# Jay County Health and Demographic Summary

Dave Hyatt

JCH Demographics: General (2014)

- Population: 21,179

- Average Age: 39

- Average Household Income: $47,698

- Labor Force Employed: 89%

- Educational Attainment:
  - 16% No High School Diploma
 - 48% High School Graduate
  - 15% Associate or Bachelor's Degree

JCH Demographics:
Occupational Classification (2014)

Blue Collar

White Collar

Service & Farm
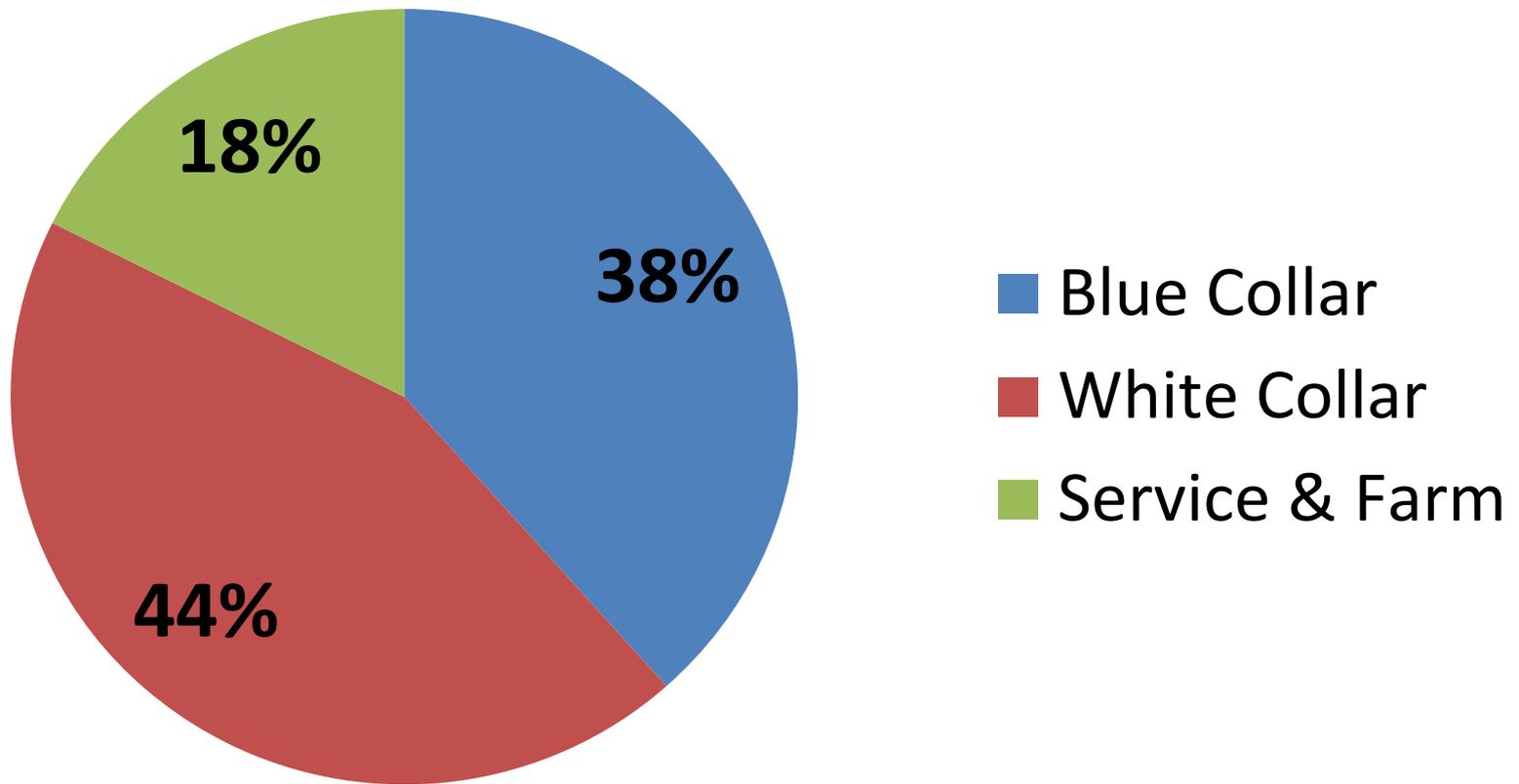
Jay County Health Outcomes

2015 Health Outcomes - Indiana
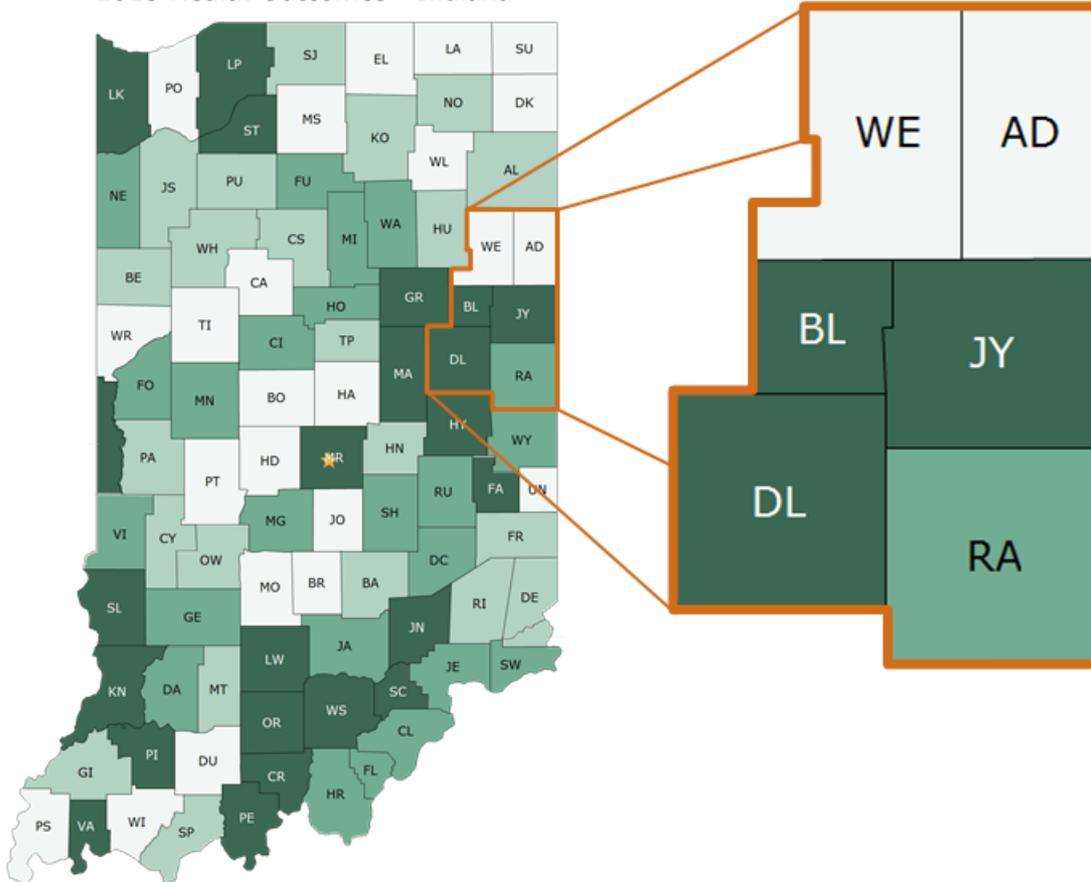
Rankings

WE - #16

AD - #17

RA - #59

JY - #77

DL - #83

BL - #84

Rank 1-23   Rank 24-46   Rank 47-69   Rank 70-92

Jay County Health Factors

2015 Health Factors - Indiana
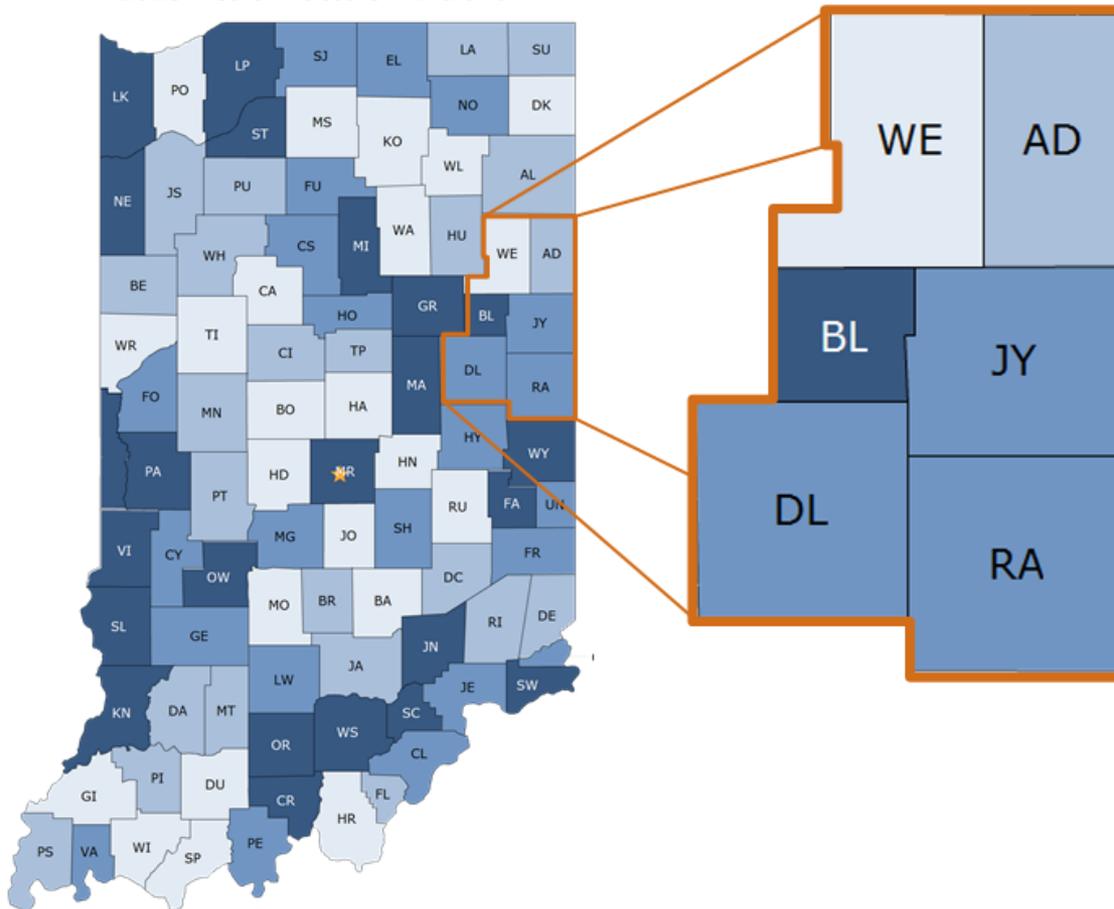
Rankings

WE - #9
AD - #24
JY - #56
DL - #58
RA - #65
BL - #78

Rank 1-23   Rank 24-46   Rank 47-69   Rank 70-92

Jay County Health Outcomes

Category	Rank (of 92) 2014	Rank (of 92) 2015
Health Outcomes	58	77
Length of Life	51	71
Quality of Life	64	76
Health Factors	62	56
Health Behaviors	75	76
Clinical Care	70	67
Social & Economic Factors	57	43
Physical Environment	24	23

Jay County Health Outcomes

Category	JCH 2014	JCH 2015	U.S. TOP
Health Behaviors			
Adult Smoking	26%	26%	14%
Adult Obesity	35%	35%	25%
Physical Inactivity	32%	34%	21%
Sexually Transmitted Infections	235	211	123
Alcohol-Impaired Driving Deaths	35%	35%	14%
Teen Births	44	41	20

Jay County Health Outcomes

Category	JCH 2014	JCH 2015	U.S. TOP
Clinical Care			
Uninsured	17%	17%	11%
Primary Care Physicians	3,044:1	3561:1	1,051:1
Mental Health Providers	1,801:1	1641:1	1,439:1
Preventable Hospital Stays	90	81	46
Diabetic Monitoring	83%	82%	90%
Mammography Screening	60%	63%	71%

Jay County Health Outcomes

- For more stats please visit:

countyhealthrankings.org

&

[www.medicare.gov/hospital compare](www.medicare.gov/hospitalcompare)

Jay County Health Outcomes

- For more information please see appendix documents "2015 JCH SP Community Health - Appendix " :
  - CDC JCH Community Health Profile Data
  - County Health Rankings Indiana Summary
  - JCH Health Outcomes and Factors Overview

IU Health Bowen Research Findings

Executive Summary

IU Health Bowen Research Summary

- JCH leadership is proactively seeking to create a community health profile through data collection and analysis from various health, social and economic indicators.

- This report also provides the data context for Adams County, Blackford County, Delaware County and Randolph County as well as for the State of Indiana.

IU Health Bowen Key Findings

- Challenges identified
  - Access to healthcare
  - Poverty
  - Health risk behaviors
  - Preventative health
    - JC is also designated as a medically underserved area
      - Primary care providers
      - Mental health providers

IU Health Bowen Key Findings Cont.

- Health risk behaviors
  - Smoking
  - Injury
  - Obesity
  - Physical inactivity

- Jay County exhibits higher numbers of arrests related to possession, sale or manufacture of marijuana, cocaine or opioids and synthetic drugs such as methamphetamine.

IU Health Bowen Research Report

- For more information please reference the appendix document, "2015 JCH SP Community Health – Appendix – IU Health Bowen Community Health Report"

Jay County, IN

The following Summary Comparison Report provides an "at a glance" summary of how the selected county compares with **peer counties** on the full set of **Primary Indicators**. Peer county values for each indicator were ranked and then divided into quartiles.

	Better (most favorable quartile)	Moderate (middle two quartiles)	Worse (least favorable quartile)
Mortality	Motor vehicle deaths	Chronic kidney disease deaths Chronic lower respiratory disease (CLRD) deaths Coronary heart disease deaths Female life expectancy Stroke deaths Unintentional injury (including motor vehicle)	Alzheimer's disease deaths Cancer deaths Diabetes deaths Male life expectancy
Morbidity	Syphilis	Adult diabetes Adult obesity Alzheimer's diseases/dementia Gonorrhea HIV Older adult asthma Preterm births	Adult overall health status Cancer Older adult depression
Health Care Access and Quality		Older adult preventable hospitalizations Primary care provider access Uninsured	Cost barrier to care
Health Behaviors	Adult binge drinking	Adult physical inactivity Adult smoking Teen Births	Adult female routine pap tests
Social Factors	Violent crime	Children in single-parent households High housing costs On time high school graduation Poverty Unemployment	Inadequate social support
Physical Environment	Drinking water violations	Access to parks Housing stress Limited access to healthy food Living near highways	Annual average PM2.5 concentration
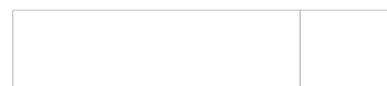
County Health Rankings & Roadmaps

Building a Culture of Health, County by County

2015 *County Health Rankings*

Indiana

INTRODUCTION

The *County Health Rankings & Roadmaps* program helps communities identify and implement solutions that make it easier for people to be healthy in their homes, schools, workplaces, and neighborhoods. The Robert Wood Johnson Foundation (RWJF) collaborates with the University of Wisconsin Population Health Institute (UWPHI) to bring this program to cities, counties, and states across the nation. Ranking the health of nearly every county in the nation, the *County Health Rankings* illustrate <u>what we know</u> when it comes to what is making people sick or healthy. The *Roadmaps to Health* and *RWJF Culture of Health Prize* show <u>what we can do</u> to create healthier places to live, learn, work, and play.

WHAT ARE THE *COUNTY HEALTH RANKINGS*?

Published online at countyhealthrankings.org, the *Rankings* help counties understand what influences how healthy residents are and how long they will live. The *Rankings* are unique in their ability to measure the current overall health of each county in all 50 states. They also look at a variety of measures that affect the future health of communities, such as high school graduation rates, access to healthy foods, rates of smoking, obesity, and teen births. Communities use the *Rankings* to identify and garner support for local health improvement initiatives among government agencies, healthcare providers, community organizations, business leaders, policy makers, and the public.
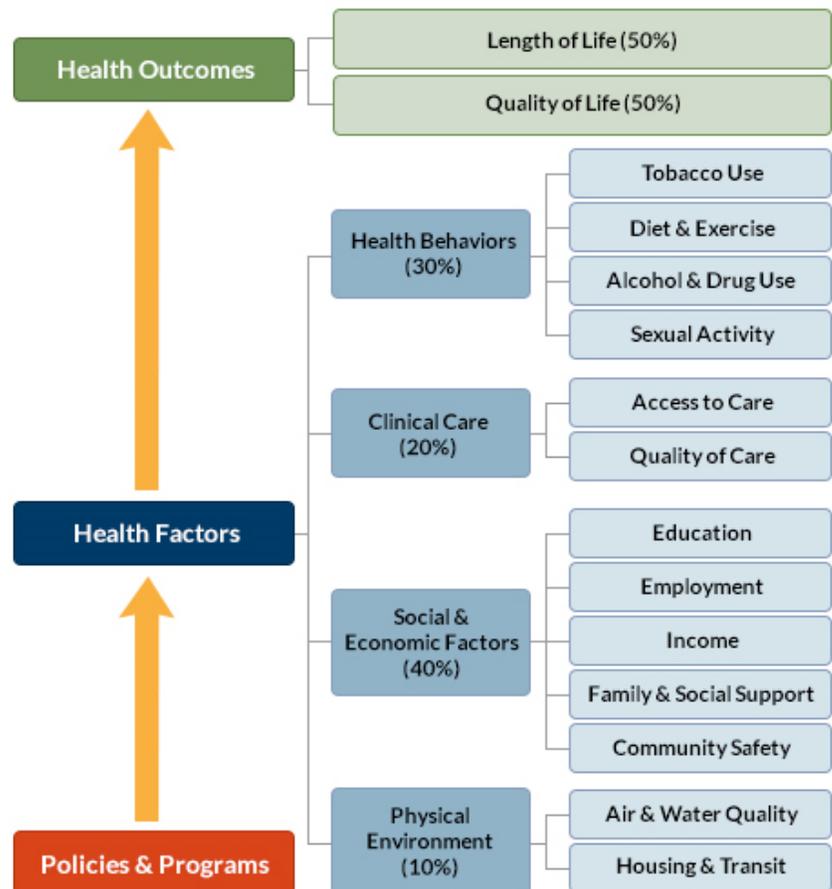
MOVING FROM DATA TO ACTION

Roadmaps to Health help communities bring people together to look at the many factors that influence health, select strategies that work, and make changes that will have a lasting impact. The *Roadmaps* focus on helping communities move from awareness about their county's ranking to action to improve people's health. The *Roadmaps to Health* Action Center is a one-stop shop of information to help any community member or leader who wants to improve their community's health by addressing factors that we know influence health, such as education, income, and community safety.

Within the Action Center you will find:
- Online step-by-step guidance and tools to move through the Action Cycle
- *What Works for Health* – a searchable database of evidence-informed policies and programs that can improve health

- Webinars featuring local community members who share their tips on how to build a healthier community
- Community coaches, located across the nation, who provide customized consultation to local leaders who request guidance in how to accelerate their efforts to improve health. You can contact a coach by activating the Get Help button at countyhealthrankings.org

Action Cycle

LEARNING FROM OTHERS

At countyhealthrankings.org, we feature stories from communities across the nation who have used data from the *County Health Rankings* or have engaged in strategies to improve health. The *RWJF Culture of Health Prize* recognizes communities that are creating powerful partnerships and deep commitments to enable everyone in our diverse society to lead healthy lives now and for generations to come. The Prize is awarded annually by RWJF to honor communities that are working to build a Culture of Health by implementing solutions that give everyone the opportunity for a healthy life. In 2015, up to 10 winning communities will each receive a $25,000 cash prize and have their stories shared broadly with the goal of inspiring locally driven change across the nation.

Prize winners are selected based on how well they demonstrate their community's achievement on their journey to a Culture of Health in the following areas:

- Defining health in the broadest possible terms
- Committing to sustainable systems changes and long-term policy-oriented solutions
- Cultivating a shared and deeply held belief in the importance of equal opportunity for health
- Harnessing the collective power of leaders, partners, and community members
- Securing and making the most of resources
- Measuring and sharing progress and results

Visit countyhealthrankings.org or rwjf.org/prize to learn about the work of past Prize winners and the application process.

HOW CAN YOU GET INVOLVED?

You might want to contact your local affiliate of United Way Worldwide or the National Association of Counties – their national parent organizations have partnered with us to raise awareness and stimulate action to improve health in their local members' communities. By connecting with other leaders interested in improving health, you can make a difference in your community. In communities large and small, people from all walks of life are taking ownership and action to improve health. Visit countyhealthrankings.org to get ideas and guidance on how you can take action in your community. Working with others, you can improve the health of your community.
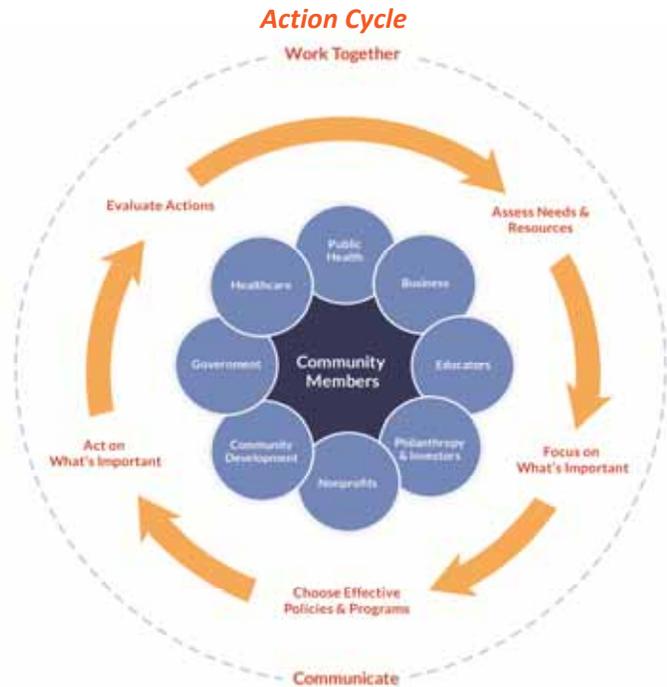
HOW DO COUNTIES RANK FOR HEALTH OUTCOMES?

The green map below shows the distribution of Indiana's **health outcomes**, based on an equal weighting of length and quality of life.

Lighter colors indicate better performance in the respective summary rankings. Detailed information on the underlying measures is available at countyhealthrankings.org.

Rank 1-23   Rank 24-46   Rank 47-69   Rank 70-92
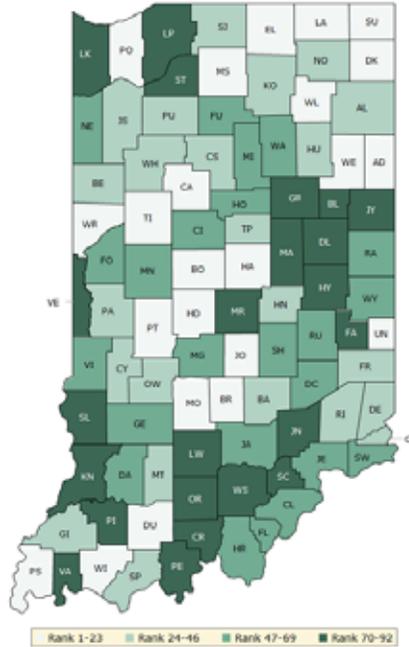
County	Rank	County	Rank	County	Rank	County	Rank
Adams	17	Franklin	42	Lawrence	80	Rush	52
Allen	30	Fulton	62	Madison	79	Scott	92
Bartholomew	37	Gibson	38	Marion	74	Shelby	56
Benton	31	Grant	87	Marshall	9	Spencer	25
Blackford	86	Greene	64	Martin	44	St. Joseph	41
Boone	3	Hamilton	1	Miami	51	Starke	90
Brown	7	Hancock	26	Monroe	14	Steuben	12
Carroll	15	Harrison	47	Montgomery	50	Sullivan	83
Cass	32	Hendricks	2	Morgan	48	Switzerland	69
Clark	63	Henry	73	Newton	67	Tippecanoe	18
Clay	35	Howard	61	Noble	39	Tipton	45
Clinton	53	Huntington	33	Ohio	29	Union	21
Crawford	85	Jackson	65	Orange	82	Vanderburgh	78
Daviess	49	Jasper	46	Owen	40	Vermillion	71
Dearborn	27	Jay	77	Parke	34	Vigo	68
Decatur	55	Jefferson	57	Perry	70	Wabash	58
DeKalb	23	Jennings	88	Pike	81	Warren	6
Delaware	84	Johnson	10	Porter	8	Warrick	19
Dubois	5	Knox	76	Posey	11	Washington	89
Elkhart	20	Kosciusko	28	Pulaski	43	Wayne	60
Fayette	91	LaGrange	4	Putnam	22	Wells	16
Floyd	54	Lake	72	Randolph	59	White	36
Fountain	66	LaPorte	75	Ripley	24	Whitley	13

HOW DO COUNTIES RANK FOR HEALTH FACTORS?

The blue map displays Indiana's summary ranks for **health factors**, based on weighted scores for health behaviors, clinical care, social and economic factors, and the physical environment.

Lighter colors indicate better performance in the respective summary rankings. Detailed information on the underlying measures is available at countyhealthrankings.org.

Rank 1-23   Rank 24-46   Rank 47-69   Rank 70-92
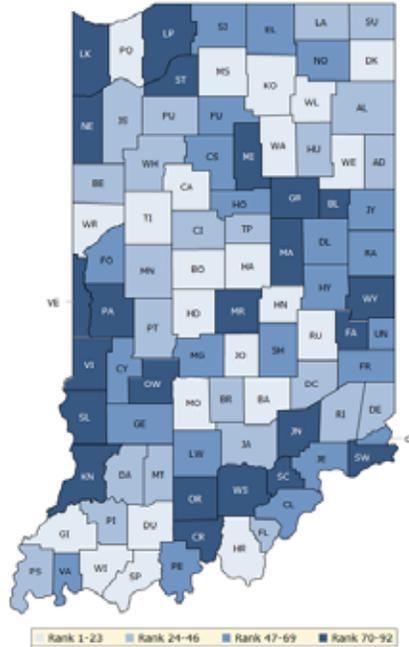
County	Rank	County	Rank	County	Rank	County	Rank
Adams	24	Franklin	47	Lawrence	67	Rush	22
Allen	44	Fulton	55	Madison	81	Scott	90
Bartholomew	17	Gibson	13	Marion	89	Shelby	48
Benton	37	Grant	71	Marshall	20	Spencer	10
Blackford	78	Greene	69	Martin	32	St. Joseph	52
Boone	2	Hamilton	1	Miami	75	Starke	92
Brown	30	Hancock	6	Monroe	7	Steuben	27
Carroll	18	Harrison	19	Montgomery	31	Sullivan	88
Cass	61	Hendricks	4	Morgan	50	Switzerland	86
Clark	62	Henry	59	Newton	85	Tippecanoe	11
Clay	68	Howard	53	Noble	63	Tipton	25
Clinton	34	Huntington	33	Ohio	54	Union	60
Crawford	87	Jackson	41	Orange	73	Vanderburgh	57
Daviess	45	Jasper	43	Owen	77	Vermillion	80
Dearborn	29	Jay	56	Parke	79	Vigo	74
Decatur	36	Jefferson	64	Perry	51	Wabash	23
DeKalb	16	Jennings	84	Pike	40	Warren	14
Delaware	58	Johnson	8	Porter	15	Warrick	3
Dubois	5	Knox	72	Posey	26	Washington	82
Elkhart	49	Kosciusko	21	Pulaski	42	Wayne	70
Fayette	83	LaGrange	28	Putnam	39	Wells	9
Floyd	38	Lake	91	Randolph	65	White	35
Fountain	66	LaPorte	76	Ripley	46	Whitley	12

2015 *COUNTY HEALTH RANKINGS*: MEASURES AND NATIONAL/STATE RESULTS

Measure	Description	US Median	State Overall	State Minimum	State Maximum
HEALTH OUTCOMES					
Premature death	Years of potential life lost before age 75 per 100,000 population	7681	7528	3931	13579
Poor or fair health	% of adults reporting fair or poor health	17%	16%	7%	28%
Poor physical health days	Average # of physically unhealthy days reported in past 30 days	3.7	3.6	2.1	6.2
Poor mental health days	Average # of mentally unhealthy days reported in past 30 days	3.5	3.7	1.8	6.7
Low birthweight	% of live births with low birthweight (< 2500 grams)	8%	8.2%	5.1%	9.8%
HEALTH FACTORS					
HEALTH BEHAVIORS					
Adult smoking	% of adults who are current smokers	21%	23%	12%	42%
Adult obesity	% of adults that report a BMI ≥ 30	31%	31%	23%	38%
Food environment index	Index of factors that contribute to a healthy food environment, (0-10)	7.3	7.2	6.1	8.7
Physical inactivity	% of adults aged 20 and over reporting no leisure-time physical activity	27%	27%	18%	37%
Access to exercise opportunities	% of population with adequate access to locations for physical activity	65%	75%	22%	94%
Excessive drinking	% of adults reporting binge or heavy drinking	16%	16%	8%	25%
Alcohol-impaired driving deaths	% of driving deaths with alcohol involvement	31%	26%	0%	46%
Sexually transmitted infections	# of newly diagnosed chlamydia cases per 100,000 population	291	451	82	1100
Teen births	# of births per 1,000 female population ages 15-19	41	39	13	63
CLINICAL CARE					
Uninsured	% of population under age 65 without health insurance	17%	17%	10%	28%
Primary care physicians	Ratio of population to primary care physicians	2015:1	1518:1	14044:1	517:1
Dentists	Ratio of population to dentists	2670:1	1973:1	14087:1	1235:1
Mental health providers	Ratio of population to mental health providers	1128:1	750:1	14087:1	206:1
Preventable hospital stays	# of hospital stays for ambulatory-care sensitive conditions per 1,000 Medicare enrollees	65.3	70	35	117
Diabetic monitoring	% of diabetic Medicare enrollees ages 65-75 that receive HbA1c monitoring	85%	84%	28%	92%
Mammography screening	% of female Medicare enrollees ages 67-69 that receive mammography screening	61%	61.4%	44.0%	71.6%
SOCIAL AND ECONOMIC FACTORS					
High school graduation	% of ninth-grade cohort that graduates in four years	85%	87%	72%	98%
Some college	% of adults ages 25-44 with some post-secondary education	56%	60.2%	26.7%	86.1%
Unemployment	% of population aged 16 and older unemployed but seeking work	7%	7.5%	5.3%	10.6%
Children in poverty	% of children under age 18 in poverty	24%	22%	6%	33%
Income inequality	Ratio of household income at the 80th percentile to income at the 20th percentile	4.4	4.3	3.2	6.5
Children in single-parent households	% of children that live in a household headed by single parent	31%	33%	12%	47%
Social associations	# of membership associations per 10,000 population	12.6	12.7	7.7	22.4
Violent crime	# of reported violent crime offenses per 100,000 population	199	334	14	1124
Injury deaths	# of deaths due to injury per 100,000 population	73.8	62	31	118
PHYSICAL ENVIRONMENT					
Air pollution – particulate matter	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5)	11.9	13.5	13.0	14.2
Drinking water violations	% of population potentially exposed to water exceeding a violation limit during the past year	1.0%	4%	0%	39%
Severe housing problems	% of households with overcrowding, high housing costs, or lack of kitchen or plumbing facilities	14%	14%	7%	24%
Driving alone to work	% of workforce that drives alone to work	80%	83%	52%	90%
Long commute – driving alone	Among workers who commute in their car alone, % commuting > 30 minutes	29%	30%	13%	56%

2015 COUNTY HEALTH RANKINGS: DATA SOURCES AND YEARS OF DATA

	Measure	Data Source	Years of Data
HEALTH OUTCOMES			
Length of Life	Premature death	National Center for Health Statistics – Mortality files	2010-2012
Quality of Life	Poor or fair health	Behavioral Risk Factor Surveillance System	2006-2012
	Poor physical health days	Behavioral Risk Factor Surveillance System	2006-2012
	Poor mental health days	Behavioral Risk Factor Surveillance System	2006-2012
	Low birthweight	National Center for Health Statistics – Natality files	2006-2012
HEALTH FACTORS			
HEALTH BEHAVIORS			
Tobacco Use	Adult smoking	Behavioral Risk Factor Surveillance System	2006-2012
Diet and Exercise	Adult obesity	CDC Diabetes Interactive Atlas	2011
	Food environment index	USDA Food Environment Atlas, Map the Meal Gap	2012
	Physical inactivity	CDC Diabetes Interactive Atlas	2011
	Access to exercise opportunities	Business Analyst, Delorme map data, ESRI, & US Census Tigerline Files	2010 & 2013
Alcohol and Drug Use	Excessive drinking	Behavioral Risk Factor Surveillance System	2006-2012
	Alcohol-impaired driving deaths	Fatality Analysis Reporting System	2009-2013
Sexual Activity	Sexually transmitted infections	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	2012
	Teen births	National Center for Health Statistics – Natality files	2006-2012
CLINICAL CARE			
Access to Care	Uninsured	Small Area Health Insurance Estimates	2012
	Primary care physicians	Area Health Resource File/American Medical Association	2012
	Dentists	Area Health Resource File/National Provider Identification file	2013
	Mental health providers	CMS, National Provider Identification file	2014
Quality of Care	Preventable hospital stays	Dartmouth Atlas of Health Care	2012
	Diabetic monitoring	Dartmouth Atlas of Health Care	2012
	Mammography screening	Dartmouth Atlas of Health Care	2012
SOCIAL AND ECONOMIC FACTORS			
Education	High school graduation	data.gov, supplemented w/ National Center for Education Statistics	2011-2012
	Some college	American Community Survey	2009-2013
Employment	Unemployment	Bureau of Labor Statistics	2013
Income	Children in poverty	Small Area Income and Poverty Estimates	2013
	Income inequality	American Community Survey	2009-2013
Family and Social Support	Children in single-parent households	American Community Survey	2009-2013
	Social associations	County Business Patterns	2012
Community Safety	Violent crime	Uniform Crime Reporting – FBI	2010-2012
	Injury deaths	CDC WONDER mortality data	2008-2012
PHYSICAL ENVIRONMENT			
Air and Water Quality	Air pollution – particulate matter [1]	CDC WONDER environmental data	2011
	Drinking water violations	Safe Drinking Water Information System	FY2013-14
Housing and Transit	Severe housing problems	Comprehensive Housing Affordability Strategy (CHAS) data	2007-2011
	Driving alone to work	American Community Survey	2009-2013
	Long commute – driving alone	American Community Survey	2009-2013

[1] Not available for AK and HI.

CREDITS

County Health Rankings & Roadmaps
Building a Culture of Health, County by County

countyhealthrankings.org

Jay County Hospital: Health Outcomes & Health Factors

County Snapshot │ Additional Measures

Areas to Explore ON OFF

	Jay County	Trend ⓘ	Error Margin	Top U.S. Performers*	Indiana	Rank (of 92)
Health Outcomes						**77**
Length of Life						71
Premature death	8,758	∿	7,325-10,191	5,200	7,528	
Quality of Life						76
Poor or fair health	20%		15-26%	10%	16%	
Poor physical health days	4.0		2.9-5.0	2.5	3.6	
Poor mental health days	4.0		3.0-5.1	2.3	3.7	
Low birthweight	8.6%		7.4-9.8%	5.9%	8.2%	
Health Factors						**56**
Health Behaviors						76
Adult smoking	26%		20-32%	14%	23%	
Adult obesity	35%	∿	29-41%	25%	31%	
Food environment index	7.3			8.4	7.2	
Physical inactivity	34%	∿	28-40%	20%	27%	
Access to exercise opportunities	31%			92%	75%	
Excessive drinking	10%		7-16%	10%	16%	
Alcohol-impaired driving deaths	35%			14%	26%	
Sexually transmitted infections	211	∿		138	451	
Teen births	41		36-47	20	39	
Clinical Care						67
Uninsured	17%	∿	15-19%	11%	17%	
Primary care physicians	3,561:1			1,045:1	1,518:1	
Dentists	3,555:1			1,377:1	1,973:1	
Mental health providers	1,641:1			386:1	750:1	
Preventable hospital stays	81	∿	71-92	41	70	
Diabetic monitoring	82%	∿	73-91%	90%	84%	
Mammography screening	63.1%	∿	51.5-74.8%	70.7%	61.4%	
Social & Economic Factors						43
High school graduation	93%				87%	
Some college	43.2%		37.9-48.6%	71.0%	60.2%	
Unemployment	6.9%	∿		4.0%	7.5%	
Children in poverty	27%	∿	20-34%	13%	22%	
Income inequality	3.7		3.2-4.2	3.7	4.3	
Children in single-parent households	31%		24-37%	20%	33%	
Social associations	22.0			22.0	12.7	
Violent crime	85			59	334	
Injury deaths	64		49-81	50	62	
Physical Environment						23
Air pollution - particulate matter	13.5	∿		9.5	13.5	
Drinking water violations	0%			0%	4%	
Severe housing problems	11%		9-13%	9%	14%	
Driving alone to work	84%		81-86%	71%	83%	
Long commute - driving alone	24%		21-28%	15%	30%	

2015
* 90th percentile, i.e., only 10% are better.
Note: Blank values reflect unreliable or missing data.

countyhealthrankings.org

SECONDARY DATA ANALYSIS OF JAY COUNTY HEALTH: PREPARED FOR JAY COUNTY HOSPITAL

INDIANA UNIVERSITY SCHOOL OF MEDICINE
DEPARTMENT OF FAMILY MEDICINE
BOWEN RESEARCH CENTER

Secondary Data Analysis of Jay County Health

Prepared for Jay County Hospital
February 2015

Laura Gano, MPH

Hannah L. Maxey, PhD, MPH, RDH

Contents

Acknowledgements

Executive Summary

Jay County Hospital leadership is proactively seeking an inclusive understanding of County health needs and contracted with the Bowen Research Center to create a community health profile through secondary data collection and analysis from various existing health, social, and economic indicators datasets. To provide context, data are also provided for Adams County, Blackford County, Delaware County and Randolph County as well as for the State of Indiana. This secondary data analysis represents the initial stage of the creation of a future community health needs assessment.

Key findings from this analysis were that Jay County's most challenging issues appear to reside in the areas of access to healthcare, poverty, health risk behaviors and preventive health. Health Resources and Services Administration (HRSA) data show that Jay County is a designated medically underserved area (MUA)[1], a primary medical care health professional shortage area (HPSA)[2] and a mental health provider shortage area (MPSA).[2]   Healthcare workforce shortages might account for decreased levels of diabetic screening and mammography screening. Jay County is less racially and ethnically diverse than Indiana overall, but is quite similar in population characteristics to neighboring counties. Although Jay County's unemployment rate is lower than the State unemployment rate, over one-quarter of County children live in poverty and over 40% receive free school lunches. Jay County's high school graduation rate is higher than the State's, but less than one-half of County residents have received any post-secondary education. Increased health risk behaviors include high levels of smoking, injury, obesity, and physical inactivity. Higher levels of obesity and physical inactivity may be correlated with County residents having less access to healthy foods while correspondingly having far less access to exercise opportunities. Finally, among the less populous counties included in this report (Adams, Blackford, Jay and Randolph), Jay County exhibits higher numbers of arrests related to possession, sale or manufacture of marijuana, cocaine or opioids and synthetic drugs such as methamphetamine.

The data provided in this report are intended to assist Jay County Hospital leadership in advancing to the next phase of the community needs health assessment and in identifying other appropriate stakeholders for prioritizing and addressing community health needs.

Introduction

When the Affordable Care Act (ACA) was enacted in 2010, new reporting requirements were set forth under Internal Revenue Service (IRS) Code 501(r) which obligated charitable hospitals to complete and implement a Community Health Needs Assessment every three years in order to retain 501(c)(3) charitable hospital status[3]. Although Jay County Hospital is not required to comply with IRS Code 501(r) guidelines, the Hospital is proactively seeking an inclusive understanding of County health needs. To meet this need, Jay County Hospital contracted with the Bowen Research Center to create a community health profile through secondary data collection and analysis from various existing health, social, and economic indicators datasets. The purpose of this community health profile is to assess health indicators, health concerns, health status, perceived barriers to health care, and lifestyle risk factors for Jay County residents in order to inform Jay County Hospital's future efforts in creation of a community health needs assessment similar to what is required under IRS Code 501(r) guidelines.

Methods

To assess health indicators, Bowen Research Center professional staff obtained data shown from existing secondary datasets. Datasets consulted include:

- US Census Population Estimates

- National Center for Chronic Disease Prevention and Health Promotion

- National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention

- Health Indicators Warehouse

- CDC WONDER mortality data

- National Center for Health Statistics

- Behavioral Risk Factor Surveillance System

- ESRI & US Census TIGER Files

- Fatality Analysis Reporting System

- Map the Meal Gap

- USDA Food Environment Atlas

- Health Research and Services Administration (HRSA) Area Resource File

- Dartmouth Atlas of Health Care

- Data.gov

- Bureau of Labor Statistics

- Small Area Income and Poverty Estimates

- FBI – Uniform Crime Reporting

- National Center for Education Statistics

- Comprehensive Housing Affordability Strategy (CHAS) data

- American Community Survey

- Indiana Board of Pharmacy/Prescription Drug Mentoring Program (INspect)

- Treatment Episode Dataset

Please see the Appendix for further details regarding data source years and how data are reported.

Data analysis

Data were compiled, merged and analyzed using Microsoft Excel® software. Health indicators data were collected and summarized from secondary datasets in order to illustrate Jay County health in relation to Adams, Blackford, Delaware, Randolph Counties as well as Indiana overall.

Findings

In comparison with overall Hoosier health, Jay County's most challenging issues appear to lie in the realms of poverty, preventive health, and post-secondary education. In other areas, Jay County performs better than the State of Indiana overall: excessive drinking, alcohol-impaired driving deaths and drug poisoning deaths rates are less than State-wide rates. However, when examining metrics related to possession, sales or manufacture of drugs, when compared to Adams County, Blackford County and Randolph County, Jay County shows elevated levels of criminal activity related to marijuana, cocaine and opioids and synthetic drugs (such as methamphetamine). See below for further details.

Population characteristics

Population by county

In relation to demographics, Jay County's overall population (21,366) is nearly double that of Blackford County (12,502), the least populated contiguous county but less than Randolph County (25,815), Adams County (34,365) and Delaware County (117,364).

Table 1. Total county population

Location	Population
Adams	34,365
Blackford	12,502
Delaware	117,364
Jay	21,366
Randolph	25,815

Figure 1. Total county population
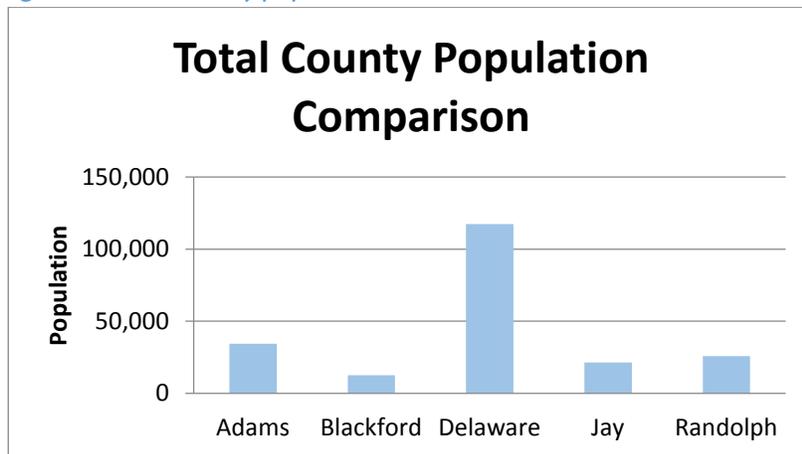
Population by age group

Next to Adams County (30.6%), Jay County (26.2%) has the highest population of those aged 18 or less; both of those are higher than the Indiana proportion (24.3%). Randolph County (23.9%), Blackford County (22.3%) and Delaware County (19.7%) all had lower proportions of those aged less than 18 years than the State. Jay County's (16.0%) population of those aged 65 and over is less than Blackford County (18.9%) and Randolph County (17.7% but more than Delaware County (15.3%), Adams County (14.3%) or the State (13.6%).

Table 2. Age groups

Location	% < 18 years	% ≥65 years
Indiana	24.3	13.6
Adams	30.6	14.3
Blackford	22.3	18.9
Delaware	19.7	15.3
Jay	26.2	16.0
Randolph	23.9	17.7

Figure 2. Age groups
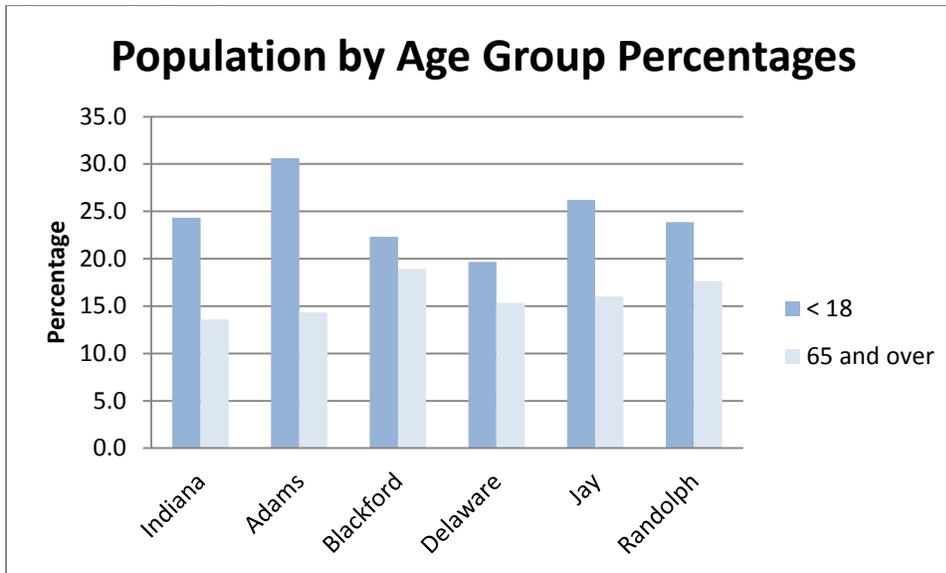
Population by race

With the exception of Delaware County (88.0%), Jay County's (95.6%) non-Hispanic White population is very similar to Blackford County's (96.8%), Randolph County's (95.0%), and Adams County's (94.5%); 81.3% overall of Hoosier citizens identify as non-Hispanic White.

Table 3. Race

Location	% African American	% American Indian/ Alaskan Native	% Asian	% Native Hawaiian/ Other Pacific Islander	% Non-Hispanic White
Indiana	9.1	0.4	1.7	0.1	81.3
Adams	0.3	0.3	0.2	0.0	94.5
Blackford	0.5	0.2	0.2	0.0	96.8
Delaware	6.9	0.3	1.1	0.1	88.0
Jay	0.3	0.1	0.4	0.0	95.6
Randolph	0.5	0.4	0.2	0.0	95.0

Figure 3. Race
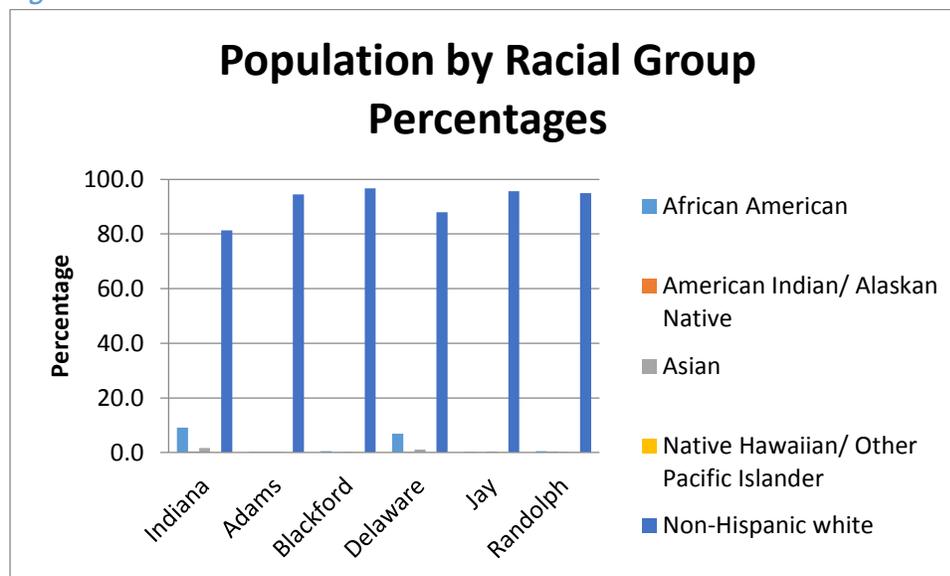
Population by ethnicity

Regarding ethnicity, 2.8% of Jay County residents identify as Hispanic in comparison with 6.2% of all Indiana citizens, 4.2% of Adam County residents, 3.0% of Randolph County residents, 1.9% of Delaware County residents and 1.1% of Blackford County residents.

Table 4. Ethnicity

Location	% Hispanic
Indiana	6.2
Adams	4.2
Blackford	1.1
Delaware	1.9
Jay	2.8
Randolph	3.0

Figure 4. Ethnicity
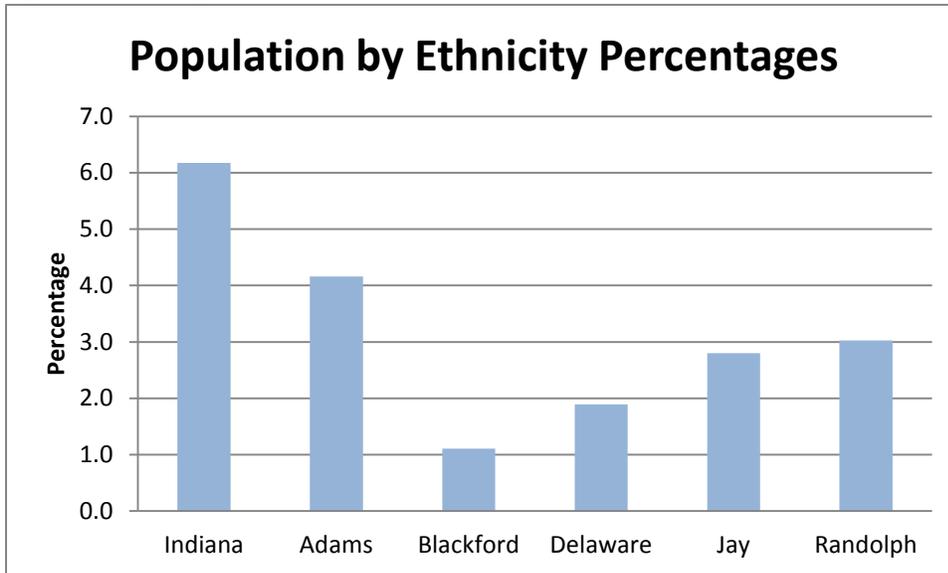
Population by sex

Females comprise 50.8% of Jay County residents, which is identical to the statewide proportion (50.8%) and nearly identical to Adams County and Blackford County (50.6% each) and Randolph County (50.7%). Delaware County's female population is 52.0%.

Table 5. Sex

Location	% Female	% Male
Indiana	50.8	49.2
Adams	50.6	49.4
Blackford	50.6	49.4
Delaware	52.0	48.0
Jay	50.8	49.2
Randolph	50.7	49.3

Figure 5. Sex
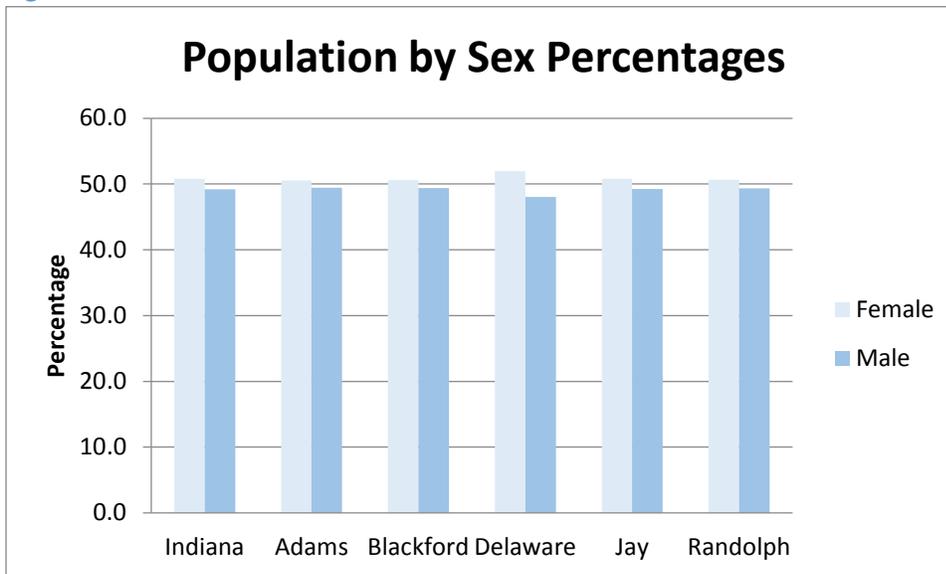
Population by rurality

 Regarding rurality, Jay County (55.7%) has the second highest proportion of rural residents among the contiguous counties; only Randolph County (61.9%) had more rural residents. Adams County has 53.7% rural residency, while Blackford County has 50.6%. Less than thirty percent of Indiana (27.6%) residents are rural, while even less in Delaware County (22.8%) reside in rural areas.

Table 6. Rurality

Location	% Rural	% Non-rural
Indiana	27.6	72.4
Adams	53.7	46.3
Blackford	50.6	49.4
Delaware	22.8	77.2
Jay	55.7	44.3
Randolph	61.9	38.1

Figure 6. Rurality
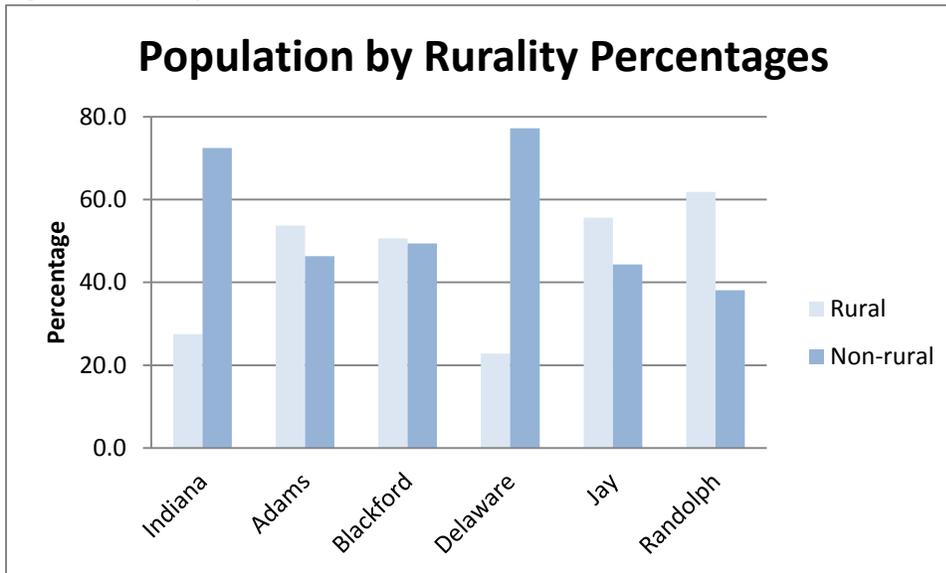
Low birthweight births

Of Jay County births, 8.0% were low birthweight births (<2500 grams), which is slightly lower than the State proportion (8.3%). Adams County experienced only 6.9% low birthweight births; 8.8% of Randolph County births were low birthweight while 9.3% of Blackford County and 9.5% of Delaware County births were low birthweight.

Table 7. Low birthweight (< 2500 grams) births

Location	% low birthweight births
Indiana	8.3
Adams	6.9
Blackford	9.3
Delaware	9.5
Jay	8.0
Randolph	8.8

Figure 7. Low birthweight (< 2500 grams) births
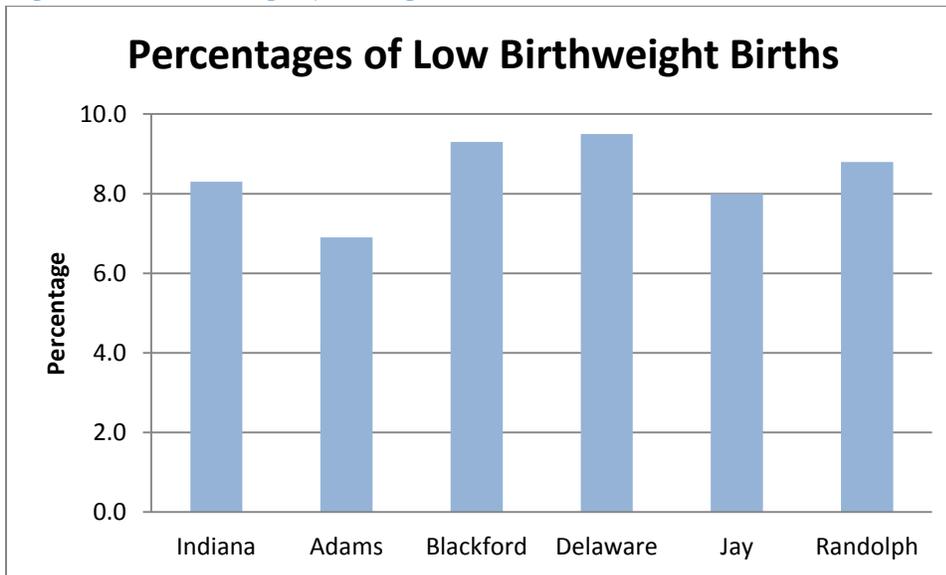
Teen births

The teen birth rate (per 1,000 population, females aged 15 – 19) was 44 per 1,000 for Jay County, higher than the State teen birth rate (40 per 1,000). Blackford County's teen birth rate (52 per 1,000) aligns with its second highest low birthweight proportion, given that teen births are a risk factor for low birthweight babies.[4] Interestingly, Delaware County, which has the highest low birthweight rate among the contiguous counties, also has the lowest teen birth rate (25 per 1,000). Randolph County's teen birth rate is 46 per 1,000 and Adams County's teen birth rate is 31 per 1,000.

Table 8. Teen birth rate (births per 1,000 female population, ages 15-19)

Location	Teen birth rate (per 1,000)
Indiana	40.2
Adams	31.2
Blackford	52.4
Delaware	25.1
Jay	44.4
Randolph	45.8

Figure 8. Teen birth rate (births per 1,000 female population, ages 15-19)

Teen Birth Rate per 1,000
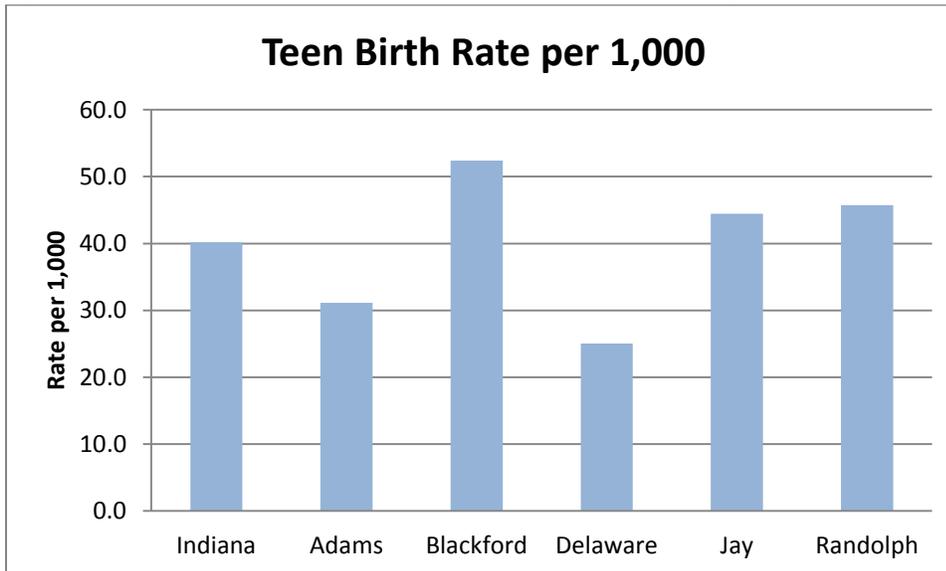
Uninsured children

Adams County (10.8%) and Jay County (8.4%) have the highest proportions of uninsured children; both percentages are higher than the overall State percentage (8.3%). Randolph County (8.1%), Blackford County (7.6%) and Delaware County (7.2%) have the lowest rates.

Table 9. Uninsured children

Location	% uninsured children
Indiana	8.3
Adams	10.8
Blackford	7.6
Delaware	7.2
Jay	8.4
Randolph	8.1

Figure 9. Uninsured children

Percentages of Uninsured Children
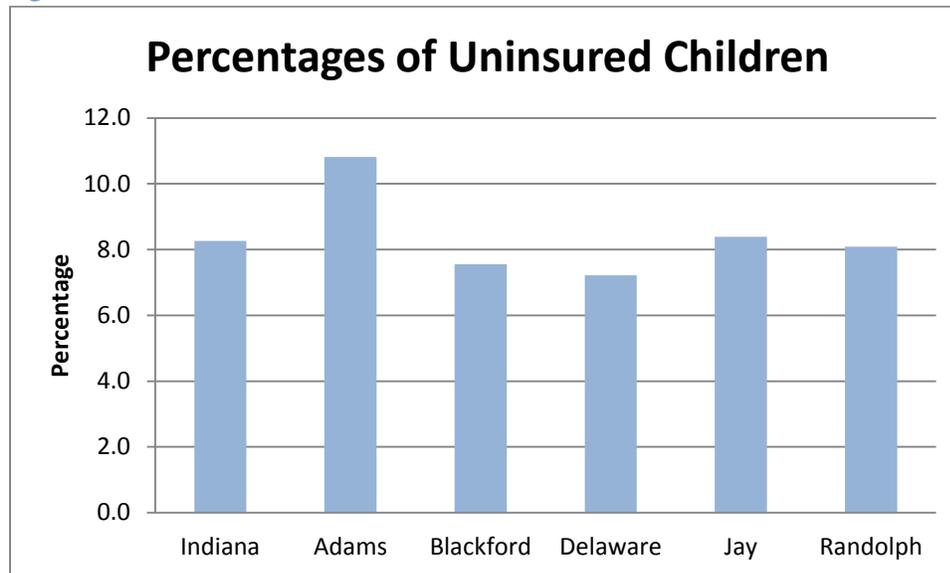
Uninsured adults

One-fifth (20.0%) of Hoosier adults are uninsured; Delaware County adults are uninsured at the same proportion (20.0%). Slightly more adults are uninsured in Blackford County (20.9%), while 21.2% are uninsured in Jay County, 21.6% in Randolph County and 23.4% in Adams County.

Table 10. Uninsured adults

Location	% uninsured adults
Indiana	20.0
Adams	23.4
Blackford	20.9
Delaware	20.0
Jay	21.2
Randolph	21.6

Figure 10. Uninsured adults
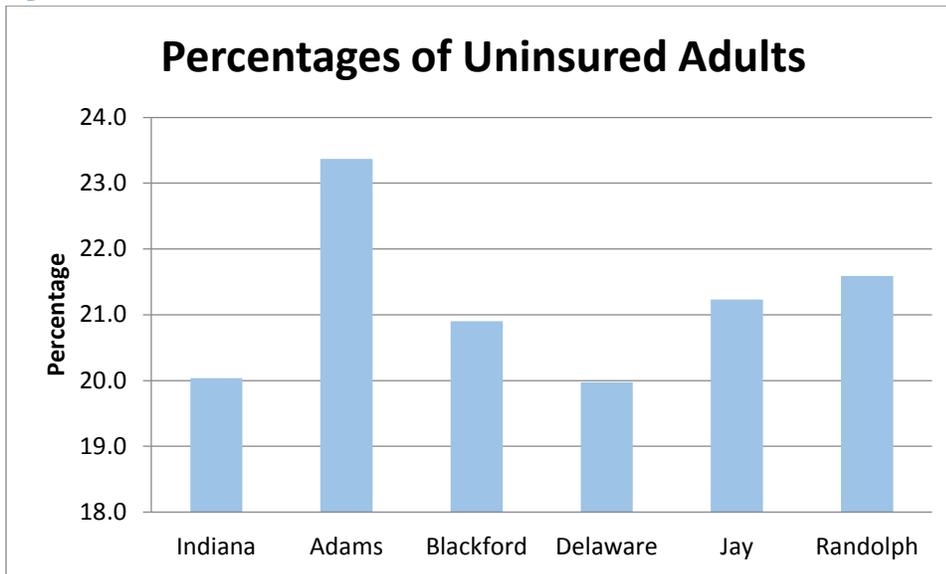
High school graduation rate

Of the contiguous counties, Randolph has the lowest high school graduation rate (86.1%), which is slightly lower than the overall Indiana rate (86.5%). Eight-eight percent (88.0%) of Jay County residents are high school graduates; the Delaware County rate is just higher at 89%. Blackford County (92.5%) and Adams County (92.8%) have the highest high school graduation rates.

Table 11. High school graduation rate

Location	% graduated
Indiana	86.5
Adams	92.8
Blackford	92.5
Delaware	89.0
Jay	88.0
Randolph	86.1

Table 11. High school graduation rate
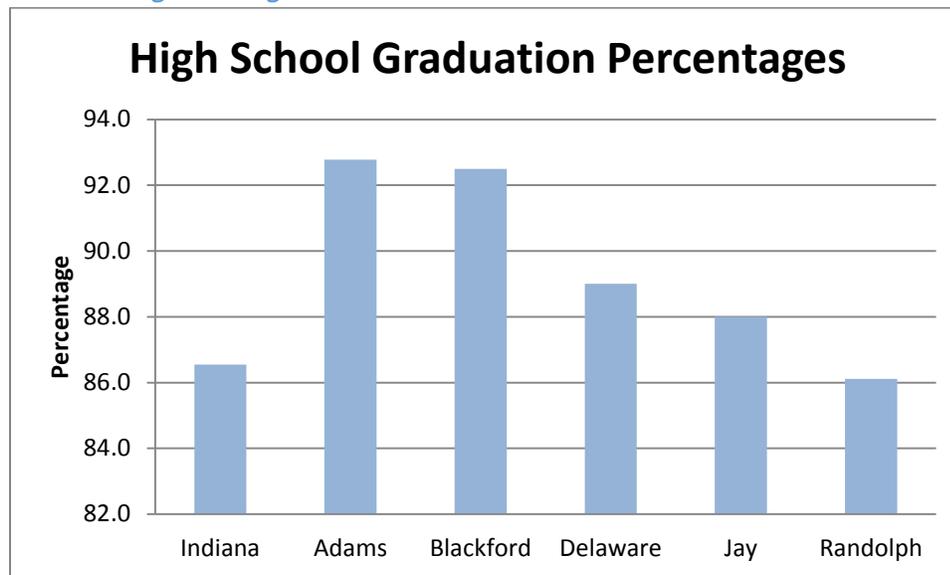
Some college (post-secondary education)

Fewer adults aged 25 – 44 who reside in the contiguous counties have had some level of post-secondary education than Indiana residents overall (59.7%). Delaware County residents have had slightly less post-secondary education (59.6%); Just over one-half of Randolph County (51.5%) and Adams County (50.5%) residents had received some post-secondary education while less than one-half of Jay County (44.4%) and Blackford County (43.5%) had obtained some level of post-secondary education.

Table 12. Some college education (post-secondary education)

Location	% some college
Indiana	59.7
Adams	50.5
Blackford	43.5
Delaware	59.6
Jay	44.4
Randolph	51.5

Figure 12. Some college education (post-secondary education)
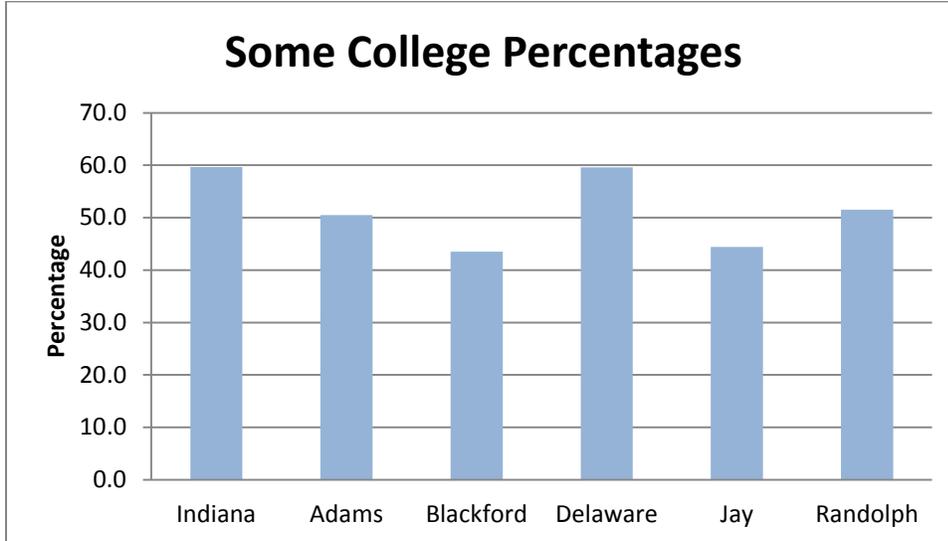
English proficiency

All of the contiguous counties have higher levels of proficiency in English than the State of Indiana overall (98.4%): Adams County, 98.0%; Randolph County, 99.5%; Delaware County, 99.6%; Blackford County, 99.9%). Almost one hundred percent (99.6%) of Jay County residents have proficiency in English.

Table 13. English proficiency

Location	% Proficient in English
Indiana	98.4
Adams	98.0
Blackford	99.9
Delaware	99.6
Jay	99.6
Randolph	99.5

Figure 13. English proficiency

Percentages of English Proficiency

	Indiana	Adams	Blackford	Delaware	Jay	Randolph
Percentage	98.4	98.0	99.9	99.6	99.6	99.5
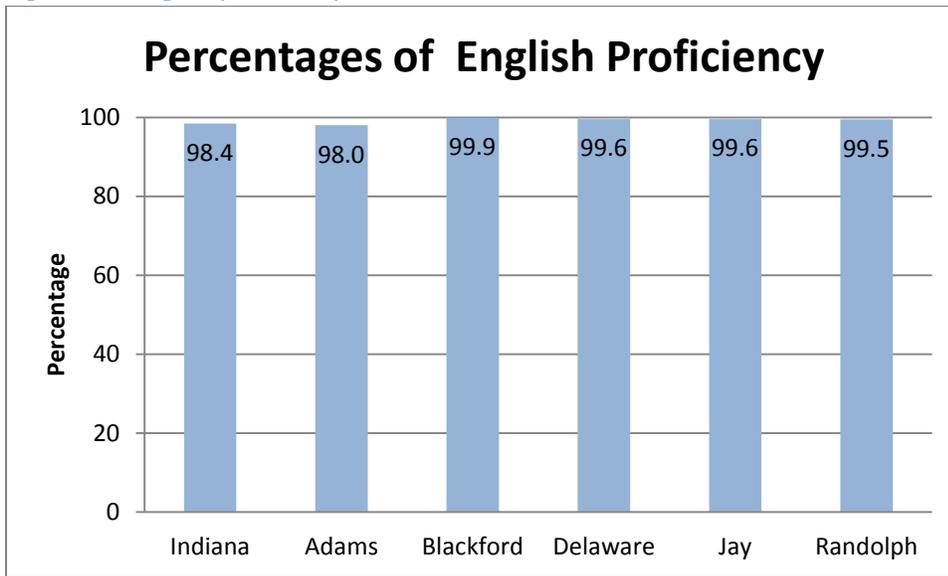
Unemployment

Jay County (7.3%) and Adams County (7.8%) both experience levels of unemployment lower than the State (8.4%). The other contiguous counties have higher levels of unemployment: Delaware (9.5%); Randolph (9.7%); Blackford (10.6%).

Table 14. Unemployment

| Location	% unemployment
Indiana	8.4
Adams	7.8
Blackford	10.6
Delaware	9.5
Jay	7.3
Randolph	9.7

Figure 14. Unemployment
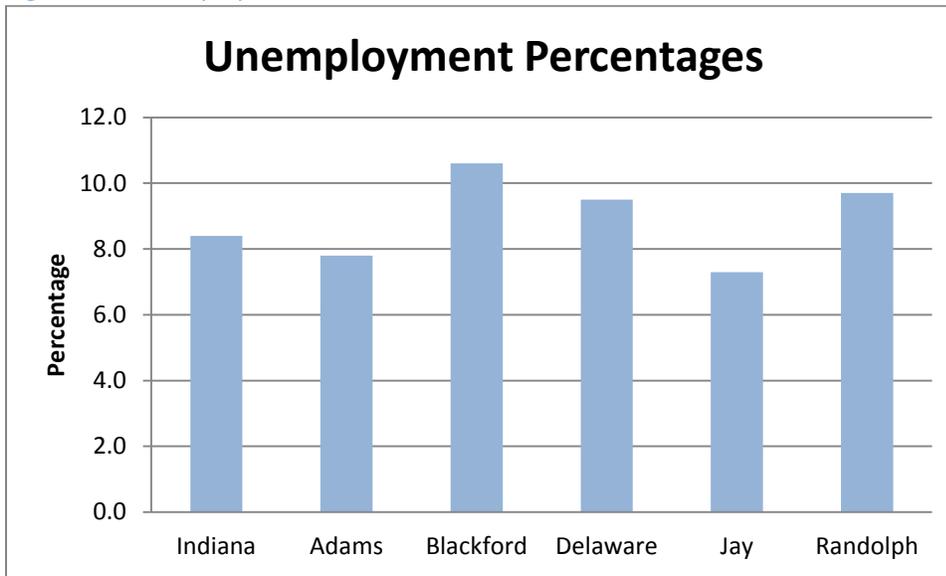
Median household income

Indiana residents have a higher median household income ($46,954) than the contiguous counties: Adams County, $42,944; Jay County, $42,410; Randolph County, $40,656; Blackford County, $38,927; Delaware County, $37,339.

Table 15. Median household income

Location	Household Income
Indiana	$46,954
Adams	$42,944
Blackford	$38,927
Delaware	$37,339
Jay	$42,410
Randolph	$40,656

Figure 15. Median household income
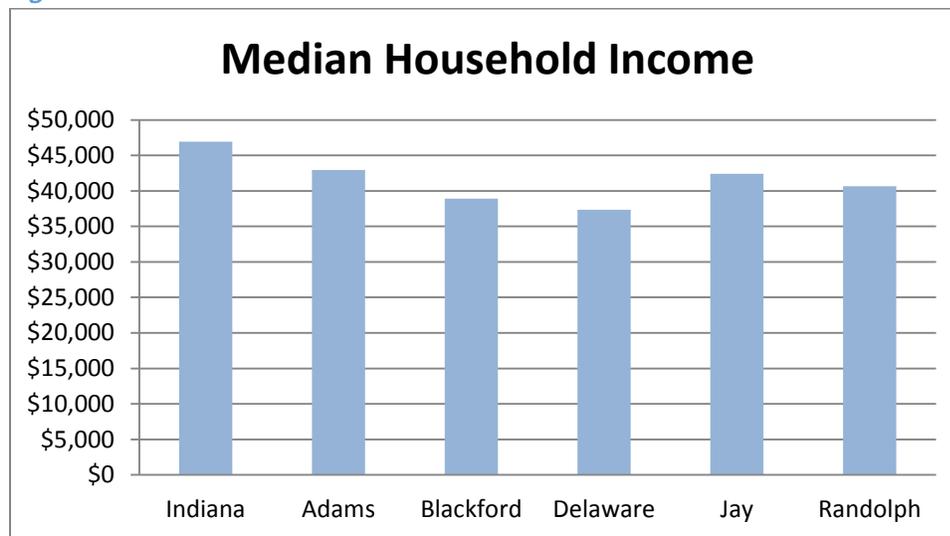
Children living in poverty

Fewer Hoosier children live in poverty (22.1%) than in the contiguous counties:
Blackford County, 25.0%; Jay County, 25.0%; Delaware County, 26.5%; Randolph County, 27.3%;
Adams County, 33.2%.

Table 16. Children living in poverty

Location	% Children in Poverty
Indiana	22.1
Adams	33.2
Blackford	25.0
Delaware	26.5
Jay	25.8
Randolph	27.3

Figure 16. Children living in poverty

Percentages of Children Living in Poverty
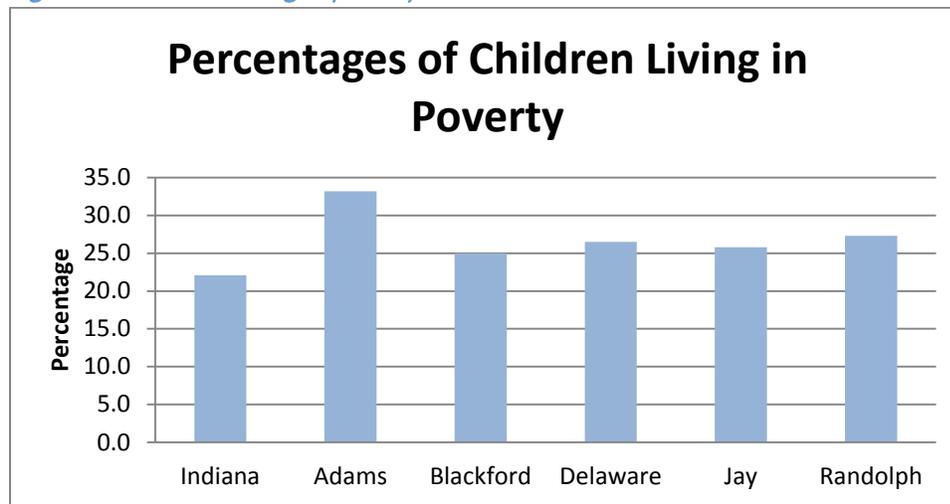
Children eligible for free lunch

Over forty percent (40.0%) of Blackford County, Randolph County and Delaware County children are eligible to receive free lunches (43.0%, 42.3%, 41.9%, respectively). Adams County has fewer children eligible for free lunch (31.7%) than the State-wide proportion of children eligible to receive free lunch (38.9%).

Table 17. Children eligible for free lunch

Location	% free lunch
Indiana	38.9
Adams	31.7
Blackford	43.0
Delaware	41.9
Jay	41.4
Randolph	42.3

Figure 17. Children eligible for free lunch

Percentages of Children Eligible for Free Lunch
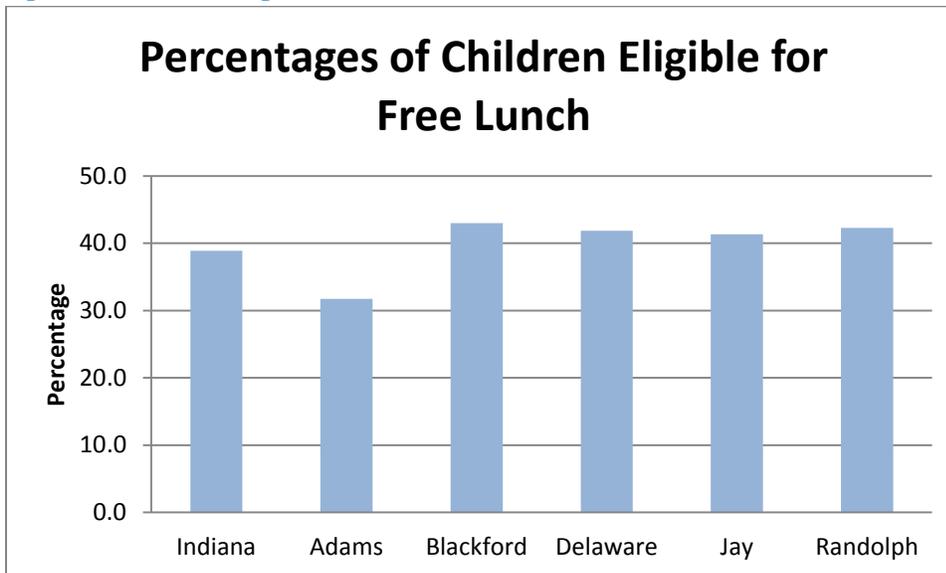
Children in single parent households

Nearly one-third of Hoosier children (32.8%) reside in single parent households in comparison with 39.2% of Blackford County children, 37.9% of Delaware County children, 35.0% of Randolph County children, 30.2% of Jay County children and 16.1% of Adams County children.

Table 18. Children in single parent household

Location	% children in single-parent households
Indiana	32.8
Adams	16.1
Blackford	39.2
Delaware	37.9
Jay	30.2
Randolph	35.0

Figure 18. Children in single parent household

Percentages of Children Living in Single Parent Households
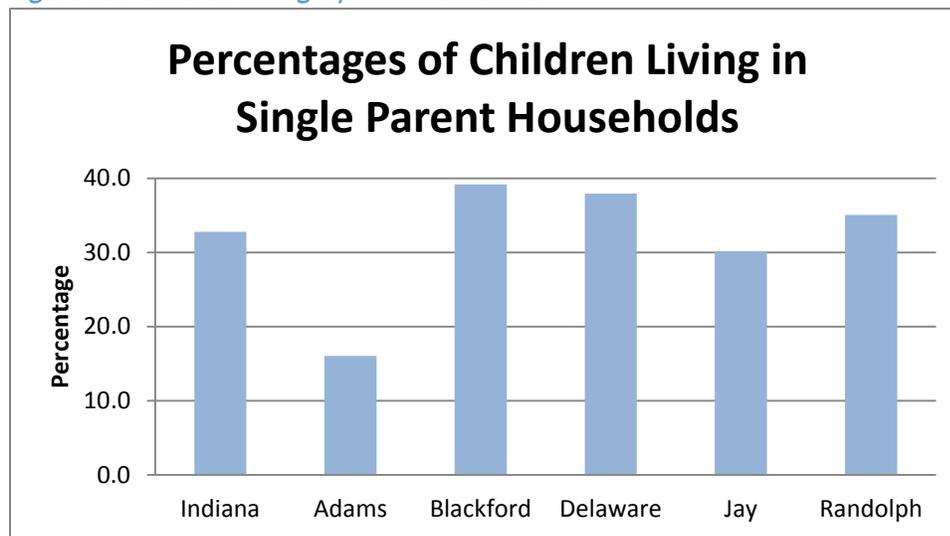
Population morbidity

Diabetes prevalence

Since increasing age is a risk factor for development of diabetes mellitus [5], it is not surprising that the prevalence of diabetes mellitus is highest among those contiguous counties with the highest populations aged 65 and over. Slightly over twelve percent (12.2%) of both Jay County and Blackford County residents are diabetic; Blackford County has the highest proportion of senior citizens. Randolph County has the highest prevalence of diabetes (13.0%) and the second highest population of seniors. Delaware County's (10.5%) proportion of diabetic residents is identical to the State proportion. Adams County has the lowest diabetic prevalence (8.9%) as well as the lowest proportion of senior residents.

Table 1. Diabetes prevalence

Location	% diabetic
Indiana	10.5
Adams	8.9
Blackford	12.2
Delaware	10.5
Jay	12.2
Randolph	13.0

Figure 1. Diabetes prevalence
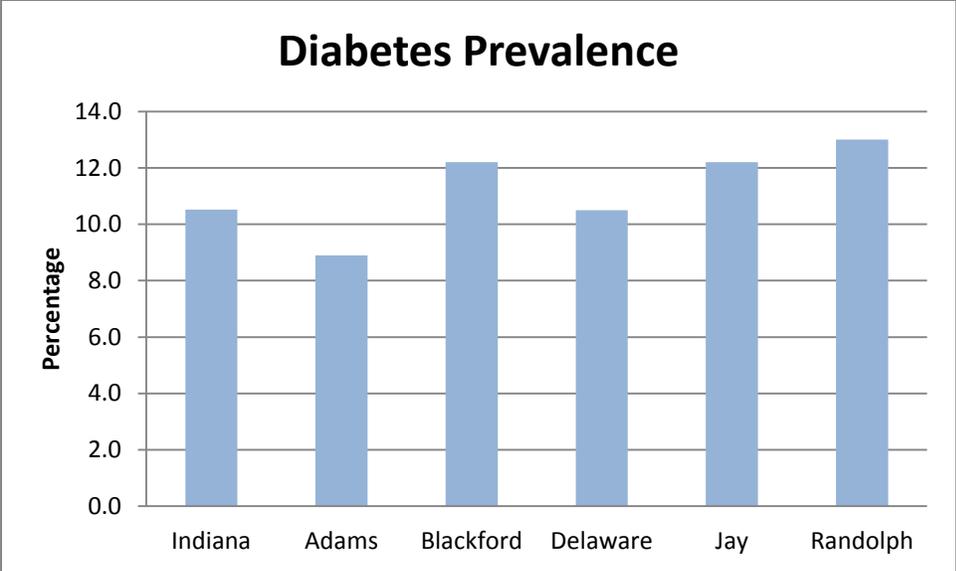
HIV prevalence

Regarding HIV prevalence rates, 62 per 100,000 Jay County residents are living with an HIV diagnosis which is less than half the State-wide rate (159 per 100,000). HIV prevalence in Adams County is 21 per 100,000; 49 per 100,000 in Randolph County; and 98 per 100,000 in Delaware County. HIV prevalence data from Blackford County are suppressed per Centers of Disease Control guidelines to protect privacy.

Table 2. HIV prevalence

Location	HIV rate per 100,000
Indiana	159
Adams	21
Blackford	-
Delaware	98
Jay	62
Randolph	49

Figure 2. HIV prevalence
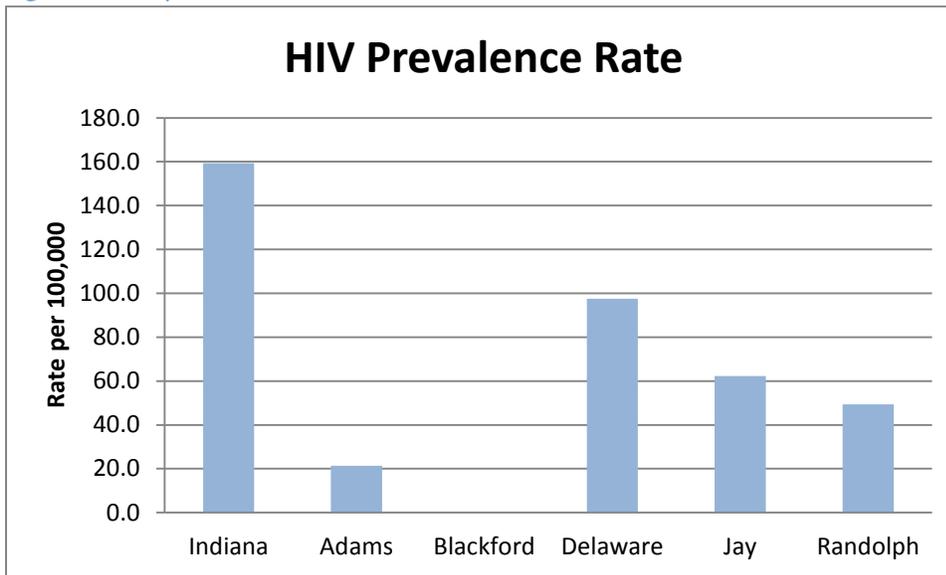
Poor or fair health

At 26.0%, Blackford County residents had the highest response rate of poor or fair health (vs. good, very good, excellent). Jay County residents had the next highest poor/fair response rate at 20.3% while 20.1% of Randolph County residents and 16.1% of Delaware County residents responded this way. Only Adams County residents had a lower proportion of these responses (13.3%) than the overall State rate (16.1%).

Table 3. Poor or fair health

Location	% poor or fair health
Indiana	16.1
Adams	13.3
Blackford	26.0
Delaware	20.1
Jay	20.3
Randolph	20.1

Figure 3. Poor or fair health
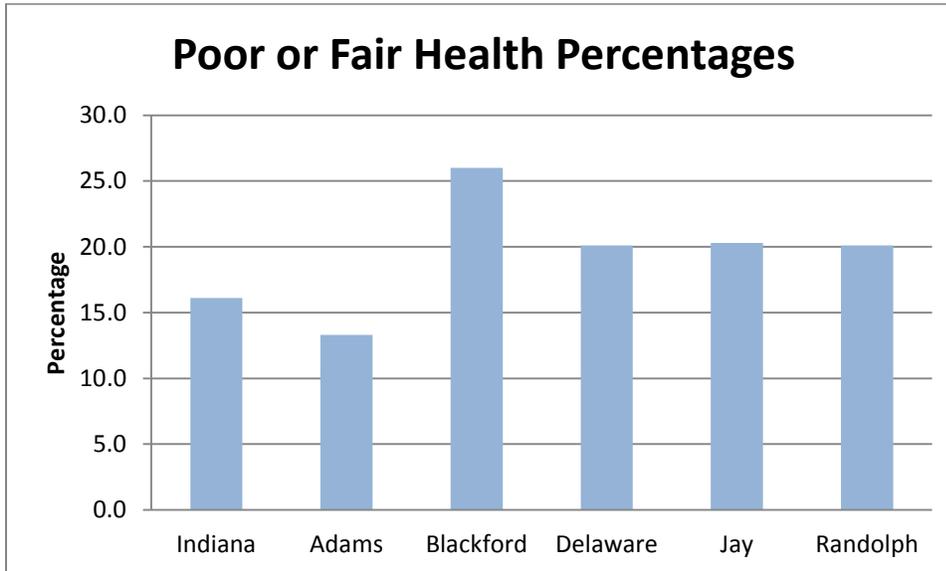
Poor physical health days

Of all the contiguous counties, only Adams County reported a fewer average of poor physical health days (2.5) in comparison with the State average (3.6). Jay County residents reported 4.0 poor physical health days, Delaware County residents reported 4.6, Randolph County 4.0 and Blackford County 5.2 poor physical health days.

Table 4. Poor physical health days

Location	Average physically unhealthy days
Indiana	3.6
Adams	2.5
Blackford	5.2
Delaware	4.6
Jay	4.0
Randolph	5.0

Figure 4. Poor physical health days
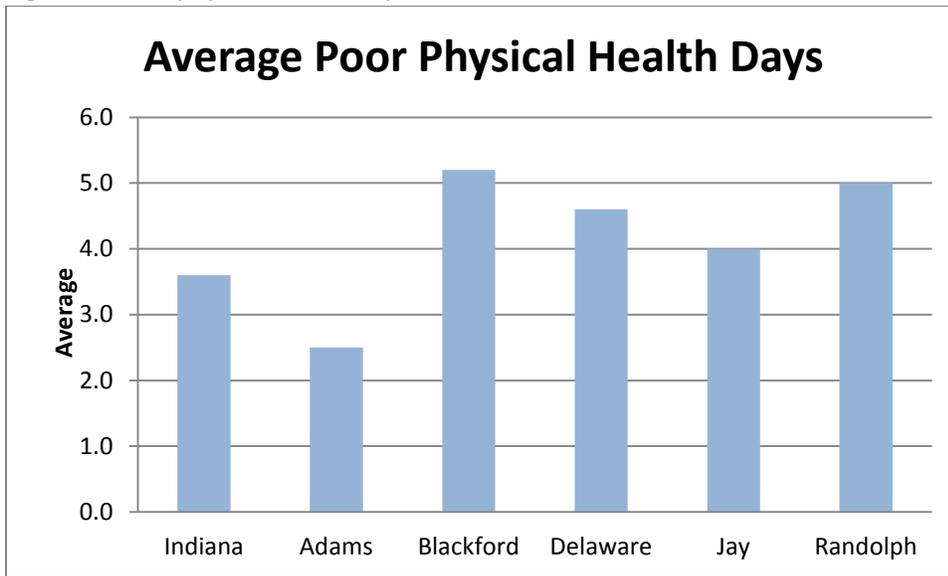
Poor mental health days

As with poor physical health, Adams County reported the least number of poor mental health days (2.8) and Blackford County residents reported the greatest number (5.0). Randolph County reported slightly fewer poor mental health days (3.6) compared to the statewide average (3.7). Jay County reported 4.0 average poor mental health days and Delaware County residents reported 4.9.

Table 5. Poor mental health days

Location	Average mentally unhealthy days
Indiana	3.7
Adams	2.8
Blackford	5.0
Delaware	4.9
Jay	4.0
Randolph	3.6

Figure 5. Poor mental health days

Average Poor Mental Health Days
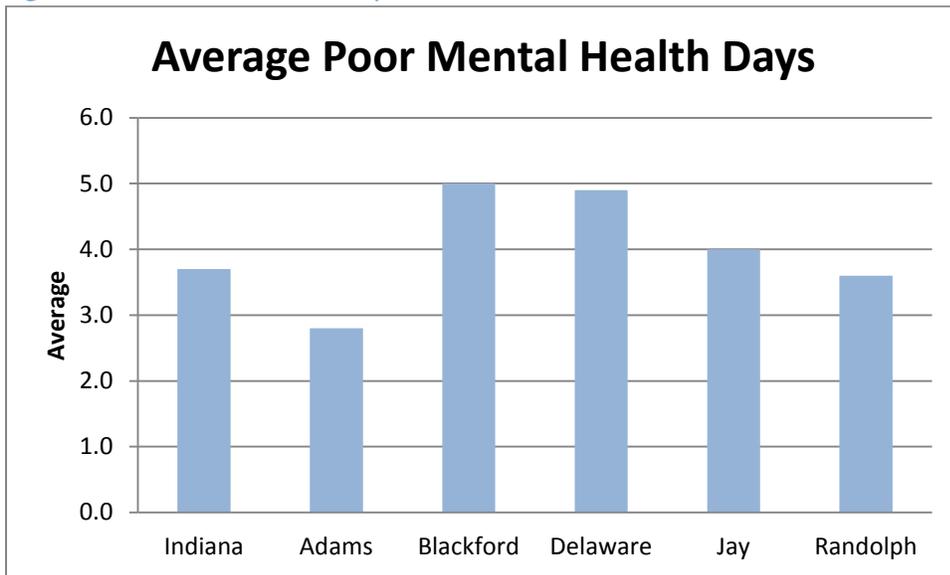
Obesity

In alignment with Indiana's obesity rate (31.4%), nearly one-third of contiguous County residents are obese. This high obesity rate undoubtedly contributes to the diabetes rates, since being overweight is a key risk factor for development of diabetes.[5] Randolph County has the highest proportion (34.8%) but Jay County's rate is not appreciably lower – 34.6%. Just over one-third of Blackford County (33.5%) and Delaware County (33.2%) residents are obese; in Adams County, 30.4% are obese.

Table 6. Obesity

Location	% obese
Indiana	31.4
Adams	30.4
Blackford	33.5
Delaware	33.2
Jay	34.6
Randolph	34.8

Figure 6. Obesity
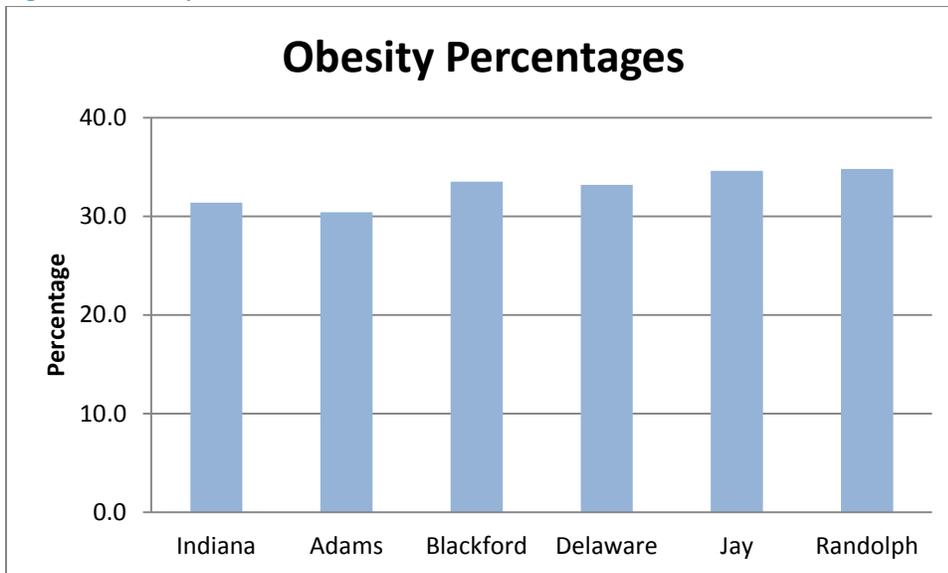
Sexually transmitted infections (chlamydia)

The incidence rate for chlamydia infection is lowest in Adams County (131 per 100,000). Although Jay County has the next lowest rate (235 per 100,000) it is still nearly double that of Adams County. Blackford County's rate (254 per 100,000) is similar to Jay County's rate but Randolph County's rate (391 per 100,000) is substantially higher. Delaware County's rate (651 per 100,000 is substantially higher than the Statewide rate of 427 per 100,000.

Table 7. Sexually transmitted infections (chlamydia)

Location	Sexually transmitted infections (chlamydia) per 100,000
Indiana	427
Adams	131
Blackford	254
Delaware	651
Jay	235
Randolph	391

Figure 7. Sexually transmitted infections (chlamydia)
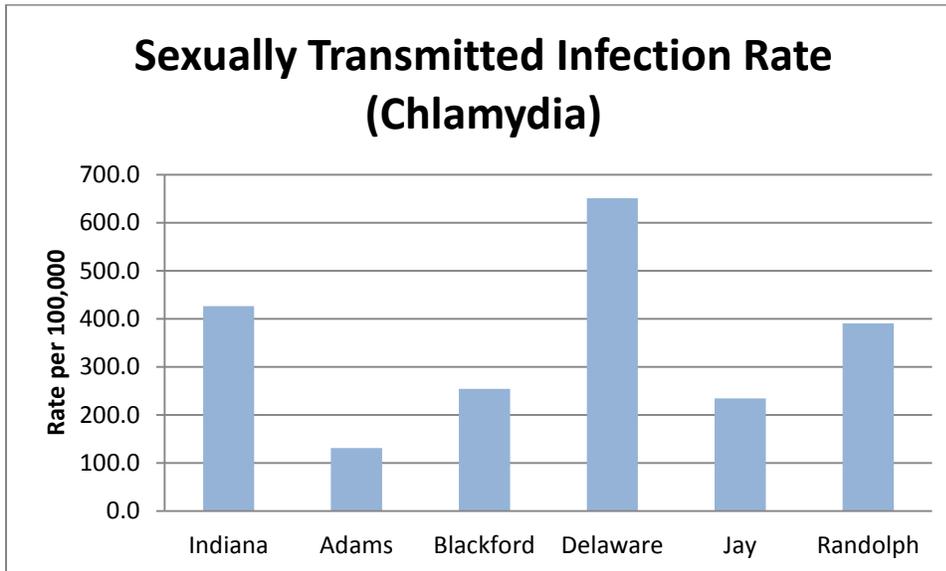
Population Mortality

Premature death

Indiana's overall age-adjusted premature (residents under the age of 75) mortality rate is 382 per 100,000. Two of the contiguous counties had lower rates, Adams County (319 per 100,000) and Randolph County (373 per 100,000. Jay County's rate is 410 per 100,000; Delaware County's is 417 per 100,000; and Blackford County's rate is 493 per 100,000.

Table 1. Premature death

Location	Premature deaths per 100,000
Indiana	382
Adams	319
Blackford	493
Delaware	417
Jay	410
Randolph	373

Figure 1. Premature death

Premature Death per 100,000
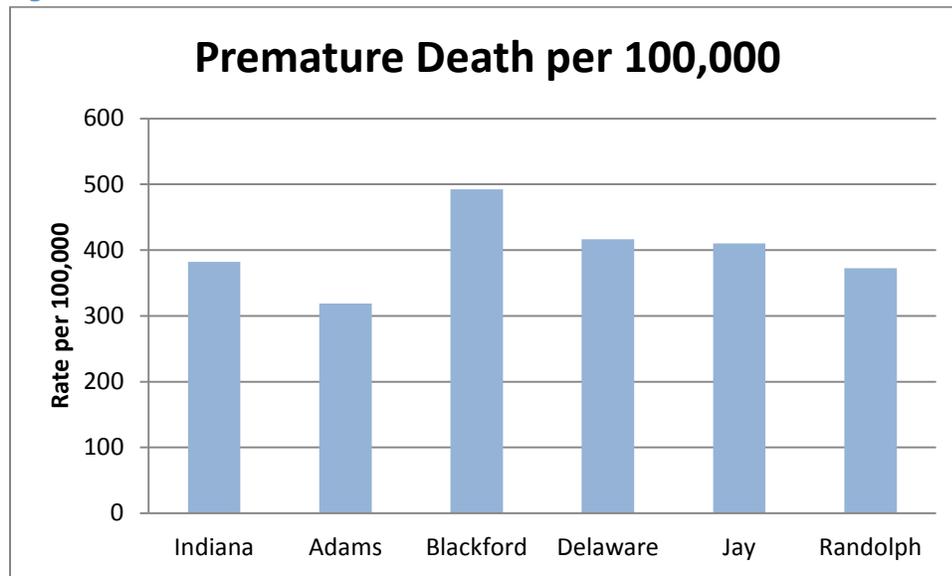
Infant mortality

Due to data privacy constraints, infant mortality rates are reported only for Indiana (8 per 1,000 live births), Adams County (9 per 1,000 live births) and Delaware County (10 per 1,000 live births).

Table 2. Infant Mortality

Location	Infant deaths per 1,000 live births
Indiana	8
Adams	9
Blackford	-
Delaware	10
Jay	-
Randolph	-

Figure 2. Infant mortality
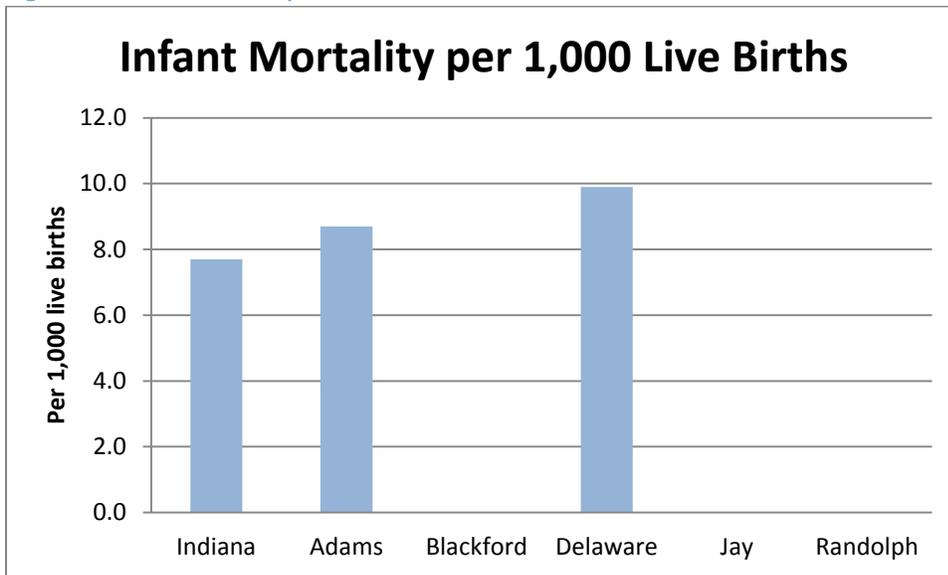
Child mortality

Child mortality data were not reported for Blackford County or Randolph County. Jay County had the lowest child mortality rate (52 per 100,000) compared to Delaware County (67 per 100,000), Indiana overall (64 per 100,000) and Adams County (104 per 100,000).

Table 3. Child mortality

Location	Child deaths per 100,000
Indiana	64
Adams	104
Blackford	-
Delaware	67
Jay	52
Randolph	-

Figure 3. Child mortality
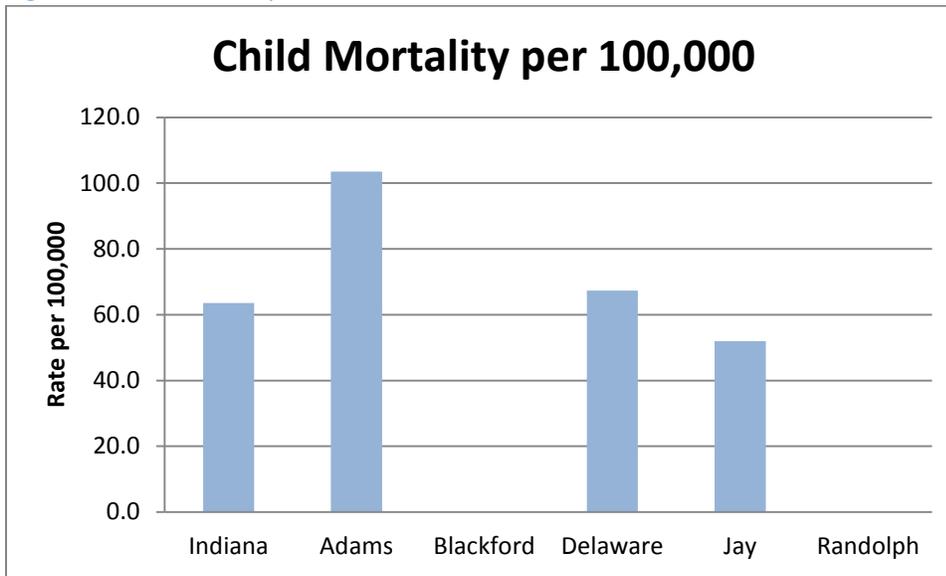
Alcohol-impaired driving deaths

The proportion of deaths in which alcohol was a factor are more than ten percent higher in Jay County (35.3%) than in the State overall (26.2%). The proportion is also higher in Delaware County (32.1%) but lower in Randolph County (23.5%) and much lower in Blackford County (10.0%) and Adams County (6.3%).

Table 4. Alcohol-impaired driving deaths

Location	% Alcohol-impaired driving deaths
Indiana	26.2
Adams	6.3
Blackford	10.0
Delaware	32.1
Jay	35.3
Randolph	23.5

Figure 4. Alcohol-impaired driving deaths
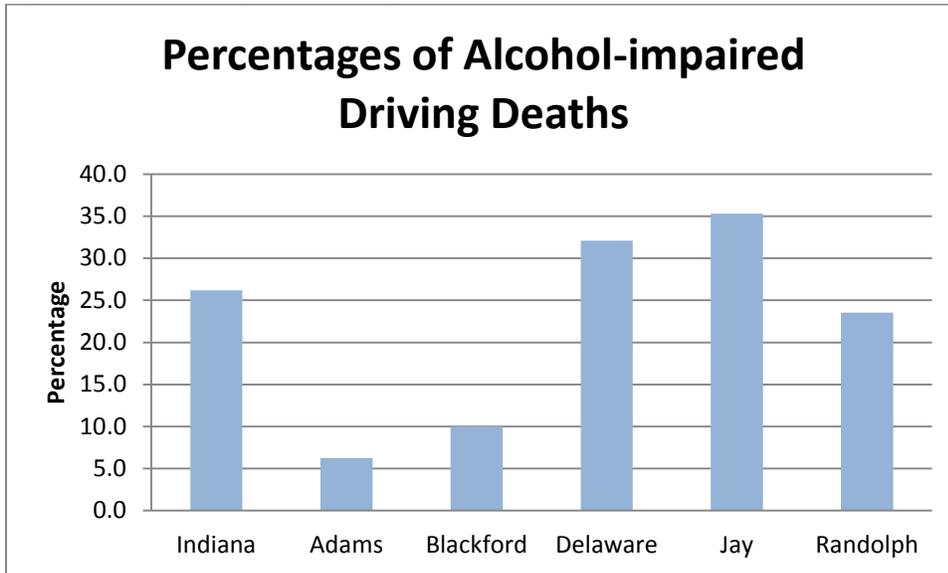
Motor vehicle crash death rate

Of the contiguous counties, Jay County has the second highest motor vehicle crash death rate (19 per 100,000); Blackford County's rate is highest at 21 per 100,000. Randolph County's rate (16 per 100,000) and Adams County's rate (15 per 100,000) exceed the State rate (14 per 100,000); only Delaware County's rate (11 per 100, 0000) is lower.

Table 5. Motor vehicle crash death rate

Location	Motor vehicle crash deaths per 100,000
Indiana	14
Adams	15
Blackford	21
Delaware	11
Jay	19
Randolph	16

Figure 5. Motor vehicle crash death rate
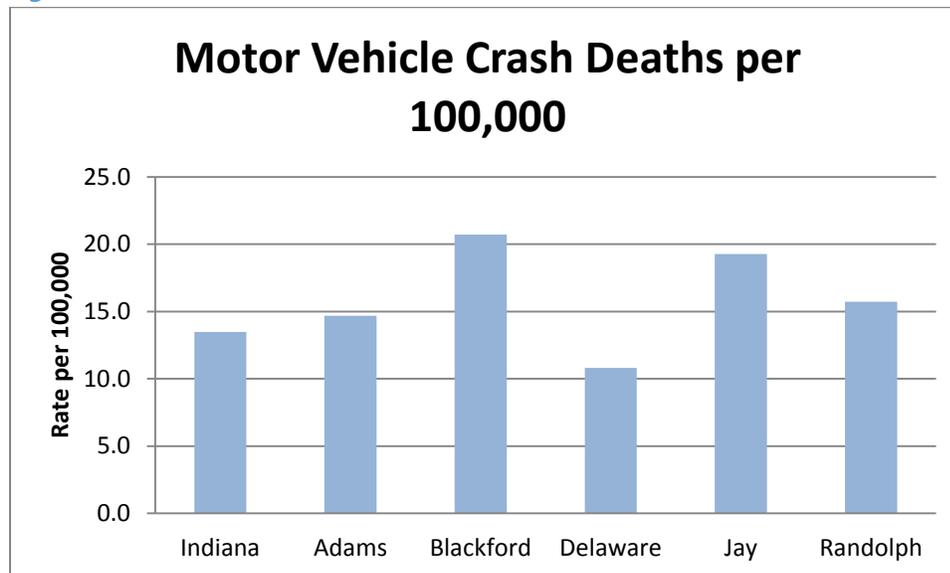
Drug poisoning deaths

Jay County (10 per 100,000), Adams County and Randolph County (both 8 per 100,000) drug poisoning mortality rates are lower than the statewide rate of 12 per 100,000. Delaware County's rate is 15 per 100,000 and the Blackford County rate is nearly double the State rate at 23 per 100,000.

Table 6. Drug poisoning deaths

Location	Drug poisoning deaths per 100,000
Indiana	12
Adams	8
Blackford	23
Delaware	15
Jay	10
Randolph	8

Figure 6. Drug poisoning deaths
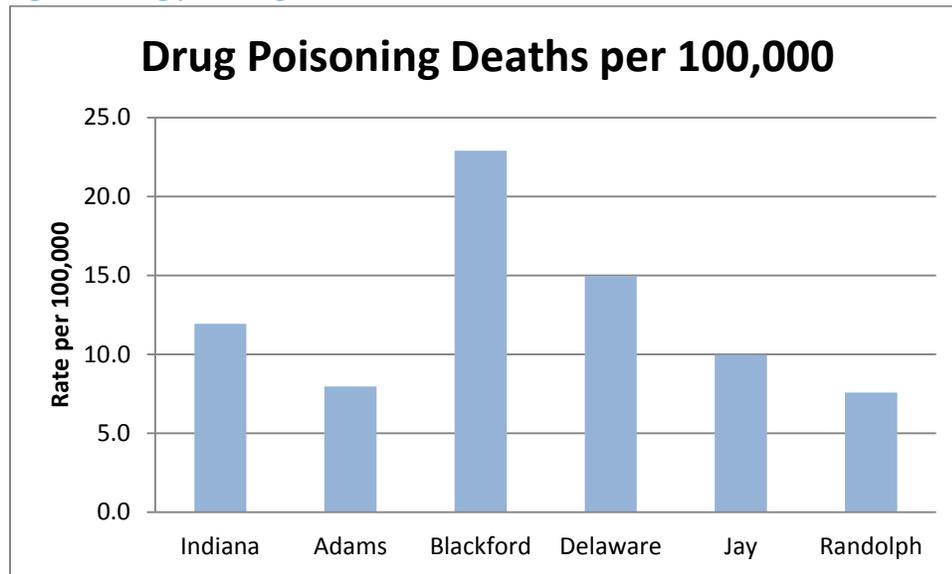
Injury deaths

Both Jay County (66 per 100,000) and Blackford County (73 per 100,000) had higher injury death rates than the statewide rate of 61 per 100,000. Delaware County, Randolph County and Adams County had lower injury mortality than the State (58 per 100,000; 56 per 100,000; and 43 per 100,000, respectively).

Table 7. Injury deaths

Location	Injury deaths per 100,000
Indiana	61
Adams	43
Blackford	73
Delaware	58
Jay	66
Randolph	56

Figure 7. Injury deaths
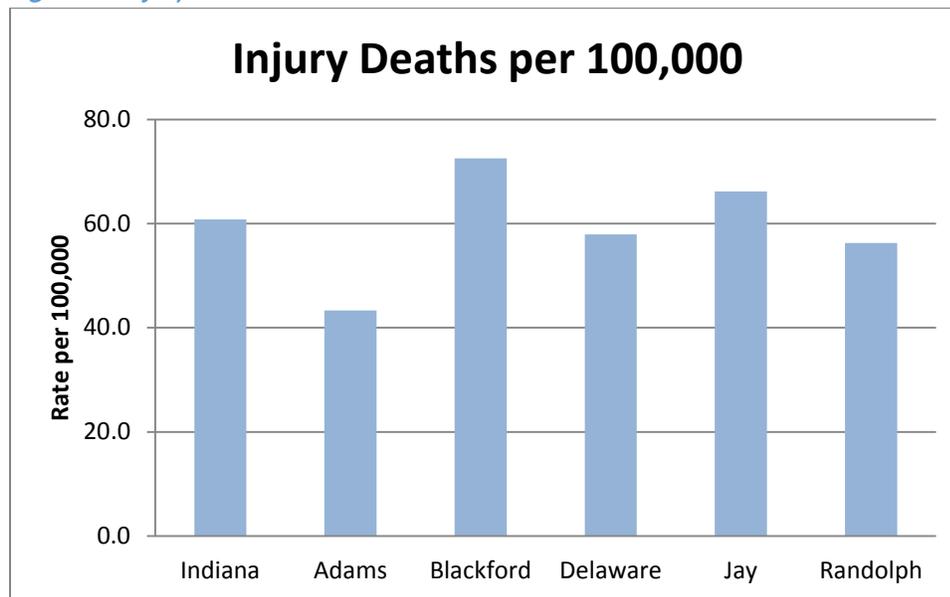
## Healthcare workforce and utilization

Healthcare workforce

With the exception of Delaware County, the contiguous counties have lower levels of primary care workforce providers than Indiana. When considering the category *Primary Care Providers*, the State's ratio of persons per providers is 1538:1; Delaware County has more providers at 1188 persons per provider (1188:1); Blackford County's ratio of persons to provider is 1799:1; Jay County and Adams County primary care providers must provide service at ratios of 3044 persons per provider and 3124 persons per provider, respectively; and Randolph County providers must provide care for 4350 persons per provider. In the category Other Primary Care Providers, inequity is reduced for Randolph County as there is one provider per 3226 persons (3226:1); in Adams County, 3124 persons per provider (3124:1); in Blackford County, 3125 persons per provider (3125:1); in Jay County, there are 2670 persons per provider (2670:1) while Delaware County has even fewer persons per provider (1833:1) than the State overall (2044:1). Mental health providers represent the profession most lacking in the healthcare workforce, especially for Adams County (6957:1) and Randolph County (6536:1). Blackford County has an astonishing 12,665 persons per mental health provider ratio (12665:1). Jay County's mental health providers bear nearly double the load than the overall ratio for the State: there are 1800 persons per mental health provider in Jay County while there are 916 persons per provider for Indiana. Delaware has the most favorable ratio of all: 614 persons per mental health provider. As with other healthcare professions, there are more dentists in Delaware County per person (1976:1) than in Indiana (2072:1) and the other contiguous Counties. In Adams County, there are 2484 persons per dentist (2484:1); in Blackford County, 4221 persons per dentist (4221:1); in Jay County, 4231 persons per dentist (4231:1); and in Randolph County, over 5000 persons per dentist (5228:1).

Table 1. Primary care providers ratio

Location	PCP ratio
Indiana	1538:1
Adams	3124:1
Blackford	1799:1
Delaware	1188:1
Jay	3044:1
Randolph	4350:1

Figure 1. Primary care providers ratio
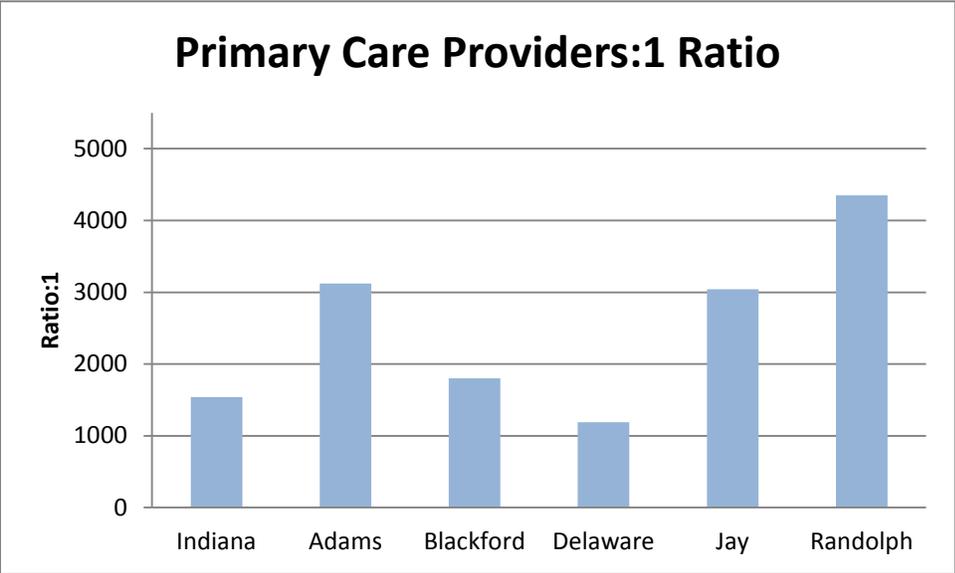
Table 2. Other primary care providers ratio

Location	Other PCP ratio
Indiana	2044:1
Adams	3124:1
Blackford	3125:1
Delaware	1833:1
Jay	2670:1
Randolph	3226:1

Figure 2. Other primary care providers ratio
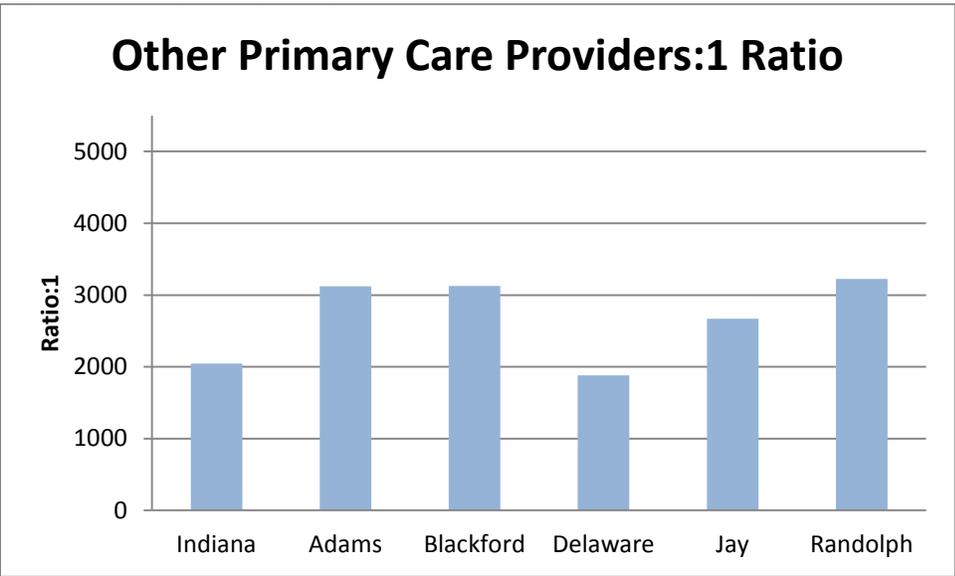
Table 3. Mental health providers (MHP) ratio

Location	MHP ratio
Indiana	916:1
Adams	6957:1
Blackford	12665:1
Delaware	614:1
Jay	1800:1
Randolph	6536:1

Figure 3. Mental health providers (MHP) ratio
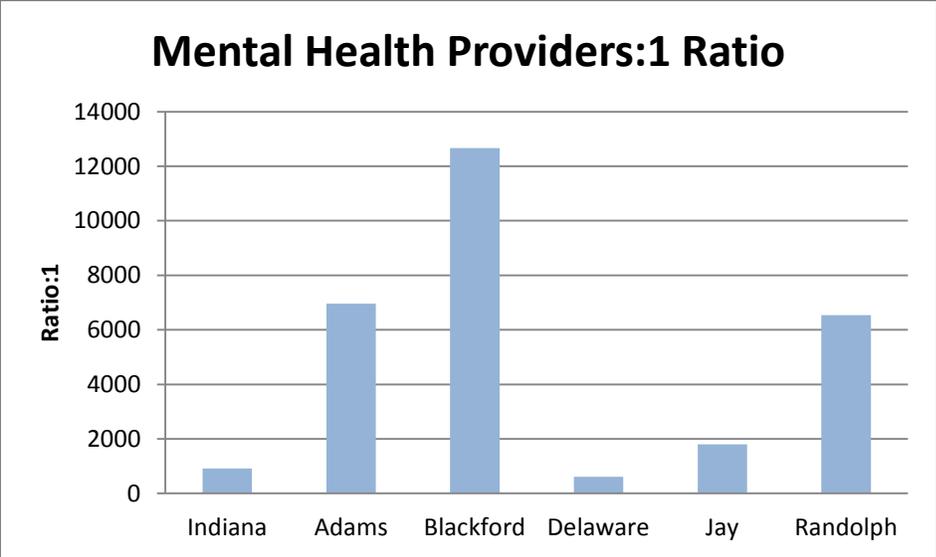
Table 4. Dental providers ratio

Location	Dentist ratio
Indiana	2072:1
Adams	2484:1
Blackford	4221:1
Delaware	1976:1
Jay	4321:1
Randolph	5228:1

Figure 4. Dental providers ratio

Figure 4. Dental providers ratio
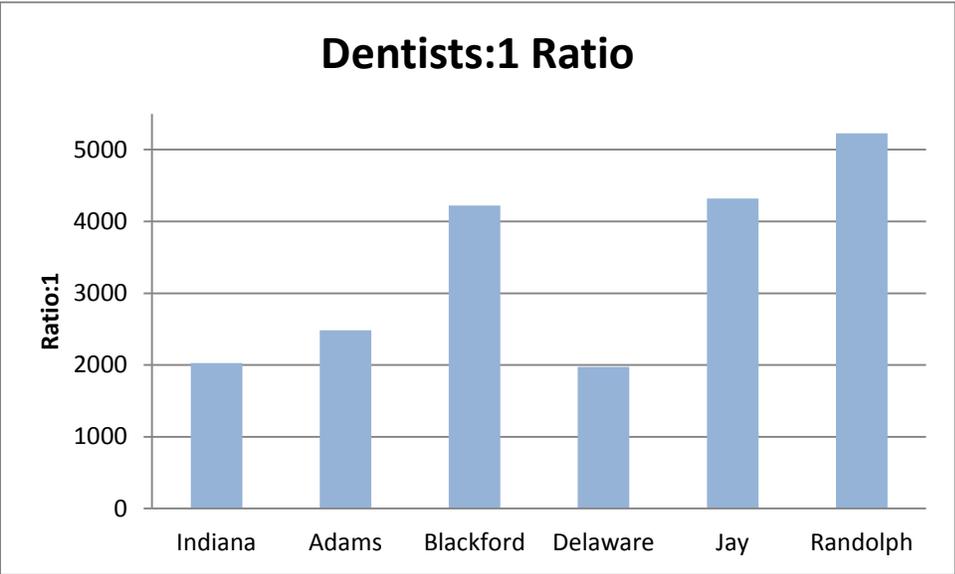
Preventable hospital stays

Preventable hospital stays related to ambulatory care-sensitive conditions include: convulsions, chronic obstructive pulmonary disease, bacterial pneumonia, asthma, congestive heart failure, hypertension, angina, cellulitis, diabetes, gastroenteritis, kidney/urinary Infection, and dehydration and are measured as the hospital discharge rate for ambulatory care-sensitive conditions per 1,000 Medicare enrollees.[6] Jay County (90 per 1,000), Randolph County (91 per 1, 0000), Adams County (97 per 1,000) and Blackford County (106 per 100,000 have stay rates higher than the State of Indiana rate (76 per 1,000). Only Delaware County exhibited a lower rate (67 per 1,000). It is possible that these higher rates may be linked to the elderly populations in these counties since the many of the ambulatory care-sensitive conditions are common to those aged 65 and over.

Table 5. Preventable hospital stays

Location	Preventable hospitalizations per 1,000
Indiana	76
Adams	97
Blackford	106
Delaware	67
Jay	90
Randolph	91

Figure 5. Preventable hospital stays
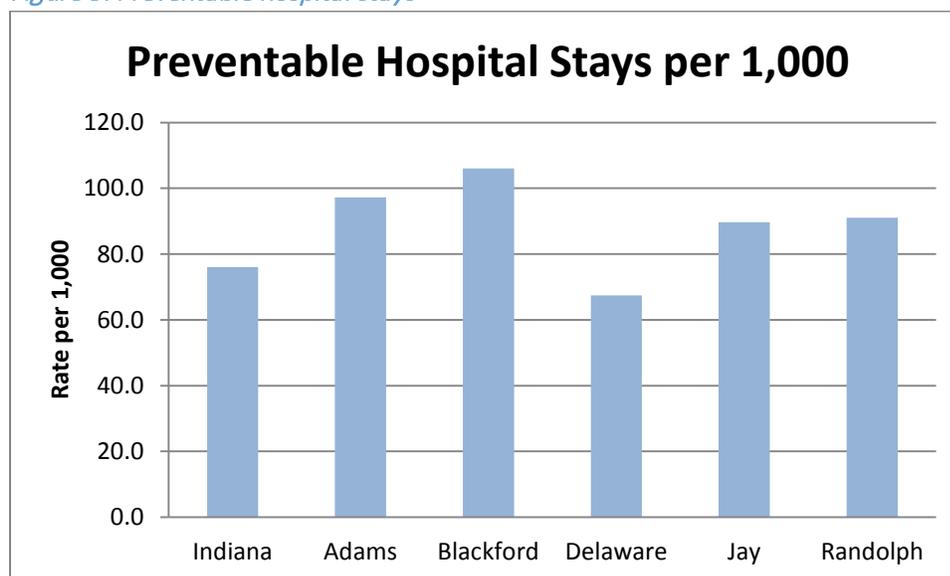
Diabetic screening

The percentage of Medicare enrollees who receive HbA1c monitoring is lowest in Jay County (82.7%); this is lower than the statewide rate of 83.8%. Blackford County diabetic screening for this population is 84.1%. In Delaware County, 84.7% are screened and in Randolph County 87.4% are screened and in Adams County 88.7% are screened. These screening rates may have some influence over the high rate of diabetes in the contiguous counties.

Table 6. Diabetic screening

Location	% Medicare enrollees who received diabetic screening
Indiana	83.8
Adams	88.7
Blackford	84.1
Delaware	84.7
Jay	82.7
Randolph	87.4

Figure 6. Diabetic screening

Diabetic Screening Percentages
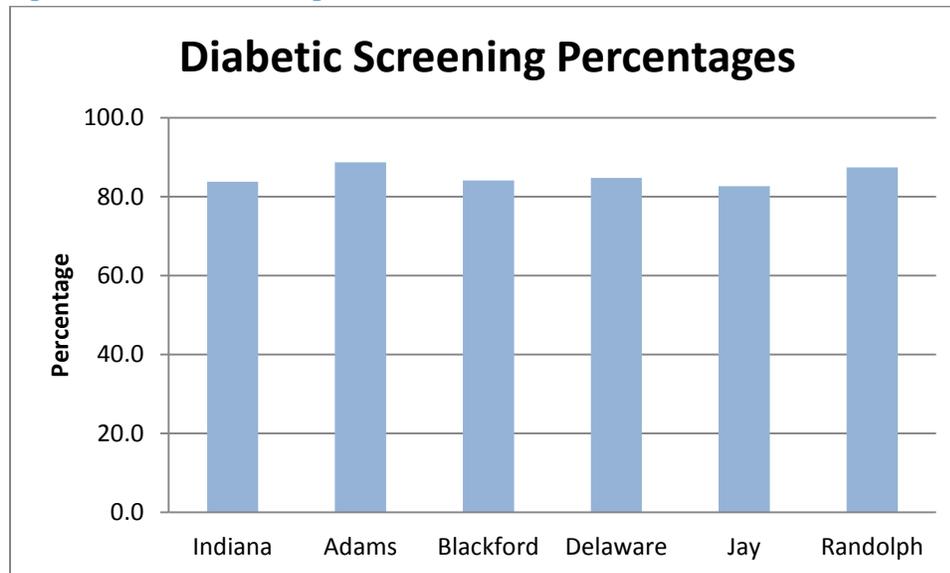
Mammography screening

Adams County (50.5%), Blackford County (56.8%) and Jay County (60.4%) have lower mammography screening rates for female Medicare enrollees than the State proportion (61.3%). Randolph County and Delaware County mammography screening rates are over sixty-four percent (64.1% and 64.8%, respectively).

Table 7. Mammography screening

Location	% female Medicare enrollees who received mammography screening
Indiana	61.3
Adams	50.5
Blackford	56.8
Delaware	64.8
Jay	60.4
Randolph	64.1

Figure 7. Mammography screening
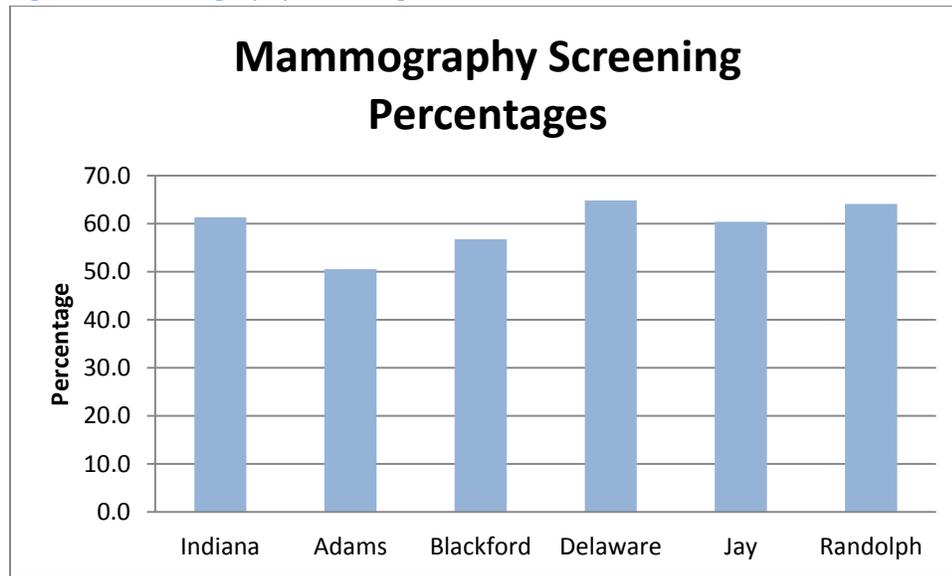
Health care costs

Blackford County spends more ($10,541) on Medicare enrollees than that State of Indiana does overall ($9,901). Jay County ($9,076) and the other contiguous counties spend slightly less than the State: Randolph County, $9,799; Delaware County, 9,522; Adams County, $9,010.

Table 8. Health care costs

Location	Medicare spending per enrollee
Indiana	$9,901
Adams	$9,010
Blackford	$10,541
Delaware	$9,552
Jay	$9,076
Randolph	$9,799

Figure 8. Healthcare costs

Medicare Spending Per Enrollee
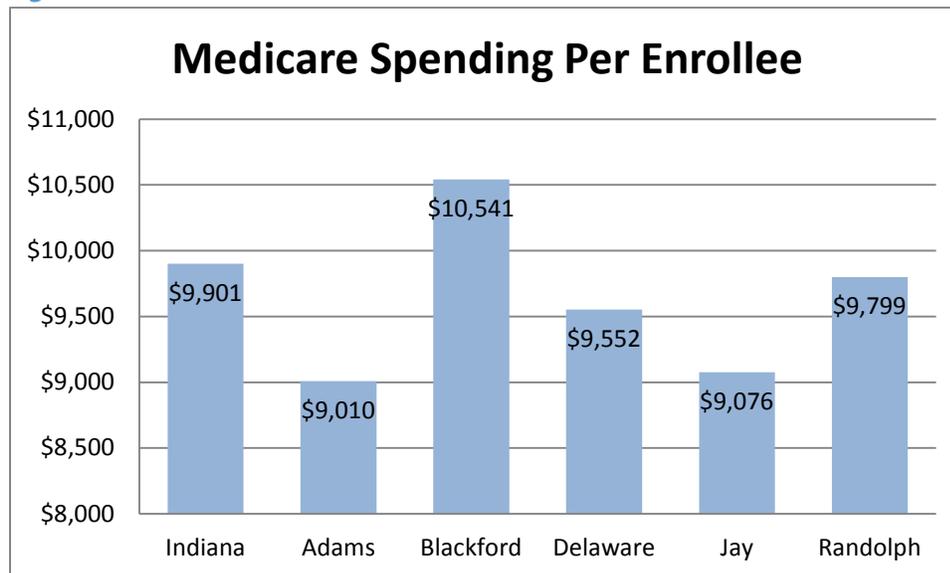
Could not see doctor due to cost

Adams County was the only contiguous county to have a lower percentage that could not see a physician due to cost (9.6%) than the overall State proportion (14.4%). Fifteen percent (15%) of Randolph County residents couldn't see a doctor due to cost while 16.4% of Delaware County residents, 17.9% of Jay County residents and 23.5% of Blackford County residents were prevented from seeing a doctor due to cost.

Table 9. Could not see doctor due to cost

Location	% could not see doctor due to cost
Indiana	14.4
Adams	9.6
Blackford	23.5
Delaware	16.4
Jay	17.9
Randolph	15.0

Figure 9. Could not see doctor due to cost
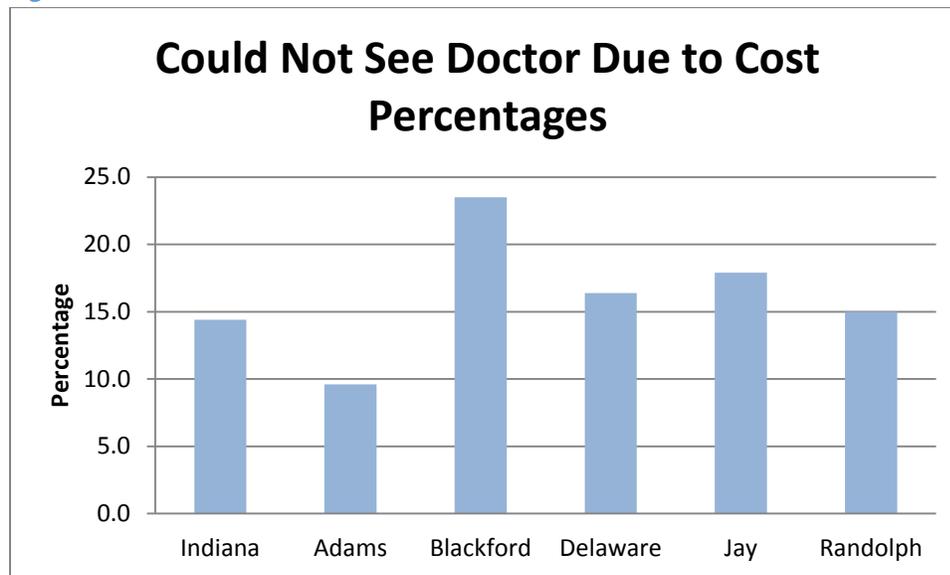
Social/environmental factors affecting health

Smoking

Smoking in Indiana remains a serious problem, and Adams County (20.8%) is the only one of the contiguous counties that had a lower proportion of current adult smokers than the statewide rate (21.9%). Nearly thirty percent (29.4%) of Blackford County residents are smokers and over one-quarter (25.5%) of Jay County and Delaware County (25.2%) residents are smokers. In Randolph County, 23.5% of adults are current smokers.

Table 1. Smoking

Location	% adult smokers
Indiana	22.8
Adams	20.8
Blackford	29.4
Delaware	25.2
Jay	25.6
Randolph	23.5

Figure 1. Smoking
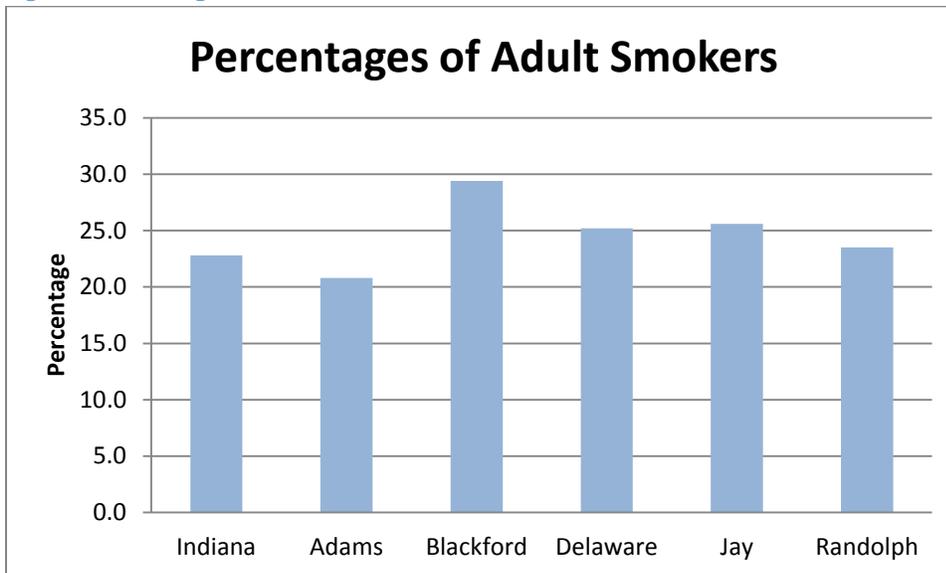
Physical inactivity

High rates of physical activity are certainly linked to high obesity rates; all of the contiguous counties have rates of physical inactivity higher than the statewide rate (27.9%): Adams County, 28.5%, Blackford County, 30.7%; Delaware County, 31.5%, Jay County, 32.0%, Randolph County, 38.8%

Table 2. Physical inactivity

Location	% Physically Inactive
Indiana	27.9
Adams	28.5
Blackford	30.7
Delaware	31.5
Jay	32.0
Randolph	38.8

Figure 2. Physical inactivity
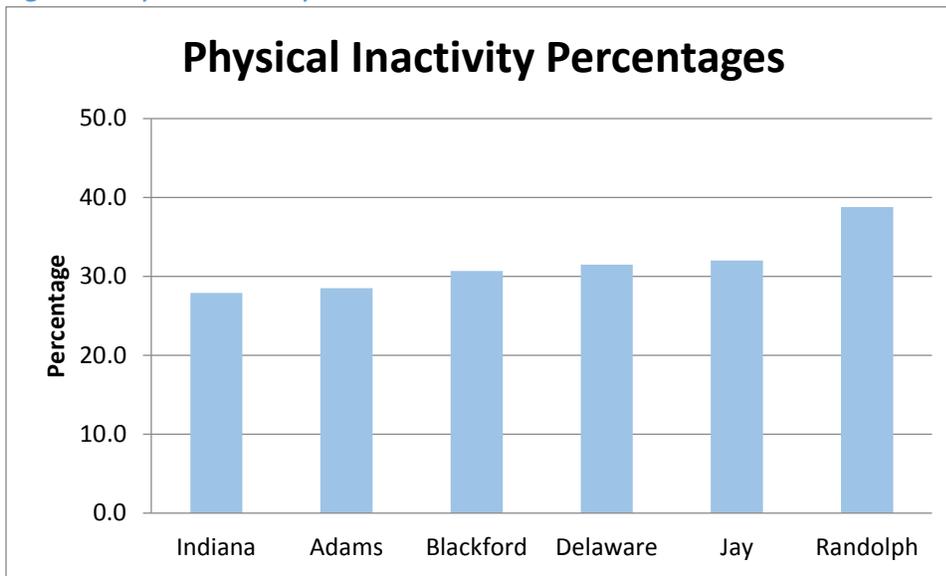
Excessive drinking

With the exception Randolph County (16.0%), all of the contiguous counties exhibit excessive drinking rates lower than the overall State of Indiana rate (15.9%). Jay County has the lowest rate of excessive drinking (10.2%), followed by Delaware County (11.9%), Adams County (13.5%) and Blackford County (14.3%).

Table 3. Excessive drinking

Location	% excessive drinking
Indiana	15.9
Adams	13.5
Blackford	14.3
Delaware	11.9
Jay	10.2
Randolph	16.0

Figure 3. Excessive drinking
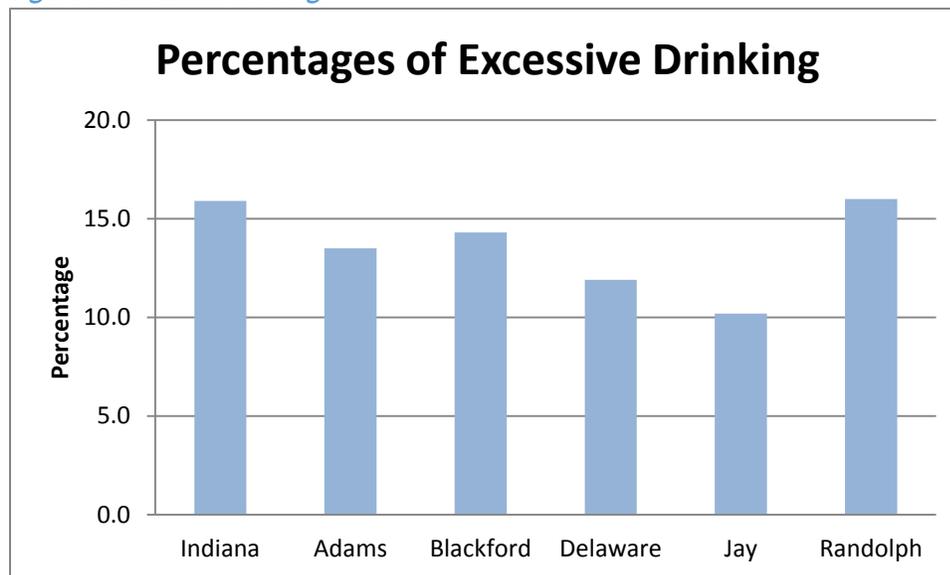
Access to exercise opportunities

All of the contiguous counties have fewer opportunities to access exercise than the level of opportunities for the State overall (63.9%), but Jay County residents have by far the fewest opportunities to access exercise (14.9%). Over sixty percent (61.1%) of Delaware County residents have access to exercise; over fifty percent of both Blackford County and Adams County have access to exercise (56.8% and 56.3%, respectively); less than one-third (27.1%) of Randolph County residents have access to exercise opportunities.

Table 4. Access to exercise opportunities

Location	% with access
Indiana	63.9
Adams	56.3
Blackford	56.8
Delaware	61.1
Jay	14.9
Randolph	27.1

Figure 4. Access to exercise opportunities
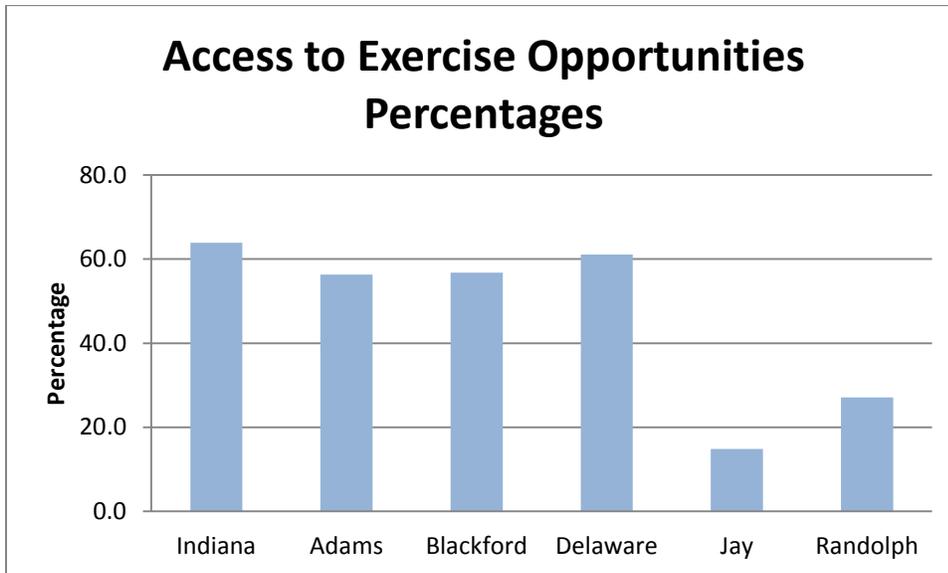
Food insecurity

Only Delaware County (17.5%) residents have a greater proportion of food insecurity than overall Hoosier residents (16.3%). Just over fifteen percent (15.3%) of Blackford County residents experience food insecurity while just under fifteen percent (14.7%) of Randolph County residents are food insecure. The populace of both Adams County and Jay County experience food insecurity at 13.1%.

Table 5. Food insecurity

Location	% food insecure
Indiana	16.3
Adams	13.1
Blackford	15.3
Delaware	17.5
Jay	13.1
Randolph	14.7

Figure 5. Food insecurity

Percentages of Food Insecurity
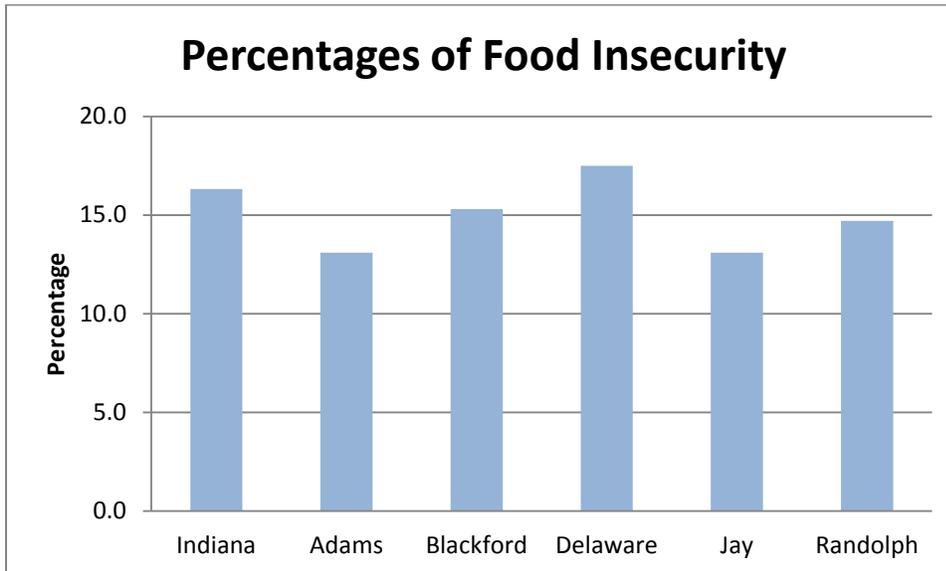
Limited access to healthy foods

      Jay County has the highest proportion (8.9%) of residents who have limited access to healthy foods followed by Randolph County (8.8%) and Delaware County (7.0%); all have rates higher than the State percentage, 6.3%. In Adams County, 2.8% of residents have limited access to healthy foods while in Blackford County only 0.6% have limited access.

Table 6. Limited access to healthy foods

Location	% with limited access
Indiana	6.3
Adams	2.8
Blackford	0.6
Delaware	7.0
Jay	8.9
Randolph	8.8

Figure 6. Limited access to healthy foods

Percentages of Limited Access to Healthy Foods
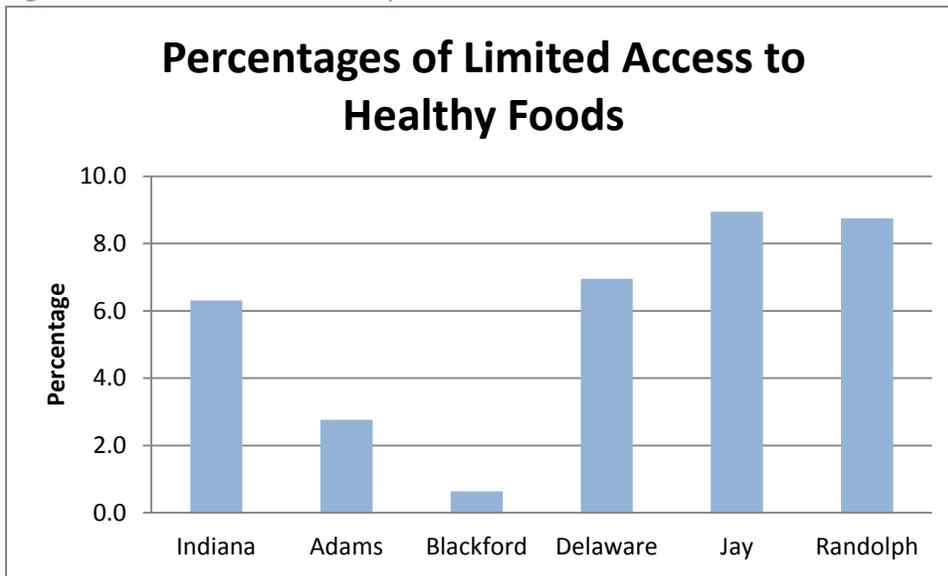
Inadequate social/emotional support

At 26.9%, Blackford County has the highest percentage of residents lacking social/emotional support while 24.6% percent of Jay County residents receive inadequate social support. In Delaware County, 18.4% of residents lack social support which is less than the statewide proportion of 20.1%.

Table 7. Inadequate social support

| Location	% inadequate social support
Indiana	20.1
Adams	23.6
Blackford	26.9
Delaware	18.4
Jay	24.6
Randolph	20.6

Figure 7. Inadequate social support

Figure 7. Inadequate social support
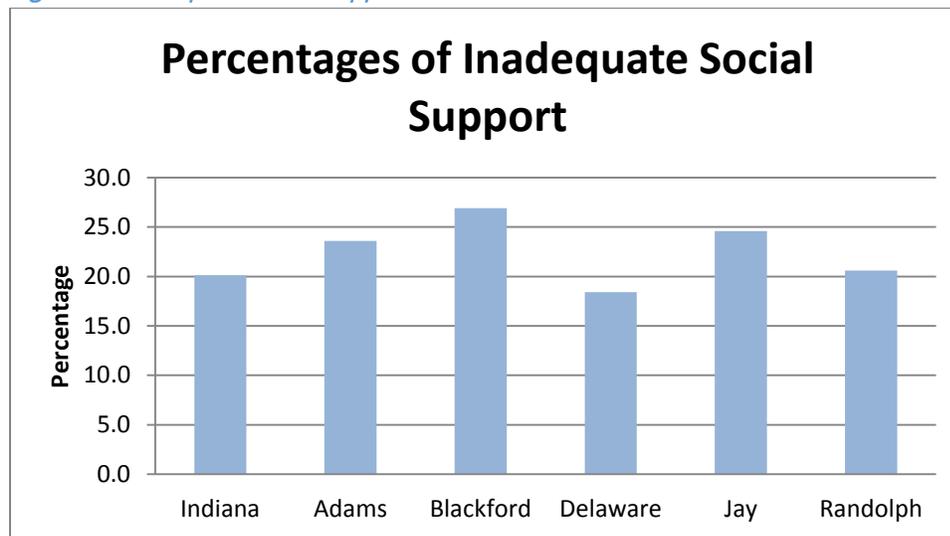
Controlled substances dispensed

Over 250,000 controlled substances were dispensed in Delaware County (259,647) while in Adams County, 43,357 were dispensed; in Blackford County, 32,327; in Jay County, 42,115 and in Randolph County, 53,483.

Table 8. Number of controlled substances dispensed

Location	Number of controlled substances dispensed
Adams	45,357
Blackford	32,327
Delaware	259,647
Jay	42,115
Randolph	53,483
Adams	45,357

Figure 8. Number of controlled substances dispensed
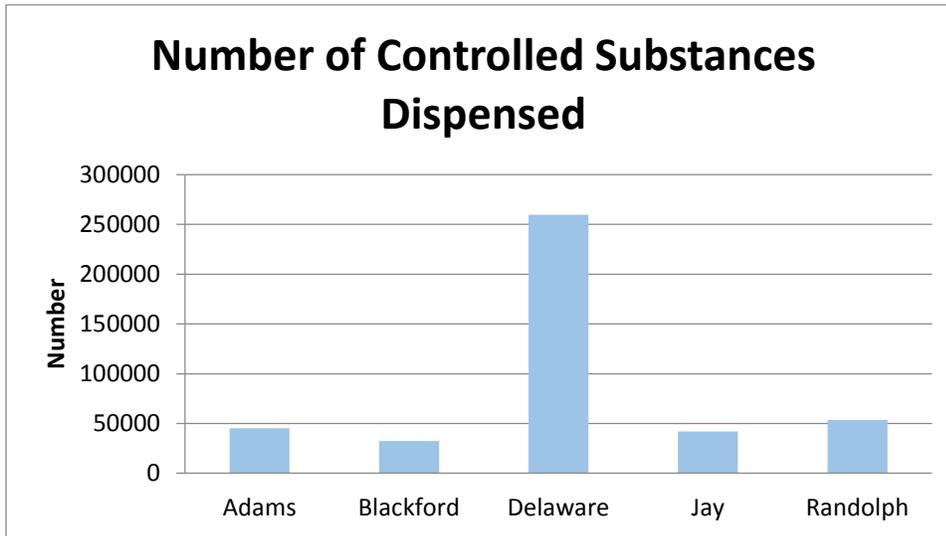
Substance abuse treatment admissions

In Delaware County the number of persons admitted for substance abuse treatment was 1,037. The greatest number of admissions in the lesser-populated counties was in Randolph County (192); Adams County had 151 substance abuse treatment admissions. Jay County had slightly less than 100 substance abuse treatment admissions (98) while Blackford County had 58 substance abuse treatment admissions.

Table 9. Number of substance abuse treatment admissions

Location	Number of substance abuse treatment admissions
Adams	151
Blackford	58
Delaware	1,037
Jay	98
Randolph	192

Figure 9. Number of substance abuse treatment admissions
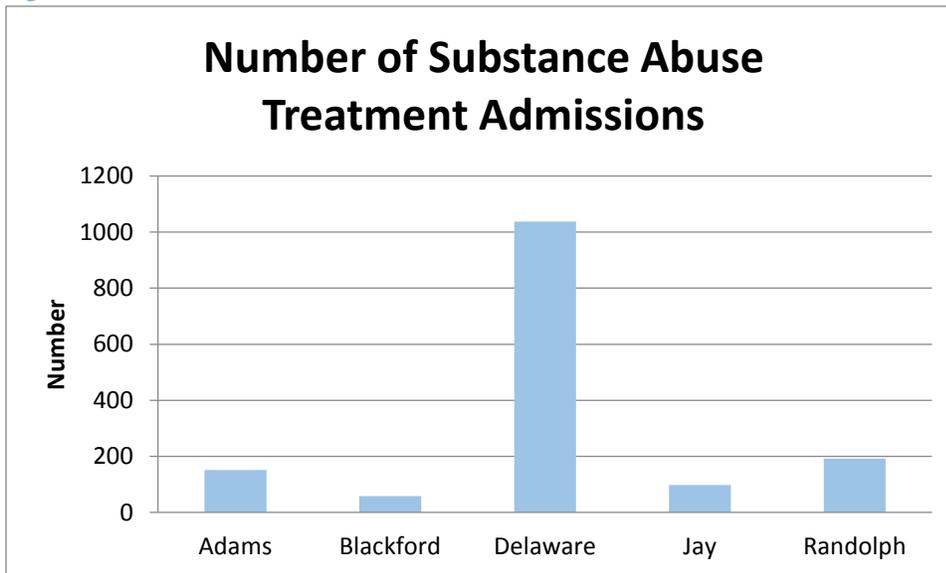
Arrests for operating while intoxicated (OWI)

In 2012, over 400 arrests for OWI occurred in Delaware County (405); in Adams County, 147; in Blackford County, 38; in Jay County, 73; and in Randolph County, 29 there were 29 OWI arrests.

Table 10. Number of arrests for OWI

Location	Number of arrests for OWI
Adams	147
Blackford	38
Delaware	405
Jay	73
Randolph	29

Figure 10. Number of arrests for OWI

Number of OWI Arrests
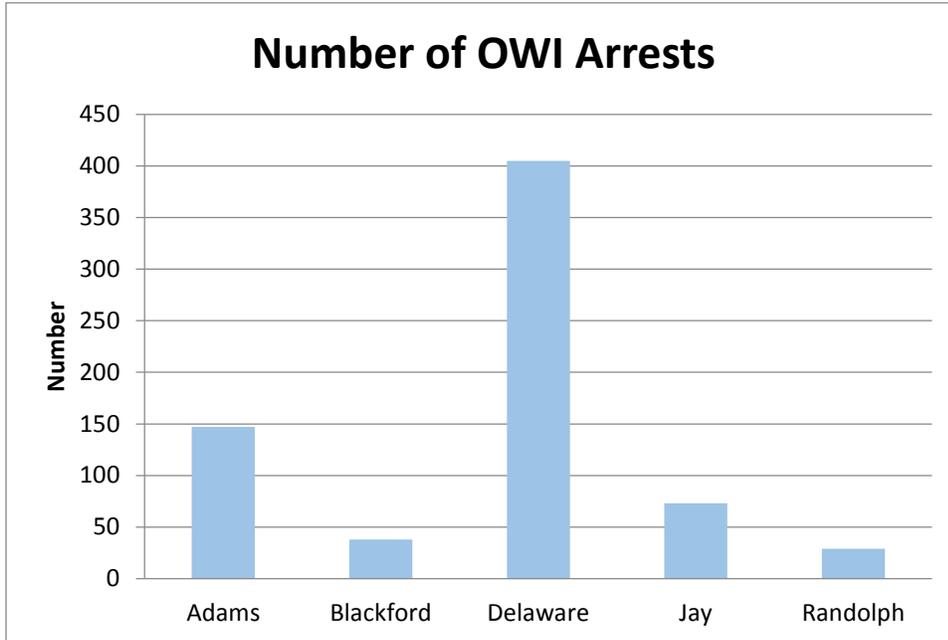
Arrests for public intoxication (PI)

Except for Delaware County (248), Jay County had the greatest number of public intoxication (PI) arrests (88). The other contiguous counties arrested far fewer people for PI: Adams County, 32; Blackford County, 13; Randolph County, 14.

Table 11. Number of arrests for public intoxication

Location	Number of arrests for public intoxication
Adams	32
Blackford	13
Delaware	248
Jay	88
Randolph	14

Figure 11. Number of arrests for public intoxication
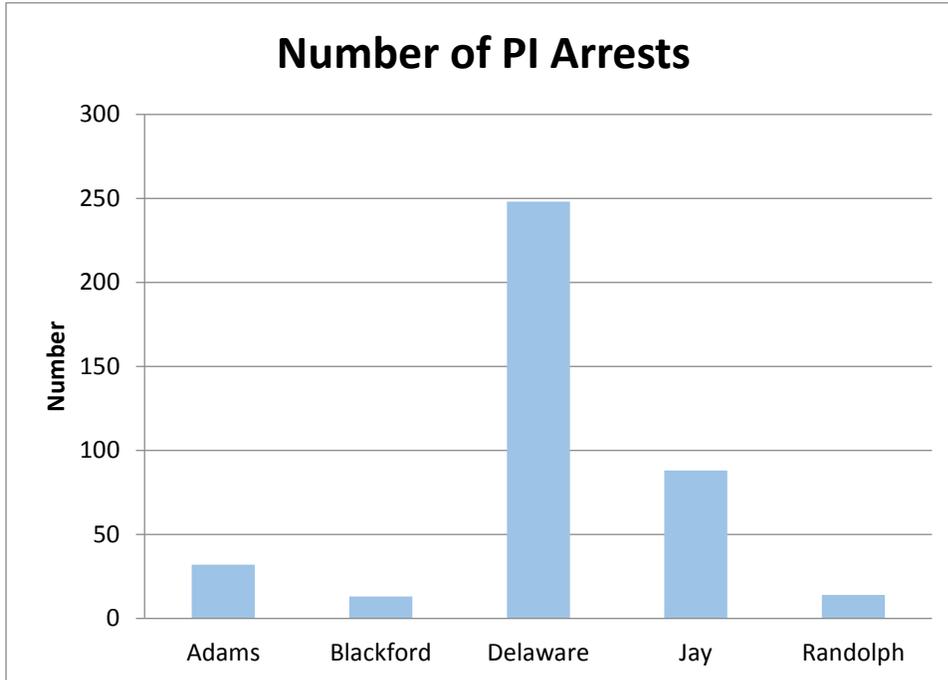
Arrests for liquor law violations

Delaware County arrested 205 people for liquor law violations; the remainder of the counties arrested approximately one-quarter of that number. Sixty-seven (67) were arrested in Adams County while only 12 were arrested in Blackford County. Jay County arrested 54 for liquor law violations; Randolph County had nearly the same number of liquor law violations (56).

Table 12. Number of arrests for liquor law violations

Location	Number of arrests for liquor law violations
Adams	67
Blackford	12
Delaware	205
Jay	54
Randolph	56

Figure 12. Number of arrests for liquor law violations
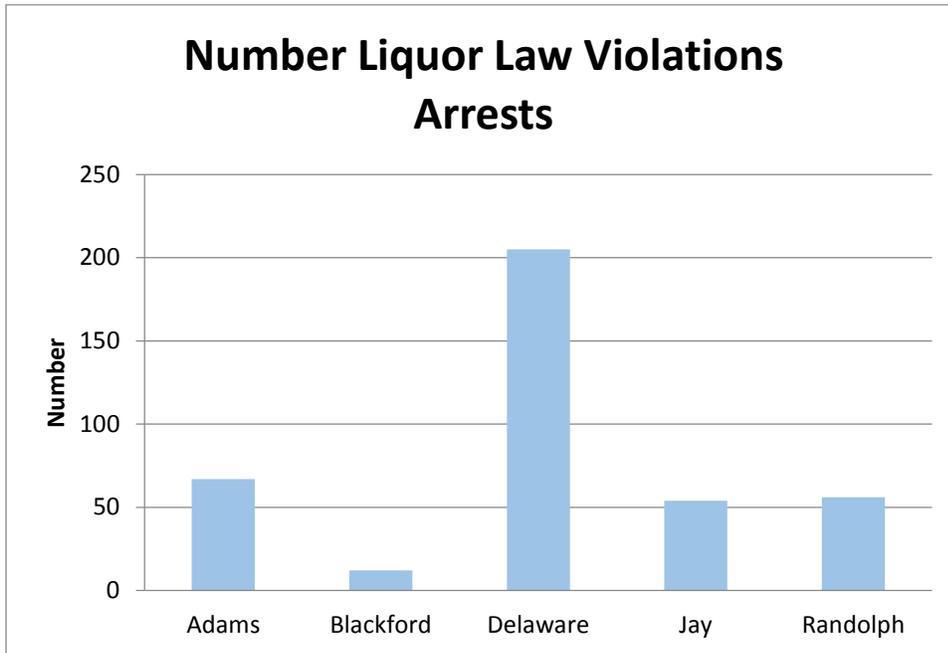
Arrests for possession, sale, or manufacture of marijuana

As with alcohol-related arrests, the number of arrests related to possession, sale or manufacture of marijuana were much higher in Delaware County (159) than in the contiguous counties but Jay County had the next-highest number of arrests related to marijuana (70). In Adams County, there were 45 marijuana-related arrests; in Blackford, 22; and in Randolph, 35.

Table 13. Number of arrests for possession, sale, or manufacture of marijuana

Location	Number of arrests for possession, sale or manufacture of marijuana
Adams	45
Blackford	22
Delaware	159
Jay	70
Randolph	35

Figure 13. Number of arrests for possession, sale, or manufacture of marijuana
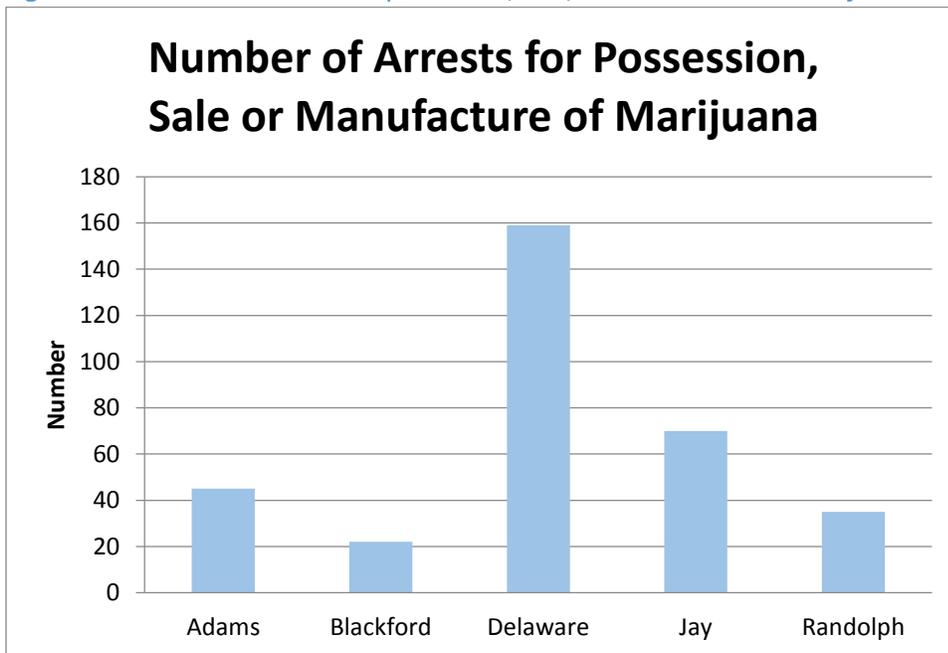
Arrests for possession, sale, or manufacture of cocaine or opioids

Besides Delaware County (35), Jay County (17) had the highest number of arrests related to cocaine or opioids. Adams County and Blackford County both arrested eight (8) people for cocaine- or opioid-related possession, sales or manufacture while Randolph County had 12 of these arrests.

Table 14. Number of arrests for possession, pale or manufacture of cocaine or opioids

Location	Number of arrests for possession, pale or manufacture of cocaine or opioids
Adams	8
Blackford	8
Delaware	35
Jay	17
Randolph	12

Figure 14. Number of arrests for possession, pale or manufacture of cocaine or opioids
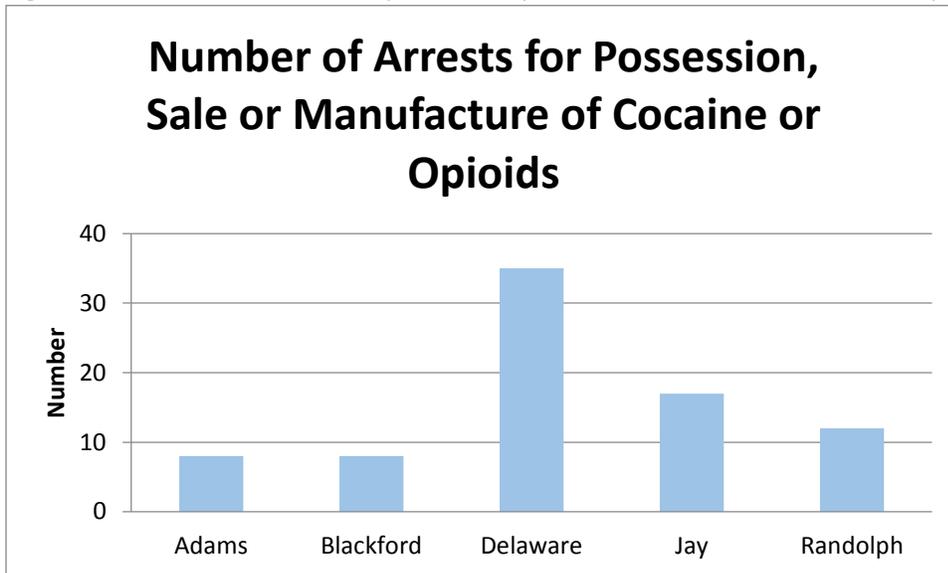
Arrests for possession, sale, or manufacture of synthetic drugs

Delaware County had the greatest number (63) of arrests for possession, sale, or manufacture of synthetic drugs (e.g., methamphetamine). Jay County arrested 44 people for these offenses, while Adams County arrested 20; Blackford arrested 31; and Randolph had the lowest number of arrests for possession, sale, or manufacture of synthetic drugs with six (6) arrests.

Table 15. Number of arrests for possession, sale, or manufacture of synthetic drugs

Location	Number of arrests for possession, sale, or manufacture of synthetic drugs
Adams	20
Blackford	31
Delaware	63
Jay	44
Randolph	6

Figure 15. Number of arrests for possession, sale, or manufacture of synthetic drugs

Number of Arrests for Possession, Sale or Manufacture of Synthetic Drugs
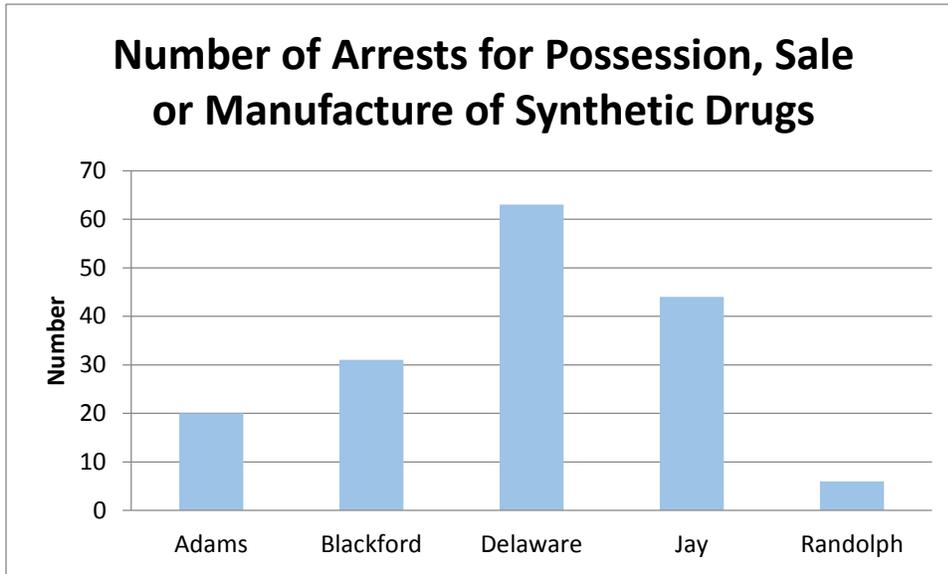
Arrests for possession, sale, or manufacture of other drugs

In this category, Delaware County had the least number of arrests (2). Randolph County arrested the greatest number (13) of people for possession, sale, or manufacture of other drugs; Adams County had ten (10) arrests for these offenses; Blackford County had five (5) arrests and Jay County arrested six (5) for possession, sale, or manufacture of other drugs.

Table 16. Number of arrests for possession, sale, or manufacture of other drugs

Location	Number of arrests for possession, sale, or manufacture of other drugs
Adams	10
Blackford	5
Delaware	2
Jay	6
Randolph	13

Figure 16. Number of arrests for possession, sale, or manufacture of other drugs

Figure 16. Number of arrests for possession, sale, or manufacture of other drugs
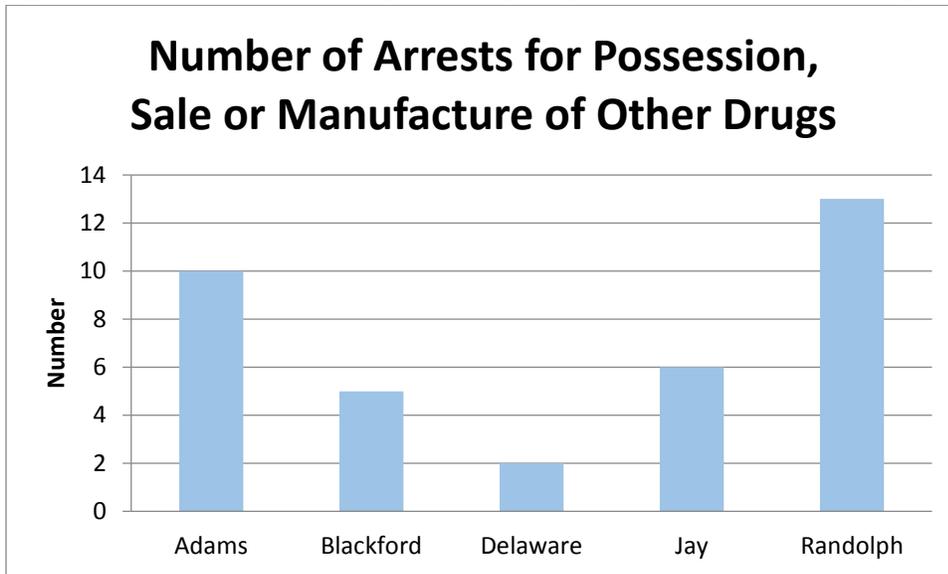
Violent crime

Delaware County's violent crime rate (378 per 100,000) is higher than the Indiana rate (329 per 100,000). The Blackford County rate (120 per 100,000) is nearly less than one-ha If that State rate, while the Jay County rate (68 per 100,000) is less than one-quarter the State rate. Randolph County has the lowest violent crime rate (45 per 100,000) among the contiguous counties. Violent crime data for Adams County were unreported.

Table 17. Violent crime

Location	Violent crime per 100,000
Indiana	329
Adams	-
Blackford	120
Delaware	378
Jay	68
Randolph	46

Figure 17. Violent crime
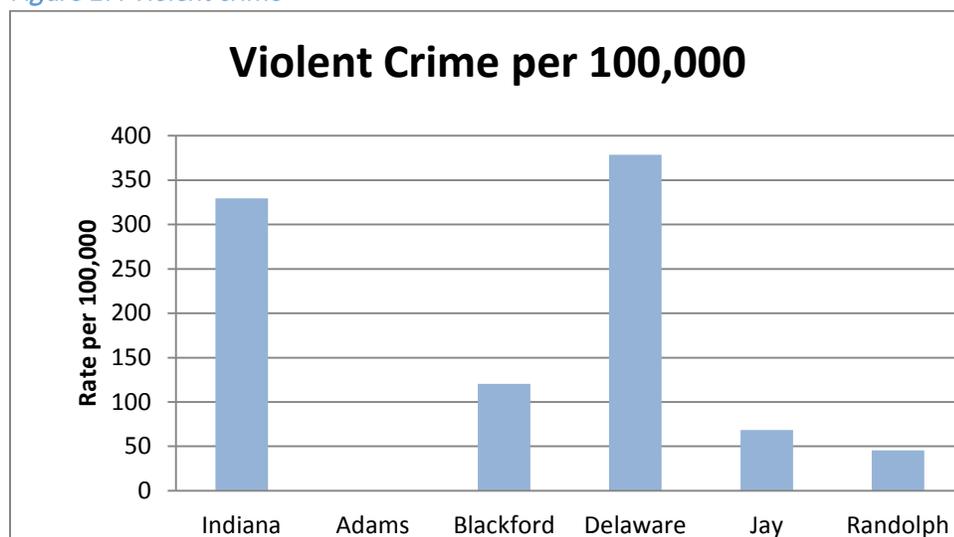
Homicide

Delaware County is the only contiguous county which reported a homicide rate (3 per 100,000); the Indiana homicide rate is 5 per 100,000.

Table 18. Homicide

Location	Homicide per 100,000
Indiana	5.4
Adams	-
Blackford	-
Delaware	3.2
Jay	-
Randolph	-

Figure 18. Homicide

Figure 18. Homicide
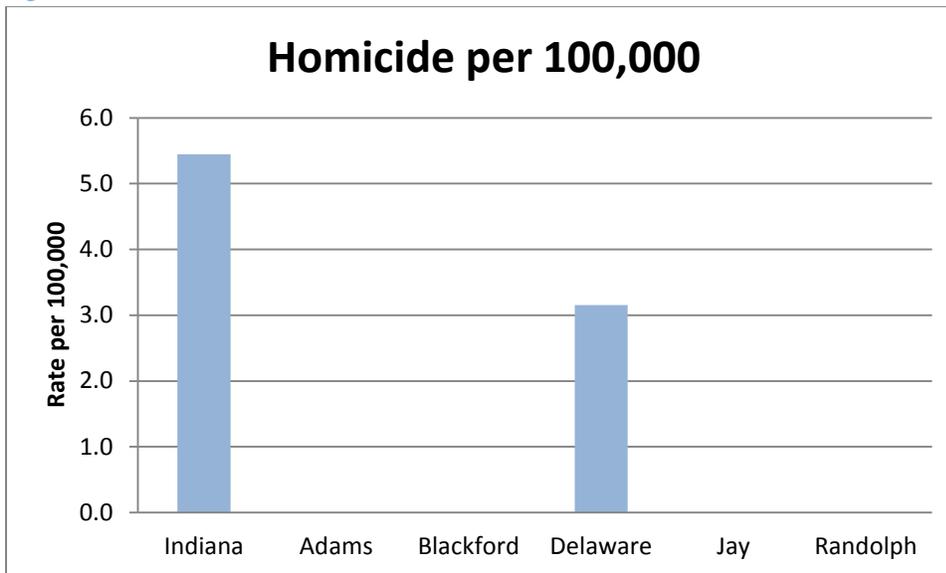
Air pollution – particulate matter

All of the contiguous counties, with the exception of Adams County, had the same level of particulate matter as the State measurement: 13.5 micrograms per cubic meter (PM2.5). Adams County's level is 13.4 PM2.5.

Table 19. Air pollution – particulate matter

Location	Average daily PM2.5
Indiana	13.5
Adams	13.4
Blackford	13.5
Delaware	13.5
Jay	13.5
Randolph	13.5

Figure 19. Air pollution – particulate matter
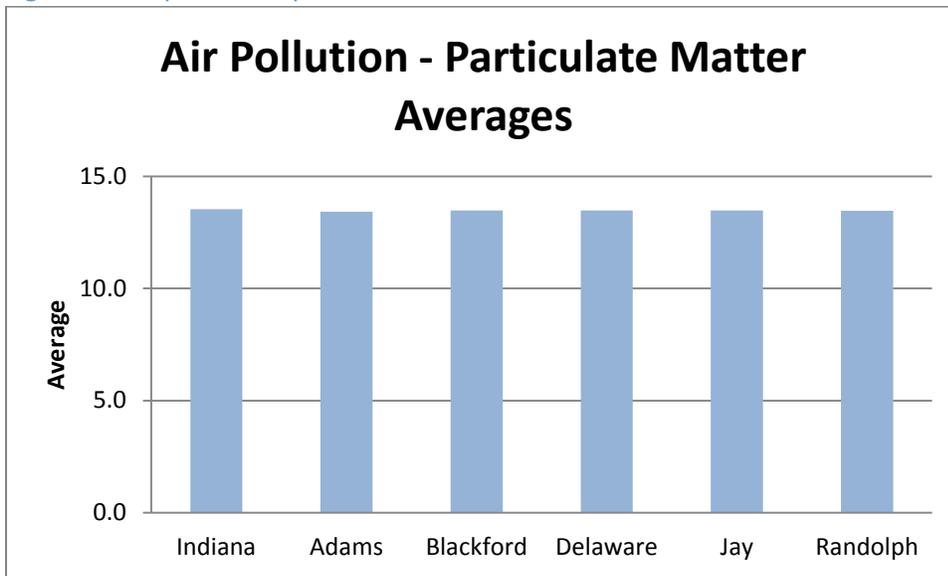
Severe housing problems

Delaware County had the highest percentage (17.6%) of severe housing problems among the contiguous counties, followed by Adams County (17.1%). Randolph County (11.4%), Jay County (11.0%) and Blackford County (9.6%) all have lower percentages of severe housing problems than Indiana overall (13.6%).

Table 20. Severe housing problems.

Location	% severe housing problems
Indiana	13.6
Adams	17.1
Blackford	9.6
Delaware	17.6
Jay	11.0
Randolph	11.4

Figure 20. Severe housing problems
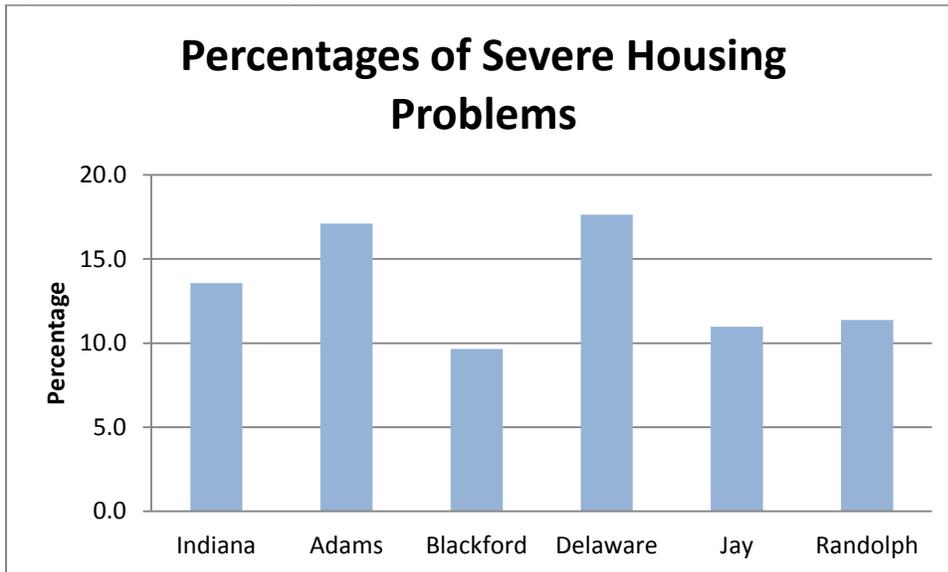
Driving alone to work

Jay County residents drive alone to work at the same rate (82.9%) as all other Hoosier commuters Statewide. Eighty-two percent (82.0%) of Randolph County commuters drive alone, while 78.4% of Adams County residents do, 87.2% of Blackford County residents do, and 78.8% of Delaware County residents drive alone to work.

Table 21. Driving alone to work

Location	% who drive alone
Indiana	82.9
Adams	78.4
Blackford	87.2
Delaware	78.8
Jay	82.9
Randolph	82.0

Figure 21. Driving alone to work
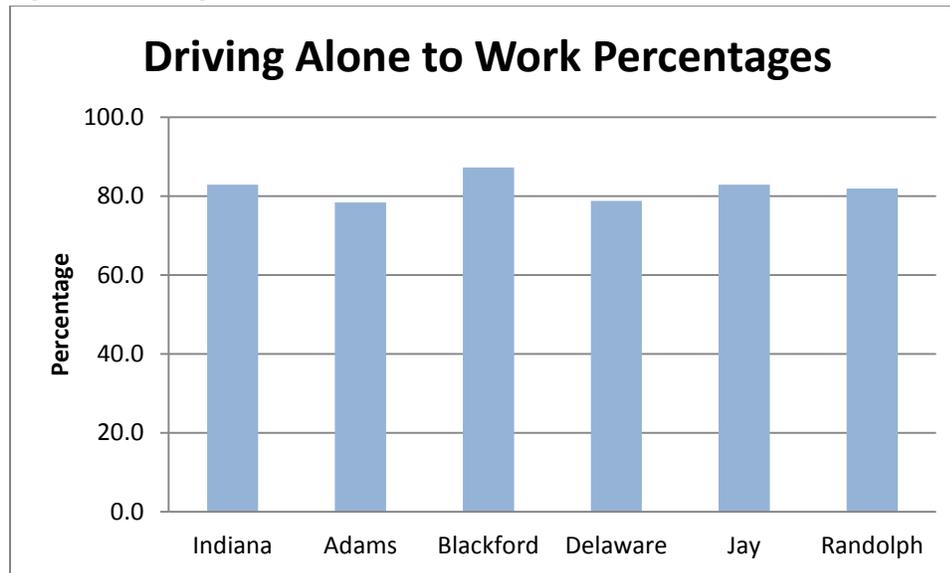
Long commute – driving alone

Residents of Blackford County and Randolph County make a higher percentage of long commutes while driving alone (38.6% and 33.2%, respectively) than other Indiana commuters (29.8%). Nearly thirty percent (29.8%) of Jay County residents make long commutes while driving alone; 23.2% of Adams County residents do and 19.5% of Delaware County residents do so.

Table 22. Long commute- driving alone

Location	% long commute, driving alone
Indiana	29.8
Adams	23.2
Blackford	38.6
Delaware	19.5
Jay	27.4
Randolph	33.2

Figure 22. Long commute – driving alone
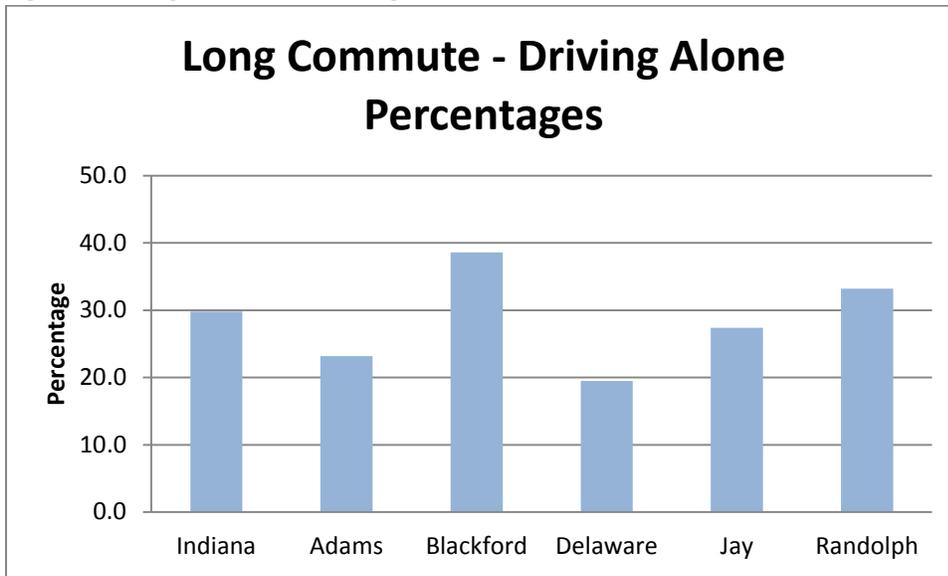
Summary

According to Health Resources and Services Administration (HRSA) data, Jay County is a designated medically underserved area (MUA)[1], a primary medical care health professional shortage area (HPSA)[2] and a mental health provider shortage area (MPSA)[2]. Health Resources and Services Administration HPSA and MPSA designations are based upon geography (county or service area), population (e.g., low income) or facility (e.g., federally qualified health center); HRSA also designates areas which suffer shortages of dental providers (DPSA)[2]. Medically Underserved Areas/Populations are areas or populations designated by HRSA as having too few primary care providers, high infant mortality, high poverty or a high elderly population[1]. The counties adjacent to Jay County – Adams, Blackford, Delaware and Randolph Counties – are all designated MUA, HPSA and MPSA shortage areas. Delaware County and Randolph County are designated DPSA areas as well.

As a whole, Jay and contiguous Counties Adams, Blackford, Delaware and Randolph are not highly populated and have similar age and sex distribution characteristics as the remainder of Indiana[7, 8]. However, the region comprised of these Counties is markedly less racially and ethnically diverse than Indiana overall[7]. Except for Delaware County, the region is decidedly more rural[9]. Sixty percent (3/5) of these Counties have elevated teen birth rates when compared to the State overall (40 per 100,000), including Jay County (44 per 100,000) [6]. Eighty percent (4/5) of these Counties, including Jay County (21.2%), have higher proportions of uninsured adults than Indiana (20.0%)[10]. The proportion of uninsured children is particularly high in Adams County (10.8%, compared to State percentage of 8.3%)[10]. Although all of the Counties except Randolph County (86.1%) show higher rates of high school graduation[11] than Indiana (86.5%) overall, the proportion of residents obtaining at least some level of post-secondary education is lower throughout the region. This is especially true for Jay (44.4%) and Blackford (43.5%) counties, where less than one-half of residents have obtained at least some level of college education. Rates of proficiency in English[12] are near one hundred percent in the region. Although Jay County's unemployment rate (7.3%) [6] is lower than the State-wide rate (8.4%), sixty percent (3/5) of the contiguous Counties experience higher rates of unemployment than the State rate. Lower levels of household income[13] may reflect higher

rates of unemployment as the entire region has lower household income than the State ($46,954) overall. Except for Jay County (30.2%) and Adams County (16.1%), over one-third of the area's children reside in single parent households[12], a key indicator for poverty[14]. As a probable consequence of reduced employment and household income and the increased percentage of single parent households, more children live in poverty[13] in this region than in Indiana overall (22.1%). Over one-quarter (25.8%) of Jay County children live in poverty[13]. Mirroring the region's poverty, in four of the five contiguous Counties, over forty percent of area children receive free school lunches; 41.% of Jay County children quality for free lunches[6].

Regarding morbidity, the prevalence of diabetes[15] is higher for three of the five contiguous Counties (Blackford, 12.2%; Jay, 12.2%; and Randolph, 13.0%) than in the State (10.5%) as a whole; Delaware County's percentage (10.5%) of diabetic residents is identical. The prevalence of HIV[6] is much lower in the area than in Indiana (159 per 100,000); the Jay County rate (62 per 100,000) is less than one-half of the State rate. Except for Adams County (13.1%), all Counties reported higher percentages of poor or fair health[6] compared to the State (16.1%); just over twenty percent (20.1%) of Jay County residents reported poor or fair health. All Counties except Adams County (2.5) reported higher averages of poor physical health days[6] during the past month than Indiana (3.6) overall. Jay County residents reported 4 average poor physical health as well as 4 poor mental health days during the past 30 days, in comparison with 3.7 poor mental health days for all Hoosiers [6]. With 31.4% of its citizens categorized as obese[16], the State of Indiana is ranked the ranked 9th in when comparing obesity nationwide[17]. With the exception of Adams County (30.4%), all contiguous Counties residents have higher percentages of obese residents than Indiana overall; in Jay County, over one-third (34.6%) of residents are obese. Although the incidence rate for sexually transmitted infection (chlamydia) is much higher in Delaware County (651 per 100,000) than the State-wide rate (427 per 100,000), the rate is much lower for the remainder of the region, including Jay County (235 per 100,000)[6].

In relation to mortality, Jay County experienced a higher rate (410 per 100,000) of premature death (years of potential life lost prior to age 75)[6] than the overall State-wide rate (382 per 100,000); rates for the entire area except for Randolph County (373 per 100,00) exceeded the State rate[6]. Due to local and national constraints around confidentiality, infant mortality rates are suppressed when the number of deaths is less than 10; and rates are considered unreliable when the numerator is 20 or less[18]. In alignment with these constraints, infant mortality rates (infant deaths per 1,000 live births) are available only for Adams and Delaware Counties; the rate for Adams County is lower (8.7 per, 100) than the State rate (7.7 per 1000) while Delaware County's rate (9.9 per 1000) exceeds the State's rate[6]. As with infant mortality, child (less than 18 years of age[6]) mortality data are limited due to reliability issues. Of the Counties with available data, both Jay County and Delaware County rates (52 per 100,000 and 67 per 100,000, respectively) are lower than the State rate (64 per 100,000); Adam County's rate (104 per 100,000) far exceeds the other County rates and the overall Indiana rate. Unfortunately, Jay County's percentage of alcohol-impaired driving deaths (35.3%) is higher than other Counties in the area as well as the State proportion (26.2%)[19]. Of the five contiguous Counties, Jay County has the second-highest motor vehicle crash death rate (19 per 100,000) which exceeds he State rate (14 per 100,000)[6]. The State of Indiana's rate of drug poisoning deaths is 12 per 100,000; Blackford County's rate is nearly double (23 per 100,000) while Jay County's rate is less, 10 per 100,000[6]. Both Jay County's rate of injury deaths (including both intentional and unintentional as the injury mechanism) (66 per 100,000) and Blackford County's rate (73 per 100,000) are in excess of the Indiana rate (61 per 100,000)[18].

Many of the health disparities seen in the five-County area are likely related to the lack of health workforce personnel. For example, in Jay County the ratio of primary care providers is one primary care provider per 3,044 persons (in comparison with Indiana overall, in which the ratio is 1538:1)[20]. In the category *other primary care providers*, Jay County is more equitable: one other primary care provider per 2,670 person whereas Indiana has one other primary care provider per 2,044 persons[20]. The area in which the region as whole has the greatest need is in mental health providers, but Jay County is well represented in this profession with a ratio of

one provider per 1,800 persons[20]. Although this is twice the burden placed that the State experiences (one mental health provider per 916 persons), it is much lower than the ratio observed in Blackford County: one mental health provider per 12,665 persons[20]. Jay County's greatest need in relation to the healthcare workforce is for dental providers since there is only one dentist per 4,321 persons; the State ratio is one dentist per 2,072 persons.[20]

The scarcity of providers no doubt contributes to the elevated rate of preventable hospital stays related to ambulatory-care sensitive conditions in Jay County (90 per 1,000) as compared to the overall Indiana rate of 76 per 1,000.[6] The lower percentages of Medicare enrollees who receive appropriate diabetic and mammography screening (82.7% diabetic screening vs. 83.8 for Indiana; 60.4% mammography screening vs. 61.3% for Indiana) is possible related to a deficiency in health care workforce in Jay County.[6] The amount of Medicare spending per enrollee in Indiana and the five contiguous Counties is rather similar: $9,901 for the State overall versus a low of $9,010 in Adams County and the highest spending amount per enrollee in Blackford County, $10,541.[6] Jay County spends $9,076 per enrollee.[6] It is important to remember, however, that no 'ideal' amount of spending per Medicare enrollee has yet been determined so these figures do not represent trending toward or away from an ideal spending amount.[6] Finally, compared to the State of Indiana proportion of 14.4%, more residents of the contiguous Counties (except for Adams County) were less able to see a physician due to the cost. In Jay County, 17.9% of residents were unable to see the doctor due to the cost; in Blackford County, cost prevented nearly one-quarter (23.5%) from seeing the doctor.[6]

In addition to lacking healthcare workforce personnel, social and environmental factors negatively affect Jay County's community health profile. For example, over one-quarter (25.6%) of Jay County adult residents are current smokers[6]; nearly one-third (32.0%) are physically inactive.[16] This low level of physical activity may be due, in part, to the fact that a mere 14.9% of Jay County have access to exercise opportunities. [6] One social behavior risk factor in Jay County's favor is a low percentage (10.2%) of excessive drinking (defined as binge or heavy drinking patterns); this is the lowest proportion of the contiguous Counties and is also lower than the Indiana rate (15.9%).[6] Both Jay and Adams Counties have the lowest

percentage (13.1%) of residents who experience food insecurity (not having access to reliable food sources within the past year) in comparison with 16.3% of Hoosiers being food insecure. [6] Although food security is not an issue for Jay County residents, having limited access to healthy food is problematic. In comparison with Indiana residents overall (6.3%), more (8.9%) Jay County residents have limited access to healthy foods.[6] In regard to psychological influences affecting health, nearly one-quarter of Jay County residents have inadequate social or emotional support available compared to Hoosiers overall (20.1%)[6]. Among the contiguous counties, Delaware County generally has greater criminal activity related to alcohol and drugs as demonstrated by the number of arrests connected with substance abuse. This may be in part due to the far greater number of controlled substances dispensed in Delaware County (259,647) in relation to the other counties; for example, the number of controlled substances dispensed in Delaware County was over six times the number dispensed in Jay County (42,115) [21]. (In Indiana, 12, 735,878 were dispensed overall.)[21] Data derived from the Treatment Episode Dataset show that Jay County residents were admitted to substance abuse treatment programs at a much lower number (98) than Delaware County (1,037) and the State (35,764) overall.[22] Next to Delaware County (405), Adams County had the next highest number (147) of arrests for operating while intoxicated (OWI); in Jay County, only one-half this number (73) of arrests for OWI occurred.[23] (In Indiana, 23,350 OWI arrests occurred.)[23] Although Jay County residents had a lower number of OWI arrests, more Jay County residents were arrested for public intoxication (PI).[23] Delaware County had the highest number of PI arrests (248), but the number of PI arrests for Jay County (88) was more than two and one-half times that of Adams County (32), which had the next highest number of PI arrests.[23] (Overall, there were 14,787 PI arrests in Indiana.)[23] However, Adams County residents had a higher number of arrests related to liquor law violations (67) than Jay County (54); in Delaware County, there were 205 arrests for these types of violations.[23] (Indiana reported 12,866 liquor law violations.)[23] With the exception of Delaware County, Jay County had the highest number of arrests for possession, sale or manufacture of marijuana, cocaine or opioids and synthetic drugs (e.g., methamphetamine) of the contiguous counties.[23] Regarding marijuana, Delaware County arrested 159 persons for possession, sale or manufacture while Jay County

arrested 70 – over one and one-half times the next-highest number of arrests (45) in Adams County.[23] While Jay County's number (17) of arrests for possession, sale or manufacture of cocaine or opioids was only one-half of the number of Delaware County arrests (35), it was nearly one and one-half times the next-highest number of arrests (12) in Randolph County.[23] In reference to possession, sale or manufacture of synthetic drugs (such as methamphetamine), Jay County again had a higher number of arrests (44) for these offenses than the other contiguous counties with the exception of Delaware County (63).[23] Jay County's number of arrests for possession, sale or manufacture of synthetic drugs was nearly one and one-half times higher than Blackford County, which had the next highest number of arrests (31) for these offenses.[23] Interestingly, Delaware County had the lowest number of arrests (2) for possession, sale or manufacture of other drugs; Randolph County had the highest number (13) while Jay County arrested six (6) people for these offenses.[23] Most of the contiguous Counties have much lower violent crime rates than the State (329 per 100,000), but Delaware County's rate is higher (378 per 100,000).[6] By comparison, Jay County's violent crime rate is 68 per 100,000.[6] Of violent crimes, besides the State rate (5 per 100,000) for homicide, a homicide rate is reported for only Delaware County (3 per 100,000).[6] Other social factors affecting the health of Hoosier citizens include severe housing problems (lacking complete kitchen facilities; lacking complete plumbing facilities; severe overcrowding; severely cost burdened).[6] Jay County's percentage of severe housing problems (11.0%) is less serious than the State-wide proportion (13.6%) and the severe housing problems encountered in Delaware County (17.6%).[6] Environmental issues such as air pollution also contribute to a decrease in community health. All of the contiguous Counties have air pollution (particulate matter) averages identical to the Indiana average (13.5 PM2.5) except for Adams County, which has a slightly lower average (13.4 PM2.5). Transportation affects community health, and driving alone to work is considered the most detrimental to community health.[6] Data show that anywhere from 78.4% (Adams County) to 87.2% (Blackford County) of residents of the contiguous Counties drive alone to work compared to the overall State percentage (82.9%).[12] The proportion of Jay County residents who drive alone to work is identical (82.9%).[12] Even more dangerous than driving to work alone is driving alone on a long commute (at least thirty

minutes to arrive at work), because this practice contributes to physical inactivity and is also correlated with higher blood pressure and body mass index.[6] Nearly thirty percent (29.8%) of Hoosiers drive alone on a long commute and over one-third (33.2) of Blackford County residents do while 27.4% of Jay County residents commute more than thirty minutes alone to work.[12]

As data from various health and social databases illustrate, Jay County's most challenging issues appear to reside in the areas of access to healthcare, poverty, health risk behaviors and preventive health. It is hoped that Jay County Hospital leadership will have gained greater understanding of the community's health profile from this secondary data analysis and will utilize these data to inform the next phase of their community health assessment and to identify the appropriate stakeholders for that process.

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Appendix

Measure	Source	Year(s)	Reporting
Population	Census Population Estimates	2012	Quantity
% below 18 years of age	Census Population Estimates	2012	Percentage
% 65 and older	Census Population Estimates	2012	Percentage
% Non-Hispanic African American	Census Population Estimates	2012	Percentage
% American Indian/ Alaskan Native	Census Population Estimates	2012	Percentage
% Asian	Census Population Estimates	2012	Percentage
% Native Hawaiian/Other Pacific Islander	Census Population Estimates	2012	Percentage
% Hispanic	Census Population Estimates	2012	Percentage
% Non-Hispanic white	Census Population Estimates	2012	Percentage
% not proficient in English	American Community Survey	2008-2012	Percentage
% Females	Census Population Estimates	2012	Percentage
% Rural	Census Population Estimates	2010	Percentage
Diabetes	Nat'l Ctr for Chronic Disease Prevention and Health Promotion	2010	Percentage
HIV prevalence rate	Nat'l Ctr for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	2010	Rate per 100,000
Infant mortality	Health Indicators Warehouse	2002-2008	Per 1,000 live births
Child mortality	CDC WONDER mortality data	2007-2010	Rate per 100,000
Premature death	Nat'l Ctr for Health Statistics	2008-2010	Rate per 100,000
Poor or fair health	Behavioral Risk Factor Surveillance System	2006-2012	Percentage
Poor physical health days	Behavioral Risk Factor Surveillance System	2006-2012	Average
Poor mental health days	Behavioral Risk Factor Surveillance System	2006-2012	Average
Low birth weight	National Center for Health Statistics	2005-2011	Percentage
Adult smoking	Behavioral Risk Factor Surveillance System	2006-2012	Percentage
Adult obesity	Nat'l Ctr for Chronic Disease Prevention and Health Promotion	2010	Percentage
Physical inactivity	Nat'l Ctr for Chronic Disease Prevention and Health Promotion	2010	Percentage
Access to exercise opportunities	OneSource Global Business Browser, Delorme map data, ESRI, & US Census Tigerline Files	2010 & 2012	Percentage

Excessive drinking	Behavioral Risk Factor Surveillance System	2006-2012	Percentage
Alcohol-impaired driving deaths	Fatality Analysis Reporting System	2008-2012	Percentage
Sexually transmitted infections (chlamydia)	Nat'l Ctr for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	2011	Rate per 100,000
Teen births	National Center for Health Statistics	2005-2011	Rate per 1,000
Motor vehicle crash deaths	National Center for Health Statistics	2004-2010	Rate per 100,000
Drug poisoning deaths	CDC WONDER mortality data	2004-2010	Rate per 100,000
Food insecurity	Map the Meal Gap	2011	Percentage
Limited access to healthy foods	USDA Food Environment Atlas	2012	Percentage
Primary care physicians	HRSA Area Resource File	2011	Ratio
Dentists	HRSA Area Resource File	2012	Ratio
Other primary care providers	CMS, National Provider Identification	2013	Ratio
Mental health providers	CMS, National Provider Identification	2013	Ratio
Preventable hospital stays	Dartmouth Atlas of Health Care	2011	Rate per 1,000
Diabetic screening	Dartmouth Atlas of Health Care	2011	Percentage
Mammography screening	Dartmouth Atlas of Health Care	2011	Percentage
Uninsured adults	Small Area Health Insurance Estimates	2011	Percentage
Uninsured children	Small Area Health Insurance Estimates	2011	Percentage
Health care costs	Dartmouth Atlas of Health Care	2011	Medicare spending per enrollee
Could not see doctor due to cost	Behavioral Risk Factor Surveillance System	2006-2012	Percentage
High school graduation	Data.gov	2011	Percentage
Some college	American Community Survey	2008-2012	Percentage
Unemployment	Bureau of Labor Statistics	2012	Percentage
Children in poverty	Small Area Income and Poverty Estimates	2012	Percentage
Inadequate social support	Behavioral Risk Factor Surveillance System	2005-2010	Percentage
Children in single-parent households	American Community Survey	2008-2012	Percentage
Violent crime	Uniform Crime Reports	2009-2011	Rate per 100,000

		2006-	Rate per
Injury deaths	CDC WONDER mortality data	2010	100,000
Median household income	Small Area Income and Poverty Estimates	2012	Dollar amount
Children eligible for free lunch	National Center for Education Statistics	2011	Percentage
Homicide rate	National Center for Health Statistics	2004-2010	Rate per 100,000
Air pollution - particulate matter	CDC WONDER Environmental data	2011	Average
Severe housing problems	Comprehensive Housing Affordability Strategy (CHAS) data	2006-2010	Percentage
Driving alone to work	American Community Survey	2008-2012	Percentage
Long commute - driving alone	American Community Survey	2008-2012	Percentage
Controlled substances	Indiana Board of Pharmacy / Prescription Drug Monitoring	2014	Number
Substance abuse treatment admissions	Treatment Episode Dataset	2014	Number
Operating while intoxicated arrests	Uniform Crime Reports	2012	Number
Public intoxication arrests	Uniform Crime Reports	2012	Number
Liquor law violations arrests	Uniform Crime Reports	2012	Number
Possession, sale or manufacture of marijuana arrests	Uniform Crime Reports	2012	Number
Possession, sale or manufacture of cocaine or opioids arrests	Uniform Crime Reports	2012	Number
Possession, sale or manufacture of synthetic drugs arrests	Uniform Crime Reports	2012	Number
Possession, sale or manufacture of other drugs	Uniform Crime Reports	2012	Number