2013 PRC Community Health Needs Assessment Report

Henry County, Indiana

Sponsored by
Henry County Hospital
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<table>
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<td>Diabetes Treatment</td>
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<table>
<thead>
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<tr>
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</tbody>
</table>
Project Overview

Project Goals

This Community Health Needs Assessment is a systematic, data-driven approach to determining the health status, behaviors and needs of residents in Henry County, Indiana. Subsequently, this information may be used to inform decisions and guide efforts to improve community health and wellness.

A Community Health Needs Assessment provides information so that communities may identify issues of greatest concern and decide to commit resources to those areas, thereby making the greatest possible impact on community health status. This Community Health Needs Assessment will serve as a tool toward reaching three basic goals:

- **To improve residents’ health status, increase their life spans, and elevate their overall quality of life.** A healthy community is not only one where its residents suffer little from physical and mental illness, but also one where its residents enjoy a high quality of life.

- **To reduce the health disparities among residents.** By gathering demographic information along with health status and behavior data, it will be possible to identify population segments that are most at-risk for various diseases and injuries. Intervention plans aimed at targeting these individuals may then be developed to combat some of the socio-economic factors which have historically had a negative impact on residents’ health.

- **To increase accessibility to preventive services for all community residents.** More accessible preventive services will prove beneficial in accomplishing the first goal (improving health status, increasing life spans, and elevating the quality of life), as well as lowering the costs associated with caring for late-stage diseases resulting from a lack of preventive care.

This assessment was conducted on behalf of Henry County Hospital by Professional Research Consultants, Inc. (PRC). PRC is a nationally-recognized healthcare consulting firm with extensive experience conducting Community Health Needs Assessments such as this in hundreds of communities across the United States since 1994.

Methodology

This assessment incorporates data from both quantitative and qualitative sources. Quantitative data input includes primary research (the PRC Community Health Survey) and secondary research (vital statistics and other existing health-related data); these quantitative components allow for trending and comparison to benchmark data at the state and national levels. Qualitative data input includes primary research gathered in an online survey of key informants in the community.
PRC Community Health Survey

Survey Instrument

The survey instrument used for this study is based largely on the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS), as well as various other public health surveys and customized questions addressing gaps in indicator data relative to health promotion and disease prevention objectives and other recognized health issues. The final survey instrument was developed by Henry County Hospital and PRC.

Community Defined for This Assessment

The study area for the survey effort (referred to as the “Henry County” in this report) is defined as each of the 15 residential ZIP Codes comprising the county, including 46148, 47337, 47344, 47351, 47352, 47356, 47360, 47361, 47362, 47366*, 47384, 47385, 47386, 47387 and 47388*. A geographic description is illustrated in the following map.

*ZIP Code is a P.O. Box or is too small to be represented on the map.

Sample Approach & Design

A precise and carefully executed methodology is critical in asserting the validity of the results gathered in the PRC Community Health Survey. Thus, to ensure the best representation of the population surveyed, a telephone interview methodology — one that incorporates both landline and cell phone interviews — was employed. The primary advantages of telephone interviewing are timeliness, efficiency and random-selection capabilities.

The sample design used for this effort consisted of a random sample of 700 individuals age 18 and older in Henry County. Once the interviews were completed, these were weighted in proportion to the actual population distribution so as to appropriately represent Henry County as a whole. All administration of the surveys, data collection and data analysis was conducted by Professional Research Consultants, Inc. (PRC).
Sampling Error

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

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

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

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

Sample Characteristics

To accurately represent the population studied, PRC strives to minimize bias through application of a proven telephone methodology and random-selection techniques. And, while this random sampling of the population produces a highly representative sample, it is a common and preferred practice to "weight" the raw data to improve this representativeness even further. This is accomplished by adjusting the results of a random sample to match the geographic distribution and demographic characteristics of the population surveyed (poststratification), so as to eliminate any naturally occurring bias. Specifically, once the raw data are gathered, respondents are examined by key demographic characteristics (namely gender, age, race, ethnicity, and poverty status) and a statistical application package applies weighting variables that produce a sample which more closely matches the population for these characteristics. Thus, while the integrity of each individual’s responses is maintained, one respondent’s responses may contribute to the whole the same weight as, for example, 1.1 respondents. Another respondent, whose demographic characteristics may have been slightly oversampled, may contribute the same weight as 0.9 respondents.

The following chart outlines the characteristics of the Henry County sample for key demographic variables, compared to actual population characteristics revealed in census data. [Note that the sample consisted solely of area residents age 18 and older; data on children were given by proxy by the person most responsible for that child’s healthcare needs, and these children are not represented demographically in this chart.]
Population & Sample Characteristics
(Henry County, 2012)

Further note that the poverty descriptions and segmentation used in this report are based on administrative poverty thresholds determined by the US Department of Health & Human Services. These guidelines define poverty status by household income level and number of persons in the household (e.g., the 2012 guidelines place the poverty threshold for a family of four at $23,050 annual household income or lower). In sample segmentation: “low income” refers to community members living in a household with defined poverty status or living just above the poverty level, earning up to twice the poverty threshold; “mid/high income” refers to those households living on incomes which are twice or more the federal poverty level.

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

Key Informant Survey

As part of this community health needs assessment, an online survey was administered in October 2012 to community key informants, including representatives from public health, physicians, other health professionals, social service providers, and other community leaders. In all, 41 key informants completed the online survey. There are no names connected with the comments, as participants were asked to speak candidly and assured of confidentiality.

Potential participants for the key informant survey were identified and invited via email by Henry County Hospital, and were chosen because of their ability to identify primary concerns of the populations with whom they work, as well as of the community overall.

Findings from the online key informant survey are detailed in a section at the end of this report.

NOTE: These findings represent qualitative rather than quantitative data. The survey was designed to gather input from participants regarding their opinions and perceptions of the health of the residents in the area. Thus, these findings are based on perceptions, not facts.
Public Health, Vital Statistics & Other Data

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

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

Note that secondary data reflect county-level data.

Benchmark Data

Indiana Risk Factor Data

Statewide risk factor data are provided where available as an additional benchmark against which to compare local survey findings; these data are reported in the most recent BRFSS (Behavioral Risk Factor Surveillance System) Prevalence and Trend Data published by the Centers for Disease Control and Prevention and the US Department of Health & Human Services. State-level vital statistics are also provided for comparison of secondary data indicators.

Nationwide Risk Factor Data

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

Healthy People 2020

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

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

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

Information Gaps

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

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

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

Areas of Opportunity for Community Health Improvement

The following “health priorities” represent recommended areas of intervention, based on the information gathered through this Community Health Needs Assessment and the guidelines set forth in Healthy People 2020. From these data, opportunities for health improvement exist in the region with regard to the following health areas (see also the summary tables presented in the following section). These areas of concern are subject to the discretion of area providers, the steering committee, or other local organizations and community leaders as to actionability and priority.

<table>
<thead>
<tr>
<th>Areas of Opportunity Identified Through This Assessment</th>
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<tbody>
<tr>
<td><strong>Access to Health Services</strong></td>
</tr>
<tr>
<td>• Prescription Medication</td>
</tr>
<tr>
<td>o Cost of Prescriptions</td>
</tr>
<tr>
<td>o Prescription Drug Coverage</td>
</tr>
<tr>
<td>o Skipping/Reducing Medication Doses to Save Costs</td>
</tr>
<tr>
<td>• Insurance Instability</td>
</tr>
<tr>
<td>• Emergency Room Utilization</td>
</tr>
<tr>
<td><strong>Cancer</strong></td>
</tr>
<tr>
<td>• Cancer Deaths (Including Lung and Female Breast Cancers)</td>
</tr>
<tr>
<td>• Cervical Cancer Screening</td>
</tr>
<tr>
<td><strong>Chronic Kidney Disease</strong></td>
</tr>
<tr>
<td>• Kidney Disease Deaths</td>
</tr>
<tr>
<td><strong>Diabetes</strong></td>
</tr>
<tr>
<td>• Diabetes Deaths</td>
</tr>
<tr>
<td>• Diabetes Prevalence</td>
</tr>
<tr>
<td>• Diabetes Was a Top Concern Among Key Informants</td>
</tr>
<tr>
<td><strong>Family Planning</strong></td>
</tr>
<tr>
<td>• Births to Unwed Mothers</td>
</tr>
<tr>
<td>• Births to Teens</td>
</tr>
<tr>
<td><strong>Disability</strong></td>
</tr>
<tr>
<td>• Activity Limitations</td>
</tr>
<tr>
<td><strong>Heart Disease &amp; Stroke</strong></td>
</tr>
<tr>
<td>• Stroke Deaths</td>
</tr>
<tr>
<td>• Heart Disease Prevalence</td>
</tr>
<tr>
<td>• Hypertension</td>
</tr>
<tr>
<td><strong>Injury &amp; Violence Prevention</strong></td>
</tr>
<tr>
<td>• Unintentional Injury Deaths (Including Motor Vehicle Crashes)</td>
</tr>
<tr>
<td>• Use of Bike Helmets (Children 5-17)</td>
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<tr>
<td><strong>Maternal, Infant &amp; Child Health</strong></td>
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<td>• Infant Mortality</td>
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<td><strong>Mental Health</strong></td>
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<td>• Suicides</td>
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<td>• Mental Health Was a Top Concern Among Key Informants</td>
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<tr>
<td><strong>Nutrition, Physical Activity &amp; Weight</strong></td>
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<tr>
<td>• Fruit/Vegetable Consumption</td>
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<tr>
<td>• Obesity (Adults)</td>
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<td>• Vigorous Physical Activity</td>
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<tr>
<td>• Nutrition, Physical Activity &amp; Weight Were Top Concerns Among Key Informants</td>
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<tr>
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<td>• Regular Dental Care (Adults)</td>
</tr>
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## Areas of Opportunity (continued)

| Respiratory Diseases | • Chronic Lower Respiratory Disease Deaths  
| | • Pneumonia/Influenza Deaths  
| | • Chronic Lung Disease Prevalence  
| | • Asthma Prevalence  
| Substance Abuse | • Drug-Induced Deaths  
| | • Substance Abuse Was a Top Concern Among Key Informants  
| Tobacco Use | • Current Smokers  
| | • Exposure to Smoke in the Home  
| | • Tobacco Use Was a Top Concern Among Key Informants  

## Summary Tables: Comparisons With Benchmark Data

The following tables provide an overview of indicators in Henry County. These data are grouped to correspond with the Focus Areas presented in Healthy People 2020.

### Reading the Summary Tables

- In the following charts, Henry County results are shown in the larger, blue column.

- The columns to the right of the Henry County column provide comparisons between Henry County and any available state and national findings, and Healthy People 2020 targets. Symbols indicate whether Henry County compares favorably (📍), unfavorably ( Utf-8 Symbol), or comparably (ursions) to these external data.

- Note that blank table cells signify that data are not available or are not reliable for that area and/or for that indicator.
<table>
<thead>
<tr>
<th>Access to Health Services</th>
<th>Henry County</th>
<th>Henry County vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>% [Age 18-64] Lack Health Insurance</td>
<td>15.6</td>
<td>![sun]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>![cloud]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>![purple]</td>
</tr>
<tr>
<td>% [Insured] Insurance Covers Prescriptions</td>
<td>88.0</td>
<td>![purple]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>![sun]</td>
</tr>
<tr>
<td>% [Insured] Went Without Coverage in Past Year</td>
<td>7.5</td>
<td>![purple]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>![sun]</td>
</tr>
<tr>
<td>% Difficulty Accessing Healthcare in Past Year (Composite)</td>
<td>30.5</td>
<td>![sun]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>![cloud]</td>
</tr>
<tr>
<td>% [Children &lt;18] Child Has Healthcare Coverage</td>
<td>94.3</td>
<td>![sun]</td>
</tr>
<tr>
<td>% [Parents] Aware of CHIP</td>
<td>42.3</td>
<td>![sun]</td>
</tr>
<tr>
<td>% Cost Prevented Getting Prescription in Past Year</td>
<td>19.4</td>
<td>![purple]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>![cloud]</td>
</tr>
<tr>
<td>% Cost Prevented Physician Visit in Past Year</td>
<td>16.4</td>
<td>![cloud]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>![purple]</td>
</tr>
<tr>
<td>% Transportation Hindered Dr Visit in Past Year</td>
<td>9.2</td>
<td>![cloud]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>![sun]</td>
</tr>
<tr>
<td>% Skipped Prescription Doses to Save Costs</td>
<td>18.9</td>
<td>![purple]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>![cloud]</td>
</tr>
<tr>
<td>% Difficulty Getting Child's Healthcare in Past Year</td>
<td>3.3</td>
<td>![cloud]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>![purple]</td>
</tr>
<tr>
<td>% [Age 18+] Have a Specific Source of Ongoing Care</td>
<td>87.0</td>
<td>![sun]</td>
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<td></td>
<td></td>
<td>![cloud]</td>
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<tr>
<td>% Have Had Routine Checkup in Past Year</td>
<td>71.8</td>
<td>![sun]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>![cloud]</td>
</tr>
<tr>
<td>% Child Has Had Checkup in Past Year</td>
<td>89.3</td>
<td>![cloud]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>![sun]</td>
</tr>
<tr>
<td>% Two or More ER Visits in Past Year</td>
<td>9.5</td>
<td>![cloud]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>![purple]</td>
</tr>
<tr>
<td>% Difficulty Understanding Physician</td>
<td>3.4</td>
<td>![cloud]</td>
</tr>
<tr>
<td>% Difficulty Understanding Medication Info</td>
<td>7.3</td>
<td>![cloud]</td>
</tr>
<tr>
<td>% Difficulty Following Prescription Instructions</td>
<td>1.6</td>
<td>![cloud]</td>
</tr>
<tr>
<td>Access to Health Services (continued)</td>
<td>Henry County</td>
<td>Henry County vs. Benchmarks</td>
</tr>
<tr>
<td>--------------------------------------</td>
<td>-------------</td>
<td>--------------------------</td>
</tr>
<tr>
<td>% Prevalence of Advance Directives</td>
<td>32.8</td>
<td></td>
</tr>
<tr>
<td>% Rate Local Healthcare “Fair/Poor”</td>
<td>16.4</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Cancer</th>
<th>Henry County</th>
<th>Henry County vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancer (Age-Adjusted Death Rate)</td>
<td>194.5</td>
<td></td>
</tr>
<tr>
<td>Lung Cancer (Age-Adjusted Death Rate)</td>
<td>71.6</td>
<td></td>
</tr>
<tr>
<td>Prostate Cancer (Age-Adjusted Death Rate)</td>
<td>18.2</td>
<td></td>
</tr>
<tr>
<td>Female Breast Cancer (Age-Adjusted Death Rate)</td>
<td>24.2</td>
<td></td>
</tr>
<tr>
<td>Colorectal Cancer (Age-Adjusted Death Rate)</td>
<td>14.2</td>
<td></td>
</tr>
<tr>
<td>% Skin Cancer</td>
<td>10.0</td>
<td></td>
</tr>
<tr>
<td>% Cancer (Other Than Skin)</td>
<td>6.8</td>
<td></td>
</tr>
<tr>
<td>% [Women 50-74] Mammogram in Past 2 Years</td>
<td>81.9</td>
<td></td>
</tr>
<tr>
<td>% [Women 21-65] Pap Smear in Past 3 Years</td>
<td>74.6</td>
<td></td>
</tr>
<tr>
<td>% [Age 50+] Sigmoid/Colonoscopy Ever</td>
<td>70.9</td>
<td></td>
</tr>
<tr>
<td>% [Age 50+] Blood Stool Test in Past 2 Years</td>
<td>33.2</td>
<td></td>
</tr>
<tr>
<td>% [Age 50-75] Colorectal Cancer Screening</td>
<td>70.5</td>
<td></td>
</tr>
<tr>
<td>% Aware That Most Insurance Plans Cover Screenings</td>
<td>55.0</td>
<td></td>
</tr>
<tr>
<td>Chronic Kidney Disease</td>
<td>Henry County vs. Benchmarks</td>
<td></td>
</tr>
<tr>
<td>------------------------</td>
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</tr>
<tr>
<td>Kidney Disease (Age-Adjusted Death Rate)</td>
<td>24.5</td>
<td>vs. IN</td>
</tr>
<tr>
<td>% Prevalence of Kidney Disease</td>
<td>3.7</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Diabetes</th>
<th>Henry County vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes Mellitus (Age-Adjusted Death Rate)</td>
<td>24.8</td>
</tr>
<tr>
<td>% Diabetes/High Blood Sugar</td>
<td>13.7</td>
</tr>
<tr>
<td>% [Non-Diabetics] Diagnosed w/Borderline or Pre-Diabetes</td>
<td>5.4</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Dementias, Including Alzheimer’s Disease</th>
<th>Henry County vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alzheimer’s Disease (Age-Adjusted Death Rate)</td>
<td>21.8</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Educational &amp; Community-Based Programs</th>
<th>Henry County vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Attended Health Event in Past Year</td>
<td>20.1</td>
</tr>
</tbody>
</table>

Legend: 🌞 better, ☁️ similar, 🌡️ worse
### Family Planning

<table>
<thead>
<tr>
<th>Unit</th>
<th>Henry County</th>
<th>Henry County vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of Births to Unwed Mothers</td>
<td>45.4</td>
<td></td>
</tr>
<tr>
<td>% of Births to Teenagers</td>
<td>13.5</td>
<td></td>
</tr>
</tbody>
</table>

### General Health Status

<table>
<thead>
<tr>
<th>Unit</th>
<th>Henry County</th>
<th>Henry County vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>% &quot;Fair/Poor&quot; Physical Health</td>
<td>20.5</td>
<td></td>
</tr>
<tr>
<td>% Activity Limitations</td>
<td>24.0</td>
<td></td>
</tr>
</tbody>
</table>

### Heart Disease & Stroke

<table>
<thead>
<tr>
<th>Unit</th>
<th>Henry County</th>
<th>Henry County vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diseases of the Heart (Age-Adjusted Death Rate)</td>
<td>182.9</td>
<td>196.7 184.6 152.7</td>
</tr>
<tr>
<td>Stroke (Age-Adjusted Death Rate)</td>
<td>61.7</td>
<td>44.9 40.2 33.8</td>
</tr>
<tr>
<td>% Heart Disease (Heart Attack, Angina, Coronary Disease)</td>
<td>9.0</td>
<td>6.1</td>
</tr>
<tr>
<td>% Stroke</td>
<td>4.2</td>
<td>3.4 2.7</td>
</tr>
<tr>
<td>% Blood Pressure Checked in Past 2 Years</td>
<td>96.8</td>
<td>94.7 94.9</td>
</tr>
<tr>
<td>% Told Have High Blood Pressure (Ever)</td>
<td>40.2</td>
<td>32.8 34.3 26.9</td>
</tr>
<tr>
<td>% [HBP] Taking Action to Control High Blood Pressure</td>
<td>88.8</td>
<td>89.1</td>
</tr>
<tr>
<td>% Cholesterol Checked in Past 5 Years</td>
<td>92.3</td>
<td>72.8 90.7 82.1</td>
</tr>
<tr>
<td>% Told Have High Cholesterol (Ever)</td>
<td>35.8</td>
<td>39.0 31.4 13.5</td>
</tr>
<tr>
<td>% [HBC] Taking Action to Control High Blood Cholesterol</td>
<td>88.8</td>
<td>89.1</td>
</tr>
<tr>
<td>Heart Disease &amp; Stroke (continued)</td>
<td>Henry County</td>
<td>Henry County vs. Benchmarks</td>
</tr>
<tr>
<td>-----------------------------------</td>
<td>--------------</td>
<td>-----------------------------</td>
</tr>
<tr>
<td></td>
<td></td>
<td>vs. IN</td>
</tr>
<tr>
<td>% 1+ Cardiovascular Risk Factor</td>
<td>91.4</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Immunization &amp; Infectious Diseases</th>
<th>Henry County</th>
<th>Henry County vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>vs. IN</td>
</tr>
<tr>
<td>% Children (18-35 Mos) Completed 4:3:1:3:1:4 Series</td>
<td>80.0</td>
<td></td>
</tr>
<tr>
<td>% Awareness of Immunization Coverage</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% [Age 65+] Flu Shot in Past Year</td>
<td>71.6</td>
<td></td>
</tr>
<tr>
<td>% [High-Risk 18-64] Flu Shot in Past Year</td>
<td>57.3</td>
<td></td>
</tr>
<tr>
<td>% [Children &lt;18] Received Flu Shot/FluMist in the Past Yr</td>
<td>39.1</td>
<td></td>
</tr>
<tr>
<td>% [Age 65+] Pneumonia Vaccine Ever</td>
<td>67.2</td>
<td></td>
</tr>
<tr>
<td>% [High-Risk 18-64] Pneumonia Vaccine Ever</td>
<td>37.4</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Injury &amp; Violence Prevention</th>
<th>Henry County</th>
<th>Henry County vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>vs. IN</td>
</tr>
<tr>
<td>Unintentional Injury (Age-Adjusted Death Rate)</td>
<td>54.9</td>
<td></td>
</tr>
<tr>
<td>Motor Vehicle Crashes (Age-Adjusted Death Rate)</td>
<td>15.2</td>
<td></td>
</tr>
<tr>
<td>% Child [Age 0-17] &quot;Always&quot; Uses Seat Belt/Car Seat</td>
<td>95.3</td>
<td></td>
</tr>
<tr>
<td>% Child [Age 5-17] &quot;Always&quot; Wears Bicycle Helmet</td>
<td>20.0</td>
<td></td>
</tr>
<tr>
<td>Firearm-Related Deaths (Age-Adjusted Death Rate)</td>
<td>10.1</td>
<td></td>
</tr>
</tbody>
</table>
### Maternal, Infant & Child Health

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Henry County</th>
<th>Henry County vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>% No Prenatal Care in First Trimester</td>
<td>20.9</td>
<td>vs. IN 33.3 vs. US 22.1</td>
</tr>
<tr>
<td>% of Low Birthweight Births</td>
<td>8.4</td>
<td>vs. IN 9.5 vs. US 8.2     vs. HP2020 7.8</td>
</tr>
<tr>
<td>Infant Death Rate</td>
<td>10.9</td>
<td>vs. IN 7.5 vs. US 6.5     vs. HP2020 6.0</td>
</tr>
</tbody>
</table>

### Mental Health & Mental Disorders

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Henry County</th>
<th>Henry County vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>% &quot;Fair/Poor&quot; Mental Health</td>
<td>13.3</td>
<td>vs. IN 11.7 vs. US 11.7     vs. HP2020 11.7</td>
</tr>
<tr>
<td>% Major Depression</td>
<td>13.9</td>
<td>vs. IN 11.7 vs. US 11.7     vs. HP2020 11.7</td>
</tr>
<tr>
<td>% Symptoms of Chronic Depression (2+ Years)</td>
<td>29.5</td>
<td>vs. IN 26.5 vs. US         vs. HP2020 26.5</td>
</tr>
<tr>
<td>Suicide (Age-Adjusted Death Rate)</td>
<td>15.0</td>
<td>vs. IN 12.8 vs. US 11.8     vs. HP2020 10.2</td>
</tr>
<tr>
<td>% [Those With Major Depression] Seeking Help</td>
<td>82.6</td>
<td>vs. IN 82.0 vs. US 75.1     vs. HP2020 75.1</td>
</tr>
<tr>
<td>% Typical Day Is &quot;Extremely/Very&quot; Stressful</td>
<td>12.7</td>
<td>vs. IN 11.5</td>
</tr>
<tr>
<td>% Difficulty Accessing Mental Health Svcs/Past Yr</td>
<td>6.1</td>
<td></td>
</tr>
<tr>
<td>% [Child 5-17] Ever Diagnosed With ADD/ADHD</td>
<td>20.3</td>
<td></td>
</tr>
<tr>
<td>% [Child 5-17] Diagnosed w/Behavioral Health Problems</td>
<td>12.1</td>
<td></td>
</tr>
</tbody>
</table>
## Nutrition & Weight Status

<table>
<thead>
<tr>
<th></th>
<th>Henry County</th>
<th>Henry County vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Eat 5+ Servings of Fruit or Vegetables per Day</td>
<td>39.3</td>
<td>vs. IN 48.8 vs. US 41.9</td>
</tr>
<tr>
<td>% Medical Advice on Nutrition in Past Year</td>
<td>39.9</td>
<td>vs. HP2020 31.7 vs. HP2020 33.9</td>
</tr>
<tr>
<td>% Healthy Weight (BMI 18.5-24.9)</td>
<td>31.0</td>
<td></td>
</tr>
<tr>
<td>% Overweight</td>
<td>68.0</td>
<td>vs. IN 65.6 vs. US 66.9</td>
</tr>
<tr>
<td>% Obese</td>
<td>35.8</td>
<td>vs. HP2020 30.6 vs. HP2020 30.6</td>
</tr>
<tr>
<td>% Medical Advice on Weight in Past Year</td>
<td>23.7</td>
<td>vs. HP2020 25.7</td>
</tr>
<tr>
<td>% [Overweights] Counseled About Weight in Past Year</td>
<td>29.6</td>
<td>vs. HP2020 30.9</td>
</tr>
<tr>
<td>% [Obese Adults] Counseled About Weight in Past Year</td>
<td>42.7</td>
<td>vs. HP2020 47.4 vs. HP2020 31.8</td>
</tr>
<tr>
<td>% [Overweights] Trying to Lose Weight Both Diet/Exercise</td>
<td>34.9</td>
<td>vs. HP2020 38.6</td>
</tr>
<tr>
<td>% Difficulty Changing Behavioral Patterns</td>
<td>29.4</td>
<td></td>
</tr>
<tr>
<td>% Children [Age 5-17] Overweight</td>
<td>26.8</td>
<td>vs. US 30.7</td>
</tr>
<tr>
<td>% Children [Age 5-17] Obese</td>
<td>15.1</td>
<td>vs. US 18.9 vs. US 14.6</td>
</tr>
</tbody>
</table>

## Oral Health

<table>
<thead>
<tr>
<th></th>
<th>Henry County</th>
<th>Henry County vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>% [Age 18+] Dental Visit in Past Year</td>
<td>60.2</td>
<td>vs. IN 68.8 vs. US 66.9 vs. HP2020 49.0</td>
</tr>
<tr>
<td>% Child [Age 2-17] Dental Visit in Past Year</td>
<td>88.5</td>
<td>vs. HP2020 79.2</td>
</tr>
<tr>
<td>Physical Activity</td>
<td>Henry County</td>
<td>Henry County vs. Benchmarks</td>
</tr>
<tr>
<td>----------------------------------------------------------------------------------</td>
<td>--------------</td>
<td>-----------------------------</td>
</tr>
<tr>
<td></td>
<td></td>
<td>vs. IN</td>
</tr>
<tr>
<td>% [Employed] Job Entails Mostly Sitting/Standing</td>
<td>48.3</td>
<td></td>
</tr>
<tr>
<td>% No Leisure-Time Physical Activity</td>
<td>27.6</td>
<td></td>
</tr>
<tr>
<td>% Meeting Physical Activity Guidelines</td>
<td>41.1</td>
<td></td>
</tr>
<tr>
<td>% Moderate Physical Activity</td>
<td>26.8</td>
<td></td>
</tr>
<tr>
<td>% Vigorous Physical Activity</td>
<td>27.8</td>
<td></td>
</tr>
<tr>
<td>% Medical Advice on Physical Activity in Past Year</td>
<td>46.3</td>
<td></td>
</tr>
<tr>
<td>% Child [Age 5-17] Watches TV 3+ Hours per Day</td>
<td>14.0</td>
<td></td>
</tr>
<tr>
<td>% Child [Age 5-17] Uses Computer 3+ Hours per Day</td>
<td>10.9</td>
<td></td>
</tr>
<tr>
<td>% Child [Age 5-17] 3+ Hours per Day of Total Screen Time</td>
<td>39.4</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Respiratory Diseases</th>
<th>Henry County</th>
<th>Henry County vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>vs. IN</td>
</tr>
<tr>
<td>CLRD (Age-Adjusted Death Rate)</td>
<td>67.3</td>
<td></td>
</tr>
<tr>
<td>Pneumonia/Influenza (Age-Adjusted Death Rate)</td>
<td>20.7</td>
<td></td>
</tr>
<tr>
<td>% Chronic Lung Disease</td>
<td>11.7</td>
<td></td>
</tr>
<tr>
<td>% [Adult] Currently Has Asthma</td>
<td>11.3</td>
<td></td>
</tr>
<tr>
<td>% [Child 0-17] Currently Has Asthma</td>
<td>9.3</td>
<td></td>
</tr>
</tbody>
</table>
## Substance Abuse

<table>
<thead>
<tr>
<th>Metric</th>
<th>Henry County</th>
<th>Henry County vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>vs. IN</td>
</tr>
<tr>
<td>Cirrhosis/Liver Disease (Age-Adjusted Death Rate)</td>
<td>8.1</td>
<td>🌞</td>
</tr>
<tr>
<td></td>
<td></td>
<td>8.1</td>
</tr>
<tr>
<td>% Current Drinker</td>
<td>39.7</td>
<td>🌞</td>
</tr>
<tr>
<td></td>
<td></td>
<td>51.6</td>
</tr>
<tr>
<td>% Chronic Drinker (Average 2+ Drinks/Day)</td>
<td>3.2</td>
<td>🌞</td>
</tr>
<tr>
<td></td>
<td></td>
<td>6.0</td>
</tr>
<tr>
<td>% Binge Drinker (Single Occasion - 5+ Drinks Men, 4+ Women)</td>
<td>9.8</td>
<td>🌞</td>
</tr>
<tr>
<td></td>
<td></td>
<td>17.8</td>
</tr>
<tr>
<td>Drug-Induced Deaths (Age-Adjusted Death Rate)</td>
<td>36.0</td>
<td>🌞</td>
</tr>
<tr>
<td></td>
<td></td>
<td>14.4</td>
</tr>
<tr>
<td>% Illicit Drug Use in Past Month</td>
<td>1.7</td>
<td>🌞</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1.7</td>
</tr>
<tr>
<td>% Ever Sought Help for Alcohol or Drug Problem</td>
<td>3.3</td>
<td>🌞</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3.9</td>
</tr>
<tr>
<td>% Difficulty Obtaining Substance Abuse Svcs/Past Yr</td>
<td>0.6</td>
<td>🌞</td>
</tr>
</tbody>
</table>

## Tobacco Use

<table>
<thead>
<tr>
<th>Metric</th>
<th>Henry County</th>
<th>Henry County vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>vs. IN</td>
</tr>
<tr>
<td>% Current Smoker</td>
<td>25.5</td>
<td>🌞</td>
</tr>
<tr>
<td></td>
<td></td>
<td>25.6</td>
</tr>
<tr>
<td>% Someone Smokes at Home</td>
<td>22.0</td>
<td>🌞</td>
</tr>
<tr>
<td></td>
<td></td>
<td>13.6</td>
</tr>
<tr>
<td>% [Non-Smokers] Someone Smokes in the Home</td>
<td>9.0</td>
<td>🌞</td>
</tr>
<tr>
<td></td>
<td></td>
<td>5.7</td>
</tr>
<tr>
<td>% [Household With Children] Someone Smokes in the Home</td>
<td>23.7</td>
<td>🌞</td>
</tr>
<tr>
<td></td>
<td></td>
<td>12.1</td>
</tr>
<tr>
<td>% [Smokers] Received Advice to Quit Smoking</td>
<td>71.9</td>
<td>🌞</td>
</tr>
<tr>
<td></td>
<td></td>
<td>63.7</td>
</tr>
<tr>
<td>% [Smokers] Have Quit Smoking 1+ Days in Past Year</td>
<td>49.1</td>
<td>🌞</td>
</tr>
<tr>
<td></td>
<td></td>
<td>56.2</td>
</tr>
<tr>
<td>% Aware of the Indiana Tobacco Quit Line</td>
<td>59.7</td>
<td>🌞</td>
</tr>
<tr>
<td>Tobacco Use (continued)</td>
<td>Henry County vs. Benchmarks</td>
<td></td>
</tr>
<tr>
<td>-------------------------</td>
<td>-----------------------------</td>
<td></td>
</tr>
<tr>
<td>% Aware That Most Hospitals Offer Free Cessation Classes</td>
<td>Henry County</td>
<td>vs. IN</td>
</tr>
<tr>
<td></td>
<td>52.8</td>
<td>better</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Vision</th>
<th>Henry County vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Eye Exam in Past 2 Years</td>
<td>Henry County</td>
</tr>
<tr>
<td></td>
<td>62.4</td>
</tr>
<tr>
<td></td>
<td>57.5</td>
</tr>
</tbody>
</table>
GENERAL HEALTH STATUS
Self-Reported Health Status

One-half (49.9%) of Henry County adults rates their overall health as “excellent” or “very good.”

- Another 29.6% gave “good” ratings of their overall health.

Self-Reported Health Status
(Henry County, 2012)

However, 20.5% of Henry County adults believe that their overall health is “fair” or “poor.”

- Similar to statewide findings.
- Similar to the national percentage.

Experience “Fair” or “Poor” Overall Health
Adults *more* likely to report experiencing “fair” or “poor” overall health include:

- Those aged 40 and older.
- Residents living at lower incomes.
- Other differences within demographic groups, as illustrated in the following chart, are *not* statistically significant.

**Experience “Fair” or “Poor” Overall Health**
(Henry County, 2012)

<table>
<thead>
<tr>
<th></th>
<th>Men</th>
<th>Women</th>
<th>18 to 39</th>
<th>40 to 64</th>
<th>65+</th>
<th>Low Income</th>
<th>Mid/High Income</th>
<th>Henry County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Experience “Fair” or “Poor” Overall Health</td>
<td>19.4%</td>
<td>21.7%</td>
<td>14.4%</td>
<td>23.1%</td>
<td>24.5%</td>
<td>31.2%</td>
<td>13.0%</td>
<td>20.5%</td>
</tr>
</tbody>
</table>

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

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

---

**Activity Limitations**

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

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

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

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

- **Address the inequitable distribution of resources among people with disabilities and those without disabilities** by increasing: appropriate health care for people with disabilities; education and work opportunities; social participation; and access to needed technologies and assistive supports.
Expand the knowledge base and raise awareness about determinants of health for people with disabilities by increasing: the inclusion of people with disabilities in public health data collection efforts across the lifespan; the inclusion of people with disabilities in health promotion activities; and the expansion of disability and health training opportunities for public health and health care professionals.

– Healthy People 2020 (www.healthypeople.gov)

A total of 24.0% of Henry County adults are limited in some way in some activities due to a physical, mental or emotional problem.

- Comparable to the prevalence statewide.
- Less favorable than the national prevalence.

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

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

- Adults in households with lower incomes are much more often limited in activities.

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

(Henry County, 2012)
Among persons reporting activity limitations, these are most often attributed to musculoskeletal issues, such as back/neck problems, fractures or bone/joint injuries, arthritis/rheumatism, or difficulty walking.

### Type of Problem That Limits Activities

(Among Those Reporting Activity Limitations; Henry County, 2012)

<table>
<thead>
<tr>
<th>Problem</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Back/Neck Problem</td>
<td>13.3%</td>
</tr>
<tr>
<td>Arthritis/Rheumatism</td>
<td>12.1%</td>
</tr>
<tr>
<td>Walking Problem</td>
<td>8.4%</td>
</tr>
<tr>
<td>Depression/Anxiety/Mental</td>
<td>7.6%</td>
</tr>
<tr>
<td>Fracture/Bone/Joint Injury</td>
<td>7.5%</td>
</tr>
<tr>
<td>Lung/Breathing Problem</td>
<td>5.1%</td>
</tr>
<tr>
<td>Heart Condition</td>
<td>3.6%</td>
</tr>
<tr>
<td>Various Other (&lt;3% Each)</td>
<td>42.4%</td>
</tr>
</tbody>
</table>

**Sources:**
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 111]

**Notes:**
- Asked of those respondents reporting activity limitations.

Among persons reporting activity limitations, 47.0% missed **at least one day of work** in the past year due to their impairment; note also that 21.5% of adults with activity limitations report **daily problems** with their usual activities in the past year.

### Effects of Activity Limitations

(Among Respondents With Some Type of Activity Limitation)

#### Frequency of Missed Work in Past Year Due to Limitation

- **Daily:** 30.5%
- **More Often:** 10.0%
- **More Often:** 10.0%
- **10 Days/Less:** 6.5%
- **None:** 53.0%

#### Days When Limitation Prevented Usual Activities

- **Daily:** 21.5%
- **At Least Weekly:** 21.7%
- **Less Often:** 23.2%
- **None:** 33.6%

**Sources:**
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 112-113]

**Notes:**
- Asked of all respondents with some type of activity limitation.
Mental Health & Mental Disorders

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

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

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

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

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

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

– Healthy People 2020 (www.healthypeople.gov)
Mental Health Status

Self-Reported Mental Health Status

A total of 58.2% of Henry County adults rate their overall mental health as “excellent” or “very good.”

- Another 28.5% gave “good” ratings of their own mental health status.

**Self-Reported Mental Health Status**
(Henry County, 2012)

- Excellent: 24.3%
- Very Good: 33.9%
- Good: 28.5%
- Fair: 9.7%
- Poor: 3.6%

Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 103]
Notes: ● Asked of all respondents.

A total of 13.3% of Henry County adults, however, believe that their overall mental health is “fair” or “poor.”

- Similar to the “fair/poor” response reported nationally.

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

- Henry County: 13.3%
- United States: 11.7%

Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 103]
● 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.
Adults under 65 and residents with lower incomes are much more likely to report experiencing “fair/poor” mental health than their demographic counterparts.

Experience “Fair” or “Poor” Mental Health
(Henry County, 2012)

Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 103]
Notes: ● Asked of all respondents.

Depression

Major Depression

A total of 13.9% of Henry County adults have been diagnosed with major depression by a physician.

● Similar to the national finding.

Have Been Diagnosed With Major Depression

Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 30]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.
The prevalence of major depression is notably higher among community members living at lower incomes.

### Have Been Diagnosed With Major Depression

(Henry County, 2012)

<table>
<thead>
<tr>
<th>Category</th>
<th>Men</th>
<th>Women</th>
<th>18 to 39</th>
<th>40 to 64</th>
<th>65+</th>
<th>Low Income</th>
<th>Mid/High Income</th>
<th>Henry County</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>12.5%</td>
<td>15.4%</td>
<td>12.6%</td>
<td>15.6%</td>
<td>12.0%</td>
<td>26.6%</td>
<td>8.2%</td>
<td>13.9%</td>
</tr>
</tbody>
</table>

Sources: 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 30]
Notes: Asked of all respondents.
Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

### Symptoms of Chronic Depression

A total of 29.5% of Henry County adults have had two or more years in their lives when they felt depressed or sad on most days, although they may have felt okay sometimes (chronic depression).

- Similar to national findings.

### Have Experienced Symptoms of Chronic Depression

<table>
<thead>
<tr>
<th>Region</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Henry County</td>
<td>29.5%</td>
</tr>
<tr>
<td>United States</td>
<td>26.5%</td>
</tr>
</tbody>
</table>

Sources: 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 104]
Notes: Asked of all respondents.
Note that the prevalence of chronic depression is statistically high among:

- Women.
- Adults with lower incomes.

### Have Experienced Symptoms of Chronic Depression
(Henry County, 2012)

![Chart showing the prevalence of chronic depression by gender and income level.]

**Sources:**
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. (Items 104-105)

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

Note that, among adults with symptoms of chronic depression in the past two years, 46.0% currently feel sad or depressed on most days.

### Stress

More than 4 in 10 Henry County adults consider their typical day to be "not very stressful" (29.6%) or "not at all stressful" (13.2%).

- Another 44.5% of survey respondents characterize their typical day as "moderately stressful."

### Perceived Level of Stress On a Typical Day
(Henry County, 2012)

![Pie chart showing the perceived level of stress on a typical day.]

**Sources:**
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. (Item 106)

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

### RELATED ISSUE:
See also Substance Abuse in the Modifiable Health Risks section of this report.
In contrast, 12.7% of Henry County adults experience “very” or “extremely” stressful days on a regular basis.

- Comparable to the national figure.

Perceive Most Days As “Extremely” or “Very” Stressful

Note that high stress levels are more prevalent among adults under 65 and those living on lower incomes.

Perceive Most Days as “Extremely” or “Very” Stressful
(Henry County, 2012)
Suicide

Between 2008 and 2010, there was an annual average age-adjusted suicide rate of 15.0 deaths per 100,000 population in Henry County.

- Higher than the statewide rate.
- Higher than the national rate.
- Fails to satisfy the Healthy People 2020 target of 10.2 or lower.

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

<table>
<thead>
<tr>
<th></th>
<th>Henry County</th>
<th>Indiana</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy People 2020 Target = 10.2 or Lower</td>
<td>15.0</td>
<td>12.8</td>
<td>11.8</td>
</tr>
</tbody>
</table>

Mental Health Treatment

Among Henry County survey respondents, 21.1% have sought professional help for a mental or emotional problem.

Of the total sample of survey respondents, 6.1% report that there was a time in the past year when they needed professional mental health services but were unable to get them.

### Seeking Professional Help for Mental Health
(Henry County, 2012)

- Yes 21.1%
- No 78.9%

### Had Difficulty Accessing Mental Health Services in the Past Year

- Yes 6.1%
- No 93.9%

Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 107-108]
Notes: ● Asked of all respondents.
Among adults with diagnosed depression, 82.6% acknowledge that they have sought professional help for a mental or emotional problem.

- Similar to national findings.
- Satisfies the Healthy People 2020 target of 75.1% or higher.

### Have Sought Professional Help for a Mental or Emotional Problem
(Among Those With Major Depression)

<table>
<thead>
<tr>
<th></th>
<th>Henry County</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy People 2020 Target = 75.1% or Higher</td>
<td>82.6%</td>
<td>82.0%</td>
</tr>
</tbody>
</table>

Sources:  
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 146]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:  
- Asked of those respondents with major depression diagnosed by a physician.

### Children’s Mental Health

#### ADD/ADHD

Among Henry County adults with children age 5 to 17, 20.3% report that their child has suffered from or been diagnosed with ADD/ADHD.

- No statistical difference in ADD/ADHD prevalence by age or gender.
- Of these children, 53.2% are currently on medication for their condition.

### ADD/ADHD Among Henry County Children
(Henry County Children 5-17, 2012)

<table>
<thead>
<tr>
<th></th>
<th>Henry County: Boys 5-17</th>
<th>Henry County: Girls 5-17</th>
<th>Henry County: Age 5-12</th>
<th>Henry County: Age 13-17</th>
<th>Henry County</th>
</tr>
</thead>
<tbody>
<tr>
<td>53.2% Currently Take Medication for ADD/ADHD</td>
<td>23.6%</td>
<td>16.7%</td>
<td>22.9%</td>
<td>17.1%</td>
<td>20.3%</td>
</tr>
</tbody>
</table>

Sources:  
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 131-132]

Notes:  
- Asked of all respondents with children age 5-17 at home.
Other Behavioral Problems

Aside from ADD/ADHD, 12.1% of county children aged 5-17 have suffered from or been diagnosed with some type of behavioral problem.

Statistically similar by gender; statistically high among children aged 5-12.

Behavioral Problems Among Henry County Children
(Henry County Children 5-17, 2012)

Accessing Mental Health Services

Among parents of children under 18 in Henry County, 2.4% report a time in the past year when they needed mental health services for their child but were unable to receive them.

Reasons mentioned included cost or lack of insurance and issues with insurance.

Experienced Difficulty Accessing Mental Health Services for Child in the Past Year
(Among Parents of Children <18; Henry County, 2012)
DEATH, DISEASE & CHRONIC CONDITIONS
Leading Causes of Death

Distribution of Deaths by Cause

Together, cardiovascular disease (heart disease and stroke) and cancers accounted for one-half of all deaths in Henry County between 2008 and 2010.

**Leading Causes of Death**

(Henry County, 2008-2010)

- Cancer 22.5%
- Heart Disease 21.1%
- Other 29.3%
- CLRD 7.0%
- Stroke 7.3%
- Unintentional Injuries 5.3%
- Influenza/Pneu. 2.4%
- Diabetes Mellitus 2.5%
- Alzheimer’s Dis. 2.6%

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

Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).

Age-Adjusted Death Rates for Selected Causes

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

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

The following chart outlines 2008-2010 annual average age-adjusted death rates per 100,000 population for selected causes of death in Henry County.
Age-adjusted mortality rates in Henry County are worse than national rates for each of the causes of death listed below, with the exceptions of Alzheimer’s disease, firearm-related deaths and cirrhosis/liver disease.

Of the causes outlined in the following chart for which Healthy People 2020 objectives have been established, Henry County rates fail to satisfy the related goals for each cause of death, with the exception of cirrhosis/liver disease.

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

<table>
<thead>
<tr>
<th>Cause</th>
<th>Henry County</th>
<th>Indiana</th>
<th>US</th>
<th>HP2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Malignant Neoplasms (Cancers)</td>
<td>194.5</td>
<td>191.1</td>
<td>174.2</td>
<td>160.6</td>
</tr>
<tr>
<td>Diseases of the Heart</td>
<td>182.9</td>
<td>196.7</td>
<td>184.6</td>
<td>152.7*</td>
</tr>
<tr>
<td>Chronic Lower Respiratory Disease (CLRD)</td>
<td>67.3</td>
<td>56.3</td>
<td>43.2</td>
<td>n/a</td>
</tr>
<tr>
<td>Cerebrovascular Disease (Stroke)</td>
<td>61.7</td>
<td>44.9</td>
<td>40.2</td>
<td>33.8</td>
</tr>
<tr>
<td>Unintentional Injuries</td>
<td>54.9</td>
<td>39.1</td>
<td>38.2</td>
<td>36</td>
</tr>
<tr>
<td>Drug-Induced</td>
<td>36.0</td>
<td>14.4</td>
<td>12.7</td>
<td>11.3</td>
</tr>
<tr>
<td>Diabetes Mellitus</td>
<td>24.8</td>
<td>23.9</td>
<td>21.3</td>
<td>19.6*</td>
</tr>
<tr>
<td>Kidney Diseases</td>
<td>24.5</td>
<td>21.1</td>
<td>15.2</td>
<td>n/a</td>
</tr>
<tr>
<td>Alzheimer’s Disease</td>
<td>21.8</td>
<td>28.1</td>
<td>25.0</td>
<td>n/a</td>
</tr>
<tr>
<td>Pneumonia/Influenza</td>
<td>20.7</td>
<td>17.9</td>
<td>16.4</td>
<td>n/a</td>
</tr>
<tr>
<td>Motor Vehicle Deaths</td>
<td>15.2*</td>
<td>12.1</td>
<td>11.9</td>
<td>12.4</td>
</tr>
<tr>
<td>Intentional Self-Harm (Suicide)</td>
<td>15.0</td>
<td>12.8</td>
<td>11.8</td>
<td>10.2</td>
</tr>
<tr>
<td>Firearm-Related</td>
<td>10.1*</td>
<td>11.1</td>
<td>10.2</td>
<td>9.2</td>
</tr>
<tr>
<td>Cirrhosis/Liver Disease</td>
<td>8.1*</td>
<td>8.1</td>
<td>9.2</td>
<td>8.2</td>
</tr>
</tbody>
</table>

Sources:  

Note: Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population and coded using ICD-10 codes.
- The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart; the Diabetes target is adjusted to reflect only diabetes mellitus-coded deaths.
- Local, state and national data are simple three-year averages; *the Henry County rate reflects 2006-2010 data.
Heart disease is the leading cause of death in the United States, with stroke following as the third leading cause. Together, heart disease and stroke are among the most widespread and costly health problems facing the nation today, accounting for more than $500 billion in healthcare expenditures and related expenses in 2010 alone. Fortunately, they are also among the most preventable.

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

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

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

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

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

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

– Healthy People 2020 (www.healthypeople.gov)

**Age-Adjusted Heart Disease & Stroke Deaths**

**Heart Disease Deaths**

**Between 2008 and 2010 there was an annual average age-adjusted heart disease mortality rate of 182.9 deaths per 100,000 population in Henry County.**

- Lower than the statewide rate.
- Similar to the national rate.
- Fails to satisfy the Healthy People 2020 target (as adjusted to account for all diseases of the heart).
Heart Disease: Age-Adjusted Mortality
(2008-2010 Annual Average Deaths per 100,000 Population)

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

Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
● Local, state and national data are simple three-year averages.
● The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart.

### Stroke Deaths

Between 2008 and 2010, there was an annual average age-adjusted stroke mortality rate of 61.7 deaths per 100,000 population in Henry County.

- Less favorable than the Indiana rate.
- Less favorable than the national rate.
- Fails to satisfy the Healthy People 2020 target of 33.8 or lower.

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

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

Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
● Local, state and national data are simple three-year averages.
Prevalence of Heart Disease & Stroke

Prevalence of Heart Disease

A total of 9.0% of surveyed adults report that they suffer from or have been diagnosed with heart disease, such as coronary heart disease, angina or heart attack.

- Worse than the national prevalence.

![Prevalence of Heart Disease](image)

Sources: 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 147]

Notes: Asked of all respondents.

Henry County seniors (age 65+) are more likely to have been diagnosed with chronic heart disease; note the positive correlation with age.

![Prevalence of Heart Disease (Henry County, 2012)](image)

Sources: 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 147]

Notes: Asked of all respondents.

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

A total of 4.2% of surveyed adults report that they suffer from or have been diagnosed with cerebrovascular disease (a stroke).

- Similar to statewide findings.
- Similar to national findings.

Adults more likely to have been diagnosed with stroke include:

- Seniors.
- Residents from lower-income households.

Prevalence of Stroke
(Henry County, 2012)
Cardiovascular Risk Factors

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

– Healthy People 2020 (www.healthypeople.gov)

Hypertension (High Blood Pressure)

High Blood Pressure Testing

A total of 96.8% of Henry County adults have had their blood pressure tested within the past two years.

- More favorable than national findings.
- Satisfies the Healthy People 2020 target (94.9% or higher).

Have Had Blood Pressure Checked in the Past Two Years

<table>
<thead>
<tr>
<th>Henry County</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>96.8%</td>
<td>94.7%</td>
</tr>
</tbody>
</table>

Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 51]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Prevalence of Hypertension

A total of 40.2% of adults have been told at some point that their blood pressure was high.

- Less favorable than the Indiana prevalence.
- Less favorable than the national prevalence.
- Fails to satisfy the Healthy People 2020 target (26.9% or lower).

Among hypertensive adults, 78.9% have been diagnosed with high blood pressure more than once.
Hypertension diagnoses are higher among:

- Adults age 40 and older, and especially those age 65+.
Respondents reporting high blood pressure were further asked: “Are you currently taking any action to help control your high blood pressure, such as taking medication, changing your diet, or exercising?”

Among respondents who have been told that their blood pressure was high, 88.8% report that they are currently taking actions to control their condition.

- Similar to national findings.

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

<table>
<thead>
<tr>
<th></th>
<th>Henry County</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hypertension Management</td>
<td>88.8%</td>
<td>89.1%</td>
</tr>
</tbody>
</table>

**High Blood Cholesterol**

**Blood Cholesterol Testing**

A total of 92.3% of Henry County adults have had their blood cholesterol checked within the past five years.

- More favorable than Indiana findings.
- Comparable to the national findings.
- Satisfies the Healthy People 2020 target (82.1% or higher).

**Have Had Blood Cholesterol Levels Checked in the Past Five Years**

<table>
<thead>
<tr>
<th></th>
<th>Healthy People 2020 Target = 82.1% or Higher</th>
</tr>
</thead>
<tbody>
<tr>
<td>Henry County</td>
<td>92.3%</td>
</tr>
<tr>
<td>Indiana</td>
<td>72.8%</td>
</tr>
<tr>
<td>United States</td>
<td>90.7%</td>
</tr>
</tbody>
</table>
The following demographic segments report lower screening levels:

- Young adults (those under 40).
- Residents with lower incomes.

### Have Had Blood Cholesterol Levels Checked in the Past Five Years (Henry County, 2012)

**Healthy People 2020 Target = 82.1% or Higher**

<table>
<thead>
<tr>
<th></th>
<th>Men</th>
<th>Women</th>
<th>18 to 39</th>
<th>40 to 64</th>
<th>65+</th>
<th>Low Income</th>
<th>Mid/High Income</th>
<th>Henry County</th>
</tr>
</thead>
<tbody>
<tr>
<td>90.4%</td>
<td>94.2%</td>
<td>86.3%</td>
<td>93.3%</td>
<td>98.2%</td>
<td></td>
<td>88.0%</td>
<td>95.0%</td>
<td>92.3%</td>
</tr>
</tbody>
</table>

**Sources:**
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 54]

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

### Self-Reported High Blood Cholesterol

A total of 35.8% of adults have been told by a health professional that their cholesterol level was high.

- Similar to the Indiana findings.
- Similar to the national prevalence.
- More than twice the Healthy People 2020 target (13.5% or lower).

**Prevalence of High Blood Cholesterol**

<table>
<thead>
<tr>
<th></th>
<th>Henry County</th>
<th>Indiana</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>35.8%</td>
<td>39.0%</td>
<td>31.4%</td>
<td></td>
</tr>
</tbody>
</table>

**Sources:**
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 149]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

**Notes:**
- Asked of all respondents.
- The Indiana data reflects those adults who have been tested for high cholesterol and who have been diagnosed with it.
Note that 11.5% of Henry County adults report not having high blood cholesterol, but 1) have never had their blood cholesterol levels tested; 2) have not been screened in the past 5 years; or 3) do not recall when their last screening was. For these individuals, current prevalence is unknown.

- Note the positive correlation between age and high blood cholesterol.
- Keep in mind that “unknowns” are relatively high in young adults and lower-income residents.

**Prevalence of High Blood Cholesterol**
(Henry County, 2012)

<table>
<thead>
<tr>
<th></th>
<th>18 to 39</th>
<th>40 to 64</th>
<th>65+</th>
<th>Low Income</th>
<th>Mid/High Income</th>
<th>Henry County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>36.9%</td>
<td>34.6%</td>
<td>11.1%</td>
<td>42.3%</td>
<td>58.3%</td>
<td></td>
</tr>
<tr>
<td>Women</td>
<td>36.5%</td>
<td>34.2%</td>
<td>10.1%</td>
<td>42.1%</td>
<td>58.2%</td>
<td></td>
</tr>
</tbody>
</table>

Healthy People 2020 Target = 13.5% or Lower

High Cholesterol Management

Among adults who have been told that their blood cholesterol was high, 88.8% report that they are currently taking actions to control their cholesterol levels.

- Nearly identical to that found nationwide.

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

<table>
<thead>
<tr>
<th></th>
<th>Henry County</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>88.8%</td>
<td>89.1%</td>
</tr>
</tbody>
</table>

Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 149]

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

Respondents reporting high cholesterol were further asked:

“Are you currently taking any action to help control your high cholesterol, such as taking medication, changing your diet, or exercising?”
Total Cardiovascular Risk

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

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

Three health-related behaviors contribute markedly to cardiovascular disease:

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

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

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

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

A total of 91.4% of Henry County adults report one or more cardiovascular risk factors, such as being overweight, smoking cigarettes, being physically inactive, or having high blood pressure or cholesterol.

- Notably higher than national findings.

### Present One or More Cardiovascular Risks or Behaviors

![Graph showing percentage of Henry County and United States adults reporting cardiovascular risks or behaviors.](chart)

**Henry County**

- 91.4%

**United States**

- 86.3%

Sources:

- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 150]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:

- Asked of all respondents.
- Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) hypertension; 4) high blood cholesterol; and/or 5) being overweight/obese.

RELATED ISSUE: See also Nutrition & Overweight, Physical Activity & Fitness and Tobacco Use in the Modifiable Health Risk section of this report.
Adults more likely to exhibit cardiovascular risk factors include:

- Men.
- Lower-income residents.

### Present One or More Cardiovascular Risks or Behaviors

(Henry County, 2012)

<table>
<thead>
<tr>
<th></th>
<th>Men</th>
<th>Women</th>
<th>18 to 39</th>
<th>40 to 64</th>
<th>65+</th>
<th>Low Income</th>
<th>Mid/High Income</th>
<th>Henry County</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>96.6%</td>
<td>86.1%</td>
<td>89.4%</td>
<td>91.7%</td>
<td>93.5%</td>
<td>94.0%</td>
<td>89.4%</td>
<td>91.4%</td>
</tr>
</tbody>
</table>

**Sources:**
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 150]

**Notes:**
- Asked of all respondents.
- Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) hypertension; 4) high blood cholesterol; and/or 5) being overweight/obese.
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.
Continued advances in cancer research, detection, and treatment have resulted in a decline in both incidence and death rates for all cancers. Among people who develop cancer, more than half will be alive in five years. Yet, cancer remains a leading cause of death in the United States, second only to heart disease.

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

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

- Breast cancer (using mammography)
- Cervical cancer (using Pap tests)
- Colorectal cancer (using fecal occult blood testing, sigmoidoscopy, or colonoscopy)

Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Cancer Deaths

All Cancer Deaths

Between 2008 and 2010, there was an annual average age-adjusted cancer mortality rate of 194.5 deaths per 100,000 population in Henry County.

- Comparable to the statewide rate.
- Less favorable than the national rate.
- Fails to satisfy the Healthy People 2020 target of 160.6 or lower.

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

Healthy People 2020 Target = 160.6 or Lower

![Graph comparing cancer mortality rates between Henry County, Indiana, and United States](chart.png)


Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).

● Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.

● Local, state and national data are simple three-year averages.
Cancer Deaths by Site

Lung cancer is by far the leading cause of cancer deaths in Henry County. Other leading sites include prostate cancer among men, breast cancer among women, and colorectal cancer (both genders).

As can be seen in the following chart (referencing 2008-2010 annual average age-adjusted death rates for lung and colorectal cancer; 2006-2010 rates for female breast and prostate cancers):

- The Henry County lung cancer death rate is higher than both the state and US rates.
- The Henry County prostate cancer death rate is lower than both the state and national rates.
- The Henry County female breast cancer death rate is similar to the state rate but higher than the US rate.
- The Henry County colorectal cancer death rate is lower than both the state and national rates.

Note that while the Henry County prostate cancer death rates satisfies the related Healthy People 2020 target, the lung and female breast cancer rates fails to satisfy their related targets (the colorectal cancer rate is similar to its Healthy People 2020 goal).

### Age-Adjusted Cancer Death Rates by Site

(2008-2010 Annual Average Deaths per 100,000 Population)

<table>
<thead>
<tr>
<th>Cancer Type</th>
<th>Henry County</th>
<th>Indiana</th>
<th>US</th>
<th>HP2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lung Cancer</td>
<td>71.6</td>
<td>59.9</td>
<td>48.5</td>
<td>45.5</td>
</tr>
<tr>
<td>Female Breast Cancer</td>
<td>24.2*</td>
<td>23.4</td>
<td>22.3</td>
<td>20.6</td>
</tr>
<tr>
<td>Prostate Cancer</td>
<td>18.2*</td>
<td>22.5</td>
<td>22.3</td>
<td>21.2</td>
</tr>
<tr>
<td>Colorectal Cancer</td>
<td>14.2</td>
<td>17.0</td>
<td>16.1</td>
<td>14.5</td>
</tr>
</tbody>
</table>

**Sources:**

**Notes:**
- Henry County prostate and female breast cancer rates reflect 2006-2010 data.
Prevalence of Cancer

Skin Cancer

A total of 10.0% of surveyed Henry County adults report having been diagnosed with skin cancer.

- Less favorable than the state average.
- Statistically similar to the national prevalence.

![Prevalence of Skin Cancer](https://example.com/prevalence_skin_cancer.png)

**Prevalence of Skin Cancer**

Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 29]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Other Cancer

A total of 6.8% of respondents have been diagnosed with some type of (non-skin) cancer.

- Similar to the state prevalence.
- Similar to the national prevalence.

![Prevalence of Other Cancer](https://example.com/prevalence_other_cancer.png)

**Prevalence of Cancer (Other Than Skin Cancer)**

Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 28]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
Cancer Risk

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

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

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

Cancer Screenings

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

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

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

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

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

The absolute probability of benefits of regular mammography increases along a continuum with age, whereas the likelihood of harms from screening (false-positive results and unnecessary anxiety, biopsies, and cost) diminish from ages 40-70. The balance of benefits and potential harms, therefore, grows more favorable as women age. The precise age at which the potential benefits of mammography justify the possible harms is a subjective choice. The USPSTF did not find sufficient evidence to specify the optimal screening interval for women age 40-49.


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

**Mammography**

**Among women age 50-74, 81.9% had a mammogram within the past two years.**

- Higher statewide findings (which represent all women 50+).
- Similar to national findings.
- Similar to the Healthy People 2020 target (81.1% or higher).

**Among women 40+, 80.4% had a mammogram in the past two years.**

**Have Had a Mammogram in the Past Two Years**

(Among Women 50-74)

### Healthy People 2020 Target = 81.1% or Higher

- Women 40+ = 80.4%
- 74.7%
- 79.9%

**Sources:**
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. (Items 151-152)
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

**Notes:**
- Reflects female respondents 50 to 74.
- *Note that state data reflects all women 50 and older (vs. women 50-74 in local, US and Healthy People data).
Cervical Cancer Screenings

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

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

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

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

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

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

Pap Smear Testing

Among women age 21 to 65, 74.6% had a Pap smear within the past three years.

- Worse than Indiana findings (which represents all women 18+).
- Worse than national findings.
- Fails to satisfy the Healthy People 2020 target (93% or higher).

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

<table>
<thead>
<tr>
<th>Healthy People 2020 Target = 93.0% or Higher</th>
</tr>
</thead>
<tbody>
<tr>
<td>Henry County</td>
</tr>
<tr>
<td>74.6%</td>
</tr>
</tbody>
</table>

Sources:
- 2012 PRC Community Health Survey. Professional Research Consultants, Inc. [Item 113]
- Behavioral Risk Factor Surveillance System Survey Data - Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC), 2010 Indiana data.
- 2011 PRC National Health Survey. Professional Research Consultants, Inc.

Notes:
- Reflects female respondents age 21-65
- *Note that the Indiana percentage represents all women 18 and older.
Colorectal Cancer Screenings

The USPSTF recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy in adults, beginning at age 50 years and continuing until age 75 years. The evidence is convincing that screening for colorectal cancer with fecal occult blood testing, sigmoidoscopy, or colonoscopy detects early-stage cancer and adenomatous polyps. There is convincing evidence that screening with any of the three recommended tests (FOBT, sigmoidoscopy, colonoscopy) reduces colorectal cancer mortality in adults age 50 to 75 years. Follow-up of positive screening test results requires colonoscopy regardless of the screening test used.


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

Colorectal Cancer Screening

Among adults age 50-75, 70.5% have had an appropriate colorectal cancer screening (fecal occult blood testing within the past year and/or sigmoidoscopy/colonoscopy [lower endoscopy] within the past 10 years).

- Identical to the Healthy People 2020 target (70.5% or higher).

Have Had a Colorectal Cancer Screening
(Among Henry County Adults 50-75, 2011)

Healthy People 2020 Target = 70.5% or Higher

Yes 70.5%
No 29.5%

Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. (Item 157)
Notes: • Asked of all respondents age 50 through 75.
• In this case, the term “colorectal screening” refers to adults age 50-75 receiving a FOBT (fecal occult blood test) in the past year and/or a lower endoscopy (sigmoidoscopy/colonoscopy) in the past 10 years.

Lower Endoscopy

Among adults age 50 and older, 7 in 10 (70.9%) have had a lower endoscopy (sigmoidoscopy or colonoscopy) at some point in their lives.

- More favorable than Indiana findings.
- Comparable to national findings.
Have Ever Had a Lower Endoscopy Exam
(Among Adults 50+)

Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 115]
● 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: ● Asked of all respondents 50+.
● Lower endoscopy includes either sigmoidoscopy or colonoscopy.

Blood Stool Testing

Among adults age 50 and older, one-third (33.2%) has had a blood stool test (aka “fecal occult blood test”) within the past two years.

● More favorable than Indiana findings.
● Similar to national findings.

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

Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 116]
● 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: ● Asked of all respondents 50+.
More than one-half (55.0%) of Henry County survey respondents are aware the most insurance companies cover certain screenings free of charge (such as mammograms, colonoscopies, bone density exams).

Awareness is lowest among men, young adults and lower-income residents.

Aware That Most Insurance Plans Cover Certain Screenings (Mammograms, Colonoscopies, Bone Density Tests) Free of Charge (Henry County, 2012)

---

Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 90]

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

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

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

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

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

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

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

Risk factors for asthma currently being investigated include:
- Having a parent with asthma
- Sensitization to irritants and allergens
- Respiratory infections in childhood
- Overweight

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

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

- Healthy People 2020 (www.healthypeople.gov)

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

Chronic Lower Respiratory Disease Deaths (CLRD)

Between 2008 and 2010, there was an annual average age-adjusted CLRD mortality rate of 67.3 deaths per 100,000 population in Henry County.

- Higher than found statewide.
- Higher than the national rate.

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

Pneumonia/Influenza Deaths

Between 2008 and 2010, there was an annual average age-adjusted pneumonia influenza mortality rate of 20.7 deaths per 100,000 population in Henry County.

- Higher than found statewide.
- Higher than the national rate.

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

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

For prevalence of vaccinations for pneumonia and influenza, see also “Immunization & Infectious Disease.”
Survey respondents were next asked to indicate whether they suffer from or have been diagnosed with various respiratory conditions, including asthma and/or chronic lung disease.

### Prevalence of Respiratory Conditions

#### Chronic Lung Disease

*A total of 11.7% of Henry County adults suffer from chronic lung disease.*
- Worse than the national prevalence.

![Prevalence of Chronic Lung Disease](chart)

**Sources:**
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. (Item 27)
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

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

#### Asthma

**Adults**

*A total of 11.3% of Henry County adults currently suffer from asthma.*
- Similar to the statewide prevalence.
- Less favorable than the national prevalence.

![Currently Have Asthma](chart)

**Sources:**
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. (Item 158)
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

**Notes:**
- Asked of all respondents.
The following adults are more likely to suffer from asthma:

- Residents under the age of 65.

### Currently Have Asthma
(Henry County, 2012)

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Low Income</th>
<th>Mid/High Income</th>
<th>Henry County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>10.2%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Women</td>
<td>12.4%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18 to 39</td>
<td>13.3%</td>
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</tr>
<tr>
<td>40 to 64</td>
<td>12.5%</td>
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<tr>
<td>65+</td>
<td>6.1%</td>
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<tr>
<td>18 to 39</td>
<td>12.1%</td>
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<td>11.3%</td>
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<td></td>
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</tbody>
</table>

**Sources:** 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 158]

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

Among residents with asthma, 80.7% have used a prescription medication for their asthma in the past year.

- Also, two in three Henry County asthmatic adults (66.4%) are currently being treated by a physician for their asthma.

### Medical Care for Asthma
(Among Adults With Asthma; Henry County, 2012)

#### Used Prescription Medication for Asthma in the Past Year

- Yes 80.7%
- No 19.3%

#### Asthma is Currently Being Treated by a Medical Professional

- Yes 66.4%
- No 33.6%

**Sources:** 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 37-38]

**Notes:** Asked of all respondents who are currently asthmatic.
Among Henry County children under age 18, 9.3% currently have asthma.

- Comparable to national findings.
- No statistical difference by gender.

**Child Currently Has Asthma**
(Among Parents of Children Age 0-17)

- Henry County Boys: 11.3%
- Henry County Girls: 7.2%
- Henry County: 9.3%
- United States: 6.8%

**Sources:**
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 159]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

**Notes:**
- Asked of all respondents with children 0 to 17 in the household.
Injury & Violence

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

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

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

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

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

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

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

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

Efforts to prevent violence may focus on:

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

Healthy People 2020 (www.healthypeople.gov)
Leading Causes of Accidental Death

Poisoning and motor vehicle accidents accounted for 6 in 10 accidental deaths in Henry County between 2008 and 2010.

**Leading Causes of Accidental Death**

(Henry County, 2008-2010)

- Poisoning/Noxious Substances: 42.0%
- Other: 40.9%
- Motor Vehicle Accidents: 17.0%

**Unintentional Injury**

**Age-Adjusted Unintentional Injury Deaths**

Between 2008 and 2010, there was an annual average age-adjusted unintentional injury mortality rate of 54.9 deaths per 100,000 population in Henry County.

- Much higher than the Indiana rate.
- Much higher than the national rate.
- Far from satisfying the Healthy People 2020 target (36.0 or lower).

**Unintentional Injuries: Age-Adjusted Mortality**

(2008-2010 Annual Average Deaths per 100,000 Population)

- Henry County: 54.9
- Indiana: 39.1
- United States: 38.2

**Healthy People 2020 Target = 36.0 or Lower**

Sources: 
Motor Vehicle Safety

Age-Adjusted Motor-Vehicle Related Deaths

Between 2008 and 2010, there was an annual average age-adjusted motor vehicle crash mortality rate of 15.2 deaths per 100,000 population in Henry County.

- Higher than found statewide.
- Higher than found nationally.
- Fails to satisfy the Healthy People 2020 target (12.4 or lower).

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

- **Henry County**: 15.2
- **Indiana**: 12.1
- **United States**: 11.9

**Sources:**
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2013.
- **Notes:**
  - Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
  - Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
  - Local, state and national data are simple three-year averages; *the Henry County rate reflects 2006-2010 data.

Seat Belt Usage Among Children

A full 95.3% of area parents report that their child (age 0 to 17) “always” wears a seat belt (or appropriate car seat for younger children) when riding in a vehicle.

- Statistically similar to what is found nationally.

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

- **Henry County**: 95.3%
- **United States**: 91.6%

**Sources:**
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 138]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

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

A total of one in five (20.0%) Henry County children age 5 to 17 are reported to “always” wear a helmet when riding a bicycle.

- Much lower than the national prevalence.

**Child “Always” Wears a Helmet When Riding a Bicycle**

(Among Parents of Children Age 5-17)

<table>
<thead>
<tr>
<th>Henry County</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>20.0%</td>
<td>35.3%</td>
</tr>
</tbody>
</table>

Sources:  
- 2012 PRC Community Health Survey. Professional Research Consultants, Inc. [Item 143]  
- 2011 PRC National Health Survey. Professional Research Consultants, Inc.  
Notes:  
- Asked of all respondents with children age 5 to 17 at home.

Firearm Safety

Age-Adjusted Firearm-Related Deaths

Between 2008 and 2010, there was an annual average age-adjusted rate of 10.1 deaths per 100,000 population due to firearms in Henry County.

- Lower than found statewide.
- Nearly identical to the national rate.
- Fails to satisfy the Healthy People 2020 objective (9.2 or lower).

**Firearms-Related Deaths: Age-Adjusted Mortality**

(2008-2010 Annual Average Deaths per 100,000 Population)

<table>
<thead>
<tr>
<th>Henry County*</th>
<th>Indiana</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>10.1</td>
<td>11.1</td>
<td>10.2</td>
</tr>
</tbody>
</table>

Sources:  
Notes:  
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).  
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.  
- Local, state and national data are simple three-year averages; *the Henry County rate reflects 2006-2010 data.*
Diabetes mellitus occurs when the body cannot produce or respond appropriately to insulin. Insulin is a hormone that the body needs to absorb and use glucose (sugar) as fuel for the body’s cells. Without a properly functioning insulin signaling system, blood glucose levels become elevated and other metabolic abnormalities occur, leading to the development of serious, disabling complications. Many forms of diabetes exist; the three common types are Type 1, Type 2, and gestational diabetes.

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

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

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

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

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

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

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

- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Diabetes Deaths

Between 2008 and 2010, there was an annual average age-adjusted diabetes mortality rate of 24.8 deaths per 100,000 population in Henry County.

- Comparable to that found statewide.
- Less favorable than the national rate.
- Fails to satisfy the Healthy People 2020 target (19.6 or lower).
**Diabetes: Age-Adjusted Mortality**
(2008-2010 Annual Average Deaths per 100,000 Population)

- Healthy People 2020 Target = 19.6 or Lower (Adjusted)

![Graph showing diabetes mortality rates for Henry County, Indiana, and the United States.]

**Notes:**
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
- Local, state and national data are simple three-year averages.
- The Healthy People 2020 target for Diabetes is adjusted to account for only diabetes mellitus coded deaths.

**Prevalence of Diabetes**

A total of **13.7%** of Henry County adults report having been diagnosed with diabetes.

- Higher than the proportion statewide.
- Higher than the national proportion.

![Graph showing prevalence of diabetes for Henry County, Indiana, and the United States.]

**Notes:**
- Asked of all respondents.
- Local and national data exclude gestation diabetes (occurring only during pregnancy).
Note the positive correlation between diabetes and age (with 26.2% of seniors with diabetes).

### Prevalence of Diabetes
(Henry County, 2012)

![Prevalence of Diabetes Chart]

- **Men:** 14.2%
- **Women:** 13.1%
- **18 to 39:** 4.6%
- **40 to 64:** 14.3%
- **65+:** 26.2%
- **Low Income:** 16.7%
- **Mid/High Income:** 11.3%
- **Henry County:** 13.7%

**Sources:** 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 39]

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

### Diabetes Treatment

Among adults with diabetes, most (83.6%) are currently taking insulin or some type of medication to manage their condition.

### Taking Insulin or Other Medication for Diabetes
(Among Henry County Diabetics)

![Taking Insulin Chart]

- **Yes:** 83.6%
- **No:** 16.4%

**Sources:** 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 43]

**Notes:**
- Asked of all diabetic respondents.
Self-Monitoring

Asked how often they self-monitor their own blood sugar/glucose levels, 24.5% of Henry County diabetics report checking daily, while 42.3% check more often.

- In contrast, 22.5% of area diabetics check their glucose levels less often, and 10.7% don’t ever monitor their own levels.

### Frequency of Glucose/Blood Sugar Self-Checks
(Among Henry County Diabetics)

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less Than Daily</td>
<td>22.5%</td>
</tr>
<tr>
<td>Twice a Day</td>
<td>18.9%</td>
</tr>
<tr>
<td>Once a Day</td>
<td>24.5%</td>
</tr>
<tr>
<td>3 Times Daily</td>
<td>23.4%</td>
</tr>
<tr>
<td>Never</td>
<td>10.7%</td>
</tr>
</tbody>
</table>

Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 44]
Notes: ● Asked of all diabetic respondents.

Asked about checking their own feet for sores or irritations, just over one-half (51.6%) of diabetic adults in Henry County check daily, and 16.2% check more often.

- On the other hand, 18.1% of area diabetics check their feet for sores less often, and 14.1% report never checking their own feet for sores or irritations.

### Frequency of Self-Checks for Sores or Irritations On the Feet
(Among Henry County Diabetics)

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less Than Daily</td>
<td>18.1%</td>
</tr>
<tr>
<td>Twice a Day</td>
<td>7.8%</td>
</tr>
<tr>
<td>Once a Day</td>
<td>51.6%</td>
</tr>
<tr>
<td>3 Times Daily</td>
<td>8.4%</td>
</tr>
<tr>
<td>Never</td>
<td>14.1%</td>
</tr>
</tbody>
</table>

Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 45]
Notes: ● Asked of all diabetic respondents.
Professional Care

Among Henry County adult diabetics, most (89.5%) had at least one visit to a medical professional about their diabetes in the past year (including 10.4% with 5+ visits).

- Just 10.5% of diabetics did not see a medical professional about their diabetes in the past year.

![Number of Diabetes-Related Visits to a Medical Professional in the Past Year (Among Henry County Diabetics)]

Sources: 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 46]
Notes: Asked of all diabetic respondents.

Diabetes Education

Two in three Henry County adult diabetics (66.1%) have taken a class on managing their diabetes.

![Have Taken a Course On Diabetes Management (Among Henry County Diabetics)]

Sources: 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 47]
Notes: Asked of all diabetic respondents.
Pre-Diabetes

Among survey respondents who are not diabetic, 5.4% have been diagnosed as pre-diabetic or borderline diabetic (not including gestational diabetes).

Have Been Diagnosed With Pre-Diabetes or Borderline Diabetes
(Among Henry County Non-Diabetics; Does Not Include Gestational Diabetes)

Sources: 
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 40-41]

Notes: 
- Asked of all non-diabetic respondents.

Yes 5.4%
No 94.6%

Among non-diabetic county residents, 52.1% have been tested for diabetes or high blood sugar in the past three years.

Tested for Diabetes or High Blood Sugar in the Past 3 Years
(Among Henry County Non-Diabetics)

Sources: 
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 42]

Notes: 
- Asked of all non-diabetic respondents.

No 47.9%
Yes 52.1%
Alzheimer’s Disease

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

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

– Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Alzheimer’s Disease Deaths

Between 2008 and 2010, there was an annual average age-adjusted Alzheimer’s disease mortality rate of 21.8 deaths per 100,000 population in Henry County.

- More favorable than the statewide rate.
- More favorable than the national rate.

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

Sources:● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2013.
Notes:● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
● Local, state and national data are simple three-year averages.
Kidney Disease

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

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

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

— Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Kidney Disease Deaths

Between 2008 and 2010 there was an annual average age-adjusted kidney disease mortality rate of 24.5 deaths per 100,000 population in Henry County.

- Higher than the rate found statewide.
- Much higher than the national rate.

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


Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
- Local, state and national data are simple three-year averages.
Prevalence of Kidney Disease

Among Henry County survey respondents, 3.7% have suffered from or been diagnosed with kidney disease.

Statistically high among residents in lower-income households.

Prevalence of Kidney Disease
(Henry County, 2012)

<table>
<thead>
<tr>
<th></th>
<th>Men</th>
<th>Women</th>
<th>18 to 39</th>
<th>40 to 64</th>
<th>65+</th>
<th>Low Income</th>
<th>Mid/High Income</th>
<th>Henry County</th>
</tr>
</thead>
<tbody>
<tr>
<td>18 to 39</td>
<td>4.3%</td>
<td>3.1%</td>
<td>4.1%</td>
<td>2.6%</td>
<td>5.6%</td>
<td>7.8%</td>
<td>3.1%</td>
<td>3.7%</td>
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<tr>
<td>40 to 64</td>
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<td>65+</td>
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<td>Low Income</td>
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<td>Mid/High Income</td>
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<tr>
<td>Henry County</td>
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</tr>
</tbody>
</table>

Sources: 2012 PRC Community Health Survey, Professional Research Consultants, Inc. (Item 31)

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

An Advance Directive is a formal document signed by an individual and two witnesses outlining a person’s future wishes for medical treatment in the event that he or she can no longer make decisions about his or her care. Many people think of an Advance Directive as a “living will,” a “durable power of attorney for healthcare,” or a “do not resuscitate” order.

In Henry County, 32.8% of adults have completed an Advance Directive; of these people, 10.5% have discussed the Directive with an attorney.
INFECTIONOUS DISEASE
Influenza & Pneumonia Vaccination

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

Healthy People 2020 (www.healthypeople.gov)

Flu Vaccinations

Among Henry County seniors, 71.6% received a flu shot (or FluMist®) within the past year.

- Statistically better than the Indiana finding.
- Identical to the national finding.
- Fails to satisfy the Healthy People 2020 target (90% or higher).

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

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

- Henry County: 71.6%
- Indiana: 60.6%
- United States: 71.6%

Healthy People 2020 Target = 90% or Higher

Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. (Item 166)
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2011 Indiana data.

Notes:
- Reflects respondents 65 and older.
- Includes FluMist as a form of vaccination.
High-Risk Adults

A total of 57.3% of high-risk adults age 18 to 64 received a flu vaccination (flu shot or FluMist®) within the past year.

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

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

- **Henry County:** 57.3%
- **United States:** 52.5%

**Sources:**
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc.
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

**Notes:**
- “High-risk” includes adults who report having been diagnosed with heart disease, diabetes or respiratory disease.
- Includes FluMist as a form of vaccination.

### Pneumonia Vaccination

Among adults age 65 and older, 67.2% have received a pneumonia vaccination at some point in their lives.

- Comparable to the Indiana finding.
- Comparable to the national finding.
- Fails to satisfy the Healthy People 2020 target of 90% or higher.

### Have Ever Had a Pneumonia Vaccine
(Among Adults 65+)

- **Henry County:** 67.2%
- **Indiana:** 70.5%
- **United States:** 68.1%

**Sources:**
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc.
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

**Notes:**
- Reflects respondents 65 and older.
High-Risk Adults

A total of 37.4% of high-risk adults age 18 to 64 have ever received a pneumonia vaccination.

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

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

| Source:  | 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 169]
| Source:  | 2011 PRC National Health Survey, Professional Research Consultants, Inc.
| Notes:   | Asked of all high-risk respondents under 65.
| Notes:   | “High-Risk” includes adults age 18 to 64 who have been diagnosed with heart disease, diabetes or respiratory disease.

### Awareness of Immunization Coverage

More than one-half (53.3%) of survey respondents are aware that many immunizations are now covered by insurance plans.

- Awareness is lowest among Henry County men and adults under 65.

### Aware That Many Immunizations Are Now Covered by Insurance
(Henry County, 2012)

- Men: 46.0%
- Women: 60.7%
- 18 to 39: 43.4%
- 40 to 64: 52.1%
- 65+: 69.2%
- Low Income: 49.6%
- Mid/High Income: 57.8%
- Henry County: 53.3%

Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 71]

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

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

The increase in life expectancy during the 20th century is largely due to improvements in child survival; this increase is associated with reductions in infectious disease mortality, due largely to immunization. However, infectious diseases remain a major cause of illness, disability, and death. Immunization recommendations in the United States currently target 17 vaccine-preventable diseases across the lifespan.

People in the US continue to get diseases that are vaccine-preventable. Viral hepatitis, influenza, and tuberculosis (TB) remain among the leading causes of illness and death across the nation and account for substantial spending on the related consequences of infection.

The infectious disease public health infrastructure, which carries out disease surveillance at the national, state, and local levels, is an essential tool in the fight against newly emerging and re-emerging infectious diseases. Other important defenses against infectious diseases include:

- Proper use of vaccines
- Antibiotics
- Screening and testing guidelines
- Scientific improvements in the diagnosis of infectious disease-related health concerns

Vaccines are among the most cost-effective clinical preventive services and are a core component of any preventive services package. Childhood immunization programs provide a very high return on investment. For example, for each birth cohort vaccinated with the routine immunization schedule, society:

- Saves 33,000 lives.
- Prevents 14 million cases of disease.
- Reduces direct healthcare costs by $9.9 billion.
- Saves $33.4 billion in indirect costs.

– Healthy People 2020 (www.healthypeople.gov)

Measles, Mumps, Rubella and Pertussis

Between 2010 and 2011, Henry County reported seven cases of measles, two of rubella and two of pertussis. No cases of mumps were reported during this time.

Children’s Immunizations

According to the Indiana State Department of Health, 80% of Henry County children age 19-35 months have completed the 4:3:1:3:3:1:4 immunization series.

- Much higher than the 49% rate reported for Indiana.
Immunization Rates
(For 19-35 Months of Age; Complete for 4:3:1:3:3:1:4 Series)

<table>
<thead>
<tr>
<th></th>
<th>Henry County</th>
<th>Indiana</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population 19-35 Months of Age</td>
<td>810</td>
<td>133,850</td>
</tr>
<tr>
<td>Number Assessed 19-35 Months of Age</td>
<td>517</td>
<td>63,133</td>
</tr>
<tr>
<td>Percentage of Population Represented</td>
<td>63.8%</td>
<td>47.2%</td>
</tr>
<tr>
<td>Completion Rate for 4:3:1:3:3:1:4</td>
<td>80%</td>
<td>49%</td>
</tr>
<tr>
<td>Number VFC Eligible Rate Among VFC-Eligible</td>
<td>314</td>
<td>26,173</td>
</tr>
<tr>
<td>Rate Among Not VFC-Eligible</td>
<td>88</td>
<td>29,577</td>
</tr>
<tr>
<td>Number Underinsured Rate Among Underinsured</td>
<td>38</td>
<td>4,282</td>
</tr>
<tr>
<td>Number of VFC Providers Enrolled</td>
<td>6</td>
<td>896</td>
</tr>
</tbody>
</table>

Sources: ● County Immunization Rate Assessment 2012: Henry County, Indiana. Indiana State Department of Health, Immunization Division.
Note: ● 4:3:1:3:3:1:4 Series includes: 4 DTaP (diphtheria, tetanus, acellular pertussis); 3 Polio (poliomyelitis); 1 MMR (measles, mumps, rubella); 3 Hib (Haemophilus influenzae type B); 3 HepB (hepatitis B); 1 Var (varicella, or chicken pox); and 4 PCV (pneumococcal disease) vaccinations.
● Includes only children seen by providers participating in the Children and Hoosier Immunization Registry Program (CHIRP).
● VFC-Eligible: A child age 0-18 is eligible to receive free vaccine under the VFC (Vaccines for Children program, funded through the CDC) if they are Medicaid eligible, uninsured, or have health insurance that does not cover vaccines. Also, any child who identifies as an American Indian or Alaskan Native, regardless of insurance status. (Note: Some of the children who are classified as “underinsured” can be funded with VFC vaccine at approved facilities.)
● Underinsured: Children who were recorded as “underinsured” by a provider in CHIRP. This should include children who have commercial (private) health insurance but the coverage does not include vaccines, children whose insurance covers only selected vaccines (these children are categorized as underinsured for non-covered vaccines only), or children whose insurance caps vaccine coverage at a certain amount (once that coverage amount is reached, these children are categorized as underinsured).

Among survey respondents with children under 18 at home, 39.1% report that their child received a flu vaccination within the past year.

Child Received a Seasonal Flu Shot or FluMist in the Past 12 Months
(Henry County Parents of Children <18, 2012)

Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 130]
Notes: ● Asked of all respondents with children under 18.
STDs refer to more than 25 infectious organisms that are transmitted primarily through sexual activity. Despite their burdens, costs, and complications, and the fact that they are largely preventable, STDs remain a significant public health problem in the United States. This problem is largely unrecognized by the public, policymakers, and health care professionals. STDs cause many harmful, often irreversible, and costly clinical complications, such as: reproductive health problems; fetal and perinatal health problems; cancer; and facilitation of the sexual transmission of HIV infection.

The Centers for Disease Control and Prevention (CDC) estimates that there are approximately 19 million new STD infections each year—almost half of them among young people ages 15 to 24. Because many cases of STDs go undiagnosed—and some common viral infections, such as human papillomavirus (HPV) and genital herpes, are not reported to CDC at all—the reported cases of chlamydia, gonorrhea, and syphilis represent only a fraction of the true burden of STDs in the US. Untreated STDs can lead to serious long-term health consequences, especially for adolescent girls and young women. CDC estimates that undiagnosed and untreated STDs cause at least 24,000 women in the United States each year to become infertile. Several factors contribute to the spread of STDs.

**Biological Factors.** STDs are acquired during unprotected sex with an infected partner. Biological factors that affect the spread of STDs include:

- **Asymptomatic nature of STDs.** The majority of STDs either do not produce any symptoms or signs, or they produce symptoms so mild that they are unnoticed; consequently, many infected persons do not know that they need medical care.

- **Gender disparities.** Women suffer more frequent and more serious STD complications than men do. Among the most serious STD complications are pelvic inflammatory disease, ectopic pregnancy (pregnancy outside of the uterus), infertility, and chronic pelvic pain.

- **Age disparities.** Compared to older adults, sexually active adolescents ages 15 to 19 and young adults ages 20 to 24 are at higher risk for getting STDs.

- **Lag time between infection and complications.** Often, a long interval, sometimes years, occurs between acquiring an STD and recognizing a clinically significant health problem.

**Social, Economic and Behavioral Factors.** The spread of STDs is directly affected by social, economic, and behavioral factors. Such factors may cause serious obstacles to STD prevention due to their influence on social and sexual networks, access to and provision of care, willingness to seek care, and social norms regarding sex and sexuality. Among certain vulnerable populations, historical experience with segregation and discrimination exacerbates these factors. Social, economic, and behavioral factors that affect the spread of STDs include:

- **Racial and ethnic disparities.** Certain racial and ethnic groups (mainly African American, Hispanic, and American Indian/Alaska Native populations) have high rates of STDs, compared with rates for whites.

- **Poverty and marginalization.** STDs disproportionately affect disenfranchised people and people in social networks where high-risk sexual behavior is common, and access to care or health-seeking behavior is compromised.

- **Access to health care.** Access to high-quality health care is essential for early detection, treatment, and behavior-change counseling for STDs. Groups with the highest rates of STDs are often the same groups for whom access to or use of health services is most limited.

- **Substance abuse.** Many studies document the association of substance abuse with STDs. The introduction of new illicit substances into communities often can alter sexual behavior drastically in high-risk sexual networks, leading to the epidemic spread of STDs.

- **Sexuality and secrecy.** Perhaps the most important social factors contributing to the spread of STDs in the United States are the stigma associated with STDs and the general discomfort of discussing intimate aspects of life, especially those related to sex. These social factors separate the United States from industrialized countries with low rates of STDs.

- **Sexual networks.** Sexual networks refer to groups of people who can be considered “linked” by sequential or concurrent sexual partners. A person may have only 1 sex partner, but if that partner is a member of a risky sexual network, that person is at higher risk for STDs than an individual from a nonrisky network.

Healthy People 2020 (www.healthypeople.gov)
Gonorrhea, Chlamydia and Syphilis

Between 2010 and 2011, Henry County reported 142 cases of chlamydia, 14 cases of gonorrhea, and 2 cases of syphilis.

A total of 65 cases of hepatitis B were also reported during this time.
BIRTHS
Prenatal Care

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

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

Between 2007 and 2009, 20.9% of all Henry County births did not receive prenatal care in the first trimester of pregnancy.

- More favorable than the Indiana proportion.
- Satisfies the Healthy People 2020 target (22.1% or lower).

Lack of Prenatal Care in the First Trimester
(Percentage of Live Births, 2007-2009)

Early and continuous prenatal care is the best assurance of infant health.
Low birthweight babies, those who weigh less than 2,500 grams (5 pounds, 8 ounces) at birth, are much more prone to illness and neonatal death than are babies of normal birthweight.

Largely a result of receiving poor or inadequate prenatal care, many low-weight births and the consequent health problems are preventable.

**Low-Weight Births**

A total of 8.4% of 2007-2009 Henry County births were low-weight.

- Better than the Indiana proportion.
- Similar to the national proportion.
- Fails to satisfy the Healthy People 2020 target (7.8% or lower).

**Low-Weight Births**
(Percentage of Live Births, 2007-2009)

<table>
<thead>
<tr>
<th></th>
<th>Henry County</th>
<th>Indiana</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy People 2020 Target = 7.8% or Lower</td>
<td>8.4%</td>
<td>9.5%</td>
<td>8.2%</td>
</tr>
</tbody>
</table>

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

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

Between 2008 and 2010, there was an annual average of 10.9 infant deaths per 1,000 live births in Henry County.

- Less favorable than the Indiana rate.
- Less favorable than the national rate.
- Fails to satisfy the Healthy People 2020 target of 6.0 per 1,000 live births.

**Infant Mortality Rate**
*(2008-2010 Annual Average Infant Deaths per 1,000 Live Births)*

- Henry County: 10.9
- Indiana: 7.5
- United States: 6.5

**Healthy People 2020 Target = 6.0 or Lower**

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

Notes:
- Rates are three-year averages of deaths of children under 1 year old per 1,000 live births.
- Henry County rate reflects 2006-2010 data.
Family Planning

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

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

- Delays in initiating prenatal care
- Reduced likelihood of breastfeeding
- Poor maternal mental health
- Lower mother-child relationship quality
- Increased risk of physical violence during pregnancy

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

– Healthy People 2020 (www.healthypeople.gov)

Births to Unwed Mothers

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

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

A full 45.4% of 2007-2009 Henry County births were to unwed mothers.

- Comparable to the percentage reported statewide.
- Higher than that found nationally.
Births to Unwed Mothers
(Percentage of Live Births, 2007-2009)

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

Note:
- Numbers are a percentage of all live births within each population.
- US percentage reflects 2004-2006 data.

Births to Teen Mothers

The negative outcomes associated with unintended pregnancies are compounded for adolescents. Teen mothers:

- Are less likely to graduate from high school or attain a GED by the time they reach age 30.
- Earn an average of approximately $3,500 less per year, when compared with those who delay childbearing.
- Receive nearly twice as much Federal aid for nearly twice as long.

Similarly, early fatherhood is associated with lower educational attainment and lower income. Children of teen parents are more likely to have lower cognitive attainment and exhibit more behavior problems. Sons of teen mothers are more likely to be incarcerated, and daughters are more likely to become adolescent mothers.

– Healthy People 2020 (www.healthypeople.gov)

A total of 13.5% of 2007-2009 Henry County births were to teenage mothers.

- Higher than the Indiana proportion.
- Higher than the national proportion.

Births to Teen Mothers (Under 20)
(Percentage of Live Births, 2007-2009)

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

Note:
- Numbers are a percentage of all live births within each population.
MODIFIABLE HEALTH RISKS
Actual Causes Of Death

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

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

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


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


Factors Contributing to Premature Deaths in the United States

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

Nutrition

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

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

Americans with a healthful diet:

- Consume a variety of nutrient-dense foods within and across the food groups, especially whole grains, fruits, vegetables, low-fat or fat-free milk or milk products, and lean meats and other protein sources.
- Limit the intake of saturated and trans fats, cholesterol, added sugars, sodium (salt), and alcohol.
- Limit caloric intake to meet caloric needs.

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

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

- Individuals have the knowledge and skills to make healthier choices.
- Healthier options are available and affordable.

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

Social factors thought to influence diet include:

- Knowledge and attitudes
- Skills
- Social support
- Societal and cultural norms
- Food and agricultural policies
- Food assistance programs
- Economic price systems

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

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

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

- Healthy People 2020 (www.healthypeople.gov)
Daily Recommendation of Fruits/Vegetables

A total of 39.3% of Henry County adults report eating five or more servings of fruits and/or vegetables per day.

- Less favorable than national findings.

**Consume Five or More Servings of Fruits/Vegetables Per Day**

![Graph showing fruit and vegetable consumption in Henry County and the United States](chart)

**Sources:**
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 174]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

**Notes:**
- Asked of all respondents.
- For this issue, respondents were asked to recall their food intake on the previous day.

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

**Consume Five or More Servings of Fruits/Vegetables Per Day**

(Henry County, 2012)

![Graph showing fruit and vegetable consumption by gender and age groups in Henry County](chart)

**Sources:**
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 174]

**Notes:**
- Asked of all respondents.
- For this issue, respondents were asked to recall their food intake on the previous day.

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

A total of 39.9% of survey respondents acknowledge that a physician counseled them about diet and nutrition in the past year.

- Similar to national findings.

Note: Among obese respondents, 53.0% report receiving diet/nutrition advice (meaning that nearly one-half did not).

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

Ease of Changing Behavioral Patterns

Among Henry County residents, 7 in 10 consider it to be “easy” (38.2%) or “fairly easy” (32.4%) to change behaviors which affect their health and well-being.
On the other hand, 29.4% of area adults report that changing their behaviors is “difficult” or “fairly difficult.”

The percentage is statistically high among adults under 65.

**It Is “Difficult/Fairly Difficult” To Change the Behaviors That Affect My Health and Well-Being**

(Henry County, 2012)

Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 21]

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

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

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

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

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

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

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

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

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

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

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

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

- Healthy People 2020 (www.healthypeople.gov)
Level of Activity at Work

Less than half of employed respondents report low levels of physical activity at work.

- A total of 48.3% of employed respondents report that their job entails mostly sitting or standing, much lower than the US figure.
- 31.7% report that their job entails mostly walking (higher than the US).
- 20.0% report that their work is physically demanding (higher than the US).

Leisure-Time Physical Activity

A total of 27.6% of adults report no leisure-time physical activity in the past month.

- Comparable to statewide findings.
- Comparable to national findings.
- Satisfies the Healthy People 2020 target (32.6% or lower).

Leisure-time physical activity includes any physical activities or exercises (such as running, calisthenics, golf, gardening, walking, etc.) which take place outside of one’s line of work.
Lack of leisure-time physical activity in the area is statistically high among:

Lower-income residents.

No Leisure-Time Physical Activity in the Past Month
(Henry County, 2012)

Activity Levels

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

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

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

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

Recommended Levels of Physical Activity

A total of 41.1% of Henry County adults participate in regular, sustained moderate or vigorous physical activity (meeting physical activity recommendations).

- Statistically similar to national findings.
The prevalence does not vary significantly by demographic characteristic.

Meets Physical Activity Recommendations

(Henry County, 2012)

Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. (Item 177)

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

Meets Physical Activity Recommendations

(Henry County, 2012)
Moderate & Vigorous Physical Activity

In the past month:

A total of 26.8% of adults participated in moderate physical activity (5 times a week, 30 minutes at a time).

- Comparable to the national level.

A total of 27.8% participated in vigorous physical activity (3 times a week, 20 minutes at a time).

- Comparable to the statewide figure (not shown).
- Less favorable than the nationwide figure.

![Moderate Physical Activity](image1)

![Vigorous Physical Activity](image2)

**Sources:**
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 179-180]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

**Notes:**
- Asked of all respondents.
- Moderate Physical Activity: Takes part in exercise that produces only light sweating or a slight to moderate increase in breathing or heart rate at least 5 times per week for at least 30 minutes per time.
- Vigorous Physical Activity: Takes part in activities that cause heavy sweating or large increases in breathing or heart rate at least 3 times per week for at least 20 minutes per time.
Health Advice About Physical Activity & Exercise

A total of 46.3% of Henry County adults report that their physician has asked about or given advice to them about physical activity in the past year.

○ Similar to the national average.

Note: 59.0% of obese Henry County respondents say that they have talked with their doctor about physical activity/exercise in the past year.

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

Children’s Screen Time

Television Watching & Other Screen Time

Among children aged 5 through 17, 14.0% are reported to watch three or more hours of television per day; 10.9% are reported to spend three or more hours on other types of screen time for entertainment (video games, Internet, etc.).

○ Both figures are comparable to the national percentages.
When combined, 39.4% of county children aged 5 to 17 spend 3+ hours on screen time (whether television or computer, Internet, video games, etc.) per day.

- Comparable to that found nationally.
- No statistical difference by child’s gender or age.

**Children With Three or More Hours per School Day of Total Screen Time [TV, Computer, Video Games, Etc. for Entertainment]**

(Among Parents of Children 5-17)

<table>
<thead>
<tr>
<th></th>
<th>Henry County: Boys 5-17</th>
<th>Henry County: Girls 5-17</th>
<th>Henry County: Age 5-12</th>
<th>Henry County: Age 13-17</th>
<th>Henry County</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>Henry County: Girls 5-17</td>
<td>40.8%</td>
<td>37.8%</td>
<td>37.3%</td>
<td>42.0%</td>
<td>39.4%</td>
<td>43.4%</td>
</tr>
<tr>
<td>Henry County: Age 5-12</td>
<td>37.3%</td>
<td>37.8%</td>
<td>42.0%</td>
<td>39.4%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Henry County: Age 13-17</td>
<td>42.0%</td>
<td>43.4%</td>
<td>39.4%</td>
<td>40.8%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Sources:**
- 2012 Professional Research Consultants, Inc. PRC Community Health Survey. [Item 183]

**Notes:**
- Asked of all respondents with children 5-17 at home.
- For this issue, respondents with children who are not in school were asked about “weekdays,” while parents of children in school were asked about typical “school days.”
- “Three or more hours” includes reported screen time of 180 minutes or more per day.
Because weight is influenced by energy (calories) consumed and expended, interventions to improve weight can support changes in diet or physical activity. They can help change individuals’ knowledge and skills, reduce exposure to foods low in nutritional value and high in calories, or increase opportunities for physical activity. Interventions can help prevent unhealthy weight gain or facilitate weight loss among obese people. They can be delivered in multiple settings, including healthcare settings, worksites, or schools.

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

Healthy People 2020 (www.healthypeople.gov)

Body Mass Index (BMI), which describes relative weight for height, is significantly correlated with total body fat content. The BMI should be used to assess overweight and obesity and to monitor changes in body weight. In addition, measurements of body weight alone can be used to determine efficacy of weight loss therapy. BMI is calculated as weight (kg)/height squared (m²). To estimate BMI using pounds and inches, use: [weight (pounds)/height squared (inches²)] × 703.

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


Classification of Overweight and Obesity by BMI

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


Adult Weight Status

Healthy Weight

Based on self-reported heights and weights, 31.0% of Henry County adults are at a healthy weight.

- Similar to national findings.
- Similar to the Healthy People 2020 target (33.9% or higher).
Healthy Weight

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

Healthy People 2020 Target = 33.9% or Higher

<table>
<thead>
<tr>
<th>Henry County</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>31.0%</td>
<td>31.7%</td>
</tr>
</tbody>
</table>

Sources:  
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. (Item 185)  
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:  
- Based on reported heights and weights, asked of all respondents.
- The definition of healthy weight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), between 18.5 and 24.9.

Overweight Status

More than two in three Henry County adults (68.0%) are overweight.

- Comparable to the Indiana prevalence.
- Comparable to the US overweight prevalence.

Prevalence of Total Overweight

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

<table>
<thead>
<tr>
<th>Henry County</th>
<th>Indiana</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>68.0%</td>
<td>65.6%</td>
<td>66.9%</td>
</tr>
</tbody>
</table>

Sources:  
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. (Item 185)  
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:  
- Based on reported heights and weights, asked of all respondents.
- The definition of overweight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 25.0, regardless of gender. The definition for obesity is a BMI greater than or equal to 30.0.

Here, “overweight” includes those respondents with a BMI value ≥25.
Further, 35.8% of Henry County adults are obese.

- Less favorable than Indiana findings.
- Less favorable than US findings.
- Fails to satisfy the Healthy People 2020 target (30.6% or lower).

### Prevalence of Obesity
(Percent of Obese Adults; Body Mass Index of 30.0 or Higher)

- Healthy People 2020 Target = 30.6% or Lower

<table>
<thead>
<tr>
<th></th>
<th>Henry County</th>
<th>Indiana</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>0%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>40%</td>
<td>35.8%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>60%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>80%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>100%</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Sources:**
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 185]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

**Notes:**
- Based on reported heights and weights, asked of all respondents.
- The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.

Obesity is notably more prevalent among:

- Men.
- Adults between the ages of 40 and 64.
- Respondents with lower incomes.

### Prevalence of Obesity
(Percent of Obese Adults; BMI of 30.0 or Higher; Henry County, 2012)

- Healthy People 2020 Target = 30.6% or Lower

<table>
<thead>
<tr>
<th></th>
<th>Men</th>
<th>Women</th>
<th>18 to 39</th>
<th>40 to 64</th>
<th>65+</th>
<th>Low Income</th>
<th>Mid/High Income</th>
<th>Henry County</th>
</tr>
</thead>
<tbody>
<tr>
<td>0%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>40%</td>
<td>41.4%</td>
<td>29.8%</td>
<td>33.5%</td>
<td>41.4%</td>
<td>27.7%</td>
<td>44.9%</td>
<td>33.9%</td>
<td>35.8%</td>
</tr>
<tr>
<td>60%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>80%</td>
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<td></td>
</tr>
<tr>
<td>100%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Sources:**
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 185]

**Notes:**
- Based on reported heights and weights, asked of all respondents.
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.
- The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.
Actual vs. Perceived Body Weight

A total of 8.6% of obese adults and 38.1% of overweight (but not obese) adults feel that their current weight is “about right.”

- 56.1% of overweight (but not obese) adults see themselves as "somewhat overweight."
- 33.6% of obese adults see themselves as "very overweight."

Actual vs. Perceived Weight Status
(Among Adults Who Are Overweight/Obese Based on BMI; Henry County, 2012)

<table>
<thead>
<tr>
<th>Perceive Self as</th>
<th>Among Adults Overweight But Not Obese (BMI 25.0-29.9)</th>
<th>Among Obese Adults (BMI 30+)</th>
</tr>
</thead>
<tbody>
<tr>
<td>&quot;Very/Somewhat Underweight&quot;</td>
<td>0.7%</td>
<td>38.1%</td>
</tr>
<tr>
<td>&quot;About the Right Weight&quot;</td>
<td>2.2%</td>
<td>8.6%</td>
</tr>
<tr>
<td>&quot;Somewhat Overweight&quot;</td>
<td>56.1%</td>
<td>55.6%</td>
</tr>
<tr>
<td>&quot;Very Overweight&quot;</td>
<td>5.1%</td>
<td>33.6%</td>
</tr>
</tbody>
</table>

Sources: 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 102]
Notes: BMI is based on reported heights and weights, asked of all respondents.
- The definition of overweight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 25.0, regardless of gender. The definition for obesity is a BMI greater than or equal to 30.0.

Relationship of Overweight With Other Health Issues

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

Among these are:

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

Overweight/obese residents are also more likely to have overweight children.
Relationship of Overweight With Other Health Issues
(By Weight Classification; Henry County, 2012)

Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 5, 30, 39, 104, 110, 148, 149, 189]
Notes: ● Based on reported heights and weights, asked of all respondents.

Weight Management

Health Advice

A total of 23.7% of adults have been given advice about their weight by a doctor, nurse or other health professional in the past year.

- Similar to the national findings.

Note that 42.7% of obese adults have been given advice about their weight by a health professional in the past year (while over one-half have not).

- This satisfies the Healthy People 2020 target of 31.8% or higher.

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

Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 101, 188]
Notes: ● Asked of all respondents.
Weight Control

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

- Develop chronic disease risk factors, such as high blood pressure and dyslipidemia.
- Develop chronic diseases, such as type 2 diabetes, heart disease, osteoarthritis, and some cancers.
- Experience complications during pregnancy.
- Die at an earlier age.

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

- Healthy People 2020 (www.healthypeople.gov)

A total of 34.9% of Henry County adults who are overweight say that they are both modifying their diet and increasing their physical activity to try to lose weight.

- Similar to national findings.

Note: 39.9% of obese Henry County adults report that they are trying to lose weight through a combination of diet and exercise, similar to what is found nationally among obese adults.

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

(By Weight Classification)

<table>
<thead>
<tr>
<th></th>
<th>Henry County</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overweight/Obese</td>
<td>34.9%</td>
<td>38.6%</td>
</tr>
<tr>
<td>Obese</td>
<td>39.9%</td>
<td>41.1%</td>
</tr>
</tbody>
</table>

Sources:  
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 186]  
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:  
- Based on reported heights and weights, asked of all respondents.
Childhood Overweight & Obesity

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

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

- Underweight: <5th percentile
- Healthy Weight: ≥5th and <85th percentile
- Overweight: ≥85th and <95th percentile
- Obese: ≥95th percentile

Based on the heights/weights reported by surveyed parents, 26.8% of Henry County children age 5 to 17 are overweight or obese (≥85th percentile).

- Similar to that found nationally.
- Statistically similar by child’s age and gender.

**Child Total Overweight Prevalence**

(Percent of Children 5-17 Who Are Overweight/Obese; BMI in the 85th Percentile or Higher)

Further, 15.1% of Henry County children age 5 to 17 are obese (≥95th percentile).

- Comparable to the national percentage.
- Comparable to the Healthy People 2020 target (14.6% or lower for children age 2-19).
- Statistically high among Henry County children aged 5 to 12.
Child Obesity Prevalence
(Percent of Children 5-17 Who Are Obese; BMI in the 95th Percentile or Higher)

- Healthy People 2020 Target = 14.6% or Lower

Henry County: Boys = 13.0%
Henry County: Girls = 17.6%
Henry County: Age 5-12 = 21.2%
Henry County: Age 13-17 = 8.2%
Henry County US Healthy People 2020 Target = 18.9%

Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 189]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents with children age 5-17 at home.
- Obesity among children is determined by children’s Body Mass Index status equal to or above the 95th percentile of US growth charts by gender and age.
In 2005, an estimated 22 million Americans struggled with a drug or alcohol problem. Almost 95% of people with substance use problems are considered unaware of their problem. Of those who recognize their problem, 273,000 have made an unsuccessful effort to obtain treatment. These estimates highlight the importance of increasing prevention efforts and improving access to treatment for substance abuse and co-occurring disorders.

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

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

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

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

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

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

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

- Healthy People 2020 (www.healthypeople.gov)
Age-Adjusted Cirrhosis/Liver Disease Deaths

Between 2008 and 2010, there was an annual average age-adjusted cirrhosis/liver disease mortality rate of 8.1 deaths per 100,000 population in Henry County.

- Identical to the statewide rate.
- Better than the national rate.
- Similar to the Healthy People 2020 target (8.2 or lower).

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

High-Risk Alcohol Use

Current Drinking

A total of 39.7% of area adults had at least one drink of alcohol in the past month (current drinkers).

- Lower than the statewide proportion.
- Lower than the national proportion.
Current drinking is more prevalent among men, residents under 65, and upper-income adults.

### Current Drinkers
(Henry County, 2012)

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Men</th>
<th>Women</th>
<th>18 to 39</th>
<th>40 to 64</th>
<th>65+</th>
<th>Low Income</th>
<th>Mid/High Income</th>
<th>Henry County</th>
</tr>
</thead>
<tbody>
<tr>
<td>32.2%</td>
<td>47.0%</td>
<td>45.6%</td>
<td>44.6%</td>
<td>18.8%</td>
<td>49.4%</td>
<td>27.9%</td>
<td>39.7%</td>
<td></td>
</tr>
</tbody>
</table>

Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 196]

Notes:
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.
- Current drinkers had at least one alcoholic drink in the past month.

### Chronic Drinking

A total of 3.2% of area adults averaged two or more drinks of alcohol per day in the past month (chronic drinkers).

- Lower than the statewide proportion.
- Lower than the national proportion.

### Chronic Drinkers

<table>
<thead>
<tr>
<th>Location</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Henry County</td>
<td>3.2%</td>
</tr>
<tr>
<td>Indiana</td>
<td>6.0%</td>
</tr>
<tr>
<td>United States</td>
<td>5.6%</td>
</tr>
</tbody>
</table>

Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 197]

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

“Chronic drinkers” include survey respondents reporting 60 or more drinks of alcohol in the month preceding the interview.
Chronic drinking is more prevalent among men and adults age 40 to 64.

### Chronic Drinkers
(Henry County, 2012)

<table>
<thead>
<tr>
<th>Men</th>
<th>Women</th>
<th>18 to 39</th>
<th>40 to 64</th>
<th>65+</th>
<th>Low Income</th>
<th>Mid/High Income</th>
<th>Henry County</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.9%</td>
<td>0.5%</td>
<td>2.8%</td>
<td>4.7%</td>
<td>0.8%</td>
<td>3.5%</td>
<td>2.2%</td>
<td>3.2%</td>
</tr>
</tbody>
</table>

**Sources:**
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 197]

**Notes:**
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level. "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- Chronic drinkers are defined as those having 60+ alcoholic drinks in the past month.

### Binge Drinking

A total of 9.8% of Henry County adults are binge drinkers.

- More favorable than Indiana findings.
- More favorable than national findings.
- Satisfies the Healthy People 2020 target (24.3% or lower).

**Sources:**
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 198]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

**Notes:**
- Asked of all respondents.
- Binge drinkers are defined as men having 5+ alcoholic drinks on any one occasion or women consuming 4+ drinks on any one occasion.

"Binge drinkers" include:

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

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

**RELATED ISSUE:**
See also Stress in the Mental Health & Mental Disorders section of this report.
Binge drinking is more prevalent among:

- Men (especially those under age 40).
- Young adults.

Binge Drinkers
(Henry County, 2012)

<table>
<thead>
<tr>
<th>Men</th>
<th>Women</th>
<th>18 to 39</th>
<th>40 to 64</th>
<th>65+</th>
<th>Low Income</th>
<th>Mid/High Income</th>
<th>Henry County</th>
</tr>
</thead>
<tbody>
<tr>
<td>13.7%</td>
<td>5.7%</td>
<td>14.8%</td>
<td>9.5%</td>
<td>2.4%</td>
<td>10.4%</td>
<td>10.3%</td>
<td>9.8%</td>
</tr>
</tbody>
</table>

Source:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. (Item 198)

Notes:
- Asked of all respondents.
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level. “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.
- Binge drinkers are defined as men having 5+ alcoholic drinks on any one occasion or women consuming 4+ drinks on any one occasion.

Age-Adjusted Drug-Induced Deaths

Between 2008 and 2010, there was an annual average age-adjusted drug-induced mortality rate of 36.0 deaths per 100,000 population in Henry County.

- Notably higher than the statewide rate.
- Notably higher than the national rate.
- Far from satisfying the Healthy People 2020 target (11.3 or lower).

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

<table>
<thead>
<tr>
<th>Henry County</th>
<th>Indiana</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>36.0</td>
<td>14.4</td>
<td>12.7</td>
</tr>
</tbody>
</table>

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

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- Local, state and national data are simple three-year averages.
Illicit Drug Use

A total of 1.7% of Henry County adults acknowledge using an illicit drug in the past month.

- Identical to the national proportion.
- Easily satisfies the Healthy People 2020 target of 7.1% or lower.

Illicit Drug Use in the Past Month

<table>
<thead>
<tr>
<th>Healthy People 2020 Target = 7.1% or Lower</th>
</tr>
</thead>
<tbody>
<tr>
<td>100%</td>
</tr>
<tr>
<td>80%</td>
</tr>
<tr>
<td>60%</td>
</tr>
<tr>
<td>40%</td>
</tr>
<tr>
<td>20%</td>
</tr>
<tr>
<td>0%</td>
</tr>
</tbody>
</table>

Henry County United States

- 1.7%

Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 64]
● 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: ● Asked of all respondents.

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

Alcohol & Drug Treatment

A total of 3.3% of Henry County adults report that they have sought professional help for an alcohol or drug problem at some point in their lives.

- Similar to national findings.

Have Ever Sought Professional Help for an Alcohol/Drug-Related Problem

<table>
<thead>
<tr>
<th>Have Ever Sought Professional Help for an Alcohol/Drug-Related Problem</th>
</tr>
</thead>
<tbody>
<tr>
<td>100%</td>
</tr>
<tr>
<td>80%</td>
</tr>
<tr>
<td>60%</td>
</tr>
<tr>
<td>40%</td>
</tr>
<tr>
<td>20%</td>
</tr>
<tr>
<td>0%</td>
</tr>
</tbody>
</table>

Henry County United States

- 3.3%

Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 65]
● 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: ● Asked of all respondents.
In the past year, just 0.6% of survey respondents needed professional help for an alcohol or drug problem but could not obtain it.

- Reasons given all pertained to cost or lack of insurance coverage.

**Needed Professional Help for Substance Abuse in the Past Year But Could Not Get It**

(Henry County, 2012)

Sources: 2012 PRC Community Health Survey, Professional Research Consultants, Inc. (Item 66)

Notes: Asked of all respondents.
Tobacco Use

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

Scientific knowledge about the health effects of tobacco use has increased greatly since the first Surgeon General’s report on tobacco was released in 1964.

Tobacco use causes:

- Cancer
- Heart disease
- Lung diseases (including emphysema, bronchitis, and chronic airway obstruction)
- Premature birth, low birth weight, stillbirth, and infant death

There is no risk-free level of exposure to secondhand smoke. Secondhand smoke causes heart disease and lung cancer in adults and a number of health problems in infants and children, including: severe asthma attacks; respiratory infections; ear infections; and sudden infant death syndrome (SIDS).

Smokeless tobacco causes a number of serious oral health problems, including cancer of the mouth and gums, periodontitis, and tooth loss. Cigar use causes cancer of the larynx, mouth, esophagus, and lung.

- Healthy People 2020 (www.healthypeople.gov)

Cigarette Smoking

Cigarette Smoking Prevalence

One in four Henry County adults currently smokes cigarettes, either regularly (21.6% everyday) or occasionally (3.9% on some days).

Cigarette Smoking Prevalence
(Henry County, 2012)

Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 55]
Notes: ● Asked of all respondents.

- The smoking prevalence is similar to statewide findings.
- Less favorable than national findings.
- Fails to satisfy the Healthy People 2020 target (12% or lower).
Cigarette smoking is more prevalent among:

- Adults under 40.
- Lower-income residents.
- Note also that a full 33.0% of county women in their child-bearing years (ages 18 to 44) currently smoke. This is notable given that tobacco use increases the risk of infertility, as well as the risks for miscarriage, stillbirth and low birthweight for women who smoke during pregnancy.
Environmental Tobacco Smoke

A total of 22.0% of Henry County adults (including smokers and non-smokers) report that a member of their household has smoked cigarettes in the home an average of 4+ times per week over the past month.

- Less favorable than national findings.

Note that 9.0% of Henry County non-smokers are exposed to cigarette smoke at home.

**Member of Household Smokes at Home**

<table>
<thead>
<tr>
<th>Henry County</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>22.0%</td>
<td>13.6%</td>
</tr>
</tbody>
</table>

**Notes:**
- Asked of all respondents.
- "Smokes at home" refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.

Notably higher among young adults and residents with lower incomes.

**Member of Household Smokes At Home**

(Henry County, 2012)

<table>
<thead>
<tr>
<th></th>
<th>Men</th>
<th>Women</th>
<th>18 to 39</th>
<th>40 to 64</th>
<th>65+</th>
<th>Low Income</th>
<th>Mid/High Income</th>
<th>Henry County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low</td>
<td>24.9%</td>
<td>19.0%</td>
<td>29.4%</td>
<td>21.8%</td>
<td>11.0%</td>
<td>36.4%</td>
<td>14.0%</td>
<td>22.0%</td>
</tr>
<tr>
<td>Mid/High</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Notes:**
- Asked of all respondents.
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level. "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- "Smokes at home" refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.
Among households with children, 23.7% have someone who smokes cigarettes in the home.

- Less favorable than national findings.

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

![Graph showing percentage of households with children in which someone smokes in the home]

- **Henry County:** 23.7%
- **United States:** 12.1%

**Sources:**
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 193]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

**Notes:**
- Asked among parents of children age 0-17.
- "Smokes at home" refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.

**Smoking Cessation**

Preventing tobacco use and helping tobacco users quit can improve the health and quality of life for Americans of all ages. People who stop smoking greatly reduce their risk of disease and premature death. Benefits are greater for people who stop at earlier ages, but quitting tobacco use is beneficial at any age.

Many factors influence tobacco use, disease, and mortality. Risk factors include race/ethnicity, age, education, and socioeconomic status. Significant disparities in tobacco use exist geographically; such disparities typically result from differences among states in smoke-free protections, tobacco prices, and program funding for tobacco prevention.

- Healthy People 2020 (www.healthypeople.gov)

**Health Advice About Smoking Cessation**

**A total of 71.9% of smokers say that a doctor, nurse or other health professional has recommended in the past year that they quit smoking.**

- Similar to the national percentage.

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

![Graph showing percentage of smokers advised to quit in the past year]

- **Henry County:** 71.9%
- **United States:** 63.7%

**Sources:**
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 57]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

**Notes:**
- Asked of all current smokers.
Smoking Cessation Attempts

One-half (49.1%) of regular smokers went without smoking for one day or longer in the past year because they were trying to quit smoking.

- Statistically similar to the national percentage.
- Fails to satisfy the Healthy People 2020 target (80% or higher).

Have Stopped Smoking for One Day or Longer
In the Past Year in an Attempt to Quit Smoking
(Among Everyday Smokers)

![Graph showing percentage of smokers trying to quit smoking in Henry County and the United States.]

Healthy People 2020 Target = 80% or Higher

Awareness of the Indiana Tobacco Quit Line

A total of 6 in 10 county residents (59.7%) are aware of the state’s tobacco quit line (1-800-QUIT-NOW).

- Awareness is statistically low among seniors (note the negative correlation with age).
- Among current smokers, the prevalence is 85.0%.

Aware of the Indiana Tobacco Quit Line (1-800-QUIT-NOW)
(Henry County, 2012)

![Graph showing awareness of the tobacco quit line among different groups in Henry County.]

Sources: 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 56, 194]

Notes: Asked of all respondents.
Awareness of Cessation Classes

More than one-half (52.8%) of survey respondents are reportedly aware that most hospitals offer free smoking cessation classes.

- Awareness is statistically low among area men, young adults and residents with lower incomes.
- Among current smokers, the prevalence is 63.1%.

Aware That Most Hospitals Offer Free Smoking Cessation Classes
(Henry County, 2012)

<table>
<thead>
<tr>
<th>Category</th>
<th>Awareness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>45.6%</td>
</tr>
<tr>
<td>Women</td>
<td>60.3%</td>
</tr>
<tr>
<td>18 to 39</td>
<td>44.9%</td>
</tr>
<tr>
<td>40 to 64</td>
<td>56.0%</td>
</tr>
<tr>
<td>65+</td>
<td>57.7%</td>
</tr>
<tr>
<td>Low Income</td>
<td>47.2%</td>
</tr>
<tr>
<td>Mid/High Income</td>
<td>56.8%</td>
</tr>
<tr>
<td>Smokers</td>
<td>63.1%</td>
</tr>
<tr>
<td>Henry County</td>
<td>52.8%</td>
</tr>
</tbody>
</table>

Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 60, 195]

Notes:
- Asked of all respondents.
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level. “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.
ACCESS TO HEALTH SERVICES
Health Insurance Coverage

Type of Healthcare Coverage

A total of 64.5% of Henry County adults age 18 to 64 report having healthcare coverage through private insurance. Another 20.0% report coverage through a government-sponsored program (e.g., Medicaid, Medicare, military benefits).

Healthcare Insurance Coverage
(Among Adults 18-64; Henry County, 2012)

Insured, Employer-Based 58.6%
Insured, Self-Purchase 5.7%
Medicaid 9.0%
Medicare 6.1%
VA/Military 0.9%
Medicaid & Medicare 2.6%
Other Gov't Coverage 1.4%
Insured, Unknown Type 0.2%
No Insurance/Self-Pay 15.6%

Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 200]
Notes: ● Reflects respondents age 18 to 64.

Prescription Drug Coverage

Among insured adults, 88.0% report having prescription coverage as part of their insurance plan.

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

88.0% 93.9%
Henry County United States

Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 80]
● 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents with healthcare insurance coverage.
Lack of Health Insurance Coverage

Among adults age 18 to 64, 15.6% report having no insurance coverage for healthcare expenses.

- Better than the state finding.
- Similar to the national finding.
- The Healthy People 2020 target is universal coverage (0% uninsured).

### Lack of Healthcare Insurance Coverage
(Among Adults 18-64)

<table>
<thead>
<tr>
<th></th>
<th>Henry County</th>
<th>Indiana</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy People 2020 Target</td>
<td>15.6%</td>
<td>23.6%</td>
<td>14.9%</td>
</tr>
</tbody>
</table>

**Sources:**
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 200]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

**Notes:**
- Asked of all respondents under the age of 65.
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level. “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

The following population segments (under the age of 65) are more likely to be without healthcare insurance coverage:

- Young adults.
- Residents living in households with lower incomes.
As might be expected, uninsured adults in Henry County are less likely to receive routine care and preventive health screenings, and are more likely to have experienced difficulties accessing healthcare.

Preventive Healthcare
(By Insured Status; Henry County, 2012)

Recent Lack of Coverage (Insurance Instability)

Among currently insured adults in Henry County, 7.5% report that they were without healthcare coverage at some point in the past year.

- Unfavorably high when compared with US findings.

Went Without Healthcare Insurance Coverage At Some Point in the Past Year
(Among Insured Adults)
Among insured adults, the following segments are more likely to have gone without healthcare insurance coverage at some point in the past year:

- Adults under age 40.
- Lower-income residents.

**Went Without Healthcare Insurance Coverage At Some Point in the Past Year**
(Among Insured Adults; Henry County, 2012)

<table>
<thead>
<tr>
<th>Segment</th>
<th>Low Income</th>
<th>Mid/High Income</th>
<th>Henry County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>7.6%</td>
<td>12.3%</td>
<td>7.5%</td>
</tr>
<tr>
<td>Women</td>
<td>7.3%</td>
<td>6.0%</td>
<td>7.5%</td>
</tr>
<tr>
<td>18 to 39</td>
<td>14.8%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>40 to 64</td>
<td>5.9%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>65+</td>
<td>2.1%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>All</td>
<td>7.6%</td>
<td>12.3%</td>
<td>7.5%</td>
</tr>
</tbody>
</table>

**Sources:** 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 81]

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

**Coverage Among Children**

Most (94.3%) parents with children under 18 at home report that their child has some type of insurance coverage.

**Child Has Some Type of Healthcare Coverage**
(Henry County Parents of Children <18, 2012)

- Yes 94.3%
- No 5.7%

**Sources:** 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 136]

**Notes:**
- Asked of all respondents with children under 18.
Among Henry County parents, 42.3% are aware of the Indiana Children’s Insurance Program (CHIP).

Among parents with uninsured children, the prevalence is 54.2%.

**Aware of the Indiana Children’s Insurance Program (CHIP)**
(Henry County Parents of Children <18, 2012)

- Yes 42.3%
- No 57.7%

Sources: 2012 PRC Community Health Survey, Professional Research Consultants, Inc. (Items 137, 201)
Notes: Asked of all respondents with children under 18.
Access to comprehensive, quality health care services is important for the achievement of health equity and for increasing the quality of a healthy life for everyone. It impacts: overall physical, social, and mental health status; prevention of disease and disability; detection and treatment of health conditions; quality of life; preventable death; and life expectancy.

Access to health services means the timely use of personal health services to achieve the best health outcomes. It requires three distinct steps: 1) Gaining entry into the health care system; 2) Accessing a health care location where needed services are provided; and 3) Finding a health care provider with whom the patient can communicate and trust.

– Healthy People 2020 (www.healthypeople.gov)

**Difficulties Accessing Services**

A total of 30.5% of Henry County adults report some type of difficulty or delay in obtaining healthcare services in the past year.

- More favorable than national findings.

**Experienced Difficulties or Delays of Some Kind in Receiving Needed Healthcare in the Past Year**

<table>
<thead>
<tr>
<th>Henry County</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>30.5%</td>
<td>37.3%</td>
</tr>
</tbody>
</table>

**Sources:**
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 205]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

**Notes:**
- Asked of all respondents.
- Represents the percentage of respondents experiencing one or more barriers to accessing healthcare in the past 12 months.

Note that the following demographic groups more often report difficulties accessing healthcare services:

- Women.
- Young adults.
- Lower-income residents.
Experienced Difficulties or Delays of Some Kind in Receiving Needed Healthcare in the Past Year
(Henry County, 2012)

Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 205]
Notes: ● Asked of all respondents.
● Represents the percentage of respondents experiencing one or more barriers to accessing healthcare in the past 12 months.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
● Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level. “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

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

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

Barriers to Healthcare Access

Of the tested barriers, cost of prescription medication impacted the greatest share of Henry County adults (19.4% say that cost prevented them from obtaining a needed prescription in the past year).

- The proportion of Henry County adults impacted was higher than the US norm for prescription medication, but comparable to US percentages for transportation as a barrier and cost of physician visits.

Barriers to Access Have Prevented Medical Care in the Past Year

Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 7-9]
Notes: ● 2011 PRC National Health Survey, Professional Research Consultants, Inc.
● Asked of all respondents.
As might be expected, Henry County adults without health insurance are much more likely to report access barriers when compared to the insured population.

### Barriers to Healthcare Access
(By Insured Status, Adults 18+; Henry County, 2012)

<table>
<thead>
<tr>
<th></th>
<th>Uninsured</th>
<th>Insured</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cost (Doctor Visit)</td>
<td>58.7%</td>
<td>10.7%</td>
</tr>
<tr>
<td>Cost (Prescriptions)</td>
<td>25.4%</td>
<td>7.3%</td>
</tr>
<tr>
<td>Lack of Transportation</td>
<td>44.4%</td>
<td>16.1%</td>
</tr>
</tbody>
</table>

Sources: 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 7-9]
Notes: Asked of all respondents.

Physician Communication

The vast majority of Henry County adults (96.6%) finds it “easy” or “fairly easy” to understand what their physician says to them.

- On the other hand, 3.4% have difficulty understanding their physician.

### Ease of Understanding What My Doctor Says To Me
(Henry County, 2012)

Easy 73.9%
Fairly Easy 22.7%
Fairly Difficult 1.9%
Difficult 1.5%

Sources: 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 18]
Notes: Asked of all respondents.
The percentage is statistically high among lower-income residents.

It Is “Difficult/Fairly Difficult”
To Understand What My Doctor Says To Me
(Henry County, 2012)

Prescriptions

Difficulty With Prescription Information

Among Henry County residents, most consider it to be “easy” (64.6%) or “fairly easy” (28.0%) to understand the information that accompanies prescription medication.

Ease of Understanding the
Info That Accompanies My Prescription Medications
(Henry County, 2012)
On the other hand, 7.3% of area adults report that understanding the information which comes with prescription medication is “difficult” or “fairly difficult.”

The percentage is statistically high among men and low-income adults.

**It Is “Difficult/Fairly Difficult” To Understand the Info That Accompanies My Prescriptions**  
(Henry County, 2012)

**Difficulty With Prescription Instructions**

With regard to the instructions that accompany prescription medications, nearly all (98.5%) surveyed adults gave “easy” or “fairly easy” responses.

**Ease of Following the Instructions On My Prescription Medications**  
(Henry County, 2012)

**Sources:** 2012 PRC Community Health Survey, Professional Research Consultants, Inc.  
**Notes:** Asked of all respondents.

- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level. “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.
Just 1.6% of residents indicate that understanding prescription medication instructions is “difficult” or “fairly difficult.”

Statistically similar by demographic characteristic.

**It Is “Difficult/Fairly Difficult” To Follow the Instructions On My Prescriptions**

(Henry County, 2012)

<table>
<thead>
<tr>
<th>Income Category</th>
<th>Men</th>
<th>Women</th>
<th>18 to 39</th>
<th>40 to 64</th>
<th>65+</th>
<th>Low Income</th>
<th>Mid/High Income</th>
<th>Henry County</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1.8%</td>
<td>1.2%</td>
<td>1.4%</td>
<td>1.9%</td>
<td>1.3%</td>
<td>1.1%</td>
<td>1.9%</td>
<td>1.6%</td>
</tr>
</tbody>
</table>

**Prescription Misuse**

Among all Henry County adults, 18.9% skipped or reduced medication doses in the past year in order to stretch a prescription and save money.

- Less favorable than national findings.

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

<table>
<thead>
<tr>
<th></th>
<th>Henry County</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>18.9%</td>
<td>14.8%</td>
</tr>
</tbody>
</table>

**Sources:**
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 20]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

**Notes:**
- Asked of all respondents.
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level. "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
Adults more likely to have skipped or reduced their prescription doses include:

- Women.
- Young adults.
- Respondents with lower incomes.
- Uninsured adults.

Skipped or Reduced Prescription Doses in Order to Stretch Prescriptions and Save Money
(Henry County, 2012)

Accessing Healthcare for Children

A total of 3.3% of parents say there was a time in the past year when they needed medical care for their child, but were unable to get it.

- Statistically similar to what is reported nationwide.

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

Among parents experiencing difficulties, the majority cited cost or a lack of insurance as the primary reason; others cited long waits for appointments and inconvenient office hours.
Primary Care Services

Improving health care services depends in part on ensuring that people have a usual and ongoing source of care. People with a usual source of care have better health outcomes and fewer disparities and costs. Having a primary care provider (PCP) as the usual source of care is especially important. PCPs can develop meaningful and sustained relationships with patients and provide integrated services while practicing in the context of family and community. Having a usual PCP is associated with:

- Greater patient trust in the provider
- Good patient-provider communication
- Increased likelihood that patients will receive appropriate care

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

— Healthy People 2020 (www.healthypeople.gov)

Specific Source of Ongoing Care

A total of 87.0% of Henry County adults were determined to have a specific source of ongoing medical care (a “medical home”).

- Better than national findings.
- Fails to satisfy the Healthy People 2010 objective (95% or higher).

Have a Specific Source of Ongoing Medical Care

<table>
<thead>
<tr>
<th>Henry County</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>87.0%</td>
<td>76.3%</td>
</tr>
</tbody>
</table>

Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 202]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

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

- Adults under age 40.
- Lower-income adults.
- Among adults age 18–64, 85.2% have a specific source for ongoing medical care, more favorable than national findings.
- Fails to satisfy the Healthy People 2020 target for this age group (89.4% or higher).

Among adults 65+, 93.2% have a specific source for care, more favorable than the percentage reported among seniors nationally.

- Fails to satisfy the Healthy People 2020 target of 100% for seniors.

**Have a Specific Source of Ongoing Medical Care**
(Henry County, 2012)

| [All Ages] Healthy People 2020 Target = 95.0% or Higher |
| [18-64] Healthy People 2020 Target = 89.4% or Higher |
| [65+] Healthy People 2020 Target = 100% |

<table>
<thead>
<tr>
<th></th>
<th>Men</th>
<th>Women</th>
<th>18 to 39</th>
<th>40 to 64</th>
<th>65+</th>
<th>Low Income</th>
<th>Mid/High Income</th>
<th>Henry County</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>84.6%</td>
<td>89.5%</td>
<td>73.4%</td>
<td>93.5%</td>
<td>93.2%</td>
<td>81.7%</td>
<td>91.8%</td>
<td>87.0%</td>
</tr>
</tbody>
</table>

Type of Place Used for Medical Care

**When asked where they usually go if they are sick or need advice about their health, the greatest share of respondents (52.8%) identified a particular doctor’s office.**

A total of 33.0% say they usually go to some type of clinic, while 1.1% rely on a hospital emergency room.
Among respondents with a particular site for their medical care, 73.4% report the site location to be in New Castle.

- Other communities mentioned with much less frequency include Greenfield (6.2%), Rushville (5.5%), Muncie (5.5%), Spiceland (5.2%) and general references to Henry County (4.2%).

### Community Location of Regular Site for Care
(Henry County Residents w/a Regular Source of Care, 2012)

<table>
<thead>
<tr>
<th>Community</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Castle</td>
<td>73.4%</td>
</tr>
<tr>
<td>Greenfield</td>
<td>6.2%</td>
</tr>
<tr>
<td>Rushville</td>
<td>5.5%</td>
</tr>
<tr>
<td>Muncie</td>
<td>5.5%</td>
</tr>
<tr>
<td>Spiceland</td>
<td>5.2%</td>
</tr>
<tr>
<td>Henry County</td>
<td>4.2%</td>
</tr>
</tbody>
</table>

### Utilization of Primary Care Services

#### Adults

Just over 7 in 10 Henry County adults (71.8%) visited a physician for a routine checkup in the past year.

- Higher than national findings.

### Have Visited a Physician for a Checkup in the Past Year

<table>
<thead>
<tr>
<th></th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Henry County</td>
<td>71.8%</td>
</tr>
<tr>
<td>United States</td>
<td>67.3%</td>
</tr>
</tbody>
</table>
Men, young adults and lower-income residents are less likely to have received routine care in the past year.

**Have Visited a Physician for a Checkup in the Past Year**
(Henry County, 2012)

<table>
<thead>
<tr>
<th></th>
<th>Men</th>
<th>Women</th>
<th>18 to 39</th>
<th>40 to 64</th>
<th>65+</th>
<th>Low Income</th>
<th>Mid/High Income</th>
<th>Henry County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequency</td>
<td>67.0%</td>
<td>76.7%</td>
<td>54.1%</td>
<td>75.3%</td>
<td>89.5%</td>
<td>63.7%</td>
<td>76.0%</td>
<td>71.8%</td>
</tr>
</tbody>
</table>

Sources: 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 15]
Notes: 
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

**Children**

Among surveyed parents, 89.3% report that their child has had a routine checkup in the past year.

- Similar to national findings.

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

<table>
<thead>
<tr>
<th></th>
<th>Henry County</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequency</td>
<td>89.3%</td>
<td>87.0%</td>
</tr>
</tbody>
</table>

Sources: 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 126]
Notes: 
- Asked of all respondents with children 0 to 17 in the household.
Emergency Room Utilization

A total of 9.5% of Henry County adults have gone to a hospital emergency room more than once in the past year about their own health.

- Higher than national findings.

Have Used a Hospital Emergency Room More Than Once in the Past Year

![Graph showing emergency room utilization in Henry County compared to the United States.]

Used the ER because:
- Emergency Situation = 59.2%
- Weekend/After Hours = 24.7%
- Access Problems = 9.5%

Of those using a hospital ER, 59.2% say this was due to an emergency or life-threatening situation, while 24.7% indicated that the visit was during after-hours or on the weekend. A total of 9.5% cited difficulties accessing primary care for various reasons.

Lower-income residents are statistically more likely to report using the ER more than once in the past year.

Have Used a Hospital Emergency Room More Than Once in the Past Year
(Henry County, 2012)

![Graph showing emergency room utilization by income and age groups in Henry County.]

Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 25-26]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

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

The health of the mouth and surrounding craniofacial (skull and face) structures is central to a person’s overall health and well-being. Oral and craniofacial diseases and conditions include: dental caries (tooth decay); periodontal (gum) diseases; cleft lip and palate; oral and facial pain; and oral and pharyngeal (mouth and throat) cancers.

The significant improvement in the oral health of Americans over the past 50 years is a public health success story. Most of the gains are a result of effective prevention and treatment efforts. One major success is community water fluoridation, which now benefits about 7 out of 10 Americans who get water through public water systems. However, some Americans do not have access to preventive programs. People who have the least access to preventive services and dental treatment have greater rates of oral diseases. A person’s ability to access oral healthcare is associated with factors such as education level, income, race, and ethnicity.

Oral health is essential to overall health. Good oral health improves a person’s ability to speak, smile, smell, taste, touch, chew, swallow, and make facial expressions to show feelings and emotions. However, oral diseases, from cavities to oral cancer, cause pain and disability for many Americans. Good self-care, such as brushing with fluoride toothpaste, daily flossing, and professional treatment, is key to good oral health. Health behaviors that can lead to poor oral health include:

- Tobacco use
- Excessive alcohol use
- Poor dietary choices

Barriers that can limit a person’s use of preventive interventions and treatments include:

- Limited access to and availability of dental services
- Lack of awareness of the need for care
- Cost
- Fear of dental procedures

There are also social determinants that affect oral health. In general, people with lower levels of education and income, and people from specific racial/ethnic groups, have higher rates of disease. People with disabilities and other health conditions, like diabetes, are more likely to have poor oral health.

Community water fluoridation and school-based dental sealant programs are 2 leading evidence-based interventions to prevent tooth decay.

Major improvements have occurred in the nation’s oral health, but some challenges remain and new concerns have emerged. One important emerging oral health issue is the increase of tooth decay in preschool children. A recent CDC publication reported that, over the past decade, dental caries (tooth decay) in children ages 2 to 5 have increased.

Lack of access to dental care for all ages remains a public health challenge. This issue was highlighted in a 2008 Government Accountability Office (GAO) report that described difficulties in accessing dental care for low-income children. In addition, the Institute of Medicine (IOM) has convened an expert panel to evaluate factors that influence access to dental care.

Potential strategies to address these issues include:

- Implementing and evaluating activities that have an impact on health behavior.
- Promoting interventions to reduce tooth decay, such as dental sealants and fluoride use.
- Evaluating and improving methods of monitoring oral diseases and conditions.
- Increasing the capacity of State dental health programs to provide preventive oral health services.
- Increasing the number of community health centers with an oral health component.

Healthy People 2020 (www.healthypeople.gov)
Dental Care

Adults

A total of 6 in 10 Henry County adults (60.2%) have visited a dentist or dental clinic (for any reason) in the past year.

- Less favorable than statewide findings.
- Less favorable than national findings.
- Satisfies the Healthy People 2020 target (49% or higher).

Have Visited a Dentist or Dental Clinic Within the Past Year

![Chart showing the percentage of people who visited a dentist or dental clinic within the past year for Henry County, Indiana, and the United States. Henry County has 60.2%, Indiana has 68.8%, and the United States has 66.9%.]

Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 23]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Among adults without recent dental visits, 42.8% did not feel the need for dental care, while 38.8% mentioned cost or lack of insurance as their reason for not going, 7.5% mentioned some other type of access barrier, and 7.0% mentioned a fear of dentists.

Note the following:

- Persons living in the higher income categories report much higher utilization of oral health services (low-income adults fail to satisfy the Healthy People 2020 target).
Children

A total of 88.5% of parents report that their child (age 2 to 17) has been to a dentist or dental clinic within the past year.

- More favorable than national findings.
- Easily satisfies the Healthy People 2020 target (49% or higher).

### Child Has Visited a Dentist or Dental Clinic Within the Past Year (Among Parents of Children 2-17)

*Healthy People 2020 Target = 49.0% or Higher*

<table>
<thead>
<tr>
<th>Henry County</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy People 2020 Target = 49.0% or Higher</td>
<td></td>
</tr>
<tr>
<td>88.5%</td>
<td>79.2%</td>
</tr>
</tbody>
</table>

Sources: 2012 PRC Community Health Survey, Professional Research Consultants, Inc. (Item 127)
*Notes: Asked of all respondents with children age 2 through 17.*
A total of 62.4% of residents had an eye exam in the past two years during which their pupils were dilated.

- Statistically better than national findings.

**Had an Eye Exam in the Past Two Years During Which the Pupils Were Dilated**

![Bar chart showing 62.4% for Henry County and 57.5% for the United States.

Sources: 2012 PRC Community Health Survey, Professional Research Consultants, Inc. (Item 22)
Notes: Asked of all respondents.

Note the positive correlation between age and recent eye exams.

**Had an Eye Exam in the Past Two Years During Which the Pupils Were Dilated**

(Henry County, 2012)

![Bar chart showing age groups and income categories with percentages.

Sources: 2012 PRC Community Health Survey, Professional Research Consultants, Inc. (Item 22)
Notes: Asked of all respondents.

Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.
HEALTH EDUCATION & OUTREACH
Healthcare Information Sources

Family physicians and the Internet are residents’ primary sources of healthcare information.

- 48.8% of Henry County adults cited their family physician as their primary source of healthcare information.
- The Internet received the second-highest response, with 16.0%.
  - Other sources mentioned include work (6.8%), friends and relatives (5.0%), books and magazines (3.5%), television (3.4%) and insurance (3.1%).
- Just 2.0% of survey respondents say that they do not receive any healthcare information.

**Primary Source of Healthcare Information**
(Henry County, 2012)

- Family Doctor 48.8%
- Internet 16.0%
- Work 6.8%
- Friends/Relatives 5.0%
- Books/Magazines 3.5%
- Television 3.4%
- Insurance 3.1%
- Don’t Receive Any 2.0%

Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 114]
Notes: ● Asked of all respondents.
Participation in Health Promotion Events

Educational and community-based programs play a key role in preventing disease and injury, improving health, and enhancing quality of life.

Health status and related-health behaviors are determined by influences at multiple levels: personal, organizational/institutional, environmental, and policy. Because significant and dynamic interrelationships exist among these different levels of health determinants, educational and community-based programs are most likely to succeed in improving health and wellness when they address influences at all levels and in a variety of environments/settings.

Education and community-based programs and strategies are designed to reach people outside of traditional healthcare settings. These settings may include schools, worksites, healthcare facilities, and/or communities. Using nontraditional settings can help encourage informal information sharing within communities through peer social interaction. Reaching out to people in different settings also allows for greater tailoring of health information and education.

Educational and community-based programs encourage and enhance health and wellness by educating communities on topics such as: chronic diseases; injury and violence prevention; mental illness/behavioral health; unintended pregnancy; oral health; tobacco use; substance abuse; nutrition; and obesity prevention.

Healthy People 2020 (www.healthypeople.gov)

A total of 20.1% of Henry County adults participated in some type of organized health promotion activity in the past year, such as health fairs, health screenings, or seminars.

- Comparable to the national prevalence.
- Note that 62.1% of adults who participated in a health promotion activity in the past year indicate that it was sponsored by their employer.

Participated in a Health Promotion Activity in the Past Year

Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. (Items 115-116)
● 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: ● Asked of all respondents.

62.1% of those participating report that this was sponsored by an employer.
The following chart outlines participation by various demographic characteristics.

- Note that young adults, upper-income residents, and adults with healthcare insurance coverage more often report participation in health promotion activities.

### Participated in a Health Promotion Activity in the Past Year
(Henry County, 2012)

<table>
<thead>
<tr>
<th>Category</th>
<th>Men</th>
<th>Women</th>
<th>18 to 39</th>
<th>40 to 64</th>
<th>65+</th>
<th>Low Income</th>
<th>Mid/High Income</th>
<th>Insured</th>
<th>Uninsured</th>
<th>Henry County</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>20.0%</td>
<td>20.2%</td>
<td>28.8%</td>
<td>19.2%</td>
<td>8.6%</td>
<td>11.5%</td>
<td>25.7%</td>
<td>21.5%</td>
<td>9.9%</td>
<td>20.1%</td>
</tr>
</tbody>
</table>

**Sources:**
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 115]

**Notes:**
- Asked of all respondents.
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level. “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.
LOCAL HEALTHCARE
Survey respondents were next asked about their awareness of specific services offered at the **Interlocal Community Action Program**, including WIC (women and children’s services), free mammograms and a women’s health clinic.

**Awareness was highest for the WIC services offered at the Interlocal Community Action Program (54.3% response), followed by awareness of the free mammograms offered (28.1%) and the women’s health clinic (27.9%).**

**Awareness of Services Offered at the Interlocal Community Action Program**

*(Henry County, 2012)*

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**Women**, adults under 65 and residents with lower incomes report higher awareness of the **WIC services** offered by the program.

**Awareness of WIC Services at the Interlocal Community Action Program**

*(Henry County, 2012)*

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**Sources:**
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 117-119]

**Notes:**
- Asked of all respondents.
- "WIC" refers to services for low-income women, infants and children; free mammograms are for those women who are uninsured or under-insured; the women’s health clinic is for low-income women with payment on a sliding fee scale.

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**Men**

- Low Income: 43.2%
- Mid/High Income: 65.9%
- Insured: 55.3%
- Uninsured: 56.9%
- Henry County: 47.2%

**Women**

- Low Income: 63.9%
- Mid/High Income: 51.3%
- Insured: 54.6%
- Uninsured: 52.1%
- Henry County: 54.3%

---

**Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level. “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level. “WIC” refers to services for low-income women, infants and children.**
As may be expected, Henry County women report the highest prevalence of awareness for the free mammograms offered at the Interlocal Community Action Program.

### Awareness of Free Mammograms at the Interlocal Community Action Program  
(Henry County, 2012)

<table>
<thead>
<tr>
<th></th>
<th>Men</th>
<th>Women</th>
<th>18 to 39</th>
<th>40 to 64</th>
<th>65+</th>
<th>Low Income</th>
<th>Mid/High Income</th>
<th>Insured</th>
<th>Uninsured</th>
<th>Henry County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Awareness</td>
<td>21.9%</td>
<td>34.5%</td>
<td>22.8%</td>
<td>30.1%</td>
<td>32.2%</td>
<td>30.9%</td>
<td>30.3%</td>
<td>28.3%</td>
<td>25.0%</td>
<td>28.1%</td>
</tr>
</tbody>
</table>

Sources:  
2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 119]

Notes:  
- Asked of all respondents.
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.
- Free mammograms are for those women who are uninsured or under-insured.

The following population segment reports a statistically low awareness level of the **women’s health clinic** offered by the program:

- **Uninsured adults.**

### Awareness of the Women’s Health Clinic at the Interlocal Community Action Program  
(Henry County, 2012)

<table>
<thead>
<tr>
<th></th>
<th>Men</th>
<th>Women</th>
<th>18 to 39</th>
<th>40 to 64</th>
<th>65+</th>
<th>Low Income</th>
<th>Mid/High Income</th>
<th>Insured</th>
<th>Uninsured</th>
<th>Henry County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Awareness</td>
<td>24.7%</td>
<td>31.3%</td>
<td>23.7%</td>
<td>29.2%</td>
<td>31.9%</td>
<td>28.0%</td>
<td>30.1%</td>
<td>30.1%</td>
<td>14.0%</td>
<td>27.9%</td>
</tr>
</tbody>
</table>

Sources:  
2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 118]

Notes:  
- Asked of all respondents.
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.
- The women’s health clinic is for low-income women with payment on a sliding fee scale.
Perceptions of Local Healthcare Services

Less than one-half of Henry County adults (45.7%) rates the overall healthcare services available in their community as “excellent” or “very good.”

- Another 37.9% gave “good” ratings.

**Rating of Overall Healthcare Services Available in the Community**
(Henry County, 2012)

<table>
<thead>
<tr>
<th>Rating</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excellent</td>
<td>16.1%</td>
</tr>
<tr>
<td>Very Good</td>
<td>29.6%</td>
</tr>
<tr>
<td>Good</td>
<td>37.9%</td>
</tr>
<tr>
<td>Fair</td>
<td>10.1%</td>
</tr>
<tr>
<td>Poor</td>
<td>6.3%</td>
</tr>
</tbody>
</table>

However, 16.4% of residents characterize local healthcare services as “fair” or “poor.”

- Comparable to the national prevalence.

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

<table>
<thead>
<tr>
<th>Country</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Henry County</td>
<td>16.4%</td>
</tr>
<tr>
<td>United States</td>
<td>15.3%</td>
</tr>
</tbody>
</table>

Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 6]
Notes: ● Asked of all respondents.
The following residents are more critical of local healthcare services:

- Residents with lower incomes.
- Uninsured adults.

**Perceive Local Healthcare Services as “Fair/Poor”**
(Henry County, 2012)

<table>
<thead>
<tr>
<th>Category</th>
<th>Men</th>
<th>Women</th>
<th>18 to 39</th>
<th>40 to 64</th>
<th>65+</th>
<th>Low Income</th>
<th>Mid/High Income</th>
<th>Insured</th>
<th>Uninsured</th>
<th>Henry County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Insured</td>
<td>17.2%</td>
<td>15.6%</td>
<td>20.9%</td>
<td>15.4%</td>
<td>11.8%</td>
<td>27.0%</td>
<td>11.7%</td>
<td>11.4%</td>
<td>50.5%</td>
<td>16.4%</td>
</tr>
</tbody>
</table>

Sources:
- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. (Item 6)

Notes:
- Asked of all respondents.
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level. “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.
KEY INFORMANT SURVEY FINDINGS
The first question of the online key informant survey asked participants to rate health concerns, specifically stating:

“Healthy People 2020 is a national effort to improve health in the US. The health concerns we are evaluating for Henry County are part of the topic areas they are studying. For each of the health concerns or problems outlined below, please evaluate each, in your opinion, as a ‘Major Problem’, a ‘Moderate Problem’, a ‘Minor Problem’, ‘No Problem at All’ in our community. If you are not familiar with a problem you may select ‘Don’t Know’.”

The following chart illustrates the findings:

<table>
<thead>
<tr>
<th>Health Topics</th>
<th>Major Problem (%)</th>
<th>Moderate Problem (%)</th>
<th>Minor Problem (%)</th>
<th>No Problem At All (%)</th>
<th>Don’t Know (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tobacco Use</td>
<td>69.2</td>
<td>45.5</td>
<td>17.9</td>
<td>17.9</td>
<td>17.9</td>
</tr>
<tr>
<td>Substance Abuse</td>
<td>48.9</td>
<td>31.7</td>
<td>17.9</td>
<td>24.4</td>
<td>24.4</td>
</tr>
<tr>
<td>Nutrition &amp; Weight</td>
<td>42.5</td>
<td>31.7</td>
<td>17.9</td>
<td>24.4</td>
<td>24.4</td>
</tr>
<tr>
<td>Mental Health</td>
<td>41.5</td>
<td>31.7</td>
<td>17.9</td>
<td>24.4</td>
<td>24.4</td>
</tr>
<tr>
<td>Diabetes</td>
<td>41.5</td>
<td>31.7</td>
<td>17.9</td>
<td>24.4</td>
<td>24.4</td>
</tr>
<tr>
<td>Physical Activity</td>
<td>41.5</td>
<td>31.7</td>
<td>17.9</td>
<td>24.4</td>
<td>24.4</td>
</tr>
<tr>
<td>Heart Disease &amp; Stroke</td>
<td>34.1</td>
<td>29.3</td>
<td>17.9</td>
<td>24.4</td>
<td>24.4</td>
</tr>
<tr>
<td>Respiratory Diseases</td>
<td>34.1</td>
<td>29.3</td>
<td>17.9</td>
<td>24.4</td>
<td>24.4</td>
</tr>
<tr>
<td>Family Planning</td>
<td>22.0</td>
<td>17.1</td>
<td>17.9</td>
<td>24.4</td>
<td>24.4</td>
</tr>
<tr>
<td>Cancer</td>
<td>17.1</td>
<td>17.1</td>
<td>17.9</td>
<td>24.4</td>
<td>24.4</td>
</tr>
<tr>
<td>Dementias/Alzheimer’s Disease</td>
<td>14.6</td>
<td>11.7</td>
<td>17.9</td>
<td>24.4</td>
<td>24.4</td>
</tr>
<tr>
<td>Oral Health</td>
<td>14.6</td>
<td>11.7</td>
<td>17.9</td>
<td>24.4</td>
<td>24.4</td>
</tr>
<tr>
<td>Maternal, Infant &amp; Child Health</td>
<td>12.5</td>
<td>11.7</td>
<td>17.9</td>
<td>24.4</td>
<td>24.4</td>
</tr>
<tr>
<td>STDs</td>
<td>12.5</td>
<td>11.7</td>
<td>17.9</td>
<td>24.4</td>
<td>24.4</td>
</tr>
<tr>
<td>Educational/Community Programs</td>
<td>12.2</td>
<td>11.7</td>
<td>17.9</td>
<td>24.4</td>
<td>24.4</td>
</tr>
<tr>
<td>Arthritis/Osteoporosis/Back Conditions</td>
<td>10.0</td>
<td>11.7</td>
<td>17.9</td>
<td>24.4</td>
<td>24.4</td>
</tr>
<tr>
<td>Access to Health Services</td>
<td>7.3</td>
<td>4.9</td>
<td>17.9</td>
<td>24.4</td>
<td>24.4</td>
</tr>
<tr>
<td>Injury &amp; Violence</td>
<td>4.4</td>
<td>17.9</td>
<td>24.4</td>
<td>24.4</td>
<td>24.4</td>
</tr>
<tr>
<td>Infectious Diseases</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>HIV</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
</tbody>
</table>
Resources

Key informant survey respondents were asked to identify major health issues in Henry County, and were then asked the following question:

*Thinking about the health issues you identified as a “major problem” in Henry County, what are some of the RESOURCES, other than Henry County Hospital and our Health Department, that can help address those needs?*

The following represent their responses.

- Assisted Living Facilities
- Chiropractic Facilities
- Community Education Groups
- Churches and Parish Nursing
- Cornerstone
- District 6 Cancer Coalition
- Fitness and Wellness Facilities
- Head Start
- Henry County Community Foundation
- Henry County Wellness Council
- ICAP Women’s Clinic
- ICAP Open Door Clinic
- ICAP Women Infants Children (WIC) Program
- IU Ball Cancer Center
- Insurance Companies
- LifeStream
- Meridian Health Services
- New Castle Henry County Public Library
- Newspaper (and many other forms of media and marketing)
- Schools
- Service-Based Community Organizations
- Small Businesses
- Smoke-Free Henry County Coalition
Special Populations

Elderly

Key informant survey respondents were also asked the following:

“In your experience, what are the most prevalent problems the ELDERLY face with their health and in obtaining healthcare?”

Based on their input, prevalent problems elderly face with their health and obtaining healthcare:

- Transportation
- Cost
- Multiple health problems including mental health and the need for overall care to be more integrated and coordinated
- Understanding insurance benefits
- Lack of resources to adequately care for themselves at home; caregiver availability
- Physicians “writing off” complaints of the elderly
- Not understanding their conditions

Residents With Multiple Chronic Conditions

Key informant survey respondents were next asked:

“In your experience, what are the most prevalent problems RESIDENTS WITH MULTIPLE CHRONIC CONDITIONS face with their health and in obtaining healthcare?”

Based on their input, prevalent problems residents with multiple chronic conditions face with their health and obtaining healthcare:

- Care coordination including prescriptions ordered by various providers
- Cost of medications and tests
- Ongoing mental health issues associated with chronic disease
- Understanding their health problems and how to manage them
- Unwilling to take active part in their treatment; making poor health choices
- Lack of subspecialty care locally/access to subspecialty care particularly if out of town
- Limited home and family support
- Transportation
Low-Income Residents

Key informant survey respondents were asked for their opinion concerning low-income residents. The following represent their responses to the question:

“In your experience, what are the most prevalent problems LOW-INCOME RESIDENTS face with their health and in obtaining healthcare?”

Based on their input, prevalent problems low-income residents face with their health and obtaining healthcare:

- Cost
- Lack of Medicaid availability particularly males
- Local Medicaid panels full
- Transportation
- Need to rely on Emergency Department for care
- Drug addiction resources

Children & Adolescents

Key informant survey participants were also asked about children and adolescents health concerns:

“In your experience, what are the most prevalent problems CHILDREN AND ADOLESCENTS face with their health and in obtaining healthcare in Henry County?”

Based on their input, prevalent problems children & adolescents face with their health and obtaining healthcare:

- Poor parenting; lack of parental engagement
- Healthy food in the home
- Substance abuse
- Immunization availability to ALL children
- Lack of awareness of programs available
Participants

Key Informants (Community Stakeholders) Consulted

An online survey was administered as part of this Community Health Needs Assessment and it incorporated input from 41 key informants (or community stakeholders) in the area, with special emphasis on persons who work with or have special knowledge about vulnerable populations in Henry County, including low-income individuals, minority populations, those with chronic conditions, and other medically underserved residents.

A list of these participants is as follows:

- Tina Abrams, RN
  Director, Women & Children’s Unit
  Henry County Hospital

- Romel Antolin, MD, FACOG
  Obstetrician/Gynecologist, Antolin, Benninger & Benson Obstetrics & Gynecology

- Craig Boone, MD
  Emergency Department Physician, Henry County Hospital

- Brent Byrd
  Warehouse Supervisor, CPI Global Sourcing, Inc.
  Henry County Wellness Council

- Jerry Cash, PHM
  Executive Director, New Castle Housing Authority

- Dara Cook RN, BSN
  Director of Quality and Supportive Services, Henry County Hospital

- Cindy Crume, RN
  Nurse, Shenandoah School Corporation

- Gary J. Garofolo, LCSW
  Director of System Services, Meridian Health Services

- Carla Guffey, LPN
  Supervisor, New Castle Walk-In Care Coumadin Clinic
  New Castle Family & Internal Medicine

- Angela Grinstead, LPN
  Clinical Coordinator, Henry County Hospital Medical Group

- **Melissa Hiday***
  Program Coordinator, Smoke Free Henry County Interlocal Community Action Program (ICAP)
  Henry County Wellness Council

- Anne Hughes, RN
  Nurse, Blue River Valley School Corporation

- Melissa Jeffries, RN, BSN
  Director, Henry County Home Care and Hospice
- Nathaniel A. Justice, MD  
  Pediatrician, New Castle Pediatrics
- Debra Kirkpatrick, RN  
  Diabetes Educator, Henry County Hospital
- **Cyndi Leedy, IBCLC**  
  Women, Infant and Children’s Program (WIC)  
  Interlocal Community Action Program (ICAP)  
  Henry County Breastfeeding Coalition
- **Nancy Lewis, RN**  
  Director, Health Services  
  Interlocal Community Action Program (ICAP)
- Winnie Logan  
  Henry County Wellness Council  
  Director, New Castle-Henry County Public Library
- Vickie McCreary  
  Henry County Wellness Council  
  Human Resources Manager, Grede, LLC New Castle Foundry
- **Leslie McGaughney, RD**  
  WIC Nutritionist, Interlocal Community Action Program (ICAP)
- Wylie McGlothlin, MD  
  Family Medicine, New Castle Family & Internal Medicine  
  Medical Director, Henry County Home Care and Hospice
- Kris Manning, RN, MSN, MBA  
  Director, Emergency Department Henry County Hospital
- **Doug Mathis**  
  Administrator, Henry County Health Department  
  Henry County Wellness Council
- Beverly Mathews  
  Executive Director, Henry County Community Foundation
- **John Miller, MD**  
  Family Physician, New Castle Family & Internal Medicine  
  County Health Officer, Henry County Health Department  
  Director, Henry County Wellness Council
- Missy Modesitt  
  Henry County Wellness Council  
  Executive Director, New Castle Henry County Chamber of Commerce
- Erica Miller, MSW, LSW  
  Social Services, Henry County Hospital
- Merrill Morey, MD  
  Anesthesiologist, Henry County Hospital
- Debi Morris  
  Practice Manager, New Castle Clinic  
  Physician Liaison, Henry County Hospital
- Jane Mueller, MD  
  Family Physician, New Castle Walk-In Care
- Stacey Murrell, WHNP
  Women’s Health Nurse Practitioner, Antolin, Benninger & Benson Obstetrics & Gynecology
- Steve Nelson, LCSW
  Licensed Clinical Social Worker, New Castle Pediatrics
- **Kevin Polivick***
  Executive Director, Interlocal Community Action Program (ICAP)
- Lisa Richmond, MD
  Pediatrician, New Castle Pediatrics
- Belinda Scholl, RN
  Nurse, South Henry School Corporation
- Laurie Stonerock, MA, CPT
  Director of Wellness, HealthRidge Fitness & Wellness, Henry County Hospital
  Henry County Wellness Council
- Stephanie Taylor
  Director of Advanced Wound Center, Henry County Hospital
- Carrie Williams, RN, MSOL
  Chief Nursing Officer, Henry County Hospital

*Public health representative*