



# PARKVIEW HEALTH



## 2019 Community Health Needs Assessment Parkview Noble Hospital, Noble County



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### Indiana Partnership for Healthy Communities

The Indiana Partnership for Healthy Communities (IN-PHC) is a collaboration between **the Polis Center at IUPUI** (Polis) and the **Indiana University Richard M. Fairbanks School of Public Health** (FSPH). Formed with support from the Indiana Clinical and Translational Sciences Institute (I-CTSI), its mission is to help build the capacity of hospitals, local health departments, and community-based organizations to improve the health of Indiana communities. IN-PHC does this by translating knowledge generated by the academy and by communities into improved and sustainable processes for understanding and effecting community health.

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## Executive Summary

To assist Parkview Health in completing its 2019 community health needs assessment (CHNA), the Polis Center and the Richard M. Fairbanks School of Public Health designed and conducted both primary and secondary data collection and analysis activities for the seven counties in northeast Indiana that compose Parkview's primary service area, including: Allen, Huntington, Kosciusko, Lagrange, Noble, Wabash, and Whitley. This report is particular to **Noble County**.

The CHNA team assessed the health needs of the Parkview Health region as a whole, as well as the needs of the individual counties. A preliminary list of community health needs was identified using secondary data from the Healthy Communities Institute database as well as other state and national data sources. This list of community health needs was augmented with local input collected via a community phone survey and a local provider survey.

The Parkview service area includes relatively large Amish and Hispanic populations. Because these populations are often underrepresented in online and telephone surveys, a paper survey was conducted in the Amish Community and a focus group in the Hispanic community to better understand their community health concerns.

The assessment team objectively prioritized the identified community health needs using the Hanlon Basic Priority Rating Method recommended by the National Association of County and City Health Officials (*Guide-to-Prioritization-Techniques.pdf*, n.d.). This method rates health concerns based on: 1) size of the health problem, 2) seriousness of the health problem, and 3) availability of evidence-based interventions.

The top health concerns identified for Noble County were **cardiovascular disease** (heart disease and stroke), **diabetes** (adults 20+ with diabetes), **aging** (Alzheimer's Disease), and **obesity** (adults 20+ who are obese).

As the next step in selecting health priorities for its community health improvement planning efforts, the CHNA team recommended that Parkview screen the identified health concerns based on feasibility of available public health interventions. Feasibility includes the suitability and community acceptability, availability of resources, cost-benefits ratio, and legality of potential interventions. Based on a consideration of these factors, Parkview Noble Hospital selected **substance use/ mental health and obesity** as its top community health priorities for Noble County for 2020-2022.



## Organization of the Report

This CHNA report was designed to support Parkview Health's community benefit programming efforts and to fulfill its IRS reporting requirements. As such, it provides a description of the following:

- 1. Description of Service Area** (The hospital primary service area)
- 2. The Community** (Socio-demographics of the populations residing in the primary service area and availability of social services relevant to public health)
- 3. Data Sources** (Primary and secondary data sources used to conduct the CHNA)
- 4. Identification of Community Health Needs** (The process for identifying community health needs and social determinants of health via primary and secondary data analysis)
- 5. Ranking of Identified Community Health Needs** (The process and criteria used for scoring and ranking the identified community health needs and the results (the top ranked needs). The full set of indicator rankings is included in **Appendix B: Scoring of Community Health Needs.**)
- 6. Priority Selection** (Priorities selected by Parkview Health)
- 7. Data Limitations** (Data limitations and information gaps)

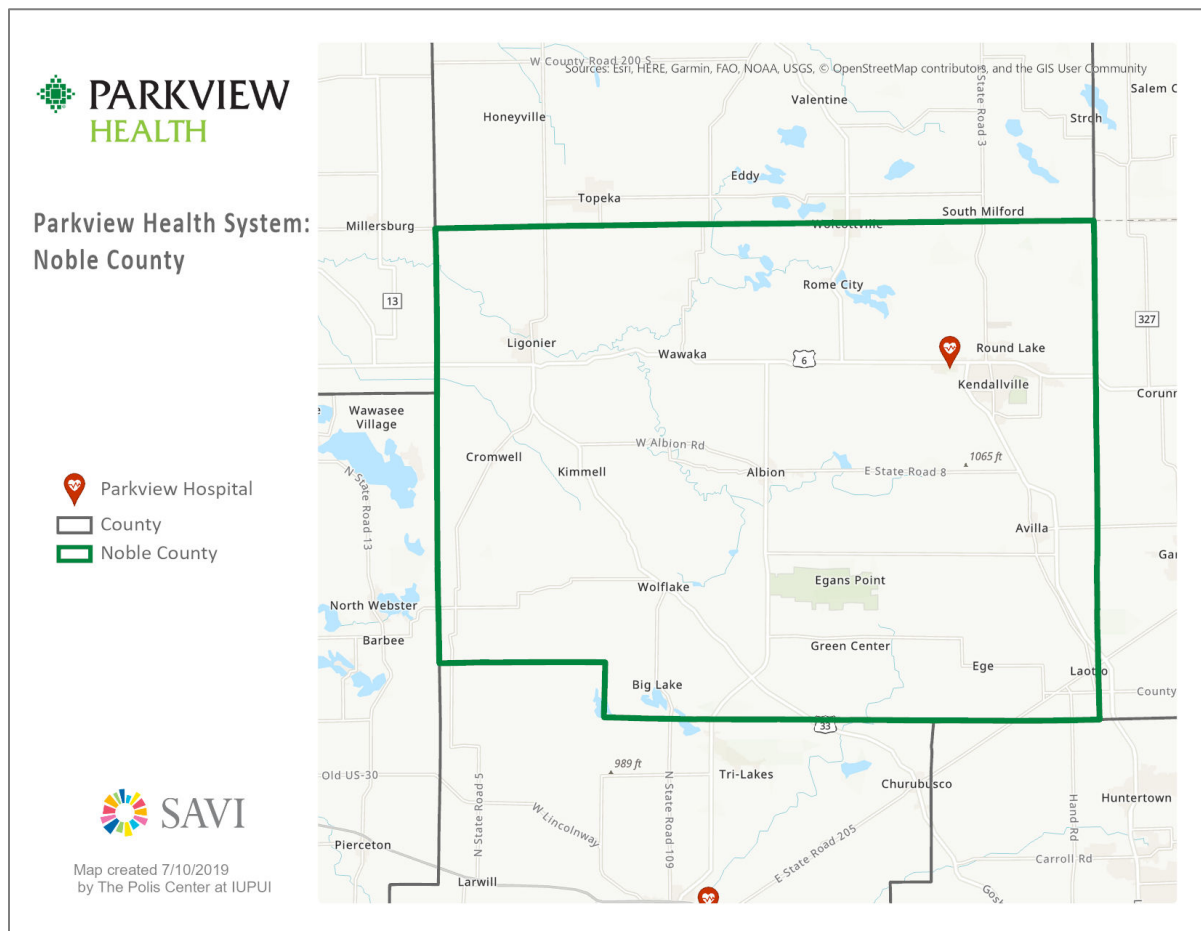
# INTRODUCTION

The IRS requires all nonprofit hospitals to complete a Community Health Needs Assessment (CHNA) every three years. Parkview Health partnered with The Polis Center at IUPUI (Polis) and the Indiana University Richard M. Fairbanks School of Public Health (FSPH) to design and conduct a 2019 CHNA for each of its seven hospitals. This report provides an overview of the CHNA processes and methods used to identify and prioritize significant health needs of the community served by the Parkview Health region.

## DESCRIPTION OF SERVICE AREA

Parkview Noble Hospital serves Noble County, Indiana, as shown in *Figure 1: Primary Service Area of Parkview Noble Hospital*.

**Figure 1: Primary Service Area of Parkview Noble Hospital in Noble County**



# THE COMMUNITY

## DEMOGRAPHICS

### Population Size

The seven-county Parkview Health service area comprises about 10% of the total population in Indiana (*Table 1*). Based on population density, only Allen County is considered urban. Noble County is considered rural/mixed (Ayres, Waldorf, & McKendree, n.d.).

	Parkview Health	Indiana	U.S.
<b>Population</b>	634,457	6,614,418	321,004,407

**Table 1: Population**

Source: US Census Bureau (American Community Survey 2013-2017 Five-year Averages)

Allen County has the highest population in the service area (367,747) followed by Kosciusko (78,720) (*Table 2*). While Allen, Kosciusko, LaGrange, and Whitley Counties all experienced population growth between 2014 and 2017, Huntington, Noble, and Wabash each experienced some population decline.

Year	Allen	Huntington	Kosciusko	LaGrange	Noble	Wabash	Whitley
<b>2017</b>	367,747	36,520	78,720	38,720	47,421	31,848	33,481
<b>2014</b>	360,990	36,959	77,790	37,759	47,497	32,492	33,307

**Table 2: Population in Parkview Counties, 2014 and 2017**

Source: Stats Indiana

### Age

The median age ranges from 31.5 years in LaGrange County to 42 years in Wabash County (*Table 3*). The median age in LaGrange County is notably lower than the other counties as well as the state and nation, while the median ages in Wabash and Whitley Counties are notably higher. The median age in Noble County is 38.5 years.

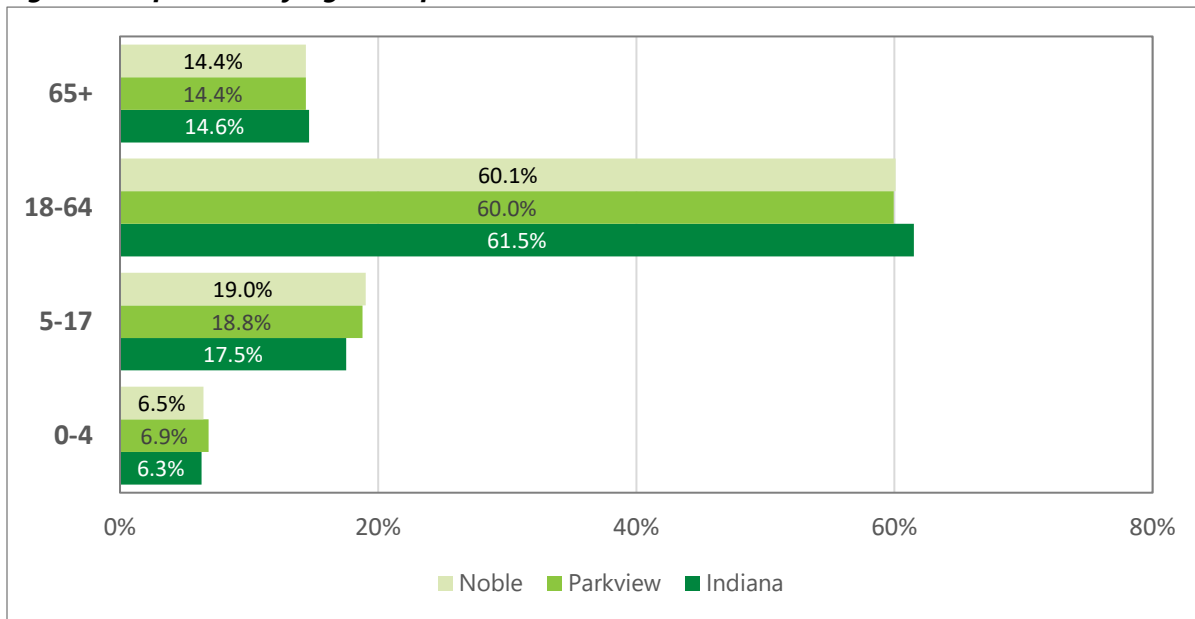
Year	Allen	Huntington	Kosciusko	LaGrange	Noble	Wabash	Whitley	Parkview	IN
<b>2017</b>	35.7	40.3	38.0	31.5	38.5	42.0	41.0	36.8	37.5
<b>2014</b>	35.6	39.9	38.0	30.9	37.6	42.3	40.6	36.6	37.2

**Table 3: Median Age in Years**

Source: US Census Bureau (American Community Survey Five-year Averages)

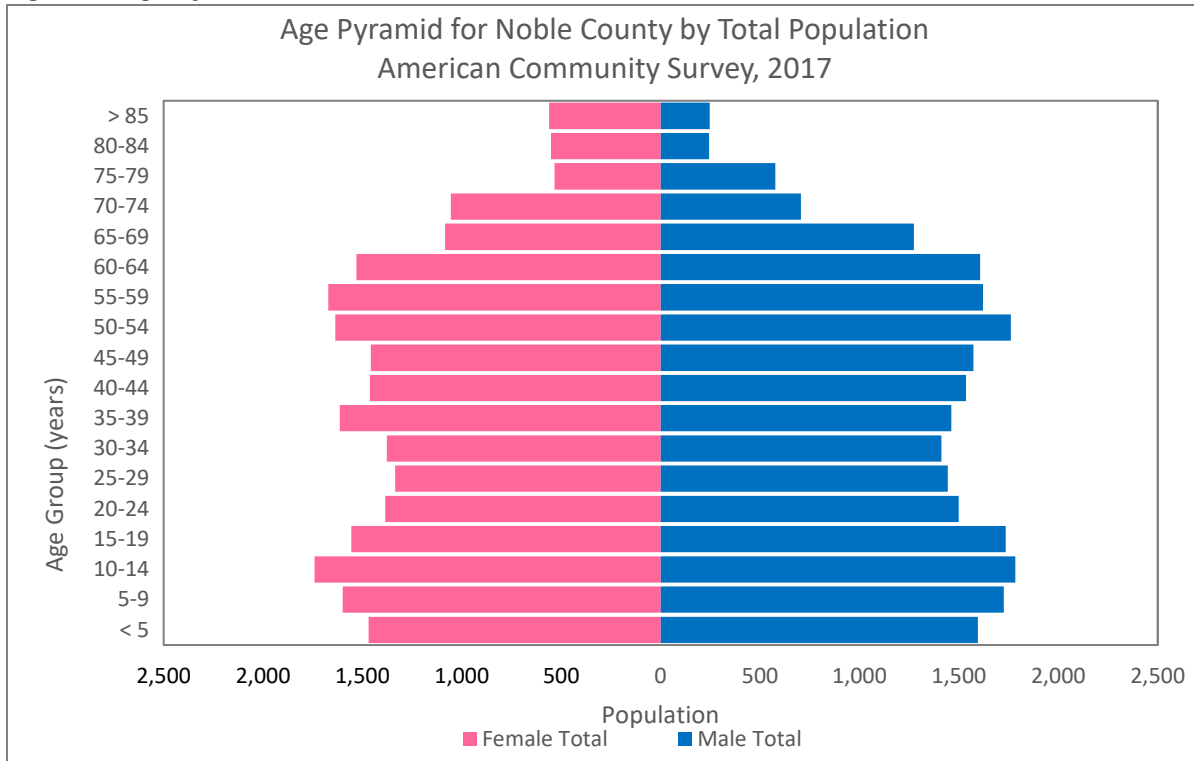
The age-sex distribution for Noble County is similar to a stable pyramid. The population in age groups 20- 34 years is less than the younger age groups. The baby boomer effect is visible in this age pyramid as well (Figure 2: Population by Age Group).

**Figure 2: Population by Age Group**



Source: US Census Bureau (American Community Survey 2013-2017 Five-year Averages)

**Figure 3: Age Pyramid**



Source: US Census Bureau (American Community Survey 2013-2017 Five-year Averages)

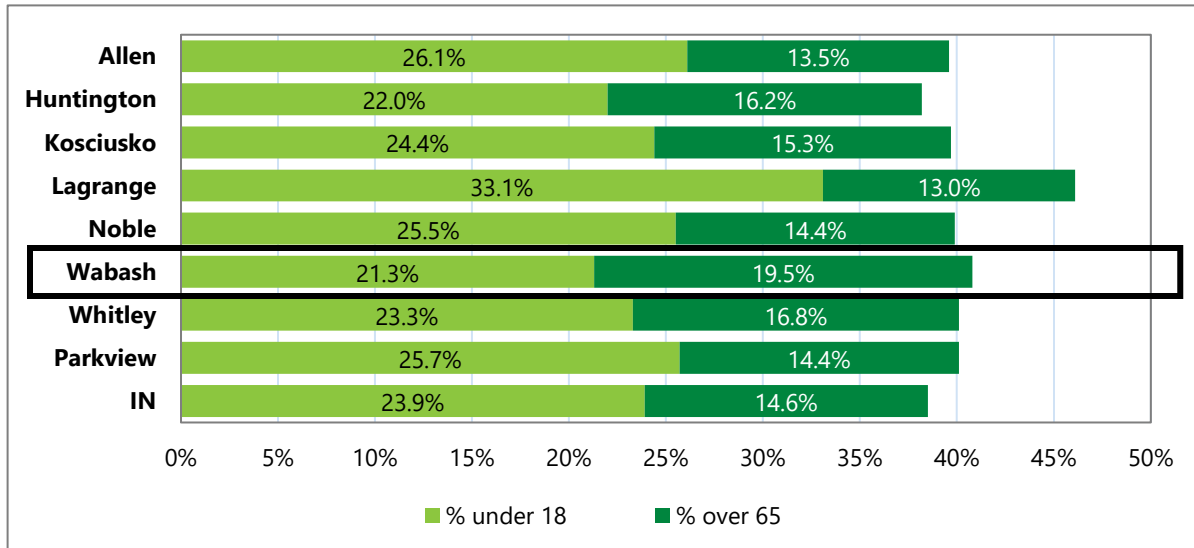
The age-sex distribution (or pyramid) of the Noble County region (*Figure 3: Age Pyramid*) is similar to that of any developed country in the world. The age pyramid is considered to be in the late stage 3, where population birthrate and death rate are slowly declining. The pyramid's almost square-like shape indicates that the population is growing at a very slow rate. This is also referred to as the stable or stationary pyramid ("From Population Pyramids to Pillars – Population Reference Bureau," n.d.).

The population in age groups 20- 34 years is less than the younger age groups. The highest number in the population is seen in the 10-14 years age group for both genders. Similar to the US pyramid, there is a large bump in the 50-59 years age groups. This large segment of the population is the post-World War II baby boom. As this population ages and climbs the pyramid, there will be a much greater demand for medical and other geriatric services. However, there are fewer young people to provide care and support for the aging baby boom generation.

Because different age groups require different levels and types of care, strategies for improving community health outcomes should incorporate the needs of each generation. The percentage of the population under 18 years is 25.5% for Noble County and hovers between 20-25% for all the counties in the Parkview Health region except for LaGrange County where almost a third of the total population is under 18 years (*Figure 4: Child and Senior Population*). At the other end of the age spectrum are individuals 65 years and older. *Figure 4* demonstrates that the 65 and older population is 14.4% for Noble County. These three counties are Huntington,

Whitley and Wabash with 16.2%, 16.8% and 19.5%, respectively. Adequate health care is critical to allow the senior population to age in place and maintain their quality of life as they grow older.

**Figure 4: Child and Senior Population**



Source: US Census Bureau (American Community Survey 2013-2017 Five-year Averages)

## Race and Ethnicity

Many racial and ethnic groups experience disparities in health and healthcare. These groups may face unique challenges in accessing healthcare due to linguistic, social, or cultural differences. Therefore, it is important to be cognizant of the racial and ethnic makeup of the hospital service area and to design and implement culturally competent healthcare services.

As illustrated by [Table 4](#) and [Figure 5](#), the racial composition of the entire Parkview Health region is predominantly non-Hispanic White, which is similar to the rest of Indiana. However, some racial diversity exists in some of the Parkview Health counties. The Black race group consists of 0.4% of the population in Noble County while the Hispanic population consists of 10.2% of the population. Noble County has the highest Hispanic population in the region.

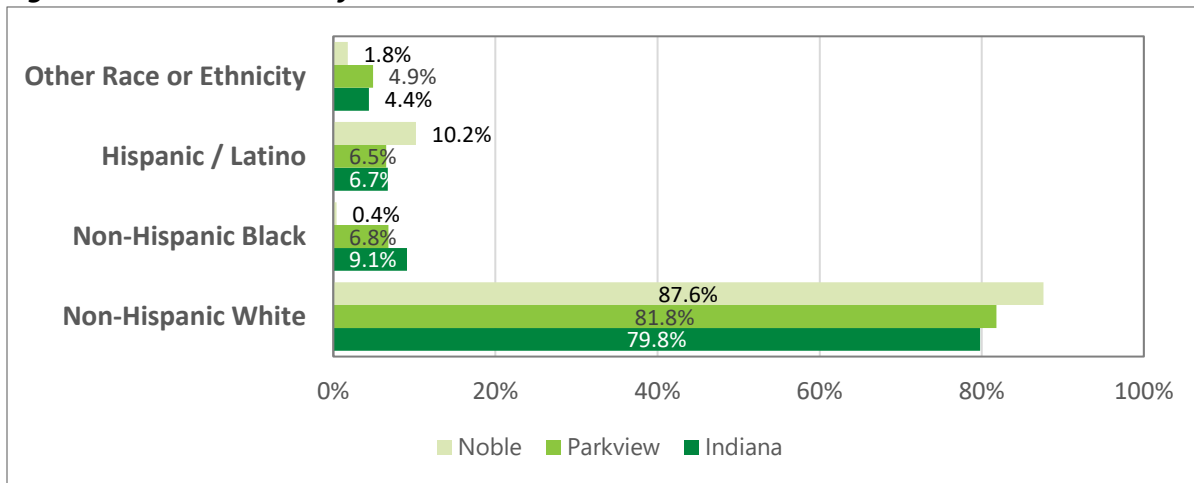
**Table 4: Percent of Population by Race and Ethnicity**

Source: US Census Bureau (American Community Survey Five-year Averages)

	Year	Allen	Huntington	Kosciusko	LaGrange	Noble	Wabash	Whitley	Parkview	IN
White	2017	74.6%	95.2%	88.6%	94.4%	87.6%	94.5%	95.7%	81.8%	79.8%
	2014	75.6%	95.8%	89.2%	94.8%	88.2%	95.0 %	96.0%	82.7%	80.8%
Black/ African American	2017	11.3%	0.8%	0.7%	0.1%	0.4%	0.9%	0.4%	6.8%	9.1%
	2014	11.5%	0.6%	0.7%	0.1%	0.3%	0.5%	0.3%	6.8%	9.0%
Hispanic/ Latino	2017	7.2%	2.2%	7.9%	3.9%	10.2%	2.5%	1.9%	6.5%	6.7%
	2014	6.8%	1.9%	7.7%	3.8%	9.8%	2.2%	1.8%	6.2%	6.3%
Other Race or Ethnicity	2017	6.9%	1.8%	2.8%	1.6%	1.8%	2.1%	2.0%	4.9%	4.4%
	2014	6.1%	1.7%	2.4%	1.3%	1.7%	2.3%	1.9%	4.3%	3.9%

Since 2014, Noble County had an increase in the percentage of Black, Hispanic, and the other race population. The percentage for the Black and the other race population increased by 0.1% while the Hispanic population increased by 0.4%. The White non-Hispanic percentage decreased by 0.6% from 2014 to 2017.

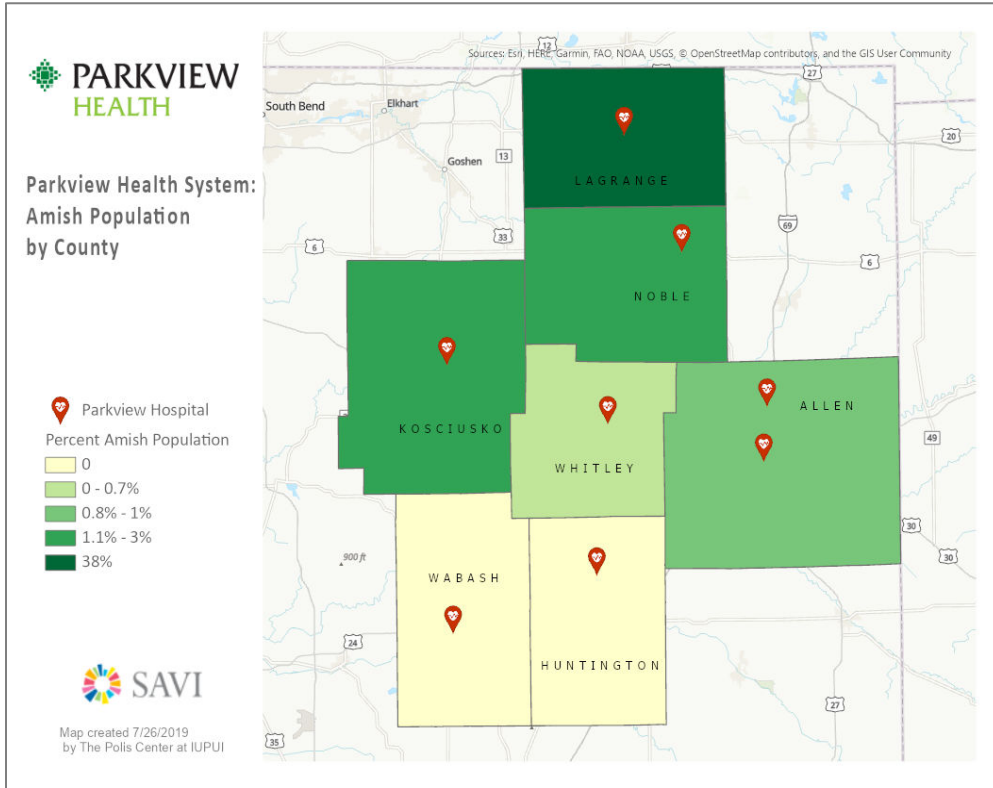
**Figure 5: Race and Ethnicity**



Source: US Census Bureau (American Community Survey 2013-2017 Five-year Averages)

Northeast Indiana is home to a large Amish population. According to the 2010 U.S. Religion Census, more than 14,000 Amish lived in LaGrange County, accounting for 37.9% of its total population, making it the second largest county (by population) for the Amish in the United States. 2.1% of population in Noble County is Amish. The map included as [Figure 6](#) shows the Amish population by county in the seven-county region in Northeast Indiana.

**Figure 6: Amish Population by County in Parkview Service Area**



Source: Association

of Religion Data Archives, 2010 US Religion Census



# SOCIOECONOMIC STATUS

Socioeconomic status (SES) is a powerful determinant of health outcomes. SES refers to one’s access to financial, educational, and social resources. SES underlies three major determinants of health, including environmental exposure, health behavior, and health care. In addition, chronic stress associated with lower SES may increase morbidity and mortality. When using socioeconomic factors to understand potential health risks, income, poverty, employment status and educational status are typically considered.

## Median Household Income

The median household income in Noble County is \$49,102 which is lower than the Indiana average of \$52,182 (Table 5). From 2014 to 2017, the median household income has increased in Noble County.

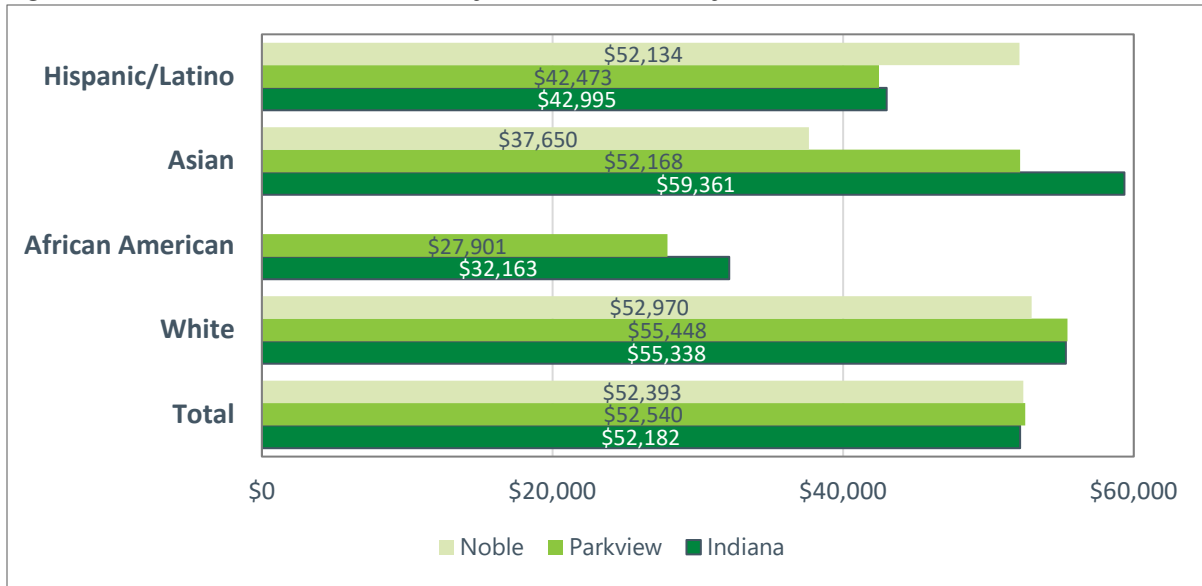
**Table 5: Median Household Income**

Year	Allen	Huntington	Kosciusko	LaGrange	Noble	Wabash	Whitley	Parkview	IN
2017	\$51,091	\$50,063	\$57,190	\$58,336	\$52,393	\$49,052	\$57,041	\$52,540	\$52,182
2014	\$49,124	\$47,356	\$52,706	\$49,112	\$49,102	\$45,657	\$54,023	\$49,540	\$48,737

Source: US Census Bureau (American Community Survey Five-year Averages)

Racial disparities regarding median household income are evident in Figure 7. The median household income for African American households is much lower than white and even lower than the median household income for African Americans in the state. For the Asian population, the median household income in the service area is lower than the median household income for Asians in the state. These gaps in income among different racial groups ultimately effect lifestyle and neighborhood choices, ability to afford health insurance, and access to health care. In Noble County the racial disparities in median household income are similar to the rest of Indiana except for Hispanic/Latino population. The median household income is higher for this population in Noble County (\$52,134) as compared to Parkview Health region and the state, \$42,473 and 42,995 respectively (Figure 7).

**Figure 7: Median Household Income by Race and Ethnicity**



Source: US Census Bureau (American Community Survey 2013-2017 Five-year Averages)  
 Data for median household income was not available for the African American racial category for Noble County in 2013-2017.

## Poverty

The percentage of the population living below poverty in Noble County (9.3%) is lower than the state percentage (14.6%) (*Table 6*). The percentage of individuals living in poverty has decreased in 2017 compared to 2014 (12.8%).

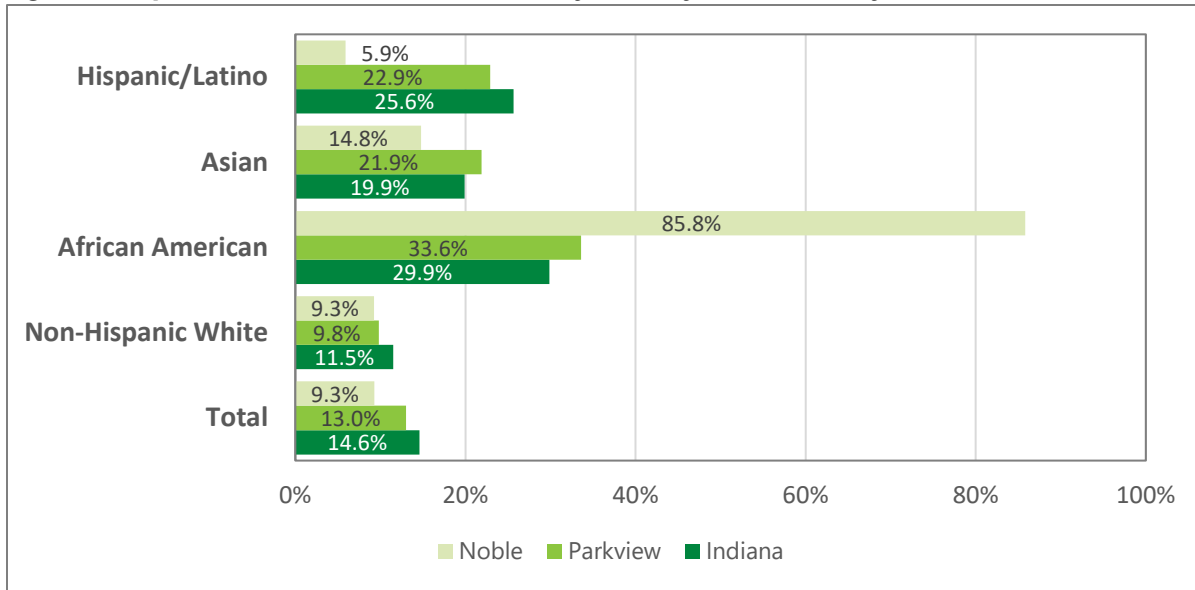
**Table 6: Percentage of Population below Poverty Line**

Year	Allen	Huntington	Kosciusko	LaGrange	Noble	Wabash	Whitley	Parkview	IN
2017	14.7%	11.6%	11.2%	9.1%	9.3%	13.3%	9.5%	13.0%	14.6%
2014	15.5%	11.6%	12.4%	15.3%	12.8%	14.9%	8.9%	14.3%	15.5%

Source: US Census Bureau (American Community Survey Five-year Averages)

Racial disparities exist for the percentage of population living under poverty level. Racial disparities in poverty result from cumulative disadvantage over the life course, as the effects of hardship in one domain spill over into other domains. With lower median income than Whites, it is no surprise that the highest percentage of population living under poverty in Noble County is the African American population (85.8 %). *Figure 8* shows how the Hispanic population also has a lower percentage than Whites and Asians living under poverty. (*Figure 8*)

**Figure 8: Population below the Federal Poverty Level by Race/Ethnicity**



Source: US Census Bureau (American Community Survey 2013-2017 Five-year Averages)

## Unemployment

Unemployment rate is another important indicator for assessing the social and economic status of a geographic area or population. Unemployment in Noble County (5.7%) is lower than the state of Indiana overall (6.1%) (*Table 7*).

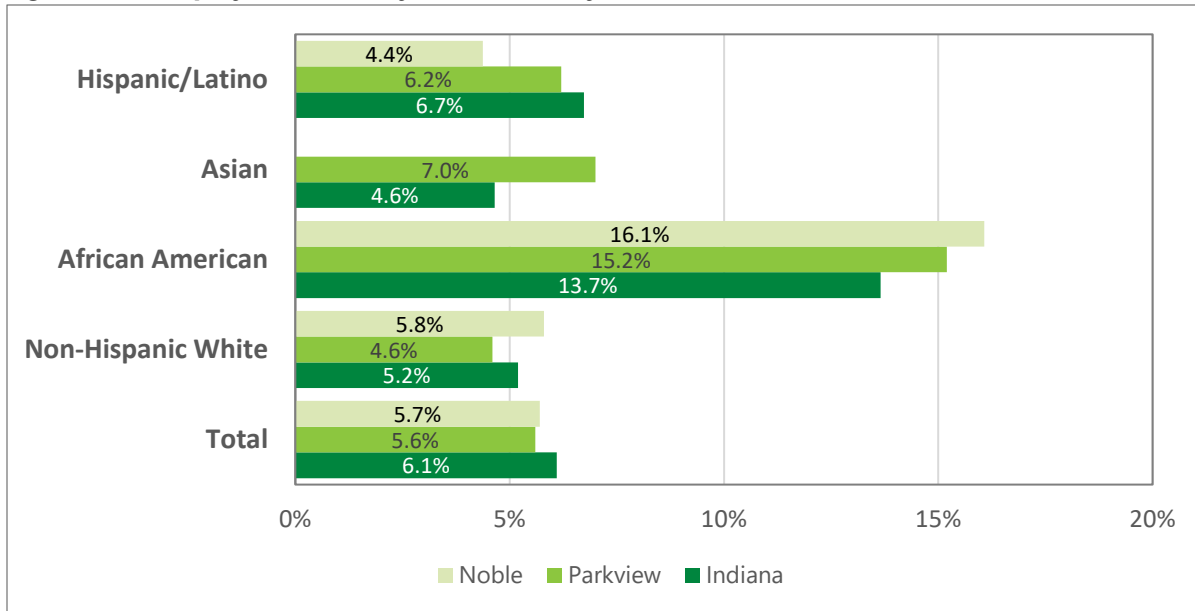
Year	Allen	Huntington	Kosciusko	LaGrange	Noble	Wabash	Whitley	Parkview	IN
2017	6.3%	3.9%	4.6%	2.9%	5.7%	5.5%	3.6%	5.6%	6.1%
2014	9.0%	8.7%	7.7%	7.1%	10.0%	7.4%	6.4%	8.6%	8.8%

**Table 7: Percentage of Population Unemployed**

Source: US Census Bureau (American Community Survey Five-year Averages)

Compared to 2014, the unemployment rate in 2017 decreased significantly for Noble County. Noble County had the highest unemployment percentage among the seven counties for 2014. However, the racial disparities visible in income and poverty level are also seen with unemployment. The African American population has the highest unemployment rate (16.1%), which is higher than the unemployment rate for the African American population in the state (13.7%) (*Figure 9*).

**Figure 9: Unemployment Rate by Race/Ethnicity**



Source: US Census Bureau (American Community Survey 2013-2017 Five-year Averages)  
 Data for unemployment rate was not available for the Asian racial category for Noble County for 2013-2017.

## Education

Education is a powerful predictor of other social measures. Education leads to higher incomes and lower poverty and unemployment, which in turn lead to greater economic stability. Identifying populations with limited education may help to identify areas of special health service needs.

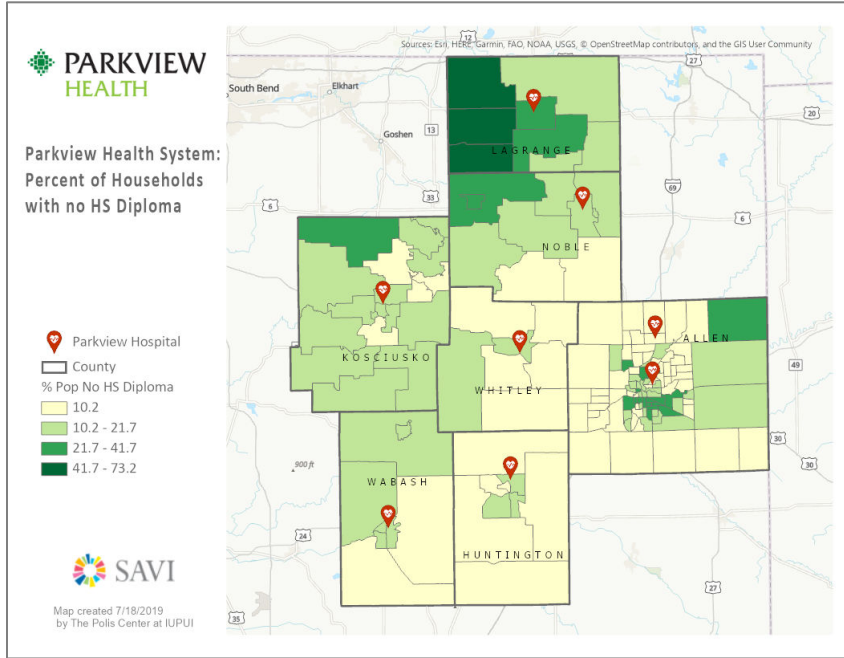
*Table 8* shows the percentage of population without a high school diploma or equivalent. Noble County has a higher percentage of the population without a high school diploma (15.0%) compared to the entire Parkview Health service area (12.7%). For Noble County, this percentage was lower compared to 2014 (16.0%). The Amish do not usually attain high school educations and instead pursue other economic endeavors in their communities. Some portions of Allen, Kosciusko, and Noble Counties also have a relatively higher proportion of the population without a high school diploma.

Year	Allen	Huntington	Kosciusko	LaGrange	Noble	Wabash	Whitley	Parkview	IN
2017	10.6%	9.5%	15.2%	36.7%	15.0%	11.3%	8.9%	12.7%	11.7%
2014	10.7%	11.1%	14.9%	36.9%	16.0%	12.0%	8.9%	13.0%	12.4%

**Table 8: Population without High School Diploma**

Source: US Census Bureau (American Community Survey Five-year Averages)

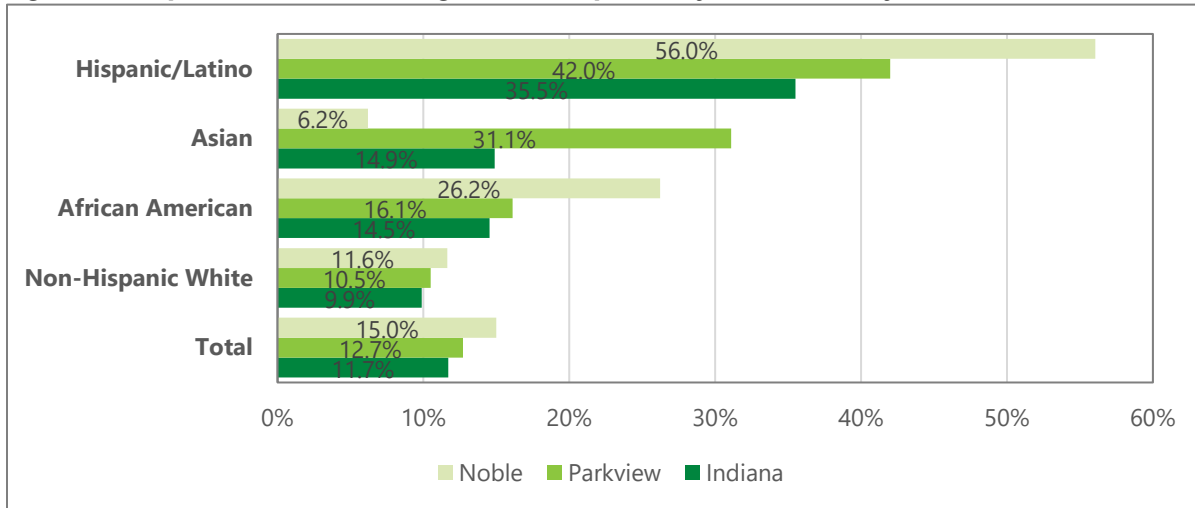
**Figure 10: Percent of Households with No High School Diploma**



Source: US Census Bureau (American Community Survey 2013-2017 Five-year Averages)

Racial disparities are still seen with educational attainment (*Figure 11*). In Noble County, over 56% of the Hispanic population and over 25% of the African American population are without a high school diploma, compared with only 15% for the population overall.

**Figure 11: Population without a High School Diploma by Race/Ethnicity**



Source: US Census Bureau (American Community Survey 2013-2017 Five-year Averages)

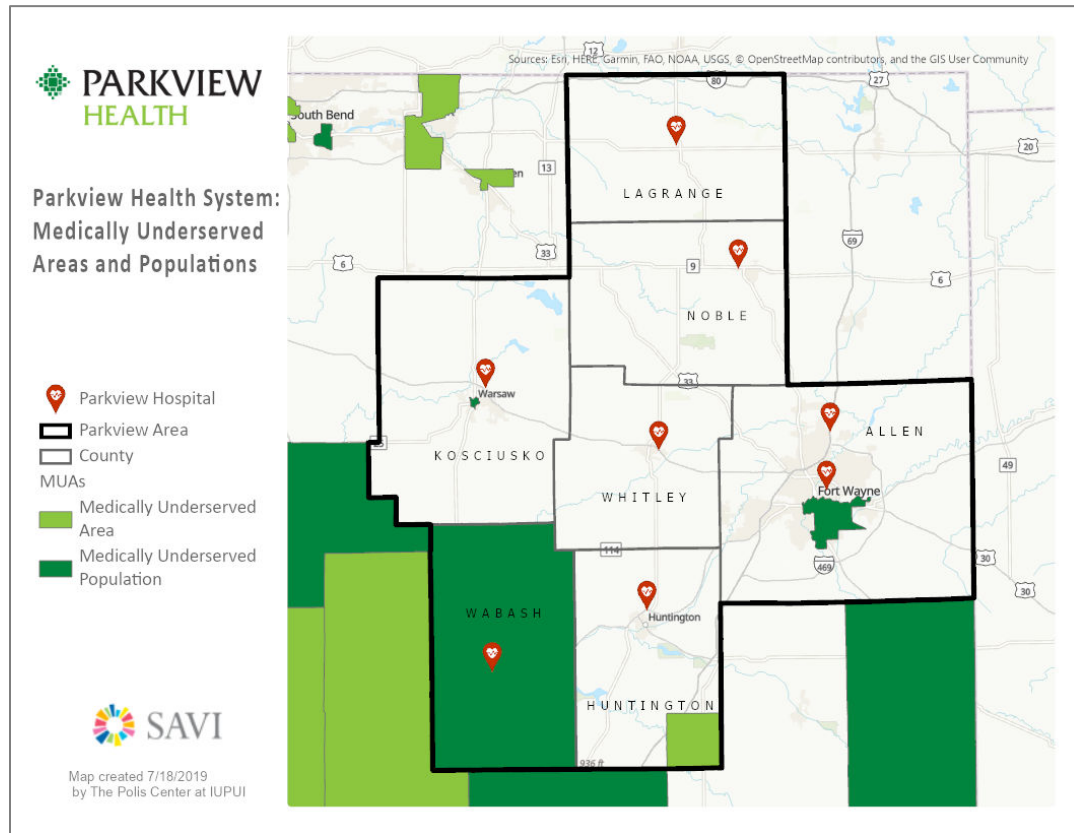
# ACCESS TO HEALTHCARE

Access to healthcare is another important social determinant of health. It is commonly measured by lack of access to primary care services and by lack of health insurance.

## Medically Underserved Areas and Populations

Medically underserved areas and medically underserved populations identify geographic areas and populations with a lack of access to primary care services. The Health Resources and Services Administration identified several medically underserved *areas* (Figure 12, light green) in the southwest end of the Parkview Health region. The percentage of medically underserved *populations* were identified mainly in Wabash County (Figure 12, darker green).

**Figure 12: Medically Underserved Areas and Populations**



Source: Health Resources & Services Administration, 2019

## Health Insurance

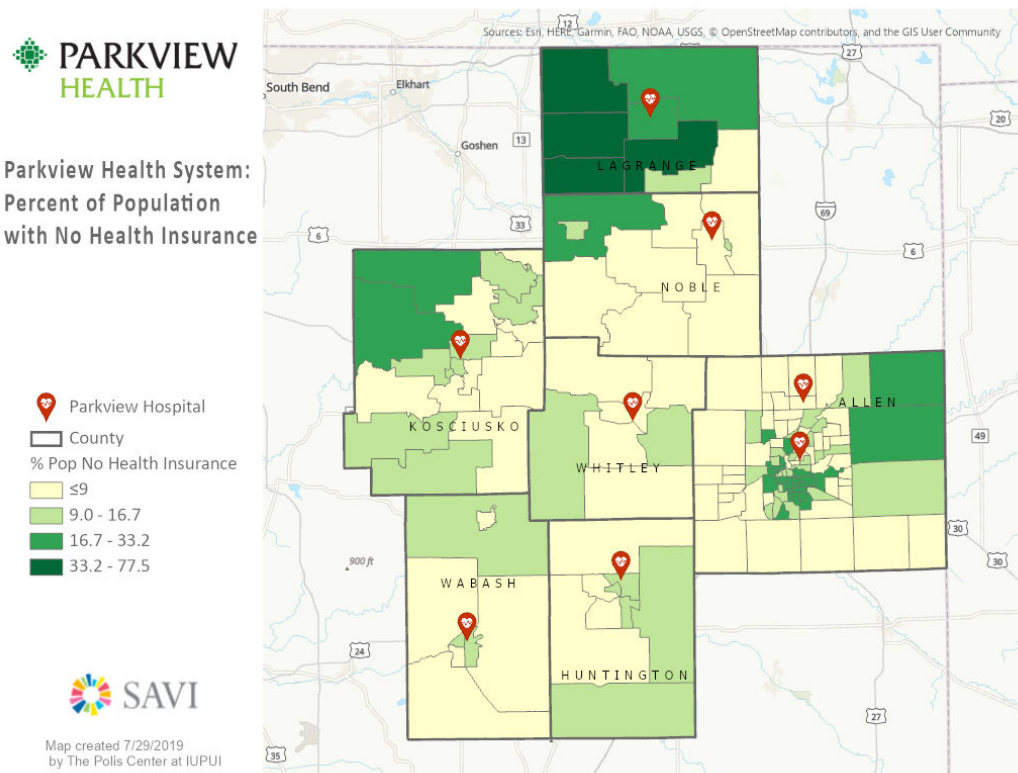
The percentage of the population without health insurance in Noble County decreased from 14.8% to 9.2% between 2014 and 2017 and is lower than that of the Parkview region (12.3%) (*Table 9*). The map in *Figure 13* presents this information at the census tract level illustrating the geographic distribution of those without health insurance.

**Table 9: Health Insurance**

Demographic	Year	Allen	Huntington	Kosciusko	LaGrange	Noble	Wabash	Whitley	Parkview	IN
Population without health insurance	2017	10.8%	9.4%	11.8%	39.7%	9.2%	9.3%	7.6%	12.3%	10.3%
	2014	14.5%	11.8%	15.6%	44.5%	14.8%	10.3%	9.1%	15.8%	13.8%
Adults without health insurance	2017	14.7%	12.2%	15.1%	37.7%	12.1%	13.3%	10.9%	15.4%	14.0%
	2014	19.7%	16.4%	20.2%	45.0%	19.7%	15.0%	12.7%	12.3%	18.9%
Children without health insurance	2017	7.5%	8.3%	10.5%	53.1%	7.1%	6.4%	4.4%	11.2%	7.0%
	2014	9.1%	6.9%	12.8%	56.6%	10.5%	5.6%	5.1%	12.9%	8.2%

Source: US Census Bureau (ACS Five-year Averages)

**Figure 13: Percent of Population with No Health Insurance**

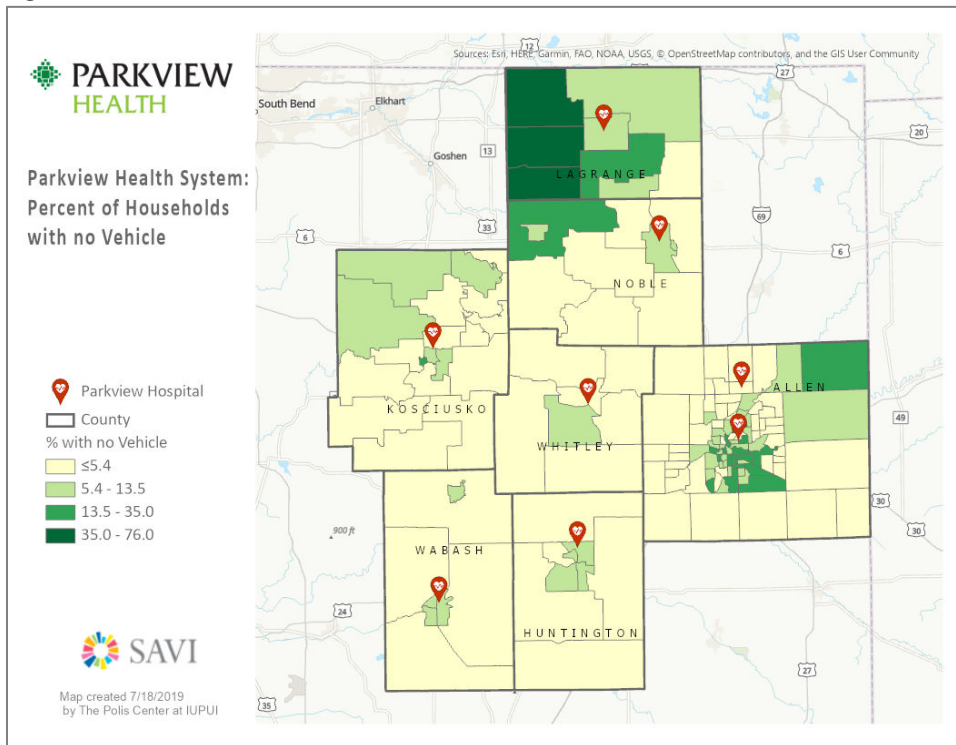


Source: US Census Bureau (American Community Survey 2013-2017 Five-year Averages)

## Transportation

Transportation is a critical factor that influences people’s health and the health of a community. As six of the seven counties in the service area are rural or mixed urban/rural, having a personal vehicle is of utmost importance as lower population density in rural areas often leads to lower ridership for fixed transit routes and a smaller tax base to fund maintenance and repair of transportation systems. It is evident from the map in *Figure 14* most of the counties have  $\leq 5.4$  households without a vehicle. LaGrange County shows a different picture. We can assume that due to high Amish population in LaGrange County, the percentage of houses with no vehicle is higher i.e., 35 – 76 %. Amish population usually relies on horse carriages and wagons for their transport purposes. A slightly higher percentage of homes without a vehicle is also seen in northeast part of Allen County. The northwest areas of Noble County have 13.5% - 35% households without a motor vehicle.

**Figure 14: Households with No Vehicle**



Source: US Census Bureau (American Community Survey 2013-2017 Five-year Averages)



# DATA COLLECTION

The identification of health needs for Parkview Health region was carried out using two types of data: 1) secondary data from the Healthy Communities Institute (HCI) dashboard and other local and national agencies (e.g., County Health Rankings, etc.) and 2) primary data obtained through an online survey of Parkview healthcare providers (e.g., physicians, nurses, social workers, etc.) and a survey of community residents in each Parkview Health county. To supplement these data, a focus group was conducted with Hispanic community members in Kosciusko County and a survey of the Amish community was conducted in LaGrange County. These data sources are described in the following sections.

## SECONDARY DATA

The Parkview Health Community Dashboard developed by HCI was used as a primary source of secondary data. This dashboard includes data from the Indiana Hospital Association as well as the Indiana State Department of Health, National Cancer Institute, Centers for Disease Control and Prevention, Centers for Medicaid and Medicare Services, the National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention, Institute for Health Metrics and Evaluation, County Health Rankings website, US Census Bureau, US Department of Agriculture, and other sources. Additional state and national secondary data sources were accessed by the CHNA team for more recent and geographically specific information, including the following:

- **American Community Survey:** The American Community Survey (ACS) helps local officials, community leaders, and businesses understand the changes taking place in their communities. It is the premier source for detailed population and housing information about our nation.
- **Annie E. Casey Foundation:** The Annie E. Casey Foundation is a private philanthropic organization that works to build a brighter future for disadvantaged children in the United States. The KIDS COUNT Data Book offers a national look at the well-being of America's children and families by exploring how states are performing on key data indicators.
- **Center for Disease Control and Prevention:** As a federally-funded agency, CDC serves as a great resource for mortality and morbidity data for all the infectious and chronic diseases and other conditions.
- **County Health Rankings:** A Robert Wood Johnson Foundation program implemented by the University of Wisconsin Population Health Institute that releases new estimates annually measuring health across all US counties. These data are compiled from a variety

of providers and typically combines data across multiple years to release estimates for areas with small populations, such as rural counties.

- **Centers for Medicare & Medicaid Services:** The Centers for Medicare and Medicaid Services (CMS) provides health coverage to more than 100 million people through Medicare, Medicaid, and the Children’s Health Insurance Program, and the Health Insurance Marketplace. The CMS seeks to strengthen and modernize the nation’s health care system to provide access to high quality care and improved health at lower costs.
- **Feeding America:** A nonprofit organization working to feed America’s hungry through foodbanks. Data are compiled from the Current Population Survey, American Community Survey, and Bureau of Labor Statistics to produce food-insecurity reports.
- **Indiana Indicators:** A free data resource providing current Indiana health-related data at the state and county levels and developed by the Indiana State Department of Health, Indiana Hospital Association, and Indiana Business Research Center.
- **Indiana State Department of Health (ISDH):** The ISDH’s annual natality report includes information on live births in Indiana as well as a mortality report compiling information on the deaths of Indiana residents.
- **National Cancer Institute:** The National Cancer Institute (NCI) is the federal government’s principal agency for cancer research and training. NCI maintain large registries of information about people diagnosed with cancer to help identify important issues that affect cancer patients and survivors.
- **National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention:** The National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention is one of the larger centers at CDC and a federal source of data about sexually transmitted infections and diseases.
- **The National Environmental Public Health Tracking Network:** The Tracking Network brings together health data and environment data from national, state, and city sources and provides supporting information to make the data easier to understand.
- **US Census Bureau:** A leading source of data on the people and economy of the US.
- **2018 Indiana Association of Adult Day Services (IAADS) Survey:** The 5th Annual Indiana Adult Day Center Survey was conducted during the summer of 2018 by the Member Relations Committee of the IAADS Board of Directors. For the first time, centers were given the option to complete the survey online as well as by telephone. Seventy-seven percent of those responding used the online option. Results were tabulated based on individual survey data.

Results of the secondary data analysis are presented in **Secondary Data Analysis** section.

# PRIMARY DATA

This assessment used four sources of community input: 1) an online survey of healthcare and social service providers; 2) a phone survey of the broader community; 3) a paper survey of the Amish community; and 4) a Hispanic focus group. The associated data collection efforts are described below. Results of the provider survey are included in **Provider Survey Results**.

## Parkview Provider Survey

An online survey of health and social service providers in the seven-county area was conducted in January 2019 to collect provider perceptions about community health needs and concerns. The survey was designed by Polis and FSPH in partnership with Parkview Health and implemented using Qualtrics, an online survey service. The Parkview Community Benefits team collaborated with the leadership team in each hospital to distribute the survey to health and social service providers in their county.

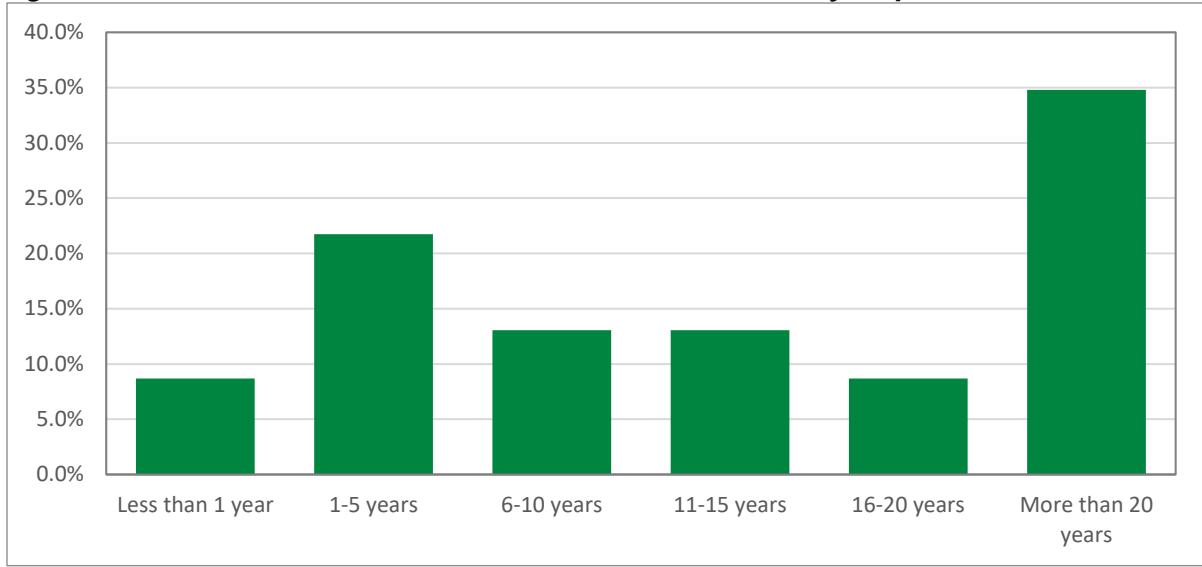
A total of 265 providers responded to the survey. The survey covered aspects of the provider’s work including the setting in which they practiced, the duration of time in practice in the region/county, and their perception of the chief public health concerns, barriers to care, and available resources in their communities. The majority of respondents primarily practiced in Allen County (31.3%), followed by Huntington County (29.1%). Noble County constituted 9.1% of the provider survey respondents. (Table 10).

**Table 10: Provider Survey Respondents**

County	Count	% of Respondents
Allen	83	31.3%
Huntington	77	29.1%
Kosciusko	8	3.0%
LaGrange	27	10.2%
Noble	24	9.1%
Wabash	26	9.8%
Whitley	20	7.5%
<b>Total</b>	265	

Providers were asked about the duration for which they had been in practice in Noble County. About 34.8% of the respondents had been in practice for more than 20 years while 21.7% of the respondents had been in practice for 1-5 years. This suggests that a good proportion of the responding providers had spent most of their careers in the Parkview area and so likely were aware of the community’s needs and concerns (Figure 15).

**Figure 15: Years Practiced in Parkview Area (Noble Provider Survey Respondents)**



The highest proportions of provider survey respondents were registered nurses and social worker/case managers (16.7%), followed by physicians (8.35) (*Table 11*).

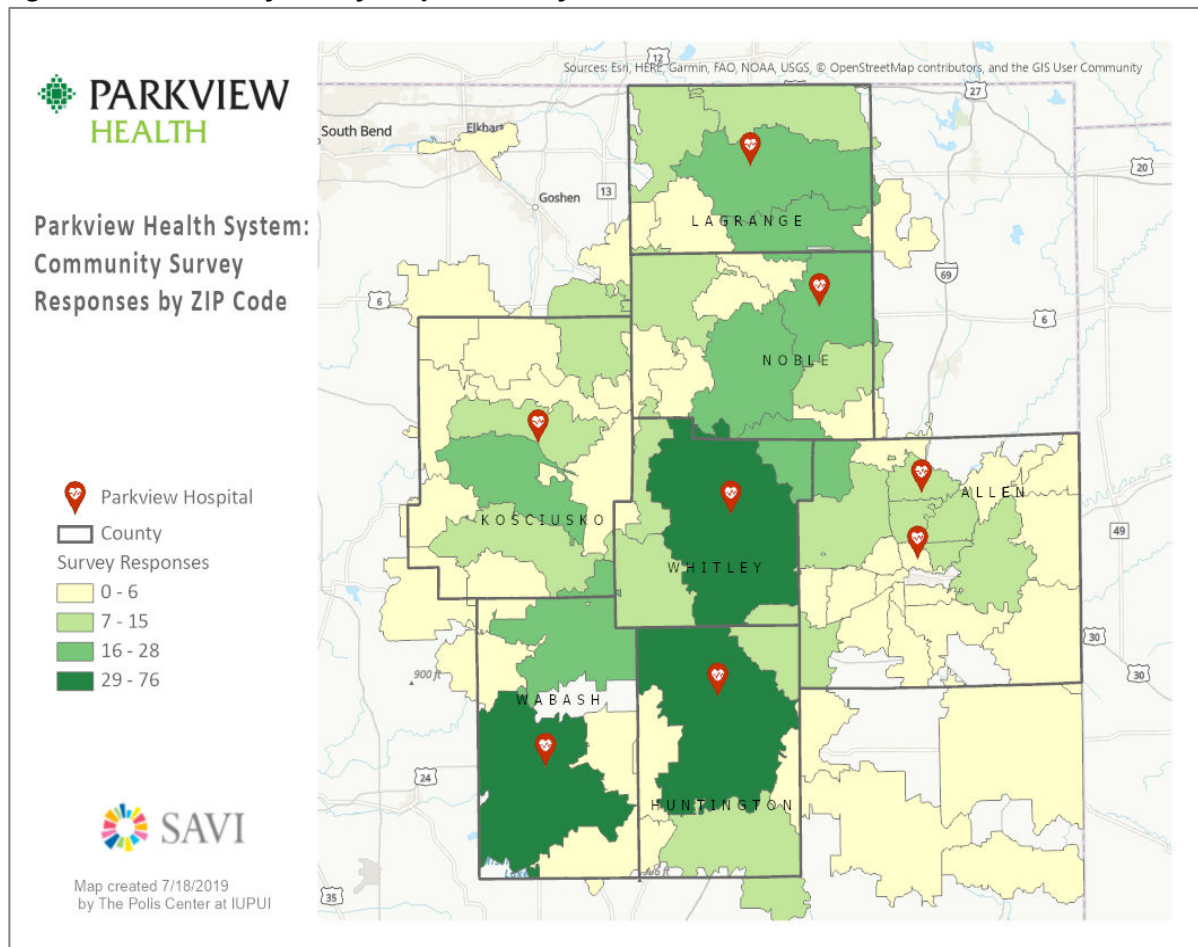
Profession	Allen (n=83)	Huntington (n=77)	Kosciusko (n=8)	LaGrange (n=27)	Noble (n=24)	Wabash (n=26)	Whitley (n=20)	All (265)
Physician	27.7%	10.4%	12.5%	11.1%	8.3%	11.5%	10.0%	<b>15.8%</b>
Physician's Assistant	1.2%	0.0%	0.0%	0.0%	0.0%	0.0%	5.0%	<b>0.8%</b>
Nurse Practitioner	25.3%	2.6%	0.0%	0.0%	0.0%	7.7%	0.0%	<b>9.4%</b>
Registered Nurse	3.6%	11.7%	0.0%	22.2%	16.7%	11.5%	15.0%	<b>10.6%</b>
Mental/Behavioral Health	7.2%	1.3%	0.0%	3.7%	0.0%	3.8%	0.0%	<b>3.4%</b>
Nutritionist	0.0%	2.6%	0.0%	0.0%	8.3%	0.0%	0.0%	<b>1.5%</b>
Wellness Practitioner	1.2%	9.1%	0.0%	3.7%	4.2%	0.0%	0.0%	<b>3.8%</b>
Public Health/Community Health Practitioner	3.6%	5.2%	0.0%	3.7%	4.2%	7.7%	5.0%	<b>4.5%</b>
Social Worker/Case Management	10.8%	11.7%	25.0%	3.7%	16.7%	15.4%	15.0%	<b>12.1%</b>
Educator/Counselor	0.0%	6.5%	25.0%	18.5%	8.3%	7.7%	10.0%	<b>6.8%</b>
First Responder	0.0%	5.2%	0.0%	0.0%	4.2%	3.8%	0.0%	<b>2.3%</b>
Other Health	3.6%	9.1%	0.0%	0.0%	0.0%	7.7%	0.0%	<b>4.5%</b>
Other Social Services	3.6%	3.9%	0.0%	3.7%	8.3%	3.8%	0.0%	<b>3.8%</b>
Other	4.8%	9.1%	12.5%	18.5%	8.3%	15.4%	25.0%	<b>10.6%</b>
No response to this question	7.2%	11.7%	25.0%	11.1%	12.5%	3.8%	15.0%	<b>10.2%</b>

**Table 11: Respondents by Provider Type**

## Community Survey

A community phone survey was conducted from April through June 2019 by the Survey Research Lab at the School of Public Health at the University of Alabama School, a partner of the Richard M. Fairbanks School of Public Health). The survey was designed to collect community perspectives on the top community health issues in the Parkview Health service area. A random, population sample of 700 individuals was selected from the seven-county Parkview Health service area (*Figure 16*).

**Figure 16: Community Survey Respondents by ZIP Code**



One question asked respondents to choose what they perceived as top health concerns in their community. A second question asked respondents to indicate how important listed health and community services were for their community.

The survey results were algorithmically weighted to control for differences in the demographic makeup of survey participants compared to the total population of each region. Results of the community survey are included in **Community Survey Results**.

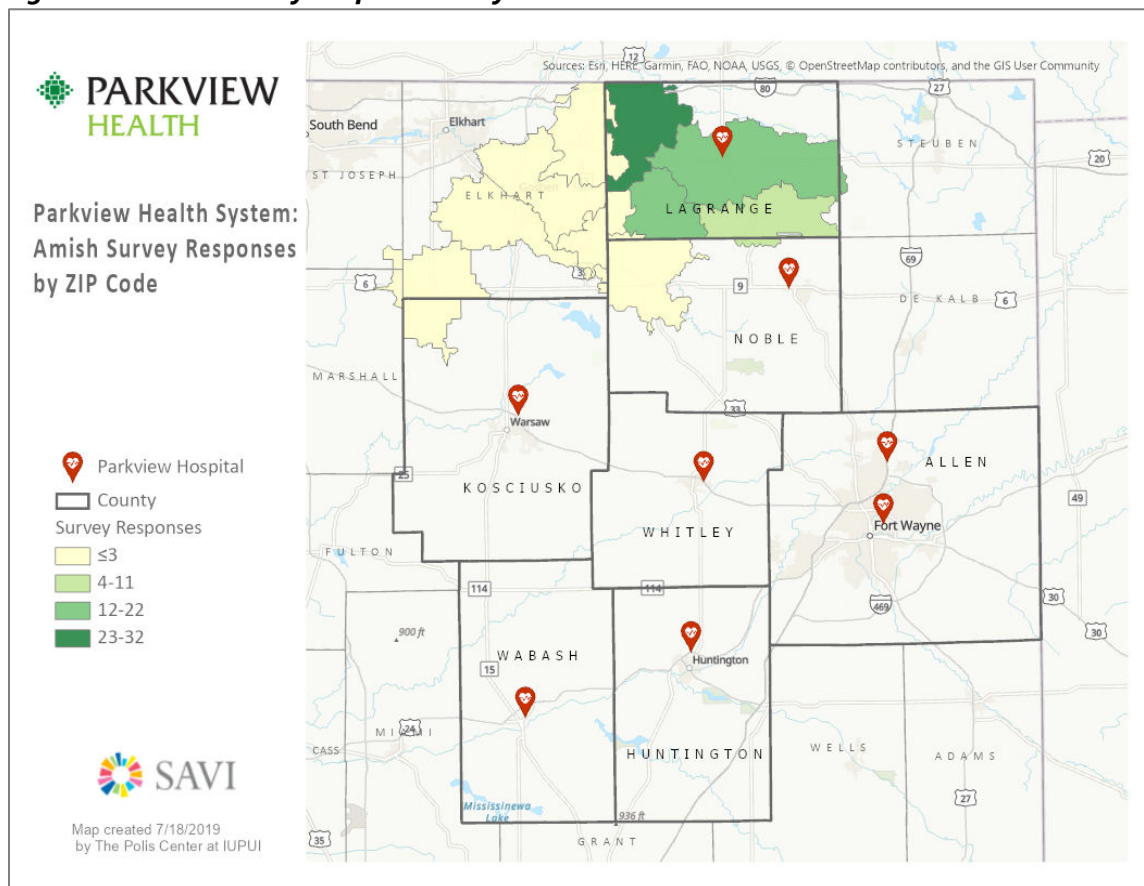
## Amish Community Survey

A written Amish Community survey was administered from February through April 2019 to a convenience sample of 1) people who patronized the Topeka Pharmacy, which is highly trusted in the Amish community, 2) Amish members of the LaGrange Hospital Board of Directors, and 3) Amish members of the Parkview Health LaGrange Hospital Patient & Family Advisory Council.

The survey asked respondents to select five health issues from a list of 15; items were not ranked, nor were responders asked to add to the list provided or provide comments. One hundred and fifteen (115) Amish individuals completed the survey. *Figure 17* shows the distribution of the survey respondents by ZIP code.

Results of the community survey are included in **Amish Community Survey Results** section. A detailed report, including comparison of the survey results from 2016 and 2019, was produced as a companion to this CHNA report.

**Figure 17: Amish Survey Respondents by ZIP Code**



## Hispanic Focus Groups

A focus group with thirteen (13) Hispanic community members from Kosciusko County was conducted on March 24, 2019. *Table 12* shows the demographic characteristics of the participants. The focus group representation from both the younger age group (46%) and older (54%) members of the community. The gender distribution was also almost equal between males and females, 46% and 54 % respectively. The majority of the participants (62%) had been residents of Kosciusko County for more than 30 years. The education level in the group was on the lower side with only seven percent of members having completed college but more than one-third of the group had a high school diploma.

**Table 12: Hispanic Focus Group Participants (n=13)**

Participant Characteristic		Count	% of Participants
<b>Age</b>	Adult (25-45 years)	6	46%
	Senior Adult (>45 years)	7	54%
<b>Length of Time Lived in Kosciusko County</b>	0 – 12 years	2	15%
	13-20 years	4	23%
	30+ years	7	62%
<b>Education</b>	Completed elementary school	6	46%
	Completed middle school	1	7%
	Completed high school	5	38%
	Completed college or university	1	7%
<b>Sex / Gender</b>	Male	6	46%
	Female	7	54%

Focus group participants were asked to indicate 1) the community health issues of greatest concern for the people living in their community, 2) which services were most important in addressing the need, and 3) whether there were any existing programs or service in the community to help address the identified needs.

The Hispanic Community Focus Group was conducted in Spanish translated, transcribed, and analyzed in English.

Results of the focus group are included in the **Hispanic Focus Group Results** section. In addition, a detailed report was produced as a companion to this CHNA report.

# SECONDARY DATA ANALYSIS

## COMMUNITY HEALTH ISSUES

Based on the review of more than two hundred (200) HCI indicators, *Table 13: County Health Indicators Performing in the Bottom Quartile of the State* lists the health outcomes and behavior for which any county in the Parkview Health primary service area was in the lowest performing quartile of Indiana counties. Each of these indicators was included in the assessment of community health problems and potential community health priorities.

Thirty-six (36) HCI health indicators were in the bottom performing quartile. Some HCI health indicators relate to the same health condition (e.g., incidence rate and age-adjusted death rate for breast cancer). If at least one indicator for a specific health condition was in the bottom quartile, then that condition was considered a potential community health concern for Parkview Health. For example, breast cancer incidence rate was not in the bottom quartile for Kosciusko County, but the age-adjusted rate of breast cancer was. As such, breast cancer is considered a health concern for Kosciusko County. Indicators that were duplicative in terms of identifying a health condition as being of concern were removed, thus reducing the number of health indicators used for the CHNA to 28 indicators. The 28 indicators were categorized into 15 general health concerns, as shown in (*Table 13*).

Associated rates for each of these indicators are included in **Appendix B** in the Size of Health Problem column.



**Table 13: County Health Indicators Performing in the Bottom Quartile of the State**

Health Issue (in alphabetical order)	Health Indicator	Allen	Huntington	Kosciusko	LaGrange	Noble	Wabash	Whitley
<b>Aging</b>	Alzheimer's Disease or Dementia *						X	
	Osteoporosis*		X					
<b>Alcohol Use</b>	Alcohol-Impaired Driving Deaths	X					X	
<b>Asthma</b>	Asthma*	X	X	X			X	
<b>Cancer</b>	Breast Cancer†			X			X	
	Oral Cavity and Pharynx Cancer†							X
	Prostate Cancer‡					X	X	X
<b>Cardiovascular Disease</b>	Cerebrovascular Disease (Stroke) †					X		
	Coronary Heart Disease‡						X	
	Hyperlipidemia: Medicare Population		X				X	
<b>Chronic Kidney Disease</b>	Chronic Kidney Disease*		X					
<b>Respiratory Diseases</b>	Chronic Lower Respiratory Diseases‡		X			X		
<b>Diabetes</b>	Diabetes‡						X	
<b>Drug Use</b>	Controlled Substances Dispensed				X			
	Non-Fatal ED Visits due to Opioid Overdoses						X	
<b>Infectious Diseases</b>	Salmonella Infection†		X	X		X	X	X
	Influenza and Pneumonia‡		X				X	
	Gonorrhea†	X						
	Chlamydia†	X						
	Hepatitis C Prevalence						X	
<b>Maternal/Child Health</b>	Mothers Who Did Not Receive Early Prenatal Care	X		X	X	X		
	Child Abuse Rate						X	
	Babies with Low Birth Weight		X					
<b>Mental Health</b>	Depression*	X						
<b>Obesity</b>	Adults 20+ who are Obese			X	X			
<b>Tobacco Use</b>	Adults who Smoke		X					
	Mothers who Smoked During Pregnancy						X	
<b>Unintentional Injuries</b>	Unintentional Injuries‡						X	
<b>County</b>		<b>Allen</b>	<b>Huntington</b>	<b>Kosciusko</b>	<b>LaGrange</b>	<b>Noble</b>	<b>Wabash</b>	<b>Whitley</b>
<b># Indicators in the Lowest Quartile in the State</b>		<b>6</b>	<b>9</b>	<b>5</b>	<b>3</b>	<b>5</b>	<b>15</b>	<b>3</b>

\*Medicare population. †Incidence Rate. ‡Age-Adjusted Death Rate. Data Source: Parkview Health Community Dashboard, 2019.

## Aging

Alzheimer's disease is a chronic, incurable, progressive disorder that affects and disrupts cognition and eventually renders the patient unable to perform basic tasks. Most people with Alzheimer's begin to present symptoms in their 60s. Osteoporosis is an incurable disease that causes bones to become brittle leading to bone fracture and other complications ("FastStats - Osteoporosis," n.d.). It is most common in post-menopausal women. [Table 14](#) shows that Noble County has the lowest percentage of age-adjusted death rate for Alzheimer's disease or dementia (9.7%) as well as the Medicare population with osteoporosis (4.8%).

**Table 14: Aging**

\*Medicare population. #Age-Adjusted Death Rate

Indicator	Year	Allen	Huntington	Kosciusko	LaGrange	Noble	Wabash	Whitley
<b>Alzheimer's Disease#</b> (per 100,000)	2017	36.6	24.5	27.2	37.3	30.3	46.0	23.9
	2014	30.1	23.1	33.3	25.5	38.9	25.8	20.0
<b>Alzheimer's Disease or Dementia*</b> (%)	2017	11.4%	11.1%	10.3%	10.7%	9.7%	12.7%	10.2%
	2014	11.0%	10.5%	9.5%	8.3%	7.9%	10.4%	9.0%
<b>Osteoporosis*</b> (%)	2017	5.9%	7.1%	4.9%	4.9%	4.8%	6.3%	5.1%
	2014	5.7%	6.5%	4.5%	4.7%	5.2%	6.4%	4.6%

## Cancer

Cancer (the suite of diseases resulting in abnormally and often uncontrollable growth of malignant cells) collectively forms the second leading cause of death in the United States. Although, overall mortality due to cancer continues to decline, it is still the second leading cause of death ("Cancer Data and Statistics | CDC," 2019). [Table 15](#) compares the rates of cancer in each county. Noble County had the second highest rate for oral cavity and pharynx cancer (12.7 per 100,000 population).

**Table 15: Cancer (per 100,000)**

Indicator	Year	Allen	Huntington	Kosciusko	LaGrange	Noble	Wabash	Whitley
<b>Breast Cancer#</b>	2015	23.2	21.4	28.3	18.8	23.8	25.7	17.9
	2014	25.9	25.7	28.0	16.9	22.5	24.3	19.3
<b>Colorectal Cancer#</b>	2015	14.8	17.5	18.6	12.0	15.7	15.4	12.3
	2014	15.6	17.0	16.2	10.9	16.9	13.2	13.1
<b>Oral Cavity and Pharynx</b>	2015	11.6	7.7	11.2	11.2	12.7	11.7	17.4
	2014	11.3	9.1	10.9	N/A	11.3	13.8	8.1
<b>Prostate Cancer#</b>	2015	22.2	17.3	23.1	22.7	26.4	27.0	31.5
	2014	21.4	24.8	23.8	N/A	31.0	28.5	39.9

†Incidence Rate. #Age-Adjusted Death Rate.

## Cardiovascular Disease

Heart disease is the leading cause of death according to the CDC (“Heart Disease Facts & Statistics | cdc.gov,” 2018). The most common of these is coronary artery disease, which can lead to heart attack (“Heart Disease Facts & Statistics | cdc.gov,” 2018). Heart disease affects populations of all races and genders, and usually occurs in middle age. *Table 16* shows that Noble County has the highest age-adjusted death rate for stroke (46.2 per 100,000) but the lowest age-adjusted death rate for heart attacks (55.7 per 100,000) and low percentage of hyperlipidemia (35.3%) among the seven counties.

**Table 16: Cardiovascular Disease (per 100,000)**

Indicator	Year	Allen	Huntington	Kosciusko	LaGrange	Noble	Wabash	Whitley
<b>Coronary Heart Disease<sup>‡</sup></b>	2017	85.1	99.6	93.0	92.7	96.1	120.1	90.6
	2014	90.7	101.7	92.7	77.1	119.3	97.6	98.0
<b>Stroke<sup>‡</sup></b>	2017	36.5	42.6	38.3	34.8	46.2	45.5	37.9
	2014	39.2	63.2	41.9	54.1	46.8	35.5	27.3
<b>Heart Attacks<sup>‡</sup></b>	2016	61.5	62.0	68.9	57.7	55.7	99.3	60.9
	2014	69.4	69.1	71.5	62.6	62.0	96.8	68.8
<b>Hyperlipidemia* (%)</b>	2017	39.4%	44.4%	42.1%	37.4%	35.3%	44.5%	39.2%
	2014	42.8%	43.5%	45.1%	41.0%	41.3%	41.1%	41.0%
<b>Stroke* (%)</b>	2017	3.9%	3.4%	3.6%	2.2%	3.2%	3.3%	2.8%
	2014	3.9%	3.2%	3.1%	2.6%	2.8%	3.2%	3.1%

\*Medicare Population. <sup>‡</sup>Age-Adjusted Death Rate.

## Chronic Kidney Disease

Chronic kidney disease is a gradual loss of kidney function. In the early stages of this disease, it is possible that very few signs or symptoms will be present, but the disease can lead ultimately to kidney failure and death (*National Chronic Kidney Disease Fact Sheet, 2017, n.d.*). *Table 17* shows that Noble County had the second highest age-adjusted death rate for kidney disease (23.4 per 100,000).

**Table 17: Chronic Kidney Disease**

Indicator	Year	Allen	Huntington	Kosciusko	LaGrange	Noble	Wabash	Whitley
<b>Chronic Kidney Disease*</b>	2017	24.7%	28.8%	23.6%	21.4%	23.8%	24.4%	22.2%
	2014	18.0%	21.8%	16.1%	14.0%	14.9%	17.5%	16.3%
<b>Kidney Disease<sup>‡</sup></b> (per 100,000)	2017	21.8	27.6	13.1	N/A	23.4	16.3	20.6
	2014	24.9	31.2	15.1	N/A	18.5	15.5	N/A

\*Medicare population. <sup>‡</sup>Age-Adjusted Death Rate.

## Diabetes

Diabetes is a group of diseases which affect the way the body uses blood sugar. A diabetes diagnosis means a person has too much blood sugar, which can lead to other more serious health complications (“Diabetes and Prediabetes | CDC,” n.d.) (*Table 18*).

**Table 18: Diabetes**

Indicator	Year	Allen	Huntington	Kosciusko	LaGrange	Noble	Wabash	Whitley
<b>Diabetes</b> ‡ (per 100,000)	2017	27.2	30.8	30.2	26.3	29.9	28.9	22.0
	2014	21.8	18.1	30.3	25.9	32.4	45.3	26.2
<b>Diabetes*</b> (%)	2017	26.3	27.8	27.4	26.5	27.2	29.4	26.7
	2014	25.3	26.5	27.4	25.8	26.6	27.2	24.4

‡Age-Adjusted Death Rate. \*Medicare population.

## Drug and Alcohol Abuse and Addiction

Drug use and dependence can cause accidental death, unintentional injury, or other health problems. Substance abuse is preventable and may be treatable. According to the CDC, excessive alcohol use can lead to an increased risk of health problems, such as liver disease (“CDC - Fact Sheets-Alcohol Use And Health: Alcohol,” 2018) and unintentional injuries. Noble County had the lowest percentage of alcohol-impaired driving deaths (9.4%) as well as non-fatal ED visits from opioid overdoses (56.7 per 100,000 population) (*Table 19*).

**Table 19: Substance Abuse**

Indicator	Year	Allen	Huntington	Kosciusko	LaGrange	Noble	Wabash	Whitley
<b>Adults who Drink Excessively</b> (%)	2016	18.7%	17.7%	17.3%	18.2%	17.8%	16.9%	18.0%
	2014	16.2%	15.6%	16.3%	16.4%	15.8%	14.9%	16.1%
<b>Alcohol-Impaired Driving Deaths</b> (%)	2017	33.3%	17.4%	16.7%	15.0%	9.4%	29.0%	22.2%
	2014	30.2%	4.6%	36.6%	34.2%	11.1%	23.7%	29.2%
<b>Non-Fatal ED Visits - Opioid Overdoses</b> ^	2017	88.8	107.3	98.5	N/A	56.7*	159.0	137.5*
	2014	13.9	65.5**	28.0	N/A	N/A	77.8**	N/A
<b>Controlled Substances Dispensed</b> ^^	2016	0.8	1.0	0.9	3.3	0.9	1.2	1.0
	2014	1.5	1.9	1.6	0.9	1.7	2.0	1.9
<b>Substance Abuse Treatment Rate: Alcohol</b> ^	2015	198.9	122.9	165.4	172.6	184.4	329.8	110.8
	2014	197.9	92.6	113.3	179.5	182.7	257.3	104.8

\*2016 data. \*\*2015 data. ^per 100,000. ^^per capita

## Food Safety

Salmonellosis is an infection with Salmonella bacterium. Salmonella are usually transmitted to humans by eating foods contaminated with animal feces. Contaminated foods are often of animal origin, such as beef, poultry, milk, or eggs, but any food, including vegetables, may become contaminated. Most persons infected with Salmonella develop diarrhea, fever, and abdominal cramps 12 to 72 hours after infection (“Salmonella Homepage | CDC,” 2019). The illness usually lasts four to seven days, and most persons recover without treatment. *Table 20* indicates that Noble County had the fourth highest salmonella infection incidence rate (16.9 per 100,000 population) out of the seven counties in the Parkview health region (*Table 20*).

**Table 20: Food Safety (per 100,000).**

Indicator	Year	Allen	Huntington	Kosciusko	LaGrange	Noble	Wabash	Whitley
Salmonella Infection <sup>†</sup>	2017	13.1	16.5	20.2	15.3	16.9	22.3	23.7
	2014	7.9	24.7*	17.8	28.1*	21.0	15.7*	23.9**

\*2016 data. \*\*2015 data. †Incidence Rate.

## Infectious Disease

Hepatitis C and influenza are types of infectious diseases caused by viruses. Hepatitis C is a contagious liver disease ranging from mild to severe illnesses transmitted primarily from the sharing of needles. Influenza is a contagious disease that in most cases causes the complication of pneumonia. Noble County had the lowest Hepatitis C prevalence rate (48.5 per 100,000) and the second lowest influenza rate (15.7 per 100,000) among the seven counties (*Table 21*).

**Table 21: Infectious Disease (per 100,000)**

Indicator	Year	Allen	Huntington	Kosciusko	LaGrange	Noble	Wabash	Whitley
Hepatitis C Prevalence	2017	83.1	82.6	72.0	N/A	48.5	194.0	N/A
	2014	65.6	54.5	39.5	N/A	52.5	77.5	N/A
Influenza/ Pneumonia <sup>‡</sup>	2017	9.3	27.7	17.0	N/A	15.7	19.3	N/A
	2014	12.4	18.7	16.5	N/A	18.0	17.0	20.6*

\*2012 data. ‡Age-Adjusted Death Rate.

## Maternal, Infant, and Child Health

Maternal, infant, and child health care is a broad category which encompasses a variety of health indicators related to pregnancy, birth, and complications at the time of and immediately following birth. Affected populations include mothers and their children. Although all county percentages decreased for mothers who did not receive prenatal care during the first trimester of pregnancy, LaGrange County had the highest percentage (56.2%) and Huntington County had the lowest (23.6%). In contrast, Huntington County had the highest percentage of

preterm births (11.1%) and LaGrange County had the lowest percentage of mothers who smoked during pregnancy (6.2%). The rate of child abuse Noble County had the lowest percentage of babies with low birth weight (5.7%) and percentage of preterm births (6.5%) (*Table 22*). This county also had the second highest child abuse rate (18.1 per 1,000 children).

**Table 22: Maternal, Infant and Child Health**

Indicator	Year	Allen	Huntington	Kosciusko	LaGrange	Noble	Wabash	Whitley
<b>Babies with Low Birth Weight (%)</b>	2017	8.8%	9.7%	6.7%	6.9%	5.7%	7.9%	5.8%
	2014	9.4%	7.0%	7.6%	5.6%	6.2%	9.1%	7.3%
<b>Child Abuse Rate§</b>	2015	10.3	16.6	8.4	10.2	18.1	26.3	13.3
	2014	8.9	20.7	6.8	11.6	11.5	26.9	10.2
<b>Mothers with no prenatal care in 1<sup>st</sup> trimester (%)</b>	2017	41.6%	23.6%	55.7%	56.2%	37.7%	28.2%	30.8%
	2014	45.2%	32.2%	63.8%	62.1%	38.4%	36.1%	32.8%
<b>Mothers who Smoked During Pregnancy (%)</b>	2017	10.3%	21.5%	15.1%	6.2%	16.7%	26.3%	14.1%
	2014	10.3%	16.8%	15.6%	6.7%	19.0%	25.2%	17.5%
<b>Preterm Births (%)</b>	2017	9.6%	11.1%	8.4%	7.7%	6.5%	10.1%	9.2%
	2014	10.1%	7.2%	9.0%	5.6%	8.7%	9.4%	8.7%

§Cases per 1,000 children.

## Mental Health

Depression is a serious illness that affects an individual’s ability to perform daily tasks or cope with daily life. Individuals with depression are at higher risk for other mental illnesses, injury, or death (“NIMH» Depression,” n.d.). Depression is also linked to economic and social burdens, which may perpetuate depressive episodes. Depression among the Medicare population was third highest for Noble County (19.8%) (*Table 23*). The percentage was an increase of 0.8% from 2014.

**Table 23: Mental Health**

Indicator	Year	Allen	Huntington	Kosciusko	LaGrange	Noble	Wabash	Whitley
<b>Depression*(%)</b>	2017	21.2%	20.8%	18.4%	17.8%	19.8%	19.7%	18.1%
	2014	20.7%	18.2%	16.4%	16.7%	19.0%	15.4%	18.1%

\*Medicare population.

## Obesity

Obesity (having a body mass index greater than 30.0) affects all age groups and disproportionately affects people of lower socioeconomic statuses and racial/ethnic groups. There are many complications that can occur as a direct or indirect result of obesity. *Table 24* shows the percentage of adults who are obese. Noble County had the second lowest percentage of obesity (33.2%) among the seven counties.

**Table 24: Obesity**

Indicator	Year	Allen	Huntington	Kosciusko	LaGrange	Noble	Wabash	Whitley
Adults 20+ who are Obese (%)	2015	31.6%	33.9%	36.4%	36.8%	33.2%	34.2%	35.4%
	2014	28.7%	31.9%	34.3%	34.1%	33.9%	32.7%	36.6%

## Respiratory Diseases

Respiratory diseases affect the lungs and other parts of the respiratory system. Chronic lower respiratory disease (CLRD) refers to a diverse group of disorders, such as asthma, emphysema, bronchitis, and chronic obstructive pulmonary disease. Asthma is a chronic, incurable disease which causes many symptoms that make breathing difficult (“CDC - Data and Statistics - Chronic Obstructive Pulmonary Disease (COPD),” 2019). The disease burden is high due to expensive and potentially life-long costs associated with managing symptoms of asthma.

*Table 25* shows the percentage of the Medicare population who have asthma. Noble County had the second lowest percentage of asthma in the Medicare population (5.0%). However, the age-adjusted death rate for chronic lower respiratory diseases was the highest (72.7 per 100,000) among the seven counties.

**Table 25: Respiratory Disease (per 100,000)**

Indicator	Year	Allen	Huntington	Kosciusko	LaGrange	Noble	Wabash	Whitley
Asthma* (%)	2017	6.1%	6.6%	5.6%	3.5%	5.0%	5.7%	5.0%
	2014	5.6%	6.0%	4.5%	3.6%	5.5%	4.8%	5.5%
Chronic Lower Respiratory Diseases‡	2017	50.3	69.4	53.4	50.2	72.7	54.7	49.4
	2014	54.5	58.6	63.3	48.1	78.3	64.7	54.7

\*Medicare population. ‡Age-Adjusted Death Rate.

## Sexually Transmitted Infections

Chlamydia and gonorrhea are two common sexually transmitted diseases (STD) that, in some cases, present no symptoms, but can lead to serious health problems if left untreated (“Chlamydia - STD information from CDC,” 2019; “Gonorrhea - STD information from CDC,” 2019). Younger populations, those with multiple partners, and those who do not use a condom during sex are at high risk to contract these and other sexually transmitted infections. Those who have or have had sexually transmitted infections in the past are at even greater risk. Noble County had the second highest incidence rate for chlamydia (331.0 per 100,000 population) and the third highest incidence rate for gonorrhea (60.8 per 100,000 population) (*Table 26*).

**Table 26: Sexually Transmitted Infections (per 100,000)**

Indicator	Year	Allen	Huntington	Kosciusko	LaGrange	Noble	Wabash	Whitley
Chlamydia†	2016	597.9	294.8	281.1	118.5	331.0	227.1	317.3
	2014	514.6	252.8	198.8	60.5	250.2	182.3	144.2
Gonorrhea†	2016	188.1	43.7	64.9	10.3	60.8	34.2	35.9
	2014	151.8	19.0	62.9	7.9	46.2	12.4	15.0

†Incidence Rate.

## Tobacco Use/Smoking

Smoking is the leading cause of preventable death (CDC Tobacco Free, 2017). People of all ages, races, and genders are susceptible to the effects of smoking and secondhand smoke. *Table 27* shows the adult smoking rate. Noble County had the second highest percentage of adults who smoke (20.8%).

**Table 27: Smoking**

Indicator	Year	Allen	Huntington	Kosciusko	LaGrange	Noble	Wabash	Whitley
Adults who Smoke (%)	2016	18.8%	21.8%	18.7%	20.7%	20.8%	18.9%	18.6%
	2014	20.4%	21.5%	18.5%	22.2%	20.4%	19.2%	18.1%



## Prevention and Safety

Unintentional injuries are a leading cause of death for Americans of all ages, regardless of gender, race, or economic status. Major categories of unintentional injuries include motor vehicle collisions, poisonings, and falls. Table 28 shows that Noble County the second lowest age-adjusted death rates for 2014 and 2017 (49.7 and 44.9, respectively).

**Table 28: Prevention and Safety (per 100,000)**

Indicator	Year	Allen	Huntington	Kosciusko	LaGrange	Noble	Wabash	Whitley
<b>Motor Vehicle Traffic Collisions<sup>‡</sup></b>	2017	10.2	N/A	14.1	N/A	N/A	28.7	N/A
	2014	8.7	N/A	12.0	19.2*	14.7*	34.6	N/A
<b>Unintentional Injuries<sup>‡</sup></b>	2017	50.6	53.8	51.4	26.1	44.9	74.0	47.6
	2014	39.0	41.7	42.0	33.5	49.7	59.9	35.2

\*2012 data. <sup>‡</sup>Age-Adjusted Death Rate.

## SOCIAL DETERMINANTS OF HEALTH (SDOH)

Social determinants of health are the conditions in which people are born, grow, live, work and age. These indicators affect a wide range of health risks and outcomes (Artiga, May 10, 2018). SDOH include factors like socioeconomic status, education, neighborhood, physical environment, employment, and social support networks, as well as access to health care. The effect of individual social determinants of health is difficult to discern as these factors are interdependent and interconnected. Evidence shows that poverty limits access to food, safe neighborhoods, and better education. On the other hand, poorer neighborhoods are severely affected by food insecurities and lower educational status. These ultimately lead to poor health outcomes and reduced life expectancies. A person's ZIP Code can affect his or her health which ultimately leads to a concentration of health disparities in geographical locations identified as poor neighborhoods. Considering the Maslow's Hierarchy of Needs pyramid, it is evident that basic needs like food, shelter, safety, and security serve as the basis of better overall physical and mental health of individuals (Mcleod, n.d.). Focused social determinants of health, also referred to as "upstream" factors by the public health sector, decrease the risk of diseases and the predisposing behavioral and other risk factors (Booske, Athens, Kindig, Park, & Remington, n.d.). [Table 29](#) and [Table 30](#) list the social indicators and access indicators, respectively, for which counties in the Parkview region are in the bottom-performing quartile.

**Table 29: County Social Indicators in the Bottom-Performing Quartile of the State**

Social Issue	Indicator	Allen	Huntington	Kosciusko	LaGrange	Noble	Wabash	Whitley
<b>Economy</b>	Households with Cash Public Assistance Income						X	
	Per Capita Income				X			
<b>Education</b>	4th Grade Proficiency in English/Language Arts					X		
	4th Grade Proficiency in Math						X	
	8th Grade Proficiency in English/Language Arts					X	X	
	High School Graduation						X	
	People 25+ w/ a Bachelor's Degree or Higher				X			
	People 25+ w/ a High School Degree or Higher			X	X	X		
	Student-to-Teacher Ratio	X						X
<b>Employment</b>	Female Population 16+ in Civilian Labor Force				X			
	Total Employment Change			X				X
<b>Social Environment</b>	Households w/ Internet Subscription				X			
	Households w/ >=1 Types of Computing Devices				X			
	People 65+ Living Alone	X						
	Voter Turnout: Presidential Election	X				X		
<b>County</b>		<b>Allen</b>	<b>Huntington</b>	<b>Kosciusko</b>	<b>LaGrange</b>	<b>Noble</b>	<b>Wabash</b>	<b>Whitley</b>
<b># Indicators in Lowest Quartile in State</b>		3	0	2	6	4	4	2

Data Source: Parkview Health Community Dashboard, 2019.

**Table 30: County Access Indicators in the Bottom Performing Quartile of the State**

Issue	Access Indicator	Allen	Huntington	Kosciusko	LaGrange	Noble	Wabash	Whitley
<b>Access to Health Services</b>	Adults with Health Insurance: 18-64			X	X	X		
	Persons with Health Insurance			X	X	X		
	Children with Health Insurance			X	X			
	Clinical Care Ranking			X	X	X		
	Non-Physician Primary Care Provider Rate <sup>†</sup>				X	X	X	X
	Primary Care Provider Rate <sup>†</sup>				X	X		
	Dentist Rate <sup>†</sup>				X			
	Mental Health Provider Rate <sup>†</sup>				X			
<b>Food Access</b>	Preventable Hospital Stays <sup>*</sup>					X		
	Food Insecure Children Likely Ineligible for Assistance							X
	Food Insecurity Rate	X						
	Children with Low Access to a Grocery Store	X						
	Low-Income and Low Access to a Grocery Store	X	X					
	People 65+ with Low Access to a Grocery Store	X	X					
	People with Low Access to a Grocery Store	X	X					
	Households w/o Car & Low Access to Grocery Store				X			
<b>Access to Safe and Healthy Environment</b>	Fast Food Restaurant Density		X				X	
	SNAP Certified Stores				X	X		
	Physical Environment Ranking			X		X		
	Houses Built Prior to 1950		X				X	
<b>Housing Affordability and Supply</b>	Violent Crime Rate	X						
	Homeownership			X				
	Spending >=30% Household Income on Rent		X					
<b>Transportation</b>	Severe Housing Problems				X			
	Households without a Vehicle				X			
	Workers Commuting by Public Transportation			X		X		
	Workers who Drive Alone to Work						X	X
	Workers who Walk to Work	X						X
<b>County</b>		<b>Allen</b>	<b>Huntington</b>	<b>Kosciusko</b>	<b>LaGrange</b>	<b>Noble</b>	<b>Wabash</b>	<b>Whitley</b>
<b># Indicators in the Lowest Quartile in the State</b>		<b>7</b>	<b>6</b>	<b>7</b>	<b>13</b>	<b>9</b>	<b>4</b>	<b>4</b>

\*Medicare population. †Providers per 100,000 population. Data Source: Parkview Health Community Dashboard, 2019.

## Access to Health Services

Access to comprehensive, quality healthcare services is important for promoting and maintaining health, preventing and managing disease, reducing unnecessary disability and premature death, and achieving health equity for all Americans. Noble County had the highest rate in preventable hospital stays (79.2 per 1,000 population). The county also had the second lowest dentist rate (27 per 100,000 population), non-physician primary care provider rate (21 per 100,000 population), and primary care provider rate (27 per 100,000 population) among the seven counties (*Table 31*). LaGrange County had the lowest percentage of adults with health insurance ages 18-64, children with health insurance, dentist rate, mental health provider rate, persons with health insurance, and primary care provider rate (*Table 32*). LaGrange County is also home to a large Amish population who may be using other means of healthcare mentioned in these categories.

**Table 31: Access to Health Services**

Indicator	Year	Allen	Huntington	Kosciusko	LaGrange	Noble	Wabash	Whitley
<b>Adults with Health Insurance: 18-64 (%)</b>	2017	89.0%	91.0%	87.0%	75.7%	88.0%	89.5%	90.3%
<b>Children with Health Insurance (%)</b>	2017	93.2%	95.0%	91.0%	74.7%	93.2%	94.3%	94.2%
<b>Dentist Rate<sup>†</sup></b>	2017	64	41	32	23	27	41	41
<b>Mental Health Provider Rate<sup>†</sup></b>	2018	164	63	144	28	82	198	66
<b>Non-Physician Primary Care Provider Rate<sup>†</sup></b>	2018	143	69	43	33	21	25	18
<b>Persons with Health Insurance (%)</b>	2017	90.3%	92.1%	88.2%	75.1%	89.6%	90.8%	91.4%
<b>Preventable Hospital Stays* (per 1,000)</b>	2015	52.5	67.0	59.2	55.6	79.2	50.7	40.8
<b>Primary Care Provider Rate<sup>†</sup></b>	2016	65	63	40	26	27	41	54

\*Medicare population. †Providers per 100,000 population.

## Built/Physical Environment

The built environment is the space in which we live, work, learn, and play. It includes workplaces and housing, businesses and schools, landscapes and infrastructure. Built environment influences the public's health, particularly in relation to chronic diseases.

Despite significant evidence that an active lifestyle along with proper nutrition and reduced exposure to toxic conditions can lower the burden of chronic disease, our built environments are not well-designed to facilitate healthy behaviors or create good health conditions. Noble County had third lowest access to exercise opportunities percentage (64.0%)

compared to the other counties LaGrange County had the lowest access to exercise opportunities (26.4%) while Allen County had the highest (78.5%) (Table 32). Huntington County had the highest percent of households built prior to 1950, at 45.8%. Households built prior to 1950 could be a concern for the public’s health if they have not undergone substantial updates to remove lead-based paint. This type of paint is a toxin that causes nervous system damage, stunted growth, and delayed development.

**Table 32: Built/Physical Environment**

*\*Households*

Indicator	Year	Allen	Huntington	Kosciusko	LaGrange	Noble	Wabash	Whitley
<b>Access to Exercise Opportunities</b>	2019	78.5%	76.3%	67.4%	23.4%	64.0%	67.7%	57.4%
<b>Households Built Prior to 1950</b>	2013-2017	19.6%	45.8%	22.8%	25.3%	30.5%	44.1%	28.0%

## Economy

The lower one’s income, the higher the risk of disease and premature death. As shown in Table 33, per capita income in Noble County is fourth highest in the Parkview area (\$25,260). For cash public assistance income percentage, Noble County is the third lowest (1.5%).

Among minorities, income is one of the driving forces behind health disparities. Racial health disparities observed among non-Hispanic Whites, Blacks, and Hispanics are minimized by the disparities due to income observed within each racial group. That is, higher-income Blacks, Hispanics, and Native Americans have better health than members of their groups with less income and this income gradient appears to be more strongly tied to health than their race or ethnicity.

**Table 33: Economy**

*\*Households*

Indicator	Year	Allen	Huntington	Kosciusko	LaGrange	Noble	Wabash	Whitley
<b>Asset Limited, Income Constrained, Employed*</b>	2016	22.1%	26.5%	28.4%	29.3%	25.7%	25.0%	21.5%
<b>Cash Public Assistance Income (%)*</b>	2013-2017	2.2%	1.7%	1.8%	1.0%	1.5%	2.3%	0.9%
<b>Per Capita Income (\$)</b>	2013-2017	\$26,932	\$24,222	\$27,884	\$22,780	\$25,260	\$24,700	\$28,073

## Education

Education has an indirect effect on the health of individuals. Education is important for higher-paid jobs, economic productivity and a healthier population. Educational attainment not only defines income status and job opportunities; it also affects life expectancy. Between 1990 and 2008, the life expectancy gap between the most and least educated Americans grew from 13 to 14 years among males and from 8 to 10 years among females (Rosoff & Lohoff, 2019). The gap has widened since the 1960s. Individuals with low educational attainment levels have a higher risk of heart disease, diabetes, and diminished physical abilities due to health reasons, or

are disabled. They also tend to have higher rates of risky behaviors like smoking, drinking, and illicit drug use.

*Table 34* shows educational attainment level in the Parkview region. Noble County had the lowest percentages of 4<sup>th</sup> and 8<sup>th</sup> grade students proficient in English/Language Arts (58.0% and 51.5%), respectively.

**Table 34: Education**

Indicator	Year	Allen	Huntington	Kosciusko	LaGrange	Noble	Wabash	Whitley
<b>4th Grade Students Proficient in English/Language Arts (%)</b>	2017	63.2%	74.4%	65.0%	65.4%	58.0%	69.4%	64.2%
<b>4th Grade Students Proficient in Math (%)</b>	2017	56.9%	62.9%	62.9%	67.0%	57.7%	54.9%	60.3%
<b>8th Grade Students Proficient in English/Language Arts (%)</b>	2017	61.8%	70.7%	58.3%	63.9%	51.5%	55.7%	63.5%
<b>High School Graduation (%)</b>	2017	91.8%	91.8%	92.6%	92.3%	91.2%	87.1%	91.3%
<b>People 25+ with a Bachelor's Degree or Higher (%)</b>	2013-2017	27.5%	18.1%	22.3%	9.9%	14.0%	18.7%	19.5%
<b>People 25+ with a High School Degree or Higher (%)</b>	2013-2017	89.4%	90.5%	84.8%	63.3%	85.0%	88.7%	91.1%
<b>Student-to-Teacher Ratio (Students per teacher)</b>	2016-2017	18.5	15.2	16.3	15.2	16.1	17.2	18.1

## Employment

Employment has a multifaceted effect on the health of individuals. Well-paid jobs translate into better access to nutritious food, education, healthier/safer neighborhoods, and good health insurance benefits for individuals and their families. Conversely, low-paid jobs or job layoffs result in poor health and stress-related conditions such as stroke, heart attack, heart disease, or arthritis. Additionally, good health influenced by healthy and safe working conditions.

The total employment change increased by 3.7% in Noble County during the 2015-2016 time period. Allen County had the highest female population ages 16+ in the civilian labor force at 62.0%. The total employment change was positive for most counties, but Kosciusko and Whitley Counties decreased by 1.1% and 2.7%, respectively (*Table 35*).

**Table 35: Employment**

Indicator	Year	Allen	Huntington	Kosciusko	LaGrange	Noble	Wabash	Whitley
<b>Female Population 16+ in Civilian Labor Force)</b>	2013-2017	62.0%	59.6%	57.2%	47.1%	59.8%	55.3%	57.0%
<b>Total Employment Change</b>	2015-2016	2.4%	2.1%	-1.1%	4.4%	3.7%	2.2%	-2.7%

## Food Security

Food security measures accessibility to and affordability of food. According to the World Health Organization (WHO), the three pillars of food security are availability, access, and use/misuse (“What is food security? | WFP | United Nations World Food Programme-Fighting Hunger Worldwide,” n.d.). On the other hand, food insecurity refers to the inability to afford enough food for an active, healthy life (“Food Insecurity,” n.d.). Food insecurity is associated with adverse health outcomes in children and adults. It is linked to an increased risk of depression, cardiovascular disease, and peripheral arterial disease in older adults (Laraia, 2013). Access to healthy, nutritious food—including fruits and vegetables—is of utmost importance to live a healthy lifestyle.

Among the seven counties, Noble County had the second lowest fast food restaurant density (0.55 per 1,000 population), food insecurity rate (9.4%), percentage of adults 65 and over with low access to a grocery store (0.5%), and SNAP certified stores (0.7 per 1,000 population) (*Table 36: Access to Food*).



**Table 36: Access to Food**

Indicator	Year	Allen	Huntington	Kosciusko	LaGrange	Noble	Wabash	Whitley
Children w/ Low Access to a Grocery Store	2015	7.8%	5.4%	4.9%	0.0%	1.7%	1.9%	1.3%
Fast Food Restaurant Density*	2014	0.66	0.84	0.69	0.21	0.55	0.81	0.60
Food Insecurity Rate	2017	13.3%	11.4%	10.0%	9.2%	9.4%	11.9%	10.1%
Households w/ No Car and Low Access to a Grocery Store	2015	2.7%	2.1%	3.1%	21.4%	2.9%	2.6%	1.5%
Low-Income and Low Access to a Grocery Store	2015	9.8%	8.5%	5.6%	0.1%	2.1%	4.7%	1.9%
65+ with Low Access to a Grocery Store	2015	3.8%	3.6%	2.4%	0.0%	0.5%	1.1%	0.6%
Low Access to a Grocery Store	2015	30.4%	22.2%	18.3%	0.2%	5.7%	10.5%	5.1%
SNAP Certified Stores*	2016	0.8	0.8	0.8	0.5	0.7	0.9	0.8

\*Per 1,000 population

## Homeownership and Housing Affordability

The net income and wealth of an individual affects homeownership. “Housing is commonly considered *affordable* when a family spends less than 30 percent of its income to rent or buy a residence. (“How Does Housing Affect Health?,” 2011). The shortage of affordable housing limits a family’s options in choosing their place of residence. This ultimately leads to poor families living in subsidized housing in neighborhoods that are unsafe and lack the assets needed for healthier lifestyle e.g., parks, bike paths, walking tracks, recreational activities, and grocery stores with healthy selections. The burden faced by families to afford housing affects their ability to meet other essential needs like nutrition and healthcare.

Noble County had the second highest percentage of severe housing problems among the seven-county Parkview region. Whitley County had the highest percentage of homeownership at 73.4%, and Kosciusko County had the lowest at 59.5%. Severe housing problems are highest in LaGrange County (15.1%). Huntington County has the least affordable rental housing with nearly half of the renters spending more than 30% of their income ([Table 37](#)).

**Table 37: Homeownership**

Indicator	Year	Allen	Huntington	Kosciusko	LaGrange	Noble	Wabash	Whitley
Homeownership	2013-2017	62.5%	69.8%	59.5%	68.0%	66.4%	67.5%	73.4%
Renters Spending 30% or More of Household Income on Rent	2013-2017	45.1%	47.3%	37.9%	32.0%	39.8%	45.0%	39.9%
Severe Housing Problems	2011-2015	11.8%	10.6%	10.9%	15.1%	12.2%	10.9%	8.5%

## Public Safety

Public safety is another important social determinant of health. Just as affordable housing is important in achieving positive health outcomes, the conditions/environment surrounding the housing affect health outcomes. High crime rates can lead to mental distress, a lower quality-of-life, an increase in negative health outcomes, premature death, or non-fatal injuries (Margolin, Vickerman, Oliver, & Gordis, 2010). An example of the negative effect of a high crime rate in the neighborhood is a reluctance of residents to walk outdoors or permit their children to play or bike outside which encourages obesity and related health issues.

The violent crime rate was the third highest in Noble County at 158.0 per 100,000 population (*Table 38*).

**Table 38: Public Safety**

Indicator	Year	Allen	Huntington	Kosciusko	LaGrange	Noble	Wabash	Whitley
Violent Crime Rate	2014-2016	295.9	33.0	159.3	103.5	158.0	50.7	45.5*

\*2009-2011

## Social Environment

Social support and interaction are the most important factors in predicting one's physical health and well-being, regardless of age ("The importance of social interaction to human health |," n.d.). Today, people socialize more often with others through technology. Social media has become the preferred method of making, maintaining, and communicating with friendships and filling leisure time. Individuals use the Internet for various day-to-day activities like banking, paying bills, shopping, studying, and more.

Noble County had the second highest percentage of households with an Internet subscription (76.1%). LaGrange County has the lowest percentage of households with an internet subscription and households with one or more types of computing devices, 54.8% and

63.9%, respectively (*Table 39*). The high Amish population in LaGrange County may contribute to this. Civic engagement defined by voting shows more than 50% turnout in all counties.

An aging population suffers from a higher risk of social isolation than a younger population as indicated by Americas Health Rankings. The percentage of individuals age 65 and older living alone was 28.1% for Noble County.

Finally, voter turnout for Noble County in the presidential election was the second lowest (56%) among the seven counties.

**Table 39: Social Environment**

Indicator	Year	Allen	Huntington	Kosciusko	LaGrange	Noble	Wabash	Whitley
<b>Households with an Internet Subscription</b>	2013-2017	78.9%	73.7%	75.3%	54.8%	76.1%	70.9%	76.0%
<b>Households with &gt;= 1 Type of Computing Device</b>	2013-2017	88.1%	85.4%	85.5%	63.9%	85.5%	85.4%	88.0%
<b>People 65+ Living Alone</b>	2013-2017	30.4%	26.1%	24.4%	16.2%	28.1%	27.6%	25.7%
<b>Voter Turnout: Presidential Election</b>	2016	55%	63%	61%	71%	56%	61%	71%

## Transportation

Transportation is often cited as a barrier to healthcare access, especially in rural areas. The consequences of this hurdle include rescheduled or missed appointments, delayed care, and missed or delayed medication use (“Traveling Towards Disease: Transportation Barriers to Health Care Access,” n.d.) which leads to inadequate management of chronic illness and deficient health outcomes. In Indiana, a nonexistent comprehensive public transportation system contributes to this dilemma (*Table 40*). Individuals using public transport to commute to work is less than one percent in all counties. For Noble County, the percentage of workers commuting by public transportation was 0.0%. Households without a vehicle is highest in LaGrange County at 27.8%. The preference of the Amish population to use horses and wagons rather than motor vehicles is likely reflected in this observation.

**Table 40: Transportation**

Indicator	Year	Allen	Huntington	Kosciusko	LaGrange	Noble	Wabash	Whitley
<b>Households without a Vehicle</b>	2013-2017	6.3%	4.8%	6.3%	27.8%	5.3%	4.5%	3.6%
<b>Workers Commuting by Public Transportation</b>	2013-2017	0.8%	0.3%	0.1%	0.2%	0.0%	0.7%	0.3%

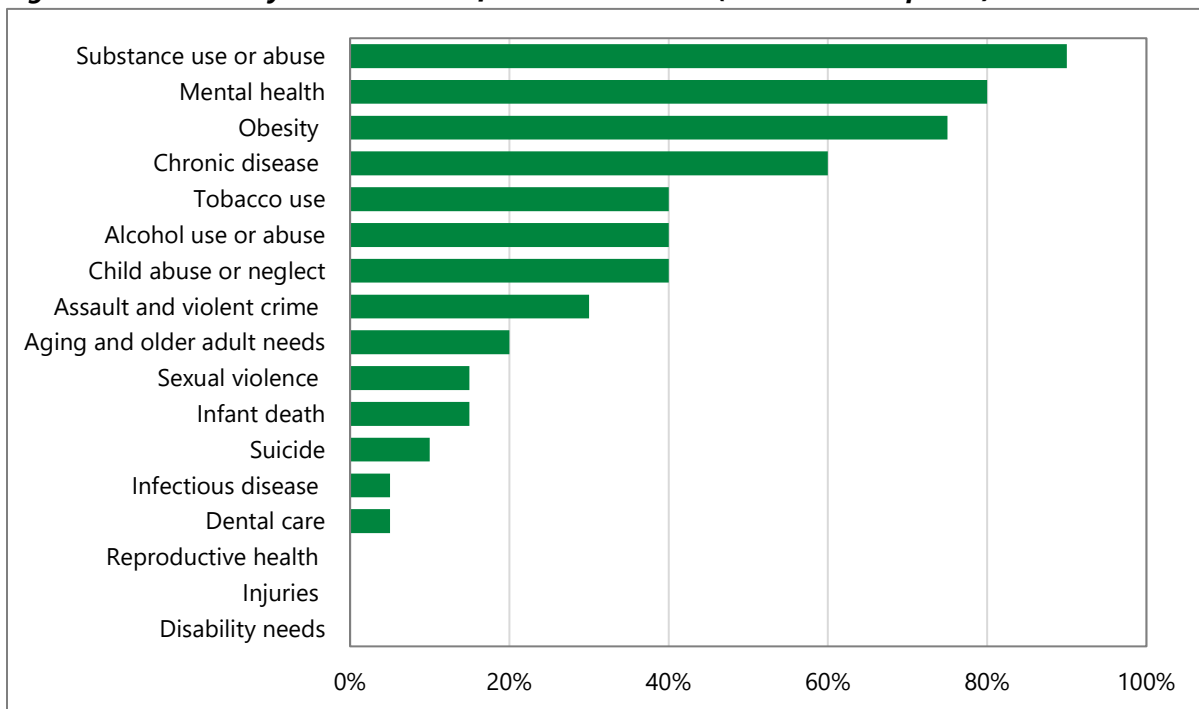
# COMMUNITY PERCEPTIONS

## PROVIDER SURVEY RESULTS

### Top Community Health Concerns (Provider Perceptions)

Providers in Noble County perceive that the top three greatest community health issues of concern are **substance abuse services** (90.0%), **mental health counseling** (80.0%), and **obesity** (75.0%) (*Figure 18*).

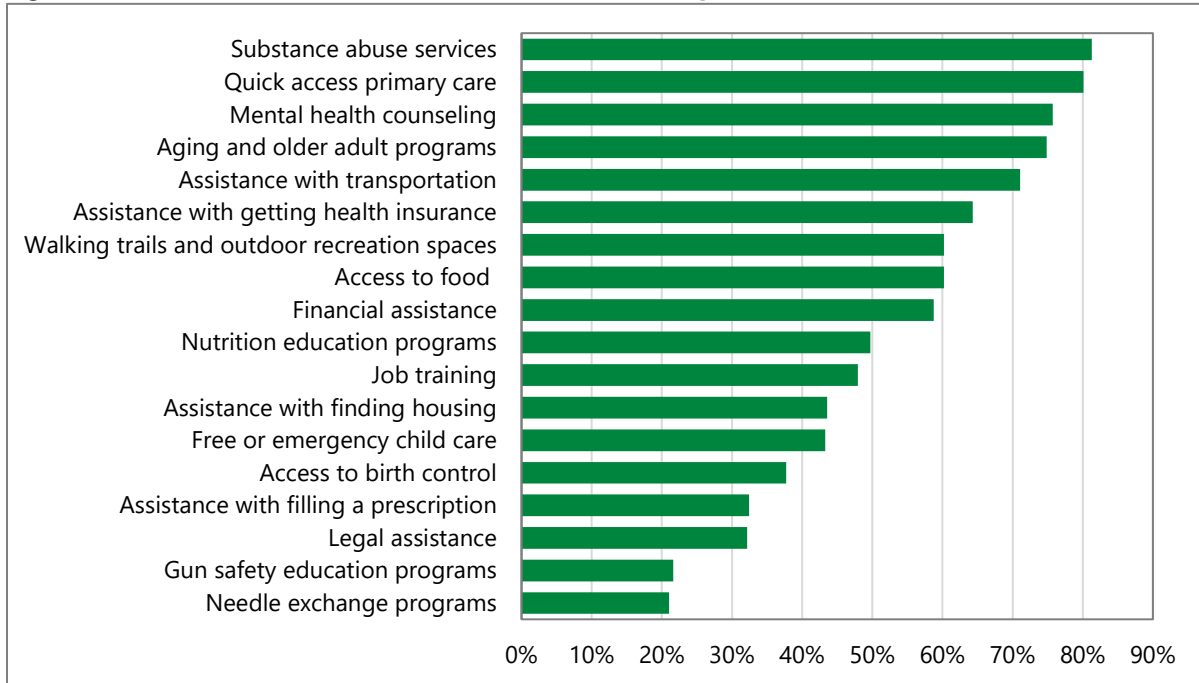
**Figure 18: Community Health Issues of Greatest Concern (Provider Perceptions)**



## Most Important Service Needs (Provider Perceptions)

The three most important service needs identified by providers in Noble County include **substance abuse services** (81.3%), **quick access primary care** (80.1%), and **mental health counseling** (75.7%) (*Figure 19*).

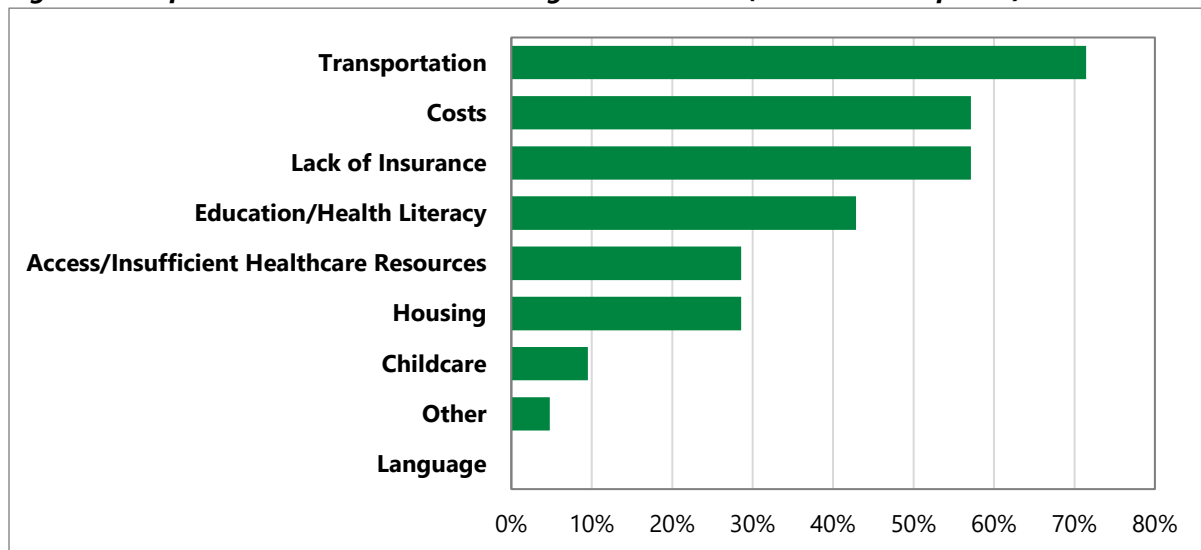
**Figure 19: Greatest Social Service Needs (Provider Perceptions)**



## Top Barriers to Care/Service Access (Provider Perceptions)

Providers in Noble County identified **transportation** as the biggest barrier faced by community members when accessing care/services (71.4%). Providers also identified **costs** (57.1%), **lack of insurance** (57.1%), and **education/health literacy** (42.9%) as major concerns (Figure 20).

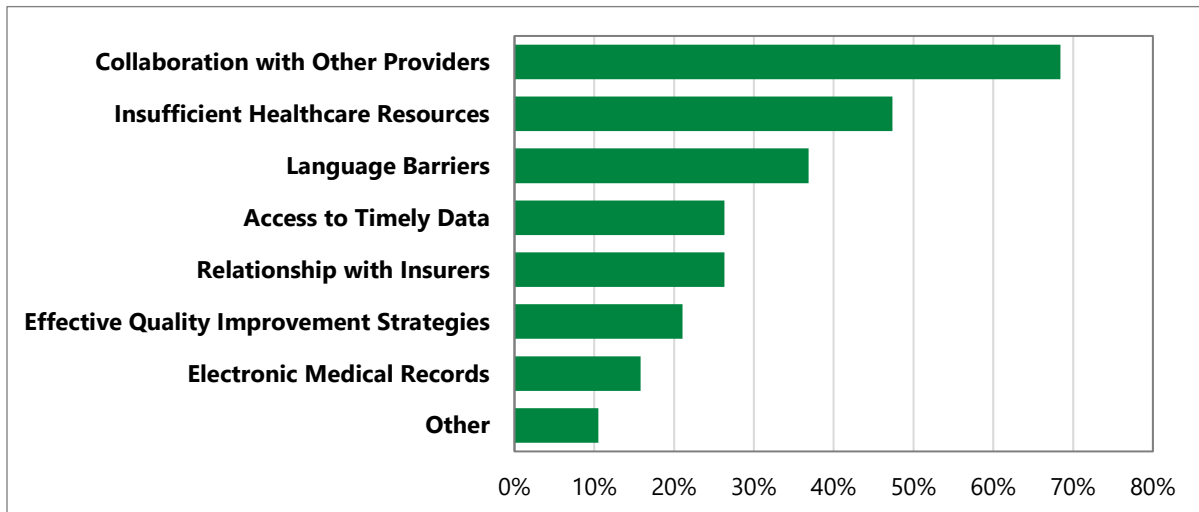
**Figure 20: Top Barriers to Patients Accessing Care/Services (Provider Perceptions)**



## Top Barriers to Care/Service Delivery (Provider Perceptions)

Providers in Noble County identify the top barriers in care/service delivery as the **collaboration with other providers** (68.4%), **insufficient healthcare resources**, (47.4%), and **language barriers** (36.8%) (Figure 21).

**Figure 21: Top Barriers to Providing Care/Services (Provider Perceptions)**



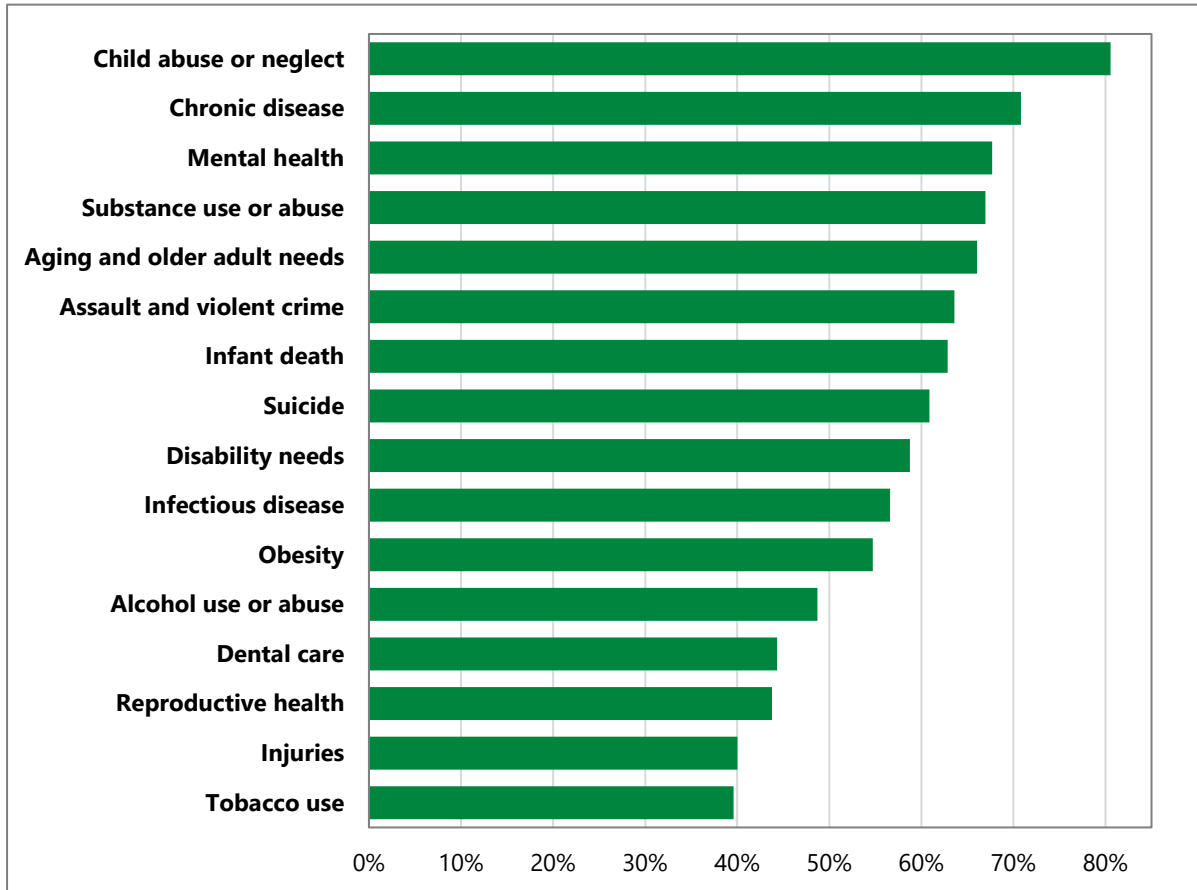


# COMMUNITY SURVEY RESULTS

## Community Health Concerns

Public survey respondents in the Parkview region ranked **child abuse or neglect** as their top (80.6%) health concern, followed by **chronic disease** (70.8%) and **mental health** (67.7%) (Figure 22).

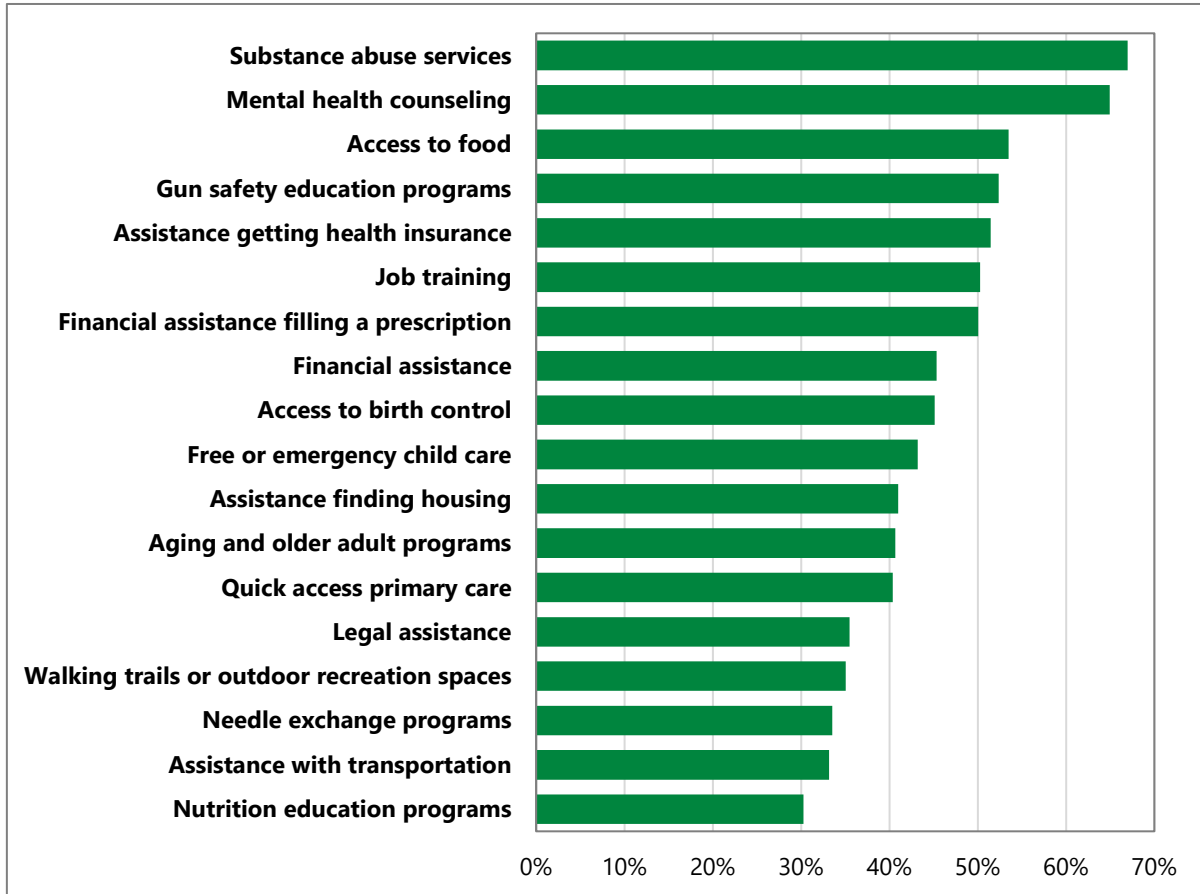
**Figure 22: Top Community Health Concerns (Community Perceptions)**



## Social Issues Important to the Community

**Substance abuse services** is most frequently indicated by community respondents as a top social service issue for their community (67.0%), followed by **mental health counseling** (64.9%) and **access to food** (53.5%) (*Figure 23*).

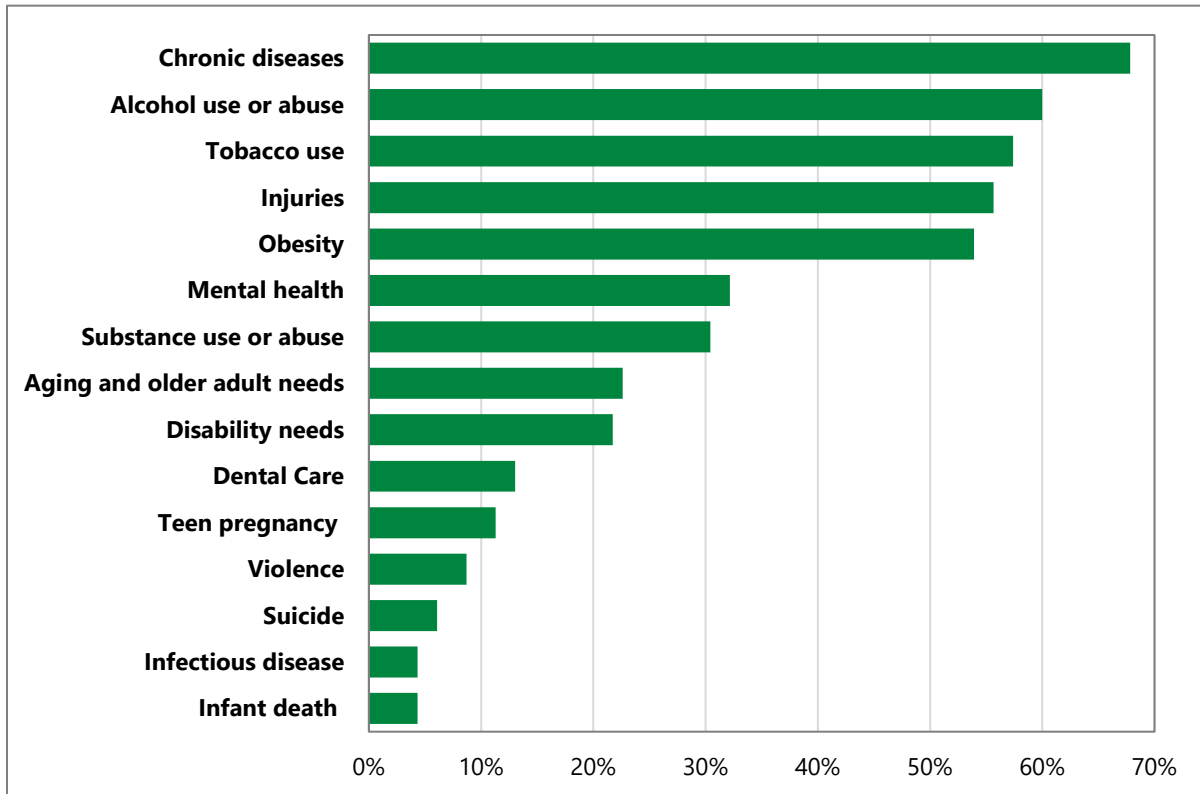
**Figure 23: Top Social Service Needs (Community Perceptions)**



## AMISH COMMUNITY SURVEY RESULTS

The Amish community survey results indicate the top community health concerns are **chronic diseases** (67.8%), **alcohol use or abuse** (60%), **tobacco use** (57.4%), **injuries** (55.7%), and **obesity** (53.9%) (Figure 24). A detailed report comparing survey results from 2016 and 2019 serves as a companion piece to this CHNA report.

**Figure 24: Top Health Concerns Identified by Amish Community**

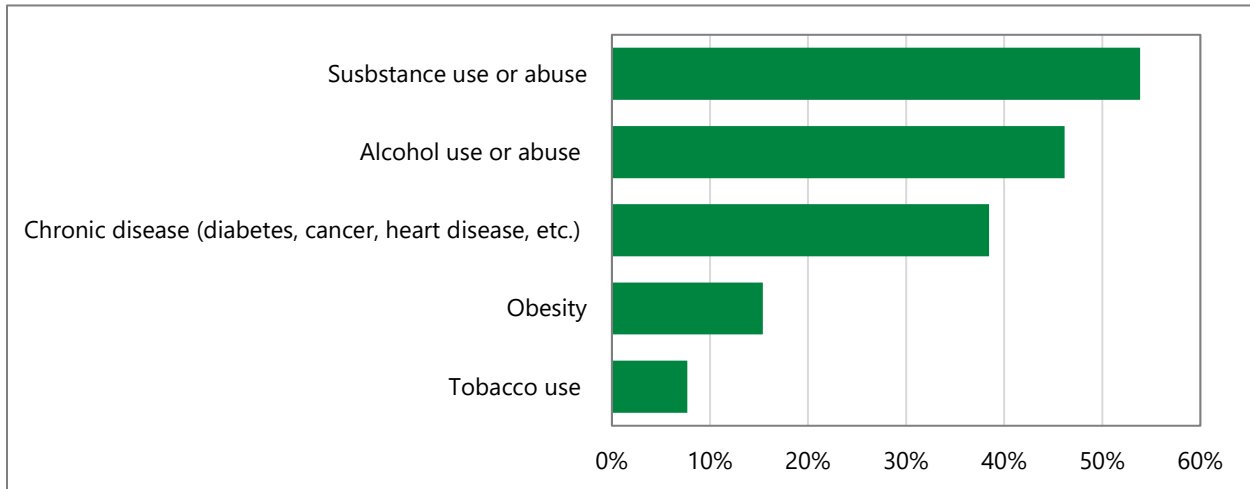


In the 2016 Parkview Health CHNA, the health issues perceived as “big problems” by the Amish community were **drug use** (72.4%), **overweight/obese** (65.5%), and **alcohol use** (60.3%). In 2019, **substance use** (“drug abuse” in 2016) ranked seventh among the top health issues, suggesting a decline in perceived importance. In 2019, the top three issues are **chronic diseases** (ranked first), **alcohol use/abuse** (ranked second), and **smoking** (ranked third).

## HISPANIC FOCUS GROUP RESULTS

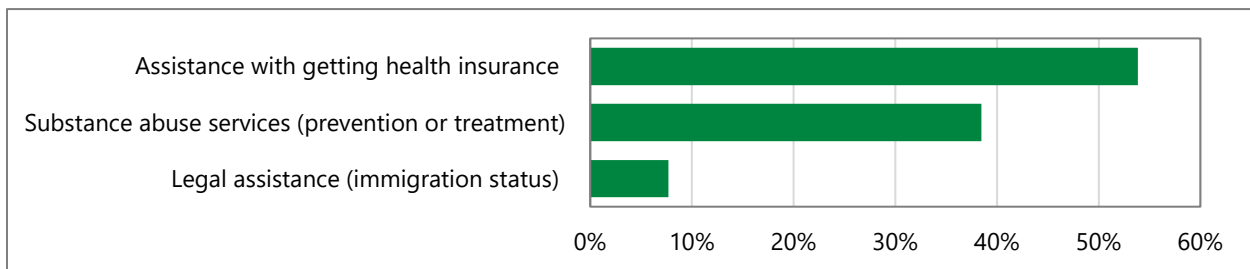
The Hispanic focus group participants identified the top five unmet service needs in Kosciusko County as (in order) **substance use or abuse** (54%), **alcohol use or abuse** (46%), and **chronic disease** (diabetes, cancer, and heart disease etc. (38%) (*Figure 25*).

**Figure 25: Top Community Health Concerns (Hispanic Focus Group Perceptions)**



The group identified the highest priority unmet needs as **assistance with getting health insurance** (54%), **substance abuse services treatment** (prevention or treatment) (38%), and **legal assistance** (including for immigration status) (8%) (*Figure 26*).

**Figure 26: Top Social Service Needs (Hispanic Focus Group Perceptions)**



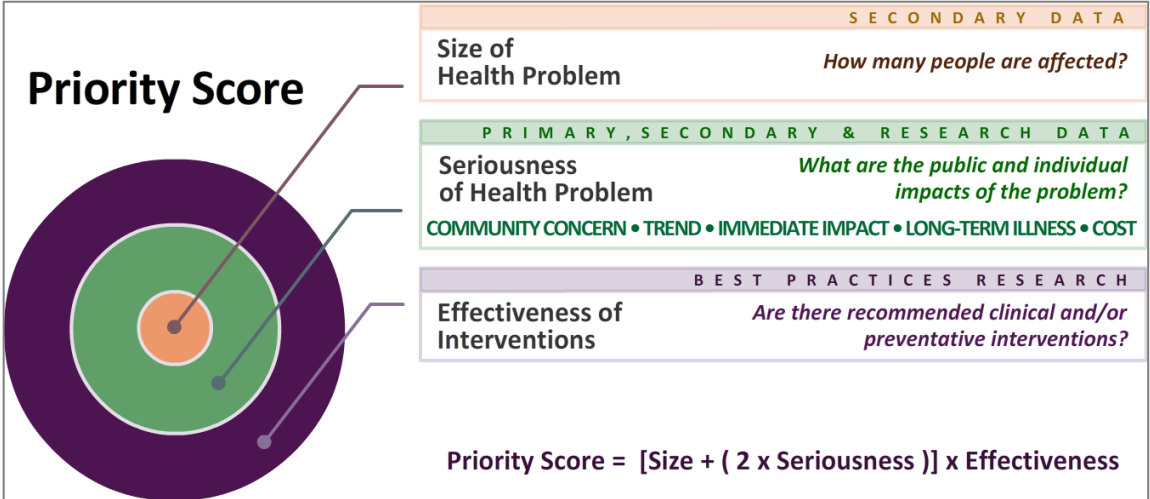
More details can be found in the Hispanic Focus Group Report, produced as a companion piece to this CHNA report.

# RANKING COMMUNITY HEALTH NEEDS

## PROCESS AND CRITERIA

A modified Hanlon Method prioritized health concerns for Parkview Health hospital communities. This method, also known as the Basic Priority Rating System (BPRS) 2.0, is recommended by the National Association of County and City Health Officials (NACCHO) for prioritizing community health needs (*Guide-to-Prioritization-Techniques.pdf*, n.d.). Although complex to implement, it is useful when the desired outcome is an objectively selected list. Explicit identification of factors must be considered to set priorities which enables a transparent and replicable process. As illustrated in **Figure 27**, priority scores (D) are calculated based on the size of the health problem (A), seriousness of the health problem (B), and the availability of effective health interventions (C).

**Figure 27: Components of the Priority Score**



S E C O N D A R Y   D A T A

**Size of Health Problem**

*How many people are affected?*

Population percentage estimates of each health problem are calculated and used to measure the **size** of a health problem following the recommendations of Neiger et al. (Neiger, Thackeray, & Fagen, 2011). The assigned size score of each health indicator is shown in column A of the scoring tables in Appendix B.

P R I M A R Y , S E C O N D A R Y & R E S E A R C H   D A T A

**Seriousness of Health Problem**

*What are the public and individual impacts of the problem?*

COMMUNITY CONCERN • TREND • IMMEDIATE IMPACT • LONG-TERM ILLNESS • COST

The **seriousness** of each health problem was determined based on five questions.

1. Is there an immediate potential impact on the larger community?
  - Is there a **communicable nature** of the health problem?
  - Are there **behavioral effects** related to the health problem **on others**?
  - Is there **emotional and physical impact** of the health problem **on others** with respect to caregiving?
2. Is there a measurable **public health concern**?  
(Measured using the Community and Provider Survey results)
3. Does the problem cause **long term illness**?  
(Years of life lived with a disability and years lost due to premature death)
4. Is there an **increasing prevalence** of the problem in the community?  
(Based on time trends of affected population)
5. Are there **high costs** associated with the problem?  
(Healthcare spending associated with the health problem)

Seriousness scores are shown in column B of the scoring tables in **Appendix B**.

## Effectiveness of Interventions

*Are there recommended clinical and/or preventative interventions?*

The final criterion, **effectiveness of interventions**, was calculated using two resources for systematic reviews: *CDC's Community Guide* and *HealthEvidence.org*. The *Community Guide* recommended by NACCHO was used as the main source ("Health Evidence," n.d.; "The Guide to Community Preventive Services (The Community Guide)," n.d.). The *Community Guide* conducts systematic reviews of interventions in many topic areas to learn what works to promote public health. The Community Preventive Services Task Force uses the results of these reviews to issue evidence-based recommendations and findings to the public health community. Only the Task Force's recommended interventions were considered in this report.

For health problems not found in the *Community Guide*, *HealthEvidence.org* was used. *HealthEvidence.org* is a registry of systematic reviews maintained by McMaster University in Canada to promote evidence-based public health. Interventions evaluated in high-quality studies and recommended by reviewers were used in this report.

Scores were assigned based on whether a policy or preventive and/or therapeutic intervention was recommended by either of these sources, as outlined below.

- At least one recommended policy, preventive, or therapeutic intervention = 1 point
- No recommended interventions = 0 points

For each health indicator, the effectiveness score, basic priority score, and resulting rank are shown in columns C, D, and E, respectively, of the table in Appendix B.

## RANKING OF COMMUNITY HEALTH ISSUES

The 2019 top-ranking indicators for the Parkview Health region are shown in *Table 41*. For Noble County, three of its top five health concerns—**cardiovascular disease, diabetes, and obesity**—are etiologically and clinically related health issues. If we consider the top 10 health concerns in the region, two other related needs are identified: **drug and alcohol use** and **addiction and mental health**. Mental health disorders are one of the risk factors for developing substance use disorder. Child abuse and neglect—showing up at topmost health concern for Whitley County—is also a risk factor for substance use. These rankings are indicative of interrelated and interconnected health conditions, providing a broader picture of the health issue experienced by the community and rendering credence to the methodology adopted for this purpose. Comparing the rankings for 2019 community health needs assessment for Parkview Region with 2016 community health needs assessments, we see that among the top five health needs, only aging has moved to the top five (from Rank 12 to 4). Changes in the methodology for calculating “size of the health issue” and “effectiveness of intervention” may have contributed to this change.

Health Need / Concern	Health Indicator	2019 Rank								2016 Rank
		Allen	Huntington	Kosciusko	LaGrange	Noble	Wabash	Whitley	Avg Rank	
1. Cardiovascular Disease	Stroke Hospitalizations	1	2	1	1	1	1	1	1.1	6
	Heart Disease Hospitalizations	1	1	1	1	1	1	3	1.3	
2. Diabetes	Adults 20+ with Diabetes	1	2	1	1	1	1	3	1.4	3
3. Aging	Alzheimer's Disease	5	4	4	1	4	4	3	3.6	12
4. Obesity	Adults 20+ who are Obese	5	6	6	1	4	4	3	4.1	2
5. Drug & Alcohol Use and Addiction	Non-Fatal ED Visits due to Opioid Overdoses	1	4	4	12	10	4	11	6.6	5
6. Mental Health	Percent of Population with Frequent Mental Distress	7	7	7	10	6	7	7	7.3	10
Drug & Alcohol Use and Addiction	Adults who Drink Excessively	8	7	8	6	6	10	9	7.7	5
7. Tobacco Use	Adults who Smoke	8	7	12	8	8	8	7	8.3	1
8. Maternal Child Health	Child Abuse and Neglect	10	10	17	6	8	8	1	8.6	4

**Table 41: Top Ranking Indicators**



# SELECTING 2020-2022 PRIORITIES

## PRIORITY SELECTION PROCESS

As part of its priority selection process, Parkview Health considered the availability of evidence-based interventions designed to address its top ranking health issues. The “PEARL” (Propriety, Economics, Acceptability, Resources, and Legality) test eliminates impractical or impracticable interventions (Vilnius & Dandoy, 1990).

The Indiana Partnership for Healthy Communities presented an overview of the Regional Community Health Needs Assessment (CHNA) findings on July 16, 2019 to a group of attendees representing the Parkview Health System. In total, over 60 individuals participated in the prioritization process, including representatives from hospital service lines, community hospitals, healthcare providers/physicians, executive leadership team, community health, and the board of directors. After a thorough review of the data and considerable discussion, the group used an electronic voting system to rank the various health needs identified in the CHNA. Ultimately, the group voted on Substance Use Disorder/Mental Health as the shared health priority across the Parkview System.

The Parkview Noble Hospital Community Health Improvement Committee met after the joint meeting in August. Results specific to Noble County were reviewed. A discussion was held around the results in Noble County and the Parkview Health system wide priority. Parkview Noble Hospital in previous years has had three priorities. It was decided by the Community Health Improvement Committee to only focus on two priorities for 2020-2022 as the identified priorities are extensive. The committee believes narrowing the priorities down to two will allow for the greatest impact in the community. The chosen priorities for 2020-2022 are Substance Use Disorder/Mental Health and Obesity.

## SELECTED PRIORITIES

Parkview hospital Noble County selected two health concerns as their top health priorities for 2020-2022.

1. Substance use and mental health
2. Obesity

## RESOURCES

Resources in the Parkview Noble service area for addressing community health are mentioned in Appendix C.

# DATA LIMITATIONS

**Secondary Data:** One of the most notable limitations of the secondary data is that different data sources applied different models to estimate community health indicators. Some indicators were based on administrative data while others were based on sample surveys. In addition, secondary data was sourced from different data years, based on data availability. The available data ranged from a 2010–2014 five-year average to 2018.

Another notable limitation is that when morbidity rates were not available, hospitalization rates and mortality rates were used. Hospitalization rates are available from state hospital associations and are often used as surrogate measures of community health need. Hospitalization rates typically are based on patient home address versus treatment location, which is appropriate when attempting to use these rates to measure community health. However, a limitation is that hospitalization rates and mortality rates may underreport the rate of a health condition because hospitalization rates only capture data from individuals who seek hospital care and do not capture data from individuals who have the health condition but do not receive associated hospital care. Another limitation is that populations with closer proximity to a hospital facility may be more likely to seek treatment for health conditions, implying that a hospital facility has populations with higher rates of health conditions.

**Provider Survey:** The principal limitation of the provider survey is that it was not conducted using a random sampling technique and may reflect response bias. This means that the responses were not necessarily representative of the full population of Parkview providers. Another limitation is that respondents were asked to select from pre-defined lists of disadvantaged populations and potential concerns. While the list of possible concerns was developed based on expert knowledge, it is possible that there are other concerns that were not listed.

**Community Survey:** A general limitation of broad community surveys is that participation tends to be greater among retirees or those otherwise unemployed compared to younger, employed persons. To address this concern, statistical weighting is used by the Survey Research Laboratory of the School of Public Health at the University of Alabama at Birmingham. Also, although the size of the random population sample allowed for conclusions to be made for the Parkview Health System primary service area as a whole, a sufficient sample was not obtained in each county to allow for county specific statistics to be generated. This made the information obtained from the Provider Survey even more important.

# THREE YEAR IMPACT REPORT

## Overview

The findings of the 2016 CHNA guided our decision to adopt the following three health priorities for our community:

1. Obesity
2. Tobacco Use
3. Substance Use Disorder

The strategic goals of the obesity initiatives supported by Parkview Noble Hospital are:

1. Decrease body mass index and prevent/reverse impact of chronic disease in adult community members
2. Increase access to and consumption of healthy foods
3. Increase physical activity levels among youth and adults living in Noble County

The strategic goals related to our chosen priority of tobacco use are:

1. Increase in knowledge related to the harmful effects of smoking and tobacco use in youth across Noble County to promote prevention of tobacco use
2. Increase in numbers of adults that do not use tobacco through smoking cessation classes

As it relates to our third priority of substance use disorder, Parkview Noble has invested time and financial support towards the following strategic goals:

1. Increase knowledge through education in Noble school systems to prevent drug use
2. Increase community knowledge of the harmful impact of drug use through community lectures
3. Increase referrals to local resources for adults in Noble County with substance use disorder

In addition to our internal health promotion programs, Parkview Noble Hospital is strongly committed to supporting external community partners through grants. Over the past three years, Parkview Noble has contributed an average of \$115,000 annually to fund between 7-12 external community partners each year.

## Sample Highlights of Obesity Initiatives

My Best Health (MBH) is a six-month health behavior change program for community members. This program provides health coaching as well as sessions with a registered dietician, a personal trainer, and a community nurse to support participants in their journey to live a healthier life and stop/reverse the impact of obesity and chronic disease. Over the last 3 years, participation in MBH has resulted in weight loss, loss of inches, and change in blood work (see results below).

<b>My Best Health Result Overview</b>				
	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>
<b>Total lbs. lost</b>	62.9	32.2	66.9	Data not currently available
<b>Average lb. lost</b>	5.2	8.05	11.15	
<b>Total inches lost</b>	79	23	43.5	
<b>Average in. lost</b>	6.6	5.75	7.25	

Parkview Noble Hospital supports Activate Noble County (ANC), a coalition formed to promote healthy eating and active living, especially in food deserts across the county. The coalition promotes access to healthy, inexpensive produce for underserved community members through a raised, twelve-bed community garden. Produce grown at the community garden is sold weekly at farm stands between Parkview Noble Hospital and Cole Center Family YMCA, a community partner.

<b>ANC Farm Stands</b>				
	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>
<b>Total pounds grown/sold</b>	184	210	248	Pending

The coalition has also encouraged active living by leading the funding and installation of a parklet in downtown Kendallville, IN. The parklet serves as a destination to encourage community members to walk and spend time outdoors.

Other coalition-led initiatives include an annual bike rodeo, installation of wayfinding signs, and provision of emergency food bags to those in need. The ANC Emergency Food Bags exist as a partnership with Activate Noble County and local area police departments to provide nutritious food to those experiencing a food emergency. Local police officers offer food bags 24/7 to those in need by calling the Parkview Noble House Supervisors. This need was identified by Noble County police officers in the past, and there was not a community solution other than using their own money to buy fast food for families they identified as “in need” while on duty. Emergency food bags offer police officers the option to provide those in need of assistance a food

bag with sustainable, nutritious food. Over the past two years, 39 emergency food bags have been distributed in Noble County.

Parkview Noble Hospital's Center for Healthy Living (CHL) offers fitness classes to community members at minimal or no cost to allow everyone, regardless of socioeconomic status, the opportunity to access group exercise classes. The center has seen increasing numbers of interactions, over the last three years. In 2016, there were a total of 2,420 interactions, which increased to over 3,000 in 2019.

The Center for Healthy Living also offers cooking demonstrations led by a registered dietician to instruct community members on preparing healthy, nutritious meals, reporting nearly 200 community member interactions since 2016.

Parkview Noble Hospital also partners with McMillen Health, a local non-profit organization, to provide evidence-based education to youth in Noble County on the importance of making healthy choices. In 2018, 547 were educated and 44.6% showed increased knowledge related to obesity. Through mid-2019, 709 students were educated with over 60% demonstrating increased knowledge.

### **Sample Highlights of Tobacco Use Initiatives:**

Since the last community health needs assessment, the Parkview Noble Hospital has worked to increase knowledge on the dangers of using tobacco and tobacco products. We partnered with Drug Free Noble County (DFNC) on several tobacco use prevention programs, developed for both middle school and elementary school-aged children. These programs, which include information on marketing tactics used by tobacco companies, e-cigarettes, vaping, and the detrimental health effects of smoking and use of other tobacco products, have reached over 900 students across Noble County. Results from program pre- and post-tests demonstrated a significant increase in knowledge by the students.

The hospital has also partnered with McMillen Health to provide evidenced-based tobacco education to the students in our community. McMillen has provided education to over 1,300 students since 2017, with 35%, 52.1%, and 42.95% of students demonstrating increased knowledge over the last three years respectively.

Using trained Freedom from Smoking (FFS) facilitators, Parkview Noble Hospital leads FFS sessions for adults across Noble County. The following table shows the number of participants who have signed up for FFS, completed the course, and quit or reduced tobacco use.

	<b>2017</b>	<b>2018</b>	<b>2019</b>
<b>Signed up</b>	11	3	4
<b>Completed</b>	10	2	2
<b>Quit</b>	2	1	2
<b>Reduced</b>	8	1	1

### Sample Highlights of Substance Use Disorder Initiatives:

In collaboration with Drug Free Noble County, McMillen Health, and Noble County school systems, Parkview Noble Hospital has provided prevention-focused education on the harmful effects of drug use. These educational events are interactive and appropriate for a variety of age groups.

A program conducted by Drug Free Noble County (DFNC) focuses on prevention by educating youth on the importance of making healthy choices. This coalition also educates employers and staff across Noble County on the detrimental impacts of alcohol, tobacco, and drug use on their health. The educational content included in these programs are based on the feedback from a community survey. The survey results included responses from 229 community members.

Additionally, DFNC continues to grow their social media and newsletter presence to market and educate the community about the dangers of drug use as well as the resources available to them, and they work diligently to improve and ensure access to treatment and recovery resources across the county.

Parkview Noble Hospital has also partnered with McMillen Health on substance use prevention programming. McMillen Health offers a variety of educational programs to Noble County school systems including:

1. Drug Free: Way to Be!
2. Stay Drug Free
3. Decisions: It's Up to You
4. Informed Decisions
5. Pharm Crisis
6. Straight Talk: Drugs

These informative, interactive programs are offered to youth between grades 4-12. Students are educated on the effects of alcohol, tobacco, marijuana, methamphetamine, and

inhalants on their body. From years 2018-2019, McMillen Health educated over 300 students annually. Over 69% of students demonstrated increased knowledge in 2018 and over 54% in 2019.

## **Conclusion:**

The Community Health Improvement Program at Parkview Noble Hospital has continued to build strong partnerships with local organizations across the county to promote health and well-being within our community. The hospital continues to be committed to improving the health of all across our county, especially as it relates to the priorities outlined above, and will continue to work diligently to address any further needs identified in the 2019 CHNA.

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# APPENDIX A: PROVIDER SURVEY

**Table 42: Most Urgent Community Needs Identified in Provider Survey**

Community Need	Allen	Huntington	Kosciusko	LaGrange	Noble	Wabash	Whitley	Region
	% of Providers Responding that Need was Amongst the Most Urgent							
Substance abuse services	79.5%	64.0%	66.7%	93.3%	81.3%	95.7%	87.5%	83.2%
Mental health counseling	80.8%	54.4%	66.7%	79.7%	75.7%	73.9%	68.8%	75.7%
Assistance with transportation	61.6%	54.4%	50.0%	74.5%	71.1%	73.9%	75.0%	62.4%
Financial assistance	61.6%	64.0%	50.0%	69.5%	58.8%	69.6%	81.3%	61.9%
Assistance with getting health insurance	71.2%	60.8%	33.3%	56.1%	64.3%	60.9%	68.8%	57.9%
Access to food	52.1%	73.6%	33.3%	64.7%	60.2%	65.2%	50.0%	55.4%
Aging and older adult programs	60.3%	76.8%	50.0%	46.3%	74.9%	52.2%	50.0%	54.0%
Job training	52.1%	67.2%	16.7%	42.0%	48.0%	52.2%	75.0%	52.5%
Free or emergency child care	45.2%	57.6%	50.0%	46.8%	43.3%	43.5%	56.3%	48.0%
Assistance with finding housing	47.9%	48.0%	66.7%	64.3%	43.6%	60.9%	31.3%	46.0%
Quick access primary care	42.5%	54.4%	33.3%	74.5%	80.1%	21.7%	37.5%	45.0%
Walking trails, outdoor recreation spaces	43.8%	51.2%	33.3%	60.4%	60.2%	30.4%	37.5%	43.1%
Nutrition education programs	49.3%	60.8%	50.0%	32.5%	49.7%	39.1%	31.3%	40.6%
Assistance with filling a prescription	50.7%	44.8%	33.3%	51.3%	32.5%	39.1%	43.8%	40.1%
Access to birth control	43.8%	41.6%	0.0%	32.0%	37.7%	21.7%	56.3%	34.7%
Needle exchange programs	31.5%	41.6%	0.0%	22.7%	21.1%	26.1%	25.0%	27.7%
Gun safety education programs	39.7%	28.8%	16.7%	9.1%	21.6%	30.4%	31.3%	26.2%
Legal assistance	31.5%	28.8%	16.7%	9.1%	32.2%	30.4%	0.0%	22.8%

# APPENDIX B: SCORING OF COMMUNITY HEALTH NEEDS

**Table 43: Priority Scores and Ranking**

HCI Health Indicator (Those in lowest performing quartile of Indiana counties for at least one county served by a Parkview Health hospital)	NOBLE										
	Size of Health Problem (A) <sup>^</sup>		Seriousness of Health Problem (B) <sup>†</sup>					Effectiveness of Interventions (C) <sup>^^</sup>		Priority Score (D) <sup>^^^</sup>	Rank
	Size of Health Problem (%)	Score	Q1	Q2	Q3	Q4	Q5	Score	Score		
Heart Disease Hospitalizations	0.90	4	0	3	2	0	2	7	1	18	1
Stroke Hospitalizations	0.23	3	0.5	3	2	0	2	7.5	1	18	1
Adults 20+ with Diabetes	11.60	7	0.5	3	0.5	0	1.5	5.5	1	18	1
Alzheimer's Disease or Dementia	1.64	5	2	2	1	0	1	6	1	17	4
Adults 20+ who are Obese	33.20	9	0	2.5	0.5	0	1	4	1	17	4
Adults who Drink Excessively	17.80	8	2	1.5	0.5	0	0	4	1	16	6
Percent of Population with Frequent Mental Distress	11.90	7	0.5	2	1	0	1	4.5	1	16	6
Child Abuse and Neglect Rate	1.81	5	2	3	0	0	0	5	1	15	8
Adults who Smoke	20.80	8	1	1	0	0	1.5	3.5	1	15	8
Adult Asthma Prevalence	10.00	7	0.5	3	0	0	0	3.5	1	14	10
Breast Cancer Incidence Rate	0.11	3	0	3	2	0	0.5	5.5	1	14	10
Non-Fatal Emergency Department Visits due to Opioid Overdoses	0.06	2	2	3.5	0.5	0	0	6	1	14	10
Mothers who did not Receive Early Prenatal Care	37.70	9	1.5	1	0	0	0	2.5	1	14	10
Osteoporosis: Medicare Population (Prorated)	0.64	4	0.5	2	1	0	1	4.5	1	13	14
Prostate Cancer Incidence Rate	0.07	2	0	3	2	0	0.5	5.5	1	13	14
Oral Cavity and Pharynx Cancer Incidence Rate	0.01	1	0	3	2	0	0.5	5.5	1	12	16
Gonorrhea Incidence Rate	0.06	2	2	1	0	2	0	5	1	12	16
Salmonella Infection Incidence Rate	0.02	1	2	1	1	0.5	0.5	5	1	11	18
Chlamydia Incidence Rate	0.33	3	2	1	0	0.5	0	3.5	1	10	19
Injury Emergency Department Visits Per 10k	8.99	6	0	0.25	0.5	0	1	1.75	1	9.5	20
Age-Adjusted Death Rate due to Chronic Lower Respiratory Diseases	0.07	2	0	3	0	0	0	3	1	8	20
Hepatitis C Prevalence	0.05	1	2	1	0	0	0.5	3.5	1	8	20

Age-Adjusted Death Rate due to Influenza and Pneumonia	0.02	1	1	1	0	0	0.5	2.5	1	6	22
Chronic Kidney Disease: Medicare Population (Prorated)	2.77	5	0	3	0	0.5	0	3.5	0	0	24

<p><b>^ Size (A) [10]</b></p> <table border="1"> <thead> <tr> <th>Score</th> <th>% of Population</th> </tr> </thead> <tbody> <tr> <td>10</td> <td>&gt;= 50%</td> </tr> <tr> <td>9</td> <td>25 to &lt; 50%</td> </tr> <tr> <td>8</td> <td>17.5 to &lt; 25%</td> </tr> <tr> <td>7</td> <td>10 to &lt; 17.5%</td> </tr> <tr> <td>6</td> <td>5 to &lt; 10%</td> </tr> <tr> <td>5</td> <td>1 to &lt; 5%</td> </tr> <tr> <td>4</td> <td>0.50 to &lt; 1%</td> </tr> <tr> <td>3</td> <td>0.10 to &lt; 0.50%</td> </tr> <tr> <td>2</td> <td>0.05 to &lt; 0.10%</td> </tr> <tr> <td>1</td> <td>0.01 – &lt; 0.05%</td> </tr> <tr> <td>0</td> <td>0 – &lt; 0.01% (1/100 of 1%)</td> </tr> </tbody> </table>	Score	% of Population	10	>= 50%	9	25 to < 50%	8	17.5 to < 25%	7	10 to < 17.5%	6	5 to < 10%	5	1 to < 5%	4	0.50 to < 1%	3	0.10 to < 0.50%	2	0.05 to < 0.10%	1	0.01 – < 0.05%	0	0 – < 0.01% (1/100 of 1%)	<p><b>† Seriousness (B)</b> Includes Q1 – Q5, as follows: <b>Q1 Impact on Others</b> Three aspects of the health issue: 1. Communicable? 1 if Yes, 0 if No. 2. Behavioral effects on others? 1 if Yes, 0 if No. 3. Caregiving required? 1 if Constant, 0.5 if Periodic, 0 if None. Impact value equals the sum of the above.</p> <p><b>Q2 Level of Community Concern</b> Based on % of community survey respondents that indicated issue was a priority need. Possible values: 0, 0.5, 1, 1.5, 2. These were then combined with provider survey results with same possible values yielding total values from 0-4 A value of 4 represents the highest level of concern and 0 the lowest.</p>	<p><b>Q3 Severity (Disability)</b> Based on time lived with disability and time lost due to premature death [1] Possible values: 0, 0.5, 1, 1.5, 2. A value of 2 represents highest level of disability and 0 the lowest.</p> <p><b>Q4 Urgency</b> Based on rate of increasing trend as measured as a rolling rate of change for all years available in the time series. Possible values: 0, 0.5, 1, 1.5, 2. A value of 2 represents highest rate of increase and 0 the lowest.</p>	<p><b>Q5 Economic Costs</b> Based on estimated % of total U.S. healthcare costs [2-17] Possible values: 0, 0.5, 1, 1.5, 2. A value of 2 represents highest cost and 0 the lowest.</p> <p><b>Score</b> Q1 + Q2 + Q3 + Q4 + Q5</p>	<p><b>^^Effectiveness of Intervention (C)</b> Based on existence of at least one evidence-based intervention, as per evidence presented in the CDC Community Guide or HealthEvidence.org (2019).</p> <table border="1"> <thead> <tr> <th>Evidence-based Interventions</th> <th>Score</th> </tr> </thead> <tbody> <tr> <td>Yes</td> <td>1</td> </tr> <tr> <td>No</td> <td>0</td> </tr> </tbody> </table> <p><b>^^Priority Score (D)</b> = [A + ( 2 x B ) ] x C</p>	Evidence-based Interventions	Score	Yes	1	No	0
Score	% of Population																																	
10	>= 50%																																	
9	25 to < 50%																																	
8	17.5 to < 25%																																	
7	10 to < 17.5%																																	
6	5 to < 10%																																	
5	1 to < 5%																																	
4	0.50 to < 1%																																	
3	0.10 to < 0.50%																																	
2	0.05 to < 0.10%																																	
1	0.01 – < 0.05%																																	
0	0 – < 0.01% (1/100 of 1%)																																	
Evidence-based Interventions	Score																																	
Yes	1																																	
No	0																																	

## Appendix B References:

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# APPENDIX C: RESOURCES

Name	City	ZIP Code	Service
<b>ABUSE/ADDICTION</b>			
Northeastern Center	Kendallville	46755	Crisis Line
Drug Free Noble County	Albion	46701	Substance Abuse Education
Bowen Center - Albion	Albion	46701	Substance Abuse Services
Northeastern Center - Noble County	Albion	46701	Substance Abuse Services
Northeastern Center - Noble County Clinic	Kendallville	46755	Substance Abuse Services
<b>MENTAL HEALTH</b>			
Northeastern Center - Dowling Street	Kendallville	46755	Children's Mental Health Initiative/Wraparound
Northeastern Center - Main Street	Kendallville	46755	Crisis Line
Northeastern Center - Dowling Street	Kendallville	46755	Outpatient Mental Health Services
Northeastern Center - Main Street	Albion	46701	Outpatient Mental Health Services
Bowen Center - Albion	Albion	46701	Outpatient Treatment Services
Bowen Center - Cromwell	Cromwell	46732	Outpatient Treatment Services
<b>DIABETES</b>			
Parkview Center for Healthy Living	Kendallville	46755	Diabetes Workshop
<b>AGING</b>			
Neighborhood Health Clinics - Cedar Street	Kendallville	46755	Senior Center
<b>HEALTHCARE ACCESS</b>			
Brightpoint	Kendallville	46755	Covering Kids and Families
Parkview Center for Healthy Living	Kendallville	46755	Health Insurance