Community Health Needs Assessment

November 13, 2018

https://iuhealth.org/in-the-community

Jay

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11/13/18
Date

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EXECUTIVE SUMMARY

Introduction

This Community Health Needs Assessment (CHNA) was conducted to identify significant community health needs and to inform development of an Implementation Strategy that addresses them.

IU Health Jay Hospital (IU Health Jay Hospital or "the hospital") strives to promote health and wellness in the communities it serves while providing access to the highest quality, compassion, and trusted care.

The hospital is part of Indiana University Health (IU Health), the largest and most comprehensive health system in the state of Indiana. IU Health, in partnership with Indiana University School of Medicine, one of the nation's leading medical schools, gives patients access to leading-edge medicine and treatment options that are available first, and often only, at IU Health. Additional information about IU Health is available at: https://iuhealth.org/.

Each IU Health hospital is dedicated to the community it serves. Each hospital conducts a CHNA to understand current community health needs and to inform strategies designed to improve community health, including initiatives designed to address social determinants of health. The CHNAs are conducted using widely accepted methodologies to identify the significant needs of a specific community. The assessments also are conducted to comply with federal laws and regulatory requirements that apply to tax-exempt hospitals.

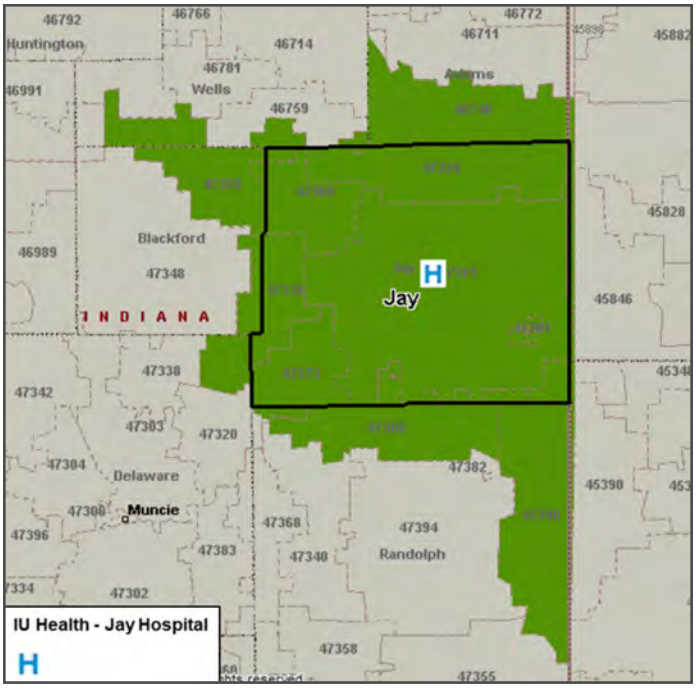
IU Health invites community members to review the Community Health Needs Assessments and provide comments to communitybenefit@iuhealth.org.

For copies of each IU Health CHNA report and also for associated implementation strategies, visit: https://iuhealth.org/in-the-community. Updated implementation strategies for each IU Health hospital are scheduled to be published by May 15, 2019.

Community Definition

For purposes of this CHNA, IU Health Jay Hospital's community is defined as Jay County, Indiana. This county accounted for approximately 84 percent of the hospital's inpatient cases in 2016. The total population of this community in 2015 was 21,155.

The following map portrays this community. The map shows county and ZIP code boundaries. Specific ZIP codes are included in analyses if any portion of the ZIP code overlaps with additional counties.



Source: Microsoft MapPoint and IU Health, 2018

Significant Community Health Needs

Identifying *significant* community health needs is an important element of CHNAs. Several data sources were assessed to identify those needs, including:

- Secondary data[1] including demographics, health status, and access to care indicators,
- Findings from other community health assessments of areas served by the hospital,
- Input obtained from individuals who participated in one or more community meetings,
- Input obtained from one or more key stakeholders who were interviewed, and
- A community survey conducted in collaboration with other Indiana health systems.

Based on the assessment of the above data sources, the following community health needs (listed in alphabetical order) have been identified as significant in the community served by IU Health Jay Hospital. References are made below to exhibits and findings presented in this report.

[1] *"Secondary data" refers to data published by others, for example the U.S. Census and the Indiana State Department of Health.*

Access to Health Care Services

- Above average rates of preventable hospitalizations and ambulatory care sensitive conditions (ACSCs) indicate potential access problems in the community (**Exhibits 24, 33**).
- Individuals providing input and other assessments identified access to health care as top concerns in Jay County (**Community Meetings, Interviews, Other Assessments**).
- Jay County has an under-supply of primary care, dental, and mental health providers compared to both Indiana and national rates (**Exhibit 24**).
- The low income residents of Jay County have been designated as a Medically Underserved Population (**Exhibit 36**).
- Health Professional Shortage Areas (HPSAs) are present in the community for primary and mental health care (**Exhibit 37**).

Drug and Substance Abuse (Including Opioids and Alcohol)

- The opioid crises, other forms of drug and substance abuse, and alcohol use and abuse were identified by community members as particularly significant (**Community Meetings, Community Survey, Interviews**).
- Jay County compared unfavorably to Indiana and national averages in driving deaths with alcohol involvement (**Exhibit 24**).

Mental Health

- Mental health and access to mental health providers were identified by many community members as significant issues in the community (**Community Meetings, Interviews**).
- Jay County has an under-supply of mental health providers compared to Indiana and national averages (**Exhibit 24**).
- Jay County also compared unfavorably to Indiana and peers in average number of mentally unhealthy days (**Exhibits 24, 25**).
- The county is designated as a Mental Health Care Health Professional Shortage Areas (HPSA) (**Exhibit 37**).

Obesity, Diabetes, and Physical Inactivity

- Individuals providing input identified obesity, diabetes, and physical inactivity as top concerns (**Community Meetings, Community Survey, Interviews**).
- Jay County compared unfavorably to both Indiana and peer counties in adult obesity rates, percent physically inactive, and the percent with access to exercise opportunities (**Exhibits 24, 25**).
- Mortality rates for diabetes and ACSC admission rates for several diabetes indicators were significantly higher in Jay County than Indiana (**Exhibits 26, 32**).
- Other assessments identified both obesity and physical inactivity as significant concerns in the community (**Other Assessments**).

Smoking and Tobacco Usage

- Jay County compares unfavorably to peers in adult smoking rates (**Exhibit 25**).
- Rates of lung cancer mortality and ACSC admissions for COPD are significantly higher in Jay County than Indiana averages (**Exhibits 27, 32**).
- The percent of expectant mothers who smoked during pregnancy in Jay County was significantly higher than the state average (**Exhibit 30**).
- Community input and other health assessments conducted identified smoking and tobacco use as issues in the community (**Interviews, Other Assessments**).

Social Determinants of Health

- Poverty rates in Jay County have been well above Indiana averages in recent years, including high rates among various racial and ethnic minorities (**Exhibits 17, 18**).
- Low income census tracts are present throughout the community (**Exhibit 19**).
- Jay County compared unfavorably to Indiana averages for percent of the population with a high school diploma and percent of adults with any college education (**Exhibits 16, 24**).
- Jay County had a higher rate of children in poverty than both Indiana and national averages (**Exhibit 24**).
- Poverty was identified by members of the community as a significant need (**Interviews, Community Survey, Other Assessments**).

DATA AND ANALYSIS

Definition of Community Assessed

The community assessed by IU Health Jay Hospital was defined by considering the geographic origins of the hospital's discharges. In 2016 this geographic area was identified as Jay County, Indiana.

Residents from this county accounted for 83.6 percent of the hospital's 2016 inpatient discharges (**Exhibit 1**).

Exhibit 1: IU Health Jay Hospital Inpatient Discharges by County, 2016

County	Percent of Inpatients (2016)
Jay County	83.6%

Source: Analysis of Indiana University Health Discharge Data, 2016

The estimated, total population of this county in 2015 was 21,155 persons (**Exhibit 2**).

Exhibit 2: Community Population, 2015

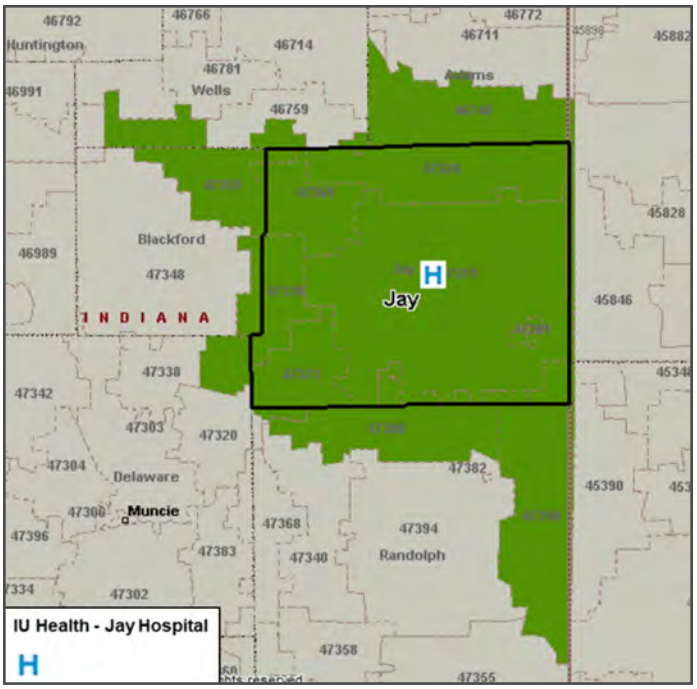
County	Estimated Population 2015
Jay County	21,155

Source: State of Indiana by the Indiana Business Research Center, March 2018

The hospital is located in Jay County (City of Portland, Indiana, ZIP code 47371).

Exhibit 3 portrays the community. The map shows county and ZIP code boundaries. Specific ZIP codes are included in the assessment if any portion of the ZIP code overlaps with one or more counties.

Exhibit 3: IU Health Jay Hospital Community



Source: Microsoft MapPoint and IU Health, 2018

Secondary Data Summary

The following section summarizes findings from the secondary data analysis. *See* Appendix B for more detailed information.

Demographics
Population characteristics and trends directly influence community health needs. The total population in the IU Health Jay Hospital community is expected to remain the same from 2015 to 2020. Between 2016 and 2021, four of the ten ZIP codes in the IU Health Jay Hospital community are projected to gain population while four ZIP codes are projected to lose population, and two ZIP codes will remain the same.

While the total population of Jay County is expected to remain stable, the number of persons aged 65 years and older is projected to grow 8.2 percent. This should contribute to growing need for health services, since older individuals typically need and use more services than younger persons.

Economic Indicators
Many health needs have been associated with poverty. At 15.9 percent, Jay County's poverty rate is higher than both the Indiana and U.S. averages. Poverty rates for White, Black, and Hispanic (Latino) populations in Jay County are higher than the Indiana and U.S. averages for each cohort. Low income census tracts are prevalent throughout IU Health Jay Hospital's community.

Unemployment rates for Jay County have been steadily improving and are lower than national averages; however, unemployment rates are still higher than Indiana averages. Crime rates have been consistently below Indiana averages.

The percentage of people uninsured has declined in recent years due to two primary factors:

- In recent years, unemployment rates have decreased significantly. Many receive health insurance coverage through their (or a family member's) employer.
- In 2010, the Patient Protection and Affordable Care Act (PPACA) was enacted, and Indiana was among the states that expanded Medicaid eligibility.

Local Health Status and Access Indicators
Indiana has 92 counties. In the 2018 *County Health Rankings,* Jay County ranked 84th for overall health outcomes.

Jay County had 28 out of 42 indicators ranked in the bottom half of Indiana counties. Of those, 18 were in the bottom quartile, including: health outcomes, length of life, premature death, quality of life, poor or fair health, poor physical health days, poor mental health days, low birth weight, health behaviors, adult smoking, food environment index, physical inactivity, access to exercise opportunities, alcohol-impaired driving deaths, primary care physicians, diabetes monitoring, some college, and children in poverty.

In the 2018 *Community Health Status Indicators* (which compares community health indicators for each county with those for peers across the United States), the following indicators appear to be most problematic for the IU Health Jay Hospital community:

- Years of potential life lost rate
- Percent fair/poor health
- Physically unhealthy days
- Mentally unhealthy days
- Percent smokers
- Percent physically inactive
- Percent with some college
- Injury death rate

According to the Centers for Disease Control and Prevention

(CDC), mortality rates for diseases of the heart, cancer, ischemic heart disease, chronic lower respiratory diseases, Alzheimer's disease, and symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified (excluding sudden infant death syndrome (SIDS)) were all high compared to the Indiana average for Jay County. Mortality rates in Jay County were significantly higher for diabetes mellitus, motor vehicle accidents, hypertensive heart disease with or without renal disease, certain conditions originating in the perinatal period, congenital malformations, and pregnancy, childbirth and the puerperium than the state averages.

Rates of communicable disease in Jay County were lower than the Indiana averages.

Ambulatory Care Sensitive Conditions
Ambulatory Care Sensitive Conditions (ACSCs) include thirteen health conditions (also referred to as Preventative Quality Indicators, or "PQIs") "for which good outpatient care can potentially prevent the need for hospitalization or for which early intervention can prevent complications or more severe disease."[2] Among these conditions are: angina without procedure, diabetes, perforated appendixes, chronic obstructive pulmonary disease (COPD), hypertension, congestive heart failure, dehydration, bacterial pneumonia, urinary tract infection, and asthma.

The ACSC rate for diabetes short-term complications, perforated appendix, and hypertension were higher than Indiana averages. Diabetes long-term complications, chronic obstructive pulmonary disease (COPD), community-acquired pneumonia, urinary tract infection, uncontrolled diabetes, and lower-extremity amputation among patients with diabetes in the IU Health Jay Hospital community significantly exceeded the Indiana averages.

Community Need Index
Dignity Health, a California-based hospital system, developed and published a *Community Need Index™* (CNI) that measures barriers to health care access. The index is based on five social and economic indicators:

- The percentage of elders, children, and single parents living in poverty
- The percentage of adults over the age of 25 with limited English proficiency, and the percentage of the population that is non-White
- The percentage of the population without a high school diploma
- The percentage of uninsured and unemployed residents
- The percentage of the population renting houses

A CNI score is calculated for each ZIP code. Scores range from "Lowest Need" (1.0-1.7) to "Highest Need" (4.2-5.0).

The weighted average CNI score for Jay County was 3.0 – aligned with the national median of 3.0.

[2] *Agency for Healthcare Research and Quality (AHRQ) Prevention Quality Indicators.*

Food Deserts
The U.S. Department of Agriculture's Economic Research Service identifies census tracts that are considered "food deserts" because they include lower-income persons without supermarkets or large grocery stores nearby.

Several census tracts within the IU Health Jay Hospital community have been designated as food deserts.

Medically Underserved Areas and Populations
Medically Underserved Areas and Populations (MUA/Ps) are designated by the Health Resources and Services Administration (HRSA) based on an "Index of Medical Underservice (Index)." The Index includes the following variables: ratio of primary medical care physicians per 1,000 population, infant mortality rate, percentage of the population with incomes below the poverty level, and percentage of the population age 65 or over. Areas with a score of 62 or less are considered "medically underserved."

The low income population of Jay County has been designated as medically underserved.

Health Professional Shortage Areas
A geographic area can receive a federal Health Professional Shortage Area (HPSA) designation if a shortage of primary medical care, dental care, or mental health care professionals is found to be present.

Jay County has been designated as a Primary Care and Mental Health HPSA.

Relevant Findings of Other CHNAs
This CHNA also has considered the findings of other recent, available assessments conducted by other hospital facilities, local health departments (LHDs), and the State of Indiana. These other assessments consistently have identified the following needs as significant for the community served by IU Health Jay Hospital.

- Access to basic/primary health care
- Obesity
- Physical inactivity/lack of exercise
- Poverty
- Preventive care (immunizations, screenings, etc.)
- Tobacco use/smoking

Significant Indicators
Exhibit 4 presents many of the indicators discussed in the above secondary data summary. An indicator is considered significant if it varies materially from a benchmark level (e.g., an average for Indiana or the United States). For example, the percent of Jay County residents with a disability was 16.1 percent. A comparable statistic for Indiana as a whole was 13.6 percent. For the IU Health Jay Hospital community, population with a disability is thus considered significant. The last column of Exhibit 4

identifies where more information regarding the data sources can be found.

The benchmarks include Indiana averages, national averages, and in some cases averages for "peer counties" from across the United States. In the Community Health Status Indicators data source, peer counties are defined as being similar in terms of population density, household incomes, and related characteristics.

Exhibit 4: Significant Indicators

Indicator	Area	Value	Benchmark	Exhibit
65+ Population change, 2015-2020	Jay County	8.2%	0.0% – Total Community Population	12
Population with a disability	Jay County	16.1%	13.6% – Indiana	16
Population without high school diploma	Jay County	15.9%	11.9% – Indiana	16
Percent of adults with some college education	Jay County	45.7%	65.0% – U.S.	24
Poverty rate, 2012-2016	Jay County	15.9%	15.0% – Indiana	17
Poverty rate, Black, 2012-2016	Jay County	35.7%	15.8% – Jay County, White	18
Years of potential life lost rate	Jay County	9,592	7,794 – Indiana	24
Percent adults obese	Jay County	33.6%	32.0% – Indiana	24
Percent adults physically inactive	Jay County	31.3%	26.8% – Indiana	24
Percent with adequate access to exercise opportunities	Jay County	38.1%	76.6% – Indiana	24
Percent of adults who smoke	Jay County	21.1%	18.7% – Peer counties	25
Percent driving deaths with alcohol involvement	Jay County	29.6%	22.4% – Indiana	24
Population per primary care provider	Jay County	3,520	1,320 – U.S.	24
Population per dentist	Jay County	3,508	1,480 – U.S.	24
Population per mental health provider	Jay County	1,052	470 – U.S.	24
Mortality rate (diabetes)	Jay County	73.2	26.0 – Indiana	26
Mortality rate (cancer)	Jay County	233.7	172.5 – Indiana	26
Mortality rate (motor vehicle accidents)	Jay County	22.3	12.4 – Indiana	26
Mortality rate (perinatal conditions)	Jay County	16.5	4.9 – Indiana	26
Mortality rate (colon cancer)	Jay County	40.4	14.9 – Indiana	27
Cancer incidence rate (all types)	Jay County	463.5	445.2 – Indiana	28
Infant mortality rate (per 1,000 births)	Jay County	12.3	7.2 – Indiana	30
Low birthweight births	Jay County	8.7%	8.0% – Indiana	30
Mothers who smoked during pregnancy	Jay County	20.5%	15.6% – Indiana	30
ACSC admissions rate for community-acquired pneumonia	Jay County	372.9	184.5 – Indiana	32

Source: Verité Analysis

Primary Data Summary

Primary data were gathered in three ways: Community Meetings, Key Stakeholder Interviews, and a Community Survey.

Community Meetings

On May 23, 2018, two meetings of community representatives were held at the IU Health Jay Hospital in Portland, the county seat of Jay County. The meetings were attended by 28 community members invited by IU Health because they represent important community organizations and sectors such as: local health departments, police/fire departments, non-profit organizations, local business, health care providers, local policymakers, faith-based organizations, and schools.

Through the meetings, IU Health sought a breadth of perspectives on the community's health needs. The specific organizations represented at the meetings are listed below.

Organizations Represented at Community Meetings

- Community & Family Services
- Crown Pointe Senior Living
- First Merchants Bank
- Fort Recovery Industries
- Geneva Town Council
- IU Health Jay Hospital
- Jay-Randolph Developmental Services, Inc.
- Jay County Chamber
- Jay County Child Services
- Jay County Community Development

- Jay County Council
- Jay County Health Department
- Jay County Ministerial Association
- Jay County Tourism
- Jay Schools
- John Jay Center for Learning
- Life Stream
- Meridian Health Services
- Pennville Town Council
- Persimmon Ridge Rehab
- Portland Fire Department
- Portland Foundation
- Portland Police Department
- Swiss Village, Inc.
- United Way of Jay

The meeting began with a presentation that discussed the goals and status of the CHNA process and the purpose of the community meetings. Then, secondary data were presented, along with a summary of the most unfavorable community health indicators. For the community served by IU Health Jay Hospital, those indicators were (in alphabetical order):

- Adult smoking and smoking during pregnancy
- Air pollution
- Diabetes mortality rate
- Food environment
- Infant mortality rates
- Low educational attainment levels
- Obesity, physical inactivity, and access to exercise opportunities
- Poverty rates
- Undersupply of primary care physicians and mental health professionals

Meeting participants then were asked to discuss whether the identified, unfavorable indicators accurately identified the most significant community health issues and were encouraged to add issues that they believed were significant. Several issues were added, such as: substance abuse, preventative care for children, low health literacy, lack of parenting skill, prescription medication cost barriers, cancer, mental health, childhood obesity, faith and spirituality, senior programming, and breastfeeding initiatives.

During the meetings, a range of other topics were discussed, including:

- Neonatal Abstinence Syndrome
- Generational poverty
- Single parent families
- Responsibility and accountability
- Quality of job applicants
- Lack of options for healthy food

After discussing the needs identified through secondary data and adding others to the list, each participant was asked through a voting process to identify “three to five” they consider to be most significant. From this process, the groups identified the following needs as most significant for the community served by IU Health Jay Hospital:

- Substance abuse
- Mental health
- Undersupply of primary care physicians and mental health professionals
- Physical inactivity
- Parenting skills

Interviews

An interview also was conducted with a representative of the Jay County Health Department. The interview was conducted to assure that appropriate and additional input was received from a governmental public health official. The individual that was interviewed participated in the community meeting. Accordingly, the results of the community meeting were discussed and insights were sought regarding significant community health needs, why such needs are present, and how they can be addressed. The interview was guided by a structured protocol.

The interview was guided by a structured protocol that focused on opinions regarding significant community health needs, describing why such needs are present, and seeking ideas for how to address them.

- The interviewee identified the following three needs as the most significant, with each of these needs having also been prioritized by the community meeting participants as significant:
  - Substance Abuse
  - Mental Health
  - Physical Inactivity
- Poverty and drug abuse were thought to be significant issues in the community, and contributing factors in the need for improved parenting education and skills development.
- Few options and providers are available for substance abuse and mental health treatment, and there is also little information about where to go outside of the county for treatment. The need for increased access to rehabilitation that is closer to home and affordable was identified as a priority.
- Obesity was identified as a significant concern, with physical inactivity a primary contributor to obesity and related chronic conditions. While there was thought to be an adequate amount of outdoor space for recreation, more education for younger residents about healthy living was identified as a need to ensure that motivation for physical activity remains into adulthood.
- Poor diet was also thought to be an issue in the

community, particularly with the majority of restaurant options in the community being fast food.

- Involvement and collaboration within the business community for healthy living initiatives was identified as a programmatic need. If organizations came together for physical fitness goals and insurance incentives for healthy eating and exercise, there could be a large reduction of obesity in the community.
- Smoking was also thought to still be an issue despite progress being made, and more smoking cessation efforts were thought to be needed.
- The need for a central resource that could direct residents to any resource needed in the community – whether health or basic living needs – was identified as a needed service.
- Poverty was identified as an issue, and while jobs were thought to be available, some residents were not pursuing these opportunities due to personal motivation, low pay, or mental health reasons.
- Transportation was also identified as an issue in both accessing healthcare services and for employment purposes.

Community Survey

To inform the CHNA, a community survey was conducted by the Indiana Hospital Collaborative.[3]

Across Indiana, 9,161 completed questionnaires were received by all participating hospitals in the Indiana Hospital Collaborative, for an overall response rate of 11.6 percent; 5,030 questionnaires were received from the 17 Indiana counties served by one or more IU Health hospitals. For the IU Health Jay Hospital, surveys were received from 296 community households. According to the responses, these households included 565 adults.

Exhibit 5 portrays the community health needs considered most significant by survey respondents from IU Health Jay Hospital's community.

Exhibit 5: Community Survey – Significant Health Needs

Community Health Need	IU Health Jay Hospital Number of Responses	IU Health Jay Hospital Percent of Respondents
Substance use or abuse	257	86.8%
Obesity	155	52.4%
Chronic diseases, like diabetes, cancer, and heart disease	124	42.0%
Poverty	117	39.5%
Child neglect and abuse	112	37.7%
Aging and older adult needs	109	36.7%
Tobacco use	85	28.8%
Food access, affordability, and safety	84	28.3%
Alcohol use or abuse	81	27.4%
Mental health	74	25.1%
Disability needs	38	12.7%
Environmental issues	32	10.9%
Injuries and accidents	27	9.3%
Dental care	23	7.7%
Assault, violent crime, and domestic violence	21	7.1%
Homelessness	19	6.6%
Suicide	17	5.8%
Infectious diseases, like HIV, STDs, and hepatitis	15	5.1%
Sexual violence, assault, rape, or human trafficking	15	5.2%
Reproductive health and family planning	8	2.6%
Infant mortality	5	1.8%

Source: Community Survey

[3] *For more information on the survey methodology, see Appendix A.*

The community survey indicates that substance use or abuse, obesity, chronic diseases, and poverty represent top concerns in the community served by IU Health Jay Hospital.

Exhibit 6 arrays survey responses regarding health factors across demographic and socioeconomic characteristics. The exhibit includes findings from surveys returned by adults living in the 17 counties served by IU Health.

Exhibit 7 summarizes survey responses regarding health behaviors across demographic and socioeconomic characteristics. As frequently found in community health data, physical and mental health status (and tobacco use) tends to be worse for lower-income individuals and for those without a high school diploma. Opioid misuse also appears to be more prevalent in these populations.

Exhibit 6: Community Survey – Health Factors

Measure	Total	Female	Male	White	Black	Asian	Hispanic	$0 – $25k	$25 – $75k	$75k+	No High School Diploma
Total Number of Responses	**8,885**	5,694	3,137	8,487	133	111	148	1,480	3,659	3,328	329
Fair or Poor Health	**16.6%**	16.4%	16.8%	16.6%	33.1%	6.3%	18.2%	39.4%	16.7%	5.9%	39.2%
Physical Health – Fair or Poor	**42.6%**	42.8%	42.5%	42.7%	27.1%	60.4%	46.6%	17.4%	36.8%	60.8%	18.8%
Mental Health – Fair or Poor	**8.2%**	8.6%	7.5%	8.2%	18.0%	4.5%	5.4%	22.2%	8.0%	2.4%	20.4%
Social Well-being – Fair or Poor	**61.2%**	61.5%	61.2%	61.1%	52.6%	79.3%	62.2%	33.9%	57.8%	77.7%	37.4%
Are not satisfied with life	**12.8%**	12.3%	13.9%	12.6%	15.0%	23.4%	10.1%	19.0%	12.1%	11.2%	14.6%
Without Health Insurance	**4.2%**	4.2%	4.0%	4.1%	7.5%	0.9%	10.1%	6.6%	5.3%	2.1%	7.9%
Without Primary Care Physician	**11.0%**	10.5%	11.9%	10.9%	10.5%	20.7%	23.0%	11.2%	11.0%	12.0%	15.8%

Exhibit 7: Community Survey – Health Behaviors

Measure	Total	Female	Male	White	Black	Asian	Hispanic	$0 – $25k	$25 – $75k	$75k+	No High School Diploma
Total Number of Responses	8,885	5,694	3,137	8,487	133	111	148	1,480	3,659	3,328	329
Smoked cigarettes or used other tobacco	9.9%	8.8%	12.0%	9.9%	8.3%	1.8%	9.5%	17.9%	11.3%	5.6%	20.4%
Physically active on regular basis	52.9%	50.3%	57.9%	52.8%	45.1%	54.1%	52.7%	37.3%	51.0%	62.3%	37.7%
Ate a healthy balanced diet	57.5%	57.9%	57.0%	57.6%	41.4%	62.2%	59.5%	42.2%	54.7%	67.6%	34.0%
Got plenty of sleep	56.2%	55.5%	57.8%	56.8%	39.1%	36.9%	46.6%	46.8%	57.1%	59.7%	43.2%
Took an opioid or narcotic that was prescribed to me	8.3%	8.9%	7.4%	8.4%	7.5%	0.0%	2.7%	15.3%	9.0%	5.0%	12.8%

Exhibit 7: Community Survey – Health Behaviors (continued)

Measure	Total	Female	Male	White	Black	Asian	Hispanic	$0 – $25k	$25 – $75k	$75k+	No High School Diploma
Took an opioid or narcotic that was not prescribed to me	0.6%	0.6%	0.4%	0.5%	0.0%	0.9%	0.0%	1.2%	0.5%	0.4%	0.0%
Took a medication for anxiety, depression, or other mental health challenge that was prescribed to me	18.2%	22.9%	9.6%	18.4%	15.8%	4.5%	10.8%	26.4%	17.4%	16.0%	19.8%
Had blood pressure checked	48.0%	46.4%	50.9%	48.3%	38.3%	32.4%	31.8%	53.7%	52.1%	40.8%	52.0%
Drank alcohol to the point of intoxication	6.1%	4.8%	8.5%	6.1%	7.5%	1.8%	12.2%	2.9%	5.5%	8.9%	1.8%
Drove while under the influence of alcohol or drugs	1.0%	0.7%	1.6%	1.1%	0.0%	0.0%	0.7%	1.0%	1.1%	1.1%	0.3%
Took steps to reduce level of stress	27.9%	32.2%	20.2%	27.8%	33.8%	25.2%	27.7%	24.1%	24.1%	34.5%	20.4%

OTHER FACILITIES AND RESOURCES IN THE COMMUNITY

This section identifies other facilities and resources available in the community served by IU Health Jay Hospital that are available to address community health needs.

Federally Qualified Health Centers

Federally Qualified Health Centers (FQHCs) are established to promote access to ambulatory care in areas designated as "medically underserved." These clinics provide primary care, mental health, and dental services for lower-income populations. FQHCs receive enhanced reimbursement for Medicaid and Medicare services and most also receive federal grant funds under Section 330 of the Public Health Service Act.

There currently are two FQHC sites operating in the IU Health Jay Hospital community (**Exhibit 8**).

County	Facility
Jay	Meridian Health Services - West Jay (Dunkirk)
Jay	MeridianMD Convenience Care (Portland)

Source: HRSA, 2018

Hospitals

One hospital (IU Health Jay Hospital) is located in the community (**Exhibit 9**).

Exhibit 9: Hospitals, 2018

County	Facility
Jay	Indiana University Health Jay Hospital (Portland)

Source: Indiana State Department of Health, 2018

Local Health Departments (LHDs)

Exhibit 10 presents information on local health departments (LHDs) that provide services in the IU Health Jay Hospital community.

Exhibit 10: Local Health Departments, 2018

County	Public Health Department
Jay	Jay County Health Dept. (Portland)

Source: Indiana State Department of Health, 2018

Other Community Resources

A wide range of agencies, coalitions, and organizations that provide health and social services, is available in the region served by IU Health Jay Hospital. Indiana 211 Partnership, Inc. is a nonprofit 501(c) 3 organization that provides the Indiana 2-1-1 information and referral service. By calling 2-1-1 or (866) 211-9966 (available 24/7), individuals receive referrals to service providers 24 hours a day. Individuals also can search for services using the organization's website, https://www.in211.org/.

The other organizations accessible through the Indiana 211 Partnership provide the following types of services and resources:

- Housing and utilities
- Food, clothing, and household items
- Summer food programs
- Health care and disability services
- Health insurance and expense assistance
- Mental health and counseling
- Substance abuse and other addictions
- Support groups
- Tax preparation assistance
- Legal, consumer, and financial management services
- Transportation
- Employment and income support
- Family support and parenting
- Holiday assistance
- Disaster services
- Government and community services
- Education, recreation, and the arts
- Donations and volunteering

APPENDIX A – OBJECTIVES AND METHODOLOGY

Regulatory Requirements

Federal law requires that tax-exempt hospital facilities conduct a CHNA every three years and adopt an Implementation Strategy that addresses significant community health needs.[4] In conducting a CHNA, each tax-exempt hospital facility must:

- Define the community it serves;
- Assess the health needs of that community;
- Solicit and take into account input from persons who represent the broad interests of that community, including those with special knowledge of or expertise in public health;
- Document the CHNA in a written report that is adopted for the hospital facility by an authorized body of the facility; and,
- Make the CHNA report widely available to the public.

The CHNA report must include certain information including, but not limited to:

- A description of the community and how it was defined,
- A description of the methodology used to determine the health needs of the community, and
- A prioritized list of the community's health needs.

Methodology

CHNAs seek to identify significant health needs for particular geographic areas and populations by focusing on the following questions:

- **Who** in the community is most vulnerable in terms of health status or access to care?
- **What** are the unique health status and/or access needs for these populations?
- **Where** do these people live in the community?
- **Why** are these problems present?

The focus on **who** is most vulnerable and **where** they live is important to identifying groups experiencing health inequities and disparities. Understanding **why** these issues are present is challenging, but is important to designing effective community health improvement initiatives. The question of **how** each hospital can address significant community health needs is the subject of the separate Implementation Strategy.

Federal regulations allow hospital facilities to define the community they serve based on "all of the relevant facts and circumstances," including the "geographic location" served by the hospital facility, "target populations served" (e.g., children, women, or the aged), and/or the hospital facility's principal functions (e.g., focus on a particular specialty area or targeted disease).[5]

This assessment was conducted by Verité Healthcare Consulting, LLC, in collaboration with IU Health. *See* Appendix E for consultant qualifications.

Data from multiple sources were gathered and assessed, including secondary data[6] published by others and primary data obtained through community input. *See* Appendix B for an assessment of secondary data. Input from the community was received through key informant interviews, community meetings, and a community survey.

The informants participating in the community input process represented the broad interests of the community and included individuals with special knowledge of or expertise in public health. *See* Appendix C.

Considering a wide array of information is important when assessing community health needs to ensure the assessment captures a wide range of facts and perspectives and to increase confidence that significant community health needs have been identified accurately and objectively.

Certain community health needs were determined to be "significant" if they were identified as problematic in at least two of the following five data sources:

- Secondary data[7] including demographics, health status, and access to care indicators,
- Findings from other community health assessments of areas served by the hospital,
- Input obtained from individuals who participated in one or more community meetings,
- Input obtained from individuals who were interviewed, and
- A community survey conducted in collaboration with other Indiana health systems.

Collaborating Organizations

For this assessment, IU Health Jay Hospital collaborated with all IU Health hospitals and also with other Indiana health systems on the community survey.

[4] *Internal Revenue Code, Section 501(r).*
[5] *501(r) Final Rule, 2014.*
[6] *"Secondary data" refers to data published by others, for example the U.S. Census and the Indiana State Department of Health. "Primary data" refers to data observed or collected from first-hand experience, for example by conducting interviews.*
[7] *"Secondary data" refers to data published by others, for example the U.S. Census and the Indiana State Department of Health.*

Data Sources

Community health needs were identified by collecting and analyzing data from multiple sources. Statistics for numerous community health status, health care access, and related indicators were analyzed, including data provided by local, state, and federal government agencies, local community service organizations, and Indiana University Health. Comparisons to benchmarks were made where possible. Findings from recent assessments of the community's health needs conducted by other organizations (e.g., local health departments) were reviewed as well.

Input from persons representing the broad interests of the community was taken into account through community meetings and key informant interviews. Participants included: individuals with special knowledge of or expertise in public health; local public health departments; agencies with current data or information about the health and social needs of the community; representatives of social service organizations; and leaders, representatives, and members of medically underserved, low-income, and minority populations.

Community Survey Methodology

To inform the CHNA, a community survey was conducted. The survey was sponsored by a cooperative of Indiana hospital systems, under contract with the University of Evansville and the Indiana University School of Public Health-Bloomington. Researchers from Indiana University and University of Evansville contracted with the Center for Survey Research at Indiana University to administer the survey.

The survey was conducted in two phases, with Phase 1 conducted as a paper survey mailed to an address-based sample, and Phase 2 administered by some of the hospitals to a convenience sample they selected. IU Health participated in Phase 1.

A questionnaire was developed, with input provided by the Indiana hospital systems, and included a number of questions about general health status, access and utilization of services, personal behaviors, social determinants of health, and also respondent demographic information (e.g., ZIP code, income level, employment status, race and ethnicity, household size, gender, and age). The survey was mailed to approximately 82,000 households, and the "field period" was April 2, 2018 through June 29, 2018. The process included two mailings to each address; a postcard mailing also took place to encourage responses.

Overall, 9,161 completed questionnaires were received by all participating hospitals in the Indiana Hospital Collaborative, for an overall response rate of 11.6 percent; 5,030 questionnaires were received from the 17 Indiana counties served by one or more IU Health hospitals. A dataset was created from the IU Health survey responses, and the responses were adjusted for two factors:

- The number of adults in each household (i.e., a survey from a household with two adults received a base weight of "2" and a survey from a household with one adult received a base weight of "1").
- A post-stratification adjustment designed to make the results more representative of the population in each community (i.e., female and older adults were overrepresented among survey respondents when compared to census data, and the adjustment made corrections).

For the IU Health Jay Hospital community, surveys were received from 296 community households. According to the responses, these households included 565 adults.

Information Gaps

This CHNA relies on multiple data sources and community input gathered between February 2018 and August 2018. Several data limitations should be recognized when interpreting results. For example, some data (e.g., County Health Rankings, Community Health Status Indicators, mortality data, and others) exist only at a county-wide level of detail. Those data sources do not allow assessing health needs at a more granular level of detail, such as by ZIP code or census tract.

Secondary data upon which this assessment relies measure community health in prior years and may not reflect current conditions. The impacts of recent public policy developments, changes in the economy, and other community developments are not yet reflected in those data sets.

The findings of this CHNA may differ from those of others that assessed this community. Differences in data sources, geographic areas assessed (e.g., hospital service areas versus counties or cities), interview questions, and prioritization processes can contribute to differences in findings.

APPENDIX B – SECONDARY DATA ASSESSMENT

This section presents an assessment of secondary data regarding health needs in the IU Health Jay Hospital community. IU Health Jay Hospital's community is comprised of Jay County, Indiana.

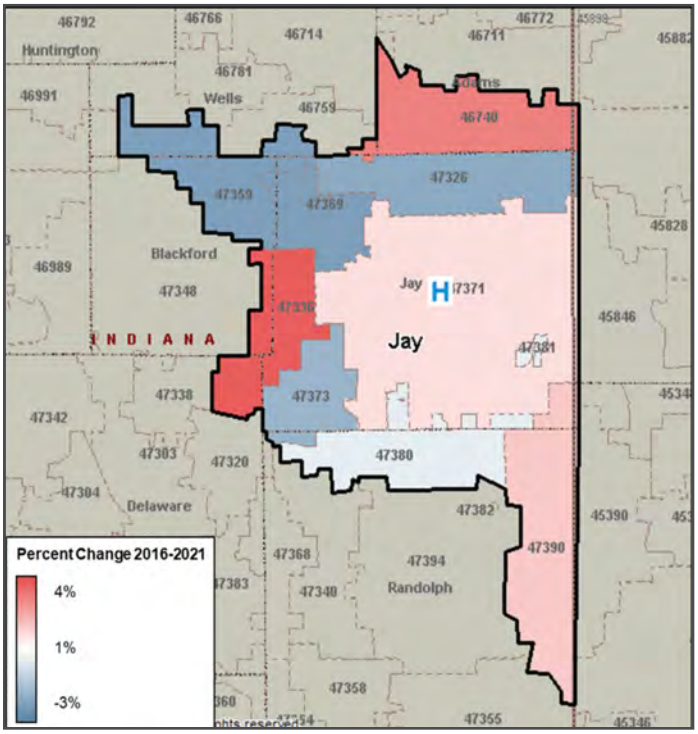
Demographics

Exhibit 11A: Percent Change in Community Population by County, 2015-2020

County	Estimated Population 2015	Estimated Population 2020	Percent Change 2015-2020
Jay County	21,155	21,149	0.0%
Indiana Total	6,612,768	6,738,573	1.9%

Source: State of Indiana by the Indiana Business Research Center, March 2018

Exhibit 11B: Percent Change in Local Community Population by ZIP Code, 2016-2021



Healthcare Advisory Board, 2017

Description

Exhibit 11A shows the total population for Jay County in 2015 and projections to 2020. Exhibit 11B maps the percent change in population by ZIP code between 2016 and 2021 for each ZIP code in the community.

Observations

- The population of Jay County is projected to remain the same between 2015 and 2020.

Exhibit 12: Percent Change in Population by Age/Sex Cohort, 2015-2020

Age/Sex Cohort	Estimated Population 2015	Projected Population 2020	Percent Change 2015-2020
Jay County	**21,155**	**21,149**	**0.0%**
0-17	5,416	5,413	-0.1%
Male, 18-44	3,323	3,272	-1.5%
Female, 18-44	3,282	3,231	-1.6%
45-64	5,628	5,438	-3.4%
65+	3,506	3,795	8.2%
Indiana State	**6,612,768**	**6,738,573**	**1.9%**
0-17	1,578,079	1,571,356	-0.4%
Male, 18-44	1,178,486	1,187,607	0.8%
Female, 18-44	1,160,314	1,169,877	0.8%
45-64	1,729,765	1,695,267	-2.0%
65+	966,124	1,114,466	15.4%

Source: State of Indiana by the Indiana Business Research Center, March 2018

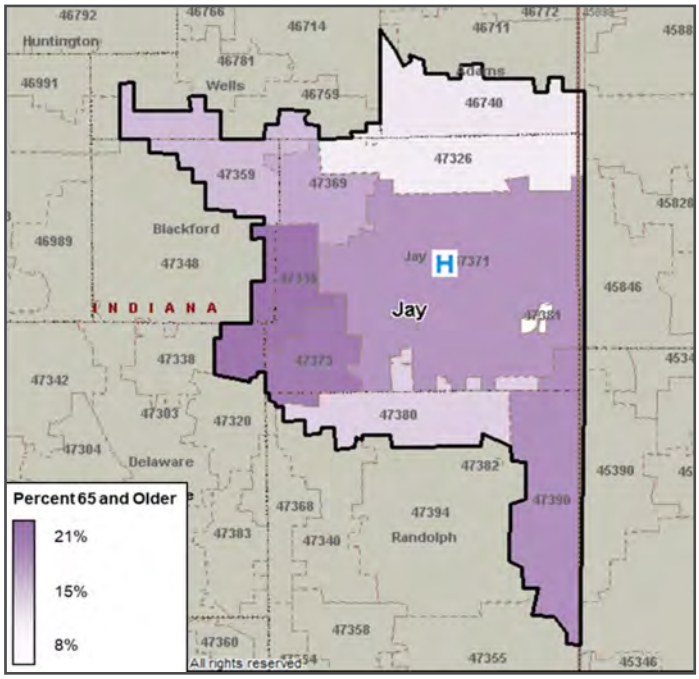
Description

Exhibit 12 shows the community's population for certain age and sex cohorts in 2015, with projections to 2020.

Observations

- The number of persons aged 65 years and older is projected to increase by 8.2 percent between 2015 and 2020.
- The growth of older populations is likely to lead to growing need for health services, since on an overall per-capita basis, older individuals typically need and use more services than younger persons.

Exhibit 13: Percent of Population Aged 65+ by ZIP Code, 2015



Source: U.S. Census ACS 2016 5-year estimates and Microsoft MapPoint

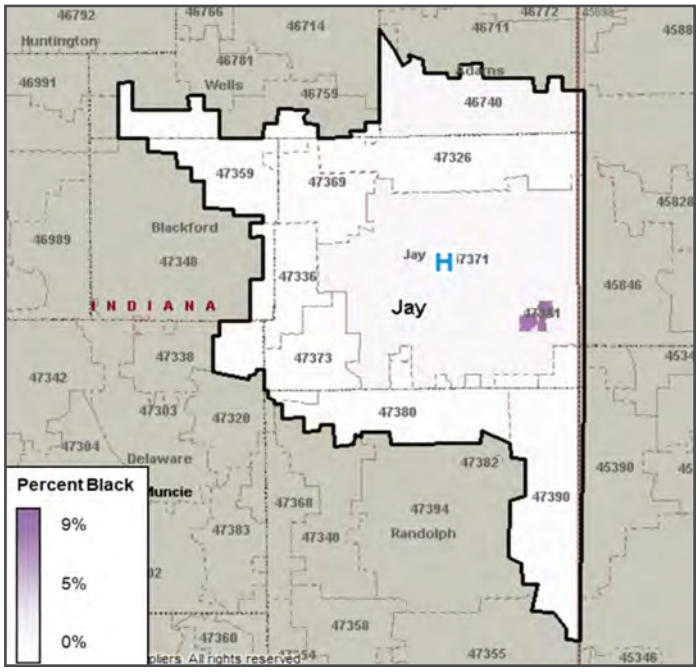
Description

Exhibit 13 portrays the percent of the population 65 years of age and older in the community by ZIP code.

Observations

- ZIP code 47336 has the highest proportion of the population aged 65 and older in the community, at above 20 percent

Exhibit 14: Percent of Population – Black, 2015



Source: U.S. Census ACS 2016 5-year estimates and Microsoft MapPoint

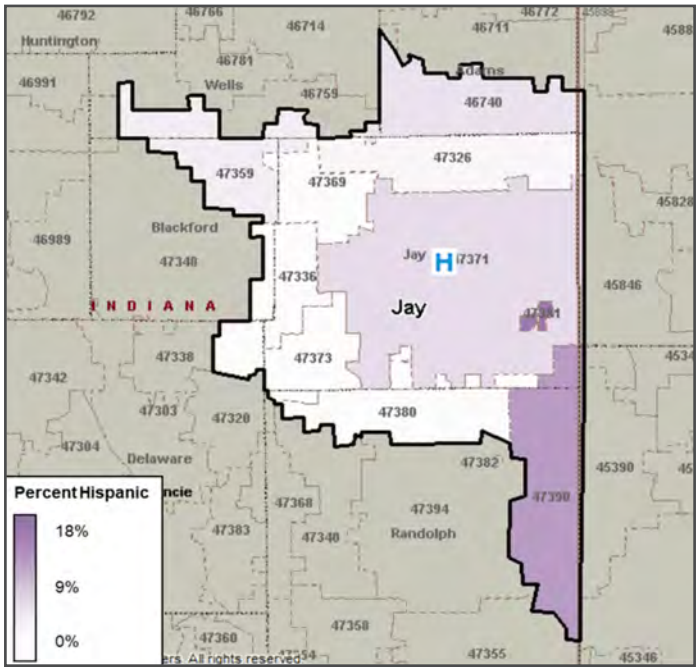
Description

Exhibit 14 portrays locations where the percentages of the population that are Black were highest in 2015.

Observations

- Jay County had one ZIP code that had over five percent of the population that was Black in 2015 (47381).

Exhibit 15: Percent of Population – Hispanic (or Latino), 2015



Source: U.S. Census ACS 2016 5-year estimates and Microsoft MapPoint

Description

Exhibit 15 portrays locations in the community where the percentages of the population that are Hispanic (or Latino) were highest in 2015. The diversity of the community is important to recognize given the presence of health disparities and barriers to health care access experienced by different racial and ethnic groups.

Observations

- The percentage of residents that are Hispanic (or Latino) was highest in Jay County ZIP codes 47381 (16.5 percent) and 47390 (12.3 percent).

Exhibit 16: Other Socioeconomic Indicators, 2012-2016

Measure	Jay County	Indiana	United States
Population 25+ without High School Diploma	15.9%	11.9%	13.0%
Population with a Disability	16.1%	13.6%	12.5%
Population Linguistically Isolated	1.4%	3.2%	8.5%

Source: U.S. Census, ACS 5-Year Estimates, 2017

Description

Exhibit 16 portrays the percent of the population (aged 25 years and above) without a high school diploma, with a disability, and linguistically isolated, by county.

Observations

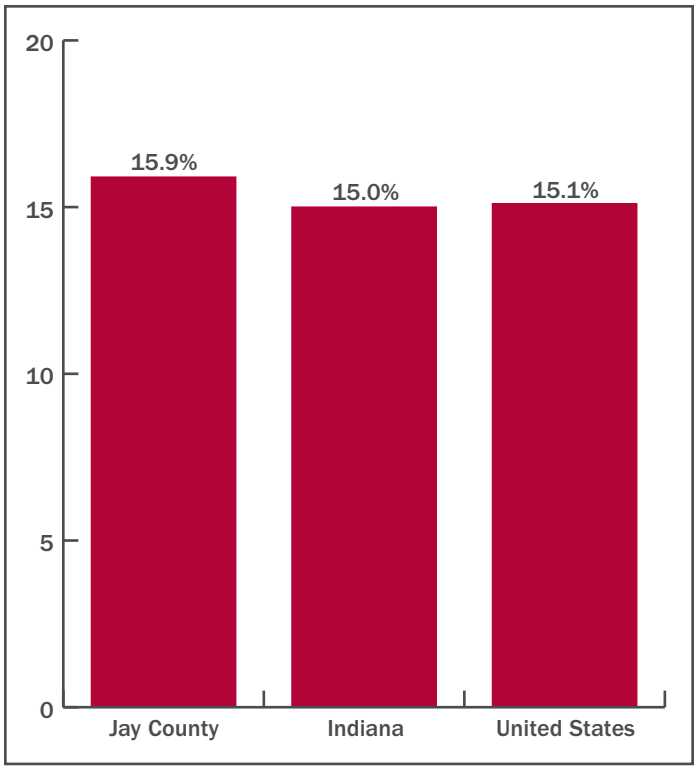
- Jay County had a higher percentage of residents aged 25 and older without a high school diploma than both the Indiana and U.S. averages.
- Jay County had a higher percentage of residents with a disability than both the Indiana and U.S. averages.

Economic Indicators

The following economic indicators with implications for health were assessed: (1) people in poverty; (2) unemployment rates; (3) insurance status; and (4) crime rates.

People in Poverty

Exhibit 17: Percent of People in Poverty, 2012-2016



Source: U.S. Census, ACS 5-Year Estimates, 2017

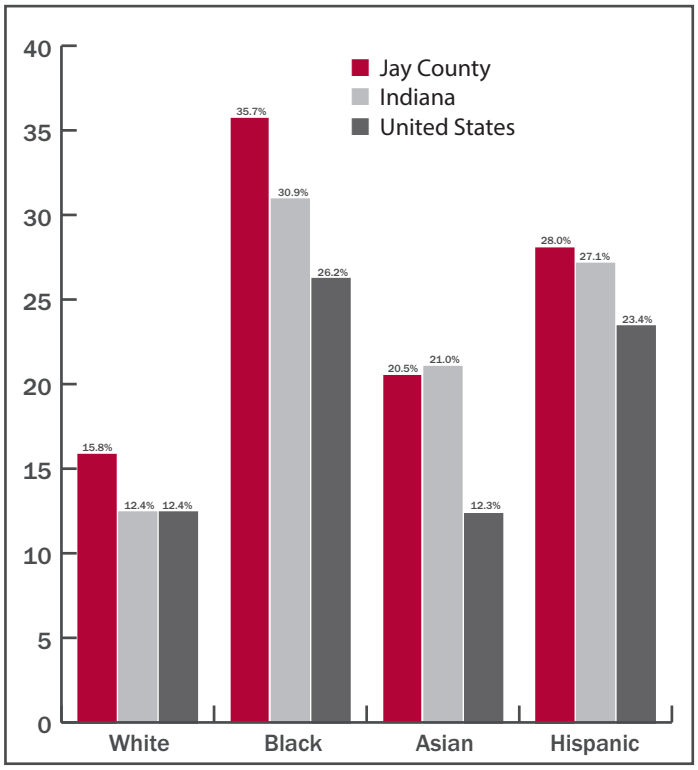
Description

Exhibit 17 portrays poverty rates by county.

Observations

- The poverty rate in Jay County was above both the Indiana and national averages from 2012-2016.

Exhibit 18: Poverty Rates by Race and Ethnicity, 2012-2016



Source: U.S. Census, ACS 5-Year Estimates, 2017

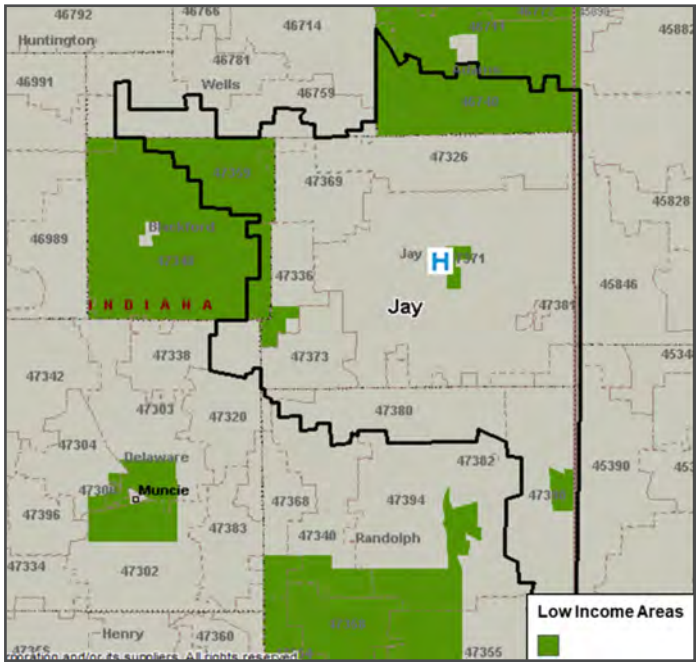
Description

Exhibit 18 portrays poverty rates by race and ethnicity.

Observations

- Poverty rates for the White, Black, and Hispanic (Latino) populations in Jay County were above both Indiana and U.S. averages.

Exhibit 19: Low Income Census Tracts, 2017



Source: US Department of Agriculture Economic Research Service, ESRI, 2017

Description

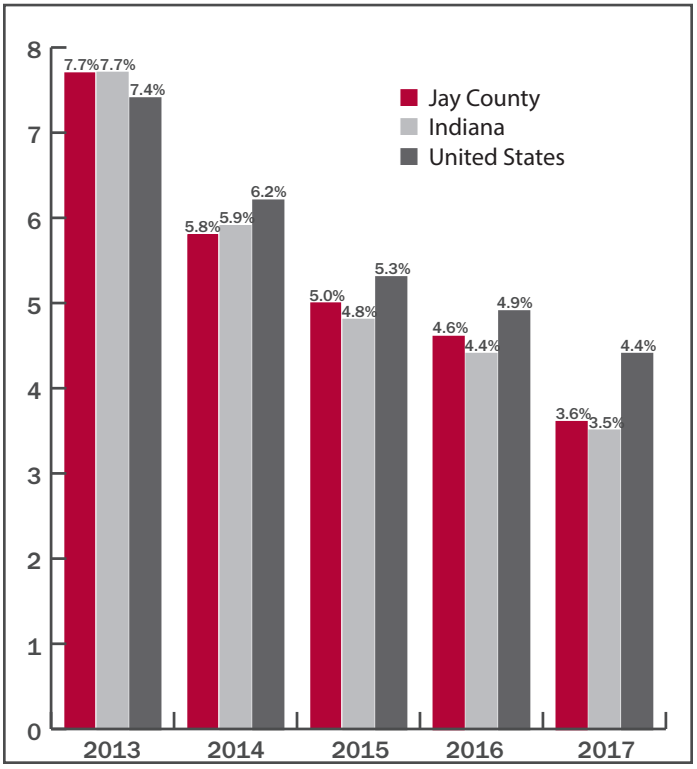
Exhibit 19 portrays the location of federally-designated low income census tracts.

Observations

- Low income census tracts are present throughout areas of Jay County.

Unemployment

Exhibit 20: Unemployment Rates, 2013-2017



Source: Bureau of Labor Statistics, 2018

Description

Exhibit 20 shows unemployment rates for 2013 through 2017 for Jay County, with Indiana and national rates for comparison.

Observations

- From 2013 to 2017, unemployment rates at the local, state, and national levels declined.
- In 2017, Jay County's unemployment rate is below the national average, but still slightly higher than the Indiana average.

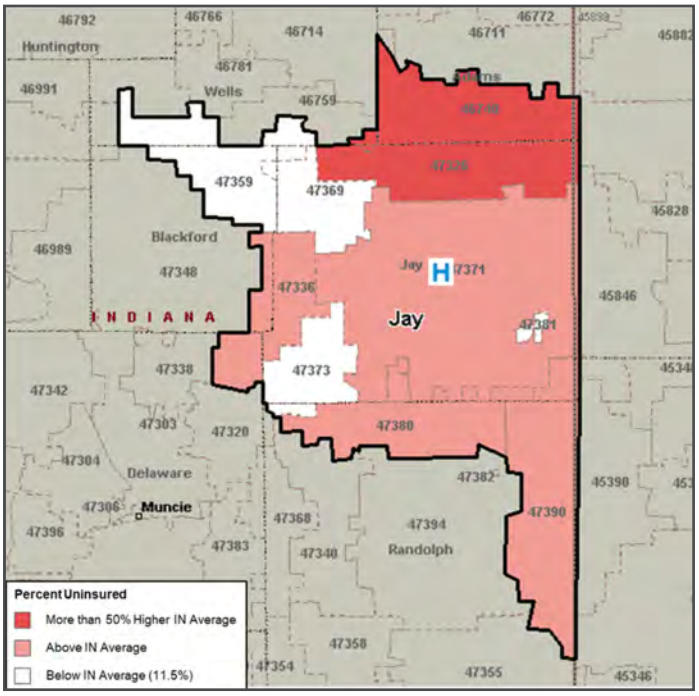
Insurance Status

Exhibit 21A: Percent of the Population without Health Insurance, 2015-2020

County	Population	Population Uninsured	Percent Uninsured
Jay County	20,985	2,535	12.1%
Indiana	6,490,256	747,942	11.5%
United States	313,576,137	36,700,246	11.7%

Source: U.S. Census, ACS 5-Year Estimates, 2017

Exhibit 21B: Percent of the Population without Health Insurance, 2015-2020



Source: U.S. Census, ACS 5-Year Estimates, 2017

Description

Exhibit 21A presents the estimated percent of people uninsured by county in 2015, with a projection to 2020. Exhibit 21B maps the 2015 uninsured rates by ZIP code.

Observations

- The uninsured rates in four Jay County ZIP codes were higher than the Indiana average (47336, 47371, 47380, and 47390).
- The uninsured rates in two Jay County ZIP codes were significantly higher than the Indiana average (46740 and 47326).

Exhibit 22: Crime Rates by Type and Jurisdiction, Per 100,000, 2016

Indicator	Jay	Indiana
Violent Crime	23.6	**407.4**
Murder	–	**6.7**
Rape (revised definition)	–	**38.0**
Rape (legacy definition)	4.7	**28.1**
Robbery	–	**111.2**
Aggravated assault	18.9	**251.5**
Property crime	268.9	**2,606.5**
Burglary	23.6	**517.4**
Larceny – theft	202.9	**1,865.5**
Motor vehicle theft	42.5	**223.5**

Source: Federal Bureau of Investigation, 2017

Description

Exhibit 22 provides crime statistics.

Observations

- Crime rates for the Jay County were below Indiana averages for all indicators.

Local Health Status and Access Indicators

This section assesses health status and access indicators for the IU Health Jay Hospital community. Data sources include: (1) County Health Rankings, (2) the Indiana State Department of Health, and (3) the CDC's Behavioral Risk Factor Surveillance System.

Throughout this section, data and cells are highlighted if indicators are unfavorable – because they exceed benchmarks (e.g., Indiana, peer group, or U.S. averages). Where confidence interval data are available, cells are highlighted only if variances are unfavorable and statistically significant.

Exhibit 23: County Health Rankings, 2015 and 2018

Measure	Jay County 2015	Jay County 2018
Health Outcomes	**77**	**84**
Health Factors	56	54
Length of Life	**71**	**82**
Premature death	71	82
Quality of Life	**76**	**81**
Poor or fair health	74	81
Poor physical health days	55	82
Poor mental health days	55	80
Low birthweight	79	79
Health Behaviors	**76**	**74**
Adult smoking	61	72
Adult obesity	80	58
Food environment index	72	73
Physical inactivity	88	72
Access to exercise opportunities	90	88
Excessive drinking	6	8
Alcohol-impaired driving deaths	79	70
Sexually transmitted infections	28	41
Teen births	52	58
Clinical Care	**67**	**42**
Uninsured	54	52
Primary care physicians	76	72
Dentists	61	63
Mental health providers	41	27
Preventable hospital stays	67	27
Diabetes monitoring	76	67
Mammography screening	35	45
Social & Economic Factors	**43**	**53**
High school graduation	11	14
Some college	86	84
Unemployment	28	54
Children in poverty	78	71
Income inequality	26	26
Children in single-parent households	54	50
Social associations	2	3
Violent crime	22	27
Injury deaths	38	40
Physical Environment	**23**	**12**
Air pollution	37	57
Severe housing problems	37	25
Driving alone to work	45	16
Long commute - driving alone	20	16

Source: County Health Rankings, 2018

Description

Exhibit 23 presents *County Health Rankings*, a University of Wisconsin Population Health Institute initiative funded by the Robert Wood Johnson Foundation, which incorporates a variety of health status indicators into a system that ranks each county/city within each state in terms of "health factors" and "health outcomes." Indicators and composites are grouped into the following categories: health behaviors, clinical care,[8] social and economic factors, and physical environment.[9] *County Health Rankings* is updated annually. *County Health Rankings 2018* relies on data from 2006 to 2017, with most data from 2011 to 2016.

The exhibit presents 2015 and 2018 rankings for each available indicator category. Rankings indicate how the county ranked among all 92 counties in Indiana, with 1 indicating the highest (most favorable) ranking and 92 the lowest (least favorable).

Light grey shading indicates rankings in the bottom half of Indiana counties; dark grey shading indicates rankings in bottom quartile of Indiana counties.

Observations

- Jay County had 28 out of 42 indicators ranked in the bottom half of Indiana counties. Of those, 18 were in the bottom quartile, including: health outcomes, length of life, premature death, quality of life, poor or fair health, low birth weight, health behaviors, adult obesity, food environment index, physical inactivity, access to exercise opportunities, alcohol-impaired driving deaths, clinical care, primary care physicians, preventable hospital stays, diabetes monitoring, some college, and children in poverty.

Exhibit 24: County Health Rankings Data Compared to Indiana and U.S. Averages, 2018

Indicator Category	Indicator	Jay County	Indiana	U.S.
	Health Outcomes			
Length of life	Years of potential life lost before age 75 per 100,000 population (age-adjusted)	9,592	**7,794**	6,700
Quality of life	Percentage of adults reporting fair or poor health (age-adjusted)	18.6	**17.7**	16.0
Quality of life	Average number of physically unhealthy days reported in past 30 days (age-adjusted)	4.2	**3.9**	3.7
Quality of life	Average number of mentally unhealthy days reported in past 30 days (age-adjusted)	4.3	**4.3**	3.8
Quality of life	Percentage of live births with low birthweight (< 2500 grams)	8.4	**8.0**	8.0
	Health Factors			
Health Behaviors				
Adult smoking	Percentage of adults who are current smokers	21.1	**21.1**	17.0
Adult obesity	Percentage of adults that report a BMI of 30 or more	33.6	**32.0**	28.0
Food environment index	Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best)	7.5	**7.0**	7.7
Physical inactivity	Percentage of adults age 20 and over reporting no leisure-time physical activity	31.3	**26.8**	23.0
Access to exercise opportunities	Percentage of population with adequate access to locations for physical activity	38.1	**76.6**	83.0
Excessive drinking	Percentage of adults reporting binge or heavy drinking	16.1	**18.6**	18.0
Alcohol-impaired driving deaths	Percentage of driving deaths with alcohol involvement	29.6	**22.4**	29.0
Sexually transmitted infections	Number of newly diagnosed chlamydia cases per 100,000 population	231.4	**437.9**	478.8
Teen births	Number of births per 1,000 female population ages 15-19	35.7	**30.5**	27.0

[8] *A composite measure of Access to Care, which includes the percent of the population without health insurance and ratio of population to primary care physicians, and of Quality of Care, which includes the hospitalization rate for ambulatory care sensitive conditions, whether diabetic Medicare patients are receiving HbA1C screening, and percent of chronically ill Medicare enrollees in hospice care in the last 8 months of life.*

[9] *A composite measure that examines Environmental Quality, which includes the number of air pollution-particulate matter days and air pollution-ozone days, and Built Environment, which includes access to healthy food and recreational facilities and the percent of restaurants that are fast food.*

Exhibit 24: County Health Rankings Data Compared to Indiana and U.S. Averages, 2018 (continued)

Indicator Category	Indicator	Jay County	Indiana	U.S.
Clinical Care				
Uninsured	Percentage of population under age 65 without health insurance	11.3	**11.3**	11.0
Primary care physicians	Ratio of population to primary care physicians	3,520:1	**1,505:1**	1,320:1
Dentists	Ratio of population to dentists	3,508:1	**1,852:1**	1,480:1
Mental health providers	Ratio of population to mental health providers	1,052:1	**701:1**	470:1
Preventable hospital stays	Number of hospital stays for ambulatory-care sensitive conditions per 1,000 Medicare enrollees	51.2	**56.8**	49.0
Diabetes monitoring	Percentage of diabetic Medicare enrollees ages 65-75 that receive HbA1c monitoring	83.7	**84.7**	85.0
Mammography screening	Percentage of female Medicare enrollees ages 67-69 that receive mammography screening	61.0	**62.1**	63.0
Social and Economic Environment				
High school graduation	Percentage of ninth-grade cohort that graduates in four years	95.0	**87.2**	83.0
Some college	Percentage of adults ages 25-44 with some post-secondary education	45.7	**62.0**	65.0
Unemployment	Percentage of population ages 16 and older unemployed but seeking work	4.6	**4.4**	4.9
Children in poverty	Percentage of children under age 18 in poverty	22.4	**19.1**	20.0
Income inequality	Ratio of household income at the 80th percentile to income at the 20th percentile	3.7	**4.4**	5.0
Children in single-parent households	Percentage of children that live in a household headed by single parent	31.3	**33.7**	34.0
Social associations	Number of membership associations per 10,000 population	21.3	**12.3**	9.3
Violent crime	Number of reported violent crime offenses per 100,000 population	112.9	**356.2**	380.0
Injury deaths	Number of deaths due to injury per 100,000 population	70.7	**69.9**	65.0
Physical Environment				
Air pollution – particulate matter1	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5)	11.2	**11.1**	8.7
Severe housing problems	Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities	10.6	**14.0**	19.0
Driving alone to work	Percentage of the workforce that drives alone to work	80.9	**83.0**	76.0
Long commute – driving alone	Among workers who commute in their car alone, the percentage that commute more than 30 minutes	21.7	**30.5**	35.0

Source: County Health Rankings, 2018

Description

Exhibit 24 provides data for each underlying indicator of the composite categories in the *County Health Rankings*.[10] The exhibit also includes Indiana and national averages. Light grey shading highlights indicators found to be worse than the Indiana average; dark grey shading highlights indicators more than 50 percent worse than the Indiana average.

[10] *County Health Rankings provides details about what each indicator measures, how it is defined, and data sources at http://www.countyhealthrankings.org/sites/default/files/resources/2013Measures_datasources_years.pdf*

Observations

- The following indicators (presented alphabetically) compared particularly unfavorably for the county within this community:
  - Percentage of population with adequate access to location for physical activity
  - Ratio of population to dentists
  - Ratio of population to mental health providers
  - Ratio of population to primary care physicians

Exhibit 25: Community Health Status Indicators, 2018

Indicator	Jay County
Years of Potential Life Lost Rate	
% Fair/Poor Health	
Physically Unhealthy Days	
Mentally Unhealthy Days	
% Low Birth Weight	
% Smokers	
% Obese	
Food Environment Index	
% Physically Inactive	
% With Access to Exercise Opportunities	
% Excessive Drinking	
% Driving Deaths Alcohol-Impaired	
Chlamydia Rate	
Teen Birth Rate	
% Uninsured	
Primary Care Physicians Rate	
Dentist Rate	
Mental Health Professionals Rate	
Preventable Hosp. Rate	
% Receiving HbA1c Screening	
% Mammography Screening	
High School Graduation Rate	
% Some College	
% Unemployed	
% Children in Poverty	
Income Ratio	
% Single-Parent Households	
Social Association Rate	
Violent Crime Rate	
Injury Death Rate	
Average Daily PM2.5	
% Severe Housing Problems	
% Drive Alone to Work	
% Long Commute – Drives Alone	

Source: County Health Rankings and Verité Analysis, 2018.

Description

County Health Rankings has organized community health data for all 3,143 counties in the United States. Following a methodology developed by the Centers for Disease Control's (CDC) *Community Health Status Indicators* Project (CHSI), County Health Rankings also publishes lists of "peer counties," so comparisons with peer counties in other states can be made. Each county in the U.S. is assigned 30 to 35 peer counties based on 19 variables including population size, population growth, population density, household income, unemployment, percent children, percent elderly, and poverty rates.

This *Community Health Status Indicators* analysis formerly was available from the CDC. Because comparisons with peer counties (rather than only counties in the same state) are meaningful, Verité Healthcare Consulting rebuilt the CHSI comparisons for this and other CHNAs.

Exhibit 25 compares Jay County to its respective peer counties and highlights community health issues found to rank in the bottom half and bottom quartile of the counties included in the analysis. Light grey shading indicates rankings in the bottom half of peer counties; dark grey shading indicates rankings in the bottom quartile of peer counties.

Observations

- The CHSI data indicate that Jay County ranks unfavorably in the years of potential life lost rate, percent fair/poor health, physically unhealthy days, mentally unhealthy days, percent smokers, percent physically inactive, percent with some college, and injury death rate.

Exhibit 26: Selected Causes of Death, Age-Adjusted Rates per 100,000 Population, 2016

Indicator	Jay County	Indiana
Major cardiovascular diseases	233.8	237.4
Diseases of heart	204.5	180.6
Cancer	233.7	172.5
All other diseases	105.1	171.3
Ischemic heart diseases	122.9	102.2
Other diseases of heart	63.4	68.3
Chronic lower respiratory diseases	73.7	54.6
All other and unspecified accidents and adverse effects	35.0	40.1
Cerebrovascular diseases (stroke)	25.8	39.5
Alzheimer's disease	42.3	34.9
Diabetes mellitus	73.2	26.0
Nephritis, nephrotic syndrome and nephrosis (kidney disease)	6.8	18.4
Intentional self-harm (suicide)	11.6	15.4
Influenza and pneumonia	4.2	12.6
Motor vehicle accidents	22.3	12.4
Chronic liver disease and cirrhosis	10.9	11.2
Hypertensive heart disease with or without renal disease	18.1	10.2
Essential hypertension and hypertensive renal disease	3.6	10.0
Assault (homicide)	0.0	7.6
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified (excluding SIDS)	6.9	6.2
Other diseases of circulatory system	0.0	6.2
Certain conditions originating in the perinatal period	16.5	4.9
Congenital malformations, deformations and chromosomal abnormalities	12.3	3.9
All other external causes	0.0	2.6
Atherosclerosis	0.0	1.1
Pregnancy, childbirth and the puerperium	5.9	0.8
Sudden infant death syndrome (SIDS)	0.0	0.7
Peptic ulcer	0.0	0.5

Source: Indiana State Department of Health, 2017

Description

Exhibit 26 provides age-adjusted mortality rates for selected causes of death in 2016. Light grey shading highlights indicators worse than the Indiana average; dark grey shading highlights any indicators more than 50 percent worse than the Indiana average.

Observations

- Mortality rates in Jay County exceeded the state average for diseases of the heart; cancer; ischemic heart disease; chronic lower respiratory diseases; Alzheimer's disease; and symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified (excluding SIDS).
- Diabetes mellitus; motor vehicle accidents; hypertensive heart disease with or without renal disease; certain conditions originating in the perinatal period; congenital malformations, chromosomal abnormalities; and pregnancy, childbirth and the puerperium represented selected cause of death rates for Jay County that were 50 percent worse than the Indiana average.

Exhibit 27: Age-Adjusted Cancer Mortality Rates per 100,000 Population, 2016

Indicator	Jay County	Indiana
All Cancers	233.7	172.5
Stomach	0.0	2.7
Colon, rectum and anus	40.4	14.9
Pancreas	14.2	11.9
Trachea, bronchus and lung	63.8	49.2
Breast	21.1	11.6
Cervix uteri, corpus uteri and ovary	11.6	8.2
Prostate	10.1	7.6
Urinary tract	3.2	8.8
Non-Hodgkin's lymphoma	12.2	6.4
Leukemia	4.2	6.7
Other forms of cancer	53.0	44.6

Source: Indiana State Department of Health, 2017

Description

Exhibit 27 provides age-adjusted mortality rates for selected forms of cancer in 2016. Light grey shading highlights indicators worse than the Indiana average; dark grey shading highlights indicators more than 50 percent worse than the Indiana average.

Observations

- Cancer mortality rates in Jay County for all cancers; pancreas; trachea, bronchus and lung; cervix uteri, corpus uteri and ovary; prostate; and other forms of cancer exceeded the state averages.
- Cancer mortality rates in Jay County for colon, rectum, and anus; breast; and non-Hodgkin's lymphoma were 50 percent worse than the Indiana average.

Exhibit 28: Age-Adjusted Cancer Incidence Rates per 100,000 Population, 2010-2014

Indicator	Jay County	Indiana
All cancers	463.5	445.2
Breast	112.9	120.1
Prostate	96.9	95.7
Lung and bronchus	64.4	72.8
Colon and rectum	63.9	43.2
Uterus	28.6	27.0
Bladder	25.3	21.0
non-Hodgkin lymphoma	18.9	19.0
Melanoma of the skin	21.3	18.1
Kidney and renal pelvis	16.1	17.8
Leukemia	14.3	13.2
Pancreas	16.1	12.7
Oral cavity and pharynx	11.5	11.7

Source: Centers for Disease Control and Prevention, 2014.

Description

Exhibit 28 presents age-adjusted cancer incidence rates in the community. Light grey shading highlights indicators worse than Indiana averages.

Observations

- In Jay County, incidence rates for all cancers, prostate, colon and rectum, uterus, bladder, melanoma of the skin, leukemia, and pancreas were higher than state averages.

Exhibit 29: Communicable Disease Incidence Rates per 100,000 Population, 2016

Indicator	Jay County	Indiana
HIV/AIDS*	58.0	188.0
Chlamydia	236.4	465.0
Gonorrhea	N/A	142.5
Primary and Secondary Syphilis	0.0	5.0

**Note: Data from 2014*
Source: Indiana State Department of Health, 2016.

Description

Exhibit 29 presents incidence rates for various communicable diseases. Light grey shading highlights indicators worse than Indiana averages; dark grey shading highlights indicators more than 50 percent worse than Indiana averages, if any.

Observations

- Jay County had lower communicable disease rates than the Indiana averages in 2016.

Exhibit 30: Maternal and Child Health Indicators, 2011-2015

Indicator	Jay County	Indiana
Infant Mortality Rate (per 1,000 Live Births)	12.3	7.2
Low Birthweight Percent	8.7%	8.0%
Preterm Births Percent	9.8%	9.7%
Early Prenatal Care Percent	60.8%	68.1%
Smoked During Pregnancy Percent	20.5%	15.6%
Unmarried Mothers Percent	37.0%	43.2%
Breastfeeding Percent	76.9%	77.4%
Mother on Medicaid Percent	39.4%	44.3%
Teen Birth Rate (15-17)	15.6	13.6
Teen Birth Rate (15-19)	35.0	30.4

Source: Indiana Department of Health, 2016

Description

Exhibit 30 presents various maternal and infant health indicators. Light grey shading highlights indicators worse than Indiana averages; dark grey shading highlights indicators more than 50 percent worse than the Indiana averages.

Observations

- In Jay County, all Maternal and Child Health Indicators are above the Indiana averages except percentage of mothers who are unmarried and percentage of mothers on Medicaid in 2016.
- The infant mortality rate was 50 percent worse than the Indiana average for Jay County.

Exhibit 31A: Behavioral Risk Factor Surveillance System, Race/Ethnicity, 2016

Indicator	White	Black	Hispanic	Indiana
Current Smokers	21.0%	23.0%	17.8%	**21.1%**
Adults without Health Care Coverage	10.8%	17.1%	39.4%	**13.6%**
Obese (based on BMI)	32.1%	42.1%	26.8%	**32.5%**
Diabetes	11.4%	16.2%	8.8%	**11.5%**
Angina or Coronary Heart Disease	5.1%	4.2%	2.2%	**4.9%**
No Physical Activity in Past Month	26.3%	27.5%	32.9%	**26.8%**
Asthma	9.8%	15.9%	6.3%	**10.2%**

Source: Behavioral Risk Factor Surveillance System, 2016

Exhibit 31B: Behavioral Risk Factor Surveillance System, Income, 2016

Indicator	<$15,000	$15-$24,999	$25-$49,999	$50-$74,999	≥$75,000	No High School Diploma	Indiana
Current Smokers	38.5%	30.0%	25.3%	16.6%	10.3%	38.1%	**21.1%**
Adults without Health Care Coverage	23.7%	25.3%	16.3%	7.6%	3.6%	33.1%	**13.6%**
Obese (based on BMI)	36.5%	35.3%	34.1%	34.6%	28.7%	34.0%	**32.5%**
Diabetes	18.7%	17.4%	11.9%	9.3%	6.5%	15.4%	**11.5%**
Angina or Coronary Heart Disease	8.3%	6.5%	5.1%	3.0%	3.0%	6.3%	**4.9%**
No Physical Activity in Past Month	42.5%	38.0%	28.6%	20.8%	13.7%	41.2%	**26.8%**
Asthma	20.4%	12.6%	9.5%	7.5%	7.1%	15.6%	**10.2%**

Source: Behavioral Risk Factor Surveillance System, 2016

Description

The Centers for Disease Control and Prevention's (CDC) Behavioral Risk Factor Surveillance System (BRFSS) gathers data through a telephone survey regarding health risk behaviors, healthcare access, and preventive health measures. Data are collected for the entire United States. Analysis of BRFSS data can identify localized health issues, trends, and health disparities, and can enable county, state, or nation-wide comparisons.

Exhibits 31A and 31B depict BRFSS data for the state of Indiana by race/ethnicity, income level, and for those without a high school diploma. Light grey shading highlights indicators worse than the Indiana average; dark grey shading highlights indicators more than 50 percent worse than the Indiana average.

Observations

- The BRFSS data indicate that on all but one measure presented, risk factors were higher for Black residents of Indiana than for Whites (and for lower-income residents than for those with higher incomes). Hispanic (or Latino) residents have experienced higher uninsured and physical inactivity rates.
- BRFSS indicators for residents without a high school diploma were worse than average for all indicators presented.

Ambulatory Care Sensitive Conditions

Exhibit 32: PQI (ACSC) Rates per 100,000, 2017

County	Diabetes Short-Term Complications	Perforated Appendix	Diabetes Long-Term Complications	Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults	Hypertension	Heart Failure	Low Birth Weight
Jay County	**80.8**	**777.8**	**167.8**	**1,034.7**	**87.0**	**422.6**	**5,000.0**
Indiana	**59.0**	**632.7**	**110.2**	**664.1**	**63.3**	**434.8**	**6,174.2**
United States	68.9	351.4	101.6	480.9	49.2	321.6	N/A

Source: IU Health, 2018 - Note: Rates are not age-sex adjusted

County	Dehydration	Community-Acquired Pneumonia	Urinary Tract Infection	Uncontrolled Diabetes	Asthma in Younger Adults	Lower-Extremity Amputation Among Patients with Diabetes
Jay County	**111.9**	**372.9**	**223.7**	**62.1**	**17.7**	**141.5**
Indiana	**138.5**	**184.5**	**148.2**	**40.6**	**32.0**	**82.4**
United States	130.1	249.7	155.6	13.2	41.1	17.2

Source: IU Health, 2018 - Note: Rates are not age-sex adjusted

Description

Exhibit 32 provides 2017 ACSC (PQI) rates (per 100,000 persons) for ZIP codes in the IU Health Jay Hospital community – with comparisons to Indiana and U.S. averages. Light grey shading highlights indicators worse than Indiana averages; dark grey shading highlights indicators more than 50 percent worse than Indiana averages.

ACSCs are health "conditions for which good outpatient care can potentially prevent the need for hospitalization or for which early intervention can prevent complications or more severe disease."[11] As such, rates of hospitalization for these conditions can "provide insight into the quality of the health care system outside of the hospital," including the accessibility and utilization of primary care, preventive care and health education. Among these conditions are: angina without procedure, diabetes, perforated appendixes, chronic obstructive pulmonary disease (COPD), hypertension, congestive heart failure, dehydration, bacterial pneumonia, urinary tract infection, and asthma.

Disproportionately high rates of discharges for ACSC indicate potential problems with the availability or accessibility of ambulatory care and preventive services and can suggest areas for improvement in the health care system and ways to improve outcomes.

Observations

- The ACSC rates for diabetes short-term complications, perforated appendix, and hypertension were higher than Indiana averages.
- Rates for diabetes long-term complications, chronic obstructive pulmonary disease (COPD), community-acquired pneumonia, urinary tract infection, uncontrolled diabetes, and lower-extremity amputation among patients with diabetes in the IU Health Jay Hospital were more than 50 percent worse than the Indiana averages.

[12] *Agency for Healthcare Research and Quality (AHRQ) Prevention Quality Indicators.*

Exhibit 33: Ratio of ACSC Rates for IU Health Jay Hospital Community and Indiana, 2017

County	Jay County	Indiana	Ratio: Jay/ Indiana
Community-Acquired Pneumonia	372.9	184.5	2.0
Lower-Extremity Amputation Among Patients with Diabetes	141.5	82.4	1.7
Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults	1,034.7	664.1	1.6
Uncontrolled Diabetes	62.1	40.6	1.5
Diabetes Long-Term Complications	167.8	110.2	1.5
Urinary Tract Infection	223.7	148.2	1.5
Hypertension	87.0	63.3	1.4
Diabetes Short-Term Complications	80.8	59.0	1.4
Perforated Appendix	777.8	632.7	1.2
Heart Failure	422.6	434.8	1.0
Low Birth Weight	5,000.0	6,174.2	0.8
Dehydration	111.9	138.5	0.8
Asthma in Younger Adults	17.7	32.0	0.6

Source: IU Health, 2018 - Note: Rates are not age-sex adjusted

Description

Exhibit 33 provides the ratio of ACSC (PQI) rates in the IU Health Jay Hospital community compared to Indiana averages. Conditions where the ratios are highest (meaning that the PQI rates in the community are the most above average) are presented first.

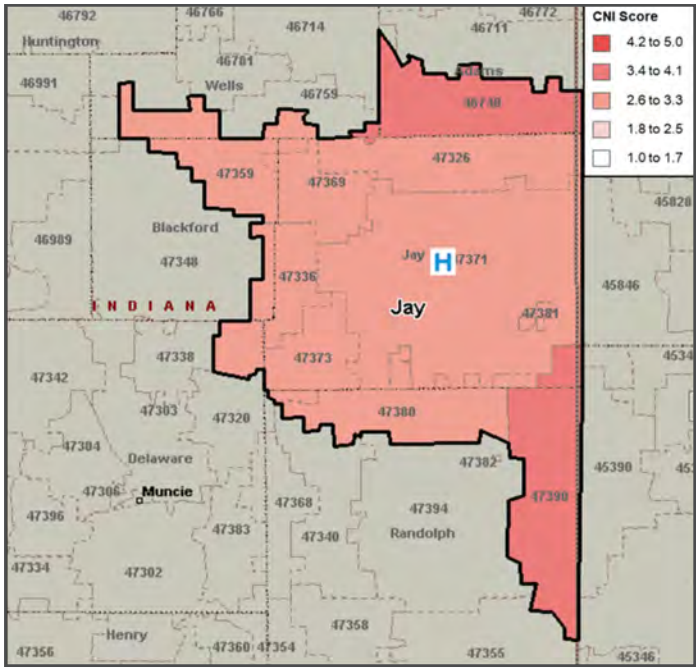
Observations

- The ACSC rate for community-acquired pneumonia within the IU Health Jay Hospital community doubled the Indiana average.
- ACSC rates for lower-extremity amputations among patients with diabetes and COPD or asthma in older adults were more than 60 percent worse than Indiana averages.
- The ACSC rate within the IU Health Jay Hospital community for uncontrolled diabetes, diabetes long-term complications, and urinary tract infection were more than 50 percent higher than the Indiana averages.
- ACSC rates for hypertension and diabetes short-term complications within the community were more than 40 percent higher than Indiana averages.
- The ACSC rate for perforated appendix within the IU Health Jay Hospital community was more than 20 percent higher than the Indiana average.
- ACSC rates within the community for heart failure approached the Indiana average.

Community Need Index™ and Food Deserts

Dignity Health Community Need Index

Exhibit 34: Community Need Index, 2017



Source: Microsoft MapPoint and Dignity Health, 2017

Description

Exhibit 34 presents the *Community Need Index*™ (CNI) score for each ZIP code in the community. Higher scores (e.g., 4.2 to 5.0) indicate higher levels of community need.

Dignity Health, a California-based hospital system, developed and published the CNI as a way to assess barriers to health care access. The index, available for every ZIP code in the United States, is derived from five social and economic indicators:

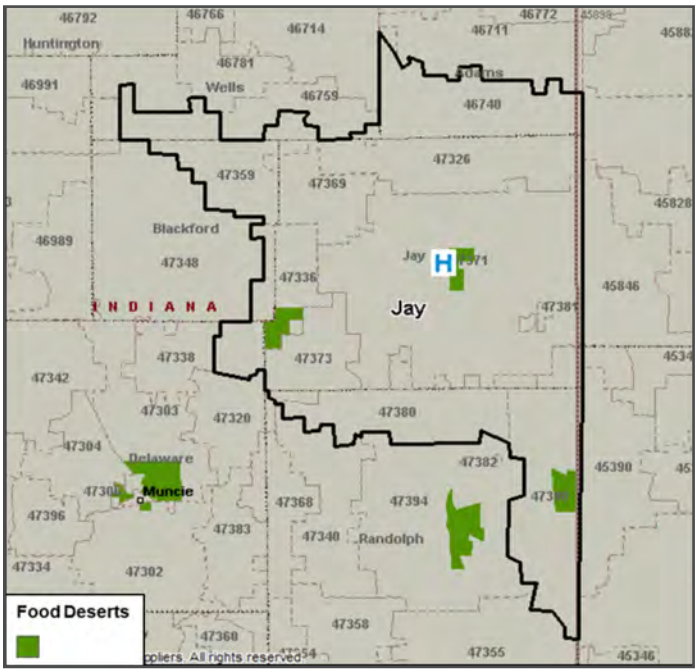
- The percentage of elders, children, and single parents living in poverty;
- The percentage of adults over the age of 25 with limited English proficiency, and the percentage of the population that is non-White;
- The percentage of the population without a high school diploma;
- The percentage of uninsured and unemployed residents; and
- The percentage of the population renting houses.

CNI scores are grouped into "Lowest Need" (1.0-1.7) to "Highest Need" (4.2-5.0) categories

Observations

- Jay County scored a 3.0 on the CNI scale. This score is consistent with the national average.

Exhibit 35: Food Deserts, 2017



Source: Microsoft MapPoint and U.S. Department of Agriculture, 2017

Description
Exhibit 35 shows the location of "food deserts" in the community.

The U.S. Department of Agriculture's Economic Research Service defines urban food deserts as low-income areas more than one mile from a supermarket or large grocery store and rural food deserts as more than 10 miles from a supermarket or large grocery store. Many government-led initiatives aim to increase the availability of nutritious and affordable foods to people living in these areas.

Observations
- Several census tracts in the IU Health Jay Hospital community have been designated as food deserts.

Medically Underserved Areas and Populations

Exhibit 36: Medically Underserved Areas, 2017

County	MUA/P Service Area Name	Designation Type
Jay	Low Income – Jay County	Medically Underserved Population

Source: Microsoft MapPoint and HRSA, 2017

Description
Exhibit 36 illustrates the location of Medically Underserved Areas (MUAs) in the community.

Medically Underserved Areas and Populations (MUA/Ps) are designated by the Health Resources and Services Administration (HRSA) based on an "Index of Medical Underservice." The index includes the following variables: ratio of primary medical care physicians per 1,000 population, infant mortality rate, percentage of the population with incomes below the poverty level, and percentage of the population age 65 or over.[12] Areas with a score of 62 or less are considered "medically underserved."

Populations receiving MUP designation include groups within a geographic area with economic barriers or cultural and/or linguistic access barriers to receiving primary care. If a population group does not qualify for MUP status based on the IMU score, Public Law 99-280 allows MUP designation if "unusual local conditions which are a barrier to access to or the availability of personal health services exist and are documented, and if such a designation is recommended by the chief executive officer and local officials of the state where the requested population resides."[13]

Observations
- The low income area within Jay County has been designated as a Medically Underserved Population.

Health Professional Shortage Areas (HPSA)

Exhibit 37A: Primary Care Health Professional Shortage Areas, 2018

County	HPSA Name	HPSA Type Description
Jay	Jay County	HPSA Geographic

Source: Health Resources and Services Administration, 2018

[12] *Heath Resources and Services Administration. See http://www.hrsa.gov/shortage/mua/index.html*
[13] *Ibid.*

Description
Exhibit 37A depicts the locations of federally-designated primary care HPSA areas.

A geographic area can receive a federal Health Professional Shortage Area (HPSA) designation if a shortage of primary medical care, dental care, or mental health care professionals is found to be present. In addition to areas and populations that can be designated as HPSAs, a health care facility can receive federal HPSA designation and an additional Medicare payment if it provides primary medical care services to an area or population group identified as having inadequate access to primary care, dental, or mental health services. HPSAs can be: "(1) An urban or rural area (which need not conform to the geographic boundaries of a political subdivision and which is a rational area for the delivery of health services); (2) a population group; or (3) a public or nonprofit private medical facility."[14]

Observations
- Jay County has been designated as a Primary Care HPSA.

Exhibit 37B: Dental Care Health Professional Shortage Areas, 2018

Description
Exhibit 37B shows the locations of federally-designated dental care HPSA areas; thus, there is no exhibit.

Observations
- No locations within Jay County have been designated as a Dental Care HPSA.

Exhibit 37C: Mental Care Health Professional Shortage Areas, 2018

County	HPSA Name	HPSA Type Description
Jay	East Central Indiana	HPSA Geographic High Needs

Source: Health Resources and Services Administration, 2018

Description
Exhibit 37C lists the locations of federally-designated mental health care HPSA areas.

Observations
- Jay County has been designated as a Mental Health Care HPSA as a part of the East Central Indiana region.

[14] *Available at: https://www.in.gov/isdh/18888.htm*

Findings of Other Community Health Needs Assessments

Indiana State Health Assessment and Improvement Plan

A State Health Assessment and Improvement Plan (SHA) was published recently by the Indiana State Department of Health.[15] The SHA was conducted in collaboration with over 100 partner organizations, key informants, and health experts to identify and address Indiana's greatest health challenges.

The Indiana Health Improvement Partnership (IHIP), met three times during 2017 and early 2018 to develop key components of the SHA including values, forces of change analysis, and assessment of strengths, weaknesses, opportunities, and threats. The process involved five steps:

1. Conducting a community health status assessment;
2. Assessing and analyzing prior assessments;
3. Reviewing other agency and coalition plans;
4. Interviewing key informants and gathering qualitative data; and
5. Identifying health needs.

State Health Assessment. The SHA had the following conclusions regarding state health needs:
- After reviewing assessments from local health assessments around the state, the IHIP observed that ten needs were most often identified as priorities:
  - Access to care
  - Mental and behavioral health
  - Obesity
  - Substance abuse disorders
  - Nutrition and physical activity
  - Diabetes
  - Tobacco use
  - Heart disease
  - Cancer
  - Maternal and infant health
- The initial prioritization of health needs by the IHIP steering committee focused on the following areas:
  - Social determinants of health and health equity
  - Improving public health infrastructure (funding and culture/equality of public health practices)
  - Improving health and reducing health disparities, particularly in the areas of chronic disease, birth outcomes and infant mortality, reduced injury and death due to opioid exposure, and improved access to mental health services
- When asked about barriers to achieving optimal health in their communities, key informants indicated that low staffing levels, low funding levels, not being able to break cultural barriers, increases in drug use, poverty and apathy, lack of free clinics, unaffordable healthcare and medications, lack of available affordable housing,

provider billing, and limited local resources as major limitations.

- Social determinants of health were recognized as a key component to achieving optimal health in Indiana, with a recognition to improve population health, "the public health system must expand to include non-traditional partners such as transportation, workforce development, and housing."
- Income inequality was identified as a social determinant of health need, with the top 20 percent of households in Indiana having an income 13.5 times higher than the bottom 20 percent.
- Indiana residents report different health status based on their location in the state, largely due to access to affordable healthcare. Mid-sized population areas report the lowest number of poor or fair health days, while rural areas report the highest.
- Indiana introduced expanded insurance options for lower income residents through the Healthy Indiana Plan (HIP) 2.0 in 2015. Over 1.4 million residents are enrolled in Medicaid in the state, with more than 20,000 of these enrollees being pregnant women.
- Language barriers and cultural competency of services were identified as major obstacles to receiving healthcare and social services in Indiana.
- Heart disease, cancer, and stroke were identified as the top causes of mortality in Indiana, and identified as significant needs in the community.
- Indiana was the tenth most obese state in the nation, with over two-thirds of adults being overweight and almost a third being obese. Obesity disproportionately affects low-income, rural, and African American populations.
- Poor nutrition contributed to four of the top ten causes of death in Indiana: cardiovascular disease, stroke, diabetes, and cancer.
- Over 21 percent of Indiana adults were current smokers, the tenth highest rate in the nation and contributing to five of the top ten leading causes of death (cardiovascular disease, stroke, diabetes, chronic lower respiratory disease, and cancer). Smoking rates are disproportionately high for low income adults, those with a high school education or less, and those identifying as LGBT.
- Infant mortality has been an Indiana health priority since 2014. The national rate of infant deaths is 5.9 deaths per 1,000 live births. In Indiana, this rate was 7.5 in 2016. Additionally, Healthy People 2020 established a goal of 6.0 deaths by 2020.
- Drug overdose and opioid-related deaths increased by 500 percent between 1999 and 2016. More than 1,500 residents died of drug overdoses in 2016, with 785 of these overdoses being from opioids. This increase in opioid-related deaths represents a 1,725 percent increase since 1999.

State Health Improvement Plan. After the finalization of the state health assessment, the Indiana State Health Improvement Plan (ISHIP) was drafted to address the final priorities. These priorities were:

- Improve birth outcomes and reduce infant mortality
- Address the opioid epidemic
- Reduce rates of chronic disease
- Improve the public health infrastructure

Exhibit 38: Significant Needs Identified in Other CHNAs

Prioritized Need	Frequency
Access to basic/primary health care	1
Obesity	1
Physical inactivity/lack of exercise	1
Poverty	1
Preventive care (immunizations, screenings, etc.)	1
Tobacco use/smoking	1

Description

Several other needs assessments conducted by hospital facilities were reviewed. Significant needs identified by these facilities are presented in Exhibit 38. The reviewed assessments include the following:

- Jay County Hospital CHNA 2015

Observations

- The following indicators most often were identified as significant in other hospital CHNAs that assessed IU Health Jay Hospital's community:
  - Access to basic and primary health care
  - Obesity
  - Physical inactivity/lack of exercise
  - Poverty
  - Preventative care (immunizations, screenings, etc.)
  - Tobacco use/smoking

APPENDIX C – INTERVIEWEES AND COMMUNITY MEETING PARTICIPANTS

Individuals from a wide variety of organizations and communities participated in the interview process and/or community meetings (**Exhibit 39**).

Exhibit 39: Interviewee and Community Meeting Participant Organizational Affiliations

- Community & Family Services
- Crown Pointe Senior Living
- First Merchants Bank
- Fort Recovery Industries
- Geneva Town Council
- IU Health Jay Hospital
- Jay-Randolph Developmental Services, Inc.
- Jay County Chamber
- Jay County Child Services
- Jay County Community Development
- Jay County Council
- Jay County Health Department
- Jay County Ministerial Association
- Jay County Tourism
- Jay Schools
- John Jay Center for Learning
- Life Stream
- Meridian Health Services
- Pennville Town Council
- Persimmon Ridge Rehab
- Portland Fire Department
- Portland Foundation
- Portland Police Department
- Swiss Village, Inc.
- United Way of Jay

APPENDIX D – IMPACT OF ACTIONS TAKEN SINCE THE PREVIOUS CHNA

Jay County Hospital officially joined Indiana University Health on March 1, 2018 becoming IU Health Jay Hospital. The announcement followed a vote of approval from the Jay County Council and Commissioners and the signing of the definitive agreement between Jay County Hospital and IU Health. With the signed agreement, IU Health assumed all assets and liabilities as of March 1.

Following the transition to officially join IU Health in 2018, the hospital continued to provide a wide range of services to its patients and community members.

- **Classes and Support Groups.** IU Health Jay Hospital provides classes and support groups intended to assist patients and community members with health improvement and chronic disease management. In 2018, approximately 400 individuals took part in Diabetes Education classes, Mother/Baby Classes, Sibling Classes, SafeSitter Classes, as well as a Cancer Support Group and Ostomy Support Group.
- **Community Health Screenings.** IU Health Jay Hospital offers clinics and screenings designed to help community members become more aware of their health and how to stay healthy. Cancer screenings are offered at reduced pricing, these include: Heart and Lung Scans. A new 3D mammography was recently installed which provided higher quality scans to help detect breast cancer in earlier stages. IU Health Jay also provides community outreach by offering reduced price lab tests, along with community flu shot clinics. Health fairs and flu shot clinics are also held at local businesses to provide convenience for local employees. Over 1,000 individuals participate yearly in these programs.
- **Healthy Community Alliance.** In 2018, IU Health Jay Hospital joined The Healthy Community Alliance of Delaware and Blackford Counties (HCA). The HCA is a broad-based health coalition that includes over 100 community organizations who, through collective impact, have the potential to reach more than 50,000 residents in a three-county area. The goal of the program is to reduce obesity and tobacco utilization rates and risks associated with chronic disease through information sharing that improves nutrition and increases physical activity and encourages tobacco cessation. IU Health Jay Hospital supports this program as a Partner organization and utilizes staff time to organize and support community workgroups and produce educational resources. IU Health Jay Hospital believes the program will enable Partner organizations to create programming, policies and environments that influence reduced obesity and tobacco rates compared to levels that would have occurred without the program.

APPENDIX E – CONSULTANT QUALIFICATIONS

Verité Healthcare Consulting, LLC (Verité) was founded in May 2006 and is located in Alexandria, Virginia. The firm serves clients throughout the United States as a resource that helps hospitals conduct Community Health Needs Assessments and develop Implementation Strategies to address significant health needs. Verité has conducted more than 60 needs assessments for hospitals, health systems, and community partnerships nationally since 2010.

The firm also helps hospitals, hospital associations, and policy makers with community benefit reporting, program infrastructure, compliance, and community benefit-related policy and guidelines development. Verité is a recognized national thought leader in community benefit and Community Health Needs Assessments.

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