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For comments or questions about this report, please contact
St. Vincent Community Development & Health Improvement:
CommunityDevelopment@stvincent.org

PRODUCED BY HEALTHY COMMUNITIES INSTITUTE, OCTOBER 2015
WWW.HEALTHYCOMMUNITIES.COM
Executive Summary

As part of St. Vincent Health’s 2016 Community Benefit efforts, St. Vincent Frankfort Hospital is pleased to present the 2016 Community Health Needs Assessment (CHNA). As federally required by the Affordable Care Act, this report provides an overview of the methods and process used to identify and prioritize significant health needs in Clinton County, Indiana. St. Vincent Health contracted Healthy Communities Institute (HCI) to help facilitate their system-wide CHNA work and document all efforts into the 2016 reports for each hospital.

DEMOGRAPHICS

According to the 2015 County Health Rankings, Clinton County ranks 53rd out of 92 Indiana counties. Clinton County demographics are similar but slightly more diverse than the overall Indiana state population. Approximately 15% of Clinton County residents are Hispanic or Latino, compared with only 6.7% in Indiana state, and 11.8% of Clinton County residents speak Spanish at home. The median household income is on par with the state at about $49,000 annually, and roughly 11% of Clinton county families are living in poverty, which is slightly lower than the state. HCI’s SocioNeeds® index identified the zip code of 46041 as having the greatest socioeconomic need.

IDENTIFYING COMMUNITY HEALTH NEEDS – METHODOLOGY

SECONDARY DATA

The secondary data used in this assessment was obtained and analyzed from the St. Vincent Health Community Dashboard (http://www.stvincent.org/chna), which includes a comprehensive dashboard of over 100 community health and quality of life indicators covering over 20 topic areas. Indicator values for Clinton County were compared to other counties in Indiana and nationwide to score health topics and compare relative areas of need. Other considerations for health areas of need included trends over time, Healthy People 2020 targets, and disparities by gender and race/ethnicity.

PRIMARY DATA – COMMUNITY INPUT

The needs assessment was further informed by interviews with community members who have a fundamental understanding of Clinton County’s health needs and represent the broad interests of the community. Six key informants provided valuable input on the county’s health challenges, the sub-populations most in need, and existing resources for county residents.

SIGNIFICANT COMMUNITY HEALTH NEEDS

Primary and secondary data were evaluated and synthesized to identify the significant community health needs in Clinton County. These needs span the following topic areas and are often inter-related:

<table>
<thead>
<tr>
<th>Access to Health Services</th>
<th>Children’s Health</th>
<th>Exercise, Nutrition, &amp; Weight</th>
<th>Maternal, Infant, &amp; Fetal Health</th>
<th>Substance Abuse</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancer</td>
<td>Education</td>
<td>Kidney &amp; Urinary Tract Diseases</td>
<td>Prevention &amp; Safety</td>
<td>Transportation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Transportation</th>
<th>Prevention &amp; Safety</th>
<th>Kidney &amp; Urinary Tract Diseases</th>
<th>Exercise, Nutrition, &amp; Weight</th>
<th>Children’s Health</th>
<th>Cancer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Substance Abuse</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
PRIORITY PROCESS & PRIORITY NEEDS

St. Vincent Frankfort Hospital called together hospital decision makers and community leaders to prioritize the significant community health needs of Clinton County considering several criteria: alignment with Ascension Health strategies of healthcare that leaves no one behind and cares for the poor and vulnerable; opportunities for partnership; availability of existing programs and resources; addressing disparities of subgroups; availability of evidence-based practices; and community input. The following five health and/or quality of life topics were selected as the top priorities:

<table>
<thead>
<tr>
<th>Access to Health Services</th>
<th>Maternal, Fetal, &amp; Infant Health</th>
<th>Substance Abuse</th>
<th>Transportation</th>
<th>Education</th>
</tr>
</thead>
</table>

CONCLUSION

This report describes the process and findings of a comprehensive health needs assessment for the residents of Clinton County, Indiana. The prioritization of the identified significant health needs will guide the community health improvement efforts of St. Vincent Frankfort Hospital. From this process, St. Vincent Frankfort will outline how they will address the top five prioritized health needs in their Implementation Strategy.

NOTE TO THE READER

Your feedback is welcomed and encouraged. Please send any feedback and/or comments about this report to: CommunityDevelopment@stvincent.org.
Introduction

ABOUT ST. VINCENT HEALTH
St. Vincent Health has been serving their Indiana communities for over 130 years. As a member of Ascension Health, the largest Catholic healthcare system in the country, the St. Vincent mission is to care for the body, mind and spirit of those in need, regardless of personal means or religious affiliation.

St. Vincent is dedicated to providing spiritually centered, holistic care, that sustains and furthers both individual and community health - with 22 health ministries serving 57 counties in Central and Southern Indiana.

ABOUT ST. VINCENT FRANKFORT HOSPITAL
St. Vincent Frankfort is a hospital that has been serving Clinton County as part of the St. Vincent Health and Ascension Health family since 2000. As a nonprofit hospital, St. Vincent Frankfort is dedicated to improving the health of Clinton County residents, with special attention to the poor and vulnerable. St. Vincent Frankfort Hospital is located in Frankfort, Indiana, and serves Clinton and contiguous counties, in Northwest Central Indiana.

ABOUT HEALTHY COMMUNITIES INSTITUTE
Healthy Communities Institute, now part of Midas+, a Xerox Company, was retained by St. Vincent Health to conduct the 2016 Community Health Needs Assessment (CHNA) for 11 of their service areas, and to author the subsequent CHNA reports for each service area.

Based in Berkeley, California, HCI provides customizable, web-based information systems that offer a full range of tools and content to improve community health, and developed St. Vincent Community Health Needs Assessment Platform. The organization is composed of public health professionals and health IT experts committed to meeting clients’ health improvement goals.

To learn more about Healthy Communities Institute please visit www.HealthyCommunitiesInstitute.com.

Service Area
St. Vincent Frankfort Hospital is located in Frankfort, Indiana. St. Vincent Frankfort serves Clinton and contiguous counties, in Northwest Central Indiana. Clinton is a rural county with an estimated population of 32,800 and, according to the 2015 County Health Rankings, ranks 53rd out of 92 Indiana counties for overall health. The most common industry in Clinton County is manufacturing.

Demographics
The demographics of a community significantly affect its health profile. Different race/ethnic, age, and socioeconomic groups may have unique needs and require varied approaches to health improvement efforts. All estimates are sourced from the 2015 Nielsen Claritas data unless otherwise indicated.
POPULATION

Clinton County has a population of 32,800. Figure 1 shows the population count by zip code, with St. Vincent Frankfort Hospital being located in Clinton County’s zip code with the highest population count.

RACE/ETHNICITY

Clinton County’s population is slightly more homogenous than that of the statewide population, with 89 percent of the population being of white race and less than 1 percent of African American and Asian races. However, Clinton County has a larger Hispanic presence than Indiana state, with 15.3 percent Hispanic/Latino ethnicity in Clinton County compared to 6.7 percent statewide.

AGE

As shown in Figure 2, the age distribution of Clinton County is quite similar to the rest of Indiana with the exception of some minor differences. Proportionally, there are slightly more children aged 0-17 years old, less young adults aged 18-24 years old, and there are slightly more adults who are 65 and older when compared to Indiana state. The proportion of adults aged 25-65 are approximately the same between the county and state.

ECONOMY

INCOME

The median household income of Clinton County is $49,249, which is approximately the same as Indiana as a whole. However, at a more granular level, there are variations in income levels among Clinton County zip codes. In Figure 3, Frankfort City (Zip Code 46041) is shown as having the lowest median household income when compared to other zip codes. The zip code highlighted in gray on the map has the highest income levels.
POVERTY

As shown in Figure 4, the family poverty rates in Clinton County are similar to the rest of the state. But there appear to be slightly fewer families with and without children living below the poverty line in the county than Indiana state by a difference of about 1 percent.

UNEMPLOYMENT

The unemployment rate in Clinton County ranges from 5.2% to 12% among the county’s zip codes, with an overall county value of 9.6%. The map in Figure 5 shows zip codes 46041, 46039, and 46050 as having the highest unemployment rates in the county. At 11.2%, Clinton males have a higher unemployment rate than the county overall, state, and females in both the county and state (see Figure 6). The unemployment disparity between males and females is much larger within Clinton County than within the state as a whole.
EDUCATION

In the chart under Figure 7, high school degree attainment in the adult population among Clinton County residents is similar to the state, but bachelor degree attainment in the county is about 10 percent lower than the state overall.

Figures 8 and 9 show maps of High School Degree or Higher and Bachelor’s Degree or higher by zip code for the 25 years and older population of Clinton County. Zip code 46041 (Frankfort) has the lowest high school degree attainment within the county. Zip code 46035 (Colfax) is the area of Clinton County with the lowest bachelor’s degree attainment.
TRANSPORTATION

The area covered by Zip Code 46041 (Frankfort City) has the highest percentages of households without a vehicle when compared to other Clinton County zip codes. Residents living on the outskirts of Frankfort City without a household car may be more likely to experience difficulties in accessing services provided by St. Vincent Frankfort Hospital.
Preceding CHNA Efforts & Progress

The CHNA process should be viewed as a 3-year cycle (Figure 11). An important piece of that cycle is revisiting the progress made on priority health topics set forth in the preceding CHNA. By reviewing the actions taken to address a priority health issue and evaluating the impact those actions have made in the community, it is possible to better target your resources and efforts during your next round of the CHNA cycle.

PRIORITY HEALTH TOPICS IN PRECEDING CHNA

St. Vincent Frankfort’s priority health topics for FY 14-16 were:

- Tobacco Use
- Obesity
- Drug Use & Abuse
- Access to Healthcare
- Dental Services
- Educational Attainment
- Teen Pregnancy
- Mental Health

Each of the above health topics correlates fairly well to the priority health topics selected for the current CHNA (detailed below), thus St. Vincent Frankfort will be building upon efforts of previous years. A detailed table describing the strategies/action steps and indicators of success for each of the preceding priority health topics can be found in Appendix A.

COMMUNITY FEEDBACK ON PRECEDING CHNA & IMPLEMENTATION PLAN

St. Vincent Frankfort’s preceding CHNA was made available to the public via the website: stvincent.org. To collect comments or feedback on the report, a special email address was created: CommunityDevelopment@stvincent.org. No comments had been received on the preceding CHNA at the time this report was being written.
Identifying Significant Community Health Needs: Methodology

Significant community health needs for Clinton County were determined using a combination of secondary and primary data (community input).

SECONDARY DATA

OVERVIEW

Secondary data used for this assessment were collected and analyzed with the St. Vincent Community Dashboard (http://stvincent.org/chna/), a web-based community health data platform developed by Healthy Communities Institute and sponsored by St. Vincent. The community dashboard brings non-biased data, local resources and a wealth of information to one accessible, user-friendly location. It includes a comprehensive dashboard of over 100 community indicators covering over 20 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 was used to systematically summarize multiple comparisons across the Community Dashboard to rank indicators based on highest need. For each indicator, the community value was compared to a distribution of Indiana and US counties, state and national values, Healthy People 2020 and significant trends were noted. 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. These indicators were grouped into topic areas for a higher level ranking of community health needs. More detailed methodology used by the Data Scoring Tool is described in Appendix B: Secondary Data Analysis.

Figure 12. HCI Data Scoring

- Quantitatively score all possible comparisons
- Summarize comparison scores for each indicator
- Summarize indicator scores by topic area

Score range:

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

Good: 0

Bad: 3
Please note that the most recent period of measure was used for all secondary data presented in this report (as publicly available on January 20, 2015).

ANALYZING DISPARITIES

Outside of topic area scoring, a separate analysis was conducted to determine if disparities exist among subpopulations within Clinton County. If age, gender, or race/ethnicity specific values were available, the indicator was evaluated for the presence of substantial disparities. For details on the methods used to analyze disparities, please see Appendix B: Secondary Data Analysis.

IDENTIFYING GEOGRAPHIC AREAS OF HIGHEST NEED

The SocioNeeds Index®—developed by Healthy Communities Institute and available on the St. Vincent health data platform—is a tool used to help determine which communities of Clinton County are in most need of services and interventions. The Index summarizes multiple socioeconomic indicators, ranging from poverty to education, which may affect health or access to care. All zip codes in the United States are given an Index value from 0 (low need) to 100 (high need). Within Clinton County, zip codes are ranked based on their Index value. These ranks are used to identify the relative level of need within the county.

Table 1. Quality of Life and Health Topics

<table>
<thead>
<tr>
<th>Quality of Life</th>
<th>Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>Economy</td>
<td>Access to Health Services</td>
</tr>
<tr>
<td>Education</td>
<td>Cancer</td>
</tr>
<tr>
<td>Environment</td>
<td>Children’s Health</td>
</tr>
<tr>
<td>Public Safety</td>
<td>Diabetes</td>
</tr>
<tr>
<td>Social Environment</td>
<td>Exercise, Nutrition, &amp; Weight</td>
</tr>
<tr>
<td>Transportation</td>
<td>Heart Disease &amp; Stroke</td>
</tr>
<tr>
<td></td>
<td>Immunization &amp; Infectious</td>
</tr>
<tr>
<td></td>
<td>Diseases</td>
</tr>
<tr>
<td></td>
<td>Kidney &amp; Urinary Tract Diseases</td>
</tr>
<tr>
<td></td>
<td>Maternal, Fetal &amp; Infant Health</td>
</tr>
<tr>
<td></td>
<td>Men’s Health</td>
</tr>
<tr>
<td></td>
<td>Mental Health &amp; Mental Disorders</td>
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<tr>
<td></td>
<td>Older Adults &amp; Aging</td>
</tr>
<tr>
<td></td>
<td>Prevention &amp; Safety</td>
</tr>
<tr>
<td></td>
<td>Respiratory Diseases</td>
</tr>
<tr>
<td></td>
<td>Substance Abuse</td>
</tr>
<tr>
<td></td>
<td>Women’s Health</td>
</tr>
<tr>
<td></td>
<td>Wellness &amp; Lifestyle</td>
</tr>
</tbody>
</table>

Indicators were categorized into 23 topic areas, which were further classified as a quality of life or health topic.
To expand upon the information gathered from the secondary data, Healthy Communities Institute conducted key informant interviews to collect community input. Interviewees who were asked to participate were recognized as having expertise in public health, special knowledge of community health needs and/or represented the broad interest of the community served by the hospital, and/or could speak to the needs of medically underserved or vulnerable populations. Eleven organizations were contacted for the service area, and six individuals from five organizations agreed to participate and scheduled an interview. The following organizations were contacted to provide community input through key informant interviews with HCI. Those in bold were able to provide an interview:

- Area Health Education Program
- Boys & Girls Club
- Clinton County Council
- Clinton County Head Start
- Clinton County Health Department
- Clinton County Minority Health Coalition
- Clinton County WIC Program
- Clinton County YMCA
- Community Howard Regional Mental Health
- Community Schools of Frankfort
- St. Vincent Frankfort Hospital

Interviews were conducted during the months of February to April 2015 by telephone and ranged from 17-40 minutes in length. During the interview, questions were asked to learn about the interviewee’s background and organization, biggest health needs and barriers of concern in the community, as well as the impact of health issues on vulnerable populations. A list of the questions asked during the interviews can be found in Appendix C.

Each interview included both an interviewer and a note taker from HCI, so much of the conversation was captured verbatim. Notes taken during the interviews were uploaded to a summary qualitative data analysis tool, TagCrowd.com, to create a word cloud. Word clouds help to identify the words or phrases mentioned most often in the interviews, and appear in the largest and darkest font in Figure 14 below.

Figure 14. Primary Data Word Cloud
The word cloud was used to get an initial sense of the major issues in the community. The interview notes were also uploaded to the web application Dedoose, a qualitative data analysis software. Using the major issues from the word cloud, themes from the interview questions (such as needs, barriers and advice), and secondary data health and quality of life topics, a code list was created. Interview notes were coded using this list, which allows for comparison and inclusion of the primary data with the secondary data throughout the report. Input from key informants is included in each relevant topic area. The code cloud below, Figure 15, was created from the key informant interview transcripts, where the size and darkness of the words reflect the relative number of times the word appeared. The figure provides an overall picture of the themes that were most prominent in the community input.

**Figure 15. Primary Data Code Cloud**

![Primary Data Code Cloud](image)

**Significant Community Health Needs Assessment Findings**

The secondary data summary and key informant interview findings are presented together to capture a more holistic assessment of health needs in Clinton County. Quality of life topics are presented first, as they are key to understanding the barriers to health in the community. Furthermore, the availability of socioeconomic data for specific sub-populations and sub-county geographies provides a framework for identifying the populations most vulnerable to the poor health outcomes identified.

**GEOGRAPHICAL AREAS OF HIGHEST NEED**

Social and economic factors are well known to be strong determinants of health outcomes. The HCI SocioNeeds Index® summarizes multiple socioeconomic indicators, ranging from poverty to education, which may affect health.
or access to care. All zip codes in the United States are given an Index value from 0 (low need) to 100 (high need). Within Clinton County, zip codes are ranked based on their Index value (see Table 2). These ranks are used to identify the relative level of need within the county.

Geographically, there are parts of Clinton County for which quality of life issues are of greater concern (Figure 16). The Index shows that zip code 46041 (Frankfort City) is the community with the highest socioeconomic need within Clinton County and residents in this area are more likely to be affected by poor health outcomes.

**QUALITY OF LIFE FINDINGS**

Socioeconomic indicators across the quality of life topic areas point to multiple barriers to health, and the effect of these drivers was noted in both the secondary data and key informant interviews – specifically around education and transportation (Table 3). Clinton is a large, rural county with limited public transportation, which can be a barrier to accessing services. Additionally, one key informant cited the limited funding available to support Hispanic and ESL students and stated Frankfort city schools have “considerably declined in the last five years.”

**HEALTH NEEDS FINDINGS**

The outcomes of the primary and secondary data analysis were combined to identify the significant community needs in Clinton County. The analysis revealed that there were significant needs across the majority of the topic areas considered.

**Table 2. HCl SocioNeeds Index® Values & Rankings by Zip Code, Clinton County**

<table>
<thead>
<tr>
<th>Zip Code</th>
<th>Index</th>
<th>Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>46041</td>
<td>70.1</td>
<td>5</td>
</tr>
<tr>
<td>46050</td>
<td>49.4</td>
<td>4</td>
</tr>
<tr>
<td>46058</td>
<td>43.9</td>
<td>4</td>
</tr>
<tr>
<td>46035</td>
<td>41.4</td>
<td>4</td>
</tr>
<tr>
<td>46057</td>
<td>34.4</td>
<td>3</td>
</tr>
<tr>
<td>46039</td>
<td>26.9</td>
<td>2</td>
</tr>
<tr>
<td>46065</td>
<td>24.8</td>
<td>1</td>
</tr>
</tbody>
</table>

**Table 3. Quality of Life Topics**

<table>
<thead>
<tr>
<th>Topic</th>
<th>Score</th>
<th>Community Input</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education</td>
<td>1.59</td>
<td><img src="human-icon.png" alt="human-icon" /></td>
</tr>
<tr>
<td>Social Environment</td>
<td>1.50</td>
<td><img src="human-icon.png" alt="human-icon" /></td>
</tr>
<tr>
<td>Environment</td>
<td>1.48</td>
<td><img src="human-icon.png" alt="human-icon" /></td>
</tr>
<tr>
<td>Transportation</td>
<td>1.43</td>
<td><img src="human-icon.png" alt="human-icon" /></td>
</tr>
<tr>
<td>Public Safety</td>
<td>1.39</td>
<td><img src="human-icon.png" alt="human-icon" /></td>
</tr>
<tr>
<td>Economy</td>
<td>1.33</td>
<td><img src="human-icon.png" alt="human-icon" /></td>
</tr>
</tbody>
</table>

**Key Informant Total:** ![human-icon](human-icon.png)
Table 4 briefly summarizes the findings by topic area, where topics are sorted by secondary data summary score range, areas are identified with a high disparity score by category, and the number of times the area was identified as a top need by a key informant. Some topic areas which did not score high or did not have a score in the secondary data summary were identified as a top need by key informants, underlining the importance of considering both quantitative data and community input when assessing health issues.

Table 4. Health Topics

<table>
<thead>
<tr>
<th>Disparities</th>
<th>Topic</th>
<th>Score</th>
<th>Community Input</th>
</tr>
</thead>
<tbody>
<tr>
<td>G</td>
<td>Kidney &amp; Urinary Tract Diseases</td>
<td>2.05</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Access to Health Services</td>
<td>1.99</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Maternal, Fetal, &amp; Infant Health</td>
<td>1.97</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Prevention &amp; Safety</td>
<td>1.89</td>
<td></td>
</tr>
<tr>
<td>G</td>
<td>Cancer</td>
<td>1.68</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mental Health &amp; Mental Disorders</td>
<td>1.67</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Men’s Health</td>
<td>1.67</td>
<td></td>
</tr>
<tr>
<td>G</td>
<td>Diabetes</td>
<td>1.62</td>
<td></td>
</tr>
<tr>
<td>G</td>
<td>Respiratory Diseases</td>
<td>1.59</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Heart Disease &amp; Stroke</td>
<td>1.58</td>
<td></td>
</tr>
<tr>
<td>G</td>
<td>Substance Abuse</td>
<td>1.51</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Children’s Health</td>
<td>1.46</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Wellness &amp; Lifestyle</td>
<td>1.39</td>
<td></td>
</tr>
<tr>
<td>G</td>
<td>Exercise, Nutrition, &amp; Weight</td>
<td>1.35</td>
<td></td>
</tr>
</tbody>
</table>
The graph in Figure 17 below provides an overall synthesis of the primary and secondary data for all quality of life and health topics available for Clinton County analysis. The X-axis demonstrates the evidence of need based on secondary data scores, and the Y-axis displays evidence of need based on the percentage of key informants indicating the topic as a health concern. The size of the circles provides another level of evidence—larger circles indicate more indicators were available for that secondary data topic.

Figure 17. Secondary and Primary Data Synthesis
Taking the information displayed in the above graph to a broader view of the health needs of Clinton County based on the rigorous secondary data analysis and rich community input that was synthesized, the Venn diagram below shows a strong evidence of need in both primary and secondary data, as well as areas with weak evidence. The diagram includes:

**Strong Evidence of Need in Primary Data**
- Children’s Health
- Exercise, Nutrition, & Weight
- Transportation
- Access to Health Services
- Maternal, Fetal, & Infant Health
- Substance Abuse

**Strong Evidence of Need in Secondary Data**
- Kidney & Urinary Tract Diseases
- Prevention & Safety
- Cancer
- Men’s Health
- Mental Health & Mental Disorders
- Diabetes
- Respiratory Diseases
- Heart Disease & Stroke
- Education
- Social Environment

**Weak Evidence of Need in Primary and Secondary Data**
- Environment, Public Safety, Wellness & Lifestyle, Economy, Environmental & Occupational Health, Older Adults & Aging, Immunizations & Infectious Diseases, Women’s Health
**SIGNIFICANT HEALTH NEEDS**

The list of health needs in Table 5 below highlights the most significant health needs based on the analysis and synthesis of the primary and secondary data. This list represents 10 of the most pressing health and quality of life topics to be considered for the prioritization process.

Table 5. Significant Health and Quality of Life Topics for Prioritization

<table>
<thead>
<tr>
<th>Topic Score</th>
<th>Secondary Data</th>
<th>Primary Data</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Top 5 Health Needs/Concerns from Secondary Data</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.05</td>
<td>Kidney &amp; Urinary Tract Diseases</td>
<td>Females have ↑ ER rates due to urinary tract infections</td>
</tr>
<tr>
<td>1.99</td>
<td>Access to Health Services</td>
<td>Need more healthcare providers and services. There’s a strong mistrust and fear of health care system among immigrant population. Population has high utilization of ER instead of preventive care.</td>
</tr>
<tr>
<td>1.97</td>
<td>Maternal, Fetal, &amp; Infant Health</td>
<td>High rates of teen pregnancy and infant mortality. There are issues with prenatal and early infant health care.</td>
</tr>
<tr>
<td>1.89</td>
<td>Prevention &amp; Safety</td>
<td>N/a, not mentioned as a top health need/concern during community input process</td>
</tr>
<tr>
<td>1.68</td>
<td>Cancer</td>
<td>Men have ↑ lung &amp; bronchus cancer incidence rates</td>
</tr>
<tr>
<td><strong>Top Quality of Life</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.59</td>
<td>Education</td>
<td>The education system has been declining in recent years. There’s not enough funding to support ESL and Hispanic students in schools.</td>
</tr>
<tr>
<td><strong>Top 4 Needs/Concerns from Community Input</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td>Topic</td>
<td>Description</td>
</tr>
<tr>
<td>------</td>
<td>------------------------------</td>
<td>------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>1.51</td>
<td>Substance Abuse</td>
<td>Males have ↑ ER rates due to alcohol abuse</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Drug abuse is high and there are a lack of options for treatment. Prescription drug abuse and tobacco additions are big problems in County.</td>
</tr>
<tr>
<td>1.46</td>
<td>Children’s Health</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Concerns with childhood obesity and related long-term health problems, including self-esteem issues. Many children living in poverty are lacking quality health care.</td>
</tr>
<tr>
<td>1.43</td>
<td>Transportation</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>There's a lack of public or low-cost transportation options. The rural setting makes it difficult for population to access health care out of the city.</td>
</tr>
<tr>
<td>1.35</td>
<td>Exercise, Nutrition, &amp; Weight</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Concerns with obesity and lack of education about affordable, healthy food options. There aren't enough safe sidewalks or walking options.</td>
</tr>
</tbody>
</table>
Prioritization of Top Health Needs

To better target community resources on Clinton County’s most pressing health needs, St. Vincent Frankfort participated in a group discussion facilitated by HCI to hone in on up to five health needs. Those health needs will be under consideration for the development of an implementation plan that will address some of the community’s most pressing health issues.

PRIORITIZATION SESSION PARTICIPANTS

- Annette Loveless, St. Vincent Frankfort, Executive Assistant
- Nicole Kowalski, RUH/St. Vincent Medical Group, Health Access Manager
- Kristi Bledsoe, St. Vincent Frankfort, Interim CEO/ CNO
- Gloria last name?, St. Vincent Frankfort, Board Chair
- Lorra Archibald, HCCCC, Director of Operations
- Carmen DeBruler, Healthy Communities, Prenatal Programs Coordination
- Carol Price, Healthy Communities, Executive Director
- Jean Catron, St. Vincent Frankfort, Pt. Education
- Krista Wright, St. Vincent Frankfort, Director of Human Resources
- Evan Frick, St. Vincent Medical Group, Manager of Practice Operations
- Melinda Grismer, Purdue Extension, Extension Director
- Ginny Murphy, St. Vincent Health Frankfort, ER RN

PRIORITIZATION PROCESS

On July 23, 2015, the above participants convened at St. Vincent Frankfort to review and discuss the results of HCI’s primary and secondary data analysis leading to the preliminary top 10 significant health needs highlighted in Table 5 above. From there, participants utilized a prioritization toolkit (Appendix D) to examine how well each of the 10 significant health needs met the criteria set forth by St. Vincent. The criteria for prioritization can be seen in Figure 19 below:

Figure 19: St. Vincent System-Wide Criteria for Prioritization

- Alignment with Ascension Health Strategies – *Healthcare that Leaves No One Behind & Care for the Poor & Vulnerable*
- Community Input
- Opportunity for Partnership
- Availability of Existing Resources or Programs
- Availability of Evidence-Based Practices
- Addresses Disparities of Sub-Groups
Completion of the prioritization toolkit in Appendix D allowed participants to arrive at numerical scores for each health topic that correlated to how well each health topic met the St. Vincent system-wide criteria for prioritization. Participants then ranked the top 10 health needs according to their topic scores, with the highest scoring health topics receiving the highest priority ranking. Participants were encouraged to use their own judgment and knowledge of their community in the event of a tie score. After completing their individual ranking of the 10 health needs, participants submitted their ranking into an online polling platform that collates the submissions and results in an aggregate ranking of the health needs. The aggregate ranking can be seen below in Figure 20.

As seen in the group ranking above, the top five health priorities for Clinton County to consider for subsequent implementation planning are:

- **Access to Health Services**
- **Maternal, Fetal, & Infant Health**
- **Substance Abuse**
- **Transportation**
- **Education**

These five health needs will be broken down in further detail below to understand how findings in the secondary data and community input led to each issue becoming a high priority health need for Clinton County.
Health Priorities for Clinton County

ACCESS TO HEALTH SERVICES

SECONDARY DATA FINDINGS

Access to Health Service’s Poorest Performing Indicators and Rankings

- Clinton County ranks in the worst quartile in Indiana and the US for both physician and non-physician primary care provider rates—while the state of Indiana has a rate of 65 physician primary care providers per 100,000 population and 49 per 100,000 for non-physician providers, Clinton County had only 30 physician and six non-physician primary care providers per 100,000 in 2013.

Since Access to Health Services made the initial shortlist for pressing health needs in Clinton County due to both community input and secondary data evidence, the indicators available in the secondary data for this topic are more poor performing compared to some other topics that were presented for consideration. Table 6 below shows all Access to Health Services indicators that contributed to the topic receiving an overall topic score of 1.99. The gauges illustrate how Clinton County is faring compared to the following six comparisons: the Indiana State Value, Indiana County Value, US Value, US Counties Value, HP2020 if a target is available, and the time trend score. A gauge in the green received a score of 0-1 (good), yellow a score of 1-2 (fair), and red a score of 3 (poor).

Table 6. Comparison Scores for Access to Health Services Indicators

<table>
<thead>
<tr>
<th>Access to Health Services</th>
<th>Topic Score 1.99</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indicator:</td>
<td>Clinton County Value</td>
</tr>
<tr>
<td>Non-Physician Primary Care Provider Rate a</td>
<td>6</td>
</tr>
<tr>
<td>Primary Care Provider Rate a</td>
<td>30</td>
</tr>
<tr>
<td>Children with Health Insurance</td>
<td>89.2%</td>
</tr>
<tr>
<td>Adults with Health Insurance</td>
<td>78.1%</td>
</tr>
<tr>
<td>Dentist Rate a</td>
<td>35</td>
</tr>
<tr>
<td>Clinical Care Ranking b</td>
<td>66</td>
</tr>
</tbody>
</table>
Rates are expressed as the number of providers per 100,000 population

b From the County Health Rankings, this value is the Clinton County Ranking out of 92 total Indiana Counties

c Indicates the hospital discharge rate for ambulatory care-sensitive conditions (ACSC) per 1,000 Medicare enrollees

COMMUNITY INPUT

All six Key Informants cited Access to Health Services as a need for Clinton County.

The most pressing issues in regard to access to health services, as cited by key informants were a need for more healthcare providers and services; residents’ high utilization of ER services instead of engaging in preventive health care; and that the immigrant population in Clinton County had strong feelings of mistrust and fear toward the healthcare system as well as difficulty overcoming existing language barriers in the community.

Key informants also provided insight to the experiences of poor and vulnerable populations pertaining to accessing health services. The figure to the right includes some direct quotes from key informants regarding accessing health services in their community and the populations most affected.

Quotes from Key Informants

- “Getting quality, preventive health care is difficult when you are undocumented.”
- “Language barriers and potential community-held stigma and beliefs that may discourage Hispanic populations from seeking the care they need.”
- “[Clinton County has a] “large rural uneducated and unemployed poor white population that relies on the ER quite a bit.”
- “The access to health services and access to health improvement possibilities [among the low income] is poor.”
- “The main need is healthcare providers, and navigation services and additional social support are needed and would be greatly welcomed for the community.”
MATERNAL, FETAL, & INFANT HEALTH

SECONDARY DATA FINDINGS

Maternal, Fetal, & Infant Health’s Poorest Performing Indicators and Rankings

- Clinton County ranks in the worst quartile in Indiana and the US for **preterm births**— Approximately **12%** of Clinton County births occurred with **less than 37 weeks of completed gestation** in 2012, which was higher than the Indiana rate of **9.6%**.

- Clinton County also ranks in the worst quartile in the US for maternal smoking, as **21.2% of mothers smoked during pregnancy** in 2012, which is about **20%** higher that the Healthy People 2020 target that aims to lower the percentage of pregnant women who smoked to **1.4%**.

Similar to Access to Health Services, Maternal, Fetal, & Infant Health made the initial shortlist for pressing health needs in Clinton County due to both strong community input and secondary data evidence. Table 7 below shows all Maternal, Fetal, & Infant Health indicators that contributed to the topic receiving an overall topic score of 1.97. The gauges illustrate how Clinton County is faring compared to the following six comparisons: the Indiana State Value, Indiana County Value, US Value, US Counties Value, HP2020 if a target is available, and the time trend score.

**Table 7. Comparison Scores for Maternal, Fetal, & Infant Health Indicators**

<table>
<thead>
<tr>
<th>Indicator:</th>
<th>Clinton County Value</th>
<th>Indiana State Value</th>
<th>Indiana Counties</th>
<th>US Value</th>
<th>US Counties</th>
<th>HP2020 Benchmark</th>
<th>Time Trend Score</th>
<th>Total Indicator Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preterm Births</td>
<td>12%</td>
<td>9.6%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2.45</td>
</tr>
<tr>
<td>Mothers who Smoked During Pregnancy</td>
<td>21.1%</td>
<td>16.5%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2.30</td>
</tr>
<tr>
<td>Teen Birth Rate a</td>
<td>46.5</td>
<td>33</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2.25</td>
</tr>
<tr>
<td>Infant Mortality Rate b</td>
<td>7.6</td>
<td>7.5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2.05</td>
</tr>
<tr>
<td>Mothers who Received Early Prenatal Care</td>
<td>66.5%</td>
<td>68.4%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1.95</td>
</tr>
<tr>
<td>Babies with Low Birth Weight b</td>
<td>6.6%</td>
<td>7.9%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0.80</td>
</tr>
</tbody>
</table>

a Value expressed is the birth rate in live births per 1,000 females aged 15-19 years

b Value expressed is the number of deaths per 1,000 live births
COMMUNITY INPUT

Four out of six Key Informants cited Maternal, Fetal, & Infant Health as a need for Clinton County.

The most pressing issues in regard to maternal, fetal, and infant health, as cited by key informants were high teen pregnancy rates, high infant mortality, and issues with poor quality prenatal and early infant health care.

Key informants also provided insight to the experiences of poor and vulnerable populations pertaining to maternal, fetal, and infant health. The figure to the right includes some direct quotes from key informants regarding the health of mothers and infants in their community and the populations most affected.

SUBSTANCE ABUSE

SECONDARY DATA FINDINGS

Substance Abuse’s Poorest Performing Indicators and Rankings

- Clinton County ranks in the worst quartile in the US and Indiana counties for liquor store density—there were approximately 18.2 liquor stores in Clinton County per 100,000 population in 2012, which is higher than the Indiana average of 12.1 and US average of 10.3 liquor stores per 100,000.

Health Disparities for Substance Abuse

- Males have higher Emergency Room (ER) utilization rates due to alcohol abuse than females in Clinton County.

Substance Abuse was fairly commonly cited during the key informant interviews. The secondary data analysis may have generally illustrated a well-performing county in regard to substance abuse issues; however, key populations and specific problems were highlighted in both the secondary and primary data analysis as being issues, particularly liquor store density and maternal smoking during pregnancy. Table 8 below shows the Substance Abuse indicators that contributed to the topic receiving an overall topic score of 1.51. The gauges illustrate how Clinton County is faring compared to the following six comparisons: the Indiana State Value, Indiana County Value, US Value, US Counties Value, HP2020 if a target is available, and the time trend score.
<table>
<thead>
<tr>
<th>Substance Abuse</th>
<th>Topic Score 1.51</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Indicators</strong></td>
<td></td>
</tr>
<tr>
<td><em>Liquor Store Density</em>&lt;sup&gt;a&lt;/sup&gt;</td>
<td>2.85</td>
</tr>
<tr>
<td><em>Mothers who Smoked During Pregnancy</em></td>
<td>2.30</td>
</tr>
<tr>
<td><em>Age-Adjusted ER Rate due to Alcohol Abuse</em>&lt;sup&gt;b&lt;/sup&gt;</td>
<td>1.88</td>
</tr>
<tr>
<td><em>Death Rate due to Drug Poisoning</em>&lt;sup&gt;c&lt;/sup&gt;</td>
<td>1.78</td>
</tr>
<tr>
<td><em>Health Behaviors Ranking</em>&lt;sup&gt;d&lt;/sup&gt;</td>
<td>1.20</td>
</tr>
<tr>
<td><em>Age-Adjusted Hospitalization Rate due to Alcohol Abuse</em>&lt;sup&gt;e&lt;/sup&gt;</td>
<td>1.18</td>
</tr>
<tr>
<td><em>Alcohol-Impaired Driving Deaths</em></td>
<td>0.88</td>
</tr>
<tr>
<td><em>Adults who Drink Excessively</em></td>
<td>0.83</td>
</tr>
<tr>
<td><em>Adults who Smoke</em></td>
<td>0.73</td>
</tr>
</tbody>
</table>

<sup>a</sup> Value represents the number of stores per 100,000 population

<sup>b</sup> Value represents the number of ER visits per 10,000 population ages 18+

<sup>c</sup> Value represents the number of deaths per 100,000 population

<sup>d</sup> Value represents Clinton County’s rank out of 92 Indiana Counties

<sup>e</sup> Value represents the number of hospitalizations per 10,000 population ages 18+
COMMUNITY INPUT

Four out of six Key Informants cited Substance Abuse as a need for Clinton County.

Key themes from the informants indicate that drug abuse including heroin, meth, prescription drugs, and tobacco use is rampant, and there’s not much support of drug treatment options.

Key informants also provided insight to the experiences of poor and vulnerable populations pertaining to substance abuse. Young adult populations were specifically quoted as being more affected when it comes to substance abuse in Clinton County. The figure to the right includes some direct quotes from key informants regarding substance abuse in their community and the populations most affected.

Quotes from Key Informants

- “There’s a fair amount of drug use, both prescription types of medicine and other kinds—meth and crystal meth.”
- “There’s a very significant drug abuse problem, but not much in the way of support for drug treatment.”
- “The CVS in this county was one of the highest hydrocodone and oxycodone refills in the nation. They’re frequently out—lots of heroin overdose.”
- “Our ER population has an exceedingly high present smoking rate of 80%...these patients are frustrating because they tell me they can’t afford to see a dentist or purchase an inhaler, yet they are spending $170/month on cigarettes. Changing this doesn’t involve education; every patient I talk to about smoking knows that it is bad for them, they just don’t care or don’t want to change.”

TRANSPORTATION

SECONDARY DATA FINDINGS

Transportation’s Poorest Performing Indicators and Rankings

- Clinton County ranks in the worst quartile in the US and Indiana counties for workers commuting by public transportation — 0% of the population 16 years and older commuted via public transportation, compared with an average of 1.1% for Indiana state.
- Clinton County also has an age-adjusted death rate due to motor vehicle traffic collisions of 20.6 deaths per 100,000 population, which is higher than the Indiana average of 11.3 and the Healthy People 2020 target of 12.4 deaths per 100,000.

Since the topic of transportation made the initial shortlist for pressing health needs in Clinton County due to community input evidence, the indicators available in the secondary data for this topic aren’t quite as poor performing compared to some other topics that were presented for consideration. Table 9 below shows the poorest performing transportation indicators that contributed to the topic receiving an overall topic score of 1.43. The gauges illustrate how Clinton County is faring compared to the following six comparisons: the Indiana State Value, Indiana County Value, US Value, US Counties Value, HP2020 if a target is available, and the time trend score.
### Table 9. Comparison Scores for Transportation Indicators

<table>
<thead>
<tr>
<th>Transportation</th>
<th>Clinton County Value</th>
<th>Indiana State Value</th>
<th>Indiana Counties Value</th>
<th>US Value</th>
<th>US Counties Value</th>
<th>HP2020 Benchmark</th>
<th>Time Trend Score</th>
<th>Total Indicator Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Workers Commuting by Public Transportation</td>
<td>0%</td>
<td>1.1%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2.70</td>
</tr>
<tr>
<td>Age-Adjusted Death Rate due to Motor Vehicle Traffic Collisions</td>
<td>20.6</td>
<td>11.3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2.20</td>
</tr>
<tr>
<td>Solo Drivers with a Long Commute</td>
<td>30.1%</td>
<td>29.8%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1.58</td>
</tr>
<tr>
<td>Workers who Drive Alone to Work</td>
<td>81.1%</td>
<td>83.1%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1.20</td>
</tr>
<tr>
<td>Mean Travel Time to Work a</td>
<td>22.1%</td>
<td>23.3%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1.10</td>
</tr>
<tr>
<td>Households with No Car and Low Access to a Grocery Store</td>
<td>1%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0.90</td>
</tr>
<tr>
<td>Households without a Vehicle</td>
<td>4.2%</td>
<td>6.7%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0.35</td>
</tr>
</tbody>
</table>

*a Value expressed is time traveled in minutes*
COMMUNITY INPUT

Three out of six Key Informants cited Transportation as a need for Clinton County. Key themes from the informants indicate that transportation is a critical barrier to accessing doctors’ appointments and accessing services that are not offered in the county, and especially affects low-income populations.

Key informants also provided insight to the experiences of poor and vulnerable populations pertaining to transportation. Elderly populations and low-income families were specifically quoted as being more affected when it comes to the lack of transportation in Clinton County. The figure to the right includes some direct quotes from key informants regarding transportation in their community and the populations most affected.

Quotes from Key Informants

- “Transportation is a huge issue and should be taken into account.”
- “We don’t have anything in place to help out the low income population—no bus service or support. They either take a cab, walk, or get there [to health care appointments and other services] some other way.”
- “55% of the ER population is Medicaid or uninsured—difficulty getting the care that they need because of transportation and scheduling. Clinton County is fairly rural so transportation out of the city is very difficult.”

EDUCATION

SECONDARY DATA FINDINGS

Education’s Poorest Performing Indicators and Rankings

- Clinton County ranks in the worst quartile in the US and Indiana counties for people 25 years and older who have a bachelor’s degree or higher—Only 13% of Clinton County residents have completed this level of education, which is about 10% lower than the state of Indiana.

Education made the initial shortlist for Clinton County’s most pressing health needs due to strong secondary data evidence and was the poorest performing Quality of Life topic, particularly due to poor performance with educational attainment levels. Table 10 below shows the Education indicators that contributed to the topic receiving an overall topic score of 1.59. The gauges illustrate how Clinton County is faring compared to the following six comparisons: the Indiana State Value, Indiana County Value, US Value, US Counties Value, HP2020 if a target is available, and the time trend score.

Table 10. Comparison Scores for Education Indicators

<table>
<thead>
<tr>
<th>Education Indicator</th>
<th>Clinton County Value</th>
<th>Indiana State Value</th>
<th>Indiana Counties</th>
<th>US Value</th>
<th>US Counties</th>
<th>HP2020 Benchmark</th>
<th>Time Trend Score</th>
<th>Total Indicator Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>People 25+ with a</td>
<td>13%</td>
<td>23.2%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2.65</td>
</tr>
</tbody>
</table>
COMMUNITY INPUT

One out of six Key Informants cited Education as a need for Clinton County.

Key themes from the interviews with community members indicate that the education system and quality of teachers in Clinton County is declining, and there is not enough proper allocation of funding to Hispanic and ESL students who need extra support.

The key informant citing Education as a concern also provided insight to the experiences of poor and vulnerable populations pertaining to education quality and access. The figure to the right includes some direct quotes from the key informant.

Quotes from Key Informants

- “Another challenge includes the education system, particularly in the city of Frankfort, which has considerably declined in the past five years.”
- “The city school has a much higher proportion of Hispanic and ESL students, which caused the school to score low on standardized testing. Instead of logically placing funding toward these needs, they are taking away funding from these needy communities.”

Bachelor’s Degree or Higher

<table>
<thead>
<tr>
<th>4th Graders Proficient in English</th>
<th>79.8%</th>
<th>84.5%</th>
<th>1.88</th>
</tr>
</thead>
<tbody>
<tr>
<td>4th Graders Proficient in Math</td>
<td>78.7%</td>
<td>84.5%</td>
<td>1.88</td>
</tr>
<tr>
<td>People 25+ with a H.S. Degree or Higher</td>
<td>84.7%</td>
<td>87.2%</td>
<td>1.55</td>
</tr>
<tr>
<td>Student-to-Teacher Ratio a</td>
<td>15.8</td>
<td>17.2</td>
<td>1.43</td>
</tr>
<tr>
<td>8th Graders Proficient in English</td>
<td>75.6%</td>
<td>75.9%</td>
<td>1.23</td>
</tr>
<tr>
<td>8th Graders Proficient in Math</td>
<td>82.8%</td>
<td>81.8%</td>
<td>1.23</td>
</tr>
<tr>
<td>High School Graduation</td>
<td>91.5%</td>
<td>88.9%</td>
<td>0.88</td>
</tr>
</tbody>
</table>

a Value expressed is the average number of public school students per teacher in Clinton County
OTHER SIGNIFICANT COMMUNITY HEALTH NEEDS

As part of the community health needs assessment process, the primary and secondary data analysis identified additional significant community health needs (Table 11). While these health needs have not been prioritized for this CHNA cycle, St. Vincent Frankfort and other community partners will continue to work hard to address the following issues:

- Kidney & Urinary Tract Diseases
- Prevention & Safety
- Cancer
- Children’s Health
- Exercise, Nutrition, & Weight

Table 11. Other Significant Community Health Needs for Clinton County

<table>
<thead>
<tr>
<th>Health or Quality of Life Topic</th>
<th>Insights from Secondary Data</th>
<th>Insights from Primary Data/ Community Input</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Topic Score</td>
<td>Warning Indicators Contributing to Topic Score</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Score range: Good ⏳ Bad</td>
</tr>
<tr>
<td></td>
<td></td>
<td>0 = issue cited</td>
</tr>
<tr>
<td>Kidney &amp; Urinary Tract Diseases</td>
<td>2.05</td>
<td>Age-Adjusted Death Rate due to Kidney Disease 2.85</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Chronic Kidney Disease: Medicare Population 1.85</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Age-Adjusted ER Rate due to Urinary Tract Diseases 1.83</td>
</tr>
<tr>
<td>Prevention &amp; Safety</td>
<td>1.89</td>
<td>Age-Adjusted Death Rate due to Unintentional Injuries 2.60</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Death Rate due to Drug Poisoning 1.78</td>
</tr>
<tr>
<td>Cancer</td>
<td>1.68</td>
<td>Colorectal Cancer Incidence Rate 2.60</td>
</tr>
</tbody>
</table>
### conclusion

This community health needs assessment utilized a comprehensive set of secondary data indicators measuring the health and quality of life needs of Clinton County, Indiana, residents and was further informed with community input from knowledgeable persons representing the broad interests of the community. The prioritization of the identified health needs will guide the community health improvement efforts of St. Vincent Frankfort Hospital. From this process, Frankfort Hospital will outline how they plan to address their prioritized health needs of Access to Health Services, Maternal, Fetal, & Infant Health, Substance Abuse, Transportation, and Education into their Implementation Strategy. In addition, we hope to incorporate any feedback on this report into our next Community Health Needs Assessment process. Please send your feedback and/or comments to CommunityDevelopment@stvincent.org.
## Appendix A: Evaluation of Preceding CHNA Priorities

**FY14-FY15 for St. Vincent Frankfort Hospital**

<table>
<thead>
<tr>
<th>Significant health need identified in previous CHNA</th>
<th>Strategy/Action Step</th>
<th>Indicators of Success</th>
</tr>
</thead>
</table>
| Tobacco Use                                         | 1) Educate all Clinton County elementary schools about the dangers of smokeless tobacco.  
2) Continue providing smoking cessation classes.  
3) Manage ITPC and ACHIEVE grant funds w/ partnership with HCCCC. | SV Frankfort helped sponsor a video telling the personal story of a local Clinton County man’s battle with cancer and highlighting the dangers of smokeless tobacco. The video is available on YouTube. Smoking Cessation classes at the Hospital are ongoing with good outcomes for many attendees. SV Frankfort supports grant work done by Healthy Communities of Clinton County Coalition (HCCCC) by acting as Fiscal Agent for grant funds and donating office space for HCCCC. Clinton County health status in the state has improved from 51st to 31st. |
| Obesity                                             | 1) Work with Touch Point in creating policy/pledge and plan.  
2) Create stoplight and healthy food percentages.  
3) Present to administrator for approval.  
4) Educate the associates. | Stoplight is consistently used in the cafeteria.  
*Staffing changes in Dietician and Dietary Manager have affected action items in this category. |
| Drug Use and Abuse                                   | 1) Plan a Prescription Drug Drop Off Day.  
2) Partner w/ Sheriff’s Dept at health fair.  
3) Plan a Prescription Drug Seminar (ask experts in the field as panel guests).  
4) Create pamphlet packet on drug abuse for physicians and ED. | Prescription Drug Drop Off Day was held at 2013 Hospital Health Fair.  
*Staffing changes have affected action items in this category. |
<table>
<thead>
<tr>
<th>Access</th>
<th>1) Work with community based agencies, programs, services and providers to coordinate care for vulnerable community members.*</th>
<th>The health access worker whose role is to connect the hospital to the community by helping individuals address barriers to health care, and referring them to other local resources as needed. The health access worker assists individuals with finding a medical home; applying for public programs such as Medicaid, food stamps, and the Healthy Indiana Plan; and in assessing needs so referrals can be made for other forms of community-based assistance. The health access worker also advocates for clients with service providers and serves as a system navigator. RUAAH outcomes are measured using the Pathways Model with five defined pathways/protocols (enrollment, medical home, pregnancy, medical referral and social services) as a means of tracking interventions and improving accountability for contributing to positive, measurable changes in patients' lives. During fiscal year 2014, the health access worker completed 566 pathways. During fiscal year, 2015, the health access worker completed 537 pathways. In addition to care coordination, RUAAH assists patients who meet income guidelines in obtaining free or reduced-cost prescription drugs. St.Vincent Williamsport Hospital employs one medication access coordinator who works with a sophisticated and continually-</th>
</tr>
</thead>
</table>
updated database to track eligibility and requirements that vary by pharmaceutical company and medication. In fiscal year 2014, the medication access coordinator helped patients obtain a total of 2,080 medications for which the average wholesale price totaled $880,003.01. In fiscal year 2015, 906 medications for which the average wholesale price totaled $565,931.71 were given to patients.

*The last year of the FY14-FY16 implementation strategy will be reported and attached to the FY16 Form 990.
Appendix B: Secondary Data Analysis

SCORING METHOD
For each indicator, the county was 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 were categorized into 29 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 on the St. Vincent Health Community Dashboard is visually represented as a green-yellow-red gauge showing how the community is faring against a distribution of counties in Indiana 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 value is compared to the state value, the national value, and Healthy People 2020 (HP2020) target values. Healthy People 2020 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 on the community dashboard, 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. More weight was given to comparison to US counties, comparison to Indiana counties, and trend over time.

If neither of the included comparison types are possible for an indicator, then a score is not 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. These scores were used to categorize the topics as red (score ≥1.5), yellow (1.25≤ score <0.1.5), or green (score <1.25).

**DISPARITIES**

To identify indicators with the largest disparities by gender or race/ethnicity, the Index of Disparity\(^1\) measure was used to calculate the average of the absolute differences between rates for each subgroup within a sub-population category and the overall county rate, divided by the county rate. The index of disparity summarizes disparities across groups within a population that can be applied across indicators. The measure is expressed as a percentage.

Across all indicators, an Index of Disparity score that ranked in the top 25% of all disparities scores—in either gender or race/ethnicity category—was identified as having a high disparity. The availability of sub-population data varies by source and indicator.

In this example to the right, Age-Adjusted Death Rate due to Diabetes by Gender has county values for the female and male subgroups that are closer to each other and close to the overall county value when compared to the subgroup values for Age-Adjusted Death Rate due to Diabetes by Race/Ethnicity. The absolute difference between the Black or African American value and the overall value is much larger than the

difference between the White value and overall value, resulting in a higher Index of Disparity score than the score calculated for the gender subgroups.

**SCORING RESULTS**

The following table lists all indicators by topic area, with the most recent value for Clinton County and comparison scores (0-3 or good to bad). The county value is compared to a distribution of Indiana and US counties, state and national values, and the HP2020 target. Indicators are also compared across four time periods and are scored under the trend column. If data were not available for a comparison or disparity score, then the cell is left blank.

Disparities are only noted if they are in the top 25% of disparity scoring. The type of disparity is noted as: A (age disparity), G (gender disparity), or R (race disparity).


<table>
<thead>
<tr>
<th>Access to Health Services</th>
<th>Indicator</th>
<th>Period</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Non-Physician Primary Care Provider Rate</td>
<td>2013</td>
<td>2.33</td>
</tr>
<tr>
<td></td>
<td>Primary Care Provider Rate</td>
<td>2011</td>
<td>2.33</td>
</tr>
<tr>
<td></td>
<td>Children with Health Insurance</td>
<td>2012</td>
<td>2.23</td>
</tr>
<tr>
<td></td>
<td>Adults with Health Insurance</td>
<td>2012</td>
<td>2.10</td>
</tr>
<tr>
<td></td>
<td>Dentist Rate</td>
<td>2012</td>
<td>1.73</td>
</tr>
<tr>
<td></td>
<td>Clinical Care Ranking</td>
<td>2014</td>
<td>1.60</td>
</tr>
<tr>
<td></td>
<td>Preventable Hospital Stays</td>
<td>2011</td>
<td>1.58</td>
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</table>

<table>
<thead>
<tr>
<th>Cancer</th>
<th>Indicator</th>
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<tbody>
<tr>
<td></td>
<td>Colorectal Cancer Incidence Rate</td>
<td>2007-2011</td>
<td>2.60</td>
</tr>
<tr>
<td></td>
<td>Age-Adjusted Death Rate due to Colorectal Cancer</td>
<td>2007-2011</td>
<td>2.50</td>
</tr>
<tr>
<td></td>
<td>Lung and Bronchus Cancer Incidence Rate</td>
<td>2007-2011</td>
<td>2.50</td>
</tr>
<tr>
<td></td>
<td>Age-Adjusted Death Rate due to Lung Cancer</td>
<td>2007-2011</td>
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</tr>
<tr>
<td></td>
<td>Age-Adjusted Death Rate due to Prostate Cancer</td>
<td>2007-2011</td>
<td>2.40</td>
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<tr>
<td></td>
<td>Mammography Screening: Medicare Population</td>
<td>2011</td>
<td>1.68</td>
</tr>
<tr>
<td></td>
<td>Cancer: Medicare Population</td>
<td>2012</td>
<td>1.45</td>
</tr>
<tr>
<td></td>
<td>Prostate Cancer Incidence Rate</td>
<td>2007-2011</td>
<td>1.25</td>
</tr>
<tr>
<td></td>
<td>Breast Cancer Incidence Rate</td>
<td>2007-2011</td>
<td>0.75</td>
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<tr>
<td></td>
<td>Oral Cavity and Pharynx Cancer Incidence Rate</td>
<td>2007-2011</td>
<td>0.45</td>
</tr>
<tr>
<td></td>
<td>Age-Adjusted Death Rate due to Breast Cancer</td>
<td>2007-2011</td>
<td>0.40</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Children's Health</th>
<th>Indicator</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Children with Health Insurance</td>
<td>2012</td>
<td>2.23</td>
</tr>
<tr>
<td></td>
<td>Low-Income Preschool Obesity</td>
<td>2009-2011</td>
<td>2.00</td>
</tr>
<tr>
<td></td>
<td>Child Food Insecurity Rate</td>
<td>2012</td>
<td>1.65</td>
</tr>
<tr>
<td></td>
<td>Age-Adjusted ER Rate due to Pediatric Asthma</td>
<td>2010-2012</td>
<td>1.38</td>
</tr>
<tr>
<td></td>
<td>Child Abuse Rate</td>
<td>2013</td>
<td>1.08</td>
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<tr>
<td></td>
<td>Age-Adjusted Hospitalization Rate due to Pediatric Asthma</td>
<td>2010-2012</td>
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</tr>
<tr>
<td></td>
<td>Children with Low Access to a Grocery</td>
<td>2010</td>
<td>0.90</td>
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## Store

<table>
<thead>
<tr>
<th>Topic</th>
<th>Description</th>
<th>Year(s)</th>
<th>Score</th>
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<tbody>
<tr>
<td><strong>Diabetes</strong></td>
<td>Diabetes: Medicare Population</td>
<td>2012</td>
<td>2.70</td>
</tr>
<tr>
<td></td>
<td>Age-Adjusted Death Rate due to Diabetes</td>
<td>2010-2012</td>
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<td>Age-Adjusted ER Rate due to Diabetes</td>
<td>2010-2012</td>
<td>2.03</td>
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<td></td>
<td>Age-Adjusted ER Rate due to Short-Term Complications of Diabetes</td>
<td>2010-2012</td>
<td>2.03</td>
</tr>
<tr>
<td></td>
<td>Age-Adjusted ER Rate due to Long-Term Complications of Diabetes</td>
<td>2010-2012</td>
<td>1.83</td>
</tr>
<tr>
<td></td>
<td>Age-Adjusted Hospitalization Rate due to Uncontrolled Diabetes</td>
<td>2010-2012</td>
<td>1.68</td>
</tr>
<tr>
<td></td>
<td>Age-Adjusted Hospitalization Rate due to Short-Term Complications of Diabetes</td>
<td>2010-2012</td>
<td>1.38</td>
</tr>
<tr>
<td></td>
<td>Age-Adjusted ER Rate due to Uncontrolled Diabetes</td>
<td>2010-2012</td>
<td>1.18</td>
</tr>
<tr>
<td></td>
<td>Age-Adjusted Hospitalization Rate due to Diabetes</td>
<td>2010-2012</td>
<td>1.18</td>
</tr>
<tr>
<td></td>
<td>Age-Adjusted Hospitalization Rate due to Long-Term Complications of Diabetes</td>
<td>2010-2012</td>
<td>0.98</td>
</tr>
<tr>
<td></td>
<td>Diabetic Screening: Medicare Population</td>
<td>2011</td>
<td>0.73</td>
</tr>
<tr>
<td><strong>Economy</strong></td>
<td>Students Eligible for the Free Lunch Program</td>
<td>2011-2012</td>
<td>2.08</td>
</tr>
<tr>
<td></td>
<td>Low-Income Preschool Obesity</td>
<td>2009-2011</td>
<td>2.00</td>
</tr>
<tr>
<td></td>
<td>Per Capita Income</td>
<td>2009-2013</td>
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</tr>
<tr>
<td></td>
<td>Households with Cash Public Assistance Income</td>
<td>2009-2013</td>
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<td></td>
<td>Child Food Insecurity Rate</td>
<td>2012</td>
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<td></td>
<td>Social and Economic Factors Ranking</td>
<td>2014</td>
<td>1.60</td>
</tr>
<tr>
<td></td>
<td>People Living 200% Above Poverty Level</td>
<td>2009-2013</td>
<td>1.55</td>
</tr>
<tr>
<td></td>
<td>Children Living Below Poverty Level</td>
<td>2009-2013</td>
<td>1.50</td>
</tr>
<tr>
<td></td>
<td>Young Children Living Below Poverty Level</td>
<td>2009-2013</td>
<td>1.40</td>
</tr>
<tr>
<td></td>
<td>Homeownership</td>
<td>2009-2013</td>
<td>1.30</td>
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<td></td>
<td>Median Household Income</td>
<td>2009-2013</td>
<td>1.30</td>
</tr>
<tr>
<td></td>
<td>Severe Housing Problems</td>
<td>2006-2010</td>
<td>1.28</td>
</tr>
<tr>
<td></td>
<td>People Living Below Poverty Level</td>
<td>2009-2013</td>
<td>1.25</td>
</tr>
<tr>
<td></td>
<td>Families Living Below Poverty Level</td>
<td>2009-2013</td>
<td>1.10</td>
</tr>
<tr>
<td></td>
<td>Renters Spending 30% or More of Household Income on Rent</td>
<td>2009-2013</td>
<td>1.10</td>
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<td></td>
<td>Homeowner Vacancy Rate</td>
<td>2009-2013</td>
<td>1.10</td>
</tr>
<tr>
<td></td>
<td>SNAP Certified Stores</td>
<td>2012</td>
<td>1.00</td>
</tr>
<tr>
<td></td>
<td>Low-Income and Low Access to a Grocery Store</td>
<td>2010</td>
<td>0.90</td>
</tr>
<tr>
<td></td>
<td>Unemployed Workers in Civilian Labor Force</td>
<td>Oct 2015</td>
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<tr>
<td></td>
<td>Food Insecurity Rate</td>
<td>2012</td>
<td>0.85</td>
</tr>
<tr>
<td></td>
<td>People 65+ Living Below Poverty Level</td>
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<tr>
<td><strong>Education</strong></td>
<td>People 25+ with a Bachelor's Degree or Higher</td>
<td>2009-2013</td>
<td>2.65</td>
</tr>
<tr>
<td></td>
<td>4th Grade Students Proficient in</td>
<td>2013</td>
<td>1.88</td>
</tr>
</tbody>
</table>
### English/Language Arts
- 4th Grade Students Proficient in Math: 2013, 1.88
- People 25+ with a High School Degree or Higher: 2009-2013, 1.55
- Student-to-Teacher Ratio: 2011-2012, 1.43
- 8th Grade Students Proficient in English/Language Arts: 2013, 1.23
- 8th Grade Students Proficient in Math: 2013, 1.23
- High School Graduation: 2013, 0.88

### Environment
- Liquor Store Density: 2012, 2.85
- Recreation and Fitness Facilities: 2011, 2.43
- Houses Built Prior to 1950: 2009-2013, 2.25
- Fast Food Restaurant Density: 2011, 2.10
- Grocery Store Density: 2011, 1.80
- Farmers Market Density: 2013, 1.53
- Recognized Carcinogens Released into Air: 2013, 1.40
- PBT Released: 2013, 1.40
- Physical Environment Ranking: 2014, 1.40
- Access to Exercise Opportunities: 2014, 1.38
- Severe Housing Problems: 2006-2010, 1.28
- Drinking Water Violations: FY 2012-13, 1.28
- People 65+ with Low Access to a Grocery Store: 2010, 1.10
- SNAP Certified Stores: 2012, 1.00
- Households with No Car and Low Access to a Grocery Store: 2010, 0.90
- Children with Low Access to a Grocery Store: 2010, 0.90
- Low-Income and Low Access to a Grocery Store: 2010, 0.90
- Food Environment Index: 2014, 0.68

### Exercise, Nutrition, & Weight
- Recreation and Fitness Facilities: 2011, 2.43
- Fast Food Restaurant Density: 2011, 2.10
- Low-Income Preschool Obesity: 2009-2011, 2.00
- Grocery Store Density: 2011, 1.80
- Child Food Insecurity Rate: 2012, 1.65
- Farmers Market Density: 2013, 1.53
- Access to Exercise Opportunities: 2014, 1.38
- Adults who are Sedentary: 2010, 1.33
- Adults who are Obese: 2010, 1.28
- Health Behaviors Ranking: 2014, 1.20
- People 65+ with Low Access to a Grocery Store: 2010, 1.10
- SNAP Certified Stores: 2012, 1.00
- Households with No Car and Low Access to a Grocery Store: 2010, 0.90
- Children with Low Access to a Grocery Store: 2010, 0.90
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<th>Topic Area</th>
<th>Measure</th>
<th>Year</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Low-Income and Low Access to a Grocery Store</strong></td>
<td>Low-Income and Low Access to a Grocery Store</td>
<td>2010</td>
<td>0.90</td>
</tr>
<tr>
<td><strong>Food Insecurity Rate</strong></td>
<td>Food Insecurity Rate</td>
<td>2012</td>
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<tr>
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<td>Atrial Fibrillation: Medicare Population</td>
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<tr>
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<tr>
<td>Hyperlipidemia: Medicare Population</td>
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<tr>
<td>Asthma: Medicare Population</td>
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<td>Alzheimer's Disease or Dementia:</td>
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<td>Cancer: Medicare Population</td>
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<td>Atrial Fibrillation: Medicare</td>
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<td>Population</td>
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<td>0.85</td>
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<tr>
<td>Stroke: Medicare Population</td>
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<td>Rheumatoid Arthritis or Osteoarthritis:</td>
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<td>People 65+ Living Below Poverty</td>
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<tr>
<td>Death Rate due to Drug Poisoning</td>
<td>2004-2010</td>
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<td>Severe Housing Problems</td>
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### Public Safety

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<td><strong>Child Abuse Rate</strong> 2013</td>
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<td><strong>Alcohol-Impaired Driving Deaths</strong> 2008-2012</td>
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### Respiratory Diseases

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<td><strong>Age-Adjusted Hospitalization Rate due to COPD</strong> 2010-2012</td>
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<td><strong>Age-Adjusted ER Rate due to Asthma</strong> 2010-2012</td>
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<tr>
<td><strong>Age-Adjusted ER Rate due to Pediatric Asthma</strong> 2010-2012</td>
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<td><strong>COPD: Medicare Population</strong> 2012</td>
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<tr>
<td><strong>Age-Adjusted Hospitalization Rate due to Immunization-Preventable Pneumonia and Influenza</strong> 2008-2010</td>
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<td><strong>Age-Adjusted Hospitalization Rate due to Asthma</strong> 2010-2012</td>
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<tr>
<td><strong>Age-Adjusted Hospitalization Rate due to Adult Asthma</strong> 2010-2012</td>
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### Social Environment

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<td><strong>Social and Economic Factors Ranking</strong> 2014</td>
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<td><strong>Children Living Below Poverty Level</strong> 2009-2013</td>
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<tr>
<td><strong>Young Children Living Below Poverty Level</strong> 2009-2013</td>
</tr>
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<td><strong>Child Abuse Rate</strong> 2013</td>
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<tr>
<td><strong>People 65+ Living Alone</strong> 2009-2013</td>
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### Substance Abuse

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<tr>
<td><strong>Mothers who Smoked During Pregnancy</strong> 2012</td>
</tr>
<tr>
<td><strong>Age-Adjusted ER Rate due to Alcohol Abuse</strong> 2010-2012</td>
</tr>
</tbody>
</table>
## Health Behaviors Ranking

- **Death Rate due to Drug Poisoning**
  - 2004-2010: 1.78
- **Age-Adjusted Hospitalization Rate due to Alcohol Abuse**
  - 2010-2012: 1.18
- **Alcohol-Impaired Driving Deaths**
  - 2008-2012: 0.88
- **Adults who Drink Excessively**
  - 2006-2012: 0.83
- **Adults who Smoke**
  - 2006-2012: 0.73

## Transportation

- **Workers Commuting by Public Transportation**
  - 2009-2013: 2.70
- **Age-Adjusted Death Rate due to Motor Vehicle Traffic Collisions**
  - 2010-2012: 2.20
- **Solo Drivers with a Long Commute**
  - 2008-2012: 1.58
- **Workers who Drive Alone to Work**
  - 2009-2013: 1.20
- **Mean Travel Time to Work**
  - 2009-2013: 1.10
- **Households with No Car and Low Access to a Grocery Store**
  - 2010: 0.90
- **Households without a Vehicle**
  - 2009-2013: 0.35

## Wellness & Lifestyle

- **Poor Physical Health Days**
  - 2006-2012: 1.68
- **Life Expectancy for Females**
  - 2010: 1.40
- **Life Expectancy for Males**
  - 2010: 1.35
- **Self-Reported General Health Assessment: Poor or Fair**
  - 2006-2012: 1.13

## Women’s Health

- **Mammography Screening: Medicare Population**
  - 2011: 1.68
- **Life Expectancy for Females**
  - 2010: 1.40
- **Breast Cancer Incidence Rate**
  - 2007-2011: 0.75
- **Age-Adjusted Death Rate due to Breast Cancer**
  - 2007-2011: 0.40

## DATA SOURCES

The St. Vincent Data Platform utilizes indicator data from the following data sources:

- American Community Survey
- American Lung Association
- Annie E. Casey Foundation
- Centers for Disease Control and Prevention
- Centers for Medicare and Medicaid Services
- County Health Rankings
- Feeding America
- Indiana Hospital Association
- Indiana Secretary of State
- Indiana State Department of Health
- Indiana University Center for Health Policy
- Institute for Health Metrics and Evaluation
- National Cancer Institute
- National Center for Education Statistics
- National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
- Nielsen Claritas
- Small Area Health Insurance Estimates
- US Bureau of Labor Statistics
- US Census County Business Patterns
- US Department of Agriculture: Food Environment Atlas
- US Environmental Protection Agency
Appendix C: Community Input – Key Informant Interview Questions

Questions that were asked during the Key Informant Interviews are presented below:

Q1. Could you tell me a little bit about yourself, your background, and your organization?

Q2. What are the major health needs/issues you see in the community?

Q3. Who in your community appears to struggle most with these issues you’ve identified and how does it impact their lives?

Q4. Are there any barriers to receiving care in the community?

Q5. Could you tell me about some of the strengths and resources in your community that address these issues, such as groups, initiatives, services, or programs?

Q6. What advice do you have for a group developing a plan to address these needs?

Q7. Is there anything else you’d like us to note?
Appendix D: Prioritization Tools

Prioritization Matrix Tools – Clinton County

This packet will help you assess each of the 10 pressing health needs identified by HCI’s data analysis, and how each of those health needs relate to the criteria set forth by St. Vincent for prioritizing health topics in your service area. Please have a quick look through the packet, and then follow the directions below to score how well each of the health topics meets the prioritization criteria. After you have completed the ranking below, please submit your results on the Poll Everywhere software. The software will collate your results with those of other participants, and will instantaneously show the group’s collective ranking of the most pressing health needs in your service area.

Directions

1. On the following pages, score each health need for how well it meets each criteria: 
   1= Does Not Meet Criteria  2=Meets Criteria  3=Meets Criteria Well
2. Add total scores for each health need and write total in “Total Health Topic Score” column.
3. Write the total scores for each topic in the table below.
4. Assign ranking to health needs based on total score, with highest score receiving a ranking of 1. If you have tying scores for health topics, assign rank as you see best fit.

Please feel free to work in groups and ask questions of HCI staff and your colleagues!

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<thead>
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<th>Health Topics</th>
<th>Total Score</th>
<th>Rank</th>
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<tbody>
<tr>
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<tr>
<td>Kidney &amp; Urinary Tract Diseases</td>
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<td>Access to Health Services</td>
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<td>Maternal, Fetal, &amp; Infant Health</td>
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<tr>
<td>Prevention &amp; Safety</td>
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<tr>
<td>Cancer</td>
<td></td>
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<tr>
<td>Substance Abuse</td>
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<td>Children’s Health</td>
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<tr>
<td>Transportation</td>
<td></td>
<td></td>
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<tr>
<td>Exercise, Nutrition, &amp; Weight</td>
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If you feel a health topic is missing from this list, please write it here:
# Education

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<tr>
<th>Topic Score</th>
<th>Health Topic</th>
<th>Community Input (Total N=6)</th>
<th>Key Themes from Community</th>
<th>Warning Indicators from Secondary Data</th>
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</table>
| 1.59        | Education    |                             | Education system declining; not enough funding to support ESL & Hispanic students | • People 25+ with a Bachelor’s Degree or Higher  
• 4th Grade Students Proficient in English/Language Arts  
• 4th Grade Students Proficient in Math |

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<thead>
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<th>Prioritization Criteria</th>
<th>Key Data Insights</th>
<th>How Well Does Health Topic Relate to Criteria</th>
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<td>Alignment w/Ascension Health Strategies – Leave no one behind &amp; care for poor &amp; vulnerable</td>
<td>Some key themes from Community Input &amp; Secondary Data Indicators indicate this issue affects poor &amp; vulnerable populations</td>
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<tr>
<td>Opportunity for Partnership</td>
<td>9 community organizations in Resource List who directly address this health topic. (Refer to Resource Handout)</td>
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</tr>
<tr>
<td>Availability of Existing Resources or Programs</td>
<td>Not covered in HCI Data Analysis – does your hospital or any community partners have current resources or programs?</td>
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<tr>
<td>Availability of Evidence Based Practices</td>
<td>Approx. 242 Promising or Effective Practices on St. Vincent Data Platform – Promising Practices Database (stvincent.org/chna/)</td>
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<td>Are There Disparities Amongst Sub-Groups?</td>
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<td>Community Input</td>
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**Total Health Topic Score**
## Kidney & Urinary Tract Diseases

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<td>Kidney &amp; Urinary Tract Diseases</td>
<td>N/a, not mentioned as a top health need/concern during community input process</td>
<td><strong>• Age-Adjusted Death Rate due to Kidney Disease</strong>&lt;br&gt;<strong>• Chronic Kidney Disease: Medicare Population</strong>&lt;br&gt;<strong>• Age-Adjusted ER Rate due to UTIs</strong></td>
<td></td>
</tr>
</tbody>
</table>

### Prioritization Criteria

<table>
<thead>
<tr>
<th>Prioritization Criteria</th>
<th>Key Data Insights</th>
<th>How Well Does Health Topic Relate to Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Alignment w/Ascension Health Strategies – Leave no one behind &amp; care for poor &amp; vulnerable</strong></td>
<td>Not enough data to determine in HCI data synthesis</td>
<td>1=Low 2=Medium 3=High</td>
</tr>
<tr>
<td><strong>Opportunity for Partnership</strong></td>
<td>No community organizations in Resource List who directly address this health topic. <em>(Refer to Resource Handout)</em></td>
<td></td>
</tr>
<tr>
<td><strong>Availability of Existing Resources or Programs</strong></td>
<td>Not covered in HCI Data Analysis – does your hospital or any community partners have current resources or programs?</td>
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</tr>
<tr>
<td><strong>Availability of Evidence Based Practices</strong></td>
<td>Approx. 22 Promising or Effective Practices on St. Vincent Data Platform – Promising Practices Database (under ‘Other Chronic Diseases’ topical area) <em>(stvincent.org/chna/)</em></td>
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<tr>
<td><strong>Are There Disparities Amongst Sub-Groups?</strong></td>
<td>Females have 🚹 ER rates due to urinary tract infections</td>
<td></td>
</tr>
<tr>
<td><strong>Community Input</strong></td>
<td>Cited by 0 out of 6 Key Informants</td>
<td></td>
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---

**Total Health Topic Score**
### Access to Health Services

<table>
<thead>
<tr>
<th>Topic Score</th>
<th>Health Topic</th>
<th>Community Input (Total N=6)</th>
<th>Key Themes from Community</th>
<th>Warning Indicators from Secondary Data</th>
</tr>
</thead>
</table>
| 1.99        | Access to Health Services     |                             | Need more healthcare providers & services; mistrust & fear among immigrant population; high utilization of ER instead of preventive care | • Non-Physician Primary Care Provider Rate  
• Primary Care Provider Rate  
• Children with Health Insurance |

<table>
<thead>
<tr>
<th>Prioritization Criteria</th>
<th>Key Data Insights</th>
<th>How Well Does Health Topic Relate to Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alignment w/Ascension Health Strategies – Leave no one behind &amp; care for poor &amp; vulnerable</td>
<td>Key themes from Community Input Indicators indicate this issue affects poor &amp; vulnerable populations</td>
<td>1=Low  2=Medium  3=High</td>
</tr>
<tr>
<td>Opportunity for Partnership</td>
<td>20 community organizations in Resource List who directly address this health topic. <em>(Refer to Resource Handout)</em></td>
<td></td>
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<tr>
<td>Availability of Existing Resources or Programs</td>
<td>Not covered in HCI Data Analysis – does your hospital or any community partners have current resources or programs?</td>
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<tr>
<td>Availability of Evidence Based Practices</td>
<td>Approx. 107 Promising or Effective Practices on St. Vincent Data Platform – Promising Practices Database <em>(stvincent.org/chna/)</em></td>
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<tr>
<td>Are There Disparities Amongst Sub-Groups?</td>
<td>No race or gender disparity data in HCI data analysis</td>
<td></td>
</tr>
<tr>
<td>Community Input</td>
<td>Cited by 6 out of 6 Key Informants</td>
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**Total Health Topic Score**
## Maternal, Fetal, & Infant Health

<table>
<thead>
<tr>
<th>Topic Score</th>
<th>Health Topic</th>
<th>Community Input (Total N=6)</th>
<th>Key Themes from Community</th>
<th>Warning Indicators from Secondary Data</th>
</tr>
</thead>
</table>
| 1.97        | Maternal, Fetal, & Infant Health | ![Community Input Icon] | High teen pregnancy rate; infant mortality; issues with prenatal and early infant healthcare | • Preterm Births  
• Mothers who Smoked During Pregnancy  
• Teen Birth Rate |

### Prioritization Criteria

| Prioritization Criteria                                                                 | Key Data Insights                                                                                   | How Well Does Health Topic Relate to Criteria  
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Alignment w/Ascension Health Strategies – Leave no one behind &amp; care for poor &amp; vulnerable</td>
<td>Not enough data to determine in HCI data synthesis</td>
<td>1=Low  2=Medium  3=High</td>
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<tr>
<td>Opportunity for Partnership</td>
<td>2 community organizations in Resource List who address this health topic. <em>(Refer to Resource Handout)</em></td>
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<tr>
<td>Availability of Existing Resources or Programs</td>
<td>Not covered in HCI Data Analysis – does your hospital or any community partners have current resources or programs?</td>
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</tr>
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<td>Are There Disparities Amongst Sub-Groups?</td>
<td>No race or gender disparity data in HCI data analysis</td>
<td></td>
</tr>
<tr>
<td>Community Input</td>
<td>Cited by 4 out of 6 Key Informants</td>
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**Total Health Topic Score**
## Prevention & Safety

<table>
<thead>
<tr>
<th>Topic Score</th>
<th>Health Topic</th>
<th>Community Input (Total N=6)</th>
<th>Key Themes from Community</th>
<th>Warning Indicators from Secondary Data</th>
</tr>
</thead>
</table>
| 1.89        | Prevention & Safety| N/a, not mentioned as a top health need/concern during community input process |                           | • Age-Adjusted Death Rate due to Unintentional Injuries  
                      • Death Rate due to Drug Poisoning |

### Prioritization Criteria

<table>
<thead>
<tr>
<th>Prioritization Criteria</th>
<th>Key Data Insights</th>
<th>How Well Does Health Topic Relate to Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Alignment w/Ascension Health Strategies – Leave no one behind &amp; care for poor &amp; vulnerable</strong></td>
<td>Not enough data to determine in HCI data synthesis</td>
<td>1=Low 2=Medium 3=High</td>
</tr>
<tr>
<td><strong>Opportunity for Partnership</strong></td>
<td>3 community organizations in Resource List who address this health topic. (Refer to Resource Handout)</td>
<td></td>
</tr>
<tr>
<td><strong>Availability of Existing Resources or Programs</strong></td>
<td>Not covered in HCI Data Analysis – does your hospital or any community partners have current resources or programs?</td>
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<tr>
<td><strong>Availability of Evidence Based Practices</strong></td>
<td>Approx. 136 Promising or Effective Practices on St. Vincent Data Platform – Promising Practices Database (stvincent.org/chna/)</td>
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<tr>
<td><strong>Are There Disparities Amongst Sub-Groups?</strong></td>
<td>No race or gender disparity data in HCI data analysis</td>
<td></td>
</tr>
<tr>
<td><strong>Community Input</strong></td>
<td>Cited by 0 out of 6 Key Informants</td>
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**Total Health Topic Score**
## Cancer

<table>
<thead>
<tr>
<th>Topic Score</th>
<th>Health Topic</th>
<th>Community Input (Total N=6)</th>
<th>Key Themes from Community</th>
<th>Warning Indicators from Secondary Data</th>
</tr>
</thead>
</table>
| 1.68        | Cancer       | N/a, not mentioned as a top health need/concern during community input process | • Colorectal Cancer Incidence Rate  
• Age-Adjusted Death Rate due to Colorectal Cancer  
• Lung and Bronchus Cancer Incidence Rate |

<table>
<thead>
<tr>
<th>Prioritization Criteria</th>
<th>Key Data Insights</th>
<th>How Well Does Health Topic Relate to Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alignment w/Ascension Health Strategies – Leave no one behind &amp; care for poor &amp; vulnerable</td>
<td>Not enough data to determine in HCI data synthesis</td>
<td>1=Low  2=Medium  3=High</td>
</tr>
<tr>
<td>Opportunity for Partnership</td>
<td>3 community organizations in Resource List who address this health topic. (Refer to Resource Handout)</td>
<td></td>
</tr>
<tr>
<td>Availability of Existing Resources or Programs</td>
<td>Not covered in HCI Data Analysis – does your hospital or any community partners have current resources or programs?</td>
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</tr>
<tr>
<td>Availability of Evidence Based Practices</td>
<td>Approx. 58 Promising or Effective Practices on St. Vincent Data Platform – Promising Practices Database (stvincent.org/chna/)</td>
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</tr>
<tr>
<td>Are There Disparities Amongst Sub-Groups?</td>
<td>Males have ↑ lung and bronchus cancer incidence rates</td>
<td></td>
</tr>
<tr>
<td>Community Input</td>
<td>Cited by 0 out of 6 Key Informants</td>
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</tbody>
</table>

**Total Health Topic Score**
### Substance Abuse

<table>
<thead>
<tr>
<th>Topic Score</th>
<th>Health Topic</th>
<th>Community Input (Total N=6)</th>
<th>Key Themes from Community</th>
<th>Warning Indicators from Secondary Data</th>
</tr>
</thead>
</table>
| 1.51        | Substance Abuse | ![Community Icon] | Drug abuse high and lack of options for treatment; prescription drug abuse a big problem in county; tobacco addiction | • Liquor Store Density  
• Mothers who Smoked During Pregnancy  
• Age-Adjusted ER Rate due to Alcohol Abuse |

<table>
<thead>
<tr>
<th>Prioritization Criteria</th>
<th>Key Data Insights</th>
<th>How Well Does Health Topic Relate to Criteria 1=Low 2=Medium 3=High</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alignment w/Ascension Health Strategies – Leave no one behind &amp; care for poor &amp; vulnerable</td>
<td>Some key themes from Community Input indicate this issue affects poor &amp; vulnerable populations</td>
<td></td>
</tr>
<tr>
<td>Opportunity for Partnership</td>
<td>5 community organizations in Resource List who address this health topic. <em>(Refer to Resource Handout)</em></td>
<td></td>
</tr>
<tr>
<td>Availability of Existing Resources or Programs</td>
<td>Not covered in HCI Data Analysis – does your hospital or any community partners have current resources or programs?</td>
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</tr>
<tr>
<td>Availability of Evidence Based Practices</td>
<td>Approx. 176 Promising or Effective Practices on St. Vincent Data Platform – Promising Practices Database <em>(stvincent.org/chna/)</em></td>
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<tr>
<td>Are There Disparities Amongst Sub-Groups?</td>
<td>Males have ↑ ER rates due to alcohol abuse</td>
<td></td>
</tr>
<tr>
<td>Community Input</td>
<td>Cited by 4 out of 6 Key Informants</td>
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**Total Health Topic Score**
# Community Health Needs Assessment - 57

## Children’s Health

<table>
<thead>
<tr>
<th>Topic Score</th>
<th>Health Topic</th>
<th>Community Input (Total N=6)</th>
<th>Key Themes from Community</th>
<th>Warning Indicators from Secondary Data</th>
</tr>
</thead>
</table>
| 1.46        | Children’s Health         | 3 people, 3 people        | Childhood obesity & related long-term health problems (including self-esteem issues); many children in poverty lacking quality healthcare | - Children with Health Insurance  
- Low-Income Preschool Obesity  
- Child Food Insecurity Rate |

## Prioritization Criteria

<table>
<thead>
<tr>
<th>Prioritization Criteria</th>
<th>Key Data Insights</th>
<th>How Well Does Health Topic Relate to Criteria 1=Low 2=Medium 3=High</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alignment w/Ascension Health Strategies – Leave no one behind &amp; care for poor &amp; vulnerable</td>
<td>Some key themes from Community Input &amp; Secondary Data Indicators indicate this issue affects poor &amp; vulnerable populations</td>
<td></td>
</tr>
<tr>
<td>Opportunity for Partnership</td>
<td>10 community organizations in Resource List who address this health topic. (Refer to Resource Handout)</td>
<td></td>
</tr>
<tr>
<td>Availability of Existing Resources or Programs</td>
<td>Not covered in HCI Data Analysis – does your hospital or any community partners have current resources or programs?</td>
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<td>Availability of Evidence Based Practices</td>
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<tr>
<td>Are There Disparities Amongst Sub-Groups?</td>
<td>No race or gender disparity data in HCI data analysis</td>
<td></td>
</tr>
<tr>
<td>Community Input</td>
<td>Cited by 3 out of 6 Key Informants</td>
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</table>

**Total Health Topic Score**
## Transportation

<table>
<thead>
<tr>
<th>Topic Score</th>
<th>Health Topic</th>
<th>Community Input <em>(Total N=6)</em></th>
<th>Key Themes from Community</th>
<th>Warning Indicators from Secondary Data</th>
</tr>
</thead>
</table>
| 1.43        | Transportation | ![Community Icon](image) | Lack of public or low-cost transportation options; rural setting makes it difficult to access healthcare out of city | • Workers Commuting by Public Transportation  
• Age-Adjusted Death Rate due to Motor Vehicle Traffic Collisions |

### Prioritization Criteria

<table>
<thead>
<tr>
<th>Prioritization Criteria</th>
<th>Key Data Insights</th>
<th>How Well Does Health Topic Relate to Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alignment w/Ascension Health Strategies – Leave no one behind &amp; care for poor &amp; vulnerable</td>
<td>Key themes from Community Input indicate this issue affects poor &amp; vulnerable populations</td>
<td>1=Low  2=Medium  3=High</td>
</tr>
<tr>
<td>Opportunity for Partnership</td>
<td>5 community organizations in Resource List who address this health topic. <em>(Refer to Resource Handout)</em></td>
<td></td>
</tr>
<tr>
<td>Availability of Existing Resources or Programs</td>
<td>Not covered in HCI Data Analysis – does your hospital or any community partners have current resources or programs?</td>
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<tr>
<td>Availability of Evidence Based Practices</td>
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<td>Are There Disparities Amongst Sub-Groups?</td>
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</tr>
<tr>
<td>Community Input</td>
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</table>

**Total Health Topic Score**
## Exercise, Nutrition, & Weight

<table>
<thead>
<tr>
<th>Topic Score</th>
<th>Health Topic</th>
<th>Community Input (Total N=6)</th>
<th>Key Themes from Community</th>
<th>Warning Indicators from Secondary Data</th>
</tr>
</thead>
</table>
| 1.35        | Exercise, Nutrition & Weight  | ![Community Infographic]                                                                     | Obesity; lack of education about affordable healthy food options for low-income population; not enough safe sidewalks & walking options | • Recreation and Fitness Facilities  
• Fast Food Restaurant Density  
• Low-Income Preschool Obesity |

### Prioritization Criteria

<table>
<thead>
<tr>
<th>Prioritization Criteria</th>
<th>Key Data Insights</th>
<th>How Well Does Health Topic Relate to Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alignment w/Ascension Health Strategies – Leave no one behind &amp; care for poor &amp; vulnerable</td>
<td>Key themes from Community Input indicate this issue affects poor &amp; vulnerable populations</td>
<td>3=High</td>
</tr>
<tr>
<td>Opportunity for Partnership</td>
<td>7 community organizations in Resource List who address this health topic. <em>(Refer to Resource Handout)</em></td>
<td></td>
</tr>
<tr>
<td>Availability of Existing Resources or Programs</td>
<td>Not covered in HCI Data Analysis – does your hospital or any community partners have current resources or programs?</td>
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<tr>
<td>Availability of Evidence Based Practices</td>
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</tr>
<tr>
<td>Are There Disparities Amongst Sub-Groups?</td>
<td>No race or gender disparity data in HCI data analysis</td>
<td></td>
</tr>
<tr>
<td>Community Input</td>
<td>Cited by 4 out of 6 Key Informants</td>
<td></td>
</tr>
</tbody>
</table>

**Total Health Topic Score**
Appendix E: Community Input Report for Clinton County

The purpose of this work is to provide a report of the input from community members about the health needs of Clinton County. It is designed to be either a stand-alone report or appendix to the Community Health Needs Assessment (CHNA) report prepared by the Healthy Communities Institute (HCI). Using results from the CHNA report, the top three system-wide health priorities were identified as:

- Behavioral Health
- Access to Health Services
- Exercise, Nutrition, and Weight

For this reason, this report will focus on the interpretation of the sample results for these priorities. NOTE: Behavioral health consists of the health needs: mental health/mental disorders, substance abuse, and smoking/tobacco use. The decision to fold these health needs into one health priority was obtained through group consensus during sessions. Details about the methods and analysis, results, interpretation, and a conclusion comprise the report.

METHODS

“Take the Survey – Your Input Counts!” survey is an online, opinion tool designed by a collaborative of four hospital systems to gather community input about the health needs in Indiana (n=92 counties) (CHNA Hospital Collaborative, 2014). The survey contains 20 closed questions (with optional Comment box) and collects information at the county level from October 1, 2014 to August 31, 2015 (see Supplement). Questions for this survey and those used by HCI in the CHNA prioritization session and key informant interviews were developed independently of each other. This sample’s respondents were not administered the same survey given in the session and interview; however, questions assessing similar health needs were identified. Areas of apparent differences and congruency are highlighted in this report.

A total of 7,102 responses were received from Indiana residents. For this report, county (county=Clinton) and zip code within the county were used as inclusion criteria for this report (eligible zip codes=46035, 46039, 46041, 46049, 46050, 46057, 46065, 46067, 46069, 46979, 47905, 47930) (Zip-Codes.com, 2015). The initial sample included 56 respondents. Exclusion criteria applied to the initial sample were records outside data collection period, zip codes outside of the county, or incomplete/incorrect zip codes (n=4). After applying both criteria, 52 respondents (0.007%) self-identified as Clinton County residents. Descriptive statistics were performed using Microsoft Excel© and analytic tools within Survey Monkey©.

RESULTS

Table 1 provides demographic results for the sample’s respondents. Race and ethnicity were reflective of HCI findings (Health Communities Institute, 2015). Most of the respondents self-identified as Caucasian (n=52, 94.23%). Ethnicity was 5.77% (n=3). The majority of respondents were between 55-64 years old (n=16, 30.77%).
Stratification revealed that representation was similar for 45-54 year olds (n=15, 28.85%). The most frequently reported household income range was $50,000-74,999 (n=14 (29.29%).

<table>
<thead>
<tr>
<th>Table 1. Respondent Demographics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Characteristics</td>
</tr>
<tr>
<td>Race/Ethnicity</td>
</tr>
<tr>
<td>Caucasian</td>
</tr>
<tr>
<td>Hispanic</td>
</tr>
<tr>
<td>Respondents=52 (100%)</td>
</tr>
<tr>
<td>Age Range (years)</td>
</tr>
<tr>
<td>18-24</td>
</tr>
<tr>
<td>25-34</td>
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<tr>
<td>35-44</td>
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<td>45-54</td>
</tr>
<tr>
<td>55-64</td>
</tr>
<tr>
<td>65-74</td>
</tr>
<tr>
<td>Respondents=52 (100%)</td>
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<tr>
<td>Household Income Range</td>
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<td>$0-24,999</td>
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<td>$25,000-49,999</td>
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<tr>
<td>$150,000-174,999</td>
</tr>
<tr>
<td>$175,000-199,999</td>
</tr>
<tr>
<td>$200,000 and up</td>
</tr>
<tr>
<td>Respondents=47 (90%)</td>
</tr>
</tbody>
</table>

*The survey allowed multiple selections for race/ethnicity.

Respondents were asked in Question 3 to “Select the top five health needs in your community (city/town/neighborhood/zip code)” (CHNA Hospital Collaborative, 2014). Predetermined needs were presented and ranked by respondents from 1 to 5 (top health need=1, descending scale to 5). The majority (n=44, 78.57%) ranked Substance Abuse as the top health need in Clinton County. The four other identified health needs were Mental Health (n=40, 71.43%), Obesity (n=37, 66.07%) Smoking and Tobacco Use (n=33, 58.93%) and Chronic Disease (n=30, 53.57%). Aggregate rankings for the remaining health needs are provided in Figure 1.
Question 5 of the survey asked respondents to “Select the top 3 ways to improve mental health in your community” (CHNA Hospital Collaborative, 2014). Response scheme was similar to Question 3. Ways to improve mental health were presented in a list format and respondents ranked each way in order from 1 to 3 (top way=1, descending scale to 3). Most respondents indicated that an “increase in programs for mental health problems” was the top way to improve mental health in Clinton County (n=36, 64.29%). The two other ways that rose to the top were increase the number of programs for substance abuse (n=24, 42.86%) and awareness of health services (n=23, 41.07%). Findings for the remaining ways to improve mental health are provided in Figure 2.
Access to healthcare services was assessed in Question 12 (see Figure 3). Respondents chose the top three challenges to their household when receiving healthcare and ranked them in order from 1 to 3 (top challenge=1, descending scale to 3). No problems receiving health services (n=23, 44.23%) was the most frequently reported response. Cost of co-pay (n=18, 34.61%) and limited hours at doctor’s office (n=16, 30.76%) were the most common challenges to health services indicated by respondents.

Question 4 collected respondents opinions about reasons why obesity was a health problem in their community. Respondents ranked perceived reasons in order from 1 to 3 (top challenge=1, descending scale to 3). Most respondents indicated that an “unhealthy diet and exercise habits” were the main reasons for obesity in Clinton County (n=47, 90.38%). The two other reasons that rose to the top were access to healthy and affordable foods (n=34, 65.38%) and not promoting healthy habits in the community, schools and churches (n=30, 57.69%). Findings for the remaining opinions about reasons for obesity are provided in Figure 4.
Question 10 assesses the conversation topics that respondents are having with their doctor. A “select all that apply” response scheme was used to collect the data (CHNA Hospital Collaborative, 2014). Exercise (n=25, 48.08%) was the most frequently reported conversation topics. Drug & alcohol abuse (n=1, 1.92%) and domestic violence or abuse (n=0, 0%) were the least reported topics (see Figure 5).
INTERPRETATION

HEALTH NEEDS

The main differences between the top five community health needs identified in the prioritization session and respondents were maternal, fetal, & infant health and education (session) and obesity and chronic diseases (respondents). Possible factors that may explain the difference might be, but not limited to, the current health needs of respondents and the professional backgrounds of those at the prioritization session. It is noteworthy that respondents confirmed two needs identified in the session (see side-by-side comparison).

<table>
<thead>
<tr>
<th>Prioritization Session:</th>
<th>Community Respondents (n=56):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to Health Services (AHS)</td>
<td>Substance Abuse (BH)</td>
</tr>
<tr>
<td>Maternal, Fetal, &amp; Infant Health</td>
<td>Mental Health (BH)</td>
</tr>
<tr>
<td>Substance Abuse (BH)</td>
<td>Obesity (ewn)</td>
</tr>
<tr>
<td>Transportation</td>
<td>Smoking &amp; Tobacco Use (BH)</td>
</tr>
<tr>
<td>Education</td>
<td>Chronic Diseases</td>
</tr>
</tbody>
</table>

BEHAVIORAL HEALTH

In conversations with doctors, respondents indicated that topics largely centered on diet, nutrition and weight – not substance abuse/mental health. This finding is congruent with the ways respondents thought the program could be addressed (e.g., more resources, screenings by doctors) (see Figure 2). When asked to consider ways to improve mental health, respondents suggested that more mental health programming would be good ways to address the problems (n=36, 64.29%). Additionally, they indicated that increased awareness of mental health services was needed.

ACCESS TO HEALTHCARE SERVICES

In general, respondents reported having no problems to receiving health services. An interesting finding was that transportation and insurance were not reported as challenges to accessing services (n=1, 1.92%, respectively). This is counter to key informants’ comments about transportation. Cost of co-pay and limited doctor hours were the most frequently reported challenges to services, which differs from key informants’ concerns about serving Hispanics in the community.

EXERCISE, NUTRITION & WEIGHT

In contrast to behavioral health, respondents do report having conversations with their doctors about exercise and diet/nutrition. This finding is suggestive of a possible relationship with the majority of respondents’ opinions that unhealthy eating and exercise habits are the prime reason for obesity in Clinton County (e.g., A person has unhealthy eating habits and their doctor talks to them about eating healthier.) This feedback is consistent with key informants’ comments about exercise, nutrition and weight (Health Communities Institute, 2015).
**STRENGTHS AND LIMITATIONS OF THE ANALYSIS**

This analysis has several strengths. First, the survey used was collaboratively developed by the four hospital systems serving Indiana. Because development was a team effort, survey bias toward any one system was reduced. The second and third strengths were the reach survey distribution (online) and its availability for completion at approximately the same time as the HCI interviews. These two strengths encourage the capture of many comments, as well as provide a variable (timeframe) to align responses with key informants' input on same/similar questions.

The limitations of the analysis were the opt-in nature of the survey (volunteer bias), no control over the number of times a person responded (repeat responders), collection of race and ethnicity in the same survey field, gender and education were not collected, and some data were only collected at the aggregate level (unable to view at respondent level). Although no strategy was put into place to mitigate these limitations, this omission was determined to be acceptable for this iteration of community input. It is noteworthy that the collaborative between the four hospital systems is considered by those involved to be a successful working relationship with the potential to bring about positive health changes in Indiana.

**CONCLUSION**

Community input provides information critical to the successful development, launch and sustainability of health programming. Overall, this report supports the findings in the HCI Community Health Needs Assessment for Clinton County. Moving forward, the Community Development Liaison and Data Analyst will work with the Clinton County team to start development of an implementation strategy based on the results of the Community Health Needs Assessment.

**REFERENCES**


SUPPLEMENT SURVEY: “TAKE THE SURVEY YOUR INPUT COUNTS!”

1. In what ZIP code is your home located? (enter 5-digit ZIP code; for example, 00544 or 94305)
2. Select the top three social issues in your community (city/town/neighborhood/zip code).
3. Select the top five health needs in your community (city/town/neighborhood/zip code).
4. Select the top 3 reasons why obesity is an issue in your community (city/town/neighborhood/zip code).
5. Select the top 3 ways to improve mental health in your community.
6. In the past 12 months have you or anyone in your household visited the Emergency Room (ER) for any of the following?
7. In the past 12 months, have you or anyone in your household missed school/work due to the following?
8. How do you pay for your health needs?
9. What keeps you from your healthy weight? (Select all that apply)
10. Has your doctor talked to you about: (Select all that apply)
11. In the past 30 days have you or anyone in your household used any of the following?
12. What are the top three challenges for you and your household when receiving healthcare?
13. When you have a doctor’s appointment, lab work, x-rays etc., how do you get to your appointment?
14. What is your primary way for receiving health information?
15. What can hospitals and healthcare organizations do to help improve the health of your community?
16. In the past 12 months what positive changes have you made for your own health?
17. What is your age?
18. What is your ethnicity? (Please select all that apply.)
19. What is your average household income?
20. In what county do you reside?
<table>
<thead>
<tr>
<th>Resource Name</th>
<th>Local Address</th>
<th>Phone Number</th>
<th>Website</th>
<th>Topic Area One</th>
<th>Topic Area Two</th>
<th>Topic Area Three</th>
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<tbody>
<tr>
<td>Family and Social Services Administration*</td>
<td>402 W. Washington Street P.O. Box 7083, Indianapolis, IN 46207-7083</td>
<td>(317) 233-0826</td>
<td><a href="http://www.in.gov/fssa/index.htm">http://www.in.gov/fssa/index.htm</a></td>
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<tr>
<td>Healthy Indiana Plan (HIP)*</td>
<td></td>
<td>1-877-GET-HIP-9</td>
<td><a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a></td>
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<td>Children's Health</td>
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<tr>
<td>Jane Pauley Community Health Centers*</td>
<td>1210B Professional Medical Arts Building, Suite 300 Anderson, IN 46011</td>
<td>(765) 298-5263</td>
<td><a href="http://janepauleychc.com">http://janepauleychc.com</a></td>
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<td>Immunizations &amp; Infectious</td>
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<tr>
<td></td>
<td></td>
<td>(765) 641-8075</td>
<td><a href="http://www.imhc.org">http://www.imhc.org</a></td>
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<td></td>
<td>Diseases</td>
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<tr>
<td>Minority Health Coalition*</td>
<td>1407 Arrow Avenue; Anderson, IN 46016</td>
<td>(765) 641-8075</td>
<td><a href="http://www.imhc.org">http://www.imhc.org</a></td>
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<td>Prevention &amp; Safety</td>
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<tr>
<td>Rural Health Center at St. Vincent</td>
<td>8424 Naab Road, Building 1, Suite 1A, Indianapolis, Indiana 46260</td>
<td>(317) 338-2273</td>
<td><a href="http://www.stvincent.org/ruah/">http://www.stvincent.org/ruah/</a></td>
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<tr>
<td>Indiana State Department of Health*</td>
<td>2 N. Meridian Street 6B, Indianapolis IN, 46204</td>
<td>(317) 233-1325</td>
<td><a href="http://www.state.in.us/isdh/">http://www.state.in.us/isdh/</a></td>
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<td>Access to Health Services</td>
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<tr>
<td>Indiana State Refugee Health Program*</td>
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<td>(317) 233-1325</td>
<td><a href="http://www.in.gov/isdh/24668.htm">http://www.in.gov/isdh/24668.htm</a></td>
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<td></td>
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<td>(317) 266-9622</td>
<td><a href="http://top10in.org/contact-us/">http://top10in.org/contact-us/</a></td>
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<td>Diseases</td>
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<tr>
<td>Top 10 Coalition*</td>
<td>615 N Alabama Street, Suite 200, Indianapolis IN 46204</td>
<td>(317) 233-1325</td>
<td><a href="http://www.in.gov/isdh/24668.htm">http://www.in.gov/isdh/24668.htm</a></td>
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<td>Substance Abuse</td>
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<tr>
<td>Clinton County Health Department</td>
<td>400 E Clinton St Frankfort IN 46041</td>
<td>(765) 659-6385</td>
<td><a href="http://clintonco.com/healthdept.cfm">http://clintonco.com/healthdept.cfm</a></td>
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<tr>
<td>Clinton County Social Services Network</td>
<td>51 W. Washington Street Frankfort, IN 46041</td>
<td>1-800-403-0864</td>
<td><a href="http://www.in.gov/fssa/dfr/3185.htm">http://www.in.gov/fssa/dfr/3185.htm</a></td>
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<tr>
<td>Frankfort Regional Medical Center</td>
<td>299 King's Daughters Drive Frankfort, KY 40601</td>
<td>(502) 875-5240</td>
<td><a href="http://frankfortregional.com/">http://frankfortregional.com/</a></td>
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<tr>
<td>St. Vincent Frankfort Hospital</td>
<td>1300 South Jackson Street Frankfort, Indiana 46041</td>
<td>(765) 656-3000</td>
<td><a href="http://www.stvincent.org/St-Vincent-Frankfort/">http://www.stvincent.org/St-Vincent-Frankfort/</a></td>
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<tr>
<td>211*</td>
<td>3901 N. Meridian St., Ste. 300, Indianapolis IN 46208</td>
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<td><a href="http://www.in211.org">http://www.in211.org</a></td>
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<td>Indiana Cancer Consortium*</td>
<td>615 North Alabama Street, Suite 426, Indianapolis, IN 46204</td>
<td>(317) 520-9344</td>
<td><a href="http://indianacancer.org/">http://indianacancer.org/</a></td>
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<td>Cancer</td>
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<tr>
<td>Little Red Door Cancer Agency*</td>
<td>1801 North Meridian Street, Indianapolis, IN 46202</td>
<td>(317) 925-5595</td>
<td><a href="http://www.littlereddoor.org/">http://www.littlereddoor.org/</a></td>
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<td>Access to Health Services</td>
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<tr>
<td>Leukemia &amp; Lymphoma Society: Indiana Chapter*</td>
<td>9075 North Meridian Suite 150, Indianapolis, IN 46260</td>
<td>(317) 860-3840</td>
<td><a href="http://www.lls.org/#/aboutlls/chapters/in">http://www.lls.org/#/aboutlls/chapters/in</a></td>
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<td>Child's Advocate Network*</td>
<td>30 South Meridian Street, Suite 500, Indianapolis IN 46204</td>
<td>(317) 232-2542</td>
<td><a href="http://www.childadvocatesnetwork.org/find-your-local-program/clay-county/">http://www.childadvocatesnetwork.org/find-your-local-program/clay-county/</a></td>
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<td>Community Action Program of Western Indiana*</td>
<td>various locations across the state</td>
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<td><a href="http://www.capwi.org/#">http://www.capwi.org/#</a></td>
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<td>Improving Kids' Environments in Indiana*</td>
<td>1915 W. 18th Street, Indianapolis, Indiana 46202</td>
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<td><a href="http://ikecoalition.org/">http://ikecoalition.org/</a></td>
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<tr>
<td>Clinton County Boys &amp; Girls Club</td>
<td>1100 W. Green Street, Frankfort, IN 46041, P.O. BOX 103</td>
<td>(765) 659-3520</td>
<td><a href="http://www.bgclintoncounty.org/">http://www.bgclintoncounty.org/</a></td>
<td>Teen &amp; Adolescent Health</td>
<td>Education</td>
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<tr>
<td>Cardiovascular and Diabetes Coalition of Indiana (CADI)*</td>
<td>615 North Alabama Street, Suite 426, Indianapolis, IN 46204</td>
<td>(317) 456-7567</td>
<td><a href="http://incadi.org/">http://incadi.org/</a></td>
<td>Heart Disease &amp; Stroke</td>
<td>Exercise, Nutrition, &amp; Weight</td>
<td>Education</td>
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<tr>
<td>Diabetes Prevention Recognition Programs (CDC-endorsed)*</td>
<td>Various throughout IN (many at YMCAs)</td>
<td><a href="https://nccd.cdc.gov/DDT_DPRP/State.aspx?STATE=IN">https://nccd.cdc.gov/DDT_DPRP/State.aspx?STATE=IN</a></td>
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<td>Diabetes</td>
<td>Exercise, Nutrition, &amp; Weight</td>
<td>Education</td>
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<tr>
<td>Dining with Diabetes*</td>
<td>consult their website for local classes (offered in each county)</td>
<td>(765) 494-4600</td>
<td><a href="http://www.purdue.edu/hhs/extension/programs/detail.aspx?programId=1&amp;category=food">http://www.purdue.edu/hhs/extension/programs/detail.aspx?programId=1&amp;category=food</a></td>
<td>Education</td>
<td>Exercise, Nutrition, &amp; Weight</td>
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<tr>
<td>The Arc of Indiana*</td>
<td>107 N. Pennsylvania St. Suite 800 Indianapolis, IN 46204</td>
<td>(317) 977-2375</td>
<td><a href="http://www.arcind.org">http://www.arcind.org</a></td>
<td>Children's Health</td>
<td>Education</td>
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<tr>
<td>Family Voices*</td>
<td>445 N Pennsylvania St, Ste 941Indianapolis, IN 46204</td>
<td>(317) 944-8982</td>
<td><a href="http://www.fvindiana.org">http://www.fvindiana.org</a></td>
<td>Children's Health</td>
<td>Education</td>
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<tr>
<td>InSource Indiana*</td>
<td>1703 South Ironwood Drive South Bend, IN 46613</td>
<td>(574) 234-7101</td>
<td><a href="http://insource.org">http://insource.org</a></td>
<td>Children's Health</td>
<td>Education</td>
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<tr>
<td>Food Bank of Northwest Indiana</td>
<td>2248 W 35th Avenue Gary, IN 46408</td>
<td>(219) 980-1777</td>
<td><a href="http://www.foodbanknwi.org/">http://www.foodbanknwi.org/</a></td>
<td>Exercise, Nutrition, &amp; Weight</td>
<td>Education</td>
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<tr>
<td>Backpack Program*</td>
<td>50 Olympia Ct., Lafayette, IN 47909</td>
<td>(765) 471-0062</td>
<td><a href="http://www.foodfinders.org/backpack-program/">http://www.foodfinders.org/backpack-program/</a></td>
<td>Children's Health</td>
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<td>Indiana Healthy Weight Initiative*</td>
<td>615 North Alabama Street, Suite 426, Indianapolis, IN 46204</td>
<td>(317) 456-7565</td>
<td><a href="http://inhealthyweight.org/">http://inhealthyweight.org/</a></td>
<td>Children's Health</td>
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<tr>
<td>Salvation Army Fountain Square Center*</td>
<td>1337 Shelby Street Indianapolis, Indiana 46203</td>
<td>(317) 632-0156</td>
<td><a href="http://salvationarmyindiana.org/locations/indianapolis-marion-county-locations-and-programs/fountain-square/">http://salvationarmyindiana.org/locations/indianapolis-marion-county-locations-and-programs/fountain-square/</a></td>
<td>Exercise, Nutrition, &amp; Weight</td>
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<tr>
<td>Purdue Extension Learning Network of Clinton County</td>
<td>1111 S. Jackson St., Frankfort, IN 46041</td>
<td>(765) 659-6380</td>
<td><a href="https://lnocc.org/">https://lnocc.org/</a></td>
<td>Teen &amp; Adolescent Health</td>
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<td>Healthy Families Indiana*</td>
<td>Various throughout IN (<a href="http://www.in.gov/dcs/files/HFI_Contacts_Map.pdf">http://www.in.gov/dcs/files/HFI_Contacts_Map.pdf</a>)</td>
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<td><a href="http://www.in.gov/dcs/2459.htm">http://www.in.gov/dcs/2459.htm</a></td>
<td>Maternal, Fetal, &amp; Infant Health</td>
<td>Access to Health Services</td>
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<tr>
<td>Clinton County WIC Program</td>
<td>2120 Washington Avenue Franklin, IN - 46041</td>
<td>(765) 659-2131</td>
<td><a href="http://www.wicprograms.org/ci/infrankfort">http://www.wicprograms.org/ci/infrankfort</a></td>
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<td>Children's Health</td>
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<tr>
<td>National Alliance on Mental Illness (NAMI) Indiana*</td>
<td>2601 Cold Spring Road Indianapolis, IN 46222</td>
<td>(317) 925-9399</td>
<td><a href="http://www.namiindiana.org/">http://www.namiindiana.org/</a></td>
<td>Mental Health</td>
<td>Education</td>
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<tr>
<td>Mental Health America of Indiana*</td>
<td>1431 North Delaware Street Indianapolis IN 46202</td>
<td>(317) 638-3501</td>
<td><a href="https://mhai.net/">https://mhai.net/</a></td>
<td>Mental Health</td>
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<td>The Bell Flower Clinic</td>
<td>640 Eskenazi Ave, Indianapolis, IN 46202</td>
<td>(317) 221-8300</td>
<td><a href="http://www.bellflowerclinic.org/">http://www.bellflowerclinic.org/</a></td>
<td>Mental Health</td>
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<td>Alzheimer's Association: Indiana Chapter*</td>
<td>50 East 91st Street, Suite 100, Indianapolis, IN 46240</td>
<td>(800) 272-3900</td>
<td><a href="http://www.alz.org/indiana/">http://www.alz.org/indiana/</a></td>
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<td>CICOA- Aging &amp; In-Home Solutions*</td>
<td>Multiple across state- see <a href="http://www.cicoa.org/about-cic/a/area-agencies-on-aging.html">http://www.cicoa.org/about-cic/a/area-agencies-on-aging.html</a></td>
<td>(800) 432-2422</td>
<td><a href="http://www.cicoa.org/">http://www.cicoa.org/</a></td>
<td>Older Adults &amp; Aging</td>
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<tr>
<td>Paul Phillippe Resource Center</td>
<td>401 W. Walnut Street Frankfort, IN 46041</td>
<td>(765) 659-4060</td>
<td><a href="http://clintonpprc.weebly.com/">http://clintonpprc.weebly.com/</a></td>
<td>Disabilities</td>
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<td>Indiana University School of Dentistry*</td>
<td>1121 W. Michigan Street Indianapolis, IN 46202</td>
<td>(317) 274-7433</td>
<td><a href="https://www.dentistry.iu.edu/index.php/patient-services/">https://www.dentistry.iu.edu/index.php/patient-services/</a></td>
<td>Oral Health</td>
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<td>Indiana Coalition Against Domestic Violence*</td>
<td>1915 W. 18th Street, Suite B Indianapolis, IN 46202</td>
<td>(317) 917-3685</td>
<td><a href="http://www.icadvinc.org/">http://www.icadvinc.org/</a></td>
<td>Prevention &amp; Safety</td>
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<tr>
<td>Indiana Public Health Association*</td>
<td>615 North Alabama Street, Suite 426, Indianapolis, IN 46204</td>
<td>(317) 520-9340</td>
<td><a href="http://inpha.org/">http://inpha.org/</a></td>
<td>Social Environment</td>
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<td>Indiana Joint Asthma Coalition*</td>
<td>615 North Alabama Street, Suite 426, Indianapolis, IN 46204</td>
<td>(317) 520-9343</td>
<td><a href="http://injac.org/">http://injac.org/</a></td>
<td>Public Safety</td>
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<td>IU Health Smoking Cessation Program*</td>
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<td>Substance Abuse</td>
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<tr>
<td>Indiana Tobacco Quitline*</td>
<td>1-800-QUIT-NOW</td>
<td><a href="http://www.in.gov/quitline/">http://www.in.gov/quitline/</a></td>
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<tr>
<td>Salvation Army Harbor Light</td>
<td>2400 N Tibbs Ave, Indianapolis, IN 46222</td>
<td>(317) 972-1450</td>
<td>corps.salvationarmyindiana.org/harborlight/</td>
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<td>Indiana Youth Institute*</td>
<td>603 E. Washington Street, Suite 800. Indianapolis, Indiana 46204-2692</td>
<td>(317) 396-2700</td>
<td><a href="http://www.iyi.org">http://www.iyi.org</a></td>
<td>Teen &amp; Adolescent Health</td>
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<tr>
<td>CHIP- Coalition of Homelessness Intervention and Prevention*</td>
<td>3737 N. Meridian Street, Suite 504, Indianapolis, IN 46208</td>
<td>(317) 630-0853</td>
<td><a href="http://www.chipindy.org/">http://www.chipindy.org/</a></td>
<td>Environment</td>
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<tr>
<td>IN Office of Small Business and Entrepreneurship (OBSE) - Community Entrepreneurship Initiative (CEI)*</td>
<td>One North Capitol, Suite 600 Indianapolis, IN 46204</td>
<td>(317) 234-2082</td>
<td><a href="http://www.isbdc.org/cei/">http://www.isbdc.org/cei/</a></td>
<td>Environment</td>
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<tr>
<td>Kiwanis Indiana*</td>
<td>6525 East 82nd Street, Suite 109 Indianapolis, IN 46250-1545</td>
<td>(877) 883-5974</td>
<td><a href="http://www.indkiw.org/">http://www.indkiw.org/</a></td>
<td>Economy</td>
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<td>Stellar Communities Program of Indiana*</td>
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<td><a href="http://www.stellarindiana.org/">http://www.stellarindiana.org/</a></td>
<td>Environment</td>
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<tr>
<td>Holy Family Shelter, Catholic Charities Indianapolis</td>
<td>907 N. Holmes Ave.</td>
<td>Indianapolis, IN 46222</td>
<td>(317) 635-7830</td>
<td><a href="http://www.archindy.org/cc/holyfamily/">http://www.archindy.org/cc/holyfamily/</a></td>
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<tr>
<td>Local Initiative Support Coalition (LISC)*</td>
<td>The Platform, 202 East Market Street, Indianapolis, Indiana 46204</td>
<td>(317) 454-8486</td>
<td><a href="http://www.lisc.org/content/office/s/detail/1208/">http://www.lisc.org/content/office/s/detail/1208/</a></td>
<td>Environment</td>
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<tr>
<td>Clinton County Council</td>
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<td><a href="http://www.clintonco.com/council/">http://www.clintonco.com/council/</a></td>
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<tr>
<td>Community Schools of Frankfort</td>
<td>2400 E. Wabash St. Frankfort, IN 46041</td>
<td>(765) 654-5585</td>
<td><a href="http://www.frankfortschools.org/">http://www.frankfortschools.org/</a></td>
<td>Education</td>
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<tr>
<td>Health by Design*</td>
<td>401 W. Michigan Street, Indianapolis IN 46202</td>
<td>(317) 352-3844</td>
<td><a href="http://www.healthbydesignonline.org/">http://www.healthbydesignonline.org/</a></td>
<td>Environment</td>
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<tr>
<td>Hoosier Environmental Council*</td>
<td>3951 N. Meridian Suite 100, Indianapolis, IN 46208</td>
<td>(317) 685-8800</td>
<td><a href="http://www.hecweb.org/">http://www.hecweb.org/</a></td>
<td>Environment</td>
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<tr>
<td>Healthy Communities of Clinton County Coalition</td>
<td>1458 Oak St., Suite B, Frankfort, IN</td>
<td>(765) 659-6063</td>
<td><a href="http://healthyclintoncounty.org/">http://healthyclintoncounty.org/</a></td>
<td>Public Safety</td>
<td>Access to Health Services</td>
<td>Substance Abuse</td>
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<td>Indiana Department of Veterans Affairs*</td>
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<td>Medicaid transportation service- taxis (especially for prenatal visits)*</td>
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* Indicates Statewide Resource