Executive Report

2016 Community Health Needs Assessment

Total Service Area

Prepared for:
Henry Community Health

By:
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# Table of Contents

**Introduction**
- Project Overview 7
- Project Goals 7
- Methodology 8

**Summary of Findings**
- Significant Health Needs of the Community 14
- Summary Tables: Comparisons With Benchmark Data 16

**Community Description**
- Population Characteristics 40
  - Total Population 40
  - Urban/Rural Population 42
  - Age 43
  - Race & Ethnicity 45
  - Linguistic Isolation 48
- Social Determinants of Health 49
  - Poverty 49
  - Education 52
  - Employment 53

**General Health Status**
- Overall Health Status 55
  - Self-Reported Health Status 55
  - Activity Limitations 57
- Mental Health 62
  - Self-Reported Mental Health Status 63
  - Depression 64
  - Stress 67
  - Suicide 69
  - Mental Health Treatment 70
  - Children’s Mental Health 72

**Death, Disease & Chronic Conditions**
- Leading Causes of Death 76
  - Distribution of Deaths by Cause 76
  - Age-Adjusted Death Rates for Selected Causes 76
<table>
<thead>
<tr>
<th>Condition</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cardiovascular Disease</strong></td>
<td>78</td>
</tr>
<tr>
<td>Age-Adjusted Heart Disease &amp; Stroke Deaths</td>
<td>78</td>
</tr>
<tr>
<td>Prevalence of Heart Disease &amp; Stroke</td>
<td>81</td>
</tr>
<tr>
<td>Cardiovascular Risk Factors</td>
<td>84</td>
</tr>
<tr>
<td><strong>Cancer</strong></td>
<td>93</td>
</tr>
<tr>
<td>Age-Adjusted Cancer Deaths</td>
<td>93</td>
</tr>
<tr>
<td>Cancer Incidence</td>
<td>96</td>
</tr>
<tr>
<td>Prevalence of Cancer</td>
<td>97</td>
</tr>
<tr>
<td>Cancer Screenings</td>
<td>98</td>
</tr>
<tr>
<td><strong>Respiratory Disease</strong></td>
<td>105</td>
</tr>
<tr>
<td>Age-Adjusted Respiratory Disease Deaths</td>
<td>106</td>
</tr>
<tr>
<td><strong>Injury &amp; Violence</strong></td>
<td>112</td>
</tr>
<tr>
<td>Leading Causes of Accidental Death</td>
<td>112</td>
</tr>
<tr>
<td>Unintentional Injury</td>
<td>113</td>
</tr>
<tr>
<td>Intentional Injury (Violence)</td>
<td>119</td>
</tr>
<tr>
<td><strong>Diabetes</strong></td>
<td>120</td>
</tr>
<tr>
<td>Age-Adjusted Diabetes Deaths</td>
<td>120</td>
</tr>
<tr>
<td>Prevalence of Diabetes</td>
<td>122</td>
</tr>
<tr>
<td>Diabetes Treatment</td>
<td>124</td>
</tr>
<tr>
<td><strong>Alzheimer’s Disease</strong></td>
<td>127</td>
</tr>
<tr>
<td>Age-Adjusted Alzheimer’s Disease Deaths</td>
<td>127</td>
</tr>
<tr>
<td><strong>Kidney Disease</strong></td>
<td>129</td>
</tr>
<tr>
<td>Age-Adjusted Kidney Disease Deaths</td>
<td>129</td>
</tr>
<tr>
<td>Prevalence of Kidney Disease</td>
<td>130</td>
</tr>
<tr>
<td><strong>Potentially Disabling Conditions</strong></td>
<td>132</td>
</tr>
<tr>
<td>Arthritis, Osteoporosis, &amp; Chronic Back Conditions</td>
<td>132</td>
</tr>
<tr>
<td><strong>Advance Directives</strong></td>
<td>135</td>
</tr>
<tr>
<td><strong>Infectious Disease</strong></td>
<td>136</td>
</tr>
<tr>
<td>Influenza &amp; Pneumonia Vaccination</td>
<td>137</td>
</tr>
<tr>
<td>Flu Vaccinations</td>
<td>137</td>
</tr>
<tr>
<td>Pneumonia Vaccination</td>
<td>139</td>
</tr>
<tr>
<td><strong>HIV</strong></td>
<td>141</td>
</tr>
<tr>
<td>HIV Prevalence</td>
<td>142</td>
</tr>
<tr>
<td><strong>Sexually Transmitted Diseases</strong></td>
<td>143</td>
</tr>
<tr>
<td>Chlamydia &amp; Gonorrhea</td>
<td>143</td>
</tr>
<tr>
<td><strong>Births</strong></td>
<td>145</td>
</tr>
<tr>
<td>Birth Outcomes &amp; Risks</td>
<td>146</td>
</tr>
<tr>
<td>Infant Mortality</td>
<td>146</td>
</tr>
</tbody>
</table>
### Modifiable Health Risks

<table>
<thead>
<tr>
<th>Topic</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Actual Causes Of Death</td>
<td>149</td>
</tr>
<tr>
<td>Nutrition</td>
<td>151</td>
</tr>
<tr>
<td>Access to Fresh Produce</td>
<td>152</td>
</tr>
<tr>
<td>Health Advice About Diet &amp; Nutrition</td>
<td>153</td>
</tr>
<tr>
<td>Physical Activity</td>
<td>154</td>
</tr>
<tr>
<td>Leisure-Time Physical Activity</td>
<td>155</td>
</tr>
<tr>
<td>Activity Levels</td>
<td>156</td>
</tr>
<tr>
<td>Access to Physical Activity</td>
<td>159</td>
</tr>
<tr>
<td>Health Advice About Physical Activity &amp; Exercise</td>
<td>159</td>
</tr>
<tr>
<td>Children’s Physical Activity</td>
<td>160</td>
</tr>
<tr>
<td>Weight Status</td>
<td>163</td>
</tr>
<tr>
<td>Adult Weight Status</td>
<td>164</td>
</tr>
<tr>
<td>Weight Management</td>
<td>168</td>
</tr>
<tr>
<td>Childhood Overweight &amp; Obesity</td>
<td>170</td>
</tr>
<tr>
<td>Ease of Changing Behavioral Patterns</td>
<td>172</td>
</tr>
<tr>
<td>Substance Abuse</td>
<td>174</td>
</tr>
<tr>
<td>Age-Adjusted Cirrhosis/Liver Disease Deaths</td>
<td>174</td>
</tr>
<tr>
<td>High-Risk Alcohol Use</td>
<td>175</td>
</tr>
<tr>
<td>Age-Adjusted Drug-Induced Deaths</td>
<td>178</td>
</tr>
<tr>
<td>Alcohol &amp; Drug Treatment</td>
<td>179</td>
</tr>
<tr>
<td>Tobacco Use</td>
<td>182</td>
</tr>
<tr>
<td>Cigarette Smoking</td>
<td>182</td>
</tr>
</tbody>
</table>

### Access to Health Services

<table>
<thead>
<tr>
<th>Topic</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Insurance Coverage</td>
<td>191</td>
</tr>
<tr>
<td>Type of Healthcare Coverage</td>
<td>191</td>
</tr>
<tr>
<td>Lack of Health Insurance Coverage</td>
<td>193</td>
</tr>
<tr>
<td>Difficulties Accessing Healthcare</td>
<td>197</td>
</tr>
<tr>
<td>Difficulties Accessing Services</td>
<td>197</td>
</tr>
<tr>
<td>Barriers to Healthcare Access</td>
<td>198</td>
</tr>
<tr>
<td>Prescriptions</td>
<td>200</td>
</tr>
<tr>
<td>Accessing Healthcare for Children</td>
<td>204</td>
</tr>
<tr>
<td>Primary Care Services</td>
<td>205</td>
</tr>
<tr>
<td>Access to Primary Care</td>
<td>205</td>
</tr>
<tr>
<td>Specific Source of Ongoing Care</td>
<td>207</td>
</tr>
<tr>
<td>Primary Care Provider</td>
<td>210</td>
</tr>
<tr>
<td>Utilization of Primary Care Services</td>
<td>211</td>
</tr>
<tr>
<td>Emergency Room Utilization</td>
<td>214</td>
</tr>
<tr>
<td>Oral Health</td>
<td>216</td>
</tr>
</tbody>
</table>
Dental Care 216
Vision Care 219

Health Education & Outreach 221
Healthcare Information Sources 222

Local Resources 224
Awareness of Local Healthcare Services 225
Perceptions of Local Healthcare Services 230
Healthcare Resources & Facilities 232
Hospitals & Federally Qualified Health Centers (FQHCs) 232
Health Professional Shortage Areas (HPSAs) 233

Appendices 234
Appendix I: Community Stakeholder Input 235
Key Informant Survey Methodology 235
Online Key Informant Survey: Henry County Findings 236
Online Key Informant Survey: Cambridge City and Hagerstown Findings 242
Appendix II: Evaluation of Past Work 247
Introduction
**Project Overview**

**Project Goals**

This Community Health Needs Assessment, a follow-up to a similar study conducted in 2012, is a systematic, data-driven approach to determining the health status, behaviors and needs of residents in Henry County and Cambridge City/Hagerstown, 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 Community Health by Professional Research Consultants, Inc. (PRC). PRC is a nationally recognized healthcare consulting firm with extensive experience conducting Community Health Needs Assessments such as this in hundreds of communities across the United States since 1994.
Methodology

This assessment incorporates data from both quantitative and qualitative sources. Quantitative data input includes primary research (the PRC Community Health Survey) and secondary research (vital statistics and other existing health-related data); these quantitative components allow for trending and comparison to benchmark data at the state and national levels. Qualitative data input includes primary research gathered by Henry Community Health through Key Informant Surveys.

PRC Community Health Survey

Survey Instrument

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

Community Defined for This Assessment

The study area for the survey effort (referred to as the “Total Area” in this report) is defined as each of the residential ZIP Codes comprising Henry County, IN (46148, 47337, 47344, 47351, 47352, 47356, 47360, 47361, 47362, 47366, 47384, 47385, 47386, 47387) and two Zip Codes representing Cambridge City/Hagerstown, IN (47327, 47346). This community definition, determined based on the ZIP Codes of residence of recent patients of Henry Community Health, is illustrated in the following map.
Sample Approach & Design

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

The sample design used for this effort consisted of a stratified random sample of 700 individuals age 18 and older in the Total Area, including 600 in Henry County and 100 in Cambridge City/Hagerstown. Once the interviews were completed, these were weighted in proportion to the actual population distribution so as to appropriately represent the Total Area as a whole. All administration of the surveys, data collection and data analysis was conducted by Professional Research Consultants, Inc. (PRC).

For statistical purposes, the maximum rate of error associated with a sample size of 700 respondents is ±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

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 Total Area sample for key demographic variables, compared to actual population characteristics revealed in census data. [Note that the sample consisted solely of area residents age 18 and older; data on children were given by proxy by the person most responsible for that child’s healthcare needs, and these children are not represented demographically in this chart.]

Further note that the poverty descriptions and segmentation used in this report are based on administrative poverty thresholds determined by the US Department of Health & Human Services. These guidelines define poverty status by household income level and number of persons in the household (e.g., the 2014 guidelines place the poverty threshold for a family of four at $23,850 annual household income or lower). In sample segmentation: “very low income” refers to community members living in a household with defined poverty status; “low income” refers to households with incomes just above the poverty level, earning up to twice the poverty threshold; and “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.

**Public Health, Vital Statistics & Other Data**

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

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

Note that secondary data reflect Henry County data.

**Benchmark Data**

**Trending**

A similar survey was administered in Henry County in 2012 by PRC on behalf of Henry Community Health. Trending data, as revealed by comparison to prior survey results, are provided throughout this report whenever available. Historical data for secondary data indicators are also included for the purposes of trending.
**Indiana Risk Factor Data**

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

**Nationwide Risk Factor Data**

Nationwide risk factor data, which are also provided in comparison charts, are taken from the 2013 *PRC National Health Survey*; the methodological approach for the national study is identical to that employed in this assessment, and these data may be generalized to the US population with a high degree of confidence. National-level vital statistics are also provided for comparison of secondary data indicators.

**Healthy People 2020**

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

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

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

**Determining Significance**

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

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

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

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

#### Significant Health Needs of the Community

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

#### Areas of Opportunity Identified Through This Assessment

<table>
<thead>
<tr>
<th><strong>Access to Healthcare Services</strong></th>
<th><strong>Cancer</strong></th>
<th><strong>Chronic Kidney Disease</strong></th>
<th><strong>Diabetes</strong></th>
<th><strong>Heart Disease &amp; Stroke</strong></th>
<th><strong>Infant Health &amp; Family Planning</strong></th>
<th><strong>Injury &amp; Violence</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Primary Care Physician Ratio</td>
<td>• Cancer Deaths</td>
<td>• Kidney Disease Deaths</td>
<td>• Diabetes Deaths</td>
<td>• Heart Disease Deaths</td>
<td>• Infant Mortality</td>
<td>• Unintentional Injury Deaths</td>
</tr>
<tr>
<td>• Health Professional Shortage Area Designation</td>
<td>• Including Lung Cancer, Female Breast Cancer, Colorectal Cancer Deaths</td>
<td></td>
<td>• Prevalence of Borderline/Pre-Diabetes</td>
<td>• Heart Disease Prevalence</td>
<td>• Stroke Deaths</td>
<td>• Including Motor Vehicle Crash Deaths</td>
</tr>
<tr>
<td>• Regular Vision Exams</td>
<td>• Cancer Incidence</td>
<td></td>
<td>• Diabetes ranked as a top concern in the Online Key Informant Survey.</td>
<td>• High Blood Pressure Prevalence</td>
<td>• Blood Cholesterol Screening</td>
<td>• Firearm-Related Deaths</td>
</tr>
<tr>
<td>• Awareness of Community-Based Programs</td>
<td>• Including Lung Cancer, Colorectal Cancer Incidence</td>
<td></td>
<td></td>
<td>• High Blood Cholesterol Prevalence</td>
<td>• Overall Cardiovascular Risk</td>
<td>• Bike Helmet Usage [Children]</td>
</tr>
</tbody>
</table>

— continued on next page —
Areas of Opportunity (continued)

| Mental Health          | • “Fair/Poor” Mental Health  
|                        | • Suicide Deaths  
|                        | • *Mental Health and Mental Disorders ranked as a top concern in the Online Key Informant Survey.* |
| Nutrition, Physical Activity & Weight | • Overweight & Obesity [Adults]  
|                        | • Trying to Lose Weight [Overweight Adults]  
|                        | • *Nutrition & Weight Status ranked as a top concern in the Online Key Informant Survey.*  
|                        | • Leisure-Time Physical Activity  
|                        | • Meeting Physical Activity Guidelines  
|                        |   • Moderate Physical Activity  
|                        |   • Vigorous Physical Activity  
|                        | • Children’s Computer Usage  
|                        | • *Physical Activity ranked as a top concern in the Online Key Informant Survey.*  
| Potentially Disabling Conditions | • Arthritis Prevalence  
|                        | • Sciatica/Back Pain Prevalence  
| Respiratory Diseases | • Chronic Lower Respiratory Disease (CLRD) Deaths  
|                        | • Chronic Obstructive Pulmonary Disease (COPD) Prevalence  
|                        | • Pneumonia/Influenza Deaths  
|                        | • Flu Vaccination [65+]  
| Substance Abuse | • Drug-Induced Deaths  
|                        | • *Substance Abuse ranked as a top concern in the Online Key Informant Survey.*  
| Tobacco Use | • Cigarette Smoking Prevalence  
|                        | • Environmental Tobacco Smoke Exposure at Home  
|                        |   • Including Among Households With Children  
|                        | • Awareness of Cessation Program  
|                        | • *Tobacco Use ranked as a top concern in the Online Key Informant Survey.*  

Prioritization of Health Needs
The Henry Community Health Board of Trustees approved seven strategic initiatives developed as a result of the 2016 Community Health Needs Assessment.

- Prediabetes and Diabetes
- Colorectal Cancer
- Respiratory Disease
- Female Breast Cancer Deaths
- Cervical Cancer Screenings
- Mental Health
- Advanced Directives
These areas of focus were chosen based on:

- Henry Community Health Resources
- PRC-identified areas of opportunity where HCH is below Indiana measurements
- 30-Day Readmission Rate Implications
- Community Partnership Opportunities
- Linkages among problem areas such as:
  - Diabetes and implications for heart disease, kidney disease, weight, nutrition
  - Mental health impact on patient’s ability to manage chronic illnesses and inappropriate Emergency Department visits
  - Lack of advanced directives impact on end of life care from both a patient/family perspective as well as the cost implications when expensive care is extended when no hope for recovery remains.

Summary Tables: Comparisons With Benchmark Data

The following tables provide an overview of indicators in the Total Area, including comparisons among the individual communities, as well as trend data. These data are grouped to correspond with the Focus Areas presented in Healthy People 2020.

Reading the Summary Tables

- In the following charts, Total Area results are shown in the larger, blue column.
- The green columns [to the left of the Total Area column] provide comparisons between the two communities, identifying differences for each as “better than” (●), “worse than” (▲), or “similar to” (◇) the opposing area.
- The columns to the right of the Total Area column provide trending in Henry County, as well as comparisons between local data and any available state and national findings, and Healthy People 2020 targets. Again, symbols indicate whether the service area compares favorably (●), unfavorably (▲), or comparably (◇) to these external data.

Note that blank table cells signify that data are not available or are not reliable for that area and/or for that indicator.
<table>
<thead>
<tr>
<th>Social Determinants</th>
<th>Henry County</th>
<th>Cambridge City/ Hagerstown</th>
<th>Total Area vs. IN</th>
<th>Total Area vs. US</th>
<th>Total Area vs. HP2020</th>
<th>TREND (Henry County)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Linguistically Isolated Population (Percent)</td>
<td></td>
<td></td>
<td>0.4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Population in Poverty (Percent)</td>
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<td></td>
<td>17.0</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Population Below 200% FPL (Percent)</td>
<td></td>
<td></td>
<td>37.3</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Children Below 200% FPL (Percent)</td>
<td></td>
<td></td>
<td>51.7</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>No High School Diploma (Age 25+, Percent)</td>
<td></td>
<td></td>
<td>14.1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unemployment Rate (Age 16+, Percent)</td>
<td></td>
<td></td>
<td>4.5</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
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Note: In the green section, each community is compared against the other community. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.
## Community Health Needs Assessment

### Overall Health

<table>
<thead>
<tr>
<th>Category</th>
<th>Henry County</th>
<th>Cambridge City/ Hagerstown</th>
<th>Total Area vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>% &quot;Fair/Poor&quot; Physical Health</td>
<td>21.4</td>
<td>19.4</td>
<td>21.2 vs. IN</td>
</tr>
<tr>
<td>% Activity Limitations</td>
<td>22.2</td>
<td>27.5</td>
<td>23.0 vs. US</td>
</tr>
<tr>
<td>% Need Help with Personal Care Needs</td>
<td>2.4</td>
<td>2.7</td>
<td>2.5 vs. HP2020</td>
</tr>
<tr>
<td>% Need Help with Everyday Routine Needs</td>
<td>10.2</td>
<td>12.0</td>
<td>10.4</td>
</tr>
</tbody>
</table>

Note: In the green section, each community is compared against the other community. Throughout these tables, blue or empty cells indicate that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

### Access to Health Services

<table>
<thead>
<tr>
<th>Category</th>
<th>Henry County</th>
<th>Cambridge City/ Hagerstown</th>
<th>Total Area vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>% [Age 18-64] Lack Health Insurance</td>
<td>8.1</td>
<td>18.5</td>
<td>9.6 vs. IN</td>
</tr>
<tr>
<td>% [Insured] Went Without Coverage in Past Year</td>
<td>8.2</td>
<td>11.4</td>
<td>8.6 vs. US</td>
</tr>
<tr>
<td>% Have Health Insurance Through Healthcare.gov Marketplace</td>
<td>7.8</td>
<td>5.1</td>
<td>7.4</td>
</tr>
<tr>
<td>% [Children &lt;18] Child Has Healthcare Coverage</td>
<td>94.6</td>
<td></td>
<td>95.3</td>
</tr>
</tbody>
</table>
## Access to Health Services (continued)

<table>
<thead>
<tr>
<th>Metric</th>
<th>Henry County</th>
<th>Cambridge City/ Hagerstown</th>
<th>Total Area vs. Benches</th>
<th>TREND (Henry County)</th>
</tr>
</thead>
<tbody>
<tr>
<td>% [Parents] Aware of CHIP</td>
<td>38.6</td>
<td></td>
<td>37.7</td>
<td>42.3</td>
</tr>
<tr>
<td>% Difficulty Accessing Healthcare in Past Year (Composite)</td>
<td>28.1</td>
<td>24.9</td>
<td>27.6</td>
<td>39.9</td>
</tr>
<tr>
<td>% Inconvenient Hrs Prevented Primary Care Visit in Past Year</td>
<td>8.7</td>
<td>8.9</td>
<td>8.7</td>
<td>30.5</td>
</tr>
<tr>
<td>% Cost Prevented Getting Prescription in Past Year</td>
<td>13.8</td>
<td>13.2</td>
<td>13.7</td>
<td>15.8</td>
</tr>
<tr>
<td>% Cost Prevented Physician Visit in Past Year</td>
<td>13.4</td>
<td>19.3</td>
<td>14.2</td>
<td>16.4</td>
</tr>
<tr>
<td>% Difficulty Getting Primary Care Appointment in Past Year</td>
<td>15.4</td>
<td>14.5</td>
<td>15.2</td>
<td></td>
</tr>
<tr>
<td>% Difficulty Finding Primary Care Provider in Past Year</td>
<td>7.2</td>
<td>2.4</td>
<td>6.5</td>
<td></td>
</tr>
<tr>
<td>% Transportation Hindered Dr Visit in Past Year</td>
<td>5.2</td>
<td>6.9</td>
<td>5.5</td>
<td>9.2</td>
</tr>
<tr>
<td>% Difficulty Understanding Medication Info</td>
<td>4.8</td>
<td>6.3</td>
<td>5.0</td>
<td>7.3</td>
</tr>
<tr>
<td>% Difficulty Following Prescription Instructions</td>
<td>1.3</td>
<td>2.8</td>
<td>1.6</td>
<td>1.6</td>
</tr>
<tr>
<td>% Skipped Prescription Doses to Save Costs</td>
<td>13.1</td>
<td>32.7</td>
<td>15.9</td>
<td>18.9</td>
</tr>
</tbody>
</table>
### Community vs. Community

<table>
<thead>
<tr>
<th>Access to Health Services (continued)</th>
<th>Henry County</th>
<th>Cambridge City/Hagerstown</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Difficulty Getting Child's Healthcare in Past Year</td>
<td>2.3</td>
<td>6.0</td>
</tr>
<tr>
<td>Primary Care Doctors per 100,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% [Age 18+] Have a Specific Source of Ongoing Care</td>
<td>84.0</td>
<td>86.1</td>
</tr>
<tr>
<td>% [Age 18-64] Have a Specific Source of Ongoing Care</td>
<td>82.1</td>
<td>85.1</td>
</tr>
<tr>
<td>% [Age 65+] Have a Specific Source of Ongoing Care</td>
<td>90.4</td>
<td>89.5</td>
</tr>
<tr>
<td>% Have a Primary Care Provider</td>
<td>90.4</td>
<td>97.1</td>
</tr>
<tr>
<td>% Have Had Routine Checkup in Past Year</td>
<td>75.6</td>
<td>62.9</td>
</tr>
<tr>
<td>% Child Has Had Checkup in Past Year</td>
<td>88.9</td>
<td></td>
</tr>
<tr>
<td>% Two or More ER Visits in Past Year</td>
<td>6.0</td>
<td>9.7</td>
</tr>
<tr>
<td>% Rate Local Healthcare &quot;Fair/Poor&quot;</td>
<td>11.2</td>
<td>7.0</td>
</tr>
</tbody>
</table>

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### Total Area vs. Benchmarks

<table>
<thead>
<tr>
<th></th>
<th>Total Area</th>
<th>vs. IN</th>
<th>vs. US</th>
<th>vs. HP2020</th>
<th>TREND (Henry County)</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Difficulty Getting Child's Healthcare in Past Year</td>
<td>2.1</td>
<td>6.0</td>
<td>3.3</td>
<td></td>
<td>3.3</td>
</tr>
<tr>
<td>Primary Care Doctors per 100,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% [Age 18+] Have a Specific Source of Ongoing Care</td>
<td>84.3</td>
<td>76.3</td>
<td>95.0</td>
<td>87.0</td>
<td></td>
</tr>
<tr>
<td>% [Age 18-64] Have a Specific Source of Ongoing Care</td>
<td>82.6</td>
<td>75.6</td>
<td>89.4</td>
<td>85.2</td>
<td></td>
</tr>
<tr>
<td>% [Age 65+] Have a Specific Source of Ongoing Care</td>
<td>90.3</td>
<td>80.0</td>
<td>100.0</td>
<td>93.2</td>
<td></td>
</tr>
<tr>
<td>% Have a Primary Care Provider</td>
<td>91.3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Have Had Routine Checkup in Past Year</td>
<td>73.8</td>
<td>64.7</td>
<td>65.0</td>
<td>71.8</td>
<td></td>
</tr>
<tr>
<td>% Child Has Had Checkup in Past Year</td>
<td>85.5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Two or More ER Visits in Past Year</td>
<td>6.4</td>
<td>84.1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Rate Local Healthcare &quot;Fair/Poor&quot;</td>
<td>10.6</td>
<td>16.5</td>
<td>16.4</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Legend: ☼ better, ☁ similar, ☀ worse
### Arthritis, Osteoporosis & Chronic Back Conditions

<table>
<thead>
<tr>
<th>Condition</th>
<th>Henry County</th>
<th>Cambridge City/ Hagerstown</th>
<th>Total Area</th>
<th>vs. IN</th>
<th>vs. US</th>
<th>vs. HP2020</th>
<th>TREND (Henry County)</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Arthritis/Rheumatism</td>
<td>25.1</td>
<td>23.5</td>
<td>24.9</td>
<td>28.0</td>
<td>20.1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Osteoporosis</td>
<td>8.8</td>
<td>5.4</td>
<td>8.3</td>
<td>6.7</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% [50+] Arthritis/Rheumatism</td>
<td>37.9</td>
<td>37.3</td>
<td>37.8</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% [50+] Osteoporosis</td>
<td>14.4</td>
<td>6.2</td>
<td>13.3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Sciatica/Chronic Back Pain</td>
<td>23.3</td>
<td>23.7</td>
<td>23.3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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### Cancer (Age-Adjusted Death Rate)

<table>
<thead>
<tr>
<th>Cancer</th>
<th>Total Area</th>
<th>vs. IN</th>
<th>vs. US</th>
<th>vs. HP2020</th>
<th>TREND (Henry County)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancer (Age-Adjusted Death Rate)</td>
<td>192.0</td>
<td>181.2</td>
<td>163.6</td>
<td>161.4</td>
<td>193.2</td>
</tr>
<tr>
<td>Lung Cancer (Age-Adjusted Death Rate)</td>
<td>63.1</td>
<td>54.1</td>
<td>43.4</td>
<td>45.5</td>
<td></td>
</tr>
<tr>
<td>Prostate Cancer (Age-Adjusted Death Rate)</td>
<td>14.6</td>
<td>20.4</td>
<td>19.2</td>
<td>21.8</td>
<td></td>
</tr>
<tr>
<td>Cancer (continued)</td>
<td>Community vs. Community</td>
<td>Total Area vs. Benchmarks</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-------------------</td>
<td>-------------------------</td>
<td>--------------------------</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Henry County</td>
<td>Cambridge City/ Hagerstown</td>
<td>vs. IN</td>
<td>vs. US</td>
<td>vs. HP2020</td>
</tr>
<tr>
<td>Female Breast Cancer (Age-Adjusted Death Rate)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Colorectal Cancer (Age-Adjusted Death Rate)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prostate Cancer Incidence per 100,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female Breast Cancer Incidence per 100,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lung Cancer Incidence per 100,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Colorectal Cancer Incidence per 100,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Skin Cancer</td>
<td>7.4</td>
<td>8.8</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Cancer (Other Than Skin)</td>
<td>6.3</td>
<td>6.8</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% [Women 40+] Mammogram in Past 2 Years</td>
<td>82.2</td>
<td>83.8</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% [Women 50-74] Mammogram in Past 2 Years</td>
<td>84.3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% [Women 21-65] Pap Smear in Past 3 Years</td>
<td>69.2</td>
<td>60.5</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Community Health Needs Assessment

#### Cancer (continued)

<table>
<thead>
<tr>
<th></th>
<th>Henry County</th>
<th>Cambridge City/Hagerstown</th>
</tr>
</thead>
<tbody>
<tr>
<td>% [Age 50+] Sigmoid/Colonoscopy Ever</td>
<td>74.5</td>
<td>77.8</td>
</tr>
<tr>
<td>% [Age 50+] Blood Stool Test in Past 2 Years</td>
<td>25.6</td>
<td>20.0</td>
</tr>
<tr>
<td>% [Age 50-75] Colorectal Cancer Screening</td>
<td>74.8</td>
<td>72.7</td>
</tr>
</tbody>
</table>

#### Chronic Kidney Disease

<table>
<thead>
<tr>
<th></th>
<th>Henry County</th>
<th>Cambridge City/Hagerstown</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kidney Disease (Age-Adjusted Death Rate)</td>
<td>15.2</td>
<td>18.0</td>
</tr>
<tr>
<td>% Kidney Disease</td>
<td>3.0</td>
<td>5.0</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th></th>
<th>Total Area</th>
<th>Total Area vs. Benchmarks</th>
<th>TREND</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>vs. IN</td>
<td>vs. US</td>
<td>vs. HP2020</td>
</tr>
<tr>
<td>Cancer</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% [Age 50+] Sigmoid/Colonoscopy Ever</td>
<td>74.9</td>
<td>62.5 vs. US, 75.2 vs. HP2020</td>
<td>70.9</td>
</tr>
<tr>
<td>% [Age 50+] Blood Stool Test in Past 2 Years</td>
<td>24.9</td>
<td>14.3 vs. US, 36.9 vs. HP2020</td>
<td>33.2</td>
</tr>
<tr>
<td>% [Age 50-75] Colorectal Cancer Screening</td>
<td>74.6</td>
<td>75.1 vs. US, 70.5 vs. HP2020</td>
<td>70.5</td>
</tr>
<tr>
<td>Chronic Kidney Disease</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kidney Disease (Age-Adjusted Death Rate)</td>
<td>15.2</td>
<td>18.0 vs. US, purple</td>
<td>20.5</td>
</tr>
<tr>
<td>% Kidney Disease</td>
<td>3.0</td>
<td>2.5 vs. US, 3.0 vs. HP2020</td>
<td>3.7</td>
</tr>
</tbody>
</table>
### Dementias, Including Alzheimer’s Disease

<table>
<thead>
<tr>
<th></th>
<th>Henry County</th>
<th>Cambridge City/Hagerstown</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alzheimer’s Disease (Age-Adjusted Death Rate)</td>
<td>18.2</td>
<td>28.6 vs. IN 24.2 vs. US 21.3 vs. HP2020</td>
</tr>
</tbody>
</table>

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### Diabetes

<table>
<thead>
<tr>
<th></th>
<th>Henry County</th>
<th>Cambridge City/Hagerstown</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes Mellitus (Age-Adjusted Death Rate)</td>
<td>26.9</td>
<td>25.5 vs. IN 21.1 vs. US 20.5 vs. HP2020</td>
</tr>
<tr>
<td>% Diabetes/High Blood Sugar</td>
<td>14.5</td>
<td>13.0</td>
</tr>
<tr>
<td>% Borderline/Pre-Diabetes</td>
<td>8.3</td>
<td>3.4</td>
</tr>
<tr>
<td>% [Non-Diabetes] Blood Sugar Tested in Past 3 Years</td>
<td>50.6</td>
<td>70.3</td>
</tr>
<tr>
<td>% [Diabetics] Taking Insulin/Medication</td>
<td>81.0</td>
<td>81.9</td>
</tr>
<tr>
<td>% [Diabetics] Taken a Managing Diabetes Course</td>
<td>55.3</td>
<td>56.4</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Educational &amp; Community-Based Programs</th>
<th>Henry County</th>
<th>Cambridge City/ Hagerstown</th>
<th>Total Area</th>
<th>Total Area vs. Benchmarks</th>
<th>TREND (Henry County)</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Rely on the Internet for Healthcare Information</td>
<td>☁️ 19.1</td>
<td>☁️ 15.1</td>
<td>18.5</td>
<td>☁️ 16.0</td>
<td></td>
</tr>
<tr>
<td>% [Cambridge/Hagerstown] Have Heard of ICAP</td>
<td>18.7</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% [Henry County] Aware of WIC Services</td>
<td>54.0</td>
<td></td>
<td></td>
<td>☁️ 54.3</td>
<td></td>
</tr>
<tr>
<td>% [Henry County] Aware of Women’s Health Clinic</td>
<td>39.1</td>
<td></td>
<td></td>
<td>☁️ 27.9</td>
<td></td>
</tr>
<tr>
<td>% [Henry County] Aware of Free Mammograms</td>
<td>37.0</td>
<td></td>
<td></td>
<td>☁️ 28.1</td>
<td></td>
</tr>
<tr>
<td>% [Henry County] Aware of Birth Control &amp; STD Testing</td>
<td>33.1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Aware of HIP 2.0 or Obamacare Enrollment Assistance</td>
<td>☀️ 28.0</td>
<td>☁️ 13.7</td>
<td>25.9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Aware of Assistance Getting TANF or SNAP Benefits</td>
<td>41.1</td>
<td>☁️ 26.4</td>
<td>38.9</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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### Community Health Needs Assessment

#### Health Planning

<table>
<thead>
<tr>
<th>Health Planning</th>
<th>Henry County</th>
<th>Cambridge City/ Hagerstown</th>
<th>Total Area vs. Benchmarks</th>
<th>TREND (Henry County)</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Have a Completed Advance Directive</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>28.7</td>
<td>32.2</td>
<td>29.2</td>
<td></td>
</tr>
</tbody>
</table>

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#### Heart Disease & Stroke

<table>
<thead>
<tr>
<th>Heart Disease &amp; Stroke</th>
<th>Henry County</th>
<th>Cambridge City/ Hagerstown</th>
<th>Total Area vs. Benchmarks</th>
<th>TREND (Henry County)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diseases of the Heart (Age-Adjusted Death Rate)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stroke (Age-Adjusted Death Rate)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Heart Disease (Heart Attack, Angina, Coronary Disease)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Stroke</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Blood Pressure Checked in Past 2 Years</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Told Have High Blood Pressure (Ever)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% [HBP] Taking Action to Control High Blood Pressure</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**TREND**

- better
- similar
- worse
<table>
<thead>
<tr>
<th>Heart Disease &amp; Stroke (continued)</th>
<th>Community vs. Community</th>
<th>Total Area vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Cholesterol Checked in Past 5 Years</td>
<td>Henry County</td>
<td>Cambridge City/ Hagerstown</td>
</tr>
<tr>
<td></td>
<td>87.8</td>
<td>87.1</td>
</tr>
<tr>
<td>% Told Have High Cholesterol (Ever)</td>
<td>37.9</td>
<td>20.2</td>
</tr>
<tr>
<td>% [HBC] Taking Action to Control High Blood Cholesterol</td>
<td>86.8</td>
<td>87.1</td>
</tr>
<tr>
<td>% 1+ Cardiovascular Risk Factor</td>
<td>89.4</td>
<td>84.1</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>HIV</th>
<th>Community vs. Community</th>
<th>Total Area vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV Prevalence per 100,000</td>
<td>Henry County</td>
<td>Cambridge City/ Hagerstown</td>
</tr>
<tr>
<td>70.1</td>
<td>159.4</td>
<td>340.4</td>
</tr>
</tbody>
</table>

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### Immunization & Infectious Diseases

<table>
<thead>
<tr>
<th></th>
<th>Henry County</th>
<th>Cambridge City/Hagerstown</th>
</tr>
</thead>
<tbody>
<tr>
<td>% [Age 65+] Flu Vaccine in Past Year</td>
<td>52.1</td>
<td>66.6</td>
</tr>
<tr>
<td>% [High-Risk 18-64] Flu Vaccine in Past Year</td>
<td>46.9</td>
<td></td>
</tr>
<tr>
<td>% [Children &lt;18] Received Flu Shot/FluMist in the Past Yr</td>
<td>30.8</td>
<td></td>
</tr>
<tr>
<td>% [Age 65+] Pneumonia Vaccine Ever</td>
<td>73.4</td>
<td>85.2</td>
</tr>
<tr>
<td>% [High-Risk 18-64] Pneumonia Vaccine Ever</td>
<td>45.6</td>
<td></td>
</tr>
</tbody>
</table>

### Injury & Violence Prevention

<table>
<thead>
<tr>
<th></th>
<th>Henry County</th>
<th>Cambridge City/Hagerstown</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unintentional Injury (Age-Adjusted Death Rate)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fall-Related Deaths (Age-Adjusted Death Rate)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>[65+] Fall-Related Deaths (Age-Adjusted Death Rate)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Injury & Violence Prevention (continued)

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Henry County</th>
<th>Cambridge City/ Hagerstown</th>
<th>Total Area vs. Benchmarks (Henry County)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Motor Vehicle Crashes (Age-Adjusted Death Rate)</td>
<td>15.3</td>
<td>12.4</td>
<td>11.9</td>
</tr>
<tr>
<td>% Child [Age 0-17] &quot;Always&quot; Uses Seat Belt/Car Seat</td>
<td>94.3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Child [Age 5-17] &quot;Always&quot; Wears Bicycle Helmet</td>
<td>23.8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Firearm-Related Deaths (Age-Adjusted Death Rate)</td>
<td>11.7</td>
<td>11.4</td>
<td>10.3</td>
</tr>
<tr>
<td>Violent Crime per 100,000</td>
<td>47.1</td>
<td>359.1</td>
<td>395.5</td>
</tr>
</tbody>
</table>

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### Maternal, Infant & Child Health

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Henry County</th>
<th>Cambridge City/ Hagerstown</th>
<th>Total Area vs. Benchmarks (Henry County)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infant Death Rate</td>
<td>9.2</td>
<td>7.0</td>
<td>5.9</td>
</tr>
</tbody>
</table>

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## Community Health Needs Assessment

<table>
<thead>
<tr>
<th>Mental Health &amp; Mental Disorders</th>
<th>Community vs. Community</th>
<th>Total Area vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Henry County</td>
<td>Cambridge City/ Hagerstown</td>
</tr>
<tr>
<td>% &quot;Fair/Poor&quot; Mental Health</td>
<td>15.8</td>
<td>29.7</td>
</tr>
<tr>
<td>% Diagnosed Depression</td>
<td>21.1</td>
<td>31.4</td>
</tr>
<tr>
<td>% Symptoms of Chronic Depression (2+ Years)</td>
<td>28.4</td>
<td>40.6</td>
</tr>
<tr>
<td>Suicide (Age-Adjusted Death Rate)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Have Ever Sought Help for Mental Health</td>
<td>20.0</td>
<td>31.0</td>
</tr>
<tr>
<td>% [Those With Diagnosed Depression] Seeking Help</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Unable to Get Needed Mental Health Svcs/Past Yr</td>
<td>5.4</td>
<td>0.7</td>
</tr>
<tr>
<td>% Typical Day Is &quot;Extremely/Very&quot; Stressful</td>
<td>10.4</td>
<td>10.9</td>
</tr>
<tr>
<td>% [Child 6-17] Ever Diagnosed With ADD/ADHD</td>
<td>20.1</td>
<td></td>
</tr>
<tr>
<td>% [Child 6-17] Diagnosed w/Behavioral Health Problems</td>
<td>8.1</td>
<td></td>
</tr>
</tbody>
</table>
### Mental Health & Mental Disorders (continued)

<table>
<thead>
<tr>
<th></th>
<th>Henry County</th>
<th>Cambridge City/ Hagerstown</th>
<th>Total Area vs. Benchmarks</th>
<th>TREND (Henry County)</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Unable to Get Mental Health Svcs for Child [Age 2-17] in Past Year</td>
<td>2.3</td>
<td></td>
<td>2.1</td>
<td>2.4</td>
</tr>
</tbody>
</table>

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### Nutrition & Weight

<table>
<thead>
<tr>
<th></th>
<th>Henry County</th>
<th>Cambridge City/ Hagerstown</th>
<th>Total Area vs. Benchmarks</th>
<th>TREND (Henry County)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population With Low Food Access (Percent)</td>
<td>7.6</td>
<td></td>
<td>26.1 23.6</td>
<td>39.9 39.9</td>
</tr>
<tr>
<td>% Medical Advice on Nutrition in Past Year</td>
<td>46.2</td>
<td>37.6</td>
<td></td>
<td>39.9 39.9</td>
</tr>
<tr>
<td>% Difficulty Changing Behavioral Patterns</td>
<td>29.3</td>
<td>30.6</td>
<td></td>
<td>29.4</td>
</tr>
<tr>
<td>% Healthy Weight (BMI 18.5-24.9)</td>
<td>23.0</td>
<td>25.9</td>
<td>31.1 34.4 33.9</td>
<td>31.0</td>
</tr>
<tr>
<td>% Overweight (BMI 25+)</td>
<td>76.1</td>
<td>73.5</td>
<td>67.2 63.1 68.0</td>
<td></td>
</tr>
<tr>
<td>% Obese (BMI 30+)</td>
<td>39.8</td>
<td>34.5</td>
<td>31.8 29.0 30.5</td>
<td>35.8</td>
</tr>
<tr>
<td>% [Overweights] Perceive Self &quot;About the Right Weight&quot;</td>
<td>26.0</td>
<td>24.0</td>
<td>22.1</td>
<td>22.6</td>
</tr>
</tbody>
</table>
### Nutrition & Weight (continued)

<table>
<thead>
<tr>
<th></th>
<th>Henry County</th>
<th>Cambridge City/Hagerstown</th>
<th>Total Area vs. Benchmarks</th>
<th>TREND (Henry County)</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Medical Advice on Weight in Past Year</td>
<td>24.6</td>
<td>33.6</td>
<td>25.9</td>
<td>23.7</td>
</tr>
<tr>
<td>% [Overweights] Counseled About Weight in Past Year</td>
<td>30.1</td>
<td>41.5</td>
<td>31.7</td>
<td>31.8</td>
</tr>
<tr>
<td>% [Obese Adults] Counseled About Weight in Past Year</td>
<td>44.2</td>
<td></td>
<td>48.1</td>
<td>42.7</td>
</tr>
<tr>
<td>% [Overweights] Trying to Lose Weight Both Diet/Exercise</td>
<td>31.0</td>
<td>25.9</td>
<td>30.3</td>
<td>34.9</td>
</tr>
<tr>
<td>% Child [Age 5-17] Healthy Weight</td>
<td></td>
<td></td>
<td>51.0</td>
<td>56.7</td>
</tr>
<tr>
<td>% Children [Age 5-17] Overweight (85th Percentile)</td>
<td>35.5</td>
<td></td>
<td>35.7</td>
<td>26.8</td>
</tr>
<tr>
<td>% Children [Age 5-17] Obese (95th Percentile)</td>
<td>17.5</td>
<td></td>
<td>18.9</td>
<td>15.1</td>
</tr>
</tbody>
</table>

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### Community vs. Community

#### Oral Health

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Henry County</th>
<th>Cambridge City/Hagerstown</th>
<th>B</th>
<th>D</th>
<th>H</th>
<th>W</th>
<th>TREND (Henry County)</th>
</tr>
</thead>
<tbody>
<tr>
<td>% [Age 18+] Dental Visit in Past Year</td>
<td>59.7</td>
<td>75.2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Child [Age 2-17] Dental Visit in Past Year</td>
<td>90.1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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### Physical Activity

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Henry County</th>
<th>Cambridge City/Hagerstown</th>
<th>B</th>
<th>D</th>
<th>H</th>
<th>W</th>
<th>TREND (Henry County)</th>
</tr>
</thead>
<tbody>
<tr>
<td>% No Leisure-Time Physical Activity</td>
<td>23.4</td>
<td>31.3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Meeting Physical Activity Guidelines</td>
<td>39.3</td>
<td>37.2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Moderate Physical Activity</td>
<td>26.1</td>
<td>24.6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Vigorous Physical Activity</td>
<td>26.5</td>
<td>22.7</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recreation/Fitness Facilities per 100,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Medical Advice on Physical Activity in Past Year</td>
<td>49.7</td>
<td>50.0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Physical Activity (continued)

<table>
<thead>
<tr>
<th>Health Indicator</th>
<th>Henry County</th>
<th>Cambridge City/Hagerstown</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>% Child [Age 2-17] Physically Active 1+ Hours per Day</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>% Child [Age 5-17] Watches TV 3+ Hours per Day</strong></td>
<td>11.1</td>
<td></td>
</tr>
<tr>
<td><strong>% Child [Age 5-17] Uses Computer 3+ Hours per Day</strong></td>
<td>21.6</td>
<td></td>
</tr>
<tr>
<td><strong>% Child [Age 5-17] 3+ Hours per Day of Total Screen Time</strong></td>
<td>45.7</td>
<td></td>
</tr>
</tbody>
</table>

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### Respiratory Diseases

<table>
<thead>
<tr>
<th>Health Indicator</th>
<th>Henry County</th>
<th>Cambridge City/Hagerstown</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CLRD (Age-Adjusted Death Rate)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Pneumonia/Influenza (Age-Adjusted Death Rate)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>% COPD (Lung Disease)</strong></td>
<td>10.2</td>
<td>19.0</td>
</tr>
<tr>
<td><strong>% Adults Asthma (Ever Diagnosed)</strong></td>
<td>18.5</td>
<td>20.4</td>
</tr>
</tbody>
</table>
### Respiratory Diseases (continued)

<table>
<thead>
<tr>
<th></th>
<th>Henry County</th>
<th>Cambridge City/Hagerstown</th>
</tr>
</thead>
<tbody>
<tr>
<td>% [Adult] Currently Has Asthma</td>
<td>9.9</td>
<td>8.6</td>
</tr>
<tr>
<td>% Child [Age 0-17] Asthma (Ever Diagnosed)</td>
<td>16.6</td>
<td></td>
</tr>
<tr>
<td>% [Child 0-17] Currently Has Asthma</td>
<td>15.1</td>
<td></td>
</tr>
</tbody>
</table>

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### Sexually Transmitted Diseases

<table>
<thead>
<tr>
<th></th>
<th>Henry County</th>
<th>Cambridge City/Hagerstown</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gonorrhea Incidence per 100,000</td>
<td>10.1</td>
<td>112.6</td>
</tr>
<tr>
<td>Chlamydia Incidence per 100,000</td>
<td>270.0</td>
<td>452.7</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Substance Abuse</th>
<th>Henry County</th>
<th>Cambridge City/Hagerstown</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cirrhosis/Liver Disease (Age-Adjusted Death Rate)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Current Drinker</td>
<td>38.6</td>
<td>58.3</td>
</tr>
<tr>
<td>% Excessive Drinker</td>
<td>15.0</td>
<td>13.8</td>
</tr>
<tr>
<td>% Binge Drinker (Single Occasion - 5+ Drinks Men, 4+ Women)</td>
<td>14.0</td>
<td>11.6</td>
</tr>
<tr>
<td>% Heavy Drinker (2+ Drinks/Day Men, 1+ Drinks/Day Women)</td>
<td>5.6</td>
<td>7.8</td>
</tr>
<tr>
<td>Drug-Induced Deaths (Age-Adjusted Death Rate)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Ever Sought Help for Alcohol or Drug Problem</td>
<td>5.3</td>
<td>5.6</td>
</tr>
<tr>
<td>% Difficulty Obtaining Substance Abuse Svcs/Past Yr</td>
<td>1.3</td>
<td>0.0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Total Area vs. Benchmarks</th>
<th>Total Area vs. Benchmarks</th>
<th>Total Area vs. Bencheaks</th>
<th>TREND (Henry County)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>vs. IN</td>
<td>vs. US</td>
<td>vs. HP2020</td>
</tr>
<tr>
<td></td>
<td>9.9</td>
<td>8.7</td>
<td>9.5</td>
</tr>
<tr>
<td></td>
<td>41.4</td>
<td>48.5</td>
<td>56.5</td>
</tr>
<tr>
<td></td>
<td>14.9</td>
<td>15.0</td>
<td>23.2</td>
</tr>
<tr>
<td></td>
<td>13.7</td>
<td>15.0</td>
<td>19.5</td>
</tr>
<tr>
<td></td>
<td>5.9</td>
<td>15.0</td>
<td>25.4</td>
</tr>
<tr>
<td></td>
<td>24.1</td>
<td>17.8</td>
<td>14.6</td>
</tr>
<tr>
<td></td>
<td>5.4</td>
<td>4.9</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1.1</td>
<td>0.0</td>
<td></td>
</tr>
</tbody>
</table>

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- better
- similar
- worse
<table>
<thead>
<tr>
<th>Tobacco Use</th>
<th>Henry County</th>
<th>Cambridge City/ Hagerstown</th>
<th>Total Area vs. Benchmarks</th>
<th>TREND (Henry County)</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Current Smoker</td>
<td>24.1</td>
<td>17.9</td>
<td>23.2</td>
<td>25.5</td>
</tr>
<tr>
<td>% Someone Smokes at Home</td>
<td>18.7</td>
<td>21.1</td>
<td>19.1</td>
<td>22.0</td>
</tr>
<tr>
<td>% [Nonsmokers] Someone Smokes in the Home</td>
<td>6.8</td>
<td>6.8</td>
<td>6.8</td>
<td>9.0</td>
</tr>
<tr>
<td>% [Household With Children] Someone Smokes in the Home</td>
<td>23.4</td>
<td></td>
<td>22.0</td>
<td>23.7</td>
</tr>
<tr>
<td>% [Smokers] Received Advice to Quit Smoking</td>
<td>63.4</td>
<td></td>
<td>64.3</td>
<td>71.9</td>
</tr>
<tr>
<td>% [Smokers] Have Quit Smoking 1+ Days in Past Year</td>
<td>45.3</td>
<td></td>
<td>46.2</td>
<td>49.1</td>
</tr>
<tr>
<td>% Aware That Henry Community Health Offers Free Cessation Classes</td>
<td>37.4</td>
<td>15.2</td>
<td>34.3</td>
<td>52.8</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Vision</th>
<th>Community vs. Community</th>
<th>Total Area vs. Benchmarks</th>
<th>TREND (Henry County)</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Eye Exam in Past 2 Years</td>
<td>Henry County</td>
<td>Cambridge City/ Hagerstown</td>
<td>vs. IN</td>
</tr>
<tr>
<td></td>
<td>55.7</td>
<td>67.7</td>
<td>56.8</td>
</tr>
</tbody>
</table>

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Community Description
Population Characteristics

Total Population

Henry County makes up the bulk of the Total Area, the focus of this Community Health Needs Assessment. It encompasses 391.77 square miles and houses a total population of 49,275 residents, according to latest census estimates.

Total Population
(Estimated Population, 2009-2013)

<table>
<thead>
<tr>
<th></th>
<th>Total Population</th>
<th>Total Land Area (Square Miles)</th>
<th>Population Density (Per Square Mile)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Henry County</td>
<td>49,275</td>
<td>391.77</td>
<td>125.77</td>
</tr>
<tr>
<td>Indiana</td>
<td>6,514,861</td>
<td>35,816.65</td>
<td>181.89</td>
</tr>
<tr>
<td>United States</td>
<td>311,536,591</td>
<td>3,530,997.6</td>
<td>88.23</td>
</tr>
</tbody>
</table>

Sources:  

Population Change 2000-2010

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

Between the 2000 and 2010 US Censuses, the population of Henry County increased by 954 persons, or 2.0%.

- A smaller proportional increase than seen across the state.
- A smaller proportional increase than seen nationwide.
Change in Total Population
(Percentage Change Between 2000 and 2010)

An increase of 954 persons


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

While most of Henry County experienced little change in population (<1%), note the green areas in which the population increased over time and the pockets in purple where there was a decrease in population over time.

Population Change, Percent by Tract, US Census 2000-2010
Urban/Rural Population

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

**Henry County is predominantly urban, with 57.1% of the population living in areas designated as urban.**

- Note that at least 70% of the state and national populations live in urban areas.

**Urban and Rural Population (2010)**

<table>
<thead>
<tr>
<th></th>
<th>% Urban</th>
<th>% Rural</th>
</tr>
</thead>
<tbody>
<tr>
<td>Henry County</td>
<td>57.1%</td>
<td>42.9%</td>
</tr>
<tr>
<td>IN</td>
<td>72.4%</td>
<td>27.6%</td>
</tr>
<tr>
<td>US</td>
<td>80.9%</td>
<td>19.1%</td>
</tr>
</tbody>
</table>

Sources:  
- US Census Bureau Decennial Census (2010).  

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

- Note the following map outlining the urban population in Henry County census tracts as of 2010.
Age

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

In Henry County, 21.2% of the population are infants, children or adolescents (age 0-17); another 62.1% are age 18 to 64, while 16.7% are age 65 and older.

- The percentage of older adults (65+) is higher than that found statewide.
- The percentage of older adults (65+) is higher than the US figure.

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

Henry County is “older” than the state and the nation in that the median age is higher.

### Median Age

### Median Age (2009-2013)

<table>
<thead>
<tr>
<th>Henry County</th>
<th>IN</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>42.1</td>
<td>37.1</td>
<td>37.3</td>
</tr>
</tbody>
</table>

**Sources:**

- The following map provides an illustration of the median age in Henry County, segmented by census tract.
Race & Ethnicity

Race
In looking at race independent of ethnicity (Hispanic or Latino origin), 95.5% of Henry County residents are White and 1.6% are Black.

- The state racial distribution is less White, more Black, and more other race.
- Nationally, the US population is much less White, much more Black, more other race, and slightly more multiple race.

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

<table>
<thead>
<tr>
<th>Race</th>
<th>Henry County</th>
<th>IN</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>95.5%</td>
<td>84.6%</td>
<td>74.0%</td>
</tr>
<tr>
<td>Black</td>
<td>1.6%</td>
<td>9.1%</td>
<td>12.6%</td>
</tr>
<tr>
<td>Some Other Race</td>
<td>1.0%</td>
<td>4.2%</td>
<td>10.6%</td>
</tr>
<tr>
<td>Multiple Races</td>
<td>1.9%</td>
<td>2.1%</td>
<td>2.8%</td>
</tr>
</tbody>
</table>


Ethnicity
A total of 1.5% of Henry County residents are Hispanic or Latino.

- Lower than found statewide.
- Much lower than found nationally.
The Hispanic population appears to be most concentrated in central and eastern portions of Henry County.
Between 2000 and 2010, the Hispanic population in Henry County increased by 304 or 78.5%.

- Similar to the percentage growth found statewide.
- Notably higher (in terms of percentage growth) than found nationally.

**Hispanic Population Change**
(Percentage Change in Hispanic Population Between 2000 and 2010)

![Graph showing Hispanic population change](image)

**Sources:**
- Retrieved December 2015 from Community Commons at [http://www.chna.org](http://www.chna.org)
Linguistic Isolation

A total of 0.4% of the Henry County population age 5 and older live in a home in which no persons age 14 or older is proficient in English (speaking only English, or speaking English “very well”).

- Lower than found statewide.
- Much lower than found nationally.

Linguistically Isolated Population
(2009-2013)

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

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

- Note the following map illustrating linguistic isolation in Henry County.
Social Determinants of Health

About Social Determinants

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

- Healthy People 2020 (www.healthypeople.gov)

Poverty

The latest census estimate shows 17.0% of the Henry County population living below the federal poverty level.

In all, 37.3% of Henry County residents (an estimated 17,142 individuals) live below 200% of the federal poverty level.

- Higher than the proportion reported statewide.
- Higher than found nationally.

Population in Poverty

(Populations Living Below 100% and Below 200% of the Poverty Level; 2009-2013)


Notes: Poverty is considered a key driver of health status. This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.
• A higher concentration of persons living below the poverty threshold is found in the central portion of the county, as well as the northwestern and southwestern corners.

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

• A higher concentration of persons living below the 200% poverty threshold is found in central Henry County.

**Population Below 200% of Poverty, Percent by Tract, ACS 2009-2013**
Children in Low-Income Households

Additionally, 51.7% of Henry County children age 0-17 (representing an estimated 5,318 children) live below the 200% poverty threshold.

- Above the proportion found statewide.
- Above the proportion found nationally.

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

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

Notes: This indicator reports the percentage of children aged 0-17 living in households with income below 200% of the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

- Geographically, a notably higher concentration of children in lower-income households is found in portions of central and northeastern Henry County.

Children (0-17) Living Below Poverty, Percent by Tract, ACS 2009-2013
Education
Among the Henry County population age 25 and older, an estimated 14.1% (over 4,900 people) do not have a high school education.

- Less favorable than found statewide.
- Almost identical to the national proportion.

Population With No High School Diploma
(Population Age 25+ Without a High School Diploma or Equivalent, 2009-2013)

Sources:  
Notes:  
- This indicator is relevant because educational attainment is linked to positive health outcomes.

- Geographically, this indicator is more concentrated in the central portion of the county and further east.
Employment

According to data derived from the US Department of Labor, the unemployment rate in Henry County as of October 2015 was 4.5%.

- Slightly less favorable than the statewide unemployment rate.
- Slightly more favorable than the national unemployment rate.
- TREND: After peaking in 2010, unemployment in Henry County has decreased to a rate significantly lower than experienced a decade earlier and closer to the Indiana and national findings.

Unemployment Rate

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

Sources:

Notes:
- This indicator is relevant because unemployment creates financial instability and barriers to access including insurance coverage, health services, healthy food, and other necessities that contribute to poor health status.
General Health Status
Overall Health Status

Self-Reported Health Status
A total of 49.6% of Total Area adults rate their overall health as “excellent” or “very good.”

- Another 29.2% gave “good” ratings of their overall health.

However, 21.2% of Total Area adults believe that their overall health is “fair” or “poor.”

- Similar to statewide findings.
- Worse than the national percentage.
- Similar by community.
- TREND: No statistically significant change has occurred when comparing “fair/poor” overall health reports to previous survey results.

The initial inquiry of the PRC Community Health Survey asked respondents the following:

“Would you say that in general your health is: excellent, very good, good, fair or poor?”

NOTE:

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

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

Trends are measured against baseline data – i.e., the earliest year that data are available or that is presented in this report.
Experience “Fair” or “Poor” Overall Health

- Total Area adults age 40 and older are more likely than younger adults to report experiencing “fair” or “poor” overall health.
- Other differences within demographic groups, as illustrated in the following chart, are not statistically significant.

Experience “Fair” or “Poor” Overall Health
(Total Area, 2015)
Activity Limitations

**About Disability & Health**

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

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

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

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

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

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

*Healthy People 2020 (www.healthypeople.gov)*

**Overall Limitations**

A total of 23.0% of Total Area adults are limited in some way in some activities due to a physical, mental or emotional problem.

- Statistically similar to the prevalence statewide.
- Similar to the national prevalence.
- No statistical difference by community.
- **TREND:** The decrease in activity limitations in Henry County since 2012 is not statistically significant.
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 age 40 and older are more often limited in activities.
- There is a negative correlation between having an activity limitation and household income.
Among persons reporting activity limitations, these are most often attributed to musculo-skeletal issues, such as back/neck problems, arthritis/rheumatism, difficulty walking, and fractures or bone/joint injuries.

Other limitations noted with some frequency include those related to heart conditions, vision problems, breathing problems, and those following a stroke.

<table>
<thead>
<tr>
<th>Type of Problem That Limits Activities</th>
<th>(Among Those Reporting Activity Limitations; Total Area, 2015)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Back/Neck Problem</td>
<td>18.5%</td>
</tr>
<tr>
<td>Arthritis/Rheumatism</td>
<td>10.2%</td>
</tr>
<tr>
<td>Walking Problem</td>
<td>9.2%</td>
</tr>
<tr>
<td>Fracture/Bone/Joint Injury</td>
<td>8.4%</td>
</tr>
<tr>
<td>Heart Condition</td>
<td>4.2%</td>
</tr>
<tr>
<td>Eye/Vision Problem</td>
<td>3.8%</td>
</tr>
<tr>
<td>Lung/Breathing Problem</td>
<td>3.7%</td>
</tr>
<tr>
<td>Stroke Problems</td>
<td>3.1%</td>
</tr>
<tr>
<td>Various Other (&lt;3% Each)</td>
<td>38.9%</td>
</tr>
</tbody>
</table>

Sources:  
• 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 106]

Notes:  
• Asked of those respondents reporting activity limitations.

**Needing Assistance**

**Personal Care Needs**

Due to an impairment or health problem, 2.5% of Total Area adults need the help of other persons to complete their personal care needs (i.e. eating, bathing, dressing, or getting around the house).

- Similar proportions noted in both communities.

**Every Day Routine Needs**

Due to an impairment or health problem, 10.4% of Total Area adults need the help of other persons to complete routine needs (i.e. everyday household chores, necessary business, shopping, or getting around for other purposes).

- Similar findings throughout the Total Area.
Need Help From Others to Perform Activity because of Impairment or Health Problem

<table>
<thead>
<tr>
<th>Activity Type</th>
<th>Henry County</th>
<th>Cambridge City/Hagerstown</th>
<th>Total Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal Care Needs</td>
<td>2.4%</td>
<td>2.7%</td>
<td>2.5%</td>
</tr>
<tr>
<td>Routine Needs</td>
<td>10.2%</td>
<td>12.0%</td>
<td>10.4%</td>
</tr>
</tbody>
</table>

**Sources:** 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 325-326]

**Notes:** Asked of all respondents.

- Adults over age 39 and those with very low incomes are more likely to need assistance with personal care needs.

Need Help with Personal Care Needs (eating, bathing, etc.)

(Total Area, 2015)

<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>Very Low Income</th>
<th>Low Income</th>
<th>Mid/High Income</th>
<th>Total Area</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>3.1%</td>
<td>1.9%</td>
<td>0.0%</td>
<td>3.9%</td>
<td>3.3%</td>
<td>7.0%</td>
<td>5.7%</td>
<td>1.0%</td>
<td>2.5%</td>
</tr>
</tbody>
</table>

**Sources:** 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 325]

**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. "Very Low Income" includes households with incomes below 100% of the federal poverty level. "Low Income" includes households with incomes between 100% and 199% of the federal poverty level. "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
There is a negative correlation between requiring assistance with routine needs and household income.

### Need Help with Routine Needs (chores, shopping, etc.)
(Total Area, 2015)

<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>Very Low Income</th>
<th>Low Income</th>
<th>Mid/High Income</th>
<th>Total Area</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>9.6%</td>
<td>11.3%</td>
<td>6.7%</td>
<td>12.5%</td>
<td>12.0%</td>
<td>30.4%</td>
<td>13.9%</td>
<td>5.0%</td>
<td>10.4%</td>
</tr>
</tbody>
</table>

**Sources:** 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 326]

**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. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
Mental Health

About Mental Health & Mental Disorders

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

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

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

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

* Healthy People 2020 (www.healthypeople.gov)
Self-Reported Mental Health Status

A total of 57.9% of Total Area adults rate their overall mental health as “excellent” or “very good.”

- Another 24.3% gave “good” ratings of their own mental health status.

Self-Reported Mental Health Status
(Total Area, 2015)

![Pie chart showing mental health status percentages]

A total of 17.9% of Total Area adults, however, believe that their overall mental health is “fair” or “poor.”

- Less favorable than the “fair/poor” response reported nationally.
- Much less favorable in Cambridge City/Hagerstown.
- TREND: In Henry County, statistically unchanged since 2012.

Experience “Fair” or “Poor” Mental Health

![Bar chart showing percentage of adults experiencing fair or poor mental health]

Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 100]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
• Note the **negative** correlation between poor mental health and age.
• Adults with very low incomes are **much more likely** to report experiencing “fair/poor” mental health than those with higher incomes.

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

* (Total Area, 2015)

<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>Very Low Income</th>
<th>Low Income</th>
<th>Mid/High Income</th>
<th>Total Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>20.4%</td>
<td>15.3%</td>
<td>26.3%</td>
<td>15.8%</td>
<td>9.5%</td>
<td>45.9%</td>
<td>13.9%</td>
<td>11.1%</td>
<td>17.9%</td>
</tr>
</tbody>
</table>

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

**Notes:**
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 100]
- Asked of all respondents.
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Very Low Income” includes households with incomes below 100% of the federal poverty level. “Low Income” includes households with incomes between 100% and 199% of the federal poverty level. “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

### Depression

#### Diagnosed Depression

A total of 22.6% of Total Area adults have been diagnosed by a physician as having a depressive disorder (such as depression, major depression, dysthymia, or minor depression).

• Comparable to the Indiana percentage.
• Comparable to the national finding.
• Higher in Cambridge City/Hagerstown.
The prevalence of diagnosed depression is notably higher among:

- Women.
- Adults between the ages of 40 and 64.
- Community members living at lower incomes (negative correlation with income).
Symptoms of Chronic Depression

A total of 30.2% of Total Area adults have had two or more years in their lives when they felt depressed or sad on most days, although they may have felt okay sometimes (symptoms of chronic depression).

- Similar to national findings.
- Highest in Cambridge City/Hagerstown.
- TREND: Similar to that reported in Henry County in 2012.

Have Experienced Symptoms of Chronic Depression

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

- Women.
- Adults under age 65 (negative correlation with age).
- Adults with lower incomes (negative correlation with income).
Have Experienced Symptoms of Chronic Depression
(Total Area, 2015)

<table>
<thead>
<tr>
<th>Category</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>24.9%</td>
</tr>
<tr>
<td>Women</td>
<td>35.5%</td>
</tr>
<tr>
<td>18 to 39</td>
<td>36.6%</td>
</tr>
<tr>
<td>40 to 64</td>
<td>30.7%</td>
</tr>
<tr>
<td>65+</td>
<td>20.7%</td>
</tr>
<tr>
<td>Very Low Income</td>
<td>58.7%</td>
</tr>
<tr>
<td>Low Income</td>
<td>34.7%</td>
</tr>
<tr>
<td>Mid/High Income</td>
<td>23.7%</td>
</tr>
<tr>
<td>Total Area</td>
<td>30.2%</td>
</tr>
</tbody>
</table>

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

Notes: Asked of all respondents.

Chronic depression includes periods of two or more years during which the respondent felt depressed or sad on most days, even if they felt okay sometimes.

Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Very Low Income” includes households with incomes below 100% of the federal poverty level; “Low Income” includes households with incomes between 100% and 199% 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, 49.2% currently feel sad or depressed on most days.

Stress

Less than one-half of Total Area adults consider their typical day to be “not very stressful” (31.6%) or “not at all stressful” (11.3%).

- The greatest share of survey respondents (46.7%) characterize their typical day as “moderately stressful.”

Perceived Level of Stress On a Typical Day
(Total Area, 2015)

<table>
<thead>
<tr>
<th>Level</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Very Stressful</td>
<td>31.6%</td>
</tr>
<tr>
<td>Not At All Stressful</td>
<td>11.3%</td>
</tr>
<tr>
<td>Extremely Stressful</td>
<td>2.2%</td>
</tr>
<tr>
<td>Very Stressful</td>
<td>8.2%</td>
</tr>
<tr>
<td>Moderately Stressful</td>
<td>46.7%</td>
</tr>
</tbody>
</table>

Sources: 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 102]

Notes: Asked of all respondents.

RELATED ISSUE:
See also Substance Abuse in the Modifiable Health Risks section of this report.
In contrast, 10.4% of Total Area adults experience “very” or “extremely” stressful days on a regular basis.

- Similar to national findings.
- Similar by community.
- TREND: Statistically similar to the 2012 Henry County findings.

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

<table>
<thead>
<tr>
<th>Henry County</th>
<th>Cambridge City/Hagerstown</th>
<th>Total Area</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>10.4%</td>
<td>10.9%</td>
<td>10.4%</td>
<td>11.9%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Henry County 2012</th>
<th>Henry County 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>12.7%</td>
<td>10.4%</td>
</tr>
</tbody>
</table>

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

Notes: Asked of all respondents.

Note that high stress levels are more prevalent among:

- Women.
- Adults under age 65.
- Adults with lower incomes (negative correlation with income).

**Perceive Most Days as “Extremely” or “Very” Stressful**

(Total Area, 2015)

<table>
<thead>
<tr>
<th>Men</th>
<th>Women</th>
<th>18 to 39</th>
<th>40 to 64</th>
<th>65+</th>
<th>Very Low Income</th>
<th>Low Income</th>
<th>Mid/High Income</th>
<th>Total Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.8%</td>
<td>15.1%</td>
<td>10.9%</td>
<td>13.9%</td>
<td>2.3%</td>
<td>22.1%</td>
<td>14.2%</td>
<td>8.1%</td>
<td>10.4%</td>
</tr>
</tbody>
</table>

Sources: 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 102]

Notes: Asked of all respondents.

- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Very Low Income” includes households with incomes below 100% of the federal poverty level. “Low Income” includes households with incomes between 100% and 199% of the federal poverty level. “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.
Suicide

Between 2012 and 2014, there was an annual average age-adjusted suicide rate of 17.1 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**

(2012-2014 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 10.2 or Lower

- Henry County: 17.1
- IN: 14.3
- US: 12.7

**TREND:** The Henry County suicide rate has overall trended upward as have the Indiana and US rates.
Suicide: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 10.2 or Lower

Mental Health Treatment
Among adults with a diagnosed depressive disorder, 73.9% acknowledge that they have sought professional help for a mental or emotional problem.

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

A total of 4.7% of Total Area adults needed mental health services in the past year, but were unable to get them.

- Higher in Henry County.
- TREND: Current mental health access in Henry County is similar to previous survey findings.

Unable to Get Needed Mental Health Services in the Past Year

Respondents with trouble obtaining mental health services mainly reported barriers due to cost or lack of insurance coverage. Difficulty getting an appointment and long waits for an appointment were also mentioned.

- Older adults and lower-income residents are more likely to have had difficulty obtaining mental health services in the past year (negative correlation with age and income).
Unable to Get Needed Mental Health Services in the Past Year
(Total Area, 2015)

<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>Very Low Income</th>
<th>Low Income</th>
<th>Mid/High Income</th>
<th>Total Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage</td>
<td>5.0%</td>
<td>4.5%</td>
<td>9.2%</td>
<td>3.4%</td>
<td>1.0%</td>
<td>12.9%</td>
<td>6.6%</td>
<td>2.0%</td>
<td>4.7%</td>
</tr>
</tbody>
</table>

Sources: 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 323]
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. “Very Low Income” includes households with incomes below 100% of the federal poverty level; “Low Income” includes households with incomes between 100% and 199% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

Children’s Mental Health

ADD/ADHD

Among Total Area adults with children age 6 to 17, 18.9% report that their child has suffered from or been diagnosed with ADD/ADHD.

- Statistically comparable to national findings.
- TREND: Statistically unchanged in Henry County over time.
- No statistical difference in ADD/ADHD prevalence by age.

Child Has ADD/ADHD
(Total Area Children Age 6-17, 2015)

<table>
<thead>
<tr>
<th></th>
<th>Total Area: Age 6-12</th>
<th>Total Area: Age 13-17</th>
<th>Total Area</th>
<th>US</th>
<th>Henry County 2012</th>
<th>Henry County 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage</td>
<td>21.5%</td>
<td>16.5%</td>
<td>18.9%</td>
<td>12.2%</td>
<td>21.9%</td>
<td>20.1%</td>
</tr>
</tbody>
</table>

Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 338-339]
Notes: Asked of all respondents with children age 5 to 17 at home.
Other Behavioral Problems
Aside from ADD/ADHD, 7.8% of Total Area children aged 6 to 17 have suffered from or been diagnosed with some type of behavioral problem.

- Statistically similar to the national figure.
- TREND: Statistically unchanged from the 2012 Henry County prevalence.
- Statistically similar by age.

Child Has a Behavioral Health Problem
(Total Area Children Age 6-17, 2015)

Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 340]
2014 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
Notes: Asked of all respondents with children age 5 to 17 at home.
Not Including ADD or ADHD.
Accessing Mental Health Services
Among parents of children age 2 to 17 in the Total Area, 2.1% report a time in the past year when they needed mental health services for their child but were unable to receive them.

- TREND: In Henry County, nearly identical to 2012 findings.
- No statistical difference by age.

Unable to Get Mental Health Care for Child in the Past Year
(Among Parents of Children 2-17, 2015)

Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 341-342]
Notes: Asked of all respondents with children 2 to 17 in the household.

<table>
<thead>
<tr>
<th>Age 2-12: 1.8%</th>
<th>Age 13-17: 2.2%</th>
<th>Total Area: 2.1%</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.4% Henry County 2012</td>
<td>2.3% Henry County 2015</td>
<td>2% Total Area</td>
</tr>
</tbody>
</table>
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 (50.2%) of all deaths in Henry County in 2014.

![Leading Causes of Death (Henry County, 2014)](image)

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

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

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

The following chart outlines 2012-2014 annual average age-adjusted death rates per 100,000 population for selected causes of death in Henry County.

Note that age-adjusted mortality rates in Henry County are worse than national rates for all causes of death except for cirrhosis/liver disease, Alzheimer's disease, and fall-related deaths.

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 all but fall-related deaths.
### Age-Adjusted Death Rates for Selected Causes
(2012-2014 Deaths per 100,000 Population)

<table>
<thead>
<tr>
<th>Cause</th>
<th>Henry County</th>
<th>IN</th>
<th>US</th>
<th>HP2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Malignant Neoplasms (Cancers)</td>
<td>192.0</td>
<td>181.2</td>
<td>163.6</td>
<td>161.4</td>
</tr>
<tr>
<td>Diseases of the Heart</td>
<td>179.3</td>
<td>185.8</td>
<td>169.1</td>
<td>156.9*</td>
</tr>
<tr>
<td>Cerebrovascular Disease (Stroke)</td>
<td>56.1</td>
<td>41.7</td>
<td>36.5</td>
<td>34.8</td>
</tr>
<tr>
<td>Unintentional Injuries</td>
<td>54.1</td>
<td>42.8</td>
<td>39.7</td>
<td>36.4</td>
</tr>
<tr>
<td>Chronic Lower Respiratory Disease (CLRD)</td>
<td>52.8</td>
<td>56.0</td>
<td>41.4</td>
<td>n/a</td>
</tr>
<tr>
<td>Diabetes Mellitus</td>
<td>26.9</td>
<td>25.5</td>
<td>21.1</td>
<td>20.5*</td>
</tr>
<tr>
<td>Drug-Induced</td>
<td>24.1</td>
<td>17.8</td>
<td>14.6</td>
<td>11.3</td>
</tr>
<tr>
<td>Pneumonia/Influenza</td>
<td>21.8</td>
<td>14.4</td>
<td>15.1</td>
<td>n/a</td>
</tr>
<tr>
<td>Alzheimer’s Disease</td>
<td>18.2</td>
<td>28.6</td>
<td>24.2</td>
<td>n/a</td>
</tr>
<tr>
<td>Intentional Self-Harm (Suicide)</td>
<td>17.1</td>
<td>14.3</td>
<td>12.7</td>
<td>10.2</td>
</tr>
<tr>
<td>Motor Vehicle Deaths (2005-14)</td>
<td>15.3</td>
<td>12.4</td>
<td>11.9</td>
<td>12.4</td>
</tr>
<tr>
<td>Kidney Diseases</td>
<td>15.2</td>
<td>18.0</td>
<td>13.2</td>
<td>n/a</td>
</tr>
<tr>
<td>Firearm-Related (2005-14)</td>
<td>11.7</td>
<td>11.4</td>
<td>10.3</td>
<td>9.3</td>
</tr>
<tr>
<td>Cirrhosis/Liver Disease (2005-14)</td>
<td>9.9</td>
<td>8.7</td>
<td>9.5</td>
<td>8.2</td>
</tr>
<tr>
<td>Fall-Related Deaths (2005-14)</td>
<td>7.3</td>
<td>5.5</td>
<td>8.1</td>
<td>7.2</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.
Cardiovascular Disease

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

The leading modifiable (controllable) risk factors for heart disease and stroke are:
- High blood pressure
- High cholesterol
- Cigarette smoking
- Diabetes
- Poor diet and physical inactivity
- Overweight and obesity

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

The burden of cardiovascular disease is disproportionately distributed across the population. There are significant disparities in the following based on gender, age, race/ethnicity, geographic area, and socioeconomic status:
- Prevalence of risk factors
- Access to treatment
- Appropriate and timely treatment
- Treatment outcomes
- Mortality

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

- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Heart Disease & Stroke Deaths
Heart Disease Deaths
Between 2012 and 2014 there was an annual average age-adjusted heart disease mortality rate of 179.3 deaths per 100,000 population in Henry County.
- Similar to the statewide rate.
- Higher than the national rate.
- Fails to satisfy the Healthy People 2020 target of 156.9 or lower (as adjusted to account for all diseases of the heart).
Heart Disease: Age-Adjusted Mortality
(2012-2014 Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 156.9 or Lower (Adjusted)

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

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

- TREND: The heart disease mortality rate has decreased in Henry County, echoing the decreasing trends across Indiana and the US overall.

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

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

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart.
Stroke Deaths

Between 2012 and 2014, there was an annual average age-adjusted stroke mortality rate of 56.1 deaths per 100,000 population in Henry County.

- Considerably less favorable than the Indiana rate.
- Considerably less favorable than the national rate.
- Fails to satisfy the Healthy People 2020 target of 34.8 or lower.

**Stroke: Age-Adjusted Mortality**

(2012-2014 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 34.8 or Lower

- TREND: Despite small fluctuations, the stroke rate in Henry County has declined since 2005, echoing the trends reported across Indiana and the US overall.

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

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

Prevalence of Heart Disease

A total of 8.9% of surveyed adults report that they suffer from or have been diagnosed with heart disease, such as coronary heart disease, angina or heart attack.

- Higher than the national prevalence.
- Statistically similar by community.
- TREND: Statistically unchanged in Henry County since 2012.

Prevalence of Heart Disease
Adults more likely to have been diagnosed with chronic heart disease include:

- Men.
- Seniors (age 65+) (positive correlation with age).
- Low income residents.

### Prevalence of Heart Disease

<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>Very Low Income</th>
<th>Low Income</th>
<th>Mid/High Income</th>
<th>Total Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevalence (%)</td>
<td>11.6%</td>
<td>6.1%</td>
<td>1.1%</td>
<td>10.1%</td>
<td>18.2%</td>
<td>14.5%</td>
<td>16.4%</td>
<td>7.0%</td>
<td>8.9%</td>
</tr>
</tbody>
</table>

**Sources:** 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 124]

**Notes:**
- Asked of all respondents.
- Includes diagnoses of heart attack, angina or coronary heart disease.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% 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 4.8% of surveyed adults report that they suffer from or have been diagnosed with cerebrovascular disease (a stroke).

- Less favorable than statewide findings.
- Similar to national findings.
- Similar in both communities.
- TREND: Stroke prevalence in Henry County has not changed significantly over time.
Prevalence of Stroke

- Adults over age 39 are more likely to have been diagnosed with stroke (positive correlation with age).

Prevalence of Stroke
(Total Area, 2015)

Sources: 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 36]
- Asked of all respondents.
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Very Low Income” includes households with incomes below 100% of the federal poverty level; “Low Income” includes households with incomes between 100% and 199% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

Notes:
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.
- Asked of all respondents.
Cardiovascular Risk Factors

About Cardiovascular Risk

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

- Healthy People 2020 (www.healthypeople.gov)

Hypertension (High Blood Pressure)

High Blood Pressure Testing

A total of 95.6% of Total Area adults have had their blood pressure tested within the past two years.

- Higher than national findings.
- Satisfies the Healthy People 2020 target (92.6% or higher).
- Statistically similar by community.
- TREND: Statistically unchanged in Henry County since 2012.

Have Had Blood Pressure Checked in the Past Two Years

Healthy People 2020 Target = 92.6% or Higher

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

Notes: Asked of all respondents.
Prevalence of Hypertension

A total of 45.3% of adults have been told at some point that their blood pressure was high.

- Considerably less favorable than the Indiana prevalence.
- Less favorable than the national prevalence.
- Fails to satisfy the Healthy People 2020 target (26.9% or lower).
- Statistically no difference by community.
- TREND: The prevalence of high blood pressure has significantly increased in Henry County over the past three years.
- Among Total Area hypertensive adults, 69.7% have been diagnosed with high blood pressure more than once.

Hypertension diagnoses are higher among:

- Men.
- Adults age 40 and older, and especially those age 65+ (positive correlation with age).
**Prevalence of High Blood Pressure**
(Total Area, 2015)
Healthy People 2020 Target = 26.9% or Lower

<table>
<thead>
<tr>
<th>Group</th>
<th>Men</th>
<th>Women</th>
<th>18 to 39</th>
<th>40 to 64</th>
<th>65+</th>
<th>Very Low Income</th>
<th>Low Income</th>
<th>Mid/High Income</th>
<th>Total Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very Low Income</td>
<td>50.7%</td>
<td>39.8%</td>
<td>24.7%</td>
<td>50.2%</td>
<td>64.0%</td>
<td>53.2%</td>
<td>47.3%</td>
<td>44.8%</td>
<td>45.3%</td>
</tr>
</tbody>
</table>

**Sources:**
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 125]

**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. “Very Low Income” includes households with incomes below 100% of the federal poverty level; “Low Income” includes households with incomes between 100% and 199% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

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

- Comparable to national findings.
- TREND: Statistically unchanged from the 2012 findings in Henry County.

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

<table>
<thead>
<tr>
<th>Group</th>
<th>US 2012 (%)</th>
<th>US 2015 (%)</th>
<th>Henry County 2012 (%)</th>
<th>Henry County 2015 (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Area</td>
<td>91.4%</td>
<td>89.2%</td>
<td>88.8%</td>
<td>90.2%</td>
</tr>
</tbody>
</table>

**Sources:**
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 44]

**Notes:**
- Asked of all respondents who have been diagnosed with high blood pressure.
- In this case, the term “action” refers to medication, change in diet, and/or exercise.
High Blood Cholesterol

Blood Cholesterol Testing

A total of 87.7% of Total Area adults have had their blood cholesterol checked within the past five years.

- Much more favorable than Indiana findings.
- Similar to the national findings.
- Satisfies the Healthy People 2020 target (82.1% or higher).
- No statistical difference within the Total Area.
- TREND: Denotes a statistically significant decrease in Henry County cholesterol testing since 2012.

Have Had Blood Cholesterol Levels Checked in the Past Five Years

Healthy People 2020 Target = 82.1% or Higher

The following demographic segments report lower screening levels:

- Adults under age 65, and especially those under 40 (note the positive correlation with age).
- Residents with lower incomes (positive correlation with household income).
### Have Had Blood Cholesterol Levels Checked in the Past Five Years

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

<table>
<thead>
<tr>
<th>Category</th>
<th>Total Area, 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Men</strong></td>
<td><strong>Women</strong></td>
</tr>
<tr>
<td>18 to 39</td>
<td>85.2%</td>
</tr>
<tr>
<td>40 to 64</td>
<td>68.9%</td>
</tr>
<tr>
<td>65+</td>
<td>94.2%</td>
</tr>
<tr>
<td><strong>Very Low Income</strong></td>
<td><strong>Low Income</strong></td>
</tr>
<tr>
<td>18 to 39</td>
<td>98.5%</td>
</tr>
<tr>
<td>40 to 64</td>
<td>72.2%</td>
</tr>
<tr>
<td>65+</td>
<td>93.7%</td>
</tr>
<tr>
<td><strong>Total Area</strong></td>
<td><strong>87.7%</strong></td>
</tr>
</tbody>
</table>

**Sources:**
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 48]

**Notes:**
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% 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 35.4% of adults have been told by a health professional that their cholesterol level was high.

- Higher than the national prevalence.
- More than twice the Healthy People 2020 target (13.5% or lower).
- Notably higher in Henry County.
- TREND: Similar to the 2012 Henry County findings.

### Prevalence of High Blood Cholesterol

**Healthy People 2020 Target = 13.5% or Lower**

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

**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 18.4% of Total Area adults report not having high blood cholesterol, but: 1) have never had their blood cholesterol levels tested; 2) have not been screened in the past 5 years; or 3) do not recall when their last screening was. For these individuals, current prevalence is unknown.

Further note the following:

- There is a positive correlation between age and high blood cholesterol.
- There is a higher prevalence among higher-income adults.
- Keep in mind that “unknowns” are relatively high in young adults and lower-income residents.

**Prevalence of High Blood Cholesterol**
(Total Area, 2015)

Healthy People 2020 Target = 13.5% or Lower

<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>Very Low Income</th>
<th>Low Income</th>
<th>Mid/High Income</th>
<th>Total Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>38.4%</td>
<td></td>
<td></td>
<td>32.3%</td>
<td>41.8%</td>
<td>49.5%</td>
<td>24.1%</td>
<td>39.9%</td>
<td>38.0%</td>
<td>35.4%</td>
</tr>
</tbody>
</table>

Sources:  
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 126]

Notes:
- Asked of all respondents.
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Very Low Income” includes households with incomes below 100% of the federal poverty level. “Low Income” includes households with incomes between 100% and 199% of the federal poverty level. “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

**High Cholesterol Management**

Among adults who have been told that their blood cholesterol was high, 87.1% report that they are currently taking actions to control their cholesterol levels.

- More favorable than found nationwide.
- TREND: In Henry County, similar to 2012 findings.

Respondents reporting high cholesterol were further asked:

“Are you currently taking any action to help control your high cholesterol, such as taking medication, changing your diet, or exercising?”
Taking Action to Control High Blood Cholesterol Levels
(Among Adults With High Cholesterol)

Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 47]
2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents who have been diagnosed with high blood cholesterol levels.
- In this case, the term "action" refers to medication, change in diet, and/or exercise.

87.1% 81.4%
Total Area 88.8% 86.8%
US
Henry County 2012
Henry County 2015

About Cardiovascular Risk

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

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

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

Three health-related behaviors contribute markedly to cardiovascular disease:

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

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

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

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

- National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention
Total Cardiovascular Risk
A total of 88.6% of Total Area adults report one or more cardiovascular risk factors, such as being overweight, smoking cigarettes, being physically inactive, or having high blood pressure or cholesterol.

- Higher than national findings.
- Statistically comparable by community.
- TREND: Statistically comparable to Henry County 2012 findings.

Present One or More Cardiovascular Risks or Behaviors

<table>
<thead>
<tr>
<th></th>
<th>Henry County</th>
<th>Cambridge City/ Hagerstown</th>
<th>Total Area</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>Present One or More Risks</td>
<td>89.4%</td>
<td>84.1%</td>
<td>88.6%</td>
<td>82.3%</td>
</tr>
</tbody>
</table>

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

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

- Men.
- Adults age 40 and older.

### Present One or More Cardiovascular Risks or Behaviors

(Total Area, 2015)

<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>Very Low Income</th>
<th>Low Income</th>
<th>Mid/High Income</th>
<th>Total Area</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>91.1%</td>
<td>86.1%</td>
<td>78.9%</td>
<td>93.0%</td>
<td>94.3%</td>
<td>89.9%</td>
<td>91.9%</td>
<td>86.9%</td>
<td>88.6%</td>
</tr>
</tbody>
</table>

Sources: 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 127]

Notes:
- Asked of all respondents.
- Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) hypertension; 4) high blood cholesterol; and/or 5) being overweight/obese.
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Very Low Income” includes households with incomes below 100% of the federal poverty level; “Low Income” includes households with incomes between 100% and 199% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.
Cancer

About Cancer

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

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

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

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

Age-Adjusted Cancer Deaths

All Cancer Deaths

Between 2012 and 2014, there was an annual average age-adjusted cancer mortality rate of 192.0 deaths per 100,000 population in Henry County.

- Less favorable than the statewide rate.
- Less favorable than the national rate.
- Fails to satisfy the Healthy People 2020 target of 161.4 or lower.
**COMMUNITY HEALTH NEEDS ASSESSMENT**

**Cancer: Age-Adjusted Mortality**
*(2012-2014 Annual Average Deaths per 100,000 Population)*

*Healthy People 2020 Target = 161.4 or Lower*

---

**TREND:** Despite fluctuations, cancer mortality in Henry County is similar to 2005 findings, whereas a downward trend is apparent both statewide and nationwide.

---

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

*Healthy People 2020 Target = 161.4 or Lower*

---

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

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

Lung cancer is by far the leading cause of cancer deaths in Henry County.

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

As can be seen in the following chart (referencing 2005-2014 annual average age-adjusted death rates):

- In Henry County, the death rates for lung cancer, female breast cancer, and colorectal cancer are less favorable than the respective statewide and national rates.
- The Henry County prostate cancer death rate is more favorable than both the state and national rates.

Note that the only Henry County cancer death rate detailed below that satisfies the related Healthy People 2020 target is that of prostate cancer.

### Age-Adjusted Cancer Death Rates by Site

(2005-2014 Annual Average Deaths per 100,000 Population)

<table>
<thead>
<tr>
<th>Cancer Type</th>
<th>Henry County</th>
<th>IN</th>
<th>US</th>
<th>HP2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lung Cancer</td>
<td>63.1</td>
<td>54.1</td>
<td>43.4</td>
<td>45.5</td>
</tr>
<tr>
<td>Female Breast Cancer</td>
<td>25.3</td>
<td>21.5</td>
<td>20.9</td>
<td>20.7</td>
</tr>
<tr>
<td>Colorectal Cancer</td>
<td>17.5</td>
<td>16.0</td>
<td>14.6</td>
<td>14.5</td>
</tr>
<tr>
<td>Prostate Cancer</td>
<td>14.6</td>
<td>20.4</td>
<td>19.2</td>
<td>21.8</td>
</tr>
</tbody>
</table>

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

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

Between 2008 and 2012, Henry County had an annual average age-adjusted prostate cancer incidence rate of 106.5 cases per 100,000 population.

- Comparable to the statewide incidence rate.
- Much better than the national incidence rate.

There was an annual average age-adjusted incidence rate of 104.6 female breast cancer cases per 100,000 residents in Henry County.

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

Henry County reported an age-adjusted lung cancer incidence rate of 80.1 cases per 100,000 population.

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

The 2008-2012 Henry County age-adjusted incidence rate of colorectal cancer was 53.5 cases per 100,000 residents.

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

Cancer Incidence Rates by Site
(Annual Average Age-Adjusted Incidence per 100,000 Population, 2008-2012)

<table>
<thead>
<tr>
<th>Cancer Type</th>
<th>Henry County</th>
<th>IN</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prostate Cancer</td>
<td>106.5</td>
<td>108.9</td>
<td>131.7</td>
</tr>
<tr>
<td>Female Breast Cancer</td>
<td>104.6</td>
<td>119.0</td>
<td>123.0</td>
</tr>
<tr>
<td>Lung Cancer</td>
<td>80.1</td>
<td>75.2</td>
<td>63.7</td>
</tr>
<tr>
<td>Colon/Rectal Cancer</td>
<td>53.5</td>
<td>45.1</td>
<td>41.9</td>
</tr>
</tbody>
</table>

Sources:

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

Skin Cancer

A total of 7.6% of surveyed Total Area adults report having been diagnosed with skin cancer.

- Less favorable than the statewide average.
- Similar to what is found nationally.
- Similar in both communities.
- TREND: The prevalence of skin cancer in Henry County has remained statistically unchanged over time.

Prevalence of Skin Cancer

![Graph showing prevalence of skin cancer by location and year]

Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 31]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Other Cancer

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

- Similar to the statewide prevalence.
- Similar to the national prevalence.
- No statistical difference between communities.
- TREND: The Henry County cancer prevalence has remained statistically unchanged over time.
Prevalence of Cancer (Other Than Skin Cancer)

Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 38]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: Asked of all respondents.

Cancer Risk

About Cancer Risk

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

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

Cancer Screenings

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

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

**About Screening for Breast Cancer**

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

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

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


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, 84.9% have had a mammogram within the past 2 years.

- Notably higher than statewide findings (which represent all women 50+).
- Similar to national findings.
- Statistically similar to the Healthy People 2020 target (81.1% or higher).
- TREND: Statistically unchanged in Henry County since 2012.
- Among women 40+, 82.4% have had a mammogram in the past two years.
Have Had a Mammogram in the Past Two Years
(Among Women Age 50-74)
Healthy People 2020 Target = 81.1% or Higher

Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [items 128-129]
- 2013 PRC National Health Survey. Professional Research Consultants, Inc.

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

**About Screening for Cervical Cancer**

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

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

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

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

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

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


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

---

### Pap Smear Testing

**Among women age 21 to 65, 67.7% have had a Pap smear within the past 3 years.**

- Statistically comparable to Indiana findings (which represents all women 18+).
- Notably lower than national findings.
- Fails to satisfy the Healthy People 2020 target (93% or higher).
- Statistically comparable by community.
- TREND: No statistically significant change in cervical cancer screenings has occurred in Henry County since 2012.
Colorectal Cancer Screenings

About Screening for Colorectal Cancer

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

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


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, 74.6% have had an appropriate colorectal cancer screening (fecal occult blood testing within the past year and/or sigmoidoscopy/colonoscopy [lower endoscopy] within the past 10 years).

- Close to national findings.
- Close to the Healthy People 2020 target (70.5% or higher).
- Similar findings by community.
- TREND: In Henry County, statistically similar to prior survey findings.
Have Had a Colorectal Cancer Screening
(Among Adults Age 50-75)
Healthy People 2020 Target = 70.5% or Higher

<table>
<thead>
<tr>
<th></th>
<th>Henry County 2012</th>
<th>Henry County 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Henry County</td>
<td>74.8%</td>
<td>74.8%</td>
</tr>
<tr>
<td>Cambridge City/</td>
<td>72.7%</td>
<td>74.6%</td>
</tr>
<tr>
<td>Hagerstown</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Area</td>
<td>74.6%</td>
<td>75.1%</td>
</tr>
<tr>
<td>US</td>
<td>70.5%</td>
<td>70.5%</td>
</tr>
</tbody>
</table>

Sources:  
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 133]  
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.  

Notes:  
- Asked of all respondents age 50 through 75.  
- 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, three-fourths (74.9%) have had a lower endoscopy (sigmoidoscopy or colonoscopy) at some point in their lives.

- Considerably more favorable than Indiana findings.
- Similar to national findings.
- No statistical difference by community (not shown).
- TREND: Statistically unchanged in Henry County since 2012 (not shown).

Blood Stool Testing

Among adults age 50 and older, one-fourth (24.9%) have had a blood stool test (aka “fecal occult blood test”) within the past two years.

- Much more favorable than Indiana findings.
- Much less favorable than national findings.
- Statistically comparable by community (not shown).
- TREND: Blood stool testing has significantly decreased in Henry County over the past three years (not shown).
Colorectal Cancer Screenings
(Among Total Area Adults Age 50 and Older, 2015)

Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 131-132]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

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

Colorectal Cancer Screenings
(Among Total Area Adults Age 50 and Older, 2015)

Sources: 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 131-132]
2013 PRC National Health Survey, Professional Research Consultants, Inc.
Behavioral Risk Factor Surveillance System Survey Data, Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2012 Indiana data.

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

## About Asthma & COPD

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

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

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

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

### Asthma

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

Risk factors for asthma currently being investigated include:

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

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

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

- Healthy People 2020 ([www.healthypeople.gov](http://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 2012 and 2014, there was an annual average age-adjusted CLRD mortality rate of 52.8 death per 100,000 population in Henry County.

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

![CLRD: Age-Adjusted Mortality](image)

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted December 2015.
- CLRD is chronic lower respiratory disease.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- Trend: CLRD mortality in Henry County peaked in 2009 and has since trended downward. In contrast, the Indiana rate has trended slightly upward and the national rate remained steady throughout the past decade.
CLRD: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)

Pneumonia/Influenza Deaths
Between 2012 and 2014, Henry County reported an annual average age-adjusted pneumonia influenza mortality rate of 21.8 deaths per 100,000 population.

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

Pneumonia/Influenza: Age-Adjusted Mortality
(2012-2014 Annual Average Deaths per 100,000 Population)
Pneumonia/influenza mortality in Henry County trended downward until 2009 from whence it has increased, just recently surpassing the state and national rates.

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

<table>
<thead>
<tr>
<th>Year</th>
<th>Henry County</th>
<th>IN</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005-2007</td>
<td>29.0</td>
<td>18.2</td>
<td>18.7</td>
</tr>
<tr>
<td>2006-2008</td>
<td>29.5</td>
<td>17.8</td>
<td>17.8</td>
</tr>
<tr>
<td>2007-2009</td>
<td>20.6</td>
<td>17.8</td>
<td>17.0</td>
</tr>
<tr>
<td>2008-2010</td>
<td>20.7</td>
<td>17.9</td>
<td>16.4</td>
</tr>
<tr>
<td>2009-2011</td>
<td>12.7</td>
<td>16.3</td>
<td>15.8</td>
</tr>
<tr>
<td>2010-2012</td>
<td>13.4</td>
<td>15.0</td>
<td>15.1</td>
</tr>
<tr>
<td>2011-2013</td>
<td>17.5</td>
<td>14.5</td>
<td>15.3</td>
</tr>
<tr>
<td>2012-2014</td>
<td>21.8</td>
<td>14.4</td>
<td>15.1</td>
</tr>
</tbody>
</table>

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

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

**Chronic Obstructive Pulmonary Disease (COPD)**
A total of 11.5% of Total Area adults suffer from chronic obstructive pulmonary disease (COPD, including emphysema and bronchitis).

- Less favorable than the state prevalence.
- Less favorable than the national prevalence.
- More prevalent in Cambridge City/Hagerstown.

**NOTE:** in prior data, this question was asked slightly differently; respondents in 2012 were asked if they had ever been diagnosed with “chronic lung disease, including bronchitis or emphysema,” rather than “COPD or chronic obstructive pulmonary disease, including bronchitis or emphysema” as is asked currently.

TREND: In comparing to 2012 data, the change in prevalence in Henry County is not statistically significant.
Prevalence of Chronic Obstructive Pulmonary Disease (COPD)

Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 25]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

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

Asthma
Adults

Nearly 1 in 10 Total Area adults (9.7%) currently suffers from asthma.

- Similar to the statewide prevalence.
- Similar to the national prevalence.
- Statistically no difference by community.
- TREND: The prevalence of Henry County adults with current asthma has not changed significantly since 2012.
Adult Asthma: Current Prevalence

Sources:  PRC Community Health Surveys, Professional Research Consultants, Inc.  [Item 134]
2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- Includes those who have ever been diagnosed with asthma, and who report that they still have asthma.

- Total Area women are more likely than men to suffer from asthma.

Currently Have Asthma
(Total Area, 2015)

Sources:  2015 PRC Community Health Survey, Professional Research Consultants, Inc.  [Item 134]
- Asked of all respondents.
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Very Low Income” includes households with incomes below 100% of the federal poverty level. “Low Income” includes households with incomes between 100% and 199% of the federal poverty level. “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

Notes:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc.  [Item 134]
- Asked of all respondents.
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Very Low Income” includes households with incomes below 100% of the federal poverty level. “Low Income” includes households with incomes between 100% and 199% of the federal poverty level. “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.
Children

Among Total Area children under age 18, 13.2% currently have asthma.

- Statistically comparable to national findings.
- TREND: In Henry County, statistically unchanged over time.
- By gender, boys are more likely to currently have asthma.
- Viewed by age, the difference in children’s asthma prevalence is not statistically significant.

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

<table>
<thead>
<tr>
<th>Total Area: Boys</th>
<th>Total Area: Girls</th>
<th>Total Area: Age 0-12</th>
<th>Total Area: Age 13-17</th>
<th>Total Area</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>17.7%</td>
<td>6.4%</td>
<td>9.2%</td>
<td>19.2%</td>
<td>13.2%</td>
<td>7.1%</td>
</tr>
</tbody>
</table>

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

Notes:
- Asked of all respondents with children 0 to 17 in the household.
- Includes children who have ever been diagnosed with asthma, and whom are reported to still have asthma.
Injury & Violence

About Injury & Violence

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

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

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

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

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

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

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

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

Efforts to prevent violence may focus on:

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

- Healthy People 2020 (www.healthypeople.gov)

Leading Causes of Accidental Death

Motor vehicle accidents, poisoning (including accidental drug overdose), and falls accounted for 82.1% of accidental deaths in Henry County between 2012 and 2014.
Leading Causes of Accidental Death
(Henry County, 2012-2014)

Poisoning/Noxious Substances 41.6%
Motor Vehicle Accidents 22.5%
Falls 18.0%
Other 17.9%

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

Unintentional Injury

Age-Adjusted Unintentional Injury Deaths
Between 2012 and 2014, there was an annual average age-adjusted unintentional injury mortality rate of 54.1 deaths per 100,000 population in Henry County.

- Considerably less favorable than the Indiana rate.
- Considerably less favorable than the national rate.
- Fails to satisfy the Healthy People 2020 target (36.4 or lower).

Unintentional Injuries: Age-Adjusted Mortality
(2012-2014 Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 36.4 or Lower

Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted December 2015.
Notes: Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
• TREND: The unintentional injury mortality rate in Henry County decreased rapidly until 2009 and has since echoed the Indiana trend with slowly increasing rates. The national rate has remained fairly constant over the past decade.

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

Age-Adjusted Fall-Related Deaths
In Henry County, the annual average age-adjusted fall-related mortality rate from 2005 to 2014 was 7.3 deaths per 100,000 population.

• Higher than found statewide.
• Slightly lower than found nationally.
• Nearly identical to the Healthy People 2020 target (7.2 or lower).
Fall-Related Deaths : Age-Adjusted Mortality
(2005-2014 Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 7.2 or Lower

Among Henry County seniors (65+), there was an annual average age adjusted fall-related mortality rate of 43.8 deaths per 100,000 population from 2005 to 2014.

- Higher than Indiana findings.
- Lower than the US figure.
- Satisfies the Healthy People 2020 target (47.0 or lower).
Motor Vehicle Safety

Age-Adjusted Motor-Vehicle Related Deaths

Henry County reported an annual average age-adjusted motor vehicle crash mortality rate of 15.3 deaths per 100,000 population between 2005 and 2014.

- 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
(2005-2014 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 12.4 or Lower

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.

Seat Belt Usage - Children

A full 93.0% of Total 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.

- Comparable to what is found nationally.
- TREND: Statistically unchanged in Henry County since 2012.
Child “Always” Wears a Seat Belt or Appropriate Restraint When Riding in a Vehicle
(Among Parents of Children Age 0-17)

Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 122] • 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents with children 0 to 17 in the household.

Bicycle Safety

Nearly one-fourth of Total Area children age 5 to 17 (23.8%) are reported to “always” wear a helmet when riding a bicycle.

- Much lower than the national prevalence.
- TREND: In Henry County, statistically similar to previous survey findings.

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

Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 121] • 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents with children age 5 to 17 at home.
Firearm Safety

Age-Adjusted Firearm-Related Deaths

Between 2005 and 2014, there was an annual average age-adjusted rate of 11.7 deaths per 100,000 population due to firearms in Henry County.

- Similar to statewide findings.
- Higher than found nationally.
- Fails to satisfy the Healthy People 2020 objective (9.3 or lower).

Firearms-Related Deaths: Age-Adjusted Mortality
(2005-2014 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 9.3 or Lower

Henry County: 11.7
IN: 11.4
US: 10.3

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

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

Violent Crime

Violent Crime Rates

Between 2010 and 2012, there were a reported 47.1 violent crimes per 100,000 population in Henry County.

- Much more favorable than the rate found statewide.
- Much more favorable than the national rate.


Notes: This indicator reports the rate of violent crime offenses reported by the sheriff’s office or county police department per 100,000 residents. Violent crime includes homicide, rape, robbery, and aggravated assault. This indicator is relevant because it assesses community safety.

Participation by law enforcement agencies in the UCR program is voluntary. Sub-state data do not necessarily represent an exhaustive list of crimes due to gaps in reporting. Also, some institutions of higher education have their own police departments, which handle offenses occurring within campus grounds; these offenses are not included in the violent crime statistics, but can be obtained from the Uniform Crime Reports Universities and Colleges data tables.
Diabetes

About Diabetes

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

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

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

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

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

- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Diabetes Deaths

Between 2012 and 2014, there was an annual average age-adjusted diabetes mortality rate of 26.9 deaths per 100,000 population in Henry County.

- Less favorable than found statewide.
- Less favorable than the national rate.
- Fails to satisfy the Healthy People 2020 target (20.5 or lower, adjusted to account for diabetes mellitus-coded deaths).
**Diabetes: Age-Adjusted Mortality**
(2012-2014 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 20.5 or Lower (Adjusted)

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

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

**TREND:** Despite fluctuations, the Henry County diabetes mortality rate has trended upward in the last ten years. The Indiana rate has increased since 2008 and in contrast, the national rate has decreased slightly over the past decade.

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

Healthy People 2020 Target = 20.5 or Lower (Adjusted)

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

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

A total of 14.2% of Total Area adults report having been diagnosed with diabetes.

- Higher than the statewide proportion.
- Statistically comparable to the national proportion.
- Comparable by community.
- TREND: The Henry County diabetes prevalence has not changed significantly over time.

In addition to the prevalence of diagnosed diabetes referenced above, another 7.6% of Total Area adults report that they have “pre-diabetes” or “borderline diabetes.”

- Higher than the US prevalence.
- Higher in Henry County (not shown).

Another 7.6% of adults report that they have been diagnosed with "pre-diabetes" or "borderline" diabetes (vs. 5.1% nationwide)

A higher prevalence of diagnosed diabetes (excluding pre-diabetes or borderline diabetes) is reported among men and adults over age 40.
Prevalence of Diabetes
(Total Area, 2015)

Sources: 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 136]
Notes: Asked of all respondents. Excludes gestation diabetes (occurring only during pregnancy). Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Very Low Income” includes households with incomes below 100% of the federal poverty level; “Low Income” includes households with incomes between 100% and 199% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

Diabetes Testing
Of Total Area adults who have not been diagnosed with diabetes, 53.4% report having had their blood sugar level tested within the past three years.

- Statistically similar to the national proportion.
- Favorably high in Cambridge City/Hagerstown.
- TREND: In Henry County, statistically similar to 2012 findings.
Diabetes Treatment

Among adults with diabetes, most (81.9%) are currently taking insulin or some type of medication to manage their condition.

- Comparable to the US proportion (not shown).
- TREND: Statistically unchanged in Henry County since 2012.

Taking Insulin or Other Medication for Diabetes
(Total Area Diabetics, 2015)

Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 311]
Notes: Asked of all diabetic respondents.

The vast majority (79.4%) of Total Area diabetics “always” or “usually” had their diabetes well controlled in the past year.

- However, 13.9% had their condition under control only “sometimes” and 6.7% “seldom” had their condition well controlled.

How Often Diabetes was Well Controlled in Past Year
(Total Area Diabetics, 2015)

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

Asked how often they self-monitor their own blood sugar/glucose levels, one-fourth (25.4%) of Total Area diabetics report checking daily, while 33.7% check more often.

- In contrast, 27.7% of area diabetics check their glucose levels less often, and 13.2% never monitor their own levels.

**Frequency of Glucose/Blood Sugar Self-Checks**
(Total Area Diabetics, 2015)

![Pie chart showing frequency of glucose/blood sugar self-checks.](chart)

**Sources:** 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 312]

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

As asked about checking their own feet for sores or irritations, 39.8% of diabetic adults in the Total Area check daily, and 8.3% check more often.

- On the other hand, 33.7% of diabetics check their feet for sores less often, and 18.2% report never checking their own feet for sores or irritations.

**Frequency of Self-Checks for Sores or Irritations On the Feet**
(Total Area Diabetics, 2015)

![Pie chart showing frequency of self-checks for sores or irritations on the feet.](chart)

**Sources:** 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 313]

**Notes:** Asked of all diabetic respondents.
Professional Care

Among total Area adult diabetics, 90.5% had at least one visit to a medical professional about their diabetes in the past year (including 3.3% with 5+ visits).

**Number of Visits to Doctor for Diabetes in Past Month**
*(Total Area Diabetics, 2015)*

![Pie chart showing number of visits to doctor for diabetes.]

- None: 9.5%
- One: 21.1%
- Two: 25.7%
- Three: 21.5%
- Four: 18.9%
- Five/More: 3.3%

Sources: 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 314]
Notes: Asked of all diabetic respondents.

Diabetes Education

Over one-half (56.4%) of Total Area adult diabetics have taken a class on managing their diabetes.

- **TREND**: A statistically similar proportion of Henry County adult diabetics have taken a course on managing diabetes as in 2012.

**Have Taken a Course on Managing Diabetes**
*(Total Area Diabetics, 2015)*

![Pie chart showing if took course on managing diabetes.]

- Yes: 56.4%
- No: 43.6%

Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 315]
Notes: Asked of all diabetic respondents.
Alzheimer’s Disease

About Dementia

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

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

- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Alzheimer’s Disease Deaths

Between 2012 and 2014, there was an annual average age-adjusted Alzheimer’s disease mortality rate of 18.2 deaths per 100,000 population in Henry County.

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

Alzheimer’s Disease: Age-Adjusted Mortality
(2012-2014 Annual AverageDeaths 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 December 2015.

Notes: Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- TREND: Although no clear trend is evident with regard to the Alzheimer’s disease mortality rate in Henry County, the current rate is significantly lower than 2005 findings. Across Indiana, rates have increased steadily in recent years, while US rates have remained fairly stable.

### Alzheimer's Disease: Age-Adjusted Mortality Trends

**(Annual Average Deaths per 100,000 Population)**

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Henry County</td>
<td>21.3</td>
<td>22.2</td>
<td>20.6</td>
<td>21.8</td>
<td>18.2</td>
<td>16.8</td>
<td>18.1</td>
<td>18.2</td>
</tr>
<tr>
<td>IN</td>
<td>25.7</td>
<td>26.8</td>
<td>27.3</td>
<td>28.2</td>
<td>28.0</td>
<td>28.2</td>
<td>28.5</td>
<td>28.6</td>
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<tr>
<td>US</td>
<td>23.8</td>
<td>24.4</td>
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<td>25.0</td>
<td>24.7</td>
<td>24.5</td>
<td>24.0</td>
<td>24.2</td>
</tr>
</tbody>
</table>

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

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

About Chronic Kidney Disease

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

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

Successful behavior modification is expected to have a positive influence on the disease.

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

- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Kidney Disease Deaths

Between 2012 and 2014 there was an annual average age-adjusted kidney disease mortality rate of 15.2 deaths per 100,000 population in Henry County.

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

Kidney Disease: Age-Adjusted Mortality

(2012-2014 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 December 2015.

Notes: Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10). Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
TREND: In recent years, the death rate in Henry County has decreased at a faster pace than seen across the state and US.

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

Prevalence of Kidney Disease
A total of 3.3% of Total Area adults report having been diagnosed with kidney disease.

Prevalence of Kidney Disease

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

Notes:
Asked of all respondents.
A higher prevalence of kidney disease is reported among older respondents in the Total Area with those age 18 to 39 reporting zero diagnoses (positive correlation with age).

### Prevalence of Kidney Disease
(Total Area, 2015)

<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>Very Low Income</th>
<th>Low Income</th>
<th>Mid/High Income</th>
<th>Total Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevalence (%)</td>
<td>3.9%</td>
<td>2.6%</td>
<td>0.0%</td>
<td>2.9%</td>
<td>8.8%</td>
<td>2.8%</td>
<td>5.1%</td>
<td>2.4%</td>
<td>3.3%</td>
</tr>
</tbody>
</table>

**Sources:**
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 33]
- Asked of all respondents.

**Notes:**
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level. "Low Income" includes households with incomes between 100% and 199% of the federal poverty level. "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
Potentially Disabling Conditions

**About Arthritis, Osteoporosis & Chronic Back Conditions**

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

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

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

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

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

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

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

- Healthy People 2020 (www.healthypeople.gov)

**Arthritis, Osteoporosis, & Chronic Back Conditions**

**Prevalence of Arthritis/Rheumatism**

A total of 37.8% of Total Area adults age 50 and older report suffering from arthritis or rheumatism.

- Comparable to nationwide findings.
- Comparable findings by community.
Prevalence of Arthritis/Rheumatism
(Among Adults Age 50 and Older)

<table>
<thead>
<tr>
<th>Source</th>
<th>Prevalence</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015 PRC Community Health Survey</td>
<td>37.9%</td>
</tr>
<tr>
<td>2013 PRC National Health Survey</td>
<td>37.3%</td>
</tr>
<tr>
<td>Notes</td>
<td>Reflects respondents age 50 and older.</td>
</tr>
</tbody>
</table>

Prevalence of Osteoporosis
(Among Adults Age 50 and Older)

A total of 13.3% of survey respondents age 50 and older have osteoporosis.

- Nearly identical to that found nationwide.
- Fails to satisfy the Healthy People 2020 target of 5.3% or lower.
- Less prevalent among Cambridge City/Hagerstown residents age 50+.

Healthy People 2020 Target = 5.3% or Lower

<table>
<thead>
<tr>
<th>Source</th>
<th>Prevalence</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015 PRC Community Health Survey</td>
<td>14.4%</td>
</tr>
<tr>
<td>2013 PRC National Health Survey</td>
<td>6.2%</td>
</tr>
<tr>
<td>US Department of Health and Human Services</td>
<td>13.3%</td>
</tr>
<tr>
<td>Notes</td>
<td>Reflects respondents age 50 and older.</td>
</tr>
</tbody>
</table>
Prevalence of Sciatica/Chronic Back Pain

A total of 23.3% of survey respondents suffer from chronic back pain or sciatica.

- Less favorable than that found nationwide.
- Statistically no difference by community.

Prevalence of Sciatica/Chronic Back Pain

![Bar chart showing prevalence](chart.png)

Sources:  2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 29]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:  Asked of all respondents.
Advance 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 the Total Area, 29.2% of adults have completed an Advance Directive. Of those who have not, 8.1% have talked to a health care professional, lawyer, or clergy about an Advance Directive.

- Similar proportions of residents have completed an Advance Directive in each community (not shown).
- TREND: The prevalence of Advance Directives has statistically not changed in Henry County over the past three years (not shown).

### Advance Directives
(Total Area, 2015)

- **Have Completed an Advance Directive**
  - Yes: 29.2%
  - No: 70.8%

- **Have Discussed Advance Directive With an Attorney** (Those Answering No at Left)
  - Yes: 8.1%
  - No: 91.9%

Sources: 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 320-321]

Notes: Asked of all respondents.
Infectious Disease
Influenza & Pneumonia Vaccination

About Influenza & Pneumonia

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

- Healthy People 2020 (www.healthypeople.gov)

Flu Vaccinations

Among Total Area seniors, 54.3% received a flu shot (or FluMist®) within the past year.

- Statistically comparable to the Indiana finding.
- Statistically comparable to the national finding.
- Fails to satisfy the Healthy People 2020 target (70% or higher).
- No statistical difference by community.
- TREND: Since 2012, the percentage of seniors (65+) receiving a yearly flu vaccination in Henry County has significantly decreased.

Older Adults: Have Had a Flu Vaccination in the Past Year

(Among Adults Age 65+)

Healthy People 2020 Target = 70.0% 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.

Sources:

- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 141]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2013 Indiana data.

Notes:

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

A total of 43.4% of high-risk adults age 18 to 64 received a flu vaccination (flu shot or FluMist®) within the past year.

- Similar to national findings.
- Fails to satisfy the Healthy People 2020 target (70% or higher).
- TREND: Among high-risk adults, no statistically significant change has occurred since 2012.

High-Risk Adults: Have Had a Flu Vaccination in the Past Year
(Among High-Risk Adults Age 18-64)
Healthy People 2020 Target = 70.0% or Higher

Children

Among survey respondents with children under 18 at home, 30.3% report that their child received a flu vaccination within the past year.

- Fails to satisfy the Healthy People 2020 target (70% or higher).
- TREND: In Henry County, statistically similar to the proportion reported in 2012.
- More common in Total Area boys than girls.
- Statistically similar findings by age.
Pneumonia Vaccination

Among adults age 65 and older, three-fourths (75.2%) have received a pneumonia vaccination at some point in their lives.

- Statistically similar to the Indiana finding.
- Statistically similar to the national finding.
- Fails to satisfy the Healthy People 2020 target of 90% or higher.
- Statistically similar by community.
- TREND: In Henry County, the change in proportion since 2012 is not statistically significant.
Older Adults: Have Ever Had a Pneumonia Vaccine
(Among Adults Age 65+)
Healthy People 2020 Target = 90.0% or Higher

Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 143]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2013 Indiana data.

Notes:
- Reflects respondents 65 and older.

High-Risk Adults
A total of 47.6% of high-risk adults age 18 to 64 have ever received a pneumonia vaccination.

- Statistically similar to national findings.
- Fails to satisfy the Healthy People 2020 target (60% or higher).
- TREND: Statistically unchanged over time in Henry County.

High-Risk Adults: Have Ever Had a Pneumonia Vaccine
(Among High-Risk Adults Age 18-64)
Healthy People 2020 Target = 60.0% or Higher

Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 144]
- 2013 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.
### About HIV

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

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

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

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

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

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

People getting care for HIV can receive:

- Antiretroviral therapy
- Screening and treatment for other diseases (such as sexually transmitted infections)
- HIV prevention interventions
- Mental health services
- Other health services

As the number of people living with HIV increases and more people become aware of their HIV status, prevention strategies that are targeted specifically for HIV-infected people are becoming more important. Prevention work with people living with HIV focuses on:

- Linking to and staying in treatment.
- Increasing the availability of ongoing HIV prevention interventions.
- Providing prevention services for their partners.

Public perception in the US about the seriousness of the HIV epidemic has declined in recent years. There is evidence that risky behaviors may be increasing among uninfected people, especially gay and bisexual men. Ongoing media and social campaigns for the general public and HIV prevention interventions for uninfected persons who engage in risky behaviors are critical.

- Healthy People 2020 (www.healthypeople.gov)
HIV Prevalence

In 2010, there was a prevalence of 70.1 HIV cases per 100,000 population in Henry County

- More favorable than the statewide prevalence.
- Much more favorable than the national prevalence.

HIV Prevalence
(Prevalence Rate of HIV per 100,000 Population, 2010)


Notes: This indicator is relevant because HIV is a life-threatening communicable disease that disproportionately affects minority populations and may also indicate the prevalence of unsafe sex practices.
**Sexually Transmitted Diseases**

**About Sexually Transmitted Diseases**

STDs refer to more than 25 infectious organisms that are transmitted primarily through sexual activity. Despite their burdens, costs, and complications, and the fact that they are largely preventable, STDs remain a significant public health problem in the United States. This problem is largely unrecognized by the public, policymakers, and health care professionals. STDs cause many harmful, often irreversible, and costly clinical complications, such as: reproductive health problems; fetal and perinatal health problems; cancer; and facilitation of the sexual transmission of HIV infection.

Because many cases of STDs go undiagnosed—and some common viral infections, such as human papillomavirus (HPV) and genital herpes, are not reported to CDC at all—the reported cases of chlamydia, gonorrhea, and syphilis represent only a fraction of the true burden of STDs in the US. Untreated STDs can lead to serious long-term health consequences, especially for adolescent girls and young women. Several factors contribute to the spread of STDs.

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

- **Asymptomatic nature of STDs.** The majority of STDs either do not produce any symptoms or signs, or they produce symptoms so mild that they are unnoticed; consequently, many infected persons do not know that they need medical care.
- **Gender disparities.** Women suffer more frequent and more serious STD complications than men do. Among the most serious STD complications are pelvic inflammatory disease, ectopic pregnancy (pregnancy outside of the uterus), infertility, and chronic pelvic pain.
- **Age disparities.** Compared to older adults, sexually active adolescents ages 15 to 19 and young adults ages 20 to 24 are at higher risk for getting STDs.
- **Lag time between infection and complications.** Often, a long interval, sometimes years, occurs between acquiring an STD and recognizing a clinically significant health problem.

**Social, Economic and Behavioral Factors.** The spread of STDs is directly affected by social, economic, and behavioral factors. Such factors may cause serious obstacles to STD prevention due to their influence on social and sexual networks, access to and provision of care, willingness to seek care, and social norms regarding sex and sexuality. Among certain vulnerable populations, historical experience with segregation and discrimination exacerbates these factors. Social, economic, and behavioral factors that affect the spread of STDs include: racial and ethnic disparities; poverty and marginalization; access to healthcare; substance abuse; sexuality and secrecy (stigma and discomfort discussing sex); and sexual networks (persons "linked" by sequential or concurrent sexual partners).

- Healthy People 2020 (www.healthypeople.gov)

**Chlamydia & Gonorrhea**

In 2012, the chlamydia incidence rate in Henry County was 270.0 cases per 100,000 population.

- Notably lower than the Indiana incidence rate.
- Notably lower than the national incidence rate.

The gonorrhea incidence rate in Henry County was 10.1 cases per 100,000 population in 2012.

- Notably lower than the Indiana incidence rate.
- Notably lower than the national incidence rate.
Chlamydia & Gonorrhea Incidence
(Incidence Rate per 100,000 Population, 2012)


Notes: This indicator is relevant because it is a measure of poor health status and indicates the prevalence of unsafe sex practices.
Births
Birth Outcomes & Risks

About Infant & Child Health

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).

Infant Mortality

Between 2012 and 2014, there was an annual average of 9.2 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

(Annual Average Infant Deaths per 1,000 Live Births, 2012-2014)

Healthy People 2020 Target = 6.0 or Lower

Sources:

Notes:
- Infant deaths include deaths of children under 1 year old.
- This indicator is relevant because high rates of infant mortality indicate the existence of broader issues pertaining to access to care and maternal and child health.
TREND: There is no clear trend in infant mortality in Henry County as the rate was trending downward after 2008, but has increased since 2012. The state and nation have experienced slight downward trends in the past decade.

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

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted December 2015.
- 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.
Modifiable Health Risks
Actual Causes Of Death

**About Contributors to Mortality**

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

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

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


**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.

<table>
<thead>
<tr>
<th>Leading Causes of Death</th>
<th>Underlying Risk Factors (Actual Causes of Death)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiovascular Disease</td>
<td>Tobacco use</td>
</tr>
<tr>
<td></td>
<td>Elevated serum cholesterol</td>
</tr>
<tr>
<td></td>
<td>High blood pressure</td>
</tr>
<tr>
<td>Cancer</td>
<td>Tobacco use</td>
</tr>
<tr>
<td></td>
<td>Improper diet</td>
</tr>
<tr>
<td>Cerebrovascular Disease</td>
<td>High blood pressure</td>
</tr>
<tr>
<td></td>
<td>Tobacco use</td>
</tr>
<tr>
<td>Accidental Injuries</td>
<td>Safety belt noncompliance</td>
</tr>
<tr>
<td></td>
<td>Alcohol/substance abuse</td>
</tr>
<tr>
<td></td>
<td>Reckless driving</td>
</tr>
<tr>
<td>Chronic Lung Disease</td>
<td>Tobacco use</td>
</tr>
</tbody>
</table>

Nutrition

About Healthful Diet & Healthy Weight

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

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

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

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

Diet reflects the variety of foods and beverages consumed over time and in settings such as worksites, schools, restaurants, and the home. Interventions to support a healthier diet can help ensure that:
- Individuals have the knowledge and skills to make healthier choices.
- Healthier options are available and affordable.

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

Social factors thought to influence diet include:
- Knowledge and attitudes
- Skills
- Social support
- Societal and cultural norms
- Food and agricultural policies
- Food assistance programs
- Economic price systems

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

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

Marketing also influences people’s—particularly children’s—food choices.
- Healthy People 2020 (www.healthypeople.gov)
**Access to Fresh Produce**

**Low Food Access (Food Deserts)**

US Department of Agriculture data show that 7.6% of the Henry County population (representing over 3,700 residents) have low food access or live in a “food desert,” meaning that they do not live near a supermarket or large grocery store.

- Far more favorable than statewide findings.
- Far more favorable than national findings.

**Population With Low Food Access**

(Percent of Population That Is Far From a Supermarket or Large Grocery Store, 2010)

A food desert is defined as a low-income area where a significant number or share of residents is far from a supermarket, where “far” is more than 1 mile in urban areas and more than 10 miles in rural areas.

- The following map provides an illustration of food deserts by census tract. Note the large share of residents with limited food access in the central part of Henry County.
Health Advice About Diet & Nutrition
A total of 45.0% of survey respondents acknowledge that a physician counseled them about diet and nutrition in the past year.

- Higher than national findings.
- Statistically similar by community (not shown).
- TREND: Marks a statistically significant increase in Henry County since 2012.
- Note: Among overweight/obese respondents, 46.8% report receiving diet/nutrition advice (meaning that over one-half did not).
Physical Activity

About Physical Activity

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

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

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

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

Among children ages 4 to 12, the following factors have a positive association with physical activity: gender (boys); belief in ability to be active (self-efficacy); and parental support.

Among adolescents ages 13 to 18, the following factors have a positive association with physical activity: parental education; gender (boys); personal goals; physical education/school sports; belief in ability to be active (self-efficacy); and support of friends and family.

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

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

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

- Healthy People 2020 (www.healthypeople.gov)
Leisure-Time Physical Activity

Nearly one-fourth (24.6%) of Total Area adults report no leisure-time physical activity in the past month.

- More favorable than statewide findings.
- Less favorable than national findings.
- Satisfies the Healthy People 2020 target (32.6% or lower).
- Statistically similar in both communities.
- TREND: Henry County findings are statistically unchanged since 2012.

No Leisure-Time Physical Activity in the Past Month

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 increases with age (positive correlation).
No Leisure-Time Physical Activity in the Past Month
(Total Area, 2015)
Healthy People 2020 Target = 32.6% or Lower

![Graph showing the percentage of No Leisure-Time Physical Activity in the Past Month for different demographics and income levels.]

Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 92]

Notes:
- Asked of all respondents.
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Very Low Income” includes households with incomes below 100% of the federal poverty level. “Low Income” includes households with incomes between 100% and 199% of the federal poverty level. “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

Activity Levels

Recommended Levels of Physical Activity

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

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

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

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

Recommended Levels of Physical Activity

A total of 39.0% of Total Area adults participate in regular, sustained moderate or vigorous physical activity (meeting physical activity recommendations).

- Notably less favorable than national findings.
- Statistically comparable by community.
- TREND: Statistically unchanged in Henry County since 2012.
Adults age 40 and older are less likely to meet physical activity requirements.
Moderate & Vigorous Physical Activity

In the past month:

A total of 25.9% of adults participated in moderate physical activity (5 times a week, 30 minutes at a time).

- Less favorable than the national level.
- Comparable by community (not shown).
- TREND: In Henry County, moderate physical activity is statistically comparable to the 2012 finding (not shown).

A total of 26.0% participated in vigorous physical activity (3 times a week, 20 minutes at a time).

- Considerably less favorable than the nationwide figure.
- Statistically similar by community (not shown).
- TREND: Statistically no different from 2012 Henry County findings (not shown).

Sources: 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 148-149]

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.
Access to Physical Activity

Access to Recreation & Fitness Facilities

In 2013, there were 10.1 recreation/fitness facilities for every 100,000 population in Henry County.

- Slightly above what is found statewide.
- Similar to what is found nationally.

Population With Recreation & Fitness Facility Access
(Number of Recreation & Fitness Facilities per 100,000 Population, 2013)

<table>
<thead>
<tr>
<th>Henry County</th>
<th>IN</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>10.1</td>
<td>9.1</td>
<td>9.7</td>
</tr>
</tbody>
</table>


Notes: Recreation and fitness facilities are defined by North American Industry Classification System (NAICS) Code 713940, which include establishments engaged in operating facilities which offer “exercise and other active physical fitness conditioning or recreational sports activities”. Examples include athletic clubs, gymnasiums, dance centers, tennis clubs, and swimming pools. This indicator is relevant because access to recreation and fitness facilities encourages physical activity and other healthy behaviors.

Health Advice About Physical Activity & Exercise

One-half (49.8%) of Total Area adults report that their physician has asked about or given advice to them about physical activity in the past year.

- More favorable than the national average.
- TREND: Similar to 2012 survey findings in Henry County.
- Note: 53.1% of overweight/obese Total Area respondents say that they have talked with their doctor about physical activity/exercise in the past year.
Children’s Physical Activity

Among Total Area children age 2 to 17, 48.7% are reported to have had 60 minutes of physical activity on each of the seven days preceding the interview (1+ hours per day).

- Nearly identical to national findings.
- No statistical difference by gender.
- By age, much lower among teenagers.

Child Is Physically Active for One or More Hours per Day

(Among Children Age 2-17)
Television Watching & Other Screen Time

Among children aged 5 through 17, 10.9% are reported to watch three or more hours of television per day; 22.0% are reported to spend three or more hours on other types of screen time for entertainment (video games, Internet, etc.).

- TREND: In Henry County, television watching did not change significantly since 2012, but other types of screen time statistically increased over the past three years (not shown).

Children’s Screen Time

(Among Total Area Parents of Children Age 5-17, 2015)

Hours per Day of Television

<table>
<thead>
<tr>
<th>Hours per Day</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>9.8%</td>
</tr>
<tr>
<td>&lt;1 Hour</td>
<td>10.0%</td>
</tr>
<tr>
<td>1 Hour</td>
<td>44.4%</td>
</tr>
<tr>
<td>2 Hours</td>
<td>24.9%</td>
</tr>
<tr>
<td>3+ Hours</td>
<td>10.9%</td>
</tr>
</tbody>
</table>

Hours per Day of Other Screen Time

(i.e., video games, computer/Internet entertainment)

<table>
<thead>
<tr>
<th>Hours per Day</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>7.5%</td>
</tr>
<tr>
<td>&lt;1 Hour</td>
<td>24.4%</td>
</tr>
<tr>
<td>1 Hour</td>
<td>23.5%</td>
</tr>
<tr>
<td>2 Hours</td>
<td>22.6%</td>
</tr>
<tr>
<td>3+ Hours</td>
<td>22.0%</td>
</tr>
</tbody>
</table>

Total Screen Time

When combined, one-half (50.0%) of Total Area children aged 5 to 17 spend three or more hours on screen time (whether television or computer, Internet, video games, etc.) per day.

- Notably more favorable than found nationally.
- By age, teenagers are more likely than younger children to spend 3+ hours on screen time.
- TREND: In Henry County, statistically unchanged from the 2012 survey findings.
Children With Three or More Hours per School Day of Total Screen Time [TV, Computer, Video Games, Etc. for Entertainment]  
(Among Total Area Parents of Children Age 5-17, 2015)

Sources:  
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 180]  
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:  
- Asked of all respondents with children age 5 to 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.
Weight Status

About Overweight & Obesity

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

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

- Healthy People 2020 (www.healthypeople.gov)

Body Mass Index (BMI), which describes relative weight for height, is significantly correlated with total body fat content. The BMI should be used to assess overweight and obesity and to monitor changes in body weight. In addition, measurements of body weight alone can be used to determine efficacy of weight loss therapy. BMI is calculated as weight (kg)/height squared (m²). To estimate BMI using pounds and inches, use: \(\frac{\text{weight (pounds)}}{\text{height squared (inches\(^2\))}} \times 703\).

In this report, overweight is defined as a BMI of 25.0 to 29.9 kg/m\(^2\) and obesity as a BMI ≥30 kg/m\(^2\). The rationale behind these definitions is based on epidemiological data that show increases in mortality with BMIs above 25 kg/m\(^2\). The increase in mortality, however, tends to be modest until a BMI of 30 kg/m\(^2\) is reached. For persons with a BMI ≥30 kg/m\(^2\), mortality rates from all causes, and especially from cardiovascular disease, are generally increased by 50 to 100 percent above that of persons with BMIs in the range of 20 to 25 kg/m\(^2\).


<table>
<thead>
<tr>
<th>Classification of Overweight and Obesity by BMI</th>
<th>BMI (kg/m(^2))</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, 23.4% of Total Area adults are at a healthy weight.

- Less favorable than Indiana findings.
- Less favorable than national findings.
- Fails to satisfy the Healthy People 2020 target (33.9% or higher).
- Statistically comparable by community.
- TREND: Denotes a statistically significant decrease since 2012 in Henry County.

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></th>
<th>Henry County</th>
<th>Cambridge City/Hagerstown</th>
<th>Total Area</th>
<th>IN</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy Weight (%)</td>
<td>23.0%</td>
<td>25.9%</td>
<td>23.4%</td>
<td>31.1%</td>
<td>34.4%</td>
</tr>
</tbody>
</table>

Henry County
Cambridge City/Hagerstown
Total Area
IN
US
Healthy Weight

Henry County 2012
Henry County 2015

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></th>
<th>Henry County</th>
<th>Cambridge City/Hagerstown</th>
<th>Total Area</th>
<th>IN</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy Weight (%)</td>
<td>23.0%</td>
<td>25.9%</td>
<td>23.4%</td>
<td>31.1%</td>
<td>34.4%</td>
</tr>
</tbody>
</table>

Henry County
Cambridge City/Hagerstown
Total Area
IN
US
Healthy Weight

Henry County 2012
Henry County 2015

Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 151]
- 2013 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

A total of 3 in 4 Total Area adults (75.6%) are overweight.

- Higher than the Indiana prevalence.
- Much higher than the US overweight prevalence.
- Statistically similar by community.
- TREND: The Henry County overweight prevalence has significantly increased in the past three years.
Prevalence of Total Overweight
(Percent of Adults With a Body Mass Index of 25.0 or Higher)

<table>
<thead>
<tr>
<th></th>
<th>Henry County</th>
<th>Cambridge City/Hagerstown</th>
<th>Total Area</th>
<th>IN</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>76.1%</td>
<td>73.5%</td>
<td>75.6%</td>
<td>67.2%</td>
<td>63.1%</td>
</tr>
<tr>
<td>2015</td>
<td>68.0%</td>
<td>76.1%</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Further, 39.0% of Total Area adults are obese.

- Less favorable than Indiana findings.
- Less favorable than US findings.
- Fails to satisfy the Healthy People 2020 target (30.5% or lower).
- No statistical difference by community.
- TREND: Current obesity among Henry County adults is statistically similar to the 2012 prevalence.

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.

Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 151]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

“Obese” (also included in overweight prevalence discussed previously) includes respondents with a BMI value ≥30.
Prevalence of Obesity
(Percent of Adults With a Body Mass Index of 30.0 or Higher)
Healthy People 2020 Target = 30.5% or Lower

Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 151]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

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:
- Adults age 40 to 64.
- Residents with very low incomes (negative correlation with income).

Prevalence of Obesity
(Percent of Adults With a BMI of 30.0 or Higher; Total Area, 2015)
Healthy People 2020 Target = 30.5% or Lower
Actual vs. Perceived Body Weight
A total of 7.4% of obese adults and 45.3% of overweight (but not obese) adults feel that their current weight is “about right.”

- 51.1% of overweight (but not obese) adults see themselves as “somewhat overweight.”
- 35.2% of obese adults see themselves as “very overweight.”

Actual vs. Perceived Weight Status
(Among Overweight/Obese Adults Based on BMI; Total Area, 2015)

<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>“Very/Somewhat Underweight”</td>
<td>0.7%</td>
<td>1.1%</td>
</tr>
<tr>
<td>“About the Right Weight”</td>
<td>45.3%</td>
<td>7.4%</td>
</tr>
<tr>
<td>“Somewhat Overweight”</td>
<td>51.1%</td>
<td>56.3%</td>
</tr>
<tr>
<td>“Very Overweight”</td>
<td>2.9%</td>
<td>35.2%</td>
</tr>
</tbody>
</table>

Sources: 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 99]
Notes: BMI is based on reported heights and weights, asked of all respondents.
The definition of overweight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 25.0, regardless of gender. The definition for obesity is a BMI greater than or equal to 30.0.

Relationship of Overweight With Other Health Issues
Overweight and obese adults are more likely to report a number of adverse health conditions. Among these are:

- Hypertension (high blood pressure).
- Depressive disorder.
- Activity limitations.
- “Fair” or “poor” mental health.
- Arthritis/rheumatism.
- Sciatica/back pain.
- Diabetes.
- Heart disease.
**Relationship of Overweight With Other Health Issues**
*(By Weight Classification; Total Area, 2015)*

<table>
<thead>
<tr>
<th>Health Issue</th>
<th>Healthy Weight</th>
<th>Overweight/Not Obese</th>
<th>Obese</th>
</tr>
</thead>
<tbody>
<tr>
<td>High Blood Pressure</td>
<td>24.6%</td>
<td>47.6%</td>
<td>25.9%</td>
</tr>
<tr>
<td>Depressive Disorder</td>
<td>10.6%</td>
<td>15.8%</td>
<td>16.9%</td>
</tr>
<tr>
<td>Activity Limitations</td>
<td>15.8%</td>
<td>33.5%</td>
<td>22.3%</td>
</tr>
<tr>
<td>&quot;Fair/Poor&quot; Mental Health</td>
<td>9.2%</td>
<td>11.7%</td>
<td>17.7%</td>
</tr>
<tr>
<td>Arthritis/ Rheumatism</td>
<td>16.1%</td>
<td>30.1%</td>
<td>24.6%</td>
</tr>
<tr>
<td>Sciatica/ Back Pain</td>
<td>16.1%</td>
<td>23.0%</td>
<td>22.8%</td>
</tr>
<tr>
<td>Diabetes</td>
<td>19.9%</td>
<td>22.8%</td>
<td>26.8%</td>
</tr>
<tr>
<td>Heart Disease</td>
<td>22.8%</td>
<td>22.8%</td>
<td>26.8%</td>
</tr>
</tbody>
</table>
| *Note: 31.7% of overweight/obese adults have been given advice about their weight by a health professional in the past year (while over two-thirds have not).*

**Weight Management**

**Health Advice**

A total of 25.9% of adults have been given advice about their weight by a doctor, nurse or other health professional in the past year.

- Statistically similar to the national findings.
- TREND: Statistically unchanged in Henry County from that reported in 2012.
- Note that 31.7% of overweight/obese adults have been given advice about their weight by a health professional in the past year (while over two-thirds have not).
Weight Control

About Maintaining a Healthy Weight

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 30.3% of Total Area adults who are overweight say that they are both modifying their diet and increasing their physical activity to try to lose weight.

- Lower than national findings.
- Statistically similar by community.
- TREND: In Henry County, statistically similar to prior survey findings.

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

(Among Overweight or Obese Respondents)

<table>
<thead>
<tr>
<th></th>
<th>Henry County</th>
<th>Cambridge City/Hagerstown</th>
<th>Total Area</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>34.9%</td>
<td>31.0%</td>
<td>25.9%</td>
<td>39.5%</td>
</tr>
<tr>
<td>2015</td>
<td>31.0%</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. (Item 152)
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Reflects respondents who are overweight or obese based on reported heights and weights.
Childhood Overweight & Obesity

**About Weight Status in Children & Teens**

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**: <5<sup>th</sup> percentile
- **Healthy Weight**: ≥5<sup>th</sup> and <85<sup>th</sup> percentile
- **Overweight**: ≥85<sup>th</sup> and <95<sup>th</sup> percentile
- **Obese**: ≥95<sup>th</sup> percentile

**Based on the heights/weights reported by surveyed parents, 35.7% of Total Area children age 5 to 17 are overweight or obese (≥85th percentile).**

- Statistically comparable to the US figure.
- **TREND**: Statistically similar to that reported in Henry County in 2012.

**Child Total Overweight Prevalence**

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

<table>
<thead>
<tr>
<th></th>
<th>Total Area</th>
<th>US</th>
<th>Henry County 2012</th>
<th>Henry County 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Total Overweight Prevalence</td>
<td>35.7%</td>
<td>31.5%</td>
<td>26.8%</td>
<td>35.5%</td>
</tr>
</tbody>
</table>

**Sources:**
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 155]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

**Notes:**
- Asked of all respondents with children age 5-17 at home.
- Overweight among children is determined by children’s Body Mass Index status at or above the 85<sup>th</sup> percentile of US growth charts by gender and age.
Further, 18.9% of Total Area children age 5 to 17 are obese (≥95th percentile).

- Statistically comparable to the national percentage.
- Statistically comparable to the Healthy People 2020 target (14.5% or lower for children age 2-19).
- TREND: Henry County child obesity has not changed significantly since 2012.
- By gender, boys have a much higher obesity prevalence than girls.
- No statistical difference by child’s age.

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

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

<table>
<thead>
<tr>
<th>Category</th>
<th>Total Area</th>
<th>Boys</th>
<th>Girls</th>
<th>Total Area Age 5-12</th>
<th>Total Area Age 13-17</th>
<th>Total Area</th>
<th>US 2012</th>
<th>US 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Henry County 2012</td>
<td>26.8%</td>
<td>7.7%</td>
<td>23.2%</td>
<td>14.3%</td>
<td>18.9%</td>
<td>14.8%</td>
<td>15.1%</td>
<td>17.5%</td>
</tr>
<tr>
<td>Henry County 2015</td>
<td>23.2%</td>
<td>23.2%</td>
<td>14.3%</td>
<td>18.9%</td>
<td>14.8%</td>
<td>0%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Sources:**
- PRC Community Surveys, Professional Research Consultants, Inc. [Item 155]
- 2013 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.
- *Interpret with caution as sample size <50.
Ease of Changing Behavioral Patterns
Among Total Area adults, 7 in 10 consider it to be “easy” (32.9%) or “fairly easy” (37.6%) to change behaviors which affect their health and well-being.

Ease of Changing the Behaviors That Affect My Health and Well-Being
(Total Area, 2015)

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

On the other hand, 29.5% of area adults report that changing their behaviors is “difficult” or “fairly difficult.”

- Similar reports by community.
- TREND: In Henry County, reports of difficulty changing behaviors have barely changed in the past three years.

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

Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 309]
Notes: Asked of all respondents.
Total Area adults age 40 to 64 are more likely to have difficulty changing their behaviors that affect health and well-being.

**It Is “Difficult/Fairly Difficult” To Change the Behaviors That Affect My Health and Well-Being**
(Total Area, 2015)

<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>Very Low Income</th>
<th>Low Income</th>
<th>Mid/High Income</th>
<th>Total Area</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>29.5%</td>
<td>29.4%</td>
<td>26.5%</td>
<td>35.8%</td>
<td>18.4%</td>
<td>35.7%</td>
<td>30.0%</td>
<td>28.9%</td>
<td>29.5%</td>
</tr>
</tbody>
</table>

Sources: 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 309]

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. “Very Low Income” includes households with incomes below 100% of the federal poverty level. “Low Income” includes households with incomes between 100% and 199% of the federal poverty level. “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.
Substance Abuse

About Substance Abuse

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

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

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

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

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

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

- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Cirrhosis/Liver Disease Deaths

Between 2005 and 2014, Henry County reported an annual average age-adjusted cirrhosis/liver disease mortality rate of 9.9 deaths per 100,000 population.

- Higher than the statewide rate.
- Similar to the national rate.
- Fails to satisfy the Healthy People 2020 target (8.2 or lower).
Cirrhosis/Liver Disease: Age-Adjusted Mortality
(2005-2014 Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 8.2 or Lower

<table>
<thead>
<tr>
<th></th>
<th>Henry County</th>
<th>IN</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rate</td>
<td>9.9</td>
<td>8.7</td>
<td>9.5</td>
</tr>
</tbody>
</table>

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

Notes:
- “Current drinkers” include survey respondents who had at least one drink of alcohol in the month preceding the interview. For the purposes of this study, a “drink” is considered one can or bottle of beer, one glass of wine, one can or bottle of wine cooler, one cocktail, or one shot of liquor.

High-Risk Alcohol Use

Current Drinking

Just over two-fifths (41.4%) of area adults had at least one drink of alcohol in the past month (current drinkers).

- More favorable than the statewide proportion.
- Notably more favorable than the national proportion.
- Much less favorable in Cambridge City/Hagerstown.
- TREND: Current Henry County findings are statistically similar to the 2012 drinking prevalence.
Current drinking is more prevalent among:

- Men.
- Young adults (negative correlation with age).
- Mid/high income residents.

Current Drinkers

(Total Area, 2015)
Excessive Drinking

A total of 14.9% of area adults are excessive drinkers (heavy and/or binge drinkers).

- More favorable than the national proportion.
- No statistical difference by community.
- Satisfies the Healthy People 2020 target (25.4% or lower).

Excessive Drinkers
Healthy People 2020 Target = 25.4% or Lower

Excessive drinking is more prevalent among:

- Men.
- Young adults (negative correlation with age).
- Mid/high income residents (positive correlation with income).
Excessive Drinkers
(Total Area, 2015)
Healthy People 2020 Target = 25.4% or Lower

Sources:
- 2015 PRC Community Health Survey/Professional Research Consultants, Inc. [Item 164]

Notes:
- Asked of all respondents.
- Excessive drinking reflects the number of persons aged 18 years and over who drank more than two drinks per day on average (for men) or one drink per day on average (for women) OR who drank 5 or more drinks during a single occasion (for men) or 4 or more drinks during a single occasion (for women) during the past 30 days.
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Very Low Income” includes households with incomes below 100% of the federal poverty level; “Low Income” includes households with incomes between 100% and 199% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

Age-Adjusted Drug-Induced Deaths
Between 2012 and 2014, there was an annual average age-adjusted drug-induced mortality rate of 24.1 deaths per 100,000 population in Henry County.

- Higher than the statewide rate.
- Much higher than the national rate.
- More than twice the Healthy People 2020 target (11.3 or lower).

Drug-Induced Deaths: Age-Adjusted Mortality
(2012-2014 Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 11.3 or Lower

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

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
TREND: Although the drug-induced mortality rate in Henry County has increased slightly in the past few years, it remains well below the rate found 10 years ago. Statewide and nationwide rates have increased steadily over the decade.

**Drug-Induced Deaths: Age-Adjusted Mortality Trends**

(Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 11.3 or Lower

<table>
<thead>
<tr>
<th>Year</th>
<th>Henry County</th>
<th>IN</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005-2007</td>
<td>35.1</td>
<td>12.0</td>
<td>12.2</td>
</tr>
<tr>
<td>2006-2008</td>
<td>37.5</td>
<td>13.1</td>
<td>12.7</td>
</tr>
<tr>
<td>2007-2009</td>
<td>39.7</td>
<td>13.8</td>
<td>12.6</td>
</tr>
<tr>
<td>2008-2010</td>
<td>36.0</td>
<td>14.4</td>
<td>12.7</td>
</tr>
<tr>
<td>2009-2011</td>
<td>28.8</td>
<td>15.1</td>
<td>13.1</td>
</tr>
<tr>
<td>2010-2012</td>
<td>21.7</td>
<td>15.8</td>
<td>13.5</td>
</tr>
<tr>
<td>2011-2013</td>
<td>21.8</td>
<td>16.7</td>
<td>14.1</td>
</tr>
<tr>
<td>2012-2014</td>
<td>24.1</td>
<td>17.8</td>
<td>14.6</td>
</tr>
</tbody>
</table>

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

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

**Alcohol & Drug Treatment**

A total of 5.4% of Total Area adults report that they have sought professional help for an alcohol or drug problem at some point in their lives.

- Similar to national findings.
- Similar by community.
- TREND: Statistically unchanged in Henry County over time.
Have Ever Sought Professional Help for an Alcohol/Drug-Related Problem

In the past year, just 1.1% of survey respondents needed professional help for an alcohol or drug problem but could not obtain it.

- None of the respondents from Cambridge City/Hagerstown reported this, whereas a statistically higher proportion of Henry County respondents did.
- TREND: Has not changed significantly in Henry County since 2012.

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

Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [item 67]
Notes: Asked of all respondents.
In the Total Area, men and especially very low income residents are more likely to have needed substance abuse services in the past year but were unable to obtain them.

**Needed Professional Help for Substance Abuse in the Past Year But Could Not Get It**
(Total Area, 2015)

Sources: 2015 PRC Community Health Survey, Professional Research Consultants, Inc. (Item 317)

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. “Very Low Income” includes households with incomes below 100% of the federal poverty level. “Low Income” includes households with incomes between 100% and 199% of the federal poverty level. “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.
Tobacco Use

About Tobacco Use

Tobacco use is the single most preventable cause of death and disease in the United States. Scientific knowledge about the health effects of tobacco use has increased greatly since the first Surgeon General’s report on tobacco was released in 1964.

Tobacco use causes:

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

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

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

- Healthy People 2020 (www.healthypeople.gov)

Cigarette Smoking

Cigarette Smoking Prevalence

A total of 23.2% of Total Area adults currently smoke cigarettes, either regularly (20.1% every day) or occasionally (3.1% on some days).

Cigarette Smoking Prevalence (Total Area, 2015)

Regular Smoker 20.1%
Occasional Smoker 3.1%
Never Smoked 76.8%

Sources:
- 2015 PRC Community Health Survey. Professional Research Consultants, Inc. [Item 56]

Notes:
- Asked of all respondents.
• Similar to statewide findings.
• Worse than national findings.
• Nearly twice the Healthy People 2020 target (12% or lower).
• Statistically similar by community.
• TREND: The current smoking percentage in Henry County is statistically unchanged from the 2012 finding.

### Current Smokers
**Healthy People 2020 Target = 12.0% or Lower**

<table>
<thead>
<tr>
<th></th>
<th>Henry County</th>
<th>Cambridge City/Hagerstown</th>
<th>Total Area</th>
<th>IN</th>
<th>US</th>
<th>Henry County 2012</th>
<th>Henry County 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current Smokers</td>
<td>24.1%</td>
<td>17.9%</td>
<td>23.2%</td>
<td>21.9%</td>
<td>14.9%</td>
<td>25.5%</td>
<td>24.1%</td>
</tr>
</tbody>
</table>

Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 56]
- 2010 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2013 Indiana data.

Notes:
- Asked of all respondents.
- Includes regular and occasional smokers (those who smoke cigarettes everyday or on some days).

• There is a negative correlation of cigarette smoking with age and with household income.
Environmental Tobacco Smoke

A total of 19.1% of Total Area adults (including smokers and nonsmokers) report that a member of their household has smoked cigarettes in the home an average of 4+ times per week over the past month.

- Higher than national findings.
- Comparable by community.
- TREND: Statistically comparable to the 2012 Henry County findings.
- Note that 6.8% of Total Area nonsmokers are exposed to cigarette smoke at home, similar to what is found nationally.
Member of Household Smokes at Home

Sources: 
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 59, 158]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: 
- Asked of all respondents.
- "Smokes at home" refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.

Notably higher among:
- Adults under age 65.
- Residents with lower incomes (negative correlation).

Member of Household Smokes At Home
(Total Area, 2015)

Sources: 
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 59]
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.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level. "Low Income" includes households with incomes between 100% and 199% of the federal poverty level. "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
Among households with children, 22.0% have someone who smokes cigarettes in the home.

- Notably less favorable than national findings.
- TREND: Has remained unchanged in Henry County since 2012.

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

<table>
<thead>
<tr>
<th></th>
<th>Total Area</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>23.7%</td>
<td>23.4%</td>
</tr>
<tr>
<td>2015</td>
<td>22.0%</td>
<td>9.7%</td>
</tr>
</tbody>
</table>

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

**Smoking Cessation**

**About Reducing Tobacco Use**

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

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

- Healthy People 2020 (www.healthypeople.gov)

**Health Advice About Smoking Cessation**

A total of 64.3% of smokers say that a doctor, nurse or other health professional has recommended in the past year that they quit smoking.

- Comparable to the national percentage.
- TREND: No statistically significant change has occurred in Henry County since 2012.
Advised by a Healthcare Professional in the Past Year to Quit Smoking
(Among Current Smokers)

Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 58]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all current smokers.

Smoking Cessation Attempts

A total of 46.2% 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).
- TREND: In Henry County, smoking cessation attempts have stayed constant since 2012.

Have Stopped Smoking for One Day or Longer in the Past Year in an Attempt to Quit Smoking
(Among Everyday Smokers)
Healthy People 2020 Target = 80.0% or Higher

Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 57]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of respondents who smoke cigarettes every day.
Smoking Cessation Classes

Just over one-third (34.3%) of Total Area adults are aware that Henry Community Health offers free smoking cessation classes.

- Fails to satisfy the Healthy People 2020 target (0.2% or lower).
- Particularly low in Cambridge City/Hagerstown.
- TREND: Since 2012, the awareness of Henry County residents has significantly decreased, but in the prior survey, respondents were asked if they were aware that “most” hospitals offer cessation classes. The decrease may be due to the specification of Henry Community Health.

Aware That Henry Community Health Offers Free Smoking Cessation Classes

Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 316]
Notes: *Asked of all respondents.
*In the previous survey respondents were asked if they were aware that “most hospitals” offer free stop-smoking classes.
- Total Area women are more likely than men to be aware of the cessation classes offered at Henry Community Health.

**Aware Henry Community Health Offers Free Smoking Cessation Classes**  
*(Total Area, 2015)*

<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>Very Low Income</th>
<th>Low Income</th>
<th>Mid/High Income</th>
<th>Total Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very Low Income</td>
<td>28.2%</td>
<td>40.5%</td>
<td>32.3%</td>
<td>34.0%</td>
<td>37.9%</td>
<td>38.4%</td>
<td>40.5%</td>
<td>34.2%</td>
<td>34.3%</td>
</tr>
</tbody>
</table>

**Sources:**  
2015 PRC Community Health Survey. Professional Research Consultants, Inc. [Item 316]

**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. “Very Low Income” includes households with incomes below 100% of the federal poverty level; “Low Income” includes households with incomes between 100% and 199% 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 63.1% of Total Area adults age 18 to 64 report having healthcare coverage through private insurance. Another 27.3% report coverage through a government-sponsored program (e.g., Medicaid, Medicare, military benefits).

Healthcare Insurance Coverage
(Among Adults Age 18-64; Total Area, 2015)

Sources: 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 165]

Notes: Reflects respondents age 18 to 64.
The Health Insurance Marketplace is offered as part of the Affordable Care Act and can be accessed through the Healthcare.gov website, as well as through call centers or in-person assistance. It is a resource where individuals, families, and small businesses can: learn about their health coverage options; compare health insurance plans based on costs, benefits, and other important features; choose a plan; and enroll in coverage.

The Health Insurance Marketplace also provides information on programs that help people with low to moderate income and resources pay for coverage.

Healthcare.gov Marketplace (Obamacare)

Further, 7.4% of Total Area Adults report that their health insurance coverage is through the Healthcare.gov Marketplace, also known as Obamacare.

- Similar findings in both communities.

Have Health Insurance Through Healthcare.gov Marketplace (Obamacare)

Adults age 40 to 64 and residents living below 200% of the federal poverty level are more likely to have insurance coverage through the Healthcare.gov Marketplace.

Have Health Insurance Through Healthcare.gov Marketplace (Obamacare) (Total Area, 2015)
Lack of Health Insurance Coverage

Among adults age 18 to 64, 9.6% report having no insurance coverage for healthcare expenses.

- Much more favorable than the state finding.
- More favorable than the national finding.
- The Healthy People 2020 target is universal coverage (0% uninsured).
- Statistically similar by community.
- TREND: Marks a statistically significant increase in the prevalence of healthcare coverage in Henry County since 2012.

Lack of Healthcare Insurance Coverage (Among Adults Age 18-64)
Healthy People 2020 Target = 0.0% (Universal Coverage)

Very low income residents are more likely to be without healthcare insurance coverage than those with higher incomes.
Lack of Healthcare Insurance Coverage
(Among Adults Age 18-64; Total Area, 2015)
Healthy People 2020 Target = 0.0% (Universal Coverage)

Recent Lack of Coverage
Among currently insured adults in the Total Area, 8.6% report that they were without healthcare coverage at some point in the past year.

- Similar to US findings.
- Statistically similar by community.
- TREND: Insurance instability in Henry County has remained constant over the past three years.

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:

- Younger adults (negative correlation with age).
- Lower-income residents (negative correlation with household income).

**Went Without Healthcare Insurance Coverage At Some Point in the Past Year**
(Among Insured Adults; Total Area, 2015)

<table>
<thead>
<tr>
<th>Gender</th>
<th>18 to 39</th>
<th>40 to 64</th>
<th>65+</th>
<th>Very Low Income</th>
<th>Low Income</th>
<th>Mid/High Income</th>
<th>Total Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>9.5%</td>
<td>7.8%</td>
<td>19.6%</td>
<td>5.7%</td>
<td>1.1%</td>
<td>33.3%</td>
<td>1.1%</td>
</tr>
<tr>
<td>Women</td>
<td>10.6%</td>
<td>5.2%</td>
<td>8.6%</td>
<td>7.8%</td>
<td>10.6%</td>
<td>19.6%</td>
<td>5.7%</td>
</tr>
</tbody>
</table>

Sources: 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 79]
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. “Very Low Income” includes households with incomes below 100% of the federal poverty level; “Low Income” includes households with incomes between 100% and 199% 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 (95.3%) Total Area parents with children under 18 at home report that their child has some type of healthcare insurance coverage.

- Comparable to national findings.
- The Healthy People 2020 target is universal coverage (0% uninsured).
- TREND: Healthcare coverage among Henry County children has barely changed since 2012.
- By age, Total Area children age 2 to 12 are more likely than teenagers to have some type of healthcare coverage.
Child Has Some Type of Healthcare Coverage
(Total Area Parents of Children <18, 2015)
Healthy People 2020 Target = 100% (Universal Coverage)

Among Total Area parents, 37.7% are aware of the Indiana Children’s Health Insurance Program (CHIP).

- TREND: The proportion of Henry County parents that are aware of CHIP has not changed significantly since 2012.
**Difficulties Accessing Healthcare**

### About Access to Healthcare

Access to comprehensive, quality health care services is important for the achievement of health equity and for increasing the quality of a healthy life for everyone. It impacts: overall physical, social, and mental health status; prevention of disease and disability; detection and treatment of health conditions; quality of life; preventable death; and life expectancy.

Access to health services means the timely use of personal health services to achieve the best health outcomes. It requires three distinct steps: 1) Gaining entry into the health care system; 2) Accessing a health care location where needed services are provided; and 3) Finding a health care provider with whom the patient can communicate and trust.

- Healthy People 2020 (www.healthypeople.gov)

### Difficulties Accessing Services

More than one-fourth (27.6%) of Total Area adults report some type of difficulty or delay in obtaining healthcare services in the past year.

- Notably more favorable than national findings.
- Statistically similar by community.
- TREND: Similar to the Henry County percentage reported in 2012.

#### Experienced Difficulties or Delays of Some Kind in Receiving Needed Healthcare in the Past Year

![Chart showing percentages of adults experiencing difficulties accessing healthcare](chart.png)

<table>
<thead>
<tr>
<th></th>
<th>Henry County</th>
<th>Cambridge City/Hagerstown</th>
<th>Total Area</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>28.1%</td>
<td>24.9%</td>
<td>27.6%</td>
<td>39.9%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Henry County 2012</th>
<th>Henry County 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>30.5%</td>
<td>28.1%</td>
</tr>
</tbody>
</table>

**Sources:**
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 169]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

**Notes:**
- Asked of all respondents.
- Represents the percentage of respondents experiencing one or more barriers to accessing healthcare in the past 12 months.

Note that the following demographic groups more often report difficulties accessing healthcare services:

- Adults under the age of 65 (negative correlation with age).
- Lower-income residents (negative correlation with income).
Experienced Difficulties or Delays of Some Kind in Receiving Needed Healthcare in the Past Year (Total Area, 2015)

<table>
<thead>
<tr>
<th>Gender</th>
<th>18 to 39</th>
<th>40 to 64</th>
<th>65+</th>
<th>Very Low Income</th>
<th>Low Income</th>
<th>Mid/High Income</th>
<th>Total Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>26.4%</td>
<td>35.0%</td>
<td>27.7%</td>
<td>49.1%</td>
<td>40.3%</td>
<td>17.6%</td>
<td>27.6%</td>
</tr>
<tr>
<td>Women</td>
<td>28.9%</td>
<td>30.6%</td>
<td>17.0%</td>
<td>48.7%</td>
<td>41.3%</td>
<td>16.6%</td>
<td>27.6%</td>
</tr>
</tbody>
</table>

Sources: 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 169]

Notes:
- Asked of all respondents.
- Represents the percentage of respondents experiencing one or more barriers to accessing healthcare in the past 12 months.
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Very Low Income” includes households with incomes below 100% of the federal poverty level; “Low Income” includes households with incomes between 100% and 199% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

Barriers to Healthcare Access

Of the tested barriers, cost of a physician visit impacted the greatest share of Total Area adults (14.2% say that cost prevented them from obtaining a visit to a physician in the past year).

- The proportion of Total Area adults impacted was statistically comparable to or better than that found nationwide for each of the tested barriers.
- For all of the tested barriers, there was no statistical difference by community.

Barriers to Access Have Prevented Medical Care in the Past Year

<table>
<thead>
<tr>
<th>Category</th>
<th>Henry County</th>
<th>Cambridge City/Hagerstown</th>
<th>Total Area</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cost (Doctor Visit)</td>
<td>14.2%</td>
<td>13.7%</td>
<td>13.8%</td>
<td>13.8%</td>
</tr>
<tr>
<td>Cost (Prescriptions)</td>
<td>18.2%</td>
<td>14.2%</td>
<td>14.2%</td>
<td>14.2%</td>
</tr>
<tr>
<td>Lack of Transportation</td>
<td>9.4%</td>
<td>6.9%</td>
<td>5.2%</td>
<td>5.2%</td>
</tr>
</tbody>
</table>
• TREND: Compared to baseline 2012 data, Henry County has seen a significant decrease with regard to the barriers of lack of transportation and cost of prescriptions.

### Barriers to Access Have Prevented Medical Care in the Past Year

<table>
<thead>
<tr>
<th></th>
<th>Henry County 2012</th>
<th>Henry County 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cost (Prescriptions)</td>
<td>19.4%</td>
<td>13.8%</td>
</tr>
<tr>
<td>Cost (Doctor Visit)</td>
<td>16.4%</td>
<td>13.4%</td>
</tr>
<tr>
<td>Lack of Transportation</td>
<td>9.2%</td>
<td>5.2%</td>
</tr>
</tbody>
</table>

Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 9, 10, 12]

Notes: Asked of all respondents.

---

### Barriers to Primary Care Access

In the Total Area, the most widespread barrier to access primary care is difficulty getting an appointment (15.2% say that lack of appointment availability prevented them from seeing a primary care provider in the past year).

- The proportion of Henry County residents who have had difficulty finding a primary care provider is three times the proportion of Cambridge City/Hagerstown adults that have experienced this.

### Barriers to Access a Primary Care Provider in the Past Year

<table>
<thead>
<tr>
<th></th>
<th>Henry County</th>
<th>Cambridge City/Hagerstown</th>
<th>Total Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>Getting an Appointment</td>
<td>15.4%</td>
<td>14.5%</td>
<td>15.2%</td>
</tr>
<tr>
<td>Inconvenient Office Hours</td>
<td>8.7%</td>
<td>8.9%</td>
<td>8.7%</td>
</tr>
<tr>
<td>Finding a Provider</td>
<td>7.2%</td>
<td>2.4%</td>
<td>6.5%</td>
</tr>
</tbody>
</table>

Sources: 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 304-306]

Notes: Asked of all respondents.

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In the survey, several questions were asked specifically about barriers to accessing primary care. Survey participants were asked whether any of three types of barriers to access prevented them from seeing a primary care provider in the past year. Again, these percentages reflect the total population, regardless of whether medical care was needed or sought.
Prescriptions

Difficulty With Prescription Information

Among Total Area residents, most consider it to be “easy” (68.9%) or “fairly easy” (26.1%) to understand the information that accompanies prescription medication.

Yet, 5.0% of area adults report that understanding the information that comes with prescription medication is “difficult” or “fairly difficult.”

- Comparable by community.
- TREND: Has not changed significantly in Henry County since 2012.

It Is “Difficult/Fairly Difficult” To Understand the Info That Accompanies My Prescriptions
Men are more likely than women to report difficulty understanding the information accompanying prescriptions.

**It Is “Difficult/Fairly Difficult” To Understand the Info That Accompanies My Prescriptions**
(Total Area, 2015)

<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>Very Low Income</th>
<th>Low Income</th>
<th>Mid/High Income</th>
<th>Total Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>Difficulty</td>
<td>7.3%</td>
<td>2.7%</td>
<td>3.8%</td>
<td>4.7%</td>
<td>7.7%</td>
<td>5.1%</td>
<td>7.4%</td>
<td>4.6%</td>
<td>5.0%</td>
</tr>
</tbody>
</table>

**Difficulty With Prescription Instructions**

With regard to the instructions that accompany prescription medications, nearly all (98.4%) surveyed adults said they found following instructions on their prescription medicine to be “easy” (85.1%) or “fairly easy” (13.3%).

**Ease of Following the Instructions On My Prescription Medications**
(Total Area, 2015)

- Easy 85.1%
- Fairly Easy 13.3%
- Fairly Difficult 1.2%
- Difficult 0.4%
Just 1.6% of residents indicate that understanding prescription medication instructions is “difficult” or “fairly difficult.”

- Statistically similar by community.
- Statistically unchanged in Henry County since 2012.

It Is “Difficult/Fairly Difficult” To Follow the Instructions On My Prescriptions

- Older adults are more likely to have a hard time understanding the instructions that come with prescription medication than younger adults (positive correlation).

It Is “Difficult/Fairly Difficult” To Follow the Instructions On My Prescriptions
(Total Area, 2015)
**Prescription Misuse**

Among all Total Area adults, 15.9% skipped or reduced medication doses in the past year in order to stretch a prescription and save money.

- Similar to national findings.
- Much higher in Cambridge City/Hagerstown.
- TREND: In Henry County, the percentage has significantly decreased since 2012.

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

![Bar chart showing skipped or reduced prescription doses by location and year]

Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 13]

Notes: Asked of all respondents.

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

- Adults under age 65 (negative correlation with age).
- Respondents with lower incomes (negative correlation with income).
**Skipped or Reduced Prescription Doses in Order to Stretch Prescriptions and Save Money**  
(Total Area, 2015)

<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>Very Low Income</th>
<th>Low Income</th>
<th>Mid/High Income</th>
<th>Total Area</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>14.0%</td>
<td>17.7%</td>
<td>21.3%</td>
<td>16.3%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>6.6%</td>
<td>33.4%</td>
<td>27.2%</td>
<td>7.8%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>15.9%</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Sources:**  
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 13]
- Asked of all respondents.
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Very Low Income” includes households with incomes below 100% of the federal poverty level. “Low Income” includes households with incomes between 100% and 199% of the federal poverty level. “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

**Accessing Healthcare for Children**

A total of 2.1% 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.

- Lower than what is reported nationwide.
- TREND: Statistically similar to the Henry County findings in 2012.
- Identical findings by child’s age.

**Had Trouble Obtaining Medical Care for Child in the Past Year**  
(Among Parents of Children 0-17)

Parents experiencing difficulties cited various access-related barriers as the reason for not obtaining medical care for their child.
Primary Care Services

About Primary Care

Improving health care services depends in part on ensuring that people have a usual and ongoing source of care. People with a usual source of care have better health outcomes and fewer disparities and costs. Having a primary care provider (PCP) as the usual source of care is especially important. PCPs can develop meaningful and sustained relationships with patients and provide integrated services while practicing in the context of family and community. Having a usual PCP is associated with:

- Greater patient trust in the provider
- Good patient-provider communication
- Increased likelihood that patients will receive appropriate care

Improving health care services includes increasing access to and use of evidence-based preventive services. Clinical preventive services are services that **prevent** illness by detecting early warning signs or symptoms before they develop into a disease (primary prevention); or **detect** a disease at an earlier, and often more treatable, stage (secondary prevention).

- Healthy People 2020 (www.healthypeople.gov)

Access to Primary Care

In Henry County in 2012, there were 18 primary care physicians, translating to a rate of **36.5 primary care physicians per 100,000 population** (note that 2012 data were the most recent available at the time of this report).

- Well below the primary care physician-to-population ratio found statewide.
- Less than half of the ratio found nationally.

**Access to Primary Care**
(Number of Primary Care Physicians per 100,000 Population, 2012)

<table>
<thead>
<tr>
<th>Henry County</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>18 Primary Care Physicians</td>
<td>233,862 Primary Care Physicians</td>
</tr>
<tr>
<td>36.5</td>
<td>74.5</td>
</tr>
</tbody>
</table>

**Sources:**

**Notes:**
- This indicator is relevant because a shortage of health professionals contributes to access and health status issues.
• TREND: Access to primary care (in terms of the ratio of primary care physicians to population) has overall trended downward over the past decade in Henry County. In contrast, the state and national ratios have trended slightly upwards.

• Other information suggest that the number of primary care physicians available has not increased significantly since these 2012 data.

**Trends in Access to Primary Care**
(Number of Primary Care Physicians per 100,000 Population)

<table>
<thead>
<tr>
<th>Year</th>
<th>Henry County</th>
<th>IN</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>2002</td>
<td>47.9</td>
<td>48.2</td>
<td>48.1</td>
</tr>
<tr>
<td>2003</td>
<td>48.2</td>
<td>48.1</td>
<td>48.1</td>
</tr>
<tr>
<td>2004</td>
<td>48.1</td>
<td>47.3</td>
<td>47.3</td>
</tr>
<tr>
<td>2005</td>
<td>47.3</td>
<td>46.7</td>
<td>46.7</td>
</tr>
<tr>
<td>2006</td>
<td>46.7</td>
<td>46.6</td>
<td>46.6</td>
</tr>
<tr>
<td>2007</td>
<td>46.6</td>
<td>48.8</td>
<td>48.8</td>
</tr>
<tr>
<td>2008</td>
<td>48.8</td>
<td>46.0</td>
<td>46.0</td>
</tr>
<tr>
<td>2009</td>
<td>46.0</td>
<td>42.5</td>
<td>42.5</td>
</tr>
<tr>
<td>2010</td>
<td>42.5</td>
<td>40.6</td>
<td>40.6</td>
</tr>
<tr>
<td>2011</td>
<td>40.6</td>
<td>38.5</td>
<td>38.5</td>
</tr>
<tr>
<td>2012</td>
<td>38.5</td>
<td>38.5</td>
<td>38.5</td>
</tr>
</tbody>
</table>

**Sources:**

**Notes:**
- This indicator is relevant because a shortage of health professionals contributes to access and health status issues.
- These figures represent all primary care physicians practicing patient care, including hospital residents. In counties with teaching hospitals, this figure may differ from the rate reported in the previous chart.

**NOTE:** Despite these data above, a significant increase in the use of nurse practitioners in primary care offices since 2012 has provided substantially more access to primary care. This increased use of mid-level providers parallels national trends to mitigate the national shortage of primary care physicians.
Specific Source of Ongoing Care

A total of 84.3% of Total Area adults were determined to have a specific source of ongoing medical care.

- More favorable than national findings.
- Fails to satisfy the Healthy People 2020 objective (95% or higher).
- Comparable by community.
- TREND: Not significantly different from the prior survey findings in Henry County.

![Chart: Have a Specific Source of Ongoing Medical Care](chart.png)

When viewed by demographic characteristics, the following population segments are less likely to have a specific source of care:

- Men.
- Adults under age 65 (positive correlation).
- Lower-income adults (positive correlation).
- Among adults age 18-64, 82.6% 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+, 90.3% 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  
(Total Area, 2015)  
Healthy People 2020 Target = 95.0% or Higher [All Ages]; ≥89.4% [18-64]; 100% [65+]

<table>
<thead>
<tr>
<th>Type of Place Used for Medical Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>When asked where they usually go if they are sick or need advice about their health, the greatest share of respondents (67.5%) identified a particular doctor’s office, followed by references to public or community health centers (mentioned by 10.4%) and urgent-care centers (4.7%).</td>
</tr>
</tbody>
</table>

Note that 1.7% of respondents use some type of military/VA facility, and 0.9% relies on a hospital emergency room.
Among respondents with a particular site for medical care, almost half (47.8%) report the site location to be in New Castle.

- Communities mentioned with much less frequency included general references to Henry County (8.1%), Greenfield (7.8%), Muncie (6.8%), Anderson (5.8%), Cambridge City (4.1%), Indianapolis (3.9%), and various other locations each mentioned by less than 3% of respondents.
Primary Care Provider
A total of 91.3% of Total Area respondents report having a primary care provider.

- Statistically higher in Cambridge City/Hagerstown.

Have a Primary Care Provider

Sources: 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 302]
Notes: Asked of all respondents.

A primary care provider can be a doctor, physician's assistant, or a nurse practitioner and is typically a person's main health care provider in non-emergency situations. This provider sees patients for common medical needs, and is NOT a specialist.

Note the positive correlations of having a primary care provider with both age and household income.

Have a Primary Care Provider
(Total Area, 2015)

Sources: 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 302]
Notes: Asked of all respondents.

A primary care provider can be a doctor, physician's assistant, or a nurse practitioner and is typically a person's main health care provider in non-emergency situations. This provider sees patients for common medical needs, and is NOT a specialist.

Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. “Very Low Income” includes households with incomes below 100% of the federal poverty level. “Low Income” includes households with incomes between 100% and 199% of the federal poverty level. “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.
Of Total Area residents with a primary care provider, nearly one-half (48.7%) indicate that they are located in New Castle.

- Other reported locations included Greenfield (7.9%), general mentions of Henry County (6.9%), Anderson (5.9%), Muncie (4.6%), Cambridge City (3.4%), Spiceland (3.0%), and various other communities each mentioned by less than 3% of respondents.

**Community Location of Primary Care Provider**
(Total Area Residents w/ a Primary Care Provider, 2015)

![Pie chart showing distribution of primary care providers across various locations.]

Sources: 2015 PRC Community Health Survey, Professional Research Consultants, Inc.  [Item 303]
Notes: Asked of all respondents with a primary care provider.

**Utilization of Primary Care Services**

**Adults**

Nearly three-fourths of adults (73.8%) visited a physician for a routine checkup in the past year.

- Higher than state findings.
- Higher than national findings.
- Lower in Cambridge City/Hagerstown.
- TREND: In Henry County, statistically similar to 2012 findings.
Men and adults under age 40 are less likely to have received routine care in the past year (note the strong positive correlation with age).
Children
Among surveyed parents, 85.5% report that their child has had a routine checkup in the past year.

- Similar to national findings.
- TREND: The proportion of Henry County children receiving routine checkups has barely changed within the past three years.
- Note that routine checkups are statistically similar in the Total Area among children 12 and under and teenagers.

![Graph showing child checkup rates](image)

**Child Has Visited a Physician for a Routine Checkup in the Past Year**
(Among Parents of Children 0-17)

- Total Area: 85.5%
- US: 84.1%
- 0-12: 82.0%
- 13-17: 89.7%
- Henry County 2012: 89.3%
- Henry County 2015: 88.9%

**Sources:**
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 113]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

**Notes:**
- Asked of all respondents with children 0 to 17 in the household.
Emergency Room Utilization

A total of 6.4% of Total Area adults have gone to a hospital emergency room more than once in the past year about their own health.

- Statistically lower than national findings.
- Statistically comparable by community.
- TREND: Denotes a statistically significant decrease in Henry County since 2012.

**Have Used a Hospital Emergency Room More Than Once in the Past Year**

<table>
<thead>
<tr>
<th></th>
<th>Henry County</th>
<th>Cambridge City/Hagerstown</th>
<th>Total Area</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>6.0%</td>
<td>9.7%</td>
<td>6.4%</td>
<td>8.9%</td>
</tr>
<tr>
<td>2015</td>
<td>9.5%</td>
<td>6.0%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Used the ER because:**
- Emergency Situation = 58.8%
- Weekend/After Hours = 29.2%
- Access Problems = 7.6%

Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 23-34]

Notes: Asked of all respondents.
Of those using a hospital ER, 58.8% say this was due to an emergency or life-threatening situation, while 29.2% indicated that the visit was during after-hours or on the weekend. A total of 7.6% cited difficulties accessing primary care for various reasons.

- Adults with very low incomes are more likely to have used an ER for their medical care more than once in the past year.

### Have Used a Hospital Emergency Room More Than Once in the Past Year
(Total Area, 2015)

<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>Very Low Income</th>
<th>Low Income</th>
<th>Mid/High Income</th>
<th>Total Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage</td>
<td>6.4%</td>
<td>6.6%</td>
<td>4.9%</td>
<td>8.5%</td>
<td>4.8%</td>
<td>15.7%</td>
<td>7.0%</td>
<td>5.4%</td>
<td>6.4%</td>
</tr>
</tbody>
</table>

**Sources:**
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 23]

**Notes:**
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. “Very Low Income” includes households with incomes below 100% of the federal poverty level. “Low Income” includes households with incomes between 100% and 199% of the federal poverty level. “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.
Oral Health

About Oral Health

Oral health is essential to overall health. Good oral health improves a person’s ability to speak, smile, smell, taste, touch, chew, swallow, and make facial expressions to show feelings and emotions. However, oral diseases, from cavities to oral cancer, cause pain and disability for many Americans. Good self-care, such as brushing with fluoride toothpaste, daily flossing, and professional treatment, is key to good oral health. Health behaviors that can lead to poor oral health include: tobacco use; excessive alcohol use; and poor dietary choices.

The significant improvement in the oral health of Americans over the past 50 years is a public health success story. Most of the gains are a result of effective prevention and treatment efforts. One major success is community water fluoridation, which now benefits about 7 out of 10 Americans who get water through public water systems. However, some Americans do not have access to preventive programs. People who have the least access to preventive services and dental treatment have greater rates of oral diseases. A person’s ability to access oral healthcare is associated with factors such as education level, income, race, and ethnicity.

Barriers that can limit a person’s use of preventive interventions and treatments include: limited access to and availability of dental services; lack of awareness of the need for care; cost; and fear of dental procedures.

There are also social determinants that affect oral health. In general, people with lower levels of education and income, and people from specific racial/ethnic groups, have higher rates of disease. People with disabilities and other health conditions, like diabetes, are more likely to have poor oral health.

Potential strategies to address these issues include:

- Implementing and evaluating activities that have an impact on health behavior.
- Promoting interventions to reduce tooth decay, such as dental sealants and fluoride use.
- Evaluating and improving methods of monitoring oral diseases and conditions.
- Increasing the capacity of State dental health programs to provide preventive oral health services.
- Increasing the number of community health centers with an oral health component.

Healthy People 2020 (www.healthypeople.gov)

Dental Care

Adults

More than 3 in 5 Total Area adults (61.9%) have visited a dentist or dental clinic (for any reason) in the past year.

- Statistically similar to statewide findings.
- Similar to national findings.
- Satisfies the Healthy People 2020 target (49% or higher).
- Particularly high in Cambridge City/Hagerstown.
- TREND: Statistically unchanged in Henry County since 2012.
Have Visited a Dentist or Dental Clinic Within the Past Year
Healthy People 2020 Target = 49.0% or Higher

Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 21]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Note the following:
- Women are more likely than men to report recent dental care.
- Persons living in the mid/high income category report much higher utilization of oral health services (very-low income and low-income adults fail to satisfy the Healthy People 2020 target).
Children
A total of 89.3% of parents report that their child (age 2 to 17) has been to a dentist or dental clinic within the past year.

- More favorable than national findings.
- Satisfies the Healthy People 2020 target (49% or higher).
- TREND: Children’s dental care in Henry County has remained statistically constant since 2012.
- Regular dental care is not statistically different by child’s age.

Child Has Visited a Dentist or Dental Clinic Within the Past Year
(Among Parents of Children Age 2-17)
Healthy People 2020 Target = 49.0% or Higher

Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 116]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents with children age 2 through 17.
Vision Care

A total of 57.5% of residents had an eye exam in the past two years during which their pupils were dilated.

- Comparable to national findings.
- Higher in Cambridge City/Hagerstown.
- TREND: Regular vision care has significantly decreased in Henry County over the past three years.

Related Issue:
See also Vision & Hearing in the Death, Disease & Chronic Conditions section of this report.

Had an Eye Exam in the Past Two Years During Which the Pupils Were Dilated

Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 20]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
Recent vision care in the Total Area is more often reported among:

- Seniors (65+) (strong positive correlation with age).
- Residents with higher incomes (positive correlation with income).

**Had an Eye Exam in the Past Two Years During Which the Pupils Were Dilated**
*(Total Area, 2015)*

<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>Very Low Income</th>
<th>Low Income</th>
<th>Mid/High Income</th>
<th>Total Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>%</td>
<td>57.2%</td>
<td>57.7%</td>
<td>41.6%</td>
<td>56.8%</td>
<td>81.3%</td>
<td>34.5%</td>
<td>46.5%</td>
<td>62.2%</td>
<td>57.5%</td>
</tr>
</tbody>
</table>

**Sources:** 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 20]

**Notes:**
- Asked of all respondents.
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Very Low Income” includes households with incomes below 100% of the federal poverty level; “Low Income” includes households with incomes between 100% and 199% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.
Healthcare Information Sources

Family physicians and the Internet are residents’ primary sources of healthcare information.

- 53.0% of Total Area adults cited their **family physician** as their primary source of healthcare information.
- The **Internet** received the second-highest response, with 18.5%.

Other sources mentioned include friends and relatives (10.5%), employer (2.4%) and personal experience (2.3%).

- Note that 3.3% of survey respondents say that they do not receive any healthcare information.

**Primary Source of Healthcare Information**
(Total Service Area, 2015)

<table>
<thead>
<tr>
<th>Source</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Doctor</td>
<td>53.0%</td>
</tr>
<tr>
<td>Internet</td>
<td>18.5%</td>
</tr>
<tr>
<td>Friends/Relatives</td>
<td>10.5%</td>
</tr>
<tr>
<td>Don’t Receive Any</td>
<td>3.3%</td>
</tr>
<tr>
<td>Employer</td>
<td>2.4%</td>
</tr>
<tr>
<td>Personal Experience</td>
<td>2.3%</td>
</tr>
<tr>
<td>Don’t Know</td>
<td>2.2%</td>
</tr>
<tr>
<td>Other (Each &lt;2%)</td>
<td>7.8%</td>
</tr>
</tbody>
</table>

**Sources:**
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 327]

**Notes:**
- Asked of all respondents.
The proportion of adults who rely on the Internet for healthcare information is statistically similar in both communities.

TREND: In Henry County, this proportion has not changed significantly over time.

Relying on the Internet for healthcare information is more prevalent among:

- Young adults (negative correlation with age).
- Adults with very low incomes.

Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 327]
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. “Very Low Income” includes households with incomes below 100% of the federal poverty level. “Low Income” includes households with incomes between 100% and 199% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.
Local Resources
Awareness of Local Healthcare Services

Survey respondents were next asked about their awareness of specific services offered at the Interlocal Community Action Program (ICAP).

Cambridge City/Hagerstown

Among Cambridge City/Hagerstown residents, only 18.7% have heard of the ICAP or its services. Awareness of assistance with getting TANF or SNAP benefits (26.4%) was nearly twice as high as the awareness reported for free help enrolling in HIP 2.0 or Obamacare (13.7%).

![Bar Chart](chart.png)

Histogram titled "Awareness of Services Offered at the Interlocal Community Action Program (ICAP) (Cambridge City/Hagerstown Residents, 2015)

- Help Getting TANF or SNAP Benefits: 26.4%
- Have Heard of ICAP or its Services: 18.7%
- Free Help to Enroll in HIP 2.0 or Obamacare: 13.7%

Sources: 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 328, 333, 334]

Notes:
- Asked of all respondents from Cambridge City/Hagerstown.
- HIP ("hip"), is the "Healthy Indiana Plan."
- TANF ("T-A-N-F"), is the Temporary Assistance for Needy Families Program.
- SNAP ("snap"), is the Supplemental Nutrition Assistance Program, sometimes called food stamps.

Henry County

Among Henry County residents, awareness for ICAP services was highest for WIC services (mentioned by 54.0%), followed by assistance receiving TANF or SNAP benefits (41.1%), women’s health clinic (39.1%), and free mammograms (37.0%)

- ICAP services with less awareness include low-cost birth control and STD testing (33.1%) and assistance enrolling in HIP 2.0 or Obamacare (28.0%).
- TREND: Awareness of WIC services, the women’s health clinic, and free mammograms has significantly decreased among Henry County residents since 2012 (not shown).
Henry County residents were asked about their awareness of services offered at the ICAP such as WIC Services, a women’s health clinic, free mammograms, low-cost birth control and STD testing, assistance enrolling in HIP 2.0 or Obamacare, and assistance in attaining TANF or SNAP benefits. WIC Services are for low-income pregnant women and children.

Henry County residents who are less aware of the WIC Services offered at the ICAP include:

- Men.
- Seniors (65+).
- Lower-income residents (negative correlation).

Sources: 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 329-334]

Notes:
- Asked of all respondents from Henry County.
- WIC (“wic”) Services are for low-income pregnant women and children.
- HIP (“hip”), is the “Healthy Indiana Plan.”
- TANF (“T-A-N-F”), is the Temporary Assistance for Needy Families Program.
- SNAP (“snap”), is the Supplemental Nutrition Assistance Program, sometimes called food stamps.
In Henry County, men and seniors (65+) are more likely to be unaware that the ICAP offers free mammograms.

### Aware of Free Mammograms at the Interlocal Community Action Program (Henry County, 2015)

<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>Very Low Income</th>
<th>Low Income</th>
<th>Mid/High Income</th>
<th>Total Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aware</td>
<td>28.8%</td>
<td>45.6%</td>
<td>33.2%</td>
<td>43.4%</td>
<td>28.2%</td>
<td>37.7%</td>
<td>42.3%</td>
<td>36.8%</td>
<td>37.0%</td>
</tr>
</tbody>
</table>

Sources: 2015 PRC Community Health Survey. Professional Research Consultants, Inc. [Item 331]

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. “Very Low Income” includes households with incomes below 100% of the federal poverty level; “Low Income” includes households with incomes between 100% and 199% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

Henry County adults less likely to be aware of the women’s health clinic at the ICAP include:

- Men.
- Seniors (65+).

### Aware of the Women’s Health Clinic at the Interlocal Community Action Program (Henry County, 2015)

<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>Very Low Income</th>
<th>Low Income</th>
<th>Mid/High Income</th>
<th>Total Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aware</td>
<td>32.6%</td>
<td>45.7%</td>
<td>36.0%</td>
<td>44.7%</td>
<td>31.0%</td>
<td>49.6%</td>
<td>42.1%</td>
<td>40.2%</td>
<td>39.1%</td>
</tr>
</tbody>
</table>

Sources: 2015 PRC Community Health Survey. Professional Research Consultants, Inc. [Item 330]

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. “Very Low Income” includes households with incomes below 100% of the federal poverty level; “Low Income” includes households with incomes between 100% and 199% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.
The following demographic groups report lower awareness of the low-cost birth control and STD testing that is available at the ICAP:

- Men.
- Seniors (65+).
- Adults with very low incomes.

**Aware of Low-Cost Birth Control & STD Testing at the Interlocal Community Action Program**  
(Henry County, 2015)

Source: 2015 PRC Community Health Survey, Professional Research Consultants, Inc. (Item 332)

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. “Very Low Income” includes households with incomes below 100% of the federal poverty level. “Low Income” includes households with incomes between 100% and 199% of the federal poverty level. “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.
Henry County men and seniors (65+) are less likely to be aware of the assistance enrolling in HIP 2.0 or Obamacare that is offered at the ICAP.

**Aware of Free Help to Enroll in HIP 2.0 or Obamacare at the Interlocal Community Action Program**  
(Henry County, 2015)

- **Aware of Free Help to Enroll in HIP 2.0 or Obamacare at the Interlocal Community Action Program (Henry County, 2015)**

Sources: 2015 PRC Community Health Survey, Professional Research Consultants, Inc.  
[Item 333]

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. “Very Low Income” includes households with incomes below 100% of the federal poverty level. “Low Income” includes households with incomes between 100% and 199% of the federal poverty level. “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

In Henry County, men and seniors (65+) have lower awareness of the assistance provided by the ICAP to help residents get TANF or SNAP benefits.

**Aware of Help Getting TANF or SNAP Benefits at the Interlocal Community Action Program**  
(Henry County, 2015)

Sources: 2015 PRC Community Health Survey, Professional Research Consultants, Inc.  
[Item 334]

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. “Very Low Income” includes households with incomes below 100% of the federal poverty level. “Low Income” includes households with incomes between 100% and 199% of the federal poverty level. “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.
Perceptions of Local Healthcare Services

More than one-half of Total Area adults (56.0%) rate the overall healthcare services available in their community as “excellent” or “very good.”

- Another 33.4% gave “good” ratings.

Rating of Overall Healthcare Services Available in the Community
(Total Area, 2015)

Sources: 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 6]
Notes: Asked of all respondents.

However, 10.6% of residents characterize local healthcare services as “fair” or “poor.”

- More favorable than reported nationally.
- No statistical difference by community.
- TREND: Marks a statistically significant improvement in ratings since 2012 in Henry County.

Perceive Local Healthcare Services as “Fair/Poor”

Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 6]
Notes: Asked of all respondents.
• Total Area residents between the ages of 40 and 64 are more critical of local healthcare services than seniors (65+).

Perceive Local Healthcare Services as “Fair/Poor”
(Total Area, 2015)

<table>
<thead>
<tr>
<th></th>
<th>18 to 39</th>
<th>40 to 64</th>
<th>65+</th>
<th>Very Low Income</th>
<th>Low Income</th>
<th>Mid/High Income</th>
<th>Total Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>11.8%</td>
<td>9.3%</td>
<td>10.4%</td>
<td>12.4%</td>
<td>7.0%</td>
<td>14.3%</td>
<td>9.0%</td>
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<tr>
<td>Women</td>
<td>7.0%</td>
<td>14.3%</td>
<td>12.4%</td>
<td>9.0%</td>
<td>10.6%</td>
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<td></td>
</tr>
</tbody>
</table>

Sources: 2015 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. “Very Low Income” includes households with incomes below 100% of the federal poverty level; “Low Income” includes households with incomes between 100% and 199% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.
Healthcare Resources & Facilities

Hospitals & Federally Qualified Health Centers (FQHCs)

The following map illustrates that as of September 2015, there was one hospital and no Federally Qualified Health Centers (FQHCs) within Henry County.

Hospitals & Federally Qualified Health Centers, POS Sept. 2015

Health Professional Shortage Areas (HPSAs)

As shown in the following map, Henry County has been designated by the US Department of Health and Human Services as a health professional shortage area (HPSA).

A “health professional shortage area” (HPSA) is defined as having a shortage of primary medical care, dental or mental health professionals.
Appendix I: Community Stakeholder Input

Key Informant Survey Methodology

As part of the community health needs assessment, Henry Community Health Staff conducted two online surveys among key informants in the community — one for Henry County, one for Wayne County. The online survey participants included representatives from public health, physicians, other health professionals, social service providers, and other community leaders.

A list of participants for the online surveys was developed by Henry Community Health. Potential participants were chosen because of their ability to identify primary concerns of the populations with whom they work, as well as of the community overall. Participants included a representative of public health, as well as several individuals who work with low-income, minority or other medically underserved populations, and those who work with persons with chronic disease conditions.

Key informants were contacted by email to request their participation.

There are no names connected with the comments, as participants were asked to speak candidly and assured of confidentiality.

NOTE: These findings represent qualitative rather than quantitative data. The online 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.
Online Key Informant Survey: Henry County Findings

Participants
For the Henry County Online Key Informant Survey, 31 community stakeholders took part, including the following individuals:

- Tina Abrams, Director of Women and Children’s Unit, Henry Community Health
- Amanda Boyd, FNP-C, Nurse Practitioner
- Suzann Bottoms, Sowers of Seeds Counseling
- Dara Cook, RN, MSM, Director of Quality and Supportive Services, Henry Community Health
- Rebecca Davisson, MD, Family Physician
- Carla Guffey, LPN, Manager of Anti-Coagulation Clinic, Henry Community Health
- Angie Haas, RN, Care Coordinator, Henry Community Health
- Kris Larson, RN, BSN Clinical Care Coordinator, Henry County Medical Group Specialty Practices
- Nancy Lewis, RN, Director of Women’s Health Clinic, InterlocalCAP
- Winnie Logan, Director, New Castle Henry County Library
- Kris Manning, RN, Director of Emergency Department, Henry Community Health
- Beverly Matthews, President and Executive Director, Henry County Foundation
- Doug Mathis, Director, Henry County Health Department
- Tom Mathews, MD, Orthopedic Surgeon
- Wylie McGlothlin, MD, Chief Medical Officer, Henry Community Health
- Erica Miller, MSW, LSW, Henry Community Health
- John Miller, MD, Family Physician and Medical Director, Henry County Health Department
- Steven Miller, MD, Internal Medicine Physician
- Stacey Murrell, WHNP-BC, Nurse Practitioner
- Debi Morris, Physician Liaison, Henry Community Health
- Steve Nelson, ACSW, LCSW, Pediatric Mental Health Provider
- Michelle Patton, Insurance Navigator, InterlocalCAP
- Kevin Polivick, Executive Director InterlocalCAP
- Lindsey Rolston, MD, Orthopedic Surgeon
- Juli Taylor, FNP-C, Nurse Practitioner
- Josh Underhill, MD, Pediatrician
- Dana Weaver, Director of Discharge Planning, Henry Community Health
- Tim Welch, Community Paramedic Program
- Chris Williams, Executive Director, Henry County YMCA
- Shelley Wilson, RN, MSN, Care Coordinator, Henry Community Health
- Renee Wright, PA-C, Orthopedic Surgery
Ratings

As part of the online survey, key informants were asked to rate each of 20 health issues as a “major problem,” “moderate problem,” “minor problem” or “not a problem” in Henry County. Below are the results of these ratings. As shown, in terms of “major problem” responses, the top identified health concerns were substance abuse, tobacco use, nutrition/weight status, mental health, diabetes and physical activity.

Henry County Key Informants:
Relative Position of Health Topics as Problems in the Community
Top Concerns

Most prevalent problems CHILDREN AND ADOLESCENTS face with their health and in obtaining health care in Henry County.

- Poor parenting, domestic violence and lack of parental responsibility and accountability.
- Addictions and mental health issues among parents that go unaddressed.
- Access to treatment especially if the parents are ignorant about what is needed or are lacking in their own resources.
- Lack of role models and support from adults.
- Family planning and birth control for adolescents.
- Sexually transmitted diseases and hepatitis C.
- Obesity, lack of exercise and diabetes.
- Drugs and alcohol.
- Lack of mental health, psychiatry, substance abuse services.
- Access to pediatric subspecialists locally.
- Difficulty in obtaining referrals to tertiary facilities for Medicaid pediatric patients.
- Access to primary care physicians.

Most prevalent problems Henry County RESIDENTS WITH MULTIPLE CHRONIC CONDITIONS face with their health and in obtaining health care.

- Affordability and limited resources to pay for care. We have everything we need in our community but we are not always willing or available to treat patients accordingly.
- Transportation locally and to see out of town specialists.
- Medication costs, understanding their medications and high deductible plans.
- Cigarette smoking leading to medical complications and lack of a quality smoking cessation program/approach.
- Chronic conditions medical care.
  - Limited specialists in the area and difficulty obtaining timely appointments.
  - Coordination of care with all providers.
  - Not enough time at office visits to adequately address their chronic conditions.
  - Addressing end of life issues with advanced chronic conditions.
  - Health literacy and chronic care education.
  - Access to resources and services to manage chronic conditions.
  - Lack of support groups, management to prevent recurrent admission.
- Those with multiple conditions not wanting to change for many of the serious issues.
- Compliance with physician recommendations, either due to inability to afford medications/other treatments, lack of motivation to change lifestyle, e.g. smoking cessation, weight loss, exercise.
• Osteoporosis management.
• Inactivity.
• Sometimes perceived by providers as “high maintenance”.
• Using the emergency department instead of calling their PCP and calling an ambulance to take them due to transportation and caregiver support that is not dependable.
• Insurance coverage for certain programs like, homecare. Age is a barrier because we are seeing younger people with less insurance coverage or limited coverage for items they need including insurance companies not covering needed respiratory meds because they are not included in their formulary.

**Most prevalent problems the ELDERLY in Henry County face with their health and in obtaining health care.**

- Understanding how and where to find the answers they need. Knowing the right questions to ask and sometimes difficulty understanding what is being communicated.
- Transportation and other supportive services.
- Lack of a medical home.
- Low cost options for health, dental and mental health needs. Dental care for elderly is a major issue. Overwhelmed with the cost of medications.
- Understanding the system and how it works. Many times it takes so many phone calls to get an appointment etc. that they give up.
- Access to primary care and having to wait months to see their doctor.
- Communication with medical offices. Providers presenting information in a manner and terminology patients can understand and not rushing the patients through 10 minute appointments. Patients are told to mention concerns to their PCP’s but then the PCP says, “that’s not what this appointment is for, you need to schedule another appointment to discuss that.”
- Not understanding insurance/Medicare Advantage Plans. Overwhelmed by Medicare paperwork and need help navigating their paperwork.
- Dementia care. Support services for caregivers, transportation or securing at home services to maintain independence, psychiatric care for early dementia patients. Education and skilled help for those with dementia or Alzheimer’s.
- Lack of area resources. Healthy affordable meals (many are added to the "wait list" for Meals on Wheels) and cannot afford products such as Ensure or Boost. Nutritional education and support.
- Support from their caregivers/family; lack of adequate social support.
- Lack of affordable caregivers to go with patients or remind them of appointments.
Most prevalent problems Henry County LOW INCOME RESIDENTS face with their health and in obtaining health care.

- Cost of care and medications leading them to skip certain medical procedures or put things off. Inability or lack of caring to get medications.
- Patients may be prescribed a medication while they are in the hospital but, when they get out the medication is too costly for the patient to continue to take.
- Inability to afford their payments with high deductible health plans.
- Transportation locally and to out of town specialists often leading to missed appointments.
- Knowledge of how to obtain health care and navigate the system.
- Difficulty understanding what their doctor is telling them so they don’t follow through on recommendations. Need for more follow-up with these patients to make sure they understand what they need to do.
- Abuse of the system by some, overloading it for others who are truly sick.
- Poor nutrition habits, cost of proper diet and lack of understanding of dietary management. Affording fresh fruits, vegetables, and lean meats. Low income residents tell me they go to food pantries and are usually given pasta, etc.
- Low priority on healthy lifestyle.
- Understanding the system in order to obtain and keep health insurance. Access to a sliding fee system and being ignored or treated poorly due to their economic status.
- Lack of preventative health care.
- Lack of accountability, missed appointments and poor follow through.
- Finding a healthcare provider that takes the insurance the patient has. Specialist not accepting Medicaid. Access to primary care for those without insurance. Utilization of emergency room services instead where they are not asked to pay a co-pay.
- Affordable dental care.
- Psychosocial concerns and lack of mental health providers, especially psychiatrists that can help with medication management.
- Tobacco abuse and obesity.
- Drug abuse and lack of local treatment resources.
- We lack an FQHC to provide comprehensive services.
- Some Medicaid plans do not pay for extended care facilities or transportation. Some insurance will not pay for homecare follow-ups.
- Lack of family involvement and family support.
What are some of the resources, other than Henry Community Health and our Health Department that can help address identified needs?

- Education. Take the education to the people. Start young, high school with "survival" education for a successful life.
- YMCA.
- Safe at Home.
- Open Door.
- LifeStream, AARP, Center for Aging, Senior Citizen Center, Area Agency on Aging, Senior Helpers.
- United Way.
- HeadStart.
- Meridian Health.
- New Castle-Henry County Public Library.
- ICAP programs including Women’s Health Clinic and WIC.
- Local trails and bike routes.
- American Diabetes Association.
- Drug Task Force. There is a need to develop more mental health and substance abuse programs as these are lacking in the community.
- Little Red Door and American Cancer Society.
- There is a great need for an affordable clinic such as Open Door or the Jane Pauley Center.
- Adding flexible hours for walk in care.
- We need to empower patients with knowledge. Provide more preventative education and support groups and/or classes to help them learn to manage their chronic conditions and stop smoking.
- Providers outside of the community.
- There are a number of agencies that can help but, most have limited resources or a limited focus so, it takes knowledge of those agencies to select and refer patients to the most beneficial resources for their condition or need.
Online Key Informant Survey: Cambridge City and Hagerstown Findings

Participants
For the Cambridge City and Hagerstown Online Key Informant Survey, 10 community stakeholders took part, including the following individuals:

- Lorena Gromer, Director, **Western Wayne Senior Center**, Cambridge City
- Ken Newton, RPh and owner, **Medicenter Pharmacy**, Cambridge City
- Kim Pattison, RN, School Nurse, **Western Wayne School Corporation**
- Toni L. Wilcher, NP, **Cambridge City Family Health Partners**
- Juli Taylor, FNP, **Cambridge City Family Health Partners**
- Sandy Weiser, Registrar/Cashier, **Cambridge City Family Health Partners**
- Jamie Stolle, LPN, **Cambridge City Family Health Partners**
- Brandi Jessee, CMA, **Cambridge City Family Health Partners**
- Joe P. Smith, Jefferson Township Trustee
- Julie Blaase, LPN, Former Employee of **Cambridge City Family Health Partners**, and current member of **Board of Trustees of Nettle Creek School Corporation**, Hagerstown, Indiana
Ratings
As part of the online survey, key informants were asked to rate each of 20 health issues as a “major problem,” “moderate problem,” “minor problem” or “not a problem” in Cambridge City and Hagerstown. Below are the results of these ratings. As shown, in terms of “major problem” responses, the top identified health concerns were substance abuse, tobacco use, diabetes and physical activity.

Cambridge City and Hagerstown Key Informants:
Relative Position of Health Topics as Problems in the Community

<table>
<thead>
<tr>
<th>Top-Ranked Issues</th>
<th>0%</th>
<th>10%</th>
<th>20%</th>
<th>30%</th>
<th>40%</th>
<th>50%</th>
<th>60%</th>
<th>70%</th>
<th>80%</th>
<th>90%</th>
<th>100%</th>
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</thead>
<tbody>
<tr>
<td>Substance Abuse</td>
<td>100</td>
<td>90</td>
<td>80</td>
<td>70</td>
<td>60</td>
<td>50</td>
<td>40</td>
<td>30</td>
<td>20</td>
<td>10</td>
<td>0</td>
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<tr>
<td>Tobacco Use</td>
<td>80</td>
<td>70</td>
<td>60</td>
<td>50</td>
<td>40</td>
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<td>20</td>
<td>10</td>
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<tr>
<td>Diabetes</td>
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<td>40</td>
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<td>Physical Activity</td>
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<td>Nutrition &amp; Weight Status</td>
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<td>Heart Disease &amp; Stroke</td>
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<td>Maternal, Infant &amp; Child Health</td>
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</table>

Major Problem Moderate Problem Minor Problem No Problem At All Don’t Know
Top Concerns

Most prevalent problems the ELDERLY in Cambridge City and Hagerstown face with their health and in obtaining health care.

- Reliable transportation locally and to out of town specialists.
- Access to specialists, particularly geriatric physicians.
- Cost, access to affordable medications and ability to afford medications when in Medicare “donut hole.” Confusion over how to select Part D prescription drug plans and their yearly cost increases.
- Living on fixed incomes and must choose between living expenses or medications. Some people refuse care because of cost and “hassle”.
- Dementia evaluation and care, caregiver support services, in-home care and support to maintain independence.
- Assistance in managing medications.
- Government mandated changes for healthcare.
- Confusion over the terminology used by medical professionals is daunting and unfamiliar. They get confused easily and often cannot hear or see well. Many of these professionals speak very fast and often much too softly for the elderly. Often there is too much information presented to the patient to absorb in one sitting. Many of these people do not have someone to attend the visits with them to be able to interpret and remember what is being said. A computer printout is NOT sufficient as this is usually small type and terminology is again an issue. Much of the information is generic and applied to everyone AND much of the information has not been verbalized by the medical professional during the visit.
- Lack of family willing or able to help.
- Dealing with billing issues from hospitals and doctor offices.

Most prevalent problems RESIDENTS WITH MULTIPLE CHRONIC CONDITIONS in Cambridge City and Hagerstown face with their health and in obtaining health care.

- Many of the same issues apply here as above. The cost of nursing home care is prohibitive for many people. Unless they are participating in the Medicaid programs, this is often a last resort for the family. Oftentimes, they will move in with family which places major stresses on the other family members and additional financial burdens.
- Traveling to specialists.
- Cost and access to affordable medications.
- This area has a large population of non-compliant patients either because of cost of medication or lack of education. While Henry Community Health offers patient assistance, there are no advocates available at the Cambridge City office to help these patients, and they will not and cannot travel to New Castle to discuss
assistance.

- Preventative screening services.
- Pain management services.
- Weight loss education and services.

Most prevalent problems LOW INCOME RESIDENTS in Cambridge City and Hagerstown face with their health and in obtaining health care.

- There are some who are utilizing public aid who will go to the hospital for any little medical need. Those who are conscientious about their expenditures will usually opt to pay housing and food expenses before seeing to their own medical needs. If there are children in the household, the needs of the child will usually take precedence.
- Cost and access to affordable medications.
- Applying for and receiving adequate insurance to cover the cost of health care. They often do not understand and/or follow through with the steps needed to receive the health care coverage they need.
- Resources for referrals and the specialists that take their insurance.
- Mental health services.
- Access to preventive services such as screening colonoscopies.
- Smoking cessation support including medications. Diabetes support services.
- Transportation.
- Lack of understanding of their disease process. Many of these patients cannot read which exacerbates the problem.
- Hospitals and physician offices not taking into consideration existing circumstances and other financial obligations such as reliable transportation, housing and other associated expenses when working out payment plans.
- Government directed solutions for an already complex healthcare system has made it worse, especially for the low income.

Most prevalent problems CHILDREN AND ADOLESCENTS in Cambridge City and Hagerstown face with their health and in obtaining health care.

- Lack of healthcare insurance, lack of dental care and proper nutrition.
- Amish specific issues such as immunizations and preventive care.
- Mental health services and evaluation. i.e. ADHD evaluation and services.
- Drug related problems. Some issues drive people to drugs and our present healthcare system does not help. Adolescents and young adults especially, may have an ache or pain from an accident or sports related injury. They ask their parent(s) and are told they can't afford to have it diagnosed. A friend then offers a solution to living with the pain. It could be a prescription their parents haven't used or an illegal drug,
but the results are the same.

- Lack of information and involvement of parents.
- Heroin addiction, teen pregnancy is at an all-time high in Hagerstown. Again, this goes back to lack of information, concern of the family unit.

**What are some of the resources that can help address identified needs?**

- We have transportation and food available for the elderly as well as providing blood pressure and blood sugar screenings monthly. We often provide speakers at the Western Wayne Senior Center for topics that are of concern to the elderly population of Western Wayne County.
- Resources for education and services.
- More resources to assist lower income families, information to help them connect to resources and affordable help for those with substance abuse issues.
- More affordable or free programs/resources to give families opportunities to improve their nutritional status and weight reduction and/or maintenance programs.
- Diabetes education and support classes.
- Substance abuse help including access to detox services. There are no affordable drug treatment facilities for the heroin addicted patients that want help. Heroin, multi drug use and hepatitis C are a major problem. I have seen more heroin use and hepatitis C in the past 8 months in this community than in 15 years combined as an NP in Henry County.
- Improved consistent access to psychiatric prescribers such as psychiatrists and psychiatric nurse practitioners for adults and children. Average wait time is 2-3 months to see a prescriber.
- Weight loss/active lifestyle initiatives.
- Interlocal Community Action Program (ICAP) such as that in Henry County.
- Nutrition counseling.
- Specialty offices at times don't take their insurance if a referral is needed.
- Smoking cessation. We provide information to the patient, but it's up to them to want to quit for their health. There really isn't anywhere to send people with addiction.
- In transitioning to the new requirements of healthcare why can't existing circumstances be considered? Work with companies providing health solutions to observe what our country is facing and brainstorm what might help our communities.
- Have a patient advocate at Cambridge City Family Health Partners once or twice a month to help those patients needing assistance with financial assistance.
- Assistance in learning how to use computers and free access for elderly to be able to use patient portals.
Appendix II: Evaluation of Past Work

Henry Community Health identified the following areas of concern to address as a result of information and research gained from their 2013 Community Health Needs Assessment:

- Access to Health Services
- Diabetes
- Tobacco Use In Pregnant Women
- Cancer-Female Breast Cancer Death and Cervical Cancer Screenings
- Emergency Department Inappropriate Utilization
- Weight and Physical Activity
- Chronic Lower Respiratory Disease, Pneumonia and Influenza Deaths

This report outlines the program successes as well as areas where desired results were not achieved. As with any long-range planning, some goals and objectives changed during the three-year time frame based on new information or new opportunities that could better meet the goals.

Access To Health Services—Prescription Medications and Insurance Instability

In the 2013 Community Health Needs Assessment 15.6% of Henry County adults age 18 to 64, reported having no insurance coverage for healthcare expenses. Decreasing the number of uninsured adults and improving medication affordability and accessibility were key strategies for improvement.

The Accountable Care Act (ACA) and Indiana’s Healthy Indiana Plan (HIP) 2.0 opened up new insurance options for Henry County residents. In addition to providing many health services, both plans pay for prescription medications.

Each year since the ACA began, Henry Community Health implemented major advertising campaigns to encourage enrollment. Henry Community Health’s ClaimAid department added a second person to assist residents in enrolling with the ACA. The campaigns focused on the benefits as well as free enrollment help available through ClaimAid and the InterlocalCAP program.

According to the US Department of Health and Human Services, 708 people living in the major Henry County cities were enrolled in the ACA for 2014. This enrollment number increased to 1217 in 2015. Data for 2016 was unavailable at the time of this publication. Because zip codes with fewer than 50 enrollees were not tracked, the actual numbers for both years should be somewhat higher.

Indiana’s HIP 2.0 program for low income adults 19-64 was approved in 2015 and a similar advertising campaign and coordination with InterlocalCAP was undertaken to promote and encourage enrollment in this program. As of November, 2015 which is the latest available
data, there were 3127 Henry County residents enrolled in HIP.

Both programs also assist people/families who find they are not eligible for the ACA or HIP 2.0 enroll in other programs such as Indiana’s traditional Medicaid and CHIP for children.

Needy Meds provides emergency funding to pay for prescriptions. The Henry County Hospital Foundation has provided $28,000 in financial grants for the last three years to allow more residents to be served. Staff also help people find long-term assistance through pharmaceutical companies if it is available. Referrals also are made for people with no health insurance to Henry Community Health’s ClaimAid staff.

**Diabetes**

Diabetes is a major problem in Henry County affecting many other health issues such as heart and kidney disease. Initiatives were developed to help reduce Type 2 diabetes prevalence and improve diabetes management which ultimately will reduce complications and death from other conditions exacerbated by diabetes.

Certified Diabetes Educator Patty Wenning, RN, CDE, ACE Health Coach, moved her office to New Castle Family & Internal Medicine in January, 2014 to be more accessible to outpatients. She provides education, health coaching and counseling at no charge to patients referred to her primarily by Henry Community Health physicians. These appointments are available for newly diagnosed patients as well as those with diabetes who need additional help. In 2016 she hopes to increase the number of patients with prediabetes that she sees. In 2015 she became a Certified Diabetes Educator and Health Coach.

Diabetes education classes are offered at Henry Community Health for both day and evening sessions. They are taught by Patty Wenning, RN, CDE, ACE, and Eldonna Neeley, RD. Although there has not been an increase in the number of patients attending the classes, fewer patients are dropping out of the classes once they begin. Primary Care Providers continue to be reminded to encourage and recommend that their patients take the classes or meet with Patty for an appointment.

Care Coordinators Shelley Wilson, RN, MSN and Angie Haas, RN, are available to meet with patients with diabetes who could benefit from a care coordination program. They also initiated a program encouraging providers to ask all diabetic patients if they have had their annual diabetic eye exam. If not, patients are given a form to take to their eye doctor. The Care Coordinators personally met many local eye doctors to explain the form and why the information was needed. They have seen an increase in the number of eye exam reports received.

The Henry County YMCA is addressing the diabetes epidemic in Henry County with an evidence-based program developed by the national YMCA for people who are at risk of developing diabetes. Several Henry Community Health providers are on the Steering
Committee and Henry Community Health has provided the YMCA $18,000 in financial support for the program over the last two years.

The first class held in 2015 had six participants. A second class with nine interested participants is scheduled to start in January 2016. The goal for the first class was for participants to lose 5-7% of overall body weight and work up to 150 minutes of exercise per week. Three participants hit the weight loss goal and two participants greatly exceeded that goal. One person lost over 11% and the other lost almost 10% of overall body weight. The other three participants did not lose as much. YMCA staff think their lack of progress was in direct correlation with poor attendance. This lack of motivation may have been affected due to their lack of financial investment in the program as current YMCA members paid significantly less than non-members who were charged $429 for the year. In addition to the program classes, the price included a YMCA membership, personal training sessions, and free blood work done by Henry Community Health. For future classes, YMCA members will be asked to provide a more significant financial commitment.

Messages have been sent through MyHealth patient portal about the diabetes support activities at Henry Community Health and the Henry County YMCA pre-diabetes program. Efforts to increase use of Emmi diabetes education programs have not been as successful as hoped and efforts to increase usage will continue. Programs identified for HealthLink and Draper Health Employer Clinics have been less successful due to problems accessing information from the electronic health records and staff resources. Health coaching is available to patients with diabetes. In 2016 renewed efforts will be made to obtain the data necessary to track A1C testing and determine which patients should be contacted to set up an appointment either to have their A1C tested or because it is too high.

**Tobacco Use-Pregnant Women**

Women who smoke during pregnancy are a major problem in Henry County. The goals of this initiative were to decrease the number of women who smoke during pregnancy and who return to smoking after delivery. Decreasing the number of family members who smoke also was a priority due to the negative health effects of second and third hand smoke.

Unfortunately the results have not been good. The program is being revised and will be taught by staff from Henry Community Health’s Women and Children’s Unit who will receive training on conducting smoking cessation classes for pregnant women and their significant others.

The two major barriers are:

- The difficulty in reaching women, successfully enrolling and keeping them in the program. Even though ICAP tried to enroll every woman that came to their Clinic for prenatal care most of the women did not want to attend the class, had little or no family support or transportation problems. Some women used the need for child care
as an excuse, but even when childcare was offered they declined to attend.

- Staff/community support needed to make this a more robust program.

The initial thrust was the development of the Baby Love program which was based on the Indiana Perinatal Network and Promoting Smokefree Pregnancies. The program included classes and a rewards program for women and their support persons attending the sessions. They also were encouraged to bring family members as support or as participants so they too will stop smoking.

Baby Love has struggled to get people to help. Initially several local groups were active in getting the program started but did not follow-through on a long-term commitment. The lack of hospital staff time to encourage and lead a community-wide commitment also hampered the program.

Henry Community Health publicized the program and provided the instructor with referrals primarily coming from the ICAP Women’s Clinic and WIC. The instructor also called everyone who was enrolled prior to the class to encourage attendance but no shows were a problem. Arrangements also were made with the local YMCA to move the classes to their multi-purpose room and for them to provide free child care. However, none of the class participants who wanted to attend needed this service.

Six women enrolled in the first session in Fall 2013 with only one person successfully completing the class. A second session began April 9, 2014 with five enrolled. And a third session was held in Fall, 2014.

No-shows were a consistent problem. To encourage initial and continuing attendance women who were pregnant or just had a baby were eligible for a free case of disposable diapers for each session along with other incentives.

In 2014, Henry Community Health’s Smoking Cessation Counselor, met with pregnant teens enrolled in Cradles which is the New Castle Community Schools Program for pregnant women. A media release and a story in HealthConnect discussed how smoking during and after pregnancy can harm a child. It was written by Stacey Murrell, NP, from Antolin & Benninger Obstetrics & Gynecology. In 2015, participant registration was down and no-shows were up so the Baby Love program was integrated into the hospital’s quarterly Freedom From Smoking classes. Special emphasis was made throughout the program for Baby Love participants as well as the other attendees who benefitted from the information on the dangers of secondhand and thirdhand smoke for infants and children. Baby Love participants still received their incentives to attend.

**Cancer-Female Breast Cancer Death and Cervical Cancer Screenings**

Data suggested that part of the problem in both breast cancer deaths and lack of cervical cancer screenings could be linked to lack of health insurance or women being underinsured.
and foregoing screenings and treatment. As indicated earlier in this report significant progress has been made in increasing residents who have health insurance either through the Accountable Care Act or the Healthy Indiana Plan 2.0 (HIP).

An advertising and publicity plan runs periodically reminding women of the importance of mammograms and the ICAP Women’s Clinic Mammogram Assistance Program that offers free mammograms to uninsured and underinsured women. An Imaging Breast Health Navigator was hired to assist women identified with suspicious mammography findings and arrange needed follow-up appointments. A brochure explaining what it means to have dense breasts was developed. Periodic publicity about the importance of Pap smears, mammograms and the Imaging Breast Health Navigator are included in Henry Community Health’s Health Connect monthly publication.

Free cervical cancer screenings and clinical breast exams for uninsured or underinsured women typically are held twice a year and co-sponsored by Henry Community Health, ICAP Women’s Clinic and IU Health Ball Cancer Center at Forest Ridge. ICAP Women’s Clinic provides assistance for follow up care where appropriate and provides navigator services to enroll in the ACA Marketplace and Indiana Medicaid/HIP 2.0 Programs. In the last three years the Henry County Hospital Foundation has provided $28,000 in financial grants to the ICAP Women’s Clinic to assist them in providing these services. In addition Henry Community Health providers, nurses, lab and other staff donate their time to provide the exams, and Henry Community Health shares the cost of the supplies with the other sponsors.

October 29, 2013 Screening

34 women were screened with follow up care including:

- 13 mammograms with 2 needing further diagnostic services
- 2 colposcopies due to abnormal Paps
- 1 endometrial biopsy recommended
- 1 vulvar biopsy recommended

January 18, 2014 Screening

21 participants with one confirmed diagnosis of breast cancer which required follow-up care.

September 22, 2014 Screening

23 participants with several problems, some serious, were found that needed follow-up care.
April 8, 2015 Screening

20 participants

- 15 clinical breast exams
- 15 Pap smears
- 10 mammograms scheduled
- 2 follow ups due to Pap results
- 1 colposcopy referral

November 4, 2015 Screening

- 23 participants including 7 women too young for a mammogram who came for the Pap only.
- 14 women were scheduled for a mammogram at Henry Community Health which provides discounted pricing to ICAP Women’s Clinic. Eleven women’s mammograms were normal and one short-term follow-up was needed along with two no-shows.

2016 Screenings Scheduled

March 16 and Fall

Emergency Department Inappropriate Utilization

The goal of this strategy was to prevent and reduce inappropriate visits and overuse of the Emergency Department. The initial action plan identified 10 individuals who visited the ED from 12 to 100 times from January 2013-October 2013. Individual action plans were put into place and visits by high users either slowed or stopped due to interventions such as helping the patient obtain regular visits to their Primary Care Provider. Due to other priorities this specific strategy was not continued in 2014.

A new “ED Task Force” meets regularly to review the “loyal” (high utilizor) ED patients. Members look at the individual’s visits and their diagnosis to see if any trending can be identified. (i.e.-if a patient has been in repeatedly for urinary symptoms-have they seen an Urologist). If not, they are assisted with obtaining a sub-specialty referral. The committee members have evolved as needs have been identified. Currently members include the Emergency Department Director, Chief Nursing Officer, Social Services, Care Coordination, Community Paramedicine and Quality.

Several new initiatives were started in 2015 which should also help address this problem. Care Coordinators attempt to follow up with patients who frequent the ED often and assist in obtaining appointments as well as providing health coaching and education when needed in an attempt to reduce inappropriate ED use and overutilization. A Community Paramedicine Program has been started and a brochure was developed regarding when to use the ED, primary care or urgent care offices.
An LCSW is now on the staff at New Castle Family & Internal Medicine. While this person was hired to primarily assist with depression in people with chronic conditions, this service also has the potential to decrease inappropriate ED use and overuse which may be a result of the patient’s depression. Henry Community Health’s 2016 Strategic Plan includes the development and implementation of initiatives to reduce COPD and Heart Failure readmission rates. These initiatives should also aid in reducing inappropriate ED usage.

**Weight and Physical Activity**

Henry County has a higher rate of obesity than both the Indiana and national averages. While no clear cut achievements can be quantified there are several programs working to increase physical activity and hopefully obesity due to increased activity.

Henry Community Health started a Walkingspree program in 2014 to encourage increased physical activity with employees through measuring and increasing the number of steps they take each day. Rewards and incentives such as Paid Days Off are given to employees who meet their goal as well as the overall Henry Community Health goal. The 2015 summer/fall program met its goal of 250 employees averaging 5,000 steps per day for each month of the contest. A new program is planned for 2016 to continue this encouragement and progress. Henry Community Health currently has one Weight Watcher’s program for employees with a second group in the planning stages.

A survey was conducted in November, 2015, with Henry Community Health staff to ascertain their thoughts about the current contest, future contests, rewards and more. Out of 182 responses, 149 are currently participating in the program.

The majority reported "Some to Significant Health Improvements."

Weight Loss and Increased Energy were the most noted health improvements.

The majority reported the program to be "Very Motivating."

"Everyone Earning an Incentive" was preferred over "A Chance at Winning a Grand Prize."

The order of incentives preferred are as follows: Earning PDO Hours, Cash Rewards, Trip/Cruise, Gift Cards, Weekend Getaways, Event Tickets and Fitness-Related Items.

The majority reported being "Very Interested" in future programs.

Half of all respondents were aware of the Facebook "HCH Get Fit" page.

Henry Community Health also offers a Wellness @ Work program for employees on the hospital insurance with an average participation of about 250 employees. Employees attend a health screening for height, weight, blood pressure, cholesterol, HDL and glucose labs and fill out a brief Health Risk Assessment (HRA). The HealthLink Health Coach then uses this data to help guide topics and goal setting during the health coaching session. All participants (even low-risk) are required to attend the health coaching session in order to earn the 4 hours...
Paid Days Off time given as an incentive for participation.

HealthLink, Henry Community Health’s employer clinic, has partnered with Activate Healthcare to provide enhanced health coaching and wellness services and to empower employees and their families to take charge of their health. A Wellness Council has started with representatives from the five Henry County employers who use HealthLink for employee healthcare. The Council is in the process of identifying and aggregating wellness initiatives each employer is doing and identifying the first initiative the Wellness Council will promote across all employer groups in 2016. While the Walkingspree program has not been expanded to other employers using HealthLink, their employees have access to health coaching services which can include assistance in losing weight and exercise encouragement.

In 2014 Henry County Hospital Foundation provided a donation of $12,500 to the construction of the nearby Wilbur Wright Trail. The Trail provides walking and biking opportunities on a linear park as part of the national rails to trails movement. Henry Community Health is a major contributor to the two premier local activity events - Summit Lake Triathlon and New Castle Mini-Marathon. Both events offer beginner, intermediate and family oriented distances to encourage wider participation. Henry Community Health also promotes the Organization’s nearby events to encourage employee participation.

Chronic Lower Respiratory Disease, Pneumonia and Influenza Deaths

The focus was on Henry County adults with asthma, respiratory disease, heart disease and diabetes who should receive annual flu shots and appropriate pneumonia shots and boosters. Community wide publicity about the importance and availability of flu shots is provided each fall. Patients from New Castle Family & Internal Medicine, the largest primary care practice in the county, received a call from Emmi Prevent about the importance of getting a flu shot. All patients admitted to Henry Community Health are screened to see if they are up to date regarding both shots. At discharge they are screened again to make sure an opportunity isn’t missed to vaccinate the Henry Community Health population. A physician approved protocol can be used to offer the shot if the screening process indicates the need after exclusions regarding allergy and past medical history are addressed. This initiative has not been as well developed as originally conceived and renewed efforts will be taken in 2016 to have a more tailored approach to reach these patients.