2022 Community Health Needs Assessment

Parkview Health, Systemwide

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EXECUTIVE SUMMARY

Introduction & Purpose

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

The purpose of the CHNA is to offer a comprehensive understanding of the health and social needs of our region to guide the health system's strategic community health improvement plan for addressing the identified needs (*CDC - Assessment and Plans - Community Health Assessment - STLT Gateway*, 2019). Parkview Health System will use the findings in this report to identify and develop efforts to improve the health and quality of life for residents in the counties we serve. In this systemwide report we share the approach taken to develop a single shared priority across the health system. Each of Parkview's licensed hospital facilities has its own report reflecting additional priorities for their county.

Approach

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

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

Summary of Findings

The findings in this report are a result of the analysis of an extensive set of secondary data (over 200 indicators from national and state data sources) and primary data (5,053 surveys) collected from community members and healthcare/social service providers. Below are the top ten health concerns and health service needs as ranked by the Hanlon method and survey data, respectively.

Parkview Health System's Top Ten Health Concerns*	
• Mental health	• Substance use/abuse (drugs, alcohol, tobacco)
• Obesity	• Cancer
• Chronic obstructive pulmonary disease	• Cardiovascular disease (stroke, coronary heart disease)
• Kidney disease	• Diabetes
• Asthma	• Child abuse

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

Parkview Health System's Top Ten Health Service Needs*

- Mental health services
- Substance use disorder services
- Access to healthy food
- Access to primary care providers
- Senior services
- Access to recreational spaces
- Childcare
- Health insurance
- Gun safety
- Access to birth control

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

Prioritized Areas

In August 2022, the HSIR group convened more than 70 stakeholders from the eight counties with Parkview hospitals to prioritize the significant health issues uncovered in our analysis. In addition to the priority ranking scores, these stakeholders considered the feasibility of interventions for each health concern, which includes the suitability and acceptability of the interventions, availability of resources, cost-benefits ratio, and legality. The stakeholder group identified Mental Health as the shared priority to address in all counties served by a Parkview Hospital. Obesity and substance use/abuse were also in the top three health concerns after two rounds of voting by stakeholders.

HSIR Group

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

Evaluation of Progress Since 2019 CHNA

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

Figure 1. Three-Year CHNA Process; Organization of Parkview CHNA reports
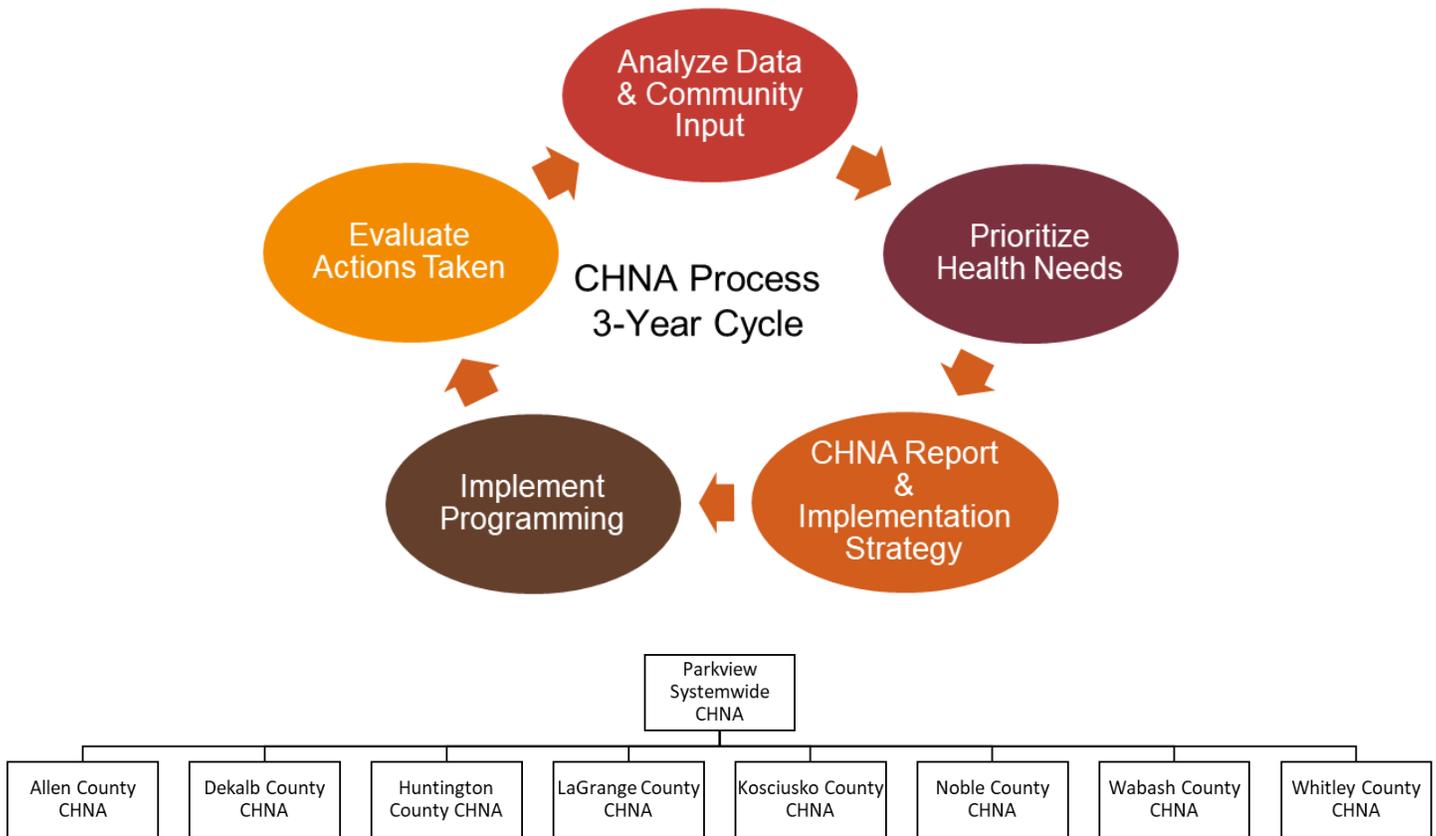
Priority Health Needs and Impact from 2019 CHNA

During the 2019 prioritization sessions, 49 stakeholders completed two rounds of voting to identify a single shared health priority for all of Parkview Health (44 votes in round one and 36 votes in round two). Substance abuse and mental health were selected as the region's shared health priority for the years 2020-2022. This systemwide report reflects all eight counties where Parkview Health has a hospital, but each of Parkview's licensed hospital facilities have their own CHNA that reflect priorities specific to their county. The impact reports from 2019 CHNA can be found in each facility report. Parkview did not get any written comments in response to our 2019 CHNA. If you have comments about the 2022 CHNA, please send to Jill.McAllister@parkview.com or Sarah.GiaQuinta@parkview.com.

INTRODUCTION

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

About Parkview Health

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

Parkview Health Mission & Vision
Parkview's mission is to improve the health of our community members and inspire them to take steps to improve their well-being.
Parkview puts their patients at the center of everything they do, as an individual, as an employer and as our community.

Service Area

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

Figure 2. Counties with Parkview Hospitals
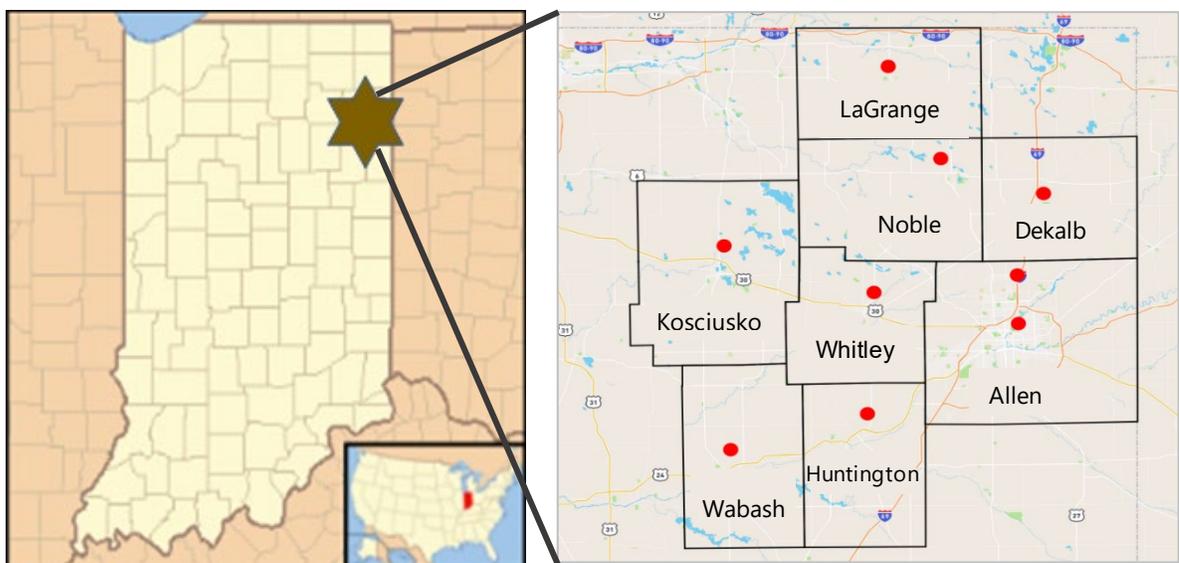
DEMOGRAPHICS

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

Population

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

Table 1. Population

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

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

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

Table 2. Population in Parkview Counties, 2017 and 2020

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

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

Age

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

Table 3. Median Age in Years

Year	Allen	DeKalb	Huntington	Kosciusko	LaGrange	Noble	Wabash	Whitley	Parkview	IN
2020	36.0	38.5	41.4	38.9	31.8	38.9	42.5	41.8	37.3	37.8
2017	35.7	39.1	40.3	38.0	31.5	38.5	42.0	41.0	36.9	37.5

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

Figure 3. Population by Age Group

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

The age-sex distribution (or pyramid) of the Parkview Health eight-county region (Figure 4) has a stationary form, represented by a near rectangular shape with narrowing for older aged cohorts, illustrating approximately equal percentages of individuals across age cohorts. Stationary pyramids are indicative of a population that is not increasing.

Figure 4. Age Pyramid for Eight-County Parkview Health Area by Total Population
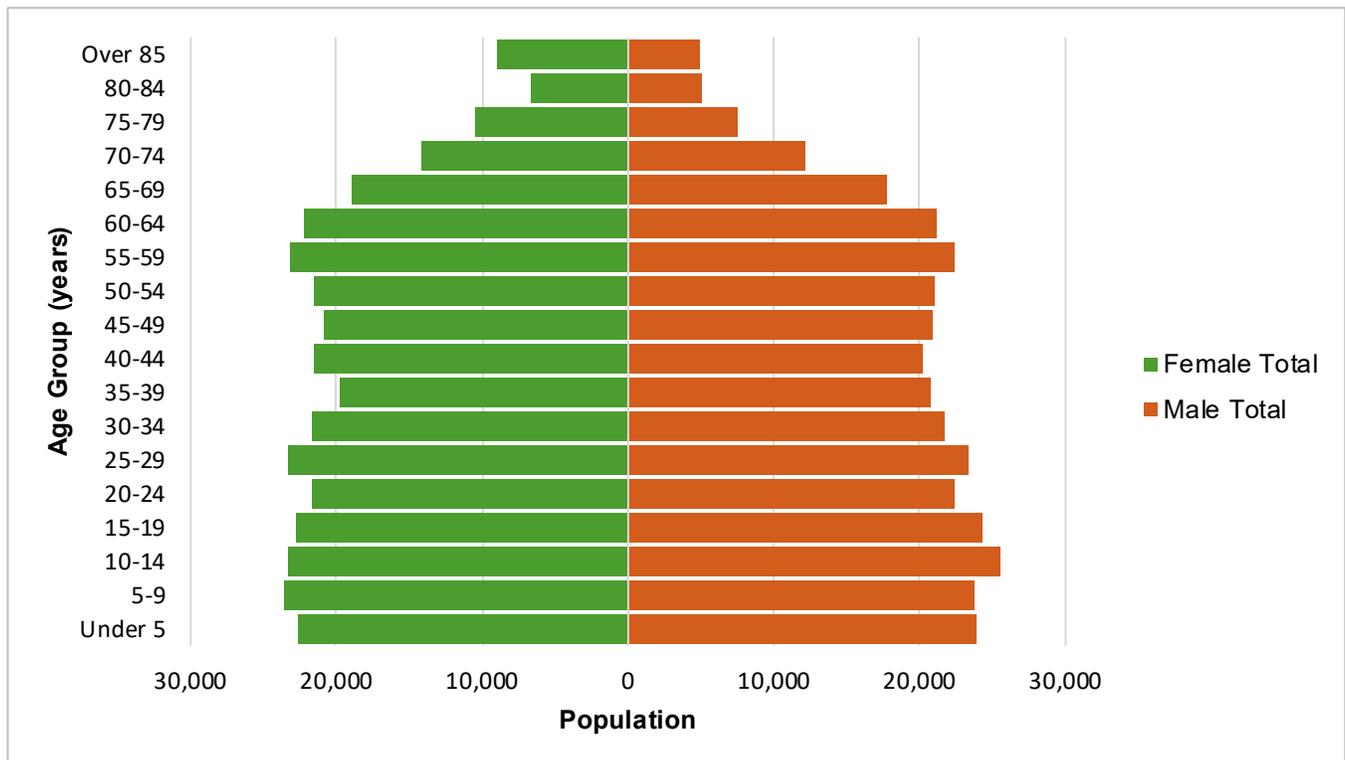
Source: U.S. Census Bureau (American Community Survey 2016-2020 Five-year Averages)

Because different age groups can require distinct levels and types of care, strategies for improving community health outcomes should incorporate the needs of each age cohort. The percentage of the population under 18 years is between 20 percent and 26 percent for the eight counties in the Parkview Health region except in LaGrange County, where nearly a third is under 18 years (Figure 5). At the other end of the age spectrum are individuals 65 years and older. Figure 5 demonstrates that the 65 and older population is below 20 percent for all but Wabash County (20.8%). Accessible and adequate senior services can allow the senior population to remain in their household and maintain their quality of life.

Figure 5. Child and Senior Population
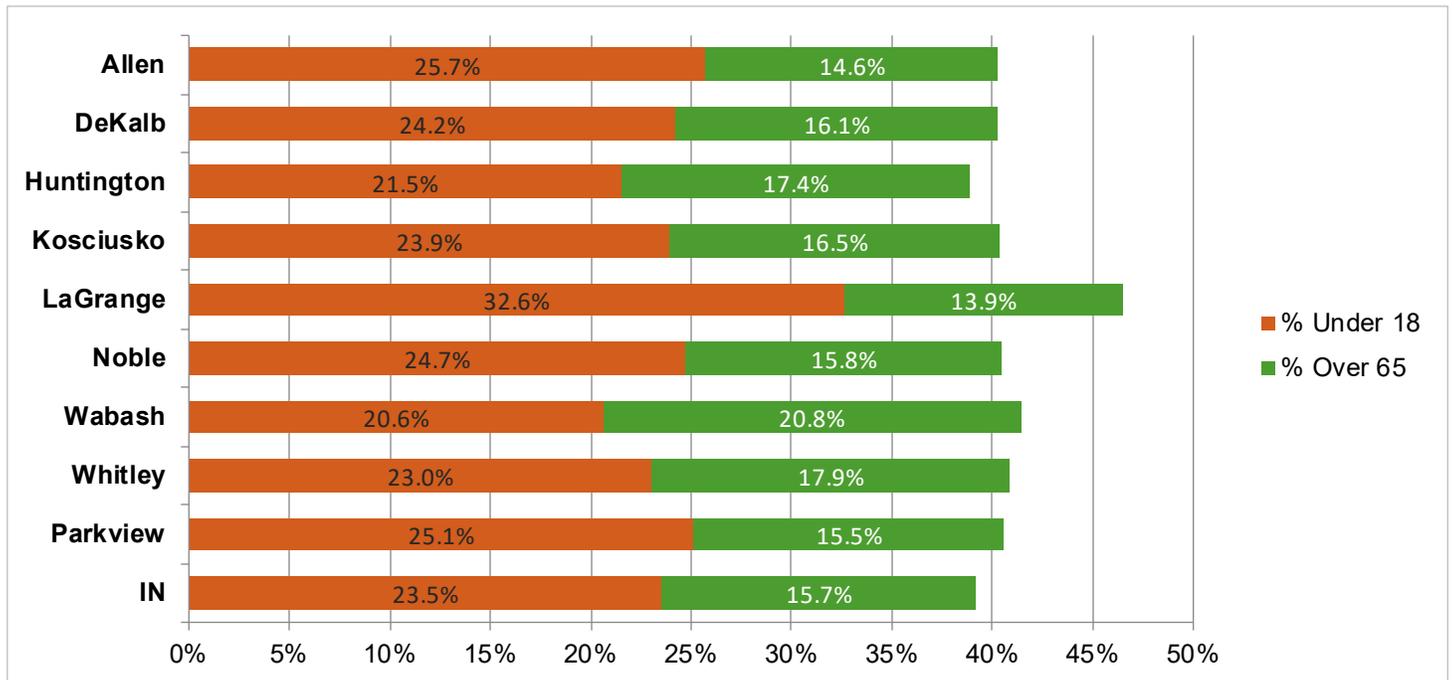
Source: U.S. Census Bureau (American Community Survey 2016-2020 Five-year Averages)

Race and Ethnicity

As illustrated by Table 4 and Figure 6, the racial composition of the eight-county Parkview Health region is predominantly non-Hispanic White, which is similar to the rest of Indiana. However, racial diversity has increased in the Parkview Health service area since 2017, due mostly to increases in Hispanic or Latino and other races and ethnicities in all counties, except for DeKalb County where the percent of population comprising 'Other Race or Ethnicity' decreased by 0.2 percent, but the Black or African American population increased by 0.2 percent. Across counties, Allen County has the highest percentage of population comprised of Black or African American individuals (11.3%) and Other Race or Ethnicities (8.1%), and Noble County has the highest Hispanic population (10.4%).

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

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

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

Table 4. Percent of Population by Race and Ethnicity

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

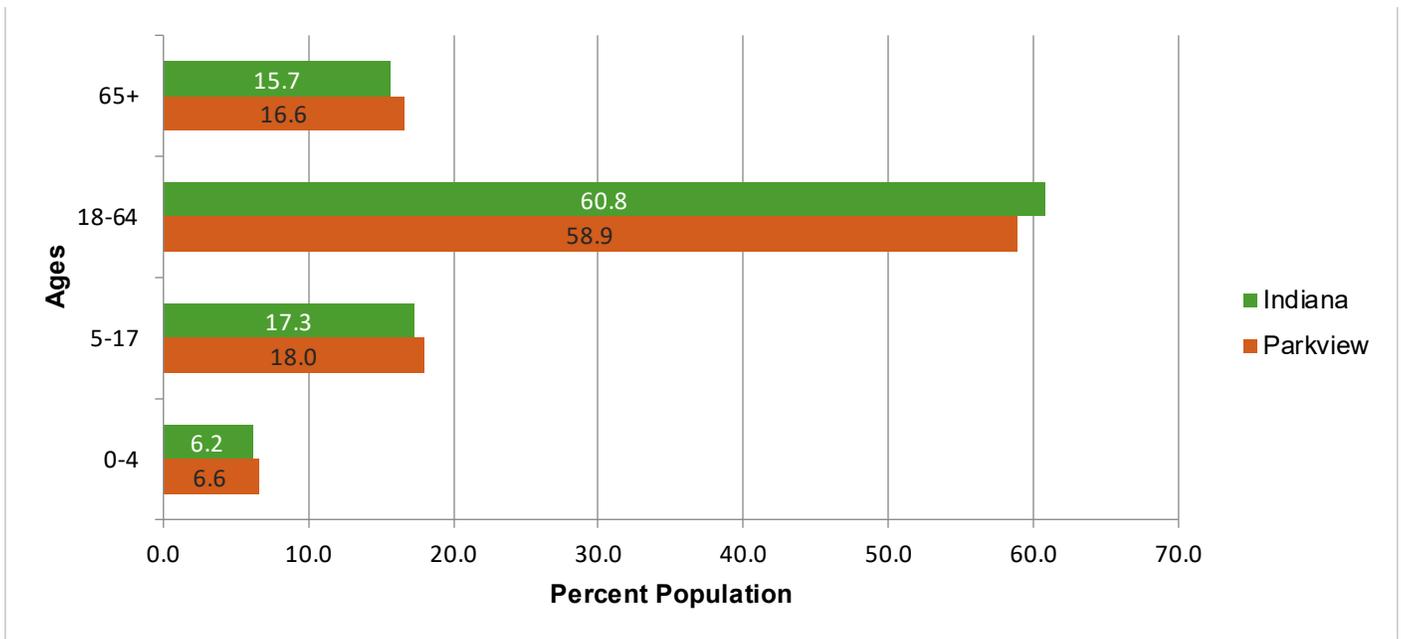Source: U.S. Census Bureau (American Community Survey 2013-2017 and 2016-2020 five-year averages)

Figure 6. Race and Ethnicity
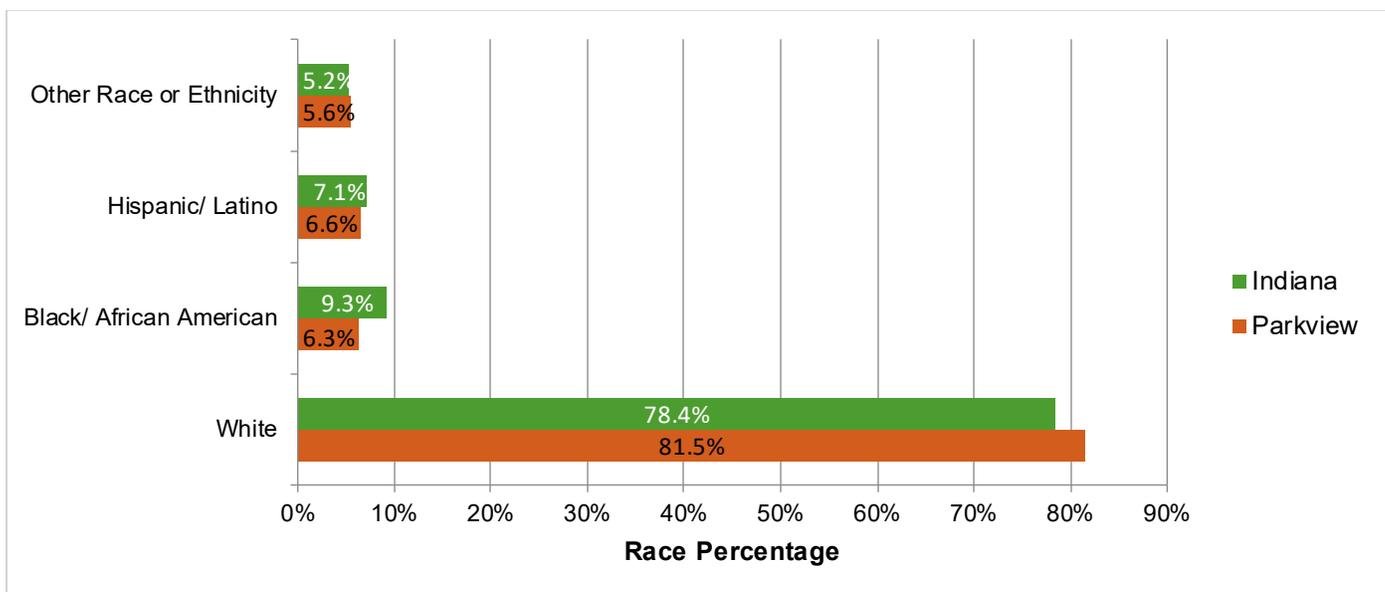
Source: U.S. Census Bureau (American Community Survey 2016-2020 Five-year Averages)

Social Determinants of Health

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

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

The Health Equity Index developed by Conduent Healthy Communities identifies geographic areas at highest risk for experiencing health inequities correlated with preventable hospitalizations and premature death based on validated indicators related to income, employment, education, and household environment. Counties were given an index value ranging from 0 (indicating lowest need) to 100 (indicating highest need). Counties in the Parkview Health service area were then ranked from 1 (low need) to 5 (high need) based on their relative index value. As shown in Figure 7 and Table 5, LaGrange County had the highest level of socioeconomic need.

Figure 7. Health Equity Index County Map
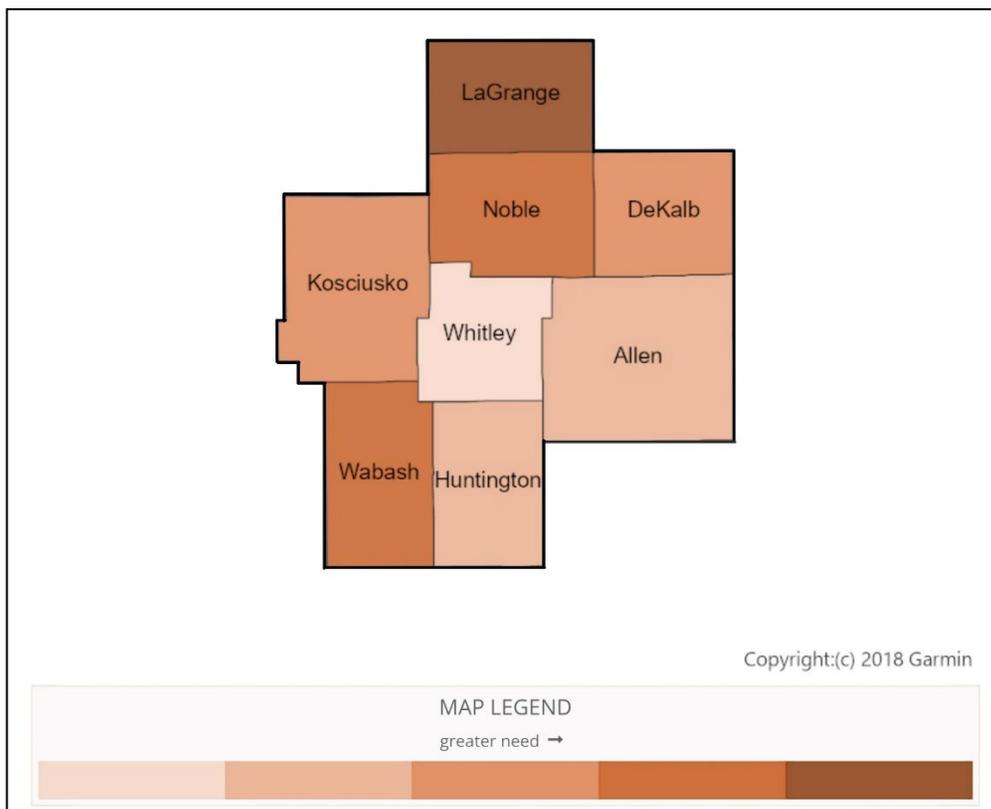
Measurement period: 2021. Data Source: Conduent Healthy Communities

Table 5. Health Equity Index Scores and Rank by County

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

Measurement period: 2021. Source: Conduent Healthy Communities

Median Household Income

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

Table 6. Median Household Income in Dollars

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

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

Racial disparities in median household income are evident in Figure 8. Median Household Income by Race and Ethnicity. The median household income for Black and African American households in the Parkview Health service area is much lower than for White households in this area and is lower than the median household income for Black and African American households in Indiana.

Figure 8. Median Household Income by Race and Ethnicity
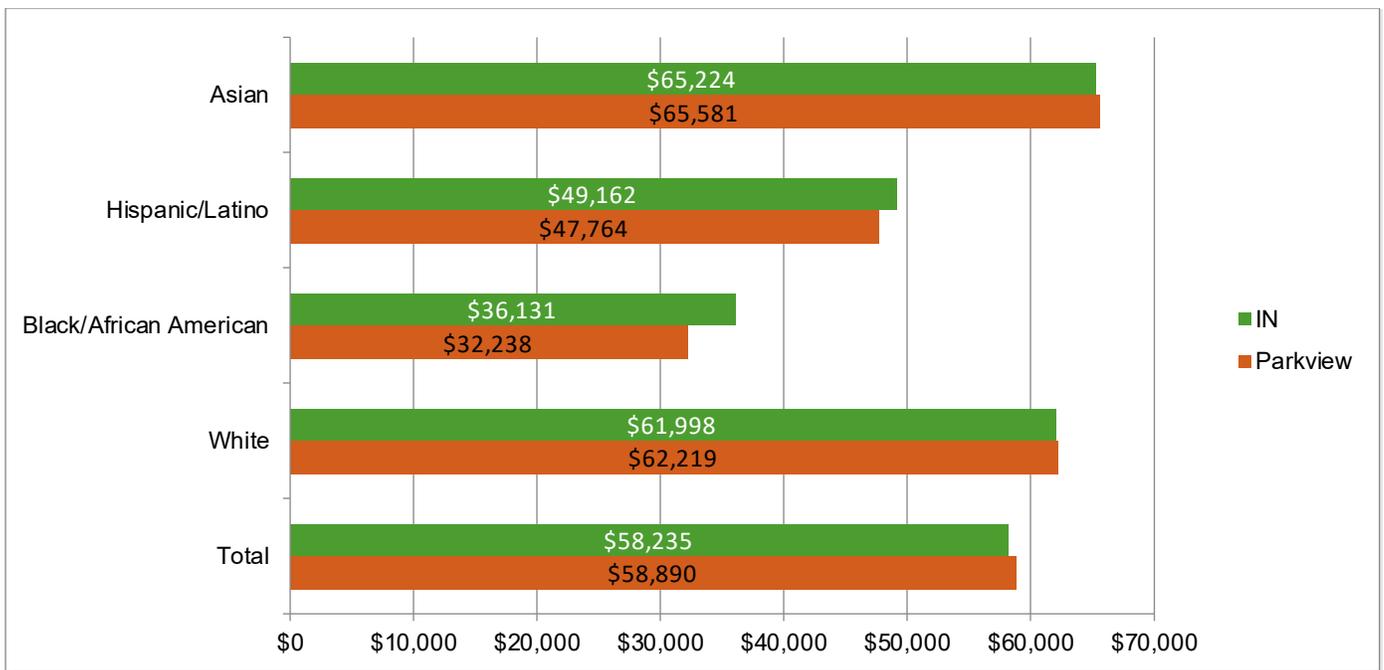
Source: U.S. Census Bureau (American Community Survey 2016-2020 Five-year Averages)

Poverty

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

Regarding the percentage of the population living below the poverty level, racial disparities are evident in both the Parkview Health service area and the state of Indiana. As compared to the poverty rate for the White population in the Parkview Health service area (9.0%), Black and African American populations are almost three times as likely to be living below poverty level (29.4%), and Hispanic and Latino and Asian populations are almost twice as likely to be living below poverty level (19.4% and 18.2%, respectively). As compared to state averages by race and ethnicity, the poverty rates for the White population, and the Hispanic and Latino populations in the Parkview Health service area are lower than their respective Indiana averages. In contrast, the poverty rates for Black and African American populations and Asian populations in the Parkview Health service area are higher than their respective Indiana averages. See Figure 9.

Table 7. Percentage of Population Below Poverty Line

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

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

Figure 9. Population Below the Federal Poverty Level by Race and Ethnicity
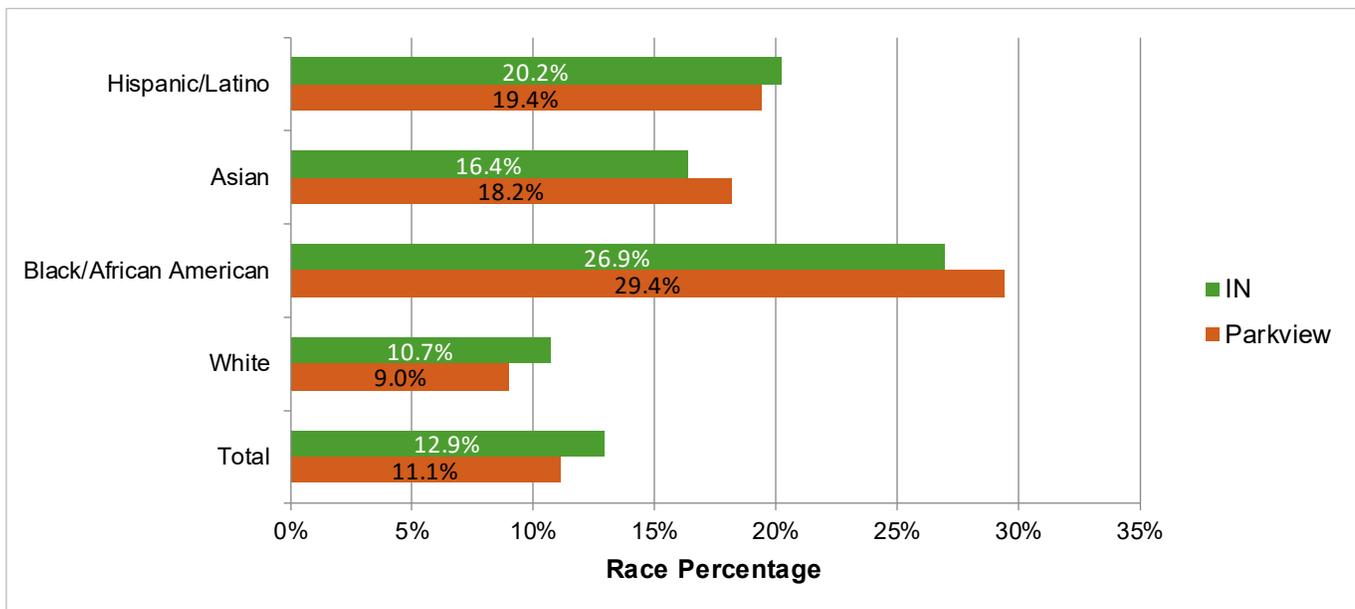
Source: U.S. Census Bureau (American Community Survey 2016-2020 Five-year Averages)

Unemployment

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

Like the disparities present in income and poverty level, racial disparities are also seen with unemployment rates. The Black and African American, Hispanic, and Asian populations in the Parkview Health service area have higher unemployment rates than their corresponding unemployment rates for the state (Figure 10).

Table 8. Percentage of Population Unemployed

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

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

Figure 10. Unemployment Rate by Race/Ethnicity
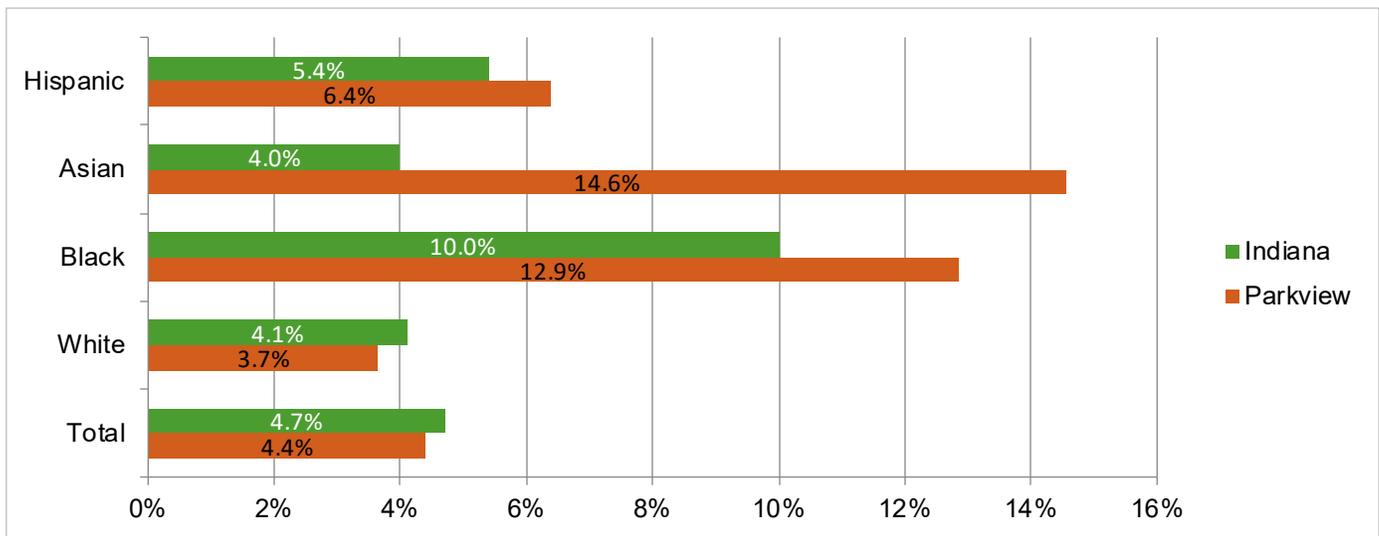
Source: U.S. Census Bureau (American Community Survey 2016-2020 Five-year Averages)

Education

Education is related to several other social measures, including income, poverty, and unemployment. Limited education can be a key marker for identifying populations who may have health service needs. The percentage of the population without a high school diploma or equivalent is shown in Table 9. LaGrange County has the highest proportion of individuals without a high school diploma (38.9%) and the highest percentage of households with no high school diploma (Figure 11), which is due to the concentration of Amish communities in the county. Individuals in Amish communities have other training or economic options outside of a high school education. Noble and Kosciusko Counties have the second and third highest rate of individuals without a high school diploma, which may also be reflective of a relatively high proportion of Amish individuals in these counties (each has a population 1,000-4,999 Amish individuals).

Table 9. Population Without High School Diploma

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

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

Figure 11. Percent of Households With No High School Diploma
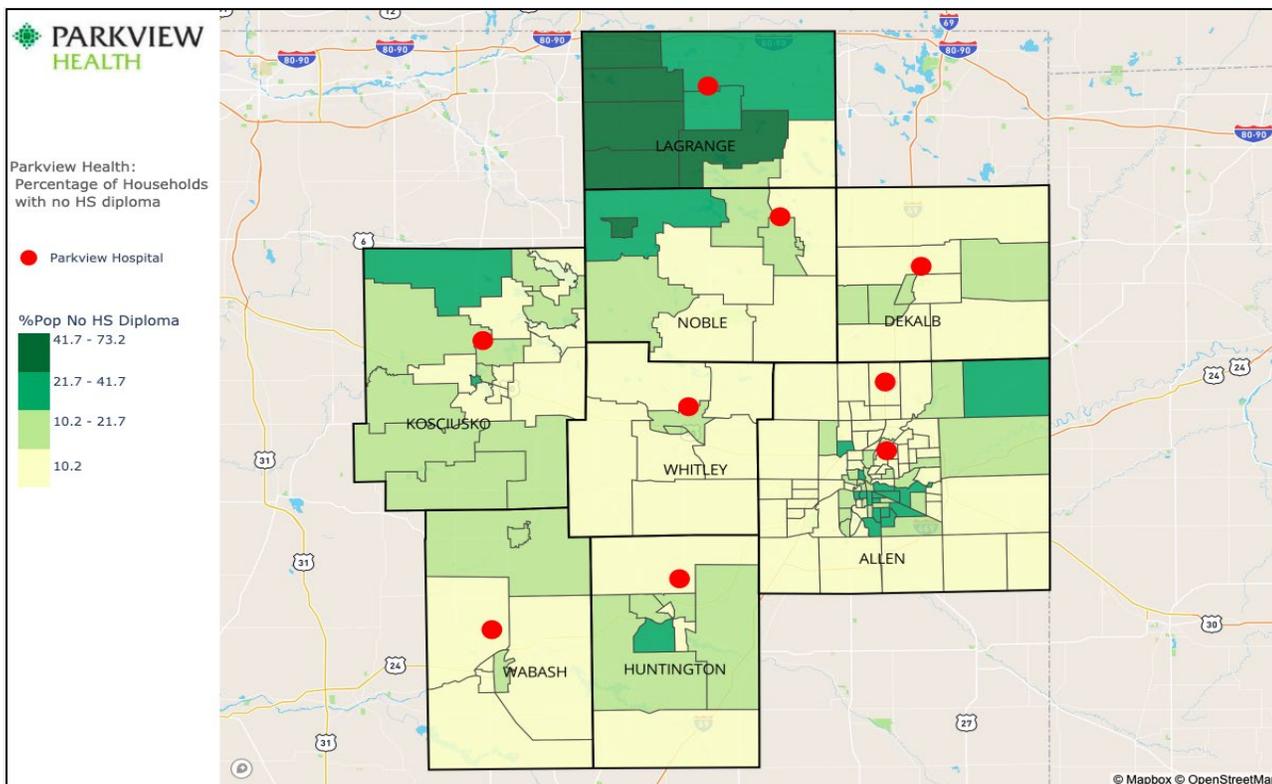
Source: U.S. Census Bureau (American Community Survey 2016-2020 Five-year Averages)

Overall, the Parkview Health service area has a slightly higher percentage of population without a high school diploma compared to the Indiana rate. Additionally, racial disparities are evident in educational attainment (Figure 12). Notably, 36.2 percent of the Hispanic/Latino population and 39.3 percent of the Asian population is without a high school diploma. With these racial minorities already at a disadvantage in terms of income and poverty, this added inequity further impacts their health outcomes.

Figure 12. Population Without a High School Diploma by Race/Ethnicity
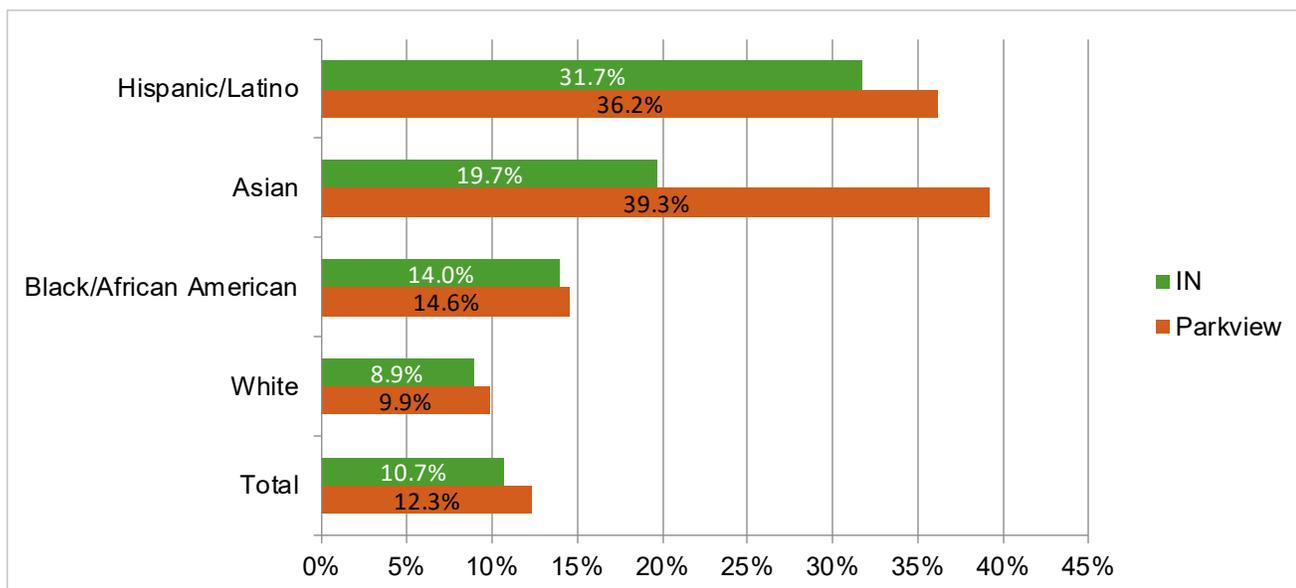
Source: U.S. Census Bureau (American Community Survey 2016-2020 Five-year Averages)

Transportation

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

As shown in Figure 13 below, most counties have few households (i.e., ≤ 5.4% households) without a vehicle, except for LaGrange County. The high percentage of houses with no vehicle in LaGrange County (i.e., 35 – 76% for the years 2016-2020) is likely due to the large Amish population in LaGrange County, who typically rely upon on horse carriages and wagons for their transport purposes. A slightly higher percentage of homes without a vehicle is also seen in the northeast part of Allen County.

Figure 13. Households With No Vehicle
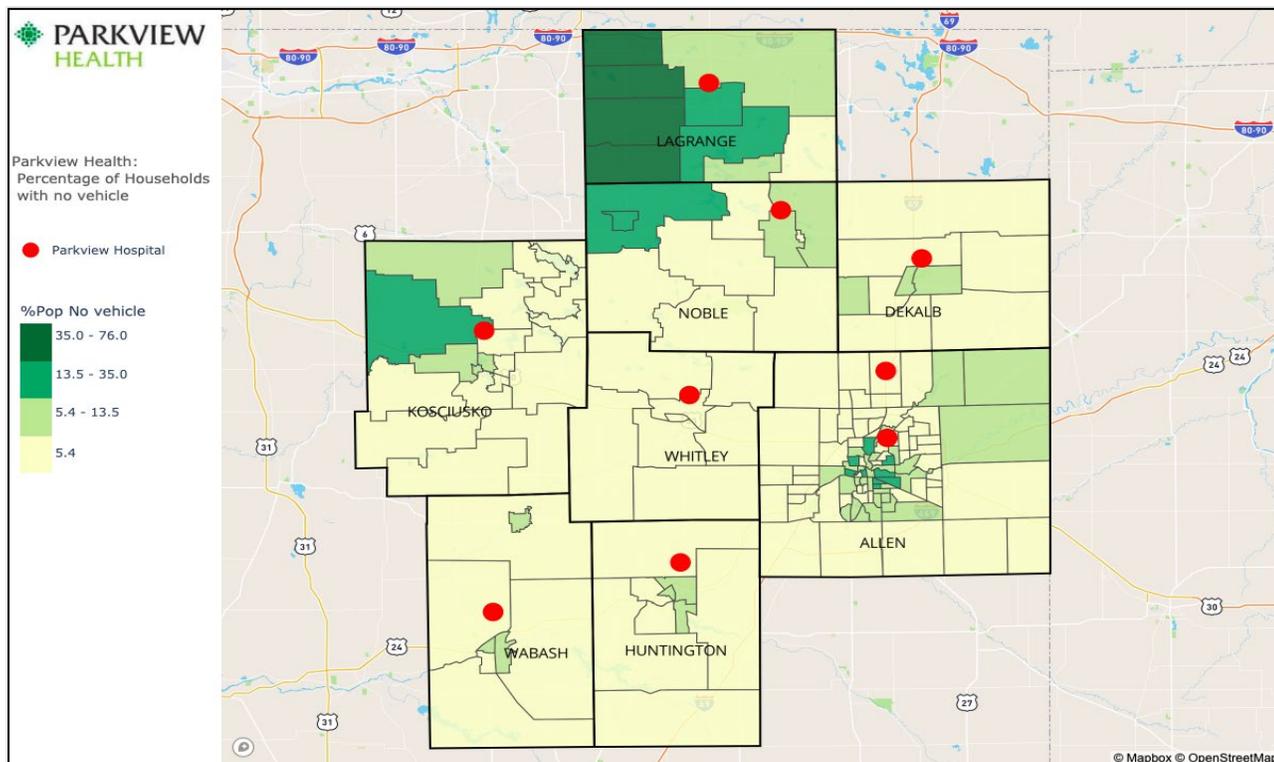
Source: U.S. Census Bureau (American Community Survey 2016-2020 Five-year Averages)

Food Access

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

Table 10. Food Insecurity and Limited Access to Healthy Food

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

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

Neighborhood and Built Environment

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

Violent Crime

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

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

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

Source: County Health Rankings and Roadmaps

Exercise Opportunities

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

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

Year	Allen	DeKalb	Huntington	Kosciusko	LaGrange	Noble	Wabash	Whitley	Parkview	IN
2020	78.2%	59.2%	76.5%	65.4%	24.4%	63.8%	68.6%	58.0%	69.9%	75.2%
2017	81.8%	69.4%	82.4%	70.2%	32.0%	57.8%	57.2%	63.3%	73.1%	74.8%

Source: County Health Rankings and Roadmaps

Broadband Access

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

Table 13. Percent of Households With Broadband Internet Connection

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

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

Access to Healthcare

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

Medically Underserved Areas and Populations

Medically underserved areas (MUA) and medically underserved populations identify geographic areas and populations with access barriers to primary care services. Using Health Resources & Services Administration 2022 data, medically underserved areas (Figure 14, light green) were mainly identified in Huntington County and in the southwest area bordering the Parkview Health primary service area. Several medically underserved populations were identified (Figure 14, dark green) mainly in Wabash County, Allen County, and in the south/southwest areas bordering the eight-county region.

Figure 14. Medically Underserved Areas and Populations
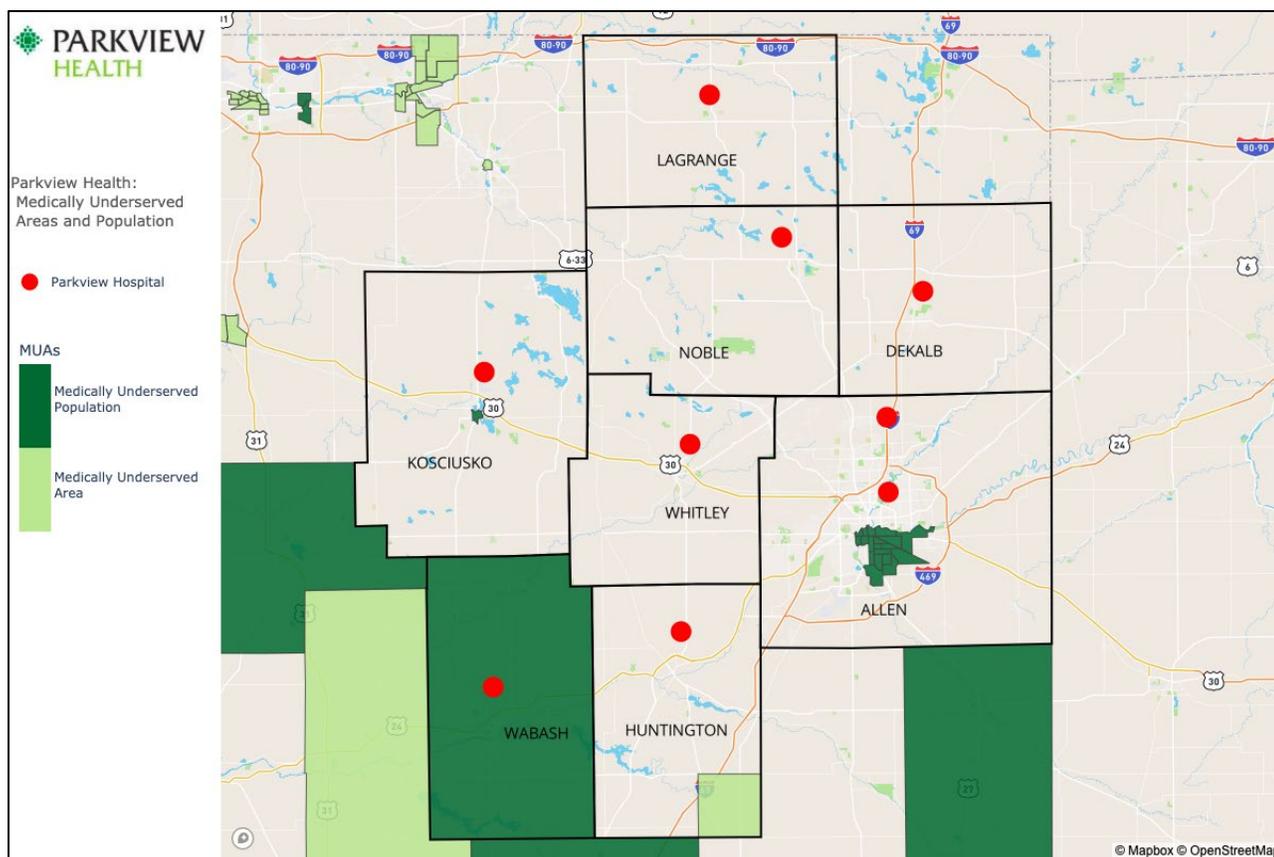
Source: Health Resources & Services Administration, 2022

Health Insurance

The percentage of the population without health insurance ranged from 7.1 percent in DeKalb County to 42.6 percent in LaGrange County, with 57.9 percent of children in LaGrange County without health insurance (Table 14). Individuals living in Amish communities are less likely to have traditional health insurance policies and instead rely upon their own community resources, which accounts for the high rate of uninsured individuals in LaGrange County. The map in Figure 15 illustrates the percentage of households without health insurance at the census tract level, highlighting areas in several counties with more than 16.7 percent of households having no health insurance.

Table 14. Percent of Population Without Health Insurance

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

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

Figure 15. Percent of Population with No Health Insurance
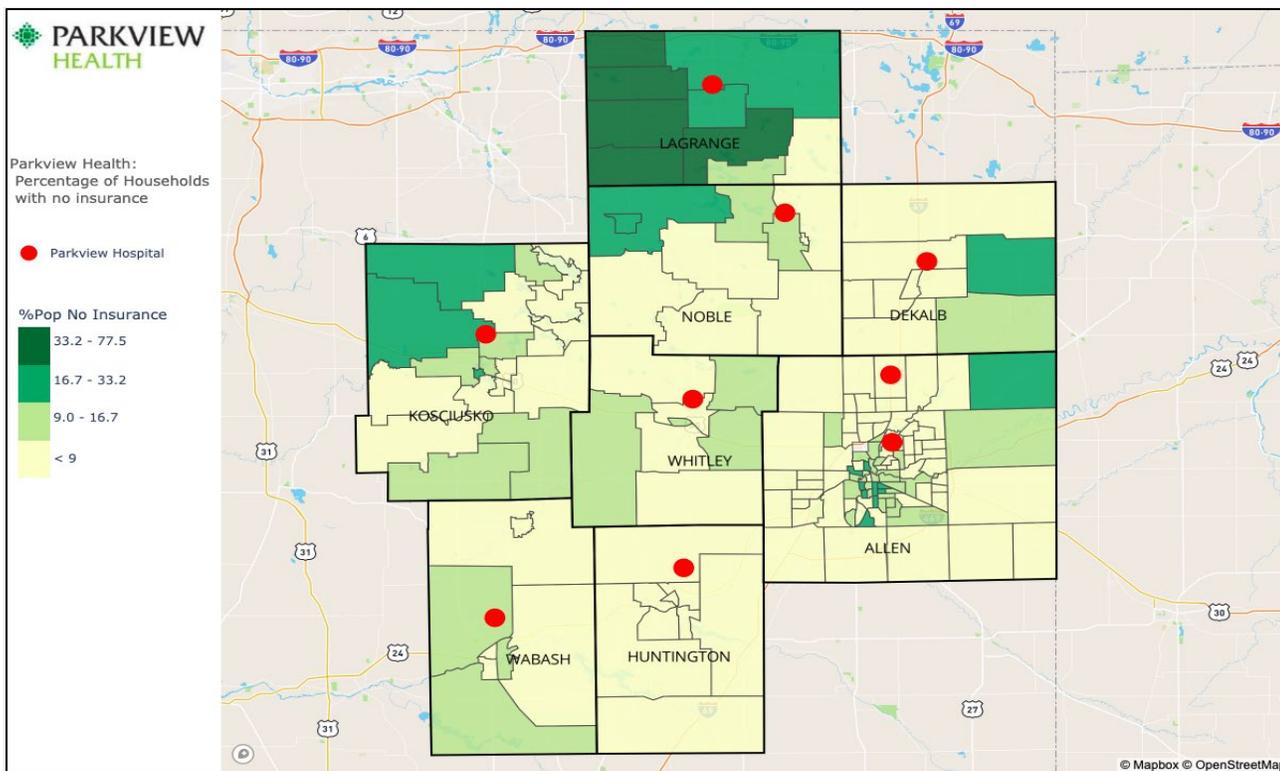
Source: U.S. Census Bureau (American Community Survey 2016-2020 Five-year Averages)

CRITICAL HEALTH CONCERNS

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

Secondary Data: County Level Health Indicators

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

The Parkview Health Community Dashboard developed by Healthy Communities Institute (HCI) was used to identify county indicators performing in the bottom quartile of U.S. Counties based on a sample of over 3,000 counties and county equivalents (Figure 16). If a comparison to U.S. counties was not available for an indicator, then a regional comparison to the Indiana state value was used. If neither a comparison to U.S. counties nor the Indiana region was available, then the indicator was not evaluated for performance. Clinical care ranking and physical environment ranking were the only indicators not available in the 2022 dashboard data compared to previous reports.

Figure 16. Example Snapshot from HCI Dashboard

Health / Medications & Prescriptions
VALUE   COMPARED TO:

Health / Mental Health & Mental Disorders
VALUE   COMPARED TO:

Adults Ever Diagnosed with
Depression   **22.0%**   U.S. Counties   US Value
                    (2019)   (18.8%)

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

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

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

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

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

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

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

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

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

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

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

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

PARKVIEW HEALTH 2022 CHNA | Systemwide

Primary Data: Survey Methods & Results

Parkview service area community member and provider input was gathered via multiple recruitment and data collection methods (Figure 17): 1) e-mail to healthcare and social service providers with an embedded online survey link; 2) mailed paper and e-mailed online surveys to community members; 3) paper surveys distributed to individuals, clinics or organizations serving Hispanic, Amish, or People of Burma populations; 4) in-person recruitment at locations providing services to low-income populations throughout the eight counties and 5) press release and social media notifications with a survey link. The relevant data collection methods are described below. Descriptive statistics were calculated for all survey items. A summary of responses by community, special populations, and providers for each county is provided for health concerns (Table 18) and service needs (Table 19).

Figure 17. Multi-Pronged Approach to Primary Data Collection

Data Collection Methods for
Community Members
Providers

Boots on the Ground

Outreach to Special Populations
Known Contacts & Community Health Workers

Shared QR Code

$1

Mailed Survey with $1 Incentive

MyChart

PRESS

Published on Parkview Website

Press Release
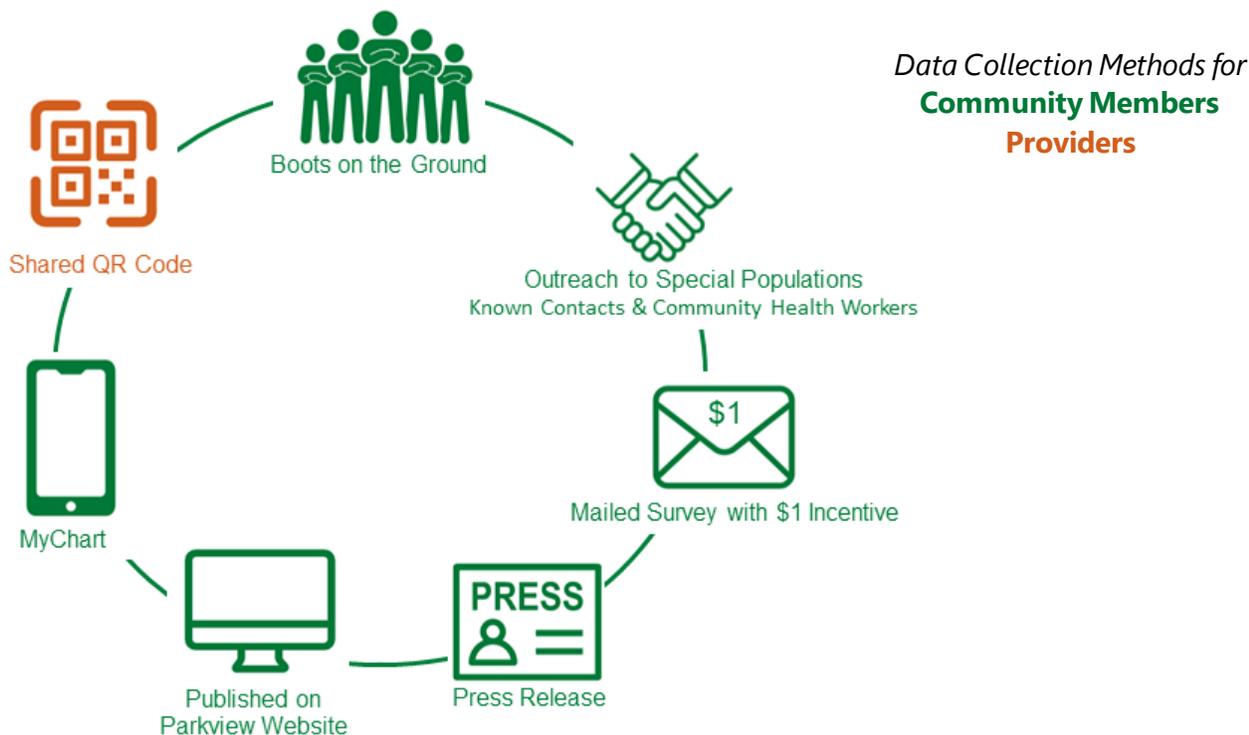
Community Survey

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

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

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

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

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

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

Table 20. Community Survey Outreach

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

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

A total of 4,657 community members completed the survey. Respondents included more females (63.5%) than males (35.0%) and a higher number of individuals aged 65 years and older (42.9%) than other age groups (18-44 years: 23.5%; 45-64 years: 33.6%). The modal annual income category was $75,000 and higher and 18% of respondents had an annual income of <$35,000. Sample demographics are shown in Table 21.

Figure 18. Community Survey Respondents by ZIP Code
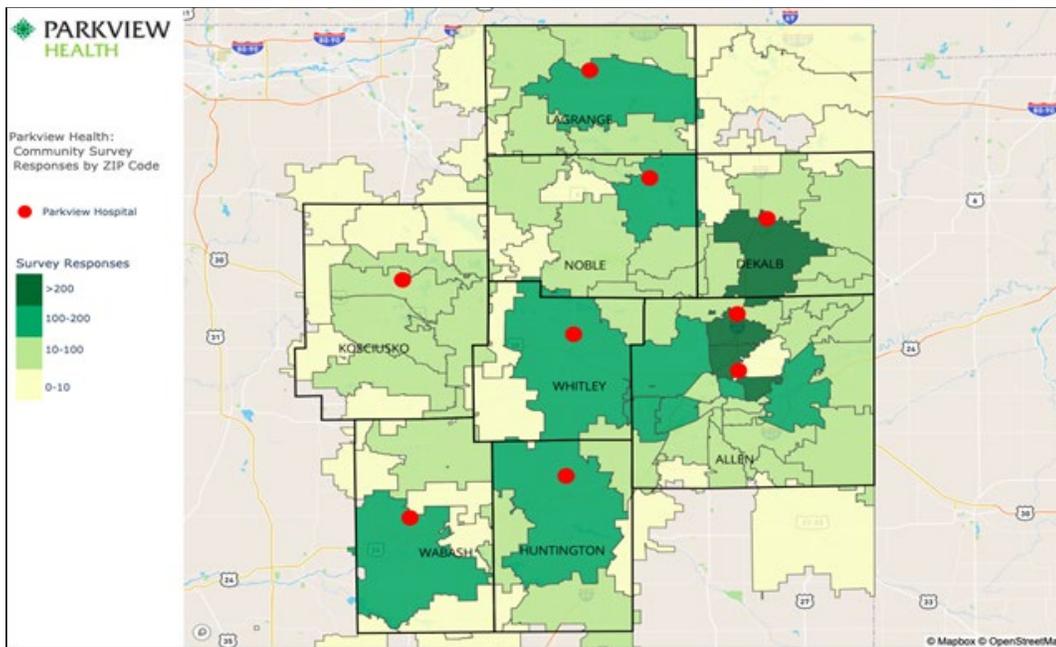
Community Survey Results

The demographics of the community survey respondents can be found in Table 19. Overall, the majority of respondents were female (63.5%), White (90.3%), and non-Hispanic (97.3%). Also, respondents 65 years and older were well-represented (42.9%). Community respondents ranked obesity (67.7%) as their top health concern, followed by substance use disorder (59.8%), chronic disease (54.0%) and mental health (52.6%) (Figure 19). Mental health counseling (47.1%) was most frequently indicated by community respondents as a top social service issue for their community, followed by substance abuse services (42.9%) and access to food (36.0%) (Figure 20).

Table 21. Sample Demographics by County and Overall

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

Figure 19. Top Community Health Concerns (Community Perceptions)
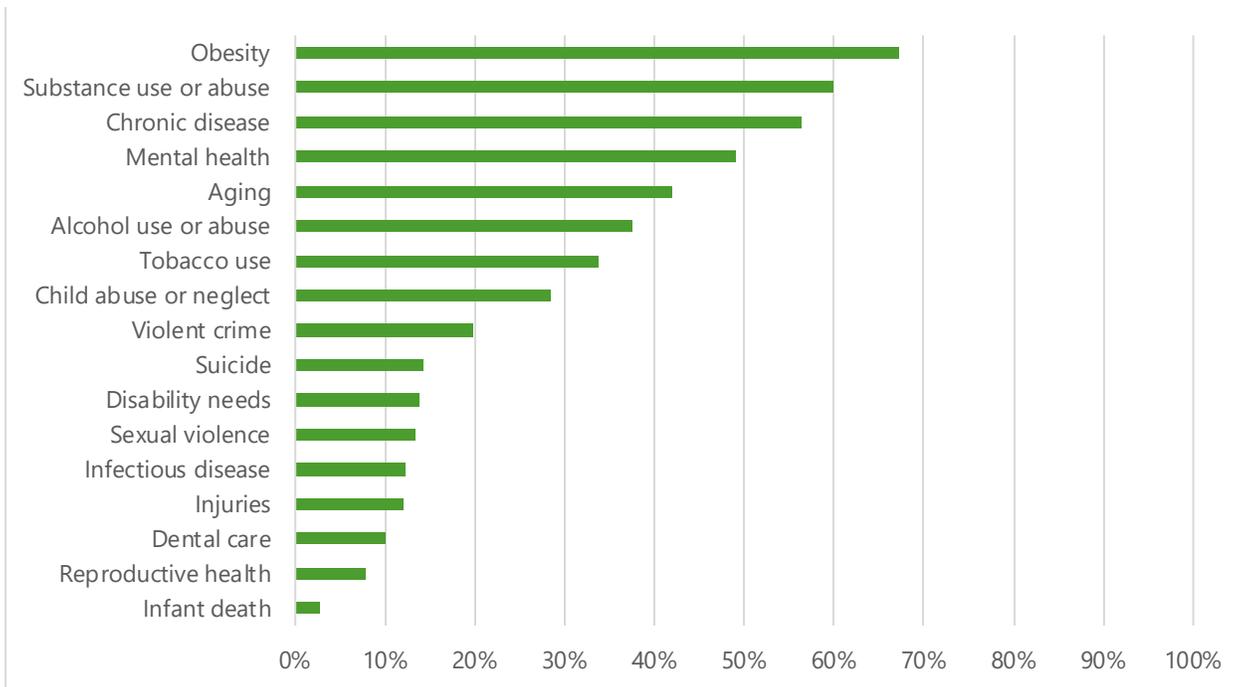
Figure 20. Top Social Service Needs (Community Perceptions)
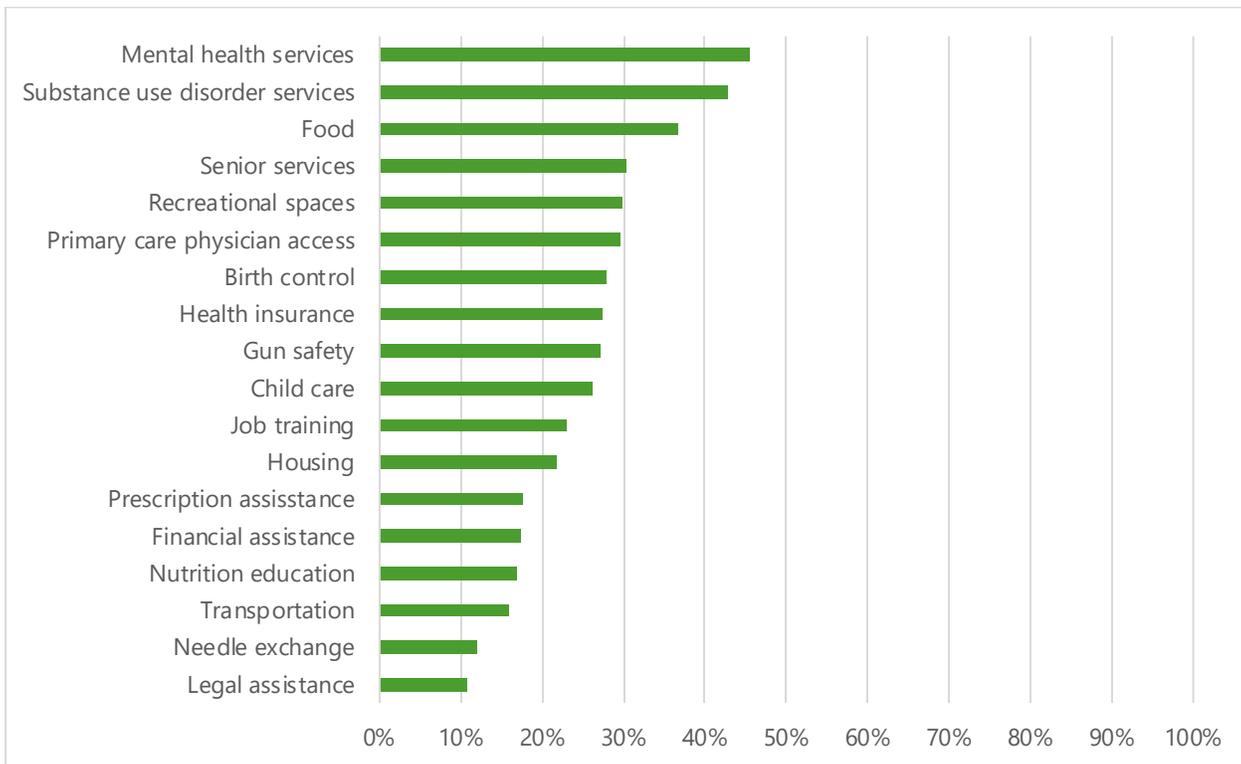
Community Survey - Special Populations

Hispanic, Amish, and People of Burma (Myanmar) populations have been underrepresented groups in past CHNA surveys. To increase survey response for these populations, surveys were: 1) translated into Spanish and Burmese; and 2) individuals known to these groups recruited participants and distributed surveys.

Table 22. Sample Demographics by Special Population

Demographic	Hispanic N=123	Amish N=88	People of Burma N=83
Female	58.5%	37.5%	91.6%
Male	39.0%	59.1%	8.4%
Transgender	0%	0%	0%
Other	1.6%	3.4%	0%
Decline	0.8%	0%	0%
18-44 years	44.6%	51.2%	68.3%
45-64 years	35.5%	25.6%	26.8%
65+ years	19.8%	23.3%	4.9%
< $35,000	27.5%	15.2%	4.9%
$35,000-$74,999	35.8%	22.8%	93.9%
$75,000+	25.0%	50.6%	1.2%
Decline	11.7%	11.4%	0%
Household with child(ren)	59.3%	62.5%	93%

Hispanic Community Survey

The same community survey and combination of recruitment methods were used for the Hispanic community from March through May 2022: an email sent via the Parkview patient portal to patients with communication preferences allowing contact, mailed paper surveys, press releases, social media posts and in-person recruitment. Additionally, the Parkview Director of Diversity and Inclusion invited attendees at an English as a second language (ESL) class to complete a paper survey. The survey was available in English and Spanish. As stated above, the survey asked respondents to indicate demographics, top health concerns in their community, and the importance of specific services for their community.

With these combined recruitment methods, 123 Hispanic community members completed the survey. The most common survey response mode for Hispanic participants was in response to email sent via the Parkview patient portal (42.3%). Table 22 shows the demographic characteristics of the participants. Respondents represented both the younger age group (45%) and older (55%) members of the community. The gender distribution was skewed toward females (59%). The modal income level was $35,000-$74,999. Most Hispanic respondents live in Allen County (75.6%).

People of Burma Community Survey

The same community survey was translated into Burmese and distributed using the same methods outlined above. Additionally, Parkview Community Health employees, who were themselves People of Burma, recruited participants. A total of 83 People of Burma completed the survey. Table 22 shows the demographic characteristics of the participants. Nearly all respondents were female (91.6%), and the modal income of the People of Burma respondents was $35,000-$74,999. All People of Burma respondents lived in Allen County.

Amish Community Survey

The same community survey and combination of recruitment methods were used for the Amish community with the addition of paper surveys being made available at the Topeka Pharmacy in LaGrange County, a highly trusted business in the Amish community; in-person surveying was conducted at a LaGrange County thrift store, and paper surveys were distributed by contacts known to the Amish community, including community outreach employees from Parkview LaGrange Hospital. As with the other populations surveyed, respondents were asked to indicate demographics, top health concerns in their community, and the importance of specific services for their community.

Eighty-eight (88) Amish individuals completed the survey. Table 22 shows the demographic characteristics of the participants. More than half of Amish respondents were male (59.1%), and the modal annual income was $75,000 and higher. Most Amish respondents lived in LaGrange County (69.3%), followed by Allen (17.1%) and Noble (9.1%) counties.

Special Populations Survey Results

The top four health concerns among Hispanic participants were obesity, substance use or abuse, mental health, and alcohol use or abuse (Table 23). For Amish participants, the top four health concerns were tobacco use, alcohol use and abuse, chronic disease, and obesity. People of Burma respondents indicated that chronic disease, infectious disease, obesity, and mental health as their top four concerns.

Table 23. Health Concern by Special Population

Health Concern	Hispanic	Amish	People of Burma
Obesity	**60.2%**	**51.1%**	**78.3%**
Substance Use or abuse	**52.0%**	44.3%	27.7%
Mental health	**46.3%**	28.4%	**39.8%**
Alcohol Use or abuse	**45.5%**	**54.6%**	37.4%
Chronic disease	43.9%	**53.4%**	**92.8%**
Tobacco Use	35.8%	**63.6%**	3.6%
Violent crime	31.7%	12.5%	15.7%
Child abuse or neglect	24.4%	22.7%	2.4%
Aging	22.0%	21.6%	10.8%
Suicide	21.1%	11.4%	7.2%
Sexual violence	20.3%	19.3%	15.7%
Dental care	19.5%	15.9%	1.2%
Injuries	19.5%	23.9%	36.1%
Infectious disease	14.6%	6.8%	**79.5%**
Disability needs	11.4%	9.1%	2.4%
Reproductive health	10.6%	8.0%	37.4%
Infant death	4.9%	5.7%	1.2%

The three target special populations varied in their selection of most important service needs (Table 24). Hispanic respondents endorsed substance use disorder services, health insurance, mental health services and primary care physician access as the most important service needs. For Amish respondents, substance use disorder services, gun safety, recreational spaces, and mental health services were the most important service needs. Responses from People of Burma participants indicated high levels of service needs across the list of services. Food, birth control, and senior services were listed as a most important service for 98 percent of respondents. Community Health Workers assisted several People of Burma respondents with completing the survey. It is possible that this different type of administration or translation issues influenced responses for this group.

Table 24. Service Need by Special Population

Service Need	Hispanic	Amish	People of Burma
Substance use disorder services	**55.0%**	**30.1%**	80.7%
Health insurance	**51.7%**	3.6%	81.9%
Mental health services	**50.9%**	**24.1%**	92.8%
Primary care physician access	**46.8%**	22.2%	93.9%
Food	46.1%	15.5%	**97.6%**
Childcare	44.7%	13.3%	69.5%
Birth control	40.2%	6.0%	**97.6%**
Gun safety	38.2%	**29.8%**	**96.3%**
Housing	36.2%	1.2%	92.7%
Job training	35.4%	11.9%	74.4%
Recreational spaces	35.2%	**28.9%**	69.5%
Senior services	34.6%	10.7%	**97.6%**
Financial assistance	32.7%	6.0%	90.2%
Prescription assistance	29.6%	14.3%	**96.3%**
Nutrition education	27.7%	17.1%	69.5%
Transportation	22.9%	14.3%	73.5%
Needle exchange	20.4%	6.2%	81.9%
Legal assistance	19.8%	2.4%	82.9%

Provider Survey

An online survey of health and social service providers in the Parkview service area was conducted to assess perceptions of community health concerns and service needs. Providers were invited to participate during a Parkview provider quarterly meeting (February 2022) and via an email with a link to the survey sent to Parkview employed and non-Parkview employed healthcare and community service providers throughout the eight-county service area. The survey used in the previous health

needs assessment was updated by adding COVID-19 to the list of infectious diseases. The survey covered aspects of the provider's work including the setting in which they practiced, the duration of time in practice in the region/county, and their perception of the chief public health concerns, barriers to care, and awareness of available resources in their communities. We did not collect the workplace organization name to protect the privacy of the respondents.

A total of 396 providers responded to the survey. Most respondents practiced in Allen County (39.7%), followed by Huntington County (19.2%) (Table 25). Respondents were primarily female (68.9%), White (91.7%), and non-Hispanic (96.5%).

Table 25. Provider Survey Respondents

County	Count	% Total Respondents
Allen	157	39.65
DeKalb	16	4.04
Huntington	76	19.19
Kosciusko	17	4.29
LaGrange	36	9.09
Noble	41	10.35
Wabash	16	4.04
Whitley	32	8.08
Not Answered	5	1.26
Total	**396**	**100**

Providers were asked how long they had practiced in their county in the Parkview Health service area. About one-third (30.6%) of the respondents had been in practice for more than 20 years. This suggests that a good proportion of the responding providers had spent most of their careers in the county they specified, thus were more likely to be aware of the community's needs and concerns. About a quarter (24.5%) of providers were relatively new, with one to five years of practice in this region (Figure 21).

Figure 21. Years Practiced in Parkview Area by Provider Survey Respondents
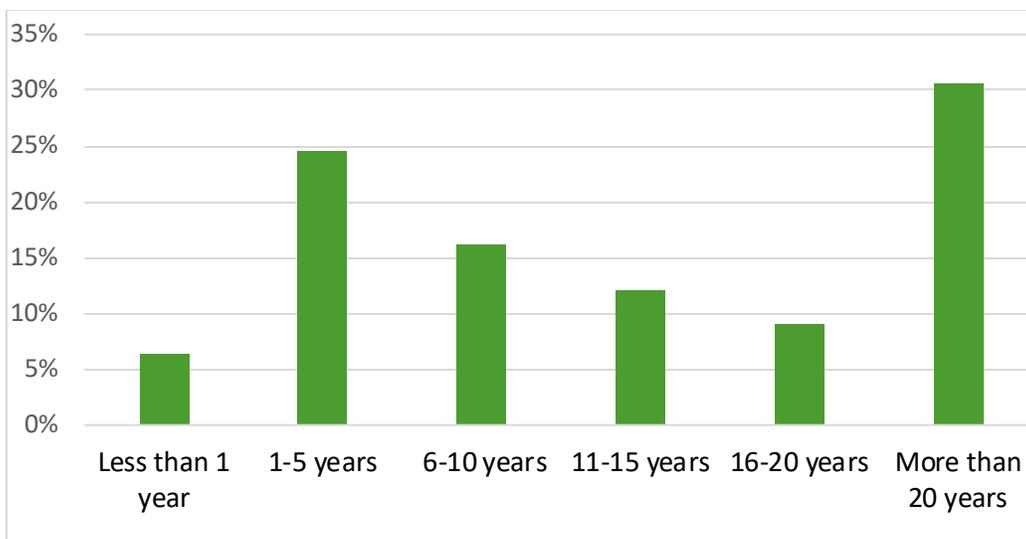
Physicians (23.2%) were the highest proportion of provider survey respondents, followed by nurse practitioners (15.4%), and community/social services workers (12.9%) (Table 26).

Table 26. Respondents by Provider Type (n=396)

Profession	Count	% Total Respondents
Physician	92	23.2
Nurse Practitioner	61	15.4
Community/Social Services	51	12.9
Mental/Behavioral Health	42	10.6
Registered Nurse	34	8.6
Social Work/Case Management	31	7.8
Other Healthcare	29	7.3
Public Sector	19	4.8
Public Health/ Community Health	17	4.3
Physician's Assistant	7	1.8
Education	7	1.8
Not Answered	6	1.5

Providers worked across a variety of settings. As shown in Table 27, the most common work setting was in outpatient clinics (Primary care: 20%; Specialized care: 18.9%). Providers perceived that the top three greatest community health needs were mental health (76.0%), substance use or abuse (71.5%), and obesity (67.4%) (Figure 22).

Table 27. Work settings for providers (n=396)

Work Setting	Count	% Total Respondents
Outpatient - Primary Care Clinic	79	20.0
Outpatient - Specialized Care Clinic	75	18.9
Community Center/Social Service Agency/Place of Worship/Not-for-Profit	56	14.1
School	48	12.1
Hospital - Specialized Care	37	9.3
Public Sector/Out in the community	19	4.8
Behavioral Health	19	4.8
Community Health Center	17	4.3
In home	16	4.0
County Health Department	11	2.8
Hospital - Emergency Care	9	2.3
Immediate/Urgent Care Clinic	6	1.5
Not answered	4	1.0

Figure 22. Community Health Issues of Greatest Concern (Provider Perceptions)
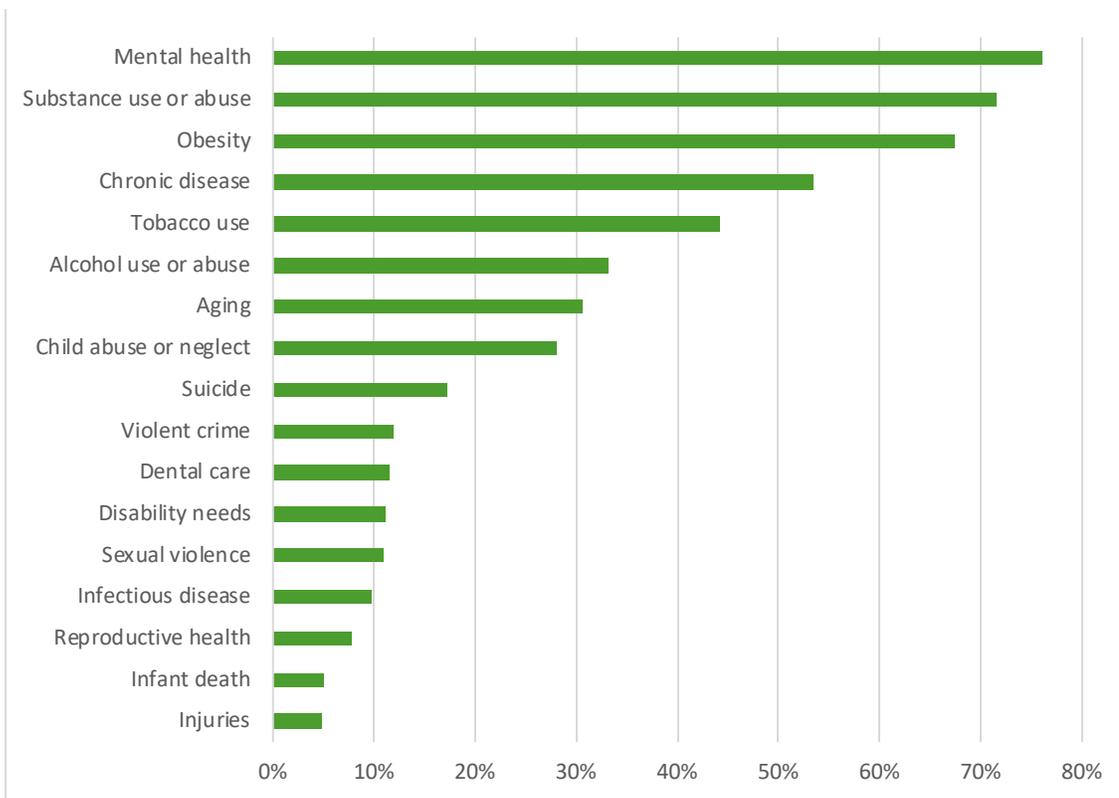
The most important service needs identified by providers across the Parkview Health service area included mental health counseling (67.4%), substance abuse services (52.0%), assistance with childcare (30.3%) and transportation (29.0%) (Figure 23).

Figure 23. Greatest Social Service Needs (Provider Perceptions)
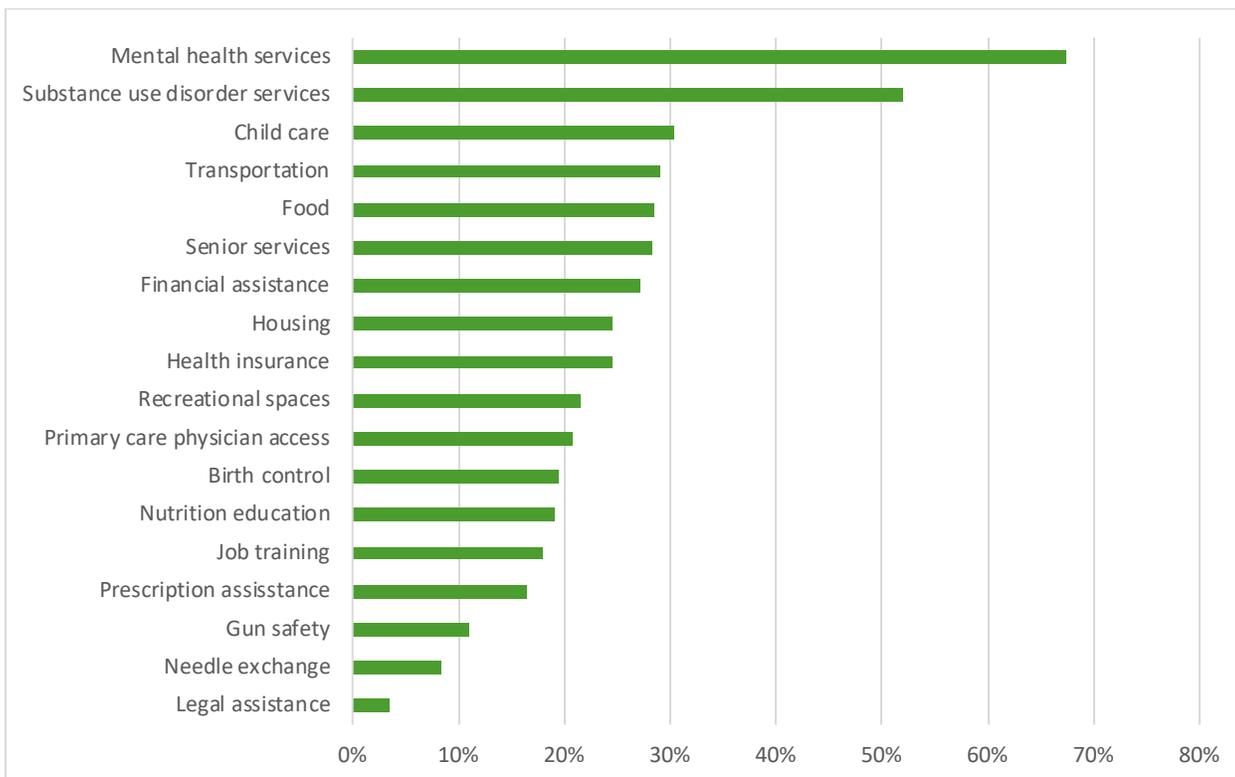
Data Considerations and Limitations

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

PRIORITIZATION OF HEALTH NEEDS

Data Synthesis

To organize and rank order significant health needs across the Parkview Health eight-county region, primary data from community and provider surveys and secondary data were combined using a modified Hanlon score (Figure 24). Each health indicator corresponded to a health concern from the survey, thus health domains from the survey were used to cluster health indicators.

Figure 24. Culmination of Data to Create List of Top Ten Health Priorities

Low Performing Health Indicators

Community & Provider Surveys

Modified Hanlon Method

Secondary data: county-level health indicator data in the bottom performing quartile of U.S. counties or significantly worse than Indiana average **(N=47)**

Primary data: survey data from community members **(N=4657)** and providers **(N=396)**

Data Synthesis: Hanlon Calculation

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

Figure 25 displays the separate elements comprising the Hanlon score (Appendix B). Hanlon Priority scores were calculated using the following equation: Priority Score D = [A + (4.167 x B)] x C

Figure 25. Modified Hanlon Method

A. Size of the health problem
percentage of population affected
secondary data

B. Seriousness of health problem
level of community concern and urgency
community/provider surveys and trends in secondary data

C. Effectiveness of intervention
existence of evidence-based interventions
all given score of one
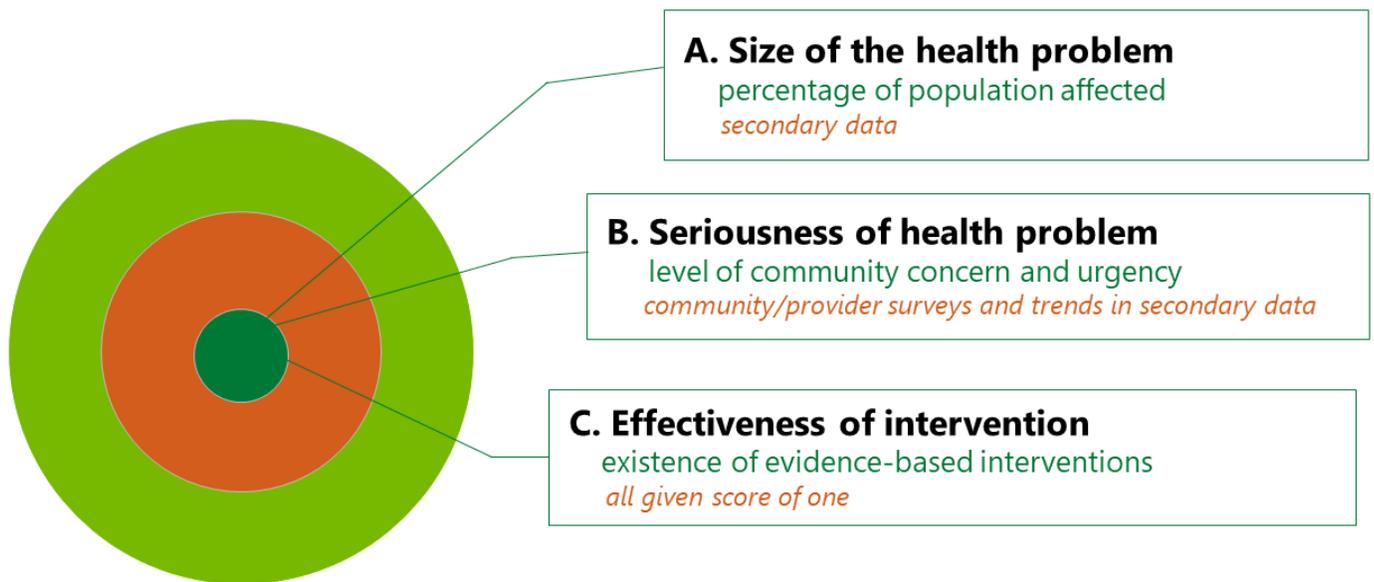
As shown in Table 28, Hanlon scores ranged from 27.5 to 5.81 for the 31 bottom-performing health indicators, with higher scores indicating a higher priority. According to the Hanlon scores, the top health concerns were mental health, obesity, and chronic disease (see Table 28).

Prioritization Process

A prioritization session was convened on August 22, 2022, with 77 attendees. Attendees included providers, administrators, board members, and community health partners (see Appendix D). Survey data collection methods were explained, and the 10 health concerns with the highest Hanlon scores were presented via slides. Attendees used Mentimeter, an anonymous, synchronous polling system, to score each health concern using four criteria (see Appendix C): (1) significance of the health problem (i.e., how many people are affected?); (2) severity of the health problem (i.e., how likely is it to limit length and quality of life?); (3) suitability for a strategic intervention (i.e., can Parkview   address   the problem?; and (4) SDOH (i.e., do social determinants of health drive health disparities in rates and outcomes?). For each health concern, participants were asked to score each criterion on a scale of 1 (very little) to 10 (very much).

Seventy individuals (91%) participated in the voting. Once all 10 health concerns were voted on in the first round, their overall combined scores across the four criteria were computed, and five health concerns were then ranked again and discussed using a Chatham House Rule condition (whereby the group agrees that the identity of the speaker should remain anonymous) and a "pro, con, con, pro" discussion format to encourage both supportive and oppositional views to be presented for each health concern. A large-group discussion ensued around the five health issues, and attendees were then asked to vote again to rank the five health concerns in terms of their top priorities for Parkview Health. The health concerns (1) mental health, (2) obesity, and (3) substance use/abuse were selected as the top priorities. Mental health was determined to be the single shared priority across Parkview Health.

Table 28. Hanlon priority scores by bottom performing Healthcare Indicator

Survey Domain	Health Indicator	Size of Health Problem		Seriousness of Health Problem				Effectiveness of Intervention	Priority Score	Rank
		Size of Problem	Score	Community Concern	Provider Concern	Urgency	Score	Score		
Mental health	Adults with depression	22.5	8.0	1.0	1.5	2.0	9.7	1	27.50	**1**
Obesity	Adults with obesity	35.1	9.0	1.5	1.5	1.3	9.2	1	27.42	**2**
Obesity	Sedentary adults	25.6	9.0	1.5	1.5	0.6	7.7	1	24.44	**3**
Chronic disease	Adults with COPD	9.1	6.0	1.2	1.0	1.8	8.7	1	23.33	**4**
Chronic disease	Adults with kidney disease	3.1	5.0	1.2	1.0	2.0	9.1	1	23.15	**5**
Chronic disease	Adults with current asthma	10.0	6.0	1.2	1.0	1.8	8.5	1	23.06	**6**
Mental health	Frequent mental distress	13.4	7.0	1.0	1.5	1.0	7.6	1	22.17	**7**
Mental health	Poor mental health for 14+ days	15.5	7.0	1.0	1.5	1.0	7.6	1	22.17	**8**
Tobacco	Adults who smoke	19.2	8.0	0.9	1.0	1.0	6.2	1	20.46	**9**
Chronic disease	Adults with cancer	7.7	6.0	1.2	1.0	1.0	6.9	1	19.81	**10**
Substance use	Non-fatal opioid overdose (ED)	0.05	2.0	1.4	1.5	1.1	8.6	1	19.22	**11**
Chronic disease	Adults who experienced stroke	3.6	5.0	1.2	1.0	0.8	6.4	1	17.73	**12**
Chronic disease	Adults with diabetes	11.8	7.0	1.2	1.0	0.3	5.3	1	17.56	**13**
Chronic disease	Adults w/ coronary heart disease	7.2	6.0	1.2	1.0	0.4	5.7	1	17.38	**14**
Alcohol	Excessive drinking	17.5	7.0	0.8	0.5	0.9	4.7	1	16.48	**15**
Child abuse	Child abuse and neglect	2.0	5.0	0.5	0.5	1.6	5.6	1	16.10	**16**
Chronic disease	Chronic lower respiratory disease death	0.08	2.0	1.2	1.0	0.8	6.5	1	14.95	**17**
Aging	Alzheimer's disease or dementia	2.0	5.0	0.7	0.5	0.9	4.6	1	14.21	**18**
Infectious disease	Chlamydia	1.1	5.0	0.0	0.0	1.9	4.1	1	13.13	**19**
Injuries	Motor vehicle traffic collision death	13.4	7.0	0.0	0.0	1.4	3.0	1	12.96	**20**
Reproductive	Mothers not in early prenatal care	36.9	9.0	0.0	0.0	0.8	1.6	1	12.25	**21**
Aging	Osteoporosis: medicare population	1.0	5.0	0.7	0.5	0.4	3.5	1	12.04	**22**
Reproductive	Babies with low birthweight	7.4	6.0	0.0	0.0	1.3	2.7	1	11.42	**23**
Disability needs	Frequent physical distress	11.7	7.0	0.0	0.0	1.0	2.2	1	11.33	**24**
Infectious disease	Gonorrhea	0.10	3.0	0.0	0.0	1.9	4.1	1	11.13	**25**
Reproductive	Preterm births	9.7	6.0	0.0	0.0	1.1	2.3	1	10.60	**26**
Infant death	Infant mortality rate	6.7	6.0	0.0	0.0	0.9	1.9	1	9.79	**27**
Reproductive	Mother smoked during pregnancy	13.4	7.0	0.0	0.0	0.1	0.1	1	7.27	**28**
Infectious disease	Hepatitis C	0.4	3.0	0.0	0.0	0.9	1.9	1	6.90	**29**
Infectious disease	Salmonella infection	0.02	1.0	0.0	0.0	1.3	2.7	1	6.42	**30**
Reproductive	Teen births	2.2	5.0	0.0	0.0	0.2	0.4	1	5.81	**31**

Prioritized Health Needs

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

Mental Health

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

Figure 26. Rank for Overall Mental Health, 2022
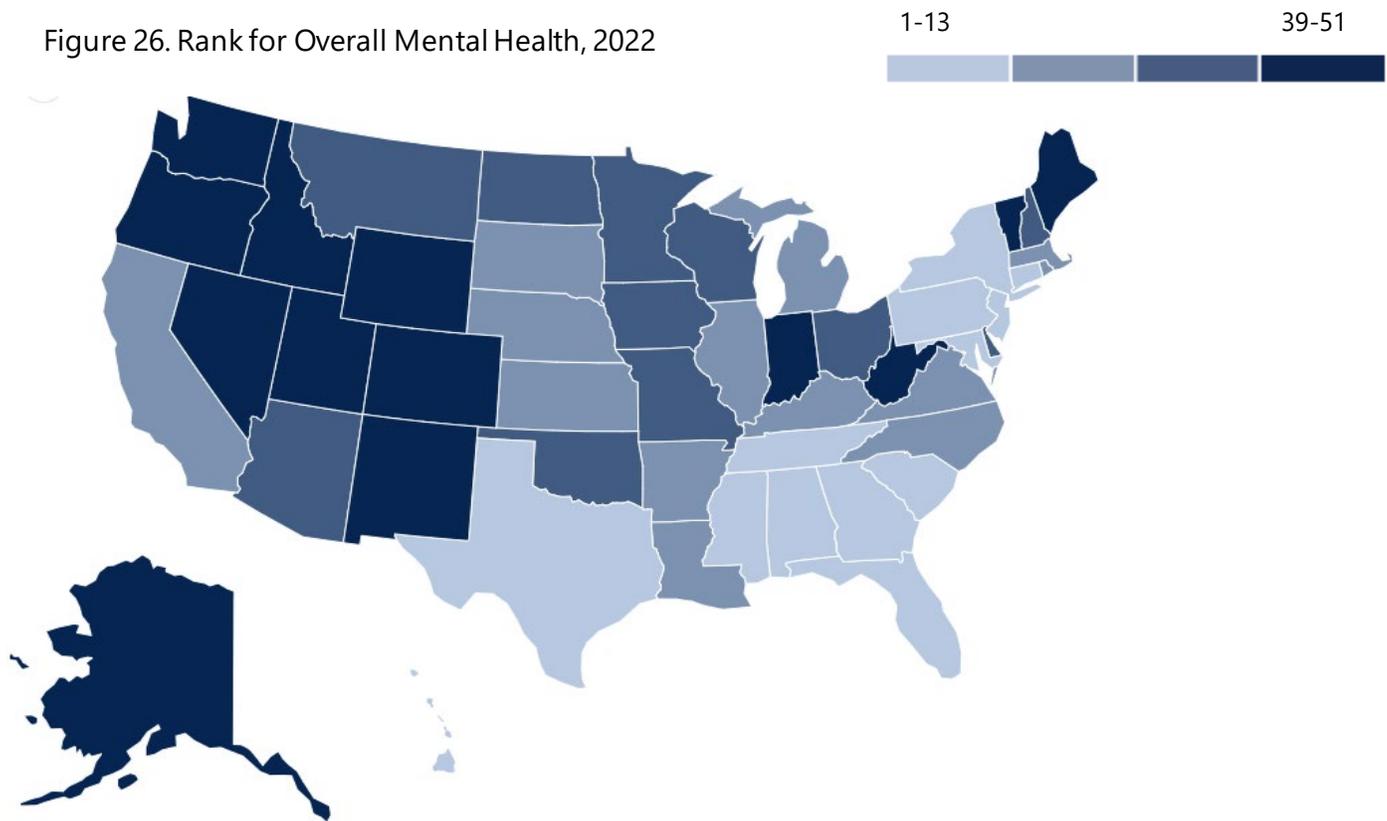
Source: Mental Health in America

As shown in Table 29, the number of poor mental health days and percentage of adults experiencing frequent mental distress showed an increasing trend across all eight counties included in the Parkview Health service area. Though the ratio of mental health providers to the population improved from 2017 to 2020 in the Parkview Health service area, five counties were below the Indiana state level, and all eight counties were below the best performing counties in the U.S., which have a ratio of one mental health provider for every 250 people. For three counties, the number of deaths due to suicide increased from 2017 to 2020.

Table 29. Mental Health Indicators and Trends by County

County	Number of poor mental health days [1] Average number in the past 30 days, age adjusted			Population: Mental health providers [2] Ratio of Population: One Provider			Frequent mental distress % Adults reporting 14+ days poor mental health per month			Number of deaths due to suicide Count			Deaths due to suicide Age-adjusted rate per 100,000 population[3]		
	2017	2020	Trend	2017	2020	Trend	2017	2020	Trend	2017	2020	Trend	2017	2020	Trend
Allen	3.9	4.5	∧	657:1	546:1	∨	11.8	14.0	∧	62	44	∨	16.3	11.3	∨
DeKalb	3.9	4.6	∧	1852:1	**1601:1**	∨	11.7	13.6	∧	5	4	∨	.	.	.
Huntington	3.9	4.4	∧	1593:1	**1250:1**	∨	11.6	13.4	∧	6	3	∨	.	.	.
Kosciusko	3.8	4.2	∧	696:1	606:1	∨	11.2	13.0	∧	6	12	∧	.	**15.1**	∧
LaGrange	4.1	4.6	∧	3234:1	**2314:1**	∨	12.2	13.5	∧	5	4	∨	.	.	.
Noble	4.0	4.1	∧	1224:1	**1080:1**	∨	11.8	12.9	∧	6	7	∧	.	.	.
Wabash	4.0	4.5	∧	527:1	417:1	∨	11.9	13.8	∧	5	3	∨	.	.	.
Whitley	3.7	4.4	∧	1591:1	**1217:1**	∨	10.8	13.0	∧	6	7	∧	.	.	.
Indiana		**4.7**			**623:1**			**15.0**			**1017**			**14.9**	

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

Table Key:

Improving Trend	∨ or ∧
Worsening Trend	∨ or ∧
Stable Trend	–
Data Not Available	.
Worse than State Average	#

Obesity

The medical criterion for obesity is met when body mass index is greater than 30.0. Obesity occurs in all age groups and disproportionately affects people of lower socioeconomic status and minority racial/ethnic groups. Many complications can occur as a direct or indirect result of obesity, such as high blood pressure, asthma, and low self-esteem (CDC Overweight & Obesity, 2022). Table 30 shows the percentage of adults with obesity. Rates of obesity in 2020 increased from 2017 in seven of eight counties in the Parkview Health service area and ranged from a low of 30.3% in DeKalb County to a high of 38.2% in Noble County. These high rates for obesity coincided with decreasing access to locations for physical activity, resulting in 21.8–28.5% of adults being physically inactive across the Parkview service area.

Table 30. Obesity Indicators and Trends by County

County	Adult obesity % Adults (>age 18) with BMI ≥ 30 kg/m²			Physical inactivity % Adults (>age 18) with no leisure physical activity			Access to exercise opportunities % Population who have access to locations for physical activity		
	2017	2020	Trend	2017	2020	Trend	2017	2020	Trend
Allen	30.1	32.3	∧	23.3	22.6	∨	81.8	78.2	∨
DeKalb	32.8	30.3	∨	24.3	21.8	∨	69.4	**59.2**	∨
Huntington	32.6	**37.4**	∧	26.5	**28.5**	∧	82.4	76.5	∨
Kosciusko	33.2	**34.4**	∧	23.2	25.8	∧	70.2	**65.4**	∨
LaGrange	34.2	**37.0**	∧	26.2	25.3	∨	32.0	**24.4**	∨
Noble	31.8	**38.2**	∧	25.8	**28.5**	∧	57.8	**63.8**	∧
Wabash	31.6	**34.5**	∧	34.4	26.2	∨	57.2	**68.6**	∧
Whitley	32.0	**36.6**	∧	26.1	26.3	∧	63.3	**58.0**	∨
Indiana		**33.4**			**26.7**			**75.2**	

Source: County Health Rankings and Roadmaps

Chronic Disease

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

Respiratory diseases, such as chronic obstructive pulmonary disease (COPD) and asthma, affect the lungs and other parts of the respiratory system. **COPD** includes a group of diseases that lead to breathing-related problems. As shown in Figure 27, age-adjusted prevalence of COPD is 6.6–11.9 in Indiana. Smoking is a leading cause of COPD. As shown in Table 31, rates of smoking tobacco increased from 2017 to 2020 in seven of eight counties in the Parkview Health service area.

Figure 27. Prevalence of Chronic Obstructive Pulmonary Disease (COPD) Among Adults ≥ 18 (2020)
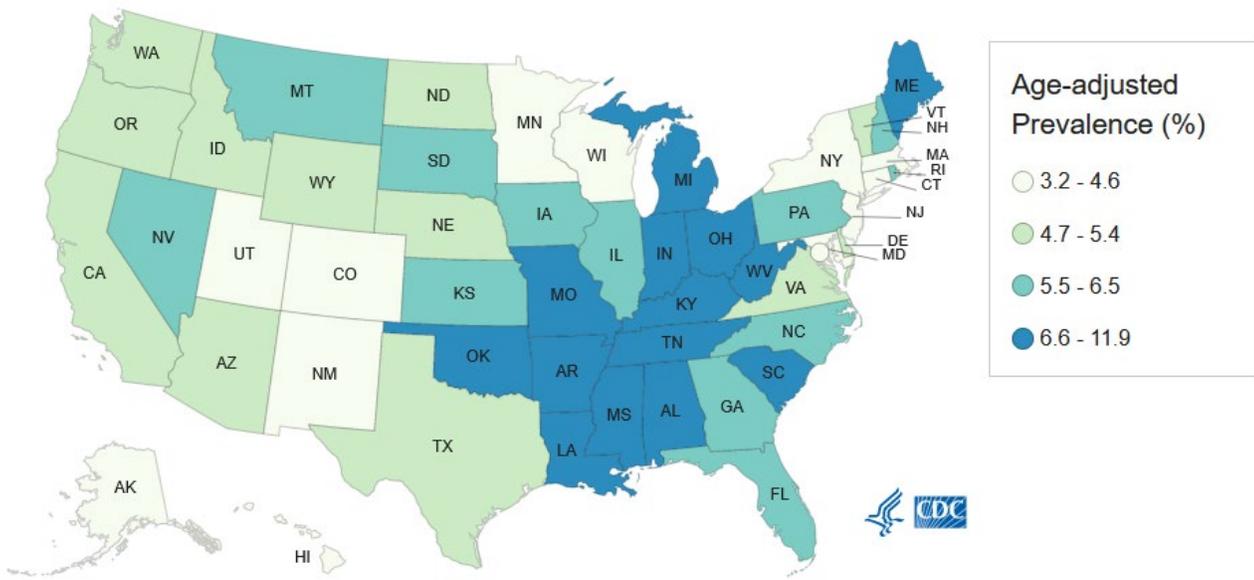
Data source: Centers for Disease Control and Prevention

Table 31. COPD Indicators and Trends by County

County	Deaths from chronic lower respiratory disease Age-adjusted rate per 100,000 population			% Adults who are current smokers		
	2017	2020	Trend	2017	2020	Trend
Allen	49.9	52.0	^	17.8	19.8	^
DeKalb	75.4	**66.1**	v	18.8	19.8	^
Huntington	85.7	**80.0**	v	18.0	18.8	^
Kosciusko	58.3	52.2	v	18.3	19.0	^
LaGrange	59.2	41.6	v	19.1	18.9	v
Noble	78.4	**58.5**	v	17.8	18.9	^
Wabash	69.0	**63.5**	v	17.0	18.6	^
Whitley	60.3	56.6	v	16.2	18.5	^
Indiana		**53.7**			**21.8**	

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

Asthma is a chronic, incurable disease which makes breathing difficult due to the inflammation and narrowing of a person's airways. Symptoms include wheezing, coughing and chest tightness (CDC Asthma, 2022a). Though rates for deaths from chronic lower respiratory disease improved in seven of eight counties in the Parkview Health service area, five counties sustained rates above the Indiana state level (see Table 32). Hospitalizations due to asthma showed improvement in four counties, while Emergency Department (ED) visits due to asthma improved in six counties. Unfortunately, trends in air pollution worsened for the entire Parkview Health service area.

Table 32. Asthma Indicators and Trends by county

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

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

Chronic kidney disease develops as kidney function declines significantly over time. The body's ability to filter wastes from blood becomes impaired and, if left untreated, can lead to kidney failure and death. In the early stages, kidney disease can be difficult to detect as physical symptoms are not present. Uncontrolled diabetes and high blood pressure are common causes of chronic kidney disease (*Chronic Kidney Disease Initiative | CDC*, n.d.). Table 33 shows that Huntington County had the highest age-adjusted death rate for kidney disease and the highest rate of chronic kidney disease among the Medicare population compared to the other seven counties.

Table 33. Chronic Kidney Disease Indicators and Trends by County

County	Deaths from kidney disease Age-adjusted rate per 100,000			Chronic kidney disease patients Per 100 medicare eligible patients		
	2015-2017	2018-2020	Trend	2017	2019	Trend
Allen	21.8	16.2	ᐯ	23.8	**25.2**	ᐱ
DeKalb	16.6	**18.4**	ᐱ	12.7	13.3	ᐱ
Huntington	27.6	**22.3**	ᐯ	31.5	**36.8**	ᐱ
Kosciusko	13.1	**18.3**	ᐱ	22.3	22.3	_
LaGrange	.	.	.	11.4	13.9	ᐱ
Noble	23.4	15.3	ᐯ	24.5	**28.8**	ᐱ
Wabash	16.3	.	.	24.8	19.3	ᐯ
Whitley	20.6	**18.6**	ᐯ	23.4	14.4	ᐯ
Indiana		**17.4**			**22.9**	

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

Cardiovascular disease affects the heart and blood vessels, potentially leading to heart attacks and strokes when blood is prevented from flowing to the heart or brain. Cardiovascular disease is estimated to be the leading cause of death worldwide. Table 34 shows that the percentage of adults experiencing a stroke from 2018 to 2019 was stable or improved in seven of eight counties in the Parkview Health service area. However, in five of eight counties, the rate of age-adjusted death from stroke increased from 2017 to 2020. Additionally, incidence of hospitalization due to stroke increased in seven counties during this time.

Table 34. Cardiovascular Disease (Stroke) Indicators and Trends by County

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

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

Coronary heart disease affects people of all races and genders, often emerges in mid-life, and may result from high cholesterol and blood pressure, adverse outcomes of diabetes, and/or a family history of heart disease (*Coronary Artery Disease* | CDC, 2021). Though the percentage of adults that experienced coronary heart disease improved from 2018 to 2019 in the Parkview Health service area, in all counties the percentage is higher than the Indiana state level (Table 35). Age-adjusted deaths due to coronary heart disease improved from 2017 to 2020 in six of eight counties; and age-adjusted deaths due to heart attack improved from 2017 to 2019 in six of seven counties (LaGrange County did not have available data). Only four of eight counties experienced a reduction in inpatient hospitalizations due to heart disease from 2017 to 2019.

Table 35. Cardiovascular Disease (Coronary Heart Disease) Indicators and Trends by County

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

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

Diabetes is a chronic disease in which blood glucose levels are elevated because the body does not produce enough insulin or does not use insulin effectively. Insulin is a hormone that is necessary for the maintenance of normal glucose levels. Chronically high blood sugar can lead to other more serious health complications such as heart disease and vision loss (*What is Diabetes?* | CDC, 2022b). In the United States, diabetes is the seventh leading cause of death and possibly underreported because one in five people who suffers from diabetes is undiagnosed (*Diabetes Quick Facts | Basics | Diabetes | CDC*, 2022). Table 36 shows that Wabash County had the highest age-adjusted death rate from diabetes, and Whitley County had the highest prevalence of diabetes in the Medicare population compared to the other seven Parkview counties.

Table 36. Diabetes Indicators and Trends by County

County	% Diabetes prevalence Adults 20+ years old			Deaths from diabetes Age-adjusted rate per 100,000		
	2017	2020	Trend	2017	2020	Trend
Allen	10.3	**10.4**	∧	25.2	**40.3**	∧
DeKalb	10.0	7.1	v	28.5	**31.7**	∧
Huntington	12.7	**14.1**	∧	25.8	**30.5**	∧
Kosciusko	10.4	**13.3**	∧	31.1	**42.8**	∧
LaGrange	11.2	10.3	v	38.5	26.3	v
Noble	11.8	11.3	v	33.2	**41.3**	∧
Wabash	13.9	**13.1**	v	33.5	**64.2**	∧
Whitley	10.6	**14.5**	∧	24.2	24.4	∧
Indiana		**11.9**			**29.6**	

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

Substance Use and Abuse

Substance use and abuse involves illegal drug use, misuse of prescription drugs, alcohol abuse and tobacco use. The possible subsequent dependence on these substances can result in accidental death, unintentional injury, and other immediate and chronic health problems. Substance use disorders are preventable, and treatments are available. Huntington and Noble counties were above the Indiana state incidence rate for non-fatal drug overdose visits to the Emergency Department (Table 37). Allen, Kosciusko, and Wabash counties had increasing numbers of drug overdose deaths between 2017 and 2020. Allen, DeKalb, Kosciusko, and LaGrange counties were above the Indiana state percentage for adults reporting binge/heavy drinking, while Allen, Huntington, Noble, and Wabash counties were above the state percentage for driving deaths with alcohol involvement. Except for LaGrange County, all counties experienced increases in the percent of adults who smoke from 2017 to 2020.

Table 37. Substance Use/Abuse Indicators and Trends by County

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

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

Cancer

Collectively, cancer is the second leading cause of death in the United States. Table 38 presents the prevalence, incidence, and age-adjusted death rates of cancers by county. Kosciusko and Whitley counties had the highest age-adjusted incidence rate for breast cancer in 2018. Meanwhile, Allen and Wabash counties had the highest age-adjusted incidence rates for prostate cancer in 2018. For seven of eight counties, the age-adjusted incidence rate for lung and bronchus cancer increased from 2017 to 2018. In contrast, only two counties had increasing trends for colorectal cancer age-adjusted incidence rates.

Table 38. Cancer Indicators and Trends by County

County	Breast cancer Age-adjusted incidence rate per 100,000			Colorectal cancer Age-adjusted incidence rate per 100,000			Oral cavity and pharynx cancer Age-adjusted incidence rate per 100,000			Prostate cancer Age-adjusted incidence rate per 100,000			Lung and bronchus cancer Age-adjusted incidence rate per 100,000		
	2017	2018	Trend	2017	2018	Trend	2017	2018	Trend	2017	2018	Trend	2017	2018	Trend
Allen	119.7	122.8	∧	38.2	37.9	∨	12.1	12.3	∧	94.8	**97.7**	∧	65.5	65.2	∨
DeKalb	104.6	110.7	∧	52.2	**49.4**	∨	10.2	11.4	∧	82.2	77.5	∨	75.8	**82.0**	∧
Huntington	139.4	122.4	∨	47.9	**49.7**	∧	9.1	8.4	∨	75.9	66.8	∨	63.8	66.1	∧
Kosciusko	133.7	**137.7**	∧	46.7	**45.5**	∨	11.6	**13.1**	∧	86.6	94.8	∧	70.1	**72.0**	∧
LaGrange	115.7	117.8	∧	35.3	33.7	∨	11.1	9.6	∨	70.8	71.2	∧	50.8	62.7	∧
Noble	122.6	121.8	∨	38.1	36.0	∨	14.2	**13.9**	∨	59.8	74.5	∧	77.9	**78.5**	∧
Wabash	115.4	122.3	∧	52.0	**51.1**	∨	17.1	**16.1**	∨	101.2	**112.6**	∧	59.8	62.6	∧
Whitley	123.8	**128.4**	∧	44.9	**45.1**	∧	7.0	6.8	∨	59.7	66.1	∧	74.3	**79.7**	∧
Indiana		**124.5**			**41.7**			**12.8**			**96.5**			**69.9**	

Source: National Cancer Institute 5-year Averages

Figure 28. Rate of Cancer Deaths in the U.S., 2019

Rate per 100,000 people

| 117.8 - 139.8 | 140.2 - 148.7 | 149.8 - 157.1 | 159.6 - 178.8 |
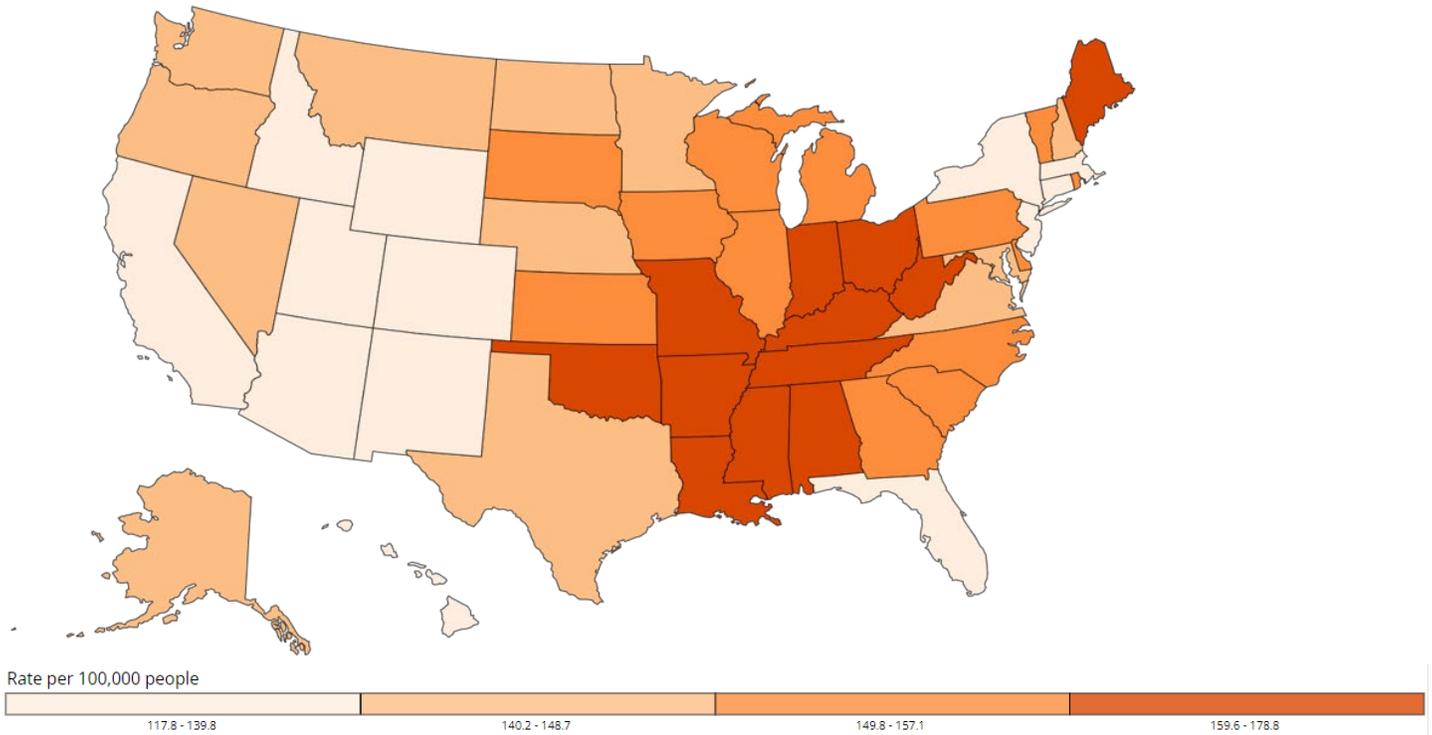
Source: Centers for Disease Control and Prevention

As shown in Figure 28, Indiana is one of the U.S. states with the highest death rate from all cancer types. Age-adjusted death rates were highest for lung cancer in 2019 across all counties. Age-adjusted death rates for breast cancer showed improvement in five of eight counties; though, three of these counties had death rates above the Indiana state rate (see Table 39). Colorectal cancer age-adjusted death rates improved in four of eight counties between 2018 and 2019; while age-adjusted death rates due to prostate cancer improved in three of six counties between 2017 and 2019.

Table 39. Age-adjusted Death Rates for Cancer by County

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

Child Abuse and Neglect

Child abuse and neglect can have lasting effects on an individual's physical and mental health. Abuse and neglect include the following: physical abuse (physical harm such as hitting or kicking); sexual abuse (coercing or forcing a child to participate in sexual acts); emotional abuse (harm to a child's emotional well-being); and neglect (failure to meet a child's physical and emotional needs) (*Fast Facts*, 2022). As shown in Table 40, seven of eight counties showed improved trends for abuse and neglect rates and the percentage of children in need of services between 2017 and 2020. However, abuse and neglect incidence rates in DeKalb, Huntington and Wabash counties remained above rates for Indiana, with DeKalb having the highest rate at 26.2 per 1,000 children.

Table 40. Child Abuse Indicators and Trends by County

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

Source: Indiana Youth Institute

Other Significant Health Needs

This section presents health concerns that were not included in the top 10 for Parkview Health's service area but emerged as top health concerns for individual counties.

Alzheimer's disease, the most common form of dementia among older people, is a chronic and progressive neurological disorder which affects and disrupts an individual's cognitive abilities, eventually rendering the person unable to perform basic tasks. Aging is the greatest known risk factor for Alzheimer's disease; while incurable, there are treatments available that can slow disease progression and improve quality of life. As shown in Table 41, the age-adjusted death rate from Alzheimer's disease is greater in Allen County compared to the state of Indiana. Moreover, the age-adjusted death rate from the disease has increased from 2017 to 2020 in Allen, Huntington, and Kosciusko counties. As shown in Figure 29, the prevalence of Alzheimer's disease in Indiana is predicted to increase by 17.4%-22.6% from 2020 to 2025 (*Alzheimer's Disease Facts and Figures*, n.d.).

Table 41. Alzheimer's Disease Indicators and Trends by County

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

Source: Indiana State Department of Health, Stats Explorer

Figure 29. Projected Increases in Alzheimer's Dementia Prevalence, 2020-2025

Legend: 6.7% - 12% | 12.1% - 17.3% | 17.4% - 22.6% | 22.7% - 27.9% | 28.0% - 33.3%
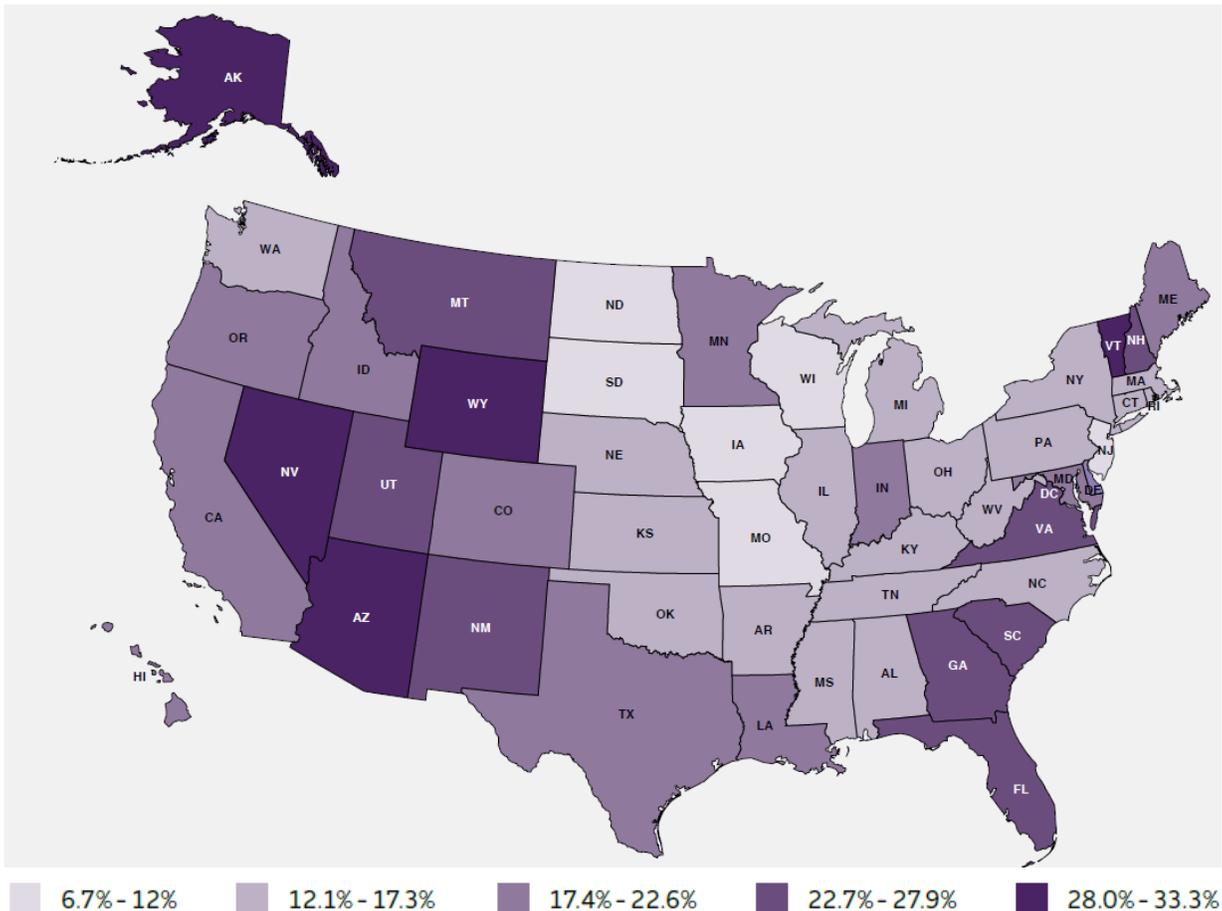
Source: Alzheimer's Association. 2022 Alzheimer's Disease Facts and Figures

Early prenatal care (i.e., care beginning in the first trimester of pregnancy) is important for improving birth outcomes, reducing the likelihood of complications during pregnancy, and mitigating healthcare costs associated with complications. Inadequate prenatal care is associated with low birthweight, preterm birth, and mortality in infants. From 2017 to 2020, the percentage of mothers receiving early prenatal care decreased in DeKalb, Huntington, Wabash, and Whitley counties (see Table 42). Allen, DeKalb, Kosciusko, LaGrange, and Noble counties had fewer women receive early prenatal care in 2020 compared to the state of Indiana. The percentage of low birthweight infants increased from 2017 to 2020 in DeKalb, Noble and Whitley counties, while the percentage of preterm infants increased in Allen, DeKalb, Huntington, Noble and Whitley counties. The rate of infant mortality increased in DeKalb and Noble counties from 2014-2018 to 2016-2020. While rates of mothers smoking during pregnancy went down in all counties, many are still above the average rate in Indiana.

Table 42. Maternal and Child Health

County	Infant mortality Deaths per 1,000 live births			Low birthweight infants % of live births			Preterm infants, < 37 weeks % of live births			Early prenatal care in 1st trimester % of live births			Mother smoked during pregnancy % of live births			Breastfeeding at discharge % of live births		
	2014-2018	2016-2020	Trend	2017	2020	Trend	2017	2020	Trend	2017	2020	Trend	2017	2020	Trend	2017	2020	Trend
Allen	**7.8**	7.0	v	8.8	**8.6**	v	9.6	10.0	^	58.4	**60.4**	^	10.3	8.5	v	80.6	**81.2**	^
DeKalb	5.1	5.2	^	7.8	**8.2**	^	8.4	8.9	^	62.0	**60.5**	v	18.8	**15.5**	v	85.9	82.5	v
Huntington	7.1	5.8	v	9.7	**8.5**	v	11.1	**12.0**	^	76.4	71.2	v	21.5	**17.3**	v	71.7	**79.2**	^
Kosciusko	6.9	6.2	v	6.7	6.6	v	8.4	8.4	–	44.3	**65.1**	^	15.1	**12.9**	v	83.1	86.5	^
LaGrange	6.4	6.4	–	6.9	4.5	v	7.7	6.5	v	43.8	**44.6**	^	6.2	5.4	v	89.2	90.8	^
Noble	**7.3**	**8.3**	^	5.7	7.6	^	6.5	9.6	^	62.3	**58.2**	v	16.7	**12.5**	v	83.8	82.8	v
Wabash	6.0	.	.	7.9	6.9	v	10.1	9.0	v	71.8	72.3	^	26.3	**22.5**	v	75.0	**68.2**	v
Whitley	**8.1**	**7.3**	v	5.8	6.4	^	9.2	9.4	^	69.2	72.7	^	14.1	**12.8**	v	87.4	86.1	v
Indiana	**7.2**	**7.0**	v		**8.1**			**10.4**			**69.3**			**10.9**			**82.0**	

Source: Indiana Department of Health, Stats Explorer

Other Findings

To explore the extent to which specific demographic groups varied in perceived health concerns, additional figures were constructed to reflect health concerns by age, income, rural/urban environment, and minority group. As shown in Figure 30, in a comparison of perceived health needs by age group, obesity was the top concern for 45– to 64–year-olds and for individuals aged 65 years and older; however, mental health was the top concern for those aged 18-44 years.

Figure 30. Perceived Health Concerns by Age Group
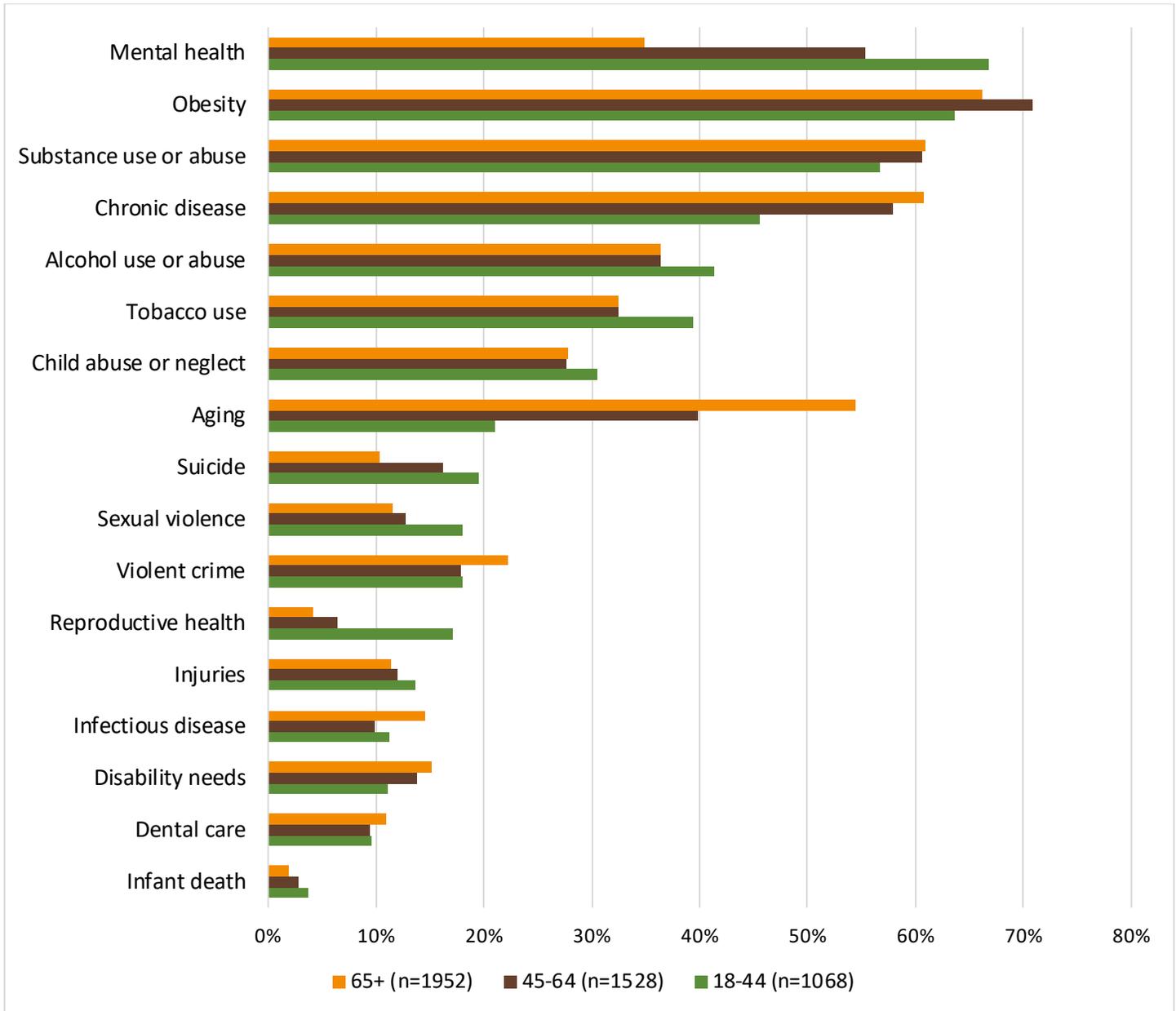
Figure 31 displays perceived health concerns by income group. Income groups were categorized into the three following groups: 1) less than $35,000 (Low); 2) $35,000 - $74,999 (Middle); and 3) $75,000 and higher (High). Obesity, substance use and abuse, and mental health were endorsed as health concerns more often by the high-income group compared to the low- and middle-income groups. Disability needs were reported as a concern more often by the low-income group compared to the other income groups.

Figure 31. Perceived Health Concerns by Income Group
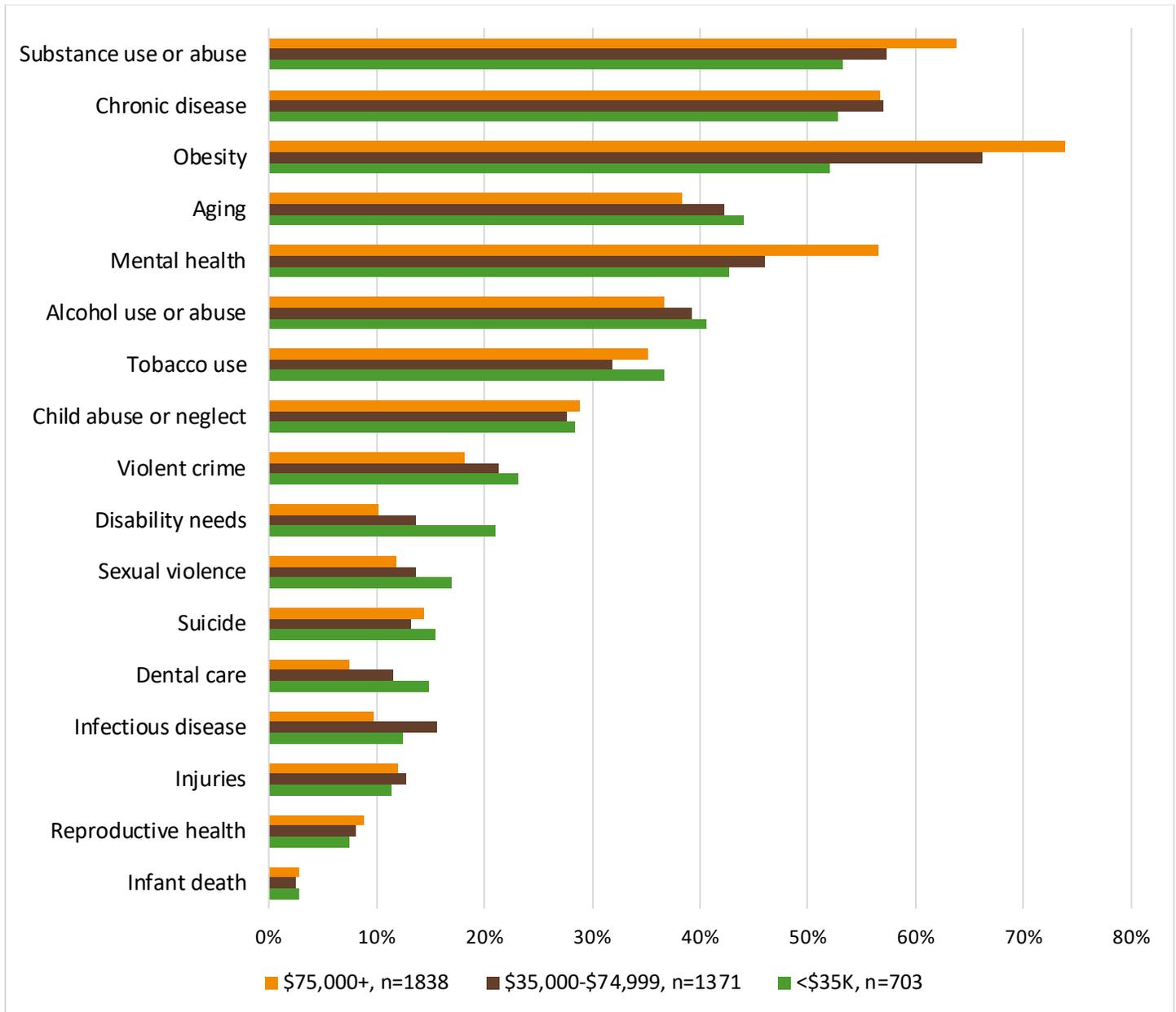
Respondents were categorized as living in a primarily urban or rural environment based on their zip code (per USDA Rural-Urban Commuting Area Codes). As shown in Figure 32, respondents in rural zip codes selected substance use and abuse, and tobacco use at a higher rate than their urban counterparts. In contrast, urban respondents reported violent crime as a health concern more frequently than rural respondents.

Figure 32. Perceived Health Concerns by Urban/Rural

Urban (n=2815)   Rural (n=1772)
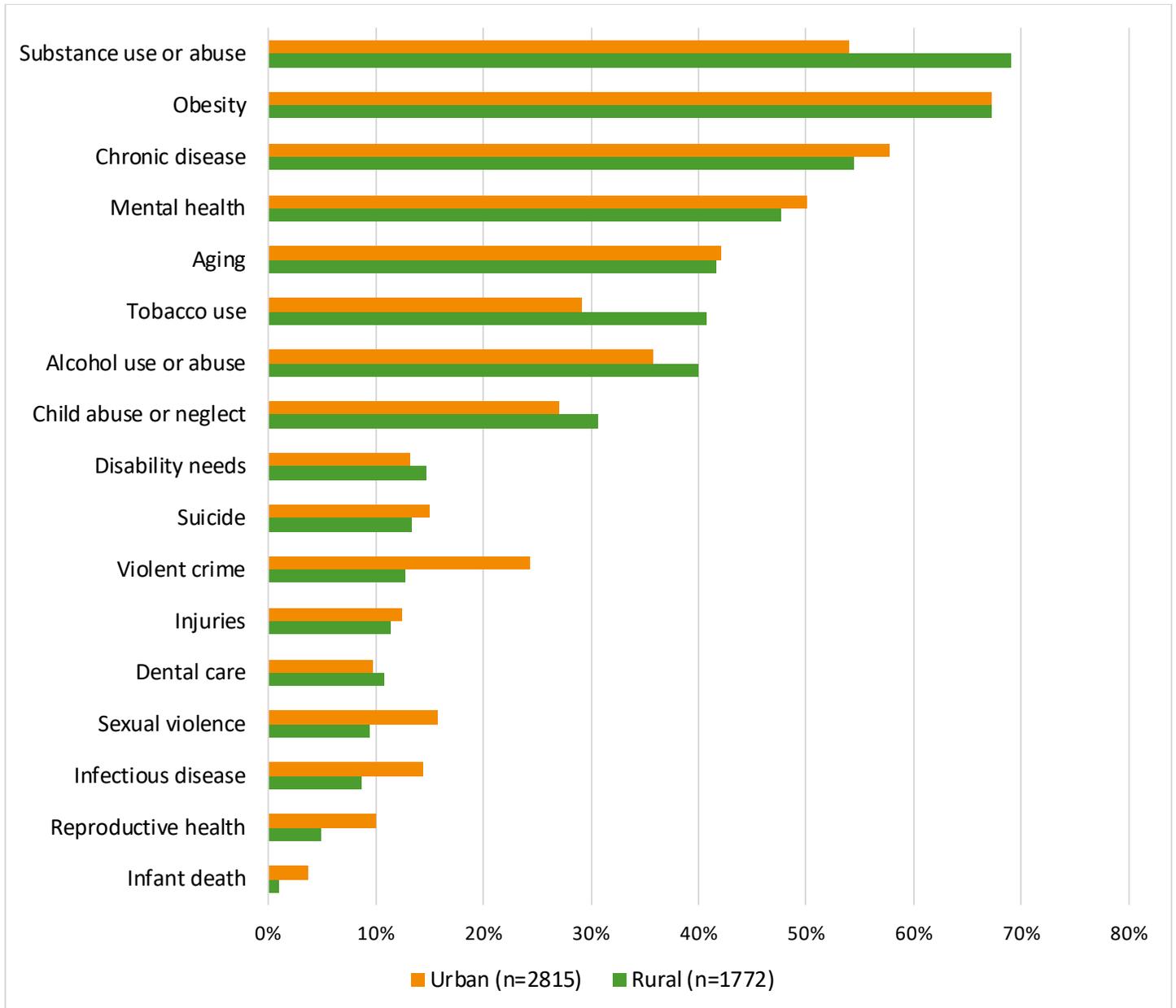
Respondents were categorized as minority or non-minority racial/ethnic group. The minority group was comprised of 30.4% African American/Black respondents, 27.7% Asian, 27.7% other minority, and 28.2% Hispanic. Minority respondents rated chronic disease, infectious disease, violent crime, injuries, reproductive health, and dental care as priority health concerns more often than their non-minority counterparts (Figure 33).

Figure 33. Perceived Health Concerns by Minority Status
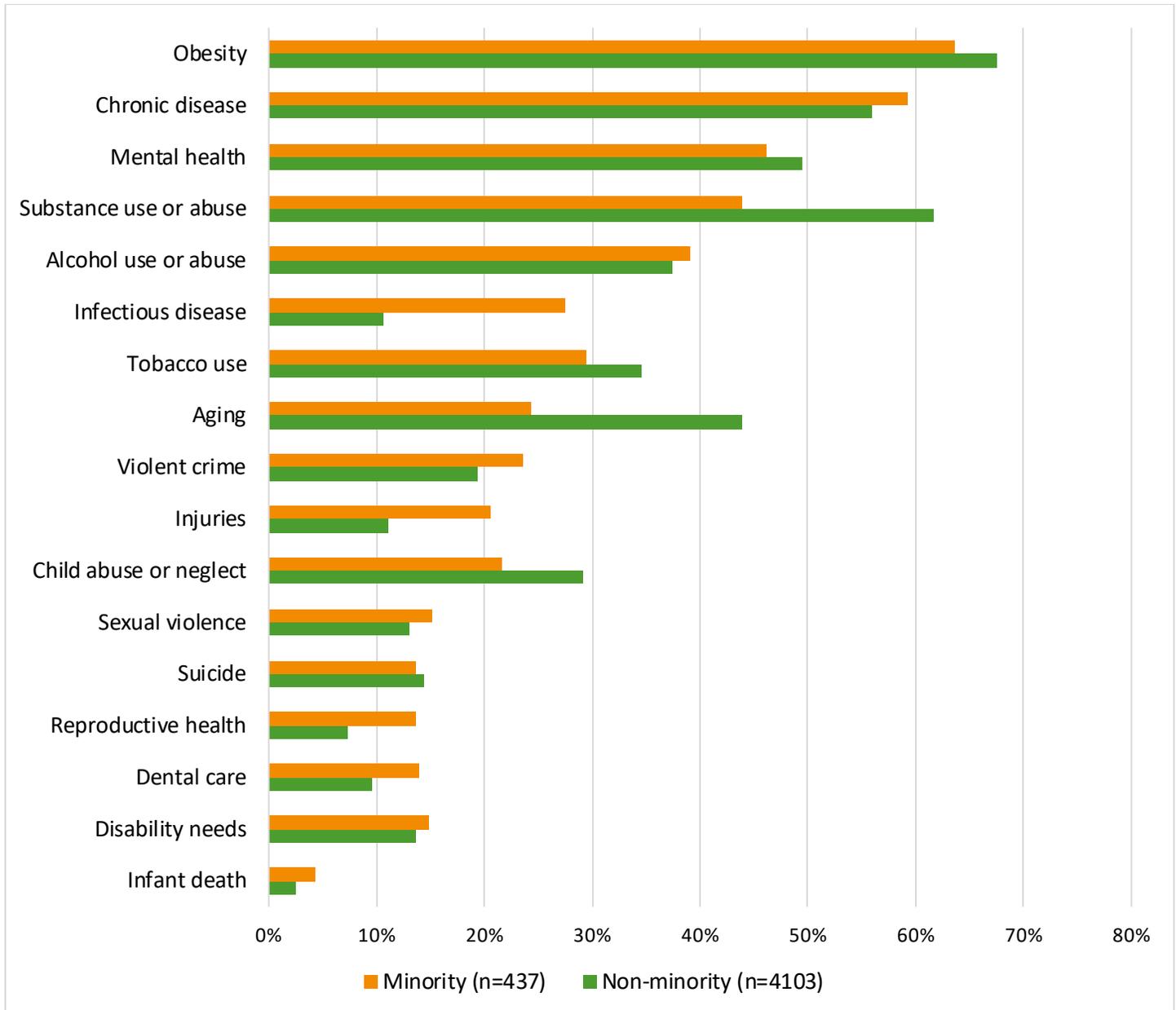
Conclusion

This Community Health Needs Assessment (CHNA), conducted at the request of Parkview Health, collected a comprehensive set of healthcare indicators and, community and provider survey data to establish the top 10 significant health needs in the Parkview Health service area. The prioritization process identified Mental Health as the top health concern. The findings in this report will be used to select interventions and implement programs to address Mental Health concerns and services.

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APPENDICES

Appendix A - Community and Provider Surveys

Invitation to take the Parkview Community Health Needs Survey

Dear Community Member,

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

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

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

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

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

Sincerely,

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

<u>**Parkview Community Health Needs Survey**</u>

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

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

   ☐ Adams   ☐ Allen   ☐ DeKalb   ☐ Huntington   ☐ Kosciusko   ☐ LaGrange   ☐ Noble

   ☐ Wabash   ☐ Wells   ☐ Whitley

2. **What is the zip code of your residence?** _____

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

4. **How many children younger than 18 years of age live in your household?** _____

5. **How would you describe your gender? (select only one)**
   ☐ Male   ☐ Other_____
   ☐ Female   ☐ Prefer not to answer
   ☐ Transgender

6. **In what year were you born?** _____

7. **Are you of Hispanic or Latino origin?**
   ☐ Yes   ☐ No   ☐ Prefer not to answer

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

   ☐ Yes   ☐ No   ☐ Prefer not to answer

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

   ☐ White   ☐ Asian

   ☐ Black or African-American   ☐ Native Hawaiian or Pacific Islander

   ☐ American Indian or Alaska Native   ☐ Prefer not to answer

   ☐ Other: _____

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

   ☐ Tobacco/vaping Use

   ☐ Substance Use or abuse

   ☐ Alcohol Use or abuse

   ☐ Assault and violent crime (including domestic violence)

   ☐ Child abuse or neglect

   ☐ Sexual violence (including assault, rape or human trafficking)

   ☐ Obesity (health problems due to being overweight or obese)

   ☐ Chronic disease (diabetes, cancer, heart disease, etc.)

   ☐ Suicide

   ☐ Infectious disease (HIV, syphilis, hepatitis, COVID-19, or other infections)

   ☐ Reproductive health (birth control, women's and men's reproductive health issues)

   ☐ Infant death

   ☐ Injuries (car accidents, falls, workplace injuries)

   ☐ Mental health

   ☐ Aging and older adult needs

   ☐ Dental Care

   ☐ Disability needs

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

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

12. **Considering all sources, which of the following best describes your total household income before taxes for 2020? (select only one)**
   ☐ Less than $15,000   ☐ $75,000 - $99,999
   ☐ $15,000 - $24,999   ☐ $100,000 - $149,999
   ☐ $25,000 - $34,999   ☐ $150,000 or More
   ☐ $35,000 - $49,999   ☐ Prefer not to answer
   ☐ $50,000 - $74,999

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

Estimado miembro de la comunidad:

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

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

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

También puede participar en la encuesta en línea:

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

¡Gracias por ayudarnos a construir una comunidad más fuerte!

Cordialmente,

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

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

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

preguntas que no desee contestar.

1. **En qué condado vive?**
   ☐ Adams   ☐ Allen   ☐ DeKalb   ☐ Huntington   ☐ Kosciusko   ☐ LaGrange   ☐ Noble
   ☐ Wabash   ☐ Wells   ☐ Whitley

2. **Cuál es el código postal de su residencia?** _____

   ¿Cuántos adultos (mayores de 18 años) viven en su hogar, INCLUYÉNDOSE A USTED MISMO? _____
   - INCLUYA a todos los adultos que vivan o estén viviendo aquí por más de 2 meses
   - NO INCLUYA a nadie que haya vivido en otro lugar por más de 2 meses, como un estudiante universitario que viva fuera o alguien de las fuerzas armadas en misión

3. **Cuántos menores de 18 años viven en su hogar?** _____

4. **Cómo describiría su género? (seleccione solo uno)**
   ☐ Hombre   ☐ Otro_____

   ☐ Mujer   ☐ Prefiero no contestar
   ☐ Transgénero

5. **En qué año nació?** _____

6. **Es U.S.ted de origen hispano o latino?**
   ☐ Sí   ☐ No   ☐ Prefiero no contestar

7. **Se identifica como Amish?**
   ☐ Sí   ☐ No   ☐ Prefiero no contestar

8. **¿ómo describiría su raza? (seleccione todo lo que corresponda)**
   - ☐ Blanco
   - ☐ Negro o afroamericano
   - ☐ Indio americano o nativo de Alaska
   - ☐ Otros: _____
   - ☐ Asiático
   - ☐ Nativo de Hawái o de las islas del Pacífico
   - ☐ Prefiero no contestar

9. **A continuación se presentan algunos problemas de salud presentes en muchas comunidades. Por favor, elija CINCO que en su opinión sean los que más les preocupan a las personas que viven en su comunidad. (seleccione solo cinco)**

   - ☐ Consumo de tabaco/vapeo
   - ☐ Uso o abuso de sustancias
   - ☐ Uso o abuso del alcohol
   - ☐ Agresión y delitos violentos (incluida la violencia doméstica)
   - ☐ Abuso o negligencia infantil
   - ☐ Violencia sexual (incluido el abuso, la violación o la trata de seres humanos)
   - ☐ Obesidad (problemas de salud debidos al sobrepeso o la obesidad)
   - ☐ Enfermedades crónicas (diabetes, cáncer, enfermedades del corazón, etc.)
   - ☐ Suicidio
   - ☐ Enfermedades infecciosas (VIH, sífilis, hepatitis, COVID-19 u otras infecciones)
   - ☐ Salud reproductiva (anticonceptivos, cuestiones de salud reproductiva de mujeres y hombres)
   - ☐ Muerte infantil
   - ☐ Lesiones (accidentes de tráfico, caídas, lesiones en el lugar de trabajo)
   - ☐ Salud mental
   - ☐ Envejecimiento y necesidades de los adultos mayores
   - ☐ Atención odontológica
   - ☐ Necesidades de las personas con discapacidades

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

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

11. **Teniendo en cuenta todas las fuentes, ¿cuál de las siguientes opciones describe mejor los ingresos totales de su hogar antes de impuestos para 2020? (seleccione solo uno)**

☐ Menos de $15,000   ☐ $75,000 - $99,999

☐ $15,000 - $24,999   ☐ $100,000 - $149,999

☐ $25,000 - $34,999   ☐ $150,000 o más

☐ $35,000 - $49,999   ☐ Prefiero no contestar

☐ $50,000 - $74,999

ရပ်ရွာကျန်းမာရေး လိုအပ်ချက်များ Parkview's စစ်တမ်းတွင် ပါဝင်ရန် ဖိတ်ကြားခြင်း။

ချစ်ခင်လေးစားရပါသော ရပ်ရွာအတွင်း နေထိုင်သူများခင်ဗျာ၊

ကျွန်ုပ်တို့မှ သင်တို့အကူအညီလိုအပ်နေပါသည်။ ခိုင်မာကောင်းမွန်သည့် ရပ်ရွာ နှင့် ခိုင်မာကောင်းမွန်သည့် ရပ်ရွာဝန်ဆောင်မှုများ၏ အရေးပါပုံကို ကျွန်ုပ်တို့အားလုံး သိရှိထားပြီးဖြစ်ပါသည်။

Parkview ကျန်းမာရေးမှ ရပ်ရွာကျန်းမာရေးဆိုင်ရာများအတွက် လိုအပ်သည်များကို စိစစ်သတ်မှတ်နိုင်ရန် လုပ်ဆောင်လျက်ရှိနေပြီး သို့မှသာ ပိုမိုကောင်းမွန်သည့် ဝန်ဆောင်မှုများကို ပေးအပ်နိုင်မည် ဖြစ်ပါသည်။

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

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

မြန်မာဘာသာစကားဖြင့် စစ်တမ်းကောက်ယူပြီးစီးရန် ကျေးဇူးပြု၍ ဒီကိုသွားပါ

https://www.research.net/r/CHNA10B သို့မဟုတ်

ပို၍ ခိုင်မာကောင်းမွန်သည့် ရပ်ရွာတည်ဆောက်ရာတွင် ပါဝင်ကူညီပေးသည့်အတွက် ကျေးဇူးအထူးတင်ရှိပါသည်။

Sarah C. GiaQuinta, MD

Sarah GiaQuinta, MD, MPH

Senior Vice President of Community Health & Equity
Parkview Health

<u>Parkview ရပ်ရွာကျန်းမာရေးလိုအပ်ချက်စစ်တမ်း</u>

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

1. မည်သည့် ကောင်တီတွင် သင်နေထိုင်ပါသလဲ။

   ☐ Adams   ☐ Allen   ☐ DeKalb   ☐ Huntington   ☐ Kosciusko   ☐ LaGrange   ☐ Noble

   ☐ Wabash   ☐ Wells   ☐ Whitley

2. သင်နေထိုင်သည့်နေရာ၏ စာပို့သင်္ကေတ ကုဒ်မှာ မည်သို့နည်း။ _____

3. သင့်အိမ်တွင် သင်အပါအဝင်၊ အသက်ရွယ်ပြည့်ပြီးသူ (အသက် ၁၈နှစ်နှင့်အထက်) မည်မျှ နေထိုင်ကြပါသလဲ။

   ☐ ရင်းအသက်ရွယ်ပြည့်ပြီးသူများထဲတွင် ဤနေရာ၌ နေထိုင်လာခဲ့သည်မှာ ၂ လအထက်ရှိသူများကို ထည့်သွင်းပါ။

   • ရင်းသူများထဲတွင် အဝေးရောက် ကော်လိပ်ကျောင်းသား သို့မဟုတ် စစ်တပ်တွင် တာဝန်ထမ်းဆောင်နေသူကဲ့သို့သော အခြားနေရာတွင် နေထိုင်သည်မှာ ၂ လထက်ပိုနေသူများကို မထည့်သွ

4. သင်၏ အိမ်တွင် အသက် ၁၈ နှစ်မပြည့်သေးသည့် ကလေးမည်မျှ နေထိုင်ကြပါသလဲ။_____

5. သင်၏ လိင်ကို ဘယ်လိုဖော်ပြလိုပါသလဲ။ (တစ်ခုသာ ရွေးချယ်ပါ)

   ☐ အထီး   ☐ အခြား_____)ကျေးဇူးပြု၍ မှတ်ချက်တစ်ခုထည့်ပါ။ (

   ☐ အမျိုးသမီး   ☐ မဖြေဆိုလိုပါ
   ☐ လိင်ပြောင်းသူ

6. မည်သည့်ခုနှစ်တွင် သင့်ကိုမွေးဖွားခဲ့ပါသလဲ။ _____

7. သင်သည် ဟစ်စပန်းနစ် သို့မဟုတ် နဂိုမူလ လာတီနို ဖြစ်ပါသလား။

☐ ဟုတ်တယ် ☐ မှား ☐ မဖြေဆိုလိုပါ

8. သင့်ကိုယ်သင် Amish အဖြစ် သတ်မှတ်ပါသလား။

☐ ဟုတ်တယ် ☐ မရှိ ☐ မဖြေဆိုလိုပါ

9. သင်၏ လူမျိုးအကြောင်း ဘယ်လို ဖော်ပြမှာလဲ။ (ဖြစ်နိုင်သည်များအားလုံးကို ရွေးချယ်ပါ)

☐ လူဖြူ

☐ လူမည်း သို့မဟုတ် အာဖရိကန် အမေရိကန်

☐ အမေရိကန် အိန္ဒိယန် သို့မဟုတ် အလက်စကာတွင် မူလနေထိုင်သူ

☐ အာရှသား

☐ ဟာဝိုင်ရီတွင် မူလနေထိုင်သူ သို့မဟုတ် ပစိဖိတ်ကျွန်းသား

☐ မဖြေဆိုလိုပါ

☐ အခြား _____) ကျေးဇူးပြု၍ မှတ်ချက်တစ်ခုထည့်ပါ။ (

10. အောက်တွင် ဖော်ပြထားသည့် ကျန်းမာရေးဆိုင်ရာများသည် ရပ်ရွာအများစုတွင် ရှိနေသည့် အရာများဖြစ်သည်။ သင်၏ ရပ်ရွာတွင် နေထိုင်သည့်လူအများထဲ အဖြစ်အများဆုံးဟု ယူဆရသည့် အရာ ငါးခုကို ကျေးဇူးပြု၍ ရွေးချယ်ပါ။ (ငါးခုသာ ရွေးချယ်ရန်)

☐ ဆေးရွက်ကြီး/vaping အသုံးပြုခြင်း

☐ တရားမဝင် မူးယစ်ဆေးဝါး သုံးစွဲမှု သို့မဟုတ် အလွဲသုံးစားမှု

☐ အရက်သေစာသောက်စားခြင်း သို့မဟုတ် အလွဲသုံးစားလုပ်ခြင်း။

☐ ထိမှန်ခြင်းနှင့် အကြမ်းဖက်ရာဇဝတ်မှုများ (အိမ်တွင်းအကြမ်းဖက်မှု အပါအဝင်)၊

☐ ကလေးအား မတရားပြုကျင့်ခြင်း သို့မဟုတ် လျစ်လျူရှုခြင်း

☐ လိင်ပိုင်းအကြမ်းဖက်ခြင်း (လိင်ပိုင်းဆိုင်ရာ တိုက်ခိုက်ခြင်း၊ အဓမ္မပြုကျင့်ခြင်း သို့မဟုတ် လူကုန်ကူးခြင်း)

☐ အဝလွန်ခြင်း (ကိုယ်အလေးချိန်များလွန်းခြင်း သို့မဟုတ် အဝလွန်ခြင်းကြောင့် ကျန်းမာရေးပြဿနာများ)

☐ နာတာရှည်ရောဂါများ (ဆီးချို၊ ကင်ဆာ၊ နှလုံးရောဂါ စသည်)

☐ ကိုယ့်ကိုယ်ကိုသတ်သေ

☐ ကူးစက်ရောဂါ (HIV၊ ဆစ်ဖလစ်၊ အသည်းရောင်ရောဂါ၊ COVID-19၊ သို့မဟုတ် အခြားရောဂါကူးစက်မှု)

☐ မျိုးဆက်ပွားကျန်းမာရေး (သန္ဓေတားဆေး၊ အမျိုးသမီးနှင့် အမျိုးသား မျိုးဆက်ပွားကျန်းမာရေး ပြဿနာများ)

☐ မွေးကင်းစ ကလေး သေဆုံးခြင်း

☐ ဒဏ်ရာများ (ကားတိုက်မှု၊ ပြုတ်ကျ၊ အလုပ်ခွင် ဒဏ်ရာများ)

☐ စိတ်ကျန်းမာရေးဆိုင်ရာများ

☐ အိုမင်းရင့်ရော်ခြင်း နှင့် အသက်ရွယ်ကြီးသူများ၏ လိုအပ်မှုများ

☐ သွားကျန်းမာရေး စောင့်ရှောက်ခြင်း

☐ မသန်စွမ်းသူများ၏ လိုအပ်ချက်များ

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

အမျိုးအစား	၁ အရေးကြီးမှုအနည်းငယ်သာရှိ	၂	၃	၄	၅ အရေးကြီးခြင်း
စားနပ်ရိက္ခာဆိုင်ရာ ရိက္ခာမှု (အရေးပါသော အစားအစာ၊ လယ်သမားစျေးများ၊ အစားအသောက်ဘောက်ချာများ)	☐	☐	☐	☐	☐
အိမ်ရာဖွံ့ဖြိုးဆွတွင် ကူညီဆောင်ရွက်ပေးခြင်း	☐	☐	☐	☐	☐
၎င်းကျောင်းဆိုင်ရာ အကူအညီ	☐	☐	☐	☐	☐
ဥပဒေရေးရာဆိုင်ရာ အကူအညီ	☐	☐	☐	☐	☐
ကျန်းမာရေး အစောင့်အရှောက်ရရန် ကူညီဆောင်ရွက်ပေးခြင်း	☐	☐	☐	☐	☐
အလုပ်အကိုင်ရှာဖွေရေးနှင့်အတူ အလုပ်သင်တန်းသို့မဟုတ် အကူအညီများ	☐	☐	☐	☐	☐
သယ်ယူပို့ဆောင်ရေးဆိုင်ရာ အကူအညီ	☐	☐	☐	☐	☐
အခဲ့မဲ့သို့မဟုတ် အရေးပါ ကလေးထိန်း	☐	☐	☐	☐	☐
ကျန်းမာရေးနှင့်ညီညွတ်သော ဟင်းချက်သင်တန်းများကဲ့သို့ အာဟာရဆိုင်ရာ ပညာပေး အစီအစဉ်များ	☐	☐	☐	☐	☐
ဆေးဝါးအလွဲသုံးစားမှု ဝန်ဆောင်မှုများ (ကုထွက်ခြင်းသို့မဟုတ် ကုသခြင်း)	☐	☐	☐	☐	☐
ဆေးဝိုးအပ်လဲလှယ်ရေး အစီအစဉ်များ	☐	☐	☐	☐	☐
စိတ်ကျန်းမာရေးဆိုင်ရာ အကြံဉာဏ်ပေးခြင်းနှင့် ပံ့ပိုးကူညီမှု အစီအစဉ်များ	☐	☐	☐	☐	☐

12. ရင်းမြစ်များအားလုံးမှ ၂၀၂၀ ခုနှစ်အတွက် အခွန်မဆောင်ခင် သင့်အိမ်၏ ဝင်ငွေစုစုပေါင်းမှာ ဖော်ပြပါများထဲမှ

မည်သည့်ကိန်းဂဏန်းသည် အနီးစပ်ဆုံးဖြစ်ပါသလဲ။ (တစ်ခုသာ ရွေးချယ်ပါ)

☐ $၁၅,၀၀၀ ထက်နည်းသည်   ☐ $၇၅,၀၀၀ - $၉၉,၉၉၉

☐ $၁၅,၀၀၀ - $၂၄,၉၉၉   ☐ $၁၀၀,၀၀၀ - $၁၄၉,၉၉၉

☐ $၂၅,၀၀၀ - $၃၄,၉၉၉   ☐ $၁၅၀,၀၀၀ သို့မဟုတ် ထို့ထက်ပိုသည်

☐ $၃၅,၀၀၀ - $၄၉,၉၉၉   ☐ မဖြေဆိုလိုပါ

☐ $၅၀,၀၀၀ - $၇၄,၉၉၉

Welcome!

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

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

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

Thank you in advance for completing this survey!

YOUR PRACTICE SETTING

1. **In which county is your primary practice or service located?**
   ♦ Adams ♦ Allen ♦ DeKalb ♦ Huntington ♦ Kosciusko ♦ LaGrange ♦ Noble
   ♦ Wabash ♦ Wells ♦ Whitley

2. **How long have you practiced/provided service in this area?**
   ♦ Less than 1 year ♦ 1-5 years ♦ 6-10 years ♦ 11-15 years ♦ 16-20 years
   ♦ More than 20 years

3. **What type of healthcare or service provider are you?**
   o Physician
   o Physician's Assistant
   o Nurse Practitioner
   o Registered Nurse
   o Mental/Behavioral Health
   o Nutritionist
   o   Wellness Practitioner
   o Public Health/Community Health Practitioner
   o Social Worker/Case Management
   o Other, please specify

4. **In which type of setting do you provide your services?**
   o Outpatient Primary Care Clinic
   o Outpatient Specialized Care Clinic
   o Immediate/Urgent Care Clinic
   o Community Health Center
   o County Health Department
   o Hospital - Specialized Care
   o Hospital - Emergency Care

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

COMMUNITY HEALTH NEEDS

5. **Below are some health issues present in many communities. Please pick FIVE that you think pose the greatest concern for people who live in your community. (Select only five)**
   - o Tobacco/vaping use
   - o Substance use or abuse
   - o Alcohol use or abuse
   - o Assault and violent crime (including domestic violence)
   - o Child abuse or neglect
   - o Sexual violence (including assault, rape or human trafficking)
   - o Obesity (health problems due to being overweight or obese)
   - o Chronic disease (diabetes, cancer, heart disease, etc.)
   - o Suicide
   - o Infectious disease (HIV, syphilis, hepatitis, COVID-19, or other infections)
   - o Reproductive health (birth control, women's and men's reproductive health issues)
   - o Infant death
   - o Injuries (car accidents, falls, workplace injuries)
   - o Mental health
   - o Aging and older adult needs
   - o Dental care
   - o Disability needs

6. **Which of the following are the <u>top three</u> barrier(s) to accessing care/services in your county?**
   - o Costs
   - o Lack of Insurance
   - o Access/Insufficient Healthcare Resources (i.e. shortage of providers)
   - o Transportation
   - o Education/Health Literacy
   - o Childcare
   - o Language
   - o Housing
   - o Other; please specify

SERVICE NEEDS

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

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

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

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

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

9. **What problems and barriers do you face in providing health-related services (please check all that apply)?**
   - Collaboration/communication with other provider/coordinated care
   - Effective quality improvement strategies
   - Electronic medical records/electronic health records
   - Access to timely data
   - Relationship with insurers/reimbursement levels
   - Insufficient healthcare resources (i.e. shortage of providers)
   - Language barriers
   - Other, please specify

DEMOGRAPHICS

10. How would you describe your gender?
- o Male
- o Female
- o Transgender
- o Other:
- o Prefer not to answer

11. Are you of Hispanic or Latino origin?
- o Yes
- o No
- o Prefer not to answer

12. How would you describe your race? (Select all that apply)
- o White
- o Black or African American
- o Asian
- o Native Hawaiian or other Pacific Islander
- o American Indian or Alaskan Native
- o Other:
- o Prefer not to answer

Appendix B - Hanlon Score Calculation

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

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

Appendix C - Prioritization Tool

2022 Parkview Health Systemwide CHNA: Scorecard to Prioritize Top Health Needs

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

Prioritization Criteria

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

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

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

Appendix D - Prioritization Participating Organizations

Parkview Health attendees represented hospitals in the Parkview service area: Parkview Randallia, Parkview Huntington, Parkview Regional Medical Center, Parkview Whitley, Parkview LaGrange, Parkview Noble, Parkview DeKalb, Parkview Wabash

Organization/Department
Allen County Health Department
Parkview Health Community Health
Parkview Health Information Management
Parkview Health Nutritional Services
Parkview Health Administration
Parkview Health Community Health Improvement
Parkview Health Community Nursing
Parkview Health Women's and Children's
Parkview Health Office of Sponsored Projects
Parkview Health Board of Directors
Parkview Behavioral Health Institute
Parkview Physicians Group
Parkview Health Marketing/Communication
Parkview Health Services and Informatics Research
Parkview Health Patient Access/Scheduling
Parkview Foundation
Women, Infants, Children (WIC)

Appendix E - Community Resources

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

https://www.findhelp.org/

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

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

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

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

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

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

Cancer Services of Northeast Indiana	Fort Wayne	46825	Client Services
Francine's Friends	Fort Wayne	46845	Mobile Mammography
American Cancer Society	Fort Wayne	46825	Peer to Peer Breast Cancer Support
Cancer Services of Northeast Indiana	Fort Wayne	46825	Support Groups
AGING			
Aging and In - Home Services of NE Indiana	Fort Wayne	46805	Aging and Disability Resource Center
Turnstone	Fort Wayne	46805	Caregiver Support Group
Community Center	Fort Wayne	46802	Community Center
Huntington County Council on Aging	Huntington	46750	Information and Referral
Greater Indiana Chapter - FW	Fort Wayne	46804	Mental Health Information
Wellspring Interfaith Social Services	Fort Wayne	46802	Older Adult Program
Huntington County Council on Aging	Huntington	46750	Senior Center
Kosciusko Community Senior Services	Warsaw	46580	Senior Center
LaGrange County Council on Aging	LaGrange	46761	Senior Center
Neighborhood Health Clinics - Cedar Street	Kendallville	46755	Senior Center
Whitley County Council on Aging	Columbia City	46725	Senior Center
CARDIOVASCULAR DISEASE			
Wabash County Health Department	Wabash	46992	Health Screenings
Huntington County Health Department	Huntington	46750	Heath Screenings
Living Well in Wabash County COA	Wabash	46992	Living Well Winchester Center
HEALTHCARE ACCESS			
Brightpoint	Fort Wayne	46802	Covering Kids and Families
Brightpoint	Fort Wayne	46805	Covering Kids and Families
Brightpoint	Huntington	46750	Covering Kids and Families
Brightpoint	Wabash	46992	Covering Kids and Families
Brightpoint	Warsaw	46580	Covering Kids and Families
Brightpoint	Kendallville	46755	Covering Kids and Families
Brightpoint	LaGrange	46761	Covering Kids and Families
Kosciusko Community Hospital	Warsaw	46580	Health Insurance
Neighborhood Health Clinics - South Calhoun Street	Fort Wayne	46802	Health Insurance
Parkview Center for Healthy Living	Kendallville	46755	Health Insurance
Parkview Huntington Hospital	Huntington	46750	Health Insurance
Parkview LaGrange Hospital	LaGrange	46761	Health Insurance
Parkview Wabash Hospital	Wabash	46992	Health Insurance

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