (e.g., Medicaid, Medicare, military benefits).

Healthcare Insurance Coverage
(Among Adults Age 18-64; MMH Service Area, 2013)

- Other Gov't Coverage 0.3%
- Medicaid & Medicare 1.0%
- VA/Military 1.9%
- Medicare 3.3%
- Medicaid 6.2%
- Insured, Unknown Type 0.1%
- Insured, Self-Purchase 5.0%
- No Insurance/ Self-Pay 9.6%
- Insured, Employer-Based 72.5%

Sources: ● 2013 PRC Community Health Survey, Professional Research Consultants, Inc.   [Item 170]
Notes: ● Reflects respondents age 18 to 64.

Lack of Health Insurance Coverage

Here, lack of health insurance coverage reflects respondents age 18 to 64 (thus, excluding the Medicare population) who have <u>no</u> type of insurance coverage for healthcare services – neither private insurance nor government-sponsored plans (e.g., Medicaid).

Among adults age 18 to 64, 9.6% report having no insurance coverage for healthcare expenses.

- Well below the state finding.
- Below the national finding.
- The Healthy People 2020 target is universal coverage (0% uninsured).
- No difference by county of residence.
- In Ripley County, statistically similar to 2008 findings.

Lack of Healthcare Insurance Coverage
(Among Adults Age 18-64)

Healthy People 2020 Target = 0.0% (Universal Coverage)

	Value
Franklin County	9.3%
Ripley County	9.8%
MMH Svc Area	9.6%
Indiana	23.6%
US	15.1%
Ripley County 2008	9.0%
Ripley County 2013	9.8%
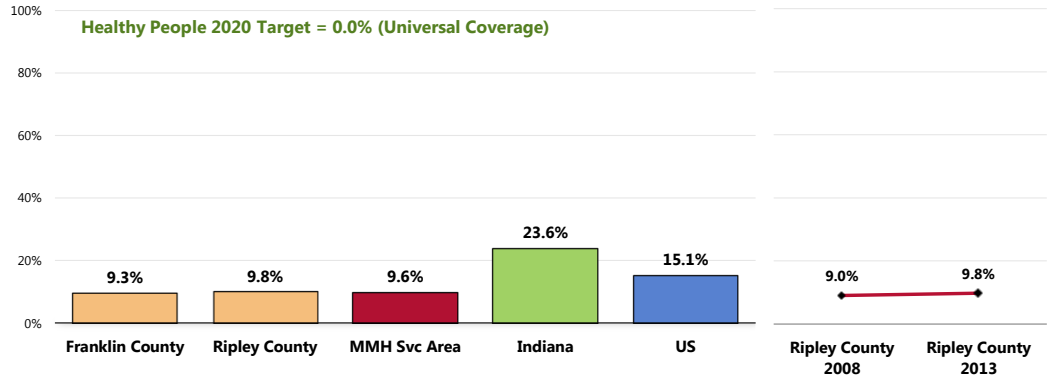
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 170]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): Indiana 2011 data.
- 2013 PRC 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 are more likely to be without healthcare insurance coverage:

- Men.
- Young adults.
- Residents living at lower incomes (note the 22.8% uninsured prevalence among low-income adults).

Lack of Healthcare Insurance Coverage
(Among Adults Age 18-64; MMH Service Area, 2013)
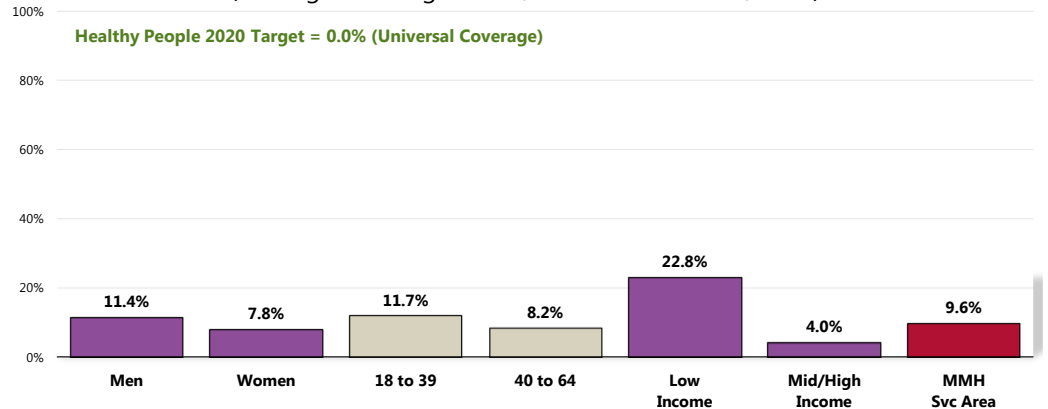
Healthy People 2020 Target = 0.0% (Universal Coverage)

	Value
Men	11.4%
Women	7.8%
18 to 39	11.7%
40 to 64	8.2%
Low Income	22.8%
Mid/High Income	4.0%
MMH Svc Area	9.6%

Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 170]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective AHS-1]
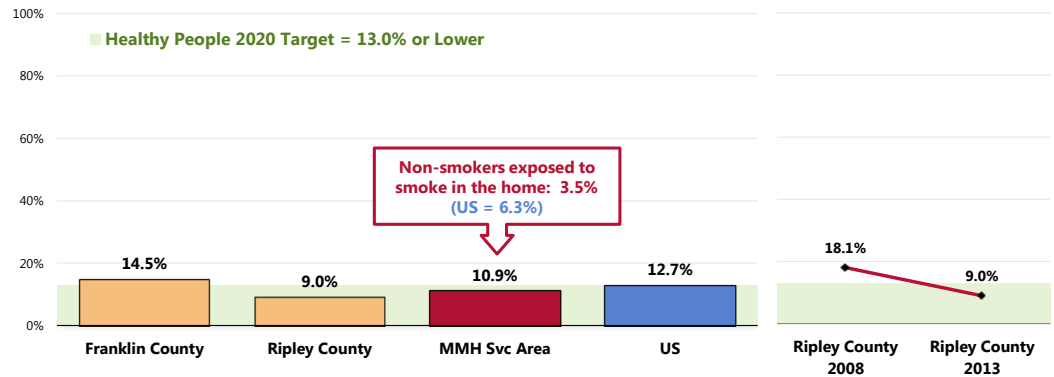
Notes:
- Asked of all respondents under the age of 65.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

As might be expected, uninsured adults in the MMH Service Area are less likely to receive routine care and preventive health screenings, and are more likely to have experienced difficulties accessing healthcare.
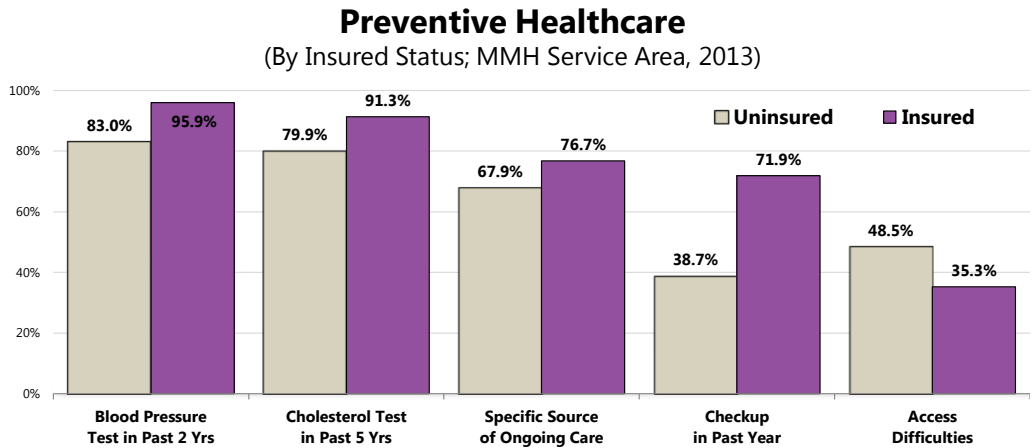
Preventive Healthcare
(By Insured Status; MMH Service Area, 2013)

	Uninsured	Insured
Blood Pressure Test in Past 2 Yrs	83.0%	95.9%
Cholesterol Test in Past 5 Yrs	79.9%	91.3%
Specific Source of Ongoing Care	67.9%	76.7%
Checkup in Past Year	38.7%	71.9%
Access Difficulties	48.5%	35.3%

Sources: ● 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 17, 45, 48, 171, 174]
Notes: ● Asked of all respondents.

Recent Lack of Coverage (Insurance Instability)

Among currently insured adults in the MMH Service Area, 3.9% report that they were without healthcare coverage at some point in the past year.

● Better than US findings.

● No significant difference by county.

⊞ Marks a statistically significant <u>decrease</u> in insurance instability in Ripley County over time.

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

Franklin County	Ripley County	MMH Svc Area	US		Ripley County 2008	Ripley County 2013
4.5%	3.6%	3.9%	8.1%		7.0%	3.6%

Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 77]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
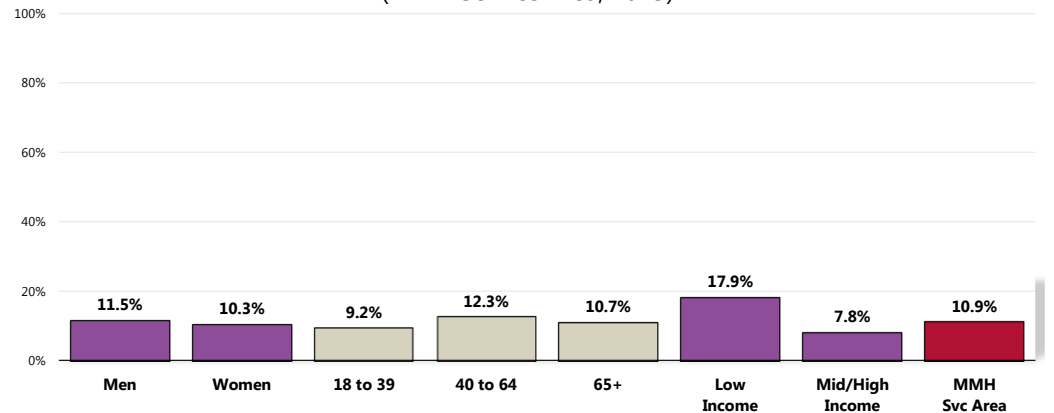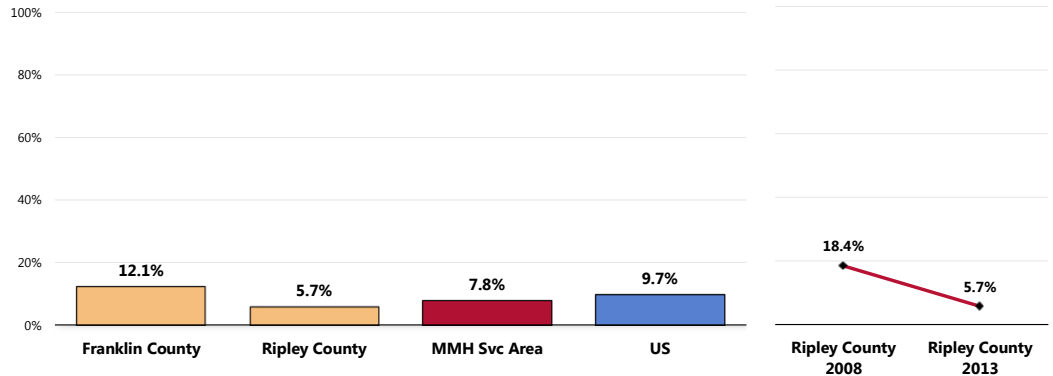Notes: ● Asked of all insured respondents.

👪 Young adults in the service area are more likely to have gone without healthcare insurance coverage at some point in the past year.

Went Without Healthcare Insurance
Coverage At Some Point in the Past Year
(Among Insured Adults; MMH Service Area, 2013)

	Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	MMH Svc Area
	4.3%	3.5%	7.2%	2.9%	1.2%	6.8%	3.0%	3.9%

Sources: ● 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 77]
Notes: ● Asked of all insured respondents.
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Difficulties Accessing Healthcare

Access to comprehensive, quality health care services is important for the achievement of health equity and for increasing the quality of a healthy life for everyone. It impacts: overall physical, social, and mental health status; prevention of disease and disability; detection and treatment of health conditions; quality of life; preventable death; and life expectancy.

Access to health services means the timely use of personal health services to achieve the best health outcomes. It requires three distinct steps: 1) Gaining entry into the health care system; 2) Accessing a health care location where needed services are provided; and 3) Finding a health care provider with whom the patient can communicate and trust.

- Healthy People 2020 (www.healthypeople.gov)

Difficulties Accessing Services

This indicator reflects the percentage of the <u>total</u> population experiencing problems accessing healthcare in the past year, regardless of whether they needed or sought care.

A total of 36.5% of MMH Service Area adults report some type of difficulty or delay in obtaining healthcare services in the past year.

- Similar to the US prevalence.
- Statistically similar by county.
- Similar to the percentage reported in 2008 among Ripley County adults.

Experienced Difficulties or Delays of Some Kind in Receiving Needed Healthcare in the Past Year

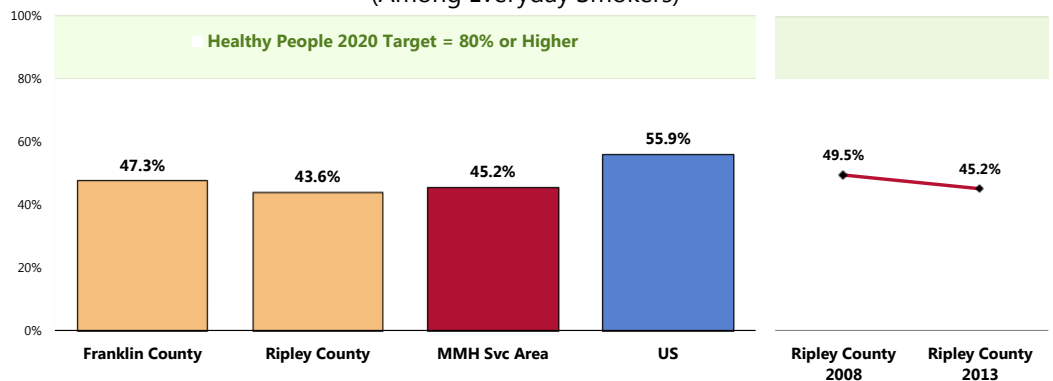|					Ripley County 2008	Ripley County 2013
Franklin County	Ripley County	MMH Svc Area	US			
36.6%	36.4%	36.5%	39.9%		35.3%	36.4%
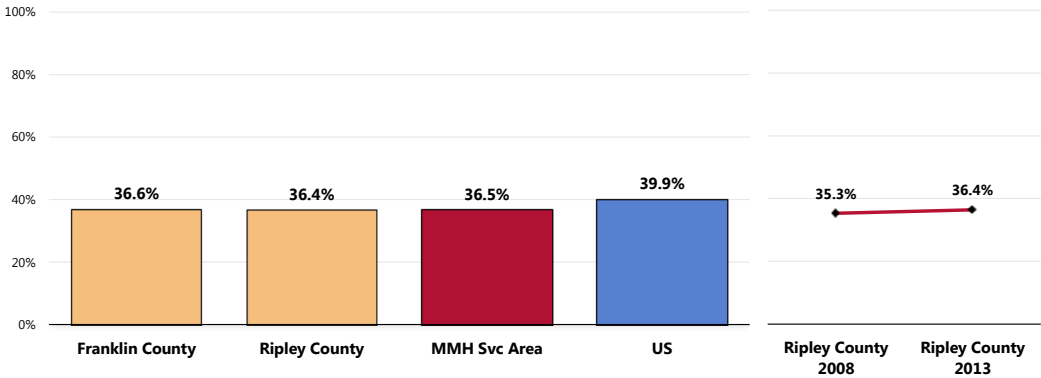
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 174]
          • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.
          • Represents the percentage of respondents experiencing one or more barriers to accessing healthcare in the past 12 months.

Note that the following demographic groups more often report difficulties accessing healthcare services:

👪 Adults under the age of 65.

👪 Lower-income residents.

Experienced Difficulties or Delays of Some Kind in Receiving Needed Healthcare in the Past Year
(MMH Service Area, 2013)

Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	MMH Svc Area
34.4%	38.5%	39.9%	39.8%	22.1%	44.8%	31.5%	36.5%
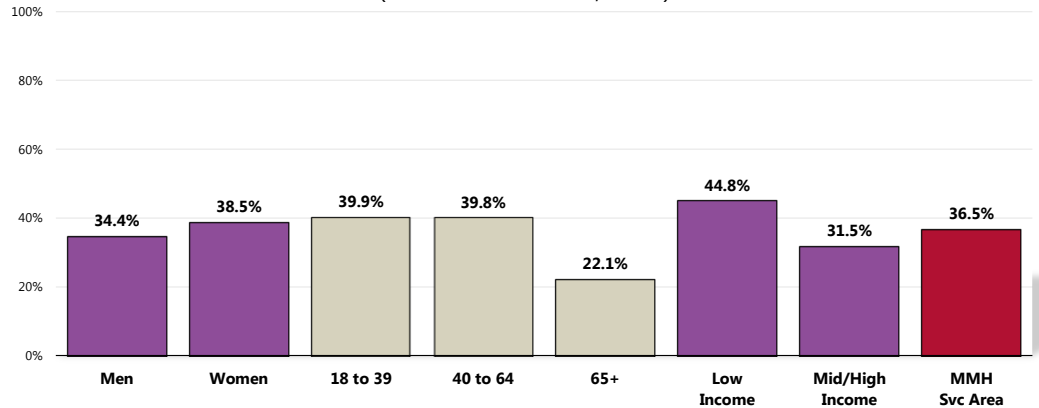
Sources: ● 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 174]
Notes: ● Asked of all respondents.
● Represents the percentage of respondents experiencing one or more barriers to accessing healthcare in the past 12 months.
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Barriers to Healthcare Access

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

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

Of the tested barriers, inconvenient office hours impacted the greatest share of MMH Service Area adults (18.0% say that inconvenient hours prevented them from obtaining medical care in the past year).

● The proportion of service area adults impacted was statistically comparable to or better than that found nationwide for each of the tested barriers.

● No difference by county for any of the barriers tested (not shown).

Barriers to Access Have Prevented Medical Care in the Past Year

■ MMH Svc Area ■ US

	Inconvenient Office Hours	Getting a Dr Appointment	Cost (Doctor Visit)	Cost (Prescriptions)	Finding a Doctor	Lack of Transportation
MMH Svc Area	18.0%	14.6%	9.6%	9.4%	8.7%	4.0%
US	15.4%	17.0%	18.2%	15.8%	11.0%	9.4%
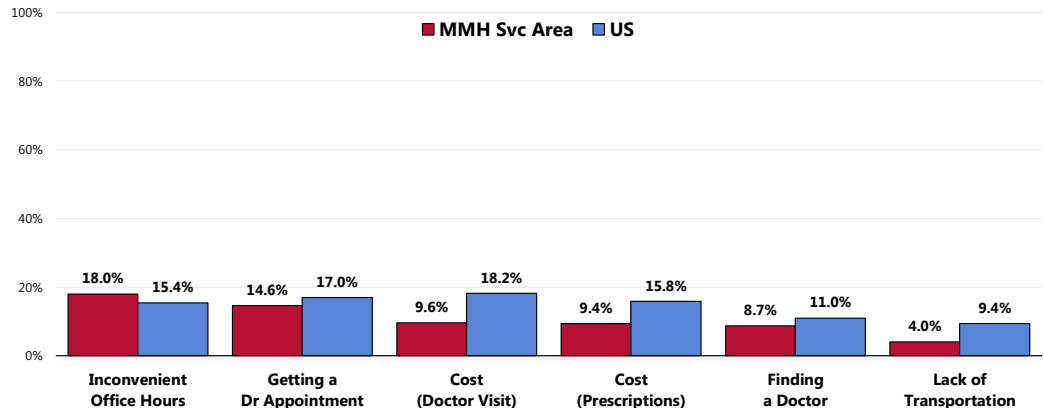
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 7-12]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

- Compared to baseline 2008 data, Ripley County has seen a significant <u>improvement</u> with regard to the barriers of **transportation** and **cost of prescription medication**.

Ripley County Trend: Barriers to Healthcare Access
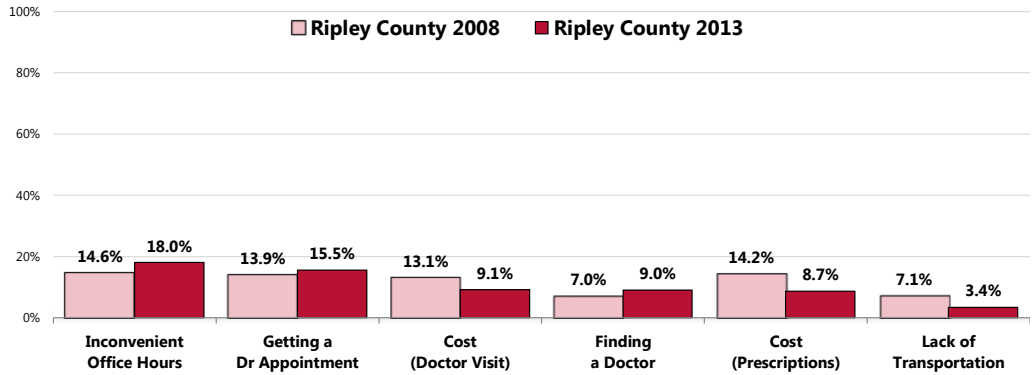
Legend: ▨ Ripley County 2008   ■ Ripley County 2013

	Inconvenient Office Hours	Getting a Dr Appointment	Cost (Doctor Visit)	Finding a Doctor	Cost (Prescriptions)	Lack of Transportation
Ripley County 2008	14.6%	13.9%	13.1%	7.0%	14.2%	7.1%
Ripley County 2013	18.0%	15.5%	9.1%	9.0%	8.7%	3.4%

Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 7-12]
Notes: ● Asked of all respondents.

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

Barriers to Healthcare Access
(By Insured Status; MMH Service Area, 2013)
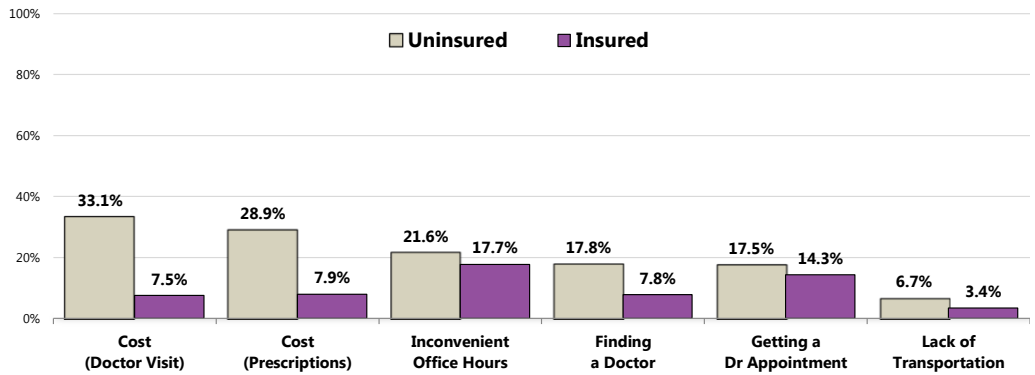
Legend: ▨ Uninsured   ▨ Insured

	Cost (Doctor Visit)	Cost (Prescriptions)	Inconvenient Office Hours	Finding a Doctor	Getting a Dr Appointment	Lack of Transportation
Uninsured	33.1%	28.9%	21.6%	17.8%	17.5%	6.7%
Insured	7.5%	7.9%	17.7%	7.8%	14.3%	3.4%

Sources: ● 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 7-12]
Notes: ● Asked of all respondents.

Prescriptions

Among all MMH Service Area adults, 12.8% skipped or reduced medication doses in the past year in order to stretch a prescription and save money.

- Similar to national findings.
- Statistically similar by county of residence.
- Denotes a significant <u>decrease</u> over time in Ripley County.

Skipped or Reduced Prescription Doses in Order to Stretch Prescriptions and Save Money

Franklin County	Ripley County	MMH Svc Area	US	Ripley County 2008	Ripley County 2013
13.8%	12.2%	12.8%	15.3%	17.8%	12.2%
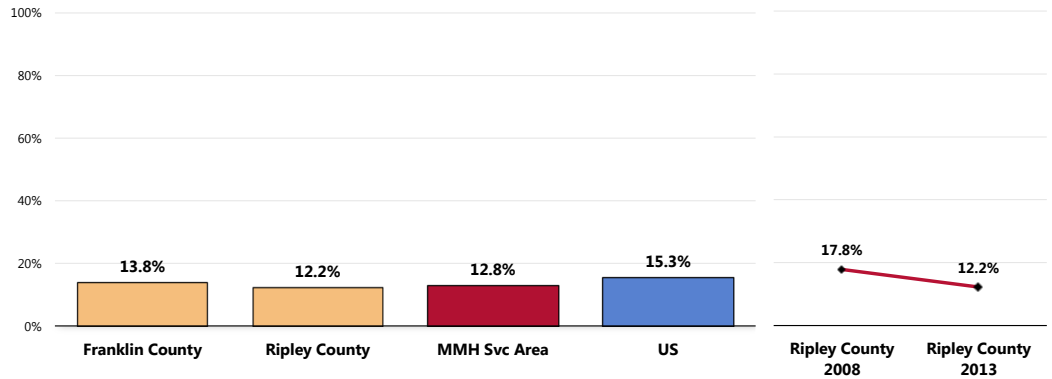
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 13]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Adults more likely to have skipped or reduced their prescription doses include:

- Adults age 40 to 64.
- Respondents with lower incomes.

Skipped or Reduced Prescription Doses in Order to Stretch Prescriptions and Save Money
(MMH Service Area, 2013)

Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	Insured	Un-sured	MMH Svc Area
12.5%	13.0%	10.4%	16.7%	7.3%	17.4%	11.4%	5.5%	8.0%	12.8%

Sources: ● 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 13]
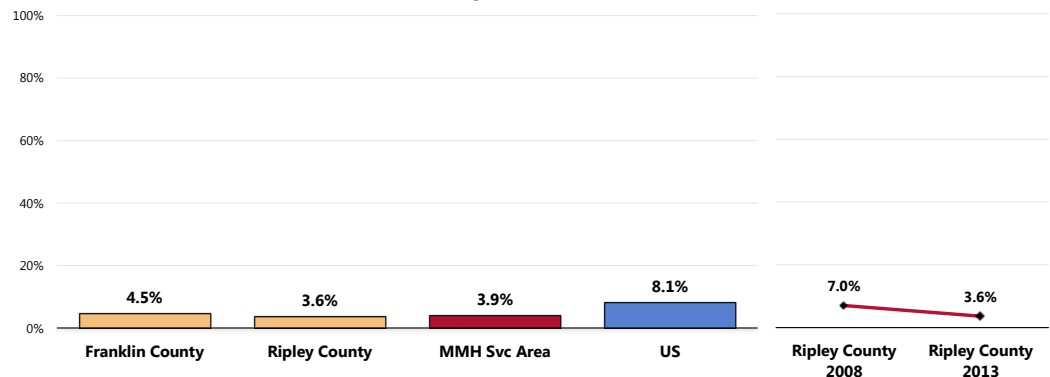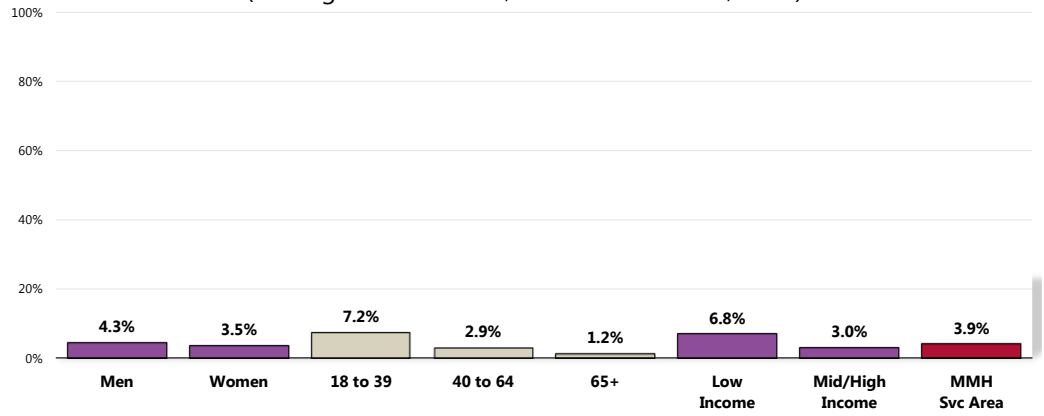Notes: ● Asked of all respondents.
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Accessing Healthcare for Children

A total of 1.5% 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.

- Well below that reported among parents nationwide.
- No difference by county.
- The decrease in Ripley County over time is not statistically significant.

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

Parents with trouble obtaining medical care for their child mainly reported barriers due to inconvenient office hours and cost or lack of insurance coverage.

Franklin Co	Ripley Co	MMH Svc Area	US	Ripley County 2008	Ripley County 2013
2.2%	1.2%	1.5%	6.0%	4.4%	1.2%
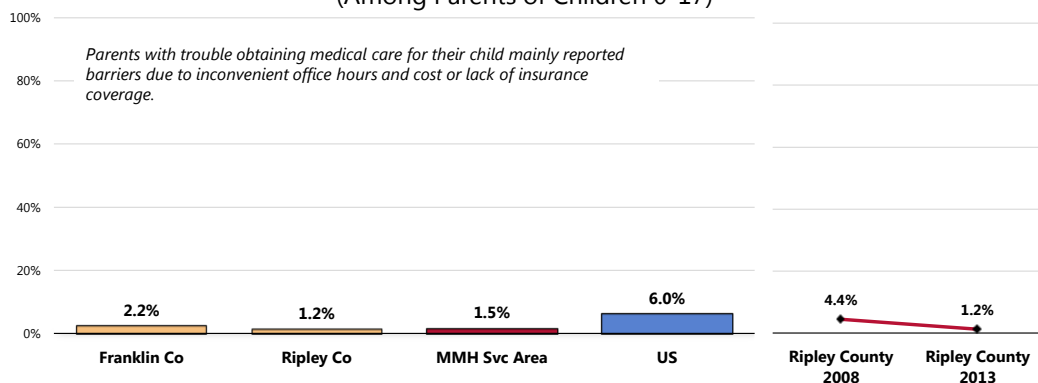
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 112-113]
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents with children 0 to 17 in the household.

Among the parents experiencing difficulties, the majority cited **inconvenient office hours** as the primary reason; others cited cost or lack of insurance.

Related Focus Group Findings: Access to Healthcare Services

Many of the key informants participating in the focus groups are concerned with access to healthcare services, discussing such issues as:

- Importance of preventive healthcare
- Barriers to accessing healthcare
- Low-income residents
- Uninsured residents
- Medicaid reimbursement rate and time before payment
- Physician office hours
- Transportation

Respondents believe that many residents do not think about long-term health consequences or the **importance of preventive healthcare**. Attendees agree that many community members under-utilize or avoid preventive health services until they become very ill because of the perceived (or real) cost.

Focus group participants acknowledge that residents encounter several **barriers** when trying to **access healthcare services** in the community. A large number of community members have **low incomes**. Many jobs do not offer health insurance and available insurance plans involve high deductibles or co-pays, so many residents remain under-insured. Therefore even the insured may struggle to obtain healthcare because of the cost.

> *"We recognize there will be a big segment of the population that will be essentially uninsured because they will have such high deductibles they won't go anyway. If you have a $20,000.00 deductible, you're not going to go to the doctor for chronic disease management because you can't afford it." — Ripley County Key Informant*

Other residents do not have health insurance and for the **uninsured**, only a few medical facilities exist to serve them. These include the Southeast Indiana Health Center, which serves both Franklin and Ripley counties and operates with volunteer staff members, and the Franklin County Health Department, which can provide some free services. Town trustees and churches also help. Participants would like to see more low-cost clinics open in the area.

Other residents may qualify for **Medicaid**, but finding a Medicaid provider can prove difficult. Attendees agree that the number of physicians who accept Medicaid has decreased due to the low **reimbursement rate and the time before a provider receives payment**.

Physician office hours can also delay a resident's ability to access healthcare. Many residents work second shifts and have difficulty getting to a doctor appointment during normal office hours. Batesville Tool and Die (a local employer) has opened an on-site clinic that provides free services and some generic prescriptions. Employees and their families can access the facility from 6 a.m. to 8 a.m., Monday through Friday. An employee describes the clinic and its successes:

> *"They can do EKGs. They do blood draws. All the lab work then is free. Everything has to be ordered, though, by a doctor inside. They can't go to a doctor on the outside and bring that order in. It has to be done by a doctor inside. Our usage is high. Our employees are like 98 percent employees use it. Physicals are free. Child well cares are free. Immunizations are free." — Franklin County Key Informant*

Participants also view **transportation** as an obstacle to accessing healthcare and other services. Franklin and Ripley counties are both rural areas and have few large medical centers. Many residents must travel to obtain advanced or specialty care; however, many families have only one vehicle. The counties do not have a bus system, but both have smaller-scale transportation operations. In Ripley County, Catch-a-Ride is available and offers discounts for the disabled and elderly, but recipients must provide advance notice. In Franklin County, Franklin County Transportation provides transit services. The cost is $2 dollars for in-county travel, but riders must provide advance notice and the service only runs until 4 p.m. During peak school hours there may be long waiting periods, as an attendee explains:

> *"Some parents choose to call up public transportation. And then during those time periods, like from 7:30 to 8:30 and from 2:30 to 3:30, I was told up in Connersville that trying to go anywhere during that time period, because they're all busy taking kids home ... From the outside looking in,*

I say which is more important? Getting an 80-year-old to the doctor or Mom and Dad taking the responsibility to get the child to kindergarten?" — Franklin County Key Informant

Primary Care Services

Improving health care services depends in part on ensuring that people have a usual and ongoing source of care. People with a usual source of care have better health outcomes and fewer disparities and costs. Having a primary care provider (PCP) as the usual source of care is especially important. PCPs can develop meaningful and sustained relationships with patients and provide integrated services while practicing in the context of family and community. Having a usual PCP is associated with:

- Greater patient trust in the provider

- Good patient-provider communication

- Increased likelihood that patients will receive appropriate care

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

– Healthy People 2020 (www.healthypeople.gov)

Specific Source of Ongoing Care

Having a specific source of ongoing care includes having a doctor's office, clinic, urgent care center, walk-in clinic, health center facility, hospital outpatient clinic, HMO or prepaid group, military/VA clinic, or some other kind of place to go if one is sick or needs advice about his or her health. This resource is also known as a "medical home."

A hospital emergency room is <u>not</u> considered a source of ongoing care in this instance.

A total of 76.3% of MMH Service Area adults were determined to have a specific source of ongoing medical care (a "medical home").

- Identical to national findings.

- Fails to satisfy the Healthy People 2010 objective (95% or higher).

- No difference by county.

- Statistically unchanged over time in Ripley County.

Have a Specific Source of Ongoing Medical Care

[All Ages] Healthy People 2020 Target = 95.0% or Higher

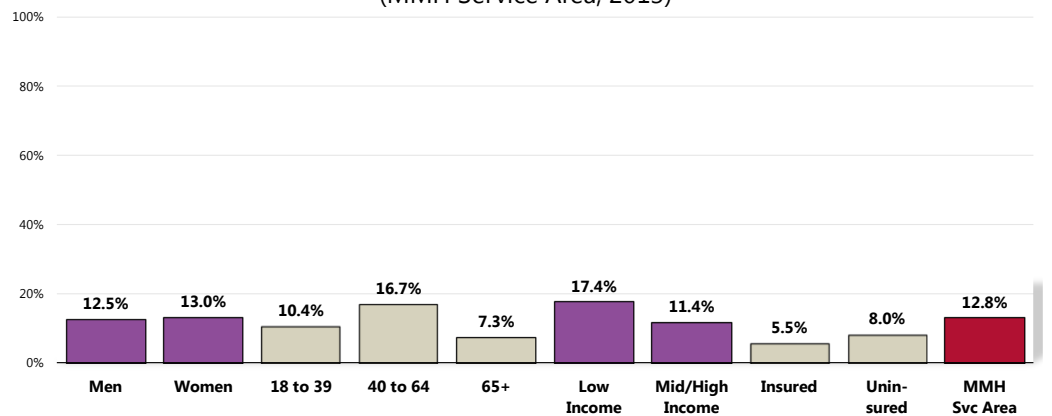|					
Franklin County	Ripley County	MMH Svc Area	US	Ripley County 2008	Ripley County 2013
76.9%	76.0%	76.3%	76.3%	80.4%	76.0%
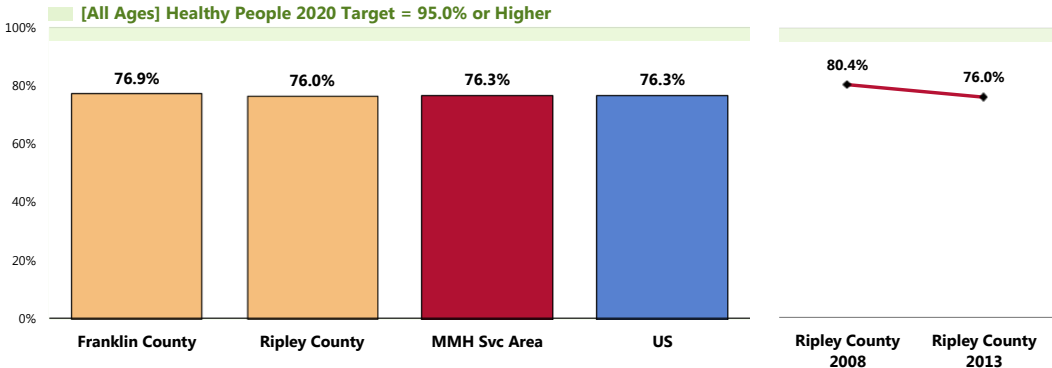
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 171]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
● US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective AHS-5.1]
Notes: ● Asked of all respondents.

When viewed by demographic characteristics, no significant differences were noted. However, note the following:

- Among adults age 18-64, 75.4% have a specific source for ongoing medical care, nearly identical to the national percentage.
  - Fails to satisfy the Healthy People 2020 target for this age group (89.4% or higher).
- Among adults 65+, 80.1% have a specific source for care, almost identical to the percentage reported among seniors nationally.
  - Fails to satisfy the Healthy People 2020 target of 100% for seniors.

Have a Specific Source of Ongoing Medical Care
(MMH Service Area, 2013)

[All Ages] Healthy People 2020 Target = 95.0% or Higher
[Age 18-64] Healthy People 2020 Target = 89.4% or Higher
[Age 65+] Healthy People 2020 Target = 100%
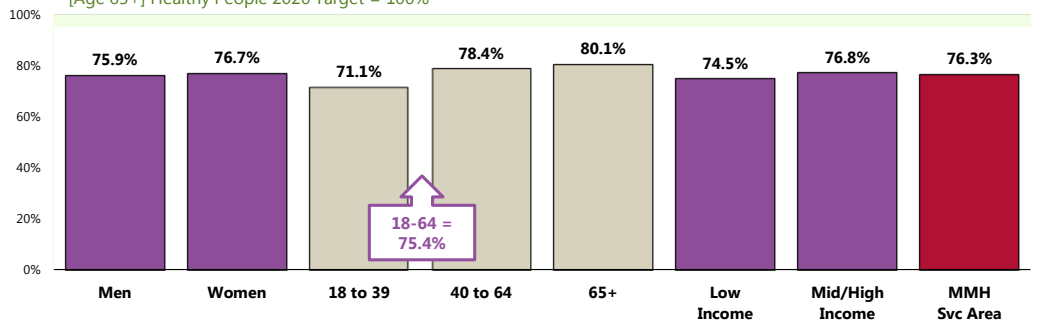
Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	MMH Svc Area
75.9%	76.7%	71.1%	78.4%	80.1%	74.5%	76.8%	76.3%

18-64 = 75.4%

Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 171-173]
• US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objectives AHS-5.1, 5.3, 5.4]
Notes: • Asked of all respondents.
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Type of Place Used for Medical Care

When asked where they usually go if they are sick or need advice about their health, the greatest share of respondents (51.3%) identified a particular doctor's office. A total of 23.9% say they usually go to some type of clinic, while 3.6% rely on a hospital emergency room and just 1.3% seek care at a VA/military facility.

Particular Place Utilized for Medical Care
(MMH Service Area, 2013)
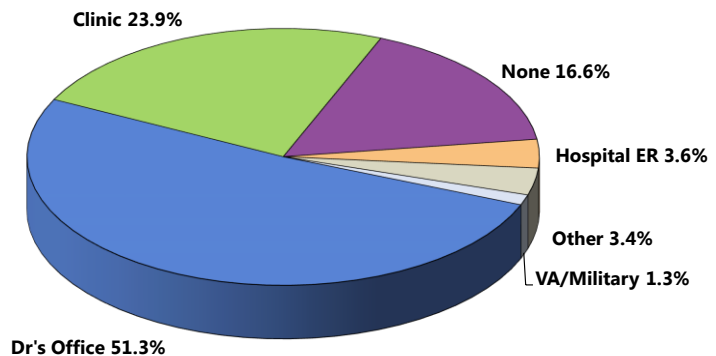
Clinic 23.9%
None 16.6%
Hospital ER 3.6%
Other 3.4%
VA/Military 1.3%
Dr's Office 51.3%

Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 15-16]
Notes: • Asked of all respondents.

Adults

Two-thirds (68.9%) of adults visited a physician for a routine checkup in the past year.

- Comparable to national findings.
- Comparable by county.
- Statistically similar to 2008 findings in Ripley County.

Have Visited a Physician for a Checkup in the Past Year
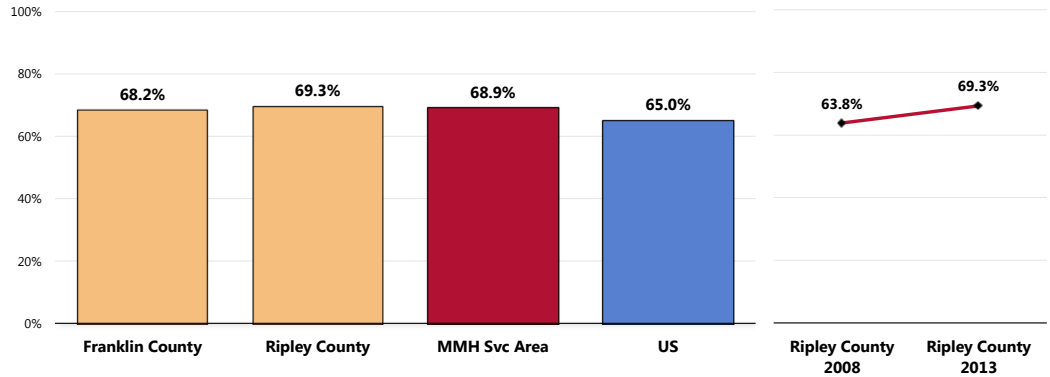
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 17]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Men and adults under age 40 are <u>less likely</u> 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
(MMH Service Area, 2013)
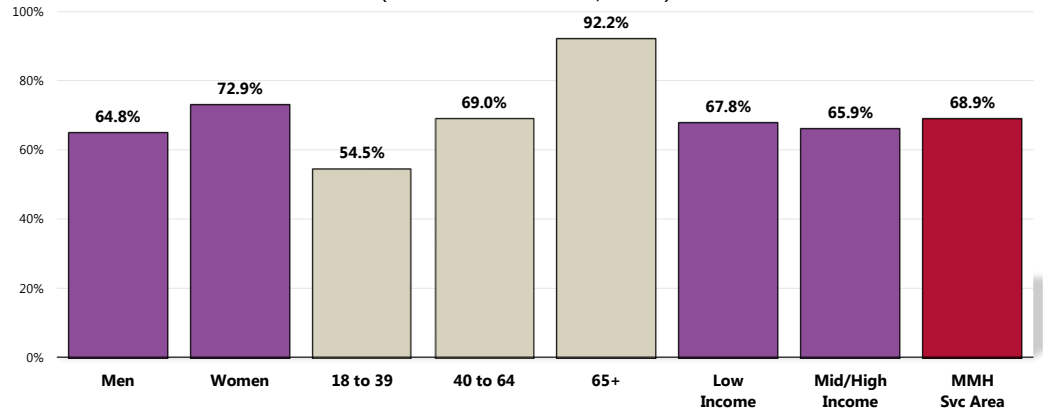
Sources: ● 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 17]
Notes: ● Asked of all respondents.
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Among surveyed parents, 86.9% report that their child has had a routine checkup in the past year.

- Similar to national findings.

- No difference by county of residence.

- Statistically similar to 2008 Ripley County findings.

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

Franklin Co	Ripley Co	MMH Svc Area	US	Ripley County 2008	Ripley County 2013
81.9%	89.3%	86.9%	84.1%	86.2%	89.3%
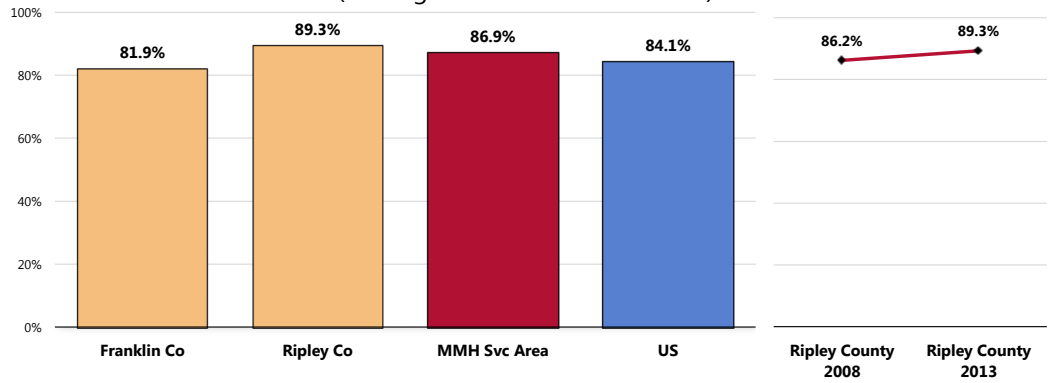
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 114]
          • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents with children 0 to 17 in the household.

Emergency Room Utilization

A total of 5.8% of MMH Service Area adults have gone to a hospital emergency room more than once in the past year about their own health.

- ● Lower than national findings.

- ● Similar by county of residence.

- ⊞ The prevalence is statistically unchanged over time in Ripley County.

Have Used a Hospital
Emergency Room More Than Once in the Past Year

Used the ER because:
- Emergency Situation = 57.6%
- Weekend/After Hours = 31.6%
- Access Problems = 7.3%

Franklin County	Ripley County	MMH Svc Area	US	Ripley County 2008	Ripley County 2013
3.8%	6.8%	5.8%	8.9%	6.3%	6.8%
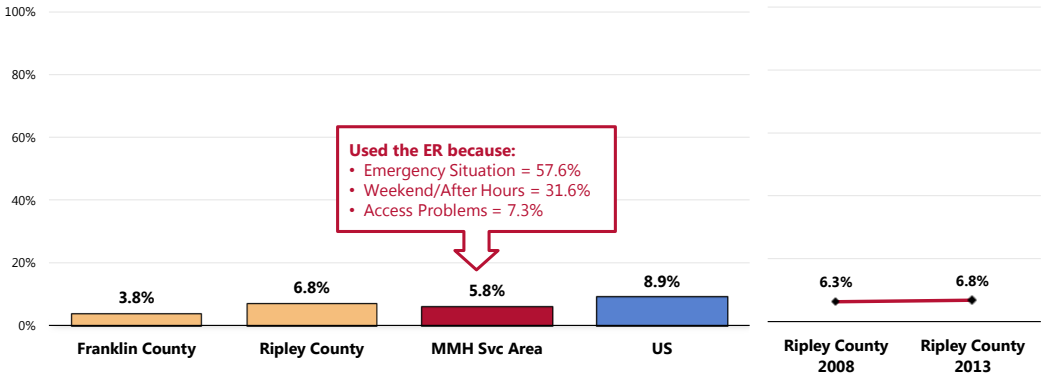
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 23-24]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Of those using a hospital ER, 57.6% say this was due to an **emergency or life-threatening situation**, while 31.6% indicated that the visit was during **after-hours or on the weekend** and 7.3% cited **difficulties accessing primary care** for various reasons.

- 👪 Adults in lower-income households were more likely to report seeking care at a hospital emergency room more than once in the past year.

Have Used a Hospital Emergency Room
More Than Once in the Past Year
(MMH Service Area, 2013)

Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	MMH Svc Area
5.4%	6.2%	6.1%	5.5%	6.0%	7.5%	2.8%	5.8%
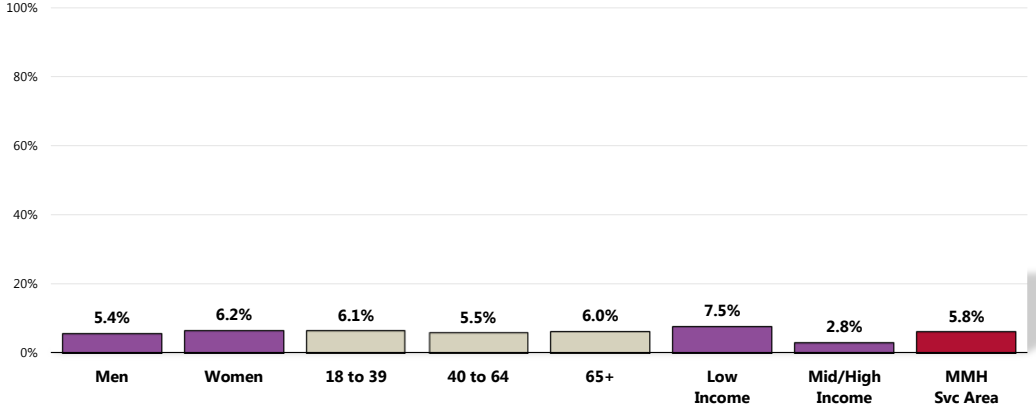
Sources: ● 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 23]
Notes: ● Asked of all respondents.
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Oral Health

The health of the mouth and surrounding craniofacial (skull and face) structures is central to a person's overall health and well-being. Oral and craniofacial diseases and conditions include: dental caries (tooth decay); periodontal (gum) diseases; cleft lip and palate; oral and facial pain; and oral and pharyngeal (mouth and throat) cancers.

The significant improvement in the oral health of Americans over the past 50 years is a public health success story. Most of the gains are a result of effective prevention and treatment efforts. One major success is community water fluoridation, which now benefits about 7 out of 10 Americans who get water through public water systems. However, some Americans do not have access to preventive programs. People who have the least access to preventive services and dental treatment have greater rates of oral diseases. A person's ability to access oral healthcare is associated with factors such as education level, income, race, and ethnicity.

Oral health is essential to overall health. Good oral health improves a person's ability to speak, smile, smell, taste, touch, chew, swallow, and make facial expressions to show feelings and emotions. However, oral diseases, from cavities to oral cancer, cause pain and disability for many Americans. Good self-care, such as brushing with fluoride toothpaste, daily flossing, and professional treatment, is key to good oral health. Health behaviors that can lead to poor oral health include:

- Tobacco use

- Excessive alcohol use

- Poor dietary choices

Barriers that can limit a person's use of preventive interventions and treatments include:

- Limited access to and availability of dental services

- Lack of awareness of the need for care

- Cost

- Fear of dental procedures

There are also social determinants that affect oral health. In general, people with lower levels of education and income, and people from specific racial/ethnic groups, have higher rates of disease. People with disabilities and other health conditions, like diabetes, are more likely to have poor oral health.

Community water fluoridation and school-based dental sealant programs are 2 leading evidence-based interventions to prevent tooth decay.

Major improvements have occurred in the nation's oral health, but some challenges remain and new concerns have emerged. One important emerging oral health issue is the increase of tooth decay in preschool children. A recent CDC publication reported that, over the past decade, dental caries (tooth decay) in children ages 2 to 5 have increased.

Lack of access to dental care for all ages remains a public health challenge. This issue was highlighted in a 2008 Government Accountability Office (GAO) report that described difficulties in accessing dental care for low-income children. In addition, the Institute of Medicine (IOM) has convened an expert panel to evaluate factors that influence access to dental care.

Potential strategies to address these issues include:

- Implementing and evaluating activities that have an impact on health behavior.

- Promoting interventions to reduce tooth decay, such as dental sealants and fluoride use.

- Evaluating and improving methods of monitoring oral diseases and conditions.

- Increasing the capacity of State dental health programs to provide preventive oral health services.

- Increasing the number of community health centers with an oral health component.

  – Healthy People 2020 (www.healthypeople.gov)

Dental Care

Adults

Just over 6 in 10 MMH Service Area adults (63.5%) have visited a dentist or dental clinic (for any reason) in the past year.

- Lower than statewide findings.

- Similar to national findings.

- Satisfies the Healthy People 2020 target (49% or higher).

- Similar by county.

- Ripley County: statistically unchanged since 2008.

Have Visited a Dentist or Dental Clinic Within the Past Year

Healthy People 2020 Target = 49.0% or Higher

						Ripley County 2008	Ripley County 2013
Franklin County	Ripley County	MMH Svc Area	Indiana	US		63.9%	65.2%
60.1%	65.2%	63.5%	68.8%	65.9%			
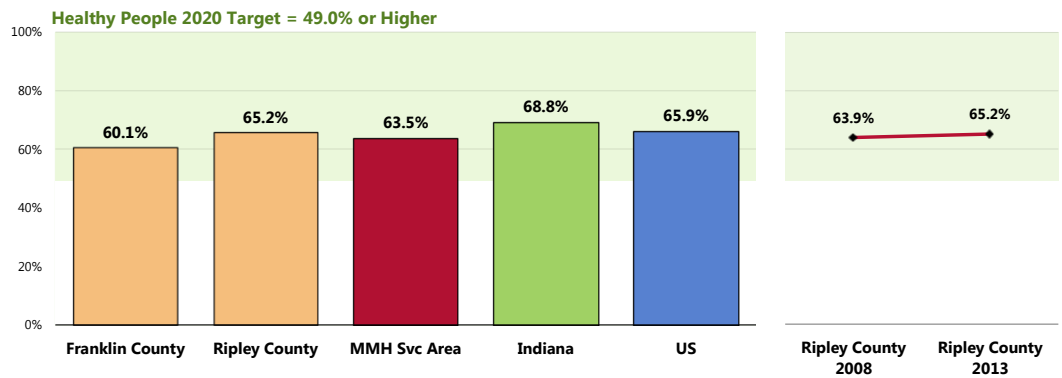
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 21]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective OH-7]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): Indiana 2011 data.

Notes:
- Asked of all respondents.

Note the following:

- There is a negative correlation between age and recent dental visits.

- Persons living in the higher income categories report much higher utilization of oral health services (low-income adults fail to satisfy the Healthy People 2020 target).

- As might be expected, persons without dental insurance report much lower utilization of oral health services than those with dental coverage.

Have Visited a Dentist or
Dental Clinic Within the Past Year
(MMH Service Area, 2013)

Healthy People 2020 Target = 49.0% or Higher

Category	Value
Men	60.3%
Women	66.5%
18 to 39	68.9%
40 to 64	64.3%
65+	52.7%
Low Income	47.4%
Mid/High Income	68.7%
Dental Insurance	73.0%
No Dental Insurance	50.2%
MMH Svc Area	63.5%
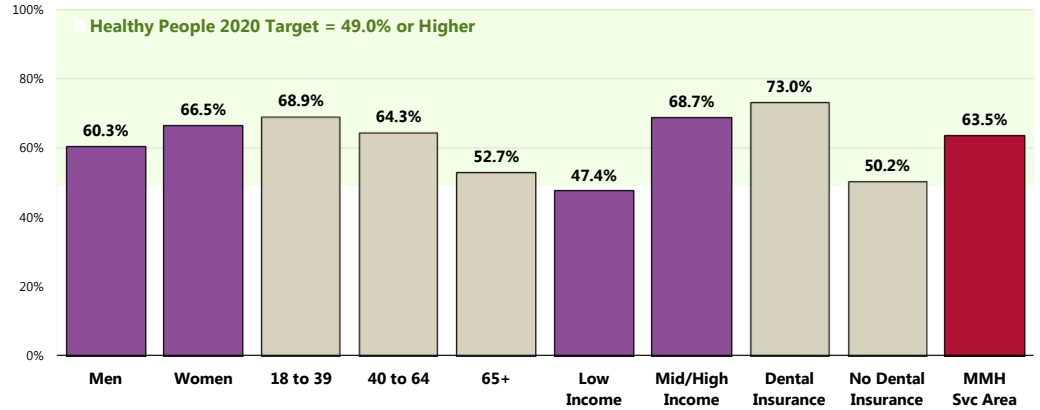
Sources: ● 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 21]
● US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective OH-7]
Notes: ● Asked of all respondents.
● Income categories reflect respondent's household 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 89.7% 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.

- Easily satisfies the Healthy People 2020 target (49% or higher).

- No difference by county.

- ⊠ Marks a statistically significant <u>increase</u> in Ripley County children's dental care since 2008.

Child Has Visited a Dentist or
Dental Clinic Within the Past Year
(Among Parents of Children 2-17)

Healthy People 2020 Target = 49.0% or Higher

Category	Value
Franklin Co	86.3%
Ripley Co	91.3%
MMH Svc Area	89.7%
US	81.5%
Ripley County 2008	82.3%
Ripley County 2013	91.3%
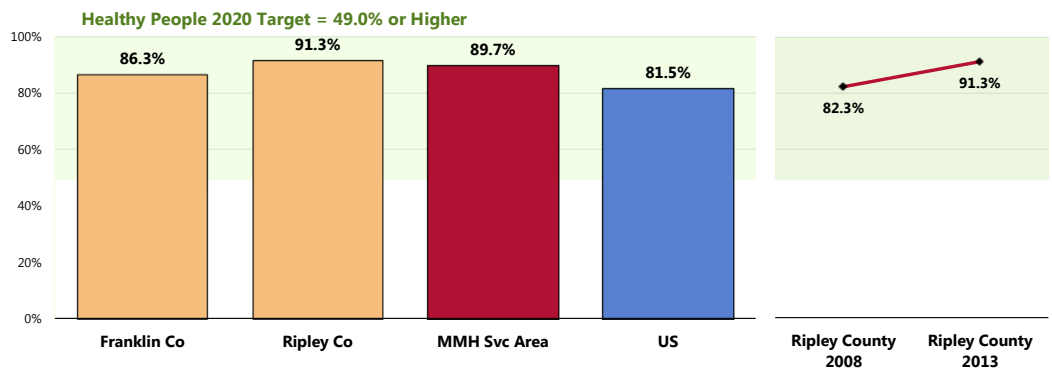
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 117]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
● US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective OH-7]
Notes: ● Asked of all respondents with children age 2 through 17.

Dental Insurance

A total of 6 in 10 MMH Service Area adults (60.4%) have dental insurance that covers all or part of their dental care costs.

- Lower than the national finding.
- Lower in Franklin County.
- Ripley County: statistically unchanged since 2008.

Have Insurance Coverage That Pays All or Part of Dental Care Costs

	Franklin County	Ripley County	MMH Svc Area	US	Ripley County 2008	Ripley County 2013
	55.9%	62.7%	60.4%	65.6%	59.6%	62.7%
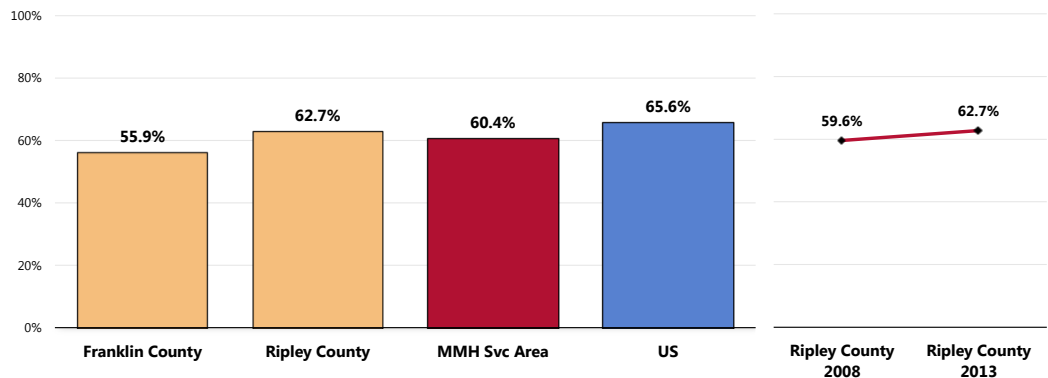
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 22]
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Related Focus Group Findings: Oral Health

The main issues discussed with regard to oral health include:

- Importance of regular preventive dental care
- Options for Medicaid recipients

Focus group participants agree that neglect of oral health can result in a significant decrease in a person's overall health and increase the chances of poor health outcomes. Many poor oral hygiene habits (use of tobacco, soda, drugs) are learned behaviors from older family members and have been passed on from previous generations.

Attendees recognize the **importance of regular preventive dental care**; however, the community currently operates under crisis management and does not value regular checkups or preventive care:

> *"It's not high on the priority list in Franklin County to go to your dentist every six months and dental health in the whole country has taken a fall in the last 20 years. I mean, when I was a kid how many Crest commercials did you see, right? Brush your teeth three times a day and visit your dentist. Do you see those now? Are they out there? Preventative dentistry is not there like it was when I was a child. It's not in the limelight anymore and we're seeing the results of it. I mean, we really are. I have a lot of patients 30 and 40 years old that have no restorations and then I have 23-year-olds that come in with a mouth like that. So we're just not as preventative conscious as society needs to be." — Franklin County Key Informant*

"They're kept up. They have nice clothes. They have jewelry, their hair. And then they smile and they might have a missing tooth here or a missing tooth here or they have rampant decay. I would say it's gotten worse in the economic times that we've had since '07. I mean, we're more crisis management. If something breaks, something hurts they want to come in." — Franklin County Key Informant

Other residents do not have dental insurance and even those who do may struggle to locate a local in-network provider. For **Medicaid recipients,** finding a dentist that accepts this insurance can prove difficult. Many dentists do not want to accept many Medicaid patients because of the low reimbursement rates and the high no-show rate for this population.

Key informants did describe the mobile dentist unit as a positive oral health activity. The unit travels to schools in Batesville and provides care at no cost to students.
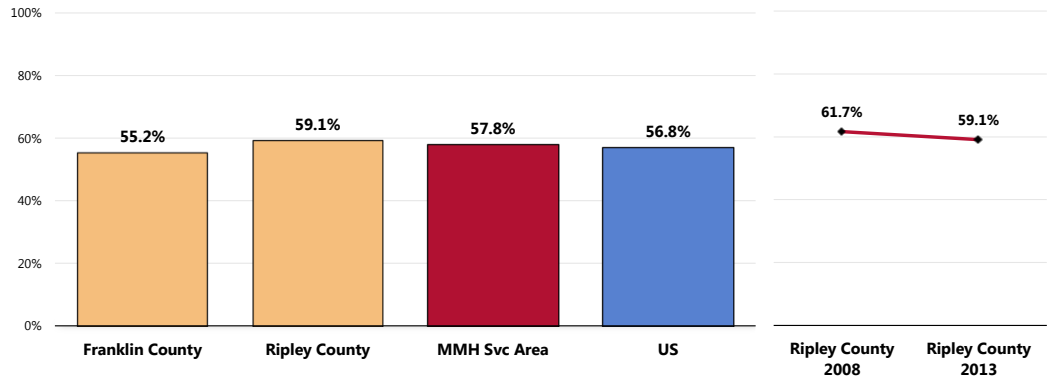
Vision Care

A total of 57.8% of residents had an eye exam in the past two years during which their pupils were dilated.

- Statistically comparable to national findings.

- No difference by county.

- No significant change over time in Ripley County.

Had an Eye Exam in the Past Two Years During Which the Pupils Were Dilated

					Ripley County 2008	Ripley County 2013
Franklin County	Ripley County	MMH Svc Area	US			
55.2%	59.1%	57.8%	56.8%		61.7%	59.1%

Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 20]
          • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Recent vision care in the MMH Service Area is <u>less</u> often reported among:

- Men.

- Young adults (note the positive correlation between age and recent eye exams).

Had an Eye Exam in the Past Two Years During Which the Pupils Were Dilated
(MMH Service Area, 2013)

Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	MMH Svc Area
52.8%	62.5%	40.9%	61.8%	75.9%	50.7%	58.7%	57.8%

Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 20]
Notes: • Asked of all respondents.
          • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

LOCAL RESOURCES
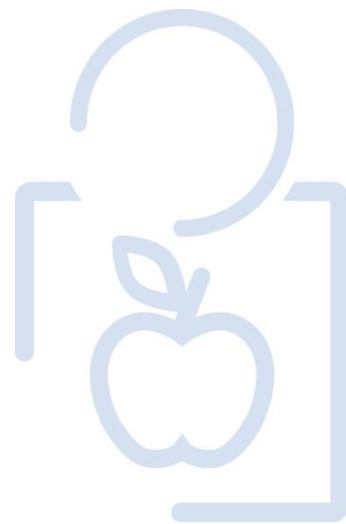
Perceptions of Local Healthcare Services

A total of 6 in 10 MMH Service Area adults (59.5%) rate the overall healthcare services available in their community as "excellent" or "very good."

- Another 31.9% gave "good" ratings.

Rating of Overall Healthcare
Services Available in the Community
(MMH Service Area, 2013)

Very Good 39.9%

Good 31.9%

Fair 5.9%

Poor 2.7%

Excellent 19.6%

Sources: ● 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 6]
Notes: ● Asked of all respondents.

However, 8.6% of residents characterize local healthcare services as "fair" or "poor."

- More favorable than reported nationally.

- Statistically similar by county of residence.

- Marks a statistically significant <u>improvement</u> in ratings over time among Ripley County residents.

Perceive Local Healthcare Services as "Fair/Poor"

Franklin County	Ripley County	MMH Svc Area	US	Ripley County 2008	Ripley County 2013
9.1%	8.4%	8.6%	16.5%	14.7%	8.4%
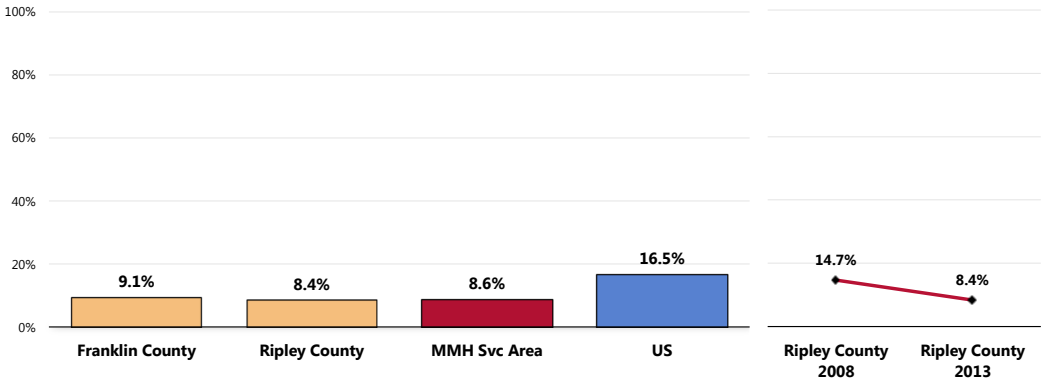
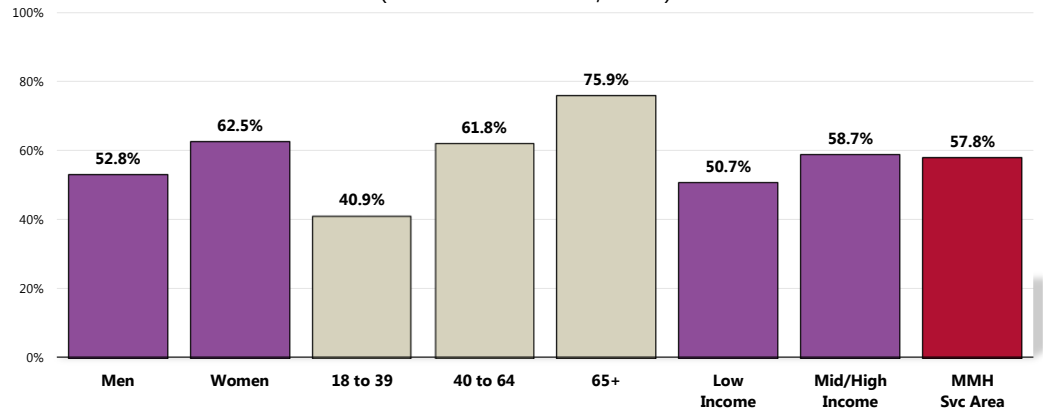Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 6]
        ● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
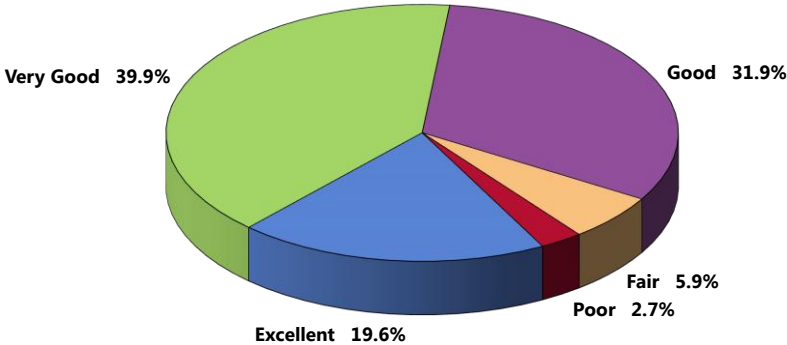Notes: ● Asked of all respondents.

The following residents are more critical of local healthcare services:

- ⚇ Residents with lower incomes.
- ⚇ Uninsured adults.

Perceive Local Healthcare Services as "Fair/Poor"
(MMH Service Area, 2013)

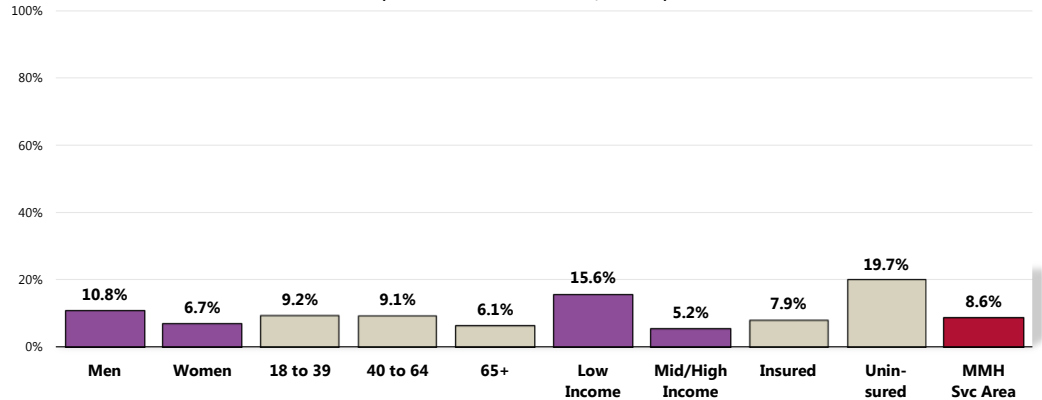|	Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	Insured	Uninsured	MMH Svc Area
%	10.8%	6.7%	9.2%	9.1%	6.1%	15.6%	5.2%	7.9%	19.7%	8.6%

Sources: ● 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 6]
Notes: ● Asked of all respondents.
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Related Focus Group Findings: Collaboration

All participants agree that there is collaboration happening in the community between schools, non-profit organizations, government agencies, and healthcare facilities. The main ideas surrounding collaboration included:

- Good level of collaboration
- Struggle to create awareness

Key informants feel that a **good level of collaboration** occurs in Franklin and Ripley counties, but that it can always improve. Many organizations in Ripley County collaborate, including Margaret Mary Health, schools, businesses, the YMCA, and local government.   Often there are many people at the table willing to talk about how to enhance the community's health. Participants describe the Coalition for Drug-Free Batesville as a recent, successful collaborative effort.

Focus group attendees also believe that non-profit organizations have a good history of working together and frequently share information with one another about funding opportunities:

> *"I've been involved in the nonprofit world since 1985 as a director of my agency, and one of the things I always said is a benefit about Ripley County is there's not a lot of turfism concerning funding if I can't – if I hear of a funding source and I know it's not good for us, I'm very willing to share that information with somebody else." — Ripley County Key Informant*

In Franklin County, the public health department does a good job of referring residents to the appropriate agencies. In addition, an annual community health fair occurs and the 2-1-1 directory is available, but respondents are unsure of its utilization rates. Group participants noted that organizations sometimes **struggle to create awareness** about the available resources.

> *"That's a difficult thing in the community, I think, is making people aware of these things. We have a local newspaper. We have an online newspaper, but if you choose not to subscribe to the local newspaper it's very difficult – marketing and trying to get the word out on different programs and different things like that." — Franklin County Key Informant*

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.

- Coalition for a Drug Free Batesville
- Catch-a-Ride
- CHOICE's Program
- Community Mental Health Center
- DART Program
- Dental Offices
- Farmer's Markets
- Fayette Regional Health System
- Fitness Facilities
- Law Enforcement
- Margaret Mary Health
- McCullough-Hyde Memorial Hospital
- Primary Care Providers
- Public Health Offices
- Quit for Baby
- Schools
- Smoking Cessation Programs
- Southeastern Indiana Health Clinic
- Staying Alive
- Versailles Clinic
- YMCA
- Youth Sports Programs

OTHER ISSUES
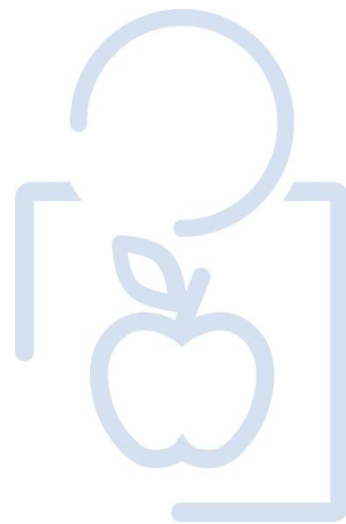
Older Adults

Many focus group participants discussed services for elderly residents in the community. The main issues included:

- Aging population
- Isolation
- Inadequate resources

According to focus group participants, the **number of seniors in the community will continue to increase in the coming years** and attendees worry that seniors do not have enough opportunities to get out of their homes, and that seniors tend to **isolate** themselves, which can lead to many negative health outcomes. A respondent describes:

> *"I don't think there's a lot of socialization for seniors. I know the homecare visits that I do provide those people, they don't see family members, neighbors, anybody for days." — Ripley County Key Informant*

Key informants worry that **neither Franklin nor Ripley counties has enough resources** for seniors or their families. Attendees would like education about dementia and the aging process to be more prominent in the community. Franklin County key informants feel that their community does not have an adequate number of assisted living facilities. Additionally, residents lack adequate insurance options to help offset the cost of in-home care for those who wish to remain at home. Medicaid recipients must wait several months before obtaining this type of service.

Lastly, attendees worry that many seniors live on fixed incomes and may struggle to afford out-of-pocket prescription costs. As a participant explains:

> *"I think mostly they can't afford their prescriptions. Somebody draws $500.00 a month and their medication's $300.00 a month they're not going to take something because they can't afford to do that. So a lot of times they don't even take what they're supposed to take. They'll take one pill or a pain pill or something that's going to help them, but they won't take their cholesterol medicine and will not take their insulin or whatever because they don't have the money." — Franklin County Key Informant*