

COMMUNITY HEALTH NEEDS ASSESSMENT

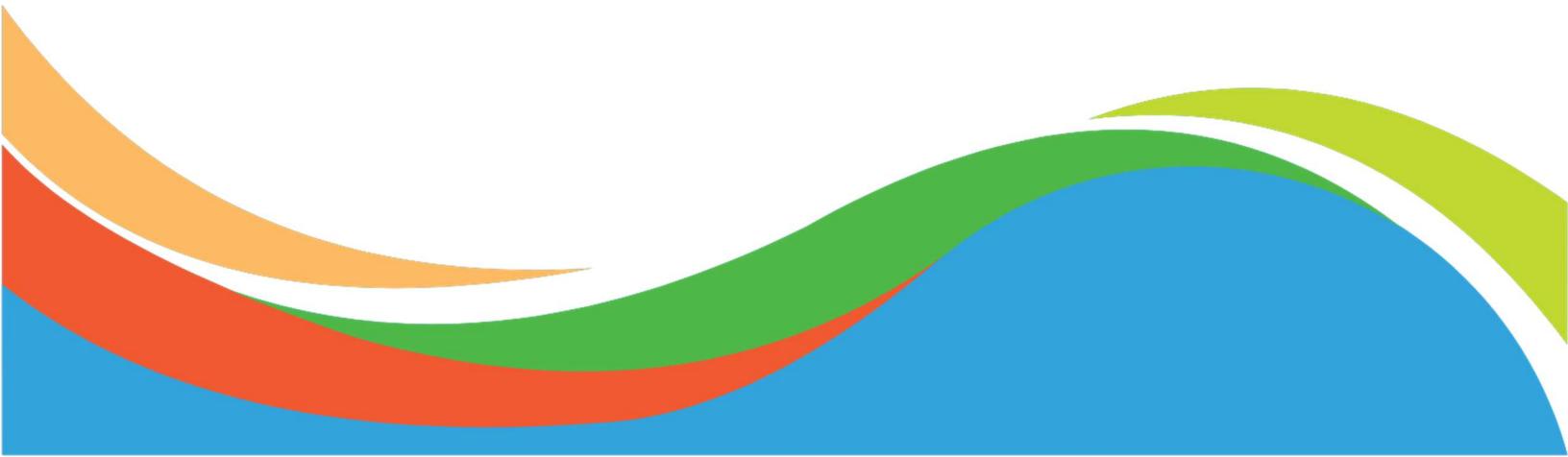
2026-2028

[Completed in 2025]



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Introduction and Purpose

Reid Health is pleased to present its fiscal year 2026 Community Health Needs Assessment (CHNA). The purpose of this CHNA report is to identify and prioritize the significant health needs of the communities served by Reid Health. The priorities identified in this report help to guide the hospital's community health programs and community benefit activities, as well as its collaborative efforts with other organizations that share a mission to improve health. This CHNA report meets the requirements of the Patient Protection and Affordable Care Act that nonprofit hospitals conduct a community health needs assessment at least once every three years.

This report includes a description of:

- The community demographic and population served.
- The process and methods used to obtain, analyze, and synthesize primary and secondary data.
- The significant health needs in the community, considering the needs of uninsured, low-income, and marginalized groups.
- The process and criteria used in identifying certain health needs as significant and prioritizing those needs.



Acknowledgments

Thank you to the dedicated individuals from the following organizations who gave generously of their time and expertise to help guide the development of the 2025 Community Health Assessment (CHNA) for Reid Health.

Name	Organization
Acacia St. John	Forward Wayne County
Aleasia Stewart	Reid Health Governing Board, Vice Chair of Community Well Being Committee
Alicia Painter	Boys & Girls Clubs of Wayne County
Amanda Mullins	Centerstone
Amanda Yaryan	Yaryan Eye Center
Amy Pinkney	Meridian Health Services
Andrew Hoover	Reid Health
Ashleigh Buffenbarger	Preble County YMCA
Ashley Shepard	Reid Health
Bethany Luers	Franklin County Drug Coalition
Bridget Hazelbaker	Richmond Community Schools
Brittani Schwab	Franklin Co. Health Dept.
Carrie Miles	Neighborhood Health Center
Cassidy B	Ag Student
Cathy Williams	Wayne Co. Government
Charlene Kehoe	Start with Art
Charmin Gabbard	Connection Café/Harm Reduction Alliance
Christa Ellis	Union School Corporation
Cindy Cox	Neighborhood Health Center
Claudia Hawkins	Preble Arts
Courtney McNew	JACY House
Dan Burk	Wayne County Health Department
Dana Sinclair	Natco Community Empowerment Center
Dawn Huff	Indiana Youth Institute
Dawn Crawley	Natco Community Empowerment Center
Denise Retz	Reid Health Governing Board, Richmond Parks Dept.
Donielle Harleman	Centerstone
Elisabeth Grilliot	Meridian Health Services
Elizabeth Bryant	Nettle Creek School Corporation

Eric Peschel	Bread Box Food Pantry
Frankie Tucker	The Link- Unchained Praises
Genaro Sparks	Wayne County Health Department
Greg Beumer	Community Foundation of Randolph County Board Member
Jasmine Jessup	Meridian Health Services
Jeff Shafer	Ivy Tech
Jenny Hamilton	LifeStream Services
Jenny McCarty	The Common Good of Preble County
John Przybysz	Earlham College
Joni Reed	Cross Road Recovery Center for Women
Judi Willett	Reid Health
Kari Harrington	Reid Health Community Well Being Committee Member
Kay Lynn Marcum	Natco Community Empowerment Center
Keith Morey	Connersville Middle School
Kelli Morrison	Community Member
Kelsey Sickmann	Amigos
Krissy Henley	Neighborhood Health Center
Kyle Ingram	Circle U
Leah Hurd	Winchester Community High School
Leslie Bassler	United Way of Greater Dayton
Leslie Bolser	Community Member
Levi Gray	Wayne County Health Dept.
Linda Irwin	Birth to Five Inc.
Linden Holly Dennis	Community Foundation of Randolph County Board Member
Lindsay Freed	Housing Authority of the City of Richmond
Lisa Felsman	Centerstone Systems of Care
Lorin Williams	Richmond NAACP Branch #3066
Lunden Down	Community Foundation of Randolph County Board Member
Lynnette Davis	Wayne County Area Chamber of Commerce
Marla Steele	Connersville Parks Dept.
Megan Lamb	Reid Health
Michael Derringer	Preble County Educational Service Center (ESC)
Michelle Malott	Indiana University East, Reid Health Community Well Being Committee Member
Misty Hollis	Richmond YMCA
Monica Koechlein	Stamm Koechlein Foundation, Reid Health Community Well Being Committee Member
Nathan Hogg	Reid Health
Patrick Ripberger	Mezzo Solutions
Patty Robinson	Fayette County Food Council

Paul Lower	Boys & Girls Clubs of Wayne County
Rebecca Gilliam	Wayne County Foundation
Rebecca Marvel	Fayette Co. Purdue Extension
Robin Henry	Reid Health Governing Board, Chair of Community Well Being Committee
Roxie Deer	Richmond Neighborhood Restoration
Ryan Chiddister	Union School Corporation
Rylie Watkins	Reid Health
Sarah Pennington	McGowan Insurance Group, Reid Health Community Well Being Committee Member
Sayward Salazar	Earlham College
Shannon Fanning	Reid Health
Sharrie Harlin	Reid Health
Shelly Ratliff	Preble County Council on Aging
Stacy Adams	Union School Corporation
Stacy Orr	The Journey Home
Steve Davis	Gleaners Food Bank of Indiana, Inc.
Susan Miller	Communities In Schools of Wayne County
Tai Muldoon	Girls Inc. of Wayne County
Tamara Brinkman	United Way Whitewater Valley
Tami Auxier	Connection Café, Harm Reduction Alliance
Tara Peschel	Bread Box Food Pantry
Tara Weldy	Preble County Schools
Theresa C Lindsey	Economic Development Corporation of Wayne County
Tim Pierson	Bridges for Life, Drug Free Wayne County Partnership
Traci Taylor	Independent Living Center of Eastern Indiana
Zoe Robinson	Purdue Extension Randolph County



About Reid Health

Reid Health is a regional health system serving East-Central Indiana and West-Central Ohio, with a main hospital campus in Richmond, IN, that includes a 227-bed inpatient hospital and numerous satellite locations in seven regional counties. The health system and its physician network, Reid Health Physician Associates, has about 3,200 employees, including more than 300 providers in 40+ specialties and sub-specialties. Reid Health has been named one of America's 250 Best Hospitals by Healthgrades, putting it in the top 5% of hospitals nationwide for overall clinical performance.

In addition to the top-quality clinical experience, Reid Health also lends support to the community through various preventative and support programs. Reid Health's Community Engagement and health departments are central to Reid's effort to improve the overall health and wellbeing of those it serves.

Reid Health Mission, Vision and Values

The hospital's dedication to engaging with the community, assessing priority needs, and helping to address them with community health program activities is in keeping with its:



Community Well Being Committee Leadership and Team

The Community Well Being Committee is the decision-making entity for Reid Health Community Benefit activities. The board committee is comprised of:

Name	Title
Acacia St. John	Community Well Being Committee Member
Aleasia Stewart	Community Well Being Committee Vice Chair & Reid Health Governing Board Member
Ben Wells	President/CEO
Brad Collins	Community Well Being Committee Member & Reid Health Governing Board Member
Heather Wierzbinski-Cross	Community Well Being Committee Member & Reid Health Governing Board Member
Jackie Vonderhaar	Community Well Being Committee Member
Jason Troutwine	Vice President, Reid Health
Jessica Przybysz	Director, Community Health & Engagement, Reid Health
Judi Willet	Director, Marketing & Retail Services, Reid Health
Kari Harrington	Community Well Being Committee Member
Kathy Girten	Community Well Being Committee Member
Katie Stephen	Community Engagement Specialist, Reid Health
Mark Harrington	Community Well Being Committee Member & Reid Health Governing Board Chair
Michelle Malott	Community Well Being Committee Member
Monica Koechlein	Community Well Being Committee Member
Nicole Stults	Community Well Being Committee Member
Paul Witte	Community Well Being Committee Member
Robin Henry	Community Well Being Committee Chair & Reid Health Governing Board Member
Sarah Pennington	Community Well Being Committee Member
Tommy Renfro	Community Well Being Committee Member

Consultants

Reid Health commissioned Conduent Healthy Communities Institute (HCI) to support report development for Reid Health's 2026 Community Health Needs Assessment. HCI works with clients across the nation to drive community health outcomes by assessing needs, developing focused strategies, identifying appropriate intervention programs, establishing monitoring systems, and implementing performance evaluation processes. Report authors from HCI include Era Chaudhry, MPH, MBA- Public Health Consultant, Adrian Zongrone, MPH- Senior Data Analyst, Sarah Jameson, MPH- Data Analyst, Irene Ortiz, Communications BA – Delivery Management Analyst. To learn more about Conduent Healthy Communities Institute, please visit www.conduent.com/community-health/.

Report Availability and Comments

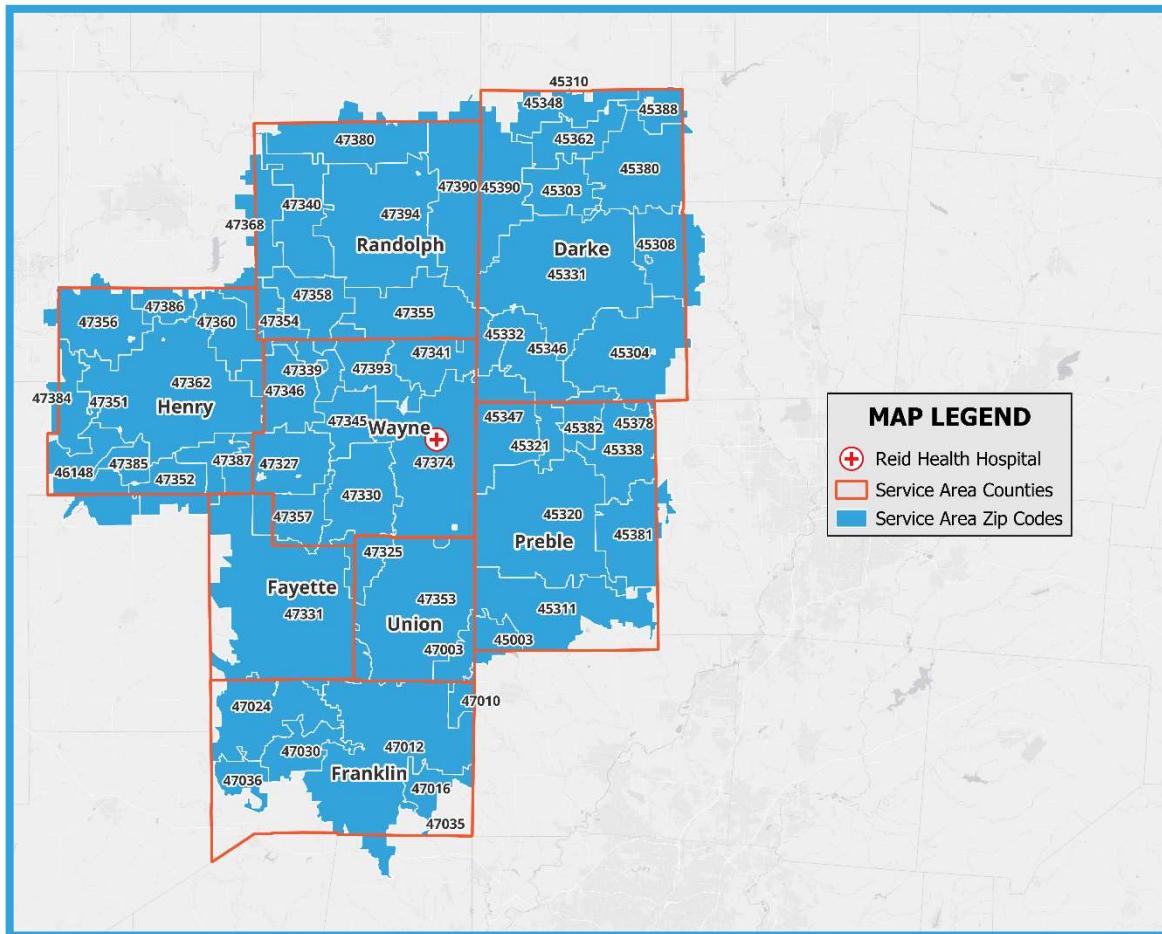
The report is widely available to the public on the hospital's website: www.reidhealth.org/about/community-benefit and www.reidcommunities.org. Paper copies are also available for inspection upon request at Reid Health. Written comments on this report can be submitted through the online Assessment Feedback form: CommunityBenefit@ReidHealth.org



Defining the Community

Defining the community is a key component of the CHNA process as it determines the scope of the assessment and implementation strategy. The community served by Reid Health consists of six counties in Indiana and two in Ohio. The geographical boundary of the hospital's service area is defined by Wayne, Randolph, Fayette, Union, Franklin and Henry counties in Indiana and Preble and Darke counties in Ohio are colored in blue in the map below. The service area is home to an estimated 285,502 residents. Figure 1 shows the Reid Health service area by county and zip code. As indicated by the red cross, Reid Health is geographically located in the center of its service area.

FIGURE 1: REID HEALTH SERVICE AREA BY ZIP CODE AND COUNTY



CHNA at a Glance

Reid Health Service Area Demographics

 <p>Population</p>	<p>284,774 People</p>	 <p>Age</p>	<p>49.8% Population between 25-64 years old</p>	
 <p>Race</p>	<p>92.8% - White 2.4% - Latino 1.8% - Black</p>	 <p>Poverty</p>	<p>9.9% Households Below the Federal Poverty Level</p>	
 <p>Median Household Income</p>	<p>\$79,702 Franklin, IN</p> <p>\$56,659 Fayette, IN</p>	<p>\$79,500 Union, IN</p> <p>\$56,652 Wayne, IN</p>	<p>\$61,121 Randolph, IN</p> <p>\$71,237 Preble, OH</p>	<p>\$60,144 Henry, IN</p> <p>\$64,654 Darke, OH</p>

Data Methodology

 <p>Data Scoring</p> <p>Review of 250+ community health indicators from HCI's database.</p>	 <p>Listening Sessions and Focus Groups</p> <p>Conducted with community partners to understand health needs and assets in the community.</p>	 <p>Online Community Survey</p> <p>Available to people residing in the Reid Health service area across eight counties in English and Spanish.</p>
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Priority Areas

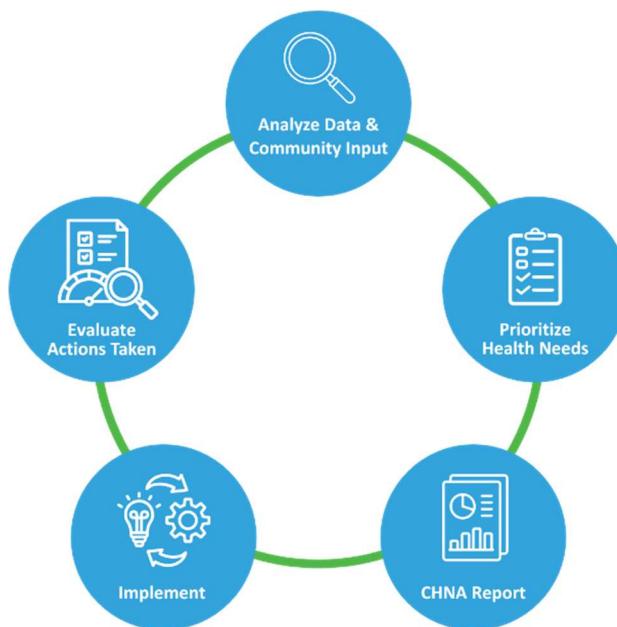
 <p>Priority Area 1: Mental Health and Substance Misuse</p>	<p>Cross-cutting Priority Area: Social Determinants of Health such as Housing, Transportation and Economic Stability</p>	
 <p>Priority Area 2: Wellness and Lifestyle (Nutrition and Obesity)</p>	 <p>Priority Area 3: Chronic Disease (Diabetes, Heart Disease and Stroke)</p>	



Evaluation of Progress Since Prior CHNA

Reid Health completes its CHNA every three years. An important part of this three-year cycle includes the ongoing review of progress made on priority health topics set forth in the preceding CHNA and Implementation Strategy (Figure 2). By reviewing the actions taken to address priority health issues and evaluating the impact those actions have made in the community, it is possible to better target resources and efforts during the next assessment.

FIGURE 2. THE CHNA CYCLE



Reid Health's priority health areas for fiscal year 2023-2025 were:

- Mental Health and Substance Misuse
- Maternal, Fetal & Children's Health
- Physical Activity, Nutrition & Weight Status

A detailed impact report outlining the goals, objectives and status of each strategy is provided in [Appendix D](#).

Community Feedback

Reid Health's preceding Community Health Needs Assessment and Implementation Strategy were made available to the public via the websites www.reidhealth.org/about/community-benefit and www.reidcommunities.org. In order to collect comments or feedback, a special email address was used: communitybenefit@reidhealth.org. No written comments had been received on the preceding CHNA at the time this report was written.



Demographics of the Reid Health Service Area

The demographics of a community significantly impact its health profile. Different racial, ethnic, age, and socioeconomic groups may have unique needs and require varied approaches to health improvement efforts. The following section explores the demographic profile of the community residing in the Reid Health Service Area.

Geography and Data Sources

Data in this section is presented at various geographic levels including the eight counties in the service area (Darke, Fayette, Franklin, Henry, Preble, Randolph, Union and Wayne) and/or the Reid Health Service Area value. Comparisons of the state and national value are also provided when available. All demographic estimates are sourced from U.S. Census Bureau¹ (2023) American Community Survey² one-year (2023) or five-year (2019-2023) estimates unless otherwise indicated.

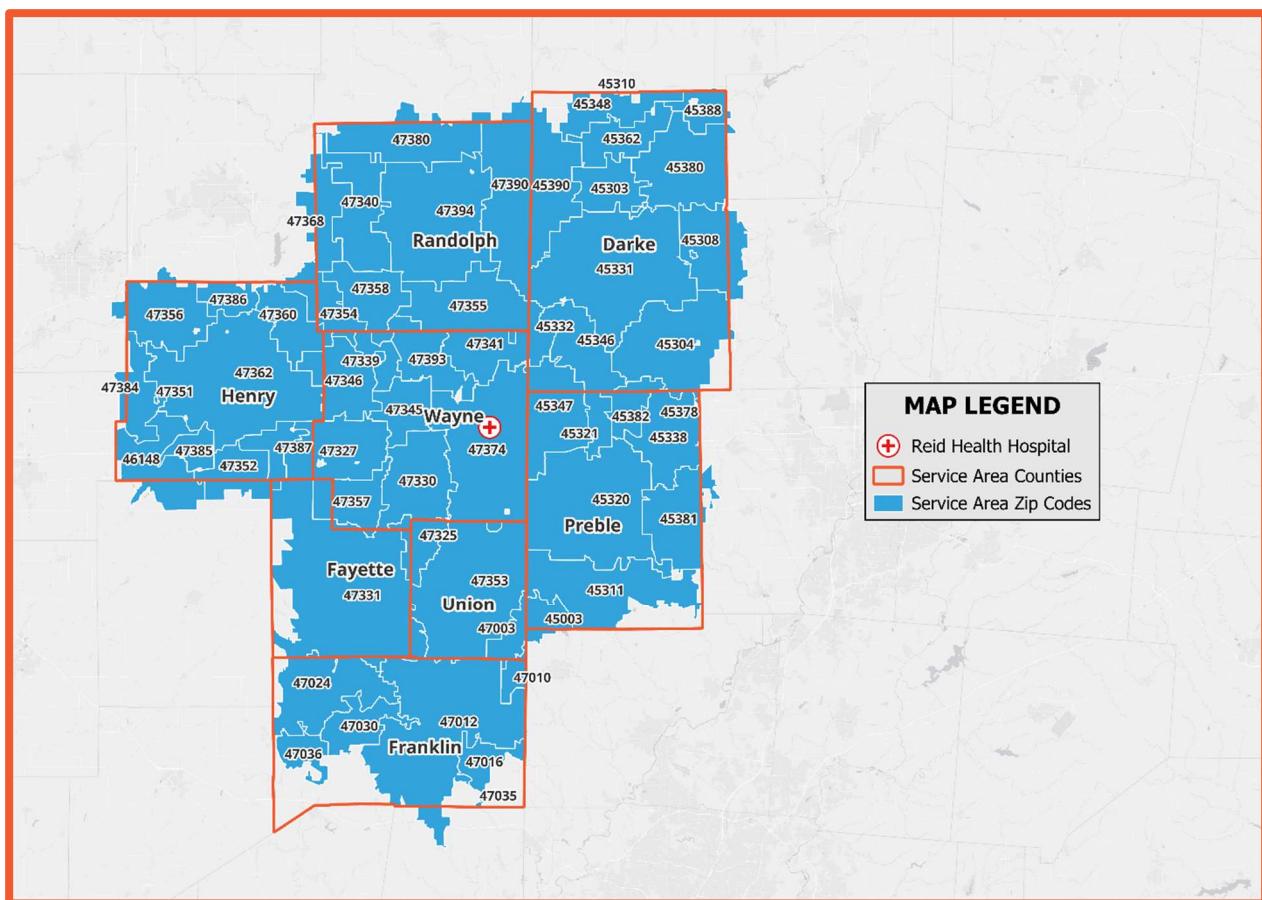
¹ U.S. Census Bureau. <https://www.census.gov/quickfacts/fact/table/US/PST045221>

² American Community Survey. <https://www.census.gov/programs-surveys/acs>

Population

According to the 2023 U.S. Census Bureau population estimates, the Reid Health Service Area has an estimated population of 285,502 persons. Figure 3 shows the population size by each zip code, with the darkest blue representing the zip code with the largest population. [Appendix A](#) provides the actual population estimates for each zip code. The most populated zip code area within the service area is zip code 47374 (Wayne County) with a population of 45,186 persons. Wayne County is also the largest county with 66,377 people while Union County is the smallest with a population of 7,028.

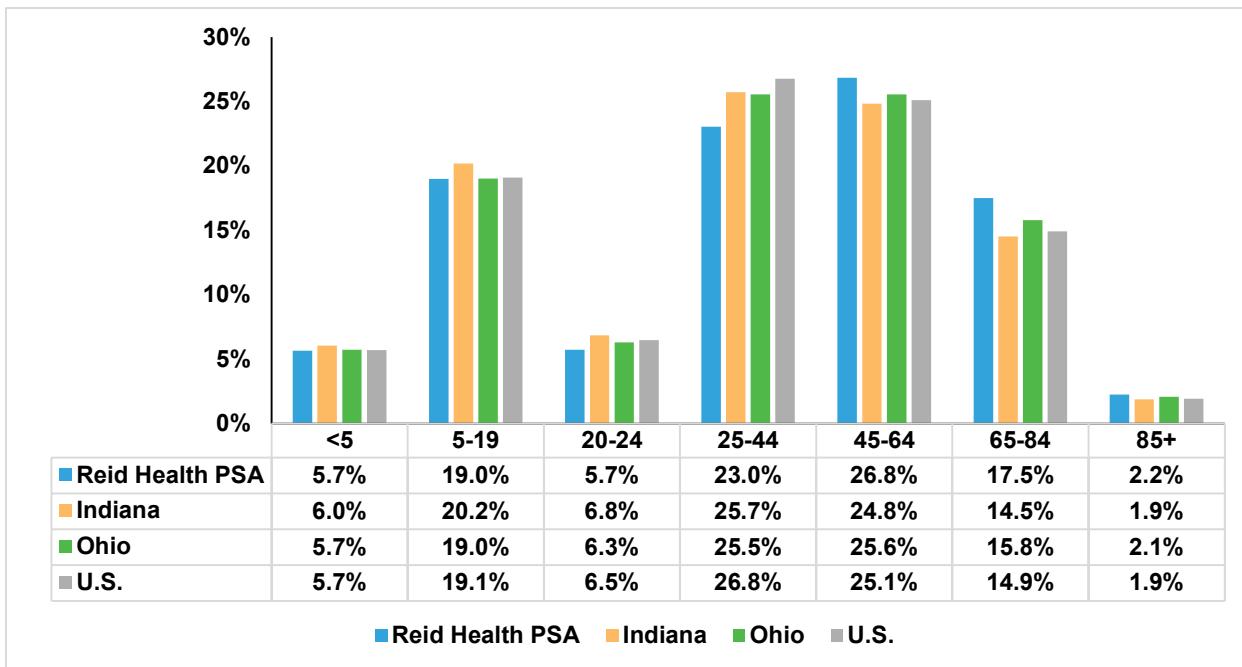
FIGURE 3: REID HEALTH SERVICE AREA POPULATION BY ZIP CODE



Age

Children under the age of five made up 5.7% of the population in the Reid Health Service Area, comparable to Indiana (6.0%) and Ohio (5.7%). However, the service area had a higher proportion of residents aged 65 and older (19.7%) than Indiana (16.4%), Ohio (17.9%), and the United States overall (16.8%). Figure 4 shows a further breakdown of age categories.

FIGURE 4: POPULATION BY AGE: STATE AND NATIONAL COMPARISONS



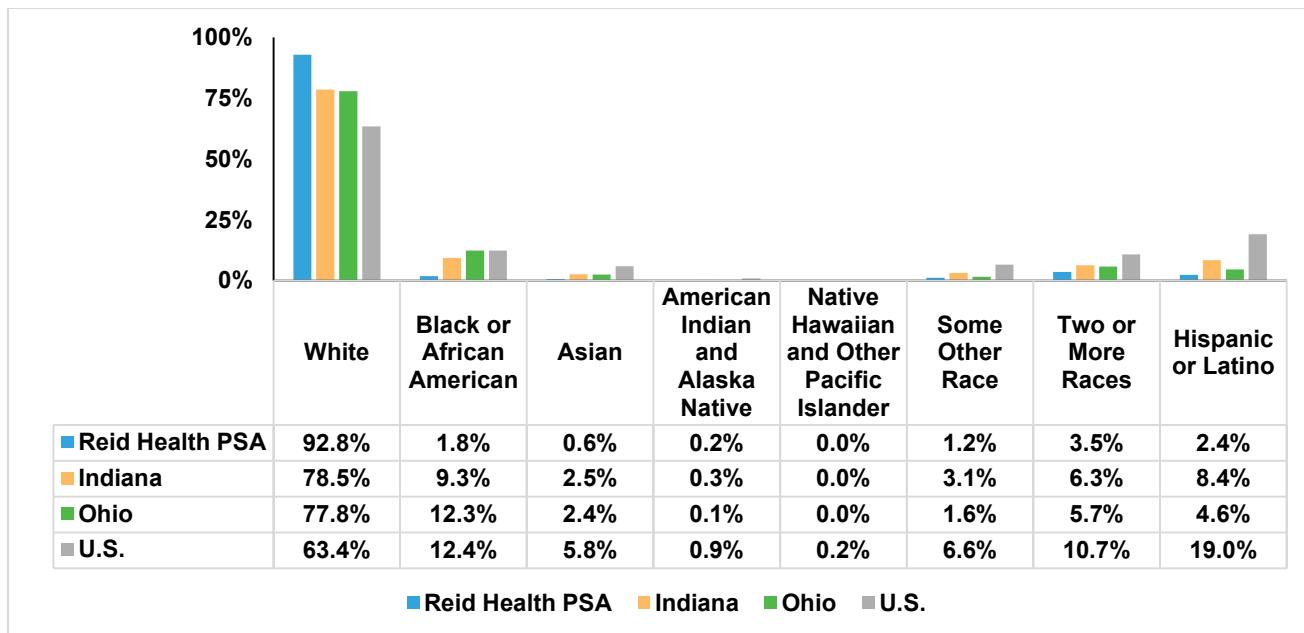
Source: American Community Survey, 2019-2023

Race and Ethnicity

The racial and ethnic composition of a population is important in planning for future community needs, particularly for schools, businesses, community centers, health care, and childcare. Analysis of health and social determinants of health data by race/ethnicity can also help identify disparities in housing, employment, income, and poverty.

As shown in Figure 5, 92.8% of the population in the Reid Health Service Area identifies as White—significantly higher than Indiana (78.5%), Ohio (77.8%), and the U.S. overall (63.4%). Black or African American residents make up just 1.8% of the area's population, compared to 9.3% in Indiana and 12.3% in Ohio. Hispanic residents account for 2.4% of the service area, also lower than in Indiana (8.4%) and Ohio (4.6%).

FIGURE 5: POPULATION BY RACE/ETHNICITY: REID HEALTH AND STATE COMPARISONS

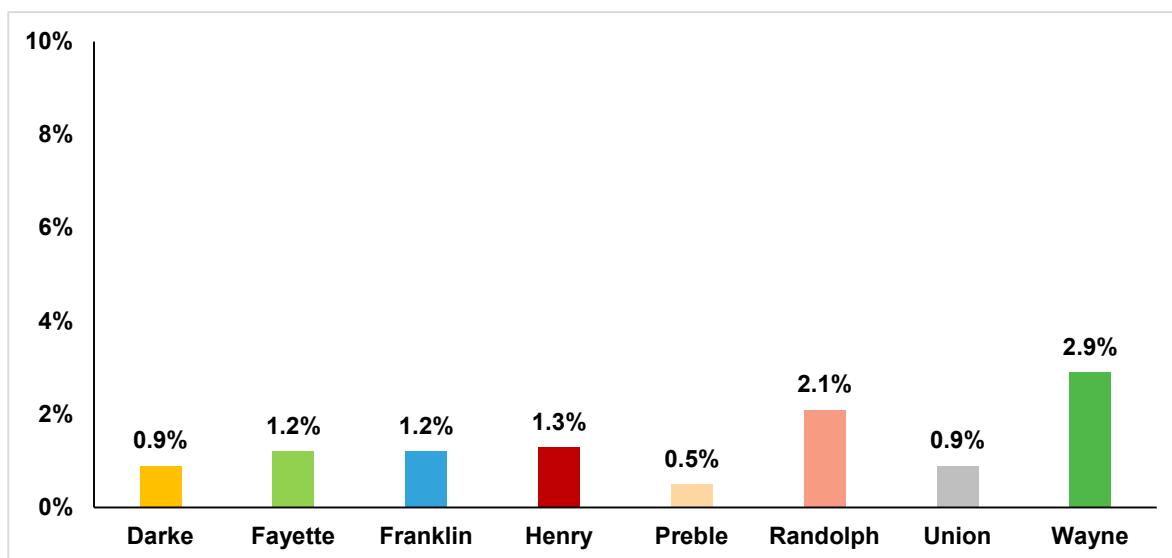


Source: American Community Survey, 2019-2023

Language and Immigration

Understanding countries of origin and language spoken at home can help inform the cultural and linguistic context for the health and public health system. According to the American Community Survey, 1.5% of residents in the Reid Health service area were born outside the U.S. By county, 2.9% of residents in Wayne County were born outside the U.S., while only 0.5% of residents in Preble County are foreign born (Figure 6).

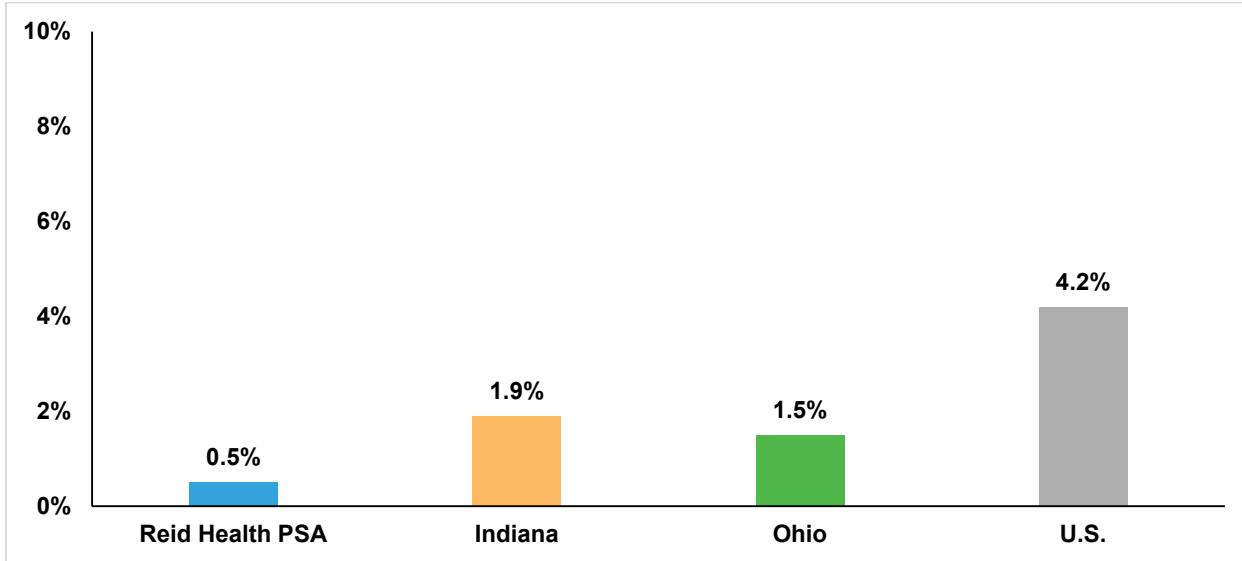
FIGURE 6: FOREIGN BORN PERSONS: REID HEALTH COUNTIES



Source: American Community Survey, 2019-2023

Linguistic Isolation measures the percent of households in which every member aged 14 years or older has some difficulty speaking English. Figure 7, in the Reid Health service area, 0.5% of households have difficulty speaking English. A larger proportion of residents in Indiana struggle to speak English (1.9%), and residents in Ohio (1.5%) as well.

FIGURE 7: LINGUISTIC ISOLATION: SERVICE AREA, AND STATE COMPARISONS



Source: American Community Survey, 2019-2023



Social and Economic Determinants of Health

The demographics of a community significantly impact its health profile. Different racial, ethnic, age, and socioeconomic groups may have unique needs and require varied approaches to health improvement efforts. The following section explores the demographic profile of the community residing in the Reid Health Service Area.

This section explores the economic, environmental, and social determinants of health impacting the Reid Health service area. Social Determinants of Health (SDOH) are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. The Social Determinants of Health can be grouped into five domains. Figure 8 shows the Healthy People 2030 Social Determinants of Health domains.³

FIGURE 8: HEALTHY PEOPLE 2030 SOCIAL DETERMINANTS OF HEALTH DOMAINS



³ Healthy People 2030: <https://odphp.health.gov/healthypeople/priority-areas/social-determinants-health>

Geography and Data Sources

Data in this section are presented at various geographic levels (zip code, county, service area) depending on data availability. When available, comparisons to county, state, and/or national values are provided. It should be noted that county level data can sometimes mask what could be going on at the zip code level in many communities. While indicators may be strong when examined at a higher level, zip code level analysis can reveal disparities. All demographic estimates are sourced from U.S. Census Bureau (2023)¹ American Community Survey² one-year (2023) or five-year (2019-2023) estimates unless otherwise indicated.

Income

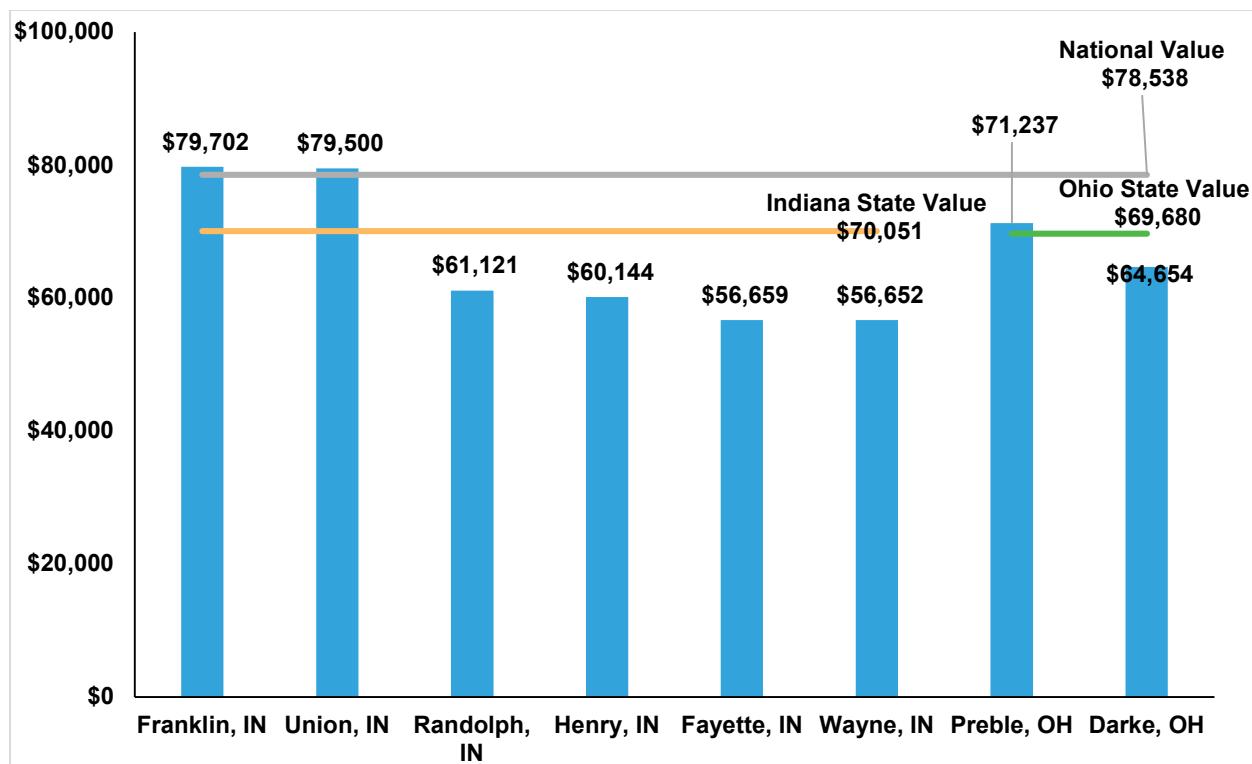
Income has been shown to be strongly associated with morbidity and mortality, influencing health through various clinical, behavioral, social, and environmental factors. Those with greater wealth are more likely to have higher life expectancy and reduced risk of health conditions including heart disease, diabetes, obesity, and stroke. Poor health can also contribute to reduced income by limiting one's ability to work.⁴

Figure 9 shows the median household income for all counties in the service area as well as Indiana and Ohio. Franklin County has the highest median household income in the service area (\$79,702) and Wayne County has the lowest median household income (\$56,652). The median household income Indiana is \$70,051 and \$69,680 in Ohio.

⁴ Robert Wood Johnson Foundation. Health, Income, and Poverty.

<https://www.rwjf.org/en/library/research/2018/10/health--income-and-poverty-where-we-are-and-what-could-help.html>

FIGURE 9: MEDIAN HOUSEHOLD INCOME: COUNTY AND STATE COMPARISONS



Source: American Community Survey, 2019-2023

Poverty

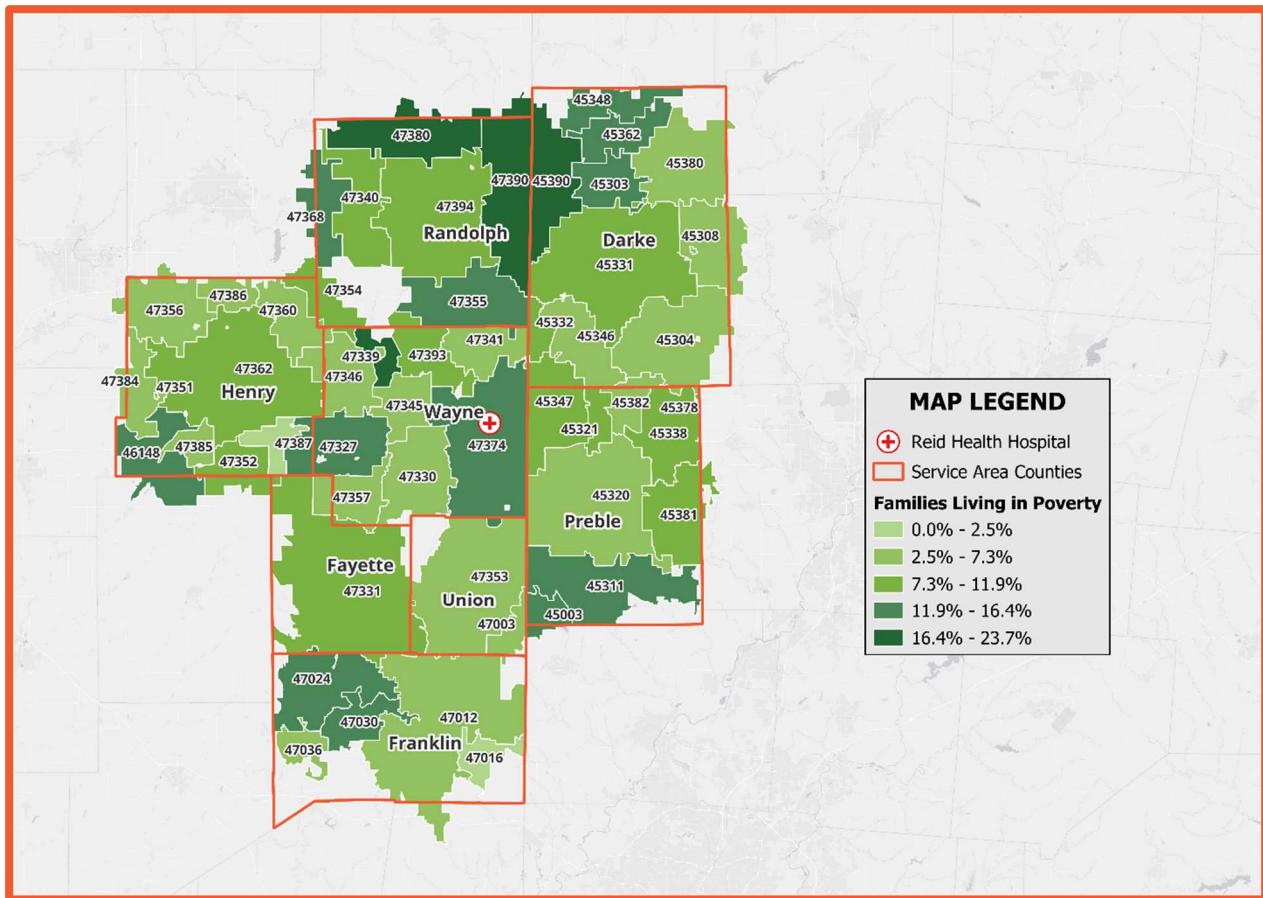
Federal poverty thresholds are set every year by the Census Bureau and vary by size of family and ages of family members. People living in poverty are less likely to have access to health care, healthy food, stable housing, and opportunities for physical activity. These disparities mean people living in poverty are more likely to experience poorer health outcomes and premature death from preventable diseases.⁵

Figure 10 shows the percentage of families living below the poverty level by zip code. The darker blue colors represent a higher percentage of families living below the poverty level, with zip codes 47339 (Wayne County) and 45390 (Darke County) having the highest percentages at (23.9%) and (21.2%). Overall, 9.9% of families in the Reid Health service area live below the poverty level, which is higher than the Indiana state value of 8.4% and lower than the Ohio state value of 9.2%. The percentage of families living below poverty for each zip code in the Reid Health service area is provided in [Appendix A](#).

⁵ U.S. Department of Health and Human Services, Healthy People 2030.

<https://health.gov/healthypeople/objectives-and-data/browse-objectives/economic-stability/reduce-proportion-people-living-poverty-sdoh-01>

FIGURE 10: FAMILIES LIVING BELOW POVERTY LEVEL: REID HEALTH SERVICE AREA



Employment

A community's employment rate is a key indicator of the local economy. An individual's type and level of employment impacts access to health care, work environment, health behaviors, and health outcomes. Stable employment can help provide benefits and conditions for maintaining good health. In contrast, poor or unstable work and working conditions are linked to poor physical and mental health outcomes.⁶

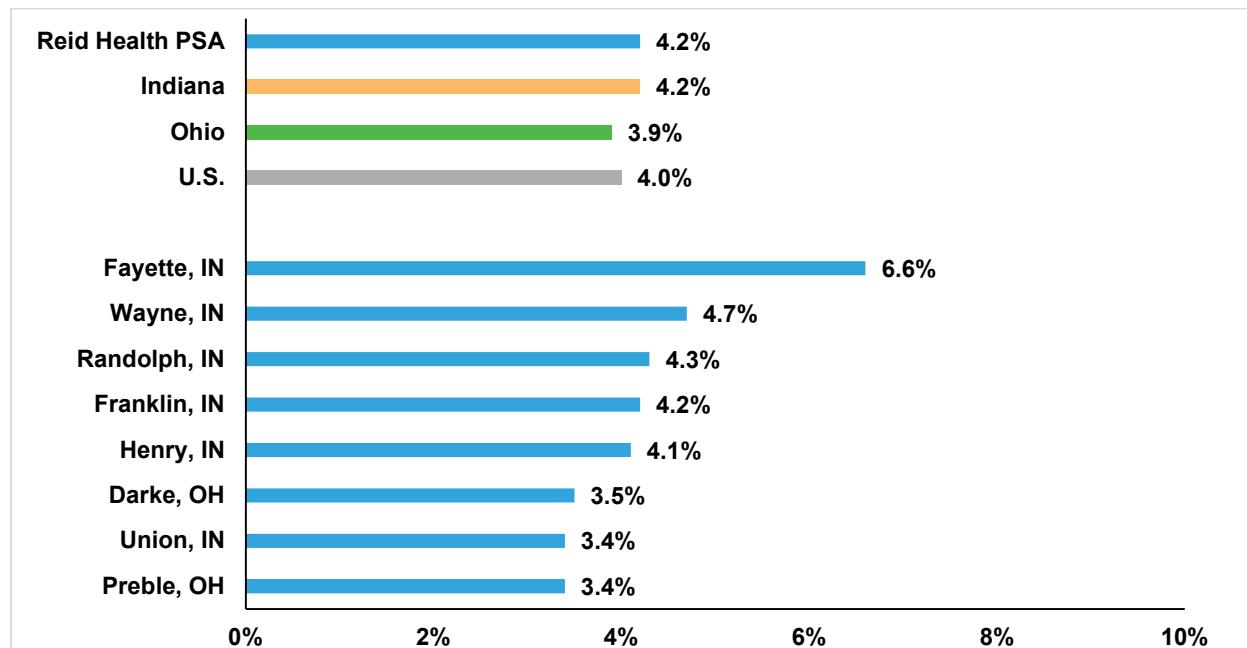
Unemployment and underemployment can limit access to health insurance coverage and preventive care services. Underemployment is described as involuntary part-time employment, poverty-wage employment, and insecure employment.⁶

⁶ U.S. Department of Health and Human Services, Healthy People 2030. <https://health.gov/healthypeople/objectives-and-data/social-determinants-health/literature-summaries/employment>

Type of employment and working conditions can also have significant impacts on health. Work-related stress, injury, and exposure to harmful chemicals are examples of ways employment can lead to poorer health.⁶

Figure 11 displays the unemployment rate for individuals aged 16 and over by service area, county, state, and nation. Fayette County has the highest unemployment rate at 6.6%, significantly higher than both the Reid Health Service Area and the state of Indiana, each at 4.2%.

FIGURE 11: POPULATION AGE 16+ UNEMPLOYMENT



Source: American Community Survey, 2019-2023

Education

Education is an important indicator for health and wellbeing. Education can lead to improved health by increasing health knowledge, providing better job opportunities and higher income, and improving social and psychological factors linked to health. People with higher levels of education are likely to live longer, to experience better health outcomes, and practice health-promoting behaviors.⁷

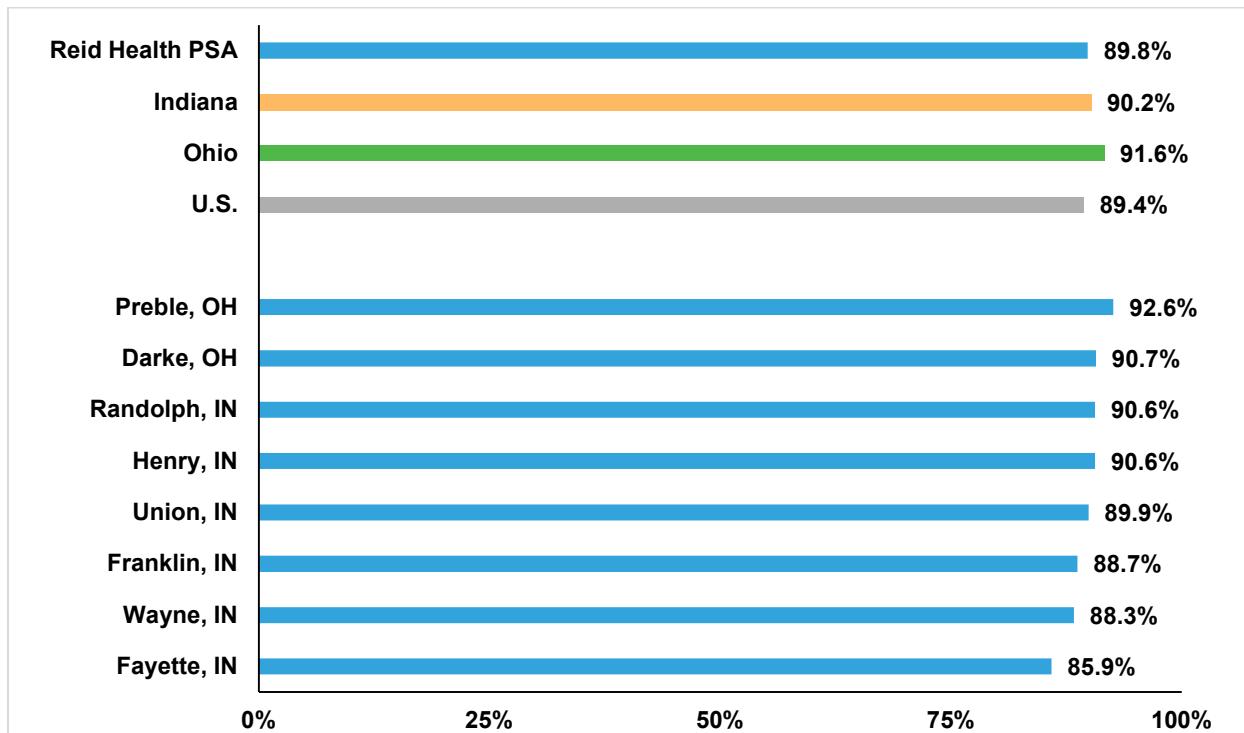
Figure 12 shows the percentage of the population 25 years or older with a high school degree or higher. A high school diploma is a requirement for many employment opportunities and for higher education. Not graduating high school is linked to a variety of negative health impacts, including limited employment prospects, low wages, and

⁷ Robert Wood Johnson Foundation, Education and Health.

<https://www.rwjf.org/en/library/research/2011/05/education-matters-for-health.html>

poverty.⁸ Preble County has the highest percentage of the population over 25 with a high school degree or higher (92.6%) while Fayette County has the lowest (85.9%). The Reid Health service area has a percentage of 89.8% of residents over 25 with at least a high school degree, which is lower than both the Indiana state value (90.2%) and Ohio state value (91.6%) but slightly higher than the U.S. value (89.4%).

FIGURE 12: POPULATION AGE 25+ WITH A HIGH SCHOOL DEGREE OR HIGHER

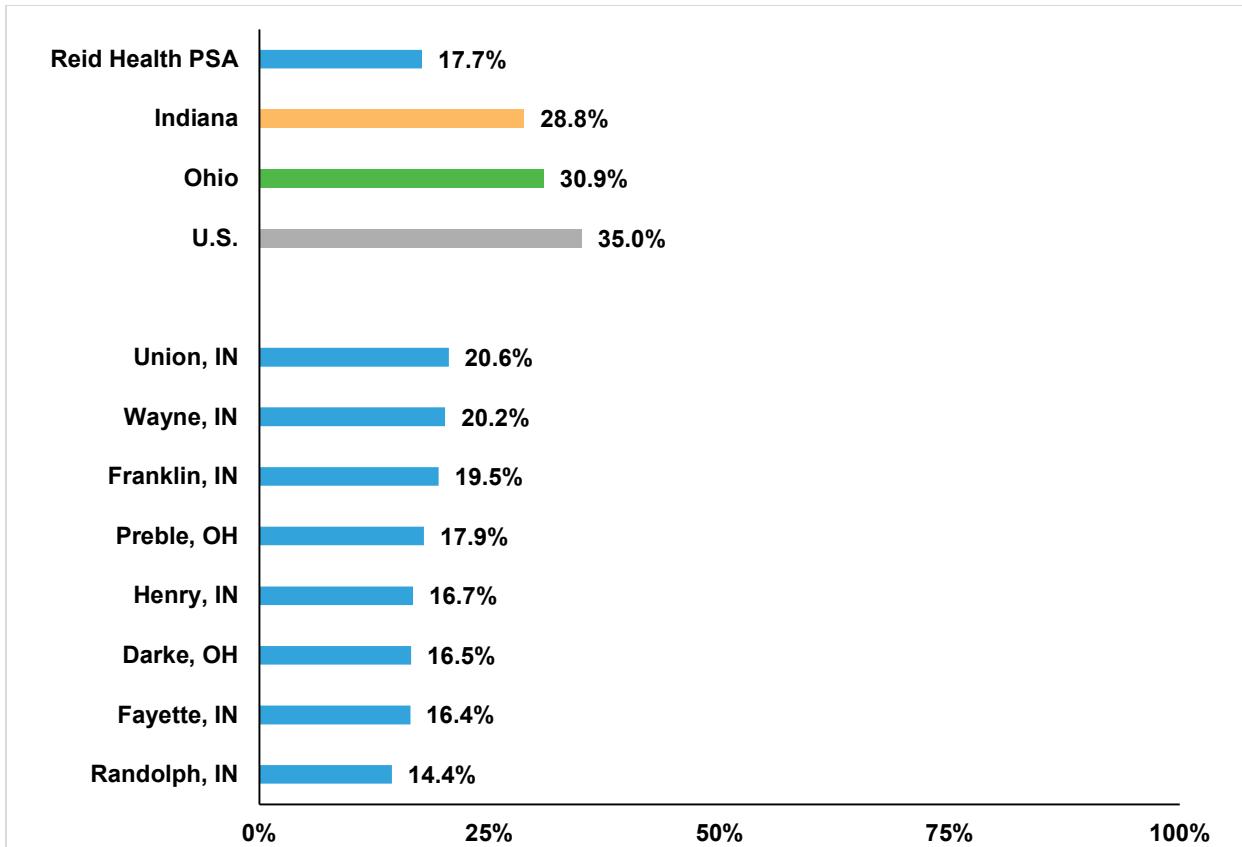


Source: American Community Survey, 2019-2023

⁸ U.S. Department of Health and Human Services, Healthy People 2030.
<https://health.gov/healthypeople/objectives-and-data/social-determinants-health/literature-summaries/high-school-graduation>

Figure 13 shows the percentage of the population age 25+ with a bachelor's degree or Higher. Union County has the highest percentage of residents over 25 with at least a bachelor's degree (20.6%) while Randolph County has the lowest percentage (14.4%). The Reid Health service area has a percentage of 17.7% of the population over 25 with a bachelor's degree, which is significantly lower than the Indiana state (28.8%), Ohio state (30.9%) and U.S. (35.0%) value.

FIGURE 13: POPULATION AGE 25+ WITH A BACHELOR'S DEGREE OR HIGHER

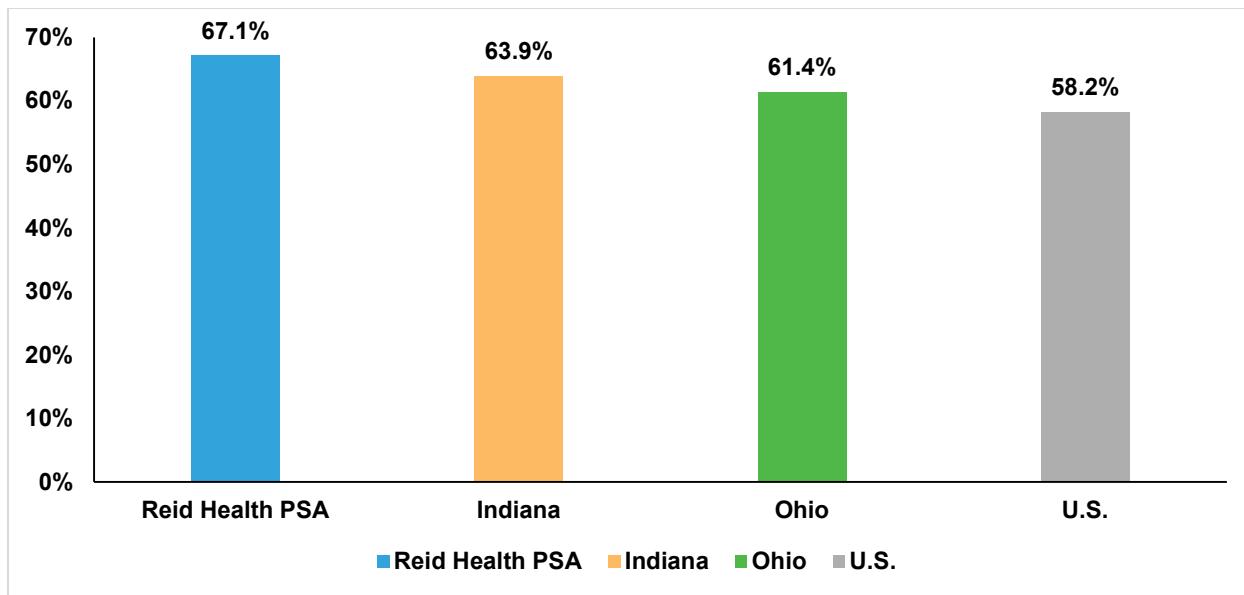


Source: American Community Survey, 2019-2023

Housing

Figure 14 the percentage of all housing units (i.e. occupied and unoccupied) that are occupied by homeowners. In the Reid Health service area, 67.1% of all housing units are occupied by homeowners, which is higher than the Indiana state value (63.9%), Ohio state value (61.4%), and the U.S. value (58.2%).

FIGURE 14: HOME OWNERSHIP

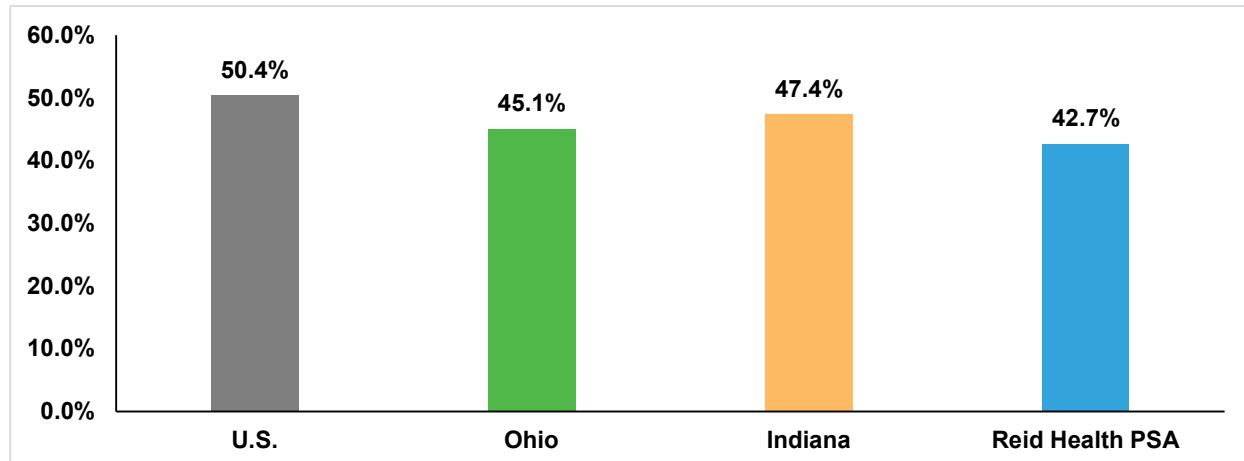


Source: American Community Survey, 2019-2023

When families must spend a large portion of their income on housing, they may not have enough money to pay for things like healthy foods or health care. This is linked to increased stress, mental health problems, and an increased risk of disease.⁹

Figure 15 shows the percentage of renters spending 30% or more of their household income on rent. In the Reid Health Service Area, 42.7% of renters are cost-burdened—lower than Indiana (47.4%), Ohio (45.1%), and the U.S. overall (50.4%).

FIGURE 15: RENTERS SPENDING 30% OR MORE HOUSEHOLD INCOME ON RENT



⁹ U.S. Department of Health and Human Services, Healthy People 2030.

<https://health.gov/healthypeople/objectives-and-data/browse-objectives/housing-and-homes/reduce-proportion-families-spend-more-30-percent-income-housing-sdoh-04>

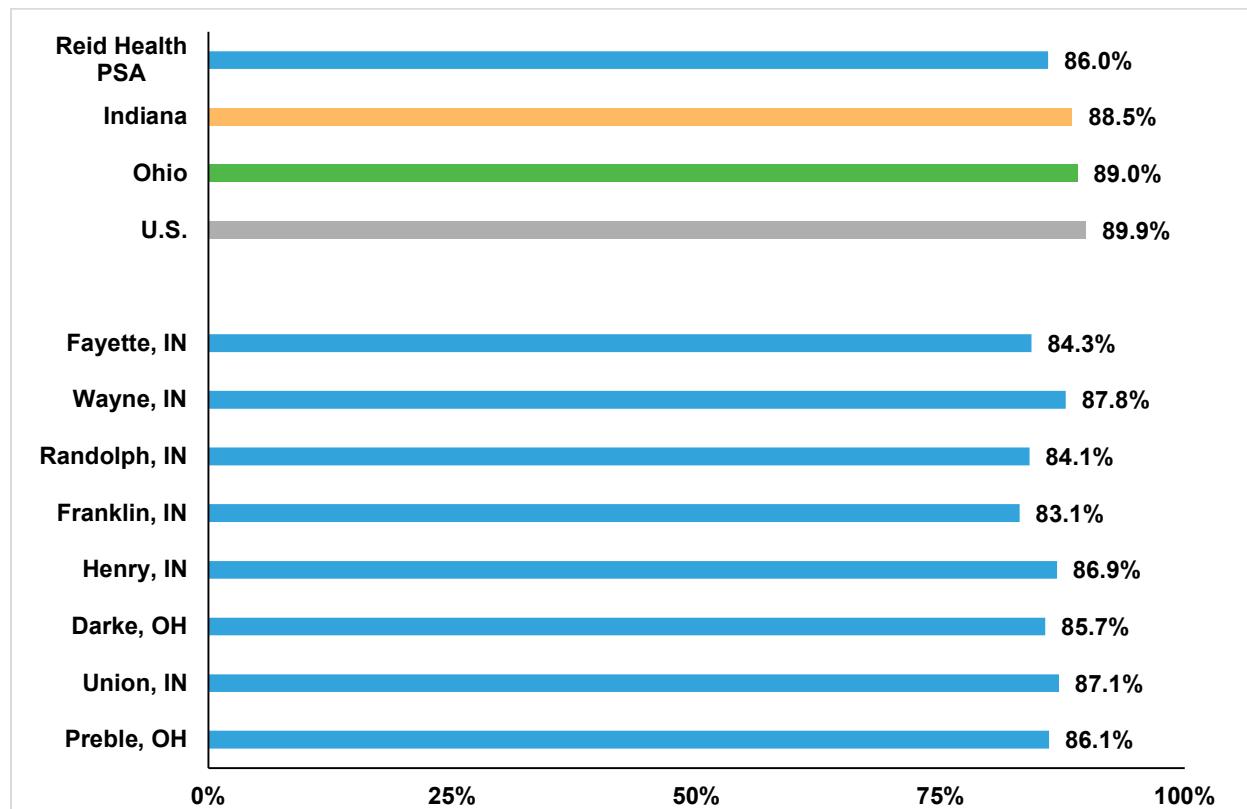
Neighborhood and Built Environment

Internet access is essential for basic health care access, including making appointments with providers, getting test results, and accessing medical records. Access to the internet is also increasingly essential for obtaining home-based telemedicine services.¹⁰

Internet access may also help individuals seek employment opportunities, conduct remote work, and participate in online educational activities.¹⁰

Figure 16 shows the percentage of households that have an internet subscription. The rate in Wayne County, 87.8%, is the highest among all counties in the service area. Franklin County (83.1%) has the lowest percentage of households with an internet subscription.

FIGURE 16: HOUSEHOLDS WITH AN INTERNET SUBSCRIPTION: COUNTY, STATE AND U.S. COMPARISON



Source: American Community Survey, 2019-2023

¹⁰ U.S. Department of Health and Human Services, Healthy People 2030.

<https://health.gov/healthypeople/objectives-and-data/browse-objectives/neighborhood-and-built-environment/increase-proportion-adults-broadband-internet-hchit-05>



Data Collection Methodology and Key Findings

Two types of data were analyzed for this CHNA: primary and secondary data. Each type of data was analyzed using a unique methodology. Findings were organized by health topics. These findings were then compiled to form a comprehensive overview of the community health needs within the Reid Health service area.

Primary Data Collection and Analysis

Primary data used in this assessment consisted of a listening session, focus groups and online survey with community stakeholders and members. These findings expanded upon information gathered from the secondary data analysis to inform this Reid Health CHNA.

Community Input: Listening Sessions and Focus Group Discussions

Two listening sessions and five focus group discussions were conducted to gain a deeper understanding of health issues impacting the residents of the community served by Reid Health. Community members invited to participate were recognized as having expertise in public health, special knowledge of community health needs, representing the broad interests of the community served by the hospital, and/or being able to speak to the needs of medically underserved or vulnerable populations.

A total of 68 different organizations participated in the process, including the local health department, social service organizations, local businesses, and representatives from the education sector. (See [Acknowledgment section](#))

These discussions took place between March and April 2025. Two listening sessions were conducted virtually and were structured discussions designed to gather insights, feedback, and perspectives from community stakeholders/leaders. Also, there were 5 focus groups held for community members, 1 for Preble and Darke counties held in Preble county, 1 for Fayette, Franklin and Union counties held in Fayette county, 1 for Randolph county held in Randolph county, 1 for Wayne and Henry county held in Wayne county, and 1 for Wayne county representation that was held in Wayne county. A questionnaire was developed to guide each interview and focus group discussions. Discussions on topics included the (1) biggest perceived health needs in the community, (2) barriers of concern, and (3) the impact of health issues on vulnerable populations. Interviewees were also asked about their knowledge around health topics where there were data gaps in the secondary data. The list of questions included in the listening session and focus group discussions can be found in [Appendix E](#).

Listening Session & Focus Group Analysis Results

The project team captured detailed transcripts of the listening sessions and focus group discussions. The text from these transcripts were analyzed using the qualitative analysis tool Qualtrics. Text was organized by themes and analyzed for significant observations. Figure 17 summarizes the main themes and topics that emerged from these discussions.

FIGURE 17. KEY THEMES FROM QUALITATIVE DATA

 Top Health Concerns/Issues	 Barriers to Care	 Most Negatively Impacted Populations
<ul style="list-style-type: none">• Mental health and mental disorders• Wellness and lifestyle (nutrition, and obesity)• Substance use (alcohol, smoking, and drug use, including marijuana)• Maternal and Infant Health• Oral/Dental Health• Chronic Disease (Diabetes, Heart Disease and Stroke)	<ul style="list-style-type: none">• Access to healthcare• Food security / access / awareness• Attainable housing• Transportation• Community resources access / awareness	<ul style="list-style-type: none">• Working class individuals / People losing benefits after slight income gains• People with low income/living in food deserts• Latinos/Hispanic community• People with undocumented status• English as a Second Language (ESL) speakers• Students• Older adults• Amish community

Community Survey

Reid Health gathered community input from an online survey to inform its Community Health Needs Assessment. The survey was promoted across the eight primary counties served by Reid Health: Wayne, Randolph, Fayette, Union, Franklin, and Henry counties in Indiana, and Preble and Darke counties in Ohio. Responses were collected from March to April 2025. Both an English and a Spanish version of the survey were made available. A paper survey was also developed and distributed. The survey consisted of 39 questions related to top health needs in the community, individuals' perception of their overall health, individuals' access to health care services, as well as social and economic determinants of health. The list of survey questions is available in [Appendix E](#).

Survey marketing and outreach efforts included distribution of flyers at community events and coalitions, email invitations, social media and other marketing efforts through Reid Health and its partner organizations. In addition, an ad hoc campaign was created for population-active MyChart users living in Wayne, Fayette, Union, Franklin, Henry, Darke or Preble counties, ages 18 or older encouraging a limited number of users to take the survey. A total of 3,649 responses were collected for the entire survey target area, which included all eight counties: Wayne, Randolph, Fayette, Union, Franklin, and Henry counties in Indiana, and Preble and Darke counties in Ohio.

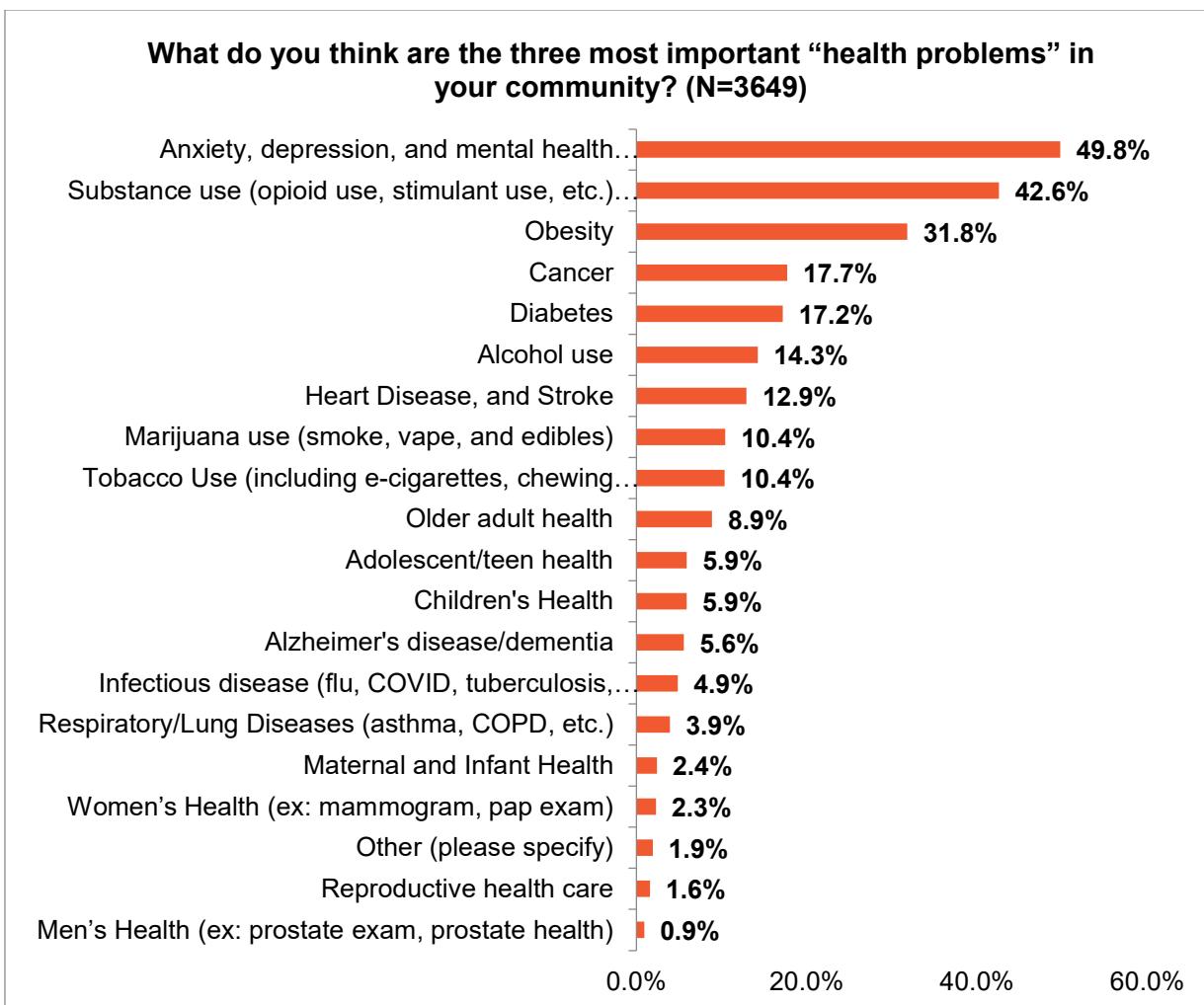
Demographic Profile of Survey Respondents

The Reid Health Community Survey collected responses from 3,649 individuals. Most participants identified as White or Caucasian (86.6%), with smaller percentages identifying as Black or African American (4.3%) and Hispanic or Latino/Latinx (1.4%). Nearly all respondents (99.4%) reported speaking English at home. In terms of education, 28.4% had earned a bachelor's degree or higher, 13.5% had an associate's degree, and 25.1% had a high school diploma or GED. Income levels varied, with 17.5% earning less than \$25,000 per year, 21.4% earning between \$25,000 and \$50,000, and 49% earning between \$50,000 and \$150,000 annually. See [Appendix C](#) for additional details on the demographic profile of survey respondents.

Community Survey Analysis Results

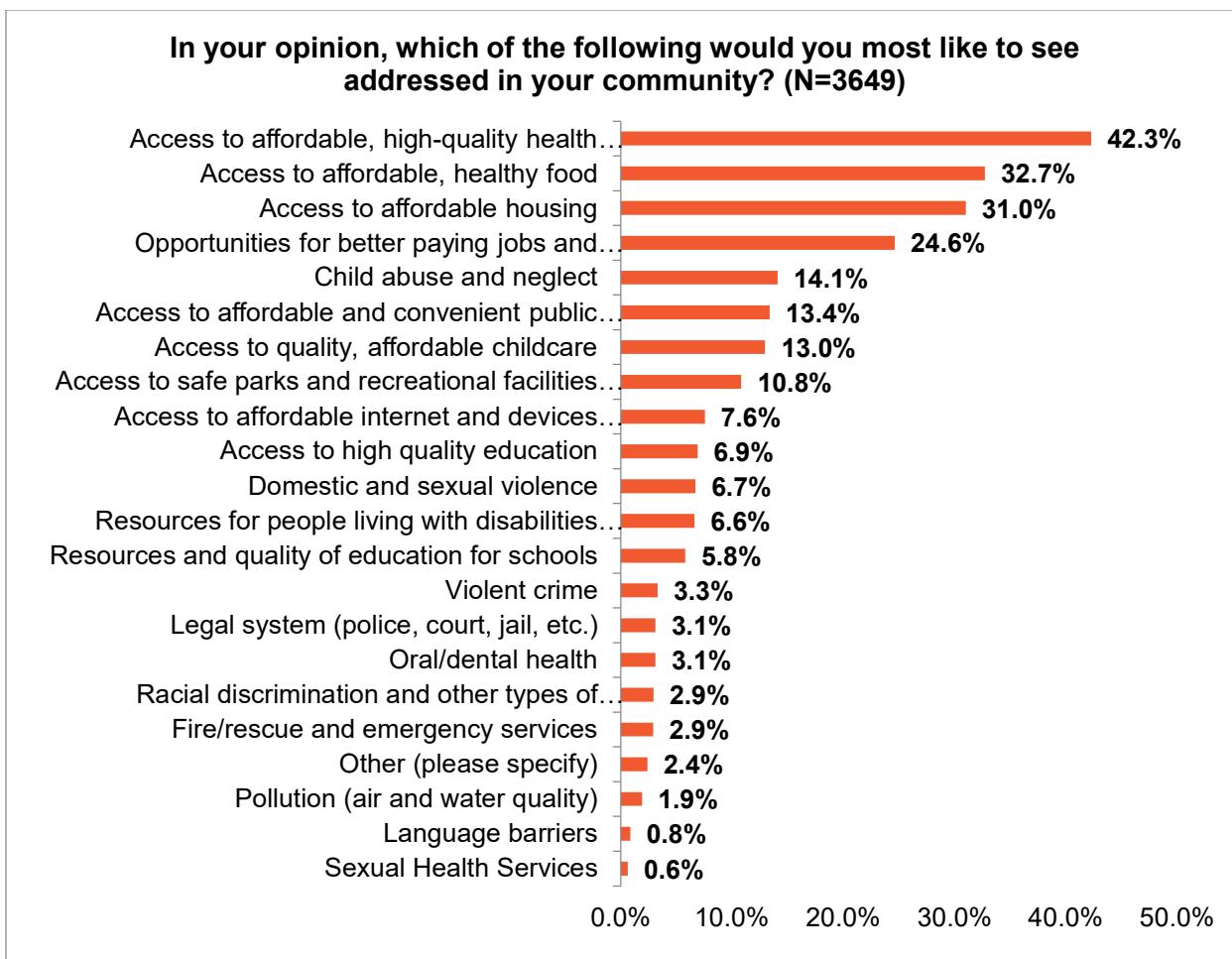
Survey participants were asked about the most important health issues and which quality of life issues they would most like to see addressed in the community. The top responses for these questions are shown in Figures 18 and 19 below.

FIGURE 18. MOST IMPORTANT COMMUNITY HEALTH ISSUES AMONG SURVEY RESPONDENTS



As shown in Figure 18, based on online survey responses from 3,649 participants, highlights the top perceived health concerns within the community. The most frequently identified issue is anxiety, depression, and mental health conditions, selected by nearly half of respondents (49.8%), indicating a strong community awareness of mental health challenges. Substance use and access to treatment follows closely at 42.6%, reflecting concerns about opioid and stimulant use. Obesity ranks third at 31.8%, suggesting ongoing issues with nutrition and physical activity. Other concerns include cancer (17.7%), diabetes (17.2%), and alcohol use (14.3%), while issues like men's health (0.9%) and reproductive healthcare (1.6%) were least frequently mentioned. This distribution underscores the community's prioritization of mental health and substance use as critical areas for intervention in future health initiatives.

FIGURE 19. MOST IMPORTANT QUALITY OF LIFE ISSUES AMONG SURVEY RESPONDENTS



As shown in Figure 19, the online community survey shows what people in the community think are the most important issues to address. Out of 3,649 responses, the top concern was access to affordable, high-quality health care, chosen by nearly 45% of participants. The second most common issue was affordable housing, selected by about 35%. Other concerns included child abuse and neglect, affordable childcare, and access to internet and devices, each mentioned by 10–20% of respondents. Issues like domestic and sexual violence, education quality, and legal system resources were also noted but by fewer people. The least mentioned concerns were racial discrimination, language barriers, and other issues. These results show that the community is most focused on improving health care and housing but also sees a need for support in areas like childcare, safety, and education.

Secondary Data Sources & Analysis

Secondary data used for this assessment were collected and analyzed with Conduent Healthy Communities Institute (HCI).

[Reid Health Community Engagement](#) is a web-based community health platform developed by Conduent Healthy Communities Institute. The Community Dashboard brings non-biased data, local resources, and a wealth of information to one accessible, user-friendly location. It includes over 250 community indicators covering over 24 topics in the areas of health, determinants of health, and quality of life. The data are primarily derived from state and national public secondary data sources. The value for each of these indicators is compared to other communities, nationally or locally set targets, and to previous time periods.

HCI's Data Scoring Tool systematically summarizes multiple comparisons and ranks indicators based on the highest need. For each indicator, the Indiana and Ohio Counties' value was compared to a distribution of state and U.S. counties, state and national values, Healthy People 2030 targets, and significant trends, as shown in Figure 20. Each indicator was then given a score based on the available comparisons. These scores range from 0 to 3, where 0 indicates the best outcome and 3 indicates the worst outcome. Availability of each type of comparison varies by indicator and is dependent upon the data source, comparability with data collected from other communities, and changes in methodology over time. These indicators were grouped into topic areas for a higher-level ranking of community health needs.

Because Reid Health's service area includes eight counties, data scoring results for each individual county were collated to determine the top health needs for the entire service area. Health topics for each county were characterized by the frequency of occurrence as a top health issue across the service area, as well as by rank order.

Table 1 shows the health and quality of life topic scoring results for Reid Health service area, with Heart Disease & Stroke as the poorest performing topic area, followed by Prevention & Safety in 7 counties. Topics that received a score of 1.60 or higher were considered significant health needs. Fourteen topics scored at or above the threshold. Topic areas with fewer than three indicators were considered a data gap.

FIGURE 20. SECONDARY DATA

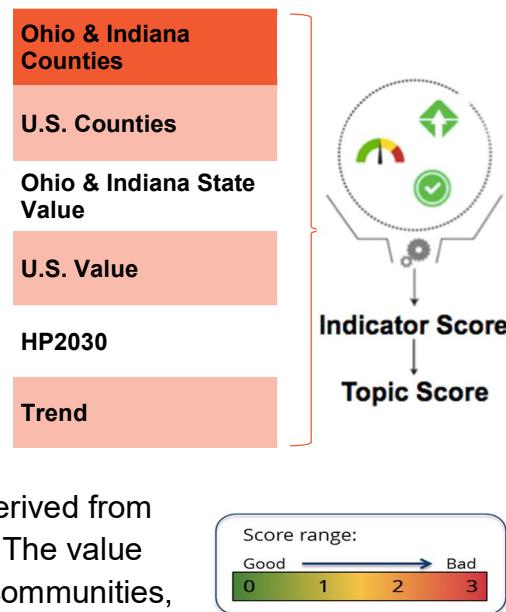


TABLE 1. TOPIC SCORING RESULTS: REID HEALTH SERVICE AREA

Topics of Concern in 7 Counties	<ul style="list-style-type: none">• Heart Disease & Stroke• Prevention & Safety
Topics of Concern in 5 Counties	<ul style="list-style-type: none">• Respiratory Diseases• Tobacco Use• Oral Health• Women's Health
Topics of Concern in 4 Counties	<ul style="list-style-type: none">• Alcohol & Drug Use• Cancer• Children's Health• Economy• Education• Mental Health & Mental Disorders• Older Adults• Other Conditions• Physical Activity• Wellness & Lifestyle

Table 1 shows only those topic areas that met the threshold of 1.60 to be considered a significant health need. Please see [Appendix A](#) for the full list of health and quality of life topics, including the list of national and state indicators that are categorized into and included in the secondary data analysis for each topic area. Further details on the quantitative data scoring methodology are also available in [Appendix A](#).

Data Considerations

A key part of any data collection and analysis process is recognizing potential limitations within the data considered. Each data source used in this assessment was evaluated based on its strengths and limitations during data synthesis and should be kept in mind when reviewing this report.

For both primary and secondary data, immense efforts were made to include as wide a range of community health indicators, key informant experts, focus group participants and survey respondents as possible. Although the topics by which data are organized cover a wide range of health and quality of life areas, within each topic there is a varying scope and depth of secondary data indicators and primary data findings.

Secondary data were limited by the availability of data, with some health topics having a robust set of indicators, while others were more limited. Population health and demographic data are often delayed in their release, so data is presented for the most recent years available for any given data source. There is also variability in the geographic level at which data sets are available, ranging from census tract or zip code to statewide or national geographies. Whenever possible, the most relevant localized data is reported. Due to variations in geographic boundaries, population sizes, and data collection techniques for different locations (hospital service areas, zip codes, and counties), some datasets are not available for the same time spans or at the same level of localization. Finally, persistent gaps in data systems exist for certain community health issues.

For the primary data, the breadth of findings is dependent upon who was selected to be a key informant or who self-selected to participate in the focus group discussions. Additionally, the community survey was a convenience sample, which means results may be vulnerable to selection bias and make the findings less generalizable.



Identification of Significant Health Needs

Findings from both primary and secondary data sources were analyzed and combined to identify the significant health needs of the Reid Health community.

Health needs were determined to be significant if they met certain criteria in at least one of the three data sources: a secondary data score of 1.60 or higher, frequency by which the topic was discussed within/across interviews, focus groups and listening sessions, and identification as a priority issue by 17% or more of survey respondents. Figure 21 summarizes the process for identifying significant health needs.

FIGURE 21: PROCESS FOR IDENTIFYING SIGNIFICANT HEALTH NEEDS

Criteria for Identifying Significant Health Needs	
Secondary Data	Primary Data
 Topic score of 1.60 or higher was considered.	 Community input: topics that were frequently discussed in focus groups and listening sessions were considered.  Community Survey: topics selected by 17% or more of the survey respondents were selected.
Top 8 Significant Health Needs Identified	
 Chronic Disease (Diabetes, Heart Disease and Stroke)	 Oral Health
 Health Care Access and Quality	 Substance Misuse
 Maternal and Infant Health	 Social Determinants of Health (Housing, Transportation and Economic stability)
 Mental Health	 Wellness and Lifestyle (Nutrition and Obesity)

Data Synthesis

Primary and secondary data were collected, analyzed, and synthesized to identify the significant community health needs in Reid Health service area.

The significant health needs identified from data sources were analyzed based on the areas of data overlap. Primary data from the community survey, listening sessions, and focus groups as well as secondary data findings identified eight areas of significant need. Table 2 outlines the eight significant health needs (in alphabetical order) alongside the corresponding data sets that identified the need as significant.

TABLE 2: HEALTH TOPICS SHOWING OVERLAPPING EVIDENCE OF NEED

HEALTH TOPIC (ALPHABETICAL ORDER)	LISTENING SESSIONS	FOCUS GROUPS	COMMUNITY SURVEY	SECONDARY DATA
CHRONIC DISEASE (DIABETES, HEART DISEASE AND STROKE)	✓	✓	✓	✓
HEALTH CARE ACCESS AND QUALITY	✓	✓	✓	
MATERNAL AND INFANT HEALTH	✓	✓		✓
MENTAL HEALTH	✓	✓	✓	✓
ORAL HEALTH	✓			✓
SUBSTANCE MISUSE	✓	✓	✓	✓
SOCIAL DETERMINANTS OF HEALTH (HOUSING, TRANSPORTATION, AND ECONOMIC STABILITY)	✓	✓	✓	
WELLNESS AND LIFESTYLE (NUTRITION AND OBESITY)	✓	✓	✓	✓

Significant Health Needs Identified for Reid Health

Based on the criteria and overlapping evidence of need shown, eight needs emerged as significant. Figure 22 illustrates the eight significant health needs, listed in alphabetical order, that were included for prioritization based on the findings of all forms of data collected for Reid Health 2026-2028 CHNA.

FIGURE 22: REID HEALTH SIGNIFICANT HEALTH NEEDS

Health Topic (alphabetical order)			
			
Chronic Disease (Diabetes, Heart Disease and stroke)	Health Care Access and Quality	Maternal and Infant Health	Mental Health
			
Oral Health	Substance Misuse	Social Determinants of Health (Housing, Transportation, and Economic stability)	Wellness and lifestyle (Nutrition and Obesity)



Prioritization of Significant Health Needs

To better target activities addressing the community's most pressing health needs, Reid Health convened a group of community leaders for both in-person and virtual presentations of data on significant health issues, facilitated by HCI. Following the presentations and question-and-answer sessions, participants were provided with an online link to complete a scoring exercise. This exercise asked them to assign scores to each health need based on a defined set of criteria.

The Reid Health CHNA team then reviewed the scoring results, along with additional supporting evidence, and identified three priority areas under the cross-cutting theme of social determinants of health for subsequent implementation planning.

Process

Invitations to participate in the Reid Health CHNA data synthesis presentation and prioritization activity were distributed in the weeks leading up to the meetings held on June 25 and June 27, 2025. A total of 56 participants attended the in-person session, while 33 attended virtually. Attendees represented a broad range of sectors, including local law enforcement, education, veteran services, health and fitness organizations, senior services, health clinics, and community mental health centers. Of these participants, 54 completed the online prioritization activity.

During the sessions, participants reviewed and discussed the results of HCI's primary and secondary data analyses, which highlighted the significant health needs shown in Figure 22. They were then asked to complete the online scoring exercise, assigning scores to each health need based on how well it met the hospital's established criteria. The group also agreed that root causes, disparities, and social determinants of health should be factored into all prioritized health topics identified through this process.

Prioritization Criteria

- **Scope and Severity:** The magnitude and seriousness of each health issue.
- **Ability to Impact:** The perceived likelihood of achieving positive change in relation to each health issue.

Participants assigned a score of 1–3 for each health topic under both criteria, with higher scores reflecting greater concern or potential impact. For example, a score of 1 indicated the least concerning or least impactful, a 2 indicated moderate concern or impact, and a 3 indicated the highest level of concern or impact.

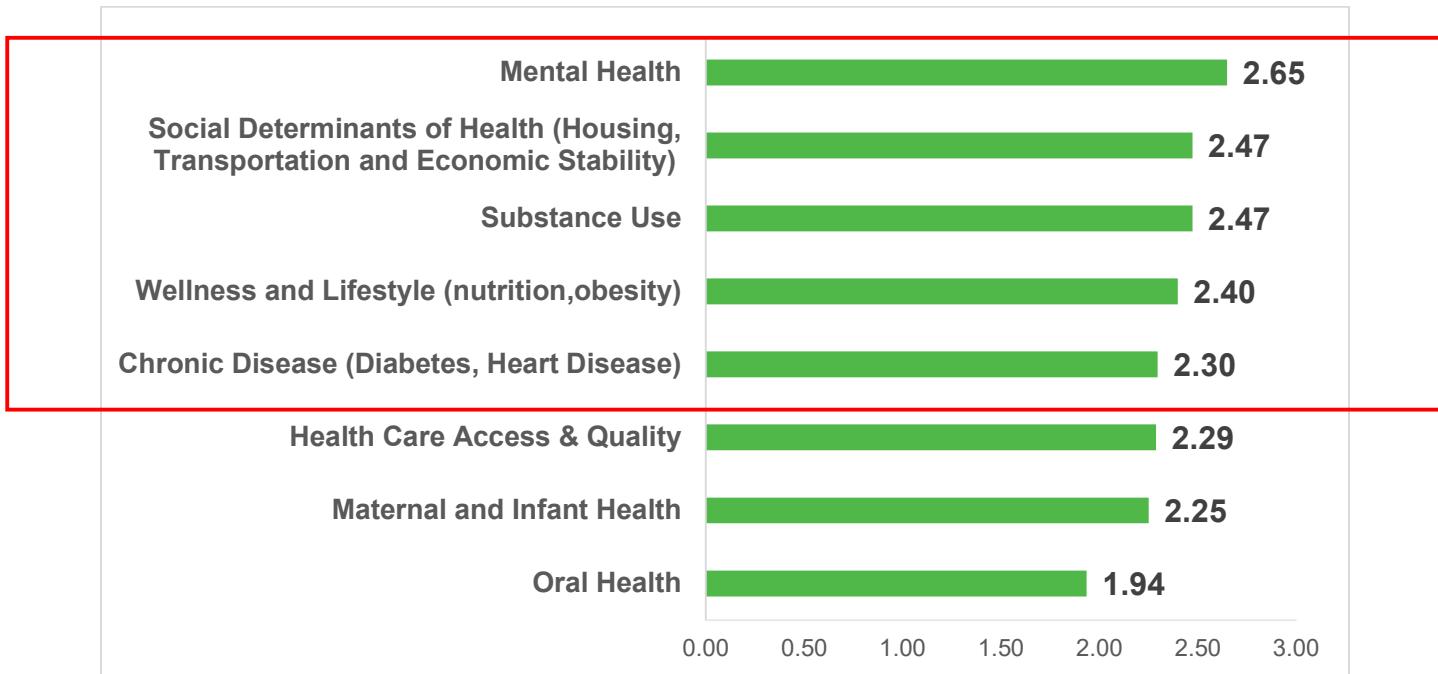
In addition to the data presented by HCI, participants were encouraged to draw upon their own knowledge and experience of the community when evaluating how well each health issue met the criteria.

Completion of the online scoring exercise generated numerical results for each health topic and criterion. These results were equally weighted and averaged to produce an aggregate score and overall ranking for each health issue.

Prioritized Health Needs

Reid Health's CHNA team reviewed the scoring results of the significant community needs and determined prioritized health needs based on the same set of criteria used in the scoring exercise. The overall prioritization ranking can be seen in Figure 23 below.

FIGURE 23: OVERALL PRIORITIZATION RANKING



Reid Health has chosen to emphasize Social Determinants of Health (SDOH) as a guiding framework because of its underlying impact on prioritized health outcomes which include mental health and substance misuse, wellness and lifestyle, and chronic disease. SDOH elements often determine whether someone can access nutritious food, afford medications, find safe housing, or receive timely mental health care. By focusing on SDOH, Reid Health is not just treating symptoms but tackling the root causes that contribute to poor health, especially in vulnerable populations who face systemic barriers to optimal health.

This approach is particularly vital in Reid Health's service area, where data from their Community Health Needs Assessment revealed significant challenges related to mental health, substance misuse, and chronic disease. Vulnerable groups such as low-income families, rural residents, and individuals with limited access to transportation or education are disproportionately affected by these issues. By aligning funding and programming with SDOH, Reid Health ensures that its initiatives are both strategic and equitable. The overarching SDOH theme allows Reid to invest in interventions that create lasting change and uplift those who need it most.

The three health needs under the overarching framework of social determinants of health is shown in Figure 24 that were identified as a priority for Reid Health.

FIGURE 24. HEALTH NEEDS UNDER SOCIAL DETERMINANTS OF HEALTH

Reid Health CHNA Priorities		
Cross-Cutting Priority Area		
Social Determinants of Health		
Priority Area 1	Priority Area 2	Priority Area 3
 Chronic Disease (Diabetes, Heart Disease and Stroke)	 Mental Health and Substance Misuse	 Wellness and Lifestyle (Nutrition and Obesity)



Prioritized Health Needs

The following section dives deeper into each of the prioritized health needs to understand how findings from primary and secondary data led to the health topic becoming a priority health issue for Reid Health.

Each prioritized health topic includes key themes from primary data and secondary data warning indicators. The warning indicators shown for certain health topics are above the 2 thresholds for eight counties and indicate areas of concern.



Cross-Cutting Priority: Social Determinants of Health (Housing, Transportation, and Economic Stability)

Primary Data Findings

Community Input

Social determinants of health—such as housing, transportation, and economic stability—were consistently identified as major barriers to wellness in the community. Many participants described how these basic needs are deeply connected to health outcomes. One person shared, **“We are all one paycheck away from poverty,”** showing how financial insecurity affects daily life and access to care. Another added, **“The people are working hard, and they are not getting paid enough to survive on their own,”** highlighting the struggle.

Housing was a major concern, especially the lack of affordable and safe options. Several participants mentioned overcrowded living conditions and homelessness. One person stated, **“Housing issues are huge in Fayette,”** while another shared, **“We have homeless living back behind the ballpark and on the trail.”** Poor housing conditions were also linked to health risks.

“

Affordable housing that is also adequate housing.
Landlords do not want to fix up the houses, no heat, no air.

”

Transportation was another critical issue, especially in rural areas. Many people reported that they could not access healthcare, food banks, or even school due to unreliable or nonexistent transportation.

“

Transportation is a huge challenge. People can't get to the doctor or even to the store for their basic needs to be met.

”

Another person added, **“If the child misses the bus, there is no one to take them to school because no car or way to get them to school.”**

Economic stability was discussed in terms of both income and access to resources. Participants described the “benefits cliff,” where small increases in income result in losing essential support. One person explained, **“When families work hard... they do**

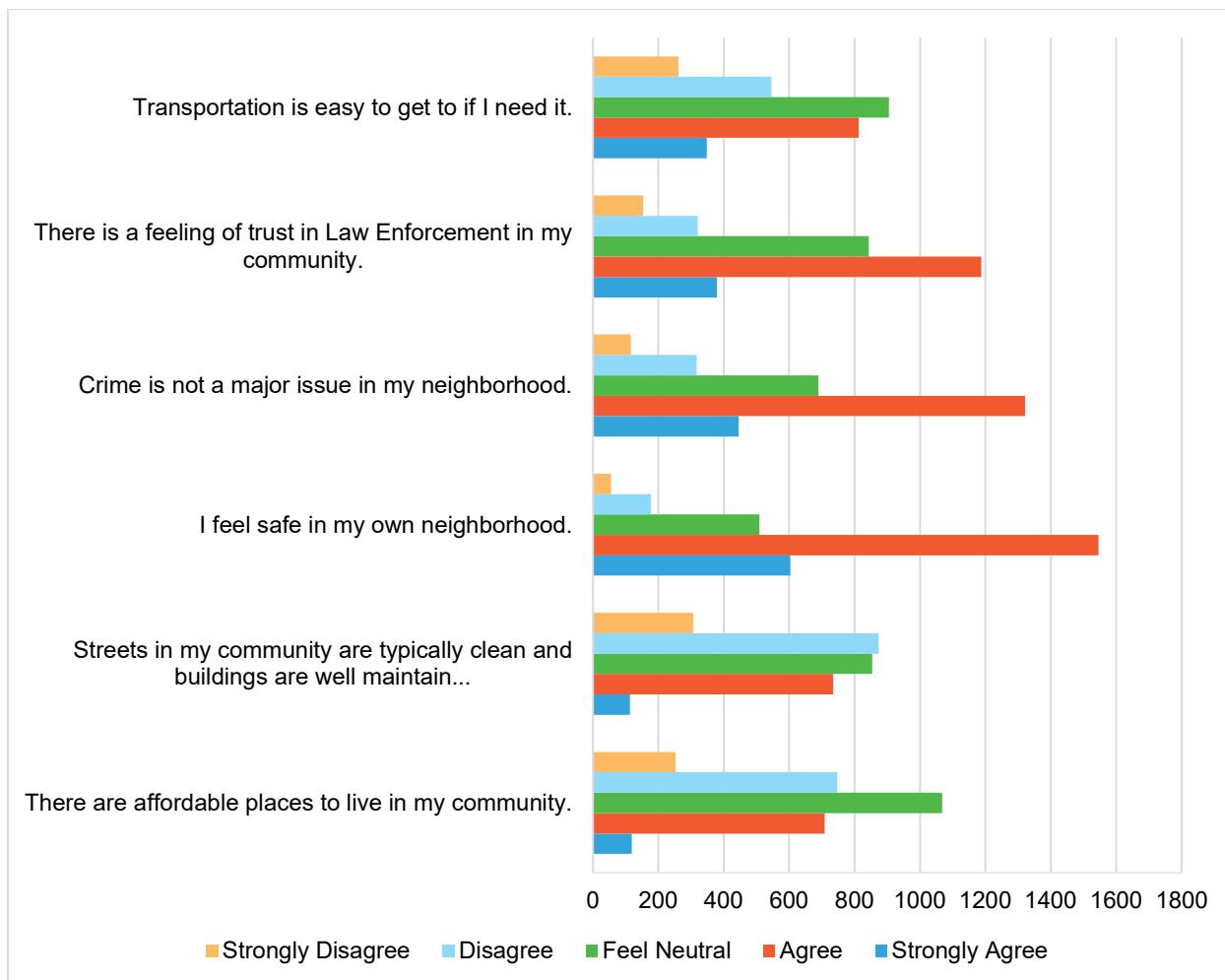
not get the help with benefits because they make too much,” and another added, “The working population is struggling so much with the benefits cliff.” These financial pressures often force families to choose between necessities like food, housing, and healthcare.

Overall, the community expressed a strong need for better infrastructure, more affordable housing, reliable transportation, and economic support systems. As one participant put it, “We need to fund the resources and the people to make the change.” These voices show that improving social determinants of health is essential to building a healthier, more stable community.

Community Survey

The community survey results in Figure 25 provide insight into community perceptions of transportation, safety, law enforcement, cleanliness, and housing. Overall, most respondents reported feeling safe in their neighborhoods, with a strong majority agreeing that crime is not a major issue locally. Trust in law enforcement was more divided, with many residents agreeing but a notable proportion remaining neutral, suggesting mixed or cautious views. People can access transportation, with most participants agreeing it is easy to reach when needed. Perceptions of cleanliness and maintenance of community spaces were also fairly balanced, with agreement slightly outweighing neutrality and disagreement. However, affordable housing stood out as a key concern—responses were spread across all categories, with disagreement and neutrality nearly matching agreement levels, reflecting a lack of consensus and highlighting affordability as a pressing community challenge. These findings suggest that while residents feel generally safe and supported in core infrastructure, affordability and trust in institutions remain areas of concern.

FIGURE 25: BELOW ARE SOME STATEMENTS ABOUT HOUSING, TRANSPORTATION, AND SAFETY IN YOUR COMMUNITY. PLEASE RATE HOW MUCH YOU AGREE OR DISAGREE WITH EACH STATEMENT. (N=2901)



Secondary Data Findings

The table below specifies the county score and value for the most concerning indicators around transportation, housing, and economic stability among each county in the Reid Health service area.

TABLE 3. TRANSPORTATION, HOUSING, AND ECONOMIC STABILITY

Indicator	County			County Value compared to:			
	Name	Values	Data Score	State value (OH or IN)	U.S. value	HP2030 Target	Trend over time*
Workers who Drive Alone to	Darke	81.9	2.06	76.6	70.2	-	Decreasing, Significant
	Preble	83.6	2.06	76.6	70.2	-	Increasing, Non-Significant

Work, 2019-2023	Fayette	82.5	1.76	77.3	70.2	-	Increasing, Non-Significant
	Franklin	78.3	1.41	77.3	70.2	-	Decreasing, Significant
	Henry	79.8	1.71	77.3	70.2	-	Decreasing, Significant
	Randolph	80.7	1.88	77.3	70.2	-	Decreasing, Non-Significant
	Union	87.1	2.71	77.3	70.2	-	Increasing, Non-Significant
	Wayne	79.3	1.41	77.3	70.2	-	Decreasing, Significant
Workers Commuting by Public Transportation, 2019-2023	Darke	0.2	1.71	1.1	3.5	5.3	Decreasing, Significant
	Preble	0.0	2.24	1.1	3.5	5.3	Decreasing, Significant
	Fayette	0.1	2.35	0.7	3.5	5.3	Decreasing, Significant
	Franklin	0.0	2.35	0.7	3.5	5.3	Increasing, Non-Significant
	Henry	0.3	1.71	0.7	3.5	5.3	Increasing, Non-Significant
	Randolph	0.3	1.71	0.7	3.5	5.3	Decreasing, Non-Significant
	Union	0.1	2.06	0.7	3.5	5.3	Decreasing, Non-Significant
	Wayne	0.2	2.00	0.7	3.5	5.3	Decreasing, Significant
Median Housing Unit Value, 2019-2023	Darke	\$169,100	1.76	\$199,200	\$303,400	-	Increasing, Significant
	Preble	\$171,100	1.76	\$199,200	\$303,400	-	Increasing, Significant
	Fayette	\$114,800	2.12	\$201,600	\$303,400	-	Increasing, Significant
	Franklin	\$236,700	0.71	\$201,600	\$303,400	-	Increasing, Significant
	Henry	\$140,200	1.94	\$201,600	\$303,400	-	Increasing, Significant
	Randolph	\$106,000	2.12	\$201,600	\$303,400	-	Increasing, Significant
	Union	\$162,200	2.06	\$201,600	\$303,400	-	Increasing, Significant
	Wayne	\$126,100	2.12	\$201,600	\$303,400	-	Increasing, Significant
Source: American Community Survey 5-Year							
Total Employment Change, 2021-2022	Darke	-3.0	2.71	2.9	5.8	-	Decreasing, Non-Significant
	Preble	5.3	0.82	2.9	5.8	-	Increasing, Non-Significant
	Fayette	-10.7	2.71	4.4	5.8	-	Decreasing, Non-Significant
	Franklin	-18.5	2.71	4.4	5.8	-	Decreasing, Non-Significant
	Henry	-2.0	2.71	4.4	5.8	-	Decreasing, Non-Significant
	Randolph	-0.8	2.41	4.4	5.8	-	Decreasing, Non-Significant
	Union	-0.2	2.71	4.4	5.8	-	Decreasing, Non-Significant
	Wayne	3.4	2.03	4.4	5.8	-	Increasing, Non-Significant
Source: U.S. Census - County Business Patterns							

Households that are Asset Limited, Income Constrained, Employed (ALICE), 2022	Darke	25.4	1.82	25.0	-	-	Decreasing, Non-Significant
	Preble	22.2	1.47	25.0	-	-	Decreasing, Non-Significant
	Fayette	28.5	2.12	26.1	-	-	Increasing, Significant
	Franklin	25.4	1.47	26.1	-	-	Increasing, Non-Significant
	Henry	32.5	2.18	26.1	-	-	Increasing, Significant
	Randolph	28.8	1.82	26.1	-	-	Increasing, Non-Significant
	Union	24.4	0.71	26.1	-	-	Decreasing, Significant
	Wayne	28.3	1.68	26.1	-	-	Increasing, Non-Significant
	Source: United For ALICE						

Transportation:

Public transportation usage is minimal across all eight counties, with fewer than 1% of residents relying on it for commuting. The vast majority travel to work by driving alone in a car, truck, or van.

Housing:

Median housing unit values are rising significantly in every county. Additionally, the proportion of households classified as ALICE (Asset Limited, Income Constrained, Employed)—those earning above the Federal Poverty Level but below the basic cost of living—is a growing concern in all counties except Union.

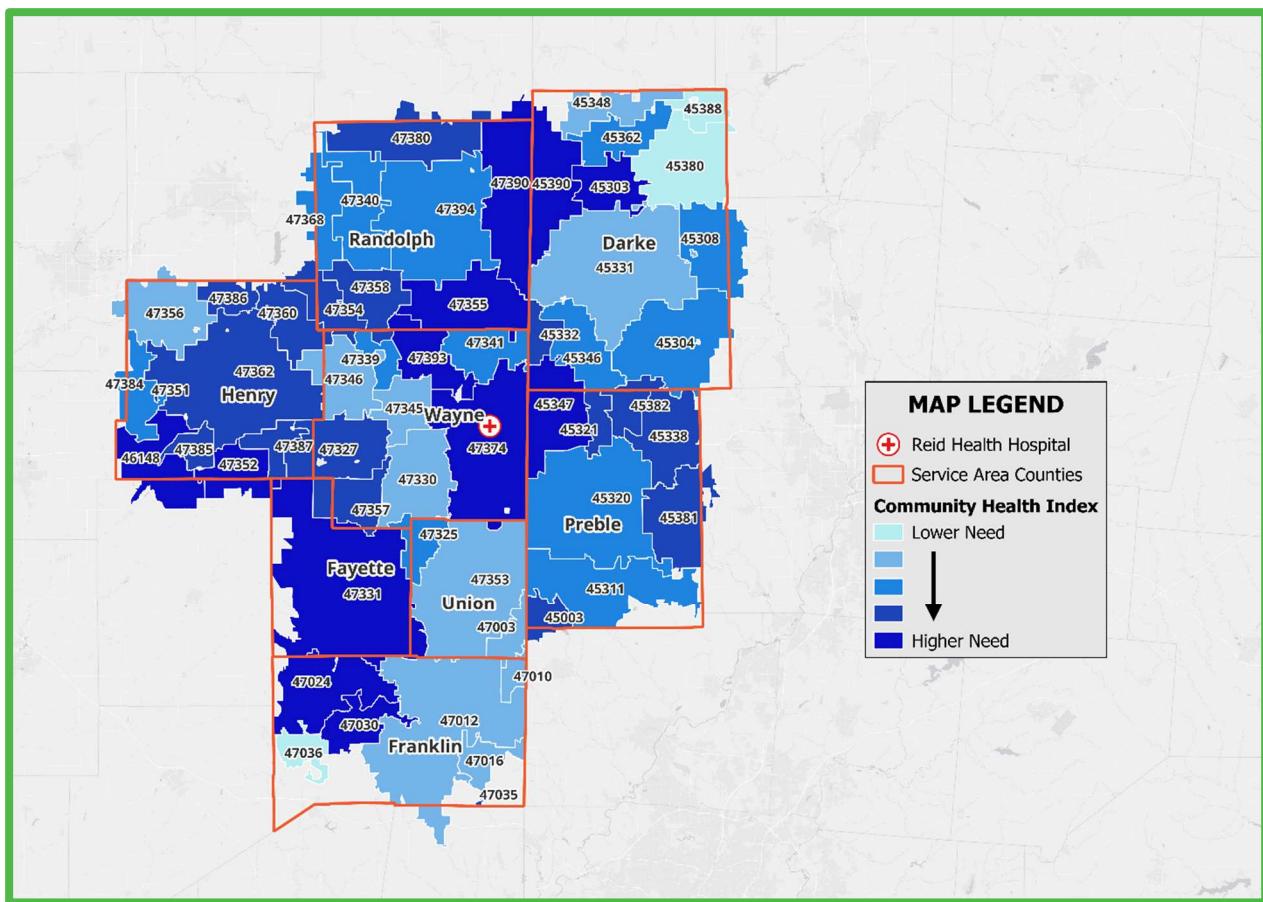
Employment:

Total employment change, measured by the percentage shift in paid employees, has declined in most counties. Franklin experienced the most significant drop, with an 18.5% decrease between 2021 and 2022.

Community Health Index

Conduent's Community Health Index (CHI) estimates areas of high socioeconomic need, which are correlated with poor health outcomes. ZIP codes are ranked based on their index value to identify relative levels of need, as illustrated by the map in Figure 26. The following ZIP codes in the Reid Health service area had the highest level of socioeconomic need (as indicated by the darkest shades of blue): 45390 (Darke County) and 47024 (Franklin County) with index values of 84 and 82.7, respectively. [Appendix A](#) provides the index values for each ZIP code.

FIGURE 26: HEALTH EQUITY INDEX





Priority Area 1: Chronic Disease (Diabetes, Heart Disease and Stroke)

Chronic diseases such as heart disease and diabetes are among the leading causes of death and disability in the United States. According to *Healthy People 2030*, these conditions significantly reduce quality of life and contribute to rising healthcare costs. Many chronic diseases are closely linked to behaviors and conditions influenced by social determinants of health—such as poor nutrition, limited physical activity, tobacco use, and barriers to accessing preventive care¹⁵. Addressing these factors is essential to improving community health outcomes, particularly in populations that face systemic inequities. Chronic disease continues to place a heavy burden on individuals, families, and healthcare systems, reinforcing the need for prevention-focused, community-driven interventions.

Primary Data Findings

Chronic diseases such as diabetes and heart disease were frequently mentioned as serious health concerns in the community survey and during the focus groups and listening sessions.

In the community survey, diabetes and heart disease emerged as two of the most commonly identified health concerns. Diabetes was selected by 17.2% of participants (n=627), making it the top health problem reported, while 12.9% of respondents (n=472) identified heart disease and stroke as a major concern.

Many focus group participants linked these conditions to poor nutrition, lack of physical activity, and limited access to healthcare. One person shared, “**I see a lot of obesity and diabetes.**” These comments reflect how food insecurity and limit healthy options contribute to chronic illness. Participants also noted that many families lack the knowledge or tools to prepare nutritious meals. As one community member said:

“They get used to the convenience of popping something in the microwave, because it’s easy and fast.”

And another added, “**Communities do not know how to cook fresh vegetables.**” The connection between diet and disease was clear, with one person stating, “**If you don’t eat well, you have a lot of things that can go wrong.**”

Access to healthcare was another barrier, especially for those living in poverty or rural areas. These insights show that addressing chronic disease in the community will require improving access to healthy food, increasing health education, and ensuring affordable healthcare for all.

Secondary Data Findings

The table below outlines county scores and values for the most concerning chronic disease indicators across the Reid Health service area.

The Medicare population in this region faces significant challenges related to diabetes, ischemic heart disease, and heart failure. Ischemic heart disease is especially prevalent, with every county scoring above 2.50—except Franklin County. Related conditions such as high blood pressure and high cholesterol also show elevated prevalence rates, exceeding both Ohio and Indiana state averages in all counties.

Age-adjusted death rates due to diabetes are notably high in Darke and Preble counties. Similarly, age-adjusted death rates from heart failure are concerning across all counties except Franklin.

TABLE 4. CHRONIC DISEASE

Indicator	County			County Value compared to:			
	Name	Values	Data Score	State value (OH or IN)	U.S. value	HP2030 Target	Trend over time*
Age-Adjusted Death Rate due to Diabetes, 2020-2022	Darke	30.8	2.12	28.4	-	-	Increasing, Significant
	Preble	30.5	1.94	28.4	-	-	Increasing, Non-Significant
	Fayette	-	-	-	-	-	-
	Franklin	-	-	-	-	-	-
	Henry	-	-	-	-	-	-
	Randolph	-	-	-	-	-	-
	Union	-	-	-	-	-	-
	Wayne	-	-	-	-	-	-
Source: Ohio Public Health Information Warehouse							
Diabetes: Medicare Population, 2023	Darke	26	1.68	25	24	-	-
	Preble	27	1.85	25	24	-	-
	Fayette	28	2.03	26	24	-	-
	Franklin	24	0.97	26	24	-	-
	Henry	28	2.03	26	24	-	-
	Randolph	28	2.03	26	24	-	-
	Union	28	2.03	26	24	-	-

	Wayne	25	1.15	26	24	-	-
Heart Failure: Medicare Population, 2023	Darke	12	1.32	12	11	-	-
	Preble	15	2.56	12	11	-	-
	Fayette	15	2.56	12	11	-	-
	Franklin	13	2.03	12	11	-	-
	Henry	12	1.32	12	11	-	-
	Randolph	15	2.56	12	11	-	-
	Union	14	2.56	12	11	-	-
	Wayne	15	2.56	12	11	-	-
Source: Centers for Medicare & Medicaid Services							
Adults 20+ with Diabetes, 2021	Darke	7.4	0.82	-	-		Increasing, Non-Significant
	Preble	9.9	2.00	-	-		Increasing, Non-Significant
	Fayette	8.3	1.18	-	-		Increasing, Non-Significant
	Franklin	7.8	1.00	-	-		Decreasing, Non-Significant
	Henry	7.5	0.71	-	-		Decreasing, Significant
	Randolph	8.2	1.18	-	-		Decreasing, Significant
	Union	7.2	0.97	-	-		Decreasing, Significant
	Wayne	9.3	1.53	-	-		Increasing, Non-Significant
Ischemic Heart Disease: Medicare Population, 2023	Darke	26	2.56	22	21	-	-
	Preble	27	2.56	22	21	-	-
	Fayette	30	2.56	23	21	-	-
	Franklin	22	1.50	23	21	-	-
	Henry	26	2.56	23	21	-	-
	Randolph	28	2.56	23	21	-	-
	Union	28	2.56	23	21	-	-
	Wayne	31	2.56	23	21	-	-
Source: Centers for Disease Control and Prevention							
Adults who Experienced Coronary Heart Disease, 2022	Darke	9.5	2.12	-	6.8	-	-
	Preble	9.1	1.76	-	6.8	-	-
	Fayette	10.2	2.29	-	6.8	-	-
	Franklin	8	1.59	-	6.8	-	-
	Henry	8.6	1.94	-	6.8	-	-
	Randolph	9.6	2.29	-	6.8	-	-
	Union	8.3	1.59	-	6.8	-	-
	Wayne	8.8	1.94	-	6.8	-	-

High Blood Pressure Prevalence, 2021	Darke	39.9	2.12	-	32.7	41.9	-
	Preble	38.4	1.94	-	32.7	41.9	-
	Fayette	40.9	2.12	-	32.7	41.9	-
	Franklin	36.4	1.59	-	32.7	41.9	-
	Henry	37.9	1.94	-	32.7	41.9	-
	Randolph	39.5	2.12	-	32.7	41.9	-
	Union	38.1	1.94	-	32.7	41.9	-
	Wayne	41.6	2.29	-	32.7	41.9	-
High Cholesterol Prevalence, 2021	Darke	37.7	1.94	-	35.5	-	-
	Preble	36.6	1.59	-	35.5	-	-
	Fayette	39.5	2.29	-	35.5	-	-
	Franklin	35.7	1.41	-	35.5	-	-
	Henry	34.7	0.88	-	35.5	-	-
	Randolph	37.3	1.76	-	35.5	-	-
	Union	36.8	1.59	-	35.5	-	-
	Wayne	38	1.94	-	35.5	-	-
Source: Centers for Disease Control and Prevention - Places							
Age-Adjusted Death Rate due to Heart Attack, 2021	Darke	78.7	1.94	60.9	-	-	Decreasing, Non-Significant
	Preble	67.5	2.09	60.9	-	-	Decreasing, Non-Significant
	Fayette	118.4	2.15	66.9	-	-	Decreasing, Non-Significant
	Franklin	59.8	1.21	66.9	-	-	Decreasing, Significant
	Henry	87.9	2.15	66.9	-	-	Decreasing, Non-Significant
	Randolph	91.6	2.15	66.9	-	-	Increasing, Non-Significant
	Union	83	1.94	66.9	-	-	Decreasing, Non-Significant
	Wayne	107.2	2.15	66.9	-	-	Decreasing, Non-Significant
Source: National Environmental Public Health Tracking Network							



Priority Area 2: Mental Health and Substance Misuse

Mental health is a key part of overall health. It affects how people think, feel, act, and handle stress. Mental disorders like depression, anxiety, and substance use can interfere with daily life and relationships. *Healthy People 2030* works to improve mental health by increasing access to care and reducing stigma. The goal is to help people live healthier, more productive lives.

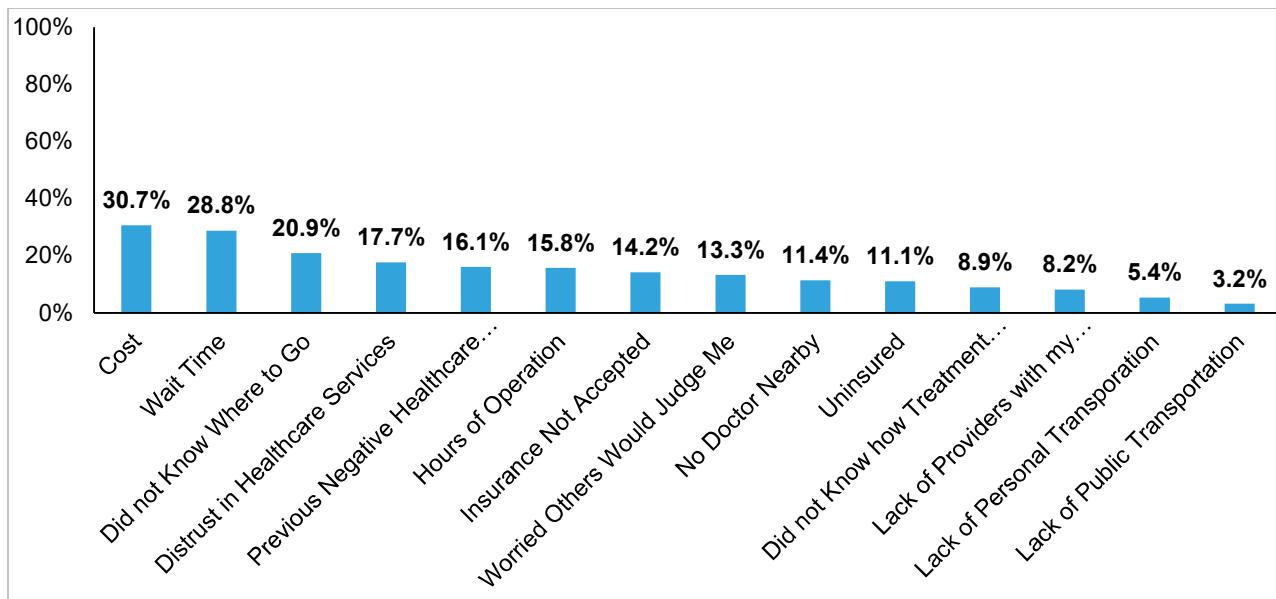
Substance use includes the harmful or risky use of alcohol, tobacco, and drugs. It can lead to serious health problems, including addiction, overdose, and death. *Healthy People 2030* aims to reduce substance use and related harm by increasing access to treatment, supporting prevention, and promoting healthier choices. This goal includes efforts to reduce overdose deaths and make recovery services more available and welcoming.

Primary Data Findings

Mental health and substance misuse were two of the most urgent and interconnected concerns raised by community members.

In the community survey, 10.9% of respondents ($n = 2,970$) reported that in the past 12 months they were unable to access the mental health or alcohol/substance use services they needed. Figure 27 shows the main barriers to accessing these services, as identified by 316 individuals. The most common barrier was cost (30.7%), followed by long wait times (28.8%) and not knowing where to go for help (20.9%). Other frequently reported challenges included distrust of healthcare services (17.7%), previous negative experiences (16.1%), and limited hours of operation (15.8%). Respondents also noted issues such as insurance not being accepted, fear of judgment, and lack of nearby providers. Less common barriers included being uninsured, uncertainty about treatment, and limited transportation options, both personal and public.

FIGURE 27: SELECT THE TOP REASONS YOU DID NOT RECEIVE NEEDED MENTAL HEALTH CARE SERVICES. (N = 316)



Furthermore, listening session participants described how mental health challenges—especially among youth and caregivers—are growing, while access to care remains limited. One participant shared, “**Mental health and suicide prevention is an issue,**” and another emphasized, “**MOST IMPORTANT – Students and the mental health aspect.**” Many noted that long wait times and lack of providers make it difficult to get help.

“ There’s just such a long wait list to even be seen, especially for mental health services. **”**

Substance misuse, particularly opioid and methamphetamine use, was also described as a crisis. One community member stated, “**Addiction is huge in our county because no one wants to leave Franklin to get the help,**” while another added, “**We’re 91 of 92 counties with opioid overdose,**” highlighting the severity of the issue. Participants also pointed out that some types of addiction are harder to treat due to limited resources: “**There are a lot of resources and treatments for other drugs, but meth only is hard to find treatment for.**”

The stigma surrounding both mental health and substance misuse was a recurring theme. People shared that fear of judgment often prevents individuals from seeking help. “**I’m not going to admit that I need counseling because then people are going to think I’m crazy,**” one person said. Another added, “**People are afraid if they reach out for help, they could lose the resources they are currently accessing.**”

Participants also discussed how these issues affect families and children. “**Siblings raising siblings because of the drug problems we have,**” one person shared, showing how substance misuse disrupts family structures. Caregivers and educators are also under pressure.

“Working parents often do not have time to take themselves, their kids to the doctor, dentist, therapist... they wait until things are absolutely awful.”

Overall, the community called for more accessible, affordable, and stigma-free mental health and substance misuse services. There was a strong desire for prevention programs, especially in schools, and for long-term support systems like group homes and recovery housing. As one person put it, “**We need to break the cycles.**” These voices make it clear that addressing mental health and substance misuse requires a compassionate, community-wide approach.

Secondary Data Findings

The table below specifies the county score and value for the most concerning indicators under the Mental Health & Mental Disorders topic area and each county in the Reid Health service area.

TABLE 5. MENTAL HEALTH & MENTAL DISORDERS

Indicator	County			County Value compared to:			
	Name	Values	Data Score	State value (OH or IN)	U.S. value	HP2030 Target	Trend over time*
Mental Health Provider Rate, 2023	Darke	75.7	2.24	326.1	313.9	-	Increasing, Significant
	Preble	93.6	2.24	326.1	313.9	-	Increasing, Significant
	Fayette	102.8	1.59	199.8	313.9	-	Increasing, Significant
	Franklin	30.4	2.71	199.8	313.9		Increasing, Significant
	Henry	108.4	1.59	199.8	313.9		Increasing, Significant
	Randolph	45	2.41	199.8	313.9		Increasing, Significant
	Union	14.4	2.12	199.8	313.9		-
	Wayne	502.5	0.29	199.8	313.9	-	-
Poor Mental Health: Average Number of Days, 2022	Darke	16.8	1.82	-	13.6	-	-
	Preble	16.3	1.29	-	13.6	-	-
	Fayette	17	2.53	-	13.6	-	-
	Franklin	15	1.29	-	13.6	-	-
	Henry	16.1	1.47	-	13.6	-	-

Randolph	15.9	2.18	-	13.6	-	-
Union	15.6	2.00	-	13.6	-	-
Wayne	16.4	2.71	-	13.6	-	-

Source: County Health Rankings

Poor Mental Health: 14+ Days, 2022	Darke	48.3	1.94	35.5	31	-	Increasing, Non-Significant
	Preble	31	1.94	35.5	31	-	Decreasing, Significant
	Fayette	53.9	2.29	33.1	31	-	Increasing, Non-Significant
	Franklin	24.1	1.24	33.1	31	-	Decreasing, Significant
	Henry	40.5	2.12	33.1	31	-	Increasing, Significant
	Randolph	35.5	2.12	33.1	31	-	Increasing, Non-Significant
	Union	-	1.94	-	-	-	Staying the Same
	Wayne	40.6	2.29	33.1	31	-	Increasing, Non-Significant
Adults Ever Diagnosed with Depression, 2022	Darke	25.2	1.59	-	20.7	-	
	Preble	26.5	2.12	-	20.7	-	-
	Fayette	25	1.94	-	20.7	-	-
	Franklin	24.1	1.76	-	20.7	-	-
	Henry	25.1	1.94	-	20.7	-	-
	Randolph	25.3	2.29	-	20.7	-	-
	Union	24.9	1.94	-	20.7	-	-
	Wayne	24.7	1.94	-	20.7	-	-

Source: Centers for Disease Control and Prevention – Places

Depression: Medicare Population, 2023	Darke	14	0.44	18	17	-	-
	Preble	17	1.32	18	17	-	-
	Fayette	19	2.38	18	17	-	-
	Franklin	18	1.68	18	17	-	-
	Henry	20	2.56	18	17	-	-
	Randolph	17	1.32	18	17	-	-
	Union	17	1.32	18	17	-	-
	Wayne	19	2.38	18	17	-	-

Source: Centers for Medicare & Medicaid Services

Every county within the service area reports a higher average number of poor mental health days than the U.S. average. Additionally, all counties—except Franklin—show concerning indicators for individuals experiencing more than 14 poor mental health days per month.

Rates of adult depression are elevated across all eight counties, with approximately one in four adults affected. Depression among the Medicare population is also a significant concern, particularly in Fayette, Henry, and Wayne counties.

Mental health provider availability is limited throughout the region. All counties, except Wayne, have concerning provider rates, with Union County reporting the lowest at just 14.4 providers per 100,000 residents.

Alcohol and Drug Use and Tobacco Use

The table below specifies the county score and value for each indicator under the Tobacco Use and Alcohol & Drug Use topic areas and each county in the Reid Health service area.

TABLE 6. TOBACCO USE AND ALCOHOL & DRUG USE

Indicator	County			County Value compared to:			
	Name	Values	Data Score	State value (OH or IN)	U.S. value	HP2030 Target	Trend over time*
Liquor Store Density, 2022	Darke	7.8	1.65	5.6	10.9	-	Decreasing, Non-Significant
	Preble	7.3	1.65	5.6	10.9	-	Increasing, Non-Significant
	Fayette	8.6	0.76	12.9	10.9	-	Decreasing, Non-Significant
	Franklin	17.3	2.24	12.9	10.9		Increasing, Non-Significant
	Henry	12.3	1.53	12.9	10.9		Increasing, Non-Significant
	Randolph	20.5	2.71	12.9	10.9		Increasing, Non-Significant
	Union	23.1	2.71	12.9	10.9		Increasing, Non-Significant
	Wayne	16.6	2.24	12.9	10.9	-	Decreasing, Significant
Source: U.S. Census - County Business Patterns							
Age-Adjusted Drug and Opioid-Involved Overdose Death Rate,	Darke	33.2	1.50	40.4	23.5	-	-
	Preble	43	2.21	40.4	23.5	-	-
	Fayette	89.8	2.56	29.6	23.5	-	-
	Franklin	44.5	2.56	29.6	23.5	-	-
	Henry	20.6	0.62	29.6	23.5	-	-

2018-2020	Randolph	45.7	2.56	29.6	23.5	-	-
	Union	-	-	-	-	-	-
	Wayne	80.4	2.56	29.6	23.5	-	-

Source: Centers for Disease Control and Prevention

Mothers who Smoked During Pregnancy, 2022	Darke	9.7	1.50	7.9	3.7	4.3	Decreasing, Significant
	Preble	10.8	1.97	7.9	3.7	4.3	Decreasing, Significant
	Fayette	15.9	2.29	6.6	3.7	4.3	-
	Franklin	8.8	1.94	6.6	3.7	4.3	-
	Henry	14.7	2.12	9.8	4.6	4.3	-
	Randolph	20.3	2.29	9.8	4.6	4.3	-
	Union	0	0.71	6.6	3.7	4.3	-
	Wayne	11.3	2.12	6.6	3.7	4.3	-

Source: Ohio Department of Health, Vital Statistics

Death Rate due to Drug Poisoning, 2020-2022	Darke	29.2	1.32	42.2	27.2	20.7	-
	Preble	39.2	2.03	42.2	27.2	20.7	-
	Fayette	88	2.56	33.7	27.2	20.7	-
	Franklin	35.1	2.03	33.7	27.2	20.7	-
	Henry	24.1	0.79	33.7	27.2	20.7	-
	Randolph	56	2.56	33.7	27.2	20.7	-
	Union	47.2	2.56	28	23	20.7	-
	Wayne	77.2	2.56	33.7	27.2	20.7	-

Source: County Health Rankings

Adults who Smoke, 2022	Darke	20.1	2.12	-	12.9	6.1	-
	Preble	20.8	2.12	-	12.9	6.1	-
	Fayette	25.1	2.29	-	12.9	6.1	-
	Franklin	15.7	1.41	-	12.9	6.1	-
	Henry	21.7	2.29	-	12.9	6.1	-
	Randolph	21.1	2.29	-	12.9	6.1	-
	Union	19.7	2.12	-	12.9	6.1	-
	Wayne	22.2	2.29	-	12.9	6.1	-

Source: Centers for Disease Control and Prevention - Places

Adults Who Used Smokeless Tobacco: Past 30 Days, 2024	Darke	2.7	1.59	1.7	1.6	-	Decreasing, Significant
	Preble	3	1.94	1.7	1.6	-	Decreasing, Significant
	Fayette	2.6	1.41	1.9	1.6	-	Decreasing, Non-Significant
	Franklin	3	1.76	1.9	1.6	-	Decreasing, Significant

	Henry	2.5	1.41	1.9	1.6	-	Decreasing, Significant
	Randolph	3.1	1.76	1.9	1.6	-	Decreasing, Significant
	Union	3.3	2.12	1.9	1.6	-	Decreasing, Significant
	Wayne	2.1	1.71	1.9	1.6	-	Decreasing, Non-Significant

Source: Claritas Consumer Profiles

Tobacco use remains a significant concern across all counties in the service area. Adult smoking rates exceed both the U.S. average (12.9%) and the Healthy People 2030 goal (6.1%), with Fayette County reporting the highest rate at 25%. Additionally, maternal smoking during pregnancy is notably high in Fayette (15.9%) and Randolph (20.3%) counties.

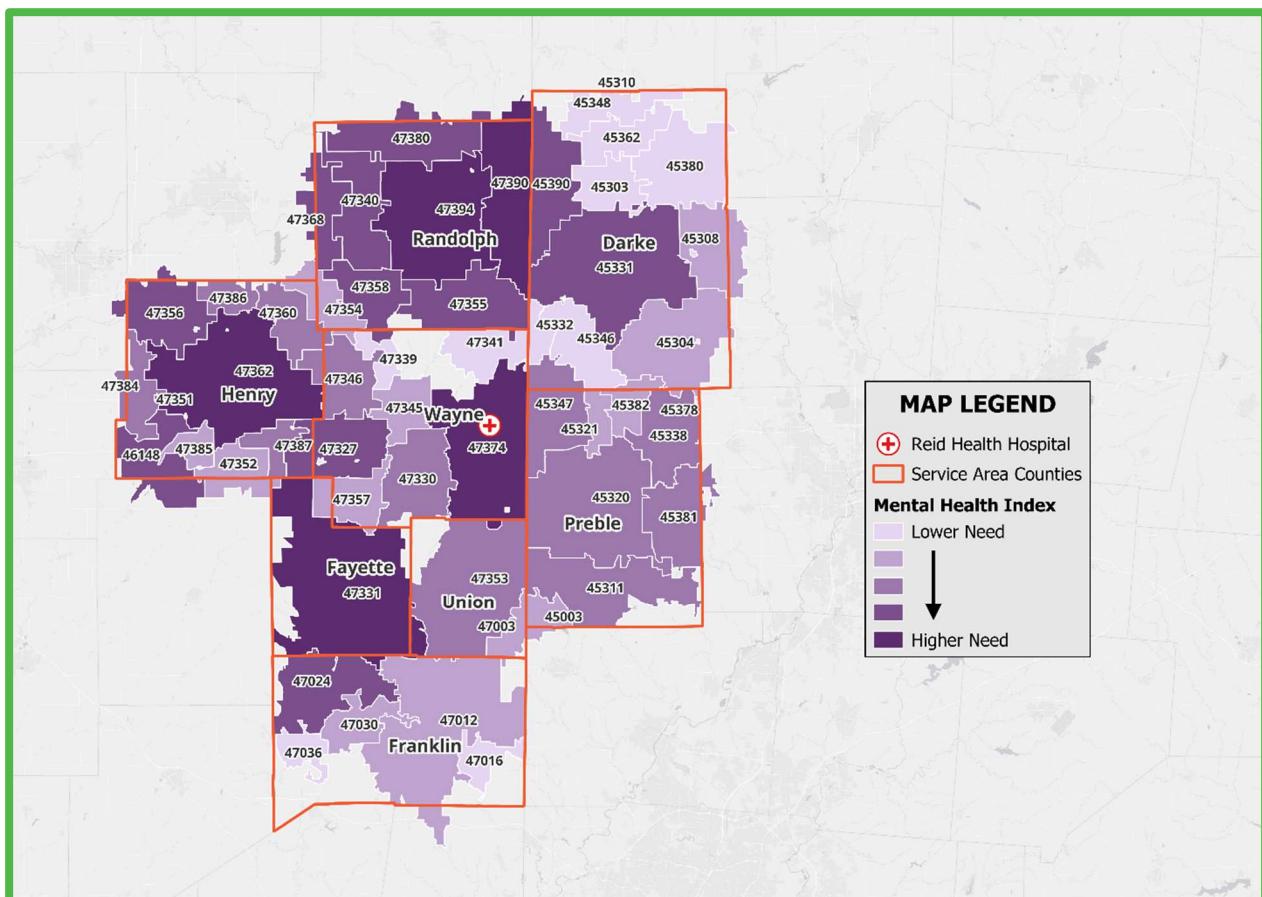
Liquor store density is elevated in Franklin, Randolph, Union, and Wayne counties, surpassing both the state average (12.9) and the national average (10.9 stores per 10,000 residents).

Drug-related mortality is another pressing issue. Deaths due to drug poisoning and opioid-involved overdose rates are concerning across all counties except Darke and Henry.

Mental Health Index

Conduent's Mental Health Index (MHI) is a measure of socioeconomic and health factors correlated with self-reported poor mental health. The MHI ZIP codes were ranked based on their index value to identify the relative levels of need, as illustrated by the map in Figure 28. The following two ZIP codes are estimated to have the highest need (as indicated by the darkest shades of purple): 47331 (Fayette County) and 47390 (Randolph County) with index values of 91.4 and 91.2, respectively. [Appendix A](#) provides the index values for high needs ZIP codes.

FIGURE 28: MENTAL HEALTH INDEX





Priority Area 3: Wellness and Lifestyle (Nutrition and Obesity)

Wellness and lifestyle play a vital role in preventing chronic diseases, improving mental health, and supporting healthy aging. According to Healthy People 2030, healthy eating patterns, regular physical activity, and maintaining a healthy weight are key to living a longer, healthier life. However, access to healthy food and safe places to be active is not equal in every community. Many people—especially those in underserved neighborhoods—face barriers such as food deserts, unsafe housing, low income, and lack of access to healthcare, which makes it harder to adopt healthy behaviors.

Primary Data Findings

Wellness and lifestyle choices, especially around nutrition and obesity, were major concerns raised by community members. Food insecurity affects a significant portion of the community. In the past 12 months, 21.9% of survey respondents (n = 627) reported that they sometimes worried that food would run out before they had money to buy more. Similarly, 20.6% (n = 590) indicated that there were times when the food they purchased did not last, and they did not have enough money to buy additional food. These findings highlight the ongoing concern many households face in consistently accessing adequate food. Food deserts were frequently mentioned in focus group and listening sessions, especially in rural and low-income areas. A participant noted, **“Eaton has a grocery store like Walmart and Kroger, but every other town is eating from a Dollar General,”** pointing to the lack of access to full-service grocery stores. Even when fresh food is available, some families struggle to use it effectively.

“

If they get the food at the farmers market, they don't understand how to cook or even store those foods

”

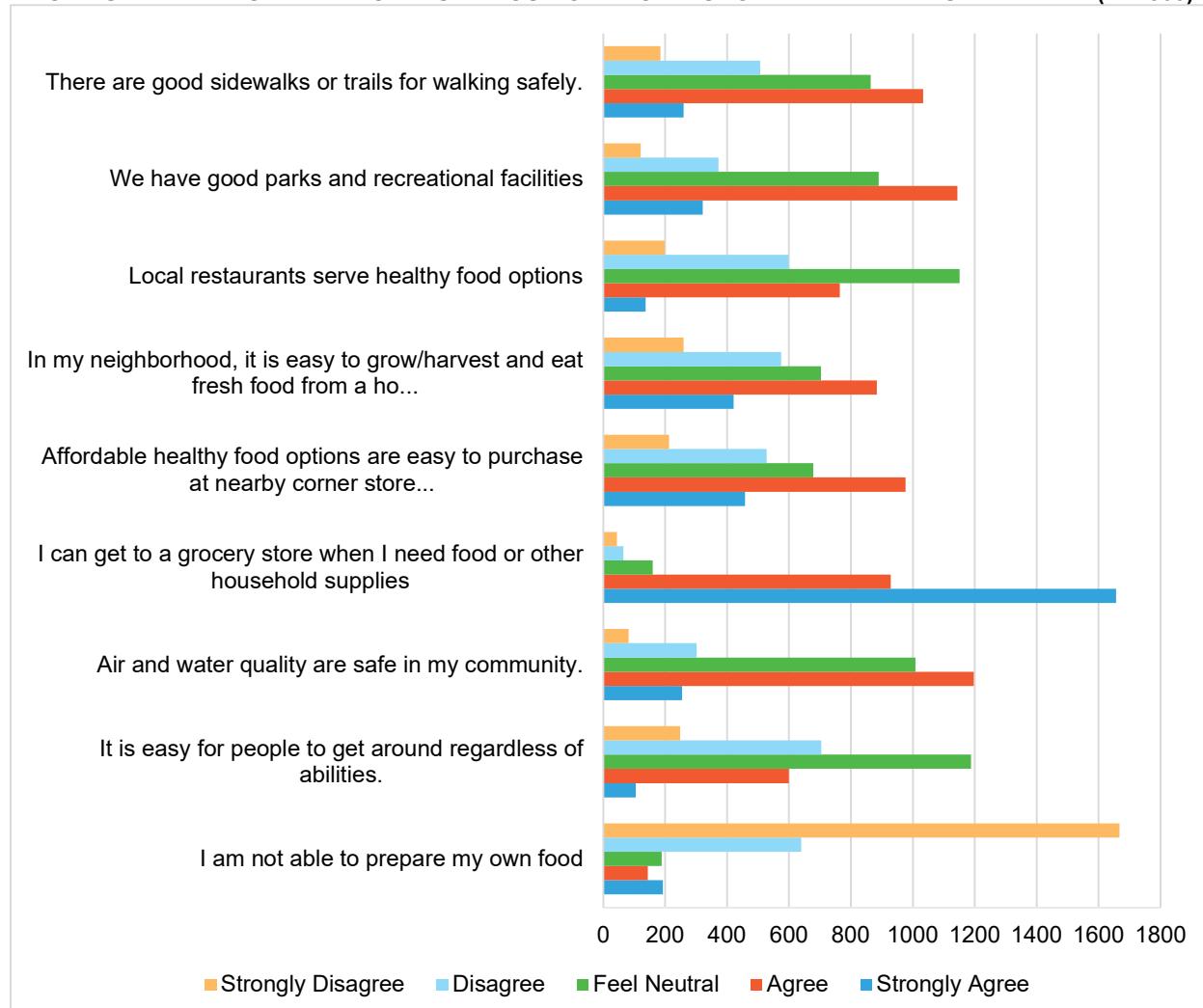
In addition, 14.9% of survey respondents (n = 426) reported that they or someone in their household relied on emergency food sources in the past year. This included receiving food from a church, food pantry, or free meal site. The reliance on these resources underscores the need for continued community support and interventions to address food insecurity and ensure that all residents have access to sufficient, reliable nutrition.

Many focus group participants shared that unhealthy eating habits are common, often due to limited access to nutritious food and a lack of education about healthy choices.

One person explained, “**Obesity is a result of availability of convenient food.**” showing how convenience and affordability often lead to poor nutrition. Another added, “**If you don’t eat well, you have a lot of things that can go wrong,**” highlighting the connection between diet and chronic health conditions.

Figure 29 shows how people in the community feel about access to food, healthy options, and safe environments. Based on the community survey responses from 2,863 participants, most people agree that they can get to a grocery store when they need food or supplies. Many also feel that their air and water are safe and that there are good parks and sidewalks for walking. However, fewer people agree that local restaurants offer healthy food or that it’s easy to grow fresh food at home or in a community garden. A small number of people said they are not able to prepare their own food.

FIGURE 29: BELOW ARE SOME STATEMENTS ABOUT ACCESS TO FOOD AND RESOURCES IN YOUR COMMUNITY. PLEASE RATE HOW MUCH YOU AGREE OR DISAGREE WITH EACH STATEMENT. (N=2863)



Education and life skills were seen as key to improving wellness. A listening session participant shared:

“

They get used to the convenience of popping something in the microwave, because it's easy and fast. People don't have the education to know how to do routine things.

”

Others emphasized the need for basic cooking and budgeting skills, especially for young adults and families living in poverty. **“We have so many that have SNAP that don't know how to spread the grocery for the month,”** one person said.

Obesity was also linked to limited opportunities for physical activity. While some community programs exist, they are not always accessible. One participant mentioned, **“Access to workout facilities would help with physical activity as well as mental health,”** and another said:

“

Even an outdoor walking trail... is not accessible by many due to transportation.

”

Overall, the community expressed a strong need for better access to healthy food, nutrition education, and opportunities for physical activity. As one person put it, **“We need to fund the resources and the people to make the change.”** These insights show that improving wellness and lifestyle habits will require a combination of education, infrastructure, and community support.

Secondary Data Findings

Wellness and Lifestyle Indicators in the Reid Health Service Area

Franklin County consistently performed best across wellness and lifestyle indicators. However, high blood pressure prevalence remains a significant concern throughout the region, with all counties scoring above 1.5.

Poor physical health is prevalent across the region, with every county reporting more than 14 days of poor physical health—surpassing the national average. Fayette, Randolph, and Wayne counties recorded the highest rates, with residents experiencing 4.4, 4.1, and 4.2 days of poor physical health in the past 30 days, respectively.

Life expectancy is lowest in Fayette County, which consistently showed poor outcomes across wellness and lifestyle measures.

TABLE 7. WELLNESS AND LIFESTYLE

Indicator	County			County Value compared to:			
	Name	Values	Data Score	State value (OH or IN)	U.S. value	HP2030 Target	Trend over time*
High Blood Pressure Prevalence, 2021	Darke	39.9	2.12	-	32.7	41.9	-
	Preble	38.4	1.94	-	32.7	41.9	-
	Fayette	40.9	2.12	-	32.7	41.9	-
	Franklin	36.4	1.59	-	32.7	41.9	-
	Henry	37.9	1.94	-	32.7	41.9	-
	Randolph	39.5	2.12	-	32.7	41.9	-
	Union	38.1	1.94	-	32.7	41.9	-
	Wayne	41.6	2.29	-	32.7	41.9	-
Insufficient Sleep, 2022	Darke	33.7	1.06	-	36	26.7	-
	Preble	36.8	1.41	-	36	26.7	-
	Fayette	35.6	1.24	-	36	26.7	-
	Franklin	33.8	1.06	-	36	26.7	-
	Henry	41.6	2.29	-	36	26.7	-
	Randolph	37.6	1.76	-	36	26.7	-
	Union	35.5	1.24	-	36	26.7	-
	Wayne	39.5	2.12	-	36	26.7	-
Poor Physical Health: 14+ Days, 2022	Darke	15.3	1.76	-	12.7	-	-
	Preble	15.6	1.94	-	12.7	-	-
	Fayette	17.6	2.29	-	12.7	-	-
	Franklin	13	1.24	-	12.7	-	-
	Henry	15.3	2.12	-	12.7	-	-
	Randolph	16.1	2.12	-	12.7	-	-
	Union	14.6	1.94	-	12.7	-	-
	Wayne	15.9	2.12	-	12.7	-	-
Source: Centers for Disease Control and Prevention - Places							
Poor Physical Health: Average Number of Days, 2021	Darke	3.9	1.53	3.6	3.3	-	Decreasing, Non-Significant
	Preble	3.9	1.53	3.6	3.3	-	Decreasing, Non-Significant
	Fayette	4.4	2.41	3.5	3.3	-	Decreasing, Non-Significant
	Franklin	3.6	1.18	3.5	3.3	-	Decreasing, Non-Significant
	Henry	3.9	1.71	3.5	3.3	-	Decreasing, Non-Significant

Life Expectancy, 2019-2021	Randolph	4.1	2.06	3.5	3.3	-	Decreasing, Non-Significant
	Union	3.9	1.71	3.5	3.3	-	Decreasing, Non-Significant
	Wayne	4.2	2.24	3.5	3.3	-	Decreasing, Non-Significant
	Darke	75.5	1.32	75.2	77.6	-	-
	Preble	74.5	1.85	75.2	77.6	-	-
	Fayette	70.2	2.21	75.1	77.6	-	-
	Franklin	76.6	1.32	75.1	77.6	-	-
	Henry	74	1.85	75.1	77.6	-	-
	Randolph	73.8	2.03	75.1	77.6	-	-
Source: County Health Rankings							

Physical Health Indicators in the Reid Health Service Area

Access to exercise opportunities—such as parks and recreational facilities—is a major concern across the Reid Health service area. Preble, Franklin, and Randolph counties report the lowest access rates, with figures at or below half the national average.

All counties fall below the state average for park access, with Randolph County showing the most limited availability: only 9.2% of residents have access to parks.

TABLE 8. PHYSICAL HEALTH

Indicator	County			County Value compared to:			
	Name	Values	Data Score	State value (OH or IN)	U.S. value	HP2030 Target	Trend over time*
Adults 20+ Who Are Obese, 2021	Darke	30.1	1.18	-	-	36	Increasing, Significant
	Preble	31.6	1.47	-	-	36	Increasing, Significant
	Fayette	30.9	1.35	-	-	36	Increasing, Non-Significant
	Franklin	23.4	0.71	-	-	36	Increasing, Non-Significant
	Henry	33.5	2.00	-	-	36	Increasing, Non-Significant
	Randolph	24.5	1.00	-	-	36	Decreasing, Non-Significant
	Union	20.3	0.82	-	-	36	Decreasing, Non-Significant
	Wayne	32.2	1.24	-	-	36	Increasing, Non-Significant
	Darke	15.2	0.82	-	-	-	-

Adults 20+ who are Sedentary, 2021	Preble	22.5	1.82	-	-	-	-
	Fayette	24	2.18	-	-	-	-
	Franklin	17.6	0.71	-	-	-	-
	Henry	20.6	1.35	-	-	-	-
	Randolph	21.1	1.53	-	-	-	-
	Union	12.9	0.82	-	-	-	-
	Wayne	25.3	1.59	-	-	-	-

Source: Centers for Disease Control and Prevention

Access to Exercise Opportunities, 2024	Darke	54.8	2.21	83.9	84.1	-	-
	Preble	35.1	2.56	83.9	84.1	-	-
	Fayette	69.1	1.68	76.5	84.1	-	-
	Franklin	43	2.56	76.5	84.1	-	-
	Henry	77.5	1.15	76.5	84.1	-	-
	Randolph	43.3	2.56	76.5	84.1	-	-
	Union	62.1	2.03	76.5	84.1	-	-
	Wayne	76.5	1.15	76.5	84.1	-	-

Source: County Health Rankings

Access to Parks, 2020	Darke	20.3	1.94	59.6	-	-	-
	Preble	12.6	2.12	59.6	-	-	-
	Fayette	30.5	1.59	42.1	-	-	-
	Franklin	15.4	1.94	42.1	-	-	-
	Henry	23.5	1.94	42.1	-	-	-
	Randolph	9.6	2.12	42.1	-	-	-
	Union	19.6	1.94	42.1	-	-	-
	Wayne	33	1.59	42.1	-	-	-

Source: National Environmental Public Health Tracking Network

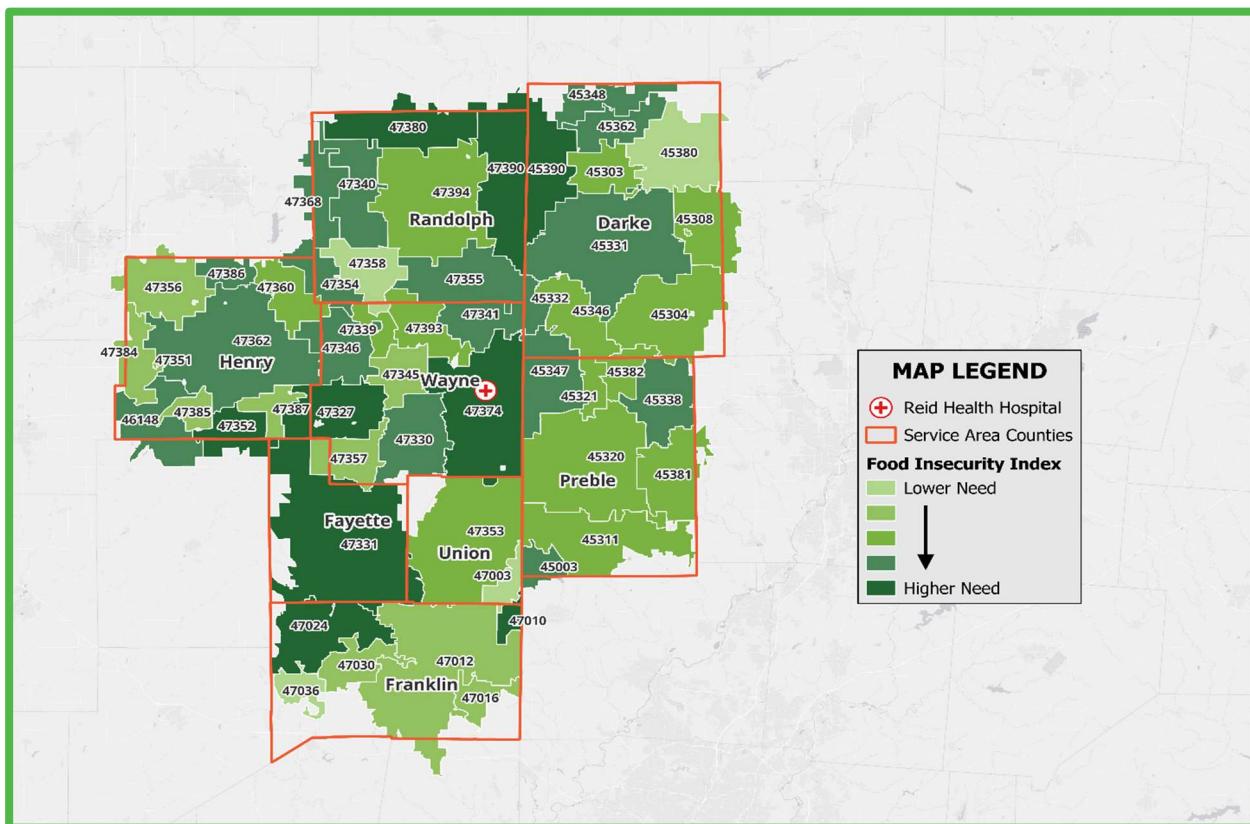
Workers who Walk to Work, 2019-2023	Darke	2	1.35	2	2.4	-	Decreasing, Non-Significant
	Preble	2	1.35	2	2.4	-	Decreasing, Non-Significant
	Fayette	2.1	1.35	2	2.4	-	Decreasing, Non-Significant
	Franklin	2.4	0.82	2	2.4	-	Increasing, Significant
	Henry	1.4	2.06	2	2.4	-	Decreasing, Non-Significant
	Randolph	2.1	1.35	2	2.4	-	Decreasing, Non-Significant
	Union	2.3	1.00	2	2.4	-	Increasing, Significant
	Wayne	2.7	0.76	2	2.4	-	Increasing, Non-Significant

Source: American Community Survey 5-Year

Food Insecurity Index

Conduent's Food Insecurity Index estimates areas of low food accessibility correlated with social and economic hardship. ZIP codes are ranked based on their index value to identify relative levels of need, as illustrated by the map in Figure 30. The following ZIP codes had the highest level of food insecurity (as indicated by the darkest shades of green): 47374 (Wayne County) and 45390 (Darke County) with an index value of 88 and 85.1, respectively. [Appendix A](#) provides the index values for each ZIP code.

FIGURE 30: FOOD INSECURITY INDEX





Other Health Needs of Concern

In the following significant health needs, presented in alphabetical order, emerged from a review of the primary and secondary data. Reid Health did not elect to explicitly prioritize these topics. However, they are related to the selected priority areas and will be interwoven in the forthcoming Implementation Strategy and in future work addressing health needs through strategic partnerships with community partners.



Access to Health Care and Quality

Primary Data

Access to healthcare and quality care were major concerns raised during focus groups and listening sessions. Many participants shared that even when healthcare services are available, they are often difficult to reach due to transportation barriers, long wait times, and a shortage of providers. Pointing to the lack of primary care options in rural areas, one person explained:

“Our people only have urgent cares as well as an emergency room for care and that is all we have”

These limitations make it hard for families to get timely and preventive care, especially for children and seniors.

Affordability and insurance were also major issues. Several participants expressed frustration with navigating insurance systems and the cost of care. One community member shared, “**Young adults do not understand insurance at all,**” while another said, “**I’m not gonna go to the doctor and find out if this mole’s cancer... because there’s nothing I can do about it afterwards. I can’t pay to have it treated.**” These quotes reflect how financial stress and lack of knowledge can prevent people from seeking medical attention. Participants emphasized the need for more education around insurance, preventive care, and available resources. As one person put it, “**There is no reason that in this county we are not able to provide good medical care.**” The community clearly voiced a need for more accessible, affordable, and comprehensive healthcare services.

From the community survey conducted in the Reid Health service area, with an input of 3,124 respondents, it was revealed that 49.4% of participants identified access to affordable, high-quality health care as one of the top health concerns. While the majority of respondents reported positive experiences—77.3% expressed satisfaction with their primary care provider, and over 74% felt informed and empowered in managing their health—significant gaps remain. Only 59.3% believed healthcare services were accessible to all individuals regardless of race, gender, sexual orientation, or immigration status, and just 32.9% felt that services in their community were affordable.

Secondary Data

Provider availability emerged as a key concern within the Health Care Access and Quality topic area. The Primary Care Provider (PCP) Rate was consistently below the national benchmark of 74.9 providers per 100,000 across all counties in the Reid Health service area. Similarly, Mental Health Provider Rates were concerned in every county except Wayne, with Union County reporting just 14.4 providers per 100,000. Dentist availability also fell short in most counties, with only Franklin and Wayne meeting acceptable levels.



Maternal and Infant Health

Primary Data

Maternal and infant health emerged as a critical concern during community focus groups and listening sessions, particularly in rural areas where access to care is limited. Participants described prenatal and postnatal services as inconsistent or unavailable, often requiring families to travel long distances or delay care—factors that can negatively affect health outcomes. One participant shared:

“

We only have one OB/GYN that comes to our county. They only come in town on Tuesdays, so we lack good and efficient prenatal care.

”

In addition to provider shortages, families face barriers such as transportation, cost, and scheduling delays, which hinder access to even routine medical services.

Community members also emphasized the importance of education and support for new parents, praising Reid Health's initiatives for offering milestone tracking and postpartum guidance. Despite these efforts, gaps remain in integrated prenatal and mental health services, attention to sexually transmitted infections among women, and trauma-informed care. Generational trauma was identified as influencing parenting styles, and many families, particularly those where children are raised by grandparents or extended relatives, expressed a strong need for parenting education and childcare resources. These insights underscore the urgent need for consistent, accessible, and community-based maternal and infant health services that reflect the lived experiences and challenges of local families.

Secondary Data

The teen birth rate among individuals aged 15–19 continues to be a concern across several counties in the service area. Preble County reported the lowest rate of early prenatal care, with only 66% of mothers initiating care during the first trimester. Wayne County demonstrated consistently poor outcomes across multiple indicators in the maternal, fetal, and infant health category. Of particular concern is the prevalence of low birthweight infants, with 11.5% of newborns weighing less than 2,500 grams (5 pounds, 8 ounces).



Oral Health

Primary Data

Oral and dental health was identified as a growing concern in the community, especially for children and low-income families. Many participants shared that access to dental care is limited, particularly for those who rely on Medicaid. One person stated, **“There is not a dentist in this county that takes Medicaid,”** pointing to a major gap in services for vulnerable populations. This lack of access often leads to untreated dental issues, which can affect overall health and school performance. A participant shared:

“Access to dental care sometimes leads to children with severe, severe dental problems that are only brought to the attention of DCS when they’re really struggling in school because they have abscessed teeth and can’t focus.”

Mobile dental services were mentioned as a helpful resource, but not always consistent. One community member said, **“The schools try to have Mobile Dentist or Smiles come if there are enough students willing to participate,”** showing that even temporary solutions depend on demand and availability. Participants emphasized the need for more permanent and accessible dental care options. Education around oral hygiene was also seen as important, especially for young children. As one person noted:

“If we can teach the children at a younger age, we can educate them on good health, smart choices, and all of the above.”

These insights highlight the need for expanded dental services, Medicaid-friendly providers, and early education to improve oral health outcomes in the community.

Lastly, based on the community survey conducted, a significant portion of respondents—21.2% out of 2,981, reported being unable to access necessary dental or oral health services within the past year. Among the 626 individuals who specified reasons for this lack of access, the most commonly cited barrier was cost, affecting 58.3% of them. Other notable challenges included insurance not being

accepted (29.9%), being uninsured (21.4%), and issues related to wait times (12.6%) and hours of operation (12.0%). Additional factors such as lack of knowledge about where to go (11.0%), previous negative healthcare experiences (10.7%), and fear of procedures or results (10.4%) also contributed. Geographic and systemic barriers like no nearby providers (8.6%), distrust in healthcare services (7.8%), and lack of transportation (6.1%) further highlight the multifaceted nature of access issues in oral health care within the community.

Secondary Data

Every county in the service area reported a higher percentage of adults aged 65 and older with total tooth loss compared to the national average of 12.2%. This trend may be linked to limited access to dental care, as noted in the *Health Care Access and Quality* section. The dentist rate across most of the service area falls below both state and national averages. Notably, Fayette County had the lowest percentage of adults who visited a dentist in the past year, with only 51.3% reporting a dental visit for any reason.



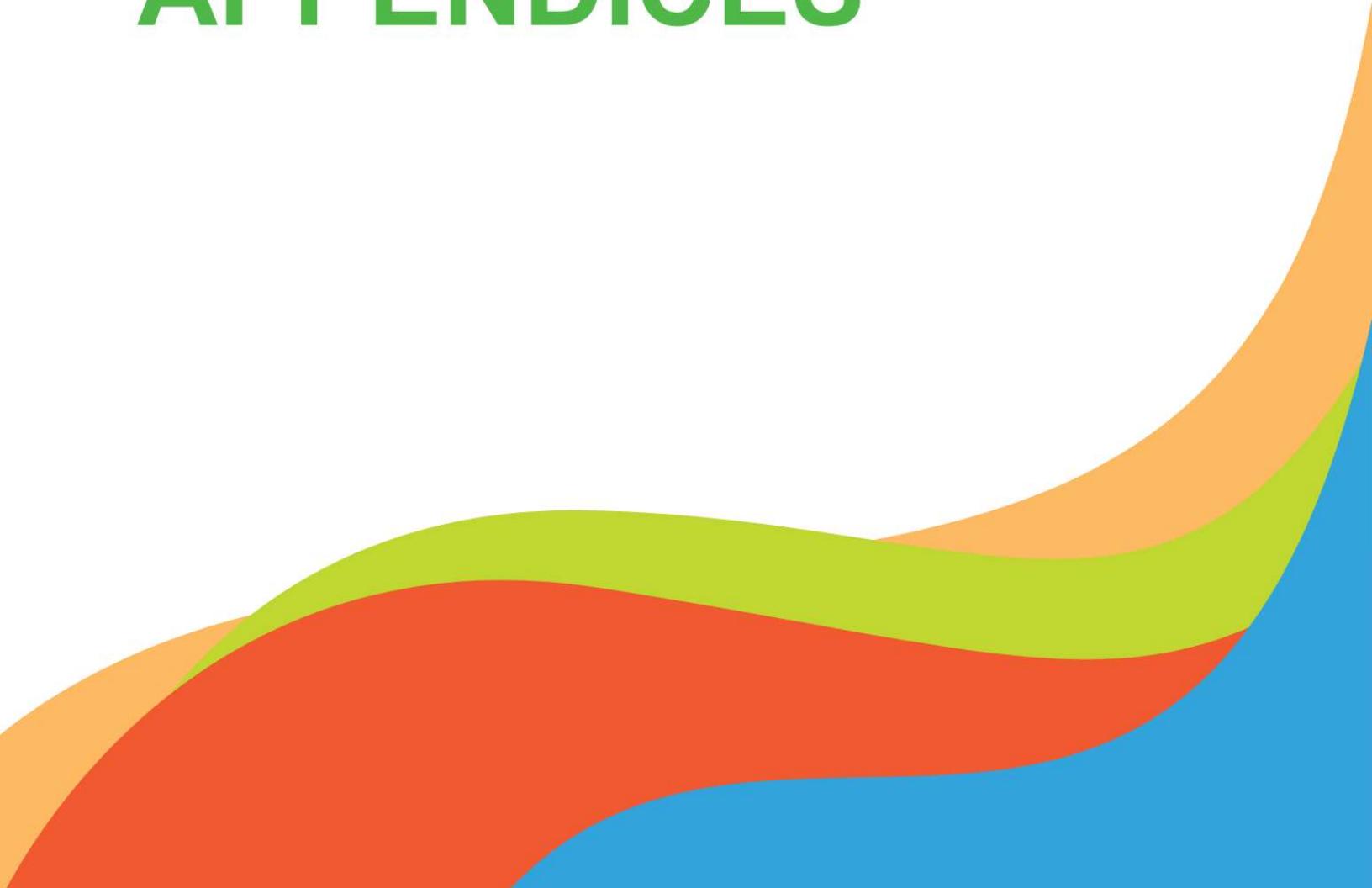
Conclusion

This Community Health Needs Assessment (CHNA), conducted by Reid Health, used a comprehensive set of primary and secondary data to identify the ten most significant health needs across the eight counties in Reid Health's service area. Through a structured prioritization process, three critical needs emerged under the cross-cutting priority area of Social Determinants of Health: Chronic Disease, Mental Health and Substance Misuse, and Wellness and Lifestyle.

The findings of this CHNA will inform the development of Reid Health's Implementation Strategy (IS) for its hospitals. The IS will outline focused, evidence-based approaches to address these priorities and advance the overall health and well-being of the communities served.



APPENDICES

A decorative graphic in the bottom right corner consists of several thick, curved lines in orange, light green, red, and blue, creating a dynamic, flowing pattern.



Appendices Summary

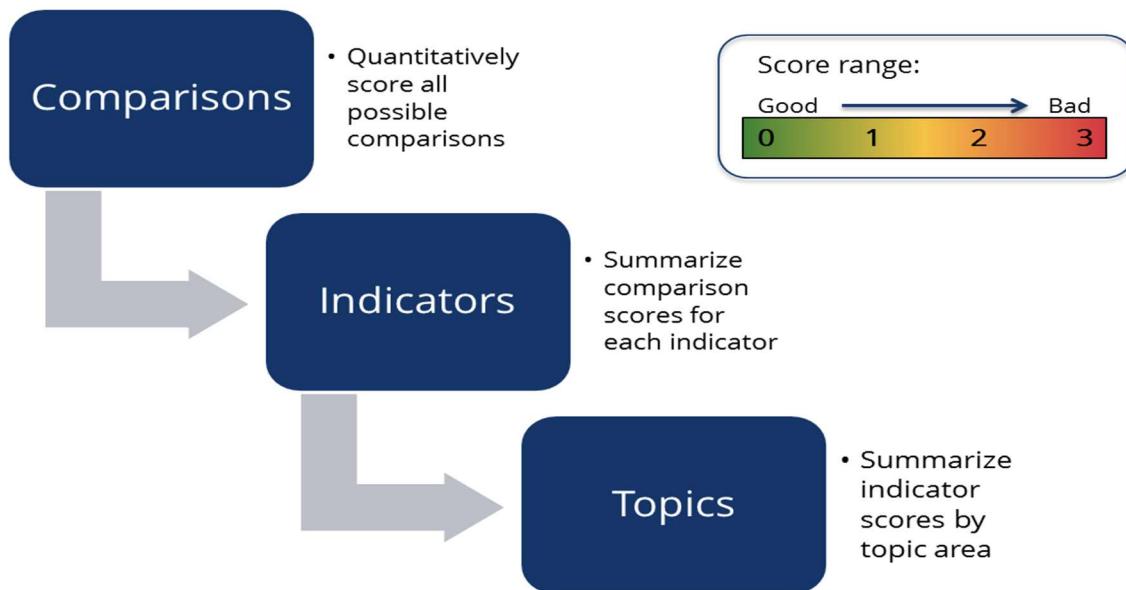
- Appendix A:
 - Secondary Data Scoring Detailed Methodology
 - Reid Health Service Area Counties Data Scoring Results
- Appendix B: Community Input Tools
 - Community Health Survey
 - Focus Group Questionnaire
 - Community Listening Sessions Pre-Survey and Presentation Questions
- Appendix C: Demographic Profile of Survey Respondents
- Appendix D: Reid Health Impact Report
- Appendix E: Community Resources

Appendix A

Secondary Data Scoring

Secondary Data Scoring Detailed Methodology

Data Scoring is done in three stages:



For each indicator, each county is assigned a score based on its comparison to other communities, whether health targets have been met, and the trend of the indicator value over time. These comparison scores range from 0-3, where 0 indicates the best outcome and 3 the worst. Availability of each type of comparison varies by indicator and is dependent upon the data source, comparability with data collected for other communities, and changes in methodology over time.

Indicators are categorized into topic areas and each topic area receives a score. Indicators may be categorized in more than one topic area. Topic scores are determined by the comparisons of all indicators within the topic.

Comparison to a Distribution of County Values: Within State and Nation

For ease of interpretation and analysis, indicator data is visually represented as a green-yellow-red gauge showing how the community is faring against a distribution of counties in the state or the United States. A distribution is created by taking all county values within

the state or nation, ordering them from low to high, and dividing them into three groups (green, yellow, red) based on their order. Indicators with the poorest comparisons (“in the red”) scored high, whereas indicators with good comparisons (“in the green”) scored low.

Comparison to Values: State, National, and Targets

The county is compared to the state value, the national value, and target values. Target values include the nation-wide Healthy People 2030 (HP2030) goals. Healthy People 2030 goals are national objectives for improving the health of the nation set by the Department of Health and Human Services’ (DHHS) Healthy People Initiative. For all value comparisons, the scoring depends on whether the county value is better or worse than the comparison value, as well as how close the county value is to the target value.

Trend Over Time

The Mann-Kendall statistical test for trend was used to assess whether the county value is increasing over time or decreasing over time, and whether the trend is statistically significant. The trend comparison uses the four most recent comparable values for the county, and statistical significance is determined at the 90% confidence level. For each indicator with values available for four time periods, scoring was determined by direction of the trend and statistical significance.

Missing Values

Indicator scores are calculated using the comparison scores, availability of which depends on the data source. If the comparison type is possible for an adequate proportion of indicators, it will be included in the indicator score. After exclusion of comparison types with inadequate availability, all missing comparisons are substituted with a neutral score for the purposes of calculating the indicator’s weighted average. When information is unknown due to lack of comparable data, the neutral value assumes that the missing comparison score is neither good nor bad.

Indicator Scoring

Indicator scores are calculated as a weighted average of all included comparison scores. If none of the included comparison types are possible for an indicator, no score is calculated, and the indicator is excluded from the data scoring results.

Topic Scoring

Indicator scores are averaged by topic area to calculate topic scores. Each indicator may be included in up to three topic areas if appropriate. Resulting scores range from 0-3,

where a higher score indicates a greater level of need as evidenced by the data. A topic score is only calculated if it includes at least three indicators.

Reid Health Service Area Counties Data Scoring Results

Darke County Topic Scores

Health and Quality of Life Topics	Score
Women's Health	1.72
Heart Disease & Stroke	1.69
Prevention & Safety	1.65
Tobacco Use	1.58
Alcohol & Drug Use	1.58
Mental Health & Mental Disorders	1.57
Health Care Access & Quality	1.56
Diabetes	1.54
Oral Health	1.50
Physical Activity	1.50
Older Adults	1.42
Cancer	1.39
Respiratory Diseases	1.36
Wellness & Lifestyle	1.36
Other Conditions	1.34
Maternal, Fetal & Infant Health	1.33
Immunizations & Infectious Diseases	1.27
Nutrition & Healthy Eating	0.97
Children's Health	0.88
Sexually Transmitted Infections	0.76

Fayette County Topic Scores

Health and Quality of Life Topics	Score
Prevention & Safety	2.34
Heart Disease & Stroke	2.01
Maternal, Fetal & Infant Health	1.95
Wellness & Lifestyle	1.90
Mental Health & Mental Disorders	1.89
Tobacco Use	1.86
Oral Health	1.84
Respiratory Diseases	1.78
Other Conditions	1.74
Women's Health	1.74

Older Adults	1.73
Children's Health	1.72
Health Care Access & Quality	1.69
Nutrition & Healthy Eating	1.68
Physical Activity	1.63
Cancer	1.60
Alcohol & Drug Use	1.50
Immunizations & Infectious Diseases	1.41

Franklin County Topic Scores

Health and Quality of Life Topics	Score
Alcohol & Drug Use	1.91
Maternal, Fetal & Infant Health	1.87
Prevention & Safety	1.77
Oral Health	1.58
Children's Health	1.48
Mental Health & Mental Disorders	1.35
Physical Activity	1.35
Cancer	1.34
Heart Disease & Stroke	1.34
Women's Health	1.33
Older Adults	1.32
Immunizations & Infectious Diseases	1.26
Health Care Access & Quality	1.18
Respiratory Diseases	1.17
Other Conditions	1.08
Tobacco Use	1.04
Wellness & Lifestyle	0.97
Nutrition & Healthy Eating	0.69

Henry County Topic Scores

Health and Quality of Life Topics	Score
Respiratory Diseases	1.95
Tobacco Use	1.81
Heart Disease & Stroke	1.74
Oral Health	1.73
Wellness & Lifestyle	1.73
Physical Activity	1.70
Mental Health & Mental Disorders	1.69
Other Conditions	1.65

Cancer	1.64
Older Adults	1.63
Health Care Access & Quality	1.50
Prevention & Safety	1.48
Maternal, Fetal & Infant Health	1.48
Children's Health	1.44
Women's Health	1.37
Immunizations & Infectious Diseases	1.36
Nutrition & Healthy Eating	1.34
Alcohol & Drug Use	1.19

Preble County Topic Scores

Health and Quality of Life Topics	Score
Diabetes	1.93
Physical Activity	1.86
Heart Disease & Stroke	1.86
Tobacco Use	1.83
Other Conditions	1.76
Oral Health	1.75
Prevention & Safety	1.74
Cancer	1.74
Respiratory Diseases	1.72
Older Adults	1.64
Women's Health	1.63
Alcohol & Drug Use	1.61
Health Care Access & Quality	1.48
Mental Health & Mental Disorders	1.46
Wellness & Lifestyle	1.39
Children's Health	1.38
Immunizations & Infectious Diseases	1.29
Sexually Transmitted Infections	1.22
Maternal, Fetal & Infant Health	1.14
Nutrition & Healthy Eating	0.90

Randolph County Topic Scores

Health and Quality of Life Topics	Score
Prevention & Safety	2.08
Heart Disease & Stroke	2.01
Tobacco Use	1.90

Health Care Access & Quality	1.86
Respiratory Diseases	1.83
Mental Health & Mental Disorders	1.82
Wellness & Lifestyle	1.75
Immunizations & Infectious Diseases	1.75
Physical Activity	1.71
Alcohol & Drug Use	1.71
Children's Health	1.70
Cancer	1.70
Oral Health	1.64
Maternal, Fetal & Infant Health	1.57
Older Adults	1.53
Other Conditions	1.48
Women's Health	1.46
Nutrition & Healthy Eating	1.27

Union County Topic Scores

Health and Quality of Life Topics	Score
Prevention & Safety	2.04
Oral Health	1.82
Health Care Access & Quality	1.73
Heart Disease & Stroke	1.70
Children's Health	1.67
Women's Health	1.61
Tobacco Use	1.55
Mental Health & Mental Disorders	1.54
Other Conditions	1.48
Cancer	1.47
Respiratory Diseases	1.47
Alcohol & Drug Use	1.47
Wellness & Lifestyle	1.44
Physical Activity	1.32
Immunizations & Infectious Diseases	1.32
Older Adults	1.31
Nutrition & Healthy Eating	0.94
Maternal, Fetal & Infant Health	0.77

Wayne County Topic Scores

Health and Quality of Life Topics	Score
Other Conditions	2.27
Maternal, Fetal & Infant Health	2.08
Wellness & Lifestyle	2.04
Prevention & Safety	2.04
Heart Disease & Stroke	1.96
Nutrition & Healthy Eating	1.91
Respiratory Diseases	1.90
Immunizations & Infectious Diseases	1.83
Alcohol & Drug Use	1.80
Mental Health & Mental Disorders	1.79
Tobacco Use	1.76
Children's Health	1.72
Women's Health	1.70
Older Adults	1.69
Cancer	1.49
Health Care Access & Quality	1.33
Physical Activity	1.27
Oral Health	1.10

TABLE 1: DARKE INDICATOR SCORING DATA SOURCE KEY

Key	Data Source
1	American Community Survey 5-Year
2	Annie E. Casey Foundation
3	CDC - PLACES
4	Centers for Disease Control and Prevention
5	Centers for Medicare & Medicaid Services
6	Claritas Consumer Profiles
7	County Health Rankings
8	Feeding America
9	National Cancer Institute
10	National Center for Education Statistics
11	National Environmental Public Health Tracking Network
12	Ohio Department of Education
13	Ohio Department of Health, Infectious Diseases
14	Ohio Department of Health, Vital Statistics
15	Ohio Department of Public Safety, Office of Criminal Justice Services
16	Ohio Public Health Information Warehouse
17	Ohio Secretary of State
18	Purdue Center for Regional Development
19	U.S. Bureau of Labor Statistics
20	U.S. Census - County Business Patterns
21	U.S. Census Bureau - Small Area Health Insurance Estimates
22	U.S. Environmental Protection Agency
23	United For ALICE

TABLE 2: ALL DARKE COUNTY SECONDARY DATA INDICATORS

SCORE	ALCOHOL & DRUG USE	UNITS	DARKE COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
2.53	Alcohol-Impaired Driving Deaths	<i>percent of driving deaths with alcohol involvement</i>	35.9	--	32.2	26.3	2017-2021	7
1.94	Adults who Binge Drink	<i>percent</i>	18.3	--	--	16.6	2022	3
1.65	Liquor Store Density	<i>stores/ 100,000 population</i>	7.8	--	5.6	10.9	2022	20
1.50	Age-Adjusted Drug and Opioid-Involved Overdose Death Rate	<i>Deaths per 100,000 population</i>	33.2	--	40.4	23.5	2018-2020	4
1.50	Mothers who Smoked During Pregnancy	<i>percent</i>	9.7	4.3	7.9	3.7	2022	14
1.32	Death Rate due to Drug Poisoning	<i>deaths/ 100,000 population</i>	29.2	20.7	42.2	27.2	2019-2021	7
0.62	Adults who Drink Excessively	<i>percent</i>	16.2	--	20.0	18.1	2021	7

SCORE	CANCER	UNITS	DARKE COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
2.41	Age-Adjusted Death Rate due to Colorectal Cancer	<i>deaths/ 100,000 population</i>	18.7	8.9	13.9	12.9	2018-2022	9
2.12	Adults with Cancer (Non-Skin) or Melanoma	<i>percent</i>	10.1	--	--	8.2	2022	3
2.00	Age-Adjusted Death Rate due to Breast Cancer	<i>deaths/ 100,000 females</i>	20.9	15.3	20.2	19.3	2018-2022	9
2.00	Age-Adjusted Death Rate due to Prostate Cancer	<i>deaths/ 100,000 males</i>	20.5	16.9	19.3	19.0	2018-2022	9

1.94	Colon Cancer Screening: USPSTF Recommendation	<i>percent</i>	61.6	--	--	66.3	2022	3
1.85	Mammography Screening: Medicare Population	<i>percent</i>	45.0	--	51.0	39.0	2023	5
1.76	Cervical Cancer Screening: 21-65	<i>Percent</i>	80.7	--	--	82.8	2020	3
1.59	Breast Cancer Incidence Rate	<i>cases/ 100,000 females</i>	119.9	--	132.3	129.8	2017-2021	9
1.41	Age-Adjusted Death Rate due to Cancer	<i>deaths/ 100,000 population</i>	164.3	122.7	161.1	146.0	2018-2022	9
1.41	Mammogram in Past 2 Years: 50-74	<i>percent</i>	76.4	80.3	--	76.5	2022	3
1.12	Lung and Bronchus Cancer Incidence Rate	<i>cases/ 100,000 population</i>	57.2	--	64.3	53.1	2017-2021	9
1.06	Age-Adjusted Death Rate due to Lung Cancer	<i>deaths/ 100,000 population</i>	39.6	25.1	39.8	32.4	2018-2022	9
0.82	Colorectal Cancer Incidence Rate	<i>cases/ 100,000 population</i>	36.1	--	38.9	36.4	2017-2021	9
0.59	Oral Cavity and Pharynx Cancer Incidence Rate	<i>cases/ 100,000 population</i>	10.1	--	12.8	12.0	2017-2021	9
0.59	Prostate Cancer Incidence Rate	<i>cases/ 100,000 males</i>	75.6	--	118.1	113.2	2017-2021	9
0.47	All Cancer Incidence Rate	<i>cases/ 100,000 population</i>	402.8	--	470.0	444.4	2017-2021	9
0.44	Cancer: Medicare Population	<i>percent</i>	10.0	--	12.0	12.0	2023	5

SCORE	CHILDREN'S HEALTH	UNITS	DARKE COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
1.59	Child Care Centers	<i>per 1,000 population under age 5</i>	7.4	--	8.0	7.0	2022	7
1.44	Children with Health Insurance	<i>percent</i>	95.1	--	95.6	--	2022	21

0.97	Child Food Insecurity Rate	<i>percent</i>	16.9	--	19.8	18.5	2022	8
0.53	Child Abuse Rate (HP2020)	<i>cases/ 1,000 children</i>	2.1	8.7	6.9	--	2021	2
0.44	Child Mortality Rate: Under 20	<i>deaths/ 100,000 population under 20</i>	45.2	--	58.5	50.6	2018-2021	7
0.29	Food Insecure Children Likely Ineligible for Assistance	<i>percent</i>	6.0	--	31.0	30.0	2022	8

SCORE	COMMUNITY	UNITS	DARKE COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
2.71	Total Employment Change	<i>percent</i>	-3.0	--	2.9	5.8	2021-2022	20
2.53	Age-Adjusted Death Rate due to Motor Vehicle Traffic Collisions	<i>deaths/ 100,000 population</i>	18.9	10.1	10.3	11.4	2018-2020	4
2.53	Alcohol-Impaired Driving Deaths	<i>percent of driving deaths with alcohol involvement</i>	35.9	--	32.2	26.3	2017-2021	7
2.53	People 65+ Living Alone	<i>percent</i>	32.3	--	30.2	26.5	2019-2023	1
2.29	Female Population 16+ in Civilian Labor Force	<i>percent</i>	53.3	--	59.2	58.7	2019-2023	1
2.24	People 25+ with a Bachelor's Degree or Higher	<i>percent</i>	16.5	--	30.9	35.0	2019-2023	1
2.06	Workers who Drive Alone to Work	<i>percent</i>	81.9	--	76.6	70.2	2019-2023	1
2.03	Death Rate due to Motor Vehicle Collisions	<i>deaths/ 100,000 population</i>	16.9	--	10.9	12.0	2015-2021	7
1.94	People 65+ Living Alone (Count)	<i>people</i>	3372	--	--	--	2019-2023	1
1.94	Population 16+ in Civilian Labor Force	<i>percent</i>	59.0	--	60.1	59.8	2019-2023	1
1.85	Broadband Quality Score	<i>BQS Score</i>	48.8	--	53.4	50.0	2022	18

1.76	Median Housing Unit Value	<i>dollars</i>	169100	--	199200	303400	2019-2023	1
1.71	Workers Commuting by Public Transportation	<i>percent</i>	0.2	5.3	1.1	3.5	2019-2023	1
1.59	Per Capita Income	<i>dollars</i>	34446	--	39455	43289	2019-2023	1
1.50	Adults With Group Health Insurance	<i>percent</i>	36.5	--	37.4	39.8	2024	6
1.50	Adults With Individual Health Insurance	<i>percent</i>	20.0	--	20.5	20.2	2024	6
1.50	Digital Distress		2.0	--	--	--	2022	18
1.50	People 25+ with a High School Diploma or Higher	<i>percent</i>	90.7	--	91.6	89.4	2019-2023	1
1.44	Persons with Health Insurance	<i>percent</i>	92.6	92.4	92.9		2022	21
1.41	Households with One or More Types of Computing Devices	<i>percent</i>	90.3	--	93.6	94.8	2019-2023	1
1.41	Median Household Income	<i>dollars</i>	64654	--	69680	78538	2019-2023	1
1.35	Households with a Computer	<i>percent</i>	85.1	--	85.2	86.0	2024	6
1.35	Workers who Walk to Work	<i>percent</i>	2.0	--	2.0	2.4	2019-2023	1
1.29	Adults with Internet Access	<i>percent</i>	82.9	--	80.9	81.3	2024	6
1.24	Households with a Smartphone	<i>percent</i>	86.9	--	87.5	88.2	2024	6
1.24	Households with an Internet Subscription	<i>percent</i>	85.7	--	89.0	89.9	2019-2023	1
1.24	Median Monthly Owner Costs for Households without a Mortgage	<i>dollars</i>	481	--	570	612	2019-2023	1
1.24	Mortgaged Owners Median Monthly Household Costs	<i>dollars</i>	1233	--	1472	1902	2019-2023	1
1.24	Persons with an Internet Subscription	<i>percent</i>	89.4	--	91.3	92.0	2019-2023	1

1.12	People Living Below Poverty Level	<i>percent</i>	11.2	8.0	13.2	12.4	<i>2019-2023</i>	1
1.12	Residential Segregation - Black/White	<i>Score</i>	54.8	--	69.5	62.7	<i>2024</i>	7
1.00	Voter Turnout: Presidential Election	<i>percent</i>	77.9	58.4	71.7	--	<i>2024</i>	17
0.97	Adults Who Vote in Presidential Elections: Always or Sometimes	<i>percent</i>	86.7	--	84.9	85.1	<i>2024</i>	6
0.97	Digital Divide Index	<i>DDI Score</i>	21.7	--	40.1	50.0	<i>2022</i>	18
0.88	Median Household Gross Rent	<i>dollars</i>	747	--	988	1348	<i>2019-2023</i>	1
0.88	Social Associations	<i>membership associations/ 10,000 population</i>	15.1	--	10.7	9.1	<i>2021</i>	7
0.85	Violent Crime Rate	<i>crimes/ 100,000 population</i>	0.0	--	361.6	380.7	<i>2022</i>	15
0.82	Mean Travel Time to Work	<i>minutes</i>	22.5	--	23.6	26.6	<i>2019-2023</i>	1
0.82	Solo Drivers with a Long Commute	<i>percent</i>	30.5	--	30.6	36.4	<i>2018-2022</i>	7
0.79	Young Children Living Below Poverty Level	<i>percent</i>	14.3	--	20.0	17.6	<i>2019-2023</i>	1
0.65	Children Living Below Poverty Level	<i>percent</i>	13.2	--	18.0	16.3	<i>2019-2023</i>	1
0.59	Linguistic Isolation	<i>percent</i>	0.1	--	1.5	4.2	<i>2019-2023</i>	1
0.53	Child Abuse Rate (HP2020)	<i>cases/ 1,000 children</i>	2.1	8.7	6.9	--	<i>2021</i>	2
0.47	Youth not in School or Working	<i>percent</i>	0.4	--	1.7	1.7	<i>2019-2023</i>	1
0.29	Children in Single-Parent Households	<i>percent</i>	16.9	--	26.1	24.8	<i>2019-2023</i>	1

SCORE	DIABETES	UNITS	DARKE COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
2.12	Age-Adjusted Death Rate due to Diabetes	<i>deaths/ 100,000 population</i>	30.8	--	28.4	--	<i>2020-2022</i>	16

1.68	Diabetes: Medicare Population	<i>percent</i>	26.0	--	25.0	24.0	2023	5
0.82	Adults 20+ with Diabetes	<i>percent</i>	7.4	--	--	--	2021	4

SCORE	ECONOMY	UNITS	DARKE COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
2.71	Total Employment Change	<i>percent</i>	-3.0	--	2.9	5.8	2021-2022	20
2.56	Gender Pay Gap	<i>cents on the dollar</i>	0.6	--	0.7	0.7	2019-2023	1
2.29	Female Population 16+ in Civilian Labor Force	<i>percent</i>	53.3	--	59.2	58.7	2019-2023	1
2.18	Adults with Disability Living in Poverty	<i>percent</i>	28.3	--	28.2	24.6	2019-2023	1
2.06	Veterans Living Below Poverty Level	<i>percent</i>	8.3	--	7.4	7.2	2019-2023	1
2.03	Families Living Below 200% of Poverty Level	<i>Percent</i>	25.0	--	22.7	22.4	2019-2023	1
1.94	People 65+ Living Below Poverty Level (Count)	<i>people</i>	1027	--	--	--	2019-2023	1
1.94	Population 16+ in Civilian Labor Force	<i>percent</i>	59.0	--	60.1	59.8	2019-2023	1
1.85	People Living Below 200% of Poverty Level	<i>percent</i>	31.5	--	29.4	28.5	2019-2023	1
1.82	Households that are Above the Asset Limited, Income Constrained, Employed (ALICE) Threshold	<i>percent</i>	60.4	--	61.0	--	2022	23
1.82	Households that are Asset Limited, Income Constrained, Employed (ALICE)	<i>percent</i>	26.9	--	25.0	--	2022	23
1.82	People 65+ Living Below Poverty Level	<i>percent</i>	10.3	--	9.5	10.4	2019-2023	1
1.76	Median Housing Unit Value	<i>dollars</i>	169100	--	199200	303400	2019-2023	1

1.65	Households Living Below Poverty Level	<i>percent</i>	12.6	--	14.0	--	2022	23
1.59	Per Capita Income	<i>dollars</i>	34446	--	39455	43289	2019-2023	1
1.50	Adults who Feel Overwhelmed by Financial Burdens	<i>percent</i>	34.0	--	34.0	33.6	2024	6
1.50	Income Inequality		0.4	--	0.5	0.5	2019-2023	1
1.41	Median Household Income	<i>dollars</i>	64654	--	69680	78538	2019-2023	1
1.32	Food Insecurity Rate	<i>percent</i>	14.0	--	14.1	13.5	2022	8
1.29	Families Living Below Poverty Level	<i>percent</i>	8.3	--	9.2	8.7	2019-2023	1
1.24	Households with a 401k Plan	<i>percent</i>	36.7	--	38.4	40.8	2024	6
1.24	Median Monthly Owner Costs for Households without a Mortgage	<i>dollars</i>	481	--	570	612	2019-2023	1
1.24	Mortgaged Owners Median Monthly Household Costs	<i>dollars</i>	1233	--	1472	1902	2019-2023	1
1.18	Households with a Savings Account	<i>percent</i>	71.1	--	70.9	72.0	2024	6
1.12	People Living Below Poverty Level	<i>percent</i>	11.2	8.0	13.2	12.4	2019-2023	1
1.12	Residential Segregation - Black/White	<i>Score</i>	54.8	--	69.5	62.7	2024	7
0.97	Child Food Insecurity Rate	<i>percent</i>	16.9	--	19.8	18.5	2022	8
0.88	Median Household Gross Rent	<i>dollars</i>	747	--	988	1348	2019-2023	1
0.79	Young Children Living Below Poverty Level	<i>percent</i>	14.3	--	20.0	17.6	2019-2023	1
0.65	Children Living Below Poverty Level	<i>percent</i>	13.2	--	18.0	16.3	2019-2023	1
0.65	Households with Cash Public Assistance Income	<i>percent</i>	2.1	--	2.5	2.7	2019-2023	1

0.65	Unemployed Veterans	<i>percent</i>	1.2	--	2.8	3.2	2019-2023	1
0.59	Renters Spending 30% or More of Household Income on Rent	<i>percent</i>	36.3	25.5	45.1	50.4	2019-2023	1
0.56	Students Eligible for the Free Lunch Program	<i>percent</i>	17.6	--	--	41.2	2018-2019	10
0.53	Households with Student Loan Debt	<i>percent</i>	7.6	--	9.1	9.8	2024	6
0.47	Severe Housing Problems	<i>percent</i>	9.6	--	12.8	16.7	2016-2020	7
0.47	Unemployed Workers in Civilian Labor Force	<i>percent</i>	3.5	--	3.9	4.0	November 2024	19
0.47	Youth not in School or Working	<i>percent</i>	0.4	--	1.7	1.7	2019-2023	1
0.29	Food Insecure Children Likely Ineligible for Assistance	<i>percent</i>	6.0	--	31.0	30.0	2022	8
0.29	Households that Used Check Cashing, Cash Advance, or Title Loan Shops	<i>percent</i>	1.8	--	2.0	2.0	2024	6
0.29	Overcrowded Households	<i>percent</i>	1.0	--	1.4	3.4	2019-2023	1
0.00	Homeowner Vacancy Rate	<i>percent</i>	0.4	--	0.9	1.0	2019-2023	1

SCORE	EDUCATION	UNITS	DARKE COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
2.24	People 25+ with a Bachelor's Degree or Higher	<i>percent</i>	16.5	--	30.9	35.0	2019-2023	1
2.00	Veterans with a High School Diploma or Higher	<i>percent</i>	92.7	--	94.4	95.2	2019-2023	1
1.65	High School Graduation	<i>percent</i>	93.9	90.7	92.5	--	2022-2023	12
1.59	Child Care Centers	<i>per 1,000 population under age 5</i>	7.4	--	8.0	7.0	2022	7

1.53	Student-to-Teacher Ratio	<i>students/teacher</i>	16.4	--	16.6	15.2	2023-2024	10
1.50	People 25+ with a High School Diploma or Higher	<i>percent</i>	90.7	--	91.6	89.4	2019-2023	1
SCORE	ENVIRONMENTAL HEALTH	UNITS	DARKE COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
2.24	Air Pollution due to Particulate Matter	<i>micrograms per cubic meter</i>	9.7	--	8.9	7.4	2019	7
2.21	Access to Exercise Opportunities	<i>percent</i>	54.8	--	83.9	84.1	2024	7
2.12	Houses Built Prior to 1950	<i>percent</i>	37.0	--	24.9	16.4	2019-2023	1
1.94	Access to Parks	<i>percent</i>	20.3	--	59.6	--	2020	11
1.94	PBT Released	<i>pounds</i>	221	--	--	--	2023	22
1.85	Broadband Quality Score	<i>BQS Score</i>	48.8	--	53.4	50.0	2022	18
1.76	Adults with Current Asthma	<i>percent</i>	11.1	--	--	9.9	2022	3
1.65	Liquor Store Density	<i>stores/ 100,000 population</i>	7.8	--	5.6	10.9	2022	20
1.65	Recognized Carcinogens Released into Air	<i>pounds</i>	18628	--	--	--	2023	22
1.35	Weeks of Moderate Drought or Worse	<i>weeks per year</i>	0.0	--	--	--	2021	11
0.97	Digital Divide Index	<i>DDI Score</i>	21.7	--	40.1	50.0	2022	18
0.94	Food Environment Index		8.2	--	7.0	7.7	2024	7
0.88	Proximity to Highways	<i>percent</i>	2.2	--	7.2		2020	11
0.47	Severe Housing Problems	<i>percent</i>	9.6	--	12.8	16.7	2016-2020	7
0.44	Asthma: Medicare Population	<i>percent</i>	5.0	--	7.0	7.0	2023	5
0.29	Overcrowded Households	<i>percent</i>	1.0	--	1.4	3.4	2019-2023	1

SCORE	HEALTH CARE ACCESS & QUALITY	UNITS	DARKE COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
2.47	Primary Care Provider Rate	<i>providers/ 100,000 population</i>	46.5	--	75.3	74.9	2021	7
2.41	Non-Physician Primary Care Provider Rate	<i>providers/ 100,000 population</i>	54.3	--	140.0	131.4	2023	7
2.24	Mental Health Provider Rate	<i>providers/ 100,000 population</i>	75.7	--	326.1	313.9	2023	7
2.06	Dentist Rate	<i>dentists/ 100,000 population</i>	42.7	--	65.2	73.5	2022	7
1.50	Adults With Group Health Insurance	<i>percent</i>	36.5	--	37.4	39.8	2024	6
1.50	Adults With Individual Health Insurance	<i>percent</i>	20.0	--	20.5	20.2	2024	6
1.44	Adults with Health Insurance: 18-64	<i>percent</i>	91.5	--	91.9	--	2022	21
1.44	Children with Health Insurance	<i>percent</i>	95.1	--	95.6	--	2022	21
1.44	Persons with Health Insurance	<i>percent</i>	92.6	92.4	92.9	--	2022	21
1.41	Adults who Visited a Dentist	<i>percent</i>	60.8	--	--	63.9	2022	3
1.29	Adults with Health Insurance: 18+	<i>percent</i>	77.4	--	74.7	75.2	2024	6
1.06	Adults who have had a Routine Checkup	<i>percent</i>	79.1	--	--	76.1	2022	3
0.97	Adults who go to the Doctor Regularly for Checkups	<i>percent</i>	67.9	--	65.2	65.1	2024	6
0.62	Preventable Hospital Stays: Medicare Population	<i>discharges/ 100,000 Medicare enrollees</i>	2360.0	--	3269.0	2769.0	2023	5

SCORE	HEART DISEASE & STROKE	UNITS	DARKE COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
2.56	Ischemic Heart Disease: Medicare Population	percent	26.0	--	22.0	21.0	2023	5
2.21	Hyperlipidemia: Medicare Population	percent	70.0	--	67.0	66.0	2023	5
2.12	Adults who Experienced Coronary Heart Disease	percent	9.5	--	--	6.8	2022	3
2.12	High Blood Pressure Prevalence	percent	39.9	41.9	--	32.7	2021	3
1.94	Age-Adjusted Death Rate due to Heart Attack	deaths/ 100,000 population 35+ years	78.7	--	60.9	--	2021	11
1.94	Cholesterol Test History	percent	82.1	--	--	86.4	2021	3
1.94	High Cholesterol Prevalence	percent	37.7	--	--	35.5	2021	3
1.85	Hypertension: Medicare Population	percent	70.0	--	67.0	65.0	2023	5
1.76	Adults who Experienced a Stroke	percent	4.2	--		3.6	2022	3
1.71	Age-Adjusted Death Rate due to Coronary Heart Disease	deaths/ 100,000 population	126.3	71.1	101.6		2020-2022	16
1.32	Atrial Fibrillation: Medicare Population	percent	15.0	--	15.0	14.0	2023	5
1.32	Heart Failure: Medicare Population	percent	12.0	--	12.0	11.0	2023	5
1.24	Adults who Have Taken Medications for High Blood Pressure	percent	81.0	--	--	78.2	2021	3
0.82	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	deaths/ 100,000 population	36.7	33.4	46.0	--	2020-2022	16
0.44	Stroke: Medicare Population	percent	4.0	--	5.0	6.0	2023	5

SCORE	IMMUNIZATIONS & INFECTIOUS DISEASES	UNITS	DARKE COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
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2.38	Pneumonia Vaccinations: Medicare Population	<i>percent</i>	6.0	--	9.0	9.0	2023	5
1.91	Tuberculosis Incidence Rate	<i>cases/ 100,000 population</i>	1.9	1.4	1.6	2.9	2023	13
1.85	Flu Vaccinations: Medicare Population	<i>percent</i>	32.0	--	50.0	3.0	2023	5
1.68	Adults who Agree Vaccine Benefits Outweigh Possible Risks	<i>Percent</i>	58.5	--	59.8	60.4	2024	6
1.06	Age-Adjusted Death Rate due to Influenza and Pneumonia	<i>deaths/ 100,000 population</i>	12.6	--	12.3	--	2020-2022	16
0.88	Gonorrhea Incidence Rate	<i>cases/ 100,000 population</i>	44.6	--	168.8	179.5	2023	13
0.85	Syphilis Incidence Rate	<i>cases/ 100,000 population</i>	0.0	--	16.4	15.8	2023	13
0.56	Chlamydia Incidence Rate	<i>cases/ 100,000 population</i>	168.8	--	464.2	492.2	2023	13
0.29	Overcrowded Households	<i>percent</i>	1.0	--	1.4	3.4	2019-2023	1

SCORE	MATERNAL, FETAL & INFANT HEALTH	UNITS	DARKE COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
1.74	Teen Birth Rate: 15-17	<i>live births/ 1,000 females aged 15-17</i>	5.8	--	6.1	5.6	2022	14
1.65	Babies with Very Low Birthweight	<i>percent</i>	1.5	--	1.5		2022	14
1.50	Mothers who Smoked During Pregnancy	<i>percent</i>	9.7	4.3	7.9	3.7	2022	14
1.26	Mothers who Received Early Prenatal Care	<i>percent</i>	72.9	--	68.6	75.3	2022	14
1.03	Babies with Low Birthweight	<i>percent</i>	6.8	--	8.7	8.6	2022	14
0.82	Preterm Births	<i>percent</i>	8.5	9.4	10.8	--	2022	14

SCORE	MENTAL HEALTH & MENTAL DISORDERS	UNITS	DARKE COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
2.29	Age-Adjusted Death Rate due to Suicide	<i>deaths/ 100,000 population</i>	17.5	12.8	14.5	--	2020-2022	16
2.24	Mental Health Provider Rate	<i>providers/ 100,000 population</i>	75.7	--	326.1	313.9	2023	7
2.03	Age-Adjusted Death Rate due to Alzheimer's Disease	<i>deaths/ 100,000 population</i>	49.3	--	33.8	--	2020-2022	16
1.94	Poor Mental Health: 14+ Days	<i>percent</i>	19.2	--	--	15.8	2022	3
1.82	Poor Mental Health: Average Number of Days	<i>days</i>	5.4	--	5.5	4.8	2021	7
1.59	Adults Ever Diagnosed with Depression	<i>percent</i>	25.2	--	--	20.7	2022	3
1.50	Adults who Feel Life is Slipping Out of Control	<i>Percent</i>	24.1	--	24.1	23.9	2024	6
1.18	Self-Reported General Health Assessment: Good or Better	<i>percent</i>	85.5	--	85.4	86.0	2024	6
0.62	Alzheimer's Disease or Dementia: Medicare Population	<i>percent</i>	5.0	--	6.0	6.0	2023	5
0.44	Depression: Medicare Population	<i>percent</i>	14.0	--	18.0	17.0	2023	5

SCORE	NUTRITION & HEALTHY EATING	UNITS	DARKE COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
1.50	Adults who Drank Soft Drinks: Past 7 Days	<i>percent</i>	51.1	--	48.6	47.5	2024	6
0.94	Food Environment Index		8.2	--	7.0	7.7	2024	7
0.79	Adults who Frequently Cook Meals at Home	<i>Percent</i>	70.4	--	67.6	67.7	2024	6

0.65	Adults Who Frequently Used Quick Service Restaurants: Past 30 Days	Percent	34.3	--	38.1	38.2	2024	6
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SCORE	OLDER ADULTS	UNITS	DARKE COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
2.56	Ischemic Heart Disease: Medicare Population	percent	26.0	--	22.0	21.0	2023	5
2.53	People 65+ Living Alone	percent	32.3	--	30.2	26.5	2019-2023	1
2.47	Age-Adjusted Death Rate due to Falls	deaths/ 100,000 population	20.2	--	12.1	--	2020-2022	16
2.21	Hyperlipidemia: Medicare Population	percent	70.0	--	67.0	66.0	2023	5
2.03	Age-Adjusted Death Rate due to Alzheimer's Disease	deaths/ 100,000 population	49.3	--	33.8	--	2020-2022	16
1.94	Adults 65+ with Total Tooth Loss	percent	17.4	--	--	12.2	2022	3
1.94	People 65+ Living Alone (Count)	people	3372	--	--	--	2019-2023	1
1.94	People 65+ Living Below Poverty Level (Count)	people	1027	--	--	--	2019-2023	1
1.85	Hypertension: Medicare Population	percent	70.0	--	67.0	65.0	2023	5
1.85	Mammography Screening: Medicare Population	percent	45.0	--	51.0	39.0	2023	5
1.82	People 65+ Living Below Poverty Level	percent	10.3	--	9.5	10.4	2019-2023	1
1.68	Diabetes: Medicare Population	percent	26.0	--	25.0	24.0	2023	5
1.32	Atrial Fibrillation: Medicare Population	percent	15.0	--	15.0	14.0	2023	5
1.32	Heart Failure: Medicare Population	percent	12.0	--	12.0	11.0	2023	5
1.15	Chronic Kidney Disease: Medicare Population	percent	18.0	--	19.0	18.0	2023	5
1.15	COPD: Medicare Population	percent	12.0	--	13.0	11.0	2023	5

0.79	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	<i>percent</i>	33.0	--	39.0	36.0	2023	5
0.62	Alzheimer's Disease or Dementia: Medicare Population	<i>percent</i>	5.0	--	6.0	6.0	2023	5
0.62	Osteoporosis: Medicare Population	<i>percent</i>	9.0	--	11.0	12.0	2023	5
0.59	Prostate Cancer Incidence Rate	<i>cases/ 100,000 males</i>	75.6	--	118.1	113.2	2017-2021	9
0.44	Asthma: Medicare Population	<i>percent</i>	5.0	--	7.0	7.0	2023	5
0.44	Cancer: Medicare Population	<i>percent</i>	10.0	--	12.0	12.0	2023	5
0.44	Depression: Medicare Population	<i>percent</i>	14.0	--	18.0	17.0	2023	5
0.44	Stroke: Medicare Population	<i>percent</i>	4.0	--	5.0	6.0	2023	5

SCORE	ORAL HEALTH	UNITS	DARKE COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
2.06	Dentist Rate	<i>dentists/ 100,000 population</i>	42.7	--	65.2	73.5	2022	7
1.94	Adults 65+ with Total Tooth Loss	<i>percent</i>	17.4	--	--	12.2	2022	3
1.41	Adults who Visited a Dentist	<i>percent</i>	60.8	--	--	63.9	2022	3
0.59	Oral Cavity and Pharynx Cancer Incidence Rate	<i>cases/ 100,000 population</i>	10.1	--	12.8	12.0	2017-2021	9

SCORE	OTHER CHRONIC CONDITIONS	UNITS	DARKE COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
2.18	Age-Adjusted Death Rate due to Kidney Disease	<i>deaths/ 100,000 population</i>	17.4	--	15.1	--	2020-2022	16
1.94	Adults with Arthritis	<i>percent</i>	33.6	--	--	26.6	2022	3
1.15	Chronic Kidney Disease: Medicare Population	<i>percent</i>	18.0	--	19.0	18.0	2023	5

0.79	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	<i>percent</i>	33.0	--	39.0	36.0	2023	5
0.62	Osteoporosis: Medicare Population	<i>percent</i>	9.0	--	11.0	12.0	2023	5
SCORE	PHYSICAL ACTIVITY	UNITS	DARKE COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
2.21	Access to Exercise Opportunities	<i>percent</i>	54.8	--	83.9	84.1	2024	7
1.94	Access to Parks	<i>percent</i>	20.3	--	59.6		2020	11
1.35	Workers who Walk to Work	<i>percent</i>	2.0	--	2.0	2.4	2019-2023	1
1.18	Adults 20+ Who Are Obese	<i>percent</i>	30.1	36.0	--	--	2021	4
0.82	Adults 20+ who are Sedentary	<i>percent</i>	15.2	--	--	--	2021	4
1.32	Death Rate due to Drug Poisoning	<i>deaths/ 100,000 population</i>	29.2	20.7	42.2	27.2	2019-2021	7
1.00	Age-Adjusted Death Rate due to Unintentional Poisonings	<i>deaths/ 100,000 population</i>	37.0	--	46.5	--	2020-2022	16
0.47	Severe Housing Problems	<i>percent</i>	9.6	--	12.8	16.7	2016-2020	7

SCORE	RESPIRATORY DISEASES	UNITS	DARKE COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
2.12	Adults who Smoke	<i>percent</i>	20.1	6.1	--	12.9	2022	3
2.12	Adults with COPD	<i>Percent of adults</i>	10.7	--	--	6.8	2022	3
1.91	Tuberculosis Incidence Rate	<i>cases/ 100,000 population</i>	1.9	1.4	1.6	2.9	2023	13
1.76	Adults with Current Asthma	<i>percent</i>	11.1	--	--	9.9	2022	3

1.59	Adults Who Used Smokeless Tobacco: Past 30 Days	<i>percent</i>	2.7	--	1.7	1.6	2024	6
1.50	Adults Who Used Electronic Cigarettes: Past 30 Days	<i>percent</i>	6.9	--	6.9	6.8	2024	6
1.15	COPD: Medicare Population	<i>percent</i>	12.0	--	13.0	11.0	2023	5
1.12	Lung and Bronchus Cancer Incidence Rate	<i>cases/ 100,000 population</i>	57.2	--	64.3	53.1	2017-2021	9
1.06	Age-Adjusted Death Rate due to Influenza and Pneumonia	<i>deaths/ 100,000 population</i>	12.6	--	12.3	--	2020-2022	16
1.06	Age-Adjusted Death Rate due to Lung Cancer	<i>deaths/ 100,000 population</i>	39.6	25.1	39.8	32.4	2018-2022	9
1.00	Age-Adjusted Death Rate due to Chronic Lower Respiratory Diseases	<i>deaths/ 100,000 population</i>	39.5	--	42.8	--	2020-2022	16
0.88	Proximity to Highways	<i>percent</i>	2.2	--	7.2	--	2020	11
0.44	Asthma: Medicare Population	<i>percent</i>	5.0	--	7.0	7.0	2023	5

SCORE	SEXUALLY TRANSMITTED INFECTIONS	UNITS	DARKE COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
0.88	Gonorrhea Incidence Rate	<i>cases/ 100,000 population</i>	44.6	--	168.8	179.5	2023	13
0.85	Syphilis Incidence Rate	<i>cases/ 100,000 population</i>	0.0	--	16.4	15.8	2023	13
0.56	Chlamydia Incidence Rate	<i>cases/ 100,000 population</i>	168.8	--	464.2	492.2	2023	13

SCORE	TOBACCO USE	UNITS	DARKE COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
2.12	Adults who Smoke	<i>percent</i>	20.1	6.1	--	12.9	2022	3
1.59	Adults Who Used Smokeless Tobacco: Past 30 Days	<i>percent</i>	2.7	--	1.7	1.6	2024	6

1.50	Adults Who Used Electronic Cigarettes: Past 30 Days	<i>percent</i>	6.9	--	6.9	6.8	2024	6
1.12	Lung and Bronchus Cancer Incidence Rate	<i>cases/ 100,000 population</i>	57.2	--	64.3	53.1	2017-2021	9

SCORE	WELLNESS & LIFESTYLE	UNITS	DARKE COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
2.12	High Blood Pressure Prevalence	<i>percent</i>	39.9	41.9	--	32.7	2021	3
1.76	Poor Physical Health: 14+ Days	<i>percent</i>	15.3	--	--	12.7	2022	3
1.76	Self-Reported General Health Assessment: Poor or Fair	<i>percent</i>	20.6	--	--	17.9	2022	3
1.68	Adults who Agree Vaccine Benefits Outweigh Possible Risks	<i>Percent</i>	58.5	--	59.8	60.4	2024	6
1.53	Poor Physical Health: Average Number of Days	<i>days</i>	3.9	--	3.6	3.3	2021	7
1.50	Adults who Feel Life is Slipping Out of Control	<i>Percent</i>	24.1	--	24.1	23.9	2024	6
1.32	Life Expectancy	<i>years</i>	75.8	--	75.6	77.6	2019-2021	7
1.18	Self-Reported General Health Assessment: Good or Better	<i>percent</i>	85.5	--	85.4	86.0	2024	6
1.06	Insufficient Sleep	<i>percent</i>	33.7	26.7		36.0	2022	3
0.97	Adults Happy with Weight	<i>Percent</i>	42.6	--	42.1	42.6	2024	6
0.79	Adults who Frequently Cook Meals at Home	<i>Percent</i>	70.4	--	67.6	67.7	2024	6
0.65	Adults Who Frequently Used Quick Service Restaurants: Past 30 Days	<i>Percent</i>	34.3	--	38.1	38.2	2024	6

SCORE	WOMEN'S HEALTH	UNITS	DARKE COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
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2.00	Age-Adjusted Death Rate due to Breast Cancer	<i>deaths/ 100,000 females</i>	20.9	15.3	20.2	19.3	<i>2018-2022</i>	9
1.85	Mammography Screening: Medicare Population	<i>percent</i>	45.0	--	51.0	39.0	<i>2023</i>	5
1.76	Cervical Cancer Screening: 21-65	<i>Percent</i>	80.7	--	--	82.8	<i>2020</i>	3
1.59	Breast Cancer Incidence Rate	<i>cases/ 100,000 females</i>	119.9	--	132.3	129.8	<i>2017-2021</i>	9
1.41	Mammogram in Past 2 Years: 50-74	<i>percent</i>	76.4	80.3	--	76.5	<i>2022</i>	3

TABLE 3: FAYETTE INDICATOR SCORING DATA SOURCE KEY

Key	Data Source
1	American Community Survey 5-Year
2	Annie E. Casey Foundation
3	CDC - PLACES
4	Centers for Disease Control and Prevention
5	Centers for Medicare & Medicaid Services
6	Claritas Consumer Profiles
7	County Health Rankings
8	Feeding America
9	Indiana Department of Correction
10	Indiana Secretary of State
11	Indiana State Department of Health
12	National Cancer Institute
13	National Center for Education Statistics
14	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
15	National Environmental Public Health Tracking Network
16	Purdue Center for Regional Development
17	U.S. Bureau of Labor Statistics
18	U.S. Census - County Business Patterns
19	U.S. Census Bureau - Small Area Health Insurance Estimates
20	U.S. Environmental Protection Agency
21	United For ALICE

TABLE 4: ALL FAYETTE COUNTY SECONDARY DATA INDICATORS

SCORE	ALCOHOL & DRUG USE	UNITS	FAYETTE COUNTY	HP2030	IN	U.S.	MEASUREMENT PERIOD	Source
2.56	Age-Adjusted Drug and Opioid-Involved Overdose Death Rate	<i>Deaths per 100,000 population</i>	89.8	--	29.6	23.5	2018-2020	4
2.56	Death Rate due to Drug Poisoning	<i>deaths/ 100,000 population</i>	88.0	20.7	33.7	27.2	2019-2021	7
2.29	Mothers who Smoked During Pregnancy	<i>percent</i>	15.9	4.3	6.6	3.7	2022	11
1.88	Non-Fatal Emergency Department Visits due to Opioid Overdoses	<i>Rate per 100,000 population</i>	117.2	--	87.0	--	2018	11
1.06	Adults who Binge Drink	<i>percent</i>	15.3	--	--	16.6	2022	3
0.76	Liquor Store Density	<i>stores/ 100,000 population</i>	8.6	--	12.5	10.5	2016	18
0.62	Adults who Drink Excessively	<i>percent</i>	15.7	--	18.2	18.1	2021	7

SCORE	CANCER	UNITS	FAYETTE COUNTY	HP2030	IN	U.S.	MEASUREMENT PERIOD	Source
2.71	Age-Adjusted Death Rate due to Breast Cancer	<i>deaths/ 100,000 females</i>	27.8	15.3	20.3	19.3	2018-2022	12
2.56	Age-Adjusted Death Rate due to Cancer	<i>deaths/ 100,000 population</i>	198.8	122.7	165.0	146.0	2018-2022	12
2.35	Colorectal Cancer Incidence Rate	<i>cases/ 100,000 population</i>	47.3	--	41.1	37.7	2015-2019	12
2.12	Cervical Cancer Screening: 21-65	<i>Percent</i>	78.3	--	--	82.8	2020	3

2.06	Age-Adjusted Death Rate due to Prostate Cancer	<i>deaths/ 100,000 males</i>	22.5	16.9	20.0	19.2	2012-2016	12
1.94	Age-Adjusted Death Rate due to Lung Cancer	<i>deaths/ 100,000 population</i>	49.9	25.1	42.1	32.4	2018-2022	12
1.94	Colon Cancer Screening: USPSTF Recommendation	<i>percent</i>	61.4	--	--	66.3	2022	3
1.94	Mammogram in Past 2 Years: 50-74	<i>percent</i>	72.9	80.3	--	76.5	2022	3
1.88	Lung and Bronchus Cancer Incidence Rate	<i>cases/ 100,000 population</i>	73.0	--	69.2	56.3	2015-2019	12
1.71	Age-Adjusted Death Rate due to Colorectal Cancer	<i>deaths/ 100,000 population</i>	15.6	8.9	14.6	12.9	2018-2022	12
1.59	Adults with Cancer (Non-Skin) or Melanoma	<i>percent</i>	9.1	--	--	8.2	2022	3
1.15	Mammography Screening: Medicare Population	<i>percent</i>	50.0	--	51.0	39.0	2023	5
1.12	All Cancer Incidence Rate	<i>cases/ 100,000 population</i>	426.7	--	456.8	449.4	2015-2019	12
0.76	Breast Cancer Incidence Rate	<i>cases/ 100,000 females</i>	102.8	--	124.3	128.1	2015-2019	12
0.44	Cancer: Medicare Population	<i>percent</i>	9.0	--	12.0	12.0	2023	5
0.44	Oral Cavity and Pharynx Cancer Incidence Rate	<i>cases/ 100,000 population</i>	10.1	--	12.0	11.6	2011-2015	12
0.44	Prostate Cancer Incidence Rate	<i>cases/ 100,000 males</i>	73.0	--	99.9	109.9	2015-2019	12

SCORE	CHILDREN'S HEALTH	UNITS	FAYETTE COUNTY	HP2030	IN	U.S.	MEASUREMENT PERIOD	Source
2.56	Child Mortality Rate: Under 20	<i>deaths/ 100,000 population under 20</i>	76.6	--	61.9	50.6	2018-2021	7
2.53	Child Food Insecurity Rate	<i>percent</i>	22.9	--	18.2	18.5	2022	8

2.29	Child Abuse Rate	<i>cases/ 1,000 children</i>	32.5	--	20.8	--	2017	2
1.85	Blood Lead Levels in Children (>=3.5 micrograms per deciliter)	<i>Percent</i>	2.8	--	1.7	--	2023	11
1.41	Child Care Centers	<i>per 1,000 population under age 5</i>	4.8	--	3.6	7.0	2022	7
0.79	Children with Health Insurance	<i>percent</i>	95.0	--	94.7	--	2022	19
0.59	Food Insecure Children Likely Ineligible for Assistance	<i>percent</i>	18.0	--	30.0	30.0	2022	8

SCORE	COMMUNITY	UNITS	FAYETTE COUNTY	HP2030	IN	U.S.	MEASUREMENT PERIOD	Source
2.71	Total Employment Change	<i>percent</i>	-10.7	--	4.4	5.8	2021-2022	18
2.56	Children in Single-Parent Households	<i>percent</i>	35.5	--	23.8	24.8	2019-2023	1
2.53	Female Population 16+ in Civilian Labor Force	<i>percent</i>	52.3	--	59.2	58.7	2019-2023	1
2.53	Mean Travel Time to Work	<i>minutes</i>	28.0	--	24.0	26.6	2019-2023	1
2.47	People 65+ Living Alone	<i>percent</i>	29.9	--	28.3	26.5	2019-2023	1
2.41	Young Children Living Below Poverty Level	<i>percent</i>	27.3	--	17.9	17.6	2019-2023	1
2.38	Adults With Group Health Insurance	<i>percent</i>	31.0	--	38.1	39.8	2024	6
2.38	Age-Adjusted Death Rate due to Motor Vehicle Traffic Collisions	<i>deaths/ 100,000 population</i>	22.3	10.1	12.0	11.1	2014-2018	4
2.38	Death Rate due to Motor Vehicle Collisions	<i>deaths/ 100,000 population</i>	20.9	--	13.0	12.0	2015-2021	7
2.35	Population 16+ in Civilian Labor Force	<i>percent</i>	54.6	--	61.1	59.8	2019-2023	1

2.35	Workers Commuting by Public Transportation	<i>percent</i>	0.1	5.3	0.7	3.5	<i>2019-2023</i>	1
2.29	Child Abuse Rate	<i>cases/ 1,000 children</i>	32.5	--	20.8	--	<i>2017</i>	2
2.24	People Living Below Poverty Level	<i>percent</i>	16.7	8.0	12.2	12.4	<i>2019-2023</i>	1
2.18	Adults with Internet Access	<i>percent</i>	80.4	--	81.8	81.3	<i>2024</i>	6
2.12	Median Housing Unit Value	<i>dollars</i>	114800	--	201600	303400	<i>2019-2023</i>	1
2.12	Per Capita Income	<i>dollars</i>	29274	--	37178	43289	<i>2019-2023</i>	1
1.94	Median Household Income	<i>dollars</i>	56659	--	70051	78538	<i>2019-2023</i>	1
1.94	People 25+ with a Bachelor's Degree or Higher	<i>percent</i>	16.4	--	28.8	35.0	<i>2019-2023</i>	1
1.94	People 65+ Living Alone (Count)	<i>people</i>	1435	--			<i>2019-2023</i>	1
1.88	Households with a Computer	<i>percent</i>	82.7	--	85.6	86.0	<i>2024</i>	6
1.88	Solo Drivers with a Long Commute	<i>percent</i>	36.8	--	32.2	36.4	<i>2018-2022</i>	7
1.85	Adults Who Vote in Presidential Elections: Always or Sometimes	<i>percent</i>	84.9	--	84.8	85.1	<i>2024</i>	6
1.85	Broadband Quality Score	<i>BQS Score</i>	51.7	--	62.0	50.0	<i>2022</i>	16
1.76	Children Living Below Poverty Level	<i>percent</i>	18.0	--	15.7	16.3	<i>2019-2023</i>	1
1.76	Workers who Drive Alone to Work	<i>percent</i>	82.5	--	77.3	70.2	<i>2019-2023</i>	1
1.71	Voter Turnout: Presidential Election	<i>percent</i>	58.0	58.4	62.0	--	<i>2024</i>	10
1.65	Adults Admitted into Correctional Facilities	<i>adults</i>	58	--	--	--	<i>2023</i>	9
1.65	Average Daily Jail Population	<i>offenders</i>	5	--	--	--	<i>2022</i>	9

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1.59	Households with a Smartphone	<i>percent</i>	85.2	--	88.3	88.2	<i>2024</i>	6
1.59	People 25+ with a High School Diploma or Higher	<i>percent</i>	85.9	--	90.2	89.4	<i>2019-2023</i>	1
1.50	Digital Divide Index	<i>DDI Score</i>	26.5	--	26.5	50.0	<i>2022</i>	16
1.41	Households with an Internet Subscription	<i>percent</i>	84.3	--	88.5	89.9	<i>2019-2023</i>	1
1.41	Households with One or More Types of Computing Devices	<i>percent</i>	91.5	--	93.6	94.8	<i>2019-2023</i>	1
1.41	Persons with an Internet Subscription	<i>percent</i>	88.7	--	90.9	92.0	<i>2019-2023</i>	1
1.41	Social Associations	<i>membership associations/ 10,000 population</i>	12.4	--	11.8	9.1	<i>2021</i>	7
1.35	Workers who Walk to Work	<i>percent</i>	2.1	--	2.0	2.4	<i>2019-2023</i>	1
1.32	Digital Distress		2.0	--			<i>2022</i>	16
1.24	Median Monthly Owner Costs for Households without a Mortgage	<i>dollars</i>	441	--	498	612	<i>2019-2023</i>	1
0.97	Adults With Individual Health Insurance	<i>percent</i>	20.2	--	19.7	20.2	<i>2024</i>	6
0.88	Mortgaged Owners Median Monthly Household Costs	<i>dollars</i>	994	--	1355	1902	<i>2019-2023</i>	1
0.82	Residential Segregation - Black/White	<i>Score</i>	52.8	--	68.3	62.7	<i>2024</i>	7
0.79	Linguistic Isolation	<i>percent</i>	0.5	--	1.9	4.2	<i>2019-2023</i>	1
0.79	Persons with Health Insurance	<i>percent</i>	92.5	92.4	91.8	--	<i>2022</i>	19
0.76	Median Household Gross Rent	<i>dollars</i>	779	--	1020	1348	<i>2019-2023</i>	1

0.29	Alcohol-Impaired Driving Deaths	<i>percent of driving deaths with alcohol involvement</i>	8.3	--	18.3	26.3	2017-2021	7
0.29	Youth not in School or Working	<i>percent</i>	0.0	--	1.6	1.7	2019-2023	1

SCORE	ECONOMY	UNITS	FAYETTE COUNTY	HP2030	IN	U.S.	MEASUREMENT PERIOD	Source
2.71	Food Insecurity Rate	<i>percent</i>	18.0	--	13.9	13.5	2022	8
2.71	Homeowner Vacancy Rate	<i>percent</i>	2.1	--	0.9	1.0	2019-2023	1
2.71	Total Employment Change	<i>percent</i>	-10.7	--	4.4	5.8	2021-2022	18
2.71	Unemployed Workers in Civilian Labor Force	<i>percent</i>	6.6	--	4.2	4.0	November 2024	17
2.65	People 65+ Living Below Poverty Level	<i>percent</i>	10.6	--	8.6	10.4	2019-2023	1
2.56	Gender Pay Gap	<i>cents on the dollar</i>	0.5	--	0.7	0.7	2019-2023	1
2.53	Child Food Insecurity Rate	<i>percent</i>	22.9	--	18.2	18.5	2022	8
2.53	Female Population 16+ in Civilian Labor Force	<i>percent</i>	52.3	--	59.2	58.7	2019-2023	1
2.53	Renters Spending 30% or More of Household Income on Rent	<i>percent</i>	52.5	25.5	47.4	50.4	2019-2023	1
2.53	Students Eligible for the Free Lunch Program	<i>percent</i>	57.7	--	42.4	43.6	2023-2024	13
2.41	Young Children Living Below Poverty Level	<i>percent</i>	27.3	--	17.9	17.6	2019-2023	1
2.38	Families Living Below 200% of Poverty Level	<i>Percent</i>	30.4	--	22.7	22.4	2019-2023	1
2.38	People Living Below 200% of Poverty Level	<i>percent</i>	38.6	--	29.5	28.5	2019-2023	1
2.35	Population 16+ in Civilian Labor Force	<i>percent</i>	54.6	--	61.1	59.8	2019-2023	1

2.24	Households with a 401k Plan	<i>percent</i>	31.7	--	38.8	40.8	<i>2024</i>	6
2.24	People Living Below Poverty Level	<i>percent</i>	16.7	8.0	12.2	12.4	<i>2019-2023</i>	1
2.12	Households that are Asset Limited, Income Constrained, Employed (ALICE)	<i>percent</i>	28.0	--	27.0	--	<i>2022</i>	21
2.12	Median Housing Unit Value	<i>dollars</i>	114800	--	201600	303400	<i>2019-2023</i>	1
2.12	Per Capita Income	<i>dollars</i>	29274	--	37178	43289	<i>2019-2023</i>	1
2.00	Households that are Above the Asset Limited, Income Constrained, Employed (ALICE) Threshold	<i>percent</i>	55.6	--	60.0	--	<i>2022</i>	21
1.94	Families Living Below Poverty Level	<i>percent</i>	11.8	--	8.4	8.7	<i>2019-2023</i>	1
1.94	Median Household Income	<i>dollars</i>	56659	--	70051	78538	<i>2019-2023</i>	1
1.94	People 65+ Living Below Poverty Level (Count)	<i>people</i>	484	--	--	--	<i>2019-2023</i>	1
1.88	Households Living Below Poverty Level	<i>percent</i>	16.4	--	13.0	--	<i>2022</i>	21
1.88	Households with a Savings Account	<i>percent</i>	67.0	--	71.1	72.0	<i>2024</i>	6
1.88	Households with Cash Public Assistance Income	<i>percent</i>	2.5	--	1.9	2.7	<i>2019-2023</i>	1
1.88	Veterans Living Below Poverty Level	<i>percent</i>	7.6	--	6.6	7.2	<i>2019-2023</i>	1
1.85	Adults who Feel Overwhelmed by Financial Burdens	<i>percent</i>	34.9	--	34.6	33.6	<i>2024</i>	6
1.76	Adults with Disability Living in Poverty	<i>percent</i>	28.1	--	25.0	24.6	<i>2019-2023</i>	1
1.76	Children Living Below Poverty Level	<i>percent</i>	18.0	--	15.7	16.3	<i>2019-2023</i>	1
1.24	Median Monthly Owner Costs for Households without a Mortgage	<i>dollars</i>	441	--	498	612	<i>2019-2023</i>	1

1.18	Severe Housing Problems	<i>percent</i>	12.1	--	12.2	16.7	2016-2020	7
1.15	Income Inequality		0.4	--	0.5	0.5	2019-2023	1
0.88	Mortgaged Owners Median Monthly Household Costs	<i>dollars</i>	994	--	1355	1902	2019-2023	1
0.82	Residential Segregation - Black/White	<i>Score</i>	52.8	--	68.3	62.7	2024	7
0.76	Median Household Gross Rent	<i>dollars</i>	779	--	1020	1348	2019-2023	1
0.65	Households with Student Loan Debt	<i>percent</i>	7.1	--	9.5	9.8	2024	6
0.59	Food Insecure Children Likely Ineligible for Assistance	<i>percent</i>	18.0	--	30.0	30.0	2022	8
0.44	Unemployed Veterans	<i>percent</i>	0.0	--	3.1	3.2	2019-2023	1
0.29	Overcrowded Households	<i>percent</i>	1.0	--	1.7	3.4	2019-2023	1
0.29	Youth not in School or Working	<i>percent</i>	0.0	--	1.6	1.7	2019-2023	1
0.18	Households that Used Check Cashing, Cash Advance, or Title Loan Shops	<i>percent</i>	1.8	--	1.9	2.0	2024	6

SCORE	EDUCATION	UNITS	FAYETTE COUNTY	HP2030	IN	U.S.	MEASUREMENT PERIOD	Source
1.94	People 25+ with a Bachelor's Degree or Higher	<i>percent</i>	16.4	--	28.8	35.0	2019-2023	1
1.88	Veterans with a High School Diploma or Higher	<i>percent</i>	92.3	--	94.5	95.2	2019-2023	1
1.59	People 25+ with a High School Diploma or Higher	<i>percent</i>	85.9	--	90.2	89.4	2019-2023	1
1.41	Child Care Centers	<i>per 1,000 population under age 5</i>	4.8	--	3.6	7.0	2022	7

1.41	High School Graduation	<i>percent</i>	91.0	90.7	88.3	86.2	2020-2021	7
1.35	Student-to-Teacher Ratio	<i>students/teacher</i>	15.0	--	15.3	15.2	2023-2024	13

SCORE	ENVIRONMENTAL HEALTH	UNITS	FAYETTE COUNTY	HP2030	IN	U.S.	MEASUREMENT PERIOD	Source
3.00	Houses Built Prior to 1950	<i>percent</i>	37.2	--	21.4	16.4	2019-2023	1
2.29	Adults with Current Asthma	<i>percent</i>	11.8	--		9.9	2022	3
2.18	Food Environment Index		6.9	--	6.8	7.7	2024	7
1.85	Blood Lead Levels in Children (>=3.5 micrograms per deciliter)	<i>Percent</i>	2.8	--	1.7	--	2023	11
1.85	Broadband Quality Score	<i>BQS Score</i>	51.7	--	62.0	50.0	2022	16
1.68	Access to Exercise Opportunities	<i>percent</i>	69.1	--	76.5	84.1	2024	7
1.65	Number of Extreme Heat Days	<i>days</i>	23	--	--	--	2023	15
1.65	Number of Extreme Heat Events	<i>events</i>	19	--	--	--	2023	15
1.65	Weeks of Moderate Drought or Worse	<i>weeks per year</i>	0.0	--	--	--	2021	15
1.59	Access to Parks	<i>percent</i>	30.5	--	42.1	--	2020	15
1.53	Air Pollution due to Particulate Matter	<i>micrograms per cubic meter</i>	8.8	--	8.8	7.4	2019	7
1.50	Asthma: Medicare Population	<i>percent</i>	7.0	--	7.0	7.0	2023	5
1.50	Digital Divide Index	<i>DDI Score</i>	26.5	--	26.5	50.0	2022	16
1.35	Number of Extreme Precipitation Days	<i>days</i>	3	--	--	--	2023	15
1.35	PBT Released	<i>pounds</i>	13957	--	--	--	2023	20
1.18	Severe Housing Problems	<i>percent</i>	12.1	--	12.2	16.7	2016-2020	7

0.76	Liquor Store Density	<i>stores/ 100,000 population</i>	8.6	--	12.5	10.5	2016	18
0.71	Proximity to Highways	<i>percent</i>	0.0	--	5.3		2020	15
0.29	Overcrowded Households	<i>percent</i>	1.0	--	1.7	3.4	2019-2023	1

SCORE	HEALTH CARE ACCESS & QUALITY	UNITS	FAYETTE COUNTY	HP2030	IN	U.S.	MEASUREMENT PERIOD	Source
2.56	Preventable Hospital Stays: Medicare Population	<i>discharges/ 100,000 Medicare enrollees</i>	3724.0	--	3202.0	2769.0	2023	5
2.47	Primary Care Provider Rate	<i>providers/ 100,000 population</i>	42.8	--	65.6	74.9	2021	7
2.38	Adults With Group Health Insurance	<i>percent</i>	31.0	--	38.1	39.8	2024	6
2.35	Dentist Rate	<i>dentists/ 100,000 population</i>	34.3	--	59.5	73.5	2022	7
2.29	Adults who Visited a Dentist	<i>percent</i>	51.3	--	--	63.9	2022	3
2.00	Adults with Health Insurance: 18+	<i>percent</i>	74.6	--	75.0	75.2	2024	6
1.76	Non-Physician Primary Care Provider Rate	<i>providers/ 100,000 population</i>	68.5	--	129.5	131.4	2023	7
1.59	Mental Health Provider Rate	<i>providers/ 100,000 population</i>	102.8	--	199.8	313.9	2023	7
1.50	Adults who go to the Doctor Regularly for Checkups	<i>percent</i>	65.9	--	64.8	65.1	2024	6
1.41	Adults who have had a Routine Checkup	<i>percent</i>	77.5	--		76.1	2022	3
0.97	Adults With Individual Health Insurance	<i>percent</i>	20.2	--	19.7	20.2	2024	6
0.79	Adults with Health Insurance: 18-64	<i>percent</i>	91.6	--	90.6	--	2022	19
0.79	Children with Health Insurance	<i>percent</i>	95.0	--	94.7	--	2022	19
0.79	Persons with Health Insurance	<i>percent</i>	92.5	92.4	91.8	--	2022	19

SCORE	HEART DISEASE & STROKE	UNITS	FAYETTE COUNTY	HP2030	IN	U.S.	MEASUREMENT PERIOD	Source
2.56	Heart Failure: Medicare Population	percent	15.0	--	12.0	11.0	2023	5
2.56	Ischemic Heart Disease: Medicare Population	percent	30.0	--	23.0	21.0	2023	5
2.38	Hypertension: Medicare Population	percent	75.0	--	69.0	65.0	2023	5
2.29	Adults who Experienced a Stroke	percent	5.2	--	--	3.6	2022	3
2.29	Adults who Experienced Coronary Heart Disease	percent	10.2	--	--	6.8	2022	3
2.29	High Cholesterol Prevalence	percent	39.5	--	--	35.5	2021	3
2.15	Age-Adjusted Death Rate due to Heart Attack	deaths/ 100,000 population 35+ years	118.4	--	66.9	--	2021	15
2.12	Cholesterol Test History	percent	80.9	--	--	86.4	2021	3
2.12	High Blood Pressure Prevalence	percent	40.9	41.9	--	32.7	2021	3
1.85	Hyperlipidemia: Medicare Population	percent	69.0	--	67.0	66.0	2023	5
1.50	Atrial Fibrillation: Medicare Population	percent	15.0	--	15.0	14.0	2023	5
1.06	Adults who Have Taken Medications for High Blood Pressure	percent	81.7	--	--	78.2	2021	3
0.97	Stroke: Medicare Population	percent	5.0	--	5.0	6.0	2023	5

SCORE	IMMUNIZATIONS & INFECTIOUS DISEASES	UNITS	FAYETTE COUNTY	HP2030	IN	U.S.	MEASUREMENT PERIOD	Source
2.56	Pneumonia Vaccinations: Medicare Population	percent	4.0	--	10.0	9.0	2023	5
1.68	Adults who Agree Vaccine Benefits Outweigh Possible Risks	Percent	57.5	--	58.8	60.4	2024	6

1.59	Chlamydia Incidence Rate	<i>cases/ 100,000 population</i>	303.9	--	491.0	492.2	2023	14
1.59	Hepatitis C Prevalence	<i>Rate per 100,000 population</i>	158.4	--	70.4	--	2021	11
1.50	Flu Vaccinations: Medicare Population	<i>percent</i>	41.0	--	49.0	3.0	2023	5
0.65	Gonorrhea Incidence Rate	<i>cases/ 100,000 population</i>	34.2	--	144.0	179.5	2023	14
0.29	Overcrowded Households	<i>percent</i>	1.0	--	1.7	3.4	2019-2023	1

SCORE	MATERNAL, FETAL & INFANT HEALTH	UNITS	FAYETTE COUNTY	HP2030	IN	U.S.	MEASUREMENT PERIOD	Source
2.44	Preterm Births (OE)	<i>percent</i>	13.5	9.4	10.9	10.4	2022	11
2.29	Mothers who Smoked During Pregnancy	<i>percent</i>	15.9	4.3	6.6	3.7	2022	11
2.15	Infant Mortality Rate	<i>deaths/ 1,000 live births</i>	13.5	5.0	7.2	5.8	2014-2018	11
2.15	Teen Birth Rate: 15-19	<i>live births/ 1,000 females aged 15-19</i>	36.5	--	17.0	13.9	2021	11
1.62	Mothers who Received Early Prenatal Care	<i>percent</i>	68.7	--	70.9	75.3	2022	11
1.03	Babies with Low Birthweight	<i>percent</i>	7.3	--	8.4	8.5	2021	11

SCORE	MENTAL HEALTH & MENTAL DISORDERS	UNITS	FAYETTE COUNTY	HP2030	IN	U.S.	MEASUREMENT PERIOD	Source
2.53	Poor Mental Health: Average Number of Days	<i>days</i>	5.7	--	5.2	4.8	2021	7
2.38	Depression: Medicare Population	<i>percent</i>	19.0	--	18.0	17.0	2023	5
2.29	Poor Mental Health: 14+ Days	<i>percent</i>	19.7	--	--	15.8	2022	3
2.03	Adults who Feel Life is Slipping Out of Control	<i>Percent</i>	25.0	--	24.6	23.9	2024	6

1.94	Adults Ever Diagnosed with Depression	percent	25.0	--	--	20.7	2022	3
1.88	Self-Reported General Health Assessment: Good or Better	percent	83.5	--	85.6	86.0	2024	6
1.59	Mental Health Provider Rate	providers/ 100,000 population	102.8	--	199.8	313.9	2023	7
0.44	Alzheimer's Disease or Dementia: Medicare Population	percent	4.0	--	5.0	6.0	2023	5

SCORE	NUTRITION & HEALTHY EATING	UNITS	FAYETTE COUNTY	HP2030	IN	U.S.	MEASUREMENT PERIOD	Source
2.18	Food Environment Index		6.9	--	6.8	7.7	2024	7
1.85	Adults who Drank Soft Drinks: Past 7 Days	percent	51.9	--	50.1	47.5	2024	6
1.35	Adults Who Frequently Used Quick Service Restaurants: Past 30 Days	Percent	35.8	--	38.4	38.2	2024	6
1.32	Adults who Frequently Cook Meals at Home	Percent	68.8	--	67.8	67.7	2024	6

SCORE	OLDER ADULTS	UNITS	FAYETTE COUNTY	HP2030	IN	U.S.	MEASUREMENT PERIOD	Source
2.65	People 65+ Living Below Poverty Level	percent	10.6	--	8.6	10.4	2019-2023	1
2.56	Chronic Kidney Disease: Medicare Population	percent	22.0	--	19.0	18.0	2023	5
2.56	Heart Failure: Medicare Population	percent	15.0	--	12.0	11.0	2023	5
2.56	Ischemic Heart Disease: Medicare Population	percent	30.0	--	23.0	21.0	2023	5
2.47	People 65+ Living Alone	percent	29.9	--	28.3	26.5	2019-2023	1

2.38	Depression: Medicare Population	<i>percent</i>	19.0	--	18.0	17.0	2023	5
2.38	Hypertension: Medicare Population	<i>percent</i>	75.0	--	69.0	65.0	2023	5
2.29	Adults 65+ with Total Tooth Loss	<i>percent</i>	20.4	--		12.2	2022	3
2.03	Diabetes: Medicare Population	<i>percent</i>	28.0	--	26.0	24.0	2023	5
1.94	People 65+ Living Alone (Count)	<i>people</i>	1435	--			2019-2023	1
1.94	People 65+ Living Below Poverty Level (Count)	<i>people</i>	484	--			2019-2023	1
1.85	Hyperlipidemia: Medicare Population	<i>percent</i>	69.0	--	67.0	66.0	2023	5
1.68	COPD: Medicare Population	<i>percent</i>	13.0	--	13.0	11.0	2023	5
1.50	Asthma: Medicare Population	<i>percent</i>	7.0	--	7.0	7.0	2023	5
1.50	Atrial Fibrillation: Medicare Population	<i>percent</i>	15.0	--	15.0	14.0	2023	5
1.50	Osteoporosis: Medicare Population	<i>percent</i>	12.0	--	12.0	12.0	2023	5
1.15	Mammography Screening: Medicare Population	<i>percent</i>	50.0	--	51.0	39.0	2023	5
0.97	Stroke: Medicare Population	<i>percent</i>	5.0	--	5.0	6.0	2023	5
0.79	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	<i>percent</i>	33.0	--	37.0	36.0	2023	5
0.44	Alzheimer's Disease or Dementia: Medicare Population	<i>percent</i>	4.0	--	5.0	6.0	2023	5
0.44	Cancer: Medicare Population	<i>percent</i>	9.0	--	12.0	12.0	2023	5
0.44	Prostate Cancer Incidence Rate	<i>cases/ 100,000 males</i>	73.0	--	99.9	109.9	2015-2019	12
SCORE	ORAL HEALTH	UNITS	FAYETTE COUNTY	HP2030	IN	U.S.	MEASUREMENT PERIOD	Source
2.35	Dentist Rate	<i>dentists/ 100,000 population</i>	34.3	--	59.5	73.5	2022	7

2.29	Adults 65+ with Total Tooth Loss	percent	20.4	--	--	12.2	2022	3
2.29	Adults who Visited a Dentist	percent	51.3	--	--	63.9	2022	3
0.44	Oral Cavity and Pharynx Cancer Incidence Rate	cases/ 100,000 population	10.1	--	12.0	11.6	2011-2015	12

SCORE	OTHER CHRONIC CONDITIONS	UNITS	FAYETTE COUNTY	HP2030	IN	U.S.	MEASUREMENT PERIOD	Source
2.56	Chronic Kidney Disease: Medicare Population	percent	22.0	--	19.0	18.0	2023	5
2.12	Adults with Arthritis	percent	33.9	--		26.6	2022	3
1.50	Osteoporosis: Medicare Population	percent	12.0	--	12.0	12.0	2023	5
0.79	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	percent	33.0	--	37.0	36.0	2023	5
SCORE	PHYSICAL ACTIVITY	UNITS	FAYETTE COUNTY	HP2030	IN	U.S.	MEASUREMENT PERIOD	Source
2.18	Adults 20+ who are Sedentary	percent	24.0	--	--	--	2021	4
1.68	Access to Exercise Opportunities	percent	69.1	--	76.5	84.1	2024	7
1.59	Access to Parks	percent	30.5	--	42.1		2020	15
1.35	Adults 20+ Who Are Obese	percent	30.9	36.0	--	--	2021	4
1.35	Workers who Walk to Work	percent	2.1	--	2.0	2.4	2019-2023	1

SCORE	PREVENTION & SAFETY	UNITS	FAYETTE COUNTY	HP2030	IN	U.S.	MEASUREMENT PERIOD	Source
3.00	Age-Adjusted Death Rate due to Unintentional Injuries	deaths/ 100,000 population	130.2	43.2	59.4	51.6	2018-2020	4
2.56	Death Rate due to Drug Poisoning	deaths/ 100,000 population	88.0	20.7	33.7	27.2	2019-2021	7
2.56	Death Rate due to Injuries	deaths/ 100,000 population	150.5	--	90.2	80.0	2017-2021	7

2.38	Death Rate due to Motor Vehicle Collisions	<i>deaths/ 100,000 population</i>	20.9	--	13.0	12.0	2015-2021	7
1.18	Severe Housing Problems	<i>percent</i>	12.1	--	12.2	16.7	2016-2020	7

SCORE	RESPIRATORY DISEASES	UNITS	FAYETTE COUNTY	HP2030	IN	U.S.	MEASUREMENT PERIOD	Source
2.29	Adults who Smoke	<i>percent</i>	25.1	6.1	--	12.9	2022	3
2.29	Adults with COPD	<i>Percent of adults</i>	13.4	--	--	6.8	2022	3
2.29	Adults with Current Asthma	<i>percent</i>	11.8	--	--	9.9	2022	3
1.94	Age-Adjusted Death Rate due to Lung Cancer	<i>deaths/ 100,000 population</i>	49.9	25.1	42.1	32.4	2018-2022	12
1.88	Lung and Bronchus Cancer Incidence Rate	<i>cases/ 100,000 population</i>	73.0	--	69.2	56.3	2015-2019	12
1.85	Adults Who Used Electronic Cigarettes: Past 30 Days	<i>percent</i>	7.5	--	7.3	6.8	2024	6
1.68	COPD: Medicare Population	<i>percent</i>	13.0	--	13.0	11.0	2023	5
1.50	Asthma: Medicare Population	<i>percent</i>	7.0	--	7.0	7.0	2023	5
1.41	Adults Who Used Smokeless Tobacco: Past 30 Days	<i>percent</i>	2.6	--	1.9	1.6	2024	6
0.71	Proximity to Highways	<i>percent</i>	0.0	--	5.3	--	2020	15

SCORE	TOBACCO USE	UNITS	FAYETTE COUNTY	HP2030	IN	U.S.	MEASUREMENT PERIOD	Source
2.29	Adults who Smoke	<i>percent</i>	25.1	6.1	--	12.9	2022	3
1.88	Lung and Bronchus Cancer Incidence Rate	<i>cases/ 100,000 population</i>	73.0	--	69.2	56.3	2015-2019	12

1.85	Adults Who Used Electronic Cigarettes: Past 30 Days	<i>percent</i>	7.5	--	7.3	6.8	2024	6
1.41	Adults Who Used Smokeless Tobacco: Past 30 Days	<i>percent</i>	2.6	--	1.9	1.6	2024	6

SCORE	WELLNESS & LIFESTYLE	UNITS	FAYETTE COUNTY	HP2030	IN	U.S.	MEASUREMENT PERIOD	Source
2.41	Poor Physical Health: Average Number of Days	<i>days</i>	4.4	--	3.5	3.3	2021	7
2.29	Poor Physical Health: 14+ Days	<i>percent</i>	17.6	--	--	12.7	2022	3
2.29	Self-Reported General Health Assessment: Poor or Fair	<i>percent</i>	26.6	--	--	17.9	2022	3
2.21	Life Expectancy	<i>years</i>	71.8	--	75.6	77.6	2019-2021	7
2.12	High Blood Pressure Prevalence	<i>percent</i>	40.9	41.9	--	32.7	2021	3
2.03	Adults Happy with Weight	<i>Percent</i>	41.4	--	41.7	42.6	2024	6
2.03	Adults who Feel Life is Slipping Out of Control	<i>Percent</i>	25.0	--	24.6	23.9	2024	6
1.88	Self-Reported General Health Assessment: Good or Better	<i>percent</i>	83.5	--	85.6	86.0	2024	6
1.68	Adults who Agree Vaccine Benefits Outweigh Possible Risks	<i>Percent</i>	57.5	--	58.8	60.4	2024	6
1.35	Adults Who Frequently Used Quick Service Restaurants: Past 30 Days	<i>Percent</i>	35.8	--	38.4	38.2	2024	6
1.32	Adults who Frequently Cook Meals at Home	<i>Percent</i>	68.8	--	67.8	67.7	2024	6
1.24	Insufficient Sleep	<i>percent</i>	35.6	26.7	--	36.0	2022	3

SCORE	WOMEN'S HEALTH	UNITS	FAYETTE COUNTY	HP2030	IN	U.S.	MEASUREMENT PERIOD	Source
2.71	Age-Adjusted Death Rate due to Breast Cancer	<i>deaths/ 100,000 females</i>	27.8	15.3	20.3	19.3	2018-2022	12

2.12	Cervical Cancer Screening: 21-65	<i>Percent</i>	78.3	--	--	82.8	2020	3
1.94	Mammogram in Past 2 Years: 50-74	<i>percent</i>	72.9	80.3	--	76.5	2022	3
1.15	Mammography Screening: Medicare Population	<i>percent</i>	50.0	--	51.0	39.0	2023	5
0.76	Breast Cancer Incidence Rate	<i>cases/ 100,000 females</i>	102.8	--	124.3	128.1	2015-2019	12

TABLE 5: FRANKLIN INDICATOR SCORING DATA SOURCE KEY

Key	Data Source
1	American Community Survey 5-Year
2	Annie E. Casey Foundation
3	CDC - PLACES
4	Centers for Disease Control and Prevention
5	Centers for Medicare & Medicaid Services
6	Claritas Consumer Profiles
7	County Health Rankings
8	Feeding America
9	Indiana Department of Correction
10	Indiana Secretary of State
11	Indiana State Department of Health
12	National Cancer Institute
13	National Center for Education Statistics
14	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
15	National Environmental Public Health Tracking Network
16	Purdue Center for Regional Development
17	U.S. Bureau of Labor Statistics
18	U.S. Census - County Business Patterns
19	U.S. Census Bureau - Small Area Health Insurance Estimates
20	U.S. Environmental Protection Agency
21	United For ALICE

TABLE 6: ALL FRANKLIN COUNTY SECONDARY DATA INDICATORS

SCORE	ALCOHOL & DRUG USE	UNITS	FRANKLIN COUNTY	HP2030	IN	U.S.	MEASUREMENT PERIOD	Source
2.56	Age-Adjusted Drug and Opioid-Involved Overdose Death Rate	<i>Deaths per 100,000 population</i>	44.5	--	29.6	23.5	2018-2020	4
2.24	Liquor Store Density	<i>stores/ 100,000 population</i>	17.3	--	12.9	10.9	2022	18
2.03	Death Rate due to Drug Poisoning	<i>deaths/ 100,000 population</i>	35.1	20.7	33.7	27.2	2019-2021	7
1.94	Mothers who Smoked During Pregnancy	<i>percent</i>	8.8	4.3	6.6	3.7	2022	11
1.82	Alcohol-Impaired Driving Deaths	<i>percent of driving deaths with alcohol involvement</i>	21.1	--	18.3	26.3	2017-2021	7
1.41	Adults who Binge Drink	<i>percent</i>	16.3	--	--	16.6	2022	3
1.35	Adults who Drink Excessively	<i>percent</i>	17.0	--	18.2	18.1	2021	7

SCORE	CANCER	UNITS	FRANKLIN COUNTY	HP2030	IN	U.S.	MEASUREMENT PERIOD	Source
2.71	Oral Cavity and Pharynx Cancer Incidence Rate	<i>cases/ 100,000 population</i>	16.3	--	12.7	12.0	2015-2019	12
2.41	Age-Adjusted Death Rate due to Prostate Cancer	<i>deaths/ 100,000 males</i>	27.3	16.9	20.4	19.0	2018-2022	12
2.21	Age-Adjusted Death Rate due to Breast Cancer	<i>deaths/ 100,000 females</i>	22.5	15.3	20.3	19.3	2018-2022	12
2.12	Adults with Cancer (Non-Skin) or Melanoma	<i>percent</i>	9.7	--	--	8.2	2022	3

2.00	Age-Adjusted Death Rate due to Colorectal Cancer	<i>deaths/ 100,000 population</i>	14.8	8.9	14.6	12.9	2018-2022	12
1.88	Age-Adjusted Death Rate due to Cancer	<i>deaths/ 100,000 population</i>	173.4	122.7	165.0	146.0	2018-2022	12
1.59	Cervical Cancer Screening: 21-65	<i>Percent</i>	80.9	--	--	82.8	2020	3
1.50	Cancer: Medicare Population	<i>percent</i>	12.0	--	12.0	12.0	2023	5
1.18	Age-Adjusted Death Rate due to Lung Cancer	<i>deaths/ 100,000 population</i>	39.1	25.1	42.1	32.4	2018-2022	12
1.18	Breast Cancer Incidence Rate	<i>cases/ 100,000 females</i>	121.1	--	124.3	128.1	2015-2019	12
1.06	Colon Cancer Screening: USPSTF Recommendation	<i>percent</i>	67.7	--	--	66.3	2022	3
0.88	Mammogram in Past 2 Years: 50-74	<i>percent</i>	78.2	80.3	--	76.5	2022	3
0.79	Mammography Screening: Medicare Population	<i>percent</i>	52.0	--	51.0	39.0	2023	5
0.71	Colorectal Cancer Incidence Rate	<i>cases/ 100,000 population</i>	37.8	--	41.1	37.7	2015-2019	12
0.35	Lung and Bronchus Cancer Incidence Rate	<i>cases/ 100,000 population</i>	54.6	--	69.2	56.3	2015-2019	12
0.29	Prostate Cancer Incidence Rate	<i>cases/ 100,000 males</i>	77.8	--	99.9	109.9	2015-2019	12
0.00	All Cancer Incidence Rate	<i>cases/ 100,000 population</i>	400.5	--	456.8	449.4	2015-2019	12

SCORE	CHILDREN'S HEALTH	UNITS	FRANKLIN COUNTY	HP2030	IN	U.S.	MEASUREMENT PERIOD	Source
2.38	Food Insecure Children Likely Ineligible for Assistance	<i>percent</i>	36.0	--	30.0	30.0	2022	8
2.29	Child Care Centers	<i>per 1,000 population under age 5</i>	0.8	--	3.6	7.0	2022	7

1.82	Child Abuse Rate	<i>cases/ 1,000 children</i>	25.0	--	20.8	--	2017	2
1.32	Children with Health Insurance	<i>percent</i>	94.5	--	94.7	--	2022	19
0.79	Child Mortality Rate: Under 20	<i>deaths/ 100,000 population under 20</i>	48.1	--	61.9	50.6	2018-2021	7
0.29	Child Food Insecurity Rate	<i>percent</i>	13.3	--	18.2	18.5	2022	8
2.38	Food Insecure Children Likely Ineligible for Assistance	<i>percent</i>	36.0	--	30.0	30.0	2022	8

SCORE	COMMUNITY	UNITS	FRANKLIN COUNTY	HP2030	IN	U.S.	MEASUREMENT PERIOD	Source
3.00	People 65+ Living Alone	<i>percent</i>	32.3	--	28.3	26.5	2019-2023	1
3.00	Solo Drivers with a Long Commute	<i>percent</i>	51.2	--	32.2	36.4	2018-2022	7
2.71	Mean Travel Time to Work	<i>minutes</i>	34.1	--	24.0	26.6	2019-2023	1
2.71	Social Associations	<i>membership associations/ 10,000 population</i>	5.3	--	11.8	9.1	2021	7
2.71	Total Employment Change	<i>percent</i>	-18.5	--	4.4	5.8	2021-2022	18
2.56	Broadband Quality Score	<i>BQS Score</i>	37.0	--	62.0	50.0	2022	16
2.35	Workers Commuting by Public Transportation	<i>percent</i>	0.0	5.3	0.7	3.5	2019-2023	1
2.29	Mortgaged Owners Median Monthly Household Costs	<i>dollars</i>	1539	--	1355	1902	2019-2023	1
2.18	People 25+ with a Bachelor's Degree or Higher	<i>percent</i>	19.5	--	28.8	35.0	2019-2023	1

2.06	Youth not in School or Working	<i>percent</i>	2.5	--	1.6	1.7	<i>2019-2023</i>	1
2.03	Digital Distress		3.0	--	--	--	<i>2022</i>	16
1.94	People 65+ Living Alone (Count)	<i>people</i>	1459	--	--	--	<i>2019-2023</i>	1
1.85	Adults With Individual Health Insurance	<i>percent</i>	19.7	--	19.7	20.2	<i>2024</i>	6
1.82	Alcohol-Impaired Driving Deaths	<i>percent of driving deaths with alcohol involvement</i>	21.1	--	18.3	26.3	<i>2017-2021</i>	7
1.82	Child Abuse Rate	<i>cases/ 1,000 children</i>	25.0	--	20.8		<i>2017</i>	2
1.82	Female Population 16+ in Civilian Labor Force	<i>percent</i>	55.1	--	59.2	58.7	<i>2019-2023</i>	1
1.71	People 25+ with a High School Diploma or Higher	<i>percent</i>	88.7	--	90.2	89.4	<i>2019-2023</i>	1
1.65	Adults Admitted into Correctional Facilities	<i>adults</i>	20	--			<i>2023</i>	9
1.59	Households with an Internet Subscription	<i>percent</i>	83.1	--	88.5	89.9	<i>2019-2023</i>	1
1.59	Households with One or More Types of Computing Devices	<i>percent</i>	90.1	--	93.6	94.8	<i>2019-2023</i>	1
1.59	Median Monthly Owner Costs for Households without a Mortgage	<i>dollars</i>	483	--	498	612	<i>2019-2023</i>	1
1.50	Death Rate due to Motor Vehicle Collisions	<i>deaths/ 100,000 population</i>	13.2	--	13.0	12.0	<i>2015-2021</i>	7
1.41	Workers who Drive Alone to Work	<i>percent</i>	78.3	--	77.3	70.2	<i>2019-2023</i>	1
1.35	Juveniles Admitted into Correctional Facilities	<i>juveniles</i>	0	--	--	--	<i>2023</i>	9
1.29	Population 16+ in Civilian Labor Force	<i>percent</i>	60.8	--	61.1	59.8	<i>2019-2023</i>	1
1.24	Median Household Gross Rent	<i>dollars</i>	803	--	1020	1348	<i>2019-2023</i>	1
1.06	Persons with an Internet Subscription	<i>percent</i>	89.7	--	90.9	92.0	<i>2019-2023</i>	1

1.00	Voter Turnout: Presidential Election	<i>percent</i>	68.0	58.4	62.0	--	2024	10
0.97	Digital Divide Index	<i>DDI Score</i>	21.7	--	26.5	50.0	2022	16
0.94	Adults with Internet Access	<i>percent</i>	85.4	--	81.8	81.3	2024	6
0.88	Per Capita Income	<i>dollars</i>	38014	--	37178	43289	2019-2023	1
0.82	Workers who Walk to Work	<i>percent</i>	2.4	--	2.0	2.4	2019-2023	1
0.79	Adults Who Vote in Presidential Elections: Always or Sometimes	<i>percent</i>	88.1	--	84.8	85.1	2024	6
0.79	Persons with Health Insurance	<i>percent</i>	92.7	92.4	91.8	--	2022	19
0.71	Median Housing Unit Value	<i>dollars</i>	236700	--	201600	303400	2019-2023	1
0.65	Households with a Computer	<i>percent</i>	87.2	--	85.6	86.0	2024	6
0.65	Linguistic Isolation	<i>percent</i>	0.5	--	1.9	4.2	2019-2023	1
0.62	Adults With Group Health Insurance	<i>percent</i>	42.3	--	38.1	39.8	2024	6
0.62	Children Living Below Poverty Level	<i>percent</i>	10.9	--	15.7	16.3	2019-2023	1
0.59	People Living Below Poverty Level	<i>percent</i>	8.5	8.0	12.2	12.4	2019-2023	1
0.35	Households with a Smartphone	<i>percent</i>	89.0	--	88.3	88.2	2024	6
0.29	Young Children Living Below Poverty Level	<i>percent</i>	9.5	--	17.9	17.6	2019-2023	1
0.18	Median Household Income	<i>dollars</i>	79702	--	70051	78538	2019-2023	1
0.00	Children in Single-Parent Households	<i>percent</i>	10.9	--	23.8	24.8	2019-2023	1

SCORE	ECONOMY	UNITS	FRANKLIN COUNTY	HP2030	IN	U.S.	MEASUREMENT PERIOD	Source
2.71	Total Employment Change	<i>percent</i>	-18.5	--	4.4	5.8	2021-2022	18
2.38	Food Insecure Children Likely Ineligible for Assistance	<i>percent</i>	36.0	--	30.0	30.0	2022	8
2.29	Mortgaged Owners Median Monthly Household Costs	<i>dollars</i>	1539	--	1355	1902	2019-2023	1
2.06	Youth not in School or Working	<i>percent</i>	2.5	--	1.6	1.7	2019-2023	1
1.94	Size of Labor Force	<i>persons</i>	10600	--	--	--	November 2024	17
1.82	Female Population 16+ in Civilian Labor Force	<i>percent</i>	55.1	--	59.2	58.7	2019-2023	1
1.82	Unemployed Workers in Civilian Labor Force	<i>percent</i>	4.2	--	4.2	4.0	November 2024	17
1.65	People 65+ Living Below Poverty Level (Count)	<i>people</i>	421	--			2019-2023	1
1.59	Median Monthly Owner Costs for Households without a Mortgage	<i>dollars</i>	483	--	498	612	2019-2023	1
1.53	Overcrowded Households	<i>percent</i>	2.1	--	1.7	3.4	2019-2023	1
1.50	People 65+ Living Below Poverty Level	<i>percent</i>	9.4	--	8.6	10.4	2019-2023	1
1.47	Households that are Asset Limited, Income Constrained, Employed (ALICE)	<i>percent</i>	25.5	--	27.0	--	2022	21
1.29	Population 16+ in Civilian Labor Force	<i>percent</i>	60.8	--	61.1	59.8	2019-2023	1
1.24	Median Household Gross Rent	<i>dollars</i>	803	--	1020	1348	2019-2023	1
1.24	Renters Spending 30% or More of Household Income on Rent	<i>percent</i>	39.0	25.5	47.4	50.4	2019-2023	1

1.18	Gender Pay Gap	<i>cents on the dollar</i>	0.7	--	0.7	0.7	<i>2019-2023</i>	1
1.00	Households with Student Loan Debt	<i>percent</i>	8.4	--	9.5	9.8	<i>2024</i>	6
0.97	Adults who Feel Overwhelmed by Financial Burdens	<i>percent</i>	33.5	--	34.6	33.6	<i>2024</i>	6
0.88	Per Capita Income	<i>dollars</i>	38014	--	37178	43289	<i>2019-2023</i>	1
0.82	Households Living Below Poverty Level	<i>percent</i>	7.7	--	13.0		<i>2022</i>	21
0.82	Households that are Above the Asset Limited, Income Constrained, Employed (ALICE) Threshold	<i>percent</i>	66.8	--	60.0		<i>2022</i>	21
0.71	Median Housing Unit Value	<i>dollars</i>	236700	--	201600	303400	<i>2019-2023</i>	1
0.65	Households that Used Check Cashing, Cash Advance, or Title Loan Shops	<i>percent</i>	1.8	--	1.9	2.0	<i>2024</i>	6
0.65	Households with a 401k Plan	<i>percent</i>	41.8	--	38.8	40.8	<i>2024</i>	6
0.62	Children Living Below Poverty Level	<i>percent</i>	10.9	--	15.7	16.3	<i>2019-2023</i>	1
0.62	Income Inequality		0.4	--	0.5	0.5	<i>2019-2023</i>	1
0.59	Adults with Disability Living in Poverty	<i>percent</i>	16.7	--	25.0	24.6	<i>2019-2023</i>	1
0.59	People Living Below Poverty Level	<i>percent</i>	8.5	8.0	12.2	12.4	<i>2019-2023</i>	1
0.59	Veterans Living Below Poverty Level	<i>percent</i>	1.9	--	6.6	7.2	<i>2019-2023</i>	1
0.44	Families Living Below 200% of Poverty Level	<i>Percent</i>	18.7	--	22.7	22.4	<i>2019-2023</i>	1
0.44	Food Insecurity Rate	<i>percent</i>	11.9	--	13.9	13.5	<i>2022</i>	8
0.44	People Living Below 200% of Poverty Level	<i>percent</i>	24.3	--	29.5	28.5	<i>2019-2023</i>	1
0.44	Students Eligible for the Free Lunch Program	<i>percent</i>	31.5	--	42.4	43.6	<i>2023-2024</i>	13

0.44	Unemployed Veterans	<i>percent</i>	0.0	--	3.1	3.2	<i>2019-2023</i>	1
0.35	Households with a Savings Account	<i>percent</i>	74.4	--	71.1	72.0	<i>2024</i>	6
0.29	Child Food Insecurity Rate	<i>percent</i>	13.3	--	18.2	18.5	<i>2022</i>	8
0.29	Families Living Below Poverty Level	<i>percent</i>	5.1	--	8.4	8.7	<i>2019-2023</i>	1
0.29	Households with Cash Public Assistance Income	<i>percent</i>	1.2	--	1.9	2.7	<i>2019-2023</i>	1
0.29	Severe Housing Problems	<i>percent</i>	7.2	--	12.2	16.7	<i>2016-2020</i>	7
0.29	Young Children Living Below Poverty Level	<i>percent</i>	9.5	--	17.9	17.6	<i>2019-2023</i>	1
0.18	Median Household Income	<i>dollars</i>	79702	--	70051	78538	<i>2019-2023</i>	1
0.00	Homeowner Vacancy Rate	<i>percent</i>	0.5	--	0.9	1.0	<i>2019-2023</i>	1

SCORE	EDUCATION	UNITS	FRANKLIN COUNTY	HP2030	IN	U.S.	MEASUREMENT PERIOD	Source
2.65	Veterans with a High School Diploma or Higher	<i>percent</i>	89.5	--	94.5	95.2	<i>2019-2023</i>	1
2.29	Child Care Centers	<i>per 1,000 population under age 5</i>	0.8	--	3.6	7.0	<i>2022</i>	7
2.18	People 25+ with a Bachelor's Degree or Higher	<i>percent</i>	19.5	--	28.8	35.0	<i>2019-2023</i>	1
1.71	People 25+ with a High School Diploma or Higher	<i>percent</i>	88.7	--	90.2	89.4	<i>2019-2023</i>	1
1.50	Student-to-Teacher Ratio	<i>students/ teacher</i>	15.0	--	15.3	15.2	<i>2023-2024</i>	13
0.71	High School Graduation	<i>percent</i>	97.5	90.7	88.3	86.2	<i>2020-2021</i>	7

SCORE	ENVIRONMENTAL HEALTH	UNITS	FRANKLIN COUNTY	HP2030	IN	U.S.	MEASUREMENT PERIOD	Source
2.56	Access to Exercise Opportunities	percent	43.0	--	76.5	84.1	2024	7
2.56	Broadband Quality Score	BQS Score	37.0	--	62.0	50.0	2022	16
2.24	Liquor Store Density	stores/ 100,000 population	17.3	--	12.9	10.9	2022	18
2.06	Air Pollution due to Particulate Matter	micrograms per cubic meter	9.1	--	8.8	7.4	2019	7
1.94	Access to Parks	percent	15.4	--	42.1	--	2020	15
1.94	PBT Released	pounds	158	--	--	--	2023	20
1.65	Number of Extreme Heat Days	days	22	--	--	--	2023	15
1.65	Number of Extreme Heat Events	events	18	--	--	--	2023	15
1.65	Recognized Carcinogens Released into Air	pounds	12	--	--	--	2023	20
1.53	Overcrowded Households	percent	2.1	--	1.7	3.4	2019-2023	1
1.35	Weeks of Moderate Drought or Worse	weeks per year	0.0	--	--	--	2021	15
1.24	Adults with Current Asthma	percent	10.6	--	--	9.9	2022	3
1.06	Houses Built Prior to 1950	percent	19.0	--	21.4	16.4	2019-2023	1
1.06	Number of Extreme Precipitation Days	days	3	--	--	--	2023	15
1.06	Proximity to Highways	percent	2.4	--	5.3	--	2020	15
0.97	Digital Divide Index	DDI Score	21.7	--	26.5	50.0	2022	16
0.79	Asthma: Medicare Population	percent	6.0	--	7.0	7.0	2023	5
0.29	Food Environment Index		8.7	--	6.8	7.7	2024	7
0.29	Severe Housing Problems	percent	7.2	--	12.2	16.7	2016-2020	7

SCORE	HEALTH CARE ACCESS & QUALITY	UNITS	FRANKLIN COUNTY	HP2030	IN	U.S.	MEASUREMENT PERIOD	Source
2.71	Mental Health Provider Rate	<i>providers/ 100,000 population</i>	30.4	--	199.8	313.9	2023	7
2.41	Non-Physician Primary Care Provider Rate	<i>providers/ 100,000 population</i>	47.8	--	129.5	131.4	2023	7
1.85	Adults With Individual Health Insurance	<i>percent</i>	19.7	--	19.7	20.2	2024	6
1.32	Children with Health Insurance	<i>percent</i>	94.5	--	94.7		2022	19
1.29	Primary Care Provider Rate	<i>providers/ 100,000 population</i>	70.0	--	65.6	74.9	2021	7
0.94	Adults with Health Insurance: 18+	<i>percent</i>	80.2	--	75.0	75.2	2024	6
0.88	Adults who have had a Routine Checkup	<i>percent</i>	79.0	--	--	76.1	2022	3
0.88	Adults who Visited a Dentist	<i>percent</i>	64.8	--	--	63.9	2022	3
0.79	Adults who go to the Doctor Regularly for Checkups	<i>percent</i>	69.6	--	64.8	65.1	2024	6
0.79	Dentist Rate	<i>dentists/ 100,000 population</i>	69.5	--	59.5	73.5	2022	7
0.79	Persons with Health Insurance	<i>percent</i>	92.7	92.4	91.8		2022	19
0.62	Adults With Group Health Insurance	<i>percent</i>	42.3	--	38.1	39.8	2024	6
0.62	Adults with Health Insurance: 18-64	<i>percent</i>	92.0	--	90.6	--	2022	19
0.62	Preventable Hospital Stays: Medicare Population	<i>discharges/ 100,000 Medicare enrollees</i>	2392.0	--	3202.0	2769.0	2023	5

SCORE	HEART DISEASE & STROKE	UNITS	FRANKLIN COUNTY	HP2030	IN	U.S.	MEASUREMENT PERIOD	Source
2.03	Heart Failure: Medicare Population	<i>percent</i>	13.0	--	12.0	11.0	2023	5
1.59	Adults who Experienced Coronary Heart Disease	<i>percent</i>	8.0	--	--	6.8	2022	3

1.59	High Blood Pressure Prevalence	<i>percent</i>	36.4	41.9	--	32.7	<i>2021</i>	3
1.50	Hypertension: Medicare Population	<i>percent</i>	69.0	--	69.0	65.0	<i>2023</i>	5
1.50	Ischemic Heart Disease: Medicare Population	<i>percent</i>	22.0	--	23.0	21.0	<i>2023</i>	5
1.41	Adults who Experienced a Stroke	<i>percent</i>	3.7	--	--	3.6	<i>2022</i>	3
1.41	High Cholesterol Prevalence	<i>percent</i>	35.7	--	--	35.5	<i>2021</i>	3
1.32	Hyperlipidemia: Medicare Population	<i>percent</i>	66.0	--	67.0	66.0	<i>2023</i>	5
1.24	Adults who Have Taken Medications for High Blood Pressure	<i>percent</i>	81.6	--	--	78.2	<i>2021</i>	3
1.24	Cholesterol Test History	<i>percent</i>	84.8	--	--	86.4	<i>2021</i>	3
1.21	Age-Adjusted Death Rate due to Heart Attack	<i>deaths/ 100,000 population 35+ years</i>	59.8	--	66.9		<i>2021</i>	15
0.97	Atrial Fibrillation: Medicare Population	<i>percent</i>	14.0	--	15.0	14.0	<i>2023</i>	5
0.44	Stroke: Medicare Population	<i>percent</i>	4.0	--	5.0	6.0	<i>2023</i>	5

SCORE	IMMUNIZATIONS & INFECTIOUS DISEASES	UNITS	FRANKLIN COUNTY	HP2030	IN	U.S.	MEASUREMENT PERIOD	Source
2.38	Pneumonia Vaccinations: Medicare Population	<i>percent</i>	6.0	--	10.0	9.0	<i>2023</i>	5
1.82	Hepatitis C Prevalence	<i>Rate per 100,000 population</i>	96.7	--	90.0	--	<i>2019</i>	11
1.53	Overcrowded Households	<i>percent</i>	2.1	--	1.7	3.4	<i>2019-2023</i>	1
1.32	Flu Vaccinations: Medicare Population	<i>percent</i>	45.0	--	49.0	3.0	<i>2023</i>	5
1.15	Adults who Agree Vaccine Benefits Outweigh Possible Risks	<i>Percent</i>	59.1	--	58.8	60.4	<i>2024</i>	6
0.59	Chlamydia Incidence Rate	<i>cases/ 100,000 population</i>	108.2	--	491.0	492.2	<i>2023</i>	14

0.00	Gonorrhea Incidence Rate	cases/ 100,000 population	8.7	--	144.0	179.5	2023	14
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SCORE	MATERNAL, FETAL & INFANT HEALTH	UNITS	FRANKLIN COUNTY	HP2030	IN	U.S.	MEASUREMENT PERIOD	Source
2.44	Teen Birth Rate: 15-19	live births/ 1,000 females aged 15-19	35.7	--	22.8	18.8	2017	11
2.26	Mothers who Received Early Prenatal Care	percent	67.6	--	70.9	75.3	2022	11
2.15	Babies with Low Birthweight	percent	11.0	--	8.2	8.3	2019	11
1.94	Mothers who Smoked During Pregnancy	percent	8.8	4.3	6.6	3.7	2022	11
0.56	Preterm Births (OE)	percent	9.4	9.4	10.9	10.5	2021	11

SCORE	MENTAL HEALTH & MENTAL DISORDERS	UNITS	FRANKLIN COUNTY	HP2030	IN	U.S.	MEASUREMENT PERIOD	Source
2.71	Mental Health Provider Rate	providers/ 100,000 population	30.4	--	199.8	313.9	2023	7
1.76	Adults Ever Diagnosed with Depression	percent	24.1	--		20.7	2022	3
1.68	Depression: Medicare Population	percent	18.0	--	18.0	17.0	2023	5
1.29	Poor Mental Health: Average Number of Days	days	5.1	--	5.2	4.8	2021	7
1.24	Poor Mental Health: 14+ Days	percent	16.1	--	--	15.8	2022	3
0.97	Adults who Feel Life is Slipping Out of Control	Percent	23.2	--	24.6	23.9	2024	6
0.79	Alzheimer's Disease or Dementia: Medicare Population	percent	5.0	--	5.0	6.0	2023	5
0.35	Self-Reported General Health Assessment: Good or Better	percent	87.0	--	85.6	86.0	2024	6

SCORE	NUTRITION & HEALTHY EATING	UNITS	FRANKLIN COUNTY	HP2030	IN	U.S.	MEASUREMENT PERIOD	Source
1.50	Adults who Drank Soft Drinks: Past 7 Days	<i>percent</i>	51.1	--	50.1	47.5	2024	6
0.79	Adults who Frequently Cook Meals at Home	<i>Percent</i>	71.6	--	67.8	67.7	2024	6
0.29	Food Environment Index		8.7	--	6.8	7.7	2024	7
0.18	Adults Who Frequently Used Quick Service Restaurants: Past 30 Days	<i>Percent</i>	34.0	--	38.4	38.2	2024	6

SCORE	OLDER ADULTS	UNITS	FRANKLIN COUNTY	HP2030	IN	U.S.	MEASUREMENT PERIOD	Source
3.00	People 65+ Living Alone	<i>percent</i>	32.3	--	28.3	26.5	2019-2023	1
2.03	Heart Failure: Medicare Population	<i>percent</i>	13.0	--	12.0	11.0	2023	5
1.94	Adults 65+ with Total Tooth Loss	<i>percent</i>	17.8	--		12.2	2022	3
1.94	People 65+ Living Alone (Count)	<i>people</i>	1459				2019-2023	1
1.68	COPD: Medicare Population	<i>percent</i>	13.0	--	13.0	11.0	2023	5
1.68	Depression: Medicare Population	<i>percent</i>	18.0	--	18.0	17.0	2023	5
1.65	People 65+ Living Below Poverty Level (Count)	<i>people</i>	421	--	--	--	2019-2023	1
1.50	Cancer: Medicare Population	<i>percent</i>	12.0	--	12.0	12.0	2023	5
1.50	Hypertension: Medicare Population	<i>percent</i>	69.0	--	69.0	65.0	2023	5
1.50	Ischemic Heart Disease: Medicare Population	<i>percent</i>	22.0	--	23.0	21.0	2023	5
1.50	People 65+ Living Below Poverty Level	<i>percent</i>	9.4	--	8.6	10.4	2019-2023	1
1.32	Chronic Kidney Disease: Medicare Population	<i>percent</i>	18.0	--	19.0	18.0	2023	5

1.32	Hyperlipidemia: Medicare Population	<i>percent</i>	66.0	--	67.0	66.0	2023	5
0.97	Atrial Fibrillation: Medicare Population	<i>percent</i>	14.0	--	15.0	14.0	2023	5
0.97	Diabetes: Medicare Population	<i>percent</i>	24.0	--	26.0	24.0	2023	5
0.79	Alzheimer's Disease or Dementia: Medicare Population	<i>percent</i>	5.0	--	5.0	6.0	2023	5
0.79	Asthma: Medicare Population	<i>percent</i>	6.0	--	7.0	7.0	2023	5
0.79	Mammography Screening: Medicare Population	<i>percent</i>	52.0	--	51.0	39.0	2023	5
0.79	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	<i>percent</i>	33.0	--	37.0	36.0	2023	5
0.62	Osteoporosis: Medicare Population	<i>percent</i>	10.0	--	12.0	12.0	2023	5
0.44	Stroke: Medicare Population	<i>percent</i>	4.0	--	5.0	6.0	2023	5
0.29	Prostate Cancer Incidence Rate	<i>cases/ 100,000 males</i>	77.8	--	99.9	109.9	2015-2019	12

SCORE	ORAL HEALTH	UNITS	FRANKLIN COUNTY	HP2030	IN	U.S.	MEASUREMENT PERIOD	Source
2.71	Oral Cavity and Pharynx Cancer Incidence Rate	<i>cases/ 100,000 population</i>	16.3	--	12.7	12.0	2015-2019	12
1.94	Adults 65+ with Total Tooth Loss	<i>percent</i>	17.8	--	--	12.2	2022	3
0.88	Adults who Visited a Dentist	<i>percent</i>	64.8	--	--	63.9	2022	3
0.79	Dentist Rate	<i>dentists/ 100,000 population</i>	69.5	--	59.5	73.5	2022	7

SCORE	OTHER CHRONIC CONDITIONS	UNITS	FRANKLIN COUNTY	HP2030	IN	U.S.	MEASUREMENT PERIOD	Source

1.59	Adults with Arthritis	<i>percent</i>	31.0	--	--	26.6	2022	3
1.32	Chronic Kidney Disease: Medicare Population	<i>percent</i>	18.0	--	19.0	18.0	2023	5
0.79	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	<i>percent</i>	33.0	--	37.0	36.0	2023	5
0.62	Osteoporosis: Medicare Population	<i>percent</i>	10.0	--	12.0	12.0	2023	5
SCORE	PHYSICAL ACTIVITY	UNITS	FRANKLIN COUNTY	HP2030	IN	U.S.	MEASUREMENT PERIOD	Source
2.56	Access to Exercise Opportunities	<i>percent</i>	43.0	--	76.5	84.1	2024	7
1.94	Access to Parks	<i>percent</i>	15.4	--	42.1		2020	15
0.82	Workers who Walk to Work	<i>percent</i>	2.4	--	2.0	2.4	2019-2023	1
0.71	Adults 20+ Who Are Obese	<i>percent</i>	23.4	36.0	--	--	2021	4
0.71	Adults 20+ who are Sedentary	<i>percent</i>	17.6	--	--	--	2021	4

SCORE	PREVENTION & SAFETY	UNITS	FRANKLIN COUNTY	HP2030	IN	U.S.	MEASUREMENT PERIOD	Source
3.00	Age-Adjusted Death Rate due to Unintentional Injuries	<i>deaths/ 100,000 population</i>	84.3	43.2	59.4	51.6	2018-2020	4
2.03	Death Rate due to Drug Poisoning	<i>deaths/ 100,000 population</i>	35.1	20.7	33.7	27.2	2019-2021	7
2.03	Death Rate due to Injuries	<i>deaths/ 100,000 population</i>	98.5	--	90.2	80.0	2017-2021	7
1.50	Death Rate due to Motor Vehicle Collisions	<i>deaths/ 100,000 population</i>	13.2	--	13.0	12.0	2015-2021	7
0.29	Severe Housing Problems	<i>percent</i>	7.2	--	12.2	16.7	2016-2020	7

SCORE	RESPIRATORY DISEASES	UNITS	FRANKLIN COUNTY	HP2030	IN	U.S.	MEASUREMENT PERIOD	Source
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1.76	Adults Who Used Smokeless Tobacco: Past 30 Days	<i>percent</i>	3.0	--	1.9	1.6	2024	6
1.68	COPD: Medicare Population	<i>percent</i>	13.0	--	13.0	11.0	2023	5
1.59	Adults with COPD	<i>Percent of adults</i>	8.7	--	--	6.8	2022	3
1.41	Adults who Smoke	<i>percent</i>	15.7	6.1	--	12.9	2022	3
1.24	Adults with Current Asthma	<i>percent</i>	10.6	--	--	9.9	2022	3
1.18	Age-Adjusted Death Rate due to Lung Cancer	<i>deaths/ 100,000 population</i>	39.1	25.1	42.1	32.4	2018-2022	12
1.06	Proximity to Highways	<i>percent</i>	2.4	--	5.3	--	2020	15
0.79	Asthma: Medicare Population	<i>percent</i>	6.0	--	7.0	7.0	2023	5
0.62	Adults Who Used Electronic Cigarettes: Past 30 Days	<i>percent</i>	6.5	--	7.3	6.8	2024	6
0.35	Lung and Bronchus Cancer Incidence Rate	<i>cases/ 100,000 population</i>	54.6	--	69.2	56.3	2015-2019	12

SCORE	TOBACCO USE	UNITS	FRANKLIN COUNTY	HP2030	IN	U.S.	MEASUREMENT PERIOD	Source
1.76	Adults Who Used Smokeless Tobacco: Past 30 Days	<i>percent</i>	3.0	--	1.9	1.6	2024	6
1.41	Adults who Smoke	<i>percent</i>	15.7	6.1	--	12.9	2022	3
0.62	Adults Who Used Electronic Cigarettes: Past 30 Days	<i>percent</i>	6.5	--	7.3	6.8	2024	6
0.35	Lung and Bronchus Cancer Incidence Rate	<i>cases/ 100,000 population</i>	54.6	--	69.2	56.3	2015-2019	12

SCORE	WELLNESS & LIFESTYLE	UNITS	FRANKLIN COUNTY	HP2030	IN	U.S.	MEASUREMENT PERIOD	Source
1.59	High Blood Pressure Prevalence	<i>percent</i>	36.4	41.9	--	32.7	2021	3

1.32	Life Expectancy	years	76.2	--	75.6	77.6	2019-2021	7
1.24	Poor Physical Health: 14+ Days	percent	13.0	--	--	12.7	2022	3
1.18	Poor Physical Health: Average Number of Days	days	3.6	--	3.5	3.3	2021	7
1.15	Adults who Agree Vaccine Benefits Outweigh Possible Risks	Percent	59.1	--	58.8	60.4	2024	6
1.06	Insufficient Sleep	percent	33.8	26.7	--	36.0	2022	3
1.06	Self-Reported General Health Assessment: Poor or Fair	percent	17.6	--	--	17.9	2022	3
0.97	Adults who Feel Life is Slipping Out of Control	Percent	23.2	--	24.6	23.9	2024	6
0.79	Adults Happy with Weight	Percent	43.3	--	41.7	42.6	2024	6
0.79	Adults who Frequently Cook Meals at Home	Percent	71.6	--	67.8	67.7	2024	6
0.35	Self-Reported General Health Assessment: Good or Better	percent	87.0	--	85.6	86.0	2024	6
0.18	Adults Who Frequently Used Quick Service Restaurants: Past 30 Days	Percent	34.0	--	38.4	38.2	2024	6

SCORE	WOMEN'S HEALTH	UNITS	FRANKLIN COUNTY	HP2030	IN	U.S.	MEASUREMENT PERIOD	Source
2.21	Age-Adjusted Death Rate due to Breast Cancer	deaths/ 100,000 females	22.5	15.3	20.3	19.3	2018-2022	12
1.59	Cervical Cancer Screening: 21-65	Percent	80.9	--	--	82.8	2020	3
1.18	Breast Cancer Incidence Rate	cases/ 100,000 females	121.1	--	124.3	128.1	2015-2019	12
0.88	Mammogram in Past 2 Years: 50-74	percent	78.2	80.3	--	76.5	2022	3
0.79	Mammography Screening: Medicare Population	percent	52.0	--	51.0	39.0	2023	5

TABLE 7: HENRY INDICATOR SCORING DATA SOURCE KEY

Key	Data Source
1	American Community Survey 5-Year
2	American Lung Association
3	Annie E. Casey Foundation
4	CDC - PLACES
5	Centers for Disease Control and Prevention
6	Centers for Medicare & Medicaid Services
7	Claritas Consumer Profiles
8	County Health Rankings
9	Feeding America
10	Indiana Department of Correction
11	Indiana Secretary of State
12	Indiana State Department of Health
13	National Cancer Institute
14	National Center for Education Statistics
15	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
16	National Environmental Public Health Tracking Network
17	Purdue Center for Regional Development
18	U.S. Bureau of Labor Statistics
19	U.S. Census - County Business Patterns
20	U.S. Census Bureau - Small Area Health Insurance Estimates
21	United For ALICE

TABLE 8: ALL HENRY COUNTY SECONDARY DATA INDICATORS

SCORE	ALCOHOL & DRUG USE	UNITS	HENRY COUNTY	HP2030	IN	U.S.	MEASUREMENT PERIOD	Source
2.12	Mothers who Smoked During Pregnancy	percent	14.7	4.3	9.8	4.6	2021	12
1.53	Liquor Store Density	stores/ 100,000 population	12.3	--	12.9	10.9	2022	19
1.47	Non-Fatal Emergency Department Visits due to Opioid Overdoses	Rate per 100,000 population	72.5	--	87.0	--	2018	12
1.41	Adults who Binge Drink	percent	16.1	--		16.6	2022	4
1.32	Adults who Drink Excessively	percent	16.8	--	18.2	18.1	2021	8
0.79	Death Rate due to Drug Poisoning	deaths/ 100,000 population	24.1	20.7	33.7	27.2	2019-2021	8
0.62	Age-Adjusted Drug and Opioid-Involved Overdose Death Rate	Deaths per 100,000 population	20.6	--	29.6	23.5	2018-2020	5

SCORE	CANCER	UNITS	HENRY COUNTY	HP2030	IN	U.S.	MEASUREMENT PERIOD	Source
3.00	Age-Adjusted Death Rate due to Colorectal Cancer	deaths/ 100,000 population	20.2	8.9	14.6	12.9	2018-2022	13
2.71	Age-Adjusted Death Rate due to Cancer	deaths/ 100,000 population	195.5	122.7	165.0	146.0	2018-2022	13
2.71	Age-Adjusted Death Rate due to Lung Cancer	deaths/ 100,000 population	57.3	25.1	42.1	32.4	2018-2022	13
2.38	Lung and Bronchus Cancer Incidence Rate	cases/ 100,000 population	76.7	--	69.2	56.3	2015-2019	13
2.18	All Cancer Incidence Rate	cases/ 100,000 population	484.5	--	456.8	449.4	2015-2019	13

1.94	Adults with Cancer (Non-Skin) or Melanoma	<i>percent</i>	9.4	--	--	8.2	2022	4
1.88	Colorectal Cancer Incidence Rate	<i>cases/ 100,000 population</i>	44.2	--	41.1	37.7	2015-2019	13
1.82	Breast Cancer Incidence Rate	<i>cases/ 100,000 females</i>	125.7	--	124.3	128.1	2015-2019	13
1.76	Cervical Cancer Screening: 21-65	<i>Percent</i>	80.0	--	--	82.8	2020	4
1.59	Colon Cancer Screening: USPSTF Recommendation	<i>percent</i>	65.2	--	--	66.3	2022	4
1.59	Mammogram in Past 2 Years: 50-74	<i>percent</i>	74.6	80.3	--	76.5	2022	4
0.97	Cancer: Medicare Population	<i>percent</i>	11.0	--	12.0	12.0	2023	6
0.88	Age-Adjusted Death Rate due to Breast Cancer	<i>deaths/ 100,000 females</i>	19.8	15.3	20.3	19.3	2018-2022	13
0.88	Oral Cavity and Pharynx Cancer Incidence Rate	<i>cases/ 100,000 population</i>	12.6	--	12.7	12.0	2015-2019	13
0.79	Mammography Screening: Medicare Population	<i>percent</i>	52.0	--	51.0	39.0	2023	6
0.47	Prostate Cancer Incidence Rate	<i>cases/ 100,000 males</i>	89.2	--	99.9	109.9	2015-2019	13
0.29	Age-Adjusted Death Rate due to Prostate Cancer	<i>deaths/ 100,000 males</i>	12.8	16.9	20.4	19.0	2018-2022	13

SCORE	CHILDREN'S HEALTH	UNITS	HENRY COUNTY	HP2030	IN	U.S.	MEASUREMENT PERIOD	Source
2.03	Blood Lead Levels in Children (>=3.5 micrograms per deciliter)	<i>Percent</i>	3.9	--	1.7	--	2023	12
1.85	Child Food Insecurity Rate	<i>percent</i>	19.5	--	18.2	18.5	2022	9
1.82	Child Abuse Rate	<i>cases/ 1,000 children</i>	23.4	--	20.8	--	2017	3

1.41	Child Care Centers	<i>per 1,000 population under age 5</i>	4.1	--	3.6	7.0	2022	8
1.15	Child Mortality Rate: Under 20	<i>deaths/ 100,000 population under 20</i>	55.3	--	61.9	50.6	2018-2021	8
0.94	Food Insecure Children Likely Ineligible for Assistance	<i>percent</i>	27.0	--	30.0	30.0	2022	9
0.91	Children with Health Insurance	<i>percent</i>	95.9	--	94.7	--	2022	20

SCORE	COMMUNITY	UNITS	HENRY COUNTY	HP2030	IN	U.S.	MEASUREMENT PERIOD	Source
2.71	Total Employment Change	<i>percent</i>	-2.0	--	4.4	5.8	2021-2022	19
2.56	Age-Adjusted Death Rate due to Motor Vehicle Traffic Collisions	<i>deaths/ 100,000 population</i>	22.0	10.1	12.6	11.4	2018-2020	5
2.53	Residential Segregation - Black/White	<i>Score</i>	74.6	--	68.3	62.7	2024	8
2.41	Youth not in School or Working	<i>percent</i>	6.2	--	1.6	1.7	2019-2023	1
2.38	People 25+ with a Bachelor's Degree or Higher	<i>percent</i>	16.7	--	28.8	35.0	2019-2023	1
2.35	Female Population 16+ in Civilian Labor Force	<i>percent</i>	53.1	--	59.2	58.7	2019-2023	1
2.24	Population 16+ in Civilian Labor Force	<i>percent</i>	52.4	--	61.1	59.8	2019-2023	1
2.24	Young Children Living Below Poverty Level	<i>percent</i>	22.5	--	17.9	17.6	2019-2023	1
2.21	Death Rate due to Motor Vehicle Collisions	<i>deaths/ 100,000 population</i>	18.3	--	13.0	12.0	2015-2021	8
2.06	Workers who Walk to Work	<i>percent</i>	1.4	--	2.0	2.4	2019-2023	1

2.03	Adults With Group Health Insurance	<i>percent</i>	34.2	--	38.1	39.8	<i>2024</i>	7
2.00	Adults with Internet Access	<i>percent</i>	81.2	--	81.8	81.3	<i>2024</i>	7
2.00	People 65+ Living Alone	<i>percent</i>	28.9	--	28.3	26.5	<i>2019-2023</i>	1
1.94	Median Household Income	<i>dollars</i>	60144	--	70051	78538	<i>2019-2023</i>	1
1.94	Median Housing Unit Value	<i>dollars</i>	140200	--	201600	303400	<i>2019-2023</i>	1
1.94	Per Capita Income	<i>dollars</i>	31084	--	37178	43289	<i>2019-2023</i>	1
1.82	Child Abuse Rate	<i>cases/ 1,000 children</i>	23.4	--	20.8		<i>2017</i>	3
1.76	Median Monthly Owner Costs for Households without a Mortgage	<i>dollars</i>	494	--	498	612	<i>2019-2023</i>	1
1.71	Children Living Below Poverty Level	<i>percent</i>	17.0	--	15.7	16.3	<i>2019-2023</i>	1
1.71	Solo Drivers with a Long Commute	<i>percent</i>	35.5	--	32.2	36.4	<i>2018-2022</i>	8
1.71	Workers Commuting by Public Transportation	<i>percent</i>	0.3	5.3	0.7	3.5	<i>2019-2023</i>	1
1.71	Workers who Drive Alone to Work	<i>percent</i>	79.8		77.3	70.2	<i>2019-2023</i>	1
1.65	Average Daily Jail Population	<i>offenders</i>	3	--	--	--	<i>2022</i>	10
1.65	Juveniles Admitted into Correctional Facilities	<i>juveniles</i>	7	--	--	--	<i>2023</i>	10
1.65	People 65+ Living Alone (Count)	<i>people</i>	2714	--	--	--	<i>2019-2023</i>	1
1.53	Households with a Computer	<i>percent</i>	84.0	--	85.6	86.0	<i>2024</i>	7
1.53	Mean Travel Time to Work	<i>minutes</i>	25.9	--	24.0	26.6	<i>2019-2023</i>	1
1.53	People Living Below Poverty Level	<i>percent</i>	13.0	8.0	12.2	12.4	<i>2019-2023</i>	1

1.50	Adults Who Vote in Presidential Elections: Always or Sometimes	<i>percent</i>	85.7	--	84.8	85.1	2024	7
1.29	Children in Single-Parent Households	<i>percent</i>	21.8	--	23.8	24.8	2019-2023	1
1.24	Households with a Smartphone	<i>percent</i>	86.2	--	88.3	88.2	2024	7
1.24	Median Household Gross Rent	<i>dollars</i>	807	--	1020	1348	2019-2023	1
1.18	Voter Turnout: Presidential Election	<i>percent</i>	66.0	58.4	62.0		2024	11
1.09	Age-Adjusted Death Rate due to Firearms	<i>deaths/ 100,000 population</i>	12.3	10.7	14.8	12.0	2018-2020	5
1.06	Households with an Internet Subscription	<i>percent</i>	86.9	--	88.5	89.9	2019-2023	1
1.06	Households with One or More Types of Computing Devices	<i>percent</i>	92.2	--	93.6	94.8	2019-2023	1
1.06	Persons with an Internet Subscription	<i>percent</i>	90.2	--	90.9	92.0	2019-2023	1
1.00	People 25+ with a High School Diploma or Higher	<i>percent</i>	90.6	--	90.2	89.4	2019-2023	1
0.97	Adults With Individual Health Insurance	<i>percent</i>	20.3	--	19.7	20.2	2024	7
0.97	Digital Distress		1.0	--			2022	17
0.97	Digital Divide Index	<i>DDI Score</i>	20.4	--	26.5	50.0	2022	17
0.94	Social Associations	<i>membership associations/ 10,000 population</i>	13.3	--	11.8	9.1	2021	8
0.88	Mortgaged Owners Median Monthly Household Costs	<i>dollars</i>	1105	--	1355	1902	2019-2023	1
0.79	Broadband Quality Score	<i>BQS Score</i>	63.9	--	62.0	50.0	2022	17

0.79	Persons with Health Insurance	<i>percent</i>	92.8	92.4	91.8	--	2022	20
0.59	Linguistic Isolation	<i>percent</i>	0.3	--	1.9	4.2	2019-2023	1
0.29	Alcohol-Impaired Driving Deaths	<i>percent of driving deaths with alcohol involvement</i>	7.3	--	18.3	26.3	2017-2021	8

SCORE	ECONOMY	UNITS	HENRY COUNTY	HP2030	IN	U.S.	MEASUREMENT PERIOD	Source
2.82	Adults with Disability Living in Poverty	<i>percent</i>	31.8	--	25.0	24.6	2019-2023	1
2.71	Total Employment Change	<i>percent</i>	-2.0	--	4.4	5.8	2021-2022	19
2.53	Residential Segregation - Black/White	<i>Score</i>	74.6	--	68.3	62.7	2024	8
2.41	Youth not in School or Working	<i>percent</i>	6.2	--	1.6	1.7	2019-2023	1
2.38	Food Insecurity Rate	<i>percent</i>	15.7	--	13.9	13.5	2022	9
2.35	Female Population 16+ in Civilian Labor Force	<i>percent</i>	53.1	--	59.2	58.7	2019-2023	1
2.24	Population 16+ in Civilian Labor Force	<i>percent</i>	52.4	--	61.1	59.8	2019-2023	1
2.24	Young Children Living Below Poverty Level	<i>percent</i>	22.5	--	17.9	17.6	2019-2023	1
2.18	Households that are Asset Limited, Income Constrained, Employed (ALICE)	<i>percent</i>	31.5	--	27.0	--	2022	21
2.03	Families Living Below 200% of Poverty Level	<i>Percent</i>	25.5	--	22.7	22.4	2019-2023	1
2.00	Households that are Above the Asset Limited, Income Constrained, Employed (ALICE) Threshold	<i>percent</i>	55.9	--	60.0	--	2022	21
1.94	Median Household Income	<i>dollars</i>	60144	--	70051	78538	2019-2023	1

1.94	Median Housing Unit Value	<i>dollars</i>	140200	--	201600	303400	2019-2023	1
1.94	Per Capita Income	<i>dollars</i>	31084	--	37178	43289	2019-2023	1
1.88	Homeowner Vacancy Rate	<i>percent</i>	1.1	--	0.9	1.0	2019-2023	1
1.85	Child Food Insecurity Rate	<i>percent</i>	19.5	--	18.2	18.5	2022	9
1.85	People Living Below 200% of Poverty Level	<i>percent</i>	31.9	--	29.5	28.5	2019-2023	1
1.82	Students Eligible for the Free Lunch Program	<i>percent</i>	44.7	--	42.4	43.6	2023-2024	14
1.76	Median Monthly Owner Costs for Households without a Mortgage	<i>dollars</i>	494	--	498	612	2019-2023	1
1.71	Children Living Below Poverty Level	<i>percent</i>	17.0	--	15.7	16.3	2019-2023	1
1.71	Families Living Below Poverty Level	<i>percent</i>	9.2	--	8.4	8.7	2019-2023	1
1.71	Households with a 401k Plan	<i>percent</i>	34.9	--	38.8	40.8	2024	7
1.71	Households with a Savings Account	<i>percent</i>	69.4	--	71.1	72.0	2024	7
1.65	Unemployed Workers in Civilian Labor Force	<i>percent</i>	4.1	--	4.2	4.0	November 2024	18
1.53	People Living Below Poverty Level	<i>percent</i>	13.0	8.0	12.2	12.4	2019-2023	1
1.47	Unemployed Veterans	<i>percent</i>	2.8	--	3.1	3.2	2019-2023	1
1.41	Households with Cash Public Assistance Income	<i>percent</i>	2.3	--	1.9	2.7	2019-2023	1
1.35	Households Living Below Poverty Level	<i>percent</i>	12.6	--	13.0	--	2022	21
1.32	Adults who Feel Overwhelmed by Financial Burdens	<i>percent</i>	34.3	--	34.6	33.6	2024	7
1.24	Median Household Gross Rent	<i>dollars</i>	807	--	1020	1348	2019-2023	1

1.15	Income Inequality		0.4	--	0.5	0.5	2019-2023	1
0.94	Food Insecure Children Likely Ineligible for Assistance	<i>percent</i>	27.0	--	30.0	30.0	2022	9
0.94	Veterans Living Below Poverty Level	<i>percent</i>	5.5	--	6.6	7.2	2019-2023	1
0.88	Mortgaged Owners Median Monthly Household Costs	<i>dollars</i>	1105	--	1355	1902	2019-2023	1
0.82	Households with Student Loan Debt	<i>percent</i>	7.3	--	9.5	9.8	2024	7
0.82	People 65+ Living Below Poverty Level	<i>percent</i>	8.2	--	8.6	10.4	2019-2023	1
0.71	Households that Used Check Cashing, Cash Advance, or Title Loan Shops	<i>percent</i>	1.8	--	1.9	2.0	2024	7
0.65	Gender Pay Gap	<i>cents on the dollar</i>	0.8	--	0.7	0.7	2019-2023	1
0.65	Overcrowded Households	<i>percent</i>	1.4	--	1.7	3.4	2019-2023	1
0.47	Severe Housing Problems	<i>percent</i>	9.8	--	12.2	16.7	2016-2020	8
0.29	Renters Spending 30% or More of Household Income on Rent	<i>percent</i>	37.1	25.5	47.4	50.4	2019-2023	1

SCORE	EDUCATION	UNITS	HENRY COUNTY	HP2030	IN	U.S.	MEASUREMENT PERIOD	Source
2.38	People 25+ with a Bachelor's Degree or Higher	<i>percent</i>	16.7	--	28.8	35.0	2019-2023	1
1.41	Child Care Centers	<i>per 1,000 population under age 5</i>	4.1	--	3.6	7.0	2022	8
1.24	High School Graduation	<i>percent</i>	93.4	90.7	88.3	86.2	2020-2021	8
1.00	People 25+ with a High School Diploma or Higher	<i>percent</i>	90.6	--	90.2	89.4	2019-2023	1

1.00	Veterans with a High School Diploma or Higher	<i>percent</i>	95.2	--	94.5	95.2	2019-2023	1
0.62	Student-to-Teacher Ratio	<i>students/ teacher</i>	13.6	--	15.3	15.2	2023-2024	14
SCORE	ENVIRONMENTAL HEALTH	UNITS	HENRY COUNTY	HP2030	IN	U.S.	MEASUREMENT PERIOD	Source
2.56	Asthma: Medicare Population	<i>percent</i>	8.0	--	7.0	7.0	2023	6
2.41	Houses Built Prior to 1950	<i>percent</i>	38.0	--	21.4	16.4	2019-2023	1
2.12	Adults with Current Asthma	<i>percent</i>	11.5	--	--	9.9	2022	4
2.03	Blood Lead Levels in Children (>=3.5 micrograms per deciliter)	<i>Percent</i>	3.9	--	1.7	--	2023	12
1.94	Access to Parks	<i>percent</i>	23.5	--	42.1	--	2020	16
1.65	Number of Extreme Heat Days	<i>days</i>	24	--	--	--	2023	16
1.65	Number of Extreme Heat Events	<i>events</i>	19	--	--	--	2023	16
1.65	Weeks of Moderate Drought or Worse	<i>weeks per year</i>	0	--	--	--	2021	16
1.53	Liquor Store Density	<i>stores/ 100,000 population</i>	12.3	--	12.9	10.9	2022	19
1.35	Number of Extreme Precipitation Days	<i>days</i>	3	--	--	--	2023	16
1.29	Food Environment Index		7.7	--	6.8	7.7	2024	8
1.15	Access to Exercise Opportunities	<i>percent</i>	77.5	--	76.5	84.1	2024	8
1.09	Annual Particle Pollution		1.0	--	--	--	2020-2022	2
1.06	Proximity to Highways	<i>percent</i>	2.0	--	5.3	--	2020	16
0.97	Digital Divide Index	<i>DDI Score</i>	20.4	--	26.5	50.0	2022	17
0.82	Air Pollution due to Particulate Matter	<i>micrograms per cubic meter</i>	7.7	--	8.8	7.4	2019	8

0.79	Broadband Quality Score	<i>BQS Score</i>	63.9	--	62.0	50.0	2022	17
0.65	Overcrowded Households	<i>percent</i>	1.4	--	1.7	3.4	2019-2023	1
0.47	Severe Housing Problems	<i>percent</i>	9.8	--	12.2	16.7	2016-2020	8

SCORE	HEALTH CARE ACCESS & QUALITY	UNITS	HENRY COUNTY	HP2030	IN	U.S.	MEASUREMENT PERIOD	Source
2.35	Dentist Rate	<i>dentists/ 100,000 population</i>	36.8	--	59.5	73.5	2022	8
2.06	Primary Care Provider Rate	<i>providers/ 100,000 population</i>	40.9	--	65.6	74.9	2021	8
2.03	Adults With Group Health Insurance	<i>percent</i>	34.2	--	38.1	39.8	2024	7
2.03	Preventable Hospital Stays: Medicare Population	<i>discharges/ 100,000 Medicare enrollees</i>	3463.0	--	3202.0	2769.0	2023	6
1.76	Adults who Visited a Dentist	<i>percent</i>	58.0	--		63.9	2022	4
1.71	Non-Physician Primary Care Provider Rate	<i>providers/ 100,000 population</i>	110.4	--	129.5	131.4	2023	8
1.59	Mental Health Provider Rate	<i>providers/ 100,000 population</i>	108.4	--	199.8	313.9	2023	8
1.47	Adults with Health Insurance: 18+	<i>percent</i>	75.5	--	75.0	75.2	2024	7
1.41	Adults who have had a Routine Checkup	<i>percent</i>	77.6	--		76.1	2022	4
1.15	Adults who go to the Doctor Regularly for Checkups	<i>percent</i>	66.6	--	64.8	65.1	2024	7
0.97	Adults With Individual Health Insurance	<i>percent</i>	20.3	--	19.7	20.2	2024	7
0.91	Children with Health Insurance	<i>percent</i>	95.9	--	94.7	--	2022	20
0.79	Adults with Health Insurance: 18-64	<i>percent</i>	91.6	--	90.6	--	2022	20
0.79	Persons with Health Insurance	<i>percent</i>	92.8	92.4	91.8	--	2022	20

SCORE	HEART DISEASE & STROKE	UNITS	HENRY COUNTY	HP2030	IN	U.S.	MEASUREMENT PERIOD	Source
2.56	Ischemic Heart Disease: Medicare Population	<i>percent</i>	26.0	--	23.0	21.0	2023	6
2.38	Atrial Fibrillation: Medicare Population	<i>percent</i>	16.0	--	15.0	14.0	2023	6
2.15	Age-Adjusted Death Rate due to Heart Attack	<i>deaths/ 100,000 population 35+ years</i>	87.9	--	66.9	--	2021	16
1.94	Adults who Experienced Coronary Heart Disease	<i>percent</i>	8.6	--	--	6.8	2022	4
1.94	High Blood Pressure Prevalence	<i>percent</i>	37.9	41.9	--	32.7	2021	4
1.85	Hyperlipidemia: Medicare Population	<i>percent</i>	69.0	--	67.0	66.0	2023	6
1.85	Hypertension: Medicare Population	<i>percent</i>	71.0	--	69.0	65.0	2023	6
1.76	Adults who Experienced a Stroke	<i>percent</i>	4.1	--		3.6	2022	4
1.76	Cholesterol Test History	<i>percent</i>	82.7	--		86.4	2021	4
1.32	Heart Failure: Medicare Population	<i>percent</i>	12.0	--	12.0	11.0	2023	6
1.24	Adults who Have Taken Medications for High Blood Pressure	<i>percent</i>	81.1	--	--	78.2	2021	4
0.97	Stroke: Medicare Population	<i>percent</i>	5.0	--	5.0	6.0	2023	6
0.88	High Cholesterol Prevalence	<i>percent</i>	34.7	--	--	35.5	2021	4

SCORE	IMMUNIZATIONS & INFECTIOUS DISEASES	UNITS	HENRY COUNTY	HP2030	IN	U.S.	MEASUREMENT PERIOD	Source
2.38	Pneumonia Vaccinations: Medicare Population	<i>percent</i>	6.0	--	10.0	9.0	2023	6
1.85	Flu Vaccinations: Medicare Population	<i>percent</i>	35.0	--	49.0	3.0	2023	6
1.59	Hepatitis C Prevalence	<i>Rate per 100,000 population</i>	102.2	--	70.4	--	2021	12

1.50	Adults who Agree Vaccine Benefits Outweigh Possible Risks	<i>Percent</i>	57.9	--	58.8	60.4	2024	7
1.29	Chlamydia Incidence Rate	<i>cases/ 100,000 population</i>	312.7	--	491.0	492.2	2023	15
0.65	Overcrowded Households	<i>percent</i>	1.4	--	1.7	3.4	2019-2023	1
0.29	Gonorrhea Incidence Rate	<i>cases/ 100,000 population</i>	22.5	--	144.0	179.5	2023	15

SCORE	MATERNAL, FETAL & INFANT HEALTH	UNITS	HENRY COUNTY	HP2030	IN	U.S.	MEASUREMENT PERIOD	Source
2.12	Mothers who Smoked During Pregnancy	<i>percent</i>	14.7	4.3	9.8	4.6	2021	12
1.97	Teen Birth Rate: 15-19	<i>live births/ 1,000 females aged 15-19</i>	19.4	--	17.0	13.9	2021	12
1.62	Infant Mortality Rate	<i>deaths/ 1,000 live births</i>	7.2	5.0	7.2	5.8	2014-2018	12
1.56	Mothers who Received Early Prenatal Care	<i>percent</i>	77.3	--	71.7	78.3	2021	12
1.03	Babies with Low Birthweight	<i>percent</i>	7.3	--	8.4	8.5	2021	12
0.56	Preterm Births (OE)	<i>percent</i>	7.3	9.4	10.9	10.5	2021	12

SCORE	MENTAL HEALTH & MENTAL DISORDERS	UNITS	HENRY COUNTY	HP2030	IN	U.S.	MEASUREMENT PERIOD	Source
2.56	Depression: Medicare Population	<i>percent</i>	20.0	--	18.0	17.0	2023	6
2.12	Poor Mental Health: 14+ Days	<i>percent</i>	18.7	--	--	15.8	2022	4
1.94	Adults Ever Diagnosed with Depression	<i>percent</i>	25.1	--	--	20.7	2022	4
1.71	Self-Reported General Health Assessment: Good or Better	<i>percent</i>	84.7	--	85.6	86.0	2024	7
1.59	Mental Health Provider Rate	<i>providers/ 100,000 population</i>	108.4	--	199.8	313.9	2023	8

1.47	Poor Mental Health: Average Number of Days	<i>days</i>	5.2	--	5.2	4.8	2021	8
1.32	Adults who Feel Life is Slipping Out of Control	<i>Percent</i>	24.1	--	24.6	23.9	2024	7
0.79	Alzheimer's Disease or Dementia: Medicare Population	<i>percent</i>	5.0	--	5.0	6.0	2023	6
SCORE	NUTRITION & HEALTHY EATING	UNITS	HENRY COUNTY	HP2030	IN	U.S.	MEASUREMENT PERIOD	Source
1.68	Adults who Drank Soft Drinks: Past 7 Days	<i>percent</i>	51.5	--	50.1	47.5	2024	7
1.32	Adults who Frequently Cook Meals at Home	<i>Percent</i>	68.8	--	67.8	67.7	2024	7
1.29	Food Environment Index		7.7	--	6.8	7.7	2024	8
1.06	Adults Who Frequently Used Quick Service Restaurants: Past 30 Days	<i>Percent</i>	36.0	--	38.4	38.2	2024	7

SCORE	OLDER ADULTS	UNITS	HENRY COUNTY	HP2030	IN	U.S.	MEASUREMENT PERIOD	Source
2.56	Asthma: Medicare Population	<i>percent</i>	8.0	--	7.0	7.0	2023	6
2.56	Depression: Medicare Population	<i>percent</i>	20.0	--	18.0	17.0	2023	6
2.56	Ischemic Heart Disease: Medicare Population	<i>percent</i>	26.0	--	23.0	21.0	2023	6
2.38	Atrial Fibrillation: Medicare Population	<i>percent</i>	16.0	--	15.0	14.0	2023	6
2.38	Chronic Kidney Disease: Medicare Population	<i>percent</i>	21.0	--	19.0	18.0	2023	6
2.03	Diabetes: Medicare Population	<i>percent</i>	28.0	--	26.0	24.0	2023	6

2.00	People 65+ Living Alone	<i>percent</i>	28.9	--	28.3	26.5	2019-2023	1
1.94	Adults 65+ with Total Tooth Loss	<i>percent</i>	19.3	--	--	12.2	2022	4
1.85	COPD: Medicare Population	<i>percent</i>	14.0	--	13.0	11.0	2023	6
1.85	Hyperlipidemia: Medicare Population	<i>percent</i>	69.0	--	67.0	66.0	2023	6
1.85	Hypertension: Medicare Population	<i>percent</i>	71.0	--	69.0	65.0	2023	6
1.65	People 65+ Living Alone (Count)	<i>people</i>	2714	--	--	--	2019-2023	1
1.50	Osteoporosis: Medicare Population	<i>percent</i>	12.0	--	12.0	12.0	2023	6
1.32	Heart Failure: Medicare Population	<i>percent</i>	12.0	--	12.0	11.0	2023	6
0.97	Cancer: Medicare Population	<i>percent</i>	11.0	--	12.0	12.0	2023	6
0.97	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	<i>percent</i>	34.0	--	37.0	36.0	2023	6
0.97	Stroke: Medicare Population	<i>percent</i>	5.0	--	5.0	6.0	2023	6
0.82	People 65+ Living Below Poverty Level	<i>percent</i>	8.2	--	8.6	10.4	2019-2023	1
0.79	Alzheimer's Disease or Dementia: Medicare Population	<i>percent</i>	5.0	--	5.0	6.0	2023	6
0.79	Mammography Screening: Medicare Population	<i>percent</i>	52.0	--	51.0	39.0	2023	6
0.47	Prostate Cancer Incidence Rate	<i>cases/ 100,000 males</i>	89.2	--	99.9	109.9	2015-2019	13

SCORE	ORAL HEALTH	UNITS	HENRY COUNTY	HP2030	IN	U.S.	MEASUREMENT PERIOD	Source
2.35	Dentist Rate	<i>dentists/ 100,000 population</i>	36.8	--	59.5	73.5	2022	8
1.94	Adults 65+ with Total Tooth Loss	<i>percent</i>	19.3	--	--	12.2	2022	4
1.76	Adults who Visited a Dentist	<i>percent</i>	58.0	--	--	63.9	2022	4

0.88	Oral Cavity and Pharynx Cancer Incidence Rate	<i>cases/ 100,000 population</i>	12.6	--	12.7	12.0	2015-2019	13
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SCORE	OTHER CHRONIC CONDITIONS	UNITS	HENRY COUNTY	HP2030	IN	U.S.	MEASUREMENT PERIOD	Source
2.38	Chronic Kidney Disease: Medicare Population	<i>percent</i>	21.0	--	19.0	18.0	2023	6
1.76	Adults with Arthritis	<i>percent</i>	31.1	--	--	26.6	2022	4
1.50	Osteoporosis: Medicare Population	<i>percent</i>	12.0	--	12.0	12.0	2023	6
0.97	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	<i>percent</i>	34.0	--	37.0	36.0	2023	6
SCORE	PHYSICAL ACTIVITY	UNITS	HENRY COUNTY	HP2030	IN	U.S.	MEASUREMENT PERIOD	Source
2.06	Workers who Walk to Work	<i>percent</i>	1.4	--	2.0	2.4	2019-2023	1
2.00	Adults 20+ Who Are Obese	<i>percent</i>	33.5	36.0	--	--	2021	5
1.94	Access to Parks	<i>percent</i>	23.5	--	42.1	--	2020	16
1.35	Adults 20+ who are Sedentary	<i>percent</i>	20.6	--	--	--	2021	5
1.15	Access to Exercise Opportunities	<i>percent</i>	77.5	--	76.5	84.1	2024	8

SCORE	PREVENTION & SAFETY	UNITS	HENRY COUNTY	HP2030	IN	U.S.	MEASUREMENT PERIOD	Source
2.47	Age-Adjusted Death Rate due to Unintentional Injuries	<i>deaths/ 100,000 population</i>	63.9	43.2	59.4	51.6	2018-2020	5
2.21	Death Rate due to Motor Vehicle Collisions	<i>deaths/ 100,000 population</i>	18.3	--	13.0	12.0	2015-2021	8
1.85	Death Rate due to Injuries	<i>deaths/ 100,000 population</i>	93.1	--	90.2	80.0	2017-2021	8
1.09	Age-Adjusted Death Rate due to Firearms	<i>deaths/ 100,000 population</i>	12.3	10.7	14.8	12.0	2018-2020	5

0.79	Death Rate due to Drug Poisoning	<i>deaths/ 100,000 population</i>	24.1	20.7	33.7	27.2	2019-2021	8
0.47	Severe Housing Problems	<i>percent</i>	9.8	--	12.2	16.7	2016-2020	8

SCORE	RESPIRATORY DISEASES	UNITS	HENRY COUNTY	HP2030	IN	U.S.	MEASUREMENT PERIOD	Source
2.71	Age-Adjusted Death Rate due to Lung Cancer	<i>deaths/ 100,000 population</i>	57.3	25.1	42.1	32.4	2018-2022	13
2.56	Asthma: Medicare Population	<i>percent</i>	8.0	--	7.0	7.0	2023	6
2.38	Lung and Bronchus Cancer Incidence Rate	<i>cases/ 100,000 population</i>	76.7	--	69.2	56.3	2015-2019	13
2.29	Adults who Smoke	<i>percent</i>	21.7	6.1	--	12.9	2022	4
2.12	Adults with Current Asthma	<i>percent</i>	11.5	--	--	9.9	2022	4
1.94	Adults with COPD	<i>Percent of adults</i>	10.4	--	--	6.8	2022	4
1.85	COPD: Medicare Population	<i>percent</i>	14.0	--	13.0	11.0	2023	6
1.41	Adults Who Used Smokeless Tobacco: Past 30 Days	<i>percent</i>	2.5	--	1.9	1.6	2024	7
1.15	Adults Who Used Electronic Cigarettes: Past 30 Days	<i>percent</i>	6.8	--	7.3	6.8	2024	7
1.06	Proximity to Highways	<i>percent</i>	2.0	--	5.3	--	2020	16

SCORE	TOBACCO USE	UNITS	HENRY COUNTY	HP2030	IN	U.S.	MEASUREMENT PERIOD	Source
2.38	Lung and Bronchus Cancer Incidence Rate	<i>cases/ 100,000 population</i>	76.7	--	69.2	56.3	2015-2019	13
2.29	Adults who Smoke	<i>percent</i>	21.7	6.1	--	12.9	2022	4
1.41	Adults Who Used Smokeless Tobacco: Past 30 Days	<i>percent</i>	2.5	--	1.9	1.6	2024	7

1.15	Adults Who Used Electronic Cigarettes: Past 30 Days	<i>percent</i>	6.8	--	7.3	6.8	2024	7
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SCORE	WELLNESS & LIFESTYLE	UNITS	HENRY COUNTY	HP2030	IN	U.S.	MEASUREMENT PERIOD	Source
2.29	Insufficient Sleep	<i>percent</i>	41.6	26.7	--	36.0	2022	4
2.12	Poor Physical Health: 14+ Days	<i>percent</i>	15.3	--	--	12.7	2022	4
2.12	Self-Reported General Health Assessment: Poor or Fair	<i>percent</i>	22.2	--	--	17.9	2022	4
1.94	High Blood Pressure Prevalence	<i>percent</i>	37.9	41.9	--	32.7	2021	4
1.85	Adults Happy with Weight	<i>Percent</i>	41.4	--	41.7	42.6	2024	7
1.85	Life Expectancy	<i>years</i>	74.2	--	75.6	77.6	2019-2021	8
1.71	Poor Physical Health: Average Number of Days	<i>days</i>	3.9	--	3.5	3.3	2021	8
1.71	Self-Reported General Health Assessment: Good or Better	<i>percent</i>	84.7	--	85.6	86.0	2024	7
1.50	Adults who Agree Vaccine Benefits Outweigh Possible Risks	<i>Percent</i>	57.9	--	58.8	60.4	2024	7
1.32	Adults who Feel Life is Slipping Out of Control	<i>Percent</i>	24.1	--	24.6	23.9	2024	7
1.32	Adults who Frequently Cook Meals at Home	<i>Percent</i>	68.8	--	67.8	67.7	2024	7
1.06	Adults Who Frequently Used Quick Service Restaurants: Past 30 Days	<i>Percent</i>	36.0	--	38.4	38.2	2024	7

SCORE	WOMEN'S HEALTH	UNITS	HENRY COUNTY	HP2030	IN	U.S.	MEASUREMENT PERIOD	Source
1.82	Breast Cancer Incidence Rate	<i>cases/ 100,000 females</i>	125.7	--	124.3	128.1	2015-2019	13

1.76	Cervical Cancer Screening: 21-65	<i>Percent</i>	80.0	--	--	82.8	2020	4
1.59	Mammogram in Past 2 Years: 50-74	<i>percent</i>	74.6	80.3	--	76.5	2022	4
0.88	Age-Adjusted Death Rate due to Breast Cancer	<i>deaths/ 100,000 females</i>	19.8	15.3	20.3	19.3	2018-2022	13
0.79	Mammography Screening: Medicare Population	<i>percent</i>	52.0	--	51.0	39.0	2023	6

TABLE 9: PREBLE INDICATOR SCORING DATA SOURCE KEY

Key	Data Source
1	American Community Survey 5-Year
2	American Lung Association
3	Annie E. Casey Foundation
4	CDC - PLACES
5	Centers for Disease Control and Prevention
6	Centers for Medicare & Medicaid Services
7	Claritas Consumer Profiles
8	County Health Rankings
9	Feeding America
10	National Cancer Institute
11	National Center for Education Statistics
12	National Environmental Public Health Tracking Network
13	Ohio Department of Education
14	Ohio Department of Health, Infectious Diseases
15	Ohio Department of Health, Vital Statistics
16	Ohio Department of Public Safety, Office of Criminal Justice Services
17	Ohio Public Health Information Warehouse
18	Ohio Secretary of State
19	Purdue Center for Regional Development
20	U.S. Bureau of Labor Statistics
21	U.S. Census - County Business Patterns
22	U.S. Census Bureau - Small Area Health Insurance Estimates
23	U.S. Environmental Protection Agency
24	United For ALICE

TABLE 10: ALL PREBLE COUNTY SECONDARY DATA INDICATORS

SCORE	ALCOHOL & DRUG USE	UNITS	PREBLE COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
2.21	Age-Adjusted Drug and Opioid-Involved Overdose Death Rate	<i>Deaths per 100,000 population</i>	43.0	--	40.4	23.5	2018-2020	5
2.03	Death Rate due to Drug Poisoning	<i>deaths/ 100,000 population</i>	39.2	20.7	42.2	27.2	2019-2021	8
1.97	Mothers who Smoked During Pregnancy	<i>percent</i>	10.8	4.3	7.9	3.7	2022	15
1.76	Adults who Binge Drink	<i>percent</i>	18.1	--	--	16.6	2022	4
1.65	Liquor Store Density	<i>stores/ 100,000 population</i>	7.3	--	5.7	10.5	2020	21
1.18	Adults who Drink Excessively	<i>percent</i>	17.5	--	20.0	18.1	2021	8
0.47	Alcohol-Impaired Driving Deaths	<i>percent of driving deaths with alcohol involvement</i>	20.0	--	32.2	26.3	2017-2021	8

SCORE	CANCER	UNITS	PREBLE COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
3.00	Breast Cancer Incidence Rate	<i>cases/ 100,000 females</i>	148.2	--	132.3	129.8	2017-2021	10
2.53	Age-Adjusted Death Rate due to Colorectal Cancer	<i>deaths/ 100,000 population</i>	17.8	8.9	13.9	12.9	2018-2022	10
2.53	All Cancer Incidence Rate	<i>cases/ 100,000 population</i>	495.8	--	470.0	444.4	2017-2021	10
2.41	Age-Adjusted Death Rate due to Lung Cancer	<i>deaths/ 100,000 population</i>	52.0	25.1	39.8	32.4	2018-2022	10

2.12	Lung and Bronchus Cancer Incidence Rate	<i>cases/ 100,000 population</i>	81.3	--	64.3	53.1	<i>2017-2021</i>	10
2.06	Age-Adjusted Death Rate due to Cancer	<i>deaths/ 100,000 population</i>	178.2	122.7	161.1	146.0	<i>2018-2022</i>	10
1.94	Adults with Cancer (Non-Skin) or Melanoma	<i>percent</i>	9.7	--	--	8.2	<i>2022</i>	4
1.85	Age-Adjusted Death Rate due to Prostate Cancer	<i>deaths/ 100,000 males</i>	20.8	16.9	19.3	19.0	<i>2018-2022</i>	10
1.85	Mammography Screening: Medicare Population	<i>percent</i>	45.0	--	51.0	39.0	<i>2023</i>	6
1.53	Colorectal Cancer Incidence Rate	<i>cases/ 100,000 population</i>	40.0	--	38.9	36.4	<i>2017-2021</i>	10
1.47	Prostate Cancer Incidence Rate	<i>cases/ 100,000 males</i>	109.8	--	118.1	113.2	<i>2017-2021</i>	10
1.41	Cervical Cancer Screening: 21-65	<i>Percent</i>	81.8	--	--	82.8	<i>2020</i>	4
1.41	Mammogram in Past 2 Years: 50-74	<i>percent</i>	74.6	80.3	--	76.5	<i>2022</i>	4
1.12	Oral Cavity and Pharynx Cancer Incidence Rate	<i>cases/ 100,000 population</i>	11.8	--	12.8	12.0	<i>2017-2021</i>	10
0.97	Cancer: Medicare Population	<i>percent</i>	11.0	--	12.0	12.0	<i>2023</i>	6
0.88	Colon Cancer Screening: USPSTF Recommendation	<i>percent</i>	67.0	--	--	66.3	<i>2022</i>	4
0.47	Age-Adjusted Death Rate due to Breast Cancer	<i>deaths/ 100,000 females</i>	17.6	15.3	20.2	19.3	<i>2018-2022</i>	10

SCORE	CHILDREN'S HEALTH	UNITS	PREBLE COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
2.03	Child Mortality Rate: Under 20	<i>deaths/ 100,000 population under 20</i>	62.5	--	58.5	50.6	<i>2018-2021</i>	8
2.00	Food Insecure Children Likely Ineligible for Assistance	<i>percent</i>	33.0	--	31.0	30.0	<i>2022</i>	9

1.68	Child Abuse Rate (HP2020)	<i>cases/ 1,000 children</i>	7.1	8.7	6.9	--	2021	3
0.97	Child Food Insecurity Rate	<i>percent</i>	17.4	--	19.8	18.5	2022	9
0.88	Child Care Centers	<i>per 1,000 population under age 5</i>	8.8	--	8.0	7.0	2022	8
0.74	Children with Health Insurance	<i>percent</i>	96.2	--	95.6	--	2022	22

SCORE	COMMUNITY	UNITS	PREBLE COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
2.71	Residential Segregation - Black/White	<i>Score</i>	93.8	--	69.5	62.7	2024	8
2.56	Social Associations	<i>membership associations/ 10,000 population</i>	7.8	--	10.7	9.1	2021	8
2.41	Youth not in School or Working	<i>percent</i>	3.7	--	1.7	1.7	2019-2023	1
2.38	Death Rate due to Motor Vehicle Collisions	<i>deaths/ 100,000 population</i>	21.9	--	10.9	12.0	2015-2021	8
2.24	Age-Adjusted Death Rate due to Motor Vehicle Traffic Collisions	<i>deaths/ 100,000 population</i>	21.9	10.1	10.3	11.4	2018-2020	5
2.24	Solo Drivers with a Long Commute	<i>percent</i>	40.9	--	30.6	36.4	2018-2022	8
2.24	Workers Commuting by Public Transportation	<i>percent</i>	0.0	5.3	1.1	3.5	2019-2023	1
2.21	People 25+ with a Bachelor's Degree or Higher	<i>percent</i>	17.9	--	30.9	35.0	2019-2023	1
2.06	Workers who Drive Alone to Work	<i>percent</i>	83.6	--	76.6	70.2	2019-2023	1
2.03	Broadband Quality Score	<i>BQS Score</i>	47.3	--	53.4	50.0	2022	19
1.94	Children Living Below Poverty Level	<i>percent</i>	17.3	--	18.0	16.3	2019-2023	1

1.94	People 65+ Living Alone	<i>percent</i>	28.0	--	30.2	26.5	<i>2019-2023</i>	1
1.94	People 65+ Living Alone (Count)	<i>people</i>	2266	--	--	--	<i>2019-2023</i>	1
1.88	Mean Travel Time to Work	<i>minutes</i>	26.7	--	23.6	26.6	<i>2019-2023</i>	1
1.76	Median Housing Unit Value	<i>dollars</i>	171100	--	199200	303400	<i>2019-2023</i>	1
1.76	Median Monthly Owner Costs for Households without a Mortgage	<i>dollars</i>	522	--	570	612	<i>2019-2023</i>	1
1.68	Child Abuse Rate (HP2020)	<i>cases/ 1,000 children</i>	7.1	8.7	6.9	--	<i>2021</i>	3
1.50	Adults With Group Health Insurance	<i>percent</i>	37.3	--	37.4	39.8	<i>2024</i>	7
1.50	Adults With Individual Health Insurance	<i>percent</i>	20.2	--	20.5	20.2	<i>2024</i>	7
1.47	Young Children Living Below Poverty Level	<i>percent</i>	18.1	--	20.0	17.6	<i>2019-2023</i>	1
1.41	Households with One or More Types of Computing Devices	<i>percent</i>	92.0	--	93.6	94.8	<i>2019-2023</i>	1
1.41	People Living Below Poverty Level	<i>percent</i>	11.2	8.0	13.2	12.4	<i>2019-2023</i>	1
1.41	Per Capita Income	<i>dollars</i>	35232	--	39455	43289	<i>2019-2023</i>	1
1.35	Workers who Walk to Work	<i>percent</i>	2.0	--	2.0	2.4	<i>2019-2023</i>	1
1.24	Households with an Internet Subscription	<i>percent</i>	86.1	--	89.0	89.9	<i>2019-2023</i>	1
1.24	Mortgaged Owners Median Monthly Household Costs	<i>dollars</i>	1263	--	1472	1902	<i>2019-2023</i>	1
1.18	Female Population 16+ in Civilian Labor Force	<i>percent</i>	58.8	--	59.2	58.7	<i>2019-2023</i>	1
1.18	Households with a Computer	<i>percent</i>	85.5	--	85.2	86.0	<i>2024</i>	7
1.18	Median Household Income	<i>dollars</i>	71237	--	69680	78538	<i>2019-2023</i>	1

1.18	Voter Turnout: Presidential Election	<i>percent</i>	75.7	58.4	71.7	--	<i>2024</i>	18
1.12	Adults with Internet Access	<i>percent</i>	83.7	--	80.9	81.3	<i>2024</i>	7
1.06	Persons with an Internet Subscription	<i>percent</i>	90.1	--	91.3	92.0	<i>2019-2023</i>	1
0.97	Adults Who Vote in Presidential Elections: Always or Sometimes	<i>percent</i>	87.1	--	84.9	85.1	<i>2024</i>	7
0.97	Digital Distress		1.0	--	--	--	<i>2022</i>	19
0.94	Median Household Gross Rent	<i>dollars</i>	803	--	988	1348	<i>2019-2023</i>	1
0.88	Households with a Smartphone	<i>percent</i>	87.5	--	87.5	88.2	<i>2024</i>	7
0.82	Population 16+ in Civilian Labor Force	<i>percent</i>	60.9	--	60.1	59.8	<i>2019-2023</i>	1
0.82	Total Employment Change	<i>percent</i>	5.3	--	2.9	5.8	<i>2021-2022</i>	21
0.82	Violent Crime Rate	<i>crimes/ 100,000 population</i>	66.1	--	359.0	380.7	<i>2023</i>	16
0.79	Digital Divide Index	<i>DDI Score</i>	19.4	--	40.1	50.0	<i>2022</i>	19
0.76	Children in Single-Parent Households	<i>percent</i>	17.4	--	26.1	24.8	<i>2019-2023</i>	1
0.71	People 25+ with a High School Diploma or Higher	<i>percent</i>	92.6	--	91.6	89.4	<i>2019-2023</i>	1
0.47	Alcohol-Impaired Driving Deaths	<i>percent of driving deaths with alcohol involvement</i>	20.0	--	32.2	26.3	<i>2017-2021</i>	8
0.44	Persons with Health Insurance	<i>percent</i>	94.0	92.4	92.9	--	<i>2022</i>	22
0.29	Linguistic Isolation	<i>percent</i>	0.0	--	1.5	4.2	<i>2019-2023</i>	1

SCORE	DIABETES	UNITS	PREBLE COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source



2.00	Adults 20+ with Diabetes	<i>percent</i>	9.9	--	--	--	2021	5
1.94	Age-Adjusted Death Rate due to Diabetes	<i>deaths/ 100,000 population</i>	30.5	--	28.4	--	2020-2022	17
1.85	Diabetes: Medicare Population	<i>percent</i>	27.0	--	25.0	24.0	2023	6

SCORE	ECONOMY	UNITS	PREBLE COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
2.71	Residential Segregation - Black/White	<i>Score</i>	93.8	--	69.5	62.7	2024	8
2.65	Veterans Living Below Poverty Level	<i>percent</i>	8.3	--	7.4	7.2	2019-2023	1
2.56	Gender Pay Gap	<i>cents on the dollar</i>	0.6	--	0.7	0.7	2019-2023	1
2.41	Youth not in School or Working	<i>percent</i>	3.7	--	1.7	1.7	2019-2023	1
2.35	Unemployed Veterans	<i>percent</i>	3.7	--	2.8	3.2	2019-2023	1
2.00	Adults with Disability Living in Poverty	<i>percent</i>	27.3	--	28.2	24.6	2019-2023	1
2.00	Food Insecure Children Likely Ineligible for Assistance	<i>percent</i>	33.0	--	31.0	30.0	2022	9
1.94	Children Living Below Poverty Level	<i>percent</i>	17.3	--	18.0	16.3	2019-2023	1
1.76	Median Housing Unit Value	<i>dollars</i>	171100	--	199200	303400	2019-2023	1
1.76	Median Monthly Owner Costs for Households without a Mortgage	<i>dollars</i>	522	--	570	612	2019-2023	1
1.68	Adults who Feel Overwhelmed by Financial Burdens	<i>percent</i>	34.2	--	34.0	33.6	2024	7
1.65	People 65+ Living Below Poverty Level (Count)	<i>people</i>	671	--	--	--	2019-2023	1
1.59	Families Living Below Poverty Level	<i>percent</i>	8.7	--	9.2	8.7	2019-2023	1

1.47	Households that are Above the Asset Limited, Income Constrained, Employed (ALICE) Threshold	<i>percent</i>	65.0	--	61.0	--	2022	24
1.47	Households that are Asset Limited, Income Constrained, Employed (ALICE)	<i>percent</i>	24.5	--	25.0	--	2022	24
1.47	Young Children Living Below Poverty Level	<i>percent</i>	18.1	--	20.0	17.6	2019-2023	1
1.41	People Living Below Poverty Level	<i>percent</i>	11.2	8.0	13.2	12.4	2019-2023	1
1.41	Per Capita Income	<i>dollars</i>	35232	--	39455	43289	2019-2023	1
1.35	Households with a 401k Plan	<i>percent</i>	37.5	--	38.4	40.8	2024	7
1.35	Size of Labor Force	<i>persons</i>	21999	--	--	--	November 2024	20
1.32	Households with Cash Public Assistance Income	<i>percent</i>	2.4	--	2.5	2.7	2019-2023	1
1.24	Mortgaged Owners Median Monthly Household Costs	<i>dollars</i>	1263	--	1472	1902	2019-2023	1
1.18	Female Population 16+ in Civilian Labor Force	<i>percent</i>	58.8	--	59.2	58.7	2019-2023	1
1.18	Median Household Income	<i>dollars</i>	71237	--	69680	78538	2019-2023	1
1.15	Food Insecurity Rate	<i>percent</i>	13.4	--	14.1	13.5	2022	9
1.15	Students Eligible for the Free Lunch Program	<i>percent</i>	31.9	--	23.6	43.6	2023-2024	11
1.00	Households Living Below Poverty Level	<i>percent</i>	10.5	--	14.0	--	2022	24
1.00	Households that Used Check Cashing, Cash Advance, or Title Loan Shops	<i>percent</i>	1.9	--	2.0	2.0	2024	7
0.97	Child Food Insecurity Rate	<i>percent</i>	17.4	--	19.8	18.5	2022	9
0.94	Median Household Gross Rent	<i>dollars</i>	803	--	988	1348	2019-2023	1
0.94	People 65+ Living Below Poverty Level	<i>percent</i>	8.5	--	9.5	10.4	2019-2023	1

0.94	People Living Below 200% of Poverty Level	<i>percent</i>	25.9	--	29.4	28.5	2019-2023	1
0.88	Households with a Savings Account	<i>percent</i>	71.8	--	70.9	72.0	2024	7
0.82	Households with Student Loan Debt	<i>percent</i>	7.4	--	9.1	9.8	2024	7
0.82	Population 16+ in Civilian Labor Force	<i>percent</i>	60.9	--	60.1	59.8	2019-2023	1
0.82	Total Employment Change	<i>percent</i>	5.3	--	2.9	5.8	2021-2022	21
0.76	Families Living Below 200% of Poverty Level	<i>Percent</i>	19.4	--	22.7	22.4	2019-2023	1
0.65	Homeowner Vacancy Rate	<i>percent</i>	0.8	--	0.9	1.0	2019-2023	1
0.62	Overcrowded Households	<i>percent</i>	1.1	--	1.4	3.4	2019-2023	1
0.59	Renters Spending 30% or More of Household Income on Rent	<i>percent</i>	36.7	25.5	45.1	50.4	2019-2023	1
0.47	Unemployed Workers in Civilian Labor Force	<i>percent</i>	3.4	--	3.9	4.0	November 2024	20
0.44	Income Inequality		0.4	--	0.5	0.5	2019-2023	1
0.29	Severe Housing Problems	<i>percent</i>	8.5	--	12.8	16.7	2016-2020	8

SCORE	EDUCATION	UNITS	PREBLE COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
2.21	People 25+ with a Bachelor's Degree or Higher	<i>percent</i>	17.9	--	30.9	35.0	2019-2023	1
1.65	High School Graduation	<i>percent</i>	93.3	90.7	92.5	--	2022-2023	13

1.59	Veterans with a High School Diploma or Higher	<i>percent</i>	92.4	--	94.4	95.2	2019-2023	1
1.53	Student-to-Teacher Ratio	<i>students/ teacher</i>	16.1	--	16.6	15.2	2023-2024	11
0.88	Child Care Centers	<i>per 1,000 population under age 5</i>	8.8	--	8.0	7.0	2022	8
0.71	People 25+ with a High School Diploma or Higher	<i>percent</i>	92.6	--	91.6	89.4	2019-2023	1
SCORE	ENVIRONMENTAL HEALTH	UNITS	PREBLE COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
2.56	Access to Exercise Opportunities	<i>percent</i>	35.1	--	83.9	84.1	2024	8
2.24	Houses Built Prior to 1950	<i>percent</i>	30.6	--	24.9	16.4	2019-2023	1
2.12	Access to Parks	<i>percent</i>	12.6	--	59.6		2020	12
2.03	Broadband Quality Score	<i>BQS Score</i>	47.3	--	53.4	50.0	2022	19
1.94	PBT Released	<i>pounds</i>	17.9	--	--	--	2023	23
1.76	Adults with Current Asthma	<i>percent</i>	11.2	--	--	9.9	2022	4
1.74	Annual Ozone Air Quality	<i>grade</i>	C	--	--	--	2020-2022	2
1.65	Liquor Store Density	<i>stores/ 100,000 population</i>	7.3	--	5.7	10.5	2020	21
1.65	Number of Extreme Heat Events	<i>events</i>	19	--	--	--	2023	12
1.59	Proximity to Highways	<i>percent</i>	5.5	--	7.2		2020	12
1.53	Air Pollution due to Particulate Matter	<i>micrograms per cubic meter</i>	8.7	--	8.9	7.4	2019	8
1.50	Asthma: Medicare Population	<i>percent</i>	7.0	--	7.0	7.0	2023	6
1.35	Number of Extreme Precipitation Days	<i>days</i>	2	--	--	--	2023	12
1.35	Recognized Carcinogens Released into Air	<i>pounds</i>	11267.5	--	--	--	2023	23

1.35	Weeks of Moderate Drought or Worse	<i>weeks per year</i>	0.0	--	--	--	2021	12
1.09	Annual Particle Pollution	<i>grade</i>	A	--	--	--	2020-2022	2
0.79	Digital Divide Index	<i>DDI Score</i>	19.4	--	40.1	50.0	2022	19
0.79	Food Environment Index		8.3	--	7.0	7.7	2024	8
0.62	Overcrowded Households	<i>percent</i>	1.1	--	1.4	3.4	2019-2023	1
0.29	Severe Housing Problems	<i>percent</i>	8.5	--	12.8	16.7	2016-2020	8
SCORE	HEALTH CARE ACCESS & QUALITY	UNITS	PREBLE COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
2.71	Dentist Rate	<i>dentists/ 100,000 population</i>	14.8	--	65.2	73.5	2022	8
2.56	Primary Care Provider Rate	<i>providers/ 100,000 population</i>	17.1	--	75.3	74.9	2021	8
2.41	Non-Physician Primary Care Provider Rate	<i>providers/ 100,000 population</i>	54.2	--	140.0	131.4	2023	8
2.24	Mental Health Provider Rate	<i>providers/ 100,000 population</i>	93.6	--	326.1	313.9	2023	8
1.68	Preventable Hospital Stays: Medicare Population	<i>discharges/ 100,000 Medicare enrollees</i>	3136.0	--	3269.0	2769.0	2023	6
1.50	Adults With Group Health Insurance	<i>percent</i>	37.3	--	37.4	39.8	2024	7
1.50	Adults With Individual Health Insurance	<i>percent</i>	20.2	--	20.5	20.2	2024	7
1.41	Adults who Visited a Dentist	<i>percent</i>	61.4	--		63.9	2022	4
1.24	Adults who have had a Routine Checkup	<i>percent</i>	78.9	--		76.1	2022	4
0.97	Adults who go to the Doctor Regularly for Checkups	<i>percent</i>	68.5	--	65.2	65.1	2024	7
0.94	Adults with Health Insurance: 18+	<i>percent</i>	78.1	--	74.7	75.2	2024	7
0.74	Children with Health Insurance	<i>percent</i>	96.2	--	95.6	--	2022	22

0.44	Adults with Health Insurance: 18-64	<i>percent</i>	93.0	--	91.9	--	2022	22
0.44	Persons with Health Insurance	<i>percent</i>	94.0	92.4	92.9	--	2022	22

SCORE	HEART DISEASE & STROKE	UNITS	PREBLE COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
2.56	Heart Failure: Medicare Population	<i>percent</i>	15.0	--	12.0	11.0	2023	6
2.56	Ischemic Heart Disease: Medicare Population	<i>percent</i>	27.0	--	22.0	21.0	2023	6
2.47	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	<i>deaths/ 100,000 population</i>	73.2	33.4	46.0	--	2020-2022	17
2.21	Atrial Fibrillation: Medicare Population	<i>percent</i>	16.0	--	15.0	14.0	2023	6
2.12	Age-Adjusted Death Rate due to Coronary Heart Disease	<i>deaths/ 100,000 population</i>	111.8	71.1	101.6	--	2020-2022	17
2.09	Age-Adjusted Death Rate due to Heart Attack	<i>deaths/ 100,000 population 35+ years</i>	67.5	--	60.9	--	2021	12
1.94	High Blood Pressure Prevalence	<i>percent</i>	38.4	41.9	--	32.7	2021	4
1.85	Hyperlipidemia: Medicare Population	<i>percent</i>	69.0	--	67.0	66.0	2023	6
1.85	Hypertension: Medicare Population	<i>percent</i>	70.0	--	67.0	65.0	2023	6
1.76	Adults who Experienced Coronary Heart Disease	<i>percent</i>	9.1	--	--	6.8	2022	4
1.59	Adults who Experienced a Stroke	<i>percent</i>	4.1	--	--	3.6	2022	4
1.59	High Cholesterol Prevalence	<i>percent</i>	36.6	--	--	35.5	2021	4
1.24	Adults who Have Taken Medications for High Blood Pressure	<i>percent</i>	81.3	--	--	78.2	2021	4
1.24	Cholesterol Test History	<i>percent</i>	85.4	--	--	86.4	2021	4
0.79	Stroke: Medicare Population	<i>percent</i>	5.0	--	5.0	6.0	2023	6

SCORE	IMMUNIZATIONS & INFECTIOUS DISEASES	UNITS	PREBLE COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
1.85	Pneumonia Vaccinations: Medicare Population	percent	8.0	--	9.0	9.0	2023	6
1.71	Age-Adjusted Death Rate due to Influenza and Pneumonia	deaths/ 100,000 population	14.7	--	12.3	--	2019-2021	17
1.68	Adults who Agree Vaccine Benefits Outweigh Possible Risks	Percent	58.4	--	59.8	60.4	2024	7
1.50	Flu Vaccinations: Medicare Population	percent	41.0	--	50.0	3.0	2023	6
1.38	Syphilis Incidence Rate	cases/ 100,000 population	12.3	--	16.4	15.8	2023	14
1.24	Gonorrhea Incidence Rate	cases/ 100,000 population	73.9	--	168.8	179.5	2023	14
1.03	Chlamydia Incidence Rate	cases/ 100,000 population	221.7	--	464.2	492.2	2023	14
0.62	Overcrowded Households	percent	1.1	--	1.4	3.4	2019-2023	1
0.56	Tuberculosis Incidence Rate	cases/ 100,000 population	0.0	1.4	1.6	2.9	2023	14

SCORE	MATERNAL, FETAL & INFANT HEALTH	UNITS	PREBLE COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
2.09	Mothers who Received Early Prenatal Care	percent	66.6	--	68.6	75.3	2022	15
1.97	Mothers who Smoked During Pregnancy	percent	10.8	4.3	7.9	3.7	2022	15
0.82	Babies with Very Low Birthweight	percent	0.7	--	1.5	--	2022	15
0.82	Preterm Births	percent	6.9	9.4	10.8	--	2022	15
0.56	Babies with Low Birthweight	percent	6.2	--	8.7	8.6	2022	15
0.56	Teen Birth Rate: 15-17	live births/ 1,000 females aged 15-17	2.3	--	6.1	5.6	2022	15

SCORE	MENTAL HEALTH & MENTAL DISORDERS	UNITS	PREBLE COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
2.24	Mental Health Provider Rate	providers/ 100,000 population	93.6	--	326.1	313.9	2023	8
2.12	Adults Ever Diagnosed with Depression	percent	26.5	--	--	20.7	2022	4
2.00	Age-Adjusted Death Rate due to Suicide	deaths/ 100,000 population	16.7	12.8	14.6	--	2019-2021	17
1.94	Poor Mental Health: 14+ Days	percent	19.0	--	--	15.8	2022	4
1.32	Adults who Feel Life is Slipping Out of Control	Percent	23.9	--	24.1	23.9	2024	7
1.32	Depression: Medicare Population	percent	17.0	--	18.0	17.0	2023	6
1.29	Poor Mental Health: Average Number of Days	days	5.2	--	5.5	4.8	2021	8
1.18	Self-Reported General Health Assessment: Good or Better	percent	85.8	--	85.4	86.0	2024	7
0.62	Alzheimer's Disease or Dementia: Medicare Population	percent	5.0	--	6.0	6.0	2023	6
0.53	Age-Adjusted Death Rate due to Alzheimer's Disease	deaths/ 100,000 population	26.5	--	33.8	--	2020-2022	17

SCORE	NUTRITION & HEALTHY EATING	UNITS	PREBLE COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
1.85	Adults who Drank Soft Drinks: Past 7 Days	percent	51.5	--	48.6	47.5	2024	7
0.79	Adults who Frequently Cook Meals at Home	Percent	70.5	--	67.6	67.7	2024	7
0.79	Food Environment Index		8.3	--	7.0	7.7	2024	8

0.18	Adults Who Frequently Used Quick Service Restaurants: Past 30 Days	Percent	34.1	--	38.1	38.2	2024	7
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SCORE	OLDER ADULTS	UNITS	PREBLE COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
2.56	Heart Failure: Medicare Population	percent	15.0	--	12.0	11.0	2023	6
2.56	Ischemic Heart Disease: Medicare Population	percent	27.0	--	22.0	21.0	2023	6
2.21	Atrial Fibrillation: Medicare Population	percent	16.0	--	15.0	14.0	2023	6
2.21	COPD: Medicare Population	percent	15.0	--	13.0	11.0	2023	6
2.03	Chronic Kidney Disease: Medicare Population	percent	20.0	--	19.0	18.0	2023	6
2.00	Age-Adjusted Death Rate due to Falls	deaths/ 100,000 population	14.7	--	12.1		2020-2022	17
1.94	People 65+ Living Alone	percent	28.0	--	30.2	26.5	2019-2023	1
1.94	People 65+ Living Alone (Count)	people	2266	--	--	--	2019-2023	1
1.85	Diabetes: Medicare Population	percent	27.0	--	25.0	24.0	2023	6
1.85	Hyperlipidemia: Medicare Population	percent	69.0	--	67.0	66.0	2023	6
1.85	Hypertension: Medicare Population	percent	70.0	--	67.0	65.0	2023	6
1.85	Mammography Screening: Medicare Population	percent	45.0	--	51.0	39.0	2023	6
1.76	Adults 65+ with Total Tooth Loss	percent	15.8	--	--	12.2	2022	4
1.65	People 65+ Living Below Poverty Level (Count)	people	671	--	--	--	2019-2023	1
1.50	Asthma: Medicare Population	percent	7.0	--	7.0	7.0	2023	6
1.50	Osteoporosis: Medicare Population	percent	11.0	--	11.0	12.0	2023	6
1.50	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	percent	38.0	--	39.0	36.0	2023	6

1.47	Prostate Cancer Incidence Rate	<i>cases/ 100,000 males</i>	109.8	--	118.1	113.2	2017-2021	10
1.32	Depression: Medicare Population	<i>percent</i>	17.0	--	18.0	17.0	2023	6
0.97	Cancer: Medicare Population	<i>percent</i>	11.0	--	12.0	12.0	2023	6
0.94	People 65+ Living Below Poverty Level	<i>percent</i>	8.5	--	9.5	10.4	2019-2023	1
0.79	Stroke: Medicare Population	<i>percent</i>	5.0	--	5.0	6.0	2023	6
0.62	Alzheimer's Disease or Dementia: Medicare Population	<i>percent</i>	5.0	--	6.0	6.0	2023	6
0.53	Age-Adjusted Death Rate due to Alzheimer's Disease	<i>deaths/ 100,000 population</i>	26.5	--	33.8	--	2020-2022	17
SCORE	ORAL HEALTH	UNITS	PREBLE COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
2.71	Dentist Rate	<i>dentists/ 100,000 population</i>	14.8	--	65.2	73.5	2022	8
1.76	Adults 65+ with Total Tooth Loss	<i>percent</i>	15.8	--	--	12.2	2022	4
1.41	Adults who Visited a Dentist	<i>percent</i>	61.4	--	--	63.9	2022	4
1.12	Oral Cavity and Pharynx Cancer Incidence Rate	<i>cases/ 100,000 population</i>	11.8	--	12.8	12.0	2017-2021	10

SCORE	OTHER CHRONIC CONDITIONS	UNITS	PREBLE COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
2.03	Chronic Kidney Disease: Medicare Population	<i>percent</i>	20.0	--	19.0	18.0	2023	6
1.94	Adults with Arthritis	<i>percent</i>	33.2	--	--	26.6	2022	4
1.82	Age-Adjusted Death Rate due to Kidney Disease	<i>deaths/ 100,000 population</i>	16.6	--	15.1	--	2020-2022	17
1.50	Osteoporosis: Medicare Population	<i>percent</i>	11.0	--	11.0	12.0	2023	6

1.50	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	<i>percent</i>	38.0	--	39.0	36.0	2023	6
SCORE	PHYSICAL ACTIVITY	UNITS	PREBLE COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
2.56	Access to Exercise Opportunities	<i>percent</i>	35.1	--	83.9	84.1	2024	8
2.12	Access to Parks	<i>percent</i>	12.6	--	59.6	--	2020	12
1.82	Adults 20+ who are Sedentary	<i>percent</i>	22.5	--	--	--	2021	5
1.47	Adults 20+ Who Are Obese	<i>percent</i>	31.6	36.0	--	--	2021	5
1.35	Workers who Walk to Work	<i>percent</i>	2.0	--	2.0	2.4	2019-2023	1
SCORE	PREVENTION & SAFETY	UNITS	PREBLE COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
2.38	Death Rate due to Motor Vehicle Collisions	<i>deaths/ 100,000 population</i>	21.9	--	10.9	12.0	2015-2021	8
2.03	Death Rate due to Drug Poisoning	<i>deaths/ 100,000 population</i>	39.2	20.7	42.2	27.2	2019-2021	8
2.03	Death Rate due to Injuries	<i>deaths/ 100,000 population</i>	108.5	--	99.4	80.0	2017-2021	8
2.00	Age-Adjusted Death Rate due to Falls	<i>deaths/ 100,000 population</i>	14.7	--	12.1	--	2020-2022	17
1.94	Age-Adjusted Death Rate due to Unintentional Injuries	<i>deaths/ 100,000 population</i>	78.1	43.2	69.9	51.6	2018-2020	5
1.50	Age-Adjusted Death Rate due to Unintentional Poisonings	<i>deaths/ 100,000 population</i>	43.4	--	46.5	--	2020-2022	17
0.29	Severe Housing Problems	<i>percent</i>	8.5	--	12.8	16.7	2016-2020	8

SCORE	RESPIRATORY DISEASES	UNITS	PREBLE COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
2.41	Age-Adjusted Death Rate due to Lung Cancer	<i>deaths/ 100,000 population</i>	52.0	25.1	39.8	32.4	2018-2022	10
2.21	COPD: Medicare Population	<i>percent</i>	15.0	--	13.0	11.0	2023	6

2.12	Adults who Smoke	<i>percent</i>	20.8	6.1	--	12.9	2022	4
2.12	Adults with COPD	<i>Percent of adults</i>	10.9	--	--	6.8	2022	4
2.12	Lung and Bronchus Cancer Incidence Rate	<i>cases/ 100,000 population</i>	81.3	--	64.3	53.1	2017-2021	10
1.94	Adults Who Used Smokeless Tobacco: Past 30 Days	<i>percent</i>	3.0	--	1.7	1.6	2024	7
1.76	Adults with Current Asthma	<i>percent</i>	11.2	--	--	9.9	2022	4
1.71	Age-Adjusted Death Rate due to Influenza and Pneumonia	<i>deaths/ 100,000 population</i>	14.7	--	12.3	--	2019-2021	17
1.59	Proximity to Highways	<i>percent</i>	5.5	--	7.2	--	2020	12
1.50	Asthma: Medicare Population	<i>percent</i>	7.0	--	7.0	7.0	2023	6
1.18	Age-Adjusted Death Rate due to Chronic Lower Respiratory Diseases	<i>deaths/ 100,000 population</i>	42.3	--	42.8	--	2020-2022	17
1.15	Adults Who Used Electronic Cigarettes: Past 30 Days	<i>percent</i>	6.8	--	6.9	6.8	2024	7
0.56	Tuberculosis Incidence Rate	<i>cases/ 100,000 population</i>	0.0	1.4	1.6	2.9	2023	14

SCORE	SEXUALLY TRANSMITTED INFECTIONS	UNITS	PREBLE COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
1.38	Syphilis Incidence Rate	<i>cases/ 100,000 population</i>	12.3	--	16.4	15.8	2023	14
1.24	Gonorrhea Incidence Rate	<i>cases/ 100,000 population</i>	73.9	--	168.8	179.5	2023	14
1.03	Chlamydia Incidence Rate	<i>cases/ 100,000 population</i>	221.7	--	464.2	492.2	2023	14

SCORE	TOBACCO USE	UNITS	PREBLE COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
2.12	Adults who Smoke	<i>percent</i>	20.8	6.1	--	12.9	2022	4
2.12	Lung and Bronchus Cancer Incidence Rate	<i>cases/ 100,000 population</i>	81.3	--	64.3	53.1	2017-2021	10
1.94	Adults Who Used Smokeless Tobacco: Past 30 Days	<i>percent</i>	3.0	--	1.7	1.6	2024	7
1.15	Adults Who Used Electronic Cigarettes: Past 30 Days	<i>percent</i>	6.8	--	6.9	6.8	2024	7
SCORE	WELLNESS & LIFESTYLE	UNITS	PREBLE COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
1.94	High Blood Pressure Prevalence	<i>percent</i>	38.4	41.9	--	32.7	2021	4
1.94	Poor Physical Health: 14+ Days	<i>percent</i>	15.6	--	--	12.7	2022	4
1.85	Life Expectancy	<i>years</i>	74.4	--	75.6	77.6	2019-2021	8
1.76	Self-Reported General Health Assessment: Poor or Fair	<i>percent</i>	21.1	--		17.9	2022	4
1.68	Adults who Agree Vaccine Benefits Outweigh Possible Risks	<i>Percent</i>	58.4	--	59.8	60.4	2024	7
1.53	Poor Physical Health: Average Number of Days	<i>days</i>	3.9	--	3.6	3.3	2021	8
1.41	Insufficient Sleep	<i>percent</i>	36.8	26.7	--	36.0	2022	4
1.32	Adults who Feel Life is Slipping Out of Control	<i>Percent</i>	23.9	--	24.1	23.9	2024	7
1.18	Self-Reported General Health Assessment: Good or Better	<i>percent</i>	85.8	--	85.4	86.0	2024	7
1.15	Adults Happy with Weight	<i>Percent</i>	42.6	--	42.1	42.6	2024	7
0.79	Adults who Frequently Cook Meals at Home	<i>Percent</i>	70.5	--	67.6	67.7	2024	7
0.18	Adults Who Frequently Used Quick Service Restaurants: Past 30 Days	<i>Percent</i>	34.1	--	38.1	38.2	2024	7

SCORE	WOMEN'S HEALTH	UNITS	PREBLE COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
3.00	Breast Cancer Incidence Rate	<i>cases/ 100,000 females</i>	148.2	--	132.3	129.8	2017-2021	10
1.85	Mammography Screening: Medicare Population	<i>percent</i>	45.0	--	51.0	39.0	2023	6
1.41	Cervical Cancer Screening: 21-65	<i>Percent</i>	81.8	--	--	82.8	2020	4
1.41	Mammogram in Past 2 Years: 50-74	<i>percent</i>	74.6	80.3	--	76.5	2022	4
0.47	Age-Adjusted Death Rate due to Breast Cancer	<i>deaths/ 100,000 females</i>	17.6	15.3	20.2	19.3	2018-2022	10

TABLE 11: RANDOLPH INDICATOR SCORING DATA SOURCE KEY

Key	Data Source
1	American Community Survey 5-Year
2	Annie E. Casey Foundation
3	CDC - PLACES
4	Centers for Disease Control and Prevention
5	Centers for Medicare & Medicaid Services
6	Claritas Consumer Profiles
7	County Health Rankings
8	Feeding America
9	Indiana Department of Correction
10	Indiana Secretary of State
11	Indiana State Department of Health
12	National Cancer Institute
13	National Center for Education Statistics
14	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
15	National Environmental Public Health Tracking Network
16	Purdue Center for Regional Development
17	U.S. Bureau of Labor Statistics
18	U.S. Census - County Business Patterns
19	U.S. Census Bureau - Small Area Health Insurance Estimates
20	U.S. Environmental Protection Agency
21	United For ALICE

TABLE 12: ALL RANDOLPH COUNTY SECONDARY DATA INDICATORS

SCORE	ALCOHOL & DRUG USE	UNITS	RANDOLPH COUNTY	HP2030	IN	U.S.	MEASUREMENT PERIOD	Source
2.71	Liquor Store Density	<i>stores/ 100,000 population</i>	20.5	--	12.9	10.9	2022	18
2.56	Age-Adjusted Drug and Opioid-Involved Overdose Death Rate	<i>Deaths per 100,000 population</i>	45.7	--	29.6	23.5	2018-2020	4
2.56	Death Rate due to Drug Poisoning	<i>deaths/ 100,000 population</i>	56.0	20.7	33.7	27.2	2019-2021	7
2.29	Mothers who Smoked During Pregnancy	<i>percent</i>	20.3	4.3	9.8	4.6	2021	11
1.59	Non-Fatal Emergency Department Visits due to Opioid Overdoses	<i>Rate per 100,000 population</i>	109.5	--	75.2	--	2019	11
1.06	Adults who Binge Drink	<i>percent</i>	15.2	--	--	16.6	2022	3
0.47	Adults who Drink Excessively	<i>percent</i>	15.7	--	18.2	18.1	2021	7

SCORE	CANCER	UNITS	RANDOLPH COUNTY	HP2030	IN	U.S.	MEASUREMENT PERIOD	Source
2.71	Age-Adjusted Death Rate due to Breast Cancer	<i>deaths/ 100,000 females</i>	25.1	15.3	20.4	19.6	2016-2020	12
2.71	Age-Adjusted Death Rate due to Cancer	<i>deaths/ 100,000 population</i>	184.2	122.7	165.0	146.0	2018-2022	12
2.71	Age-Adjusted Death Rate due to Lung Cancer	<i>deaths/ 100,000 population</i>	51.1	25.1	42.1	32.4	2018-2022	12
2.71	Age-Adjusted Death Rate due to Prostate Cancer	<i>deaths/ 100,000 males</i>	35.3	16.9	20.4	19.0	2018-2022	12

2.71	Colorectal Cancer Incidence Rate	<i>cases/ 100,000 population</i>	51.3	--	41.1	37.7	2015-2019	12
2.00	Age-Adjusted Death Rate due to Colorectal Cancer	<i>deaths/ 100,000 population</i>	15.6	8.9	14.6	12.9	2018-2022	12
1.94	Adults with Cancer (Non-Skin) or Melanoma	<i>percent</i>	9.6	--	--	8.2	2022	3
1.76	Colon Cancer Screening: USPSTF Recommendation	<i>percent</i>	64.4	--	--	66.3	2022	3
1.76	Mammogram in Past 2 Years: 50-74	<i>percent</i>	74.2	80.3	--	76.5	2022	3
1.71	Lung and Bronchus Cancer Incidence Rate	<i>cases/ 100,000 population</i>	70.6	--	69.2	56.3	2015-2019	12
1.59	Cervical Cancer Screening: 21-65	<i>Percent</i>	80.8	--	--	82.8	2020	3
1.00	All Cancer Incidence Rate	<i>cases/ 100,000 population</i>	442.0	--	456.8	449.4	2015-2019	12
0.97	Cancer: Medicare Population	<i>percent</i>	11.0	--	12.0	12.0	2023	5
0.97	Mammography Screening: Medicare Population	<i>percent</i>	51.0	--	51.0	39.0	2023	5
0.82	Prostate Cancer Incidence Rate	<i>cases/ 100,000 males</i>	92.1	--	99.9	109.9	2015-2019	12
0.47	Oral Cavity and Pharynx Cancer Incidence Rate	<i>cases/ 100,000 population</i>	10.8	--	12.8	11.9	2014-2018	12
0.29	Breast Cancer Incidence Rate	<i>cases/ 100,000 females</i>	98.5	--	124.3	128.1	2015-2019	12

SCORE	CHILDREN'S HEALTH	UNITS	RANDOLPH COUNTY	HP2030	IN	U.S.	MEASUREMENT PERIOD	Source
2.47	Child Abuse Rate	<i>cases/ 1,000 children</i>	45.5	--	20.8	--	2017	2
2.03	Blood Lead Levels in Children (>=3.5 micrograms per deciliter)	<i>Percent</i>	4.6	--	1.7	--	2023	11

2.03	Child Food Insecurity Rate	percent	19.9	--	18.2	18.5	2022	8
1.94	Child Care Centers	per 1,000 population under age 5	3.3	--	3.6	7.0	2022	7
1.68	Child Mortality Rate: Under 20	deaths/ 100,000 population under 20	61.8	--	61.9	50.6	2018-2021	7
0.94	Food Insecure Children Likely Ineligible for Assistance	percent	25.0	--	30.0	30.0	2022	8
0.79	Children with Health Insurance	percent	95.0	--	94.7	--	2022	19

SCORE	COMMUNITY	UNITS	RANDOLPH COUNTY	HP2030	IN	U.S.	MEASUREMENT PERIOD	Source
3.00	People 25+ with a Bachelor's Degree or Higher	percent	14.4	--	28.8	35.0	2019-2023	1
2.82	People Living Below Poverty Level	percent	15.0	8.0	12.2	12.4	2019-2023	1
2.82	Young Children Living Below Poverty Level	percent	25.0	--	17.9	17.6	2019-2023	1
2.53	Children Living Below Poverty Level	percent	22.4	--	15.7	16.3	2019-2023	1
2.47	Child Abuse Rate	cases/ 1,000 children	45.5	--	20.8	--	2017	2
2.41	Total Employment Change	percent	-0.8	--	4.4	5.8	2021-2022	18
2.38	Adults With Group Health Insurance	percent	31.7	--	38.1	39.8	2024	6
2.38	Broadband Quality Score	BQS Score	41.2	--	62.0	50.0	2022	16
2.38	Death Rate due to Motor Vehicle Collisions	deaths/ 100,000 population	20.8	--	13.0	12.0	2015-2021	7
2.29	Age-Adjusted Death Rate due to Motor Vehicle Traffic Collisions	deaths/ 100,000 population	27.9	10.1	12.3	11.4	2015-2017	4

2.29	Population 16+ in Civilian Labor Force	<i>percent</i>	56.1	--	61.1	59.8	<i>2019-2023</i>	1
2.12	Female Population 16+ in Civilian Labor Force	<i>percent</i>	55.2	--	59.2	58.7	<i>2019-2023</i>	1
2.12	Median Housing Unit Value	<i>dollars</i>	106000	--	201600	303400	<i>2019-2023</i>	1
1.94	Median Household Income	<i>dollars</i>	61121	--	70051	78538	<i>2019-2023</i>	1
1.94	Per Capita Income	<i>dollars</i>	31036	--	37178	43289	<i>2019-2023</i>	1
1.88	Children in Single-Parent Households	<i>percent</i>	26.1	--	23.8	24.8	<i>2019-2023</i>	1
1.88	People 65+ Living Alone	<i>percent</i>	29.8	--	28.3	26.5	<i>2019-2023</i>	1
1.88	Workers who Drive Alone to Work	<i>percent</i>	80.7	--	77.3	70.2	<i>2019-2023</i>	1
1.85	Residential Segregation - Black/White	<i>Score</i>	65.9	--	67.8	62.0	<i>2020</i>	7
1.82	Adults with Internet Access	<i>percent</i>	81.2	--	81.8	81.3	<i>2024</i>	6
1.71	Workers Commuting by Public Transportation	<i>percent</i>	0.3	5.3	0.7	3.5	<i>2019-2023</i>	1
1.65	Average Daily Jail Population	<i>offenders</i>	2	--	--	--	<i>2022</i>	9
1.65	Juveniles Admitted into Correctional Facilities	<i>juveniles</i>	3	--	--	--	<i>2023</i>	9
1.59	Households with a Computer	<i>percent</i>	83.1	--	85.6	86.0	<i>2024</i>	6
1.59	Households with a Smartphone	<i>percent</i>	85.6	--	88.3	88.2	<i>2024</i>	6
1.59	Median Monthly Owner Costs for Households without a Mortgage	<i>dollars</i>	470	--	498	612	<i>2019-2023</i>	1
1.53	Mean Travel Time to Work	<i>minutes</i>	25.2	--	24.0	26.6	<i>2019-2023</i>	1
1.50	Adults Who Vote in Presidential Elections: Always or Sometimes	<i>percent</i>	85.7	--	84.8	85.1	<i>2024</i>	6

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1.50	Digital Divide Index	<i>DDI Score</i>	24.9	--	26.5	50.0	2022	16
1.41	Households with an Internet Subscription	<i>percent</i>	84.1	--	88.5	89.9	2019-2023	1
1.41	Persons with an Internet Subscription	<i>percent</i>	88.0	--	90.9	92.0	2019-2023	1
1.35	Adults Admitted into Correctional Facilities	<i>adults</i>	11	--	--	--	2023	9
1.35	People 65+ Living Alone (Count)	<i>people</i>	1477	--	--	--	2019-2023	1
1.35	Solo Drivers with a Long Commute	<i>percent</i>	33.4	--	32.2	36.4	2018-2022	7
1.35	Voter Turnout: Presidential Election	<i>percent</i>	63.0	58.4	62.0	--	2024	10
1.35	Workers who Walk to Work	<i>percent</i>	2.1	--	2.0	2.4	2019-2023	1
1.32	Adults With Individual Health Insurance	<i>percent</i>	19.8	--	19.7	20.2	2024	6
1.32	Digital Distress		2.0	--	--	--	2022	16
1.29	Linguistic Isolation	<i>percent</i>	1.1	--	1.9	4.2	2019-2023	1
1.15	Persons with Health Insurance	<i>percent</i>	91.1	92.4	91.8	--	2022	19
1.06	Households with One or More Types of Computing Devices	<i>percent</i>	92.2	--	93.6	94.8	2019-2023	1
1.00	Youth not in School or Working	<i>percent</i>	1.5	--	1.6	1.7	2019-2023	1
0.94	Social Associations	<i>membership associations/ 10,000 population</i>	13.1	--	11.8	9.1	2021	7
0.88	Mortgaged Owners Median Monthly Household Costs	<i>dollars</i>	1061	--	1355	1902	2019-2023	1
0.71	People 25+ with a High School Diploma or Higher	<i>percent</i>	90.6	--	90.2	89.4	2019-2023	1
0.59	Median Household Gross Rent	<i>dollars</i>	741	--	1020	1348	2019-2023	1

0.44	Alcohol-Impaired Driving Deaths	<i>percent of driving deaths with alcohol involvement</i>	8.0	--	18.3	26.3	2017-2021	7
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SCORE	ECONOMY	UNITS	RANDOLPH COUNTY	HP2030	IN	U.S.	MEASUREMENT PERIOD	Source
3.00	Families Living Below Poverty Level	<i>percent</i>	12.9	--	8.4	8.7	2019-2023	1
3.00	Unemployed Veterans	<i>percent</i>	5.3	--	3.1	3.2	2019-2023	1
2.82	People Living Below Poverty Level	<i>percent</i>	15.0	8.0	12.2	12.4	2019-2023	1
2.82	Young Children Living Below Poverty Level	<i>percent</i>	25.0	--	17.9	17.6	2019-2023	1
2.53	Children Living Below Poverty Level	<i>percent</i>	22.4	--	15.7	16.3	2019-2023	1
2.41	Total Employment Change	<i>percent</i>	-0.8	--	4.4	5.8	2021-2022	18
2.38	Families Living Below 200% of Poverty Level	<i>Percent</i>	31.4	--	22.7	22.4	2019-2023	1
2.38	Food Insecurity Rate	<i>percent</i>	15.6	--	13.9	13.5	2022	8
2.38	People Living Below 200% of Poverty Level	<i>percent</i>	36.3	--	29.5	28.5	2019-2023	1
2.35	Overcrowded Households	<i>percent</i>	3.1	--	1.7	3.4	2019-2023	1
2.29	Population 16+ in Civilian Labor Force	<i>percent</i>	56.1	--	61.1	59.8	2019-2023	1
2.29	Renters Spending 30% or More of Household Income on Rent	<i>percent</i>	48.8	25.5	47.4	50.4	2019-2023	1
2.12	Female Population 16+ in Civilian Labor Force	<i>percent</i>	55.2	--	59.2	58.7	2019-2023	1
2.12	Median Housing Unit Value	<i>dollars</i>	106000	--	201600	303400	2019-2023	1
2.03	Adults who Feel Overwhelmed by Financial Burdens	<i>percent</i>	35.6	--	34.6	33.6	2024	6

2.03	Child Food Insecurity Rate	<i>percent</i>	19.9	--	18.2	18.5	2022	8
1.94	Households with a 401k Plan	<i>percent</i>	32.6	--	38.8	40.8	2024	6
1.94	Median Household Income	<i>dollars</i>	61121	--	70051	78538	2019-2023	1
1.94	Per Capita Income	<i>dollars</i>	31036		37178	43289	2019-2023	1
1.88	Households with a Savings Account	<i>percent</i>	67.8	--	71.1	72.0	2024	6
1.85	Residential Segregation - Black/White	<i>Score</i>	65.9	--	67.8	62.0	2020	7
1.82	Households that are Above the Asset Limited, Income Constrained, Employed (ALICE) Threshold	<i>percent</i>	58.5	--	60.0	--	2022	21
1.82	Households that are Asset Limited, Income Constrained, Employed (ALICE)	<i>percent</i>	28.5	--	27.0	--	2022	21
1.71	Unemployed Workers in Civilian Labor Force	<i>percent</i>	4.3	--	4.2	4.0	November 2024	17
1.65	Size of Labor Force	<i>persons</i>	11728	--	--	--	November 2024	17
1.59	Homeowner Vacancy Rate	<i>percent</i>	1.1	--	0.9	1.0	2019-2023	1
1.59	Median Monthly Owner Costs for Households without a Mortgage	<i>dollars</i>	470	--	498	612	2019-2023	1
1.53	Households Living Below Poverty Level	<i>percent</i>	13.1	--	13.0	--	2022	21
1.53	Households that Used Check Cashing, Cash Advance, or Title Loan Shops	<i>percent</i>	1.9	--	1.9	2.0	2024	6
1.50	Households with Cash Public Assistance Income	<i>percent</i>	2.1	--	1.9	2.7	2019-2023	1
1.35	Adults with Disability Living in Poverty	<i>percent</i>	25.0	--	25.0	24.6	2019-2023	1
1.35	People 65+ Living Below Poverty Level	<i>percent</i>	9.4	--	8.6	10.4	2019-2023	1

1.35	People 65+ Living Below Poverty Level (Count)	<i>people</i>	444	--	--	--	<i>2019-2023</i>	1
1.00	Veterans Living Below Poverty Level	<i>percent</i>	6.3	--	6.6	7.2	<i>2019-2023</i>	1
1.00	Youth not in School or Working	<i>percent</i>	1.5	--	1.6	1.7	<i>2019-2023</i>	1
0.94	Food Insecure Children Likely Ineligible for Assistance	<i>percent</i>	25.0	--	30.0	30.0	<i>2022</i>	8
0.88	Mortgaged Owners Median Monthly Household Costs	<i>dollars</i>	1061	--	1355	1902	<i>2019-2023</i>	1
0.79	Income Inequality		0.4	--	0.5	0.5	<i>2019-2023</i>	1
0.65	Gender Pay Gap	<i>cents on the dollar</i>	0.8	--	0.7	0.7	<i>2019-2023</i>	1
0.59	Median Household Gross Rent	<i>dollars</i>	741	--	1020	1348	<i>2019-2023</i>	1
0.47	Severe Housing Problems	<i>percent</i>	9.7	--	12.2	16.7	<i>2016-2020</i>	7
0.18	Households with Student Loan Debt	<i>percent</i>	6.7	--	9.5	9.8	<i>2024</i>	6
0.00	Students Eligible for the Free Lunch Program	<i>percent</i>	31.4	--	42.4	43.6	<i>2023-2024</i>	13

SCORE	EDUCATION	UNITS	RANDOLPH COUNTY	HP2030	IN	U.S.	MEASUREMENT PERIOD	Source
3.00	People 25+ with a Bachelor's Degree or Higher	<i>percent</i>	14.4	--	28.8	35.0	<i>2019-2023</i>	1
2.71	Student-to-Teacher Ratio	<i>students/teacher</i>	19.2	--	15.3	15.2	<i>2023-2024</i>	13
2.29	High School Graduation	<i>percent</i>	71.2	90.7	88.3	86.2	<i>2020-2021</i>	7
1.94	Child Care Centers	<i>per 1,000 population under age 5</i>	3.3	--	3.6	7.0	<i>2022</i>	7

1.71	Veterans with a High School Diploma or Higher	percent	93.3	--	94.5	95.2	2019-2023	1
0.71	People 25+ with a High School Diploma or Higher	percent	90.6	--	90.2	89.4	2019-2023	1

SCORE	ENVIRONMENTAL HEALTH	UNITS	RANDOLPH COUNTY	HP2030	IN	U.S.	MEASUREMENT PERIOD	Source
2.71	Liquor Store Density	stores/100,000 population	20.5	--	12.9	10.9	2022	18
2.56	Access to Exercise Opportunities	percent	43.3	--	76.5	84.1	2024	7
2.38	Broadband Quality Score	BQS Score	41.2	--	62.0	50.0	2022	16
2.35	Overcrowded Households	percent	3.1	--	1.7	3.4	2019-2023	1
2.24	Air Pollution due to Particulate Matter	micrograms per cubic meter	9.2	--	8.8	7.4	2019	7
2.12	Access to Parks	percent	9.6	--	42.1	--	2020	15
2.12	Adults with Current Asthma	percent	11.5	--		9.9	2022	3
2.12	Houses Built Prior to 1950	percent	43.4	--	21.4	16.4	2019-2023	1
2.03	Blood Lead Levels in Children (>=3.5 micrograms per deciliter)	Percent	4.6	--	1.7	--	2023	11
1.65	Number of Extreme Heat Days	days	20	--	--	--	2023	15
1.65	Number of Extreme Heat Events	events	17	--	--	--	2023	15
1.65	PBT Released	pounds	1150.1	--	--	--	2023	20
1.50	Digital Divide Index	DDI Score	24.9	--	26.5	50.0	2022	16
1.35	Food Environment Index		7.6	--	6.8	7.7	2024	7
1.35	Recognized Carcinogens Released into Air	pounds	5558.7	--	--	--	2023	20

1.35	Weeks of Moderate Drought or Worse	<i>weeks per year</i>	0.0	--	--	--	<i>2021</i>	15
1.06	Number of Extreme Precipitation Days	<i>days</i>	1	--	--	--	<i>2023</i>	15
1.06	Proximity to Highways	<i>percent</i>	2.4	--	5.3	--	<i>2020</i>	15
0.79	Asthma: Medicare Population	<i>percent</i>	6.0	--	7.0	7.0	<i>2023</i>	5
0.47	Severe Housing Problems	<i>percent</i>	9.7	--	12.2	16.7	<i>2016-2020</i>	7

SCORE	HEALTH CARE ACCESS & QUALITY	UNITS	RANDOLPH COUNTY	HP2030	IN	U.S.	MEASUREMENT PERIOD	Source
2.56	Primary Care Provider Rate	<i>providers/ 100,000 population</i>	16.4	--	65.6	74.9	<i>2021</i>	7
2.53	Non-Physician Primary Care Provider Rate	<i>providers/ 100,000 population</i>	57.3	--	129.5	131.4	<i>2023</i>	7
2.41	Mental Health Provider Rate	<i>providers/ 100,000 population</i>	45.0	--	199.8	313.9	<i>2023</i>	7
2.38	Adults With Group Health Insurance	<i>percent</i>	31.7	--	38.1	39.8	<i>2024</i>	6
2.21	Dentist Rate	<i>dentists/ 100,000 population</i>	28.6	--	59.5	73.5	<i>2022</i>	7
2.12	Adults who Visited a Dentist	<i>percent</i>	57.4	--		63.9	<i>2022</i>	3
2.03	Preventable Hospital Stays: Medicare Population	<i>discharges/ 100,000 Medicare enrollees</i>	3271.0		3202.0	2769.0	<i>2023</i>	5
2.00	Adults with Health Insurance: 18+	<i>percent</i>	74.9	--	75.0	75.2	<i>2024</i>	6
1.62	Adults with Health Insurance: 18-64	<i>percent</i>	89.5	--	90.6	--	<i>2022</i>	19

1.50	Adults who go to the Doctor Regularly for Checkups	<i>percent</i>	65.9	--	64.8	65.1	2024	6
1.41	Adults who have had a Routine Checkup	<i>percent</i>	77.6	--		76.1	2022	3
1.32	Adults With Individual Health Insurance	<i>percent</i>	19.8	--	19.7	20.2	2024	6
1.15	Persons with Health Insurance	<i>percent</i>	91.1	92.4	91.8	--	2022	19
0.79	Children with Health Insurance	<i>percent</i>	95.0	--	94.7	--	2022	19

SCORE	HEART DISEASE & STROKE	UNITS	RANDOLPH COUNTY	HP2030	IN	U.S.	MEASUREMENT PERIOD	Source
2.56	Heart Failure: Medicare Population	<i>percent</i>	15.0	--	12.0	11.0	2023	5
2.56	Ischemic Heart Disease: Medicare Population	<i>percent</i>	28.0	--	23.0	21.0	2023	5
2.38	Atrial Fibrillation: Medicare Population	<i>percent</i>	16.0	--	15.0	14.0	2023	5
2.38	Hypertension: Medicare Population	<i>percent</i>	74.0	--	69.0	65.0	2023	5
2.29	Adults who Experienced Coronary Heart Disease	<i>percent</i>	9.6	--	--	6.8	2022	3
2.21	Hyperlipidemia: Medicare Population	<i>percent</i>	71.0	--	67.0	66.0	2023	5
2.15	Age-Adjusted Death Rate due to Heart Attack	<i>deaths/ 100,000 population 35+ years</i>	91.6	--	66.9	--	2021	15
2.12	Adults who Experienced a Stroke	<i>percent</i>	4.6	--	--	3.6	2022	3
2.12	High Blood Pressure Prevalence	<i>percent</i>	39.5	41.9	--	32.7	2021	3
1.76	Cholesterol Test History	<i>percent</i>	82.5	--	--	86.4	2021	3
1.76	High Cholesterol Prevalence	<i>percent</i>	37.3	--	--	35.5	2021	3
0.97	Stroke: Medicare Population	<i>percent</i>	5.0	--	5.0	6.0	2023	5
0.88	Adults who Have Taken Medications for High Blood Pressure	<i>percent</i>	82.3	--	--	78.2	2021	3

SCORE	IMMUNIZATIONS & INFECTIOUS DISEASES	UNITS	RANDOLPH COUNTY	HP2030	IN	U.S.	MEASUREMENT PERIOD	Source
2.35	Overcrowded Households	<i>percent</i>	3.1	--	1.7	3.4	2019-2023	1
2.03	Adults who Agree Vaccine Benefits Outweigh Possible Risks	<i>Percent</i>	56.2	--	58.8	60.4	2024	6
2.03	Pneumonia Vaccinations: Medicare Population	<i>percent</i>	7.0	--	10.0	9.0	2023	5
1.88	Hepatitis C Prevalence	<i>Rate per 100,000 population</i>	106.6	--	70.4	--	2021	11
1.50	Flu Vaccinations: Medicare Population	<i>percent</i>	41.0	--	49.0	3.0	2023	5
1.29	Chlamydia Incidence Rate	<i>cases/ 100,000 population</i>	342.7	--	491.0	492.2	2023	14
1.18	Gonorrhea Incidence Rate	<i>cases/ 100,000 population</i>	78.5	--	144.0	179.5	2023	14
SCORE	MATERNAL, FETAL & INFANT HEALTH	UNITS	RANDOLPH COUNTY	HP2030	IN	U.S.	MEASUREMENT PERIOD	Source
2.29	Mothers who Smoked During Pregnancy	<i>percent</i>	20.3	4.3	9.8	4.6	2021	11
1.97	Teen Birth Rate: 15-19	<i>live births/ 1,000 females aged 15-19</i>	24.5	--	21.6	17.4	2018	11
1.76	Mothers who Received Early Prenatal Care	<i>percent</i>	71.0	--	71.7	78.3	2021	11
1.26	Babies with Low Birthweight	<i>percent</i>	8.4	--	8.4	8.5	2021	11
0.56	Preterm Births (OE)	<i>percent</i>	9.1	9.4	10.9	10.5	2021	11

SCORE	MENTAL HEALTH & MENTAL DISORDERS	UNITS	RANDOLPH COUNTY	HP2030	IN	U.S.	MEASUREMENT PERIOD	Source
2.41	Mental Health Provider Rate	<i>providers/ 100,000 population</i>	45.0	--	199.8	313.9	2023	7
2.29	Adults Ever Diagnosed with Depression	<i>percent</i>	25.3	--	--	20.7	2022	3

2.18	Poor Mental Health: Average Number of Days	days	5.5	--	5.2	4.8	2021	7
2.12	Poor Mental Health: 14+ Days	percent	18.7	--	--	15.8	2022	3
1.85	Adults who Feel Life is Slipping Out of Control	Percent	24.9	--	24.6	23.9	2024	6
1.59	Self-Reported General Health Assessment: Good or Better	percent	84.2	--	85.6	86.0	2024	6
1.32	Depression: Medicare Population	percent	17.0	--	18.0	17.0	2023	5
0.79	Alzheimer's Disease or Dementia: Medicare Population	percent	5.0	--	5.0	6.0	2023	5
SCORE	NUTRITION & HEALTHY EATING	UNITS	RANDOLPH COUNTY	HP2030	IN	U.S.	MEASUREMENT PERIOD	Source
2.21	Adults who Drank Soft Drinks: Past 7 Days	percent	53.2	--	50.1	47.5	2024	6
1.35	Food Environment Index		7.6	--	6.8	7.7	2024	7
1.32	Adults who Frequently Cook Meals at Home	Percent	69.1	--	67.8	67.7	2024	6
0.18	Adults Who Frequently Used Quick Service Restaurants: Past 30 Days	Percent	34.3	--	38.4	38.2	2024	6

SCORE	OLDER ADULTS	UNITS	RANDOLPH COUNTY	HP2030	IN	U.S.	MEASUREMENT PERIOD	Source
2.56	Heart Failure: Medicare Population	percent	15.0	--	12.0	11.0	2023	5
2.56	Ischemic Heart Disease: Medicare Population	percent	28.0	--	23.0	21.0	2023	5
2.38	Atrial Fibrillation: Medicare Population	percent	16.0	--	15.0	14.0	2023	5
2.38	Hypertension: Medicare Population	percent	74.0	--	69.0	65.0	2023	5
2.21	Hyperlipidemia: Medicare Population	percent	71.0	--	67.0	66.0	2023	5

2.03	Chronic Kidney Disease: Medicare Population	<i>percent</i>	20.0	--	19.0	18.0	2023	5
2.03	Diabetes: Medicare Population	<i>percent</i>	28.0	--	26.0	24.0	2023	5
1.88	People 65+ Living Alone	<i>percent</i>	29.8	--	28.3	26.5	2019-2023	1
1.76	Adults 65+ with Total Tooth Loss	<i>percent</i>	16.3	--	--	12.2	2022	3
1.68	COPD: Medicare Population	<i>percent</i>	13.0	--	13.0	11.0	2023	5
1.35	People 65+ Living Alone (Count)	<i>people</i>	1477	--	--	--	2019-2023	1
1.35	People 65+ Living Below Poverty Level	<i>percent</i>	9.4	--	8.6	10.4	2019-2023	1
1.35	People 65+ Living Below Poverty Level (Count)	<i>people</i>	444	--	--	--	2019-2023	1
1.32	Depression: Medicare Population	<i>percent</i>	17.0	--	18.0	17.0	2023	5
0.97	Cancer: Medicare Population	<i>percent</i>	11.0	--	12.0	12.0	2023	5
0.97	Mammography Screening: Medicare Population	<i>percent</i>	51.0	--	51.0	39.0	2023	5
0.97	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	<i>percent</i>	34.0	--	37.0	36.0	2023	5
0.97	Stroke: Medicare Population	<i>percent</i>	5.0	--	5.0	6.0	2023	5
0.82	Prostate Cancer Incidence Rate	<i>cases/ 100,000 males</i>	92.1	--	99.9	109.9	2015-2019	12
0.79	Alzheimer's Disease or Dementia: Medicare Population	<i>percent</i>	5.0	--	5.0	6.0	2023	5
0.79	Asthma: Medicare Population	<i>percent</i>	6.0	--	7.0	7.0	2023	5
0.62	Osteoporosis: Medicare Population	<i>percent</i>	10.0	--	12.0	12.0	2023	5
SCORE	ORAL HEALTH	UNITS	RANDOLPH COUNTY	HP2030	IN	U.S.	MEASUREMENT PERIOD	Source
2.21	Dentist Rate	<i>dentists/ 100,000 population</i>	28.6	--	59.5	73.5	2022	7

2.12	Adults who Visited a Dentist	percent	57.4	--	--	63.9	2022	3
1.76	Adults 65+ with Total Tooth Loss	percent	16.3	--	--	12.2	2022	3
0.47	Oral Cavity and Pharynx Cancer Incidence Rate	cases/ 100,000 population	10.8	--	12.8	11.9	2014-2018	12

SCORE	OTHER CHRONIC CONDITIONS	UNITS	RANDOLPH COUNTY	HP2030	IN	U.S.	MEASUREMENT PERIOD	Source
2.29	Adults with Arthritis	percent	35.2	--	--	26.6	2022	3
2.03	Chronic Kidney Disease: Medicare Population	percent	20.0	--	19.0	18.0	2023	5
0.97	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	percent	34.0	--	37.0	36.0	2023	5
0.62	Osteoporosis: Medicare Population	percent	10.0	--	12.0	12.0	2023	5
SCORE	PHYSICAL ACTIVITY	UNITS	RANDOLPH COUNTY	HP2030	IN	U.S.	MEASUREMENT PERIOD	Source
2.56	Access to Exercise Opportunities	percent	43.3	--	76.5	84.1	2024	7
2.12	Access to Parks	percent	9.6	--	42.1	--	2020	15
1.53	Adults 20+ who are Sedentary	percent	21.1	--	--	--	2021	4
1.35	Workers who Walk to Work	percent	2.1	--	2.0	2.4	2019-2023	1
1.00	Adults 20+ Who Are Obese	percent	24.5	36.0	--	--	2021	4

SCORE	PREVENTION & SAFETY	UNITS	RANDOLPH COUNTY	HP2030	IN	U.S.	MEASUREMENT PERIOD	Source
2.56	Death Rate due to Drug Poisoning	deaths/ 100,000 population	56.0	20.7	33.7	27.2	2019-2021	7
2.56	Death Rate due to Injuries	deaths/ 100,000 population	121.1	--	90.2	80.0	2017-2021	7

2.41	Age-Adjusted Death Rate due to Unintentional Injuries	<i>deaths/ 100,000 population</i>	74.4	43.2	59.4	51.6	2018-2020	4
2.38	Death Rate due to Motor Vehicle Collisions	<i>deaths/ 100,000 population</i>	20.8	--	13.0	12.0	2015-2021	7
0.47	Severe Housing Problems	<i>percent</i>	9.7	--	12.2	16.7	2016-2020	7
SCORE	RESPIRATORY DISEASES	UNITS	RANDOLPH COUNTY	HP2030	IN	U.S.	MEASUREMENT PERIOD	Source
2.71	Age-Adjusted Death Rate due to Lung Cancer	<i>deaths/ 100,000 population</i>	51.1	25.1	42.1	32.4	2018-2022	12
2.29	Adults who Smoke	<i>percent</i>	21.1	6.1	--	12.9	2022	3
2.29	Adults with COPD	<i>Percent of adults</i>	11.6	--	--	6.8	2022	3
2.12	Adults with Current Asthma	<i>percent</i>	11.5	--	--	9.9	2022	3
1.85	Adults Who Used Electronic Cigarettes: Past 30 Days	<i>percent</i>	7.4	--	7.3	6.8	2024	6
1.76	Adults Who Used Smokeless Tobacco: Past 30 Days	<i>percent</i>	3.1	--	1.9	1.6	2024	6
1.71	Lung and Bronchus Cancer Incidence Rate	<i>cases/ 100,000 population</i>	70.6	--	69.2	56.3	2015-2019	12
1.68	COPD: Medicare Population	<i>percent</i>	13.0	--	13.0	11.0	2023	5
1.06	Proximity to Highways	<i>percent</i>	2.4	--	5.3	--	2020	15
0.79	Asthma: Medicare Population	<i>percent</i>	6.0	--	7.0	7.0	2023	5

SCORE	TOBACCO USE	UNITS	RANDOLPH COUNTY	HP2030	IN	U.S.	MEASUREMENT PERIOD	Source
2.29	Adults who Smoke	<i>percent</i>	21.1	6.1	--	12.9	2022	3
1.85	Adults Who Used Electronic Cigarettes: Past 30 Days	<i>percent</i>	7.4	--	7.3	6.8	2024	6
1.76	Adults Who Used Smokeless Tobacco: Past 30 Days	<i>percent</i>	3.1	--	1.9	1.6	2024	6

1.71	Lung and Bronchus Cancer Incidence Rate	<i>cases/ 100,000 population</i>	70.6	--	69.2	56.3	2015-2019	12
SCORE	WELLNESS & LIFESTYLE	UNITS	RANDOLPH COUNTY	HP2030	IN	U.S.	MEASUREMENT PERIOD	Source
2.12	High Blood Pressure Prevalence	<i>percent</i>	39.5	41.9	--	32.7	2021	3
2.12	Poor Physical Health: 14+ Days	<i>percent</i>	16.1	--	--	12.7	2022	3
2.12	Self-Reported General Health Assessment: Poor or Fair	<i>percent</i>	22.8	--	--	17.9	2022	3
2.06	Poor Physical Health: Average Number of Days	<i>days</i>	4.1	--	3.5	3.3	2021	7
2.03	Adults who Agree Vaccine Benefits Outweigh Possible Risks	<i>Percent</i>	56.2	--	58.8	60.4	2024	6
2.03	Life Expectancy	<i>years</i>	74.1	--	75.6	77.6	2019-2021	7
1.85	Adults Happy with Weight	<i>Percent</i>	41.6	--	41.7	42.6	2024	6
1.85	Adults who Feel Life is Slipping Out of Control	<i>Percent</i>	24.9	--	24.6	23.9	2024	6
1.76	Insufficient Sleep	<i>percent</i>	37.6	26.7	--	36.0	2022	3
1.59	Self-Reported General Health Assessment: Good or Better	<i>percent</i>	84.2	--	85.6	86.0	2024	6
1.32	Adults who Frequently Cook Meals at Home	<i>Percent</i>	69.1	--	67.8	67.7	2024	6
0.18	Adults Who Frequently Used Quick Service Restaurants: Past 30 Days	<i>Percent</i>	34.3	--	38.4	38.2	2024	6

SCORE	WOMEN'S HEALTH	UNITS	RANDOLPH COUNTY	HP2030	IN	U.S.	MEASUREMENT PERIOD	Source
2.71	Age-Adjusted Death Rate due to Breast Cancer	<i>deaths/ 100,000 females</i>	25.1	15.3	20.4	19.6	2016-2020	12
1.76	Mammogram in Past 2 Years: 50-74	<i>percent</i>	74.2	80.3	--	76.5	2022	3

1.59	Cervical Cancer Screening: 21-65	<i>Percent</i>	80.8	--	--	82.8	<i>2020</i>	3
0.97	Mammography Screening: Medicare Population	<i>percent</i>	51.0	--	51.0	39.0	<i>2023</i>	5
0.29	Breast Cancer Incidence Rate	<i>cases/ 100,000 females</i>	98.5	--	124.3	128.1	<i>2015-2019</i>	12

TABLE 13: UNION INDICATOR SCORING DATA SOURCE KEY

Key	Data Source
1	American Community Survey 5-Year
2	Annie E. Casey Foundation
3	CDC - PLACES
4	Centers for Disease Control and Prevention
5	Centers for Medicare & Medicaid Services
6	Claritas Consumer Profiles
7	County Health Rankings
8	Feeding America
9	Indiana Department of Correction
10	Indiana Secretary of State
11	Indiana State Department of Health
12	National Cancer Institute
13	National Center for Education Statistics
14	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
15	National Environmental Public Health Tracking Network
16	Purdue Center for Regional Development
17	U.S. Bureau of Labor Statistics
18	U.S. Census - County Business Patterns
19	U.S. Census Bureau - Small Area Health Insurance Estimates
20	U.S. Environmental Protection Agency
21	United For ALICE

TABLE 14: ALL UNION COUNTY SECONDARY DATA INDICATORS

SCORE	ALCOHOL & DRUG USE	UNITS	UNION COUNTY	HP2030	IN	U.S.	MEASUREMENT PERIOD	Source
2.71	Liquor Store Density	<i>stores/ 100,000 population</i>	43.1	--	12.9	10.9	2022	18
2.56	Death Rate due to Drug Poisoning	<i>deaths/ 100,000 population</i>	47.2	20.7	28.0	23.0	2018-2020	7
1.24	Adults who Binge Drink	<i>percent</i>	15.5	--	--	16.6	2022	3
1.15	Adults who Drink Excessively	<i>percent</i>	16.4	--	18.2	18.1	2021	7
0.71	Mothers who Smoked During Pregnancy	<i>percent</i>	0.0	4.3	6.6	3.7	2022	11
0.44	Alcohol-Impaired Driving Deaths	<i>percent of driving deaths with alcohol involvement</i>	0.0	--	18.3	26.3	2017-2021	7

SCORE	CANCER	UNITS	UNION COUNTY	HP2030	IN	U.S.	MEASUREMENT PERIOD	Source
2.65	Breast Cancer Incidence Rate	<i>cases/ 100,000 females</i>	135.5	--	124.3	128.1	2015-2019	12
2.29	Age-Adjusted Death Rate due to Colorectal Cancer	<i>deaths/ 100,000 population</i>	41.0	8.9	18.1	--	2005-2009	12
2.12	Adults with Cancer (Non-Skin) or Melanoma	<i>percent</i>	9.7	--	--	8.2	2022	3
2.00	Age-Adjusted Death Rate due to Lung Cancer	<i>deaths/ 100,000 population</i>	43.4	25.1	42.1	32.4	2018-2022	12
2.00	All Cancer Incidence Rate	<i>cases/ 100,000 population</i>	469.5	--	456.8	449.4	2015-2019	12
1.88	Age-Adjusted Death Rate due to Cancer	<i>deaths/ 100,000 population</i>	171.8	122.7	165.0	146.0	2018-2022	12

1.76	Mammogram in Past 2 Years: 50-74	<i>percent</i>	73.8	80.3	--	76.5	2022	3
1.65	Prostate Cancer Incidence Rate	<i>cases/ 100,000 males</i>	106.6	--	99.9	109.9	2015-2019	12
1.41	Cervical Cancer Screening: 21-65	<i>Percent</i>	81.1	--	--	82.8	2020	3
0.88	Colon Cancer Screening: USPSTF Recommendation	<i>percent</i>	67.8	--	--	66.3	2022	3
0.62	Mammography Screening: Medicare Population	<i>percent</i>	54.0	--	51.0	39.0	2023	5
0.47	Colorectal Cancer Incidence Rate	<i>cases/ 100,000 population</i>	34.0	--	41.1	37.7	2015-2019	12
0.47	Lung and Bronchus Cancer Incidence Rate	<i>cases/ 100,000 population</i>	51.5	--	69.2	56.3	2015-2019	12
0.44	Cancer: Medicare Population	<i>percent</i>	10.0	--	12.0	12.0	2023	5

SCORE	CHILDREN'S HEALTH	UNITS	UNION COUNTY	HP2030	IN	U.S.	MEASUREMENT PERIOD	Source
2.71	Food Insecure Children Likely Ineligible for Assistance	<i>percent</i>	41.0	--	30.0	30.0	2022	8
2.00	Child Abuse Rate	<i>cases/ 1,000 children</i>	36.0	--	20.8	--	2017	2
1.79	Children with Health Insurance	<i>percent</i>	93.8	--	94.7	--	2022	19
1.41	Child Care Centers	<i>per 1,000 population under age 5</i>	4.5	--	3.6	7.0	2022	7
0.44	Child Food Insecurity Rate	<i>percent</i>	14.2	--	18.2	18.5	2022	8

SCORE	COMMUNITY	UNITS	UNION COUNTY	HP2030	IN	U.S.	MEASUREMENT PERIOD	Source
2.82	Solo Drivers with a Long Commute	<i>percent</i>	42.1	--	32.2	36.4	2018-2022	7

2.71	Social Associations	<i>membership associations/ 10,000 population</i>	5.7	--	11.8	9.1	2021	7
2.71	Total Employment Change	<i>percent</i>	-0.2	--	4.4	5.8	2021-2022	18
2.71	Workers who Drive Alone to Work	<i>percent</i>	87.1	--	77.3	70.2	2019-2023	1
2.65	Mean Travel Time to Work	<i>minutes</i>	27.7	--	24.0	26.6	2019-2023	1
2.56	Broadband Quality Score	<i>BQS Score</i>	28.3	--	62.0	50.0	2022	16
2.41	Youth not in School or Working	<i>percent</i>	6.4	--	1.6	1.7	2019-2023	1
2.21	Death Rate due to Motor Vehicle Collisions	<i>deaths/ 100,000 population</i>	19.8	--	12.2	11.0	2012-2018	7
2.06	Median Housing Unit Value	<i>dollars</i>	162200	--	201600	303400	2019-2023	1
2.06	Workers Commuting by Public Transportation	<i>percent</i>	0.1	5.3	0.7	3.5	2019-2023	1
2.03	Adults With Individual Health Insurance	<i>percent</i>	19.2	--	19.7	20.2	2024	6
2.00	Child Abuse Rate	<i>cases/ 1,000 children</i>	36.0	--	20.8		2017	2
1.88	People 25+ with a Bachelor's Degree or Higher	<i>percent</i>	20.6	--	28.8	35.0	2019-2023	1
1.82	Median Monthly Owner Costs for Households without a Mortgage	<i>dollars</i>	529	--	498	612	2019-2023	1
1.65	People 65+ Living Alone (Count)	<i>people</i>	330	--			2019-2023	1
1.50	Adults With Group Health Insurance	<i>percent</i>	37.1	--	38.1	39.8	2024	6
1.41	Persons with an Internet Subscription	<i>percent</i>	88.1	--	90.9	92.0	2019-2023	1
1.35	Adults Admitted into Correctional Facilities	<i>adults</i>	2	--			2023	9
1.24	Households with a Smartphone	<i>percent</i>	87.5	--	88.3	88.2	2024	6

1.15	Adults Who Vote in Presidential Elections: Always or Sometimes	<i>percent</i>	86.8	--	84.8	85.1	2024	6
1.12	Adults with Internet Access	<i>percent</i>	83.6	--	81.8	81.3	2024	6
1.06	Households with a Computer	<i>percent</i>	84.9	--	85.6	86.0	2024	6
1.06	Households with an Internet Subscription	<i>percent</i>	87.1	--	88.5	89.9	2019-2023	1
1.06	Mortgaged Owners Median Monthly Household Costs	<i>dollars</i>	1194	--	1355	1902	2019-2023	1
1.06	People 25+ with a High School Diploma or Higher	<i>percent</i>	89.9	--	90.2	89.4	2019-2023	1
1.00	Workers who Walk to Work	<i>percent</i>	2.3	--	2.0	2.4	2019-2023	1
0.97	Digital Distress		1.0	--	--	--	2022	16
0.97	Persons with Health Insurance	<i>percent</i>	91.8	92.4	91.8	--	2022	19
0.88	Children Living Below Poverty Level	<i>percent</i>	10.6	--	15.7	16.3	2019-2023	1
0.88	Per Capita Income	<i>dollars</i>	37356	--	37178	43289	2019-2023	1
0.79	Digital Divide Index	<i>DDI Score</i>	19.3	--	26.5	50.0	2022	16
0.71	Households with One or More Types of Computing Devices	<i>percent</i>	94.4	--	93.6	94.8	2019-2023	1
0.65	Female Population 16+ in Civilian Labor Force	<i>percent</i>	62.0	--	59.2	58.7	2019-2023	1
0.65	Linguistic Isolation	<i>percent</i>	0.5	--	1.9	4.2	2019-2023	1
0.65	Population 16+ in Civilian Labor Force	<i>percent</i>	62.0	--	61.1	59.8	2019-2023	1
0.59	People 65+ Living Alone	<i>percent</i>	23.0	--	28.3	26.5	2019-2023	1

0.59	People Living Below Poverty Level	<i>percent</i>	6.4	8.0	12.2	12.4	2019-2023	1
0.59	Young Children Living Below Poverty Level	<i>percent</i>	9.6	--	17.9	17.6	2019-2023	1
0.53	Voter Turnout: Presidential Election	<i>percent</i>	70.0	58.4	62.0	--	2024	10
0.47	Children in Single-Parent Households	<i>percent</i>	17.1	--	23.8	24.8	2019-2023	1
0.47	Median Household Gross Rent	<i>dollars</i>	792	--	1020	1348	2019-2023	1
0.44	Alcohol-Impaired Driving Deaths	<i>percent of driving deaths with alcohol involvement</i>	0.0	--	18.3	26.3	2017-2021	7
0.18	Median Household Income	<i>dollars</i>	79500	--	70051	78538	2019-2023	1

SCORE	ECONOMY	UNITS	UNION COUNTY	HP2030	IN	U.S.	MEASUREMENT PERIOD	Source
2.71	Food Insecure Children Likely Ineligible for Assistance	<i>percent</i>	41.0	--	30.0	30.0	2022	8
2.71	Total Employment Change	<i>percent</i>	-0.2	--	4.4	5.8	2021-2022	18
2.41	Youth not in School or Working	<i>percent</i>	6.4	--	1.6	1.7	2019-2023	1
2.06	Median Housing Unit Value	<i>dollars</i>	162200	--	201600	303400	2019-2023	1
1.94	Size of Labor Force	<i>persons</i>	3604	--	--	--	November 2024	17
1.85	Adults who Feel Overwhelmed by Financial Burdens	<i>percent</i>	35.1	--	34.6	33.6	2024	6
1.82	Median Monthly Owner Costs for Households without a Mortgage	<i>dollars</i>	529	--	498	612	2019-2023	1
1.71	Households that Used Check Cashing, Cash Advance, or Title Loan Shops	<i>percent</i>	2.0	--	1.9	2.0	2024	6
1.68	Overcrowded Households	<i>percent</i>	2.3	--	1.7	3.4	2019-2023	1

1.35	People 65+ Living Below Poverty Level (Count)	<i>people</i>	69	--	--	--	2019-2023	1
1.15	Students Eligible for the Free Lunch Program	<i>percent</i>	41.1	--	42.4	43.6	2023-2024	13
1.12	Households with Student Loan Debt	<i>percent</i>	7.6	--	9.5	9.8	2024	6
1.06	Households with a 401k Plan	<i>percent</i>	37.3	--	38.8	40.8	2024	6
1.06	Households with a Savings Account	<i>percent</i>	70.5	--	71.1	72.0	2024	6
1.06	Mortgaged Owners Median Monthly Household Costs	<i>dollars</i>	1194	--	1355	1902	2019-2023	1
0.94	Adults with Disability Living in Poverty	<i>percent</i>	20.6	--	25.0	24.6	2019-2023	1
0.94	Renters Spending 30% or More of Household Income on Rent	<i>percent</i>	41.1	25.5	47.4	50.4	2019-2023	1
0.88	Children Living Below Poverty Level	<i>percent</i>	10.6	--	15.7	16.3	2019-2023	1
0.88	Families Living Below Poverty Level	<i>percent</i>	6.0	--	8.4	8.7	2019-2023	1
0.88	Per Capita Income	<i>dollars</i>	37356	--	37178	43289	2019-2023	1
0.82	Households Living Below Poverty Level	<i>percent</i>	7.3	--	13.0	--	2022	21
0.71	Households that are Asset Limited, Income Constrained, Employed (ALICE)	<i>percent</i>	24.6	--	27.0	--	2022	21
0.65	Female Population 16+ in Civilian Labor Force	<i>percent</i>	62.0	--	59.2	58.7	2019-2023	1
0.65	Population 16+ in Civilian Labor Force	<i>percent</i>	62.0	--	61.1	59.8	2019-2023	1
0.59	People Living Below Poverty Level	<i>percent</i>	6.4	8.0	12.2	12.4	2019-2023	1

0.59	Young Children Living Below Poverty Level	<i>percent</i>	9.6	--	17.9	17.6	2019-2023	1
0.53	Households that are Above the Asset Limited, Income Constrained, Employed (ALICE) Threshold	<i>percent</i>	68.1	--	60.0	--	2022	21
0.47	Median Household Gross Rent	<i>dollars</i>	792	--	1020	1348	2019-2023	1
0.47	Severe Housing Problems	<i>percent</i>	9.8	--	12.2	16.7	2016-2020	7
0.47	Unemployed Workers in Civilian Labor Force	<i>percent</i>	3.4	--	4.2	4.0	November 2024	17
0.44	Child Food Insecurity Rate	<i>percent</i>	14.2	--	18.2	18.5	2022	8
0.44	Families Living Below 200% of Poverty Level	<i>Percent</i>	13.8	--	22.7	22.4	2019-2023	1
0.44	Food Insecurity Rate	<i>percent</i>	11.8	--	13.9	13.5	2022	8
0.44	Income Inequality		0.4	--	0.5	0.5	2019-2023	1
0.44	People Living Below 200% of Poverty Level	<i>percent</i>	18.7	--	29.5	28.5	2019-2023	1
0.44	Unemployed Veterans	<i>percent</i>	0.0	--	3.1	3.2	2019-2023	1
0.29	Gender Pay Gap	<i>cents on the dollar</i>	0.8	--	0.7	0.7	2019-2023	1
0.29	Homeowner Vacancy Rate	<i>percent</i>	0.0	--	0.9	1.0	2019-2023	1
0.29	Households with Cash Public Assistance Income	<i>percent</i>	0.4	--	1.9	2.7	2019-2023	1
0.29	People 65+ Living Below Poverty Level	<i>percent</i>	4.9	--	8.6	10.4	2019-2023	1
0.29	Veterans Living Below Poverty Level	<i>percent</i>	1.3	--	6.6	7.2	2019-2023	1
0.18	Median Household Income	<i>dollars</i>	79500	--	70051	78538	2019-2023	1

SCORE	EDUCATION	UNITS	UNION COUNTY	HP2030	IN	U.S.	MEASUREMENT PERIOD	Source
2.71	Veterans with a High School Diploma or Higher	percent	76.9	--	94.5	95.2	2019-2023	1
1.88	People 25+ with a Bachelor's Degree or Higher	percent	20.6	--	28.8	35.0	2019-2023	1
1.41	Child Care Centers	per 1,000 population under age 5	4.5	--	3.6	7.0	2022	7
1.18	Student-to-Teacher Ratio	students/ teacher	13.9	--	15.3	15.2	2023-2024	13
1.06	People 25+ with a High School Diploma or Higher	percent	89.9	--	90.2	89.4	2019-2023	1
0.71	High School Graduation	percent	97.5	90.7	88.3	86.2	2020-2021	7

SCORE	ENVIRONMENTAL HEALTH	UNITS	UNION COUNTY	HP2030	IN	U.S.	MEASUREMENT PERIOD	Source
2.71	Liquor Store Density	stores/ 100,000 population	43.1	--	12.9	10.9	2022	18
2.56	Broadband Quality Score	BQS Score	28.3	--	62.0	50.0	2022	16
2.41	Houses Built Prior to 1950	percent	35.4	--	21.4	16.4	2019-2023	1
2.12	Adults with Current Asthma	percent	11.5	--		9.9	2022	3
2.06	Air Pollution due to Particulate Matter	micrograms per cubic meter	8.9	--	8.8	7.4	2019	7
2.03	Access to Exercise Opportunities	percent	62.1	--	76.5	84.1	2024	7
1.94	Access to Parks	percent	19.6	--	42.1		2020	15
1.68	Overcrowded Households	percent	2.3	--	1.7	3.4	2019-2023	1
1.65	Number of Extreme Heat Days	days	21	--	--	--	2023	15
1.65	Number of Extreme Heat Events	events	18	--	--	--	2023	15

1.65	Recognized Carcinogens Released into Air	<i>pounds</i>	5128.0	--	--	--	2023	20
1.35	Number of Extreme Precipitation Days	<i>days</i>	3.0	--	--	--	2023	15
1.35	Weeks of Moderate Drought or Worse	<i>weeks per year</i>	0	--	--	--	2021	15
0.88	Proximity to Highways	<i>percent</i>	1.6	--	5.3	--	2020	15
0.79	Asthma: Medicare Population	<i>percent</i>	6.0	--	7.0	7.0	2023	5
0.79	Digital Divide Index	<i>DDI Score</i>	19.3	--	26.5	50.0	2022	16
0.59	Food Environment Index		8.3	--	7.2	7.3	2017	7
0.47	Severe Housing Problems	<i>percent</i>	9.8	--	12.2	16.7	2016-2020	7

SCORE	HEALTH CARE ACCESS & QUALITY	UNITS	UNION COUNTY	HP2030	IN	U.S.	MEASUREMENT PERIOD	Source
2.71	Primary Care Provider Rate	<i>providers/ 100,000 population</i>	14.2	--	65.6	74.9	2021	7
2.56	Preventable Hospital Stays: Medicare Population	<i>discharges/ 100,000 Medicare enrollees</i>	3529.0	--	3202.0	2769.0	2023	5
2.29	Dentist Rate	<i>dentists/ 100,000 population</i>	13.2	--	46.2		2010	7
2.24	Non-Physician Primary Care Provider Rate	<i>providers/ 100,000 population</i>	57.5	--	129.5	131.4	2023	7
2.12	Mental Health Provider Rate	<i>providers/ 100,000 population</i>	14.4	--	199.8	313.9	2023	7
2.03	Adults With Individual Health Insurance	<i>percent</i>	19.2	--	19.7	20.2	2024	6
1.79	Children with Health Insurance	<i>percent</i>	93.8	--	94.7	--	2022	19

1.50	Adults With Group Health Insurance	<i>percent</i>	37.1	--	38.1	39.8	2024	6
1.41	Adults who have had a Routine Checkup	<i>percent</i>	77.7	--	--	76.1	2022	3
1.41	Adults who Visited a Dentist	<i>percent</i>	60.3	--	--	63.9	2022	3
1.29	Adults with Health Insurance: 18+	<i>percent</i>	77.4	--	75.0	75.2	2024	6
1.15	Adults who go to the Doctor Regularly for Checkups	<i>percent</i>	67.5	--	64.8	65.1	2024	6
0.97	Persons with Health Insurance	<i>percent</i>	91.8	92.4	91.8	--	2022	19
0.79	Adults with Health Insurance: 18-64	<i>percent</i>	91.1	--	90.6	--	2022	19

SCORE	HEART DISEASE & STROKE	UNITS	UNION COUNTY	HP2030	IN	U.S.	MEASUREMENT PERIOD	Source
2.56	Heart Failure: Medicare Population	<i>percent</i>	14.0	--	12.0	11.0	2023	5
2.56	Ischemic Heart Disease: Medicare Population	<i>percent</i>	28.0	--	23.0	21.0	2023	5
2.21	Hypertension: Medicare Population	<i>percent</i>	72.0	--	69.0	65.0	2023	5
1.94	Age-Adjusted Death Rate due to Heart Attack	<i>deaths/ 100,000 population 35+ years</i>	83.0	--	66.9	--	2021	15
1.94	High Blood Pressure Prevalence	<i>percent</i>	38.1	41.9	--	32.7	2021	3
1.59	Adults who Experienced Coronary Heart Disease	<i>percent</i>	8.3	--	--	6.8	2022	3
1.59	Cholesterol Test History	<i>percent</i>	83.1	--	--	86.4	2021	3
1.59	High Cholesterol Prevalence	<i>percent</i>	36.8	--	--	35.5	2021	3
1.50	Atrial Fibrillation: Medicare Population	<i>percent</i>	15.0	--	15.0	14.0	2023	5
1.41	Adults who Experienced a Stroke	<i>percent</i>	3.9	--	--	3.6	2022	3
1.32	Hyperlipidemia: Medicare Population	<i>percent</i>	66.0	--	67.0	66.0	2023	5
0.97	Stroke: Medicare Population	<i>percent</i>	5.0	--	5.0	6.0	2023	5
0.88	Adults who Have Taken Medications for High Blood Pressure	<i>percent</i>	81.9	--	--	78.2	2021	3

SCORE	IMMUNIZATIONS & INFECTIOUS DISEASES	UNITS	UNION COUNTY	HP2030	IN	U.S.	MEASUREMENT PERIOD	Source
2.38	Pneumonia Vaccinations: Medicare Population	<i>percent</i>	6.0	--	10.0	9.0	2023	5
1.85	Adults who Agree Vaccine Benefits Outweigh Possible Risks	<i>Percent</i>	57.0	--	58.8	60.4	2024	6
1.68	Overcrowded Households	<i>percent</i>	2.3	--	1.7	3.4	2019-2023	1
0.97	Flu Vaccinations: Medicare Population	<i>percent</i>	47.0	--	49.0	3.0	2023	5
0.59	Chlamydia Incidence Rate	<i>cases/ 100,000 population</i>	129.1	--	491.0	492.2	2023	14
0.44	Gonorrhea Incidence Rate	<i>cases/ 100,000 population</i>	0.0	--	144.0	179.5	2023	14

SCORE	MATERNAL, FETAL & INFANT HEALTH	UNITS	UNION COUNTY	HP2030	IN	U.S.	MEASUREMENT PERIOD	Source
1.26	Mothers who Received Early Prenatal Care	<i>percent</i>	76.2	--	71.7	78.3	2021	11
0.71	Mothers who Smoked During Pregnancy	<i>percent</i>	0.0	4.3	6.6	3.7	2022	11
0.56	Babies with Low Birthweight	<i>percent</i>	0.0	--	8.7	8.6	2022	11
0.56	Preterm Births (OE)	<i>percent</i>	0.0	9.4	10.9	10.4	2022	11

SCORE	MENTAL HEALTH & MENTAL DISORDERS	UNITS	UNION COUNTY	HP2030	IN	U.S.	MEASUREMENT PERIOD	Source
2.12	Mental Health Provider Rate	<i>providers/ 100,000 population</i>	14.4	--	199.8	313.9	2023	7
2.00	Poor Mental Health: Average Number of Days	<i>days</i>	5.3	--	5.2	4.8	2021	7
1.94	Adults Ever Diagnosed with Depression	<i>percent</i>	24.9	--	--	20.7	2022	3
1.94	Poor Mental Health: 14+ Days	<i>percent</i>	18.0	--	--	15.8	2022	3

1.50	Adults who Feel Life is Slipping Out of Control	<i>Percent</i>	24.4	--	24.6	23.9	2024	6
1.32	Depression: Medicare Population	<i>percent</i>	17.0	--	18.0	17.0	2023	5
1.06	Self-Reported General Health Assessment: Good or Better	<i>percent</i>	85.4	--	85.6	86.0	2024	6
0.44	Alzheimer's Disease or Dementia: Medicare Population	<i>percent</i>	4.0	--	5.0	6.0	2023	5

SCORE	NUTRITION & HEALTHY EATING	UNITS	UNION COUNTY	HP2030	IN	U.S.	MEASUREMENT PERIOD	Source
2.21	Adults who Drank Soft Drinks: Past 7 Days	<i>percent</i>	52.9	--	50.1	47.5	2024	6
0.79	Adults who Frequently Cook Meals at Home	<i>Percent</i>	70.5	--	67.8	67.7	2024	6
0.59	Food Environment Index		8.3	--	7.2	7.3	2017	7
0.18	Adults Who Frequently Used Quick Service Restaurants: Past 30 Days	<i>Percent</i>	34.1	--	38.4	38.2	2024	6

SCORE	OLDER ADULTS	UNITS	UNION COUNTY	HP2030	IN	U.S.	MEASUREMENT PERIOD	Source
2.56	Chronic Kidney Disease: Medicare Population	<i>percent</i>	22.0	--	19.0	18.0	2023	5
2.56	Heart Failure: Medicare Population	<i>percent</i>	14.0	--	12.0	11.0	2023	5
2.56	Ischemic Heart Disease: Medicare Population	<i>percent</i>	28.0	--	23.0	21.0	2023	5
2.21	Hypertension: Medicare Population	<i>percent</i>	72.0	--	69.0	65.0	2023	5
2.03	Diabetes: Medicare Population	<i>percent</i>	28.0	--	26.0	24.0	2023	5

1.76	Adults 65+ with Total Tooth Loss	<i>percent</i>	15.6	--	--	12.2	2022	3
1.65	People 65+ Living Alone (Count)	<i>people</i>	330	--	--	--	2019-2023	1
1.65	Prostate Cancer Incidence Rate	<i>cases/ 100,000 males</i>	106.6	--	99.9	109.9	2015-2019	12
1.50	Atrial Fibrillation: Medicare Population	<i>percent</i>	15.0	--	15.0	14.0	2023	5
1.35	People 65+ Living Below Poverty Level (Count)	<i>people</i>	69	--			2019-2023	1
1.32	Depression: Medicare Population	<i>percent</i>	17.0	--	18.0	17.0	2023	5
1.32	Hyperlipidemia: Medicare Population	<i>percent</i>	66.0	--	67.0	66.0	2023	5
0.97	Stroke: Medicare Population	<i>percent</i>	5.0	--	5.0	6.0	2023	5
0.79	Asthma: Medicare Population	<i>percent</i>	6.0	--	7.0	7.0	2023	5
0.79	COPD: Medicare Population	<i>percent</i>	11.0	--	13.0	11.0	2023	5
0.79	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	<i>percent</i>	33.0	--	37.0	36.0	2023	5
0.62	Mammography Screening: Medicare Population	<i>percent</i>	54.0	--	51.0	39.0	2023	5
0.62	Osteoporosis: Medicare Population	<i>percent</i>	10.0	--	12.0	12.0	2023	5
0.59	People 65+ Living Alone	<i>percent</i>	23.0	--	28.3	26.5	2019-2023	1
0.44	Alzheimer's Disease or Dementia: Medicare Population	<i>percent</i>	4.0	--	5.0	6.0	2023	5
0.44	Cancer: Medicare Population	<i>percent</i>	10.0	--	12.0	12.0	2023	5
0.29	People 65+ Living Below Poverty Level	<i>percent</i>	4.9	--	8.6	10.4	2019-2023	1

SCORE	ORAL HEALTH	UNITS	UNION COUNTY	HP2030	IN	U.S.	MEASUREMENT PERIOD	Source
2.29	Dentist Rate	<i>dentists/ 100,000 population</i>	13.2	--	46.2	--	2010	7

1.76	Adults 65+ with Total Tooth Loss	percent	15.6	--	--	12.2	2022	3
1.41	Adults who Visited a Dentist	percent	60.3	--	--	63.9	2022	3

SCORE	OTHER CHRONIC CONDITIONS	UNITS	UNION COUNTY	HP2030	IN	U.S.	MEASUREMENT PERIOD	Source
2.56	Chronic Kidney Disease: Medicare Population	percent	22.0	--	19.0	18.0	2023	5
1.94	Adults with Arthritis	percent	31.9	--	--	26.6	2022	3
0.79	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	percent	33.0	--	37.0	36.0	2023	5
0.62	Osteoporosis: Medicare Population	percent	10.0	--	12.0	12.0	2023	5
SCORE	PHYSICAL ACTIVITY	UNITS	UNION COUNTY	HP2030	IN	U.S.	MEASUREMENT PERIOD	Source
2.03	Access to Exercise Opportunities	percent	62.1	--	76.5	84.1	2024	7
1.94	Access to Parks	percent	19.6	--	42.1		2020	15
1.00	Workers who Walk to Work	percent	2.3	--	2.0	2.4	2019-2023	1
0.82	Adults 20+ Who Are Obese	percent	20.3	36.0	--	--	2021	4
0.82	Adults 20+ who are Sedentary	percent	12.9	--	--	--	2021	4

SCORE	PREVENTION & SAFETY	UNITS	UNION COUNTY	HP2030	IN	U.S.	MEASUREMENT PERIOD	Source
2.56	Death Rate due to Drug Poisoning	deaths/ 100,000 population	47.2	20.7	28.0	23.0	2018-2020	7
2.56	Death Rate due to Injuries	deaths/ 100,000 population	129.7	--	90.2	80.0	2017-2021	7
2.41	Age-Adjusted Death Rate due to Unintentional Injuries	deaths/ 100,000 population	88.5	43.2	59.4	51.6	2018-2020	4
2.21	Death Rate due to Motor Vehicle Collisions	deaths/ 100,000 population	19.8	--	12.2	11.0	2012-2018	7

0.47	Severe Housing Problems	percent	9.8	--	12.2	16.7	2016-2020	7
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SCORE	RESPIRATORY DISEASES	UNITS	UNION COUNTY	HP2030	IN	U.S.	MEASUREMENT PERIOD	Source
2.12	Adults who Smoke	percent	19.7	6.1	--	12.9	2022	3
2.12	Adults Who Used Smokeless Tobacco: Past 30 Days	percent	3.3	--	1.9	1.6	2024	6
2.12	Adults with Current Asthma	percent	11.5	--	--	9.9	2022	3
2.00	Age-Adjusted Death Rate due to Lung Cancer	deaths/ 100,000 population	43.4	25.1	42.1	32.4	2018-2022	12
1.94	Adults with COPD	Percent of adults	10.0	--	--	6.8	2022	3
1.50	Adults Who Used Electronic Cigarettes: Past 30 Days	percent	7.1	--	7.3	6.8	2024	6
0.88	Proximity to Highways	percent	1.6	--	5.3	--	2020	15
0.79	Asthma: Medicare Population	percent	6.0	--	7.0	7.0	2023	5
0.79	COPD: Medicare Population	percent	11.0	--	13.0	11.0	2023	5
0.47	Lung and Bronchus Cancer Incidence Rate	cases/ 100,000 population	51.5	--	69.2	56.3	2015-2019	12

SCORE	TOBACCO USE	UNITS	UNION COUNTY	HP2030	IN	U.S.	MEASUREMENT PERIOD	Source
2.12	Adults who Smoke	percent	19.7	6.1	--	12.9	2022	3
2.12	Adults Who Used Smokeless Tobacco: Past 30 Days	percent	3.3	--	1.9	1.6	2024	6
1.50	Adults Who Used Electronic Cigarettes: Past 30 Days	percent	7.1	--	7.3	6.8	2024	6
0.47	Lung and Bronchus Cancer Incidence Rate	cases/ 100,000 population	51.5	--	69.2	56.3	2015-2019	12

SCORE	WELLNESS & LIFESTYLE	UNITS	UNION COUNTY	HP2030	IN	U.S.	MEASUREMENT PERIOD	Source
1.94	High Blood Pressure Prevalence	percent	38.1	41.9	--	32.7	2021	3
1.94	Poor Physical Health: 14+ Days	percent	14.6	--	--	12.7	2022	3
1.94	Self-Reported General Health Assessment: Poor or Fair	percent	20.5	--	--	17.9	2022	3
1.85	Adults who Agree Vaccine Benefits Outweigh Possible Risks	Percent	57.0	--	58.8	60.4	2024	6
1.85	Life Expectancy	years	75.5	--	75.6	77.6	2019-2021	7
1.71	Poor Physical Health: Average Number of Days	days	3.9	--	3.5	3.3	2021	7
1.50	Adults who Feel Life is Slipping Out of Control	Percent	24.4	--	24.6	23.9	2024	6
1.32	Adults Happy with Weight	Percent	42.5	--	41.7	42.6	2024	6
1.24	Insufficient Sleep	percent	35.5	26.7	--	36.0	2022	3
1.06	Self-Reported General Health Assessment: Good or Better	percent	85.4	--	85.6	86.0	2024	6
0.79	Adults who Frequently Cook Meals at Home	Percent	70.5	--	67.8	67.7	2024	6
0.18	Adults Who Frequently Used Quick Service Restaurants: Past 30 Days	Percent	34.1	--	38.4	38.2	2024	6

SCORE	WOMEN'S HEALTH	UNITS	UNION COUNTY	HP2030	IN	U.S.	MEASUREMENT PERIOD	Source
2.65	Breast Cancer Incidence Rate	cases/ 100,000 females	135.5	--	124.3	128.1	2015-2019	12
1.76	Mammogram in Past 2 Years: 50-74	percent	73.8	80.3	--	76.5	2022	3
1.41	Cervical Cancer Screening: 21-65	Percent	81.1	--	--	82.8	2020	3
0.62	Mammography Screening: Medicare Population	percent	54.0	--	51.0	39.0	2023	5

TABLE 15: WAYNE INDICATOR SCORING DATA SOURCE KEY

Key	Data Source
1	American Community Survey 1-Year
2	American Community Survey 5-Year
3	Annie E. Casey Foundation
4	CDC - PLACES
5	Centers for Disease Control and Prevention
6	Centers for Medicare & Medicaid Services
7	Claritas Consumer Profiles
8	County Health Rankings
9	Feeding America
10	Indiana Department of Correction
11	Indiana Secretary of State
12	Indiana State Department of Health
13	National Cancer Institute
14	National Center for Education Statistics
15	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
16	National Environmental Public Health Tracking Network
17	Purdue Center for Regional Development
18	U.S. Bureau of Labor Statistics
19	U.S. Census - County Business Patterns
20	U.S. Census Bureau - Small Area Health Insurance Estimates
21	U.S. Environmental Protection Agency
22	United For ALICE

TABLE 16: ALL WAYNE COUNTY SECONDARY DATA INDICATORS

SCORE	ALCOHOL & DRUG USE	UNITS	WAYNE COUNTY	HP2030	IN	U.S.	MEASUREMENT PERIOD	Source
2.56	Age-Adjusted Drug and Opioid-Involved Overdose Death Rate	<i>Deaths per 100,000 population</i>	80.4	--	29.6	23.5	2018-2020	5
2.56	Death Rate due to Drug Poisoning	<i>deaths/ 100,000 population</i>	77.2	20.7	33.7	27.2	2019-2021	8
2.24	Liquor Store Density	<i>stores/ 100,000 population</i>	16.6		12.9	10.9	2022	19
2.12	Mothers who Smoked During Pregnancy	<i>percent</i>	11.3	4.3	6.6	3.7	2022	12
1.88	Non-Fatal Emergency Department Visits due to Opioid Overdoses	<i>Rate per 100,000 population</i>	183.7	--	75.2	--	2019	12
1.12	Alcohol-Impaired Driving Deaths	<i>percent of driving deaths with alcohol involvement</i>	17.6	--	18.3	26.3	2017-2021	8
1.06	Adults who Binge Drink	<i>percent</i>	15.2	--	--	16.6	2022	4

SCORE	CANCER	UNITS	WAYNE COUNTY	HP2030	IN	U.S.	MEASUREMENT PERIOD	Source
3.00	Age-Adjusted Death Rate due to Colorectal Cancer	<i>deaths/ 100,000 population</i>	19.2	8.9	14.6	12.9	2018-2022	13
2.74	Cervical Cancer Incidence Rate	<i>cases/ 100,000 females</i>	19.4	--	8.4	7.7	2015-2019	13
2.03	Colorectal Cancer Incidence Rate	<i>cases/ 100,000 population</i>	44.2	--	41.1	37.7	2015-2019	13
1.94	Cervical Cancer Screening: 21-65	<i>Percent</i>	79.6	--	--	82.8	2020	4

1.88	Age-Adjusted Death Rate due to Cancer	<i>deaths/ 100,000 population</i>	176.9	122.7	165.0	146.0	2018-2022	13
1.85	Age-Adjusted Death Rate due to Breast Cancer	<i>deaths/ 100,000 females</i>	20.8	15.3	20.3	19.3	2018-2022	13
1.76	Adults with Cancer (Non-Skin) or Melanoma	<i>percent</i>	9.2	--	--	8.2	2022	4
1.76	Age-Adjusted Death Rate due to Lung Cancer	<i>deaths/ 100,000 population</i>	47.4	25.1	42.1	32.4	2018-2022	13
1.76	Mammogram in Past 2 Years: 50-74	<i>percent</i>	73.6	80.3	--	76.5	2022	4
1.59	Colon Cancer Screening: USPSTF Recommendation	<i>percent</i>	64.6	--	--	66.3	2022	4
1.29	Breast Cancer Incidence Rate	<i>cases/ 100,000 females</i>	116.6	--	124.3	128.1	2015-2019	13
1.29	Prostate Cancer Incidence Rate	<i>cases/ 100,000 males</i>	95.4	--	99.9	109.9	2015-2019	13
1.18	Lung and Bronchus Cancer Incidence Rate	<i>cases/ 100,000 population</i>	62.5	--	69.2	56.3	2015-2019	13
0.79	Age-Adjusted Death Rate due to Prostate Cancer	<i>deaths/ 100,000 males</i>	18.3	16.9	20.4	19.0	2018-2022	13
0.71	All Cancer Incidence Rate	<i>cases/ 100,000 population</i>	430.8	--	456.8	449.4	2015-2019	13
0.62	Mammography Screening: Medicare Population	<i>percent</i>	53.0	--	51.0	39.0	2023	6
0.44	Cancer: Medicare Population	<i>percent</i>	10.0	--	12.0	12.0	2023	6
0.18	Oral Cavity and Pharynx Cancer Incidence Rate	<i>cases/ 100,000 population</i>	10.9	--	12.7	12.0	2015-2019	13

SCORE	CHILDREN'S HEALTH	UNITS	WAYNE COUNTY	HP2030	IN	U.S.	MEASUREMENT PERIOD	Source
2.38	Child Food Insecurity Rate	<i>percent</i>	21.8	--	18.2	18.5	2022	9

2.29	Child Abuse Rate	<i>cases/ 1,000 children</i>	27.6	--	20.8	--	2017	3
2.21	Child Mortality Rate: Under 20	<i>deaths/ 100,000 population under 20</i>	70.6	--	61.9	50.6	2018-2021	8
2.03	Blood Lead Levels in Children (>=3.5 micrograms per deciliter)	<i>Percent</i>	5.0	--	1.7	--	2023	12
1.41	Child Care Centers	<i>per 1,000 population under age 5</i>	4.1	--	3.6	7.0	2022	8
1.09	Children with Health Insurance	<i>percent</i>	95.3	--	94.7	--	2022	20
0.65	Food Insecure Children Likely Ineligible for Assistance	<i>percent</i>	20.0	--	30.0	30.0	2022	9

SCORE	COMMUNITY	UNITS	WAYNE COUNTY	HP2030	IN	U.S.	MEASUREMENT PERIOD	Source
2.71	Young Children Living Below Poverty Level	<i>percent</i>	37.6	--	17.9	17.6	2019-2023	2
2.38	Adults With Group Health Insurance	<i>percent</i>	29.8	--	38.1	39.8	2024	7
2.38	Age-Adjusted Death Rate due to Motor Vehicle Traffic Collisions	<i>deaths/ 100,000 population</i>	14.1	10.1	12.6	11.4	2018-2020	5
2.38	People Living Below Poverty Level	<i>percent</i>	16.9	8.0	12.2	12.4	2019-2023	2
2.35	Adults with Internet Access	<i>percent</i>	78.6	--	81.8	81.3	2024	7
2.29	Child Abuse Rate	<i>cases/ 1,000 children</i>	27.6	--	20.8	--	2017	3
2.26	Age-Adjusted Death Rate due to Firearms	<i>deaths/ 100,000 population</i>	19.4	10.7	14.8	12.0	2018-2020	5
2.24	Children Living Below Poverty Level	<i>percent</i>	23.6	--	15.7	16.3	2019-2023	2
2.21	Adults Who Vote in Presidential Elections: Always or Sometimes	<i>percent</i>	83.6	--	84.8	85.1	2024	7

2.12	Median Housing Unit Value	<i>dollars</i>	126100	--	201600	303400	2019-2023	2
2.06	People 65+ Living Alone	<i>percent</i>	30.3	--	28.3	26.5	2019-2023	2
2.03	People 25+ with a Bachelor's Degree or Higher	<i>percent</i>	20.2	--	28.8	35.0	2019-2023	2
2.03	Total Employment Change	<i>percent</i>	3.4	--	4.4	5.8	2021-2022	19
2.00	Workers Commuting by Public Transportation	<i>percent</i>	0.2	5.3	0.7	3.5	2019-2023	2
1.94	Median Household Income	<i>dollars</i>	56652	--	70051	78538	2019-2023	2
1.88	Households with a Computer	<i>percent</i>	82.0	--	85.6	86.0	2024	7
1.82	Population 16+ in Civilian Labor Force	<i>percent</i>	56.7	--	61.1	59.8	2019-2023	2
1.76	Per Capita Income	<i>dollars</i>	31990	--	37178	43289	2019-2023	2
1.71	People 25+ with a High School Diploma or Higher	<i>percent</i>	88.3	--	90.2	89.4	2019-2023	2
1.71	Voter Turnout: Presidential Election	<i>percent</i>	60.0	58.4	62.0	--	2024	11
1.68	Children in Single-Parent Households	<i>percent</i>	24.0	--	23.8	24.8	2019-2023	2
1.65	Adults Admitted into Correctional Facilities	<i>adults</i>	144	--	--	--	2023	10
1.65	Juveniles Admitted into Correctional Facilities	<i>juveniles</i>	6	--	--	--	2023	10
1.59	Households with a Smartphone	<i>percent</i>	84.9	--	88.3	88.2	2024	7
1.53	Youth not in School or Working	<i>percent</i>	1.7	--	1.6	1.7	2019-2023	2
1.50	Broadband Quality Score	<i>BQS Score</i>	53.7	--	62.0	50.0	2022	17
1.41	Households with One or More Types of Computing Devices	<i>percent</i>	91.7	--	93.6	94.8	2019-2023	2
1.41	Workers who Drive Alone to Work	<i>percent</i>	79.3	--	77.3	70.2	2019-2023	2

1.35	Female Population 16+ in Civilian Labor Force	<i>percent</i>	57.0	--	59.2	58.7	<i>2019-2023</i>	2
1.32	Adults With Individual Health Insurance	<i>percent</i>	19.9	--	19.7	20.2	<i>2024</i>	7
1.24	Median Household Gross Rent	<i>dollars</i>	813	--	1020	1348	<i>2019-2023</i>	2
1.24	Persons with an Internet Subscription	<i>percent</i>	89.6	--	90.9	92.0	<i>2019-2023</i>	2
1.15	Digital Divide Index	<i>DDI Score</i>	22.9	--	26.5	50.0	<i>2022</i>	17
1.15	Linguistic Isolation	<i>percent</i>	1.2	--	1.9	4.2	<i>2019-2023</i>	2
1.15	Persons with Health Insurance	<i>percent</i>	91.5	92.4	91.8	--	<i>2022</i>	20
1.12	Alcohol-Impaired Driving Deaths	<i>percent of driving deaths with alcohol involvement</i>	17.6	--	18.3	26.3	<i>2017-2021</i>	8
1.12	Social Associations	<i>membership associations/ 10,000 population</i>	12.8	--	11.8	9.1	<i>2021</i>	8
1.06	Households with an Internet Subscription	<i>percent</i>	87.8	--	88.5	89.9	<i>2019-2023</i>	2
1.06	Median Monthly Owner Costs for Households without a Mortgage	<i>dollars</i>	428	--	498	612	<i>2019-2023</i>	2
0.97	Death Rate due to Motor Vehicle Collisions	<i>deaths/ 100,000 population</i>	12.3	--	13.0	12.0	<i>2015-2021</i>	8
0.97	Digital Distress		1.0	--	--	--	<i>2022</i>	17
0.88	Mortgaged Owners Median Monthly Household Costs	<i>dollars</i>	1109	--	1355	1902	<i>2019-2023</i>	2
0.79	Residential Segregation - Black/White	<i>Score</i>	50.5	--	68.3	62.7	<i>2024</i>	8
0.76	Workers who Walk to Work	<i>percent</i>	2.7	--	2.0	2.4	<i>2019-2023</i>	2
0.62	Mean Travel Time to Work	<i>minutes</i>	20.9	--	24.0	26.6	<i>2019-2023</i>	2
0.29	Solo Drivers with a Long Commute	<i>percent</i>	20.9	--	32.2	36.4	<i>2018-2022</i>	8

SCORE	ECONOMY	UNITS	WAYNE COUNTY	HP2030	IN	U.S.	MEASUREMENT PERIOD	Source
3.00	Adults with Disability Living in Poverty	<i>percent</i>	32.2	--	25.0	24.6	2019-2023	2
2.71	Families Living Below Poverty Level	<i>percent</i>	13.1	--	8.4	8.7	2019-2023	2
2.71	Young Children Living Below Poverty Level	<i>percent</i>	37.6	--	17.9	17.6	2019-2023	2
2.44	People 65+ Living Below 200% of Poverty Level	<i>percent</i>	40.5	--	28.9	28.1	2023	1
2.41	Unemployed Workers in Civilian Labor Force	<i>percent</i>	4.7	--	4.2	4.0	November 2024	18
2.38	Child Food Insecurity Rate	<i>percent</i>	21.8	--	18.2	18.5	2022	9
2.38	Families Living Below 200% of Poverty Level	<i>Percent</i>	29.5	--	22.7	22.4	2019-2023	2
2.38	Food Insecurity Rate	<i>percent</i>	16.2	--	13.9	13.5	2022	9
2.38	Households with a 401k Plan	<i>percent</i>	31.1	--	38.8	40.8	2024	7
2.38	People Living Below 200% of Poverty Level	<i>percent</i>	37.2	--	29.5	28.5	2019-2023	2
2.38	People Living Below Poverty Level	<i>percent</i>	16.9	8.0	12.2	12.4	2019-2023	2
2.24	Children Living Below Poverty Level	<i>percent</i>	23.6	--	15.7	16.3	2019-2023	2
2.18	Households with Cash Public Assistance Income	<i>percent</i>	2.6	--	1.9	2.7	2019-2023	2
2.12	Median Housing Unit Value	<i>dollars</i>	126100	--	201600	303400	2019-2023	2
2.06	Homeowner Vacancy Rate	<i>percent</i>	1.4	--	0.9	1.0	2019-2023	2
2.03	Adults who Feel Overwhelmed by Financial Burdens	<i>percent</i>	35.6	--	34.6	33.6	2024	7
2.03	Households Living Below Poverty Level	<i>percent</i>	17.6	--	12.0	--	2021	22

2.03	Total Employment Change	<i>percent</i>	3.4	--	4.4	5.8	<i>2021-2022</i>	19
2.00	Renters Spending 30% or More of Household Income on Rent	<i>percent</i>	48.5	25.5	47.4	50.4	<i>2019-2023</i>	2
1.94	Median Household Income	<i>dollars</i>	56652	--	70051	78538	<i>2019-2023</i>	2
1.94	Unemployed Veterans	<i>percent</i>	3.1	--	3.1	3.2	<i>2019-2023</i>	2
1.88	Households with a Savings Account	<i>percent</i>	66.2	--	71.1	72.0	<i>2024</i>	7
1.88	Income Inequality		0.5	--	0.5	0.5	<i>2019-2023</i>	2
1.88	Students Eligible for the Free Lunch Program	<i>percent</i>	47.7	--	42.4	43.6	<i>2023-2024</i>	14
1.85	Children Living Below 200% of Poverty Level	<i>percent</i>	46.7	--	37.7	36.1	<i>2023</i>	1
1.85	Households that are Above the Asset Limited, Income Constrained, Employed (ALICE) Threshold	<i>percent</i>	55.1	--	61.0		<i>2021</i>	22
1.82	Population 16+ in Civilian Labor Force	<i>percent</i>	56.7	--	61.1	59.8	<i>2019-2023</i>	2
1.76	Per Capita Income	<i>dollars</i>	31990	--	37178	43289	<i>2019-2023</i>	2
1.68	Households that are Asset Limited, Income Constrained, Employed (ALICE)	<i>percent</i>	27.3	--	27.0	--	<i>2021</i>	22
1.65	People 65+ Living Below Poverty Level (Count)	<i>people</i>	1108	--	--	--	<i>2019-2023</i>	2
1.65	Size of Labor Force	<i>persons</i>	29876	--	--	--	<i>November 2024</i>	18
1.53	Youth not in School or Working	<i>percent</i>	1.7	--	1.6	1.7	<i>2019-2023</i>	2
1.47	People 65+ Living Below Poverty Level	<i>percent</i>	9.2	--	8.6	10.4	<i>2019-2023</i>	2
1.35	Female Population 16+ in Civilian Labor Force	<i>percent</i>	57.0	--	59.2	58.7	<i>2019-2023</i>	2
1.32	Gender Pay Gap	<i>cents on the dollar</i>	0.7	--	0.7	0.7	<i>2019-2023</i>	2

1.24	Households that Used Check Cashing, Cash Advance, or Title Loan Shops	<i>percent</i>	2.0	--	1.9	2.0	2024	7
1.24	Median Household Gross Rent	<i>dollars</i>	813	--	1020	1348	2019-2023	2
1.18	Severe Housing Problems	<i>percent</i>	12.1	--	12.2	16.7	2016-2020	8
1.06	Median Monthly Owner Costs for Households without a Mortgage	<i>dollars</i>	428	--	498	612	2019-2023	2
0.94	Overcrowded Households	<i>percent</i>	1.4	--	1.7	3.4	2019-2023	2
0.88	Mortgaged Owners Median Monthly Household Costs	<i>dollars</i>	1109	--	1355	1902	2019-2023	2
0.85	Mortgaged Owners Spending 30% or More of Household Income on Housing	<i>percent</i>	18.1	25.5	21.0	28.5	2023	1
0.79	Residential Segregation - Black/White	<i>Score</i>	50.5	--	68.3	62.7	2024	8
0.65	Food Insecure Children Likely Ineligible for Assistance	<i>percent</i>	20.0	--	30.0	30.0	2022	9
0.62	Veterans Living Below Poverty Level	<i>percent</i>	5.0	--	6.6	7.2	2019-2023	2
0.18	Households with Student Loan Debt	<i>percent</i>	6.9	--	9.5	9.8	2024	7

SCORE	EDUCATION	UNITS	WAYNE COUNTY	HP2030	IN	U.S.	MEASUREMENT PERIOD	Source
2.03	People 25+ with a Bachelor's Degree or Higher	<i>percent</i>	20.2	--	28.8	35.0	2019-2023	2
1.71	People 25+ with a High School Diploma or Higher	<i>percent</i>	88.3	--	90.2	89.4	2019-2023	2
1.41	Child Care Centers	<i>per 1,000 population under age 5</i>	4.1	--	3.6	7.0	2022	8
1.18	Student-to-Teacher Ratio	<i>students/ teacher</i>	14.3	--	15.3	15.2	2023-2024	14

1.00	Veterans with a High School Diploma or Higher	<i>percent</i>	95.3	--	94.5	95.2	2019-2023	2
0.88	High School Graduation	<i>percent</i>	95.3	90.7	88.3	86.2	2020-2021	8

SCORE	ENVIRONMENTAL HEALTH	UNITS	WAYNE COUNTY	HP2030	IN	U.S.	MEASUREMENT PERIOD	Source
2.71	Houses Built Prior to 1950	<i>percent</i>	36.8	--	21.4	16.4	2019-2023	2
2.56	Asthma: Medicare Population	<i>percent</i>	8.0	--	7.0	7.0	2023	6
2.53	Food Environment Index		6.3	--	6.8	7.7	2024	8
2.29	Adults with Current Asthma	<i>percent</i>	11.9	--	--	9.9	2022	4
2.29	Proximity to Highways	<i>percent</i>	10.8	--	5.3	--	2020	16
2.24	Liquor Store Density	<i>stores/ 100,000 population</i>	16.6	--	12.9	10.9	2022	19
2.06	Air Pollution due to Particulate Matter	<i>micrograms per cubic meter</i>	9.1	--	8.8	7.4	2019	8
2.03	Blood Lead Levels in Children (>=3.5 micrograms per deciliter)	<i>Percent</i>	5.0	--	1.7	--	2023	12
1.65	Number of Extreme Heat Days	<i>days</i>	21	--	--	--	2023	16
1.65	Number of Extreme Heat Events	<i>events</i>	18	--	--	--	2023	16
1.59	Access to Parks	<i>percent</i>	33.0	--	42.1	--	2020	16
1.50	Broadband Quality Score	<i>BQS Score</i>	53.7	--	62.0	50.0	2022	17
1.35	Number of Extreme Precipitation Days	<i>days</i>	3	--	--	--	2023	16
1.35	PBT Released	<i>pounds</i>	446	--	--	--	2023	21
1.35	Recognized Carcinogens Released into Air	<i>pounds</i>	571.7	--	--	--	2023	21
1.35	Weeks of Moderate Drought or Worse	<i>weeks per year</i>	0	--	--	--	2021	16

1.18	Severe Housing Problems	<i>percent</i>	12.1	--	12.2	16.7	2016-2020	8
1.15	Access to Exercise Opportunities	<i>percent</i>	76.5	--	76.5	84.1	2024	8
1.15	Digital Divide Index	<i>DDI Score</i>	22.9	--	26.5	50.0	2022	17
0.94	Overcrowded Households	<i>percent</i>	1.4	--	1.7	3.4	2019-2023	2

SCORE	HEALTH CARE ACCESS & QUALITY	UNITS	WAYNE COUNTY	HP2030	IN	U.S.	MEASUREMENT PERIOD	Source
2.38	Adults With Group Health Insurance	<i>percent</i>	29.8	--	38.1	39.8	2024	7
2.35	Adults with Health Insurance: 18+	<i>percent</i>	71.9	--	75.0	75.2	2024	7
2.21	Adults who go to the Doctor Regularly for Checkups	<i>percent</i>	63.8	--	64.8	65.1	2024	7
2.12	Adults who Visited a Dentist	<i>percent</i>	55.5	--	--	63.9	2022	4
1.68	Preventable Hospital Stays: Medicare Population	<i>discharges/ 100,000 Medicare enrollees</i>	3026.0	--	3202.0	2769.0	2023	6
1.41	Adults who have had a Routine Checkup	<i>percent</i>	77.7	--	--	76.1	2022	4
1.32	Adults With Individual Health Insurance	<i>percent</i>	19.9	--	19.7	20.2	2024	7
1.15	Adults with Health Insurance: 18-64	<i>percent</i>	90.0	--	90.6	--	2022	20
1.15	Persons with Health Insurance	<i>percent</i>	91.5	92.4	91.8	--	2022	20
1.09	Children with Health Insurance	<i>percent</i>	95.3	--	94.7	--	2022	20
1.06	Primary Care Provider Rate	<i>providers/ 100,000 population</i>	60.2	--	65.6	74.9	2021	8
0.35	Dentist Rate	<i>dentists/ 100,000 population</i>	66.4	--	59.5	73.5	2022	8
0.29	Mental Health Provider Rate	<i>providers/ 100,000 population</i>	502.5	--	199.8	313.9	2023	8

0.00	Non-Physician Primary Care Provider Rate	<i>providers/ 100,000 population</i>	170.5	--	129.5	131.4	2023	8
SCORE	HEART DISEASE & STROKE	UNITS	WAYNE COUNTY	HP2030	IN	U.S.	MEASUREMENT PERIOD	Source
2.56	Heart Failure: Medicare Population	<i>percent</i>	15.0	--	12.0	11.0	2023	6
2.56	Ischemic Heart Disease: Medicare Population	<i>percent</i>	31.0	--	23.0	21.0	2023	6
2.29	High Blood Pressure Prevalence	<i>percent</i>	41.6	41.9	--	32.7	2021	4
2.21	Hypertension: Medicare Population	<i>percent</i>	72.0	--	69.0	65.0	2023	6
2.15	Age-Adjusted Death Rate due to Heart Attack	<i>deaths/ 100,000 population 35+ years</i>	107.2	--	66.9	--	2021	16
2.12	Adults who Experienced a Stroke	<i>percent</i>	4.4	--	--	3.6	2022	4
2.12	Cholesterol Test History	<i>percent</i>	81.6	--	--	86.4	2021	4
1.94	Adults who Experienced Coronary Heart Disease	<i>percent</i>	8.8	--	--	6.8	2022	4
1.94	High Cholesterol Prevalence	<i>percent</i>	38.0	--	--	35.5	2021	4
1.85	Hyperlipidemia: Medicare Population	<i>percent</i>	68.0	--	67.0	66.0	2023	6
1.50	Atrial Fibrillation: Medicare Population	<i>percent</i>	15.0	--	15.0	14.0	2023	6
1.24	Adults who Have Taken Medications for High Blood Pressure	<i>percent</i>	81.4	--	--	78.2	2021	4
0.97	Stroke: Medicare Population	<i>percent</i>	5.0	--	5.0	6.0	2023	6

SCORE	IMMUNIZATIONS & INFECTIOUS DISEASES	UNITS	WAYNE COUNTY	HP2030	IN	U.S.	MEASUREMENT PERIOD	Source
2.74	Cervical Cancer Incidence Rate	<i>cases/ 100,000 females</i>	19.4	--	8.4	7.7	2015-2019	13
2.03	Adults who Agree Vaccine Benefits Outweigh Possible Risks	<i>Percent</i>	56.5	--	58.8	60.4	2024	7

2.03	Pneumonia Vaccinations: Medicare Population	<i>percent</i>	7.0	--	10.0	9.0	2023	6
1.88	Hepatitis C Prevalence	<i>Rate per 100,000 population</i>	167.0	--	70.4	--	2021	12
1.85	Gonorrhea Incidence Rate	<i>cases/ 100,000 population</i>	145.2	--	144.0	179.5	2023	15
1.82	Chlamydia Incidence Rate	<i>cases/ 100,000 population</i>	444.6	--	491.0	492.2	2023	15
1.32	Flu Vaccinations: Medicare Population	<i>percent</i>	45.0	--	49.0	3.0	2023	6
0.94	Overcrowded Households	<i>percent</i>	1.4	--	1.7	3.4	2019-2023	2

SCORE	MATERNAL, FETAL & INFANT HEALTH	UNITS	WAYNE COUNTY	HP2030	IN	U.S.	MEASUREMENT PERIOD	Source
2.44	Babies with Low Birthweight	<i>percent</i>	11.5	--	8.7	8.6	2022	12
2.15	Preterm Births (OE)	<i>percent</i>	13.5	9.4	10.9	10.4	2022	12
2.12	Mothers who Received Early Prenatal Care	<i>percent</i>	67.4	--	70.9	75.3	2022	12
2.12	Mothers who Smoked During Pregnancy	<i>percent</i>	11.3	4.3	6.6	3.7	2022	12
2.00	Infant Mortality Rate	<i>deaths/ 1,000 live births</i>	7.4	5.0	--	5.6	2017-2021	12
1.62	Teen Birth Rate: 15-19	<i>live births/ 1,000 females aged 15-19</i>	18.0	--	17.0	13.9	2021	12

SCORE	MENTAL HEALTH & MENTAL DISORDERS	UNITS	WAYNE COUNTY	HP2030	IN	U.S.	MEASUREMENT PERIOD	Source
2.71	Poor Mental Health: Average Number of Days	<i>days</i>	5.8	--	5.2	4.8	2021	8
2.38	Depression: Medicare Population	<i>percent</i>	19.0	--	18.0	17.0	2023	6

2.29	Poor Mental Health: 14+ Days	<i>percent</i>	19.4	--	--	15.8	2022	4
2.03	Self-Reported General Health Assessment: Good or Better	<i>percent</i>	83.7	--	85.6	86.0	2024	7
1.94	Adults Ever Diagnosed with Depression	<i>percent</i>	24.7	--	--	20.7	2022	4
1.85	Adults who Feel Life is Slipping Out of Control	<i>Percent</i>	24.9	--	24.6	23.9	2024	7
0.79	Alzheimer's Disease or Dementia: Medicare Population	<i>percent</i>	5.0	--	5.0	6.0	2023	6
0.29	Mental Health Provider Rate	<i>providers/ 100,000 population</i>	502.5	--	199.8	313.9	2023	8

SCORE	NUTRITION & HEALTHY EATING	UNITS	WAYNE COUNTY	HP2030	IN	U.S.	MEASUREMENT PERIOD	Source
2.53	Food Environment Index		6.3	--	6.8	7.7	2024	8
2.21	Adults who Frequently Cook Meals at Home	<i>Percent</i>	67.1	--	67.8	67.7	2024	7
1.85	Adults who Drank Soft Drinks: Past 7 Days	<i>percent</i>	52.1	--	50.1	47.5	2024	7
1.06	Adults Who Frequently Used Quick Service Restaurants: Past 30 Days	<i>Percent</i>	36.7	--	38.4	38.2	2024	7

SCORE	OLDER ADULTS	UNITS	WAYNE COUNTY	HP2030	IN	U.S.	MEASUREMENT PERIOD	Source
2.56	Asthma: Medicare Population	<i>percent</i>	8.0	--	7.0	7.0	2023	6
2.56	Chronic Kidney Disease: Medicare Population	<i>percent</i>	24.0	--	19.0	18.0	2023	6
2.56	Heart Failure: Medicare Population	<i>percent</i>	15.0	--	12.0	11.0	2023	6

2.56	Ischemic Heart Disease: Medicare Population	<i>percent</i>	31.0	--	23.0	21.0	2023	6
2.56	Osteoporosis: Medicare Population	<i>percent</i>	14.0	--	12.0	12.0	2023	6
2.38	Depression: Medicare Population	<i>percent</i>	19.0	--	18.0	17.0	2023	6
2.21	Hypertension: Medicare Population	<i>percent</i>	72.0	--	69.0	65.0	2023	6
2.06	People 65+ Living Alone	<i>percent</i>	30.3	--	28.3	26.5	2019-2023	2
1.85	Hyperlipidemia: Medicare Population	<i>percent</i>	68.0	--	67.0	66.0	2023	6
1.85	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	<i>percent</i>	38.0	--	37.0	36.0	2023	6
1.76	Adults 65+ with Total Tooth Loss	<i>percent</i>	16.1	--	--	12.2	2022	4
1.65	People 65+ Living Below Poverty Level (Count)	<i>people</i>	1108	--	--	--	2019-2023	2
1.50	Atrial Fibrillation: Medicare Population	<i>percent</i>	15.0	--	15.0	14.0	2023	6
1.47	People 65+ Living Below Poverty Level	<i>percent</i>	9.2	--	8.6	10.4	2019-2023	2
1.29	Prostate Cancer Incidence Rate	<i>cases/ 100,000 males</i>	95.4	--	99.9	109.9	2015-2019	13
1.15	Diabetes: Medicare Population	<i>percent</i>	25.0	--	26.0	24.0	2023	6
0.97	Stroke: Medicare Population	<i>percent</i>	5.0	--	5.0	6.0	2023	6
0.79	Alzheimer's Disease or Dementia: Medicare Population	<i>percent</i>	5.0	--	5.0	6.0	2023	6
0.79	COPD: Medicare Population	<i>percent</i>	11.0	--	13.0	11.0	2023	6
0.62	Mammography Screening: Medicare Population	<i>percent</i>	53.0	--	51.0	39.0	2023	6
0.44	Cancer: Medicare Population	<i>percent</i>	10.0	--	12.0	12.0	2023	6

SCORE	ORAL HEALTH	UNITS	WAYNE COUNTY	HP2030	IN	U.S.	MEASUREMENT PERIOD	Source
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2.12	Adults who Visited a Dentist	percent	55.5	--	--	63.9	2022	4
1.76	Adults 65+ with Total Tooth Loss	percent	16.1	--	--	12.2	2022	4
0.35	Dentist Rate	<i>dentists/ 100,000 population</i>	66.4	--	59.5	73.5	2022	8
0.18	Oral Cavity and Pharynx Cancer Incidence Rate	<i>cases/ 100,000 population</i>	10.9	--	12.7	12.0	2015-2019	13
SCORE	OTHER CHRONIC CONDITIONS	UNITS	WAYNE COUNTY	HP2030	IN	U.S.	MEASUREMENT PERIOD	Source
2.56	Chronic Kidney Disease: Medicare Population	percent	24.0	--	19.0	18.0	2023	6
2.56	Osteoporosis: Medicare Population	percent	14.0	--	12.0	12.0	2023	6
2.12	Adults with Arthritis	percent	33.5	--		26.6	2022	4
1.85	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	percent	38.0	--	37.0	36.0	2023	6
SCORE	PHYSICAL ACTIVITY	UNITS	WAYNE COUNTY	HP2030	IN	U.S.	MEASUREMENT PERIOD	Source
1.59	Access to Parks	percent	33.0	--	42.1	--	2020	16
1.59	Adults 20+ who are Sedentary	percent	25.3	--	--	--	2021	5
1.24	Adults 20+ Who Are Obese	percent	32.2	36.0	--	--	2021	5
1.15	Access to Exercise Opportunities	percent	76.5	--	76.5	84.1	2024	8
0.76	Workers who Walk to Work	percent	2.7	--	2.0	2.4	2019-2023	2

SCORE	PREVENTION & SAFETY	UNITS	WAYNE COUNTY	HP2030	IN	U.S.	MEASUREMENT PERIOD	Source
2.71	Age-Adjusted Death Rate due to Unintentional Injuries	<i>deaths/ 100,000 population</i>	118.9	43.2	59.4	51.6	2018-2020	5
2.56	Death Rate due to Drug Poisoning	<i>deaths/ 100,000 population</i>	77.2	20.7	33.7	27.2	2019-2021	8

2.56	Death Rate due to Injuries	<i>deaths/ 100,000 population</i>	146.3	--	90.2	80.0	2017-2021	8
2.26	Age-Adjusted Death Rate due to Firearms	<i>deaths/ 100,000 population</i>	19.4	10.7	14.8	12.0	2018-2020	5
1.18	Severe Housing Problems	<i>percent</i>	12.1	--	12.2	16.7	2016-2020	8
0.97	Death Rate due to Motor Vehicle Collisions	<i>deaths/ 100,000 population</i>	12.3	--	13.0	12.0	2015-2021	8
SCORE	RESPIRATORY DISEASES	UNITS	WAYNE COUNTY	HP2030	IN	U.S.	MEASUREMENT PERIOD	Source
2.56	Asthma: Medicare Population	<i>percent</i>	8.0	--	7.0	7.0	2023	6
2.29	Adults who Smoke	<i>percent</i>	22.2	6.1	--	12.9	2022	4
2.29	Adults with COPD	<i>Percent of adults</i>	11.1	--	--	6.8	2022	4
2.29	Adults with Current Asthma	<i>percent</i>	11.9	--	--	9.9	2022	4
2.29	Proximity to Highways	<i>percent</i>	10.8	--	5.3		2020	16
1.85	Adults Who Used Electronic Cigarettes: Past 30 Days	<i>percent</i>	7.4	--	7.3	6.8	2024	7
1.76	Age-Adjusted Death Rate due to Lung Cancer	<i>deaths/ 100,000 population</i>	47.4	25.1	42.1	32.4	2018-2022	13
1.71	Adults Who Used Smokeless Tobacco: Past 30 Days	<i>percent</i>	2.1	--	1.9	1.6	2024	7
1.18	Lung and Bronchus Cancer Incidence Rate	<i>cases/ 100,000 population</i>	62.5	--	69.2	56.3	2015-2019	13
0.79	COPD: Medicare Population	<i>percent</i>	11.0	--	13.0	11.0	2023	6

SCORE	TOBACCO USE	UNITS	WAYNE COUNTY	HP2030	IN	U.S.	MEASUREMENT PERIOD	Source
2.29	Adults who Smoke	<i>percent</i>	22.2	6.1	--	12.9	2022	4
1.85	Adults Who Used Electronic Cigarettes: Past 30 Days	<i>percent</i>	7.4	--	7.3	6.8	2024	7

1.71	Adults Who Used Smokeless Tobacco: Past 30 Days	<i>percent</i>	2.1	--	1.9	1.6	2024	7
1.18	Lung and Bronchus Cancer Incidence Rate	<i>cases/ 100,000 population</i>	62.5	--	69.2	56.3	2015-2019	13

SCORE	WELLNESS & LIFESTYLE	UNITS	WAYNE COUNTY	HP2030	IN	U.S.	MEASUREMENT PERIOD	Source
2.29	High Blood Pressure Prevalence	<i>percent</i>	41.6	41.9	--	32.7	2021	4
2.24	Poor Physical Health: Average Number of Days	<i>days</i>	4.2	--	3.5	3.3	2021	8
2.21	Adults Happy with Weight	<i>Percent</i>	40.8	--	41.7	42.6	2024	7
2.21	Adults who Frequently Cook Meals at Home	<i>Percent</i>	67.1	--	67.8	67.7	2024	7
2.21	Life Expectancy	<i>years</i>	72.6	--	75.6	77.6	2019-2021	8
2.12	Insufficient Sleep	<i>percent</i>	39.5	26.7	--	36.0	2022	4
2.12	Poor Physical Health: 14+ Days	<i>percent</i>	15.9	--	--	12.7	2022	4
2.12	Self-Reported General Health Assessment: Poor or Fair	<i>percent</i>	22.8	--	--	17.9	2022	4
2.03	Adults who Agree Vaccine Benefits Outweigh Possible Risks	<i>Percent</i>	56.5	--	58.8	60.4	2024	7
2.03	Self-Reported General Health Assessment: Good or Better	<i>percent</i>	83.7	--	85.6	86.0	2024	7
1.85	Adults who Feel Life is Slipping Out of Control	<i>Percent</i>	24.9	--	24.6	23.9	2024	7

SCORE	WOMEN'S HEALTH	UNITS	WAYNE COUNTY	HP2030	IN	U.S.	MEASUREMENT PERIOD	Source
2.74	Cervical Cancer Incidence Rate	<i>cases/ 100,000 females</i>	19.4	--	8.4	7.7	2015-2019	13
1.94	Cervical Cancer Screening: 21-65	<i>Percent</i>	79.6	--	--	82.8	2020	4

1.85	Age-Adjusted Death Rate due to Breast Cancer	<i>deaths/ 100,000 females</i>	20.8	15.3	20.3	19.3	2018-2022	13
1.76	Mammogram in Past 2 Years: 50-74	<i>percent</i>	73.6	80.3	--	76.5	2022	4
1.29	Breast Cancer Incidence Rate	<i>cases/ 100,000 females</i>	116.6	--	124.3	128.1	2015-2019	13
0.62	Mammography Screening: Medicare Population	<i>percent</i>	53.0	--	51.0	39.0	2023	6

Population Estimates of Reid Health Service Area

Zip Code	County	Population
47374	Wayne	45186
47362	Henry	29442
47331	Fayette	22769
45331	Darke	22298
45320	Preble	15402
47012	Franklin	10891
47394	Randolph	8137
45304	Darke	7624
45311	Preble	5960
45381	Preble	5662
45380	Darke	5552
47356	Henry	5508
47330	Wayne	5346
47353	Union	5111
47390	Randolph	5084
46148	Henry	4948
45338	Preble	4782
47327	Wayne	4384
45308	Darke	4376
47346	Wayne	4123
45347	Preble	4029
45390	Darke	3349
47340	Randolph	3267
47355	Randolph	2966
47024	Franklin	2909
47341	Wayne	2513
45303	Darke	2169
47368	Randolph	2118
47384	Henry	2038
45346	Darke	2022
47385	Henry	1700
47393	Wayne	1595
47030	Franklin	1574
47380	Randolph	1537
47360	Henry	1480
47345	Wayne	1465

45321	Preble	1254
47386	Henry	1210
47036	Franklin	1202
47357	Wayne	1184
45362	Darke	1164
45382	Preble	1139
47354	Randolph	1122
47003	Union	1038
47358	Randolph	917
47352	Henry	823
45348	Darke	817
45388	Darke	727
47016	Franklin	683
45003	Preble	666
45332	Darke	602
47325	Union	578
45328	Darke	538
47351	Henry	505
47387	Henry	461
45378	Preble	459
47339	Wayne	450
47035	Franklin	266
45310	Darke	255
47010	Franklin	154

Percentage of Families Living Below Poverty in the Reid Health Service Area

Zip Code	County	Percentage Below Poverty
47339	Wayne	23.7
45390	Darke	21.2
47390	Randolph	20.4
47380	Randolph	19.6
45362	Darke	16.4
47374	Wayne	15.7
45311	Preble	15.2
47024	Franklin	15.2
47355	Randolph	14.6
45348	Darke	14.5

45003	Preble	14.4
46148	Henry	13.2
45303	Darke	13.1
47030	Franklin	13.1
47327	Wayne	12.6
47368	Randolph	12.3
47331	Fayette	11.9
47340	Randolph	11.8
45347	Preble	11.3
47393	Wayne	11.3
47352	Henry	11.2
47362	Henry	10.7
45321	Preble	10.4
45332	Darke	10
45378	Preble	9.5
45338	Preble	9.4
47354	Randolph	9
45381	Preble	8.7
45331	Darke	8.4
47394	Randolph	8.4
47330	Wayne	7.3
47384	Henry	7.3
47353	Union	7
45308	Darke	6.7
45328	Darke	6.5
45320	Preble	6.4
47341	Wayne	6.1
47385	Henry	6.1
47356	Henry	5.9
45382	Preble	5.8
47386	Henry	5.4
45304	Darke	4.8
47036	Franklin	4.7
45346	Darke	4.4
47345	Wayne	4.2
47346	Wayne	4
47003	Union	3.9
47357	Wayne	3.5
47351	Henry	3.5
47012	Franklin	3.3

45380	Darke	3.1
47360	Henry	3.1
47016	Franklin	2.5
47387	Henry	1.3

SocioNeeds Index Suite

Community Health Index

ZIP Code	County	Index Value
45390	Darke	84
47024	Franklin	82.7
47390	Randolph	81.8
47331	Fayette	81.4
45347	Preble	79.3
47352	Henry	77.3
47355	Randolph	77.1
47393	Wayne	76.7
45303	Darke	75
47374	Wayne	73.8
47030	Franklin	72.4
46148	Henry	70.2
47387	Henry	68.5
47035	Franklin	68.4
47362	Henry	68.2
47357	Wayne	67.9
45382	Preble	65.6
47380	Randolph	62.6
47385	Henry	61.5
45321	Preble	60.9
47386	Henry	60.9
47354	Randolph	60.6
45381	Preble	60.6
45338	Preble	59.2
47360	Henry	59.1
47351	Henry	58.7
47327	Wayne	58.2
45003	Preble	57
45332	Darke	56.4
47358	Randolph	56.3
47368	Randolph	53.7
47394	Randolph	51.9
47340	Randolph	51.8
47384	Henry	49.8

47325	Union	48.8
47341	Wayne	46.7
47339	Wayne	46.6
45346	Darke	45.5
45362	Darke	44
45308	Darke	43.8
45320	Preble	43.8
45304	Darke	42.7
45311	Preble	41.6
47012	Franklin	40.7
45348	Darke	39.3
47346	Wayne	38.9
45331	Darke	38.6
47353	Union	38.4
47010	Franklin	35.3
47330	Wayne	34.1
45328	Darke	34.1
47016	Franklin	33.6
47345	Wayne	33.5
47356	Henry	31.4
47003	Union	30.5
47036	Franklin	17.8
45380	Darke	17.7
45388	Darke	14

Food Insecurity Index

ZIP Code	County	Index Value
47374	Wayne	88
45390	Darke	85.1
47390	Randolph	80.6
47380	Randolph	80.2
47331	Fayette	77.4
47024	Franklin	75.3
47010	Franklin	73.9
47352	Henry	72.4
47327	Wayne	71.8
45332	Darke	69.4
47362	Henry	69.3
47355	Randolph	68.6
47330	Wayne	68.5
47341	Wayne	67.5
45003	Preble	65.4
47340	Randolph	65.3
46148	Henry	63.1

47346	Wayne	62.6
45362	Darke	61.3
47386	Henry	59.2
45331	Darke	58.2
45348	Darke	58
47354	Randolph	57.7
47368	Randolph	57.5
45347	Preble	56.9
45338	Preble	56.1
45321	Preble	54.3
45311	Preble	54.2
45382	Preble	54.1
45320	Preble	53.8
45303	Darke	52.6
45304	Darke	51.9
45381	Preble	50
47394	Randolph	49.6
47360	Henry	47.4
45308	Darke	45.9
47353	Union	45.2
47393	Wayne	45
47339	Wayne	41.6
45346	Darke	41.5
47384	Henry	34.4
47012	Franklin	33.7
47351	Henry	29.8
47030	Franklin	29.2
45328	Darke	29.1
47357	Wayne	28.2
47345	Wayne	25.7
47387	Henry	25.3
47356	Henry	25.2
47016	Franklin	22.2
47385	Henry	18.9
47358	Randolph	14.7
47003	Union	13.8
45380	Darke	9.3
47036	Franklin	9.2

Mental Health Index

ZIP Code	County	Index Value
47331	Fayette	91.4
47390	Randolph	91.2

47374	Wayne	90.2
47394	Randolph	83.6
47362	Henry	82.1
47380	Randolph	73.3
45331	Darke	72.9
45390	Darke	68.4
47355	Randolph	67.1
47327	Wayne	66.2
47024	Franklin	65.2
47340	Randolph	62.2
47368	Randolph	61.3
47358	Randolph	58.6
46148	Henry	57.3
47356	Henry	56.6
47330	Wayne	55.4
45311	Preble	55.2
47360	Henry	53.9
45320	Preble	52.7
47353	Union	50.7
45347	Preble	49.7
45381	Preble	49.4
47387	Henry	47.1
47351	Henry	44.2
45338	Preble	43.7
47386	Henry	43.1
47384	Henry	42.8
47346	Wayne	42
45003	Preble	36.5
47030	Franklin	36.4
45382	Preble	35.3
47352	Henry	33.7
45321	Preble	33.4
47354	Randolph	30.8
47003	Union	28.3
47012	Franklin	28
45304	Darke	25.7
45308	Darke	24.2
47385	Henry	24
47345	Wayne	20.3
47357	Wayne	17.6
47339	Wayne	14.8

45303	Darke	14.1
45346	Darke	14
45332	Darke	11.5
47016	Franklin	7.6
47341	Wayne	7
45328	Darke	6.5
45380	Darke	6.1
47036	Franklin	6
45362	Darke	5.3
45348	Darke	4.9
45378	Preble	3.9
45310	Darke	0.6

Appendix B. Community Input Tools

Community input tools include the community survey (English and Spanish versions), Listening Session Questionnaire and Focus Group Guide.

Community Health Survey

English Language Version

CONDUENT HEALTHY COMMUNITIES INSTITUTE COMMUNITY HEALTH SURVEY

Welcome to the Reid Health Community Benefit community health survey. Reid Health is conducting a Community Health Needs Assessment for its service area. The information collected in this survey will allow community organizations across our region to better understand the health needs in our community. The knowledge gained will be used to implement programs that will benefit everyone in the community. We can better understand community needs by gathering the voices of community members like you to tell us about the issues that you feel are the most important.

REMINDER: You must be 18 years old or older to complete this survey. We estimate that it will take 10 minutes to complete. Survey results will be available and shared broadly in the community within the next year. The responses that you provide will remain anonymous and not attributed to you personally in any way. Your participation in this survey is completely voluntary. If you have any questions, please contact Reid Health Community Benefit by email at CommunityBenefit@reidhealth.org Thank you very much for your input and your time!

I. Please answer a few questions about yourself so that we can see how different types of people feel about local health issues.

Q1 - In what zip code do you live? Please write in your five-digit zip code in the box below.

ZIP Code: _____

Q2- In what county do you live?

- Darke
- Fayette
- Franklin
- Henry
- Preble
- Randolph
- Union

- Wayne
- Other (please specify) _____

Q3 – What is your profession?

- Agriculture
- Arts, entertainment, recreation, hospitality and food services
- Construction
- Currently unemployed
- Education
- Finance, insurance, and real estate
- Healthcare
- Homemaker
- Information Technology
- Manufacturing
- Retail/Service industry
- Transportation and utilities
- Law enforcement and First Responders
- Government services
- Other (please specify)

Q4 - Are you of Hispanic or Latino origin or descent? Select one.

- Hispanic/Latino/Latinx
- Non-Hispanic/Latino/Latinx
- Prefer not to answer

Q5 – Which of the following best describes you? Select one.

- American Indian or Alaskan Native
- Asian or Asian American
- Black or African American
- Native Hawaiian or other Pacific Islander
- White or Caucasian
- Two or more races
- Some other race
- Prefer not to answer

Q6 - What is your age? Select one.

- 17 or younger
- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65-74
- 75-84
- 85 or older
- Prefer not to answer

Q7 – To which gender identity do you most identify? Select one.

- Woman
- Man
- Transgender Female
- Transgender Male
- Non-Binary
- Choose not to disclose
- Not listed here; please list the gender you most identify with: _____

Q8 – Please consider sharing your sexual orientation with us. Do you think of yourself as (select one):

- Straight (not lesbian or gay)
- Gay
- Lesbian
- Bisexual
- Pansexual
- Asexual
- Don't know
- Prefer not to answer
- Other orientation (optional)

If you feel comfortable doing so, please indicate what other sexual orientation you think of yourself as:

Q9 - What is the highest level of education you have completed? Select one.

- Did not attend school
- Less than High School
- High school graduate (includes equivalency)
- Some college Technical Certificate
- Associate's Degree
- Bachelor's Degree
- Graduate or Advanced Degree

Q10 - How much total combined money did all members of your household earn in the previous year?? Select one.

- Less than \$25,000
- \$25,000 to \$49,999
- \$50,000 to \$74,999
- \$75,000 to \$99,000
- \$100,000 to \$150,000
- Over \$150,000
- Prefer not to answer

Q11 – Is English the primary language spoken in your home?

Yes
 No, if no, please specify the primary language spoken in your home.

Q12 - Do you identify with any of the following statements? Select all that apply.

I am a member of the LGBTQ+ community
 I am a veteran
 I am an immigrant or refugee
 I have experienced homelessness in the past year
 I have a mental health condition or learning disability
 I have a physical disability
 I was formerly incarcerated
 I provide care for an older adult or person living with a disability
 I do not identify with any of these
 Prefer not to answer
 Other (please specify) _____

Q13 – Including yourself, how many people currently live in your household?

1
 2
 3
 4
 5

6 or more (please specify number) _____

Q14- Are there any children (persons younger than age 18) in your household? If yes, please enter the number of children below

- No
- Yes (please specify number of children)

II. In this survey, “community” refers to the major areas where you live, shop, play, work, and get services.

Q15 - How would you rate your community as a healthy place to live? Select one.

- Very Unhealthy
- Unhealthy
- Somewhat Healthy
- Healthy
- Very Healthy

Q16 - In the following list, what do you think are the three most important “health problems” in your community? (Those problems that have the greatest impact on overall community health.) Select up to 3.

- Adolescent/teen health
- Alcohol use
- Alzheimer’s disease/dementia
- Anxiety, depression, and other mental health conditions
- Cancer
- Children’s health
- Diabetes
- Heart disease and stroke
- Infectious disease (flu, COVID, tuberculosis, measles, etc.)
- Marijuana use (smoke, vape, and edibles)
- Maternal and infant health
- Men’s health (prostate exam, prostate health, etc.)
- Obesity
- Older adult health
- Respiratory/lung diseases (asthma, COPD, etc.)
- Reproductive health care
- Substance use (opioid use, stimulant use, etc.) and access to substance use treatment
- Tobacco use (cigarettes, e-cigarettes/vapes, chewing tobacco, etc.)
- Women’s health (mammogram, pap exam, etc.)
- Other (please describe) _____

Q17 - In your opinion, which of the following would you most like to see addressed in your community? Select up to 3.

- Access to affordable and convenient public transportation
- Access to affordable housing
- Access to affordable internet and devices (phones, computers, etc.)
- Access to affordable, healthy food
- Access to affordable, high-quality health care/medical services, including mental health, oral/dental health and sexual health services

- Access to high quality education
- Access to quality, affordable childcare
- Access to safe parks and recreational facilities to support physical activity
- Child abuse and neglect
- Domestic and sexual violence
- Fire/rescue and emergency services
- Language barriers
- Legal system (police, court, jail, etc.)
- Opportunities for better paying jobs and financial stability
- Oral/dental health
- Pollution (air and water quality)
- Racial discrimination and other types of discrimination
- Resources and quality of education for schools
- Resources for people living with disabilities (assistive technology, improved accessibility, etc.)
- Sexual Health Services
- Transportation
- Violent crime
- Other (please describe) _____

Q18 - Below are some statements about health care services in your community. Please rate how much you agree or disagree with each statement. Select an option for your response in each row below.

	Strongly Agree	Agree	Feel Neutral	Disagree	Strongly Disagree
There are good quality health care services in my community.					
There are affordable health care services in my community.					
I am connected to a primary care doctor or health clinic that I am happy with					
I can access the health care services that I need within a reasonable time frame and distance from my home or work					
I feel like I can advocate for my health care (I feel heard and seen by my health care provider)					
I know where to find the health care resources or information I need when I need them					

	Strongly Agree	Agree	Feel Neutral	Disagree	Strongly Disagree
Individuals in my community can access healthcare services regardless of race, gender, sexual orientation, immigration status, etc.					

Q19 – Where do you get most of your health information? Select all that apply.

- Church or church group
- Community organization/agency
- Doctor or healthcare provider
- Facebook
- Twitter
- Tik Tok
- Instagram
- YouTube
- Family or friends
- Health Department
- Hospital
- Internet/Google
- Library
- Newspaper/Magazine
- Radio
- School or college
- Local TV [(WCTV, TV3, KISSTV)]
- National TV
- Workplace
- 211 Resource Service

Other (please specify) _____

Q20 - How would you rate your own personal health in the past 12 months? Select one.

- Very Unhealthy
- Unhealthy
- Somewhat Healthy
- Healthy
- Very Healthy

Q21 - Do you currently have a health insurance plan/health coverage? Select one.

- Yes – PLEASE ANSWER Q22 NEXT
- No – SKIP TO Q23
- I don't know – SKIP TO Q23

Q22 - Which type(s) of health plan(s) do you use to pay for your health care services?

Select all that apply.

- Medicaid
- Medicare
- Insurance through an employer (HMO/PPO) - either my own or partner/spouse/parent
- Insurance through the Health Insurance Marketplace/Obama Care/Affordable Care Act (ACA)
- Private Insurance I pay for myself (HMO/PPO)
- Indian Health Services
- Veteran's Administration
- COBRA
- I pay out of pocket/cash
- Some other way (please specify)_____

Q23- Where do you go for routine healthcare? (Select all that apply)

- Physician's Office
- Health Department
- Emergency Dept
- Urgent Care Clinic
- Clinic in grocery or drug store
- Telehealth
- I do not receive routine healthcare
- Other (please specify)_____

Q24 - In the past 12 months, was there a time that you needed health care services but did not get the care that you needed? Select one.

- Yes – PLEASE ANSWER Q25 NEXT
- No, I got the services that I needed – SKIP TO Q26
- Does not apply, I did not need health care services in the past year – SKIP TO Q26

Q25 - Select the top reason(s) that you did not receive the health care services that you needed in the past 12 months. Select all that apply.

- Cost - too expensive/can't pay

- No insurance
- Insurance not accepted
- Lack of personal transportation
- Lack of transportation due to bus schedule and/or drop-off location
- Hours of operation did not fit my schedule
- Child care was not available
- Wait is too long
- No doctor is nearby
- I did not know where to go
- Language barrier
- Cultural/religious reasons
- Lack of trust in healthcare services and/or providers
- Previous negative experience receiving care or services
- Lack of providers that I identify with (race, ethnicity, gender) or have training specific to my needs
- Fear of results/procedure

Other (please specify) _____

Q26 - In the past 12 months, was there a time that you needed dental or oral health services but did not get the care that you needed? Select one.

- Yes – PLEASE ANSWER Q27
- No, I got the services that I needed – SKIP TO Q28
- Does not apply, I did not need dental/oral health services in the past year – SKIP TO Q28

Q27 - Select the top reason(s) that you did not receive the dental or oral health services that you needed in the past 12 months. Select all that apply.

- Cost - too expensive/can't pay
- No insurance
- Insurance not accepted
- Lack of personal transportation
- Lack of transportation due to bus schedule and/or drop-off location
- Hours of operation did not fit my schedule
- Child care was not available
- Wait is too long
- No doctor is nearby
- I did not know where to go
- Language barrier
- Cultural/religious reasons
- Lack of trust in healthcare services and/or providers
- Previous negative experience receiving care or services
- Lack of providers that I identify with (race, ethnicity, gender) or have training specific to my needs
- Fear of results/procedure

Other (please specify) _____

Q28 - In the past 12 months, was there a time that you needed or considered seeking mental health services or alcohol/substance abuse treatment but did not get services? Select one.

- Yes – PLEASE ANSWER Q29

- No, I got the services that I needed – SKIP TO Q30
- Does not apply, I did not need services in the past year – SKIP TO Q30

Q29 - Select the top reason(s) that you did not receive mental health services or alcohol/substance use treatment. Select all that apply.

- Cost - too expensive/can't pay
- No insurance
- Insurance not accepted
- Lack of personal transportation
- Lack of transportation due to bus schedule and/or drop-off location
- Hours of operation did not fit my schedule
- Child care was not available
- Wait is too long
- No doctor is nearby
- I did not know where to go
- I did not know how treatment would work
- I worried that others would judge me
- Language barrier
- Cultural/religious reasons
- Lack of trust in healthcare services and/or providers
- Previous negative experience receiving care or services
- Lack of providers that I identify with (race, ethnicity, gender) or have training specific to my needs
- Didn't feel the issue was significant enough to seek treatment

Other (please specify) _____

Q30 - In the past 12 months, did you go to a hospital Emergency Department (ED)? Select one.

- Yes – PLEASE ANSWER Q31 AND Q32
- No, I have not gone to the hospital ED – SKIP TO Q33

Q31 - Please select the number of times you have gone to the ED in the past 12 months. Select one.

- 1
- 2
- 3
- 4
- 5
- 6 or more

Q32 - What were the main reasons that you went to the Emergency Department (ED) instead of a doctor's office or clinic? Select all that apply.

- After clinic hours/weekend
- I don't have a regular doctor/clinic
- I don't have health insurance
- I feel more comfortable accessing my care in the ED instead of at a doctor's office or clinic
- Concerns about cost or co-pays
- Emergency/Life-threatening situation

- Long wait for an appointment with my regular doctor
- Needed food, shelter, or other resources
- My doctor (or other provider) told me to go

Other (please specify) _____

Q33 - Below are some statements about housing, transportation, and safety in your community. Please rate how much you agree or disagree with each statement. Place an X for your response in each row below.

	Strongly Agree	Agree	Feel Neutral	Disagree	Strongly Disagree
There are affordable places to live in my community					
Streets in my community are typically clean and buildings are well maintained					
I feel safe in my own neighborhood					
Crime is not a major issue in my neighborhood					
There is a feeling of trust in Law Enforcement in my community					
Transportation is easy to get to if I need it					

Q34 - What transportation do you use most often to go places? Select one.

- Drive my own vehicle
- Hitchhike
- Walk
- Ride a bicycle
- Ride a scooter
- Take a bus
- Take a taxi or ride share service (Uber/Lyft)
- Use medical transportation/specialty van transport
- Use senior transportation
- Someone drives me
- Other (please specify)_____

Q35 - Which of the following categories best reflects your current living situation? Select one.

- Live alone in a home (house, apartment, condo, trailer, etc.)
- Live in a home with another person such as a partner, sibling(s), or roommate(s)
- Live in a home that includes a spouse or partner AND a child/children under age 25
- Live in a multi-generational home (home includes grandparents or adult children age 25+)
- Live in a home with more than one family (more than one family lives in the home)
- Live in an assisted living facility or adult foster care
- Long-term care/nursing home
- Temporarily staying with a relative or friend
- Staying in a shelter, a tent, or are experiencing homelessness (living on the street)
- Living in a recreational vehicle (RV), or couch-surfing
- Hotel/motel (long-term stay)
- Other (please specify) _____

Q36 - Below are some statements about access to food and resources in your community. Please rate how much you agree or disagree with each statement. Place an X for your response in each row below.

	Strongly Agree	Agree	Feel Neutral	Disagree	Strongly Disagree
I am not able to prepare my own food					
I can get to a grocery store when I need food or other household supplies					
Affordable healthy food options are easy to purchase at nearby corner stores, grocery stores or farmer's markets					
In my neighborhood it is easy to grow/harvest and eat fresh food from a home garden					
Local restaurants serve healthy food options					
We have good parks and recreational facilities					
There are good sidewalks or trails for walking safely					
It is easy for people to get around regardless of abilities					
Air and water quality are safe in my community					

Q37 - In the past 12 months, did you worry about whether your food would run out before you got money to buy more? Select one.

- Often
- Sometimes
- Never

Q38 - In the past 12 months, was there a time when the food that you bought just did not last, and you did not have money to get more? Select one.

- Often
- Sometimes
- Never

Q39 - In the past 12 months, did you or someone living in your home receive emergency food from a church, a food pantry, or eat at a free meal site? Select one.

- Often
- Sometimes
- Never

Thank you for taking the time to participate in this community survey. Your feedback and insight are vital as we work to improve and address issues impacting our community's health.

END OF SURVEY

Spanish Language Version

INSTITUTO DE COMUNIDADES SALUDABLES DE CONDENT ENCUESTA DE SALUD COMUNITARIA

Le damos la bienvenida a la encuesta de salud comunitaria de Beneficio Comunitario de Reid Health. Reid Health está realizando una evaluación de necesidades sanitarias de la comunidad para su área de servicio. La información recopilada en esta encuesta ayudará a las organizaciones comunitarias de la región a entender mejor las necesidades sanitarias de su comunidad. La información obtenida se utilizará para implementar programas que beneficien a todos los miembros de la comunidad. Podemos entender mejor las necesidades de la comunidad a través de las perspectivas de los miembros de la comunidad, como usted, quienes nos pueden indicar los temas que consideran más importantes.

RECORDATORIO: Es obligatorio tener 18 años o más para completar esta encuesta. Estimamos que le tomará 10 minutos completarla. Los resultados de la encuesta estarán disponibles y se compartirán de forma generalizada en la comunidad dentro del próximo año. Las respuestas que proporcione usted serán anónimas y no se le atribuirán personalmente de ninguna manera. Su participación en esta encuesta es completamente voluntaria. Si tiene alguna pregunta, póngase en contacto con Beneficio Comunitario de Reid Health por correo electrónico en CommunityBenefit@reidhealth.org. ¡Muchas gracias por su perspectiva y su tiempo!

I. Por favor, conteste algunas preguntas sobre sí mismo para que podamos ver cómo se sienten diferentes tipos de personas sobre los temas de salud local.

P1: ¿En qué código postal vive? Escriba su código postal de cinco dígitos en el casillero abajo.

Código postal: _____

P2: ¿En qué condado vive?

- Darke
- Fayette
- Franklin
- Henry
- Preble
- Randolph
- Union
- Wayne
- Otros (especifique) _____

P3: ¿Cuál es su profesión?

- Agricultura
- Artes, entretenimiento, recreación, hospitalidad y servicios alimenticios
- Construcción
- Actualmente desempleado
- Educación
- Finanzas, seguros y bienes raíces
- Atención médica
- Ama de casa
- Tecnología de la información
- Fabricación
- Industria de servicios/minorista
- Transporte y servicios públicos
- Fuerzas de seguridad y socorristas
- Servicios gubernamentales
- Otros (especifique)

P4: ¿Es usted de origen o ascendencia Hispana o Latina? Seleccione una opción.

- Hispano/Latino/Latinx
- No Hispano/Latino/Latinx
- Prefiero no contestar

P5: ¿Cuál de las siguientes opciones le describe a usted mejor? Seleccione una opción.

- Indígena americano o nativo de Alaska
- Asiático
- Negro o Afroamericano
- Nativo de Hawái o de otras islas del Pacífico
- Blanco
- Dos o más razas
- Alguna otra raza
- Prefiero no contestar

P6: ¿Qué edad tiene? Seleccione una opción.

- 17 años o menos
- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65-74
- 75-84
- 85 años o más
- Prefiero no contestar

P7: ¿Con cuál identidad de género se identifica más? Seleccione una opción.

- Mujer
- Hombre
- Mujer transgénero/hombre a mujer
- Hombre transgénero/mujer a hombre
- No binario
- Prefiero no contestar
- Otra identificación (opcional)

Si desea, indique con qué otra identidad de género se identifica más:

P8: Por favor, considere compartir su orientación sexual con nosotros. Se considera a sí mismo como (seleccione una opción):

<input type="radio"/> Heterosexual (ni lesbiana ni gay) <input type="radio"/> Gay <input type="radio"/> Lesbiana <input type="radio"/> Bisexual <input type="radio"/> Pansexual <input type="radio"/> Asexual	<input type="radio"/> No sé <input type="radio"/> Prefiero no contestar <input type="radio"/> Otra orientación (opcional) Si desea, indique con qué otra orientación sexual se identifica:
--	---

P9: ¿Cuál es el nivel más alto de educación que usted ha terminado? Seleccione una opción.

- No asistí a la escuela
- Algunos estudios, sin terminar la escuela secundaria
- Graduado de la escuela secundaria (incluye equivalencia)
- Algún certificado técnico universitario
- Graduado de universidad intermedia, o de grado asociado
- Graduado de universidad, o licenciatura
- Maestría o título superior

P10: ¿Cuánto dinero en total ganaron todos los miembros de su hogar en el año anterior? Seleccione una opción.

- Menos de \$25.000
- \$25.000 a \$49.999
- \$50.000 a \$74.999
- \$75.000 a \$99.000
- \$100.000 a \$150.000
- Más de \$150.000
- Prefiero no contestar

Q11: ¿Es el inglés el idioma que habla la mayoría del tiempo en su hogar?

- Sí
- No. Si responde que no, por favor especifique el idioma que se habla la mayoría del tiempo en su hogar.

P12: ¿Usted se identifica con alguna de las siguientes afirmaciones? Seleccione todas las opciones que correspondan.

- Tengo una discapacidad
- Soy militar en servicio activo
- Soy militar retirado
- Soy un veterano
- Soy inmigrante o refugiado
- Prefiero no contestar

_____ No me identifico con ninguno de estas

P13: Con usted incluido, ¿cuántas personas viven actualmente en su hogar?

- 1
- 2
- 3
- 4
- 5
- 6 o más (especifique un número) _____

P14: ¿Hay niños (menores de 18 años) en su hogar? Si responde que sí, por favor escribe el número de niños más abajo.

No

Sí (especifique un número de niños)

II. En esta encuesta, el término “comunidad” refiere a las áreas principales donde usted vive, va de compras, se goza o pasa tiempo, trabaja y obtiene servicios.

P15: ¿Cómo calificaría a su comunidad como un lugar saludable para vivir? Seleccione una opción.

- Muy poco saludable
- Poco saludable
- Algo saludable
- Saludable
- Muy saludable

P16: En la siguiente lista, ¿cuáles cree que son los tres “problemas de salud” más importantes en su comunidad? (Aquellos problemas que tienen el mayor impacto en la salud general de la comunidad). Seleccione hasta 3.

_____ Acceso a servicios de atención médica asequibles (médicos disponibles y cercanos , tiempos de espera, servicios disponibles cercanos , se acepta seguro médico)	_____ Salud maternoinfantil	_____ Calidad de los servicios de atención médica disponibles
_____ Consumo de alcohol y drogas	_____ Salud del hombre (por ejemplo: examen de próstata, salud de la próstata)	_____ Enfermedades respiratorias/pulmonares (asma, EPOC, etc.)
_____ Enfermedades autoinmunes (esclerosis	_____ Salud mental y trastornos mentales (ansiedad, depresión, suicidio)	_____ Enfermedades/infecciones de transmisión sexual (ETS/ITS)
	_____ Nutrición y alimentación saludable	_____ Salud de jóvenes y adolescentes

múltiple, enfermedad de Crohn, etc.)

Cáncer

Salud infantil

Dolor crónico

Diabetes

Servicios de planificación familiar (métodos anticonceptivos)

Enfermedad cardíaca, hipertensión (alta presión sanguínea) y accidente cerebrovascular (derrame cerebral)

Lesiones y violencia

Salud de los adultos mayores (pérdida de audición/visión, artritis, etc.)

Salud oral y acceso a servicios de odontología (odontólogos disponibles cercanos)

Personas con discapacidades

Actividad física

Consumo de tabaco (incluidos los cigarrillos electrónicos, el tabaco para masticar, etc.)

Estado de peso (personas con sobrepeso u obesidad)

Salud de la mujer (por ejemplo: mamografía, examen de Papanicolaou)

Otros (especifique)

P17: En su opinión, ¿cuáles de las siguientes opciones le gustaría más que se abordara en su comunidad? Seleccione hasta 3.

<input type="checkbox"/> Acceso a la educación superior (títulos universitarios de 2 o 4 años)	<input type="checkbox"/> Economía y disponibilidad de empleo	<input type="checkbox"/> Seguridad de los vecindarios
<input type="checkbox"/> Aceras y otras estructuras accesibles para las personas que viven con discapacidades	<input type="checkbox"/> Educación y escuelas (de preescolar al 12.º grado)	<input type="checkbox"/> Personas que han sufrido traumas físicos o emocionales
<input type="checkbox"/> Accesibilidad de parques seguros y senderos para caminar	<input type="checkbox"/> Preparación ante emergencias	<input type="checkbox"/> Calidad segura del aire y del agua
<input type="checkbox"/> Delincuencia y prevención del delito (robos, tiroteos, otros delitos violentos)	<input type="checkbox"/> Inequidad de empleo, salud, vivienda, etc. para las poblaciones desatendidas	<input type="checkbox"/> Vivienda segura
<input type="checkbox"/> Discriminación o desigualdad por motivos de raza/etnia, género, edad o sexo	<input type="checkbox"/> Inseguridad alimentaria o hambre	<input type="checkbox"/> Servicios para la tercera edad (mayores de 65 años)
<input type="checkbox"/> Violencia doméstica y abuso (abuso entre parejas, familias o a niños)	<input type="checkbox"/> Alimentación saludable (restaurantes, tiendas o mercados)	<input type="checkbox"/> Aislamiento social/sentimiento de soledad
	<input type="checkbox"/> Personas sin hogar y viviendas inestables	<input type="checkbox"/> Apoyo a las familias con hijos (guardería, apoyo a la crianza)
	<input type="checkbox"/> Prevención de lesiones (seguridad vial, ahogamientos, accidentes de ciclistas y peatones)	<input type="checkbox"/> Transporte
		<input type="checkbox"/> Otros (especifique) _____

P18: A continuación, encontrará algunas afirmaciones sobre los servicios de atención médica en su comunidad. Por favor, califique cuánto está de acuerdo o en desacuerdo con cada afirmación. Seleccione una opción para su respuesta en cada fila abajo.

	Totalmente de acuerdo	De acuerdo	Me siento neutral	En desacuerdo	Totalmente en desacuerdo
Hay servicios de atención médica de buena calidad en mi comunidad.					
Hay servicios de atención médica asequibles en mi comunidad.					

	Totalmente de acuerdo	De acuerdo	Me siento neutral	En desacuerdo	Totalmente en desacuerdo
Estoy en contacto con un médico de atención primaria o con una clínica de salud con lo que estoy contento.					
Puedo acceder a los servicios de atención médica que necesito dentro de un tiempo y a una distancia razonable de mi casa o trabajo.					
Siento que puedo abogar por mi atención médica (siento que mi proveedor de atención médica me escucha y me presta atención).					
Sé dónde encontrar recursos médicos o información sobre atención médica que necesito cuando los necesito.					
Las personas de mi comunidad pueden acceder a los servicios de atención médica sin importancia dado a su raza, sexo, orientación sexual, estado de inmigración, etc.					

P19: ¿Dónde busca la mayoría de su información de salud? Seleccione todas las opciones que correspondan.

- Iglesia o grupo religioso
- Organización/agencia comunitaria
- Médico o proveedor de atención médica
- Facebook
- Twitter
- Tik Tok
- Instagram

- YouTube
- Familiares o amigos
- Departamento de salud
- Hospital
- Internet/Google
- Biblioteca
- Periódico/revista
- Radio
- Escuela o colegio
- TV local (WCTV, TV3, KISSTV)
- TV nacional
- Lugar donde trabaja usted
- Servicio de recursos 211
- Otros (especifique) _____

P20: ¿Cómo calificaría su propia salud personal en los últimos 12 meses? Seleccione una opción.

- Muy poco saludable
- Poco saludable
- Algo saludable
- Saludable
- Muy saludable

P21: ¿Tiene actualmente un plan de seguro médico/cobertura médica? Seleccione una opción.

- Sí. POR FAVOR, RESPONDA LA P20 A CONTINUACIÓN
- No. SIGA A LA P21
- No sé. SIGA A LA P21

P22: ¿Qué tipo de plan(es) de salud utiliza para pagar por sus servicios de atención médica? Seleccione todas las opciones que correspondan.

- Medicaid
- Medicare
- Seguro a través de un empleador (HMO/PPO); ya sea el mío propio o el de mi pareja/cónyuge/padre/madre
- Seguro a través del mercado de seguros de salud/Obama Care/Ley de Cuidado de Salud a Bajo Precio (ACA)
- Seguro privado que pago por mí mismo (HMO/PPO)
- Servicio de Salud Indígena
- Administración de Veteranos
- COBRA
- Pago del bolsillo/en efectivo
- Otra manera (especifique) _____

P23: ¿A dónde va para recibir atención médica de rutina? (Seleccione todas las opciones que correspondan).

- Consultorio médico
- Departamento de salud
- Departamento de emergencias
- Clínica de atención de urgencia
- Clínica en un supermercado o farmacia
- Telesalud
- No recibo atención médica de rutina
- Otros (especifique) _____

P24: En los últimos 12 meses, ¿hubo algún momento en que usted necesitaba atención médica pero que no la recibió? Seleccione una opción.

- Sí. POR FAVOR, RESPONDA LA P25 A CONTINUACIÓN.
- No, obtuve los servicios que necesitaba. SIGA A LA P26
- No aplica; no he necesitado atención médica en el último año. SIGA A LA P26

P25: Seleccione la(s) razón(es) principal(es) por la(s) que no recibió la atención médica que necesitaba en los últimos 12 meses. Seleccione todas las opciones que correspondan.

- Costo: demasiado costoso/no puedo pagar
- Sin seguro médico
- No se aceptaba mi seguro médico
- Falta de transporte personal
- Falta de transporte debido a los horarios de los autobuses o a la ubicación del destino
- El horario de atención no se ajustaba a mis horarios
- No se disponía de servicio de guardería
- La espera es demasiada larga
- No hay ningún médico cerca
- No sabía adónde ir
- El consultorio, servicio o programa tiene acceso limitado o está cerrado debido al COVID-19
- Barrera por el idioma
- Razones culturales/religiosas
- Falta de confianza en los servicios o los proveedores de atención médica
- Experiencia anterior negativa al recibir atención o servicios
- Falta de proveedores con los que me identifique (raza, etnia, género) o que tengan formación específica para mis necesidades
- Miedo de los resultados/procedimientos
- Otros (especifique) _____

P26: En los últimos 12 meses, ¿hubo algún momento en que usted necesitaba servicios odontológicos o de salud oral pero no los recibió? Seleccione una opción.

- Sí. POR FAVOR, RESPONDA LA P27
- No, obtuve los servicios que necesitaba. SIGA A LA P28
- No aplica; no he necesitado servicios de salud dental/oral en el último año. SIGA A LA P28

P27: Seleccione la(s) razón(es) principal(es) por la(s) que no recibió los servicios odontológicos o de salud oral que necesitaba en los últimos 12 meses. Seleccione todas las opciones que correspondan.

- Costo: demasiado costoso/no puedo pagar
- Sin seguro médico
- No se aceptaba mi seguro médico

- Falta de transporte personal
- Falta de transporte debido a los horarios de los autobuses o a la ubicación de destino
- El horario de atención no se ajustaba a mis horarios
- No se disponía de servicio de guardería
- La espera es demasiada larga
- No hay ningún médico cerca
- No sabía adónde ir
- El consultorio, servicio o programa tiene acceso limitado o está cerrado debido al COVID-19
- Barrera por el idioma
- Razones culturales/religiosas
- Falta de confianza en los servicios o los proveedores de atención médica
- Experiencia anterior negativa al recibir atención o servicios
- Falta de proveedores con los que me identifique (raza, etnia, género) o que tengan formación específica para mis necesidades
- Miedo de los resultados/procedimientos
- Otros (especifique) _____

P28: En los últimos 12 meses, ¿hubo algún momento en que usted necesitaba o pensaba en buscar servicios de salud mental o tratamiento contra el alcoholismo o la drogadicción, pero no los pudo acceder? Seleccione una opción.

- Sí. POR FAVOR, RESPONDA LA P29
- No, obtuve los servicios que necesitaba. SIGA A LA P30
- No aplica; no he necesitado servicios en el último año. SIGA A LA P30

P29: Seleccione la(s) razón(es) principal(es) por la(s) que no recibió servicios de salud mental o tratamiento por alcoholismo o drogadicción. Seleccione todas las opciones que correspondan.

- Costo: demasiado costoso/no puedo pagar
- Sin seguro médico
- No se aceptaba mi seguro médico
- Falta de transporte personal
- Falta de transporte debido a los horarios de los autobuses o a la ubicación de destino
- El horario de atención no se ajustaba a mis horarios
- No se disponía de servicio de guardería
- La espera es demasiada larga

- No hay ningún médico cerca
- No sabía adónde ir
- El consultorio, servicio o programa tiene acceso limitado o está cerrado debido al COVID-19
- No sabía cómo funcionaría el tratamiento
- Me preocupaba que los demás me juzgaran
- Barrera por el idioma
- Razones culturales/religiosas
- Falta de confianza en los servicios o los proveedores de atención médica
- Experiencia anterior negativa al recibir atención o servicios
- Falta de proveedores con los que me identifique (raza, etnia, género) o que tengan formación específica para mis necesidades
- No sentía que el problema fuera suficientemente significativo como para buscar tratamiento
- Otros (especifique) _____

P30: En los últimos 12 meses, ¿usted ha ido a un departamento de urgencias (ED) de un hospital? Seleccione una opción.

- Sí. POR FAVOR, RESPONDA LAS P31 Y P32
- No, no he ido al ED de un hospital. SIGA A LA P33

P31: Seleccione el número de veces que usted ha ido al ED en los últimos 12 meses. Seleccione una opción.

- 1
- 2
- 3
- 4
- 5
- 6 o más

P32: ¿Cuáles fueron las razones principales por las que usted fue al departamento de urgencias (ED) en vez de ir a un consultorio médico o a una clínica? Seleccione todas las opciones que correspondan.

- Fue después del horario de la clínica/por el fin de semana
- No tengo un médico o una clínica habitual
- No tengo seguro médico

Me siento más cómodo encontrar mi atención médica en el ED en vez de buscarla en un consultorio médica o clínica

Preocupaciones por el costo o los copagos

Situación de emergencia o de peligro para la vida

Larga espera para conseguir una cita con mi médico habitual

Necesitaba comida, refugio u otros recursos

Mi médico (u otro proveedor) me dijo que fuera

Otros (especifique) _____

P33: A continuación, se presentan algunas afirmaciones sobre la vivienda, el transporte y la seguridad en su comunidad. Por favor, califique cuánto está de acuerdo o en desacuerdo con cada afirmación. Coloque una X para su respuesta en cada fila abajo.

	Totalmente de acuerdo	De acuerdo	Me siento neutral	En desacuerdo	Totalmente en desacuerdo
Hay lugares económicos para vivir en mi comunidad					
Las calles de mi comunidad suelen estar limpias y los edificios están en buen estado de mantenimiento					
Me siento seguro en mi propio vecindario					
La delincuencia no es un problema principal en mi vecindario					
Hay un sentimiento de confianza en las fuerzas de seguridad (la policía) en mi comunidad					
El transporte es fácil de conseguir si lo necesito					

P34: ¿Qué transporte usa con más frecuencia? Seleccione una opción.

- Conduzco mi propio vehículo
- Hago autostop/dedo
- Camino
- Ando en bicicleta
- Monto un scooter
- Tomo un autobús
- Tomo un taxi o un servicio de transporte compartido (Uber/Lyft)
- Utilizo el transporte médico/transporte en furgoneta especializada
- Utilizo el transporte para personas mayores
- Alguien me lleva
- Otros (especifique) _____

P35: ¿Cuál de las siguientes categorías refleja mejor su situación de vida actual?

Seleccione una opción.

- Vivo solo en una casa (casa, apartamento, condominio, remolque, etc.)
- Vivo en un hogar con otra(s) persona(s), como mi pareja, hermano(s) o compañeros de piso
- Vivo en un hogar que incluye un cónyuge o pareja Y hijo(s) menores de 25 años
- Vivo en un hogar multigeneracional (el hogar incluye abuelos o hijos adultos mayores de 25 años)
- Vivo en un hogar con más de una familia (más de una familia vive en el hogar)
- Vivo en una residencia asistida o en un centro de acogida para adultos mayores
- Instalación de cuidados de larga duración/hogar de ancianos
- Me alojo temporalmente en casa de un familiar o amigo
- Me alojo en un refugio, una tienda de campaña o no tengo hogar (vivo en la calle)
- Vivo en un vehículo recreativo (RV) o por sofá cama entre varias casas
- Hotel/motel (estancia de larga duración)
- Otros (especifique) _____

P36: A continuación, se presentan algunas afirmaciones sobre el acceso a los alimentos y los recursos en su comunidad. Por favor, califique cuánto está de acuerdo o en desacuerdo con cada afirmación. Coloque una X para su respuesta en cada fila a continuación.

	Totalmente de acuerdo	De acuerdo	Me siento neutral	En desacuerdo	Totalmente en desacuerdo
No soy capaz de preparar mi propia comida.					
Puedo ir a una tienda de comestibles cuando necesito comida u otros suministros para el hogar.					
Opciones de alimentos saludables y económicos son fáciles de encontrar en las tiendas de mi barrio, los supermercados o los mercados agrícolas cercanos.					
En mi barrio, es fácil cultivar/cosechar y comer alimentos frescos de un jardín particular.					
Los restaurantes locales ofrecen opciones de comida saludable.					
Tenemos buenos parques e instalaciones recreativas.					
Hay buenas aceras o senderos para caminar seguramente y sin peligro .					
Es fácil para la gente desplazarse sin importar sus capacidades.					
La calidad del aire y del agua es segura en mi comunidad.					

P37: En los últimos 12 meses, ¿se preocupaba que se le acabara la comida antes de obtener dinero para poder comprar más? Seleccione una opción.

- Frecuentemente
- A veces
- Nunca

P38: En los últimos 12 meses, ¿hubo un momento en que la comida que compró simplemente no duró lo suficiente, y no tuvo dinero para comprar más? Seleccione una opción.

- Frecuentemente
- A veces
- Nunca

P39: En los últimos 12 meses, ¿usted o alguien que vive en su hogar ha recibido alimentos de emergencia de una iglesia o de una despensa de alimentos, o ha comido en un comedor público y gratuito? Seleccione una opción.

- Frecuentemente
- A veces
- Nunca

Gracias por tomarse el tiempo para participar en esta encuesta de la comunidad. Sus comentarios y opiniones son vitales para mejorar y abordar los problemas que afectan la salud de nuestra comunidad.

FIN DE LA ENCUESTA

Focus Group Questionnaire

1. What is the top health-related problem that residents are facing in your community that you would change or improve?
2. What do you think is the cause of this problem in your community?
3. From the health issues and challenges we've just discussed, which do you think are the hardest to overcome?
4. Are there groups in your community that are facing particular health issues or challenges? Which groups are these?
5. What do you think causes residents to be healthy or unhealthy in your community?
6. What resources are available for residents in your community?
7. Can you think of any other ways we could improve the health of residents in the community that we have not already talked about today?

Community Listening Sessions Pre-Survey and Presentation Questions

COMMUNITY LISTENING SESSIONS PRE-SURVEY

Reid Health is conducting a Community Health Needs Assessment for its service area. The purpose of the CHNA is to understand and plan for the current and future health needs of our communities. The goal is to identify the health needs of the community members we serve today, develop a deeper understanding of those needs and identify priorities.

Reid Health will host a special Listening Session to hear community partners voices for the purpose of better understanding factors that contribute to health. We are conducting an anonymous pre-survey to better understand the population our community partners serve and the related health needs. The survey should take about 5 minutes to complete and will play an integral part in the Listening Session. We thank you in advance for your participation!

I. Please answer a few questions about the population you serve through your organization.

1. Which of the following best describes your organization? (check all that apply)

- Center for Independent Living
- College/university
- Emergency response
- Faith-based organization
- For-profit organization/private business
- Foundation/philanthropy
- Grassroots community organizing group/organization
- Housing provider
- Library
- Mental Health Provider
- Neighborhood association
- Non-profit organization

- Other city government agency
- Other county government agency
- Private Clinic
- Hospital
- Schools/education
- Social service provider
- Tenants' association
- Other (please specify)

2. What age categories does your organization support? Select all that apply.

- Older Adults (65+)
- Adult (26-65)
- Adolescents/Young Adults (18-25)
- Children (0-17)

3. What population does your organization support? Select all that apply.

- Behavioral Health Initiatives Substance Use Disorder Initiatives
- People with Cancer
- Caregivers
- Community Leaders
- People who are Food Insecure
- Healthcare Providers
- Parents and guardians
- People with Chronic Conditions (Diabetes, Heart Disease, etc.)
- People with Infectious Diseases (STI, COVID-19, etc.)
- People with Physical Limitations
- People experiencing homelessness

- Pregnant People and Pre-Natal Services
- Uninsured/Underinsured
- Survivor of Domestic Violence or Other Trauma
- School communities
- Refugees
- People of color
- Women's Health
- None of the above
- Other (please specify)_____

II. Please answer a few questions about health needs in the community you serve.

4. In the following list, what do you think are the most important "health problems" in your community? (Those problems that have the greatest impact on overall community health.) Select up to 3.

- Adolescent/teen health
- Alcohol use
- Alzheimer's disease/dementia
- Anxiety, depression, and other mental health conditions
- Cancer
- Children's health
- Diabetes
- Heart disease and stroke
- Infectious disease (flu, COVID, tuberculosis, measles, etc.)
- Marijuana use (smoke, vape, and edibles)
- Maternal and infant health
- Men's health (prostate exam, prostate health, etc.)
- Obesity

- Older adult health
- Respiratory/lung diseases (asthma, COPD, etc.)
- Reproductive Health Care
- Substance use (opioid use, stimulant use, etc.) and access to substance use treatment
- Tobacco use (cigarettes, e-cigarettes/vapes, chewing tobacco, etc.)
- Women's health (mammogram, pap exam, etc.)

Other (please describe)

5. In your opinion, which of the following would you most like to see addressed in your community? Select up to 3.

- Access to affordable and convenient public transportation
- Access to affordable housing
- Access to affordable internet and devices (phones, computers, etc.)
- Access to affordable, healthy food
- Access to affordable, high-quality health care/medical services, including mental health
- Access to high quality education
- Access to quality, affordable childcare
- Access to safe parks and recreational facilities to support physical activity
- Child abuse and neglect
- Domestic and sexual violence
- Fire/rescue and emergency services
- Language barriers
- Legal system (police, court, jail, etc.)
- Opportunities for better paying jobs and financial stability
- Oral/dental health, and sexual health services
- Pollution (air and water quality)

- Racial discrimination and other types of discrimination
- Resources and quality of education for schools
- Resources for people living with disabilities (assistive technology, improved accessibility, etc.)
- Transportation
- Violent crime
- Other (please describe)

Thank you for taking the time to participate in this community partner survey. Your feedback and insight are vital as we work to improve and address issues impacting our community's health.

END OF SURVEY

COMMUNITY LISTENING SESSIONS QUESTIONS

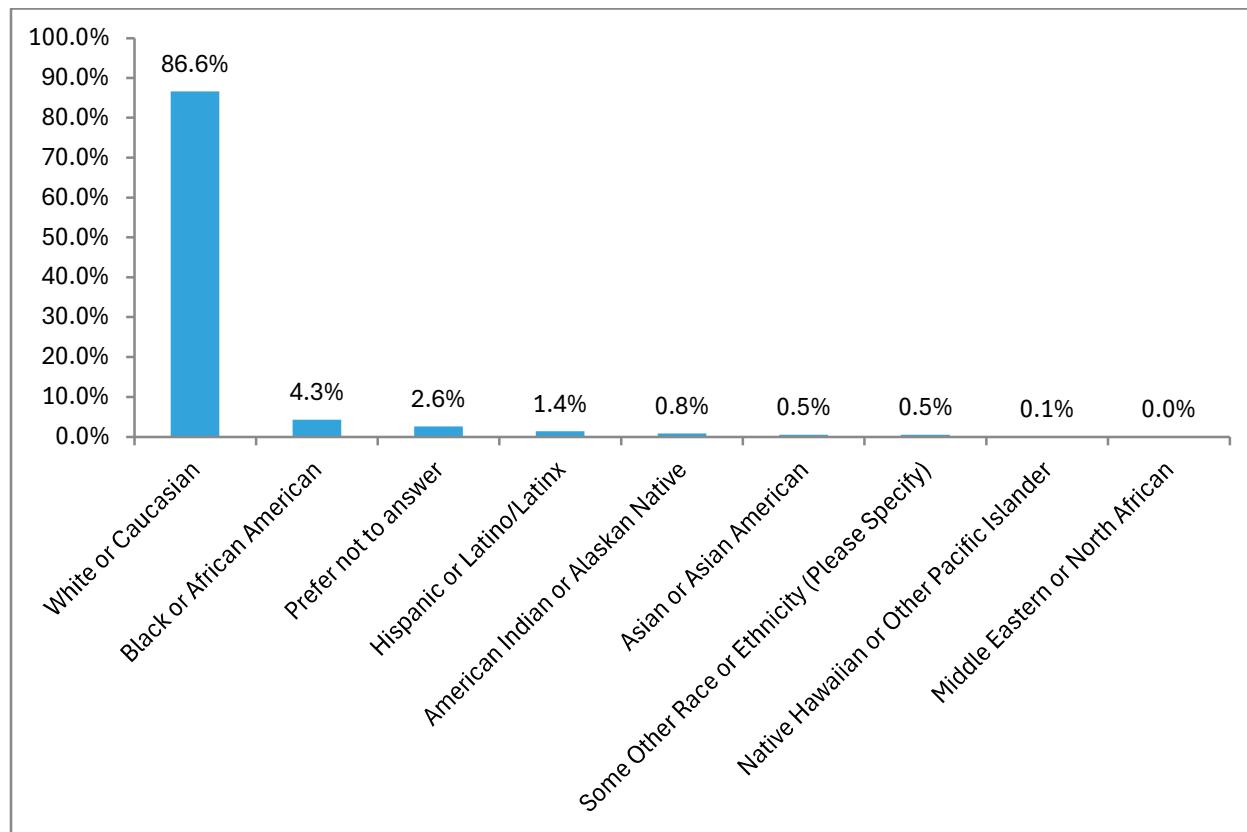
1. What do you think are the most important health problems in your community?
2. What barriers impact improving health in your community?
3. What community groups, populations, or neighborhoods are underserved?
4. What can be done to improve the health of your community?
5. Please share a health-related success story from the past year.

Appendix C. Demographic Profile of Survey Respondents

The following charts and graphs illustrate the demographics of community survey respondents residing in the Reid Health service area.

Race

**FIGURE C1. RACE OF COMMUNITY SURVEY RESPONDENTS,
REID HEALTH SERIVCE AREA**



As shown in Figure C1, White community members accounted for the largest share of survey respondents at 86.6%, slightly below their representation in the service area population (92.8%, Figure 5, CHNA report). Black/African American respondents made up the second largest group at 4.3%, exceeding their proportion in the broader community (1.8%, Figure 5, CHNA report).

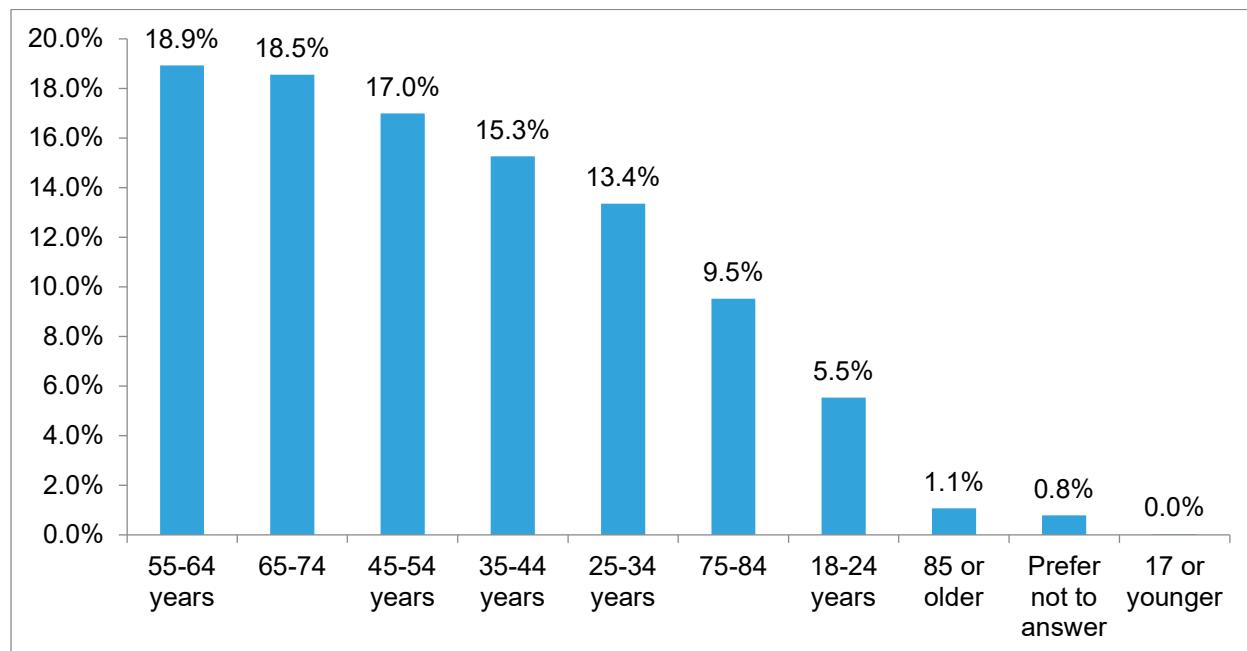
Ethnicity

Figure C1 shows that 1.4% of survey respondents identified as Hispanic/Latino, which is lower than the proportion of Hispanic/Latino community members represented by the actual population estimates in the Reid Health service area (2.4%, Figure 5, CHNA report).

Age

Figure C2 shows the age breakdown of survey respondents. The 55-64 age group comprised the largest portion of survey respondents, at 18.9%.

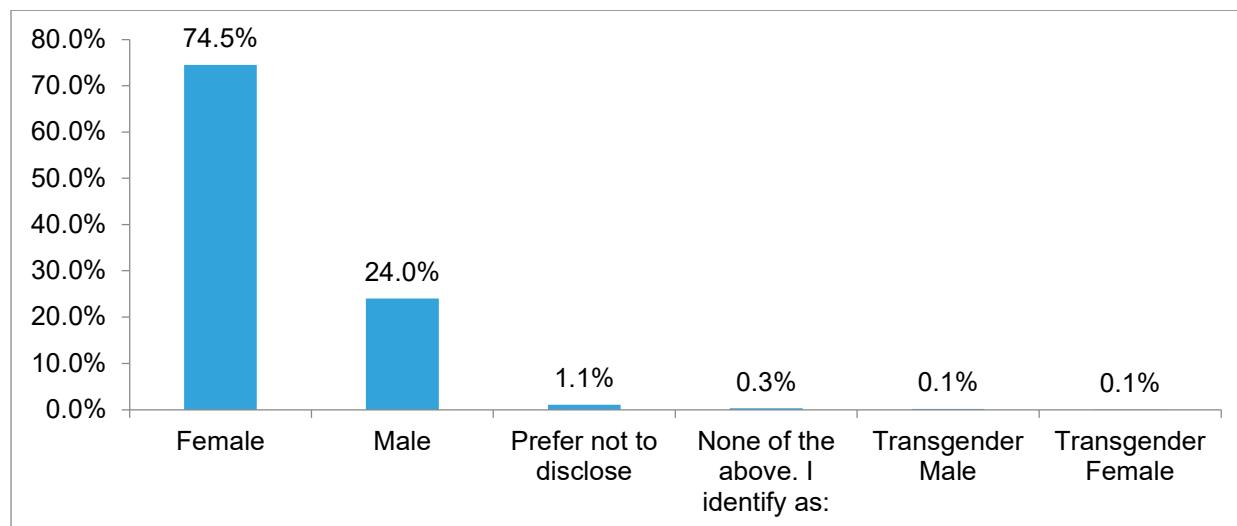
FIGURE C2. AGE OF COMMUNITY SURVEY RESPONDENTS, REID HEALTH SERVICE AREA



Sex

As shown in Figure C3, survey respondents skewed female, with 74.5% identifying as female and 24.0% as male.

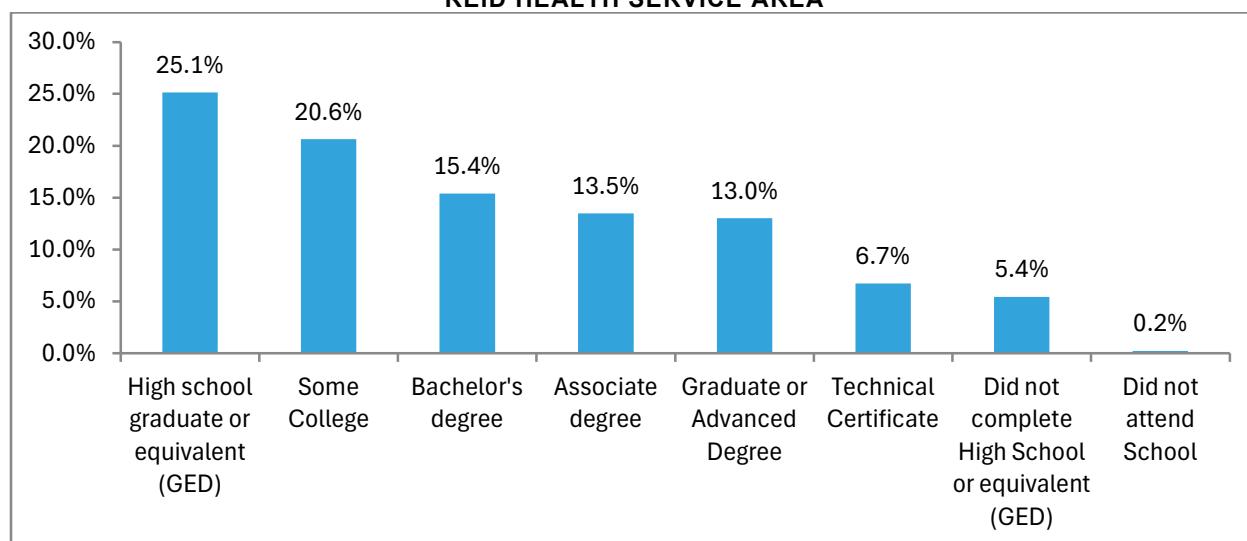
FIGURE C3. SEX OF COMMUNITY SURVEY RESPONDENTS, REID HEALTH SERVICE AREA



Education

As illustrated in Figure C4, 54% of survey respondents hold a bachelor's degree or higher. This suggests a higher level of educational attainment among respondents compared to the general population in the service area, where only 17.7% of residents have earned a bachelor's degree or higher (Figure X, CHNA report).

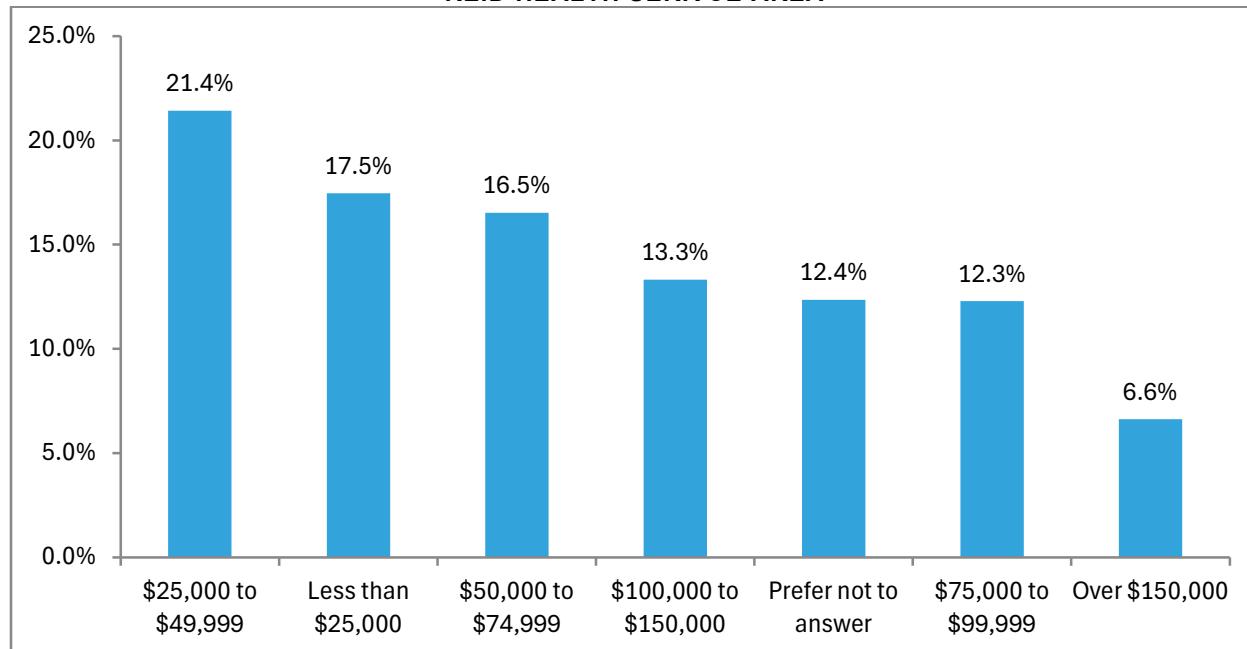
FIGURE C4. EDUCATION OF COMMUNITY SURVEY RESPONDENTS, REID HEALTH SERVICE AREA



Income

Figure C5 presents the household income distribution of community survey respondents, with the \$25,000–\$49,999 bracket representing the largest share at 21.4%.

**FIGURE C5. INCOME OF COMMUNITY SURVEY RESPONDENTS,
REID HEALTH SERIVCE AREA**



Appendix D. Reid Health Impact Report

Mental Health and Substance Misuse

Activities Implemented	Results	Implementation Plan	Implementation Plan Strategy
Bereavement Support- Reid Health offers a bereavement support group for those who share the recent death of a loved one. This group is led by Reid Health chaplains and meets several times a month.	During this assessment period 2023-2025, total attendance is 111. This could include duplicated individuals.	Yes	Reduce stigma associated with mental health and substance misuse Increase access to mental health and addiction services
Breakfast with Reid Healthier- Reid Health Wellness and Community Benefit partnered to bring education on a variety of topics to organizations in Reid's service area. On May 4, 2025, Reid Health Behavioral Health presented at the Preble County Senior Center on "Keeping Your Mind Healthy." Reid Health provided breakfast to all attendees.	20 people were in attendance.	Yes	Reduce stigma associated with mental health and substance misuse Increase access to mental health and addiction services Build stronger partnerships to improve mental health and substance misuse

<p>Canary in the Coal Mine Event- Indiana University East in collaboration with the National Library of Medicine held a health literacy event featuring physician and author Dr. William Cooke on March 25, 2024. The event took place at Whitewater Hall on the Indiana University East campus in Richmond, Indiana. Dr. Cooke, author of the book "Canary in the Coal Mine," discussed critical issues such as socioeconomic and racial disparities in health, needle exchange programs, and managing public health crises. A recovery resource fair took place promoting the theme "Health, Hope, & Healing through Community" following Dr. Cooke's presentation. Local resources had tables and resources onsite.</p>	<p>Approximately 160 individuals, including vendors, were in attendance.</p>	<p>Yes</p>	<p>Reduce stigma associated with mental health and substance misuse Increase access to mental health and addiction services Increase prevention of overdose Build stronger partnerships to improve mental health and substance misuse</p>
<p>Connection Café: Summer of Recovery Event- Reid Health provided 15 cases of bottled water for the event. This event was coordinated by the Connection Café and Fayette County Drug Coalition.</p>	<p>Approximately 350 were in attendance.</p>	<p>Yes</p>	<p>Reduce stigma associated with mental health and substance misuse Increase access to mental health and addiction services Increase prevention of overdose Build stronger partnerships to improve mental health and substance misuse</p>

<p>Dispose Rx-This is a medication disposal product designed to reduce the misuse of leftover medications which can be the source of addiction, overdoses and accidental poisonings. These are distributed at community events, to organizations working to decrease substance misuse, and are available upon request to anyone in need.</p>	<p>During this assessment period, January 2023-May 2025 500 Dispose Rx packets have been purchased for distribution in Reid's communities.</p>	<p>Yes</p>	<p>Increase prevention of overdose Build stronger partnerships to improve mental health and substance misuse</p>
<p>DMHA Client Consultation Board Meetings- Reid Health regularly attended and hosted DMHA Client Consultation Board Meetings in Wayne County. These meetings brought professionals from different sectors in the community together to discuss community needs, specifically those related to Mental Health. These meetings began in June of 2022 and ended around March of 2024 due to elimination of the DMHA staff who was organizing and leading the meetings.</p>	<p>An estimated 5-15 individuals were in attendance each month.</p>	<p>Yes</p>	<p>Reduce stigma associated with mental health and substance misuse Increase access to mental health and addiction services Build stronger partnerships to improve mental health and substance misuse</p>

<p>Drug Free Wayne County Partnership (DFWCP)-This coalition works to promote, support, and encourage the prevention, education, treatment, and law enforcement of substance misuse and substance misuse related health issues. Reid Health provides lunch to all monthly attendees and provides support for events and initiatives of this coalition that align with prioritized needs and indicators.</p>	<p>Drug Free Wayne County Partnership provided education, resources, community events, and collaborative work that benefited an average of 60 individuals per month, totaling 2,160 encounters in the period of 2023-2025.</p>	<p>Yes</p>	<p>Reduce stigma associated with mental health and substance misuse Increase access to mental health and addiction services Build stronger partnerships to improve mental health and substance misuse</p>
<p>Dwyer Center: Human Library- The Dwyer Community Center of Wayne County held a Human Library event on October 19, 2024. This event created a safe space where topics are discussed openly between human books and their readers. All books were volunteers with personal experiences with their topics. It was a place where difficult questions were expected, appreciated and answered with the premise of understanding and "unjudging someone." Topics surrounding mental health were discussed. Reid Health provided financial support.</p>	<p>15 individuals attended the event</p>	<p>Yes</p>	<p>Reduce stigma associated with mental health and substance misuse Build stronger partnerships to improve mental health and substance misuse</p>

<p>Fayette County Drug Coalition-This coalition works to eliminate substance misuse in Fayette County by promoting, supporting, and facilitating prevention education, treatment, and alternative activities for living a sober lifestyle. Reid Health provides support for events and initiatives of this coalition that align with prioritized needs and indicators.</p>	<p>Reid Health joined this coalition in June 2021 and since that time 10-20 attendees participate in meetings each month.</p>	<p>Yes</p>	<p>Reduce stigma associated with mental health and substance misuse Increase access to mental health and addiction services Increase prevention of overdose Build stronger partnerships to improve mental health and substance misuse</p>
<p>Fayette County Harm Reduction Alliance-Syringe Support Services. Beginning in 2021 and every year since, Reid Health has provided this group with funding to be used toward staffing and supplies to support this harm reduction effort. This program accepts and disposes of used syringes, offers testing, treatment education and resources along with new syringes for those struggling with substance use.</p>	<p>From January 2023-May 2025 a total of 2,672 reported visits have been conducted under this program.</p>	<p>Yes</p>	<p>Reduce stigma associated with mental health and substance misuse Increase access to mental health and addiction services Increase prevention of overdose Build stronger partnerships to improve mental health and substance misuse</p>
<p>Fayette County Stigma Reduction Event- The Connection Cafe sponsored an event in Connersville to launch a Stigma Reduction campaign. There were a variety of speakers including Charmin Gabbard. Reid Health supported this event and provided refreshments to event attendees. This event took place in February of 2023.</p>	<p>Approximately 75 people were in attendance.</p>	<p>Yes</p>	<p>Reduce stigma associated with mental health and substance misuse Increase access to mental health and addiction services Increase prevention of overdose Build stronger partnerships to improve mental health and substance misuse</p>

<p>Growing Branches Mental Health and Substance Misuse Events- Growing Branches in Fayette County held two events, one in August of 2024 and one in December of 2024. Both events were open to the community and focused on providing support and resources surrounding mental health and substance misuse. Reid Health provided financial support.</p>	<p>350 individuals were served through these events.</p>	<p>Yes</p>	<p>Reduce stigma associated with mental health and substance misuse Increase access to mental health and addiction services Increase prevention of overdose Build stronger partnerships to improve mental health and substance misuse</p>
<p>Hope House-This donation was made by Administration the Administration to Hope House to assist with their relocation and expansion. This will be a multi-year gift: \$10,000 was given in 2023 to complete a multi-year pledge.</p>	<p>The relocation and expansion of this facility will allow Hope House to better serve the community.</p>	<p>Yes</p>	<p>Increase access to mental health and addiction services Increase prevention of overdose Build stronger partnerships to improve mental health and substance misuse</p>
<p>House of Ruth Recovery Summit- The Recovery Summit is hosted in Connersville, Indiana. The mission of this event is to educate, inform and share resources to enable correct practices to implement and open successful recovery residences throughout the state of Indiana. Reid Health provided financial support for the event in 2023 and 2024.</p>	<p>An estimated 200 people per event.</p>	<p>Yes</p>	<p>Reduce stigma associated with mental health and substance misuse Increase access to mental health and addiction services Increase prevention of overdose Build stronger partnerships to improve mental health and substance misuse</p>

<p>International Survivors of Suicide Loss Day Event- Reid Health Community Engagement staff serve on the American Foundation for Suicide Prevention outreach committee and assisted with coordinating the International Survivors of Suicide Loss Day event. This event provides structured support, activities and education for survivors of suicide loss. The event took place in November of 2023 and 2024. Reid Health intends to continue providing support in 2025. Reid provides event supplies, staff and free lunch for all attendees.</p>	<p>In 2023, 17 individuals were in attendance. In 2024 30 individuals were in attendance.</p>	<p>Yes</p>	<p>Reduce stigma associated with mental health and substance misuse Increase access to mental health and addiction services Increase prevention of overdose Build stronger partnerships to improve mental health and substance misuse</p>
<p>Laundry Project Wayne County- The Laundry project facilitated by the Wayne County Trustee provides free laundry services multiple times a month for those in need. This project provides support for families living below poverty. Project leads reported that many children are sent to school in dirty clothes and are often ridiculed by others. Providing clean laundry improves overall self-esteem and wellness and improves mental health.</p>	<p>In 2024, approximately 400 individuals were served through this support.</p>	<p>Yes</p>	<p>Build stronger partnerships to improve mental health and substance misuse</p>

<p>Let's Save Lives- Let's Save Lives is a culturally tailored program for Black and African American communities. In 2025, Reid Health staff led a virtual presentation to provide education and support to these communities. This presentation was in partnership with the American Foundation for Suicide Prevention.</p>	<p>13 individuals were in attendance. In addition, Reid Health staff were educated and armed with information to continue making an impact.</p>	<p>Yes</p>	<p>Reduce stigma associated with mental health and substance misuse Increase access to mental health and addiction services Build stronger partnerships to improve mental health and substance misuse</p>
<p>Medical Mondays-This is a monthly luncheon facilitated by Reid Health and held at Central United Methodist Church in Wayne County. Each month offers an expert speaker with a different health focus. In February of 2023 the staff of Reid Health Outpatient Behavioral Services presented on the topic of "Of Heart & Mind: Building Healthy Relationships." Free lunch was provided to all attendees.</p>	<p>65 community members attended this presentation.</p>	<p>Yes</p>	<p>Reduce stigma associated with mental health and substance misuse Increase access to mental health and addiction services Build stronger partnerships to improve mental health and substance misuse</p>

<p>Medical Mondays-This is a monthly luncheon facilitated by Reid Health and held at Central United Methodist Church in Wayne County. Each month offers an expert speaker with a different health focus. In November of 2023 the staff of Reid Health Community Engagement shared the work of Community Benefit and all the non-profits, organizations, programs and initiatives Reid supports. Free lunch was provided for all attendees.</p>	<p>50 community members attended this presentation.</p>	<p>Yes</p>	<p>Increase access to mental health and addiction services Build stronger partnerships to improve mental health and substance misuse</p>
<p>Mental Health Movie Screenings Fayette County- Reid Health Behavioral Health staff provided a series of mental health movie events that included movie screening, discussion and behavioral health support. These movies were held at a church in Connersville, Indiana. Reid Health provided a meal for all attendees.</p>	<p>In January 2024, 35 individuals attended. In February 2024, 35 individuals attended. In May 2024, 35 individuals attended. In October 2024, 31 individuals attended.</p>	<p>Yes</p>	<p>Reduce stigma associated with mental health and substance misuse Increase access to mental health and addiction services Increase prevention of overdose Build stronger partnerships to improve mental health and substance misuse</p>

<p>Mindwise-In May of 2020 Reid Health launched MindWise, mental health and substance misuse screenings. This service provides 13 different screenings to anyone who may be concerned about their current behavioral and mental well-being. These screenings are free, anonymous, and provide individuals with instant feedback and next steps include links to local mental health and substance misuse providers and resources.</p>	<p>During the assessment period of 2023-May 2025 over 100 people completed screenings. In 2021 2,000 post card sized resources with the website info and QR were created to pass out to community members throughout Reid's 8 county service area to eliminate barriers to taking mental health screenings. These postcards were distributed throughout the assessment period. The MindWise platform sunsetted in May of 2025.</p>	<p>Yes</p>	<p>Reduce stigma associated with mental health and substance misuse Increase access to mental health and addiction services Increase prevention of overdose Build stronger partnerships to improve mental health and substance misuse</p>
<p>Narcan Distribution- This program supplies emergency/first responders in Reid Health's service area with the overdose reversing medication- Narcan. This product is provided to police depts, fire depts, ambulance providers and first responders. This is an effort to combat the high overdose rates in our communities by quicker access to a needed emergency medication, and as a result, fewer deaths due to overdose.</p>	<p>During this assessment period, 2023-2025, 397 doses of Narcan have been provided to first responders in Reid's service area.</p>	<p>Yes</p>	<p>Reduce stigma associated with mental health and substance misuse Increase access to mental health and addiction services Increase prevention of overdose Build stronger partnerships to improve mental health and substance misuse</p>

<p>National Drug & Alcohol Facts Week- This special week was observed in Fayette County in March of 2023. Reid Health supported the event held at the Connersville Movie theater and provided financial support.</p>	<p>The event was held on March 23, 2023, and 84 people attended.</p>	<p>Yes</p>	<p>Reduce stigma associated with mental health and substance misuse Increase access to mental health and addiction services Increase prevention of overdose Build stronger partnerships to improve mental health and substance misuse</p>
<p>Out of the Darkness Walk-This is an annual event facilitated by the American Foundation for Suicide Prevention to bring suicide awareness, prevention and education to Wayne County. Reid Health supported these efforts in 2023 and 2024 and intends support in 2025 as well. The last two years it has been held at the Wayne County Fairgrounds, and provides awareness, education, stigma reduction, prevention education and support for those impacted directly or indirectly by suicide. Reid Health was a sponsor of the event hosted by the American Foundation for Suicide Prevention, and staff participated in the walk as well. Reid Health Community Engagement team members serve on the local walk committee and assist with planning the walk.</p>	<p>At 2022 Out of the Darkness Walk, 217 people attended. At the 2023 Out of the Darkness Walk, 320 people participated. At the 2024 Out of the Darkness Walk, 400 people participated. The 2025 walk has not occurred, however Reid Health plans to attend and provide support.</p>	<p>Yes</p>	<p>Reduce stigma associated with mental health and substance misuse Increase access to mental health and addiction services Increase prevention of overdose Build stronger partnerships to improve mental health and substance misuse</p>

<p>Overdose Awareness Day-Reid Health supported events in both Wayne County and Fayette County for this day, upon request. These events provide a sense of support, hope and connection to those in attendance. In 2024, Reid Community Engagement assist with planning, organizing and hosting the event. Reid's marketing team assisted with designing event materials for Wayne County in 2023 and 2024.</p>	<p>Overdose Awareness Day is on August 31 each year. In 2023, 350 people were served in Wayne and Fayette counties. In 2024, 100 people were served in Wayne County.</p>	<p>Yes</p>	<p>Reduce stigma associated with mental health and substance misuse Increase access to mental health and addiction services Increase prevention of overdose Build stronger partnerships to improve mental health and substance misuse</p>
<p>Pathway to Damascus Open House-Pathway to Damascus held an open house to education the public and community on their new recovery home for men in Fayette County. Reid Health provided financial support for the event.</p>	<p>250 individuals were in attendance.</p>	<p>Yes</p>	<p>Reduce stigma associated with mental health and substance misuse Increase access to mental health and addiction services Increase prevention of overdose Build stronger partnerships to improve mental health and substance misuse</p>
<p>Perinatal Bereavement & Perinatal Loss Support Group-Reid staff specially trained in Resolve Through Sharing (RTS) bereavement support provide this service. Staff provide individual sessions and monthly support group. This service is open to the community and provided at no cost to attendees.</p>	<p>During this assessment period, 2023-2025, 105 individual perinatal bereavement services were provided and 4 people attended the perinatal loss support group, which is now offered through chaplain services.</p>	<p>Yes</p>	<p>Reduce stigma associated with mental health and substance misuse Increase access to mental health and addiction services Build stronger partnerships to improve mental health and substance misuse</p>

<p>Point in Time Count, Summer and Winter Outreach Events- These events are a part of the Region's Continuum of Care bi-annual events. They offer outreach and support to those experiencing housing instability. Events were and are held in both Wayne and Fayette counties. Reid Health provides in-kind item donations, support, resources and staff to help organize and support these events.</p>	<p>In 2024, approximately 300 individuals were served in Fayette and Wayne County. In 2025, approximately 300 individuals were served in Fayette and Wayne County.</p>	<p>Yes</p>	<p>Reduce stigma associated with mental health and substance misuse Increase access to mental health and addiction services Increase prevention of overdose Build stronger partnerships to improve mental health and substance misuse</p>
<p>Preble Arts Expressive Healing Mental Health Awareness Interactive Gallery- Preble Arts in Preble County, Ohio hosted an opening night reception for their interactive mental health awareness gallery show. This show included inspiring and uplifting activities and resources, including an area where guests could take a mental health screening for free. They also had mental health professionals onsite on certain dates. Reid Health provided financial support and a mental health screening platform.</p>	<p>Approximately 150 were in attendance.</p>	<p>Yes</p>	<p>Reduce stigma associated with mental health and substance misuse Increase access to mental health and addiction services Increase prevention of overdose Build stronger partnerships to improve mental health and substance misuse</p>

<p>Purdue Extension of Wayne County- Purdue Extension hosted the Law Enforcement Resource Fair in March 2024, bringing together law enforcement, EMS, and first responders with local social service providers. The event aimed to strengthen connections between these groups, fostering collaboration and improving referral pathways for community members in need. By facilitating direct engagement, the fair increased the likelihood of warm handoffs, ensuring individuals receive timely and appropriate support. This initiative marked a meaningful step toward enhancing outcomes for vulnerable populations through improved cross-sector communication and resource sharing. Reid Health provided a location, food and day of support, in addition to being a vendor the day of the event.</p>	<p>Over 75 individuals attended the event.</p>	<p>Yes</p>	<p>Reduce stigma associated with mental health and substance misuse Increase access to mental health and addiction services Build stronger partnerships to improve mental health and substance misuse</p>
<p>Randolph County Tobacco Prevention and Cessation Coalition- Reid Health supported this initiative by providing refreshments and financial support in 2023.</p>	<p>Approximately 7-10 individuals were in attendance.</p>	<p>Yes</p>	<p>Reduce stigma associated with mental health and substance misuse Increase access to mental health and addiction services Build stronger partnerships to improve mental health and substance misuse</p>

<p>Randolph County Youth Mental Health Lunch- A Youth Mental Health lunch was held at the Randolph County Purdue Extension office in February of 2023 and 2024. It was put on by the DMHA and featured Randolph County students who served on a panel describing their experiences. Several mental health professionals spoke and approximately 20 local service providers set up tables to distribute resources. Reid Health provided free lunch to all attendees. Reid Health also provided resources and education.</p>	<p>In 2023 an estimated 75 individuals were in attendance, including vendors. In 2024 an estimated 125 individuals were in attendance, including vendors.</p>	<p>Yes</p>	<p>Reduce stigma associated with mental health and substance misuse Increase access to mental health and addiction services Build stronger partnerships to improve mental health and substance misuse Provide more education for families on available resources Strengthen children's programming and family engagement</p>
<p>Reid Health printed cards promoting a Mental Health hotline to increase access to care.</p>	<p>1,500 cards were printed and distributed to individuals in Reid's service area.</p>	<p>Yes</p>	<p>Reduce stigma associated with mental health and substance misuse Increase access to mental health and addiction services Increase prevention of overdose Build stronger partnerships to improve mental health and substance misuse</p>

<p>Start with Art- Start with Art is a nonprofit organization in Randolph County. The organization is dedicated to empowering children, teens, and families through the transformative power of art. Its mission is to promote mental wellness, emotional resilience, and community connection by offering inclusive, hands-on art experiences. With a focus on mental health and substance misuse, they work to teach healthy coping skills and to reduce anxiety and stress. Reid Health provided funding to assist with supplies for their start up in 2024. Since, Reid Health has partnered with Start with Art on other community events and workgroups.</p>	<p>With support from Reid Health and other supporting organizations, Start with Art successfully secured the funding needed to launch their nonprofit journey. Throughout the assessment period, they have offered a variety of classes and programs focused on mental health, enriching the community through creative engagement.</p>	<p>Yes</p>	<p>Reduce stigma associated with mental health and substance misuse Increase access to mental health and addiction services Build stronger partnerships to improve mental health and substance misuse</p>
<p>Stayin Alive- Stayin Alive organized a youth mental health summit for 8th grade students in the Franklin County School District. This summit educates the students on mental health and substance misuse. Reid Health provided financial support in 2024 and 2025.</p>	<p>An estimated 200 youth were served in 2024 and 2025. Youth left with increased awareness about mental health and the dangers of substance misuse.</p>	<p>Yes</p>	<p>Reduce stigma associated with mental health and substance misuse Increase access to mental health and addiction services Increase prevention of overdose Build stronger partnerships to improve mental health and substance misuse</p>

<p>Suicide Prevention Education and Outreach- Reid Health staff partner with the American Foundation for Suicide Prevention to provide ongoing community outreach to the communities in Reid's service area. This outreach includes education on how to have hard conversations, loss resources and general suicide prevention education. Reid Health staff are tabled at several events throughout the year and also provide individualized outreach based on needs.</p>	<p>During the assessment period of 2023-2025, hundreds of individuals have been recipients of this outreach.</p>	<p>Yes</p>	<p>Reduce stigma associated with mental health and substance misuse Increase access to mental health and addiction services Build stronger partnerships to improve mental health and substance misuse</p>
<p>Systems of Care- Systems of Care meetings offer a platform for helping organizations to network and collaborate to improve overall community health. The meetings serve as a community connection point for resources. Reid Health staff regularly attend in multiple counties and offer ongoing financial support for special annual meetings, specifically the in person Systems of Care mixer, that brings dozens of partners together to learn about resources and to make connections.</p>	<p>Systems of Care involvement helps to improve access to services for families and individuals, strengthens referral pathways and helps organizations work together strategically.</p>	<p>Yes</p>	<p>Increase access to mental health and addiction services Build stronger partnerships to improve mental health and substance misuse Encourage organizational partnerships that support physical activity, nutrition and weight Provide more education for families on available resources Increase engagement among pregnant mothers through collaborative programs Strengthen children's programming and family engagement Expand existing programs that support family resiliency</p>

<p>Talk Saves Lives- Talk Saves Lives is a program that provides a general introduction to suicide prevention. Multiple staff at Reid Health are trained and able to provide the program for the community. This program is made possible by training, guidance and support from the American Foundation for Suicide Prevention.</p>	<p>Multiple Talk Saves Lives programs have been offered to the community and Reid Health team members in 2024 and 2025.</p>	<p>Yes</p>	<p>Reduce stigma associated with mental health and substance misuse Increase access to mental health and addiction services Build stronger partnerships to improve mental health and substance misuse</p>
<p>Thriving Thursdays-This is a monthly luncheon facilitated by Reid Health and held at the Fayette County Senior Center in Connersville. Each month offers an expert speaker with a different health focus. In February of 2023 the staff of Reid Health Outpatient Behavioral Services presented on the topic "Of Heart & Mind: Building Healthy Relationships." Free lunch was provided to all attendees.</p>	<p>45 community members attended this presentation.</p>	<p>Yes</p>	<p>Reduce stigma associated with mental health and substance misuse Increase access to mental health and addiction services Build stronger partnerships to improve mental health and substance misuse</p>

<p>Thriving Thursdays-This is a monthly luncheon facilitated by Reid Health and held at the Fayette County Senior Center in Connersville. Each month offers an expert speaker with a different health focus. In November of 2023 the staff of Reid Health Community Engagement shared the work of Community Benefit, and all the non-profits, organizations, programs and initiatives Reid supports. Free lunch was provided for all attendees.</p>	<p>40 community members attended this presentation.</p>	<p>Yes</p>	<p>Increase access to mental health and addiction services Build stronger partnerships to improve mental health and substance misuse</p>
<p>Wayne County Syringe Support Services-This is a partnership between the Wayne County Health Dept, Centerstone, and Reid Health to provide safe supplies, testing, treatment education and resources to those struggling with substance use disorders. For 2023 Reid provided \$30,000 toward supplies and as the need grew so did the contribution. For 2024 Reid provided \$30,000 and for 2025 Reid provided \$10,000 restricted for supplies to support this harm reduction effort.</p>	<p>Over the course of this assessment period, January 2023-May 2025, a total of 3,439 reported visits have been conducted under this program.</p>	<p>Yes</p>	<p>Reduce stigma associated with mental health and substance misuse Increase access to mental health and addiction services Increase prevention of overdose Build stronger partnerships to improve mental health and substance misuse</p>

<p>Centerville Farmers Market SNAP Double Dollars- Double Dollars doubles the purchasing power for SNAP beneficiaries at the market. This increases access to locally grown fresh fruits and vegetables at reduced rates. It also increases access to healthy, local food. This is a new program in Centerville, IN. in 2025. Reid Health provided \$1,500 in support.</p>	<p>In 2025, support totaled \$1,500. Other results are not yet reportable.</p>	<p>Yes</p>	<p>Increase access to fresh and nutritious foods Encourage healthy eating and cooking Encourage organizational partnerships that support physical activity, nutrition and weight</p>
<p>Circle U Milk-Reid Health supports Circle U's free meal initiatives by providing weekly cartons of milk. Reid Health covers the cost and places the orders, while Circle U picks up the milk and serves it during their community meals.</p>	<p>During the assessment period of 2023-May 2025, approximately 30,400 milks have been distributed to individuals in need.</p>	<p>Yes</p>	<p>Increase access to fresh and nutritious foods Encourage healthy eating and cooking Encourage organizational partnerships that support physical activity, nutrition and weight</p>
<p>Circle U- Reid Health donates excess food to Circle U. This effort not only helps reduce food waste but also provides nutritious meals to community members in need. Through this partnership, the hospital not only cares for the health of it's patients but also nourishes the community at large, demonstrating how healthcare facilities can play a vital role in addressing hunger.</p>	<p>Reid Health staff spend approximately 3.3 hours per week packaging food to be donated to Circle U. This food directly benefits vulnerable populations in the community.</p>	<p>Yes</p>	<p>Increase access to fresh and nutritious foods Encourage healthy eating and cooking Encourage organizational partnerships that support physical activity, nutrition and weight</p>

<p>Circle U Thanksgiving-Throughout the year, Circle U is an active meal site and food pantry for local residents in need. On Thanksgiving each year Circle U provides a meal on site for all community members, free of charge. They also deliver Thanksgiving meals to residents in need that are homebound and are unable to celebrate the day with family. Every year during this assessment period, Reid Health has assisted with financial support and other logistics needed to feed the community for this initiative.</p>	<p>2023 an estimated 800 community members received meals; 2024 800 community members received meals; 2025 plan to support in same capacity</p>	<p>Yes</p>	<p>Increase access to fresh and nutritious foods Encourage organizational partnerships that support physical activity, nutrition and weight</p>
<p>Diabetes Event- Each year, the Diabetes Education team at Reid Health hosts a free, community-wide event designed to support individuals affected by diabetes. The event features a variety of local organizations offering educational resources and support services. Attendees can enjoy refreshments and hear from a keynote speaker who shares insights and inspiration related to diabetes care and management.</p>	<p>In 2023, attendance reached 200 participants, followed by 142 in 2024. As of the time this report was written, the 2025 event has not yet occurred. However, Reid Health intends to continue the initiative in alignment with previous years</p>	<p>Yes</p>	<p>Promote current resources and programs that support physical activity Encourage healthy eating and cooking. Encourage organizational partnerships that support physical activity, nutrition and weight</p>

<p>Faith Lutheran Church Holiday Meal Baskets- In 2023 and 2024 Faith Lutheran Church received financial support from Reid Health to assist with their holiday meal baskets to families in need in Wayne County.</p>	<p>Approximately 50 families were served in 2023 and 2024.</p>	<p>Yes</p>	<p>Increase access to fresh and nutritious foods Encourage healthy eating and cooking Encourage organizational partnerships that support physical activity, nutrition and weight</p>
<p>Fresh Up Bucks-Discover Connersville is the fiscal agent for the Connersville Farmer's Market. In 2023 Reid CB provided \$6,000, in 2024 \$6,575 and in 2025 \$8,000 toward their "Fresh Up Bucks" program, which doubles the purchasing power for SNAP beneficiaries at the market. This increases access to locally grown fresh fruits and vegetables at reduced rates.</p>	<p>The Fayette County Farmers Market has received \$20,575 in support during this assessment period 2023-2025.</p>	<p>Yes</p>	<p>Increase access to fresh and nutritious foods Encourage healthy eating and cooking Encourage organizational partnerships that support physical activity, nutrition and weight</p>

<p>Girl Inc Summer Meal Program-Girls Inc is a local youth center focused on empowering girls to lead fulfilling and productive lives, break the cycle of poverty, and become role models in their community. This is done through education, mentorship, and evidenced based programming. The summer program provides breakfast, lunch, and a snack for all attendees each day. That program seeks reimbursement from the state meal program but even with that reimbursement they fall short due to estimated counts that are not reimbursed by the state program. Reid Community Benefit covers the cost of the meals they plan for and have available but are not reimbursed if a student is absent that day.</p>	<p>In 2023 this support totaled \$7,267 and in 2024 it was \$8,424.</p>	<p>Yes</p>	<p>Promote current resources and programs that support physical activity Increase access to fresh and nutritious foods Encourage healthy eating and cooking Encourage organizational partnerships that support physical activity, nutrition and weight</p>
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<p>Gleaners Food Bank of Indiana-Gleaners Food Bank serves several Reid Health counties. Reid Health staff collaborate with Gleaners Food Bank by promoting and volunteering at their local mobile food distribution in Wayne County. Reid Health purchased carts for individuals who do not drive, to assist with transporting food. Reid Health staff have also passed out community resources, can openers and other resources to neighbors in need during food distribution.</p>	<p>For the reporting period of 2023-2025, 400 families have been served each month.</p>	<p>Yes</p>	<p>Increase access to fresh and nutritious foods Encourage healthy eating and cooking Encourage organizational partnerships that support physical activity, nutrition and weight</p>
<p>Higi Health Kiosks-Reid Health provides health kiosks for people to monitor their weight, BMI, blood pressure, and take a diabetes screening, throughout the 8-county service area. These machines are free and accessible to the public in community centers, schools, fitness centers, and government offices.</p>	<p>During the assessment period of January 2023-May 2025 there were 25,053 recorded sessions on the kiosks.</p>	<p>Yes</p>	<p>Promote current resources and programs that support physical activity Encourage organizational partnerships that support physical activity, nutrition and weight</p>
<p>Holiday Baskets - Preble County Council on Aging provides a holiday gift bag to their senior center patrons. Reid Health was able to provide financial support to assist with this project. Each of the seniors received a basket with nutritional, essential items. These were distributed each year in mid-December to the senior's homes.</p>	<p>2023 230 community members received baskets; 2024 220 community members received baskets; 2025 plan to support in same capacity</p>	<p>Yes</p>	<p>Increase access to fresh and nutritious foods Encourage organizational partnerships that support physical activity, nutrition and weight</p>

<p>Interfaith Apartments Holiday Meals- Interfaith Apartments is a non-profit organization. Their mission is to provide affordable housing for individuals/families with at least one person 55 years of age or older or handicapped/disabled adults and their families regardless of age. They have two buildings with one hundred apartments in each. The North Building contains studio and one-bedroom apartments. Some Section 8 vouchers are available to assist those who qualify. The South Building contains all one-bedroom apartments, and some are mobility-accessible. For the South Building only: Rent is income-based, and Income Limits apply. Reid Health provided financial support in 2023 and 2024 for residents to enjoy holiday meals together. This not only reduces isolation in this population but also increases access to food.</p>	<p>Approximately 60 people per year benefit from this meal.</p>	<p>Yes</p>	<p>Increase access to fresh and nutritious foods Encourage healthy eating and cooking</p>
<p>Medical Mondays-This is a monthly luncheon facilitated by Reid Health and held at Central United Methodist Church in Wayne County. Each month offers an expert speaker with a different health focus. In March of, 2023 the staff of Reid Health presented on the topic of "Mindful Eating" Free lunch was provided to all attendees.</p>	<p>45 community members attended this presentation.</p>	<p>Yes</p>	<p>Promote current resources and programs that support physical activity Encourage healthy eating and cooking Encourage organizational partnerships that support physical activity, nutrition and weight</p>

<p>Meridian Health Services City Fit-Reid Health partnered in 2023 to provide day of support, healthy snacks, exercise giveaways including fitness kits and free exercise classes the day of the event.</p>	<p>In 2023, an estimated 250 attended this event.</p>	<p>Yes</p>	<p>Promote current resources and programs that support physical activity Increase access to fresh and nutritious foods Encourage healthy eating and cooking Encourage organizational partnerships that support physical activity, nutrition and weight</p>
<p>Nutrition Classes-In a partnership with Fayette County Purdue Extension, these research-based nutrition classes provided participants with education on how to plan nutritious meals, read nutritional labels, be active, handle food safely, spend food dollars wisely and improve food purchasing and preparation skills. The program targeted adults that qualify for SNAP benefits. Participants that attended all 4 sessions received a crockpot or electric skillet as an incentive to promote nutrition. The goal was to reach 40 participants in Fayette, Union, and Franklin County.</p>	<p>This nutrition education series was attended in full by 40 people and they received a crock pot or electric skillet of their choice.</p>	<p>Yes</p>	<p>Increase access to fresh and nutritious foods Encourage healthy eating and cooking Encourage organizational partnerships that support physical activity, nutrition and weight</p>

<p>Purdue Extension of Wayne County- Purdue Extension of Wayne County organized a bike workshop focused on educating individuals on active transportation options, economic and health impacts on communities and how city and county officials can support bicycle infrastructure activities. Reid Health provided refreshments for this meeting and participated in the workshop, as these initiatives aligned with the prioritized health need of physical activity.</p>	<p>An estimated 20 people attended this workshop and left with education and resources.</p>	<p>Yes</p>	<p>Promote current resources and programs that support physical activity Encourage organizational partnerships that support physical activity, nutrition and weight</p>
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<p>Reid Health contracts with local area schools and one college to provide Athletic Training Services onsite. This is an ongoing community need and without Reid's Athletic Training program and Certified Athletic Trainers, the schools and college would be left without coverage.</p>	<p>Beginning in 2020, financial support was provided to all the schools that use Reid Athletic Training services. These funds were restricted to cover the cost of supplies needed for athlete use through the athletic training program. Athletic trainers obtained W9s, delivered the checks and award letter to the schools they represent. In 2023 the total cost of supplies donated was \$11,000 and served 2,630 students, in 2024 \$15,000 provided and 2,394 students served, budget for 2025 remains \$15,000 but the number of students that will serve is unknown at this time.</p>	<p>Yes</p>	<p>Promote current resources and programs that support physical activity Encourage organizational partnerships that support physical activity, nutrition and weight</p>
<p>Reid Health partnered with Connersville Parks and Recreation during the period of 2024-2025 to support programming for kids and adults initiated by Reid's Implementation Plan. Some of these programs/initiatives included: Living Well, Aging Well, Discovery Kids Camp, Youth Sports, and a series of family focused, resiliency building events.</p>	<p>In 2024 and 2025 thousands of kids and adults benefited and will benefit from these programs and initiatives. Funding provided for these initiatives: 2024 \$30,000 2025 \$30,000</p>	<p>Yes</p>	<p>Increase access to fresh and nutritious foods Expand existing programs that support family resiliency Promote current resources and programs that support physical activity Encourage organizational partnerships that support physical activity, nutrition and weight Encourage healthy eating and cooking Build stronger partnerships to improve mental health and substance misuse</p>

<p>Reid Health partnered with Richmond Parks & Recreation during the assessment period of 2023-2025 to support programming for kids and adults initiated by Reid's Implementation Plan. Some of these programs/initiatives included: Richmond Farmer's Market initiatives for SNAP, WIC, and Farm to Pantry, JUKO, Get Healthy in the Parks, Family Series, and Senior Recreation Center initiatives.</p>	<p>During each of the years of this assessment period, January 2023-May 2025, thousands of kids and adults benefited from these programs and initiatives. Funding provided for these initiatives:</p> <p>2023 \$50,000 2024 \$61,400 2025 \$59,603</p>	<p>Yes</p>	<p>Increase access to fresh and nutritious foods Expand existing programs that support family resiliency Promote current resources and programs that support physical activity Encourage organizational partnerships that support physical activity, nutrition and weight Encourage healthy eating and cooking</p>
<p>Reid Healthier Club-This wellness club offered by Reid Health free of charge to community members utilizes a portal that members can use to track their healthy activities such as screenings, educational programs, and physical activity challenges. Members earn points for these activities that can be redeemed for gift cards from retailers of their choice. This program ended in October of 2023.</p>	<p>During the period of January 2023-May 2025 there were 19,538 interactions with this program.</p>	<p>Yes</p>	<p>Promote current resources and programs that support physical activity Encourage healthy eating and cooking. Encourage organizational partnerships that support physical activity, nutrition and weight</p>

<p>Richmond Housing Authority Turkey Giveaway- Richmond Housing authority partners with local organizations to host a Thanksgiving meal and turkey giveaway for individuals in need in Wayne County. Area organizations and resources were on site. Reid Health partnered by providing resources, support at the event and financial support in 2023 and 2024. Reid Health intends to partner in this same capacity in 2025.</p>	<p>An estimated 200 people were served by this program in 2023; An estimated 200 people were served by this program in 2024 2025 plan to support in same capacity</p>		<p>Increase access to fresh and nutritious foods Encourage organizational partnerships that support physical activity, nutrition and weight</p>
<p>Rock Solid Ministries Meal-This organization provides a meal every Sunday to 150 people in downtown Richmond. Local churches along with Reid Health rotate providing and serving the meals. Reid Health covered the cost of the meal for this reporting period from January 2023-July 2024. This request was redirected to Reid Health's grant cycles for support past July 2024.</p>	<p>During this assessment period of January 2023-July 2024, an estimated 150 people were served at each meal.</p>	<p>Yes</p>	<p>Increase access to fresh and nutritious foods Encourage healthy eating and cooking Encourage organizational partnerships that support physical activity, nutrition and weight</p>

<p>Rock Solid Ministries Thanksgiving Event-Rock Solid Ministries hosts a Thanksgiving dinner basket distribution each year. Historically about 150 families participate and are able to select items they need from stations filled with items for a Thanksgiving dinner and some additional holiday supplies. Reid Health provided financial support and volunteers in 2023.</p>	<p>120 people were served by this program in 2023</p>	<p>Yes</p>	<p>Increase access to fresh and nutritious foods Encourage organizational partnerships that support physical activity, nutrition and weight</p>
<p>The Working Hungry and Food, Insecure Community Screenings- In 2023, Reid Health provided financial support to Wayne and Fayette County Food Councils to cover the cost associated with providing a free community film screening, "The Working Hungry." This film is about the working poor in Indiana and allows viewers a platform to better understand food insecurity in Indiana. Local resources were onsite. In 2025, Reid Health provided financial support to Wayne, Fayette and Franklin counties to cover the cost associated with providing a free community film screening, "Food, Insecure." This film is a sequel to the original and is about the working poor in Indiana and allows viewers a platform to better understand food insecurity in Indiana. Local resources were on site.</p>	<p>In 2023 an estimated 100 people attended in either Wayne or Fayette County. In 2025, 70 people attended in Wayne County.</p>	<p>Yes</p>	<p>Promote current resources and programs that support physical activity Increase access to fresh and nutritious foods Encourage healthy eating and cooking Encourage organizational partnerships that support physical activity, nutrition and weight</p>

<p>Thriving Thursdays-This is a monthly luncheon facilitated by Reid Health and held at the Fayette County Senior Center in Connersville. Each month offers an expert speaker with a different health focus. In March of 2023 the staff of Reid Health presented on the topic of "Mindful Eating" Free lunch was provided to all attendees.</p>	<p>45 community members attended this presentation.</p>	<p>Yes</p>	<p>Promote current resources and programs that support physical activity Encourage healthy eating and cooking Encourage organizational partnerships that support physical activity, nutrition and weight</p>
<p>Wayne County Food Council-The Wayne County Food Council is working to increase access and use of nutritious foods, advocate for better policies and systems that strengthen quality and equality in the local food system, with a goal to end hunger in our communities. This coalition is comprised of representatives from food pantries, farmers, farmers' market, Purdue extension, local faith leaders, and other not for profit organizations working to alleviate food disparities in Wayne County. Reid Health has three staff that served on the board of directors during the reporting period. Reid Health also provides support for the coalitions events/initiatives needed.</p>	<p>For the reporting period of January 2023-May 2025, the board met on a monthly basis and occasionally held meetings for all food serving partners. The average attendance for all partner meetings was 20 per meeting.</p>	<p>Yes</p>	<p>Promote current resources and programs that support physical activity Increase access to fresh and nutritious foods Encourage healthy eating and cooking Encourage organizational partnerships that support physical activity, nutrition and weight</p>

<p>Winchester Farmers Market Double Dollars- Double Dollars doubles the purchasing power for SNAP beneficiaries at the market. Double Dollars doubles the purchasing power for SNAP beneficiaries at the market. This increases access to locally grown fresh fruits and vegetables at reduced rates. It also increases access to healthy, local food. Reid Health provided \$2,000 in 2023, \$2,000 in 2024 and \$3,000 in 2025.</p>	<p>In 2023, there was \$2,300 recorded in SNAP purchases. In 2024, there was \$6,033 recorded in SNAP purchases. 2025 numbers have not been reported as the market has not ended for the year.</p>	<p>Yes</p>	<p>Increase access to fresh and nutritious foods Encourage healthy eating and cooking Encourage organizational partnerships that support physical activity, nutrition and weight</p>
<p>Winchester Splash Pad- Reid Health provided financial support to the town of Winchester restricted to cover a portion of the cost of a splash pad at a city park.</p>	<p>The installation of the splash pad promotes physical activity and creates spaces for people of all ages to gather and engage in healthy activities.</p>	<p>Yes</p>	<p>Promote current resources and programs that support physical activity Encourage organizational partnerships that support physical activity, nutrition and weight</p>

Maternal, Infant and Children's Health

Activities Implemented	Results	Implementation Plan	Implementation Plan Strategy
Baby Care Basics-This class is offered to pregnant families and provides information and resources for newborn care at no cost. The course curriculum covers diapering, bathing, swaddling, normal infant behaviors, when to call baby's health care provider, nutrition, safe sleep practices, and car seat safety.	During the assessment period of January 2023-May 2025 this program had 75 unique encounters. This could include duplicated persons.	Yes	Provide more education for families on available resources Increase engagement among pregnant mothers through collaborative programs Strengthen children's programming and family engagement Expand existing programs that support family resiliency
Birth to Five Inc.- Reid Health maintains a strong and evolving partnership with Birth to Five, Inc., working together on a range of child and family-focused initiatives that respond directly to community-identified needs.	Between 2023 and March 2025, Reid Health provided direct support to families by distributing hand sanitizers, Dispose RX kits, water bottles, and healthy snacks. Additionally, Reid Health funded Spanish-language playgroups to promote inclusive early childhood engagement. These contributions reflect Reid Health's commitment to meeting community needs with practical resources that promote	Yes	Provide more education for families on available resources Increase engagement among pregnant mothers through collaborative programs Strengthen children's programming and family engagement Expand existing programs that support family resiliency

	health, safety, and connection.		
Car Seats-Reid Health provides infant seats, specialty infant seats for babies under 4 pounds, toddler seats, and booster seats, to those in need in any Reid Health setting, as well as to community members in need. Reid Health provides seats through the Safe Quarters Car Seat Program, Community Health Car Seat Program and the Fitting Station program.	During this assessment period, 2023- March 2025, 183 car seats were distributed through the Safe Quarters Car Seat Program. From September 2024-July 2025 Community Health distributed 36 car seats.	Yes	Provide more education for families on available resources Expand existing programs that support family resiliency

<p>Challenge Day- Reid Health partners with Challenge Day to bring this transformative, daylong experiential workshop to 8th grade students across Fayette, Wayne, Randolph, and Union counties. Challenge Day fosters a sense of belonging and emotional safety, empowering students to build the kind of inclusive, compassionate culture they want in their schools. Reid Health fully funds the program, covering all associated costs, including Challenge Day facilitation fees, lunches, t-shirts, follow-up materials, and necessary supplies. This investment reflects Reid Health's commitment to youth mental wellness, social-emotional learning, and long-term community resilience.</p>	<p>In 2023, approximately 1,800 participated, including adults and 8th grade students. In 2024, approximately 1,500 participated, including adults and 8th grade students. Reid Health has not yet completed Challenge Day in 2025 but intends to serve around the same amount of people.</p>	<p>Yes</p>	<p>Strengthen children's programming and family engagement Expand existing programs that support family resiliency</p>
<p>Childbirth Class-These classes are free and open to the public and provide education about the childbirth process. The class is designed for mothers to be and their "coaches". The class curriculum includes coping measures, how to provide support, relaxation and breathing techniques, and education about</p>	<p>During the assessment period of January 2023-May 2025 this program had 146 unique encounters. This could include duplicated persons.</p>	<p>Yes</p>	<p>Provide more education for families on available resources Increase engagement among pregnant mothers through collaborative programs Strengthen children's programming and family engagement Expand existing programs that support family resiliency</p>

<p>medications commonly used during the birthing process.</p>			
<p>Communities In Schools- Reid Health provides ongoing support to Communities In Schools of Wayne County, a local nonprofit organization who serves children with needs through the local school districts. Communities In Schools reaches out to Reid Health a few times a year for tangible items that students need.</p>	<p>During the assessment period of 2023-March of 2025, Reid Health provided tissues, water bottles and ChapSticks for hundreds of children in need.</p>	<p>Yes</p>	<p>Strengthen children's programming and family engagement Expand existing programs that support family resiliency</p>
<p>Community Baby Showers- Reid Health support several community baby shower initiatives in Wayne and Union counties. These baby showers were free and open to the community. Food, resources and other giveaways were offered to attendees. Reid Health provided financial support to cover lunch and other supplies.</p>	<p>These events took place in 2023 and approximately 75 people were served.</p>	<p>Yes</p>	<p>Provide more education for families on available resources Increase engagement among pregnant mothers through collaborative programs Strengthen children's programming and family engagement</p>

<p>Every Child Can Read- Every Child Can Read launched a new summer reading program "Wayne County Reads" in 2025. This program is designed to bring families, children, and individuals together through the power of books, storytelling, and community engagement.</p>	<p>An estimated 1,200 books were provided over the 2025 summer throughout Wayne County. This program engaged readers of all ages through partnerships and community outreach and increased access to reading materials for underserved families.</p>	<p>Yes</p>	<p>Provide more education for families on available resources Strengthen children's programming and family engagement Expand existing programs that support family resiliency</p>
<p>FosterHope Fostering the Future- FosterHope, a program of Meridian Health Services, annually hosts "Fostering the Future," which aims to recruit foster parents and connect families with vital community resources. These events have served dozens of attendees. Reid's involvement aligns with its strategic goals to promote maternal, infant, and children's health, and to strengthen family resiliency across its service counties. Reid Health provides financial support for this event.</p>	<p>Reid Health provided financial support in 2024 and 2025 and was present at the event to provide resources and support to attendees. Reid Health staff also conducted a live car seat demonstration and provided hands-on safety education to attendees. Dozens were served each year. This event strengthened partnerships with key community organizations, increased resource awareness and provided direct safety education to families.</p>	<p>Yes</p>	<p>Provide more education for families on available resources Strengthen children's programming and family engagement Expand existing programs that support family resiliency</p>

<p>Hope Center Clinic Support-This free clinic in Fayette County provides free pregnancy tests, STI testing, and resources for pregnant and parenting women and their families. This clinic also provides nutrition education and support and parenting classes. Reid Health covers the malpractice insurance for this clinic and processes all labs for STI testing at no charge.</p>	<p>During this assessment period 2023-March 2025 this program has completed 112 encounters with free lab testing for sexually transmitted infections, and covered the cost of the medical malpractice insurance each year (2023 \$1,810, 2024 \$1,810; 2025 \$1,810)</p>	<p>Yes</p>	<p>Provide more education for families on available resources Increase engagement among pregnant mothers through collaborative programs Strengthen children's programming and family engagement Expand existing programs that support family resiliency</p>
<p>Impact Teen Driving Train the Trainer- The "Impact Teen Driving" training aims to combat the leading cause of unintentional injury and death among teens: car crashes due to reckless and distracted driving. This train the trainer opportunity took place on October 9, 2024 and was free to community members and organizations including first responders, health professionals, and educators, The training provided evidence-based tools to educate youth on safe driving practices. Participants learned to deliver the "What Do You Consider Lethal?" curriculum, which emphasizes the dangers of manual, visual, cognitive, and</p>	<p>Approximately 15 community members were trained. They are now able to host their own trainings in the community and provide ongoing education and outreach.</p>	<p>Yes</p>	<p>Provide more education for families on available resources</p>

<p>auditory distractions, the importance of seat belt use, and Indiana-specific driving laws. Reid Health staff coordinated with the Indiana Criminal Justice Institute to bring the training to Reid's Service area. Reid Health also provided financial support to cover day of logistics and food.</p>			
<p>Indiana Youth Institute Community Training- Reid Health provided financial support for a community training for youth workers in Fayette County. The training focused on children, mental health and other relative topics for working professionals. Reid Health Community Engagement staff attended the event.</p>	<p>An estimated 25 helping professionals were in attendance.</p>	<p>Yes</p>	<p>Provide more education for families on available resources Strengthen children's programming and family engagement Expand existing programs that support family resiliency</p>

<p>JACY House Support-This organization in conjunction with law enforcement, provides forensic interviews and assessment services to children suspected of being sexually abused. Reid Health supports these efforts by providing 2 buildings, overhead, and maintained services for this organization. JACY House also provides body safety/prevention education to children and adults throughout Reid's service area.</p>	<p>Reid Health did not require JACY House to provide metrics or people served.</p>	<p>Yes</p>	<p>Provide more education for families on available resources Increase engagement among pregnant mothers through collaborative programs Strengthen children's programming and family engagement Expand existing programs that support family resiliency</p>
<p>Lactation Outreach-Family Birthing Center provides lactation support services to any mother needing instruction and education regarding breastfeeding. These are one on one sessions with a trained staff member. These sessions are free and available to anyone, they are not limited to current or past Reid Health patients.</p>	<p>During the assessment period of January 2023-May 2025 the total amount of lactation encounters provided was 388. This could include duplicated persons.</p>	<p>Yes</p>	<p>Provide more education for families on available resources Increase engagement among pregnant mothers through collaborative programs Strengthen children's programming and family engagement Increase access to fresh and nutritious foods Encourage healthy eating and cooking Encourage organizational partnerships that support physical activity, nutrition and weight</p>

<p>PACEs Training- Reid Health provided financial support to Girls Inc. to bring Positive and Adverse Childhood Experiences Training (PACEs) to the community. This training allowed participants to increase their understanding and research about PACEs and how they work together to impact lives, organizational systems and communities.</p>	<p>Up to 25 individuals could attend the training.</p>	<p>Yes</p>	<p>Provide more education for families on available resources Expand existing programs that support family resiliency</p>
<p>Parent Cafes- Parent Cafes are a supportive place to share the joys and challenges of parenting. Through individual self-reflection and peer-to-peer learning, participants explore their strengths, learn about the protective factors, and create strategies from their own wisdom and experiences to help strengthen their families. Reid Health partnered with Birth to Five, Girls Inc., Centerstone, Meridian Health Services, Purdue Extension and Firefly Children and Family Alliance. In 2024, Reid Health funded training for up to 20 partners, empowering them to facilitate Parent Cafés and strengthen family engagement across the community.</p>	<p>Over the last three years, 2023- March of 2025, 228 people were reported to have attended Parent Cafes.</p>	<p>Yes</p>	<p>Provide more education for families on available resources Increase engagement among pregnant mothers through collaborative programs Strengthen children's programming and family engagement Expand existing programs that support family resiliency</p>

<p>Prenatal Breastfeeding Class- These classes are offered monthly to quarterly depending on need. These classes are free and open to the community.</p>	<p>Between 2023 and 2025, a total of 135 individuals participated in the program. This figure may include repeat attendees across different months, reflecting ongoing engagement rather than unique participation.</p>	<p>Yes</p>	<p>Provide more education for families on available resources Increase engagement among pregnant mothers through collaborative programs Strengthen children's programming and family engagement Increase access to fresh and nutritious foods Encourage healthy eating and cooking Encourage organizational partnerships that support physical activity, nutrition and weight</p>
<p>Prevent Child Abuse Awareness Month-Reid Health partners with the Prevent Child Abuse coalitions in various counties to lend support for their Prevent Child Abuse Events in April which is Child Abuse Awareness Month. The type of support provided for each event differs from county to county based on their community needs.</p>	<p>An estimated 1,000 people were served in 2023, 2024 and 2025 through Prevent Child Abuse events.</p>	<p>Yes</p>	<p>Provide more education for families on available resources Increase engagement among pregnant mothers through collaborative programs. Strengthen children's programming and family engagement Expand existing programs that support family resiliency</p>

<p>Purdue Extension Wayne County- Purdue Extension in Wayne County collaborated with Reid Health on several initiatives for Maternal, Infant and Children's Health. In 2024, Reid Health provided blocks for parents to attend their "Block Party" workshop with children. Block Party teaches parents how they can improve learning for children with blocks and covers developmental milestones in learning.</p>	<p>An estimated 30 families were served through Block Party. This workshop provided a space for parents to connect with other parents and learn new ways to engage with their children.</p>	<p>Yes</p>	<p>Provide more education for families on available resources Increase engagement among pregnant mothers through collaborative programs Strengthen children's programming and family engagement Expand existing programs that support family resiliency</p>
<p>Reid Health Baby Fair- In 2023, Reid Health hosted a free Baby Fair to connect families with vital resources, education, and support. The event brought together numerous community partners who provided information and services through interactive vendor tables. Attendees enjoyed complimentary food, received educational materials, and had the opportunity to win door prizes. The Baby Fair served as a welcoming space for families to engage with local organizations and access tools to support healthy pregnancies, safe infant</p>	<p>In 2023, an estimated 150 people attended this event.</p>	<p>Yes</p>	<p>Provide more education for families on available resources Increase engagement among pregnant mothers through collaborative programs Strengthen children's programming and family engagement</p>

<p>care, and early childhood development.</p>			
<p>Safe Sleep Events-Reid Health collaborates with local nonprofits and community organizations to deliver Safe Sleep education directly within the community. Through these partnerships, Reid Health serves as a key resource, providing trained staff to lead classes and events, offering financial support, and supplying educational materials. These efforts aim to increase awareness and promote safe sleep practices, ultimately improving infant health outcomes across the region.</p>	<p>In 2023, Reid Health staff participated in two Safe Sleep outreach events in Fayette County, directly serving 20 community members. From September 2024 through June 2025, Reid's Community Health team partnered with Firefly Family Resource Center to host two Safe Sleep classes, expanding access to critical infant safety education.</p> <p>Beyond scheduled events, Reid Health continues to provide ongoing Safe Sleep education to</p>	<p>Yes</p>	<p>Provide more education for families on available resources Increase engagement among pregnant mothers through collaborative programs Strengthen children's programming and family engagement Expand existing programs that support family resiliency</p>

	organizational partners, staff, and any community member in need. This includes participation in tabling events where educational materials and essential items such as pack and plays, are distributed to families facing resource barriers. These efforts reflect Reid Health's commitment to reducing infant sleep-related risks and supporting safe environments for every child.		
Safety Village Wayne County- Safety Village, located in Wayne County provides a safety camp for children during the summer. In 2023, 2024 and 2025, Reid Health provided bike helmets to be given to children during the bike safety lesson of camp.	During the assessment period of 2023-2025, hundreds of helmets were provided to children.	Yes	Provide more education for families on available resources Strengthen children's programming and family engagement

<p>Shoes for Kids- Reid Health's Shoes for Kids initiative partners with local schools and nonprofit organizations to provide new shoes to children in need. The program supports families both at the start of the school year and throughout the year, responding to evolving community needs. Serving Preble County in Ohio and Wayne, Fayette, and Randolph counties in Indiana, Shoes for Kids helps ensure that children have access to essential footwear, promoting comfort, confidence, and readiness to learn. Reid Health partners with organizations who provide other resources to families in addition to shoes, to ensure their basic needs are being met.</p>	<p>During the assessment period of 2023-2025, over 8,000 pairs of shoes have been distributed to children in need. Through the Shoes for Kids initiative, Reid Health deepened and established meaningful partnerships with a diverse group of community organizations, including Communities In Schools of Wayne County, Boys and Girls Club of Wayne County, Girls Inc. of Wayne County, Townsend Community Center, Randolph Eastern Schools, Heart to Sole Ministries, Fayette County Schools, and The Common Good of Preble County. These collaborations have been instrumental in expanding the program's reach and ensuring that children across multiple counties receive the support they need.</p>	<p>Yes</p>	<p>Provide more education for families on available resources Strengthen children's programming and family engagement Expand existing programs that support family resiliency</p>
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<p>Third Grade Reading Academy- This is an initiative facilitated by Richmond Community Schools, Every Child Can Read, and Third Grade Reading Academy. This is a summer program for students that are performing below grade level in reading at the end of their second-grade school year. This program provides them with remedial reading instruction in order to increase their skills and increase their ability to pass the standardized reading test administered to all third graders. A passing grade is required for them to move on to the next grade level. Reid Health provided meal support in 2023.</p>	<p>150 kids were served by this program.</p>	<p>Yes</p>	<p>Strengthen children's programming and family engagement Expand existing programs that support family resiliency Increase access to fresh and nutritious foods</p>
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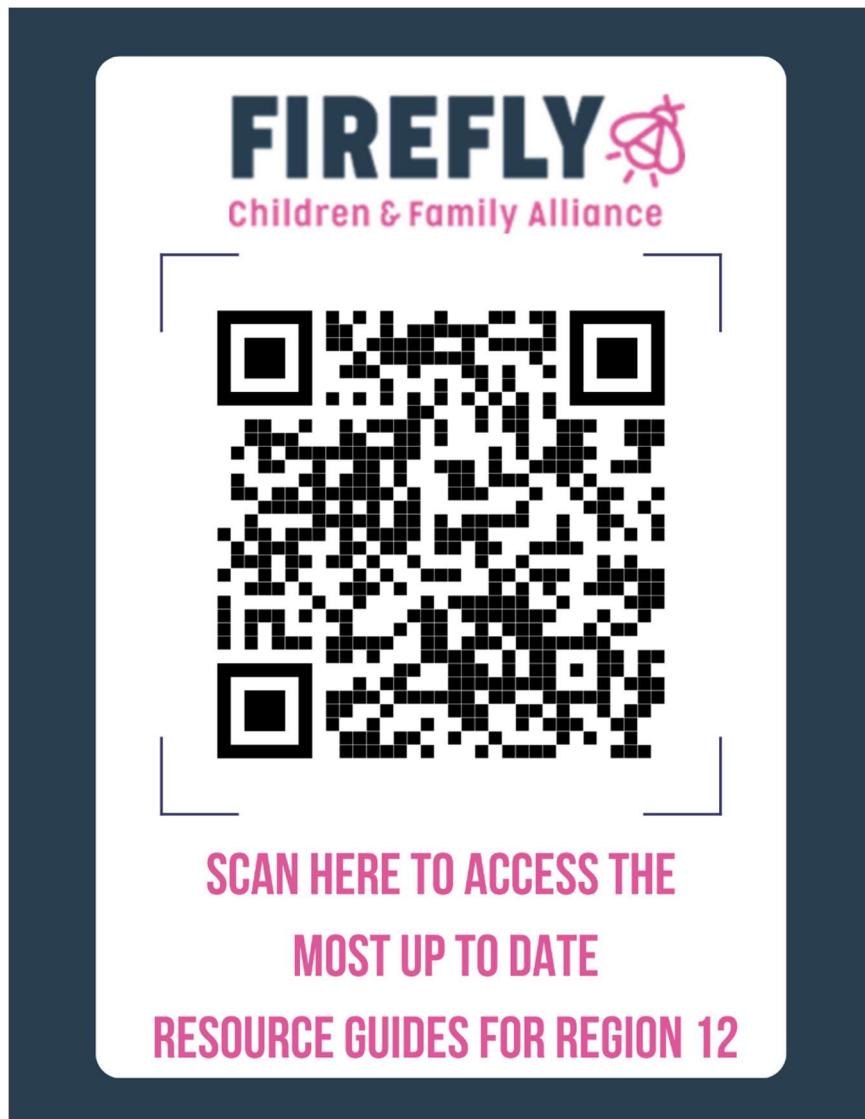
Other: Community Health Partnership

Activities Implemented	Results	Implementation Plan	Implementation Plan Strategy
<p>Health First Indiana Partnership with Wayne County Health Department and Reid Health- In 2024, Reid Health and the Wayne County Health Department launched a collaborative initiative to enhance the state of Indiana's core public health efforts across Wayne County. Central to this partnership was the creation of Reid Health's Community Health program, designed to connect individuals and organizations with vital health education, resources, and support. The Community Health program has made a measurable impact impacting the core public health services of chronic disease prevention and education, trauma and injury prevention and smoking and vaping prevention and cessation. Naturally, these efforts aligned with the following Reid Health prioritized health needs: Physical Activity, Nutrition, and Weight: Through mobile outreach, Community Health Workers</p>	<p>By meeting people where they are at community events, schools, or local organizations, the CHW program has expanded access to health information and empowered residents to take proactive steps toward healthier lives. The program has also further developed and strengthened relationships with several nonprofit partners and organizations who use Community Health as a resource to serve those engaged in their programs. From January 2025-July2025, Community Health had 8,926 unique encounters and provided 12, 773 services in Wayne County.</p>	<p>Yes</p>	<p>Provide more education for families on available resources Increase engagement among pregnant mothers through collaborative programs Strengthen children's programming and family engagement Expand existing programs that support family resiliency Promote current resources and programs that support physical activity Increase access to fresh and nutritious foods Encourage healthy eating and cooking Encourage organizational partnerships that support physical activity, nutrition and weight</p>

(CHWs) deliver presentations and distribute tangible items that promote healthy eating, physical fitness, and chronic disease prevention, including heart disease, high blood pressure, diabetes, cancer, and obesity. Maternal, Infant, and Children's Health: CHWs provide hands-on education and safety resources focused on car seat safety, safe sleep practices, fall prevention, bicycle safety, and distracted driving, supporting the health and well-being of families and children.

Appendix E. Community Resources

Below is a resource guide developed and maintained by Firefly Children and Family Alliance. Scan the QR code to receive the most up to date resource information.



COMMUNITY HEALTH NEEDS ASSESSMENT

