

# 2022 Community Health Needs Assessment Community Hospital of Noble County, Inc.





# **TABLE OF CONTENTS**

EXECUTIVE SUMMARY	6
Introduction & Purpose	6
Approach	6
Summary of Findings	6
Prioritized Areas	7
HSIR Group	7
Evaluation of Progress Since 2019 CHNA	8
Figure 1. Three-Year CHNA Process; Organization of Parkview CHNA reports	8
Priority Health Needs and Impact from 2019 CHNA	8
INTRODUCTION	9
About Parkview Health	9
Service Area	9
Figure 2. Counties with Parkview Hospitals	9
DEMOGRAPHICS	10
Population	10
Table 1. Population	10
Table 2. Population in Parkview Counties, 2017 and 2020	10
Age	10
Table 3. Median Age in Years	10
Figure 3. Population by Age Group	11
Figure 4. Child and Senior Population	12
Race and Ethnicity	12
Table 4. Percent of Population by Race and Ethnicity	13
Figure 5. Race and Ethnicity	13
Social Determinants of Health	13
Figure 6. Health Equity Index County Map	14
Table 5. Health Equity Index Scores and Rank by County	15
Median Household Income	15
Table 6. Median Household Income in Dollars	15
Figure 7. Median Household Income by Race and Ethnicity	16
Poverty	
Table 7. Percentage of Population Below Poverty Line	
Figure 8. Population Below the Federal Poverty Level by Race and Ethnicity	17
Unemployment	17

Table 8. Percentage of Population Unemployed	17
Figure 9. Unemployment Rate by Race/Ethnicity	
Education	18
Table 9. Population Without High School Diploma	
Figure 10. Percent of Households With No High School Diploma	19
Figure 11. Population Without a High School Diploma by Race/Ethnicity	19
Transportation	20
Figure 12. Households With No Vehicle	20
Food Access	20
Table 10. Food Insecurity and Limited Access to Healthy Food	21
Neighborhood and Built Environment	21
Violent Crime	21
Table 11. Number of Reported Violent Crime Offenses per 100,000 Population	21
Exercise Opportunities	21
Table 12. Percent of Population that has Access to Locations for Physical Activity	21
Broadband Access	22
Table 13. Percent of Households With Broadband Internet Connection	22
Access to Healthcare	22
Medically Underserved Areas and Populations	22
Figure 13. Medically Underserved Areas and Populations	23
Health Insurance	23
Table 14. Percent of Population Without Health Insurance	23
Figure 14. Percent of Population with No Health Insurance	24
CRITICAL HEALTH CONCERNS	24
Secondary Data: County Level Health Indicators	24
Figure 15. Example Snapshot from HCI Dashboard	25
Table 15. County Health Indicators Performing in the Bottom Quartile of U.S. Counties	26
Table 16. County Social Indicators in the Bottom-Performing Quartile of U.S. Counties	28
Table 17. County Access Indicators in the Bottom Performing Quartile of U.S. Counties	29
Primary Data: Survey Methods & Results	30
Figure 16. Multi-Pronged Approach to Primary Data Collection	
Community Survey	30
Table 18. Top Ranked Health Concerns from Community and Provider Survey Data	31
Table 19. Top Ranked Service Needs from Community and Provider Survey Data	
Table 20. Community Survey Outreach	
Figure 17. Community Survey Respondents by ZIP Code	

Community Survey Results	
Table 21. Sample Demographics by County and Overall	34
Figure 18. Top Community Health Concerns (Community Perceptions)	35
Figure 19. Top Social Service Needs (Community Perceptions)	35
Community Survey - Special Populations	35
Provider Survey	
Table 22. Provider Survey Respondents Demographics by County and Overall (percentage)	37
Table 23. Provider Survey Respondents Type and Work Setting by County and Overall (percentage)	
Figure 20. Community Health Issues of Greatest Concern (Provider Perceptions)	
Figure 21. Greatest Social Service Needs (Provider Perceptions)	
Data Considerations and Limitations	
PRIORITIZATION OF HEALTH NEEDS	40
Data Synthesis	40
Figure 22. Culmination of Data to Create List of Top Ten Health Priorities	40
Figure 23. Modified Hanlon Method	41
Prioritization Process	41
Table 24. Hanlon priority scores by bottom performing Healthcare Indicator	42
Prioritized Health Needs	43
Mental Health	43
Figure 24. Rank for Overall Mental Health, 2022	43
Table 25. Mental Health Indicators and Trends by County	44
Obesity	45
Table 26. Obesity Indicators and Trends by County	45
Chronic Disease	45
Figure 25. Prevalence of Chronic Obstructive Pulmonary Disease (COPD) Among Adults ≥ 18 (2020)	46
Table 27. COPD Indicators and Trends by County	46
Table 28. Asthma Indicators and Trends by county	47
Table 29. Chronic Kidney Disease Indicators and Trends by County	47
Table 30. Cardiovascular Disease (Stroke) Indicators and Trends by County	48
Table 31. Cardiovascular Disease (Coronary Heart Disease) Indicators and Trends by County	49
Substance Use and Abuse	50
Table 32. Substance Use/Abuse Indicators and Trends by County	50
Cancer	51
Table 33. Cancer Indicators and Trends by County	51
Figure 26. Rate of Canœr Deaths in the U.S., 2019	52
Table 34. Age-adjusted Death Rates for Cancer by County	53

Child Abuse and Neglect	54
Table 35. Child Abuse Indicators and Trends by County	54
Alzheimer's Disease	55
Table 36. Alzheimer's Disease Indicators and Trends by County	55
Figure 27. Projected Increases in Alzheimer's Dementia Prevalence, 2020-2025	56
Other Findings	56
Conclusion	56
REFERENCES	57
APPENDICES	58
Appendix A – Impact Report	58
Appendix B - Community and Provider Surveys	65
Appendix C - Hanlon Score Calculation	
Appendix D - Prioritization Tool	
Appendix E - Prioritization Participating Organizations	
Appendix F - Community Resources	

# **EXECUTIVE SUMMARY**

### **Introduction & Purpose**

Parkview Health is pleased to share the 2022 Community Health Needs Assessment (CHNA) for Community Hospital of Noble County, Inc. doing business as Parkview Noble Hospital in Noble County. This report provides an overview of the approach taken to identify and prioritize significant health needs in Noble County, as federally required by the Affordable Care Act. The Health Services and Informatics Research (HSIR) group at Parkview's Mirro Center for Research and Innovation designed and conducted both primary and secondary data collection and analysis activities. Data collection was focused on the eight counties in northeast Indiana that comprise Parkview's primary service area and where a Parkview hospital is located, including: Allen, DeKalb, Huntington, Kosciusko, LaGrange, Noble, Wabash and Whitley.

The purpose of this CHNA report is to offer a comprehensive understanding of the health and social needs of Noble County to guide Community Hospital of Noble County, Inc.'s strategic community health improvement plan for addressing the identified needs (*CDC - Assessment and Plans - Community Health Assessment - STLT Gateway*, 2019). Community Hospital of Noble County, Inc. will use the findings in this report to identify and develop efforts to improve the health and quality of life for residents in the counties we serve.

### Approach

The HSIR group assessed the overall health needs of the Parkview Health region, as well as the needs of each individual county. Community health needs of interest were based on past CHNAs and secondary data from the Healthy Communities Institute (HCI) database. The HSIR team used surveys to gather input from individual community members and healthcare and social service providers (i.e., physicians, nurses, social workers) to understand local health concerns, needs, and service availability.

Historically, we have found that Hispanic, Amish and people of Burma (Myanmar) populations have been an underrepresented voice in our CHNA surveys. Thus, the HSIR group used contacts familiar to these populations to distribute surveys and sent a mobile team of surveyors to target locations to ensure that we captured the community health concerns of these special populations.

### **Summary of Findings**

The findings in this report are a result of the analysis of an extensive set of secondary data (over 200 indicators from national and state data sources) and primary data (391 surveys) collected from community members and healthcare/social service providers. Below are the top ten health concerns and health service needs as ranked by the Hanlon method and survey data, respectively.

Noble County's Top Ten Health Concerns*								
Mental health	•	Asthma						
Chronic obstructive pulmonary disease	•	Cancer						
Substance use/abuse (drugs, alcohol, tobacco)	•	Cardiovascular disease (stroke, coronary heart disease)						
Kidney disease	•	Alzheimer's disease or dementia						
Obesity	•	Child abuse or neglect						

\* After Hanlon method applied to secondary and primary data; merged categories of concerns are in parentheses

Noble County's Top Ten Health Service Needs*									
Mental health services	<ul> <li>Access to primary care providers</li> </ul>								
Substance use disorder services	Senior services								
Access to healthy food	Job training								
Access to recreational spaces	Health insurance								

• Access to birth control

Childcare

\* As indicated by community and provider concerns expressed in survey data

### **Prioritized Areas**

In September 2022, the Parkview Noble Hospital convened a community meeting to prioritize the significant health issues uncovered in the 2022 CHNA report. In addition to the priority ranking scores, these stakeholders considered the significance, severity, suitability, and disparity related to each health issue. The stakeholder group identified Substance Abuse and Obesity as their top priorities to address, along with Mental Health, the Parkview Health systemwide priority.

#### **HSIR Group**

The Parkview Community Health Improvement department commissioned the Parkview Health Services and Informatics Research (HSIR) group to conduct its 2022 Community Health Needs Assessment (CHNA). The HSIR group is co-located with the Clinical Research group in the Parkview Research Center, which is housed in an 82,000 square feet facility, the Mirro Center for Research and Innovation, with more than 90 rooms and dedicated spaces for research, innovation, and education. HSIR employs multiple research staff, which includes PhD prepared scientists, user experience specialists and project managers. As a research unit embedded in Parkview Health, HSIR has dedicated time to support initiatives that require research skills, such as the CHNA.

# **Evaluation of Progress Since 2019 CHNA**

The CHNA is a continual process that rotates through a three-year cycle (Figure 1). A key component of this process is evaluating the impact of the programming implemented in response to the prioritized health concerns. Reflecting on the progress made on priority areas facilitates the development of strategies to implement in the next CHNA cycle.

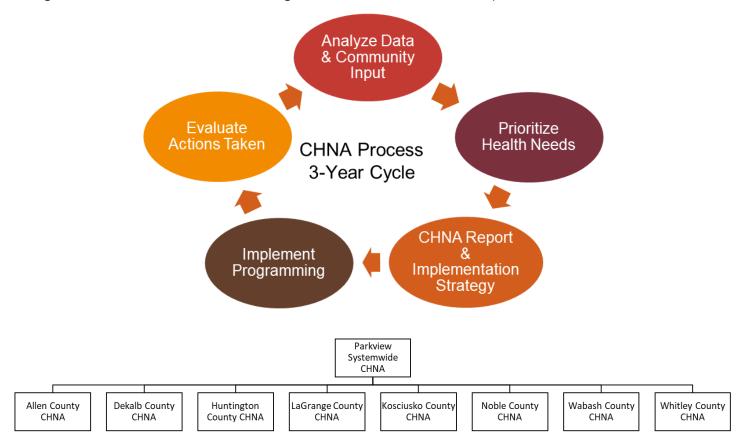


Figure 1. Three-Year CHNA Process; Organization of Parkview CHNA reports

### Priority Health Needs and Impact from 2019 CHNA

During the 2019 prioritization sessions, substance abuse and mental health were selected as the Parkview Health region's shared health priority for 2020-2022. Additionally, each Parkview licensed hospital selected two other priorities per their county level CHNA report. This report reflects Community Hospital of Noble County, Inc., but each of Parkview's licensed hospital facilities have their own CHNA that reflect priorities specific to their county. The impact report for Community Hospital of Noble County, Inc. can be found in Appendix A. Parkview did not get any written comments in response to our 2019 CHNA.

Parkview did not get any written comments in response to our 2019 CHNA. If you have comments about the 2022 CHNA, please send to <u>Jill.McAllister@parkview.com</u> or <u>Sarah.GiaQuinta@parkview.com</u>.

# **INTRODUCTION**

Parkview Health presents findings from its 2022 Community Health Needs Assessment (CHNA), a requirement for all not-for-profit hospitals to complete every three years (*Community Health Needs Assessment for Charitable Hospital Organizations - Section 501(r)(3)* | *Internal Revenue Service*, n.d.). This report provides an overview of the CHNA processes and methods used to identify and prioritize significant health needs for the community. The purpose of this report is to present information about the health concerns and service needs across Parkview Health's service area to create understanding and establish priorities around these issues. Attention has been given to identify needs of specific community populations, significant health concerns or service gaps and feedback from community members and providers.

### **About Parkview Health**

Parkview Health is a not-for-profit, community-based health system serving a population of more than 895,000. With more than 14,000 employees, Parkview is the region's largest employer. Parkview has been serving the community since its early beginnings as Fort Wayne City Hospital in 1878. Parkview Health System formed in 1995, and the heritage of care and compassion continues today with 11 hospitals and a physician's group of over 800 clinicians across 45 clinical specialties.

#### Parkview Health Mission & Vision

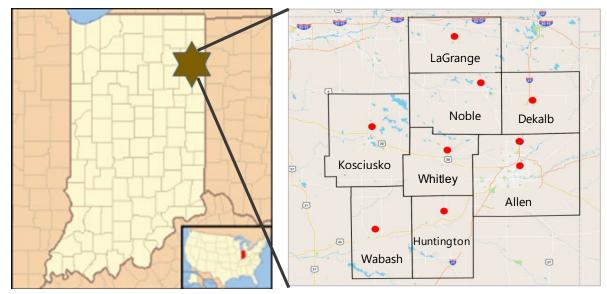
Parkview's mission is to improve the health of our community members and inspire them to take steps to improve their well-being.

Parkview puts their patients at the center of everything they do, as an individual, as an employer and as our community.

#### Service Area

The scope of this CHNA has been narrowed to reporting data at a county level. Full-service Parkview Health hospitals are in the northeast Indiana counties of Allen, DeKalb, Huntington, LaGrange, Noble, Wabash and Whitley Counties. Kosciusko County is also included in this CHNA as it has a stand-alone emergency medicine facility which operates under the Parkview Whitley Hospital license (Figure 2).

Figure 2. Counties with Parkview Hospitals



# DEMOGRAPHICS

The following section presents the demographic profile of the Parkview Health service area, which includes Allen, DeKalb, Huntington, Kosciusko, LaGrange, Noble, Wabash and Whitley Counties. Demographics can impact a community's health concerns, as needs can be related to race/ethnicity, age, gender, and socioeconomic groups. As these groups might have unique cultural/ethnic needs or practices, intervention efforts need to be varied and responsive to differences. The U.S. Census Bureau was used as the main source of demographic data.

#### **Population**

The eight-county Parkview Health service area comprises about 10 percent of the total population in Indiana (Table 1). Based on population density, only Allen County is considered urban. The rest of the counties are considered either mixed rural/urban or rural (*Rural Indiana Stats* | *Geographic Classifications*, n.d.).

Table 1. Population

	Parkview Health Service Area	Indiana	United States
Population	686,494	6,696,893	326,569,308

Source: U.S. Census Bureau (American Community Survey 2016-2020 five-year averages)

As shown in Table 2, Allen County has the largest population in the service area (375,520) followed by Kosciusko County (79,156). While Allen, DeKalb, Kosciusko, LaGrange, Noble and Whitley Counties all experienced population growth between 2017 and 2020, Huntington and Wabash both experienced a slight population decline.

Table 2. Population in Parkview Counties, 2017 and 2020

Year	Allen	DeKalb	Huntington	Kosciusko	LaGrange	Noble	Wabash	Whitley
2020	375,520	43,193	36,351	79,156	39,537	47,640	31,198	33,899
2017	367,747	42,524	36,520	78,720	38,720	47,421	31,848	33,481

Source: U.S. Census Bureau (American Community Survey 2013-2017 and 2016-2020 five-year averages)

#### Age

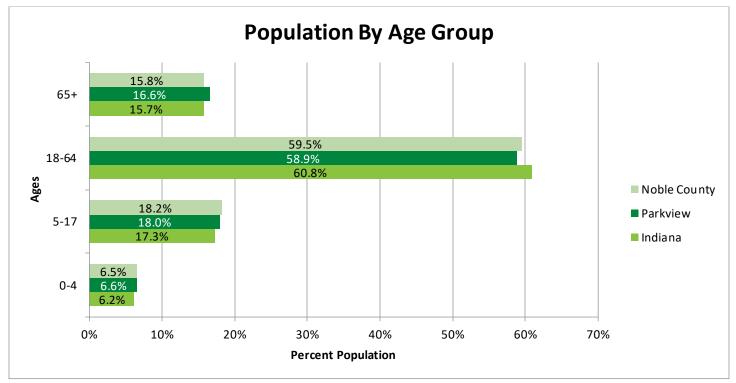
The median age for the Parkview Health service area increased from 36.9 years in 2017 to 37.3 years in 2020. The median age ranges from 31.8 years in LaGrange County to 42.5 years in Wabash County (Table 3). The eight-county Parkview Health service area has a population age breakdown comparable to the rest of Indiana. About 60 percent of the population belongs to the 18–64-year-old age group and only seven percent is within the 0- to 4-year-old age group (Figure 3).

Year	Allen	DeKalb	Huntington	Kosciusko	LaGrange	Noble	Wabash	Whitley	Parkview	IN
				38.9	31.8	38.9	42.5	41.8	37.3	37.8
2017	35.7	39.1	40.3	38.0	31.5	38.5	42.0	41.0	36.9	37.5

Table 3. Median Age in Years

Source: U.S. Census Bureau (American Community Survey 2013-2017 and 2016-2020 five-year averages)





Source: U.S. Census Bureau (American Community Survey 2016-2020 Five-year Averages)

Because different age groups can require distinct levels and types of care, strategies for improving community health outcomes should incorporate the needs of each age cohort. The percentage of the population under 18 years is between 20 percent and 26 percent for the eight counties in the Parkview Health region except in LaGrange County, where nearly a third is under 18 years (Figure 4). At the other end of the age spectrum are individuals 65 years and older. Figure 4 demonstrates that the 65 and older population is below 20 percent for all but Wabash County (20.8%). Accessible and adequate senior services can allow the senior population to remain in their household and maintain their quality of life.

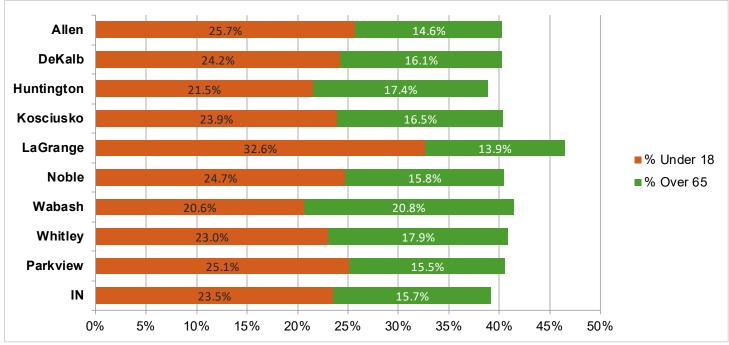


Figure 4. Child and Senior Population

### **Race and Ethnicity**

As illustrated by Table 4 and Figure 5, the racial composition of the eight-county Parkview Health region is predominantly non-Hispanic White, which is similar to the rest of Indiana. However, racial diversity has increased in the Parkview Health service area since 2017, due mostly to increases in Hispanic or Latino and other races and ethnicities in all counties, except for DeKalb County where the percent of population comprising 'Other Race or Ethnicity' decreased by 0.2 percent, but the Black or African American population increased by 0.2 percent. Across counties, Allen County has the highest percentage of population comprised of Black or African American individuals (11.3%) and Other Race or Ethnicities (8.1%), and Noble County has the highest Hispanic population (10.4%).

As compared to the rest of the state, the eight-county Parkview Health service area had a lower percentage of Hispanic or Latino and Black or African American individuals and a higher percentage of White and individuals of other races or ethnicities.

One component to diversity that is not reflected in the previous table is the large Amish population present in Northeast Indiana. The 2010 U.S. Religion Census showed that more than 14,000 Amish lived in LaGrange County alone and comprised 37.1 percent of the total LaGrange County population, which makes it the second largest county (by population) of Amish in the United States. Although there is an

Source: U.S. Census Bureau (American Community Survey 2016-2020 Five-year Averages)

Amish population in other counties, as well, Amish individuals are less likely to live in the urban areas (e.g., less than 1% of the 2010 population of Allen County was Amish).

Race and Ethnicity	Year	Allen	DeKalb	Huntington	Kosciusko	LaGrange	Noble	Wabash	Whitley	Parkview	IN
\A/b:+ -	2020	73.2%	95.0%	94.4%	87.5%	94.0%	86.8%	94.1%	94.7%	81.5%	78.4%
White	2017	74.6%	95.1%	95.2%	88.6%	94.4%	87.6%	94.5%	95.7%	82.6%	79.8%
Black/ African	2020	11.3%	0.4%	0.9%	0.7%	0.2%	0.5%	1.1%	0.4%	6.5%	9.3%
African American	2017	11.3%	0.2%	0.8%	0.7%	0.1%	0.4%	0.9%	0.4%	6.4%	9.1%
Hispanic/	2020	7.6%	2.9%	2.5%	8.1%	4.1%	10.4%	2.7%	2.1%	6.6%	7.1%
Latino	2017	7.2%	2.8%	2.2%	7.9%	3.9%	10.2%	2.5%	1.9%	6.3%	6.7%
Other	2020	8.1%	1.7%	2.2%	3.8%	1.7%	2.2%	2.2%	2.8%	5.6%	5.2%
Race or Ethnicity	2017	6.9%	1.9%	1.8%	2.8%	1.6%	1.8%	2.1%	2.0%	4.7%	4.4%

Table 4. Percent of Population by Race and Ethnicity

Source: U.S. Census Bureau (American Community Survey 2013-2017 and 2016-2020 five-year averages)

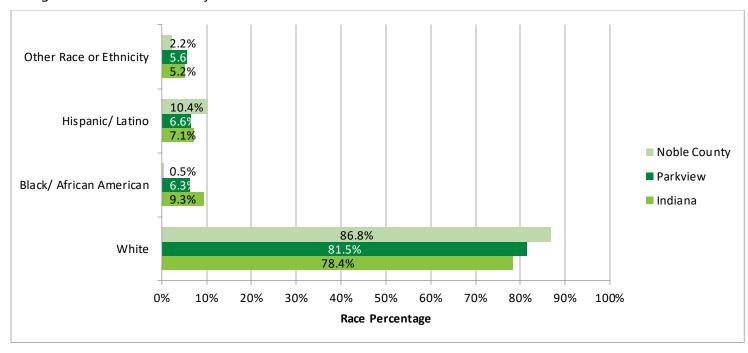


Figure 5. Race and Ethnicity

Source: U.S. Census Bureau (American Community Survey 2016-2020 Five-year Averages)

## **Social Determinants of Health**

Social determinants of health (SDOH) are the "conditions in which people are born, grow, live, work and age that contribute to health outcomes" (*Social Determinants Resources*, n.d.). These indicators affect a wide range of health risks and outcomes (Artiga & Hinton, 2019). SDOH include factors like socioeconomic status, education, neighborhood, physical environment, employment, and social support networks, as well as access to healthcare. The effect of individual social determinants of health is difficult to discern as these factors are interdependent and interconnected. Evidence shows that poverty limits access to food, safe neighborhoods, and high-quality education. Also, poorer

neighborhoods are significantly impacted by food insecurities and lower educational status, which can lead to poor health outcomes and reduced life expectancies.

In the United States, racial and ethnic minority groups continue to experience higher mortality rates and increased incidence of a wide range of illnesses compared to their white counterparts. These health disparities are inextricably linked to inequities in the following social determinants of health: social and community context (discrimination and racism), healthcare access, physical environments and neighborhoods, workplace conditions, education, and income gaps. Health equity is accomplished when all individuals have a fair and just opportunity to attain their highest level of health (*Health Equity* | *CDC*, 2022). Efforts toward health equity require economic, social, and other barriers to health be identified and addressed.

The Health Equity Index developed by Conduent Healthy Communities identifies geographic areas at highest risk for experiencing health inequities correlated with preventable hospitalizations and premature death based on validated indicators related to income, employment, education, and household environment. Counties were given an index value ranging from 0 (indicating lowest need) to 100 (indicating highest need). Counties in the Parkview Health service area were then ranked from 1 (low need) to 5 (high need) based on their relative index value. As shown in Figure 6 and Table 5, LaGrange County had the highest level of socioeconomic need.

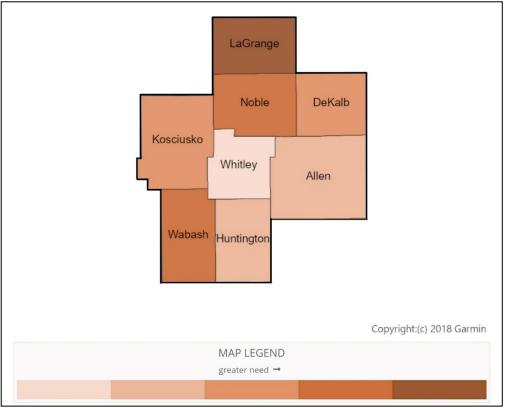


Figure 6. Health Equity Index County Map

Measurement period: 2021. Data Source: Conduent Healthy Communities

#### Table 5. Health Equity Index Scores and Rank by County

County	Index	Rank
LaGrange	71.7	5
Noble	51.9	4
Wabash	51.5	4
Kosciusko	43.8	3
DeKalb	41.5	3
Allen	37.9	2
Huntington	32.6	2
Whitley	25.9	1

Measurement period: 2021. Source: Conduent Healthy Communities

### Median Household Income

The median household income in the eight-county Parkview Health service area ranges from \$54,286 in Huntington County to \$69,331 in LaGrange County (Table 6). Since 2017, the median household income across counties has increased by 15 percent overall, with the smallest increase in Huntington County (8.4%) and the largest increase LaGrange County (18.8%).

Table 6. Median Household Income in Dollars

Year	Allen	DeKalb	Huntington	Kosciusko	LaGrange	Noble	Wabash	Whitley	Parkview	IN
2020	57,104	58,415	54,286	62,789	69,331	58,947	56,573	64,992	58,890	58,235
2017	51,091	51,374	50,063	57,190	58,336	52,393	49,052	57,041	52,466	52,182

Source: U.S. Census Bureau (American Community Survey 2013-2017 and 2016-2020 five-year averages)

Racial disparities in median household income are evident in Figure 7. Median Household Income by Race and Ethnicity. The median household income for Black and African American households in the Parkview Health service area is much lower than for White households in this area and is lower than the median household income for Black and African American households in Indiana.

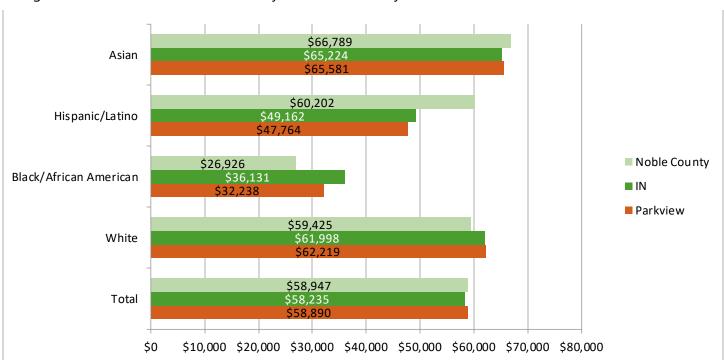


Figure 7. Median Household Income by Race and Ethnicity

#### Poverty

The percentage of the population living below poverty in the Parkview Health service area (11.1%) is lower than the state percentage (12.9%). Although the percentage of the population below poverty ranges from a low of 6.0 percent in LaGrange County to a high of 12.6 percent in Allen County (Table 7), each of the counties has a poverty rate that is below that of the state of Indiana.

Regarding the percentage of the population living below the poverty level, racial disparities are evident in both the Parkview Health service area and the state of Indiana. As compared to the poverty rate for the White population in the Parkview Health service area (9.0%), Black and African American populations are almost three times as likely to be living below poverty level (29.4%), and Hispanic and Latino and Asian populations are almost twice as likely to be living below poverty level (19.4% and 18.2%, respectively). As compared to state averages by race and ethnicity, the poverty rates for the White population, and the Hispanic and Latino populations in the Parkview Health service area are lower than their respective Indiana averages. In contrast, the poverty rates for Black and African American populations and Asian populations in the Parkview Health service area are higher than their respective Indiana averages. See Figure 8.

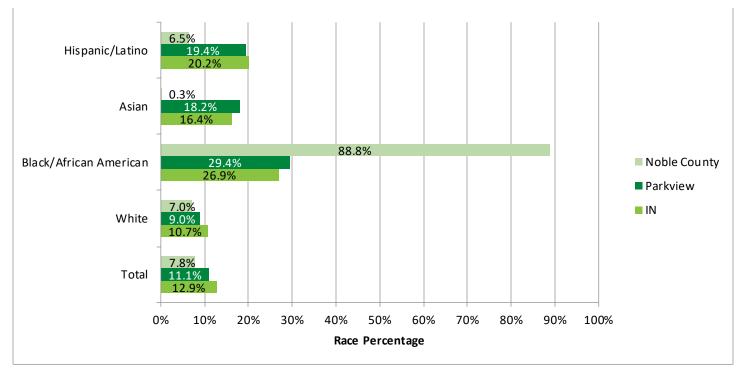
Year	Allen	DeKalb	Huntington	Kosciusko	LaGrange	Noble	Wabash	Whitley	Parkview	IN
2020	12.6%	11.0%	11.2%	9.3%	6.0%	7.8%	11.5%	9.6%	11.1%	12.9%
2017	14.7%	12.5%	11.6%	11.2%	9.1%	9.3%	13.3%	9.5%	13.0%	14.6%

Table 7. Percentage of Population Below Poverty Line

Source: U.S. Census Bureau (American Community Survey 2013-2017 and 2016-2020 Five-year Averages)

Source: U.S. Census Bureau (American Community Survey 2016-2020 Five-year Averages)

#### Figure 8. Population Below the Federal Poverty Level by Race and Ethnicity



Source: U.S. Census Bureau (American Community Survey 2016-2020 Five-year Averages)

### Unemployment

The unemployment rate is another indicator of the social and economic status of a geographic area or population. Unemployment in the Parkview Health service area is lower than the state overall. Unemployment ranges from 2.4 percent in Huntington County to 5.0 percent in Allen County (Table 8), which is only slightly higher than the rate overall for the eight-county Parkview Health service area (4.4%) and the state of Indiana (4.7%).

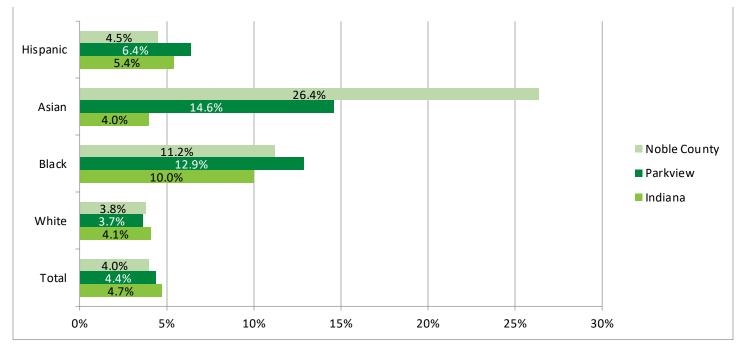
Like the disparities present in income and poverty level, racial disparities are also seen with unemployment rates. The Black and African American, Hispanic, and Asian populations in the Parkview Health service area have higher unemployment rates than their corresponding unemployment rates for the state (Figure 9).

Table 8. Percentage of Population Unemployed

Year Allen	DeKalb	Huntington	Kosciusko	LaGrange	Noble	Wabash	Whitley	Parkview	IN
<b>2020</b> 5.0%	3.8%	2.4%	3.6%	3.4%	4.0%	4.3%	4.4%	4.4%	4.7%
<b>2017</b> 6.3%	4.6%	3.9%	4.6%	2.9%	5.7%	5.5%	3.6%	5.5%	6.1%

Source: U.S. Census Bureau (American Community Survey 2013-2017 and 2016-2020 five-year averages)

#### Figure 9. Unemployment Rate by Race/Ethnicity



Source: U.S. Census Bureau (American Community Survey 2016-2020 Five-year Averages)

#### Education

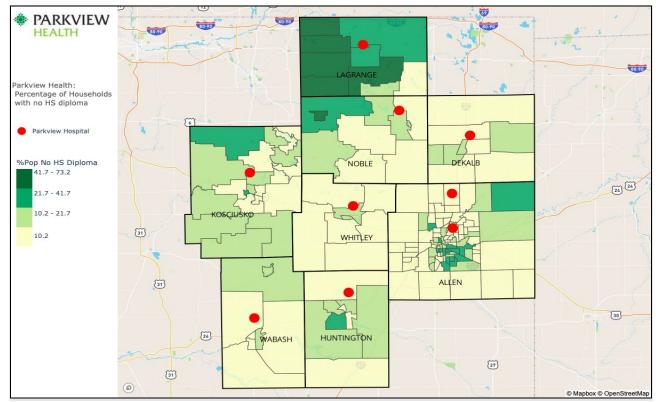
Education is related to several other social measures, including income, poverty, and unemployment. Limited education can be a key marker for identifying populations who may have health service needs. The percentage of the population without a high school diploma or equivalent is shown in Table 9. LaGrange County has the highest proportion of individuals without a high school diploma (38.9%) and the highest percentage of households with no high school diploma (Figure 10), which is due to the concentration of Amish communities in the county. Individuals in Amish communities have other training or economic options outside of a high school education. Noble and Kosciusko Counties have the second and third highest rate of individuals without a high school diploma, which may also be reflective of a relatively high proportion of Amish individuals in these counties (each has a population 1,000-4,999 Amish individuals).

#### Table 9. Population Without High School Diploma

Year	Allen	DeKalb	Huntington	Kosciusko	LaGrange	Noble	Wabash	Whitley	Parkview	IN
2020	10.1%	9.0%	8.1%	13.2%	38.9%	16.1%	10.3%	8.6%	12.3%	10.7%
2017	10.6%	10.4%	9.5%	15.2%	36.7%	15.0%	11.3%	8.9%	12.8%	11.7%

Source: U.S. Census Bureau (American Community Survey 2013-2017 and 2016-2020 five-year averages)

Figure 10. Percent of Households With No High School Diploma



Source: U.S. Census Bureau (American Community Survey 2016-2020 Five-year Averages)

Overall, the Parkview Health service area has a slightly higher percentage of population without a high school diploma compared to the Indiana rate. Additionally, racial disparities are evident in educational attainment (Figure 11). Notably, 36.2 percent of the Hispanic/Latino population and 39.3 percent of the Asian population is without a high school diploma. With these racial minorities already at a disadvantage in terms of income and poverty, this added inequity further impacts their health outcomes.

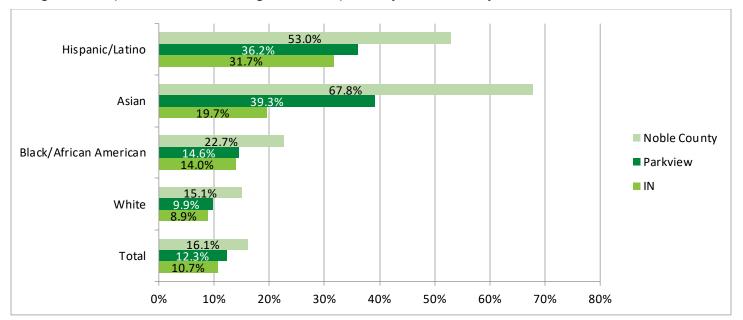


Figure 11. Population Without a High School Diploma by Race/Ethnicity

Source: U.S. Census Bureau (American Community Survey 2016-2020 Five-year Averages)

### **Transportation**

Availability of transportation is an important factor for individual and community health, especially in rural or mixed urban/rural areas (i.e., seven of the eight Parkview Health service area counties), where having a personal vehicle is important because of lower population density for shared ridership and smaller tax base for public transportation systems.

As shown in Figure 12 below, most counties have few households (i.e.,  $\leq$  5.4% households) without a vehicle, except for LaGrange County. The high percentage of houses with no vehicle in LaGrange County (i.e., 35 - 76% for the years 2016-2020) is likely due to the large Amish population in LaGrange County, who typically rely upon on horse carriages and wagons for their transport purposes. A slightly higher percentage of homes without a vehicle is also seen in the northeast part of Allen County.

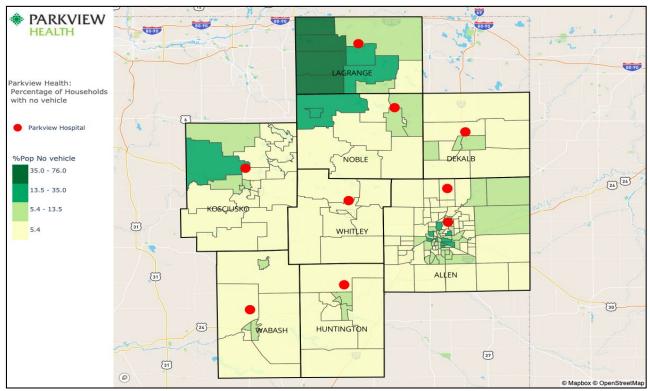


Figure 12. Households With No Vehicle

Source: U.S. Census Bureau (American Community Survey 2016-2020 Five-year Averages)

### **Food Access**

Food security includes accessibility and affordability of food. In a food insecure environment, children and adults may experience adverse health outcomes, such as an increased risk of depression, cardiovascular disease, and peripheral arterial disease in older populations (Laraia, 2013). Across the eight-county service area, approximately one in ten individuals was food insecure in 2020, ranging from a low of 9.2 percent in LaGrange County to a high of 13.3 percent in Allen County. Access to healthy, nutritious food – including fruits and vegetables – is important for a healthy lifestyle. Additionally, Allen County had the highest percentage (9.8%) both low-income and with low access to a grocery store (Table 10).

Table 10. Food Insecurity and Limited Access to Healthy Food

Measure	Year	Allen	DeKalb	Huntington	Kosciusko	LaGrange	Noble	Wabash	Whitley	Parkview	IN
Food	2020	13.3%	11.0%	11.4%	10.0%	9.2%	9.4%	11.9%	10.1%	12.0%	13.3%
Insecurity*	2017	14.9%	12.3%	12.8%	11.4%	11.8%	11.5%	13.3%	11.3%	13.6%	15.3%
Limited Access	2020	9.8%	8.5%	8.5%	5.6%	0.1%	2.1%	4.7%	1.9%	7.5%	6.9%
to Healthy Foods**	2017	10.1%	8.5%	7.3%	7.1%	0.5%	3.1%	3.2%	1.8%	7.7%	6.3%

\*Percent population lacking adequate access to food \*\*Percent population low-income and do not live close to a grocery store Source: County Health Rankings and Roadmaps

# **Neighborhood and Built Environment**

The built environment is the space in which we live, work, learn, and play and includes workplaces and housing, business and schools, landscapes, and infrastructure. The neighborhoods in which people live and the built environment influence the public's health, particularly in relation to safety and chronic diseases. Exposure to violent crime, access to locations for physical activity and access to broadband internet connection are just a few measures related to community safety and health.

### Violent Crime

High crime rates can lead to mental distress, a lower quality of life, an increase in negative health outcomes, premature death or nonfatal injuries (Margolin et al., 2010). An example of the negative effect of a high crime rate in the neighborhood is a reluctance of residents to walk outdoors or permit their children to play or bike outside which can lead to obesity and related health issues. Violent crime rates in 2016 varied widely across the eight-county Parkview Health service area. The violent crime rate was highest in Allen County at 296 offenses per 100,000 population and lowest in Huntington County at 33 per 100,000 population in 2016 (Table 11).

Table 11. Number of Reported Violent Crime Offenses per 100,000 Population

Year	Allen	DeKalb	Huntington	Kosciusko	LaGrange	Noble	Wabash	Whitley	IN
2016	296	117	33	159	103	158	51	•	385
2014	283	123	126	253	75	73	60	•	356

Source: County Health Rankings and Roadmaps

#### **Exercise Opportunities**

As shown in Table 12, the percent of the population that has adequate access to locations for physical activity decreased in several counties in the Parkview service area from 2017-2020. DeKalb, Kosciusko, LaGrange, Noble, Wabash and Whitley counties all have lower access to exercise opportunities compared to the state of Indiana.

Table 12. Percent of Population that has Access to Locations for Physical Activity

Year	Allen	DeKalb	Huntington	Kosciusko	LaGrange	Noble	Wabash	Whitley	Parkview	IN
2020	78.2%	59.2%	76.5%	65.4%	24.4%	63.8%	68.6%	58.0%	69.9%	75.2%
2017	81.8%	69.4%	82.4%	70.2%	32.0%	57.8%	57.2%	63.3%	73.1%	74.8%
	01.070	00.170	02.170	10.270	52.070	57.070	51.270	00.070	13.170	1 1.070

Source: County Health Rankings and Roadmaps

### **Broadband Access**

More recently, broadband access has emerged as a social determinant of health. Digital equity is necessary to achieve health equity; employment opportunities, access to education, healthcare access, and social connectedness are all reliant on broadband internet connection to a degree. Rural areas and low-income urban areas are most likely to be affected by limited broadband access. The percentage of households with broadband internet connection increased in several counties within Parkview Health's service area from 2015-2019 to 2016-2020 (Table 13). However, DeKalb, Huntington, LaGrange, Noble and Wabash counties had a lower percentage of connected households compared to the state of Indiana in 2016-2020.

Table 13. Percent of Households With Broadband Internet Connection

Year	Allen	DeKalb	Huntington	Kosciusko	LaGrange	Noble	Wabash	Whitley	Parkview	IN
2020	86.7%	80.5%	78.8%	83.0%	62.3%	80.7%	79.8%	84.0%	83.2%	83.2%
2019	84.2%	78.1%	78.8%	79.8%	58.8%	79.7%	74.7%	81.1%	81.4%	80.1%

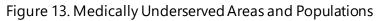
Source: County Health Rankings and Roadmaps (Five-year Averages)

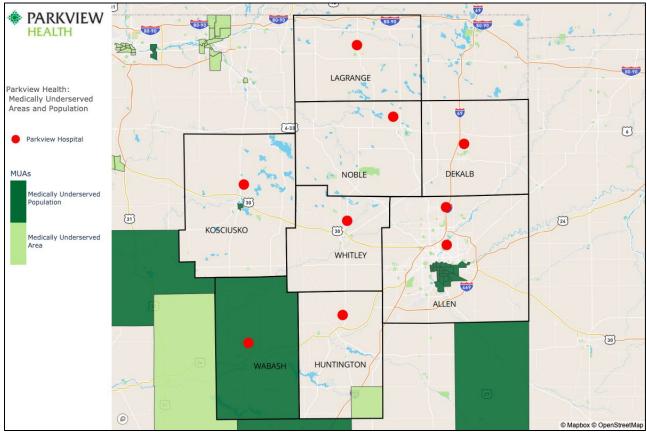
### **Access to Healthcare**

Access to healthcare is critical to receiving necessary care in a timely manner. Indicators for access to healthcare include identifying medically underserved geographic areas and populations and rates of uninsured individuals.

#### Medically Underserved Areas and Populations

Medically underserved areas (MUA) and medically underserved populations identify geographic areas and populations with access barriers to primary care services. Using Health Resources & Services Administration 2022 data, medically underserved areas (Figure 13, light green) were mainly identified in Huntington County and in the southwest area bordering the Parkview Health primary service area. Several medically underserved populations were identified (Figure 13, dark green) mainly in Wabash County, Allen County, and in the south/southwest areas bordering the eight-county region.





Source: Health Resources & Services Administration, 2022

### Health Insurance

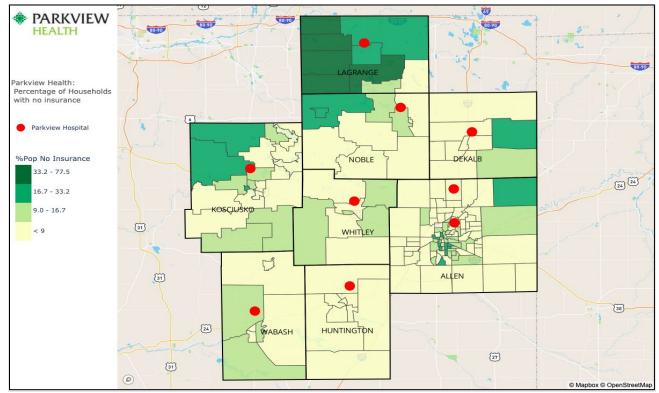
The percentage of the population without health insurance ranged from 7.1 percent in DeKalb County to 42.6 percent in LaGrange County, with 57.9 percent of children in LaGrange County without health insurance (Table 14). Individuals living in Amish communities are less likely to have traditional health insurance policies and instead rely upon their own community resources, which accounts for the high rate of uninsured individuals in LaGrange County. The map in Figure 14 illustrates the percentage of households without health insurance at the census tract level, highlighting areas in several counties with more than 16.7 percent of households having no health insurance.

	Year	Allen	DeKalb	Huntington	Kosciusko	LaGrange	Noble	Wabash	Whitley	Parkview	IN
	2020	8.0%	7.1%	6.6%	10.8%	42.6%	9.9%	8.2%	7.4%	10.3%	8.0%
All	2017	10.8%	10.5%	9.4%	11.8%	39.7%	9.2%	9.3%	7.6%	12.1%	10.3%
Adults	2020	10.8%	8.6%	9.7%	13.4%	40.7%	12.0%	11.8%	9.6%	12.7%	10.7%
(<65)	2017	14.7%	13.1%	12.2%	15.1%	37.7%	12.1%	13.3%	10.9%	15.4%	14.0%
Children	2020	5.9%	8.0%	3.6%	11.3%	57.9%	10.2%	6.0%	7.3%	9.9%	6.3%
Children	2017	7.5%	10.2%	8.3%	10.5%	53.1%	7.1%	6.4%	4.4%	10.4%	7.0%

Table 14. Percent of Population Without Health Insurance

Source: U.S. Census Bureau (American Community Survey 2013-2017 and 2016-2020 Five-year Averages)

Figure 14. Percent of Population with No Health Insurance



Source: U.S. Census Bureau (American Community Survey 2016-2020 Five-year Averages)

# **CRITICAL HEALTH CONCERNS**

The current Community Health Needs Assessment was aimed at identifying critical health concerns for the Parkview Health service area. As such, both primary and secondary data were collected and synthesized to understand current health concerns. Health indicators for the Parkview Health service area were identified using secondary data from the Healthy Communities Institute (HCI) dashboard. Primary data were collected to identify community perceptions of health concerns and related service needs using survey methods. Healthcare and social services providers (e.g., physicians, nurses, social workers, etc.) and community residents throughout eight Parkview Health service area counties were invited to participate. These data sources are described in the following sections.

## **Secondary Data: County Level Health Indicators**

The U.S. Census Bureau American Community Survey and the Parkview Health Community Dashboard developed by HCI were used as the main sources of secondary data. The dashboard includes data from the Indiana Hospital Association as well as the Indiana State Department of Health, National Cancer Institute, Centers for Disease Control and Prevention (CDC), Centers for Medicaid and Medicare Services, the National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention, Institute for Health Metrics and Evaluation, County Health Rankings Roadmaps, U.S. Census Bureau, U.S. Department of Agriculture, and other sources. Additional relevant data for counties in the Parkview Health region was obtained from the Health Resources & Services Administration and the Association of Religion Data Archives, Mental Health America, CDC PLACES, CDC Underlying Cause of Death database, CDC Chronic Kidney Disease Surveillance System, CDC National Environmental Public Health Tracking Network, American Cancer Society, Indiana Youth Institute, and Alzheimer's Association.

The Parkview Health Community Dashboard developed by Healthy Communities Institute (HCI) was used to identify county indicators performing in the bottom quartile of U.S. Counties based on a sample of over 3,000 counties and county equivalents (Figure 15). If a comparison to U.S. counties was not available for an indicator, then a regional comparison to the Indiana state value was used. If neither a comparison to U.S. counties nor the Indiana region was available, then the indicator was not evaluated for performance. Clinical care ranking and physical environment ranking were the only indicators not available in the 2022 dashboard data compared to previous reports.

Figure 15. Example Snapshot from HCI Dashboard

Health / Medications & P	Prescriptions VALUE	COMPARED TC	):
Health / Mental Health &	Mental Disord	lers	
	VALUE	COMPARED TO	):
Adults Ever Diagnosed with Depression	<b>22.0%</b>	U.S. Counties	US Value (18.8%)

Based upon review of 200+ indicators, Table 15. County Health Indicators Performing in the Bottom Quartile of U.S. Counties describes the health outcomes and behaviors for which any of the eight counties in the Parkview Health service area was in the lowest performing quartile of U.S. counties or was significantly worse than the Indiana region.

**Forty-seven (47) HCI health indicators** were either in the bottom performing quartile of U.S. counties or significantly worse compared to the Indiana region. Some health indicators relate to the same health condition (e.g., adults 20+ with diabetes and age-adjusted death rate for diabetes). If at least one indicator for a related health issue was in the bottom performing quartile or significantly worse than the state region, then that health issue was considered as a potential community health concern for Parkview Health. The 47 indicators were categorized into 16 general health issues, as shown in Table 15, County Health Indicators Performing in the Bottom Quartile of U.S. Counties.

Table 16 and Table 17 list the **social indicators (21) and access indicators (33)**, respectively, for which counties in the Parkview Health service area are in the bottom-performing quartile compared to U.S. counties or significantly worse than the Indiana region.

# Table 15. County Health Indicators Performing in the Bottom Quartile of U.S. Counties

Health Issue	Health Indicator	Allen	DeKalb	Huntington	Kosciusko	LaGrange	Noble	Wabash	Whitley
Aging	Alzheimer's Disease or Dementia*	Х						Х	
2 of 10 indicators in bottom quartile	Osteoporosis*			Х					
<b>Alcohol Use</b> 1 of 3 indicators in bottom quartile	Alcohol-Impaired Driving Deaths	Х							
	Breast Cancer <sup>+</sup>				Х				
	Oral Cavity and Pharynx Cancer <sup>+</sup>							Х	
	Prostate Cancer <sup>‡</sup>	Х		Х			Х		Х
Cancer	Colorectal Cancer <sup>+</sup>		Х	Х				Х	
7 of 11 indicators in bottom quartile	Colorectal Cancer <sup>‡</sup>							Х	
	Lung and Bronchus Cancer <sup>+</sup>		Х				Х		Х
	Lung Cancer‡		Х				Х		
Cardiovascular Disease	Cerebrovascular Disease (Stroke)‡			Х		Х		Х	
2 of 13 indicators in bottom quartile	Heart Attack <sup>‡</sup> §				Х				
	Chronic Kidney Disease*			Х					
Chronic Diseases	Kidney Disease‡			Х		Х			
2 of 5 indicators in bottom quartile	Adults with COPD					Х			
	COPD*						Х		
	Adults with Current Asthma					Х			
Chronic Respiratory Diseases	Asthma*	Х		Х	Х			Х	
3 of 3 indicators in bottom quartile	Chronic Lower Respiratory Diseases <sup>‡</sup>		Х	Х				Х	
Diabetes	Diabetes (Adults 20+)	Х		Х					
2 of 3 indicators in bottom quartile	Diabetes‡				Х			Х	
<b>.</b>	Controlled Substances Dispensed§					Х		Х	
<b>Drug Use</b> 2 of 6 indicators in bottom quartile	Non-Fatal Emergency Department Visits due to Opioid Overdose			х		N/A		х	х
	Salmonella Infection+§			Х	Х	Х	Х		Х
	COVID-19 Daily Average <sup>+</sup>			Х					
Infectious Diseases	Gonorrhea <sup>+</sup>	Х					Х		
5 of 8 indicators in bottom quartile	Chlamydia <sup>+</sup>	Х							
	Hepatitis C Prevalence§					N/A		Х	N/A
Maternal/Child Health	Mothers not Receiving Early Prenatal Care§	Х	Х		Х	Х	Х		Х
	Child Abuse Rate§		Х				Х	Х	Х
	Babies with Low Birth Weight§	Х		Х	Х			Х	
6 of 6 indicators in bottom quartile	Preterm Births§			X	X			X	
. ,	Infant Mortality Rate§				Х		Х		N/A
	Teen Birth Rate (15-19) §	Х	Х		X		X	Х	Х

	Depression (Adults Ever Diagnosed)					Х			
Mental Health	Depression*	Х		Х				Х	
5 of 6 indicators in bottom quartile	Frequent Mental Distress					Х			
	Poor Mental Health: 14+ days					Х			
	Poor Mental Health: Average number of days					Х			
Obesity	Adults 20+ with Obesity	Х	Х	Х		Х	Х		
2 of 2 indicators in bottom quartile	Sedentary (Adults 20+)				Х				
Oral Health	Adults 65 + with Total Tooth Loss					х			
1 of 1 indicator in bottom quartile	Adults 65 + with Total Tooth Loss					^			
Public Safety	Motor Vehicle Traffic Collisions‡							х	
1 of 4 indicators in bottom quartile	Motor vehicle franc collisions+							^	
Tobacco Use	Adults who Smoke					Х		Х	
2 of 2 indicators in bottom quartile	Mothers who Smoked During Pregnancy§		Х	Х	Х		Х	Х	Х
Wellness and Lifestyle	Frequent Physical Distress					Х			
2 of 6 indicators in bottom quartile	Poor Physical Health: Average number of days					Х			
	County	Allen	DeKalb	Huntington	Kosciusko	LaGrange	Noble	Wabash	Whitley
	# Indicators in Lowest Quartile of U.S. Counties Or Significantly Worse than Indiana Region		9	17	12	16	12	19	8

Source: Parkview Health Community Dashboard, 2022. \*Medicare Population. +Incidence Rate. ‡Age-Adjusted Death Rate. §Significantly Worse than Indiana Region.

Social Issue	Indicator	Allen	DeKalb	Huntington	Kosciusko	LaGrange	Noble	Wabash	Whitley
Economy	Households that are Asset Limited, Income					х	х		
2 of 13 indicators in	Constrained, Employed (ALICE)§					^	^		
bottom quartile	Persons with Disability Living in Poverty				Х				
	4 <sup>th</sup> Grade Proficiency in English/Language Arts§	Х	Х				Х		Х
	4 <sup>th</sup> Grade Proficiency in Math§	Х					Х	Х	Х
	8 <sup>th</sup> Grade Proficiency in English/Language Arts§				Х		Х	Х	
Education	8 <sup>th</sup> Grade Proficiency in Math§	Х			Х			Х	Х
9 of 9 indicators in	People 25+w/ a bachelor's degree or Higher					Х	Х		
bottom quartile	People 25 + w/ a High School Degree or Higher					Х	Х		
	Student-to-Teacher Ratio	Х	Х						
	Youth not in School or Working				Х	Х			
	Child Care Centers§					Х	Х		
Employment	Female Population 16+ in Civilian Labor Force					Х			
2 of 4 indicators in bottom quartile	Total Employment Change		х						
Environmental Health	Annual Ozone Air Quality	Х	N/A		N/A	N/A	N/A		N/A
2 of 4 indicators in bottom quartile	Blood Lead Levels in Children (≥5 micrograms per deciliter)§	х	N/A	х	N/A	N/A		N/A	N/A
	Households w/ Internet Subscription					Х			
	Households w/ ≥1 Types of Computing Devices					Х			
Social Environment	Persons w/ Internet Subscription					Х			
6 of 7 indicators in	People 65 + Living Alone			Х					
bottom quartile	Social Associations (membership per 10,000 population)					Х			
-	Voter Turnout: Presidential Election§	Х							
	County		DeKalb	Huntington	Kosciusko	LaGrange	Noble	Wabash	Whitley
	s in Lowest Quartile of U.S. Counties icantly Worse than Indiana Region	7	3	2	4	10	7	3	3

### Table 16. County Social Indicators in the Bottom-Performing Quartile of U.S. Counties

Source: Parkview Health Community Dashboard, 2022. §Significantly Worse than Indiana Region.

#### Table 17. County Access Indicators in the Bottom Performing Quartile of U.S. Counties

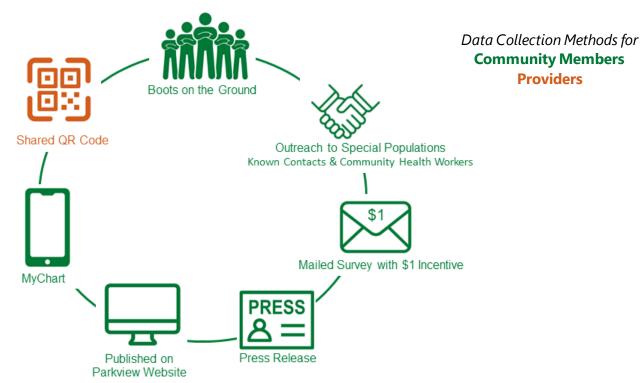
Access Issue	Indicator	Allen	DeKalb	Huntington	Kosciusko	LaGrange	Noble	Wabash	Whitley
	Adults with Health Insurance: 18-64					Х			
	Persons with Health Insurance					Х			
	Children with Health Insurance				Х	Х	Х		
Access to Health Services	Non-Physician Primary Care Provider Rate <sup>+</sup>					Х	Х	Х	Х
8 of 11 indicators in bottom quartile	Primary Care Provider Rate <sup>+</sup>					Х	Х		
	Dentist Rate <sup>+</sup>					Х	Х		
	Mental Health Provider Rate <sup>+</sup>					Х			
	Preventable Hospital Stays*		Х				Х		
	Children with Low Access to a Grocery Store	Х							
	People with Low Access to a Grocery Store	Х							
	Households' w/o Car					V			
Food Access	& Low Access to a Grocery Store					Х			
6 of 17 indicators in bottom quartile	Grocery Store Density <sup>+</sup>		Х						Х
	Fast Food Restaurant Density <sup>+</sup>			Х	Х			Х	
	SNAP Certified Stores					Х			Х
Safe & Healthy Environment	Houses Built Prior to 1950		Х	Х			Х	Х	
2 of 2 indicators in bottom quartile	Access to Exercise Opportunities					Х			
· · ·	Homeowner Vacancy Rate					Х		Х	
	Overcrowded Households§				Х	Х	Х		
Housing Affordability & Supply	Median Monthly Owner Costs for Households								V
4 of 10 indicators in bottom quartile	w/o a Mortgage§								Х
	Median Housing Unit Value§	Х	Х	Х			Х	Х	
	Adults who Visited a Dentist					Х			
	Cervical Cancer Screening: 21-65					Х			
	Cholesterol Testing History					Х			
	Colon Cancer Screening					Х			
Preventive Care	Mammogram in Past 2 Years: 50-74					Х			
9 of 12 indicators in bottom quartile	Mammography Screening*		Х						
	Persons Fully Vaccinated Against COVID-19				Х	Х	Х	Х	
	Received Rec'd Preventive Services: Male 65+	Х			Х	Х	Х		Х
	Received Rec'd Preventive Services: Female 65+		Х			Х	Х	Х	
Transportation	Household without a Vehicle					Х	Х		
	Workers Commuting by Public Transportation		Х						
	Workers who Drive Alone to Work		Х	Х				Х	Х
4 of 6 indicators in bottom quartile	Workers who Walk to Work		Х						Х
	Allen	DeKalb	Huntington	Kosciusko	LaGrange	Noble	Wabash	Whitley	
	County # Indicators in Lowest Quartile of U.S. Counties or Significantly Worse than Indiana Region				5	21	12	8	7

Source: Parkview Health Community Dashboard, 2022 \*Medicare Population. \*Per 100,000 population. \$Significantly Worse than Indiana Region.

# **Primary Data: Survey Methods & Results**

Parkview service area community member and provider input was gathered via multiple recruitment and data collection methods (Figure 16): 1) e-mail to healthcare and social service providers with an embedded online survey link; 2) mailed paper and e-mailed online surveys to community members; 3) paper surveys distributed to individuals, clinics or organizations serving Hispanic, Amish, or People of Burma populations; 4) in-person recruitment at locations providing services to low-income populations throughout the eight counties and 5) press release and social media notifications with a survey link. The relevant data collection methods are described below. Descriptive statistics were calculated for all survey items. A summary of responses by community, special populations, and providers for each county is provided for health concerns (Table 18) and service needs (Table 19).

Figure 16. Multi-Pronged Approach to Primary Data Collection



#### **Community Survey**

A survey (Appendix B), conducted from March through May 2022, was designed to collect community member perspectives of the top health issues and services needed in their local communities. A multipronged approach was used to obtain community input: 1) a recruitment email with an embedded survey link was sent via the Parkview patient portal to all Parkview patients with portal communication preferences indicating a willingness to receive surveys/questionnaires; 2) printed paper surveys were mailed to 2500 randomly selected households in each county (it is unknown if members of these households have ever been served by Parkview); 3) paper surveys were distributed to community health workers and locations serving Hispanic, Amish, or People of Burma populations; 4) press release and social media notifications were posted with links to the survey; and 5) in-person teams of research assistants recruited participants at various public locations, such as libraries, YMCAs, and retail stores throughout the eight-county service area (Table 20). The research team coordinated with local health departments and known contacts in each county to identify locations to survey underrepresented or vulnerable populations. Table 20 details the targeted population and location for each county.

	COMMUNITY PERCEPTIONS by COUNTY							SPECIAL	POPUL	PROVIDERS	MEAN		
	Allen	DeKalb	Huntington	Kosciusko	LaGrange	Noble	Wabash	Whitley	Hispanic	Amish	People of Burma		
Obesity	1	1	2	2	2	2	2	1	1	4	3	3	2.0
Substance Abuse	4	2	1	1	1	1	1	3	2	5	8	2	2.6
Chronic Disease	2	4	4	3	3	5	3	2	5	3	1	4	3.3
<b>Mental Health</b>	3	3	3	4	4	4	4	4	3	6	4	1	3.6
Alcohol Abuse	5	6	6	7	5	6	6	7	4	2	6	6	5.5
Tobacco Use	7	5	5	8	6	3	7	5	6	1	13	5	5.9
Aging	6	7	8	5	7	7	5	6	9	9	11	7	7.3
Child Abuse	8	8	7	6	8	8	8	8	8	8	15	8	8.3
Violent Crime	9	12	11	9	14	10	11	14	7	12	10	10	10.8

#### Table 18. Top Ranked Health Concerns from Community and Provider Survey Data

### Table 19. Top Ranked Service Needs from Community and Provider Survey Data

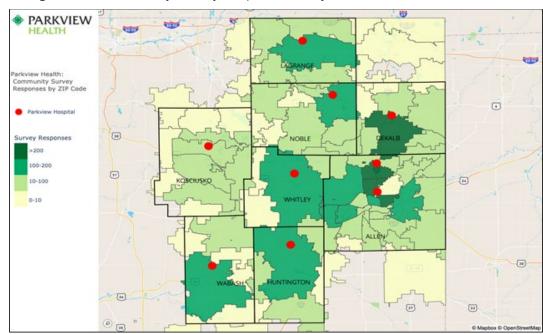
	COMMUNITY PERCEPTIONS by COUNTY								SPECIAL	. POPULA	PROVIDERS	MEAN	
	Allen	DeKalb	Huntington	Kosciusko	LaGrange	Noble	Wabash	Whitley	Hispanic	Amish	People of Burma		
Mental Health	1	1	2	2	2	2	2	1	3	4	7	1	2.2
Substance Abuse	2	2	1	1	1	1	1	2	1	1	13	2	2.4
Food	3	4	3	3	8	4	3	3	5	7	1*	5	4.1
Primary Care Provider	6	6	4	6	4	5	10	7	4	5	4	11	6.0
Senior Services	7	7	8	5	6	9	9	4	12	12	1*	6	7.1
<b>Recreational Spaces</b>	4	3	7	7	3	3	11	5	11	3	17	10	7.4
Childcare	10	5	6	4	5	6	5	10	6	10	17	3	7.5
Health Insurance	9	8	5	8	11	8	4	6	2	16	12	9	8.0
Gun Safety	8	10	10	9	7	7	7	11	8	2	5	16	8.4
<b>Birth Control</b>	5	9	11	10	9	11	8	8	7	15	1*	12	9.2
Job Training	12	11	9	11	14	10	6	9	10	11	14	14	10.9
Transportation	16	15	12	16	12	16	15	15	16	9	15	4	13.7

\*Food, senior services, and birth control tied for top concern.

#### Table 20. Community Survey Outreach

Community Location	Description
YMCA – Allen, DeKalb, Huntington, Kosciusko, Noble, Wabash, and Whitley counties	The YMCA is a non-profit, community-centered organization that provides programs and services to foster community development and help people (including underserved community members) learn, grow, and thrive.
Public Library – Allen, DeKalb, LaGrange, and Noble counties	Public libraries aim to enrich the community and encourage lifelong learning by providing services that meet the informational, educational, and recreational needs of diverse populations, such as learning job skills, finding health information, and exploring digital technologies.
Lutheran Church – Allen County	This Lutheran church serves a diverse population and supports the local community through involvement with area neighborhood associations, social services, and schools.
Pharmacy – LaGrange County	This pharmacy promotes the health and welfare of the community by providing healthcare services and health education for a predominantly Amish population.
Coffee Shop – Noble and Wabash counties	These coffee shops serve a diverse population and support community outreach at local events.
Thrift Store – Wabash County	This thrift store is a non-profit organization that supplies clothing, household items, hygiene products, and Holiday food baskets for low-income or otherwise struggling community residents.

Our data collection methods recruited a convenience sample, as such the results are subject to selection bias and reduced generalizability to the entire eight-county service region. The survey contained demographic questions (gender, race, ethnicity, age, zip code), a list of 17 health issues, and 18 service needs. Respondents indicated whether each health issue was a concern (yes/no) and the importance of each service need (1=least important, 5=most important). Service needs rated as "5 Most Important" are reported. Frequencies reported for the full sample were algorithmically weighted to account for differences in the demographic composition of survey participants compared to the demographics of each county. Figure 17 shows the number of respondents across the eight Parkview Health service area counties.



#### Figure 17. Community Survey Respondents by ZIP Code

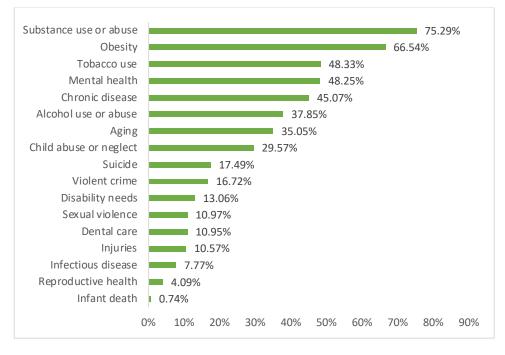
#### **Community Survey Results**

The demographics of the Noble County community survey respondents can be found in Table 21. The majority of respondents were female (69.1%), White (96.0%), and respondents 65 years and older were well-represented (37.8%). Community respondents ranked substance use or abuse as their top health concern, followed by obesity, tobacco use, and mental health (Figure 18). Substance abuse services was most frequently indicated by community respondents as a top social service issue for their community, followed by mental health counseling and access to recreational spaces (Figure 19).

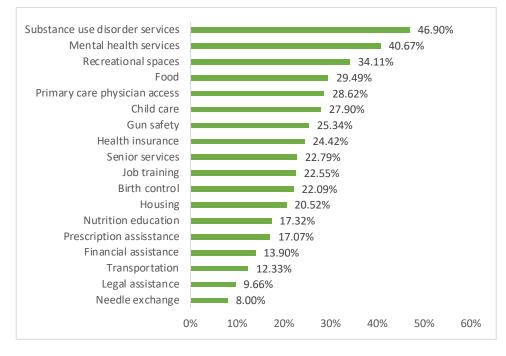
Table 21 Cananda Dana arrandiashi	
Table 21. Sample Demographics by	County and Overall

Demographic	Allen n=2685	DeKalb n=406	Huntington n=254	Kosciusko n=206	LaGrange n=347	Noble n=350	Wabash n=193	Whitley n=216	All n=4657
Female	62.5%	61.6%	68.3%	62.1%	66.9%	69.1 %	61.7%	63.4%	63.5%
Male	35.9%	36.7%	31.4%	36.4%	32.0%	29.1%	37.8%	35.2%	35.0%
Transgender	0.2%	0.5%	0%	0%	0%	0%	0%	0%	0.2%
Other	0.5%	0%	0%	1.0%	0%	0.6%	0%	0%	0.3%
Decline	1.0%	1.2%	0.4%	0.5%	1.2%	1.1%	0.5%	1.4%	1.0%
18-44 years	22.0%	29.4%	21.5%	18.5%	34.3%	28.9%	19.6%	15.4%	23.5%
45-64 years	33.1%	32.7%	37.5%	29.7%	34.3%	33.3%	34.9%	38.3%	33.6%
65+years	44.9%	38.0%	41.0%	51.8%	31.4%	37.8%	45.5%	46.3%	42.9%
American Indian/	0.7%	0.5%	0.8%	0%	0.6%	0%	2.1%	1.4%	0.7%
Alaskan Native									
Asian	4.3%	0%	0%	0.5%	0.3%	0.6%	1.0%	0.5%	2.6%
Black/African American	4.5%	0.3%	0.8%	0%	0.9%	0.3%	1.6%	0.9%	2.9%
Native Hawaiian/	0%	0%	0%	0%	0%	0%	0.5%	0%	0.02%
Pacific Islander									
White	86.4%	95.1%	97.2%	97.6%	94.8%	96.0%	93.8%	95.4%	90.3%
Other	2.4%	2.2%	0.4%	1.5%	1.4%	0.6%	2.1%	0.9%	2.0%
Decline	2.7%	2.5%	2.0%	1.5%	2.9%	2.6%	1.0%	2.3%	2.5%
Hispanic/Latino	3.5%	1.7%	0.8%	1.0%	3.2%	1.4%	1.1%	0.5%	2.7%
< \$35,000	14.1%	17.1%	14.4%	13.6%	18.1%	20.1%	22.1%	13.3%	15.4%
\$35,000-\$74,999	31.2%	25.9%	29.2%	32.3%	28.4%	27.9%	29.0%	28.0%	30.0%
\$75,000+	40.1%	43.2%	37.6%	36.9%	43.8%	41.3%	33.7%	40.8%	40.2%
Decline	14.6%	13.8%	18.8%	17.2%	9.7%	10.8%	15.3%	18.0%	14.4%
Household with children	24.9%	26.3%	21.5%	18.5%	36.7%	33.3%	18.2%	17.1%	25.4%

#### Figure 18. Top Community Health Concerns (Community Perceptions)



#### Figure 19. Top Social Service Needs (Community Perceptions)



#### **Community Survey - Special Populations**

Hispanic, Amish, and People of Burma (Myanmar) populations have been underrepresented groups in past CHNA surveys. To increase survey response for these populations, surveys were: 1) translated into Spanish and Burmese; and 2) individuals known to these groups recruited participants and distributed surveys. Survey results for these special populations are presented in the 2022 CHNA Parkview Health Systemwide Report.

### **Provider Survey**

An online survey of health and social service providers in the Parkview service area was conducted to assess perceptions of community health concerns and service needs. Providers were invited to participate during a Parkview provider quarterly meeting (February 2022) and via an email with a link to the survey sent to Parkview employed and non-Parkview employed healthcare and community service providers throughout the eight-county service area. The survey used in the previous health needs assessment was updated by adding COVID-19 to the list of infectious diseases. The survey covered aspects of the provider's work including the setting in which they practiced, the duration of time in practice in the region/county, and their perception of the chief public health concerns, barriers to care, and awareness of available resources in their communities. We did not collect the workplace organization name to protect the privacy of the respondents.

A total of 396 providers responded to the survey. Most respondents practiced in Allen County (39.7%), followed by Huntington County (19.2%) (Table 22). Respondents were primarily female (68.9%) and White (91.7%). Providers were asked how long they had practiced in their county in the Parkview Health service area. About one-third (30.6%) of the respondents had been in practice for more than 20 years. This suggests that a good proportion of the responding providers had spent most of their careers in the county they specified, thus were more likely to be aware of the community's needs and concerns. About a quarter (24.5%) of providers were relatively new, with one to five years of practice in this region.

Overall, the most frequent provider type was physician (23.2%) and the most frequent work setting was outpatient clinic (primary care: 19.9%; specialized care: 18.9%) (Table 23).

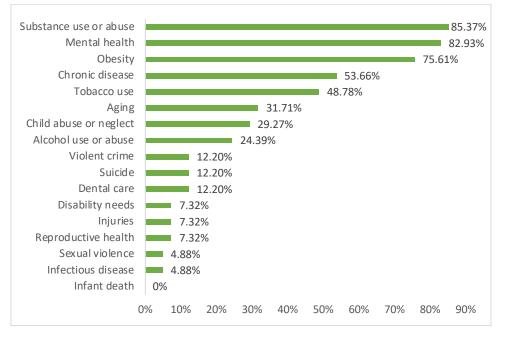
Characteristic	Allen (n=157)	DeKalb (n=16)	Huntington (n=76)	Kosciusko (n=17)	LaGrange (n=36)	Noble (n=41)	Wabash (n=16)	Whitley (n=32)	All (n=396)
Female	65.6	56.3	68.4	70.6	75.0	73.2	75.0	75.0	68.9
Male	31.8	43.8	30.3	29.4	22.2	22.0	25.0	25.0	29.0
Decline	2.5	0.0	1.3	0.0	2.8	4.9	0.0	0.0	2.0
White	84.7	100.0	94.7	100.0	97.2	95.1	100.0	100.0	91.7
Black	0.6	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.5
Asian	4.5	0.0	2.6	0.0	0.0	0.0	0.0	0.0	2.5
Other	0.6	0.0	0.0	0.0	2.8	4.9	0.0	0.0	0.3
Decline	5.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2.0
Hispanic	0.0	0.0	2.6	0.0	0.0	0.0	0.0	6.3	1.0
Years in Practice									
< 1 year	5.1	12.5	7.9	5.9	2.8	7.3	12.5	0.0	6.3
1-5 years	30.6	18.8	14.5	5.9	38.9	19.5	31.3	21.9	24.5
6-10 years	19.1	18.8	13.2	23.5	25.0	9.8	12.5	6.3	16.2
11-15 years	5.7	12.5	17.1	17.6	11.1	19.5	12.5	21.9	12.1
16-20 years	6.4	25.0	15.8	0.0	5.6	7.3	12.5	6.3	9.1
> 20 years	33.1	12.5	28.9	47.1	16.7	34.1	18.8	43.8	30.6
Not Answered	0.0	0.0	2.6	0.0	0.0	2.4	0.0	0.0	1.3

 Table 22. Provider Survey Respondents Demographics by County and Overall (percentage)

Table 23. Provider Survey Respondents Type and Work Setting by County and Overall (percentage)

Type/Setting	Allen (n=157)	DeKalb (n=16)	Huntington (n=76)	Kosciusko (n=17)	LaGrange (n=36)	Noble (n=41)	Wabash (n=16)	Whitley (n=32)	All (n=396)
Provider Type									
Physician	38.9	31.3	13.2	5.9	2.8	4.9	12.5	25.0	23.2
Physician's Assistant	3.8	0.0	0.0	0.0	0.0	0.0	0.0	3.1	1.8
Nurse Practitioner	28.0	18.8	5.3	0.0	0.0	7.3	25.0	6.3	15.4
Registered Nurse	1.9	6.3	11.8	5.9	22.2	14.6	18.8	9.4	8.6
Mental/Behavioral Health	8.3	12.5	6.6	5.9	41.7	12.2	0.0	3.1	10.6
Other Health Care	3.8	0.0	19.7	5.9	0.0	9.8	6.3	3.1	7.3
Community/Social Services	5.1	18.8	15.8	29.4	5.6	24.4	18.8	25.0	12.9
Public Health/ Community Health	1.9	0.0	3.9	23.5	2.8	0.0	12.5	12.5	4.3
Social Work/Case Management	7.0	6.3	7.9	23.5	16.7	0.0	6.3	6.3	7.8
Public Sector	0.6	6.3	7.9	0.0	2.8	22.0	0.0	3.1	4.8
Education	0.0	0.0	5.3	0.0	2.8	2.4	0.0	3.1	1.8
Not Answered	0.6	0.0	2.6	0.0	2.8	2.4	0.0	0.0	1.5
Setting									
Outpatient - Primary Care Clinic	22.9	37.5	17.1	5.9	0.0	7.3	43.8	34.4	19.9
Outpatient - Specialized Care	35.7	6.3	9.2	5.9	8.3	9.8	0.0	6.3	18.9
Urgent Care Clinic	3.2	6.3	0.0	0.0	0.0	0.0	0.0	0.0	1.5
Community Health Center	1.3	6.3	5.3	11.8	8.3	7.3	6.3	3.1	4.3
County Health Department	0.6	6.3	1.3	5.9	5.6	2.4	0.0	12.5	2.8
Hospital - Specialized Care	13.4	0.0	9.2	0.0	8.3	9.8	6.3	0.0	9.3
Hospital - Emergency Care	1.3	0.0	3.9	0.0	2.8	4.9	0.0	3.1	2.3
School	1.3	0.0	27.6	17.6	27.8	7.3	25.0	15.6	12.1
In home	4.5	0.0	1.3	5.9	19.4	0.0	0.0	0.0	4.0
Not-for-Profit	8.9	18.8	13.2	41.2	5.6	24.4	18.8	21.9	14.1
Public Sector/Out in the community	0.6	6.3	6.6	5.9	5.6	19.5	0.0	3.1	4.8
Behavioral Health	5.7	12.5	3.9	0.0	8.3	4.9	0.0	0.0	4.8
Not answered	0.6	0.0	1.3	0.0	0.0	2.4	0.0	0.0	1.0

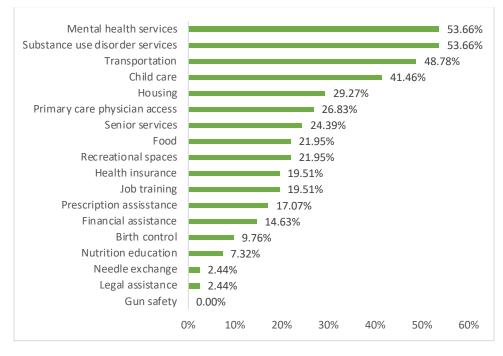
Providers perceived that the top three greatest community health needs were substance use or abuse mental health, and obesity (Figure 20).



#### Figure 20. Community Health Issues of Greatest Concern (Provider Perceptions)

The most important service needs identified by providers in Noble County included mental health counseling, substance abuse services, and transportation (Figure 21).

Figure 21. Greatest Social Service Needs (Provider Perceptions)



## **Data Considerations and Limitations**

The HSIR team and Parkview Health employed innovative data collection methods to gather survey data from all counties and vulnerable or under-represented groups. As well, a wide range of existing

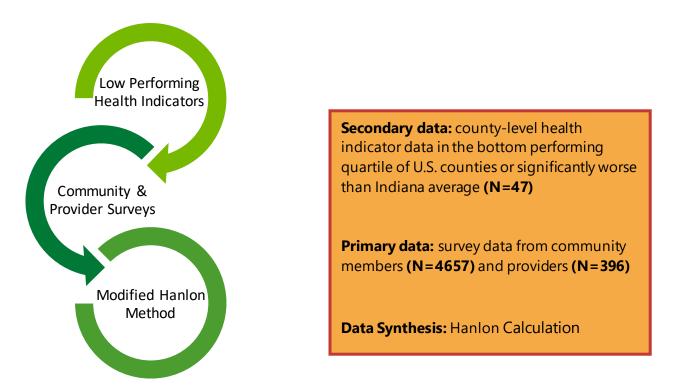
secondary data sources were used. However, several limitations of the data should be considered when interpreting the findings. Although the health concerns and service needs represent a broad set of health-related issues, available secondary data varied in the number of related health indicators. For some health concerns, multiple health indicators have been established, while for other health concerns, the available health indicators were limited in number or relevance. The survey data was collected from a convenience sample as a random-sampling approach was not feasible in this type of project. As a result, the survey data are limited in the extent to which they represent the characteristics of the Parkview Health service area.

# **PRIORITIZATION OF HEALTH NEEDS**

# **Data Synthesis**

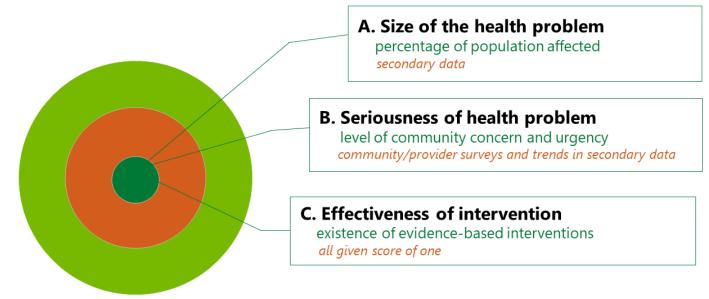
To organize and rank order significant health needs across the Parkview Health eight-county region, primary data from community and provider surveys and secondary data were combined using a modified Hanlon score (Figure 22). Each health indicator corresponded to a health concern from the survey, thus health domains from the survey were used to cluster health indicators.

Figure 22. Culmination of Data to Create List of Top Ten Health Priorities



For each health indicator, scores for percentage of the population affected (size), percentage of community respondents endorsing the corresponding health concern (seriousness), percentage of provider respondents endorsing the corresponding health concern (seriousness), trend in health indicator (seriousness), and existence of evidence-based interventions (effectiveness of intervention) were assigned.

Figure 23 displays the separate elements comprising the Hanlon score (Appendix C). Hanlon Priority scores were calculated using the following equation: Priority Score  $D = [A + (4.167 \times B)] \times C$ 



As shown in Table 24, Hanlon scores ranged from 27.5 to 5.81 for the 31 bottom-performing health indicators, with higher scores indicating a higher priority. According to the Hanlon scores, the top health concerns were mental health, obesity, and chronic disease (see Table 24).

# **Prioritization Process**

As a continuation of the prioritization process, Parkview Noble Hospital held a community meeting on September 23, 2022 to engage the 16 community members in the prioritization process. The data from the 2022 CHNA was presented to the group. The group of community stakeholders had thoughtful discussions around the data from the assessment, completed a prioritization grid exercise where they considered significance, severity, suitability, and health disparity related to Social Determinants of Health factors, and voted on two priorities for Noble County based on the Top 5 priorities identified in the 2022 CHNA.

The information from the 2022 CHNA and the community session were presented to the Community Health Improvement (CHI) Committee at Parkview Noble Hospital. The committee had in-depth discussion around the data and responses from the community session. Based on this discussion, the committee identified Mental Health, Substance Abuse and Obesity as the top 3 priorities in Noble County.

The Needs Assessment, community session data and CHI Committee recommendations were presented to the Parkview Noble Hospital board of directors on October 24, 2022. *The board of directors voted to adapt the above health priority recommendations at the board meeting.* 

Table 24. Hanlon priority scores by bottom performing Healthcare Indicator

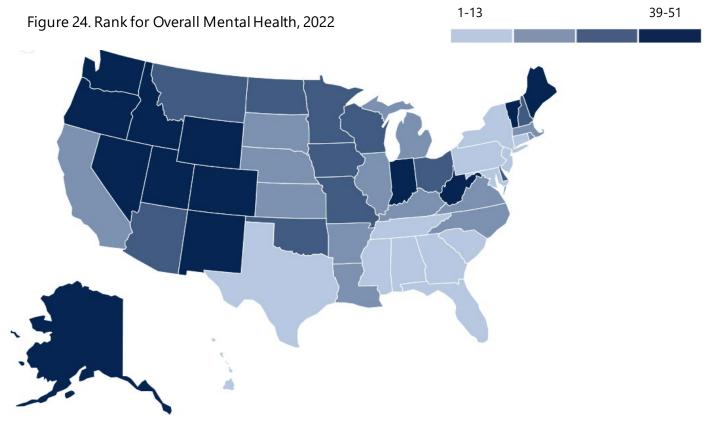
Survey	Health Indicator	Size of I Probl		Serious	mess of He	alth Probl	em	Effectiveness of Intervention	Priority	Rank
Domain		Size of Problem	Score	Community Concern	Provider Concern	Urgency	Score	Score	Score	
Mental health	Adults with depression	21.7	8.0	1.0	2.0	2.0	10.8	1	29.67	1
Mental health	Frequent mental distress	12.9	7.0	1.0	2.0	1.0	8.7	1	24.33	2
Mental health	Poor mental health for 14+ days	15.3	7.0	1.0	2.0	1.0	8.7	1	24.33	3
Chronic disease	Adults with COPD	9.0	6.0	1.0	1.0	2.0	8.7	1	23.33	4
Substance use	Non-fatal opioid overdose (ED)	0.03	1.0	1.5	2.0	1.5	10.8	1	22.67	5
Chronic disease	Adults with kidney disease	3.0	5.0	1.0	1.0	2.0	8.7	1	22.33	6
Obesity	Adults with obesity	38.2	9.0	1.5	15	1.5	6.5	1	22.00	7
Chronic disease	Adults with current asthma	9.7	6.0	1.0	1.0	1.5	7.6	1	21.17	8
Tobacco use	Adults who smoke	18.9	8.0	1.0	1.0	1.0	6.5	1	21.00	9
Chronic disease	Adults with cancer	7.3	6.0	1.0	1.0	1.0	6.5	1	19.00	10
Alcohol use	Excessive drinking	17.2	7.0	0.5	0.5	1.5	5.4	1	17.83	11
Obesity	Sedentary adults	28.5	9.0	1.5	15	0.5	4.3	1	17.67	12
Chronic disease	Adults w/ coronary heart disease	7.0	6.0	1.0	1.0	0.5	5.4	1	16.83	13
Aging	Alzheimer's disease or dementia	1.8	5.0	0.5	0.5	1.5	5.4	1	15.83	14
Child abuse	Child abuse and neglect	2.2	5.0	0.5	0.5	1.5	5.4	1	15.83	15
Chronic disease	Adults with diabetes	11.3	7.0	1.0	1.0	0.0	4.3	1	15.67	16
Reproductive	Mothers not in early prenatal care	41.8	9.0	0.0	0.0	1.5	3.2	1	15.50	17
Chronic disease	Adults who experienced stroke	3.6	5.0	1.0	1.0	0.0	4.3	1	13.67	18
Injuries	Motor vehicle traffic collision death	12.3	7.0	0.0	0.0	1.5	3.2	1	13.50	19
Infant death	Infant mortality rate	7.4	6.0	0.0	0.0	1.5	3.2	1	12.50	20
Infectious disease	Chlamydia	0.33	3.0	0.0	0.0	2.0	4.3	1	11.67	21
Infectious disease	Gonorrhea	0.11	3.0	0.0	0.0	2.0	4.3	1	11.67	22
Aging	Osteoporosis: medicare population	1.0	5.0	0.5	0.5	0.5	3.2	1	11.50	23
Disability needs	Frequent physical distress	11.7	7.0	0.0	0.0	1.0	2.2	1	11.33	24
Chronic disease	Chronic lower respiratory disease death	0.08	2.0	1.0	1.0	0.0	4.3	1	10.67	25
Reproductive	Babies with low birthweight	6.8	6.0	0.0	0.0	0.5	1.1	1	8.17	26
	Salmonella infection	0.013	1.0	0.0	0.0	1.5	3.2	1	7.50	27
Reproductive	Teen births	2.7	5.0	0.0	0.0	0.5	1.1	1	7.17	28
Reproductive	Mother smoked during pregnancy	12.5	7.0	0.0	0.0	0.0	0.0	1	7.00	29
Reproductive	Preterm births	6.6	6.0	0.0	0.0	0.0	0.0	1	6.00	30
Infectious disease	Hepatitis C	0.03	1.0	0.0	0.0	0.5	1.1	1	3.17	31

# **Prioritized Health Needs**

This section presents the top 10 health concerns included in the prioritization session. Mental Health was selected as the systemwide shared health priority for Parkview Health for 2022-2025.

#### **Mental Health**

Mental health is a critical component to overall physical health and a sense of well-being throughout the lifespan. However, as depicted in Figure 24, Indiana is one of the lowest ranked states across the U.S. In 2022, Indiana was ranked 26th for youth mental health, 43rd for adult mental health, and 42nd for overall mental health. These rankings incorporate measures of both prevalence of mental illness and access to mental health services. The following six conditions were included in defining 'overall' mental illness: (1) adults with any mental illness, (2) adults with substance use disorder in the past year, (3) adults with serious thoughts of suicide, (4) youth with at least one major depressive episode in the past year, (5) youth with substance use disorder in the past year, and (6) youth with severe major depressive episode.



Source: Mental Health in America

As shown in Table 25, the number of poor mental health days and percentage of adults experiencing frequent mental distress showed an increasing trend across all eight counties included in the Parkview Health service area. Though the ratio of mental health providers to the population improved from 2017 to 2020 in the Parkview Health service area, five counties were below the Indiana state level, and all eight counties were below the best performing counties in the U.S., which have a ratio of one mental health provider for every 250 people. For three counties, the number of deaths due to suicide increased from 2017 to 2020.

Table 25. Mental Health Indicators and Trends by County

County	<b>ment</b> a Aver	m <b>ber of</b> al health age numb ast 30 day adjusted	d <b>ays</b> <sup>1</sup> ber in /s, age	<b>Population: Mental</b> <b>health providers</b> <sup>2</sup> Ratio of Population: One Provider		ers <sup>2</sup>	Frequent mental distress % Adults reporting 14+ days poor mental health per month			Number of deaths due to suicide Count			<b>Deaths due to</b> <b>suicide</b> Age-adjusted rate per 100,000 population <sup>3</sup>		
	2017	2020	Trend	2017	2020	Trend	2017	2020	Trend	2017	2020	Trend	2017	2020	Trend
Allen	3.9	4.5	۸	657:1	546:1	v	11.8	14.0	٨	62	44	V	16.3	11.3	v
DeKalb	3.9	4.6	۸	1852:1	<u>1601:1</u>	v	11.7	13.6	٨	5	4	v			
Huntington	3.9	4.4	۸	1593:1	<u>1250:1</u>	v	11.6	13.4	٨	6	3	V			
Kosciusko	3.8	4.2	٨	696:1	606:1	v	11.2	13.0	٨	6	12	٨		<u>15.1</u>	٨
LaGrange	4.1	4.6	۸	3234:1	<u>2314:1</u>	v	12.2	13.5	٨	5	4	V			
Noble	4.0	4.1	٨	1224:1	<u>1080:1</u>	v	11.8	12.9	٨	6	7	٨			
Wabash	4.0	4.5	۸	527:1	417:1	v	11.9	13.8	٨	5	3	V		•	
Whitley	3.7	4.4	۸	1591:1	<u>1217:1</u>	v	10.8	13.0	٨	6	7	۸			
Indiana		<u>4.7</u>			<u>623:1</u>			<u>15.0</u>			<u>1017</u>			<u>14.9</u>	

Notes: <sup>1</sup>Top performers in U.S.: 4.0 days or less, <sup>2</sup>Top performers in U.S.: 250:1, <sup>3</sup>Rates are only provided for counties with 10 or more reported deaths from suicide. Source: County Health Rankings and Roadmaps and the Indiana State Department of Health

Table Key:

Improving Trend	V or A
Worsening Trend	V or A
Stable Trend	_
Data Not Available	•
Worse than State Average	<u>#</u>

# **Obesity**

The medical criterion for obesity is met when body mass index is greater than 30.0. Obesity occurs in all age groups and disproportionately affects people of lower socioeconomic status and minority racial/ethnic groups. Many complications can occur as a direct or indirect result of obesity, such as high blood pressure, asthma, and low self-esteem (CDC Overweight & Obesity, 2022). Table 26 shows the percentage of adults with obesity. Rates of obesity in 2020 increased from 2017 in seven of eight counties in the Parkview Health service area and ranged from a low of 30.3% in DeKalb County to a high of 38.2% in Noble County. These high rates for obesity coincided with decreasing access to locations for physical activity, resulting in 21.8–28.5% of adults being physically inactive across the Parkview service area.

_	Table 20. Obesity indicators and mends by ee	Junty
	Adult obesity	Physical inactivity

Table 26 Obesity Indicators and Trends by County

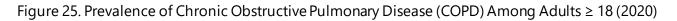
County	Adult obesity % Adults (>age 18) with BMI ≥ 30 kg/m <sup>2</sup>			% Adult	<b>sical inact</b> s (>age 18) e physical a	with no	Access to exercise opportunities % Population who have access to locations for physical activity			
	2017	2020	Trend	2017	2020	Trend	2017	2020	Trend	
Allen	30.1	32.3	۸	23.3	22.6	v	81.8	78.2	v	
DeKalb	32.8	30.3	V	24.3	21.8	v	69.4	<u>59.2</u>	v	
Huntington	32.6	<u>37.4</u>	^	26.5	<u>28.5</u>	^	82.4	76.5	v	
Kosciusko	33.2	<u>34.4</u>	^	23.2	25.8	^	70.2	<u>65.4</u>	v	
LaGrange	34.2	<u>37.0</u>	^	26.2	25.3	v	32.0	<u>24.4</u>	V	
Noble	31.8	<u>38.2</u>	^	25.8	<u>28.5</u>	^	57.8	<u>63.8</u>	^	
Wabash	31.6	<u>34.5</u>	۸	34.4	26.2	v	57.2	<u>68.6</u>	^	
Whitley	32.0	<u>36.6</u>	٨	26.1	26.3	۸	63.3	<u>58.0</u>	v	
Indiana		<u>33.4</u>			<u>26.7</u>			<u>75.2</u>		

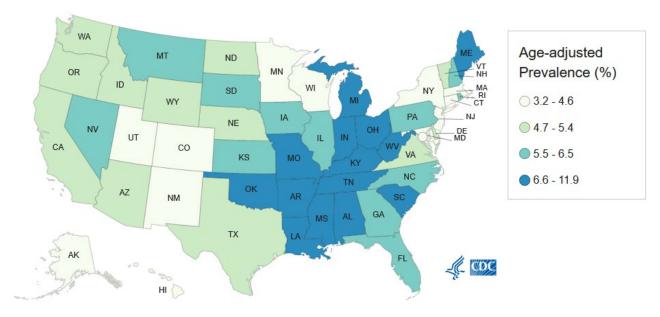
Source: County Health Rankings and Roadmaps

#### Chronic Disease

The following chronic diseases were scored highly and included in the prioritization session: chronic obstructive pulmonary disease, asthma, chronic kidney disease, cardiovascular disease, and diabetes.

Respiratory diseases, such as chronic obstructive pulmonary disease (COPD) and asthma, affect the lungs and other parts of the respiratory system. **COPD** includes a group of diseases that lead to breathing-related problems. As shown in Figure 25, age-adjusted prevalence of COPD is 6.6–11.9 in Indiana. Smoking is a leading cause of COPD. As shown in Table 27, rates of smoking tobacco increased from 2017 to 2020 in seven of eight counties in the Parkview Health service area.





Data source: Centers for Disease Control and Prevention

#### Table 27. COPD Indicators and Trends by County

County		<b>hronic lower resp</b> ted rate per 100,000	% Adults who are current smokers			
	2017	2020	Trend	2017	2020	Trend
Allen	49.9	52.0	٨	17.8	19.8	٨
DeKalb	75.4	<u>66.1</u>	v	18.8	19.8	٨
Huntington	85.7	<u>80.0</u>	V	18.0	18.8	٨
Kosciusko	58.3	52.2	v	18.3	19.0	٨
LaGrange	59.2	41.6	V	19.1	18.9	v
Noble	78.4	<u>58.5</u>	v	17.8	18.9	٨
Wabash	69.0	<u>63.5</u>	V	17.0	18.6	٨
Whitley	60.3	56.6	V	16.2	18.5	٨
Indiana		<u>53.7</u>			<u>21.8</u>	

Source: Indiana State Department of Health and County Health Rankings and Roadmaps

**Asthma** is a chronic, incurable disease which makes breathing difficult due to the inflammation and narrowing of a person's airways. Symptoms include wheezing, coughing and chest tightness (CDC Asthma, 2022a). Though rates for deaths from chronic lower respiratory disease improved in seven of eight counties in the Parkview Health service area, five counties sustained rates above the Indiana state level (see Table 28). Hospitalizations due to asthma showed improvement in four counties, while Emergency Department (ED) visits due to asthma improved in six counties. Unfortunately, trends in air pollution worsened for the entire Parkview Health service area.

#### Table 28. Asthma Indicators and Trends by county

County	Deaths due to chronic lower respiratory disease Age-adjusted rate per 100,000 population			Hospitalizations due to asthma Age-adjusted rate per 10,000 population			Emergency department visits due to asthma Age-adjusted rate per 10,000 population			<b>Air pollution</b> Average daily density of fine particulate		
	2017	2020	Trend	2017	2019	Trend	2017	2019	Trend	2017	2020	Trend
Allen	49.9	52.0	۸	5.8	<u>5.4</u>	v	35.7	36.1	٨	11.3	<u>12.6</u>	۸
DeKalb	75.4	<u>66.1</u>	v	4.3	3.1	v	19.9	23.7	٨	11.0	<u>12.4</u>	٨
Huntington	85.7	<u>80.0</u>	v	4.2	3.6	v	30.6	25.4	v	11.2	<u>12.3</u>	۸
Kosciusko	58.3	52.2	v	1.7	1.9	٨	33.0	24.7	v	11.3	<u>12.8</u>	٨
LaGrange	59.2	41.6	v		1.2	٨	26.5	19.8	v	11.1	<u>12.7</u>	٨
Noble	78.4	<u>58.5</u>	v	3.4	3.3	v	27.6	20.0	v	11.1	<u>12.8</u>	٨
Wabash	69.0	<u>63.5</u>	v	3.4	<u>4.0</u>	٨	27.7	19.3	v	11.2	<u>12.3</u>	٨
Whitley	60.3	<u>56.6</u>	v	1.7	<u>4.1</u>	٨	27.1	22.4	v	10.9	<u>11.9</u>	٨
Indiana		<u>53.7</u>			<u>3.6</u>			<u>39.3</u>			<u>11.8</u>	

Source: Indiana State Department of Health and County Health Rankings and Roadmaps

**Chronic kidney disease** develops as kidney function declines significantly over time. The body's ability to filter wastes from blood becomes impaired and, if left untreated, can lead to kidney failure and death. In the early stages, kidney disease can be difficult to detect as physical symptoms are not present. Uncontrolled diabetes and high blood pressure are common causes of chronic kidney disease (*Chronic Kidney Disease Initiative* | *CDC*, n.d.). Table 29 shows that Huntington County had the highest age-adjusted death rate for kidney disease and the highest rate of chronic kidney disease among the Medicare population compared to the other seven counties.

#### Table 29. Chronic Kidney Disease Indicators and Trends by County

County		from kidney dis		<b>Chronic kidney disease patients</b> Per 100 Medicare eligible patients				
	2015-2017	2018-2020	Trend	2017	2019	Trend		
Allen	21.8	16.2	v	23.8	<u>25.2</u>	٨		
DeKalb	16.6	<u>18.4</u>	٨	12.7	13.3	٨		
Huntington	27.6	<u>22.3</u>	v	31.5	<u>36.8</u>	٨		
Kosciusko	13.1	<u>18.3</u>	٨	22.3	22.3	_		
LaGrange				11.4	13.9	٨		
Noble	23.4	15.3	v	24.5	<u>28.8</u>	٨		
Wabash	16.3			24.8	19.3	v		
Whitley	20.6	<u>18.6</u>	v	23.4	14.4	v		
Indiana		<u>17.4</u>			<u>22.9</u>			

Source: CDC Underlying Cause of Death database 3-year averages and the CDC Chronic Kidney Disease Surveillance System

**Cardiovascular disease** affects the heart and blood vessels, potentially leading to heart attacks and strokes when blood is prevented from flowing to the heart or brain. Cardiovascular disease is estimated to be the leading cause of death worldwide. Table 30 shows that the percentage of adults experiencing a stroke from 2018 to 2019 was stable or improved in seven of eight counties in the Parkview Health service area. However, in five of eight counties, the rate of age-adjusted death from stroke increased from 2017 to 2020. Additionally, incidence of hospitalization due to stroke increased in seven counties during this time.

County	% Adults who experienced a stroke				t <b>hs from st</b> sted rate pe population	er 100,000	Hospitalizations due to stroke Age-adjusted incidence rate per 10,000 population			
	2018	2019	Trend	2017	2020	Trend	2017	2019	Trend	
Allen	3.5	3.4	v	36.5	<u>42.8</u>	٨	26.5	<u>26.6</u>	٨	
DeKalb	3.5	<u>3.5</u>	—	45.6	<u>45.0</u>	v	29.6	23.0	v	
Huntington	3.6	<u>3.6</u>	_	42.6	<u>56.6</u>	٨	20.8	<u>29.2</u>	٨	
Kosciusko	3.5	3.4	v	38.3	34.4	v	21.6	22.1	٨	
LaGrange	3.9	<u>3.9</u>	_	34.8	<u>54.2</u>	٨	21.9	<u>24.5</u>	٨	
Noble	3.6	<u>3.6</u>	—	46.2	<u>46.1</u>	V	22.6	<u>25.9</u>	٨	
Wabash	4.1	<u>4.1</u>	_	45.5	<u>57.7</u>	٨	17.3	<u>26.6</u>	٨	
Whitley	3.5	<u>3.6</u>	٨	37.9	<u>45.5</u>	۸	24.5	<u>29.5</u>	٨	
Indiana		<u>3.4</u> *			<u>40.4</u>			<u>24.4</u>		

Table 30. Cardiovascular Disease (Stroke) Indicators and Trends by County

\*This is average for the U.S., not Indiana. Source: CDC PLACES Data, CDC Underlying Cause of Death database

3-year averages, and the Indiana Department of Health

Coronary heart disease affects people of all races and genders, often emerges in mid-life, and may result from high cholesterol and blood pressure, adverse outcomes of diabetes, and/or a family history of heart disease (*Coronary Artery Disease* | CDC, 2021). Though the percentage of adults that experienced coronary heart disease improved from 2018 to 2019 in the Parkview Health service area, in all counties the percentage is higher than the Indiana state level (Table 31). Age-adjusted deaths due to coronary heart disease improved from 2017 to 2020 in six of eight counties; and age-adjusted deaths due to heart attack improved from 2017 to 2019 in six of seven counties (LaGrange County did not have available data). Only four of eight counties experienced a reduction in inpatient hospitalizations due to heart disease from 2017 to 2019.

Table 31. Cardiovascular Disease (Coronary Heart Disease) Indicators and Trends by County

County	% Adults who experienced coronary heart disease		Deaths due to coronary heart disease Age-adjusted rate per 100,000			<b>Deaths due to</b> <b>heart attack</b> Age-adjusted rate per 100,000			Hospitalizations due to heart disease Age-adjusted rate per 10,000			
	2018	2019	Trend	2017	2020	Trend	2017	2019	Trend	2017	2019	Trend
Allen	7.2	<u>6.5</u>	V	85.1	85.3	۸	62.5	57.8	V	90.5	88.4	v
DeKalb	7.5	<u>6.9</u>	v	119.4	<u>97.1</u>	v	74.3	56.3	v	82.6	86.4	٨
Huntington	7.7	<u>7.2</u>	V	99.6	95.1	v	63.1	53.8	V	118.5	<u>109.9</u>	v
Kosciusko	7.3	<u>6.8</u>	V	93.0	87.9	v	76.3	<u>68.2</u>	V	86.8	<u>95.3</u>	٨
LaGrange	8.0	<u>7.6</u>	V	92.7	81.2	v		60.4		77.0	76.8	v
Noble	7.6	<u>7.0</u>	v	96.1	<u>118.8</u>	۸	58.4	58.6	۸	89.9	91.2	٨
Wabash	8.7	<u>8.4</u>	V	120.1	76.1	v	79.0	60.9	V	95.2	<u>118.1</u>	٨
Whitley	7.5	<u>7.3</u>	v	90.6	83.8	v	64.1	57.9	v	92.1	87.1	v
Indiana		<u>6.2</u> *			<u>95.8</u>			<u>62.5</u>			<u>93.0</u>	

\*This is the average for the U.S., not Indiana. Source: CDC PLACES, CDC Underlying Cause of Death database 3-year averages, CDC National Environmental Public Health Tracking Network, and the Indiana Department of Health

#### Substance Use and Abuse

Substance use and abuse involves illegal drug use, misuse of prescription drugs, alcohol abuse and tobacco use. The possible subsequent dependence on these substances can result in accidental death, unintentional injury, and other immediate and chronic health problems. Substance use disorders are preventable, and treatments are available. Huntington and Noble counties were above the Indiana state incidence rate for non-fatal drug overdose visits to the Emergency Department (Table 32). Allen, Kosciusko, and Wabash counties had increasing numbers of drug overdose deaths between 2017 and 2020. Allen, DeKalb, Kosciusko, and LaGrange counties were above the Indiana state percentage for adults reporting binge/heavy drinking, while Allen, Huntington, Noble, and Wabash counties were above the state percentage for driving deaths with alcohol involvement. Except for LaGrange County, all counties experienced increases in the percent of adults who smoke from 2017 to 2020.

#### Table 32. Substance Use/Abuse Indicators and Trends by County

County	ED visit non-fatal drug overdose* Incidence rate per 100,000			overdose rate per 10			Adults reporting ge/ heavy drinking		% Driving deaths with alcohol involvement			% Adults who are current smokers			
	2017	2020	Trend	2017	2020	Trend	2017	2020	Trend	2017	2020	Trend	2017	2020	Trend
Allen	214.8	178.8	v	15.5	22.5	٨	18.6	<u>17.8</u>	v	32.4	<u>35.3</u>	٨	17.8	19.8	۸
DeKalb	224.1	207.0	v	12.6	9.3	v	16.1	<u>18.4</u>	٨	22.2	17.6	v	18.8	19.8	٨
Huntington	333.0	<u>331.3</u>	v	17.3	14.7	v	16.6	17.6	٨	7.7	<u>22.2</u>	٨	18.0	18.8	٨
Kosciusko	214.0	183.7	v	7.2	18.1	٨	17.5	<u>17.8</u>	٨	31.0	19.4	v	18.3	19.0	٨
LaGrange	119.6	93.4	v	•		•	16.8	<u>18.1</u>	٨	27.0	11.1	v	19.1	18.9	v
Noble	229.7	<u>226.2</u>	v		8.4		16.1	17.2	٨	12.5	<u>20.0</u>	٨	17.8	18.9	٨
Wabash	308.5	212.9	v	17.6	<u>26.5</u>	٨	15.7	17.6	٨	27.5	<u>33.3</u>	٨	17.0	18.6	٨
Whitley	216.3	156.0	v				17.9	16.6	v	25.0	17.2	v	16.2	18.5	٨
Indiana		<u>220.4</u>			<u>25.0</u>			<u>17.6</u>			<u>19.7</u>			<u>21.8</u>	

\*On August 27, 2020, statistics for 2016-2018 were updated to reflect updated guidance from the CDC. Please be cautious when analyzing overdose data as the numbers have changed. Source: County Health Rankings and Roadmaps and the Indiana State Department of Health

#### Cancer

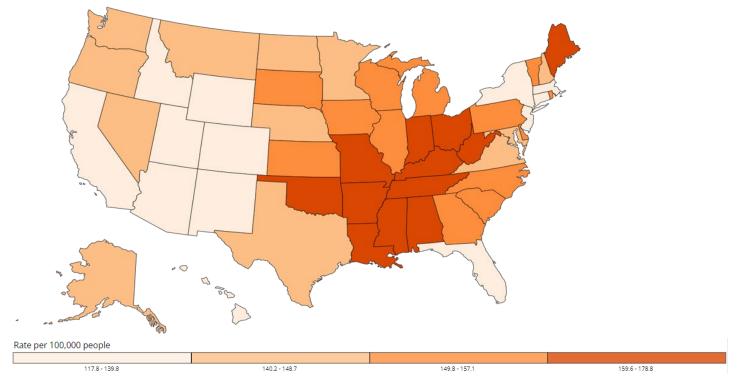
Collectively, cancer is the second leading cause of death in the United States. Table 33 presents the prevalence, incidence, and ageadjusted death rates of cancers by county. Kosciusko and Whitley counties had the highest age-adjusted incidence rate for breast cancer in 2018. Meanwhile, Allen and Wabash counties had the highest age-adjusted incidence rates for prostate cancer in 2018. For seven of eight counties, the age-adjusted incidence rate for lung and bronchus cancer increased from 2017 to 2018. In contrast, only two counties had increasing trends for colorectal cancer age-adjusted incidence rates.

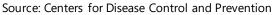
Table 33. Cancer Indicators and Trends by County

County	<b>Breast cancer</b> Age-adjusted incidence rate per 100,000		Age-a	<b>prectal c</b> a djusted in e per 100	cidence	Oral cavity a pharynx can Age-adjusted inci rate per 100,0		<b>ncer</b> cidence	<b>Prostate canc</b> Age-adjusted incid rate per 100,00		cidence	Lung and bronch cancer Age-adjusted incider rate per 100,000		cidence	
	2017	2018	Trend	2017	2018	Trend	2017	2018	Trend	2017	2018	Trend	2017	2018	Trend
Allen	119.7	122.8	٨	38.2	37.9	V	12.1	12.3	٨	94.8	<u>97.7</u>	٨	65.5	65.2	v
DeKalb	104.6	110.7	٨	52.2	<u>49.4</u>	V	10.2	11.4	٨	82.2	77.5	v	75.8	<u>82.0</u>	٨
Huntington	139.4	122.4	V	47.9	<u>49.7</u>	٨	9.1	8.4	V	75.9	66.8	V	63.8	66.1	٨
Kosciusko	133.7	<u>137.7</u>	٨	46.7	<u>45.5</u>	v	11.6	<u>13.1</u>	٨	86.6	94.8	٨	70.1	<u>72.0</u>	٨
LaGrange	115.7	117.8	٨	35.3	33.7	v	11.1	9.6	v	70.8	71.2	٨	50.8	62.7	٨
Noble	122.6	121.8	v	38.1	36.0	v	14.2	<u>13.9</u>	v	59.8	74.5	٨	77.9	<u>78.5</u>	٨
Wabash	115.4	122.3	٨	52.0	<u>51.1</u>	v	17.1	<u>16.1</u>	v	101.2	<u>112.6</u>	٨	59.8	62.6	٨
Whitley	123.8	<u>128.4</u>	٨	44.9	<u>45.1</u>	٨	7.0	6.8	v	59.7	66.1	٨	74.3	<u>79.7</u>	٨
Indiana		<u>124.5</u>			<u>41.7</u>			<u>12.8</u>			<u>96.5</u>			<u>69.9</u>	

Source: National Cancer Institute 5-year Averages

#### Figure 26. Rate of Cancer Deaths in the U.S., 2019





As shown in Figure 26, Indiana is one of the U.S. states with the highest death rate from all cancer types. Age-adjusted death rates were highest for lung cancer in 2019 across all counties. Age-adjusted death rates for breast cancer showed improvement in five of eight counties; though, three of these counties had death rates above the Indiana state rate (see Table 34). Colorectal cancer age-adjusted death rates improved in four of eight counties between 2018 and 2019; while age-adjusted death rates due to prostate cancer improved in three of six counties between 2017 and 2019.

County	<b>Colorectal cancer</b> Age-adjusted death rate per 100,000			Age-a	<b>Breast cancer</b> Age-adjusted death rate per 100,000			<b>Lung cancer</b> Age-adjusted death rate per 100,000			<b>Prostate cancer</b> Age-adjusted death rate per 100,000		
	2018	2019	Trend	2017	2019	Trend	2017	2019	Trend	2017	2019	Trend	
Allen	12.7	12.2	V	23.4	<u>21.7</u>	V	43.0	41.0	v	24.9	<u>25.2</u>	٨	
DeKalb	15.5	13.2	v	16.6	14.4	V	54.9	<u>53.3</u>	v		17.0		
Huntington	12.7	14.4	٨	19.8	<u>21.3</u>	۸	46.3	<u>46.9</u>	^	24.0	<u>24.9</u>	٨	
Kosciusko	15.8	<u>15.7</u>	v	24.5	<u>20.6</u>	v	48.2	44.5	v	16.1	12.7	v	
LaGrange	12.5	14.3	٨	24.0	<u>22.4</u>	v	44.0	46.3	^	24.4	<u>22.5</u>	v	
Noble	15.4	14.5	v	20.1	<u>20.9</u>	۸	51.8	<u>52.3</u>	^	27.1	<u>26.4</u>	v	
Wabash	16.5	<u>21.4</u>	۸	15.1	15.3	۸	46.3	44.8	v	16.8	18.9	٨	
Whitley	13.6	<u>15.9</u>	٨	24.1	19.1	v	53.0	<u>52.2</u>	v	18.5			
Indiana		<u>14.9</u>			<u>20.4</u>			<u>46.7</u>			<u>19.4</u>		

# Table 34. Age-adjusted Death Rates for Cancer by County

#### Child Abuse and Neglect

Child abuse and neglect can have lasting effects on an individual's physical and mental health. Abuse and neglect include the following: physical abuse (physical harm such as hitting or kicking); sexual abuse (coercing or forcing a child to participate in sexual acts); emotional abuse (harm to a child's emotional well-being); and neglect (failure to meet a child's physical and emotional needs) (*Fast Facts*, 2022). As shown in Table 35, seven of eight counties showed improved trends for abuse and neglect rates and the percentage of children in need of services between 2017 and 2020. However, abuse and neglect incidence rates in DeKalb, Huntington and Wabash counties remained above rates for Indiana, with DeKalb having the highest rate at 26.2 per 1,000 children.

County		<b>ise and neglect</b> ce rate per 1,000		% Children in need of services Active cases			
	2017	2020	Trend	2017	2020	Trend	
Allen	12.9	10.0	V	20.0	<u>18.7</u>	v	
DeKalb	<u>32.5</u>	<u>26.2</u>	v	18.8	7.9	v	
Huntington	18.2	<u>19.3</u>	٨	11.8	14.6	٨	
Kosciusko	6.6	8.7	v	12.7	8.8	v	
LaGrange	10.7	8.5	v	9.0	7.1	V	
Noble	16.3	12.0	v	<u>24.9</u>	12.9	v	
Wabash	<u>27.9</u>	<u>21.7</u>	V	<u>32.4</u>	<u>24.8</u>	V	
Whitley	<u>25.3</u>	9.5	v	19.0	10.0	v	
Indiana	<u>23.1</u>	<u>17.2</u>	V	<u>22.4</u>	<u>16.6</u>	V	

Table 35. Child Abuse Indicators and Trends by County

Source: Indiana Youth Institute

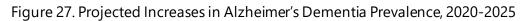
## Alzheimer's Disease

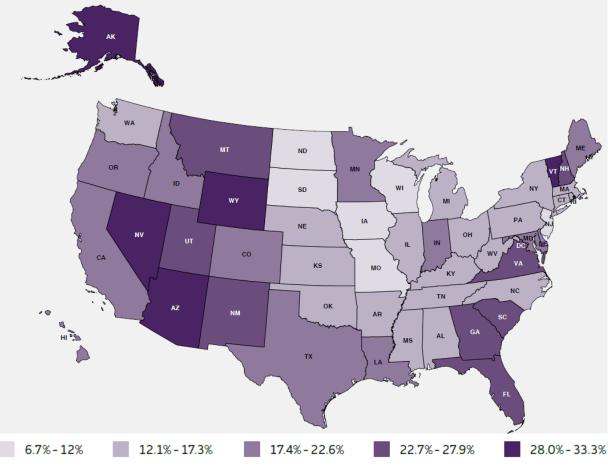
Alzheimer's disease, the most common form of dementia among older people, is a chronic and progressive neurological disorder which affects and disrupts an individual's cognitive abilities, eventually rendering the person unable to perform basic tasks. Aging is the greatest known risk factor for Alzheimer's disease; while incurable, there are treatments available that can slow disease progression and improve quality of life. As shown in Table 36, the age-adjusted death rate from Alzheimer's disease is greater in Allen County compared to the state of Indiana. Moreover, the age-adjusted death rate from the disease has increased from 2017 to 2020 in Allen, Huntington, and Kosciusko counties. As shown in Figure 27, the prevalence of Alzheimer's disease in Indiana is predicted to increase by 17.4%-22.6% from 2020 to 2025 (*Alzheimer's Disease Facts and Figures*, n.d.).

County	<b>Deaths from alzheimer's</b> Age-adjusted rate per 100,000						
	2017	2020	Trend				
Allen	40.0	<u>40.3</u>	٨				
DeKalb	35.0	33.8	v				
Huntington	23.4	33.5	٨				
Kosciusko	25.8	26.8	٨				
LaGrange	42.8	26.5	v				
Noble	33.3						
Wabash	53.5	28.3	v				
Whitley	26.0						
Indiana		<u>34.3</u>					

Table 36. Alzheimer's Disease Indicators and Trends by County

Source: Indiana State Department of Health, Stats Explorer





Source: Alzheimer's Association. 2022 Alzheimer's Disease Facts and Figures

# **Other Findings**

To explore the extent to which specific demographic groups varied in perceived health concerns, additional figures were constructed to reflect health concerns by age, income, rural/urban environment, and minority group. Survey results for these other findings are presented in the 2022 CHNA Parkview Health Systemwide Report.

#### Conclusion

This Community Health Needs Assessment (CHNA), conducted at the request of Parkview Health, collected a comprehensive set of healthcare indicators and, community and provider survey data to establish the top 10 significant health needs in Noble County. The Noble County prioritization process identified Substance Abuse and Obesity as priorities to address, along with Mental Health, the Parkview Systemwide priority. The findings in this report will be used to select interventions and implement programs to address these three priorities.

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# **APPENDICES**

# Appendix A – Impact Report

# Overview

The findings of the 2019 Community Health Needs Assessment identified two areas that would be a focus for the next three years for Noble County.

- 1. Mental health and substance abuse
- 2. Obesity

Over the past three years, Parkview Noble Hospital's Community Health Improvement Program has partnered with the Parkview Center for Healthy Living-Community Learning Center location to offer programming opportunities to the community in addition to funding partner organizations and community health initiatives to address our top two priorities.

# Highlighted Program Accomplishments

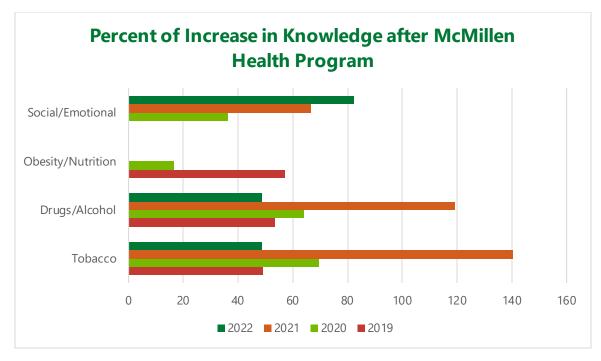
# Mental Health/Substance Use

The goal of this health priority is to reduce substance use/abuse and reduce stigma around mental health in Noble County. An objective to accomplish this goal is to improve knowledge of mental health and substance use/abuse in 100% of program participants.

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

#### **McMillen Health**

Parkview Noble Hospital partners with McMillen Health to provide evidence-based education to youth in Noble County. This education focuses on the importance of making healthy choices and giving youth the knowledge to make informed choices. Specifically, PNH partners to offer programing on tobacco/vaping, drugs and alcohol, obesity/nutrition and social/emotional skills. The COVID-19 pandemic did effect programming reaching students; however, programs were offered both in-person and virtually when able.

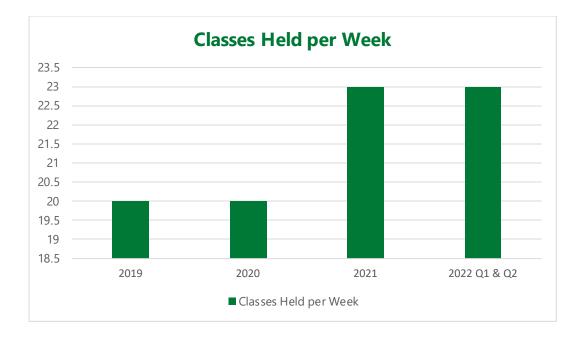


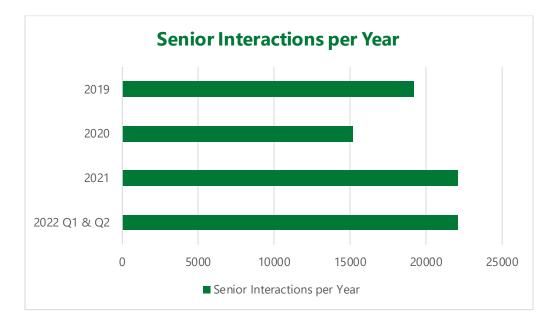
## **Drug Free Noble County**

Drug Free Noble County (DFNC) educates employers, youth, and the broader community across Noble County on the detrimental impacts of alcohol, tobacco and drug use. The educational content included in these programs is based on feedback from a community survey. Additionally, DFNC continues to grow their social media and newsletter presence to market and educate the community on the dangers of drug use as well as the resources available to them. They work diligently to improve and ensure access to treatment and recovery resources across the county.

#### **Cole Center Family YMCA**

The Cole Center Family YMCA has implemented classes specifically to engage seniors to focus on their mental health. These classes have had an impact on our senior community's mental health. Participants have begun to meet before and after class. They have made friendships outside of the YMCA. They regularly attend lunch and other activities together. Through this, they are actively building a sense of belonging and purpose with friends who regularly check in on them.





#### **Noble House Ministries**

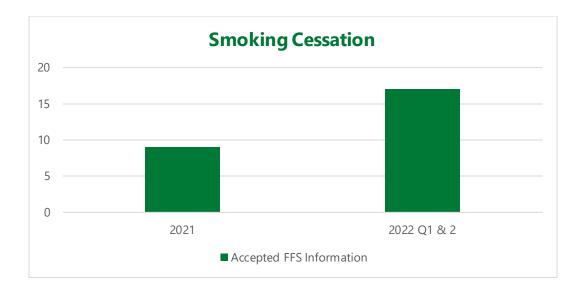
Noble House Ministries provides services related to mental health and substance use needs in Noble County. Their mission is to provide a safe, nurturing environment for individuals and families overcoming difficulties. The shelter assists women and children in crisis and helps them find the best services, life skills and accountability to overcome their difficulties and live a happier and healthier life. In 2020, Noble House had three graduates and in 2021 they had four. The goal is to increase this number in the future. The funding that Parkview Noble Hospital has provided has given Noble House the opportunity to hire a part-time case manager. The case manager allows for more one-on-one time with each resident and provides necessary case management services to residents to set them up for success.

## **Center for Healthy Living**

In March 2022, a national speaker and author, David Parnell, visited Noble County. David shared his story of recovery from drug addiction and attempted suicide. Parkview Center for Healthy Living in partnership with Drug Free Noble County and Noble House Ministries hosted a community book read of David's book, "Facing the Dragon." Each book that was handed out included questions related to addiction and suicide. David presented to two of the high schools in Noble County, Noble County law enforcement officers and recovery communities in addition to presenting to the general community. Approximately 1,300 people were reached through David Parnell's presentations.

The Community Health Improvement Manager for Parkview Noble Hospital also formed a Mental Health Collaborative. This collaborative has members from all over the county including representation from Parkview Noble Hospital, law enforcement, fire department, EMS, behavioral health agencies, recovery homes, ministries, lived experience and more. The collaborative is first working to identify areas of opportunity in the system of care for those in a mental health crisis by having open conversations between organizations. The collaborative is also working on identifying all resources available for someone in a mental health crisis and resources available to prevent a crisis. There is also discussion on next steps to work towards forming a certified Crisis Intervention Team in Noble County.

In 2021, the Center for Healthy Living also partnered with the respiratory care department within Parkview Noble Hospital to identify patients who use tobacco products. When a patient screens positive for tobacco use, the respiratory therapist has a conversation with the patient on usage and offers a smoking cessation follow-up call from the Center for Healthy Living to get signed up for a Freedom from Smoking Class.



#### Obesity

The goal for this health priority is to decrease the number of individuals with BMI > 29.9 and reduce chronic diseases associated with obesity in Noble County. An objective to meet this goal is to increase knowledge and access to physical activity and balanced nutrition in 100% of program participants.

# Parkview Noble Hospital's Center for Healthy Living

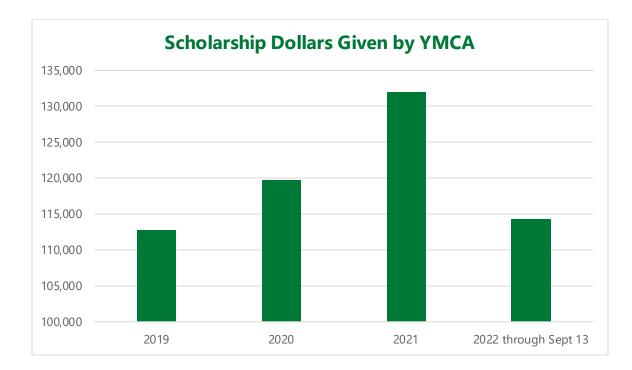
Parkview Noble Hospital's Center for Healthy Living (CHL) offers fitness classes to community members at minimal or no cost to allow everyone, regardless of socioeconomic status, the opportunity to access group exercise classes. In 2019, there were a total of 441 interactions with 3,000 participants, and in 2020 there were 106 interactions. The COVID-19 pandemic had a major impact on fitness classes. For the safety of the community, CHL took a pause on all programming at the start of the pandemic. The CHL later began to offer virtual classes to community members to support them safely through the pandemic. To better serve the community, the CHL partnered with the Cole Center Family YMCA to hold specific fitness classes at the Community Learning Center (CLC). Offering classes at the CLC supported efforts to eliminate barriers to accessing exercise opportunities. It was found that many participants had fears around going to the YMCA to exercise because they do not run or lift weights. Partnering with the YMCA allowed CHL to support participants by reducing fear and increasing comfort to access these classes in a different location. Collaborating with the CHL partners is an invaluable tool which benefits those in the Noble County community. The Cole Center Family YMCA currently is holding eight to ten classes/week at the CLC, which the Parkview Noble Hospital's Community Health Improvement Program helps support financially.

To increase access and knowledge on the importance of consuming fresh produce, the CHL also offers cooking demonstrations and classes to the community. These classes are led by a registered dietitian nutritionist (RDN) and are focused on ways to prepare healthy, nutritious meals at home. The CHL RDN also works with numerous other organizations to put resources and knowledge into community members hands. An example of this is the partnership with Purdue Extension. Purdue Extension's Master Gardeners and RDN partner with the CHL's RDN to teach classes in food deserts. These classes and workshops teach community members how to plant gardens, harvest, and prepare the produce in hopes that participants will ultimately start their own gardens or access community gardens.

The CHL also offers the My Best Health (MBH) Program. MBH is a six-month health behavior change program for community members. This program provides one-on-one health coaching as well as sessions with a registered dietician, a personal trainer, and a community nurse. The program supports participants in their journey to make lifestyle changes that promote health and prevent or reverse the effects of obesity and chronic disease.

#### **Cole Center Family YMCA**

Parkview Noble Hospital also partners with the Cole Center Family YMCA to offer financial scholarships to community members who otherwise could not afford to access the YMCA. Scholarships help increase access to physical activity opportunities and social interaction. With the help of Parkview Noble Hospital Community Health Improvement dollars and other contributions, the Cole Center Family YMCA was able to provide the scholarship dollars below.



## **Activate Noble County**

Parkview Noble Hospital supports Activate Noble County (ANC), a coalition developed to promote healthy eating and active living, especially in food deserts within the county. The coalition promotes access to healthy, inexpensive produce for underserved community members. Through the end of 2019, ANC maintained twelve raised garden beds. Produce grown in these beds was sold weekly at farm stands between Parkview Noble Hospital and Cole Center Family YMCA for \$1/lb. In 2020, Parkview CHL moved to the Community Learning Center in Kendallville. In the summer of 2020, 2021 and 2022, ANC was still able to provide this service while practicing outdoor social distancing. The garden is now located on the Community Learning Center (CLC) grounds which is inside a USDA food desert. The goal of the garden is to promote increased access to affordable fresh produce in food desert areas. During the transition to the CLC, it was noted that there was a stigma around going to the community garden during farm stands. To eliminate this barrier, the garden is now free to access for community members. Community members can come and pick fresh produce at any time to reduce any stigma around accessing this community garden.

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

Other coalition-led initiatives include installation of wayfinding signs and emergency food bags. The ANC Emergency Food Bags exist as a partnership with local area police departments, ANC and Parkview Noble Hospital to provide nutritious food to those experiencing a food emergency. Local police officers offer food bags 24/7 to those in need by calling the Parkview Noble House Supervisors. This need was identified by Noble County police officers. There was not a solution for community members calling emergency services for their family not having access to food after social service agencies had closed for the night. Before emergency food bags were offered, officers were using their own money to buy

fast food for families they identified as "in need" while on duty. Emergency food bags offer police officers the option to provide those in need of assistance a food bag with sustainable, nutritious food. These community members also receive follow-up phone calls to help connect them to community resources to help them in the future.

## **Common Grace**

Common Grace is a Christ-centered organization whose mission is to instill a sense of hope by providing material and spiritual resources to help people make positive changes in their lives. One of their initiatives, Friendship Connection, has a garden planted that has helped more than 713 households in Noble County receive fresh vegetables. They give out an average of 31lb/household per visit. They also host community partners such as PNH CHL and Purdue Extension to provide onsite health and nutrition education events to improve their neighbor's overall well-being.

# Conclusion

The Community Health Improvement Program at Parkview Noble Hospital has continued to build strong partnerships with local organizations across the county to promote health and well-being within our community. The hospital continues to be committed to improving the health across our county, especially as it relates to the priorities outlined above, and will continue to work diligently to address any further needs identified in the 2022 CHNA.

# **Appendix B - Community and Provider Surveys**

### Invitation to take the Parkview Community Health Needs Survey

Dear Community Member,

**We need your help!** We all know the importance of a strong community and strong community services. Parkview Health is working to identify community health needs so we can provide better services.

**Your Answers Count!** Your responses are completely confidential. We do not ask for your name anywhere on the survey. You must be 18 years of age or older to take this survey. The questions will take only about 5-10 minutes of your time.

If you have any questions or need any help with the survey, please call U.S. at 260-266-7765.



You can also take the survey online: <u>https://www.research.net/r/CHNA6E</u> or

Thank you for helping U.S. build a stronger community!

Sincerely,

Jarahli Siatrinta, MD

Sarah GiaQuinta, MD, MPH Vice President of Community Health Parkview Health

#### Parkview Community Health Needs Survey

These questions should only take about 5 - 10 minutes to complete. Your answers are confidential and will only be reported in combination with the answers of others. Your participation is voluntary; you may stop answering at any time, or skip questions you do not wish to answer.

#### 1. In which county do you live?



- 2. What is the zip code of your residence? \_\_\_\_\_
- 3. How many adults (18 years or older) live in your household, INCLUDING YOURSELF? \_\_\_\_\_
  - INCLUDE all adults who are living or staying here for more than 2 months
  - DO NOT INCLUDE anyone who is living somewhere else for more than 2 months, such as a college student living away or someone in the Armed Forces on deployment

#### 4. How many children younger than 18 years of age live in your household?\_\_\_\_\_

#### 5. How would you describe your gender? (select only one)

□ Male □ Other\_\_\_\_\_

□ Female □ Prefer not to answer

□ Transgender

6. In what year were you born? \_\_\_\_\_

#### 7. Are you of Hispanic or Latino origin?

□ Yes □ No □ Prefer not to answer

#### 8. Do you identify as Amish?

□ Yes □ No □ Prefer not to answer

#### 9. How would you describe your race? (select all that apply)

- □ White □ Asian
- □ Black or African-American □ Native Hawaiian or Pacific Islander
- □ American Indian or Alaska Native □ Prefer not to answer
- □ Other: \_\_\_\_\_

# 10. Below are some health issues present in many communities. Please pick FIVE that you think pose the greatest concern for people who live in your community. (select only five)

- □ Tobacco/vaping use
- □ Substance use or abuse
- □ Alcohol use or abuse
- □ Assault and violent crime (including domestic violence)
- □ Child abuse or neglect
- □ Sexual violence (including assault, rape or human trafficking)
- □ Obesity (health problems due to being overweight or obese)
- □ Chronic disease (diabetes, cancer, heart disease, etc.)
- □ Suicide
- □ Infectious disease (HIV, syphilis, hepatitis, COVID-19, or other infections)
- □ Reproductive health (birth control, women's and men's reproductive health issues)
- Infant death
- □ Injuries (car accidents, falls, workplace injuries)
- □ Mental health
- □ Aging and older adult needs
- Dental Care
- Disability needs

11. Below is a list of programs or services that exist in many communities. Thinking about the biggest needs in your community, please rank the importance of each with 5 being the most important and 1 being the least important.

Category	1 Least Important	2	3	4	5 Most Important
Access to Food (such as food pantries, farmers markets, food stamps)					
Assistance with finding housing					
Financial assistance					
Legal assistance					
Assistance with getting health insurance					
Job training or assistance with finding a job					
Assistance with transportation					
Free or emergency childcare					
Nutrition education programs like healthy cooking classes					
Substance abuse services (prevention or treatment)					
Needle exchange programs					
Mental health counseling and support programs					
Gun safety education programs					
Access to birth control					
Walking trails, bike trails, and other outdoor recreation spaces					
Quick access primary care (like clinics in a local drug store or grocery store)					
Aging and older adult programs					
Assistance with filling a prescription					

# 12. Considering all sources, which of the following best describes your total household income before taxes for 2020? (select only one)

□ Less than \$15,000	□ \$75,000 - \$99,999
□ \$15,000 - \$24,999	□ \$100,000 - \$149,999
□ \$25,000 - \$34,999	□ \$150,000 or More
□ \$35,000 - \$49,999	Prefer not to answer
□ \$50,000 - \$74,999	

#### Invitación a participar en la encuesta sobre las necesidades de salud de la comunidad de Parkview Health

Estimado miembro de la comunidad:

**¡Necesitamos su ayuda!** Todos conocemos la importancia de una comunidad fuerte y de servicios comunitarios sólidos. Parkview Health está trabajando para identificar las necesidades de salud de la comunidad para poder ofrecer mejores servicios.

**¡Sus respuestas son importantes!** Sus respuestas son completamente confidenciales. No le pedimos su nombre en ninguna parte de la encuesta. Debe tener 18 años o más para participar en esta encuesta. Las preguntas le tomarán solo entre 5 y 10 minutos de su tiempo.

Si tiene alguna pregunta o necesita ayuda con la encuesta, llámenos al 260-266-7765.

También puede participar en la encuesta en línea:



https://es.research.net/r/CHNA7S o

¡Gracias por ayudarnos a construir una comunidad más fuerte!

Cordialmente,

Sarahli Giatinta, MD

Sarah GiaQuinta, MD, MPH Vicepresidente de Communidad Salud Parkview Health

#### Encuesta sobre las necesidades de salud de la comunidad de Parkview Health

Debería llevarle solo entre 5 y 10 minutos responder esta encuesta. Sus respuestas son confidenciales y solo se informarán en combinación con las respuestas de otras personas. Su participación es voluntaria; puede dejar de responder en cualquier momento u omitir las

preguntas que no desee contestar.

1.	<b>En qué condado vive?</b>												
	□ Wabash □ Wells □ Whitley												
2.	Cuál es el código postal de su residencia?												
	¿Cuántos adultos (mayores de 18 años) viven en su hogar, INCLUYÉNDOSE A USTED MISMO?												
	<ul> <li>INCLUYA a todos los adultos que vivan o estén viviendo aquí por más de 2 meses</li> </ul>												
	<ul> <li>NO INCLUYA a nadie que haya vivido en otro lugar por más de 2 meses, como un estudiante universitario que viva fuera o alguien de las fuerzas armadas en misión</li> </ul>												
3.	Cuántos menores de 18 años viven en su hogar?												
4.	Cómo describiría su género? (seleccione solo uno)												
	□ Mujer  □ Prefiero no contestar □ Transgénero												
5.	En qué año nació?												
6.	Es U.S.ted de origen hispano o latino? □ Sí □ No □ Prefiero no contestar												
7.	Se identifica como Amish?												

□ Sí □ No □ Prefiero no contestar

#### 8. ¿ómo describiría su raza? (seleccione todo lo que corresponda)

- □ Blanco
- □ Negro o afroamericano
- □ Indio americano o nativo de Alaska □ Prefiero no contestar
- □ Otros: \_\_\_\_\_
- □ Asiático
- □ Nativo de Hawái o de las islas del Pacífico
- 9. A continuación se presentan algunos problemas de salud presentes en muchas comunidades. Por favor, elija CINCO que en su opinión sean los que más les preocupan a las personas que viven en su comunidad. (seleccione solo cinco)
  - □ Consumo de tabaco/vapeo
  - Uso o abuso de sustancias
  - □ Uso o abuso del alcohol
  - □ Agresión y delitos violentos (incluida la violencia doméstica)
  - □ Abuso o negligencia infantil
  - □ Violencia sexual (incluido el abuso, la violación o la trata de seres humanos)
  - □ Obesidad (problemas de salud debidos al sobrepeso o la obesidad)
  - □ Enfermedades crónicas (diabetes, cáncer, enfermedades del corazón, etc.)
  - □ Suicidio
  - □ Enfermedades infecciosas (VIH, sífilis, hepatitis, COVID-19 u otras infecciones)
  - □ Salud reproductiva (anticonceptivos, cuestiones de salud reproductiva de mujeres y hombres)
  - □ Muerte infantil
  - □ Lesiones (accidentes de tráfico, caídas, lesiones en el lugar de trabajo)
  - □ Salud mental
  - □ Envejecimiento y necesidades de los adultos mayores
  - Atención odontológica
  - □ Necesidades de las personas con discapacidades

10. A continuación se presenta una lista de programas o servicios que existen en muchas comunidades. Pensando en las mayores necesidades de su comunidad, clasifique la importancia de cada una de ellas, siendo 5 la más importante y 1 la menos importante.

Categoría	1 Menos importante	2	3	4	5 Más importante
Acceso a alimentos (como las despensas, los mercados de agricultores, los cupones de alimentos)					
Asistencia en la búsqueda de vivienda					
Asistencia financiera					
Asistencia jurídica					
Asistencia para conseguir un seguro médico					
Capacitación laboral o ayuda para encontrar un trabajo					
Asistencia para el transporte					
Cuidado de niños/as gratuito o de emergencia					
Programas de educación nutricional como clases de cocina saludable					
Servicios de abuso de sustancias (prevención o tratamiento)					
Programas de intercambio de jeringas					
Programas de terapia y apoyo en materia de salud mental					
Programas de educación sobre la seguridad de las armas					
Acceso a anticonceptivos					
Rutas de senderismo, carriles para bicicletas y otros espacios recreativos al aire libre					
Acceso rápido a la atención primaria (como clínicas en una farmacia o un supermercado local)					
Programas para adultos mayores y envejecimiento					
Asistencia para surtir una receta					

- 11. Teniendo en cuenta todas las fuentes, ¿cuál de las siguientes opciones describe mejor los ingresos totales de su hogar antes de impuestos para 2020? (seleccione solo uno)
  - □ Menos de \$15,000
     □ \$75,000 \$99,999
     □ \$15,000 \$24,999
     □ \$100,000 \$149,999
     □ \$25,000 \$34,999
     □ \$150,000 o más
     □ \$35,000 \$49,999
     □ Prefiero no contestar
     □ \$50,000 \$74,999

**ရပ်ရွာကျန်းမာရေး လိုအပ်ချက်များ Parkview's စစ်တမ်းတွင် ပါဝင်ရန် ဖိတ်ကြားခြင်း။** ချစ်ခင်လေးစားရပါသော ရပ်ရွာအတွင်း နေထိုင်သူများခင်ဗျာ၊

**ကျွန်ုပ်တို့မှ သင်တို့အကူအညီလိုအပ်နေပါသည်။** ခိုင်မာကောင်းမွန်သည့် ရပ်ရွာ နှင့် ခိုင်မာကောင်းမွန်သည့် ရပ်ရွာဝန်ဆောင်မှုများ၏ အရေးပါပုံကို ကျွန်ုပ်တို့အားလုံး သိရှိထားပြီးဖြစ်ပါသည်။ Parkview ကျန်းမာရေးမှ ရပ်ရွာကျန်းမာရေးဆိုင်ရာများအတွက် လိုအပ်သည်များကို စိစစ်သတ်မှတ်နိုင်ရန် လုပ်ဆောင်လျက်ရှိနေပြီး သို့မှသာ ပိုမိုကောင်းမွန်သည့် ဝန်ဆောင်မှုများကို ပေးအပ်နိုင်မည် ဖြစ်ပါသည်။

**သင်၏ထည့်သွင်းမှုသည် အထောက်အကူဖြစ်စေပါသည်။** သင့်အဖြေများကို 100% လျှို့ဝှက်ထားပါမည်။ ဤစစ်တမ်းတွင် သင့်အမည်ကို မည်သည့်နေရာတွင်မှ ပေးဆောင်ရန် မလိုအပ်ပါ။ စစ်တမ်းဖြေဆိုရန် သင်သည် အသက် 18 နှစ်နှင့်အထက် ဖြစ်ရမည်။ ဤမေးခွန်းများကိုဖြေဆိုရန် 5-10 မိနစ်ခန့် လိုအပ်ပါသည်။

သင့်တွင် မေးခွန်းများ သို့မဟုတ် ဤစစ်တမ်းအတွက် အကူအညီ လိုအပ်ပါက ကျွန်ုပ်တို့ထံ ကျေးဇူးပြု၍ ဖုန်းခေါ်ဆိုပါ 260-266-7765

မြန်မာဘာသာစကားဖြင့် စစ်တမ်းကောက်ယူပြီးစီးရန် ကျေးဇူးပြု၍ ဒီကိုသွားပါ



မြန်မာနှင့် <u>https://www.research.net/r/CHNA10B</u> သို့မဟုတ်

ပို၍ ခိုင်မာကောင်းမွန်သည့် ရပ်ရွာတည်ဆောက်ရာတွင် ပါဝင်ကူညီပေးသည့်အတွက် ကျေးဇူးအထူးတင်ရှိပါသည်။

bucht. Grathingta MD

Sarah GiaQuinta, MD, MPH Senior Vice President of Community Health & Equity Parkview Health Parkview ရပ်ရွာကျွန်းမာရေးလိုအပ်ချက်စစ်တမ်း

ဤမေးခွန်းအားလုံးကို ဖြေရန် 5-10 မိနစ်ခန့် ကြာပါမည်။ သင့်အဖြေများကို တင်းကြပ်စွာလျှို့ဝှက်ထားမည်ဖြစ်ပြီး အခြားသူများ၏အဖြေများနှင့်အတူသာ တင်သွင်းမည်ဖြစ်သည်။ သင်၏ပါဝင်မှုသည် ဆန္ဒအလျောက်ဖြစ်သည်။ မေးခွန်းများကို အချိန်မရွေးဖြေဆိုခြင်းကို ရပ်နိုင်သည် သို့မဟုတ် သင်မဖြေလိုသောမေးခွန်းများကို ကျော်သွားနိုင်သည်။

1. မည်သည့် ကောင်တီတွင် သင်နေထိုင်ပါသလဲ။

□ Adams □ Allen □ DeKalb □ Huntington □ Kosciusko □ LaGrange □ Noble □ Wabash □ Wells □ Whitley

- 2. သင်နေထိုင်သည့်နေရာ၏ စာပို့သင်္ကေတ ကုဒ်မှာ မည်သို့နည်း။\_\_\_\_\_
- 3. သင့်အိမ်တွင် သင်အပါအဝင်၊ အသက်ရွယ်ပြည့်ပြီးသူ (အသက် ၁၈နှစ်နှင့်အထက် ) မည်မျှ နေထိုင်ကြပါသလဲ။
  - ၎င်းအသက်ရွယ်ပြည့်ပြီးသူများထဲတွင် ဤနေရာ၌ နေထိုင်လာခဲ့သည်မှာ၂လအထက်ရှိသူများကို
     ထည့်သွင်းပါ။
  - ၎င်းသူများထဲတွင် အဝေးရောက် ကော်လိပ်ကျောင်းသား သို့မဟုတ် စစ်တပ်တွင်
     တာဝန်ထမ်းဆောင်နေသူကဲ့သို့သော အခြားနေရာတွင် နေထိုင်သည်မှာ၂လထက်ပိုနေသူများကို မထည့်သွ
- 4. သင်၏ အိမ်တွင် အသက် ၁၈ နှစ်မပြည့်သေးသည့် ကလေးမည်မျှ နေထိုင်ကြပါသလဲ။\_\_\_\_\_
- 5. သင်၏ လိင်ကို ဘယ်လိုဖော်ပြလိုပါသလဲ။ (တစ်ခုသာ ရွေးချယ်ပါ)

🗆 အထီး 🗆 အခြား\_\_\_\_\_\_\_\_)ကျေးဇူးပြု၍ မှတ်ချက်တစ်ခုထည့်ပါ။ ( 🗆 အမျိုးသမီး 🗖 မဖြေဆိုလိုပါ 🗖 လိင်ပြောင်းသူ

6. မည်သည့်ခုနှစ်တွင် သင့်ကိုမွေးဖွားခဲ့ပါသလဲ။ \_\_\_\_\_

- 7. သင်သည် ဟစ်စပန်းနစ် သို့မဟုတ် နဂိုမူလ လာတီနို ဖြစ်ပါသလား။ 🛛 ဟုတ်တယ် 🗖 မှား 🗖 မဖြေဆိုလိုပါ
- 8. သင့်ကိုယ်သင် Amish အဖြစ် သတ်မှတ်ပါသလား။ □ ဟုတ်တယ် □ မရှိ □ မဖြေဆိုလိုပါ

🛛 အရက်သေစာသောက်စားခြင်း သို့မဟုတ် အလွဲသုံးစားလုပ်ခြင်း။

10. အောက်တွင် ဖော်ပြထားသည့် ကျန်းမာရေးဆိုင်ရာများသည် ရပ်ရွာအများစုတွင် ရှိနေသည့် အရာများဖြစ်သည်။ သင်၏ ရပ်ရွာတွင် နေထိုင်သည့်လူအများထဲ အဖြစ်အများဆုံးဟု ယူဆရသည့် အရာ ငါးခုကို ကျေးဇူးပြု၍ ရွေးချယ်ပါ။ (ငါးခုသာ ရွေးချယ်ရန်) ပြ ဆေးရွက်ကြီး/vaping အသုံးပြုခြင်း ပြ တရားမဝင် မူးယစ်ဆေးဝါး သုံးစွဲမူ သို့မဟုတ် အလွဲသုံးစားမှု

🛛 ထိမှန်ခြင်းနှင့် အကြမ်းဖက်ရာဇဝတ်မှုများ (အိမ်တွင်းအကြမ်းဖက်မှု အပါအဝင်)၊

- 🛛 ကလေးအား မတရားပြုကျင့်ခြင်း သို့မဟုတ် လျစ်လျူရှုခြင်း
- လိင်ပိုင်းအကြမ်းဖက်ခြင်း (လိင်ပိုင်းဆိုင်ရာ တိုက်ခိုက်ခြင်း၊ အဓမ္မပြုကျင့်ခြင်း သို့မဟုတ် လူကုန်ကူးခြင်း)
- အဝလွန်ခြင်း (ကိုယ်အလေးချိန်များလွန်းခြင်း သို့မဟုတ် အဝလွန်ခြင်းကြောင့်
   ကျန်းမာရေးပြဿနာများ)
- 🛛 နာတာရှည်ရောဂါများ (ဆီးချို၊ ကင်ဆာ၊ နှလုံးရောဂါ စသည်)
- 🛛 ကိုယ့်ကိုယ်ကိုသတ်သေ
- ကူးစက်ရောဂါ (HIV၊ ဆစ်ဖလစ်၊ အသည်းရောင်ရောဂါ၊ COVID-19၊ သို့မဟုတ် အခြားရောဂါကူးစက်မှု)
- မျိုးဆက်ပွားကျန်းမာရေး (သန္ဓေတားဆေး၊ အမျိုးသမီးနှင့် အမျိုးသား မျိုးဆက်ပွားကျန်းမာရေး
   ပြဿနာများ)
- 🛛 မွေးကင်းစ ကလေး သေဆုံးခြင်း
- 🛛 ဒဏ်ရာများ (ကားတိုက်မှု၊ ပြုတ်ကျ၊ အလုပ်ခွင် ဒဏ်ရာများ)
- 🛛 စိတ်ကျန်းမာရေးဆိုင်ရာများ
- 🛛 အိုမင်းရင့်ရော်ခြင်း နှင့် အသက်ရွယ်ကြီးသူများ၏ လိုအပ်မှုများ
- 🛛 သွားကျန်းမာရေး စောင့်ရှောက်ခြင်း
- 🛛 မသန်စွမ်းသူများ၏ လိုအပ်ချက်များ

11. အောက်ပါပရိုဂရမ်များ သို့မဟုတ် ဝန်ဆောင်မှုများကို အသိုင်းအဝိုင်းအများစုတွင် ရနိုင်သည်-သင့်အသိုင်းအဝိုင်း၏ အကြီးမားဆုံးလိုအပ်ချက်များကို စဉ်းစားပါ။ တစ်ခုချင်းစီရဲ့အရေးပါမှုကို အဆင့်သတ်မှတ်ပါ။ 5 က အရေးကြီးဆုံးပါ။ 1 က နည်းနည်း အရေးကြီးတယ်။

အမြို းအစား	၁ အရၕ က်ိဳးမှ အနည်း ငယ် သာှိရ	J	9	9	၅ အရၕး က်ိဳး ဆံး
စား န်ပိရက္အာရရိန်ုင်မှ (အရၕး မ်ိဳ အစား အစာ၊ လယ်သမား ဈၕး များ၊ အစား အသၖာ ဂ်ာဘၖာ ဂ်ာချာများ)					
အိမ်ရာ ရှာဖွ ရောဝွာင် ဂူာညီ ဆောင်ွရက်ပၕး ခြင်း					
ွင  ရာြးေဆ်င်ရာ အဂူာအညီ					
ဥပဒရေး ရာိဆ်င်ရာ အဂူာအညီ					
ဂျာန်းမာရၕေ အာ မံခရရိရရ်န ဂူာညီဆော ငွရက်ပၕး ခင်္ငြး					
အလုပ်အိက်ငရှာဖွ ရေးနှင့်အတူ အလုပ်သင်တန်း ိုသမဟုတ် အကူအညီများ					
သယ်ယူိပ့အောင်ရေး ိုဆင်ရာ အဂူာအညီ					
အခဲ့မှိသူမဟုတ် အရးေ ဖါ် ကလား ထိန်း					
ဂျာန်းမာရၕ <sub>ါ</sub> န့်ငညာညတ်သင်္ဘာ ဟင်းချက်သင်တန်းများ`ဂဲ့ာိ၃့ာ အာ ဟာ ရိဆ်င်ရာ ပညာ ပၕး အီစအစဉ်များ					
ၼး ၀ါးအလွဲပုံသံးစားမှု ဝန်ဆာော်ငှမများ (ကာ ဂွာယ်ခြင်း <sup>°</sup> ည့မဟုတ် ကုသခြင်း)					
ဆး <sup>ထ</sup> ြားအပ်လဲလှယ်ရေး အစီအစဉ်များ					
ိစတ်ကျန်းမာရၕေိုဆင်ရာ အက်ြဉာဏ်ပၕေးခြင်းနှင့် ံ့ပိုပုးဂူာညီမု အစီအစဉ်မျှား					

1**2.**ရင်းမြစ်များအားလုံးမှ၂၀၂၀ ခုနှစ်အတွက် အခွန်မဆောင်ခင် သင့်အိမ်၏ ဝင်ငွေစုစုပေါင်းမှာ ဖော်ပြပါများထဲမှ မည်သည့်ကိန်းကဏန်းသည် အနီးစပ်ဆုံးဖြစ်ပါသလဲ။ (တစ်ခုသာ ရွေးချယ်ပါ)

\$၁၅,၀၀၀ ထက်နည်းသည် \$၇၅,၀၀၀ - \$၉၉,၉၉၉
 \$၁၅,၀၀၀ - \$၂၄,၉၉၉ \$200,000 - \$၁၄၉,၉၉၉
 \$၂၅,၀၀၀ - \$၃၄,၉၉၉ \$200,000 2%
 \$၁၅,၀၀၀ - \$၃၄,၉၉၉ \$200,000 2%
 \$၃၅,၀၀၀ - \$၃၄,၉၉၉ \$200,000 2%
 \$၃၅,၀၀၀ - \$၄၉,၉၉၉ \$200,000 2%
 \$90,000 - \$၇၄,၉၉၉ \$200,000 2%

#### Welcome!

The purpose of this survey is to help meet the Internal Revenue Service (IRS) requirement from the Affordable Care Act that non-profit hospitals conduct a community health needs assessment every three years.

This survey includes 12 questions and will require approximately 5-10 minutes of your time. It asks questions about your practice setting and the primary community health issues, social service needs, barriers to healthcare access, and problems in providing service in the county(ies) you serve. Your responses will not be connected back to you as an individual and will only be used and published in aggregated format.

This survey is being conducted as part of Parkview Health's 2022 Community Health Needs Assessment (CHNA).

Thank you in advance for completing this survey!

#### YOUR PRACTICE SETTING

- 1. In which county is your primary practice or service located?
  - ◆ Adams ◆ Allen ◆ DeKalb ◆ Huntington ◆ Kosciusko ◆ LaGrange ◆ Noble
  - ◆ Wabash ◆ Wells ◆ Whitley
- 2. How long have you practiced/provided service in this area?
  - ◆ Less than 1 year ◆ 1-5 years ◆ 6-10 years ◆ 11-15 years ◆ 16-20 years
  - More than 20 years
- 3. What type of healthcare or service provider are you?
  - $\circ$  Physician
  - ${\scriptstyle \circ\,} Physician's \ Assistant$
  - $_{\circ}$  Nurse Practitioner
  - $_{\circ}$  Registered Nurse
  - o Mental/Behavioral Health
  - $\circ$  Nutritionist
  - Wellness Practitioner
  - o Public Health/Community Health Practitioner
  - o Social Worker/Case Management
  - Other, please specify

#### 4. In which type of setting do you provide your services?

- Outpatient Primary Care Clinic
- Outpatient Specialized Care Clinic
- Immediate/Urgent Care Clinic
- Community Health Center
- County Health Department
- Hospital Specialized Care
- Hospital Emergency Care

- Long-Term Care Facility
- Hospice/Palliative Care Facility
- o School
- $\circ$  In-Home
- Other, please specify

#### COMMUNITY HEALTH NEEDS

5. Below are some health issues present in many communities. Please pick FIVE that you think pose the greatest concern for people who live in your community. (Select only five)

- Tobacco/vaping use
- Substance use or abuse
- Alcohol use or abuse
- Assault and violent crime (including domestic violence)
- Child abuse or neglect
- Sexual violence (including assault, rape or human trafficking)
- Obesity (health problems due to being overweight or obese)
- Chronic disease (diabetes, cancer, heart disease, etc.)
- $\circ$  Suicide
- Infectious disease (HIV, syphilis, hepatitis, COVID-19, or other infections)
- Reproductive health (birth control, women's and men's reproductive health issues)
- o Infant death
- Injuries (car accidents, falls, workplace injuries)
- Mental health
- $\circ~$  Aging and older adult needs
- Dental care
- Disability needs

#### 6. Which of the following are the <u>top three</u> barrier(s) to accessing care/services in your county?

∘ Costs

- Lack of Insurance
- Access/Insufficient Healthcare Resources (i.e. shortage of providers)
- Transportation
- o Education/Health Literacy
- $\circ$  Childcare
- Language
- Housing
- o Other; please specify

#### SERVICE NEEDS

7. Below is a list of programs or services that exist in many communities. Thinking about the biggest needs in your community, please rank each by importance with 5 being the most important and 1 being the least important.

	1				5
Category	Least	2	3	4	Most
	Important				Important
Access to Food (such as food pantries, farmers markets, food stamps)	*	•	•	•	•
Assistance with finding housing	•	•	•	•	•
Financial assistance	•	•	•	•	•
Legal assistance	•	•	•	•	•
Assistance with getting health insurance	•	•	•	•	•
Job training or assistance with finding a job	•	•	•	•	•
Assistance with transportation	•	•	•	•	•
Free or emergency childcare	•	•	•	•	•
Nutrition education programs like healthy cooking classes	•	•	•	•	•
Substance abuse services (prevention or treatment)	•	•	•	•	•
Needle exchange programs	•	•	•	•	•
Mental health counseling and support programs	•	•	•	•	•
Gun safety education programs	•	•	•	•	•
Access to birth control	•	•	•	•	•
Walking trails, bike trails, and other outdoor recreation spaces	•	•	•	•	•
Quick access primary care (like clinics in a local drug store or grocery store)	•	•	•	•	•
Aging and older adult programs	•	•	•	•	•
Assistance with filling a prescription	•	•	•	•	•

# 8. Are you aware of resources available to the community to address the following issues? (Answer Yes, No, or Don't Know for each)

Category	Yes	No	Don't Know
Access to Food (such as food pantries, farmers markets, food stamps)	•	٠	•

Assistance with finding housing	•	•	•
Financial assistance	•	•	•
Legal assistance	•	•	•
Assistance with getting health insurance	•	•	•
Job training or assistance with finding a job	•	•	•
Assistance with transportation	•	•	•
Free or emergency childcare	•	•	•
Nutrition education programs like healthy cooking classes	•	•	•
Substance abuse services (prevention or treatment)	•	•	•
Needle exchange programs	•	•	•
Mental health counseling and support programs	•	•	•
Gun safety education programs	•	•	•
Access to birth control	•	•	•
Walking trails, bike trails, and other outdoor recreation spaces	•	•	•
Quick access primary care (like clinics in a local drug store or grocery store)	•	•	•
Aging and older adult programs	•	•	•
Assistance with filling a prescription	•	•	•

# 9. What problems and barriers do you face in providing health-related services (please check all that apply)?

- Collaboration/communication with other provider/coordinated care
- Effective quality improvement strategies
- Electronic medical records/electronic health records
- Access to timely data
- Relationship with insurers/reimbursement levels
- Insufficient healthcare resources (i.e. shortage of providers)
- Language barriers
- Other, please specify

#### DEMOGRAPHICS

#### 10. How would you describe your gender?

- $\circ$  Male
- $\circ$  Female
- $_{\circ}$  Transgender
- $\circ$  Other:
- $_{\odot}$  Prefer not to answer

#### 11. Are you of Hispanic or Latino origin?

- $_{\circ}\,\text{Yes}$
- $\circ \, \text{No}$
- $_{\odot}$  Prefer not to answer

#### 12. How would you describe your race? (Select all that apply)

- $\circ$  White
- $_{\circ}$  Black or African American
- $_{\circ}\,$ Asian
- $_{\odot}$  Native Hawaiian or other Pacific Islander
- American Indian or Alaskan Native
- $\circ \text{Other:} \\$
- $_{\odot}\,\text{Prefer}$  not to answer

## **Appendix C - Hanlon Score Calculation**

(A) S	Size	(B) S	Seriousness			(C) Effectiv Interve	
Score	% of Population	Score	Community (B1) and Provider (B2) % endorsed	Score	Urgency (B3)	Score	Evidence-based intervention
10	≥ 50%	2	≥ 80%	2	Significantly worsening	Yes	1
9	25 to < 50%	1.5	60 to < 80%	1.5	Worsening	No	0
8	17.5 to < 25%	1	40 to < 60%	1	No trend		
7	10 to 17.5%	0.5	20 to < 40%	0.5	Improving		
6	5 to < 10%	0	0 to < 20%	0	Significantly improving		
5	1 to < 5%						
4	0.50 to < 1%						
3	0.10 to < 0.50%						
2	0.05 to < 0.10%						
1	0.01 to < 0.05%						
0	0 to < 0.01%						

**Priority Score D** = [A + 4.167 \* (B1 + B2 + B3)] \* C

### **Appendix D - Prioritization Tool**

#### 2022 Noble County CHNA: Scorecard to Prioritize Top Health Needs

Please review this scorecard and accompanying data in advance of the Prioritization Session. During the session, information and instructions will be provided that will help to contextualize the health problems and ranking scores presented in the table below and the data provided in the subsequent pages. You will be asked to consider both your professional and personal perspectives when you rate each health problem as we work to prioritize Parkview's top health needs.

#### **Prioritization Criteria**

- **<u>Significance</u>** of the health problem -> How many people are affected?
- <u>Severity</u> of the health problem -> How likely is it to limit length and quality of life?
- **Suitability** for a strategic intervention-> is Parkview in a good position to address the problem?
- **SDOH** -> Do social determinants of health (SDOH) drive health disparities in rates and outcomes for the health problem?

	Priority Rank by Hanlon	Priority Rank by Community & Provider Survey	Significance of the Issue	Severity of the Problem	Suitability for Intervention	SDOH – Impact of Health Disparity
Health Problem	1= top priority	* Chronic disease was a single question in our survey	1-10	1-10	1-10	1-10
Mental Health	1	4				
Chronic Obstructive Pulmonary Disease (COPD)	2	*5				
Substance Use/ Abuse	3	1				
Chronic Kidney Disease	4	*5				
Obesity	5	2				
Asthma	6	*5				
Cancer	7	*5				
Cardiovascular Disease	8	*5				
Alzheimer's Disease or Dementia	9	*5				
Child Abuse and Neglect	10	*5				

Note: for voting you will be asked to use the following scale: 1=Very Little, 10=Very Much

## **Appendix E - Prioritization Participating Organizations**

Prioritization session attendees represented several organizations in Noble County:

Organization/Department
Parkview Noble Administration
Parkview Behavioral Health
Parkview HSIR
Noble County School District
Thrive by 5 of Noble County- Early Childhood Education
Alliance
Community Learning Center of Noble County
Brightpoint Headstart of Noble County
The Crew Youth Center
Noble County Healthier Moms and Babies
The Arc Noble County Foundation
Noble County YMCA
Common Grace Ministries
Freedom Academy

### **Appendix F - Community Resources**

Findhelp.org is an online to that allows the end user to search and connect to support, including financial assistance, food pantries, medical care, and other free or reduced-cost help.

https://www.findhelp.org/

Name	City	ZIP Code	Service
OBESITY		1	
Turnstone	Fort Wayne	46805	Fitness Center
Central Branch YMCA	Fort Wayne	46802	Recreational Club
Cole Center Family YMCA	Kendallville	46755	Recreational Club
Jackson R Lehman YMCA	Fort Wayne	46835	Recreational Club
Jorgensen Family YMCA	Fort Wayne	46804	Recreational Club
Kosciusko Community YMCA	Warsaw	46582	Recreational Club
Kosciusko Community YMCA - North Webster Branch	N. Webster	46555	Recreational Club
Parkview Family YMCA	Fort Wayne	46825	Recreational Club
Renaissance Pointe YMCA	Fort Wayne	46803	Recreational Club
Skyline YMCA	Fort Wayne	46802	Recreational Club
Wabash County YMCA	Wabash	46992	Recreational Club
Parkview Huntington Family YMCA	Huntington	46750	Recreational Club
Parkview Center for Healthy Living	Kendallville	46755	Wellness Program
Parkview Center for Healthy Living - FW	Fort Wayne	46816	Wellness Program
Parkview Center for Healthy Living - FW	Fort Wayne	46845	Wellness Program
Lakeland Youth Center	Syracuse	46567	Youth Center
TOBACCO USE			
Healthier Moms and Babies	Fort Wayne	46807	Baby & Me Tobacco Free
Kosciusko Cares Youth Services	Warsaw	46580	Baby & Me Tobacco Free
Parkview Hospital Randallia	Fort Wayne	46805	Baby & Me Tobacco Free
SCAN	Fort Wayne	46802	Baby & Me Tobacco Free
Wabash County Tobacco Free Coalition	Wabash	46992	Baby & Me Tobacco Free
Wabash County Tobacco Free Coalition	Wabash	46993	Smoking Cessation

Cornerstone Connections Project - New			
Haven	New Haven	46774	VIVA
Cornerstone Youth Center - CYC Monroeville	Monroeville	46773	VIVA
Cornerstone Connections Project - Woodlawn	Woodburn	46797	VIVA
Parkview Center for Healthy Living	Kendallville	46755	Wellness Program
Women & Children			
Parkview Regional Medical Center - Women			
and Children's Hospital	Fort Wayne	46845	Breastfeeding Support
Parkview Hospital Randallia	Fort Wayne	46805	Breastfeeding Support Group
Parkview Huntington Hospital	Huntington	46750	Breastfeeding Support Group
Parkview LaGrange Lactation Services	LaGrange	46761	Breastfeeding Support Group
Parkview Noble Hospital	Kendallville	46755	Breastfeeding Support Group
Parkview Regional Medical Center - Women			
and Children's Hospital	Fort Wayne	46845	Breastfeeding Support Group
Parkview Whitley Hospital	Columbia City	46725	Breastfeeding Support Group
Life & Family Services	Kendallville	46755	Campaign For Our Kids
Lutheran Hospital	Fort Wayne	46804	Childbirth Classes
Clinic	Warsaw	46580	Childhood Immunization
Fort Wayne-Allen County Department of Health	Fort Wayne	46802	Childhood Immunization
LaGrange County Health Department	Topeka	46571	Childhood Immunization
LaGrange County Health Department	Shipshewana	46565	Childhood Immunization
LaGrange County Health Department	LaGrange	46761	Childhood Immunization
Noble County Health Department	Albion	46701	Childhood Immunization
Super Shot	Fort Wayne	46806	Childhood Immunization
Super Shot	Fort Wayne	46845	Childhood Immunization
Super Shot	Fort Wayne	46805	Childhood Immunization
Super Shot	Grabill	46741	Childhood Immunization
Wabash County Health Department	Wabash	46992	Childhood Immunization
Whitley County Health Department	Columbia City	46725	Childhood Immunization
Safe Families for Children - Northeast Indiana	Fort Wayne	46825	Crisis Child Care
Clinic	Warsaw	46580	Early Start Prenatal Clinic/Care Coordination
Brightpoint	Fort Wayne	46802	Family Development
Neighborhood Health Clinics - South Calhoun Street	Fort Wayne	46802	Family Planning

Women's Care Center of Fort Wayne - East	-		
Wayne Street	Fort Wayne	46802	Family Planning
Women's Care Center of Fort Wayne - West Coliseum Boulevard	Fort May rea	46909	Family Dianning
Women's Care Center of Fort Wayne - West	Fort Wayne	46808	Family Planning
Jefferson Street	Fort Wayne	46804	Family Planning
Huntington County Division of Family			
Resources	Huntington	46750	Family Planning Eligibility Program
Kosciusko County Division of Family			
Resources	Warsaw	46580	Family Planning Eligibility Program
LaGrange County Division of Family		46764	
Resources	LaGrange	46761	Family Planning Eligibility Program
Noble County Division of Family Resources	Albion	46701	Family Planning Eligibility Program
Vocational Rehabilitation Services - Areas 7 & 8	Fort Wayne	46806	Family Planning Eligibility Program
Wabash County Division of Family Resources	Wabash	46992	Family Planning Eligibility Program
Whitley County Division of Family Resources	Columbia City	46725	Family Planning Eligibility Program
McMillen Center for Health Education	Fort Wayne	46816	Human Growth and Development Education
Healthier Moms and Babies	Fort Wayne	46807	Mama Moods
Lutheran Hospital	Fort Wayne	46804	Mood Changes and Moms
Kosciusko Community Hospital	Warsaw	46580	Nursing Mothers Group
A Hope Center - Grabill	Grabill	46741	Post Abortion Healing
A Hope Center - South Calhoun	Fort Wayne	46807	Post Abortion Healing
A Hope Center Pregnancy and Relationship	Fort Wayne	46815	Pregnancy and Parenting Resource
Life & Family Services	Kendallville	46755	Pregnancy and Parenting Resource
A Hope Center - Grabill	Grabill	46741	Pregnancy Testing
A Hope Center - South Calhoun	Fort Wayne	46807	Pregnancy Testing
A Hope Center Pregnancy and Relationship	Fort Wayne	46815	Pregnancy Testing
Area Five WIC - North Manchester	N. Manchester	46962	WIC Care
Area Five WIC - Wabash	Wabash	46992	WIC Care
Huntington County (Area Five) WIC	Huntington	46750	WIC Care
Kosciusko County WIC	Warsaw	46580	WIC Care
LaGrange County WIC	LaGrange	46761	WIC Care
Lafayette Street Family Health Clinic	Fort Wayne	46806	Women's Clinic
SUBSTANCE ABUSE/ADDICTION			
Salvation Army Adult Rehab Center	Fort Wayne	46802	Adult Rehab Center

AA - FW Intergroup	Fort Wayne	46815	Al-Anon / Alateen
AA - FW Intergroup	Fort Wayne	46815	Alcoholics Anonymous
Christian Community Healthcare	Grabill	46741	Community Clinic
Friends Counseling Center - Huntington	Huntington	46750	Counseling
Friends Counseling Center - Wabash	Wabash	46992	Counseling
Northeastern Center	Kendallville	46755	Crisis Line
Otis R. Bowen Center for Human Services	Warsaw	46581	Crisis Line
Park Center - E State Boulevard	Fort Wayne	46805	Crisis Line
McMillen Center for Health Education	Fort Wayne	46816	Drug Abuse Prevention Education
YWCA of Northeast Indiana	Fort Wayne	46816	Hope and Harriet
Park Center - Carew Street	Fort Wayne	46805	Inpatient Mental Health
Connection Points Ministry - Columbia City	Columbia City	46725	Living Free Recovery and Counseling Services
Connection Points Ministry - FW	Fort Wayne	46815	Living Free Recovery and Counseling Services
Connection Points Ministry - Grabill	Grabill	46741	Living Free Recovery and Counseling Services
VA of Northern Indiana - FW	Fort Wayne	46805	Mental Healthcare, Veteran
St. Joseph Hospital	Fort Wayne	46802	Mental Health Services
FW-Allen County Dept of Health - Syringe Services	Fort Wayne	46806	Needle Exchange/Distribution Programs
Drug Free Noble County	Albion	46701	Substance Abuse Education
Bowen Center - Albion	Albion	46701	Substance Abuse Services
Bowen Center - Columbia City	Columbia City	46725	Substance Abuse Services
Bowen Center - FW	Fort Wayne	46808	Substance Abuse Services
Bowen Center - Huntington	Huntington	46750	Substance Abuse Services
Bowen Center - Syracuse	Syracuse	46567	Substance Abuse Services
Bowen Center - Wabash	Wabash	46992	Substance Abuse Services
Bowen Center - Warsaw	Warsaw	46580	Substance Abuse Services
Indiana Dream Center	Huntington	46750	Substance Abuse Services
Northeastern Center - Noble County	Albion	46701	Substance Abuse Services
Northeastern Center - Noble County Clinic	Kendallville	46755	Substance Abuse Services
Park Center - Carew Street	Fort Wayne	46805	Substance Abuse Services
Addiction Recovery Centers of Indiana - Columbia City	Columbia City	46725	Substance Use Disorder Services

Addiction Recovery Centers of Indiana -			
Lagrange	Lagrange	46761	Substance Use Disorder Services
Hope Alive	Fort Wayne	46808	Support Groups
Vocational Rehabilitation Services - Areas 7	Fort Wayne	46807	Substance Abuse Treatment, Outpatient
The Thirteen Step House	Fort Wayne	46802	Substance Abuse, Residential
Freedom House	Fort Wayne	46802	Transitional Housing
Road to Recovery	Fort Wayne	46805	Transitional Housing
Shepherd's House	Fort Wayne	46805	Transitional Housing
The Rose Home	Fort Wayne	46803	Transitional Housing
The Rose Home	Syracuse	46567	Transitional Housing
MENTAL HEALTH			
Center for Nonviolence	Fort Wayne	46807	Anger Management
Drug Free Noble County	Noble	46701	Anger Management
Center for Nonviolence	Fort Wayne	46807	Batterer Intervention Program
Parkview Behavioral Health	Fort Wayne	46805	Behavioral Health Services
HealthVisions of Fort Wayne	Fort Wayne	46803	Bienvenido Program
Turnstone	Fort Wayne	46805	Caregiver Support Group
Northeastern Center - Dowling Street	Kendallville	46755	Children's Mental Health Initiative
Park Center - E State Boulevard	Fort Wayne	46805	Children's Mental Health Initiative
Friends Counseling Center - Huntington	Huntington	46750	Counseling
Friends Counseling Center - Wabash	Wabash	46992	Counseling
Vocational Rehabilitation Services - Areas 7 and 8	Fort Wayne	46807	Counseling
Northeastern Center - Main Street	Kendallville	46755	Crisis Line
Park Center-East State Boulevard	Fort Wayne	46805	Crisis Line
Park Center-East State Boulevard	Fort Wayne	46805	Dialectical Behavioral Therapy
Park Center-Carew Street	Fort Wayne	46805	Inpatient Mental Health
Mental Health America Northeast Indiana	Fort Wayne	46807	Mental Health Association
VA of Northern Indiana - FW	Fort Wayne	46805	Mental Healthcare, Veteran
St. Joseph Hospital	Fort Wayne	46802	Mental Health Services
Crossroad Child & Family Services	Fort Wayne	46805	Outpatient Mental Health Services
Crossroad Child & Family Services -			
Huntington	Huntington	46750	Outpatient Mental Health Services
Northeastern Center - Dowling Street	Kendallville	46755	Outpatient Mental Health Services

Northeastern Center - LaGrange County	LaGrange	46761	Outpatient Mental Health Services
Northeastern Center - Main Street	Albion	46701	Outpatient Mental Health Services
Park Center - Carew Street	Fort Wayne	46805	Outpatient Mental Health Services
Park Center - East State Boulevard	Fort Wayne	46805	Outpatient Mental Health Services
Bowen Center - Albion	Albion	46701	Outpatient Treatment Services
Bowen Center - Columbia City	Columbia City	46725	Outpatient Treatment Services
Bowen Center - Cromwell	Cromwell	46732	Outpatient Treatment Services
Bowen Center - FW	Fort Wayne	46808	Outpatient Treatment Services
Bowen Center - Huntington	Huntington	46750	Outpatient Treatment Services
Bowen Center - LaGrange	LaGrange	46761	Outpatient Treatment Services
Bowen Center - Syracuse	Syracuse	46567	Outpatient Treatment Services
Bowen Center - Wabash	Wabash	46992	Outpatient Treatment Services
Bowen Center - Warsaw	Warsaw	46580	Outpatient Treatment Services
Bowen Center - Warsaw	Warsaw	46580	Psychiatric Residential Treatment
Crossroad Child & Family Services	Fort Wayne	46805	Psychiatric Residential Treatment
Hope Alive	Fort Wayne	46808	Support Groups
We The Living	Fort Wayne	46814	Support Groups
National Alliance on Mental Illness	Fort Wayne	46805	Support Groups - Family Support
National Alliance on Mental Illness	Fort Wayne	46805	Support Groups - Peer to Peer
National Alliance on Mental Illness	Fort Wayne	46805	Support Groups - Special Spousal Support
Youth Services Bureau Huntington County	Huntington	46750	Teen Suicide Prevention
Center for Nonviolence	Fort Wayne	46807	Women's Violence Intervention Program
Bowen Center - Columbia City	Columbia City	46725	Children's Mental Health
Bowen Center - Huntington	Huntington	46750	Children's Mental Health
Bowen Center - Warsaw	Warsaw	46580	Children's Mental Health
Bowen Center- Wabash	Wabash	46992	Children's Mental Health
DIABETES			
HealthVisions of Fort Wayne	Fort Wayne	46803	Diabetes Education
St. Joseph Hospital	Fort Wayne	46802	Diabetes Support Group
Parkview Center for Healthy Living	Kendallville	46755	Diabetes Workshop
HealthVisions of Fort Wayne	Fort Wayne	46802	Health Fair - FW Rescue Mission
CANCER			
American Cancer Society	Fort Wayne	46825	Appearance Enhancement Program
American Cancer Society	Fort Wayne	46825	Cancer Information and Referral

Cancer Services of Northeast IndianaFort Wayne46825Client ServicesFrancine's FriendsFort Wayne46845Mobile MammographyAmerican Cancer SocietyFort Wayne46825Peer to Peer Breast Cancer SupportCancer Services of Northeast IndianaFort Wayne46825Support GroupsAGINGFort Wayne46805Aging and Disability Resource CenterTurnstoneFort Wayne46805Caregiver Support GroupCommunity CenterFort Wayne46802Community Center	
American Cancer SocietyFort Wayne46825Peer to Peer Breast Cancer SupportCancer Services of Northeast IndianaFort Wayne46825Support GroupsAGINGAging and In - Home Services of NE IndianaFort Wayne46805Aging and Disability Resource CenterTurnstoneFort Wayne46805Caregiver Support GroupCommunity CenterFort Wayne46802Community Center	
Cancer Services of Northeast IndianaFort Wayne46825Support GroupsAGINGAging and In - Home Services of NE IndianaFort Wayne46805Aging and Disability Resource CenterTurnstoneFort Wayne46805Caregiver Support GroupCommunity CenterFort Wayne46802Community Center	
AGING       Aging and In - Home Services of NE Indiana       Fort Wayne       46805       Aging and Disability Resource Center         Turnstone       Fort Wayne       46805       Caregiver Support Group         Community Center       Fort Wayne       46802       Community Center	
Aging and In - Home Services of NE IndianaFort Wayne46805Aging and Disability Resource CenterTurnstoneFort Wayne46805Caregiver Support GroupCommunity CenterFort Wayne46802Community Center	
Turnstone     Fort Wayne     46805     Caregiver Support Group       Community Center     Fort Wayne     46802     Community Center	
Community Center         Fort Wayne         46802         Community Center	
Huntington County Council on Aging   Huntington   46750   Information and Referral	
Greater Indiana Chapter - FW Fort Wayne 46804 Mental Health Information	
Wellspring Interfaith Social Services         Fort Wayne         46802         Older Adult Program	
Huntington County Council on Aging Huntington 46750 Senior Center	
Kosciusko Community Senior Services Warsaw 46580 Senior Center	
LaGrange County Council on Aging LaGrange 46761 Senior Center	
Neighborhood Health Clinics - Cedar Street Kendallville 46755 Senior Center	
Whitley County Council on Aging         Columbia City         46725         Senior Center	
CARDIOVASCULAR DISEASE	
Wabash County Health Department   Wabash   46992   Health Screenings	
Huntington County Health Department Huntington 46750 Heath Screenings	
Living Well in Wabash County COA Wabash 46992 Living Well Winchester Center	
HEALTHCARE ACCESS	
Brightpoint Fort Wayne 46802 Covering Kids and Families	
Brightpoint Fort Wayne 46805 Covering Kids and Families	
Brightpoint Huntington 46750 Covering Kids and Families	
Brightpoint Wabash 46992 Covering Kids and Families	
Brightpoint Warsaw 46580 Covering Kids and Families	
Brightpoint Kendallville 46755 Covering Kids and Families	
Brightpoint LaGrange 46761 Covering Kids and Families	
Kosciusko Community Hospital Warsaw 46580 Health Insurance	
Neighborhood Health Clinics - South	
Calhoun Street Fort Wayne 46802 Health Insurance	
Parkview Center for Healthy Living         Kendallville         46755         Health Insurance	
Parkview Huntington Hospital         Huntington         46750         Health Insurance	
Parkview LaGrange Hospital         LaGrange         46761         Health Insurance	
Parkview Wabash Hospital Wabash 46992 Health Insurance	

Huntington County Division of Family			Medicaid/Hoosier Healthwise/Hoosier
Resources	Huntington	46750	Care Connect
	Huntington	40750	
Kosciusko County Division of Family		46500	Medicaid/Hoosier Healthwise/Hoosier
Resources	Warsaw	46580	Care Connect
LaGrange County Division of Family			Medicaid/Hoosier Healthwise/Hoosier
Resources	LaGrange	46761	Care Connect
SSA-FW Field	Fort Wayne	46819	Medicare
STD TREATMENT			
LaGrange County Health Department	Shipshewana	46565	Adult Immunizations
LaGrange County Health Department	Topeka	46571	Adult Immunizations
Super Shot	Fort Wayne	46806	Adult Immunizations
Super Shot	Grabill	46741	Adult Immunizations
Super Shot	Fort Wayne	46845	Adult Immunizations
Medical Annex	Fort Wayne	46803	Adult/Adolescent Immunizations
Medical Annex	Fort Wayne	46803	Clinic
Neighborhood Health Clinics - South			
Calhoun Street	Fort Wayne	46802	Family Planning
Northeast Indiana Positive Resource			
Connection	Fort Wayne	46806	HIV Care Coordination
Northeast Indiana Positive Resource			
Connection	Fort Wayne	46806	Prevention Outreach
Northeast Indiana Positive Resource			
Connection	Fort Wayne	46806	STD Testing