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</table>
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

<table>
<thead>
<tr>
<th>Error Range</th>
<th>Probability</th>
</tr>
</thead>
<tbody>
<tr>
<td>±0.0</td>
<td>0%</td>
</tr>
<tr>
<td>±0.5</td>
<td>10%</td>
</tr>
<tr>
<td>±1.0</td>
<td>20%</td>
</tr>
<tr>
<td>±1.5</td>
<td>30%</td>
</tr>
<tr>
<td>±2.0</td>
<td>40%</td>
</tr>
<tr>
<td>±2.5</td>
<td>50%</td>
</tr>
<tr>
<td>±3.0</td>
<td>60%</td>
</tr>
<tr>
<td>±3.5</td>
<td>70%</td>
</tr>
<tr>
<td>±4.0</td>
<td>80%</td>
</tr>
</tbody>
</table>

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.
- 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.]

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 or living just above the poverty level, earning up to twice the poverty threshold; “mid/high income” refers to those households living on incomes which are twice or more the federal poverty level.

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

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

**Tuesday, July 16th, 7:30 to 9:30 AM**

<table>
<thead>
<tr>
<th>Organization</th>
<th>Populations Served</th>
</tr>
</thead>
<tbody>
<tr>
<td>Southeast Indiana YMCA</td>
<td>X X X</td>
</tr>
<tr>
<td>Margaret Mary Health</td>
<td>X X X</td>
</tr>
<tr>
<td>Family Connections</td>
<td>X X X</td>
</tr>
<tr>
<td>Lifetime Resources, Inc.</td>
<td>X X X</td>
</tr>
<tr>
<td>The Waters of Batesville</td>
<td>X X X</td>
</tr>
<tr>
<td>Milan School Corp.</td>
<td>X X</td>
</tr>
<tr>
<td>Ripley Crossing</td>
<td>X X X</td>
</tr>
<tr>
<td>Ripley County Commissioner</td>
<td></td>
</tr>
<tr>
<td>Ripley County Council</td>
<td></td>
</tr>
<tr>
<td>Drug Free Coalition</td>
<td>X X X</td>
</tr>
<tr>
<td>City of Batesville</td>
<td>X X</td>
</tr>
<tr>
<td>St. Maurice Catholic Church</td>
<td>X</td>
</tr>
<tr>
<td>Ripley County Health Department</td>
<td>X</td>
</tr>
<tr>
<td>Batesville Schools</td>
<td>X</td>
</tr>
<tr>
<td>Ripley County Commissioner</td>
<td></td>
</tr>
</tbody>
</table>

### Focus Group: Franklin County Key Informants

**Tuesday, July 16th, Noon to 2:00 PM**

<table>
<thead>
<tr>
<th>Organization</th>
<th>Populations Served</th>
</tr>
</thead>
<tbody>
<tr>
<td>Turning Point Fitness Center</td>
<td>X X X</td>
</tr>
<tr>
<td>Franklin County Health Department</td>
<td>X X X</td>
</tr>
<tr>
<td>Batesville Tool &amp; Die</td>
<td></td>
</tr>
<tr>
<td>Brookville Family Dentistry</td>
<td>X X</td>
</tr>
<tr>
<td>Brookville Healthcare Center</td>
<td></td>
</tr>
<tr>
<td>Franklin County Community Foundation</td>
<td>X X</td>
</tr>
<tr>
<td>Community Mental Health Center, Inc.</td>
<td>X X</td>
</tr>
<tr>
<td>George’s Pharmacy</td>
<td>X X</td>
</tr>
</tbody>
</table>

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.
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.

<table>
<thead>
<tr>
<th>Part V Section B Line 1a</th>
<th>..........................................................</th>
<th>See Page 7</th>
</tr>
</thead>
<tbody>
<tr>
<td>A definition of the community served by the hospital facility</td>
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<table>
<thead>
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<th>Part V Section B Line 1b</th>
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<th>See Page 9</th>
</tr>
</thead>
<tbody>
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<td>Demographics of the community</td>
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<table>
<thead>
<tr>
<th>Part V Section B Line 1c</th>
<th>..........................................................</th>
<th>See Page 174</th>
</tr>
</thead>
<tbody>
<tr>
<td>Existing health care facilities and resources within the community that are available to respond to the health needs of the community</td>
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<table>
<thead>
<tr>
<th>Part V Section B Line 1d</th>
<th>..........................................................</th>
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</tr>
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<tbody>
<tr>
<td>How data was obtained</td>
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</table>

<table>
<thead>
<tr>
<th>Part V Section B Line 1e</th>
<th>..........................................................</th>
<th>See Page 14</th>
</tr>
</thead>
<tbody>
<tr>
<td>The health needs of the community</td>
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</table>

<table>
<thead>
<tr>
<th>Part V Section B Line 1f</th>
<th>..........................................................</th>
<th>Addressed Throughout</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups</td>
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</table>

<table>
<thead>
<tr>
<th>Part V Section B Line 1g</th>
<th>........................................................................</th>
<th>Pending</th>
</tr>
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<tbody>
<tr>
<td>The process for identifying and prioritizing community health needs and services to meet the community health needs</td>
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<table>
<thead>
<tr>
<th>Part V Section B Line 1h</th>
<th>..........................................................</th>
<th>See Page 9</th>
</tr>
</thead>
<tbody>
<tr>
<td>The process for consulting with persons representing the community’s interests</td>
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<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Part V Section B Line 1i</th>
<th>..........................................................</th>
<th>See Page 12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Information gaps that limit the hospital facility’s ability to assess the community’s health needs</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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

<table>
<thead>
<tr>
<th>Area</th>
<th>Details</th>
</tr>
</thead>
</table>
| **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 |

— continued next page —
Areas of Opportunity (continued)

<table>
<thead>
<tr>
<th>Substance Abuse</th>
<th>Tobacco Use</th>
</tr>
</thead>
</table>
| • 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  
| • 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

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Franklin Co</th>
<th>Ripley Co</th>
<th>MMH Svc Area</th>
<th>MMH Svc Area vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>% &quot;Fair/Poor&quot; Physical Health</td>
<td></td>
<td></td>
<td>14.3</td>
<td>14.7</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>14.2</td>
<td>14.2</td>
</tr>
<tr>
<td>% Activity Limitations</td>
<td></td>
<td></td>
<td>16.2</td>
<td>14.2</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>17.2</td>
<td>17.2</td>
</tr>
</tbody>
</table>

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.

### Access to Health Services

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Franklin Co</th>
<th>Ripley Co</th>
<th>MMH Svc Area</th>
<th>MMH Svc Area vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>% [Age 18-64] Lack Health Insurance</td>
<td></td>
<td></td>
<td>9.6</td>
<td>9.3</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>9.8</td>
<td>9.8</td>
</tr>
<tr>
<td>% [Insured] Went Without Coverage in Past Year</td>
<td></td>
<td></td>
<td>3.9</td>
<td>4.5</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>3.6</td>
<td>3.6</td>
</tr>
<tr>
<td>% Difficulty Accessing Healthcare in Past Year (Composite)</td>
<td></td>
<td></td>
<td>36.5</td>
<td>36.6</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>36.4</td>
<td>36.4</td>
</tr>
<tr>
<td>% Inconvenient Hrs Prevented Dr Visit in Past Year</td>
<td></td>
<td></td>
<td>18.0</td>
<td>18.1</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>18.0</td>
<td>18.0</td>
</tr>
<tr>
<td>% Cost Prevented Getting Prescription in Past Year</td>
<td></td>
<td></td>
<td>9.4</td>
<td>10.6</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>8.7</td>
<td>8.7</td>
</tr>
<tr>
<td>% Cost Prevented Physician Visit in Past Year</td>
<td></td>
<td></td>
<td>9.6</td>
<td>10.5</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>9.1</td>
<td>9.1</td>
</tr>
<tr>
<td>% Difficulty Getting Appointment in Past Year</td>
<td></td>
<td></td>
<td>14.6</td>
<td>12.8</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>15.5</td>
<td>15.5</td>
</tr>
<tr>
<td>% Difficulty Finding Physician in Past Year</td>
<td></td>
<td></td>
<td>8.7</td>
<td>8.1</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>9.0</td>
<td>9.0</td>
</tr>
<tr>
<td>% Transportation Hindered Dr Visit in Past Year</td>
<td></td>
<td></td>
<td>4.0</td>
<td>5.1</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>3.4</td>
<td>3.4</td>
</tr>
<tr>
<td>% Skipped Prescription Doses to Save Costs</td>
<td></td>
<td></td>
<td>12.8</td>
<td>13.8</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>12.2</td>
<td>12.2</td>
</tr>
<tr>
<td>% Difficulty Getting Child's Healthcare in Past Year</td>
<td></td>
<td></td>
<td>1.5</td>
<td>2.2</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>1.2</td>
<td>1.2</td>
</tr>
<tr>
<td>% [Age 18+] Have a Specific Source of Ongoing Care</td>
<td></td>
<td></td>
<td>76.3</td>
<td>76.9</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>76.0</td>
<td>76.0</td>
</tr>
</tbody>
</table>
### Access to Health Services (continued)

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Franklin Co</th>
<th>Ripley Co</th>
<th>MMH Svc Area vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>% [Age 18-64] Have a Specific Source of Ongoing Care</td>
<td>75.0</td>
<td>75.6</td>
<td>75.4 vs. IN</td>
</tr>
<tr>
<td>% [Age 65+] Have a Specific Source of Ongoing Care</td>
<td>83.8</td>
<td>78.1</td>
<td>80.1 vs. US</td>
</tr>
<tr>
<td>% Have Had Routine Checkup in Past Year</td>
<td>68.2</td>
<td>69.3</td>
<td>68.9 vs. US</td>
</tr>
<tr>
<td>% Child Has Had Checkup in Past Year</td>
<td>81.9</td>
<td>89.3</td>
<td>86.9 vs. US</td>
</tr>
<tr>
<td>% Two or More ER Visits in Past Year</td>
<td>3.8</td>
<td>6.8</td>
<td>5.8 vs. US</td>
</tr>
<tr>
<td>% Rate Local Healthcare “Fair/Poor”</td>
<td>9.1</td>
<td>8.4</td>
<td>8.6 vs. US</td>
</tr>
</tbody>
</table>

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.

### Arthritis, Osteoporosis & Chronic Back Conditions

<table>
<thead>
<tr>
<th>Condition</th>
<th>Franklin Co</th>
<th>Ripley Co</th>
<th>MMH Svc Area vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>% [50+] Arthritis/Rheumatism</td>
<td>35.5</td>
<td>39.5</td>
<td>38.2 vs. IN</td>
</tr>
<tr>
<td>% [50+] Osteoporosis</td>
<td>9.1</td>
<td>11.7</td>
<td>10.8 vs. US</td>
</tr>
<tr>
<td>% Sciatica/Chronic Back Pain</td>
<td>19.0</td>
<td>18.4</td>
<td>18.6 vs. US</td>
</tr>
</tbody>
</table>

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### Cancer

<table>
<thead>
<tr>
<th>Cancer Type</th>
<th>Franklin Co</th>
<th>Ripley Co</th>
<th>MMH Svc Area vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancer (Age-Adjusted Death Rate)</td>
<td>200.5</td>
<td>197.6</td>
<td>198.2 vs. IN</td>
</tr>
<tr>
<td>Lung Cancer (Age-Adjusted Death Rate)</td>
<td>62.0</td>
<td></td>
<td>62.0 vs. IN</td>
</tr>
<tr>
<td>Prostate Cancer (Age-Adjusted Death Rate)</td>
<td>29.7</td>
<td></td>
<td>29.7 vs. IN</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Cancer</th>
<th>Each County vs. Other</th>
<th>MMH Svc Area vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Franklin Co</td>
<td>Ripley Co</td>
</tr>
<tr>
<td>Female Breast Cancer (Age-Adjusted Death Rate)</td>
<td>22.7</td>
<td></td>
</tr>
<tr>
<td>Colorectal Cancer (Age-Adjusted Death Rate)</td>
<td>21.3</td>
<td></td>
</tr>
<tr>
<td>% Skin Cancer</td>
<td>7.2</td>
<td></td>
</tr>
<tr>
<td>% Cancer (Other Than Skin)</td>
<td>7.9</td>
<td></td>
</tr>
<tr>
<td>% [Men 50+] Prostate Exam in Past 2 Years</td>
<td>62.0</td>
<td></td>
</tr>
<tr>
<td>% [Women 50-74] Mammogram in Past 2 Years</td>
<td>75.5</td>
<td></td>
</tr>
<tr>
<td>% [Women 21-65] Pap Smear in Past 3 Years</td>
<td>78.9</td>
<td></td>
</tr>
<tr>
<td>% [Age 50+] Sigmoid/Colonoscopy Ever</td>
<td>66.2</td>
<td></td>
</tr>
<tr>
<td>% [Age 50+] Blood Stool Test in Past 2 Years</td>
<td>25.9</td>
<td></td>
</tr>
<tr>
<td>% [Age 50-75] Colorectal Cancer Screening</td>
<td>68.3</td>
<td></td>
</tr>
</tbody>
</table>

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---

<table>
<thead>
<tr>
<th>Chronic Kidney Disease</th>
<th>Each County vs. Other</th>
<th>MMH Svc Area vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Franklin Co</td>
<td>Ripley Co</td>
</tr>
<tr>
<td>Kidney Disease (Age-Adjusted Death Rate)</td>
<td>12.8</td>
<td></td>
</tr>
<tr>
<td>% Kidney Disease</td>
<td>2.9</td>
<td></td>
</tr>
</tbody>
</table>

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### Diabetes

<table>
<thead>
<tr>
<th>Each County vs. Other</th>
<th>MMH Svc Area vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Franklin Co</td>
</tr>
<tr>
<td>Diabetes Mellitus (Age-Adjusted Death Rate)</td>
<td>33.5</td>
</tr>
<tr>
<td>% Diabetes/High Blood Sugar</td>
<td>8.4</td>
</tr>
<tr>
<td>% Borderline/Pre-Diabetes</td>
<td>6.5</td>
</tr>
<tr>
<td>% [Non-Diabetes] Blood Sugar Tested in Past 3 Years</td>
<td>51.4</td>
</tr>
</tbody>
</table>

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### Dementias, Including Alzheimer's Disease

<table>
<thead>
<tr>
<th>Each County vs. Other</th>
<th>MMH Svc Area vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Franklin Co</td>
</tr>
<tr>
<td>Alzheimer's Disease (Age-Adjusted Death Rate)</td>
<td>42.5</td>
</tr>
</tbody>
</table>

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### Environmental Health

<table>
<thead>
<tr>
<th>Each County vs. Other</th>
<th>MMH Svc Area vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Franklin Co</td>
</tr>
<tr>
<td>% Illness Caused by Indoor Contaminants</td>
<td>13.0</td>
</tr>
<tr>
<td>% Mold in the Home</td>
<td>3.7</td>
</tr>
</tbody>
</table>

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### Family Planning

<table>
<thead>
<tr>
<th>Each County vs. Other</th>
<th>MMH Svc Area vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Franklin Co</td>
</tr>
<tr>
<td>% of Births to Unwed Mothers</td>
<td>32.7</td>
</tr>
<tr>
<td>% Births to Teenagers</td>
<td>9.1</td>
</tr>
</tbody>
</table>

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### Hearing & Other Sensory or Communication Disorders

<table>
<thead>
<tr>
<th></th>
<th>Each County vs. Other</th>
<th>MMH Svc Area vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Franklin Co</td>
<td>Ripley Co</td>
</tr>
<tr>
<td>% Deafness/Trouble Hearing</td>
<td>11.2</td>
<td>9.6</td>
</tr>
</tbody>
</table>

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### Heart Disease & Stroke

<table>
<thead>
<tr>
<th></th>
<th>Each County vs. Other</th>
<th>MMH Svc Area vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Franklin Co</td>
<td>Ripley Co</td>
</tr>
<tr>
<td>Diseases of the Heart (Age-Adjusted Death Rate)</td>
<td>149.9</td>
<td>180.2</td>
</tr>
<tr>
<td>Stroke (Age-Adjusted Death Rate)</td>
<td>36.0</td>
<td>50.7</td>
</tr>
<tr>
<td>% Heart Disease (Heart Attack, Angina, Coronary Disease)</td>
<td>6.9</td>
<td>6.5</td>
</tr>
<tr>
<td>% Stroke</td>
<td>1.7</td>
<td>3.1</td>
</tr>
<tr>
<td>% Blood Pressure Checked in Past 2 Years</td>
<td>94.0</td>
<td>95.5</td>
</tr>
<tr>
<td>% Told Have High Blood Pressure (Ever)</td>
<td>37.4</td>
<td>41.1</td>
</tr>
<tr>
<td>% [HBP] Taking Action to Control High Blood Pressure</td>
<td>88.8</td>
<td>92.8</td>
</tr>
<tr>
<td>% Cholesterol Checked in Past 5 Years</td>
<td>87.5</td>
<td>92.1</td>
</tr>
<tr>
<td>% Told Have High Cholesterol (Ever)</td>
<td>34.1</td>
<td>31.2</td>
</tr>
<tr>
<td>% [HBC] Taking Action to Control High Blood Cholesterol</td>
<td>82.9</td>
<td>94.8</td>
</tr>
<tr>
<td>% 1+ Cardiovascular Risk Factor</td>
<td>90.0</td>
<td>80.5</td>
</tr>
</tbody>
</table>

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### Immunization & Infectious Diseases

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Franklin Co</th>
<th>Ripley Co</th>
<th>MMH Svc Area vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>% [Age 65+] Flu Vaccine in Past Year</td>
<td>61.3</td>
<td>69.9</td>
<td>67.0</td>
</tr>
<tr>
<td>% [High-Risk 18-64] Flu Vaccine in Past Year</td>
<td>39.5</td>
<td>55.2</td>
<td>50.7</td>
</tr>
<tr>
<td>% [Age 65+] Pneumonia Vaccine Ever</td>
<td>63.1</td>
<td>62.5</td>
<td>62.7</td>
</tr>
<tr>
<td>% [High-Risk 18-64] Pneumonia Vaccine Ever</td>
<td>31.3</td>
<td>41.3</td>
<td>38.4</td>
</tr>
<tr>
<td>% Completed the Hepatitis B Vaccination Series</td>
<td>32.9</td>
<td>44.6</td>
<td>40.8</td>
</tr>
</tbody>
</table>

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### Injury & Violence Prevention

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Franklin Co</th>
<th>Ripley Co</th>
<th>MMH Svc Area vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unintentional Injury (Age-Adjusted Death Rate)</td>
<td>43.4</td>
<td>45.1</td>
<td>45.1</td>
</tr>
<tr>
<td>Motor Vehicle Crashes (Age-Adjusted Death Rate)</td>
<td>83.3</td>
<td>85.8</td>
<td>14.1</td>
</tr>
<tr>
<td>% &quot;Always&quot; Wear Seat Belt</td>
<td>58.8</td>
<td>60.0</td>
<td>85.0</td>
</tr>
<tr>
<td>% Child [Age 5-17] Healthy Weight</td>
<td>95.4</td>
<td>98.0</td>
<td>59.6</td>
</tr>
<tr>
<td>% Child [Age 0-17] &quot;Always&quot; Uses Seat Belt/Car Seat</td>
<td>17.7</td>
<td>26.5</td>
<td>97.1</td>
</tr>
<tr>
<td>% Child [Age 5-17] &quot;Always&quot; Wears Bicycle Helmet</td>
<td>3.4</td>
<td>7.2</td>
<td>23.3</td>
</tr>
<tr>
<td>Firearm-Related Deaths (Age-Adjusted Death Rate)</td>
<td>11.1</td>
<td>10.2</td>
<td>9.2</td>
</tr>
<tr>
<td>% Victim of Domestic Violence (Ever)</td>
<td>5.9</td>
<td></td>
<td>5.9</td>
</tr>
</tbody>
</table>

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### Maternal, Infant & Child Health

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Franklin Co</th>
<th>Ripley Co</th>
<th>MMH Svc Area vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>% No Prenatal Care in First Trimester</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>26.1</td>
<td>31.1</td>
<td></td>
</tr>
<tr>
<td>% of Low Birthweight Births</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>6.4</td>
<td>6.9</td>
<td></td>
</tr>
<tr>
<td>Infant Death Rate</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>5.8</td>
<td>5.4</td>
<td></td>
</tr>
</tbody>
</table>

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### Mental Health & Mental Disorders

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Franklin Co</th>
<th>Ripley Co</th>
<th>MMH Svc Area vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>% “Fair/Poor” Mental Health</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>9.2</td>
<td>9.8</td>
<td></td>
</tr>
<tr>
<td>% Diagnosed Depression</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>14.4</td>
<td>17.8</td>
<td></td>
</tr>
<tr>
<td>% Symptoms of Chronic Depression (2+ Years)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>26.3</td>
<td>25.0</td>
<td></td>
</tr>
<tr>
<td>Suicide (Age-Adjusted Death Rate)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>12.6</td>
<td>10.8</td>
<td></td>
</tr>
<tr>
<td>% Have Ever Sought Help for Mental Health</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>15.5</td>
<td>18.4</td>
<td></td>
</tr>
<tr>
<td>% [Those With Diagnosed Depression] Seeking Help</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>71.5</td>
<td>80.9</td>
<td></td>
</tr>
<tr>
<td>% Typical Day Is “Extremely/Very” Stressful</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>8.6</td>
<td>8.4</td>
<td></td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Nutrition &amp; Weight Status</th>
<th>Each County vs. Other</th>
<th>MMH Svc Area vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Franklin Co</td>
<td>Ripley Co</td>
</tr>
<tr>
<td>% Eat 5+ Servings of Fruit or Vegetables per Day</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>32.0</td>
<td>37.2</td>
</tr>
<tr>
<td>% &quot;Very/Somewhat&quot; Difficult to Buy Fresh Produce</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>23.1</td>
<td>22.3</td>
</tr>
<tr>
<td>% Medical Advice on Nutrition in Past Year</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>31.5</td>
<td>31.5</td>
</tr>
<tr>
<td>% Healthy Weight (BMI 18.5-24.9)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>28.1</td>
<td>36.6</td>
</tr>
<tr>
<td>% Overweight (BMI 25+)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>70.6</td>
<td>62.4</td>
</tr>
<tr>
<td>% Obese (BMI 30+)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>35.9</td>
<td>25.6</td>
</tr>
<tr>
<td>% Medical Advice on Weight in Past Year</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>23.7</td>
<td>20.6</td>
</tr>
<tr>
<td>% [Overweights] Counseled About Weight in Past Year</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>32.1</td>
<td>25.5</td>
</tr>
<tr>
<td>% [Obese Adults] Counseled About Weight in Past Year</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>46.2</td>
<td>38.2</td>
</tr>
<tr>
<td>% [Overweights] Trying to Lose Weight Both Diet/Exercise</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>39.1</td>
<td>37.4</td>
</tr>
<tr>
<td>% Children [Age 5-17] Overweight (85th Percentile)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>27.8</td>
<td>34.0</td>
</tr>
<tr>
<td>% Children [Age 5-17] Obese (95th Percentile)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>9.1</td>
<td>17.0</td>
</tr>
</tbody>
</table>

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.
## Oral Health

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Franklin Co</th>
<th>Ripley Co</th>
<th>MMH Svc Area vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>% [Age 18+] Dental Visit in Past Year</td>
<td>60.1</td>
<td>65.2</td>
<td>63.5 vs. IN 68.8 vs. US 65.9 vs. HP2020 49.0 TREND (Ripley Co.) 63.9</td>
</tr>
<tr>
<td>% Child [Age 2-17] Dental Visit in Past Year</td>
<td>86.3</td>
<td>91.3</td>
<td>89.7 vs. IN 81.5 vs. US 49.0 TREND (Ripley Co.) 82.3</td>
</tr>
<tr>
<td>% Have Dental Insurance</td>
<td>55.9</td>
<td>62.7</td>
<td>60.4 vs. IN 65.6 vs. US 59.6</td>
</tr>
</tbody>
</table>

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

## Physical Activity

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Franklin Co</th>
<th>Ripley Co</th>
<th>MMH Svc Area vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>% No Leisure-Time Physical Activity</td>
<td>25.5</td>
<td>22.1</td>
<td>23.3 vs. IN 29.2 vs. US 20.7 vs. HP2020 32.6 TREND (Ripley Co.) 24.7</td>
</tr>
<tr>
<td>% Meeting Physical Activity Guidelines</td>
<td>44.0</td>
<td>48.5</td>
<td>47.0 vs. IN 50.3</td>
</tr>
<tr>
<td>% Moderate Physical Activity</td>
<td>27.7</td>
<td>31.1</td>
<td>29.9 vs. IN 30.6</td>
</tr>
<tr>
<td>% Vigorous Physical Activity</td>
<td>31.9</td>
<td>36.5</td>
<td>34.9 vs. IN 38.0</td>
</tr>
<tr>
<td>% Medical Advice on Physical Activity in Past Year</td>
<td>42.5</td>
<td>33.4</td>
<td>36.5 vs. IN 44.0</td>
</tr>
<tr>
<td>% Child [Age 2-17] Physically Active 1+ Hours per Day</td>
<td>55.1</td>
<td>57.2</td>
<td>56.5</td>
</tr>
<tr>
<td>% Availability of Recreation for Seniors is “Fair/Poor”</td>
<td>42.0</td>
<td>32.8</td>
<td>36.1</td>
</tr>
<tr>
<td>% Availability of Recreation for Teens is “Fair/Poor”</td>
<td>42.5</td>
<td>37.4</td>
<td>39.1</td>
</tr>
<tr>
<td>% Availability of Recreation for Young Children is “Fair/Poor”</td>
<td>41.7</td>
<td>31.9</td>
<td>35.2</td>
</tr>
</tbody>
</table>

Note: In the green section, each county is compared against the other. Throughout these tables, a blank cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.
<table>
<thead>
<tr>
<th>Respiratory Diseases</th>
<th>Each County vs. Other</th>
<th>MMH Svc Area vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Franklin Co</td>
<td>Ripley Co</td>
</tr>
<tr>
<td>CLRD (Age-Adjusted Death Rate)</td>
<td>42.4</td>
<td>62.8</td>
</tr>
<tr>
<td>Pneumonia/Influenza (Age-Adjusted Death Rate)</td>
<td>17.4</td>
<td>17.6</td>
</tr>
<tr>
<td>% COPD (Lung Disease)</td>
<td>6.4</td>
<td>7.6</td>
</tr>
<tr>
<td>% [Adult] Currently Has Asthma</td>
<td>6.6</td>
<td>6.3</td>
</tr>
<tr>
<td>% [Child 0-17] Currently Has Asthma</td>
<td>7.9</td>
<td>6.2</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Substance Abuse</th>
<th>Each County vs. Other</th>
<th>MMH Svc Area vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Franklin Co</td>
<td>Ripley Co</td>
</tr>
<tr>
<td>Cirrhosis/Liver Disease (Age-Adjusted Death Rate)</td>
<td>8.2</td>
<td>7.9</td>
</tr>
<tr>
<td>% Current Drinker</td>
<td>55.3</td>
<td>54.7</td>
</tr>
<tr>
<td>% Chronic Drinker (Average 2+ Drinks/Day)</td>
<td>7.7</td>
<td>5.5</td>
</tr>
<tr>
<td>% Binge Drinker (Single Occasion - 5+ Drinks Men, 4+ Women)</td>
<td>20.8</td>
<td>22.1</td>
</tr>
<tr>
<td>% Drinking &amp; Driving in Past Month</td>
<td>5.5</td>
<td>3.6</td>
</tr>
<tr>
<td>Drug-Induced Deaths (Age-Adjusted Death Rate)</td>
<td>16.4</td>
<td>14.4</td>
</tr>
<tr>
<td>% Illicit Drug Use in Past Month</td>
<td>0.4</td>
<td>1.2</td>
</tr>
<tr>
<td>% Ever Sought Help for Alcohol or Drug Problem</td>
<td>0.5</td>
<td>2.9</td>
</tr>
</tbody>
</table>

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.
### Tobacco Use

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Franklin Co</th>
<th>Ripley Co</th>
<th>MMH Svc Area vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Current Smoker</td>
<td></td>
<td></td>
<td>vs. IN  vs. US  vs. HP2020</td>
</tr>
<tr>
<td></td>
<td>19.3</td>
<td>13.5</td>
<td>15.5  25.6  14.9  12.0</td>
</tr>
<tr>
<td>% Someone Smokes at Home</td>
<td></td>
<td></td>
<td>vs. IN  vs. US  vs. HP2020</td>
</tr>
<tr>
<td></td>
<td>14.5</td>
<td>9.0</td>
<td>10.9  12.7  13.0  18.1</td>
</tr>
<tr>
<td>% [Non-Smokers] Someone Smokes in the Home</td>
<td></td>
<td></td>
<td>vs. IN  vs. US  vs. HP2020</td>
</tr>
<tr>
<td></td>
<td>4.1</td>
<td>3.3</td>
<td>3.5   6.3   5.9</td>
</tr>
<tr>
<td>% [Household With Children] Someone Smokes in the Home</td>
<td></td>
<td></td>
<td>vs. IN  vs. US  vs. HP2020</td>
</tr>
<tr>
<td></td>
<td>12.1</td>
<td>5.7</td>
<td>7.8   9.7   18.4</td>
</tr>
<tr>
<td>% [Smokers] Received Advice to Quit Smoking</td>
<td></td>
<td></td>
<td>vs. IN  vs. US  vs. HP2020</td>
</tr>
<tr>
<td></td>
<td>60.0</td>
<td>81.9</td>
<td>72.6  67.8  57.3</td>
</tr>
<tr>
<td>% [Smokers] Have Quit Smoking 1+ Days in Past Year</td>
<td></td>
<td></td>
<td>vs. IN  vs. US  vs. HP2020</td>
</tr>
<tr>
<td></td>
<td>47.3</td>
<td>43.6</td>
<td>45.2  55.9  80.0  49.5</td>
</tr>
<tr>
<td>% Smoke Cigars</td>
<td></td>
<td></td>
<td>vs. IN  vs. US  vs. HP2020</td>
</tr>
<tr>
<td></td>
<td>0.9</td>
<td>2.4</td>
<td>1.9   4.1   0.2</td>
</tr>
<tr>
<td>% Use Smokeless Tobacco</td>
<td></td>
<td></td>
<td>vs. IN  vs. US  vs. HP2020</td>
</tr>
<tr>
<td></td>
<td>7.1</td>
<td>7.7</td>
<td>7.5   4.0   0.3</td>
</tr>
</tbody>
</table>

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.

### Vision

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Franklin Co</th>
<th>Ripley Co</th>
<th>MMH Svc Area vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Blindness/Trouble Seeing</td>
<td></td>
<td></td>
<td>vs. IN  vs. US  vs. HP2020</td>
</tr>
<tr>
<td></td>
<td>8.1</td>
<td>8.4</td>
<td>8.3   8.5   7.6</td>
</tr>
<tr>
<td>% Eye Exam in Past 2 Years</td>
<td></td>
<td></td>
<td>vs. IN  vs. US  vs. HP2020</td>
</tr>
<tr>
<td></td>
<td>55.2</td>
<td>59.1</td>
<td>57.8  56.8  61.7</td>
</tr>
</tbody>
</table>

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.
GENERAL HEALTH STATUS
Overall 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)

<table>
<thead>
<tr>
<th>Health Status</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excellent</td>
<td>16.5%</td>
</tr>
<tr>
<td>Very Good</td>
<td>34.4%</td>
</tr>
<tr>
<td>Good</td>
<td>34.7%</td>
</tr>
<tr>
<td>Fair</td>
<td>10.8%</td>
</tr>
<tr>
<td>Poor</td>
<td>3.5%</td>
</tr>
</tbody>
</table>

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**

<table>
<thead>
<tr>
<th>Region</th>
<th>2008</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Franklin County</td>
<td>14.7%</td>
<td>14.2%</td>
</tr>
<tr>
<td>Ripley County</td>
<td>14.2%</td>
<td>14.3%</td>
</tr>
<tr>
<td>MMH Svc Area</td>
<td>14.3%</td>
<td>18.9%</td>
</tr>
<tr>
<td>IN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>US</td>
<td>15.3%</td>
<td></td>
</tr>
</tbody>
</table>

**Experience “Fair” or “Poor” Overall Health**

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

NOTE:
- Differences noted in the text represent significant differences determined through statistical testing.
- Where sample sizes permit, county-level data are provided.
- Trends are measured against baseline data – i.e., the earliest year that data are available or that is presented in this report.
Adults more 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)

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.

---

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.

---

Healthy People 2020 (www.healthypeople.gov)
Limited in Activities in Some Way 
Due to a Physical, Mental or Emotional Problem

14.2% 17.2% 16.2% 24.4% 21.5%

Franklin County Ripley County MMH Svc Area IN US

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)

19.7% 13.0% 6.5% 20.0% 24.2% 26.5%

Men Women 18 to 39 40 to 64 65+ Low Income Mid/High Income MMH Svc Area

Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. (Item 106)
2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: Asked of all respondents.

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

- **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)
Mental 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)

<table>
<thead>
<tr>
<th>Mental Health Status</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excellent</td>
<td>24.9%</td>
</tr>
<tr>
<td>Very Good</td>
<td>38.0%</td>
</tr>
<tr>
<td>Good</td>
<td>27.5%</td>
</tr>
<tr>
<td>Fair</td>
<td>7.2%</td>
</tr>
<tr>
<td>Poor</td>
<td>2.4%</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Franklin County</td>
<td>9.2%</td>
</tr>
<tr>
<td>Ripley County</td>
<td>9.8%</td>
</tr>
<tr>
<td>MMH Svc Area</td>
<td>9.6%</td>
</tr>
<tr>
<td>US</td>
<td>11.9%</td>
</tr>
</tbody>
</table>

Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 101]
Notes: ● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Note the negative correlation between poor mental health and income.

Other differences within demographic groups, as illustrated in the following chart, are not statistically significant.

**Experience “Fair” or “Poor” Mental Health**
(MMH Service Area, 2013)

![Chart showing percentage of adults experiencing poor mental health by gender and age group.](chart)

**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**

![Chart showing percentage of adults diagnosed with depression by county and comparison to US.](chart)
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)

<table>
<thead>
<tr>
<th>Gender</th>
<th>Low Income</th>
<th>Mid/High Income</th>
<th>MMH Svc Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>12.0%</td>
<td>21.0%</td>
<td>22.2%</td>
</tr>
<tr>
<td>Women</td>
<td>17.1%</td>
<td>19.2%</td>
<td>14.2%</td>
</tr>
<tr>
<td>18 to 39</td>
<td>9.9%</td>
<td>16.6%</td>
<td>16.0%</td>
</tr>
<tr>
<td>40 to 64</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>65+</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>County/Area</th>
<th>Franklin County</th>
<th>Ripley County 2008</th>
<th>US 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>26.3%</td>
<td>21.7%</td>
<td>25.0%</td>
</tr>
<tr>
<td></td>
<td>25.0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>25.5%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>30.4%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 102]

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)

<table>
<thead>
<tr>
<th>Gender</th>
<th>18 to 39</th>
<th>40 to 64</th>
<th>65+</th>
<th>Low Income</th>
<th>Mid/High Income</th>
<th>MMH Svc Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>22.9%</td>
<td>27.9%</td>
<td>23.4%</td>
<td>27.6%</td>
<td>25.0%</td>
<td>35.1%</td>
</tr>
<tr>
<td>Women</td>
<td>22.3%</td>
<td>25.5%</td>
<td>23.4%</td>
<td>27.6%</td>
<td>25.0%</td>
<td>35.1%</td>
</tr>
</tbody>
</table>

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.

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

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

<table>
<thead>
<tr>
<th></th>
<th>Franklin County</th>
<th>Ripley County</th>
<th>MMH Svc Area</th>
<th>Indiana</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy People 2020 Target = 10.2 or Lower</td>
<td>12.6</td>
<td>10.8</td>
<td>11.8</td>
<td>12.3</td>
<td>11.2</td>
</tr>
</tbody>
</table>

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.

Mental Health Treatment

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.
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.

![Pie chart showing distribution of deaths by cause](chart.png)

**Leading Causes of Death**

(MMH Service Area, 2010)

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

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

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)

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

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.


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

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

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

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

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

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

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

- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Heart Disease & Stroke Deaths

**Heart Disease Deaths**

Between 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)

The heart disease mortality rate has decreased 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)

[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.
Stroke Deaths

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)

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)
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

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 Stroke

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

Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 36]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

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

### Prevalence of Stroke

(MMH Service Area, 2013)

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

![Graph showing blood pressure testing results]

Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 45]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.

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 increase 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%

<table>
<thead>
<tr>
<th>Franklin County</th>
<th>Ripley County</th>
<th>MMH Svc Area</th>
<th>Indiana</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>37.4%</td>
<td>41.1%</td>
<td>39.9%</td>
<td>32.8%</td>
<td>34.1%</td>
</tr>
<tr>
<td>Ripley County 2008</td>
<td>32.2%</td>
<td>41.1%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 43, 126]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

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: 41.2%
- Women: 38.7%
- 18 to 39: 18.6%
- 40 to 64: 42.4%
- 65+: 69.3%
- Low Income: 43.5%
- Mid/High Income: 36.2%
- MMH Service Area: 39.9%

Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 126]

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.

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)

<table>
<thead>
<tr>
<th></th>
<th>Franklin County</th>
<th>Ripley County</th>
<th>MMH Svc Area</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008</td>
<td>88.8%</td>
<td>92.8%</td>
<td>91.5%</td>
<td>89.2%</td>
</tr>
<tr>
<td>2013</td>
<td>90.8%</td>
<td>92.8%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 increase over time.

Have Had Blood Cholesterol Levels Checked in the Past Five Years

Healthy People 2020 Target = 82.1% or Higher

<table>
<thead>
<tr>
<th></th>
<th>Franklin County</th>
<th>Ripley County</th>
<th>MMH Svc Area</th>
<th>IN</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008</td>
<td>87.5%</td>
<td>92.1%</td>
<td>90.5%</td>
<td>72.8%</td>
<td>86.6%</td>
</tr>
<tr>
<td>2013</td>
<td>84.2%</td>
<td>92.1%</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 48]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
The following demographic segments report lower 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

<table>
<thead>
<tr>
<th></th>
<th>Men</th>
<th>Women</th>
<th>18 to 39</th>
<th>40 to 64</th>
<th>65+</th>
<th>Low Income</th>
<th>Mid/High Income</th>
<th>MMH Svc Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>Young</td>
<td>90.2%</td>
<td>90.9%</td>
<td>83.4%</td>
<td>92.8%</td>
<td>95.9%</td>
<td>85.4%</td>
<td>92.7%</td>
<td>90.5%</td>
</tr>
<tr>
<td>Residents</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Sources: ● 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 48]  

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

<table>
<thead>
<tr>
<th></th>
<th>Franklin County</th>
<th>Ripley County</th>
<th>MMH Svc Area</th>
<th>Indiana</th>
<th>US</th>
<th>Ripley County 2008</th>
<th>Ripley County 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevalence</td>
<td>34.1%</td>
<td>31.2%</td>
<td>32.2%</td>
<td>39.0%</td>
<td>29.9%</td>
<td>32.1%</td>
<td>31.2%</td>
</tr>
</tbody>
</table>

Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 127]  
2013 PRC National Health Survey, Professional Research Consultants, Inc.  

Notes: ● Asked of all respondents.  
*The Indiana data reflects those adults who have been tested for high cholesterol and 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

<table>
<thead>
<tr>
<th></th>
<th>Men</th>
<th>Women</th>
<th>18 to 39</th>
<th>40 to 64</th>
<th>65+</th>
<th>Low Income</th>
<th>Mid/High Income</th>
<th>MMH Svc Area</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>33.0%</strong></td>
<td>31.4%</td>
<td>11.8%</td>
<td>37.5%</td>
<td>53.1%</td>
<td>31.0%</td>
<td>32.1%</td>
<td>32.2%</td>
<td></td>
</tr>
</tbody>
</table>

Sources: ● 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 127]  

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.

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

<table>
<thead>
<tr>
<th></th>
<th>Franklin County</th>
<th>Ripley County</th>
<th>MMH Svc Area</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>82.9%</strong></td>
<td>94.8%</td>
<td>90.5%</td>
<td>81.4%</td>
<td></td>
</tr>
</tbody>
</table>

Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 47]

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

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.

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

**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.

### Present One or More Cardiovascular Risks or Behaviors

<table>
<thead>
<tr>
<th></th>
<th>Franklin County</th>
<th>Ripley County</th>
<th>MMH Svc Area</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>Present One or More</td>
<td>90.0%</td>
<td>80.5%</td>
<td>83.8%</td>
<td>82.3%</td>
</tr>
<tr>
<td>Cardiovascular Risk</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Ripley County</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2008</td>
<td>2013</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MMH Svc Area</td>
<td>85.2%</td>
<td>80.5%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>US</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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)

<table>
<thead>
<tr>
<th>Category</th>
<th>Men</th>
<th>Women</th>
<th>18 to 39</th>
<th>40 to 64</th>
<th>65+</th>
<th>Low Income</th>
<th>Mid/High Income</th>
<th>MMH Svc Area</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>86.1%</td>
<td>81.5%</td>
<td>73.5%</td>
<td>86.5%</td>
<td>94.3%</td>
<td>91.7%</td>
<td>80.6%</td>
<td>83.8%</td>
</tr>
</tbody>
</table>

**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/occasion 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

<table>
<thead>
<tr>
<th></th>
<th>Annual Average Deaths per 100,000 Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Franklin County</td>
<td>200.5</td>
</tr>
<tr>
<td>Ripley County</td>
<td>197.6</td>
</tr>
<tr>
<td>MMH Svc Area</td>
<td>198.2</td>
</tr>
<tr>
<td>Indiana</td>
<td>168.1</td>
</tr>
<tr>
<td>US</td>
<td>173.8</td>
</tr>
</tbody>
</table>

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.
Cancer mortality has decreased 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)

<table>
<thead>
<tr>
<th>Year</th>
<th>Healthy People 2020</th>
<th>MMH Svc Area</th>
<th>Indiana</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>2001-03</td>
<td>160.6</td>
<td>204.9</td>
<td>209.7</td>
<td>193.1</td>
</tr>
<tr>
<td>2002-04</td>
<td>160.6</td>
<td>214.1</td>
<td>205.2</td>
<td>189.8</td>
</tr>
<tr>
<td>2003-05</td>
<td>160.6</td>
<td>214.0</td>
<td>201.7</td>
<td>186.6</td>
</tr>
<tr>
<td>2004-06</td>
<td>160.6</td>
<td>204.7</td>
<td>198.4</td>
<td>183.4</td>
</tr>
<tr>
<td>2005-07</td>
<td>160.6</td>
<td>205.5</td>
<td>196.7</td>
<td>181.0</td>
</tr>
<tr>
<td>2006-08</td>
<td>160.6</td>
<td>202.0</td>
<td>195.2</td>
<td>178.1</td>
</tr>
<tr>
<td>2007-09</td>
<td>160.6</td>
<td>205.0</td>
<td>192.9</td>
<td>175.6</td>
</tr>
<tr>
<td>2008-10</td>
<td>160.6</td>
<td>198.2</td>
<td></td>
<td>173.8</td>
</tr>
</tbody>
</table>


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 **similar** to the state rate but less favorable than the national rate.
- The MMH Service Area **prostate cancer** death rate is **higher** than both the state and national rates.
- The MMH Service Area **female breast cancer** death rate is **similar** to both the Indiana and US rates.
- The MMH Service Area **colorectal cancer** death rate is **higher** than both the state and national rates.

Note that each of the MMH Service Area cancer death rates detailed below **fails** to satisfy the related Healthy People 2020 target.
### Age-Adjusted Cancer Death Rates by Site
*(2008-2010 Annual Average Deaths per 100,000 Population)*

<table>
<thead>
<tr>
<th>Cancer Site</th>
<th>MMH Service Area</th>
<th>Indiana</th>
<th>US</th>
<th>HP2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lung Cancer</td>
<td>62.0</td>
<td>59.9</td>
<td>48.5</td>
<td>45.5</td>
</tr>
<tr>
<td>Prostate Cancer</td>
<td>29.7</td>
<td>22.5</td>
<td>22.3</td>
<td>21.2</td>
</tr>
<tr>
<td>Female Breast Cancer</td>
<td>22.7</td>
<td>23.4</td>
<td>22.3</td>
<td>20.6</td>
</tr>
<tr>
<td>Colorectal Cancer</td>
<td>21.3</td>
<td>17.0</td>
<td>16.1</td>
<td>14.5</td>
</tr>
</tbody>
</table>

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.  

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### 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

<table>
<thead>
<tr>
<th>Location</th>
<th>2008</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Franklin County</td>
<td>8.0%</td>
<td>6.8%</td>
</tr>
<tr>
<td>Ripley County</td>
<td>6.8%</td>
<td>6.8%</td>
</tr>
<tr>
<td>MMH Svc Area</td>
<td>7.2%</td>
<td>5.4%</td>
</tr>
<tr>
<td>IN</td>
<td>6.7%</td>
<td>6.7%</td>
</tr>
<tr>
<td>US</td>
<td>6.0%</td>
<td>6.8%</td>
</tr>
</tbody>
</table>

Sources:  
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 31]  
- 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)**

<table>
<thead>
<tr>
<th>Source</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRC Community Health Surveys, Professional Research Consultants, Inc.</td>
<td>2008</td>
</tr>
<tr>
<td>Behavioral Risk Factor Surveillance System Survey Data, Atlanta, Georgia, United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC)</td>
<td>Indiana 2011 data.</td>
</tr>
<tr>
<td>2013 PRC National Health Survey, Professional Research Consultants, Inc.</td>
<td>2013</td>
</tr>
</tbody>
</table>

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

**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 insufficient 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.


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

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 decrease among Ripley County men (50+) since 2008.

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

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.

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


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

<table>
<thead>
<tr>
<th>State</th>
<th>2008</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women 40+</td>
<td>69.7%</td>
<td>72.1%</td>
</tr>
<tr>
<td>Franklin Co</td>
<td>78.3%</td>
<td></td>
</tr>
<tr>
<td>Ripley Co</td>
<td>75.5%</td>
<td></td>
</tr>
<tr>
<td>MMH Svc Area</td>
<td>74.7%</td>
<td></td>
</tr>
<tr>
<td>Indiana +</td>
<td>83.6%</td>
<td></td>
</tr>
<tr>
<td>US</td>
<td></td>
<td>78.3%</td>
</tr>
</tbody>
</table>

Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 129-130]
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.

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.


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

Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 131]
- 2011 PMC National Health Survey, Professional Research Consultants, Inc.
- MMH Svc Area, Indiana* US

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.


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)

<table>
<thead>
<tr>
<th></th>
<th>0%</th>
<th>20%</th>
<th>40%</th>
<th>60%</th>
<th>80%</th>
<th>100%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Franklin County</td>
<td>66.8%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ripley County</td>
<td>69.0%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MMH Svc Area</td>
<td>68.3%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>US</td>
<td>75.1%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Healthy People 2020 Target = 70.5% or Higher

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)

Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 132]
- 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)

Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 133]
- 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.]
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.

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.
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.

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

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

The following adults are more likely to suffer from asthma:

- Women.
- Low-income residents.

Currently Have Asthma
(MMH Service Area, 2013)

Sources: ● 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 135]

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 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)

<table>
<thead>
<tr>
<th></th>
<th>2008</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Franklin County</td>
<td>7.9%</td>
<td></td>
</tr>
<tr>
<td>Ripley County</td>
<td>6.2%</td>
<td>6.2%</td>
</tr>
<tr>
<td>MMH Svc Area</td>
<td>6.8%</td>
<td></td>
</tr>
<tr>
<td>US</td>
<td>7.1%</td>
<td>8.1%</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Leading Causes of Accidental Death</th>
<th>(MMH Service Area, 2008-2010)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Motor Vehicle Accidents</td>
<td>29.2%</td>
</tr>
<tr>
<td>Poisoning/Noxious Substances</td>
<td>29.2%</td>
</tr>
<tr>
<td>Other</td>
<td>41.7%</td>
</tr>
</tbody>
</table>

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

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.
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)*

**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)*
Motor vehicle mortality rates generally decreased over the past decade.

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

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

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

Sources:
● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 51]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
● Asked of all respondents.
These population segments are less 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)

<table>
<thead>
<tr>
<th></th>
<th>Men</th>
<th>Women</th>
<th>18 to 39</th>
<th>40 to 64</th>
<th>65+</th>
<th>Low Income</th>
<th>Mid/High Income</th>
<th>MMH Svc Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy People 2020 Target</td>
<td>92.0%</td>
<td>91.9%</td>
<td>86.6%</td>
<td>90.5%</td>
<td>80.7%</td>
<td>84.0%</td>
<td>85.0%</td>
<td></td>
</tr>
</tbody>
</table>

Source: 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 51]

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.

Seating 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)

Source: 2013 PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 123]

Notes:
- Asked of all respondents with children 0 to 17 in the household.
Bicycle Safety

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)

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)
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

Reports of domestic violence are also notably higher among:

- Women.
- Adults in households with lower incomes.

Sources: ● PRC Community Health Surveys, 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.

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.
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)

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

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

Prevalence of Diabetes

Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 183]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- Local and national data exclude gestation diabetes (occurring only during pregnancy).
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level. “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.
- Excludes gestation diabetes (occurring only during pregnancy).
Diabetes Testing

Of MMH Service Area adults who have not 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)

<table>
<thead>
<tr>
<th></th>
<th>Franklin County</th>
<th>Ripley County</th>
<th>MMH Svc Area</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage</td>
<td>51.4%</td>
<td>49.9%</td>
<td>50.4%</td>
<td>49.2%</td>
</tr>
</tbody>
</table>

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)

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)

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.

<table>
<thead>
<tr>
<th>Year</th>
<th>MMH Svc Area</th>
<th>Indiana</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>2001-2003</td>
<td>23.2</td>
<td>22.6</td>
<td>20.2</td>
</tr>
<tr>
<td>2002-2004</td>
<td>30.1</td>
<td>23.8</td>
<td>21.1</td>
</tr>
<tr>
<td>2003-2005</td>
<td>31.9</td>
<td>24.1</td>
<td>22.0</td>
</tr>
<tr>
<td>2004-2006</td>
<td>30.1</td>
<td>24.6</td>
<td>22.4</td>
</tr>
<tr>
<td>2005-2007</td>
<td>29.6</td>
<td>24.7</td>
<td>22.7</td>
</tr>
<tr>
<td>2006-2008</td>
<td>30.8</td>
<td>25.9</td>
<td>23.2</td>
</tr>
<tr>
<td>2007-2009</td>
<td>31.1</td>
<td>26.4</td>
<td>23.5</td>
</tr>
<tr>
<td>2008-2010</td>
<td>37.2</td>
<td>27.6</td>
<td>24.3</td>
</tr>
</tbody>
</table>
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)

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

Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 33]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

No difference by demographic characteristics.

Prevalence of Kidney Disease
(MMH Service Area, 2013)

Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 33]

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.
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.

RELATED ISSUE:
See also Activity Limitations in the General Health Status section of this report.
Prevalence of Arthritis/Rheumatism
(Among Adults Age 50 and Older)

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
(Among Adults Age 50 and Older)

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.

Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 140]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

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**

<table>
<thead>
<tr>
<th>Location</th>
<th>2008</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Franklin County</td>
<td>19.0%</td>
<td></td>
</tr>
<tr>
<td>Ripley County</td>
<td>18.4%</td>
<td></td>
</tr>
<tr>
<td>MMH Svc Area</td>
<td>18.6%</td>
<td>18.4%</td>
</tr>
<tr>
<td>US</td>
<td></td>
<td>18.4%</td>
</tr>
</tbody>
</table>

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

RIPPLE COUNTY

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

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

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

- Healthy People 2020 (www.healthypeople.gov)

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

<table>
<thead>
<tr>
<th>County</th>
<th>2008</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Franklin County</td>
<td>11.2%</td>
<td></td>
</tr>
<tr>
<td>Ripley County</td>
<td>9.6%</td>
<td>9.6%</td>
</tr>
<tr>
<td>MMH Svc Area</td>
<td>10.1%</td>
<td>10.3%</td>
</tr>
<tr>
<td>US</td>
<td>13.4%</td>
<td>9.6%</td>
</tr>
</tbody>
</table>

Among 65+: 27.9%

Prevalence of Deafness/Trouble Hearing

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)

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)

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
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.*

- 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+)

<table>
<thead>
<tr>
<th></th>
<th>Franklin County</th>
<th>Ripley County</th>
<th>MMH Svc Area</th>
<th>Indiana</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy People 2020 Target = 90% or Higher</td>
<td>61.3%</td>
<td>69.9%</td>
<td>67.0%</td>
<td>60.6%</td>
<td>57.5%</td>
</tr>
</tbody>
</table>

**High-Risk Adults**

*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.

---

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

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

Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 142]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

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.

Healthy People 2020 Target = 90% or Higher

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+)

Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 143]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

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 increase over time in Ripley County.

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

Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 144]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

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

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)

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
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).

Between 2008 and 2010, 29.3% of all MMH Service Area births did not 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)

| Source: | Indiana State Department of Health. 

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.

![Graph showing the percentage of live births with lack of prenatal care in the first trimester from 2001-2010 for Healthy People 2020, MMH Svc Area, and Indiana.](image)

**Lack of Prenatal Care in the First Trimester**
(Percentage of Live Births)

<table>
<thead>
<tr>
<th>Year</th>
<th>Healthy People 2020</th>
<th>MMH Svc Area</th>
<th>Indiana</th>
</tr>
</thead>
<tbody>
<tr>
<td>2001-2003</td>
<td>22.1%</td>
<td>14.0%</td>
<td>19.7%</td>
</tr>
<tr>
<td>2002-2004</td>
<td>22.1%</td>
<td>13.2%</td>
<td>19.9%</td>
</tr>
<tr>
<td>2003-2005</td>
<td>22.1%</td>
<td>15.0%</td>
<td>20.4%</td>
</tr>
<tr>
<td>2004-2006</td>
<td>22.1%</td>
<td>17.8%</td>
<td>21.4%</td>
</tr>
<tr>
<td>2005-2007</td>
<td>22.1%</td>
<td>22.9%</td>
<td>25.3%</td>
</tr>
<tr>
<td>2006-2008</td>
<td>22.1%</td>
<td>24.9%</td>
<td>29.4%</td>
</tr>
<tr>
<td>2007-2009</td>
<td>22.1%</td>
<td>28.9%</td>
<td>33.3%</td>
</tr>
<tr>
<td>2008-2010</td>
<td>22.1%</td>
<td>29.3%</td>
<td>32.9%</td>
</tr>
</tbody>
</table>

Sources:
- Indiana State Department of Health.

Note:
- Numbers are a percentage of all live births within each population.
Birth Outcomes & Risks

Low birthweight babies, those who weigh less than 2,500 grams (5 pounds, 8 ounces) at birth, are much more prone to illness and neonatal death than are babies of normal birthweight. Largely a result of receiving poor or inadequate prenatal care, many low-weight births and the consequent health problems are preventable.

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.

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, 2008-2010)

<table>
<thead>
<tr>
<th>Source</th>
<th>Healthy People 2020 Target = 7.8% or Lower</th>
</tr>
</thead>
<tbody>
<tr>
<td>Franklin County</td>
<td>6.4%</td>
</tr>
<tr>
<td>Ripley County</td>
<td>6.9%</td>
</tr>
<tr>
<td>MMH Svc Area</td>
<td>6.7%</td>
</tr>
<tr>
<td>Indiana</td>
<td>8.2%</td>
</tr>
<tr>
<td>United States</td>
<td>8.2%</td>
</tr>
</tbody>
</table>

Sources:  
- Indiana State Department of Health.  
- Centers for Disease Control and Prevention, National Vital Statistics System.  

Note:  
- Defined as an infant born weighing less than 5.5 pounds (2,500 grams) regardless of gestational age.
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)

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.

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.
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 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)

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)

<table>
<thead>
<tr>
<th>Year</th>
<th>MMH Svc Area</th>
<th>Indiana</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>2001-2003</td>
<td>10.7%</td>
<td>15.9%</td>
<td>10.8%</td>
</tr>
<tr>
<td>2002-2004</td>
<td>9.8%</td>
<td>15.5%</td>
<td>10.4%</td>
</tr>
<tr>
<td>2003-2005</td>
<td>9.3%</td>
<td>15.3%</td>
<td>10.2%</td>
</tr>
<tr>
<td>2004-2006</td>
<td>9.3%</td>
<td>15.3%</td>
<td>10.3%</td>
</tr>
<tr>
<td>2005-2007</td>
<td>10.5%</td>
<td>15.3%</td>
<td>13.3%</td>
</tr>
<tr>
<td>2006-2008</td>
<td>10.7%</td>
<td>15.5%</td>
<td>10.3%</td>
</tr>
<tr>
<td>2007-2009</td>
<td>11.4%</td>
<td>15.2%</td>
<td>10.4%</td>
</tr>
<tr>
<td>2008-2010</td>
<td>10.3%</td>
<td>14.5%</td>
<td>9.9%</td>
</tr>
</tbody>
</table>


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.


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.

<table>
<thead>
<tr>
<th>Leading Causes of Death</th>
<th>Underlying Risk Factors (Actual Causes of Death)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiovascular disease</td>
<td>Tobacco use</td>
</tr>
<tr>
<td></td>
<td>Elevated serum cholesterol</td>
</tr>
<tr>
<td></td>
<td>High blood pressure</td>
</tr>
<tr>
<td>Cancer</td>
<td>Tobacco use</td>
</tr>
<tr>
<td></td>
<td>Improper diet</td>
</tr>
<tr>
<td>Cerebrovascular disease</td>
<td>High blood pressure</td>
</tr>
<tr>
<td></td>
<td>Tobacco use</td>
</tr>
<tr>
<td>Accidental injuries</td>
<td>Safety belt noncompliance</td>
</tr>
<tr>
<td></td>
<td>Alcohol/substance abuse</td>
</tr>
<tr>
<td>Chronic lung disease</td>
<td>Tobacco use</td>
</tr>
<tr>
<td></td>
<td>Occupational/environmental exposures</td>
</tr>
</tbody>
</table>

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.

- 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

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

Consume Five or More Servings of Fruits/Vegetables Per Day

(MMH Service Area, 2013)

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.
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%

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: 23.1%
- Ripley County: 22.3%
- MMH Svc Area: 22.6%
- US: 24.4%

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

- Women.
- Adults under 40.
- Lower-income residents (note the 41.9% prevalence).
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).
Related Focus Group Findings: Nutrition

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

Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 89]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

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)

Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 89]

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.


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

Those less likely to meet physical activity requirements include:

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

Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. (Item 150)
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- 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.
Meets Physical Activity Recommendations
(MMH Service Area, 2013)

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.

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

Moderate & Vigorous Physical Activity

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)
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%).

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)

<table>
<thead>
<tr>
<th>Weight Classification</th>
<th>MMH SVC Area: Healthy Weight</th>
<th>MMH SVC Area: Overweight or Obese</th>
<th>MMH SVC Area: All Adults</th>
<th>US: All Adults</th>
</tr>
</thead>
<tbody>
<tr>
<td>24.9%</td>
<td>41.1%</td>
<td>36.5%</td>
<td>44.0%</td>
<td>37.0%</td>
</tr>
</tbody>
</table>

Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 95]
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 each 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)

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>MMH Svc Area: Boys</td>
<td>60.1%</td>
</tr>
<tr>
<td>MMH Svc Area: Girls</td>
<td>52.5%</td>
</tr>
<tr>
<td>Franklin Co</td>
<td>55.1%</td>
</tr>
<tr>
<td>Ripley Co</td>
<td>57.2%</td>
</tr>
<tr>
<td>MMH Svc Area</td>
<td>56.5%</td>
</tr>
<tr>
<td>US</td>
<td>48.6%</td>
</tr>
</tbody>
</table>

**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 young children, followed by options for seniors (28.3%) and teens (25.8%).

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

<table>
<thead>
<tr>
<th>Category</th>
<th>Excellent/Very Good</th>
<th>Good</th>
<th>Fair/Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Designed for Seniors</td>
<td>28.3%</td>
<td>35.1%</td>
<td>36.1%</td>
</tr>
<tr>
<td>Designed for Teens</td>
<td>25.8%</td>
<td>39.1%</td>
<td>36.1%</td>
</tr>
<tr>
<td>Designed for Young Children</td>
<td>28.7%</td>
<td>36.1%</td>
<td>35.2%</td>
</tr>
</tbody>
</table>

**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.

**Sources:**
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 92-94]

**Notes:**
- Asked of all respondents.
Seniors

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 Seniors is “Fair/Poor”
(MMH Service Area, 2013)

![Chart showing availability of recreational facilities for seniors]

**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 Teens is “Fair/Poor”
(MMH Service Area, 2013)

![Chart showing availability of recreational facilities for teens]

**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 to 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 Young Children is “Fair/Poor” (MMH Service Area, 2013)

<table>
<thead>
<tr>
<th></th>
<th>Men</th>
<th>Women</th>
<th>18 to 39</th>
<th>40 to 64</th>
<th>65+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low Income</td>
<td>32.7%</td>
<td>37.7%</td>
<td>34.3%</td>
<td>39.3%</td>
<td>24.0%</td>
</tr>
<tr>
<td>Mid/High Income</td>
<td>37.8%</td>
<td>35.6%</td>
<td>35.2%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MMH Svc Area</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>35.2%</td>
</tr>
</tbody>
</table>

Franklin County: 41.7%  
Ripley County: 31.9%

**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
  - Technology
  - 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.
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.

Body Mass Index (BMI), which describes relative weight for height, is significantly correlated with total body fat content. The BMI should be used to assess overweight and obesity and to monitor changes in body weight. In addition, measurements of body weight alone can be used to determine efficacy of weight loss therapy. BMI is calculated as weight (kg)/height squared (m²). To estimate BMI using pounds and inches, use: \[\text{BMI} = \frac{\text{weight} \times 703}{\text{height} \times \text{height}}\].

In this report, overweight is defined as a BMI of 25.0 to 29.9 kg/m² and obesity as a BMI ≥30 kg/m². The rationale behind these definitions is based on epidemiological data that show increases in mortality with BMIs above 25 kg/m². The increase in mortality, however, tends to be modest until a BMI of 30 kg/m² is reached. For persons with a BMI ≥30 kg/m², mortality rates from all causes, and especially from cardiovascular disease, are generally increased by 50 to 100 percent above that of persons with BMIs in the range of 20 to 25 kg/m².

### Classification of Overweight and Obesity by BMI

<table>
<thead>
<tr>
<th>Classification</th>
<th>BMI (kg/m²)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Underweight</td>
<td>&lt; 18.5</td>
</tr>
<tr>
<td>Normal</td>
<td>18.5 – 24.9</td>
</tr>
<tr>
<td>Overweight</td>
<td>25.0 – 29.9</td>
</tr>
<tr>
<td>Obese</td>
<td>≥30.0</td>
</tr>
</tbody>
</table>


**Healthy Weight**

**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.
Overweight Status

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)

Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 157]  
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.  
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 decrease in Ripley County obesity since 2008.

**Prevalence of Obesity**

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

<table>
<thead>
<tr>
<th></th>
<th>Franklin County</th>
<th>Ripley County</th>
<th>MMH Svc Area</th>
<th>Indiana</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>35.9%</td>
<td>25.6%</td>
<td>29.1%</td>
<td>30.8%</td>
<td>29.0%</td>
</tr>
</tbody>
</table>

*Healthy People 2020 Target = 30.5% or Lower*

Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 157]

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)*

<table>
<thead>
<tr>
<th></th>
<th>Men</th>
<th>Women</th>
<th>18 to 39</th>
<th>40 to 64</th>
<th>65+</th>
<th>Low Income</th>
<th>Mid/High Income</th>
<th>MMH Svc Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>28.0%</td>
<td>30.3%</td>
<td>21.3%</td>
<td>36.1%</td>
<td>25.5%</td>
<td>35.3%</td>
<td>28.3%</td>
<td>29.1%</td>
</tr>
</tbody>
</table>

*Healthy People 2020 Target = 30.5% or Lower*

Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 157]

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 overweight (but not obese) adults see themselves as “somewhat overweight.”
- 28.6% of obese adults see themselves as “very overweight.”

Actual vs. Perceived Weight Status
(Among Overweight/Obese Adults Based on BMI; MMH Service Area, 2013)

<table>
<thead>
<tr>
<th>Perceive Self as</th>
<th>Among Overweight But Not Obese (BMI 25.0-29.9)</th>
<th>Among Obese Adults (BMI 30+)</th>
</tr>
</thead>
<tbody>
<tr>
<td>“Very/Somewhat Underweight”</td>
<td>1.3%</td>
<td>28.6%</td>
</tr>
<tr>
<td>“About the Right Weight”</td>
<td>40.1%</td>
<td>67.4%</td>
</tr>
<tr>
<td>“Somewhat Overweight”</td>
<td>3.7%</td>
<td>56.1%</td>
</tr>
<tr>
<td>“Very Overweight”</td>
<td>0.2%</td>
<td>6.4%</td>
</tr>
</tbody>
</table>

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.

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

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

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.

<table>
<thead>
<tr>
<th>Condition</th>
<th>Healthy Weight</th>
<th>Overweight/Not Obese</th>
<th>Obese</th>
</tr>
</thead>
<tbody>
<tr>
<td>High Blood Pressure</td>
<td>26.9%</td>
<td>41.2%</td>
<td>53.4%</td>
</tr>
<tr>
<td>High Cholesterol</td>
<td>19.5%</td>
<td>36.9%</td>
<td>41.8%</td>
</tr>
<tr>
<td>Arthritis/Rheumatism</td>
<td>15.3%</td>
<td>18.6%</td>
<td>32.2%</td>
</tr>
<tr>
<td>Sciatica/Chronic Back Pain</td>
<td>9.8%</td>
<td>21.7%</td>
<td>25.6%</td>
</tr>
<tr>
<td>Asthma</td>
<td>3.2%</td>
<td>5.2%</td>
<td>11.0%</td>
</tr>
<tr>
<td>Heart Disease</td>
<td>4.3%</td>
<td>7.3%</td>
<td>9.0%</td>
</tr>
</tbody>
</table>

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 overweight/obese 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)

Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 99, 160]  
Notes: ● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- Based on reported heights and weights, 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 decrease over time in Ripley County.

**Trying to Lose Weight by Both Modifying Diet and Increasing Physical Activity**

(Among Overweight or Obese Respondents)

<table>
<thead>
<tr>
<th></th>
<th>Franklin County</th>
<th>Ripley County</th>
<th>MMH Svc Area</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008 Percent</td>
<td>39.1%</td>
<td>37.4%</td>
<td>38.0%</td>
<td>39.5%</td>
</tr>
<tr>
<td>2013 Percent</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ripley County 2008</td>
<td>56.0%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ripley County 2013</td>
<td>37.4%</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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)

<table>
<thead>
<tr>
<th>Source</th>
<th>2008</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Franklin County</td>
<td>29.8%</td>
<td>30.8%</td>
</tr>
<tr>
<td>Ripley County</td>
<td>34.0%</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Source</th>
<th>2008</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Franklin County</td>
<td>14.4%</td>
<td>14.4%</td>
</tr>
<tr>
<td>Ripley County</td>
<td></td>
<td>17.0%</td>
</tr>
</tbody>
</table>

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.
- Statistically unchanged since 2008 in Ripley County.
- 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)

<table>
<thead>
<tr>
<th>Source</th>
<th>2008</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Franklin County</td>
<td>14.4%</td>
<td>17.0%</td>
</tr>
</tbody>
</table>

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.

Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 161]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
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 flashpoint 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)

Sources:

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.
High-Risk Alcohol Use

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

Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 166]
● 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)

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**

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)

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 graph]

Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Items 168]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

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 graph]

Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 168-169]

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.
Drinking & Driving

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

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Source 1</th>
<th>Source 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Franklin County</td>
<td>5.5%</td>
<td>5.0%</td>
</tr>
<tr>
<td>Ripley County</td>
<td>3.6%</td>
<td>3.9%</td>
</tr>
<tr>
<td>MMH Svc Area</td>
<td>4.2%</td>
<td>5.0%</td>
</tr>
<tr>
<td>US</td>
<td>3.9%</td>
<td>3.6%</td>
</tr>
</tbody>
</table>

Sources:
- 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)

<table>
<thead>
<tr>
<th>Death Rate</th>
<th>Source 1</th>
<th>Source 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>MMH Svc Area</td>
<td>16.4</td>
<td>14.7</td>
</tr>
<tr>
<td>Indiana</td>
<td>14.4</td>
<td>13.1</td>
</tr>
<tr>
<td>United States</td>
<td>12.7</td>
<td>10.8</td>
</tr>
</tbody>
</table>

Sources:
- 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 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)

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy People 2020</td>
<td>11.3</td>
<td>11.3</td>
<td>11.3</td>
<td>11.3</td>
</tr>
<tr>
<td>MMH Svc Area</td>
<td>18.3</td>
<td>21.3</td>
<td>22.0</td>
<td>16.4</td>
</tr>
<tr>
<td>Indiana</td>
<td>12.0</td>
<td>13.0</td>
<td>13.8</td>
<td>14.4</td>
</tr>
<tr>
<td>United States</td>
<td>12.2</td>
<td>12.6</td>
<td>12.6</td>
<td>12.7</td>
</tr>
</tbody>
</table>

**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 US Standard Population.
- County, state and national data are simple three-year averages.

---

**Illicit Drug Use**

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.

**Illicit Drug Use in the Past Month**

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

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

**Sources:**
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 64]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

**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

<table>
<thead>
<tr>
<th>Source</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Franklin County</td>
<td>0.5%</td>
</tr>
<tr>
<td>Ripley County</td>
<td>2.9%</td>
</tr>
<tr>
<td>MMH Svc Area</td>
<td>2.1%</td>
</tr>
<tr>
<td>US</td>
<td>4.9%</td>
</tr>
</tbody>
</table>

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 decreased significantly over time.

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.
Environmental Tobacco Smoke

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 decrease 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

<table>
<thead>
<tr>
<th></th>
<th>MMH Svc Area</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>Franklin County</td>
<td>14.5%</td>
<td>12.7%</td>
</tr>
<tr>
<td>Ripley County</td>
<td>9.0%</td>
<td>10.9%</td>
</tr>
<tr>
<td>Healthy People 2020 Target = 13.0% or Lower</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Non-smokers exposed to smoke in the home: 3.5% (US = 6.3%)

- Notably higher among residents with lower incomes.

Member of Household Smokes At Home

(MMH Service Area, 2013)

<table>
<thead>
<tr>
<th></th>
<th>Men</th>
<th>Women</th>
<th>18 to 39</th>
<th>40 to 64</th>
<th>65+</th>
<th>Low Income</th>
<th>Mid/High Income</th>
<th>MMH Svc Area</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>11.5%</td>
<td>10.3%</td>
<td>9.2%</td>
<td>12.3%</td>
<td>10.7%</td>
<td>17.9%</td>
<td>7.8%</td>
<td>10.9%</td>
</tr>
</tbody>
</table>

Notably higher among residents with lower incomes.

Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 57]

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.
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 decrease over time.

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

<table>
<thead>
<tr>
<th></th>
<th>Franklin County</th>
<th>Ripley County</th>
<th>MMH Svc Area</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008</td>
<td>12.1%</td>
<td>5.7%</td>
<td>7.8%</td>
<td>9.7%</td>
</tr>
<tr>
<td>2013</td>
<td>18.4%</td>
<td>5.7%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Ripley County 2008–2013: marks a statistically significant decrease over time.

**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 increase over time in Ripley County.
Advised by a Healthcare Professional in the Past Year to Quit Smoking
(Among Current Smokers)

Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 56]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all current smokers.

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)

Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 55]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of respondents who smoke cigarettes every day.
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.

Use of Cigars

<table>
<thead>
<tr>
<th></th>
<th>Franklin County</th>
<th>Ripley County</th>
<th>MMH Svc Area</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008</td>
<td>0.9%</td>
<td>2.4%</td>
<td>1.9%</td>
<td>4.1%</td>
</tr>
<tr>
<td>2013</td>
<td></td>
<td>2.8%</td>
<td>2.4%</td>
<td></td>
</tr>
<tr>
<td>Healthy People 2020 Target = 0.2% or Lower</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 59]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

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

<table>
<thead>
<tr>
<th></th>
<th>Franklin County</th>
<th>Ripley County</th>
<th>MMH Svc Area</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008</td>
<td>7.1%</td>
<td>7.7%</td>
<td>7.5%</td>
<td>4.0%</td>
</tr>
<tr>
<td>2013</td>
<td></td>
<td>5.0%</td>
<td>7.7%</td>
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</tr>
<tr>
<td>Healthy People 2020 Target = 0.3% or Lower</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 58]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

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

Examples of smokeless tobacco include chewing tobacco, snuff, or “snus.”
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

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)

- Insured, Employer-Based: 72.5%
- Insured, Self-Purchase: 5.0%
- Insured, Unknown Type: 0.1%
- Medicaid: 6.2%
- Medicare: 3.3%
- VA/Military: 1.9%
- Medicaid & Medicare: 1.0%
- Other Gov't Coverage: 0.3%
- No Insurance/Self-Pay: 9.6%

Sources: ● 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 170]

Notes: ● Reflects respondents age 18 to 64.

Lack of Health Insurance Coverage

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.
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).
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)

<table>
<thead>
<tr>
<th>Preventive Healthcare</th>
<th>Uninsured</th>
<th>Insured</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood Pressure Test in Past 2 Yrs</td>
<td>83.0%</td>
<td>95.9%</td>
</tr>
<tr>
<td>Cholesterol Test in Past 5 Yrs</td>
<td>79.9%</td>
<td>67.9%</td>
</tr>
<tr>
<td>Specific Source of Ongoing Care</td>
<td>76.7%</td>
<td>71.9%</td>
</tr>
<tr>
<td>Checkup in Past Year</td>
<td>38.7%</td>
<td>48.5%</td>
</tr>
<tr>
<td>Access Difficulties</td>
<td>48.5%</td>
<td>35.3%</td>
</tr>
</tbody>
</table>

**Sources:**
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 17, 43, 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 decrease in insurance instability in Ripley County over time.

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

| Went Without Healthcare Insurance Coverage At Some Point in the Past Year |
|-------------------|-------------------|
| Franklin County   | 4.5%              |
| Ripley County     | 3.6%              |
| MMH Svc Area      | 3.9%              |
| US                | 8.1%              |

**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)

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.
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

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

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)

To better understand healthcare access barriers, survey participants were asked whether any of six types of barriers to access prevented them from seeing a physician or obtaining a needed prescription in the past year. Again, these percentages reflect the total population, regardless of whether medical care was needed or sought.

### Barriers to Healthcare Access

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).
Compared to baseline 2008 data, Ripley County has seen a significant improvement with regard to the barriers of transportation and cost of prescription medication.

### Ripley County Trend: Barriers to Healthcare Access

| Source: | 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)

| Source: | 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 decrease over time in Ripley County.

Skipped or Reduced Prescription Doses in Order to Stretch Prescriptions and Save Money

Adults more likely to have skipped or reduced their prescription doses include:

- Adults age 40 to 64.
- Respondents with lower incomes.
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.

<table>
<thead>
<tr>
<th>Year</th>
<th>Franklin Co</th>
<th>Ripley Co</th>
<th>MMH Svc Area</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008</td>
<td>2.2%</td>
<td>1.2%</td>
<td>1.5%</td>
<td>6.0%</td>
</tr>
<tr>
<td>2013</td>
<td>4.4%</td>
<td>1.2%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 underinsured. 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

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.

A hospital emergency room is not considered a source of ongoing care in this instance.
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)

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-64</td>
<td>75.9%</td>
</tr>
<tr>
<td>65+</td>
<td>80.1%</td>
</tr>
</tbody>
</table>

**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)

- **Dr’s Office**: 51.3%
- **Clinic**: 23.9%
- **Hospital ER**: 3.6%
- **Other**: 3.4%
- **VA/Military**: 1.3%
- **None**: 16.6%
Utilization of Primary Care Services

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

![Bar chart showing utilization of primary care services by county and national averages.]

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 less likely to have received routine care in the past year (note the positive correlation with age).

Have Visited a Physician for a Checkup in the Past Year

(MMH Service Area, 2013)

![Stacked bar chart showing utilization of primary care services by demographic groups and income categories.]

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)

![Bar chart showing child visit rates](chart.png)

**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

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)
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

<table>
<thead>
<tr>
<th>Source</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRC Community Health Surveys</td>
<td>60.1%</td>
</tr>
<tr>
<td>2013 PRC National Health Survey</td>
<td>65.2%</td>
</tr>
<tr>
<td>US Department of Health and Human Services Healthy People 2020</td>
<td>63.9%</td>
</tr>
<tr>
<td>Behavioral Risk Factor Surveillance System Survey Data</td>
<td>65.2%</td>
</tr>
</tbody>
</table>

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.
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 increase in Ripley County children’s dental care since 2008.

Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 117]
● 2011 PRC National Health Survey, Professional Research Consultants, Inc.
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.

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.
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**

Recent vision care in the MMH Service Area is less 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**

(RELATION ISSUE: See also Vision & Hearing in the Deaths & Disease section of this report.)
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)

![Pie chart showing ratings]

**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 improvement in ratings over time among Ripley County residents.

**Perceive Local Healthcare Services as “Fair/Poor”**

![Bar chart showing percentages]

**Sources:**
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 6]

**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)

<table>
<thead>
<tr>
<th>Category</th>
<th>Men</th>
<th>Women</th>
<th>18 to 39</th>
<th>40 to 64</th>
<th>65+</th>
<th>Low Income</th>
<th>Mid/High Income</th>
<th>Insured</th>
<th>Uninsured</th>
<th>MMH Svc Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low Income</td>
<td>10.8%</td>
<td>6.7%</td>
<td>9.2%</td>
<td>9.1%</td>
<td>6.1%</td>
<td>15.6%</td>
<td>5.2%</td>
<td>7.9%</td>
<td>19.7%</td>
<td>8.6%</td>
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<td>Mid/High Income</td>
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<td>Uninsured</td>
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<td>MMH Svc Area</td>
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**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 cant – 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

Related Focus Group Findings: Older Residents

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